Australian Government
Australian Institute of Health and Welfare

Australia's health 2018

In brief

This publication is part of the Australian Institute of Health and Welfare's *Australia's health* series. A complete list of the Institute's publications is available from the Institute's website <www.aihw.gov.au>.

ISBN 978-1-76054-377-8 (PDF)
ISBN 978-1-76054-378-5 (Print)

Suggested citation

Australian Institute of Health and Welfare 2018. Australia's health 2018: in brief. Cat. no. AUS 222. Canberra: AIHW.

Australian Institute of Health and Welfare

Board Chair: Mrs Louise Markus
Director: Mr Barry Sandison

Any enquiries about or comments on this publication should be directed to:
Website and Publishing Unit
Australian Institute of Health and Welfare
GPO Box 570
Canberra ACT 2601
Tel: (02) 6244 1000
Email: info@aihw.gov.au

Published by the Australian Institute of Health and Welfare.

Report designed using art by Penny Deacon

Please note that there is the potential for minor revisions of data in this report.
Please check the online version at <www.aihw.gov.au>.

Australia's health 2018

In brief

Contents

About *Australia's health 2018: in brief*

Australia's health 2018: in brief is a companion report to *Australia's health 2018*.

It presents some of the key findings and concepts from the main report, and directs readers to the relevant chapters in *Australia's health 2018* should they require more information. The findings are drawn from a range of data sources—full details can be found in *Australia's health 2018* and in the online supplementary tables.

Australia's health 2018 and *Australia's health 2018: in brief* can be viewed and downloaded for free at <www.aihw.gov.au/reports-statistics/health-welfare-overview/australias-health/>.

On an average day in our health

850 babies are born

440 people die

380 people are diagnosed with cancer

170 people have a heart attack

100 people have a stroke

14 people are newly diagnosed with end-stage kidney disease

1,300 people are hospitalised due to an injury

8 women and **2** men are hospitalised due to assault by a spouse or domestic partner

Note: The 'average day' value is the year total divided by 365.

On an average day in our health system

$467 million is spent on health ($19 per person)

406,000 visits are made to a general practitioner (GP)

777,000 prescriptions are filled under the Pharmaceutical Benefits Scheme (PBS)

21,400 presentations are made to public hospital emergency departments

17,300 hospitalisations are in public hospitals

11,800 hospitalisations are in private hospitals

91,500 services are provided in public hospital outpatient clinics

6,000 elective surgeries are performed

26,000 specialised community mental health care services are provided

Note: The 'average day' value is the year total divided by 365.

Profile of Australians

Just over 25 million people live in Australia

1 in 30 (3.3%) identify as Aboriginal and/or Torres Strait Islander

more than 1 in 4 (26%) are born overseas

around 1 in 5 (18%) have disability

about 1 in 10 (11%) are of diverse sexual orientation, sex or gender identity

7 in 10 (71%) live in *Major cities*

more than 3 in 5 (62%) aged 15 and over are employed

2 in 3 (66%) aged 20–64 hold a non-school qualification and about **1 in 3 (31%)** have a bachelor degree or higher qualification

Find out more: Chapter 1.2 'Profile of Australians' in *Australia's health 2018*.

Births in Australia

Of the 309,000 births in 2015:

97% were in a hospital

51% of babies were boys

5.4% of babies were Aboriginal and/or Torres Strait Islander

50% involved a spontaneous labour

67% of babies were born by vaginal delivery

33% of babies were born by caesarean section

85% of mothers who had had a previous caesarean section had a repeat caesarean section

73% of mothers lived in *Major cities*

Find out more: Chapter 7.14 'Labour, birth and outcomes' and 7.15 'Caesarean sections' in *Australia's health 2018*.

What do Australia's health indicators show?

Indicators are simple statistics that summarise often complex issues. *Australia's health 2018* includes 41 indicators based on the Australian Health Performance Framework, reported across three domains (health status, determinants of health and the health system).

Trend assessment for selected indicators of Australia's health

Health status	
✓ Incidence of heart attacks	✗ Hospitalisation for injury and poisoning
~ Incidence of end-stage kidney disease	✓ Severe or profound core activity limitation
Incidence of selected cancers:	**Life expectancy:**
~ Lung cancer	✓ Males
✓ Bowel cancer	✓ Females
Determinants of health	
✓ Adults who are daily smokers	✗ People who are overweight and obese
✓ Adults at risk of long-term harm from alcohol	✓ Educational attainment
Health system	
Immunisation rates (children):	~ Potentially preventable hospitalisations
✓ 1 year	✓ Potentially avoidable deaths
~ 2 years	✗ Waiting time for elective surgery
✓ 5 years	~ Waiting time for emergency department care

✓ Favourable 10-year trend ✗ Unfavourable 10-year trend ~ No change over 10 years

For more information on each indicator and to view detailed data see the online data visualisation tool at <www.aihw.gov.au/reports/australias-health/australias-health-2018/contents/indicators-of-australias-health>.

Find out more: Chapter 1.4 'Indicators of Australia's health' in *Australia's health 2018*.

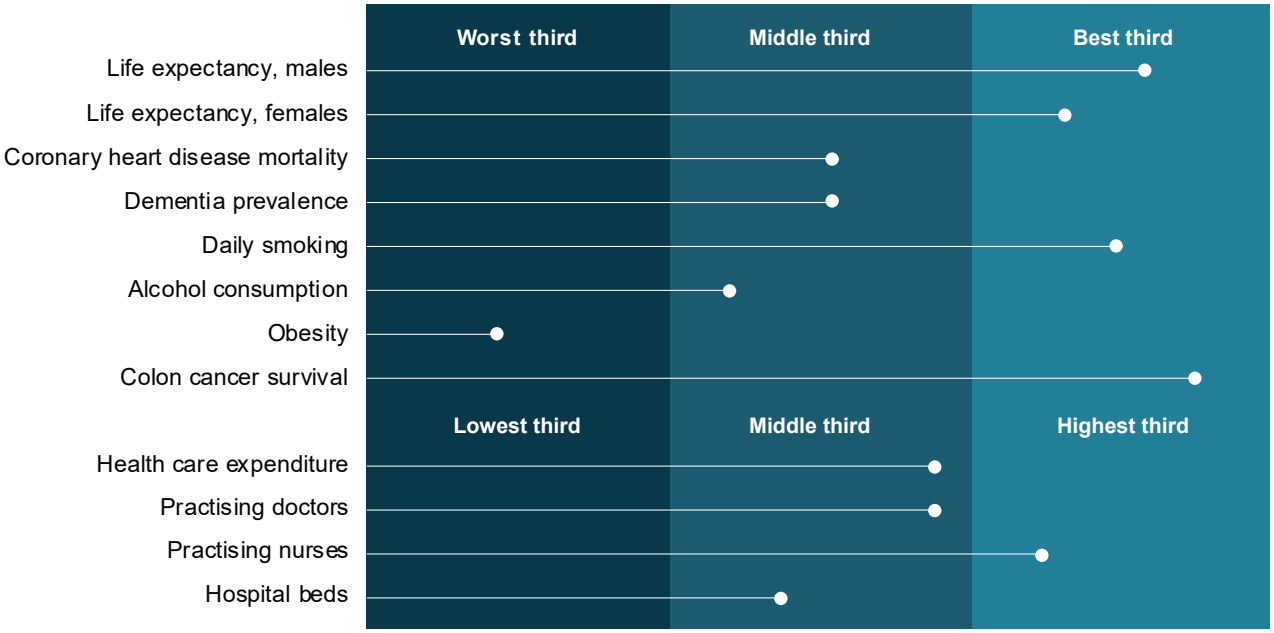
How do we compare with similar countries?

Australia matches or performs better than many other comparable countries on selected measures of health. Compared with 35 member countries of the Organisation for Economic Co-operation and Development (OECD), we have:

- the fifth highest life expectancy at birth for males and the eighth highest for females
- one of the lowest rates of smoking among people aged 15 and over
- a better than average rate of colon cancer survival, ranking third best.

However, there is also room for improvement. Australia ranked in the worst third of OECD countries for obesity among people aged 15 and over, and our alcohol consumption is slightly above the OECD average.

Australia's ranking among OECD countries for selected health measures



Find out more: Chapter 1.5 'International comparisons' in *Australia's health 2018*.

1

How healthy are we?

Australians are living longer than ever before, but half of us are living with at least one chronic condition, which can affect the quality of our lives, as well as those of our families and carers. Chronic conditions are Australia's leading cause of ill health and have serious implications for the health system. Many of these chronic conditions are linked to lifestyle factors such as overweight and obesity, insufficient physical activity, tobacco smoking and alcohol use but there are signs of positive behaviour changes, particularly among young Australians.

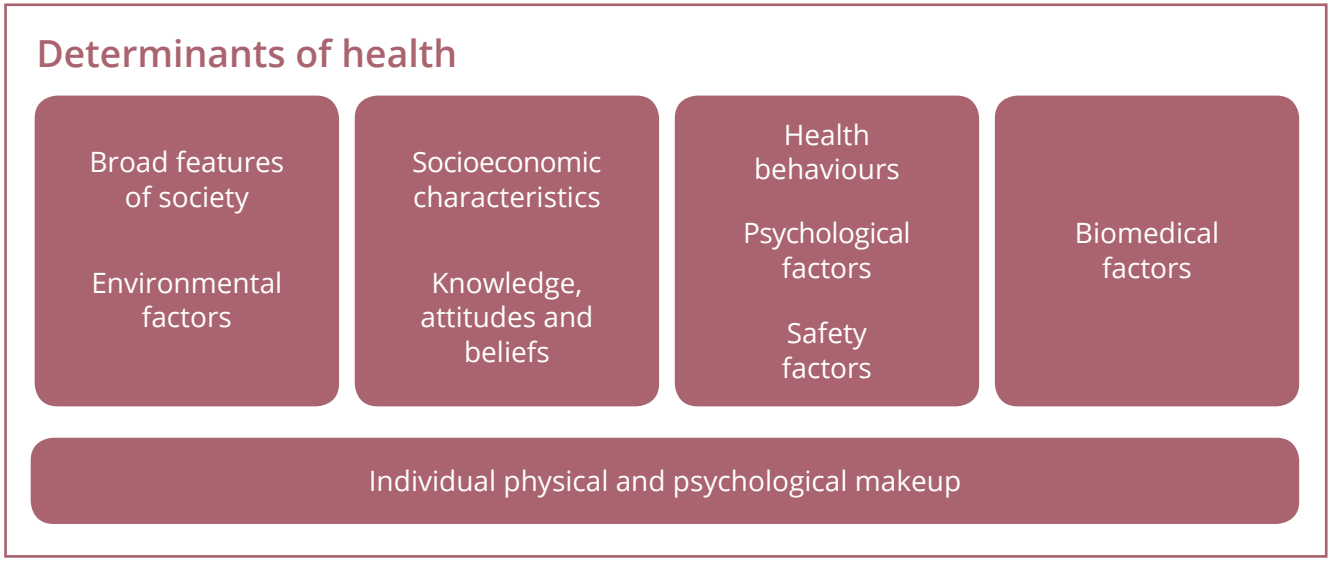
What is health?

Good health is important—it influences not just how we feel, but how we go about our everyday lives. Health is more than the presence or absence of disease; it incorporates our physical, mental and social wellbeing.

Our health and wellbeing can be influenced by many things, but generally depend on two main aspects:

- determinants—the many, interrelated factors that influence our health
- interventions—things we do to improve our health or to prevent ill health, such as being immunised against diseases or visiting a doctor or hospital when we are unwell.

Determinants of health



Find out more: Chapter 1.1 'What is health?', 4.1 'Impacts of the natural environment on health', 4.2 'Social determinants of health' and 4.3 'Health literacy' in *Australia's health 2018*.

We're living more years in good health

When asked about our own health, most of us think we're doing well. In 2014–15, more than 4 in 5 Australians aged 15 and over rated their health as 'excellent', 'very good', or 'good'.

How we rate our health

Our life expectancy at birth has increased greatly over the last century. We're expected to live about 33 years longer than people born in 1890. This places us in the top third of OECD countries for life expectancy.

We can also expect to live these extra years in relatively good health; that is, without the health consequences of disease or injury. Males born in 2011 can expect 1.7 more years in full health than males born in 2003, and females can expect an extra 1.2 years. The number of years we can expect to live with the impacts of illness, disease or injury remained steady for males and females between 2003 and 2011.

Life expectancy for babies born in 2016

Boys—80.4 years
Girls—84.6 years

Find out more: Chapter 1.3 'How healthy are Australians?' in *Australia's health 2018.*

How do we die?

Corresponding with our rising life expectancy, age-adjusted death rates in Australia have fallen by around 70% since the early 1900s.

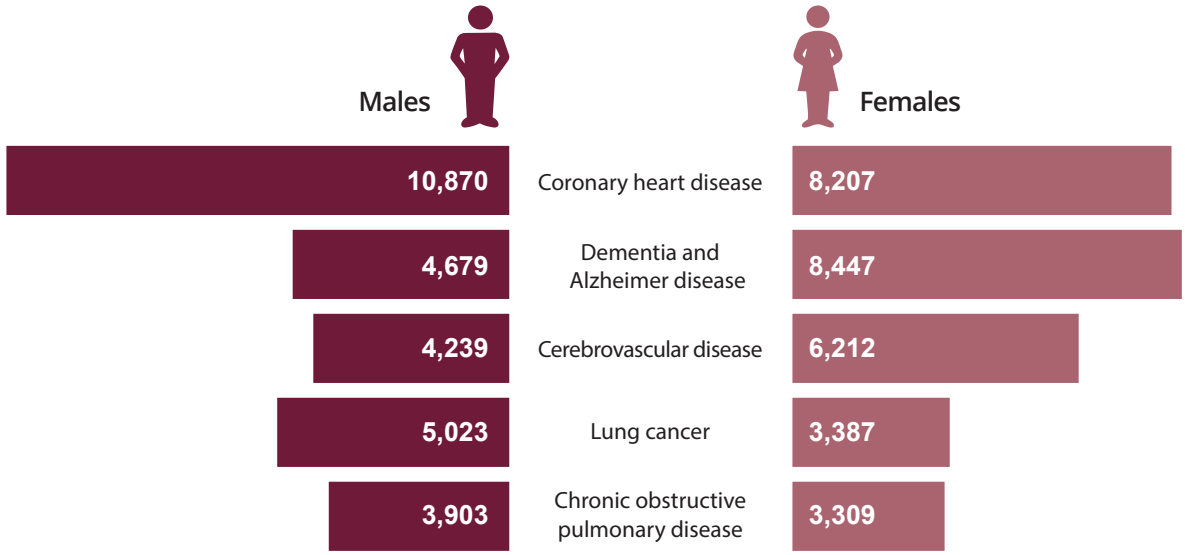
In 2016, there were 158,500 deaths in Australia. The leading causes of death (overall) were similar in 2006 and 2016.

Coronary heart disease was the leading cause of death for males in 2016, accounting for 13% of deaths. Dementia and Alzheimer disease was the leading cause of death for females, accounting for 11% of deaths, closely followed by coronary heart disease.

Leading causes of death differ by age

- **1–44 years:** suicide, land transport accidents
- **45–74 years:** coronary heart disease, lung cancer
- **75 years and over:** coronary heart disease, dementia and Alzheimer disease

Leading causes of death



Find out more: Chapter 3.2 'Leading causes of death' in *Australia's health 2018.*

What is disease 'burden' and what causes it?

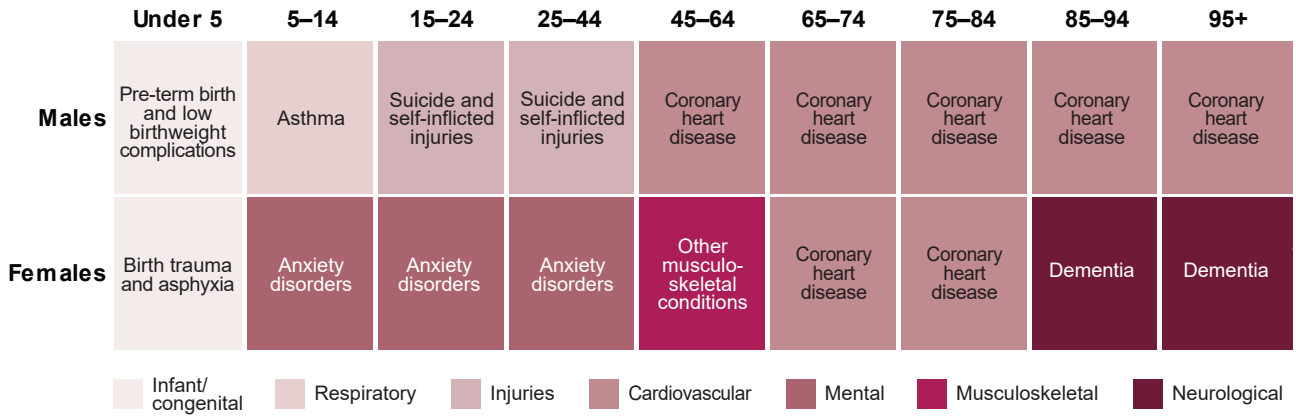
Looking at the burden of disease is one way to measure the impact of different diseases or injuries on a population. This is done by measuring how many years of life Australia loses to diseases, either due to people dying early, or living their remaining years affected by ill health.

Coronary heart disease is the leading contributor to the total disease burden in Australia for all ages combined, followed by lung cancer for males, and arthritis and other musculoskeletal conditions (such as back pain and osteoporosis) for females. Chronic conditions are also leading contributors to the disease burden in Australia.

The leading contributors to the disease burden differ across age groups, reflecting that people experience different health problems at different life stages. Disease burden also differs between males and females across the life stages.

Burden of disease focuses on health loss due to disease and injury. It does not account for other broader factors influencing health, such as the social and economic impacts of ill health.

Top disease burdens



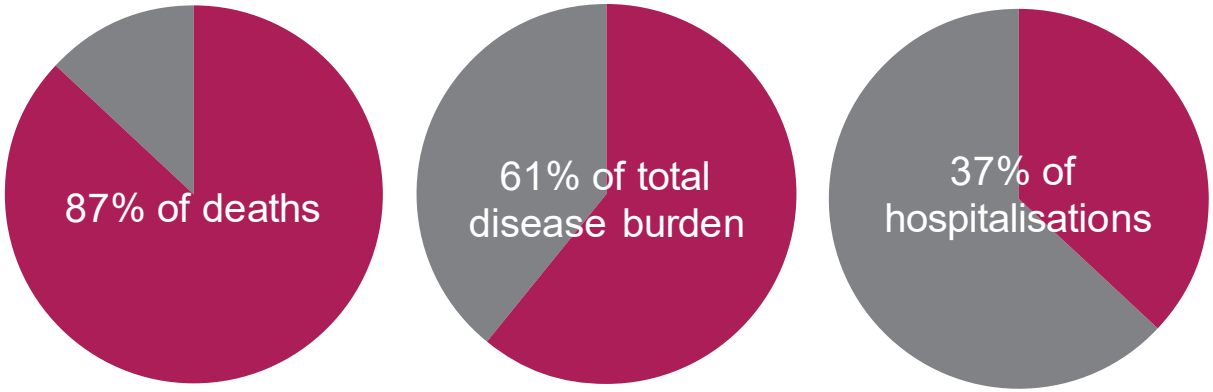
Find out more: Chapter 3.1 'Burden of disease across the life stages' in *Australia's health 2018.*

Half of us have a chronic condition

Chronic conditions are generally long lasting, require ongoing management and have a substantial effect on individuals, their families and carers, and the health system.

One in 2 (50%) Australians are estimated to have at least 1 of 8 selected common chronic conditions: cancer, cardiovascular disease, mental health conditions, arthritis, back pain and problems, chronic obstructive pulmonary disease, asthma and diabetes. Nearly 1 in 4 (23%) Australians are estimated to have two or more of these conditions.

Collectively, chronic conditions account for:



Males and older people experience the highest rate of chronic condition hospitalisations and deaths, although the difference between males and females is decreasing over time.

The three chronic conditions that contribute most to the disease burden in Australia are cancer, coronary heart disease and mental illness.

People with chronic conditions are generally less likely than other Australians to be employed, and are generally more likely to have disability and experience psychological distress, body pain and poor health.

Find out more: Chapter 3.3 'Chronic conditions' in *Australia's health 2018.*

Cancer is the leading cause of disease burden

Cancer is a diverse group of several hundred diseases, where some of the body's cells become abnormal and multiply out of control.

As a disease group, cancer is the greatest contributor to the disease burden in Australia, accounting for one-fifth (19%) of the total burden.

While the number of cancer cases has been rising in Australia, the rate of people being diagnosed with cancer has been falling since 2008.

Breast cancer is the most commonly diagnosed cancer for females, and prostate cancer for males. However, lung cancer is the leading cause of cancer death for males and females.

The relative survival rate of people with cancer, 5 years after diagnosis, has improved (from 49% in 1985–1989 to 69% in 2010–2014). Relative survival measures the average survival experience of people with cancer compared with people of the same age and sex in the general population.

In 2018, an estimated:

- 138,300 people will be diagnosed with cancer
- 48,600 people will die from cancer

However, this is not the story for all cancers. Mesothelioma—an aggressive form of cancer caused mainly by exposure to asbestos—has no known cure and an average time of 9 months between diagnosis and death. Australia has one of the highest rates of mesothelioma incidence in the world.

Find out more: Chapter 3.2 'Leading causes of death', 3.4 'Cancer' and 3.5 'Mesothelioma' in *Australia's health 2018.*

Coronary heart disease and stroke death rates have fallen

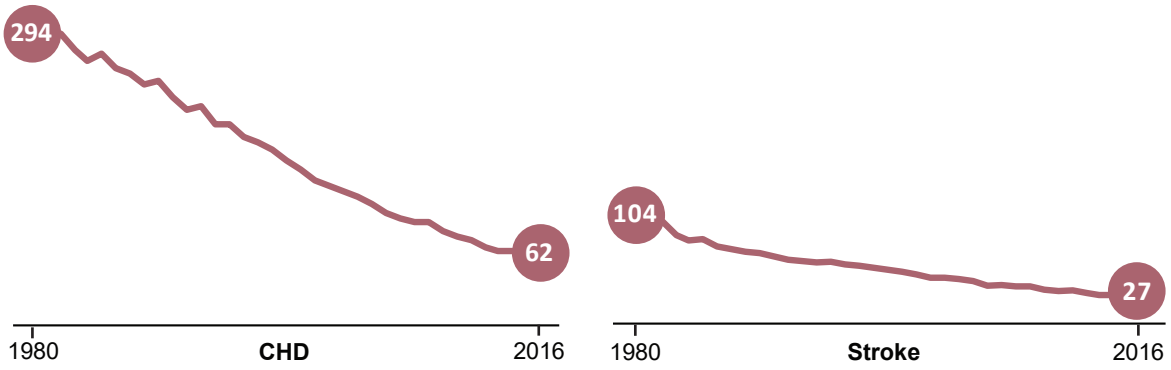
Coronary heart disease (CHD) and stroke are both chronic conditions affecting the heart and blood vessels. CHD is caused by a blockage in the arteries supplying blood to the heart. Stroke is caused by a blockage in, or rupture to and bleeding of an artery supplying blood to the brain.

Coronary heart disease
- Responsible for 8% of the total disease burden in Australia
- Affects about 1 in 30 adults (645,000 people), and 1 in 6 people aged 75 and over

Stroke
- Responsible for 3% of the total disease burden in Australia
- Around 394,000 people are estimated to have had a stroke in their lifetime

Many of the risk factors for CHD and stroke can be modified through lifestyle changes and there are also treatment options available for these conditions. Although CHD is the leading single cause of death in Australia, the rate of deaths due to the disease has fallen by 79% since 1980. The rate of deaths due to stroke has fallen by 74% over the same period.

Coronary heart disease and stroke deaths (per 100,000 population) over time



Find out more: Chapter 3.6 'Coronary heart disease' and 3.7 'Stroke' in *Australia's health 2018.*

Nearly half of Australians will experience a mental illness in their life

'Mental illness' and 'mental disorder' describe a wide range of mental health and behavioural disorders. Around 45% of Australians aged 16–85 will experience a mental illness in their life—most commonly anxiety, substance use disorders (especially alcohol use) and mood disorders (especially depression).

Mental illness and substance use disorders are responsible for 12% of the total disease burden in Australia—the third highest disease group after cancer and cardiovascular diseases.

Mental illness affects individuals, families and carers. It also has a far-reaching influence on society as a whole, through issues such as poverty, unemployment and homelessness.

20% of adults and **14%** of children & young people will experience a **mental illness** in any year

Some groups of people experience increased rates of mental illness:

- Men who have served in the Australian Defence Force are nearly twice as likely to experience affective disorders (such as depression) (9.4%) than men who have not served (5.7%).
- People who identify as homosexual or bisexual are more likely to experience an anxiety disorder (32%) than heterosexual people (14%).
- Females aged 15–24 account for nearly 3 in 5 community mental health care service contacts for eating disorders (58%) and hospitalisations for eating disorders (57%).

If you or someone you know needs help please call:
Lifeline 13 11 14 beyondblue 1300 22 4636 Kids Helpline 1800 55 1800

Find out more: Chapter 3.12 'Mental health', 3.13 'Eating disorders', 5.5 'Lesbian, gay, bisexual, transgender and intersex people', and 5.6 'Veterans' in *Australia's health 2018.*

These conditions are also affecting our health

In addition to the disease burden contributed by cancer, coronary heart disease and mental illness, an estimated:

1 in 3 (7 million) adults and children have **chronic respiratory conditions**, such as asthma. Asthma affects 1 in 9 children aged 0–14 (480,000).

1 in 3 (6.9 million) people have **arthritis and other musculoskeletal conditions**, such as back pain, arthritis and osteoporosis. Musculoskeletal conditions are the fourth leading contributor to the total disease burden in Australia.

1 in 10 (1.7 million) adults show biomedical signs of **chronic kidney disease**. In 2015–16, dialysis was the most common reason for going to hospital.

1 in 20 (1.2 million) adults self-report having **diabetes**, although data suggest that for every 4 adults diagnosed with diabetes, 1 adult is living with the disease undiagnosed. Diabetes contributed to 10% of all deaths in Australia in 2016.

1 in 11 (376,000) people aged 65 and over have **dementia**, a condition more common among older people, especially those aged 85 and over. In 2016, dementia was listed as a cause in more than 25,000 deaths, and replaced heart disease as the leading cause of death for women (it remained as the third leading cause for men).

Find out more: Chapter 3.8 'Diabetes', 3.9 'Chronic kidney disease', 3.10 'Arthritis and other musculoskeletal conditions', 3.11 'Chronic respiratory conditions' and 3.14 'Dementia' in *Australia's health 2018.*

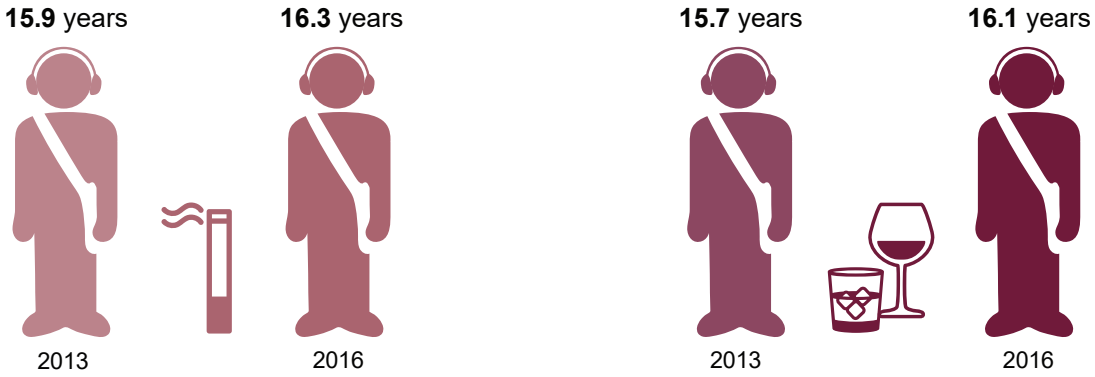
A new generation—more Australian teens saying 'no' to smoking, alcohol and illicit drugs

Smoking tobacco and drinking alcohol are two lifestyle factors that contribute to high rates of chronic conditions in Australia.

Smoking rates for the whole population have steadily fallen over time, while alcohol consumption has fluctuated in recent years—daily and weekly drinking rates have fallen, but rates of risky drinking on a single occasion have not changed.

The smoking and drinking patterns of Australia's teenagers have shown some positive signs in recent years; many young people are deciding not to smoke or drink in the first place, while others are older when they first try.

Age when teenagers first smoked a full cigarette and first tried alcohol



Illicit drug use has also fallen among Australian teenagers—those aged 14–19 were far less likely to use illicit drugs in 2016 than in 2001. Cannabis use halved over the period, use of ecstasy and cocaine fell by one-third, and use of meth/amphetamines fell from 6.2% to 0.8%.

Find out more: Chapter 4.5 'Tobacco smoking', 4.6 'Alcohol risk and harm' and 4.7 'Illicit drug use' in *Australia's health 2018.*

How healthy are our mothers?

The care a mother receives while pregnant (antenatal care) is associated with better outcomes for both mother and baby. Almost all mothers (99.9%) who gave birth in 2015 had at least one antenatal visit, 95% had five or more visits and 58% had 10 or more visits.

Health factors and behaviours during pregnancy—such as smoking, drinking alcohol, and being overweight or obese—can lead to negative health outcomes for a mother and her child, during birth and in a child's early life.

One in 10 (10%) mothers reported smoking at some point during their pregnancy in 2015, down from 15% in 2009

More than half (56%) of mothers abstained from drinking alcohol during pregnancy in 2016, up from 40% in 2007

Find out more: Chapter 4.12 'Antenatal risk factors' in *Australia's health 2018.*

2

What can we improve?

How we live can have a big impact on our health. Small lifestyle changes—such as giving up smoking, cutting back risky levels of alcohol consumption, or maintaining a normal weight—can lead to health gains with lifelong effects for individuals and the community.

Individuals (particularly women) and the community are also affected by a behavioural risk factor that pervades all levels of society—family, domestic and sexual violence.

Health behaviours are crucial, but they are not the only factors that influence our health. Social factors, government policies, and access to health services are also important in improving health behaviours and outcomes.

Most of us are overweight

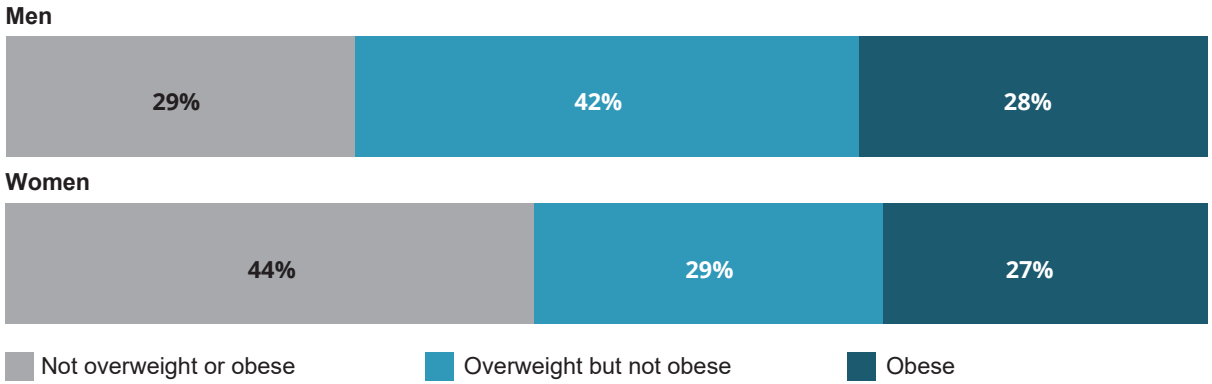
Almost two-thirds (63%) of Australians aged 18 and over, and more than one-quarter (28%) of children aged 5–17 are overweight or obese. Compared with 1995, in 2014–15 a greater proportion of adults was in the obese weight range, and the proportion in the severely obese range was nearly double.

Overweight and obesity are risk factors for a number of chronic conditions. Overweight or obese adults report higher rates of arthritis, back pain and problems, diabetes and cardiovascular diseases than adults in the normal weight range.

Overweight and obesity, when considered together with insufficient physical activity, is estimated to account for 9% of the total disease burden in Australia—the same as tobacco smoking (the leading risk factor).

Overweight and obesity at the population level is measured by calculating body mass index (BMI), which is based on a person's weight and height.

Proportion of adults who are overweight or obese



To calculate your BMI and see how you compare with the rest of Australia, use the online data visualisation tool at <www.aihw.gov.au/reports/australias-health/australias-health-2018/contents/bmi-where-do-you-fit>.

We're not eating a healthy diet or doing enough exercise

Eating a healthy diet and getting enough exercise can reduce the risk of overweight and obesity, high blood pressure and developing chronic conditions.

However, more than 99% of all children and 96% of adults do not eat the recommended amount of vegetables. Additionally, more than two-thirds of children and almost half of adults do not follow the recommendation to limit their consumption of free sugars to less than 10% of total energy intake.

Australians are not doing the recommended amount of exercise for their age each week. This is most pronounced among adolescents (aged 13–17), where 92% do not get the recommended amount of exercise.

We have high blood pressure

Biomedical risk factors, such as high blood pressure, are also linked to disease risk: just over 1 in 3 (6 million) Australian adults have high blood pressure. According to self-reported information, overweight and obese adults are more likely to have high blood pressure than people in the normal weight range.

Our environment also plays a part

The term 'obesogenic environment' has been used to describe an environment that promotes obesity among individuals and populations. This includes factors such as limited access to green spaces, increasing work hours and sedentary jobs and the amount of time we spend doing screen-based activities (such as watching TV).

Find out more: Chapter 4.8 'Insufficient physical activity', 4.9 'Diet', 4.10 'Overweight and obesity' and 4.11 'Biomedical risk factors' in *Australia's health 2018.*

3 in 4 of us have drunk alcohol

Drinking alcohol is associated with many social and cultural activities in Australia—in 2016, more than 3 in 4 (77%) Australians aged 14 and over had consumed alcohol in the past 12 months.

Alcohol can pose a risk to individuals, families and the broader community—it is estimated to be responsible for 4.6% of the total disease burden in Australia, and for more than 5,000 deaths each year. The annual social cost of alcohol abuse is estimated at $14 billion.

Did you know?

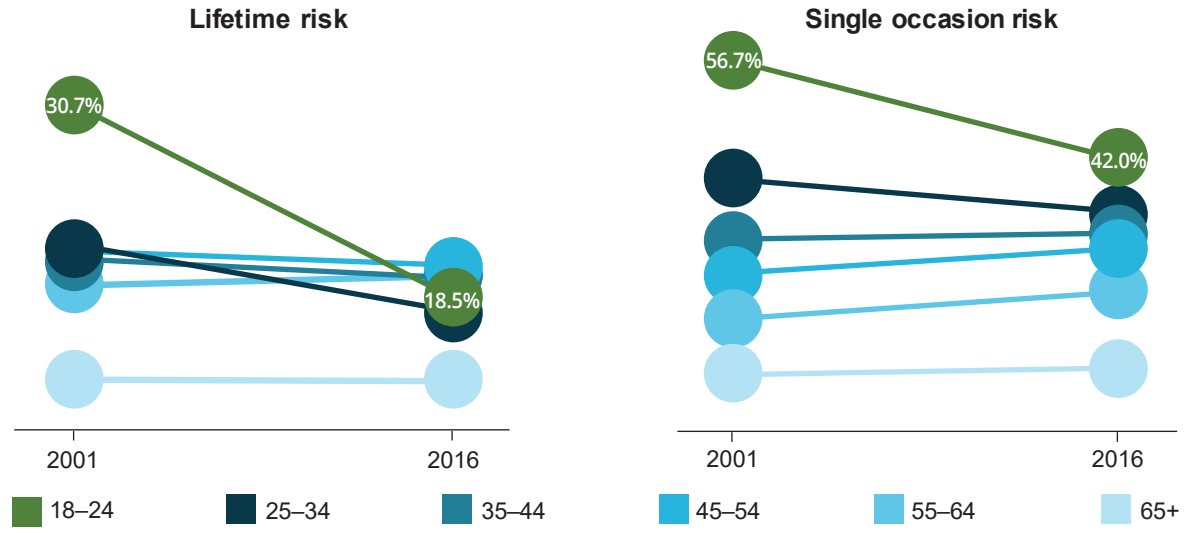
To reduce your risk of harm:

- Over your lifetime, drink no more than 2 standard drinks a day
- On any occasion, drink no more than 4 standard drinks

Historically, young adults (aged 18–24) have consumed alcohol at higher rates than any other age group, and they remain mostly likely to drink at risky levels on a single occasion.

However, since 2001, the rate of young adults drinking at levels that put them at risk for their lifetime and on a single occasion has fallen, while rates for older age groups have been stable or have increased.

Change in risky alcohol use by age group



Find out more: Chapter 4.6 'Alcohol risk and harm' in *Australia's health 2018.*

Small lifestyle changes could bring big health gains

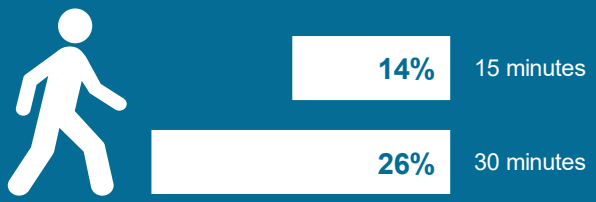
Many chronic conditions share common risk factors, such as excess body weight, tobacco smoking, excessive alcohol consumption and insufficient physical activity—all of which can be modified through lifestyle changes.

By reducing our exposure to these modifiable risk factors, Australia could cut its total disease burden by one-third.

Small personal lifestyle changes could have big health gains for the population at risk of disease due to these factors:

An extra 15 minutes of brisk walking by each person 5 days a week could cut Australia's disease burden due to insufficient physical activity by about 14%.

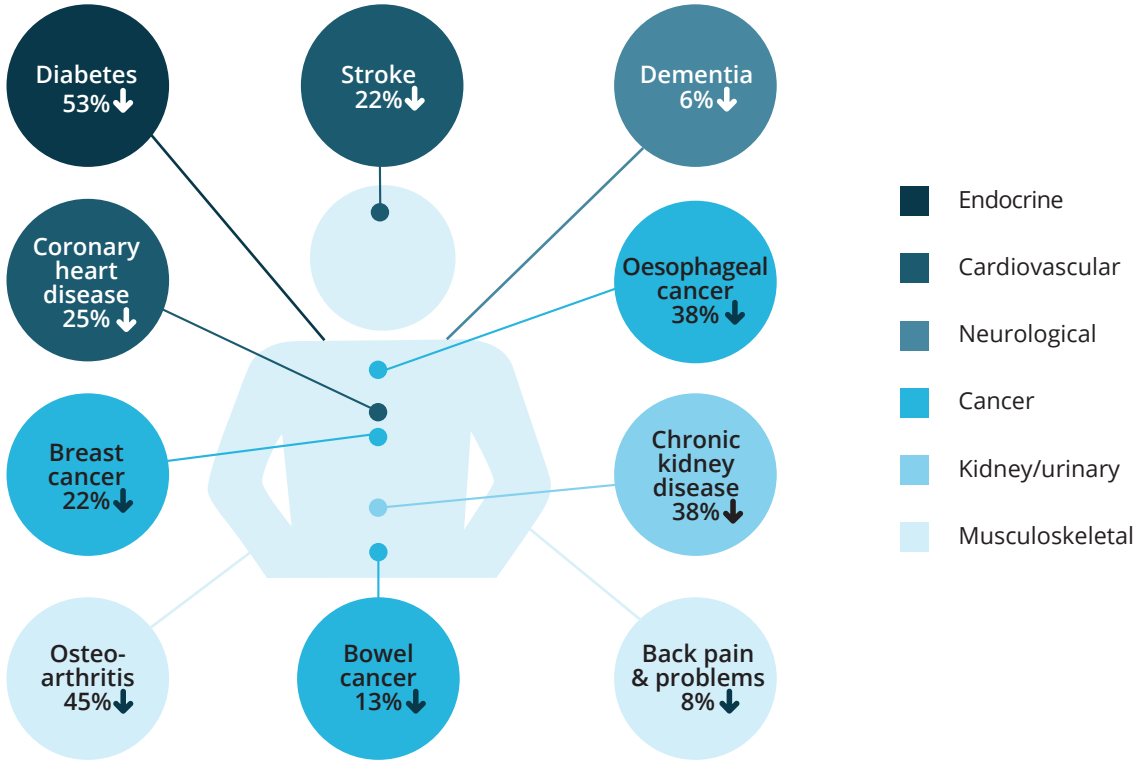
If this time rose to 30 minutes, the burden could be reduced by 26%.



Disease burden due to overweight and obesity could be cut by 6% if Australians maintained their current weight and by 14% if people who are overweight or obese and of average height lost about 3kg and this was maintained.

For more scenario modelling results see the online data visualisation tool at <www.aihw.gov.au/reports/australias-health/australias-health-2018/contents/burden-of-disease-scenario-modelling>.

If everyone was in the normal weight range, disease burden in Australia would be reduced



Some of us are seeking help from a GP to get healthier. In 2014–15, of people aged 15 and over:

- 14% discussed reaching a normal weight with a GP (for adults who were obese, 31% discussed reaching a normal weight)
- 11% discussed eating healthy food or improving their diet
- 10% discussed increasing their exercise levels.

In addition, 10% of adults who drank more than 2 standard drinks per day discussed drinking alcohol in moderation.

Find out more: Chapter 4.4 'Contribution of selected risk factors to burden of disease' and 7.5 'Primary health care' in *Australia's health 2018.*

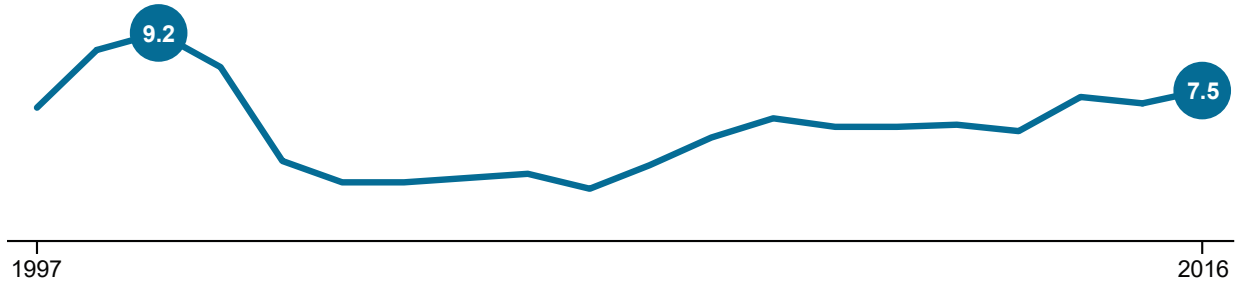
3.1 million Australians used an illicit drug in the last 12 months

More than 4 in 10 (43% or 8.5 million) Australians aged 14 and over have used an illicit drug at some point in their lives.

In 2016, around 3.1 million people (16%) had illicitly used a drug in the last 12 months—4 in 5 had used illegal drugs such as cannabis, cocaine, ecstasy and meth/amphetamines, and 1 in 5 had misused a pharmaceutical drug. While the proportion of people using illicit drugs is higher than in 2007 (13%), no clear trend is evident since 2001.

In 2016, Australia recorded its highest number (1,800) of drug-induced deaths; however, the death rate was lower than that recorded in 1999.

Drug-induced deaths (per 100,000 population) over time



There were 57,900 drug-related hospitalisations in 2015–16 (0.5% of all hospitalisations), up from around 38,300 in 2011–12. The rate of amphetamine-related hospitalisations increased by more than two and a half times over the same period.

Illicit drug use is strongly associated with mental illness. More than one-quarter (26%) of recent illicit drug users have been diagnosed or treated for a mental illness in the previous 12 months and over one-fifth (22%) report high or very high levels of psychological distress.

Find out more: Chapter 4.7 'Illicit drug use' in *Australia's health 2018.*

How many women and men experience violence by a current or former partner?

For women aged 25–44, family, domestic and sexual violence causes more illness, disability and premature death than any other risk factor. Exposure to intimate partner violence has been linked to depressive and anxiety disorders, early pregnancy loss, homicide and violence, suicide and self-inflicted injuries, alcohol use disorders and children born prematurely or with low birthweight.

1 in 6 women have experienced **physical and/or sexual violence** by a current or previous partner since age 15 **1 in 16 men**

8 women per day are **hospitalised after being assaulted** by a current or previous partner **2 men per day**

1 woman per week is **killed** by a current or previous partner **1 man per month**

If you are experiencing domestic or family violence or know someone who is, call 1800RESPECT (1800 737 732) or visit <www.1800RESPECT.org.au>

Find out more: Chapter 3.16 'Family, domestic and sexual violence' in *Australia's health 2018.*

3

All is not equal

Where you live, how much you earn, whether you have a disability, your access to services and many other factors can affect your health.

Overall, Aboriginal and Torres Strait Islander people, people from areas of socioeconomic disadvantage, people in rural and remote locations, and people with disability experience more health disadvantages than other Australians. These disadvantages can include higher rates of illness and shorter life expectancy.

Progress for Aboriginal and Torres Strait Islander people, but gaps remain

For Aboriginal and Torres Strait Islander people, good health is holistic—it includes physical, social, emotional, cultural, spiritual and ecological wellbeing, for individuals and for the community. In 2014–15, an estimated 40% of Indigenous Australians aged 15 and over rated their health as 'excellent' or 'very good', 35% as 'good' and 26% as 'fair' or 'poor'.

Improvements

Overall, Indigenous Australians experience widespread socioeconomic disadvantage and health inequality. However, in recent years, there have been a number of improvements.

Health outcomes

There has been a significant decline in child mortality rates (aged 0–4), from 217 deaths per 100,000 Indigenous children in 1998 to 146 deaths per 100,000 in 2016.

Between 2005–2007 and 2010–2012, the gap in life expectancy at birth between Indigenous and non-Indigenous Australians decreased from 11.4 to 10.6 years for males, and from 9.6 to 9.5 years for females.

Health behaviours

Smoking rates among Indigenous Australians have declined from 51% in 2002 to 42% in 2014–15. This decline was concentrated in non-remote areas.

Fewer young Indigenous people aged 15–17 are smoking now than in the past—30% in 1994 compared with 17% in 2014–15.

In 2014–15, 15% of Indigenous people aged 15 and over reported that they drank alcohol at lifetime risky levels—a decrease from 19% in 2008.

Health services

The number of Medical Benefits Schedule health checks among Indigenous Australians rose significantly from around 22,500 in 2006–07 to nearly 197,000 in 2015–16.

Indigenous-specific primary health care services provided 3.9 million episodes of care to around 461,500 clients in 2015–16 in 368 sites throughout Australia.

Better education leads to better health, and in 2016, 47% of Indigenous Australians aged 20–24 had completed Year 12, compared with 37% in 2011.

There are still gaps

While many aspects of Indigenous health have improved, challenges still exist. Indigenous Australians have a shorter life expectancy than non-Indigenous Australians and are at least twice as likely to rate their health as fair or poor.

Compared with non-Indigenous Australians, Indigenous Australians are also:

2.9 times as likely to have long-term ear or hearing problems among children

2.7 times as likely to smoke

2.7 times as likely to experience high or very high levels of psychological distress

2.1 times as likely to die before their fifth birthday

1.9 times as likely to be born with low birthweight

1.7 times as likely to have a disability or restrictive long-term health condition

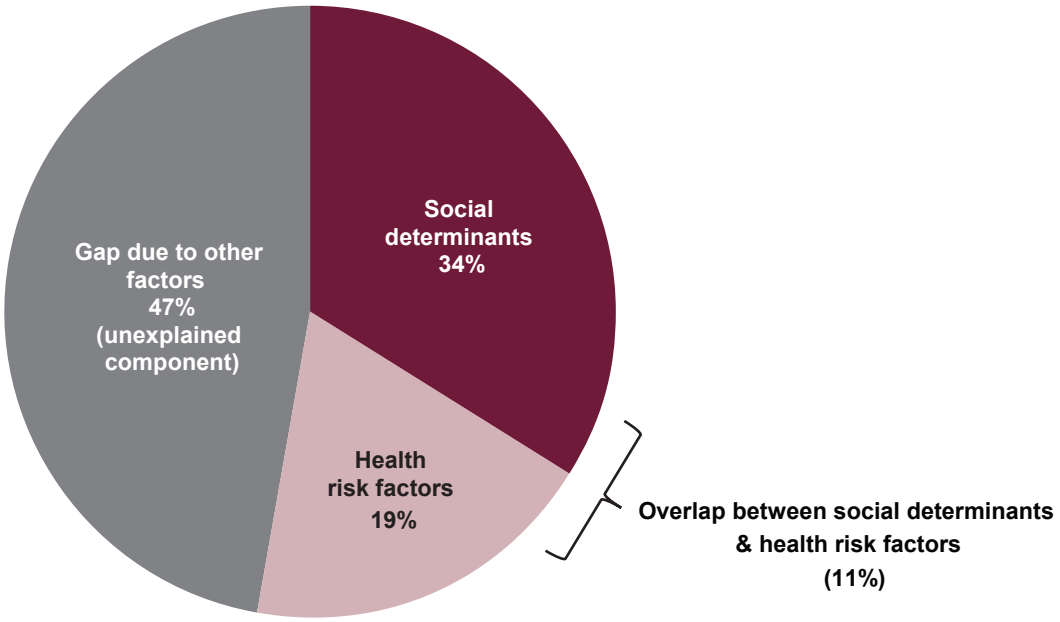
Explaining the Indigenous health gap

Differences between Indigenous and non-Indigenous Australians in three key areas help explain the well-documented health gap:

- **Social determinants:** Indigenous Australians, on average, have lower levels of education, employment, income, and poorer quality housing than non-Indigenous Australians
- **Health risk factors:** Indigenous Australians, on average, have higher rates of smoking and risky alcohol consumption, exercise less, and have a greater risk of high blood pressure than non-Indigenous Australians
- **Access to appropriate health services:** Indigenous Australians are more likely to report difficulty in accessing affordable health services that are nearby than non-Indigenous Australians.

Social determinants are estimated to be responsible for more than one-third (34%) of the health gap between Indigenous and non-Indigenous Australians, and health risk factors such as smoking and obesity are estimated to account for about one-fifth (19%) of the health gap.

Main contributors to the health gap



If Indigenous adults were to have the same household income, employment rate and hours worked, and smoking rate as non-Indigenous Australians, the health gap would be reduced by more than a third—from 27 percentage points to around 17 percentage points.

These determinants also help explain the variation in health and health behaviours within the Indigenous population.

- Indigenous Australians who were most likely to report 'very good' or 'excellent' health in 2014–15 lived in the highest socioeconomic areas, were employed, had higher educational attainment (Year 12 or higher), and felt safe or very safe alone in their homes after dark.
- Indigenous Australians who were employed in 2014–15 were less likely to smoke, less likely to use illicit substances, and more likely to have an adequate daily fruit intake than Indigenous Australians who were unemployed.

Find out more: Chapter 6.1 'Profile of Indigenous Australians',
6.2 'Indigenous health and wellbeing',
6.3 'Indigenous child mortality and life expectancy',
6.4 'Ear health and hearing loss among Indigenous children',
6.5 'Health behaviours of Indigenous Australians',
6.6 'Social determinants and Indigenous health',
6.7 'The size and sources of the health gap' and
6.8 'Indigenous Australians' access to and use of health services' in *Australia's health 2018.*

The socioeconomic ladder of good health

The living and working conditions that make up our social environment influence our health and wellbeing. Generally, the higher a person's socioeconomic position, the better their health. If all Australians experienced the same disease burden as people in the highest socioeconomic group (that is, people living in the areas of least disadvantage), the total burden could be reduced by about one-fifth (21%).

Compared with people in the highest socioeconomic group, people in the lowest group are:

2.7 times as likely to smoke

2.6 times as likely to have diabetes

2.4 times as likely to state cost as a barrier to seeing a dental professional

2.3 times as likely to state cost as a barrier to filling a prescription

2.1 times as likely to die of potentially avoidable causes

Find out more: Chapter 4.2 'Social determinants of health', 5.1 'Socioeconomic groups' and 7.5 'Primary health care' in *Australia's health 2018.*

Poorer health outcomes experienced outside major cities

Around 3 in 10 (29%, or 7 million) Australians live in rural and remote areas where they can face a number of challenges due to geographic isolation, including difficulty accessing services. As a result, they often experience poorer health outcomes than people in *Major cities*.

People in rural and remote areas are also more likely to engage in behaviours associated with poorer health. For example, around 1 in 5 smoke, compared with 1 in 8 in *Major cities*.

Proportion of people with selected health risk factors

	 Current daily smoker	 Overweight or obese	 No/low levels of exercise	 Lifetime risky drinking	 High blood pressure
Major cities	13%	61%	64%	15%	22%
Inner regional	18%	67%	69%	18%	24%
Outer regional/ Remote	22%	68%	72%	24%	22%

Rural and remote Australians experience higher age-adjusted death rates, which increase with greater remoteness. People in *Very remote* areas have a death rate nearly one and a half times as high as people in *Major cities* (759 per 100,000 population compared with 524 per 100,000).

Potentially avoidable deaths are deaths among people aged under 75 that may have been preventable through health care. The rate of potentially avoidable deaths also increases with remoteness. The age-adjusted rate for people in *Very remote* areas is more than two and a half times as high as the rate for people in *Major cities* (256 per 100,000 population compared with 96 per 100,000).

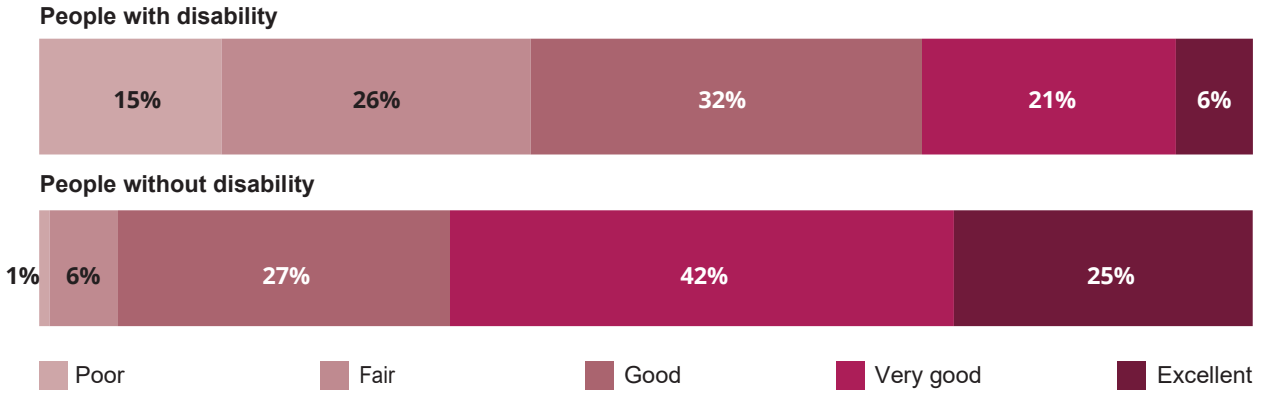
Find out more: Chapter 5.2 'Rural and remote Australians' in *Australia's health 2018.*

Disability can affect health

There are around 1 in 5 (18% or 4.3 million) Australians with disability. Disability and health have a complex relationship—long-term health conditions might cause disability, and disability can contribute to health problems.

On the whole, people with disability have poorer health than people without disability. They also use more health services, although this varies with the nature and severity of their disability. People with disability are about 6 times as likely as people without disability to rate their health as 'poor' or 'fair' (41% compared with 6.5%). This rises to 10 times as likely for people with severe or profound limitation (61%).

How people with disability rate their health



Find out more: Chapter 5.4 'People with disability' in *Australia's health 2018.*

Prisoner health reflects a range of social issues

On average, prisoners have poorer health and show signs of ageing 10–15 years earlier than the general Australian population. Prisoners tend to face greater socioeconomic disadvantage than the general adult population before they enter prison—1 in 4 (24%) was homeless, 1 in 4 (27%) was unemployed in the month before entering prison, and 2 in 3 (68%) had an education level of Year 10 or below.

Indigenous Australians are over-represented in Australia's prisons (27% of the prison population, compared with 3% of the adult population).

Prisoner health compared with the Australian adult population

	Mental health condition	Hepatitis C	Current smoker	Used illicit drugs in previous year
Prison entrants	50%	31%	74%	67%
General adult population	19%	2%	16%	19%

Find out more: Chapter 5.7 'Prisoners' in *Australia's health 2018.*

4

How do we use health care?

Australia has extensive health prevention and promotion strategies to help us stay as healthy as possible for as long as possible. However, in times of ill health, people need to have access to timely, appropriate and quality health care. This can be provided by a range of health practitioners in the community or in hospital.

Who pays for health services?

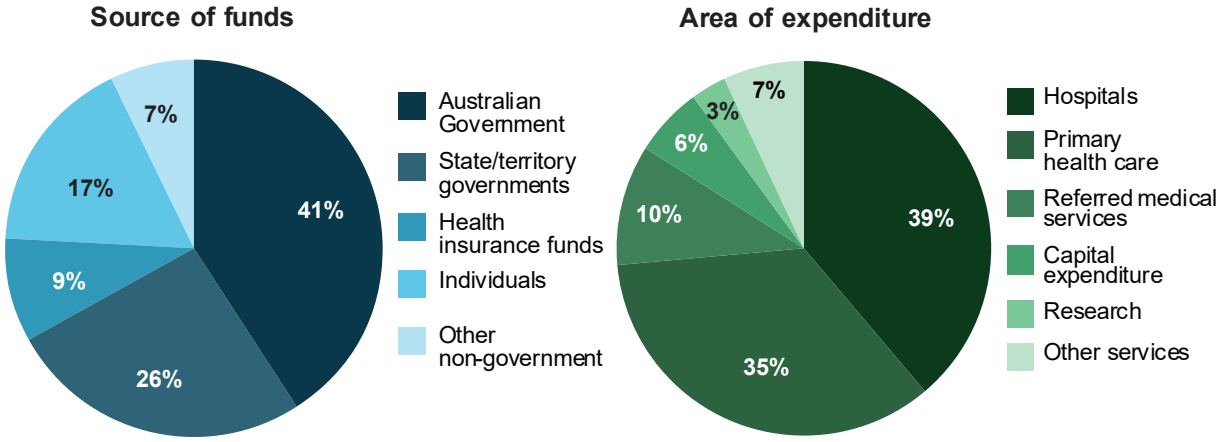
Spending on health has grown by about 50% in real terms over the past decade, from $113 billion ($5,500 per person) in 2006–07 to $170 billion ($7,100 per person) in 2015–16. This compares with population growth of about 17% over the same period.

Governments fund two-thirds (67%, or $115 billion) of all health spending, and non-government sources fund the rest (33%, or $56 billion). Individuals contribute more than half (17%, or $29 billion) of the non-government funding.

Together, hospitals (39%) and primary health care (35%) account for three-quarters of all health spending.

$7,100 per person was spent on health in 2015–16

Who funds health services and where does the money go?



Find out more: Chapter 2.2 'How much does Australia spend on health care?' in *Australia's health 2018.*

Health promotion and prevention

Health promotion and prevention strategies can help to build social and physical environments that support healthy behaviours.

Campaigns to cut the number of road deaths and tobacco smoking rates are among Australia's most successful health promotion strategies. Road deaths have fallen from 30 to 5.4 per 100,000 people between 1970 and 2016, and daily tobacco smoking rates for people aged 14 and over have halved since 1991, falling from 24.3% to 12.2% in 2016.

Schools also play an active role in promoting healthy behaviours. School policies can be used to regulate the food available for purchase at canteens and programs can be implemented to encourage students to take part in physical activity.

93% of 1 year olds and 5 year olds were fully immunised in 2016

Immunisation and population-based cancer screening programs are major areas of health prevention in Australia. Routine immunisation begins at birth, and incorporates vaccines against 17 diseases, including measles, mumps, and whooping cough. The national program has achieved an immunisation rate of more than 90% for all children at the ages of 1, 2 and 5. Participation in Australia's three national cancer screening programs ranges from 41% of the target population for bowel cancer screening to 55% for breast cancer screening and 55% for cervical cancer screening.

Find out more: Chapter 4.10 'Overweight and obesity', 7.1 'Health promotion', 7.2 'Immunisation and vaccination' and 7.4 'Cancer screening' in *Australia's health 2018.*

Primary health care—our first point of contact with the health system

Primary health care is typically the first point of contact people have with the health system. It is often delivered by a GP but other health professionals such as allied health workers, community health workers, nurse practitioners, pharmacists, dentists, Aboriginal health practitioners and midwives also deliver primary care.

On average, people are receiving more primary health services than they were 10 years ago.

In 2014–15, **85%** of Australians had seen a GP and **47% had seen a dentist in the previous 12 months**

Use of primary health care services in 2016–17

	Total number of services (million)	Average number of services per person	Change over 10 years
GP	148	6	↑ 18%
Allied health	71	3	↑ 43%
Dental	46	2	●● No trend data

Cost can prevent people accessing health services. In 2016−17, among people aged 15 and over, cost was stated as a reason why:

- 4.1% (663,000) did not see or delayed seeing a GP at least once when needed
- 19% (3.4 million) did not see or delayed seeing a dental professional at least once when needed
- 7.3% (974,000) avoided or delayed filling a prescription.

Find out more: Chapter 7.5 'Primary health care' in *Australia's health 2018.*

How much do we spend on medicines?

Medicines help prevent, treat and cure illnesses. Some are only available by prescription from a health professional; others can be bought over the counter at places such as pharmacies and supermarkets.

The Australian Government helps people pay for nearly 300 million prescription medicines each year under the PBS and Repatriation Pharmaceutical Benefit Scheme (RPBS). Nearly 1 in 3 (88.4 million) PBS prescriptions were for cardiovascular diseases.

In 2015–16, close to $11 billion was spent on these benefit-paid pharmaceuticals. The Australian Government paid for most (87%) of the cost of benefit-paid pharmaceuticals, and individual consumers contributed the remaining 13%.

In 2015–16, **$20.8 billion** was spent on medicines, including prescriptions and over-the-counter medicines

However, individuals also spend money on medicines that don't attract a government subsidy, including private prescriptions and over-the-counter medicines. In 2015–16, more than $10 billion was spent on these medicines with individual consumers paying for most of it (93%).

Additionally, hospitals are a major source of spending on medicines: in 2015–16, public hospitals spent nearly $3 billion on medicines not covered by the PBS/RPBS.

Most common PBS medicines dispensed in 2016–17

	Drug name	Number of PBS medicines dispensed	Common use
1	Atorvastatin	**10.1 million**	cholesterol
2	Rosuvastatin	**10.0 million**	cholesterol
3	Esomeprazole	**9.0 million**	gastric reflux
4	Pantoprazole	**6.5 million**	gastric reflux
5	Perindopril	**6.0 million**	blood pressure

Find out more: Chapter 2.2 'How much does Australia spend on health care?' and 7.6 'Medicines in the health system' in *Australia's health 2018.*

What if we need to go to hospital?

Australia has more than 1,300 public and private hospitals; together, they provide about 30 million days of admitted patient care each year, including both same-day and overnight admissions.

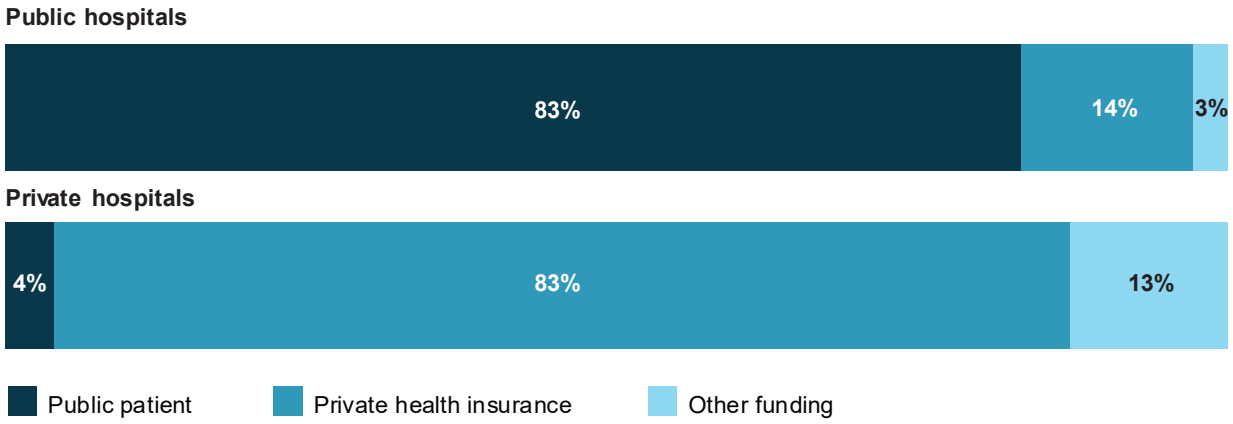
Every day, about 21,400 patients use public hospital emergency departments, with an over-representation of people aged 65 and over, children under 5 and Indigenous Australians. Nearly 1 in 3 (31%) emergency department patients are subsequently admitted to hospital.

About two-thirds (67%) of elective surgery (surgery that is planned and can be booked in advance) is performed in private hospitals.

In 2015–16, 42%, or 4.5 million of the 10.6 million admissions in public and private hospitals were at least partially paid for by private health insurance. Private health insurance was used for 14% of admissions in public hospitals and 83% of admissions in private hospitals.

The median waiting time for elective surgery in a public hospital was **38 days** in 2016–17

How hospitalisations were funded in 2015–16



Find out more: Chapter 7.7 'Overview of hospitals', 7.8 'Funding sources for the care of admitted patients', 7.10 'Emergency department care' and 7.11 'Elective surgery' in *Australia's health 2018.*

Specialised treatment services

The Australian health system provides specialised treatment services to help people with a range of health concerns, including mental illness and alcohol and drug use.

In 2016–17, GPs provided about one-third (31%) of the 11.1 million mental health-related services that were subsidised by Medicare. In 2015–16, state and territory community mental health care services provided 9.4 million contacts.

$9 billion was spent on mental health-related services in 2015–16

More demand for treatment for amphetamine use

Alcohol is the most common principal drug of concern for people seeking help at alcohol and drug treatment services—32% of treatment episodes in 2016–17 were for alcohol—followed by amphetamines (26%). The fastest growing treatment area is for amphetamine use, with the number of episodes more than doubling in the last 5 years.

Suicide prevention activities

Suicide is a significant public health problem in Australia and internationally. Between 2007 and 2016, the age-adjusted suicide rate for males rose from 16 to 18 per 100,000 population, and from 5 to 6 per 100,000 population for females. The age-adjusted suicide rate for Indigenous people is twice the rate for non-Indigenous Australians (24 per 100,000 population compared with 12 per 100,000).

In 2015–16, the Australian Government spent $49.1 million on suicide prevention activities. State and territory governments also fund initiatives under their own suicide prevention strategies, however, the size of this spending is not publicly reported in a consolidated way by all jurisdictions.

If you or someone you know needs help please call:
Lifeline 13 11 14 beyondblue 1300 22 4636 Kids Helpline 1800 55 1800

Find out more: Chapter 7.3 'Suicide prevention activities', 7.19 'Specialised alcohol and other drug treatment services' and 7.20 'Mental health services' in *Australia's health 2018.*

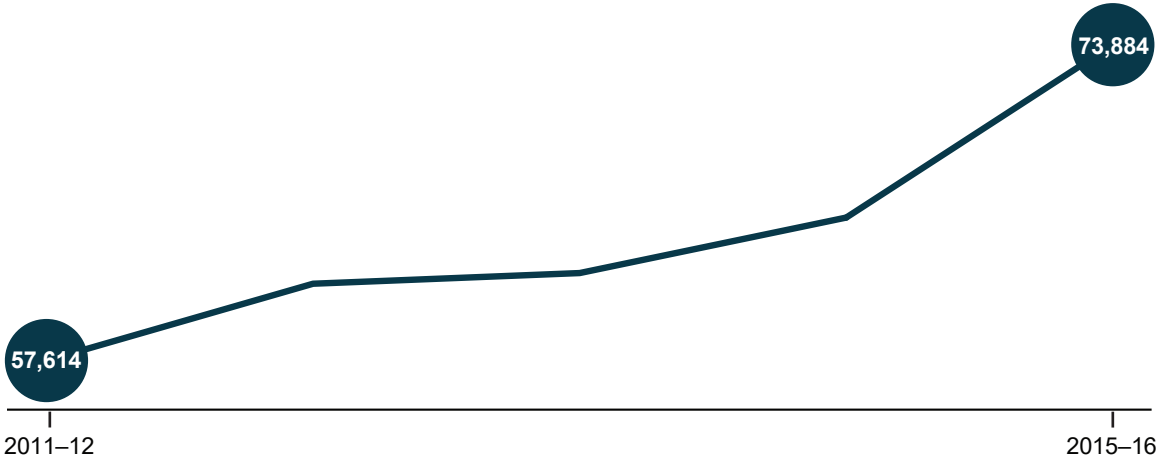
Growing demand for end-of-life care

The ageing population, and rising rates of cancer and other chronic conditions, has led to a rise in palliative care services. Palliative care includes practices that aim to relieve suffering and improve the quality of life for people with a life-threatening condition and their families.

Over the 4 years to 2015–16:

- palliative care provided in hospitals rose by 28%
- the rate of subsidised palliative care-related prescriptions rose at an average annual rate of 17%.

Hospitalisations for palliative care over time



Find out more: Chapter 7.21 'Palliative care services' in *Australia's health 2018.*

How do we measure safety and quality of care?

Safety and quality in health care is about being able to receive the right care, in the right place, at the right time, and for the right cost. This can be monitored and measured in a number of ways, including by looking at:

- how health care varies across geographic areas
- potentially preventable hospitalisations
- adverse events in hospitals.

Potentially preventable hospitalisations are conditions for which hospitalisation is considered potentially avoidable if timely and adequate non-hospital care had been provided, either to prevent the condition occurring, or to prevent the hospitalisation.

Adverse events are incidents where harm resulted to a person receiving health care. They include infections, injuries from falls, and problems with medication and medical devices.

Selected indicators of the safety and quality of hospital care

	2007–08	2015–16
Potentially preventable hospitalisations (per 1,000 population)	25.8	26.4
Adverse events in hospitals (per 100 hospitalisations)	4.8	5.4

Find out more: Chapter 1.4 'Indicators of Australia's health', 7.9 'Safety and quality of hospital care' and 7.16 'Variation in health care provision' in *Australia's health 2018.*

What do patients think about their care?

Asking patients what they think of the health care they receive is another way to improve the quality of services.

In 2016–17:

- nearly 1 in 5 (18%) people aged 15 and over felt they waited longer than acceptable to see a GP
- 63% were able to see a GP within 4 hours of making an appointment for urgent medical care, but one-quarter (25%) waited 24 hours or more.

21% of people aged 15 and over felt they waited longer than acceptable to see a medical specialist in 2016–17

In 2016, 96% of surveyed people aged 45 and over said they received excellent, very good or good quality care from their usual GP.

In addition to general health surveys, the Your Experience of Service survey has been adopted in some parts of the public mental health sector. It aims to help mental health services and consumers work together to build better services.

The survey is currently used in New South Wales, Victoria and Queensland, and in each state two-thirds or more of the people surveyed rated their experience as very good or excellent in the survey period.

- In Victoria, 65% of people who attended a clinical mental health service in the previous 3 months, rated their experience as excellent or very good.
- In New South Wales, 39% of people rated their overall experience as excellent and 28% as very good.
- In Queensland, 44% of people rated their overall experience as excellent, and 26% as very good.

Find out more: Chapter 7.17 'Patient-reported experience and outcome measures' and 7.18 'Coordination of health care' in *Australia's health 2018.*

Who works in health care?

In 2016, more than 800,000 people said they worked in hospital, medical and other health care services. This includes clinical and other health and administrative support staff, and is a 19% rise from 674,000 in 2011.

In 2016, most of the employed registered health professionals were nurses and midwives (315,000) and medical practitioners (91,000), which includes GPs and specialists. Nine in 10 nurses are women, compared with 4 in 10 medical practitioners and dentists. The number of women entering medical practice has risen over the past decade. In 2016, more than half (53%) of employed medical practitioners under the age of 35 were women, compared with 43% in 1997.

Women in selected health professions

Profession	Female-to-male ratio	Per cent
Nurses and midwives		89%
Medical practitioners		41%
Psychologists		79%
Physiotherapists		66%
Dentists		41%

Find out more: Chapter 2.3 'Who is in the health workforce?' in *Australia's health 2018.*

Health in the digital age

Today, many Australians use digital technology to monitor their own health. They might wear a fitness device to record how much exercise they do, or use a smartphone to keep track of what they eat. For health care providers, digital technology can provide opportunities to improve continuity of care.

86% of households have internet access

88% of people aged 18–75 own or have access to a smartphone

78% of adults use the internet to find health-related information

96% of GPs use computers for clinical purposes

23% of Australians had a My Health Record in March 2018—by the end of 2018, all Australians will have a My Health Record unless they opt out

My Health Record is one of the Australian Government's digital health priorities. The online platform stores a person's health information, including their Medicare claims history, hospital discharge information, diagnostic imaging reports, and details of allergies and medications. The person, and their authorised health care providers, can then access these details securely at any time.

Find out more: Chapter 2.4 'Digital health' and 2.5 'Secondary use of health information' in *Australia's health 2018.*

There is more to find out

Australians have access to high quality information in many areas of health, which enables us to better understand health behaviours, actions and outcomes, and to identify possible areas for improvement. Further, the health information and data environment is changing rapidly, with increasing demand for the collection, reporting and use of health data. However, there are considerable information gaps, and some of the information that is collected could be used more effectively. There is also a strong need for a strategic approach to planning and managing national health data assets.

Where are the gaps?

One of the AIHW's roles is to identify areas where health data could be improved—these gaps are highlighted in the 'What is missing from the picture?' sections throughout *Australia's health 2018* and they often relate to the:

- lack of comprehensive or complete data
- frequency and nature of data collection
- identification and/or size of the population group of interest.

What lies ahead?

Health data can be collected for a variety of reasons. For a patient admitted to hospital, the primary reason may be to monitor their progress so that they can get the care that they need. The data can also be used for 'secondary' reasons. For example, to:

- look at potential risk factors and determinants of health and disease
- track hospital waiting times
- examine trends in health spending.

The value of data rises when individual data sets are linked to create a new, more detailed data set that can tell a much more powerful story than would be possible from a single data source. Data linkage can improve our understanding of health outcomes, patient pathways and the links between health and welfare.

The increasing availability of data comes with obligations to securely store public data and to protect individual privacy. In Australia there are many arrangements to ensure these obligations are met. As more data becomes available (and potentially linked), such measures will become increasingly important.

Find out more: Chapter 1.6 'What is missing from the picture?' and 2.5 'Secondary use of health information' in *Australia's health 2018.*

Additional material online

Australia's health 2018 and *Australia's health 2018: in brief* can be viewed and downloaded for free at <www.aihw.gov.au/reports-statistics/health-welfare-overview/australias-health/>.

Online data visualisation tools are available for the following topics:

- Burden of disease scenario modelling
- BMI: where do you fit?
- Supply of the health workforce for the Indigenous population maps
- Indicators of Australia's health.

Online data visualisation tools can be viewed at <www.aihw.gov.au/reports/australias-health/australias-health-2018/contents/table-of-contents>.

Australia's health 2018

Australia's health 2018: in brief

www.aihw.gov.au

AIHW

Stronger evidence,
better decisions,
improved health and welfare

Australia's health 2018: in brief presents highlights from the Australian Institute of Health and Welfare's 16th biennial report on the nation's health.