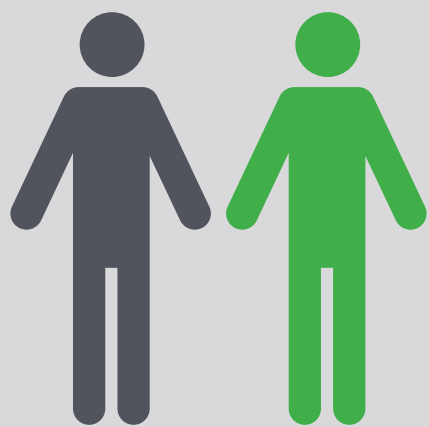


2019

AUSTRALIA'S HEALTH TRACKER

A report card on preventable chronic diseases,
conditions and their risk factors
Tracking progress for a healthier Australia by 2025





1 in 2

Australians
have a chronic
disease.

Chronic diseases, like
**CARDIOVASCULAR
DISEASE**
CANCER
and
DIABETES

are the leading cause
of illness, disability and
death in Australia.



More than
ONE THIRD
could be prevented

by removing exposure
to risk factors such as
smoking, high body
mass, alcohol use,
physical inactivity and
high blood pressure.

Despite the
need...

ONLY
1.34%

of spending* is
dedicated to
prevention.

*As a proportion of total
health expenditure.

FOREWORD

Australia's Health Tracker is a set of national report cards tracking the health risk factors in the Australian population that contribute to preventable chronic diseases. Chronic disease is the biggest health challenge of the 21st century. Australia lags well behind comparable countries in preventing and reducing the main risk factors that contribute to the poor health of people and to the rising rate of preventable chronic diseases in the Australian population.

Australia's Health Tracker 2019 continues the work of a national collaboration of public health and chronic disease organisations and experts that began in 2015 and produced health targets to support, guide and track progress towards a substantial change in the health of our nation. This report card is the second edition reporting against those targets. The report uses the most recent data collected nationally, such as the national census and the most recent national health survey data, and includes data on both Aboriginal and Torres Strait Islander and non-Indigenous people, and children as well as adults.

An estimated one in two Australians have a chronic disease. More than one third of chronic disease could be prevented by reducing risk factors such as physical inactivity, high body mass, smoking and alcohol use. Chronic disease affects individuals, their families and carers. It affects participation by individuals in education, the workforce and the community, impacting on labour efficiency and hampering economic growth.

The Australian Health Policy Collaboration at Mitchell Institute has brought together a network of Australia's leading chronic disease experts to drive progress in tackling and preventing chronic disease. The national collaboration has produced health targets to support, guide and track progress towards a substantial change in the health of our nation.

The collaboration drew on the agenda set by the World Health Organization (WHO) in the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020. The collaboration has developed and regularly updates a set of Australian chronic disease prevention and reduction targets and indicators for achievement by the year 2025, in line with WHO goals. As a member state, Australia has a commitment to reduce the impacts of non-communicable diseases and report progress on an ongoing basis and the targets developed by the Collaboration provide policy and implementation focussed guidance on how best to achieve effective prevention and reduction in chronic disease risk factors for Australians.

Australia's Health Tracker provides a comprehensive and clear assessment of how Australia's population is faring when measured against the Collaboration's national health targets. This second edition shows that Australia faces major challenges with rising levels of obesity, requiring urgent and effective strategies to halt and reverse the trend in both levels of obesity and rates of Type 2 diabetes in the population.

A national prevention agenda is vital. We welcome the recent Government announcement to reduce smoking rates to below 10 per cent by 2025 as part of the National 10-year Preventive Health Strategy. We know that communities of disadvantage are much more likely to experience poorer health outcomes so we will continue to focus on addressing the shared risk factors for poor health and to provide support to those at highest risk of developing chronic disease.

Australians deserve a healthier future. We can, and we must, do better.

TECHNICAL NOTE

The indicators that are used in this report card are drawn mainly from Targets and Indicators for Chronic Disease Prevention in Australia (AHPC, 2015; Mitchell Institute 2019). This report card shows the latest Australian data about health status and risks for adults and children/young people and how the data compares to proposed population health targets for 2025. The baseline data is the nearest data to 2010, the year used for baseline data by the World Health Organization (WHO). Additional targets may be developed subsequently to address significant risk factors and indicators, including, where relevant, socio-economic disadvantage, rural and remote environments, gender, age or Aboriginal and Torres Strait Islander-specific targets. Based on available data, comparable Indigenous and non-Indigenous data are presented.

There are limitations in the data that is currently available. Australia does not have regular, comprehensive health surveillance that includes anthropometric, biomedical and environmental measures. Comparative data in this report is drawn from data from the most recent reputable source for the most appropriate age cohort. Some of the data as recent as 2017/18, and some dating from 2011/12. International, Indigenous, and non-Indigenous comparisons may be measured on different timescales, for different age groups, and may involve slightly different definitions. For full details regarding the source and selection of data, refer to the Australia's Health Tracker technical Appendix 2019 available at mitchellinstitute.org.au

ACKNOWLEDGMENTS

Australia's Health Tracker 2019 is compiled by the Australian Health Policy Collaboration at the Mitchell Institute, Victoria University, a collaboration of Australia's leading chronic disease experts. Australia's Health Tracker is a shared resource for use by collaborating organisations and for all with an interest in improving the health of Australians. Working group members, past and present, and statement of commitment organisations are acknowledged on page 14-15.

This work was led by Hazel Fetherston with Ben Harris and Rosemary Calder of the Mitchell Institute.

Designed by Fenton Communications.

Preferred citation: Fetherston H, Calder R and Harris B, 2019. Australia's Health Tracker 2019, Mitchell Institute, Victoria University. Melbourne.

This work has been partially funded by the Australian Government Department of Health.

AUSTRALIAN CHRONIC DISEASE TARGETS FOR 2025¹

25%

25% reduction in the overall mortality from cardiovascular diseases, common cancers, chronic respiratory diseases and diabetes



10% reduction in the national suicide rate



At least **20%** relative reduction in the harmful use of alcohol



10% relative reduction in prevalence of insufficient physical activity



30% relative reduction in mean population intake of salt/sodium



25% relative reduction in the prevalence of raised blood pressure



60% reduction in smoking rates of adults with a mental illness



Reduce smoking to **5%**



Halt and reverse the rise in obesity



Halt and reverse the rise in new diabetes



Improve employment rates of adults with mental illness, halving the employment and education gap



Improve participation rates of young people with mental illness in education and employment, halving the employment and education gap

ADDITIONAL RELEVANT AUSTRALIAN TARGETS INCLUDED IN REPORT CARD²



54% of women 50-74 years of age participate in BreastScreen Australia



56.6% participation rate for people invited to take part in the National Bowel Cancer Screening Program

1. McNamara, K, Knight, A, Livingston, M, Kypri, K, Malo, J, Roberts, L, Stanley, S, Grimes, C, Bolam, B, Gooley, M, Daube, M, O'Reilly, S, Colagiuri, S, Peeters, A, Tolhurst, P, Batterham, P, Dunbar, JA & De Courten, M (2015), Targets and indicators for chronic disease prevention in Australia, Australian Health Policy Collaboration technical paper No. 2015-08, AHPC, Melbourne.
2. Commonwealth of Australia as represented by the Department of Health Budget 2018-19 Portfolio Budget Statements <https://www.health.gov.au/sites/default/files/health-portfolio-budget-statements-2019-20.pdf>

ADULTS

HOW ARE AUSTRALIAN ADULTS TRACKING?

Chronic diseases account for around 9 in 10 deaths in Australia. Although Australians are living longer lives, one in two Australians are now living with a chronic disease that can adversely affect their quality of life. The term chronic disease refers to health conditions that are long lasting and have persistent effects. Nearly 25% of Australians have two or more of the most common chronic diseases – arthritis, asthma, back pain, cancer, cardiovascular disease, chronic obstructive pulmonary disease, diabetes and mental health conditions.

Trends in health risks in the Australian population that are of concern in this include:

67% of adults are overweight or obese – an increase from 63.4% in 2014/15

More than one-quarter of adults with a mental illness smoke daily compared to 23.5% in 2014/15

53% of adults are not meeting Australia's Physical Activity and Sedentary Behaviour Guidelines

In addition, Australians eat too much salt by comparison with countries such as Finland, the United Kingdom, the United States of America, Argentina and South Africa where strong mandatory and voluntary approaches in salt reduction in the food chain are in place.

In the Organisation for Cooperation and Development (OECD), Australia ranks in the bottom five countries – 31 out of 35 – on obesity measures.

However, there is some good news. Screening targets in Australia's Health Tracker 2016 for breast and bowel cancer, for the year 2020, have been achieved. Australia is also on track to reach the 2025 target for alcohol if efforts are maintained to reduce alcohol-related risk for adults.

Australia is one of the top performing countries for low rates of smoking – ranked 6th out of 35 OECD countries.

There is no room for complacency. National action must focus on addressing the significant health risk factors – physical inactivity, poor diet, alcohol consumption and smoking – to improve population health and wellbeing. A greater focus on prevention is vital.

The tables outline the latest Australian data about adults and how the data compares to the 2025 targets. As far as possible both Indigenous and non-Indigenous data is presented. The baseline data is the available data nearest to the year 2010 and trends (not necessarily statistically significant differences) are reported.

This national report card highlights a number of health data gaps for Australian adults. Good quality, regularly routinely collected data is essential to effective health services planning and management and informed public policy to improve efficiency in health spending.

TABLE KEY




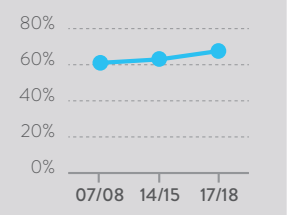


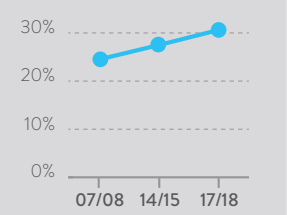


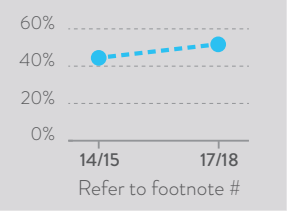




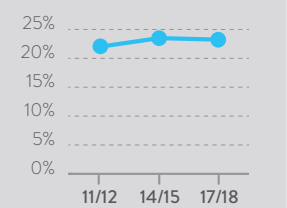

Trend in right direction. **Good progress** towards target. Maintain efforts.



Trend indicates **no/limited progress** towards target.



Trend in wrong direction. **Poor progress** against target.

ADULTS					
RISK FACTORS	LATEST AUSTRALIAN DATA	2025 TARGET	BASELINE DATA AGAINST LATEST DATA	TREND	LATEST INDIGENOUS DATA
 Adults who are overweight or obese	67%	61.1%			71.4%^ [^]
 Adults who are obese	31.3%	24.6%			41.7%^ [^]
 Adults not meeting physical activity recommendations	47.3%	40%	 Refer to footnote #		65%^ [^]
 Adults consuming too much salt	8.1g [^]	5.7g	No new data	Inadequate data to assess trend	Not available
 Proportion of total energy intake from discretionary or 'junk foods' in adults diets	34.6%^ [^]	Indicator to be monitored	–	–	40.7%^ [^]
 Adults consuming too much sugar	47.8%^ [^]	Indicator to be monitored	–	–	Not available
 High blood pressure	22.8%	16.1%			20.4%^ [^]


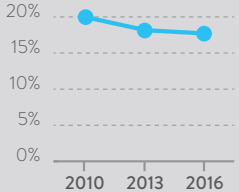


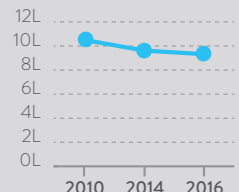


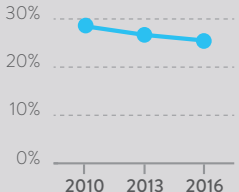


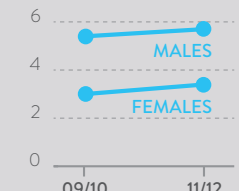

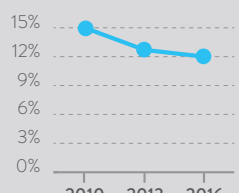


[^] Unable to update data as no comparable data has been collected since the 2016 report.

The definition for physical has changed since the 2016 report. The dotted line indicates progress towards target instead of trend as the data points are not comparable.


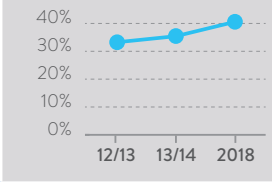


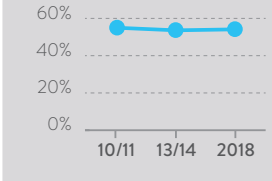


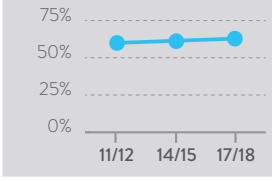


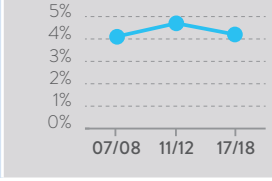


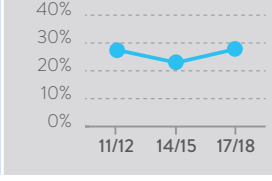

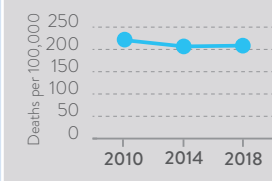


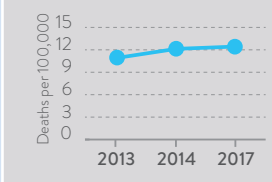

ADULTS

RISK FACTORS	LATEST AUSTRALIAN DATA	2025 TARGET	BASELINE DATA AGAINST LATEST DATA	TREND	LATEST INDIGENOUS DATA
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RISK FACTORS – CONTINUED

 Drinking at 'risky' levels	17.1%	16.1%			20.4%
 Per capita pure alcohol consumption	9.4 litres	8.4 litres			Not available
 Heavy episodic drinking	25.5%	23.2%			35%
 Emergency Department presentations (estimated alcohol injuries per 1,000)	Males 5.7 [^] Females 3.4 [^]	Males 4.3 Females 2.4		Inadequate data to assess trend	Not available
 Daily smokers (aged 14 and over)	12.2%	5%			27.4%
 High cholesterol	32.8% [^]	24.6%	No new data since baseline	Inadequate data to assess trend	25% [^]

[^] Unable to update data as no comparable data has been collected since the 2016 report.

ADULTS					
	LATEST AUSTRALIAN DATA	2025 TARGET	BASELINE DATA AGAINST LATEST DATA	TREND	LATEST INDIGENOUS DATA
SCREENING					
 Bowel cancer screening (50-74 years)	41%	56.6%*			21%
 Breast cancer screening in women (50-74 years)	55%	54%*		 Reached the target other than for the Aboriginal and Torres Strait Islander population	39%
SOCIAL INCLUSION					
 Employment of people with mental illness	62.9%	70.5%			Not available
ILLNESS					
 Prevalence of diabetes in adults (25-64 years)	4.2%	4.1%			Not available
 Adults with mental illness who smoke daily	27.7%	11%			50%^
DEATHS					
Death rates from CVD, stroke, common cancers, or chronic respiratory disease (30-70 years)	208 deaths per 100,000	166 deaths per 100,000			Not available
 Suicide rate	12.6 deaths per 100,000	9.8**			25.5 per 100,000

^ Unable to update data as no comparable data has been collected since the 2016 report.

*2022 target, ** 2020 target

CHILDREN AND YOUNG PEOPLE

HOW ARE AUSTRALIAN CHILDREN AND YOUNG PEOPLE TRACKING?

Childhood is critical for building a foundation for good health throughout life. Current national data available for children and young people's health risk factors and preventable chronic diseases show that Australian children are experiencing poor health.

Notable trends in health risks in this 2019 report card are:

A further rise in children who are overweight or obese to 26.2% of children 5 to 11 years of age

An increase of obesity in both children and young people

A reduction in the proportion of young people (aged 12-17) who binge drink

A decline in overweight among young people aged 12-17 years




All trends in both children and young people for overweight and obesity are heading in the wrong direction. Rising rates of obesity in both children and young people place this generation at significantly greater risk of poor health across adolescence and even into adulthood than for their parents' and grandparents' generations.

There are many opportunities to prevent chronic disease before its onset. Population-wide strategies such as active school travel and discouraging the uptake of harmful substances including alcohol can protect children and young people from a life of poor health.

As reported in Australia's Health Tracker in 2016, data for children and young people's health continues to be scarce making it difficult to assess trends over time. The lack of data about consumption of discretionary foods, sugar intake and the lack of data that is broken down by gender, age group and Aboriginal and Torres Strait Islander precludes the setting of targets for these indicators.

The tables outline the latest Australian data about children and young people and how the data compares to the 2025 targets. Where possible, both Indigenous and non-Indigenous data is presented. The baseline data is the available data nearest to the year 2010 and trends (not necessarily statistically significant differences) are reported.




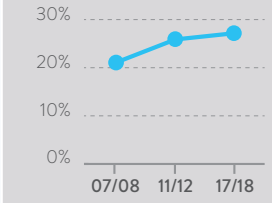


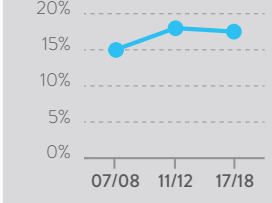


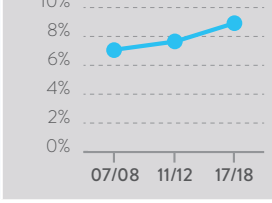


TABLE KEY

-  Trend in right direction. **Good progress** towards target. Maintain efforts.
-  Trend indicates **no/limited progress** towards target.
-  Trend in wrong direction. **Poor progress** against target.

CHILDREN AND YOUNG PEOPLE

RISK FACTORS	LATEST AUSTRALIAN DATA	2025 TARGET	BASELINE DATA AGAINST LATEST DATA	TREND	LATEST INDIGENOUS DATA
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CHILDREN

 <p>Proportion of infants exclusively breastfed to six months of age</p>	28.9%	Indicator to be monitored	–	–	Not available
 <p>Children (5-11 years) not meeting physical activity recommendations</p>	70.8%^	63.7%	No new data since baseline	–	40.5%^
 <p>Children (5-11 years) who are overweight or obese</p>	26.2%	21.6%			32.8%^*
 <p>Children (5-11 years) who are overweight</p>	17.6%	15%			21.2%^*
 <p>Children (5-11 years) who are obese</p>	8.4%	6.6%			11.8%^
 <p>Proportion of total energy intake from discretionary or 'junk foods' in children's (9-13 years) diets</p>	39.4%^	Indicator to be monitored	–	–	41%

^ Unable to update data as no comparable data has been collected since the 2016 report.

* Aged 5-14 years


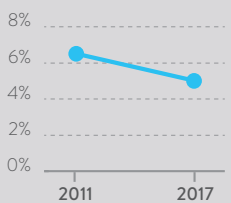

CHILDREN AND YOUNG PEOPLE

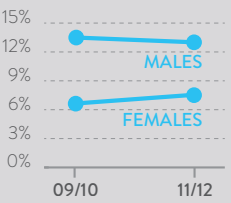


RISK FACTORS	LATEST AUSTRALIAN DATA	2025 TARGET	BASELINE DATA AGAINST LATEST DATA	TREND	LATEST INDIGENOUS DATA
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CHILDREN – CONTINUED


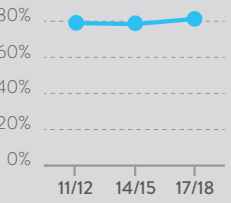

 <p>Children (9-13 years) consuming too much sugar</p>	70.3% [^]	Indicator to be monitored	–	–	Not available
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YOUNG PEOPLE

 <p>Young people (12-17 years) who binge drink</p>	5%	5.1%			Not available
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Emergency Department presentations (estimated alcohol injuries) per 1,000 young people (15-19 years)	Males 12.9 [^] Females 7.5 [^]	Males 10 Females 5.4		 Males  Females	Not available
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 <p>Young people (12-17 years) not meeting physical activity recommendations</p>	91.5% [^]	82.6%	No new data since baseline	Inadequate data to assess trend	65.2% [^]
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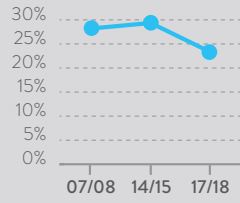


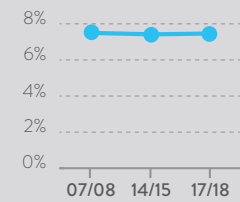


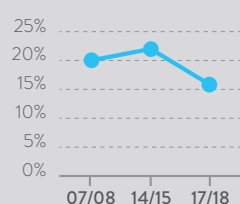



 <p>Young people (16-30 years) with mental illness in education or employment</p>	81.5%	84.5%			Not available
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[^] Unable to update data as no comparable data has been collected since the 2016 report.

CHILDREN AND YOUNG PEOPLE

RISK FACTORS	LATEST AUSTRALIAN DATA	2025 TARGET	BASELINE DATA AGAINST LATEST DATA	TREND	LATEST INDIGENOUS DATA
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YOUNG PEOPLE – CONTINUED

 <p>Young people (12-17 years) who are overweight or obese</p>	23.2%	28.3%			36.3% ^{^*}
 <p>Young people (12-17 years) who are obese</p>	7.9%	7.5%			15.8% ^{^*}
 <p>Young people (12-17 years) who are overweight</p>	15.8%	19.8%			20.6% ^{^*}
 <p>Proportion of total energy intake from discretionary or 'junk foods' in young people's (14-18 years) diets</p>	40.7% [^]	Indicator to be monitored	–	–	42.9% [^]
 <p>Young people (14-18) consuming too much sugar</p>	73.1% [^]	Indicator to be monitored	–	–	Not available

[^] Unable to update data as no comparable data has been collected since the 2016 report.

^{*} Aged 5-14 years

Chronic diseases prevention for Australia: Statement of commitment 2015

We call for, and are active contributors towards, a systemic and sustained approach to the prevention and management of chronic diseases in Australia.

Core principles

Action is required urgently to reduce the incidence and impact of chronic diseases, and must address the underlying risk factors and determinants. There is a critical need for a national prevention agenda.

We support a set of core principles that provide a common platform for interventions to prevent chronic diseases:

1.	A systemic approach—focusing on common risk factors and determinants.
2.	Evidence-based action—acting now, using best available evidence, and continuing to build evidence.
3.	Tackling health inequity and health disparity—working to improve and redress inequities and disparities in access to programs, services and inequities in outcomes.
4.	A national agenda with local action—building commitment and innovation with local and community-level actions.
5.	A life course approach—intervening early and exploiting prevention opportunities at all ages and across generations.
6.	Shared responsibility—encouraging complementary actions by all groups.
7.	Responsible partnerships—avoiding ceding policy influence to vested interests.

The benefits of reducing the incidence and impact of chronic diseases are nationally significant. They extend beyond the impact on the health of individuals to our children's future, the wellbeing of the communities in which we live, and the economic prosperity of our society.

Australians deserve a healthier future. We can, and we must, do better.

For further details, please see the accompanying report cards and Technical Appendix available on the Mitchell Institute website.

mitchellinstitute.org.au

Signatories and supporters for chronic diseases prevention for Australia

Alliance for Research in Exercise, Nutrition and Activity (ARENA)
Australia and New Zealand Obesity Society
Australian Centre for Health Research (ACHR)
Australian Dental Association
Australian Disease Management Association
Australian Federation of AIDS Organisations
Australian Health Care Reform Alliance (AHCRA)
Australian Indigenous HealthInfoNet
Australian Institute for Musculoskeletal Science
Australian Health Promotion Association
Australian Healthcare & Hospitals Association
Australian Physiotherapy Association
Australian Psychological Society
Australian Women's Health Network
Baker IDI Heart and Diabetes Institute
Better Health Plan for the West
Brimbank City Council
Cabrini Institute
Cancer Council Australia
Catholic Health Australia
Charles Perkins Centre, University of Sydney
Chronic Illness Alliance
Caring & Living As Neighbours
CoHealth
Confederation of Australian Sport
CRANaplus
Deakin University
Diabetes Australia
Foundation for Alcohol Research and Education
George Institute for Global Health
HealthWest Partnership
Inner North West Primary Care Partnership
Jean Hailes for Women's Health
Kidney Health Australia
Lowitja Institute
Mental Health Australia
MOVE Muscle, Bone & Joint Health
National Heart Foundation
National Rural Health Alliance
National Stroke Foundation
NCDFREE
Network of Alcohol and other Drugs Agencies
Obesity Australia
Overcoming Multiple Sclerosis
People's Health Movement OZ
Public Health Association of Australia
Royal Flying Doctor Service
School of Medicine, University of Notre Dame
School of Psychology and Public Health, La Trobe University
Services for Australian Rural and Remote Allied Health
Social Determinants of Health Alliance
South Australian Health & Medical Research Institute
Suicide Prevention Australia
The Telethon Institute for Kids
Victorian Health Promotion Foundation
Victoria University
YMCA

Acknowledgement of working group members

Working group 1- Mortality, morbidity and high-risk populations Rapporteur

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Dr Jacqui Webster, Head, Public Health Advocacy and Policy Impact, Centre Director, WHO CC Salt Reduction; Associate Professor, University of NSW and Honorary Associate Professor, University of Sydney. **Rapporteur** Dr Carley Grimes, Postdoctoral Research Fellow, Deakin University. Prof. Bruce Neal, Senior Director, The George Institute, University of Sydney. Prof. Caryl Nowson, Chair of Nutrition and Ageing, Centre for Physical Activity and Nutrition Research Deakin University. **Former members Chair** Dr Bruce Bolam, Executive Manager, WHO Collaborating Centre for Excellence in Health Promotion, VicHealth. Ms Sonya Stanley, Principal Program Officer, VicHealth. Ms Kellie-Ann Jolly, Director of Cardiovascular Programs, Victoria National Heart Federation, VIC. Mr Scott Stirling, Advocacy Manager National Stroke Foundation. **Working group 5 – Tobacco Chair** Emeritus Professor Mike Daube AO, Hon DSci FPHAA FFPH, Faculty of Health Sciences, Curtin University. **Rapporteur** Dr Michelle Gooney, Burnet Institute. Mr Todd Harper, CEO, Cancer Council Victoria. Ms Kate Purcell, Director, Purcell Consulting NSW. Dr Sarah White Director, QUIT Victoria, Cancer Council Victoria. **Working group 6 – Obesity and diabetes Chair** Prof. Stephen Colagiuri, Boden Institute, University of Sydney. **Co-chair** Associate. Prof. Gary Sacks, ARC DECRA Fellow, Global Obesity Centre, Deakin University. Prof. Steve Allender, Co-Director WHO Collaborating Centre for Obesity Prevention, Deakin University. Prof. Louise Baur AM, Professor of Paediatrics & Child Health, Associate Dean and Head, The Children's Hospital at Westmead Clinical School, University of Sydney and The Children's Hospital, Westmead. Dr Julie Brimblecombe, Nutrition Program Lead Menzies School of Health Research, Darwin. Prof. Timothy Gill, Research Programs Director, Boden Institute, University of Sydney. Prof. Anna Peters, Director, Institute for Healthcare Transformation, Deakin University. Ms Jane Martin, Executive Manager, Obesity Policy Coalition, Cancer Council Victoria. Prof. Stephen Simpson AC, Director, Charles Perkins Institute, University of Sydney and Obesity Australia. Prof. Helena Teede, Monash Partners Academic Health Sciences Centre, Monash University. **Former members** Dr Sharleen O'Reilly, NHMRC Fellow, School of Physical Activity and Nutrition Research, Deakin University. Prof. Boyd Swinburn, Alfred Deakin Professor, Deakin University and School of Population Health, University of Auckland. Prof. David Crawford, Centre for Physical Activity and Nutrition Research, Deakin University. **Working group 7 – Mental Health Chair** Dr Philip Batterham, Fellow in Mental Health Research, National Institute for Mental Health Research, Research School of Population Health, The Australian National University. Prof. Philip Burgess, Professor of Mental Health Services Research, School of Public Health, University of Queensland. Dr Tim Coombs, Director of Nursing, Mental Health, Illawarra Shoalhaven Local Health District. Prof. Carol Harvey, University of Melbourne, Director, Psychosocial Research Centre/Northwestern Mental Health. Prof. Helen Herrman, Director Research, Orygen and Director, WHO Collaborating Centre for Mental Health. Dr Simon Rosenbaum, Senior Research Fellow, University of New South Wales. Dr Simon Rice, Senior Research Fellow & Clinical Psychologist, Orygen The national Centre of Excellence in Youth Mental Health. **Former members** Ms Penny Tolhurst, Manager, Chronic Disease Program, Australian Health Policy Collaboration. Prof. Jane Pirkis Director, Centre for Mental Health, School of Population and Global Health, University of Melbourne.



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