V. COMPETING ON THE BASIS OF REGIONAL WELL-BEING

25. Health: Age-adjusted mortality rate
26. Health resources: Number of physicians
27. Safety: Reported crimes against property
28. Safety: Reported murders
29. Environment: Municipal waste
30. Environment: Private vehicle ownership
31. Voter turnout in national elections
32. Access to education

Macroeconomic indicators such as growth and employment opportunity cannot alone describe a region's quality of life and its ability to attract people and business. Security, health, education, quality of environment, social capital and trust in the institutions are all factors that contribute to improving "regional well-being". This complements the analysis of economic regional resources and their spatial concentration and disparities as carried out in the previous sections. Disparities among OECD regions in access and quality of services such as health, education or waste management are still large. These differences have an impact not only on the well-being of people and on the social cohesion of a country, but also on a region's competitiveness. The analysis in this part is constrained by the availability of data at the sub-national level, a typical challenge for international comparison of social and environmental indicators. In addition, data on outcomes or on quality of services like education and health are not collected in a systematic and internationally comparable way at regional level. Nevertheless, country studies suggest that regional differences persist also in the quality and efficiency of these services.

The health status of populations is measured by mortality rates, which are age-adjusted to eliminate differences in mortality rates due to different population structures. A value of the age-adjusted mortality rate higher than the OECD average, therefore, indicates that after taking into account the differences in age, that country's mortality rate is higher than the OECD average.

In 2005, the average age-adjusted mortality rate for OECD countries was 8.4 per 1 000 inhabitants. Japan had the lowest age-adjusted mortality rate (6 per 1 000 inhabitants), while Hungary displayed the highest value (12 per 1 000 inhabitants). Regional differences in mortality rates within countries were also quite large. In 2005, the gap between the region with the lowest and the largest age-adjusted mortality rate was the widest in Mexico, the United States and Portugal. In contrast, the regional pattern of age-adjusted mortality rate was more balanced in Greece, Netherlands and Ireland (Figure 25.1).

A positive correlation, in 18 out of 25 countries, was found between the age-adjusted mortality rate and the regional share of population in rural regions (Figure 25.2).

Definition

Age-adjusted mortality rates eliminate the difference in mortality rates due to a population's age profile and are comparable across countries and regions. Age-adjusted mortality rates are calculated by applying the age-specific death rates of one region to the age distribution of a standard population, in this case the population by age class averaged over all OECD regions.

The Spearman correlation coefficient measures the strength and direction of the relationship between two variables, in this case the age-adjusted mortality rate and the share of population in predominantly urban (PU), intermediate (IN) or predominantly rural (PR) regions. A value close to zero means no relationship (see Annex C for formula).

Source

OECD Regional Database, *http://dotstat/wbos/*, theme: Regional Statistics.

See Annex B for data sources and country related metadata.

Reference years and territorial level

2005; TL2

Belgium 2003; Australia, Italy and the United Kingdom 2004; Korea 2000.

No regional data available for New Zealand and Turkey.

Further information

Rowland, D.T. (2003), "Demographic Methods and Concepts", Oxford University Press.

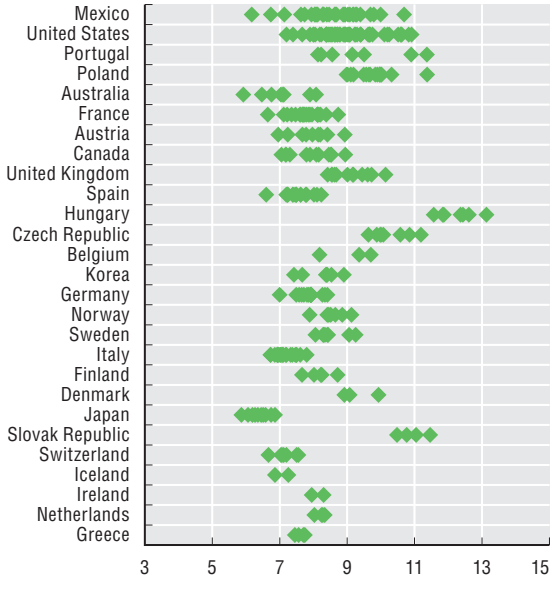
Figure notes

Figure 25.1: Number of deaths for 1 000 inhabitants.

Figure 25.2: For each country three correlations are run between the regional age-adjusted mortality rates and the share of regional population living in PU, IN and PR regions.

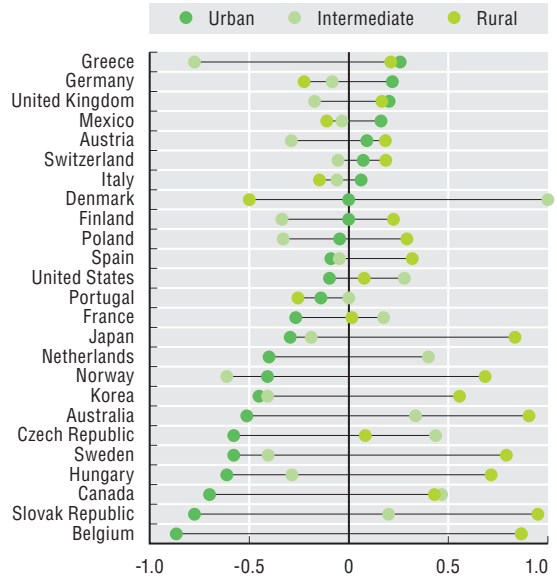
25.1 Range in TL2 regional age-adjusted mortality rates, 2005

In 2005, Mexico had the largest range across TL2 regions in mortality rates.



25.2 Spearman correlation coefficient between mortality rates and population share by regional type, 2005 (TL2)

In 2005, the Slovak Republic and Australia had highest association between regional mortality rates and population in rural regions.



StatLink http://dx.doi.org/10.1787/524174666067

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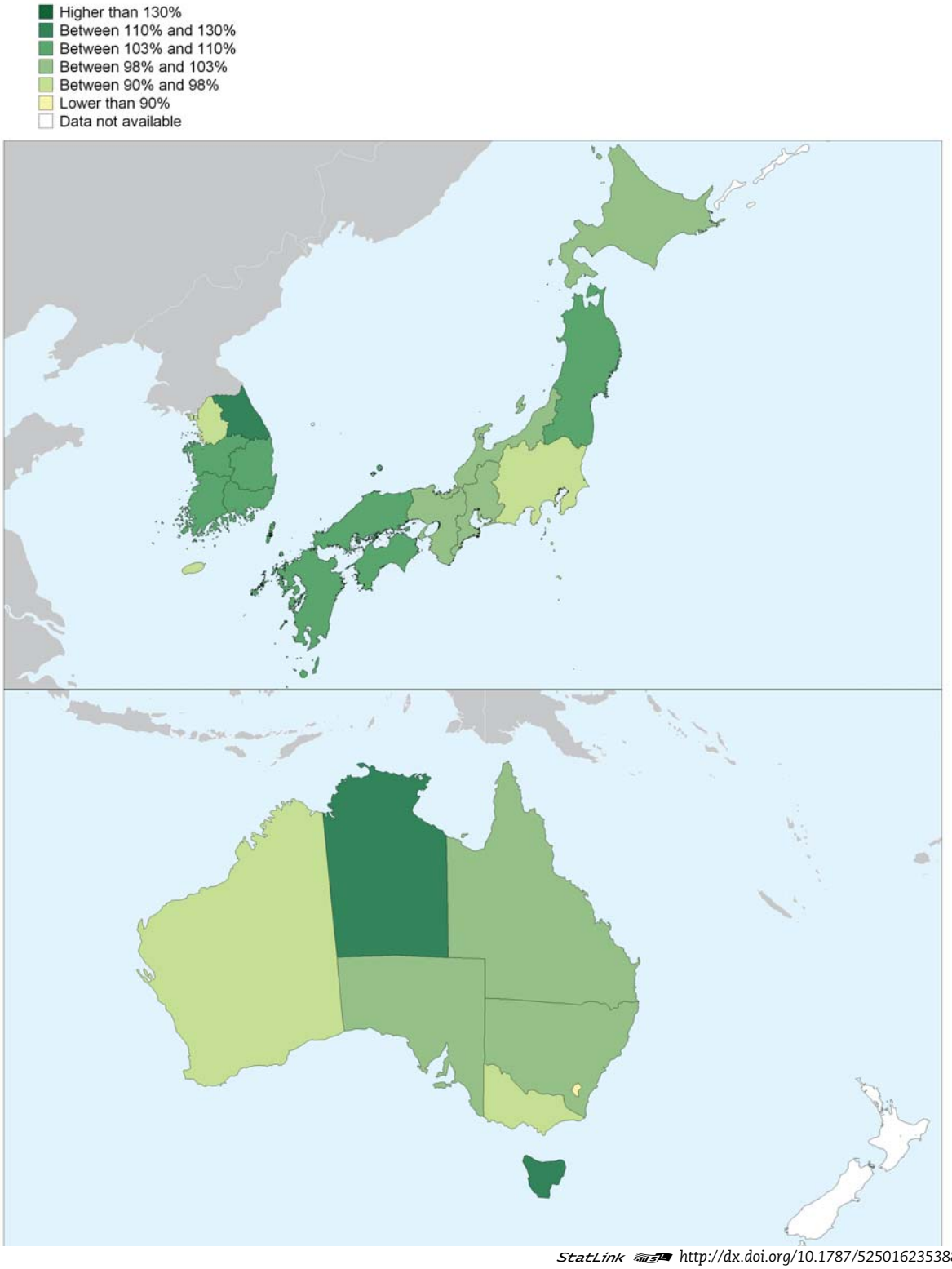
25.3 Regional age-adjusted mortality rates: Asia and Oceania

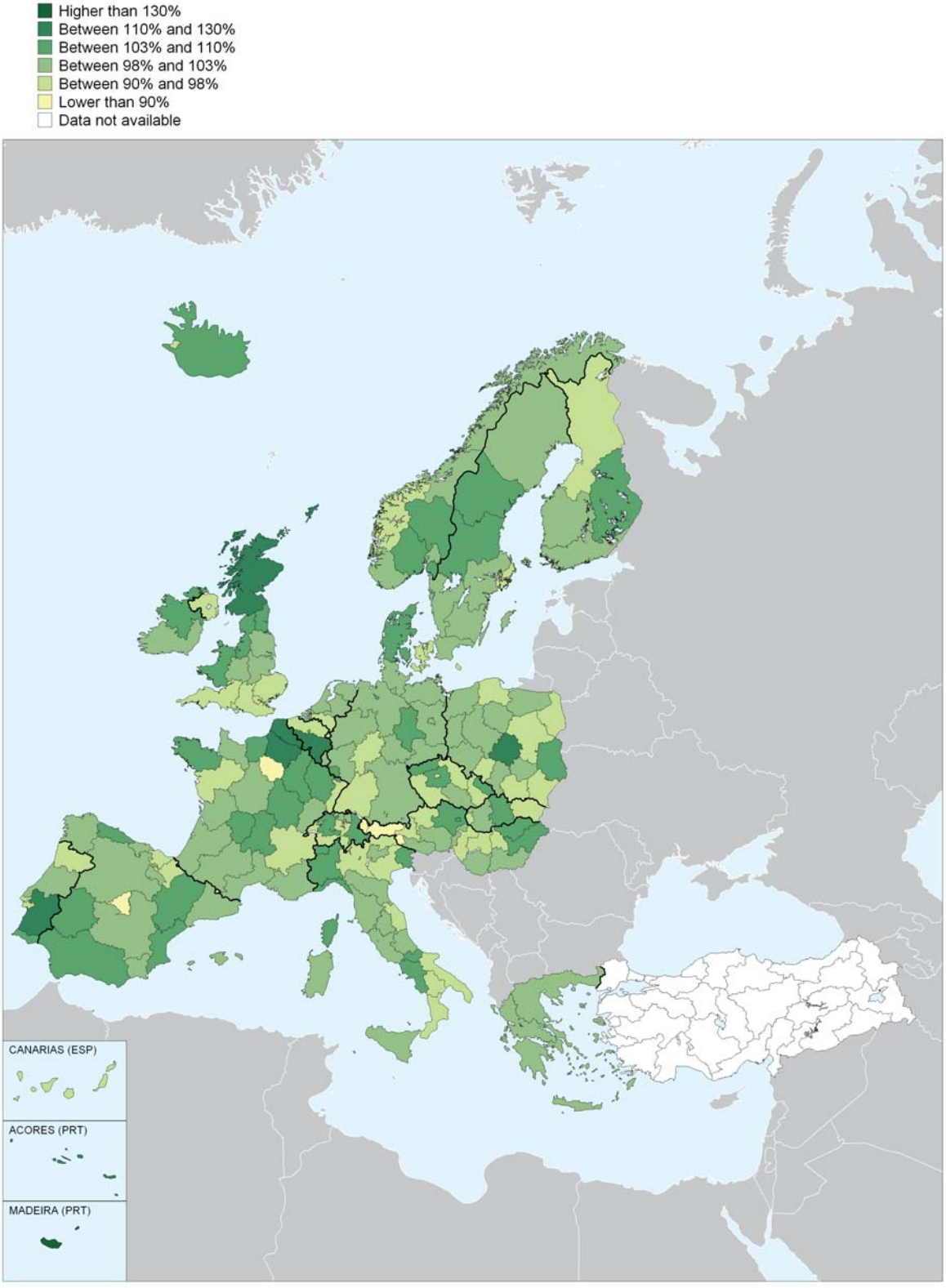
Per cent of country average, TL2 regions, 2005



StatLink http://dx.doi.org/10.1787/525016235388

25.4 Regional age-adjusted mortality rates: Europe

Per cent of country average, TL2 regions, 2005



StatLink http://dx.doi.org/10.1787/525016235388

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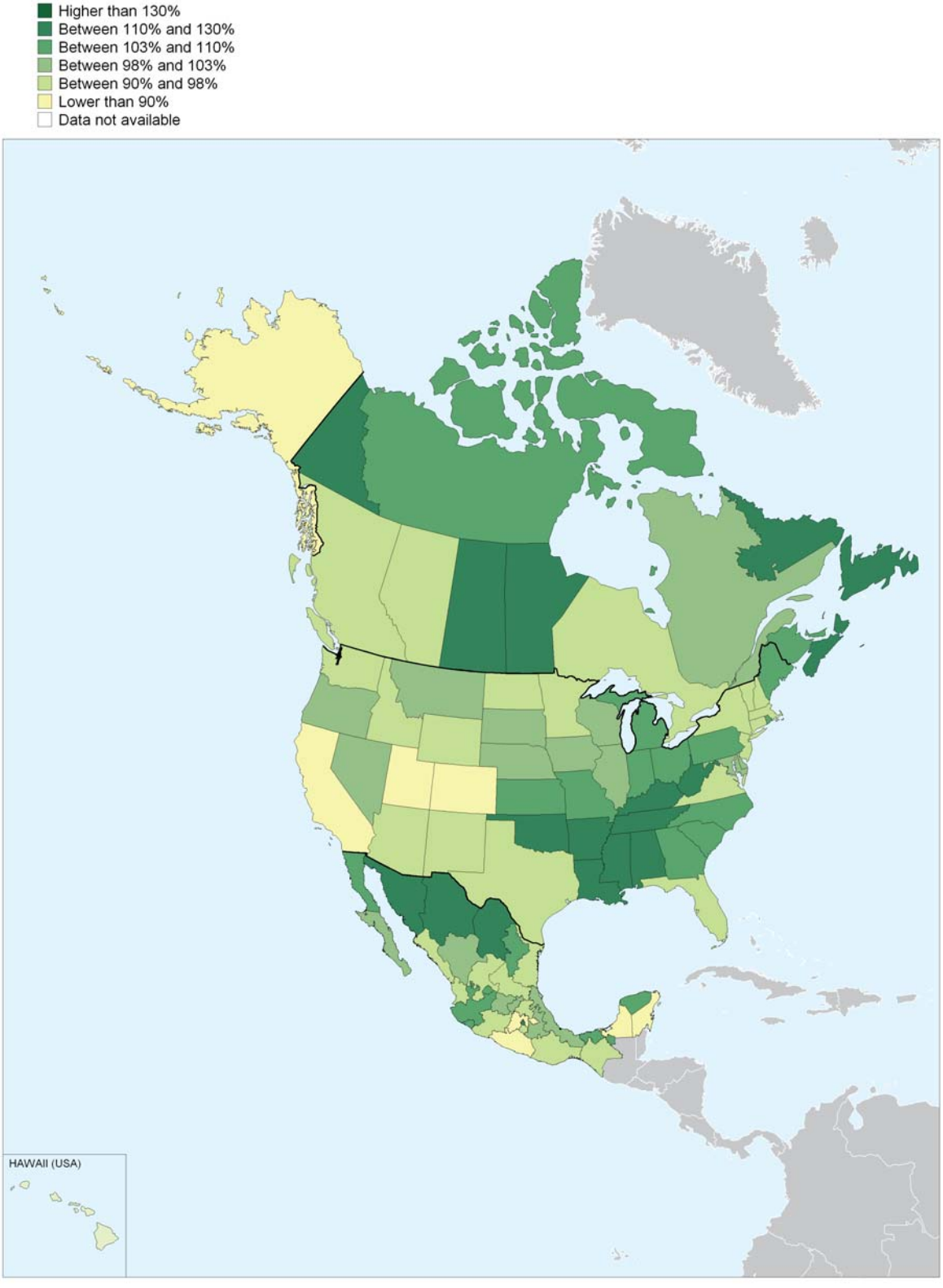
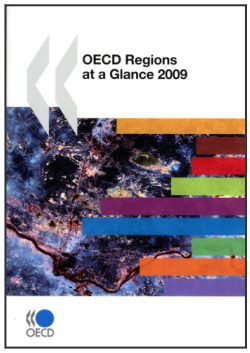
25.5 Regional age-adjusted mortality rates: North America

Per cent of country average, TL2 regions, 2005



StatLink http://dx.doi.org/10.1787/525016235388



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