Australia's health 2010

in brief

Introduction

Every two years the Australian Institute of Health and Welfare releases a wide-ranging report card on the nation's health. This booklet provides highlights from the latest such report, *Australia's health 2010*, and shows the story that they tell.

As a short version, this booklet has to be very selective. It cannot cover all the important aspects of health. But it does aim to present some key points from the main report and to show the great scope for prevention and other advances.

The booklet makes some extra points as well, drawn from the Institute's data sources or its other reports. We hope readers will consult *Australia's health 2010* or contact the Institute to explore topics in greater depth.

Australia's health 2010—in brief

This publication, along with *Australia's health 2010* is available from the Institute's website <www.aihw.gov.au>.

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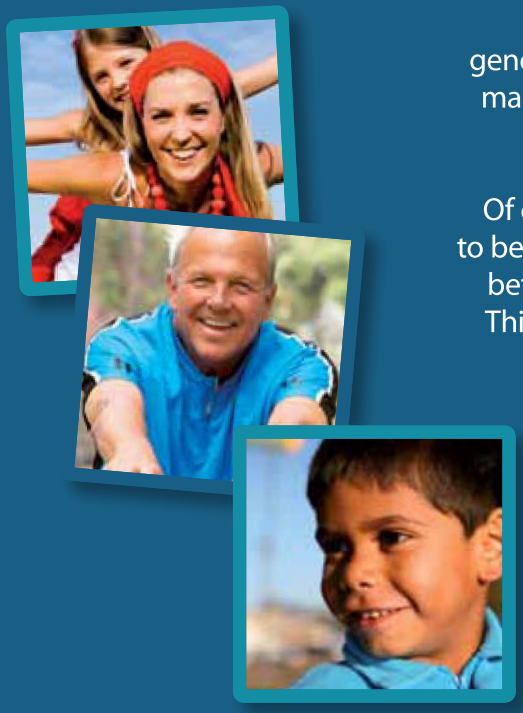
The story

We're a healthy nation



All in all, Australia is a healthy nation. Our people generally have good health, our health is improving on many fronts and it compares well with other countries in many ways.

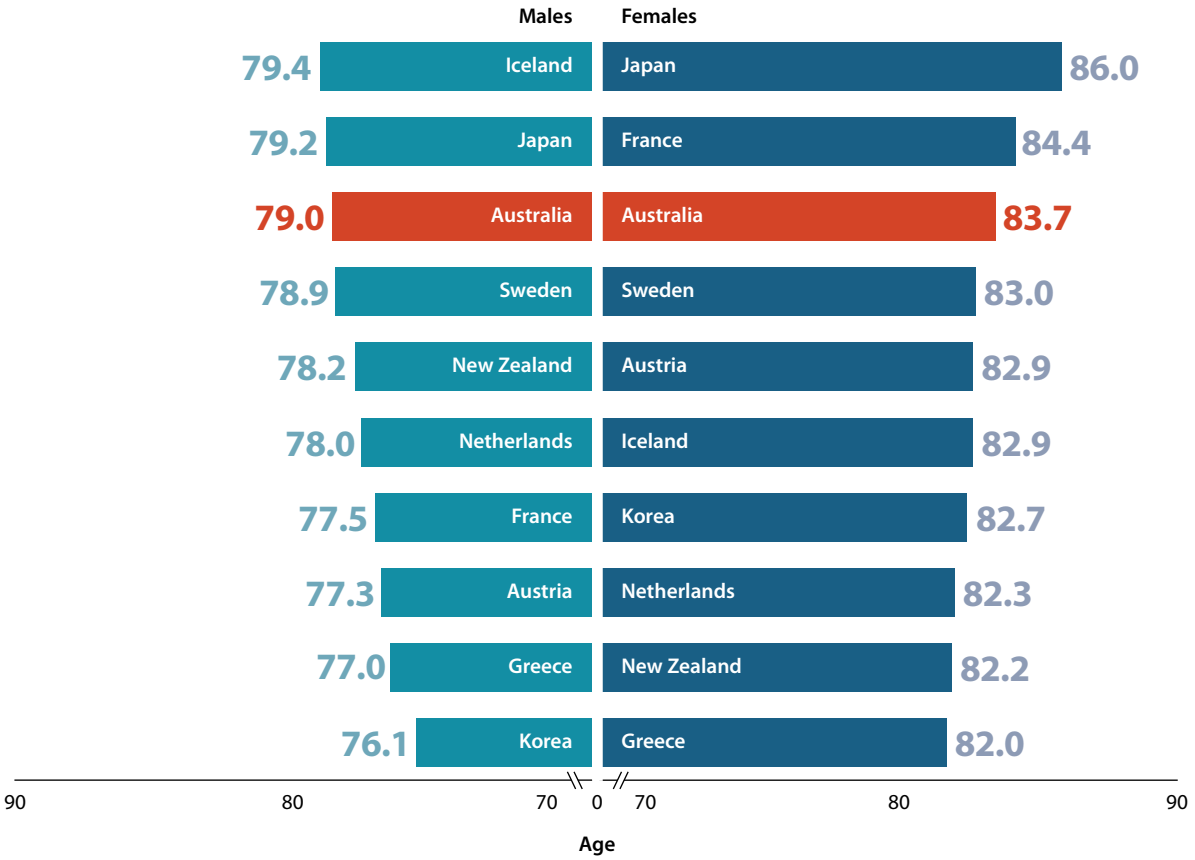
Of course there are serious areas of concern that need to be tackled and there is great scope for Australia to do better. Those aspects will be covered in later sections. This section, however, presents some examples of the good news.

Outliving most of the world

Our life expectancy as a nation is among the highest in the world and has been so for quite some time. We ranked third in the world in 2007 for our life expectancy at birth: almost 84 years for females and 79 for males, on average.

Find out more:
Australia's health 2010
Chapter 2

Life expectancy—how we compare



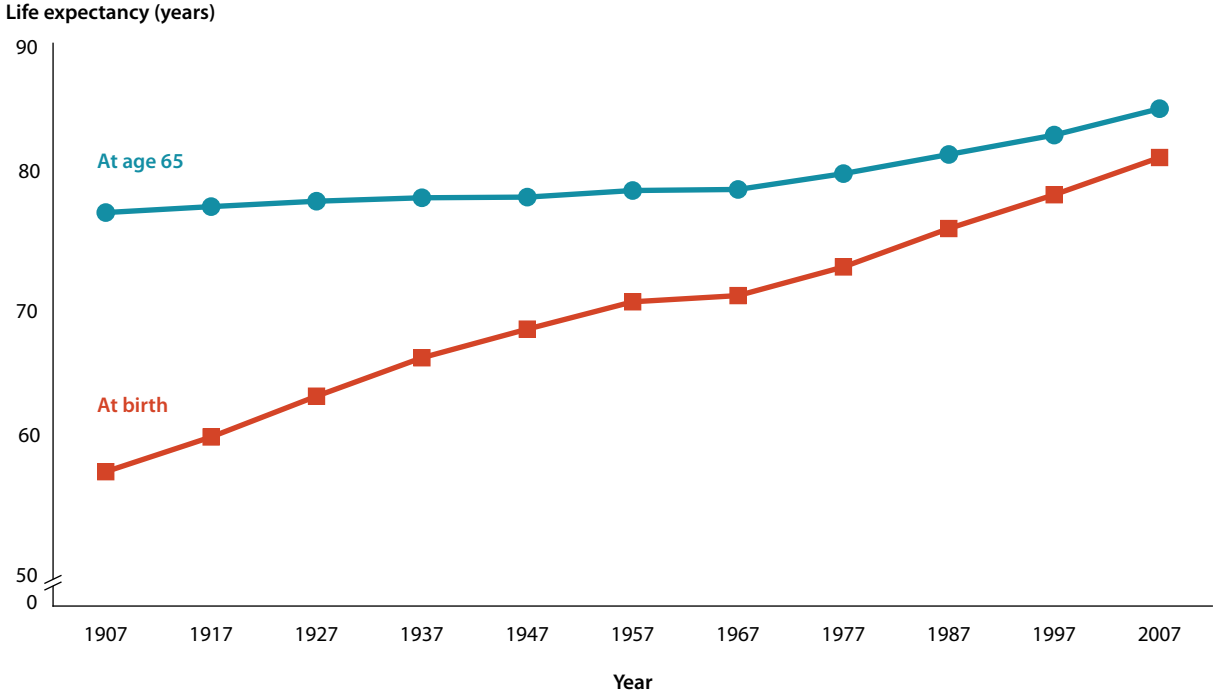
Longer and longer lives

Australia's life expectancy at birth has risen dramatically over the past century, having been only 55 years for males in the early 1900s and 59 for females. In the last few decades there have even been big gains for older people. For those aged 65, males can now expect to live to around 84 years (the same as females can expect at birth!); and females to around 87.

Australia's health 2010 documents how this great rise in life expectancy reflects falls in death rates for all age groups over the decades (although the improvement in the infant death rate has been fairly modest over the last decade).

Find out more:
Australia's health 2010
Chapter 2

Life expectancy at birth and at 65 years: trends



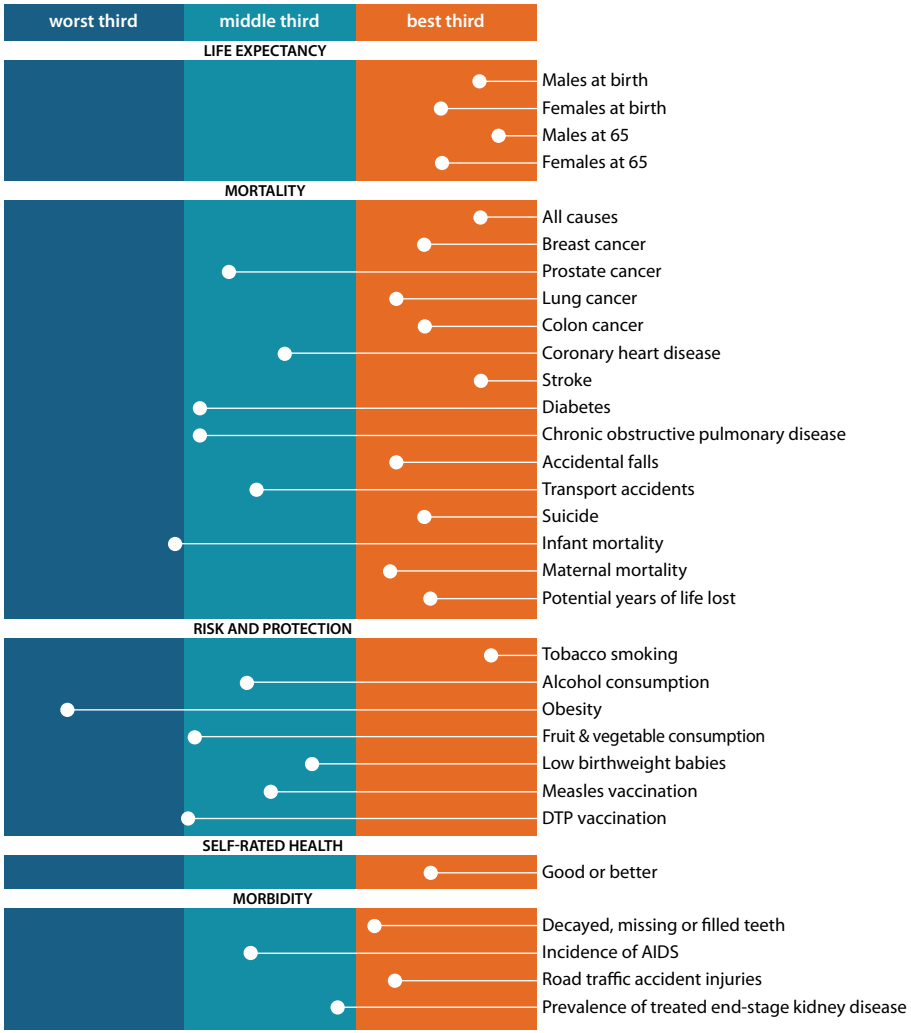
Australia compares well

The 30 measures here help to show how Australia's health compared recently with similar countries, namely the 29 other members of the OECD (Organisation for Economic Co-operation and Development). Where one of our results falls in the right hand column it is among the 'best' (healthiest) third of the nations on that measure. The further to the right, the healthier our ranking.

Despite some notable exceptions, such as our obesity level and our infant mortality rate, we are mostly in the best third for this list. And we are close to the very best rankings in areas such as life expectancy, the death rate from stroke and adult smoking rates. Also, *Australia's health 2010* shows that our rankings for 23 of the measures were better than they were 20 years earlier.

Find out more:
Australia's health 2010
Chapter 2

Australia's ranking among OECD countries

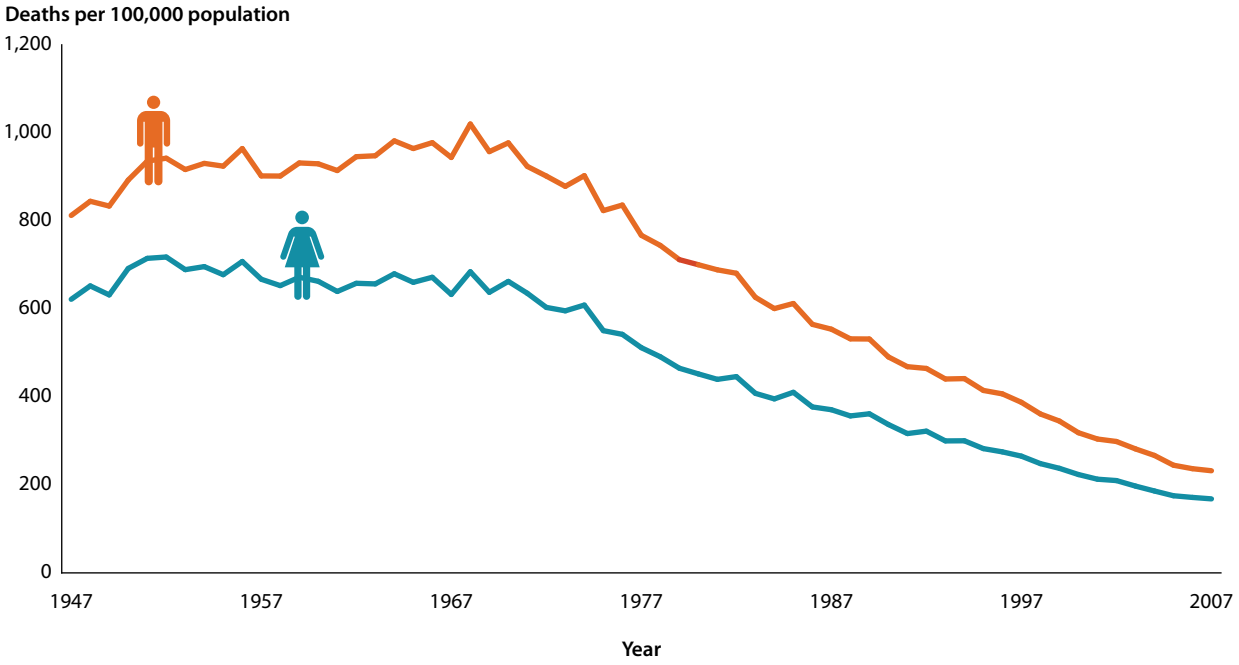


Heart, stroke deaths down

For cardiovascular disease (CVD) we have seen a spectacular 76% fall in death rate since its peak around the late 1960s. The rate is now much lower than it was at the start of the 20th century. As a group, CVD includes heart attack, stroke and other heart and blood vessel diseases. It is still Australia's biggest killer but less than a quarter of the deaths are now among people aged under 75 years.

Find out more:
Australia's health 2010
Chapter 4

Cardiovascular deaths: trends



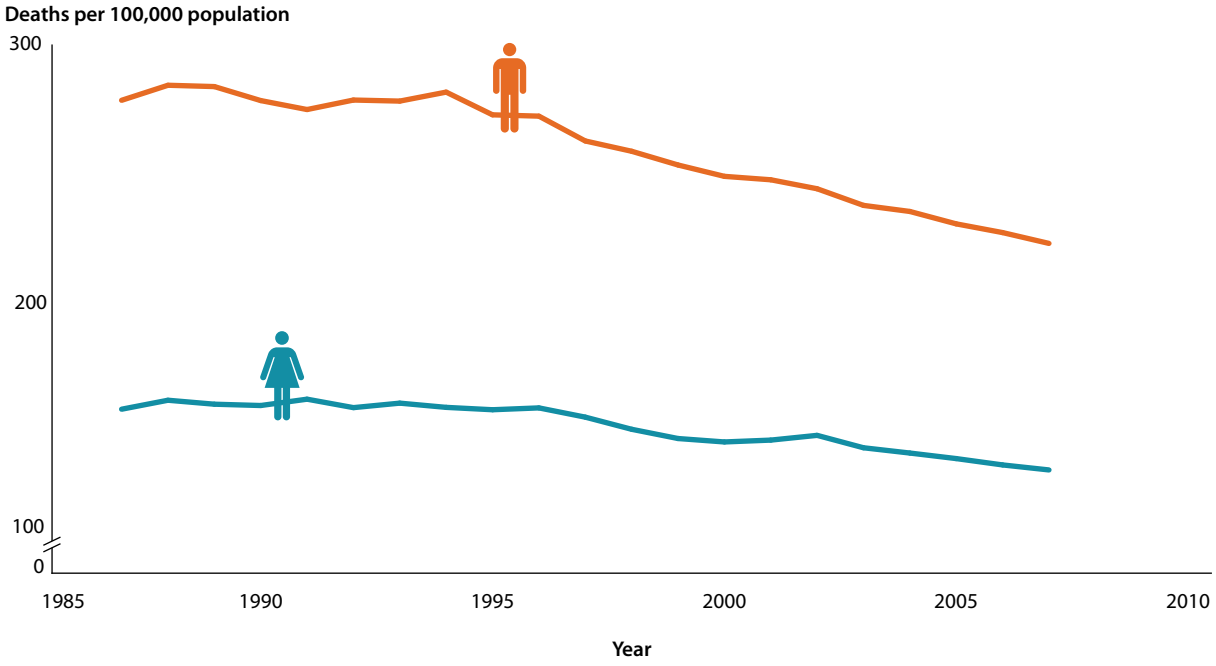
Cancer deaths down too

Cancer death rates have also fallen, although much less than for cardiovascular disease and with the improvement starting later. Between 1987 and 2007 the overall cancer death rate fell by 16% and survival from a number of leading cancers has also improved (see later).

Cancer now causes Australia's biggest burden of disease (see next section), having replaced cardiovascular disease around the turn of this century. This does NOT mean the situation for cancer has worsened, only that it has not improved nearly as much as for cardiovascular disease.

Find out more:
Australia's health 2010
Chapter 4

Cancer deaths: trends

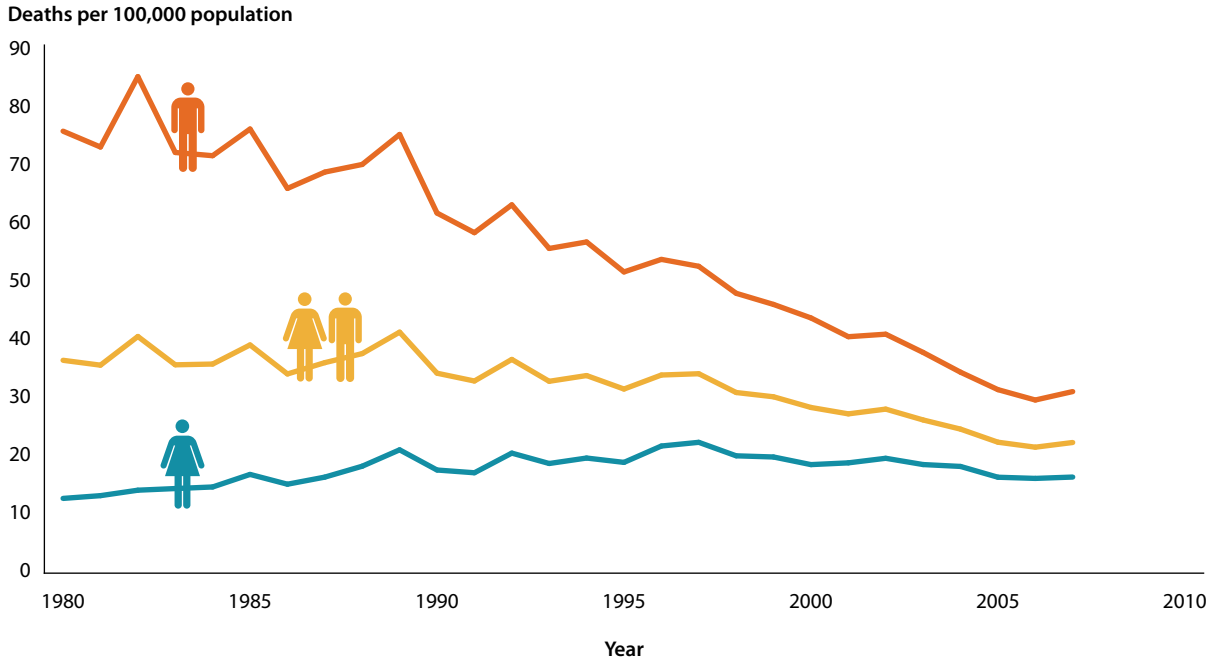


Less emphysema with less smoking

Another major disease to show a fall in death rates is chronic obstructive pulmonary disease (COPD), commonly known as emphysema and chronic bronchitis. The fall began much earlier for males but from a much higher level than for females. This is because male smoking rates had been much higher than those of females but they started to decline earlier. COPD is the main contributor to the disease burden from 'Chronic respiratory diseases', the group ranked fifth in Australia.

Find out more:
Australia's health 2010
Chapter 4

Chronic obstructive pulmonary disease deaths: trends

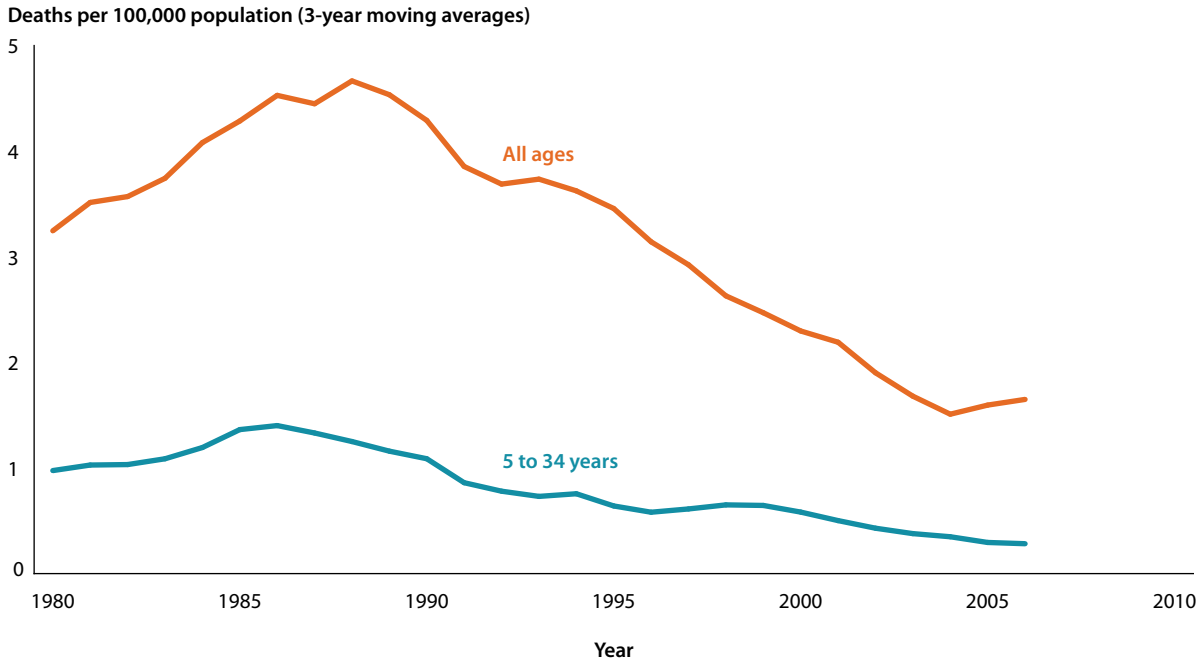


Breathing easier

Asthma, another leading chronic respiratory disease, has shown a fall in death rate of about 70% since a peak in the late 1980s. The all-age trend appears to show a rise over the last few years, but the diagnosis of asthma is considered most reliable among 5–34 year olds. When this younger age group is examined there is a continuing decline in the death rate, amounting to over 85% since the mid- to late 1980s.

Find out more:
Australia's health 2010
Chapter 4

Asthma deaths: trends



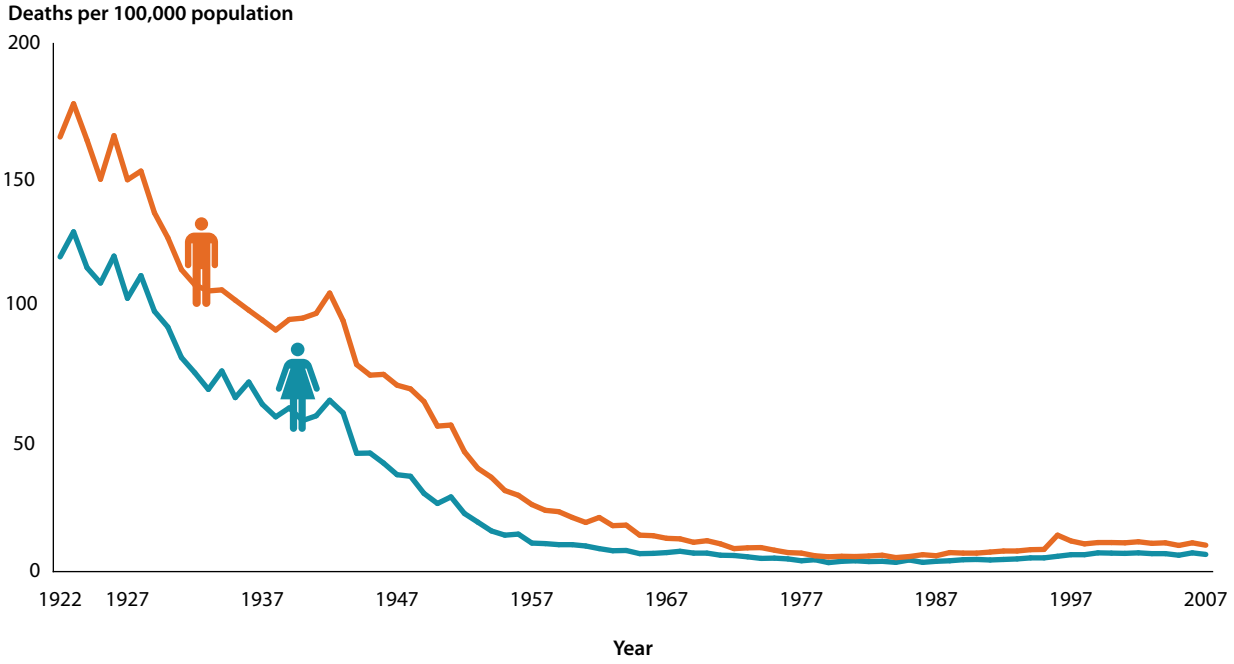
Infectious disease deaths plummeted

The most dramatic long term decline in death rates has been that of infectious diseases. Better living conditions and nutrition, vaccinations, antibiotics and other control measures have made a huge difference over the decades. The infectious disease death rates fell by about 96% over the 20th century, having reached an all-time low in the late 1970s of 0.5% of all deaths.

There was an increase after the 1980s due to increases in deaths from septicaemia, AIDS and hepatitis, but the rates have been fairly steady since the second half of the 1990s. In 2007 infectious diseases accounted for little over 1% of all deaths, compared with 15% in 1922. The diseases are still very common, however, and often potentially serious.

Find out more:
Australia's health 2010
Chapter 4

Infectious disease deaths: trends



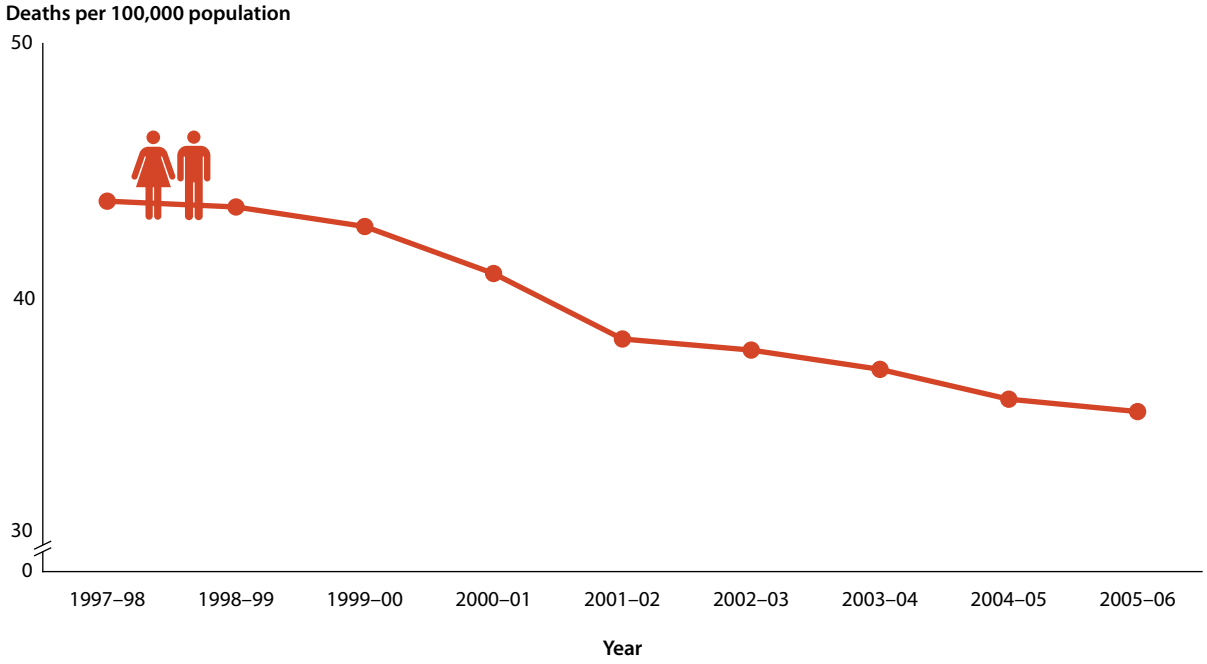
Fatal injuries still falling

The overall death rate from injury has continued to decline in recent years, as it has for several decades. The recent decline was greatest at younger age groups, being about 40% for young people aged 15–24 years during the decade to 2005–06, 30% for those under 15 years and 33% for 25–44 year olds.

However, injury is still the commonest cause of death up to middle age. For those aged 65 years and over, the injury death rate in 2005–06 was similar to that of a decade before.

Find out more:
Australia's health 2010
Chapter 4

Injury deaths: trend

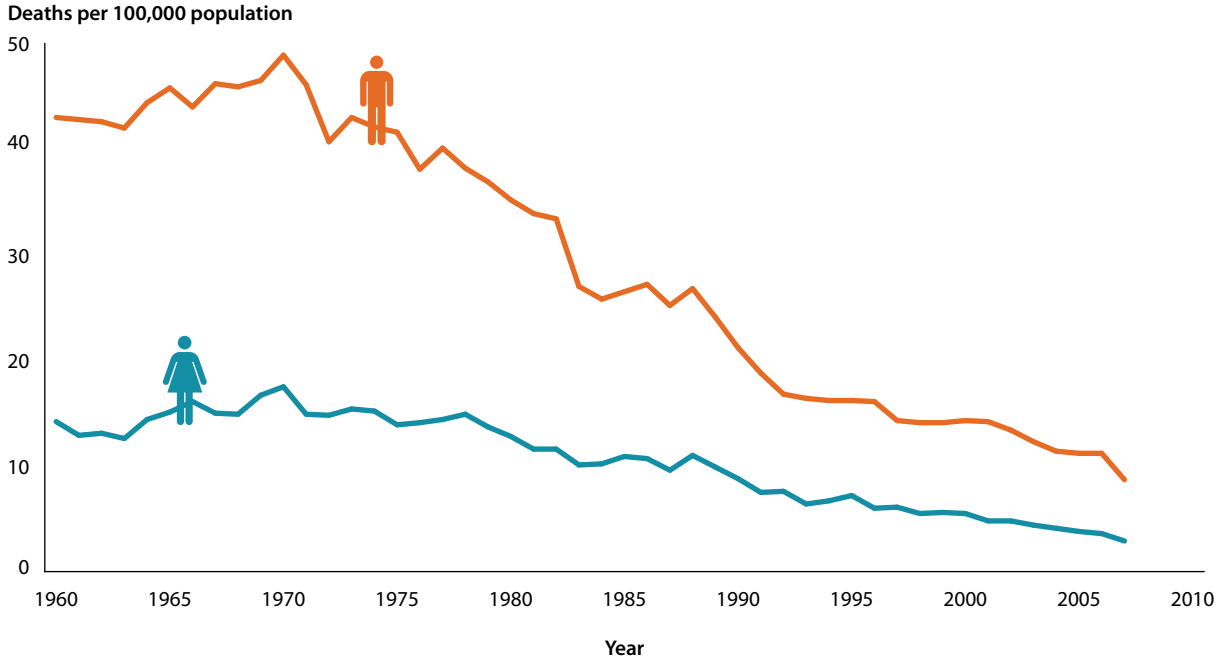


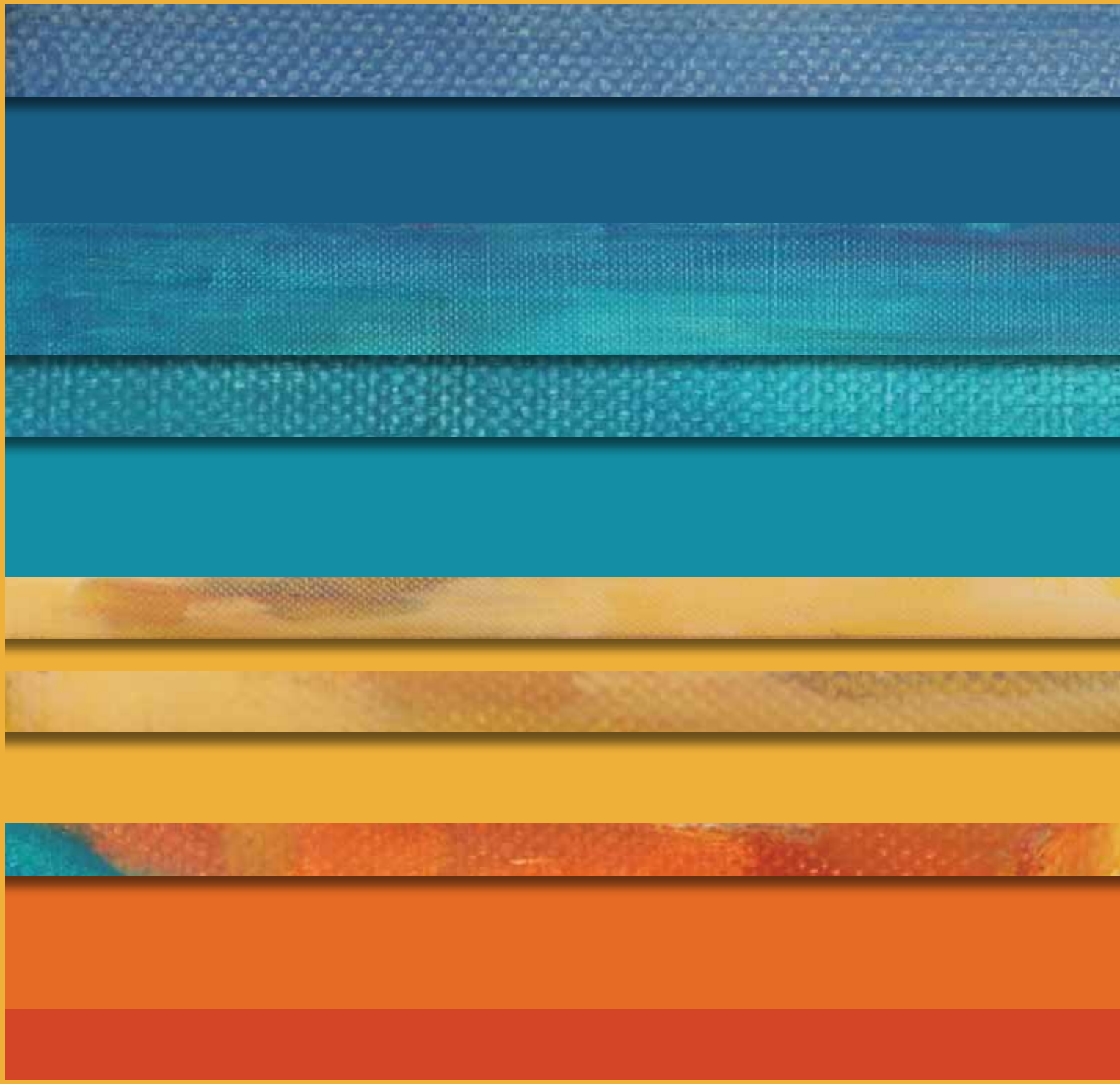
Traffic deaths down

Although still a major part of the injury toll, the death rate due to motor vehicle crashes in 2005 was nearly 80% lower than the historic peak reached around 1970, when major traffic safety measures began. The decline has occurred for both sexes, although the rate among males remains much higher than that for females.

Find out more:
Australia's health 2010
Chapter 4

Motor vehicle crash deaths: trends





But not healthy in every way

Despite Australia's mostly good health, not all the trends are good and diseases and injury still impose a major burden on individuals and the community. This section begins by ranking various health problems according to their national burden. It then shows some areas where things are (or may be) getting worse. Although they do not outweigh the great progress, those areas do pose a challenge to our health system and in some cases to aspects of our lifestyle.

It is also plain that some population groups do worse than others. That is covered in the section after this.

Ranking the burdens

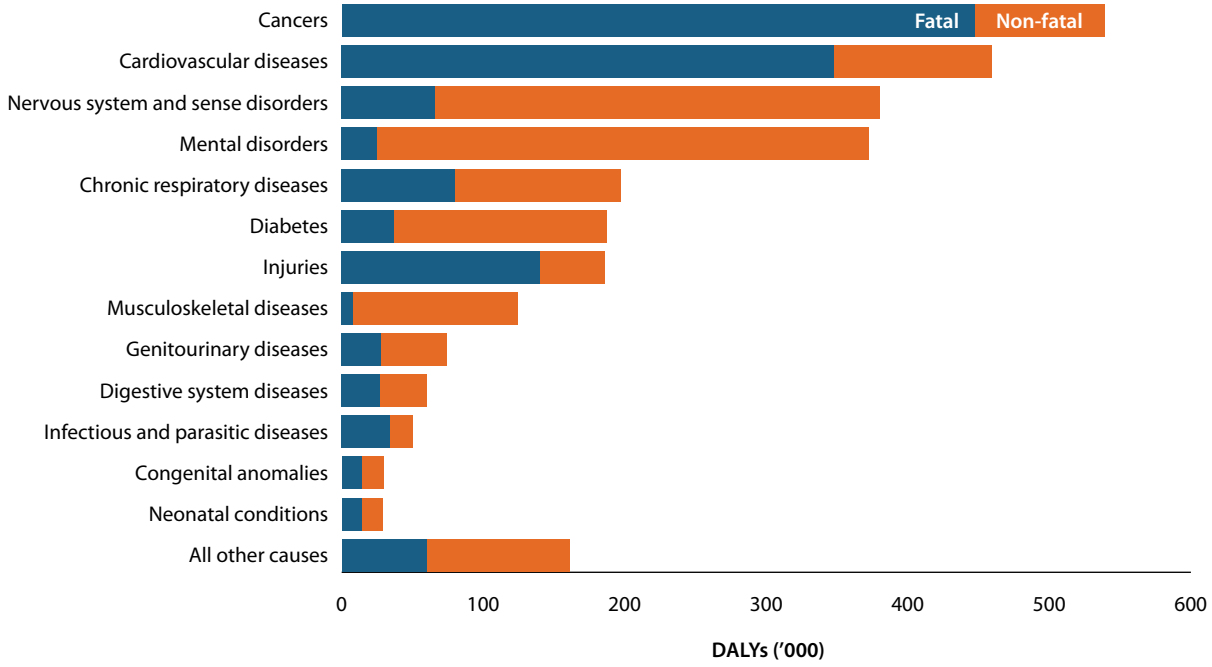
We can compare the impact of different health problems by using a measure known as the 'burden of disease and injury'. For many diseases and injuries, it adds up the impact of premature death, prolonged illness and disability. The unit of measure is called a DALY—a disability-adjusted life year. Chapter 2 in *Australia's health 2010* explains this in more detail.

We can see that cancer is estimated to be the leading cause of Australia's burden of disease and injury in 2010, clearly ahead of cardiovascular disease. Both of these disease groups have a much larger fatal component (from premature death) than the next-ranked pair. The group labelled 'Nervous system and sense disorders' includes problems such as dementia and vision loss.

In particular, the burden measure highlights the major impact of mental disorders, ranked fourth. They carry a greater burden of illness and disability than any of the other problems.

Find out more:
Australia's health 2010
Chapter 2

Projected fatal and non-fatal burden of major disease groups, 2010

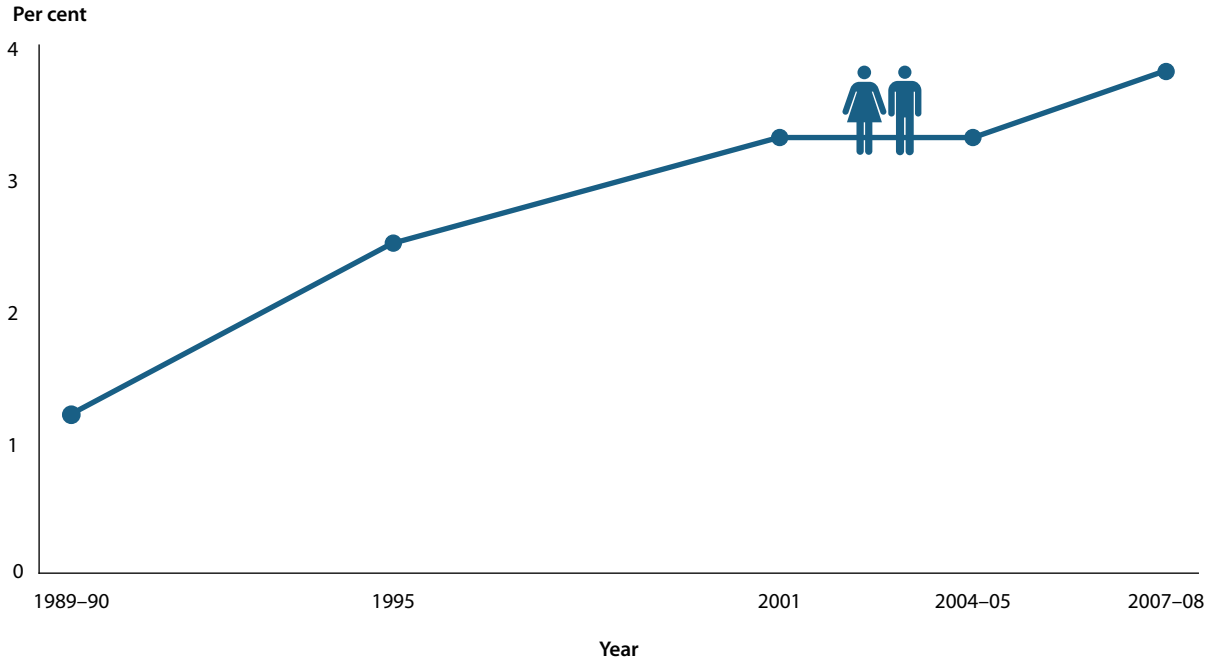


Diabetes on the march

National surveys suggest that diabetes is now about three times as common as it was 20 years ago, with over 800,000 of today's Australians having been diagnosed with the disease. Although this estimate is based on what people report about their health, surveys that used tests to detect diabetes have shown a similar pattern of growth. About 85–90% of diabetes cases are the Type 2 variety, which begins mainly among the middle aged. It is believed that the growing prevalence is linked to our low levels of exercise and especially to our rising levels of overweight and obesity (see later).

Find out more:
Australia's health 2010
Chapter 4

Prevalence of diagnosed diabetes: trend



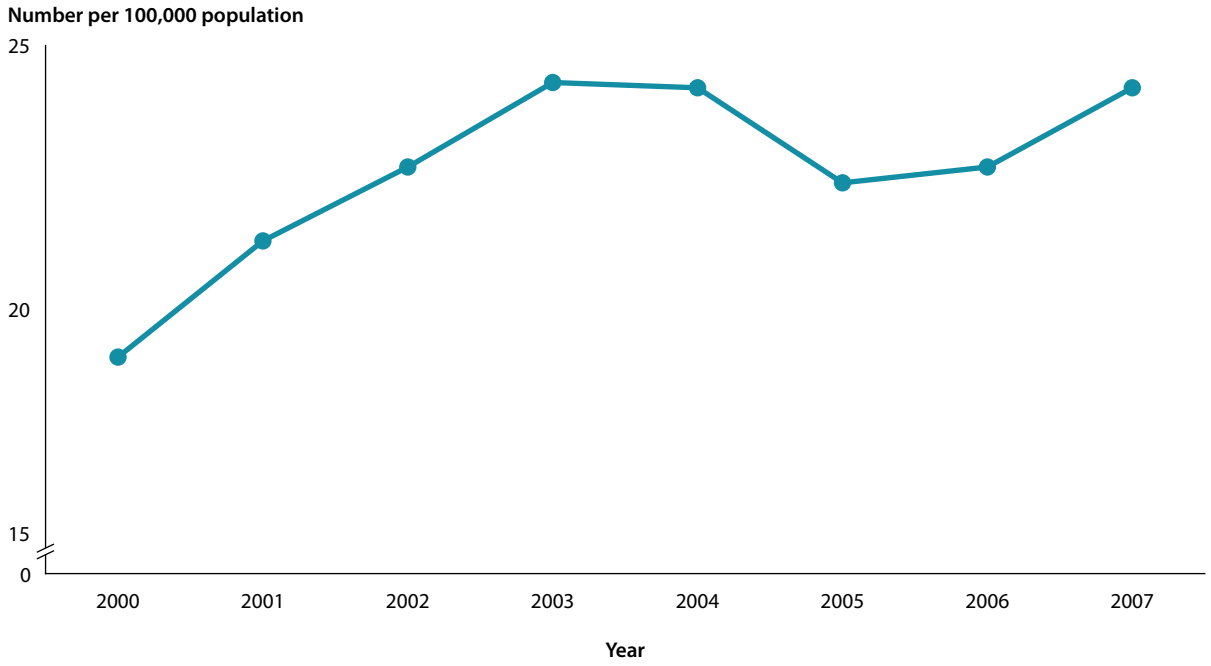
But not in every way

Is Type 1 diabetes increasing?

Type 2 diabetes may not be the only major form of the disease that is on the rise. Type 1 is the auto-immune form that begins mainly in childhood and young adulthood. Its incidence in Australia is being tracked through a national register run by the AIHW. Between 2000 and 2007 the register found an increase of 30% in the rate of new Type 1 cases among children aged under 15 years. The increase was in line with international trends and some earlier Australian studies. Australia's Type 1 incidence among this age group has been estimated as the sixth highest among OECD countries in 2010.

Find out more:
Australia's health 2010
Chapter 4

Incidence of Type 1 diabetes in children under 15 years: trend



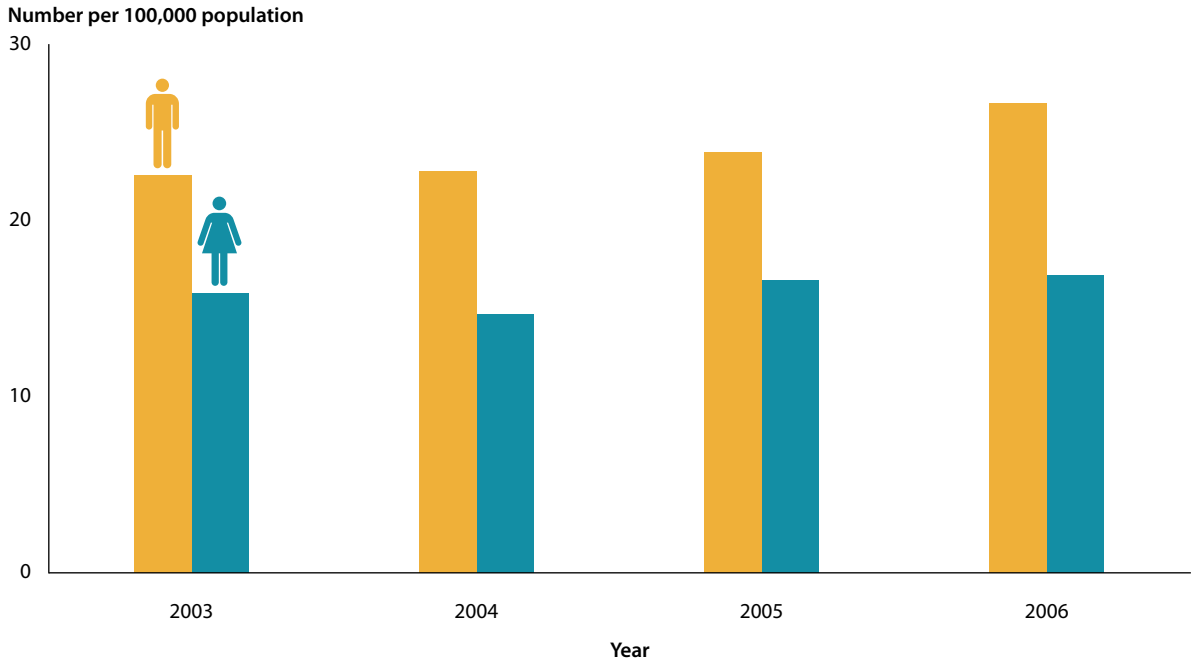
Is severe kidney disease increasing?

Another serious problem that may be arising more often is end-stage kidney disease (ESKD). This is kidney disease that has advanced to the stage where a person's only chance of survival is dialysis, or preferably a transplant. There was a statistically significant increase in the total male incidence rates of ESKD (treated and untreated) between 2003 and 2006, but it is not yet clear if there is an overall trend. Males are affected much more often than females.

One of several possible reasons for any increase may be that kidney disease is a common complication of diabetes, and levels of diabetes are known to be rising.

Find out more:
Australia's health 2010
chapters 4 and 9

Incidence of end-stage kidney disease



But not in every way

Heavier and heavier

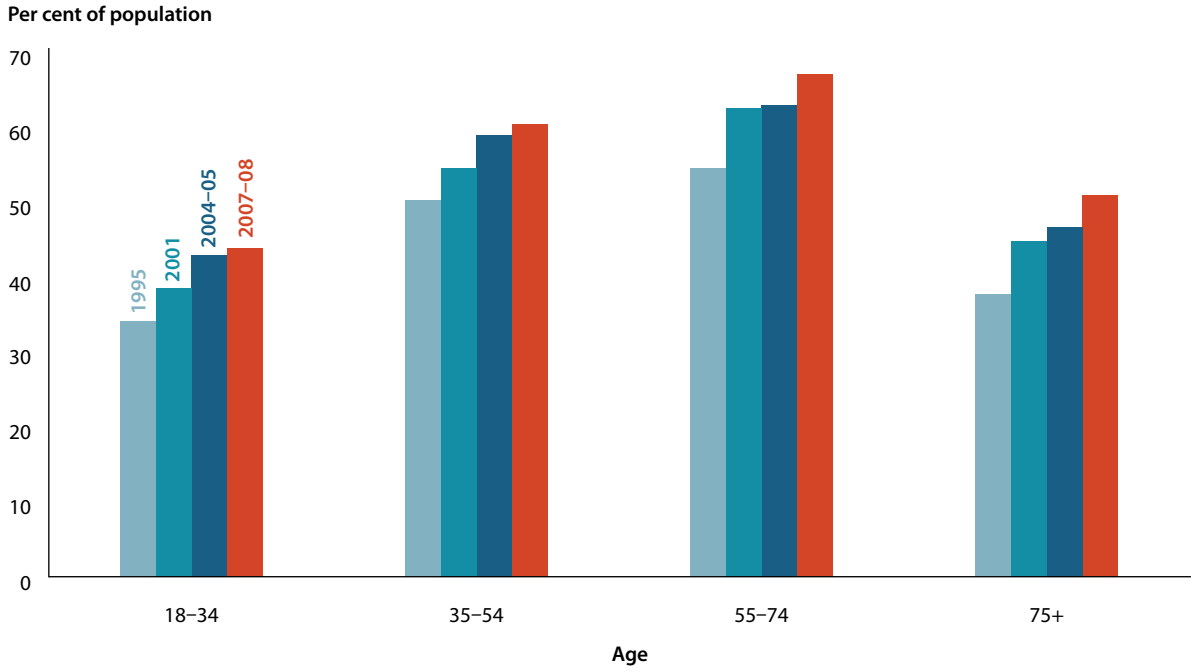
One of the strongest and best-known trends in Australia's health has been the marked and steady increase in bodyweight over the past few decades. Our obesity level puts us squarely among the 'worst' third of OECD countries.

The rise in overweight and obesity has occurred among Australian males and females of virtually all ages. Many experts are concerned about the effect this may have on our rates of diabetes, heart disease and other disorders, perhaps even on our life expectancy.

Based on measured height and weight in 2007–08, 25% of children aged 5–17 years were overweight or obese and this rose to 61% of adults.

Find out more:
Australia's health 2010
chapters 4 and 9

Overweight and obesity prevalence: trends

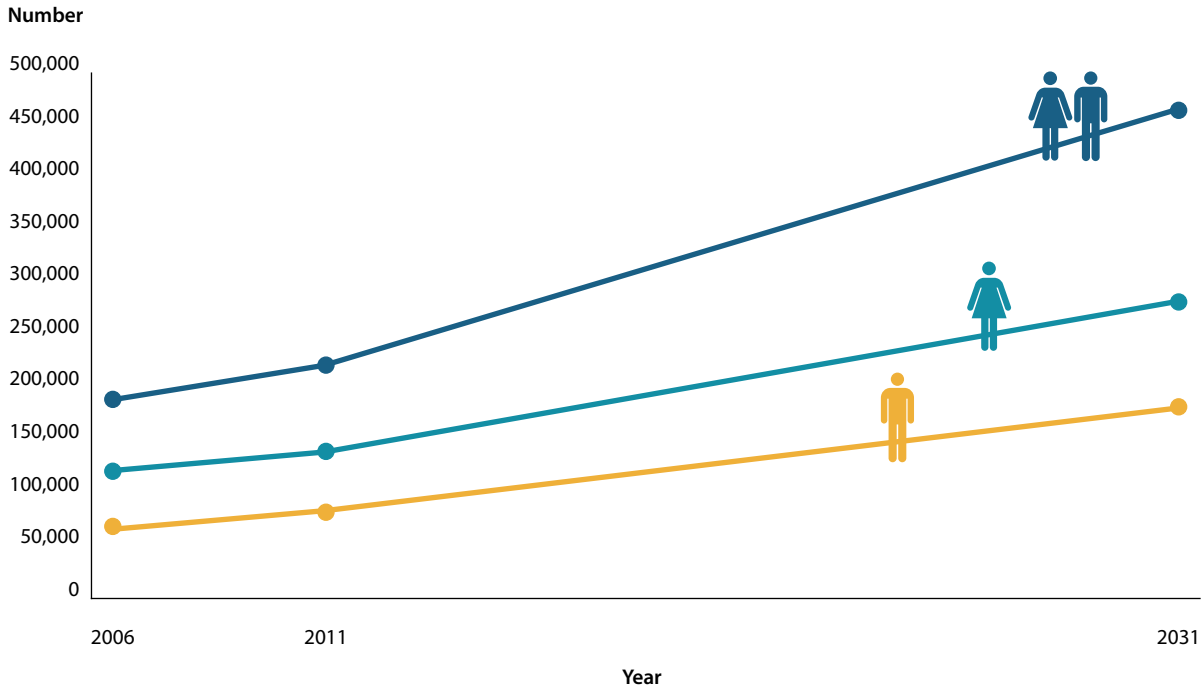


Dementia set to grow

A growing problem in older age is dementia. Numbers are expected to rise markedly as the population grows and more and more Australians reach advanced old age. Over 200,000 Australians are estimated to have dementia in 2010, with the number projected to more than double over the next 20 years. Dementia imposes a serious burden of disease for those affected, with severe levels of disability.

Find out more:
Australia's health 2010
Chapter 4

Projected number of people with dementia



Burden on young minds

Mental problems can weigh very heavily on the young. The latest national survey of the more common mental health disorders found that one in five Australians aged 16–85 years had been affected at some time during the previous 12 months—and this included one in four of those aged 16–24 years. In the estimates of disease burden for 2010, mental disorders account for about *half* of the burden in these young people. (See page 18 of this booklet and Chapter 2 of *Australia's health 2010* for an explanation of DALYs, the burden measure.)

Find out more:
Australia's health 2010
Chapter 6

Mental health DALYs, 2010

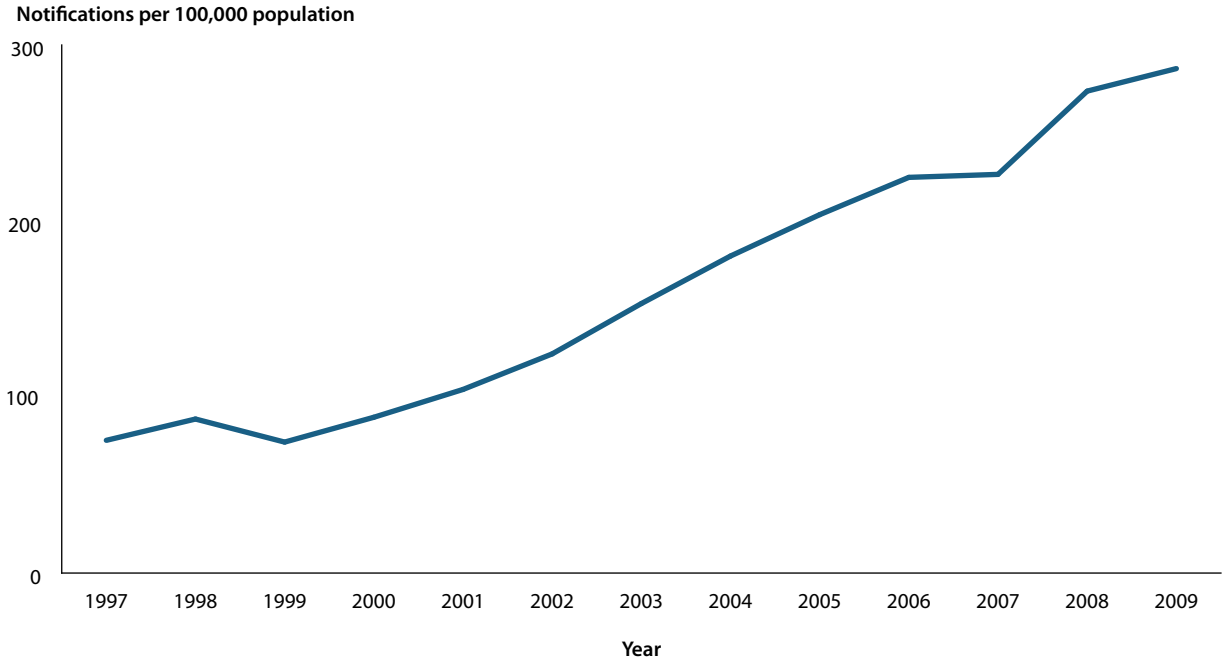
Chlamydia rates rising

Another problem affecting many young Australians is the sexually transmissible infection chlamydia. Often unnoticed at first, it can have serious complications. The rate of chlamydia notifications more than tripled over the last decade and the number of cases, at over 62,000 in 2009, was far higher than for any other infectious disease. Young people aged 15–29 years account for over 80% of the cases. Notifications increased in both males and females, although there were about 50% more notifications for females than males.

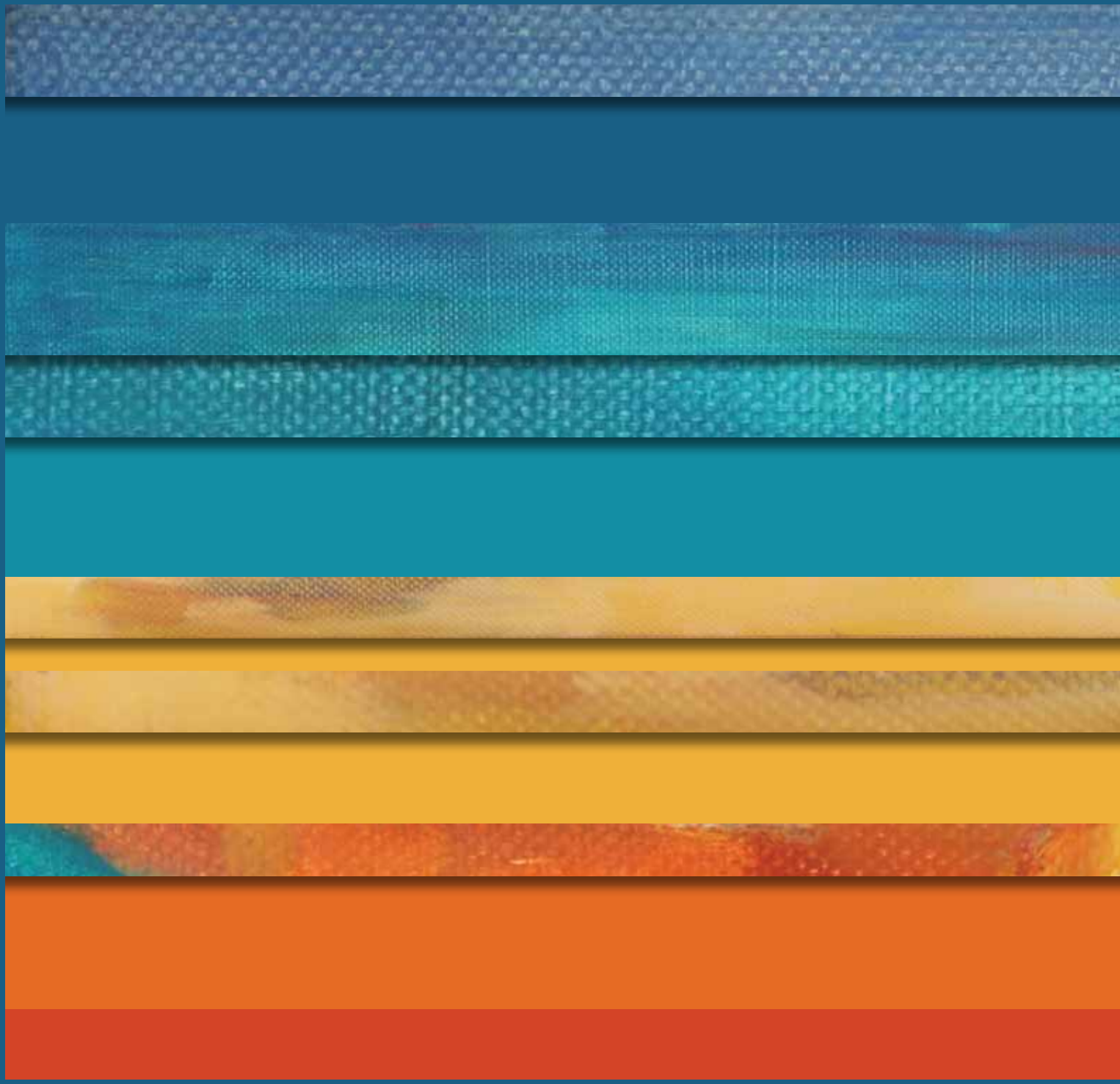
Interestingly, the incidence rates of two other important sexually transmissible infections, HIV and gonorrhoea, were somewhat higher in 2009 than a decade before. But in both cases the rate appears to have been fairly stable in the more recent half of the decade.

Find out more:
Australia's health 2010
chapters 4 and 6

Notification rates of chlamydia: trend



But not in every way



And certainly not everyone is healthy

It is clear that Australia is not healthy in every way. It is equally clear that some Australian groups tend to do worse than others—in some cases much worse. *Australia's health 2010* has special sections on groups who are disadvantaged in their health to varying degrees, including Indigenous people, those of low socioeconomic status, people living in rural and remote areas, the unemployed, and prisoners.

This section begins by showing how death rates vary across different groups. It then covers two important groups, Aboriginal and Torres Strait Islander people and those Australians who rank as the most disadvantaged fifth of the population.

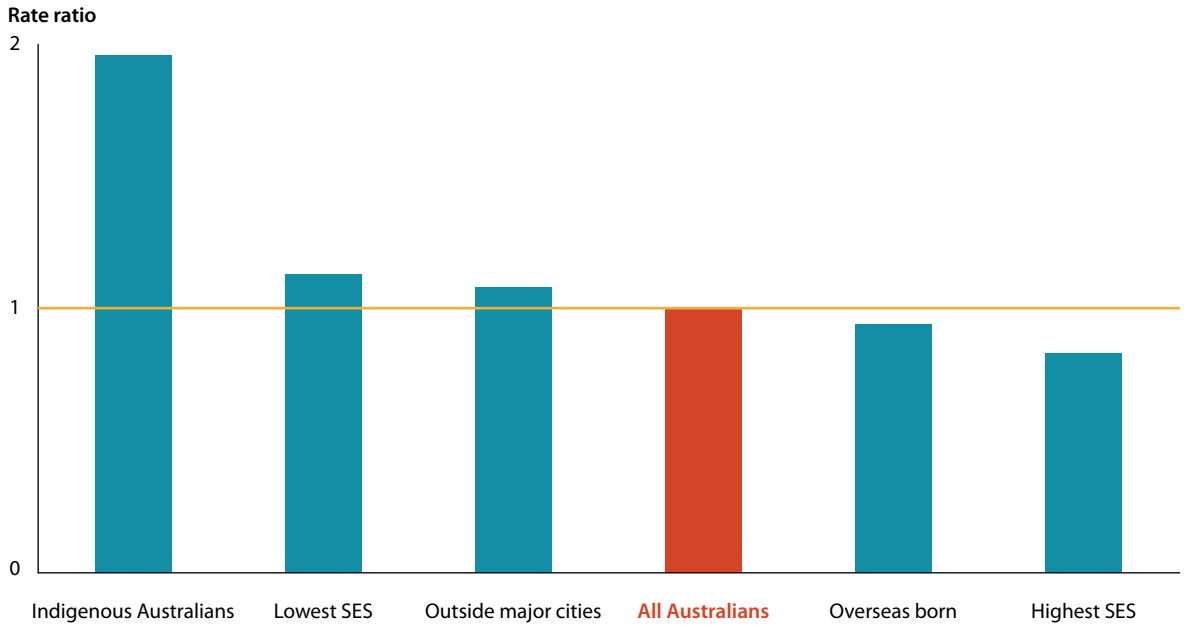
Death by disadvantage?

Overall death rates vary a lot across different groups. Indigenous people have almost twice the rate for Australia as a whole. For the most disadvantaged fifth of Australians (the lowest socioeconomic status: SES), the rate is about 13% higher than the national rate and for those living outside capital cities it is around 8% higher. On the other hand, the rate for overseas-born Australians is 6% lower than the national rate and for the most advantaged fifth (the highest SES) it is about 17% lower.

Note that a number of these groups overlap with each other.

Find out more:
Australia's health 2010
Chapter 5

Death rates compared



High Indigenous death rates

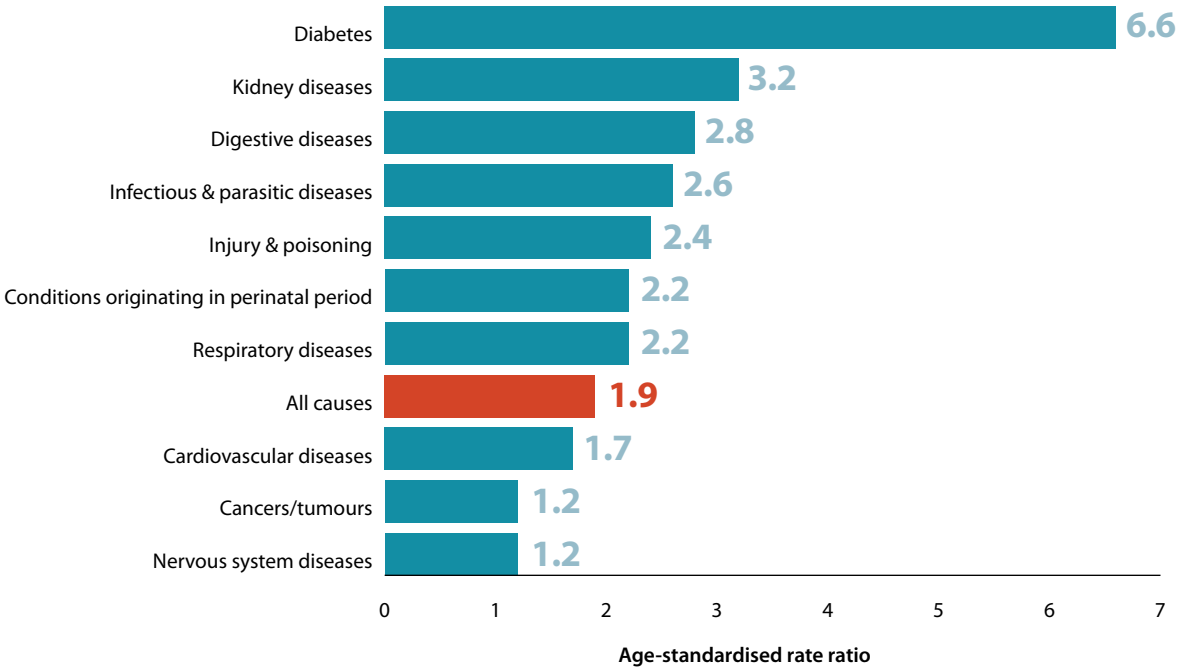
Overall death rates for Indigenous Australians show the general and large gap between their health and that of other Australians. Furthermore, Indigenous males and females have a considerably higher death rate than their non-Indigenous counterparts for a range of major disease groups, often a very much higher rate. The higher Indigenous rates ranged from being 20% higher for cancers/tumours to over 6 times as high for diabetes.

It can also be seen that the higher Indigenous death rate is wide-ranging, not just for a few diseases. This adds up to an estimated life expectancy that for Indigenous males is about 12 years less than that of non-Indigenous males. For Indigenous females the corresponding gap is 10 years.

Note that the mortality ratios given here only allow an Indigenous/non-Indigenous comparison for each disease group. They cannot be used to compare one disease group with another.

Find out more:
Australia's health 2010
Chapter 5

Death rates: ratio of Indigenous to non-Indigenous

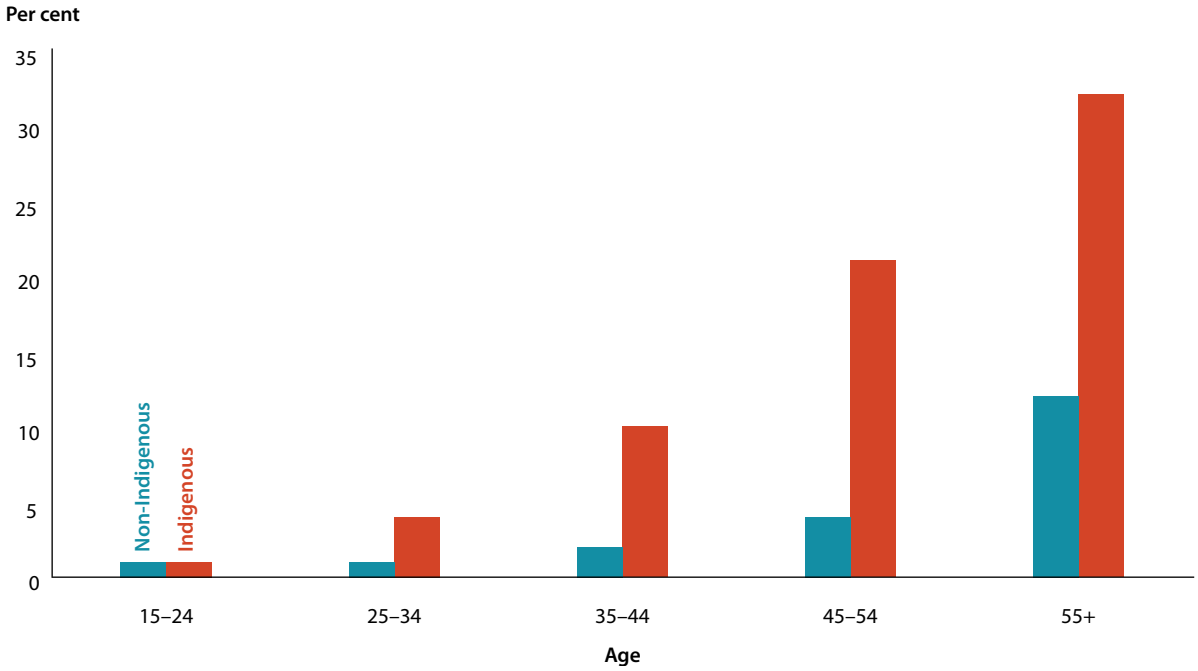


Indigenous diabetes prominent

As suggested by the death statistics, diabetes is very common among Aboriginal and Torres Strait Islander people. Compared with other Australians, Indigenous adults are about three times as likely to report that they have diabetes; and in particular those aged 45–54 years are five times as likely. These findings are strongly reflected in hospitalisation records as well. For Indigenous people the problem is Type 2 diabetes. Their levels of Type 1 are very low.

Find out more:
Australia's health 2010
Chapter 5

Prevalence of self-reported diabetes

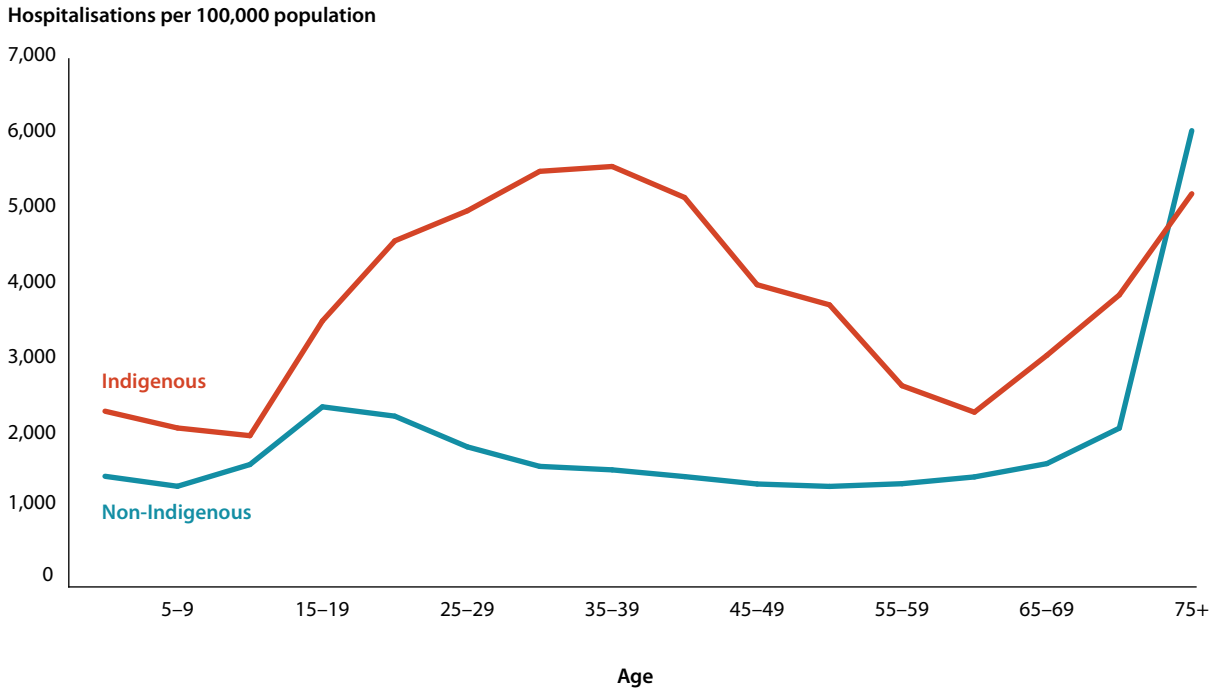


Indigenous injuries high

Rates of serious and fatal injuries are higher for Indigenous than for non-Indigenous Australians. These differences are large across nearly all age groups, for both deaths and hospitalisations due to injury. As for non-Indigenous Australians, motor vehicle crashes are the main cause of injury death for Aboriginal and Torres Strait Islander people, followed by suicide. In the period 2003–2007, Indigenous deaths due to homicide occurred at six times the rate for other Australians.

Find out more:
Australia's health 2010
Chapter 5

Injury hospitalisation rates: trends

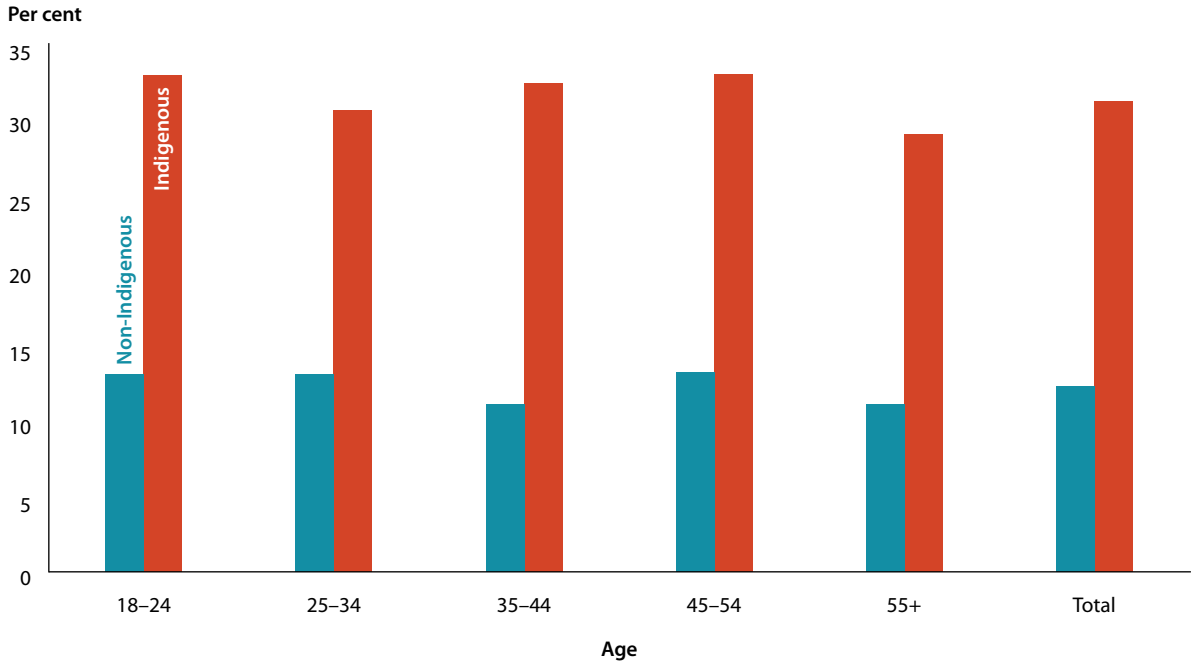


High Indigenous distress

Another window into the quality of life of many Indigenous Australians is their level of psychological distress. Based on answers to a series of questions in national surveys during 2007 and 2008, Indigenous people are about twice as likely to have high or very high levels of distress as other Australians. This pattern is clear across a range of age groups.

Find out more:
Australia's health 2010
Chapter 5

High/very high distress levels



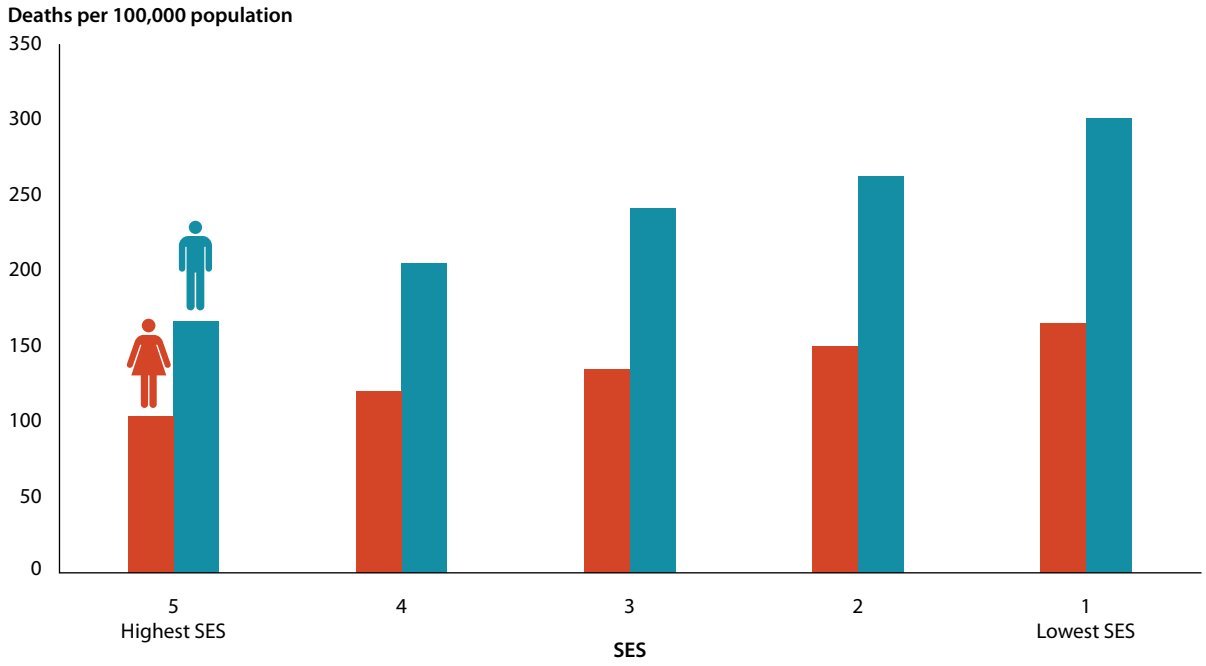
Disadvantage takes its toll

When Australians are grouped according to their social and economic position, the patterns are compelling. Not only do groups with the most disadvantage tend to have much worse health than the best-off groups, there is a clear graded effect on the groups in between. As in the case of Indigenous Australians, the health disadvantage is very wide-ranging. Given the vast numbers of Australians affected by disadvantage, this poses a great public health and society-wide challenge.

As just one example from the period 2002–2006, death rates among 15–64 year olds in the lowest of five socioeconomic status (SES) groups were 70% higher than those in the highest SES group.

Find out more:
Australia's health 2010
Chapter 5

Premature deaths at ages 15–64 years, by SES



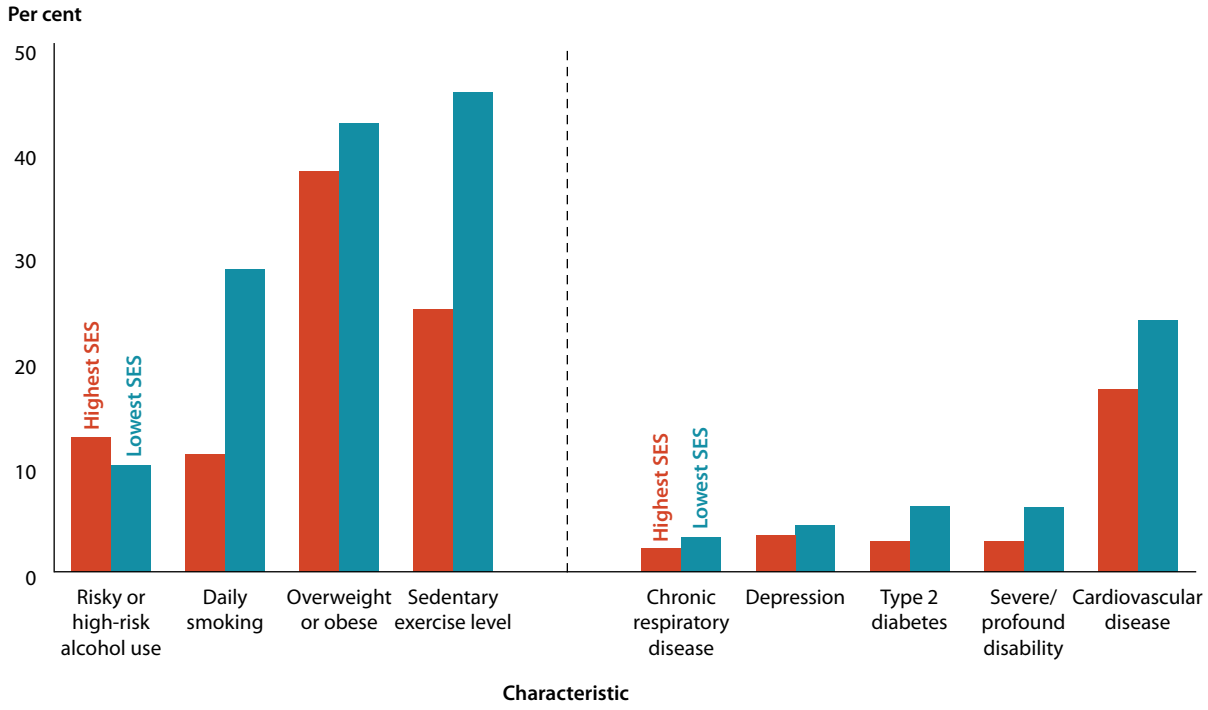
And certainly not everyone

Disadvantage is risky

For many diseases and risk factors, people with the lowest socioeconomic status (SES) report clearly higher levels than those with the highest SES. And in most cases the pattern is a graded one across the SES groups: as the SES level improves, so does the level of health. One interesting exception is risky or high-risk alcohol use, which appears to have no particular SES pattern.

Find out more:
Australia's health 2010
Chapter 5

Prevalence by SES status



But there's much scope to do better

Why can we say this?

First, the international comparisons shown earlier reveal that better health is already being achieved by other countries in many areas (despite Australia's mostly good rankings). Second, time trends show that we can improve even when we are already doing well, and even if we are only competing with ourselves.

A third reason can be explained by our scope to reduce our levels of risk factors—those factors that increase our risk of ill health or death. They are the subject of the this section.

Risky effects

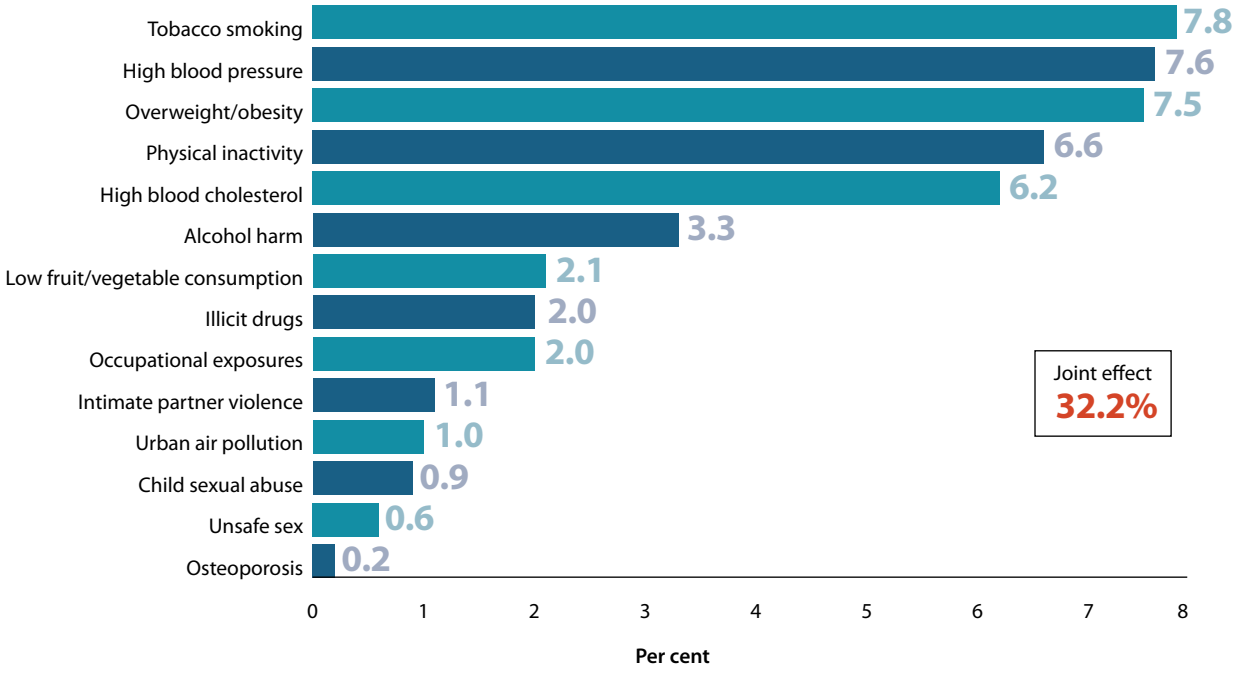
A major study calculated the contribution of 14 risk factors to the total burden of disease in Australia in 2003. Most of the factors are behaviours or strongly related to them. They are all preventable to some degree, often completely. Tobacco made the greatest contribution at the time, closely followed by high blood pressure and overweight/obesity.

The main finding is that together they accounted for *almost one-third* of Australia's total burden of disease. This is another way of showing the great scope to do better.

Note that the combined result is less than the sum of the separate effects, because those effects overlap.

Find out more:
Australia's health 2010
Chapter 3

Proportion of total disease burden contributed by risk factors, 2003



Tobacco, marijuana use down

Rates of cigarette smoking in Australia have been falling for decades. About 1 in 6 Australians aged 14 years and over now smoke daily, compared with around half of adults in the 1950s. Smoking rates among children and young people have fallen apace in recent times: among those aged 12–19 years in 2007, about 1 in 18 smoked daily.

Over the past decade, there has also been a clear and steady fall in the use of marijuana/cannabis. In 2007, fewer than 1 in 10 (9%) of those aged 14 years and over reported having used it in the preceding 12 months. When marijuana/cannabis is excluded, it seems that overall illicit drug use has not declined over the decade. However, heroin use in the preceding 12 months has been stable since 2001 at 2 in every 1,000 people, after reaching a high of 8 in every 1,000 in 1998. Also, the use of methamphetamine (the drug that includes 'ice') in the preceding 12 months steadily declined, from 3.7% in 1998 to 2.3% in 2007.

Find out more:
Australia's health 2010
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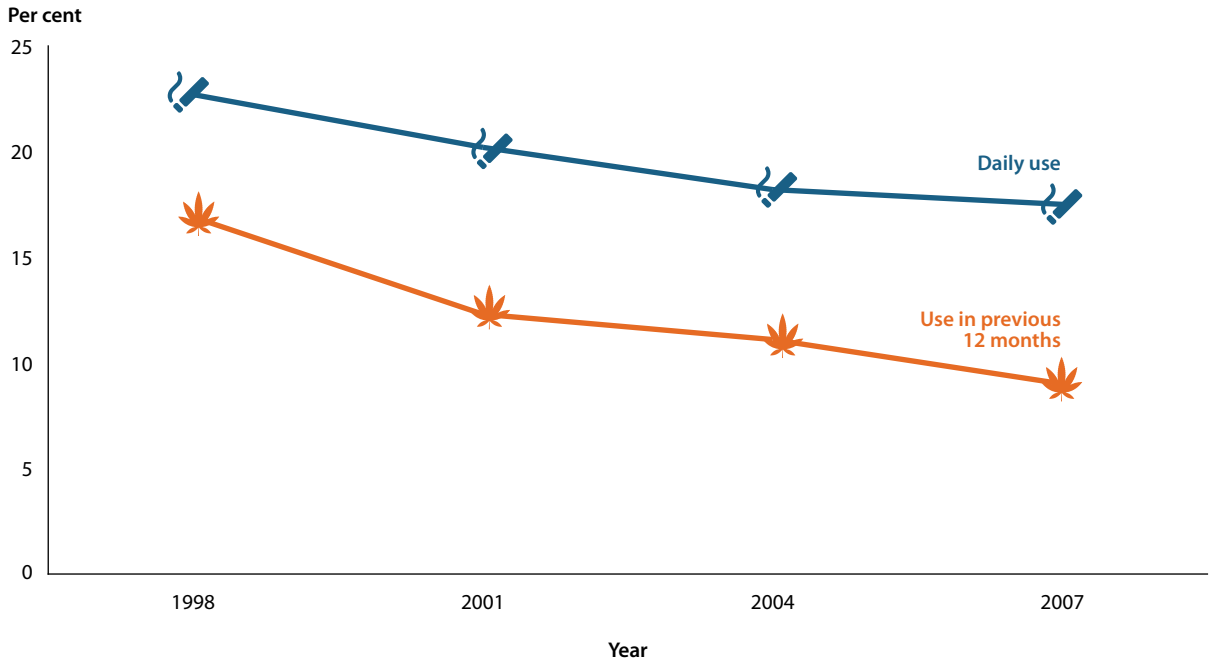
Prevelance of smoking and marijuana use: trends



But there's scope to do better

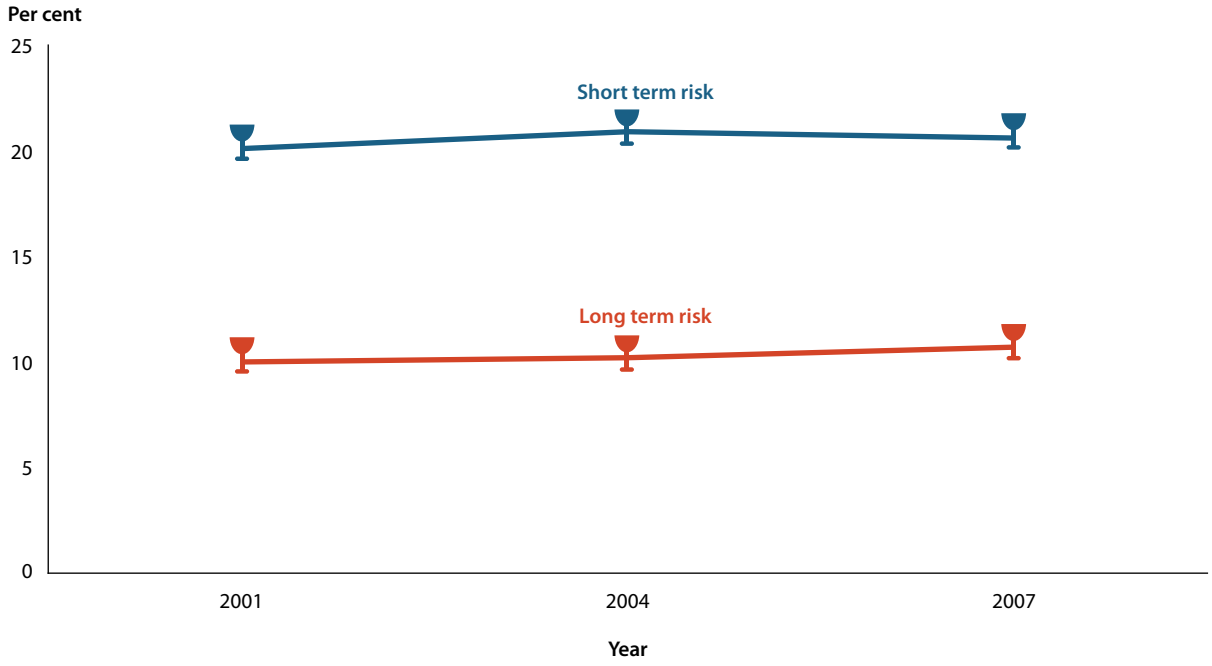
But alcohol flat

Despite encouraging falls in the use of marijuana/cannabis and cigarettes, levels of risky alcohol use have not improved lately. The latest three national surveys show this clearly between 2001 and 2007. In each of the survey years, about 1 in 10 Australian adults put their health at long term risk by drinking too much. Similarly, double that number drank in a way that was risky in the short term.

In 2007, fewer than 1 in 250 (0.4%) young Australians aged 12–17 years drank alcohol daily, compared with about 1 in 11 (8.7%) adults as a whole. As with adults, levels of risky alcohol use among young people have been fairly stable over the last decade.

Find out more:
Australia's health 2010
Chapter 3

Prevelance of risky drinking

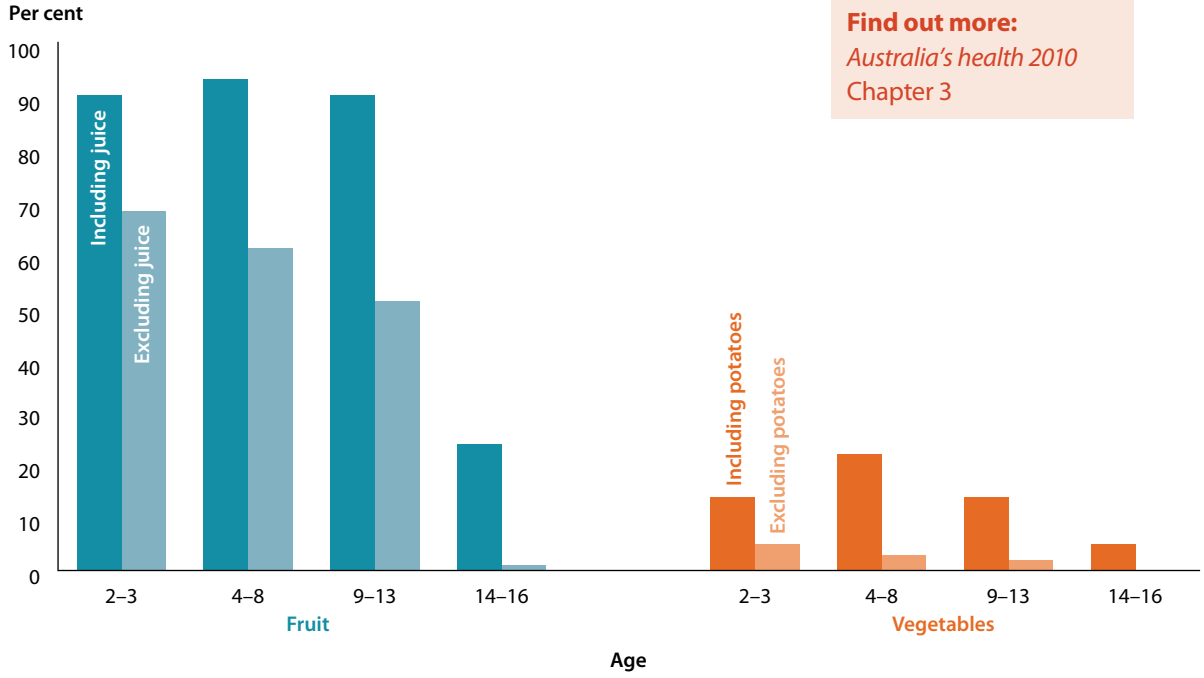


Eating our fruit and vegies?

Low consumption of fruit and vegetables was ranked seventh among 14 risk factors in its contribution to Australia's disease burden in 2003. More recent findings suggest that Australia's consumption falls far short of health recommendations. From self-reported data in 2007–08, about half of adults consumed 2 or more serves of fruit per day, when the recommended number is 2–4 serves. For vegetables, fewer than one in 10 ate 5 serves per day, when the recommended number is 4–8 serves.

A national children's survey in 2007 shows that this problem strongly applies to children too, although their recommended fruit and vegetable serves are generally fewer than for adults. Take 14–16 year olds, for example. If fruit juice is not counted as a fruit serve, only 1% of them met the fruit recommendations; and when it is counted, only 24% did. The situation was much worse for vegetables. If potatoes are counted, about 5% met the recommendations. If they are not counted, none did. Although younger children ate slightly more fruit and vegetables, their intakes were still below recommendations.

Children meeting recommended serves of fruit and vegetables, 2007



Find out more:
Australia's health 2010
Chapter 3

But there's scope to do better

We're spending more and doing more

Every year Australia spends more on its health, even after allowing for inflation. In 2007–08 we spent over $100 billion for the first time. But the records also show that a lot more is being done with those increasing dollars, both by hospitals and in the community. For example, the number of hospital admissions rose by 37% in the decade to 2007–08. This far outstrips population growth and our mostly favourable health trends (see earlier) suggest it is unlikely to reflect any overall health problem.

Using the latest available data, this section gives a perspective on Australia's trends in expenditure, shows where the money goes, and provides some examples of how activity has increased.

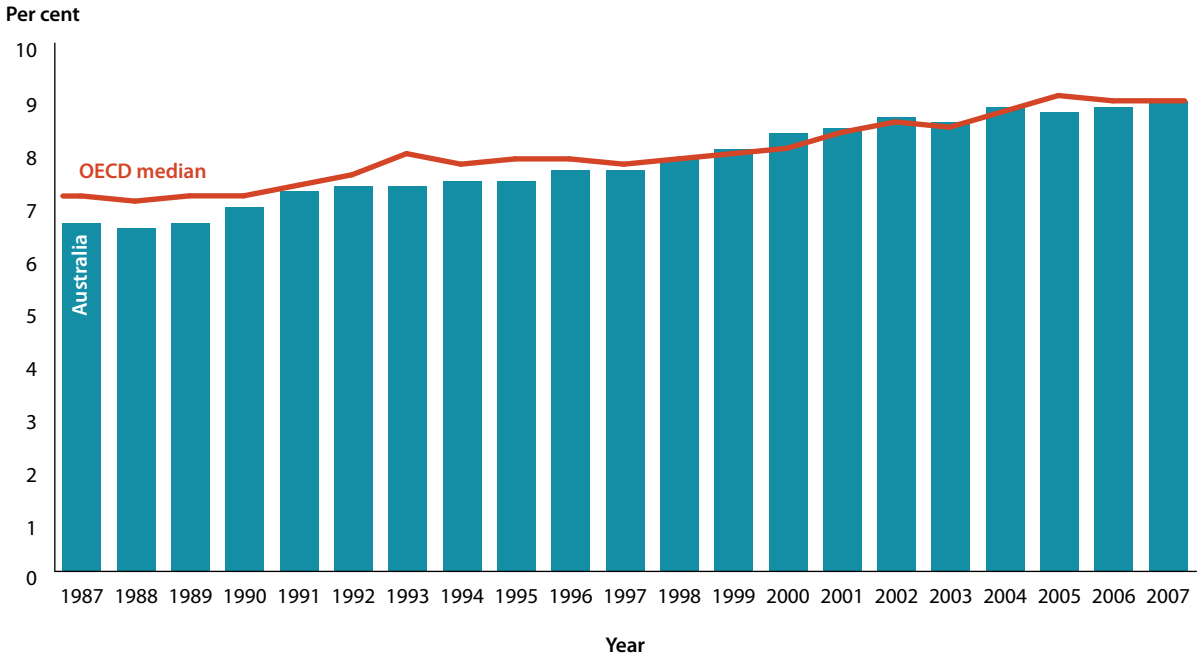
An average spender

For the sake of comparison, health expenditure can be expressed as a percentage of a nation's total expenditure—its GDP or gross domestic product. In the financial year 2007–08, Australia's health expenditure was $103, 563 million, amounting to 9.1% of GDP. It can be seen that this ratio has increased fairly steadily over the years, having been 7.8% a decade before.

As a share of GDP, where does this place Australia in the international league? Right in the middle of similar countries, tracking very close to the OECD median over at least the previous decade. In 2007–08, Australia's share was more than that of the United Kingdom (8.4%), close to the OECD median (8.9%) and much less than that of the United States (16%).

Find out more:
Australia's health 2010
Chapter 8

Health expenditure as a proportion of GDP, Australia and OECD median



Where the dollars go

As always, hospitals were by far the biggest area of health expenditure in 2007–08. They consumed almost 4 in every 10 dollars (39%) of recurrent health expenditure (which in turn made up 95% of total health expenditure). Hospitals were followed at 19% by medical services (that is, those by GPs and specialists as private practitioners), with medications making up another 14%.

Find out more:
Australia's health 2010
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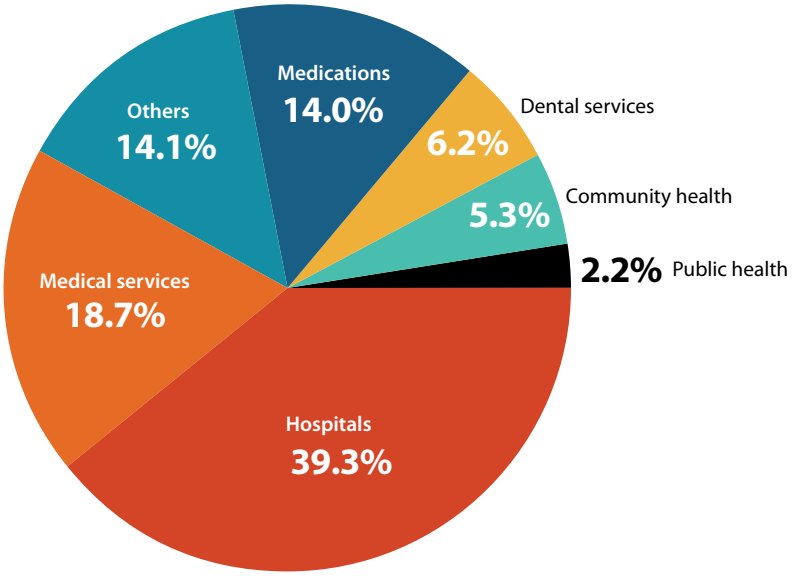
Recurrent health expenditure, current prices, by area of expenditure, 2007–08



More for prevention?

The importance of public health activities—prevention and health promotion—is clearly recognised by all health authorities. The section on risk factors in this booklet helps us see why. Government expenditure on public health has increased over time and in 2007–08 it was $2,159 million. This represented about 2.2% of recurrent expenditure that year, an increase from 2.0% the year before. Much of that increase was due to more being spent on organised immunisation programs, especially the human papillomavirus program.

Immunisation and other measures to control infectious diseases account for much of the government spending on public health—close to 45% in 2007–08. Health promotion activities accounted for 17%, about $367 million across the nation.

Find out more:
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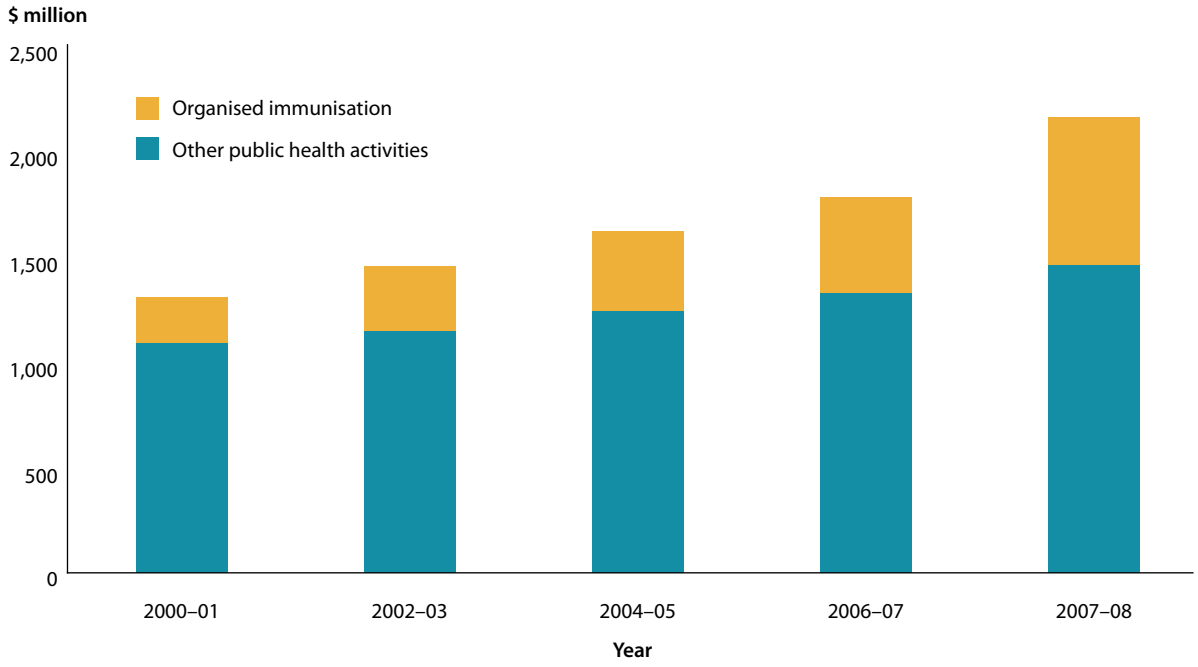
Chapter 8

Total government expenditure on public health activities

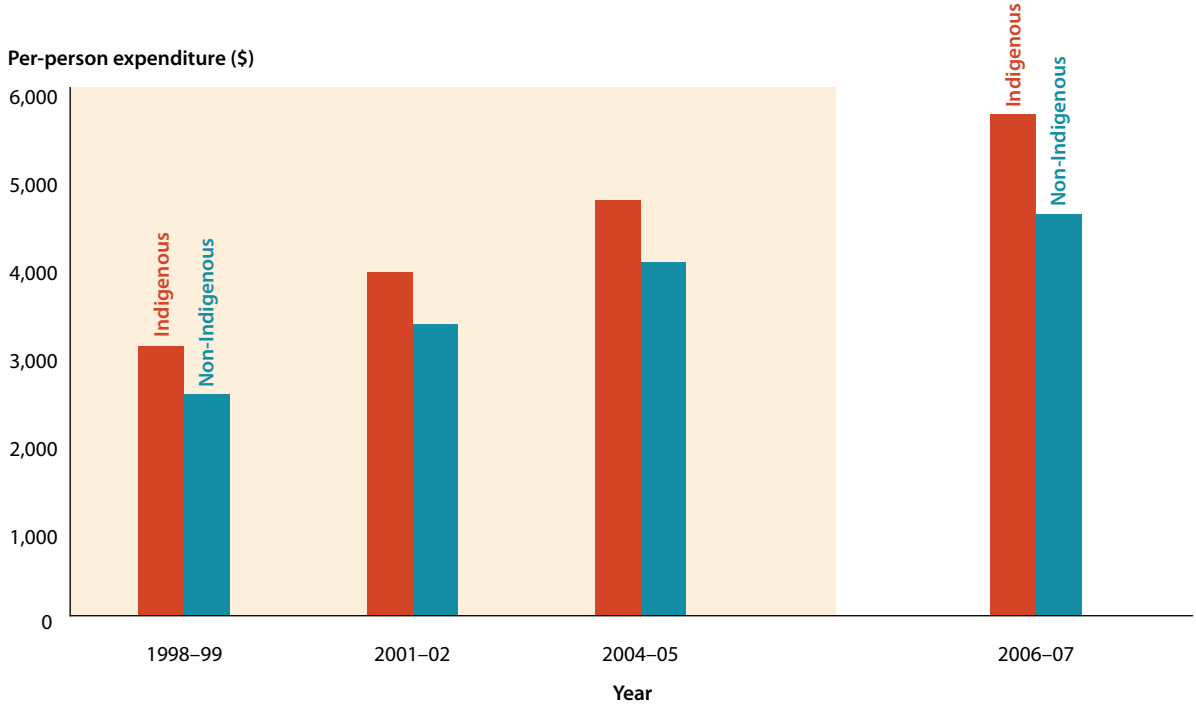


More for Indigenous health?

Earlier in this report we showed how Indigenous Australians have much higher rates than other Australians for injuries and a range of major diseases. Calculations show that per-person spending on health and high-level residential aged care in 2006–07 was 25% higher for Indigenous Australians than for other Australians. This pattern of higher spending was similar to that of previous years, but the 2006–07 calculation is based on different methods and cannot be directly compared with those for earlier years.

Find out more:
Australia's health 2010
Chapter 8

Health expenditure per person for Indigenous and other Australians, current prices

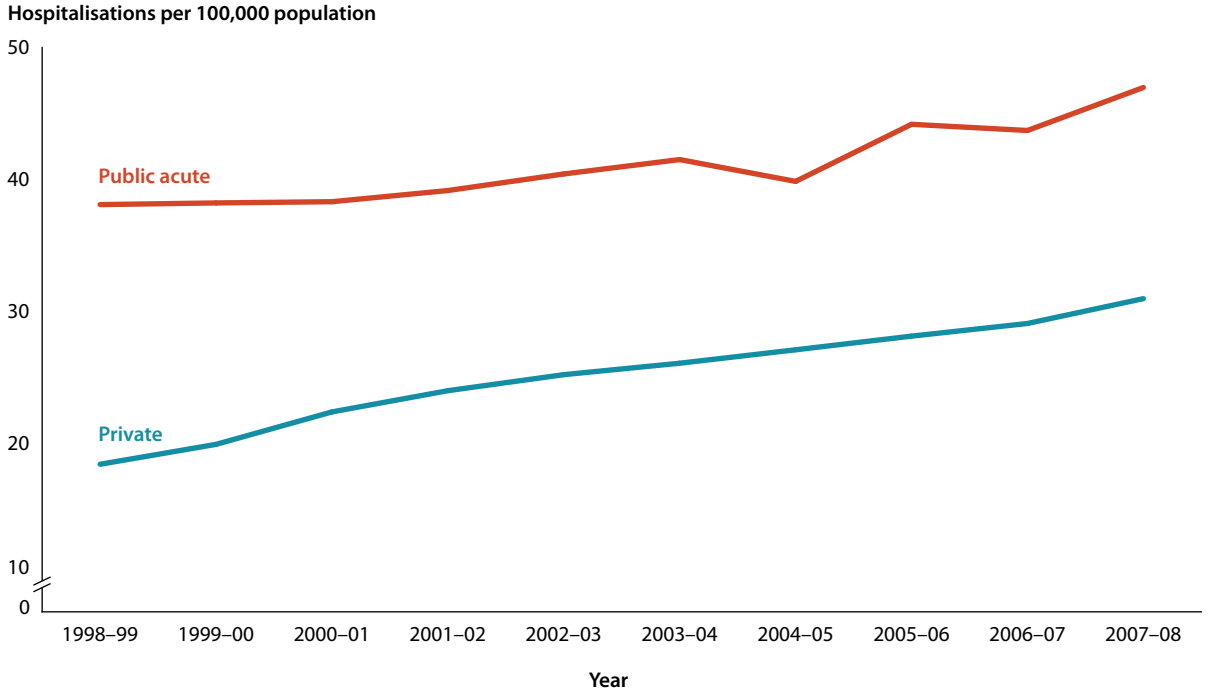


Hospitals increasingly busy

Our health system is certainly more and more active along with the growing expenditure. For example, in the decade up to 2007–08 hospitals have become increasingly busy, especially private hospitals. The number of admissions grew by 67% for private hospitals and 23% for public acute hospitals and the overall hospital increase was 37%. Even when admissions are expressed as rates, and so adjust for increases in the population, they increased by 40% for private and 5% for public acute hospitals.

Find out more:
Australia's health 2010
Chapter 7

Admission rates: trends



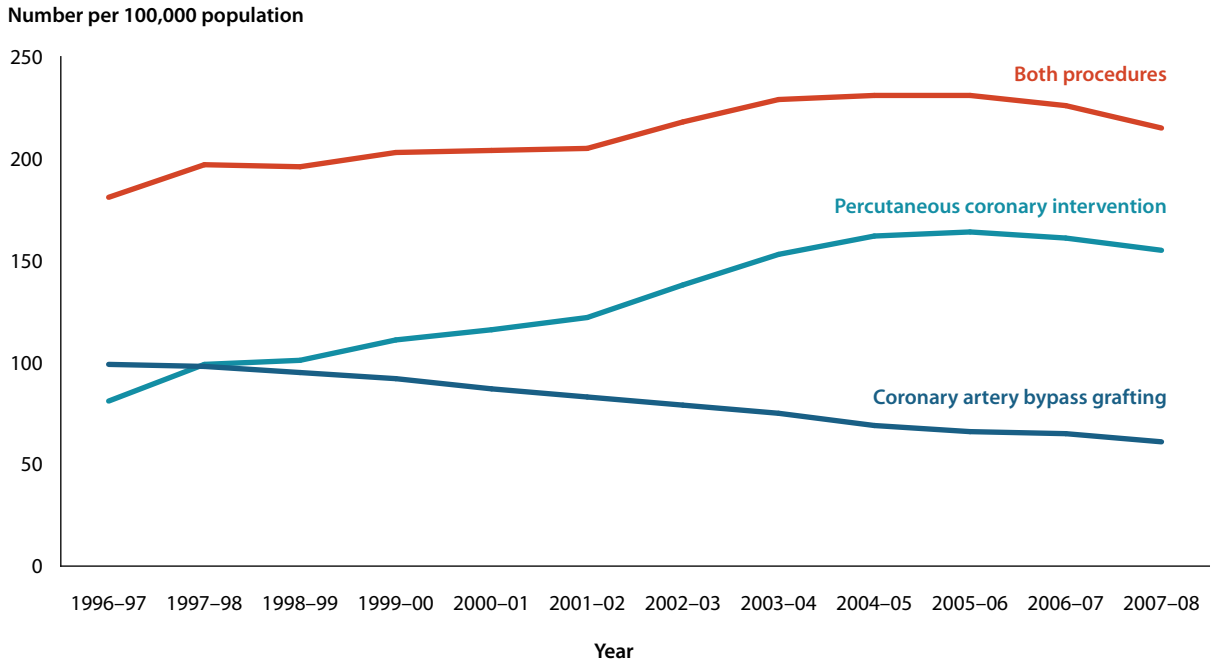
Restoring the flow

One of the great cardiovascular advances over the past few decades has been the use of procedures to unblock or bypass blocked heart arteries (the cause of angina and heart attacks). When the procedures are combined, it can be seen how the overall rate (number per 100,000 population) increased over most of the last decade. For major hospitals, these procedures are among the most remarkable developments of recent times.

Although the rates of bypass grafting fell over the period, those for the unblocking procedures known as percutaneous coronary interventions (PCIs) rose even faster until the second half of the last decade. The PCI rate fell slightly in 2007–08 but the actual number of PCIs was still very high, at about 35,000.

Find out more:
Australia's health 2010
Chapter 4

Cardiovascular procedures: trends

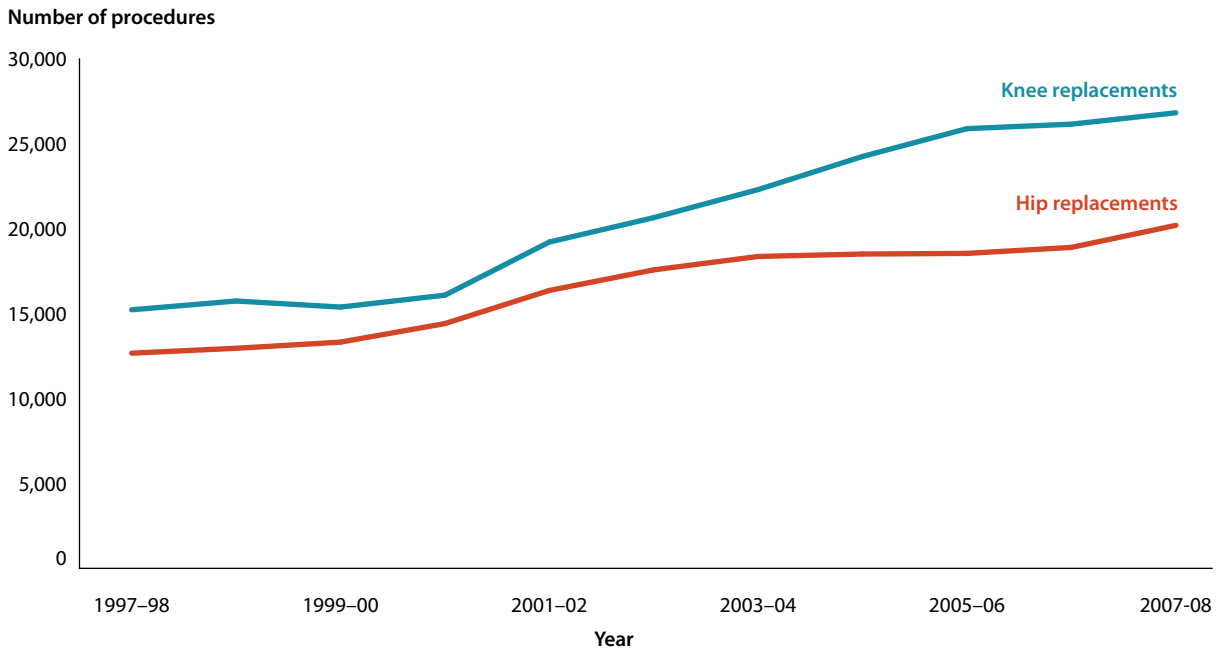


Joint replacements up

Another prominent feature of greater hospital activity has been the rate of total joint replacements, notably those of the hip and knee. In 2007–08 over 47,000 of these procedures were done for osteoarthritis and other diseases of the musculoskeletal system—about 20,000 for the hip and 27,000 for the knee. This was a 33% increase in the rate of these procedures (number per 100,000 population) compared with a decade before and a 69% increase in the actual number.

Find out more:
Australia's health 2010
Chapter 4

Knee and hip total replacements for musculoskeletal conditions: trends

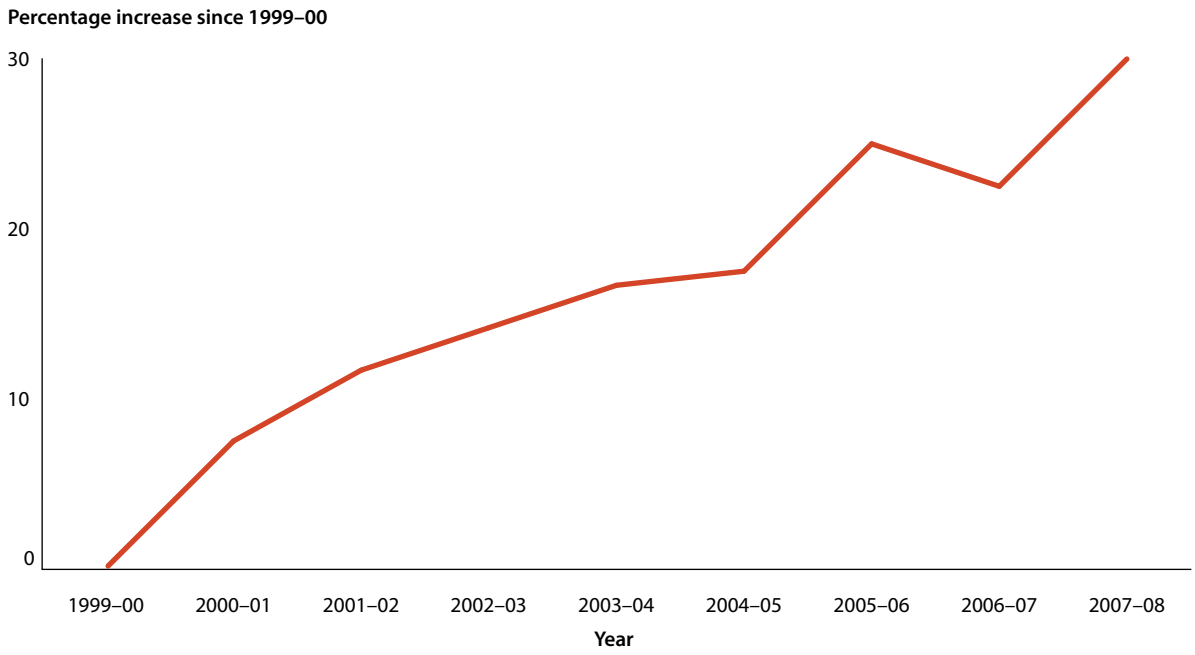


Special Indigenous services grow

Hospitals are only one of the health areas where activity is growing. Between 1999–00 and 2007–08 the number of primary health-care services set up for Indigenous people grew by 30%, from 120 to 156; and the episodes of health-care they provided grew even more, by 52%.

Find out more:
Australia's health 2010
Chapter 7

Indigenous primary health-care services



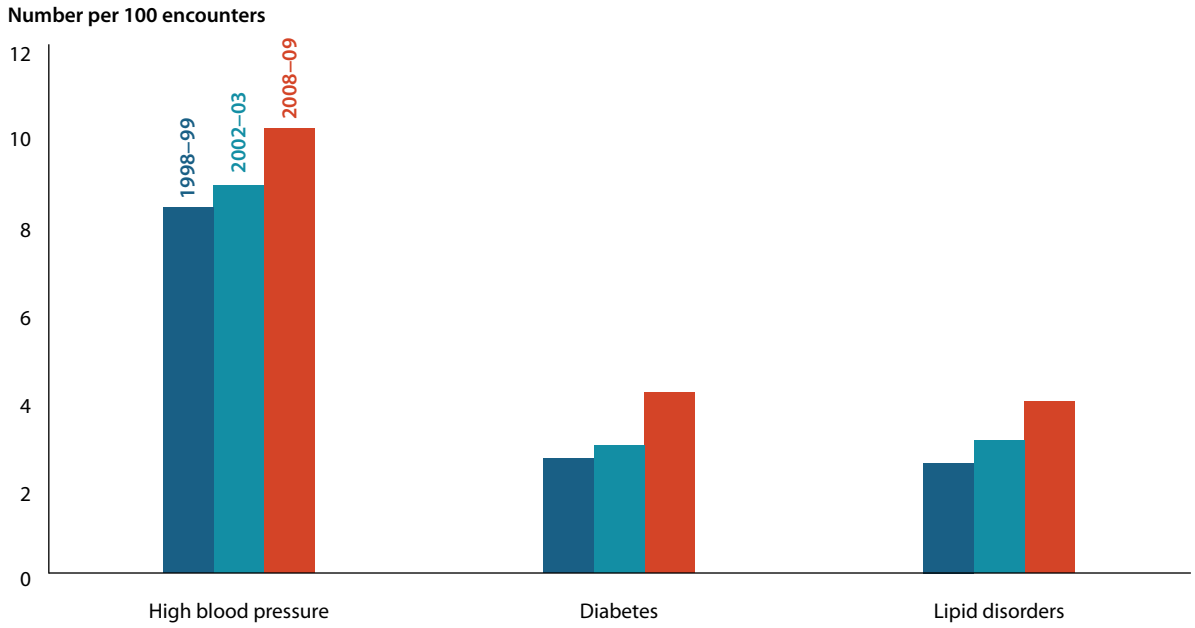
GPs preventing more?

Over the last decade there have been significant increases in GPs' management rate of major health problems such as high blood pressure, diabetes and cholesterol disorders. This can be regarded as chronic disease management but it is also prevention because the three problems are all risk factors for cardiovascular disease (and for kidney disease in the case of high blood pressure and diabetes).

In line with this, GPs are increasingly prescribing cholesterol lowering drugs and monitoring patients' cholesterol levels. They are also showing greater use of asthma maintenance therapy for their patients and involvement in detecting cancers of the breast, cervix, skin and prostate.

Find out more:
Australia's health 2010
Chapter 7

GP management rate of selected problems: trends



Some successes and changes are apparent

The first section of this report highlighted a few important areas which can only be seen as successes. In fact, despite all the problems and all the room for improvement, the general picture suggests there must be many successes occurring at many levels of the health system.

As *Australia's health 2010* points out in Chapter 9, however, it can be difficult knowing just how much credit to give directly to the health system as such and how much to the wider society. For example, how much of the fall in heart disease is due to greater health awareness among the public, so they are less likely to smoke and more likely to seek control of their blood pressure and cholesterol level? Or how much of the fall is due to treatment by doctors, nurses and others for patients in private practice and hospitals?

This section focuses on two areas for which treatment can take much, if not all, of the credit: survival from heart attack and survival from cancer. The section also presents a statistic, 'potentially avoidable deaths', that estimates the rate of premature deaths, avoided through prevention or treatment.

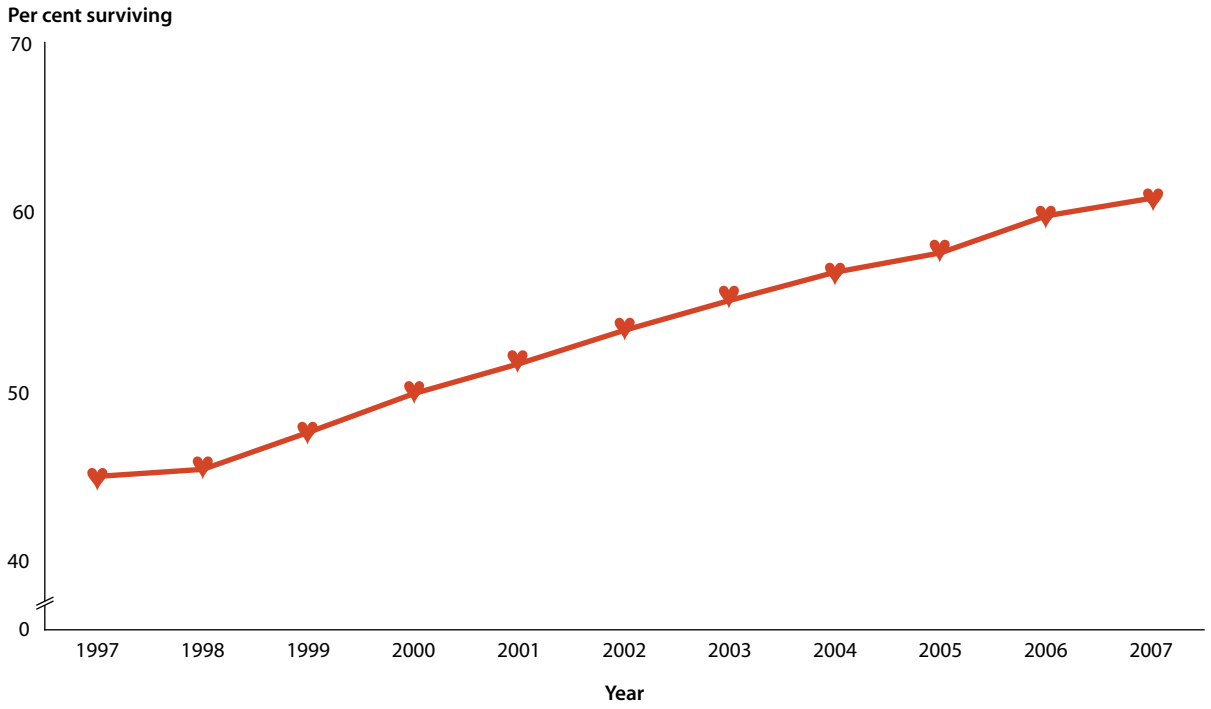
Surviving heart attacks better

People who have heart attacks appear to be having an increasingly better chance of surviving over the years. For those aged 40–90 years who had a heart attack in 2007, over 3 in 5 survived, compared with less than a half a decade before. 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.

It is worth noting the significance of this finding and the fact that heart attacks are still often fatal. Coronary heart disease, of which heart attack is a major feature, was still the leading specific cause of death for both males and females in 2007. Although most of these coronary deaths occur in older Australians, for males they are still the leading specific cause in the 25–64 year age group.

Find out more:
Australia's health 2010
chapters 4 and 9

Survival following heart attack: trend

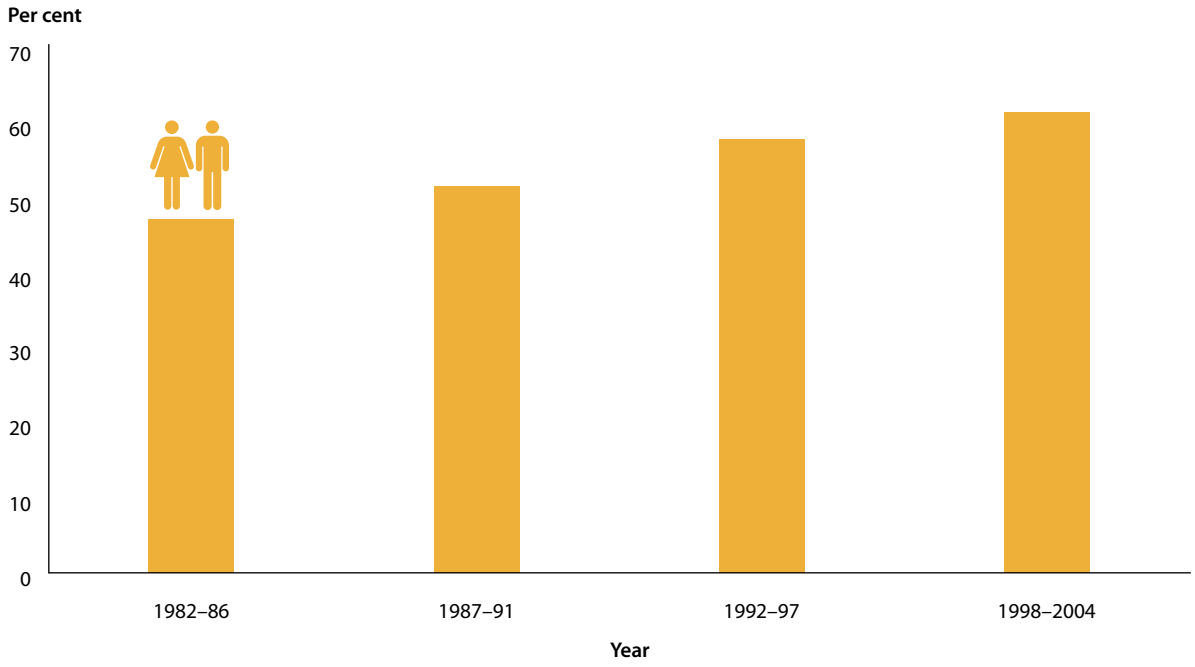


Cancer survival improving

Cancer is now the leading cause of Australia's national burden of disease and injury (see earlier) and many cancers can shorten people's lives. Over recent decades, however, there has been progressively better cancer survival. From the latest estimate the overall 5-year survival of those with cancer, relative to those without it, was 61% compared with 47% in the early 1980s.

Find out more:
Australia's health 2010
chapters 4 and 9

Survival of people diagnosed with cancer: trend



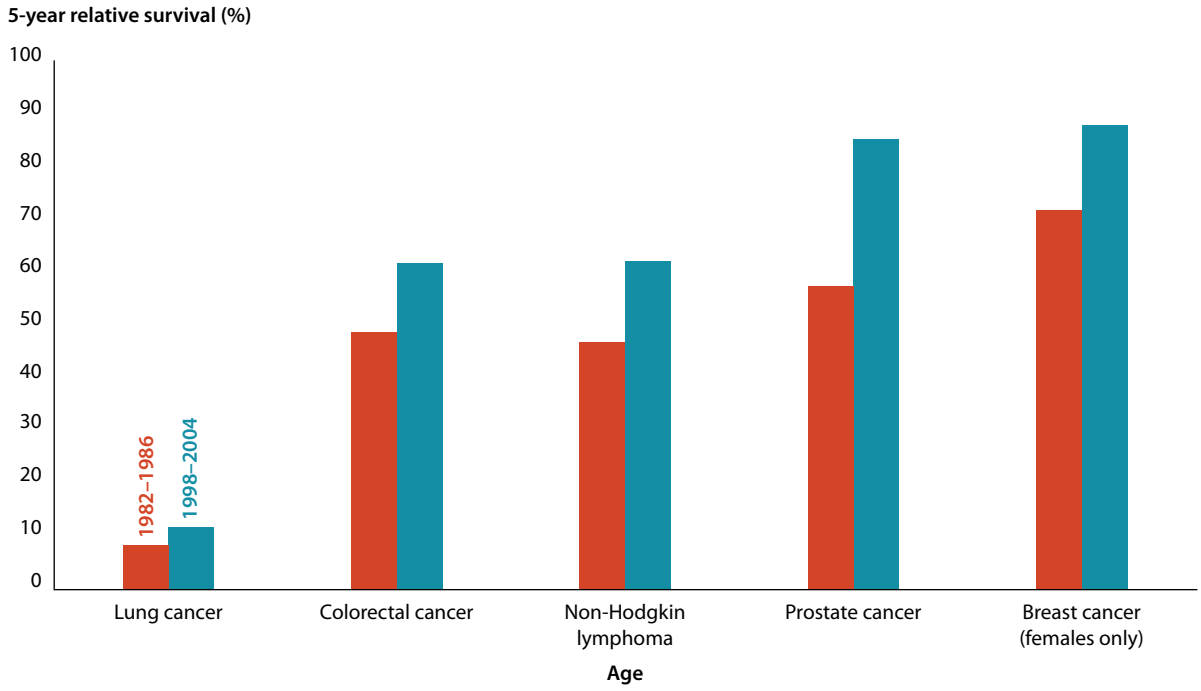
Cancer survival: examples

For people with two leading cancers, prostate and breast, there has been a large increase in survival over the period 1982–1986 to 1998–2004 (the latest period examined for survival). In 1998–2004, the 5-year relative survival for prostate cancer was over 85% and for breast cancer it was 88%. For those with colorectal cancer and non-Hodgkin lymphoma there have been similar gains over the two decades, with their relative survival standing at around 62–63% in 1998–2004.

For lung cancer, however, there has continued to be very poor improvement and relative survival, which stood at 12% in 1998–2004. Lung cancer still causes far more deaths than any other cancer.

Find out more:
Australia's health 2010
Chapter 4

5-year relative survival for common cancers: trends



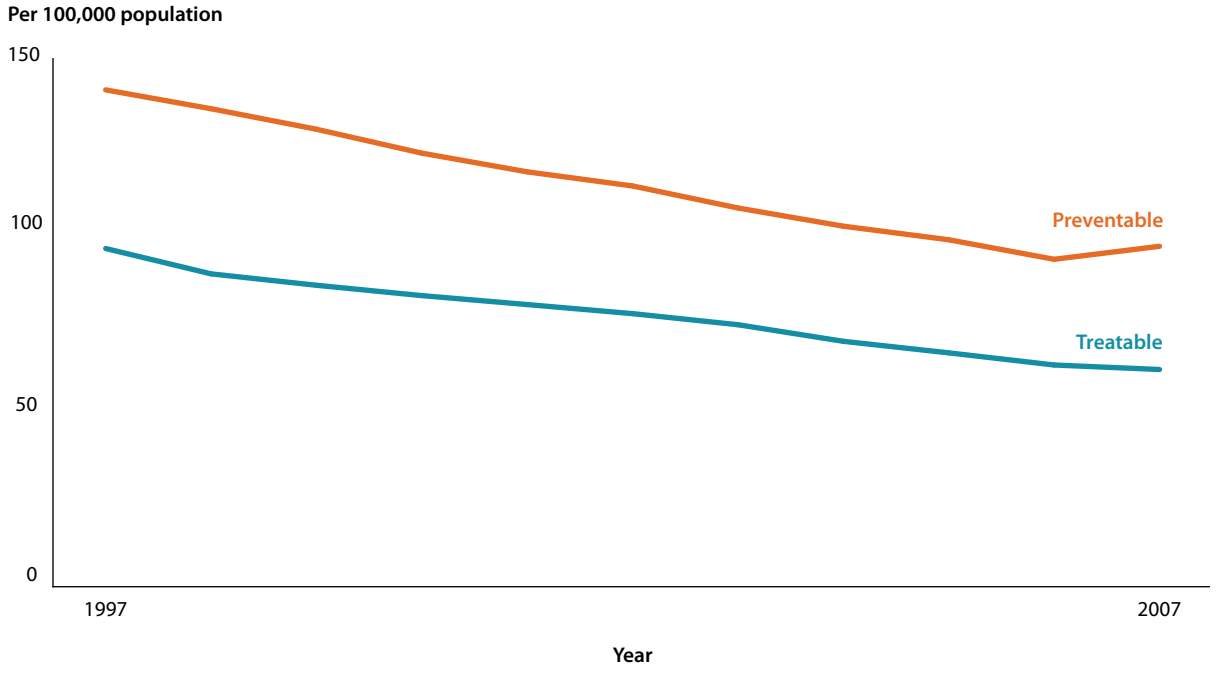
Realising our potential?

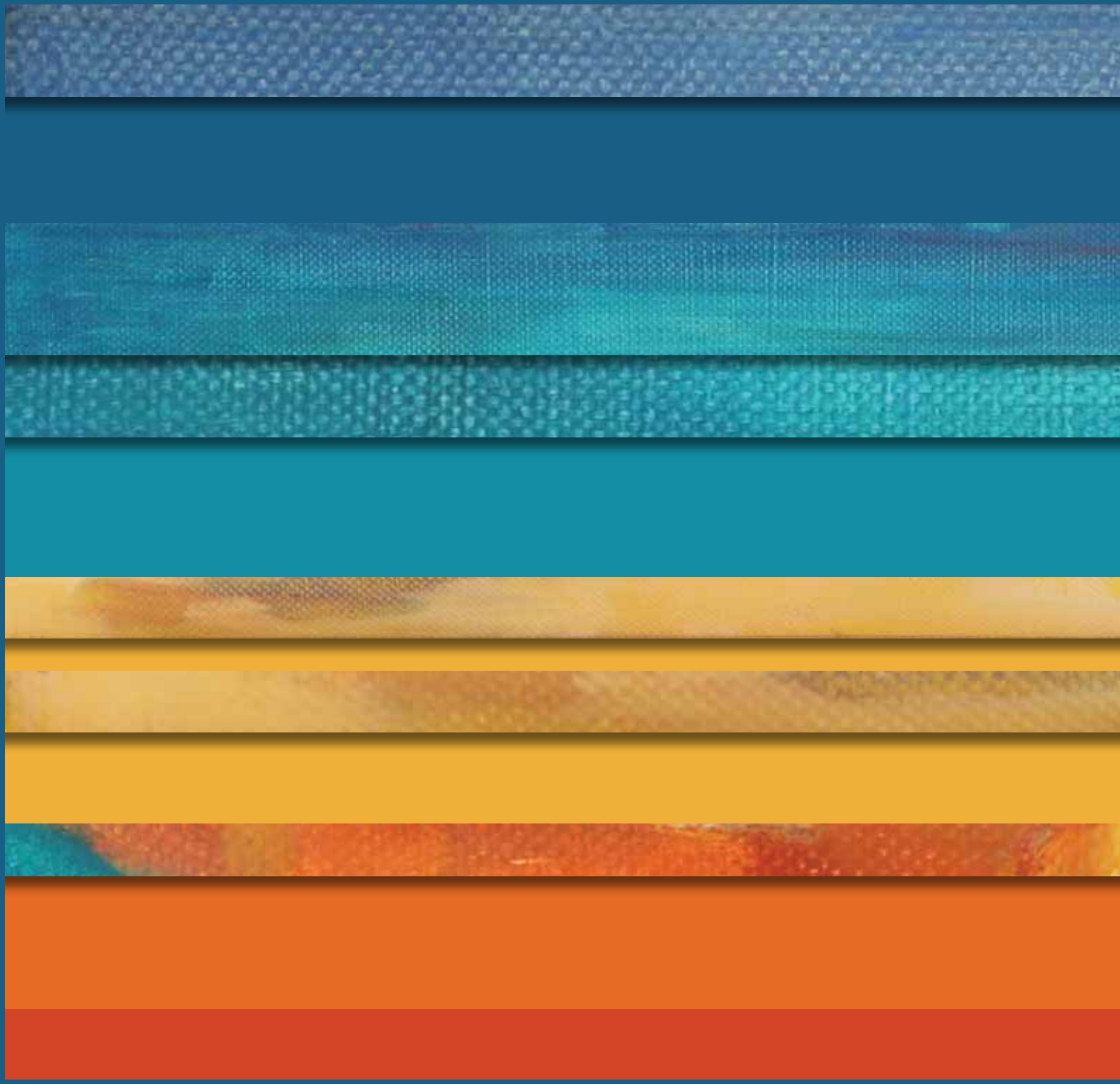
One way of assessing the health system's performance is to see if there are improvements over time in the rate of 'potentially avoidable deaths'. These are deaths of people under the age of 75 years from a set of conditions that are considered avoidable within the health system as it is now. These avoidable deaths are considered either 'preventable', such as those from HIV/AIDS, injuries or lung cancer; or 'treatable', such as those from asthma or appendicitis; or both, such as deaths from coronary heart disease, stroke and diabetes.

Here, there has been a large improvement over the past decade in both 'preventable' death rates (a 40% drop) and 'treatable' ones (34%).

Find out more:
Australia's health 2010
Chapter 9

Potentially avoidable deaths: trends





But important challenges remain

Whatever the gains that have been achieved in Australia's health, there will always be challenges. Many of these challenges will relate to lack of progress in some areas of people's health, some to what are seen as failures in the health system, and others to the challenge of simply maintaining the progress achieved.

This final section begins with two areas where things appear to have worsened lately. It finishes by listing a few other examples that may be of interest, where there has been little or no evidence of improvement in recent times.

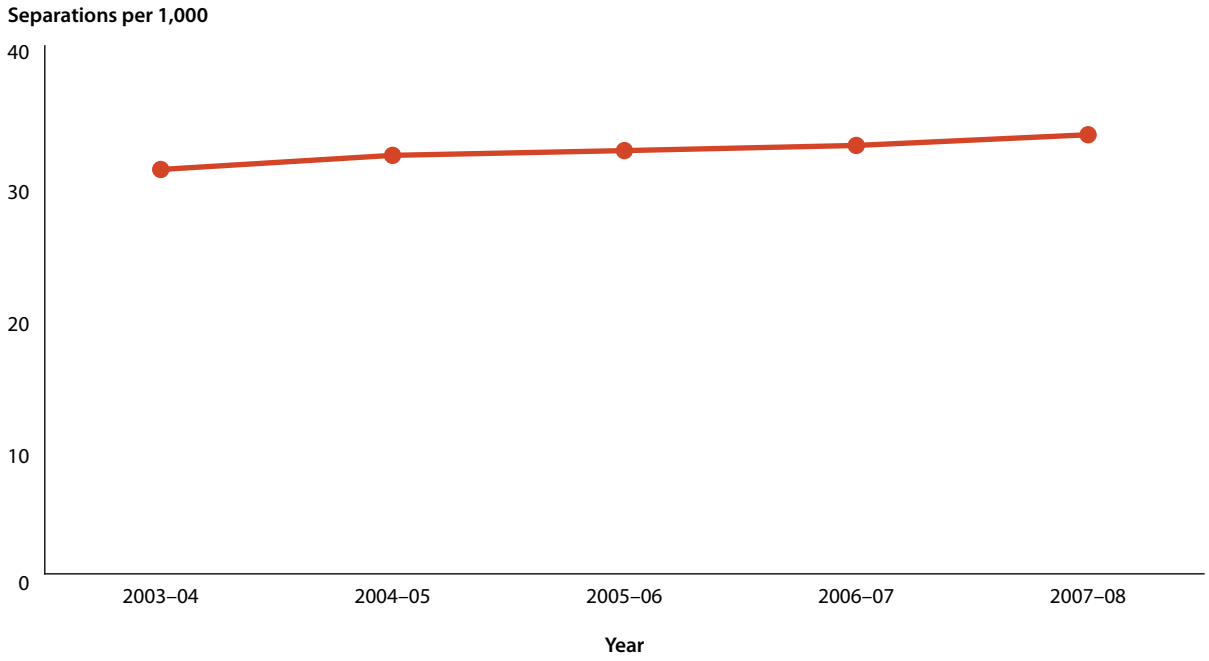
Not preventing hospitalisations?

The main aim of primary health care is to help keep people healthy and well. From a systems perspective, it is also to help keep people out of hospital. Certain health conditions should normally be handled well enough to prevent people from needing to be admitted to hospital. They include vaccine-preventable infections, acute conditions such as ear infections or severe gastroenteritis, and chronic conditions such as diabetes, emphysema and their complications.

Hospitalisations for these conditions are known as potentially preventable hospitalisations and the overall rate appeared to increase between 2002–03 and 2007–08. It is also important to note that the rates increased with increasing remoteness and socioeconomic disadvantage.

Find out more:
Australia's health 2010
Chapter 9

Potentially preventable hospitalisations: trend

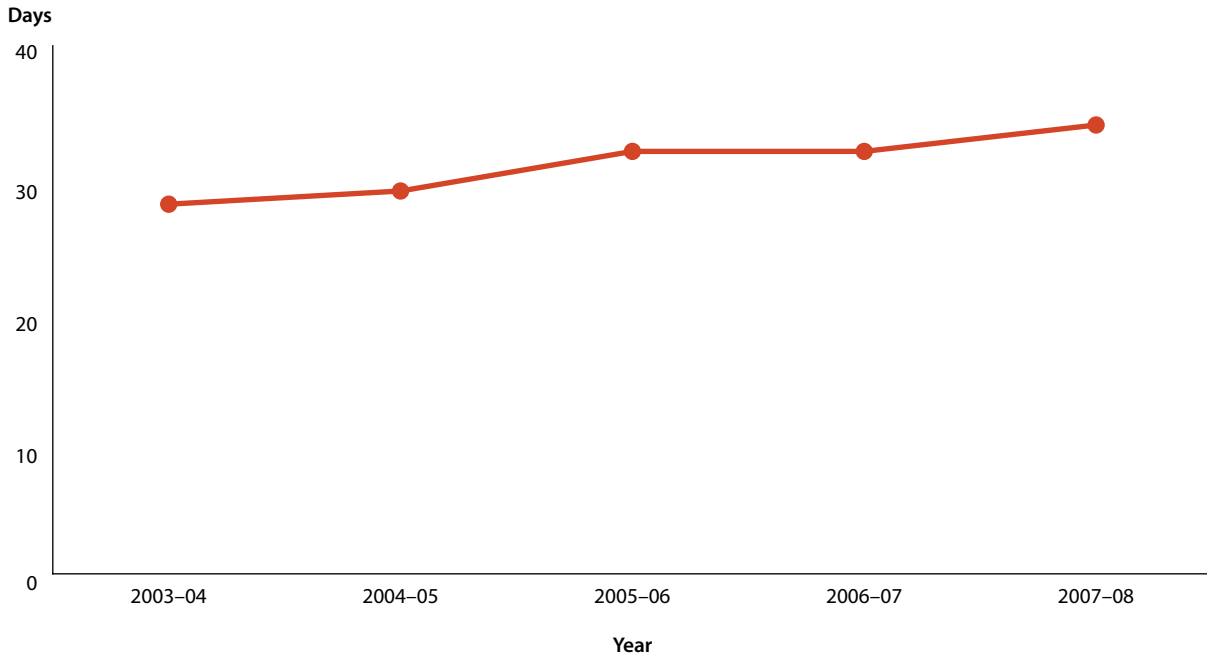


Waiting longer for surgery

The subject of waiting times for elective surgery has long excited the interest of both the public and those who comment on health system performance. In the five years from 2003–04 to 2007–08 the median waiting time for elective surgery in public hospitals rose from 28 days to 34 days. It was longest for people living in very remote areas and shortest for the least disadvantaged fifth of Australians. The shortest median waiting time in 2007–08 was for heart bypass grafts (14 days) and the longest was for total knee replacements (156 days). Surgery patients with cancer and other tumours waited a median 20 days.

Find out more:
Australia's health 2010
Chapter 9

Median waiting times for elective surgery in public hospitals



But important challenges remain

A few more challenges

And finally, here is a very limited list from the challenges emerging from *Australia's health 2010*. The report shows there has been little or no improvement in recent years in the:

- level of unsafe sharing of needles among injecting drug users
- prescription rate by GPs of antibiotics for upper respiratory tract infections (they are usually due to viruses, for which antibiotics are ineffective)
- screening rates for breast and cervical cancer
- waiting times to receive care in hospital emergency departments
- percentage of adverse events treated in hospital.

Find out more:
Australia's health 2010
chapters 7 and 9

All in all, Australia is a healthy nation. We do face challenges, however, and there is certainly scope for improvement.

Australia's health 2010—in brief **presents key points and trends from the Australian Institute of Health and Welfare's 12th biennial report card about the nation's health,** ***Australia's health 2010*****.**