



Australian Government

Australian Institute of
Health and Welfare

Australia's health **2010**

The twelfth biennial health report of the
Australian Institute of Health and Welfare

Australian Institute of Health and Welfare
Canberra

The Australian Institute of Health and Welfare is Australia's national health and welfare statistics and information agency. The Institute's mission is *better information and statistics for better health and wellbeing.*

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Australian Government
Australian Institute of
Health and Welfare

Better information and statistics
for better health and wellbeing

The Hon Nicola Roxon MP
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Parliament House
CANBERRA ACT 2600

Dear Minister

On behalf of the Board of the Australian Institute of Health and Welfare I am pleased to present to you *Australia's health 2010*, as required under Subsection 31(1) of the *Australian Institute of Health and Welfare Act 1987*.

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

Yours sincerely

Hon. Peter Collins, AM, QC
Chairperson of the Board

12 May 2010

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Preface

Ten years into the new century and I'm delighted to present you with the latest version of *Australia's health*—the twelfth edition of the AIHW's report card on health to the nation. Every two years the AIHW must report to Parliament on Australia's progress and each time we can draw on new and enhanced information.

Australia's health has become an indispensable resource for those who need a comprehensive picture of the health of Australians and their health services. The report supplies many statistics about the health landscape. If decision makers want to review national priorities for health, or to see how current priority areas are tracking, here is the report to help them.

Let me point out two important themes in this edition. The first is a continuing and evolving theme in the history of *Australia's health*—that of the interaction of socioeconomic factors and illness prevention. Over the years this discussion has grown considerably, with the chapter on determinants in this edition covering environmental health, health literacy and health promotion. Also, special population groups are covered in another chapter, with particular attention being paid to the health of Indigenous Australians. Public policy is showing more and more interest in prevention of ill health and this report strongly supports that focus.

The other theme is a special indicator-based discussion of Australia's performance (Chapter 9). It follows the inaugural performance chapter in *Australia's health 2008* and this year it uses 42 indicators approved by Australia's health ministers. It is no small challenge to assess the performance of such a complex system using a relatively small set of indicators. The chapter shows that progress is certainly being made although, as it concludes, better data and more years of observation are needed before we can get a more complete picture of Australia's health system performance.

While governments discuss reforms to the funding and responsibility matrix of the Australian health system, the overall health of the population responds slowly, reflecting the variety of determinants and the changing service system. The information in this report provides an objective measure of accountability for the health of Australians; a touchstone for effectiveness.

This edition of *Australia's health* represents the work of 85 contributors within the Institute and beyond—an effort ably and tirelessly led by Susan Killion and Paul Magnus. This is the fourth and final *Australia's health* to be edited by Paul Magnus. His unique combination of subject knowledge and a deep commitment to getting the messages out better will be sorely missed at the AIHW.

And finally, I take this opportunity to recognise the invaluable contribution of Susan Killion, who left the AIHW this year after almost 4 years of service. As Head of the AIHW's Health Group, Susan has led major enhancements of health data, information and analysis.

Thank you Susan and Paul and good luck for your future ventures.

Dr Penny Allbon
Director, Australian Institute of Health and Welfare

Key points—*Australia's health 2010*

This section presents selected key findings from the report. Also, each chapter from 2 to 8 begins with its own list of key points. Please refer to the index at the back to help you find more detail on these topics.

General

Life expectancy and death

- Australia's life expectancy at birth continues to rise and is among the highest in the world—almost 84 years for females and 79 years for males.
- Death rates are falling for many of our major health problems such as cancer, cardiovascular disease, chronic obstructive pulmonary disease, asthma and injuries.
- Coronary heart disease causes the largest number of 'lost years' through death among males aged under 75 years, and breast cancer causes the most among females.

Diseases

- Cancer is Australia's leading broad cause of disease burden (19% of the total), followed by cardiovascular disease (16%) and mental disorders (13%).
- The rate of heart attacks continues to fall, and survival from them continues to improve.
- Around 1 in 5 Australians aged 16–85 years has a mental disorder at some time in a 12-month period, including 1 in 4 of those aged 16–24 years.
- The burden of Type 2 diabetes is increasing and it is expected to become the leading cause of disease burden by 2023.
- The incidence of treated end-stage kidney disease is increasing, with diabetes as the main cause.

Health risks

- Risk factors contribute to over 30% of Australia's total burden of death, disease and disability.
- Tobacco smoking is the single most preventable cause of ill health and death in Australia.
- However, Australia's level of smoking continues to fall and is among the lowest for OECD countries, with a daily smoking rate of about 1 in 6 adults in 2007.
- Three in 5 adults (61%) were either overweight or obese in 2007–08.
- One in 4 children (25%) aged 5–17 years were overweight or obese in 2007–08.
- Of Australians aged 15–74 years in 2006–2007, less than half (41%) had an adequate or better level of health literacy.
- Rates of sexually transmissible infections continue to increase, particularly among young people.
- Use of illicit drugs has generally declined in Australia, including the use of methamphetamines (the drug group that includes 'ice').

Life stages

Mothers and babies

- The proportion of females having caesarean sections has continued to increase over the latest decade, from 21% in 1998 to 31% in 2007.
- The perinatal death rate of babies born to Indigenous mothers in 2007 was twice that of other babies.

Children and young Australians

- Death rates among children and young people halved in the two decades to 2007, largely due to fewer deaths from transport accidents.
- More children are being vaccinated against major preventable childhood diseases, with 91% (the target level) being fully vaccinated at 2 years of age—but only 82% of 5 year olds are covered.
- Land transport accidents and intentional self-harm accounted for 2 in every 5 deaths (42%) among young Australians (aged 15–24 years) in 2007.

People aged 25–64 years

- The main causes of death in this age group in 2007 were coronary heart disease for males (14% of their deaths) and breast cancer for females (12%).

Older Australians

- For older people, the main causes of death are heart disease, stroke and cancer.
- At age 65, Australian males can now expect to live a further 19 years to almost 84 years of age, and females a further 22 years to almost 87.

Groups of special interest

- **People with disability** are more likely than others to have poor physical and mental health, and higher rates of risk factors such as smoking and overweight.
- Compared with those who have social and economic advantages, **disadvantaged Australians** are more likely to have shorter lives.
- **Indigenous people** are generally less healthy than other Australians, die at much younger ages, and have more disability and a lower quality of life.
- **People living in rural and remote areas** tend to have higher levels of disease risk factors and illness than those in major cities.
- Compared with the general community, **prisoners** have significantly worse health, with generally higher levels of diseases, mental illness and illicit drug use than Australians overall.
- Most **migrants** enjoy health that is equal to or better than that of the Australian-born population—often with lower rates of death, mental illness and disease risk factors.
- Compared with those in the general community, **Defence Force members** have better health, although their work can place them at higher risk of injury.
- The **veteran community** is less likely than the general community to report being in very good or excellent health.

Health services

- In 2007–08, just over 2% of total health expenditure was for preventive services or health promotion.
- Between 1998–99 and 2008–09, there was an increase in general practitioners' management of some chronic diseases, including hypertension, diabetes and depression.
- Ambulances attended 2.9 million incidents in 2008–09, of which 39% were emergencies.
- The number of hospital admissions rose by 37% in the decade to 2007–08.
- Over half of the hospital admissions (56%) in 2007–08 were same-day admissions, compared with 48% in 1998–99.
- In 2008–09, about 1 in 9 of all prescriptions under the Pharmaceutical Benefits Scheme and Repatriation Pharmaceutical Benefits Scheme were for a mental health-related medication.

Health workforce

- Employment in health occupations is still growing—23% growth between 2003 and 2008, almost double that across all occupations (13%).
- Between 2002 and 2007, there was a 26% increase in people completing health occupation university courses.
- The mix of the medical workforce changed between 1997 and 2007
 - the supply of primary care doctors (in 'full-time equivalent' numbers per 100,000 population) has decreased
 - the supply of specialists, specialists-in-training and hospital-based non-specialists has increased.

Health expenditure

- Health expenditure during 2007–08 was \$103.6 billion, exceeding \$100 billion for the first time.
- Health expenditure in 2007–08 equalled 9.1% of gross domestic product (GDP).
- As a share of its GDP, Australia spent more than the United Kingdom in 2007–08 (8.4%), a similar amount to the OECD median (8.9%) and much less than the United States (16%).
- Governments funded almost 70% of health expenditure in 2007–08.
- For Indigenous Australians in 2006–07, spending per person on health and high-level residential aged care was 25% higher than for other Australians.