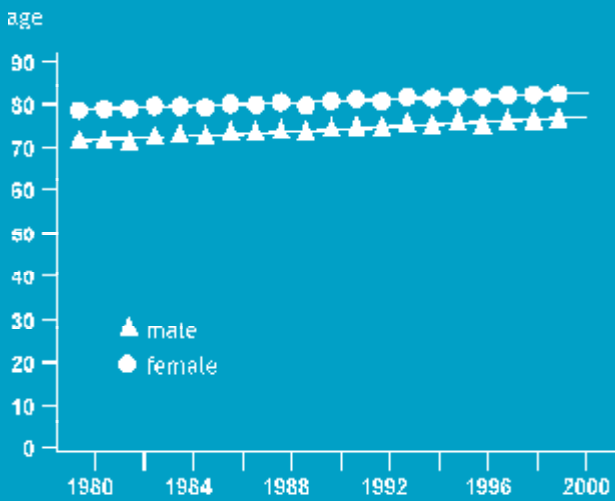
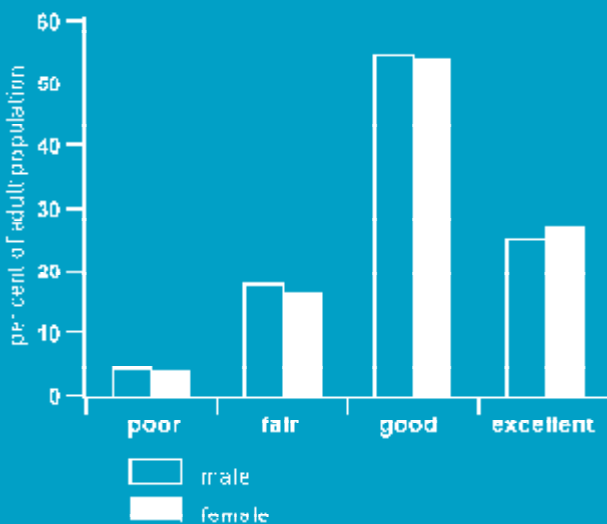


Trends in life expectancy in Queensland 1980 to 1999



Source:
Australian Bureau of Statistics death data

General health status 1998



Source:
Health Information Centre survey program,
Queensland Health

The health status of Queenslanders

The following health indicators show key health trends in the State. These trends and other statistical information are used to make informed decisions about Queensland Health's strategic directions.

Life expectancy

Queenslanders can expect to live relatively long lives. Currently life expectancy at birth is 76.3 years for men and 81.6 years for women, among the highest life expectancies in the world.

Life expectancy has increased considerably during the past century from about 55 to 60 years in 1901 to the current levels. Increases in life expectancy are continuing.

Self-reported health

Most adult Queenslanders (79 per cent) report their health as excellent or good. The proportions of men and women reporting good or excellent health are similar.

Self-reported health is strongly related to age. The percentages of adult Queenslanders reporting excellent or good health remained relatively stable up to 50 years of age (more than 80 per cent), and then decreased to 60 per cent by age 70 years.

Health risk factors

Specific lifestyles, behaviours and biological factors have been identified as contributing to the health status of populations. Some of these risk factors and the associated diseases and injury are outlined in the following chart, with further explanations following.

Associations between selected health risk factors and disease and injury.

Health risk factor	Per cent contribution to the total burden of disease	Selected diseases and injury associated with risk factor
Tobacco	12% <i>males</i> 7% <i>females</i>	Lung cancer Ischaemic heart disease Chronic obstructive pulmonary disease Stroke
Physical inactivity	7%	Ischaemic heart disease Stroke Colorectal cancer Falls
Hypertension	5%	Ischaemic heart disease Stroke Peripheral vascular disease Renal failure
Overweight and obesity	4%	Ischaemic heart disease Stroke Type II diabetes
Inadequate fruit and vegetable intake	3%	Cancers Ischaemic heart disease Stroke
High cholesterol	3%	Ischaemic heart disease Peripheral vascular disease

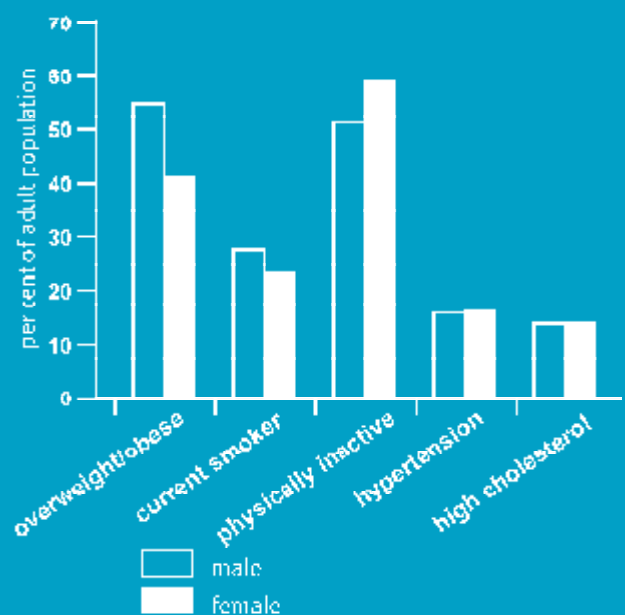
Adapted from: Mathers C, Vos T, Stevenson C (1999). The burden of disease and injury in Australia. AIHW cat. No. PHE 17. Canberra: AIHW

Overweight and obesity

In 1995, one-fifth of Australian children were overweight or obese, which is one of the highest proportions in the world. Since 1985, the proportion of children overweight or obese has almost doubled in Australia.

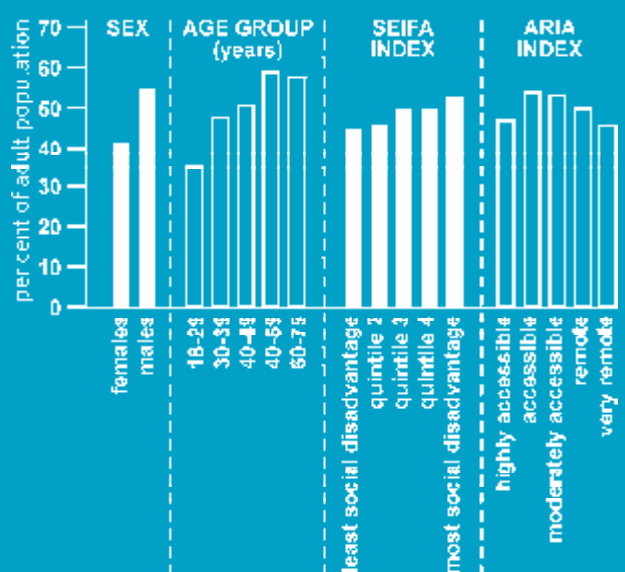
Among Queensland adults aged between 18 and 75 years, 55 per cent of males and 41 per cent of females were considered overweight or obese in 2001.

Prevalence of risk factors in Queensland 1998-2001



Source: Health Information Centre survey program, Queensland Health

Proportion of Queensland adults aged 18-75 years who were overweight or obese in 2001



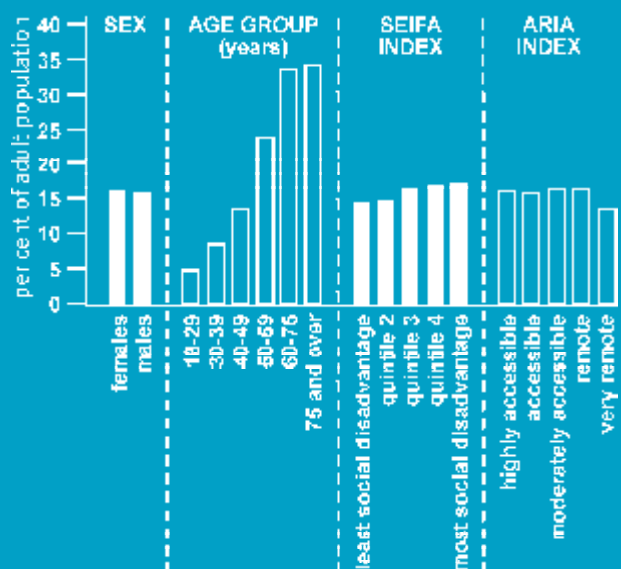
Source: Health Information Centre survey program, Queensland Health

Proportion of Queensland adults aged 18-75 years achieving insufficient activity time and sessions during the previous week in 2001



Source:
Health Information Centre survey program,
Queensland Health

Prevalence of self-reported high blood pressure among Queensland adults aged over 18 years in 1998



Source:
Health Information Centre survey program,
Queensland Health

Physical inactivity

The Australian Institute of Health and Welfare recommends that 150 minutes of accumulated physical activity in at least five sessions over a week can provide a health benefit.

Nearly half (45 per cent) of Queensland adults met these guidelines for physical activity in 2001. Males, those in younger age groups and those living in more accessible areas, were more likely to meet the guidelines.

Hypertension

In 1998, 16 per cent of Queensland adults had been told by a doctor or a nurse that they have high blood pressure. The prevalence of self-reported high blood pressure generally increases with increasing age.

Causes of death

Each year in Queensland there are about 23,000 deaths; 12,000 among males and 11,000 among females.

Cause of death	number of deaths	%
Ischaemic heart disease	2,847	23.5
Stroke	888	7.3
Lung cancer	878	7.2
Chronic obstructive pulmonary disease	656	5.4
Prostate cancer	447	3.7
Colorectal cancer	442	3.6
Suicide	394	3.2
Transport accidents	262	2.2
Diabetes	248	2.0
Melanoma of the skin	149	1.2
Pneumonia	129	1.1
Dementia	113	0.9
Other causes	4,671	38.5
All causes	12,124	100.0

High cholesterol

About one-sixth of Queensland adults reported being told that they had high blood cholesterol in 1998. Rates of self-reported high cholesterol levels were highest among people aged 50 years and over.

Smoking

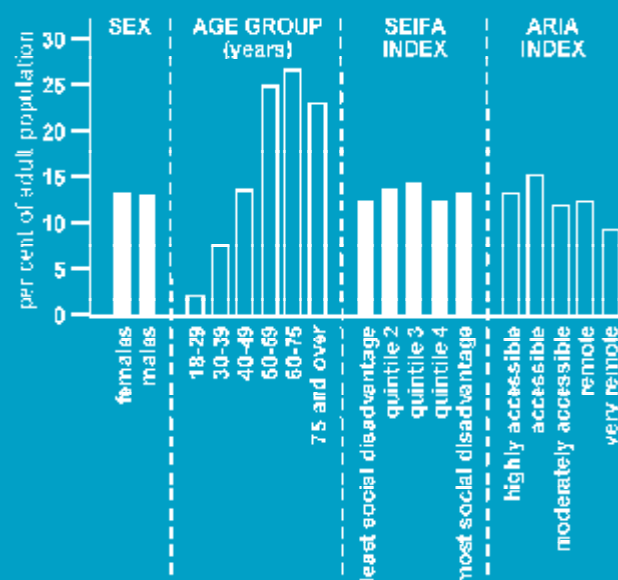
Tobacco smoking is the risk factor responsible for the greatest burden of disease in Australia. Smoking rates have been declining nationally in males since the early 1970s and in females since the mid-1980s. However, there was still about a quarter of the Queensland adult population (27 per cent of males and 23 per cent of females) who reported smoking in 1998. This level of smoking is the second highest of all the states in Australia.

Fruit and vegetables

In 2001, less than 15 per cent of adult males and less than 21 per cent of adult females in Queensland met the recommended daily intake of vegetables, while 42 per cent of males and 55 per cent of females met the recommended daily intake of fruit. It is recommended that five serves or more of vegetables and two serves or more of fruit be eaten each day for protection against disease.

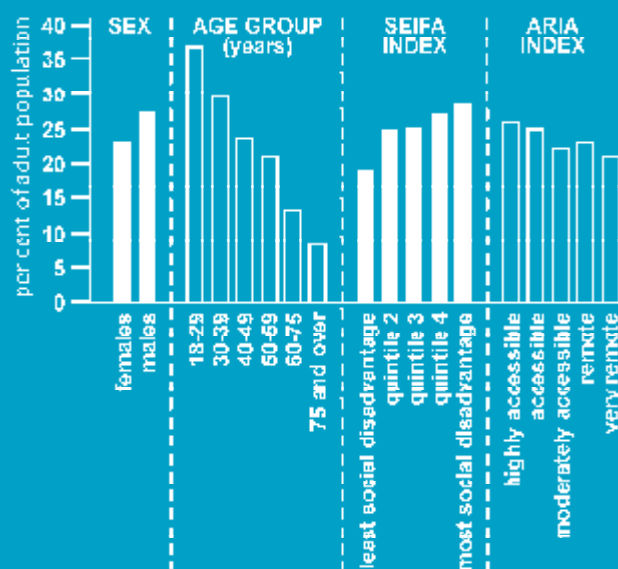
Cause of death	number of deaths	%
Ischaemic heart disease	2,443	23.0
Stroke	1,283	12.1
Breast cancer	427	4.0
Lung cancer	388	3.6
Chronic obstructive pulmonary disease	364	3.4
Colorectal cancer	331	3.1
Diabetes	257	2.4
Dementia	204	1.9
Pneumonia	164	1.5
Ovarian cancer	134	1.3
Transport accidents	89	0.8
Suicide	84	0.8
Melanoma of the skin	75	0.7
Other causes	4,392	41.3
All causes	10,635	100.0

Prevalence of self-reported high blood cholesterol among Queensland adults aged 18 years and over in 1998



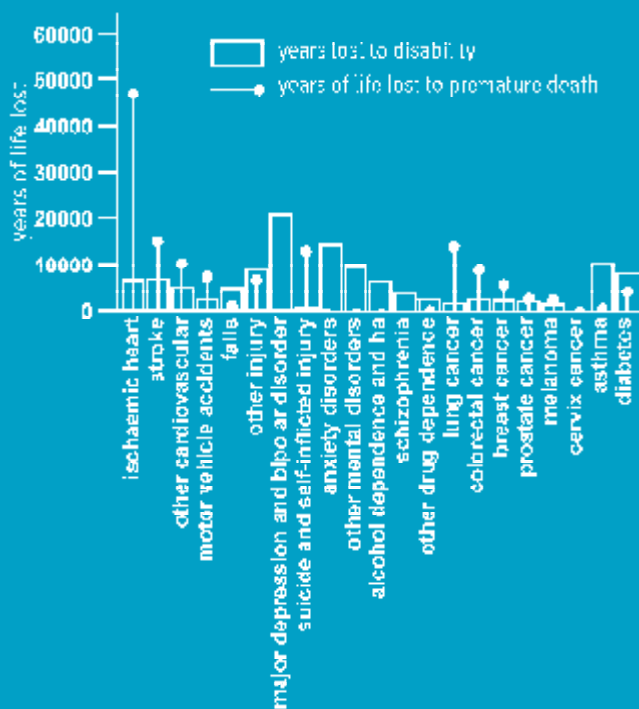
Source: Health Information Centre survey program, Queensland Health

Prevalence of self-reported smoking among Queensland adults aged 18 years and over in 1998



Source: Health Information Centre survey program, Queensland Health

Annual burden of disease for National Health Priority Areas in Queensland 1996-1998



Source:
AIHW and Australian Bureau of Statistics death data for Queensland 1996-1998

Major contributors to the burden of disease in Queensland	per cent of total burden of disease
Ischaemic heart disease	12.2
Stroke	5.1
Depression	3.9
Lung cancer	3.7
Chronic bronchitis and emphysema	3.5
Suicide	3.2
Diabetes	2.9
Dementia	2.7
Asthma	2.7
Bowel cancer	2.6
Road/transport injury	2.3
Osteoarthritis	2.3
Breast cancer	2.0
Other	51.0

Source:
AIHW and Australian Bureau of Statistics death

Burden of disease

The concept of “Burden of Disease” has been used to estimate the number of years lost because of premature mortality and disability caused by a disease or condition. For some conditions, such as ischaemic heart disease, lung cancer and suicide, the burden of disease is made up primarily of premature mortality, while for others, such as depression, asthma and diabetes, the burden of disease comprises mainly disability.

Disability is defined as any departure from full health, and this can include short-term disability such as a common cold through to a long-term disability such as quadriplegia. This is a much broader definition of disability than is often used in common language. Quantification of the burden of disease caused by disability is based on factors such as the age at which the disease or injury happened and the severity and duration of the disease or injury.

Cardiovascular disease and cancer were the largest causes of premature death. Mental disorders were the largest causes of the disability component of the burden of disease among Queenslanders. This is primarily because of the high incidence of major depression. Most of the premature mortality for mental disorders was from suicide.

The main contributors to the burden of disease are listed in the table on the left.

Mental health

Mental health problems and disorders have a major impact, either directly or indirectly, on the lives of many Australians. It is estimated that one in five persons will be affected by a mental health problem at some time in their life. The major mental disorders are: depression, schizophrenia, anxiety disorders, dementia and substance abuse.

The burden of disease for Queensland attributed to drug dependence was about half the national average.

Suicide

While suicide and self-inflicted injury are not classified as mental conditions, it was estimated that about 88 per cent of people who died from suicide suffered from a diagnosable mental disorder at the time of their death.

Suicide mortality rates are significantly higher for males than females. For males aged 15 to 24 years, the rate has increased by 21 per cent during the past 15 years.

Asthma and chronic obstructive pulmonary disease (COPD)

The vast majority of the disease burden for asthma and COPD was from disability, concentrated in children under 15 years of age for asthma, while the burden for COPD is concentrated among older people.

It is estimated that that more than 75 per cent of COPD is caused by smoking (estimates are not available specifically for asthma).

In the past 15 years mortality caused by chronic respiratory disease reduced by 28 per cent for males and increased by 5 per cent for females. This is consistent with changes in smoking patterns among males and females.

Diabetes

Diabetes is a significant risk factor for ischaemic heart disease, renal disease, circulatory problems and eye disease.

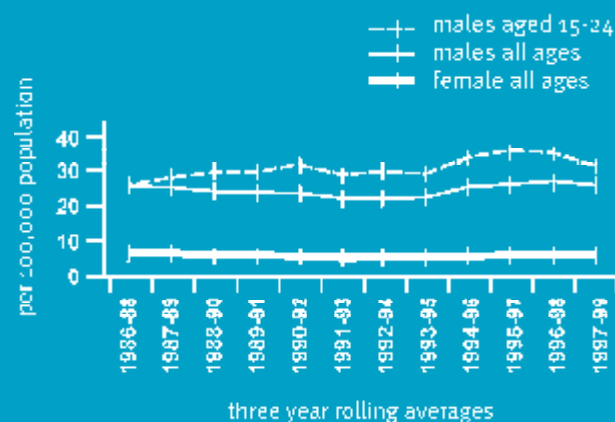
Between 6 and 8 per cent of the Queensland population aged over 25 years are estimated to have diabetes.

Diabetes is a disabling condition. Of the total burden of diabetes on the lives of Queenslanders, 40 per cent is due to premature mortality and 60 per cent is due to disability.

Since 1986, rates of mortality caused by diabetes have increased by 33 per cent for males and 15 per cent for females.

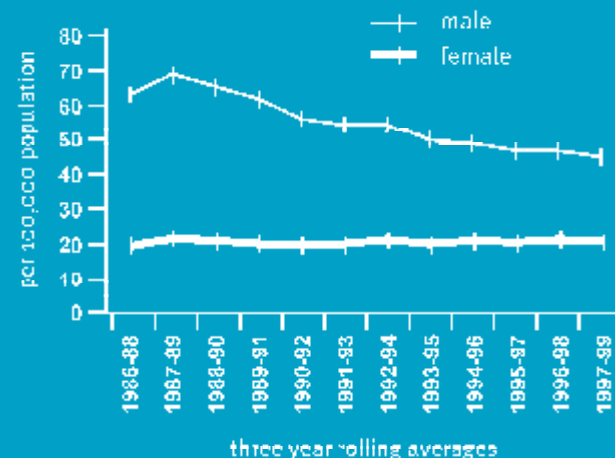
Areas with more than 40 per cent Aboriginal peoples and Torres Strait Islanders have almost 12 times the rate of diabetes mortality compared with the Queensland population as a whole.

Trends in mortality due to suicide in Queensland



Source:
Australian Bureau of Statistics death data

Trends in mortality due to chronic obstructive pulmonary disease (including asthma) in Queensland



Source:
Australian Bureau of Statistics death data