

5 Differentials in burden of disease and injury across Australia

5.1 Overview

This chapter describes differentials in burden of disease and injury across Australia in terms of the following stratifications of the population: state and territory jurisdictions, socioeconomic quintiles and remoteness categories (major cities, regional and remote). The chapter begins by comparing life expectancy and health-adjusted life expectancy (HALE) across each subpopulation within these strata. It then discusses the main differentials between subpopulations by leading causes of burden. Table 5.1 summarises for each subpopulation the important demographic characteristics that influence these differentials.

Table 5.1: Selected demographic characteristics by area, Australia, 2003

Area	Population ^(a)		Per cent of population for area						
	('000)	Per cent of Australia	Age group (years)				Males	Indigenous ^(b)	Low SES ^(c)
			<15	15–59	60–79	80+			
Jurisdiction									
NSW	6,687.5	33.6	19.9	62.4	14.2	3.5	49.7	2.0	19.0
Vic	4,918.0	24.7	19.5	62.9	14.1	3.4	49.3	0.6	16.0
Qld	3,797.3	19.1	20.8	62.9	13.3	3.0	49.9	3.3	23.9
WA	1,952.5	9.8	20.4	64.0	12.8	2.8	50.0	3.3	22.5
SA	1,527.6	7.7	18.8	61.7	15.4	4.1	49.5	1.6	14.9
Tas	477.2	2.4	20.4	60.6	15.4	3.7	49.3	3.6	55.4
ACT	322.9	1.6	19.8	67.4	10.7	2.2	49.4	1.2	0.3
NT	198.4	1.0	25.4	67.4	6.5	0.7	52.5	28.8	28.4
Socioeconomic quintile									
Low	3,917.1	19.7	21.9	61.5	13.7	2.9	50.0	n.a.	n.a.
Mod. low	3,973.8	20.0	21.2	60.6	14.9	3.3	49.8	n.a.	n.a.
Average	3,747.8	18.8	20.3	61.9	14.3	3.4	49.8	n.a.	n.a.
Mod. high	4,097.3	20.6	19.4	64.5	13.0	3.1	49.6	n.a.	n.a.
High	4,145.4	20.8	17.4	65.4	13.5	3.7	49.1	n.a.	n.a.
Remoteness									
Major cities	13,347.9	66.8	19.1	64.4	13.5	3.3	49.6	1.0	17.2
Regional	6,050.5	30.4	21.7	59.7	15.3	3.4	50.0	3.2	23.7
Remote	483.1	2.4	25.6	63.4	9.2	1.8	53.2	25.7	39.2
Australia	19,894.7	100.0	20.0	62.8	13.9	3.3	49.6	2.3	19.7

(a) Estimated resident population figures as at 30 June 2003 (ABS cat. no. 3201.0).

(b) Based on people identifying as Indigenous in the 2001 Census (ABS cat. no. 2019.0 – 2019.8).

(c) Based on Socio-Economic Indexes for Areas (SEIFA) (ABS cat. no. 2039.0.55.001).

5.2 Health-adjusted life expectancy

HALE provides an estimate of the average years of equivalent 'healthy' life that a person can expect to live at various ages. HALE is related to life expectancy, which provides an estimate of the average years of life a person can expect to live at various ages given current risks of mortality. HALE extends this concept by reducing the estimated duration by the proportion of time spent at each age in states less than perfect health, adjusted for the relative severity of those health states. The sum of prevalent years lost due to disability (PYLD) across all causes is used to derive this 'severity-weighted' proportion for each age. Since the starting point for HALE is a life table, life expectancy at birth for the various subpopulations discussed in this chapter is presented first in Table 5.2.

Table 5.2: Life expectancy at birth by area and sex, Australia, 2003

Area	Life expectancy at birth (years)					
	Males		Females		Persons	
Jurisdiction						
NSW	78.2	(78.0–78.3)	83.1	(83.0–83.3)	80.6	(80.5–80.8)
Vic	78.6	(78.4–78.8)	83.2	(83.0–83.4)	80.9	(80.8–81.0)
Qld	78.4	(78.2–78.6)	83.3	(83.1–83.5)	80.8	(80.7–81.0)
WA	79.0	(78.7–79.3)	83.7	(83.4–84.0)	81.3	(81.1–81.5)
SA	77.7	(77.3–78.0)	82.9	(82.5–83.2)	80.3	(80.0–80.5)
Tas	76.7	(76.1–77.3)	81.7	(81.1–82.2)	79.2	(78.8–79.6)
ACT	80.2	(79.4–80.9)	84.2	(83.4–84.9)	82.3	(81.7–82.8)
NT	73.1	(72.2–74.0)	78.6	(77.6–79.6)	75.5	(74.8–76.1)
Socioeconomic quintile						
Low	76.9	(76.7–77.1)	82.3	(82.1–82.5)	79.6	(79.4–79.7)
Moderately low	77.4	(77.2–77.6)	82.8	(82.6–83.0)	80.0	(79.9–80.2)
Average	77.7	(77.5–77.9)	82.7	(82.5–82.9)	80.2	(80.0–80.3)
Moderately high	79.0	(78.8–79.2)	83.5	(83.3–83.7)	81.2	(81.1–81.4)
High	80.9	(80.6–81.1)	84.5	(84.3–84.7)	82.7	(82.5–82.8)
Remoteness						
Major cities	78.8	(78.7–78.9)	83.5	(83.4–83.6)	81.2	(81.1–81.2)
Regional	77.5	(77.4–77.7)	82.7	(82.5–82.8)	80.0	(79.9–80.1)
Remote	75.4	(74.8–76.1)	81.5	(80.9–82.2)	78.1	(77.6–78.6)
Australia	78.3	(78.2–78.4)	83.2	(83.1–83.3)	80.7	(80.7–80.8)

When interpreting the results presented in this chapter it is important to keep in mind that Indigenous people are a much greater proportion of the total population in the Northern Territory and remote areas of Australia. This accounts for the much greater health loss in these areas, although the contribution of Indigenous populations to this loss is not quantified in this report. Readers seeking such comparisons are referred to the separate report on the Indigenous component of this study. Once the Indigenous results are available separate small area comparisons can be made for non-Indigenous people. This is relevant to health

policy in that there is a raft of Indigenous health issues that is distinct from the health issues of the general population living in remote areas.

HALE was calculated for subpopulations using the PYLD estimated for each population separately, as discussed in Chapter 2. Total HALE at birth across Australia in 2003 was 70.6 years for males, 75.2 years for females and 72.9 years for both sexes combined (Table 5.3). The figures for both sexes ranged from 67.7 to 75.9 years across state and territory jurisdictions, 71.2 to 75.5 years across socioeconomic quintiles and 69.5 to 73.5 years across remoteness categories.

Table 5.3: Health-adjusted life expectancy (HALE) and life expectancy at birth lost due to disability by area and sex, Australia, 2003

Area	Health-adjusted life expectancy (HALE) (years)						Life expectancy at birth lost due to disability (%)		
	At birth			At age 60			Males	Females	Persons
	Males	Females	Persons	Males	Females	Persons			
Jurisdiction									
NSW	70.5	75.3	72.9	17.1	20.6	18.9	9.8	9.5	9.6
Vic	71.1	75.4	73.2	17.5	20.8	19.2	9.6	9.4	9.5
Qld	70.5	75.3	72.8	17.0	20.4	18.7	10.1	9.7	9.9
WA	71.5	75.6	73.5	17.5	20.6	19.1	9.6	9.6	9.6
SA	69.3	74.2	71.7	16.4	20.0	18.3	10.8	10.5	10.6
Tas	68.8	73.7	71.3	16.3	19.7	18.1	10.2	9.8	10.0
NT	65.8	70.2	67.7	12.6	15.1	13.6	10.0	10.6	10.3
ACT	73.9	77.8	75.9	18.9	21.9	20.5	7.8	7.5	7.7
Socioeconomic quintile									
Low	68.7	73.8	71.2	16.1	19.7	17.9	10.7	10.4	10.6
Moderately low	69.5	74.6	72.0	16.4	20.1	18.2	10.2	9.9	10.1
Average	69.9	74.6	72.2	16.6	20.1	18.4	10.0	9.8	9.9
Moderately high	71.4	75.9	73.6	17.6	20.8	19.3	9.7	9.1	9.4
High	73.8	77.2	75.5	19.2	21.9	20.6	8.7	8.7	8.7
Remoteness									
Major cities	71.3	75.6	73.5	17.5	20.8	19.2	9.6	9.4	9.5
Regional	69.6	74.5	72.0	16.5	20.1	18.3	10.3	9.8	10.1
Remote	67.3	72.3	69.5	15.4	18.5	16.8	10.8	11.3	11.0
Australia	70.6	75.2	72.9	17.1	20.5	18.9	9.8	9.6	9.7

When the difference between life expectancy and HALE is expressed as a proportion of life expectancy, this represents the proportion of remaining life that is lost due to disability. Hereafter this is referred to as PLD (proportion of life expectancy lost due to disability). PLD at birth is the most commonly reported figure, although it can be calculated at any age and increases with age (Figure 5.1).

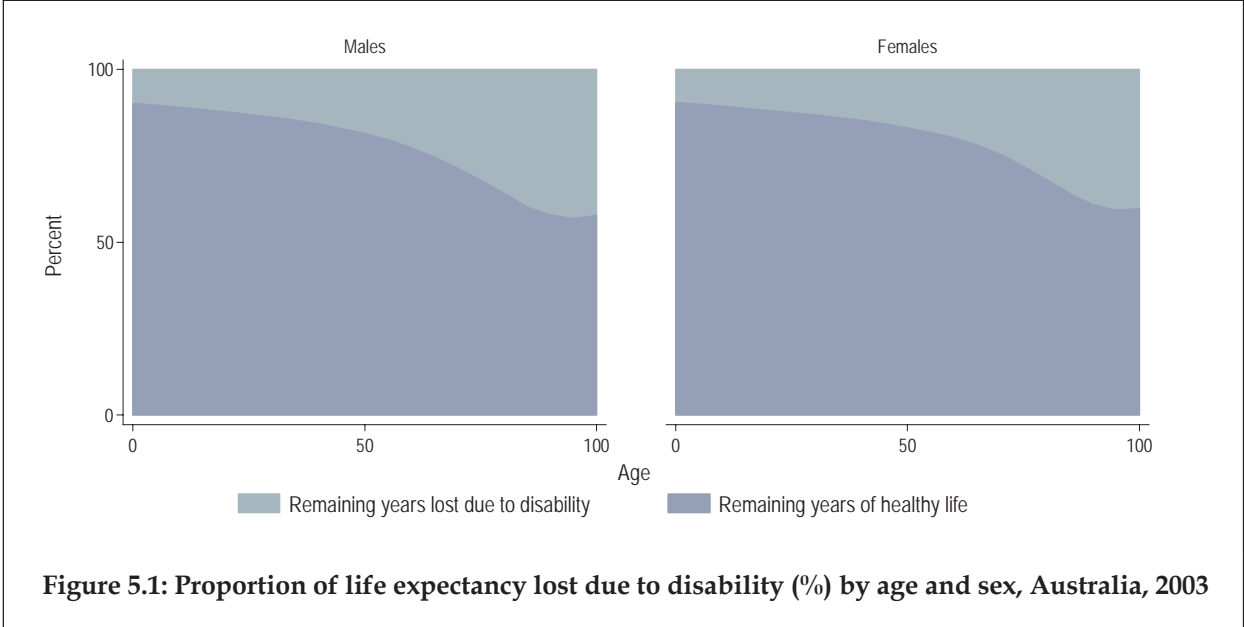


Figure 5.1: Proportion of life expectancy lost due to disability (%) by age and sex, Australia, 2003

This report shows for the first time that there are differentials in PLD at birth across Australia (Table 5.3). There was a strong socioeconomic gradient in this measure, with the lowest socioeconomic quintile losing 10.6% of life expectancy at birth through disability and the highest losing only 8.7%. Differentials with respect to remoteness category were also apparent but not as large, with remote areas losing 11.0% and major cities losing 9.5%. With respect to state and territory jurisdictions, the Australian Capital Territory had the lowest PLD at birth at 7.7% and South Australia had the highest at 10.6%.

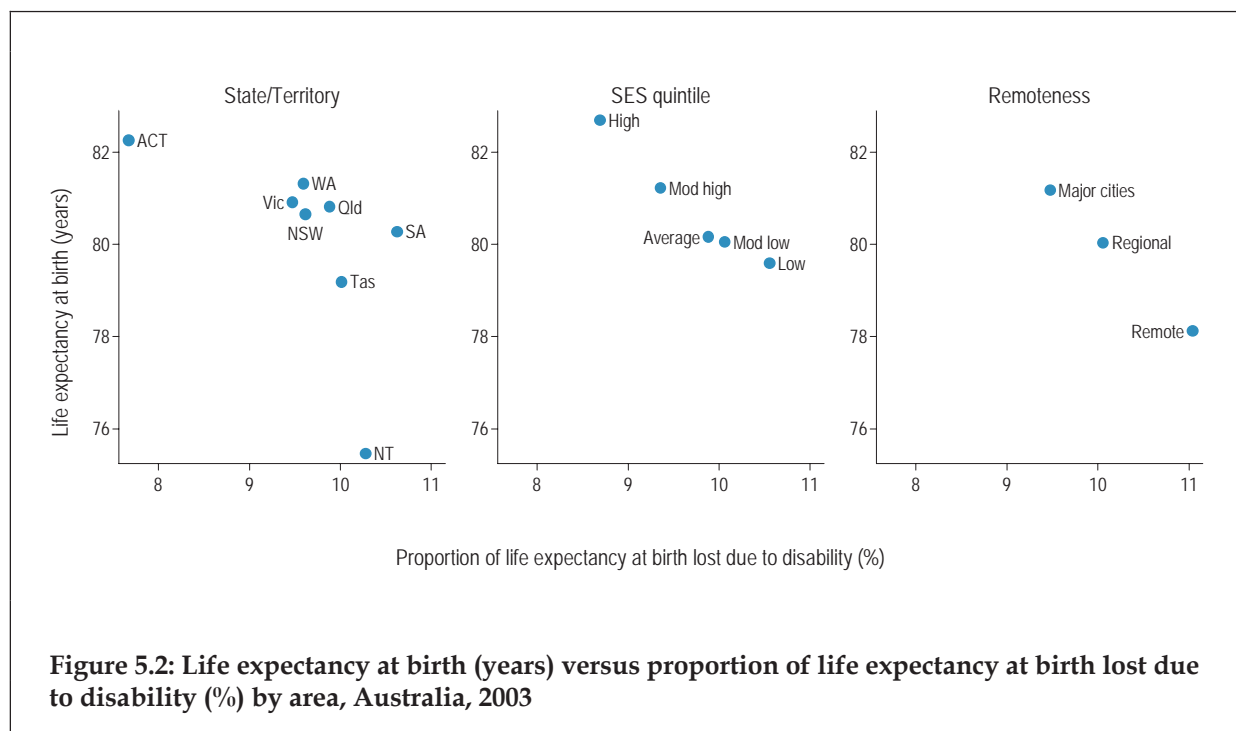


Figure 5.2 shows the inverse relationship between life expectancy at birth and PLD, with subpopulations experiencing the highest life expectancy also having the lowest PLD. In other words, longevity is associated with lower average levels of disability throughout the life span.

The remainder of this chapter presents health differentials across these subpopulations using the standard burden metric of disability-adjusted life years – (DALYs). All rates per head of population were standardised to remove the effect of different age structures between populations. This standard technique is used when comparing populations whereby the age-specific rates of the populations of interest are applied to the age structure of a reference population before comparisons are made.

5.3 State and territory differentials

The proportion of burden experienced by each state and territory jurisdiction was roughly proportional to the population size, with New South Wales accounting for the largest proportion (34.0%), followed by Victoria (24.8%) and Queensland (18.6%) (Table 5.4). Males experienced more of this burden than females in all jurisdictions except the Australian Capital Territory where it was more equally distributed between the sexes. In all jurisdictions except Tasmania, slightly more of total burden was due to non-fatal causes.

Table 5.4: Burden (DALYs) for state/territory jurisdictions by proportions of total, proportions by sex and proportions due to mortality, Australia, 2003

Area	DALYs ('000)	Per cent of total	Per cent male	Per cent fatal burden
NSW	895.8	34.0	51.9	49.5
Vic	651.6	24.8	50.9	48.9
Qld	488.5	18.6	53.0	46.9
SA	234.3	8.9	51.5	48.7
WA	236.8	9.0	51.7	46.6
Tas	73.4	2.8	51.6	51.4
NT	22.9	0.9	58.5	46.6
ACT	29.5	1.1	50.4	47.5
Australia	2,632.8	100.0	51.8	48.6

There were important differentials in burden experienced per head of population between jurisdictions. After age standardisation, the Northern Territory had almost twice the rate of total burden of the Australian Capital Territory for both males and females. This was due to higher rates of burden for most causes, but particularly for cardiovascular disease, diabetes and injuries (Figure 5.3).

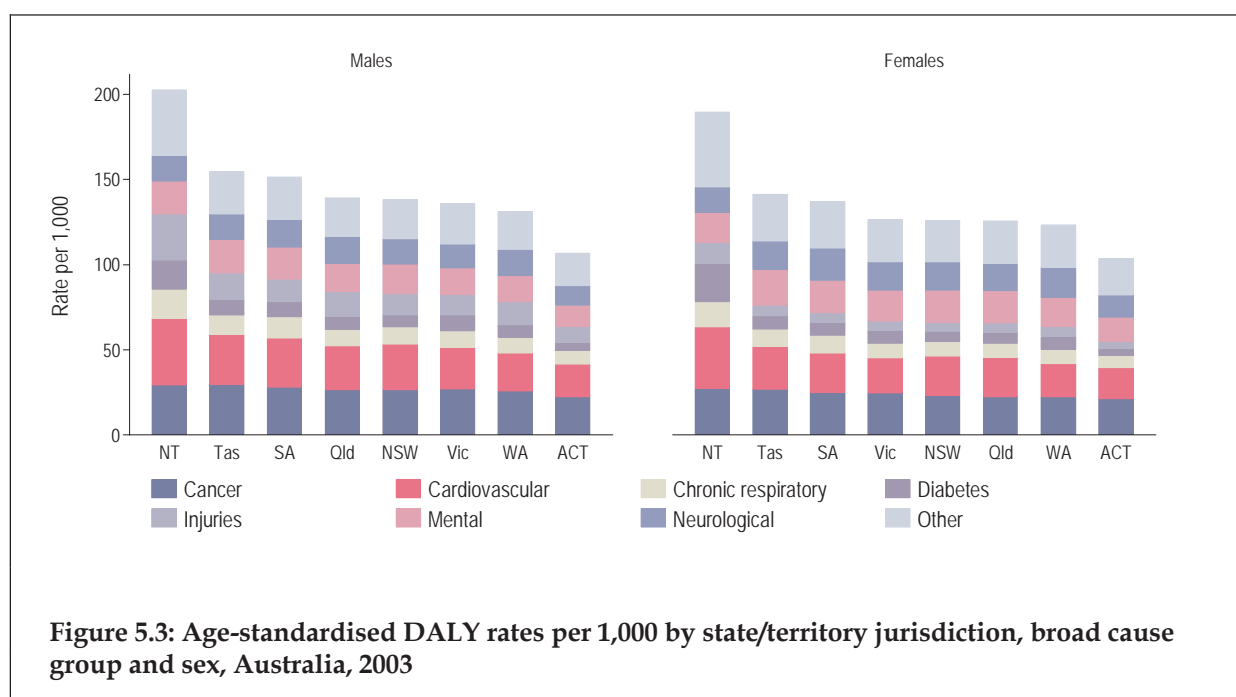


Table 5.5 provides a comparison between burden rates for jurisdictions and the national average for the 10 leading broad causes of burden in Australia for 2003. Of these causes, the greatest difference between jurisdictions with the lowest and highest rates occurred (in order of magnitude of difference) in diabetes, injuries, genitourinary conditions and chronic respiratory diseases. The causes that contributed most in terms of the absolute difference

observed between jurisdictions were cardiovascular disease (19.7%), diabetes (15.5%) and injuries (13.6% for intentional and unintentional combined).

Table 5.5: Differentials in burden (DALYs) by state/territory jurisdiction for the 10 leading broad cause groups, Australia, 2003

Broad cause group	Rate	Standardised rate ratio ^(b)								% diff.	% of
	Aust. ^(a)	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	high/low ^(c)	total diff. ^(d)
Cancer	25.1	1.00	1.02	0.98	1.06	0.96	1.13	1.15	0.87	31.3	6.9
Cardiovascular	23.8	1.04	0.94	1.02	1.09	0.88	1.13	1.61	0.78	104.8	19.7
Mental	17.6	1.03	0.97	1.01	1.06	0.94	1.15	1.05	0.76	52.1	7.0
Neurological	15.7	0.99	0.97	1.00	1.13	1.04	1.02	0.97	0.78	44.3	5.5
Chronic respiratory	9.4	0.99	0.98	0.99	1.20	0.94	1.18	1.72	0.81	111.6	8.6
Diabetes	7.2	0.88	1.15	0.95	1.14	1.00	1.15	2.71	0.57	371.8	15.5
Unintentional injuries	6.3	0.96	0.95	1.08	1.01	1.06	1.13	2.03	0.68	196.7	8.6
Musculoskeletal	5.3	0.96	1.00	1.05	1.02	1.05	1.18	0.96	0.87	35.5	1.7
Genitourinary	3.3	1.01	1.04	0.93	1.06	0.94	1.01	1.76	0.77	127.9	3.3
Intentional injuries	3.0	0.94	0.89	1.11	1.10	1.05	1.18	2.46	0.79	210.3	5.0
All causes	132.4	1.00	0.99	1.00	1.09	0.96	1.12	1.50	0.79	88.7	100.0

(a) DALY rate for Australia per 1,000.

(b) Ratio of age-standardised DALYs per 1,000 population for area to DALYs per 1,000 population for Australia.

(c) Calculated for each cause as the greatest difference in DALY rates between areas as a proportion of lowest rate for that cause.

(d) Calculated for each cause as the greatest difference in DALY rates between areas as a proportion of greatest difference for all causes.

Table 5.6 lists the 10 leading specific causes of burden for Australia and summarises for each jurisdiction these causes in terms of rank order and percentage of total burden. Diseases of old age, such as ischaemic heart disease and dementia, contributed less to the total burden in jurisdictions with younger populations (for example the Northern Territory and the Australian Capital Territory).

Table 5.6: Differentials in burden (DALYs) by state/territory jurisdiction for the 10 leading specific causes, Australia, 2003

Specific cause ^(a)	Rank								Per cent of total							
	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	NSW	Vic	Qld	SA	WA	Tas	NT	ACT
Ischaemic heart disease	1	1	1	1	1	1	3	2	10.4	9.6	10.2	10.8	8.8	10.7	6.5	8.1
Anxiety & depression	2	2	2	2	2	2	1	1	7.2	7.1	7.9	6.0	8.0	7.3	8.4	9.3
Type 2 diabetes	4	3	3	3	3	3	2	4	4.4	5.9	4.8	5.3	5.4	5.0	7.9	3.5
Stroke	3	4	4	4	5	4	11	3	5.0	4.3	4.4	4.5	3.9	4.4	2.0	3.9
Dementia	5	5	7	5	4	8	15	10	3.8	3.4	3.2	4.0	4.3	2.5	1.2	2.5
Lung cancer	7	6	5	7	6	6	10	7	3.4	3.4	3.3	3.2	3.5	3.8	2.3	2.8
COPD	6	7	6	6	7	5	7	8	3.4	3.1	3.3	3.7	2.8	4.0	3.3	2.6
Adult-onset hearing loss	10	10	8	8	10	9	35	12	2.2	2.5	2.9	2.6	2.4	2.4	0.7	2.3
Colorectal cancer	8	8	10	9	9	7	22	11	2.3	2.6	2.3	2.4	2.5	2.7	0.9	2.4
Asthma	11	9	9	11	8	10	8	5	2.2	2.5	2.5	2.3	2.7	2.4	2.3	3.3

(a) Sorted according to the leading specific causes for Australia.

5.4 Differentials by socioeconomic status

Populations in areas with lower socioeconomic status experienced proportionally more burden than populations in areas with higher socioeconomic status (Table 5.7). Females experienced slightly more burden than males in areas with the highest socioeconomic status. Conversely, males experienced more burden than females in areas with the lowest socioeconomic status. The highest proportion of burden that was fatal was in the moderately low and average socioeconomic areas, and the lowest (47.6%) was in the low socioeconomic area.

Table 5.7: Burden (DALYs) for socioeconomic quintiles by proportions of total, proportions by sex, and proportions due to mortality, Australia, 2003

Area	DALYs ('000)	Per cent of total	Per cent male	Per cent fatal burden
Low SES	562.5	21.4	52.8	47.6
Moderately low SES	564.2	21.4	52.7	49.3
Average SES	523.6	19.9	52.1	49.5
Moderately high SES	507.7	19.3	52.0	48.0
High SES	474.8	18.0	49.1	48.4
Australia	2,632.8	100.0	51.8	48.6

Total burden per head of population increased with decreasing socioeconomic status, with the most disadvantaged populations having 31.7% greater burden than the most advantaged populations. Again, this was due to higher rates of burden for most causes, but particularly for mental disorders and cardiovascular disease (Figure 5.4).

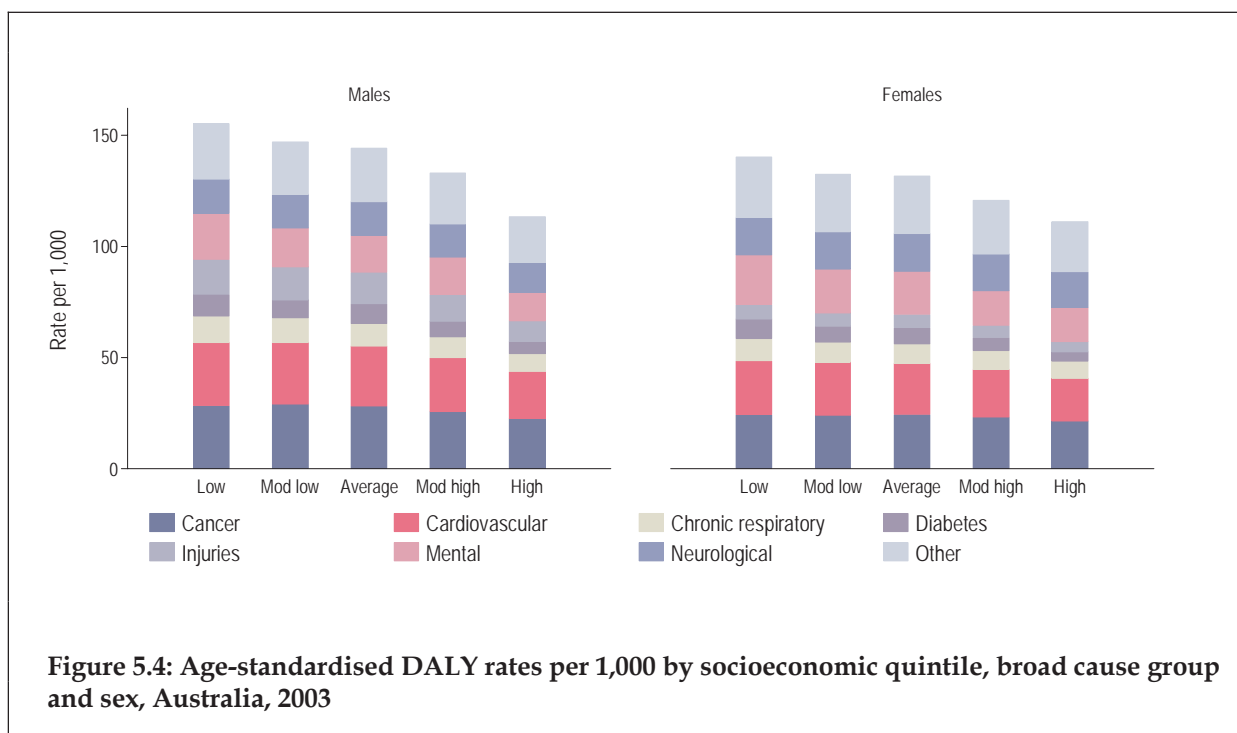


Table 5.8 provides a comparison between burden rates for areas by socioeconomic category and the national average for the 10 leading broad causes of burden in Australia for 2003. Of these causes, the greatest difference between areas with the lowest and highest rates occurred (in order of magnitude of difference) in diabetes, injuries, mental disorders and chronic respiratory diseases. The causes that contributed most in terms of the absolute difference observed between socioeconomic quintiles were mental disorders (20.9%), cardiovascular disease (17.6%) and diabetes (12.2%). Lifestyle-related (that is behavioural) risk factors are important underlying risks for these conditions; the much greater burden from these causes in lower socioeconomic areas is likely to be due to the greater prevalence of lifestyle risk factors in these areas compared with higher socioeconomic areas. Limited data availability on exposures by socioeconomic status, however, prevented further exploration of this association.

Table 5.8: Differentials in burden (DALY rates) by socioeconomic quintile for the 10 leading broad cause groups, Australia, 2003

Broad cause group	Rate	Standardised rate ratio ^(b)					% diff.	% of
	Aust. ^(a)	Low	Mod. low	Average	Mod. high	High	high/low ^(c)	total diff. ^(d)
Cancer	25.1	1.05	1.05	1.05	0.97	0.88	19.3	12.0
Cardiovascular	23.8	1.10	1.08	1.05	0.95	0.84	31.8	17.6
Mental	17.6	1.22	1.05	1.02	0.92	0.80	53.5	20.9
Neurological	15.7	1.02	1.02	1.03	1.00	0.93	10.2	4.2
Chronic respiratory	9.4	1.15	1.07	1.01	0.95	0.83	38.8	8.4
Diabetes	7.2	1.30	1.05	1.09	0.91	0.70	87.2	12.2
Unintentional injuries	6.3	1.14	1.12	1.12	0.93	0.72	57.8	7.3
Musculoskeletal	5.3	1.08	1.02	1.05	0.97	0.89	20.5	2.7
Genitourinary	3.3	1.07	1.02	1.04	0.97	0.92	16.0	1.4
Intentional injuries	3.0	1.28	1.11	1.00	0.91	0.73	75.1	4.6
All causes	132.4	1.12	1.05	1.04	0.96	0.85	31.7	100.0

(a) DALY rate for Australia per 1,000.

(b) Ratio of age-standardised DALYs per 1,000 population for area to DALYs per 1,000 population for Australia.

(c) Calculated for each cause as the greatest difference in DALY rates between areas as a proportion of lowest rate for that cause.

(d) Calculated for each cause as the greatest difference in DALY rates between areas as a proportion of greatest difference for all causes.

Table 5.9 lists the 10 leading specific causes of burden for Australia and summarises for each socioeconomic quintile these causes in terms of rank order and percentage of total burden. Ischaemic heart disease and anxiety & depression were the leading causes of burden across all socioeconomic quintiles.

Table 5.9: Differentials in burden (DALYs) by socioeconomic quintile for the 10 leading specific causes, Australia, 2003

Specific cause ^(a)	Rank					Per cent of total				
	Low	Mod. low	Average	Mod. high	High	Low	Mod. low	Average	Mod. high	High
Ischaemic heart disease	1	1	1	1	1	9.8	10.5	10.2	9.6	9.8
Anxiety & depression	2	2	2	2	2	8.1	7.3	6.8	7.5	6.6
Type 2 diabetes	3	3	3	3	5	5.9	5.0	5.3	4.8	4.2
Stroke	4	4	4	4	3	4.0	4.6	4.6	4.5	4.9
Dementia	7	6	5	5	4	2.9	3.5	3.7	3.7	4.2
Lung cancer	6	5	6	6	6	3.5	3.6	3.5	3.2	3.0
COPD	5	7	7	7	7	3.7	3.5	3.3	3.1	2.8
Adult-onset hearing loss	9	8	9	8	11	2.4	2.5	2.5	2.6	2.4
Colorectal cancer	10	9	8	9	9	2.1	2.4	2.5	2.5	2.6
Asthma	8	10	11	11	10	2.5	2.4	2.2	2.5	2.5

(a) Sorted according to the leading specific causes for Australia.

5.5 Differentials by remoteness

The majority (64.5%) of the burden was experienced by people in the major cities as they account for 67% of the population. Regional areas accounted for 33.1% of the burden and remote areas 2.5% (Table 5.10). Males experienced more of this burden than females in all areas, but particularly in remote areas. Remote areas experienced proportionately slightly less fatal burden than other areas.

Table 5.10: Burden (DALYs) for remoteness categories by proportions of total, proportions by sex, and proportions due to mortality, Australia, 2003

Area	DALYs ('000)	Per cent of total	Per cent male	Per cent fatal burden
Major cities	1,698.0	64.5	51.0	48.2
Regional	870.1	33.1	53.1	49.6
Remote	64.6	2.5	57.5	46.2
Australia	2,632.8	100.0	51.8	48.6

Total burden per head of population increased with remoteness, with remote populations having 26.5% greater burden than populations in major cities. Again, this is due to higher rates of burden for most causes, but particularly for injuries (Figure 5.5).

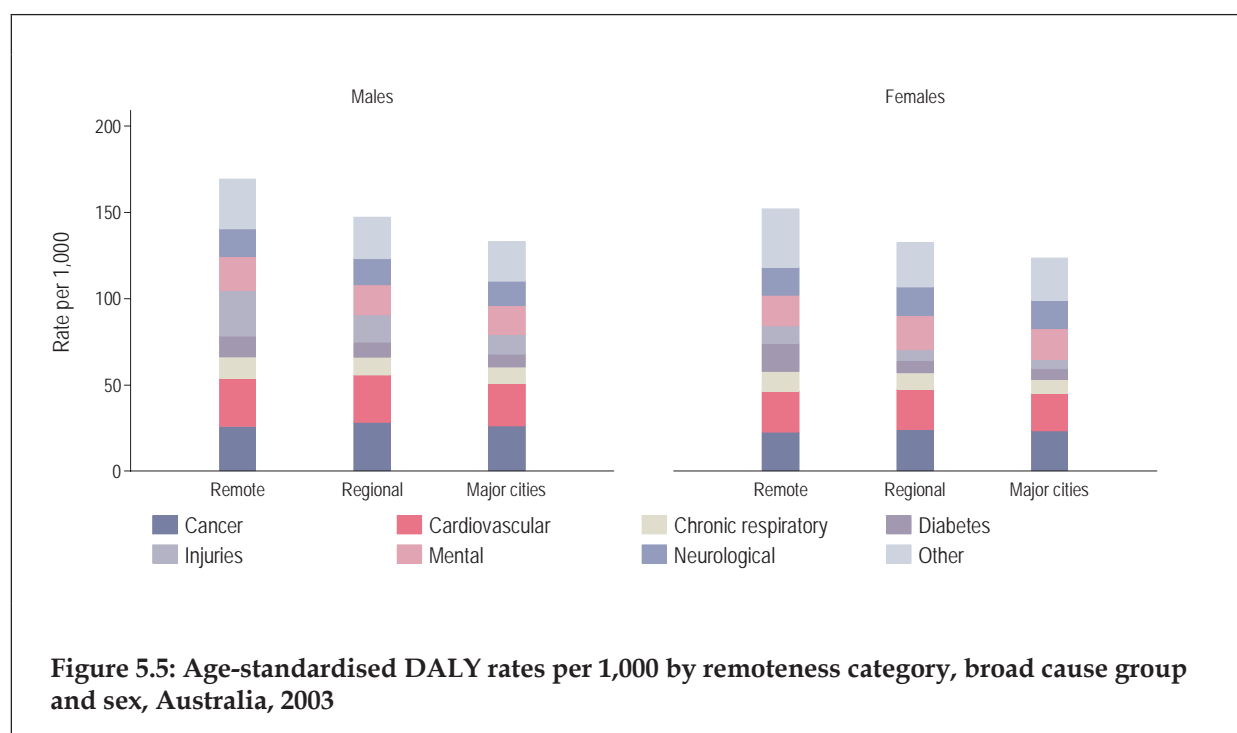


Table 5.11: Differentials in burden (DALY rates) by remoteness category for the 10 leading broad cause groups, Australia, 2003

Broad cause group	Rate	Standardised rate ratio ^(b)			% diff.	% of
	Aust. ^(a)	Major cities	Regional	Remote	high/low ^(c)	total diff. ^(d)
Cancer	25.1	0.98	1.04	0.98	7.0	4.6
Cardiovascular	23.8	0.96	1.07	1.10	14.6	9.1
Mental	17.6	0.98	1.05	1.06	8.5	4.0
Neurological	15.7	0.99	1.03	1.03	4.2	1.8
Chronic respiratory	9.4	0.97	1.04	1.30	33.6	8.3
Diabetes	7.2	0.94	1.08	1.93	105.6	19.5
Unintentional injuries	6.3	0.87	1.24	1.92	121.3	18.1
Musculoskeletal	5.3	0.95	1.10	0.99	16.0	2.2
Genitourinary	3.3	1.00	0.99	1.11	12.3	1.1
Intentional injuries	3.0	0.90	1.13	2.26	151.5	11.0
All causes	132.4	0.97	1.06	1.22	26.5	100.0

(a) DALY rate for Australia per 1,000.

(b) Ratio of age-standardised DALYs per 1,000 population for area to DALYs per 1,000 population for Australia.

(c) Calculated for each cause as the greatest difference in DALY rates between areas as a proportion of lowest rate for that cause.

(d) Calculated for each cause as the greatest difference in DALY rates between areas as a proportion of greatest difference for all causes.

Table 5.11 provides a comparison between burden rates for areas by remoteness category and the national average for the 10 leading broad causes of burden in Australia for 2003. Of these causes, the greatest difference between areas with the lowest and highest rates occurred (in order of magnitude of difference) in injuries, diabetes, chronic respiratory diseases, musculoskeletal disorders and cardiovascular disease. The cause that contributed by far the greatest proportion in terms of the absolute difference observed between remoteness categories was injuries (29.1% for intentional and unintentional combined), followed by diabetes (19.5%) and cardiovascular disease (9.1%).

Table 5.12 lists the 10 leading specific causes of burden for Australia and summarises for each remoteness category these causes in terms of rank order and percentage of total burden. Type 2 diabetes was the leading cause of burden in remote areas whereas dementia was ranked twelfth, reflecting the younger age structure and higher proportion of Indigenous people in these areas compared with the rest of Australia.

Table 5.12: Differentials in burden (DALYs) by remoteness category for the 10 leading specific causes, Australia, 2003

Specific cause ^(a)	Rank			Per cent of total		
	Major cities	Regional	Remote	Major cities	Regional	Remote
Ischaemic heart disease	1	1	2	9.8	10.6	7.3
Anxiety & depression	2	2	3	7.4	7.1	6.4
Type 2 diabetes	3	3	1	4.9	5.1	7.7
Stroke	4	4	8	4.6	4.4	2.8
Dementia	5	7	12	3.8	3.3	2.0
Lung cancer	6	6	10	3.4	3.5	2.6
COPD	7	5	4	3.1	3.6	3.8
Adult-onset hearing loss	11	8	11	2.3	2.7	2.1
Colorectal cancer	9	9	15	2.4	2.5	1.4
Asthma	8	10	9	2.5	2.3	2.7

(a) Sorted according to the leading specific causes for Australia.