

How does Australia compare?

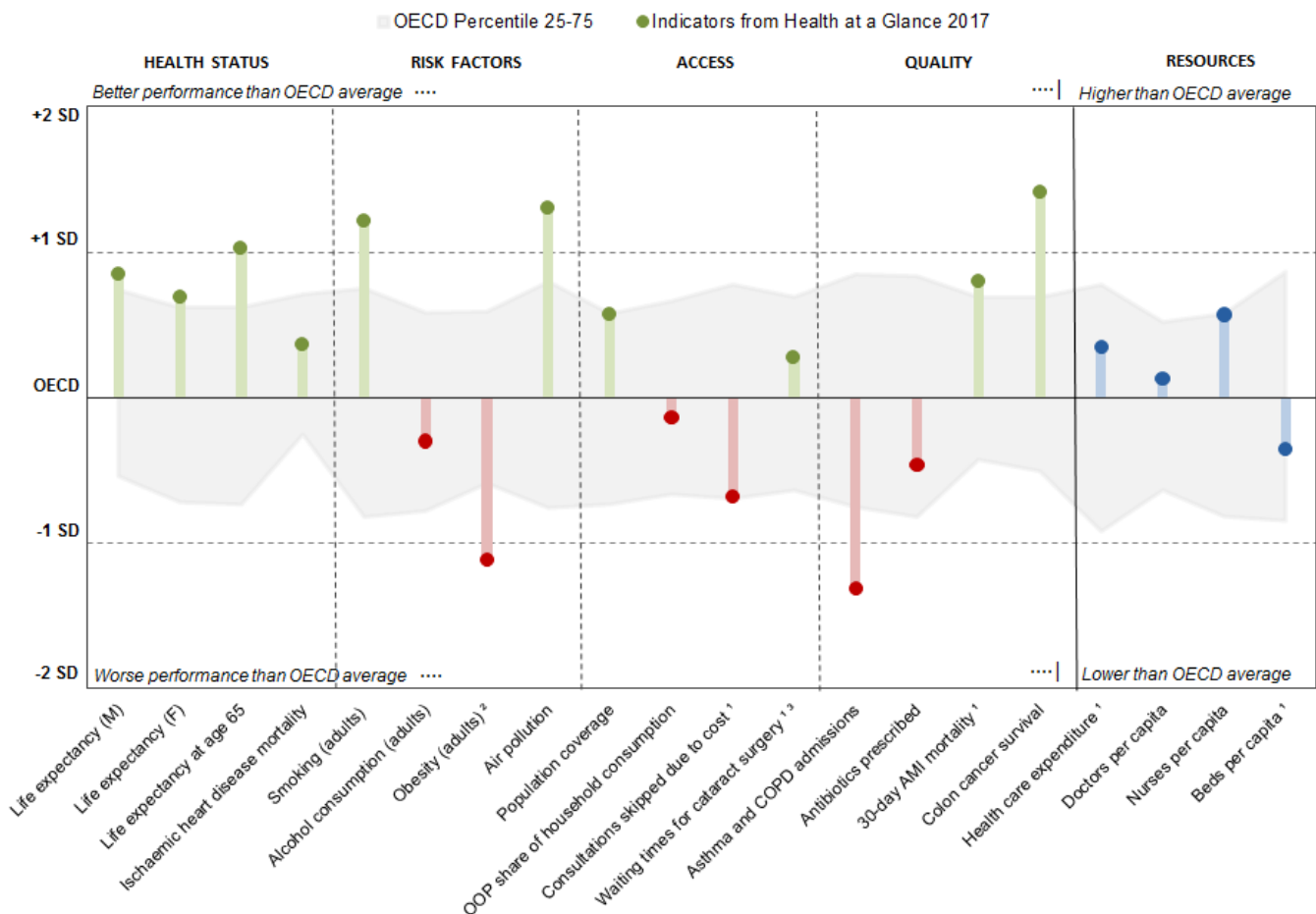


Health at a Glance provides the latest comparable data and trends on the performance of health systems in OECD countries. It provides striking evidence of large variations across countries in health status and health risks, as well as in the inputs and outputs of health systems. This edition contains a range of new indicators, particularly on risk factors for health. It also places greater emphasis on time trend analysis. Alongside indicator-by-indicator analysis, this edition offers snapshots and dashboard indicators that summarise the comparative performance of countries, and a special chapter on the main factors driving life expectancy gains.

Overview of health system performance in Australia

Australia's population is healthier than the OECD average, considering life expectancy and other general measures of health status. Smoking consumption is also low, as is exposure to air pollution. But obesity rates are the fifth highest in the OECD. Further, despite universal health coverage, a relatively high share of the population reported skipping consultations due to cost. Quality of care indicators also show mixed results. The figure below shows how Australia compares across these and other core indicators from Health at a Glance.

Australia – Relative performance compared to the OECD average



¹ Standardisation of interquartile range excludes outliers (at least ± 3 standard deviations from the average) that cause biased statistical distributions. ² Includes measured and self-reported obesity rates. ³ Values for Australia and Canada are reported in median (rather than mean) number of days. AMI = acute myocardial infarction (heart attack), COPD = chronic obstructive pulmonary (lung) disease, OOP = out-of-pocket payments.



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- **Health status:** life expectancy at birth was 82.5 years in 2015, the fifth highest in the OECD (the OECD average was 80.6). Mortality from ischaemic heart disease and the prevalence of dementia are also both lower than the OECD average.
- **Risk factors:** results are mixed. The proportion of Australian adults who smoke is 12.4%, among the lowest in the OECD. Air pollution is second lowest. Alcohol consumption is slightly above the OECD average. However, the adult overweight and obesity rate is 27.9%, the fifth highest in the OECD and well above the average of 19.4%.
- **Access:** all Australians are deemed to have access to health care. However, 16.2% of adults report that they skip medical consultations due to cost, well above the OECD average of 10.5%.
- **Quality of care:** Australia has the third lowest 30-day mortality rate following admission for heart attack in the OECD. Just over 70% of people diagnosed with colon cancer survive - the fourth highest rate in the OECD. However, hospital admission rates for asthma and COPD are high (371 per 100 000 people versus an OECD average of 236). Antibiotic prescribing is also higher than the OECD average (23.4 per 1 000 people, compared with an OECD average of 20.6).
- **Resources:** health spending averages \$4 708 per person (adjusted for local costs), slightly higher than the OECD average of \$4 003. Australia has more nurses and doctors (11.5 and 3.5 per 1 000 people) than the OECD average (9.0 and 3.4 respectively), but the number of hospital beds per capita is slightly lower than average.

Selected policy issues

Good quality cancer care has contributed to better survival outcomes and lower cancer mortality

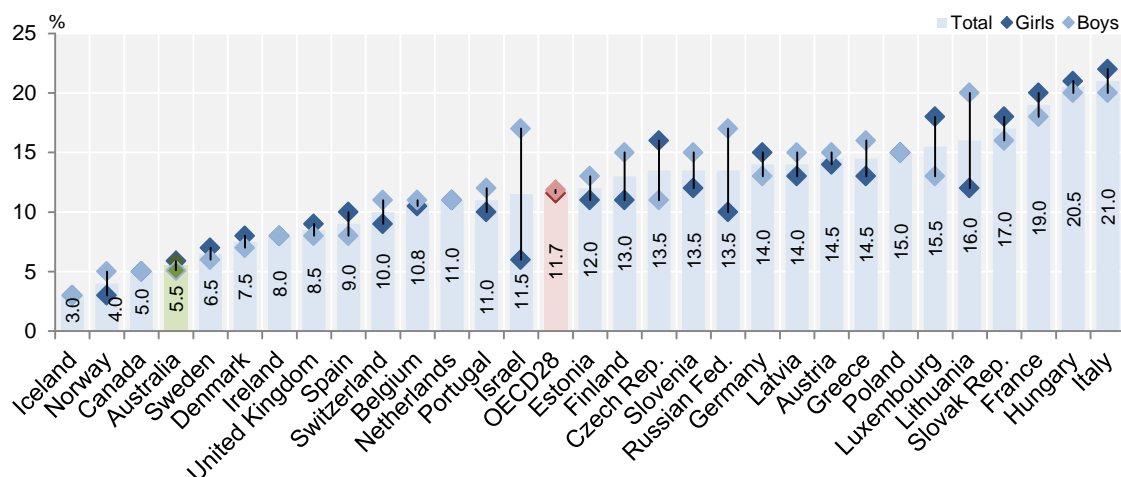
Australia has the second highest incidence of cancer in the OECD. The most prominent types were breast, prostate, colorectal and lung cancer. However, Australian cancer mortality rates are lower than the OECD average, and comparable to countries such as Sweden, Japan and Switzerland. Further, five-year survival for breast cancer, colorectal cancer and leukaemia are among the best in the OECD. Leukaemia mortality is the second lowest in the OECD (while incidence is among the highest).

High survival rates coupled with high incidence suggests early detection and good quality cancer care. However, even more cancers could be prevented by reducing exposure to behavioural and environmental risk factors. Lowering the incidence would not only reduce burden of illness but also free up the resources currently devoted to cancer treatment.

Australia has also been a pioneer of effective tobacco control

Smoking prevention has been a success story in Australia. Only 12.4% of adults now report smoking daily, among the lowest in the OECD and about half the rate reported in 2000. An even more encouraging sign is that smoking among 15-year-olds is 5.5%, the fourth lowest in the OECD and less than half the OECD average of 11.7%. These improvements can be attributed to strong and sustained public health campaigns over several decades, and more recent policy measures such as plain packaging laws, tobacco taxes and smoking bans.

Smoking among 15-year-olds, 2013-14

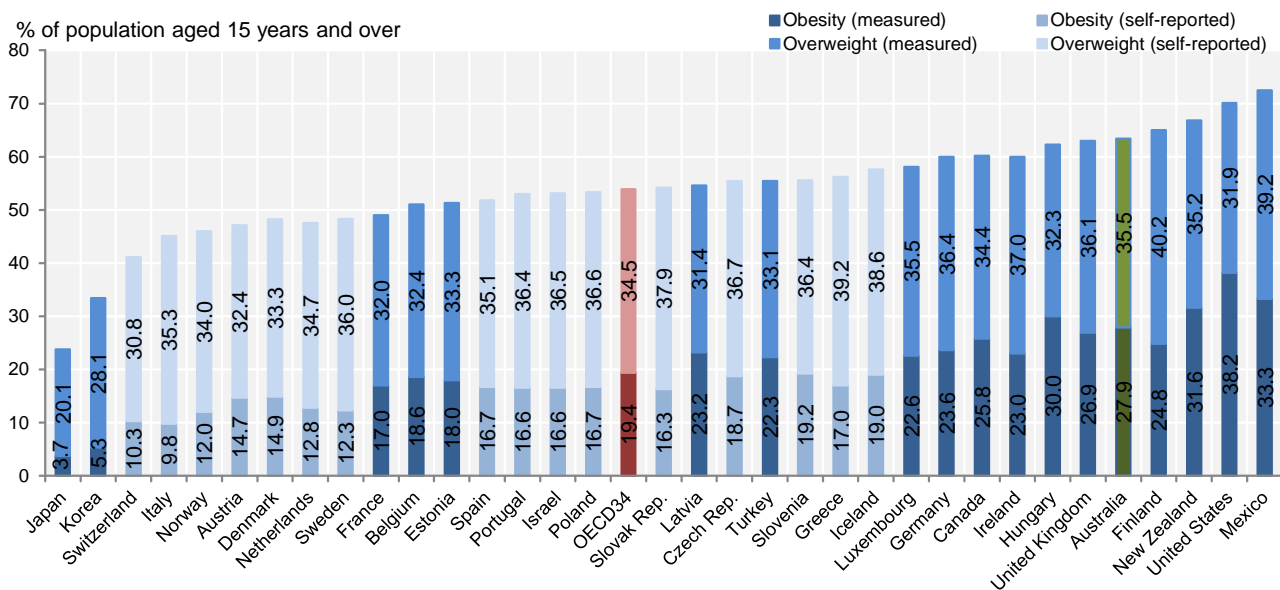


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But Australia could do more to reduce obesity rates

The majority of Australian adults (63.4%) are now overweight or obese, the fifth highest proportion in the OECD behind Mexico, the United States, New Zealand and Finland. Obesity has risen from 19.8% in 2000 to 27.4%. The proportion of Australian 15-year-olds who are either overweight or obese is 25%, lower than the OECD average of 34.6%. Nevertheless, obesity should be treated as a public health priority. OECD work has shown that there are many cost-effective options for tackling obesity, including efforts to change behaviour by individuals as well as by food companies.

Overweight including obesity among adults, 2015 (or nearest year)



Care coordination could also be improved

Changing demographics and disease patterns require health systems to better manage complex chronic conditions and to re-design care models around the needs of patients. Australia's rates of hospital admission for asthma and chronic obstructive pulmonary disease are among the highest in the OECD. These conditions are best managed in the community setting, and the majority of hospital admissions are considered preventable. These results therefore suggest room for improvement. The Australia Productivity Commission has recently called for improved prevention and management of chronic disease through better coordination and patient-centredness in care.

Further reading

OECD (2017), *Tackling Wasteful Spending on Health*, OECD Publishing, Paris. <http://dx.doi.org/10.1787/9789264266414-en>.

OECD (2017), "Obesity Update", OECD Publishing, Paris. <http://www.oecd.org/els/health-systems/Obesity-Update-2017.pdf>.

Health at a Glance 2017 website: <http://www.oecd.org/health/health-systems/health-at-a-glance-19991312.htm>.

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