How lifestyle choices affect our health

Many factors influence our health—from biomedical factors such as high blood pressure and high cholesterol levels, to behavioural factors such as whether we smoke, drink alcohol or get enough exercise. Factors that influence the chance of ill health, disability, disease or death are known as risk factors. Some risk factors are said to be ‘modifiable’ because they can be eliminated or reduced through changing our behaviour, or through changes in our environment. For example, a person who is obese may change their exercise and eating patterns to lose weight; or someone who smokes may decide to cut down or give up because the price of cigarettes increases.

Link to chronic disease

Many chronic diseases (including coronary heart disease, cancer and diabetes) share common lifestyle risk factors such as:

- physical inactivity
- poor nutrition
- smoking
- risky alcohol consumption.

Coronary heart disease kills more people in Australia than any other single disease (accounting for about 13% of all deaths), yet it is largely preventable.

Quick facts

- 63% of adults, 26% of children aged 5–14 and 37% of young people aged 15–24 are overweight or obese.
- 93% of adults and 97% of children do not eat the recommended serves of vegetables each day.
- Australia’s daily smoking rate has nearly halved over the past 20 years, falling from 24% in 1991 to 13% in 2013.

Overweight and obesity

About 6.3 million adults in Australia are overweight and another 4.9 million are obese. Since 1995, average weights have increased by 4.4kg for both men and women. Aboriginal and Torres Strait Islander Australian adults are more likely than non-Indigenous adults to be obese (43% compared with 27%) but less likely to be overweight (30% compared with 35%). The main factors influencing overweight and obesity are poor diet and inadequate physical activity. ‘Discretionary foods’—foods and drinks that are not necessary to provide the nutrients the body needs, and which are often high in saturated fats, sugars, salt and/or alcohol—contribute 35% of energy intake for adults and 39% for children and young people aged 2–18. An analysis of the combined effects of all dietary risks included in the Australian Burden of Disease Study (for example, diet low in fruit and vegetables, and diet high in processed meat, salt and sweetened beverages) suggests that they account for 7% of the total burden of disease in Australia.

Are we active enough?

For adults aged 18–64, the recommended minimum level of activity for health benefits is 150 minutes of moderate intensity physical activity or 75 minutes of vigorous intensity physical activity, or an equivalent combination of both, each week. In 2014–15, almost half of adults aged 18–64 (45%) and 59% of people aged 65 and over were inactive or insufficiently active for health benefits. Further, less than one-quarter (23%) of children aged 5–14 meet the national recommendations for physical activity every day.
Australia’s health 2016 fact sheet

How much do we drink?
Excessive alcohol consumption is a major cause of ill health and social harms. Alcohol use is responsible for about 5% of the total burden of disease and injury in Australia. It accounts for 28% of the burden due to road traffic injuries (motor vehicle occupants), 24% of the burden due to chronic liver disease, 23% of the burden due to suicide and self-inflicted injuries, and 19% of the burden due to stroke.

In 2013–14, the overall volume of alcohol consumed by people in Australia was 9.7 litres—the lowest level since 1962–63.

Of Australians aged 14 and over, 6.5% drink every day. Of those aged 12 and over, around 16% had consumed 11 or more standard drinks on a single drinking occasion in the previous 12 months.

How much do we smoke?
Tobacco smoking is the leading risk factor contributing to death and disease in Australia and is responsible for 9% of the total burden of disease and injury. This includes the risks associated with past tobacco use, current use, and exposure to second-hand smoke. It has been estimated that, in a given year, smoking kills around 15,000 Australians and has significant social and economic costs.

How many of us smoke? About 13% of people aged 14 and over are daily smokers.

The likelihood of being a daily smoker is:
• 1.7 times as high for unemployed people compared with employed people
• 1.9 times as high for homosexual/bisexual people compared with heterosexual people
• 2 times as high in Remote/Very remote areas compared with Major cities
• 2.6 times as high for Aboriginal and Torres Strait Islander Australians compared with non-Indigenous Australians
• 2.7 times as high for single people with dependent children compared with couples with dependent children
• 3 times as high in the lowest socioeconomic areas compared with the highest socioeconomic areas
• 5.7 times as high for prison entrants compared with the general population.

Are we changing?
Australia has had a lot of success in reducing its smoking rates. In 1991, nearly one-quarter (24%) of people aged 14 and over smoked daily; today’s rate of 13% is one of the lowest in the world. Moreover, 60% of people have never smoked.

While just over 1 in 10 (11%) young people aged 15–24 are daily smokers, this rate has almost halved over the past 12 years, and the majority (81%) have never smoked.

The fall in daily smoking rates since 2001 has predominantly been among people aged 18–49—there has been little change for people aged 60 and over.

Drinking levels have also fallen in a number of areas:

More people are also saying ‘no’ to drinking alcohol—today, 22% of people do not drink, compared with 20% in 2010. Among young people aged 15–24 the rate is even higher—27% compared with 16% in 2001.

Where can I find out more in Australia’s health 2016?
Chapter 3 Leading causes of ill health
Chapter 4 Determinants of health
Chapter 5 Health of population groups

A copy of the full report is available on the AIHW website.

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