
Australian Government
Australian Institute of Health and Welfare
AUSTRALIA'S HEALTH
2012
in brief

INTRODUCTION

Every two years the Australian Institute of Health and Welfare (AIHW) releases a report card on the nation's health and health system.

Australia's health 2012—in brief provides highlights from the thirteenth report in this series, *Australia's health 2012*. It contains key comparisons and trends to answer questions such as:

- how healthy are Australians?
- in what areas can we do better?
- what actions promote good health?
- who pays for health?

We invite readers to consult *Australia's health 2012* or contact the AIHW to explore topics in greater depth.

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>.

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Australian Institute of Health and Welfare
Board Chair: Dr Andrew Refshauge
Director: David Kalisch

Any enquiries about or comments on this publication should be directed to:
Communications, Media and Marketing Unit
Australian Institute of Health and Welfare
GPO Box 570
Canberra ACT 2601
Tel: (02) 6244 1032
Email: info@aihw.gov.au

Cover art by Rebecca Cavanagh Ferdinandes

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AUSTRALIA'S HEALTH 2012 in brief

IS AUSTRALIA A HEALTHY NATION?

The short answer is 'yes'. We are a healthy nation by many measures, including life expectancy and our own views of our health and quality of life.

There are several other ways of measuring and describing health, which are covered in more detail in the full *Australia's health 2012* report.

For example, we can look at patterns of disease, demand for health services and the people most at risk of poor health.

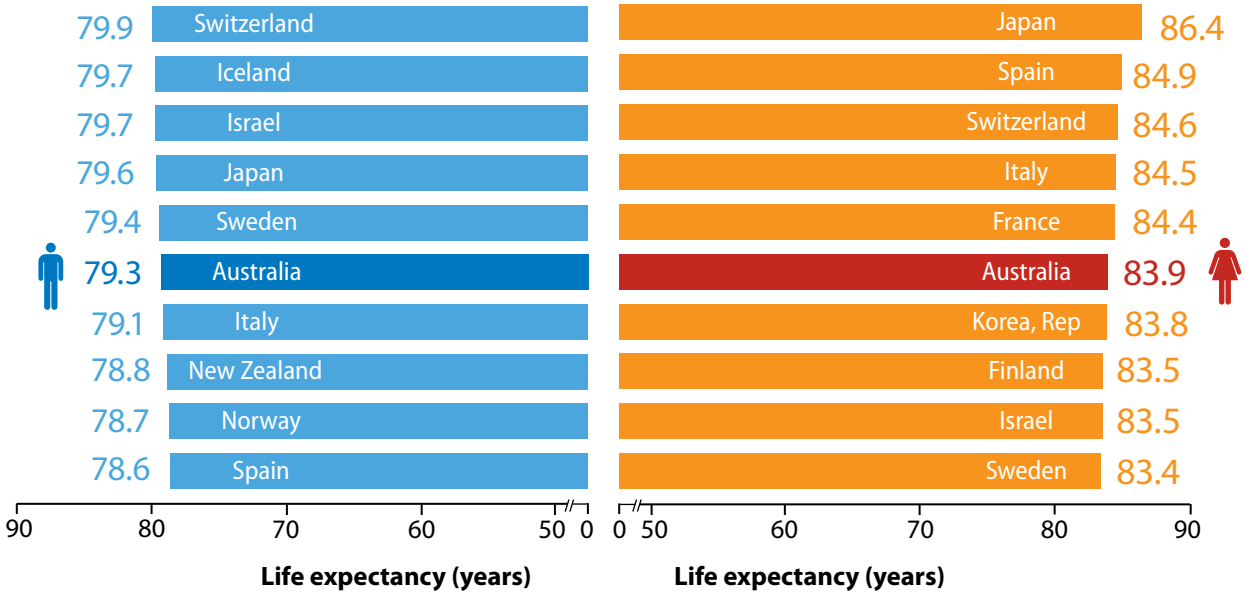
In doing so, we can all gain insights into how we can improve our health through healthy behaviours and better health services.

Outliving most of the world

Australia enjoys one of the highest life expectancies of any country in the world, and has done so for quite some time. In 2009, we ranked sixth for our male and female life expectancy at birth among similar, developed countries.

Switzerland has the highest life expectancy for boys and Japan the highest for girls. Many factors could contribute to the differences between countries, including genetics, dietary behaviours, the effectiveness of health-care systems, and differences in living, working and environmental conditions.

Life expectancy at birth: how we compared in 2009



Find out more: 'Section 3.4 Life expectancy' in *Australia's health 2012*

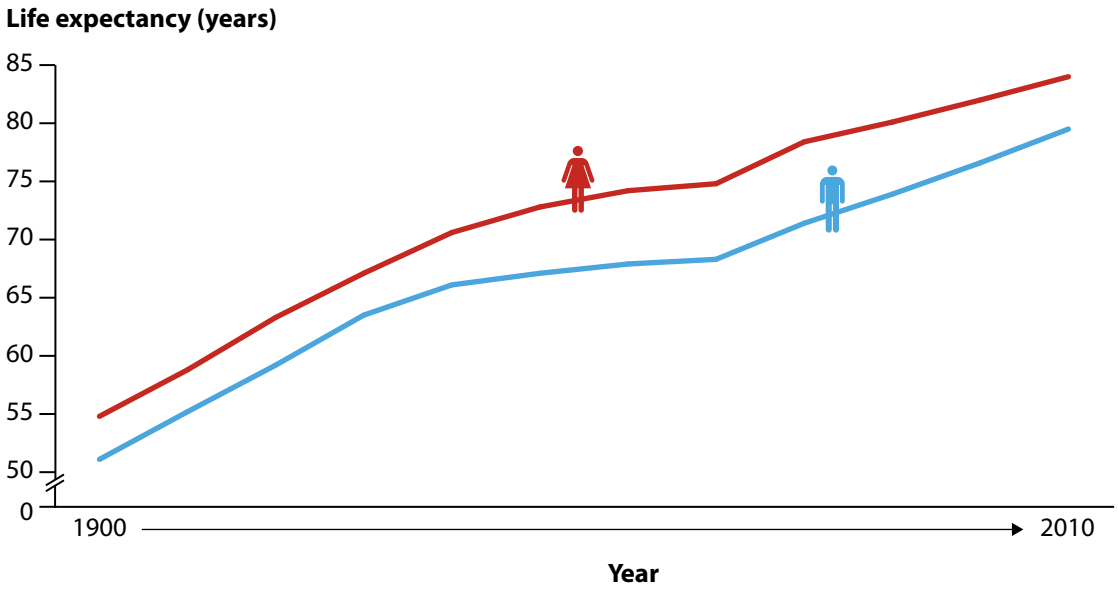
Living longer than ever before

Our life expectancy at birth has risen dramatically over the past 100 years.

A boy born today can expect to live to 80 years and a girl longer, to 84. Around the year 1900 this was 29 years lower: about 51 years for boys and 55 for girls.

Life expectancy is much lower for Aboriginal and Torres Strait Islander people than for non-Indigenous Australians: 12 years less for males and 10 years less for females. Closing this gap is a national priority.

Life expectancy at birth since 1900



Find out more: 'Section 3.4 Life expectancy' in *Australia's health 2012*

Living more years in good health

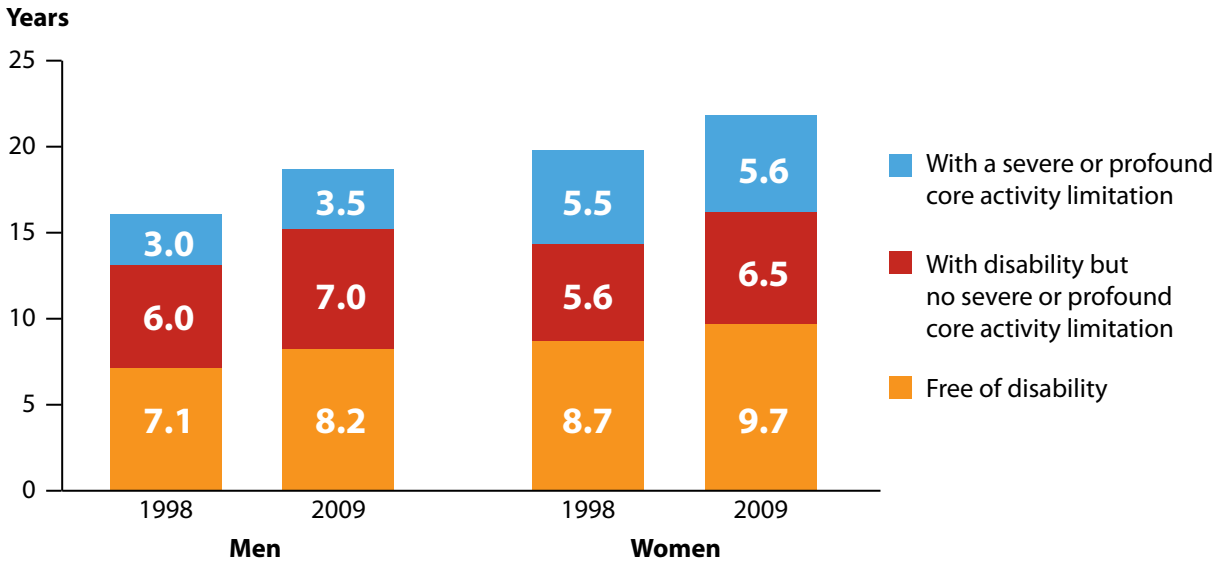
Many older Australians are healthy, and report high satisfaction with life and frequent contact with family and friends.

Recent information suggests that the physical health of older Australians is improving, as they live more years free of disability.

For example, for people already aged 65, life expectancy increased by about 2 years over the period 1998 to 2009, and more than half of this gain was years lived in good health.

While women aged 65 can expect to live longer than men of the same age, they can also expect more years in poor health.

Expected years of life at age 65, 1998 and 2009



Find out more: 'Section 2.7 Adding years to life and life to years' in *Australia's health 2012*

Rating our own health and quality of life highly

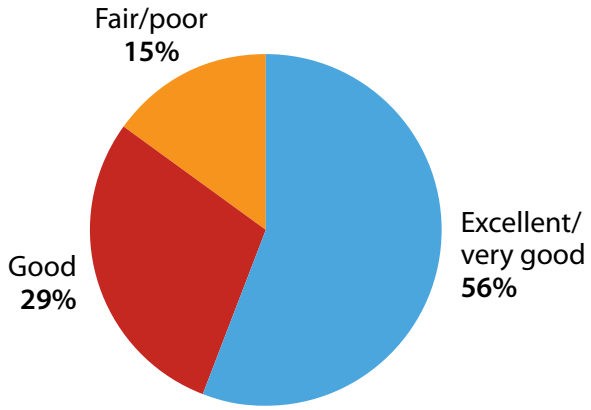
In health surveys, people can be asked to rate the quality of their health or life. While there is no agreed definition of good health or high quality of life, this information can provide insight into how people think and feel about their health and wellbeing.

More than half (56%) of Australians aged 15 and over rate their health as excellent or very good; a further 29% as good; and 15% as fair or poor.

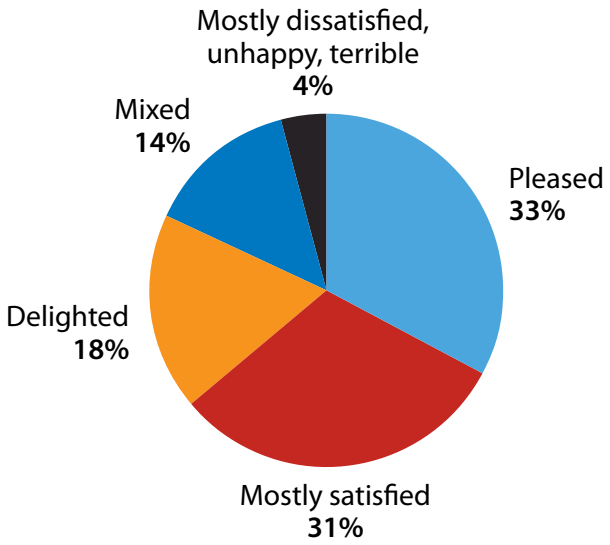
This pattern is not the same for all population groups: Aboriginal or Torres Strait Islander people, the unemployed, and people experiencing the most socioeconomic disadvantage are less likely to rate their health as excellent or very good.

Most Australians feel positively about their quality of life—83% said they were delighted, pleased or mostly satisfied, 14% said they had mixed feelings, and 4% felt mostly dissatisfied, unhappy or terrible. People who rated their health highly were also more likely to rate their quality of life highly.

How we rate our health, 2007–08



How we rate our quality of life, 2007



Find out more: 'Section 3.1 Self-assessed health status' & 'Section 3.5 Quality of life' in *Australia's health 2012*

WHAT'S THE GOOD NEWS?

There are many positive things to say about the health of Australians. We generally have good health, our health is improving on many fronts, and it compares well with other countries. There has been a great deal of progress over the past century.

However, there are serious areas of concern that need to be tackled and there are things we can do to improve our health. Those aspects will be covered in later sections. This section presents some examples of the good news.

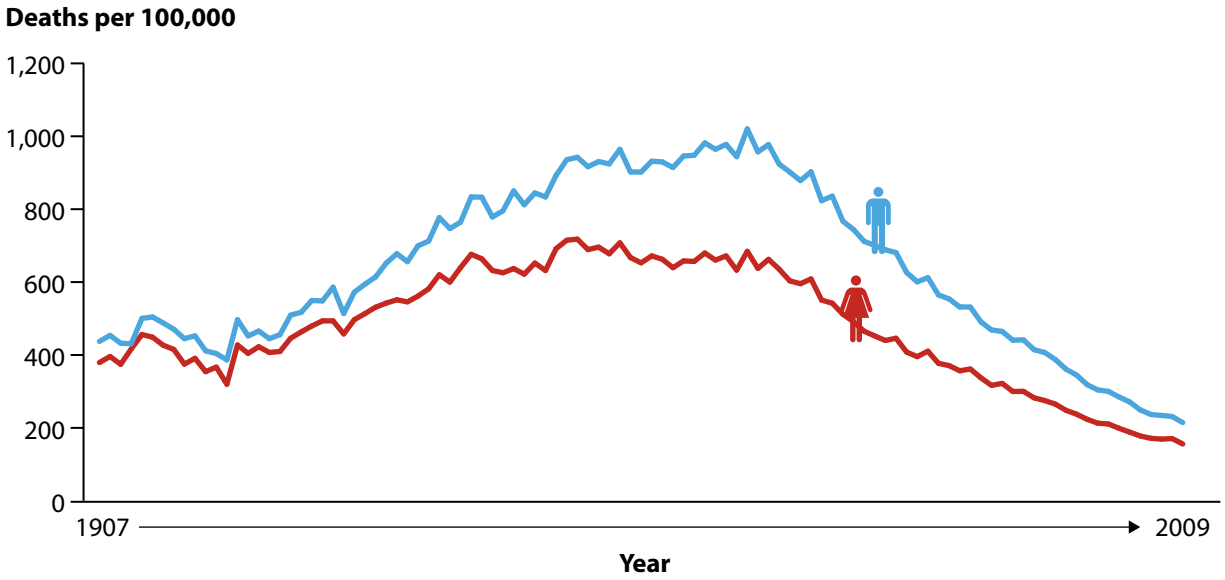
Heart, stroke deaths are down

As a group, cardiovascular disease (also known as CVD) includes heart attack, stroke and other heart and blood vessel diseases. This type of disease is Australia's biggest killer, accounting for 33% of all deaths in 2009. Further, many people are at risk because of high blood pressure and blood cholesterol, and lifestyle habits such as smoking, low levels of exercise and poor diet.

However, the good news is that we have seen spectacular declines in deaths from CVD. There has been a 78% fall since 1968 and the rate is now much lower than it was 100 years ago. Much of this decline comes from improvements in the prevention, detection and management of CVD over the past 60 years.

If the rate had remained at its 1968 peak, 202,400 people would have died from CVD in 2009 instead of the 46,100 who did. This represents a saving of more than 156,000 lives in 2009 alone. By way of comparison, there were 141,000 deaths from all causes in 2009.

Cardiovascular deaths: trends



Find out more: 'Section 6.2 Cardiovascular disease' in *Australia's health 2012*

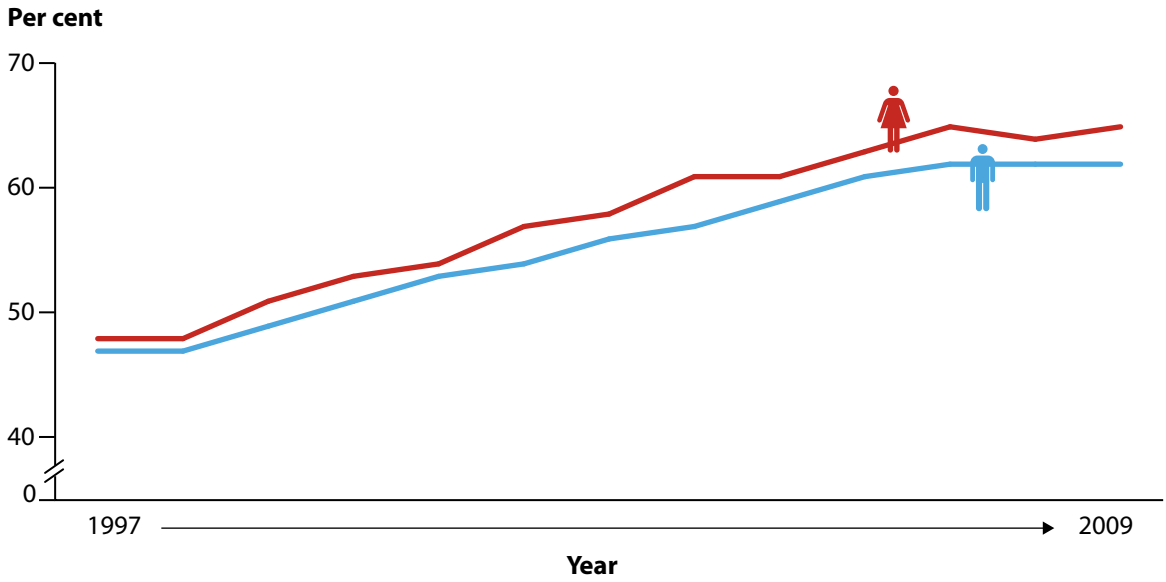
Surviving a heart attack is more likely

Compared with previous years, people who have heart attacks have a better chance of surviving.

For those aged 40–90 who had a heart attack in 2009, 63% survived, compared with 47% in 1997. Part of this trend, however, may be due to an increase in the diagnosis of milder heart attacks, as tests have become increasingly sensitive over time.

Survival rates are generally similar for males and females, although males are more than twice as likely as females to have a heart attack.

Survival after heart attack: trends



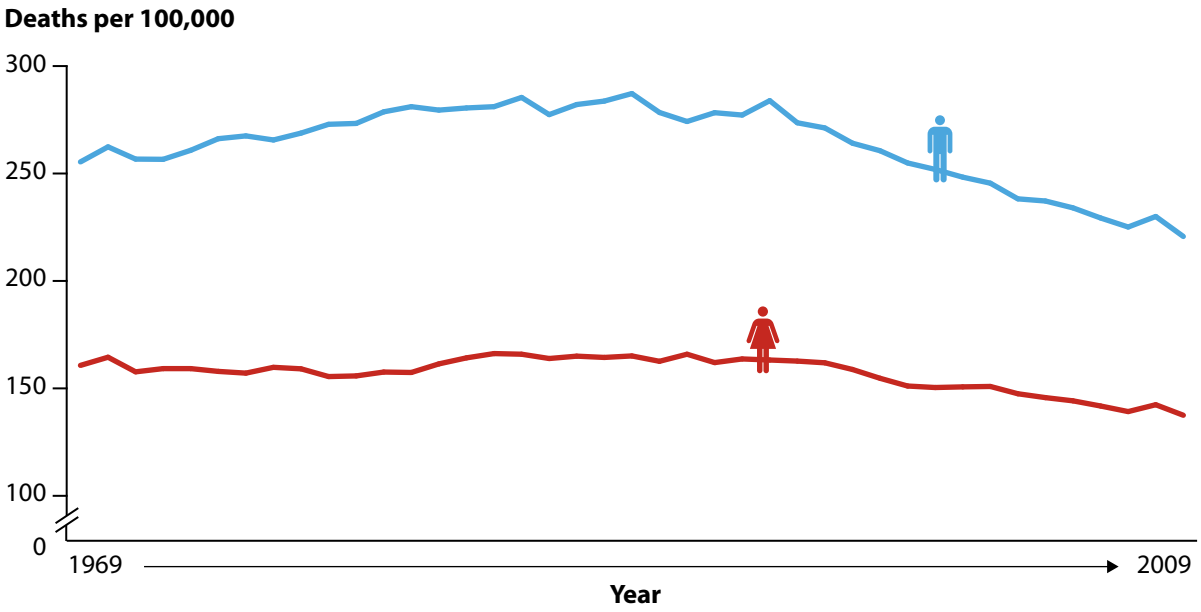
Find out more: 'Section 6.2 Cardiovascular disease' in *Australia's health 2012*

Cancer deaths down, survival rates up

Cancer is a major cause of death in Australia, accounting for 29% of all deaths recorded in 2009. While the actual number of deaths from cancer continues to increase due to people living longer and population growth, the death rate (the number of deaths per 100,000 population) is falling. Between 1989 and 2009, the overall cancer death rate fell by 23% for males and 17% for females.

The prospect of survival for people diagnosed with cancer has improved. From 2006 to 2010, people diagnosed with cancer had a 66% chance of living for 5 or more years after diagnosis. Further, survival from cancer in Australia is generally high compared with most other countries.

Cancer deaths: trends



Find out more: 'Section 6.1 Cancer' in *Australia's health 2012*

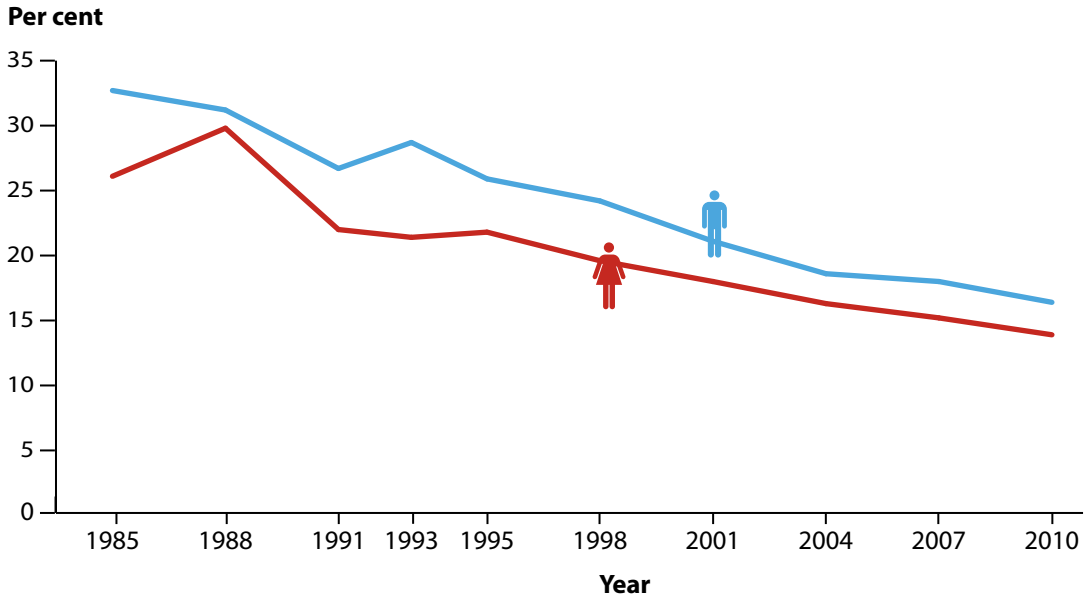
Cigarettes burning out

Tobacco smoking is the single most preventable cause of ill health and death in Australia. It contributes to more hospitalisations and deaths each year than alcohol and illicit drug use combined.

Rates of smoking have been falling for decades in Australia. Overall, 15% of Australians aged 14 or older now smoke daily, compared with 30% in 1985. This figure is expected to further decline, given the decreasing proportion of younger people smoking daily and the increasing proportion who have never smoked.

However, certain population groups are at greater risk. Those more likely than average to smoke include people who are unable to work or are unemployed, those identifying as homosexual or bisexual, people living in remote areas, and Aboriginal and Torres Strait Islander people.

Daily smoking among people aged 14 or older: trends



Find out more: 'Section 5.8 Tobacco smoking' in *Australia's health 2012*

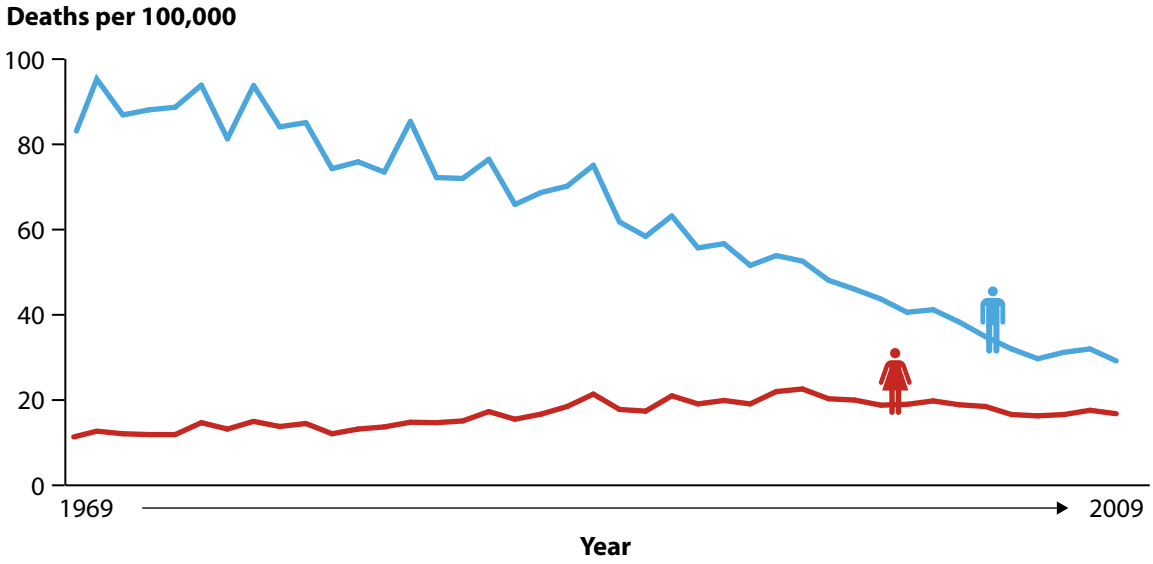
Breathing easier

Another major disease to show a fall in death rates is chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis, and is characterised by frequent coughing, chest tightness and shortness of breath.

The fall in death rates began much earlier for males but also started from a much higher level than for females. This is probably because male smoking rates had been much higher than those of females but started to decline in the 1960s, as opposed to the late 1970s for females.

The gap between male and female death rates from COPD has narrowed substantially over the past 40 years.

Chronic obstructive pulmonary disease deaths: trends



Find out more: 'Section 6.4 Chronic respiratory conditions' in *Australia's health 2012*

WHERE IS THERE ROOM FOR IMPROVEMENT?

While there are positive signs and progress on many fronts, it is clear that Australia is not healthy in every way, and there are some concerning patterns and trends. These areas pose a challenge to our health system and suggest that there is premature death and disease that might otherwise be avoided.

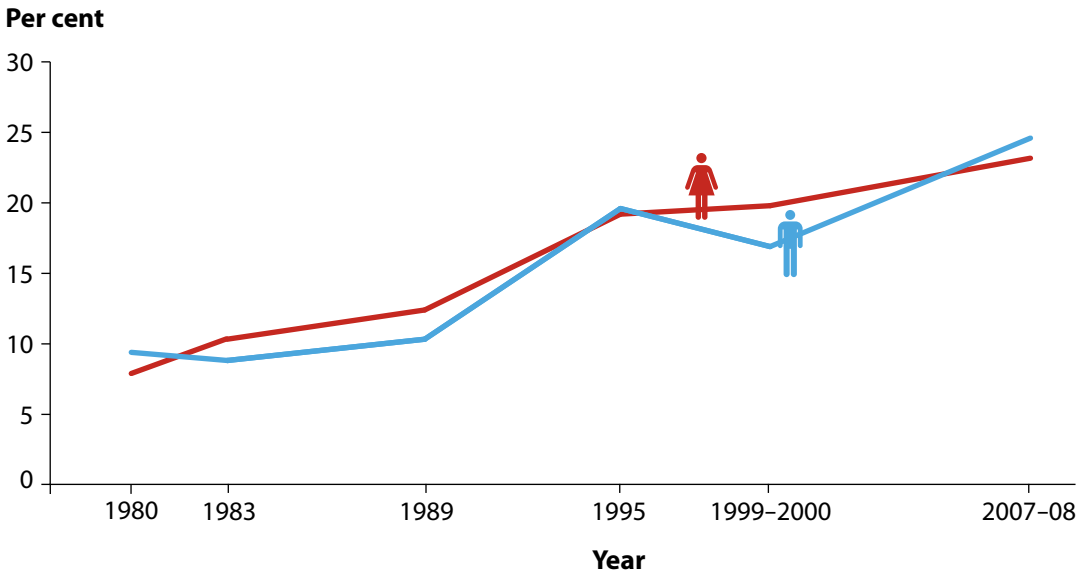
Obesity is growing

Rates of obesity have increased for both adults and children over the past few decades. Comparisons among other developed countries show that Australia has the second highest rate of obesity for males and the fifth highest for females. Many experts are concerned about the effect rising obesity may have on our rates of diabetes, heart disease and other disorders, perhaps even on our life expectancy. Halting and reversing this trend is a national priority.

The rise in the proportion of Australians who are overweight or obese has occurred across virtually all ages. In 2007–08, 1 in 4 adults and 1 in 12 children were obese; this equates to almost 3 million people.

There is a relationship between socioeconomic status and obesity: people who live in the most disadvantaged areas are more likely to be obese than people in less disadvantaged areas.

Obesity prevalence among people aged 25–64: trends



Find out more: 'Section 5.6 Obesity' in *Australia's health 2012*

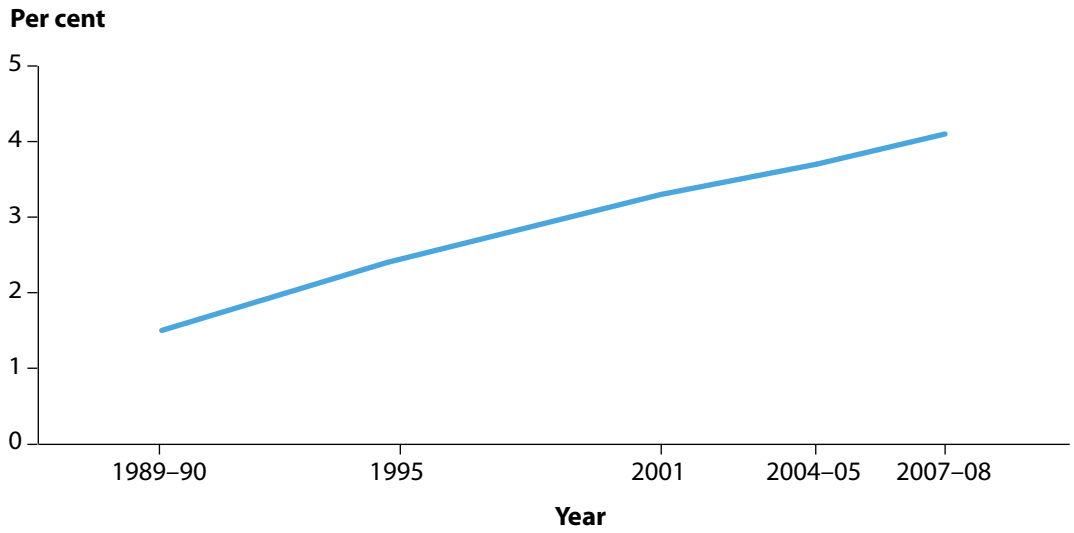
Diabetes doubled

Diabetes is a chronic condition marked by high levels of glucose in the blood. It is caused either by the inability to produce insulin (a hormone produced by the pancreas to control blood glucose levels), or by the body not being able to use insulin effectively, or both. Type 1 diabetes results from the body's own immune system damaging the pancreas so it can't produce insulin, and the condition is not preventable. It usually develops in children or young adults, although it can start at any age. Type 2 diabetes—which accounts for 85–90% of all cases—is linked with lifestyle factors such as obesity, physical inactivity and unhealthy diet.

National surveys show that the proportion of the population with diabetes more than doubled in Australia between 1989–90 and 2007–08. The latest estimates suggest that 898,800 people (4.1% of the population) have been diagnosed with diabetes at some time in their lives.

After adjusting for age differences, Aboriginal and Torres Strait Islander people were more than 3 times as likely as non-Indigenous Australians to report some form of diabetes.

Diagnosed diabetes: trend



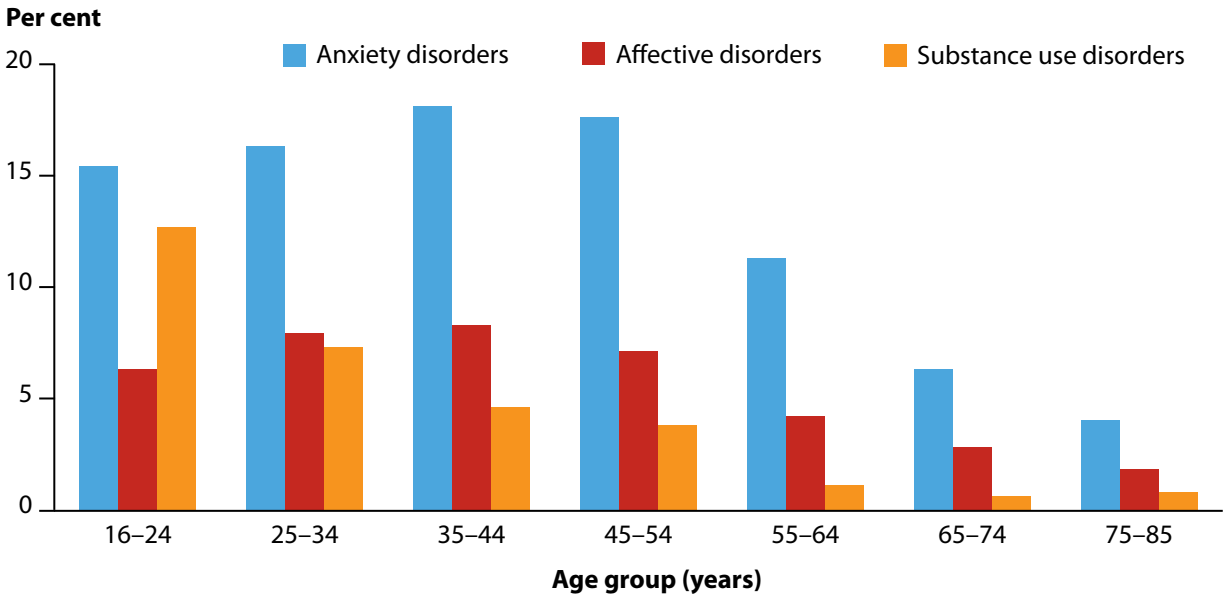
Find out more: 'Section 6.6 Diabetes' in *Australia's health 2012*

Burden on our minds

There is a high prevalence (level) of mental disorders in the Australian population. A 2007 survey showed that 1 in 5 Australians had experienced a mental disorder in the previous 12 months. Overall, the most common types were anxiety disorders (14%), affective (mood) disorders (6%) and substance use disorders (5%).

The prevalence of anxiety and affective disorders was highest for people aged 35–44, and more common among females. The prevalence of substance use disorders was highest for people aged 16–24, and more common among males.

Prevalence of selected mental health disorders in previous 12 months



Find out more: 'Section 6.3 Mental illness' & 'Section 3.2 Functioning and disability' in *Australia's health 2012*

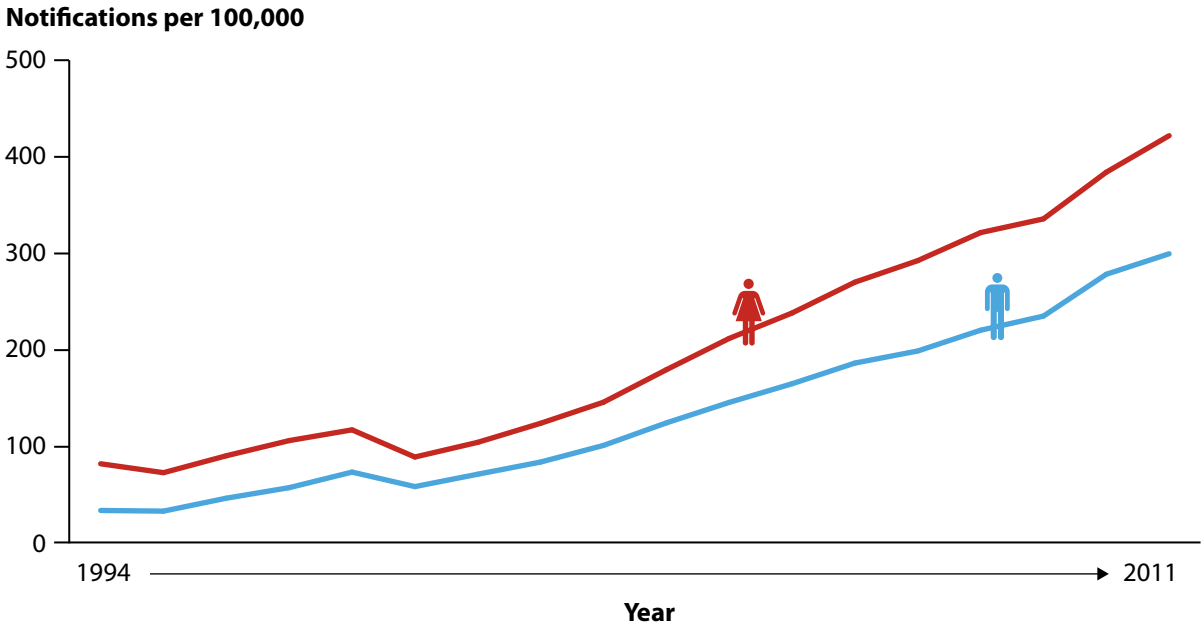
Chlamydia rates rising

Sexually transmissible infections (STIs) are diseases that are spread through sexual contact. Diagnosis can be difficult as many STIs have no symptoms or have symptoms that are mild, despite serious complications that may develop later.

In 2011, there were about 80,800 chlamydia infections reported in Australia—a sixfold increase since notifications began in 1994. The number of cases is far higher than for any other infectious disease.

Notifications have increased for both males and females, although there were about 40% more notifications for females. More than 3 in 5 reported cases of chlamydia were among people aged 15–24.

Chlamydia notification rates: trends



Find out more: 'Section 6.11 Infectious diseases' in *Australia's health 2012*

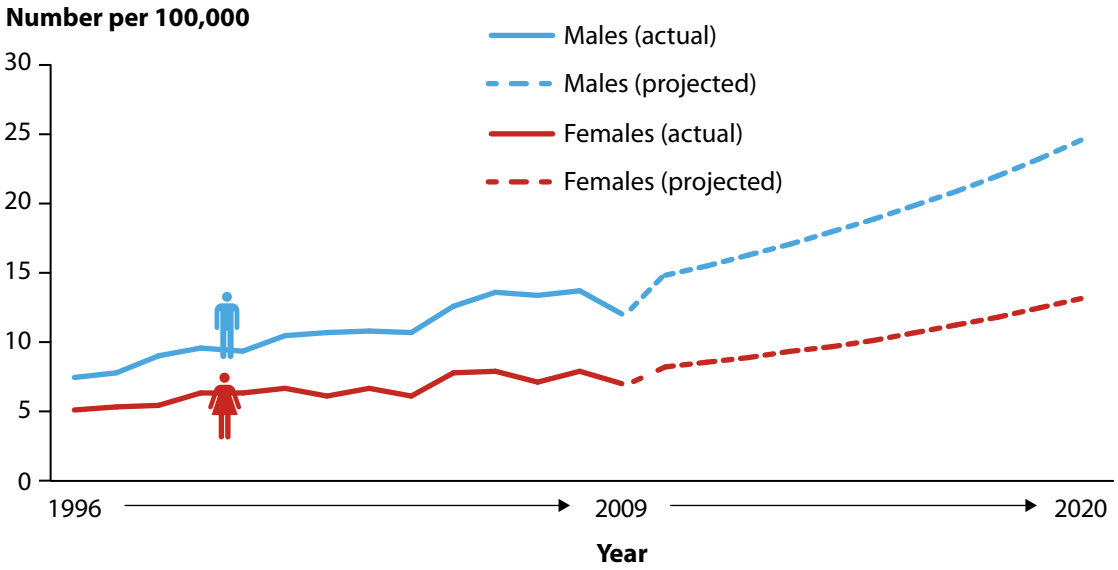
Kidney disease increasing

Chronic kidney disease refers to all conditions of the kidney lasting at least 3 months where there is damage and/or reduced function. It affects 1 in 7 Australian adults to some degree and is often considered preventable because many of its risk factors (such as smoking and excess body weight) are modifiable.

End-stage kidney disease (ESKD) occurs when chronic kidney disease has advanced to the stage where the person's only chance of survival is dialysis, or a kidney transplant. At the end of 2009, about 18,300 people in Australia were receiving regular dialysis treatment or had a functioning kidney transplant—more than a sevenfold increase since 1977. The rate of new cases of treated ESKD is projected to increase by 80% between 2009 and 2020.

The total incidence rate of ESKD is 6 times as high among Aboriginal and Torres Strait Islander people as it is among non-Indigenous Australians, and Indigenous people are 8 times as likely to begin dialysis or receive a kidney transplant.

New cases of treated ESKD: trends and projections



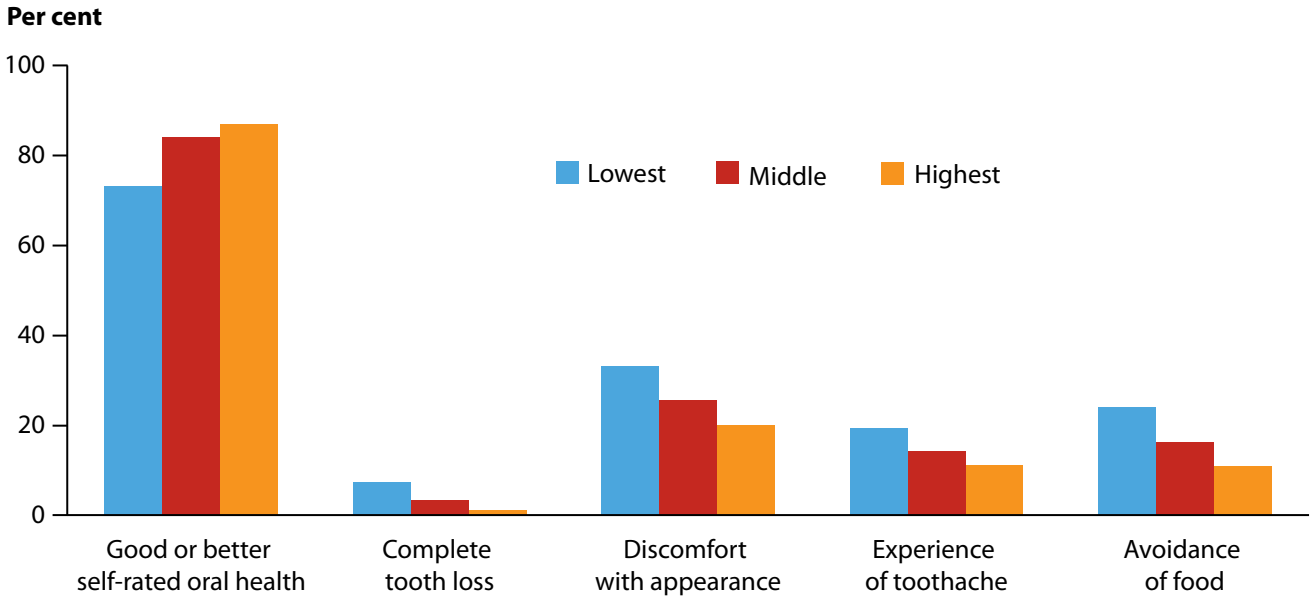
Find out more: 'Section 6.10 Chronic kidney disease' in *Australia's health 2012*

Not everyone is smiling

Australians living today experience relatively good oral health compared with those in the past. However, oral health is linked to socioeconomic status. When the adult population is divided into thirds by household income (adjusted for the size of the household), oral health improves as we move from the lowest income group to middle and highest incomes. For example, 87% of people in the highest income group rate their oral health as good, very good or excellent, compared with 84% in the middle income group and 73% in the lowest income group.

Higher income groups were also less likely to experience complete tooth loss, toothache and food avoidance, and to report discomfort with their appearance.

Oral health by income group, 2010



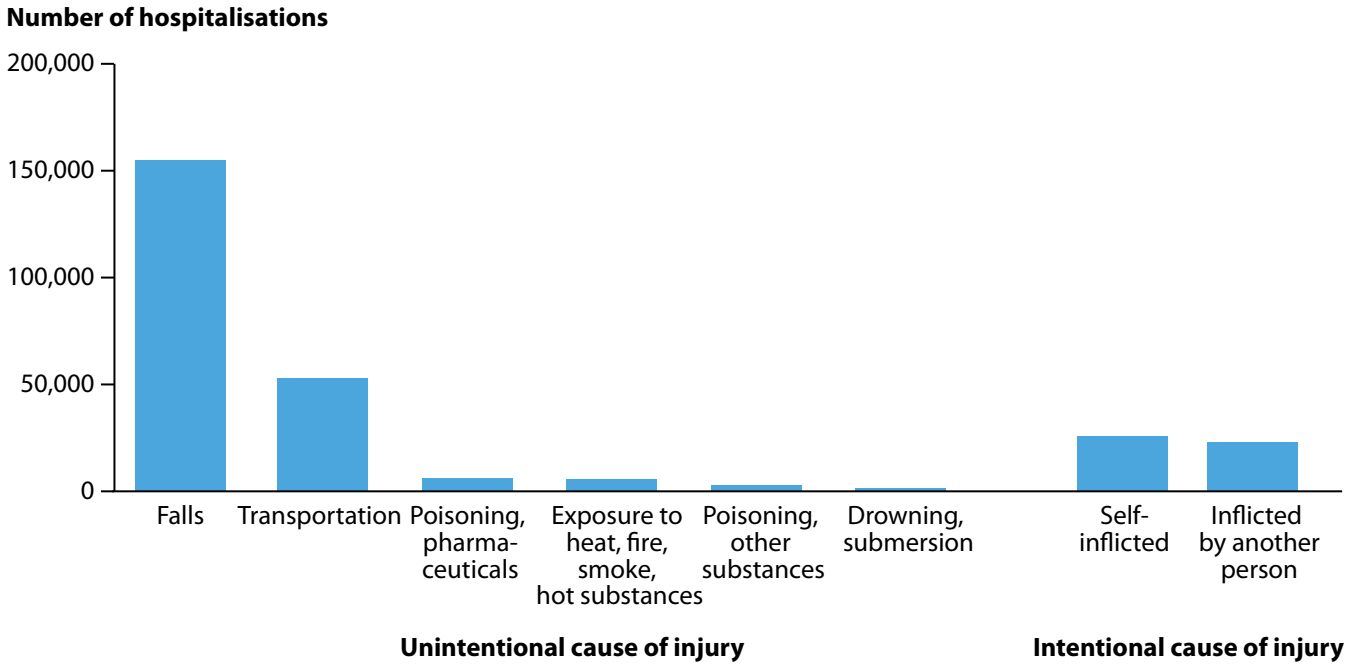
Find out more: 'Section 6.13 Oral health' in *Australia's health 2012*

Injuries taking their toll

Injury has a major, but often preventable, impact on Australia's health. In 2009–10, 453,000 people suffered an injury severe enough to be admitted to hospital. The majority (85%) of injuries were unintentional —they were not caused deliberately—however, many could have been prevented. Falls and transportation (mostly motor vehicles) were common external causes of injury (49% of all hospitalised cases). There were about 25,700 hospitalisations where the injury was self-inflicted and about 23,000 where it was inflicted by another person.

For people under 65, males are more likely than females to be hospitalised for injury. This is largely due to transport injury and interpersonal violence. For those aged 65 and over, females are more likely to be hospitalised, due mainly to falls.

Hospitalisation for selected unintentional and intentional injury, 2009–10



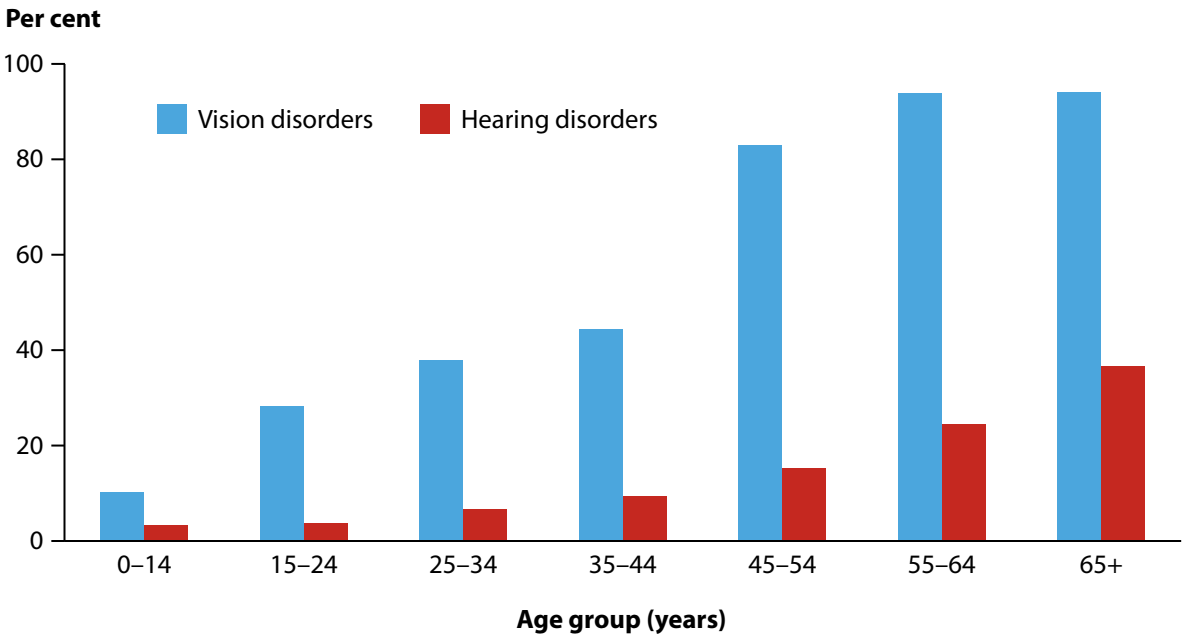
Find out more: 'Section 6.5 Injury' in *Australia's health 2012*

Losing our senses

National surveys show that vision and hearing disorders are some of the most common long-term conditions among Australians. In 2007–08, 52% had a long-term vision disorder (such as long- and short-sightedness) and 13% had a long-term hearing disorder (such as complete or partial deafness).

Vision and hearing disorders are often linked to age, with older people more likely to be affected than younger people. Hence the number of people affected is expected to increase as the Australian population ages.

Prevalence of vision and hearing disorders by age, 2007–08



Find out more: 'Section 6.7 Vision and hearing disorders' in *Australia's health 2012*

Low organ donation rates

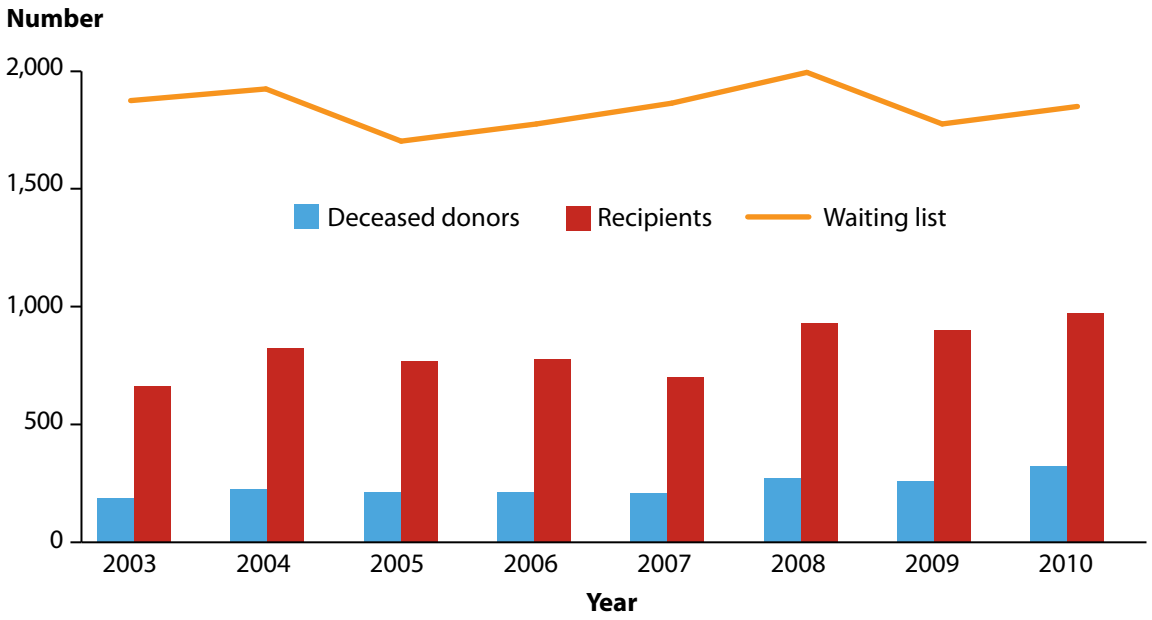
Blood, organs and tissues can be donated to improve quality of life, and life expectancy, of people with a range of health conditions.

Organs and tissues are most commonly transplanted from a deceased donor. In 2010, 309 deceased donors gave 987 organs to 931 transplant recipients. Kidneys, lungs and livers were the organs most commonly donated.

While donor and transplant numbers are gradually increasing over time, the number of people on the transplant waiting list continues to exceed the number of available organs. During 2010, there were about 1,770 Australians on the waiting list at any time.

The rate of organ and tissue donation in Australia is also considered low by international standards.

Organ donors, recipients and waiting list: trends



Find out more: 'Section 7.14 Blood, organ and tissue donation' in *Australia's health 2012*

What are we waiting for?

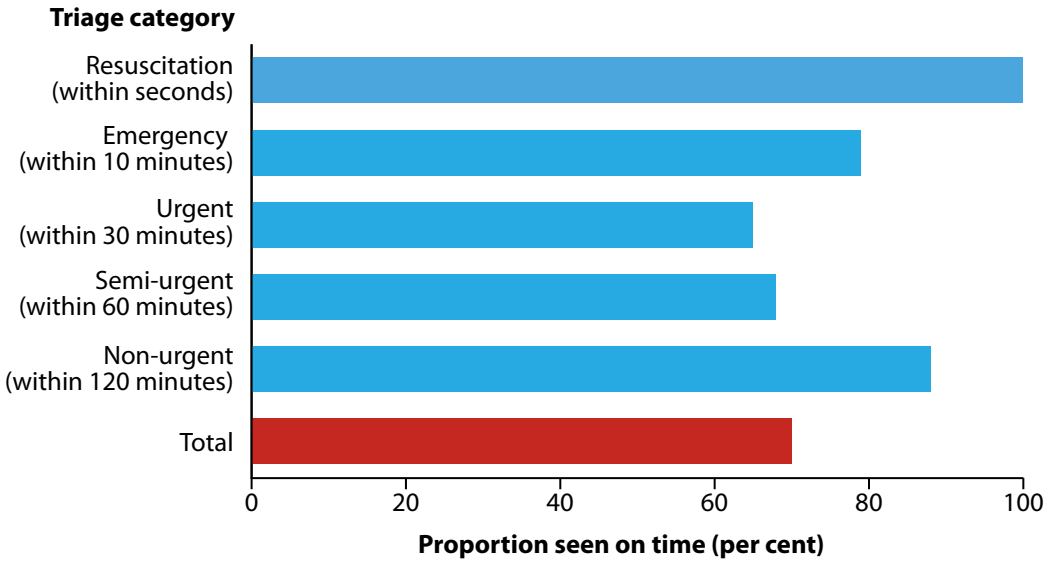
The amount of time it takes for a patient to see a health professional is important for the patient, the relevant health service, and governments.

Waiting times are estimated for several types of services. A survey in 2009 found that 60% of people making a GP appointment for a matter they felt required urgent medical care were seen within 4 hours of making their appointment.

For elective surgery, the measure used in Australia is the median waiting time, that is, the middle value in the data arranged from lowest to highest number of days waited. In 2010–11, the median waiting time was 36 days (meaning that 50% of patients had received their surgery within 36 days). For patients with cancer, the median waiting time was 20 days.

For emergency department care in 2010–11, 70% of patients were seen within the recommended time for their triage category.

Emergency department waiting times, 2010–11



Find out more: 'Section 7.10 Non-admitted hospital care' in *Australia's health 2012*

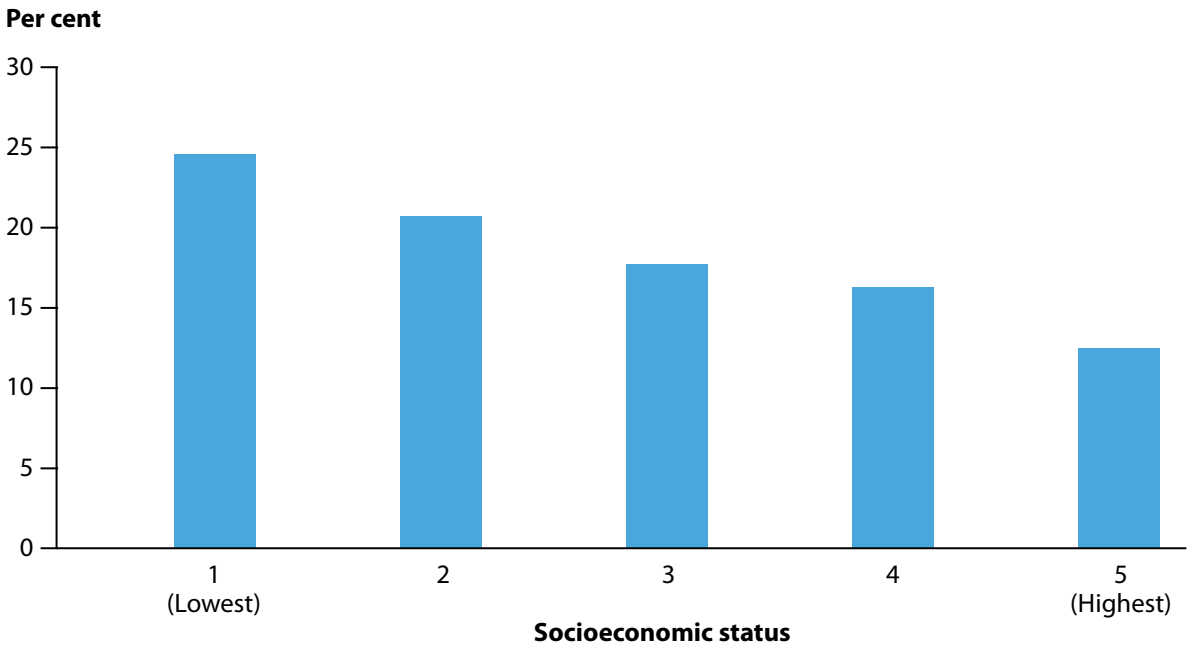
Disadvantage is risky

Many aspects of health are related to how well-off people are financially: generally, with increasing social disadvantage comes less healthy lifestyles and poorer health.

An example of a health behaviour with a strong relationship to socioeconomic status is tobacco smoking. In 2010, 25% of people living in the most disadvantaged areas smoked tobacco, twice the rate of people living in the least disadvantaged areas.

One interesting exception to this pattern of less healthy lifestyle with lower socioeconomic status is risky or high-risk alcohol use, which shows no particular pattern.

Smoking by level of disadvantage, 2010



Find out more: Sections '1.2 Connecting health and welfare', '1.3 Determinants of health' & '2.5 Disadvantage and inequalities' in *Australia's health 2012*

WHAT ACTIONS CAN BE TAKEN FOR GOOD HEALTH?

There are many things that individuals, communities and governments can do to prevent or reduce ill health. Australia has a long history of organised efforts in this area and continues to find new ways to tackle health problems.

For example, actions taken to promote good health in the community include vaccination programs, cancer screening and guidelines for drinking alcohol and eating. Some of these activities and guidelines cover the whole population, while others target particular groups based on age or other risk factors.

Getting screened for cancer

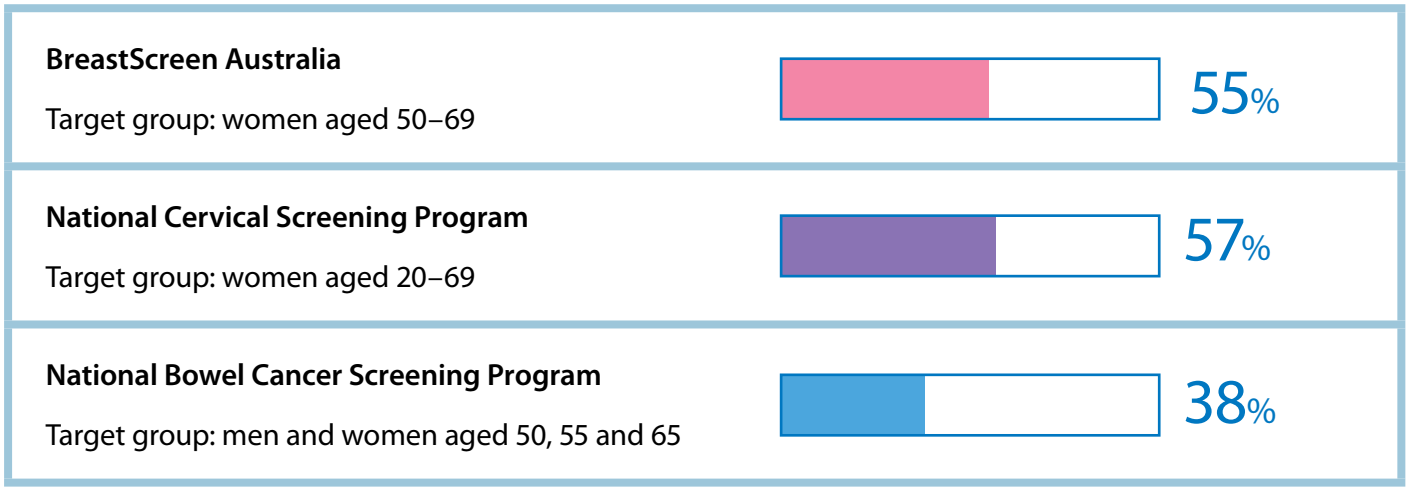
For some types of cancer, a test can be used to identify people who may have the disease before symptoms appear. Tests are offered to those who may have an increased risk of cancer because of their age, sex or other factors. This is called screening.

There are national screening programs for breast, cervical and bowel cancer in Australia, and each has its own target group based on age and sex. The latest data show that:

- 55% of women aged 50–69 took part in BreastScreen Australia programs in 2009–2010
- 57% of women aged 20–69 took part in the National Cervical Screening Program in 2009–2010
- 38% of men and women invited between July 2008 and June 2011 took part in the National Bowel Cancer Screening Program.

For each of these programs, people living in more disadvantaged areas generally were less likely to have a screening test than those in less disadvantaged areas.

Cancer screening participation



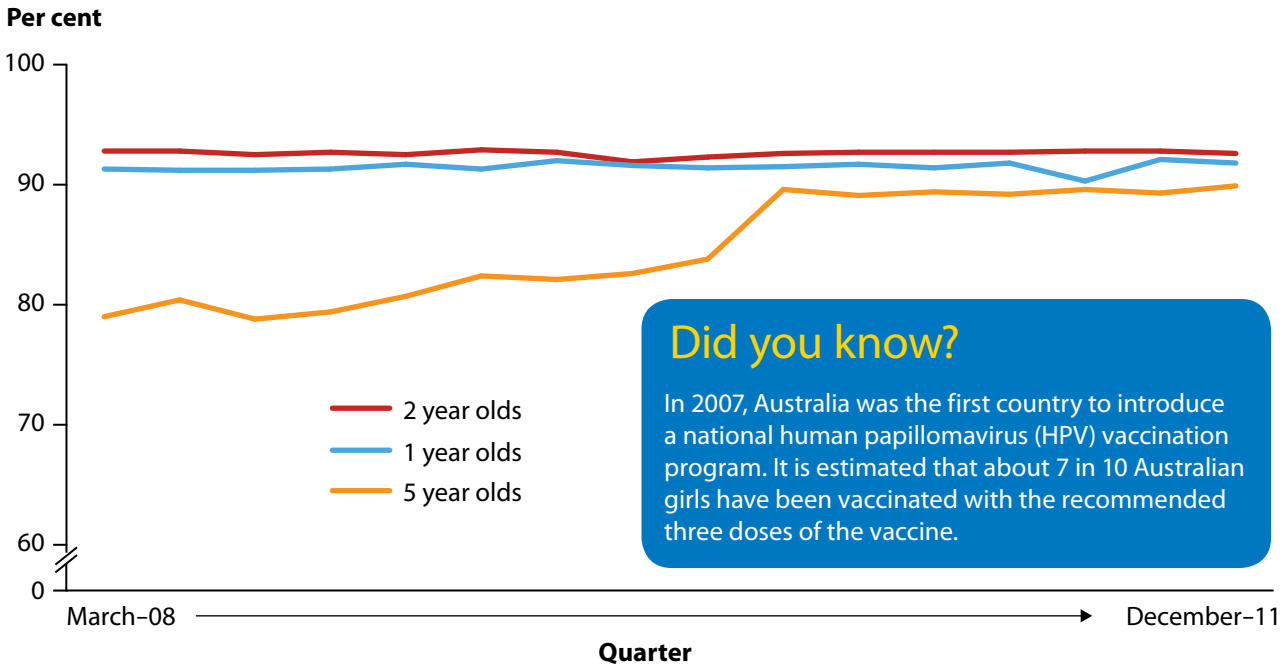
Find out more: 'Section 4.6 Cancer screening' in *Australia's health 2012*

Vaccinating children

Vaccination uses the body's natural defence mechanism—the immune response—to build resistance to specific infections. Childhood is the time for vaccination against diseases such as hepatitis B, diphtheria, pertussis, measles, mumps and rubella.

The majority of children are fully immunised, that is, they have received all vaccinations appropriate for their age—92% of 1 year olds, 93% of 2 year olds, and 90% of 5 year olds. While the proportion fully immunised has remained steady for 1 and 2 year olds in recent years, there have been considerable recent improvements for 5 year olds.

Proportion of young children fully immunised: trends



Did you know?

In 2007, Australia was the first country to introduce a national human papillomavirus (HPV) vaccination program. It is estimated that about 7 in 10 Australian girls have been vaccinated with the recommended three doses of the vaccine.

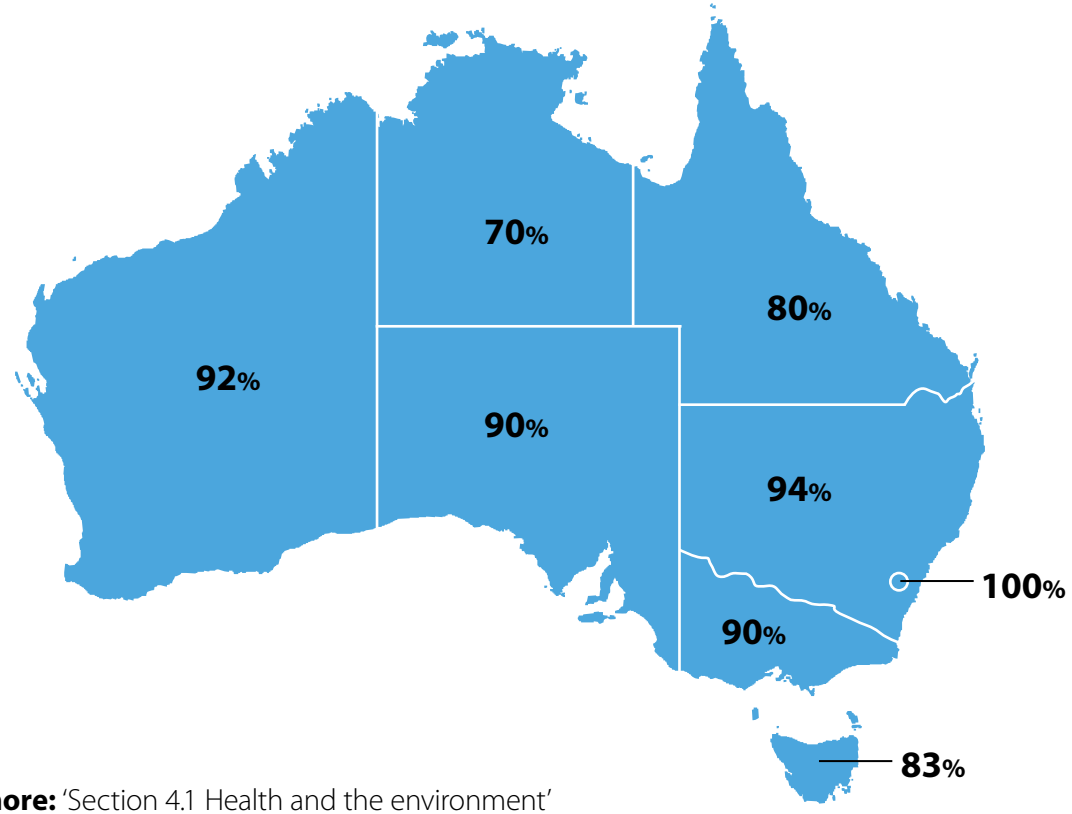
Find out more: 'Chapter 4 Protecting and promoting health' in *Australia's health 2012*

Fluoridating water for healthy teeth

Water fluoridation is known to be a safe and effective way to reduce tooth decay. In 2010, 80% or more of the population in each state and territory had access to fluoridated water, with the exception of the Northern Territory (70%). Non-fluoridated water supplies are generally more likely to be found in regional and remote areas.

Drinking fluoridated water during childhood translates into better oral health in adulthood. Australians born after 1970 (the 'fluoride generation') have, on average, half the level of tooth decay of their parents' generation.

Population receiving optimally fluoridated water, 2010



Find out more: 'Section 4.1 Health and the environment' in *Australia's health 2012*

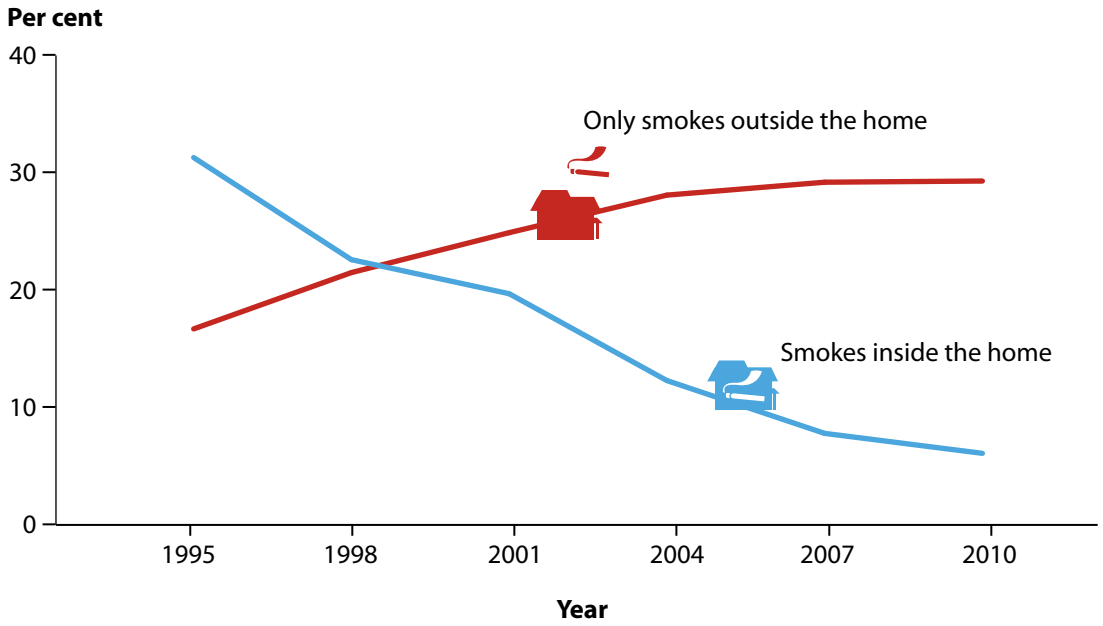
Butting out around children

Tobacco smoke contains many toxic and cancer-causing chemicals that increase the risk of poor health outcomes, particularly among children. To prevent children's exposure to tobacco smoke, adults should avoid smoking in enclosed spaces such as the car or home.

The proportion of households with dependent children having someone smoking inside the home has fallen dramatically, from 31% in 1995 to 6% in 2010. Consistent with the general decline in smoking, the proportion of households where no-one smoked regularly at home increased from 52% in 1995 to 65% in 2010.

As at 2012, all states and territories, except for Northern Territory, had implemented bans on smoking in cars to reduce children's exposure to second-hand smoke.

Smoking in households with dependent children: trends



Find out more: 'Section 5.8 Tobacco smoking' in *Australia's health 2012*

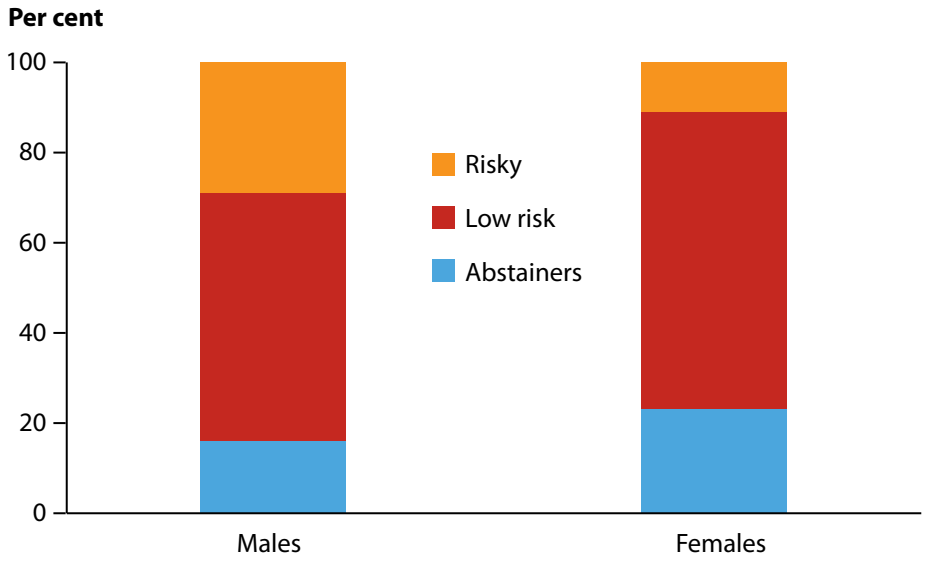
Reducing alcohol consumption

Health guidelines recommend drinking no more than 2 standard drinks a day to reduce the lifetime risk of harm from alcohol-related disease or injury. Drinking no more than 4 standard drinks on a single occasion reduces the risk of alcohol-related injury arising from that occasion.

In 2010, 1 in 5 people aged 14 or older were at risk of lifetime harm and about 2 in 5 put themselves at risk of an alcohol-related injury during a single occasion at least once in the previous year. Males and younger Australians were most at risk.

Levels of risky alcohol use have generally remained stable over the past decade.

Lifetime risk of harm, people aged 14 or older, 2010



Did you know there are...?

- 34 standard drinks in a case of full-strength beer
- 7–8 standard drinks in a bottle of red wine, white wine or champagne
- 22 standard drinks in a 700ml bottle of spirits.

See <www.alcohol.gov.au> for more information.

Find out more: 'Section 5.9 Alcohol consumption' in *Australia's health 2012*

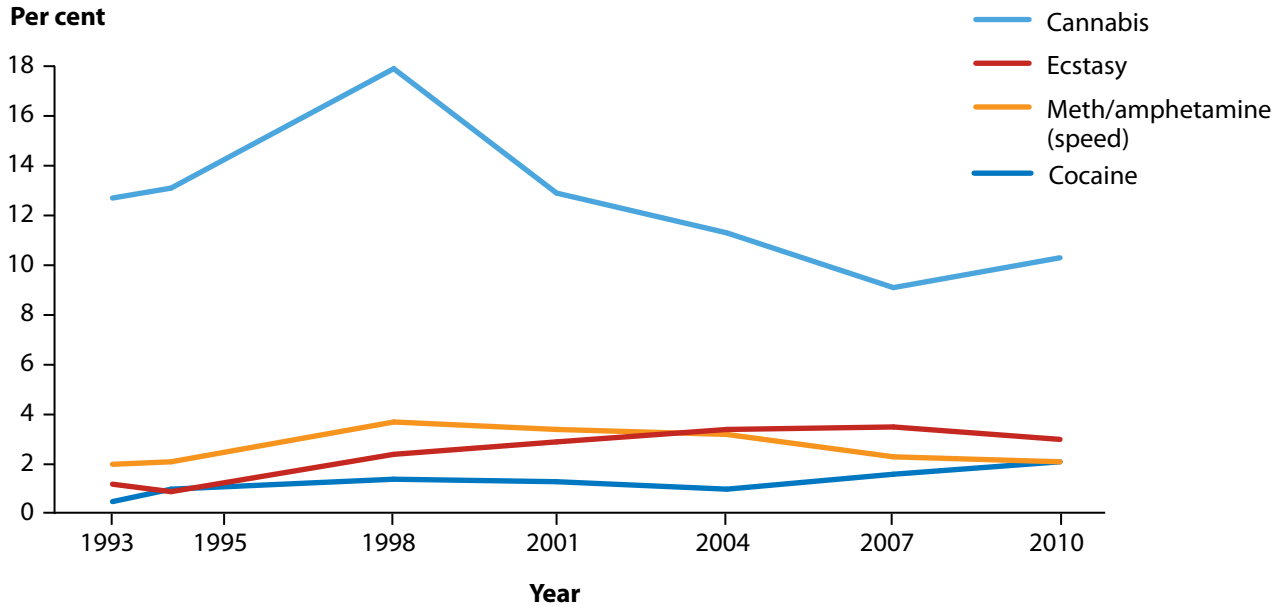
Reducing illicit drug use

Illicit drugs include illegal drugs (such as marijuana/cannabis, heroin, ecstasy and cocaine), volatile substances used as inhalants (such as glue and petrol) and pharmaceutical drugs used for non-medical purposes.

In 2010, about 7.3 million people aged 14 or older (40%) had ever used an illicit drug, and almost 3 million (15%) had used an illicit drug in the previous 12 months. The most common drug used both recently and over their lifetime was cannabis.

Since 1993, the proportions using illicit drugs have fluctuated, with a peak in usage for many drugs seen in 1998. For cocaine, however, the highest use was reported in 2010 (2.1% of the population aged 14 or older)—4 times the rate in 1993 (0.5%).

Recent use of selected illicit drugs, people aged 14 or older: trends



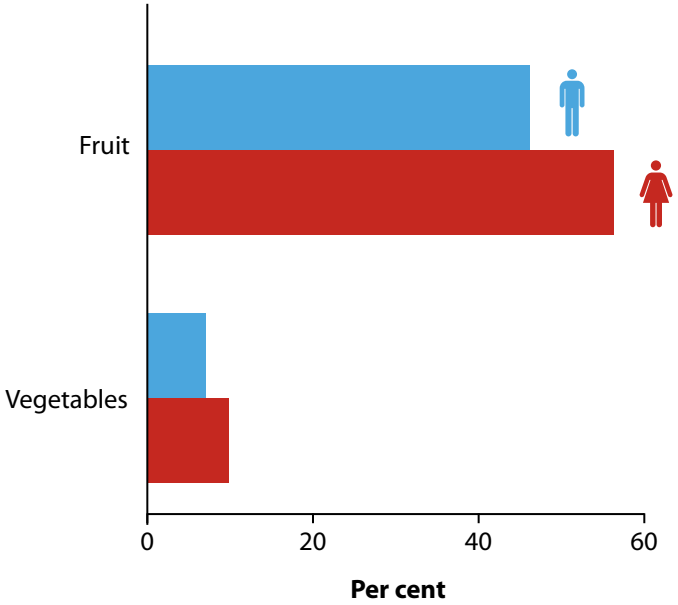
Find out more: 'Section 5.10 Illicit drug use' in *Australia's health 2012*

Eating fruit and vegies

Dietary guidelines recommend that Australian men and women consume two to four serves of fruit and four to eight serves of vegetables per day. In health promotion messages, this is generally interpreted as two serves of fruit and five serves of vegetables.

Recent findings suggest that our consumption of fruit and particularly vegetables falls far short of these recommendations. In 2007–08, fewer than 1 in 10 people aged 12 and over usually ate sufficient serves of vegetables and about half ate sufficient serves of fruit. Females are more likely to eat sufficient serves.

People eating sufficient serves of fruit and vegetables, 2007–08



Did you know?

One serve of vegetables can be:

1/2 cup cooked vegetables or cooked legumes

=

1 medium potato

=

1 cup salad vegetables

One serve of fruit can be:

1 medium piece (e.g. apple)

=

2 small pieces (e.g. apricots)

=

1 cup chopped or canned fruit

Find out more: 'Section 5.4 Dietary behaviours' in *Australia's health 2012*

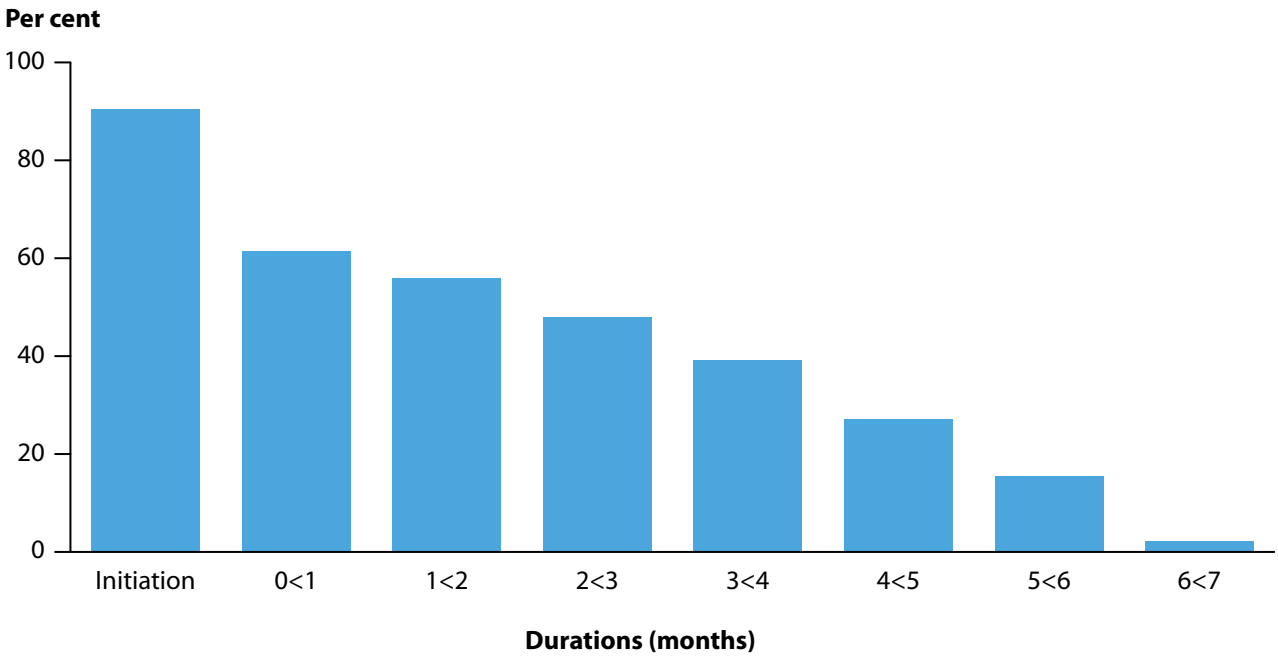
Breastfeeding

Australia's dietary guidelines recommend exclusive breastfeeding of infants until 6 months of age, with the introduction of solid foods at around 6 months and continued breastfeeding until 12 months—and beyond if both mother and infant wish. Mothers unable to breastfeed or who choose not to can use a suitable breastmilk substitute.

Although most babies (96%) in 2010 were initially breastfed, only 39% of infants were exclusively breastfed to around 4 months, and 15% to around 6 months.

Babies whose mothers (or carers) were 35 or older were 3 times as likely to be exclusively breastfed for around 6 months as babies whose mothers (or carers) were 24 or younger.

Exclusive breastfeeding, 2010



Find out more: 'Section 5.3 Infant feeding and early nutrition practices' in *Australia's health 2012*

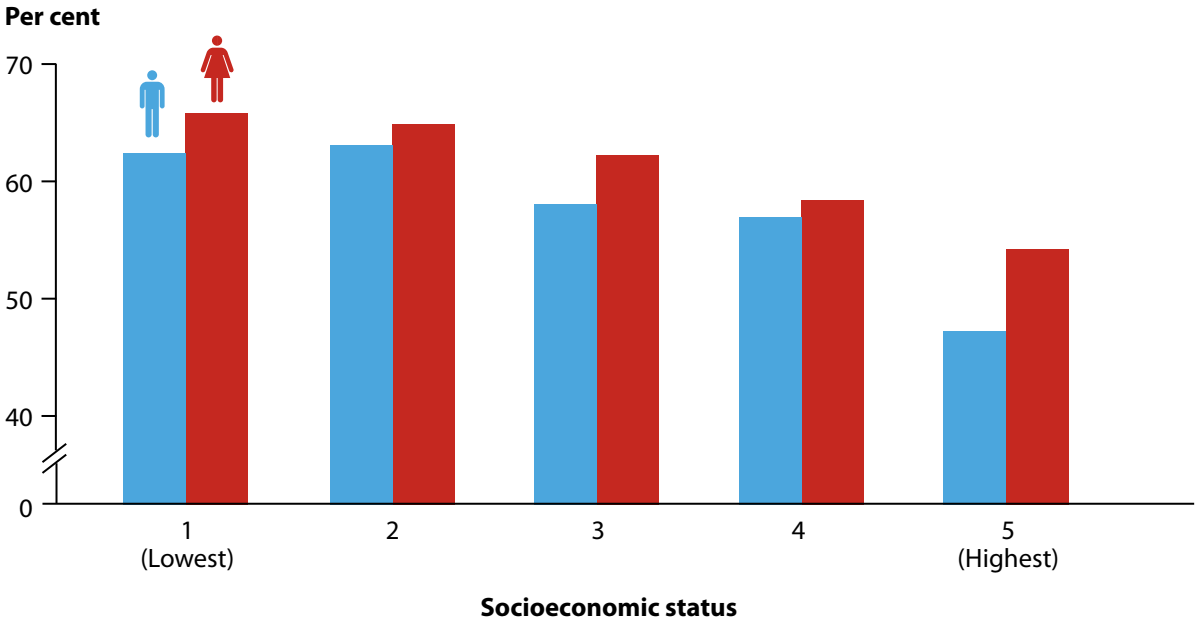
Making time for active lifestyles

Physical activity guidelines for adults recommend at least 30 minutes of moderate-intensity activity (such as brisk walking or swimming) on most, preferably all, days. Some regular, vigorous activity (such as jogging or basketball) is also recommended for extra health and fitness if possible.

In 2007–08, almost 60% of Australians aged 15 and over did not do enough physical activity as defined by these guidelines, and this proportion increased with age. Females were slightly more likely to be inactive.

Similar to many risk factors, there is a relationship between socioeconomic status and physical activity. People living in areas of lower socioeconomic status were generally more likely than people in areas of higher socioeconomic status to report insufficient physical activity. This pattern was clearer for females than males.

Insufficient physical activity, by socioeconomic status, 2007–08



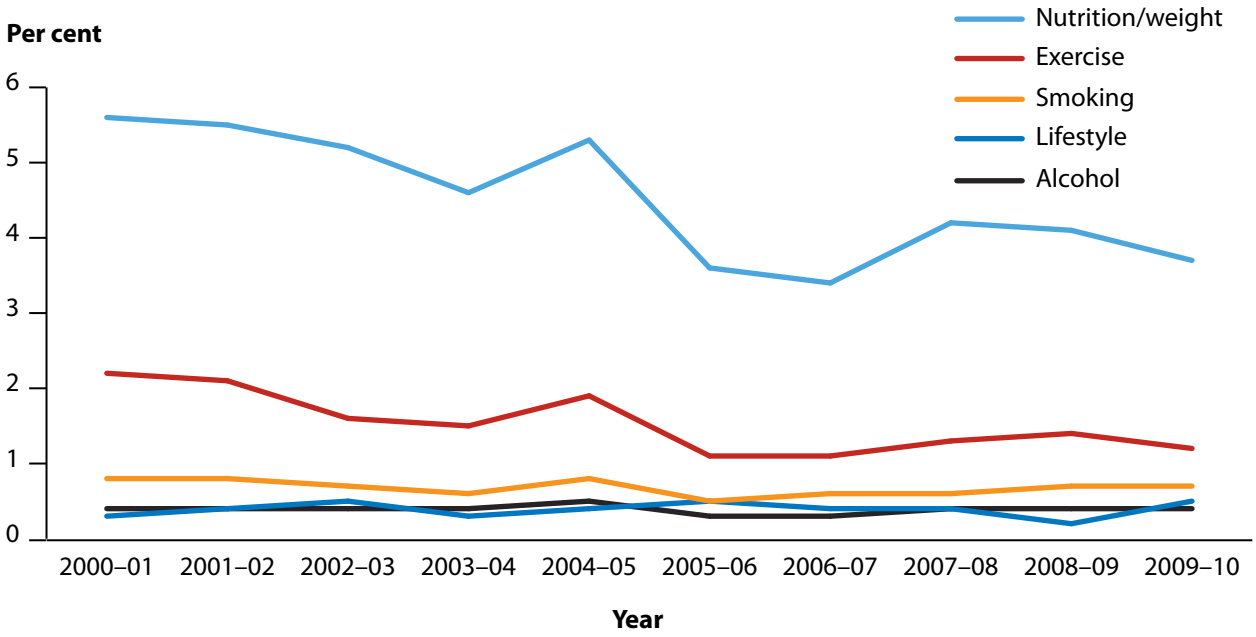
Find out more: 'Section 5.5 Physical activity' in *Australia's health 2012*

Visiting GPs for prevention

In addition to treating acute health problems, general practitioners (GPs) can provide preventive health advice and care. A survey of general practice activity found that many reasons patients gave for seeing a GP were related to preventive care (for example, check-ups and vaccinations).

Of the clinical treatments provided in 2009–10, about 21% were counselling or advice regarding prevention. However, some of these treatments have declined over the past decade. For example, counselling and advice about nutrition and weight decreased from 5.6% of GP visits to 3.7%. Across Australia, this equates to 1.3 million fewer occasions at which counselling and advice about nutrition and weight were given in 2009–10 than in 2000–01.

GPs providing counselling/advice for prevention: trends



Find out more: 'Section 7.3 General practitioners' in *Australia's health 2012*

HOW MUCH DO WE SPEND ON HEALTH?

Every year Australia spends more on its health, even after allowing for inflation. As a proportion of all spending on goods and services, health spending has increased from 7.9% to 9.4% over the past decade.

However, there is a lot that needs to be done with those increasing dollars, both by hospitals and in the community, and a wide range of health services are increasingly active.

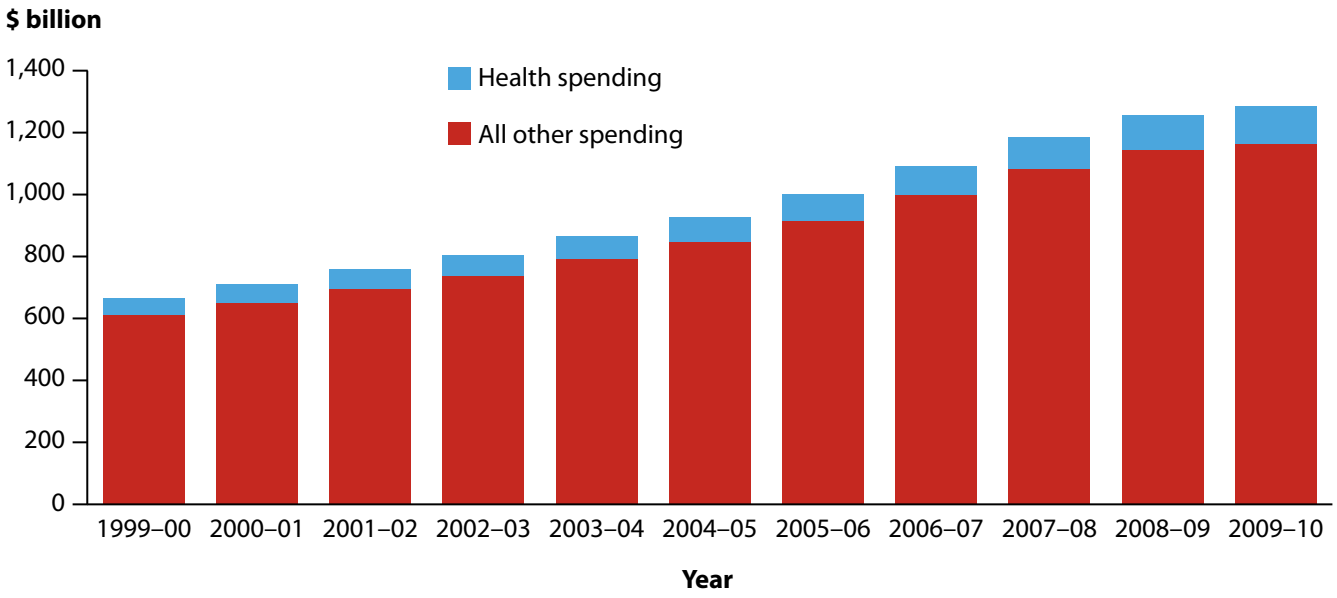
More than $120 billion!

Australia spent $121.4 billion on health in 2009–10, which accounted for 9.4% of total spending on all goods and services in the economy (known as gross domestic product or GDP). This averaged out to $5,479 per person.

Health spending for Australia, like other OECD countries, has increased over the past decade at a faster rate than spending on all goods and services.

As a proportion of GDP, Australia's spending in 2009 was much less than that of the United States (17.4%), slightly less than the United Kingdom (9.8%), New Zealand (10.3%) and Canada (11.4%), and close to the OECD median (9.6%).

Health and total spending: trends



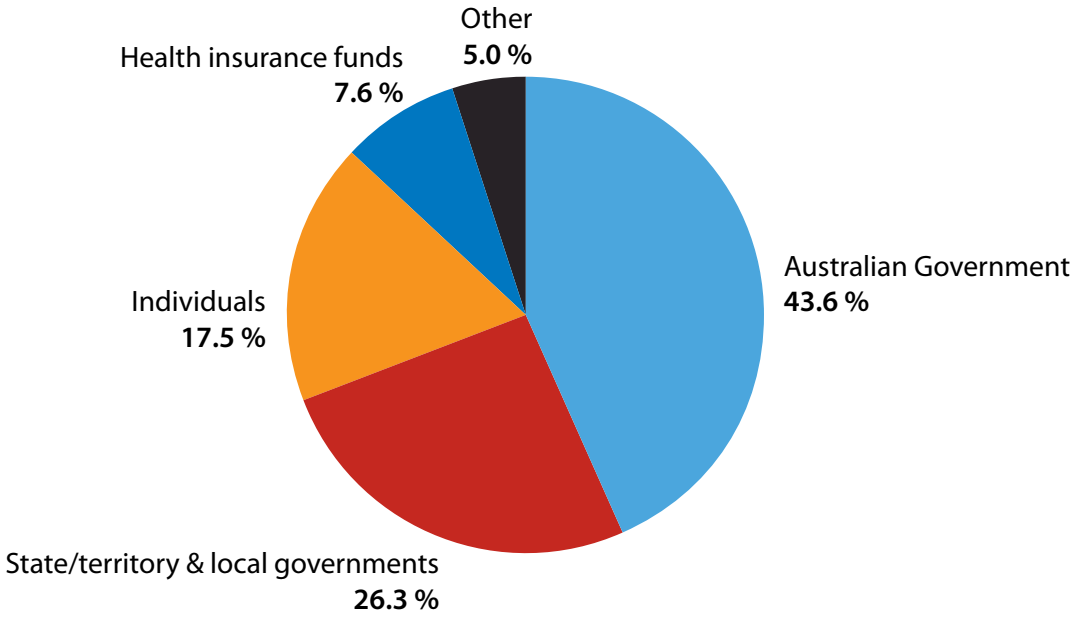
Find out more: 'Chapter 8 The economics of health' in *Australia's health 2012*

Where the money comes from

Of the total health funding of $121.4 billion in 2009–10, the Australian Government contributed 44%, and state, territory and local governments 26%. Other funds were provided by individuals as out-of-pocket payments (30%), and private health insurers (8%), with small contributions from third-party motor vehicle insurers and worker's compensation insurers.

As a share of total health spending, Australia's out-of-pocket payments (18.2%) in 2009 were higher than the median for developed countries (15.8%).

Sources of health funding, 2009–10



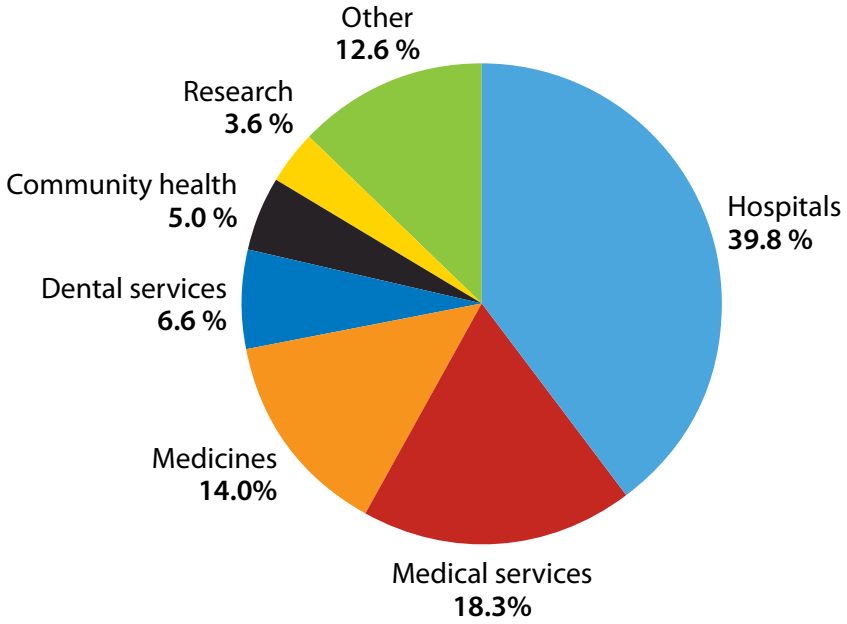
Find out more: 'Section 8.2 Where does our health dollar come from?' in *Australia's health 2012*

Where the money goes

In 2009–10, hospitals were by far the biggest area of health spending. They consumed 40% of regular health spending (which in turn made up almost 96% of total health spending, the rest being for new buildings and major equipment).

The next largest component was medical services (18%), comprising mainly services provided by GPs and specialists as private practitioners. Medicines made up another 14%, followed by dental services (7%).

Recurrent spending on health goods and services, 2009–10



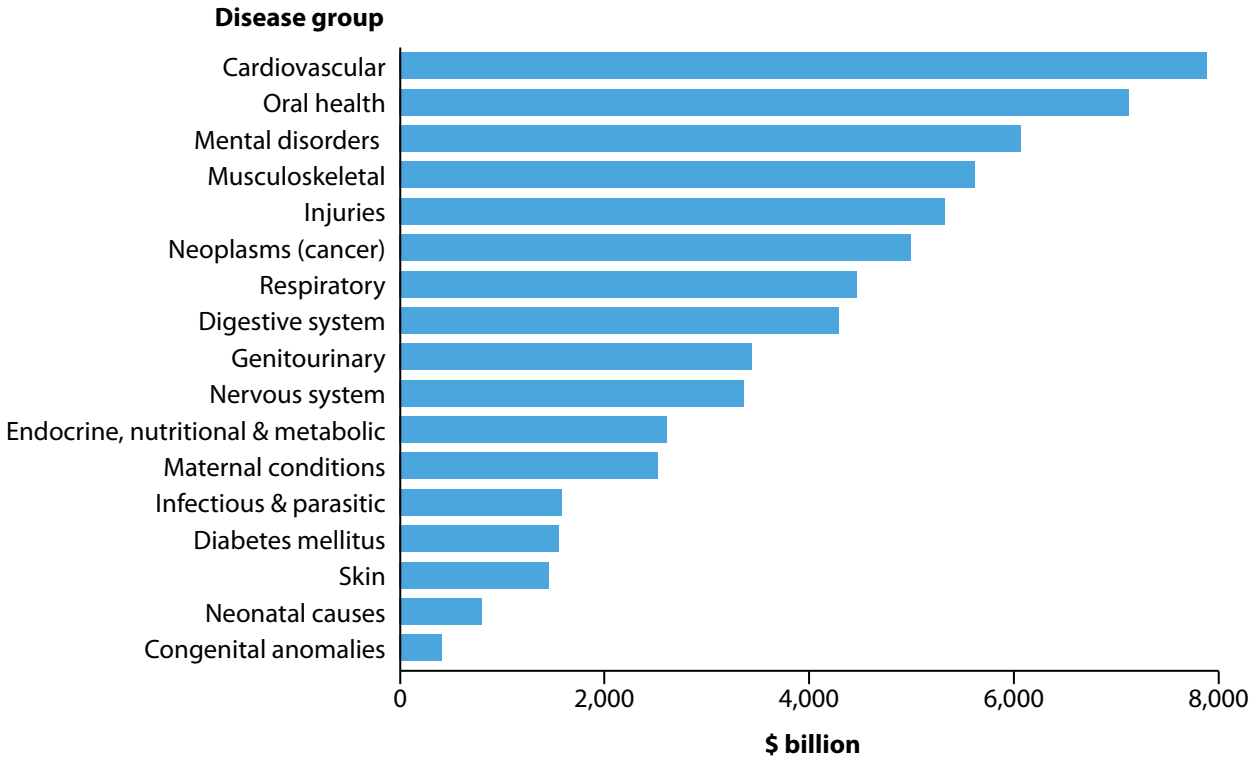
Find out more: 'Section 8.3 Where does our health dollar go?' in *Australia's health 2012*

Which conditions cost the most?

Another way to look at health spending is to consider how much money is spent on different conditions. About two-thirds of total regular health spending can be allocated to disease groupings. Of the broad groups shown, cardiovascular diseases accounted for the greatest spending ($7.9 billion or 11%) followed by oral health ($7.1 billion or 10%) and mental disorders ($6.1 billion or 8%).

Care provided to patients admitted to a hospital made up the bulk of spending for some disease groups (such as congenital anomalies (birth defects) and cancers). For other disease groups (such as oral health), a greater proportion of spending went towards services, programs and goods outside the hospital setting.

Spending allocated to broad disease groups, 2008–09



Find out more: 'Section 8.3 Where does our health dollar go?' in *Australia's health 2012*

Our health system is busier

Along with increased spending on health, our health system is more and more active. Each year, GPs see more patients, a growing number of medicines are prescribed, ambulances and aero-medical services attend to and transport more people, hospitals and emergency departments are increasingly busy, and a greater number of elective surgeries are performed.

On an average day in Australia…

342,000 people visit a GP

742,000 medicines are dispensed by community pharmacies

6,800 people are transported by ambulance; a further 900 are treated but not transported

71,000 km are flown by the Royal Flying Doctor Service and 107 evacuations performed

23,000 people are admitted to hospital (including 5,000 for an elective surgery)

820 babies are born (including 260 by caesarean section)

17,000 people visit an emergency department at larger public hospitals

400 treatment episodes are completed with alcohol and other drug treatment services

Find out more: 'Chapter 7 Treating ill health' in *Australia's health 2012*

WHAT'S CHANGING?

Many things about Australia and our health are changing—from our lifestyle behaviours and working habits, to the medicines, technology and workforce that help tackle our health problems.

Some demographic trends (such as where we live and number of people in a family), and patterns in health service use, can have important implications for health.

The face of Australia

The number of people in Australia (22.3 million at June 2010) is constantly changing as people are born, die or move in and out of the country. More slowly, the composition of the Australian population is changing, for example, there are more older people than before.

As a nation, we are ageing, our birth rate is declining, and we are living in smaller households. We are less likely to be married and more likely to be divorced. More of us are living in capital cities than ever before, and we are more likely to be born overseas.

Then and now

	1960*	2010*
Median age (years)	29.6	36.9
Aged 65 and over (per cent)	8.5	13.5
Total fertility rate (babies per woman)	3.45	1.89
Average age at death (years)	63.6	74.9
Average household size (number of people)	3.6	2.6
Married (per cent)	64.2	49.6
Divorced (per cent)	1.1	8.2
Born overseas (per cent)	16.9	26.8
Living in capital cities (per cent)	59.9	64.0

*or closest year available.

Find out more: 'Chapter 1 Australia's health in context' in *Australia's health 2012*

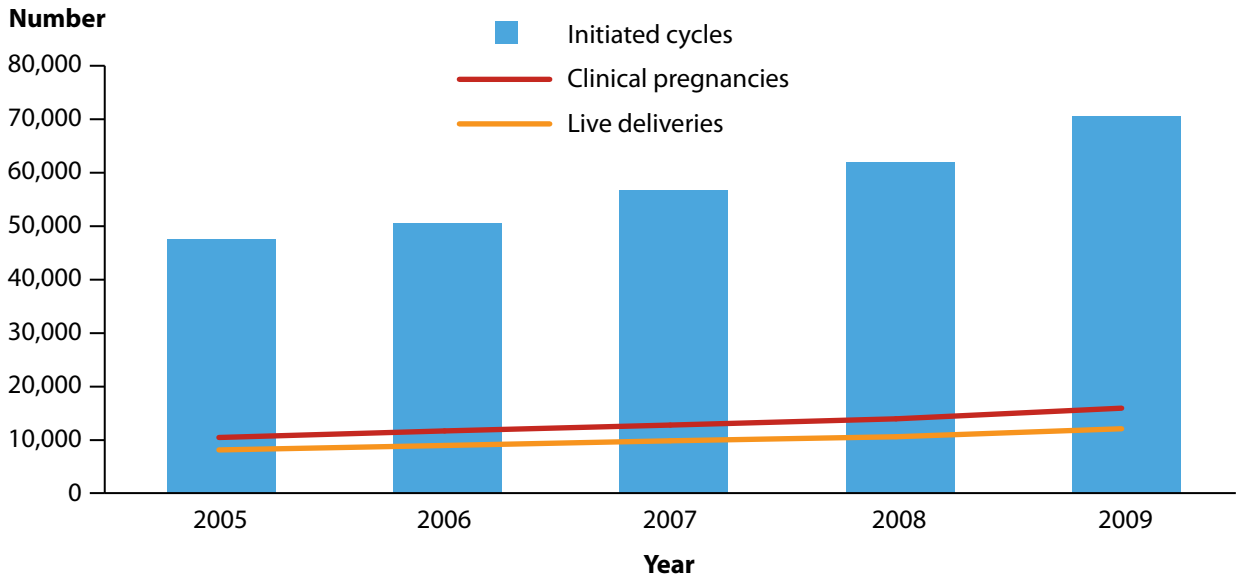
Assisted reproduction increasing

Assisted reproductive technology (or ART) is a group of medical interventions used to help a woman get pregnant, particularly after a long period of unsuccessful attempts at getting pregnant naturally (known as infertility).

Australian clinics performed more than 65,000 ART treatment cycles in 2009. Of these treatment cycles, about 23% resulted in a pregnancy and 17% in a live delivery. While the number of cycles initiated increased between 2005 and 2009, the proportion resulting in pregnancies and live deliveries has remained relatively stable.

The success rate of ART decreases substantially as a woman gets older. For women aged 45 and over using their own eggs, one live delivery resulted from every 800 initiated cycles in 2009, compared with one live delivery from every four initiated cycles in women aged 25–34.

ART cycles and outcomes: trends



Find out more: 'Section 2.2 Fertility' in *Australia's health 2012*

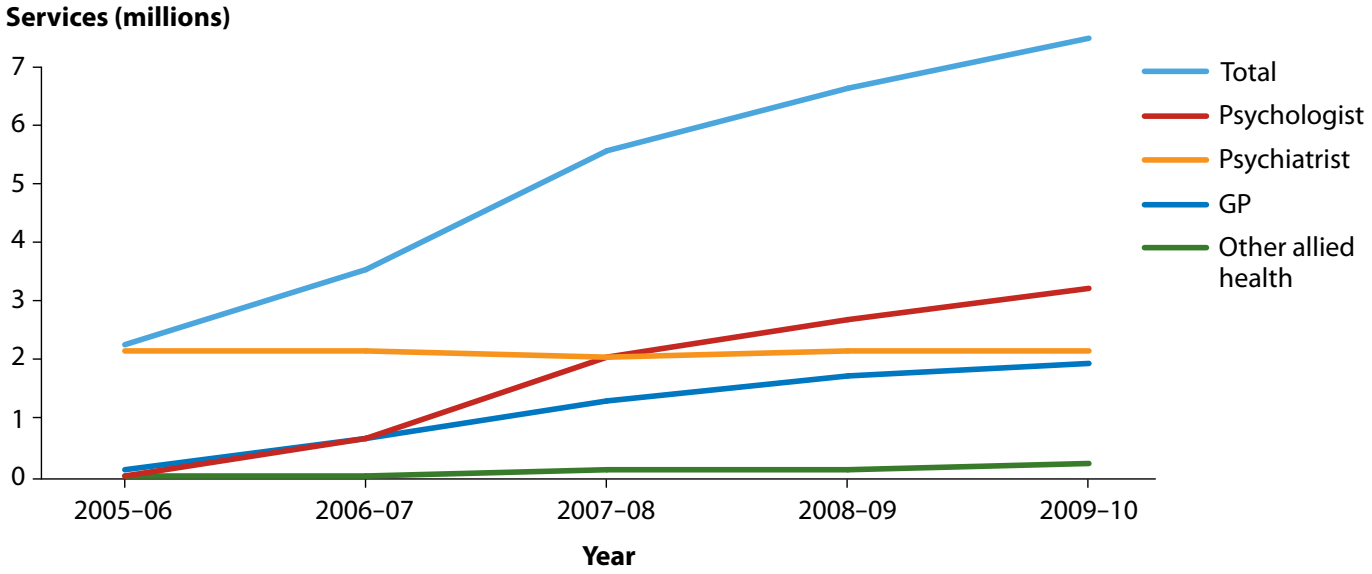
Growth in mental health services

A 2007 national survey shows that mental health problems are relatively common in Australia (see 'Burden on our minds'). Mental health care services can be delivered in a range of facilities by different health professionals, although not everyone who needs help seeks it.

Medicare subsidises some mental health-related services: in 2009–10, there were 1.8 million services provided by GPs, nearly 2 million by psychiatrists, and 3.2 million by psychologists and other allied health professionals.

Between 2005–06 and 2009–10, there was a 34% average annual increase in the number of Medicare-subsidised mental health-related services, with most of this growth in psychologist services. In part, this is due to a program introduced in 2006 that subsidised the cost of seeing psychologists and other allied health providers.

Medicare-subsidised mental health services: trends



Find out more: 'Section 7.12 Specialised mental health services' in *Australia's health 2012*

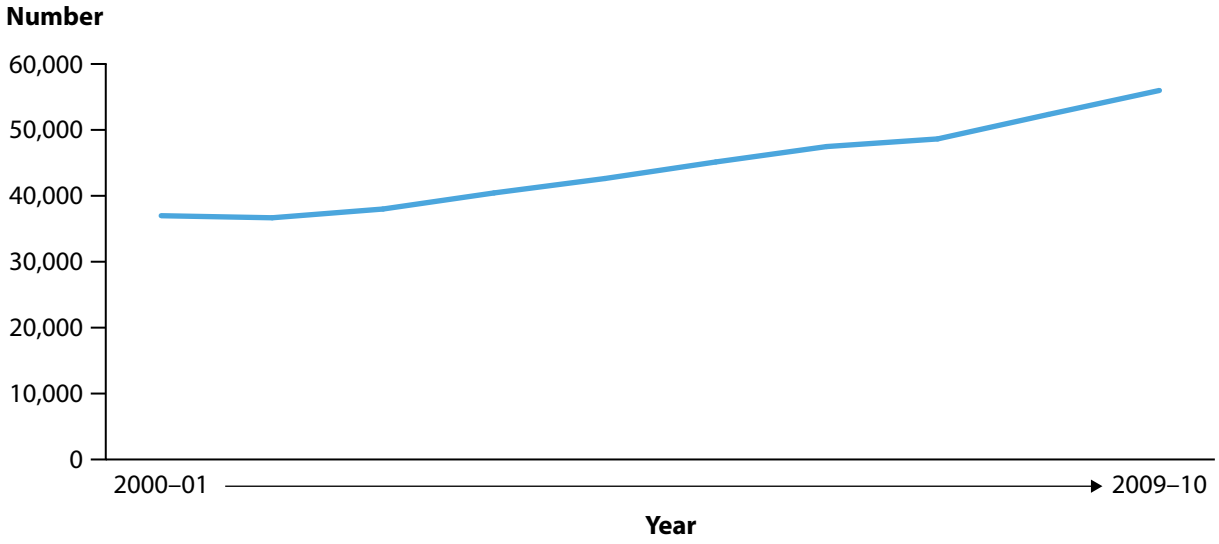
Greater supply of palliative care

Palliative care aims to improve the quality of life of patients and their families facing the problems associated with life-threatening illness and end-of-life care. This may involve prevention and relief of suffering and treatment of pain and other problems, be they physical, psychosocial or spiritual.

In Australia, there was a 51% increase in the number of palliative care hospitalisations between 2000–01 and 2009–10. This is a 'real increase' caused by factors other than population growth and ageing.

Cancer patients comprise the majority of those using hospital-based palliative care services: 59% of palliative care hospitalisations had a primary diagnosis of cancer, or 76% when both primary and secondary diagnoses were taken into account.

Number of palliative care hospitalisations: trends



Find out more: 'Section 7.13 Palliative care' in *Australia's health 2012*

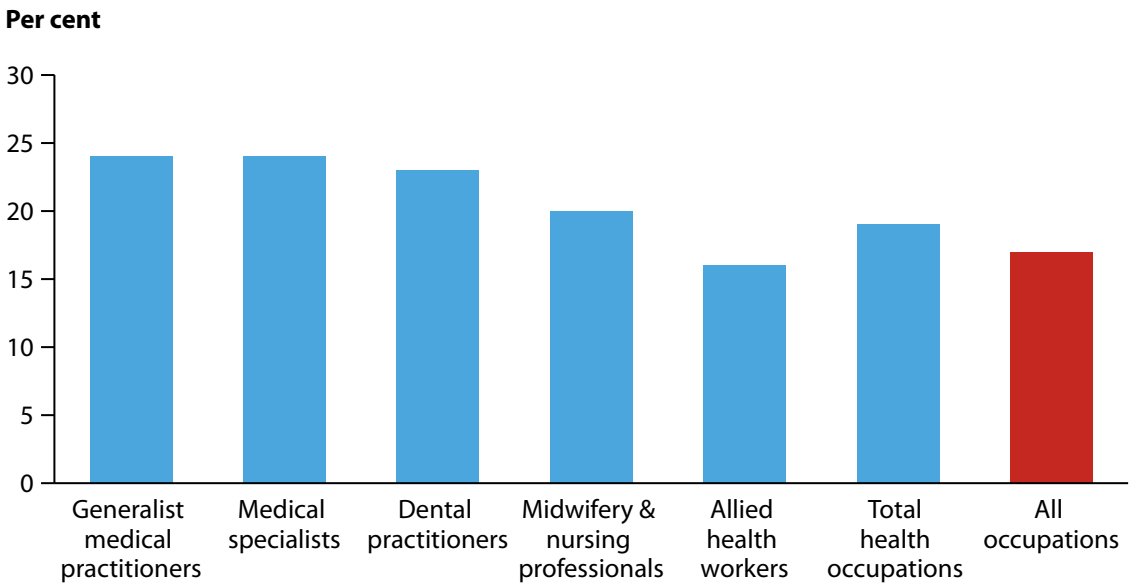
Health workforce growing and ageing

Access to health care and advice is critical for good health, hence the people who provide and support these services are essential to Australia's health.

In 2010, there were 766,800 people working in health occupations, such as GPs, dentists, nurses, pharmacists and psychologists among others. Between 2005 and 2010, the number of people in health occupations increased by 26%. This was higher than the increase of 12% across all occupations over the same period.

On average, the health workforce is ageing faster than other workforces in Australia. Between 2005 and 2010, the proportion of people aged 55 or older in health occupations increased from 15% to 19%, while the proportion for other occupations increased from 14% to 16%.

Proportion aged 55 and over by health occupation, 2010



Find out more: 'Chapter 9 Health workforce' in *Australia's health 2012*

Keeping up with demand

The health workforce is dynamic: large numbers of individuals join and leave over time, which has implications for ensuring there is an adequate workforce to meet the health-care needs of Australians.

Many factors can affect the number of health workers available, including how many people complete health courses, how many move to Australia to work in health occupations (and how many move overseas to work), and how many are retiring from the workforce.

Another major factor in the availability of health workers is the hours they work each week. Combining the number of workers with the hours worked gives the workforce supply. Between 2005 and 2010, average weekly hours worked in health occupations fell from 31.3 to 30.9. However, because more workers were available, the supply of workers in health occupations increased by 14%.

Factors affecting workforce supply

In 2010, almost 30,000 people completed tertiary health courses (such as pharmacy) and in 2009, more than 12,000 completed vocational courses (such as dental therapy).

In 2009, 1 in 4 medical practitioners employed in Australia were trained overseas, along with about 1 in 6 nurses and midwives.

In 2009, about 4% of doctors and 1% of nurses and midwives registered in Australia were working overseas.

In 2010, 3 in 4 people employed in health occupations were female.

In 2010, people in health occupations worked an average of 31 hours per week, compared with 34 hours across all other occupations.

In 2010, 19% of the health workforce was aged 55 or older, an indicator of approaching retirement.

Find out more: 'Chapter 9 Health workforce' in *Australia's health 2012*

Reforming the health system

Given the transformations taking place in Australian society, it comes as no surprise that the health system has also evolved and continues to change in response to existing needs and future challenges. These are just a few examples of what's on the radar.

- Australian governments are undertaking reforms to the health-care system, including the establishment of Medicare Locals and Local Hospital Networks.
- Associated with these reforms is a new emphasis on performance reporting and accountability—information will be available on the performance of each Medicare Local, each Local Hospital Network, and each public and private hospital.
- A personally controlled electronic health record (PCEHR) will be introduced from 1 July 2012, aiming towards a reliable and secure environment for individuals and health-care services to access and share health information.

These changes, and the health information arising from them, are expected to contribute to improved health for all Australians.

Find out more: 'Chapter 10 Supporting Australia's health: research and information' in ***Australia's health 2012***

WHAT ARE WE DOING TO FIND OUT MORE?

Whatever the gains that have been achieved in Australia's health, there will always be room for improvement and lots more to find out about. Information activities the AIHW is working on include:

- Several large-scale projects that draw together several data sources to show how older people (including those with dementia) interact with a variety of health services over time.
- Expanding the MyHospitals website to include information about cancer treatment services and cancer surgery waiting times; and continually updating MyHospitals data as they become available.
- Using data from the new national registration systems for health professionals to better report on the health workforce, particularly smaller professions.
- A 2012 Prisoner Health Census that will capture, for the first time, information about the health of prisoners as they are released, allowing us to compare the health status of this group with that of prison entrants.
- Developing a national minimum data set on public dental waiting times that will support the collection of data for a previously unreported performance indicator in the National Healthcare Agreement.
- Working with the Department of Health and Ageing and other health departments to develop key performance indicators on Indigenous primary health care services that receive government funding. This will allow analysis of service activities and their relationship to health outcomes, underpinning efforts to close the gap.

Find out more: 'Chapter 10 Supporting Australia's health: research and information' in *Australia's health 2012*

Australia's health 2012—in brief presents highlights from the Australian Institute of Health and Welfare's thirteenth biennial report on the nation's health.