

### Main findings



- The number of caesarean deliveries is higher in Queensland than the national average and any other state, at 33.2% in 2006.
- Mothers aged over 35 are more likely to breastfeed than mothers aged under 20 years.
- In Queensland in 2006, 50.6% of female adults were overweight or obese.
- Young women in Queensland have high smoking rates: amongst females aged 14-19 years in 2007, 13.1% were daily smokers. In 2007 the same group also had the riskiest drinking behaviour patterns in Queensland, with 46.5% drinking at levels that put them at risk or high risk of short-term harm.
- Lung cancer caused the highest number of cancer-related deaths in Queensland females in 2006.
- Fewer Queensland women die from cervical and breast cancers than a decade ago, which correlates with increased participation in organised screening programs for these cancers.
- Whilst more Queensland women than men reported that they experienced high or very high psychological distress, Queensland women are more than four times less likely to commit suicide.
- Queensland's Indigenous women were about one-and-a-half times more likely than their non-Indigenous counterparts to be overweight or obese, and died from diabetes at a much higher rate.

*'In Queensland in 2006, 50.6% of female adults were overweight or obese.'*

## Introduction

Compared to objective international standards, the overall health of Queenslanders is generally very good.<sup>1</sup> Social and economic prosperity is arguably the most important factor in a population's health,<sup>2</sup> and Queensland's relative prosperity as a state allows it to spend more on health care. The resultant improved health of people facilitates greater engagement in education and employment, which further improves economic outcomes.

However, these links between prosperity and health are not necessarily experienced equally by all groups or individuals. Education, employment, income levels and choices about healthy living can all impact on people's health.<sup>3</sup> Access to health services may be influenced by physical location, transport, financial status, cultural appropriateness of services and education. Given the links between health and other aspects of people's social and economic lives, it follows that gendered inequalities in these other areas may be an indicator of, and contribute to, health inequalities.<sup>4</sup>

Queensland's Indigenous women are generally in poorer health than other Queensland women.<sup>5</sup> Australia-wide, Indigenous women die at much younger ages and are more likely to experience disability and reduced quality of life due to ill health.<sup>6</sup> Socioeconomic disadvantage experienced by Indigenous populations contributes to poorer health outcomes.<sup>7</sup> In addition, barriers in access to health services, including financial limitations, cultural inappropriateness of existing services and inadequate dissemination of information about services, may be contributing factors.<sup>8</sup>

## Childbirth

In 2006, 55,719 Queensland women gave birth, which comprised 20.1% of all Australian women who gave birth.<sup>9</sup> Of these, 2,937 Aboriginal or Torres Strait Islander women gave birth in Queensland, accounting for 5.3% of all mothers in Queensland that year.<sup>10</sup>

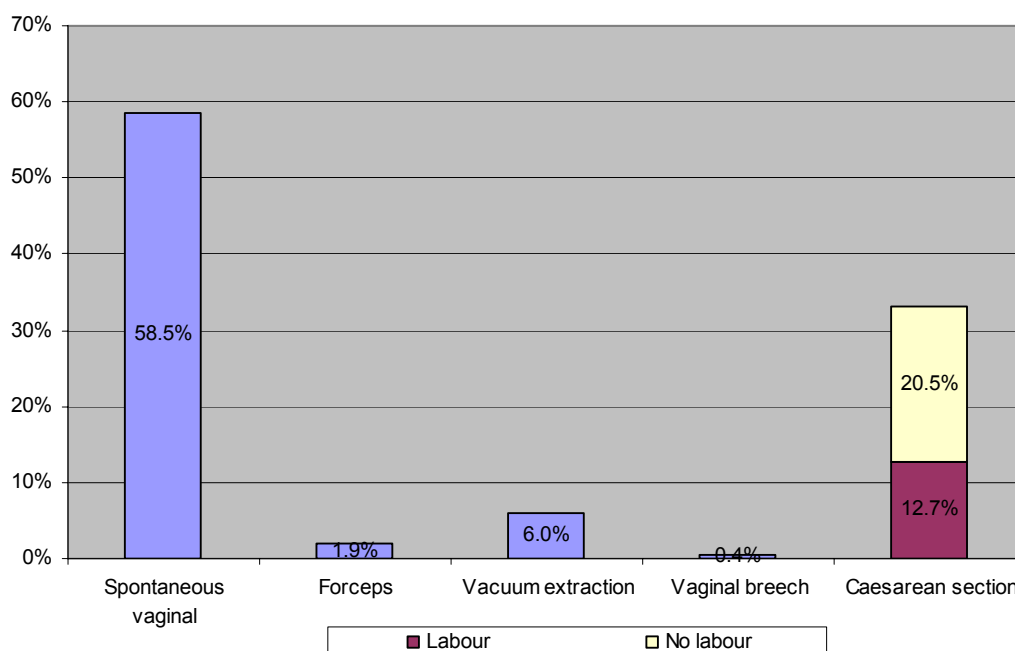
Of the women who gave birth in Queensland in 2006, 98.5% gave birth in a hospital, 0.8% gave birth in a birthing centre, and 0.1% at home<sup>a</sup>. These are generally similar proportions to other states and territories, although the proportion of women using birthing centres in South Australia and the ACT are noticeably higher, at 6.9% and 3.8% respectively.<sup>11</sup>

Nationally, the proportion of births by caesarean section has increased dramatically during the past decade, from 20.3% in 1997 to 30.8% in 2006.<sup>12</sup> In Queensland, the proportion of caesarean deliveries in 2006 was higher than for any other state, at 33.2%. By contrast, Tasmania had the lowest caesarean birth rate, at 26.9%. Caesarean rates were higher among older mothers and women having their babies in private hospitals.<sup>13</sup> Queensland mothers who had previously had a caesarean section were more likely to deliver by caesarean section for subsequent births. In 2005, 84.5% of females who had previously had a caesarean birth, and gave birth again, delivered by caesarean section.<sup>14</sup> Figure 2.1 shows the breakdown of methods of birth in Queensland in 2006.

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<sup>a</sup> Details for the remaining 0.5% were unknown.

**Figure 2.1**  
**Women who gave birth by method of birth, Queensland, 2006**



Source: Laws PJ & Hilder L, 2008, 'Australia's mothers and babies 2006', *Perinatal statistics series*, No. 22. Cat. no. PER 46, AIHW National Perinatal Statistics Unit, Sydney, table 3.19, p.30.

There were approximately 48,617 fertility treatment cycles reported from Australian fertility centres in 2006. Across Australia and New Zealand, 22.6% of all treatment cycles resulted in a clinical pregnancy, and 17.3% resulted in a live birth.<sup>15</sup> Of the 53,612 mothers who delivered in Queensland in 2006, 2,102 had used assisted conception technologies<sup>b</sup>. The majority of Queensland women who used assisted conception were aged 30-34 (40.6%), with 7.9% aged over 40.<sup>16</sup>

Maternal deaths are rare in Australia. In the most recent reporting period, 2003-05, there were 65 maternal deaths nationally. Of these, 29 were direct deaths (deaths from pregnancy complications) and 36 were indirect deaths (deaths from pre-existing diseases aggravated by pregnancy).<sup>17</sup>

## Breastfeeding

In 2006, 82.6% of Queensland babies were exclusively breastfed on their discharge from hospital, with mothers aged over 35 years more likely to breastfeed (83.0%) than mothers aged under 20 years (73.2%).<sup>18</sup> The more children a mother already had, the less likely she was to breastfeed her new baby: 84.0% of first-time mothers and 82.0% of mothers with between one and four children breastfed on discharge from hospital, reducing to 72.9% for mothers with five or more previous children.<sup>19</sup>

<sup>b</sup> Assisted conception includes categories: AIH / AID, AIH / AID and ovulation induction, GIFT, ICSI, IVF, ovulation induction, other and not stated.

## Causes of death

Using World Health Organisation cause of death categories, heart disease was the leading cause of death for both Australian women and men in 2006. For women, this was followed by strokes, dementia and Alzheimer's disease, trachea and lung cancer and breast cancer (see Table 2.1 below). For Australian men, trachea and lung cancer ranked second, followed by strokes, prostate cancer and chronic lower respiratory diseases.<sup>20</sup>

**Table 2.1**  
**Leading causes of death in Australia, females, 2006**

Underlying cause of death	Rank	Females	Total	Female % of total
Ischaemic heart diseases – angina, heart attacks, and blocked arteries of the heart (I20-I25)	1	10,797	22,983	47.0%
Strokes (I60-I69)	2	6,985	11,465	60.9%
Dementia and Alzheimer's disease (F01-F03, G30)	3	4,470	6,542	68.3%
Trachea and lung cancer (C33-C34)	4	2,683	7,348	36.5%
Breast cancer (C50)	5	2,618	2,643	99.1%
Chronic lower respiratory diseases – asthma, bronchitis and emphysema (J40-J47)	6	2,500	5,443	45.9%
Diabetes (E10-E14)	7	1,837	3,662	50.2%
Heart failure (I50-I51)	8	1,778	2,892	61.5%
Diseases of the kidney and urinary system (N00-N39)	9	1,739	3,192	54.5%
Colon and rectum cancer (C18-C21)	10	1,709	3,858	44.3%

Based on research presented in the *Bulletin of the World Health Organisation*, Volume 84, Number 4, April 2006, pp. 257-336.

Source: Australian Bureau of Statistics, 2008, *Causes of Death*, 'Table 1.3 Leading causes of death (a)—Females—2006', Cat. no. 3303.0, viewed 14 January 2008, [http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/o/A8CB1F4BD5385085CA2574100010092A/\\$File/33030\\_2006.pdf](http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/o/A8CB1F4BD5385085CA2574100010092A/$File/33030_2006.pdf)

In 2006, a disproportionately high percentage of Australian females compared with males died from the causes listed below (some of which are female-specific causes).

- ovarian and uterine cancer – 100%
- breast cancer – 99%
- dementia and Alzheimer's disease – 68%
- strokes – 61%
- heart failure – 63%
- influenza and pneumonia – 55%.<sup>21</sup>

By contrast, female deaths were proportionately low compared to male deaths for causes including intentional self harm (22%), land transport accidents (25%), cirrhosis and other diseases of the liver (31%), skin cancer (36%) and lung cancer (36%).<sup>22</sup>

## Chronic disease

Chronic diseases are those involving a long course in their development or symptoms, but are also highly preventable. Major preventable chronic diseases include cancer, cardiovascular disease, diabetes, anxiety and depression and respiratory diseases. Chronic disease represents a major health concern in Queensland, with 21,663 Queenslanders dying from a chronic disease in 2006. Queensland's Chief Health Officer estimates that overall, chronic disease affects male and female Queenslanders almost equally.<sup>23</sup> Many of the major chronic diseases are attributable to a large extent to preventable risk factors, including smoking, being overweight or obese, physical inactivity and sedentary behaviour, poor nutrition, alcohol misuse, high blood pressure, and high blood cholesterol.<sup>24</sup>

## Body weight

People who are overweight, and particularly those who are obese, have higher rates of death and disease than people of a healthy weight. In particular, diseases such as coronary heart disease, type 2 diabetes, gall bladder disease, sleep apnoea, and some cancers, are linked to being overweight or obese. Obesity can also have negative psychological and psychosocial consequences.<sup>25</sup>

In Queensland in 2006, 56.8% of adults were measured to be overweight or obese, with 50.6% of female adults and 62.7% of male adults falling into this category.<sup>26</sup> Due to a lack of measured data in Queensland and associated risk of underestimates, it is also usual to consider self-reported weight data. In 2008, 49.2% of female adults and 62.3% of male adults self-reported being overweight or obese. Of the female adults, 27.8% reported being overweight (Body Mass Index (BMI) over 25 but less than 30), 19.2% reported being obese (BMI over 30 but less than 40) and 2.5% reported being severely obese (BMI over 40).<sup>27</sup> The problem is starting at a young age, with around a fifth (21%) of children aged 5-17 either overweight (16.2%) or obese (4.9%).<sup>28</sup>

## Alcohol, tobacco and other drugs

Queensland has the third highest proportion of daily smokers of the states and territories of Australia,<sup>29</sup> and in 2007, Queensland's smoking rates were 4% greater than the national average.<sup>30</sup> In 2007, 15.4% of Queensland females aged 14 and over were daily smokers compared with 15.2% of Australian females of the same age.<sup>31</sup> Fewer females than males in Queensland are daily smokers, with 18.9% of male Queenslanders aged 14 and over reporting daily smoking.<sup>32</sup>

In the crucial initiation age (14-19 years), nearly one in ten Queenslanders or 9.3% reported smoking daily. In this age group rates of smoking were more than twice as high among females (13.1%) than males (5.7%) in Queensland.<sup>33</sup> In all other age groups, there were more male daily smokers than female daily smokers.<sup>34</sup> The average age that Queenslanders reported first starting smoking was 15.6 years.<sup>35</sup> Daily smoking is most common in Queensland women aged 40-49 years (21.6%) and second most common in the 20-29 age group (17.5%). By contrast, it is much more common for men aged 20-29 years (28.3%) to smoke daily than for men in other age groups.<sup>36</sup>

Alcohol misuse that risks short-term harm is lower amongst Queensland females than males. In 2007, 33.5% of female Queenslanders aged 14 and over drank at

levels that put them at risk or high risk of short-term harm<sup>c</sup>, compared to 40.9% of their male counterparts. In contrast, slightly more (12.1%) of Queensland females aged 14 and over drank at levels that put them at risk or high risk of long-term harm<sup>d</sup>, compared to 11.5% of males.<sup>37</sup> Larger gendered differences are apparent in drinking patterns generally: in 2007, Australian males aged 14 and over (10.8%) were about twice as likely as their female counterparts (5.5%) to drink daily.<sup>38</sup>

Young females have the riskiest drinking behaviour patterns of all Queenslanders. Of teenage females aged 14-19 in Queensland, 46.5% drank at levels that put them at risk or high risk of short-term harm (compared to 38.5% of males in the same age group) and 13.5% drank at levels that put them at risk or high risk of long-term harm (9.1% for males in the same age group).<sup>39</sup>

As well as health risks, alcohol misuse places young women at particular risk of sexual assault and other violence. According to the Australian Bureau of Statistics' most recent (2005) Personal Safety Survey, almost half (47% or 92,300) of Australian women who had been physically assaulted and the majority (84% or 50,600) of women who were sexually assaulted by a male reported that the perpetrator had been drinking or taking drugs prior to the assault.<sup>40</sup>

## Cancer

The leading cancers causing deaths in Queensland females in 2006 were:

- lung cancer (498 deaths)
- breast cancer (444 deaths)
- colon cancer (194 deaths)
- pancreatic cancer (177 deaths)
- cancers where the site was unspecified (153 deaths).<sup>41</sup>

The death rate of Queensland females from cancer of the trachea, bronchus and lung is growing. In 2005, there were 25.7 deaths per 100,000 cases compared to 17.9 deaths per 100,000 in 1995.<sup>42</sup>

In contrast, the death rate for breast cancer in females has fallen gradually over the past 10 years from 27.5 deaths per 100,000 cases in 1995 to 22.3 per 100,000 in 2005.<sup>43</sup> This can be attributed to increased levels of participation in breast screening programs, and improvements in management, treatment and drug therapy. The proportion of women participating in the Queensland Government BreastScreen program has risen from just under 25,000 participants in 1991-92 to 201,311 women in 2006-07.<sup>44</sup>

Queensland has the highest incidence of skin cancer in the world with an estimated 66.8 cases per 100,000 persons in 2005, compared to 48.1 per 100,000 worldwide. Incidences of melanoma among Queensland women (54.2 per 100,000) are significantly lower than for Queensland men (81.5 per 100,000) but remain exceptionally high when compared to the worldwide average incidence rate for women of 41.0 per 100,000.<sup>45</sup>

<sup>c</sup> For males, consumption of seven or more standard drinks on one occasion; for females, consumption of five or more standard drinks on one occasion. A standard drink is 10 grams (or 12.5 millilitres) of pure alcohol.

<sup>d</sup> For males, consumption of 29 or more standard drinks per week; for females, consumption of 15 or more standard drinks per week. A standard drink is 10 grams (or 12.5 millilitres) of pure alcohol.

Cervical cancer is one of the few forms of cancer in which pre-cancerous lesions can be detected and treated before progressing to cancer. The incidence of cervical cancer among Queensland women is decreasing. In 2005, Queensland recorded 8.7 incidences per 100,000 women and 2 deaths per 100,000 women. In comparison, in 1995 there were 11.5 recorded incidences per 100,000 women and 3.1 deaths per 100,000 women.<sup>46</sup> These results may be largely attributed to an organised approach to cervical screening in Queensland via the Queensland Cervical Screening Program.<sup>47</sup>

A vaccine against some types of the human papillomavirus (HPV)<sup>e</sup> is now available, and a National HPV Vaccination Program for females 12 to 26 years of age commenced in Queensland in April 2007.<sup>48</sup> As yet, it is too early to measure the impact of this program on cervical cancer incidence and death rates.

Ovarian cancer was the sixth leading cause of cancer deaths for Queensland females in 2006, with 133 deaths recorded.<sup>49</sup> Ovarian cancer is usually diagnosed in its advanced stages, resulting in a higher mortality rate than that of other cancers in women.<sup>50</sup>

## Mental health

In 2007, almost half of Australians aged 16-85 years (45.5% or 7.3 million) reported having had a mental disorder<sup>f</sup> at some point in their life. Within this age group, 43.0% of females and 48.1% of males reported a lifetime mental disorder.<sup>51</sup>

One in five (20.0% or 3.2 million) Australians reported having experienced a mental disorder in the previous 12 months. Of these Australians, females experienced higher rates of mental disorders than males (22.3% compared with 17.6%). More specifically, females experienced anxiety at a higher rate than males (17.9% and 10.8% respectively), and also experienced affective disorders more commonly than men (7.1% and 5.3% respectively). However, males experienced substance use disorders at more than twice the rate of females (7.0% compared with 3.3%).<sup>52</sup> Post-natal depression is commonly experienced by Australian women. It affects almost 16% of women giving birth in Australia, and about 10% of women experience depression during pregnancy, according to Beyond Blue.<sup>53</sup>

State-specific mental health research is limited, however, a 2008 Queensland Health survey found that more Queensland women aged over 18 (18.7%) reported high or very high levels of psychological distress than their male counterparts (11.5%).<sup>54</sup> Further, in 2006, more than four times as many Queensland males (268) died from suicide compared with Queensland females (62). The standardised suicide death rate in Queensland in 2006 was 3.1 deaths per 100,000 females and 13.8 deaths per 100,000 males.<sup>55</sup> The most common cause of death by suicide for females in Australia in 2006 was hanging (44%, compared with 55% for men) followed by poisoning by drugs (25%, compared with 6% for men).<sup>56</sup>

Women appear more likely than men to seek medical assistance for mental health problems. In 2007, of all Australians aged 16 – 85 years who had

<sup>e</sup> It is widely accepted that the human papillomavirus (HPV) is necessary (though not sufficient) for the development of cervical cancer.

<sup>f</sup> In this survey, mental disorders included anxiety disorders, affective disorders and substance use disorders.

experienced a mental disorder in the 12 months prior, 40.7% of females accessed at least one service (including general practitioners, psychologists, psychiatrists and other health and mental health professionals) for mental health problems, compared with 27.5% of males. The most common service used was general practitioners, with 29.9% of women and 18.0% of men who had experienced a mental disorder in the 12 months prior having seen their GP in relation to their disorder.<sup>57</sup>

## Falls

In Queensland in 2004-05, there were 17,966 hospitalisations due to falls amongst people aged 65 and over. Of these, 67% were female. Amongst Queenslanders aged 65-84, 50% of all those who died from falls were women. In contrast, 65% of falls-related deaths amongst Queenslanders aged 85 and over were women.<sup>58</sup> This is consistent with the higher ratio of women to men in this age group due to women's longer life expectancy (see Chapter 1 – Demographics).

## Indigenous women's health

Indigenous women experience poorer overall health than non-Indigenous women.

The five leading causes of death in Indigenous populations<sup>g</sup> in 2001-05 were diseases of the circulatory system, external causes of morbidity and mortality (mainly accidents, intentional self-harm and assault), neoplasms (cancer), endocrine, metabolic and nutritional disorders (mainly diabetes) and respiratory diseases. These broad categories were also the top five causes of death in non-Indigenous populations, but impacted the Indigenous and non-Indigenous populations to different degrees.

In particular, external causes accounted for 16.2% of Indigenous deaths and 6.3% of non-Indigenous deaths in 2001-05. Endocrine, metabolic and nutritional disorders accounted for 9.0% of Indigenous deaths and 3.5% of non-Indigenous deaths. Diseases of the circulatory system and neoplasms accounted for a larger proportion of deaths in non-Indigenous populations than Indigenous populations. Indigenous females experienced higher death rates than their non-Indigenous counterparts for all of these causes. Of particular note, Indigenous women died from endocrine, metabolic and nutritional disorders at an extremely high rate compared to non-Indigenous women, with a standardised mortality ratio<sup>h</sup> of 10:1.<sup>59</sup>

Indigenous Australians are more likely to smoke and consume alcohol at risky levels than non-Indigenous Australians. Australia-wide, Indigenous people are less likely to be current drinkers than the general population, but those who drink are more likely to drink at risky levels.<sup>60</sup> In 2005-06, death rates from alcohol-related conditions in areas of Queensland with high Indigenous populations were 2.2 times the rates recorded in areas with low Indigenous populations.<sup>61</sup> Indigenous women have high smoking rates. In 2004-05, nearly half the female

<sup>g</sup> Cause of death data relates to populations of Queensland, Western Australia, South Australia and the Northern Territory combined as these are the only states with reliable / publishable data.

<sup>h</sup> The standardised mortality ratio is the ratio between the observed number of deaths in the Indigenous population and the expected number of deaths that would have occurred if the Indigenous population experienced the same age-specific death rates as the non-Indigenous population. A ratio greater than 1.0 indicates more deaths than expected and a ratio less than 1.0 indicates fewer deaths than expected.

adult<sup>i</sup> Indigenous Australian population (49%) were current daily smokers (51% for male adult Indigenous Australians).<sup>62</sup>

Incidence of being overweight or obese was similar for Indigenous and non-Indigenous men in Australia in 2004-05. However, Indigenous women were around one-and-a-half times as likely as their non-Indigenous counterparts to be overweight or obese.<sup>63</sup>

Breast cancer incidence rates were lower amongst Indigenous women (84.7 per 100,000) than non-Indigenous women (115.0 per 100,000)<sup>j</sup> in 2000-04.<sup>64</sup> Participation in the BreastScreen Australia Program in the 50-69 years target age group was approximately 35% for Indigenous women compared with 56% for the total Australian female population.<sup>65</sup>

Indigenous women are more likely to develop and die from cervical cancer. In the 2002-05 period, for women aged 20-69 years, the mortality rate for cervical cancer among Indigenous women<sup>k</sup> was 8.3 cases per 100,000 women: more than four times the rate for non-Indigenous women (two cases per 100,000).<sup>66</sup> Rates of cervical cancer incidence in Indigenous females<sup>l</sup> were more than double those of non-Indigenous females, at 16.9 cases per 100,000 compared with 7.1 cases per 100,000, in 2000-04. Reliable data on cervical cancer screening is not available for Indigenous people, as data on Indigenous status is not routinely collected during screening processes.<sup>67</sup>

Indigenous mothers had more spontaneous vaginal births (69.8%) and fewer caesarean section deliveries (24.0%) than non-Indigenous mothers (58.1% and 30.5% respectively).<sup>68</sup>

## Rural and remote communities

Australians living in rural and remote areas have higher death rates and poorer health outcomes than Australians living in major cities and inner regional areas. This is due to a number of factors such as higher levels of socioeconomic disadvantage, poorer access to health services, higher levels of personal health risk factors (such as smoking and risky drinking) and environmental issues associated with road travel and occupation.<sup>69</sup> In 2004, smoking rates were 50% higher in remote and very remote areas of Queensland compared to the major cities.<sup>70</sup> In 2007, death rates for alcohol-related conditions were 70% higher in remote areas than major cities.<sup>71</sup>

By locality, the participation rate for women aged 50-69 years (the target age group) in Queensland's Breast Screen program in 2005-06 was 55.8% in metropolitan areas and 60.9% in rural and remote areas.<sup>72</sup> In the same period, 57.9% of Queensland women in the target age group of 20-69 years participated in the cervical screening program, but rates were about 10% lower in remote areas.<sup>73</sup>

<sup>1</sup> Queensland Health, 2008, *The Health of Queenslanders 2008: Prevention of Chronic Disease, Second Report of the Chief Medical Officer, Queensland*, Queensland Health, Brisbane, p. iv.

<sup>2</sup> Australian Institute of Health and Welfare, 2008, *Australia's Health 2008*, AIHW, Canberra.

<sup>i</sup> 18 years and over.

<sup>j</sup> Includes only Queensland, New South Wales, Victoria, Western Australia, South Australia and the Northern Territory, as these are the only states with reliable / publishable data for this measure.

<sup>k</sup> Includes only Queensland, Western Australia, South Australia and the Northern Territory as these are the only states with reliable / publishable data for this measure.

<sup>l</sup> Includes only Queensland, Victoria, New South Wales, Western Australia and the Northern Territory as these are the only states with reliable / publishable data for this measure.

- <sup>3</sup> *ibid.*
- <sup>4</sup> *ibid.*
- <sup>5</sup> Queensland Health, 2008, *The Health of Queenslanders 2008: Prevention of Chronic Disease, Second Report of the Chief Medical Officer, Queensland*, Queensland Health, Brisbane, p. 98.
- <sup>6</sup> Australian Institute of Health and Welfare, 2008, *Australia's Health 2008*, AIHW, Canberra.
- <sup>7</sup> *ibid.*
- <sup>8</sup> Queensland Office for Women, 2006, *Information Paper: Focus on Women 8 – Women and disadvantage*, OFW, Brisbane.
- <sup>9</sup> Laws, P.J. & Hilder, L, 2008, 'Australia's mothers and babies 2006', *Perinatal statistics series*, No. 22. Cat. no. PER 46, AIHW National Perinatal Statistics Unit, Sydney, table 2.1, p.6.
- <sup>10</sup> *ibid.*, p.9.
- <sup>11</sup> *ibid.*, table 3.11, p.20.
- <sup>12</sup> *ibid.*, p.30.
- <sup>13</sup> *ibid.*, pp. 33 and 42.
- <sup>14</sup> *ibid.*, table 3.23, p.35.
- <sup>15</sup> Wang YA, Dean JH, Badgery-Parker T & Sullivan EA, 2008, 'Assisted reproduction technology in Australia and New Zealand 2006', *Assisted reproduction technology series*, No. 12. Cat. no. PER 43, AIHW National Perinatal Statistics Unit, Sydney, p. xi.
- <sup>16</sup> Queensland Health, 2008, *Perinatal Statistics, Queensland 2006*, Queensland Health, Brisbane, tables 3.02 and 3.03.
- <sup>17</sup> Australian Institute of Health and Welfare, 2008, *Australia's Health 2008*, AIHW, Canberra, p. 267.
- <sup>18</sup> Queensland Health, 2008, *Perinatal Statistics, Queensland 2006*, Queensland Health, Brisbane, table 7.12.
- <sup>19</sup> *ibid.*, table 7.14.
- <sup>20</sup> Australian Bureau of Statistics, 2008, *Causes of Death*, Cat. no. 3303.0, viewed 14 January 2009, [http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/o/A8CB1F4BD5385085CA2574100010092A/\\$File/33030\\_2006.pdf](http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/o/A8CB1F4BD5385085CA2574100010092A/$File/33030_2006.pdf)
- <sup>21</sup> *ibid.*
- <sup>22</sup> *ibid.*
- <sup>23</sup> Queensland Health, 2008, *The Health of Queenslanders 2008: Prevention of Chronic Disease, Second Report of the Chief Medical Officer, Queensland*, Queensland Health, Brisbane, p. 3.
- <sup>24</sup> *ibid.*, pp 4-5.
- <sup>25</sup> Dixon, T. and Waters, A.-M, 2003, *A Growing Problem: Trends and Patterns in Overweight and Obesity Among Adults in Australia, 1980 -2001*, Bulletin No. 8, AIHW, Canberra.
- <sup>26</sup> Queensland Health, 2008, *The Health of Queenslanders 2008: Prevention of Chronic Disease, Second Report of the Chief Medical Officer, Queensland*, Queensland Health, Brisbane, p. 46.
- <sup>27</sup> *ibid.*, p. 47.
- <sup>28</sup> *ibid.*, p. 46.
- <sup>29</sup> Australian Institute of Health and Welfare, 2008, *2007 National Drug Strategy Household Survey, State and territory supplement*, Cat. no. PHE 102, AIHW, Canberra.
- <sup>30</sup> Queensland Health, 2008, *The Health of Queenslanders 2008: Prevention of Chronic Disease, Second Report of the Chief Medical Officer, Queensland*, Queensland Health, Brisbane, p. 42.
- <sup>31</sup> *ibid.*
- <sup>32</sup> *ibid.*, p. 41.
- <sup>33</sup> *ibid.*
- <sup>34</sup> *ibid.*
- <sup>35</sup> Australian Institute of Health and Welfare, 2008, *2007 National Drug Strategy Household Survey, State and Territory Supplement*, Cat. no. PHE 102, AIHW, Canberra.
- <sup>36</sup> Queensland Health, 2008, *The Health of Queenslanders 2008: Prevention of Chronic Disease, Second Report of the Chief Medical Officer, Queensland*, Queensland Health, Brisbane, p. 41.
- <sup>37</sup> Australian Institute of Health and Welfare, 2008, *2007 National Drug Strategy Household Survey, State and Territory Supplement*, Cat. no. PHE 102, AIHW, Canberra.
- <sup>38</sup> *ibid.*
- <sup>39</sup> *ibid.*
- <sup>40</sup> Australian Bureau of Statistics, 2007, *Australian Social Trends, 2007*, Cat. no. 4102.0, p. 198, viewed 15 January 2009, [http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/o/51EE403E951E7FDACA25732F001CAC21/\\$File/41020\\_2007.pdf](http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/o/51EE403E951E7FDACA25732F001CAC21/$File/41020_2007.pdf)
- <sup>41</sup> *id.*, 2008, *Causes of Death, Australia, 2006*, 'Table 1.2 Underlying cause of death, All causes, States and territories, 2006', data cube: Excel spreadsheet, Cat. no. 3303.0, viewed 15 January 2009, [http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/o/397F75389B856284CA25740B0010B884/\\$File/3303.0\\_1%20Underlying%20Causes%20of%20Death.xls#'1.2'!A2](http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/o/397F75389B856284CA25740B0010B884/$File/3303.0_1%20Underlying%20Causes%20of%20Death.xls#'1.2'!A2)
- <sup>42</sup> Queensland Cancer Registry, 2008, *Cancer in Queensland: Incidence and Mortality 1982-2005*, The Cancer Council Queensland, Brisbane, table 1d.
- <sup>43</sup> *ibid.*
- <sup>44</sup> Queensland Health, 2007, *BreastScreen Queensland: Key Results*, viewed 15 January 2009, [http://www.breastscreen.qld.gov.au/breastscreen/professionals/key\\_result.asp](http://www.breastscreen.qld.gov.au/breastscreen/professionals/key_result.asp)
- <sup>45</sup> Queensland Cancer Registry, 2008, *Incidence and Mortality 1982-2005*, The Cancer Council Queensland, Brisbane, tables 3 and 4.
- <sup>46</sup> *id.*, 2008, *Cancer in Queensland: Incidence and Mortality 1982-2005*, The Cancer Council Queensland, Brisbane, tables 1c and 1d.
- <sup>47</sup> Cancer Screening Services Unit, 2007, *Queensland Cervical Screening Program State Plan 2007-2011*, Queensland Health, Brisbane.
- <sup>48</sup> *ibid.*
- <sup>49</sup> Australian Bureau of Statistics, 2008. *Causes of Death, Australia, 2006*, 'Table 1.2 Underlying cause of death, All causes, States and territories, 2006', data cube: Excel spreadsheet, Cat. no. 3303.0, viewed 15 January 2009, [http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/o/397F75389B856284CA25740B0010B884/\\$File/3303.0\\_1%20Underlying%20Causes%20of%20Death.xls#'1.2'!A2](http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/o/397F75389B856284CA25740B0010B884/$File/3303.0_1%20Underlying%20Causes%20of%20Death.xls#'1.2'!A2)
- <sup>50</sup> Australian Institute of Health and Welfare National Perinatal Statistics Unit, 2003, *Reproductive Health Indicators, Australia, 2002*, AIHW, Canberra, p. 136.
- <sup>51</sup> Australian Bureau of Statistics, 2008, *National Survey of Mental Health and Wellbeing: Summary of Results*, Cat. no. 4326.0, viewed 19 January 2009,

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- [http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/o/6AE6DA447F985FC2CA2574EA00122BD6/\\$File/43260\\_2007.pdf](http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/o/6AE6DA447F985FC2CA2574EA00122BD6/$File/43260_2007.pdf)
- <sup>52</sup> id., 2008, *National Survey of Mental Health and Wellbeing: Summary of Results*, Cat. no. 4326.o, viewed 19 January 2009, [http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/o/6AE6DA447F985FC2CA2574EA00122BD6/\\$File/43260\\_2007.pdf](http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/o/6AE6DA447F985FC2CA2574EA00122BD6/$File/43260_2007.pdf)
- <sup>53</sup> Beyond Blue, 2008, *Research: Targeted Research in Depression, Anxiety and Related Disorders 2001 – 2007*, Beyond Blue, Australia.
- <sup>54</sup> Queensland Health, 2008, *State-wide Omnibus Survey – 2008*, Health Statistics Centre, Reform and Development Division, Queensland Health, Brisbane.
- <sup>55</sup> Australian Bureau of Statistics, 2008, *Causes of Death, Australia, 2006*, 'Table 4.5 Suicide, State and Territory, Number of deaths, Standardised Death Rate, Sex, 1997–2006', data cube: Excel spreadsheet, Cat. no. 3303.o, viewed 15 January 2009, [http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/o/8D777EEAB092A1F3CA25740B0010CoD1/\\$File/3303.o\\_4%20Suicides.xls#4.5!Print\\_Area](http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/o/8D777EEAB092A1F3CA25740B0010CoD1/$File/3303.o_4%20Suicides.xls#4.5!Print_Area)
- <sup>56</sup> *ibid.*, table 4.4.
- <sup>57</sup> id., 2008, *National Survey of Mental Health and Wellbeing: Summary of Results*, Cat. no. 4326.o, viewed 19 January 2009, [http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/o/6AE6DA447F985FC2CA2574EA00122BD6/\\$File/43260\\_2007.pdf](http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/o/6AE6DA447F985FC2CA2574EA00122BD6/$File/43260_2007.pdf)
- <sup>58</sup> Queensland Health, 2007, *Queensland Stay On Your Feet Community Good Practice Toolkit – Statistics: Deaths due to falls (falls mortality)*, Health Promotion Unit and Planning and Development Unit, Population Health Branch, Division of the Chief Health Officer, Queensland Health, Brisbane.
- <sup>59</sup> Australian Bureau of Statistics and Australian Institute of Health and Welfare, 2008, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples, 2008*, Cat. no. 4704.o, viewed 20 January 2009, [http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/o/51B575E133A75C6DCA2574390014EDFE/\\$File/47040\\_2008.pdf](http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/o/51B575E133A75C6DCA2574390014EDFE/$File/47040_2008.pdf)
- <sup>60</sup> Chikritzhs T and Pascal R, 2004, *Trends in Youth Alcohol Consumption and Related Harms in Australian Jurisdiction, 1990-2002*, National Alcohol Bulletin No. 6, National Drug Research Institute, Perth; cited in Queensland Health, 2008, *The Health of Queenslanders 2008: Prevention of Chronic Disease, Second Report of the Chief Medical Officer, Queensland*, Queensland Health, Brisbane, p. 99.
- <sup>61</sup> Queensland Health, 2008, *The Health of Queenslanders 2008: Prevention of Chronic Disease, Second Report of the Chief Medical Officer, Queensland*, Queensland Health, Brisbane, p. 99.
- <sup>62</sup> *ibid.*, p. 41.
- <sup>63</sup> Australian Bureau of Statistics and Australian Institute of Health and Welfare, 2008, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples, 2008*, Cat. no. 4704.o, viewed 20 January 2009, [http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/o/51B575E133A75C6DCA2574390014EDFE/\\$File/47040\\_2008.pdf](http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/o/51B575E133A75C6DCA2574390014EDFE/$File/47040_2008.pdf)
- <sup>64</sup> *ibid.*, table 7.23.
- <sup>65</sup> Australian Bureau of Statistics and Australian Institute of Health and Welfare, 2008, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples, 2008*, Cat. no. 4704.o, viewed 20 January 2009, [http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/o/51B575E133A75C6DCA2574390014EDFE/\\$File/47040\\_2008.pdf](http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/o/51B575E133A75C6DCA2574390014EDFE/$File/47040_2008.pdf)
- <sup>66</sup> Australian Institute of Health and Welfare, 2008, *Cervical Screening in Australia 2005-2006*, AIHW, Canberra.
- <sup>67</sup> *ibid.*
- <sup>68</sup> id., 2008, *Australia's Health 2008*, Cat. no. AUS 99, AIHW, Canberra, p. 267.
- <sup>69</sup> *ibid.*, pp. 80-87.
- <sup>70</sup> Queensland Health, 2008, *The Health of Queenslanders 2008: Prevention of Chronic Disease, Second Report of the Chief Medical Officer, Queensland*, Queensland Health, Brisbane, p. 101.
- <sup>71</sup> *ibid.*
- <sup>72</sup> *ibid.*, p. 117.
- <sup>73</sup> *ibid.*