

KEY FUTURE HEALTH CHALLENGES FOR AUSTRALIA

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People consistently overestimate the effect of short term change and underestimate the effect of long term change.

(Ian Morrison, former president of the Institute for the Future)

Introduction

This document summarises some of the key health challenges Australia is likely to face over the coming years, namely: population ageing; increasing obesity and overweight; National Health Priority conditions; health inequalities; use of new information and technologies; global health challenges and ‘the unknown’. It is designed to provide a broad overview across the whole population and therefore does not include some of the issues of specific concern to particular subgroups of the population. It should also be noted that many of the issues outlined here overlap; for example, population ageing and increasing obesity and overweight will impact on those conditions listed as National Health Priorities.

Population Ageing

Over the next several decades, fundamental changes to the structure of the Australian population are predicted (Table 1). Historical patterns of fertility and migration, along with changes in life expectancy, mean that Australia is facing an unprecedented increase in the proportion of the population in the older age groups, such that the over 65 age group is likely to increase by around 50% in the next 15–20 years.¹ At the same time, the increase in the proportion of people in the very old age groups (i.e. 80 and above) will result in the ‘ageing of the aged’.

Table 1. Australian population aged 65 and over, 1991, 2001, 2011, 2021 (projected from 2001)²

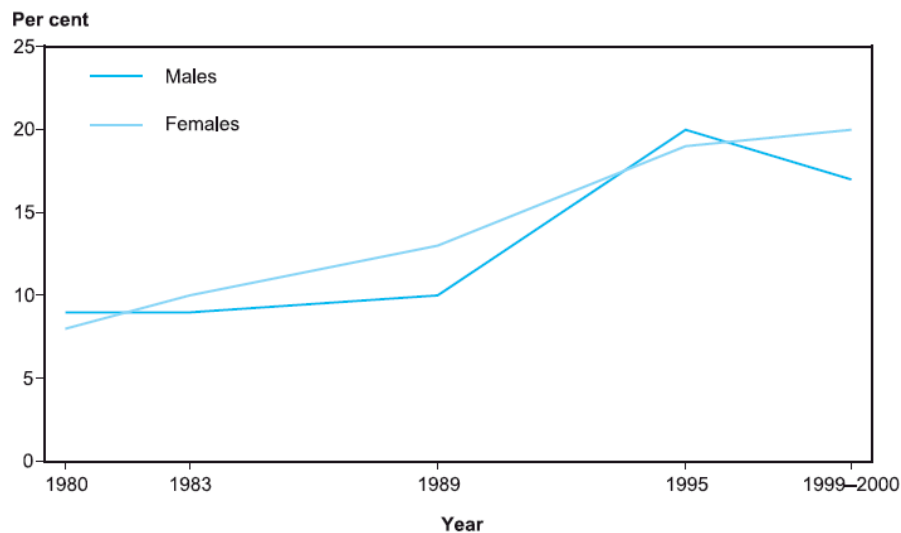
age	1991	2001	2011	2021
65-74	1,182,100	1,305,300	1,667,200	2,427,700
75-84	614,300	837,500	979,600	1,314,100
85+	154,200	260,300	389,200	478,600
total 65+	1,950,600	2,403,100	3,036,000	4,220,400
(total all ages)	(17,284,000)	(19,421,300)	(21,288,800)	(22,926,400)

The challenges presented by the ageing of the population are far-reaching. Discussions have tended to focus on its likely health and economic consequences, however few aspects of Australian society will remain unaffected by the issue. Since the vast majority of conditions responsible for the burden of disease in Australia increase with age, population ageing is likely to increase the proportion of the population with disease and disability and will result in substantial increases in the demand for health services.

Obesity and Overweight

The proportion of the population that is overweight (body mass index (BMI) 25-<30 kgm²) or obese (BMI 30 or greater) has increased rapidly over the last decades (Figure 1). Currently over half the adult Australian population is overweight or obese, with the most recent measured data finding that 48% of men and 30% of women overweight but not obese, 19% of men and 22% of women aged 25 and over are obese.³ Overweight and obesity is not distributed equally in the population. It varies according to age and sex (Figure 2) and people in the most disadvantaged socioeconomic group experience double the rates of obesity of the most advantaged group.³

Figure 1. Proportion of adults who are obese (BMI of 30 or more), 1980 to 1999-2000³

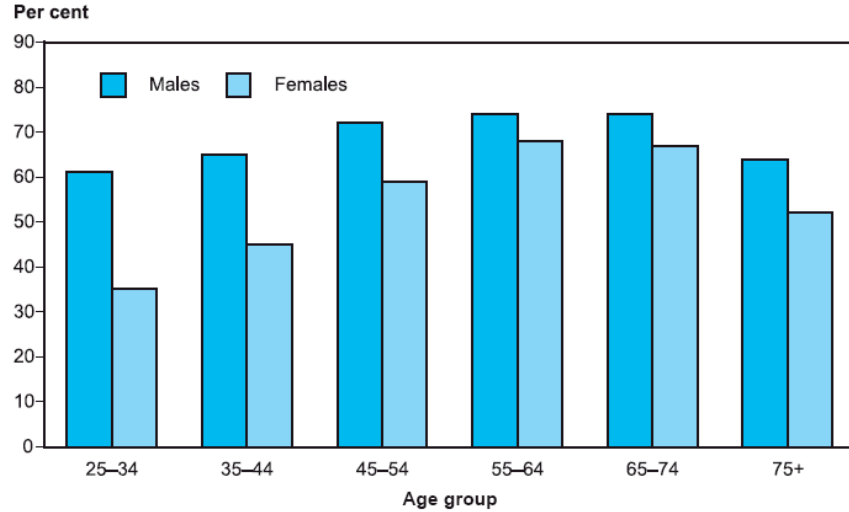


Notes

1. Age-standardised to the 2001 Australian population.
2. Urban areas only.
3. People aged 25–64 years.
4. Based on measured data.

Source: AIHW analysis of the 1980, 1983 and 1989 Risk Factor Prevalence surveys, the 1995 National Nutrition Survey and the 1999–2000 Australian Diabetes, Obesity and Lifestyle Study.

Figure 2. Proportion of people who are overweight by age (BMI of 25 or more), 1999-2000³



Note: Based on measured data.

Source: AIHW analysis of the 1999-2000 Australian Diabetes, Obesity and Lifestyle Study.

Being overweight or obese is associated with a number of health problems, including diabetes mellitus, heart disease, high blood pressure, high blood cholesterol, arthritis and mental health problems.³ In the US, where around two-thirds of adults are overweight or obese, concerns have been raised that this ‘obesity epidemic’ will lead to a levelling off or decline in average life expectancy within the next 50 years, thereby undermining consistent gains made in the last few centuries.⁴

Although both increasing physical inactivity and overnutrition contribute to increasing obesity and overweight, the far greater contribution is likely to be from inactivity.

The Usual Suspects: National Health Priority Areas and Risk Factors for Disease

The conditions listed as National Health Priority Areas, namely asthma, cardiovascular disease, cancer, diabetes mellitus, injuries, mental health problems, arthritis and musculoskeletal problems, account for around three-quarters of the burden of disease in Australia currently and are likely to do so into the future (Table 2).³ Over the coming decades, prevention, early detection and treatment of these conditions will remain a key health challenge.

Table 2. Indicators of the impact of National Health Priority Area diseases and conditions (various years)³

NHPA	Prevalence ^(a) (2001)		Disability (1998)		Deaths ^(b) (2002)		Burden of disease (1996)	
	Number '000	Per cent population	Number '000	Per cent persons with disability	Number '000	Per cent all deaths	DALYS '000	Per cent total DALY
Cardiovascular problems	3,185.9	16.8	312.2	8.6	50.3	37.6	548.6	21.9
Cancer	267.6	1.4	60	1.7	37.6	28.1	478.6	19.1
Mental disorders ^(c)	1,812.6	9.6	529.2	14.7	3.2	2.4	333.9	13.3
Injury and poisoning ^(c)	2,241.9	11.9	245.7	6.8	7.8	5.8	209.9	8.4
Diabetes	554.2	2.9	64.4	1.8	3.3	2.5	122.5	4.9
Asthma	2,197.3	11.6	171.1	4.7	0.4	0.3	64.5	2.6
Arthritis ^(d)	6,058.1	32.0	1,240.2	34.4	1.0	0.8	89.9	3.6
All NHPAs	9,765.5^(e)	51.6^(e)	2,622.8	72.7	103.6	77.5	1,847.9	73.8

(a) Self-reported, estimates based on 2001 National Health Survey. All health conditions are long-term except injury which is recorded if occurring in the four weeks prior to interview.

(b) Deaths registered in 2002.

(c) Suicide is included with Injury and poisoning.

(d) Arthritis and musculoskeletal conditions.

(e) Because of the presence of more than one NHPA disease or condition, the total for all NHPAs is less than the sum of numbers in the columns above.

Sources: ABS 1998; ABS 2003; AIHW: Mathers et al. 1999; AIHW National Mortality Database.

The main risk factors responsible for the burden of disease in Australia are tobacco smoking, physical inactivity, high blood pressure, alcohol, poor nutrition and high blood cholesterol (Table 3).³ Increasing attention needs to be paid to these if health is to continue to improve, particularly in the face of population ageing and increasing obesity and overweight.

Table 3. Proportion of total disease burden attributed to selected risk factors, 1996³

Risk factor	Males	Females
	(per cent)	
Tobacco smoking	12.1	6.8
Physical inactivity	6.0	7.5
High blood pressure	5.1	5.8
Alcohol harm	6.6	3.1
Alcohol benefit	-2.4	-3.2
Overweight	4.4	4.3
Lack of fruit/veg.	3.0	2.4
High blood cholesterol	3.2	1.9
Illicit drugs	2.2	1.3
Unsafe sex	1.1	0.7

Note: Attributable disability-adjusted life years (DALYs) as a proportion of total DALYs. One DALY equals one year of healthy life lost through premature death or living with disability due to illness or injury.

Source: AIHW: Mathers et al. 1999.

Health Inequalities

Overall, great improvements have been made in the health of the population over the last several decades. However, these improvements have not been experienced equally throughout the community. Certain groups within Australia, particularly Indigenous Australians, experience markedly worse health than the general population. A key ongoing health challenge is to address these inequalities.

Rational and Cost-effective Use of New Health Information, Technologies and Products

The volume of new health information, technologies and products, including pharmaceutical agents, is increasing rapidly. Unless managed appropriately, these could lead to missed opportunities for improvements in health and health care and large increases in health care costs. There is a pressing need for evidence-based rational systems for evaluating and incorporating new health information, technologies and products into existing health care systems, and this challenge will grow with time.

Global Health Challenges

Australia exists within the global physical, political and economic context and consideration of future health challenges needs to take this into account. Climate change is likely to have a range of effects on health in Australia and globally, with increasing extreme weather events and global warming. Global health challenges are pressing and far-reaching, and the needs of the majority of the world's population, who often lack the basic necessities for good health, including clean drinking water, sanitation and adequate nutrition, should not be forgotten as Australia plans for its future.

The Unknown

The challenges mentioned so far are relatively predictable and based on the continuation of current and past trends. Superimposed on these are likely to be less predictable, but nonetheless important health challenges, typified by the SARS outbreak and the 2004 tsunami crisis. Australia will need to build and maintain the capacity to respond appropriately to these challenges, and public health resources and expertise are at the heart of this capacity.

References

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