This report card looks at the health of adult Australians by socio-economic status in relation to chronic diseases, risk factors and rates of death.

Australia’s Health Tracker by Socio-Economic Status will be updated regularly and will track progress towards the targets for a healthier Australia by 2025.

Rates of physical activity decrease as levels of disadvantage increase. Physical inactivity is a significant risk factor for heart disease, arthritis and diabetes*.

Unlike most health risk factors, drinking at risky levels is more prevalent in higher socio-economic communities.

As with risky drinking, high cholesterol is another risk factor that affects the most advantaged in the community. High levels of LDL cholesterol is a risk factor for heart disease.

High blood pressure affects many people regardless of socio-economic status. High blood pressure can lead to heart disease, kidney disease or stroke. Most people with high blood pressure do not know they have it.

* Variation from the national report cards, Australia’s Health Tracker: no or low exercise undertaken in the last week - 18 years and over.
The data in this report graphically highlights that people and families in the lower two socio-economic quintiles – ten million Australians – are at much greater risk of poor health. These risk factors can and do lead to increased levels of chronic disease and higher risk of early death from preventable causes. Chronic diseases such as arthritis, heart disease, back pain, mental health and cancer affect employment, education and community participation, leading to fewer opportunities to improve income and family circumstances.

Cost of living pressures, including the cost of essentials such as housing, food and energy, are more intense for people with less household income. In addition, time pressures caused by work, family and carer duties and other commitments can have a significant impact on diet and exercise.

Struggling families and individuals do not just have more chronic disease – having a chronic disease is much more likely to kill people in the lower two socio-economic quintiles.

More than 40,000 people have died before the age of 75 in lower socio-economic groups over the last four years.

**EARLY DEATHS FROM MAJOR CHRONIC DISEASES**

<table>
<thead>
<tr>
<th></th>
<th>TARGET 2025</th>
<th>166 PER 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Least disadvantaged</td>
<td>150</td>
<td></td>
</tr>
<tr>
<td>Most disadvantaged</td>
<td>300</td>
<td></td>
</tr>
</tbody>
</table>

Despite the need...

Almost **ONE THIRD** could be prevented by removing exposure to risk factors such as smoking, high body mass, alcohol use, physical inactivity and high blood pressure.

ONLY **1.3%** of spending* is dedicated to prevention.

*As a proportion of total health expenditure.
Early death rates from the same conditions are markedly higher for people with lower socio-economic status.

Action by communities and governments, services and families, can help prevent chronic diseases regardless of socio-economic status, improve health across the life-course, and help prevent unnecessary deaths.

The 2025 targets for a healthier Australia have been developed through the collective effort and guidance of Australia's leading scientists, researchers and clinicians.

Failure to tackle the health of Australians affected by disadvantage will result in rising costs and burden on health services, widening existing health disparities and have to manage higher rates of hospital admissions for preventable causes.

Poor health experienced by disadvantaged Australians will continue to affect welfare and education; systems and costs; productivity levels and employment; and social participation.

Health, education and other public policies must be tailored to tackle the impacts of socio-economic disadvantage to improve the health of all Australians.

* Variation from the national report cards, Australia’s Health Tracker: current smokers - 18 years and over.
Low socio-economic status is a major risk factor for poor health.

Policies which address the health impacts of social and economic conditions will significantly improve all aspects of society and contribute directly to a prosperous, productive and healthy nation.
The Australian Health Policy Collaboration at Victoria University works with and supports a collaborative network of organisations and leading chronic disease experts, bringing together Australia’s leading thinkers to translate rigorous research into good policy. The national collaboration has developed health targets and indicators for 2025 that together, will reduce preventable chronic diseases and reduce the health impacts of chronic conditions.

Australia’s Health Tracker and Getting Australia’s Health on Track are the policy focussed reports compiled by the national collaboration.

Australia’s Health Tracker by Socio-Economic Status is the latest report card as part in the Australia’s Health Tracker series. A companion report, Getting Australia’s Health on Track shows where national action should be focused to improve the health of Australians.

Australia’s Health Tracker by Socio-Economic Status presents a national level snapshot of the impact of socio-economic status on risk factors for chronic diseases, on levels of chronic diseases and on premature deaths from chronic diseases.

More than 50 organisations continue to support a systemic and sustained approach to the prevention and management of chronic diseases in Australia.

Australia needs a healthier future for all. We can, and we must, do better.

Technical note
Technical details are available at Australia’s Health Tracker by Area website ahpc.org.au/trackerbyarea

Preferred citation

Collaborating Organisations
- Alliance for Research in Exercise, Nutrition and Activity (ARENA)
- Australia and New Zealand Obesity Society
- Australian Centre for Health Research
- Australian Dental Association
- Australian Disease Management Association
- Australian Federation of AIDS Organisations
- Australian Health Care Reform Alliance
- Australian Health Promotion Association
- Australian Healthcare and Hospitals Association
- Australian Indigenous HealthInfoNet
- Australian Institute for Musculoskeletal Science
- Australian Psychological Society
- Australian Women’s Health Network
- Baker IDI Heart and Diabetes Institute
- Better Health Plan for the West
- Brimbank City Council
- Cabrini Institute
- Cancer Council Australia
- Catholic Health Australia
- Charles Perkins Centre, University of Sydney
- Chronic Illness Alliance
- Caring & Living As Neighbours
- Cohealth
- Confederation of Australian Sport
- CRANAplus
- Deakin University
- Diabetes Australia
- Foundation for Alcohol Research and Education
- George Institute for Global Health
- Health West Partnership
- Inner North West Primary Care Partnership
- Jean Hailes for Women’s Health
- Kidney Health Australia
- Lowitja Institute
- Mental Health Australia
- MOVE Muscle, Bone & Joint Health
- National Heart Foundation
- National Rural Health Alliance
- National Stroke Foundation
- NCD FREE
- Network of Alcohol and other Drugs Agencies
- Networking Health Victoria
- Obesity Australia
- Overcoming Multiple Sclerosis
- People’s Health Movement OZ
- Public Health Association of Australia
- Royal Flying Doctor Service
- School of Medicine, University of Notre Dame
- School of Psychology and Public Health, La Trobe University
- Services for Australian Rural and Remote Allied Health
- Social Determinants of Health Alliance
- South Australian Health and Medical Research Institute
- Suicide Prevention Australia
- The Telethon Kids Institute
- Victoria University
- Victorian Health Promotion Foundation
- YMCA