

**Population health profile of the
GP South Division of General Practice
(formerly Southern Tasmanian DGP):
supplement**

Population Profile Series: No. 114a

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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 GP South Division of General Practice (formerly Southern Tasmanian DGP): supplement

This profile is a supplement to the *Population health profile of the Southern Tasmanian Division of General Practice* (now known as GP South DGP), dated November 2005, available from www.publichealth.gov.au. This supplement includes an update of the population of the GP South Division of General Practice, as well as additional indicators and aspects of the Division's socioeconomic status, use of GP services and health. The contents are:

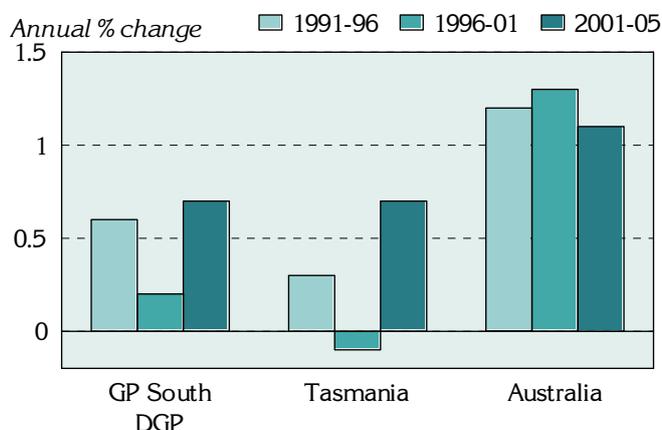
- Population [updated to June 2005]
- Additional socio-demographic indicators
- Unreferred attendances – patient flow/ GP catchment
- Additional prevalence estimates: chronic diseases and risk factors combined
- Avoidable hospitalisations: hospital admissions resulting from ambulatory care sensitive conditions
- Avoidable mortality

For further information on the way Division totals in this report have been estimated, please refer to the 'Notes on the data' section of the *Population health profile, November 2005* (www.publichealth.gov.au).

Population

The GP South Division had an Estimated Resident Population of 238,276 at 30 June 2005.

Figure 1: Annual population change, GP South DGP, Hobart, Tasmania and Australia, 1991 to 1996, 1996 to 2001 and 2001 to 2005



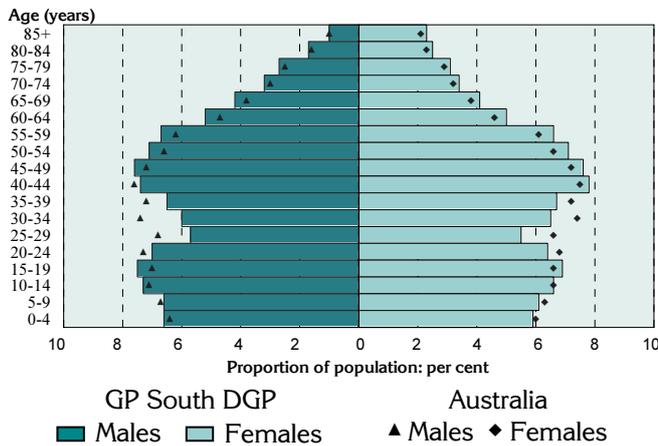
Over the five years from 1991 to 1996, the Division's population increased by 0.6% on average each year, higher than in Tasmania (0.3%), but half the increase for Australia as a whole (1.2%). From 1996 to 2001, the annual percentage increase in the Division was 0.2%, compared to a decline in the Tasmanian population (0.1%) and an increase for Australia (1.3%). The Division's population increased by 0.7% on average from 2001 to 2005, consistent with the increase for Tasmania (0.7%), but below that for Australia (1.1%).

Table 1: Population by age, GP South DGP and Australia, 2005

Age group (years)	GP South DGP		Australia	
	No.	%	No.	%
0-14	46,571	19.5	3,978,221	19.6
15-24	33,097	13.9	2,819,834	13.9
25-44	61,996	26.0	5,878,107	28.9
45-64	62,869	26.4	4,984,446	24.5
65-74	17,793	7.5	1,398,831	6.9
75-84	11,981	5.0	954,143	4.7
85+	3,970	1.7	315,027	1.5
Total	238,276	100.0	20,328,609	100.0

As shown in the accompanying table and the age-sex pyramid below (Figure 2), the proportion of the Division's population aged 25 to 44 years (26.0%) was lower than that for Australia as a whole (with 28.9%) (Table 1). Conversely, there were relatively more people in the Division aged 45 years and over compared to Australia.

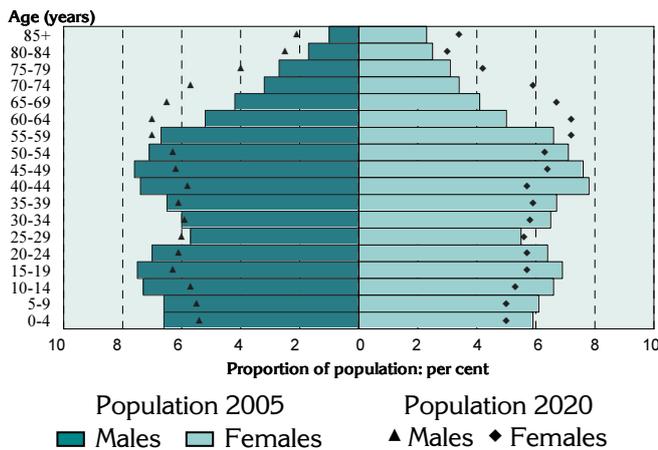
Figure 2: Population in GP South DGP and Australia, by age and sex, 2005



The age distribution of the Division's population is generally similar to that for Australia overall. The only notable differences are:

- from 20 to 39 years – relatively fewer males and females; and
- from 40 years of age and above – slightly relatively more males (from age 45 to 84 years) and females.

Figure 3: Population projections for GP South DGP, by age and sex, 2005 and 2020



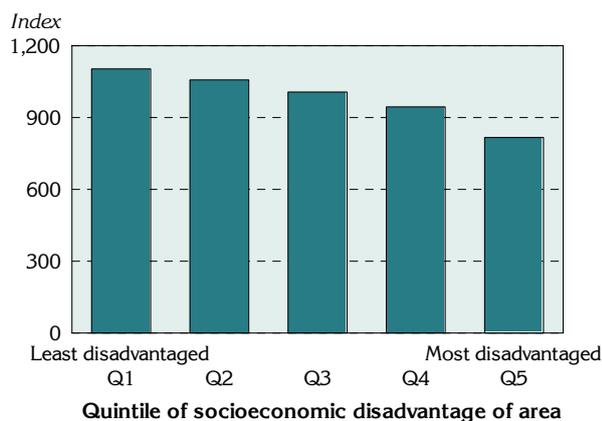
The population projections for the Division show a number of changes in age distribution, with the 2020 population projected to have:

- below 55 years – relatively fewer males and females aged 0 to 54 years (only marginally lower at ages 25 to 29 years); and
- at ages 55 to 85+ years – relatively more males and females (most pronounced at ages 60 to 74 years).

Additional socio-demographic indicators

Please refer to the earlier *Population health profile of the Southern Tasmanian Division of General Practice*, (now known as GP South DGP) dated November 2005, available from www.publichealth.gov.au, for other socio-demographic indicators.

Figure 4: Index of Relative Socio-Economic Disadvantage, GP South DGP, 2001



One of four socioeconomic indexes for areas produced at the 2001 ABS Census is the Index of Relative Socio-Economic Disadvantage.

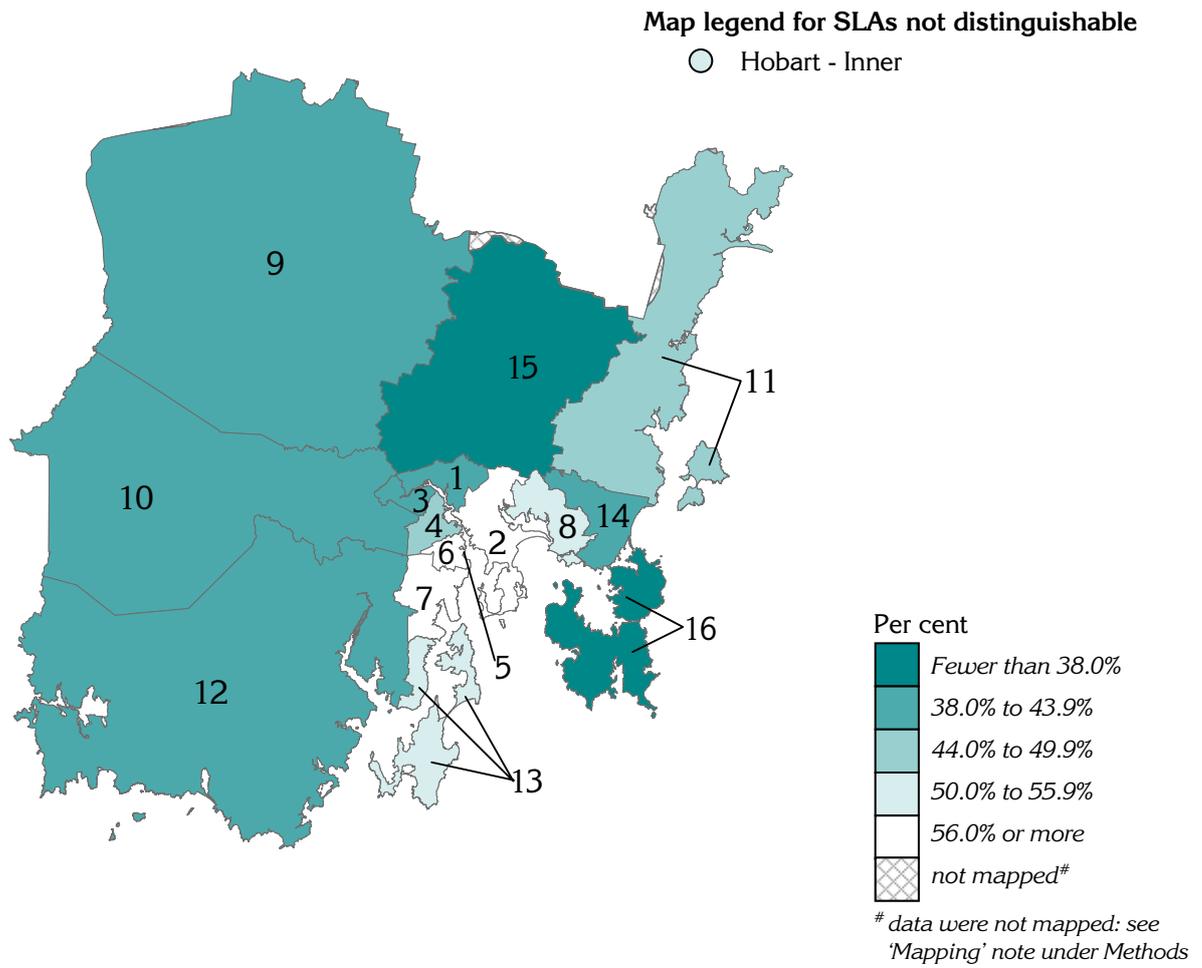
The GP South DGP has an index score of 985, just below the score for Australia of 1000: this score varies across the Division, from a low of 817 in the most disadvantaged areas to 1103 in the least disadvantaged areas.

Note: each 'quintile' comprises approximately 20% of the population of the Division.

A new indicator, produced for the first time at the 2001 ABS Census, shows the number of jobless families with children under 15 years of age. There were marginally more jobless families in the GP South DGP (21.3%), compared to Hobart as a whole (20.8%) (Figure 5, Table 2).

With the introduction of the 30% rebate for private health insurance premiums, there was a once-off registration process, providing information of the postcode and residence of those who had such insurance (these data are not available at this area level for later dates). In 2001, the Division had a slightly lower proportion of the population with private health insurance (52.9%), compared to Hobart (54.9%), although it was well above the levels in Tasmania and Australia (Figure 5, Table 2).

Map 2: People covered by private health insurance by SLA, GP South DGP, 30 June 2001



Alphabetical key to Statistical Local Areas, Southern Tasmanian DGP, 2001			
Brighton	1	Hobart - Remainder	6
Central Highlands	9	Huon Valley	12
Clarence	2	Kingborough - Part A	7
Derwent Valley - Part A	3	Kingborough - Part B	13
Derwent Valley - Part B	10	Sorell - Part A	8
Glamorgan/Spring Bay	11	Sorell - Part B	14
Glenorchy	4	Southern Midlands	15
Hobart - Inner	5	Tasman	16

GP services to residents of the GP South DGP

The following analysis is based on information, purchased from Medicare Australia, of the movement of patients and GPs between Divisions. Note that the data only include unreferred attendances recorded under Medicare: unreferred attendances not included are those for which the cost is met by the Department of Veterans' Affairs or a compensation scheme; or are provided by salaried medical officers in hospitals, community health services or Aboriginal Medical Services, and which are not billed to Medicare. At any attendance, one or more services may have been provided.

The majority (97.1%) unreferred attendances to residents of GP South DGP were provided in the Division (ie. by a GP with a provider number in the Division): this represented 1,068,258 GP unreferred attendances, out of a total of 1,099,890. A further 0.3% of unreferred attendances to residents were provided by GPs with a provider number in GP North DGP, with 0.2% provided by GPs in GP North West DGP. The remaining 2.3% of unreferred attendances were provided in Divisions outside Tasmania.

The majority (97.4%) of unreferred attendances provided by GPs with a provider number in GP South DGP were also to people living in the Division (ie. their Medicare address was in the Division). A further 0.6% of unreferred attendances by GPs in the Division were to residents of GP North DGP, with 0.3% to people living in GP North West DGP. The remaining 1.7% were provided to residents of New South Wales, Victoria and Queensland.

Additional prevalence estimates: chronic diseases and risk factors combined

Please refer to the earlier *Population health profile of the Southern Tasmanian Division of General Practice*, (now known as GP South DGP) dated November 2005, available from www.publichealth.gov.au, for the separate prevalence estimates of chronic disease; measures of self-reported health and risk factors. The process by which the estimates have been made, and details of their limitations, are also described in the 'Notes on the data' section of this earlier profile.

In this section two estimates, which combine the prevalence of selected chronic diseases with a risk factor, are shown for the Division. The measures are of people who *had asthma and were smokers*, and people who *had type 2 diabetes and were overweight or obese*: note that the estimates have been predicted from self-reported data, and are not based on clinical records or physical measures.

It is estimated that there were more people in GP South DGP who had asthma and were smokers, compared to Hobart or Australia as a whole (Figure 6, Table 5): that is, the prevalence rates per 1,000 population were higher. However, there were relatively fewer people in GP South DGP who had type 2 diabetes and were overweight/ obese, compared to Hobart. The Division's rate was marginally higher than for Australia.

Figure 6: Estimates of selected chronic diseases and risk factors, GP South DGP, Hobart and Australia, 2001

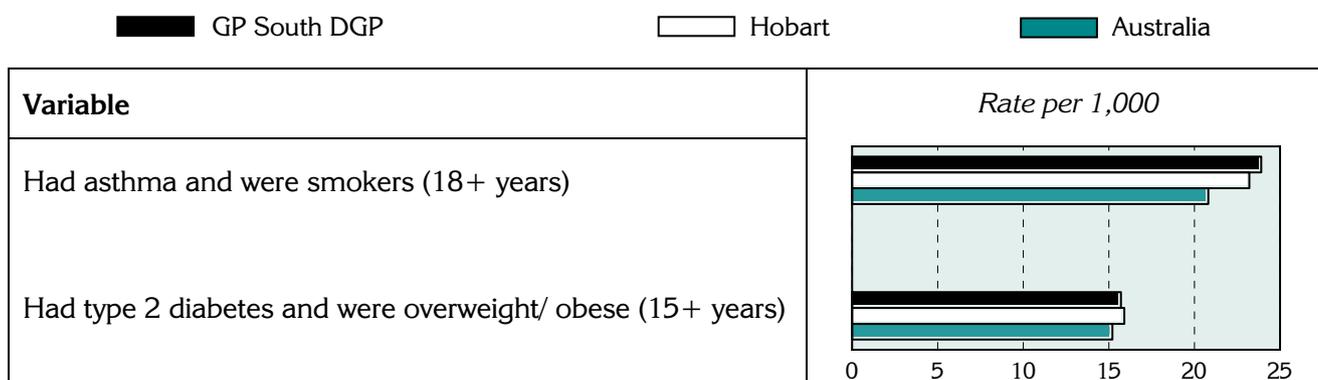


Table 3: Estimates of selected chronic diseases and risk factors, GP South DGP, Hobart, Tasmania and Australia, 2001

Variable	GP South DGP		Hobart		Tasmania		Australia	
	No. ¹	Rate ²	No. ¹	Rate ²	No. ¹	Rate ²	No. ¹	Rate ¹
Had asthma and smoked ³	5,275	23.9	4,434	23.2	11,342	25.6	397,734	20.8
Had type 2 diabetes & were overweight/ obese ⁴	3,614	15.7	3,097	15.9	7,461	15.7	283,176	15.2

¹ No. is a weighted estimate of the number of people in GP South DGP reporting these chronic conditions/ with these risk factors and is derived from synthetic predictions from the 2001 NHS

² Rate is the indirectly age-standardised rate per 1,000 population

³ Population aged 18 years and over

⁴ Population aged 15 years and over

Avoidable hospitalisations: hospital admissions resulting from ambulatory care sensitive conditions

The rationale underlying the concept of avoidable hospitalisations is that timely and effective care of certain conditions, delivered in a primary care setting, can reduce the risk of hospitalisation. Admissions to hospital for these ambulatory care sensitive (ACS) conditions can be avoided in three ways. Firstly, for conditions that are usually preventable through immunisation or nutritional intervention, disease can be prevented almost entirely. Secondly, diseases or conditions that can lead to rapid onset problems, such as dehydration and gastroenteritis, can be treated. Thirdly, chronic conditions, such as congestive heart failure, can be managed to prevent or reduce the severity of acute flare-ups to avoid hospitalisation.

This measure does not include other aspects of avoidable morbidity, namely potentially preventable hospitalisations (hospitalisations resulting from diseases preventable through population based health promotion strategies, e.g. alcohol-related conditions; and most cases of lung cancer) and hospitalisations avoidable through injury prevention (e.g. road traffic accidents).

For information on the ambulatory care sensitive conditions and ICD codes included in the analysis in this section, please refer to the *Atlas of Avoidable Hospitalisations in Australia: ambulatory care-sensitive conditions*, available from www.publichealth.gov.au.

In 2001 to 2002, the 7,572 admissions from ambulatory care sensitive (ACS) conditions accounted for 10.1% of all admissions in the GP South DGP (Table 6, Figure 7), just below the level for Tasmania (10.7%), and notably above that for Australia (8.7%).

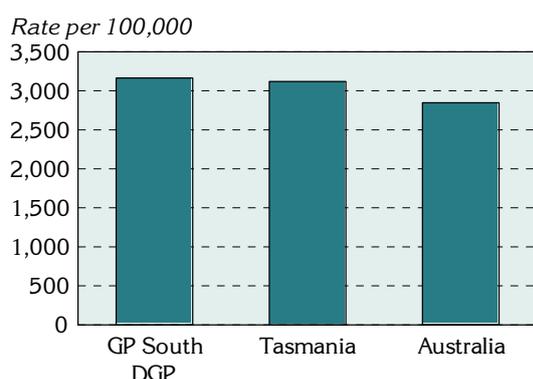
Table 4: Avoidable¹ and unavoidable hospitalisations, GP South DGP, Tasmania, and Australia, 2001/02

Category	GP South DGP			Tasmania			Australia		
	No.	Rate ²	%	No.	Rate ²	%	No.	Rate ²	%
Avoidable ¹	7,572	3,163.1	10.1	15,404	3,119.3	10.7	552,786	2,847.5	8.7
Unavoidable	67,526	28,653.6	89.9	128,291	26,520.3	89.3	5,818,199	29,970.7	91.3
Total	75,098	31,823.1	100.0	143,695	29,651.0	100.0	6,370,985	32,818.2	100.0

¹ Admissions resulting from ACS conditions

² Rate is the indirectly age-standardised rate per 100,000 population

Figure 7: Avoidable hospitalisations¹, GP South DGP, Tasmania and Australia, 2001/02



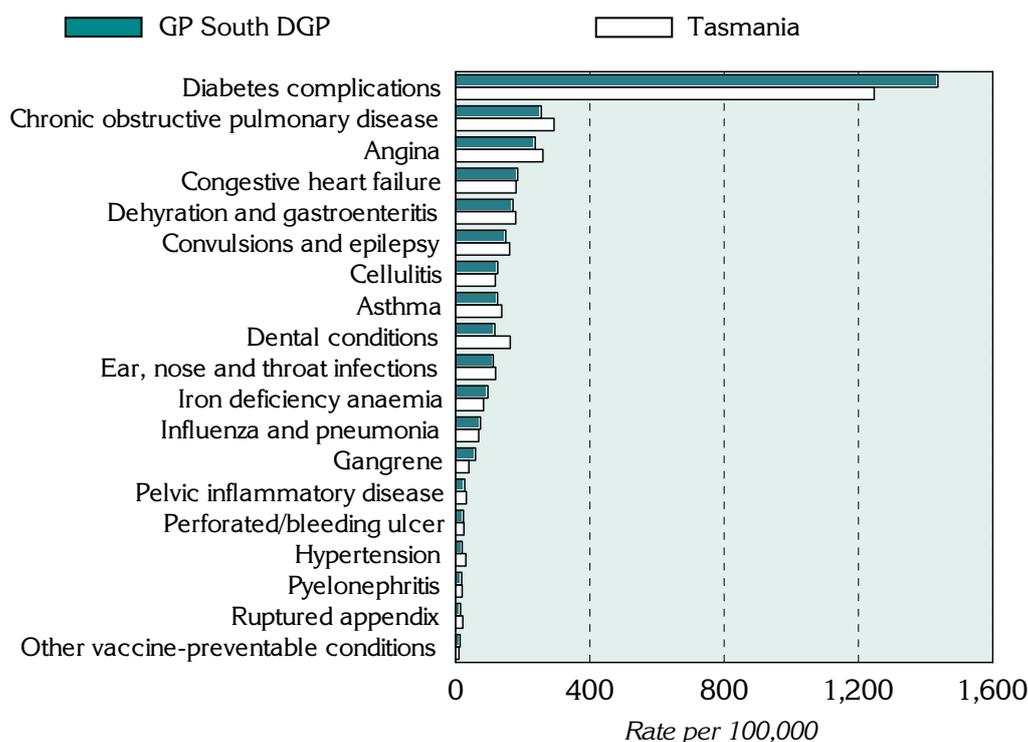
The rate of avoidable hospitalisations in GP South DGP (3,163.1 admissions per 100,000 population) is consistent with that in Tasmania (a rate of 3,119.3), and above that in Australia (2,847.5).

¹ Admissions resulting from ACS conditions

As was the case for Australia, diabetes complications, chronic obstructive pulmonary disease, angina and congestive heart failure were the four conditions with the highest rates of avoidable hospitalisations in the GP South DGP (Figure 8, Table 7).

Table 7 shows the number, rate and proportion of avoidable hospitalisations, for the individual ACS conditions, as well as the vaccine-preventable; acute; and chronic sub-categories. Almost two-thirds of avoidable hospitalisations are attributable to chronic health conditions. The predominance of hospitalisations for chronic conditions in this period can be primarily attributed to the large number of admissions for diabetes complications. Dehydration and gastroenteritis; and convulsions and epilepsy have the highest rates of avoidable hospitalisations for the acute conditions.

Figure 8: Avoidable hospitalisations¹ by condition, GP South DGP and Tasmania, 2001/02



¹ Admissions resulting from ACS conditions: excludes nutritional deficiencies as less than ten admissions

Table 5: Avoidable hospitalisations¹ by condition, GP South DGP, Tasmania and Australia, 2001/02

Sub-category/ condition	GP South DGP		Tasmania		Australia	
	No.	Rate ²	No.	Rate ²	No.	Rate ²
Vaccine-preventable	208	87.9	5,630	84.5	16,573	85.4
Influenza and pneumonia	177	74.4	4,280	64.1	13,021	67.1
Other vaccine preventable	31	13.5	1,350	20.4	3,552	18.3
Chronic³	5,760	2,356.4	106,803	1,587.0	352,545	1,816
Diabetes complications	3,508	1,436.8	34,975	519.5	141,345	728.1
Iron deficiency anaemia	235	96.6	4,494	67.0	16,451	84.7
Hypertension	49	19.9	2,398	35.7	6,354	32.7
Congestive heart failure	463	185.2	14,270	209.7	42,447	218.6
Angina	584	237.0	16,987	251.8	49,963	257.4
Chronic obstructive pulmonary disease	632	255.7	19,359	285.6	54,853	282.6
Asthma	289	125.2	14,289	216.8	41,009	211.3
Acute	1,910	819.6	62,543	946.0	200,913	1,035
Dehydration and gastroenteritis	403	171.1	11,725	176.4	37,766	194.5
Convulsions and epilepsy	343	149.5	11,093	168.1	31,137	160.4
Ear, nose and throat infections	256	112.3	10,615	161.1	32,075	165.2
Dental conditions	268	117.0	11,196	170.3	43,667	224.9
Perforated/bleeding ulcer	58	23.6	1,830	27.1	5,795	29.9
Ruptured appendix	35	15.0	1,212	18.5	3,866	19.9
Pyelonephritis	43	18.5	2,038	31.0	7,386	38.0
Pelvic inflammatory disease	62	27.5	2,134	32.7	6,547	33.7
Cellulitis	297	125.6	9,451	142.0	28,204	145.3
Gangrene	145	59.5	1,249	18.6	4,470	23.0
Total avoidable hospitalisations⁴	7,572	3,163.1	170,066	2,543.8	552,786	2,847.5

¹ Admissions resulting from ACS conditions

² Rate is the indirectly age-standardised rate per 100,000 population

³ Excludes nutritional deficiencies as less than ten admissions

⁴ Sub-category and condition numbers and rates do not add to the reported total avoidable admissions: five conditions (influenza & pneumonia, other vaccine preventable, diabetes complications, ruptured appendix and gangrene) are counted in 'any diagnosis', so may be included in more than one condition group

Avoidable mortality

Avoidable and amenable mortality comprises those causes of death that are potentially avoidable at the present time, given available knowledge about social and economic policy impacts, health behaviours, and health care (the latter relating to the subset of amenable causes).

For information on the avoidable and amenable mortality conditions and ICD codes included in the analysis in this section, please refer to the *Australian and New Zealand Atlas of Avoidable Mortality*, available from www.publichealth.gov.au.

The proportion (71.4%) of all deaths in GP South DGP at ages 0 to 74 years over the period 1997 to 2001 considered to be avoidable is consistent with that in Hobart (71.0%) (Table 8). Deaths amenable to health care (amenable mortality, a subset of avoidable mortality) accounted for 28.1% of all deaths at ages 0 to 74 years in GP South DGP, compared to 28.2% in Hobart.

Table 6: Avoidable and unavoidable mortality (0 to 74 years) by area, GP South DGP, Hobart, Tasmania and Australia, 1997 to 2001

Mortality category	GP South DGP		Hobart		Tasmania		Australia	
	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹
Avoidable	2,647	237.8	2,254	239.9	5,349	230.2	189,845	211.8
% of total	71.4	..	71.0	..	69.7	..	71.5	..
(Amenable)	(1,043)	(93.0)	(894)	(94.4)	(2,140)	(91.2)	(76,249)	(85.1)
(% of total)	(28.1)	(..)	(28.2)	(..)	(27.9)	(..)	(28.7)	(..)
Unavoidable	1,060	94.8	921	97.5	2,322	99.3	75,582	84.3
% of total	28.6	..	29.0	..	30.3	..	28.5	..
Total mortality	3,707	332.6	3,175	337.4	7,671	329.5	265,427	296.1
%	100.0	..	100.0	..	100.0	..	100.0	..

¹ Rate is the indirectly age-standardised rate per 100,000 population

Rates of avoidable mortality were higher for males than for females in each of the comparator areas. GP South DGP's rate of avoidable mortality for males was 297.8 deaths per 100,000 males, notably higher than the rate of 176.8 for females. Similarly, the rate of amenable mortality for males in the Division was higher, 103.2, compared to 82.6 for females, a rate ratio of 1.25 (Figure 9, Table 9).

Figure 9: Avoidable and amenable mortality by sex (0 to 74 years), GP South DGP, Hobart, Tasmania and Australia, 1997 to 2001

Note: the different scales

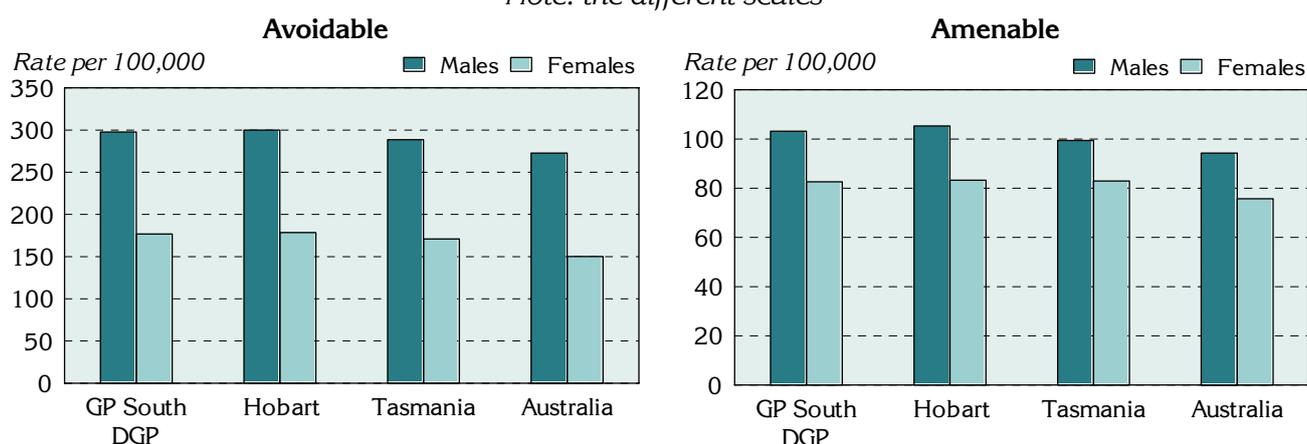


Table 7: Avoidable and amenable mortality (0 to 74 years) by sex, GP South DGP, Hobart, Tasmania and Australia, 1997 to 2001

Mortality category and sex	GP South DGP		Hobart		Tasmania		Australia	
	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹
Avoidable								
Males	1,657	297.8	1,392	300.0	3,362	288.6	123,026	272.6
Females	990	176.8	862	178.5	1,987	170.9	66,819	150.1
Total	2,647	237.8	2,254	239.9	5,349	230.2	189,845	211.8
Rate ratio–M:F²	..	1.68**	..	1.68**	..	1.69**	..	1.82**
Amenable								
Males	580	103.2	492	105.3	1,174	99.4	42,568	94.3
Females	463	82.6	402	83.3	966	82.9	33,681	75.7
Total	1,043	93.0	894	94.4	2,140	91.2	76,249	85.1
Rate ratio–M:F²	..	1.25**	..	1.26**	..	1.20**	..	1.25**

¹ Rate is the indirectly age-standardised rate per 100,000 population

² Rate ratio (M:F) is the ratio of male to female rates; rate ratios differing significantly from 1.0 are shown with * p < 0.05; ** p < 0.01

Another way of measuring premature mortality is to calculate the number of years of life lost (YLL)¹, which takes into account the years a person could have expected to live at each age of death based on the average life expectancy at that age.

The numbers of YLL for GP South DGP, Hobart, Tasmania and Australia over the period of analysis are shown in Table 10 by mortality category. However, given the substantial variation in the populations of these areas, a comparison of the proportion of YLL for each area is also shown.

YLL from avoidable mortality accounted for 71.0% of total YLL (0 to 74 years) for GP South DGP, marginally higher than the 70.6% for Hobart: the proportion of YLL from amenable mortality for GP South DGP (27.3%) was consistent with that in Hobart (27.2%).

Table 8: Years of life lost from avoidable mortality (0 to 74 years), GP South DGP, Hobart, Tasmania and Australia, 1997 to 2001

Mortality category	GP South DGP		Hobart		Tasmania		Australia	
	No.	% of total	No.	% of total	No.	% of total	No.	% of total
Avoidable	45,255	71.0	38,424	70.6	91,510	69.5	3,327,375	71.9
(Amenable)	(17,371)	(27.3)	(14,832)	(27.2)	(36,151)	(27.4)	(1,298,430)	(28.0)
Unavoidable	18,476	29.0	16,037	29.4	40,194	30.5	1,303,289	28.1
Total	63,732	100.0	54,461	100.0	131,705	100.0	4,630,664	100.0

¹ Years of life lost were calculated using the remaining life expectancy method (this provides an estimate of the average time a person would have lived had he or she not died prematurely). The reference life table was the Coale and Demeny Model Life Table West level 26 female (for both males and females), with the YLL discounted to net present value at a rate of 3 per cent per year.

In each of the areas in Table 11, the majority of avoidable mortality at ages 0 to 74 years occurred in the 65 to 74 year age group (Table 11), with 1,573.6 deaths per 100,000 population in GP South Division. The 45 to 64 year age group accounted for the next highest rate of avoidable death in all of the comparators, with a rate 346.9 in GP South Division.

Table 9: Avoidable and amenable mortality by age, GP South DGP, Hobart, Tasmania and Australia, 1997 to 2001

Mortality category and age (years)	GP South DGP		Hobart		Tasmania		Australia	
	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹
Avoidable								
0-14	81	34.8	70	36.0	170	34.5	5,669	28.8
15-24	76	48.1	64	45.8	158	50.3	7,045	52.8
25-44	272	82.1	226	80.0	528	77.7	24,356	83.9
45-64	910	346.9	765	351.9	1,868	341.2	64,282	304.9
65-74	1,309	1,573.6	1,129	1596.0	2,625	1502.4	88,493	1,358.1
Total	2,647	237.8	2,254	239.9	5,349	230.2	189,845	211.8
Amenable								
0-24	67	17.4	61	18.5	149	18.2	5,083	15.4
25-44	58	16.9	45	15.3	136	19.4	5,946	20.5
45-64	370	140.8	313	143.2	772	140.7	27,464	130.3
65-74	548	658.9	477	671.3	1,084	620.5	37,756	579.4
Total	1,043	93.0	894	94.4	2,140	91.2	76,249	85.1

¹ Rate is the indirectly age-standardised rate per 100,000 population

Table 12 shows the number and age-standardised death rate by selected major condition group and selected causes included in the avoidable mortality classification.

The highest rates of avoidable mortality for the selected major condition groups in the GP South DGP were for cancer, with a rate of 79.6 deaths per 100,000 population, and cardiovascular diseases, 74.5 deaths per 100,000 population (Table 12, Figure 10). For the selected causes within the condition groups, the two major causes of avoidable mortality were ischaemic heart disease and lung cancer, with rates of 53.8 per 100,000 population and 28.9 per 100,000, respectively.

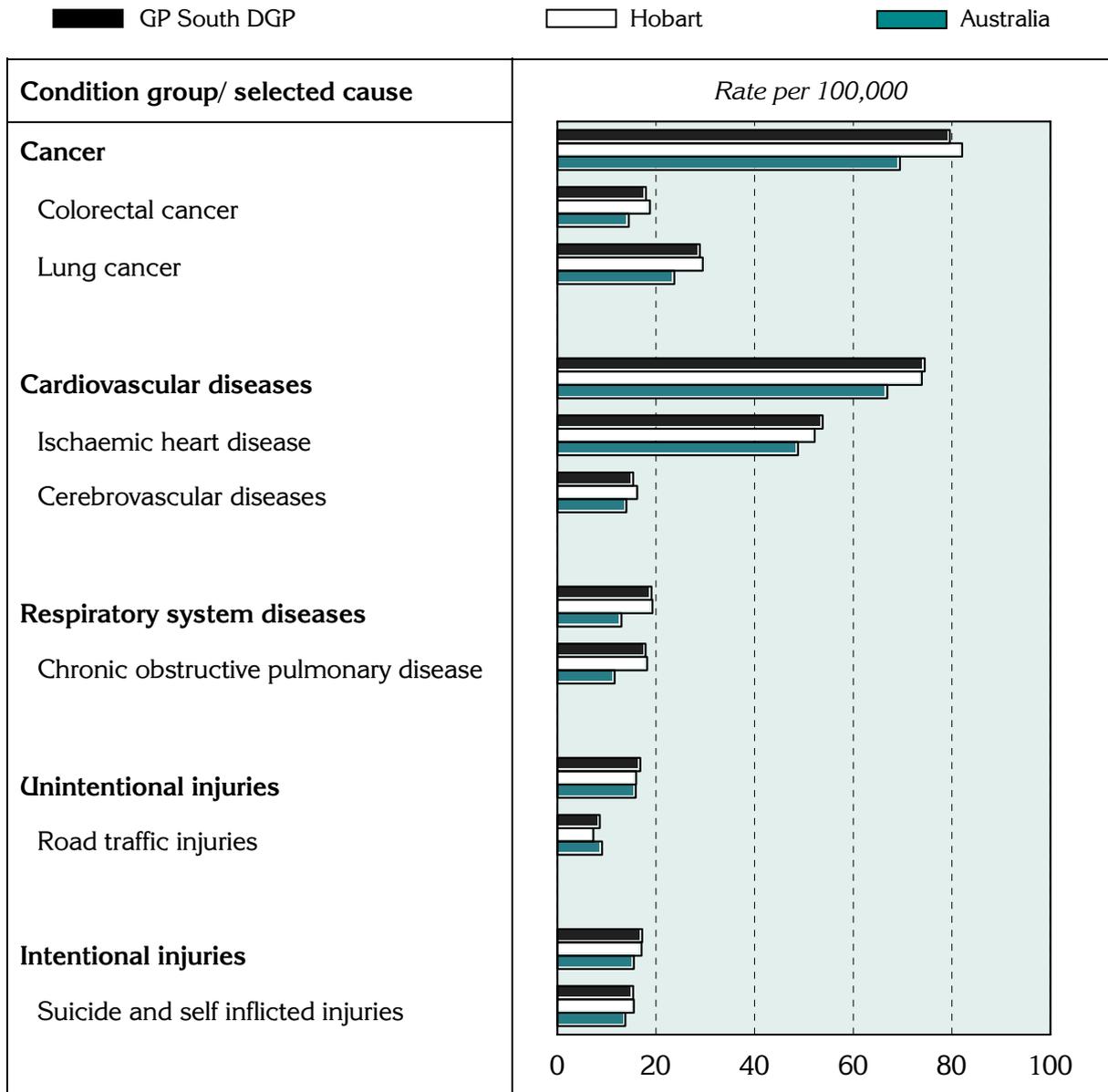
Table 10: Avoidable mortality (0 to 74 years) by major condition group and selected cause, GP South DGP, Hobart, Tasmania and Australia, 1997 to 2001

Condition group/ selected cause	GP South DGP		Hobart		Tasmania		Australia	
	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹
Cancer	897	79.6	780	82.1	1,790	75.9	62,338	69.5
Colorectal cancer	203	18.0	178	18.8	403	17.0	13,008	14.5
Lung cancer	327	28.9	280	29.5	643	27.1	21,208	23.7
Cardiovascular diseases	842	74.5	703	73.9	1,735	73.3	59,945	66.9
Ischaemic heart disease	607	53.8	495	52.2	1,238	52.3	43,712	48.8
Cerebrovascular diseases	174	15.4	155	16.2	381	16.1	12,558	14.0
Respiratory system diseases	216	19.1	185	19.3	476	20.0	11,612	13.0
Chronic obstructive pulmonary disease	204	17.9	175	18.2	436	18.2	10,395	11.6
Unintentional injuries	178	16.8	145	16.0	355	16.4	14,224	15.9
Road traffic injuries	91	8.6	66	7.3	192	8.8	8,138	9.1
Intentional injuries	181	17.2	153	17.1	325	15.1	13,891	15.5
Suicide and self inflicted injuries	162	15.4	139	15.5	292	13.6	12,393	13.8

¹ Rate is the indirectly age-standardised rate per 100,000 population

Rates in the Division were above or consistent with those for Australia and above or consistent with those for Hobart (other than for cancer (total, colorectal and lung cancer) and cerebrovascular diseases) (Figure 10).

Figure 10: Avoidable mortality (0 to 74 years) by major condition group and selected cause, GP South DGP, Hobart and Australia, 1997 to 2001



Notes on the data

Data sources and limitations

General

References to 'Hobart' relate to the Hobart Statistical Division.

Data sources

Table 11 details the data sources for the material presented in this profile.

Table 11: Data sources

Section	Source
Population	
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; Population Projections, ABS, 30 June 2020 (unpublished) ¹
Additional socio-demographic indicators	
Figure 4	ABS SEIFA package, Census 2001
Table 2; Figure 5; Map 1	Jobless families, ABS, 2001 (unpublished)
Table 2; Figure 5; Map 2	Private health insurance, from Hansard
GP services – patient flow/ GP catchment	
Tables 3 and 4	Medicare Australia, 2003/04
Additional prevalence estimates: chronic diseases and risk factors combined	
Figure 6; Table 5	Estimated from 2001 National Health Survey (NHS), ABS (unpublished)
Avoidable hospitalisations: hospital admissions resulting from ambulatory care sensitive conditions	
Tables 6 and 7; Figures 7 and 8	National Hospital Morbidity Database at Australian Institute of Health & Welfare, 2001/02; data produced in HealthWIZ by Prometheus Information (not available in public release dataset)
Avoidable mortality	
Tables 8, 9, 10, 11 and 12; Figures 9 and 10	ABS Deaths 1997-2001; data produced in HealthWIZ by Prometheus Information (not available in public release dataset)

¹ The projected population at June 2020 is based on the 2002 ERP. As such, it is somewhat dated, and does not take into account more recent demographic trends: it is however the only projection series available at the SLA level for the whole of Australia.

Methods

For background information on the additional prevalence estimates presented in this profile, please refer to the 'Notes on the data' section of the *Population health profile*, November 2005 (www.publichealth.gov.au).

Please also refer to the November 2005 profile for information on the data converters.

Mapping

In some Divisions the maps may include a very small part of an SLA which has not been allocated any population; or has a population of less than 100 or has less than 1% of the SLAs total population; or there were less than five cases (i.e. jobless families, people with health insurance): these areas are mapped with a pattern.

Statistical geography of the GP South DGP

For information on the postcodes in the Division, please refer the Department of Health and Ageing website <http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pcd-programs-divisions-divspc.htm>; also included in table format in the 'Notes on the data' section of the *Population health profile*, November 2005 (www.publichealth.gov.au).

Statistical Local Areas (SLAs) are defined by the Australian Bureau of Statistics to produce areas for the presentation and analysis of data. In this Division, some Local Government Areas (LGAs) have been split into SLAs. For example, Derwent Valley has two SLAs, Part A and Part B (both wholly in the Division). These SLAs and all or parts of the other SLAs listed in Table 12 comprise the Division.

Table 12: SLAs and population in GP South DGP, 2005 on 2001 boundaries

SLA code	SLA name	Per cent of the SLA's population in the Division*	Estimate of the SLA's 2005 population in the Division
60410	Brighton	100.0	13,819
61010	Central Highlands	99.3	2,320
61410	Clarence	100.0	50,599
61511	Derwent Valley - Part A	100.0	6,661
61512	Derwent Valley - Part B	100.0	2,856
62410	Glamorgan/Spring Bay	73.2	3,145
62610	Glenorchy	100.0	44,615
62811	Hobart - Inner	100.0	466
62812	Hobart - Remainder	100.0	48,328
63010	Huon Valley	100.0	14,567
63611	Kingborough - Part A	100.0	28,712
63612	Kingborough - Part B	100.0	2,818
64811	Sorell - Part A	100.0	10,438
64812	Sorell - Part B	100.0	1,016
65010	Southern Midlands	100.0	5,736
65210	Tasman	100.0	2,180

* 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

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Further developments and updates

When the re-aligned boundaries are released and DoHA have made known their geographic composition, PHIDU will examine the need to revise and re-publish these profiles (*Population health profile*, dated November 2005, and the *Population health profile: supplement*, dated March 2007).

PHIDU contact details

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