

**Australia's**  
*health*  
**2006**



**Australia's**  
*health*  
**2006**

**The tenth biennial health report of  
the Australian Institute of Health and Welfare**

Australian Institute of Health and Welfare

Canberra

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The Institute is Australia's national health and welfare statistics and information agency, and is part of the Australian Government's Health and Ageing portfolio. The Institute's mission is 'better health and wellbeing for Australians through better health and welfare statistics and information'.

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Minister for Health and Ageing  
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Dear Minister

On behalf of the Board of the Australian Institute of Health and Welfare I am pleased to present to you *Australia's health 2006*, as required under Subsection 31 (1) of the *Australian Institute of Health and Welfare Act 1987*.

I commend this report to you as a significant contribution to national information on health needs and services and to the development and evaluation of health policies and programs in Australia.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Peter Collins', written over a thin vertical red line.

Hon. Peter Collins  
Chairperson of the Board

3 May 2006



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## Preface

Introducing *Australia's health 2006*, the tenth edition of our biennial health report to all Australians, is a great pleasure for me. I have watched as previous editions of *Australia's health* and its sister publication *Australia's welfare* have become increasingly comprehensive and well-regarded. *Australia's health 2006* is not the kind of publication to read cover to cover. But it is a rich reference source with a wealth of information about the health status of our fellow Australians and the health services they receive. In particular, it is an essential resource for policy makers and for those who want to understand the big picture of health in Australia better.

The report shows that Australians generally have good health and are privileged to have a range of health care services available to them. There are stark exceptions to this that can be confronting—even if well-known already—notably the generally much poorer health status of Indigenous Australians.

Health care service provider and funding arrangements are both increasingly complex and increasingly costly to both individuals and taxpayers. A continuing challenge is how to balance both the complementary and competitive perspectives of government and non-government agencies, professional groups, and small businesses. Overall, national expenditure on health was 9.7% of GDP in 2003–04; and average health expenditure per person has grown by an average 3.8% each year between 1997–98 to 2002–03. Expenditure on aids and appliances, health research and pharmaceuticals contributed more to this growth than other areas.

While the ageing of the population is having a significant impact on the number and type of health care services delivered, high quality services for children continue to be a priority. *Australia's health 2006* has a special chapter focusing on children and their health. The chapter highlights the fact that while our children are generally very healthy, there are concerns that their ongoing health could be affected by more and more of them becoming overweight or obese. Levels of diabetes are now rising among our children and it is a continuing concern that asthma and mental health problems affect so many of them.

Many colleagues in and out of the AIHW, including its collaborating centres, have worked with commitment to produce *Australia's health 2006*. I thank them wholeheartedly for creating this dependable reference work for all Australians. Much of the groundwork was done under the experienced guidance of the former Director, now Professor Richard Madden, and I thank him for his substantial legacy to the Institute.

Finally, I will steal a moment to recognise the outstanding contribution of Dr Ching Choi, who resigned from the AIHW this year after 14 years of service. As Head of the Institute's Welfare Division, Ching 'steered' to publication five editions of *Australia's welfare* (1993, 1995, 1997, 1999 and 2001). Then as Head of the Health Division he oversaw three editions of *Australia's health* (2002, 2004 and now 2006). I am told by his many admirers that he did this with unswerving attention to matters managerial, editorial and of substance. Thank you Ching and good luck.

Penny Allbon

Director

Australian Institute of Health and Welfare

## Overview—*Australia's health 2006*

Australians generally enjoy very good health and Australia's international ranking for numerous aspects of health is high and better than a decade or so ago (see Figure 1.1). This overview section presents selected findings from the body of the report's seven chapters. Please use the index at the back to find pages with more detail on topics of interest.

### General

#### Life expectancy and death

- Australians continue to live longer. Babies born today can expect to live for over 80 years on average. For females, life expectancy at birth in 2002–2004 was 83 years and for males it was 78 years.
- The life expectancy of Australians places us among the top five nations in the world.
- At age 65, Australian men in 2002–2004 could expect to reach the age of 82.5 years on average and women to reach 86.1 years – respectively about six and eight years more than their counterparts in the early 20th century.
- Almost 80% of Australia's deaths now occur in those aged 65 or over; and almost 1 in 3 (31%) occur in those aged 85 or over.

#### Health and ill health

- Across numerous important health indicators, Australia ranks among the top 10 of the world's developed countries.
- In 2004–05, 56% of Australian adults and young people in a national survey rated their health as excellent or very good, more than in surveys in 2001 and 1995.
- Death rates for cardiovascular disease continue to decline, including heart attack and stroke.
- Australia's overall cancer death rates declined by about 14% between 1986 and 2004 and these rates are low when compared with other Western countries.
- Despite improvements, cancer is now Australia's leading cause of death among 45–64 year olds and causes more premature deaths and overall disease burden than cardiovascular disease.
- Mental ill health is the leading cause of the non-fatal burden of disease and injury in Australia. Also, it is estimated to have caused about one eighth of the total Australian disease burden in 2003, exceeded only by cancer and cardiovascular disease.
- An estimated 1 in 5 Australians will have a mental illness at some time in their lives; and, from the National Health Survey of 2004–05, about 2.1 million people have a mental or behavioural problem as a long-term condition.
- Despite this, the overall suicide rate for males in 2004 was among the the lowest since national records began in 1907 (excluding the World War II period) and for females it was similarly one of the lowest recorded.

- The great fall in deaths from traffic accidents continued since the peak year of 1970. Compared with 1970, male rates in 2004 were down by three-quarters and female rates also showed a large fall.
- The prevalence of self-reported asthma fell considerably between 2001 and 2004–05.
- The prevalence of self-reported diabetes more than doubled between 1989–90 and 2004–05. However, between 1997 and 2004, death rates from diabetes were stable for males and fell slightly for females.

### **Health risks**

- Smoking rates continue to fall, with 1 in 6 Australians aged 14 years or over smoking tobacco daily in 2004, compared with 7 in 10 men and 3 in 10 women in the 1950s.
- About 1 in 12 young people aged 12–19 years smoked daily in 2004, more females (9.1%) than males (7.3%).
- Between 1993 and 2004, the proportion of Australians aged 14 years or over using illicit drugs during the previous 12 months decreased with few exceptions; however, the proportion that used alcohol increased.
- In 2004, about 5 in 6 Australians aged 14 years or over had drunk alcohol in the previous 12 months. About 1 in 12 had drunk at levels that risked harm in both the short and long term.
- From self-reports in 2004, about 1 in 7 Australians aged 14 years or over had used an illicit drug during the previous 12 months, with 1 in 9 using cannabis.
- An estimated 2.5 million adults were obese in 2004–05, about 1 in 5 males aged 18 years or over and 1 in 6 females. A further 4.9 million were estimated to be overweight but not obese.
- In 2004, about half of Australia's adults did not undertake leisure-time physical activity at levels recommended for health benefits. Females reported less leisure-time physical activity than males.

## **Population groups**

### **Infants (aged under 1 year)**

- Australia's infant death rates almost halved over the two decades up to 2003. However, the 2003 rate of 4.8 deaths per 1,000 live births was still double that of the world's lowest rate, 2.4 in Iceland.

### **Children (aged under 15 years)**

- Children under 15 years are generally much healthier than in previous generations, with a fall in their death rates of over 90% over the past 100 years and a halving over the past two decades.
- Vaccination rates of children have improved in recent years. The most recent data show that respective full vaccination rates for those aged 1, 2 and 6 years are 91%, 92% and 84%.
- Smoking rates among children aged 12–14 years almost halved between 1984 and 2002, from 17% to 9%.

- The proportion of children under 15 years who are overweight or obese continues to rise, according to state-level data.
- The incidence of diabetes among children under 15 years has increased in recent years.

### **Young people (aged 15–24 years)**

- Over the past two decades, mortality for young people fell by over 30%.
- The large fall in the overall male suicide rate since 1997 was largely driven by a halving for 15–24 year olds from a peak in the early 1990s.
- In 2004–05, 19% of young Australians were overweight and a further 6% were obese, making 1 in 4 with excess weight.
- In 2004, almost 4 in 10 (39%) young Australians had drunk alcohol in the previous 12 months at levels that risked harm in the short term.
- In 2004, almost 3 in 10 young Australians had used an illicit drug in the previous 12 months.

### **Older people (aged 65 years or over)**

- Dementia is the greatest single contributor to the burden of disease due to disability at older ages, as well as the greatest single contributor to the cost of care in residential aged care. It is estimated that in 2004 about 171,000 people aged 65 years or over had dementia.

### **Indigenous Australians**

- About 70% of Indigenous Australians die before reaching 65 years of age, compared with little over 20% for other Australians.
- Death rates of Indigenous infants generally remain about 3 times those of other Australian infants.
- The death rates of Indigenous children (under 15 years) are around 2–3 times as high as for other Australian children.
- Despite this picture, death rates for Indigenous Australians fell significantly between 1991 and 2003 in Western Australia.
- Similarly there were major falls in Indigenous infant mortality rates between 1991 and 2003.

### **Socioeconomically disadvantaged people**

- Infants living in the most disadvantaged areas (bottom fifth) of Australia had twice the death rate of those in the least disadvantaged (top fifth) in 2000–2002. During childhood, the same comparison showed a 75% and 46% higher rate for boys and girls respectively.
- In 1998–2000, the death rate for males living in areas of most socioeconomic disadvantage was 80% higher overall than for males living in areas of least disadvantage; and correspondingly for females the rate was 50% higher.

- Those aged 25–64 years who live in socioeconomically disadvantaged areas are more likely, compared with those in more advantaged areas, to assess their health as poor or only fair, drink alcohol at harmful levels (males,) smoke, be obese, and have high blood pressure.

### **Australians born overseas**

- Death rates for Australians born in other countries are generally lower than for those born in Australia, probably in part because of a ‘selection’ factor. For example, in 2001–2003 the rate for Vietnam-born Australians was only 52% of that for persons born in Australia and for those born in China the corresponding figure was 70%.

### **People in rural and remote areas**

- The health of Australians in rural and remote areas is generally worse than for those living in major cities. This reflects several issues, including the generally worse health of Indigenous Australians.

### **Prisoners**

- A 2004 survey of prison entrants found that their prevalence of hepatitis C was 25 times as high as in the general population.

## **Health expenditure**

- Health continues to grow in importance as a sector of the Australian economy – national expenditure on health was 9.7% of gross domestic product in 2003–04.
- Governments funded over two-thirds (68%) of the \$78.6 billion total health expenditure in 2003–04.
- Hospital services accounted for over one-third (34.8%) of recurrent health expenditure in 2003–04.
- Government expenditure on public health (disease prevention and health promotion) accounted for 1.7% of recurrent health expenditure in 2003–04.
- Growth in recurrent health expenditure, in constant dollar terms, averaged 5.5% per year between 1997–98 and 2002–03. The most rapidly growing expenditures were on aids and appliances (up 13.9% per year on average), health research (12.5%) and pharmaceuticals (11.7%).
- Average per person expenditure on health for Aboriginal and Torres Strait Islander peoples was 18% higher than for other Australians although the general health status of Indigenous peoples was considerably poorer.

## **Health workforce**

- In 2005, 1 in 17 of all employed people were in health occupations – nearly 570,000 Australians, representing a growth of 26% since 2000.
- Of these people in health occupations, about 4 in 5 were working in the health services industry; and of the 722,500 people working in the health services industry, a little over 3 in 5 were in health occupations.
- The 26% growth in numbers was much faster than the 11% growth across all occupations over the period, and translated to a rise from 2,359 to 2,802 health workers per 100,000 population, overall.

- This was not the pattern for every health occupation: for example there were decreases for general practitioners (down to 179 per 100,000 from 192) and pharmacists (down to 73 per 100,000 from 80).
- In 2003, about 7 in 8 registered medical practitioners were working in medicine and a similar proportion of registered and enrolled nurses were working in nursing.
- According to OECD figures, Australia had higher numbers of general practitioners and nurses relative to population in 2003 than did New Zealand, Canada, the United States and the United Kingdom.

## Health services

- Health service use has increased by almost any measure: medical services up by 4.4% in just one year; hospital stays up almost 9% in the public sector over the last five years and 30% in the private sector; and pharmaceutical prescriptions up 41% over the latest decade.
- Around 85% of Australians visit a doctor at least once a year, at an average of five GP visits per Australian. However, this includes 4% of people having more than 50 medical services in a year.
- The most common reason patients have for visiting a doctor is for a general check-up or to get a prescription.
- From the doctor's perspective, the most common reasons for patient visits are high blood pressure, throat infection, depression, blood cholesterol problems and the need for vaccinations.
- There has been a marked increase in vaccinations against influenza for Australians aged 65 years or over, about 8 in 10 in 2004 compared with 6 in 10 in 1998.
- On any one day in Australia about 19,000 Australians are admitted to hospital and there are about 125,000 other hospital services, such as emergency department consultations. In a year there is about one hospital stay for every three Australians.
- Same-day admissions to hospitals now make up over half of all admissions.
- The private sector is gradually taking an increasing proportion of hospital patients, although public hospitals still provide about 60% of hospital stays and 70% of bed days.
- This 'shift' to private hospitals is largely driven by a general growth in same-day surgery, in turn reflected by a growth in the number of private free-standing day hospital facilities.
- Four of the top five reasons for hospital admission are usually managed as same-day stays: renal dialysis, chemotherapy, endoscopy and eye lens procedures.
- In 2003–04 almost 1 in 20 hospital separations were associated with an adverse event—harm from treatment or care—that arose either in the hospital itself or from outside.
- The average cost of a public hospital episode of care in 2003–04 was about \$3,300.