The inter-relationship between the social, physical and economic environment with health and wellbeing has increasingly been recognised over the last couple of decades. Healthy and sustainable communities are important for a well functioning society, economic growth and development. Likewise, the social and economic environment is a major determinant of wellbeing, with the most disadvantaged populations often showing signs of the poorest health.

Premature mortality
Deaths before 75 years of age are often classified as ‘premature’, given the life expectancy of Australians of 79.0 years for males and 83.7 years for females. Premature death rates were higher in the City of Playford than in the Adelaide Statistical Division (ASD) at 347.8 per 100,000 compared to 251.9 per 100,000.\(^2\)

Premature mortality was higher for males than for females, with a rate of 445.7 per 100,000 males, and 253.5 per 100,000 females in the area. Although premature death rates were lower in the Adelaide Statistical Division, the same pattern of higher rates for males than females was also evident.

Deaths of people aged 0 to 74 years by sex, 2003-07

Self-reported health status
How people rate their health is strongly related to their experience of illness and disability. Self-assessed health status refers to a person’s perception of their general state of health. Almost one quarter (24%) of the population within the City of Playford rated their health as fair or poor. This compares to much lower figures of around 17% of residents in the Adelaide Statistical Division rating their health as fair or poor.

Psychological Distress
A large segment of residents were estimated to have high or very high levels of psychological distress\(^3\) in the City of Playford at 1.6%, higher than the 1.2% of residents in the metropolitan area.

Smoking
Higher rates of smoking were reported in the City of Playford than on average for the metropolitan area at 28% for males, compared to 22% in the Adelaide Statistical Division, and 22% for females, compared to 16% in Adelaide. Males consistently reported higher rates of smoking than females not only in the City of Playford, but also for the Adelaide Statistical Division and South Australia.

Obesity
The proportion of males who were obese in the City of Playford (18%) was only marginally higher than the Adelaide Statistical Division (17%). There was a larger gap however in the prevalence of obesity in females in the City of Playford (20%) compared to Adelaide (17%). Although obesity rates for males and females in the Adelaide Statistical Division were on par, rates in the City of Playford were higher among females.

Circulatory system diseases
Circulatory system diseases including ischaemic or coronary heart disease, cerebrovascular accident or stroke, hypertension (high blood pressure) and rheumatic heart disease affect the cardiovascular system. One-fifth of the population (20%) in the City of Playford reported a disease of the circulatory system according to ABS modelled estimates. Slightly lower rates were reported in the Adelaide Statistical Division at 19%.
Chronic Disease & associated risk factors

The City of Playford had a slightly higher proportion of people with diabetes type 2 who were overweight or obese than in the Adelaide Statistical Division, at 4% compared to 3%.

Similarly the proportion of people with asthma who were smokers was also marginally higher in the region than in the metropolitan area at 3% and 2% respectively.

Disability & Carers

The Australian Bureau of Statistics define people with a profound or severe disability as those people needing help or assistance in one or more of the three core activity areas of self-care, mobility and communication because of a disability, long term illness or problems related to old age.

A disproportionate number of people requiring assistance with the core activities of daily living were living in the City of Playford (7%) compared to the average for the metropolitan area (5%).

Within the City of Playford, the areas of Elizabeth, Elizabeth East and Smithfield – Elizabeth North, had the highest proportion of residents with a profound or severe disability requiring assistance (9%, 8% and 8% respectively).

In terms of care being provided to people with disabilities, 9% of residents in the City of Playford had provided unpaid care to a person with a disability, long term illness or problems related to old age in the two weeks prior to the 2011 Census. This was slightly lower than the equivalent figure for the Adelaide Statistical Division (10%). It should be noted that the delivery of unpaid care may, or may not, be provided within the City of Playford boundary. Further, this measure does not indicate the amount of care provided, for example, multiple family members may be providing a small amount of care each fortnight for an aged parent.

Barriers to Service Use

In December 2012 bulk billing rates for Medicare services hit an all time high in South Australia, with 77.5% of services being bulk-billed.

However, one eighth of City of Playford residents (13%) delayed medical consultation due to the cost, slightly higher than the metropolitan average of 11%.

City of Playford residents were also more likely to delay purchasing prescribed medication because they could not afford it, at 15% compared to 11% in the Adelaide Statistical Division.

1. For this data reference to Adelaide is defined by the Adelaide Statistical Division, not the new Greater Adelaide region, a reflection of the boundaries in use in 2009, the year which the data refers to.
2. Average annual age-standardised rate, 2003 to 2007, PHIDU 2013
3. Kessler Psychological Distress Scale-10 (K-10), ABS 2007-08 National Health Survey
5. This number includes people on carer’s allowances or pensions, but does not include voluntary work provided through an organisation. It also does not include persons aged under 15 years.