Section 1: Current health status of the New South Wales population

Overall, the health of the population of New South Wales is very good, but certain population groups experience poorer health than others. These include Aboriginal and Torres Strait Islander people, socioeconomically disadvantaged groups, refugees, prisoners, and those living in remote areas of the state. A full picture is contained in *Health of the people of New South Wales: Report of the Chief Health Officer 2004*. Some of the key indicators on life expectancy, deaths, hospitalisations, burden of disease and risk factors, are presented in this section.

Life expectancy

Male babies can expect to live 78.1 years, while female babies can expect to live 83.3 years
Around 87,000 babies were born in 2002. Male babies could expect to live 78.1 years (similar to the national average), while female babies could expect to live 83.3 years (slightly longer than the national average). Only males and females born in Japan, males born in Sweden, and females born in France, could expect to live longer.

Males aged 65 years can expect to live another 18 years, while females aged 65 years can expect to live another 21 years
Between 1968 and 2002, life expectancy at age 65 years increased from 76.8 to 82.8 years for males and from 80.5 to 86.4 years in females. The difference between the sexes in life expectancy at age 65 years is less than for life expectancy at birth because males are more likely to die before they reach the age of 65 (particularly from cardiovascular diseases and injuries).

The lives of Aboriginal people are 20 years shorter than those of non-Aboriginal people
Life expectancy at birth for Aboriginal people is significantly lower than for non-Aboriginal people. An Aboriginal person born today has a life expectancy approximately 20 years less than their non-Aboriginal counterparts, if current death rates persist.

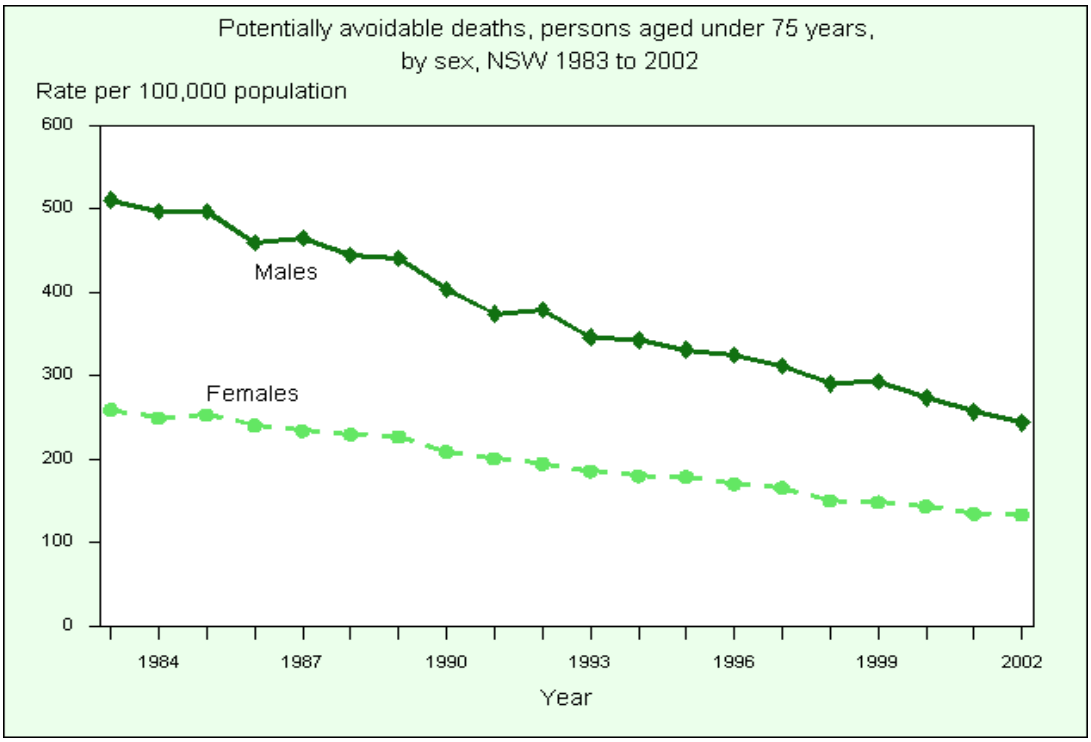
Life expectancy is increasing for all socioeconomic groups, but is increasing fastest among wealthier people
In the 12 years between 1991 and 2002, life expectancy increased for all socioeconomic groups for both males and females. The increase was slightly higher for the high socioeconomic group (3.4 years) and lower socioeconomic group (3.5 years), compared to the rest of the population (3.0 years).

Deaths

The death rate from all causes has halved in the last 30 years
The age-adjusted death rate decreased by almost half (49 per cent) over the 30-year period 1972 to 2002. The death rate in babies aged less than 1 year (infant mortality rate) declined even more quickly and stood at 4.6 per 1,000 live births in 2002 (lower than the national average). However, the infant mortality rate among Aboriginal babies was almost double the rate for the non-Aboriginal population.

Cardiovascular diseases and cancers account for two-thirds of all deaths
Around 46,000 residents died in 2002. Cardiovascular diseases, including ischaemic heart disease and stroke, were the leading cause of death and were responsible for 40 per cent of all deaths. The next most common causes of death were cancers (27 per cent), chronic respiratory diseases (7 per cent), nervous system diseases (5 per cent), unintentional injuries and poisoning (4 per cent), and digestive system diseases (3 per cent).

Around 70 per cent of early deaths could be avoided through prevention or treatment
In 2002, 70 per cent of all premature deaths (that is, deaths before age 75 years) were due to causes that could potentially be reduced or avoided through promotion of healthy lifestyles, prevention or early detection of disease, or improved treatment and management of disease. Ischaemic heart disease and stroke together contributed more than one-third of these ‘avoidable’ deaths, with lung cancer and colorectal cancer the next largest causes.



Source: Australian Bureau of Statistics mortality data and population estimates (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Aboriginal people are more likely to die at younger ages
Over the period 2000–2002, deaths in people aged less than 25 years made up 11.4 per cent of Aboriginal deaths compared with 1.3 per cent of non-Aboriginal deaths. Children aged less than 5 years represented 7.1 per cent of Aboriginal deaths compared with only 1.1 per cent of non-Aboriginal deaths. This reflects high infant mortality rates (deaths in the first year of life) among Aboriginal babies.

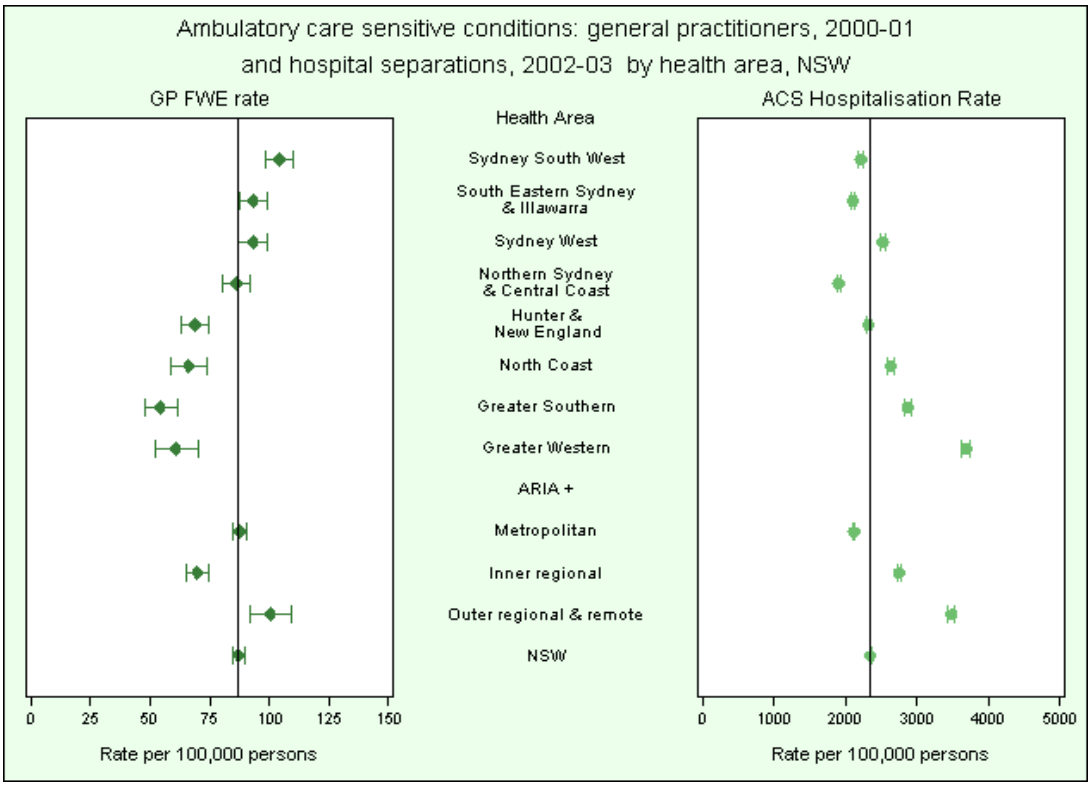
Hospitalisations

The rate of hospitalisation has increased by more than one-third over the last 14 years
Just over 2 million hospitalisations were recorded in the 2002–03 financial year. Between 1989–90 and 2002–03, the age-adjusted rate of hospitalisation increased by more than one-third (34 per cent). In 2002–03, the most common causes of hospitalisation were 'factors influencing health' (including symptoms without a specific cause; admissions of newborn infants; and admissions for rehabilitation, nursing home, and respite care), unintentional injuries (including injuries sustained in motor vehicle crashes and falls), digestive system diseases, and conditions relating to pregnancy and childbirth.

More than one-third of hospitalisations are for people aged 65 years or more
In 2003–04, just over one-third (739,611 or 35 per cent) of all hospitalisations were for people aged 65 years and over. This compares with just over one-quarter of all hospitalisations for people in this age-group 15 years earlier (25.6 per cent in 1989–90). Hospitalisation rates for people aged 65 years and over increased progressively over the 15–year period. The highest hospitalisation rates were recorded for people aged 80 years and over.

Almost 1 in 10 hospitalisations could be prevented through preventive care and early disease management

Around 8 per cent of hospitalisations in the financial year 2002–03 were for 'ambulatory care sensitive' conditions. These hospitalisations are considered to be potentially avoidable through preventive care and early disease management (usually delivered by general practitioners or other provider of primary health care). The most significant causes of hospitalisation for 'ambulatory care sensitive' conditions over the period 2000–01 to 2002–03 were complications from diabetes, angina, chronic obstructive pulmonary disease, asthma, and congestive heart failure.



Source: Health Wiz, Prometheus Information Pty Ltd 2003. NSW Inpatient Statistics Collection and Australian Bureau of Statistics population estimates (HOIST), ambulatory care sensitive hospitalisation definitions modified from Victorian Department of Human Services 2002. Centre for Epidemiology and Research, NSW Department of Health.

Health behaviours

Smoking rates have declined, but almost 1 in 4 males and 1 in 5 females still smokes

Smoking is the main cause, or is a significant cause, of many diseases including cardiovascular diseases and cancers (the 2 leading causes of death). Of all behavioural risk factors, tobacco use (including passive smoking) is responsible for the greatest burden of premature death and disability. In 2004, 22.7 per cent of males and 19.3 per cent of females aged 16 years and over were current 'daily' or 'occasional' smokers. Comparison with previous data suggests that since 1989–90 smoking rates have declined by approximately 9 per cent among men and 6 per cent among women.

Almost half of the population is overweight or obese, and this figure is increasing

Being overweight or obese increases the risk of a wide range of health problems, including cardiovascular diseases, non-insulin dependent diabetes mellitus, breast cancer, gallstones and degenerative joint disease. In 2004, 48.3 per cent of the population aged 16 years and over was classified as overweight or obese. More males (56.1 per cent) than females (40.5 per cent) were classified as overweight or obese. The proportion of people classified as overweight or obese has risen significantly from 1997 (41.8 per cent) to 2004 (48.3 per cent). This increase has occurred in both males (49.3 per cent to 56.1 per cent) and females (34.2 per cent to 40.5 per cent).

Just over one-half of the population reports adequate levels of physical activity
Physical activity is a preventative factor for cardiovascular disease, cancer, mental illness, diabetes mellitus, obesity, and injury. In 2004, just over one-half (52.2 per cent) of residents aged 16 years and over reported adequate levels of physical activity. More males (56.9 per cent) than females (47.7 per cent) reported adequate levels of physical activity.

Less than one-half of adults eat enough fruit, and only 1 in 6 eats enough vegetables
Diet contributes substantially—as either a risk factor or a protective factor—to many chronic diseases, including: coronary heart disease, stroke, cancer, non-insulin-dependent diabetes mellitus, osteoporosis and dental caries. In 2004, 45.9 per cent of the population aged 16 years and over reported that they ate the recommended daily intake of fruit. More females (51.9 per cent) than males (39.6 per cent) consumed the recommended daily intake of fruit. Only 15.6 per cent of the population aged 16 years and over reported that they ate the recommended daily intake of vegetables. More females (22.6 per cent) than males (8.3 per cent) consumed the recommended daily intake of vegetables.

Around 1 in 7 people who drink alcohol are at high risk of harm in the short-term, as a result of their drinking
Alcohol contributes to health problems including cirrhosis of the liver, heart disease, memory loss, road trauma and violence. Short-term alcohol risk is categorised as 'high risk' if a male consumes 11 or more, or a female consumes 7 or more, standard drinks in any 1 day. In 2004, 13.4 per cent of residents aged 16 years and over who consumed alcohol were classified as being at a high risk of harm in the short-term as a result of their drinking. Male drinkers (15.5 per cent) were more likely than female drinkers (10.9 per cent) to report short-term 'high-risk' drinking. The highest prevalence of 'high risk' drinking was in 16–24 year-olds.

Use of sun protection measures is declining among school students
Overexposure to sunlight in childhood and adolescence is an important risk factor in developing skin cancer. In 2002, the most commonly reported sun protection measure among female secondary school students was wearing sunscreen (46 per cent), followed by wearing a hat (30 per cent), and staying mainly in the shade (29 per cent). Among males, however, the most commonly reported sun protection measure was wearing a hat (52 per cent) followed by wearing sunscreen (35 per cent), and staying mainly in the shade (27 per cent). Between 1993 and 2002, the proportion of students who reported wearing hats declined from 49.0 per cent to 40.6 per cent. The proportion of students wearing maximum protection sunscreen also declined from 62.5 per cent to 40.7 per cent.