

Fact sheet number 11: Australia

Social Health Atlas series

PHIDU

Deaths

Deaths from all causes – males at ages 15-64 years

Volume 1: Australia, page 138-141

- The average Standardised Death Ratio (SDR) for all causes of death at these ages of male residents of the capital cities was 94. Darwin (with an SDR of 143 – 43% more deaths at these ages than expected from the Australian rates) had the highest ratio and Canberra had the lowest (81 – 19% fewer deaths than expected).
- From 1985/89 – 1992/5 SDRs for males improved (relative to the Australian rates) marginally in Brisbane (97-94) and Canberra (82-81) and worsened in Darwin (124-143) and Adelaide (89 –93).
- SDRs were higher in non-metropolitan areas than in the capital cities. The highest ratios were in the non-metropolitan areas of the Northern Territory (an SDR of 260 – more than two and a half times the number of deaths expected from the Australian rates) and Tasmania (114) and the lowest were in the non-metropolitan areas of Victoria (103).
- SDRs worsen (increase) with increasing remoteness.
- SDRs increase substantially with decreasing socioeconomic status. (*page 365*)
- Areas in cities with high SDRs for male deaths at these ages also have a higher proportion of:
 - dwellings with no motor vehicles ($r=0.70$)
 - disability support pensioners ($r=0.54$)
 - unemployment beneficiaries ($r=0.54$) (*page 353-354*)
- Areas in cities with high male death ratios also have high rates of:
 - deaths in females ($r=0.70$)
 - admissions to public acute hospitals ($r=0.56$)
 - infectious disease admissions ($r=0.55$) (*page 353-354*)
- Non-metropolitan areas with high male death ratios also have a higher proportion of
 - dwellings with no motor vehicles ($r=0.57$)
 - unemployment beneficiaries ($r=0.55$)
 - deaths in females ($r=0.50$) (*page 353-354*)

Deaths from all causes - females at ages 15-64 years

Volume 1: Australia, page 138-141

- The average Standardised Death Ratio (SDR) for all causes of death at these ages of female residents of the capital cities was 95. Darwin (with an SDR of 126 – 26% more deaths at these ages than expected from the Australian rates) and Hobart (115) had the highest ratios and Canberra had the lowest (87 – 13% fewer deaths than expected).
- From 1985/89 – 1992/5 SDRs for females improved (relative to the Australian rates) marginally for Canberra (88-87), Brisbane (98-96), Melbourne (95-92) and Sydney (100-98) but worsened for Darwin (112-126), Hobart (112-115), Perth (86-90) and Adelaide (93-98).
- SDRs were higher in non-metropolitan areas than in the capital cities. The highest ratios were in the non-metropolitan areas of the Northern Territory (289, nearly three times the number of deaths expected from the Australian rates), Tasmania (117) and Western Australia (112) and the lowest were in the non-metropolitan areas of Victoria (101).
- SDRs worsen (increase) with increasing remoteness.
- SDRs increase substantially with decreasing socioeconomic status. (*page 365*)
- Areas in cities with high female death ratios also have a higher proportion of
 - disability support pensioners ($r=0.52$)
 - dwellings with no motor vehicles ($r=0.51$) (*page 353-354*)

Fact sheet number 11: Australia

Social Health Atlas series

PHIDU

- Areas in cities with high SDRs for female deaths at these ages also have high rates of
 - deaths in males ($r=0.71$)
 - people with a handicap ($r=0.62$)
 - people with a low Physical Component Summary score ($r=0.57$) (*page 353-354*)
- Non-metropolitan areas with high female death ratios also have high rates of
 - hospital admissions for neurotic, personality and other mental disorders($r=0.51$)
 - Aborigines and Torres strait Islanders ($r=0.51$)
 - deaths in males ($r=0.50$) (*page 353-354*)

Years of potential life lost at ages 15-64 years

Volume 1: Australia, page 174-177

- The standardised ratio for years of potential life lost from premature death (years lost if death occurred before age 65) of residents of the capital cities was 94. Darwin (with an SR of 137) and Hobart (108) had the highest ratios and Canberra had the lowest (81).
- Standardised ratios were higher in non-metropolitan areas than in the capital cities. The highest ratios were in the non-metropolitan areas of the Northern Territory (278), Western Australia (118) and Tasmania (117) and the lowest were in the non-metropolitan areas of Victoria (102).
- More years of life were lost from premature death with increasing remoteness.
- Years of potential life lost substantially increase with decreasing socioeconomic status. (*page 365*)

Deaths from cancer at ages 15-64 years

Volume 1: Australia, page 146-149

- The average Standardised Death Ratio (SDR) for cancer at these ages of residents of the capital cities was 98. Darwin (117) and Hobart (112) had the highest ratios and Canberra had the lowest (91).
- From 1985/89 – 1992/5 SDRs improved (relative to the Australia rates) marginally for Canberra (92-91), Brisbane (100-98) Melbourne (102-100), Perth (99-95) and Sydney (100-99) and worsened for Darwin (96-117), Adelaide (96-97) and Hobart (109-112).
- Except for South Australia, Western Australia and Tasmania, SDRs were higher in non-metropolitan areas than the capital cities. The highest ratios were in the non-metropolitan areas of the Northern Territory (148) and Tasmania (109) and the lowest were in the non-metropolitan areas of Western Australia (93).
- SDRs worsen (increase) with increasing remoteness.
- SDRs from cancer increase with decreasing socioeconomic status. (*page 365*)
- Areas in cities with high SDRs from cancer also have high rates of
 - people with a handicap ($r=0.53$)
 - dwellings with no motor vehicles ($r=0.50$) (*pages 353 –354*)

Deaths from lung cancer at ages 15-64 years

Volume 1: Australia, page 150-153

- The average Standardised Death Ratio (SDR) for lung cancer at these ages of residents of the capital cities was 98. Darwin (164) and Hobart (120) had the highest ratios and Canberra had the lowest (77).
- Except for South Australia, Queensland and Tasmania, SDRs were higher in non-metropolitan areas than the capital cities. The highest ratios were in the non-metropolitan areas of the Northern Territory (258), Tasmania (107) New South Wales (106) and the lowest were in the non-metropolitan areas of South Australia (84).
- SDRs worsen (increase) with increasing remoteness.
- Deaths from lung cancer increase substantially with decreasing socioeconomic status. (*page 365*)

Fact sheet number 11: Australia

Social Health Atlas series

PHIDU

- Areas in cities with high SDRs from lung cancer are socioeconomically disadvantaged, as measured by the IRSD ($r=-0.53$). They also have a higher proportion of
 - single parent families ($r=0.58$)
 - children in families on income support ($r=0.54$)
 - people on disability support pensions ($r=0.53$)
 - unemployment beneficiaries ($r=0.51$) (*pages 353 –354*)
- Areas in cities with high lung cancer death ratios also have high rates of
 - deaths from circulatory system diseases ($r=0.59$)
 - deaths from respiratory system diseases ($r=0.59$)
 - admissions to public acute hospitals ($r=0.50$) (*pages 353 –354*)

Deaths from circulatory system diseases at ages 15-64 years *Volume 1: Australia, page 154-157*

- The average Standardised Death Ratio (SDR) for circulatory system diseases at these ages of residents of the capital cities was 91. Darwin (118) and Hobart (105) had the highest ratios and Canberra had the lowest (77).
- There has been a small decrease (relative to the Australian rates) in the overall SDRs for capital cities from 1985/9 – 1992/5 (from 94 – 91).
- SDRs were higher in non-metropolitan areas than in the capital cities. The highest ratios were in the non-metropolitan areas of the Northern Territory (289), Tasmania (127) New South Wales (121) and the lowest were in the non-metropolitan areas of Victoria (101).
- SDRs worsen (increase) with increasing remoteness.
- SDRs from circulatory system diseases increase substantially with decreasing socioeconomic status. (*page 365*)
- Areas in cities with high SDRs for circulatory system disease deaths are socioeconomically disadvantaged ($r=-0.61$). They also have a higher proportion of
 - people on disability support pensions ($r=0.61$)
 - low income families ($r=0.59$)
 - unemployment beneficiaries ($r=0.59$)
 - children in families on income support ($r=0.56$)
 - single parent families ($r=0.56$)
 - dwellings with no motor vehicles ($r=0.52$)
 - public rental housing ($r=0.51$)and a high total fertility rate ($r=0.70$) and a low proportion of professionals ($r=0.61$) (*page 353-354*)
- Areas in cities with high SDRs for circulatory system diseases also have high rates of
 - cancer deaths ($r=0.60$)
 - lung cancer deaths ($r=0.59$)
 - respiratory system disease deaths ($r=0.59$)
 - admissions to public acute hospitals ($r=0.57$) (*page 353-354*)

Deaths from respiratory system diseases at ages 15-64 years *Volume 1: Australia, page 158-161*

- The average Standardised Death Ratio (SDR) for respiratory system diseases of residents at these ages of the capital cities was 87. Darwin (193) and Hobart (115) had the highest ratios and Canberra (79) and Melbourne (79) had the lowest.
- There has been a small decrease (relative to the Australian rates) in the overall death ratios for capital cities from 1985/9 – 1992/5 (from 88 – 87).

Fact sheet number 11: Australia

Social Health Atlas series

PHIDU

- Standardised death ratios were substantially higher in non-metropolitan areas than the capital cities. The highest ratios were in the non-metropolitan areas of the Northern Territory (an SDR of 908 – more than nine times the number of these deaths expected from the Australian rates), Western Australia (134), Tasmania (133) and South Australia (123) and the lowest were in the non-metropolitan areas of Victoria (111).
- SDRs worsen (increase) with increasing remoteness. (*page 365*)
- SDRs from respiratory system diseases increase substantially with decreasing socioeconomic status.
- Areas in cities with high SDRs for respiratory system diseases also have higher proportions of
 - people on disability support pensions ($r=0.75$)
 - children in families on income support ($r=0.64$)
 - unemployment beneficiaries ($r=0.59$)
 - single parent families ($r=0.58$)
 - aged pensioners ($r=0.51$)
 - low income families ($r=0.50$)
 - public rental housing ($r=0.50$) (*page 353-354*)
- Areas in cities with high SDRs for respiratory system diseases also have high rates of
 - deaths in males ($r=0.68$)
 - cancer deaths ($r=0.66$)
 - lung cancer deaths ($r=0.59$)
 - circulatory system disease deaths ($r=0.59$)
 - deaths by accident, poisoning or violence ($r=0.51$)and fewer private hospital admissions ($r=-0.50$) (*page 353-354*)

Deaths from accidents, poisonings and violence at ages 15-64 years

Volume 1: Australia, page 166-169

- The average Standardised Death Ratio from accidents, poisonings and violence of residents of the capital cities was 88. Darwin (149) and Hobart (114) had the highest ratios and Canberra (75) had the lowest.
- There has been a marginal decrease (relative to the Australian rates) in the overall death ratios for capital cities from 1985/9 – 1992/5 (from 89 – 88).
- Standardised death ratios were substantially higher in non-metropolitan areas than in the capital cities. The highest ratios were in the non-metropolitan areas of the Northern Territory (254), Western Australia (152), South Australia (132) and Tasmania (129) and the lowest were in the non-metropolitan areas of Victoria (108).
- SDRs substantially worsen (increase) with increasing remoteness.
- SDRs from accidents, poisonings and violence substantially increase with decreasing socioeconomic status. (*page 365*)
- Areas in cities with high SDRs from accidents, poisonings and violence also have high rates of
 - people with a handicap ($r=0.60$)
 - people reporting their health as poor ($r=0.51$)
 - respiratory system disease deaths ($r=0.51$) (*page 353-354*)

Also see Fact sheet 1: Children **Infant deaths**
 Fact sheet 2: Youth **Deaths from accidents, poisonings and violence**