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Blue Mountains

Division of General Practice: 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 Blue Mountains Division of General Practice: supplement

This profile is a supplement to the *Population health profile of the Blue Mountains Division of General Practice*, dated November 2005, available from www.publichealth.gov.au. This supplement includes an update of the population of the Blue Mountains 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:

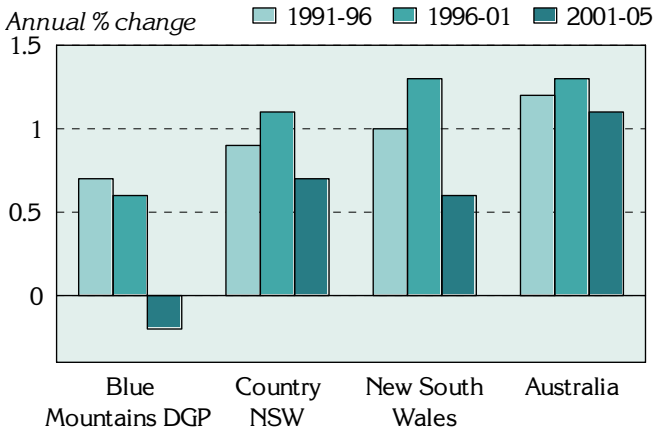
- Population [updated to June 2005]
- Additional socio-demographic indicators
- Unreferred attendances – patient flow/ GP catchment
- Additional prevalence estimates: chronic diseases and risk factors combined
- Avoidable hospitalisations: hospital admissions resulting from ambulatory care sensitive 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 Blue Mountains Division had an Estimated Resident Population of 76,511 at 30 June 2005.

Figure 1: Annual population change, Blue Mountains DGP, country New South Wales, New South Wales and Australia, 1991 to 1996, 1996 to 2001 and 2001 to 2005



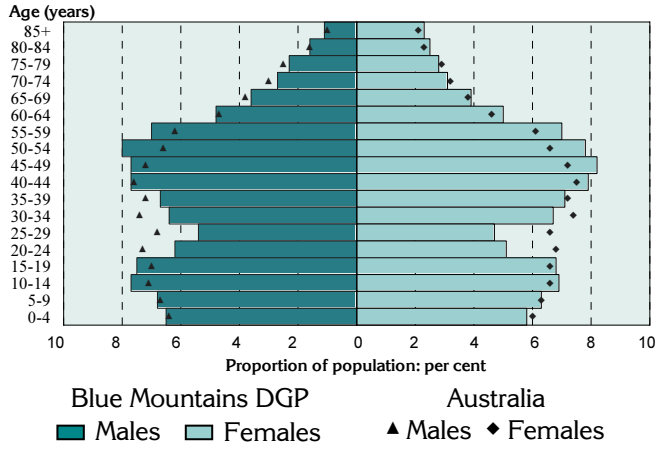
Over the five years from 1991 to 1996, the Division's population increased by 0.7% on average each year, below the level in country New South Wales (0.9%), New South Wales (1.0%) and Australia (1.2%). From 1996 to 2001, the annual percentage increase in the Division was 0.6%, again lower than in the other areas shown. The population decreased from 2001 to 2005 (down by 0.2%), compared to increases in country New South Wales and New South Wales (0.7% and 0.6%, respectively) and Australia (1.1%).

Table 1: Population by age, Blue Mountains DGP and Australia, 2005

Age group (years)	Blue Mountains DGP		Australia	
	No.	%	No.	%
0-14	15,311	20.0	3,978,221	19.6
15-24	9,768	12.8	2,819,834	13.9
25-44	20,165	26.4	5,878,107	28.9
45-64	21,278	27.8	4,984,446	24.5
65-74	5,113	6.7	1,398,831	6.9
75-84	3,555	4.6	954,143	4.7
85+	1,321	1.7	315,027	1.5
Total	**76,511**	**100.0**	**20,328,609**	**100.0**

As shown in the accompanying table and the age-sex pyramid below (Figure 2), Blue Mountains DGP had lower proportions of the population aged 15 to 24 years (12.8%) and 25 to 44 years (26.4%) compared to Australia (13.9% and 28.9%), and a higher proportion at ages 45 to 64 years (Table 1). The 65 years and over age groups had similar proportions compared to Australia as a whole.

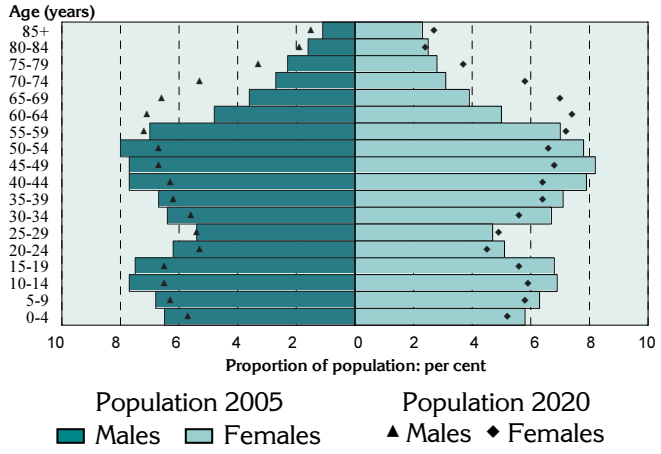
Figure 2: Population in Blue Mountains DGP and Australia, by age and sex, 2005



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

- at younger ages – a higher proportion of young males and females aged 10 to 19 years;
- from 20 to 39 years (34 years for females) – notably lower proportions of both males and females (perhaps moving away to continue education, or to seek employment opportunities); and
- from 40 to 59 years – higher proportions of both males and females.

Figure 3: Population projections for Blue Mountains DGP, by age and sex, 2005 and 2020



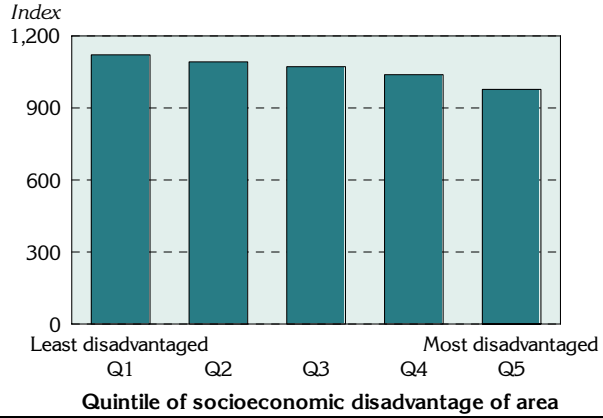
The population projections for the Division show a number of changes in age distribution, with the 2020 population projected to have:

- at younger ages – much lower proportions of males and females aged 0 to 24 years;
- from 30 to 54 years – lower proportions of both males and females; and
- from 55 years – higher proportions of males and females, most pronounced at ages 60 to 74 years and excluding the 80 to 84 year age group for females.

Additional socio-demographic indicators

Please refer to the earlier *Population health profile of the Blue Mountains 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, Blue Mountains DGP, 2001



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

The Blue Mountains DGP has an index score of 1061, above the score for Australia of 1000: this score varies across the Division, from 977 in the most disadvantaged areas to 1121 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 Blue Mountains DGP (11.2%), than in country New South Wales as a whole (20.9%) (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 notably higher proportion of the population with private health insurance (48.2%), compared to country New South Wales (44.9%) (Figure 5, Table 2).

Figure 5: Socio-demographic indicators, Blue Mountains DGP, country New South Wales, New South Wales and Australia, 2001

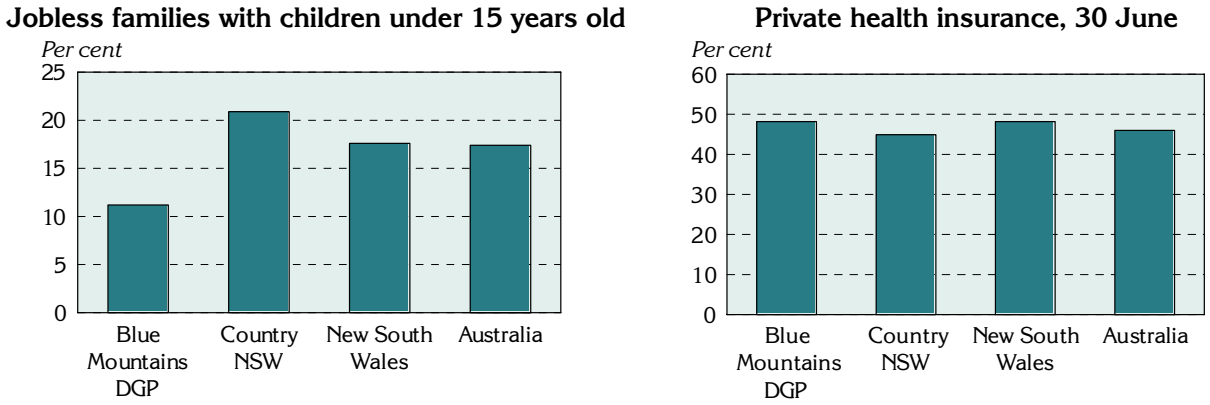
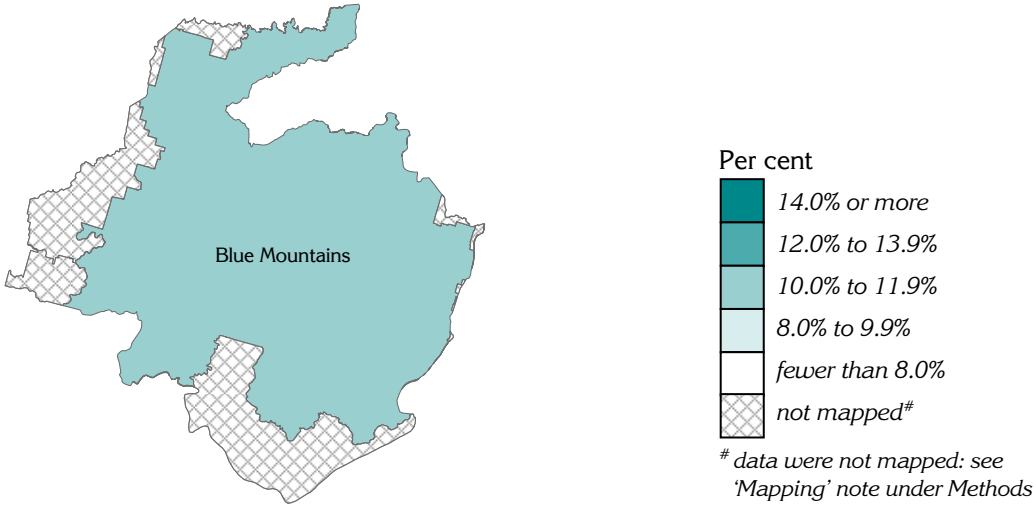


Table 2: Socio-demographic indicators, Blue Mountains DGP, country New South Wales, New South Wales and Australia, 2001

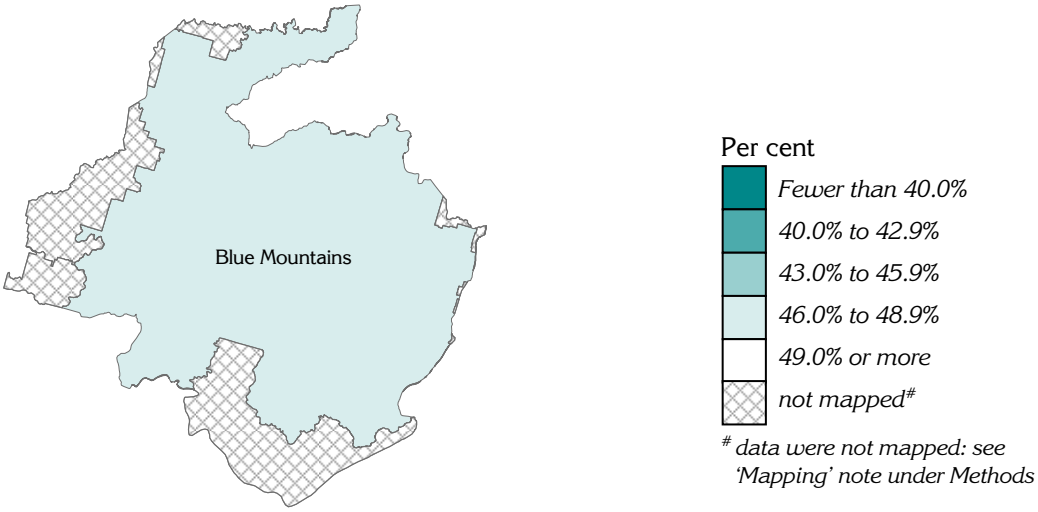
Indicator	Blue Mountains DGP		Country NSW		New South Wales		Australia	
	No.	%	No.	%	No.	%	No.	%
Jobless families with children under 15 years old	954	11.2	54,883	20.9	121,409	17.6	357,563	17.4
Private health insurance (30 June)	35,809	48.2	1,061,580	44.9	3,062,382	48.2	8,671,106	46.0

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, Blue Mountains DGP, 2001



Map 2: People covered by private health insurance by SLA, Blue Mountains DGP, 30 June 2001



GP services to residents of the Blue Mountains 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.

Almost three quarters (72.5%) of all unreferred attendances to residents of Blue Mountains DGP were provided in the Division (i.e. by a GP with a provider number in the Division): this represented 253,749 GP unreferred attendances (Table 3). A further 14.8% of unreferred attendances to residents were provided by GPs with a provider number in Nepean DGP, with 2.8% provided by GPs in the Western Sydney DGP.

Table 3: Patient flow – People living[1] in Blue Mountains DGP by Division where attendance occurred[2], 2003/04

Division		Unreferred attendances	
Number	Name	No.	%[3]
238	Blue Mountains DGP	253,749	72.5
237	Nepean DGP	51,805	14.8
206	Western Sydney DGP (now WentWest & part Hawkesbury-Hills)	9,626	2.8
201	Central Sydney DGP	5,136	1.5
202	Eastern Sydney DGP	4,548	1.3
229	NSW Central West DGP	3,345	1.0
212	Hornsby Ku-Ring Gai DGP	2,592	0.7
Other	..	19,116	5.5
Total	..	**349,917**	**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 238 by Division in which attendance occurred

The majority (89.0%) of unreferred attendances provided by GPs with a provider number in Blue Mountains DGP were also to people living in the Division (i.e. their Medicare address was in the Division) (Table 4). A further 3.7% of unreferred attendances by GPs in the Division were to people living in Nepean DGP, with 2.3% provided to people from NSW Central West DGP.

Table 4: GP catchment – Unreferred attendances provided by GPs[1] in Blue Mountains DGP by Division of patient address[2], 2003/04

Division		Unreferred attendances	
Number	Name	No.	%[3]
238	Blue Mountains DGP	253,749	89.0
237	Nepean DGP	10,599	3.7
229	NSW Central West DGP	6,454	2.3
206	Western Sydney DGP (now WentWest & part Hawkesbury-Hills)	1,602	0.6
Other	..	12,813	4.5
Total	..	**283,217**	**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 238 by Division of patient address

Additional prevalence estimates: chronic diseases and risk factors combined

Please refer to the earlier *Population health profile of the Blue Mountains 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 Blue Mountains DGP who had asthma and were smokers, compared to Australia as a whole and (in particular) country New South Wales (Figure 6, Table 5): that is, the prevalence rates per 1,000 population were lower. Similarly, there were lower rates of people in Blue Mountains DGP who had type 2 diabetes and were overweight or obese, compared to Australia country New South Wales.

Figure 6: Estimates of selected chronic diseases and risk factors, Blue Mountains DGP, country New South Wales and Australia, 2001

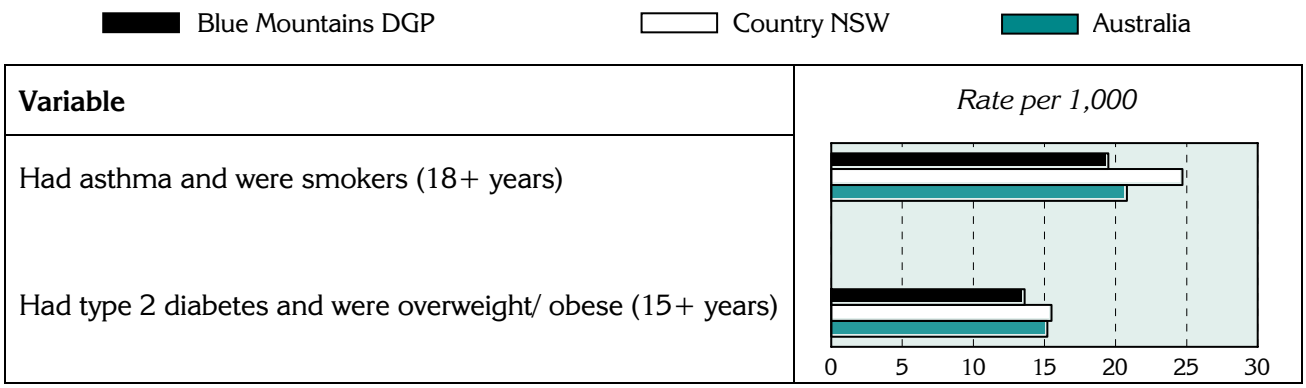


Table 5: Estimates of selected chronic diseases and risk factors, Blue Mountains DGP, country New South Wales, New South Wales and Australia, 2001

Variable	Blue Mountains DGP		Country NSW		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]	1,365	19.5	54,344	24.7	126,542	19.7	397,734	20.8
Had type 2 diabetes & were overweight/ obese[4]	1,024	13.6	40,784	15.5	100,235	15.7	283,176	15.2

[1] No. is a weighted estimate of the number of people in Blue Mountains 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.

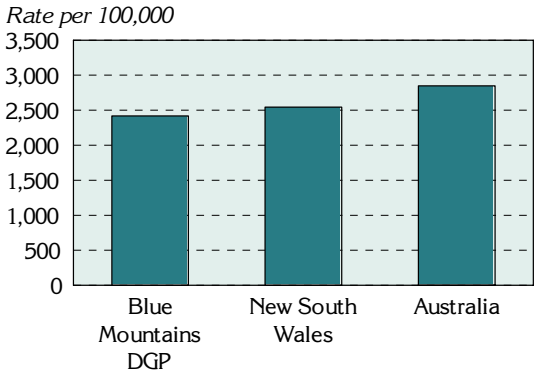
In 2001 to 2002, the 1,871 admissions from ambulatory care sensitive (ACS) conditions accounted for 9.1% of all admissions in the Blue Mountains DGP (Table 6, Figure 7), slightly higher than the levels in New South Wales (8.6%) and Australia (8.7%).

Table 6: Avoidable[1] and unavoidable hospitalisations, Blue Mountains DGP, New South Wales, and Australia, 2001/02

Category	Blue Mountains DGP			New South Wales			Australia		
	No.	Rate[2]	%	No.	Rate[2]	%	No.	Rate[2]	%
Avoidable[1]	1,871	2,418.7	9.1	170,066	2,543.8	8.6	552,786	2,847.5	8.7
Unavoidable	18,595	24,225.6	90.9	1,810,901	27,255.3	91.4	5,818,199	29,970.7	91.3
Total	**20,466**	**26,645.1**	**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 hospitalisations[1], Blue Mountains DGP, New South Wales and Australia, 2001/02



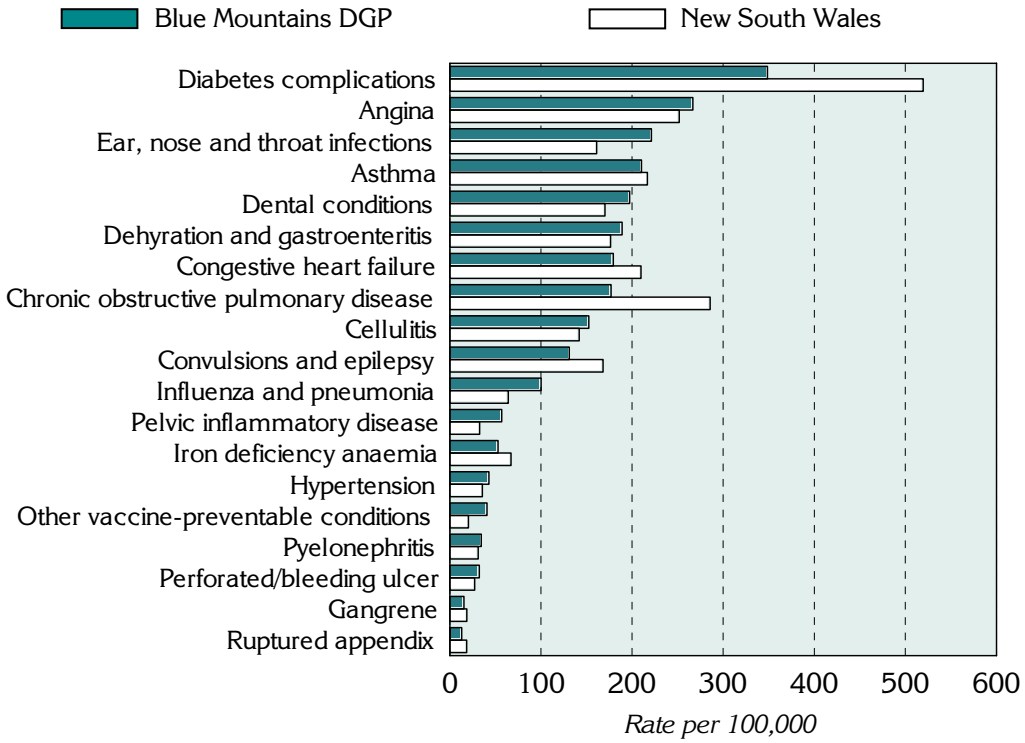
[1] **Admissions resulting from ACS conditions**

The rate of avoidable hospitalisations in Blue Mountains DGP is lower, a rate of 2,418.7 admissions per 100,000 population, compared to both New South Wales (a rate of 2,543.8), and Australia (2,847.5).

Diabetes complications; angina; ear, nose and throat infections; and asthma were the four conditions with the highest rates of avoidable hospitalisations in the Blue Mountains DGP (Figure 8, Table 7); the rate of diabetes complications was, however, substantially below the level in New South Wales.

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. Ear, nose and throat infections; and dental conditions have the highest rates of avoidable hospitalisations for the acute conditions.

Figure 8: Avoidable hospitalisations[1] by condition, Blue Mountains DGP and New South Wales, 2001/02



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

Table 7: Avoidable hospitalisations[1] by condition, Blue Mountains DGP, New South Wales and Australia, 2001/02

Sub-category/ condition	Blue Mountains DGP		New South Wales		Australia	
	No.	Rate[2]	No.	Rate[2]	No.	Rate[2]
Vaccine-preventable	**108**	**140.8**	**5,630**	**84.5**	**16,573**	**85.4**
Influenza and pneumonia	77	100.1	4,280	64.1	13,021	67.1
Other vaccine preventable	31	40.7	1,350	20.4	3,552	18.3
Chronic[3]	**994**	**1,277.8**	**106,803**	**1,587.0**	**352,545**	**1,816**
Diabetes complications	270	348.6	34,975	519.5	141,345	728.1
Iron deficiency anaemia	42	52.9	4,494	67.0	16,451	84.7
Hypertension	34	42.8	2,398	35.7	6,354	32.7
Congestive heart failure	140	179.4	14,270	209.7	42,447	218.6
Angina	209	266.7	16,987	251.8	49,963	257.4
Chronic obstructive pulmonary disease	136	177.0	19,359	285.6	54,853	282.6
Asthma	163	210.4	14,289	216.8	41,009	211.3
Acute	**801**	**1,043.2**	**62,543**	**946.0**	**200,913**	**1,035**
Dehydration and gastroenteritis	145	189.1	11,725	176.4	37,766	194.5
Convulsions and epilepsy	100	131.1	11,093	168.1	31,137	160.4
Ear, nose and throat infections	169	221.2	10,615	161.1	32,075	165.2
Dental conditions	153	197.3	11,196	170.3	43,667	224.9
Perforated/bleeding ulcer	25	32.2	1,830	27.1	5,795	29.9
Ruptured appendix	10	13.0	1,212	18.5	3,866	19.9
Pyelonephritis	26	34.5	2,038	31.0	7,386	38.0
Pelvic inflammatory disease	43	56.9	2,134	32.7	6,547	33.7
Cellulitis	118	152.4	9,451	142.0	28,204	145.3
Gangrene	12	15.5	1,249	18.6	4,470	23.0
Total avoidable hospitalisations[4]	**1,871**	**2,418.7**	**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 (72.2%) of all deaths in Blue Mountains DGP at ages 0 to 74 years over the period 1997 to 2001 are considered to be avoidable, slightly higher than the proportion for country New South Wales (71.6%) (Table 8). Deaths amenable to health care (amenable mortality, a subset of avoidable mortality) accounted for 31.2% of all deaths at ages 0 to 74 years in Blue Mountains DGP, compared to 28.3% in country New South Wales.

Table 8: Avoidable and unavoidable mortality (0 to 74 years) by area, Blue Mountains DGP, country New South Wales, New South Wales and Australia, 1997 to 2001

Mortality category	Blue Mountains DGP		Country NSW		New South Wales		Australia	
	No.	Rate[1]	No.	Rate[1]	No.	Rate[1]	No.	Rate[1]
Avoidable	814	234.4	29,442	234.3	66,151	213.6	189,845	211.8
% of total	**72.2**	**..**	**71.6**	**..**	**71.4**	**..**	**71.5**	**..**
(Amenable)	(352)	(99.9)	(11,638)	(91.2)	(26,374)	(85.0)	(76,249)	(85.1)
(% of total)	**(31.2)**	**(..)**	**(28.3)**	**(..)**	**(28.5)**	**(..)**	**(28.7)**	**(..)**
Unavoidable	314	89.8	11,700	92.1	26,468	85.3	75,582	84.3
% of total	**27.8**	**..**	**28.4**	**..**	**28.6**	**..**	**28.5**	**..**
Total mortality	**1,128**	**324.2**	**41,142**	**326.4**	**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. Blue Mountains DGP's rate of avoidable mortality for males was 299.2 deaths per 100,000 males, notably higher than the rate 168.6 for females. The rate of amenable mortality for males in the Division was similar, 99.4, compared to 99.5 for females, a rate ratio of 1.00 (Figure 9, Table 9).

Figure 9: Avoidable and amenable mortality by sex (0 to 74 years), Blue Mountains DGP, country New South Wales, New South Wales and Australia, 1997 to 2001

Note: the different scales

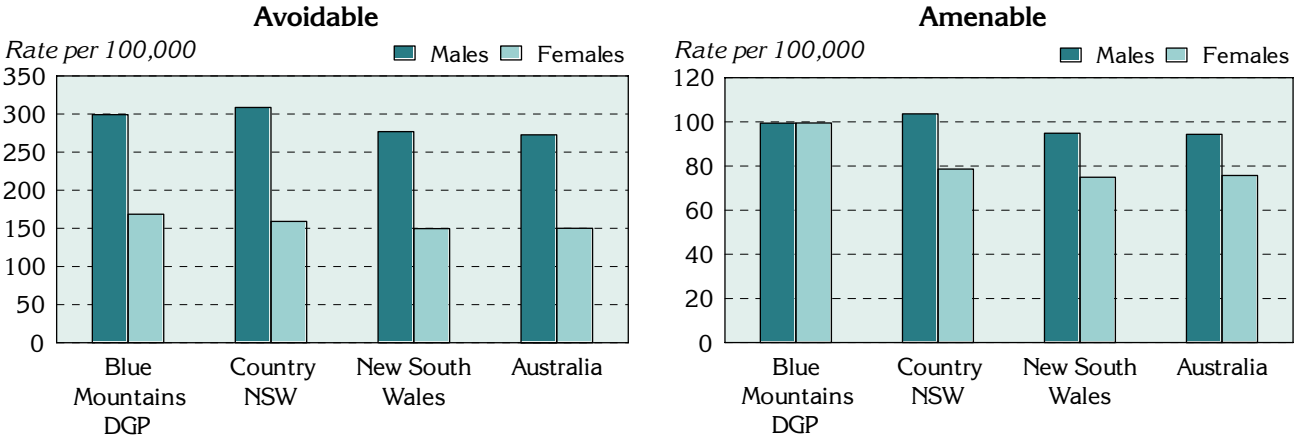


Table 9: Avoidable and amenable mortality (0 to 74 years) by sex, Blue Mountains DGP, country New South Wales, New South Wales and Australia, 1997 to 2001

Mortality category and sex	Blue Mountains DGP		Country NSW		New South Wales		Australia	
	No.	Rate[1]	No.	Rate[1]	No.	Rate[1]	No.	Rate[1]
Avoidable								
Males	510	299.2	19,569	308.5	43,074	276.8	123,026	272.6
Females	304	168.6	9,873	159.1	23,077	149.6	66,819	150.1
Total	**814**	**234.4**	**29,442**	**234.3**	**66,151**	**213.6**	**189,845**	**211.8**
Rate ratio–M:F[2]	**..**	**1.77****	**..**	**1.94****	**..**	**1.85****	**..**	**1.82****
Amenable								
Males	171	99.4	6,743	103.6	14,811	94.8	42,568	94.3
Females	181	99.5	4,895	78.6	11,562	74.9	33,681	75.7
Total	**352**	**99.9**	**11,638**	**91.2**	**26,374**	**85.0**	**76,249**	**85.1**
Rate ratio–M:F[2]	**..**	**1.00**	**..**	**1.32****	**..**	**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 Blue Mountains DGP, country New South Wales, 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 73.0% of total YLL (0 to 74 years) for Blue Mountains DGP, higher than the 71.8% for country New South Wales. Similarly, the proportion of YLL from amenable mortality for Blue Mountains DGP (30.8%) was higher than that for country New South Wales (27.6%).

Table 10: Years of life lost from avoidable mortality (0 to 74 years), Blue Mountains DGP, country New South Wales, New South Wales and Australia, 1997 to 2001

Mortality category	Blue Mountains DGP		Country NSW		New South Wales		Australia	
	No.	% of total	No.	% of total	No.	% of total	No.	% of total
Avoidable	14,275	73.0	502,860	71.8	1,147,183	71.8	3,327,375	71.9
(Amenable)	(6,022)	(30.8)	(192,960)	(27.6)	(444,143)	(27.8)	(1,298,430)	(28.0)
Unavoidable	5,284	27.0	197,182	28.2	451,496	28.2	1,303,289	28.1
Total	**19,558**	**100.0**	**700,042**	**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 1,553.5 deaths per 100,000 population in Blue Mountains 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 312.9 in Blue Mountains Division.

Table 11: Avoidable and amenable mortality by age, Blue Mountains DGP, country New South Wales, New South Wales and Australia, 1997 to 2001

Mortality category and age (years)	Blue Mountains DGP		Country NSW		New South Wales		Australia	
	No.	Rate[1]	No.	Rate[1]	No.	Rate[1]	No.	Rate[1]
Avoidable								
0-14	24	30.2	738	29.0	1,836	27.5	5,669	28.8
15-24	27	55.7	938	62.6	2,241	50.9	7,045	52.8
25-44	112	104.3	3,317	99.6	8,119	82.9	24,356	83.9
45-64	275	312.9	9,755	343.5	22,358	311.1	64,282	304.9
65-74	376	1,553.5	14,694	1464.0	31,597	1,375.8	88,493	1,358.1
Total	**814**	**234.4**	**29,442**	**234.3**	**66,151**	**213.6**	**189,845**	**211.8**
Amenable								
0-24	26	19.6	645	15.5	1,658	14.8	5,083	15.4
25-44	32	27.5	784	23.0	1,878	19.2	5,946	20.5
45-64	123	139.3	4,060	142.9	9,444	131.4	27,464	130.3
65-74	172	706.1	6,148	613.7	13,394	582.9	37,756	579.4
Total	**352**	**99.9**	**11,638**	**91.2**	**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 Blue Mountains DGP were for cardiovascular diseases, with a rate of 81.1 deaths per 100,000 population, and cancer, 65.1 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 colorectal cancer, with rates of 58.3 per 100,000 population and 16.3 per 100,000, respectively.

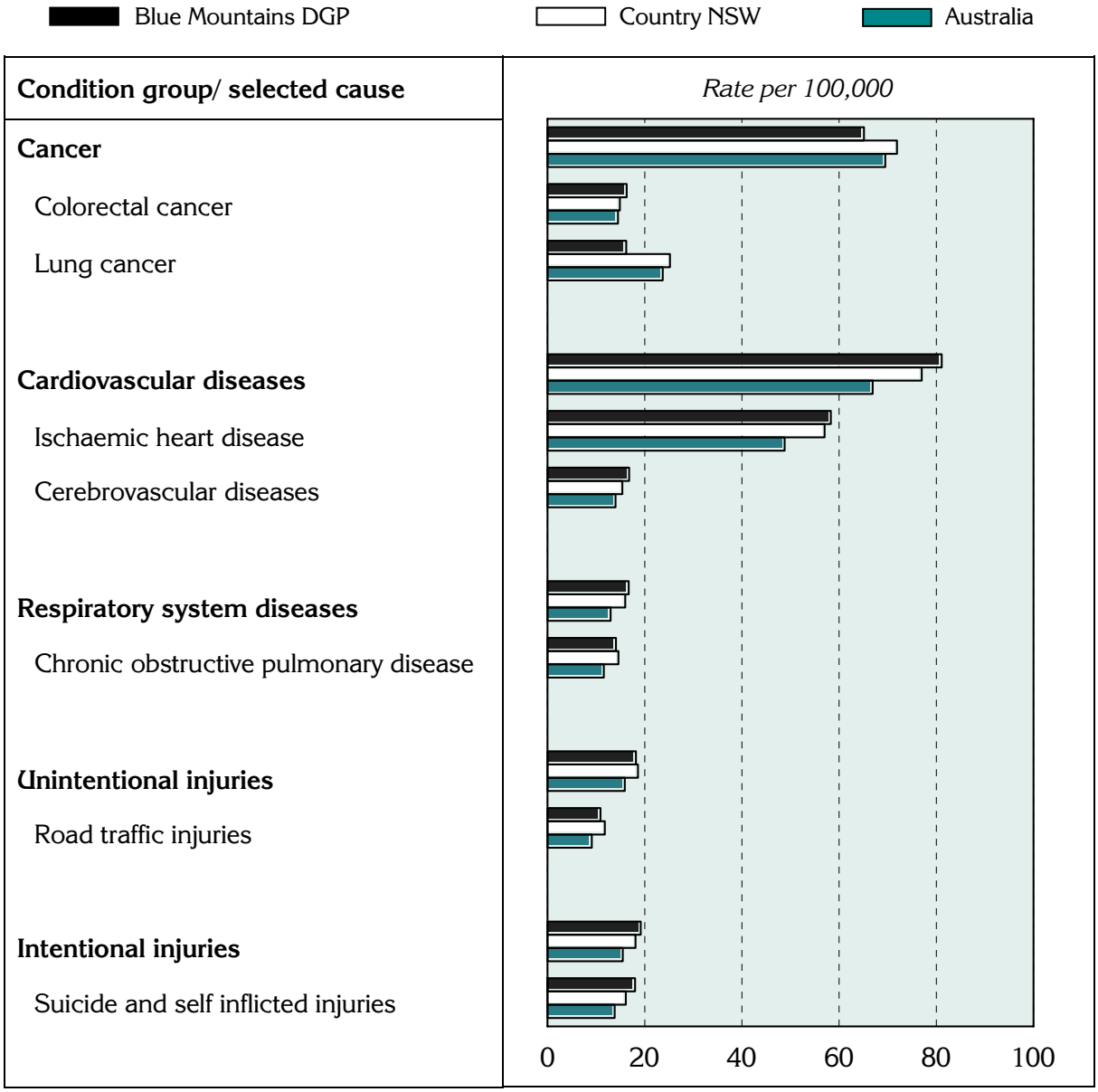
Table 12: Avoidable mortality (0 to 74 years) by major condition group and selected cause, Blue Mountains DGP, country New South Wales, New South Wales and Australia, 1997 to 2001

Condition group/ selected cause	Blue Mountains DGP		Country NSW		New South Wales		Australia	
	No.	Rate[1]	No.	Rate[1]	No.	Rate[1]	No.	Rate[1]
Cancer	**230**	**65.1**	**9,239**	**71.9**	**21,158**	**68.1**	**62,338**	**69.5**
Colorectal cancer	57	16.3	1,936	14.9	4,318	13.9	13,008	14.5
Lung cancer	56	16.2	3,314	25.2	7,297	23.4	21,208	23.7
Cardiovascular diseases	**280**	**81.1**	**10,101**	**77.0**	**21,925**	**70.3**	**59,945**	**66.9**
Ischaemic heart disease	201	58.3	7,474	57.0	15,935	51.1	43,712	48.8
Cerebrovascular diseases	58	16.8	2,015	15.4	4,656	14.9	12,558	14.0
Respiratory system diseases	**57**	**16.7**	**2,136**	**16.0**	**4,313**	**13.8**	**11,612**	**13.0**
Chronic obstructive pulmonary disease	48	14.1	1,966	14.6	3,882	12.4	10,395	11.6
Unintentional injuries	**62**	**18.2**	**2,027**	**18.6**	**4,540**	**15.0**	**14,224**	**15.9**
Road traffic injuries	37	10.9	1,279	11.8	2,528	8.4	8,138	9.1
Intentional injuries	**65**	**19.2**	**1,939**	**18.1**	**4,497**	**14.9**	**13,891**	**15.5**
Suicide and self inflicted injuries	61	18.0	1,730	16.1	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 above those in Australia and country New South Wales, with the exception of all cancers and lung cancer (with lower rates), and the injury categories (where some rates were consistent with those for Australia) (Figure 10).

Figure 10: Avoidable mortality (0 to 74 years) by major condition group and selected cause, Blue Mountains DGP, country New South Wales and Australia, 1997 to 2001



Notes on the data

Data sources and limitations

General

References to 'country New South Wales' relate to New South Wales excluding 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 Blue Mountains 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, all of the SLA of Blue Mountains lies within the Division.

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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