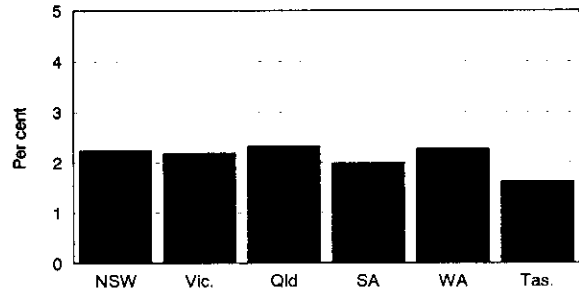


BENCHMARKING

Interstate Differences in Mortality for the Four National Priorities and other Conditions

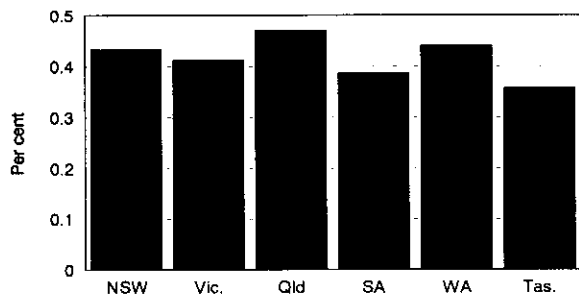
1. A series of information circulars on international benchmarks is being produced. The first of these (No 30) has been released. Others will deal with specific health issues, particularly the four national priorities (cardiovascular disease, cancer, injuries and mental) and factors associated with these conditions.
2. In addition to these international comparisons, it is instructive to compare health status in Queensland with health status in other parts of Australia. This circular is based on information from a recent report, produced jointly by the Australian Bureau Statistics and the National Centre in Epidemiology and Public Health which describes important differences in health status between the Australian States and Territories.
3. For most measures, the most important comparisons are between Queensland and the other States, as ACT and the Northern Territory have quite different demographic compositions.
4. *Perhaps the most interesting finding is that of the Australian States, Queensland has shown the highest reduction in death rates (Figure 1) and the greatest increase in expectation of life (Figures 2 and 3) for the period 1971-91.* The fact that these trends apply over a 20 year period gives great confidence, as this longer period removes the effect of year to year fluctuations. Improvements in infant mortality rate however have been relatively more modest with Queensland ranking fourth for males (Figure 4) and second for females (Figure 5).

Figure 1: Annual Percentage Reduction in Standardised Death Rates, Australian States, 1971-91



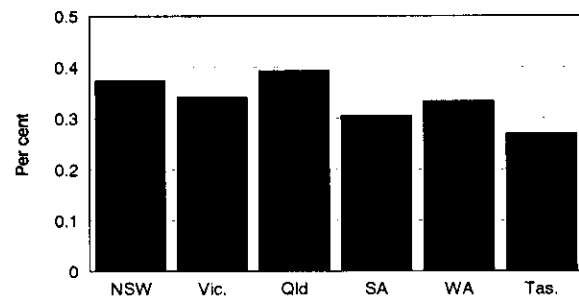
Source: Trends in Mortality, ABS catalogue No.3313.0

Figure 2: Annual Percentage Increase in Expectation of Life at Birth, Australian States, Males 1971-91



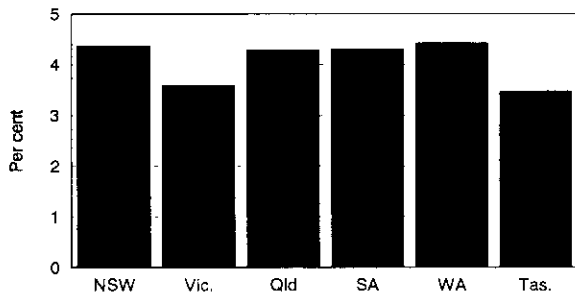
Source: Trends in Mortality, ABS catalogue No.3313.0

Figure 3: Annual Percentage Increase in Expectation of Life at Birth, Australian States, Females 1971-91



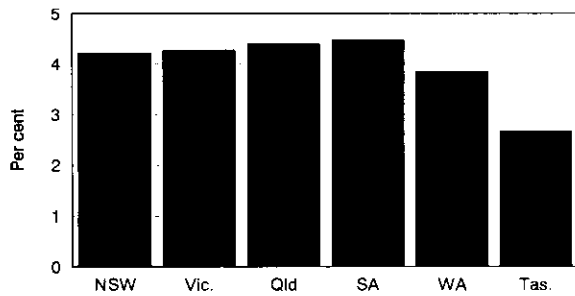
Source: Trends in Mortality, ABS catalogue No.3313.0

Figure 4: Annual Percentage Reduction in Infant Mortality Rates, Australian States, Males 1971-91



Source: Trends in Mortality, ABS catalogue No.3313.0

Figure 5: Annual Percentage Reduction in Infant Mortality Rates, Australian States, Females 1971-91



Source: Trends in Mortality, ABS catalogue No.3313.0

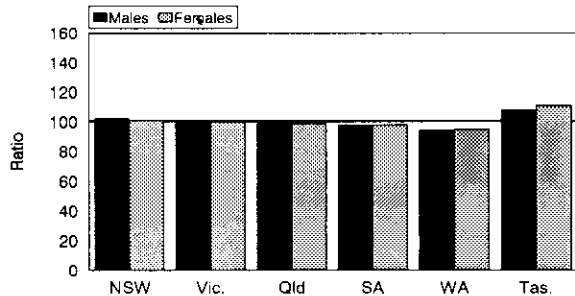
5. Despite these generally favourable trends in Queensland, comparisons between the States for 1991 show *that there is still considerable room for improvement in Queensland, for all causes of death combined, for each of the four national priorities and for a number of other important health issues.*
6. For all causes of death, Western Australia has the lowest mortality, followed by South Australia. All causes mortality for Queensland is 5% higher than in Western Australia (Figure 6).
7. In relation to the four national priorities:

A. Cardiovascular Disease

Western Australia has the lowest mortality for heart disease and cerebrovascular disease. Queensland death rates for heart disease are 10% higher than for Western Australia and for cerebrovascular disease, Queensland death

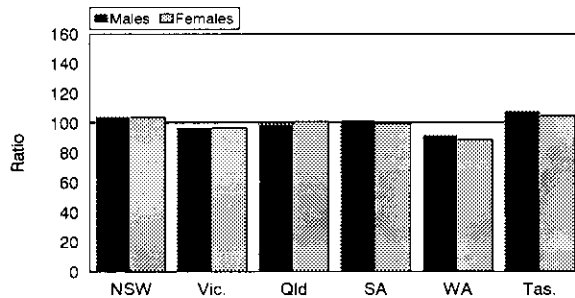
rates are 11% higher than for Western Australia (Figures 7 and 8)

Figure 6: Standardised Mortality Ratios, Australian States, 1991-92, All causes



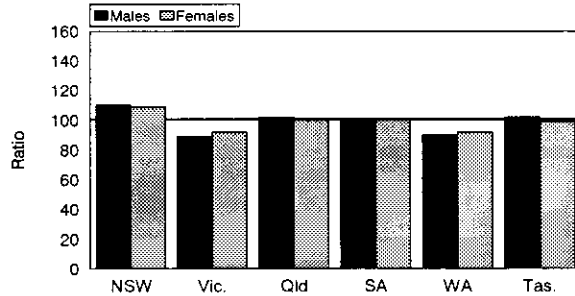
Source: Trends in Mortality, ABS catalogue No.3313.0

Figure 7: Standardised Mortality Ratios, Australian States, 1991-92, Heart Disease



Source: Trends in Mortality, ABS catalogue No.3313.0

Figure 8: Standardised Mortality Ratios, Australian States, 1991-92, Cerebrovascular Disease

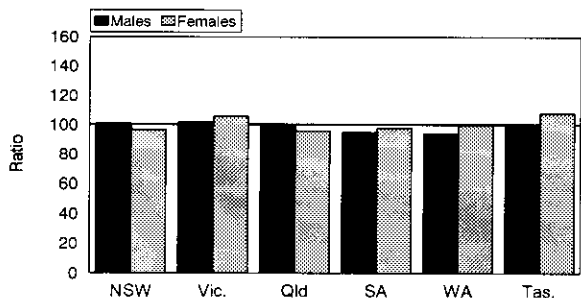


Source: Trends in Mortality, ABS catalogue No.3313.0

B. Neoplasms

Western Australia and South Australia have the lowest death rates. Queensland death rates are 2% higher than for Western Australia. Death rates for females in Queensland however are the lowest of the Australian States (Figure 9).

Figure 9: Standardised Mortality Ratios, Australian States, 1991-92, Neoplasms

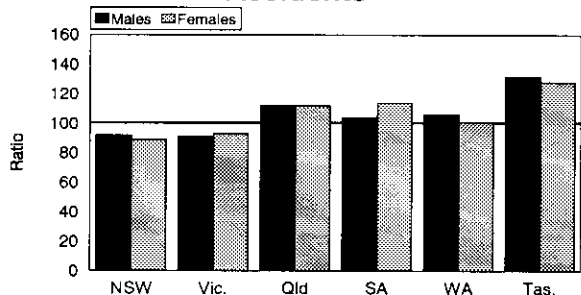


Source: Trends in Mortality, ABS catalogue No.3313.0

C. Injuries

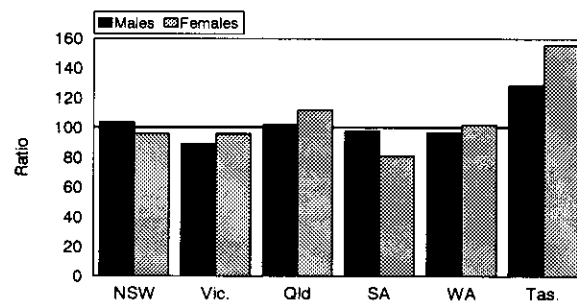
New South Wales has the lowest death rates for motor vehicle accidents and Victoria the lowest death rates for other accidents. Motor vehicle accident death rates in Queensland are 23% higher than in New South Wales and death rates for other accidents are 14% higher than in Victoria (Figures 10 and 11).

Figure 10: Standardised Mortality Ratios, Australian States, 1991-92, Motor Vehicle Accidents



Source: Trends in Mortality, ABS catalogue No.3313.0

Figure 11: Standardised Mortality Ratios, Australian States, 1991-92, Other Accidents

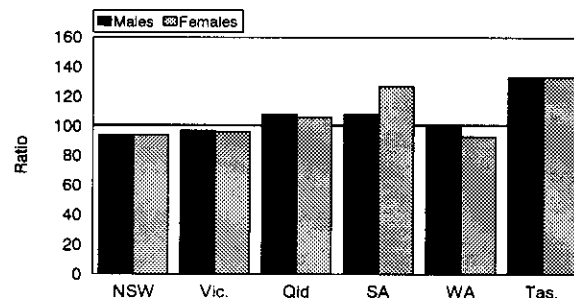


Source: Trends in Mortality, ABS catalogue No.3313.0

D. Mental Health

New South Wales has the lowest death rates for suicide and Queensland rates are 15% higher than the New South Wales rates (Figure 12).

Figure 12: Standardised Mortality Ratios, Australian States, 1991-92, Suicide

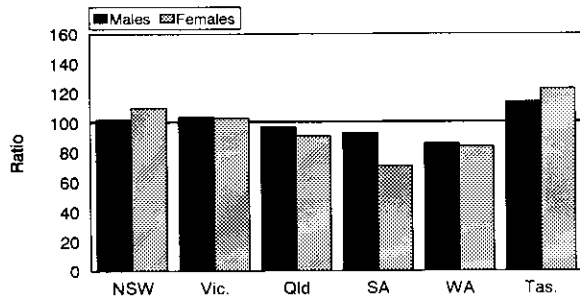


Source: Trends in Mortality, ABS catalogue No.3313.0

8. Other important findings are as follows:

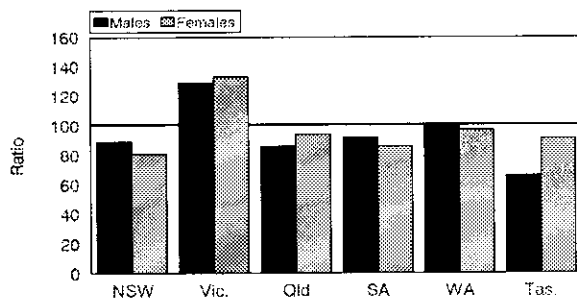
- Death rates for chronic respiratory conditions are 12% higher in Queensland than in South Australia and Western Australia (Figure 13).
- Death rates for diabetes in Queensland are 14% higher than for Tasmania (Figure 14).
- Death rates for nephritis were 64% higher in Queensland than for South Australia (Figure 15).

Figure 13: Standardised Mortality Ratios, Australian States, 1991-92, Chronic Respiratory Disease



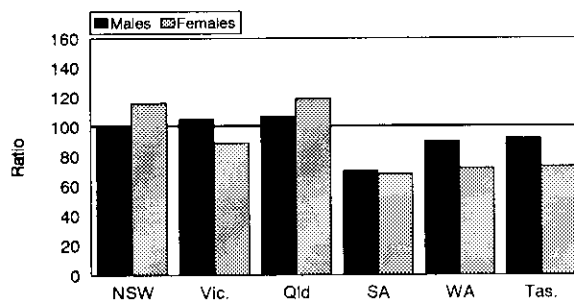
Source: Trends in Mortality, ABS catalogue No.3313.0

Figure 14: Standardised Mortality Ratios, Australian States, 1991-92, Diabetes



Source: Trends in Mortality, ABS catalogue No.3313.0

Figure 15: Standardised Mortality Ratios, Australian States, 1991-92, Nephritis



Source: Trends in Mortality, ABS catalogue No.3313.0

SUMMARY

These benchmark findings indicate that *while Queensland has made the most rapid improvement between 1971 and 1991 of all the Australian States in the two key indices of standardised death rates and expectation of life, there is no major condition where Queensland has the lowest mortality and there is still considerable potential for further improvement in health for all causes of death combined, for each of the four national priorities and for a variety of other conditions.*

For Queensland to achieve these gains, there would need to be a considerable increase in preventive activities involving broadly focussed approaches to nutrition, tobacco, alcohol, injuries, sun exposure and mental health.

A Circular to be released shortly, will outline the goals and targets for the four national priorities in our Program Management framework.