

Population health profile of the Redcliffe Bribe Caboolture Division of General Practice

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Bibliography.

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1. Public health - Queensland - Caboolture Region - Statistics. 2. Health status indicators - Queensland - Caboolture Region - Statistics. 3. Health service areas - Queensland - Caboolture Region. 4. Caboolture Region (Qld.) - Statistics, Medical. I. Public Health Information Development Unit (Australia). II. Australia. Dept. of Health and Ageing. III. Australian Institute of Health and Welfare. (Series : Population profile series, 1833-0452 ; no. 73).

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The data in this report are designed to be used for needs assessment and planning purposes: while they are based on the best available data and analytic processes, data available by postcode or Statistical Local Area, as used in this report, cannot be precisely translated to Division. Division totals in the report should, therefore, be seen as estimates. Interpretation of differences between data in this profile and similar data from other sources needs to be undertaken with care as such differences may be due to the use of different methodology to produce the data.

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Population health profile

of the *Redcliffe Bribie Caboolture Division of General Practice*

Introduction

This profile has been designed to provide a description of the population of the Redcliffe Bribie Caboolture Division of General Practice, and aspects of their health. Its purpose is to provide information to support a population health approach, which aims to improve the health of the entire population and to reduce health inequalities among population groups: a more detailed discussion of a population health approach is provided in the supporting information, page 16.

Contents

The profile includes a number of tables, maps and graphs to profile population health in the Division and provides comparisons with other areas (eg. Brisbane and Australia). Specific topics covered include:

- a socio-demographic profile (pages 2-6);
- GP workforce data (page 7);
- immunisation rates (page 7);
- rates of premature death (page 8); and
- estimates of the prevalence of chronic disease and selected risk factors (pages 9-13).

Key indicators

Location:	Queensland	
Division number:	407	
Population‡:	No.	%
Total	183,655	
65+	26,412	14.4%
<25	62,659	34.1%
Indigenous	3,578	2.1%
Disadvantage score¹:	952	
GP services per head of population:		
Division‡	4.8	
Australia	4.7	
Population per FTE GP:		
Division‡	1,544	
Australia	1,403	
Premature death rate²:		
Division‡	303.2	
Australia	290.4	

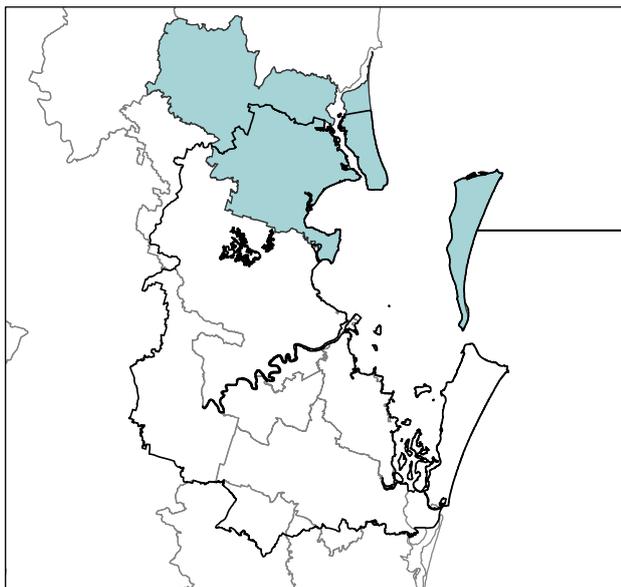
¹ Numbers below 1000 (the index score for Australia) indicate the Division is relatively disadvantaged

² Deaths at ages 0 to 74 years per 100,000 population

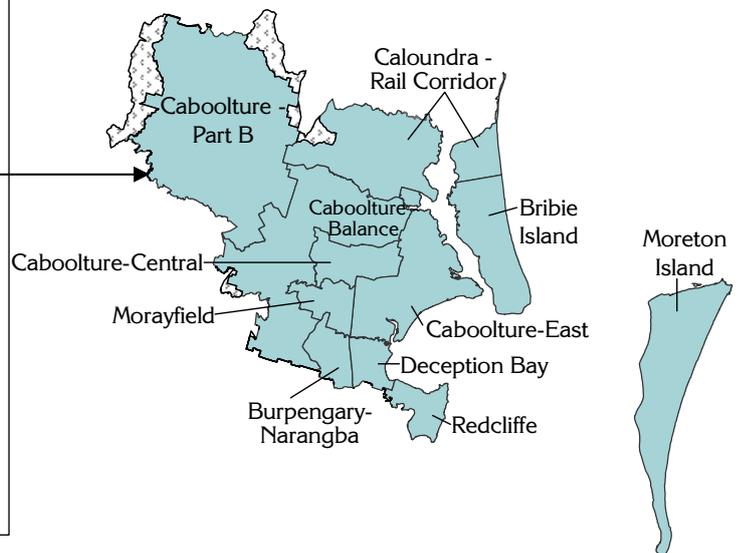
‡ See note "Data converters and mapping" re calculation of Division Total

Redcliffe Bribie Caboolture Division of General Practice

Brisbane Divisions of General Practice



Redcliffe Bribie Caboolture DGP by SLA/SLA Group



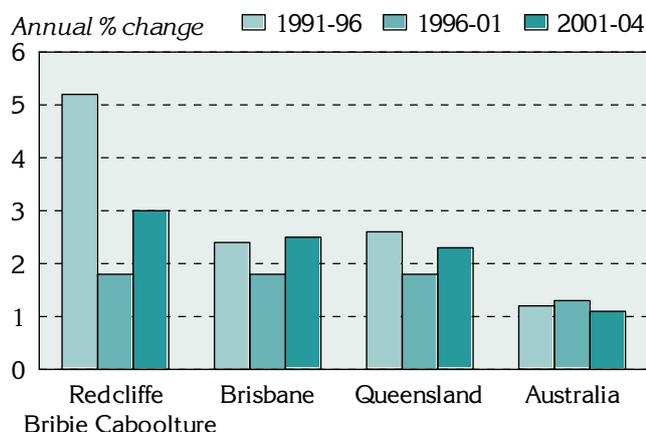
— Queensland Divisions of General Practice
 — Brisbane Statistical Division

Socio-demographic profile

Population

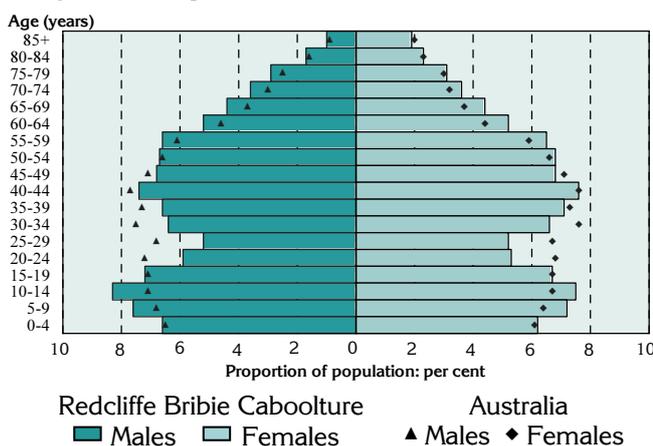
Redcliffe Bribie Caboolture DGP had an Estimated Resident Population of 183,655 at 30 June 2004.

Figure 1: Annual population change, Redcliffe Bribie Caboolture DGP‡, Brisbane, Queensland and Australia, 1991 to 1996, 1996 to 2001 and 2001 to 2004



Over the five years from 1991 to 1996, the Division's population increased by 5.2% on average each year, notably higher than in Brisbane (2.4%), Queensland (2.6%) and Australia (1.2%). From 1996 to 2001, the annual percentage increase in the Division was 1.8%, the same as for Brisbane and Queensland, and higher than for Australia (1.3%). The growth rate of 3.0% per year from 2001 to 2004 was higher than the annual increases for Brisbane (2.5%), Queensland (2.3%), and Australia (1.1%).

Figure 2: Population in Redcliffe Bribie Caboolture DGP‡ and Australia, by age and sex, 2004



The most notable differences in the age distribution of the Division's population (when compared to Australia overall) are:

- at younger ages – a higher proportion of children aged 5 to 14 years;
- from 20 to 49 years – lower proportions of males to age 49 years and females to age 39 years; and
- at older ages – higher proportions of males aged 55 to 79 years, and females at ages 50 to 74 years.

Table 1: Population by age, Redcliffe Bribie Caboolture DGP‡ and Australia, 2004

Age group (years)	Redcliffe Bribie Caboolture DGP		Australia	
	No.	%	No.	%
0-14	39,870	21.7	3,978,751	19.8
15-24	22,789	12.4	2,762,769	13.8
25-44	48,041	26.2	5,881,048	29.3
45-64	46,543	25.3	4,864,037	24.2
65-74	14,638	8.0	1,374,792	6.8
75-84	9,189	5.0	934,505	4.7
85+	2,584	1.4	295,602	1.5
Total	183,655	100.0	20,091,504	100.0

As shown in the age-sex pyramid above, Redcliffe Bribie Caboolture DGP had a higher proportion of children than Australia as a whole, with 21.7% at ages 0 to 14 years (compared to 19.8%) Table 1). Conversely, the Division had less people aged 15 to 24 years (12.4%) and 25 to 44 years (26.2%) compared to Australia (13.8% and 29.3%). The proportions of the Division's population aged 45 to 84 years were marginally higher than those for Australia.

The Redcliffe Bribie Caboolture DGP comprised 4.3% of people born in predominantly non-English speaking countries and resident in Australia for five years or more (Table 2), markedly fewer than the 7.6% in Brisbane as a whole. Recent arrivals (those resident in Australia for less than five years) from non-English speaking countries comprised 0.5% of the Division's population (compared to 2.0% in Brisbane).

‡ See note under 'Data converters and mapping' re calculation of Division totals on this page

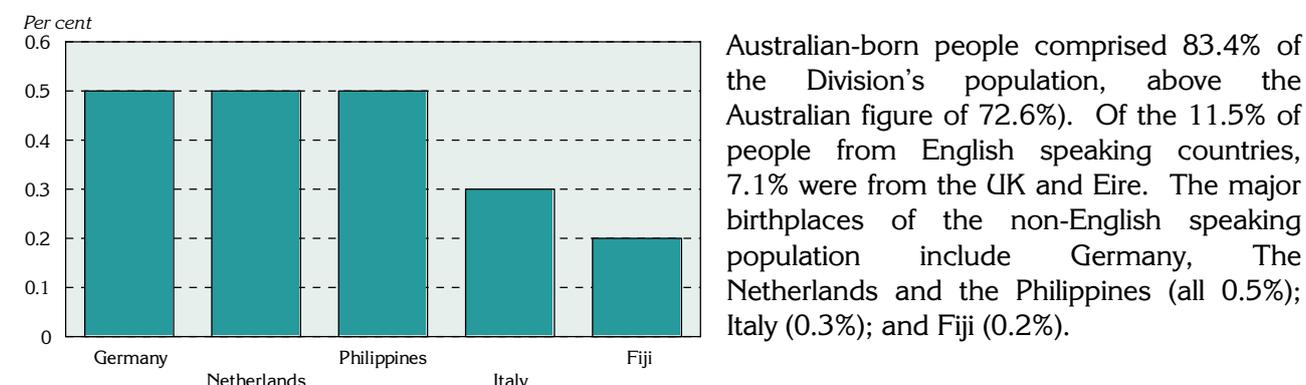
Of these residents, 0.3% had poor proficiency in English (determined when people aged five years and over born overseas in predominantly non-English speaking countries reported in the Census speaking another language and speaking English 'not well' or 'not at all'), less than the proportion in Brisbane (1.4%), and Queensland (0.9%).

Table 2: Non-English speaking born, Redcliffe Bribie Caboolture DGP, Brisbane, Queensland and Australia, 2001

People born in predominantly non-English speaking countries	Redcliffe Bribie Caboolture		Brisbane		Queensland		Australia	
	No.	%	No.	%	No.	%	No.	%
Resident in Australia for five years or more	7,105	4.3	122,983	7.6	204,783	5.8	2,019,410	10.8
Resident in Australia for less than five years	843	0.5	32,516	2.0	49,081	1.4	408,074	2.2
Poor proficiency in English ¹	432	0.3	21,426	1.4	30,109	0.9	425,399	2.4

¹ Calculated on persons aged 5 years and over who reported speaking another language and speaking English 'not well' or 'not at all'

Figure 3: Major non-English speaking birthplaces, Redcliffe Bribie Caboolture DGP, 2001



Socioeconomic status

The indicators presented in this section describe geographic variations in the distribution of the population for a number of key socioeconomic influences, which impact on the health and wellbeing of populations.

The Redcliffe Bribie Caboolture DGP had a higher proportion of single parent families (13.2%) compared to Brisbane as a whole (11.6%), and a higher proportion of Aboriginal and Torres Strait Islanders (2.1%, compared with 1.8% for Brisbane) (Figure 4, Table 3).

Full-time secondary school education participation of 16 year olds living in the Division (76.1%) was lower than that for Brisbane (80.3%).

A markedly higher proportion of the Division's households received rent assistance from Centrelink (25.8%) compared to Brisbane (18.4%), and there were more dwellings rented from the State housing authority (5.0%, compared to 4.3%). The proportion of dwellings with no access to a motor vehicle (9.5%) was slightly lower than that for Brisbane (9.8%), and marginally higher than the rate for Queensland (9.3%).

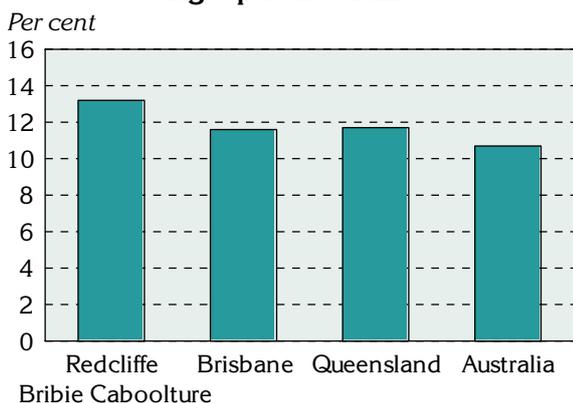
The Division had a much lower proportion of the population who reported using, at home, a computer (38.4%) and a markedly lower proportion using the Internet (23.1%), compared to Brisbane (46.0% and 31.7%).

These socioeconomic indicators show the Division to comprise a population of lower socioeconomic status: see also the note on page 5 (Summary of socioeconomic ranking).

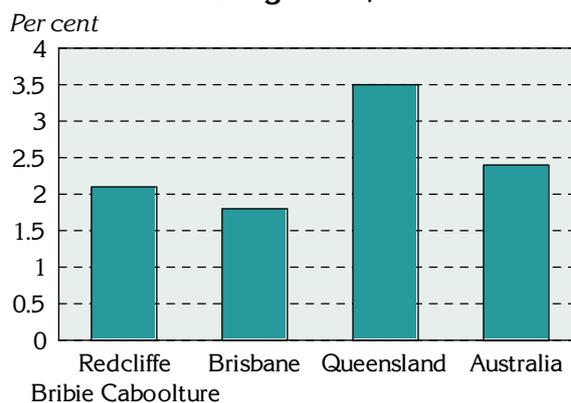
Figure 4: Socio-demographic indicators, Redcliffe Bribie Caboolture DGP, Brisbane, Queensland and Australia, 2001

Note the different scales

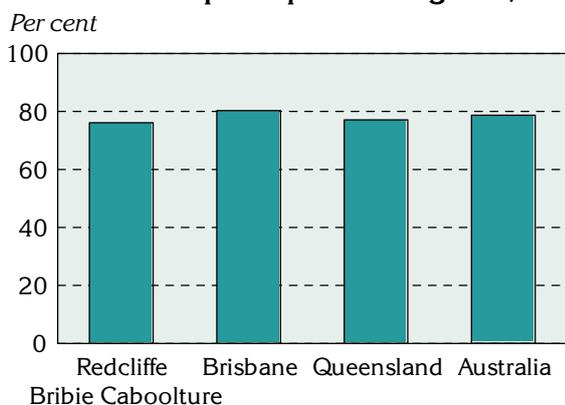
Single parent families



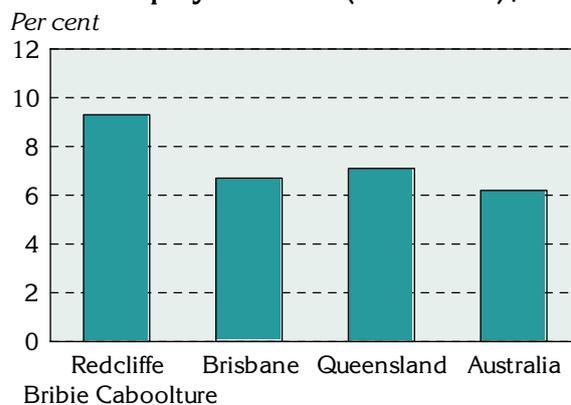
Indigenous‡



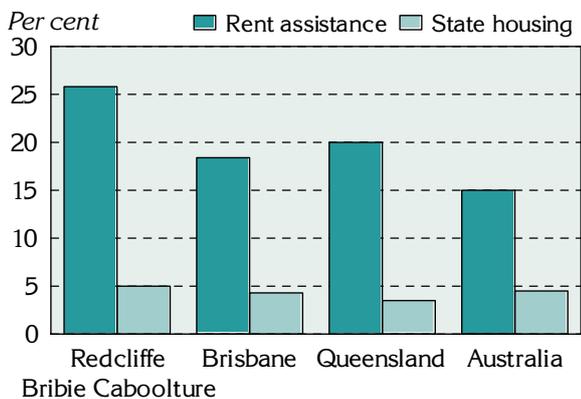
Education participation at age 16‡



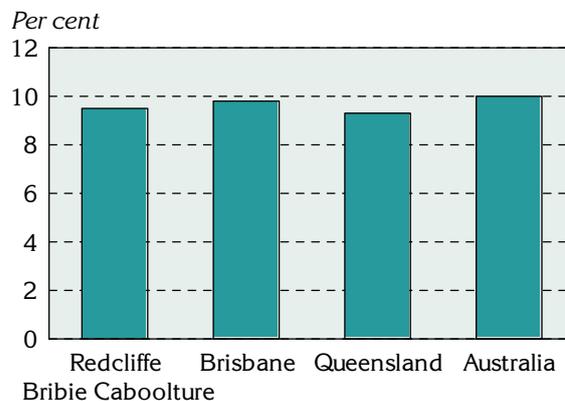
Unemployment rate (June 2003)‡



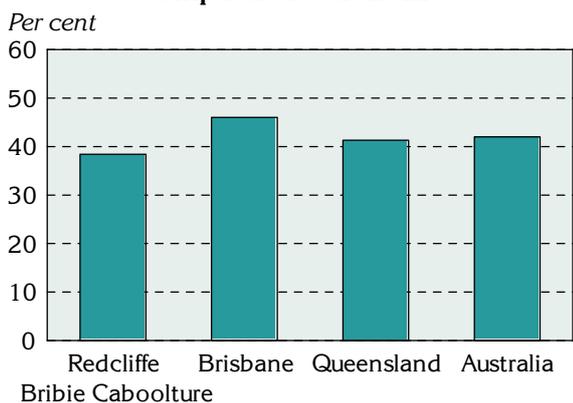
Households receiving rent assistance & Dwellings rented from State housing authority



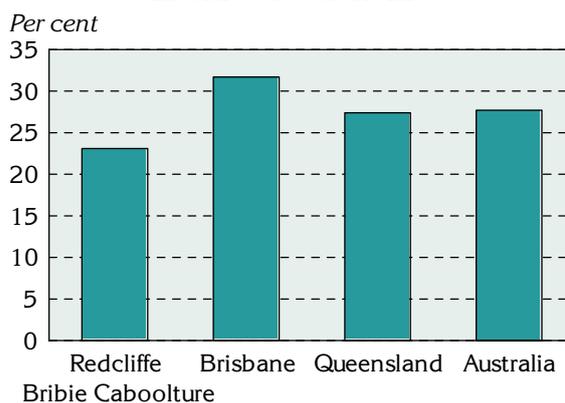
Dwellings with no motor vehicle



Computer use at home



Internet use at home



‡ See note under 'Data converters and mapping' re calculation of Division totals

Table 3: Socio-demographic indicators, Redcliffe Bribie Caboolture DGP, Brisbane, Queensland and Australia, 2001

Indicator	Redcliffe Bribie Caboolture		Brisbane		Queensland		Australia	
	No.	%	No.	%	No.	%	No.	%
Single parent families	6,018	13.2	49,762	11.6	109,687	11.7	529,969	10.7
Indigenous‡	3,578	2.1	29,641	1.8	125,908	3.5	458,261	2.4
Full-time secondary education participation at age 16‡	1,908	76.1	18,673	80.3	40,051	77.1	130,198	78.7
Households: rent assistance	15,539	25.8	107,911	18.4	253,773	20.0	1,006,599	15.0
Dwellings rented from the State housing authority	3,110	5.0	26,043	4.3	47,286	3.5	317,171	4.5
Dwellings: no motor vehicle	5,893	9.5	59,167	9.8	125,606	9.3	708,073	10.0
Computer use at home	63,312	38.4	739,819	46.0	1,481,238	41.3	7,881,983	42.0
Internet use at home	38,063	23.1	510,705	31.7	964,143	27.4	5,199,286	27.7

‡ See note under 'Data converters and mapping' re calculation of Division total

The unemployment rate of 9.3% in Redcliffe Bribie Caboolture DGP was notably higher than the rate for Brisbane (6.7%), and Queensland (7.1%) (Figure 4, Table 4). The labour force participation rate (69.6%) was well below the rates for Brisbane (76.0%) and Queensland (75.4%), as was the female labour force participation rate (63.8%, compared to 71.4% in Brisbane, and 69.5% in Queensland).

Table 4: Unemployment and labour force participation, Redcliffe Bribie Caboolture DGP, Brisbane, Queensland and Australia, 2003

Labour force indicators	Redcliffe Bribie Caboolture		Brisbane		Queensland		Australia	
	No.	%	No.	%	No.	%	No.	%
Unemployment rate‡	7,340	9.4	59,542	6.7	136,589	7.1	623,791	6.2
Labour force participation‡	78,414	69.5	889,867	76.0	1,926,589	75.4	10,038,147	75.2
Female labour force participation (2001)	24,484	63.8	302,824	71.4	618,570	69.5	3,306,521	69.7

‡ See note under 'Data converters and mapping' re calculation of Division total

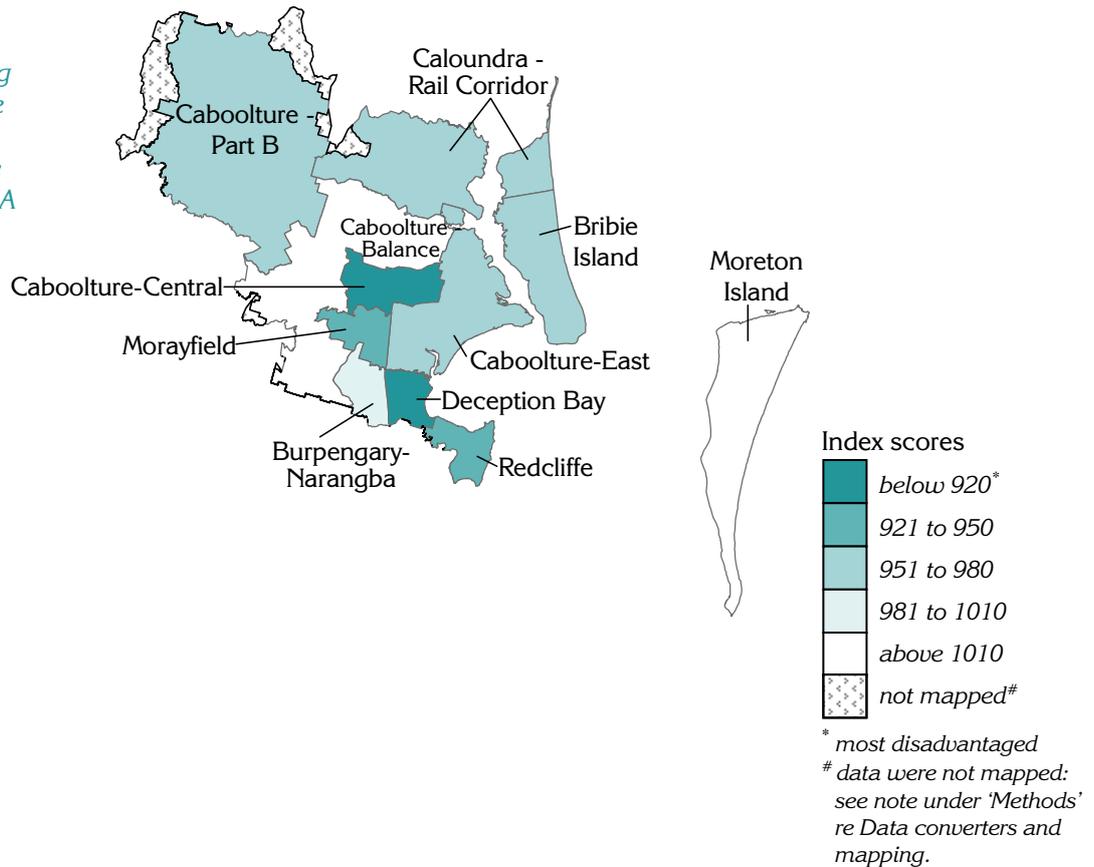
Summary of the socioeconomic ranking of the Redcliffe Bribie Caboolture DGP

Following the 2001 Census, the Australian Bureau of Statistics (ABS) produced four socioeconomic indexes for areas (SEIFA) which describe various aspects of the socioeconomic make-up of populations in areas. The scores for these indexes for individual Statistical Local Areas (SLAs) or groups of SLAs in Redcliffe Bribie Caboolture DGP are shown in the supporting information, Table 9, page 18: SLAs are described on page 18.

The Redcliffe Bribie Caboolture DGP area's SEIFA Index of Relative Socio-Economic Disadvantage (IRSD) score is 952, lower than the average for Australia (1000), and Brisbane (1008); this highlights the relatively lower socioeconomic status profile of the Redcliffe Bribie Caboolture DGP population. However, there are wide variations in the IRSD at the SLA level within the Division (Map 1).

Map 1: Index of Relative Socio-Economic Disadvantage, by SLA/SLA group, Redcliffe Bribie Caboolture DGP, 2001

See note under 'Methods' re Data converters and mapping concerning SLAs mapped to the Division. This is of particular relevance where part of an SLA is mapped to the Division.



General medical practitioner (GP) supply

A total 116.8 full-time equivalent (FTE) GPs, and 144.3 full-time workload equivalent (FWE¹) GPs worked in the Redcliffe Bribie Caboolture DGP in 2002 (Table 5). Of the FWE GPs, 22.8% were female, and 33.0% were over 55 years of age (compared to 26.7% and 25.2%, respectively, for Queensland).

There was minimal variation in the rates of population per FTE and FWE GP for the population measures shown, other than for the estimated day-time population, for which rates were notably (14.6%) below those calculated on the Usual Resident Population usual residents of the Division counted in Australia on Census night), reflecting the net movement of people out of the Division during the day for employment. The rates of population per FWE GP were lower than the FTE rates.

Based on the average Estimated Resident Population as at 30 June 2003 and 30 June 2004, the rates of population per GP in Redcliffe Bribie Caboolture DGP were higher than for Queensland and Australia, indicating a lower level of provision of GP services in the Division.

Table 5: Population per GP in Redcliffe Bribie Caboolture DGP, Queensland and Australia, 2003/04

Population measure	Population	GPs		Population per GP	
		FTE	FWE	FTE	FWE
Redcliffe Bribie Caboolture DGP					
Census count (adjusted)*	176,759	116.8	144.3	1,513	1,225
Usual Resident Population (URP) (adjusted)*	176,803	..	..	1,514	1,225
Estimated Resident Population (ERP)	180,354	..	..	1,544	1,250
Day-time population (estimated on URP)* ‡	151,055	..	..	1,293	1,047
Queensland (ERP)	3,841,538	2,739	3,256	1,403	1,180
Australia (ERP)	19,989,303	14,246	16,872	1,403	1,185

* The Census count, Usual Resident Population and Day-time population were adjusted to reflect population change between 2001 and 2003/04, as measured by the ERP

‡ See note under 'Data converters and mapping' re calculation of Division totals

Immunisation

Data from the Australian Childhood Immunisation Register show that 94.2% of children in the Division in 2002 were fully immunised at age one, equal to the Australian proportion.

Immunisation by provider type for children between the ages of 0 to 6 is shown in Table 6. The proportion of children in the Division who were immunised by a general practitioner was 96.1% compared to 70.0% for Australia, with 3.5% immunised at a local government council.

Table 6: Childhood immunisation at ages 0 to 6 by provider type, Redcliffe Bribie Caboolture DGP and Australia, 2003/04

Provider	Redcliffe Bribie Caboolture	Australia
	%	%
General practitioner	96.1	70.0
Local government council	3.5	16.6
Community health centre/ worker	0.0	9.8
Public hospital	0.4	2.1
Aboriginal health service/ worker	0.0	0.9
Other*	0.0	0.6
Total: Per cent	100.0	100.0
Number	30,303	3,843,610

* Includes immunisations in/ by State Health Departments, RFDS and private hospitals

¹ The FWE value is calculated for each GP location by dividing the GP's total Medicare billing (Schedule fee value of services provided during the reference period) by the mean billing of full-time doctors in that derived major speciality for the reference period. Thus, a GP earning 20% more than the mean billing of full-time doctors is shown as 1.2 FWE: this differs from full-time equivalent (FTE) counts, where the FTE value of any GP cannot exceed 1.0

Premature mortality

Deaths at ages below 75 years are used as an indicator of health status, as they largely reflect premature deaths, given the current levels of life expectancy in Australia.

The 'all causes' death rate in the Division at ages 0 to 74 years (303.2 deaths per 100,000 population) was higher than for Brisbane (277.8) and for Australia (290.4): the rates have been age standardised to allow for comparisons between areas, regardless of differences in age profiles between the Division and Australia.

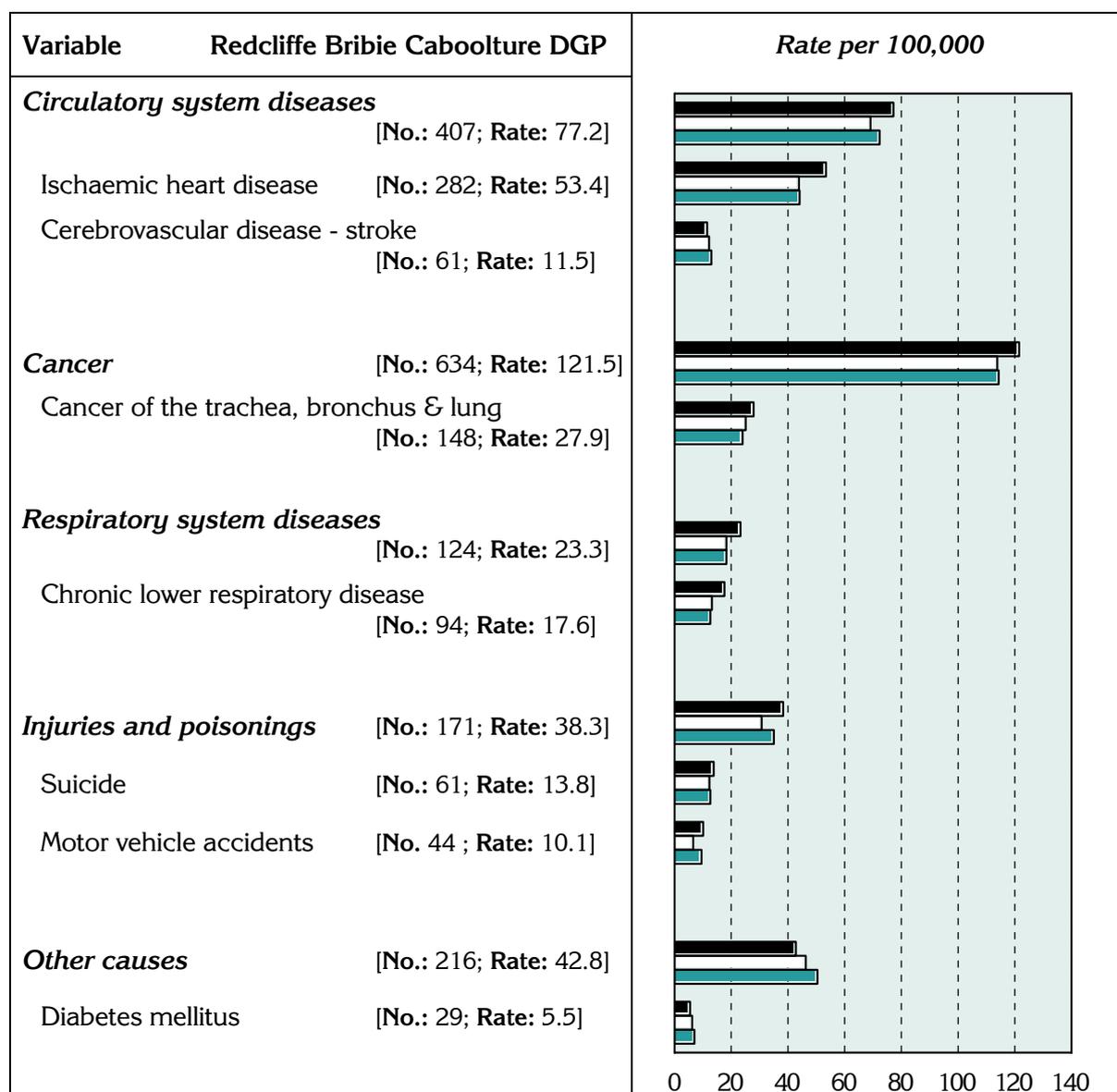
The major causes of premature mortality in the Division, as for Brisbane and Australia as a whole, were cancer and diseases of the circulatory system (Figure 5). With the exception of stroke, diabetes and the 'other causes' group, death rates in the Division for all major conditions and selected causes shown were higher than for Brisbane and Australia.

The data on which the following chart is based are in Table 11.

Figure 5: Deaths before 75 years of age by major condition group and selected cause, Redcliffe Bribe Caboolture DGP‡, Brisbane and Australia, 2000-02*

Indirectly age standardised rate per 100,000 population

■ Redcliffe Bribe Caboolture □ Brisbane ■ Australia



* 'No.' is the total number of deaths for the 2000-02 period; 'Rate' is an annual rate, based on the 3 year average

‡ See note under 'Data converters and mapping' re calculation of Division totals

Chronic diseases and risk factors

The term “chronic disease” describes health problems that persist across time and require some degree of health care management (WHO 2002). Chronic diseases tend to have complex causes, are often long lasting and persistent in their effects, and can produce a range of complications (Thacker et al. 1995). They are responsible for a significant proportion of the burden of disease and illness in Australia and other westernised countries. Given the ageing of the population, this trend is likely to continue.

At different life stages, risk factors for chronic diseases and their determinants include genetic predisposition; poor diet and lack of exercise; alcohol misuse and tobacco smoking; poor intra-uterine conditions; stress, violence and traumatic experiences; and inadequate living environments that fail to promote healthy lifestyles (NPHP 2001). Risk factors are also more prevalent in areas of low socioeconomic status, and in communities characterised by low levels of educational attainment; high levels of unemployment; substantial levels of discrimination, interpersonal violence and exclusion; and poverty. There is a higher prevalence of risk factors among Indigenous communities, and other socioeconomically disadvantaged Australians (NPHP 2001)

Background

In this section, estimates of the prevalence of selected chronic diseases and risk factors, and two summary measures of health, are shown for the Division‡, and for non-remote SLAs within the Division. These estimates are only available for some SLAs in this Division – generally the ‘non-remote’ areas – as remote areas were not included in the 2001 National Health Survey. Note that the estimates have been predicted from self-reported data, and are not based on clinical records or physical measures. The chronic diseases and risk factors are those for which sufficiently reliable estimates can be made for the Division from national survey data. The process by which the estimates have been made, and details of their limitations, are described in the Notes section, pages 15-16. The data on which the following charts are based are in Table 12.

The estimates provide information of relevance to a number of the National Health Priority Areas (NHPAs – asthma; cardiovascular health; diabetes mellitus; injury prevention and control; mental health; and arthritis and musculoskeletal conditions: estimates have not been made for cancer control, the other NHPA). The risk factors for which estimates have been made are those which are accepted as being associated with these important chronic conditions. They are overweight (not obese), obesity, smoking, lack of exercise and high-risk alcohol use.

The numbers are estimates for an area, not measured events as are death statistics: they should be used as indicators of likely levels (and not actual levels) of a condition or risk factor in an area.

Prevalence estimates: chronic disease‡

It is estimated that similar proportions or more people in Redcliffe Bribie Caboolture DGP reported having any of the selected chronic conditions compared to Australia as a whole (Figure 6): that is, the prevalence rates per 1,000 population were consistent with, or above the national average.

Prevalence estimates: self-reported health‡

The NHS includes two measures of self-reported health. One is the Kessler Psychological Distress Scale–10 items (K–10). This is a scale of non-specific psychological distress based on 10 questions about negative emotional states in the four weeks prior to interview, asked of respondents 18 years and over (ABS 2002). The other asks respondents aged 15 years and over to rate their health on a scale from ‘excellent’, through ‘very good’, ‘good’ and ‘fair’, to ‘poor’ health.

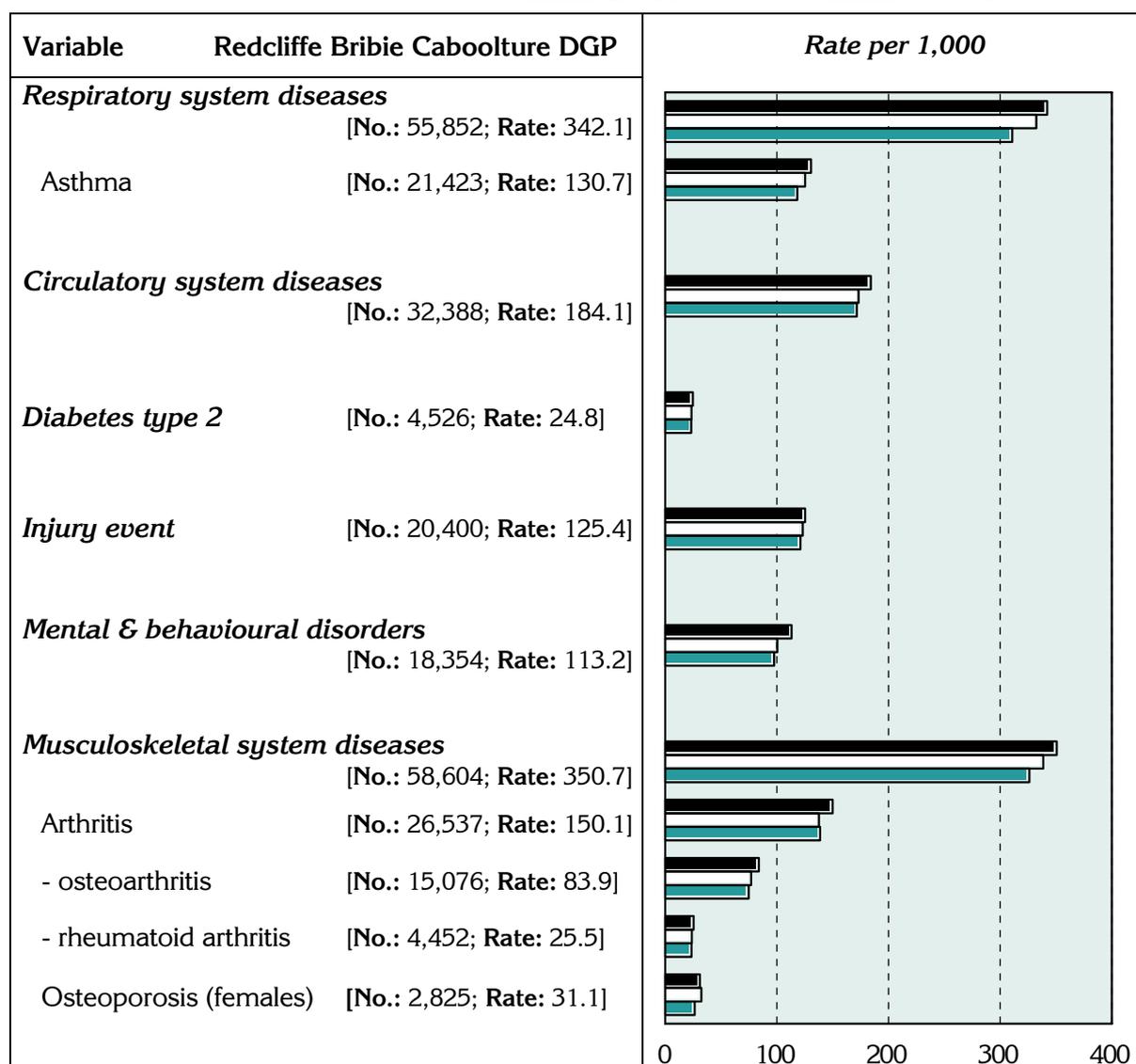
The population of the Division aged 18 years and over is estimated to have a notably higher rate of people with very high psychological distress levels as measured by the K–10 (Figure 7). The proportion of the population aged 15 years and over estimated to have reported their health as ‘fair’ or ‘poor’ is also well above the national average.

‡ See note under ‘Data converters and mapping’ re calculation of Division totals

Figure 6: Estimates* of chronic disease and injury, Redcliffe Bribie Caboolture DGP‡, Brisbane and Australia, 2001

Indirectly age standardised rate per 1,000 population

Redcliffe Bribie Caboolture Brisbane Australia



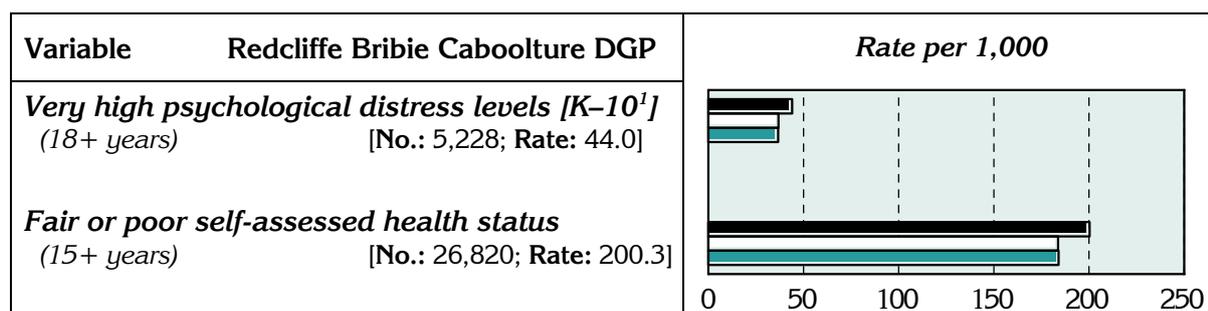
* 'No.' is a weighted estimate of the number of people in Redcliffe Bribie Caboolture DGP reporting each chronic condition and is derived from synthetic predictions from the 2001 NHS

‡ See note under 'Data converters and mapping' re calculation of Division totals

Figure 7: Estimates* of measures of self-reported health, Redcliffe Bribie Caboolture DGP‡, Brisbane and Australia, 2001

Indirectly age standardised rate per 1,000 population

Redcliffe Bribie Caboolture Brisbane Australia



* 'No.' is a weighted estimate of the number of people in Redcliffe Bribie Caboolture DGP reporting under these measures and is derived from synthetic predictions from the 2001 NHS

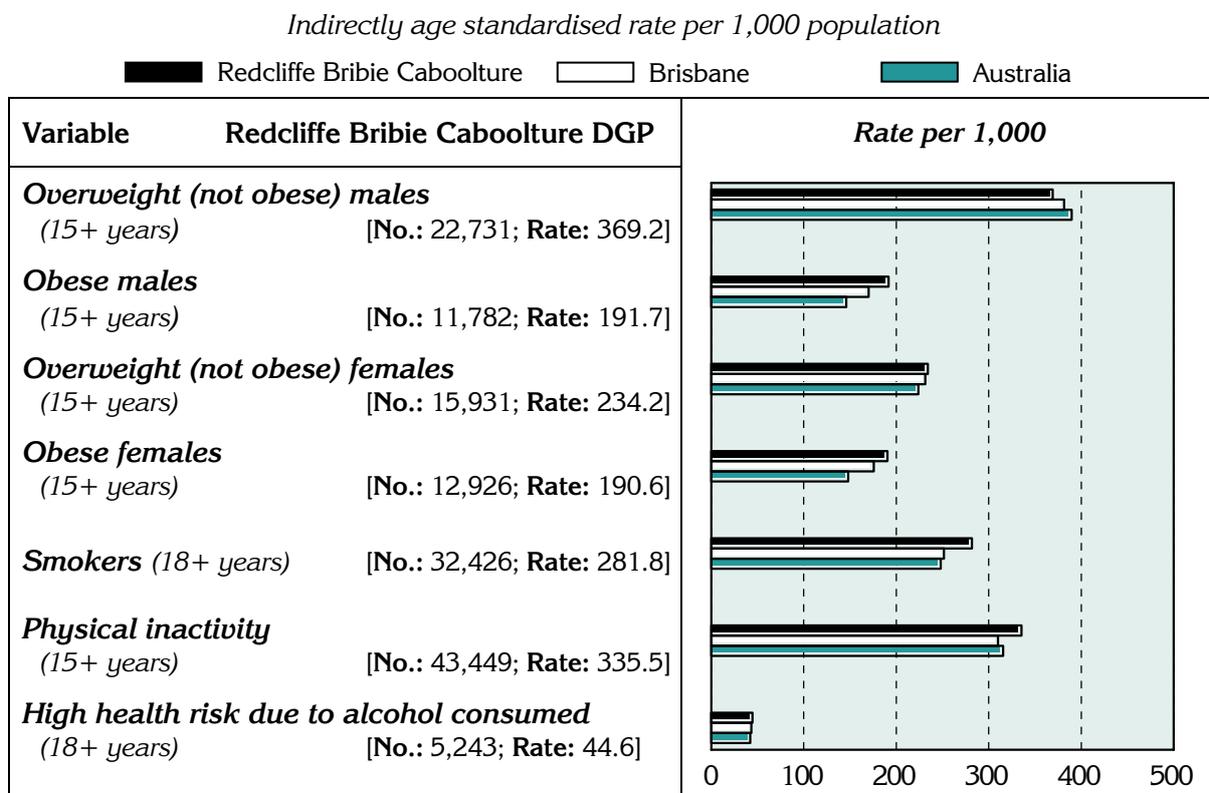
¹ Kessler 10

‡ See note under 'Data converters and mapping' re calculation of Division totals

Prevalence estimates: risk factors‡

The Redcliffe Bribie Caboolture DGP reported higher rates (when compared with the Australian population) for the selected risk factors, except for overweight in males Figure 8).

Figure 8: Estimates* of selected risk factors, Redcliffe Bribie Caboolture DGP‡, Brisbane and Australia, 2001



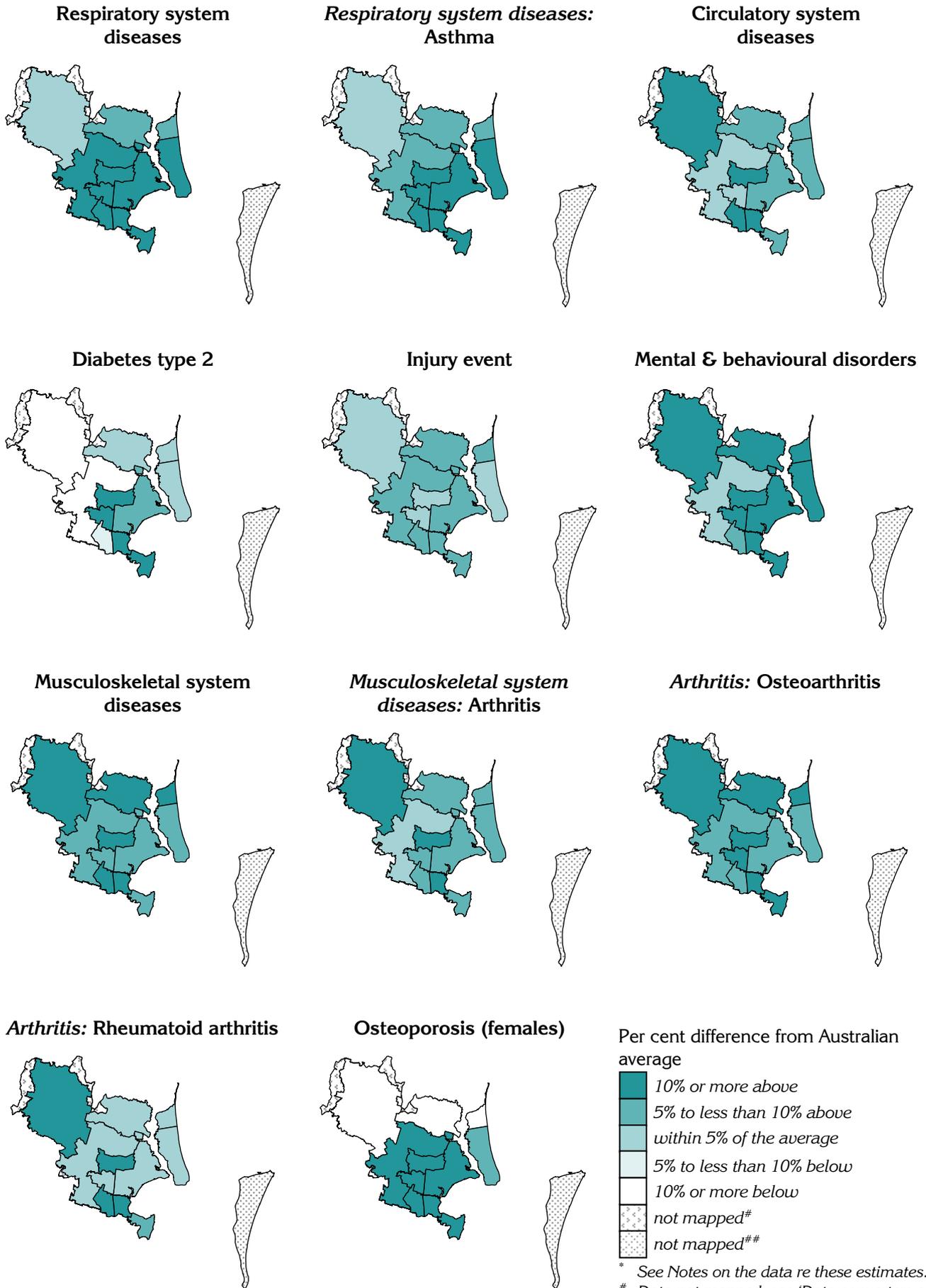
* 'No.' is a weighted estimate of the number of people in Redcliffe Bribie Caboolture DGP with these risk factors and has been predicted using data from the 2001 NHS and known data for the Division

‡ See note under 'Data converters and mapping' re calculation of Division totals

The following maps provide details of the geographic distribution, at the SLA level, of the estimated prevalence of chronic disease (Map 2), self-reported health (Map 3) and risk factors associated with chronic disease (Map 4).

In the following maps, users should note that the estimates shown for part SLAs in the Division (see Table 10, page 18, for per cent of SLA population in the Division) represent the estimates for the whole SLA, and not just the part shown. However, SLAs with only a small proportion of their population in the Division are likely to have little influence on the total estimates for the Division, which have been based on the percentage of the SLA population in the Division.

Map 2: Estimates* of chronic disease and injury by SLA/SLA group, Redcliffe Bribie Caboolture DGP, 2001



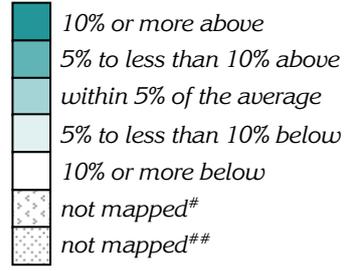
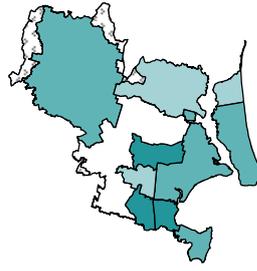
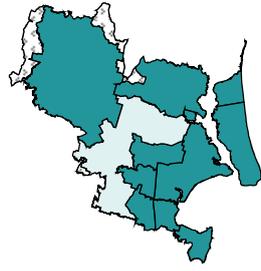
* See Notes on the data re these estimates.
 # Data not mapped: see 'Data converters and mapping' section under Notes on the data.
 ## Estimates not available for remote areas

Map 3: Estimates* of measures of self-reported health by SLA/SLA group, Redcliffe Bribie Caboolture DGP, 2001

Very high psychological distress levels [K-10¹] (18+ years)

Fair or poor self-assessed health status (15+ years)

Per cent difference from Australian average



¹ Kessler 10

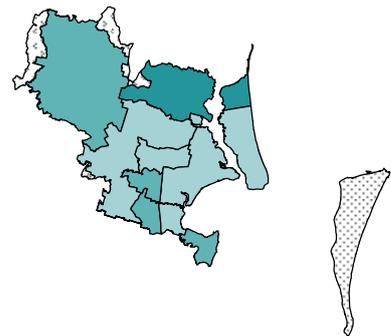
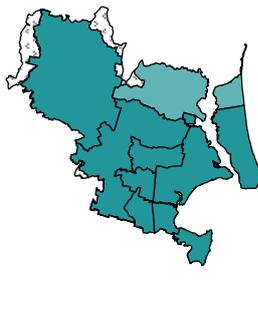
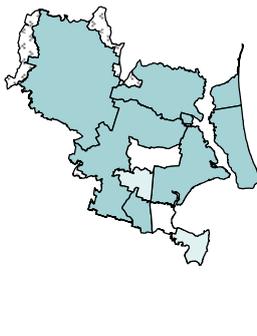
* See Notes on the data re these estimates.
Data not mapped: see 'Data converters and mapping' section under Notes on the data.
Estimates not available for remote areas

Map 4: Estimates* of selected risk factors by SLA/SLA group, Redcliffe Bribie Caboolture DGP, 2001

Overweight (not obese) males (15+ years)

Obese males (15+ years)

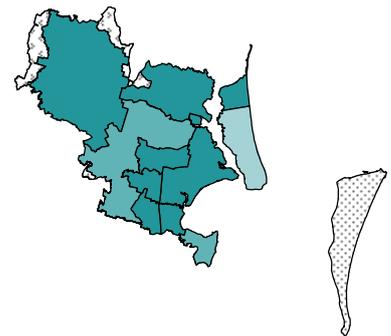
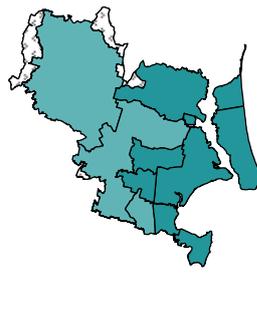
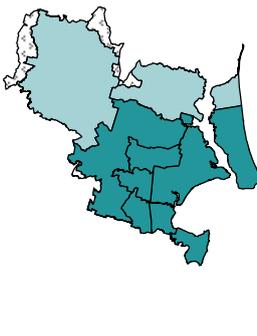
Overweight (not obese) females (15+ years)



Obese females (15+ years)

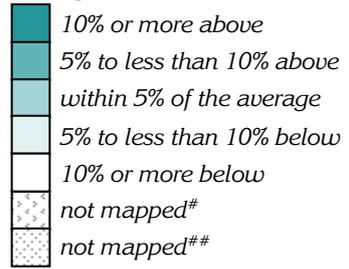
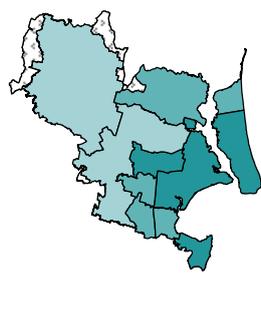
Smokers (18+ years)

Physical inactivity (15+ years)



High health risk due to alcohol consumed (18+ years)

Per cent difference from Australian average



* See Notes on the data re these estimates.
Data not mapped: see 'Data converters and mapping' section under Notes on the data.
Estimates not available for remote areas

Notes on the data

Data sources and limitations

General

Unless stated otherwise, references to 'country Queensland' relate to the remainder of the state areas in the Queensland Statistical Division (excluding the Brisbane Statistical Division).

Data sources

Table 7 details the data sources for the material presented in this profile.

Table 7: Data sources

Section	Source
Key indicators	
GP services per head of population	GP services data supplied by Department of Health and Ageing, 2003/04 Population data: Estimated Resident Population, ABS, mean of 30 June 2003 and 30 June 2004 populations
Socio-demographic profile	
Figures 1 and 2; Table 1	Estimated Resident Population, ABS, 30 June for the periods shown
Tables 2, 3 and 4; Figures 3 and 4	Data were extracted by postal area from the ABS Population Census 2001 ¹ , except for the following indicators: - <i>Indigenous</i> – Experimental estimates of Aboriginal and Torres Strait Islander people, ABS 2001 (unpublished) - <i>Full-time secondary education participation at age 16</i> – Census 2001 (unpublished) - <i>Households receiving rent assistance</i> – Centrelink, December Quarter 2001 (unpublished) - <i>Unemployment rate / Labour force participation</i> – extracted from <i>Small Area Labour Markets Australia</i> , June Quarter 2003, Department of Employment and Workplace Relations
Map 1; Table 9	ABS SEIFA package, Census 2001
General medical practitioner (GP) supply	
Table 5	GP data supplied by Department of Health and Ageing, 2003/04 Population estimates used in calculating the population per GP rates are the: - Census count ² , ABS Population Census 2001, scaled to 2003/04 - Usual Resident Population ³ , ABS Population Census 2001, scaled to 2003/04 - Day-time population: calculated from journey to work data, ABS Population Census (URP) 2001 (unpublished); and 2001 Census URP, scaled to 2003/04 - Estimated Resident Population, ABS, June 2003/2004
Immunisation	
Text comment: 1 year olds	National Centre for Immunisation Research and Surveillance, 2002
Table 6	Australian Childhood Immunisation Register, Health Insurance Commission, 2003/04 (unpublished)
Premature mortality	
Figure 5; Table 11	ABS Deaths, 2000 to 2002
Chronic diseases and associated risk factors⁴	
Figures 6, 7 and 8; Maps 2, 3 and 4; Table 12	Estimated from 2001 National Health Survey (NHS), ABS (unpublished)

¹ All data extracted from Usual Residents Profile, except for data variables only released in the Basic Community Profile

² *Census count* - those counted in the Division on Census night, including tourists, business people and other visitors

³ *Usual Resident Population* - those who usually live there and who were in Australia at the time and would have provided details in the Census at the address where they were counted

⁴ See notes below

Chronic diseases and associated risk factors

The data for chronic conditions and risk factors for SLAs have been estimated from the 2001 National Health Survey (NHS), conducted by the ABS: see note below on synthetic estimates. The NHS sample includes the majority of people living in private households, but excludes the most remote areas of Australia. These areas cover 86.4% of Australia's land mass and comprise just 3% of the total population, however, 28% of Australia's Indigenous population live in these areas. Thus it has not been possible to produce these estimates for Divisions with relatively high proportions of their population in the most remote areas of Australia.

The data for chronic conditions and risk factors are self-reported data, reported to interviewers in the 2001 NHS. Table 8 includes notes relevant to this data.

Table 8: Notes on estimates of chronic diseases and associated risk factors

Indicator	Notes on the data
Estimates of chronic disease and injury (Figure 6 and Map 2)	
Long term conditions	- Respondents were asked whether they had been diagnosed with any long term health condition (a condition which has lasted or is expected to last for 6 months or more), and were also asked whether they had been told by a doctor or nurse that they had asthma, cancer, heart and circulatory conditions, and/or diabetes
Injury event	- Injuries which occurred in the four weeks prior to interview
Estimates of measures of self-reported health (Figure 7 and Map 3)	
Very high psychological distress levels (K10)	- Derived from the Kessler Psychological Distress Scale-10 items (K-10), which is a scale of non-specific psychological distress based on 10 questions about negative emotional states in the 4 weeks prior to interview. 'Very high' distress is the highest level of distress category (of a total of four categories)
Fair or poor self-assessed health status	- Respondent's general assessment of their own health, against a five point scale from excellent through to poor – 'fair' or 'poor' being the two lowest in the scale
Estimates of selected risk factors (Figure 8 and Map 4)	
Overweight (not obese)	- Based on self-reported height and weight; BMI calculated and grouped into categories (to allow reporting against both WHO and NHMRC guidelines) - overweight: 25.0 to less than 30.0
Obese	- Based on self-reported height and weight; BMI calculated and grouped into categories (to allow reporting against both WHO and NHMRC guidelines) – obese: 30.0 and greater
Smokers	- Respondent's undertaking regular (or daily) smoking at the time of interview
Physical inactivity	- Did not exercise in the two weeks prior to interview through sport, recreation or fitness (including walking) – excludes incidental exercise undertaken for other reasons, such as for work or while engaged in domestic duties
High health risk due to alcohol consumed	- Respondent's estimated average daily alcohol consumption in the seven days prior to interview (based on number of days and quantity consumed). Alcohol risk levels were grouped according to NHMRC risk levels for harm in the long term, with 'high risk' defined as a daily consumption of more than 75 ml for males and 50 ml for females

Note: For a full description, refer to *ABS 2001 National Health Survey, Cat. No. 4364.0* and *ABS 2001 Health Risk Factors, Cat. No. 4812.0*

Methods

Synthetic estimates

The estimates of the prevalence of chronic disease and associated risk factors have been predicted for a majority of SLAs across Australia, using modelled survey data collected in the 2001 ABS National Health Survey (NHS) and known characteristics of the area. A synthetic prediction can be interpreted as the likely value for a 'typical' area with those characteristics: the SLA is the area level of interest for this project (where SLAs had small populations they were grouped to larger areas). This work was undertaken by the Australian Bureau of Statistics, as they hold the NHS unit record files: the small area data were compiled by PHIDU.

The approach used is to undertake an analysis of the survey data for Australia to identify associations in the NHS data between the variables that we wish to predict at the area level (eg. prevalence of chronic conditions and risk factors) and the data we have at the area level (eg. socioeconomic status, use of health services). The relationship between these variables for which we have area level data (the predictors) and the reporting of chronic conditions in the NHS is also a part of the model that is developed by the ABS. For example, such associations might be between the number of people reporting specified chronic conditions in the NHS and:

- the number of hospital admissions (in total, to public and to private hospitals, by age, sex and diagnosis),
- socioeconomic status (as indicated by Census data, or for recipients of government pensions and benefits), and
- the number of visits to a general medical practitioner.

The results of the modelling exercise are then applied to the SLA counts of the predictors. The prediction is, effectively, the likely value for a typical area with those characteristics. The raw numbers were then age-standardised, to control for the effects of differences in the age profiles of areas.

The numbers are estimates for an area, not measured events as are death statistics: they should be used as indicators of likely levels of a condition or risk factor in an area.

Premature deaths

Details of deaths by SLA were purchased from the ABS. The raw numbers were then age-standardised, by the indirect method, to control for the effects of differences in the age profiles of areas.

Data converters and mapping

[Conversion to Division of data available by postcode](#)

The allocation of postcodes to Divisions was undertaken using information from the Department of Health and Ageing's web site, which shows the proportion of a postcode in a Division (see page 18).

[Conversion to Division of data available by SLA](#)

(marked in this profile as ‡ See note under 'Data converters and mapping' re calculation of Division total)

Where the data presented in these profiles were only available by SLA they have been converted to Division of General Practice areas using a concordance based on data at the 2001 Census. A copy of the concordance is included in the Population data: A Guide for Divisions of General Practice: it is also available from the Divisions' data area on PHIDU web site.

In brief, the concordance splits the data (eg number of deaths) for each SLA across one or more Divisions. The proportion of an SLA's data that is allocated to each Division was calculated from (a) CD level Census 2001 data that splits SLAs across approximations to postcodes (referred to as postal areas) and (b) data on the DoHA website that splits postcodes across Divisions. This concordance can be adjusted to meet any new configuration of Division boundaries based on the 2001 Collection Districts, or combinations thereof.

The estimated population of each SLA in this Division is shown in Table 10.

[Mapping](#)

In some Divisions the maps may include a very small part of an SLA which has not been allocated any population, or either has a population of less than 100 or has less than 1% of the SLA's total population: these areas are mapped with a pattern.

Supporting information

This and other information is also available at www.publichealth.gov.au.

A definition of population health

Population health, in the context of general practice, has been defined¹ as:

“The prevention of illness, injury and disability, reduction in the burden of illness and rehabilitation of those with a chronic disease. This recognises the social, cultural and political determinants of health. This is achieved through the organised and systematic responses to improve, protect and restore the health of populations and individuals. This includes both opportunistic and planned interventions in the general practice setting.”

The key determinants of health are social support networks, employment and working conditions, social environments, physical environments, geographical isolation, personal health practices, healthy child development, ageing and disability, biology and genetic endowment, health services, gender and culture.

In the Aboriginal and Torres Strait Islander context this means that a population health approach to health services will assist in ensuring “that Aboriginal and Torres Strait Islander people enjoy a healthy life equal to that of the general population, that is enshrined by a strong living culture, dignity and justice”.² This recognises the importance of achieving improvements to Aboriginal and Torres Strait Islander health and respects the particular health issues facing Indigenous people.

¹ “The role of general practice in population health – A Joint Consensus Statement of the General Practice Partnership Advisory Council and the National Public Health Partnership Group” (Joint Advisory Group on General Practice and Population Health 2001)

² As defined in the Strategic Framework for Aboriginal and Torres Strait Islander Health

SEIFA scores

Following the 2001 Census, the Australian Bureau of Statistics (ABS) produced four socioeconomic indexes for areas (SEIFA). The indexes describe various aspects of the socioeconomic make-up of populations in areas, using data collected in the 2001 Census.

The Index of Relative Socio-Economic Disadvantage (labelled ‘Disadvantage’ in Table 9) includes all variables that either reflect or measure disadvantage. The Index of Advantage/Disadvantage is used to rank areas in terms of both advantage and disadvantage: any information on advantaged persons in an area will offset information on disadvantaged persons in the area. The Index of Economic Resources and the Index of Education and Occupation were targeted towards specific aspects of advantage/disadvantage.

For further information on the composition and calculation of these indexes see the ABS Information Paper ABS Cat No. 2039.0 available on the ABS web site www.abs.gov.au. Scores for these indexes for each Statistical Local Area (SLA) or part SLA in Redcliffe Bribie Caboolture DGP are shown in Table 9.

In using this table, users should note that the index score shown for SLAs with less than 100 per cent in the Division represents the score for the whole SLA, and not just the part shown. However, SLAs with small proportions may have little influence on the average index score for the Division which has been based on the postcodes in the Division.

Table 9: SEIFA scores by SLA/SLA group, Redcliffe Bribie Caboolture DGP, 2001

SLA/ SLA group name (% per cent of SLA/SLA group in the Division)	Index score				
	Disadvantage	Advantage	Economic Resources	Education & Occupation	
Moreton Island	(100.0)	1031	949	849	1006
Bribie Island	(100.0)	959	916	903	942
Burpengary-Narangba	(100.0)	1010	979	1001	952
Caboolture - Central	(100.0)	881	883	912	881
Caboolture - East	(100.0)	973	927	938	921
Deception Bay	(100.0)	894	882	916	870
Morayfield	(100.0)	935	917	938	909
Caboolture Balance	(97.7)	1033	993	1000	971
Caboolture - Part B	(100.0)	957	910	918	911
Caloundra - Rail Corridor	(24.7)	970	927	920	932
Redcliffe [#]	(100.0)	949	938	939	942

* Proportions are approximate and are known to be incorrect in some cases, due to errors in the concordance used to allocate CDs to form postal areas

SLA group: see Table 10 for codes for the individual SLAs in this group

Statistical geography of the Redcliffe Bribie Caboolture DGP

The Redcliffe Bribie Caboolture DGP covers 1,536 square kilometres, based on 2001 SLA data.

Postcodes in the Division (all 100%) are: 4019-4022, 4504-4508, 4511-4512, 4514, 4516, and 4517².

Statistical Local Areas (SLAs) are defined by the Australian Bureau of Statistics to produce areas for the presentation and analysis of data. SLAs in the Division are based on suburbs: as many of these have very small populations, they have in some cases been grouped to form areas of larger population: the groupings are those used in HealthWIZ. The individual suburbs and groups of suburbs that comprise the Division are listed in Table 10). The SLA group name does not in all cases include the names of all suburbs (SLAs) in the group: all relevant SLA codes are shown in the table.

Table 10: SLAs/SLA groups in Redcliffe Bribie Caboolture DGP by 2001 boundaries

SLA code ¹	SLA/ SLA group name	Per cent of SLA/SLA group's population in the Division*	Estimate of the SLA/SLA group's 2004 population in the Division
31394	Moreton Island	100.0	207
32002	Bribie Island	100.0	15,842
32005	Burpengary-Narangba	100.0	20,841
32008	Caboolture - Central	100.0	17,664
32013	Caboolture - East	100.0	14,583
32016	Deception Bay	100.0	19,603
32018	Morayfield	100.0	19,003
32023	Caboolture Balance	97.7	13,166
32031	Caboolture - Part B	100.0	5,918
32138	Caloundra - Rail Corridor	24.7	4,444
36201, 36204, 36206, 36208	Redcliffe	100.0	52,385

* Proportions are approximate and are known to be incorrect in some cases, due to errors in the concordance used to allocate CDs to form postal areas

¹ For further details refer to Australian Standard Geographical Classification, 2001, ABS Cat No. 1216.0, 2001

² As per the Department of Health and Ageing web site (accessed online version as at February 2005): <http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pcd-programs-divisions-divspc.htm>

Supporting data

The data used in Figure 5 to illustrate the rates of premature mortality in the Division are shown below in Table 11.

Table 11: Deaths before 75 years of age by major condition group and selected cause, Redcliffe Bribie Caboolture DGP‡, Brisbane and Australia, 2000-02*

Indirectly age standardised rate per 100,000 population

Variable	Redcliffe Bribie Caboolture‡		Brisbane		Australia	
	No.	Rate	No.	Rate	No.	Rate
Circulatory system diseases	407	77.2	2,781	69.1	38,357	72.3
Ischaemic heart disease	282	53.4	1,764	43.9	23,364	44.1
Cerebrovascular disease – stroke	61	11.5	488	12.2	6,920	13.0
Cancer	634	121.5	4,629	113.8	60,603	114.3
Cancer of the trachea, bronchus & lung	148	27.9	1,008	25.1	12,715	24.0
Respiratory system diseases	124	23.3	728	18.3	9,726	18.3
Chronic lower respiratory disease	94	17.6	523	13.2	6,657	12.6
Injuries and poisonings	171	38.3	1,387	30.7	18,573	35.0
Suicide	61	13.8	556	12.3	6,706	12.6
Motor vehicle accidents	44	10.1	302	6.6	5,014	9.5
Other causes	216	42.8	1,946	46.3	26,735	50.4
Diabetes mellitus	29	5.5	252	6.2	3,734	7.0

* 'No.' is the total number of deaths for the 2000-02 period; 'Rate' is an annual rate, based on the 3 year average

‡ See note under 'Data converters and mapping' re calculation of Division totals

The data used to illustrate the prevalence estimates of chronic disease (Figure 6), measures of self-reported health (Figure 7), and selected risk factors (Figure 8), are shown in Table 12 below.

Table 12: Estimates of chronic disease and associated risk factors, Redcliffe Bribie Caboolture DGP‡, Brisbane and Australia, 2001

Indirectly age standardised rate per 1,000 population

Variable	Redcliffe Bribie Caboolture‡	Brisbane	Australia
Chronic disease and injury (Figure 6)			
Respiratory system diseases	342.1	332.4	310.8
Asthma	130.7	125.4	118.3
Circulatory system diseases	184.1	173.1	171.5
Diabetes type 2	24.8	23.7	23.4
Injury event	125.4	123.2	121.2
Mental & behavioural disorders	113.2	100.5	97.6
Musculoskeletal system diseases	350.7	338.6	326.2
Arthritis	150.1	137.7	138.8
- Osteoarthritis	83.9	77.0	74.9
- Rheumatoid arthritis	25.5	24.0	23.6
Osteoporosis (females)	31.1	32.4	26.4
Measures of self-reported health (Figure 7)			
Very high psychological distress levels (18+ years)	44.0	36.8	36.6
Fair or poor self-assessed health status (15+ years)	200.3	183.7	184.0
Risk factors (Figure 8)			
Overweight (not obese) males (15+ years)	369.2	381.5	389.7
Obese males (15+ years)	191.7	170.2	145.9
Overweight (not obese) females (15+ years)	234.2	231.4	223.9
Obese females (15+ years)	190.6	175.7	148.0
Smokers (18+ years)	281.8	251.6	248.0
Physical inactivity (15+ years)	335.5	309.9	315.5
High health risk due to alcohol consumed (18+ years)	44.6	43.3	42.1

‡ See note under 'Data converters and mapping' re calculation of Division totals

References

Australian Bureau of Statistics (ABS) (2002). *2001 National Health Survey: summary of results*. Australia. (ABS Cat. No. 4364.0). Canberra: ABS.

National Public Health Partnership (NPHP) (2001). *Preventing Chronic Disease: A Strategic Framework*. Melbourne, Victoria.

Thacker S, Stroup D & Rothenberg R (1995). Public health surveillance for chronic conditions: a scientific basis for decisions. *Statistics in Medicine* 14: 629-641.

World Health Organization (2002). *The World Health Report 2002: Reducing Risks, Promoting Healthy Life*. Geneva: World Health Organization.

Acknowledgements

Funding for these profiles was provided by the Population Health Division of the Department of Health and Ageing (DoHA). Assistance, by way of comment on the profiles and assistance in obtaining some datasets, has also been received from the Primary Care Division of the DoHA, the ABS and the ACIR.

Further developments and updates

Subject to agreement and funding, a number of developments could be undertaken:

- Details of hospitalisations potentially avoidable through ambulatory care interventions are currently being prepared and will be forwarded to Divisions (and posted on the PHIDU web site) when they are available. Other enhancements will be considered as appropriate datasets become available.

The profiles could be updated as the data are updated. For example:

- Population estimates, avoidable hospitalisations, immunisation, and GP activity and workforce data – annually;
- Chronic disease estimates – three-yearly;
- Census data – five-yearly.

Any developments would be informed by consultation, including with Divisions.

PHIDU contact details

For general comments, data issues or enquiries re information on the web site, please contact PHIDU:

Phone: 08-8303 6236 or e-mail: PHIDU@publichealth.gov.au