

Population health profile of Norwood Payneham St Peters

September 2006



This report has been prepared by the Public Health Information Development Unit based in the Australian Institute for Social Research at the University of Adelaide.

Population health profile

Norwood Payneham St Peters

Introduction

This profile has been designed to provide a description of the socioeconomic status of the population of the Norwood Payneham St Peters local government area, and of aspects of their health.

Contents

The profile includes a number of tables, maps and graphs to describe the population and their health, and provides comparisons with information for the Central Eastern Adelaide Health sub-region and for Adelaide. The data provide:

- a socio-demographic profile;
- estimates of people with a disability or with dementia; and
- estimates of the prevalence of selected chronic diseases and associated risk factors.

Key indicators

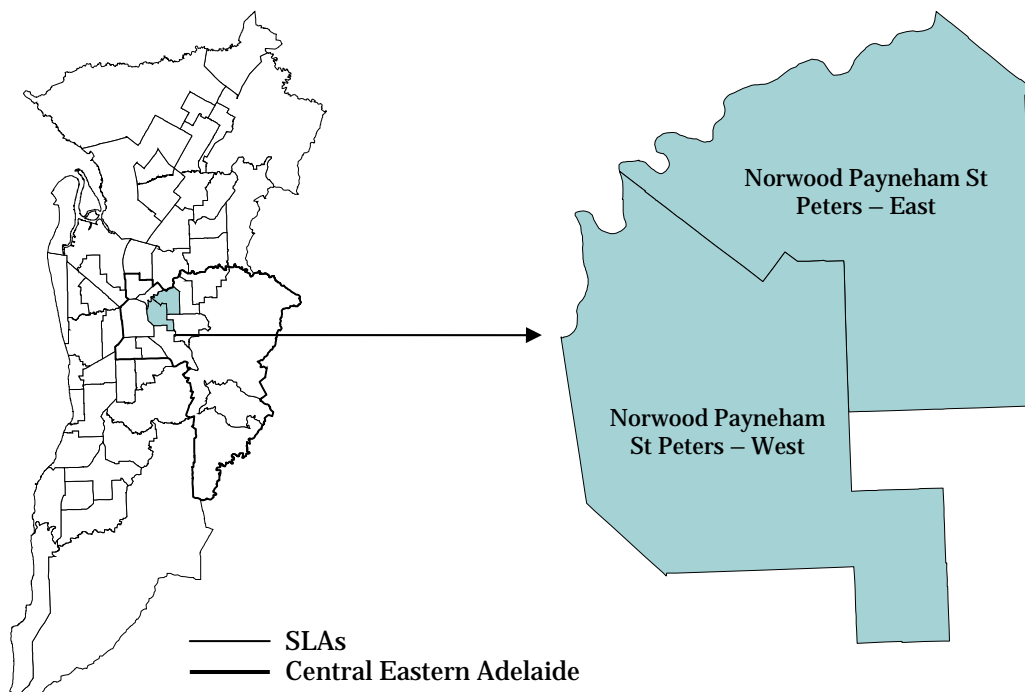
Population:	No.	%
Total	34,033	100%
0-14 yrs	4,583	13.5%
65 yrs+	6,320	18.6%
<25 yrs	9,594	28.2%
Indigenous	109	0.4%
Disadvantage score¹:		1059
Disability	No.	%
Norwood Payneham St Peters	7,132	22.1
Adelaide	239,848	21.8

¹ Numbers above 1000 (the index score for South Australia) indicate relatively advantaged populations

Norwood Payneham St Peters LGA

Adelaide Statistical Division

Statistical Local Areas in Norwood Payneham St Peters

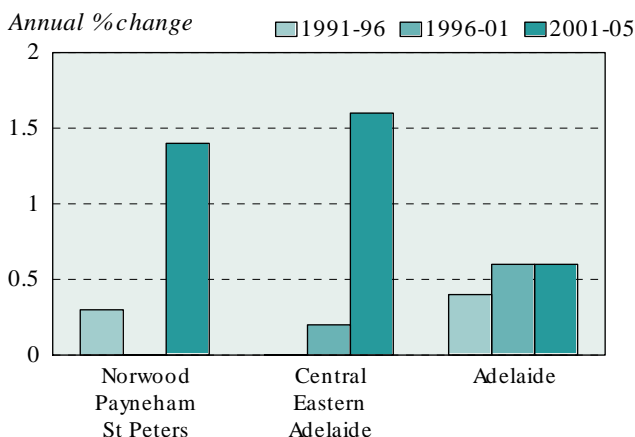


Socio-demographic profile

Population

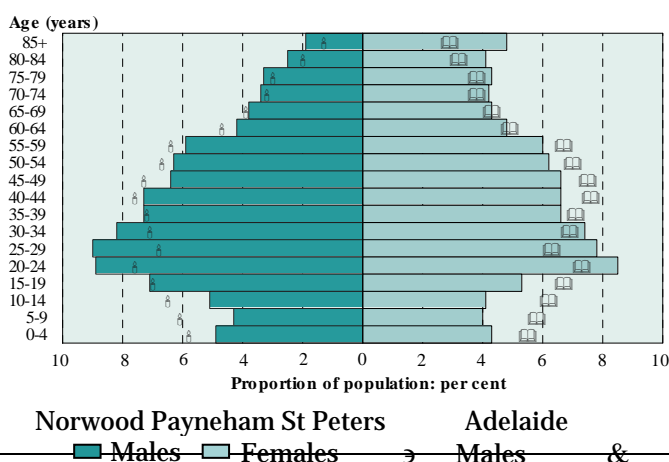
Norwood Payneham St Peters had an Estimated Resident Population of 34,033 at 30 June 2005.

Figure 1: Annual population change, Norwood Payneham St Peters, Central Eastern Adelaide and Adelaide, 1991 to 1996, 1996 to 2001 and 2001 to 2005



Over the five years from 1991 to 1996, Norwood Payneham St Peter's population increased by 0.3% on average each year, above that in Central Eastern Adelaide (no change) but below that in Adelaide (0.4%). From 1996 to 2001, the population in Norwood Payneham St Peters remained unchanged. However, the growth rate of 1.4% per year from 2001 to 2005 was substantially higher than the annual increase for Adelaide (0.6%), although marginally lower than the 1.6% increase in Central Eastern Adelaide.

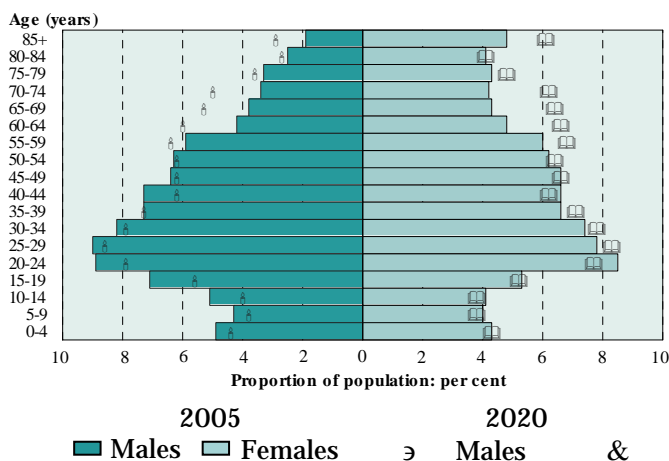
Figure 2: Population in Norwood Payneham St Peters and Adelaide, by age and sex, 2005



The most notable differences in age structure of Norwood Payneham St Peters when compared to Adelaide overall, are:

- at younger ages – substantially lower proportions of children aged 0 to 14 years and young females aged 15 to 19 years;
- from 20 to 39 years - more males at these ages, and more females to 34 years;
- from 35 to 64 years – fewer males (from 40 years) and females;
- at older ages – higher proportions of males and females.

Figure 3: Population in Norwood Payneham St Peters, by age and sex, 2005 and 2020



This population pyramid for (Figure 3) shows the substantial change in population structure that is projected to occur over the next 15 years in Norwood Payneham St Peters.

By 2020, the projections show smaller population shares at younger ages and larger, in some cases notably larger, population shares at older ages. The very high proportion of females in the age group 85 years and over, after lower proportions in the years below, reflects the large number of residential age care places in the LGA.

Table 1: Population by age, Norwood Payneham St Peters, 2005 and 2020 (projected)

Age group (years)	2005		2020		change	
	No.	%	No.	%	No.	%
0-14	4,549	13.4	4,168	11.4	-8.4	-14.5
15-24	5,059	14.9	4,647	12.7	-8.1	-14.2
25-44	10,234	30.1	10,443	28.6	2.0	-4.7
45-64	7,922	23.3	8,969	24.6	13.2	5.7
65-74	2,660	7.8	4,013	11.0	50.9	40.9
75-84	2,445	7.2	2,639	7.2	7.9	0.8
85+	1,164	3.4	1,573	4.3	35.1	26.2
Total	34,033	100.0	36,452	100.0	7.1	..

As shown in the age-sex pyramid (Figure 3, above), the proportion of children aged 0 to 14 years in Norwood Payneham St Peters is projected to decrease (down by 14.5%) Conversely, the proportions of the population in the age groups from 45 years are projected to increase.

At the 2001 Census, Norwood Payneham St Peters had 14.2% of its population born overseas in predominantly non-English speaking countries and resident in Australia for five years or more (Table 2), notably above the level in Adelaide (10.7%).

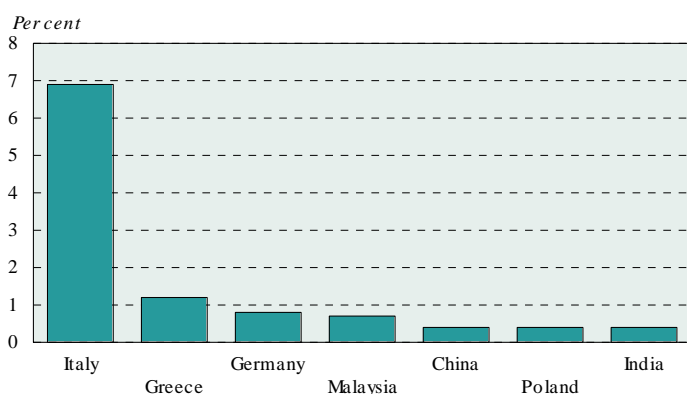
Recent arrivals (those resident in Australia for less than five years) from non-English speaking countries comprised 1.7% of Norwood Payneham St Peters' population, also above the level in Adelaide, of 1.5%.

Of these residents, 3.8% had poor proficiency in English (determined when people aged five years and over born overseas in predominantly non-English speaking countries reported in the 2001 Census speaking another language, and speaking English 'not well' or 'not at all'), again higher than the rates for Central Eastern Adelaide (2.5%) and Adelaide overall (2.3%).

Table 2: Non-English speaking born, Norwood Payneham St Peters, Central Eastern Adelaide and Adelaide, 2001

People born in predominantly non-English speaking countries	Norwood Payneham St Peters		Central Eastern Adelaide		Adelaide	
	No.	%	No.	%	No.	%
Resident in Australia for five years or more	4,620	14.2	27,433	12.8	115,311	10.7
Resident in Australia for less than five years	568	1.7	3,818	1.8	16,021	1.5
Poor proficiency in English ¹	1,169	3.8	5,173	2.5	23,530	2.3

¹ Calculated for persons aged five years and over who reported speaking another language, and speaking English 'not well' or 'not at all'

Figure 4: Major non-English speaking birthplaces, Norwood Payneham St Peters, 2001

Australian-born people comprised 70.1% of Norwood Payneham St Peters' population, slightly below the Adelaide figure of 71.5%. Of the 9.5% of people from English speaking countries, two thirds (6.3%) were from the UK and Eire. The major birthplaces of the non-English speaking population include Italy (6.9% of the total population); Greece (1.2%); Germany (0.8%); Malaysia (0.7%); China (0.4%); Poland (0.4%); and India (0.4%).

Socioeconomic status

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

Norwood Payneham St Peters had fewer single parent families (9.7%) than in Adelaide as a whole (11.5%) and around one third the proportion of Aboriginal and Torres Strait Islanders (0.4% compared to 1.1% in Adelaide) (Figure 5, Table 3).

More 16 year olds living in Norwood Payneham St Peters participated in full-time secondary school education (85.4%) than in Adelaide overall (80.8%).

The proportion of jobless families, with children under 15 years of age, was substantially (12.6%) lower than in Adelaide (19.2%), but above the rate for Central Eastern Adelaide (10.6%).

A higher proportion of the Norwood Payneham St Peters' households received rent assistance from Centrelink (13.8%) compared to Central Eastern Adelaide (12.2%) and Adelaide (12.6%), but there were fewer dwellings rented from the State Housing Authority (5.9%, compared to 8.0% in Adelaide).

The proportion of dwellings with no access to a motor vehicle (15.6%) was above the rates for Central Eastern Adelaide (11.6%) and Adelaide (10.9%).

Residents of Norwood Payneham St Peters had higher proportions of the population who reported using a computer (44.1%) or the Internet (31.7%), at home, when compared to Adelaide (42.4% and 27.7%, respectively).

These socioeconomic indicators show Norwood Payneham St Peters to comprise a population of relatively high socioeconomic status: see also the note on page 6 (Summary of socioeconomic ranking).

Table 3: Socio-demographic indicators, Norwood Payneham St Peters, Central Eastern Adelaide and Adelaide, 2001

Indicator	Norwood Payneham St Peters		Central Eastern Adelaide		Adelaide	
	No.	%	No.	%	No.	%
Single parent families	758	9.7	4,799	8.7	33,390	11.5
Indigenous	117	0.4	915	0.4	11,940	1.1
Full-time secondary school education at age 16	298	85.4	2,353	87.2	11,931	80.8
Jobless families	321	12.6	2,035	10.6	21,478	19.2
Households receiving rent assistance from Centrelink	1,984	13.8	10,639	12.2	53,090	12.6
Dwellings rented from the SA Housing Trust	878	5.9	3,195	3.5	34,396	8.0
Dwellings with no motor vehicle	2,384	15.6	10,423	11.6	46,748	10.9
Computer use at home	14,383	44.1	104,470	48.6	451,684	42.4
Internet use at home	10,346	31.7	72,975	34.0	296,915	27.7

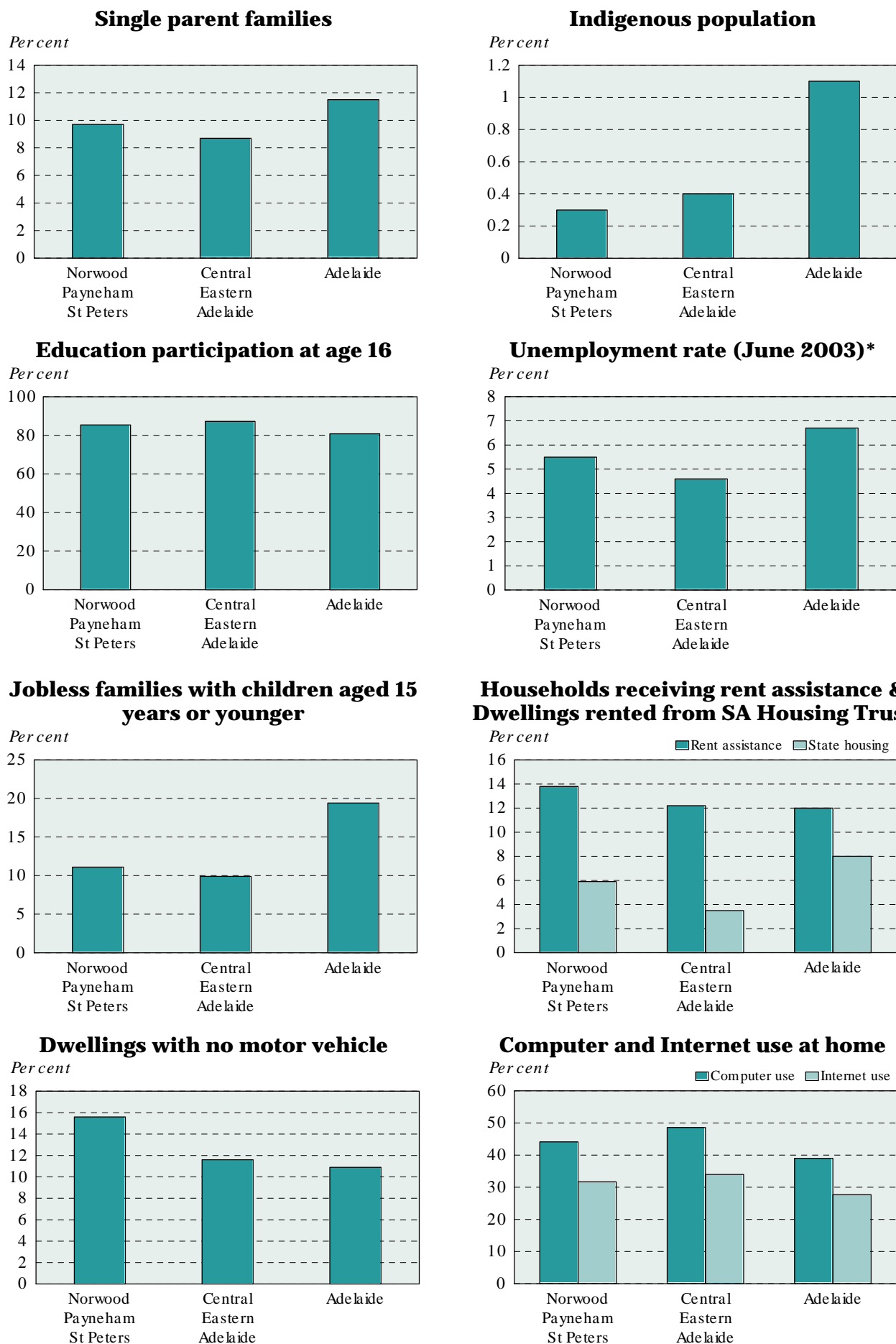
The unemployment rate of 5.8% in Norwood Payneham St Peters was above the rate for Central Eastern Adelaide (5.1%) but lower than that in Adelaide (6.6%) (Figure 5, Table 4). The labour force participation rate (79.3%) and female labour force participation rate (75.6%) were both higher than those for Central Eastern Adelaide (78.5% and 73.9%) and Adelaide (75.3% and 70.9%).

Table 4: Unemployment and labour force participation, Norwood Payneham St Peters, Central Eastern Adelaide and Adelaide, 2003

Labour force indicators	Norwood Payneham St Peters		Central Eastern Adelaide		Adelaide	
	No.	%	No.	%	No.	%
Unemployment rate	1,036	5.8	6,097	5.1	37,464	6.6
Labour force participation	18,255	79.3	120,089	78.5	569,063	75.3
Female labour force participation (2001)	6,523	75.6	40,815	73.9	191,920	70.9

Figure 5: Socio-demographic indicators, Norwood Payneham St Peters, Central Eastern Adelaide and Adelaide, 2001

Note the different scales



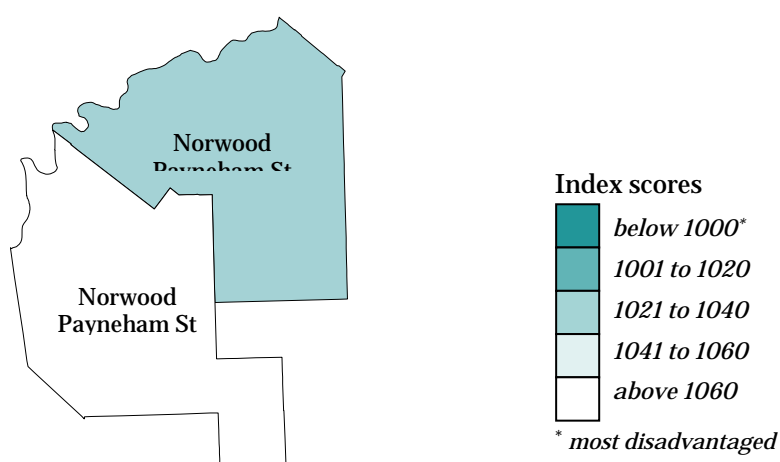
* Includes Indigenous population receiving unemployment payments through the CDEP scheme

Summary of the socioeconomic ranking of SLAs in Norwood Payneham St Peters

Following the 2001 Census, the Australian Bureau of Statistics (ABS) produced four socio-economic indexes for areas (SEIFA) which describe aspects of the socioeconomic profile of populations in areas. The scores for these indexes for each Statistical Local Area (SLA) in the local government area (LGA) of Norwood Payneham St Peters are shown in the supporting information, Table 7, page 14: SLAs are described on page 12.

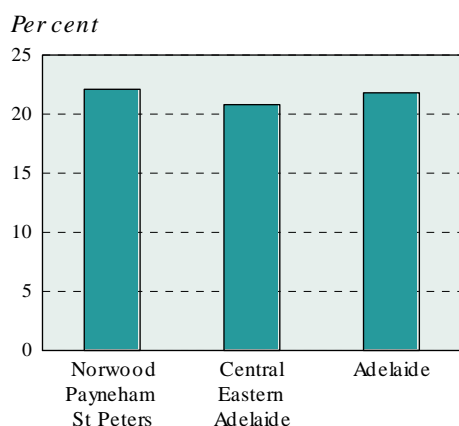
The Index of Relative Socio-Economic Disadvantage (IRSD) score for Norwood Payneham St Peters is 1059, above the averages for Adelaide (1006) and South Australia (1000); this highlights the relatively higher socioeconomic status profile of the LGA's population. There are also variations in the IRSD at the SLA level (Map 1): with an index score of 1033 in Norwood Payneham St Peters - East and 1083 in Norwood Payneham St Peters - West. Readers should be aware that these average score for SLAs are comprised of smaller areas (e.g. suburbs) with higher and lower scores - that is, the SLAs are not homogenous areas.

Map 1: Index of Relative Socio-Economic Disadvantage by SLA, Norwood Payneham St Peters, 2001



Disability

Figure 6: People with a disability, Norwood Payneham St Peters, Central Eastern Adelaide and Adelaide, 2001



There are an estimated 7,100 people in the LGA of Norwood Payneham St Peters, or 22.1% of the population, with a disability: this is just above the levels in Central Eastern Adelaide (20.8%) and Adelaide (21.8%).

Dementia

Estimates have been made of the number of people with dementia in each LGA in the State. The figures for Norwood Payneham St Peters suggest the current number to be 616; this figure is projected to rise to 772 by 2020.

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 LGA of Norwood Payneham St Peters: 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 LGA 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 12-14. The data on which the following charts are based are in Table 8.

The estimates provide relevant information about 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, or smaller proportions of the population of Norwood Payneham St Peters reported having any of the selected chronic conditions compared to Adelaide (Figure 7): that is, the prevalence rates per 1,000 population were consistent with, or lower than, the metropolitan rates.

Prevalence estimates: self-reported health

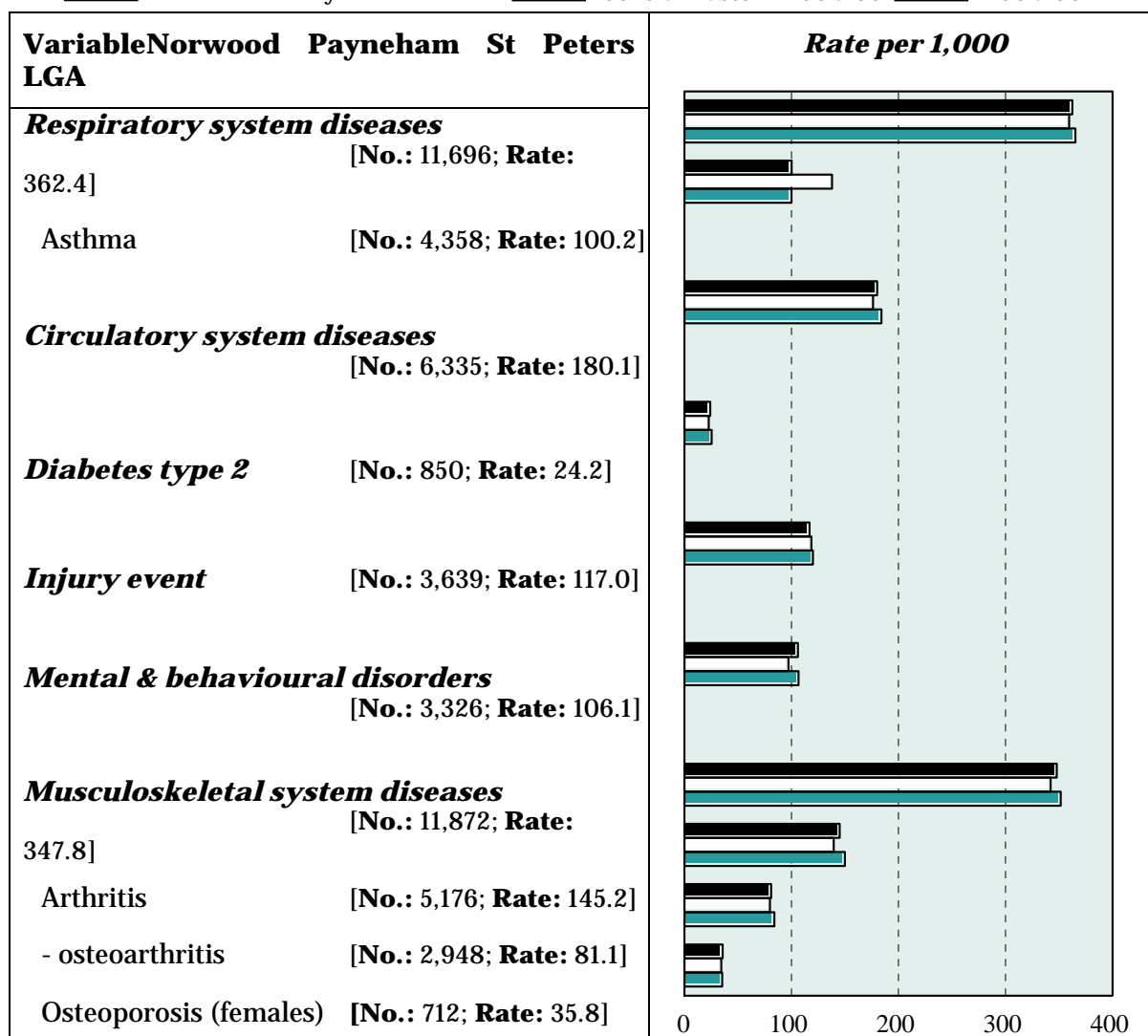
The National Health Survey (NHS) includes two measures of self-reported health. One is the Kessler Psychological Distress Scale –10 items (K-10). This is a scale of non-specific psychological distress based on ten questions about negative emotional states experienced in the four weeks prior to interview, and 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 Norwood Payneham St Peters aged 18 years and over is estimated to have fewer people with very high psychological distress levels as measured by the K-10 (Figure 8), than in Adelaide; and among the population aged 15 years and over, fewer people are estimated to have reported their health as ‘fair’ or ‘poor’ than in Adelaide.

Figure 7: Estimates* of chronic disease and injury, Norwood Payneham St Peters, Central Eastern Adelaide and Adelaide, 2001

Indirectly age standardised rate per 1,000 population

■ Norwood Payneham St Peters □ Central Eastern Adelaide ■ Adelaide

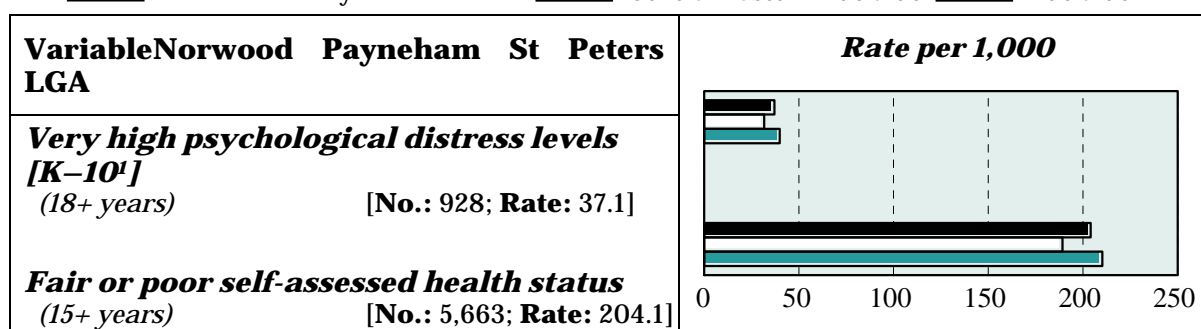


* 'No.' is a weighted estimate of the number of people in the Norwood Payneham St Peters LGA reporting each chronic condition and is derived from synthetic predictions from the 2001 NHS

Figure 8: Estimates* of measures of self-reported health, Norwood Payneham St Peters, Central Eastern Adelaide and Adelaide, 2001

Indirectly age standardised rate per 1,000 population

■ Norwood Payneham St Peters □ Central Eastern Adelaide ■ Adelaide



* 'No.' is a weighted estimate of the number of people in the Norwood Payneham St Peters LGA reporting under these measures and is derived from synthetic predictions from the 2001 NHS

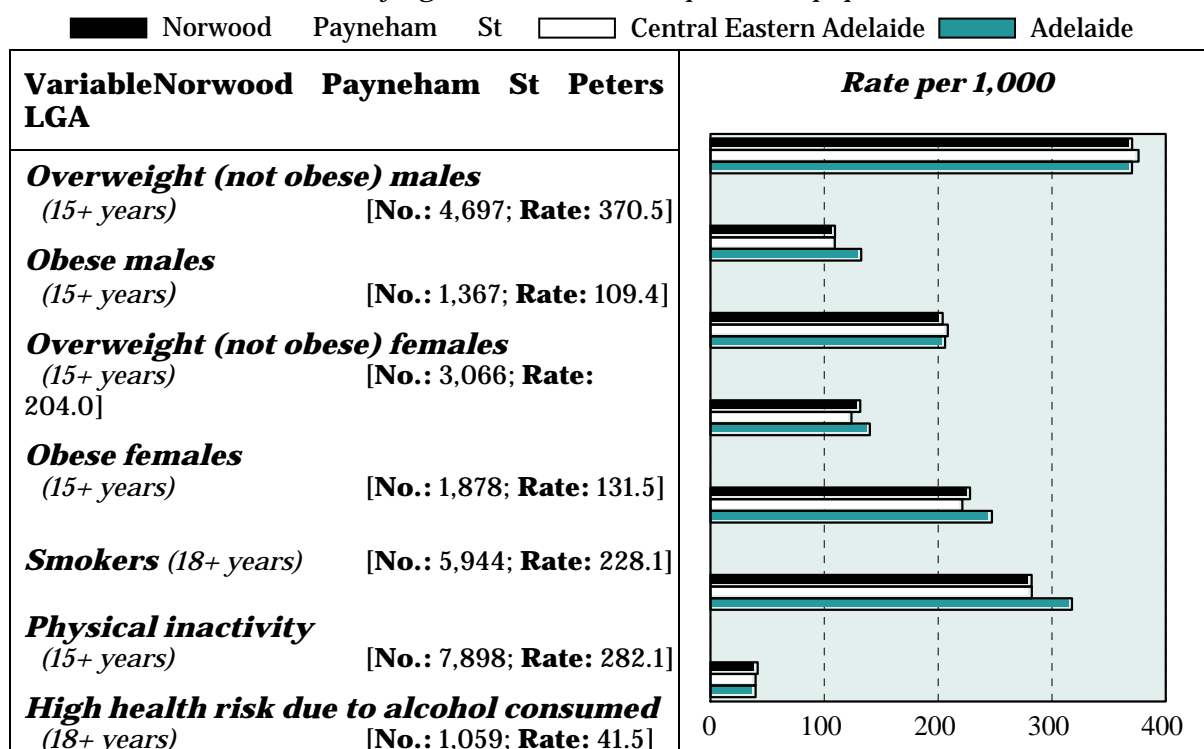
¹ Kessler 10

Prevalence estimates: risk factors

The LGA of Norwood Payneham St Peters is estimated to have a slightly higher rate (when compared with the Adelaide population) of high-risk alcohol consumption; lower reported rates for obese males (much lower) and females, lack of exercise, and smoking; and similar rates for overweight (not obese) males and females (Figure 9).

Figure 9: Estimates* of selected risk factors, Norwood Payneham St Peters, Central Eastern Adelaide and Adelaide, 2001

Indirectly age standardised rate per 1,000 population

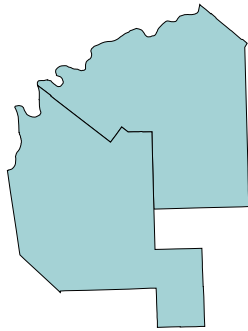


*'No.' is a weighted estimate of the number of people in the Norwood Payneham St Peters LGA with these risk factors and has been predicted using data from the 2001 NHS and known data for the LGA

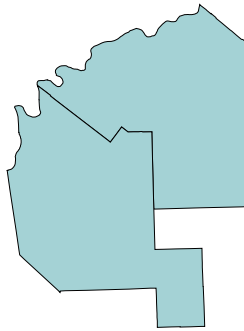
The following maps provide details of geographic variations between the two SLAs, of the estimated prevalence of chronic disease (Map 2), self-reported health (Map 3) and risk factors associated with chronic disease (Map 4).

Map 2: Estimates* of chronic disease and injury by SLA, Norwood Payneham St Peters, 2001

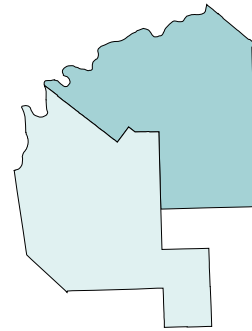
Respiratory system diseases



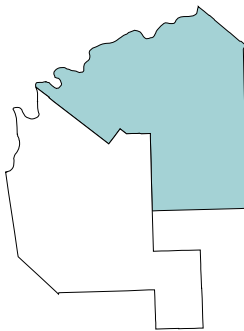
Respiratory system diseases: Asthma



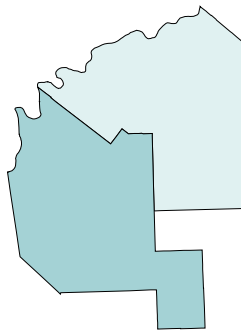
Circulatory system diseases



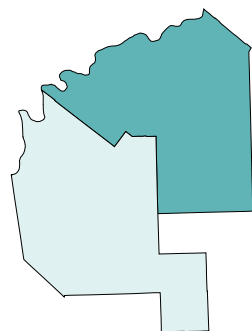
Diabetes type 2



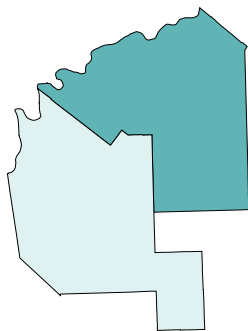
Injury event



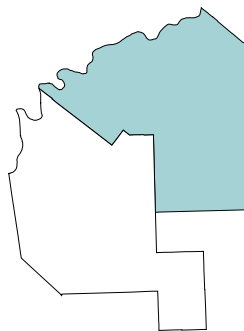
Mental & behavioural disorders



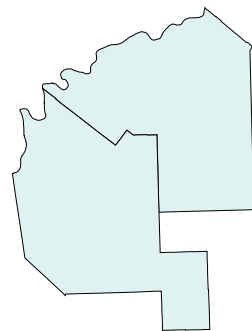
Musculoskeletal system diseases



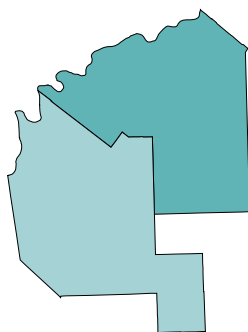
Musculoskeletal system diseases: Arthritis



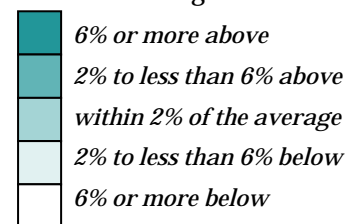
Arthritis: Osteoarthritis



Osteoporosis (females)



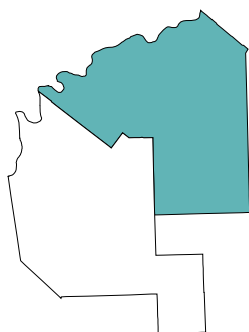
Per cent difference from Adelaide average



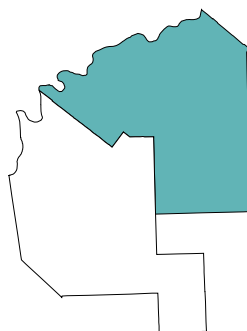
* The estimates are synthetic predictions of the prevalence of these conditions: see Notes on the data.

Map 3: Estimates* of measures of self-reported health by SLA, Norwood Payneham St Peters, 2001

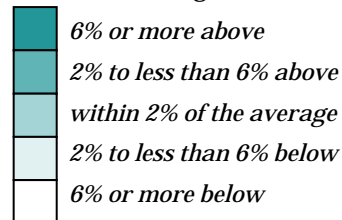
Very high psychological distress levels [K-10¹] (18+ years)



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



Per cent difference from Adelaide average

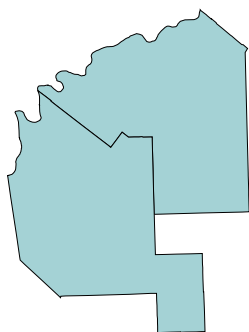


* The estimates are synthetic predictions of the prevalence of these conditions: see Notes on the data.

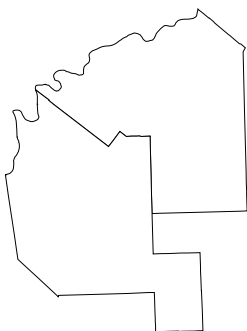
¹ Kessler 10

Map 4: Estimates* of selected risk factors by SLA, Norwood Payneham St Peters, 2001

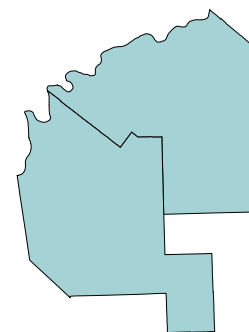
Overweight (not obese) males (15+ years)



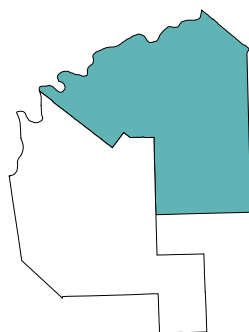
Obese males (15+ years)



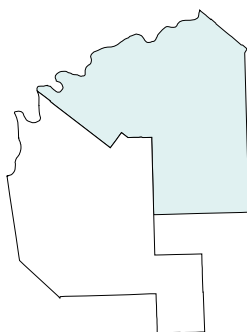
Overweight (not obese) females (15+ years)



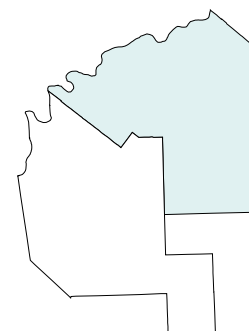
Obese females (15+ years)



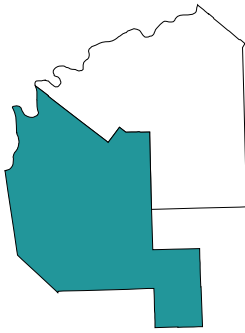
Smokers (18+ years)



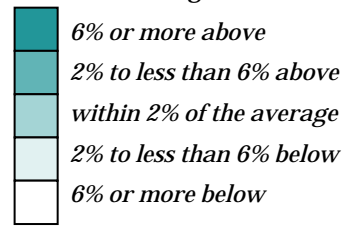
Physical inactivity (15+ years)



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



Per cent difference from Adelaide average



** The estimates are synthetic predictions of the prevalence of these conditions: see Notes on the data.*

Notes on the data

Data sources and notes

Unless stated otherwise, references to ‘**Adelaide**’ relate to the Adelaide Statistical Division.

Statistical Local Areas (SLAs) are defined by the Australian Bureau of Statistics to produce areas for the presentation and analysis of data.

Data sources

Table 5 details the data sources for the material presented in this profile.

Table 5: Data sources

Section	Source
Socio-demographic profile	
Figures 1 and 2; Table 1	Estimated Resident Population, ABS, 30 June for the periods shown
Figure 3	Estimated Resident Population, ABS, 30 June 2005 and ABS projections 2020
Tables 2, 3 and 4; Figures 4 and 5	Data were extracted from the ABS Population Census 2001 ¹ , except for the following indicators: <ul style="list-style-type: none">- <i>Indigenous</i> – Experimental estimates of the population 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 and supplemented with data for Aboriginal and Torres Strait Islander people receiving payments under the Community Development Employment Program
Map 1; Table 7	ABS SEIFA package, Census 2001
Disability	
Figure 6	Small Area Estimates of Disability, Release 2, prepared for the National Disability Administrators by the Statistical Consultancy Unit and the Analytical Services Branch (Canberra), ABS, December 2005
Chronic diseases and associated risk factors²	
Figures 7, 8 and 9; Maps 2, 3 and 4; Table 8	Estimated from 2001 National Health Survey (NHS), by ABS (Adelaide)

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

² 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 people in ‘special’ dwellings, including hospitals, nursing homes, and prisons.

The data for chronic conditions and risk factors are self-reported data, reported to interviewers in the 2001 NHS. Table 6 includes notes relevant to this data.

Table 6: Notes on estimates of chronic diseases and associated risk factors

Indicator	Notes on the data
Estimates of chronic disease and injury (Figure 7 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 six 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 8 and Map 3)	
Very high psychological distress levels (K-10)	- Derived from the Kessler Psychological Distress Scale -10 items (K-10), which is a scale of non-specific psychological distress based on ten questions about negative emotional states in the four weeks prior to interview. 'Very high' distress is the highest level category of distress (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 9 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 reporting 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 alcohol 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. 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.

Supporting information

SEIFA scores

Following the 2001 Census, the Australian Bureau of Statistics (ABS) produced four socio-economic 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 7) 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. The scores for these indexes for each Statistical Local Area (SLA) in Norwood Payneham St Peters are shown in Table 7.

Table 7: SEIFA scores by SLA, Norwood Payneham St Peters, 2001

SLA/ LGA code	SLA/ LGA name	Index score			
		Disadvantage	Advantage	Economic Resources	Education & Occupation
45291	Norwood Payneham St Peters - East	1033	1050	1014	1077
45294	Norwood Payneham St Peters - West	1083	1147	1106	1178
45290	Norwood Payneham St Peters LGA	1059	1101	1062	1130

Supporting data

The rates used to illustrate the prevalence estimates of chronic disease and injury (Figure 7), measures of self-reported health (Figure 8), and selected risk factors (Figure 9), are shown in Table 8 below.

Table 8: Estimates of chronic disease and associated risk factors, Norwood Payneham St Peters, 2001

Indirectly age standardised rate

Variable	Norwood Payneham St Peters	Central Eastern Adelaide	Adelaide
Chronic disease and injury (Figure 7)			
Respiratory system diseases	362.4	359.4	365.2
Asthma	100.2	138.0	100.0
Circulatory system diseases	180.1	176.3	184.1
Diabetes type 2	24.2	22.8	25.6
Injury event	117.0	118.7	120.1
Mental & behavioural disorders	106.1	97.3	106.7
Musculoskeletal system diseases	347.8	342.2	351.5
Arthritis	145.2	139.5	150.0
- Osteoarthritis	81.1	79.7	84.0
Osteoporosis (females)	35.8	34.5	35.4
Measures of self-reported health (Figure 8)			
Very high psychological distress levels (18+ years)	37.1	31.7	39.9
Fair or poor self-assessed health status (15+ years)	204.1	189.2	210.2
Risk factors (Figure 9)			
Overweight (not obese) males (15+ years)	370.5	376.1	370.3
Obese males (15+ years)	109.4	109.3	132.4
Overweight (not obese) females (15+ years)	204.0	208.5	206.1
Obese females (15+ years)	131.5	123.9	140.0
Smokers (18+ years)	228.1	221.3	247.3
Physical inactivity (15+ years)	282.1	282.3	317.6
High health risk due to alcohol consumed (18+ years)	41.5	39.6	39.6

References

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

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