

Population health profile of the Hornsby Ku-ring-gai Ryde Division of General Practice: supplement

Population Profile Series: No. 11a

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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 Hornsby Ku-ring-gai Ryde Division of General Practice: supplement

This profile is a supplement to the *Population health profile of the Hornsby Ku-ring-gai Ryde Division of General Practice*, dated November 2005, available from www.publichealth.gov.au. This supplement includes an update of the population of the Hornsby Ku-ring-gai Ryde 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:

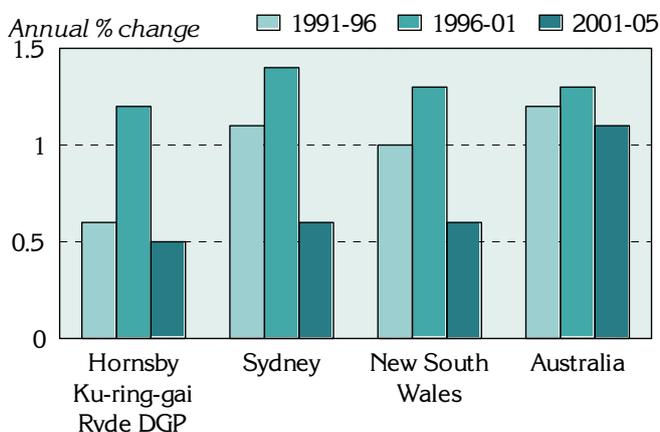
- Population [updated to June 2005]
- Additional socio-demographic indicators
- Unreferred attendances – patient flow/ GP catchment
- Additional prevalence estimates: chronic diseases and risk factors combined
- Avoidable hospitalisations: hospital admissions resulting from ambulatory care sensitive 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 Hornsby Ku-ring-gai Ryde Division had an Estimated Resident Population of 419,065 at 30 June 2005.

Figure 1: Annual population change, Hornsby Ku-ring-gai Ryde DGP, Sydney, New South Wales and Australia, 1991 to 1996, 1996 to 2001 and 2001 to 2005



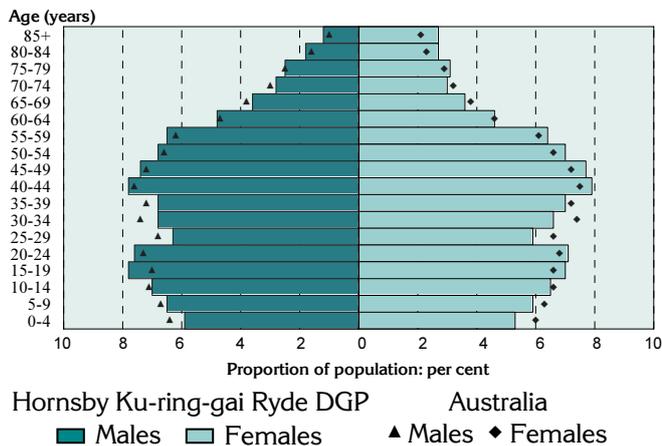
Over the five years from 1991 to 1996, the Division's average annual population increase (0.6%) was lower than in Sydney (1.1%), New South Wales (1.0%) and Australia as a whole (1.2%). The population increase in the Division from 1996 to 2001 (1.2%) was slightly lower than the increases for Sydney (1.4%) and New South Wales (1.3%). From 2001 to 2005, the Division's annual percentage population increase of 0.5% was consistent with the increases for Sydney and New South Wales, but below that for Australia (1.1%).

Table 1: Population by age, Hornsby Ku-ring-gai Ryde DGP and Australia, 2005

Age group (years)	Hornsby Ku-ring-gai Ryde DGP		Australia	
	No.	%	No.	%
0-14	77,934	18.6	3,978,221	19.6
15-24	61,689	14.7	2,819,834	13.9
25-44	115,388	27.5	5,878,107	28.9
45-64	107,325	25.6	4,984,446	24.5
65-74	27,527	6.6	1,398,831	6.9
75-84	21,069	5.0	954,143	4.7
85+	8,132	1.9	315,027	1.5
Total	419,065	100.0	20,328,609	100.0

As shown in the accompanying table and the age-sex pyramid below, Hornsby Ku-ring-gai Ryde DGP had a lower proportion of children than Australia, with 18.6% at ages 0 to 14 years (compared with 19.6%) (Table 1). There was also a lower proportion of 25 to 44 year olds (27.5%, compared to 28.9% for Australia), and a slightly higher proportion of the population aged 45 to 64 years (25.6%, compared to 24.5%).

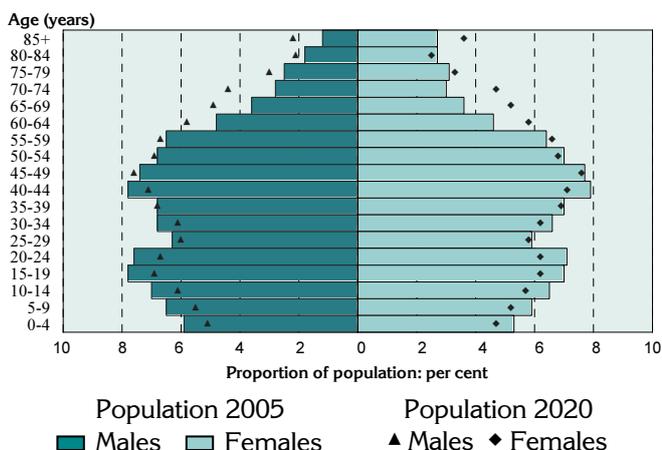
Figure 2: Population in Hornsby Ku-ring-gai Ryde DGP and Australia, by age and sex, 2005



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

- at younger ages – smaller proportions of children aged 0 to 9 years, and relatively more young people aged 15 to 24 years;
- from 25 to 39 years – lower proportions of both males and females;
- at ages 40 to 59 years – slightly higher proportions of both males and females; and
- at 80 years and over – higher proportions of males and females.

Figure 3: Population projections for Hornsby Ku-ring-gai Ryde DGP, by age and sex, 2005 and 2020



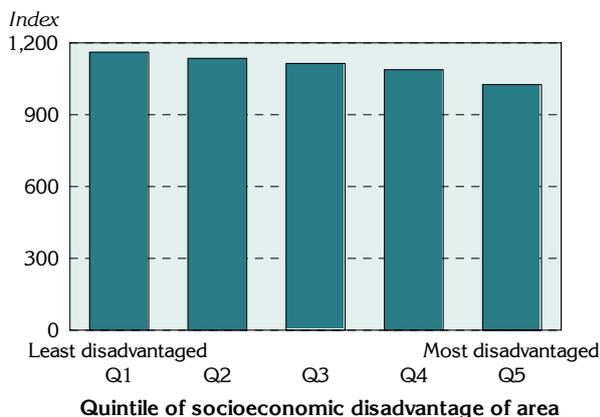
The population projections for the Division show a number of changes in age distribution, with the 2020 population projected to have:

- at younger ages – lower proportions of males and females aged 0 to 34 years (only marginally lower at ages 25 to 29 years); and
- at ages 55 years and over – higher proportions of males and females (excluding 80 to 84 year olds).

Additional socio-demographic indicators

Please refer to the earlier *Population health profile of the Hornsby Ku-ring-gai Ryde Division of General Practice*, dated November 2005, available from www.publichealth.gov.au, for other socio-demographic indicators.

Figure 4: Index of Relative Socio-Economic Disadvantage, Hornsby Ku-ring-gai Ryde DGP, 2001



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

The Hornsby Ku-ring-gai Ryde DGP has an index score of 1105, well above the score of 1000 for Australia: this score varies relatively little across the Division, from a (still high) score of 1026 in the most disadvantaged areas to 1161 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 substantially fewer jobless families in the Hornsby Ku-ring-gai Ryde DGP (7.3%), compared to Sydney as a whole (15.6%) (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 higher proportion of the population with private health insurance (71.4%), compared to Sydney (50.2%) (Figure 5, Table 2).

Figure 5: Socio-demographic indicators, Hornsby Ku-ring-gai Ryde DGP, Sydney, New South Wales and Australia, 2001

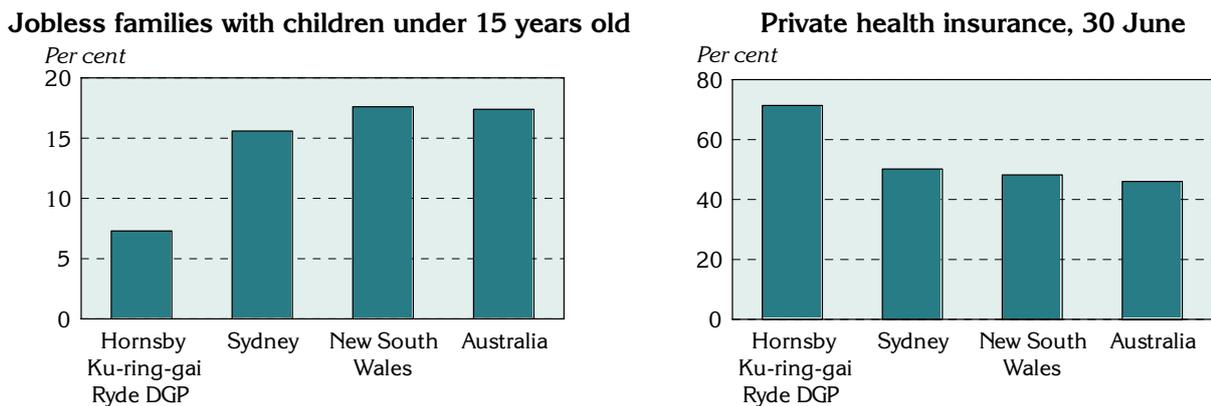
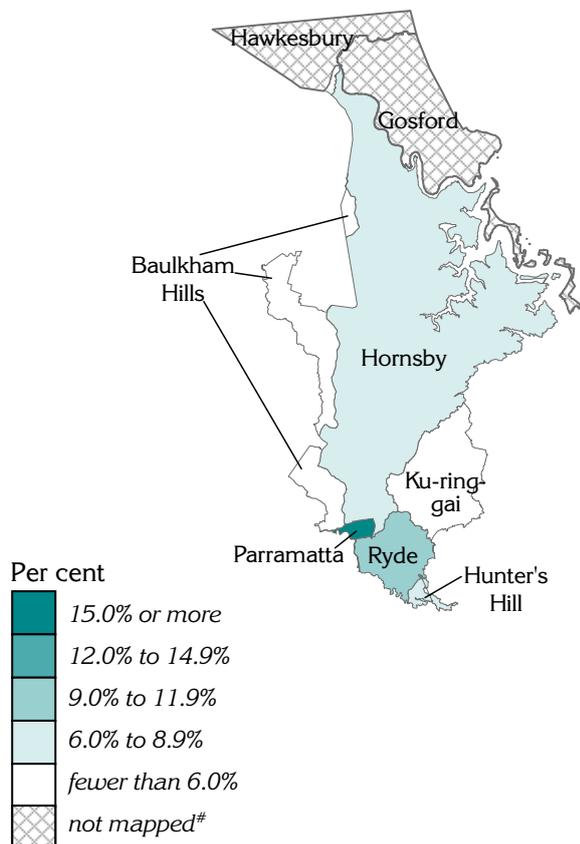


Table 2: Socio-demographic indicators, Hornsby Ku-ring-gai Ryde DGP, Sydney, New South Wales and Australia, 2001

Indicator	Hornsby Ku-ring-gai Ryde DGP		Sydney		New South Wales		Australia	
	No.	%	No.	%	No.	%	No.	%
Jobless families with children under 15 years old	3,060	7.3	66,526	15.6	121,409	17.6	357,563	17.4
Private health insurance (30 June)	278,226	71.4	2,000,802	50.2	3,062,382	48.2	8,671,106	46.0

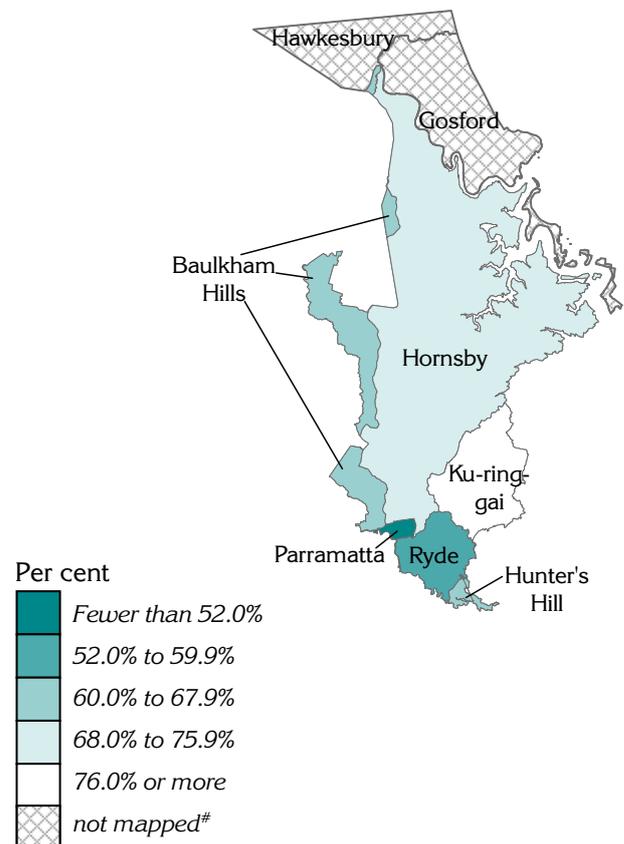
Details of the distribution of jobless families and of the population covered by private health insurance are shown by Statistical Local Area (SLA) in Maps 1 and 2, respectively.

Map 1: Jobless families with children under 15 years of age by SLA, Hornsby Ku-ring-gai Ryde DGP, 2001



data were not mapped: see 'Mapping' note under Methods

Map 2: People covered by private health insurance by SLA, Hornsby Ku-ring-gai Ryde DGP, 30 June 2001



data were not mapped: see 'Mapping' note under Methods

GP services to residents of the Hornsby Ku-ring-gai Ryde DGP

The following tables include 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

Just over three quarters (75.7%) of all unreferred attendances for residents of Hornsby Ku-ring-gai Ryde DGP were provided in the Division (ie. by a GP with a provider number in the Division): this represented 1,531,432 GP services (Table 3). A further 7.7% of unreferred attendances to residents were provided by GPs with a provider number in Northern Sydney DGP, with 6.3% provided by GPs in Western Sydney DGP.

Table 3: Patient flow – People living¹ in Hornsby Ku-ring-gai Ryde DGP by Division where attendance occurred², 2003/04

Division		Unreferred attendances	
Number	Name	No.	% ³
212	Hornsby Ku-ring-gai Ryde DGP	1,531,432	75.7
208	Northern Sydney DGP	156,444	7.7
206	Western Sydney DGP (now WentWest & part Hawkesbury-Hills)	127,276	6.3
201	Central Sydney DGP	61,876	3.1
202	Eastern Sydney DGP	43,270	2.1
213	Manly Warringah DGP	18,089	0.9
211	Fairfield DGP	9,139	0.5
Other	..	51,405	2.5
Total	..	2,023,154	100.0

¹ Based on address in Medicare records

² Division of GP based on provider number

³ Proportion of all unreferred attendances of patients with an address in Division 212 by Division in which attendance occurred

Almost three quarters (74.6%) of unreferred attendances provided by GPs with a provider number in Hornsby Ku-ring-gai Ryde DGP were also to people living in the Division (ie. their Medicare address was in the Division) (Table 4). A further 13.5% of unreferred attendances by GPs in the Division were to people living in Western Sydney DGP, with 2.0% to residents from Northern Sydney DGP.

Table 4: GP catchment – Unreferred attendances provided by GPs¹ in Hornsby Ku-ring-gai Ryde DGP by Division of patient address², 2003/04

Division		Unreferred attendances	
Number	Name	No.	% ³
212	Hornsby Ku-ring-gai Ryde DGP	1,531,432	74.6
206	Western Sydney DGP (now WentWest & part Hawkesbury-Hills)	276,104	13.5
208	Northern Sydney DGP	41,922	2.0
201	Central Sydney DGP	31,935	1.6
219	Central Coast DGP	25,320	1.2
213	Manly Warringah DGP	23,956	1.2
240	Hawkesbury DGP (now part of Hawkesbury-Hills)	23,081	1.1
202	Eastern Sydney DGP	11,953	0.6
211	Fairfield DGP	7,620	0.4
Other	..	73,598	3.6
Total	..	2,052,350	100.0

¹ Division of GP based on provider number

² Based on address in Medicare records

³ Proportion of all unreferred attendances to GPs with a provider number in Division 212 by Division of patient address

Additional prevalence estimates: chronic diseases and risk factors combined

Please refer to the earlier *Population health profile of the Hornsby Ku-ring-gai Ryde Division of General Practice*, 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 relatively fewer people in Hornsby Ku-ring-gai Ryde DGP who had asthma and were smokers, compared to Sydney and Australia as a whole (Figure 6, Table 5): that is, the prevalence rates per 1,000 population were lower (and substantially so). Similarly, there were lower rates of people in Hornsby Ku-ring-gai Ryde DGP who had type 2 diabetes and were overweight/ obese, compared to Sydney and Australia.

Figure 6: Estimates of selected chronic diseases and risk factors, Hornsby Ku-ring-gai Ryde DGP, Sydney and Australia, 2001



Table 5: Estimates of selected chronic diseases and risk factors, Hornsby Ku-ring-gai Ryde DGP, Sydney, New South Wales and Australia, 2001

Variable	Hornsby Ku-ring-gai Ryde DGP		Sydney		New South Wales		Australia	
	No. ¹	Rate ²	No. ¹	Rate ²	No. ¹	Rate ²	No. ¹	Rate ¹
Had asthma and smoked ³	3,942	10.1	72,198	17.0	126,542	19.7	397,734	20.8
Had type 2 diabetes & were overweight/ obese ⁴	5,399	13.6	59,451	15.9	100,235	15.7	283,176	15.2

¹ No. is a weighted estimate of the number of people in Hornsby Ku-ring-gai Ryde 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, 7,352 the admissions from ambulatory care sensitive (ACS) conditions accounted for 6.0% of all admissions in the Hornsby Ku-ring-gai Ryde DGP (Table 6, Figure 7), markedly below the levels for both New South Wales (8.6%) and Australia (8.7%).

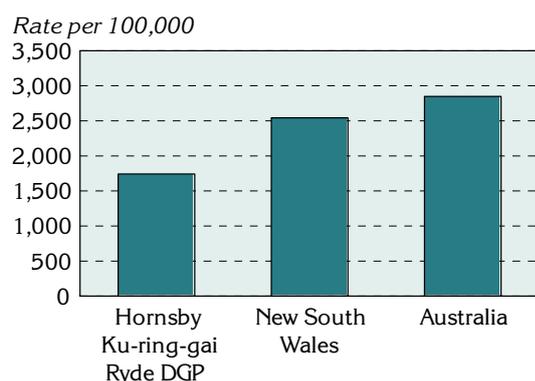
Table 6: Avoidable¹ and unavoidable hospitalisations, Hornsby Ku-ring-gai Ryde DGP, New South Wales, and Australia, 2001/02

Category	Hornsby Ku-ring-gai Ryde DGP			New South Wales			Australia		
	No.	Rate ²	%	No.	Rate ²	%	No.	Rate ²	%
Avoidable ¹	7,352	1,741.5	6.0	170,066	2,543.8	8.6	552,786	2,847.5	8.7
Unavoidable	115,525	27,721.1	94.0	1,810,901	27,255.3	91.4	5,818,199	29,970.7	91.3
Total	122,877	29,451.9	100.0	1,980,967	29,798.8	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, Hornsby Ku-ring-gai Ryde DGP, New South Wales and Australia, 2001/02



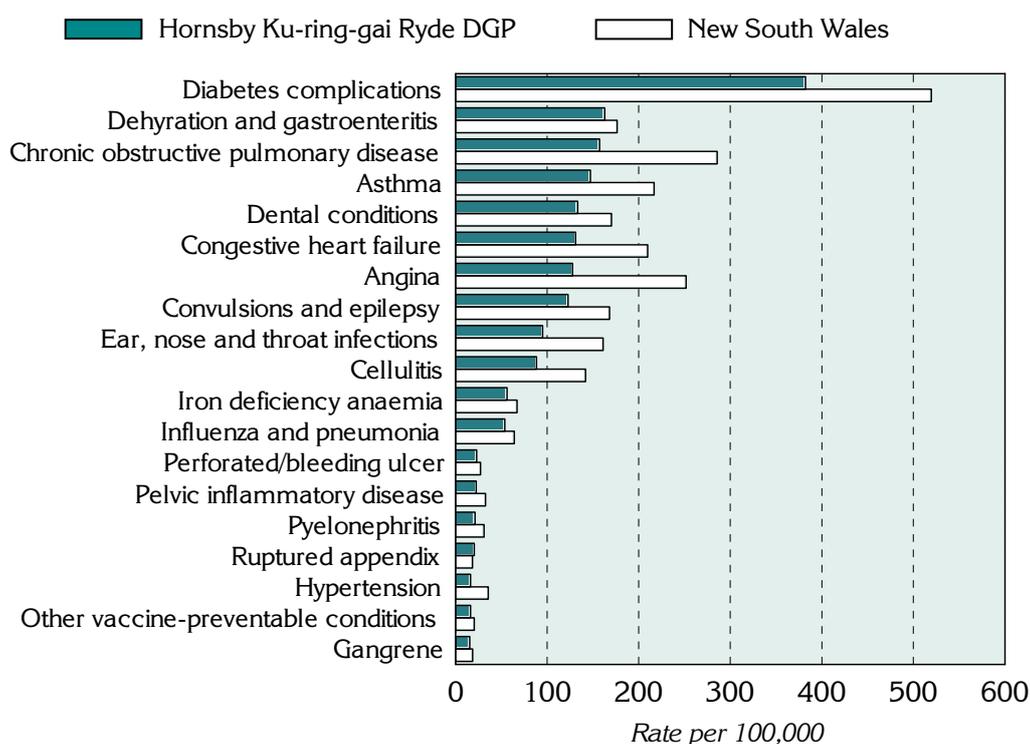
The rate of avoidable hospitalisations in Hornsby Ku-ring-gai Ryde DGP is markedly lower, a rate of 1,741.5 admissions per 100,000 population, compared to both New South Wales (a rate of 2,543.8), and Australia (2,847.5).

¹ Admissions resulting from ACS conditions

Diabetes complications, dehydration and gastroenteritis, chronic obstructive pulmonary disease and asthma were the four conditions with the highest rates of avoidable hospitalisations in the Hornsby Ku-ring-gai Ryde DGP (Figure 8, Table 7): however, rates were lower (and sometimes markedly so) than the rates for New South Wales, other than for admissions for ruptured appendix.

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 hospitalisations¹ by condition, Hornsby Ku-ring-gai Ryde DGP and New South Wales, 2001/02



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

Table 7: Avoidable hospitalisations¹ by condition, Hornsby Ku-ring-gai Ryde DGP, New South Wales and Australia, 2001/02

Sub-category/ condition	Hornsby Ku-ring-gai Ryde DGP		New South Wales		Australia	
	No.	Rate ²	No.	Rate ²	No.	Rate ²
Vaccine-preventable	291	70.0	5,630	84.5	16,573	85.4
Influenza and pneumonia	226	53.8	4,280	64.1	13,021	67.1
Other vaccine preventable	65	16.2	1,350	20.4	3,552	18.3
Chronic³	4,378	1,018.1	106,803	1,587.0	352,545	1,816
Diabetes complications	1,632	382.1	34,975	519.5	141,345	728.1
Iron deficiency anaemia	247	56.3	4,494	67.0	16,451	84.7
Hypertension	72	16.4	2,398	35.7	6,354	32.7
Congestive heart failure	606	131.1	14,270	209.7	42,447	218.6
Angina	560	127.8	16,987	251.8	49,963	257.4
Chronic obstructive pulmonary disease	676	157.2	19,359	285.6	54,853	282.6
Asthma	585	147.2	14,289	216.8	41,009	211.3
Acute	2,888	704.6	62,543	946.0	200,913	1,035
Dehydration and gastroenteritis	690	162.8	11,725	176.4	37,766	194.5
Convulsions and epilepsy	492	122.7	11,093	168.1	31,137	160.4
Ear, nose and throat infections	369	95.0	10,615	161.1	32,075	165.2
Dental conditions	530	133.4	11,196	170.3	43,667	224.9
Perforated/bleeding ulcer	101	23.0	1,830	27.1	5,795	29.9
Ruptured appendix	83	20.3	1,212	18.5	3,866	19.9
Pyelonephritis	88	21.2	2,038	31.0	7,386	38.0
Pelvic inflammatory disease	92	22.4	2,134	32.7	6,547	33.7
Cellulitis	375	88.3	9,451	142.0	28,204	145.3
Gangrene	68	15.5	1,249	18.6	4,470	23.0
Total avoidable hospitalisations⁴	7,352	1,741.5	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.

Almost three quarters (69.3%) of all deaths in Hornsby Ku-ring-gai Ryde DGP at ages 0 to 74 years over the period 1997 to 2001 are considered to be avoidable, lower than the proportion for Sydney (71.3%) (Table 8). However, the rate in the Division is markedly (24%) lower than that in Sydney, a differential of 0.76.

Deaths amenable to health care (amenable mortality, a subset of avoidable mortality) accounted for 30.9% of all deaths at ages 0 to 74 years in Hornsby Ku-ring-gai Ryde DGP, compared to 28.6% in Sydney.

Table 8: Avoidable and unavoidable mortality (0 to 74 years) by area, Hornsby Ku-ring-gai Ryde DGP, Sydney, New South Wales and Australia, 1997 to 2001

Mortality category	Hornsby Ku-ring-gai Ryde DGP		Sydney		New South Wales		Australia	
	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹
Avoidable	2,910	152.4	36,709	199.5	66,151	213.6	189,845	211.8
% of total	69.3	..	71.3	..	71.4	..	71.5	..
(Amenable)	(1,299)	(67.7)	(14,736)	(80.6)	(26,374)	(85.0)	(76,249)	(85.1)
(% of total)	(30.9)	(..)	(28.6)	(..)	(28.5)	(..)	(28.7)	(..)
Unavoidable	1,293	67.6	14,768	80.6	26,468	85.3	75,582	84.3
% of total	30.9	..	28.7	..	28.6	..	28.5	..
Total mortality	4,202	220.0	51,477	280.1	92,619	299.0	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. Hornsby Ku-ring-gai Ryde DGP's rate of avoidable mortality for males was 187.2 deaths per 100,000 males, more than twice the rate of 116.7 for females. Similarly, the rate of amenable mortality for males in the Division was higher, 69.7, compared to 65.5 for females, a rate ratio of 1.06 (Figure 9, Table 9).

Figure 9: Avoidable and amenable mortality by sex (0 to 74 years), Hornsby Ku-ring-gai Ryde DGP, Sydney, New South Wales and Australia, 1997 to 2001

Note: the different scales

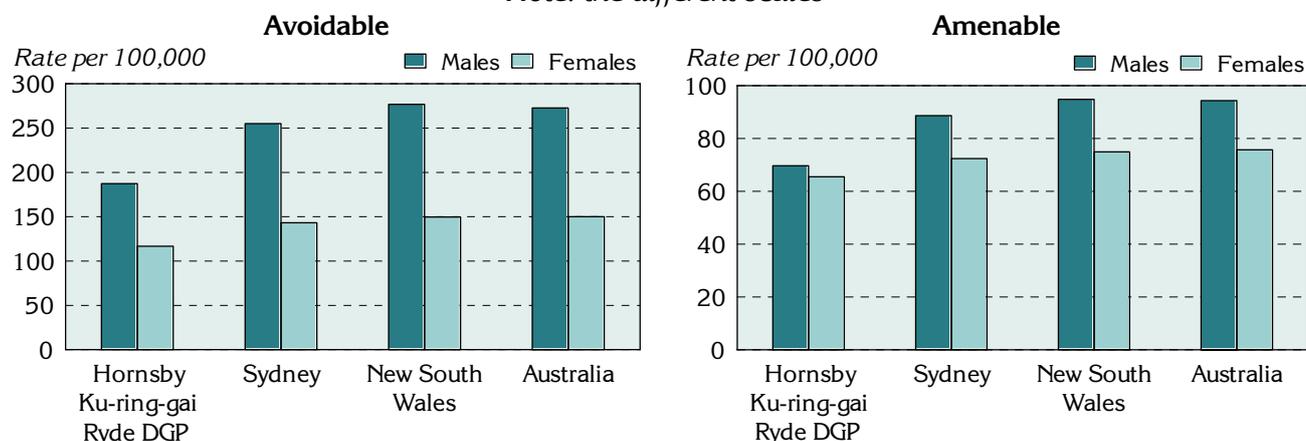


Table 9: Avoidable and amenable mortality (0 to 74 years) by sex, Hornsby Ku-ring-gai Ryde DGP, Sydney, New South Wales and Australia, 1997 to 2001

Mortality category and sex	Hornsby Ku-ring-gai Ryde DGP		Sydney		New South Wales		Australia	
	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹
Avoidable								
Males	1,775	187.2	23,505	255.1	43,074	276.8	123,026	272.6
Females	1,135	116.7	13,204	143.2	23,077	149.6	66,819	150.1
Total	2,910	152.4	36,709	199.5	66,151	213.6	189,845	211.8
Rate ratio-M:F²	..	1.60**	..	1.78**	..	1.85**	..	1.82**
Amenable								
Males	661	69.7	8,068	88.6	14,811	94.8	42,568	94.3
Females	638	65.5	6,667	72.4	11,562	74.9	33,681	75.7
Total	1,299	67.7	14,736	80.6	26,374	85.0	76,249	85.1
Rate ratio-M:F²	..	1.06	..	1.22**	..	1.27**	..	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 Hornsby Ku-ring-gai Ryde DGP, Sydney, New South Wales 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 69.2% of total YLL (0 to 74 years) for Hornsby Ku-ring-gai Ryde DGP, lower than the 71.7% for Sydney. At the same time, the proportion of YLL from amenable mortality for Hornsby Ku-ring-gai Ryde DGP (30.4%) was lower than that for Sydney (28.0%).

Table 10: Years of life lost from avoidable mortality (0 to 74 years), Hornsby Ku-ring-gai Ryde DGP, Sydney, New South Wales and Australia, 1997 to 2001

Mortality category	Hornsby Ku-ring-gai Ryde DGP		Sydney		New South Wales		Australia	
	No.	% of total	No.	% of total	No.	% of total	No.	% of total
Avoidable	49,707	69.2	644,323	71.7	1,147,183	71.8	3,327,375	71.9
(Amenable)	(21,834)	(30.4)	(251,183)	(28.0)	(444,143)	(27.8)	(1,298,430)	(28.0)
Unavoidable	22,141	30.8	254,314	28.3	451,496	28.2	1,303,289	28.1
Total	71,848	100.0	898,637	100.0	1,598,679	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 1,052.9 deaths per 100,000 population in Hornsby Ku-ring-gai Ryde 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 208.9 2 in Hornsby Ku-ring-gai Ryde Division.

Table 11: Avoidable and amenable mortality by age, Hornsby Ku-ring-gai Ryde DGP, Sydney, New South Wales and Australia, 1997 to 2001

Mortality category and age (years)	Hornsby Ku-ring-gai Ryde DGP		Sydney		New South Wales		Australia	
	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹
Avoidable								
0-14	80	21.8	1,098	26.6	1,836	27.5	5,669	28.8
15-24	103	35.2	1,303	44.9	2,241	50.9	7,045	52.8
25-44	298	51.9	4,802	74.3	8,119	82.9	24,356	83.9
45-64	996	208.9	12,603	289.9	22,358	311.1	64,282	304.9
65-74	1,432	1,052.9	16,903	1,307.3	31,597	1,375.8	88,493	1,358.1
Total	2,910	152.4	36,709	199.5	66,151	213.6	189,845	211.8
Amenable								
0-24	78	12.5	1,013	14.5	1,658	14.8	5,083	15.4
25-44	86	14.5	1,093	17.2	1,878	19.2	5,946	20.5
45-64	489	102.3	5,384	123.9	9,444	131.4	27,464	130.3
65-74	646	473.7	7,245	559.0	13,394	582.9	37,756	579.4
Total	1,299	67.7	14,736	80.6	26,374	85.0	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 Hornsby Ku-ring-gai Ryde DGP were for cancer, with a rate of 55.8 deaths per 100,000 population, and cardiovascular, 50.0 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 35.5 per 100,000 population and 15.5 per 100,000, respectively.

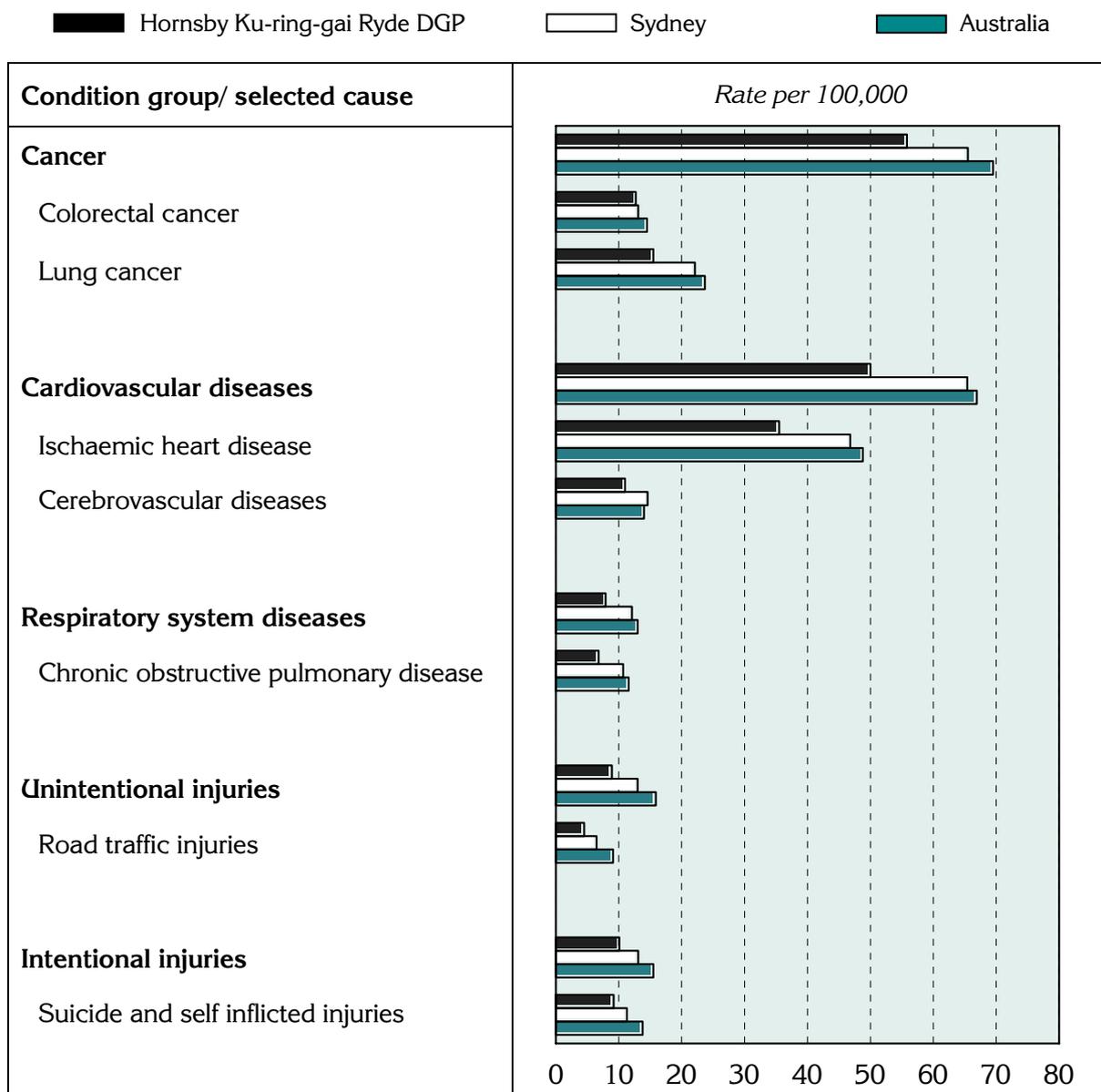
Table 12: Avoidable mortality (0 to 74 years) by major condition group and selected cause, Hornsby Ku-ring-gai Ryde DGP, Sydney, New South Wales and Australia, 1997 to 2001

Condition group/ selected cause	Hornsby Ku-ring-gai Ryde DGP		Sydney		New South Wales		Australia	
	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹	No.	Rate ¹
Cancer	1,082	55.8	11,919	65.5	21,158	68.1	62,338	69.5
Colorectal cancer	246	12.7	2,382	13.1	4,318	13.9	13,008	14.5
Lung cancer	298	15.5	3,983	22.1	7,297	23.4	21,208	23.7
Cardiovascular diseases	959	50.0	11,824	65.4	21,925	70.3	59,945	66.9
Ischaemic heart disease	681	35.5	8,461	46.8	15,935	51.1	43,712	48.8
Cerebrovascular diseases	211	11.0	2,641	14.6	4,656	14.9	12,558	14.0
Respiratory system diseases	150	7.9	2,177	12.1	4,313	13.8	11,612	13.0
Chronic obstructive pulmonary disease	129	6.8	1,916	10.7	3,882	12.4	10,395	11.6
Unintentional injuries	279	8.9	2,513	13.0	4,540	15.0	14,224	15.9
Road traffic injuries	91	4.5	1,249	6.5	2,528	8.4	8,138	9.1
Intentional injuries	278	10.1	2,558	13.1	4,497	14.9	13,891	15.5
Suicide and self inflicted injuries	230	9.2	2,211	11.3	3,941	13.0	12,393	13.8

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

Rates in the Division were lower than those for Sydney and Australia for all of the condition groups and selected causes (Figure 10).

Figure 10: Avoidable mortality (0 to 74 years) by major condition group and selected cause, Hornsby Ku-ring-gai Ryde DGP, Sydney and Australia, 1997 to 2001



Notes on the data

Data sources and limitations

General

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

Data sources

Table 13 details the data sources for the material presented in this profile.

Table 13: 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 Hornsby Ku-ring-gai Ryde 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 the Hornsby Ku-ring-gai Ryde Division, all of Hornsby, Hunter's Hill and Ryde lie within the Division, as do parts of Ku-ring-gai, Baulkham Hills, Gosford, Parramatta and Hawkesbury.

Table 14: SLAs and population in Hornsby Ku-ring-gai Ryde 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
10500	Baulkham Hills	30.4	49,034
13100	Gosford	0.5	763
13800	Hawkesbury	0.6	366
14000	Hornsby	97.8	153,688
14100	Hunter's Hill	100.0	13,928
14500	Ku-ring-gai	80.4	87,395
16250	Parramatta	9.4	14,342
16700	Ryde	100.0	99,550

* 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

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