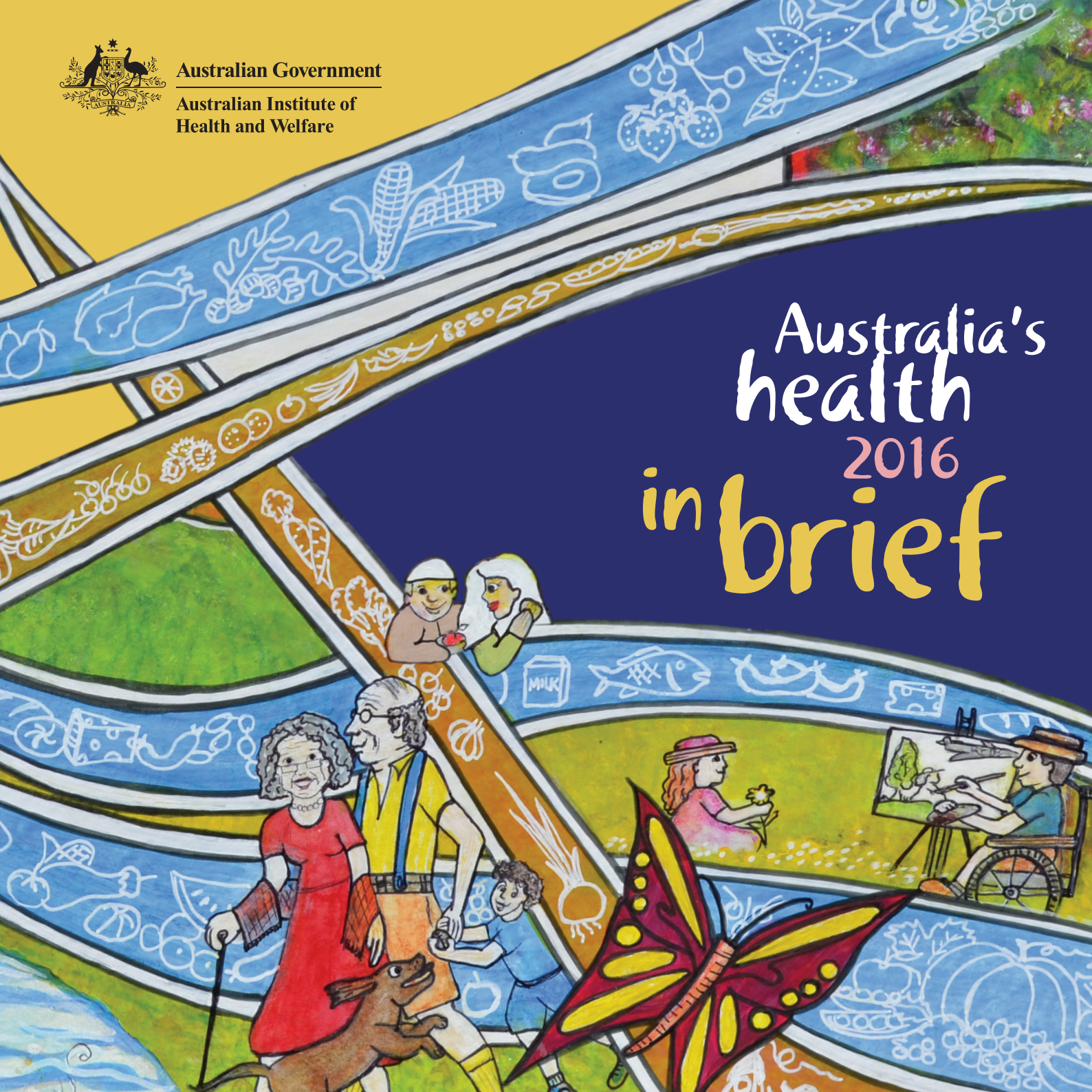




Australian Government

Australian Institute of
Health and Welfare

Australia's health 2016 in brief



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Australia's
health
2016
in brief



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About *Australia's health 2016—in brief*

Australia's health 2016—in brief is a companion report to *Australia's health 2016*.

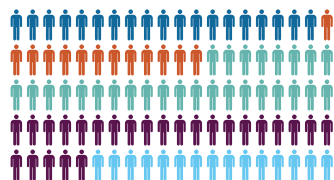
This mini report presents some of the key statistics from the main report. It begins with two infographics that illustrate what Australia would look like if it had a population of just 100 people.

'Australia as 100 people' and 'Australia's health as 100 people' present key demographic and health statistics—in some cases, the '100 people' concept represents '100 families' or '100 households'.

The data for these infographics refer to various years and have been obtained from a range of sources. Full details of all sources for these infographics and the *In brief* can be found in the online supplementary tables.

Australia's health 2016 and *Australia's health 2016—in brief* can be viewed and downloaded for free at www.aihw.gov.au/australias-health/.





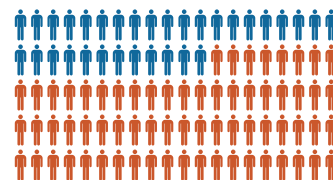
Age group

19 are aged 0–14
13 are aged 15–24
28 are aged 25–44
25 are aged 45–64
15 are aged 65 and over



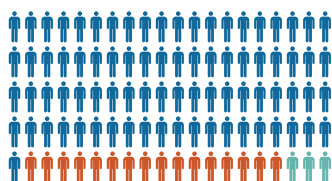
Indigenous status

3 are Indigenous
97 are non-Indigenous



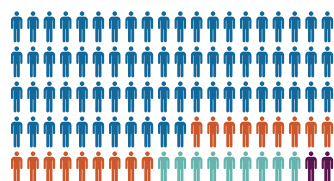
Born overseas

28 are overseas born
72 are born in Australia



English spoken

81 speak English only
16 speak another language, and speak English well or very well
3 speak another language, and do not speak English well or at all



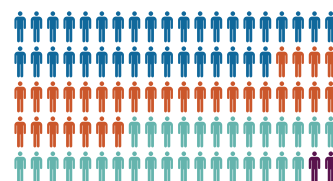
Where we live

71 in *Major cities*
18 in *Inner regional areas*
9 in *Outer regional areas*
2 in *Remote or Very remote areas*



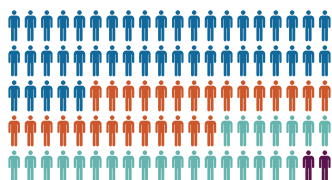
Household composition

72 are one-family households
2 are multi-family households
23 are single-person households
3 are group households



Home ownership

36 households own their home (without mortgage)
31 own their home (with mortgage)
31 are renting
2 other



Education (ages 15–74)

45 have Year 12 or below
28 have Certificate III or IV or Diploma/Advanced Diploma
25 have Bachelor's degree or higher
2 have other qualifications



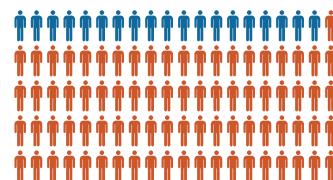
Labour force status

(ages 15–74)
42 are employed full time
19 are employed part time
4 are unemployed
35 are not in the labour force



Jobless families

1 jobless couple family with dependants
13 jobless couple families without dependants
3 jobless one-parent families with dependants
2 jobless one-parent families without dependants
81 families with jobs



Disability status

19 with disability
81 without disability

Australia's health

as 100 people



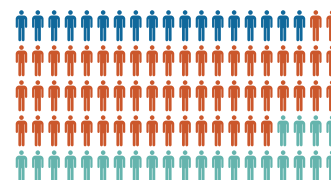
Self-rated health (ages 15+)

4 rate health as poor
10 rate health as fair
29 rate health as good
37 rate health as very good
20 rate health as excellent



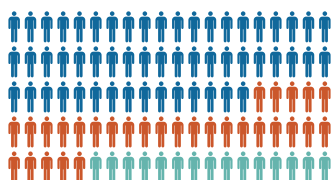
Tobacco smoking (ages 14+)

13 smoke daily
3 smoke weekly or less often
24 are ex-smokers
60 have never smoked



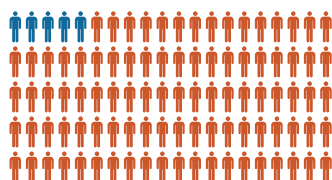
Alcohol risk (ages 14+)

18 are risky drinkers
60 are low-risk drinkers
22 do not drink alcohol



Physical activity (ages 18–64)

55 are sufficiently physically active
30 are insufficiently active
15 are inactive



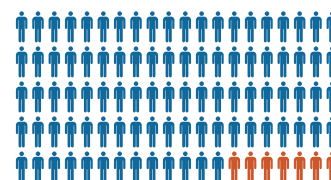
Fruit and vegetables (ages 18+)

5 eat the recommended servings
95 do not eat the recommended servings



Weight (ages 18+)

2 are underweight
35 are normal weight
35 are overweight
28 are obese



Childhood immunisation (to 5 years of age)

93 are fully immunised
7 are not fully immunised



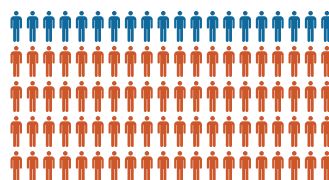
Cancer

2 have been diagnosed with cancer in the past 5 years and are still alive
98 have had no cancer diagnosis in the past 5 years



Diabetes

5 self-report having diabetes
95 do not have diabetes



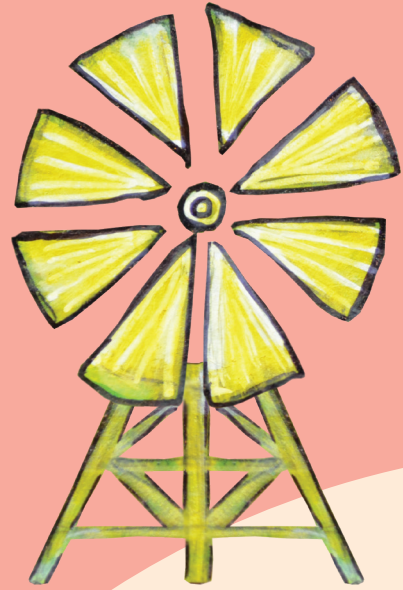
Mental illness (ages 16–85)

20 have had a mental disorder in the past 12 months
80 have not had a mental disorder in the past 12 months



Chronic diseases (selected)

27 have 1 chronic disease
14 have 2 chronic diseases
9 have 3 or more chronic diseases
50 have no chronic disease



1

Are we a healthy nation?

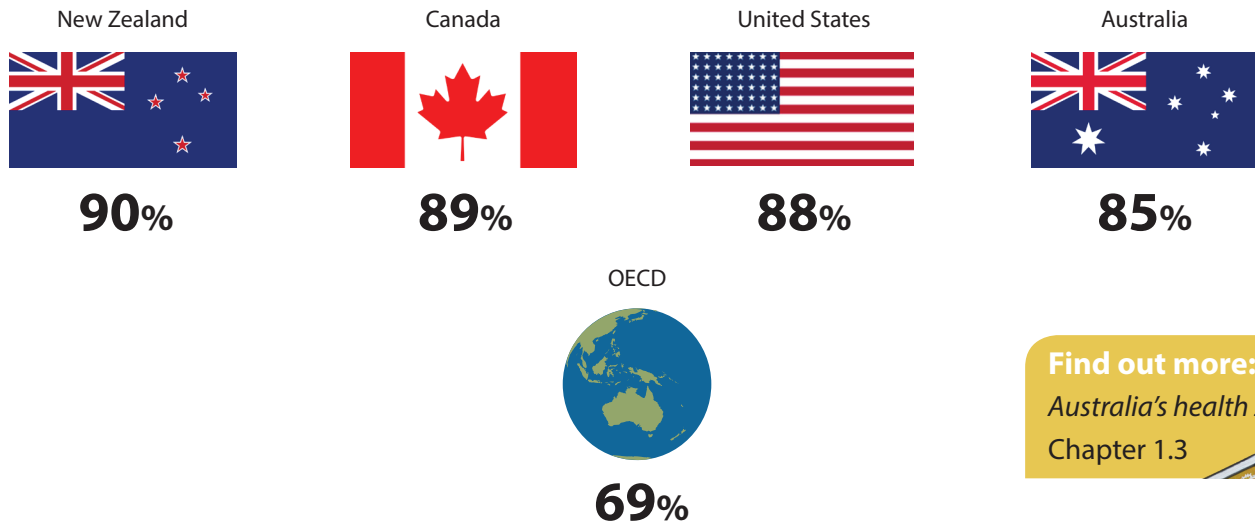
One measure of health is life expectancy—and on that score Australia performs particularly well. But there are many other ways to look at health, such as how many of us are living with a chronic disease, and how many 'healthy' years we are losing to ill health.



We are feeling good

In 2014–15, 85% of Australians aged 15 and over self-rated their health as ‘good’ or better. This was similar to the proportion recorded in 2011–12.

Australia is one of the leading countries on this measure—among 34 Organisation for Economic Cooperation and Development (OECD) countries we rank only behind New Zealand (90%), Canada (89%) and the United States (88%), and we rank higher than the OECD average of 69%.



Find out more:

Australia's health 2016
Chapter 1.3

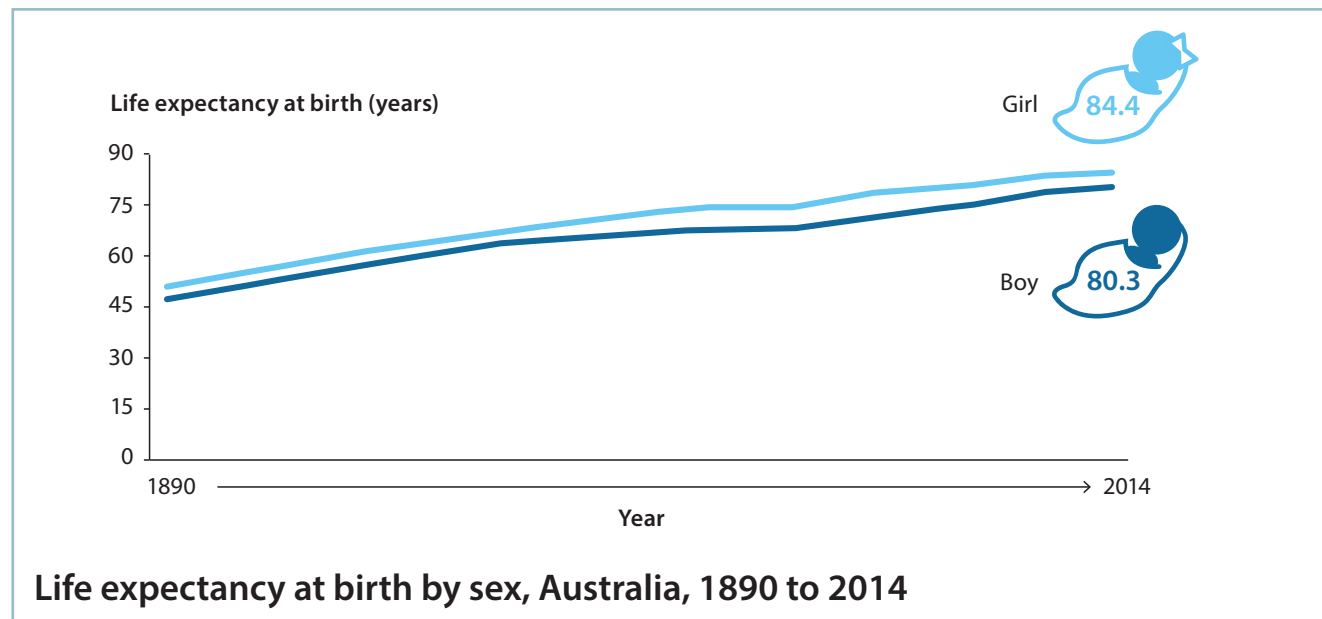
More than half (56%) of Australians rated their health as ‘excellent’ or ‘very good’. Just over 1 in 10 (10.4%) Australians rated their health as ‘fair’ (10.7% in 2011–12), and 4.4% as ‘poor’ (4.0% in 2011–12).

By comparison, only 39% of Indigenous Australians rated their health as ‘excellent’ or ‘very good’ in 2012–13—a decrease from 44% in 2008 and 43% in 2004–05. A further 37% reported their health as ‘good’, 17% as ‘fair’ and 7% as ‘poor’ in 2012–13.

Adjusting for differences in age structure, 29% of Indigenous Australians rated their health as ‘fair’ or ‘poor’, more than double the non-Indigenous rate of 14%.

And living longer than ever before

A boy born between 2012 and 2014 can expect to live to 80.3 years and a girl to 84.4 years. This compares with life expectancies at birth of 67.1 and 72.8 years, respectively, for those born in 1955; and 47.2 and 50.8 years, respectively, for those born in 1890.



Males who had survived to the age of 65 in 2014 could expect to live, on average, another 19.4 years (to 84.4 years) and females an extra 22.2 years (to 87.2).

The concept of what it means to be 'healthy' encompasses not just how many years a person lives, but whether those years are lived with disability, chronic illness, or other health conditions that affect quality of life.

In 2012, a newborn boy in Australia could expect to live 62.4 years without disability and another 17.5 years with some form of disability, including 5.6 years with severe or profound core activity limitation. Girls born in 2012 could expect to live 64.5 years without disability and 19.8 years with some form of disability, including 7.8 years with severe or profound core activity limitation.

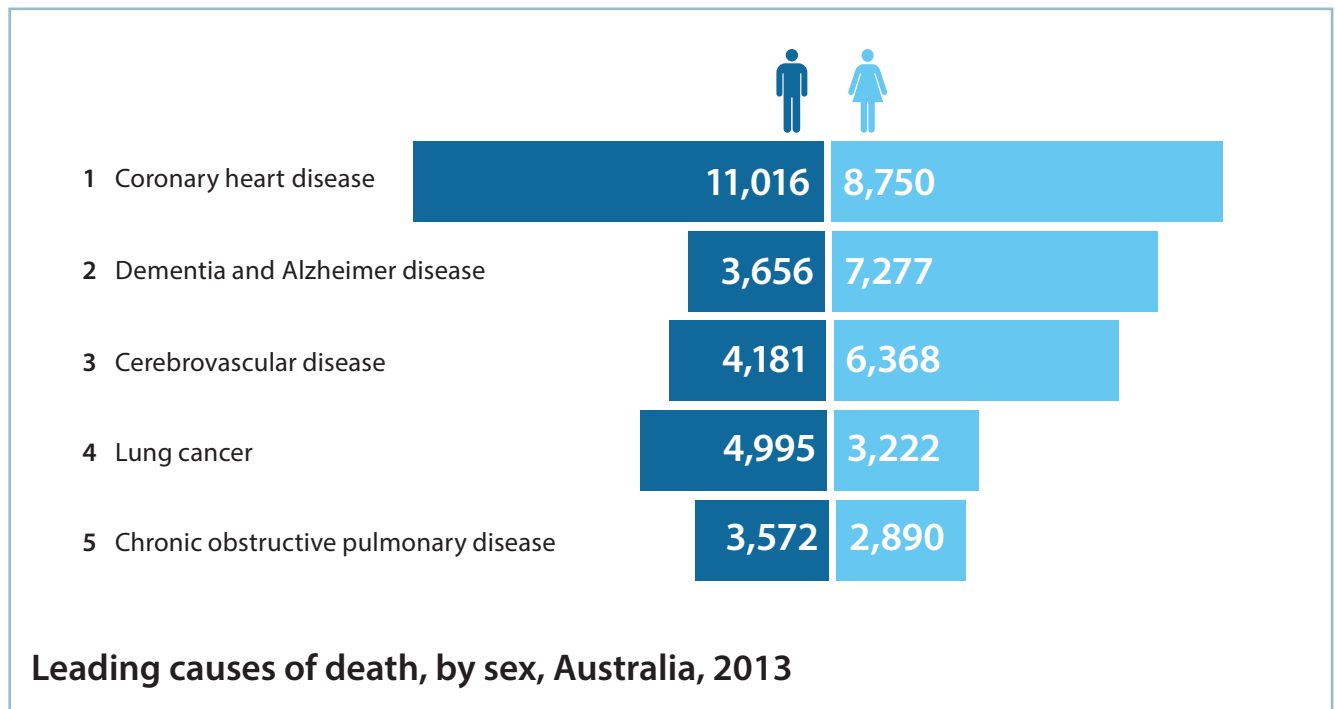
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Chapter 1.3

For the first time, cancer is our biggest overall killer

In 2013, nearly 147,700 deaths were registered in Australia.

For the first time, the total number of deaths due to all types of cancer combined (44,100) surpassed the total number of deaths due to cardiovascular disease (which includes coronary heart disease, stroke and heart failure) (43,600). However, coronary heart disease continues to be the leading specific cause of death in Australia (19,800 deaths in 2013).



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Australia's health 2016

Chapter 1.3

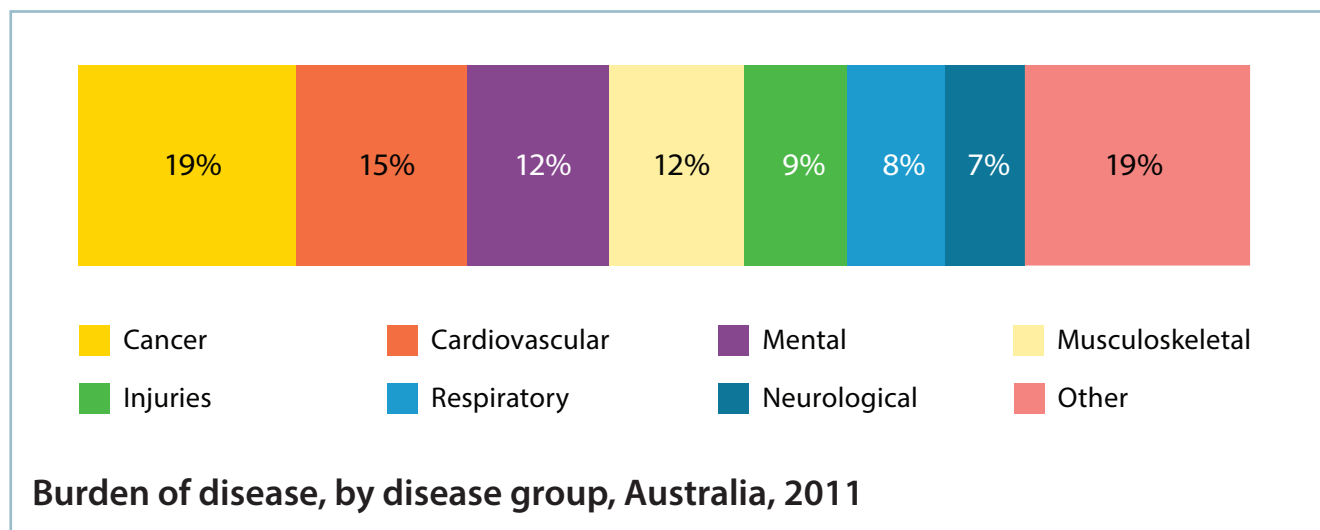
...and also accounts for the biggest burden

'Burden of disease' comprises both the burden of living with ill health and the burden of dying prematurely, and it is measured in 'disability-adjusted life years' (DALY). One DALY is one year of 'healthy life' lost due to illness and/or death.

Overall, in 2011, for every 1,000 people in Australia, there were 201 years of healthy life lost due to dying or living with disease or injury. This was equivalent to 4.5 million DALY in total.

Cancer; cardiovascular disease; mental and substance-use disorders; musculoskeletal disorders; and injury contributed most to the burden of disease in Australia in 2011—together they accounted for around two-thirds of the total burden (69% of the burden for males, 62% of the burden for females).

Between 2003 and 2011, using age-standardised rates, the burden of disease for the Australian population decreased by 10%.



Find out more:

Australia's health 2016

Chapter 3.1

Burden of disease changes throughout life

The various life stages between childhood and death are accompanied by different health challenges.

This table shows the leading causes of fatal, non-fatal and total burden of disease for Australian males and females, from infancy to older age groups. The table shows the top-ranked condition only.

Males	Under 5	5–14	15–24	25–44	45–64	65–74	75–84	85+
Leading cause of fatal burden	Pre-term/low birthweight complications	Road traffic injuries/accidents	Suicide	Suicide	Coronary heart disease	Coronary heart disease	Coronary heart disease	Coronary heart disease
Leading cause of non-fatal burden	Asthma	Asthma	Alcohol use disorders	Back pain	Other musculo-skeletal conditions	Chronic obstructive pulmonary disease	Coronary heart disease	Dementia
Leading cause of total burden	Pre-term/low birthweight complications	Asthma	Suicide/intentional self-harm	Suicide/intentional self-harm	Coronary heart disease	Coronary heart disease	Coronary heart disease	Coronary heart disease

Females	Under 5	5–14	15–24	25–44	45–64	65–74	75–84	85+
Leading cause of fatal burden	Birth trauma/asphyxia	Brain/central nervous system cancer	Suicide	Suicide	Breast cancer	Lung cancer	Coronary heart disease	Coronary heart disease
Leading cause of non-fatal burden	Other mental disorders	Anxiety disorders	Anxiety disorders	Anxiety disorders	Other musculo-skeletal conditions	Other musculo-skeletal conditions	Dementia	Dementia
Leading cause of total burden	Birth trauma/asphyxia	Anxiety disorders	Anxiety disorders	Anxiety disorders	Other musculo-skeletal conditions	Coronary heart disease	Coronary heart disease	Dementia

Many of us have a chronic disease

Chronic diseases are the leading cause of ill health, disability and death in Australia, and have a significant impact on the health system. In 2014–15, based on self-reported data from the National Health Survey, more than 11 million Australians (50%) had at least 1 of 8 selected chronic diseases: arthritis; asthma; back pain and problems; cancer; cardiovascular disease; chronic obstructive pulmonary disease; diabetes; and mental health conditions.

This rate was higher for:



People aged 65 and over (87%) compared with people aged 0–44 (35%)



Females (52%) compared with males (48%)



People in the lowest socioeconomic areas (55%) compared with those in the highest socioeconomic areas (47%)



People living in *Regional* and *Remote* areas (54%) compared with those in *Major cities* (48%)

Overall, 1 in 4 (23%) Australians—5.3 million people—had 2 or more of the 8 selected chronic diseases.

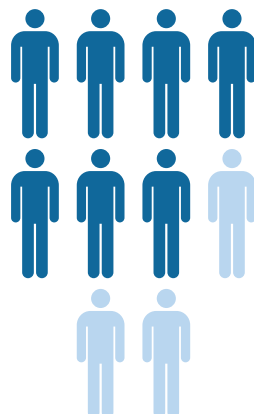
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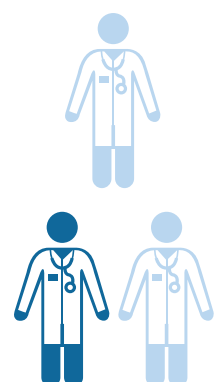
Chapter 3.3

Cardiovascular disease (18%) and mental health conditions (18%) were the most commonly reported of the selected chronic diseases, followed by back pain and problems (16%).

Chronic diseases can have large impacts on quality of life and can have social and economic effects. The eight selected chronic diseases were associated with:



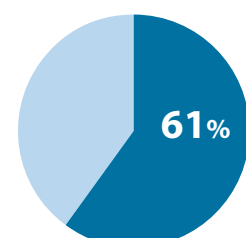
Over 7 in 10 (73%) deaths in 2013



Around 1 in 3 (30%) problems managed in general practices in 2014–15



More than 1 in 3 (39%) potentially preventable hospitalisations in 2013–14



More than three-fifths (61%) of the total burden of disease in 2011



2

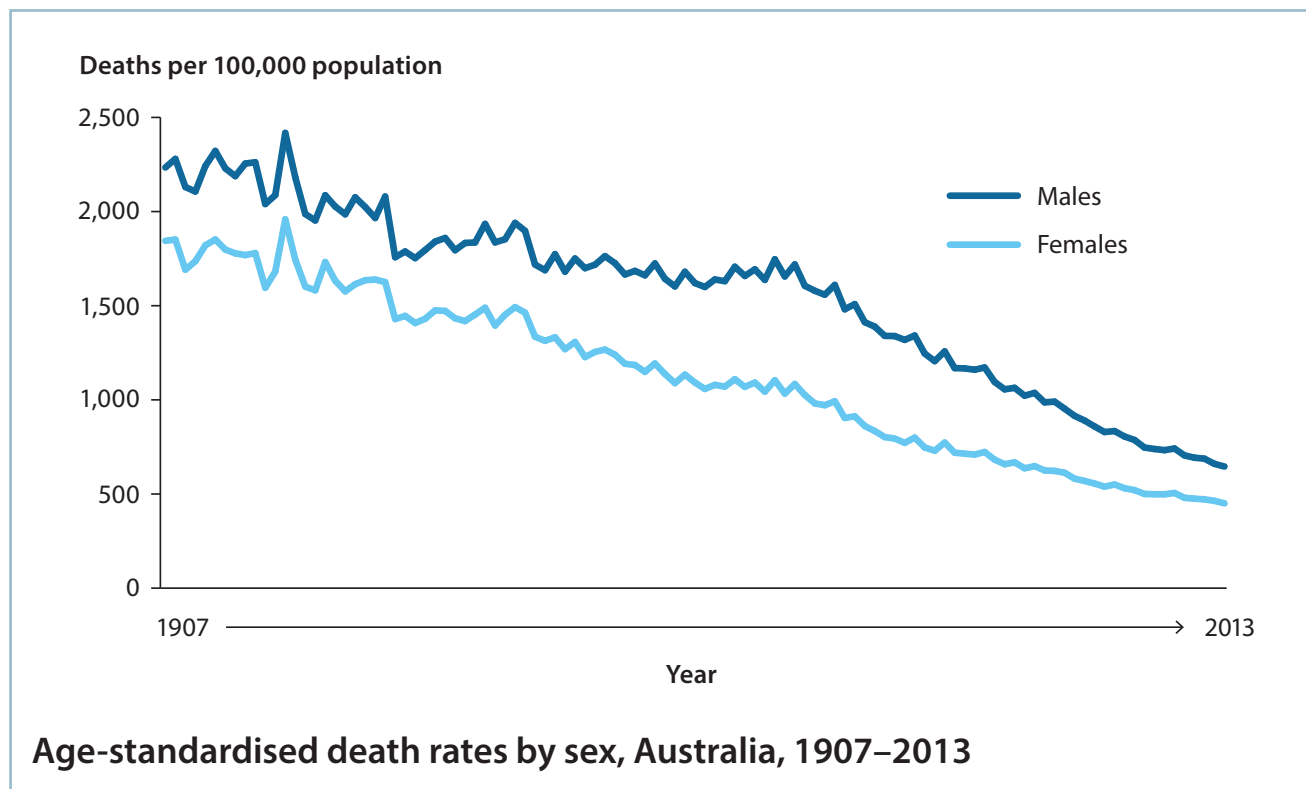
Doing well, but could do better

There is plenty of good health news in Australia—overall death rates, cancer deaths and smoking rates continue to fall.

Despite this, there are still some big concerns facing us as individuals and as a nation, and one of the biggest is chronic disease. Australians continue to put themselves at risk of developing lifestyle-related chronic illnesses that are generally associated with risk factors that we can do something about. These risk factors include smoking, physical inactivity, poor nutrition and the harmful use of alcohol.

Death rates continue to fall

Despite an increase in the absolute number of deaths, there has been a long and continuing fall in death rates in Australia. From 1907 to 2013, the age-standardised death rates for males and females fell by 71% and 76% respectively. Between 2003 and 2013, the death rate fell by 20% for males and 15% for females and, between 2012 and 2013, by 2% for males and 3% for females.

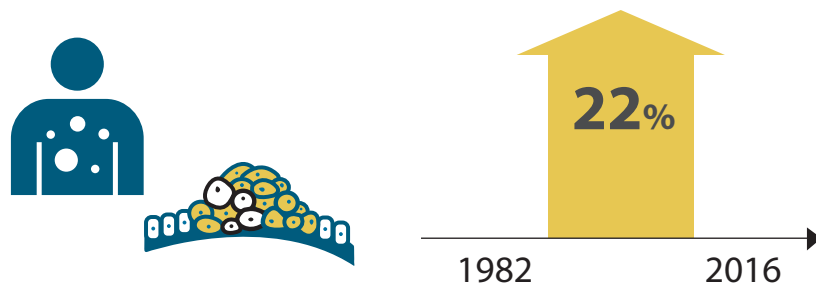


Find out more:
Australia's health 2016
Chapter 1.3

Doing well,
but could do better

Cancer is increasing, but so is survival

Between 1982 and 2016, the age-standardised incidence of cancer increased, from an estimated 383 cases per 100,000 population to 467 per 100,000 (an increase of 22%).

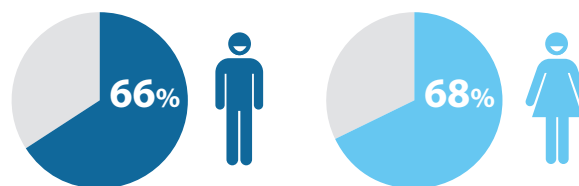


Find out more:

Australia's health 2016
Chapter 3.4

While the number of new cancer cases increases each year, more people are surviving having cancer. The age-standardised mortality rate—for all types of cancer combined—fell by 22%, from 209 deaths per 100,000 population in 1982 to 162 deaths per 100,000 population in 2016.

From 1982–1986 to 2007–2011, 5-year relative survival improved from 40% to 66% for males and from 52% to 68% for females for all cancers combined. ('Relative survival' is a measure of the average survival experience of people with cancer, compared with their counterparts in the general population.) Among people who had already survived 5 years past their cancer diagnosis, the chance of surviving for at least another 5 years was 91%.

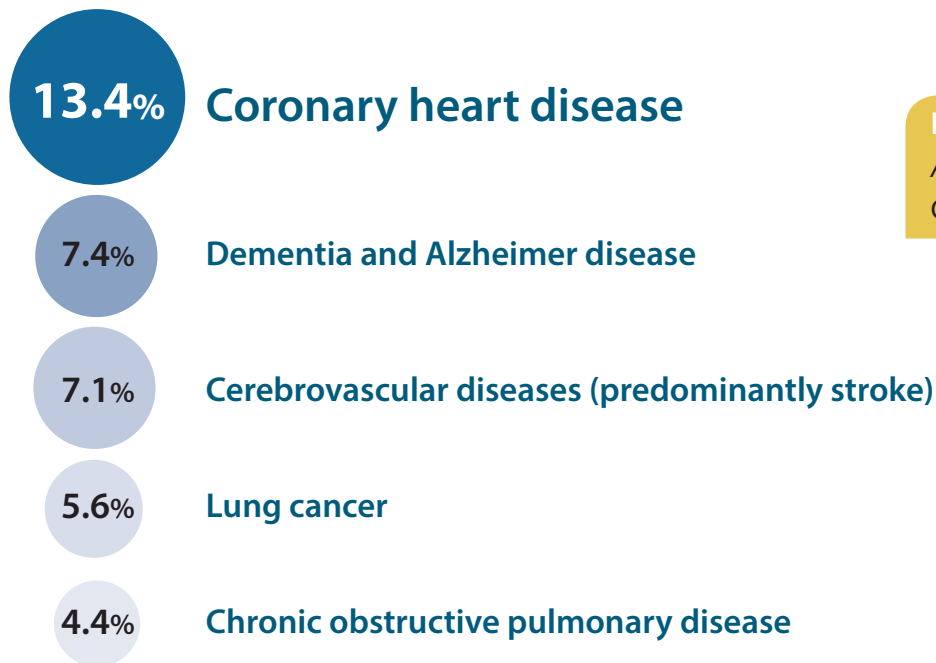


Australia has the second-highest incidence rate of cancer out of the 34 OECD countries, partly reflecting our screening success. However, for deaths from cancer, we rank in the middle third.

Heart disease deaths are down, but still our leading single cause of death

Coronary heart disease (CHD) occurs more commonly in males than in females, and is also more common in older age groups. Many cases are preventable, as a number of its risk factors are modifiable, including tobacco smoking, high blood cholesterol, high blood pressure, physical inactivity, poor nutrition and obesity.

Even though death rates have fallen by 75% over the 3 decades from 1983 to 2013 (largely due to reductions in key risk factors such as smoking, and improvements in medical and surgical treatments), CHD is still the leading single cause of death in Australia (accounting for 13% of all deaths in 2013).



Find out more:

Australia's health 2016

Chapter 1.3 & 3.5

Doing well,
but could do better

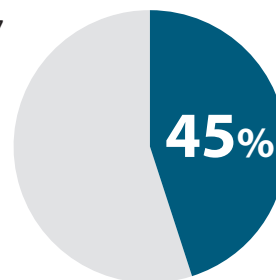


While Australia's CHD death rates have fallen substantially over the last 3 decades, more than half of **OECD** countries have lower rates than Australia—we rank 19th among 34 **OECD** countries.

Nearly half of us will experience a mental disorder

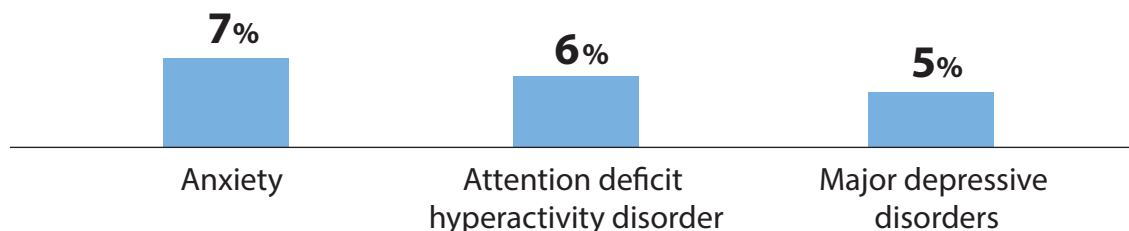
Around 45% of Australians aged 16–85 will experience a common mental disorder such as depression, anxiety or a substance use disorder in their lifetime while 20% had a mental health disorder at some time during the 12 months prior to the 2007 National Survey of Mental Health and Wellbeing.

Mental illness is a large burden for young Australians. In 2013–14, 14% (560,000) of children and young people aged 4–17 had a mental disorder in the preceding 12 months. Attention deficit hyperactivity disorder was the most commonly experienced mental disorder, affecting 7.4% of all children and youth in the preceding 12 months. Anxiety disorders were the next most common (6.9%), followed by major depressive disorder (2.8%) and conduct disorder (2.1%). (Note, children and young people may have had more than one class of mental disorder, therefore, the sum of disorders is higher than 14%.)



Find out more:

Australia's health 2016
Chapters 3.11 & 5.5



Mental disorders among young people aged 12–17

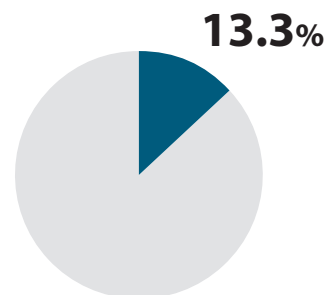
1 in 7 people will have suicidal thoughts

At some point in their lives, 13.3% of Australians aged 16–85 have experienced suicidal thoughts and 3.3% have attempted suicide. From 2004 to 2013, an average of 2,300 Australians died by suicide each year.

Suicide is the leading cause of death for young Australians aged 15–24. In 2013, there were 10 suicide deaths per 100,000 people for the 15–19 age group and 12 deaths per 100,000 people for the 20–24 age group. Rates have been relatively stable over the last 15 years.

In 2013, the rate for Indigenous Australians who died by intentional self-harm or suicide was more than double the rate for non-Indigenous Australians (23.8 and 10.8 per 100,000 people, respectively).

Services available for people at risk of suicide/intentional self-harm are:



Doing well,
but could do better

Lifeline
13 11 14
www.lifeline.org.au

Kids Help Line
1800 55 1800
www.kidshelpline.com.au

**Suicide
Call Back Service**
1300 659 467
www.suicidecallbackservice.org.au

Find out more:

Australia's health 2016
Chapters 3.11 & 5.5

More than 1 million Australians have diabetes

An estimated 1.2 million Australians (5.1%) had diabetes in 2014–15, most of whom (85%) had type 2 diabetes. Type 2 diabetes is largely preventable: risk factors that can lead to type 2 diabetes include insufficient physical activity; saturated fat intake; obesity; and tobacco smoking.

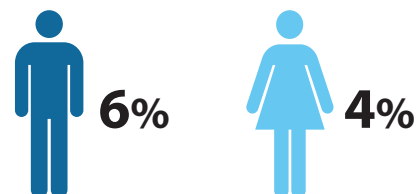


Risk factors that can lead to type 2 diabetes

Diabetes is more common in males (6%) than in females (4%), and increases with age (to about 16% for those aged 65–74).

More than 2 in 3 people (68%) with diabetes also had cardiovascular disease and/or chronic kidney disease in 2011–12.

In 2013, diabetes contributed to 10% of all deaths in Australia (15,100 deaths)—although in most (71%) of these it was recorded as an associated, rather than the underlying, cause of death. Diabetes death rates remained relatively stable between 1997 and 2013, with age-standardised rates between 53 and 62 deaths per 100,000 population each year.



Find out more:

Australia's health 2016
Chapter 3.7

We are putting ourselves at risk

Find out more:

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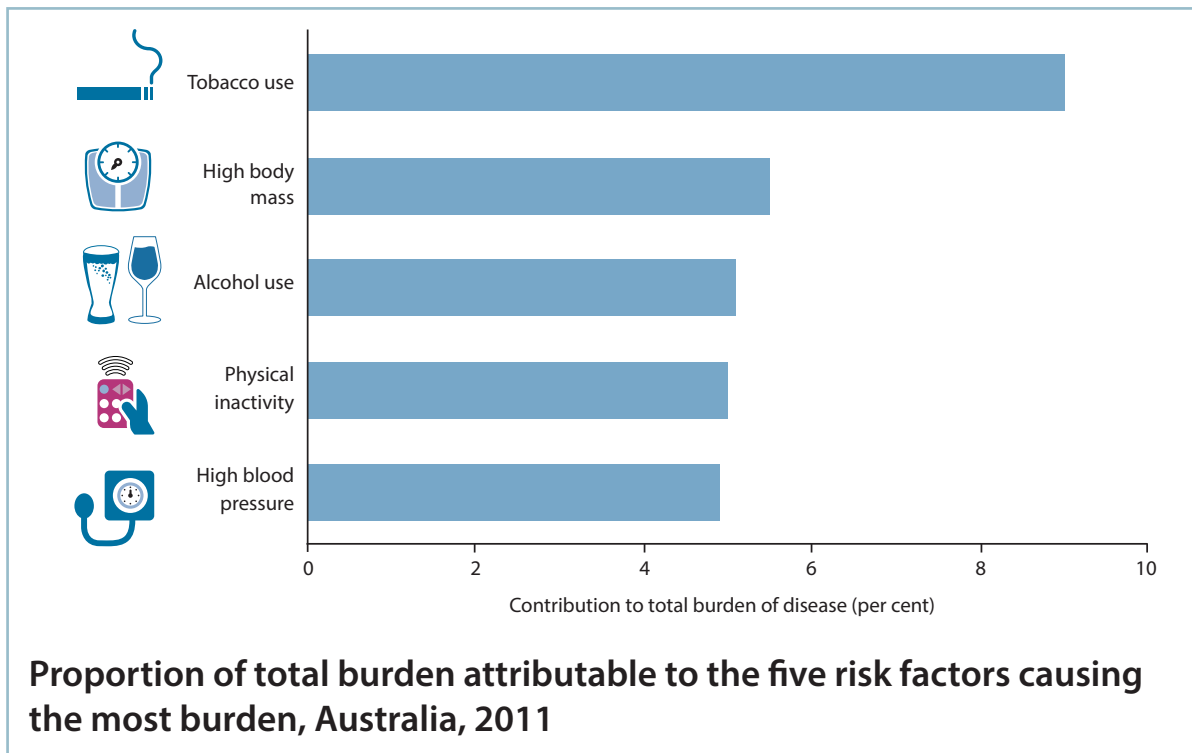
Chapter 3.1

Factors that influence the chance of ill health, disability, disease or death are known as 'risk factors'.

Some risk factors are classified as 'modifiable' because they can be eliminated or reduced through behavioural or environmental changes.

In 2011, a large proportion (31%) of the burden of disease experienced by the Australian population could have been prevented by reducing modifiable risk factors such as tobacco use, high body mass, alcohol use, physical inactivity and high blood pressure.

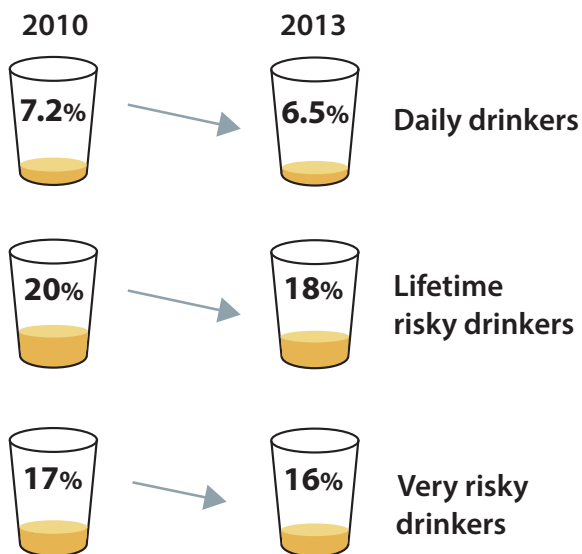
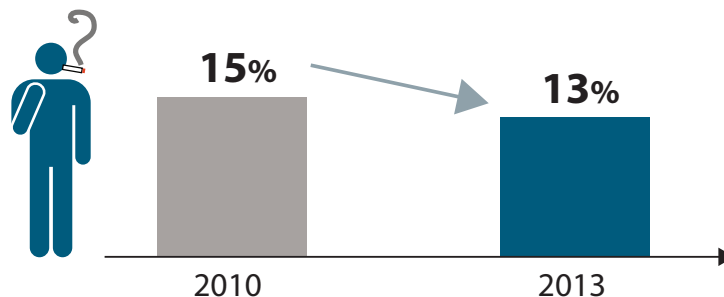
Doing well,
but could do better



But are we changing?

Today, we are less likely to smoke daily and drink at lifetime risky levels than in the past.

In 2013, the proportion of people aged 14 and over smoking daily (13%) was lower than in 2010 (15%), and almost half that in 1991 (24%).



Between 2010 and 2013, daily drinking and lifetime risky drinking (more than 2 standard drinks per day on average) declined for people aged 14 and over.

However, a considerable proportion of people continue to drink in excess (that is, very risky drinkers)—in 2013, 16% of people aged 12 and over had consumed 11 or more standard drinks on a single drinking occasion in the past 12 months (compared with 17% in 2010).

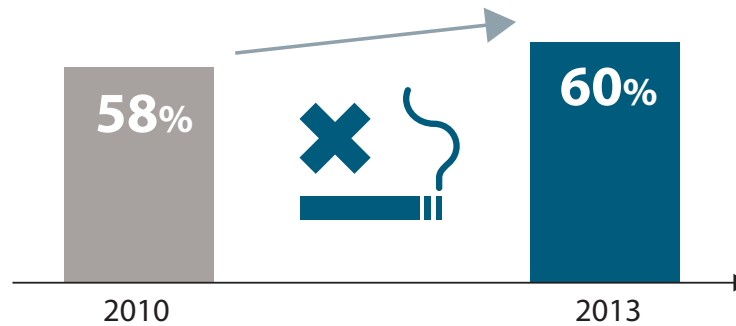


Australia has had declining smoking rates over many years and is doing well internationally: we have the fourth-lowest smoking rate among 34 **OECD** countries.

While daily and lifetime risky drinking is falling, Australians still consume a higher number of litres of alcohol, per person, annually, than the **OECD** average (9.9 and 8.8 respectively)—we are in the middle third among 34 **OECD** countries.

Saying 'no' to alcohol and tobacco

The proportion of people aged 14 and over who reported never smoking rose from 58% in 2010 to 60% in 2013. While just over 1 in 10 (11%) young people aged 15–24 were current, daily smokers in 2013, the majority (81%) had never smoked.



The proportion of people abstaining from drinking alcohol rose from 20% in 2010 to 22% in 2013. In 2013, over one-quarter (27%) of young people had never drunk alcohol—an increase from 16% in 2001.

While the proportion of people who drank daily increased with age, in 2013, over 20% of people aged 85 and over had never drunk alcohol.



Find out more:

Australia's health 2016
Chapters 4.6 & 4.7

Doing well,
but could do better

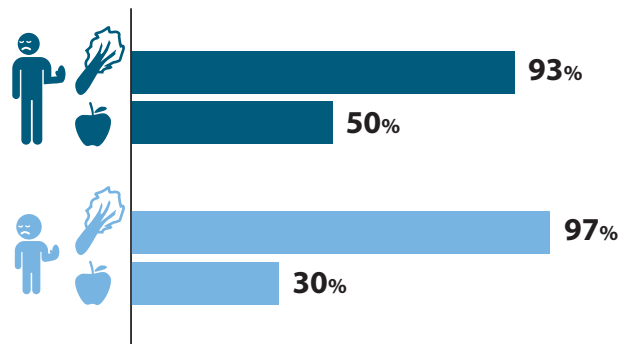
Little movement on exercise, weight and diet



In 2014–15, almost half (45%) of adults aged 18–64 were inactive or insufficiently active for health benefits, which was similar to the proportion in 2011–12.

In 2014–15:

- the vast majority of adults did not eat the recommended 5 daily serves of vegetables (93%) and half (50%) did not eat the recommended 2 daily serves of fruit. These rates were similar to 2011–12
- the vast majority (97%) of children aged 5–14 did not eat the recommended daily serves of vegetables, while almost a third (30%) did not eat the recommended daily serves of fruit.



The proportion of overweight or obese adults increased from 56% to 63% between 1995 and 2014–15—an average increase of 4.4 kg for both men and women. Of the estimated 11.2 million adults who were overweight or obese in 2014–15, 4.9 million were obese.

In 2014–15, just over 1 in 4 (26% or 750,000) children aged 5–14, and nearly 4 in 10 (37% or 1.1 million) young people aged 15–24 were overweight or obese.



Australia has the fifth-highest rate of obesity for people aged 15 and over (or 30th among 34 OECD countries), with rates almost 1.5 times as high as the **OECD** average.

Find out more:

Australia's health 2016

Chapters 4.4 & 5.3



3

Health is not the same for everyone

Health changes throughout our lives and also differs within population groups.

This section looks at health for selected life stages—such as infancy, young adulthood and among the very old—and also highlights some of the health inequalities faced by people in low socioeconomic groups; Aboriginal and Torres Strait Islander Australians; people living in regional and remote areas; and Australians with disability.

Many factors affect health during pregnancy

Many factors—such as a mother’s age and where she lives; her access to antenatal care; and whether she smokes, drinks alcohol or is obese during pregnancy—influence health outcomes for her and for her baby.

In 2013, nearly all mothers had antenatal care at some point in their pregnancies, but women from the lowest socioeconomic areas, Aboriginal and Torres Strait Islander people, and mothers who were born overseas tended to begin antenatal care later in pregnancy and had fewer visits overall.

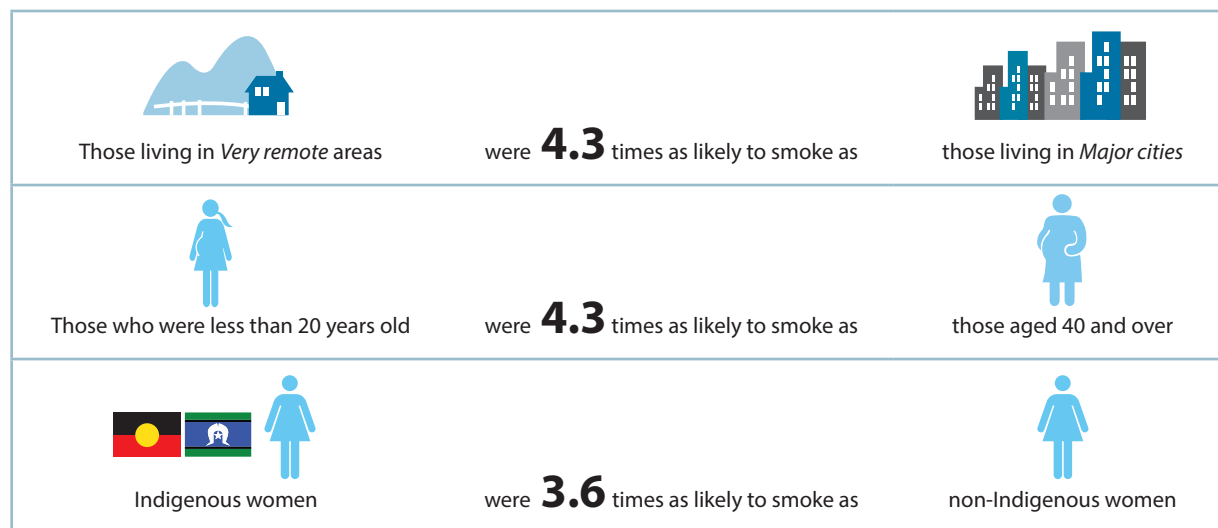
Around 1 in 8 (12%) expectant mothers smoked at some time during pregnancy in 2013, which was less than the 15% who did so in 2009.

Some mothers were more likely to smoke during the first 20 weeks of their pregnancy than others:



Find out more:

Australia's health 2016
Chapter 5.2








In 2013, more than half (56%) of pregnant women consumed some alcohol before they knew they were pregnant and about 1 in 4 (26%) of these women continued to drink after they found out about their pregnancy. Most pregnant women drank monthly or less often, usually consuming 1–2 standard drinks.

Not all babies have the same start

Around 309,000 babies were born in 2013, but not all babies have the same start to life.

Factors such as a baby's gestational age and birthweight can influence their chance of survival and their health outcomes. The proportion of low birthweight babies was higher among:



	female babies (6.9%) compared with male babies (5.9%)		twins (56%) and other multiples (98%) compared with singletons (4.8%)
 	babies of Aboriginal and Torres Strait Islander mothers (12.2%) compared with babies of non-Indigenous mothers (6.1%)		babies whose mothers smoked during pregnancy (12%) compared with babies whose mothers did not smoke (5.7%)



In 2012, Australia had a slightly lower proportion of low birthweight babies than the **OECD** average (6.2% compared with 6.6%, respectively), ranking in the middle third of all **OECD** countries. We also rank in the middle third for our infant mortality rate.

Find out more:

Australia's health 2016

Chapter 5.2

Health is not the same
for everyone

Mixed news for children

The early years of a child's life provide the foundation for future health, development and wellbeing. Good health during childhood can influence participation in many aspects of life, including education, recreation and relationships.

Many factors affect health in childhood, including overweight and obesity and physical activity.

In 2014–15, about two-thirds (68%) of Australian children aged 5–14 were in the normal weight range, 19% were overweight and 7% were obese.

In 2011–12, fewer than one-quarter (23%) of Australian children aged 5–14 met the national physical activity recommendations every day (at least 60 minutes of moderate to vigorous intensity physical activity).

The most common long-term conditions in children are asthma and allergic rhinitis (hay fever).



Find out more:

Australia's health 2016

Chapter 5.3

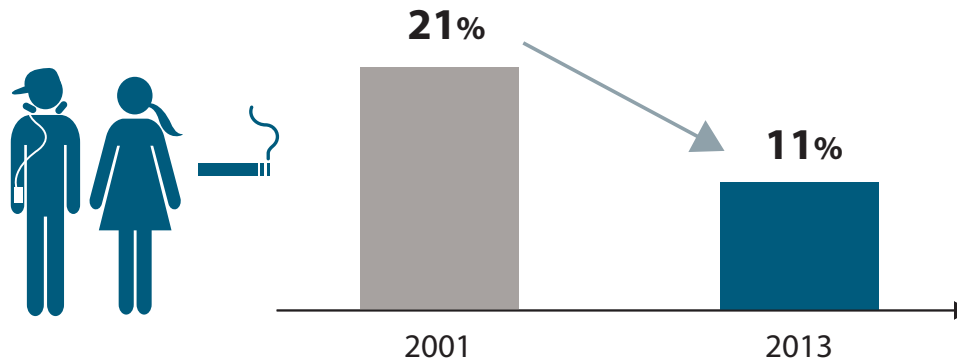
In 2014–15, just over 1 in 10 (11%) of children were diagnosed with asthma. In 2014–15, the prevalence of allergic rhinitis (hay fever) was also 11%.



Internationally, Australian girls rank in the worst third out of 33 OECD countries for overweight/obesity rates, and boys are in the middle third.

...and for teenagers and young adults

Substantially fewer young people aged 15–24 are smoking now, with daily smokers almost halving—from 21% in 2001 to 11% in 2013.



The leading cause of death for young people aged 15–24 in 2011–13 was suicide (11 per 100,000).

In 2013–14, there were more than 80,000 hospitalisations (2,572 per 100,000) of young people due to injury and poisoning.

The most common cause of hospitalisation for females aged 15–24 was intentional self-harm (410 per 100,000), while this ranked 8th for males in the same age group (147 per 100,000). Males were most likely to be hospitalised for transport accidents (613 per 100,000).

Find out more:

Australia's health 2016

Chapter 5.4

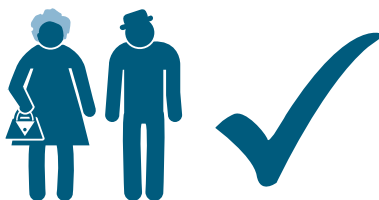
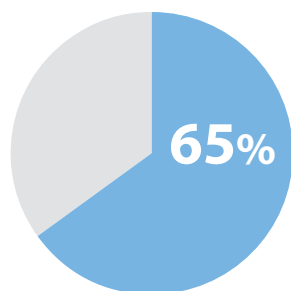


Health is not the same
for everyone

Very old Australians in good health or better

Improvements in life expectancy have resulted in a growing number of Australians in the 'very old' age group. Today, nearly half a million Australians are aged 85 and over, and this number is expected to more than double to 1 million over the next 20 years.

The majority (65%) of Australians in this age group consider themselves to be in 'good', 'very good' or 'excellent' health, and 9.0% reported 'high' or 'very high' levels of psychological distress—the lowest rate in any age group.



Find out more:

Australia's health 2016

Chapter 5.6

The three most common health conditions reported by people aged 85 and over in 2014–15 were long-sightedness (61%), deafness (57%) and arthritis (49%).

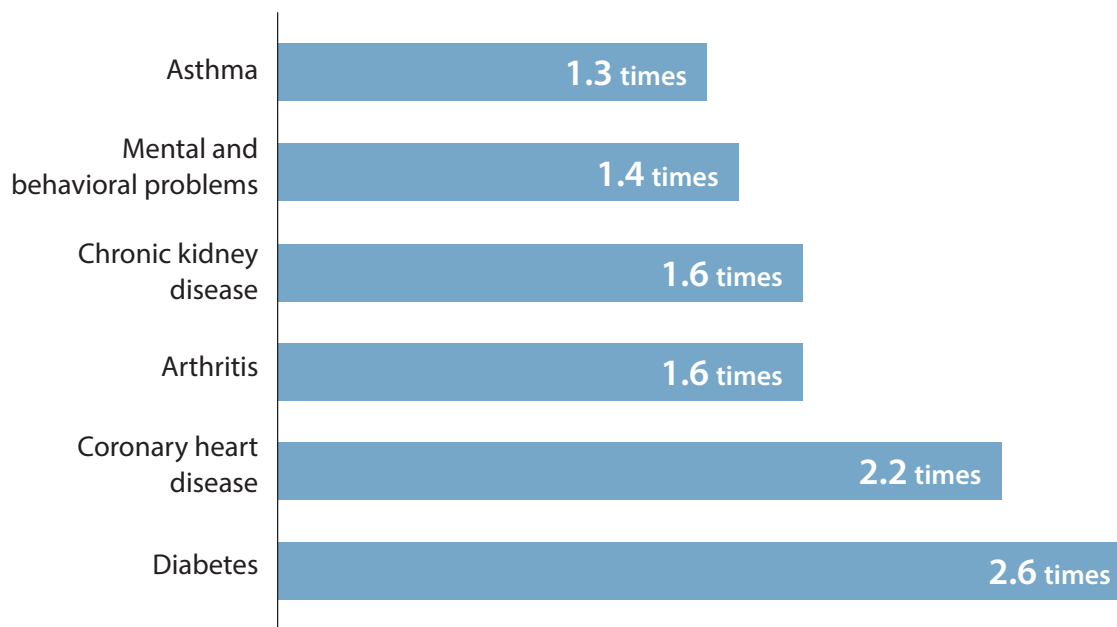
As with younger age groups, common risk factors for the older age group include being overweight (39%) or obese (18%), and not doing any physical activity (45%), and only 6.2% of people aged 85 and over eat adequate serves of fruit and vegetables each day.

However, fewer than 4.0% of people aged 85 and over were daily smokers in 2013, compared with 13% of all adults.

Socioeconomic disadvantage associated with poorer health

People living in the lowest socioeconomic areas are more likely to have poor health and to have higher rates of illness, disability and death than people who live in the highest socioeconomic areas. If all Australians had the same death rates as the 20% of Australians living in the highest socioeconomic area, there would have been about 54,200 fewer deaths in 2009–2011.

Adults living in the lowest socioeconomic areas are more likely than adults living in the highest socioeconomic areas to have:



Rates of potentially avoidable deaths were also 1.8 times higher in the lowest socioeconomic areas than in the highest socioeconomic areas.

Find out more:

Australia's health 2016

Chapter 5.1

Health is not the same
for everyone

Progress in Indigenous health, but still room to improve

There have been some improvements in Aboriginal and Torres Strait Islander health in recent years, including decreases in smoking and infant mortality and in avoidable deaths from circulatory and kidney diseases. However, there is still a significant gap in health outcomes, including life expectancy at birth, between Indigenous and non-Indigenous Australians. The causes of this gap are complex, and include differences in the social determinants of health, risk factors, and access to appropriate health care.

The size of the health gap

Compared with the non-Indigenous population, Indigenous Australians:



have a lower life expectancy—the gap is **10.6 years** for males and **9.5 years** for females



are **3.5 times** as likely to have diabetes and **4 times** as likely to be hospitalised with it or to die from it



are **5 times** as likely to have end-stage kidney disease



are **twice** as likely to die from an injury and **1.9 times** as likely to be hospitalised with an injury



are **twice** as likely to have coronary heart disease.

Find out more:

Australia's health 2016

Chapter 3 & 5.8

Indigenous Australians have higher prevalence of risk factors

The prevalence of major health risk factors, such as smoking and physical inactivity, is generally higher for Indigenous Australians than for other Australians.

While the smoking rate for Indigenous Australians declined from 51% in 2002 to 44% in 2012–13, they were still 2.6 times as likely to smoke daily as non-Indigenous Australians (15%).

In 2012–13, after adjusting for differences in the age structure, for those living in non-remote areas, Indigenous adults were more likely than non-Indigenous adults to not have undertaken the recommended level of physical activity in the last week (64% compared with 56%).

Obesity was also more common among Indigenous Australian adults aged 18 and over. After adjusting for differences in age structure, Indigenous adults were 1.6 times as likely to be obese as non-Indigenous adults (43% compared with 27% for non-Indigenous adults in 2012–13).

Find out more:

Australia's health 2016
Chapter 4.8



Indigenous Australians













Non-Indigenous Australians

Health is not the same
for everyone

Health declines with distance

In 2013, 29% of the Australian population lived in regional and remote areas: 18% in *Inner regional* areas, 8.9% in *Outer regional* areas, 1.4% in *Remote* areas and 0.9% in *Very remote* areas. Australians living outside *Major cities* tend to have higher rates of disease and injury than people in *Major cities*, and they are also more likely to engage in health behaviours that can lead to adverse health outcomes.

Find out more:
Australia's health 2016
 Chapter 5.11

							
	Arthritis	Diabetes	Cardiovascular Disease	Mental health conditions	Current daily smoker	No/low levels of exercise	Lifetime risky drinking
 <i>Major cities</i>	14%	4.7%	4.7%	17%	13%	64%	16%
 <i>Inner regional</i>	20%	6.0%	6.7%	19%	17%	70%	18%
 <i>Outer regional/ Remote</i>	18%	6.7%	5.8%	19%	21%	72%	23%

Disability adds to health inequality

Just under 1 in 5 Australians (4.2 million people) reported having a disability in 2012.

People with disability experience significantly poorer health than people without disability. Over half (51%) of people aged 15–64 with severe or profound limitation(s) in communication, mobility or self-care reported 'poor' or 'fair' health compared with 5.6% of those without such limitations.

A higher proportion of people aged 15–64 with these limitations had mental health conditions (50% compared with 7.7% for those without). They were also more likely to:



be obese (**43%** versus 25%)

Find out more:

Australia's health 2016
Chapter 5.9



report doing no physical exercise (**46%** versus 31%)



smoke daily (**31%** versus 15%)



report a very high level of psychological distress (**22%** versus 1.2%).

Health is not the same
for everyone












4

What services do we use?

Australia spends about \$155 billion a year on health—a sector that includes more than 1,300 hospitals, employs about 385,000 nurses, midwives and medical practitioners, and provides a diverse range of services. This section looks at some of the key components of the health system, including services, the people employed in the health workforce and expenditure.

An average day in health care

Australia's health system is a complex network of public and private services and providers. On an average day in Australia there are:

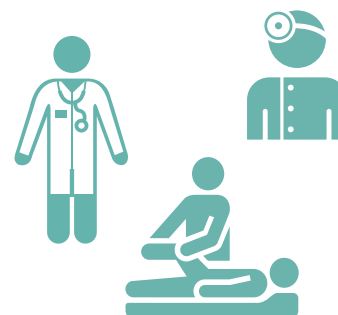
	616,000 subsidised prescriptions dispensed
	381,000 visits to a general practitioner (GP)
	246,000 pathology tests
	79,000 visits to a specialist
	27,000 hospitalisations—59% in the public sector
	27,000 allied health services provided
	24,000 contacts made at community mental health care services
	20,000 presentations to public hospital emergency departments— 30% end up being admitted to hospital
	1,900 people admitted for elective surgery in public hospitals—9% for cataract extraction

It all begins with primary health care

Primary health care is typically the first contact a person has with the health system. Primary health broadly encompasses health care that is not related to a hospital visit or specialised care. GPs, nurses, nurse practitioners, allied health professionals (for example, physiotherapists), midwives, dentists, and Aboriginal health workers are all considered primary health care professionals.

In Australia:

- in 2013–14, primary health care accounted for 38% (or \$55 billion) of total recurrent health expenditure
- in 2014–15, there were 139 million non-referred encounters with GPs claimed through Medicare—from a total of 335 million out-of-hospital services. Other Medicare-funded out-of-hospital services included pathology and allied health such as physiotherapy.



In 2014–15, the most common problems managed by GPs differed through the life stages:

	Under 5	5–14	15–24	25–44	45–64	65–74	75–84	85+
Males	Upper respiratory infection, acute	Upper respiratory infection, acute	Upper respiratory infection, acute	Upper respiratory infection, acute	Hypertension	Hypertension	Hypertension	Hypertension
Females	Upper respiratory infection, acute	Upper respiratory infection, acute	Oral contraception	Pregnancy	Hypertension	Hypertension	Hypertension	Hypertension

Find out more:

Australia's health 2016
Chapter 6.5

Indigenous-specific primary health care services help improve access to care

In 2014–15, there were 203 Indigenous-specific primary health care organisations that reported data nationally. They provided services to 434,600 clients through over 5 million contacts—an average of 12 contacts per client. Over three-quarters (79%) of these clients identified as Aboriginal and Torres Strait Islander people. Over time, the episodes of health care provided to clients of these organisations have almost tripled, from 1.2 million in 1999–2000 to 3.5 million in 2014–15, with almost twice as many organisations reporting data in 2014–15 compared with 1999–2000.

Services provided included clinical health care; population health programs; child and maternal health services; screening programs and health checks; access to allied health and specialist services; group activities; health-related community services; and substance-use treatment and assistance.

Services provided by Indigenous-specific primary health care organisations help to address barriers that can prevent Indigenous people from accessing health care, including cost and cultural appropriateness. As well, some areas where Indigenous people live (especially *Very remote* areas) have poor access to GP services and no Indigenous-specific primary health care services within an hour's drive. This can make it difficult to access care when it is needed.



Longer distance to drive to health services

Find out more:

Australia's health 2016
Chapter 6.6

Roles of public and private hospitals differ

Australia's 1,300 public and private hospitals provide emergency department care, outpatient clinic care and care for admitted patients.

In 2013–14:

- **public hospitals** provided the majority of Australia's emergency department care (94%) and outpatient care (96%)
- **private hospitals** were more likely to deliver elective surgery (67% of all elective surgery was performed in private hospitals).

Find out more:

Australia's health 2016
Chapter 6.8



747 public hospitals



612 private hospitals

Hospitalisations	5.7 million An increase of 3.0% per year since 2009–10	4.0 million An increase of 3.6% per year since 2009–10
Beds	58,568 An increase of 0.7% per year since 2009–10	30,920 An increase of 2.7% per year since 2009–10
Beds per 1,000 population	2.5 Similar to 2.6 beds in 2009–10	1.3 Same as 1.3 beds in 2009–10
Days of patient care provided	18.8 million An increase of 1.0% per year since 2009–10	9.1 million An increase of 2.3% per year since 2009–10

How long are we waiting?

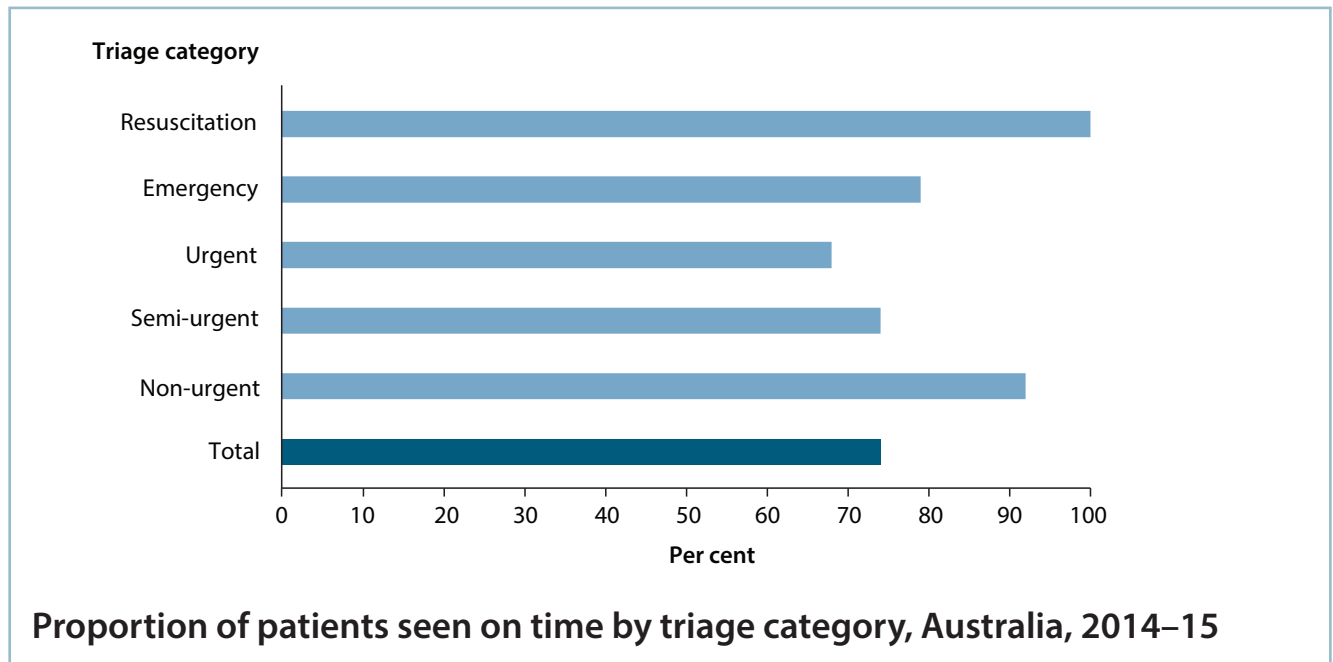
Find out more:

Australia's health 2016

Chapter 6.11

Emergency departments

In 2014–15, 50% of patients waited 18 minutes or less for clinical care to begin.



Different maximum wait times are considered appropriate depending on how urgently a person presenting to the emergency department needs care. For example, *Resuscitation* patients need to be seen immediately.

In 2014–15, about 74% of all emergency presentations were seen 'on time', including almost 100% of *Resuscitation* patients, and 79% of *Emergency* patients (who need to be seen within 10 minutes).

The overall proportion of patients seen on time was higher than in 2010–11, when 70% were seen on time, but slightly lower than the 75% in the previous year (2013–14).

Elective surgery

Although private hospitals perform 67% of elective surgery, national waiting time information is only reported for public hospitals.

In 2014–15, 50% of patients were admitted within 35 days of being placed on the elective surgery waiting list, 90% were admitted within 253 days and 1.8% waited more than 1 year. The median waiting time is lower than it was between 2010–11 and 2013–14 (36 days).



The median waiting time for Indigenous Australians (42 days) was higher than for other Australians (35 days), and a higher proportion of Indigenous Australians waited more than a year for elective surgery than other Australians (2.3% and 1.8%, respectively).

The longest median waiting times were for the surgical specialties *Ear, nose and throat surgery*; *Ophthalmology*; and *Orthopaedic surgery* (73, 70, and 64 days, respectively). *Cardio-thoracic surgery* had the shortest median waiting time (18 days).

Find out more:

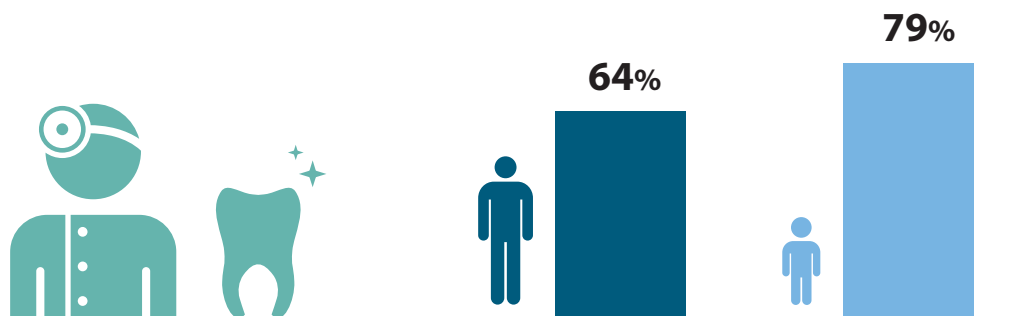
Australia's health 2016

Chapter 6.10

Something to smile about

Good oral health allows people to participate in everyday tasks such as eating and talking without experiencing pain or embarrassment and is an integral part of good general health.

In 2013, about two-thirds (64%) of people aged 5 and over had made a dental visit in the previous year. Among children aged 5–14, 79% had visited in the previous year, and 91% in the previous 2 years.



The age group with the lowest proportion of dental visits was adults aged 25–44, with 55% visiting in the previous year, and 75% visiting in the previous 2 years.

In 2013, almost one-third (32%) of people reported delaying or avoiding a visit to the dentist due to cost. People without private health insurance were twice as likely (44%) as those with insurance (20%) to avoid visiting a dentist due to cost.

Of people who did visit a dentist in the previous 12 months, 20% did not have the recommended dental treatment due to cost.

Find out more:

Australia's health 2016
Chapter 3.14

Alcohol and cannabis top reasons for seeking treatment

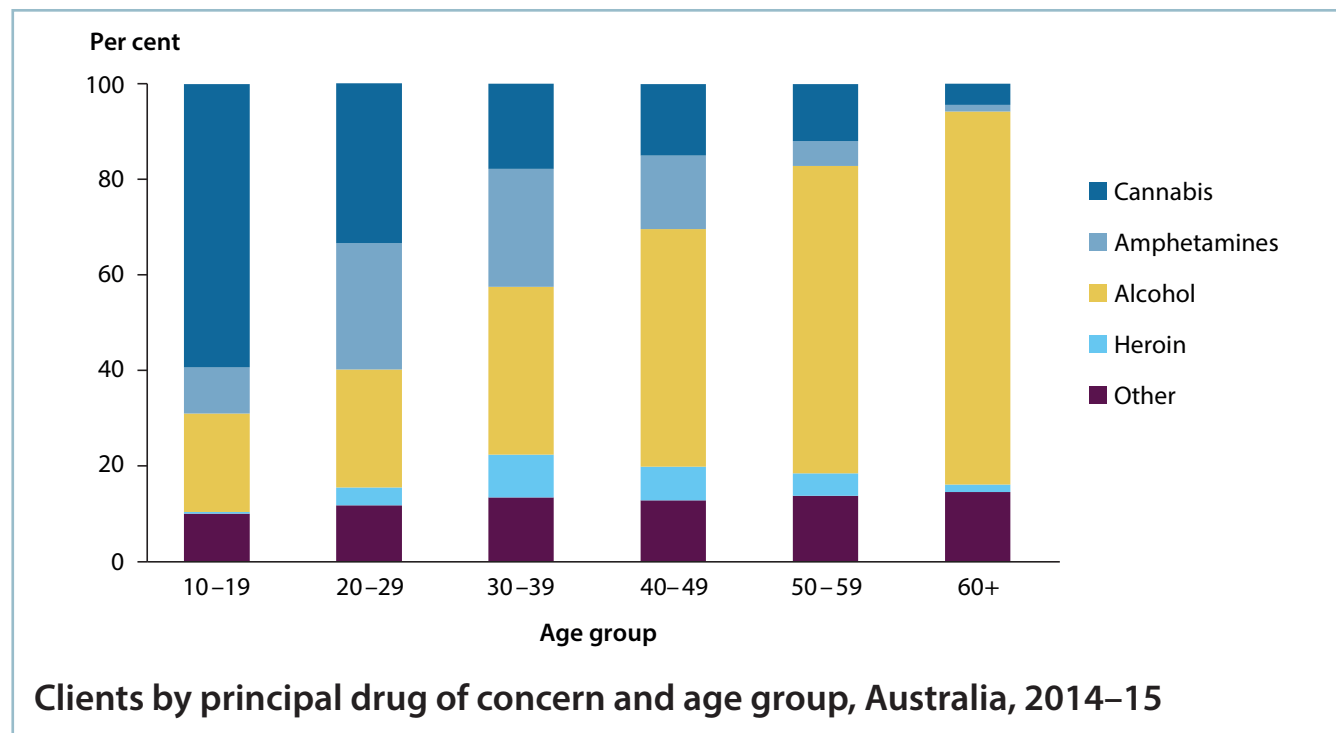
Alcohol and other drug treatment services help people to manage their drug use through a range of treatments that can assist them to reduce or stop their drug use, and improve social and personal functioning. Services are also provided to support the family and friends of people using drugs.

Around 115,000 clients received treatment and support services from publicly funded alcohol and other drug treatment services in 2014–15, most commonly for alcohol. Around 2 in 5 (38%) of treatment episodes were for alcohol, followed by cannabis (24%), amphetamines (20%) and heroin (6%). Almost all (95%) were for the client's own drug use.

Find out more:

Australia's health 2016

Chapter 6.15



The proportion of clients receiving treatment for alcohol increases substantially with age, while it is the opposite for cannabis.

A variety of services for mental health

In Australia, people with mental illness have access to a variety of treatment and care services provided by a variety of professionals in a range of settings.

In 2013–14, public community mental health care services provided more than 8.7 million contacts. Around one-quarter of all contacts were for patients with a principal diagnosis of schizophrenia.

In 2013–14, there were 240,000 mental health-related hospitalisations and 280,000 mental health-related emergency department services.

An estimated \$7.6 billion, or \$332 per capita, was spent on mental health-related services in 2012–13. After adjusting for inflation, this increased by an annual average of 6.4% in the 5 years to 2012–13.

Where might people go for mental health care?

Specialised hospital services, public and private

Residential mental health care services

Community mental health care services

Private clinical practices

Non-government organisation services



Find out more:

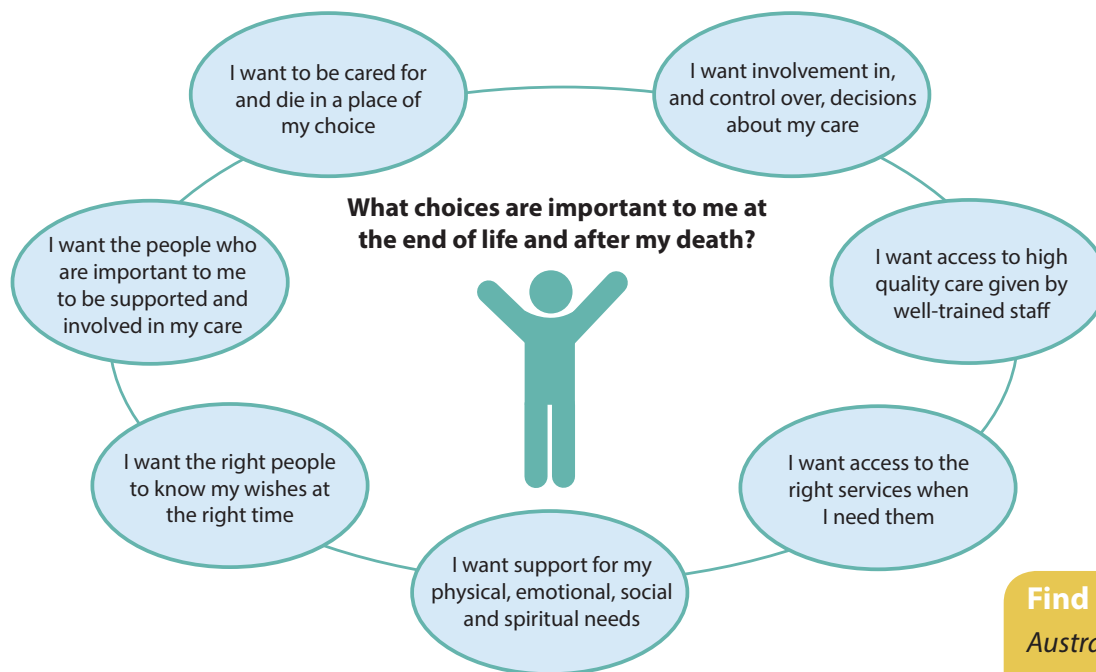
Australia's health 2016
Chapter 6.16

End-of-life care mostly provided outside the home

Australia's population is growing and ageing, with the number of people who will die each year estimated to double in the next 25 years. This is inevitably increasing the demand for high quality, end-of-life care that meets the needs and expectations of those dying and their loved ones.

End-of-life care typically refers to care received in the 12 months prior to death and is provided in many health care settings, including neonatal units, paediatric services, public and private acute hospitals, general practices, and through residential and community aged care services. Support services are also delivered to people in their own homes. (Although services targeted towards older Australians provide the majority of end-of-life care, around 20% of deaths each year are for people aged under 65.)

The end-of-life experience for most Australians has become increasingly institutionalised over the last century, with only around 20% dying outside of hospital or residential aged care in the first decade of the 21st century. This is at odds with the desire of most Australians to die at home and is one of the lowest rates in the developed world.



Find out more:
Australia's health 2016
Chapter 6.18

Source: Adapted from The Choice in End-of-life Care Programme Board 2015.

Growth in expenditure relatively low

Health spending includes money spent by governments as well as by individuals and other non-government funders, such as private health insurers.

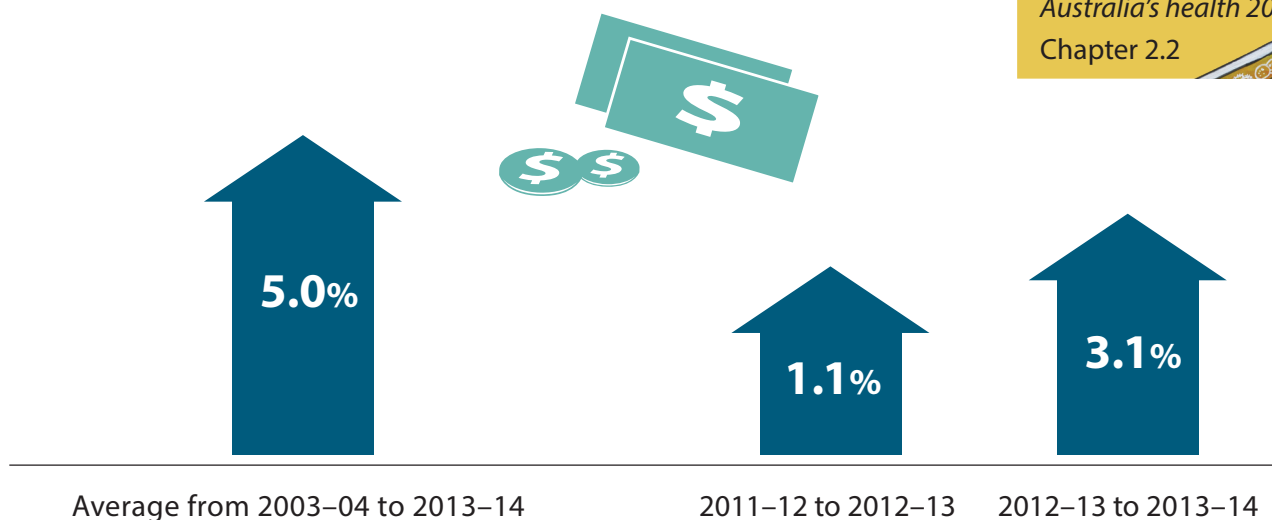
In 2013–14, an estimated \$155 billion was spent on health in Australia, of which \$145 billion was recurrent spending.

Over recent decades, health expenditure has tended to grow from year to year, faster than the growth rates for inflation, the population or the economy. In the past 2 years, however, growth in health expenditure has been relatively slow: the real growth rate was 1.1% from 2011–12 to 2012–13 and 3.1% from 2012–13 to 2013–14, both lower than the average 5.0% annual growth over the preceding decade.

Find out more:

Australia's health 2016

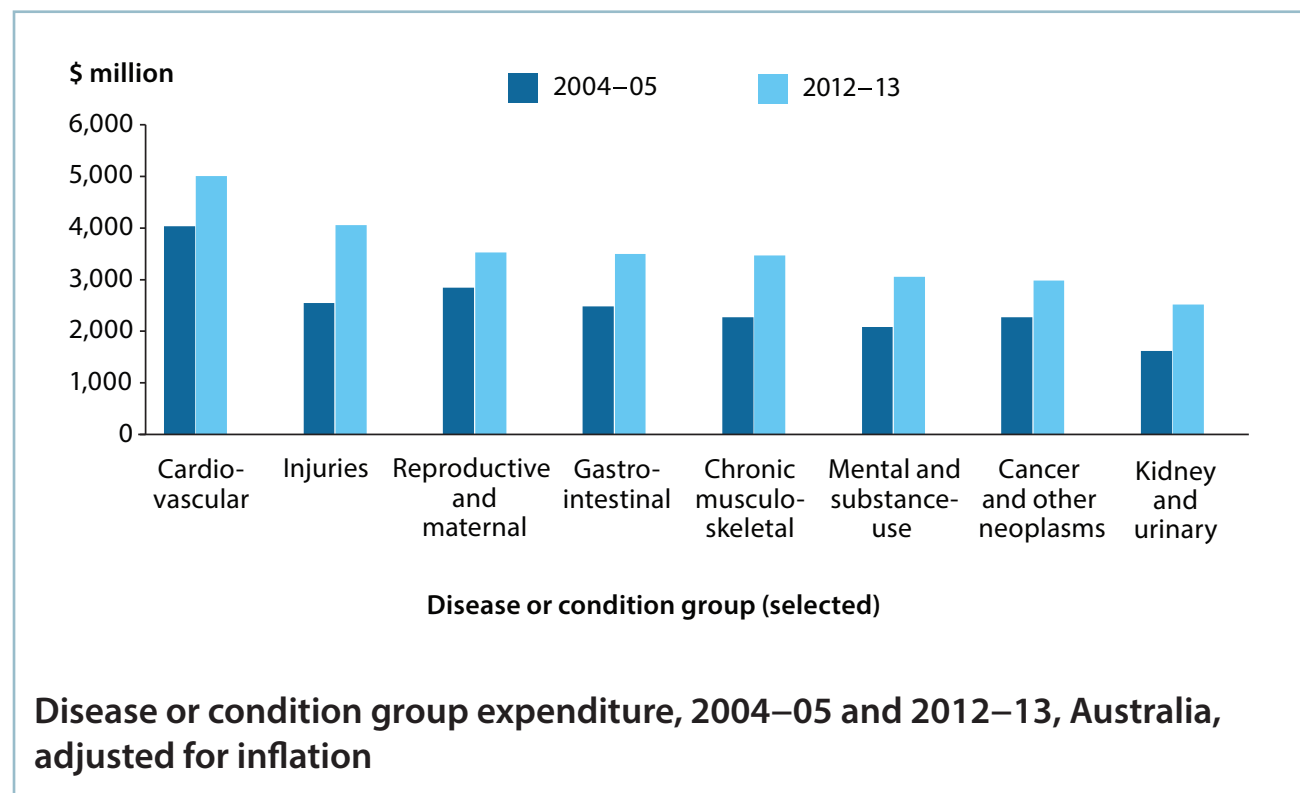
Chapter 2.2



Annual growth rates in health expenditure

Hospitals spending highest for cardiovascular disease

In 2012–13, around \$5 billion of admitted patient expenditure was on cardiovascular disease—it was the most expensive disease group, followed by injuries.



Between 2004–05 and 2012–13, adjusting for inflation, the pattern of admitted patient expenditure changed, with higher expenditure, particularly in the over-50 age groups. This reflects both an increase in spending per person, as well as an increase in the number of people in each age group.



Find out more:

Australia's health 2016

Chapter 2.2

Nurses and midwives are largest group in the health workforce

The health workforce in Australia is large and diverse, covering many occupations, and ranging from highly qualified professionals to support staff and volunteers.

	The two largest professions	
	 Nurses and midwives	 Medical practitioners
Employed	300,979 employed in 2014, up 5.0% from 286,706 in 2011	85,510 employed in 2014, up 7.4% from 79,653 in 2012
Full-time equivalent per 100,000 population	1,134 in 2014, up 2.4% from 1,107 in 2011	387 in 2014, up 3.6% from 374 in 2012
Percentage of women	89% in 2014, about the same as in 2011—90%	39% in 2014, about the same as in 2012—38%

Rounding out the top 5:	
3rd	Psychologists 23,878
4th	Pharmacists 22,500
5th	Physiotherapists 22,412

Find out more:
Australia's health 2016
 Chapter 2.3



Together, these five professions account for around 88% of all employed registered professionals in the health workforce.

There is more to learn

Better information in many areas of health could enable us to better understand health behaviours, actions and outcomes, and to identify possible avenues for improvement.

Part of the AIHW's role as a national data agency is to identify areas where health data could be improved and to highlight current data gaps. Three of the messages that emerge from *Australia's health 2016* in this area are that:

- we need to improve the quality of data currently available in many areas
- we need new data in some areas
- we need to better utilise some of the data we already have.

For example, currently there is limited national information on primary health care consultations; ambulance, aeromedical and allied health services; and on state-funded community health services. Access to selected information already collected electronically by organisations or health professionals in the course of service delivery, with appropriate privacy and data governance arrangements, would help to address this deficiency.

Similarly, there is a lack of information on the outcomes of health care in Australia, and limited information is available on safety and quality, efficiency and cost-effectiveness.

These gaps, along with other data limitations, are discussed in the 'What is missing from the picture?' sections throughout *Australia's health 2016*.

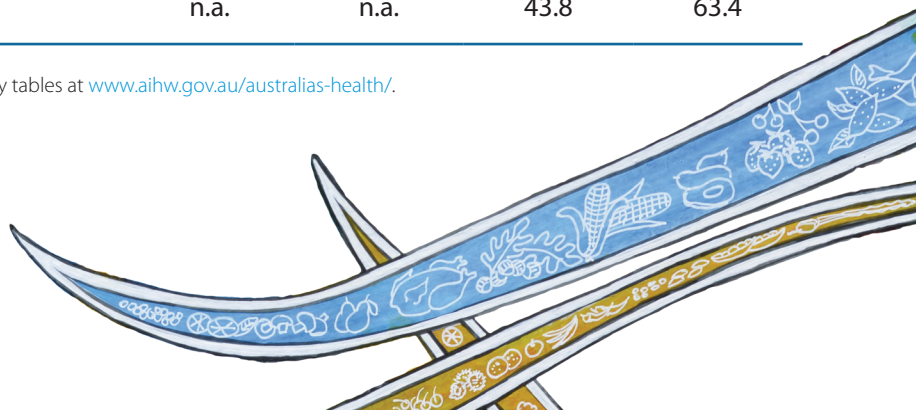
Throughout the report we point to the benefits of linking data sets to help us better understand people's pathways through the health system and the effectiveness and efficiency of our health system.



Australia's health—then and now

	1950	1970	1990	Now
Population (million)	8.2	12.5	17.1	24.4
Life expectancy—all males (years)	67.1	68.3	73.9	80.3
Life expectancy—all females (years)	72.8	74.8	80.1	84.4
Life expectancy—Indigenous males (years)	n.a.	n.a.	n.a.	69.1
Life expectancy—Indigenous females (years)	n.a.	n.a.	n.a.	73.7
Infant mortality rate (per 1,000 live births)	24.5	17.9	8.2	3.4
Indigenous infant mortality rate (per 1,000 live births)	n.a.	n.a.	n.a.	6.0
Fertility rate (children per woman)	3.1	2.9	1.9	1.8
Ratio of health expenditure to GDP (%)	n.a.	4.1	6.9	9.8
Daily tobacco smoking (%)	49	37	28.6	12.8
Alcohol consumption (litres per capita)	5.9	11.6	10.6	9.9
Overweight or obese (%)	n.a.	n.a.	43.8	63.4

Full details of data sources can be found in the supplementary tables at www.aihw.gov.au/australias-health/.



Australia's health 2016—in brief presents highlights from the Australian Institute of Health and Welfare's 15th biennial report on the nation's health, *Australia's health 2016*.

