# 1 POPULATION HEALTH AND WELLBEING

**Percentage of Australians who consider themselves to be in good/very good health**

**Percentage of people in fair or poor health who agreed they could actively manage their health**

**Percentage of adults who experienced high or very high levels of psychological distress**

**Health of the**

**Australian community**

**Mental health &**

**wellbeing Health literacy**

**Latest results**

**of Australians**

consider themselves to be in good or very good health (ABS, 2017-18)

**85.2%**

**13% of adults**

experienced high or very

high levels of psychological distress (ABS, 2017-18)

**84%of adults**

in fair or poor health

believed they could actively manage their own health (ABS, 2018)

**National**

**StAbLe**

**INCReASING**

**No AuStRALIAN**

**tReNd dAtA AvAILAbLe**

**trend**

**International comparison**

**oN tRACK**

Good self-reported outcomes but would like to see the trend continuing to increase.

**uNCLeAR**

Lack of reliable data makes it difficult to assess, though we acknowledge some criticism of the accuracy of a self-reported measure.

**oF CoNCeRN**

Increasing rates of psychological distress warrant targeted investment in evidence- based mental health and psychosocial supports.

No reliable international comparison data available

**6th/11**

high income countries

**4th/36**

OECD countries

**Consumer assessment**

# CONSUMER-CENTRED CARE

**2**

**Consumer involvement**

**Safety and**

**Coordinated care**

**in their own care**

**quality of care**

**Of people who saw 3 or more health professionals for the same condition, percentage who reported issues caused by a lack**

**of communication**

**Percentage of chronically ill patients who discussed their main goals and priorities with their health professional in the past two years**

**Rate of hospital acquired complications (HACs)**

**Latest results**

**of people**

**14.3%**

reported issues caused by a lack of communication

between health professionals (ABS, 2019-20)

**71% of patients**

discussed their goals

with their clinician (Commonwealth Fund 2016)

**2.2%of HACs**

hospitalisations in

public hospitals (AIHW, 2018-19)

**National**

**INCReASING**

**No AuStRALIAN**

**tReNd dAtA AvAILAbLe**

**deCReASING**

**trend**

**International comparison**

**oF CoNCeRN**

With numbers of issues caused by lack of communication increasing, there is a need for a greater focus on care coordination supports including information sharing systems and case conferencing.

**oN tRACK**

National trends suggest rates of complications are decreasing and Australia performs well compared to international peers. Efforts needed to maintain existing high standards for safety and quality of care.

**PRoMISING**

International comparison data suggests Australia performs well with regard to patient involvement in their own care, but more local data is needed to confirm this.

**2nd/11**

high-income countries (on similar indicators)

**1st/11**

high income countries

**7th/11**

high-income countries (on similar indicators)

**Consumer assessment**

# 3HEALTH SYSTEM FUNDING

**Proportion of health expenditure contributed by individuals**

**Proportion of recurrent health expenditure spent on public health measures**

**Percentage of people who cited cost as the reason they did not see/ get or delayed seeing/ getting a: GP • dentist**

* **medical specialist**
* **prescription medicine**

**Investment in the health system**

**Cost as a barrier to**

**health care Prevention**

**Latest results**

**of total health expenditure**

in Australia comes from

individuals (AIHW, 2018-19)

**16.3%**

**3.7% GP**

**18.7%DENTIST**

**8.0% SPECIALIST**

**6.6% PRESCRIPTION**

**MEDICINE**

(ABS, 2019-20)

**1.5%of health**

**expenditure**

spent on public health (AIHW 2018-19)

**National**

**StAbLe**

**StAbLe**

**deCReASING**

**trend**

**International comparison**

**oF CoNCeRN**

A significant percentage of the cost of care continues to be paid by individuals, which contributes to ongoing equity issues and restricts universal access.

**oF CoNCeRN**

Australia performs poorly compared to other nations when it comes

to investment in public health and prevention programs to reduce the overall burden of disease and keep people well.

**oF CoNCeRN**

Cost continues to be a barrier to health care for too many consumers, particularly in relation to dental care.

**29th/36**

OECD countries (on a similar indicator)

**6th/11**

high-income countries (on similar indicators)

**26th/36**

OECD countries (on similar indicators)

**Consumer assessment**

# 4SOCIAL DETERMINANTS OF HEALTH

**Percentage of people who felt lonely for at least one day in the previous week**

**Patients whose practice frequently coordinates care with social services or community providers**

**Percentage of people in remote areas who do not have access to a general practitioner when needed (compared to metropolitan areas)**

**Loneliness and social isolation**

**Geographic barriers to accessing health care**

**Coordination across health & social services**

**Latest results**

**45%of patients**

attend a practice

that coordinates with social services

(Commonwealth Fund 2015)

**20% of people**

in remote/very remote areas

reported not having a GP nearby as a barrier to seeing one, compared to 3% in major cities (AIHW, 2016)

**of Australians**

reported feeling lonely for at least one day in the previous week

(Australian Loneliness Report 2018)

**50.5%**

**National**

**StAbLe\***

**No AuStRALIAN**

**tReNd dAtA AvAILAbLe**

**No AuStRALIAN**

**tReNd dAtA AvAILAbLe**

**trend**

**International comparison**

**uNCLeAR**

Recent data collected during the COVID-19 pandemic suggest growing rates of loneliness, but more research is needed to confirm trends and identify evidence-based approaches to address it.

**uNCLeAR**

Research suggests integration between health and social services is limited and not part of routine care. Approaches such as social prescribing can help address this.

**oF CoNCeRN**

On average, Australians living in rural and remote areas have shorter lives, higher levels of disease and poorer access to health services.

More data and greater investment is urgently needed to address this.

**7th/11**

high-income countries

No reliable international comparison data available

No reliable international comparison data available

**Consumer assessment**

\* Not accounting for variation in levels of loneliness attributable to the restrictions put in place to address the COVID-19 pandemic



**Indicators trend International ranking**

**Percentage of Australians who consider**

**themselves to be in excellent or very good health**

This figure has **remained constant** over the last 10 years

(ABS National Health Survey)

OECD measure of perceived health status – good/very good health, total aged 15+.

Note different methodologies used in different countries, including Australia.

<https://stats.oecd.org/>

**Percentage of adults who experienced**

**high or very high levels of psychological distress**

Around **one in eight** (13.0% or 2.4 million) adults experienced high or very high

levels of psychological distress, an increase of 1.3% from 2014-15

(11.7% or 2.1 million)

(ABS National Health Survey)

Commonwealth Fund 2016 data asked “In the past two years, have you experienced emotional distress, such as anxiety or great sadness, which you found difficult to cope with by yourself?”. 20% of Australians answered yes, compared with 7% in Germany and 27% in Canada <https://doi.org/10.26099/09ht-rj07>

**Percentage of people in fair or poor health who agreed**

**they could actively manage their health**

N/A

OECD paper produced in 2018 ‘Health Literacy for People- Centred Care – Where do OECD countries stand’

<https://doi.org/10.1787/d8494d3a-en>

Figure 2.3 (p21) shows a comparison of the proportion of individuals with low health literacy across different

countries, but notes that due to the use of different surveys to measure health literacy, the data is not comparable across countries.

Australian ranked well for having a national health literacy strategy – suggest this is a reference to the National Statement on Health Literacy, released by the ACSQHC in 2014

[https://www.safetyandquality.gov.au/sites/default/files/](https://www.safetyandquality.gov.au/sites/default/files/migrated/Health-Literacy-National-Statement.pdf) [migrated/Health-Literacy-National-Statement.pdf](https://www.safetyandquality.gov.au/sites/default/files/migrated/Health-Literacy-National-Statement.pdf)

**Of people who saw 3 or more health professionals for the same**

**condition, percentage who reported issues caused by a lack of communication**

Data from annual iterations of the Patient Experiences in

Australia Survey (ABS) showed the following results for patients who reported issues caused by a lack of communication between health professionals:

**2018–19: 14.1%**

**2017–18: 13%**

**2016–17: 12%**

No exact comparison available, but Commonwealth Fund 2017 report has similar indicators:

* Primary care doctor always or often receives timely and relevant information when needed after patient sees specialist (Australia ranks 9th of 11 high income countries at 58%)
* Primary care doctor is always or often informed of changes to a patient’s medication or care plan after patient sees specialist (Australia ranks 6th of 11 high income countries at 83%)
* Specialist lacked medical history or regular doctor not informed about specialist care in the past two years (Australia ranked 3rd of 11 high income countries at 20%)
* Doctor is always notified when patient is seen in ED and when patient is discharged from the hospital (Australia ranks 10th of 11 high income countries at 14%)

Overall Australia ranked 7th out of 11 high income countries on the Commonwealth Fund’s ‘coordinated care’ measure

[https://interactives.commonwealthfund.org/2017/july/](https://interactives.commonwealthfund.org/2017/july/mirror-mirror/assets/Schneider_mirror_mirror_2017_Appendices.pdf) [mirror-mirror/assets/Schneider\_mirror\_mirror\_2017\_](https://interactives.commonwealthfund.org/2017/july/mirror-mirror/assets/Schneider_mirror_mirror_2017_Appendices.pdf) [Appendices.pdf](https://interactives.commonwealthfund.org/2017/july/mirror-mirror/assets/Schneider_mirror_mirror_2017_Appendices.pdf)

**Percentage of chronically ill patients who discussed their main goals and priorities with their**

**health professional in the past two years**

N/A

Australia ranked 1st by the Commonwealth fund for the indicator “Chronically ill patients discussed with health professional their main goals and priorities in caring for their condition in the past two years” with 71% in their 2017 International Comparisons report. This compares with 67% in Germany, 56% in Canada and 26% in Sweden

[https://interactives.commonwealthfund.org/2017/july/](https://interactives.commonwealthfund.org/2017/july/mirror-mirror/) [mirror-mirror/](https://interactives.commonwealthfund.org/2017/july/mirror-mirror/)

**Indicators trend International ranking**

**Rate of hospital acquired complications (HACs)**

Between 2017–18 and 2018–19, the rate of HACs

**decreased from 2.6%**

**hospitalisations** (140,696)

**to 2.2% hospitalisations** (124,570) in public hospitals. The rate in private hospitals remained stable (AIHW MyHospitals database

[https://www.aihw.gov.au/ reports-data/myhospitals/ intersection/quality/apc](https://www.aihw.gov.au/reports-data/myhospitals/intersection/quality/apc)

Trend data only available for one year

No exact comparison available but Australia ranked 2nd out of 11 countries by the Commonwealth Fund for ‘Safe Care’, including:

* Experienced a medical, medication, or lab mistake in the past two years (11%, equal 4th of 11 countries)
* Primary care physician reports electronic clinical decision support in practice (72%, 2nd of 11 countries)
* Health care professional did not review medications in past year, among those taking two or more prescription medications (22%, equal 3rd of 11 countries)

[https://interactives.commonwealthfund.org/2017/july/](https://interactives.commonwealthfund.org/2017/july/mirror-mirror/assets/Schneider_mirror_mirror_2017_Appendices.pdf) [mirror-mirror/assets/Schneider\_mirror\_mirror\_2017\_](https://interactives.commonwealthfund.org/2017/july/mirror-mirror/assets/Schneider_mirror_mirror_2017_Appendices.pdf) [Appendices.pdf](https://interactives.commonwealthfund.org/2017/july/mirror-mirror/assets/Schneider_mirror_mirror_2017_Appendices.pdf)

**Proportion of health expenditure**

**contributed by individuals**

TAIHW data shows the proportion of health expenditure provided by individuals has remained relatively constant over the past 10 years:

**2008–09 = 15.92%**

**2013–14 = 17.12%**

**2018–19 = 16.28%**

AIHW Health Expenditure Australia 2018-19

[https://www.aihw.gov.au/](https://www.aihw.gov.au/reports/health-welfare-expenditure/health-expenditure-australia-2018-19/contents/data-visualisation) [reports/health-welfare-](https://www.aihw.gov.au/reports/health-welfare-expenditure/health-expenditure-australia-2018-19/contents/data-visualisation) [expenditure/health-expenditure-](https://www.aihw.gov.au/reports/health-welfare-expenditure/health-expenditure-australia-2018-19/contents/data-visualisation) [australia-2018-19/contents/data-](https://www.aihw.gov.au/reports/health-welfare-expenditure/health-expenditure-australia-2018-19/contents/data-visualisation) [visualisation](https://www.aihw.gov.au/reports/health-welfare-expenditure/health-expenditure-australia-2018-19/contents/data-visualisation)

OECD health expenditure and financing data shows in 2017, 66.5% of health expenditure in Australia was provided by government/compulsory schemes with the remaining 33.5% split between voluntary health care payment schemes (e.g. PHI – 15.6%) and household out of pocket payments (17.9%)

[https://stats.oecd.org/Index.aspx?DataSetCode=SHA](https://stats.oecd.org/Index.aspx?DataSetCode=SHA%20)

AIHW’s 2019 report ‘Australia’s health expenditure: an international comparison’ shows the split between government and personal financing arrangements as a percentage of total health expenditure for all OECD

countries in 2016 (see Figure 12). On this measure, Australia had the 26th highest level of government expenditure and the 26th lowest level (or 11th highest) level of voluntary health care payments and household OOP

[https://www.aihw.gov.au/getmedia/ba3f6a4c-3059-4340-](https://www.aihw.gov.au/getmedia/ba3f6a4c-3059-4340-b1ca-b4ddd5630e4f/aihw-hwe-75.pdf.aspx?inline=true) [b1ca-b4ddd5630e4f/aihw-hwe-75.pdf.aspx?inline=true](https://www.aihw.gov.au/getmedia/ba3f6a4c-3059-4340-b1ca-b4ddd5630e4f/aihw-hwe-75.pdf.aspx?inline=true)

**Percentage of people who cited cost as the reason they did not see or delayed seeing a:**

* **GP**
* **dentist**
* **medical specialist**

The proportion of people who reported that cost was a reason for delaying or not using a health service when needed has remained consistent with 2018- 19 (ABS, Patient Experiences in Australia survey, 2019-20).

Breakdown for each category:

**GPs 3.7%** compared to 3.4% in 2018-19 (stable, but down from 4.9% in 2013-14)

**dentists 18.7%** compared to 17.6% in 2018-19 (increasing)

**Medical specialists 8.0%**

compared to 7.7% in 2018-19 (stable)

**Prescription medications 6.6%**

compared to 6.7% in 2018-19 (stable, but slowly decreasing over the past 8 years)

Commonwealth Fund 2017 report uses measure of “Had any cost-related access problem to medical care in the past year”. On this measure Australia ranked 6th of 11 countries with 14% of people reporting a cost related access barrier to medical care.

On measures of equity, there was an 11% difference between high and low income individuals with regard to cost-related access barriers to health care (compared to 3% in the UK and 18% in the US). This ranked Australia equal 6th of 11 countries on this measure.

In relation to dental care, the Commonwealth Fund reported that 21% of Australians skipped dental care because of cost in the past year, ranking Australia equal 6th of 11 countries. There was a 10% equity gap between high and low income individuals for this measure, which was the equal 3rd lowest gap of 11 countries.

On the measure of “Doctors report patients often have difficulty paying for medications or out-of-pocket costs”, Australian doctors reported this in 25% of cases (ranking 7th out of 11 countries).

[https://interactives.commonwealthfund.org/2017/july/](https://interactives.commonwealthfund.org/2017/july/mirror-mirror/) [mirror-mirror/](https://interactives.commonwealthfund.org/2017/july/mirror-mirror/)

**Indicators trend International ranking**

**Proportion of recurrent health expenditure**

**spent on public health measures**

The proportion of recurrent health expenditure spent on public health has gradually

**decreased from 2.1% in 2008–09 to 1.5% in 2018–19.**

**From 2017–18 to 2018–19 a**

**slight decrease was seen from 1.6% to 1.5%**

(AIHW Health Expenditure Australia, 2018-19, Table A9)

OECD.Stats shows Australia’s expenditure on preventive care as a share of current health expenditure was 1.9% in 2017 (latest available data). Australia ranked 29th of 36 OECD countries on this measure, with Canada spending 5.8%, the UK 5.2% and the US spending 3.0%.

Organisation for Economic Co-operation and Development. OECD statistics: Health expenditure and financing [dataset]. Paris: OECD; 2017.

[https://stats.oecd.org/Index.](https://stats.oecd.org/Index.aspx?DatasetCode=HEALTH_STAT) [aspx?DatasetCode=HEALTH\_STAT](https://stats.oecd.org/Index.aspx?DatasetCode=HEALTH_STAT)

**Percentage of people who felt lonely for at least one day in the previous week**

Over the past sixteen years, around one in five to one in six people reported they often felt lonely in any given year.

While the overall proportion of Australians experiencing loneliness shows a small but

steady **decline from a high of 21% in 2001, to a low of 16% in 2009**, rates have remained relatively stable at around 17% for the past 7 years. (Relationships

Australia paper based on findings from the HILDA Survey, 2018)

[h ttps://www.relationships.org.au/ what-we-do/research/an-epidemic- of-loneliness-2001-2017/view](https://www.relationships.org.au/what-we-do/research/an-epidemic-of-loneliness-2001-2017/view)

OECD measures 11 dimensions of wellbeing across OECD countries including social connections. The *How’s Life*? Statistical report is released every 2 years and was last released in 2020

[https://www.oecd-ilibrary.org/economics/how-s-life/](https://www.oecd-ilibrary.org/economics/how-s-life/volume-/issue-_9870c393-en) [volume-/issue-\_9870c393-en](https://www.oecd-ilibrary.org/economics/how-s-life/volume-/issue-_9870c393-en)

The report outlines a number of measures where Australia was excluded from the results as data was not available, including:

* General level of satisfaction with the quality of personal relationships – OECD average of 8.1 out of 10 (with results ranging from 7 to 8.6)
* Share of people aged 16 or more reporting a low satisfaction with their personal relationships (i.e. 5 or below in a 0-10 scale)

OECD average was 10%

**Percentage of people in remote areas who do not**

**have access to**

**a general practitioner when needed (compared to metropolitan areas)**

Data obtained from the AIHW Survey of Health Care: selected findings for rural and remote Australians. Survey data comes from 2016 and the selected findings were released in 2018. Previous or subsequent reports with the same indicator were not identified.

Due to the differences in rural/remote healthcare arrangements it was not possible to identify a similar indicator for international comparison.

**Patients whose practice frequently coordinates**

**care with social services or community providers**

N/A

Commonwealth Fund’s 2017 Mirror Mirror report includes the indicator “Practice frequently coordinated care with social services or community providers”. 45% of practices in Australia were found to achieve this, compared to 63% in Germany, 50% in Canada and 35% in France. This placed Australia 7th out of 11 comparable high-income countries on this measure.

[https://interactives.commonwealthfund.org/2017/july/](https://interactives.commonwealthfund.org/2017/july/mirror-mirror/) [mirror-mirror/](https://interactives.commonwealthfund.org/2017/july/mirror-mirror/)