

2021

SECOND EDITION

AUSTRALIA'S
HEALTH TRACKER
BY SOCIOECONOMIC STATUS

A report card on the relationship between socioeconomic status and risk factors for preventable chronic diseases and poor health.
Tracking progress for a healthier Australia by 2025



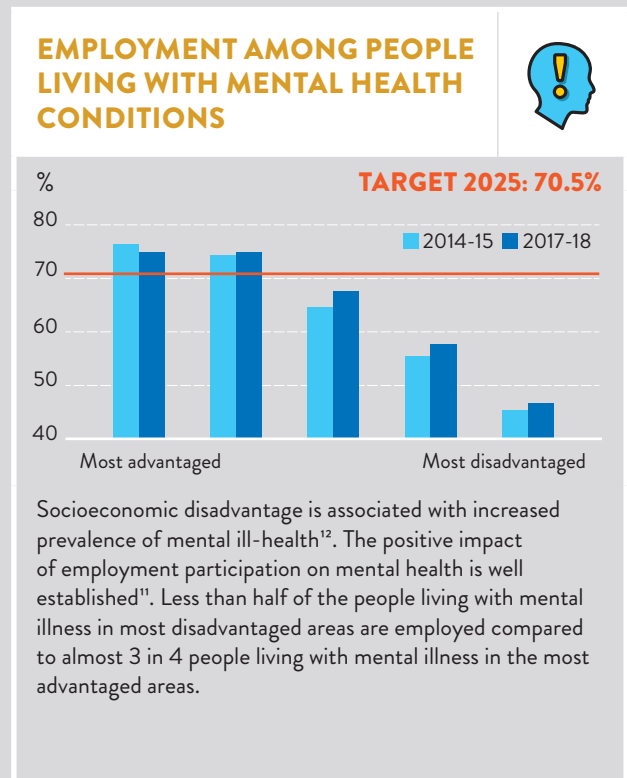
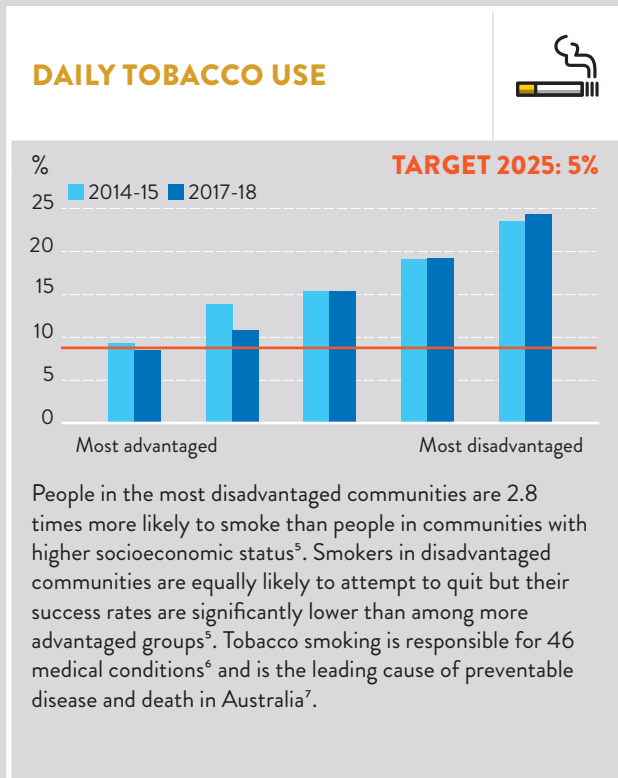
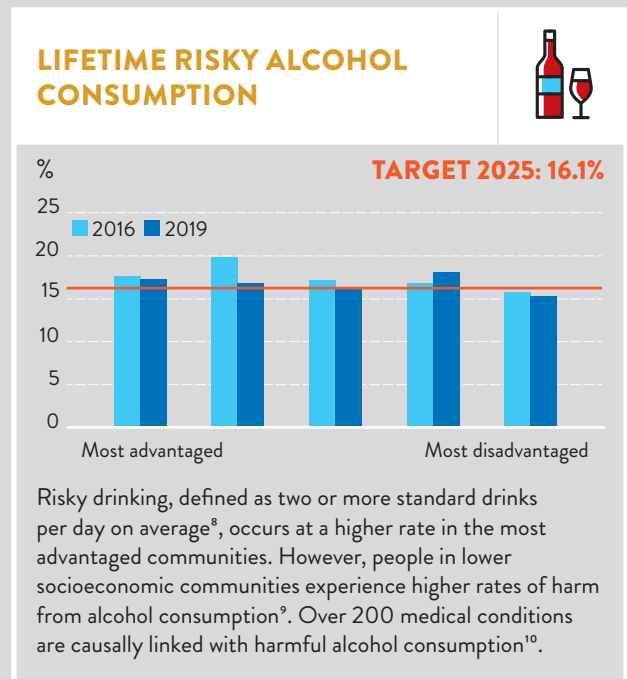
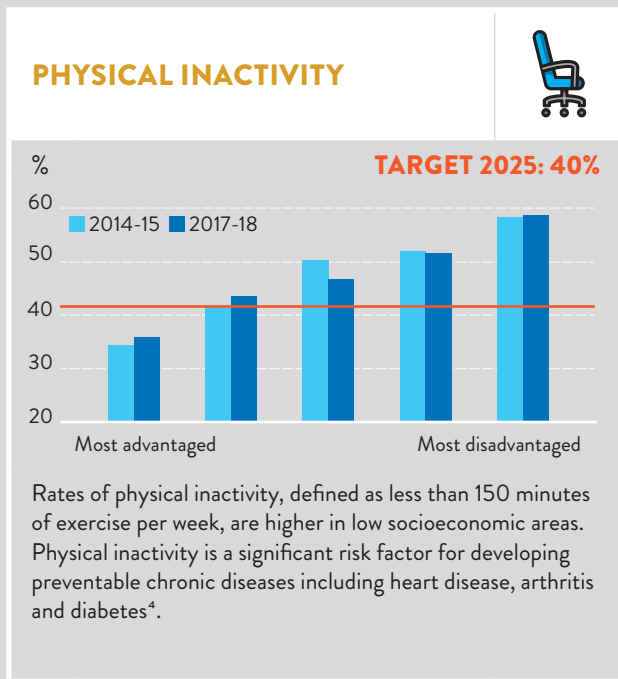
AUSTRALIA'S HEALTH TRACKER BY SOCIOECONOMIC STATUS – 2021

This report card looks at the health of adult Australians by socioeconomic status in relation to preventable chronic diseases, the major risk factors for chronic diseases and premature deaths from those diseases and suicide.

Australia's Health Tracker by Socioeconomic Status 2021 updates the first report, published in 2017. These reports track progress towards achieving targets for improved health among Australians by 2025.

An additional target for participation in employment by people living with mental ill-health is included in this edition.


Socioeconomic status has a major impact on people's health. Families and individuals with limited resources not only have more chronic disease¹, they are at greater risk of dying prematurely as a result of chronic health conditions². People living with mental ill-health are less likely to be participating in employment.




This report card illustrates the importance of addressing the influence of socioeconomic status on the health of the most disadvantaged in our society.

The ten million people living in the 40% of communities with lower and lowest socioeconomic status have much higher rates of preventable cardiovascular diseases, cancer, diabetes or chronic respiratory diseases than others in the population. These communities also have the highest rates of suicide throughout the nation.

Five million Australians in the lowest socioeconomic communities are 50% more likely to die prematurely due to chronic diseases than those living in the wealthiest parts of Australia². Premature deaths are potentially avoidable deaths from disease between the ages of 30 and 70. The rate of premature deaths is persistently high in the most disadvantaged communities while the risk decreases markedly in socioeconomically advantaged areas^{2,13}.



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





1 in 3 live with two or more chronic diseases¹⁵.

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MILLION

Australians are at much greater risk of poor health due to living in lower and lowest socioeconomic areas.






One third of the burden of disease in the population is preventable by reducing risk factors such as tobacco use, overweight and obesity, dietary risk, and high blood pressure¹⁶.

Despite this... Australia has a low rate of dedicated investment in preventive health at **1.34%** of health spending.

PREMATURE DEATHS




Per 100,000 **TARGET 2025: 166 PER 100,000**

Socioeconomic Group	2010-14	2014-18
Most advantaged	~140	~135
Second advantaged	~180	~165
Third advantaged	~205	~195
Fourth advantaged	~235	~230
Most disadvantaged	~280	~285

The gap in premature mortality rates between the most advantaged and the most disadvantaged groups has increased. In the period 2014-18, at least 18,000 more deaths in the most socioeconomically disadvantaged communities were identified as premature than in the most advantaged. If the disparities are not reduced, average future life expectancy in Australia will be affected².

SUICIDE



Per 100,000 **TARGET 2025: 9.8 PER 100,000**

Socioeconomic Group	2010-14	2014-18
Most advantaged	~7.5	~8.5
Second advantaged	~9.0	~10.0
Third advantaged	~10.5	~11.5
Fourth advantaged	~12.5	~13.5
Most disadvantaged	~13.5	~15.5

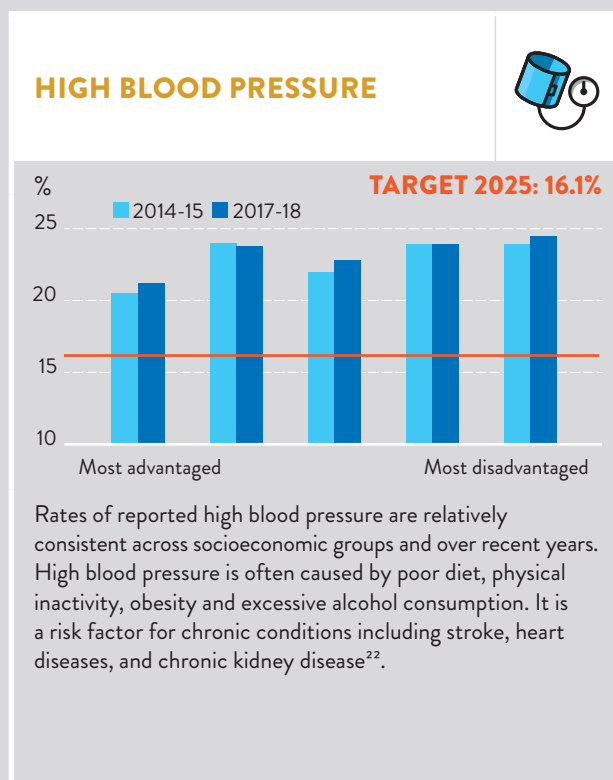
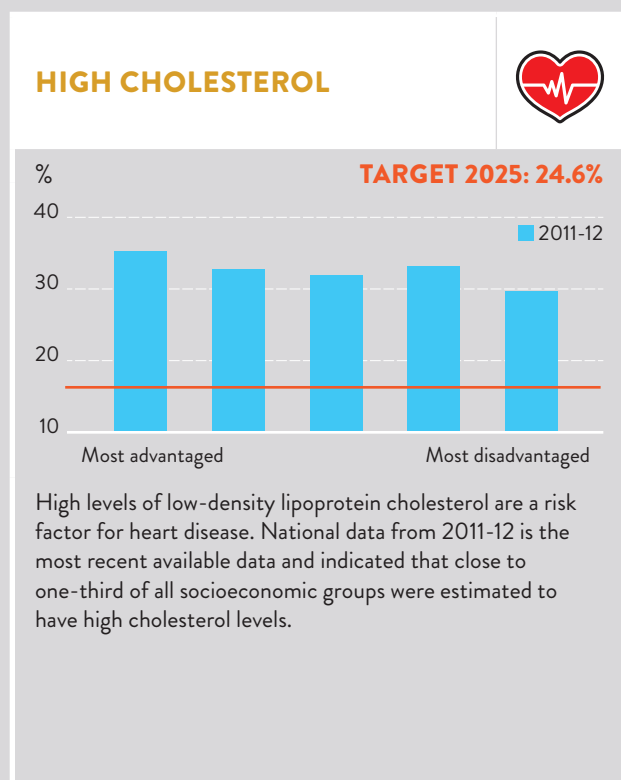
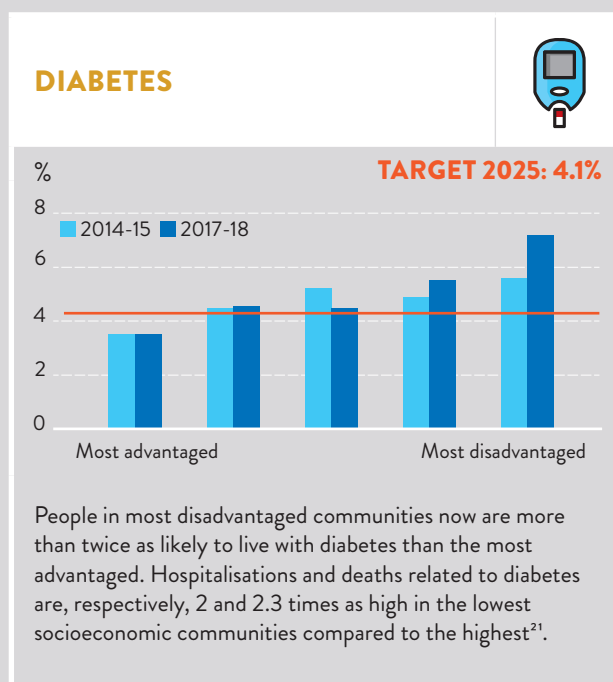
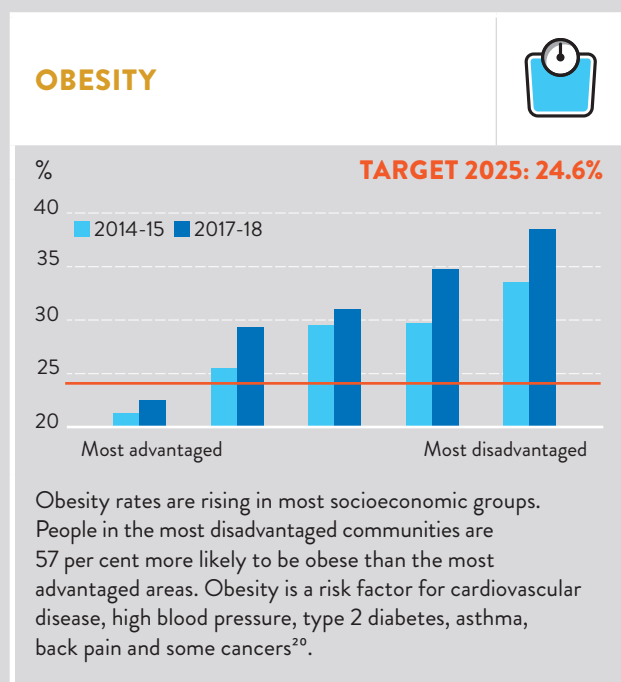
Socioeconomic inequality is evident in suicide rates. The suicide rate is highest in the most disadvantaged communities and is 1.8 times that of the most advantaged communities. High suicide rates are linked to factors including intergenerational poverty, stigma and discrimination and built environments with poor amenities contributing to social isolation¹⁹.


These health disparities within the Australian population are persistent despite considerable policy reform and efforts to improve services in recent decades⁷.

The targets for a healthier Australia in this report were developed by the Australian Health Policy Collaboration, a national network of leading health experts and organisations. The Collaboration has worked with the support of the Mitchell Institute, Victoria University since 2014 to influence public and policy awareness and action to reduce high rates of preventable chronic disease in the Australian population¹⁴.

Failure to reach these health targets adversely affects not just individuals but their communities and our economy.

The effects of disadvantage need deliberate and urgent attention to give all Australians a better opportunity for improved health – and to prevent and reduce the impact of preventable chronic diseases and death on health services and health expenditure.





Low socioeconomic status is a major risk factor for chronic disease and premature death

Australia should have a healthy population.
We can and we must invest now and substantially
to protect and improve the health of all.

The Australian Health Policy Collaboration (AHPC) is led by the Mitchell Institute for Education and Health Policy and is a national collaboration of Australia's leading chronic disease experts and organisations. In 2019, the Collaboration produced the second edition of a national report *Targets and Indicators for Chronic Disease Prevention in Australia*. These Australian targets align with 2025 global targets for prevention and reduction of chronic diseases set by the World Health Organization.

Australia's Health Tracker editions 2016 and 2019 and *Getting Australia's Health on Track* editions 2017 and 2021 are the policy focused reports compiled by AHPC.

Australia's Health Tracker by Socioeconomic Status editions 2017 and 2021 are part of the Australia's Health Tracker series. The reports present a national level snapshot of the impact of socioeconomic status on risk factors for common chronic diseases, and on premature deaths from those diseases and suicide.

Technical note

The technical details and sources of data presented in this report card are presented in the Australia's Health Tracker by Socioeconomic Status 2021 Technical Report available at vu.edu.au/Mitchell-Institute.

Acknowledgement of Country

Mitchell Institute acknowledges, recognises and respects the Ancestors, Elders and families of the Boonwurrung, Wadawurrung and Wurundjeri of the Kulin who are the traditional owners of University land in Victoria.

Suggested citation

Broerse, J, Maple, J-L, Klepac Pogrmilovic, B, Macklin, S, Calder, R. Australia's Health Tracker by Socioeconomic Status 2021. Australian Health Policy Collaboration, Mitchell Institute, Victoria University, July 2021. Designed by Fenton Communications.

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