Population health profile of the GP North West Division of General Practice (formerly North West 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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This publication, the maps and supporting data, together with other publications on population health, are available from the PHIDU website (www.publichealth.gov.au).

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

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

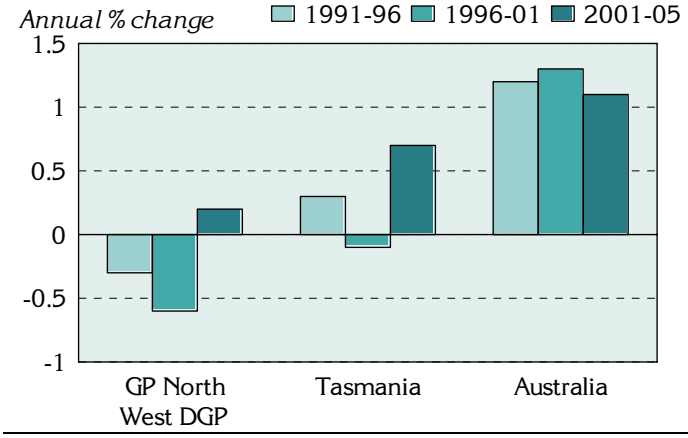
- Population [updated to June 2005]
- Additional socio-demographic indicators
- Unreferred attendances – patient flow/ GP catchment
- Additional prevalence estimates: chronic diseases and risk factors combined
- Avoidable hospitalisations: hospital admissions resulting from ambulatory care sensitive 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 West Division had an Estimated Resident Population of 107,883 at 30 June 2005.

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



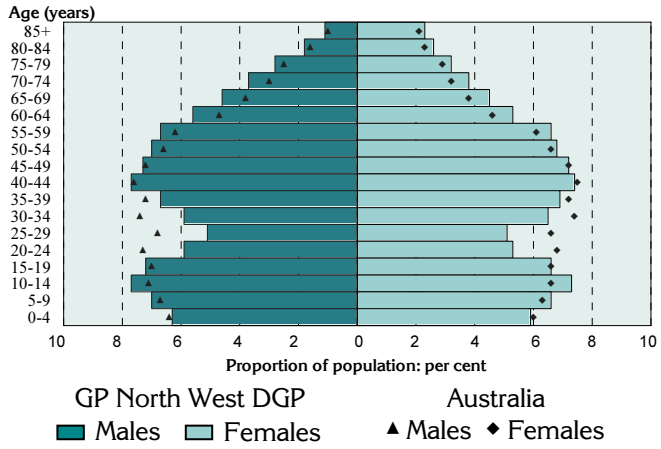
Over the five years from 1991 to 1996, the Division's population decreased by 0.3% on average each year, compared with growth in Tasmania (0.3%), and Australia as a whole (1.2%). From 1996 to 2001, the population in the Division declined by 0.6%, compared to a decline in Tasmania (0.1%) and an increase of 1.3% for Australia. The Division's population increase of 0.2% from 2001 to 2005 was lower than for Tasmania (0.7%) and Australia (1.1%).

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

Age group (years)	GP North West DGP		Australia	
	No.	%	No.	%
0-14	22,018	20.4	3,978,221	19.6
15-24	13,512	12.5	2,819,834	13.9
25-44	27,663	25.6	5,878,107	28.9
45-64	28,379	26.3	4,984,446	24.5
65-74	8,915	8.3	1,398,831	6.9
75-84	5,601	5.2	954,143	4.7
85+	1,795	1.7	315,027	1.5
Total	**107,883**	**100.0**	**20,328,609**	**100.0**

As shown in the age-sex pyramid below (Figure 2), the proportions of the Division's population aged 15 to 24 years (12.5%) and 25 to 44 years (25.8%) were lower than those for Australia as a whole (with 13.9% and 28.9%) (Table 1). Conversely, there were relatively more people in the Division aged 45 years and over compared to Australia.

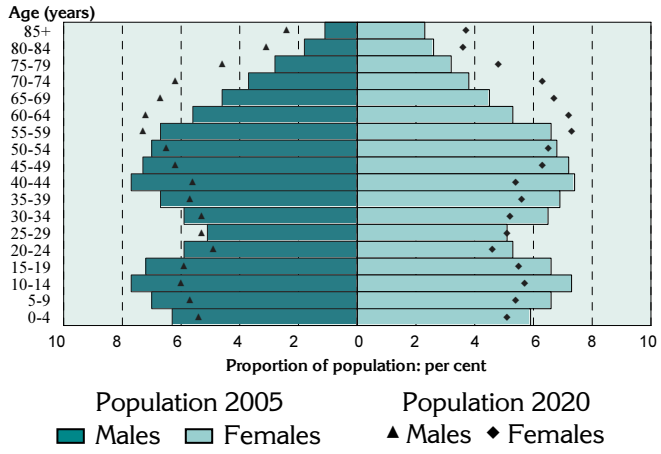
Figure 2: Population in GP North West DGP and Australia, by age and sex, 2005



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 39 years – notably fewer males and females; and
- from 50 years of age – slightly more males and females, (with the exception of males aged 85+ years).

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



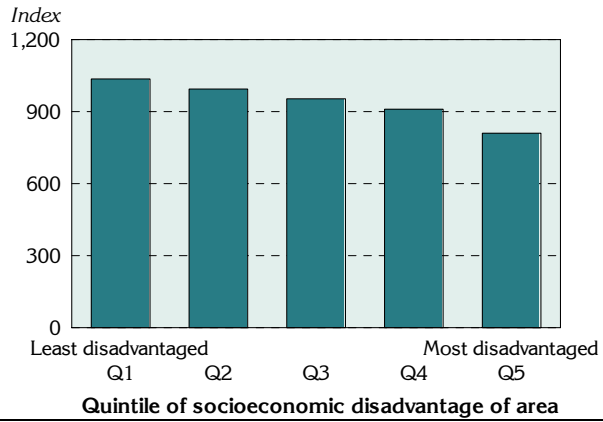
The population projections for the Division show a number of changes in age distribution, with the 2020 population projected to have:

- below 55 years of age – fewer males and females aged 0 to 54 years (with the exception of males and females at ages 25 to 29 years); and
- at ages over 55 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 North West Tasmania Division of General Practice*, (now known as GP North West 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 West 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 West DGP has an index score of 940, below the score for Australia of 1000: this score varies across the Division, from a low of 810 in the most disadvantaged areas to 1036 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 notably more jobless families in the GP North West DGP (24.3%), 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 markedly lower proportion of the population with private health insurance (37.1%), compared to Hobart (54.9%) (Figure 5, Table 2).

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

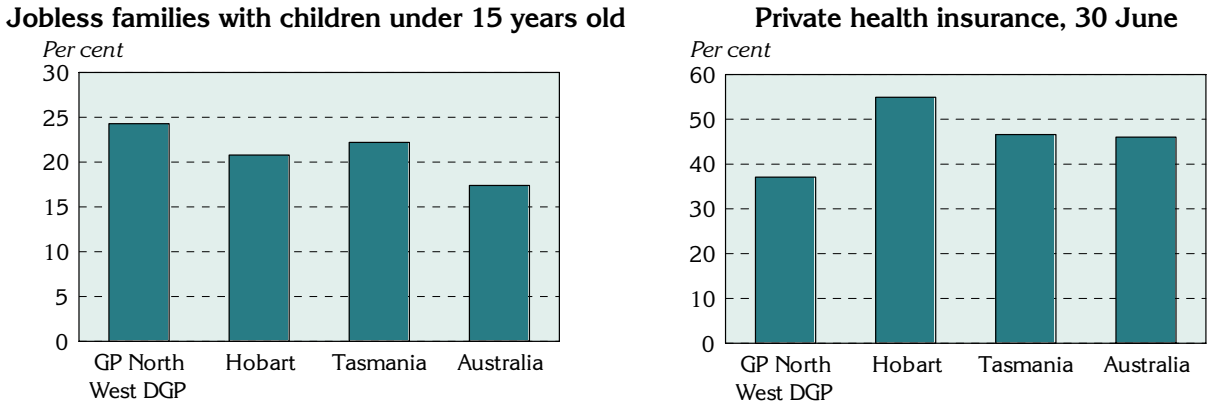
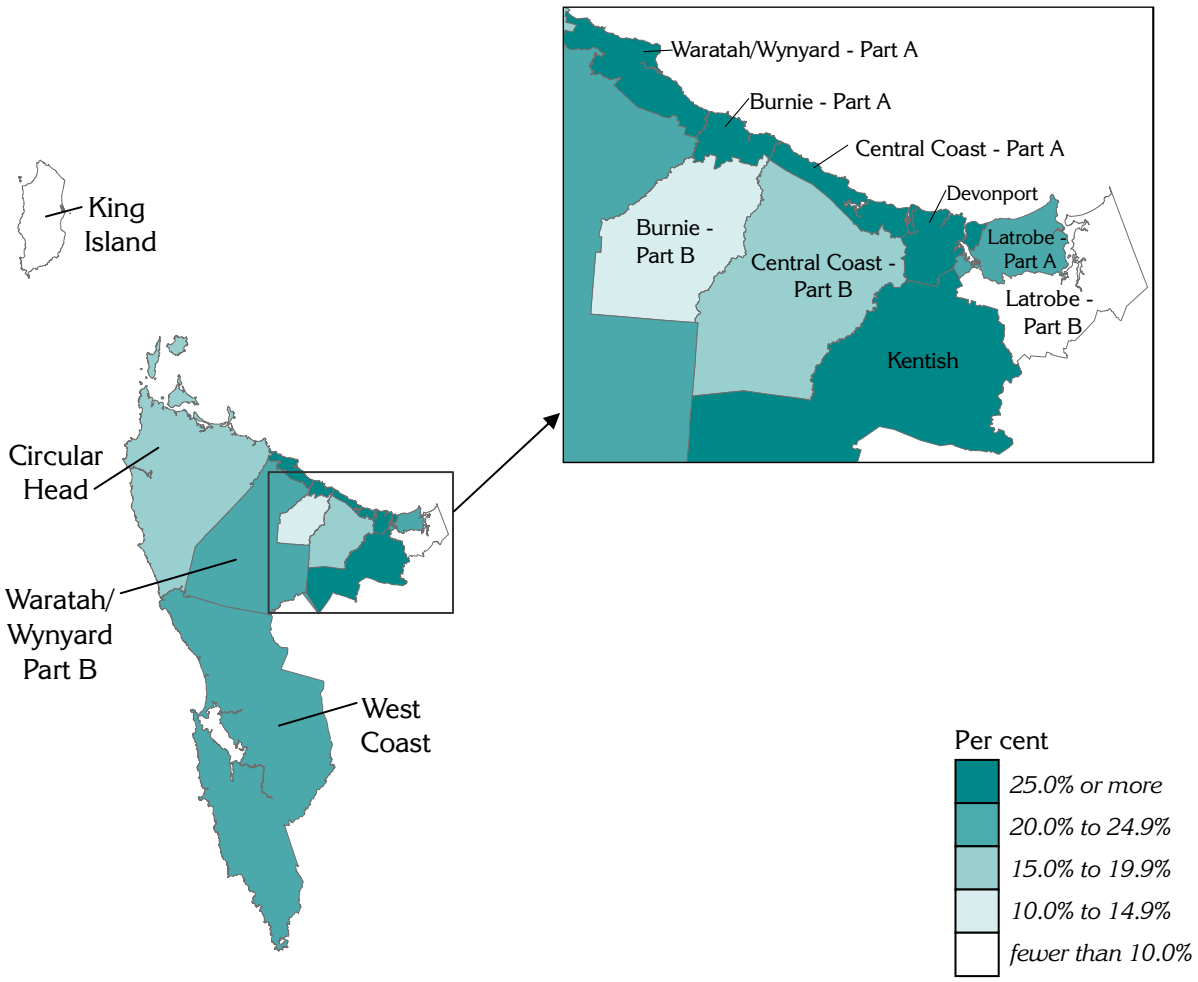


Table 2: Socio-demographic indicators, GP North West DGP, Hobart, Tasmania and Australia, 2001

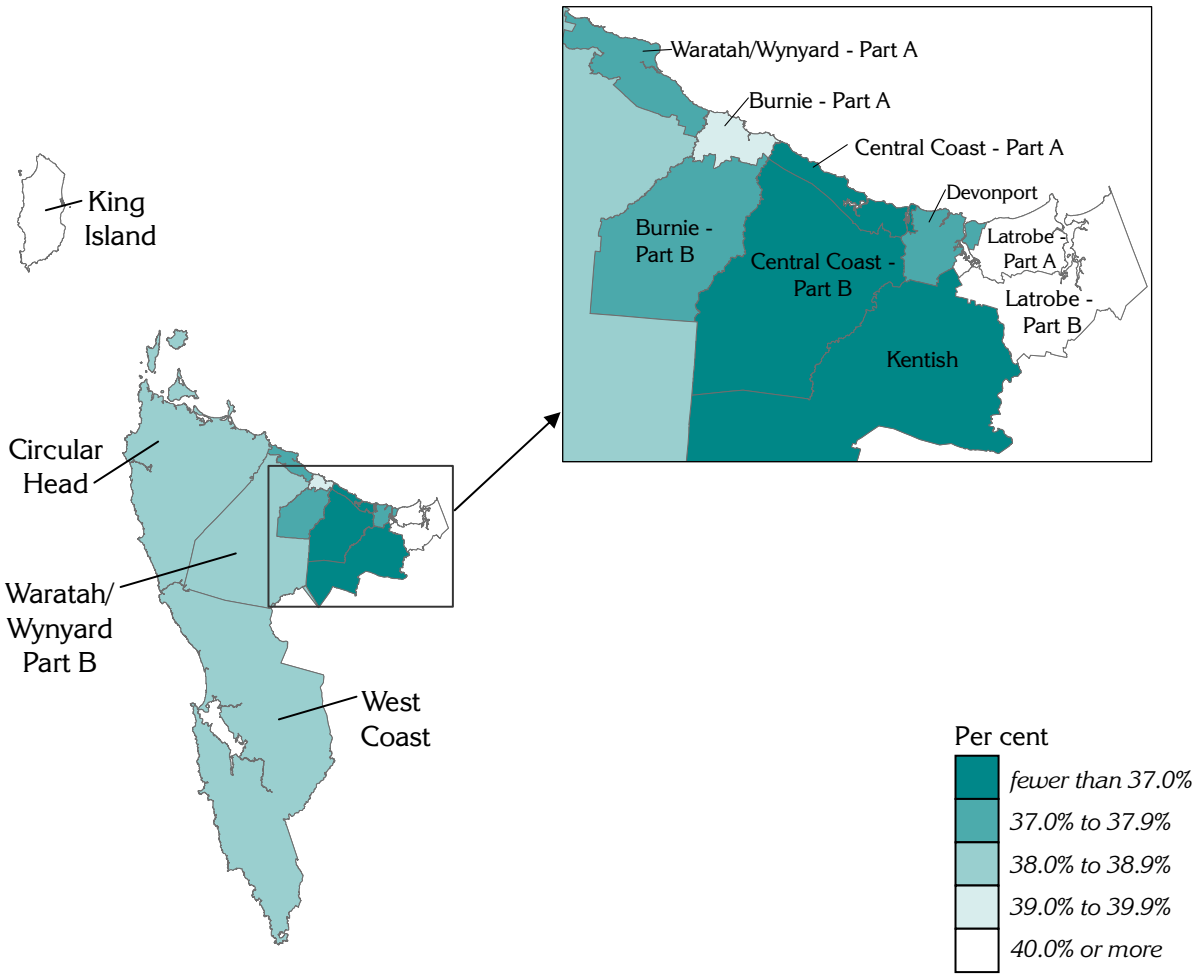
Indicator	GP North West DGP		Hobart		Tasmania		Australia	
	No.	%	No.	%	No.	%	No.	%
Jobless families with children under 15 years old	2,942	24.3	4,449	20.8	11,561	22.2	357,563	17.4
Private health insurance (30 June)	37,964	37.1	104,826	54.9	212,339	46.6	8,671,106	46.0

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 West DGP, 2001



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



GP services to residents of the GP North West DGP

The following analysis 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 (95.9%) of all unreferred attendances to residents of GP North West DGP were provided in the Division (ie. by a GP with a provider number in the Division): this represented 456,272 GP unreferred attendances, out of a total of 475,794. A further 0.8% of the services to residents were provided by GPs with a provider number in GP North DGP, with 0.8% provided by GPs in GP South DGP. The remaining 2.4% were provided in Divisions outside Tasmania.

The majority (96.6%) of unreferred attendances provided by GPs with a provider number in GP North West DGP were also to people living in the Division (ie. their Medicare address was in the Division). A further 0.9% of unreferred attendances by GPs in the Division were to people living in GP North DGP, with 0.4% also to residents of GP South DGP.

Additional prevalence estimates: chronic diseases and risk factors combined

Please refer to the earlier *Population health profile of the North West Tasmania Division of General Practice*, (now known as GP North West 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 West 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. Similarly, there were marginally more people in GP North West DGP who had type 2 diabetes and were overweight/ obese, compared to Hobart (and slightly more than for Australia).

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

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

Variable	GP North West 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]	2,762	28.7	4,434	23.2	11,342	25.6	397,734	20.8
Had type 2 diabetes & were overweight/ obese[4]	1,745	16.1	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 West 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.

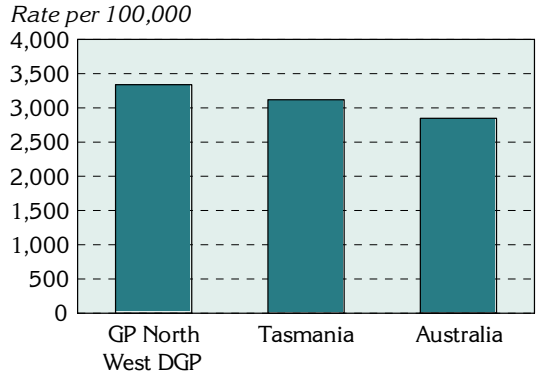
In 2001 to 2002, the 3,739 admissions from ambulatory care sensitive (ACS) conditions accounted for 13.7% of all admissions in the GP North West DGP (Table 6, Figure 7), markedly higher than for Tasmania (10.7%), and Australia (8.7%).

Table 4: Avoidable[1] and unavoidable hospitalisations, GP North West DGP, Tasmania, and Australia, 2001/02

Category	GP North West DGP			Tasmania			Australia		
	No.	Rate[2]	%	No.	Rate[2]	%	No.	Rate[2]	%
Avoidable[1]	3,739	3,338.8	13.7	15,404	3,119.3	10.7	552,786	2,847.5	8.7
Unavoidable	23,591	21,553.9	86.3	128,291	26,520.3	89.3	5,818,199	29,970.7	91.3
Total	**27,330**	**24,920.0**	**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 hospitalisations[1], GP North West DGP, Tasmania and Australia, 2001/02

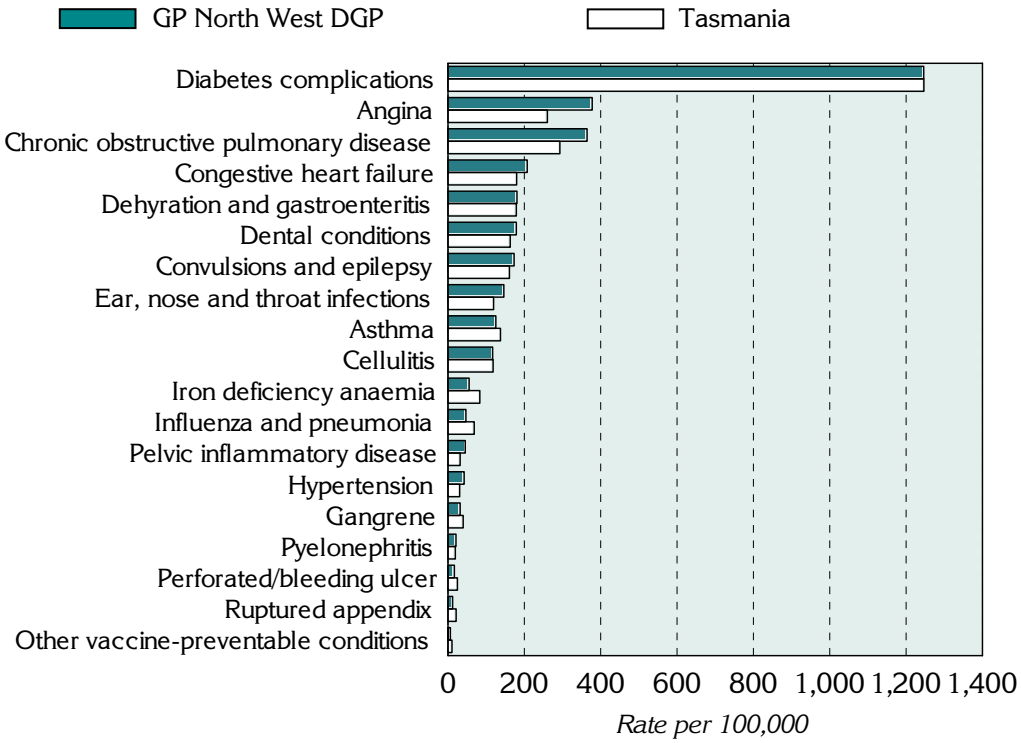


The rate of avoidable hospitalisations in GP North West DGP is higher, a rate of 3,338.8 admissions per 100,000 population, compared to Tasmania (a rate of 3,119.3), and Australia (2,847.5).

Diabetes complications, angina, chronic obstructive pulmonary disease, and congestive heart failure 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. Dehydration and gastroenteritis; and dental conditions have the highest rates of avoidable hospitalisations for the acute conditions.

Figure 8: Avoidable hospitalisations[1] by condition, GP North West DGP and Tasmania, 2001/02



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

Table 5: Avoidable hospitalisations[1] by condition, GP North West DGP, Tasmania and Australia, 2001/02

Sub-category/ condition	GP North West DGP		Tasmania		Australia	
	No.	Rate[2]	No.	Rate[2]	No.	Rate[2]
Vaccine-preventable	**59**	**53.4**	**5,630**	**84.5**	**16,573**	**85.4**
Influenza and pneumonia	52	46.9	4,280	64.1	13,021	67.1
Other vaccine preventable	7	6.5	1,350	20.4	3,552	18.3
Chronic[3]	**2,780**	**2,419.6**	**106,803**	**1,587.0**	**352,545**	**1,816**
Diabetes complications	1,435	1,246.2	34,975	519.5	141,345	728.1
Iron deficiency anaemia	62	55.2	4,494	67.0	16,451	84.7
Hypertension	48	42.3	2,398	35.7	6,354	32.7
Congestive heart failure	237	207.9	14,270	209.7	42,447	218.6
Angina	436	377.8	16,987	251.8	49,963	257.4
Chronic obstructive pulmonary disease	425	364.6	19,359	285.6	54,853	282.6
Asthma	137	125.6	14,289	216.8	41,009	211.3
Acute	**999**	**924.2**	**62,543**	**946.0**	**200,913**	**1,035**
Dehydration and gastroenteritis	195	180.7	11,725	176.4	37,766	194.5
Convulsions and epilepsy	186	173.3	11,093	168.1	31,137	160.4
Ear, nose and throat infections	159	146.7	10,615	161.1	32,075	165.2
Dental conditions	195	179.4	11,196	170.3	43,667	224.9
Perforated/bleeding ulcer	19	16.7	1,830	27.1	5,795	29.9
Ruptured appendix	13	12.2	1,212	18.5	3,866	19.9
Pyelonephritis	22	20.9	2,038	31.0	7,386	38.0
Pelvic inflammatory disease	46	45.5	2,134	32.7	6,547	33.7
Cellulitis	128	116.9	9,451	142.0	28,204	145.3
Gangrene	36	31.9	1,249	18.6	4,470	23.0
Total avoidable hospitalisations[4]	**3,739**	**3,338.8**	**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.

Two thirds (66.7%) of all deaths in GP North West DGP at ages 0 to 74 years over the period 1997 to 2001 are considered to be avoidable, lower than the proportion for Hobart (71.0%) (Table 8). Deaths amenable to health care (amenable mortality, a subset of avoidable mortality) accounted for 27.2% of all deaths at ages 0 to 74 years in GP North West DGP, compared to 28.2% in Hobart.

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

Mortality category	GP North West DGP		Hobart		Tasmania		Australia	
	No.	Rate[1]	No.	Rate[1]	No.	Rate[1]	No.	Rate[1]
Avoidable	1,193	221.6	2,254	239.9	5,349	230.2	189,845	211.8
% of total	**66.7**	**..**	**71.0**	**..**	**69.7**	**..**	**71.5**	**..**
(Amenable)	(486)	(89.2)	(894)	(94.4)	(2,140)	(91.2)	(76,249)	(85.1)
(% of total)	**(27.2)**	**(..)**	**(28.2)**	**(..)**	**(27.9)**	**(..)**	**(28.7)**	**(..)**
Unavoidable	595	109.6	921	97.5	2,322	99.3	75,582	84.3
% of total	**33.3**	**..**	**29.0**	**..**	**30.3**	**..**	**28.5**	**..**
Total mortality	**1,788**	**331.3**	**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 West DGP's rate of avoidable mortality for males was 282.7 deaths per 100,000 males, notably higher than the rate of 159.6 for females. Similarly, the rate of amenable mortality for males in the Division was higher, 95.3, compared to 83.0 for females, a rate ratio of 1.15 (Figure 9, Table 9).

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

Note: the different scales

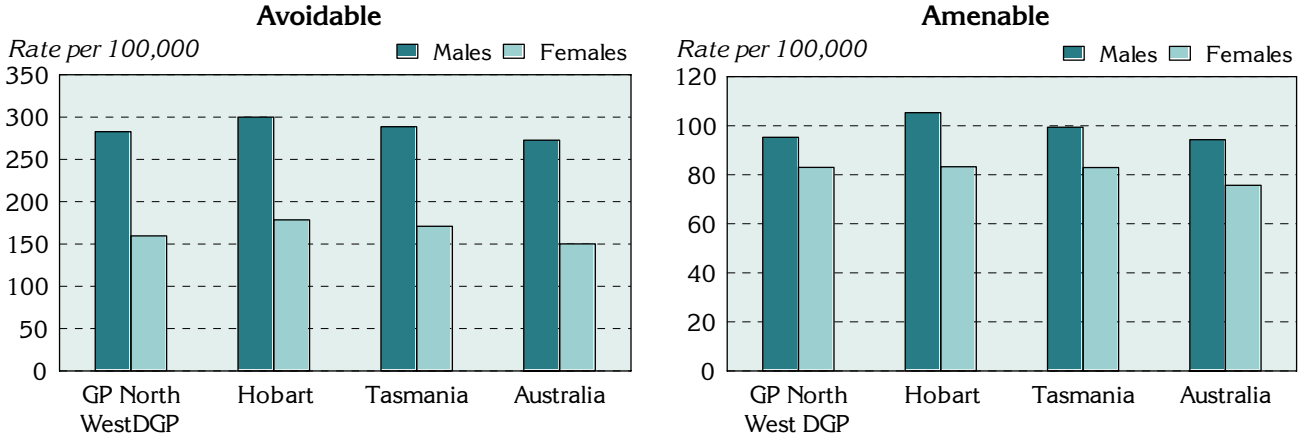


Table 7: Avoidable and amenable mortality (0 to 74 years) by sex, GP North West DGP, Hobart, Tasmania and Australia, 1997 to 2001

Mortality category and sex	GP North West DGP		Hobart		Tasmania		Australia	
	No.	Rate[1]	No.	Rate[1]	No.	Rate[1]	No.	Rate[1]
Avoidable								
Males	766	282.7	1,392	300.0	3,362	288.6	123,026	272.6
Females	427	159.6	862	178.5	1,987	170.9	66,819	150.1
Total	**1,193**	**221.6**	**2,254**	**239.9**	**5,349**	**230.2**	**189,845**	**211.8**
Rate ratio–M:F[2]	**..**	**1.77****	**..**	**1.68****	**..**	**1.69****	**..**	**1.82****
Amenable								
Males	263	95.3	492	105.3	1,174	99.4	42,568	94.3
Females	223	83.0	402	83.3	966	82.9	33,681	75.7
Total	**486**	**89.2**	**894**	**94.4**	**2,140**	**91.2**	**76,249**	**85.1**
Rate ratio–M:F[2]	**..**	**1.15**	**..**	**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 West 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 66.6% of total YLL (0 to 74 years) for GP North West DGP, lower than the 70.6% for Hobart: the proportion of YLL from amenable mortality for GP North West DGP (27.4%) was consistent with Hobart (27.2%).

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

Mortality category	GP North West DGP		Hobart		Tasmania		Australia	
	No.	% of total	No.	% of total	No.	% of total	No.	% of total
Avoidable	20,502	66.6	38,424	70.6	91,510	69.5	3,327,375	71.9
(Amenable)	(8,429)	(27.4)	(14,832)	(27.2)	(36,151)	(27.4)	(1,298,430)	(28.0)
Unavoidable	10,296	33.4	16,037	29.4	40,194	30.5	1,303,289	28.1
Total	30,798	**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 1,435.4 deaths per 100,000 population in GP North West 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 327.2 in GP North West Division.

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

Mortality category and age (years)	GP North West DGP		Hobart		Tasmania		Australia	
	No.	Rate[1]	No.	Rate[1]	No.	Rate[1]	No.	Rate[1]
Avoidable								
0-14	48	40.6	70	36.0	170	34.5	5,669	28.8
15-24	31	46.7	64	45.8	158	50.3	7,045	52.8
25-44	114	73.0	226	80.0	528	77.7	24,356	83.9
45-64	422	327.2	765	351.9	1,868	341.2	64,282	304.9
65-74	578	1,435.4	1,129	1596.0	2,625	1502.4	88,493	1,358.1
Total	**1,193**	**221.6**	**2,254**	**239.9**	**5,349**	**230.2**	**189,845**	**211.8**
Amenable								
0-24	42	21.5	61	18.5	149	18.2	5,083	15.4
25-44	33	20.7	45	15.3	136	19.4	5,946	20.5
45-64	184	142.3	313	143.2	772	140.7	27,464	130.3
65-74	228	566.6	477	671.3	1,084	620.5	37,756	579.4
Total	**486**	**89.2**	**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 West DGP were for cancer, with a rate of 71.8 deaths per 100,000 population, and cardiovascular diseases, 71.1 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 49.0 per 100,000 population and 24.4 per 100,000, respectively.

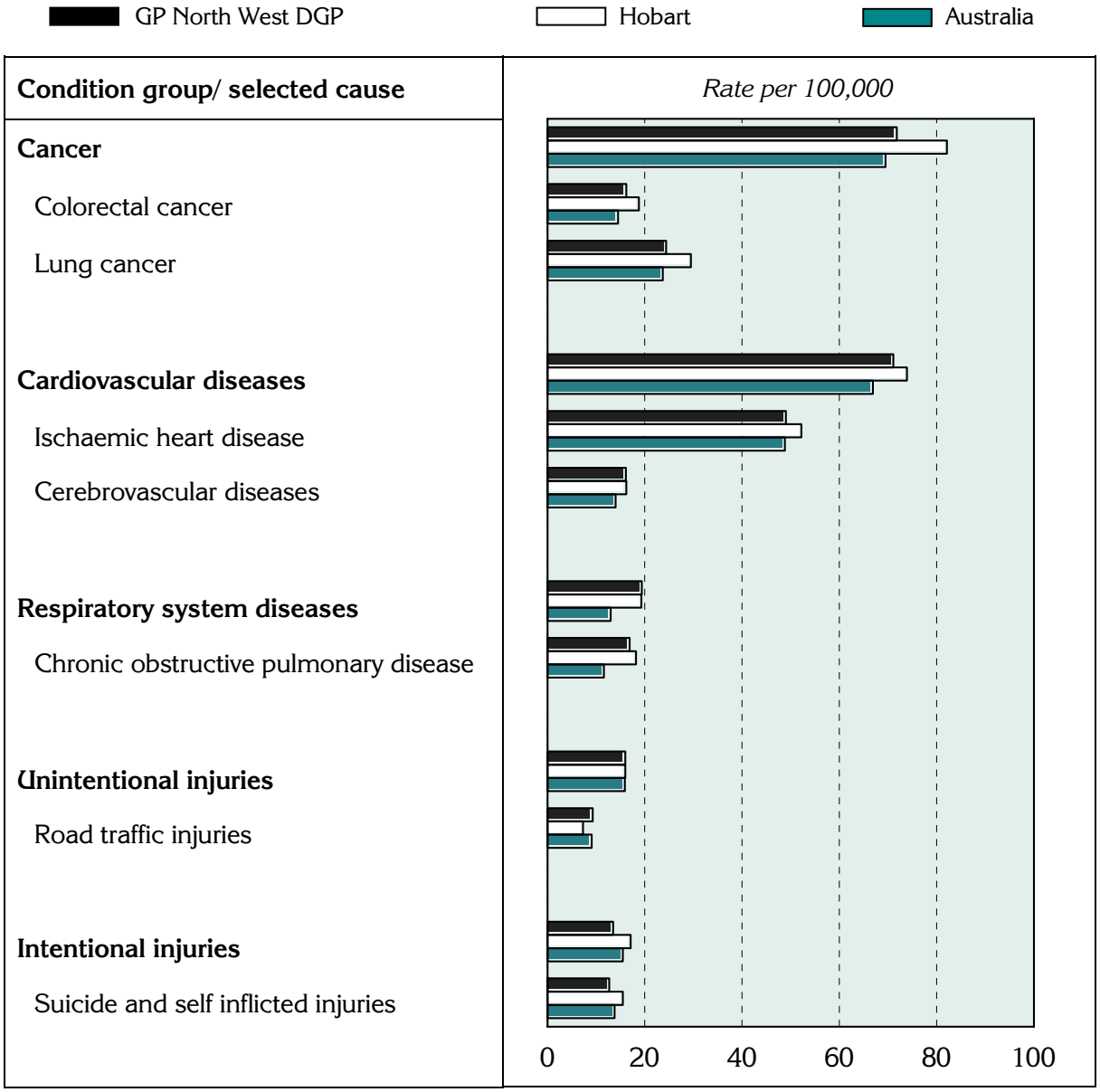
Table 10: Avoidable mortality (0 to 74 years) by major condition group and selected cause, GP North West DGP, Hobart, Tasmania and Australia, 1997 to 2001

Condition group/ selected cause	GP North West DGP		Hobart		Tasmania		Australia	
	No.	Rate[1]	No.	Rate[1]	No.	Rate[1]	No.	Rate[1]
Cancer	**394**	**71.8**	**780**	**82.1**	**1,790**	**75.9**	**62,338**	**69.5**
Colorectal cancer	89	16.2	178	18.8	403	17.0	13,008	14.5
Lung cancer	135	24.4	280	29.5	643	27.1	21,208	23.7
Cardiovascular diseases	**391**	**71.1**	**703**	**73.9**	**1,735**	**73.3**	**59,945**	**66.9**
Ischaemic heart disease	270	49.0	495	52.2	1,238	52.3	43,712	48.8
Cerebrovascular diseases	88	16.1	155	16.2	381	16.1	12,558	14.0
Respiratory system diseases	**107**	**19.4**	**185**	**19.3**	**476**	**20.0**	**11,612**	**13.0**
Chronic obstructive pulmonary disease	94	16.9	175	18.2	436	18.2	10,395	11.6
Unintentional injuries	**79**	**16.0**	**145**	**16.0**	**355**	**16.4**	**14,224**	**15.9**
Road traffic injuries	46	9.3	66	7.3	192	8.8	8,138	9.1
Intentional injuries	**66**	**13.5**	**153**	**17.1**	**325**	**15.1**	**13,891**	**15.5**
Suicide and self inflicted injuries	62	12.7	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 below, or consistent with, those in Hobart (Figure 10).

Figure 10: Avoidable mortality (0 to 74 years) by major condition group and selected cause, GP North West 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 West 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, Burnie has two SLAs, Part A and Part B. These SLAs and all of the other SLAs listed in Table 12 comprise the Division.

Table 12: SLAs and population in GP North West 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
60611	Burnie - Part A	100.0	17,222
60612	Burnie - Part B	100.0	1,995
60811	Central Coast - Part A	100.0	17,829
60812	Central Coast - Part B	100.0	3,085
61210	Circular Head	100.0	8,099
61610	Devonport	100.0	25,266
63210	Kentish	100.0	5,784
63410	King Island	100.0	1,570
63811	Latrobe - Part A	100.0	8,061
63812	Latrobe - Part B	100.0	708
65411	Waratah/Wynyard - Part A	100.0	10,876
65412	Waratah/Wynyard - Part B	100.0	2,442
65610	West Coast	100.0	4,946

* **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**

Acknowledgements

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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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