

Your health: The Chief Health Officer's report 2012

Summary of findings

Keeping Victorians as well as they can be is important for individuals, families and the community. It is also crucial for a healthy, productive workforce and a strong economy.

This is the fourth report in the *Your health* series, covering the two-year period to June 2012. It has been prepared to meet the requirements of Section 21(c) of the *Public Health and Wellbeing Act 2008*. The report provides an overview of the health and wellbeing of Victorians, as well as the determinants of health in Victoria. It is structured to reflect the National Health Performance Framework (2009), incorporating indicators across a wide range of health dimensions.

The information in this report is a valuable overview of the health issues that Victoria faces. It is an ideal starting point on which to build policy and government investments for improving the health of the Victorian population.

Health status

This domain covers the four dimensions of health status that bring together a range of indicators that summarise the impact of disease and injury on the wellbeing of Victorians. The indicators provide an overall measure of population health, which may be either wholly or partially attributable to health service intervention.

Wellbeing

- The majority of adult Victorians rate their health favourably (83.6 per cent rate their health as good/very good/excellent) and feel valued by society, with almost two-thirds (64.4 per cent) reporting low levels of psychological distress.
- Aboriginal Victorians were less likely to rate their health as excellent or good, and were significantly more likely to have experienced high or very high psychological distress levels compared with their non-Aboriginal counterparts.

Health conditions

- The incidence of cancer has increased over the previous two decades. In 2010 there were 28,632 new cases of cancer in Victoria. The five most common cancers in Victoria, prostate, bowel, breast, lung and melanoma, account for almost 60 per cent of all new cancers.
- Survey data shows that more than one in five (23.3 per cent) Victorians aged 65 years or over and more than one in ten (11.9 per cent) Victorians aged 55–64 years have been told by a doctor that they have heart disease.
- Survey data also shows that the prevalence of type 2 diabetes is higher in males aged 18 years or over (5.6 per cent) than females (4.1 per cent).
- Dental survey data shows that 12 per cent of dentate Victorian adults had inadequate natural dentition (fewer than 21 teeth), which increased with increasing age. In the past five years, in children aged 0–4 years from rural areas, admissions to hospital for dental conditions have decreased.
- In 2010–11, 68,260 Victorians were admitted to hospital as a result of injury and poisoning.

Human function

- In 2007 there were 3,816 babies born with birth defects, including those identified as terminations of pregnancy before 20 weeks' gestation for a birth defect. The overall birth defect prevalence rate was 5.2 per cent.
- Survey data shows that 7.8 per cent of Victorians aged 65 years or over have had a stroke.
- In 2010–2011, there were 3,539 hospital admissions, in people aged 75 years or over, for unintentional injury-related hip fracture. Females accounted for almost three quarters (74.0 per cent) of these admissions.
- Babies born to Aboriginal mothers in 2007 and 2008 were around twice as likely, as babies born to non-Aboriginal mothers, to have low birth weight (<2,500 grams) (13.8 per cent and 6.5 per cent respectively), or very low birth weight (<1,500 grams) (2.5 per cent and 1.3 per cent respectively).

Deaths

- Male and female life expectancy at birth continues to progressively increase for Victorians over time, from 78.1 years in 1979 to 84.4 years in 2007 for females and from 71.0 years in 1979 to 80.3 years in 2007 for males.
- The difference in life expectancy at birth between males and females in Victoria has progressively decreased from 7.2 years in 1979 to 4.1 years in 2007.
- The Victorian perinatal mortality rate has remained relatively steady in recent years, at about 10 deaths per 1,000 live births.
- Between 1997–2001 and 2002–2006 there was a steady decline in the avoidable mortality rate for Victoria.
- Chronic diseases, such as ischaemic heart disease, lung cancer and colorectal cancer were among the top four causes of avoidable mortality for both males and females for the period 2002–2006. However, suicide was third for males and breast cancer was the top cause for females during this five-year period.
- In 2010, 523 people died in Victoria due to intentional self-harm injury (suicide), a death rate of 9.4 per 100,000 persons.
- Overall, 5-year survival for Victorians with cancer has increased from 47 per cent to 65 per cent in the period from 1986–1990 to 2006–2010. The cancers with the highest five-year survival rates were testis, thyroid, prostate, melanoma, breast and Hodgkin lymphoma.

Determinants of health

The determinants of health impact at the individual or population level. They are key to the prevention of disease and injury and help explain and predict trends and inequalities in health. They can be behavioural, bio-medical, socioeconomic or environmental. Determinants of health can impact late in the causal pathway (such as tobacco smoking), or further upstream via a number of intermediaries (such as socioeconomic status, environmental factors). This domain organises indicators under four dimensions:

Health behaviours

- Lifestyle behaviours, such as smoking, poor diet, alcohol misuse and low levels of physical activity contribute significantly to the burden of disease in Victoria, yet they are largely modifiable, providing considerable scope for health gain over the long term.
- Survey data show favourable trends for many of these behaviours. Tobacco use is associated with the greatest disease burden in Victoria and smoking rates have decreased significantly for both males and females over time. However, in 2008, a significantly higher proportion of Aboriginal Victorians smoked, compared with non-Aboriginal Victorians.

- More than half of all adult Victorians (61.2 per cent of males and 57.1 per cent of females) performed a minimum of 30 minutes of moderate-intensity physical activity on at least five days each week. Data from the 2008 Victorian Population Health Survey showed that there was no significant difference in the proportion of Aboriginal and non-Aboriginal Victorians who did, or did not, engage in sufficient physical activity to meet the Australian guidelines.
- Survey data shows that 6.2 per cent of males and females were sedentary (do no physical activity) in 2010.
- Survey data show that approximately 3.0 per cent of males and females aged 18 years or over reported consuming alcohol at levels that were 'risky' or 'high risk'. The majority of Victorian males (81.0 per cent) and females (73.3 per cent) were at low risk of long-term harm from alcohol consumption in 2010. More than one in seven males (13.2 per cent) and 6.5 per cent of females reported consuming alcohol at least weekly, at levels that put them at short-term risk of alcohol-related harm.
- Survey data shows that more than half (51.4 per cent) of Victorian males and 41.6 per cent of females reported consuming insufficient serves of fruit and vegetables according to the national dietary guidelines in 2010. In 2008, a greater proportion of Aboriginal Victorians (62.7 per cent) did not meet the recommended guidelines for fruit consumption, compared with their non-Aboriginal counterparts (51.0 per cent).
- Survey data from 2010 also show that in people aged 45 years or over, a higher proportion of males than females reported that they had had a blood cholesterol test in the previous two years (82.5 per cent and 78.3 per cent respectively). However, females (83.5 per cent) were more likely than males (77.3 per cent) to have their blood pressure checked.
- During the two-year period 2009–2010, 54.2 percent of eligible Victorian women participated in the BreastScreen Victoria Program
- The estimated two year (2009–2010) cervical cancer screening participation rate for women in the target population, of 20–69 years was 60.7 per cent. Participation varied by age group, with women aged 50–59 years having the highest two-year screening rate and women aged 20–29 years having the lowest rate.
- Overall, 38.9 per cent of eligible Victorians participated in Phase 2 (July 2008–June 2011) of the National Bowel Cancer Screening Program.
- Chlamydia is the most frequently notified infectious disease. The population rate of reported cases has more than tripled in both male and female population in the past decade.
- The proportion of children aged between 60 and less than 63 months who received all scheduled vaccinations in Victoria was 91.4 per cent, the highest among all jurisdictions in Australia at 31 March 2012.

Biomedical factors

- Survey results show that 33.2 per cent of Victorians aged 18 years or over were overweight and 16.9 per cent were obese in 2010. Data from the 2008 Victorian Population Health Survey showed that there were no statistically significant differences between Aboriginal and non-Aboriginal Victorians in body weight status.
- The uptake of newborn screening in Victoria is extremely high. In 2011–12, 75,510 newborns were tested and 76 were identified as having one of the conditions screened for as part of the Newborn Screening Program.

Community and socioeconomic factors

- In 2010, there were an estimated 5.5 million people usually resident in Victoria. Just under half (49.6 per cent) were males and 50.4 per cent were females. Children (aged 0–14 years) comprised 18.3 per cent of the population and 13.7 per cent were aged 65 years or over.
- Survey results show that over a quarter of homes in Victoria were rented, about one in ten (10.5 per cent) households had a gross annual income less than or equal to \$20,000 and 5.3 per cent of the labour force was unemployed in 2011.
- In 2010, survey results showed that almost eight in 10 people reported that they could definitely get help from family or friends if needed and more than one-fifth of people reported that they had volunteered their time in a local community group.

Environmental factors

- Melbourne typically meets the national goal for air quality, measured in terms of airborne particles as PM₁₀, but may be affected by drought-related impacts such as particles from dust storms and smoke from bushfires. For 2010 and 2011, the goal of no more than five days a year above the national 24-hour objective value (average PM₁₀ below 50µg/m³) was met.
- All Victorian weather monitoring stations operating in 2010 and 2011 met the goals for the one- and four-hour ozone objectives.
- The quality of drinking water supplies in Victoria is generally very good. In 2009–2010, 100 per cent of the population were supplied with drinking water that complied with the E. coli water quality standard.
- The number of detections of *Legionella* in cooling tower water samples, in the period 2003–2011, has been consistently low. A steady decrease in the number of cooling towers operating in Victoria has occurred over this time.
- The number of notified cases, and the notification rate, of salmonellosis has increased in Victoria over the past twelve years. Outbreaks of salmonellosis have also increased in the past five years. Eggs, predominantly ready to eat foods containing raw eggs, have been identified as the source for 71 per cent of the outbreaks notified between 2007–2011.

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