



the LGPHAtlas™



population health profiling
The City of Unley & The City of Mitcham

04/2014 | Version 1.2

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Introduction

This profile of the City of Unley and the City of Mitcham is a snapshot of the two adjacent Local Government Areas (LGAs). The maps and commentary seek to highlight key populations and issues and to signpost further action. It is part of an overall needs assessment approach for the two councils and seeks to inform future planning and advise key decision makers.

The document acknowledges the new environment of public health planning in South Australia and the key role that local government undertakes in the health and wellbeing of communities. Where possible this profile is framed within the “The spectrum of public health action” outlined in the foundation document *South Australia: A Better Place to Live. Promoting and protecting our community's health and wellbeing 2013*. This is reflected in the commentary that supports the mapping and the Commissioning Recommendations that follow the profiling.

“Public health connects with every aspect of our community's life and can be affected by a very wide range of factors and issues. Public health is about the social conditions, the environmental character and the opportunities that are available or need developing. It's about the very fabric and structure of our physical and social environments.”

The LGPHA™ Concept

“A good map is worth a thousand words, cartographers say, and they are right: because it produces a thousand words: it raises doubt, ideas. It poses new questions, and forces you to look for new answers” Franco Moretti

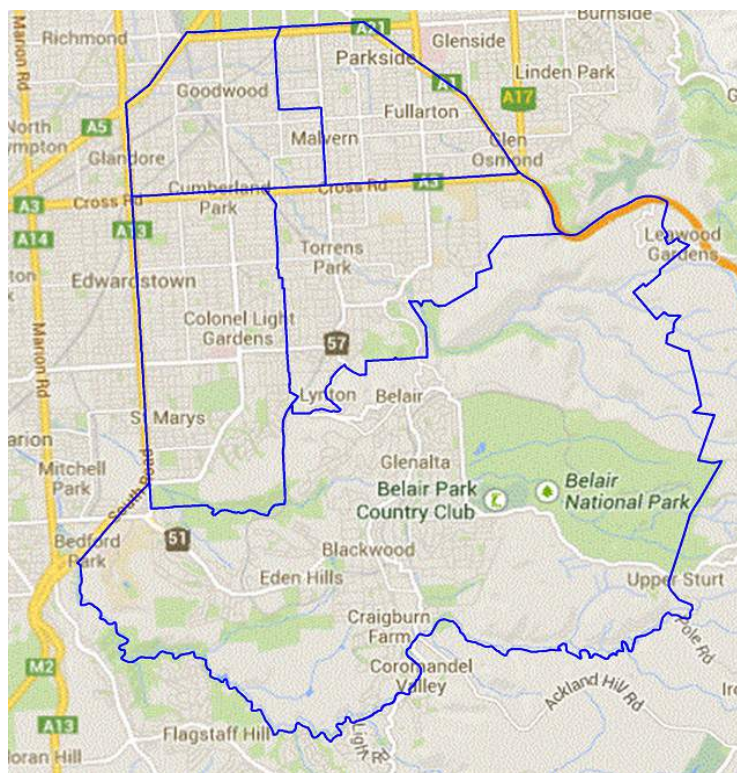
The LGPHA™ Concept brings together information from a range of sources to create a population health profile. The intent is to create an information rich document that informs the City of Mitcham and City of Unley response to the State Public Health Plan.

Data sources include the Australian Institute of Health and Welfare (AIHW), the Australian Bureau of Statistics (ABS), a purpose built data set for local government provided by the Public Health Information Development Unit (PHIDU) and various other national and state reports. The prevalence maps generated for this Atlas rely on synthetic modelled estimates –these estimates should be used with caution and treated only as indicative of the prevalence of each indicator in a Statistical Local Area (SLA). All of the data used for the maps throughout this document are from the PHIDU data set², any other references for data are included as a superscript.

The areas of profiling were chosen by key staff (and advisors) in the City of Unley and City of Mitcham based on previous needs assessments with advice from Healthfirst Network (based on that organisations experience with population profiling).

This document is work in progress rather than definitive and further versions in the future to be informed by improved data-sets (as they become available) as well as stakeholder and community

Map 1: City of Unley / City of Mitcham SLA boundaries



We acknowledge the Kaurna people past, present and future who are traditional owners of the land on which we walk, work and live. We respect their spiritual relationship with their country.

Acknowledgements

LGPAtlas™ [Local Government Public Health Atlas™] is a trademark of Healthfirst Network™.

Healthfirst Global™ Team - Healthfirst Network™

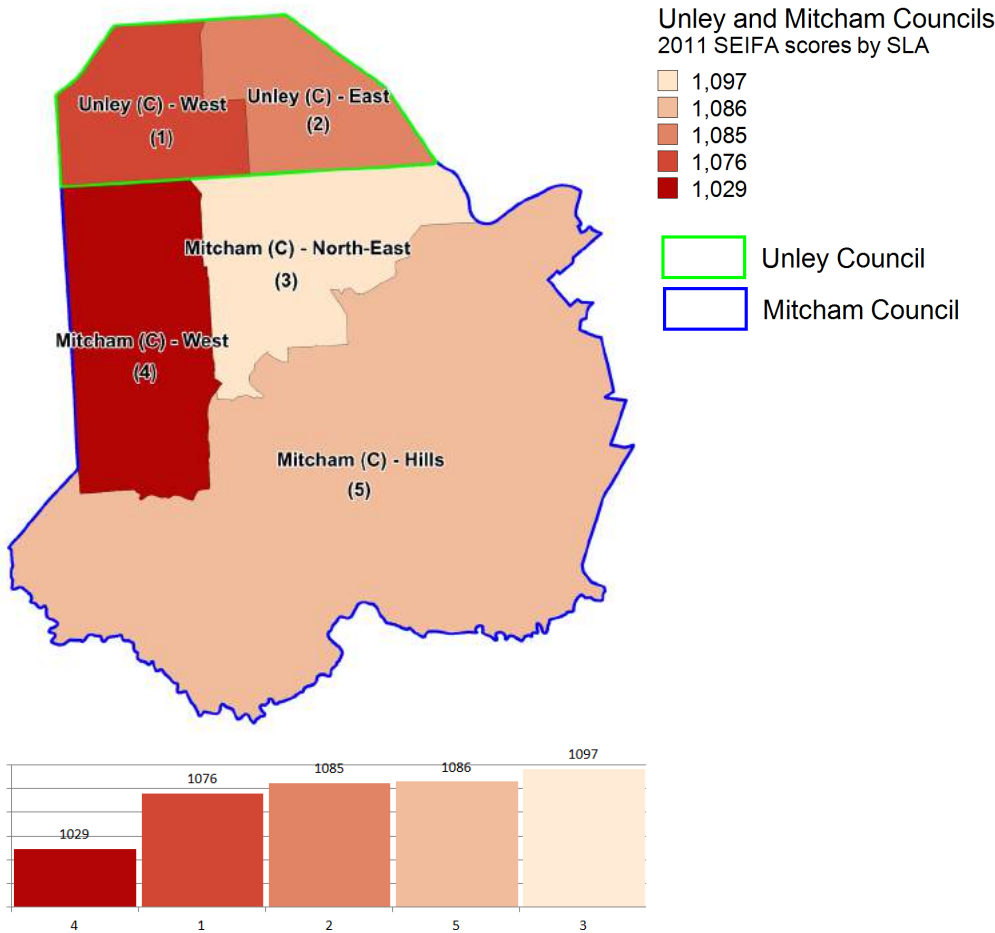
- > Public Health Physician / GP
 - Dr Peter Del Fante
- > Public Health Practitioner / Project Manager
 - Alf Martin
- > Health Data Manager
 - Debbie Stratford
- > Data Analyst
 - Ross Vivian

City of Unley and City of Mitcham Team

- > City of Unley
 - Megan Berghuis
- > City of Mitcham
 - Jack Darzanos
- > Healthy Environs

City of Unley & City of Mitcham At a Glance

Map 2: City of Unley / City of Mitcham SEIFA by SLA



SEIFA Index of Disadvantage

The SEIFA Index of Disadvantage measures the relative level of socio-economic disadvantage based on a range of Census characteristics. It provides a general view of the relative level of disadvantage and higher score on the index means a lower level of disadvantage whereas a lower score on the index means a higher level of disadvantage.

*"The index is derived from attributes that reflect disadvantage such as low income, low educational attainment, high unemployment, and jobs in relatively unskilled occupations. When targeting services to disadvantaged communities, it is important to also look at these underlying characteristics as they can differ markedly between areas with similar SEIFA scores and shed light on the type of disadvantage being experienced."*³

The City of Unley SEIFA Index of Disadvantage (2011 Index)

Overall the SEIFA for the City of Unley 1065 is higher than Metropolitan Adelaide (993), South Australia (983) and Australia (1002). This score places the City of Unley in sixth place among 71 LGAs in South Australia.²

SEIFA Index of Disadvantage varies from:

- 1,027 for the suburb of Everard Park up to 1,114 for the suburb of Unley Park, and
- 1,076 for Unley-West to 1,085 for Unley-East

The City of Mitcham SEIFA Index of Disadvantage (2011 Index)

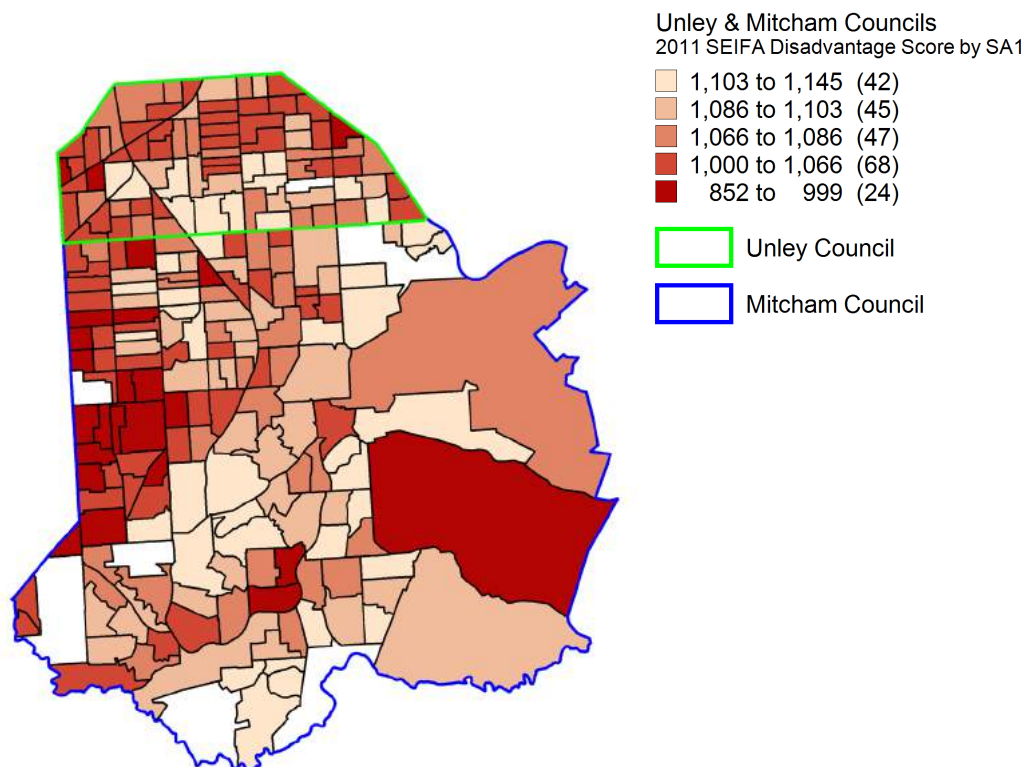
Overall the SEIFA for the City of Mitcham 1068 is higher than Metropolitan Adelaide (993), South Australia (983) and Australia (1002). This rates the City of Mitcham in fourth place among 71 LGAs in South Australia.⁴

SEIFA Index of Disadvantage varies from:

- 996 for the suburb of St Marys up to 1,120 for the suburb of Craigburn Farm-Coromandel Valley, and
- 1,029 for Mitcham-West region to 1,120 for Mitcham-Hills region.

SEIFA by SA1 (**Map 3**) indicates that there is variation within all regions with some SA1 areas below SEIFA for Australia.⁵

Map 3: City of Unley / City of Mitcham SEIFA by SA1



City of Unley Population Profile

The estimated resident population (ERP) of the City of Unley (ABS 2012) is 38,620 people with a growth rate of 3.4% (or 2,129 people) between the 2002 and 2012. The median age (39 years) is the same as Metropolitan Adelaide and South Australia but two years older than for Australia as a whole (37 years).

Compared to Metropolitan Adelaide and South Australia (See **Figure 3**) the City of Unley has an older population in particular Unley has a greater proportion of people 80 years and older but (interestingly) a lesser proportion of people in the five year age cohorts (65 to 69, 70 to 74 and 75 to 79) (See **Figure 1**).

At the other end of the age range, the City of Unley has less young people in the five year age cohorts (0-4, 5-9, 10-14 and 15-19). However after this, young adults join the population, possibly associated with proximity to the Central Business District (CBD) (with three universities) and multiple housing options with Unley's high level of medium density housing(41%).

Key aspects of the Unley population

According to the 2011 census of population and housing in comparison to Metropolitan Adelaide, Unley people have a higher percentage of Bachelor or higher degrees (37% compared to 18%) and lower rates of current unemployment (4.7% compared to 5.8%).

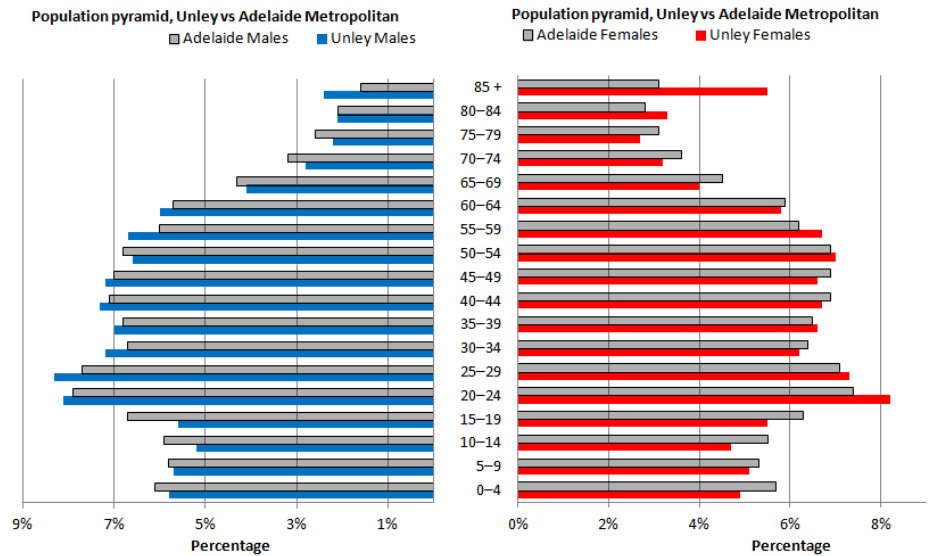
People requiring assistance with core activities of living

In comparison to Metropolitan Adelaide a greater percentage of people living in Unley require assistance with core activities of living (5.6% compared with 5.4%). The bulk of these people are in the older age cohorts (75-79, 80-84 and 85 and over).

It is of particular interest that when compared to greater Adelaide a lesser percentage of people in the (0-74) five year age cohorts require assistance with the core activities of living but this reverses after age 75 years with a somewhat higher percentage in each age cohorts (75-79), (80-84) and 85+.

The absolute number of people requiring assistance across all age groups in 2011 was 2,071 persons up from 1,830 persons in 2006.⁶

Figure 1: Population pyramid by age group Unley vs Adelaide Metropolitan (2011)



Data source: Australian Bureau of Statistics Source: Population by Age and Sex, Regions of Australia, 2011 (cat. no. 3235.0)

Figure 2: Males and females by age group Unley vs Adelaide Metropolitan (2011)

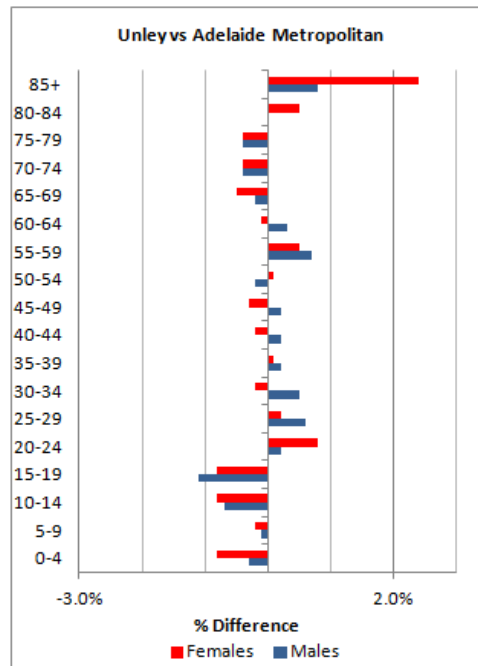


Figure 3: Persons by age group Unley vs Adelaide Metropolitan (2011)

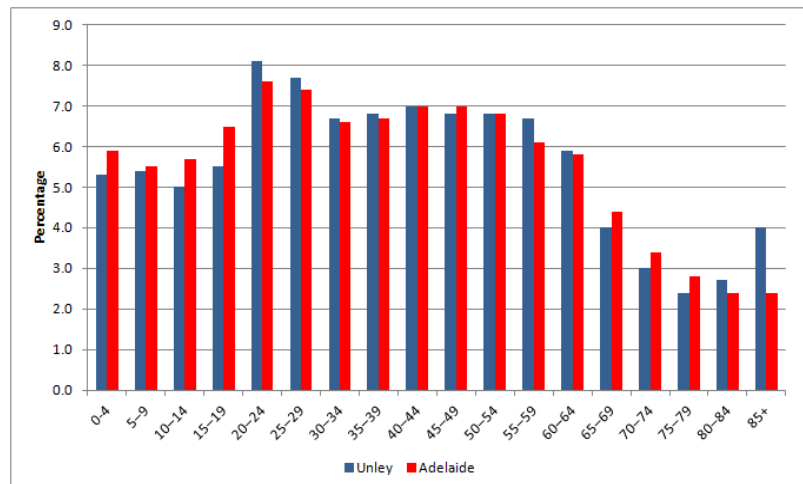


Figure 4: Population pyramid by age group Mitcham vs Adelaide Metropolitan (2011)

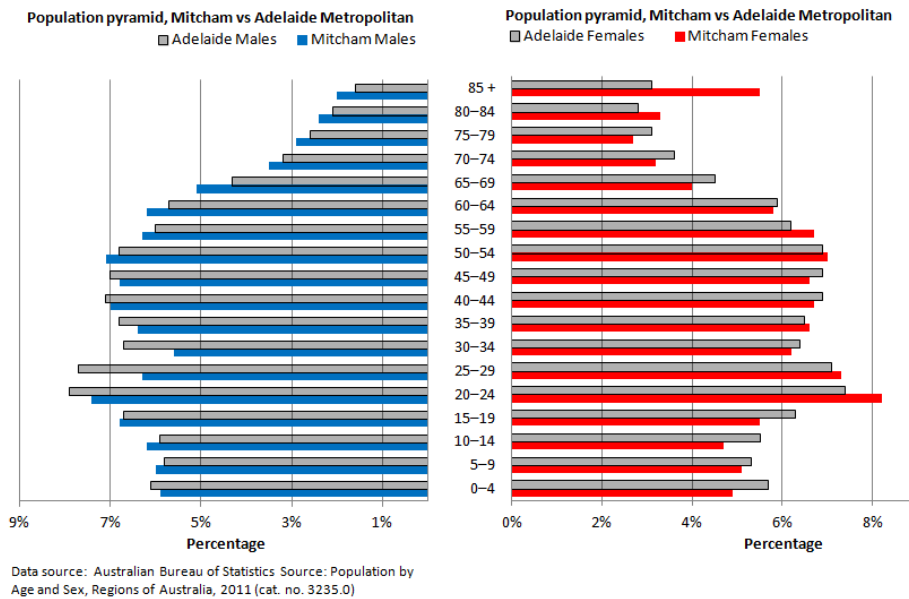


Figure 5: Males and females by age group Mitcham vs Adelaide Metropolitan (2011)

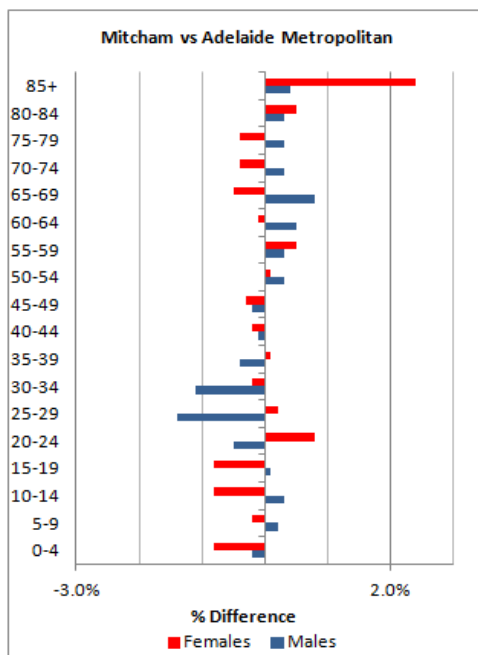
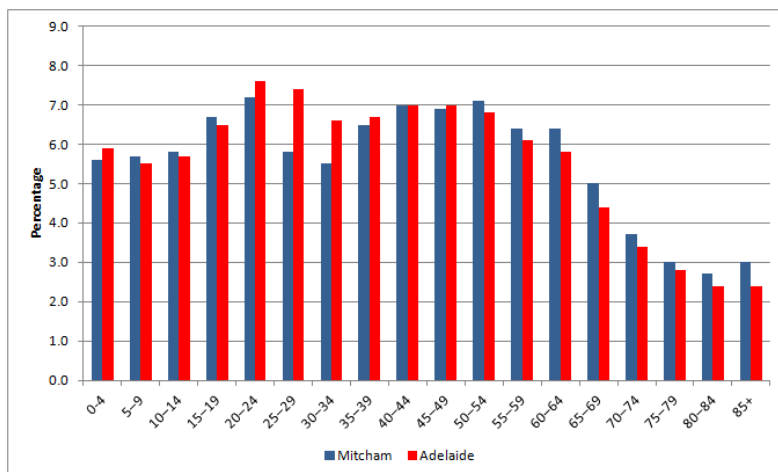


Figure 6: Persons by age group Mitcham vs Adelaide Metropolitan (2011)



City of Mitcham Population Profile

The estimated resident population (ERP) of the City of Mitcham (ABS 2012) is 62,304 people with a growth of 4.3% (or 2,695 people) for the ten year period 2002 to 2012.

The median age of Mitcham residents (41 years) is slightly higher than Metropolitan Adelaide and South Australia (39 years) and four years older than Australia as a whole (37 years).

Compared to Metropolitan Adelaide and South Australia, the City of Mitcham (see Figure 6) has generally an older population profile and in particular for the 85+ age group. However (surprisingly) females in the four five year cohorts (60-64, 65-69, 70-74 and 75-79) are a lesser percentage of the population than for Metropolitan Adelaide. (See Figure 4)

Key aspects of the Mitcham population

According to the 2011 census of population and housing in comparison to Metropolitan Adelaide, Mitcham people have higher percentages of Bachelor or higher degrees (31% compared to 18%) and lower percentages of unemployment (4.4% compared to 5.8%).

People requiring assistance with core activities of living

When compared to Metropolitan Adelaide, a lesser percentage of people living in Mitcham require assistance with core activities of living (4.1% compared to 5.4%). The bulk of these people are in the older age cohorts.

The absolute number of people requiring assistance across all age groups in 2011 was 2,578 a slight decrease from 2,639 in 2006.⁷



A feature of the populations of both the City of Unley and the City of Mitcham are the number of working age adults. These people will be living longer into the future but will have multiple chronic conditions or some form of impairment requiring assistance and services from Local Government.

Rates of usage of aged care services rises steeply at more advanced ages with the number of people 75 or over a likely guide for the need for these services.⁸

Residential Aged Care Places (RACF)

The Australian government is responsible for the funding (and regulation) of aged care places with the facilities run by government, not-for-profit bodies or for-profit bodies. The baseline target for aged care places is 113 per 100,000 with a trend towards less RACFs with more beds.

Map 4 indicates a skewing of places towards regions closer to the CBD and towards the eastern part of the combined LGA areas.

The implication of this being, into the future, people may not necessarily be able to find a RACF place close to their community of origin and possibly be separated from family and lose contact with their social networks.⁹

Age pension recipients

While 65 is currently the age that Australians can start receiving the age pension, however, this in itself is not a planning measure for aged care services with potential needs for care and support not only a function of age but also poor health and disability.

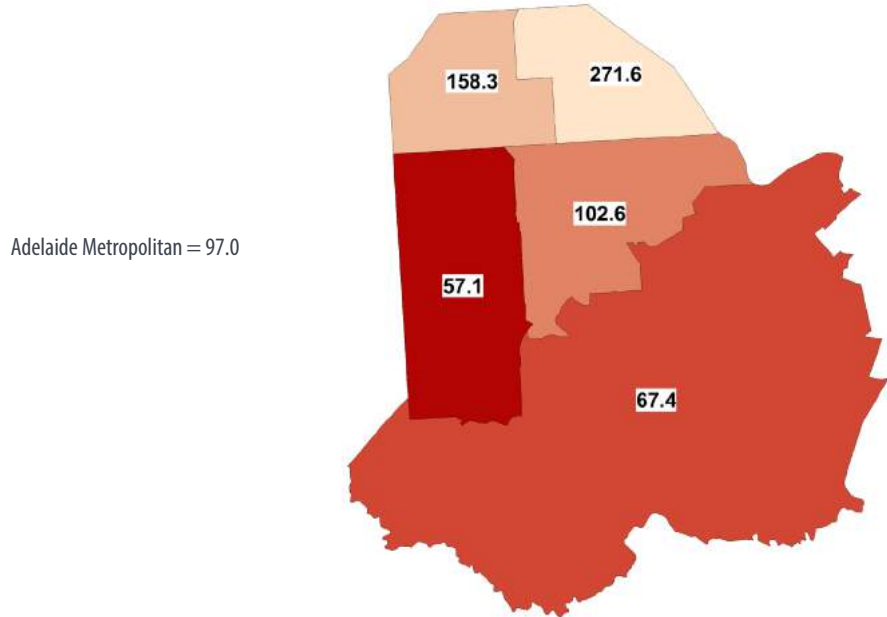
Map 5 indicates the highest rates of aged care pension recipients are in Mitcham-West and Mitcham-Hills. There is generally higher rates in the western part of the combined LGA areas. This suggests a greater level of self-funded retirees in regions towards the eastern part of the combined LGAs and closer to the CBD.⁹

Home and Community Care (HACC): Clients living alone

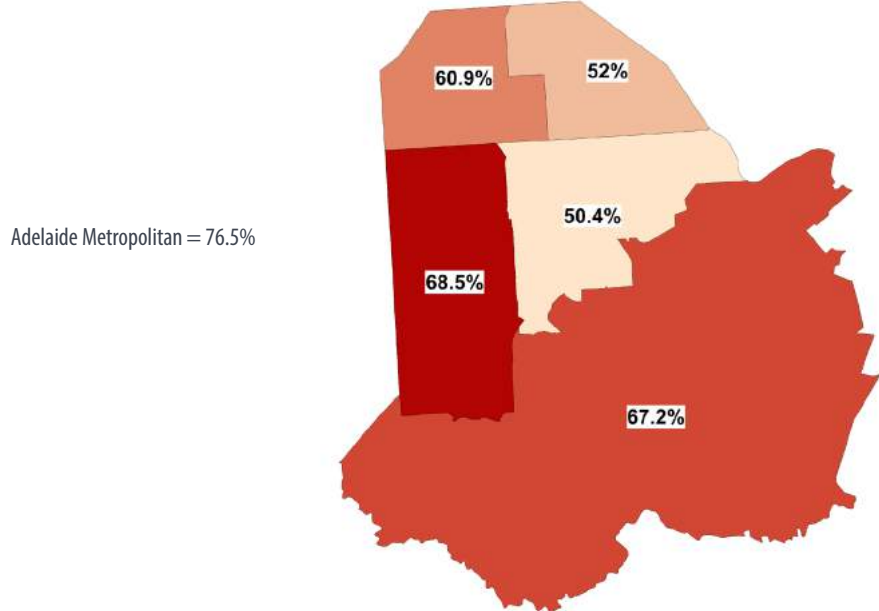
As the proportion of older people in the population continues to grow, demand for appropriate and relevant care services and supports to allow older people to continue to live in their homes is predicted to increase.¹⁰

Map 6 indicates a high level of HACC clients living alone across both Local Government areas. Percentages are highest closer to the CBD and to the east of the combined LGAs.

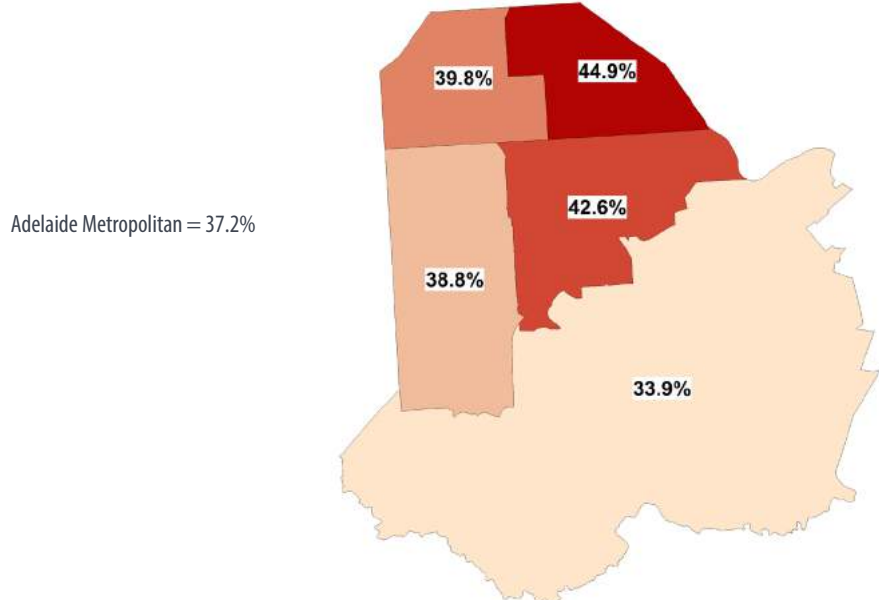
Map 4: Residential aged care beds per 1,000 population aged 70+ years (2011)



Map 5: Age pension recipients - persons aged 65+ years (2011)

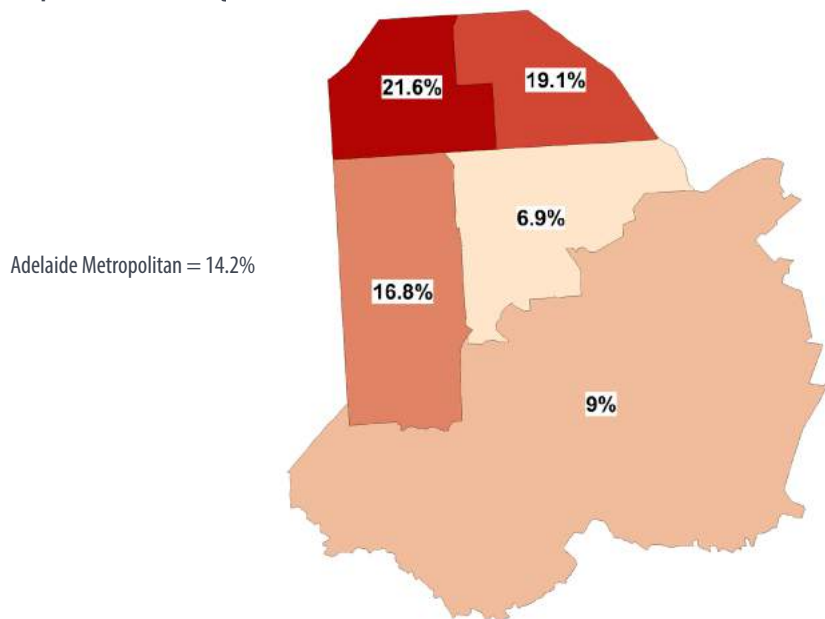


Map 6: HACC: Clients living alone (2010-11)

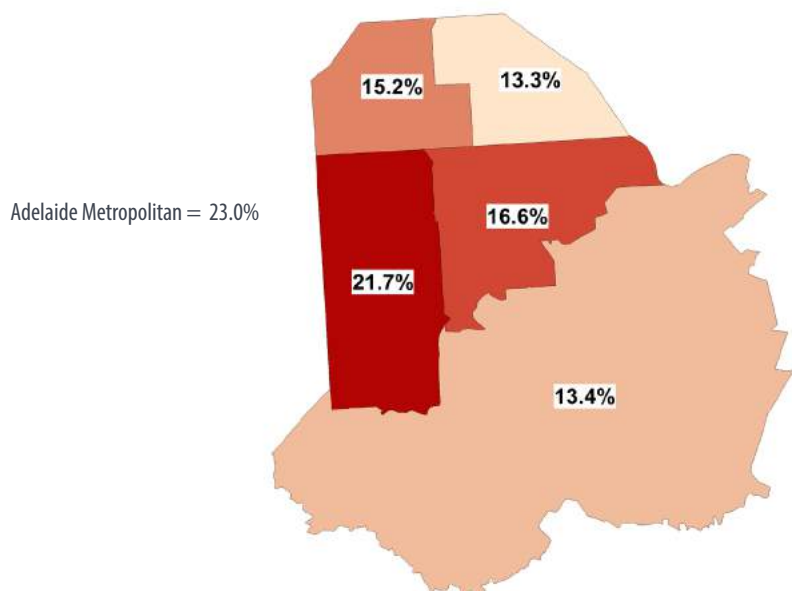




Map 7: HACC: Non-English speaking background clients (2010-11)



Map 8: AEDI: Children developmentally vulnerable on one or more domains (2009)



Of Interest

- Lesser level of RACF beds in the City of Mitcham (Map 4).
- High level of NESB HACC clients in the City of Unley (Map 7)
- Higher level of children vulnerable on or more AEDI domains in Mitcham West (Map 8)

People from Non-English Speaking Backgrounds (NESB)

Particular consideration will need to be given to the requirements of people from diverse backgrounds who already live in the Cities of Unley and Mitcham or may join these communities in the future.

NESB – City of Unley

Fifteen percent of the population comes from non-english speaking countries - in particular Germany, Greece, Italy and Holland. More recently people from China (450 people 2006-2011) and India (290 people 2006-2011) have joined the Unley community. The Greek community is strongly represented in Unley (6% of the Unley ERP) a greater proportion when compared with (2.8%) for Metropolitan Adelaide

NESB – City of Mitcham

Twelve percent of the population comes from non-english speaking countries in particular Germany, Greece, Italy and Holland are well represented in Mitcham. However more recently people from China (373 people (2006-2011)) and India (296 people (2006-2011)) have joined the Mitcham community.

Australian Early Development index (AEDI)

The AEDI is a population based measure of how children have developed before they start school. It examines five domains of early development: physical health and wellbeing, social competence, emotional maturity, language & cognitive skills – and communication skills & general knowledge.¹¹

AEDI – City of Unley

Of the 445 five year olds in Unley, 385 children were assessed by 83 teachers from 44 schools (both government and non-government). Overall 14.5% of children were vulnerable on one or more domain, a very slight but not statistically significant difference from 2009 AEDI results. This compares with 23.7% for SA and 22.0% for Australia as a whole indicating that overall, children in Unley are progressing well in their development by the age of 5. (AEDI 2012).

Map 8 indicates a small variation across the City of Unley with slightly better results in Unley-East

AEDI – City of Mitcham

Of the 794 five year olds in Mitcham 787 children were assessed by 127 teachers from 63 schools (both government and non-government). Overall 15.9% of children were vulnerable on one or more domain with no significant difference from 2009 AEDI results. (AEDI 2012)

Map 8 indicates variation across the City of Mitcham with Mitcham-West tracking with SA and Australian children. While Mitcham-Hills children are tracking better compared to their SA and Australian counterparts.



Psychological Distress

Good mental health is fundamental to the wellbeing of individuals, their families and the population as a whole. One indication of the mental health and wellbeing of a population is provided by measuring levels of psychological distress using the Kessler Psychological Distress Scale (K10). The K10 questionnaire was developed to yield a global measure of psychosocial distress, based on questions about people's level of nervousness, agitation, psychological fatigue and depression in the past four weeks.¹² Nationally there were proportionally more females than males experiencing high or very high levels of psychological distress in 2011-12 (12.7% and 8.8% respectively). In general, rates of high and very high levels of psychological distress decrease slightly with age.

Map 9 indicates that for the combined LGAs the regions to the west and towards the CBD have higher rates (ASR/100) of psychological distress.

All regions have lower rates of psychological distress than Metropolitan Adelaide (12.1), SA (12.3) and Australia (11.7) although of interest Mitcham–West has a rate similar to the Australian rate.

Mental Health

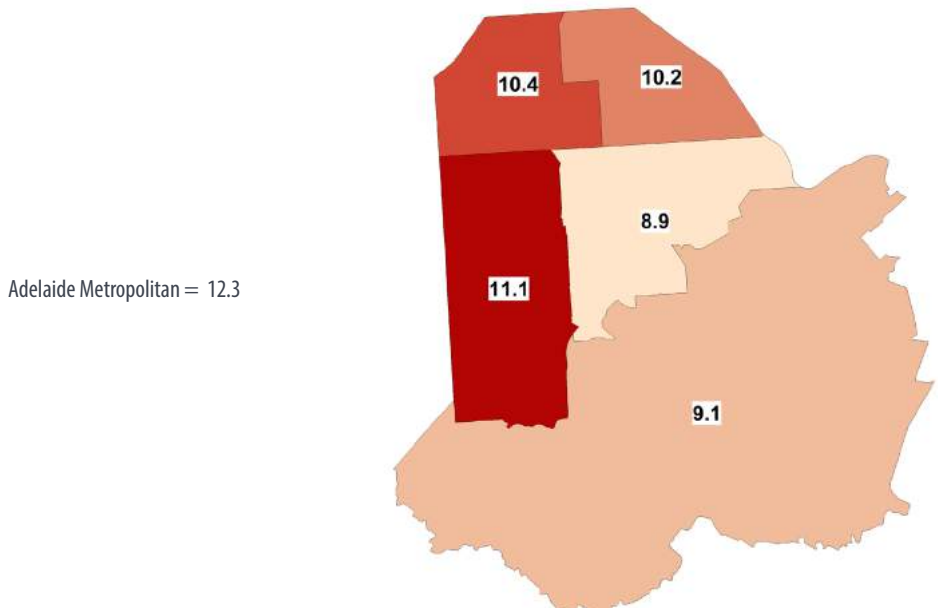
The 2007-08 National Health Survey collected self report data on people living with mental health or behavioural problems another indicator of the mental health status of the community.

Map 10 for females indicates a consistent picture for regions across the combined LGAs with slightly higher rates (ASR/100) towards the west. All rates are below the Adelaide metropolitan rate (12.1), the SA rate (12.1) and Australia (11.8).

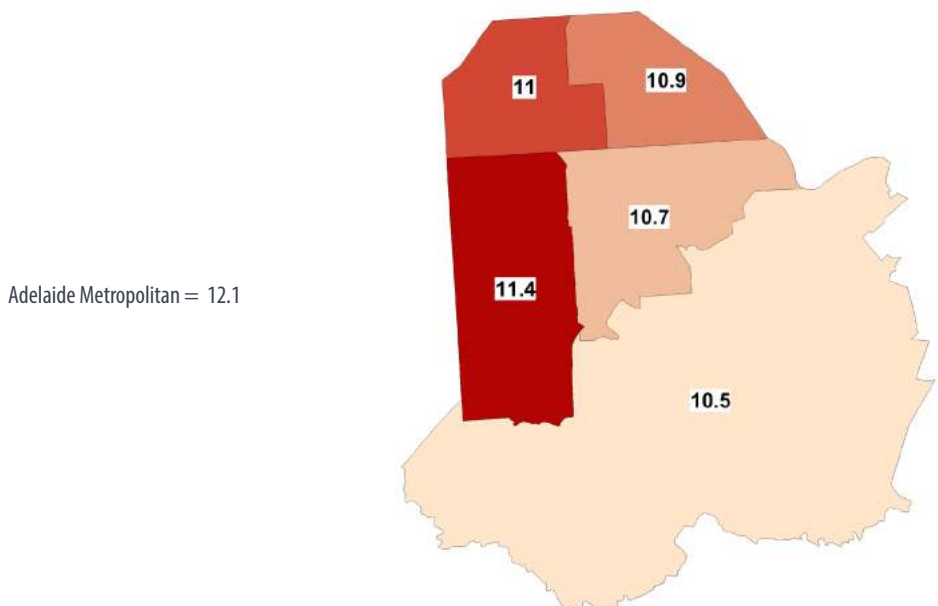
Map 11 for males indicates a very consistent picture for the combined LGA region with slightly higher rates in regions towards the west. All rates are below the Adelaide metropolitan rate (10.8), the SA rate (10.8) and Australia (10.1).

For both psychological distress and mental health problems, rates shown at the LGA level may mask pockets within the community where rates are higher.

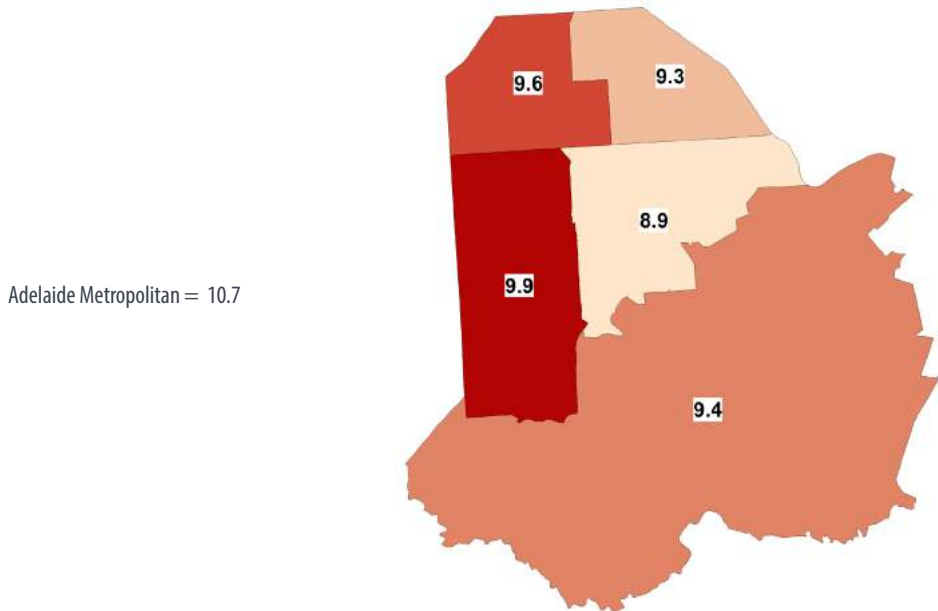
Map 9: High/Very high levels of psychological distress - persons aged 18+ years (2007/08) ASR per 100

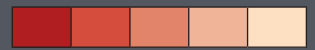


Map 10: Females with mental and behavioural problems (2007/08) ASR per 100

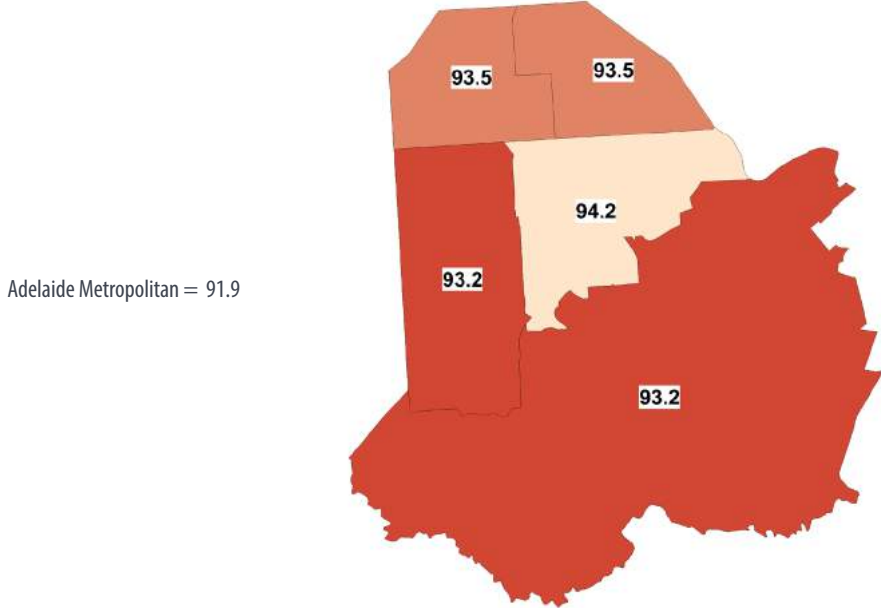


Map 11: Males with mental and behavioural problems (2007/08) ASR per 100





Map 12: Able to get support in times of crisis - persons aged 18+ years (2010) ASR per 100



Map 13: Feel very safe/safe walking alone in local area after dark (2010)

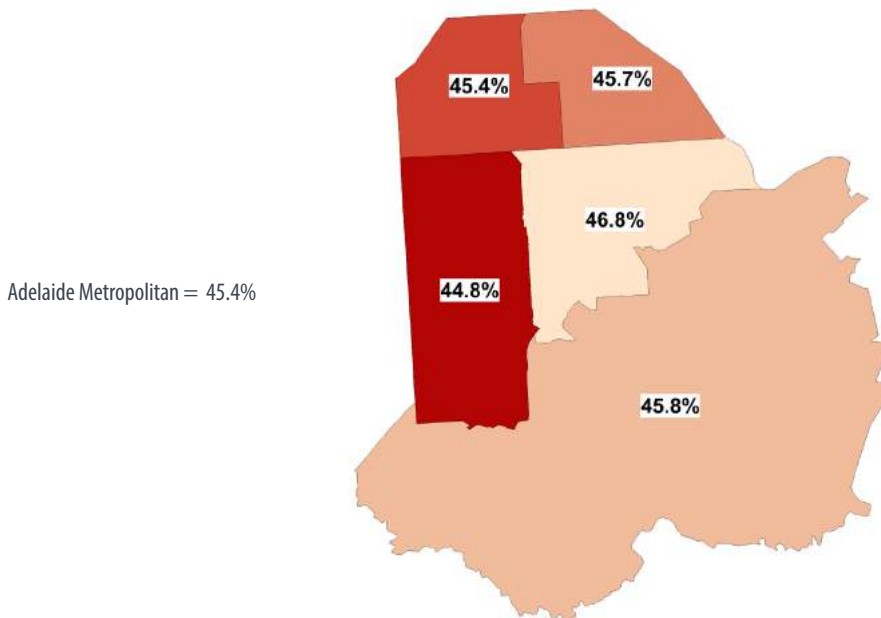
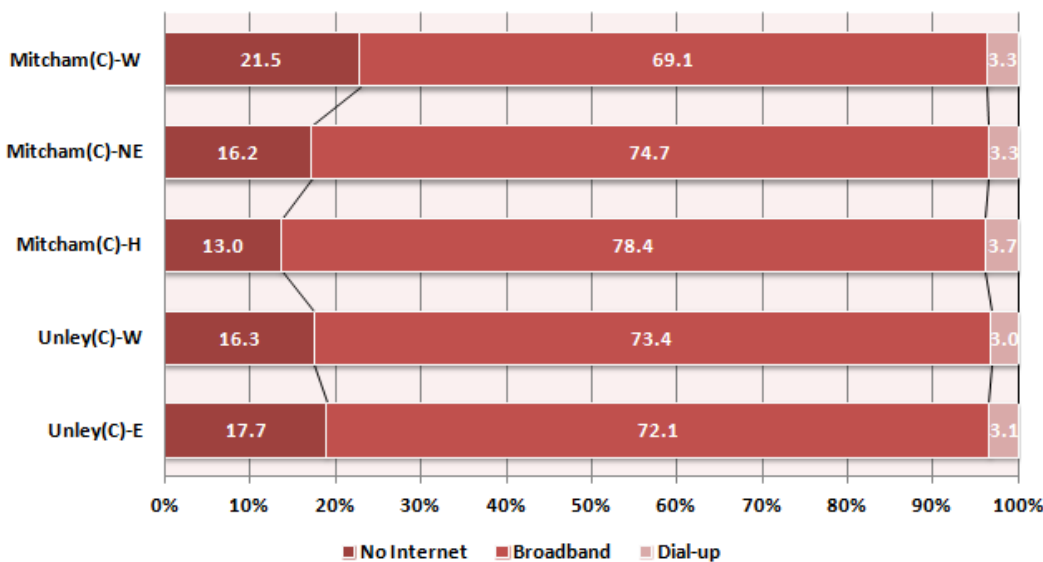


Figure 7: Internet connection (2011)



Social Capital

The quantity and quality of social relationships (both informal and formal connections) that exist in a place or community can provide protection against adverse social and environmental conditions. These features are captured under the concept of social capital which is defined by Robert Putman as the “features of social organisations such as networks, norms and trust that facilitates action and cooperation for mutual benefit.”¹³

Access to support in Times of Crisis

Indicators of financial stress, such as being able to raise \$2,000 within a week in a time of emergency gives an insight into the economic wellbeing of a community and demonstrates access to a strong well resourced network that can act as a support in difficult times.

Map 12 indicates a positive picture with all rates (ASR/100) for all regions above both Metropolitan Adelaide and SA (91.9) and Australia (92.1).¹⁴

Neighbourhood Safety

“Neighbourhoods which are perceived as safe, foster community participation encourage physical activity, community connectedness and add to the health and wellbeing of local residents and visitors. The built environment and the way neighbourhoods are designed and maintained, impact greatly on perceptions of safety and are critical factors in any strategy for improving safety in neighbourhoods.”¹⁵

Map 13 (based on modelled estimates) indicates that the percentage of people across the combined LGAs feel safer walking home after dark than people of Metropolitan Adelaide (43.5%) as a whole but not safer than fellow Australians (47.3%). There is variation across the LGA regions with Mitcham–North East (46.8%) residents indicating that feel somewhat safer walking home after dark than residents of Mitcham–West (44.8%).

Internet Access

Having internet access available in the home enables access to a range of resources which can connect people and their community. It is a means of communicating with friends and family, and enabling access to information, resources and government and private services.

Figure 7 shows broadband internet connections and indicates that people in both LGAs have rates (ASR/100) of connectivity above the rates for Metropolitan Adelaide (73.8), SA (73.4) and Australia (72.1). People in the east of the combined LGAs tend to have slightly higher rates of access.



Unemployment

The health effects of unemployment are linked to psychological consequences, financial problems (debt) and reduced life opportunities.

For children and young people living in a jobless family can mean exposure to stress, tension and family conflict that may have long term consequences on their development including progress at school and later on their own employment outcomes.¹⁶

"Youth Unemployment is of particular concern because of the effects it can have on a person's future".¹⁷

Maps 14 and 15 indicate that the unemployment rates for all areas are below the Metropolitan Adelaide, South Australia and Australian rates providing an overall healthy picture for employment in the combined LGAs.

However there are higher rates to the west of the combined LGAs and in particular in Mitcham-West with the possibility of higher levels of unemployment than indicated in some pockets of this region.

Long term unemployment

Long term unemployment is defined as being unemployed for a continuous period of more than 6 months. All areas in the combined LGAs have rates of long term unemployment significantly below the Australian, South Australian and Metropolitan Adelaide rates.

LGA	Long term unemployment rate 6+ months(%)
Mitcham-Hills	1.6
Mitcham-North East	1.4
Mitcham-West	2.5
Unley-East	1.5
Unley-West	1.8
Metro Adelaide	3.6
South Australia	3.9
Australia	3.1

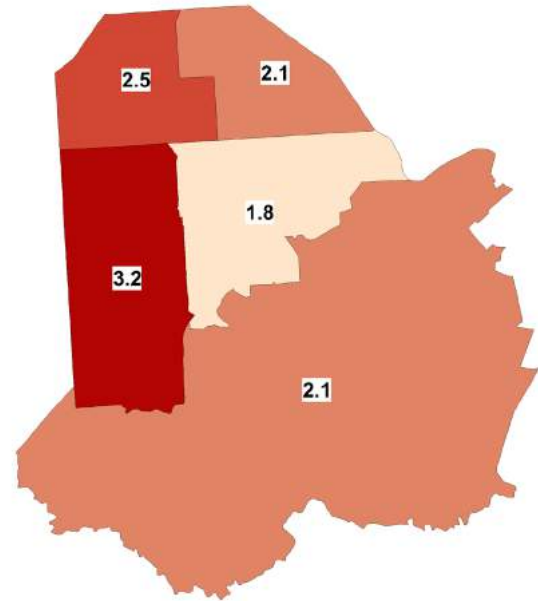
No Motor Vehicle

"Not all Australians are able to drive, have access to, or own a passenger vehicle. For these Australians, a city which is car dependent may restrict their access to services, employment, shops, social and other activities."¹⁸

Map 16 indicates variation across the combined LGAs with Unley-East, Unley-West and Mitcham-West households having a similar figures as Metropolitan Adelaide. However there are fewer households that don't have a car in Mitcham-North East and Mitcham Hills both lower than the Metropolitan Adelaide (9.6%), SA (8.7%) and Australia (8.6%) rates.

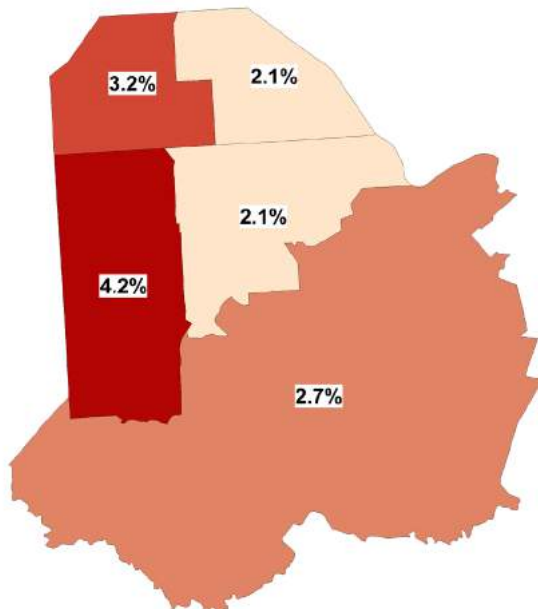
Map 14: People aged 16 to 64 receiving an unemployment benefit (2011)

Adelaide Metropolitan = 4.7



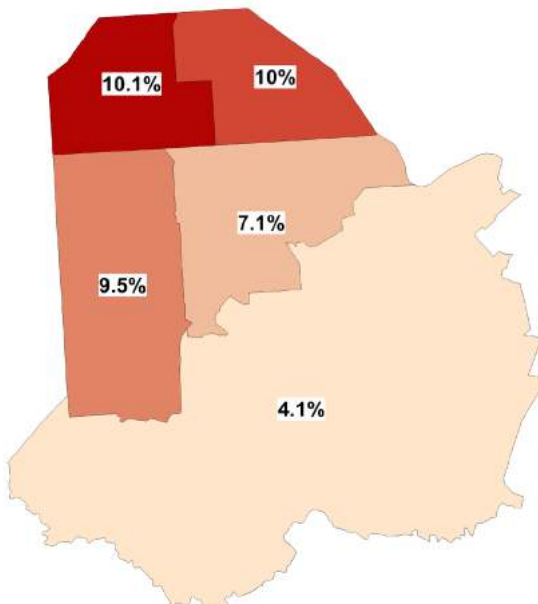
Map 15: People aged 15 to 24 receiving an unemployment benefit (2011)

Adelaide Metropolitan = 6.4



Map 16: No motor vehicle available to households (2011)

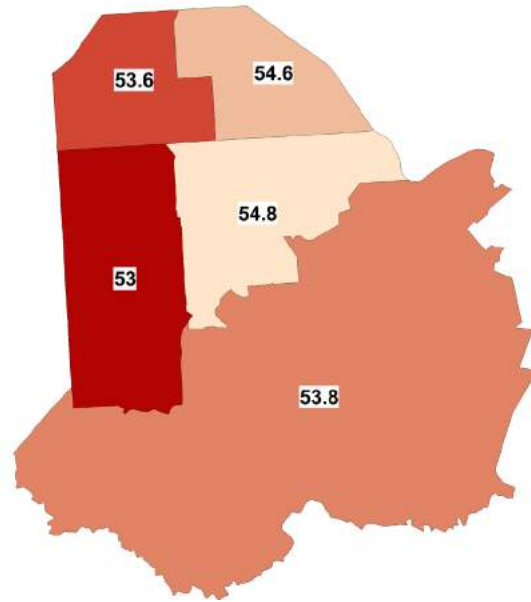
Adelaide Metropolitan = 9.6%





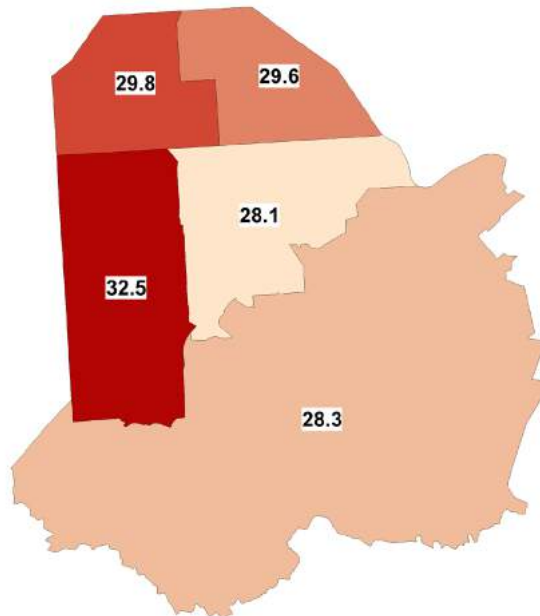
Map 17: Usual daily intake of 2 or more serves of fruit per day - persons aged 18+ years (2007-08) ASR

Adelaide Metropolitan = 50.9



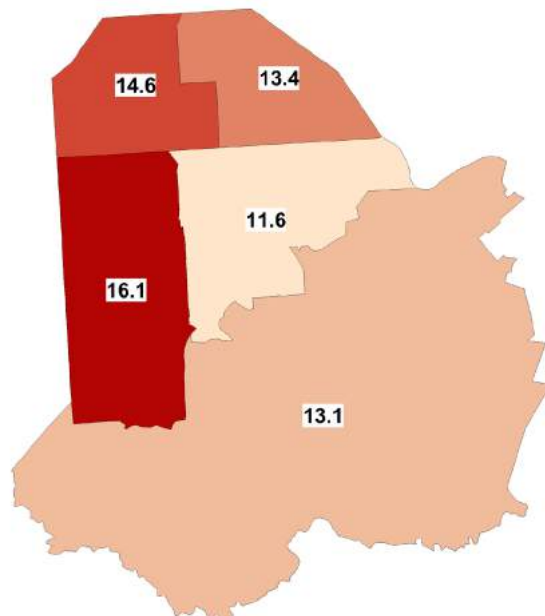
Map 18: Physical Inactivity - persons aged 15+ years (2007-08) ASR per 100

Adelaide Metropolitan = 35.1



Map 19: Smoking - persons aged 18+ years (2007-08) ASR per 100

Adelaide Metropolitan = 18.9



A person's lifestyle choices, including diet, exercise and smoking habits can be related to the area where they live. For example, diet may be affected by the cost and availability of fruit and vegetables in local shops, or the location of fast-food outlets. Exercise may be affected by the availability of sports and recreation facilities in the area, or by safety concerns.¹⁹

Fruit Consumption

"Most people (just over 90%) fail to consume the recommended amounts of vegetables each day and about 50% do not consume the recommended amounts of fruit. This is important because people with low intakes of fruit and vegetables have higher risks of certain chronic diseases."²⁰

Map 17 shows the modelled estimate of the usual daily intake of two or more serves of fruit for persons aged 18 and over. All areas have rates well above Metropolitan Adelaide (50.9), SA (50.2) and Australia (50.2).

Physical Inactivity

"Almost 60% of Australians do not undertake sufficient physical activity (at least 150 minutes in 1 week over at least 5 sessions) to incur health benefits, such as maintaining healthy body weight and a healthy musculoskeletal system."²⁰

Map 18 indicates a positive picture with the number of people 15 and over who are physically inactive for both LGAs are below rates for Metropolitan Adelaide (35.1), SA (35.8) and Australia (34.3). While the overall picture is positive, Mitcham-West has a higher rate closer to the Australian average.

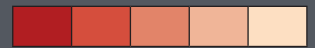
Smoking

"Smoking is recognised as the largest single preventable cause of death and disease in Australia. It is associated with an increased risk of heart disease, stroke, cancer, emphysema, bronchitis, asthma, renal disease and eye disease. In recent years the negative effects of passive smoking have also received considerable attention, demonstrating that the risks to health of smoking affect more than just the smoker."²¹

Map 19 indicates that smoking rates for all regions in both councils are lower than for Metropolitan Adelaide (18.9%), SA (19.9%) and Australia (20.3%).

The City of Unley has low rates in both sub-regions however the City of Mitcham has low rates for Mitcham-North East and Mitcham-Hills but a somewhat higher rate for Mitcham-West.

The overall figure for regions may mask pockets where there are higher rates of smokers associated with lower SEIFA given the relationship between disadvantage and smoking status.¹⁹



Obesity

Overweight and obesity are in third place, after high blood pressure and smoking, as contributors to the burden of disease. There are more males than females overweight and obese.²²

Map 20 indicates that for males there is a positive picture for all regions within both LGAs. Rates are well under that of Metropolitan Adelaide rate (17.3), SA (17.9) and Australia (19.6). There is some variation in rates with better results in regions closer to the CBD.

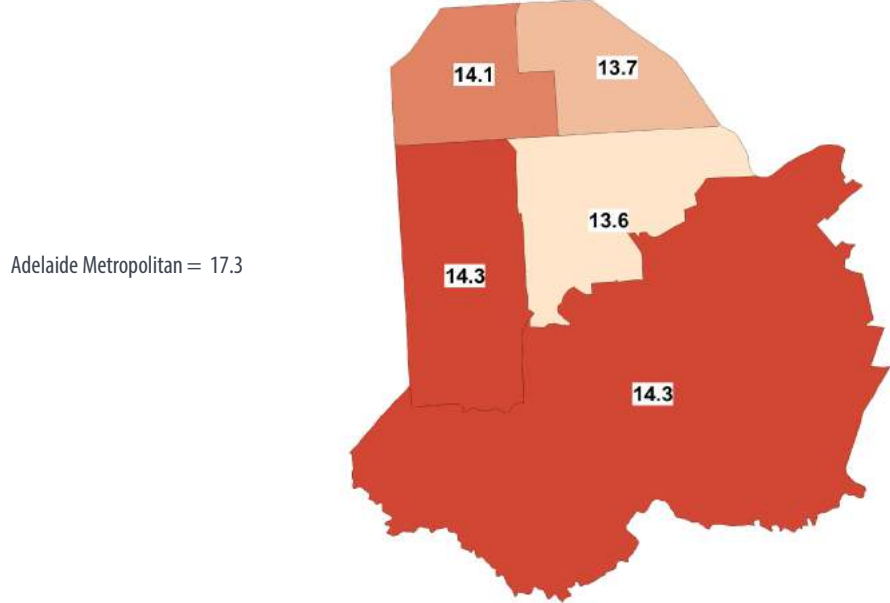
Map 21 also indicates for females a similarly positive picture for all regions within both LGAs. All rates are well below that for Metropolitan Adelaide (16.7), SA (17.0) and Australia (16.4).

Type 2 Diabetes

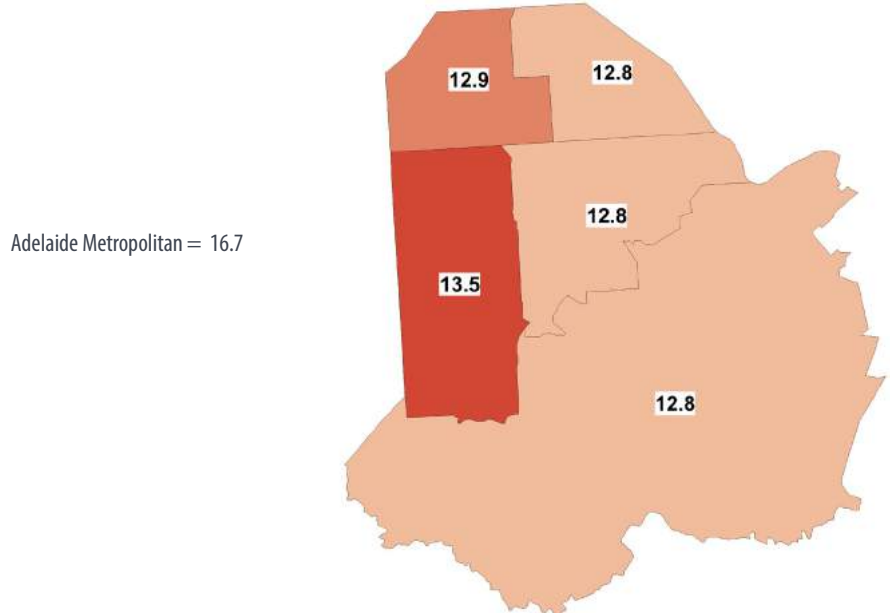
Diabetes is a chronic condition marked by high levels of glucose in the blood. Type 2 diabetes, which accounts for 85–90% of all diabetes cases, is linked with lifestyle factors such as obesity, physical inactivity and unhealthy diet. Trends based on self-reported data show that the prevalence of Type 2 diabetes more than doubled between 1989–90 and 2007–08.²³

Map 22 indicates that both LGAs have rates lower than Metropolitan Adelaide and SA (both 3.5) and Australia (3.4). However there is variability across the regions with lower rates closer to the CBD and to the east. Mitcham-West at 3.3 (ASR/100) is just below the Australian rate possibly reflective of the socio-demographic difference and potential higher exposure to risk factors.

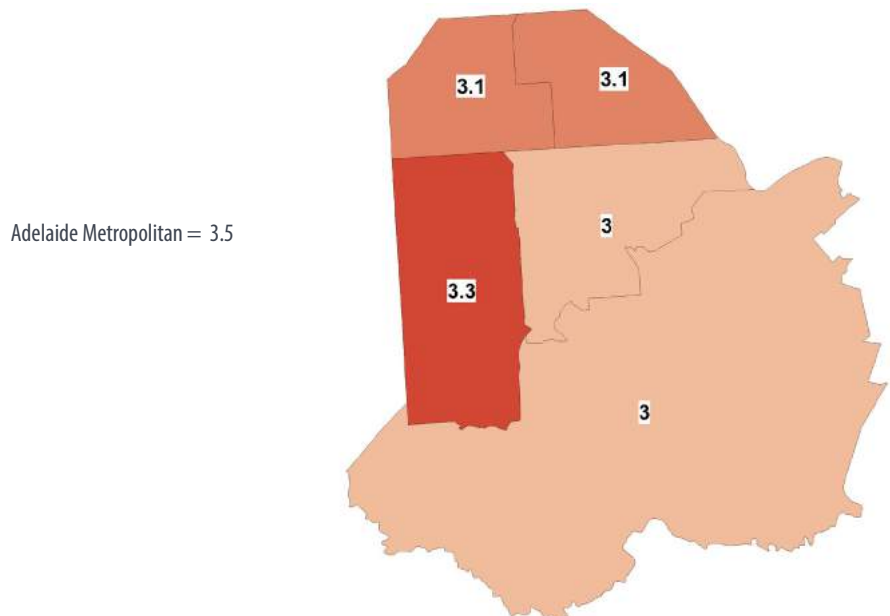
Map 20: Obese males - persons aged 18+ years (2007-08) ASR per 100



Map 21: Obese females - persons aged 18+ years (2007-08) ASR per 100

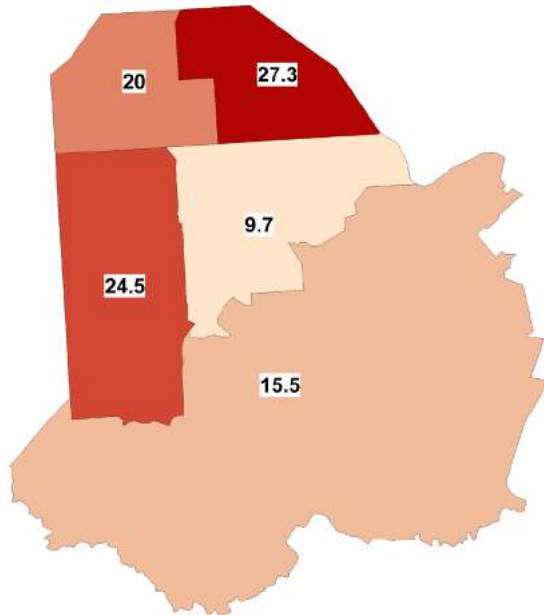


Map 22: Estimated number of people with Type 2 diabetes (2007-08) - ASR per 100



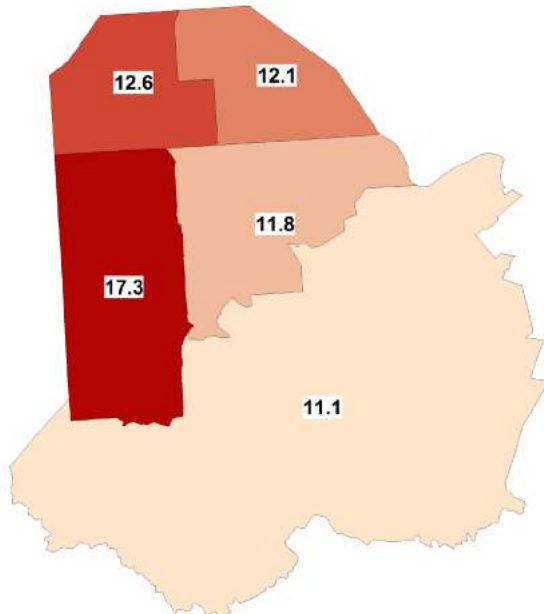


Map 23: Deaths from Ischaemic Heart Disease 0-74 years (2006-2010) ASR per 100,000



Adelaide Metropolitan = 26.9

Map 24: Self-assessed health status of fair/poor - persons aged 18+ years (2010) ASR per 100



Adelaide Metropolitan = 17.8

Deaths from Ischaemic Heart Disease

Ischaemic Heart Disease (IHD) is the most common form of cardiovascular disease. Heart attacks (often known as acute myocardial infarction) and the most serious form of angina (unstable angina) are considered to be part of a continuum of acute coronary artery diseases.²⁴

Map 23 indicates the highest rates of IHD are in Unley-East, above the Metropolitan Adelaide rate. Rates in Mitcham-West are also of concern. The rest of the regions in the combined SLA's have rates significantly below the Metropolitan Adelaide (26.9), South Australian (29.2) and Australian (27.9) rates.

Self Assessed Health Status

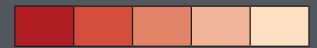
Self assessed health status provides an overall measure of a population's health based on individuals' personal perceptions of their own health. Health is recognised as having physical, mental, social, and spiritual components and measures of health must therefore go beyond more objective measures such as morbidity and mortality. Despite self-assessed health status being a subjective measure of health status, international studies have found it has strong predictive power for subsequent mortality.²⁵

Map 24 indicates that Mitcham-West has a significantly higher rate of people assessing their health as poor or fair compared to the rest of the combined LGAs. However this rate is similar to the overall SA (17.9) and Metropolitan Adelaide (17.8) rates.

All other areas have rates well below the Metropolitan Adelaide rate (17.8), SA rate (17.9) and Australian rate (16.6).

Of Interest

- General east west divide across council boundaries (Goodwood Road key axis)
- High rate of deaths from IHD in Unley-East (Map 23)
- Lower self assessed health status in Mitcham-West (Map 24)



Premature Mortality

Premature mortality refers to deaths that occur at a younger age than expected.²⁶

In Australia in 2007, 83% of all premature deaths (that is, deaths among people aged less than 75 years) were due to chronic disease. The leading cause of chronic disease premature mortality among females was breast cancer, accounting for 12% of years of life lost; among males it was IHD, accounting for 16% of years of life lost.

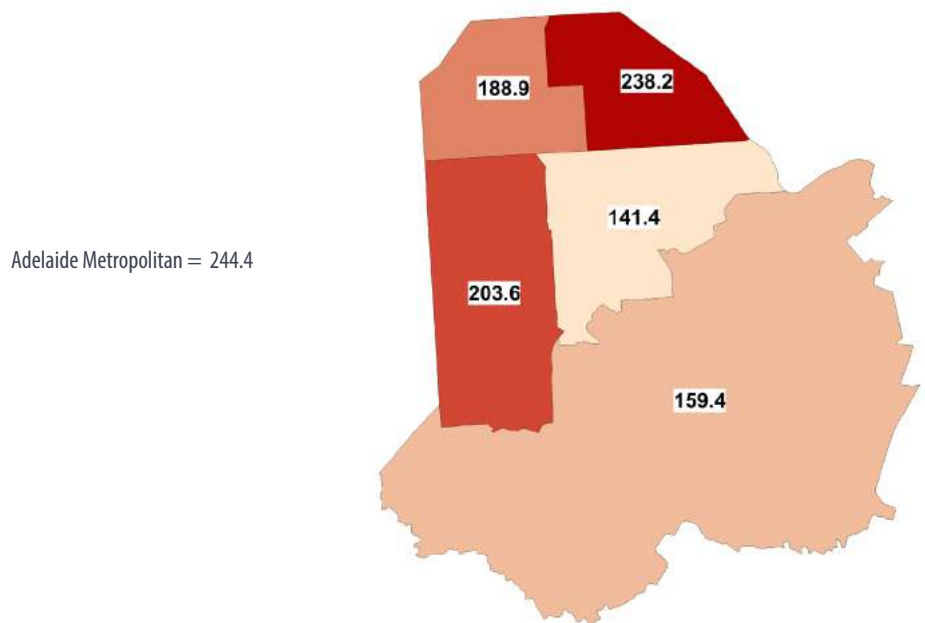
Premature mortality from chronic disease among the most socio-economically disadvantaged males was nearly twice as high as among the least disadvantaged males; among the most socio-economically disadvantaged females it was 60% higher than the least disadvantaged females.

Of all the premature chronic disease deaths in 2007, more than 3 in 5 (64%) were potentially avoidable.²⁶

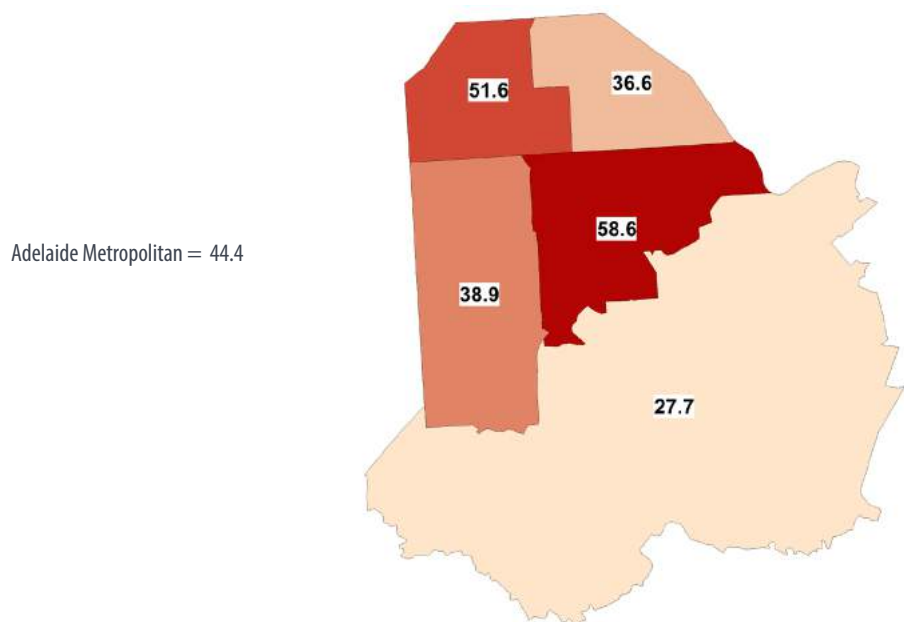
Map 21 indicates premature mortality rates (ASR/100,000) are higher towards the CBD and to the west of the combined LGAs. Unley-East has the highest rate (238.2) followed by Mitcham-West (203.6). Rates for all regions are lower than for Metropolitan Adelaide (244.4), SA (250.6) and Australia (264.1)

Map 22 Premature Mortality, 15 to 24 year reflects a contrasting picture with areas of concern with both Unley-West (51.6) and Mitcham-North East (58.6) having rates much higher than the Metropolitan Adelaide rate (44.4).

Map 21: Premature mortality (2006-10) ASR per 100,000



Map 22: Premature mortality, persons aged 15 to 24 years (2003-07) ASR per 100,000



Summary

The profiling in the City of Unley and the City of Mitcham Local Government Public Health Atlas™ suggests that as a region, and in comparison to Greater (metropolitan) Adelaide, South Australia and Australia the combined LGAs are doing well. However the challenge to those involved with planning infrastructure and services will be to maintain this profile into the future in the face of large populations (40-60) entering preretirement and retirement. Living longer for this group will mean multi-morbidity and associated disability and impairment. With a policy environment of care and support in the community needed, this will require a robust built environment and supportive communities with appropriate infrastructure and flexible and responsive services.

While the overall picture for the combined LGAs is a positive one this may not be the case for all in the population. This is particularly the case for Mitcham-West where SEIFA index scores (at SA1 level) indicate neighbourhoods of relative disadvantage (see page 3).

It is also worth keeping in mind that positive comparisons to Adelaide, state and national populations don't necessarily mean a positive result for communities. For example the levels of smoking, overweight and obesity are too high for the whole Australian population and positive comparisons should not divert focus away from these and other national, state and regional priorities.

Challenges

The profiling in this LGPHA™ signposts some challenges.

- Consolidating further a regional approach by the City of Unley and City of Mitcham given that some profiling indicates a split in needs that is east/west in orientation and across council boundaries. This combined LGPHA™ itself is an indication of the strength of this approach already.
- Identifying sub-groups in the population who may require intervention. Their needs/situation may not be evident in current profiling (due to data limitations) or are currently masked by the overall positive profiling. One focus may be children who are not performing well on the AEDI where key informants in the early childhood sector may inform locations and populations of interest and concern.
- Better understanding of the picture of diversity in the community. For example, NESB populations having access to community supports as this population ages or are joined by older relatives through further immigration.
- It is suggested that a priority for in-depth analysis start with the Mitcham-West region in the first instance due to its relative disadvantage.

Key Recommendation:

The City of Unley and the City of Mitcham jointly develop a set of indicators to inform planning and reporting across public health functions in accordance with their requirements under the SA Public Health Act.

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Glossary

ABS	Australian Bureau of Statistics
AEDI	Australian Early Development Index
AIHW	Australian Institute of Health and Welfare
ASR	Age Standardised Ratio
CBD	Central Business District
ERP	Estimated Resident Population
IHD	Ischemic Heart Disease
IRSD	Index of relative Socio-Economic Disadvantage
HACC	Home and Community Care
K10	Kessler Psychological Distress Scale
LGA	Local Government Area
LGPHA	Local Government Public Health Atlas
NESB	Non-English Speaking Backgrounds
PHIDU	Public Health Information Development Unit
RACF	Residential Aged Care Facility
SA	South Australia
SDH	Social Determinants of Health
SEIFA	Socio-Economic Index for Areas
SLA	Statistical local Areas
SR	Standardised Ratio



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Healthfirst Network™

a > 50 Woodville Road | Woodville South | 5011

South Australia | AUSTRALIA

p > 08 8408 1600 f > 08 8408 1699

e > contact@healthfirst.org.au

a > Locked Bag 13 Regency Park Private Boxes SA 5942

www.healthfirst.org.au

