

Australia's health 2008

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*.

Please note that as with all statistical reports there is the potential for minor revisions of data in this report over its life. Please refer to the online version at <www.aihw.gov.au>.

Australia's health 2008

**The eleventh biennial health report of the
Australian Institute of Health and Welfare**



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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
Minister for Health and Ageing
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 2008*, 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
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7 May 2008

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Contents

Preface.....	xi
Key points— <i>Australia's health 2008</i>	xii
1 Introduction.....	1
1.1 Understanding health.....	4
1.2 Australia at a glance.....	5
1.3 Australia compares well.....	6
1.4 Improving health and measuring performance.....	7
1.5 The Australian health system: an outline.....	8
1.6 National health information.....	12
1.7 How this report is presented.....	14
2 The health of Australians—an overview.....	17
Key points.....	18
2.1 Australia's changing population.....	19
2.2 Self-assessment of health.....	28
2.3 Long-term conditions.....	32
2.4 Functioning and disability.....	35
2.5 Causes of death.....	42
2.6 Burden of disease.....	52
3 Whose health? How population groups vary.....	61
Key points.....	62
3.1 Socioeconomically disadvantaged people.....	63
3.2 Aboriginal and Torres Strait Islander peoples.....	67
3.3 People in rural and remote areas.....	80
3.4 Prisoners.....	87
3.5 Overseas-born people.....	91
3.6 Australian Defence Force members and veterans.....	95
4 Determinants: keys to prevention.....	107
Key points.....	108
4.1 What are health determinants?.....	109
4.2 Environmental factors.....	114
4.3 Socioeconomic characteristics.....	125
4.4 Knowledge, attitudes and beliefs.....	129
4.5 Health behaviours.....	131
4.6 Biomedical factors.....	153
5 Diseases and injury.....	173
Key points.....	174
5.1 Cancer.....	176
5.2 Cardiovascular disease.....	182
5.3 Diabetes.....	191

5.4	Chronic kidney disease.....	198
5.5	Chronic respiratory diseases.....	203
5.6	Arthritis and other musculoskeletal conditions.....	211
5.7	Dementia.....	216
5.8	Mental health problems and illnesses.....	219
5.9	Oral health problems.....	227
5.10	Injury.....	230
5.11	Infectious diseases.....	238
6	Health across the life stages.....	261
	Key points.....	262
6.1	How does health status vary with age?.....	263
6.2	Mothers and babies.....	265
6.3	Children and young people.....	274
6.4	People aged 25–64 years.....	285
6.5	Older people.....	292
7	Health services.....	303
	Key points.....	304
7.1	Public health services.....	306
7.2	Primary care and community health services.....	315
7.3	Hospitals.....	344
7.4	Specialised health services.....	368
7.5	Use of medicines.....	382
7.6	Medical indemnity claims.....	387
8	Expenditure and workforce.....	393
	Key points.....	394
8.1	Health expenditure and health funding.....	395
8.2	Health workforce.....	431
9	Health system performance.....	453
9.1	The National Health Performance Framework and indicators.....	455
9.2	Overview of indicators by tier.....	458
9.3	Conclusion.....	476
	Statistical tables.....	479
	Methods and conventions (including symbols).....	543
	Abbreviations.....	546
	Glossary.....	550
	Index.....	567

Preface

Welcome to *Australia's health 2008*, the eleventh of the Institute's flagship health reports to the nation over the past 20 years. The requirement for the AIHW to report to Parliament every 2 years on the health of the nation resonates well in today's welcome climate of 'evidence-based policy' in Australia. Our report card provides a comprehensive and detailed picture of what is happening in the health system and how well we are performing.

The complexity of the health system remains one of its key features, and the diagram included in Chapter 1 (Figure 1.4) provides a good picture of the complexity of funding arrangements and levels of responsibility that comprise the Australian health-care system.

This year's publication has a focus on equity. The chapter on population groups entitled 'Whose health?' aims to help the reader gain a more human focus on various health issues and to highlight health differentials and issues of equity. Throughout the report there are numerous analyses in relation to the differences for Aboriginal and Torres Strait Islander peoples, as well as a special Indigenous section in Chapter 3. For the first time there is also information about the health issues that relate to serving Defence Force personnel. In the end, statistics are about people, and when used well, they enable us to highlight where we need to focus our efforts.

Another key feature in this year's version is the inclusion for the first time, at the request of Health Ministers, of reporting against the set of 44 National Health Performance Indicators developed by the National Health Performance Committee in 2002. Chapter 9 brings together material on each NHPC indicator presented throughout the report. From this indicator set, the case can be made that Australia's health is very good on a range of fronts, with notable exceptions such as the health of Indigenous peoples. But how specifically and strongly can the health gains in recent decades be attributed to the *health system* and how it works—and how much to wider social and economic advances? Chapter 9 shows how difficult that attribution is, at least using this current set of national indicators.

Under the next national health-care agreements to commence from 1 July 2009, health performance will be reported against a new and broader set of indicators, currently under development in the Council of Australian Governments (COAG) processes.

We know from feedback and growing usage levels that this publication is well used and valued across Australia as an authoritative reference. It is humbling to work with the expert team of people—both in and outside the Institute—who have analysed and pulled together this comprehensive and detailed information. The expertise of some 80 authors has come together under the strong leadership and professionalism of Susan Killion and Paul Magnus, to produce this latest report. On behalf of the community of readers, I pass on my sincere thanks for the significant contribution they have made.

Dr Penny Allbon
Director, Australian Institute of Health and Welfare

Key points—*Australia's health 2008*

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

General

Life expectancy and death

- Australians enjoy one of the highest life expectancies in the world, at 81.4 years—second only to Japan.
- Death rates are falling for many of our leading health concerns, such as cancer, heart disease, strokes, injury and asthma.
- Cardiovascular diseases, cancers and respiratory diseases remain the leading causes of death overall.
- Injury is the most common cause of death in the first half of life.

Health, disease and disability

- Heart attack rates are falling and survival from the attacks is improving.
- Survival is improving for cancers overall.
- Asthma has become less common among children and young adults.
- Diabetes is becoming more common—prevalence at least doubling in the past two decades.
- Because of severe disability, over 1 million Australians need assistance with the core life activities of mobility, self-care or communication.

Health risks

- Tobacco smoking offers the greatest scope for prevention, closely followed by high blood pressure and overweight/obesity.
- Australia's level of smoking continues to fall and is among the lowest for OECD countries.
- Illicit drug use in Australia is generally declining, including the use of methamphetamine (the drug group that includes 'ice').
- The vaccination coverage of children is very high and continues to increase.
- Unsafe sexual practices continue, with generally increasing rates of sexually transmitted infections.
- About 7.4 million Australian adults were overweight in 2004–05, with over a third of those being obese (based on self reports).

Population groups

Mothers and babies

- Caesarean section rates increased from 18% in 1991 to 30% in 2005.
- Aboriginal and Torres Strait Islander babies are about twice as likely as other babies to be low birthweight or pre-term.

Children and young people

- Death rates among children and young people more than halved in the two decades to 2005, largely because of fewer injury-related deaths.
- Close to 3 in 10 children and young people are overweight or obese.

People aged 25–64 years

- The most common causes of death among this group are coronary heart disease for males (16% of their deaths) and breast cancer for females (15%).

Older people

- At age 65 years, Australian males can now expect to live to about 83 years and females to 86—about 6 years more than their counterparts a century ago.
- For older Australians, the most prominent health conditions in terms of death and hospitalisation are heart disease, stroke and cancer.

Socioeconomically disadvantaged people

- Compared with those who have social and economic advantages, disadvantaged Australians are more likely to have shorter lives, higher levels of disease risk factors and lower use of preventive health services.

xiii

Aboriginal and Torres Strait Islander peoples

- Indigenous people are generally less healthy than other Australians, die at much younger ages, have more disability and a lower quality of life.
- Despite some improvements in Indigenous death rates, the overall gap between Indigenous and non-Indigenous rates appears to be widening.
- However, the gap in death rates between Indigenous infants and other Australian infants is narrowing.

People in rural and remote areas

- People living in rural and remote areas tend to have shorter lives and higher levels of illness and disease risk factors than those in urban areas.

Prisoners

- Prison inmates tend to have poor mental health and high levels of health risk behaviours, such as drug and alcohol use, smoking, and unsafe sexual practices.

Overseas-born people

- Most migrants enjoy health that is equal to or better than that of the Australian-born population—generally with lower rates of death, hospitalisation, disability and disease risk factors.

Australian Defence Force members and veterans

- Death rates for Australian Defence Force members are lower than the general community's for overall mortality, cancer, cardiovascular disease, assault and suicide.
- Veterans tend to have poorer mental health than the general community, with the prevalence of mental health problems being closely related to the degree of combat exposure.

Health services

- In 2005–06, less than 2% of health expenditure was for preventive services or health promotion.
- About 85% of Australians visit a doctor at least once a year.
- Almost 1 in 9 GP encounters involves mental health-related problems—mostly depression, anxiety and sleep disturbance.
- Ambulances attended over 2.5 million incidents in Australia in 2005–06, of which 38% were emergency incidents.
- For the year 2005–06, over 9% of hospital admissions were considered potentially preventable.

Health workforce

- Health is a growing sector—between 2001 and 2006, the 23% growth in numbers employed in health occupations was almost double that for all occupations.
- The profile of the health workforce continues to age—the proportion of those aged 55 years and over was 16% in 2006 compared with 12% in 2001.
- Compared with major cities, remote areas have less than half the supply of medical practitioners and dentists (number of 'full-time equivalents' per 100,000 population).
- Comparing 2005 with 1997, the overall supply of primary care doctors (mostly general practitioners) was about 9% lower in 2005—but in remote areas the supply was 15% higher.

Health expenditure

- Australia spent 1 in every 11 dollars on health in 2005–06, equalling \$86.9 billion, 9.0% of gross domestic product (GDP).
- As a share of its GDP, Australia spent more in 2005 than the United Kingdom (8.3%), a similar amount to Italy (8.9%) and much less than the United States (15.3%).
- Health spending per person was 45% more in 2005–06 than a decade before, even after adjusting for inflation.
- For Indigenous Australians in 2004–05, health spending per person was 17% higher than for other Australians.
- The spending on medications increased by 1.6% between 2004–05 and 2005–06—much less than the average increase of 8.6% per year in the decade before.