1998
information CIRCULAR
Epidemiology and Health Information Branch

BENCHMARKING UPDATE - MORTALITY RATES AMONGST ORGANISATION FOR ECONOMIC CO-OPERATION AND DEVELOPMENT COUNTRIES, 1994

Summary

This circular examines 1994 mortality rates for specific diseases amongst 20 OECD countries. Queensland and Australia are compared with the OECD countries. Overall, Japan and France had the lowest mortality rates. Queensland is at the lower end of the spectrum for mortality rates for all causes. Therefore, it is not unreasonable for Queensland to aim to have health equal to the best of the European countries.

When specific causes are examined, Queensland is performing relatively well. Queensland compared with the other countries has fairly low mortality rates for cardiovascular disease, cerebrovascular disease, malignant neoplasm of digestive organs and peritoneum, malignant neoplasm of respiratory and intrathoracic organs, and malignant neoplasm of female breast.

Queensland has fairly high rates for ischaemic heart disease, malignant neoplasm of the prostate, malignant melanoma of the skin, suicide and self-inflicted injury and homicide and injury purposely inflicted by other people.

Overall, Queensland performs better than Australia for most disease groups except for ischaemic heart disease, malignant melanoma of skin, total external injury and poisoning, transport accidents, accidental falls, suicide and self-inflicted injury and homicide and injury purposely inflicted by other people.

Introduction

This circular examines 1994 mortality rates for Queensland and Australia compared to 20 OECD countries. It is an update of a previous information circular (circular number 33) which used 1988 mortality information[1].

Age standardised death rates per 100,000 population for all persons were calculated for each disease group. Table 2 (Appendix B) is a summary of this information, showing for each disease the countries which have the highest and lowest mortality rates, the European country with the lowest mortality rate, the degree to which Queensland's mortality rate exceeds the lowest European rate[2] (expressed as percentages), Queensland person years life lost for each disease and the Queensland potential mortality gain through lowering its death rate to that of the lowest European country[3].

All Causes

- Japan had the lowest mortality rate with 364.3 deaths per 100,000 persons, while France had the lowest mortality rate amongst the European countries (423.6 per 100,000). (Appendix A, Figure A1). Ireland had the highest mortality rate for persons for all causes (562.5) followed closely by Portugal (555.9)(Appendix A, Figure A1).
- The Queensland death rate for all causes was only 2.8 per cent greater than the lowest European country (France).
- The largest three causes of person years of life lost in Queensland are ischaemic heart disease (17,946), transport accidents (15,443) and suicide and self-inflicted injury (13,537). Person years of life lost was calculated for all ages below 75 years.
- The four conditions with the highest excess mortality are mental disorders (850%), malignant melanoma of skin (667%), chronic bronchitis, emphysema and asthma (546%) and suicide and self-inflicted injury (377%).
- Between 1988 and 1994 Queensland's rank amongst the 20 OECD countries improved for all causes (Appendix B, Table 1).

Total cardiovascular disease

- For total cardiovascular disease, Ireland had the highest mortality rate (235.4 per 100,000), and France had the lowest rate (107.9) (Appendix A , Figure A2).
- Queensland mortality rate due to cardiovascular disease was 55 per cent higher than the lowest European country.
- For Queensland the total person years of life lost for cardiovascular disease was 18 per cent of the total for all causes, and was lower than for total malignant neoplasms (Appendix A, Figure 1).
- Queensland's potential for mortality gain for total cardiovascular disease was greater than for total malignant neoplasms, but less than for total external injury and poisoning (Appendix A, Figure 2).
- Queensland's rank amongst the 20 OECD countries improved marginally between 1988 and 1994 (Appendix B, Table 1).

(a) Ischaemic heart disease

- The highest mortality rate for ischaemic heart disease was 136.6 per 100,000 in Ireland (Appendix A, Figure A3). The mortality rate due to this cause was lowest in Japan (21.7), with France having the lowest value amongst the European countries (33.2).
- Queensland's mortality rate was three times greater than the rate for France, indicating considerable room for improvement (Appendix B, Table 2).
- Of all disease subcategories ischaemic heart disease had the greatest number of person years of life lost for Queensland, which was 11.2 per cent of the total (Appendix B, Table 2).
- Also, of all the subcategory disease groups, this condition would yield the greatest mortality gain for Queensland (Appendix A, Figure 2).
- Queensland's position amongst the 20 comparison countries remained the same for 1988 and 1994 (Appendix B, Table 1).

(b) Cerebrovascular disease

- Portugal had the highest mortality rate for cerebrovascular disease (106.1 per 100,000), while France had the lowest rate (26.7) (Appendix A, Figure A4).
- Queensland had a 33 per cent excess in comparison with France for this disease.
- The percentage of total person years of life lost for this condition was 2.8 per cent of the total for all causes for Queensland.
- Compared to other disease subcategories, cerebrovascular disease had the fifth lowest value for potential mortality gain (Appendix A, Figure 2).
- Queensland's rank amongst the OECD countries improved for cerebrovascular disease between 1988 and 1994 (Appendix B, Table 1).

Total malignant neoplasms

- The country in which total malignant neoplasms claimed the highest number of lives per 100,000 persons was Ireland (146.9 per 100,000) (Appendix A, Figure A5).
- Finland had the lowest mortality rate due to this cause (105.9), with low rates also being found in Japan (106.2), Sweden (108.4) and Greece (109.1) (Appendix A, Figure A5).
- Total person years of life lost (26%) was higher for total malignant neoplasms than for cardiovascular disease, while the reverse pattern was found for excess mortality (Appendix A, Figures 1 and 3).
- Queensland potential for mortality gain for total malignant neoplasms was lower than for the other leading causes of death (Appendix A, Figure 2).
- Between 1988 and 1994 Queensland's rank amongst the 20 OECD countries became marginally worse (Appendix B, Table 1).

(a) Digestive organs and peritoneum

- Japan had the highest number of deaths per 100,000 for malignant neoplasm of the digestive organs and peritoneum (61.4 per 100,000) and the United States was the country with the lowest (29.5) (Appendix A, Figure A6).
- Queensland had a low percentage excess (13.9) for this disease compared to other diseases (Appendix A, Figure 3).

- Of all the malignant neoplasms, this condition had the highest number of total person years of life lost for Queensland (6.0% of total for all causes).
- Queensland potential for mortality gain for malignant neoplasms of the digestive organs and peritoneum was in the middle range compared to other disease subcategories (1,177) (Appendix A, Figure 2).
- Queensland's position amongst the comparison countries was marginally worse in 1994 when compared with 1988 for this cancer condition (Appendix B, Table 1).

(b) Respiratory and intrathoracic organs

- The United States (40.4 per 100,000) had the highest mortality rate for malignant neoplasm of the respiratory and intrathoracic organs. Sweden had the lowest mortality rate (17.0) (Appendix A, Figure A7).
- For Queensland the percentage excess for this disease was 57 per cent, but it is still low compared to other diseases (Appendix A, Figure 3).
- The total person years of life lost for this disease was 4.8 per cent of the total for all causes.
- Of all the cancer subcategories, malignant neoplasm of the respiratory and intrathoracic organs would give the highest mortality gain (2,786) (Appendix A, Figure 2).
- Between 1988 and 1994 Queensland's relative position amongst the OECD countries improved for this cancer subcategory (Appendix B, Table 1).

(c) Malignant melanoma of skin

- Queensland had the highest mortality rate for malignant melanoma of skin (4.6 per 100,000) (Appendix A, Figure 8). Japan had the lowest mortality rate (0.2) and Greece (0.6) was the European country with the lowest rate.
- Queensland had a very high excess mortality rate for this condition compared to other conditions (667%) (Appendix A, Figure 3).
- The total person years of life lost for malignant neoplasm of skin (1.4% of total for all causes) was in the middle range of all the cancer subcategories for Queensland (Appendix B, Table 2).
- Of all the cancer disease groups, malignant melanoma would save the second highest number of person years of life lost, if Queensland's mortality was reduced to the lowest European country's mortality (1,933) (Appendix A, Figure 2).
- Queensland's ranking amongst the OECD countries became worse between 1988 and 1994, as Queensland moved from the second worse rank to the worse rank between these years (Appendix B, Table 1). However, as shown in Appendix A, Figure A8, Queensland, New Zealand, Australia and Norway were the four worse countries, and this pattern was also found in 1988.

(d) Malignant neoplasm of female breast

- Ireland had the greatest mortality rate for malignant neoplasm of female breast (27.4 per 100,000) (Appendix A, Figure A9). Japan had the lowest mortality rate (7.1), while Finland was the lowest European country (16.2). Queensland had a mortality rate for this condition which was below the mean (Appendix A, Figure A9).
- Queensland mortality rate was 14.8% higher than the mortality rate in Finland (Appendix A, Figure 3).
- The total person years of life lost for breast cancer was also in the middle range compared to the other cancer conditions (2.9% of total for all causes).
- Mortality gain for breast cancer would be low (607) (Appendix A, Figure 2).
- Queensland's rank amongst the OECD countries changed from a rank of 6 in 1988 to a rank of 7 in 1994 (Appendix B, Table 1).

(e) Malignant neoplasm of cervix uteri

- Deaths due to malignant neoplasm of cervix uteri were most prevalent in Norway (3.5 per 100,000). Both Greece and Italy had the lowest number of deaths per 100,000 females (0.8) (Appendix A, Figure A10).
- The Queensland percentage excess for this condition (213) was second highest of all cancer conditions (after malignant melanoma of skin) (Appendix A, Figure 3).
- The total person years of life lost for malignant neoplasm of cervix uteri was low compared to other cancer conditions (0.5%).
- Cancer of the cervix had the second lowest mortality gain (536), of all disease subcategories (Appendix A, Figure 2).
- Between 1988 and 1994, Queensland's position amongst the OECD countries became worse (Appendix B, Table 1).

(f) Malignant neoplasm of prostate

- Mortality rates for malignant neoplasm of the prostate ranged from 24.4 per 100,000 male population in Norway, to 4.4 in Japan (Appendix A, Figure A11).
- Greece was the European country with the lowest rate of 9.2 per 100,000 male population.
- The percentage excess for malignant neoplasm of the prostate was 108 per cent (Appendix A, Figure 3).
- The total person years of life lost for cancer of the prostate (0.6%) was higher than for malignant neoplasm of cervix uteri.
- Cancer of the prostate had the lowest mortality gain (491), of all disease subcategories (Appendix A, Figure 2).

- Between 1988 and 1994 Queensland's rank amongst the OECD countries became worse, changing from a rank of 10 to a rank of 15 (Appendix B, Table 1).

Total external injury and poisoning

- For total injury and poisoning (external causes) deaths ranged from to 24.4 per 100,000 persons in the Netherlands to 64.7 per 100,000 in Finland (Appendix A, Figure A12).
- There was a higher percentage excess (59%) for total external injury and poisoning than for total cancers in Queensland, and it was slightly higher than for cardiovascular disease (Appendix A, Figure 3).
- Total external injury and poisoning was the biggest contributor to the total person years of life lost (26%), along with total malignant neoplasms (26%) (Appendix A, Figure 1). Also, this disease group would yield the highest mortality gain for Queensland (15, 379) (Appendix A, Figure 2).
- Between 1988 and 1994 Queensland's rank amongst the OECD countries did not change (Appendix B, Table 1).

(a) Transport accidents

- Portugal had the highest death rate (20.7 per 100,000) due to transport accidents. The United Kingdom had the lowest rate (6.3) (Appendix A, Figure A13).
- Queensland's percentage excess due to transport accidents was 108 per cent (Appendix A, Figure 3).
- Transport accidents in Queensland had the highest number of total person years of life lost (9.6%) compared to other accident subcategory causes of death.
- Of all disease subcategories, transport accidents[4] would give the third highest mortality gain (8,016), after ischaemic heart disease and suicide and self inflicted injury (Appendix A, Figure 2).
- Queensland's relative position amongst the 20 OECD countries improved for transport accidents between 1988 and 1994 (Appendix B, Table 1).

(b) Accidental falls

- Mortality due to accidental falls per 100,000 population was highest in Finland (8.4 per 100,000) (Appendix A, Figure A14). Spain was the country with the lowest mortality from accidental falls per 100,000 population (1.7).
- Queensland had an excess of 129 per cent for this cause compared with Spain (Appendix A, Figure 3).
- Total person years of life lost in Queensland as a result of accidental falls was fairly low (0.8%).
- Of all injury and poisoning subcategories, accidental falls had the lowest mortality gain for Queensland (705) (Appendix A, Figure 2).
- Between 1988 and 1994 Queensland's rank amongst the 20 OECD countries did not change for accidental falls (Appendix B, Table 1).

(c) Suicide and self-inflicted injury

- Given the role of sociocultural factors in the reporting of deaths to suicide, international comparisons of mortality from this cause are particularly hazardous (Lopez, 1990:112). Suicide is likely to be widely underreported in a number of countries where socio-religious attitudes might be sufficiently persuasive to prompt an alternative diagnosis on the death certificate. Analysis of the WHO data found that the lowest rates were reported for countries with a strong Catholic tradition including Portugal (5.6 per 100,000), Italy (5.7) and Spain (5.8).
- Finland had the highest suicide rate (23.2 per 100,000) (Appendix A, Figure A15).
- For Queensland, the percentage excess (377%) for suicide was the highest amongst injury and poisoning subcategories (Appendix A, Figure 3).
- Queensland mortality gain for suicide (10,698) was highest compared to other injury and poisoning subcategory causes of death (Appendix A, Figure 2).
- The total person years of life lost for suicide (13,537) was second highest amongst the injury and poisoning subcategories (Appendix B, Table 2).
- In 1988 Queensland's rank amongst the 20 OECD countries was 13, compared with a rank of 16 in 1994 (Appendix B, Table 1).

(d) Homicide and injury

- Homicide and injury purposely inflicted by other persons is highest in the United States (9.9 per 100,000). It was lowest in Japan and Ireland (0.6) (Appendix A, Figure A16).
- The percentage excess (183%) due to homicide in Queensland was fairly high (Appendix A, Figure 3).
- Total person years of life lost due to this cause was 1.3 per cent of the total.
- Homicide was in the middle range for Queensland mortality gain amongst the disease subcategories (1,374) (Appendix A, Figure 2).
- Between 1988 and 1994 Queensland's rank amongst the OECD countries shifted from a rank of 18 to a rank of 17.

Mental disorders

- As with suicide, international comparisons of mortality due to mental disorders have problems concerning comparability of the data.
- Finland had the highest number of deaths per 100,000 population due to mental disorders (15.5 per 100,000). Greece (0.8) had the lowest rate (Appendix A, Figure A17).
- Queensland had a percentage excess of 850 per cent for mental disorders (Appendix A, Figure 3).
- Both total person years of life lost (1.1%) and mortality gain (1,505) for mental disorders in Queensland were less than for each of the three main leading causes of death (i.e. neoplasms, cardiovascular, injury and poisoning) (Appendix A, Figures 1 and 2).
- Queensland's rank relative to the 20 comparison countries improved between 1988 and 1994 (Appendix B, Table 1).

Chronic bronchitis, emphysema and asthma

- For chronic bronchitis, emphysema and asthma, Italy had the highest rate (12.4 per 100,000), while Greece had the lowest (1.1 per 100,000) (Appendix A, Figure A18).
- The percentage excess for Queensland was high (546%) (Appendix A, Figure 3).
- For Queensland the total person years of life lost for chronic bronchitis, emphysema and asthma was 1.3 per cent of the total for all causes.
- Chronic bronchitis, emphysema and asthma had the sixth highest mortality gain for Queensland, of all the disease subcategories (1,730) (Appendix A, Figure 2).
- Between 1988 and 1994 Queensland's rank amongst the 20 comparison countries became worse.

Diabetes

- Greece had the lowest mortality rate (3.5 per 100,000) for diabetes, and Portugal had the highest rate (15.3 per 100,000) (Appendix A, Figure A19).
- Queensland had an excess of 137% over the lowest European country.
- Both total person years of life lost and mortality gain for diabetes in Queensland were less than for each of the three main leading causes of death (i.e. neoplasms, cardiovascular, injury and poisoning).
- In comparison with the OECD countries Queensland was in the middle range for death rates for diabetes, and had a slightly lower rate than Australia.

Conclusion

Queensland is at the lower end of the mortality rate for all causes in Figure A1 (Appendix A). Therefore, it is not unreasonable for Queensland to aim to have health equal to the best of the European countries.

Overall Japan and France were the countries with the lowest mortality. Although Japan had the highest number of deaths for malignant neoplasm of the digestive organs and peritoneum, for malignant melanoma of the skin and breast and prostate cancers Japan had the lowest number of deaths per 100,000 population. Japan also had the lowest rate for all causes, ischaemic heart disease and homicide.

France was the European country with the lowest mortality rate for all causes, total cardiovascular disease, ischaemic heart disease, and cerebrovascular disease. Greece had the lowest mortality rates among European countries for malignant melanoma of skin, malignant neoplasms of cervix uteri and prostate, suicide, mental disorders and chronic bronchitis, emphysema and asthma.

Between 1988 and 1994 Queensland's rank amongst the 20 OECD countries became worse (Appendix B, Table 1) for:

- Total malignant neoplasms
- Malignant neoplasms of digestive organs and peritoneum
- Malignant melanoma of skin
- Malignant neoplasm of female breast
- Malignant neoplasm of cervix uteri
- Malignant neoplasm of prostate
- Suicide
- Chronic bronchitis, emphysema and asthma

During the same period Queensland's rank amongst the OECD countries improved for:

- All causes
- Total cardiovascular disease
- Cerebrovascular disease
- Malignant neoplasm of respiratory and intrathoracic organs
- Transport accidents
- Homicide and injury purposely inflicted by other people
- Mental disorders

In 1994 Queensland ranked worse than Australia for (Appendix B, Table 1):

- Ischaemic heart disease
- Malignant melanoma of skin
- Total external injury and poisoning
- Transport accidents
- Accidental falls
- Suicide
- Homicide

In 1994 Queensland ranked better than Australia for:

- All causes
- Total cardiovascular disease
- Cerebrovascular disease
- Total malignant neoplasms

- Malignant neoplasm of digestive organs and peritoneum
- Malignant neoplasms of respiratory and intrathoracic organs
- Malignant neoplasm of female breast
- Malignant neoplasm of cervix uteri
- Malignant neoplasm of prostate
- Mental disorders
- Chronic bronchitis, emphysema and asthma
- Diabetes

The most marked differences between Australia and Queensland in 1994, as shown in the graphs in Appendix A, were for:

- Total external injury and poisoning with Queensland having a rank of 13 and Australia having a rank of 6.
- Suicide where Queensland's rank was 16 compared with Australia's rank of 10.

In 1994 Queensland had the highest mortality rate amongst the 20 OECD countries for melanoma of the skin, and it had the fourth highest rate for homicide.

Methodology

The mortality data analysed in this circular is from the World Health Organisation (WHO). One of the main functions of the WHO Health Situation and Trend Assessment Program is the collection, analysis and dissemination of data on priority health issues (Ruzicka and Lopez, 1990:250). Since 1950, WHO has routinely collected annual cause-of-death data from member states on magnetic tape or, in some cases, on a questionnaire which is a mirror image of List A of ICD-6, 7, and 8 and the Basic Tabulation List of ICD-9.

These data are systematically screened for consistency, plausibility and coding errors before being stored in a large mortality data base maintained by WHO (Ruzicka and Lopez, 1990:250). They are all coded according to the International Classification of Diseases and are therefore, in principle, internationally comparable.

In practice however, the comparability of national mortality patterns is undoubtedly affected by international differences in diagnostic and coding practices (Lopez, 1990:112). The impact of these factors is extremely difficult to quantify. For broad groupings of causes of death the comparability of data is undoubtedly better than for specific causes. Therefore, broad groupings were used in the analysis of the mortality data amongst OECD countries in this report.

In this circular causes of death by age standardised mortality rates in 1988 amongst OECD countries, as well as Hong Kong and Singapore were examined. The International Classification of diseases (ICD) was used based on the Ninth Revision. The codes refer to items in the Basic Tabulation List. Data in this publication was reported for persons, rather than separately for males and females. Analysis of the WHO data showed that mortality rates per disease for males and females followed a similar pattern among the OECD countries, except that male rates were of a greater magnitude.

References

Lopez A.D. 1990. Who dies of what? A comparative analysis of mortality conditions in developed countries around 1987. *World Health Statistics Quarterly*, 43: 105-114.

Ruzicka L.T. and Lopez A.D. 1990. The use of cause-of-death statistics for health situation assessment: National and international experiences. *World Health Statistics Quarterly*, 43:249-257.

Footnote:

[1] Although data for Hong Kong, Singapore, Luxembourg and Iceland was examined in 1988, data for these countries was not available in 1994. Therefore, these four countries were excluded when comparisons were made between the two years.

[2] Queensland percentage excess mortality was calculated by subtracting the lowest European mortality rate from the Queensland mortality rate and by dividing by the lowest European rate. This was then multiplied by one hundred to convert to a percentage. The calculation was done for all cause of death categories.

[3] Queensland mortality gain represents the years of life lost Queensland would save if Queensland reduced its mortality to the lowest European country's mortality, in relation to each cause.

[4] Mortality rates for transport accidents would be expected to be higher in Queensland than other OECD countries due to large rural areas dependent on private transport. Also Queensland residents are more likely to travel longer distances.

Appendix A

Figure 1: Percentage of total person years of life lost for Queensland by leading causes of death

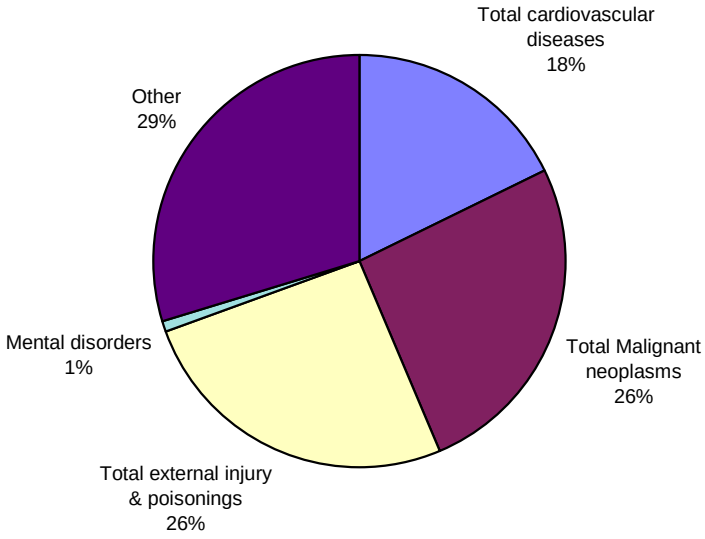
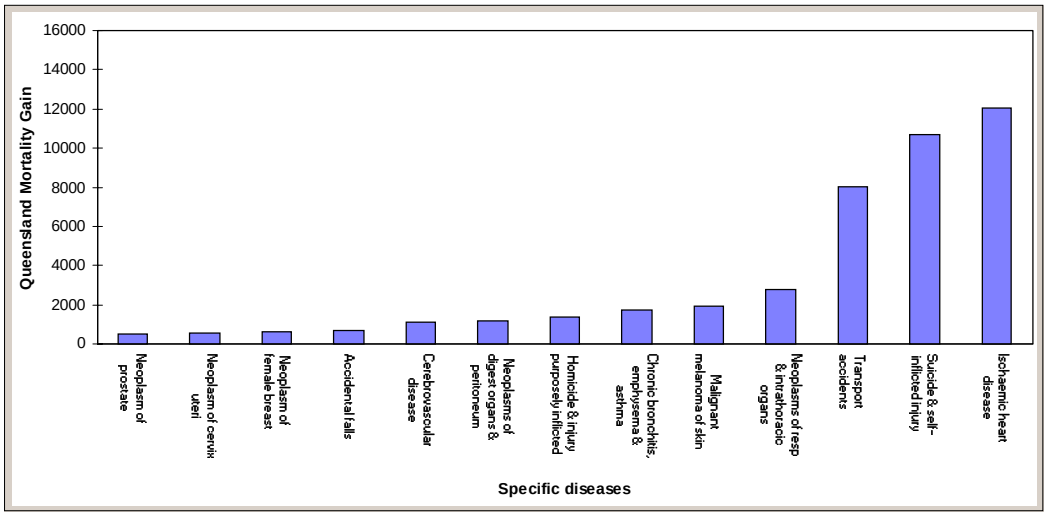
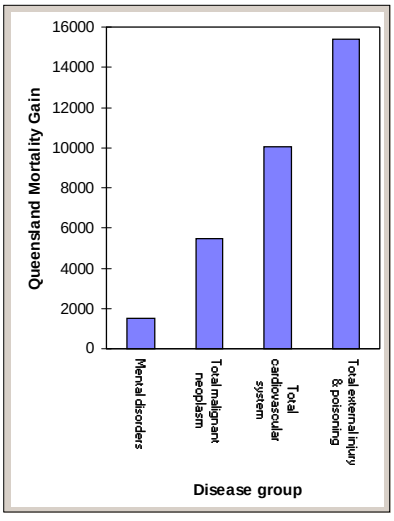


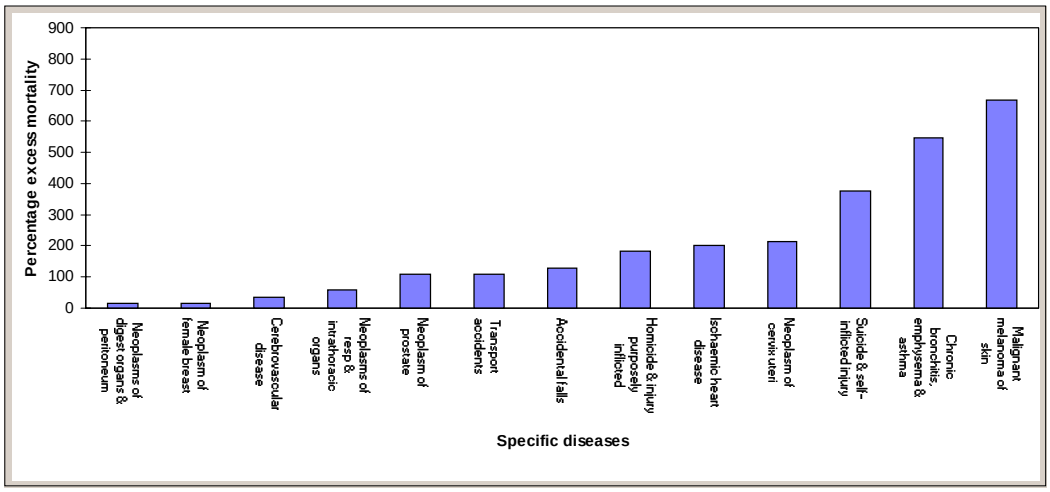
Figure 2: Queensland mortality gain caculation* by disease group

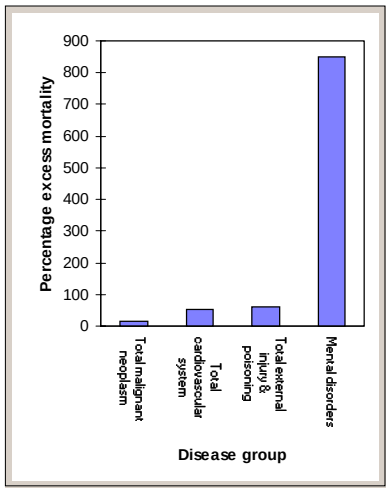




* This calculation represents the years of life lost Queensland would save if mortality in Queensland was reduced to the lowest European mortality, in relation to each disease group. It is calculated by the following equation:
Queensland Mortality Gain=Total person years of life lost x % excess mortality/(% excess mortality + 100)

Figure 3: Queensland percentage excess mortality* by disease group





* Queensland percentage excess mortality for each disease was calculated using the following equation:
% Excess mortality=(Queensland mortality rate - Lowest European mortality rate/Lowest European rate) x 100

Figure A1: Age standardised death rate* per 100,000 population amongst OECD countries for persons, 1994 - All causes

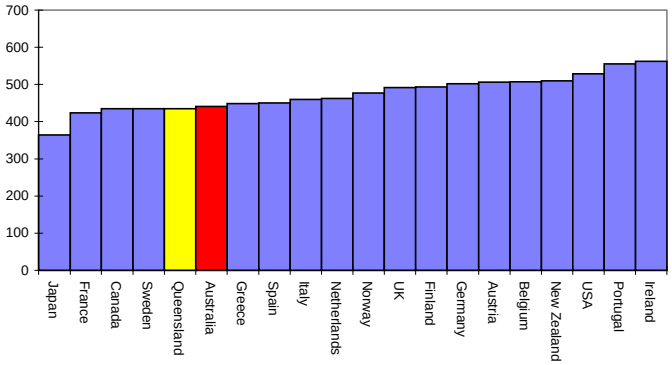
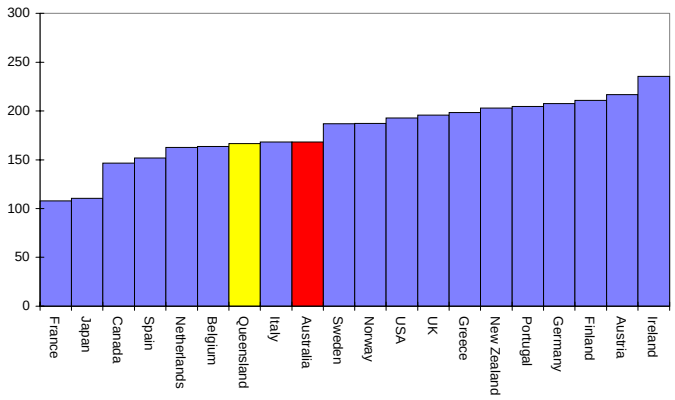


Figure A2: Age standardised death rate* per 100,000 population amongst OECD countries for persons, 1994 - Total cardiovascular disease



* Standardised to the world standard population, 1960

Figure A3: Age standardised death rate* per 100,000 population amongst OECD countries for persons, 1994 - Ischaemic heart disease

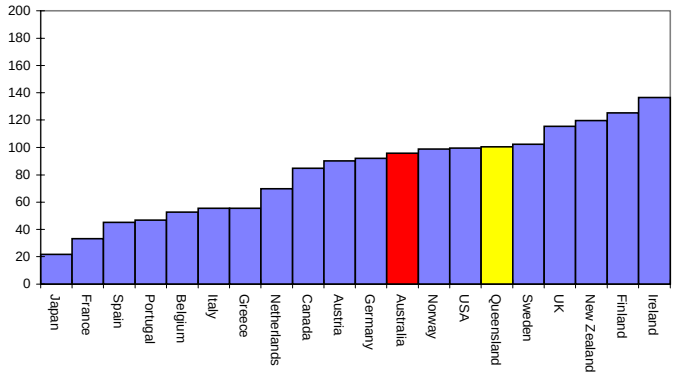


Figure A4: Age standardised death rate* per 100,000 population amongst OECD countries for persons, 1994 - Cerebrovascular disease

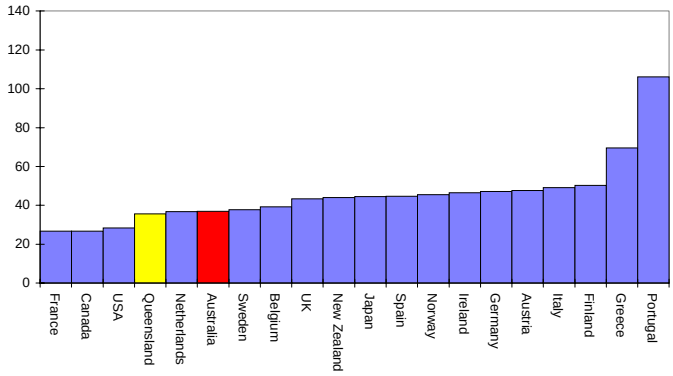


Figure A5: Age standardised death rate* per 100,000 population amongst OECD countries for persons, 1994 - Total malignant neoplasms

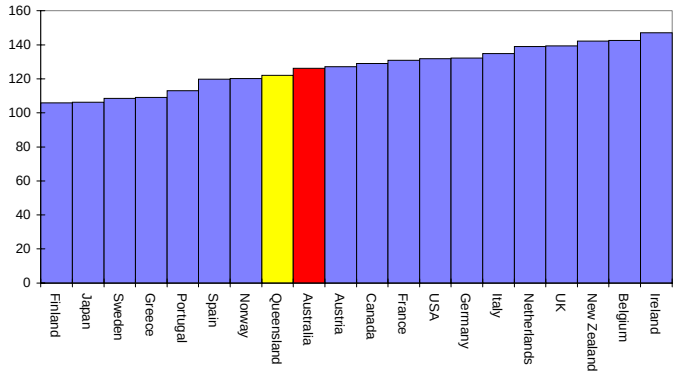


Figure A6: Age standardised death rate* per 100,000 population amongst OECD countries for persons, 1994 - Malignant neoplasm of digestive organs and peritoneum

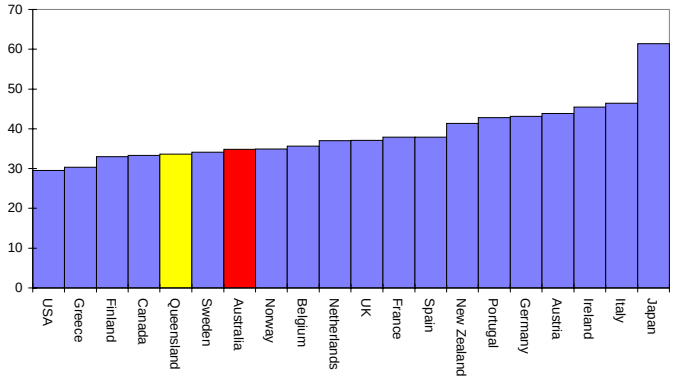


Figure A7: Age standardised death rate* per 100,000 population amongst OECD countries for persons, 1994 - Malignant neoplasm of respiratory and intrathoracic organs

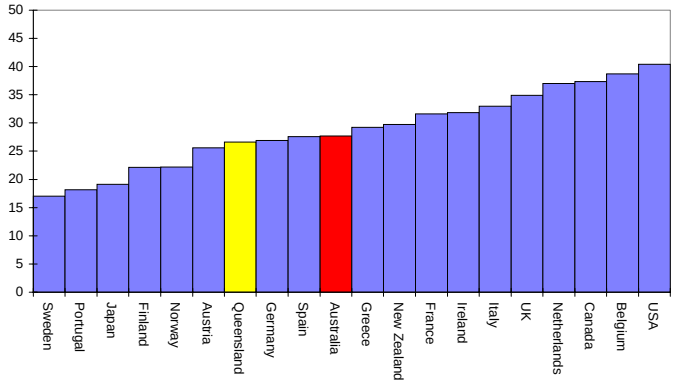
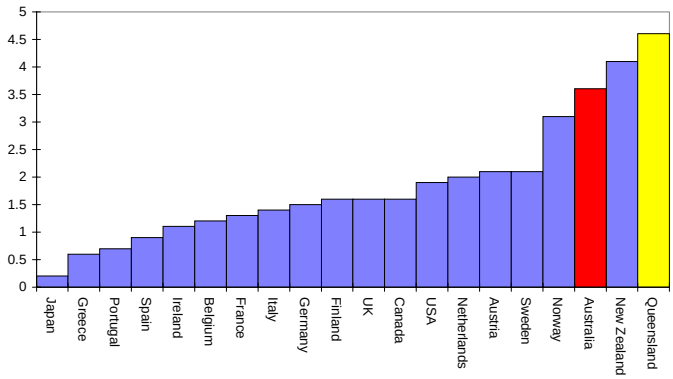


Figure A8: Age standardised death rate* per 100,000 population amongst OECD countries for persons, 1994 - Malignant melanoma of skin



* Standardised to the world standard population, 1960

Figure A9: Age standardised death rate* per 100,000 population amongst OECD countries for females, 1994 - Malignant neoplasm of female breast

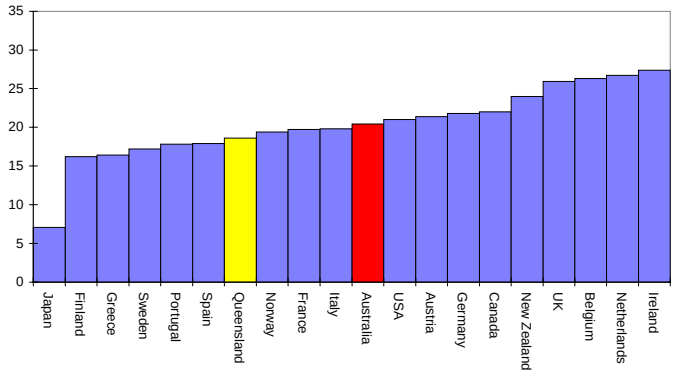


Figure A10: Age standardised death rate* per 100,000 population amongst OECD countries for females, 1994 - Malignant neoplasm of cervix uteri

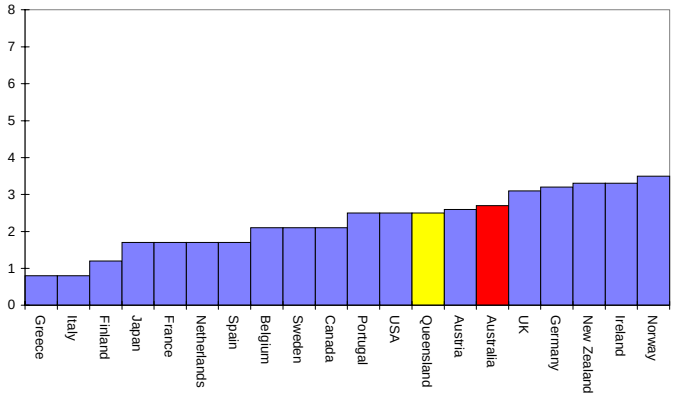


Figure A11: Age standardised death rate* per 100,000 population amongst OECD countries for males, 1994 - Malignant neoplasm of prostate

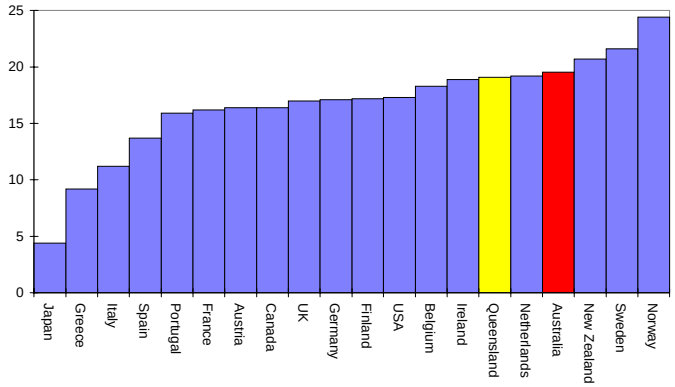


Figure A12: Age standardised death rate* per 100,000 population amongst OECD countries for persons, 1994 - Total external injury and poisoning

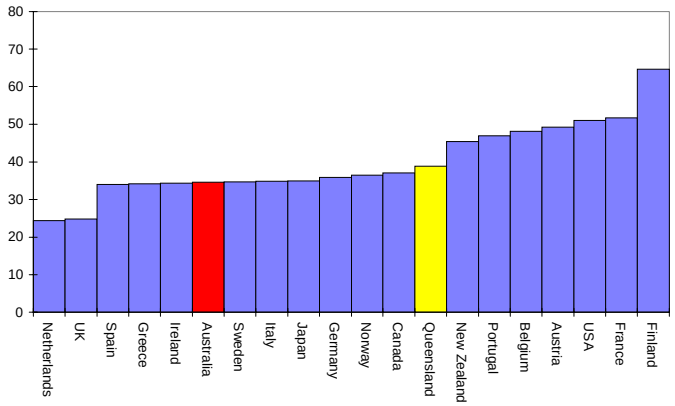


Figure A13: Age standardised death rate* per 100,000 population amongst OECD countries for persons, 1994 - Transport accidents

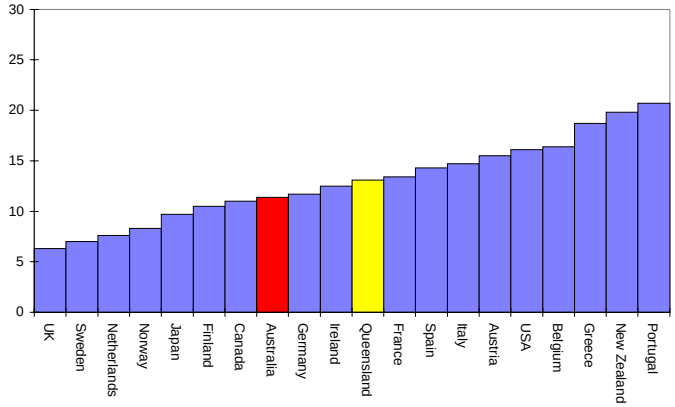
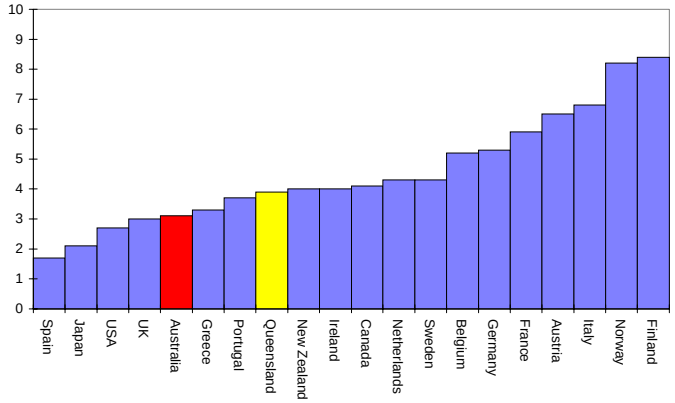


Figure A14: Age standardised death rate* per 100,000 population amongst OECD countries for persons, 1994 - Accidental falls



* Standardised to the world standard population, 1960

Figure A15: Age standardised death rate* per 100,000 population amonst OECD countries for persons, 1994 - Suicide and self-inflicted injury

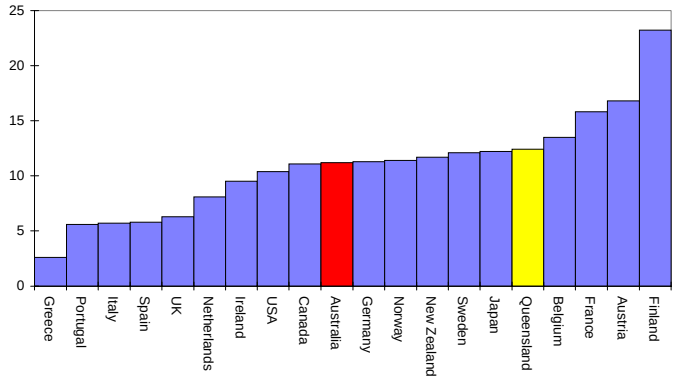


Figure A16: Age standardised death rate* per 100,000 population amongst OECD countries for persons, 1994 - Homicide and injury purposely inflicted by other people

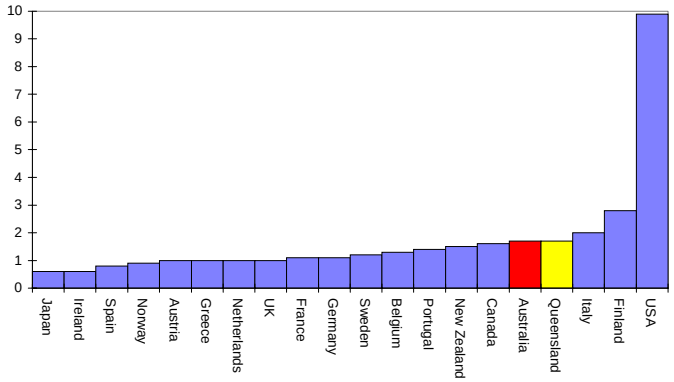


Figure A17: Age standardised death rate* per 100,000 population amongst OECD countries for persons, 1994 - Mental disorders

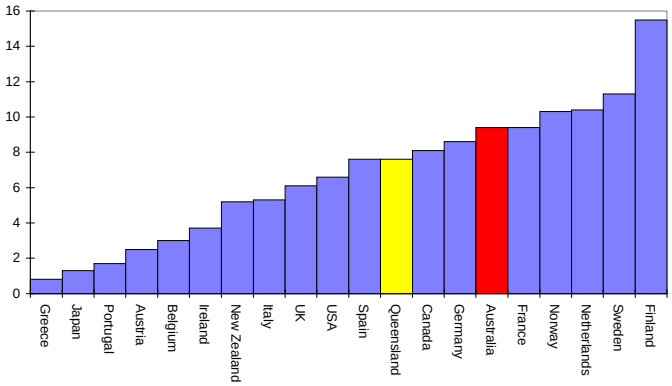


Figure A18: Age standardised death rate* per 100,000 population amongst OECD countries for persons, 1994 - Chronic bronchitis, emphysema and asthma

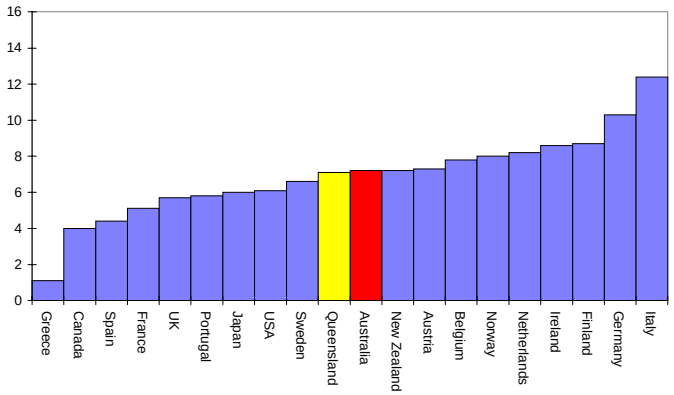
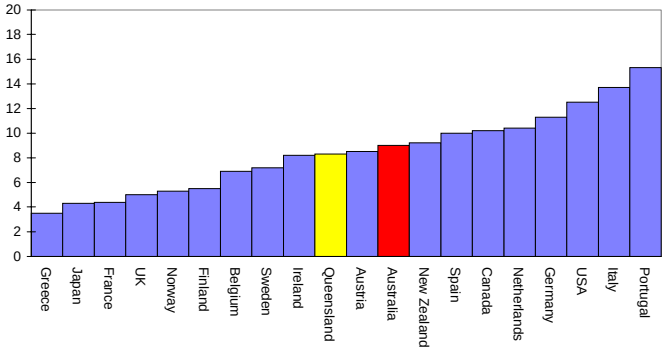


Figure 19: Age standardised death rate* per 100,000 population amongst OECD countries for persons, 1994 - Diabetes



* Standardised to the world standard population, 1960

Appendix B

Table 1: Queensland and Australia's rank amongst 20 OECD countries* for age standardised death rates, 1988, 1994

	AUS 1988	AUS 1994	QLD 1988	QLD 1994
All causes	9	6	7	5
Total cardiovascular diseases	9	9	8	7
Ischaemic heart disease	14	12	15	15
Cerebrovascular disease	7	6	6	4
Total malignant neoplasms	9	9	7	8
Malignant neoplasm of digestive organs and peritoneum	4	7	3	5
Malignant neoplasm of respiratory and intrathoracic organs	11	10	9	7
Malignant melanoma of skin	18	18	19	20
Malignant neoplasm of female breast	10	11	6	7
Malignant neoplasm of cervix uteri	14	15	12	13
Malignant neoplasm of prostate	12	17	10	15
Total external injury and poisoning	10	6	13	13
Transport accidents	15	8	12	11
Accidental falls	4	5	8	8
Suicide and self-inflicted injury	9	10	13	16
Homicide and injury purposely inflicted by other people	17	16	18	17
Mental disorders	15	15	14	12
Chronic bronchitis, emphysema and asthma	11	11	9	10

Note:
A **rank of 1** represents the **lowest** age standardised mortality rate, while a **rank of 20** represents the **highest**
The following 20 countries were included in the analysis for both 1988 and 1994:
Queensland, Australia, Japan, France, Spain, Netherlands, Sweden, Greece, Canada, Italy, Norway, Germany, Austria, Belgium, USA, U.K., Finland, New Zealand, Portugal, Ireland

Table 2: Causes of death by age standardised death rate per 100,000 population for persons, Queensland mortality gain and % excess mortality calculations, 1994

	Queensland		Australia		Mean	Median	Highest		Lowest European		Lowest			Queensland	
	Value	Rank	Value	Rank			Coun	Value	Coun	Value	Coun	Value	% Excess Mortality	Total person Years of Life lost	QLD Mort Gain
All Causes	435.3	5	440.6	6	474.5	469.9	Ireland	562.5	France	423.6	Japan	364.3	2.76	160125	4303.8
Total cardiovascular diseases	**166.7**	**7**	**168.3**	**9**	**179.2**	**187.2**	**Ireland**	**235.4**	**France**	**107.9**	**France**	**107.9**	**54.49**	**28465**	**10040.4**
Ischaemic heart disease	100.5	15	95.8	12	82	91.1	Ireland	136.6	France	33.2	Japan	21.7	202.71	17946	12017.6
Cerebrovascular disease	35.6	4	36.9	6	45.3	44.3	Portugal	106.1	France	26.7	France	26.7	33.33	4465	1116.3
Total malignant neoplasms	**122.1**	**8**	**126.2**	**9**	**126.3**	**128**	**Ireland**	**146.9**	**Finland**	**105.9**	**Finland**	**105.9**	**15.30**	**41281**	**5477.1**
Malignant neoplasms of the digestive organs & peritoneum	33.6	5	34.8	7	38.7	37.1	Japan	61.4	USA	29.5	USA	29.5	13.90	9645	1176.9
Malignant neoplasms of respiratory & intrathoracic organs	26.6	7	27.7	10	28.8	28.5	USA	40.4	Sweden	17	Sweden	17	56.47	7720	2786.2
Malignant melanoma of skin	4.6	20	3.6	18	1.9	1.6	QLD	4.6	Greece	0.6	Japan	0.2	666.67	2223	1933.0
Malignant neoplasm of female breast	18.6	7	20.4	11	20.4	20.1	Ireland	27.4	Finland	16.2	Japan	7.1	14.81	4705	607.1
Malignant neoplasm of cervix uteri	2.5	13	2.7	15	2.3	2.3	Norway	3.5	Greece, Ital	0.8	Greece, Ital	0.8	212.50	788	535.8
Malignant neoplasm of prostate	19.1	15	19.5	17	16.7	17.2	Norway	24.4	Greece	9.2	Japan	4.4	107.61	947	490.9
Total external injury & poisoning	**38.9**	**13**	**34.6**	**6**	**39.8**	**36.2**	**Finland**	**64.7**	**Netherl**	**24.4**	**Netherl**	**24.4**	**59.43**	**41257**	**15378.6**
Transport accidents	13.1	11	11.4	8	12.9	12.8	Portugal	20.7	UK	6.3	UK	6.3	107.94	15443	8016.2
Accidental falls	3.9	8	3.1	5	4.5	4.1	Finland	8.4	Spain	1.7	Spain	1.7	129.41	1250	705.1
Suicide & self inflicted injury	12.4	16	11.2	10	10.8	11.3	Finland	23.2	Greece	2.6	Greece	2.6	376.92	13537	10698.6
Homicide & injury purposely inflicted by other persons	1.7	17	1.7	16	1.7	1.2	USA	9.9	Ireland	0.6	Irel, Jap	0.6	183.33	2123	1373.7
Mental disorders	**7.6**	**12**	**9.4**	**15**	**6.7**	**7.1**	**Finland**	**15.5**	**Greece**	**0.8**	**Greece**	**0.8**	**850.00**	**1682**	**1504.9**
Chronic bronchitis, emphysema & asthma	7.1	10	7.2	11	6.9	7.2	Italy	12.4	Greece	1.1	Greece	1.1	545.45	2047	1729.9
Diabetes	8.3	10	9.0	12	8.4	8.4	Portugal	15.3	Greece	3.5	Greece	3.5	137.14	1986	1148.5