
Australian Government
Australian Institute of Health and Welfare
Australia's health 2020 in brief
AIHW

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The Australian Institute of Health and Welfare is a major national agency whose purpose is to create authoritative and accessible information and statistics that inform decisions and improve the health and welfare of all Australians.

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Contents

About *Australia's health 2020*

This edition of the AIHW's biennial flagship report on health introduces a new format and an expanded product suite:

Australia's health 2020: data insights

This is a collection of topical, in-depth articles on selected health issues, including a picture of health data in Australia. It is available online and as a print report.

Australia's health snapshots

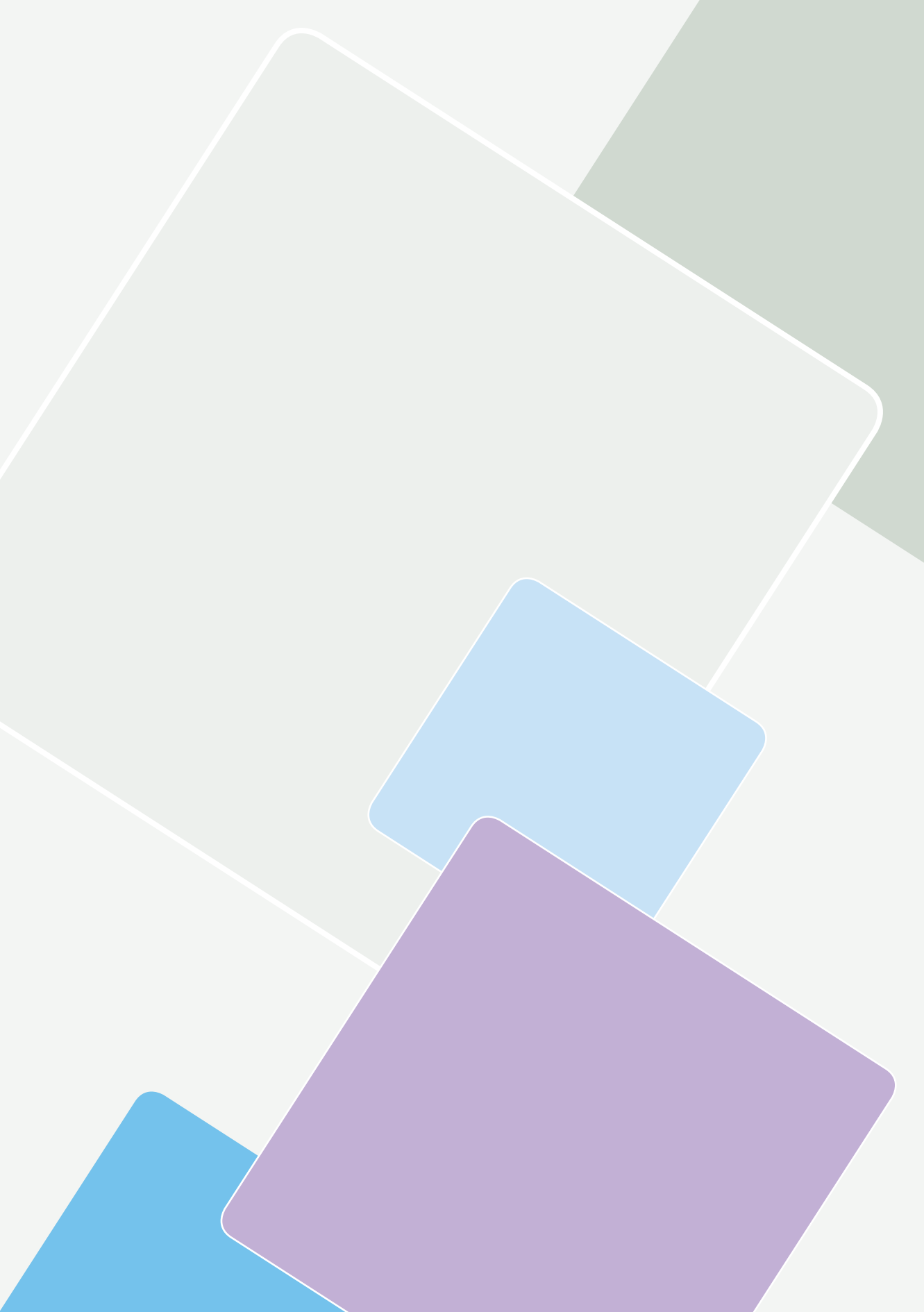
These are web pages that present key information and data on the health system, health of Australians and factors that can influence our health. The 71 snapshots are available online in HTML and as a PDF.

Australia's health 2020: in brief

This is a short, visual report summarising key findings and concepts from the snapshots to provide a holistic picture of health in Australia. It is available online and as a print report.

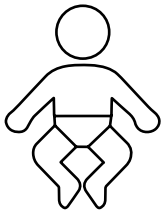
All products can be viewed or downloaded at www.aihw.gov.au/australias-health

For information on COVID-19, see *Australia's health 2020: data insights* which includes an article on what is known in Australia, four months on from the first confirmed case.



1 HOW HEALTHY ARE WE?

On an average day

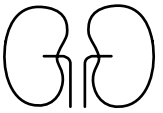


830 babies are born

430 people die

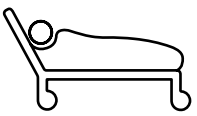
400 people are diagnosed with cancer

14 people are newly diagnosed with end-stage kidney disease

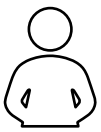


100 people have a stroke

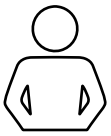
7 new cases of type 1 diabetes are diagnosed



there are **1,460** hospitalised injury cases



13 women and

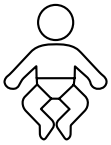


5 men

are hospitalised as a result of family and domestic violence

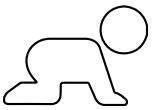
Note: The 'average day' value is the year total divided by 365.

From infancy to old age



Babies

9 in 10 babies born are **born at term**



Infants

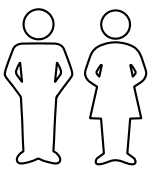
94.3% of 1-year-olds and 91.6% of 2-year-olds are **immunised**

Children

Asthma is the **leading cause** of disease burden for children aged 5–14

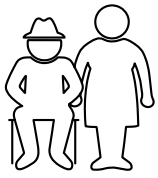
Young people

Almost all (97%) young people aged 14–17 have **never smoked tobacco** and **two-thirds** (66%) have **never had a full serve of alcohol**



Adults

Fewer than **1 in 20** men (aged 19 and over) and around **1 in 10** women meet the recommendations for **daily vegetable consumption**



Older people

Around **4 in 10** people aged 65 and over **say they are in excellent or very good health**

We are living more years in good health

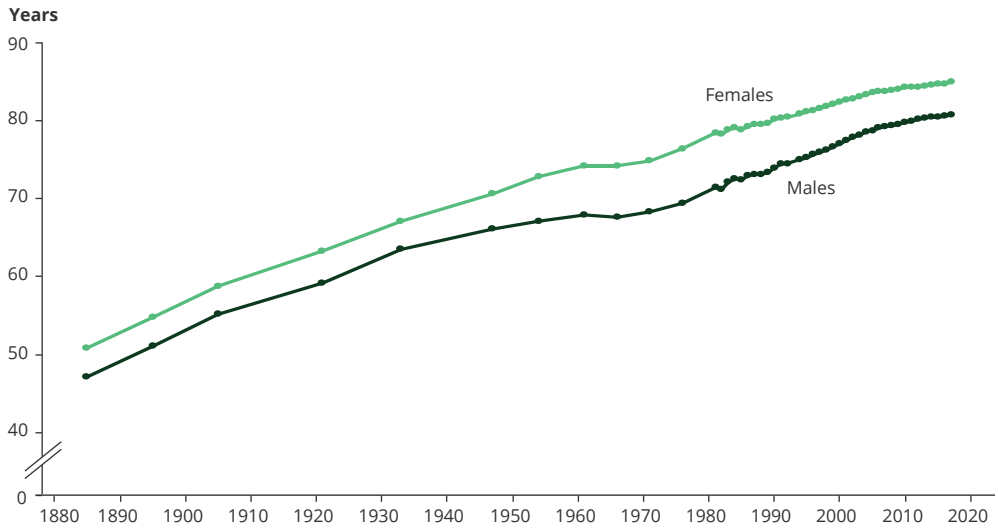
Australians are living longer—with more of those years lived in good health—and generally rate their health well.

Life expectancy at birth in Australia is continuing to rise.

> **Life expectancy** measures how long, on average, a person is expected to live based on current age and sex-specific death rates.

Life expectancy for males born in 2016–2018 was 80.7 years, up from 55.2 years for those born in 1901–1910. Life expectancy was 84.9 years for females born in 2016–2018, up from 58.8.

Life expectancy at birth, 1886 to 2018



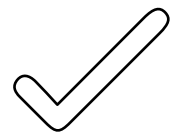
We are living longer and have more years in good health:

Males born in 2015 were expected to have 2.0 more years of healthy life than males born in 2003, and females born in 2015 could expect 1.3 more years of healthy life.

2.0
more years

1.3
more years

When asked about our own health, the majority of us think we're doing well.



56%

More than half of Australians aged 15 and over self-rated their health as **'excellent' or 'very good'** in 2017–18.

How do we compare?

Australia performs as well as or better than many other comparable countries on selected measures of health. However, there are some areas where improvement can be made.

Compared with the other 35 members of the Organisation for Economic Co-operation and Development (OECD) in 2017, Australia had the:

- 7th lowest rate of daily smoking for people aged 15 and over
- 9th highest life expectancy for males and the 7th highest for females
- 5th highest obesity rate (out of 23 countries) for people aged 15 and over.

Australia's ranking among OECD countries for selected health measures, 2017

Find out more: International comparisons of health data

Causes of death vary by age

Leading cause of death differs by age. Chronic diseases feature more prominently among people aged 45 and over, while external causes, such as accidents and suicides, are the leading causes for people aged 1–44.

Top 5 leading causes of death, 2016–18

Rank	Under 1	1–14	15–24	25–44	45–64	65–74	75+
	Age group						
1st	Perinatal and congenital conditions	Land transport accidents	Suicide	Suicide	Coronary heart disease	Lung cancer	Coronary heart disease
2nd	Other ill-defined causes	Perinatal and congenital conditions	Land transport accidents	Accidental poisoning	Lung cancer	Coronary heart disease	Dementia including Alzheimer's disease
3rd	Sudden infant death syndrome	Brain cancer	Accidental poisoning	Land transport accidents	Suicide	Chronic obstructive pulmonary disease	Cerebrovascular disease
4th	Accidental threats to breathing	Accidental drowning and submersion	Assault	Coronary heart disease	Colorectal cancer	Colorectal cancer	Chronic obstructive pulmonary disease
5th	Cardiomyopathy	Suicide	Other ill-defined causes	Breast cancer	Breast cancer	Cerebrovascular disease	Lung cancer

Disease group: Cancer; Cardiovascular; Ill-defined; Infant & congenital; Injuries; Neurological; Respiratory

Land transport accidents were the most common cause of death among children aged 1–14 (11% of all deaths in this age group). Suicide was the leading cause of death among people aged 15–44. Coronary heart disease and lung cancer were the leading causes of death for people aged 45–74. Dementia including Alzheimer's disease was the second leading cause of death among people aged 75 and over (12%), behind coronary heart disease (13%).

Find out more: Causes of death

What is the burden of disease?

In 2015, Australians lost 4.8 million years of healthy life (DALY) due to illness or premature death. This is equivalent to 199 DALY per 1,000 population.

Half of this burden was non-fatal (50%); that is, from living with the impacts of disease and injury. Males experienced more burden than females.

> **Burden of disease** combines the years of healthy life lost due to living with ill health (non-fatal burden) with the years of life lost due to dying prematurely (fatal burden). Total burden is reported using the disability-adjusted life years (DALYs) measure.

What types of disease cause the most burden?

The disease groups causing the most burden in 2015 were cancer (18% of the total burden), cardiovascular diseases (14%), musculoskeletal conditions (13%), mental & substance use disorders (12%) and injuries (8.5%). Together, they accounted for around two-thirds of the total burden in Australia.

The leading causes of burden differ depending on age:

Top 3 leading causes of total burden, 2015

Rank	Age group: Under 5	5–14	15–24	25–44	45–64	65+
1st	Pre-term & low birth weight complications (13.6%)	Asthma (13.1%)	Suicide & self-inflicted injuries (9.7%)	Suicide & self-inflicted injuries (7.3%)	Coronary heart disease (6.8%)	Coronary heart disease (10.9%)
2nd	Birth trauma & asphyxia (9.8%)	Anxiety disorders (10.6%)	Anxiety disorders (7.6%)	Back pain & problems (7.0%)	Back pain & problems (5.5%)	Dementia (8.3%)
3rd	Sudden infant death syndrome (4.9%)	Depressive disorders (7.1%)	Depressive disorders (7.0%)	Anxiety disorders (7.0%)	Lung cancer (4.5%)	Chronic obstructive pulmonary disease (6.5%)

Disease group: Cancer; Cardiovascular; Infant & congenital; Injuries; Mental & substance use; Musculoskeletal; Neurological; Respiratory

Find out more: Burden of disease

How many of us have a chronic condition?

Almost half (47%, or more than 11 million people) of Australians have at least 1 of 10 selected chronic conditions and 1 in 5 (20%, or 4.9 million people) have multiple chronic conditions, based on 2017–18 estimates.

> **Chronic conditions** include illnesses such as heart disease, cancer, stroke, diabetes, arthritis and asthma.

In 2017–18, the most common condition(s) for people aged:

- 15–44 were mental and behavioural conditions (22%)
- 45–64 were back pain and problems, and arthritis (25% each)
- 65 and over was arthritis (49%).

Many chronic conditions are largely preventable as they share risk factors that are modifiable—that is, action can be taken to reduce the effect of the risk factor.

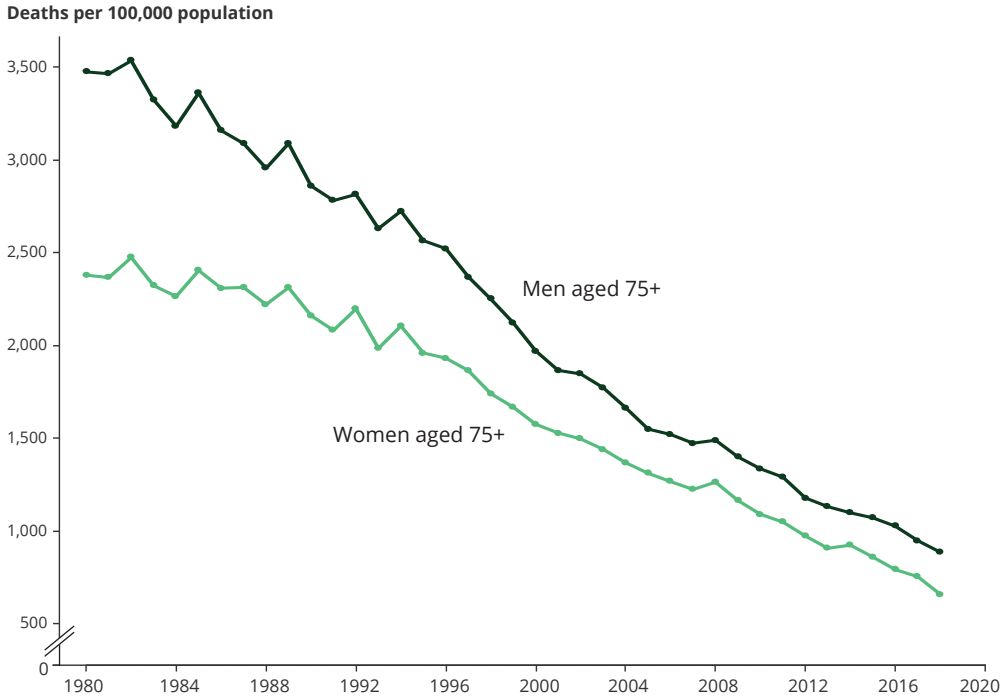
These risk factors include tobacco smoking, high blood pressure, insufficient physical activity, poor diet and overweight and obesity.

Fewer deaths, but coronary heart disease is still a large burden

Coronary heart disease (CHD) is our leading single cause of death. It accounts for about $2.2 billion a year in health care costs and, in 2017–18, was the primary cause of almost 161,800 hospitalisations.

- In 2017, an estimated 61,800 people aged 25 and over had an acute coronary event (a heart attack or unstable angina)—around 169 events every day.
- In 2018, CHD was the underlying cause of death for 17,500 people. This was 11% of all deaths, and 42% of cardiovascular deaths.
- The CHD death rate has fallen 82% since 1980. While CHD death rates fell substantially in each age group, the rate of decline was more rapid for those aged 75 and over than for younger age groups.

Coronary heart disease deaths, 1980 to 2018



In 2017–18, almost 95 million Pharmaceutical Benefits Scheme and Repatriation Pharmaceutical Benefits Scheme prescriptions for cardiovascular medicines were dispensed to the Australian community—31% of the total prescription medicines dispensed.

Find out more: Coronary heart disease

Cancer survival is improving

There are over 1 million people alive in Australia who have previously been diagnosed with cancer.

It is estimated that about **145,500** new cases of cancer will be diagnosed in Australia in 2020—an average of almost 400 people every day.

The **most commonly diagnosed** cancers

in **males** will be:

16,700 (cases)
prostate cancer

9,500
melanoma of the skin

8,300
colorectal cancer

7,200
lung cancer

in **females** will be:

19,800 (cases)
breast cancer

7,200
colorectal cancer

6,700
melanoma of the skin

6,000
lung cancer

In 2012–2016, people diagnosed with cancer had a 69% chance of surviving for at least 5 years, which is lower when compared with their counterparts in the general population. This was an increase from a 5-year survival rate of 51% in 1987–1991.

Increased survival is due to a number of factors, including improvements in treatments and care, and understanding and avoiding the risk factors associated with cancer. Cancer screening programs also increase the likelihood of detecting cancer early, which can lead to better outcomes from treatments and ultimately reduce death from cancer. For example, women aged 50–69 who were diagnosed with a breast cancer through BreastScreen Australia between 2002 and 2012 had a 42% lower risk of dying from breast cancer by 2015 than women with breast cancers who had never been screened.

Find out more: Cancer; Cancer screening and treatment

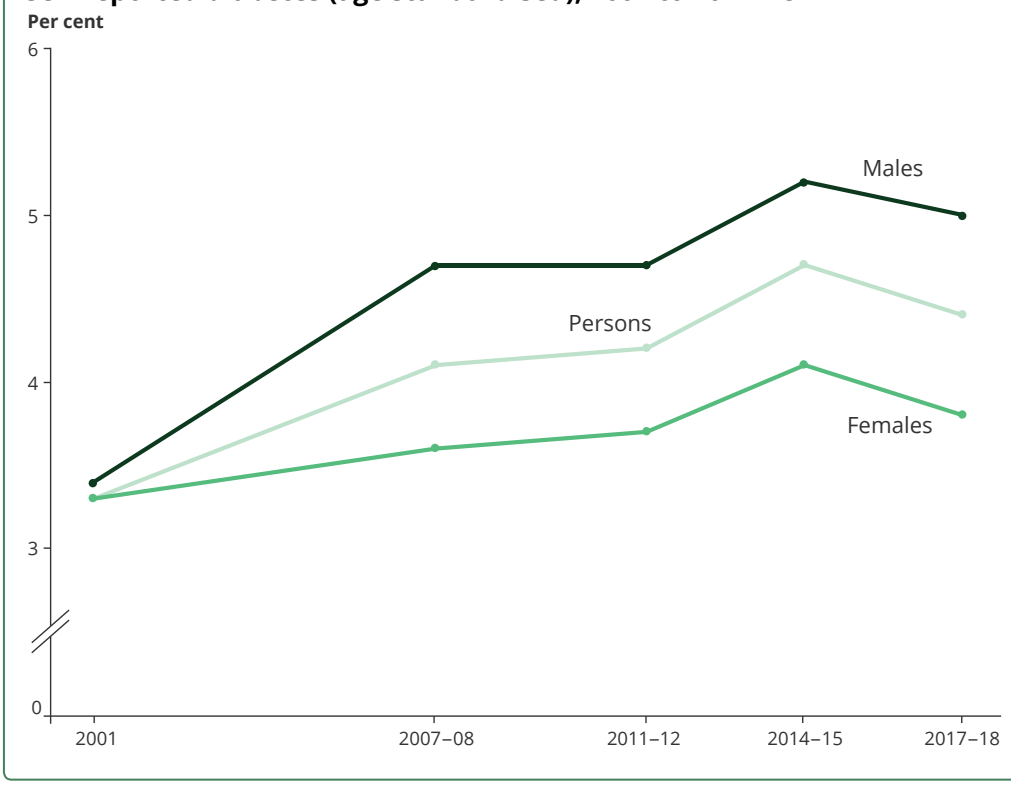
Diabetes increases with age

An estimated 1 in 20 (4.9%, or 1.2 million) Australians had diabetes in 2017–18, including type 1 and 2 as well as where the type is unknown. Around 1 in every 6 females aged 15–49 who gave birth in hospital were diagnosed with gestational diabetes.

The prevalence of diabetes increases with age. About 1 in 20 (4.5%) Australians aged 45–54 have diabetes, compared with 1 in 10 (10%) 55–64 year olds and almost 1 in 5 (19%) people aged 75 and over.

The age-standardised rate of self-reported **diabetes** increased from 3.3% in 2001 to **4.4%** in 2017–18. After accounting for age, diabetes was more common in males (5.0%) than females (3.8%).

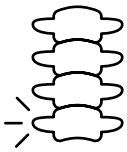
Self-reported diabetes (age standardised), 2001 to 2017–18



Find out more: Diabetes

Older women are more likely to have musculoskeletal conditions

In 2017–18, an estimated 3 in 10 (29%, or 7.0 million) Australians had arthritis or other musculoskeletal conditions, such as back pain, osteoarthritis and osteoporosis.



4.0 million

(**16%** of all Australians) have **back pain and problems**

3.6 million

(**15%**) have **arthritis**

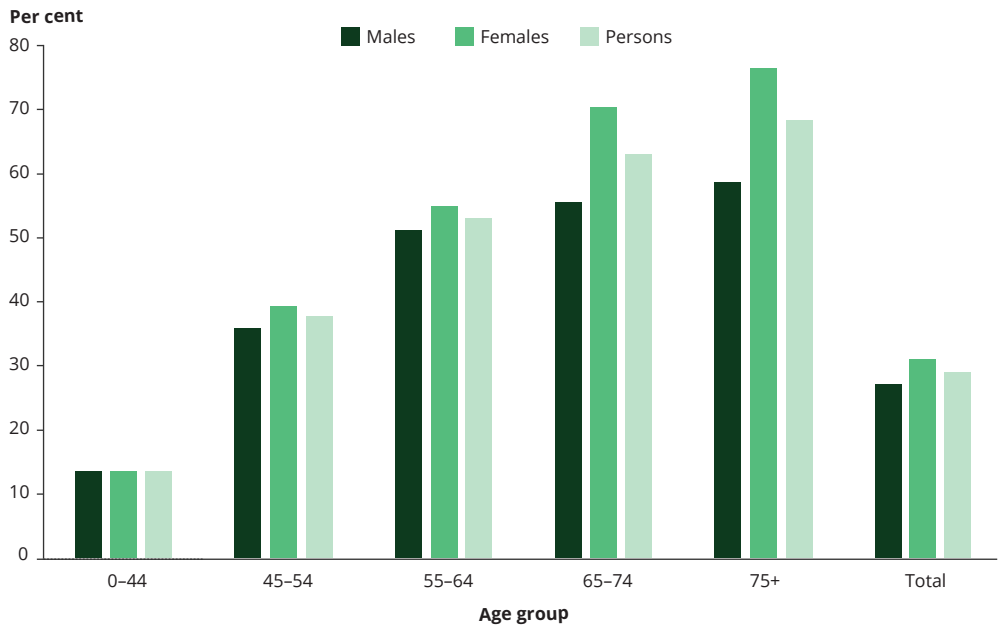
924,000

(**3.8%**) have **osteoporosis**

These rates remained relatively consistent between 2007–08 and 2017–18.

Females, older people and people living in the lowest socioeconomic areas are more likely to have chronic musculoskeletal conditions.

Arthritis and other musculoskeletal conditions, 2017–18

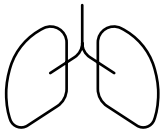


Musculoskeletal conditions was the disease group with the highest estimated expenditure in 2015–16 at $12.5 billion (11% of Australia's total disease expenditure).

Find out more: Bone and joint health

1 in 10 Australians have asthma

In 2017–18, an estimated:



7.4 million
people (**1 in 3** Australians) had a **chronic respiratory condition** (31% of the total population)

4.7 million
(**19%**) had **hay fever**

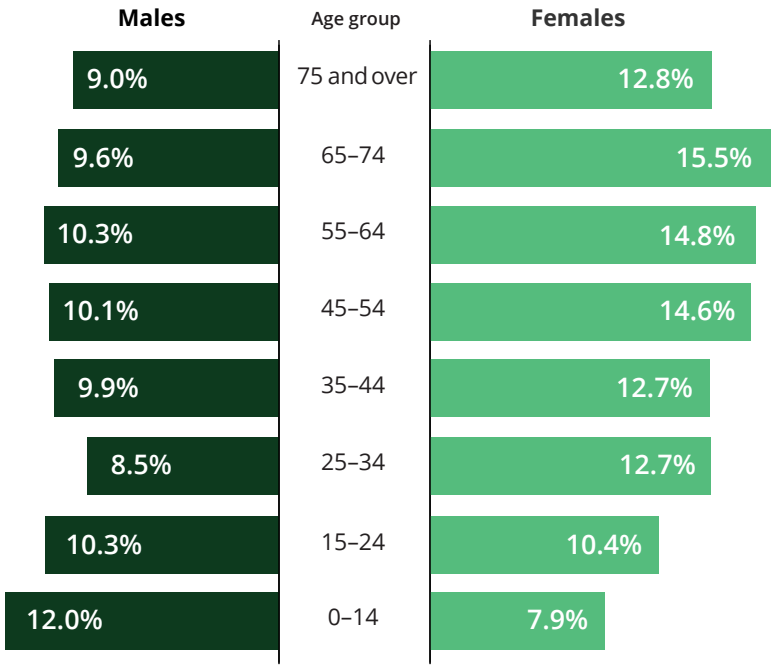
2.7 million
(**11%**) had **asthma**

2.0 million
(**8.4%**) had **chronic sinusitis**

599,000
(**2.5%**) had **COPD**.

Chronic obstructive pulmonary disease (COPD) affects mainly middle-aged and older people, and the prevalence tends to increase with age.

Asthma affects people of all ages, but is most common among women aged 55 and over:



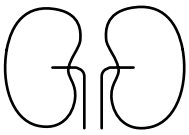
About one-third (31%) of people with self-reported asthma have a written asthma action plan—67% of children aged 0–14 with asthma and 24% of people aged 15 and over with asthma.

Find out more: Chronic respiratory conditions

1 in 10 adults have signs of chronic kidney disease

An estimated 1 in 10 Australian adults (10%)—about 1.7 million people in 2011–12—had biomedical signs of chronic kidney disease (CKD) showing reduced filtration or a damaged kidney.

In 2017–18, CKD was recorded as a diagnosis in around 1.9 million hospitalisations—17% of all hospitalisations in Australia. Of these, 80% (1.5 million) were for regular dialysis treatment, making dialysis the most common reason for hospitalisations. Age-standardised dialysis rates have increased by 19% over the last decade, from 4,500 per 100,000 population in 2007–08 to 5,400 per 100,000 population in 2017–18.



Around **25,400** people received **kidney replacement therapy** (that is, a kidney transplant or dialysis) in 2018.

Just over half (53%) of these people had dialysis while 47% had a kidney transplant.

Find out more: Chronic kidney disease

Over 400,000 Australians are living with dementia

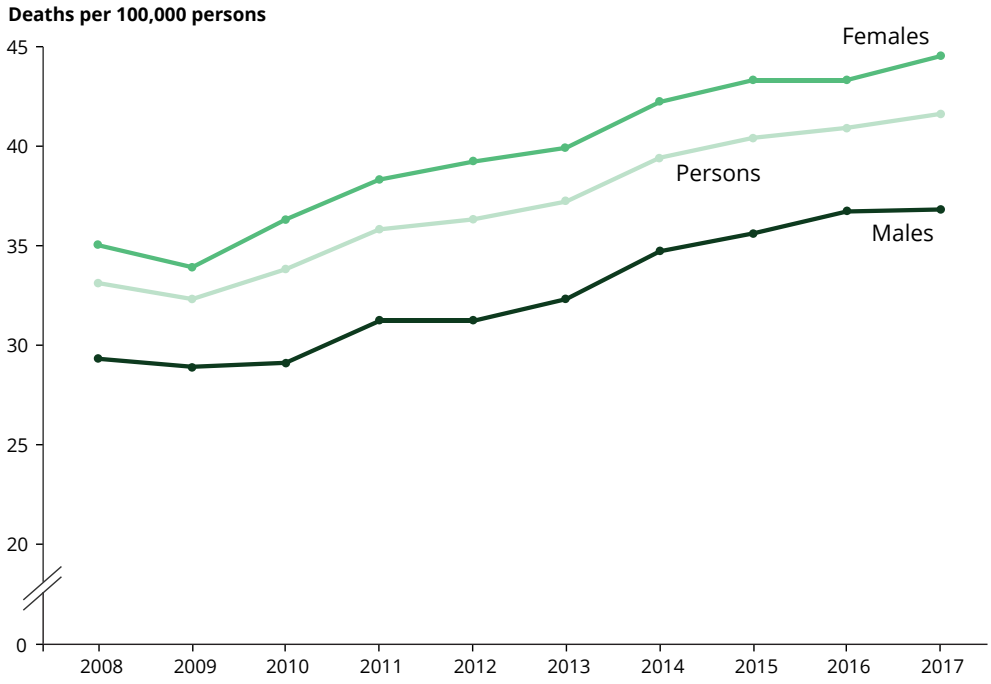
It is estimated that 400,000 to 459,000 Australians are living with dementia. This number is expected to increase to between 550,000 and 590,000 by 2030, in line with the continued growth and ageing of Australia's population. The most well-known form of dementia is Alzheimer's disease.

Increasing deaths from dementia

Dementia was the 2nd leading cause of death in Australia in 2018, accounting for about 14,000 deaths. For females, it was the leading cause of death (9,000 deaths), while it was the 3rd leading cause for males (5,000).

The number of deaths where dementia was an underlying cause increased by 68% between 2008 and 2017. The age-standardised death rate increased from 33 deaths per 100,000 people in 2008 to 42 deaths per 100,000 in 2017. This may reflect not only an increase in the number of older people with dementia, but also changes in how dementia deaths are recorded.

Deaths attributed to dementia (age standardised), 2008 to 2017



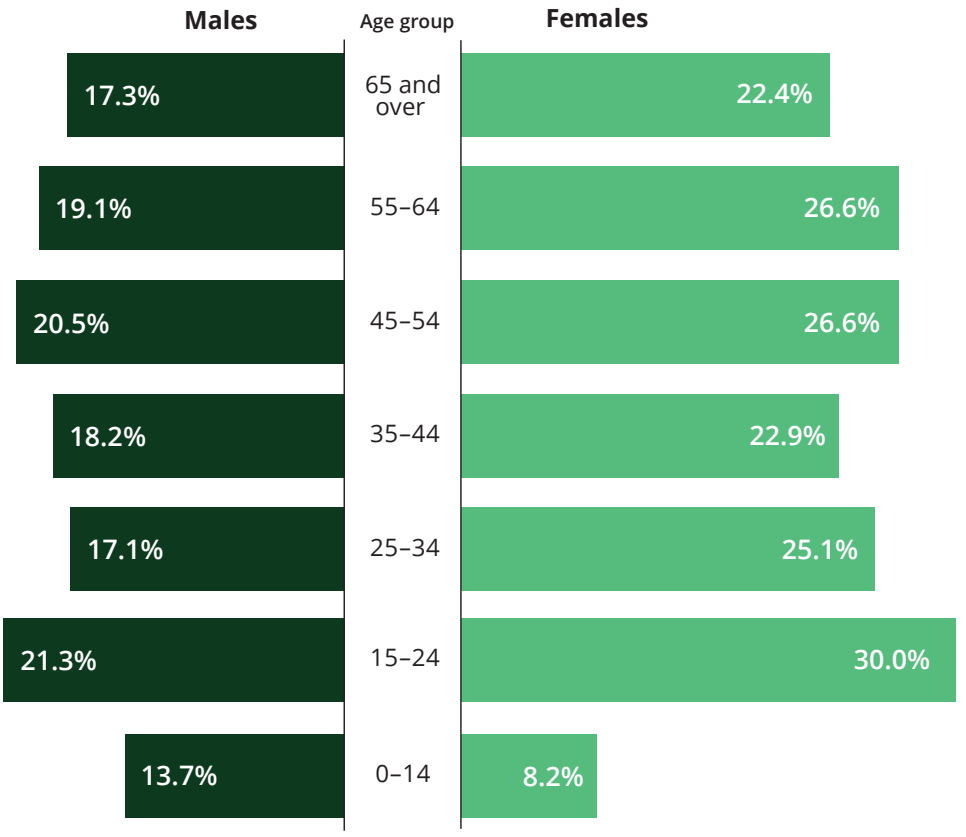
Find out more: Dementia

1 in 5 Australians report having a mental health condition

Mental health conditions can severely affect all aspects of a person's life—including their health, day-to-day interactions with family and friends, and ability to study or work.

Based on self-reported data, an estimated 1 in 5 Australians had a mental or behavioural condition in 2017–18.

In 2017–18, females and people aged 15–24 were most likely to report having a current long-term mental or behavioural condition:



Find out more: Mental health

Falls are a leading cause of injury

Most injuries, whether unintentional or intentional, are preventable. In 2017–18, over 13,000 people died, and there were over 532,500 hospitalisations in Australia because of injury. About 4 in 10 of these hospitalisations and deaths were due to accidental falls.

In 2017–18:

- accidental falls were the most common cause of injury deaths (40% of all deaths), followed by suicide (23%) and transport crashes (11%)
- for males, suicide and falls were the leading causes of injury death (29% of male injury deaths, each)
- for females, falls were the leading cause of injury death (56% of female injury deaths). Most (97%) fall deaths for females were in those aged 65 and over.

In 2017–18, there were around 65,000 hospitalised injury cases among children aged 0–14. Nearly half (45%, or 29,300) were due to falls.

Find out more: Injury; Health of children

FEATURE

A FOCUS ON SUICIDE AND INTENTIONAL SELF-HARM

Suicide and intentional self-harm have devastating effects on individuals, families and communities. When looked at together, suicide and self-inflicted injuries were the third leading cause of premature death from injury or disease in Australia in 2015. In 2016–18, suicide was the leading cause of death among people aged 15–44.

HOW MANY AUSTRALIANS HAVE THOUGHT ABOUT SUICIDE?

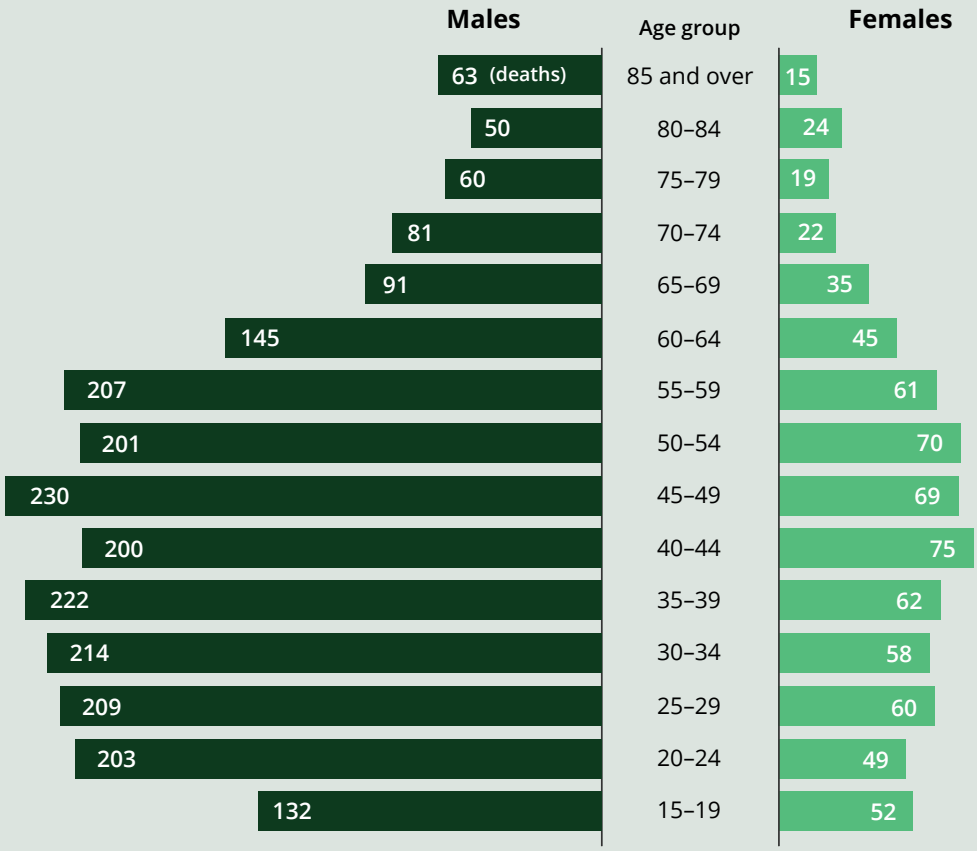
While data are limited, the 2007 National Survey of Mental Health and Wellbeing shows that at some point in their lives, 1 in 8 (13%) Australians aged 16–85 had serious thoughts about taking their own life, 1 in 25 (4.0%) made a suicide plan and 1 in 33 (3.3%) had attempted suicide. This is equivalent to over 2.1 million Australians having thought about taking their own life, over 600,000 making a suicide plan and over 500,000 making a suicide attempt during their lifetime.

MORE MALES DIE BY SUICIDE

In 2018, there were 3,046 deaths by suicide registered in Australia, more than three-quarters of which were among males. By comparison, there were 1,135 road deaths—such as those due to car crashes—in the same year.

Age-specific death rates are high between the ages of 35 and 59 for both males and females.

More than half (55%) of all deaths by suicide were among people aged 30–59 (1,669 deaths). For males, the highest proportion of suicide deaths were among those aged 45–49 while for females they were among those aged 40–44. In 2018, the **number of deaths** by suicide was higher for males than females across all age groups:



Find out more: Suicide and intentional self-harm; Causes of death

FEATURE

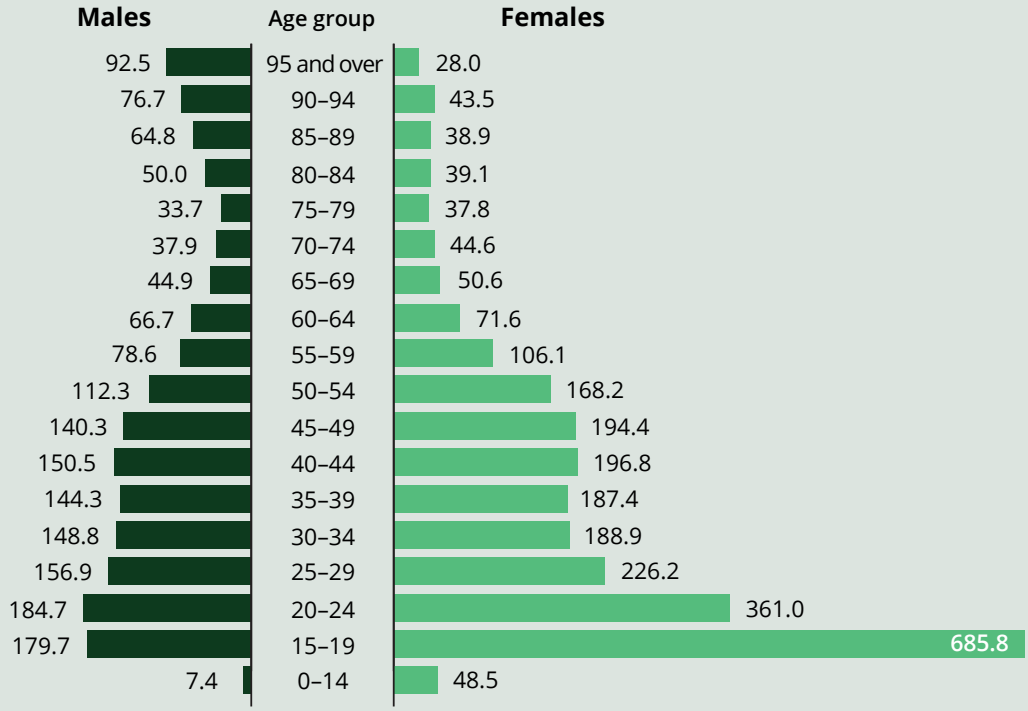
MORE FEMALES HOSPITALISED FOR INTENTIONAL SELF-HARM

Intentional self-harm is when a person deliberately hurts or injures themselves, not necessarily with the intention of dying. In 2016–17, there were about 33,100 cases of hospitalised injury due to intentional self-harm—7% of all hospitalised injury cases.

Females are more likely to be hospitalised for intentional self-harm than men—making up almost two-thirds (64%) of intentional self-harm hospitalisation cases in 2016–17.

Hospitalisations for intentional self-harm were also more common among younger age groups. In 2016–17, females in their late teens had the highest rate of hospitalised injury cases for intentional self-harm—there were 686 hospitalisations for intentional self-harm for every 100,000 females aged 15–19, nearly 4 times the rate for males of the same age (180 per 100,000 males).

Age specific rate of hospitalisations for intentional self-harm (cases per 100,000 persons)



Between 2007–08 and 2016–17, the rates of hospitalised injury cases for intentional self-harm for females aged 15–24 rose 62%, from 317 to 512 per 100,000 people.

UNDERSTANDING SUICIDE RISK AMONG VETERANS

There is ongoing concern within the Australian Defence Force (ADF) and the wider Australian community about suicide in ADF personnel. In particular, ADF personnel who are no longer serving may face increased risk of suicide.

Between 2001 and 2017, there were 419 deaths by suicide among serving, reserve and contemporary ex-serving ADF personnel.

After adjusting for age, the rate of suicide compared with Australian men for the 2002–2017 period was:

- 48% lower for serving men
- 48% lower for men in the reserves
- 18% higher for contemporary ex-serving men.

Find out more: Health of veterans

SUICIDE RATES AMONG INDIGENOUS AUSTRALIANS

In 2018, 169 Aboriginal and Torres Strait Islander people died by suicide. Age-standardised rates of Indigenous deaths by suicide (23.7 per 100,000 people) were almost double that of non-Indigenous Australians in 2014–18 (12.3 per 100,000 people).

Find out more: Suicide and intentional self-harm; Indigenous life expectancy and deaths

If you or someone you know needs advice or support, these services can help:

Lifeline **13 11 14**
Suicide Call Back Service **1300 659 467**
Kids Helpline **1800 55 1800**
MensLine Australia **1300 78 99 78**
Beyond Blue **1300 22 4636**

How does lifestyle affect our health?

Many serious health issues, including some chronic diseases, are related to lifestyle factors.

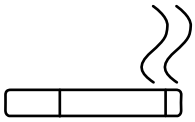
The 5 risk factors that caused the most disease burden in Australia in 2015, were:

1. **tobacco use (9.3% of total burden)**
2. **overweight and obesity (8.4%)**
3. **dietary risks (7.3%)**
4. **high blood pressure (5.8%)**
5. **high blood plasma glucose (including diabetes) (4.7%)**.

Tobacco smoking

Tobacco smoking is the leading cause of preventable diseases and death in Australia—it was responsible for more than 1 in 8 (21,000) deaths in 2015. Successful public health strategies over many decades have resulted in a significant decline in daily smoking rates, with Australia now having one of the lowest daily smoking rates among OECD countries. While smoking rates continue to decline, the health impact is expected to continue because some diseases associated with smoking, such as lung cancer and chronic obstructive pulmonary disease, can take many years to develop.

Fewer adults are smoking daily than ever before



According to the National Drug Strategy Household Survey, an estimated **11.6%** of Australian adults were **daily smokers** in 2019.

This is a decrease from an estimated 12.8% in 2016, and less than half the rate in 1991 (25%).

Who is most likely to smoke?

In 2019:

- men were more likely to smoke daily than women (12.8%, compared with 10.4%)
- people in their 40s and 50s were most likely to smoke daily (15.8% and 15.9%, respectively)—a change from 2001, when people in their 20s and 30s were the most likely to smoke daily.

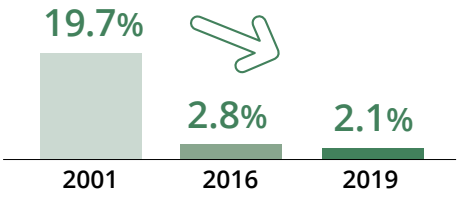
Fewer young people are taking up smoking

In 2019, nearly all (97%) 14–17 year olds and 4 in 5 (80%) young adults aged 18–24 had never smoked. This is an improvement since 2001; 82% and 58%, respectively.

Fewer children are exposed to tobacco smoke in the home

Exposure to second-hand smoke affects people of all ages. It can cause cardiovascular and respiratory diseases in adults and cause sudden infant death syndrome and induce and exacerbate a range of respiratory effects in infants and children.

The proportion of **households with dependent children where someone smoked inside the home** has fallen over time:



Find out more: Tobacco smoking

Alcohol

While most Australians drink alcohol at levels that cause few harmful effects, those who do drink at risky levels increase the risk of harm to themselves, their families, bystanders and the broader community.

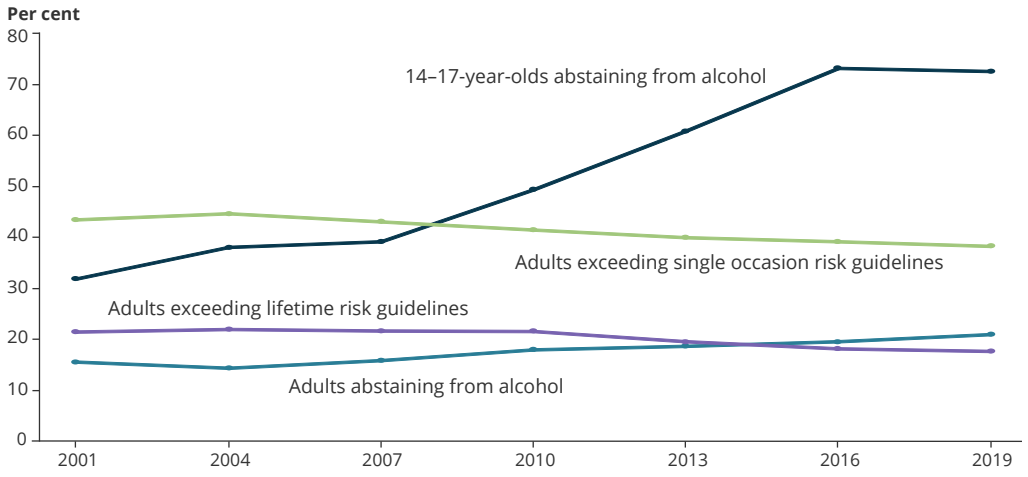
According to Australian Bureau of Statistics consumption of alcohol data, we are drinking less than a decade ago—consumption levels were 9.5 litres of pure alcohol available per person aged 15 and over in 2017–18, down from 10.8 litres in 2007–08.

Fewer people are drinking at risky levels and more are abstaining

The National Drug Strategy Household Survey reported that in 2019:

- **1 in 5** (17.6%) adults exceeded the **lifetime risk** guidelines and **2 in 5** (38%) exceeded the single occasion risk guidelines—down from 21% and 43%, respectively, in 2001
- **1 in 5** (21%) adults and **3 in 4** (73%) people aged 14–17 abstained from drinking alcohol in the previous 12 months—up from 15.5% and 32%, respectively, in 2001.

People abstaining from alcohol or exceeding risky drinking guidelines, 2001 to 2019



Who is most at risk?

Young people aged 18–24 are most likely to consume alcohol at levels which exceed single occasion risk guidelines at least once a month, while adults aged 40–59 are most likely to drink at levels which exceed lifetime risk guidelines.

In 2019, men were at higher risk of alcohol-related injury or harm than women from drinking at levels that exceeded the:

- single occasion risk guidelines: 48% compared with 29% of women
- lifetime risk guidelines: 26% of men compared with 9.9% of women.

Find out more: Alcohol risk and harm

Illicit use of drugs

Illicit drug use can have health, social and economic impacts for individuals, families and the broader community.

According to the 2019 National Drug Strategy Household Survey, an estimated 3.4 million (16.4%) people aged 14 and over in Australia had used an illicit drug in the previous 12 months and 9.0 million (43%) people had used an illicit drug at some point in their lifetime. This was similar to the proportions in 2016 (15.6% and 43%, respectively).

In 2019, the **most common illicit drugs used** in the previous 12 months were:

11.6%
cannabis
(up from 10.4% in 2016)

4.2%
cocaine
(up from 2.5% in 2016)

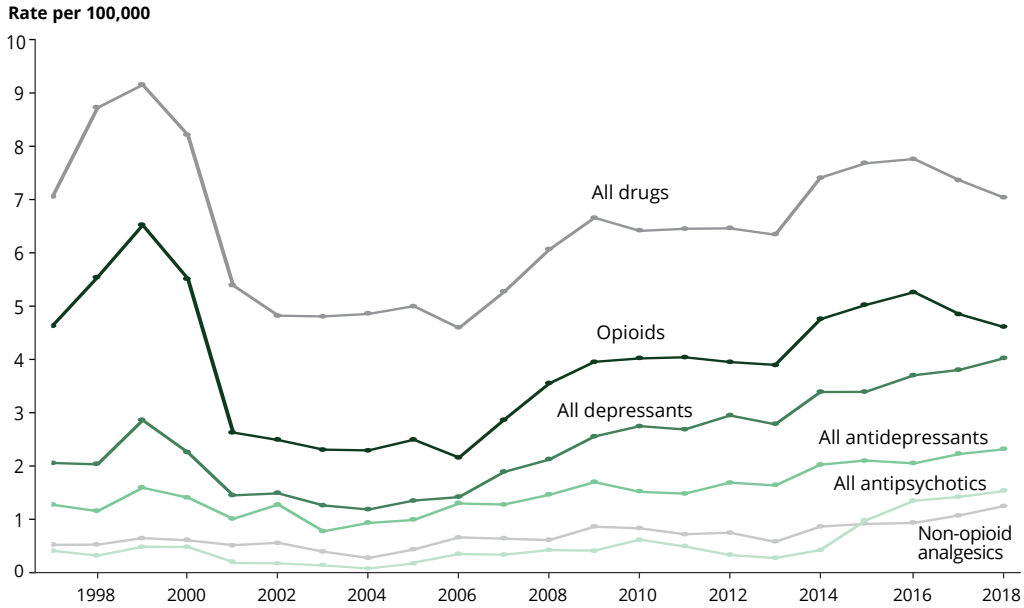
3.0%
ecstasy
(up from 2.2% in 2016)

In 2019, 2.7% of people used 'pain-killers and opioids' for non-medical purposes, down from 3.6% in 2016. Since medications containing codeine were restricted to sale with a prescription only in 2018, the proportion of people using codeine for non-medical purposes has decreased (from 3.0% in 2016 to 1.5% in 2019).

Drug-induced death rate is one of the highest on record

In 2018, over 1,700 deaths in Australia were drug-induced (a rate of 7.0 per 100,000 population, age-standardised)—one of the highest rates on record, but still lower than in 1999 (9.1 deaths per 100,000 population, age-standardised). Opioids was the most common drug class present in drug-induced deaths over the past decade.

Drug-induced deaths (age-standardised), by selected drugs, 1997 to 2018



Find out more: Illicit drug use

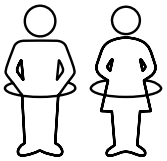
Overweight and obesity

Being overweight or obese increases a person's risk of developing many chronic conditions—such as cardiovascular disease—and of dying prematurely.

In 2017–18, an estimated:

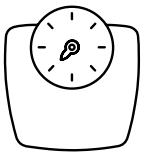
1 in 4 (25%, or 1.2 million) children and adolescents aged 2–17 were overweight or obese

- **17%** were overweight but not obese
- **8.2%** were obese



2 in 3 (67%, or 12.5 million) adults were overweight or obese

- **36%** were overweight but not obese
- **31%** were obese



More men than women were overweight but not obese (42% of men and 30% of women), but obesity rates for men and women were similar (33% of men and 30% of women).

Obesity is more common in older age groups—16% of adults aged 18–24 were obese, compared with 41% of adults aged 65–74.

The prevalence of overweight and obesity:

- in children and adolescents aged 5–17 **rose** from 20% in 1995 to 25% in 2007–08, then remained relatively **stable** to 2017–18 (25%).
- among Australians aged 18 and over **increased** from 57% in 1995 to 67% in 2017–18 (age standardised). This was largely due to an increase in obesity rates, from 1 in 5 (19%) in 1995 to 1 in 3 (31%) in 2017–18.

Find out more: Overweight and obesity

Insufficient physical activity

Regular physical activity is important for optimal health and wellbeing. It can improve a person's immune system and mental and musculoskeletal health, and reduce disease risk factors such as overweight and obesity.

Based on self-reported data from the 2017–18 National Health Survey, an estimated 1 in 2 adults (55%) did not participate in sufficient physical activity. Women were more likely than men to be insufficiently active (59% compared with 50%).

Activity levels generally decrease with age

Less than half of 18–24 year olds were insufficiently active (41% of men and 48% of women) compared with more than two-thirds of those aged 65 and over (69% of men and 75% of women).

In 2011–12, 83% of children aged 2–5, 88% of children aged 5–12, and 98% of young people aged 13–17 did not meet the physical activity and sedentary behaviour guidelines on all 7 days in the last week.

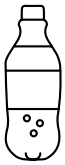
Find out more: Insufficient physical activity

Diet

The food and beverages we consume (our diet) play an important role in our overall health and wellbeing. Food provides energy, nutrients and other components that, if consumed in insufficient or excess amounts, can result in ill health. A healthy diet helps to prevent and manage health risk factors such as overweight and obesity, high blood pressure and high blood cholesterol, as well as associated chronic conditions, including type 2 diabetes, cardiovascular disease and some forms of cancer.

In 2017–18, many Australians **did not eat the recommended** number of daily serves of:

	Boys	Girls	Men	Women
Vegetables	95%	93%	96%	89%
Fruit	30%	24%	53%	44%



An estimated **1 in 14** (7.1%) **children and adolescents aged 2–17** and **1 in 10** (9.1%) **adults aged 18 and over** consumed sugar sweetened drinks every day—men were almost twice as likely (12%) as women (6.4%).

Find out more: Diet

FEATURE

THE WORLD AROUND US: HOW THE ENVIRONMENT AFFECTS OUR HEALTH

Our health is affected by our environment, including the air we breathe, the water we drink, the soils and climate that grow our food, and the spaces in which we live and work. Our environment can help us maintain—or create challenges to—good health.

The natural environment—including the land, air and water—underpins human health, but is under pressure from human activity. When well planned, the built environment—which includes housing, public spaces, and transport, water and energy networks—can bolster and protect people's health and wellbeing. However, for many people, the built environment creates challenges to good health.

Some aspects of our environment have direct implications for our health—such as illness or injury directly caused by exposure to an element of our environment. Other aspects of our environment have important, but less direct effects—for example, the availability of food due to weather conditions.

THE NATURAL ENVIRONMENT CAN AFFECT HEALTH IN DIVERSE WAYS

Climate change is having an increasing effect on most of the natural environments that support human health and wellbeing. Some people are affected more than others. These include people living in rural and remote areas, those in low-lying, flood or bushfire-prone areas, and people who work outdoors. Older people, children, people with existing health conditions and socioeconomically disadvantaged groups are also at increased risk.

Under climate change, the frequency and/or intensity of some extreme weather events has increased.

Extreme weather events—such as heatwaves, drought, bushfires, violent storms, heavy rainfall and flooding—can affect a person's physical and mental health. These events affect health directly and indirectly. For example, a person may sustain an injury due to exposure to a bushfire or a violent storm; droughts and floods can lead to higher rates of some vector-borne and gastrointestinal diseases; weather conditions may affect the availability, variety and price of food; bushfire smoke can cause significant air pollution leading to respiratory problems. In many cases, existing health conditions such as heart disease, kidney disease and diabetes are exacerbated by extreme events.

Experiencing an extreme weather event can also affect a person's mental health—even if they are not directly impacted. For example, one study on the impacts of the 2019–20 bushfire season estimated that 10% of Australian adults considered their home or property was directly threatened, while over half (57%) experienced anxiety or worry due to the bushfires.

FEATURE

AUSTRALIA IS KNOWN FOR ITS SUNSHINE—AND IT COMES WITH BENEFITS AND RISKS

Ultraviolet radiation (UV) from the sun helps the body to manufacture Vitamin D, which is essential for good health. However, UV can also cause a number of cancers, such as melanoma and other skin cancers, and cancer of the eye. Research suggests that UV may be responsible for 20% of cataracts globally.

Melanoma of the skin is one of Australia's most common cancers, with the number of new cases increasing each year—in 2000, there were 8,700 new cases diagnosed and 970 deaths. By 2019, there were an estimated 15,200 new cases and 1,700 deaths.

Exposure to UV can be limited through wearing protective clothes (for example, a hat and long-sleeved shirt) and adopting sun protection behaviours (for example, using sunscreen or seeking out shade). When asked about these behaviours, about half (47%) of adults and one-third (33%) of young people (aged 12–17) used 2 or more of these recommended methods to protect themselves from UV exposure on a summer weekend.

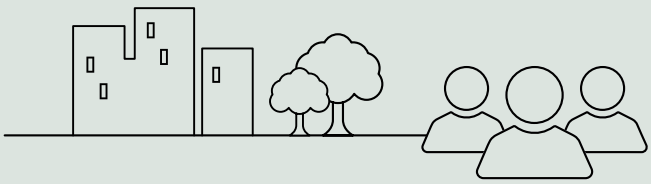
HOMES AND NEIGHBOURHOODS CAN HELP OR HINDER GOOD HEALTH

Most Australians live in in urban areas, such as cities or large towns. The way these areas are formed and laid out—including whether there is adequate housing, opportunities for exercise, and access to healthy foods—can affect people's health and wellbeing.

In Australia, there can be great distances between where people live and where they work. This can lead to greater use of cars, long commutes, and fewer opportunities for physical activity. However, good urban design and planning of suburbs can improve 'walkability' for residents. For example, if shops, schools and other services are located within a short distance of people's homes, they have more opportunities to walk—studies have shown that people who live within 1.6 kilometres of a convenience store, shopping centre or newsagent are twice as likely to walk regularly.

Thoughtful design can also improve access to green and public open spaces, further supporting physical activity and significantly improving a person's physical and mental health.

Green spaces are an example of the often interconnected nature of the built and natural environments: well-planned green spaces and street plantings can support biodiversity, improve air quality and reduce temperatures. They also provide places for planned and incidental social interaction and facilitate community connections and wellbeing.



The layout of urban areas can also influence a person's food choices. There is some evidence that greater density of fast food outlets in an area is associated with people being overweight or obese. A similar association has been found between a higher density of alcohol outlets in an area and alcohol-related harm.

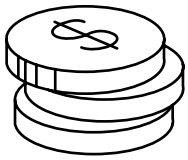
Many other aspects of our home environments can affect health. For example, issues such as homelessness can cause psychological distress, affect a person's ability to take part in employment or education, and negatively affect their overall health. Recent data show 116,000 Australians are homeless, 1 million live in financial housing stress and almost 1 million live in housing that is in poor physical condition.

Find out more: Natural environment and health; Built environment and health

2 AUSTRALIA'S HEALTH SYSTEM

On an average day in our health system

$508 million
is spent on health
($21 per person)



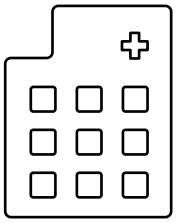
$347 million
is spent by governments

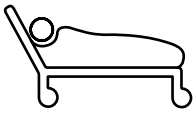
$45 million
is spent by private health insurance providers

829,000
prescriptions are filled under the PBS and RPBS

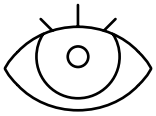
433,000
visits are made to a general practitioner

there are
32,000
hospitalisations





23,000
presentations are made to public hospital emergency departments



26,000
Medicare-subsidised optometry services are provided

6,000
elective surgeries are performed

Note: The 'average day' value is the year total divided by 365.

Australia’s health system

Every day, many Australians come into contact with the health system. It could be through a visit to a doctor, dentist or specialist; by picking up a prescription from a pharmacist; by receiving a vaccination at school; or by going to hospital because of an accident or to have surgery.

Our health system is a complex mix of programs and services. It includes public and private hospitals, primary health care services (such as general practitioners and allied health services), and referred medical services (including many specialists). Many health services are paid for, and delivered by, the Australian or state and territory governments, while others are managed by private or not-for-profit organisations. All are supported and delivered by a range of health professionals including doctors, nurses, specialists, and administrative staff. Together, these organisations and professionals work to keep us healthy.

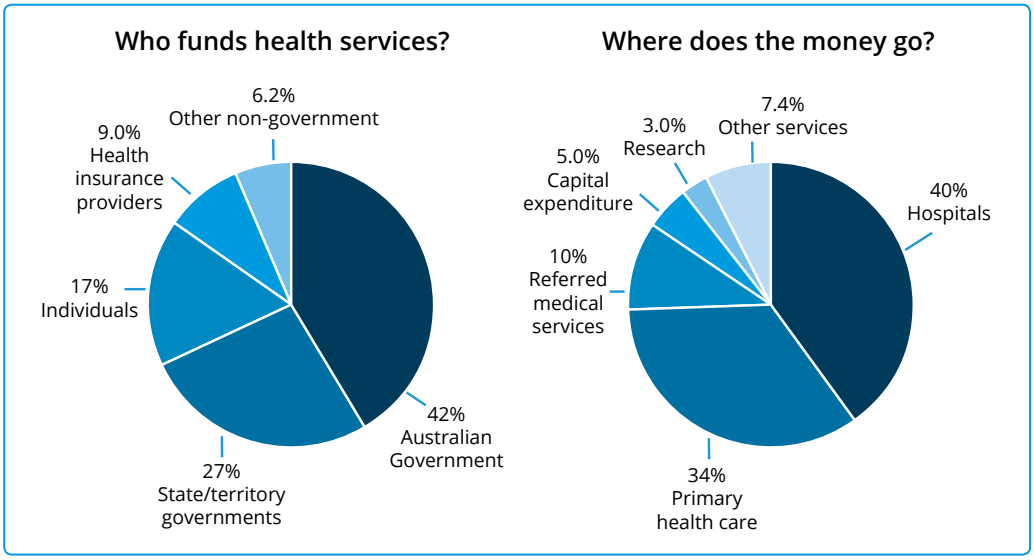
The health system works to reduce the burden that ill health places on the community through a mixture of preventive health measures. These include:

- vaccination programs and public health campaigns
- early detection programs such as cancer screening
- assistance with normal life events such as giving birth
- provision of curative measures and treatments such as medicines and surgery
- ongoing management of incurable conditions such as diabetes care
- palliative care for the terminally ill.

Some of the Australian health system's biggest success stories have included improvements in cancer survival rates and maternal mortality.

How much money is spent on health?

In 2017–18, Australia spent $185 billion on health, or about $7,500 per person—a real increase from $4,800 per person in 2000–01. About two-thirds of health spending is funded by government. Non-government sources, including individuals, fund the rest.



Australia's spending on health is 8th highest in the OECD

Health spending in Australia has generally grown faster than the rest of the economy since 2000–01. The ratio of health spending to gross domestic product (GDP) increased from 8.3% in 2000–01 to 10% in 2017–18.

Out of 36 Organisation for Economic Co-operation and Development (OECD) countries in 2017, Australia had the eighth highest expenditure on health care relative to GDP. In 2007, Australia ranked 10th. However, during the global financial crisis, many OECD countries experienced very low (even negative) GDP growth rates and their health spending as a proportion of their GDP rose. This pushed Australia's rank lower to 16th in 2009 and 18th in 2010. More recently (2014 to 2017), Australia's ranking has risen as spending on health rises faster than the rest of the economy.

Find out more: Health expenditure

More than 2 in 5 Australians have private hospital cover

At June 2019, 11.2 million Australians (44% of the population) had some form of private patient hospital cover, and 13.6 million (53%) had some form of general treatment cover.

Hospital health insurance covers the cost of in-hospital treatment and other hospital costs, such as accommodation and theatre fees, in either public or private facilities.

General treatment cover (often known as 'extras' cover) is generally for non-hospital medical services that are not usually covered by Medicare, such as dental, optical and physiotherapy.

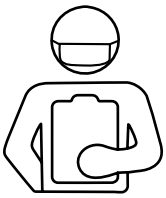
In 2017–18, about 1 in 8 (13%) hospitalisations in public hospitals were for patients who used private health insurance to fund all or part of their admission. During the same period, more than 4 in 5 (83%) hospitalisations in private hospitals were funded by private health insurance.

Find out more: Private health insurance

Who works in health care?

There were more than 586,000 registered health practitioners in Australia in 2018, including:

334,000
nurses and midwives



133,400
allied health professionals
(such as physiotherapists, pharmacists and psychologists)

98,400
medical practitioners

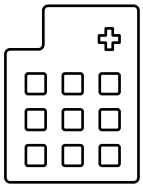
20,600
dental practitioners

Between 2013 and 2018, the Australian registered health workforce increased by over 82,000 health professionals, an increase of 16%.

Find out more: Health workforce

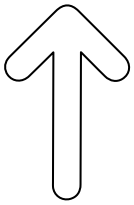
What happens in hospitals?

Hospitals are diverse in location, size and services provided. Both public and private hospital sectors provide services for admitted and non-admitted patients (including outpatients and people presenting to emergency departments).



There were **693** public **hospitals** in Australia in 2017–18 and **657** private hospitals (including day hospital facilities) in 2016–17.

In 2017–18, **$74.0 billion** was **spent** on Australia's public and private hospitals.

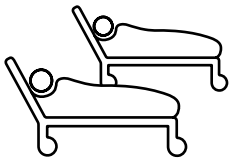


Spending per person on hospital care increased by an average of

2.1% per year

between 2013–14 and 2017–18 after adjusting for inflation.

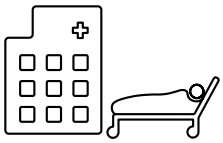
The number of public hospital **beds** per 1,000 people was relatively stable between 2013–14 and 2017, ranging between 2.5 to 2.6 beds per 1,000 people. The number of private hospital beds per 1,000 people increased from 1.3 per 1,000 people in 2012–13 to 1.4 per 1,000 people in 2016–17.



2.5 beds
per 1,000 people in public hospitals (in 2017–18)

1.4 beds
per 1,000 people in private hospitals (in 2016–17)

Hospitalisations, or admitted patient services, are when a patient is formally admitted to a hospital. Hospitalisations can either be on the same day or involve a stay in hospital of 1 or more nights.



In 2018–19, there were

11.5 million hospitalisations:

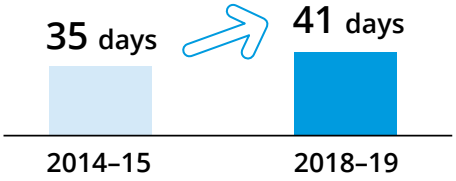
6.9 million
in public hospitals

4.6 million
in private hospitals

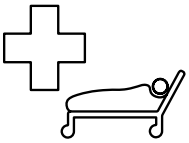
The total number of hospitalisations rose by an average of 3.3% each year between 2014–15 and 2018–19—faster than the average population growth of 1.6%. Hospitalisations rose by an average of 3.7% each year in public hospitals and 2.6% in private hospitals.

In 2018–19, 2.3 million hospitalisations were for **elective surgery**. Two-thirds (66%) of these occurred in private hospitals.

The **median waiting time** for elective surgery in public hospitals has increased.



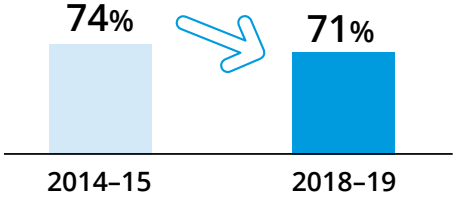
Emergency departments are also a critical part of Australia's health care system.



In 2018–19, there were **8.4 million presentations to public hospital emergency departments**.

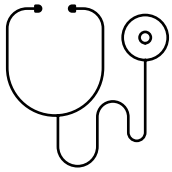
This was an average of more than 23,000 each day. Between 2014–15 and 2018–19, the number of emergency department presentations increased by an average of 3.2% each year.

The proportion of emergency department presentations '**seen on time**' has decreased.



Find out more: Hospital care

Most of us visited the GP in the last year



In 2018–19, an estimated **83%** of Australians aged 15 and over **saw at least one** general practitioner (GP) in the previous 12 months.

Of those who saw a GP, 85% did so more than once during the year.

Most commonly reported health concerns managed by GPs:

65% **Psychological**

40% **Musculoskeletal**

39% **Respiratory**

Most people reported positive experiences of health care provided by GPs:

75% **felt their GPs always listened carefully to them**

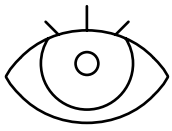
76% **felt their GPs spent enough time with them in their appointments**

Find out more: Primary health care; Patient experiences of health care

Australians access a range of allied health services through Medicare

> **Allied health services** include audiologists, chiropractors, occupational therapists, optometrists, osteopaths, physiotherapists, podiatrists, psychologists and speech pathologists. Some allied health services are subsidised by Medicare or private health insurance, while others are paid for out-of-pocket by patients.

In 2017–18, 9 million people (37% of people) received 23 million Medicare-subsidised allied health services in a non-hospital setting, up from 5.6 million people (25%) in 2008–09. Private health insurers subsidised a further 52.4 million allied health and related services.



Most commonly used Medicare-subsidised allied health services in 2017–18:

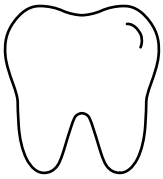
29% of people received **optometry services**—each person received **1.3** services on average

5.1% of people received **mental health care**—each person received **4.5** services on average.

Find out more: Allied health and dental services

About half of us received dental care during the last year

In 2018–19, an estimated:



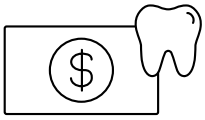
49% **of Australians aged 15 and over visited a dentist, hygienist or dental specialist in the previous 12 months**

almost **3 in 5** (58%) of these people **did so more than once**

Among people who needed to see a dental professional, around 3 in 10 (28%) delayed or did not see one at least once in the previous 12 months. Around 2 in 10 (18%) said that cost was a reason for delaying or not seeing a dental professional.

Spending on dental services

Around $10.5 billion was spent on dental services in Australia in 2017–18. The majority of this (around $6.0 billion, or 57%) was paid by patients directly, with individuals spending, on average, $243 on dental services over the 12-month period. Private health insurance providers financed around $2.0 billion.



Who pays for dental services?

Find out more: Allied health and dental services

Preventing the spread of infectious disease

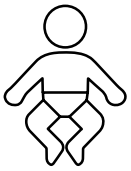
Most people will experience an infectious disease during their lifetime—for example, a common cold or a stomach bug. Many infectious diseases have the potential to cause significant illness and outbreaks. In 2019, Australian departments of health were notified of more than 593,000 cases of notifiable communicable diseases.

In 2020, the coronavirus disease (COVID-19) pandemic posed a great potential threat to the health of Australians. COVID-19 highlights the capacity of an infectious disease to cause human, economic and social crisis on a global level.

> **Infectious diseases** (also known as communicable diseases) are caused by infectious agents and can be passed from one person or animal to another. Transmission can occur directly (through contact with bodily discharge), indirectly (for example, by sharing a drinking glass) or by means of vectors (for example, mosquitoes).

How do we prevent the spread of disease?

Sanitation, prevention and treatment can drastically reduce the burden of infectious diseases. Immunisation is a safe and effective way to largely prevent the spread of some infectious diseases such as measles, rubella and diphtheria, which are now rare in Australia. National childhood immunisation programs help to prevent the spread of these and other dangerous diseases.

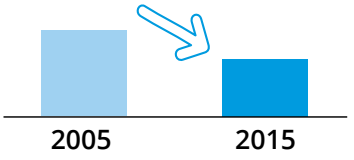


Almost 95% of 5-year-olds were **fully immunised** in 2019.

Most young people turning 15 in 2017 were fully immunised against human papillomavirus (HPV):

around **80% of girls**  and nearly **76% of boys** 

Between 2005 and 2015, the burden of disease due to vaccine preventable diseases fell by almost one-third. This was driven by falls in diseases with recently introduced vaccines, such as HPV.



Find out more: Health promotion; Immunisation and vaccination; Infectious and communicable diseases

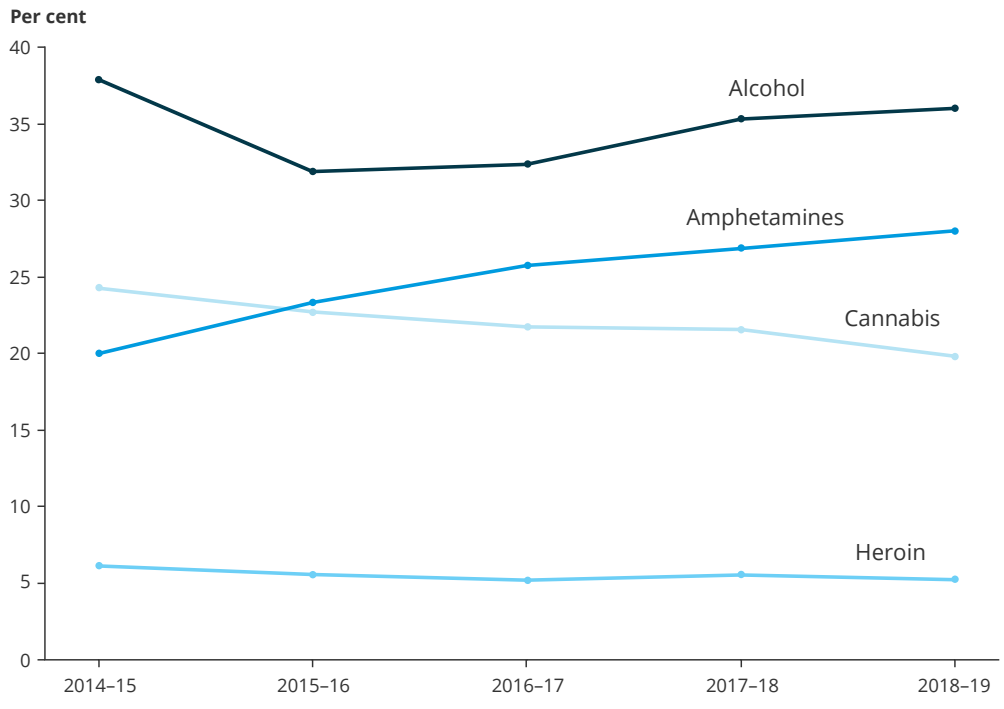
More people are receiving alcohol and drug treatment

Around 137,000 people received alcohol and other drug treatment in 2018–19, a 19% increase since 2014–15 (115,000). This equates to a rate of 623 clients per 100,000 people in 2018–19, compared with 555 clients per 100,000 in 2014–15.

Alcohol and other drug treatment services include detoxification, rehabilitation, counselling and pharmacotherapy, and are delivered in residential and non-residential settings.

In 2018–19, people were more likely to seek treatment for alcohol use than for any other drug. However, between 2014–15 and 2018–19, the proportion of closed treatment episodes for alcohol fell slightly (from 38% to 36%), while the proportion with closed treatment episodes for amphetamines increased (from 20% to 28%).

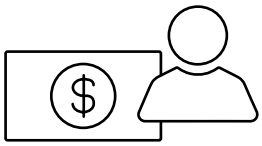
Proportion of closed treatment episodes for own drug use by select principal drugs of concern, 2014–15 to 2018–19



Find out more: Alcohol and other drug treatment services

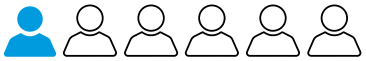
What help is available to people with a mental health condition?

People with a mental health condition can access a variety of support services, delivered by governments and the private and not-for-profit sectors. Care is also available for particular groups of people through other services, such as disability and homelessness support services.



In 2017–18, **$9.9 billion**, or **$400 per person**, was spent on mental health-related services in Australia—an average annual, real increase, of 1.1% per person since 2013–14.

In 2018–19, 12.1 million Medicare-subsidised mental health-specific services were provided to 2.7 million people—or about 1 in 10 Australians (11% of the population). General practitioners (31%) were the largest providers of these services.



Almost 1 in 6 Australians (4.3 million people) received mental health-related prescriptions

There were 39.0 million mental health-specific prescriptions

71% of these prescriptions were for antidepressant medication

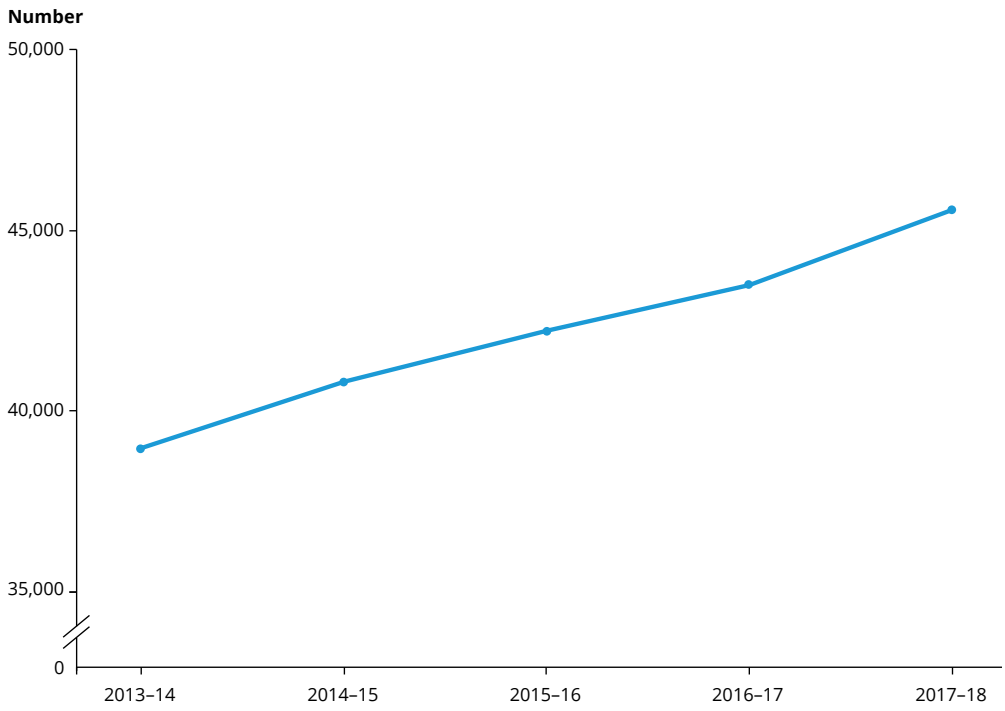
Find out more: Mental health services

Demand for palliative care continues to grow

With an ageing population, more Australians are using palliative care services. From 2013–14 to 2017–18, palliative care hospitalisations increased by around one-sixth (17%) to 45,600. Over half (55%) of palliative care hospitalisations were due to cancer.

Palliative care aims to prevent and relieve suffering and improve the quality of life for people with a life-limiting condition and their families.

Palliative care hospitalisations, 2013–14 to 2017–18



Find out more: Palliative care services

3

ALL IS NOT EQUAL

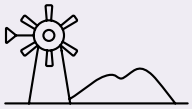
All is not equal

A person's health is closely linked to the conditions in which they live and work. Factors such as socioeconomic position, educational attainment, employment opportunities, disability status, access to health services, social supports, and the built and natural environments can strengthen or undermine the health of individuals and communities.

Generally, Australians can expect to enjoy long and relatively healthy lives, however, there are disparities across some population groups.

Often, people living in rural and remote and/or lower socioeconomic areas, people with disability, and Aboriginal and Torres Strait Islander people experience higher rates of illness, hospitalisation and death than other Australians.

Indigenous Australians, people living in *Remote* and *Very remote* areas as well as those living in the lowest socioeconomic area are more likely to be impacted by selected chronic conditions. For example, Indigenous Australians are 2.9 times as likely to have diabetes as non-Indigenous Australians.



Comparing age-standardised rates for:	Indigenous/ non-Indigenous	Remote and Very remote/ Major cities	Lowest/highest socioeconomic areas
Coronary heart disease (CHD)			
Have CHD	2.0 x	0.9 x	1.6 x
Be hospitalised for CHD	2.1 x	1.5 x	1.3 x
Die from CHD	2.0 x	1.5 x	1.6 x
Burden of disease (DALYs)	3.1 x	2.0 x	1.8 x
Stroke			
Have stroke	n.a.	1.2 x	2.3 x
Be hospitalised for stroke	1.6 x	1.4 x	1.4 x
Die from stroke	1.3 x	1.0 x	1.3 x
Burden of disease (DALYs)	2.3 x	1.2 x	1.4 x
Chronic kidney disease (CKD)			
Have CKD	2.1 x	n.a.	1.6 x
Be hospitalised for CKD	4.9 x	2.7 x	2.2 x
Die from CKD	3.6 x	1.9 x	1.8 x
Burden of disease (DALYs)	7.3 x	3.7 x	2.3 x
Diabetes			
Have diabetes	2.9 x	1.2 x	2.0 x
Be hospitalised for diabetes	3.9 x	2.3 x	2.0 x
Die from diabetes	4.0 x	2.1 x	2.3 x
Burden of disease (DALYs)	5.6 x	1.8 x	2.2 x

DALYs = disability-adjusted life years

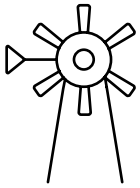
Note: More detail about the data can be found online in *Australia's health 2020* snapshots, available at www.aihw.gov.au/australias-health

Health in rural and remote Australia

Nearly 3 in 10 Australians (28%, or around 7 million people) live in rural and remote areas, which encompass many diverse locations and communities.

> Australia can be broadly divided into 5 areas based on the road distances people have to travel for services: *Major cities*, *Inner regional*, *Outer regional*, *Remote* and *Very remote*. 'Rural and remote' covers all areas outside Australia's *Major cities*.

Burden of disease is higher



In 2015, after adjusting for age, the rate of disease burden in *Remote and very remote* areas was 1.4 times as high as that for *Major cities*.

This pattern was mostly driven by fatal burden (years of life lost due to premature death). In *Remote and very remote* areas, fatal burden rates were 1.7 times as high as in *Major cities*, while non-fatal burden rates were 1.2 times as high.

Likelihood of smoking and drinking is also higher

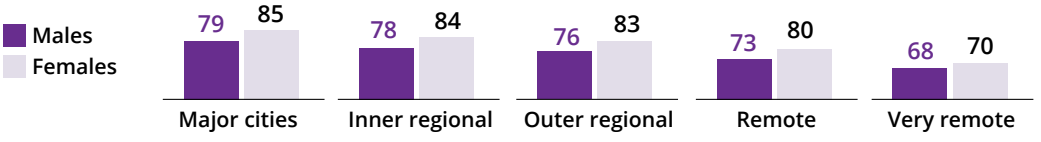
In 2017–18, people living in *Inner regional* and *Outer regional and remote* areas were more likely to engage in risky behaviours, such as smoking and consuming alcohol at levels that put them at risk of lifetime harm, than people in *Major cities*.

Risk factor	Major cities (%)	Inner regional (%)	Outer regional and remote (%)
Current daily smoker	12.8	16.5	**19.6**
Daily sugar drink consumption	8.3	10.9	**14.4**
Inadequate vegetable consumption	93.2	91.0	91.9
Overweight or obese	65.1	**71.0**	70.3
Insufficient physical activity	54.0	53.3	55.1
Inadequate fruit intake	48.2	52.7	**53.2**
High blood pressure	21.5	22.1	23.5
Exceed lifetime alcohol risk guideline	14.7	18.8	**24.4**

Median age at death is lower

People living in rural and remote areas are more likely to die at a younger age than their counterparts in *Major cities*.

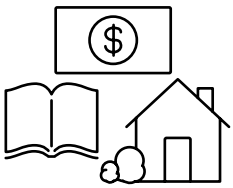
Median age at death, 2018



Find out more: Rural and remote health

Burden of disease and death rates for lower socioeconomic areas

Generally, the higher a person's socioeconomic position, the better their health. In 2015, the total burden rate in the lowest socioeconomic area was 1.5 times as high as in the highest socioeconomic area.

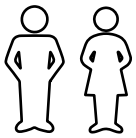


In 2017–18, it was estimated that compared with adults living in the highest socioeconomic area, **adults in the lowest socioeconomic area were**:

3.3 times as likely to **smoke daily**

1.6 times as likely to be **obese**

1.3 times as likely to be **insufficiently active**.



Males living in the lowest socioeconomic area can expect to live about **6 years less**, and females about **4 years less**, than males and females in the highest socioeconomic area, respectively.

More likely to die from potentially avoidable causes

In 2018, people living in the lowest socioeconomic area were 2.3 times as likely to die from potentially avoidable causes (that is, a premature death that could have been avoided with timely and effective health care) as people in the highest area.

In 2014–2018, compared with adults living in the highest socioeconomic area, **adults in the lowest area were**:

2.4 times as likely to die from **chronic obstructive pulmonary disease**

2.0 times as likely to die from **lung cancer**

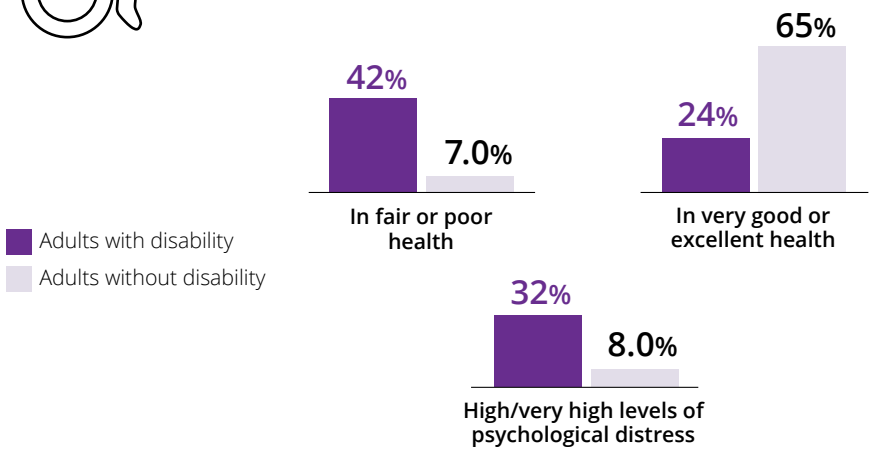
1.6 times as likely to die from **coronary heart disease**.

Find out more: Health across socioeconomic groups

4 in 10 people with disability say their health is fair or poor

An estimated 1 in 6 people in Australia (18%, or 4.4 million people) had disability in 2018, including about 1.4 million people (5.7% of the population) with severe or profound disability. Disability and health have a complex relationship—long-term health conditions might cause disability, and disability can contribute to health problems.

People with disability assessed their health more negatively than people without disability. In 2017–18:



Most people with disability have a physical disorder

Australians with disability most commonly report a physical disorder (77%) as their main condition. The most common physical disorders are musculoskeletal (30%), including arthritis and related disorders (13%), and back problems (13%).

Mental or behavioural disorders, while less common, **are reported by almost one-quarter (23%)** of people with disability as their main condition. The most common mental or behavioural disorders are psychoses and mood disorders (7.5%), and intellectual and development disorders (6.5%).

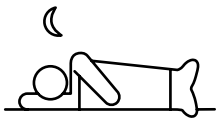
Use of health care is higher

People with disability generally use health services more than people without disability. As at June 2018, 3 in 10 (29%) National Disability Insurance Scheme (NDIS) participants aged 15–24 had been to hospital in the last 12 months compared with 7.9% of all Australians in this age group. Of those NDIS participants who went to hospital, 52% had multiple visits compared with 22% of all Australians aged 15–24.

Find out more: Health of people with disability

People who experience homelessness are among our most disadvantaged

People experiencing homelessness, and those at risk of homelessness, are among Australia's most socially and economically disadvantaged.



On Census night in 2016, more than 116,000 people were estimated to be homeless, up from 102,000 in 2011. Of these:

3 in 5 (58%) were **male**

1 in 5 (20%) identified as **Aboriginal and Torres Strait Islander**

3 in 5 (58%) were **aged under 35**

2 in 5 (44%) were living in **severely crowded dwellings**

1 in 5 (18%) were living in **supported accommodation for the homeless**

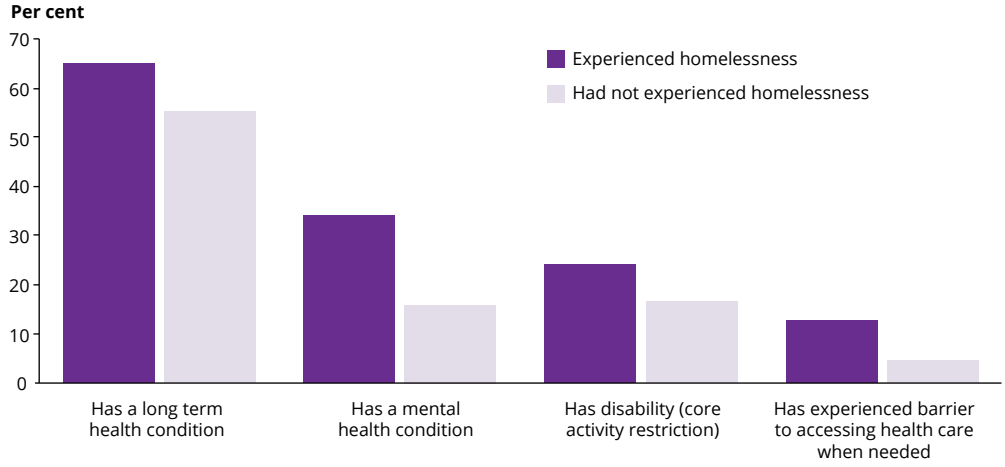
1 in 14 (7.0%) were **sleeping rough**

At greater risk of long-term health conditions, mental illness and disability

In 2014, around **1 in 4** (26%) people in Australia who had ever experienced homelessness assessed their health as fair or poor, compared with **1 in 7** (14%) of those who had not experienced homelessness.

In general, a higher proportion of people who reported at least one experience of homelessness had a health condition or disability compared with those who had never had an experience of homelessness. People who had experienced homelessness were more likely to report having a mental health condition or a long-term health condition.

Self-assessed health status, by experience of homelessness, 2014



Find out more: Health of people experiencing homelessness

FEATURE

UNDERSTANDING THE IMPACT OF FAMILY, DOMESTIC AND SEXUAL VIOLENCE ON A PERSON'S HEALTH

Family, domestic and sexual violence is a major health and welfare issue in Australia that occurs across all socioeconomic and demographic groups, but predominantly affects women and children. The impacts of family, domestic and sexual violence can be serious and long-lasting, affecting an individual's health, wellbeing, education, relationships and housing outcomes.

According to the Personal Safety Survey 2016, 1 in 6 (17%, or an estimated 1.6 million) women and 1 in 16 (6.1%, or an estimated 500,000) men have experienced physical or sexual violence from a current or previous cohabiting partner since the age of 15. For women aged 25–44, partner violence is the third leading risk factor for total disease burden, behind child abuse and neglect during childhood, and illicit drug use.

Women are more likely to experience violence from a **known person** and **in their home**, while men are more likely to experience violence from **a stranger and in a public place**.

If you are experiencing family or domestic violence or know someone who is, **please call 1800 RESPECT (1800 737 732)** or **visit the 1800RESPECT website**.

HOW IS PARTNER VIOLENCE LINKED TO OTHER HEALTH CONDITIONS?

The Australian Burden of Disease Study 2015 found that partner violence has a causal association with depressive disorders, anxiety disorders, alcohol use disorders, early pregnancy loss, homicide & violence (injuries due to violence), and suicide & self-inflicted injuries (that is, they were in part caused by women's experience of violence). The study found that:

- In 2015, for females aged 15 and over, partner violence contributed to:
  - **223 deaths** (0.3% of all deaths) in Australia (including deaths linked to suicide, homicide and violence, alcohol use disorders and depressive disorders)
  - **1.6%** of the total burden of disease and injury.
- If no females aged 15 and over had experienced partner violence, then in 2015 there would have been (among females aged 15 and over):

41% **less homicide and violence** **(where females were the victim)**

18% **less early pregnancy loss**

19% **less suicide and self-inflicted injuries**

19% **less depressive disorders**

12% **less anxiety disorders**

4% **less alcohol disorders**.

3 IN 10 ASSAULT HOSPITALISATIONS ARE DUE TO FAMILY AND DOMESTIC VIOLENCE

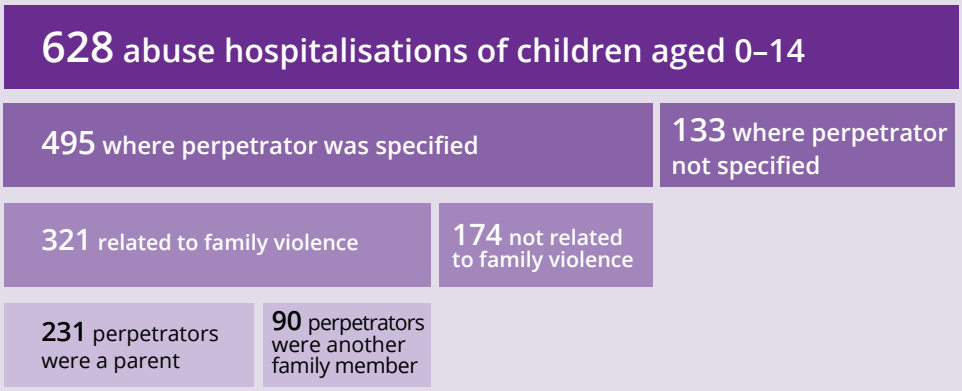
In 2017–18, 31% (6,500) of the 21,300 assault hospitalisations for people aged 15 and over were a result of family and domestic violence.

Of these 6,500 hospitalisations:

- 73% (4,800) were for females and 27% (1,700) were for males
- 65% (4,300) had the perpetrator reported as a spouse or domestic partner
- 35% (2,300) had the perpetrator reported as a parent or other family member.

In 2017–18, there were 628 hospitalisations of children aged 0–14 for injuries due to abuse (including assault, maltreatment and neglect). Of the 495 hospitalisations where a perpetrator was specified, 47% of perpetrators were recorded as a parent.

Hospitalisations of children aged 0–14 for abuse, 2017–18



SOME PEOPLE ARE MORE VULNERABLE

In 2017–18, people aged 15 and over living in the **lowest socioeconomic areas** were more than 6 times as likely to be hospitalised for assault by a spouse or domestic partner as those living in the highest socioeconomic areas.

The hospitalisation rate for assault by a spouse or domestic partner in ***Very remote areas*** was 47 times as high as that in *Major cities*.

Among Indigenous Australians aged 15 and over, **females** were 34 times as likely and males were 32 times as likely to be hospitalised for family violence as Other Australians.

In 2017–18, the hospitalisation rate for assault (per 100,000 people aged 15 and over) was:

Spouse or domestic partner violence	
Lowest socioeconomic area	**47**
Highest socioeconomic area	7.1

Very remote	**562**
Remote	200
Major cities	12

Family violence	
Indigenous females	**685**
Other Australian females	20

Indigenous males	**247**
Other Australian males	7.8

WOMEN MOST LIKELY TO BE VICTIMS OF DOMESTIC HOMICIDE

Between 2016–17 and 2017–18, the Australian Institute of Criminology's National Homicide Monitoring Program (NHMP) recorded **183** domestic homicide victims from **173** domestic homicide incidents:

101 victims of **intimate partner homicide**

30 victims of **filicide (the killing of a child by a parent)**

23 victims of **parricide (the killing of a parent)**

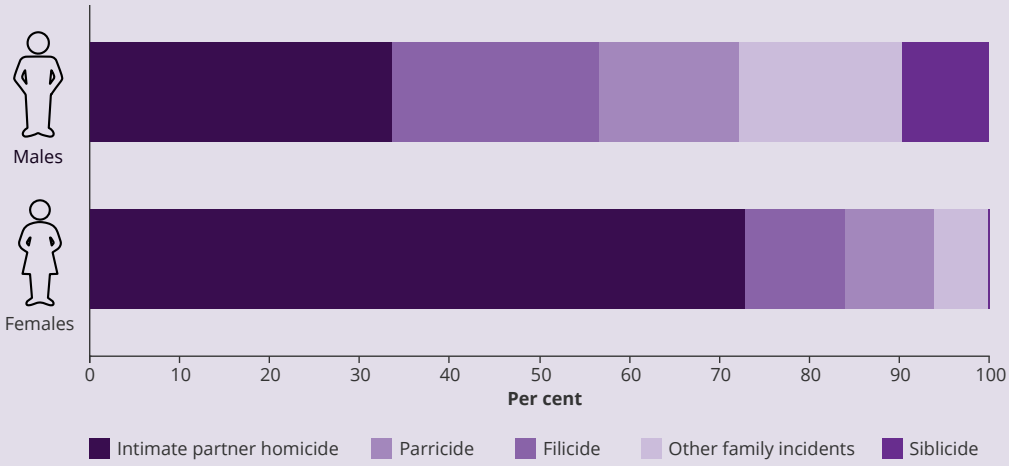
8 victims of **siblicide (the killing of a sibling)**

21 victims of **victims of other family homicide.**

The rate of domestic homicides in 2017–18 (0.3 per 100,000) was the lowest rate since the NHMP began in 1989–90.

Over half (55%, or 100) of domestic homicide victims were female; and 73% (73) of these were killed by an intimate partner. In 72% (124) of all domestic homicide incidents, the perpetrator was male.

Domestic homicide victims, 2016–17 to 2017–18



Find out more: Health impacts of family, domestic and sexual violence

Indigenous Australians

For Aboriginal and Torres Strait Islander people, good health is more than the absence of disease or illness; it is a holistic concept that includes physical, social, emotional, cultural, spiritual and ecological wellbeing, for both the individual and the community.

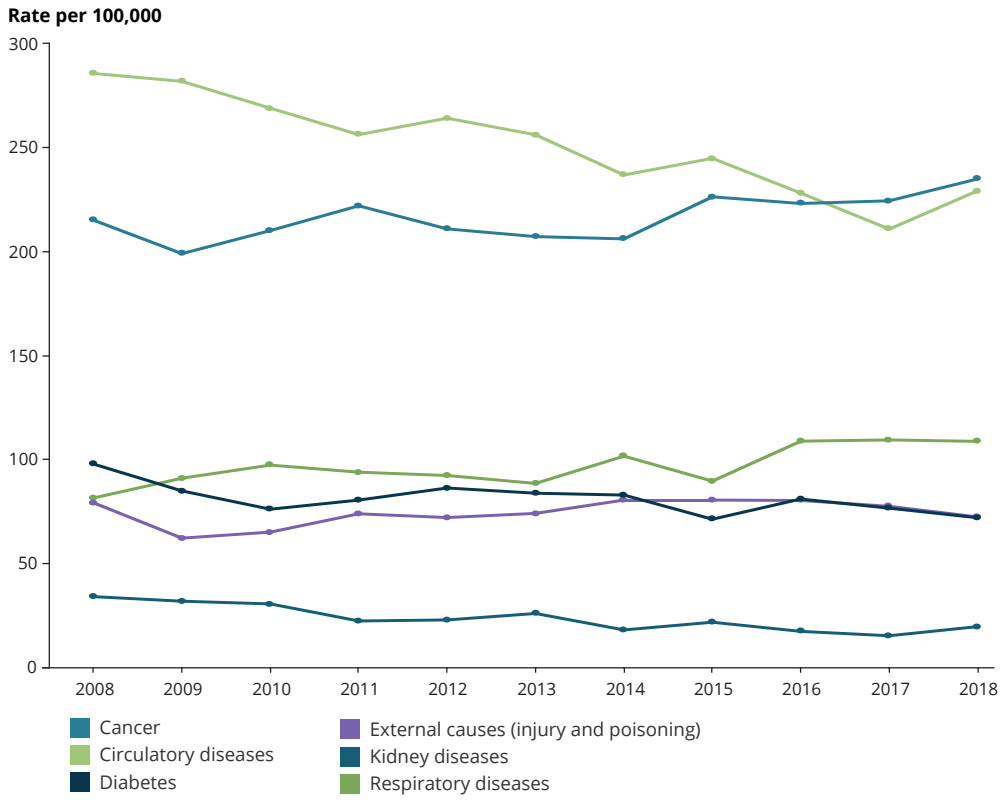
In 2018–19, based on self-reported data among Indigenous Australians aged 15 and over, about 3 in 4 (74%) recognised an area as a homeland/traditional country, and an estimated 65% identified with a clan or language group.

Falling death rate for Indigenous Australians due to circulatory and kidney diseases

From 2008 to 2018, the Indigenous death rate fell across all age groups, except for those aged 75 and over.

Between 2008 and 2018, there were significant falls in age-standardised death rates among Indigenous Australians due to circulatory diseases and kidney diseases, while there was an increase in the death rate due to cancer. In 2017, cancer overtook circulatory diseases as the leading cause of death among Indigenous Australians.

Leading cause of death for Indigenous Australians (age standardised), 2008 to 2018



In 2018, the overall age-standardised death rate for Indigenous Australians was almost 2 times as high as that for non-Indigenous Australians.

In 2015–2017, life expectancy at birth for Indigenous Australians was estimated to be 71.6 years for males and 75.6 years for females. This compares with 80.2 and 83.4 years for non-Indigenous males and females, respectively.

Find out more: Indigenous life expectancy and deaths

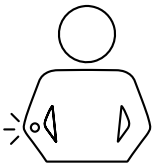
Most disease burden for Indigenous Australians is from chronic diseases and injuries

'Burden of disease' combines the years of healthy life lost due to living with ill health with the years of life lost due to dying prematurely. It measures the impact of different diseases or injuries on a population.

Chronic diseases caused 64% of the total disease burden among Indigenous Australians.

In 2011, the leading causes of total disease burden that Indigenous Australians experienced were:

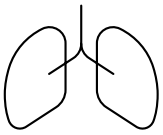
19% **mental and substance use disorders**



15% **injuries (including suicide)**

12% **cardiovascular diseases**

9.4% **cancer**



7.9% **respiratory diseases**

Indigenous Australians experienced a burden of disease that is 2.3 times the rate of non-Indigenous Australians.

Find out more: Indigenous health and wellbeing

Two-thirds of Indigenous Australians report a long-term health condition

Long-term health conditions and the social and economic consequences of these conditions can affect the quality of a person's life and may contribute to premature mortality and morbidity.

In 2018–19, an estimated 67% (545,200) of Indigenous Australians reported at least one current long-term health condition:

- 38% (an estimated 307,300) of Indigenous Australians reported eye/sight problems
- 24% (187,500) reported a mental health or behavioural condition.

The age-standardised proportion of people reporting one or more long-term health conditions was similar for Indigenous Australians and non-Indigenous Australians.

The prevalence and impact of many illnesses varies between Indigenous Australians and non-Indigenous Australians. For example, Indigenous Australians are more likely to have diabetes, coronary heart disease and chronic kidney disease.

Find out more: Indigenous health and wellbeing; Diabetes; Coronary heart disease; Chronic kidney disease

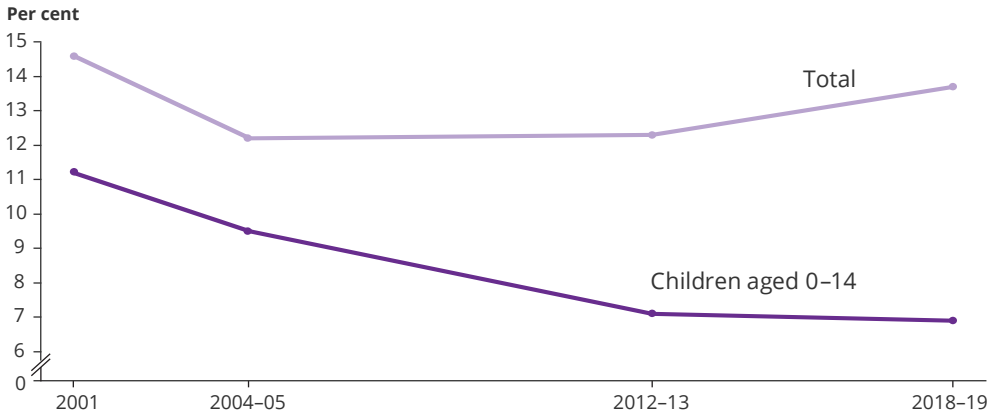
Rates of ear disease among Indigenous children decreasing

Ear and hearing health is important to a person's overall health and quality of life. Ear disease and associated hearing loss are largely preventable and can have long-lasting impacts on education, wellbeing and employment.

Indigenous children are more likely than non-Indigenous children to develop ear disease at a younger age, and experience greater frequency and severity of infections.

Between 2001 and 2018–19, the proportion of all Indigenous Australians with a self-reported long-term ear/hearing problem was similar (14.6% and 13.7%), however, for Indigenous children aged 0–14, the proportion with an ear/hearing problem decreased (from 11.2% to 6.9%).

Indigenous Australians with a self-reported long-term ear/hearing problem, 2001 to 2018–19



Based on age-standardised proportions, in 2017–18, compared with non-Indigenous Australians, Indigenous Australians were:

- **1.4 times** as likely to have a **long-term ear/hearing problem**
- **3 times** as likely to have **otitis media**.

The 2018–19 National Aboriginal and Torres Strait Islander Health Survey also included a hearing test, which can provide a national picture on hearing loss in Indigenous Australians. At the time of the test, 43% of Indigenous Australians aged 7 and over had measured hearing loss—3 in 10 (29%) children aged 7–14 had measured hearing loss.

The majority (79%) of Indigenous Australians who had measured hearing loss did not self-report a long-term hearing problem. Nearly all (92%) Indigenous children aged 7–14 with measured hearing loss did not report a hearing problem. This could be due to several factors, including undiagnosed hearing loss, short-term hearing loss due to a temporary cause such as a cold, or limitations with the hearing test.

Find out more: Indigenous hearing health

FEATURE

A FOCUS ON INDIGENOUS HEALTH RISK FACTORS

Several health measures for Aboriginal and Torres Strait Islander people have improved in recent years. More Indigenous Australians rate their health as excellent or very good, fewer are smoking, and more have not consumed alcohol in the past 12 months.

Many chronic conditions share common risk factors that are largely preventable, such as tobacco smoking, excessive alcohol consumption, overweight and obesity and physical inactivity. In general, although Indigenous Australians have higher rates of these risk factors than non-Indigenous Australians, the differences are small except for tobacco smoking where there is a much greater disparity.

In 2016, an estimated 798,400 Australians identified as Indigenous (3.3% of the total Australian population).

According to projections, it is estimated that in 2020, over 4 in 5 (82%) Indigenous Australians live in *Major cities* and *Inner* and *Outer regional* areas, and 18% in *Remote* and *Very remote* areas.

Find out more: Profile of Indigenous Australians

FEATURE

MALES ARE MORE LIKELY TO REPORT BEING IN EXCELLENT OR VERY GOOD HEALTH

In 2018–19, among Indigenous Australians aged 15 and over, it was estimated that 45% (238,600) rated their health as 'excellent' or 'very good'.

Another 32% (an estimated 168,900) rated their health as 'good' and 24% (128,200) rated their health as 'fair' or 'poor'.

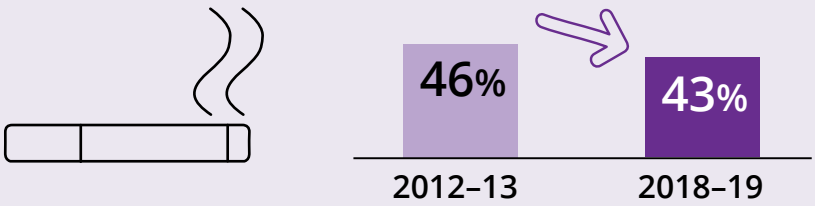
This health rating has improved since 2014–15 when 40% of Indigenous Australians rated their health as excellent or very good, 35% as good and 26% as fair or poor.

Indigenous Australian adults are more likely to report excellent or very good health if they live in higher socioeconomic areas, are employed, or have completed a higher level of educational attainment at school.

Find out more: Indigenous health and wellbeing; Social determinants and Indigenous health

SMOKING RATE HAS FALLEN

Fewer Indigenous Australians adults are smoking now, compared with 6 years ago. Based on self-reported data, in 2018–19, 4 in 10 (43%, or 210,900) Indigenous Australians aged 18 and over were current smokers (that is, those who regularly smoke one or more cigarettes, pipes, cigars or other tobacco products per day); down from almost 5 in 10 (46%) in 2012–13.



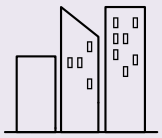
MORE ADULTS ARE SAYING NO TO ALCOHOL

In 2018–19, survey data showed that 1 in 4 (26%) Indigenous Australians aged 18 and over did not consume alcohol in the last 12 months or had never consumed alcohol, an increase from 1 in 5 (19%) in 2001.

remote

37%

had not consumed alcohol



non-remote

23%

In 2018–19, a greater proportion of Indigenous Australians aged 18 and over in remote areas reported that they had not consumed alcohol in the last 12 months/had never consumed alcohol.

ADULTS AND CHILDREN ARE NOT EATING ENOUGH FRUIT AND VEGETABLES

Similar to non-Indigenous Australians, in 2018–19, most Indigenous Australians self-reported that they did not eat the recommended serves of fruit and vegetables each day.

Inadequate fruit and vegetable consumption:

94%

Indigenous children aged 2–14

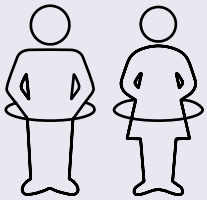
99%
males

96%
females

Indigenous Australians aged 15 and over

89% of Indigenous Australians aged 15 and over reported they **did not meet physical activity guidelines** in 2018–19.

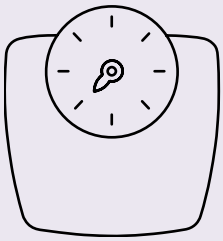
MOST ADULTS ARE OVERWEIGHT OR OBESE



In 2018–19, **74%** of Indigenous Australian adults were **overweight or obese**:

1 in 30
(3.5%, or an estimated 17,000)
were **underweight**

3 in 10
(29%, or 141,100)
were **overweight**



2 in 10
(22%, or 108,600)
were **within normal weight**

4 in 10
(45%, or 219,500)
were **obese**

Among adults, similar proportions of Indigenous men (74%, or 172,200) and women (75%, or 189,100) were overweight or obese.

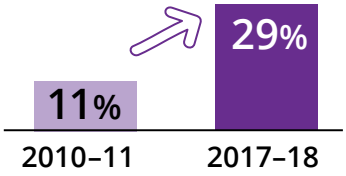
In 2018–19, more than half of Indigenous children aged 2–14 were within normal weight (54%, or 129,100). Indigenous girls were more likely to be overweight or obese (40%, or 46,400) than boys (34%, or 42,000) while Indigenous females aged 15–17 were 4 times as likely to be underweight (14%) as males of the same age (3.1%).

Find out more: Health risk factors among Indigenous Australians

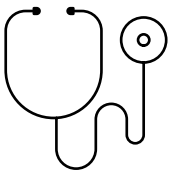
Health care for Indigenous Australians

The Australian Government and state and territory governments fund Indigenous-specific services. In 2017–18, of the 198 Indigenous-specific primary health care services reporting to the AIHW's *Online Services Report*, 3.6 million episodes of care were provided to around 483,000 clients, 81% of whom were Indigenous.

In 2017–18, **3 in 10** (29% or 230,000) Indigenous Australians had an Indigenous-specific health check/assessment, **nearly triple the rate** in 2010–11.



Culturally safe health services can improve Indigenous Australians' access to health care and the quality of the health care they receive. Selected results of overall access to health care include:



- Indigenous Australians waited longer to be admitted for elective surgery in 2017–18 than non-Indigenous Australians (median waiting time of **48 days** and 40 days, respectively).
- In 2016–17, the rate of potentially preventable hospitalisations for Indigenous Australians was nearly **3 times** the rate for non-Indigenous Australians (70 and 26 per 1,000, respectively).
- During the 2-year period 2017–2018, **25%** of Indigenous women aged 40 and over participated in BreastScreen, compared with 34% of non-Indigenous women aged 40 and over.

Find out more: Indigenous Australians' use of health services; Culturally safe health care for Indigenous Australians

Australia's health 2020: in brief presents highlights from the Australian Institute of Health and Welfare's 17th biennial report on the nation's health.

AIHW

Stronger evidence,
better decisions,
improved health and welfare