



## 5.0 Overview

Where you live, how much you earn, whether you have disability—and a raft of other factors—can affect your health status and health outcomes. This chapter explores the different health experiences of certain population groups in Australia: socioeconomic groups; rural and remote populations; culturally and linguistically diverse populations; people with disability; lesbian, gay, bisexual, transgender and intersex people; veterans; and prisoners. Some of these groups experience higher rates of illness, disability and death, and are more likely to engage in risky health behaviours (such as tobacco smoking) than the general population. Aboriginal and Torres Strait Islander people also face major health disparities; these are examined in detail in Chapter 6.

In 2014–15, people living in the lowest socioeconomic group were 2.6 times as likely as people in the highest group to have diabetes, and 1.7 times as likely to have heart, stroke or vascular disease. Death rates were nearly 1.5 times as high for people in the lowest socioeconomic group than for people in the highest group—with even higher death rate differences for specific causes, such as chronic obstructive pulmonary disease (2.2 times) and lung cancer (1.8 times). People in the lowest socioeconomic group were more likely than people in the highest group to smoke daily (2.7 times).

Around 3 in 10 (29%, 7 million people) Australians live in rural and remote areas. Rural and remote populations can face multiple challenges due to their geographic isolation, and often experience poorer health outcomes than people living in cities. The proportion of adults engaging in many behaviours associated with poorer health is higher in rural and remote areas than in metropolitan areas (for example, 22% of people in *Outer regional/ Remote* areas smoke daily compared with 13% of people in *Major cities*). In 2015, people living in *Very remote* areas had a mortality rate almost 1.4 times as high as people living in *Major cities*.

More than 1 in 4 (26%) Australians were born overseas. As a population group, immigrants often have lower mortality rates and self-reported chronic conditions than Australian-born residents. This 'healthy migrant effect' could be partly due to health screenings people must pass before migration. However, culturally and linguistically diverse populations are a heterogeneous group with different health experiences. For example, in 2016, people born in Malaysia had lower rates of mortality than Australian-born residents but the rates for people born in Scotland were higher.

As a group, the 4.3 million (18%) Australians with disability experience poorer health than people without disability. People with disability are around 7 times as likely as people without disability to assess their health as poor or fair (41% compared with 6.5%) and this rises to 10 times as likely for people with severe or profound core activity limitation (61%). People with disability are also more likely than people without disability to have mental health conditions—almost half (47%) of people with severe or profound core activity limitation, and more than one-third (37%) of other people with disability, self-reported that they had anxiety-related problems, compared with 11% of people without disability.





It is estimated that Australians of diverse sexual orientation, sex or gender identity may account for up to 11% of the population—LGBTI (lesbian, gay, bisexual, transgender, or intersex) is the abbreviation often used to refer to this population group. Part of the challenge in identifying and reporting on the health of this population stems from a lack of specific data; however, there is evidence that LGBTI people face disparities in terms of their mental health, sexual health and rates of substance use. For example, almost 1 in 3 (32%) homosexual/bisexual people aged 16 and over in Australia met the criteria for an anxiety disorder in the previous 12 months, compared with 1 in 7 (14%) heterosexual people.

The service experience of members of the Australian Defence Force (ADF) may affect their health needs as veterans. Several studies have recognised a ‘healthy soldier effect’, due mainly to the ongoing need to keep fit and having ready access to health care during service. Ex-serving men have a lower all-cause mortality rate than all Australian men of the same age. Men aged 55 and over who served in the ADF generally report similar rates of selected chronic conditions—arthritis, back pain and problems, chronic obstructive pulmonary disease, diabetes, diseases of the circulatory system, and mental and behavioural problems—compared with men of the same age who have not served. There is ongoing concern about the incidence of suicide among serving and ex-serving ADF personnel. Although suicide rates among men serving full time or in the reserves are lower than rates for all Australian men, the rates for ex-serving personnel are higher. For ex-serving men aged 18–29, the rate is 1.7 times as high as that for all Australian men of the same age. There are substantial gaps in our understanding of women’s experiences in the ADF. This is due to the historically small number of women represented in the ADF, which has limited this research.

On average, prisoners have poorer health than the general Australian population and greater levels of risk factors for poor health—1 in 2 (50%) prison entrants had a history of mental health conditions, 1 in 3 (31%) had a current chronic condition and 3 in 4 (74%) were current smokers in 2015. Australia’s prison population is ageing—the number of prisoners aged 50 and over increased by 84% between 2005 and 2015—and older prisoners (like older people in the general population) are more likely to suffer from chronic conditions and disability.

