2024

AUSTRALIA'S
HEALTH TRACKER

CHRONIC CONDITIONS BY SOCIOECONOMIC STATUS

A brief report card on the relationship between socioeconomic status and chronic disease prevalence

ahpc
AUSTRALIAN
HEALTH POLICY
COLLABORATION

**VICTORIA
UNIVERSITY**
MELBOURNE AUSTRALIA

INSTITUTE FOR
HEALTH & SPORT

AUSTRALIA'S HEALTH TRACKER: CHRONIC CONDITIONS BY SOCIOECONOMIC STATUS

Australia's Health Tracker is a set of national report cards tracking the health of Australia's population.

Increasing rates of chronic disease are the major health challenge of the 21st century. This report card looks at the health of Australians by socioeconomic status, in relation to chronic disease prevalence and premature mortality.

Socioeconomic status describes the level of socioeconomic disadvantage experienced by an individual and is a measure of people's access to material and social resources. Socioeconomic status is a major determinant of health status and chronic disease risk. Communities, families and individuals with limited resources are at greater risk of both experiencing chronic health conditions and dying early from these conditions[1,2].

Australia's Health Tracker: Chronic Conditions by Socioeconomic Status presents data on Australian communities divided into quintiles by relative socioeconomic disadvantage. The most disadvantaged quintile is therefore representative of the 20% of Australian communities with the highest levels of socioeconomic disadvantage[3].

The data presented in this Tracker show that the 10 million Australians living in the communities which make up the two most disadvantaged quintiles are at significantly greater risk of preventable chronic disease and poor health. These communities have higher rates of heart disease, cancer, diabetes, chronic obstructive pulmonary disease and mental illness than the communities that make up the top two quintiles. These chronic health conditions affect employment, education and community participation, leading to fewer opportunities to improve socioeconomic factors. The communities in the two most disadvantaged quintiles also have the highest rates of suicide nationally.

Those experiencing high levels of disadvantage do not just have more chronic disease – they are much more likely to die early from a chronic condition[2,4]. Rates of premature deaths from the same conditions are markedly higher for people in the lower two socioeconomic quintiles, and those 5 million Australians in the most disadvantaged quintile are 50% more likely to die prematurely due to chronic diseases than those living in the least disadvantaged parts of Australia[2,4].

Almost **1 in 2** Australians have a chronic disease and

Almost **1 in 3** people living in the most disadvantaged areas have two or more chronic conditions, compared to 1 in 8 of those living in the least disadvantaged areas[6].

OVER 10 MILLION
Australians living in the 40% of communities with the highest levels of disadvantage are at increased risk of poor health and early death.

Over one-third of the burden of disease in the population could be prevented by reducing risk factors such as tobacco use and smoking, physical inactivity, poor diets and alcohol consumption[7].

Despite this...
Australia has a low rate of dedicated investment in preventive health at

3%

of health spending[8*].

*while this has doubled since the 2021 tracker, it includes time-limited COVID-19 management funding including testing, vaccines, surveillance and campaigns and is not reflective of long-term preventive health spending[8].

In addition to the health impacts for individuals, increased rates of preventable chronic conditions also lead to broader health system consequences, including increased service demand and health expenditure[1].

Health disparities within the Australian population are persistent and, overall, are widening, despite policy efforts to address increasing rates of chronic disease[5]. The gap in prevalence between those in the most disadvantaged socioeconomic quintile compared to the least disadvantaged quintile is growing for almost all of the chronic conditions highlighted in this Tracker.

Action by governments, communities, families and individuals can help to reduce the rates of preventable chronic disease and improve health, regardless of socioeconomic status. There is a need for deliberate and urgent policy attention to mitigate the health impacts of socioeconomic disadvantage and reduce the disproportionate burden of chronic disease experienced by Australia's most disadvantaged communities.

## PREMATURE DEATHS
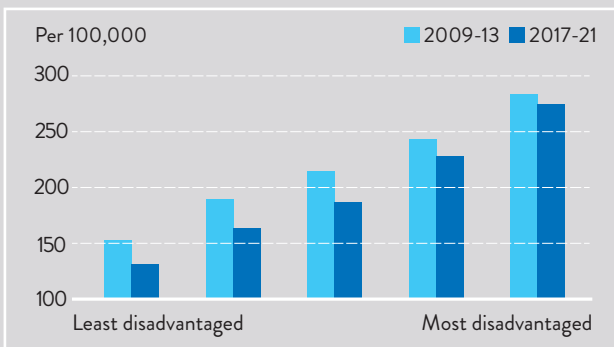
TARGET: 166 PER 100,000
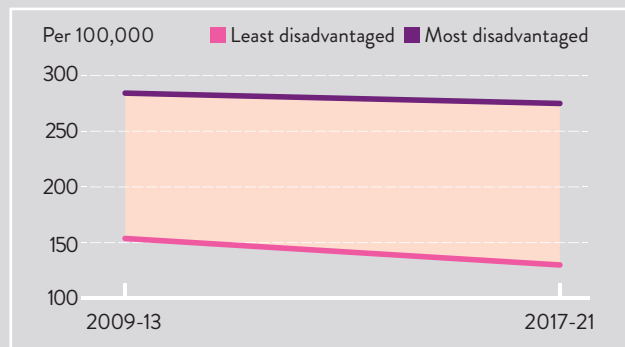
Premature deaths have decreased across all socioeconomic quintiles. However, this is mostly attributed to a reduction in premature deaths from respiratory deaths. Deaths from COVID-19 were counted separately and their exclusion from this data has also likely contributed to the decrease since 2009-13. Despite the overall decline, the gap in premature mortality rates between the least and most disadvantaged quintiles has widened.

SUICIDE
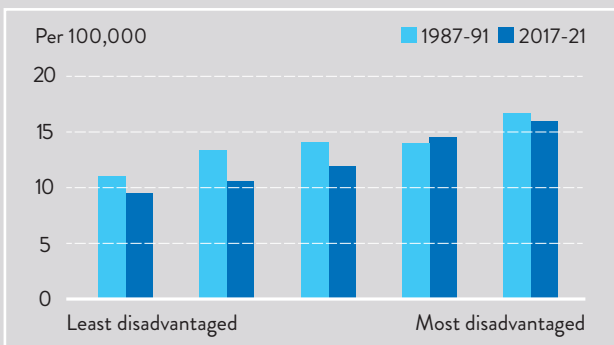
TARGET: 9.8 PER 100,000
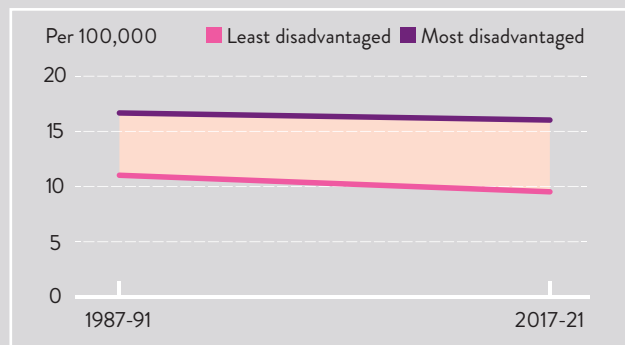
Between 2017-2021, the suicide rate was highest in the most disadvantaged quintile, which was 1.6 times that of the least disadvantaged quintile. While rates decreased between 1997-1991 and 2017-2021 in all but the second most disadvantaged quintile, there was a greater decrease in the least disadvantaged quintiles. Area-level socioeconomic factors that may contribute to social isolation and a lower sense of wellbeing for individuals include intergenerational poverty, stigma and discrimination, built environments with few or poor amenities, higher rates of unemployment, lower education status, housing instability and food insecurity[9].

CANCER
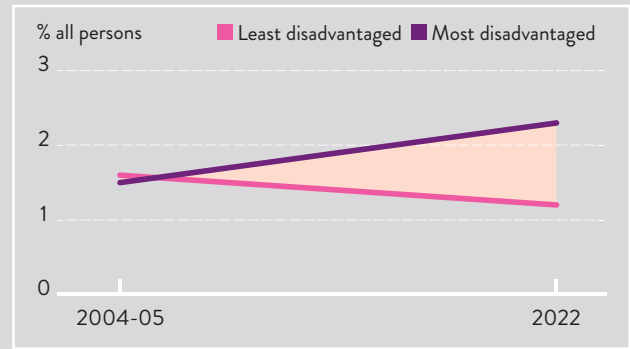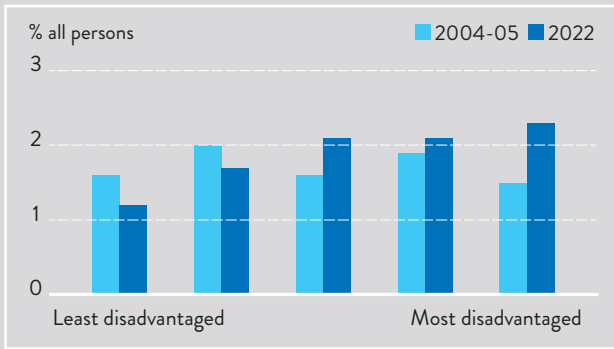
In 2022, cancer prevalence in the most disadvantaged quintile was almost twice the rate of the least disadvantaged quintile. Since 2004-05, the prevalence of cancer has decreased in the higher socioeconomic quintiles, while increasing in the lower socioeconomic quintiles. Risk factors vary for different types of cancer and can include tobacco use, overweight and obesity, diabetes, poor diet, alcohol use and physical inactivity among others. Occupation, high sun exposure and air pollution can also be risk factors for some cancers[10].

DIABETES
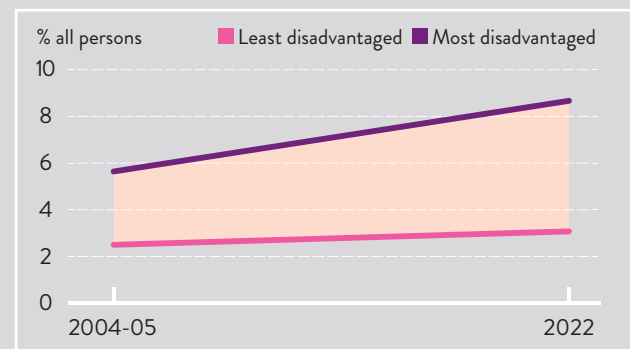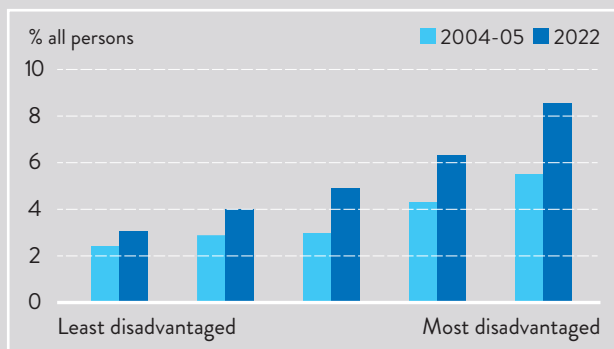
In 2022, the prevalence of diabetes was significantly higher in the quintiles of greater disadvantage, with the rate in the lowest socioeconomic quintile almost 3 times greater than the highest socioeconomic quintile. Since 2004-05, the gap in diabetes rate between the lowest and highest socioeconomic quintiles has widened, with the lowest quintile seeing a much sharper prevalence increase. Both type 1 and 2 diabetes have a strong genetic link, but type 2 diabetes is also influenced by the presence of behavioural and biomedical risk factors including poor diet, physical inactivity, smoking and obesity[11].
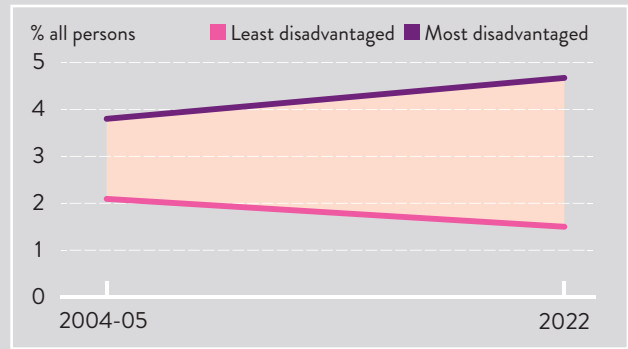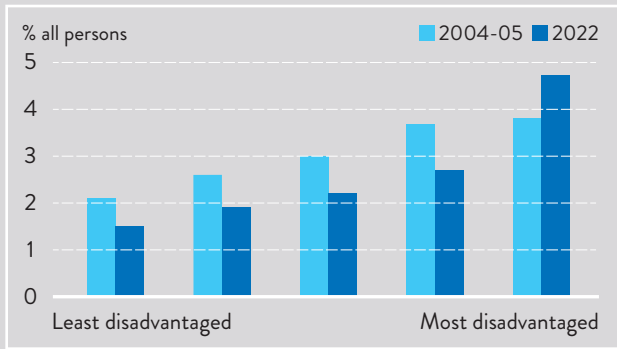
HEART, STROKE AND VASCULAR DISEASE
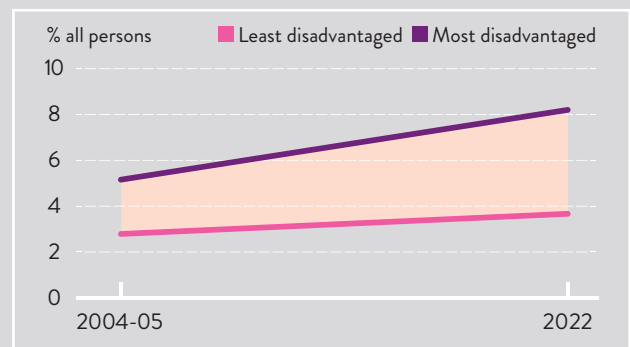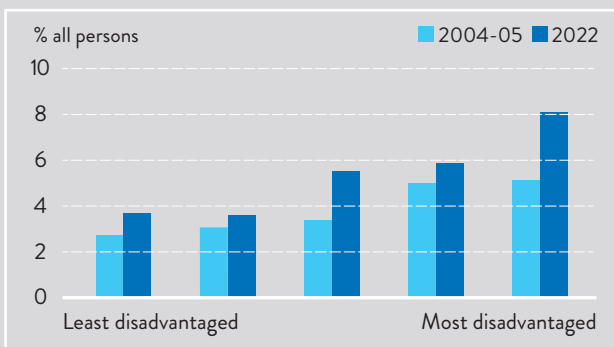
In 2022, rates of heart disease, stroke and vascular disease in most disadvantaged quintile was more than double that of the least disadvantaged quintile. Since 2004-05, the prevalence gap for heart disease, stroke and vascular disease between the lowest and highest socioeconomic status communities has widened, with a much larger increase observed in the most disadvantaged quintile. Risk factors for heart, stroke and vascular disease include smoking, high blood pressure, diabetes, overweight and obesity and abnormal blood lipids[12].
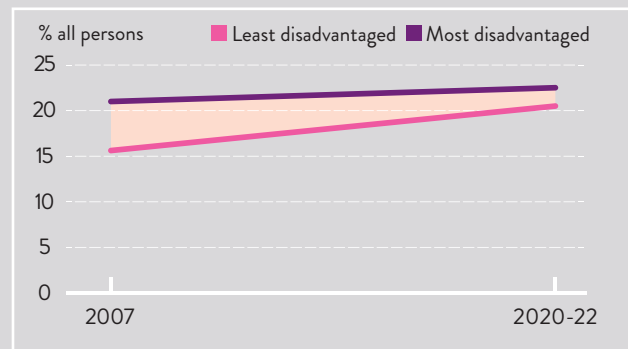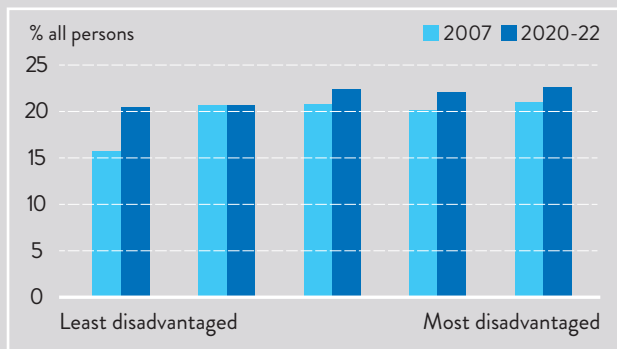
CHRONIC OBSTRUCTIVE PULMONARY DISEASE

% all persons — 2004-05 ▪ 2022

Chart axis: 5, 4, 3, 2, 1, 0 — Least disadvantaged ... Most disadvantaged

% all persons — Least disadvantaged ▪ Most disadvantaged

Chart axis: 5, 4, 3, 2, 1, 0 — 2004-05 ... 2022

In 2022, Chronic Obstructive Pulmonary Disease (COPD) prevalence in the most disadvantaged quintile was over three times greater than in the least disadvantaged quintile. Since 2004-05, the prevalence of COPD has increased in the most disadvantaged quintile but decreased in the other four quintiles. Risk factors for COPD include smoking or tobacco smoke exposure, environmental factors and other chronic conditions such as asthma[13].

MENTAL ILLNESS

% all persons — 2007 ▪ 2020-22

Chart axis: 25, 20, 15, 10, 5, 0 — Least disadvantaged ... Most disadvantaged

% all persons — Least disadvantaged ▪ Most disadvantaged

Chart axis: 25, 20, 15, 10, 5, 0 — 2007 ... 2020-22

In the 2020-22 period, rates of mental illness was highest in the most disadvantaged quintile. However, since 2007, the least disadvantaged quintile has seen the largest rise in prevalence. The increase in population prevalence of mental illness over time is largely attributable to an increased prevalence in females aged 16-24 – from 30% in 2007 to 46% in 2020-22[14].

DEMENTIA

No trend data available

% all persons — 2021

Chart axis: 1, 0.5, 0 — Least disadvantaged ... Most disadvantaged
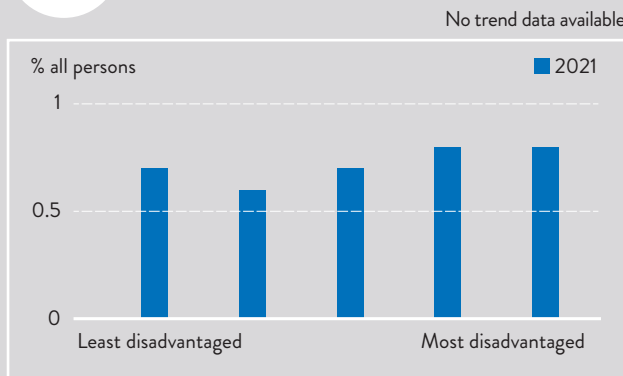
In 2021, the gap in prevalence for dementia between the most and least disadvantaged quintiles was less stark than for other chronic diseases, but rates were still highest in the two most disadvantaged quintiles. Risk factors for dementia include obesity, smoking, high blood pressure, depression and diabetes[15].

Low socioeconomic status is a major risk factor for poor health.

The Australian Health Policy Collaboration (AHPC), led by the health policy team in the Institute of Health and Sport (IHES) at Victoria University, is a national collaboration of Australia's leading population health and chronic disease experts and organisations. Established in 2014, it brings together leading health organisations and chronic disease experts to translate rigorous research into policy recommendations to prevent and reduce the impact of chronic diseases on the population.

Australia's Health Tracker editions 2016 and 2019 and *Getting Australia's Health on Track* editions 2017 and 2021 were compiled with the AHPC network of experts and are an integrated suite of report cards and policy reports to inform and influence policy related to chronic disease prevention in the Australian population.

Australia's Health Tracker reports on progress against Australian chronic disease prevention targets, and the broader suite of Tracker reports include a range of specific topic Trackers, such as *Australia's Oral Health Tracker, Australia's Mental and Physical Health Tracker* and *Australia's Gender Health Tracker.*

Getting Australia's Health on Track policy reports provide consensus and evidence-based policy proposals that, if implemented collectively or separately, would reduce risk factors for preventable chronic diseases in the population. The 2024 edition of *Getting Australia's Health on Track* accompanies this report and features policy proposals aimed specifically at reducing heath inequities and improving health outcomes in disadvantaged communities.

Australia's Health Tracker by Socioeconomic Status report cards present a national-level snapshot of the relationship between socioeconomic status and health. The 2017 and 2021 editions reported on risk factors for common chronic diseases. This 2024 edition spotlights the prevalence of common chronic diseases by socioeconomic quintile. All three editions present premature deaths from chronic disease and suicide by socioeconomic status. These Trackers emphasise that communities experiencing greater levels of disadvantage have higher rates of chronic disease and premature deaths, and poorer health outcomes, than other Australian communities.

These communities deserve a healthier future. Australia can, and must, do better in supporting all in Australia to benefit from better health.

Technical note

Data provision and analysis from the Public Health Information Development Unit (PHIDU), Torrens University.

The technical details and sources of data presented in this report card are provided in the Australia's Health Tracker: Chronic disease by Socioeconomic Status 2024 Technical Report available at vu.edu.au/institute-for-health-sport-ihes/health-policy

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