
Report on Government Services 2020

PART E: PRESENTATION REVISED 25 JUNE 2020, RELEASED 31 JANUARY 2020

Produced by the Productivity Commission for the Steering Committee for Review of Government Service Provision. The content for this PDF is generated from the online, interactive publication. Data below are the most recent at the time of preparing the report. In some cases, charts and tables may present data for a single jurisdiction. To access data for all jurisdictions and the most current data available, go to: www.pc.gov.au/rogs

E Health

The presentation of this overview has been updated since its release on 31 January 2020.

Main aims of services within the sector

Health sector services are concerned with promoting, restoring and maintaining a healthy society with the objective that Australians are born and remain healthy. They involve illness prevention, health promotion, the detection and treatment of illness and injury, and the rehabilitation and palliative care of individuals who experience illness and injury.

Services included in the sector

[Primary and community health](#) >

Includes general practice, pharmaceutical services, dentistry, allied health services, maternal and child health, alcohol and drug treatment and other services.

[Ambulance services](#) >

Includes responding to and treating out-of-hospital medical emergencies.

[Public hospitals](#) >

Includes care provided to admitted and non-admitted patients, including acute and non-acute care and mental health services.

[Mental health management](#) >

Includes MBS-subsidised mental health services provided by primary and community health providers, State and Territory government specialised mental health services and non-government services providing community-based support.

Other major areas of government involvement in health provision not covered in the health chapters, or elsewhere in the Report, include public health programs, other than those for mental health, and funding for specialist medical practitioners.

Detailed information on the equity, effectiveness and efficiency of service provision and the achievement of outcomes for the primary and community health, ambulance, public hospital and mental health management service areas is contained in the service-specific chapters.

Note: Data tables are referenced by table xA.1, xA.2, etc, with x referring to the chapter or overview. For example, table EA.1 refers to data table 1 for this sector overview.

☞ [Skip to data tables for sector overview](#)

Government expenditure in the sector

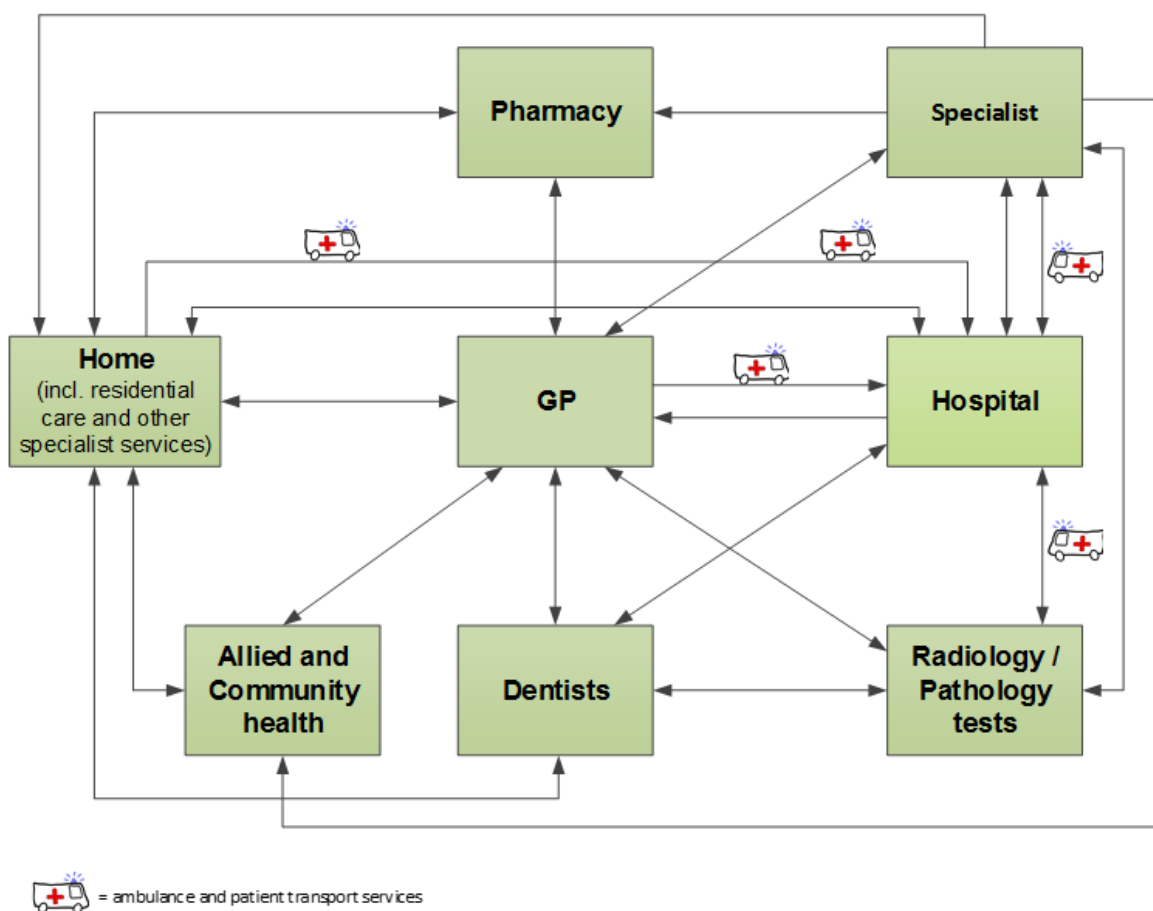
Total Australian, State and Territory government recurrent expenditure on health services was estimated to be \$109.2 billion for the most recent year of available data, around 44.3 per cent of total government expenditure on services covered in this Report. Public hospitals was the largest contributor (\$67.2 billion, table 12A.1), followed by primary and community health (\$38.1 billion, table 10A.1 and ambulance services (\$3.9 billion (in 2018-19), table 11A.10). Expenditure for mental health management was \$9.4 billion in 2017-18 (table 13A.1); however, as much of this expenditure is already captured in the public hospital and primary community health expenditure it is not included in the health expenditure total to avoid double counting.

When expenditure by local government and for health services outside the scope of this Report are added, expenditure in 2017-18 was estimated at \$126.7 billion.¹

Flows in the sector

Health services in Australia are delivered by a variety of government and non-government providers in a range of service settings that do not have a clearly defined path (figure E.1). The most common entry points to the health system in Australia are predominantly via primary and community health services. Ambulance services and public hospital emergency departments can also be first points of contact. Some patients may then progress through the system to become non-admitted or admitted hospital patients (including specialist mental health care) or medical specialist patients. Often a number of cycles of care through various points in the system are required to treat a condition. Finally, some patients will require rehabilitation provided by hospitals or primary and community health services.

Figure E.1 Client flow within the Australian health care system



Sector-wide indicators

Four sector-wide indicators of governments' objective that Australians are born and remain healthy are reported. Key risk factors affecting the outcomes of these indicators include overweight/obesity, smoking and risky alcohol consumption (data on these risk factors are available in tables EA.3, EA.7 and EA.9).

Babies born of low birthweight

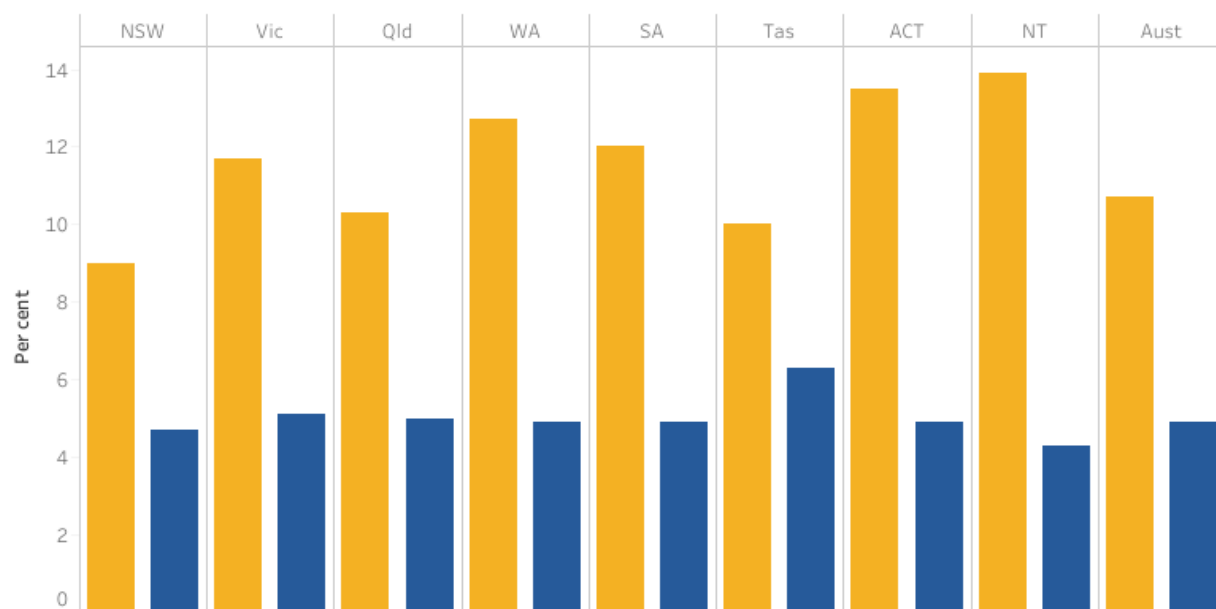
In 2017, 5.2 per cent of babies born in Australia were of low birth weight (table EA.2). The proportion with low birth weight born to Aboriginal and Torres Strait Islander mothers was more than twice that for babies born to non-Indigenous mothers (figure E.2). Data on the Indigenous status of the baby is available in table EA.1.

Select year:

2017

Aboriginal and Torres Strait Islander mothers
Non-Indigenous mothers

Figure E.2 Low birthweightlive births, 2017
by jurisdiction, by maternal Indigenous status



Source: table EA.2

Data tables are referenced above by a 'EA' prefix and all data (footnotes and data sources) are available for download from the supporting material below (both in Excel and CSV format).

+ a b | e a u

Selected potentially preventable diseases

Selected potentially preventable diseases relate to diseases that could have potentially been prevented through the provision of health interventions and early disease management. Diseases covered in this Report include selected cancers, heart attacks and type 2 diabetes.

Nationally in 2016 (excluding the NT), the age standardised rate of new cases for selected cancers was highest for female breast cancer (126.5 per 100 000 females), followed by bowel cancer, melanoma and lung cancer (55.6, 53.9 and 43.3 per 100 000 population respectively) and lowest for cervical cancer (7.1 per 100 000 females) (table EA.11). Data for 2017 were available for Victoria and WA only.

Nationally, the rate of heart attacks (acute coronary events) was 324.9 cases per 100 000 people in 2017 (table EA.14). The national rate has decreased each year over the 10 years included in this Report. The rate for females is less than half the rate for males.

Nationally in 2011-12 (the only year of data), an estimated 4.3 per cent of adults had type 2 diabetes, with rates higher for males compared with females (table EA.23).

Life expectancy

The average life expectancy at birth in the period 1901–1910 was 55.2 years for males and 58.8 years for females.²It has risen steadily in each decade since, reaching 80.7 years for males and 84.9 years for females in 2016–2018 (table EA.29). The life expectancy of Aboriginal and Torres Strait Islander Australians is considerably lower than that of other Australians with a life expectancy

at birth of 71.6 years for Aboriginal and Torres Strait Islander males and 75.6 years for Aboriginal and Torres Strait Islander females born 2015–2017. In the same time period, life expectancy at birth for non-Indigenous males was 80.2 years and for non-Indigenous females was 83.4 years (table EA.30).

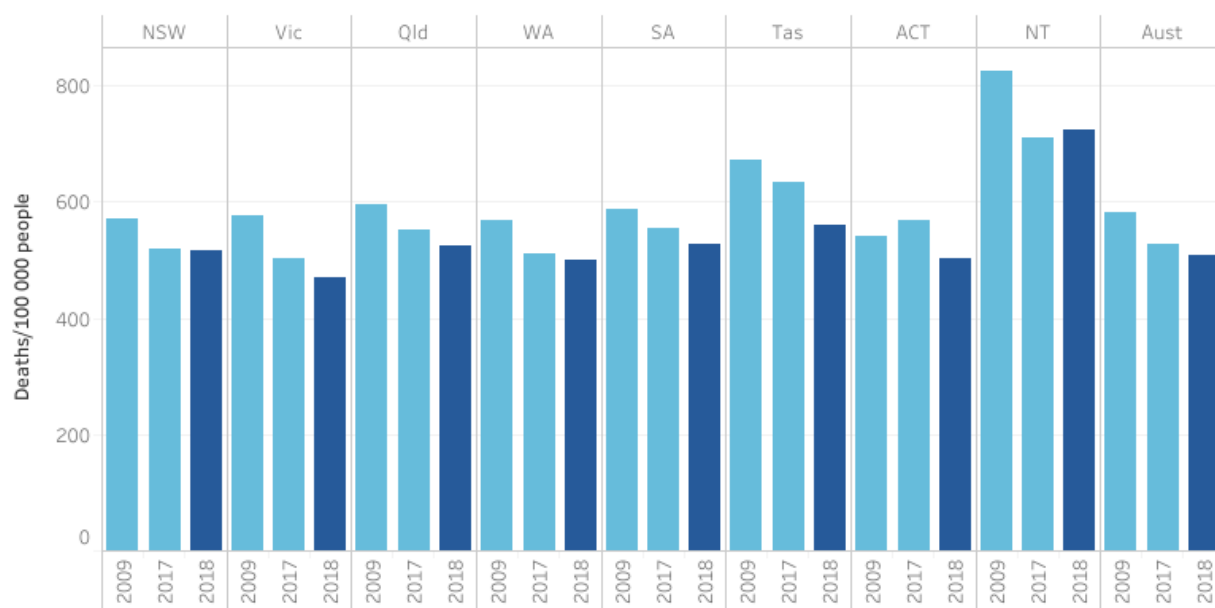
Mortality rates

The national age standardised mortality rate, measured in deaths per 100 000 people, was 507.9 in 2018 — a decrease from 528.4 in 2017 (figure E.3) and the lowest rate for the 10 years of data included in this Report (table EA.31). In line with life expectancy data, mortality rates are higher for Aboriginal and Torres Strait Islander Australians compared to non-Indigenous Australians (table EA.32).

Select year(s):

Multiple values

Figure E.3 Mortality rates, age standardised
by jurisdiction, by year



Source: table EA.31

Data tables are referenced above by a 'EA' prefix and all data (footnotes and data sources) are available for download from the supporting material below (both in Excel and CSV format).

+ a b | e a u

Perinatal and children

Mortality data are separately reported for children for perinatal deaths (fetal deaths [still births] and neonatal deaths [death of an infant within 28 days of birth]), infant deaths (children aged 0<1 year) and infant and child deaths (children aged 0<5 years).

There were 7.6 perinatal deaths per 1000 births (table EA.41) in 2018, of which around 70 per cent were fetal deaths and the remainder neonatal deaths (tables EA.39–41).

Over the last 10 years, the annual infant mortality rate in Australia has ranged from an average of 3.1 deaths per 1000 live births (2018 and 2016) to 4.2 deaths per 1000 live births (2009) (table EA.33). The Australian infant and child combined mortality rate (3-year average) has decreased over time from 105.9 deaths per 100 000 population in 2007–2009 to 74.4 deaths per 100 000 population in 2016–2018 (table EA.35).

Causes and prevention

The most common causes of death among all Australians in 2018 were cancers and diseases of the circulatory system (including heart disease, heart attack and stroke), though rates for both have reduced significantly from 2009 (table EA.37). Data by Indigenous status are available in table EA.38.

Many deaths can potentially be prevented through individualised care and/or are treatable through existing primary or hospital care. Nationally, there were 100.5 potentially avoidable deaths per 100 000 people in 2018 — the lowest rate for the 10 years of data in this Report (table EA.26). The rate of potentially avoidable deaths in 2014–2018 for Aboriginal and Torres Strait Islander people was more than three times the rate for other Australians, but similar to the total population is the lowest rate for 10 years of data in this Report (table EA.27).

Download data tables

These data tables relate to the sector as a whole. Data specific to individual service areas are in the data tables under the relevant service area.

[Health data tables \(XLSX - 465 Kb\)](#)

[Health dataset \(CSV - 865 Kb\)](#)

See the Sector overview text and corresponding table number in the data tables above for detailed definitions, caveats, footnotes and data source(s).

Footnotes

1. Australian Institute of Health and Welfare (AIHW) 2019, *Health Expenditure Australia 2017-18*, Health and Welfare Expenditure Series no. 65, Cat. no. HWE 77, Canberra.
2. Australian Bureau of Statistics (ABS) 2013, *Deaths Australia 2012*, Cat. no. 3302.0, Canberra.

Note: an errata was released for section Section E Health sector overview.

Errata

The following data have changed for Section E Health data tables:

- Table EA.36: Amended data for Child (0-4 years old) for 2014-18 for all jurisdictions.