

**Population health profile of the
GP North Division of General Practice
(formerly Northern Tasmania DGP):
supplement**

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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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Enquiries about or comments on this publication should be addressed to:

PHIDU, The University of Adelaide, South Australia 5005
Phone: 08-8303 6236 or e-mail: PHIDU@publichealth.gov.au

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Contributors: Anthea Page, Sarah Ambrose, Kristin Leahy and John Glover

Population health profile of the GP North Division of General Practice (formerly Northern Tasmania DGP): supplement

This profile is a supplement to the *Population health profile of the Northern Tasmania Division of General Practice* (now known as GP North DGP), dated November 2005, available from www.publichealth.gov.au. This supplement includes an update of the population of the GP North 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:

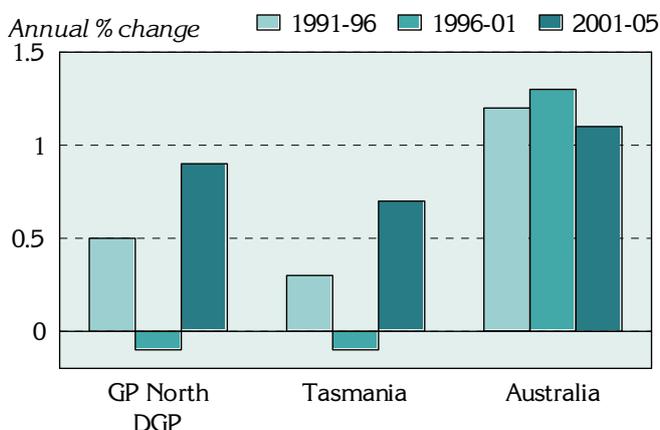
- Population [updated to June 2005]
- Additional socio-demographic indicators
- Unreferred attendances – patient flow/ GP catchment
- Additional prevalence estimates: chronic diseases and risk factors combined
- Avoidable hospitalisations: hospital admissions resulting from ambulatory care sensitive 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 North Division had an Estimated Resident Population of 139,104 at 30 June 2005.

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



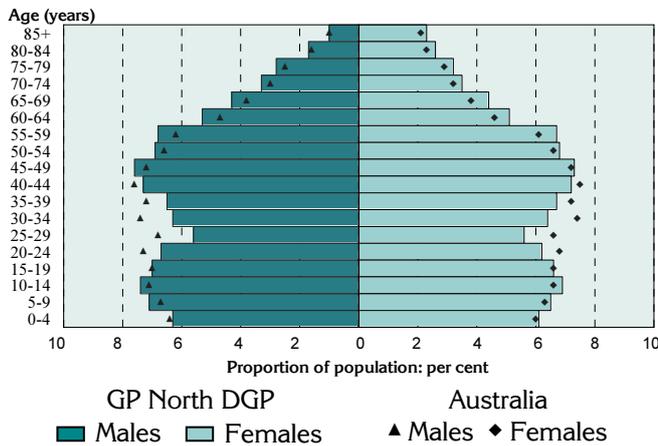
Over the five years from 1991 to 1996, the Division's population increased by 0.5% on average each year, above the growth in Tasmania (0.3%), but lower than in Australia as a whole (1.2%). From 1996 to 2001, the population in both the Division and Tasmania declined by 0.1%, compared to an increase of 1.3% for Australia. The Division's population increase of 0.9% from 2001 to 2005 fell between the rates for Tasmania (0.7%) and Australia (1.1%).

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

Age group (years)	GP North DGP		Australia	
	No.	%	No.	%
0-14	27,927	20.1	3,978,221	19.6
15-24	18,455	13.3	2,819,834	13.9
25-44	35,852	25.8	5,878,107	28.9
45-64	36,499	26.2	4,984,446	24.5
65-74	10,806	7.8	1,398,831	6.9
75-84	7,214	5.2	954,143	4.7
85+	2,350	1.7	315,027	1.5
Total	139,104	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 (25.8%) 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.

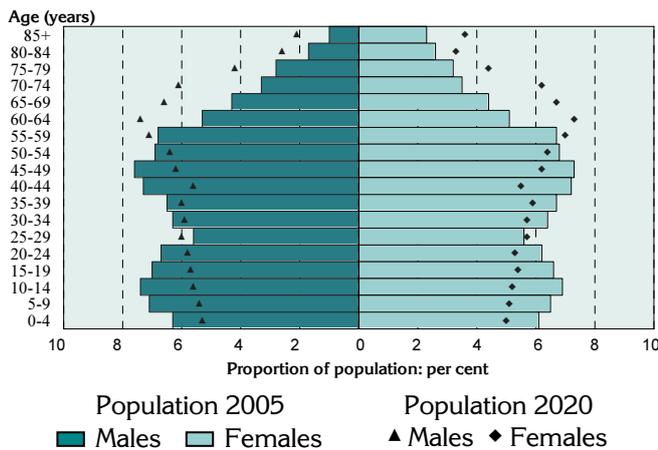
Figure 2: Population in GP North DGP and Australia, by age and sex, 2005



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

- at younger ages – marginally more children and young people aged 5 to 14 years;
- from 20 to 44 years – notably fewer males and females; and
- from 45 years of age – relatively more males and females, except for males aged 85+ years.

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



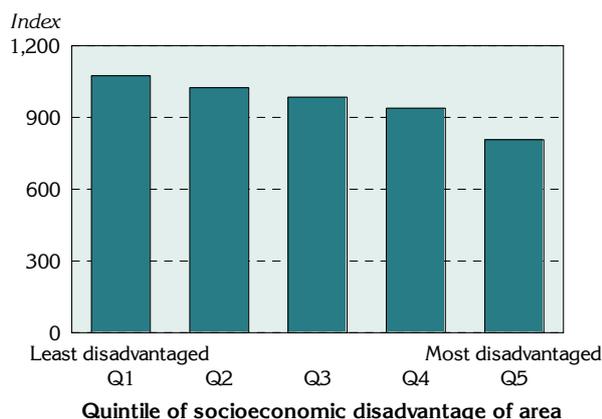
The population projections for the Division show a number of changes in age distribution, with the 2020 population projected to have:

- below 55 years of age – relatively fewer males and females aged 0 to 54 years (with the exception of males and females 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 Northern Tasmania Division of General Practice*, (now known as GP North DGP) dated November 2005, available from www.publichealth.gov.au, for other socio-demographic indicators.

Figure 4: Index of Relative Socio-Economic Disadvantage, GP North 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 North DGP has an index score of 967, below the score for Australia of 1000: this score varies across the Division, from a low of 807 in the most disadvantaged areas to 1074 in the least disadvantaged areas.

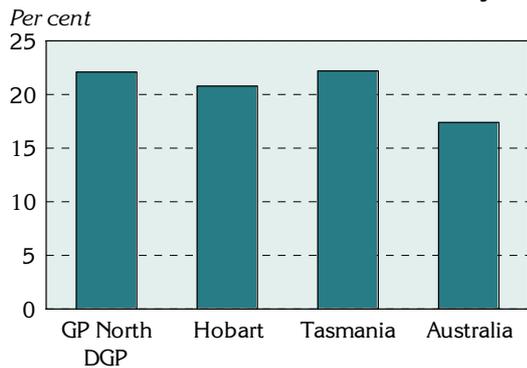
Note: each 'quintile' comprises approximately 20% of the population of the Division.

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 slightly more jobless families in the GP North DGP (22.1%), 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 markedly lower proportion of the population with private health insurance (43.3%), compared to Hobart (54.9%) (Figure 5, Table 2).

Figure 5: Socio-demographic indicators, GP North DGP, Hobart, Tasmania and Australia, 2001

Jobless families with children under 15 years old



Private health insurance, 30 June

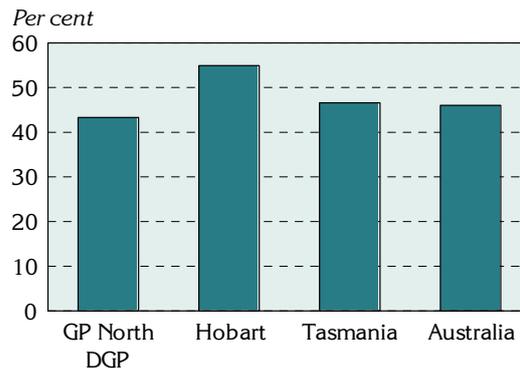
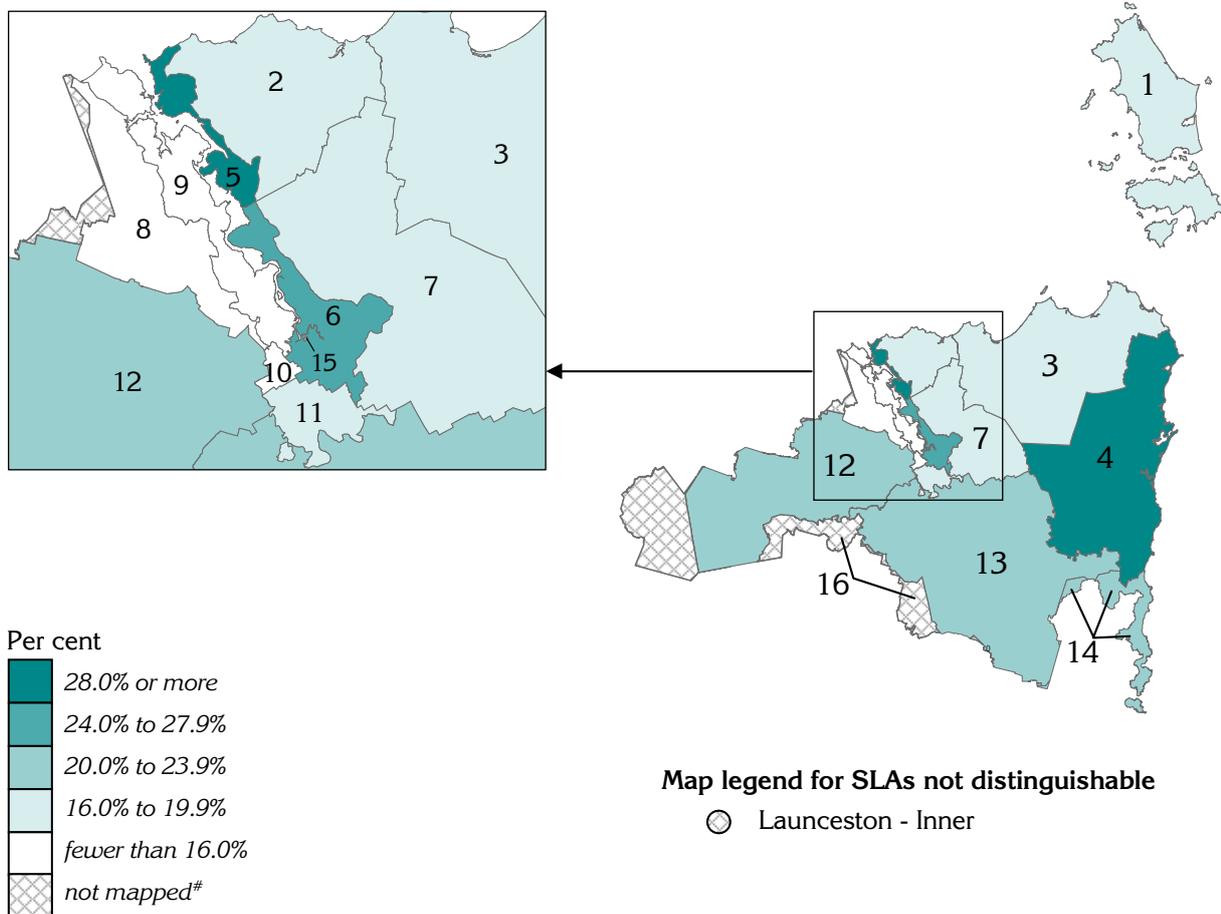


Table 2: Socio-demographic indicators, GP North DGP, Hobart, Tasmania and Australia, 2001

Indicator	GP North DGP		Hobart		Tasmania		Australia	
	No.	%	No.	%	No.	%	No.	%
Jobless families with children under 15 years old	3,235	22.1	4,449	20.8	11,561	22.2	357,563	17.4
Private health insurance (30 June)	56,257	43.3	104,826	54.9	212,339	46.6	8,671,106	46.0

Details of the distribution of jobless families (Map 1) and of the population covered by private health insurance (Map 2) are shown by Statistical Local Area (SLA) in Maps 1 and 2, respectively.

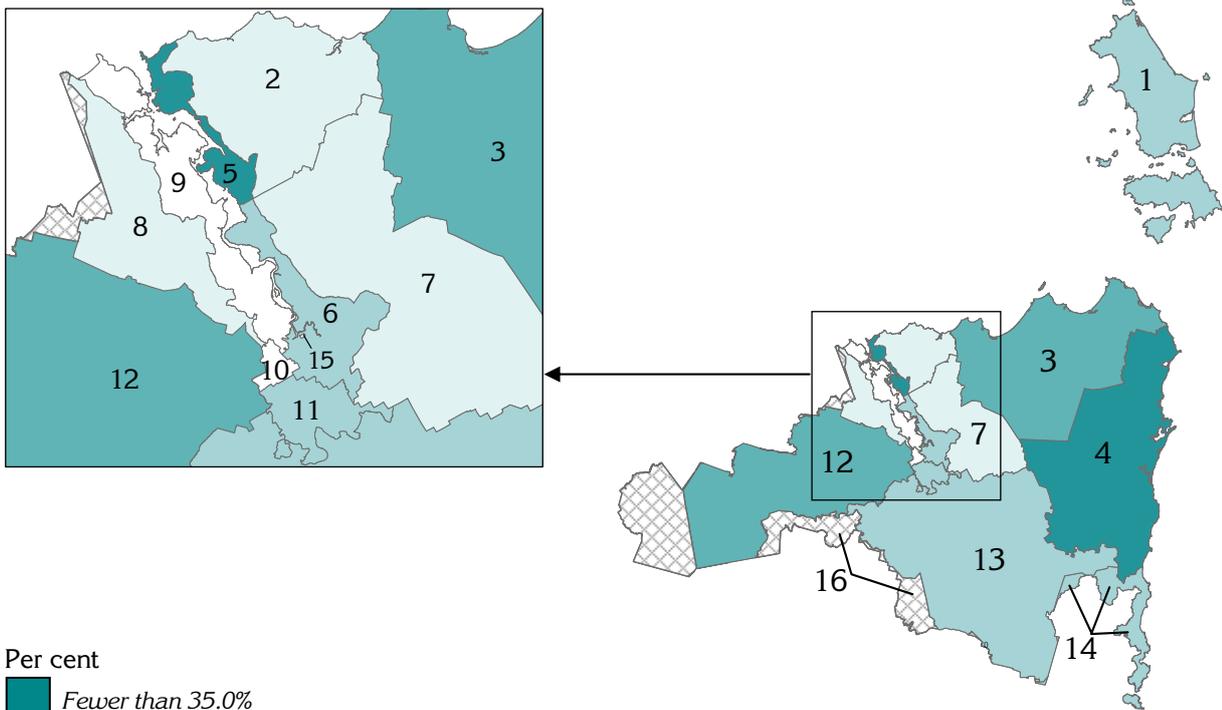
Map 1: Jobless families with children under 15 years of age by SLA, GP North DGP, 2001



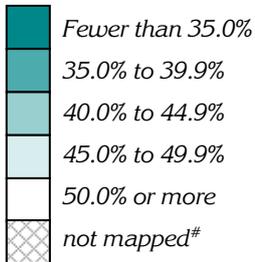
[#] data were not mapped: see 'Mapping' note under Methods

For map labels: see next page

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



Per cent



[#] data were not mapped: see 'Mapping' note under Methods

Map legend for SLAs not distinguishable

○ Launceston - Inner

Alphabetical key to Statistical Local Areas, Northern Tasmania DGP, 2001

Break O'Day	4	Launceston - Part B	6
Dorset	3	Launceston - Part C	7
Central Highlands	16	Meander Valley - Part A	10
Flinders	1	Meander Valley - Part B	12
George Town - Part A	5	Northern Midlands - Part A	11
George Town - Part B	2	Northern Midlands - Part B	13
Glamorgan/Spring Bay	14	West Tamar - Part A	9
Launceston - Inner	15	West Tamar - Part B	8

GP services to residents of the GP North 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 (95.6%) unreferred attendances to residents of GP North DGP were provided in the Division (ie. by a GP with a provider number in the Division): this represented 546,221 GP unreferred attendances, out of a total of 571,262. A further 1.1% of unreferred attendances to residents were provided by GPs with a provider number in GP North West DGP, with 0.7% by GPs in GP North West DGP. The remaining 2.6% of unreferred attendances were provided in Divisions outside of Tasmania.

The majority (96.9%) of unreferred attendances provided by GPs with a provider number in GP North DGP were also to people living in the Division (ie. their Medicare address was in the Division). A further 0.7% of unreferred attendances by GPs in the Division were to residents of GP North West DGP, the same proportion to people living in GP South DGP. The remaining 1.7% of unreferred attendances were provided to residents of Victoria, New South Wales and Queensland.

Additional prevalence estimates: chronic diseases and risk factors combined

Please refer to the earlier *Population health profile of the Northern Tasmania Division of General Practice*, (now known as GP North 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 North 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 was a marginally lower rate of people in GP North 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 North DGP, Hobart and Australia, 2001

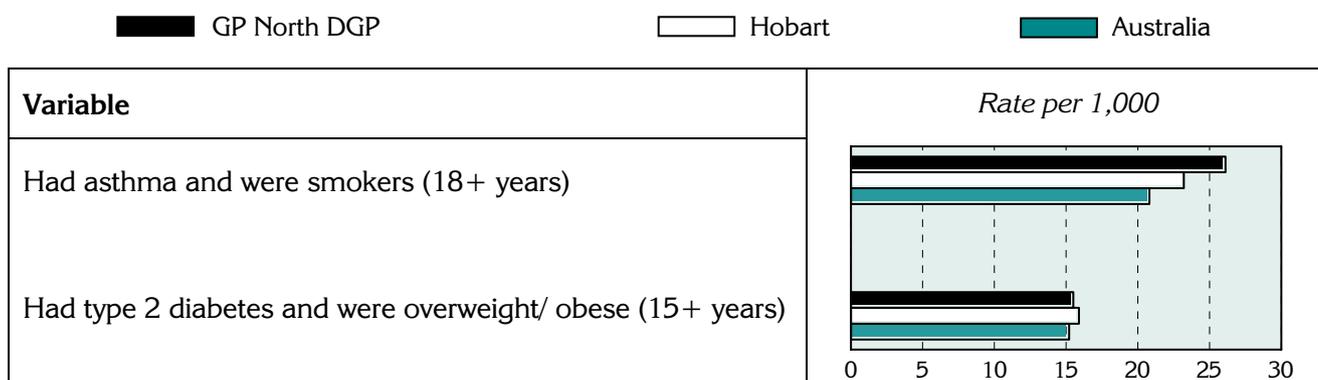


Table 3: Estimates of selected chronic diseases and risk factors, GP North DGP, Hobart, Tasmania and Australia, 2001

Variable	GP North 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	3,305	26.1	4,434	23.2	11,342	25.6	397,734	20.8
Had type 2 diabetes & were overweight/ obese ⁴	2,102	15.5	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 North 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 4,085 admissions from ambulatory care sensitive (ACS) conditions accounted for 9.9% of all admissions in the GP North DGP (Table 6, Figure 7), fewer than for Tasmania (10.7%), and higher than for Australia (8.7%).

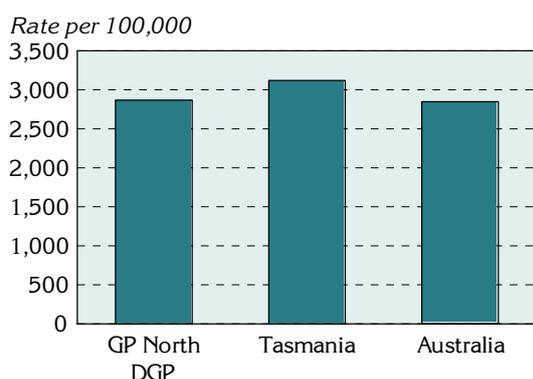
Table 4: Avoidable¹ and unavoidable hospitalisations, GP North DGP, Tasmania, and Australia, 2001/02

Category	GP North DGP			Tasmania			Australia		
	No.	Rate ²	%	No.	Rate ²	%	No.	Rate ²	%
Avoidable ¹	4,085	2,867.5	9.9	15,404	3,119.3	10.7	552,786	2,847.5	8.7
Unavoidable	37,122	26,777.4	90.1	128,291	26,520.3	89.3	5,818,199	29,970.7	91.3
Total	41,206	29,653.0	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 North DGP, Tasmania and Australia, 2001/02

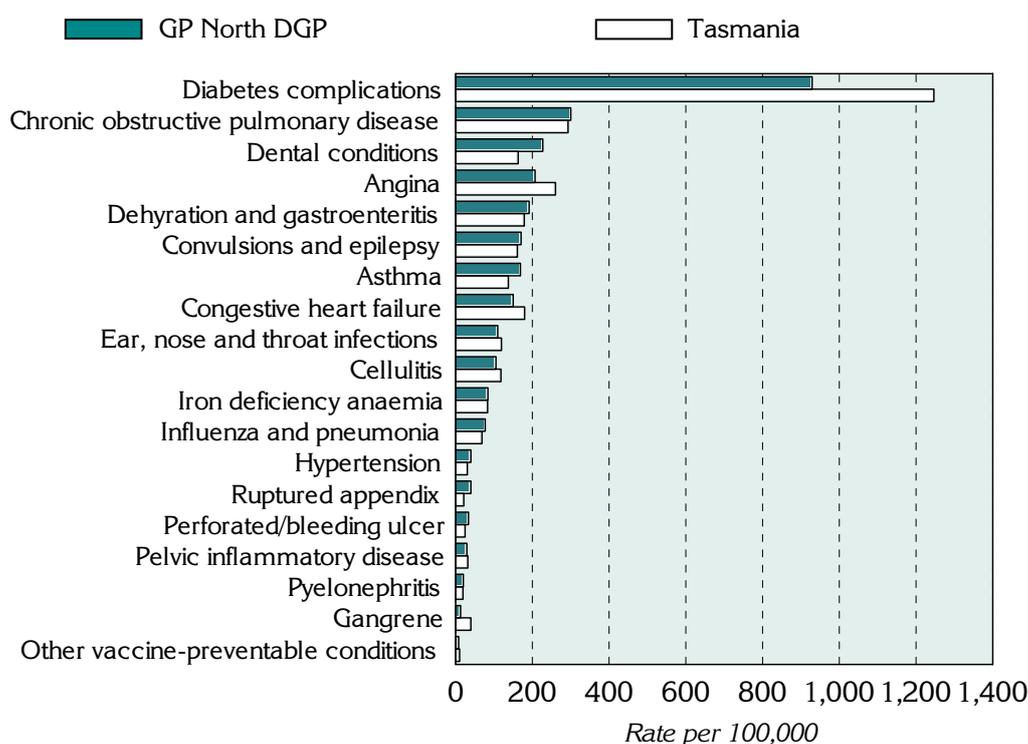


The rate of avoidable hospitalisations in GP North DGP is lower, a rate of 2,867.5 admissions per 100,000 population, compared to Tasmania (a rate of 3,119.3), yet higher than for Australia (2,847.5).

Diabetes complications, chronic obstructive pulmonary disease, dental conditions and angina were the four conditions with the highest rates of avoidable hospitalisations in the GP North 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. Dental conditions; and dehydration and gastroenteritis have the highest rates of avoidable hospitalisations for the acute conditions.

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

Sub-category/ condition	GP North DGP		Tasmania		Australia	
	No.	Rate ²	No.	Rate ²	No.	Rate ²
Vaccine-preventable	120	85.7	5,630	84.5	16,573	85.4
Influenza and pneumonia	109	77.5	4,280	64.1	13,021	67.1
Other vaccine preventable	11	8.2	1,350	20.4	3,552	18.3
Chronic³	2,748	1,879.6	106,803	1,587.0	352,545	1,816
Diabetes complications	1,358	929.2	34,975	519.5	141,345	728.1
Iron deficiency anaemia	122	84.2	4,494	67.0	16,451	84.7
Hypertension	58	40.0	2,398	35.7	6,354	32.7
Congestive heart failure	228	150.2	14,270	209.7	42,447	218.6
Angina	306	207.0	16,987	251.8	49,963	257.4
Chronic obstructive pulmonary disease	447	300.1	19,359	285.6	54,853	282.6
Asthma	229	168.9	14,289	216.8	41,009	211.3
Acute	1,285	941.3	62,543	946.0	200,913	1,035
Dehydration and gastroenteritis	266	191.8	11,725	176.4	37,766	194.5
Convulsions and epilepsy	230	170.7	11,093	168.1	31,137	160.4
Ear, nose and throat infections	148	109.8	10,615	161.1	32,075	165.2
Dental conditions	307	227.5	11,196	170.3	43,667	224.9
Perforated/bleeding ulcer	49	33.5	1,830	27.1	5,795	29.9
Ruptured appendix	53	39.9	1,212	18.5	3,866	19.9
Pyelonephritis	27	20.1	2,038	31.0	7,386	38.0
Pelvic inflammatory disease	38	29.6	2,134	32.7	6,547	33.7
Cellulitis	148	105.4	9,451	142.0	28,204	145.3
Gangrene	19	13.0	1,249	18.6	4,470	23.0
Total avoidable hospitalisations⁴	4,085	2,867.5	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.

More than two thirds (69.2%) of all deaths in GP North DGP at ages 0 to 74 years over the period 1997 to 2001 are considered to be avoidable, marginally lower than the proportion for Hobart (71.0%) (Table 8). Deaths amenable to health care (amenable mortality, a subset of avoidable mortality) accounted for 27.9% of all deaths at ages 0 to 74 years in GP North DGP, compared to 28.2% in Hobart.

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

Mortality category	GP North DGP		Hobart		Tasmania		Australia	
	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹
Avoidable	1,494	222.4	2,254	239.9	5,349	230.2	189,845	211.8
% of total	69.2	..	71.0	..	69.7	..	71.5	..
(Amenable)	(603)	(88.8)	(894)	(94.4)	(2,140)	(91.2)	(76,249)	(85.1)
(% of total)	(27.9)	(..)	(28.2)	(..)	(27.9)	(..)	(28.7)	(..)
Unavoidable	665	98.2	921	97.5	2,322	99.3	75,582	84.3
% of total	30.8	..	29.0	..	30.3	..	28.5	..
Total mortality	2,159	320.7	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 North DGP's rate of avoidable mortality for males was 274.7 deaths per 100,000 males, notably higher than the rate of 169.3 for females. Similarly, the rate of amenable mortality for males in the Division was higher, 94.4, compared to 83.1 for females, a rate ratio of 1.14 (Figure 9, Table 9).

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

Note: the different scales

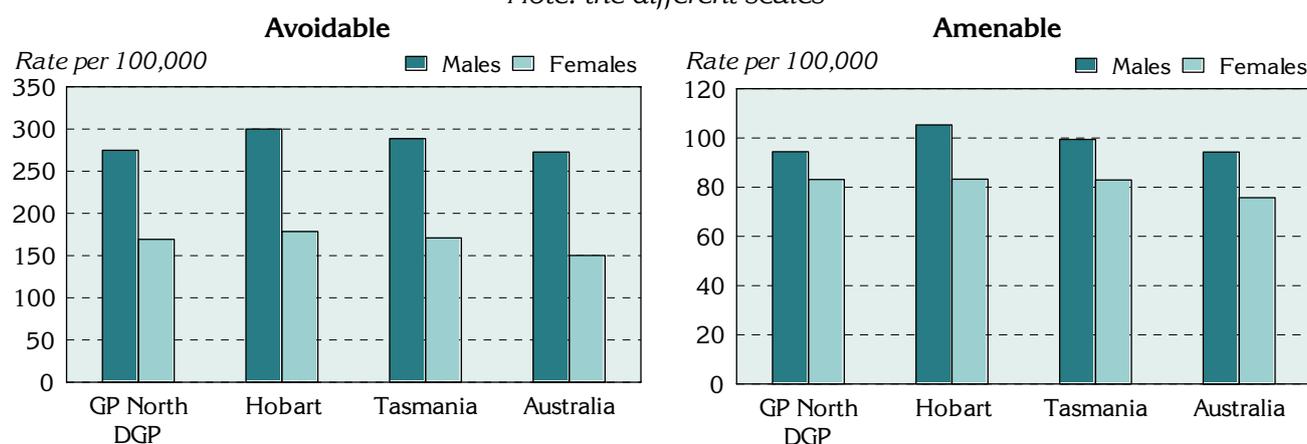


Table 7: Avoidable and amenable mortality (0 to 74 years) by sex, GP North DGP, Hobart, Tasmania and Australia, 1997 to 2001

Mortality category and sex	GP North DGP		Hobart		Tasmania		Australia	
	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹
Avoidable								
Males	927	274.7	1,392	300.0	3,362	288.6	123,026	272.6
Females	567	169.3	862	178.5	1,987	170.9	66,819	150.1
Total	1,494	222.4	2,254	239.9	5,349	230.2	189,845	211.8
Rate ratio–M:F²	..	1.62**	..	1.68**	..	1.69**	..	1.82**
Amenable								
Males	324	94.4	492	105.3	1,174	99.4	42,568	94.3
Females	279	83.1	402	83.3	966	82.9	33,681	75.7
Total	603	88.8	894	94.4	2,140	91.2	76,249	85.1
Rate ratio–M:F²	..	1.14	..	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 North 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 69.1% of total YLL (0 to 74 years) for GP North DGP, marginally lower than the 70.6% for Hobart: the proportion of YLL from amenable mortality for GP North DGP (27.6%) was marginally higher than Hobart (27.2%).

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

Mortality category	GP North DGP		Hobart		Tasmania		Australia	
	No.	% of total	No.	% of total	No.	% of total	No.	% of total
Avoidable	25,439	69.1	38,424	70.6	91,510	69.5	3,327,375	71.9
(Amenable)	(10,160)	(27.6)	(14,832)	(27.2)	(36,151)	(27.4)	(1,298,430)	(28.0)
Unavoidable	11,397	30.9	16,037	29.4	40,194	30.5	1,303,289	28.1
Total	36,836	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 1,431.8 deaths per 100,000 population in GP North 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 339.4 in GP North Division.

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

Mortality category and age (years)	GP North DGP		Hobart		Tasmania		Australia	
	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹
Avoidable								
0-14	38	26.7	70	36.0	170	34.5	5,669	28.8
15-24	51	56.8	64	45.8	158	50.3	7,045	52.8
25-44	140	73.0	226	80.0	528	77.7	24,356	83.9
45-64	530	339.4	765	351.9	1,868	341.2	64,282	304.9
65-74	734	1,431.8	1,129	1596.0	2,625	1502.4	88,493	1,358.1
Total	1,494	222.4	2,254	239.9	5,349	230.2	189,845	211.8
Amenable								
0-24	37	15.7	61	18.5	149	18.2	5,083	15.4
25-44	44	22.2	45	15.3	136	19.4	5,946	20.5
45-64	215	137.5	313	143.2	772	140.7	27,464	130.3
65-74	307	598.7	477	671.3	1,084	620.5	37,756	579.4
Total	603	88.8	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 North DGP were for cancer, with a rate of 72.8 deaths per 100,000 population, and cardiovascular diseases, 72.2 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 51.8 per 100,000 population and 26.0 per 100,000, respectively.

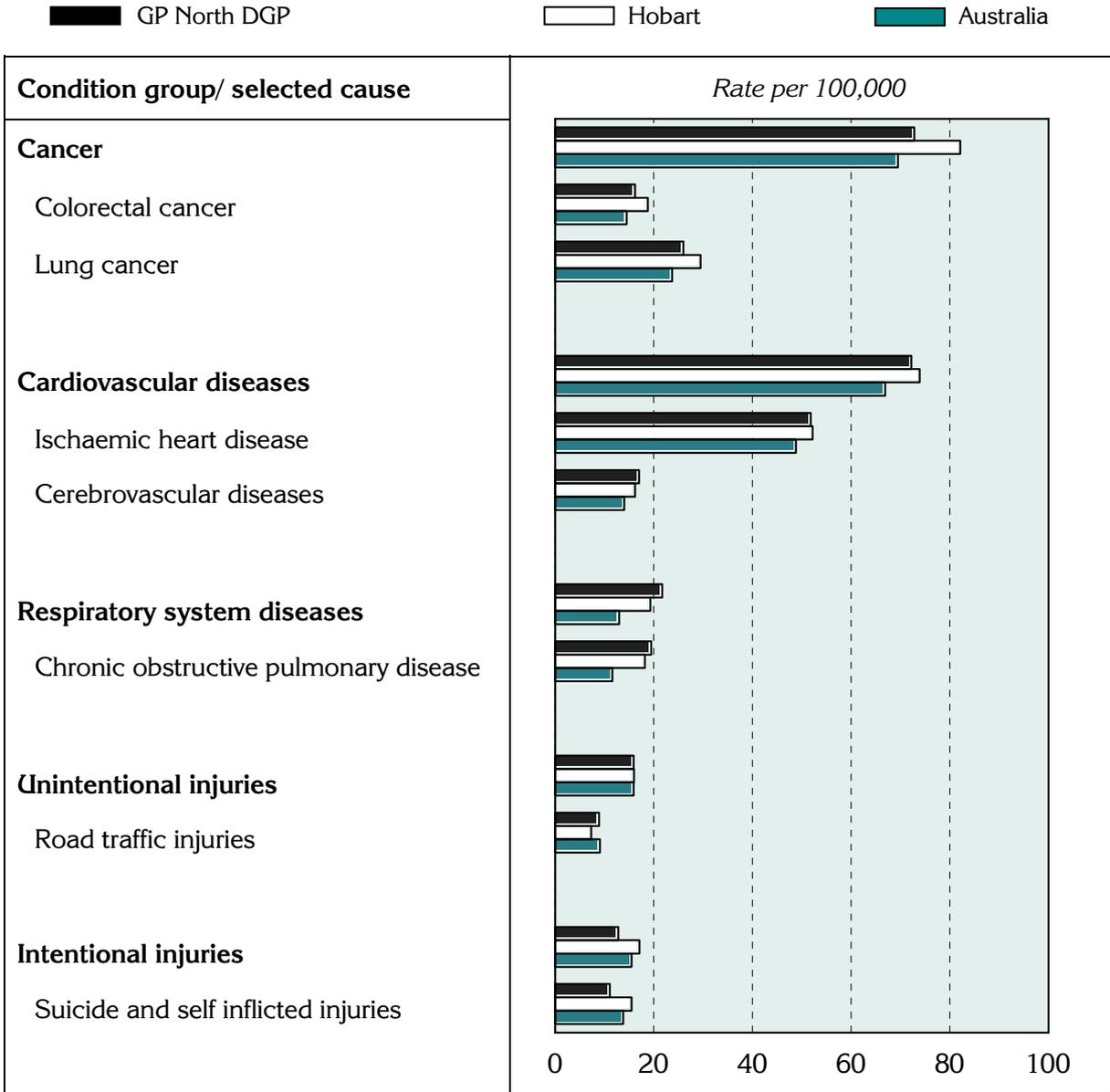
Table 10: Avoidable mortality (0 to 74 years) by major condition group and selected cause, GP North DGP, Hobart, Tasmania and Australia, 1997 to 2001

Condition group/ selected cause	GP North DGP		Hobart		Tasmania		Australia	
	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹
Cancer	497	72.8	780	82.1	1,790	75.9	62,338	69.5
Colorectal cancer	111	16.2	178	18.8	403	17.0	13,008	14.5
Lung cancer	179	26.0	280	29.5	643	27.1	21,208	23.7
Cardiovascular diseases	496	72.2	703	73.9	1,735	73.3	59,945	66.9
Ischaemic heart disease	357	51.8	495	52.2	1,238	52.3	43,712	48.8
Cerebrovascular diseases	117	17.0	155	16.2	381	16.1	12,558	14.0
Respiratory system diseases	151	21.7	185	19.3	476	20.0	11,612	13.0
Chronic obstructive pulmonary disease	136	19.5	175	18.2	436	18.2	10,395	11.6
Unintentional injuries	98	15.9	145	16.0	355	16.4	14,224	15.9
Road traffic injuries	55	8.9	66	7.3	192	8.8	8,138	9.1
Intentional injuries	78	12.8	153	17.1	325	15.1	13,891	15.5
Suicide and self inflicted injuries	68	11.1	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 generally above, or consistent with, those for Australia: the exceptions were the lower rates for intentional injuries and suicides and self-inflicted injuries. In contrast, rates in the Division were frequently below those in Hobart (Figure 10).

Figure 10: Avoidable mortality (0 to 74 years) by major condition group and selected cause, GP North 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 North 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 North 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
60210	Break O'Day	100.0	6,194
61010	Central Highlands	0.7	#
61810	Dorset	100.0	7,120
62010	Flinders	100.0	897
62211	George Town - Part A	100.0	5,614
62212	George Town - Part B	100.0	1,065
62410	Glamorgan/Spring Bay	26.8	1,151
64011	Launceston - Inner	100.0	225
64012	Launceston - Part B	100.0	61,952
64013	Launceston - Part C	100.0	2,844
64211	Meander Valley - Part A	100.0	8,300
64212	Meander Valley - Part B	100.0	10,321
64611	Northern Midlands - Part A	100.0	7,701
64612	Northern Midlands - Part B	100.0	4,466
65811	West Tamar - Part A	100.0	19,408
65812	West Tamar - Part B	100.0	1,829

* 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

Not shown as the total population is less than 100

Acknowledgements

Funding for these profiles was provided by the Population Health Division of the Department of Health and Ageing (DoHA).

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

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

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