

1.2 Who we are

Many health experts agree that health is heavily influenced by the circumstances in which people are born, grow, live, work and age including political, social and economic factors that go beyond the immediate causes of disease (Commission on Social Determinants of Health 2007).

Broadly speaking these factors comprise what are known as the social determinants of health, which in recent years have been of increasing interest to governments, researchers and health practitioners.

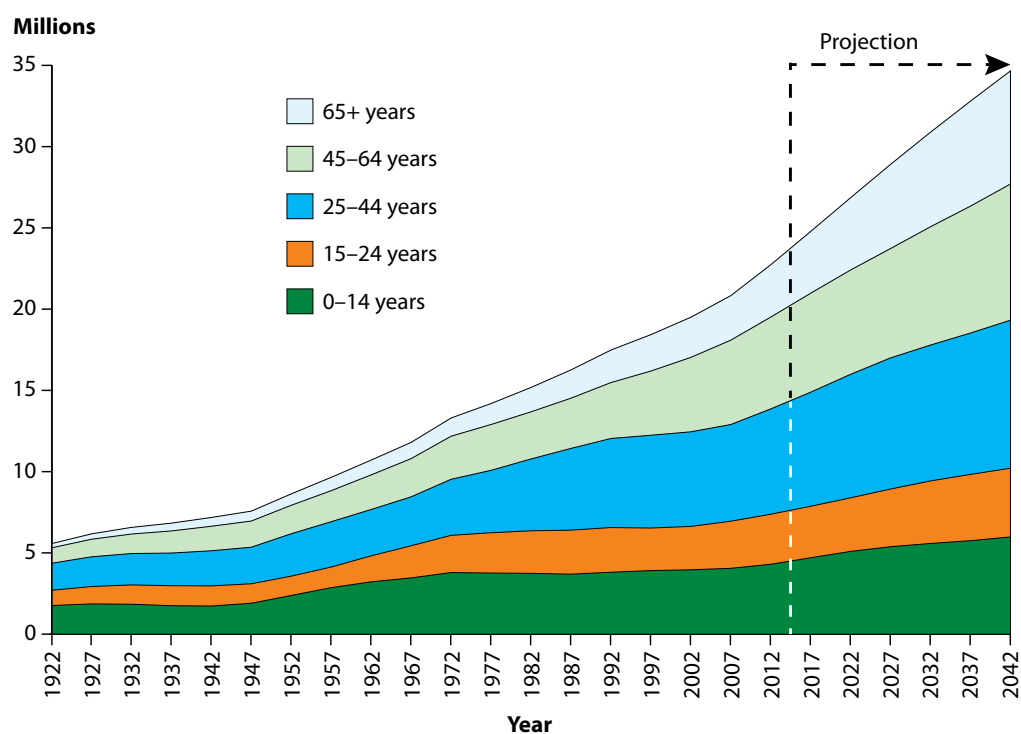
In this article we therefore take a brief look at Australians—how many of us there are, and how and where we live, before describing how long we live, what we die of, what health conditions we live with and the health disadvantages experienced by some groups within the Australian population.

Population

Australia is a vast country with a relatively small but growing population of more than 23 million people at June 2013 (ABS 2013c). Around 27% of the population in 2011 were born overseas, and 3% were Indigenous Australians (about 670,000 people in 2013).

The population continues to grow mainly because of natural increase (there are more births than deaths) and migration. Natural increase contributed 40% to population growth in 2013 while net overseas migration added 60%. An estimated 162,700 people were added through natural increase in the year to June 2013 and 244,400 people were added through migration in the same period (ABS 2013c). Our birth rate is 1.9 births per woman, less than the replacement rate of 2.1, but higher than our lowest rate of 1.7 in 2001.

According to the Australian Bureau of Statistics (ABS), the Australian population is projected to be increasing at the rate of 1 person every 1 minute and 18 seconds (ABS 2013o). Although the population is increasing, the growth has not been consistent across all age groups (Figure 1.3).

Figure 1.3**Notes**

1. Data are as at 30 June of each year. Projected population is shown from 2014 onwards.
2. 'Projection' section of graph shows expected rises in the population based on ABS medium-level growth assumptions.

Sources: AIHW analysis of ABS 2008a, 2008c (Series 29), 2013c, 2013l.

Historical and projected Australian population, by age, 1922 to 2032

Over recent decades population growth has been stronger among older age groups compared with younger age groups. For example, between 1973 and 2013, the number of people aged 65 and over tripled, from 1.1 million to 3.3 million. There was a sixfold increase in the number of people aged 85 and over, from 73,100 to 439,600. Over the same period, the number of children and young people (aged under 25) rose by just 22% from 6.1 million to 7.5 million people.

To look at this in another way, in 2013, people aged 65 and over comprised 14% of the population compared with 9% in 1973. People aged under 25 comprised one-third (32%) of the population in 2013 compared with almost half (45%) 40 years earlier (ABS 2013c).

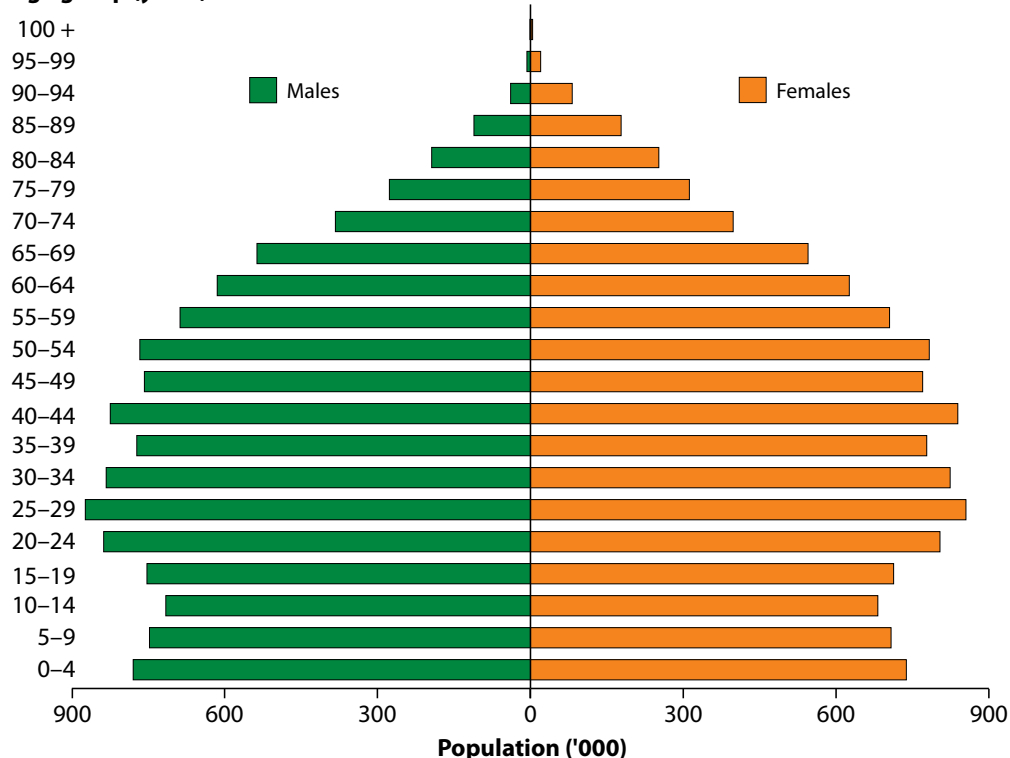
In 2013 there were slightly more males than females at all ages up to and including the 30–34 age group, but fewer males than females for all subsequent age groups. The difference is especially marked at more advanced ages—47% males to 53% females at ages 75–79, and 36% males to 64% females for people aged 85 and over (see Figure 1.4) (ABS 2013c).

The age profile of the Indigenous population is considerably younger than for the non-Indigenous population (see Figure 1.5).

Data for June 2011 (ABS 2013j) show that half of the Indigenous population was aged 22 or under (compared with 38 or under for the non-Indigenous population) and just 3.4% were aged 65 and over (compared with 14% of the non-Indigenous population). As with the Australian population as a whole, Indigenous women outnumbered Indigenous men at older ages. Women accounted for 52% of Indigenous people aged 50–74 and 61% of those aged 75 and over.

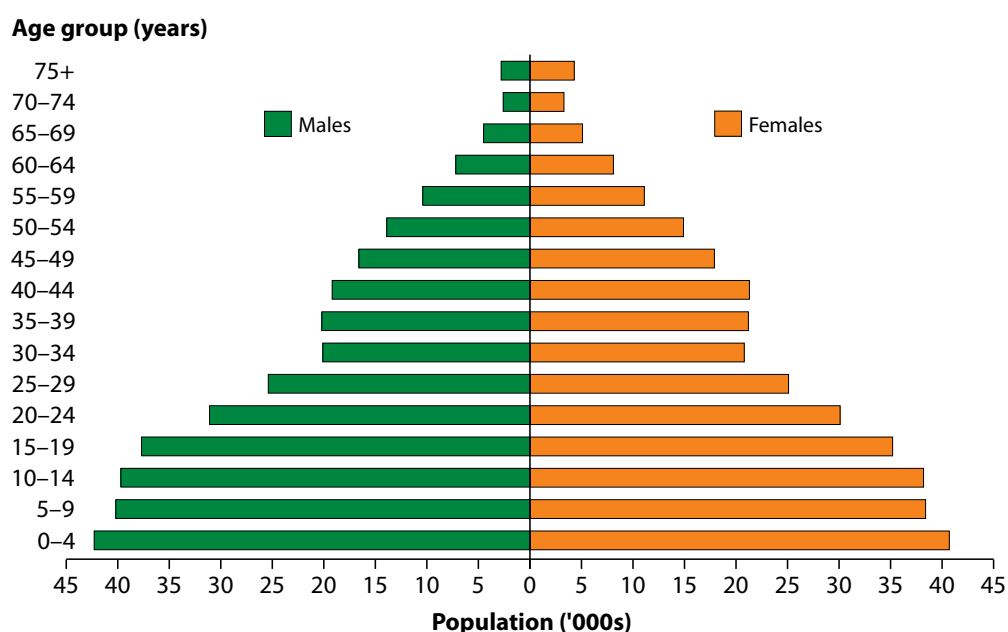
Figure 1.4

Age group (years)



Source: ABS 2013c.

Australian population, by age and sex, June 2013

Figure 1.5

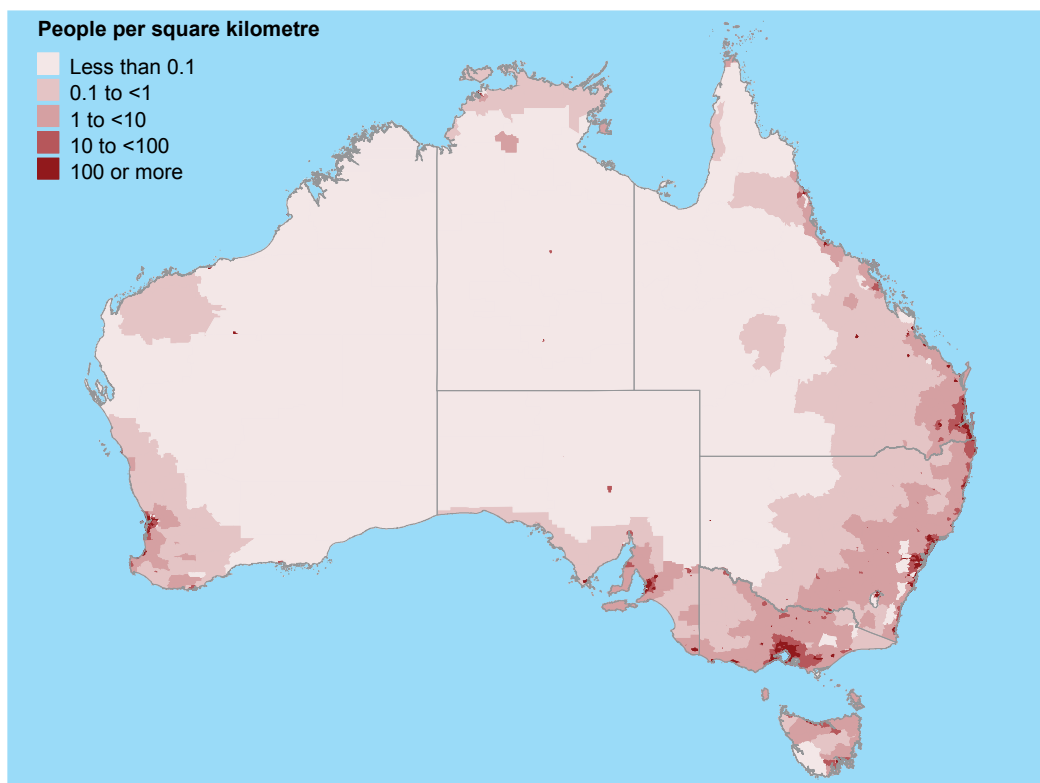
Source: ABS 2012a.

Aboriginal and Torres Strait Islander population, by age and sex, June 2011

Where we live

Australia's population is mostly concentrated in the east and south-east of the country, as shown in Figure 1.6. In 2012, about 1 in 3 people (32%) lived in New South Wales, 1 in 4 (25%) in Victoria, 1 in 5 (20%) in Queensland, 11% in Western Australia, 7.3% in South Australia, 2.3% in Tasmania, 1.7% in the Australian Capital Territory and 1.0% in the Northern Territory (ABS 2013m; AIHW 2013a).

At June 2012, most Australians lived in *Major cities* (70%), while 18% lived in *Inner regional* areas, 9% in *Outer regional* areas, and 1% in both *Remote* and *Very remote* areas. (ABS 2013m; AIHW 2013a; see Box 1.1 for information about the classification of geographical areas in Australia).

Figure 1.6

Note: Figure shows population density by Statistical Area Level 2 based on the ASGS (see Box 1.1).

Sources: AIHW analysis of ABS 2010a, 2013m.

Population density, 30 June 2012

Population densities were highest in inner Sydney suburbs, with between 13,100 and 13,900 people per square kilometre compared with the lowest densities of less than 1 person per square kilometre throughout most of central and northern Australia.

Remote areas of Australia are disproportionately populated by Indigenous Australians, with 2011 Census data showing that almost half (45%) of all people in *Very remote* areas and 16% in *Remote* areas were Indigenous compared with a 3% Indigenous representation in the total population (ABS 2013j).

Box 1.1**Classification of remoteness areas in Australia**

The ABS Australian Standard Geographical Classification (ASGC) Remoteness Structure allocates areas to 1 of 5 remoteness categories depending on their distance from urban centres, where the population size of the urban centre is considered to govern the range and types of services available.

Remoteness Areas are classified into 5 categories: *Major cities*, *Inner regional*, *Outer regional*, *Remote* and *Very remote*.

The category *Major cities* includes Australia's capital cities, with the exceptions of Hobart and Darwin, which are classified as *Inner regional* and *Outer regional* respectively.

In July 2011, the ABS adopted a new geographical framework—the Australian Statistical Geography Standard (ASGS). This standard brings all the geographic disaggregations for which the ABS publishes statistics into a single framework.

One component of the ASGS is the remoteness structure, which is built using the same principles as the earlier remoteness structure. Although the ASGS Remoteness Areas have been defined using a different base unit, the ABS has indicated that the remoteness areas from the ASGC and the ASGS are generally comparable (ABS 2013g).

More information is available on the ABS website at <www.abs.gov.au>.

Nevertheless, Indigenous Australians were still more likely to live in urban rather than remote areas. More than one-third (35%) lived in *Major cities*, 22% in each of *Inner regional* and *Outer regional* areas, and the remaining 21% in either *Remote* or *Very remote* areas (ABS 2013j).

New South Wales was home to more Indigenous people in Australia than any other state or territory in 2011 (31% of all Indigenous Australians). This was similar to the proportion of all Australians who live in New South Wales (32%).

Within each state and territory, the proportion of Indigenous people was highest in the Northern Territory (30%); the lowest was 1% in Victoria, and for all other states and territories the proportion was between 2% and 5%. (More information on the Indigenous population is in Chapter 7.)

How we live

Families

According to the 2011 Census, 72% or 5.7 million of Australia's 7.8 million households were family households (with or without children), while 24% were lone-person households and the remaining 4% were group households (AIHW 2013a).

Of the 5.7 million families, 37% were couples with dependent children (with or without additional non-dependent children), 8% were couples with non-dependent children only, 38% were couple families without children, 11% were one-parent families with dependent children, and 5% were one-parent families with non-dependent children only. A very small proportion (2%) were some other type of family such as adult siblings living together (ABS 2012d; AIHW 2013a).

Due to the ageing of our population, couple families without children living in the household are projected to outnumber couple families with children in 2014. Further, lone-person households are expected to be the fastest-growing household type in coming decades (ABS 2010b; AIHW 2013a).

Of all families with children, 26% were one-parent families, and the majority of lone parents were female (82%) (ABS 2012b).

Another notable trend is that non-dependent children are increasingly remaining in the family home—between 1997 and 2009–10 the proportion of adult children living at home rose from 20% to 23% (ABS 2011).

Indigenous Australians (14%) are much less likely to live alone than non-Indigenous Australians (25%). Among one-family households, Indigenous households were more than 3 times as likely to be one-parent families with dependent children (29% compared with 9%) (ABS 2012c).

Mothers and babies

The average Australian mother will most likely have 2 children, who are slightly more likely to be boys than girls—51.4% of the live births in Australia in 2011 were boys (Li et al. 2013).

The average age of mothers who gave birth to a child in 2010 was 30 and the average age of first-time mothers was 28. The proportion of Australian women giving birth to their first child later in life (aged 35 or older) has increased—from 11.2% in 2002 to 14.2% in 2011 (Li et al. 2013) (see Chapter 6 'The health of mothers' and 'Australia's babies').

Dwellings

The average size of dwellings in Australia is growing, with the proportion of homes having 4 or more bedrooms doubling between 1986 and 2011, from 15% to 30% (AIHW 2013a).

Most people in Australia (69% of households in 2009–10) own their own homes, either with a mortgage (36%) or without (33%). Around 24% of households are renting from a private landlord, and about 4% are renting from a state or territory housing authority (AIHW 2013a).



Education

Australians have high levels of education by world standards—in 2010 Australia ranked equal 7th among Organisation for Economic Co-operation and Development (OECD) countries for people aged 25–64 who had a tertiary qualification (38% compared with the OECD average of 31%).

Australians are also better educated than a decade ago: 67% of people aged 25–64 held a non-school qualification such as a degree, certificate or diploma in 2012 compared with 54% in 2002. In 2011, among young people aged 15–24 who had left school, 74% had completed Year 12—an increase from 70% in 2002 (ABS 2003, 2008d, 2012f; AIHW 2013a).

There is some evidence, however, that our students could be doing better at school—for example, for Year 4 students in 2012, in various comparable international studies, Australia ranked 20th out of 25 OECD countries for reading, 13th out of 26 countries for maths and 18th out of 26 countries for science (AIHW 2013a).

Despite some improvements, Indigenous Australians continue to have lower levels of education than other Australians. In 2011, 26% of Indigenous Australians aged 15 and over had completed a non-school qualification compared with 49% of non-Indigenous Australians. In 2011, around 3% of Indigenous Australians had a Bachelor degree compared with 14% of non-Indigenous Australians (ABS 2012c; AIHW 2013b).

Employment

Most people of traditional working age in Australia (15–64) are in the labour force, that is, they are either employed or studying, or a combination of both, or are actively looking for work, and available to start work. For males the proportion was 83% in 2012 (down from 86% in 1982) but still above the OECD average of 80%. For females the proportion was 70% in 2012, a sharp rise on the 1982 figure of 52% and above the OECD average of 62% (OECD 2014). For Australians aged 25 to 54 (the prime working age), the labour force participation rate for men (90%) was slightly lower than the OECD average of 91%, while the rate for women (76%) was higher than the OECD average of 72%. The overall rate for Australians of prime working age (83%) was higher than the OECD average of 82% (OECD 2014).

Increasingly, families in Australia with young children have both parents working. Between 1999 and 2011, the proportion of couple families with children under 15 in which both parents were employed rose from 55% to 63%. However, there are some 'jobless' families in Australia, where no one in the family aged 15 and over is employed, including dependants. According to the ABS, in June 2012 there were 1.3 million jobless families—19% of all families. Of these, 932,000 were jobless couple families—about 1 in every 6 couple families—and 299,000 jobless one-parent families—almost 1 in every 3 one-parent families (ABS 2012e).

People are increasingly working past the age of 65—between 2002 and 2012 the labour force participation rate for men aged 60–64 rose from 48% to 63%, and for men aged 65–69 the rise was from 20% to 34% (AIHW 2013a).

Among women, the corresponding rise for those aged 60–64 was from 25% to 44%, and for those aged 65–69 it was from 9% to 20% (AIHW 2013a).

Part-time work is also an increasing feature of employment patterns in Australia, with almost 1 in 3 employed people (30%) in 2012 working part-time hours (less than 35 hours a week). This was almost double the proportion of 30 years earlier of 17% (AIHW analysis of ABS 2013n; AIHW 2013a).

In 2011, 42% of Indigenous Australians aged 15 and over were employed, compared with 61% of non-Indigenous people. Unemployment rates were 17% for Indigenous Australians and 5% for non-Indigenous Australians (AIHW 2013a).

How long do we live?

Adults

Most Australians can expect to have a relatively long life—one of the highest life expectancies in the world and 25 years longer than a century ago. A baby boy born between 2010 and 2012 can expect to live to 79.9 years and a baby girl to 84.3 years (ABS 2013h).

There has been a long and continuing decline in death rates in Australia over the past 100 years—from 2,043 to 550 deaths per 100,000 population between 1911 and 2012 (ABS 2013h; AIHW 2013d).

While life expectancy for Indigenous Australians is improving, it is still lower than for other Australians: about 10.6 years lower for Indigenous baby boys and 9.5 years lower for girls (ABS 2013k) (see Chapter 3 'Life expectancy').

What do we die of?

Australian population—leading underlying causes of death

Coronary heart disease

Coronary heart disease (CHD) (also known as ischaemic heart disease) was the leading underlying cause of death for both males and females in Australia in 2011, accounting for 15% of all deaths. Three-quarters of these were deaths in people aged 75 and over, and just 5% were deaths of people under the age of 55.

CHD deaths (principally heart attacks and angina) have been trending downwards since the late 1960s, but for the 35–54 age group the falls decelerated from 6% a year between 1987 and 1998 to 3% a year between 1999 and 2011. For older age groups the falls accelerated in the second period compared with the first.

Stroke

Cerebrovascular disease (notably stroke) is the second most common underlying cause of death in Australia, accounting for 8% of all deaths in 2011. It is the third most common underlying cause of death for men and the second most common cause for women. It is also the second most common cause of cardiovascular disease death, after CHD.

Stroke deaths increase greatly with age, with 82% of deaths occurring in people aged 75 or over in 2011. Stroke deaths have been falling for decades, with the stroke death rate falling by 67% between 1981 and 2011.

Cardiovascular disease (which includes heart attack, angina, stroke and peripheral vascular disease) is the single most common group of diseases causing death in Australia (see Chapters 3 and 4).

Dementia (including Alzheimer disease)

In 2011, dementia was the third most common underlying cause of death overall at 7% of all deaths. Twice as many women as men died from dementia.

(See Chapter 6 'Dementia, dementia treatment and the future')

Lung cancer

Lung cancer (trachea, bronchus and lung cancer), the fourth most common underlying cause of death (6% of all deaths), is easily the most common cause of cancer death (see Figure 1.7).

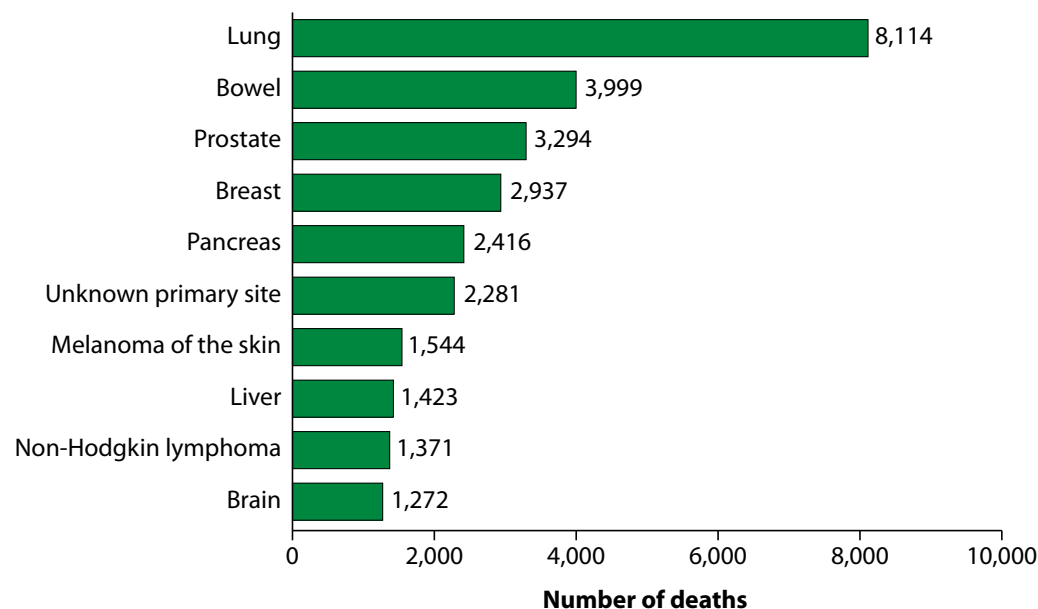
Despite a decline in cancer deaths overall and an increase in survival over time, cancer, as a group of diseases, is still the second most common cause of death overall in Australia—after cardiovascular disease (see Chapter 3 'Leading causes of death in Australians').

The risk of dying from cancer is 1 in 4 for males and 1 in 6 for females (AIHW & AACR 2012).

(See Chapter 4 'Cancer in Australia,' 'The changing cancer landscape')

Other leading causes of death

Other leading causes of death in Australia include chronic obstructive pulmonary disease (principally emphysema and chronic bronchitis), breast cancer in women, prostate cancer in men, diabetes, and colorectal cancer (see Chapter 3 'Leading causes of death in Australia').

Figure 1.7

Note: Deaths registered in 2011 are based on the preliminary version of cause of death data and are subject to further revision by the ABS.

Source: AIHW National Mortality Database.

The 10 most common causes of death from cancer, Australia, 2011

Indigenous Australians

The leading causes of death for Indigenous Australians are cardiovascular diseases, cancer, injury, diabetes and respiratory diseases (see Chapter 7 'How healthy are Indigenous Australians?').

International comparisons

In 2009, the overall mortality rate in Australia was among the lowest of all OECD countries at 687 deaths per 100,000 population, second only to Japan (613).

In the 2 decades since 1990, Australia has seen its ranking among OECD countries improve greatly for colon cancer deaths (from 23rd to 7th) and chronic obstructive pulmonary disease deaths (from 27th to 16th).

Australia's change in ranking from 1990 to 2009 also improved for deaths due to lung cancer (16th to 10th), coronary heart disease (23rd to 18th), stroke (13th to 8th), breast cancer (15th to 12th) and suicide (14th to 11th).

Unlike the other mortality indicators, the rate of deaths due to diabetes in Australia increased slightly between 1990 and 2009 (18.7 to 20.6 deaths per 100,000 population). This resulted in Australia's ranking for this indicator dropping below half of the OECD countries in 2009 (from 15th to 20th).

Australia's ranking since 1990 also worsened for deaths due to accidental falls (10th to 13th) and deaths due to transport accidents (15th to 17th) (see Chapter 9 'International comparisons').

Infant deaths

Infant mortality (death under the age of 1 year) is a widely accepted indicator of population health and the effectiveness of the health system. While Australia's infant mortality rate has fallen sharply in the past 80 years—from 65.7 to 4.3 deaths per 1,000 live births between 1927 and 2009—Australia still ranked among the worst one-third of all 34 OECD countries in 2009. Iceland had the lowest infant mortality rate in 2009, at 1.8 deaths per 1,000 live births (OECD 2013). The latest information available (ABS 2013h; AIHW National Mortality Database, SCRGSP forthcoming) suggests that Australia's infant mortality rate fell further to 3.3 deaths per 1,000 live births in 2012.

Infant mortality rates in the Indigenous population are higher than the equivalent rates in the non-Indigenous population, although there has been a significant closing of this gap in recent years.

Based on data for 5 jurisdictions with adequate identification of deaths of Indigenous infants, the infant mortality rate declined by 62% between 2001 and 2012—from 11.2 to 5.0 deaths per 1,000 live births compared with the rate of 3.3 for non-Indigenous infants in 2012 (ABS 2013h; AIHW National Mortality Database; SCRGSP forthcoming).

Children, teenagers and young adults

The leading causes of death for Australian children are injury (34%) and cancer (17%) (AIHW 2012a)—but young children are now less likely to be hospitalised for drowning and near-drowning than a decade ago. Drowning and near-drowning rates fell by 3% per year for children aged 0–4 from 1999–00 to 2010–11 (AIHW: Pointer 2013).

Teenagers and young adults are more likely to be involved in transport accidents than older Australians. One-quarter of transport injuries occurred at ages 15–24 and this age group also had the highest hospitalisation rate for transport injuries out of all age groups (AIHW: Pointer). (See Chapter 6 for more on children and young Australians.)

What health conditions do we live with?

As outlined in more detail in Chapter 3, Australians are increasingly living with lifestyle-related chronic (ongoing) diseases, health conditions, health risks and disability, which, in terms of health burden, have largely replaced the infectious diseases of 50–100 years ago such as pneumonia and tuberculosis.

Smoking, diet, exercise, alcohol

In 2011–12, around 92% of adults were not eating enough vegetables, and only 49% were eating enough fruit for optimum nutrition, compared to the NHMRC Nutrition Guidelines (ABS 2013e).

According to results from the ABS 2011–13 Australian Health Survey (AHS), in 2011–12 just over 2 in 5 adults (43%) were sufficiently active to meet the recommended minimum level (DoHA 1999) of 150 minutes per week of moderate or vigorous activity.

Daily smoking rates among adults are low by international standards at 16% overall. But rates are higher in the *Outer regional* and *Remote* parts of Australia (22%) than in *Major cities* (15%). Also, people living in more disadvantaged areas are more likely to be daily smokers than those living in areas of least disadvantage (23% compared with 10% respectively) (ABS 2013e, 2013f). In 2012–13, 41% of Indigenous Australians aged 15 years and over smoked, 2.6 times the non-Indigenous rate after adjusting for differences in age structure. The Indigenous rate has fallen by 10 percentage points in the last decade (ABS 2013a). The daily smoking rate among prisoners (84%) is 5 times that of the general population (AIHW 2013f).

In 2011–12, around 1 in 5 Australian adults consumed alcohol at levels that placed them at risk of lifetime harm. This rate is unchanged from 2001 (see Chapter 5 'Alcohol risk and harm').

Diabetes

About 1 million Australians had diabetes in 2011–12 (ABS 2013e). About 85% had type 2 (AIHW 2013c).

After adjusting for differences in age structure, the rate of diabetes/high sugar levels among Indigenous Australians is 3.3 times the rate for non-Indigenous Australians.

Diabetes is becoming more common in Australia (see Chapter 4 'Diabetes'). Several factors may have contributed to this, such as changed criteria for diagnosis, increased public awareness, and a rise in the number of Australians who are sedentary and/or obese.

Weight and obesity

If you are an Australian adult, the chances are you are overweight or obese. According to the ABS 2011–13 Australian Health Survey, nearly two-thirds of Australians aged 18 or over are now overweight or obese (63%—comprised of 35% overweight and 28% obese), compared with about 56% in 1995. Only about one-third (35%) of Australians adults are of normal weight (ABS 2013e), with less than 2% being underweight.

The survey also found that 25% of Australian children aged 2–17 were overweight or obese (18% and 7% respectively), with 5% being underweight. This is the subject of a feature article in Chapter 6, 'Childhood overweight and obesity'.

A person's likelihood of being overweight or obese can also be affected by where they live. According to the 2011–13 Australian Health Survey, Australians living outside *Major cities* have higher rates of overweight and obesity than their city cousins. In 2011–12, men living in *Inner regional*, *Outer regional* and *Remote areas* of Australia were more likely to be overweight or obese (74%) compared with men living in *Major cities* (68%). This pattern was also consistent for women, with women living in *Inner regional*, *Outer regional* and *Remote areas* more likely to be overweight or obese (63%) than women living in *Major cities* (53%) (ABS 2013e).

For women, socioeconomic disadvantage can also affect obesity levels. Women living in areas of most disadvantage are more likely to be overweight or obese than those in areas of least disadvantage (64% and 48% respectively), but the same pattern is not evident among men (ABS 2013f).

In 2012–13, 66% of Indigenous Australians aged 15 and over were overweight or obese (ABS 2013a).

Mental health conditions

While the level of contribution of lifestyle-related factors to mental health conditions is the subject of debate, there is no doubt that there is a high prevalence of mental disorders in the Australian population (see Chapter 4 'Mental health in Australia').

At some time during their adolescence and adult life, around 7.3 million, or 45% of Australians aged 16–85 will experience a common mental health-related condition such as depression, anxiety or a substance use disorder, according to the 2007 National Survey of Mental Health and Wellbeing (ABS 2008b).

There is also a high rate of association (comorbidity) between mental and physical health conditions. Around 1 in 9 Australians aged 16–85 have a mental disorder and a physical disorder concurrently (AIHW 2012b).

Disability and health

Disability is an umbrella term for any or all of the aspects of functioning impairment, activity limitation and restriction in participation in major life areas that individuals experience.

The link between disability and health is complex. Disability does not necessarily equate to poor health or illness. For example, 2 people with the same level of disability may not have the same health condition, while others with the same health condition can have different levels of disability. Similarly, in the early stages of a disabling condition (such as paraplegia), the affected person may be considered to be in poor health and to have a greater need for medical and health care, but once their condition is stable they may enjoy good health, despite experiencing limitations to their functioning (AIHW 2004). Nevertheless, on the whole, people with disability experience significantly poorer health than those without disability (see next section, 'Health inequalities').

Detailed analysis of this population group (and their carers) is provided in the AIHW's sister biennial flagship report, *Australia's welfare*, last published in August 2013. The next edition of *Australia's welfare* will be published in 2015.

Health inequalities

Some population groups in Australia experience marked health inequalities compared with the general population.

For example: Indigenous Australians are generally less healthy than other Australians and are more likely to die at younger ages (AIHW 2013g); people living in rural and remote areas tend to have higher levels of disease risk factors and illness than those in major cities (AIHW 2013e); people from the lowest socioeconomic status groups are likely to have poorer health; and people with disability experience significantly poorer health than those without disability. These key examples are discussed in more detail below.

Indigenous Australians

Aside from the higher infant mortality rates outlined earlier in this chapter, Indigenous Australians generally have poorer health prospects and outcomes than non-Indigenous Australians. A few of many examples are:


- The life expectancy for Indigenous boys born between 2010 and 2012 was 10.6 years lower than for non-Indigenous boys. Life expectancy for Indigenous girls was 9.5 years lower than for non-Indigenous girls.
- In 2007–11, 81% of Indigenous deaths occurred before the age of 65 years compared with 35% for non-Indigenous Australians.
- In 2007–11, the Indigenous mortality rate was 5 times as high in the 35–44 year age group as the non-Indigenous rate.
- In 2006–10, avoidable mortality rates for Indigenous Australians were 3.5 times the non-Indigenous rate. Overall death rates were twice as high. Circulatory diseases accounted for the largest gap (27% of the gap), followed by diabetes (17%) and cancers (12%).
- Over the period of 2007–2010, Indigenous Australians developed end-stage kidney disease at more than 6 times the rate of non-Indigenous Australians (95 per 100,000 compared with 14 per 100,000 respectively) (AIHW 2013h).

(See Chapter 7 for more information on the health of Indigenous Australians.)

People living in rural and remote areas

People living in rural and remote areas have less access to health services, travel greater distances to seek medical attention, and generally have higher rates of ill health and mortality than people living in larger cities.

On the positive side, Australians living in rural areas generally have higher levels of social cohesiveness—for example, higher rates of participation in volunteer work and feelings of safety in their community.



The main contributors to higher death rates in regional and remote areas are coronary heart disease, other circulatory diseases, motor vehicle accidents and chronic obstructive pulmonary disease (for example, emphysema). These higher death rates may be related to differences in access to services, risk factors (for example, higher smoking rates) and the regional/remote environment (see Chapter 5 'Health in regional and remote areas').

Across all geographic areas, the health of Aboriginal and Torres Strait Islander peoples is generally worse than for non-Indigenous Australians. The higher proportion of Indigenous Australians in remote area populations contributes to, but does not completely account for, the generally poorer health of people living in remote areas.

People with disability

Just under 1 in 5 Australians (4.2 million people) reported having a disability in 2012. Of these, 1.4 million people needed help with basic daily activities of self-care, mobility and communication (ABS 2013i).

Due to a range of factors—only some of which may be directly related to a person's disability—as a group, people with disability experience significantly poorer health than those without disability. Almost half (46%) of people aged 15–64 with severe or profound disability report poor or fair health compared with 5% for those without disability (AIHW 2010). Similarly, for people aged 15–64 with a specific long-term health condition or injury, a higher proportion of those with severe or profound disability compared with those without disability had young onset of arthritis before age 25 (14% compared with 6%), osteoporosis before age 45 (43% compared with 31%) and young onset of diabetes before age 25 (23% and 7% respectively). Higher proportions of people with disability compared with those without were also overweight, smokers, and had suicidal thoughts (AIHW 2010).

Compared with people without disability, Australians aged 15–64 with severe or profound disability are extensive users of professional health services, with higher rates of consultations with general practitioners, specialists and other health professionals than people without disability (AIHW 2011). This high use is associated with their high prevalence of multiple long-term health conditions, and comorbidity of mental disorders and physical conditions. The severity of disability is also strongly associated with the use of health services, even after the higher multiple and co-morbid conditions are accounted for (AIHW 2011).

Low socioeconomic status groups

As in the rest of the world, socioeconomic factors, including associated disadvantage, are important determinants of health in Australia.

In general, the higher people's incomes and education, the healthier they are—a phenomenon often termed the 'social gradient of health'. The better off people are, the more they are able to afford better food and housing, better health care, and healthy activities and pursuits. They are also more likely to be better informed about healthy choices and behaviours.



There is considerable variability in incomes in Australia. For example, in 2009–10 the mean (average) income, after tax, of the one-fifth of households with the lowest incomes was \$314 per week, compared with \$1,704 per week for the one-fifth of households with the highest incomes (AIHW 2013a).

Daily smoking is a clear example of the social gradient of health. The higher the socioeconomic status group, the less likely a person is to smoke. In the lowest socioeconomic areas, daily tobacco smoking rates among people aged 14 and over were around 25% in 2010, twice the rate among people living in the highest socioeconomic areas (AIHW 2012b).

Another example is physical inactivity, with people who live in areas of most socioeconomic disadvantage being less likely to be physically active. In 2007–08, 66% of people living in areas of most disadvantage did not undertake healthy levels of physical activity compared with 54% of people living in the least disadvantaged areas (AIHW 2012c).

Other health measures and risk factors with known social gradients include life expectancy, self-assessed health status, obesity, cancer survival, oral health and end-stage kidney disease.

What is missing from the picture?

Overall, the availability of information on the demographic, social, economic and health status of Australians is very good, but there are some gaps.

High-quality 'across-the-board' health information on some important subgroups (for example, people from non-main English-speaking backgrounds, and people with a disability) appears to be insufficient to meet needs of policy makers.

And while the AIHW has developed a set of national best-practice guidelines for collecting and recording the Indigenous status of Australians in health data sets, there are continuing problems with the under-identification of Aboriginal and Torres Strait Islander people in many health-related collections. Overall under-identification, and variations in the degree of under-identification across collections, can create difficulties for measuring the gap in health outcomes between Indigenous and non-Indigenous Australians, and for monitoring progress in closing the gap.

In mental health and cancer, better information on how coordinated care approaches function, and to what extent they meet the needs of users, could drive better evaluation and targeting of programs.

A key component of the National Disability Strategy 2010–2020 was the development by the AIHW during 2012–13 of a new standardised disability flag to identify people with a disability using mainstream services. Once implemented, the flag will enable nationally consistent collection of information about a person's level of functioning and need for support in everyday activities from people receiving mainstream services, including health services.

Throughout *Australia's health 2014* a number of the 'What is missing from the picture?' sections point to the benefits of linking data sets to better understand people's 'pathways' through the health system and the relationships between conditions, service use and outcomes. Making data available for these purposes, with appropriate safeguards, is becoming a priority for governments because it enables cost-effective population health research to be undertaken that could lead to new and potentially very valuable insights.

Where do I go for more information?

The ABS collects information on Australia's population through its 5-yearly Census of Population and Housing, and through other surveys and administrative data sets. More information is available at [ABS Census](#) and the [ABS Australian Health Survey](#).

The AIHW's series of biennial *Australia's health* and *Australia's welfare* reports include detailed analyses of Australia's population in the context of health and welfare. The reports are available for free download at [Australia's health](#) and [Australia's welfare](#).

Extensive information on people with disability and disability services, and on the health of Australia's Aboriginal and Torres Strait Islander people is available at the [AIHW website](#).

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