

State of Our Health

PDF edition

10 September 2018

Health Performance Council



Government
of South Australia

Health Performance Council

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Acknowledgment

The Health Performance Council acknowledges the Aboriginal peoples of South Australia and their ongoing contributions to and participation in the life of South Australia. We acknowledge and respect their spiritual relationship with their respective countries.

We also acknowledge the diversity of Aboriginal people in South Australia. South Australia is estimated to be the area of 50 different language groups at the time of European colonisation and 36 continuing language groups (Reconciliation SA 2012). Aboriginal peoples in their diversity have demonstrated resilience and have made significant contributions to South Australia despite the ongoing effects of colonisation and dispossession.

Introduction

State of Our Health is an authoritative source of intelligence on health status and health outcomes in the South Australian population. It is one way that we continue to advise the Minister for Health and Wellbeing on the performance of the health system in responding to the health priorities and emerging trends in health outcomes of South Australians.

This edition of *State of Our Health* was last updated and published on 10 September 2018.

Downloads

PDF edition: This is the Portable Document Format (PDF) version of State of Our Health made available for your convenience. The online version is available on the Health Performance Council website at: hpcsa.com.au/state_of_our_health.

Technical appendix: This supporting document reports on quality, details of the primary sources used, and discloses important caveats and notes on the interpretation and use of data reported throughout State of Our Health. The Technical Appendix can also be downloaded via the State of Our Health website.

The demographic profile of South Australia

In summary

- The **population of South Australia** is just above **1.7 million people**, which represents about one in 14 (7%) of the total Australian population (24.6 million people).
- Over ten years, **South Australia's population has grown** at an average **1.0% per year**. Net overseas migration and natural increase has offset negative net interstate migration.
- The **Aboriginal population of South Australia is 40,646 people**, representing 2.4% of the state population.
- Over **a quarter** of South Australia's population live **outside of metropolitan Adelaide**.
- Over the last decade most of the **population growth** in South Australia has occurred in the **Barossa Hills Fleurieu Local Health Network**.
- South Australia has a relatively **older population** when compared nationally.
- **Almost a quarter** (24.4%) of South Australians were **born overseas**, and 15.2% of South Australians were born in predominantly non-English speaking countries.
- Around **one in six** (17.4%) South Australians **speak a language other than English** at home, including 2.2% who cannot speak English well, or cannot speak English at all.
- **Over one in seven** (14.7%) of the state's population are **carers**, and around a quarter of those are *primary* carers.
- Selected **median income measures** for South Australia are **below those for Australia** as a whole. Income measures for Aboriginal people/households in South Australia are significantly below the state and national benchmarks.
- The **economic and social conditions of people and households** within this state are **below the national average**.
- **More than half** (53.4%) of persons aged 15 years and over who are no longer attending primary or secondary school **have completed Year 12 or equivalent** as their highest year of school attainment, and around a third (32.2%) of Aboriginal people in South Australia aged 15 years and over have done so.
- **Under half** (45.5%) of the South Australian population **are insured with private hospital treatment cover**. This is slightly below the national average of 46.0%. There is a greater proportion (59.3%) of South Australians with *private general treatment* (i.e. ancillary) cover, and this is higher than the national average of 54.9%.
- **Average out-of-pocket payment for medical services** (where an out-of-pocket payment was payable) is **\$73.30 in South Australia**. This is well below the national average of \$155.72.

1-1. Population

At 30 June 2017, the estimated resident **population of South Australia** was just above **1.7 million people**, representing about one in 14 (7.0%) of the total Australian population (24.6 million people).¹

Over the decade 2007-2017, South Australia's population has grown by about 150,000 people, or an average **1.0% per year**. This is less than the 1.7% annualised growth rate over the same period for Australia as a whole.¹

Roughly speaking, out of every ten people that have joined the South Australian community over this time, around eight came via net overseas migration and five through natural increase, offset by three lost to net interstate migration.²

At 30 June 2015 (latest available), the estimated resident **Aboriginal population of South Australia** was **40,646 people**, representing 2.4% of the 2015 state population.³

1-1-1. Population by region

- Over a **quarter** of South Australia's population live **outside of metropolitan Adelaide**.
- Over the last decade, **Barossa Hills Fleurieu** Local Health Network has had the **fastest growing population**.

SA Health divides South Australia into local health networks (LHNs) to manage the delivery of public hospital services, and other community based health services, as determined by the South Australian state government. LHNs comprise single or groups of public hospitals, and have a geographical or functional connection.

The LHNs are accountable to the state government for performance management and planning.

In 2017, over a quarter (28.9%) of South Australia's population lived outside of metropolitan Adelaide, very slightly lower than a decade earlier. Since 2007, the biggest percentage increase in population growth amongst South Australia's Local Health Networks has been in the Barossa Hills Fleurieu LHN (up 14.3%).¹

Estimated Resident Population, 2017 and 2007

Local Health Network	no. persons, 2017	% persons, 2017	<i>no. persons, 2007</i>	<i>% persons, 2007</i>
Northern Adelaide	399,635	23.2%	348,233	22.2%
Central Adelaide	460,589	26.7%	423,722	27.0%
Southern Adelaide	364,560	21.2%	335,078	21.3%
Metropolitan Adelaide	1,224,784	71.1%	1,107,033	70.5%
Barossa Hills Fleurieu	198,193	11.5%	172,591	11.0%
Eyre and Far North	40,514	2.4%	38,955	2.5%
Flinders and Upper North	44,732	2.6%	45,937	2.9%
Riverland Mallee Coorong	71,798	4.2%	68,741	4.4%
South East	66,743	3.9%	63,886	4.1%
Yorke & Northern	76,784	4.5%	73,476	4.7%
Country Health SA	498,764	28.9%	463,586	29.5%
SOUTH AUSTRALIA	1,723,548	100.0%	1,570,619	100.0%
AUSTRALIA	24,598,933		20,827,622	

Data source: ABS 2017a

1-1-2. Population by age and sex

- South Australia has an **older population** than Australia generally.

South Australia has an older population than Australia overall. In 2015, an estimated 17.4% of South Australians were aged 65 years or over, compared to 15.0% for the Australian population as a whole. Proportionally more of the 65 years and older population are female than male.³

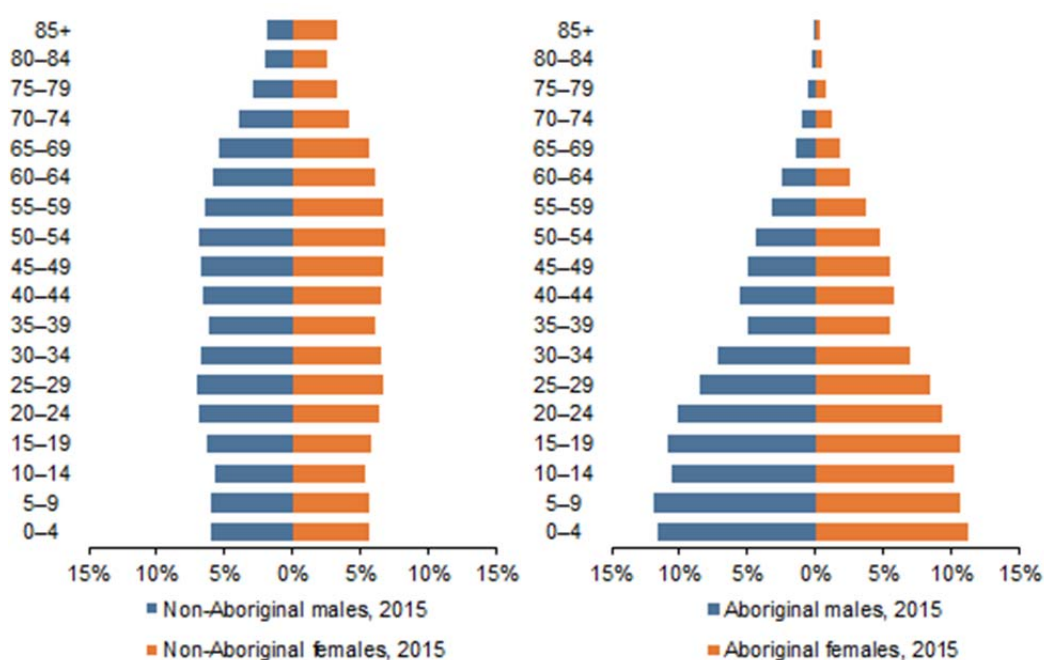
The age-sex profile of the Aboriginal population in South Australia is substantially different than the state's population overall. In 2015 (the latest year for which data is available), almost half (53.6%) of all Aboriginal people in South Australia were aged under 25 years compared to 30.5% of the overall state population. Proportionally, 4.1% of Aboriginal people in South Australia were aged 65 years and over in 2015, compared to 17.4% of the state's total population. This structural difference is also evident in the large gaps in estimated median ages between the Aboriginal and state population.³

Estimated median age (years) by sex and region, 2015

Region	males	females	persons
South Australia - all	39	41	40
South Australia - Aboriginal people	22	24	23
Australia - all	37	38	37

Data source: ABS 2017c

South Australian population by age (years) and sex -- All SA (2015) and Aboriginal SA (2015*)



* 2015 latest available for comparison

Sources

1. Based on Australian Bureau of Statistics (ABS 2017a), 'ERP by SA2 and above (ASGS 2016), 2001 onwards', [ABS.Stat \(beta\)](#), viewed 3 August 2018.
2. Based on Australian Bureau of Statistics (ABS 2017b), 'TABLE 2. Population Change, Components - States and Territories (Number)', [Australian Demographic Statistics](#), cat. no. 3101.0, viewed 13 August 2018.
3. Based on Australian Bureau of Statistics (ABS 2017c), Customised Table, *Population, South Australia, 2015, Indigenous Status, age and sex*, viewed 22 May 2017.

1-2. Demographic profile

1-2-1. People born overseas

Almost a quarter (24.4%) of South Australians identified in the 2016 Census that they were born overseas. South Australia accounts for 6.2% of Australia's total population born overseas. South Australia has a lower proportion of its population born overseas compared to the national average (28.3%), and is ranked fifth highest when compared to all states and territories. Proportionally, the largest group of South Australians born overseas are aged between 25 and 44 years at 27.9%.¹

The 2016 Census found that 15.2% of South Australians were born in predominantly non-English speaking countries. This is lower than the national average of 19.3%.¹

1-2-2. Language spoken at home

Around one in six (17.4%) South Australians speak a language other than English at home, according to the 2016 Census. Italian and Mandarin are the most common at 10.4% of the non-English languages spoken at home, followed by Greek at 8.2%. At the time of the 2016 Census, 2.2% of the South Australian population could not speak English well, or could not speak English at all – predominantly persons born overseas and aged 45 years or older.¹

1-2-3. Carers in the community

Data for 2015 shows that there are an estimated 242,400 carers in South Australia, representing 14.7% of people of the population. A higher proportion of South Australian females are carers than males (15.8% and 13.6% respectively). South Australia has the fourth highest proportion of carers when compared to all states and territories.²

Of the 242,400 carers in South Australia, 74,800 (or 30.9%) are primary carers. Primary carers are those aged 15 years and over who identified themselves as providing the most informal assistance with core activities to a person with a disability or to a person aged 60 years and over. A higher proportion of females are primary carers compared to their male counterparts (6.3% and 2.9% of all persons, respectively).²

Sources

1. Based on Australian Bureau of Statistics (ABS 2017), 'General Community Profile', [2016 Census of Population and Housing](#), cat. no. 2001.0, viewed 9 August 2018.
2. Based on Australian Bureau of Statistics (ABS 2016), Data Cubes, 'Table 32.1 All persons, living in households, carer status, by age and sex–2015, estimate', [Disability, Ageing and Carers, Australia: Summary of Findings, 2015](#), cat. no. 4430.0, viewed 24 August 2018.

1-3. Determinants of Health

Health status within a population typically follows a gradient, with overall health tending to improve with each step up the socioeconomic ladder. This is commonly known as the socio-economic gradient of health, or the social gradient of health, and is a global phenomenon seen in low, middle and high income countries.¹

1-3-1. Income and households

At the 2016 Census, selected median income measures for South Australia are below those for Australia as a whole. Income measures for Aboriginal people/households in South Australia are significantly below the state and national benchmarks.²

Median income and housing payments, 2016 Census

Measure	South Australia (All)	South Australia (Aboriginal)	Australia (All)
Median total personal income	\$600 per week	\$413 per week	\$662 per week
Median total household income	\$1,206 per week	\$1,014 per week	\$1,438 per week
Median mortgage repayment*	\$373 per week	\$347 per week	\$439 per week
Median rent	\$260 per week	\$220 per week	\$335 per week
Average household size	2.4 persons	3.0 persons	2.6 persons

* The HPC has estimated median weekly mortgage repayments here for comparison purposes by dividing monthly figures in the source data by four.

Data source: ABS 2017

1-3-2. Socio-economic status

Introduction

A commonly used measure of socio-economic status in Australia is the Australian Bureau of Statistics' Socio-economic Index for Areas (SEIFA), Index of Relative Socio-economic Disadvantage (IRSD)...

The IRSD is a general socio-economic index that summarises a range of information about the economic and social conditions of people and households within an area. The IRSD is standardised so that the Australian mean is 1000, and individual regions are compared against that benchmark. That is, an area with economic and social indicators equal to the national average will receive a score of 1000.

- A lower score indicates relatively greater disadvantage in general. For example, an area could have a lower score if there are (among other things) more households with low income, many people with no qualifications, or an over-representation of people in low skill occupations.
- Conversely, a higher score indicates a relative lack of disadvantage in general.

It is important to remember that the scores are an ordinal measure, so care should be taken when comparing scores. For example, an area with a score of 500 is not twice as disadvantaged as an area with a score of 1000, it just had more markers of relative disadvantage.

South Australia

Overall, in 2016 the SEIFA IRSD score for South Australia was 977, indicating that the economic and social conditions of people and households within this state are below the national average (1000).³

At the Australian Bureau of Statistics' Statistical Area Level 2 (SA2) geographic level, IRSD scores range from 1099 in Coromandel Valley, Belair and Aldgate-Stirling in the Southern Adelaide and Barossa Hills Fleurieu Local Health Network, down to 588 in the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands in outback South Australia.³

SEIFA Index of Relative Socio-economic Disadvantage, 2016

Local Health Network	IRSD score (average)	Max. IRSD score (ABS SA2 level)	Min. IRSD score (ABS SA2 level)
Northern Adelaide	934	1079 (<i>One Tree Hill</i>)	686 (<i>Elizabeth</i>)
Central Adelaide	1005	1094 (<i>Glenside-Beaumont</i>)	843 (<i>The Parks</i>)
Southern Adelaide	1008	1099 (<i>Belair, Coromandel Valley</i>)	849 (<i>Hackham W.-Huntfield H.</i>)
Metropolitan Adelaide	983	1099 (<i>Belair, Coromandel Valley</i>)	686 (<i>Elizabeth</i>)
Barossa Hills Fleurieu	1010	1099 (<i>Aldgate – Stirling</i>)	951 (<i>Mallala</i>)
Yorke & Northern	931	1005 (<i>Clare</i>)	865 (<i>Port Pirie</i>)
Eyre and Far North	943	1000 (<i>Kimba - Cleve - Franklin Harbour</i>)	588 (<i>APY Lands</i>)
Flinders and Upper North	900	1039 (<i>Roxby Downs</i>)	879 (<i>Whyalla</i>)
South East	954	1039 (<i>Naracoorte Region</i>)	905 (<i>Millicent</i>)
Riverland Mallee Coorong	917	990 (<i>Murray Bridge Region</i>)	849 (<i>Renmark</i>)
Country Health SA	962	1099 (<i>Aldgate-Stirling</i>)	588 (<i>APY Lands</i>)
SOUTH AUSTRALIA	977	1099 (<i>Aldgate-Stirling, Belair, Coromandel Valley</i>)	588 (<i>APY Lands</i>)
AUSTRALIA	1000	1183 (<i>Duntroon</i>)	420 (<i>Thamarrurr</i>)

Data source: ABS 2018

1-3-3. Education attainment

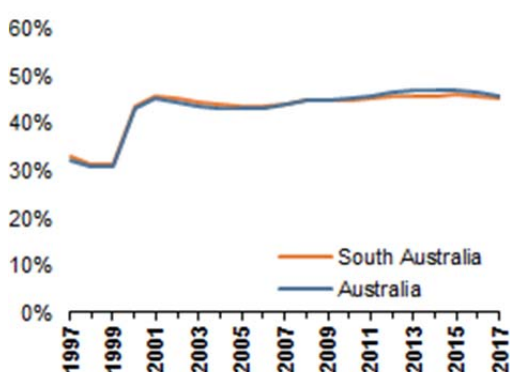
As at the 2016 Census, more than half (53.4%)² of persons aged 15 years and over who were no longer attending primary or secondary school had completed Year 12 or equivalent as their highest year of school attainment. This percentage excludes people who did not state their highest year of school completed. The South Australian rate is lower than the national average of 59.0%.⁴

Approximately a third, or 32.2%, of Aboriginal people in South Australia aged 15 years and over who are no longer attending primary or secondary school have completed Year 12 or equivalent as their highest year of school attainment. Again, this excludes those who did not state their highest year of school completed.²

1-3-4. Level of private health insurance

At 30 June 2017, 45.5% of the South Australian population were insured with *private hospital treatment* cover, slightly below the Australia-wide rate of 46.0%.

Fig A. Private hospital treatment cover

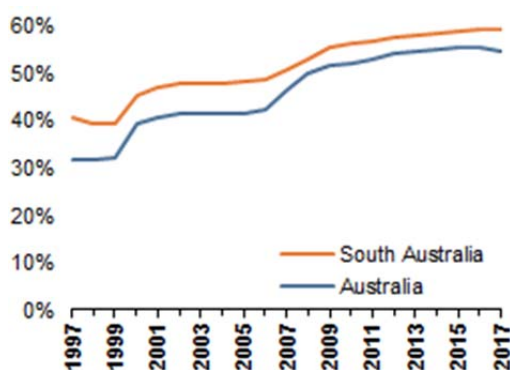


Data source: APRA 2018

Note: Introduction of 30% Rebate from 1 January 1999

Insurance with *private general treatment* (ancillary) cover was more common with 59.3% of South Australians covered, above the national rate of 54.9%. Coverage rates were almost unchanged compared to a year earlier.⁴

Fig B. Private general treatment (GT) cover (ie. ancillary or extras cover)



Data source: APRA 2018

Note 1: Introduction of Life Time Health Cover on 1 July 2000.

Note 2: The introduction of the *PHI Act 2007* caused an artificial increase in General Treatment and decrease in Hospital Treatment Only as a result of changes in definitions and reclassification of policies.

Where an out-of-pocket ('gap') payment was payable for an episode of hospital care or a medical service, the average amount of the gap in South Australia was \$73.30, well below the Australia-wide average gap payment of \$155.72. Medical gap payments varied according to specialty, both in amount and in proportion to the overall charge.⁴

Sources

1. Australian Institute of Health and Welfare (AIHW 2018), [Australia's health 2018](#), Australia's health series no.16, cat. no. AUS 221, Canberra, viewed 10 August 2018.
2. Based on Australian Bureau of Statistics (ABS 2017), 'Aboriginal and Torres Strait Islander Peoples Profile', [2016 Census of Population and Housing](#), cat. no. 2002.0, viewed 10 August 2018.
3. Based on Australian Bureau of Statistics (ABS 2018), 'Socio-Economic Indexes for Areas (SEIFA), Australia, 2016', [2016 Census of Population and Housing](#), cat. no. 2033.0.55.001, viewed 10 August 2018.
4. Based on Australian Prudential Regulation Authority (APRA 2018), [Private Health Insurance Annual Survey](#), December 2017, viewed 6 August 2018.

Starting well and the early years

In summary

- South Australia's **total fertility rate** is **1.79 births per woman**, higher in Country SA than metropolitan Adelaide. The state's TFR is equal to the national average (also 1.79).
- The **median age at which women in South Australia give birth is 30.8 years**, comparable to the national median maternal age of 31.1 years.
- Only a **small fraction (2.4%) of births in South Australia are to women aged 19 years or less**, while around **one in five (21.3%) of births are to women aged 35 years or older**.
- Around **1 in 13 (7.7%) of South Australians are aware that a woman should take folic acid before pregnancy, and in the first three months of pregnancy**, to reduce her chance of having a baby with spina bifida. The level of **awareness** in the community of the benefits of folic acid before and during pregnancy **has decreased substantially** over recent years.
- Over **three quarters (78.2%) women who give birth in South Australia have their first antenatal visit within the first 14 weeks of pregnancy**, although the rate for Aboriginal women is significantly lower, at 56.5%.
- **One in eight (12.5%) women who give birth in South Australia report being smokers at their first antenatal visit**. The corresponding rate for Aboriginal women is higher at 48.4%.
- There has been a **more than doubling in the prevalence of gestational diabetes** among women who give birth in South Australia over the last decade, a condition that now affects **10.4% of women who give birth**.
- **Over a quarter (28.0%) of women in South Australia who give birth are overweight during their pregnancy and a similar proportion (24.4%) are recorded as being obese**.
- Around 20,000 people are born in South Australia every year into a total population of 1.7 million, representing a **crude birth rate of 11.5 births per 1000 population**. The crude birth rate in South Australia has been declining since 2008.
- The **average birthweight** of liveborn babies in South Australia is **3,324 grams**, while around **one in 14 (7.1%) babies are liveborn with low birthweight (<2,500g)**, a higher rate than the 6.5% nationally.
- **Over a third (35.1%) of all births in South Australia are by Caesarean section**.
- **A very small fraction (2.6%) of babies are born with congenital anomalies** in South Australia.
- **Over half (57.8%) of South Australian children receive a fourth year developmental health check** assessing their physical health, general wellbeing, and development.
- **Over nine in ten (93.5%) of children aged five years in South Australia are fully immunised**. Full vaccination coverage for Aboriginal children at age five has increased substantially over recent years and is now at 93.0%, comparable to the overall state figure.
- Around **a quarter (23.0%) of non-Aboriginal children aged 5-17 years in South Australia are overweight or obese**, while **over a third (37.6%) of Aboriginal children** in the same age cohort are also **overweight or obese**.

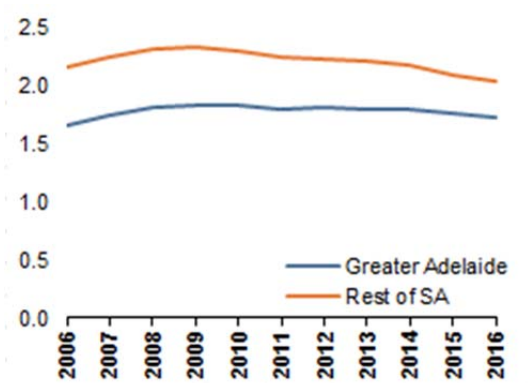
2-1. Fertility rate

2-1-1. Fertility rate in South Australia

- In 2016, South Australia's total fertility rate (TFR) was 1.79 births per woman (all ages). This is the same as the national average (also 1.79).¹
- Total fertility rate is higher in Country SA (2.04) than in Greater Adelaide (1.74).¹
- The trend in Country SA is statistically significantly downwards. No statistically significant underlying trend over the last decade was identified in the Greater Adelaide time series.¹
- South Australia's total fertility rate of 1.79 births per woman ranks it fifth highest of the states and territories.¹

Total Fertility Rate, 2016

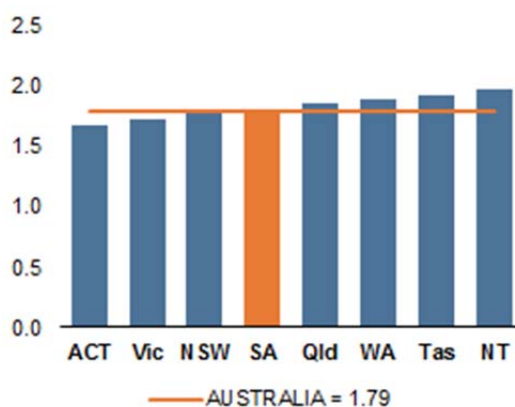
Region	TFR
Greater Adelaide	1.74
Country SA	2.04
South Australia	1.79
Australia	1.79



Data source: ABS 2017a

Total Fertility Rate, 2016

State/Territory	TFR
Australian Capital Territory	1.67
Victoria	1.73
New South Wales	1.77
South Australia	1.79
Western Australia	1.89
Queensland	1.86
Tasmania	1.92
Northern Territory	1.98
Australia	1.79



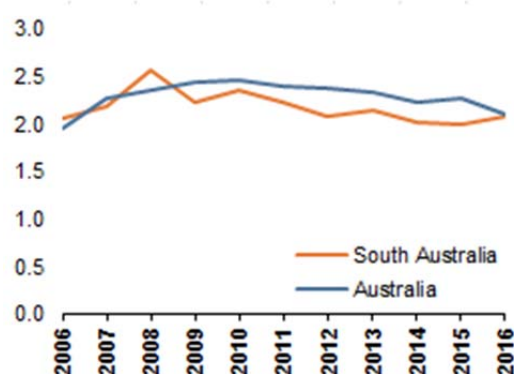
Data source: ABS 2017a

2-1-2. Aboriginal fertility rate

- In 2016, South Australia's Aboriginal total fertility rate (TFR) was 2.094 births per Aboriginal woman (all ages). This is below the national average of 2.115.²
- South Australia's Aboriginal total fertility rate of 2.094 births per woman is ranked third highest when compared to the Aboriginal TFR of other states and territories.²

Aboriginal Total Fertility Rate, 2016

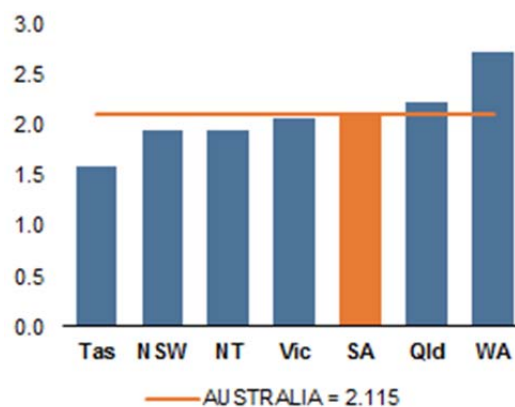
Region	TFR
Greater Adelaide	n.a.
Country SA	n.a.
South Australia	2.094
Australia	2.115



Data source: ABS 2017b

Aboriginal Total Fertility Rate, 2016

State/Territory	TFR
Tasmania	1.588
New South Wales	1.942
Northern Territory	1.955
Victoria	2.077
South Australia	2.094
Queensland	2.230
Western Australia	2.729
Australian Capital Territory	n.a.
Australia	2.115



Data source: ABS 2017b

Sources

1. Based on Australian Bureau of Statistics (ABS 2017a), 'Table 1.1 Births, Summary, Statistical Areas Level 4-2006 to 2016', [Births, Australia, 2016](#), cat. no. 3301.0, viewed 10 August 2018.
2. Based on Australian Bureau of Statistics (ABS 2017b), 'Aboriginal and Torres Strait Islander fertility, by age, by state', [ABS.Stat \(beta\)](#), viewed 20 August 2018.

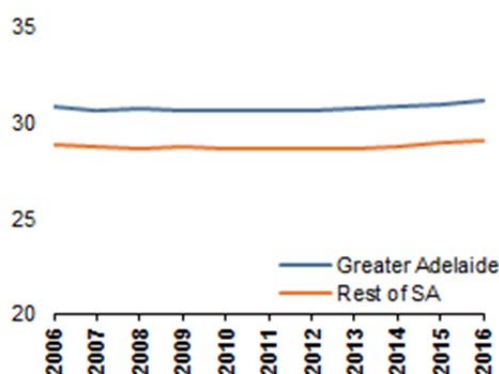
2-2. Maternal age

2-2-1. Maternal age in South Australia

- The median age at which women in South Australia gave birth was 30.8 years in 2016.¹
- This is only slightly younger than the national median of 31.1 years.¹
- In 2016, the median maternal age in South Australia was higher in Greater Adelaide (31.2 years) compared to Country SA (29.1 years).¹
- No statistically significant underlying trend over the last decade was identified in either the Greater Adelaide or Country SA time series.
- South Australia's median maternal age is ranked equal fourth lowest (with Western Australia) compared to the other states and territories.

Median maternal age, 2016

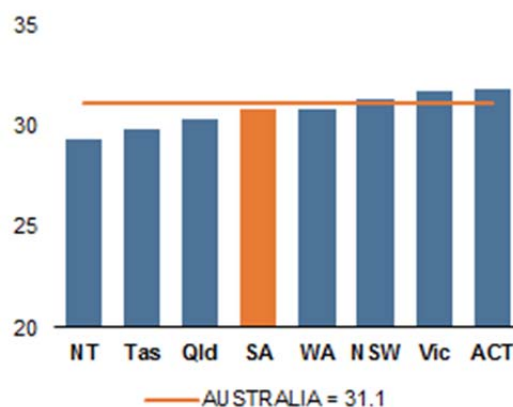
Region	Years
Greater Adelaide	31.2
Country SA	29.1
South Australia	30.8
Australia	31.1



Data source: ABS 2017a

Median maternal age, 2016

State/Territory	Years
Northern Territory	29.3
Tasmania	29.8
Queensland	30.3
South Australia	30.8
Western Australia	30.8
New South Wales	31.3
Victoria	31.7
Australian Capital Territory	31.8
Australia	31.1



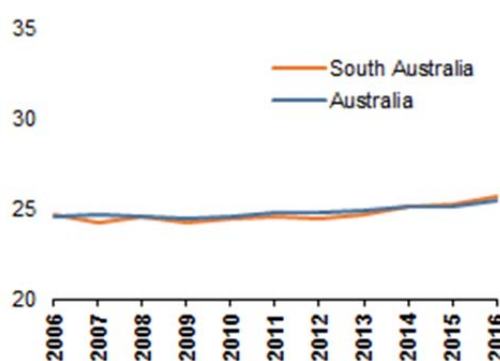
Data source: ABS 2017a

2-2-2. Aboriginal maternal age

- The median age at which Aboriginal women in South Australia gave birth in 2016 is significantly younger than the general population rate, at 25.7 years.²
- This age is the almost same as the national median for Aboriginal women giving birth (25.5 years).²
- The trend over the last decade has been gradually increasing.
- South Australia's median maternal age of Aboriginal mothers is ranked fourth highest compared to the other states and territories that reported data.²

Aboriginal median maternal age, 2016

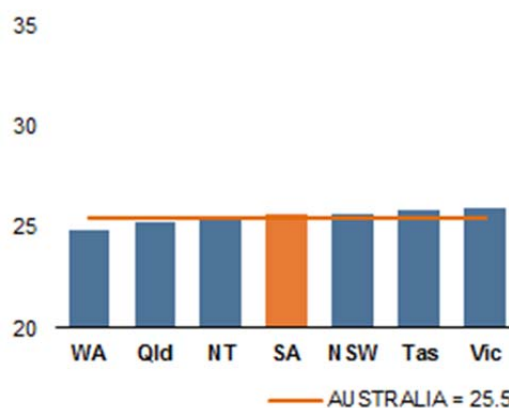
Region	Years
Greater Adelaide	n.a.
Country SA	n.a.
South Australia	25.7
Australia	25.5



Data source: ABS 2017b

Aboriginal median maternal age, 2016

State/Territory	Years
Northern Territory	25.5
Western Australia	24.9
Queensland	25.3
South Australia	25.7
Tasmania	25.9
New South Wales	25.7
Victoria	26.0
Australian Capital Territory	n.a.
Australia	25.5



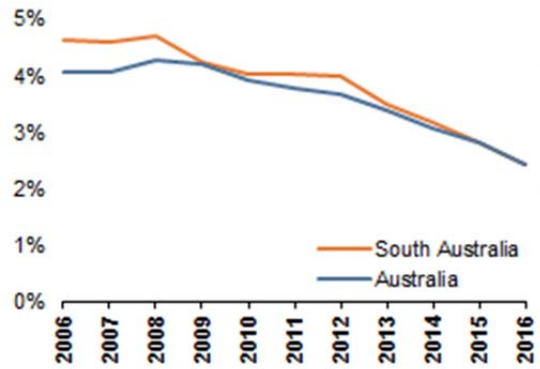
Data source: ABS 2017b

2-2-3. Teenage women giving birth

- In 2016, there were 481 births in South Australia where the mother was aged 19 years or less.³
- This represents 2.4% of all births in South Australia and is equal to the national rate of 2.4%.³
- Over the last decade there has been a downward trend, both in this state and nationally.
- South Australia ranks fourth lowest of the states and territories for proportion of births where the mother was aged 19 years or less.³

Births, mother aged 19 years or less, 2016

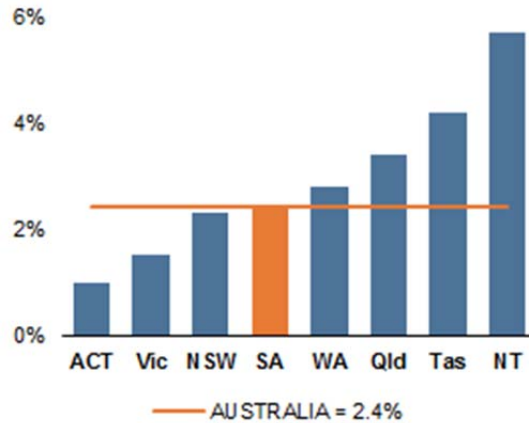
Region	%
Greater Adelaide	n.a.
Country SA	n.a.
South Australia	2.4%
Australia	2.4%



Data source: ABS 2017c

Births, mother aged 19 years or less, 2016

State/Territory	%
Australian Capital Territory	1.0%
Victoria	1.5%
New South Wales	2.3%
South Australia	2.4%
Western Australia	2.8%
Queensland	3.4%
Tasmania	4.2%
Northern Territory	5.7%
Australia	2.4%



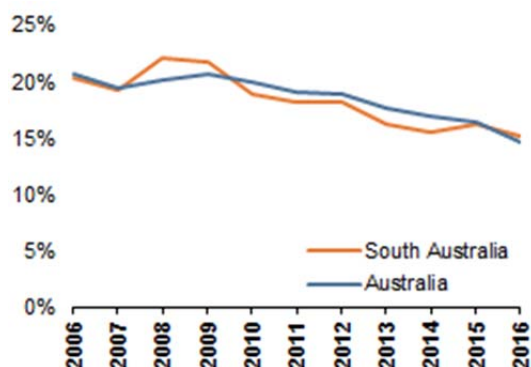
Data source: ABS 2017c

2-2-4. Aboriginal teenage women giving birth

- In 2016, there were 106 births in South Australia to Aboriginal mothers aged 19 years or less.⁴
- This represents 15.2% of all births in South Australia to Aboriginal mothers, slightly higher than the national rate of 14.6%.⁴
- Over the last decade there has been a downward trend, both in this state and nationally.
- In 2016, South Australia ranked second highest of the states and territories for the proportion of births to Aboriginal mothers aged 19 years or less.⁴

Births, Aboriginal mother aged 19 years or less, 2016

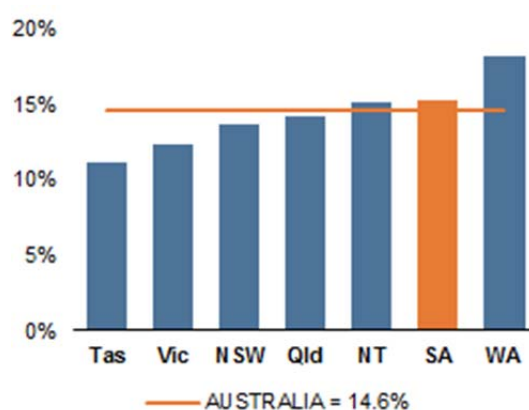
Region	%
Greater Adelaide	n.a.
Country SA	n.a.
South Australia	15.2%
Australia	14.6%



Data source: ABS 2017d

Births, Aboriginal mother aged 19 years or less, 2016

State/Territory	%
Tasmania	11.2%
Victoria	12.3%
New South Wales	13.7%
Queensland	14.2%
Northern Territory	15.1%
South Australia	15.2%
Western Australia	18.2%
Australian Capital Territory	n.a.
Australia	14.6%



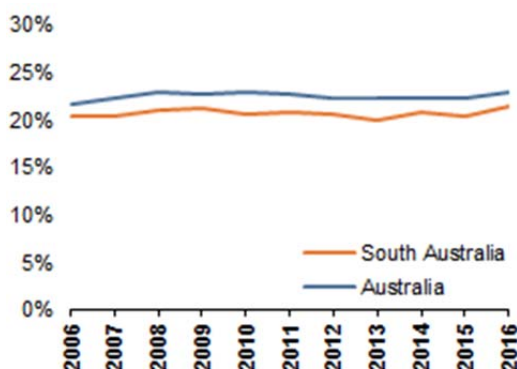
Data source: ABS 2017d

2-2-5. Women aged 35 years and over giving birth

- In 2016, there were 4,218 births in South Australia where the mother was aged 35 years or older.³
- This represents around one in five (21.3%) of all births in South Australia, lower than the national rate of 23.0%.³
- Since 2006, the proportion of has been relatively steady, both in this state and nationally.
- Compared to its interstate counterparts, South Australia ranks fourth lowest for the proportion of births to women aged 35 years and over.³

Births, mother aged 35 years and over, 2016

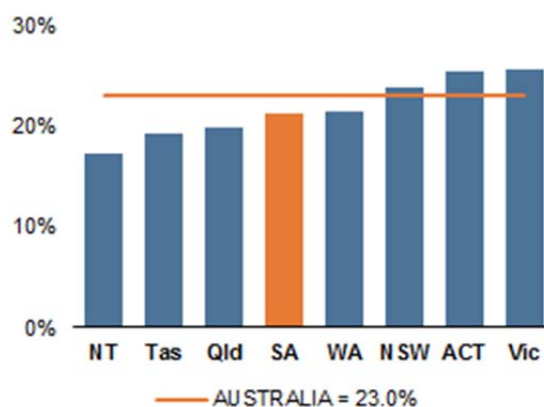
Region	%
Greater Adelaide	n.a.
Country SA	n.a.
South Australia	21.3%
Australia	23.0%



Data source: ABS 2017c

Births, mother aged 35 years and over, 2016

State/Territory	%
Northern Territory	17.3%
Tasmania	19.3%
Queensland	19.9%
South Australia	21.3%
Western Australia	21.5%
New South Wales	23.9%
Australian Capital Territory	25.4%
Victoria	25.7%
Australia	23.0%



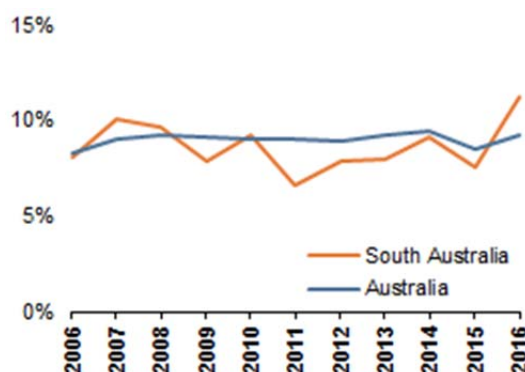
Data source: ABS 2017c

2-2-6. Aboriginal women aged 35 years and over giving birth

- In 2016, there were 78 births in South Australia to Aboriginal mothers aged 35 years or older.⁴
- This represents 11.2% of all births in South Australia to Aboriginal mothers, slightly greater than the national rate of 9.2%.⁴
- Over the last decade, the national rate has increased very slightly, although South Australia's trend is harder to discern.
- South Australia ranks highest of the states and territories that reported data (ACT did not publish figures) for the proportion of births to Aboriginal mothers aged 35 years and over.⁴

Births, Aboriginal mother aged 35 years and over, 2016

Region	%
Greater Adelaide	n.a.
Country SA	n.a.
South Australia	11.2%
Australia	9.2%



Data source: ABS 2017d

Births, Aboriginal mother aged 35 years and over, 2016

State/Territory	%
Northern Territory	8.0%
Western Australia	8.4%
Tasmania	8.8%
Queensland	9.0%
New South Wales	9.6%
Victoria	10.5%
South Australia	11.2%
Australian Capital Territory	n.a.
Australia	9.2%



Data source: ABS 2017d

Sources

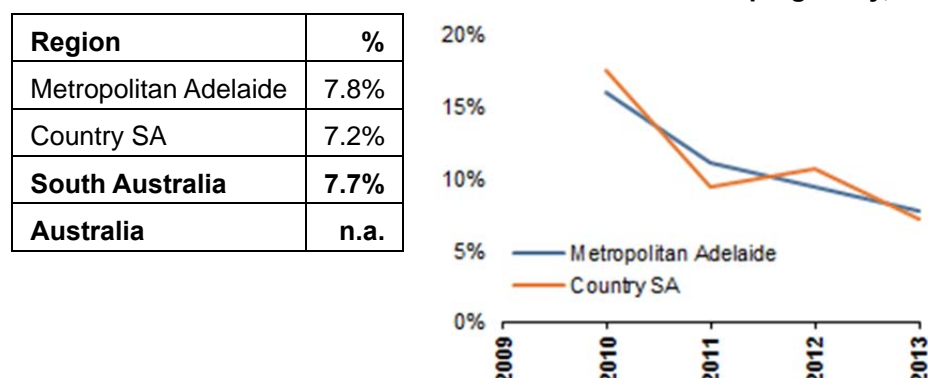
1. Based on Australian Bureau of Statistics (ABS 2017a), 'Table 1.1 Births, Summary, Statistical Areas Level 4-2006 to 2016', [Births, Australia, 2016](#), cat. no. 3301.0, viewed 20 August 2018.
2. Based on Australian Bureau of Statistics (ABS 2017b), 'Aboriginal and Torres Strait Islander births and confinements, summary, by state', [ABS.Stat \(beta\)](#), viewed 20 August 2018.
3. Based on Australian Bureau of Statistics (ABS 2017c), 'Fertility, by age, by state', [ABS.Stat \(beta\)](#), viewed 20 August 2018.
4. Based on Australian Bureau of Statistics (ABS 2017d), 'Aboriginal and Torres Strait Islander fertility, by age, by state', [ABS.Stat \(beta\)](#), viewed 20 August 2018.

2-3. Folate intake before and during pregnancy

2-3-1. Awareness of benefits of folate intake – by region

- In 2013, around 1 in 13 (7.7%) of South Australians aged 16 years or more were aware that a woman should take folic acid before pregnancy, and in the first three months of pregnancy, to reduce her chance of having a baby with spina bifida.¹
- There is no statistically significant difference between the rate reported by people in metropolitan Adelaide compared to Country SA residents.¹
- The level of awareness in the South Australian community of the benefits of folic acid before and during pregnancy decreased significantly between 2010 and 2013.¹

Awareness of benefits of folic acid intake before and after pregnancy, 2013

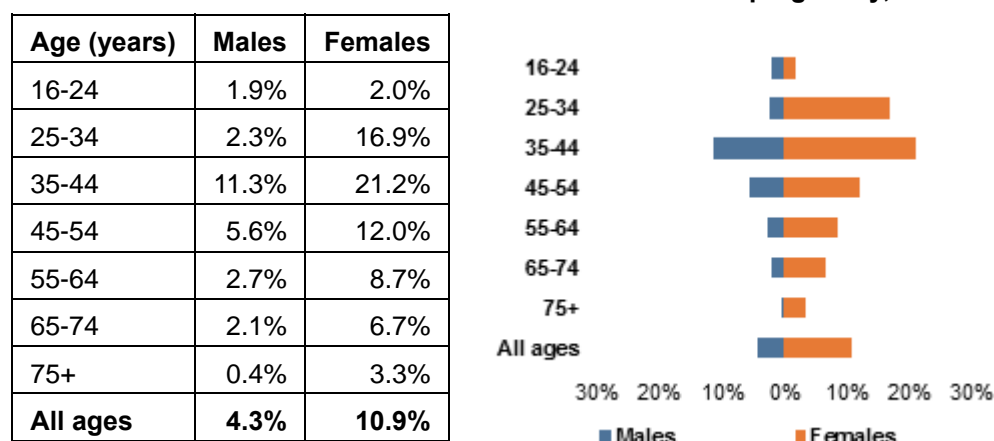


Data source: SA Health 2014

2-3-2. Awareness of benefits of folate intake – by age and sex

- In 2013, the proportion of people aware of the benefits of folic acid intake before and during pregnancy was double in the female population aged 16 years and over compared to their male counterparts.¹
- The highest recorded proportion is in the female aged 35-44 years cohort, with the 25-34 year-old female cohort also represented relatively highly.¹

Awareness of benefits of folic acid intake before and after pregnancy, 2013

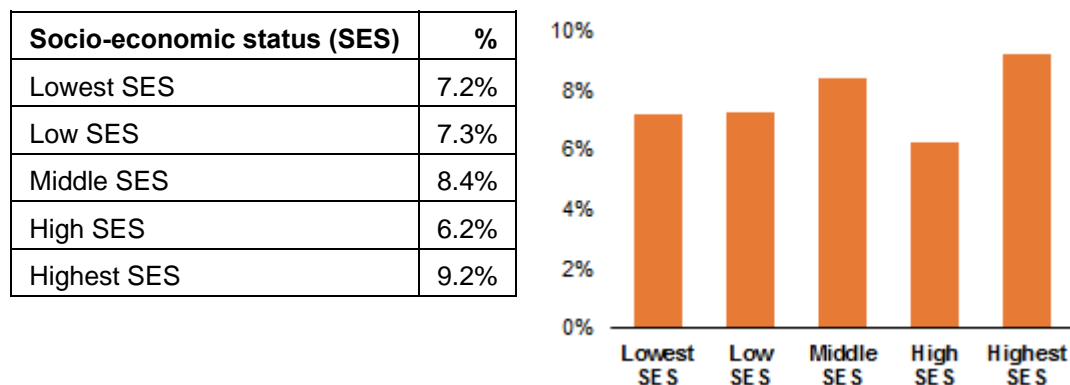


Data source: SA Health 2014

2-3-3. Awareness of benefits of folate intake – by socio-economic status

- Awareness of the benefits of folic acid intake before and after pregnancy is fairly consistent across the South Australian socio-economic quintiles.¹

Awareness of benefits of folic acid intake before and after pregnancy, 2013



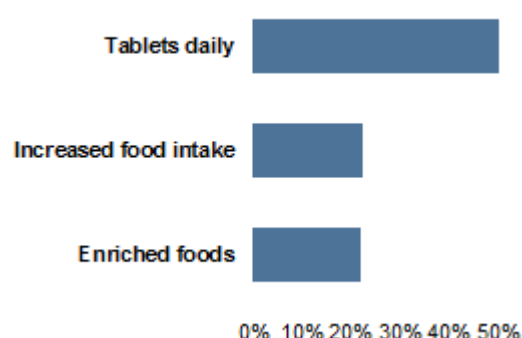
Data source: SA Health 2014

2-3-4. Type of folic acid intake

- The most common type of folic acid intake chosen by women before and during the first three months of pregnancy is daily folic acid tablets, accounting for over half of the types taken in South Australia in 2013.¹

Type of folic acid intake, 2013

Folic acid intake type	%
Folic acid tablets every day	55.3%
Increased intake of foods rich in folate or folic acid, such as green leafy vegetables, cereals and fruits	22.5%
Eating cereals or other prepared foods/juices specially enriched with folic acid every day	22.2%



Data source: SA Health 2014

Sources

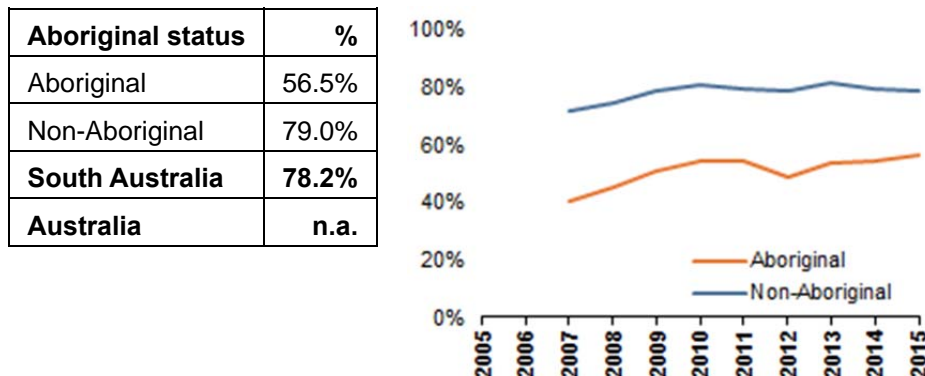
- Based on Health Information Portal database 2014, 'Management Reporting, Reports, South Australian Monitoring and Surveillance System Online, Folate Awareness', SA Health, Adelaide, viewed 13 October 2014.

2-4. Pregnancy outcomes

2-4-1. Antenatal visits

- More than three quarters (78.2%) of women who gave birth in South Australia in 2015 had their first antenatal visit within the first 14 weeks of pregnancy.¹
- The rate for Aboriginal women is significantly lower, at just over half (56.5%).¹
- The overall trend for Aboriginal and non-Aboriginal women has been trending up since 2007 when this time series began.

Antenatal visit within first 14 weeks of pregnancy, 2015



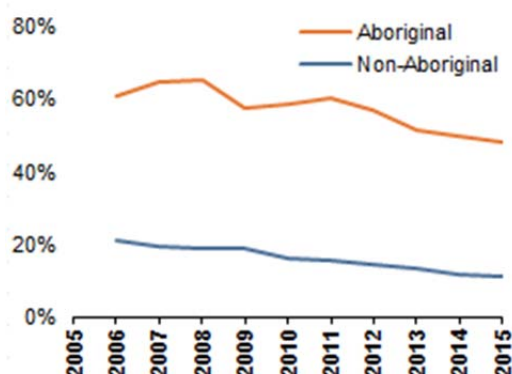
Data source: SA Health 2017a

2-4-2. Smoking during pregnancy

- Data for 2015 shows that one in eight (12.5%) women who gave birth in South Australia reported being smokers at their first antenatal visit.²
- To enable interstate comparison, this rate includes women who reported smoking during pregnancy, but had quit before their first antenatal visit.²
- The proportion of women smoking at the first antenatal visit (including quitters) continues to decline since 2006 when this time series (with Aboriginal and non-Aboriginal comparisons) began. In 2006 the state rate was 22.3%.²
- The corresponding rate for Aboriginal women also continues to decline, down from 60.8% in 2006 to 48.4% in 2015.
- Data for 2015 shows a drop in reported smoking rates between the first antenatal visit and second half of pregnancy.²
- Less than one in ten (8.5%) women who gave birth in South Australia report being smokers in the second half of their pregnancy, 4.1 percentage points lower than the 14.5% who reported smoking at (or before) their first antenatal visit.²
- However, South Australia ranks third-highest compared to the other states and territories for proportion of women who gave birth who reported being smokers during their pregnancy at their first antenatal visit.³
- Data for 2016 shows that the state rate of 12.0% is above the national average of 9.9%.³

Smoking rate at first antenatal visit, 2015

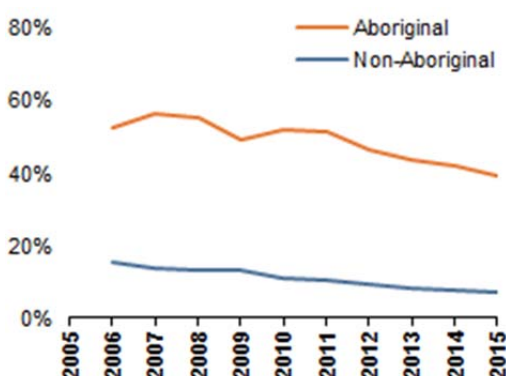
Aboriginal status	%
Aboriginal	48.4%
Non-Aboriginal	11.2%
South Australia	12.5%
Australia (2016)	9.9%



Data source: SA Health 2017b

Smoking rate in second half of pregnancy, 2015

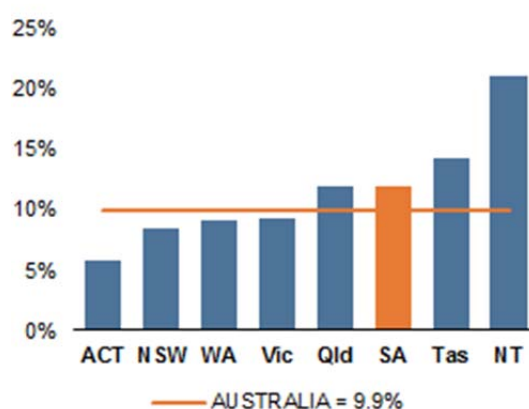
Aboriginal status	%
Aboriginal	39.1%
Non-Aboriginal	7.4%
South Australia	8.5%
Australia	n.a.



Data source: SA Health 2017b

Smoking rate at first antenatal visit, 2016

State/Territory	%
Australian Capital Territory	5.8%
New South Wales	8.4%
Western Australia	9.1%
Victoria	9.3%
Queensland	12.0%
South Australia	12.0%
Tasmania	14.2%
Northern Territory	21.1%
Australia	9.9%



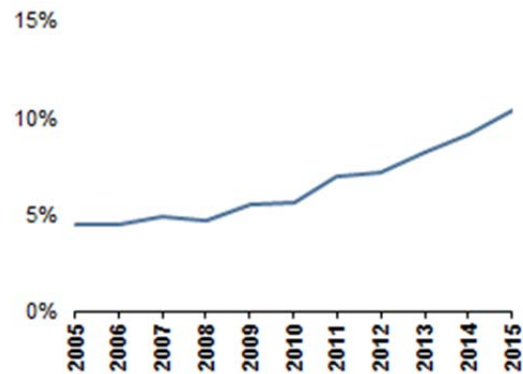
Data source: AIHW 2018a

2-4-3. Gestational diabetes

- There has been a more than doubling in the prevalence of gestational diabetes among women who give birth in South Australia over the last decade of collected data.
- In 2005, 4.5% of women who gave birth in South Australia experienced gestational diabetes as an obstetric complication.⁴
- By 2015, the prevalence in this state had more than doubled to 10.4%.⁴

Gestational diabetes, 2015

Region	% of women who gave birth
Metro. Adelaide	n.a.
Country SA	n.a.
South Australia	10.4%
Australia	n.a.



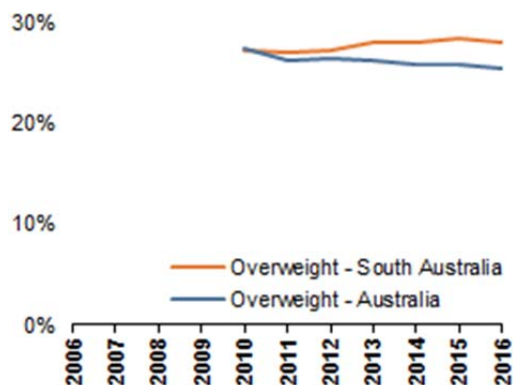
Data Source: SA Health 2017c

2-4-4. Overweight and obesity in pregnancy

- Body mass index or BMI is a measure of body fat based on the ratio of weight and height (bodyweight in kilograms divided by height in metres squared).
- The normal range of BMI for non-pregnant women is 18.5 to 24.9 kg/m².
- BMI increases are expected in pregnancy. However, a BMI in the range 25.0 to 29.9 at the first antenatal consultation is defined as overweight, while a BMI of 30.0 or more is defined as obesity in pregnancy.
- In 2016, over a quarter (28.0%) of women in South Australia who gave birth were recorded as being overweight during their pregnancy, above the national average of 25.5%.⁵
- At the same time, a slightly lower proportion (24.4%) were recorded as being obese although again this was above the national average of 19.5%.⁵
- Over the last six years for which time series data is available, the trend in overweight and obesity in pregnancy has increased slightly in South Australia but fallen nationally.
- Of the states and territories, South Australia is ranked highest for overweight and second highest for obesity in pregnancy. However, readers should note that figures may not be directly comparable between jurisdictions due to differences in how and when data was collected.

Overweight in pregnancy, 2016

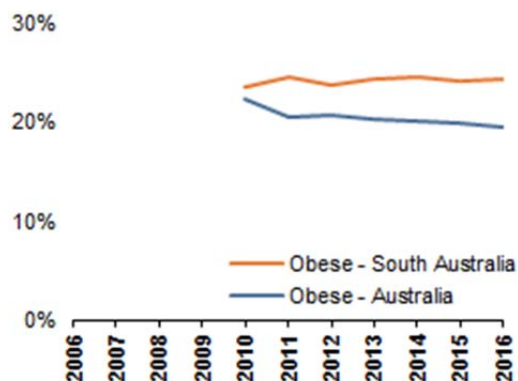
Region	%
Metropolitan Adelaide	n.a.
Country SA	n.a.
South Australia	28.0%
Australia	25.5%



Data source: AIHW 2018b

Obesity in pregnancy, 2016

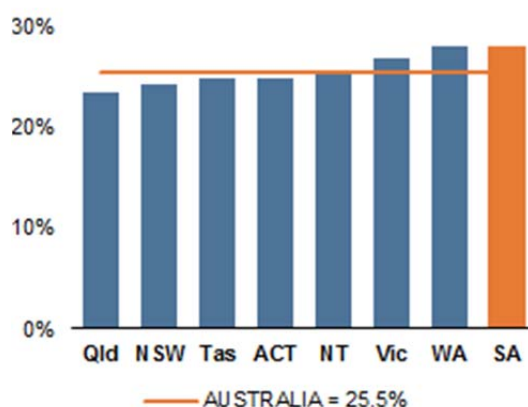
Region	%
Metropolitan Adelaide	n.a.
Country SA	n.a.
South Australia	24.4%
Australia	19.5%



Data source: AIHW 2018b

Overweight in pregnancy, 2016

State/Territory	%
Queensland	23.4%
New South Wales	24.3%
Tasmania	24.8%
Australian Capital Territory	24.9%
Northern Territory	25.3%
Victoria	26.8%
Western Australia	28.0%
South Australia	28.0%
Australia	25.5%

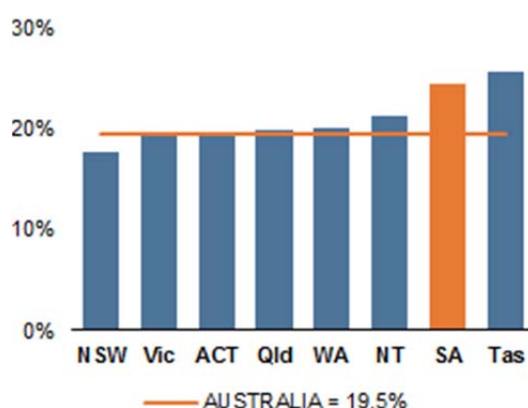


N.B. figures may not be directly comparable between jurisdictions due to differences in how and when data was collected.

Data source: AIHW 2018b

Obesity in pregnancy, 2016

State/Territory	%
New South Wales	17.8%
Victoria	19.5%
Australian Capital Territory	19.6%
Queensland	19.8%
Western Australia	20.1%
Northern Territory	21.3%
South Australia	24.4%
Tasmania	25.6%
Australia	19.5%



N.B. figures may not be directly comparable between jurisdictions due to differences in how and when data was collected.

Data source: AIHW 2018b

Sources

1. Based on Pregnancy Outcome Unit, SA Health (SA Health 2017a), Government of South Australia 2015, 'Table 9a: Gestation at first antenatal visit, women who gave birth, by race, South Australia, 2015', [Pregnancy Outcome in South Australia 2015](#), Scheil W, Jolly K, Scott J, Catcheside B, Sage L, Kennare R, viewed August 2018.
2. Based on Pregnancy Outcome Unit, SA Health (SA Health 2017b), Government of South Australia 2015, 'Table 20: Tobacco smoking status at first antenatal visit, non-Aboriginal and Aboriginal women who gave birth, South Australia, 2015' and 'Table 21: Average number of tobacco cigarettes smoked per day in the second half of pregnancy, non-Aboriginal and Aboriginal women who gave birth, South Australia, 2015', [Pregnancy Outcome in South Australia 2015](#), Scheil W, Jolly K, Scott J, Catcheside B, Sage L, Kennare R, viewed August 2018.
3. Based on Australian Institute of Health and Welfare (AIHW 2018a) National Perinatal Data Collection, 'Table 14a: Trends for smoking anytime in pregnancy by selected maternal characteristics, 2005 to 2016', Antenatal period module, [Perinatal data portal](#), accessed 8 August 2018.
4. Based on Pregnancy Outcome Unit, SA Health (SA Health 2017c), Government of South Australia 2015, 'Table 23: Frequency of some obstetric complications, women who gave birth, South Australia, 2015', [Pregnancy Outcome in South Australia 2015](#), Scheil W, Jolly K, Scott J, Catcheside B, Sage L, Kennare R, viewed August 2018.
5. Based on Australian Institute of Health and Welfare (AIHW 2018b), 'Table 12: Body mass index (BMI) by selected characteristics of women who gave birth, 2016', Antenatal period module, [Perinatal data portal](#), accessed 8 August 2018.

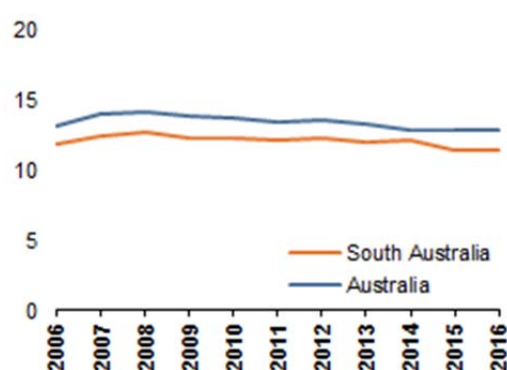
2-5. Birth rate

2-5-1. Birth rate

- In 2016, there were 19,765 people born in South Australia, into a total population of 1.71 million. This represents a crude rate of 11.5 births per 1000 population.¹
- The crude birth rate in South Australia has been very slightly declining since 2008, down from 12.7 births per 1000 population recorded in that year.¹
- The national crude birth rate remains above the state rate, but it too has been very slightly declining, down from 14.2 births per 1000 population in 2008 to 12.8 in 2016.¹
- Of the states and territories, South Australia recorded the equal lowest (with Tasmania) crude birth rate in 2016.¹

Crude birth rate, 2016

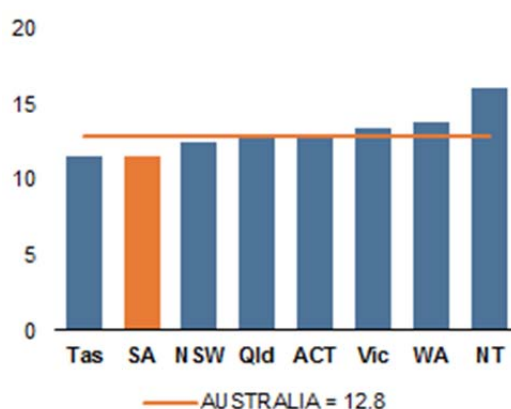
Local Health Network	Per 1000 popn.
Northern Adelaide	12.3
Central Adelaide	11.6
Southern Adelaide	11.0
Metropolitan Adelaide	11.6
Barossa Hills Fleurieu	11.2
Eyre and Far North	11.1
Flinders and Upper North	11.2
Riverland Mallee Coorong	11.6
South East	12.6
Yorke & Northern	11.0
Country Health SA	11.5
South Australia	11.5
Australia	12.8



Data source: ABS 2017a

Crude birth rate, 2016

State/Territory	Per 1000 popn.
Tasmania	11.5
South Australia	11.5
New South Wales	12.4
Queensland	12.8
Aust. Capital Territory	12.8
Victoria	13.4
Western Australia	13.8
Northern Territory	16.0
Australia	12.8



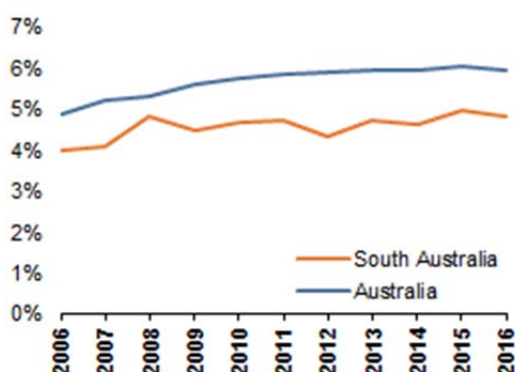
Data source: ABS 2017a

2-5-2. Aboriginal births

- In 2016, there were 957 births registered in South Australia where one or both parents identified themselves as being Aboriginal. This represents 4.8% of the 19,772 total births in this state during that year.²
- The trend in recorded Aboriginal births, as a percentage of all births, both in this state and nationally, has been increasing until 2015, with a slight decrease in 2016.²
- The Australian Bureau of Statistics caution that, due to changes over time in the completeness and coverage of responses by parents to the Aboriginal and Torres Strait Islander question on the birth registration form, care should be taken when interpreting changes in the data.
- Of the states and territories, South Australia ranks second lowest for percentage of Aboriginal births.²

Aboriginal births, 2016

Region	% of all births
Metropolitan Adelaide	n.a.
Country SA	n.a.
South Australia	4.8%
Australia	6.0%



Data source: ABS 2017b

Aboriginal births, 2016

State/Territory	% of all births
Victoria	1.8%
South Australia	4.8%
New South Wales	6.0%
Western Australia	7.8%
Queensland	8.7%
Tasmania	9.8%
Northern Territory	35.0%
Australia	6.0%



Data source: ABS 2017b

Sources

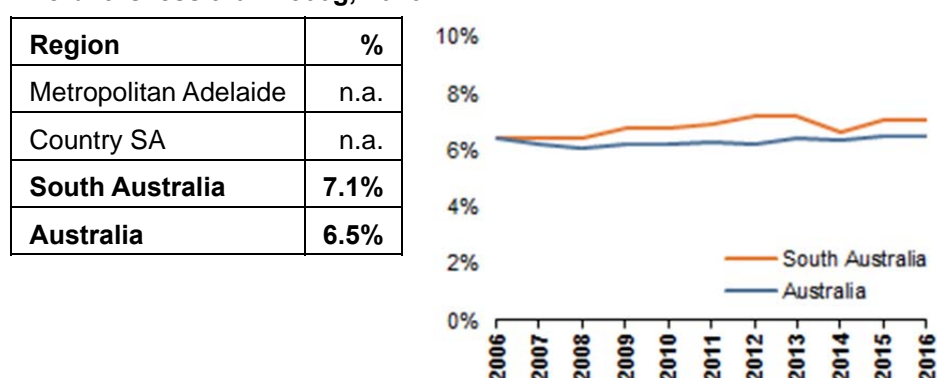
1. Based on Australian Bureau of Statistics (ABS 2017a), 'Table 1.1 Births, Summary, statistical Areas Level 4--2006 to 2016', [Births, Australia, 2016](#), cat. no. 3301.0, viewed 20 August 2018.
2. Based on Australian Bureau of Statistics (ABS 2017b), 'Aboriginal and Torres Strait Islander births and confinements, summary, by state', [ABS.Stat \(beta\)](#), viewed 20 August 2018.

2-6. Low birthweight

2-6-1. Low birthweight

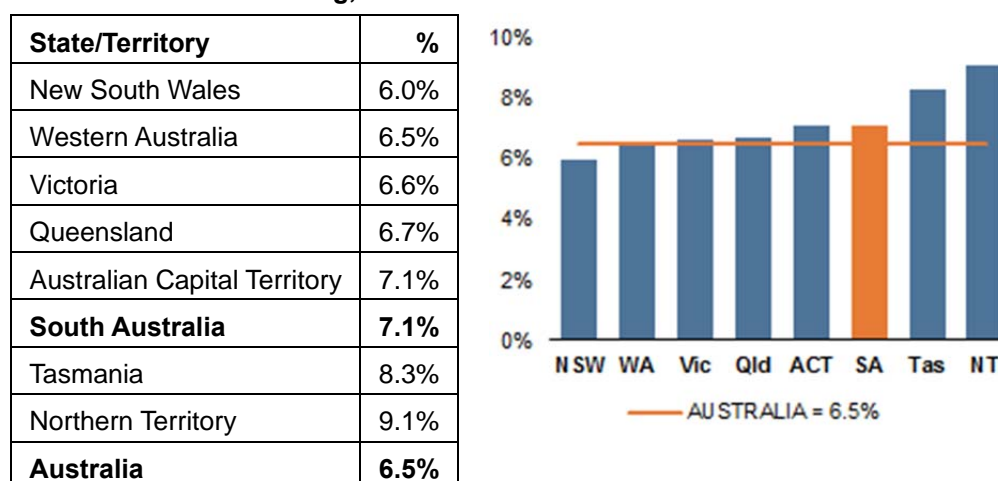
- A baby's birthweight is a key indicator of health status and babies are defined as low birthweight if their weight at birth is less than 2,500 grams.
- In 2016, the mean birthweight of liveborn babies in South Australia was 3,324 grams, compared to the Australian average of 3,336 grams.¹
- Around one in 14 (7.1%) of those were low birthweight in South Australia during that year, greater than the 6.5% national average.¹
- The trend in percentage of low birthweight liveborn babies in South Australia has been slightly increasing since 2008, compared to a relatively flat trend nationally over the last decade.¹
- South Australia ranks third highest for proportion of low birthweight babies of the states and territories.

Live births less than 2500g, 2016



Data source: AIHW 2018

Live births less than 2500g, 2016



Data source: AIHW 2018

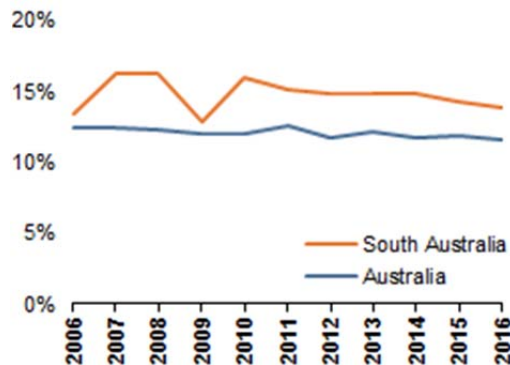
2-6-2. Aboriginal low birth weight

- A baby's birthweight is a key indicator of health status and babies are defined as low birthweight if their weight at birth is less than 2,500 grams.
- In 2016, the mean birthweight of liveborn babies to Aboriginal mothers in South Australia was 3,183 grams, less than the national mean for babies born to Aboriginal mothers (3,216 grams), and less than the South Australian average for all mothers of 3,324 grams (see 2-6-1 above).¹

- Around one in seven (13.8%) of liveborn babies to Aboriginal mothers in South Australia during 2016 were low birthweight, a higher rate than the 11.6% recorded nationally.¹
- The trend in percentage of low birthweight liveborn babies to Aboriginal mothers, both here in South Australia and nationally, has been slightly downwards over the last decade.
- Of the states and territories, South Australia ranks fourth highest for percentage of low birthweight liveborn babies to Aboriginal mothers.¹

Live births less than 2500g, Aboriginal mothers, 2016

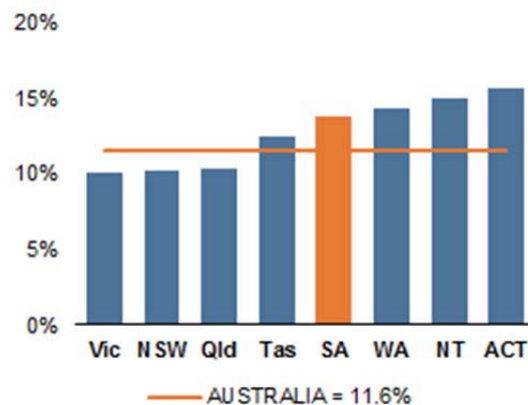
Region	%
Metropolitan Adelaide	n.a.
Country SA	n.a.
South Australia	13.8%
Australia	11.6%



Data source: AIHW 2018

Live births less than 2500g, Aboriginal mothers, 2016

State/Territory	%
Victoria	10.1%
New South Wales	10.2%
Queensland	10.4%
Tasmania	12.5%
South Australia	13.8%
Western Australia	14.3%
Northern Territory	15.0%
Australian Capital Territory	15.6%
Australia	11.6%



Data source: AIHW 2018

Sources

1. Based on Australian Institute of Health and Welfare (AIHW 2018), 'Table 3.8: Live births, by birthweight and state and territory, 2016' and 'Table 3.11: Live births of Aboriginal and Torres Strait Islander mothers, by birthweight and state and territory, 2016', [Australia's mothers and babies 2016 -- in brief, Supplementary tables](#), Perinatal statistics series no. 31, Cat no. PER 72, viewed 10 August 2018.

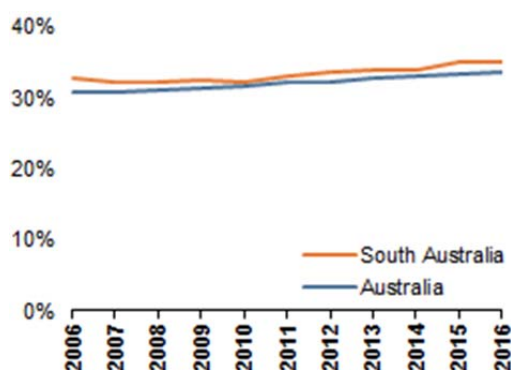
2-7. Caesarean births

2-7-1. Caesarean births

- In 2016, over a third (35.1%) of all births in South Australia were by caesarean section.¹
- This is higher than the national average of 33.8%.¹
- Over the last decade, the proportion of women who gave birth via caesarean procedure has increased, both in this state (up from 32.9% in 2006) and Australia-wide (up from 30.8% in 2006).¹
- South Australia ranks second highest for proportion of births by caesarean procedure of the states and territories.¹

Births by caesarean section, 2016

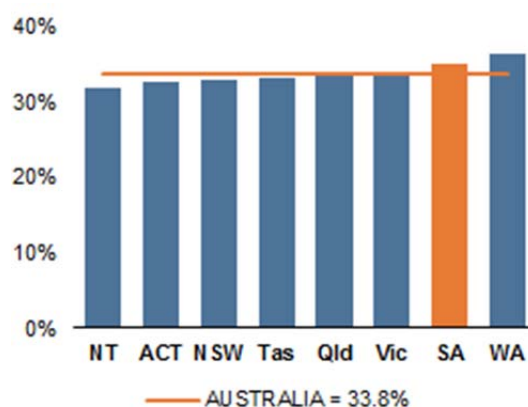
Region	%
Metropolitan Adelaide	n.a.
Country SA	n.a.
South Australia	35.1%
Australia	33.8%



Data source: AIHW 2018

Births by caesarean section, 2016

State/Territory	%
Northern Territory	31.8%
Australian Capital Territory	32.6%
New South Wales	32.9%
Tasmania	33.2%
Queensland	33.6%
Victoria	33.8%
South Australia	35.1%
Western Australia	36.3%
Australia	33.8%



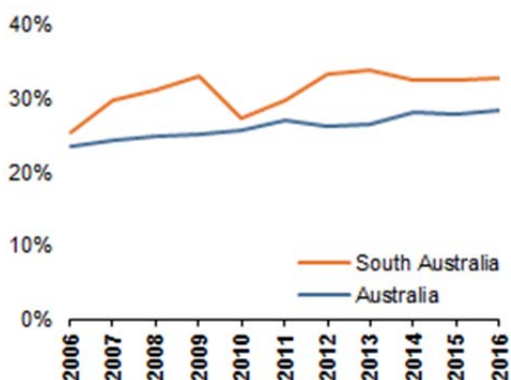
Data source: AIHW 2018

2-7-2. Aboriginal caesarean births

- In 2016, just over a third (32.7%) of women who identified as Aboriginal and who gave birth in South Australia did so by caesarean procedure.¹
- This is significantly higher than the national average (28.5%) for Aboriginal women who gave birth during that year.¹
- Over the last decade, the proportion of Aboriginal women who gave birth in South Australia via caesarean procedure has increased, up from 25.4% in 2006.¹
- South Australia recorded the highest proportion of Aboriginal births by caesarean section of the states and territories in 2016.¹

Births by caesarean section, Aboriginal mothers, 2016

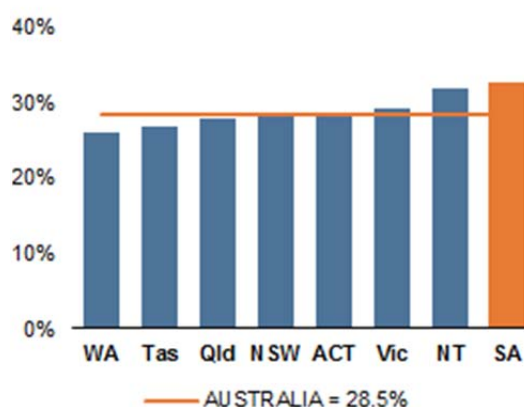
Region	%
Metropolitan Adelaide	n.a.
Country SA	n.a.
South Australia	32.7%
Australia	28.5%



Data source: AIHW 2018

Births by caesarean section, Aboriginal mothers, 2016

State/Territory	%
Western Australia	26.1%
Tasmania	26.9%
Queensland	27.9%
New South Wales	28.4%
Australian Capital Territory	28.6%
Victoria	29.2%
Northern Territory	31.7%
South Australia	32.7%
Australia	28.5%



Data source: AIHW 2018

Sources

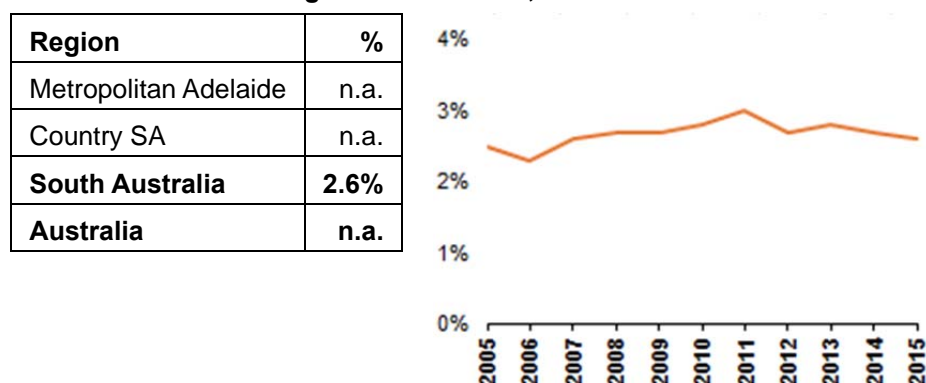
1. Based on Australian Institute of Health and Welfare (AIHW 2018), 'Table 2.36: Women who gave birth, by Indigenous status, method of birth and state and territory, 2016', [Australia's mothers and babies 2016 -- in brief, Supplementary tables](#), Cat no. PER 97, viewed 8 August 2018.

2-8. Congenital anomalies

2-8-1. Congenital anomalies in South Australia

- In 2015, there were 516 births (2.6%) in South Australia notified with congenital anomalies.¹
- The trend over the last decade has been slightly increasing, up from 2.3% in 2006.¹
- The top three congenital anomalies notified to South Australia's perinatal statistics collection in 2015 were: Hypospadias & epispadias (32 notified births); Cleft palate (17); Cleft lip and palate (Total cleft lip) (14). These classifications are based on the British Paediatric Association (BPA) Classification of Diseases.¹

Births notified with congenital anomalies, 2015



Data source: SA Health 2017

Sources

1. Based on Pregnancy Outcome Unit, SA Health (SA Health 2017), Government of South Australia 2017, [Pregnancy outcome in South Australia 2015](#), Scheil W, Jolly K, Scott J, Catcheside B, Sage L, Kennare R., viewed August 2018.

2-9. Childhood developmental health checks

Introduction

Fourth year developmental health assessments are available to children under the Australian Government's Medicare Benefits Scheme (MBS)...

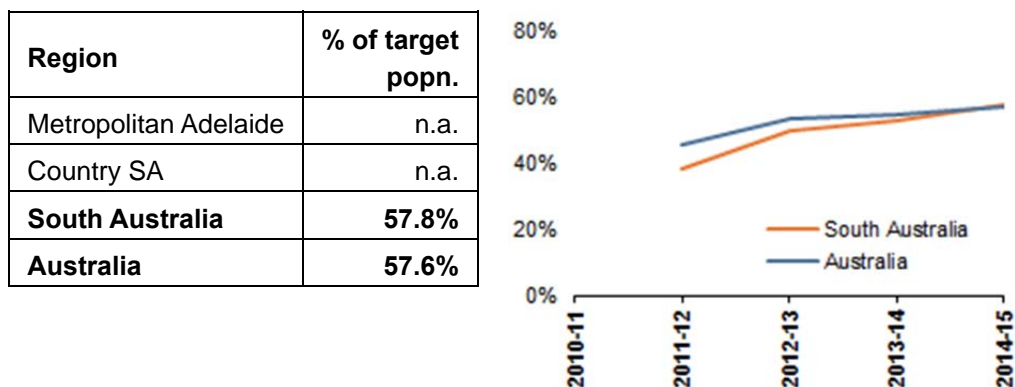
The *Healthy Kids Check* is available to children aged 3 or 4 years, while the *Aboriginal and Torres Strait Islander Peoples Health Assessment* item is available to Aboriginal and Torres Strait Islander people of all ages. The proportion of Aboriginal and Torres Strait Islander children aged 3 to 5 years who received the Aboriginal and Torres Strait Islander Peoples Health Assessment is reported as a proxy for the proportion of Aboriginal and Torres Strait Islander children who received a fourth year developmental health assessment. The proportion of other children who received either a Healthy Kids Check (at the age of 3 or 4 years), or a Health assessment at the age of 5 years, is reported as a proxy for the proportion of other children who received a fourth year developmental health assessment.

Fourth year developmental health assessments are intended to assess children's physical health, general wellbeing and development. They enable identification of children who are at high risk for, or have early signs of, delayed development and/or illness.

2-9-1. Childhood developmental health checks

- In 2014-15, well over half (57.8%) of South Australian children in the target population had received a fourth year developmental health check ("Healthy Kids Check").¹
- Over the last four years of comparable data, South Australia's rate has been increasing, and now sits slightly above the national average of 57.6%.¹
- Of the states and territories, South Australia ranks third highest for proportion of children in the target cohort who received a fourth year developmental Health Kids Check.¹

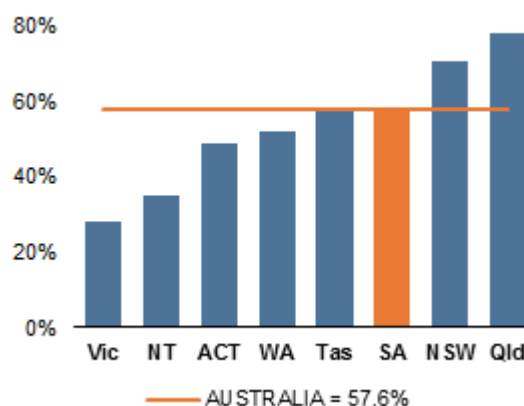
Children receiving a Health Kids Check, 2014-15



Data source: Productivity Commission 2016

Children receiving a Health Kids Check, 2014-15

State/Territory	% of target popn.
Victoria	28.2%
Northern Territory	34.8%
Aust. Capital Territory	48.9%
Western Australia	52.1%
Tasmania	57.2%
South Australia	57.8%
New South Wales	70.7%
Queensland	78.1%
Australia	57.6%



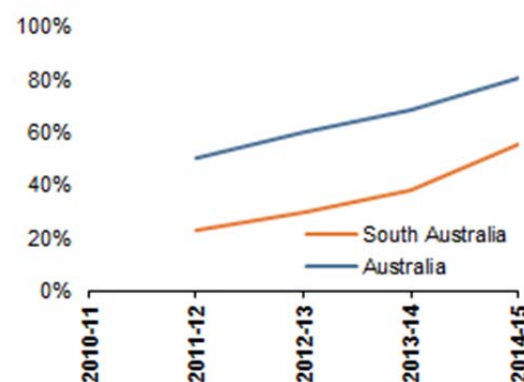
Data source: Productivity Commission 2016

2-9-2. Aboriginal childhood developmental health checks

- In 2014-15, over half (55.9%) of Aboriginal children in South Australia in the target cohort had received a fourth year developmental health check ("Aboriginal and Torres Strait Islander Child Health Check").¹
- Over the last four years of comparable data, South Australia's rate has been increasing, but is still well below the national average rate (80.9%).¹
- South Australia is ranked third lowest of the states and territories for proportion of Aboriginal children in the target cohort receiving fourth year developmental Aboriginal and Torres Strait Islander Child Health Checks.¹

Children receiving an Aboriginal and Torres Strait Islander Child Health Check, 2014-15

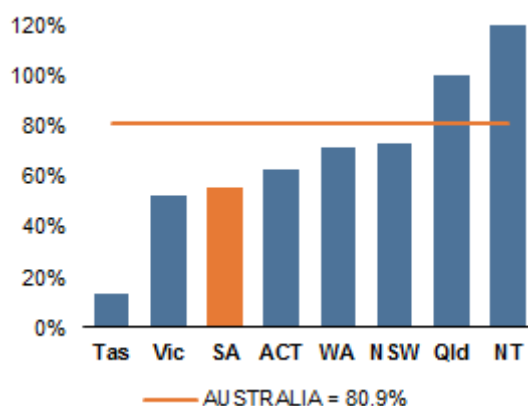
Region	% of target popn.
Metropolitan Adelaide	n.a.
Country SA	n.a.
South Australia	55.9%
Australia	80.9%



Data source: Productivity Commission 2016

Children receiving an Aboriginal and Torres Strait Islander Child Health Check, 2014-15

State/Territory	% of target popn.
Tasmania	13.8%
Victoria	52.3%
South Australia	55.9%
Aust. Capital Territory	62.7%
Western Australia	71.9%
New South Wales	73.5%
Queensland	100.1%*
Northern Territory	124.8%*
Australia	80.9%



Data source: Productivity Commission 2016

* For Queensland and the Northern Territory in 2014-15, data for the proportion of Aboriginal and Torres Strait Islander children who received a health check exceeds 100 per cent...

This is largely because numerator and denominator are not directly comparable — children are eligible to receive this health assessment at the age of 3, 4 or 5 years. However, a child is eligible to receive it once only (children may also be eligible for other health checks) — hence, the denominator uses population estimates and projections for a single year of age — 4 years. Using this methodology, the total number of children aged 3, 4 and 5 years who received a check in 2014-15 exceeds the derived population of Aboriginal and Torres Strait Islander children aged 4 years.

Sources

1. Based on Productivity Commission 2016, 'Volume E: Health, Chapter 10, Primary and community health, Attachment tables, Table 10A.34 Proportion of children receiving a fourth year developmental health check, by type of health check (per cent)', Government of Australia, Canberra, viewed 10 March 2016.

2-10. Childhood immunisation coverage

Introduction

The definition of *fully immunised* for measuring coverage rates includes vaccination against: hepatitis B, diphtheria, tetanus, pertussis, haemophilus influenzae type b, polio, measles, mumps and rubella, pneumococcal, varicella and meningococcal C.

Hepatitis B was not included in the Australian Childhood Immunisation Register until 2002.

The definition of fully immunised for measuring coverage rates was most recently expanded in 2013 and 2014 to accommodate changes to the National Immunisation Program Schedule:

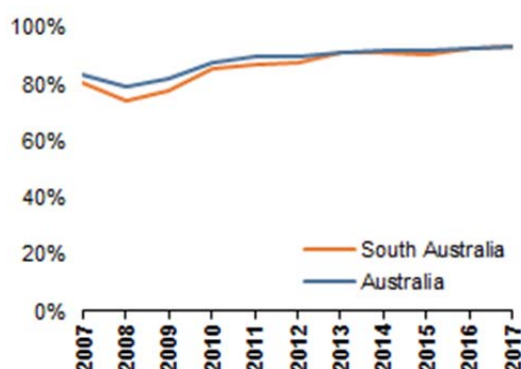
- December 2013 - pneumococcal vaccine for children aged 12-15 months was added.
- December 2014 - measles, mumps, rubella dose 2 (previously dose 1 was measured), varicella and meningococcal C for children aged 24 -27 months was included.

2-10-1. Children aged 5 years fully immunised

- As at June 2017, 93.5% of children aged five years in South Australia were fully immunised.¹
- Fully immunised includes vaccination against: hepatitis B, diphtheria, tetanus, pertussis, haemophilus influenzae type b, polio, measles, mumps and rubella, pneumococcal, varicella and meningococcal C.
- South Australia's rate is equal to the national average of 93.5%.¹
- Over the last decade, the trend in percentage of fully immunised children by age five years in this state has been increasing, up from 80.5% in 2007.¹
- South Australia technically ranks fourth highest of the states and territories for proportion of five year olds fully vaccinated, but there isn't a great deal of difference between the jurisdictions.¹

Children aged 5 years fully immunised, 2017

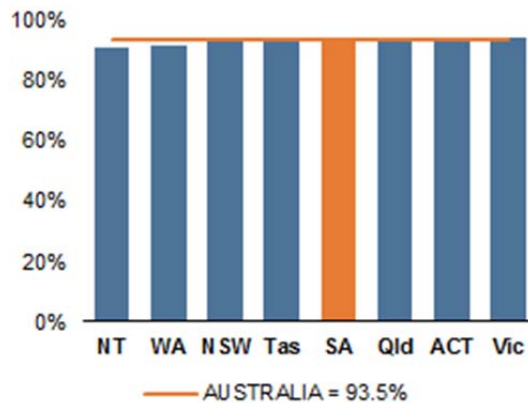
Region	%
Metropolitan Adelaide	n.a.
Country SA	n.a.
South Australia	93.5%
Australia	93.5%



Data source: AIHW 2018

Children aged 5 years fully immunised, 2017

State/Territory	%
Northern Territory	90.7%
Western Australia	91.6%
New South Wales	93.0%
Tasmania	93.4%
South Australia	93.5%
Queensland	93.9%
Australian Capital Territory	93.9%
Victoria	94.0%
Australia	93.5%



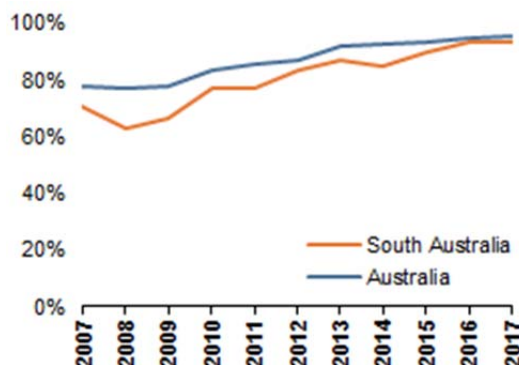
Data source: AIHW 2018

2-10-2. Aboriginal children aged 5 years fully immunised

- As at June 2017, 93.0% of Aboriginal children aged five years in South Australia were fully immunised.¹
- Fully immunised includes vaccination against: hepatitis B, diphtheria, tetanus, pertussis, haemophilus influenzae type b, polio, measles, mumps and rubella, pneumococcal, varicella and meningococcal C.
- South Australia's proportion of Aboriginal children aged five years fully immunised is slightly below this state's overall figure of 93.5% (see 2-10-1 above).¹
- The trend in percentage of Aboriginal children fully immunised by age five years in this state has increased significantly over the last decade (up from 70.4% in 2007).¹
- South Australia technically ranks third lowest of the states and territories for proportion of Aboriginal children aged five year olds fully vaccinated, but there isn't a great deal of difference between the jurisdictions.¹

Aboriginal children aged 5 years fully immunised, 2017

Region	%
Metropolitan Adelaide	n.a.
Country SA	n.a.
South Australia	93.0%
Australia	95.7%



Data source: AIHW 2018

Aboriginal children aged 5 years fully immunised, 2017

State/Territory	%
Tasmania	92.5%
Victoria	92.6%
South Australia	93.0%
Western Australia	94.4%
Northern Territory	94.7%
Australian Capital Territory	95.0%
New South Wales	96.2%
Queensland	96.3%
Australia	95.7%



Data source: AIHW 2018

Sources

1. Based on Australian Institute of Health and Welfare (AIHW 2018), MyHealthyCommunities, [Immunisation rates for children from 2011–12 to 2016–17](#), Canberra, Australia, viewed 9 August 2018.

2-11. Childhood overweight and obesity

Introduction

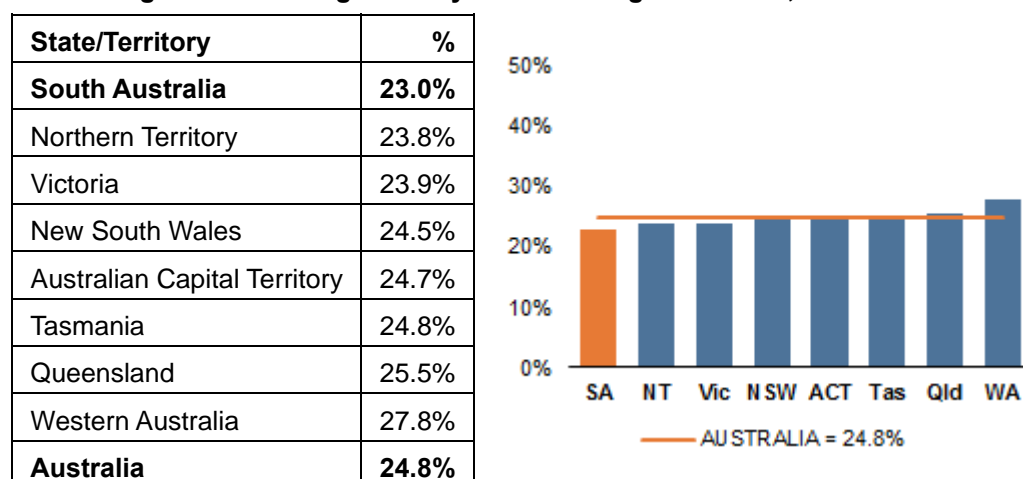
Body mass index or BMI is a measure of body fat based on the ratio of weight and height (bodyweight in kilograms divided by height in metres squared). The normal range of BMI for an adult is 18.5 to 24.9 kg/m².

Overweight for children is defined as a BMI (appropriate for age and sex) that is likely to be equal to 25 but less than 30 at age 18 years. Obesity for children is defined as BMI (appropriate for age and sex) that is likely to be 30 or more at age 18 years.

2-11-1. Overweight and obesity in non-Aboriginal children

- Around a quarter (23.0%) of non-Aboriginal children aged 5-17 years in South Australia were overweight or obese when the Australian Bureau of Statistics conducted its 2011-13 *Australian Health Survey*.¹
- This is slightly below the national average for non-Aboriginal children (24.8%).¹
- Compared to non-Aboriginal children in other states and territories, South Australia is ranked lowest for prevalence of childhood overweight and obesity.¹

Non-Aboriginal children aged 5-17 years overweight or obese, 2011-13



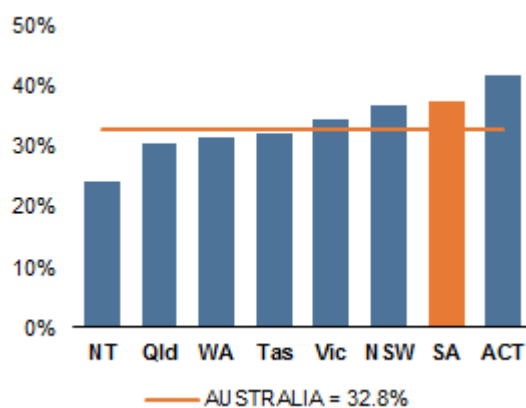
Data source: Productivity Commission 2016

2-11-2. Overweight and obesity in Aboriginal children

- Over a third (37.6%) of Aboriginal children aged 5-17 years in South Australia were overweight or obese when the Australian Bureau of Statistics conducted its 2011-13 *Australian Health Survey*.¹
- This is above the national average for Aboriginal children (32.8%), and well above the non-Aboriginal rate for South Australia (23.0%).¹
- Compared to Aboriginal children in other states and territories, South Australia is ranked second highest for prevalence of Aboriginal childhood overweight and obesity.¹

Aboriginal children aged 5-17 years overweight or obese, 2011-13

State/Territory	%
Northern Territory	24.2%
Queensland	30.4%
Western Australia	31.6%
Tasmania	32.1%
Victoria	34.5%
New South Wales	36.7%
South Australia	37.6%
Australian Capital Territory	41.9%
Australia	32.8%



Data source: Productivity Commission 2016

Sources

1. Based on Productivity Commission 2016, 'Volume E: Health, Overview, Attachment tables, Table EA.20 Rate of overweight and obesity for children by Indigenous status, 2011-13,' [Report on Government Services 2016](#), Government of Australia, Canberra, viewed 10 March 2016.

Staying healthy and ageing well

In summary

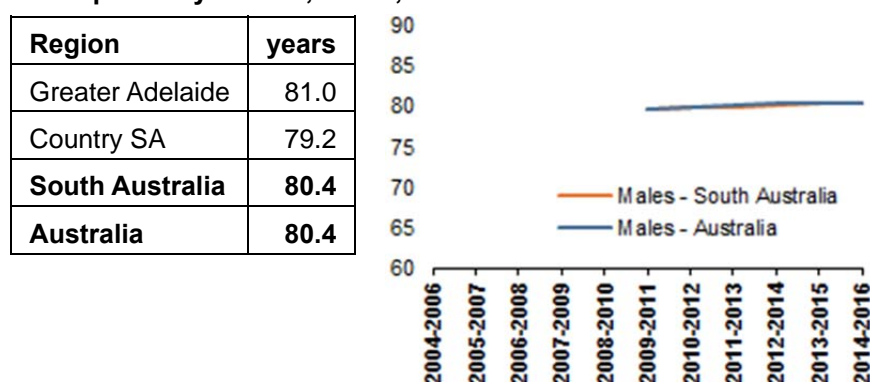
- The **life expectancy** of a **male** baby born in South Australia is **80.4 years**.
- The **life expectancy** of a **female** baby born in South Australia is **84.5 years**.
- **Aboriginal life expectancy** data is unavailable for South Australia specifically, but **nationally** stands at **69.1 years** for **Aboriginal males** at birth and **73.7 years** for **Aboriginal females** at birth.
- The **vast majority** (80.8%) of South Australians self-report that their **general health status is good, very good, or excellent**.
- **Less than half** (42.1%) of South Australians are eating the recommended **two or more serves of fruit per day**.
- Around **one in ten** (9.9%) South Australians report eating **five or more serves of vegetables per day**.
- **Under half** (45.0%) of South Australians undertake 150 minutes or more of walking, moderate or vigorous physical activity per week.
- Around **a quarter** (22.9%) of South Australians have a **disability** – defined in this context as a limitation, restriction or impairment, which has lasted, or is likely to last, for at least six months and restricts everyday activities.
- A smaller percentage, around **one in twenty** (5.5%), are in need of assistance with core activities due to **profound** or **severe disability**.
- **About a third** (32.7%) of South Australians are living with two or more of the following risk factors: (i) current high blood pressure; (ii) current high cholesterol; (iii) undertakes less than 150 minutes per week of walking, moderate or vigorous physical activity; (iv) overweight or obese; (v) current smoker; (vi) long-term alcohol risk; and/or (vii) insufficient consumption of fruit and vegetables.
- **Around a quarter** (24.6%) of South Australians drink at levels on a single occasion that puts them at **risk of an alcohol-related injury** arising from that particular event.
- **About one in six** (15.6%) South Australians are consuming alcohol at levels that puts them at **lifetime risk of harm** from alcohol-related disease or injury.
- **Approximately two-thirds** (63.7%) of South Australians have a Body Mass Index which the World Health Organisation defines as **overweight or obese**.
- **Around a quarter** (22.3%) of South Australians have **high blood pressure** and/or are on medication for high blood pressure.
- About **one in six** (17.5%) South Australians have **high cholesterol** and/or are on medication for high cholesterol. The trend has been increasing in metropolitan Adelaide over the last five years.
- **One in six** (16.5%) South Australians are current **smokers**.
- Approximately **one in eight** (11.9%) South Australians have recently experienced high or very high levels of **psychological distress**.
- Roughly **one in ten** (9.7%) South Australians have ever been told by a doctor that they have (or had) **cancer**.
- Just under **one in six** (15.7%) South Australians aged 14 years and older **reported using drugs illicitly**, including the use of pharmaceuticals for non-medical purposes, in the previous 12 months.

3-1. Life expectancy

3-1-1. Male life expectancy

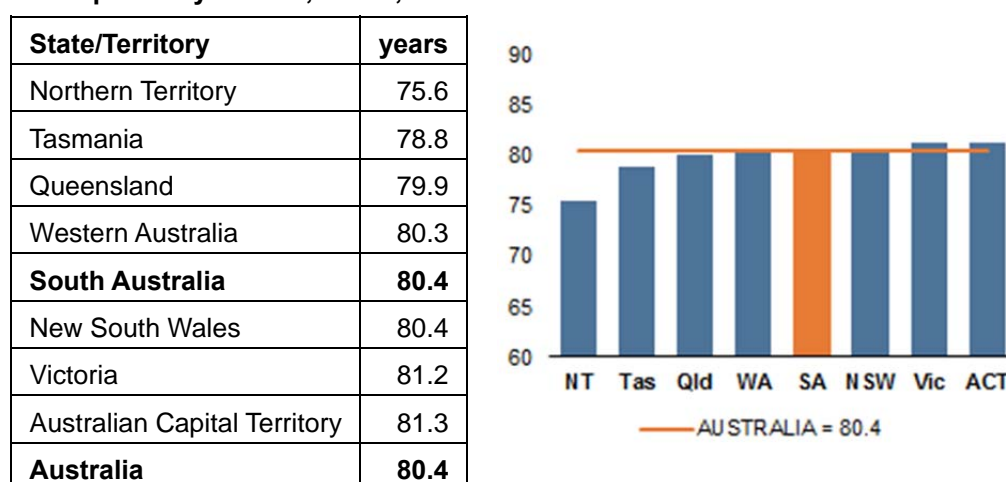
- The life expectancy of males in South Australia has increased very slightly since 2009-2011, but is lower than their female counterparts¹.
- A male baby born in South Australia in the period 2014-2016 has a total life expectancy of 80.4 years (81.0 for Greater Adelaide vs. 79.2 for Country SA)¹.
- At 80.4 years, total male life expectancy at birth in South Australia is equivalent to the national average for males (also 80.4 years)¹.
- A male aged 65 years living in South Australia in 2014-2016 can expect to live another 19.6 years, a male aged 75 years another 12.1 years and a male aged 85 years another 6.2 years¹.
- Apart from the Northern Territory, there's not a great deal of variation between the states and territories for total male life expectancy at birth in the period 2014-2016¹.
- The graphs below do not start at the origin to show detail.

Life expectancy at birth, Males, 2014-2016



Data source: ABS 2017

Life expectancy at birth, Males, 2014-2016



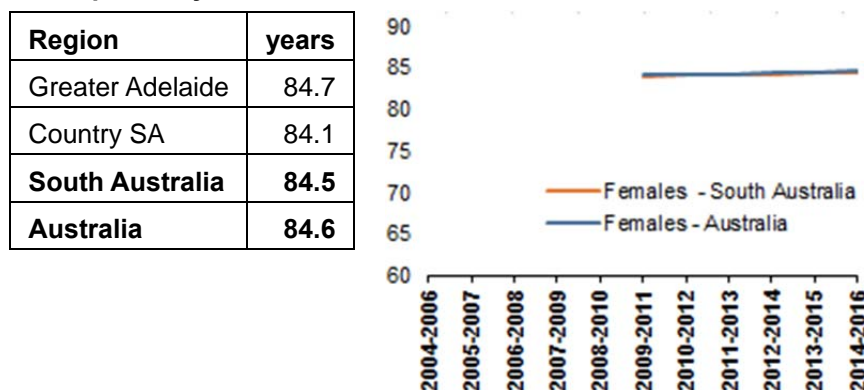
Data source: ABS 2017

3-1-2. Female life expectancy

- At 84.5 years, a female born in South Australia in the period 2014-2016 can expect to live almost half a decade longer than her male counterpart¹.

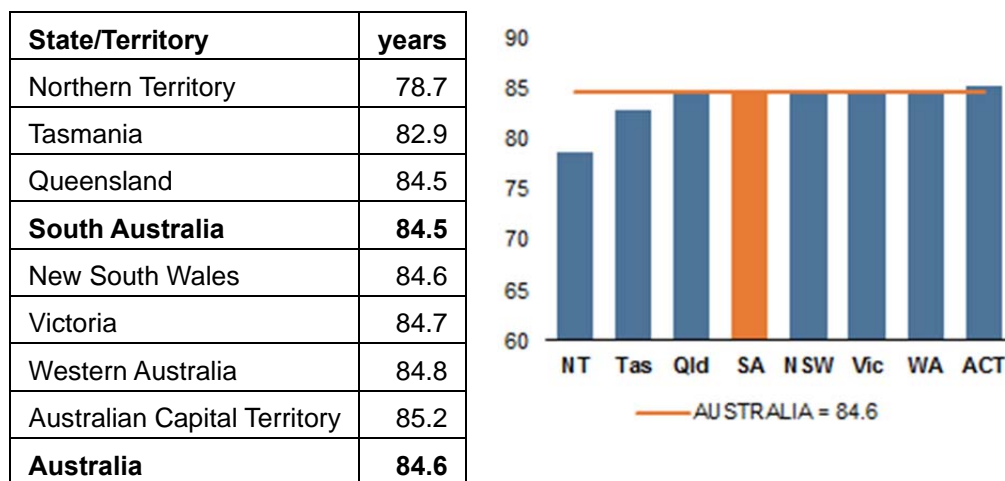
- There is a slight gap in total female life expectancy at birth in the period 2014-2016, depending on whether the location is Greater Adelaide (84.7 years) or Country SA (84.1 years)¹.
- Female life expectancy in South Australia (84.5 years) is roughly equivalent to the national average for females (84.6 years)¹.
- A female aged 65 years living in South Australia in the period 2014-2016 can expect to live another 22.3 years, a female aged 75 years another 14.0 years and a female aged 85 years another 7.3 years¹.
- Apart from the Northern Territory, there's not a great deal of variation between the states and territories for total female life expectancy at birth in the period 2014-2016¹.
- The graphs below do not start at the origin to show detail.

Life expectancy at birth, Females, 2014-2016



Data source: ABS 2017

Life expectancy at birth, Females, 2014-2016



Data source: ABS 2017

3-1-3. Aboriginal life expectancy

- Aboriginal life expectancy at birth data is *unavailable for South Australia*.
- However, the *national* Aboriginal life expectancy compared to the total is provided here to give an indication of the gap between the populations.
- Australia-wide, the total life expectancy of Aboriginal males (69.1 years) and females (73.7 years) born in the years 2010-2012 is more than a decade lower than for all persons (79.9 and 84.3 years for all males and females, respectively)².
- The graph below does not start at the origin to show detail.

Life expectancy at birth*, National data, 2010-2012

Region	years
Aboriginal males - Australia	69.1*
All males - Australia	79.9
Aboriginal females - Australia	73.7*
All females - Australia	84.3



* Aboriginal life expectancy reported here is based on the Australian Bureau of Statistics' headline estimates for Australia, calculated using an improved methodology (taking into account age-specific identification rates) that could not be applied at the state and territory or remoteness area levels. Therefore this data should not be compared with data for any state or territory, or remoteness area.

Data source: ABS 2013

Sources

1. Based on Australian Bureau of Statistics (ABS 2017), 'Table 2.1 Life tables, Statistical Area Level 4-2009-2011 to 2014-2016', and 'Table 1.4 Life Tables, South Australia, 2014-2016', [Life Tables States and Territories and Australia 2014-2016](#), cat. no. 3302.0.55.001, viewed 23 August 2018.
2. Based on Australian Bureau of Statistics (ABS 2013) 2013, 'Table 1.1 Life tables for Aboriginal and Torres Strait Islander Australians, Headline Australia estimates(a)-2010-2012', [Life Tables for Aboriginal and Torres Strait Islander Australians, 2010-2012](#), cat. no. 3302.0.55.003, viewed 16 March 2016.

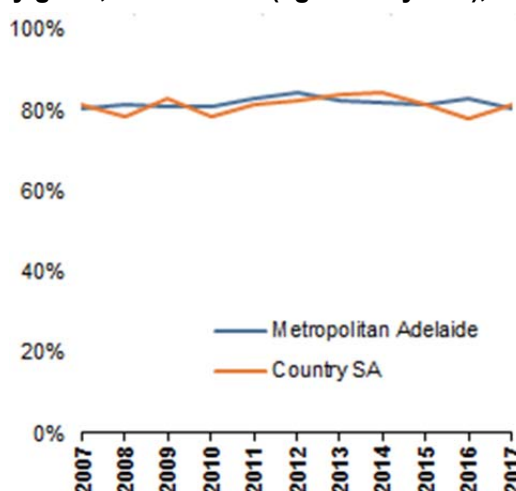
3-2. Health status

3-2-1. Health status in South Australia – by Local Health Network

- In 2017, the vast majority (80.8%) of South Australians aged 18 years or more self-reported that their general health status is good, very good, or excellent¹.
- The rate varies between the local health networks (LHNs), from 72.2% in the Riverland Mallee Coorong LHN up to 84.3% in the Barossa Hills Fleurieu LHN¹.
- The rate is not statistically significantly higher in Country SA (81.2%) than metropolitan Adelaide (80.6%)¹.
- No statistically significant underlying trend over the last decade in the proportion of people reporting their general health status as good, very good, or excellent was identified, either for metropolitan Adelaide or Country SA residents¹.

Self-reported health status is good, very good, or excellent (aged 18+ years), 2017

Local Health Network	%
Northern Adelaide	79.0%
Central Adelaide	80.9%
Southern Adelaide	81.6%
Metropolitan Adelaide	80.6%
Barossa Hills Fleurieu	84.3%
Eyre and Far North	77.0%
Flinders and Upper North	83.9%
Riverland Mallee Coorong	72.2%
South East	81.2%
Yorke & Northern	82.5%
Country SA	81.2%
South Australia	80.8%
Australia	n.a.



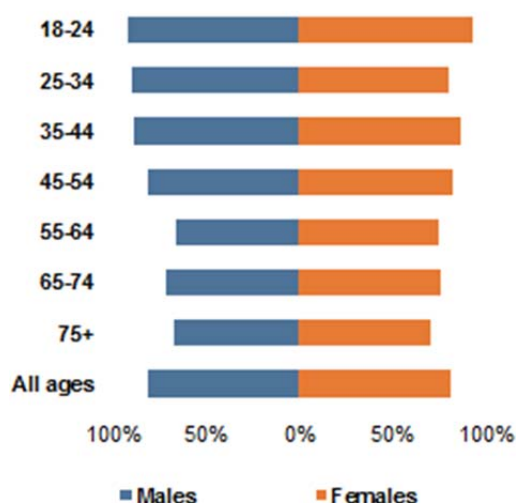
Data source: SA Health 2018

3-2-2. Health status in South Australia – by age and sex

- In 2017, the proportion of people in South Australia who self-reported their general health status as good, very good, or excellent was effectively equivalent between males (80.6%) and females (81.4%) aged 18 years and over¹.
- The proportion decreased with age, from well over 90% among people aged 18-24 years to around two-thirds of men and women aged 75 years or more¹.

Self-reported health status is good, very good, or excellent (aged 18+ years), 2017

Age (years)	Males	Females
18-24	91.8%	93.2%
25-34	89.2%	80.5%
35-44	88.5%	86.7%
45-54	80.6%	82.9%
55-64	65.7%	74.6%
65-74	71.0%	76.4%
75+	66.6%	70.8%
All ages	80.6%	81.4%



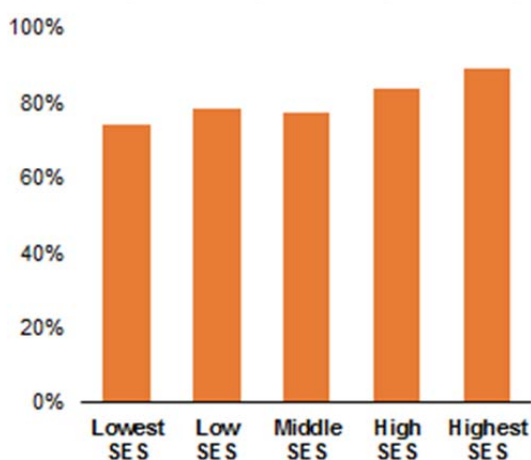
Data source: SA Health 2018

3-2-3. Health status in South Australia – by socio-economic status

- There is a statistically significant correlation between the proportion of people aged 18 years and over who self-report their general health status as good, very good, or excellent and the socio-economic status (SES) of the area in which they live¹.

Self-reported health status is good, very good, or excellent (aged 18+ years), 2017

Socio-economic status (SES)	%
Lowest SES	74.1%
Low SES	78.4%
Middle SES	77.2%
High SES	83.5%
Highest SES	89.0%



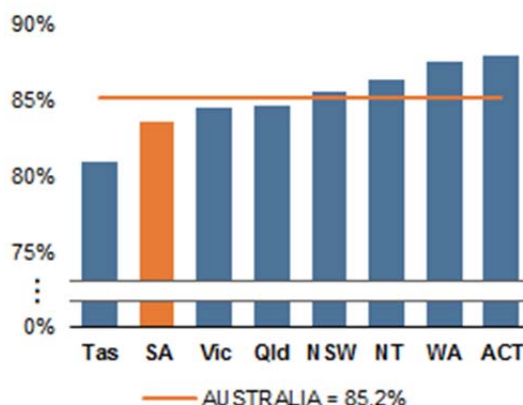
Data source: SA Health 2018

3-2-4. Health status in Australia – by state and territory

- Data presented here is from the Australian Bureau of Statistics' 2014-15 National Health Survey for people aged 15 years and over and is not directly comparable to the information presented in 3-2-1 to 3-2-3 above which is sourced via the South Australian Monitoring and Surveillance System survey of persons aged 18 years and older.
- However, the national survey corroborates the findings from the South Australian survey with a large majority (83.5% of those aged 15 and over) self-assessing their health status as good, very good or excellent².
- The South Australia rate was estimated to be below the Australia-wide rate of 85.2% and towards the lower end of the scale for the states and territories, although the differences are only small and may not be significant once margins for error in the estimation are taken into account².

Self-assessed health status is good, very good, or excellent (aged 15+ years), 2014–15

State/Territory	%
Tasmania	80.8%
South Australia	83.5%
Victoria	84.5%
Queensland	84.6%
New South Wales	85.5%
Northern Territory	86.3%
Western Australia	87.5%
Australian Capital Territory	87.8%
Australia	85.2%



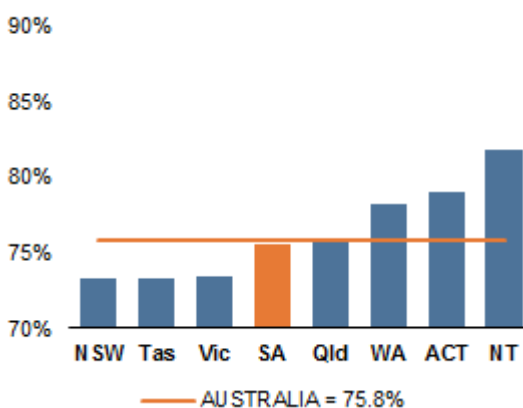
Data source: ABS 2016

3-2-5. Health status of Aboriginal people

- In 2012-13, 75.6% of Aboriginal people in South Australia aged 15 years and over self-assessed their health status as being good, very good, or excellent³.
- This is 7.9 percentage points below the 83.5% recorded for *all* South Australians aged 15 years or more in the ABS 2014-15 Australian Health Survey².
- South Australia's proportion of Aboriginal people in good or better general health is effectively equivalent to the national average for Aboriginal people (75.8%)³.
- Please note that the graph below does not start at the origin to show detail.

Aboriginal self-assessed health status is good, very good, or excellent (aged 15+ years), 2012-13

State/Territory	%
New South Wales	73.3%
Tasmania	73.3%
Victoria	73.5%
South Australia	75.6%
Queensland	76.0%
Western Australia	78.2%
Australian Capital Territory	79.0%
Northern Territory	81.8%
Australia	75.8%



Data source: ABS 2014

Sources

1. Based on South Australian Monitoring and Surveillance System customised extract 2018, Prevention and Population Health, SA Health, Adelaide, 16 August 2018.
2. Based on Australian Bureau of Statistics (ABS 2016), 'Table 2.1 Summary health characteristics — States and territories, Persons (estimate)', [National Health Survey: First Results, 2014-15](#), cat. no. 4364.0.55.001, 8 December 2015.

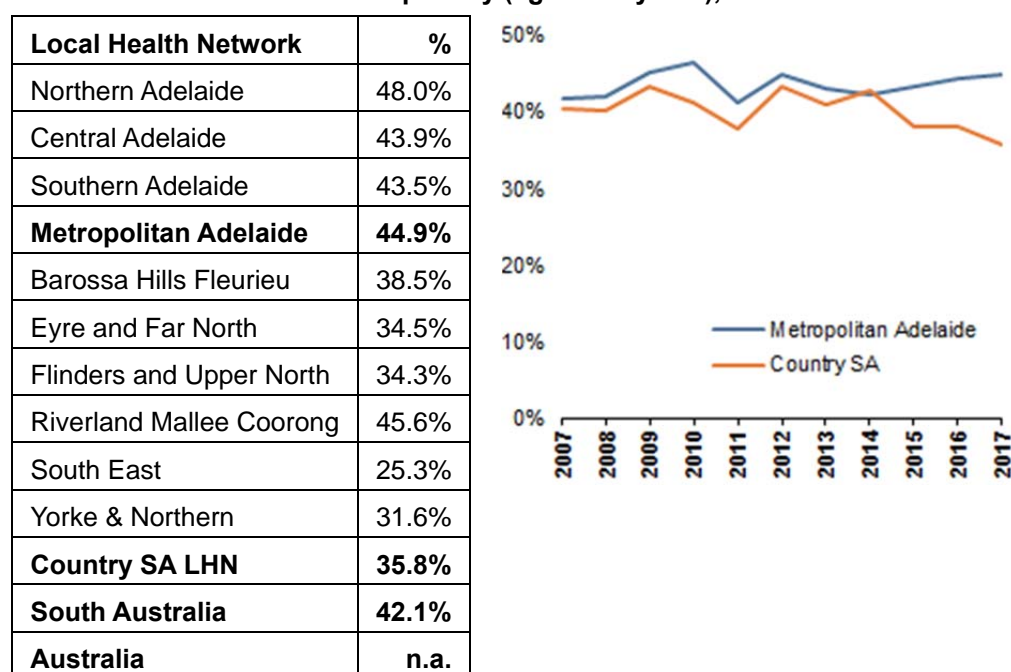
3. Based on Australian Bureau of Statistics (ABS 2014), 'Table 3.3 Selected health characteristics, by State/Territory, Proportion of Aboriginal and Torres Strait Islander persons', [*Australian Aboriginal and Torres Strait Islander Health Survey: Updated Results, 2012-13*](#), cat no 4727.0.55.006, 6 June 2014.

3-3. Nutrition – Fruit intake

3-3-1. Fruit intake in South Australia – by Local Health Network

- In 2017, under half (42.1%) of South Australians aged 18 years or more reported eating the recommended two or more serves of fruit per day¹.
- The rate varies between the local health networks (LHNs) from 25.3% in the South East LHN up to 48.0% in the Northern Adelaide LHN¹.
- There is a statistically significant difference between the rate reported by people that live in metropolitan Adelaide (44.9%) compared to Country SA residents (35.8%)¹.
- No statistically significant underlying trend over the last decade in the proportion of people reporting eating the recommended two or more serves of fruit per day was identified, either for metropolitan Adelaide or Country SA residents¹.

Eat two or more serves of fruit per day (aged 18+ years), 2017



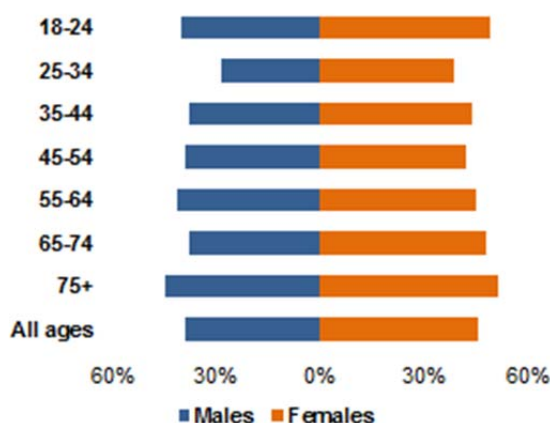
Data source: SA Health 2018

3-3-2. Fruit intake in South Australia – by age and sex

- In 2017, the proportion of females in South Australia aged 18 years or more who reported eating two or more serves of fruit per day (45.6%) was 7.1 percentage points higher than their male counterparts (38.5%)¹.
- The proportion also varies with age¹.

Eat two or more serves of fruit per day (aged 18+ years), 2017

Age (years)	Males	Females
18-24	40.1%	49.2%
25-34	28.3%	38.6%
35-44	37.3%	44.1%
45-54	39.0%	42.3%
55-64	41.3%	45.4%
65-74	37.4%	48.3%
75+	44.8%	51.7%
All ages	38.5%	45.6%



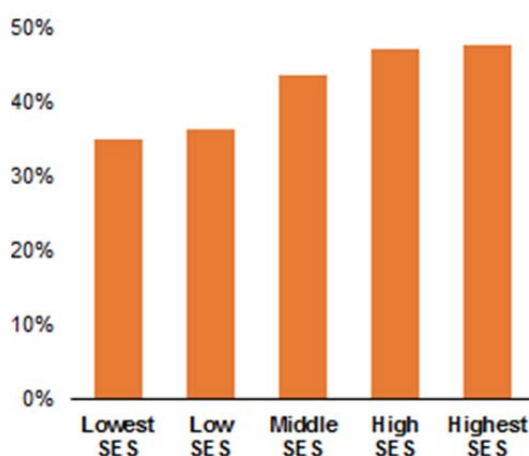
Data source: SA Health 2018

3-3-3. Fruit intake in South Australia – by socio-economic status

- There is statistically significant correlation between the proportion of people aged 18 years and over who report eating the recommended two or more serves of fruit per day and the socio-economic status of the area in which they live¹.

Eat two or more serves of fruit per day (aged 18+ years), 2017

Socio-economic status (SES)	%
Lowest SES	34.9%
Low SES	36.1%
Middle SES	43.6%
High SES	46.9%
Highest SES	47.6%



Data source: SA Health 2018

3-3-4. Fruit intake in Australia – by state and territory

- Data presented here is from the Australian Bureau of Statistics' 2014-15 National Health Survey and is not directly comparable to the information presented in 3-3-1 to 3-3-3 above which is sourced via the South Australian Monitoring and Surveillance System survey.
- However, the national survey corroborates the state-specific survey with around half (48.7%) of South Australian adults reporting eating the recommended two or more serves of fruit per day, a little higher than the 46.1% reported in the previous survey (2011-12)².
- The South Australian rate is almost the same as the national rate of 49.8%. There was a little variation between the states and territories, and South Australia sits in the middle in comparison with the other jurisdictions².

Eat two or more serves of fruit per day (aged 18+ years), 2014–15

State/Territory	%
Tasmania	47.1%
Northern Territory	47.4%
Victoria	48.0%
South Australia	48.7%
New South Wales	49.2%
Australian Capital Territory	49.7%
Queensland	51.2%
Western Australia	54.2%
Australia	49.8%



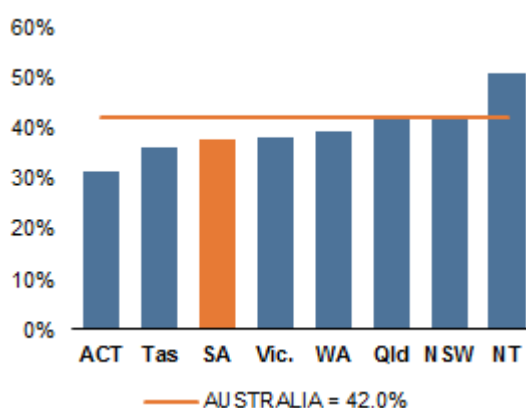
Data source: ABS 2015

3-3-5. Fruit intake – Aboriginal people

- In 2012-13, 37.8% of Aboriginal people in South Australia aged 15 years and over reported eating the recommended two or more serves of fruit per day³.
- This is 8.3 percentage points below the 46.1% recorded for *all* South Australians aged 15 years or more in the ABS 2011-12 Australian Health Survey (see 3-3-4 above)³.
- South Australia's proportion of Aboriginal people who eat the recommended two or more serves of fruit per day is also below the national average for Aboriginal people (42.0%)³.

Eat two or more serves of fruit per day - Aboriginal people (aged 15+ years), 2012-13

State/Territory	%
Australian Capital Territory	31.5%
Tasmania	36.3%
South Australia	37.8%
Victoria	38.0%
Western Australia	39.2%
Queensland	42.3%
New South Wales	42.5%
Northern Territory	51.0%
Australia	42.0%



Data source: ABS 2014

Sources

1. Based on South Australian Monitoring and Surveillance System customised extract 2018, Prevention and Population Health, SA Health, Adelaide, 16 August 2018.
2. Based on Australian Bureau of Statistics (ABS 2015), 'Table 12.1 Daily intake of fruit and vegetables, Persons (estimate)' and in Tables 20-27 for each jurisdiction, [National Health Survey: First Results, 2014-15](#), cat. no. 4364.0.55.001, viewed 3 June 2016.
3. Based on Australian Bureau of Statistics (ABS 2014), 'Table 3.3 Selected health characteristics, by State/Territory, Proportion of Aboriginal and Torres Strait Islander persons',

[Australian Aboriginal and Torres Strait Islander Health Survey: Updated Results, 2012-13](#), cat no 4727.0.55.006, viewed 18 August 2014.

3-4. Nutrition – Vegetable intake

Important notes on the data: 'Recommended' serves of vegetables per day under Australian Dietary Guidelines...

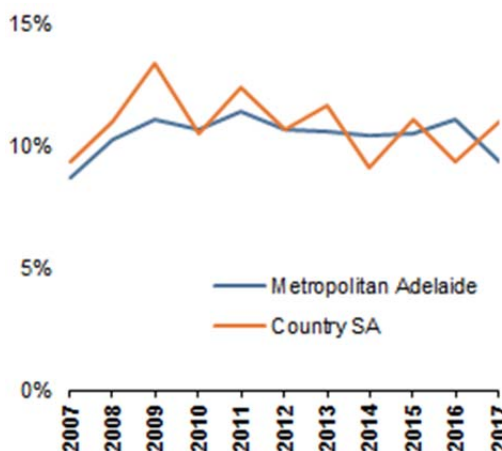
Due to changes in the Australian Dietary Guidelines 2013, five serves of vegetables per day is no longer the 'recommended' amount for all adults at all life stages. Depending on age and gender this can increase up to six serves for males aged 19 to 50 years and 7.5 serves for breastfeeding mothers. State of Our Health is reporting overall percentage of the South Australian population aged 18 years and over who eat five serves of vegetables per day for consistency with previous reports and other data sources such as the Australian Bureau of Statistics.

3-4-1. Vegetable intake in South Australia – by Local Health Network

- In 2017, around one in ten (9.9%) South Australians aged 18 years or more reported eating five or more serves of vegetables per day¹.
- The rate varies between local health networks (LHNs) from 5.6% in the Yorke and Northern LHN up to 14.0% in the Barossa Hills Fleurieu LHN.
- The rate for people that live in metropolitan Adelaide (9.4%) is statistically significantly lower compared to Country SA residents (11.0%)¹.
- No statistically significant underlying trend over the last decade in the proportion of people reporting eating five or more serves of vegetables per day was identified, either for metropolitan Adelaide or Country SA residents.¹

Eat five or more serves of vegetables per day (aged 18+ years), 2017

Local Health Network	%
Northern Adelaide	10.4%
Central Adelaide	9.9%
Southern Adelaide	7.9%
Metropolitan Adelaide	9.4%
Barossa Hills Fleurieu	14.0%
Eyre and Far North	7.9%*
Flinders and Upper North	10.2%*
Riverland Mallee Coorong	13.7%
South East	8.6%
Yorke & Northern	5.6%
Country SA LHN	11.0%
South Australia	9.9%
Australia	n.a.



* Relative Standard Error is between 25% and 50%. Please treat the estimate with caution.

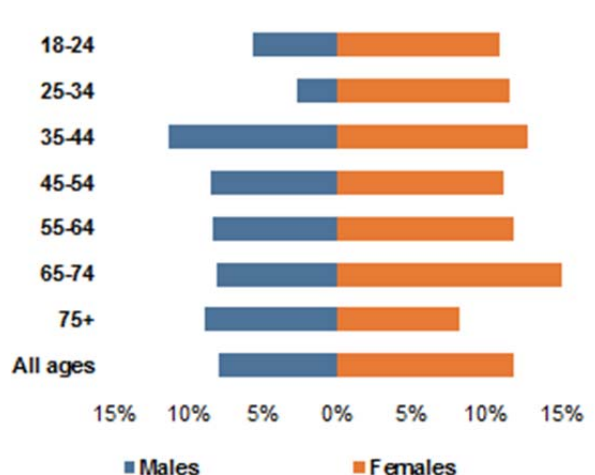
Data source: SA Health 2018

3-4-2. Vegetable intake in South Australia – by age and sex

- In 2017, the proportion of females in South Australia aged 18 years or more who reported eating five or more serves of vegetables per day (11.9%) was higher than that of their male counterparts (7.9%)¹.
- The proportion also varies with age¹.

Eat five or more serves of vegetables per day (aged 18+ years), 2017

Age (years)	Males	Females
18-24	5.6%	10.9%
25-34	2.7%	11.6%
35-44	11.3%	12.8%
45-54	8.4%	11.2%
55-64	8.4%	11.8%
65-74	8.0%	15.9%
75+	8.8%	8.2%
All ages	7.9%	11.9%



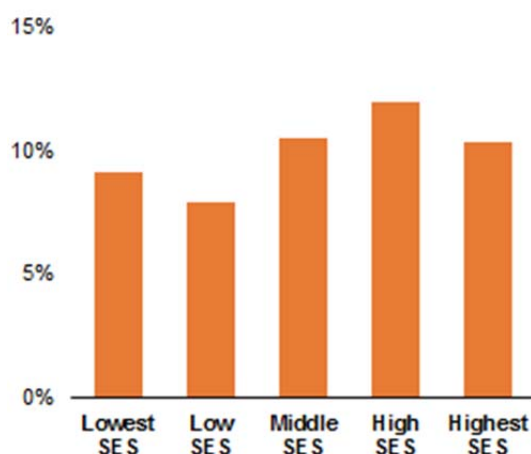
Data source: SA Health 2018

3-4-3. Vegetable intake in South Australia – by socio-economic status

- There is no statistically significant correlation between the proportion of people aged 18 years and over who reported eating five or more serves of vegetables per day and the socio-economic status of the area in which they live¹.
- The proportion recorded in areas constituting South Australia's highest socio-economic (SES) quintile (10.3%) is around one percentage points higher than that of the lowest SES quintile (9.1%)¹.

Eat five or more serves of vegetables per day (aged 18+ years), 2017

Socio-economic status (SES)	%
Lowest SES	9.1%
Low SES	7.9%
Middle SES	10.4%
High SES	11.9%
Highest SES	10.3%



Data source: SA Health 2018

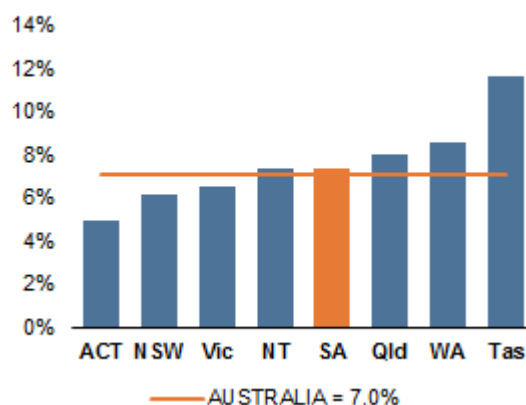
3-4-4. Vegetable intake in Australia – by state and territory

- Data presented here is from the Australian Bureau of Statistics' 2014-15 National Health Survey for people aged 18 years and over and is not directly comparable to the information presented in 3-4-1 to 3-4-3 above which is sourced via the South Australian Monitoring and Surveillance System survey.
- However, the national survey broadly corroborates the state-specific survey, with an estimated one in 14 (7.3%) of South Australian adults self-reporting eating five or more serves of vegetables per day, a little lower than the 10.0% reported in the previous survey (for 2011-12)².

- The South Australian rate is almost the same as the national rate of 7.0%. Most of the states and territories sit within a similar range, but Tasmanians do have a notably higher fraction of the population (11.6%)².

Eat five or more serves of vegetables per day (aged 18+ years), 2014–15

State/Territory	%
Australian Capital Territory	5.0%
New South Wales	6.1%
Victoria	6.5%
Northern Territory	7.3%
South Australia	7.3%
Queensland	8.0%
Western Australia	8.5%
Tasmania	11.6%
Australia	7.0%



Data source: ABS 2015

3-4-5. Vegetable intake – Aboriginal people

- In 2012-13, just 4.1% of Aboriginal people in South Australia aged 15 years and over reported eating five or more serves of vegetables per day³.
- This is less than half of the 10.0% rate recorded for *all* South Australians aged 15 years or more in the ABS 2011-12 Australian Health Survey (see 3-4-4 above)³.
- South Australia's proportion of Aboriginal people who eat five or more serves of vegetables per day is also below the national average for Aboriginal people (4.8%)³.

Eat five or more serves of vegetables per day - Aboriginal people (aged 15+ years), 2012-13

State/Territory	%
Northern Territory	2.9%
Australian Capital Territory	4.1%
South Australia	4.1%
Queensland	4.4%
Western Australia	4.9%
Victoria	5.3%
New South Wales	5.6%
Tasmania	6.6%
Australia	4.8%



Data source: ABS 2014

Sources

- Based on South Australian Monitoring and Surveillance System customised extract 2018, Prevention and Population Health, SA Health, Adelaide, 16 August 2018.

2. Based on Australian Bureau of Statistics (ABS 2015), 'Table 12.1 Daily intake of fruit and vegetables, Persons (estimate)' and in Tables 20-27 for each jurisdiction, [*National Health Survey: First Results, 2014-15*](#), cat. no. 4364.0.55.001, viewed 3 June 2016.
3. Based on Australian Bureau of Statistics (ABS 2014), 'Table 3.3 Selected health characteristics, by State/Territory, Proportion of Aboriginal and Torres Strait Islander persons', [*Australian Aboriginal and Torres Strait Islander Health Survey: Updated Results, 2012-13*](#), cat no 4727.0.55.006, viewed 18 August 2014.

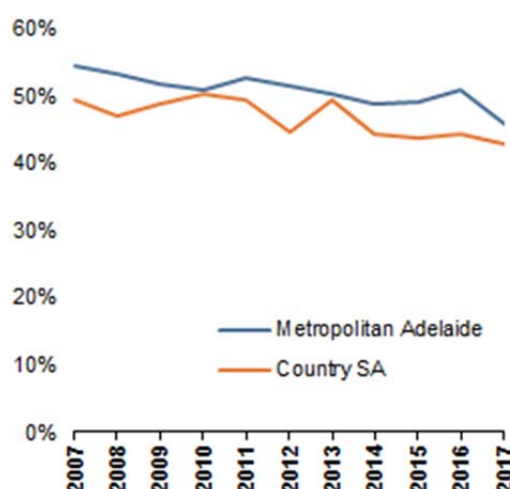
3-5. Physical activity (exercise)

3-5-1. Physical activity in South Australia – by Local Health Network

- In 2017, under half (45.0%) of South Australians aged 18 years and older reported undertaking 150 minutes or more of walking, moderate or vigorous physical activity in the week prior to the survey¹.
- The rate varies between local health networks (LHNs), from 26.2% in the Flinders and Upper North LHN up to 49.7% in the Barossa Hills Fleurieu LHN.
- The rate in metropolitan Adelaide (45.9%) is statistically significantly higher compared to Country SA (42.9%)¹.
- A statistically significant declining trend over the last decade in the proportion of people reporting undertaking 150 minutes of physical activity per week was identified, both for metropolitan Adelaide and Country SA residents.¹

Undertake at least 150 minutes of moderate or vigorous physical activity per week (aged 18+ years), 2017

Local Health Network	%
Northern Adelaide	42.3%
Central Adelaide	48.8%
Southern Adelaide	45.6%
Metropolitan Adelaide	45.9%
Barossa Hills Fleurieu	49.7%
Eyre and Far North	42.6%
Flinders and Upper North	26.2%
Riverland Mallee Coorong	39.6%
South East	36.3%
Yorke & Northern	43.6%
Country SA	42.9%
South Australia	45.0%
Australia	n.a.



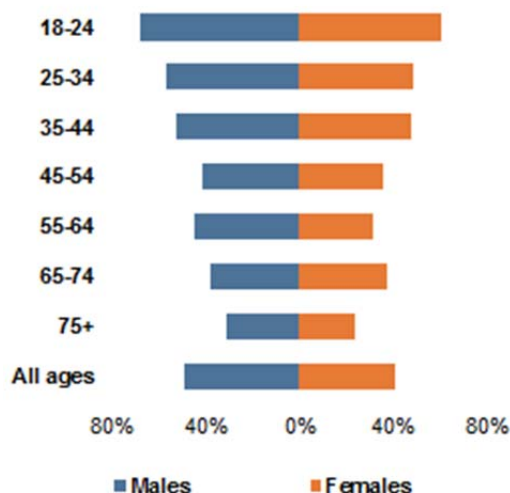
Data source: SA Health 2018

3-5-2. Physical activity in South Australia – by age and sex

- In 2017, the proportion of males in South Australia aged 18 years or more who reported undertaking 150 minutes or more of walking, moderate or vigorous physical activity in the week prior to the survey (49.4%) was higher than their female counterparts (41.0%)¹.
- The proportion is also inversely correlated with age¹.

Undertake at least 150 minutes of moderate or vigorous physical activity per week (aged 18+ years), 2017

Age (years)	Males	Females
18-24	68.5%	61.2%
25-34	56.7%	48.5%
35-44	52.9%	47.8%
45-54	41.2%	36.1%
55-64	44.8%	31.7%
65-74	38.4%	38.1%
75+	31.4%	24.1%
All ages	49.4%	41.0%



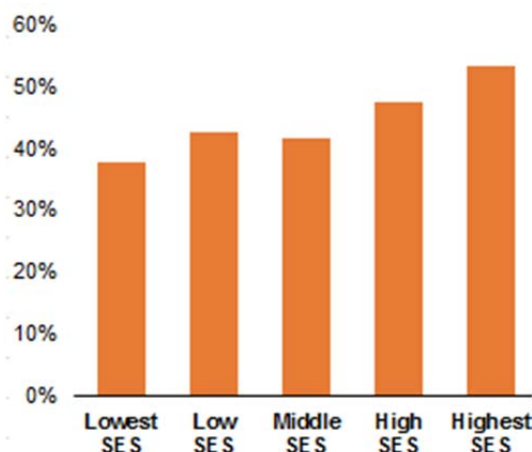
Data source: SA Health 2018

3-5-3. Physical activity in South Australia – by socio-economic status

- In 2017 there was a statistically significant correlation between the proportion of people aged 18 years and over who reported undertaking 150 minutes or more of walking, moderate or vigorous physical activity in the week prior to the survey and the socio-economic status of the area in which they live¹.
- The proportion recorded in areas constituting South Australia's top socio-economic (SES) quintile (53.1%) is 15.5 percentage points higher than the lowest SES quintile (37.6%)¹.

Undertake at least 150 minutes of moderate or vigorous physical activity per week (aged 18+ years), 2017

Socio-economic status (SES)	%
Lowest SES	37.6%
Low SES	42.4%
Middle SES	41.7%
High SES	47.4%
Highest SES	53.1%



Data source: SA Health 2018

3-5-4. Physical activity in Australia – by state and territory

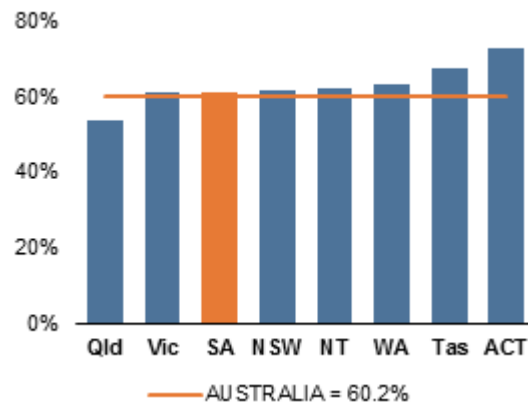
- Data presented here is from the Australian Bureau of Statistics' 2013-14 Participation in Sport and Physical Activity survey of people aged 15 years. It is therefore not directly comparable to the information presented in 3-5-1 to 3-5-3 above from the South Australian Monitoring and Surveillance System survey.
- The national survey found that three out of every five (60.9%) South Australians aged 15 years and over participated in a sport or physical activity at least once during the 12 months

prior to the survey. This is slightly lower than the 62.3% reported in the previous release of survey data (for 2011-12)².

- The South Australian rate is about the same as the Australia-wide rate of 60.2% and, although higher than Queensland, is towards the lower end of the scale when considered against the other states and territories².

Participated in a sport or physical recreational activity at least once in previous year (aged 15+ years), 2013-14

State/Territory	%
Queensland	53.6%
Victoria	60.9%
South Australia	60.9%
New South Wales	61.4%
Northern Territory	62.1%
Western Australia	63.0%
Tasmania	67.3%
Australian Capital Territory	72.9%
Australia	60.2%



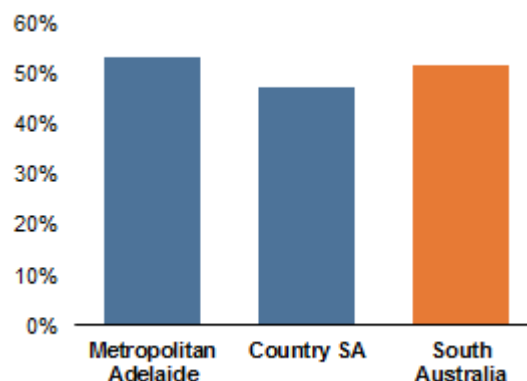
Data source: ABS 2015

3-5-5. Physical activity – Aboriginal people

- In 2012, just over half of Aboriginal people in South Australia aged 15 years or more reported undertaking sufficient physical activity – 150 minutes or more of walking, moderate or vigorous physical activity – in the week prior to the survey³.
- However, the rates varied across the regions of South Australia covered by the survey, with metropolitan Adelaide recording the highest rate at 53.3% and Remote SA recording the lowest at 37.9%³.
- The overall Country SA rate of 47.3% is not statistically significantly lower than the metropolitan Adelaide rate of 53.3%³.

Undertake sufficient physical activity per week - Aboriginal people (aged 15+ years), 2012

Region	%
Metropolitan Adelaide	53.3%
Rural SA	51.1%
Remote SA	37.9%*
Country SA	47.3%
South Australia	51.6%
Australia	n.a.



* Survey did not include APY Lands

Data source: University of Adelaide 2012

Sources

1. Based on South Australian Monitoring and Surveillance System customised extract 2018, Prevention and Population Health, SA Health, Adelaide, 16 August 2018.
2. Based on Australian Bureau of Statistics (ABS 2015), 'Table 2 PERSONS PARTICIPATING IN SPORT AND PHYSICAL RECREATION, Top 55 activities, By sex', [Participation in Sport and Physical Recreation, Australia, 2013-14](#), cat. no. 4177.0, viewed 1 June 2016.
3. Based on Taylor, A, Marin, T, Avery, J & Dal Grande, E 2012, 'Appendix A: A10.3 Physical activity,' *South Australian Aboriginal health survey*, Population research and outcome studies, University of Adelaide, Adelaide.

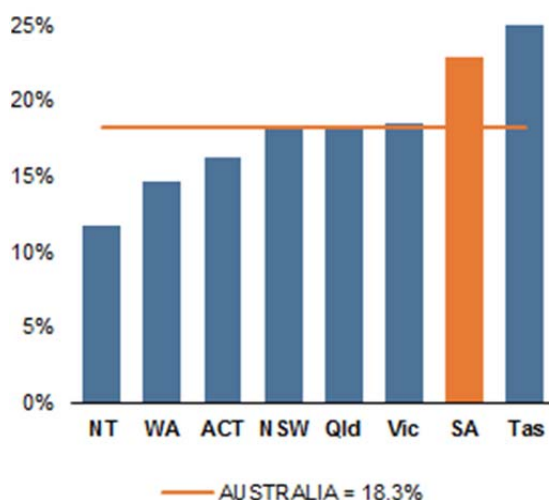
3-6. Disability

3-6-1. Disability in South Australia

- In 2015, around one in four (22.9%) South Australians of all ages reported having a disability – defined here as a limitation, restriction or impairment, which has lasted, or is likely to last, for at least six months and restricts everyday activities¹.
- The South Australian rate is above the national average of 18.3%, and ranks second-highest of the states and territories¹.

Prevalence of disability (all ages), 2015

State/Territory	%
Northern Territory	11.7%
Australian Capital Territory	14.6%
Western Australia	16.2%
Queensland	18.1%
New South Wales	18.3%
Victoria	18.5%
South Australia	22.9%
Tasmania	25.8%
Australia	18.3%



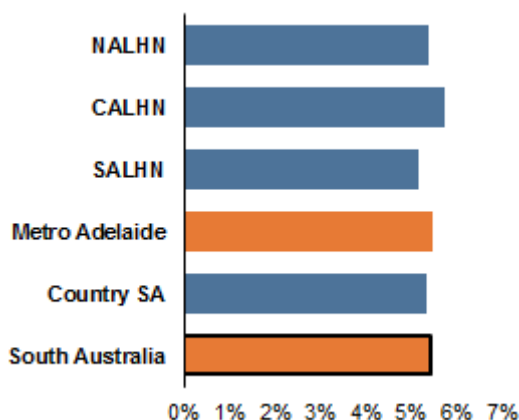
Data source: ABS 2017a

3-6-2. Need for assistance due to profound or severe disability in South Australia – by Local Health Network

- As at the 2016 Census, around one in 16 (6.0%) of South Australians of all ages reported being in need of assistance with core activities due to profound or severe disability².
- South Australia's rate is more than the national average of 5.1%, and ranks it second-highest of the states and territories².

Need assistance with core activities due to profound or severe disability (all ages), 2011

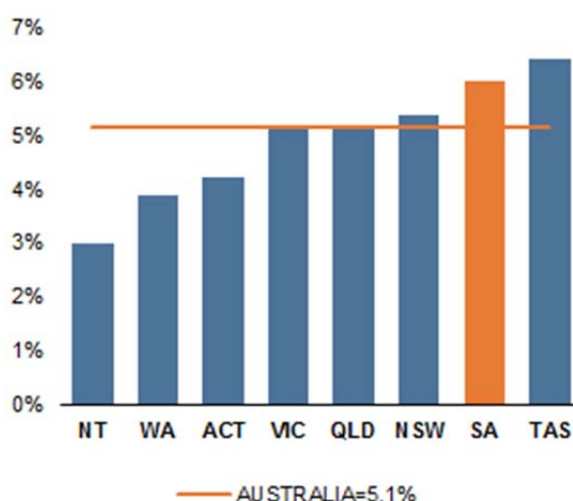
Local Health Network	%
Northern Adelaide	5.4%
Central Adelaide	5.7%
Southern Adelaide	5.2%
Metropolitan Adelaide	5.5%
Country SA LHN	5.4%
South Australia	5.5%



Data source: ABS 2017b

Need assistance with core activities due to profound or severe disability (all ages), 2016

State/Territory	%
Northern Territory	3.0%
Western Australia	3.9%
Australian Capital Territory	4.2%
Victoria	5.1%
Queensland	5.2%
New South Wales	5.4%
South Australia	6.0%
Tasmania	6.4%
Australia	5.1%



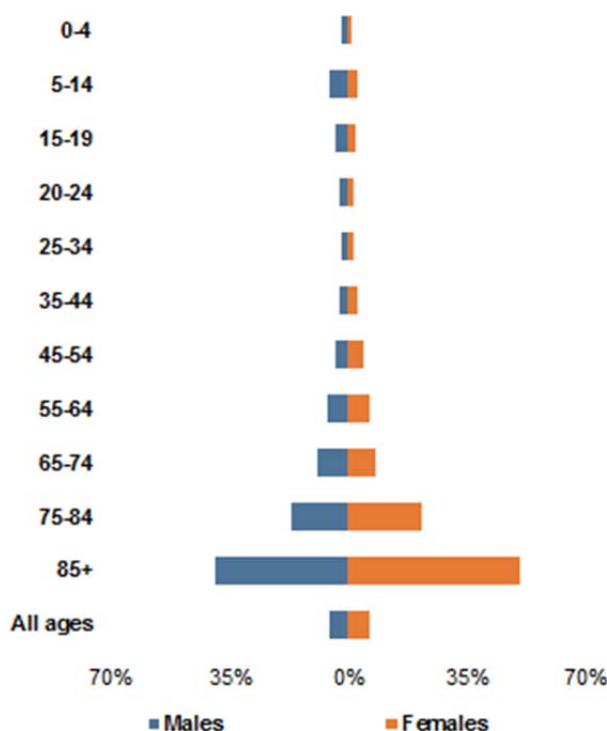
Data source: ABS 2017b

3-6-3. Need for assistance due to profound or severe disability in South Australia – by age and sex

- As at the 2016 Census, the proportion of males in South Australia of all ages who reported needing assistance with core activities due to profound or severe disability (5.6%) was slightly lower than their female counterparts (6.4%)².
- The proportion increases significantly with age, with the highest rate among both males and females belonging to the 85 years and over age cohort (39.3% and 50.9%, respectively)².

Need assistance with core activities due to profound or severe disability (all ages), 2016

Age (years)	Males	Females
0-14	1.9%	1.1%
5-14	5.7%	2.7%
15-19	3.8%	2.2%
20-24	2.4%	1.8%
25-34	2.1%	1.8%
35-44	2.6%	2.7%
45-54	3.9%	4.3%
55-64	5.9%	6.1%
65-74	9.0%	8.3%
75-84	16.8%	21.9%
85+	39.3%	50.9%
All ages	5.6%	6.4%



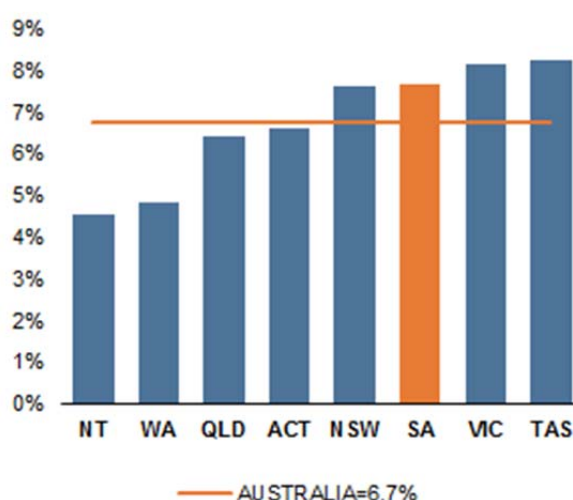
Data source: ABS 2017b

3-6-4. Need for assistance due to profound or severe disability in South Australia – Aboriginal people

- As at the 2016 Census, the 7.7% of Aboriginal people in South Australia of all ages requiring assistance with core activities due to profound or severe disability was above the national average for Aboriginal people of 6.7%³.
- South Australia was ranked third highest for this indicator when compared to all states and territories³.
- The variation between the states and territories for this indicator was relatively small, ranging from 4.5% in the Northern Territory to 8.3% in Tasmania³.
- The gap between Aboriginal and all-person prevalence of need for assistance due to profound or severe disability was relatively small, with the all-person rate at 6.0% (see above)³.

Need assistance with core activities due to profound or severe disability - Aboriginal people (all ages), 2016

State/Territory	%
Northern Territory	4.5%
Western Australia	4.9%
Queensland	6.4%
Australian Capital Territory	6.6%
New South Wales	7.6%
South Australia	7.7%
Victoria	8.2%
Tasmania	8.3%
Australia	6.7%



Data source: ABS 2017c

Sources

1. Based on Australian Bureau of Statistics (ABS 2017a), 'Table 4.1 All persons, disability rates by sex and selected demographic characteristics–2015, proportion of persons', Data Cubes, 'Disability Tables', [Disability, Ageing and Carers, Australia: Summary of Findings, 2015](#), cat. no. 44300DO001_2012, viewed 23 August 2018.
2. Based on Australian Bureau of Statistics (ABS 2017b), 'Table G18 CORE ACTIVITY NEED FOR ASSISTANCE(a) BY AGE BY SEX', 'General Community Profile', [2016 Census Community Profiles](#), viewed 23 August 2018.
3. Based on Australian Bureau of Statistics (ABS 2017c), 'Table I08 CORE ACTIVITY NEED FOR ASSISTANCE(a) BY AGE BY SEX FOR ABORIGINAL AND/OR TORRES STRAIT ISLANDER PERSONS', 'Aboriginal and Torres Strait Islander Peoples Profile', [2016 Census Community Profiles](#), viewed 23 August 2018.

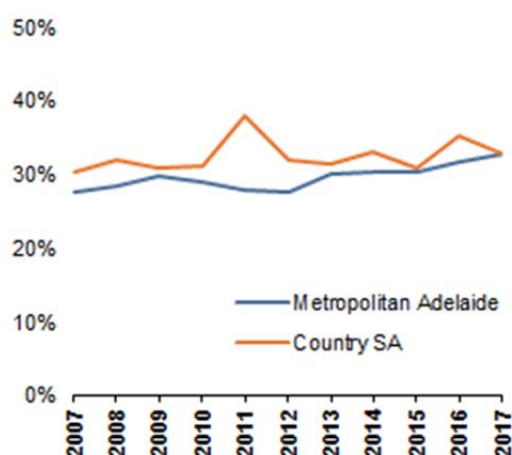
3-7. People living with multiple risk factors

3-7-1. People living with multiple risk factors in South Australia – by Local Health Network

- In 2017, around a third (32.7%) of South Australians aged 18 years or more were living with two or more of the following risk factors: (i) current high blood pressure; (ii) current high cholesterol; (iii) undertakes less than 150 minutes per week of walking, moderate or vigorous physical activity; (iv) overweight or obese; (v) current smoker; (vi) long-term alcohol risk; and/or (vii) insufficient consumption of fruit and vegetables¹.
- The rate varies between the local health networks (LHNs) from 23.3% in the Barossa Hills Fleurieu LHN to 47.4% in the Eyre and Far North LHN¹.
- The proportion of people that live with multiple risk factors in Country SA (32.7%) is equivalent to metropolitan Adelaide (also 32.7%)¹.
- A statistically significant increasing trend over the last decade in the proportion of people reporting living with two or more risk factors was identified in the metropolitan Adelaide time series but not for Country SA¹.

Living with two or more risk factors (aged 18+ years), 2017

Local Health Network	%
Northern Adelaide	41.8%
Central Adelaide	29.6%
Southern Adelaide	29.5%
Metropolitan Adelaide	32.7%
Barossa Hills Fleurieu	23.3%
Eyre and Far North	47.4%
Flinders and Upper North	39.1%
Riverland Mallee Coorong	39.7%
South East	37.4%
Yorke & Northern	32.8%
Country SA	32.7%
South Australia	32.7%
Australia	n.a.



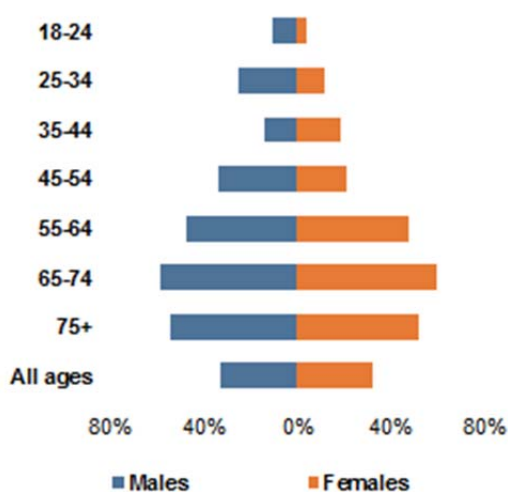
Data source: SA Health 2018

3-7-2. People living with multiple risk factors in South Australia – by age and sex

- In 2017, the proportion of males (33.2%) living with two or more of the following risk factors: (i) current high blood pressure; (ii) current high cholesterol; (iii) undertakes less than 150 minutes per week of walking, moderate or vigorous physical activity; (iv) overweight or obese; (v) current smoker; (vi) long-term alcohol risk; and/or (vii) insufficient consumption of fruit and vegetables was statistically not significantly higher than the female rate (32.3%)¹.
- The proportion is correlated with age¹.

Living with two or more risk factors (aged 18+ years), 2017

Age (years)	Males	Females
18-24	10.8%	4.0%
25-34	25.2%	12.2%
35-44	13.5%	18.8%
45-54	33.6%	21.0%
55-64	47.8%	47.9%
65-74	59.0%	60.0%
75+	54.1%	52.7%
All ages	33.2%	32.3%



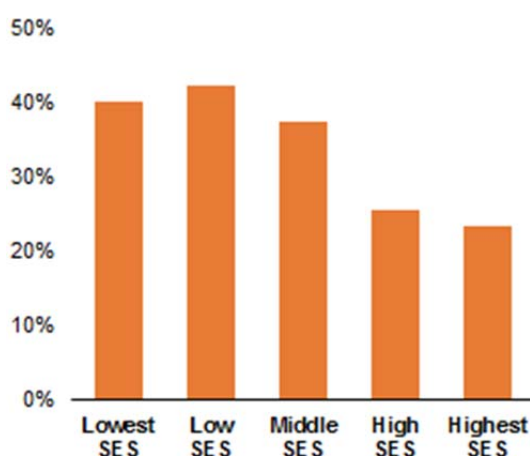
Data source: SA Health 2018

3-7-3. People living with multiple risk factors in South Australia – by socio-economic status

- There is a statistically significant inverse correlation between the proportion of people aged 18 years and over living with two or more of the following risk factors: (i) current high blood pressure; (ii) current high cholesterol; (iii) undertakes less than 150 minutes per week of walking, moderate or vigorous physical activity; (iv) overweight or obese; (v) current smoker; (vi) long-term alcohol risk; and/or (vii) insufficient consumption of fruit and vegetables and the socio-economic status of the area in which they live¹.
- The proportion recorded in areas constituting South Australia's highest socio-economic (SES) quintile (23.2%) is around half that for the lowest SES quintile (40.1%)¹.

Living with two or more risk factors (aged 18+ years), 2017

Socio-economic status (SES)	%
Lowest SES	40.1%
Low SES	42.2%
Middle SES	37.3%
High SES	25.5%
Highest SES	23.2%



Data source: SA Health 2018

3-7-4. People living with multiple risk factors – by state and territory

Data not available for this indicator.

3-7-5. Aboriginal people living with multiple risk factors

Data not available for this indicator.

Sources

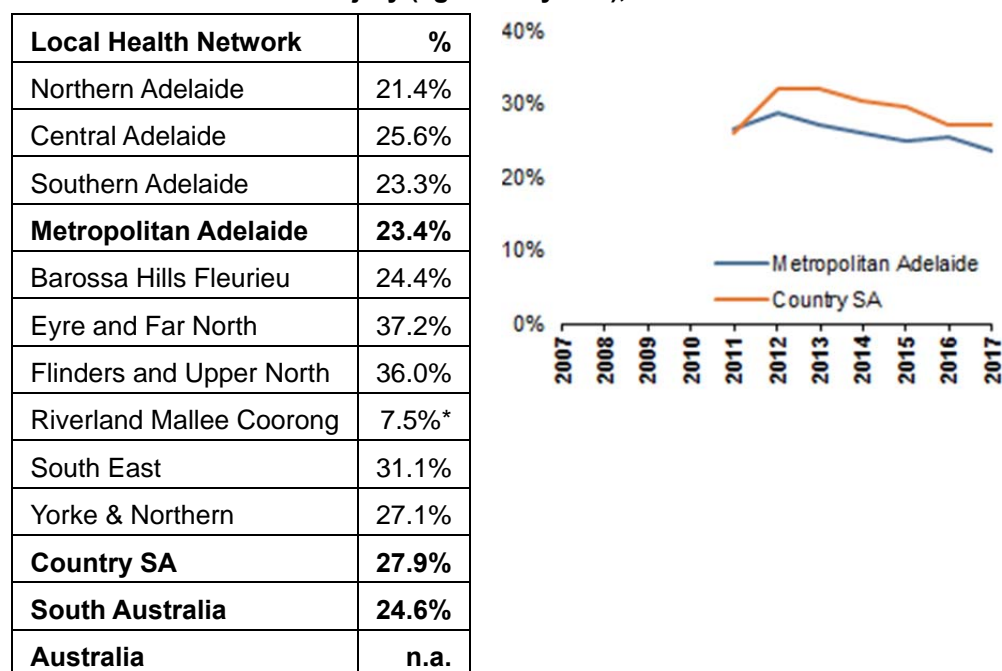
1. Based on South Australian Monitoring and Surveillance System customised extract 2018, Prevention and Population Health, SA Health, Adelaide, 16 August 2018.

3-8. Alcohol-related risk

3-8-1. Alcohol-related single occasion injury risk in South Australia – by Local Health Network

- Under current guidelines on alcohol consumption produced by the National Health and Medical Research Council (NHMRC), for healthy men and women, drinking no more than **four standard drinks on a single occasion at least monthly** reduces the **risk of alcohol-related injury** arising from that occasion.
- In 2017, around a quarter (24.6%) of South Australians aged 15 years or more reported drinking more than four standard alcoholic drinks on a single occasion at least monthly, putting them at risk of alcohol-related injury¹.
- The rate varies between the local health networks (LHNs), from 7.5%* in the Riverland Mallee Coorong LHN to 37.2% in the Eyre and Far North LHN¹.
- Please note that SA Health LHN geographies differ from Australian Bureau of Statistics SA4 regions reported elsewhere.
- The rate reported by people that live in Country SA (27.9%) is statistically significantly higher compared to metropolitan Adelaide (23.4%)¹.
- A statistically significant downward trend was identified in the time series of available data for metropolitan Adelaide but not Country SA¹.
- Please note that data prior to 2011 is not available.

At risk of alcohol-related injury (aged 15+ years), 2017



N.B. SA Health local health network geographies differ from Australian Bureau of Statistics SA4 regions reported elsewhere.

* Relative Standard Error is between 25% and 50%. Please treat the estimate with caution.

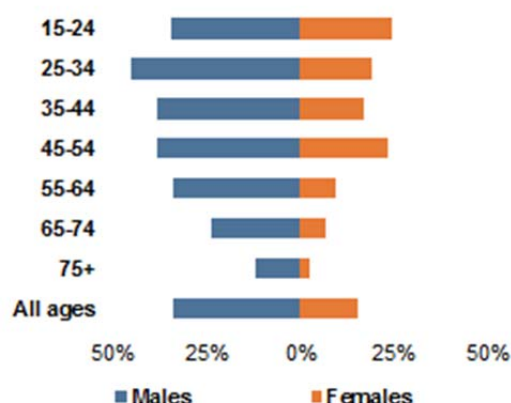
Data source: SA Health 2018

3-8-2. Alcohol-related single occasion injury risk in South Australia – by age and sex

- Under current guidelines on alcohol consumption produced by the National Health and Medical Research Council (NHMRC), for healthy men and women, drinking no more than **four standard drinks on a single occasion at least monthly** reduces the **risk of alcohol-related injury** arising from that occasion.
- In 2017, the proportion of males aged 15 years or more who reported drinking on a single occasion at least monthly at levels that puts them at risk of alcohol-related injury (34.1%) was more than double the female rate (15.5%)¹.

At risk of alcohol-related injury (aged 15+ years), 2017

Age (years)	Males	Females
15-24	34.6%	24.4%
25-34	45.4%	19.1%
35-44	38.1%	17.2%
45-54	38.1%	23.3%
55-64	33.7%	9.7%
65-74	23.8%	6.7%
75+	11.7%	2.7%
All ages	34.1%	15.5%



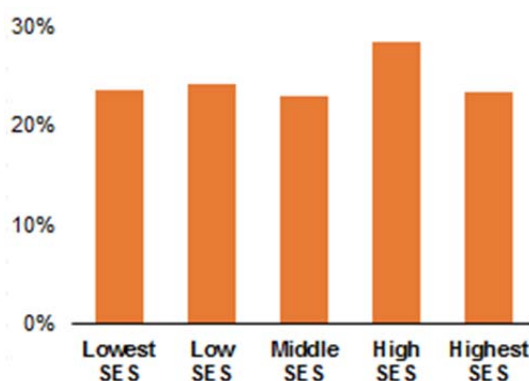
Data source: SA Health 2018

3-8-3. Alcohol-related single occasion injury risk in South Australia – by socio-economic status

- Under current guidelines on alcohol consumption produced by the National Health and Medical Research Council (NHMRC), for healthy men and women, drinking no more than **four standard drinks on a single occasion at least monthly** reduces the **risk of alcohol-related injury** arising from that occasion.
- There is no clear correlation between proportion of people aged 15 years or more who report drinking on a single occasion at least monthly that puts them at risk of alcohol-related injury and the socio-economic status (SES) of the area in which they live¹.

At risk of alcohol-related injury (aged 15+ years), 2017

Socio-economic status (SES)	%
Lowest SES	23.6%
Low SES	24.2%
Middle SES	23.0%
High SES	28.5%
Highest SES	23.3%



Data source: SA Health 2018

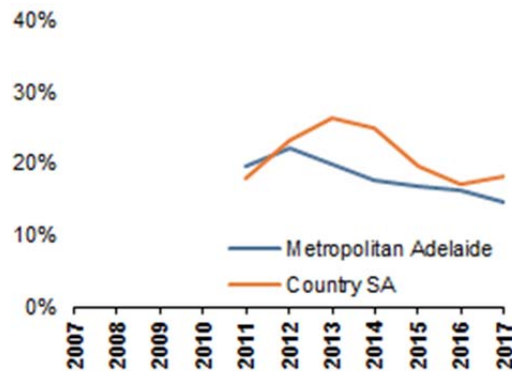
3-8-4. Alcohol-related lifetime risk in South Australia – by Local Health Network

- Under current guidelines on alcohol consumption produced by the National Health and Medical Research Council (NHMRC), for healthy men and women, drinking no more than **two standard drinks on any day** reduces the **lifetime risk** of harm from alcohol-related disease or injury.
- In 2017, roughly one in six (15.6%) South Australians aged 15 years or more reported drinking more than two standard alcoholic drinks on any day, putting them at lifetime risk of harm from alcohol-related disease or injury¹.
- The rate varies between local health networks (LHNs), from 9.9%* in the Riverland Mallee Coorong LHN to 31.1% in the Eyre and Far North LHN¹.
- Please note that SA Health LHN geographies differ from Australian Bureau of Statistics SA4 regions reported elsewhere.

- The rate reported by people that live in Country SA (19.1%) is statistically significantly higher compared to metropolitan Adelaide (14.4%)¹.
- A statistically significant downward trend was identified in the time series of available data for metropolitan Adelaide but not Country SA¹.
- Please note that data prior to 2011 is not available.

At lifetime risk of alcohol-related disease or injury (aged 15+ years), 2017

Local Health Network	%
Northern Adelaide	14.2%
Central Adelaide	15.5%
Southern Adelaide	13.6%
Metropolitan Adelaide	14.4%
Barossa Hills Fleurieu	15.3%
Eyre and Far North	31.1%
Flinders and Upper North	26.8%
Riverland Mallee Coorong	9.9%*
South East	18.1%
Yorke & Northern	16.4%
Country SA	19.1%
South Australia	15.6%
Australia	n.a.



N.B. SA Health local health network geographies differ from Australian Bureau of Statistics SA4 regions reported elsewhere.

* Relative Standard Error is between 25% and 50%. Please treat the estimate with caution.

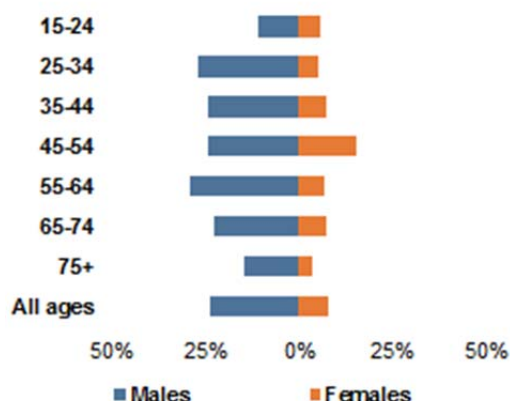
Data source: SA Health 2018

3-8-5. Alcohol-related lifetime risk in South Australia – by age and sex

- Under current guidelines on alcohol consumption produced by the National Health and Medical Research Council (NHMRC), for healthy men and women, drinking no more than **two standard drinks on any day** reduces the **lifetime risk** of harm from alcohol-related disease or injury.
- In 2017, around a quarter (23.7%) of males aged 15 years or more reported drinking on a day at levels that puts them at lifetime risk of alcohol-related disease or injury, more than triple the corresponding female rate (7.8%)¹.
- The disproportionate levels of lifetime risk of harm from alcohol for males compared to females is recorded across all age cohorts¹.

At lifetime risk of alcohol-related disease or injury (aged 15+ years), 2017

Age (years)	Males	Females
15-24	10.7%	5.9%
25-34	26.9%	5.3%
35-44	24.1%	7.6%
45-54	24.1%	15.6%
55-64	29.2%	6.9%
65-74	22.5%	7.4%
75+	14.7%	3.8%
All ages	23.7%	7.8%



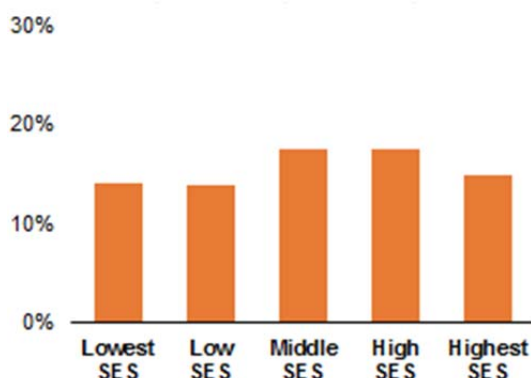
Data source: SA Health 2018

3-8-6. Alcohol-related lifetime risk in South Australia – by socio-economic status

- Under current guidelines on alcohol consumption produced by the National Health and Medical Research Council (NHMRC), for healthy men and women, drinking no more than **two standard drinks on any day** reduces the **lifetime risk** of harm from alcohol-related disease or injury.
- There is no clear correlation between proportion of people aged 15 years or more who report drinking at levels that put them at a lifetime risk of harm from alcohol and the socio-economic status (SES) of the area in which they live¹.

At lifetime risk of alcohol-related disease or injury (aged 15+ years), 2017

Socio-economic status (SES)	%
Lowest SES	14.1%
Low SES	13.8%
Middle SES	17.4%
High SES	17.4%
Highest SES	14.9%



Data source: SA Health 2018

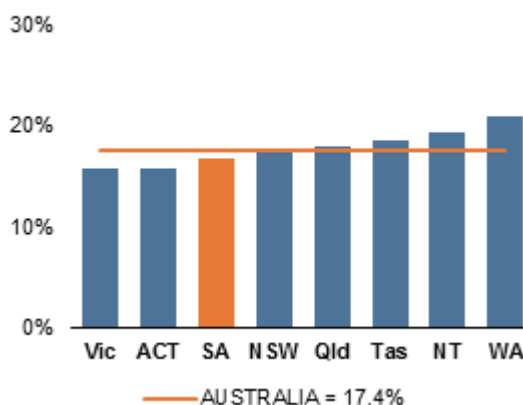
3-8-7. Long-term risk of harm from alcohol – by state and territory

- Data presented here is from the Australian Bureau of Statistics' 2014-15 National Health Survey for people aged 18 years and over. Therefore it is not directly comparable to the information presented in 3-8-4 to 3-8-6 above from the South Australian Health Omnibus Survey which is for persons aged 15 years and over. However, the survey uses the same guidelines on alcohol consumption produced by the National Health and Medical Research Council (NHMRC). i.e., that for healthy men and women, drinking no more than **two standard drinks on any day** reduces the **lifetime risk** of harm from alcohol-related disease or injury.
- The national survey found that about one in six (16.8%) of South Australians aged 18 years and over had average daily consumption of alcohol that puts them at lifetime risk of alcohol-related disease or injury. This is a reduction from the 18.1% reported in the previous survey (for 2011-12)².

- The rate for South Australians was at the lower end nationally, only Victoria and the Australian Capital Territory having lower reported rates².

Average daily alcohol consumption exceeding lifetime risk guidelines (aged 18+ years), 2014-15

State/Territory	%
Victoria	15.6%
Australian Capital Territory	15.7%
South Australia	16.8%
New South Wales	17.6%
Queensland	18.0%
Tasmania	18.6%
Northern Territory	19.3%
Western Australia	20.8%
Australia	17.4%



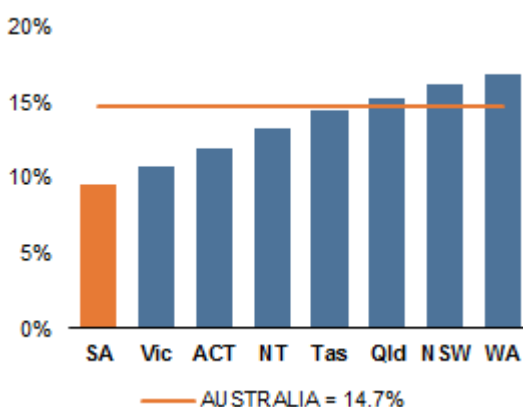
Data source: ABS 2015

3-8-8. Long-term risk of harm from alcohol – Aboriginal people

- Under current guidelines on alcohol consumption produced by the National Health and Medical Research Council (NHMRC), for healthy men and women, drinking no more than **two standard drinks on any day** reduces the **lifetime risk** of harm from alcohol-related disease or injury.
- Less than one in ten (9.6%) Aboriginal people in South Australia aged 15 years or more reported exceeding lifetime risk guidelines (2009 NHMRC guidelines) for alcohol consumption, well below the national average for Aboriginal people of 14.7%³.
- Compared to Aboriginal people aged 15 years and over in other states and territories, South Australia was ranked the lowest for this indicator³.
- The 2014-15 rate for Aboriginal people (ages 15 years and over) of 9.6% was also below the 2014-15 all-population rate reported above in 3-8-7 for South Australia (ages 18 years and over) of 16.8%³.

At lifetime risk of alcohol-related disease or injury - Aboriginal people (aged 15+ years), 2014-15

State/Territory	%
South Australia	9.6%
Victoria	10.8%
Australian Capital Territory	12.0%
Northern Territory	13.3%
Tasmania	14.5%
Queensland	15.2%
New South Wales	16.2%
Western Australia	16.8%
Australia	14.7%



Data source: ABS 2016

Sources

1. Based on Health Omnibus Survey customised extract 2018, Drug and Alcohol Services South Australia, SA Health, Adelaide, 24 July 2018.
2. Based on Australian Bureau of Statistics (ABS 2015), 'Table 10.1 Alcohol consumption — Longer term/Lifetime risk, Persons (estimate)' and in Tables 20-27 for each jurisdiction, [National Health Survey: First Results, 2014-15](#), cat. no. 4364.0.55.001, viewed 1 June 2016.
3. Based on Australian Bureau of Statistics (ABS 2016), 'Table 2.3 Selected characteristics, by state or territory of usual residence, Aboriginal and Torres Strait Islander persons aged 15 years and over – 2014-15, Proportion of persons', [National Aboriginal and Torres Strait Islander Social Survey, Australia, 2014-15](#), cat. no. 4714.0, viewed 6 September 2016.

3-9. Overweight and Obesity

Introduction

Body mass index (BMI) is a measure of body fat based on the ratio of weight and height (bodyweight in kilograms divided by height in metres squared). The normal range of BMI for an adult is 18.5 to 24.9 kg/m². 'Overweight' is defined by the World Health Organisation as a BMI in the range of 25 to less than 30. 'Obesity' is a BMI of 30 or higher.

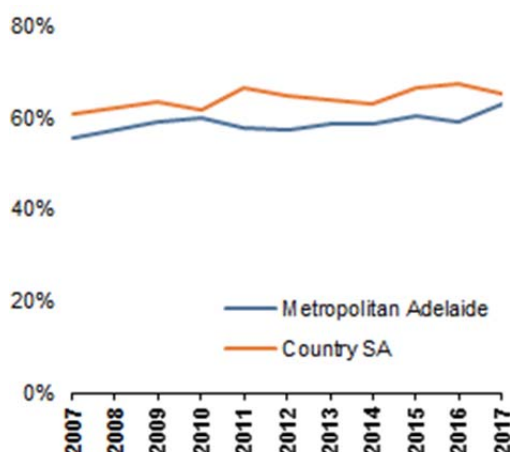
For overweight and obesity rates in children, please refer to [Chapter 2-11](#).

3-9-1. Overweight and Obesity in South Australia – by Local Health Network

- In 2017, around two-thirds (63.7%) of South Australians aged 18 years or more were either overweight or obese¹.
- The rate varies between the local health networks (LHNs) from 57.8% in the Barossa Hills Fleurieu LHN to 74.6% in the Flinders and Upper North LHN¹.
- The overweight/obesity rate among Country SA residents (65.4%) is not statistically significantly higher than the metropolitan Adelaide rate (62.9%)¹.
- Over the last decade the rates of overweight and obesity in both the metropolitan Adelaide and Country SA time series have statistically significantly increased¹.

Overweight or obese (aged 18+ years), 2017

Local Health Network	%
Northern Adelaide	70.7%
Central Adelaide	59.4%
Southern Adelaide	60.6%
Metropolitan Adelaide	62.9%
Barossa Hills Fleurieu	57.8%
Eyre and Far North	66.7%
Flinders and Upper North	74.6%
Riverland Mallee Coorong	71.0%
South East	71.1%
Yorke & Northern	68.0%
Country SA LHN	65.4%
South Australia	63.7%
Australia	n.a.



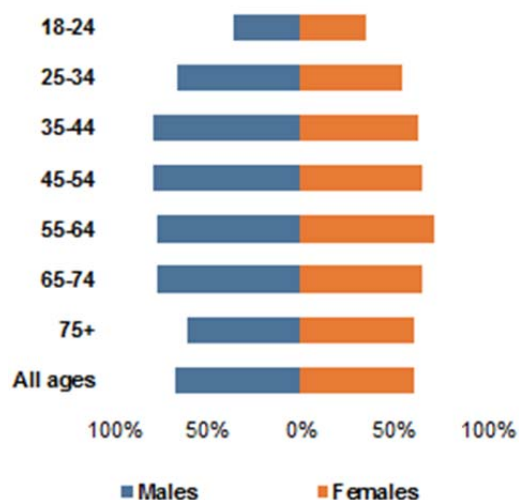
Data source: SA Health 2018

3-9-2. Overweight and Obesity in South Australia – by age and sex

- In 2017, the proportion of males aged 18 years and over who were overweight or obese (67.0%) was higher than the corresponding female rate (60.5%)¹.

Overweight or obese (aged 18+ years), 2017

Age (years)	Males	Females
18-24	35.8%	35.1%
25-34	65.3%	54.8%
35-44	79.1%	62.6%
45-54	78.3%	64.7%
55-64	76.5%	72.1%
65-74	76.3%	65.3%
75+	60.9%	60.8%
All ages	67.0%	60.5%



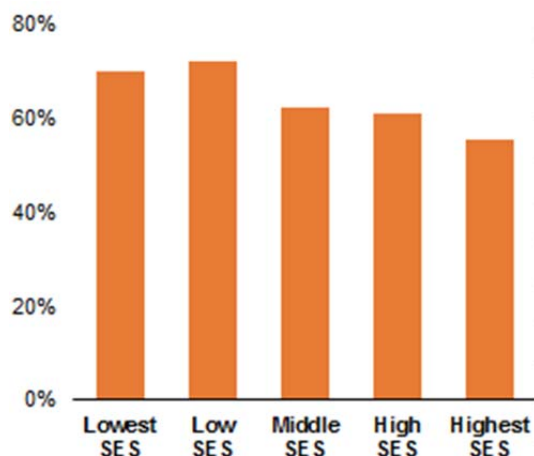
Data source: SA Health 2018

3-9-3. Overweight and Obesity in South Australia – by socio-economic status

- There is a statistically significant inverse correlation between the proportion of people aged 18 years and over who are classified as overweight or obese and the socio-economic status of the area in which they live¹.

Overweight or obese (aged 18+ years), 2017

Socio-economic status (SES)	%
Lowest SES	69.7%
Low SES	71.9%
Middle SES	62.4%
High SES	61.0%
Highest SES	55.6%



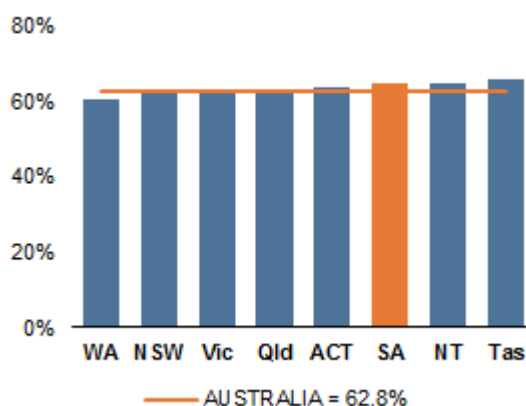
Data source: SA Health 2018

3-9-4. Overweight and Obesity in Australia – by state and territory

- The data below comes from the Australian Bureau of Statistics' 2014-15 National Health Survey. It is therefore not *directly* comparable to the information presented in 3-9-1 to 3-9-3 above which is sourced via the South Australian Monitoring and Surveillance System.
- However, the national survey does largely corroborate the state-specific survey, with 64.5% (age standardised) of South Australians aged 18 years and over reporting a BMI that classifies them as overweight or obese².
- Nationally, the South Australian overweight/obesity rate is slightly above the Australia-wide average of 62.8% (age standardised), and is ranked third-highest of the states and territories².

Overweight or obese (aged 18+ years), 2014-15, age standardised

State/Territory	%
Western Australia	60.3%
New South Wales	62.6%
Victoria	62.8%
Queensland	63.3%
Australian Capital Territory	63.5%
South Australia	64.5%
Northern Territory	64.6%
Tasmania	65.9%
Australia	62.8%



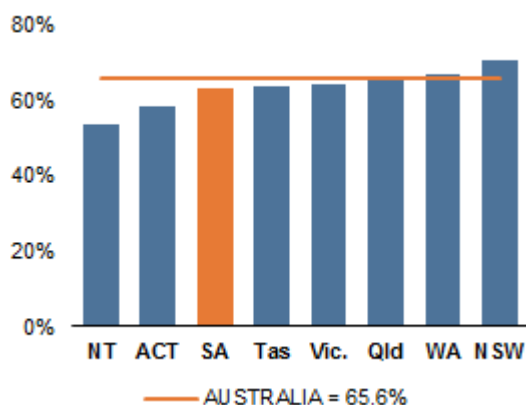
Data source: ABS 2015

3-9-5. Overweight and Obesity – Aboriginal people

- In 2012-13, 62.9% of Aboriginal people in South Australia aged 15 years and older had a BMI classified as overweight or obese³.
- Although not strictly comparable, this is lower than the 64.5% overweight/obesity rate recorded for *all* South Australians aged 18 years or more in the ABS 2014-15 National Health Survey (see 3-9-4 above)³.
- South Australia's overweight/obesity rate among Aboriginal people is below the national average for Aboriginal people (65.6%)³.

Aboriginal people overweight or obese (aged 15+ years), 2012-13

State/Territory	%
Northern Territory	53.7%
Australian Capital Territory	58.3%
South Australia	62.9%
Tasmania	63.7%
Victoria	64.4%
Queensland	65.7%
Western Australia	66.7%
New South Wales	70.6%
Australia	65.6%



Data source: ABS 2013

Sources

1. Based on South Australian Monitoring and Surveillance System customised extract 2018, Prevention and Population Health, SA Health, Adelaide, 16 August 2018.
2. Based on Australian Bureau of Statistics (ABS 2015), 'Table 2.3 Summary health characteristics – States and territories, Proportion of persons', [National Health Survey: First Results, 2014-15](#), cat. no. 4364.0.55.001, viewed 17 March 2016.

3. Based on Australian Bureau of Statistics (ABS 2013), 'Table 3.3 Selected health characteristics, by State/Territory – 2012-13, Proportion of Aboriginal and Torres Strait Islander persons', [*Australian Aboriginal and Torres Strait Islander Health Survey: First Results, 2012-13*](#), cat no 4727.0.55.001, viewed 2 September 2015.

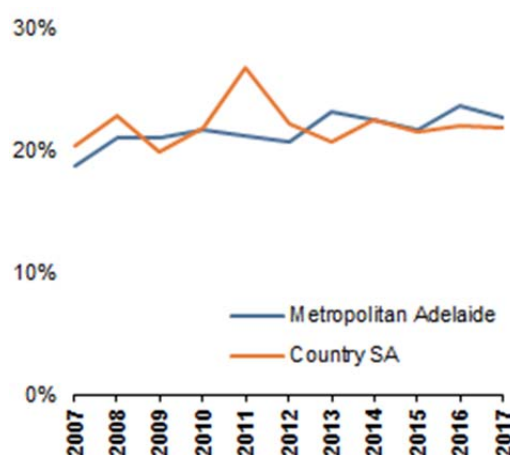
3-10. High blood pressure

3-10-1. High blood pressure in South Australia – by Local Health Network

- In 2017, around a quarter (22.3%) of South Australians aged 18 years or more self-reported that they had current doctor-diagnosed high blood pressure and/or were on medication for high blood pressure¹.
- The rate varies between the local health networks (LHNs) from 17.7% in the Barossa Hills Fleurieu LHN to 27.0% in the Flinders and Upper North LHN.
- The prevalence of high blood pressure among Country SA residents (21.8%) is essentially equivalent (no statistically significant difference) to the overall metropolitan Adelaide rate of 22.6%¹.
- A statistically significant increasing trend over the last decade in the proportion of people reporting high blood pressure and/or on medication for high blood pressure (aged 18+ years) was identified in the metropolitan Adelaide time series. No statistically significant trend was identified in the Country SA time series¹.

High blood pressure and/or on medication for high blood pressure (aged 18+ years), 2017

Local Health Network	%
Northern Adelaide	24.1%
Central Adelaide	22.4%
Southern Adelaide	21.5%
Metropolitan Adelaide	22.6%
Barossa Hills Fleurieu	17.7%
Eyre and Far North	25.9%
Flinders and Upper North	27.0%
Riverland Mallee Coorong	24.9%
South East	24.5%
Yorke & Northern	21.8%
Country SA	21.8%
South Australia	22.3%
Australia	n.a.



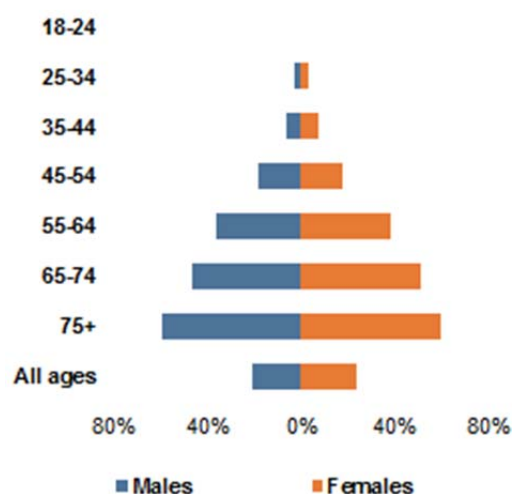
Data source: SA Health 2018

3-10-2. High blood pressure in South Australia – by age and sex

- In 2017, the proportion of females aged 18 years and over who self-reported that they were living with doctor-diagnosed high blood pressure and/or were on medication for high blood pressure (24.0%) was higher than the corresponding male rate (20.4%)¹.
- The prevalence of high blood pressure is correlated with age¹.

High blood pressure and/or on medication for high blood pressure (aged 18+ years), 2017

Age (years)	Males	Females
18-24	0.0%	0.0%
25-34	3.1%	2.9%
35-44	5.9%	7.6%
45-54	18.1%	17.6%
55-64	36.2%	38.1%
65-74	46.5%	51.7%
75+	59.6%	59.6%
All ages	20.4%	24.0%



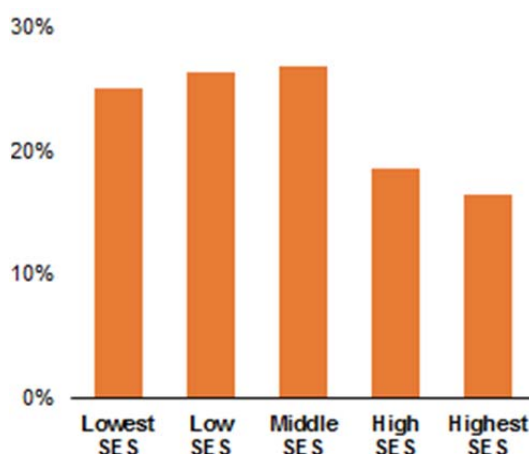
Data source: SA Health 2018

3-10-3. High blood pressure in South Australia – by socio-economic status

- There is no statistically significant correlation between the proportion of people aged 18 years and over who self-report that they are living with doctor-diagnosed high blood pressure and/or are on medication for high blood pressure and the socio-economic status of the area in which they live¹.

High blood pressure and/or on medication for high blood pressure (aged 18+ years), 2017

Socio-economic status (SES)	%
Lowest SES	25.0%
Low SES	26.2%
Middle SES	26.8%
High SES	18.5%
Highest SES	16.4%



Data source: SA Health 2018

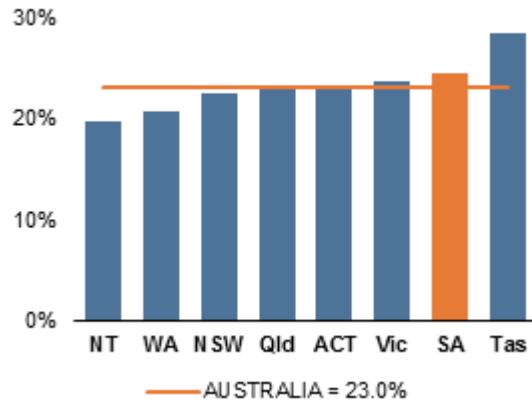
3-10-4. High blood pressure in Australia – by state and territory

- Data presented here is from the Australian Bureau of Statistics' 2014-15 National Health Survey for people aged 18 years and over and is based on *measured* blood pressure which is 140/90 mmHg or higher. This is, therefore, not directly comparable to the information in 3-8-4 to 3-8-6 above which is based on people aged 18 years and over who self-reported having doctor-diagnosed high blood pressure and/or being on medication for high blood pressure.
- The national survey does corroborate the findings from the state-specific survey, with about a quarter (24.5%) of South Australians estimated to be living with high blood pressure².
- The South Australian rate is similar, given margins for error in the estimation, to the Australia-wide figure of 23.0% but it is – as was the case for the previous survey for 2011-12 – the state

with the second-highest estimated prevalence rate of high blood pressure of the reported jurisdictions, only Tasmania having a higher rate².

High blood pressure ($\geq 140/90$ mmHg) (aged 18+ years), 2014–15

State/Territory	%
Northern Territory	19.7%
Western Australia	20.6%
New South Wales	22.5%
Queensland	23.2%
Australian Capital Territory	23.2%
Victoria	23.7%
South Australia	24.5%
Tasmania	28.4%
Australia	23.0%



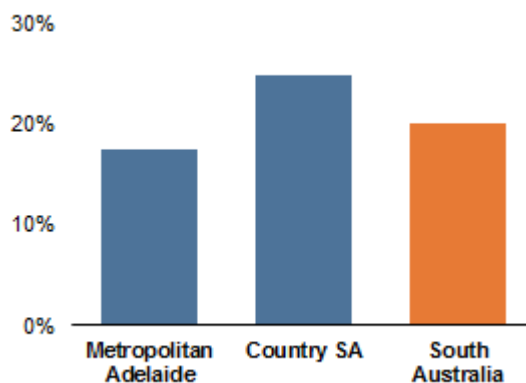
Data source: ABS 2015

3-10-5. High blood pressure – Aboriginal people

- In 2012, one in five (20.0%) Aboriginal people aged 15 years and over in South Australia self-reported that they were living with doctor-diagnosed high blood pressure and/or were on medication for high blood pressure³.
- Although the survey from which this data was drawn did not include the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands, the Country SA rate as a whole (24.8%) is not statistically significantly higher than metropolitan Adelaide (17.6%)³.
- However, the prevalence of high blood pressure amongst Aboriginal people in remote South Australia is extremely high at 39.8%³.
- The Aboriginal rate of persons aged 15 years and over for 2012 is roughly comparable to the 16 years and over all-population rate for 2014 reported for South Australia in 3-10-1 above (21.3%)³.

Aboriginal people with high blood pressure and/or on medication for high blood pressure (aged 15+ years), March 2012

Region	%
Metropolitan Adelaide	17.6%
Rural SA	16.9%
Remote SA	39.8%*
Country SA	24.8%
South Australia	20.0%
Australia	n.a.



* Survey did not include APY Lands

Data source: University of Adelaide 2012

Sources

1. Based on South Australian Monitoring and Surveillance System customised extract 2018, Prevention and Population Health, SA Health, Adelaide, 16 August 2018.
2. Based on Australian Bureau of Statistics (ABS 2015), 'Table 2.3 Summary health characteristics — States and territories, Proportion of persons', [National Health Survey: First Results, 2014-15](#), cat. no. 4364.0.55.001, viewed 6 June 2016.
3. Based on Taylor, A, Marin, T, Avery, J & Dal Grande, E 2012, 'Appendix A: A5.6 High blood pressure,' *South Australian Aboriginal health survey*, Population research and outcome studies, University of Adelaide, Adelaide.

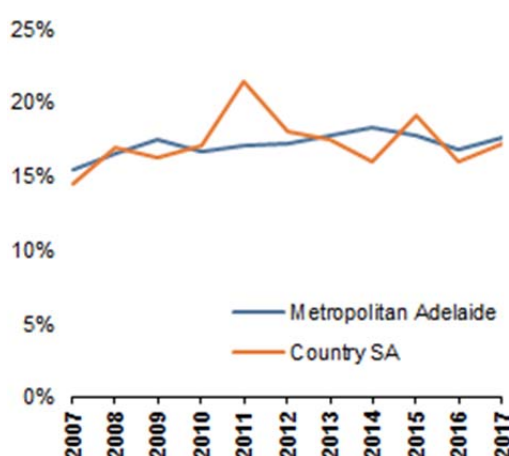
3-11. High cholesterol

3-11-1. High cholesterol in South Australia – by Local Health Network

- In 2017, under one in six (17.5%) of South Australians aged 18 years or more self-reported that they had current doctor-diagnosed high cholesterol and/or were on medication for high cholesterol¹.
- The rate varies between local health networks (LHNs) from 14.6% in the Flinders and Upper North LHN to 21.1% in the Northern Adelaide LHN.
- The prevalence of high cholesterol self-reported by Country SA residents (17.2%) is not statistically significantly lower than their metropolitan Adelaide counterparts (17.6%)¹.
- Over the last decade the proportion of people reporting living with high cholesterol has statistically significantly increased for metropolitan Adelaide residents but not Country SA residents¹.

High cholesterol and/or on medication for high cholesterol (aged 18+ years), 2017

Local Health Network	%
Northern Adelaide	21.1%
Central Adelaide	16.2%
Southern Adelaide	16.4%
Metropolitan Adelaide	17.6%
Barossa Hills Fleurieu	17.3%
Eyre and Far North	20.1%
Flinders and Upper North	14.6%
Riverland Mallee Coorong	15.8%
South East	18.0%
Yorke & Northern	17.5%
Country SA	17.2%
South Australia	17.5%
Australia	n.a.



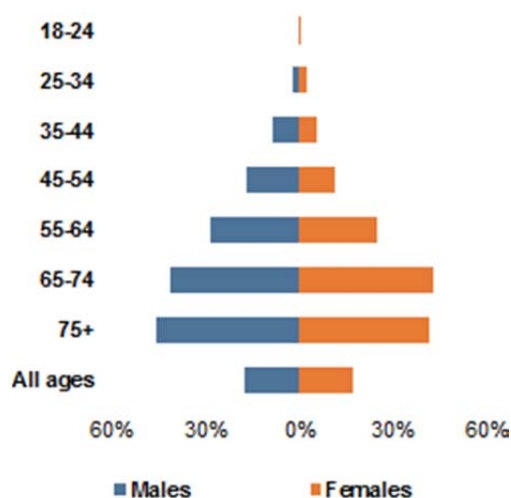
Data source: SA Health 2018

3-11-2. High cholesterol in South Australia – by age and sex

- In 2017, the proportion of males aged 18 years and over who self-reported that they were living with doctor-diagnosed high cholesterol and/or were on medication for high cholesterol (17.7%) was roughly equivalent to the rate of their female counterparts (17.2%)¹.
- The prevalence of high cholesterol is correlated with age¹.

High cholesterol and/or on medication for high cholesterol (aged 18+ years), 2017

Age (years)	Males	Females
18-24	0.0%	0.3%
25-34	2.3%	2.5%
35-44	8.2%	5.7%
45-54	17.1%	11.2%
55-64	28.6%	25.0%
65-74	41.3%	43.0%
75+	46.0%	41.6%
All ages	17.7%	17.2%



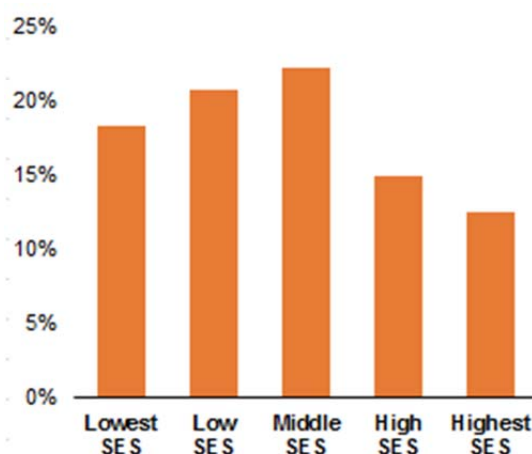
Data source: SA Health 2018

3-11-3. High cholesterol in South Australia – by socio-economic status

- In 2017, there was no statistically significant correlation between the proportion of people aged 18 years and over who self-report that they are living with doctor-diagnosed high cholesterol and/or are on medication for high cholesterol and the socio-economic status of the area in which they live¹.

High cholesterol and/or on medication for high cholesterol (aged 18+ years), 2017

Socio-economic status (SES)	%
Lowest SES	18.2%
Low SES	20.6%
Middle SES	22.2%
High SES	14.9%
Highest SES	12.5%



Data source: SA Health 2018

3-11-4. High cholesterol in Australia – by state and territory

- Data presented here is from the Australian Bureau of Statistics' 2014-15 National Health Survey reporting high cholesterol. It is not directly comparable to the information in 3-11-1 to 3-11-3 above which is for people who self-report having current doctor-diagnosed high cholesterol and/or being on medication for high cholesterol.
- The national survey reports that around one in 12 (8.4%) South Australians are living with high cholesterol as a condition which has lasted, or is expected to last, for 6 months or more².
- The South Australian population high cholesterol rate is higher than the Australia-wide rate of 7.1%, and is towards the top end of the range reported for the states and territories².

High cholesterol (aged 18+ years), 2014–15

State/Territory	%
Northern Territory	4.4%
Western Australia	6.0%
Queensland	6.4%
New South Wales	7.2%
Victoria	7.3%
South Australia	8.4%
Australian Capital Territory	8.6%
Tasmania	9.4%
Australia	7.1%



Data source: ABS 2015

3-11-5. High cholesterol – Aboriginal people

Data not available for this indicator.

Sources

1. Based on South Australian Monitoring and Surveillance System customised extract 2018, Prevention and Population Health, SA Health, Adelaide, 16 August 2018.
2. Based on Australian Bureau of Statistics (ABS 2015), 'Table 3.3 Long-term health conditions, Proportion of persons — Persons' and in Tables 20-27 for each jurisdiction, [National Health Survey: First Results, 2014-15](#), cat. no. 4364.0.55.001, viewed 6 June 2016.

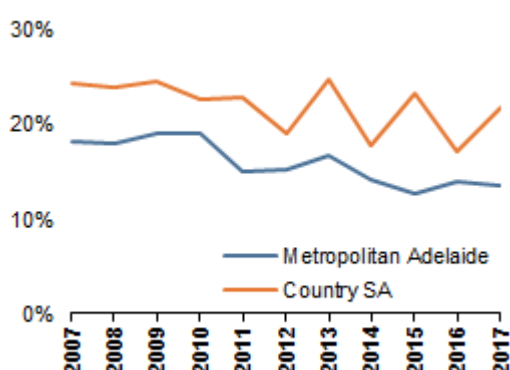
3-12. Smoking prevalence

3-12-1. Smoking prevalence in South Australia – by Local Health Network

- In 2017, around one in six (16.5%) South Australians aged 15 years or older reported smoking daily, weekly or less often than weekly¹.
- The rate varies between local health networks (LHNs), from 10.3% in the Central Adelaide LHN up to 34.0% in the Yorke & Northern LHN.
- There is a statistically significant difference between the rates reported by people living in Country SA (21.8%) compared to metropolitan Adelaide residents (13.5%) in 2017¹.
- Over the last decade, smoking prevalence has statistically significantly decreased in metropolitan Adelaide. No statistically significant trend was identified in the Country SA time series¹.
- **E-cigarettes:** In 2017, 75.6% of the South Australian population reported that they had heard of e-cigarettes but only 1.0% were current users of e-cigarettes¹.

All smoking prevalence (ages 15+ years), 2017

Local Health Network	%
Northern Adelaide	20.9%
Central Adelaide	10.3%
Southern Adelaide	10.6%
Metropolitan Adelaide	13.5%
Barossa Hills Fleurieu	11.9%
Eyre and Far North	31.4%
Flinders and Upper North	23.7%
Riverland Mallee Coorong	24.3%
South East	28.9%
Yorke & Northern	34.0%
Country SA	21.8%
South Australia	16.5%
Australia	n.a.



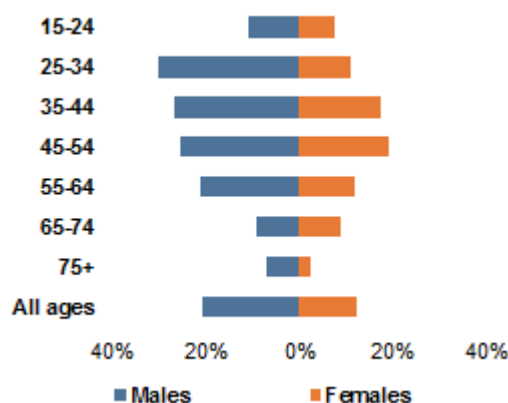
Data source: SA Health 2018

3-12-2. Smoking prevalence in South Australia – by age and sex

- In 2017, the proportion of the state's population aged 15 years and over that reported smoking daily, weekly or less often than weekly was higher among males (20.7%) than females (12.4%)¹.
- Smoking prevalence varied greatly with age, peaking in the 25-34 years age cohort for males (30.2%) and 45-54 years age cohort for females (19.4%)¹.

All smoking prevalence (ages 15+ years), 2017

Age (years)	Males	Females
15-24	10.9%	7.7%
25-34	30.2%	11.0%
35-44	26.8%	17.7%
45-54	25.6%	19.4%
55-64	21.0%	11.9%
65-74	8.9%	8.9%
75+	7.1%	2.7%
All ages	20.7%	12.4%



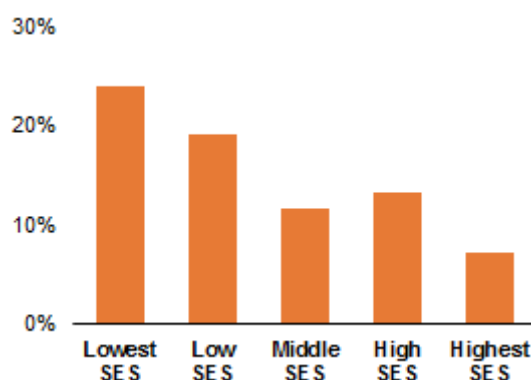
Data source: SA Health 2018

3-12-3. Smoking prevalence in South Australia – by socio-economic status

- There is a statistically significant inverse correlation between the proportion of people aged 15 years and over who report smoking daily, weekly or less often than weekly and the socio-economic status of the area in which they live¹.
- Smoking prevalence recorded during 2017 in areas constituting South Australia's highest socio-economic (SES) quintile (7.1%) was around a third of that recorded for the lowest SES quintile (24.0%)¹.

All smoking prevalence (ages 15+ years), 2017

Socio-economic status (SES)	%
Lowest SES	24.0%
Low SES	19.1%
Middle SES	11.6%
High SES	13.2%
Highest SES	7.1%



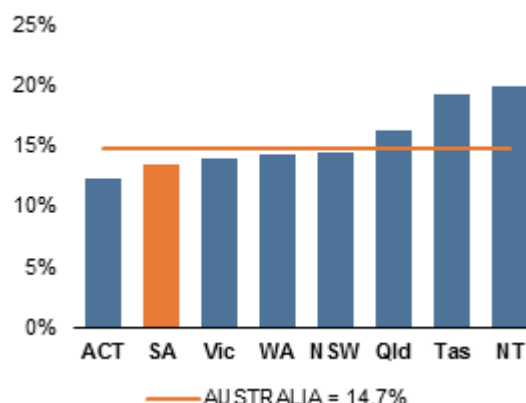
Data source: SA Health 2018

3-12-4. Smoking prevalence in Australia – by state and territory

- Data presented here is from the Australian Bureau of Statistics' 2014-15 National Health Survey for people aged 18 years and over reporting being current daily smokers and is age-standardised. It is not directly comparable to the Health Omnibus Survey information in sections 3-12-1 to 3-12-3 above which is for people aged 15 years and over who report smoking daily, weekly or less often than weekly.
- However, the national survey results are broadly in line with the state-based figures, revealing that 13.5% of the population in South Australia are current daily smokers. This is a reduction from the 16.8% reported in the previous survey (for 2011-12, second-results release)².
- The South Australian proportion of current smokers is estimated to be a little below the Australia-wide rate of 14.7% and is at the bottom of the range of rates reported for the states and territories, with only the Australian Capital Territory having a lower estimated rate².

Current daily smokers (ages 18+ years), 2014–15 (age-standardised)

State/Territory	%
Australian Capital Territory	12.2%
South Australia	13.5%
Victoria	13.9%
Western Australia	14.2%
New South Wales	14.4%
Queensland	16.3%
Tasmania	19.3%
Northern Territory	19.9%
Australia	14.7%



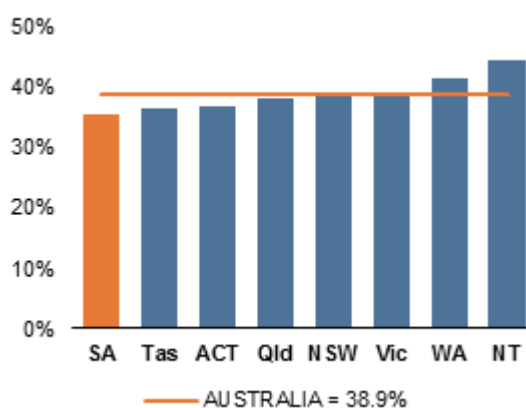
Data source: ABS 2015

3-12-5. Smoking prevalence – Aboriginal people

- More than a third (35.4%) of Aboriginal people aged 15 years or older in South Australia reported being a current daily smoker in 2014-15, below the national average for Aboriginal people of 38.9%³.
- Although the figures are not directly comparable, due to differing sources and methodologies, this rate is significantly higher than the 16.5% of all South Australians aged 15 years or older who reported smoking daily, weekly or less often than weekly (see 3-12-1 above)³.
- Compared to Aboriginal people aged 15 years and over in other states and territories, South Australia was ranked the lowest for this indicator³.

Current daily smokers - Aboriginal people (ages 15+ years), 2014-15

State/Territory	%
South Australia	35.4%
Tasmania	36.5%
Australian Capital Territory	36.9%
Queensland	38.1%
New South Wales	38.3%
Victoria	38.4%
Western Australia	41.5%
Northern Territory	44.5%
Australia	38.9%



Data source: ABS 2016

Sources

1. Based on Health Omnibus Survey customised extract 2018, Drug and Alcohol Services South Australia, SA Health, Adelaide, 30 July 2018.
2. Based on Australian Bureau of Statistics (ABS 2015), 'Table 2.3 Summary health characteristics — States and territories, Proportion of persons', [National Health Survey: First Results, 2014-15](#), cat. no. 4364.0.55.001, viewed 6 June 2016.

3. Based on Australian Bureau of Statistics (ABS 2016), 'Table 2.3 Selected characteristics, by state or territory of usual residence, Aboriginal and Torres Strait Islander persons aged 15 years and over – 2014-15, Proportion of persons', [*National Aboriginal and Torres Strait Islander Social Survey, Australia, 2014-15*](#), cat. no. 4714.0, viewed 6 September 2016.

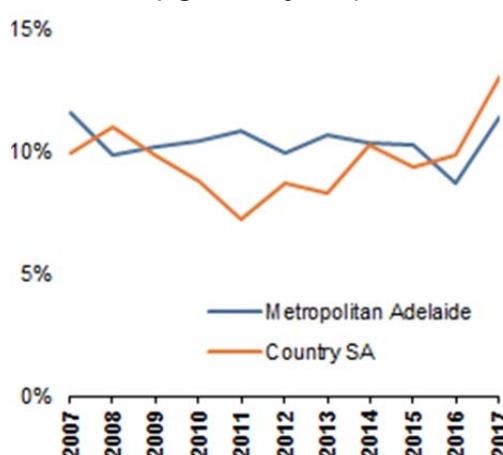
3-13. Psychological distress (anxiety and depression)

3-13-1. Psychological distress in South Australia – by Local Health Network

- In 2017, around one in eleven (11.9%) South Australians aged 18 years or more had recently experienced high or very high levels of psychological distress¹.
- Levels of psychological distress are defined using the [Kessler 10 Item \(K10\) Psychological Distress Questionnaire](#), a checklist to measure whether a person may have been affected by anxiety and depression during the past four weeks.
- The rate varies between local health networks (LHNs) from 6.3% in the Riverland Mallee Coorong LHN to 17.9% in the Barossa Hills Fleurieu Local LHN¹.
- The proportion of high to very high levels of psychological distress reported amongst residents of metropolitan Adelaide (11.4%) is statistically significantly lower than Country SA (13.0%)
- No statistically significant trend was identified in the metropolitan Adelaide or Country SA time series¹.

High or very high levels of psychological distress (aged 18+ years), 2017

Local Health Network	%
Northern Adelaide	14.7%
Central Adelaide	10.8%
Southern Adelaide	9.5%
Metropolitan Adelaide	11.4%
Barossa Hills Fleurieu	17.9%
Eyre and Far North	6.5%*
Flinders and Upper North	10.9%
Riverland Mallee Coorong	6.3%
South East	9.1%
Yorke & Northern	15.1%
Country SA	13.0%
South Australia	11.9%
Australia	n.a.

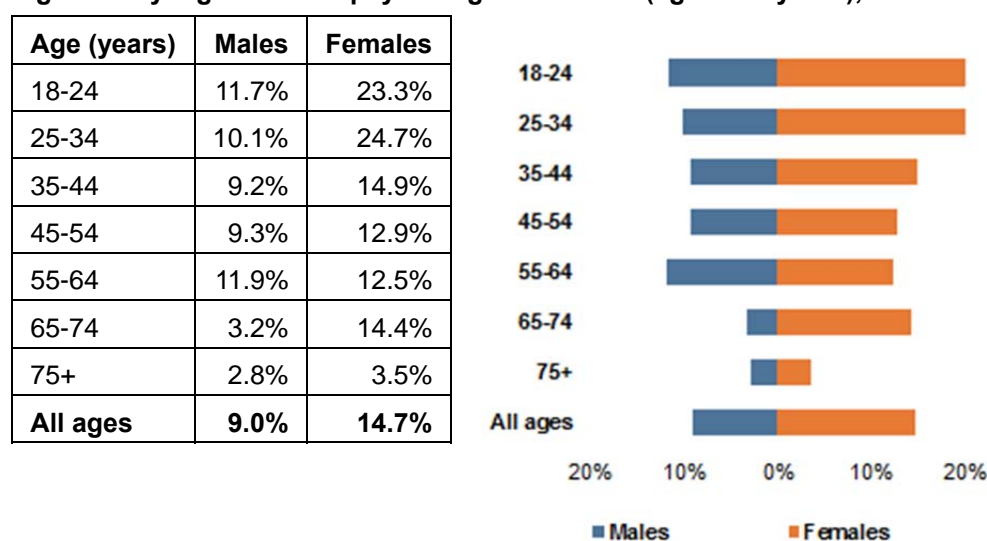


* Relative Standard Error is between 25% and 50%. Please treat the estimate with caution.

Data source: SA Health 2018

3-13-2. Psychological distress in South Australia – by age and sex

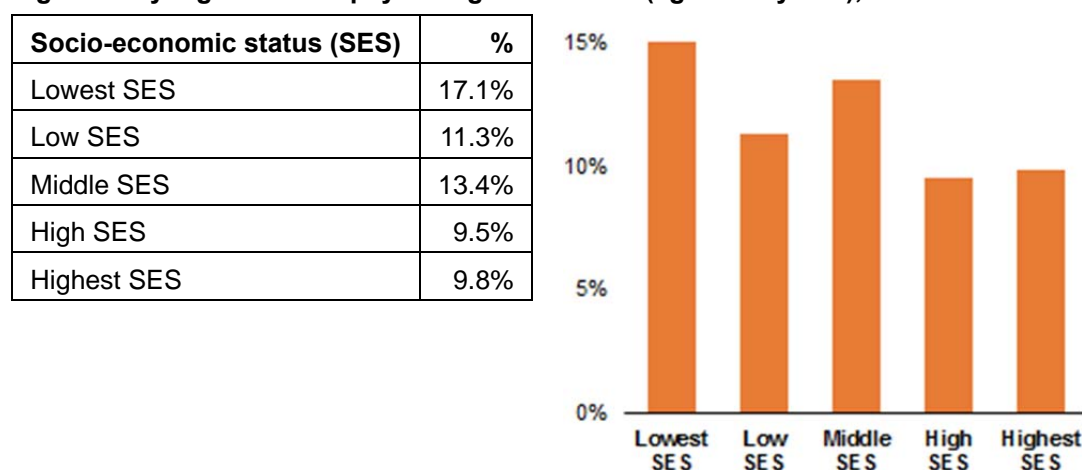
- In 2017, the proportion of the population aged 18 years and over that had recently experienced high or very high levels of psychological distress was higher for females (14.7%) than males (9.0%)¹.
- Levels of psychological distress are defined using the [Kessler 10 Item \(K10\) Psychological Distress Questionnaire](#), a checklist to measure whether a person may have been affected by anxiety and depression during the past four weeks.
- The extent to which people reported high to very high levels of psychological distress varied with age with prevalence particularly high in the 18-24 and 25-34 years age cohorts for females¹.

High or very high levels of psychological distress (aged 18+ years), 2017

Data source: SA Health 2018

3-13-3. Psychological distress in South Australia – by socio-economic status

- In 2017, there was no statistically significant correlation between the proportion of people aged 18 years and over who have recently experienced high or very high levels of psychological distress and the socio-economic status of the geographic area in which they live¹.
- Levels of psychological distress are defined using the [Kessler 10 Item \(K10\) Psychological Distress Questionnaire](#), a checklist to measure whether a person may have been affected by anxiety and depression during the past four weeks.
- The prevalence of high to very high psychological distress in areas constituting South Australia's lowest socio-economic (SES) quintile (17.1%) is higher than that of the highest SES quintile (9.8%)¹.

High or very high levels of psychological distress (aged 18+ years), 2017

Data source: SA Health 2018

3-13-4. Psychological distress in Australia – by state and territory

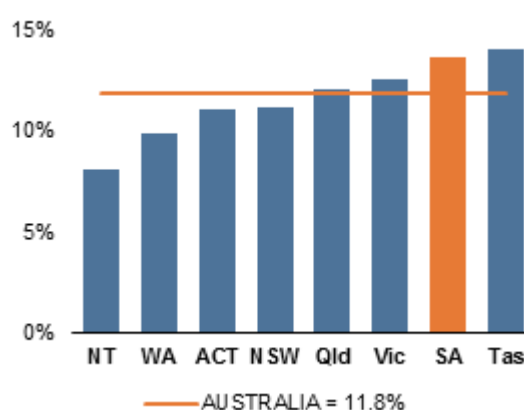
- Data presented here is from the Australian Bureau of Statistics' 2014-15 National Health Survey for people aged 18 years and over reporting living with high or very high levels of

psychological distress as a long-term condition. It is not directly comparable to the information in 3-13-1 to 3-13-3 above.

- Levels of psychological distress are defined using the [Kessler 10 Item \(K10\) Psychological Distress Questionnaire](#), a checklist to measure whether a person may have been affected by anxiety and depression during the past four weeks.
- The national survey results are broadly in line with the state-based figures, showing that 13.6% of the age-standardised population in South Australia are living with high or very high levels of psychological distress as a condition which has lasted, or is expected to last, for 6 months or more. This is an increase over the 11.4% reported in the previous survey (for 2011-12)².
- The South Australian rate is a little higher than the Australia-wide rate of 11.8% and estimated to be higher than all states and territories except Tasmania².

High/very high psychological distress, people (aged 18+ years), 2014–15 (age-standardised)

State/Territory	%
Northern Territory	8.1%
Western Australia	9.9%
Australian Capital Territory	11.0%
New South Wales	11.1%
Queensland	12.0%
Victoria	12.5%
South Australia	13.6%
Tasmania	14.0%
Australia	11.8%



Data source: ABS 2015

3-13-5. Psychological distress – Aboriginal people

- Around a third (31.8%) of Aboriginal people in South Australia aged 15 years or more have recently experienced high or very high levels of psychological distress³.
- Levels of psychological distress are defined here using the , a subset of five questions from the [Kessler 10 Item \(K10\) Psychological Distress Questionnaire](#), a checklist to measure whether a person may have been affected by anxiety and depression during the past four weeks.
- As such, and because it is based on data collected for 2012-13 rather than 2011-12, this indicator is not *directly* comparable with the all-person figures in 3-13-4 above³.
- South Australia's rate was above the national average for Aboriginal people of 30.1%, ranking this jurisdiction second highest of the states and territories³.

Psychological distress - Aboriginal people (aged 15+ years), 2012-13

State/Territory	%
Northern Territory	23.3%
Tasmania	26.5%
Western Australia	29.8%
Australian Capital Territory	30.3%
Queensland	31.1%
New South Wales	31.2%
South Australia	31.8%
Victoria	32.3%
Australia	30.1%



Data source: ABS 2014

Sources

1. Based on South Australian Monitoring and Surveillance System customised extract 2018, Prevention and Population Health, SA Health, Adelaide, 16 August 2018.
2. Based on Australian Bureau of Statistics (ABS 2015), 'Table 2.3 Summary health characteristics — States and territories, Proportion of persons', [National Health Survey: First Results, 2014-15](#), cat. no. 4364.0.55.001, viewed 6 June 2016.
3. Based on Australian Bureau of Statistics (ABS 2014), 'Table 12.3 Smoker status, by State/Territory by sex, Proportion of persons', [Australian Aboriginal and Torres Strait Islander health survey: Updated results 2012-13](#), cat no 4727.0.55.006, viewed 08 October 2014.

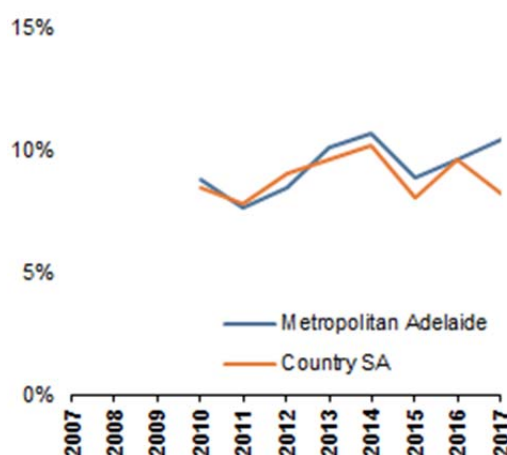
3-14. Cancer

3-14-1. Cancer in South Australia – by Local Health Network

- In 2017, around one in ten (9.7%) South Australians aged 18 years or more had ever been told by a doctor that they had cancer¹.
- The rate varies between local health networks (LHNs) from 6.1%* in the South East LHN to 10.7% in the Southern Adelaide LHN¹.
- The proportion of people who reported having or ever had cancer in metropolitan Adelaide (10.4%) is statistically significantly higher than Country SA (8.2%)¹.
- No statistically significant underlying trend was identified in either the metropolitan Adelaide or Country SA time series¹.
- Data prior to 2010 is not available.

Has or ever had cancer (aged 18+ years), 2017

Local Health Network	%
Northern Adelaide	10.4%
Central Adelaide	10.2%
Southern Adelaide	10.7%
Metropolitan Adelaide	10.4%
Barossa Hills Fleurieu	9.0%
Eyre and Far North	8.6%*
Flinders and Upper North	8.0%*
Riverland Mallee Coorong	7.5%
South East	6.1%*
Yorke & Northern	8.4%
Country SA	8.2%
South Australia	9.7%
Australia	n.a.



* Relative Standard Error is between 25% and 50%. Please treat the estimate with caution.

Data prior to 2010 is not available.

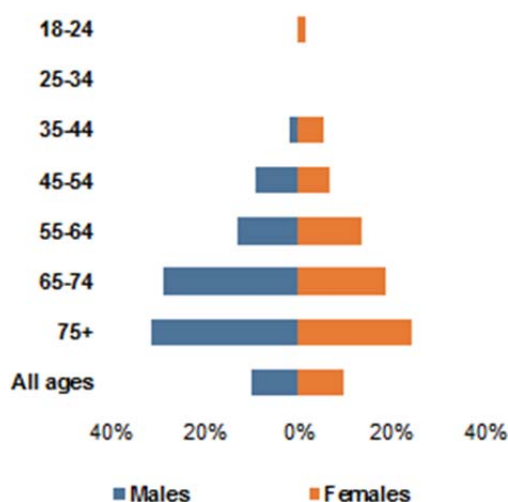
Data source: SA Health 2018

3-14-2. Cancer in South Australia – by age and sex

- In 2017, the proportion of the population aged 18 years and over that had ever been told by a doctor that they had cancer was roughly equivalent between males (9.9%) and females (9.8%)¹.
- The rate increases with age¹.

Has or ever had cancer (aged 18+), 2017

Age (years)	Males	Females
18-24	0.0%	1.6%
25-34	0.0%	0.0%
35-44	2.0%	5.4%
45-54	9.2%	6.8%
55-64	13.2%	13.6%
65-74	28.7%	19.0%
75+	31.6%	24.6%
All ages	9.9%	9.8%



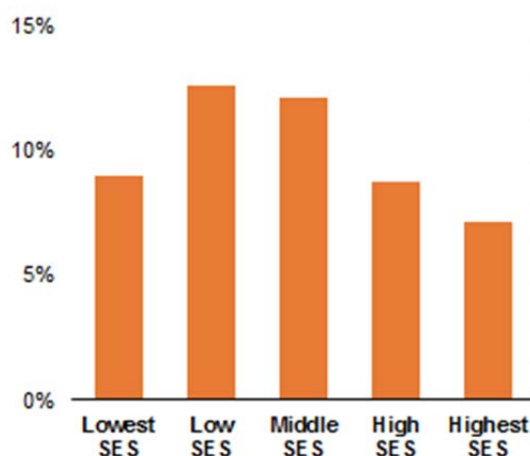
Data source: SA Health 2018

3-14-3. Cancer in South Australia – by socio-economic status

- There is no statistically significant correlation evident between the proportion of people aged 18 years and over who have ever been told by a doctor that they have cancer and the socio-economic status of the geographic area in which they live¹.

Has or ever had cancer (aged 18+ years), 2017

Socio-economic status (SES)	%
Lowest SES	9.0%
Low SES	12.6%
Middle SES	12.1%
High SES	8.8%
Highest SES	7.1%



Data source: SA Health 2018

3-14-4. Cancer in Australia – by state and territory

Data not available for this indicator.

3-14-5. Cancer – Aboriginal people

Data not available for this indicator.

Sources

1. Based on South Australian Monitoring and Surveillance System customised extract 2018, Prevention and Population Health, SA Health, Adelaide, 16 August 2018.

3-15. Illicit drug use

3-15-1. Illicit drug use in South Australia

- In 2016, just under one in six (15.7%) South Australians aged 14 years and older reported using drugs illicitly, including the use of pharmaceuticals for non-medical purposes, in the previous 12 months. This is comparable to the national average of 15.6%¹.
- In the 2001 survey, the reported rate in South Australia was 17.6%, but in the five subsequent three-yearly surveys the state's rate dropped and has hovered around the 15% mark since¹.
- Illicit drug use in South Australia is higher among males (18.3%) compared to females (13.0%) and peaks in the 20-29 years age cohort (23.9%)¹.
- Cannabis is the most commonly used illicit drug reported by South Australians aged 14 years and older (10.7%), followed by Misuse of pharmaceuticals (excludes OTC) (5.5%) and pain-killers/analgesics for non-medical purposes (4.3%)¹.
- In 2016, South Australia ranked fourth-lowest among the states and territories for illicit drug use by people aged 14 years and older, but there is not a great deal of variation between the states and territories – with the exception of the Northern Territory and Australian Capital Territory¹.
- Readers should note that estimates of drug use by states and territories should be interpreted with caution due to the low prevalence and smaller sample sizes for some states and territories, particularly for low prevalence drugs¹.

Illicit use of any drug* in previous 12 months (aged 14+ years), 2016

Region	%
Metropolitan Adelaide	n.a.
Country SA	n.a.
South Australia	15.7%
Australia	15.6%

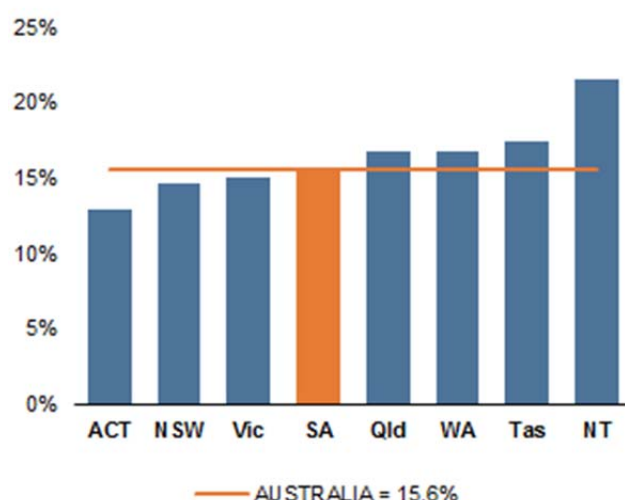


* including pharmaceuticals

Data source: AIHW 2018a

**Illicit use of any drug*
in previous 12 months (aged 14+ years), 2016**

State/Territory	%
Australian Capital Territory	12.9%
New South Wales	14.7%
Victoria	15.0%
South Australia	15.7%
Queensland	16.8%
Western Australia	16.8%
Tasmania	17.4%
Northern Territory	21.6%
Australia	15.6%



* including pharmaceuticals

N.B. Estimates of drug use by states and territories should be interpreted with caution due to the low prevalence and smaller sample sizes for some states and territories, particularly for low prevalence drugs

Data source: AIHW 2018a

3-15-2. Illicit drug use – Aboriginal people

- State-specific data is unavailable. However, in 2016 *nationally*, 27.0% of Aboriginal people aged 14 years and older reported using drugs illicitly, including the use of pharmaceuticals for non-medical purposes².
- This rate represent a rise from the 24.1% reported in the 2013 survey and is substantially higher than the 15.3% national average recorded for non-Aboriginal people.²

Sources

1. Based on Australian Institute of Health and Welfare (AIHW 2018a), 'Table S2.33: Summary of recent drug use, people aged 14 and over, by state/territory, 2010 to 2016 (per cent)', 'Alcohol, tobacco and other drugs', Supplementary data tables, [Alcohol, tobacco & other drugs in Australia](#), Cat. no. PHE 221, viewed 23 August 2018.
2. Based on Australian Institute of Health and Welfare (AIHW 2018b), 'Table S3.1: Drug use by Indigenous status, people aged 14 and over, 2010 to 2016 (per cent)', 'Populations', Supplementary data tables, [Alcohol, tobacco & other drugs in Australia](#), Cat. no. PHE 221, viewed 23 August 2018.

Living with chronic conditions

In summary

- Around **one in five** (21.9%) South Australians are living with **two or more** of the following **chronic health conditions**: diabetes, asthma, cardiovascular disease, arthritis, osteoporosis and/or a mental health condition.
- Approximately **one in four** (22.8%) South Australians are living with **arthritis**.
- About **one in five** (20.9%) South Australians are living with a doctor-diagnosed **mental health condition**, defined as *anxiety, depression, stress, or any other mental health problem*.
- Around **one in seven** (14.5%) South Australians are living with **asthma**, defined as *diagnosed with asthma and had experienced symptoms and/or treatment in the last 12-months*.
- Approximately **one in 10** (10.1%) South Australians have been told by a doctor that they have **diabetes** (Type I or II).
- About **one in 12** (7.8%) South Australians are living with **cardiovascular disease**, defined as *ever had doctor-diagnosed heart attack, angina, heart disease and/or stroke*.
- **One in 17** (5.8%) South Australians are living with **osteoporosis**, with the rate for females four times more than that of males.
- **One in 40 (2.5%)** of the South Australian population (adjusted to account for differences in the age structure compared to the Australia generally) are **living with chronic obstructive pulmonary disease (COPD)** including bronchitis and emphysema.
- **One in six (17.0%)** of the South Australian population (adjusted to account for differences in the age structure compared to the Australia generally) are living with a **long-term back condition**, including sciatica, disc disorders, curvature of the spine and other back problems.

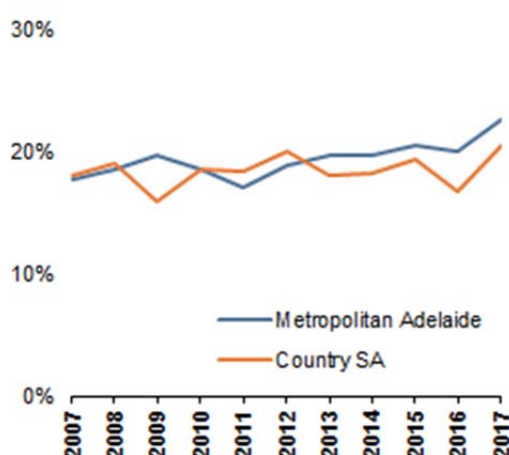
4-1. Living with multiple chronic and long-term health conditions

4-1-1. Living with multiple chronic conditions in South Australia – by Local Health Network

- In 2017, around one in five (21.9%) South Australians aged 18 years or more were living with two or more of the following chronic health conditions: diabetes, asthma, cardiovascular disease, arthritis, osteoporosis and/or a mental health condition¹.
- The rate varies between the local health networks (LHNs) from 12.9% in the Riverland Mallee Coorong LHN to 27.0% in the Yorke and Northern LHN¹.
- The Country SA rate (20.4%) is statistically significantly lower than the metropolitan Adelaide rate of 22.6%¹.
- A statistically significant increasing trend over the last decade in the proportion of people living with two or more chronic health conditions was identified in the metropolitan Adelaide time series but not Country SA¹.

Living with two or more chronic conditions (aged 18+ years), 2017

Local Health Network	%
Northern Adelaide	26.4%
Central Adelaide	20.7%
Southern Adelaide	21.6%
Metropolitan Adelaide	22.6%
Barossa Hills Fleurieu	21.7%
Eyre and Far North	15.8%
Flinders and Upper North	19.0%
Riverland Mallee Coorong	12.9%
South East	20.4%
Yorke & Northern	27.0%
Country SA	20.4%
South Australia	21.9%
Australia	n.a.



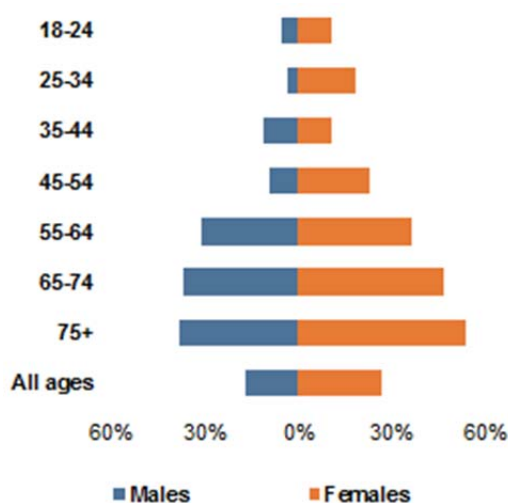
Data source: SA Health 2018

4-1-2. Living with multiple chronic conditions in South Australia – by age and sex

- In 2017, the proportion of the population that was living with multiple (two or more) chronic health conditions was higher among females aged 18 years and over (27.0%) than males (17.0%)¹.
- The chronic health conditions included in this measure are: diabetes, asthma, cardiovascular disease, arthritis, osteoporosis and/or a mental health condition¹.
- Prevalence is correlated with age¹.

Living with two or more chronic conditions (aged 18+ years), 2017

Age (years)	Males	Females
18-24	5.3%	10.6%
25-34	3.1%	18.7%
35-44	11.3%	11.0%
45-54	9.0%	23.0%
55-64	31.1%	36.3%
65-74	37.1%	47.0%
75+	38.0%	54.3%
All ages	17.0%	27.0%



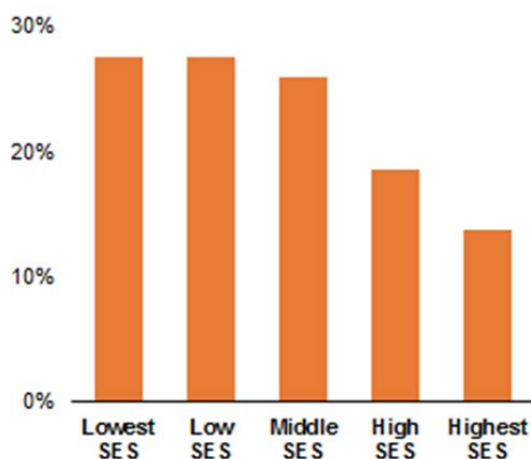
Data source: SA Health 2018

4-1-3. Living with multiple chronic conditions in South Australia – by socio-economic status

- In 2017, there was a statistically significant inverse correlation between the proportion of people aged 18 years and over who are living with multiple chronic health conditions and the socio-economic status of the area in which they live¹.
- "Multiple chronic health conditions" is two or more of the following: diabetes, asthma, cardiovascular disease, arthritis, osteoporosis and/or a mental health condition¹.

Living with two or more chronic conditions (aged 18+ years), 2017

Socio-economic status (SES)	%
Lowest SES	27.4%
Low SES	27.5%
Middle SES	25.8%
High SES	18.5%
Highest SES	13.7%



Data source: SA Health 2018

4-1-4. Living with multiple long-term health conditions in Australia – by state and territory

- Data presented here is from the Australian Bureau of Statistics' 2014-15 National Health Survey for people of all ages who report living with three or more long-term medical conditions. This is a more comprehensive measure of multiple long-term health conditions than that used for the state-wide survey results in 4-1-1 to 4-1-3 above. Figures are therefore not comparable.
- Long-term conditions in this measure are medical conditions that have lasted or which the survey respondent expects to last six months or more, such as: arthritis; asthma; back problems; blindness; cancer; chronic obstructive pulmonary disease; deafness; diabetes

mellitus; hayfever and allergic rhinitis; heart, stroke and vascular disease; hypertension; kidney disease; long sightedness; mental and behavioural problems; osteoporosis; and short sightedness².

- According to the national survey, more than two in five (42.0%) of the age-standardised population in South Australia are estimated to be living with three or more long-term health conditions. This is level with the Australia-wide rate (42.1%)².
- The South Australian rate is similar to that for most states and territories, there being for the most part little variation between them, although Tasmania and the Australian Capital Territory do have noticeably higher rates².

Living with three or more long-term health conditions (all ages), 2014–15 (age-standardised)

State/Territory	%
Northern Territory	37.9%
Western Australia	39.6%
New South Wales	41.4%
South Australia	42.0%
Victoria	42.5%
Queensland	43.4%
Australian Capital Territory	47.5%
Tasmania	50.3%
Australia	41.1%



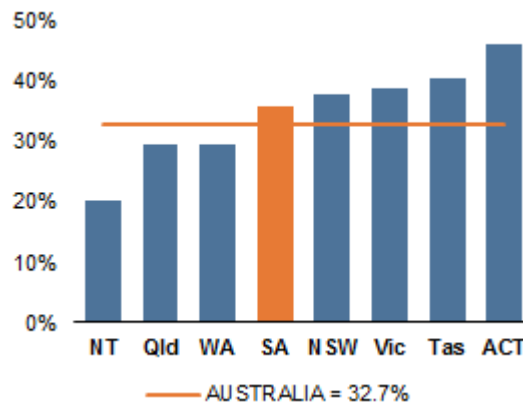
Data source: ABS 2015

4-1-5. Living with multiple long-term health conditions – Aboriginal people

- The 35.7% of Aboriginal people in South Australia who reported living with three or more long-term health conditions was estimated to be above the national rate for Aboriginal people (32.7%)³.
- The long-term health conditions considered are: arthritis, asthma, back pain/problems, deafness, diabetes mellitus, hayfever and allergic rhinitis, heart, stroke and vascular diseases, hypertensive disease, long sightedness, malignant neoplasms (cancer), mental and behavioural problems, osteoporosis and/or short sightedness³.
- Compared to Aboriginal people in other states and territories, South Australia was ranked fourth lowest for this indicator³.
- The 35.7% of Aboriginal people in 2012-13 living with three or more long-term health conditions is *lower* than the 40.5% all-person rate for South Australia recorded in 2011-12 (40.5% - see 4-1-4 above)³.

Living with three or more long-term conditions - Aboriginal people (aged 15+ years), 2012-13

State/Territory	%
Northern Territory	20.3%
Queensland	29.4%
Western Australia	29.5%
South Australia	35.7%
New South Wales	37.7%
Victoria	38.9%
Tasmania	40.6%
Australian Capital Territory	46.0%
Australia	32.7%



Data source: ABS 2013

Sources

1. Based on South Australian Monitoring and Surveillance System customised extract 2018, Prevention and Population Health, SA Health, Adelaide, 16 August 2018.
2. Based on Australian Bureau of Statistics (ABS 2015), 'Table 2.3 Summary health characteristics — States and territories, Proportion of persons', [National Health Survey: First Results, 2014-15](#), cat. no. 4364.0.55.001, viewed 6 June 2016.
3. Based on Australian Bureau of Statistics (ABS 2013), 'Table 3.3 Selected health characteristics by State/Territory', [Australian Aboriginal and Torres Strait Islander health survey: First results 2012-13](#), cat. no. 4727.0.55.001, viewed 4 February 2014.

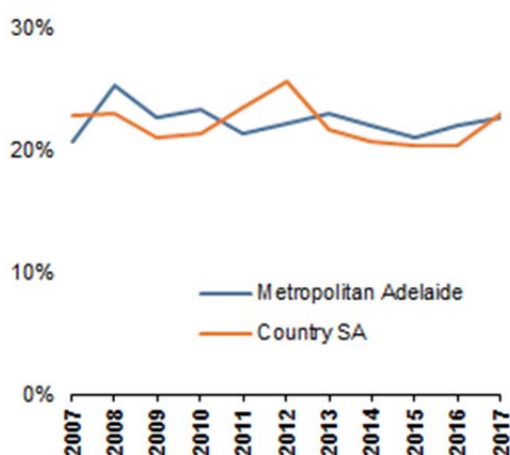
4-2. Arthritis prevalence

4-2-1. Arthritis prevalence in South Australia – by Local Health Network

- In 2017, around a quarter (22.8%) of South Australians aged 18 years or more were living with arthritis¹.
- The rate varies between local health networks (LHNs) from 15.4% in the Riverland Mallee Coorong LHN to 28.2% in the Northern Adelaide LHN.
- There is no statistically significant difference between the Country SA rate of 23.0% and the metropolitan Adelaide rate of 22.7%¹.
- No statistically significant underlying trend over the last decade in the proportion of people reporting living with arthritis was identified in the metropolitan Adelaide or Country SA time series¹.

Arthritis prevalence (aged 18+ years), 2017

Local Health Network	%
Northern Adelaide	28.2%
Central Adelaide	19.5%
Southern Adelaide	21.9%
Metropolitan Adelaide	22.7%
Barossa Hills Fleurieu	25.5%
Eyre and Far North	20.9%
Flinders and Upper North	21.9%
Riverland Mallee Coorong	15.4%
South East	21.2%
Yorke & Northern	27.0%
Country SA	23.0%
South Australia	22.8%
Australia	n.a.



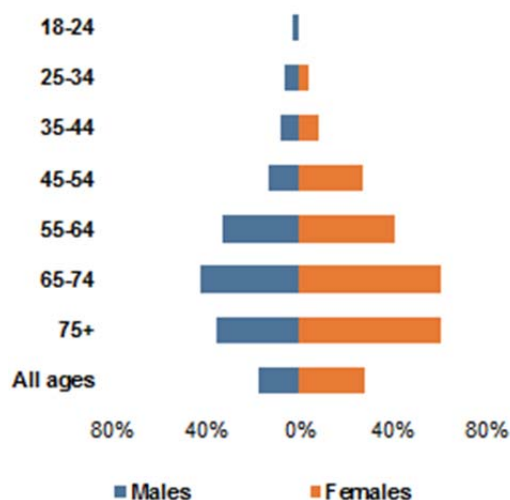
Data source: SA Health 2018

4-2-2. Arthritis prevalence in South Australia – by age and sex

- In 2017, the proportion of the population aged 18 years and over that was living with arthritis was higher for females (27.8%) than males (17.6%)¹.
- Arthritis prevalence is also correlated with age¹.

Arthritis prevalence (aged 18+ years), 2017

Age (years)	Males	Females
18-24	3.1%	0.0%
25-34	6.2%	4.1%
35-44	8.2%	8.4%
45-54	12.7%	27.7%
55-64	32.9%	41.0%
65-74	42.7%	60.7%
75+	35.6%	61.2%
All ages	17.6%	27.8%



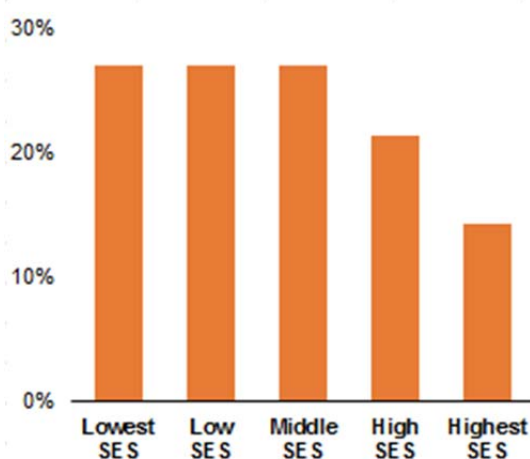
Data source: SA Health 2018

4-2-3. Arthritis prevalence in South Australia – by socio-economic status

- In 2017, there was no statistically significant correlation between the proportion of people aged 18 years and over who are living with arthritis and the socio-economic status (SES) of the geographic area in which they live¹.
- However, the rate in the lowest SES quintile (26.9%) is around double the rate in the highest SES quintile (14.2%)¹.

Arthritis prevalence (aged 18+ years), 2017

Socio-economic status (SES)	%
Lowest SES	26.9%
Low SES	26.9%
Middle SES	27.0%
High SES	21.4%
Highest SES	14.2%



Data source: SA Health 2018

4-2-4. Arthritis prevalence in Australia – by state and territory

- Data presented here is from the Australian Bureau of Statistics' 2014-15 National Health Survey for people of all ages reporting living with arthritis. This is not directly comparable with data presented from the state-wide survey for ages 18 years and over in 4-2-1 to 4-2-3 above.
- The national survey reports figures that broadly corroborate the statewide figures, showing that an estimated 15.2% of the age-standardised population in South Australia are living with arthritis².

- The South Australian rate is a little higher than the Australia-wide estimate (13.9%) and is at the top end of the range of rates for the states and territories, although it is lower than that for Tasmania².

Arthritis prevalence (all ages), 2014–15 (age-standardised)

State/Territory	%
Northern Territory	10.2%
Western Australia	12.3%
Queensland	12.4%
Australian Capital Territory	13.6%
Victoria	13.7%
New South Wales	14.7%
South Australia	15.2%
Tasmania	19.3%
Australia	13.9%



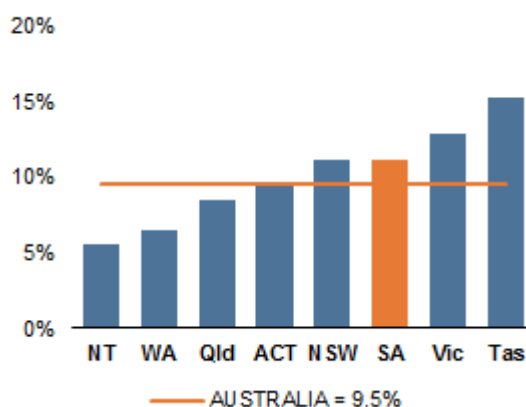
Data source: ABS 2015

4-2-5. Arthritis prevalence – Aboriginal people

- The 11.2% of Aboriginal people in South Australia who reported living with arthritis was above the national average for Aboriginal people of 9.5%³.
- Arthritis prevalence for Aboriginal people varied between states and territories, with South Australia ranked equal third highest with New South Wales³.
- The rate for Aboriginal people in South Australia during 2012-13 (11.2%) is below the 14.6% for all persons in South Australia recorded in 2011-12 (see 4-2-4 above)³.

Arthritis prevalence - Aboriginal people (aged 15+ years), 2012-13

State/Territory	%
Northern Territory	5.5%
Western Australia	6.5%
Queensland	8.5%
Australian Capital Territory	9.6%
New South Wales	11.2%
South Australia	11.2%
Victoria	12.8%
Tasmania	15.3%
Australia	9.5%



Data source: ABS 2013

Sources

1. Based on South Australian Monitoring and Surveillance System customised extract 2018, Prevention and Population Health, SA Health, Adelaide, 16 August 2018.

2. Based on Australian Bureau of Statistics (ABS 2015), 'Table 2.3 Summary health characteristics — States and territories, Proportion of persons', [*National Health Survey: First Results, 2014-15*](#), cat. no. 4364.0.55.001, viewed 6 June 2016.
3. Based on Australian Bureau of Statistics (ABS 2013), 'Table 3.3 Selected health characteristics by State/Territory,' [*Australian Aboriginal and Torres Strait Islander health survey: First results 2012-13*](#), cat. no. 4727.0.55.001, viewed 4 February 2014.

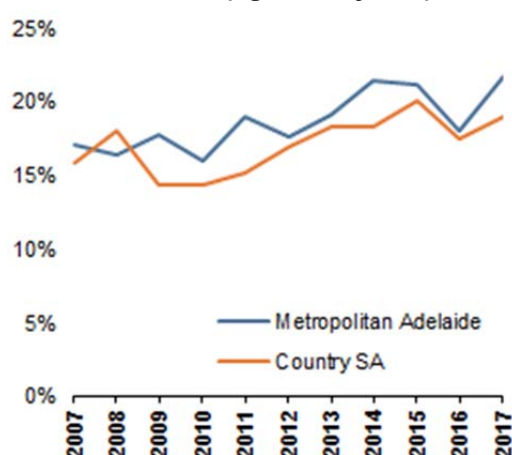
4-3. Mental health conditions

4-3-1. Mental health conditions in South Australia – by Local Health Network

- In 2017, around one in five (20.9%) South Australians aged 18 years or more reported living with a doctor-diagnosed mental health condition¹.
- A mental health condition is defined here as doctor-diagnosed anxiety, depression, stress, or any other mental health problem.
- The rate varies between the local health networks (LHNs) from 10.8% in the Eyre and Far North LHN to 25.6% in the Yorke and Northern LHN¹.
- The metropolitan Adelaide rate (21.8%) is statistically significantly higher than the Country SA rate of 19.0%¹.
- A statistically significant increasing trend over the last decade in the proportion of people reporting living with a mental health condition was identified in both the metropolitan Adelaide and Country SA time series¹.

Living with a doctor-diagnosed mental health condition (aged 18+ years), 2017

Local Health Network	%
Northern Adelaide	24.6%
Central Adelaide	20.9%
Southern Adelaide	20.4%
Metropolitan Adelaide	21.8%
Barossa Hills Fleurieu	21.2%
Eyre and Far North	10.8%
Flinders and Upper North	21.9%
Riverland Mallee Coorong	15.4%
South East	12.2%
Yorke & Northern	25.6%
Country SA	19.0%
South Australia	20.9%
Australia	n.a.



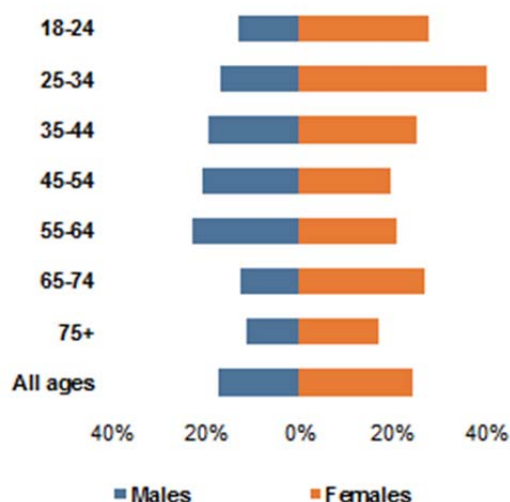
Data source: SA Health 2018

4-3-2. Mental health conditions in South Australia – by age and sex

- In 2017, the proportion of the population aged 18 years and over that reported living with a doctor-diagnosed mental health condition was higher for females (24.5%) than males (17.2%)¹.
- A mental health condition is defined here as doctor-diagnosed anxiety, depression, stress, or any other mental health problem.

Living with a doctor-diagnosed mental health condition (aged 18+ years), 2017

Age (years)	Males	Females
18-24	12.8%	28.0%
25-34	16.7%	42.3%
35-44	19.3%	25.2%
45-54	20.9%	19.5%
55-64	22.8%	20.8%
65-74	12.6%	26.8%
75+	11.2%	17.0%
All ages	17.2%	24.5%



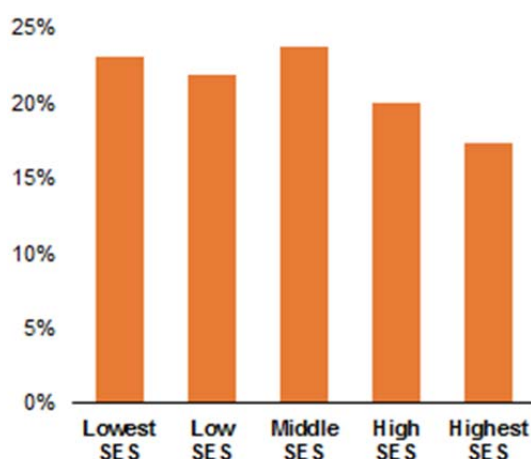
Data source: SA Health 2018

4-3-3. Mental health conditions in South Australia – by socio-economic status

- In 2017, there was no statistically significant correlation between the proportion of people aged 18 years reporting living with a doctor-diagnosed mental health condition and the socio-economic status of the geographic area in which they live¹.
- A mental health condition is defined here as doctor-diagnosed anxiety, depression, stress, or any other mental health problem.

Living with a doctor-diagnosed mental health condition (aged 18+ years), 2017

Socio-economic status (SES)	%
Lowest SES	23.0%
Low SES	21.9%
Middle SES	23.7%
High SES	20.0%
Highest SES	17.3%



Data source: SA Health 2018

4-3-4. Mental health conditions in Australia – by state and territory

- Data presented here is from the Australian Bureau of Statistics' 2014-15 National Health Survey for people of all ages and is not directly comparable with data presented from the state-wide survey for ages 18 years and over in 4-3-1 to 4-3-3 above.
- The national survey reports figures that broadly corroborate the statewide figures, showing that an estimated 18.1% of the age-standardised population in South Australia are living with a mental or behavioural problem that has lasted or which the survey respondent expects to last for six months or more².

- The South Australian rate is similar to the Australia-wide rate of 17.4%. There is also not a great deal of variation in rates between the states and territories².

Living with a mental or behavioural problem (all ages), 2014–15 (age-standardised)

State/Territory	%
Western Australia	14.5%
Northern Territory	15.3%
Victoria	17.3%
New South Wales	17.7%
Queensland	18.0%
South Australia	18.1%
Australian Capital Territory	18.2%
Tasmania	21.0%
Australia	17.4%



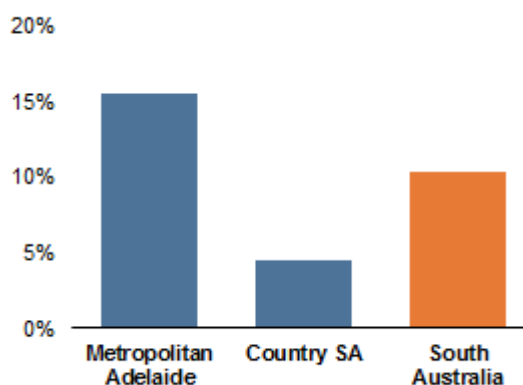
Data source: ABS 2015

4-3-5. Mental health conditions – Aboriginal people

- In 2012, around one in ten (10.3%) Aboriginal people in South Australia reported living with a doctor-diagnosed mental health problem³.
- The rate was statistically significantly higher in metropolitan Adelaide (15.5%) than in Country SA (4.5%)³.
- The prevalence of mental health conditions in South Australia's Aboriginal population (10.3%) is around a third lower than the state all-person rate (see 4-3-4 above)³.

Living with a doctor-diagnosed mental health condition - Aboriginal people (aged 15+ years), 2012

Region	%
Metropolitan Adelaide	15.5%
Rural SA	4.4%
Remote SA	4.5%*
Country SA	4.5%
South Australia	10.3%
Australia	n.a.



* Survey did not include APY Lands

Data source: University of Adelaide 2012

Sources

- Based on South Australian Monitoring and Surveillance System customised extract 2018, Prevention and Population Health, SA Health, Adelaide, 16 August 2018.

2. Based on Australian Bureau of Statistics (ABS 2015), 'Table 2.3 Summary health characteristics — States and territories, Proportion of persons', [National Health Survey: First Results, 2014-15](#), cat. no. 4364.0.55.001, viewed 6 June 2016.
3. Based on Taylor, A, Marin, T, Avery, J & Dal Grande, E 2012, 'Appendix A: Table A5.4 Mental Health', *South Australian Aboriginal health survey*, Population research and outcome studies, University of Adelaide, Adelaide.

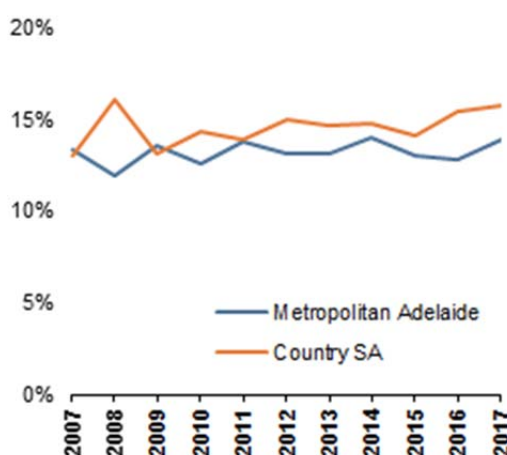
4-4. Asthma prevalence

4-4-1. Asthma prevalence in South Australia – by Local Health Network

- In 2017, around one in seven (14.5%) South Australians aged 18 years or more were living with asthma¹.
- Asthma is defined here based on the Australian Centre for Asthma Monitoring: the respondent had been diagnosed with asthma and had experienced symptoms and/or treatment in the last 12-months.
- The rate varies between the local health networks (LHNs) from 10.9% in the Flinders and Upper North LHN to 21.8% in the Yorke and Northern LHN¹.
- The Country SA rate (15.7%) is statistically significantly higher than the metropolitan Adelaide rate of 13.9%¹.
- No statistically significant underlying trend over the last decade in the proportion of people reporting living with asthma was identified, either for the metropolitan Adelaide or Country SA time series¹.

Asthma prevalence (aged 18+ years), 2017

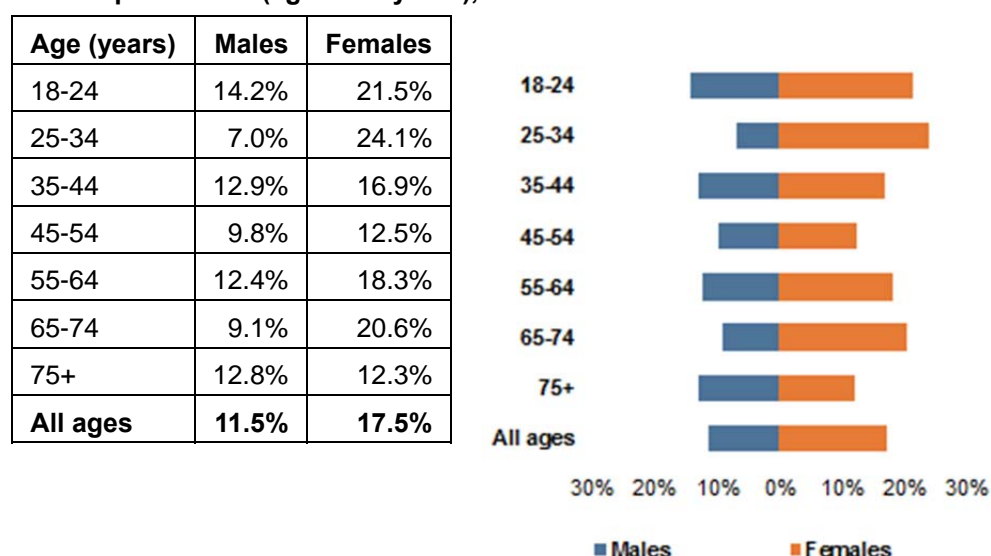
Local Health Network	%
Northern Adelaide	16.9%
Central Adelaide	11.4%
Southern Adelaide	14.5%
Metropolitan Adelaide	13.9%
Barossa Hills Fleurieu	14.7%
Eyre and Far North	20.1%
Flinders and Upper North	10.9%
Riverland Mallee Coorong	11.6%
South East	15.9%
Yorke & Northern	21.8%
Country SA LHN	15.7%
South Australia	14.5%
Australia	n.a.



Data source: SA Health 2018

4-4-2. Asthma prevalence in South Australia – by age and sex

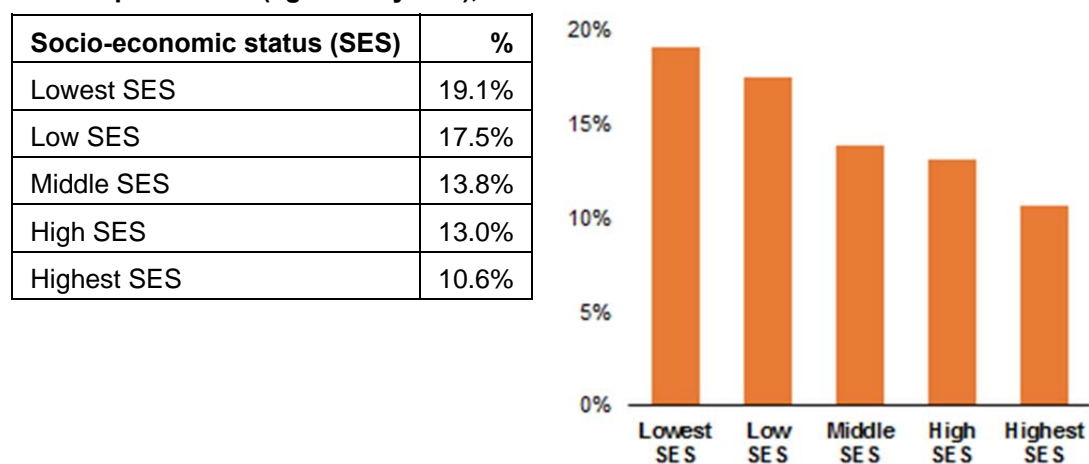
- In 2017, the proportion of the population aged 18 years and over that was living with asthma was higher for females (17.5%) than males (11.5%)¹.
- Asthma is defined here based on the Australian Centre for Asthma Monitoring: the respondent had been diagnosed with asthma and had experienced symptoms and/or treatment in the last 12-months.

Asthma prevalence (aged 18+ years), 2017

Data source: SA Health 2018

4-4-3. Asthma prevalence in South Australia – by socio-economic status

- In 2017, there was a statistically significant inverse correlation between the proportion of people aged 18 years and over who are living with asthma and the socio-economic status of the area in which they live¹.
- Asthma is defined here based on the Australian Centre for Asthma Monitoring: the respondent had been diagnosed with asthma and had experienced symptoms and/or treatment in the last 12-months.

Asthma prevalence (aged 18+ years), 2017

Data source: SA Health 2018

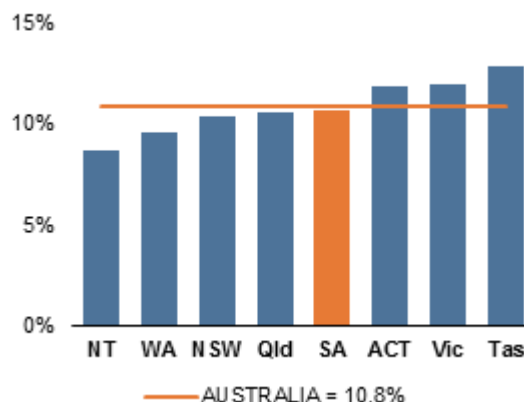
4-4-4. Asthma prevalence in Australia – by state and territory

- Data presented here is from the Australian Bureau of Statistics' 2014-15 National Health Survey for people of all ages and is not directly comparable with data presented from the state-wide survey for ages 18 years and over in 4-4-1 to 4-4-3 above.
- The national survey reports figures that broadly corroborate the state-wide survey a little over one in ten (10.6%) of the age-standardised population in South Australia estimated to be living with asthma².

- The South Australian rate is level with the estimated Australia-wide rate (10.8%) and there is little variation identifiable between the rates reported for the various states and territories².

Living with asthma (all ages), 2014–15 (age-standardised)

State/Territory	%
Northern Territory	8.7%
Western Australia	9.6%
New South Wales	10.3%
Queensland	10.5%
South Australia	10.6%
Australian Capital Territory	11.8%
Victoria	11.9%
Tasmania	12.8%
Australia	10.8%



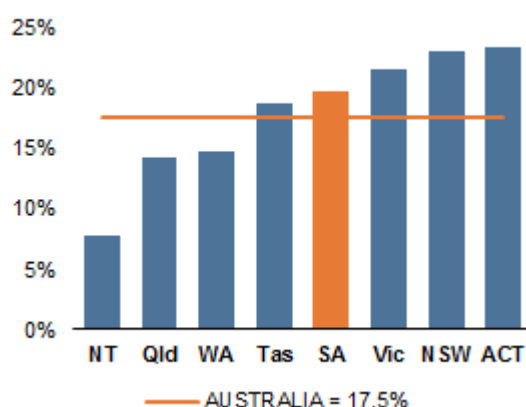
Data source: ABS 2015

4-4-5. Asthma prevalence – Aboriginal people

- The 19.7% of Aboriginal people in South Australia who reported living with asthma was slightly above the national average for Aboriginal people of 17.5%³.
- Compared to Aboriginal people in other states and territories, South Australia was ranked fourth highest for this indicator³.
- However, the South Australian rate was 11.9 percentage points above the lowest ranked jurisdiction (Northern Territory)³.
- The rate for Aboriginal people in South Australia during 2012-13 (19.7%) is around double the 10.8% for all persons in SA recorded in 2011-12 (see 4-4-4 above)³.

Asthma prevalence - Aboriginal people (aged 15+ years), 2012-13

State/Territory	%
Northern Territory	7.8%
Queensland	14.3%
Western Australia	14.7%
Tasmania	18.8%
South Australia	19.7%
Victoria	21.5%
New South Wales	23.1%
Australian Capital Territory	23.4%
Australia	17.5%



Data source: ABS 2013

Sources

1. Based on South Australian Monitoring and Surveillance System customised extract 2018, Prevention and Population Health, SA Health, Adelaide, 16 August 2018.

2. Based on Australian Bureau of Statistics (ABS 2015), 'Table 2.3 Summary health characteristics — States and territories, Proportion of persons', [*National Health Survey: First Results, 2014-15*](#), cat. no. 4364.0.55.001, viewed 6 June 2016.
3. Based on Australian Bureau of Statistics (ABS 2013), 'Table 3.3 Selected health characteristics by State/Territory,' [*Australian Aboriginal and Torres Strait Islander health survey: First results 2012-13*](#), cat. no. 4727.0.55.001, viewed 4 February 2014.

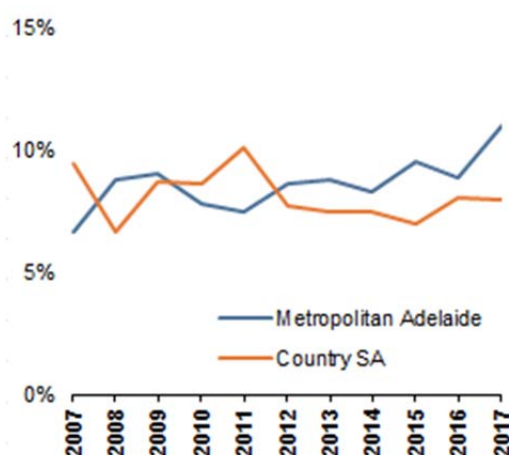
4-5. Diabetes prevalence

4-5-1. Diabetes prevalence in South Australia – by Local Health Network

- In 2017, around one in ten (10.1%) South Australians aged 18 years or more had ever been told by a doctor that they had diabetes¹.
- The rate varies between local health networks (LHNs) from 5.4% in the Yorke and Northern LHN to 13.8% in the Flinders and Upper North LHN¹.
- The increasing trend over the last decade in the proportion of people in metropolitan Adelaide reporting living with diabetes is statistically significant, however not so for the Country SA time series¹.
- The metropolitan Adelaide rate (10.3%) is not statistically significantly lower than the Country SA rate (11.1%)¹.

Diabetes prevalence (aged 18+ years), 2017

Local Health Network	%
Northern Adelaide	11.9%
Central Adelaide	10.8%
Southern Adelaide	10.3%
Metropolitan Adelaide	11.0%
Barossa Hills Fleurieu	7.3%*
Eyre and Far North	8.3%
Flinders and Upper North	13.8%
Riverland Mallee Coorong	11.1%
South East	7.2%
Yorke & Northern	5.4%
Country SA	8.0%
South Australia	10.1%
Australia	n.a.



*Relative Standard Error is between 25% and 50%. Please treat the estimate with caution.

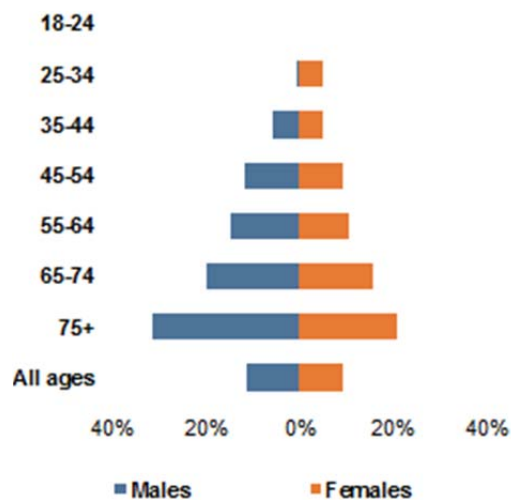
Data source: SA Health 2018

4-5-2. Diabetes prevalence in South Australia – by age and sex

- In 2017, the proportion of the population aged 18 years and over that had ever been told by a doctor that they have diabetes was higher for males (11.2%) than females (10.0%)¹.
- The prevalence of diabetes is correlated with age¹.

Diabetes prevalence (aged 18+ years), 2017

Age (years)	Males	Females
18-24	0.0%	0.0%
25-34	0.3%	5.1%
35-44	5.5%	4.9%
45-54	11.5%	9.4%
55-64	14.5%	10.6%
65-74	19.9%	16.0%
75+	31.4%	20.8%
All ages	11.2%	9.2%



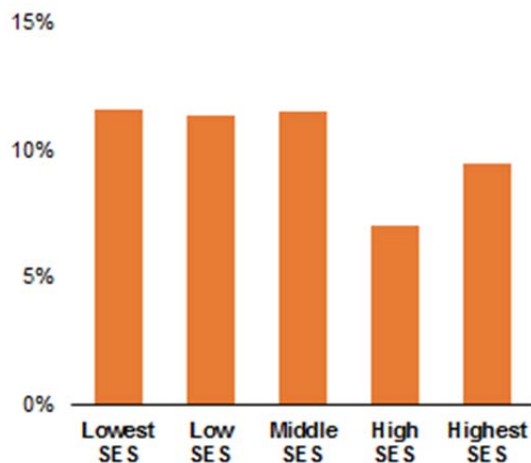
Data source: SA Health 2018

4-5-3. Diabetes prevalence in South Australia – by socio-economic status

- In 2017, there was a no statistically significant correlation between the proportion of people aged 18 years and over who have ever been told by a doctor that they have diabetes and the socio-economic status of the area in which they live (SES)¹.

Diabetes prevalence (aged 18+ years), 2017

Socio-economic status (SES)	%
Lowest SES	11.6%
Low SES	11.4%
Middle SES	11.5%
High SES	7.0%
Highest SES	9.4%



Data source: SA Health 2018

4-5-4. Diabetes prevalence in Australia – by state and territory

- Data presented here is from the Australian Bureau of Statistics' 2014-15 National Health Survey for people of all ages who are or had been living with diabetes mellitus and is not directly comparable with data presented from the state-wide survey for ages 18 years and over in 4-5-1 to 4-5-3 above.
- The national survey estimates that 4.6% of the age-standardised South Australian population self-reports having diabetes (whether or not the disease was current at the time of interview)².
- The South Australian rate is level with the estimated Australia-wide rate (4.7%) and there is very little variation between the rates reported for the various states and territories².

Living with diabetes mellitus (all ages), 2014–15 (age-standardised)

State/Territory	%
Tasmania	4.2%
Queensland	4.3%
Australian Capital Territory	4.3%
South Australia	4.6%
Western Australia	4.6%
Victoria	4.7%
New South Wales	4.9%
Northern Territory	5.1%
Australia	4.7%



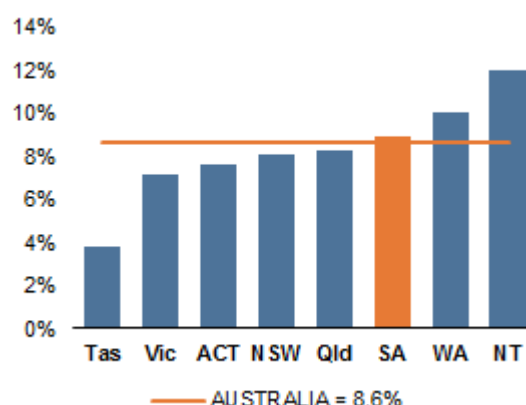
Data source: ABS 2015

4-5-5. Diabetes prevalence – Aboriginal people

- The prevalence of diabetes in the South Australian Aboriginal population was 8.9% in 2012-13, around twice that of the all-population prevalence for this state in 2011-12 (see 4-5-4 above). However, readers should note that figures are not directly comparable because of different time periods and definitions³.
- Compared to Aboriginal people in other states and territories, South Australia was ranked third highest for this indicator³.
- However, the South Australian rate was 3.1 percentage points below the highest ranked jurisdiction (Northern Territory)³.

Diabetes/high sugar levels prevalence – Aboriginal people (aged 2+ years), 2012-13

State/Territory	%
Tasmania	3.8%
Victoria	7.1%
Australian Capital Territory	7.6%
New South Wales	8.1%
Queensland	8.3%
South Australia	8.9%
Western Australia	10.0%
Northern Territory	12.0%
Australia	8.6%



Data source: ABS 2014

Sources

1. Based on South Australian Monitoring and Surveillance System customised extract 2018, Prevention and Population Health, SA Health, Adelaide, 16 August 2018.
2. Based on Australian Bureau of Statistics (ABS 2015), 'Table 2.3 Summary health characteristics — States and territories, Proportion of persons', [National Health Survey: First Results, 2014-15](#), cat. no. 4364.0.55.001, viewed 6 June 2016.

3. Based on Australian Bureau of Statistics (ABS 2014), 'Table 3.3 Selected health characteristics, by State/Territory – 2012-13, Proportion of Aboriginal and Torres Strait Islander persons,' [*Australian Aboriginal and Torres Strait Islander health survey: Updated results 2012-13*](#), cat. no. 4727.0.55.006, viewed 18 August 2014.

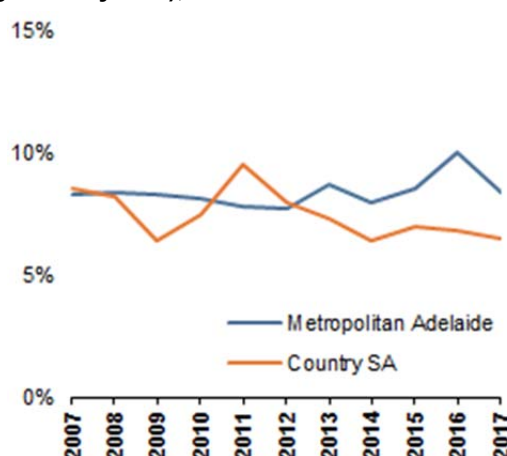
4-6. Cardiovascular disease prevalence

4-6-1. Cardiovascular disease prevalence in South Australia – by Local Health Network

- In 2017, around one in 12 (7.8%) South Australians aged 18 years or more were living with cardiovascular disease, defined here as *ever had doctor-diagnosed heart attack, angina, heart disease and/or stroke*¹.
- The rate varies between local health networks (LHNs) from 3.8% in the Barossa Hills Fleurieu LHN to 10.4% in both the Central Adelaide and Riverland Mallee Coorong LHNs.
- The prevalence of cardiovascular disease in metropolitan Adelaide (8.3%) is statistically significantly higher than the Country SA rate of 6.5%¹.
- No statistically significant underlying trend over the last decade in the proportion of people reporting living with cardiovascular disease was identified, either for the metropolitan Adelaide or Country SA time series¹.

Cardiovascular disease prevalence (aged 18+ years), 2017

Local Health Network	%
Northern Adelaide	7.5%
Central Adelaide	10.4%
Southern Adelaide	6.7%
Metropolitan Adelaide	8.3%
Barossa Hills Fleurieu	3.8%
Eyre and Far North	7.2%*
Flinders and Upper North	7.3%*
Riverland Mallee Coorong	10.4%
South East	7.8%
Yorke & Northern	7.4%
Country SA	6.5%
South Australia	7.8%
Australia	n.a.

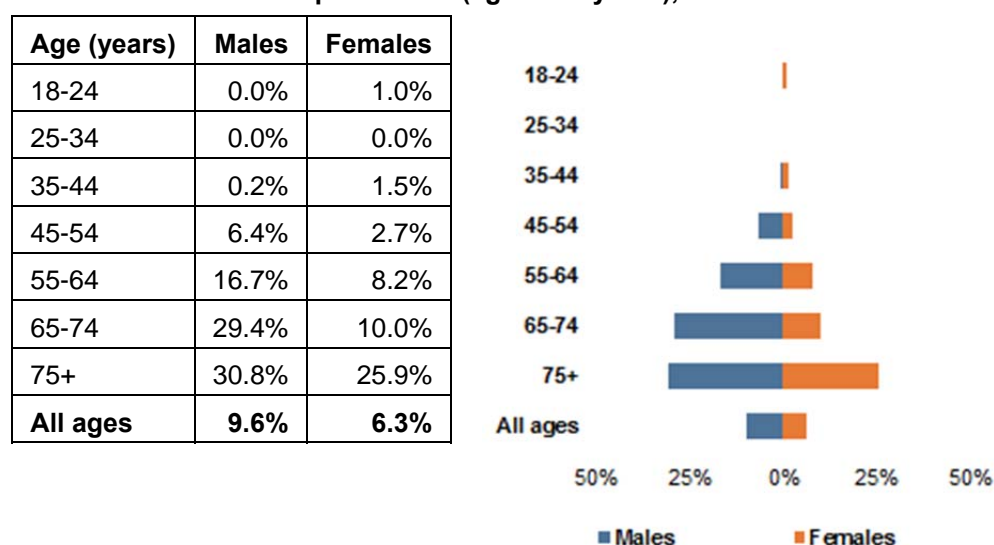


* Relative Standard Error is between 25% and 50%. Please treat the estimate with caution.

Data source: SA Health 2018

4-6-2. Cardiovascular disease prevalence in South Australia – by age and sex

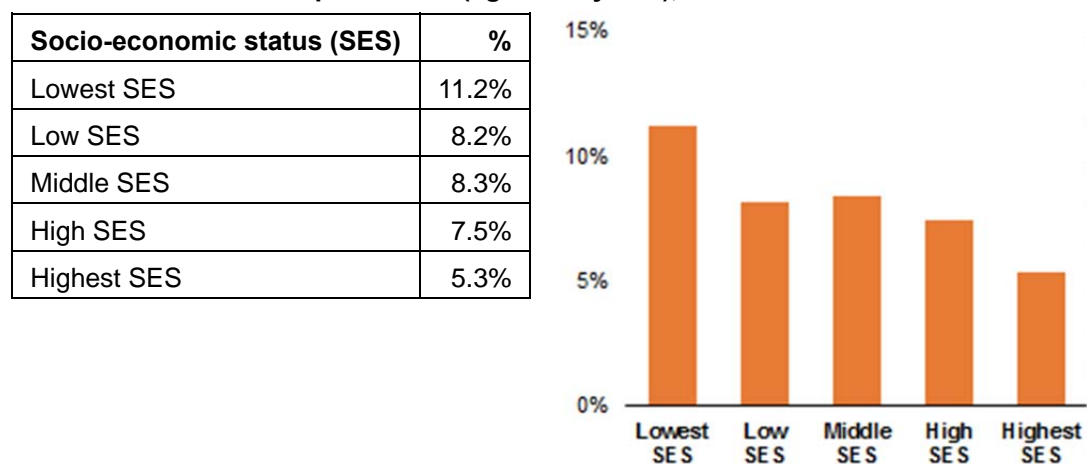
- In 2017, the proportion of the population aged 18 years and over living with cardiovascular disease - defined here as *ever had doctor-diagnosed heart attack, angina, heart disease and/or stroke* - was higher for males (9.6%) than females (6.3%)¹.
- The prevalence of cardiovascular disease is also correlated with age¹.

Cardiovascular disease prevalence (aged 18+ years), 2017

Data source: SA Health 2018

4-6-3. Cardiovascular disease prevalence in South Australia – by socio-economic status

- In 2017, there was a statistically significant inverse correlation between the proportion of people aged 18 years and over living with cardiovascular disease - defined here as *ever had doctor-diagnosed heart attack, angina, heart disease and/or stroke* - and the socio-economic status of the area in which they live¹.

Cardiovascular disease prevalence (aged 18+ years), 2017

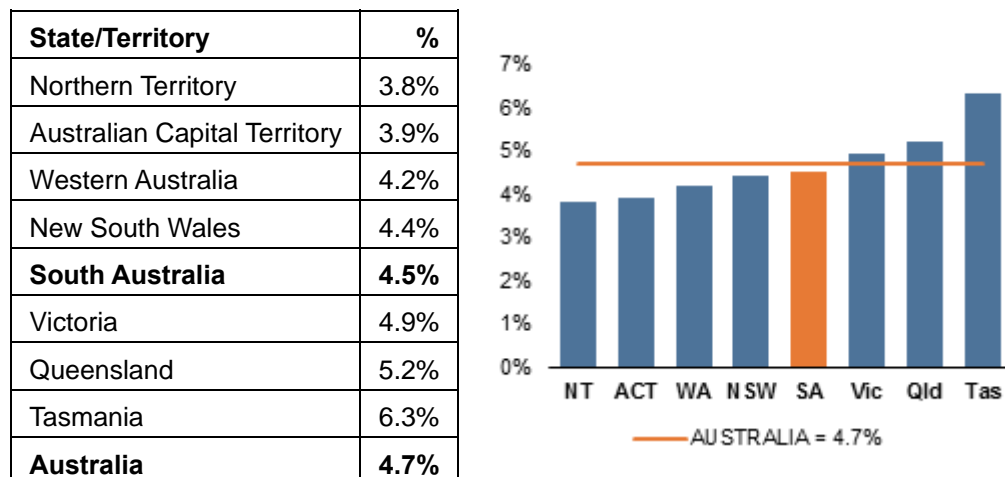
Data source: SA Health 2018

4-6-4. Cardiovascular disease prevalence in Australia – by state and territory

- Data presented here is from the Australian Bureau of Statistics' 2014-15 National Health Survey for people of all ages who have been told by a doctor or nurse that they have a cardiovascular condition. It is not directly comparable with data presented in 4-6-1 to 4-6-3 above from the state-wide survey.
- This measure includes the following *current and long-term conditions*: oedema; heart failure; diseases of the arteries, arterioles and capillaries; and the following *conditions whether or not current and long-term*: ischaemic heart diseases (angina, heart attack and other ischaemic heart diseases); cerebrovascular diseases (stroke and other cerebrovascular diseases)².

- The national survey estimates that 4.5% of the age-standardised South Australian population self-reported having a cardiovascular disease².
- The South Australian rate is level with the estimated Australia-wide rate (4.7%) and sits in the middle of a similar band of rates reported for most of the states and territories².

Prevalence of heart, stroke and vascular disease (all ages), 2014–15 (age-standardised)



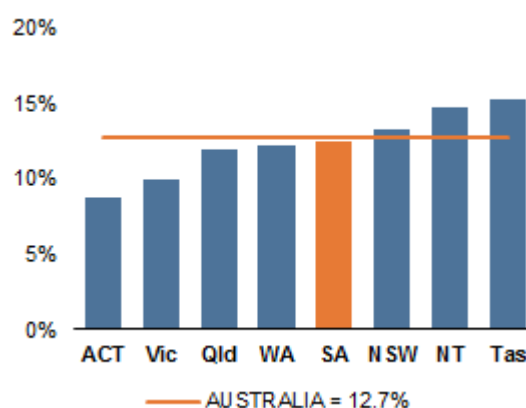
Data source: ABS 2015

4-6-5. Cardiovascular disease prevalence – Aboriginal people

- The prevalence of heart and circulatory problems/diseases in the South Australian Aboriginal population (aged two years and over) was 12.5% in 2012-13, only very slightly below the national average for Aboriginal people of 12.7%³.
- *Heart and circulatory problems/diseases* are defined here as hypertensive disease; ischaemic heart diseases; other heart diseases; tachycardia; cerebrovascular diseases; oedema; diseases of the arteries, arterioles and capillaries; diseases of the veins, lymphatic vessels, other diseases of the circulatory system; and symptoms and signs involving the circulatory system³.
- The 12.5% of Aboriginal people in South Australia living with cardiovascular disease is substantially higher than the all-person prevalence for this state (see 4-6-4 above). However, readers should note that figures are not directly comparable as the figures in 4-6-4 are age-standardised³.
- Compared to Aboriginal people in other states and territories, South Australia was ranked fourth highest for this indicator³.

Cardiovascular disease prevalence --Aboriginal people (aged 2+ years), 2012-13

State/Territory	%
Australian Capital Territory	8.8%
Victoria	10.0%
Queensland	11.9%
Western Australia	12.2%
South Australia	12.5%
New South Wales	13.3%
Northern Territory	14.7%
Tasmania	15.2%
Australia	12.7%



Data source: ABS 2014

Sources

1. Based on South Australian Monitoring and Surveillance System customised extract 2018, Prevention and Population Health, SA Health, Adelaide, 16 August 2018.
2. Based on Australian Bureau of Statistics (ABS 2015), 'Table 2.3 Summary health characteristics — States and territories, Proportion of persons', [National Health Survey: First Results, 2014-15](#), cat. no. 4364.0.55.001, viewed 6 June 2016.
3. Based on Australian Bureau of Statistics (ABS 2014), 'Table 3.3 Selected health characteristics, by State/Territory, Proportion of Aboriginal and Torres Strait Islander persons,' [Australian Aboriginal and Torres Strait Islander health survey: Updated results 2012-13](#), cat. no. 4727.0.55.006, viewed 19 August 2014.

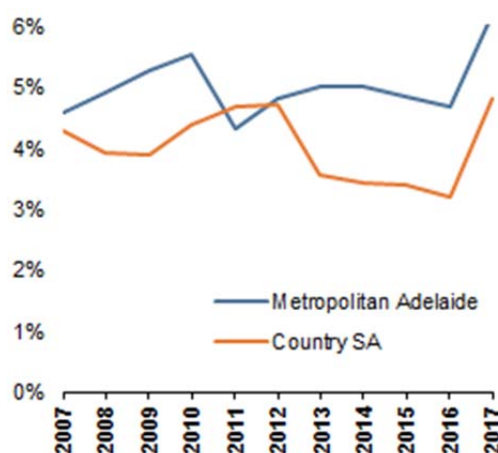
4-7. Osteoporosis prevalence

4-7-1. Osteoporosis prevalence in South Australia – by Local Health Network

- In 2017, around one in twenty (5.8%) of South Australians aged 18 years or more were living with osteoporosis¹.
- The rate varies between local health networks (LHNs) from 2.0%* in the South East LHN to 7.3%* in the Flinders and Upper North LHN.
- The prevalence of osteoporosis in metropolitan Adelaide (6.2%) is statistically significantly higher than Country SA (4.8%)¹.
- No statistically significant underlying trend over the last decade in the proportion of people reporting living with osteoporosis was identified, either for the metropolitan Adelaide or Country SA time series¹.

Osteoporosis prevalence (aged 18+ years), 2017

Local Health Network	%
Northern Adelaide	6.1%
Central Adelaide	5.7%
Southern Adelaide	6.8%
Metropolitan Adelaide	6.2%
Barossa Hills Fleurieu	6.0%
Eyre and Far North	2.2%**
Flinders and Upper North	7.3%*
Riverland Mallee Coorong	2.9%*
South East	2.0%*
Yorke & Northern	6.3%
Country SA	4.8%
South Australia	5.8%
Australia	n.a.



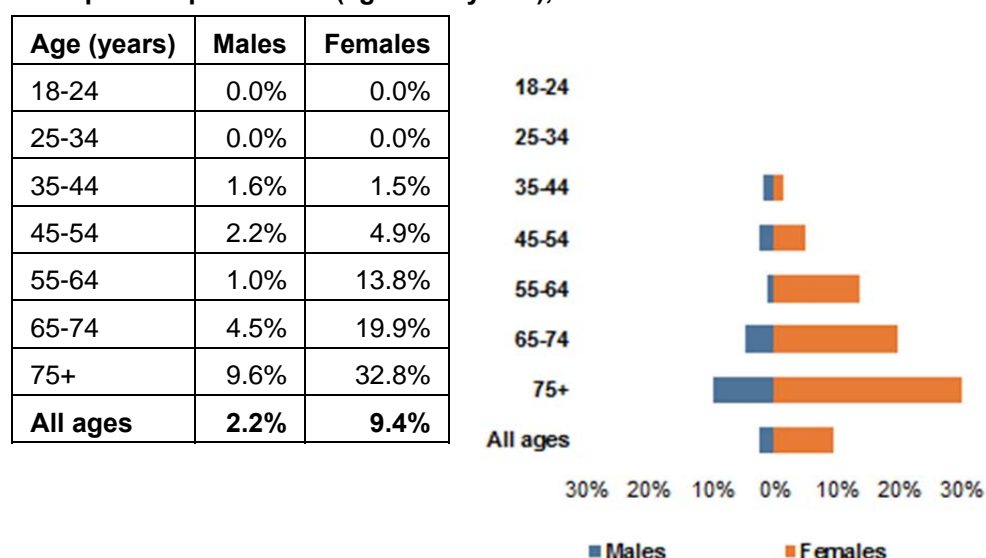
** Relative Standard Error is greater than 50%. Please treat the estimate with extreme caution.

* Relative Standard Error is between 25% and 50%. Please treat the estimate with caution.

Data source: SA Health 2018

4-7-2. Osteoporosis prevalence in South Australia – by age and sex

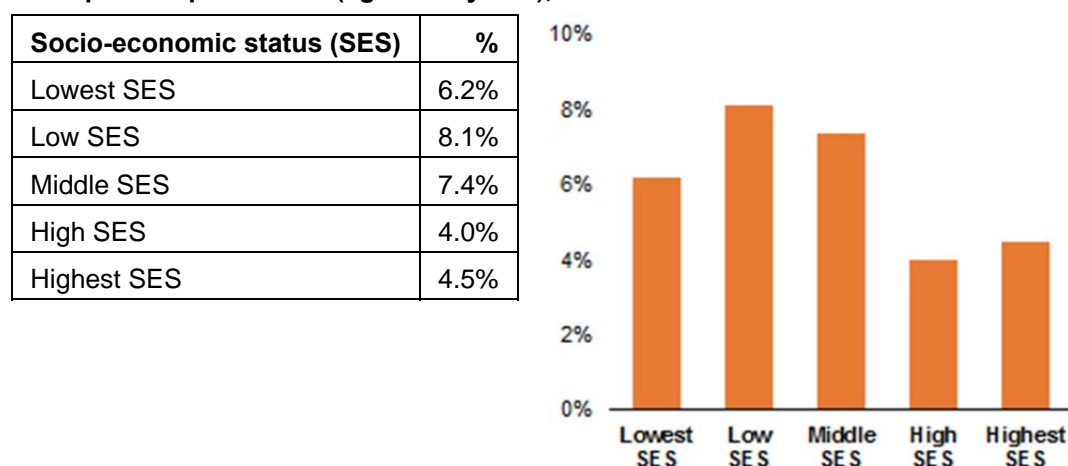
- In 2017, the proportion of the population aged 18 years and over living with osteoporosis was more than four times for females (9.4%) than males (2.2%)¹.
- The prevalence of osteoporosis is also correlated with age¹.

Osteoporosis prevalence (aged 18+ years), 2017

Data source: SA Health 2018

4-7-3. Osteoporosis prevalence in South Australia – by socio-economic status

- In 2017, there was no statistically significant correlation between the proportion of people aged 18 years and over living with osteoporosis and the socio-economic status of the geographic area in which they live¹.

Osteoporosis prevalence (aged 18+ years), 2017

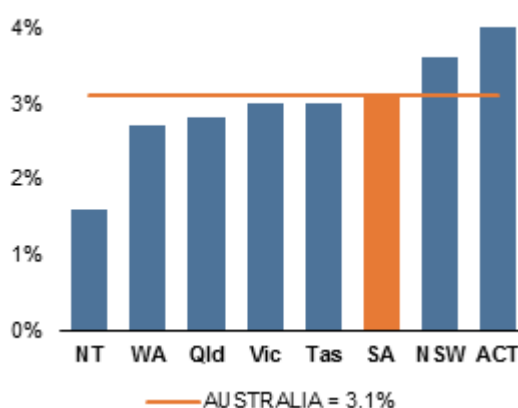
Data source: SA Health 2018

4-7-4. Osteoporosis prevalence in Australia – by state and territory

- Data presented here is from the Australian Bureau of Statistics' 2014-15 National Health Survey for people of all ages reporting living with osteoporosis. This is not directly comparable with data presented from the state-wide survey for ages 18 years and over in 4-7-1 to 4-7-3 above.
- The national survey estimates that 3.1% of the age-standardised population in South Australia are living with osteoporosis².
- The South Australian rate is level with the Australia-wide estimate (3.1%) and within a band in which most of the states and territories have their estimated rates, although there is some variation apparent between the jurisdictions².

Osteoporosis prevalence (all ages), 2014–15 (age-standardised)

State/Territory	%
Northern Territory	1.6%
Western Australia	2.7%
Queensland	2.8%
Victoria	3.0%
Tasmania	3.0%
South Australia	3.1%
New South Wales	3.6%
Australian Capital Territory	4.0%
Australia	3.1%



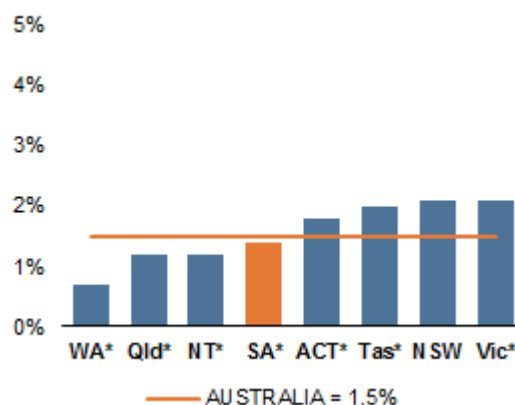
Data source: ABS 2015

4-7-5. Osteoporosis prevalence – Aboriginal people

- The prevalence of osteoporosis in the South Australian Aboriginal population was 1.4% in 2012-13, similar to the national average for Aboriginal people of 1.5%³.
- Readers are advised that the South Australian estimate has a relative standard error between 25% and 50% and should be used with caution³.

Osteoporosis prevalence - Aboriginal people (aged 2+ years), 2012-13

State/Territory	%
Western Australia	0.7%*
Queensland	1.2%*
Northern Territory	1.2%*
South Australia	1.4%*
Australian Capital Territory	1.8%*
Tasmania	2.0%*
New South Wales	2.1%
Victoria	2.1%*
Australia	1.5%



* Relative Standard Error is between 25% and 50%. Please treat the estimate with caution.

Data source: ABS 2013

Sources

1. Based on South Australian Monitoring and Surveillance System customised extract 2018, Prevention and Population Health, SA Health, Adelaide, 16 August 2018.
2. Based on Australian Bureau of Statistics (ABS 2015), 'Table 2.3 Summary health characteristics — States and territories, Proportion of persons', [National Health Survey: First Results, 2014-15](#), cat. no. 4364.0.55.001, viewed 6 June 2016.
3. Based on Australian Bureau of Statistics (ABS 2013), 'Table 3.3 Selected health characteristics, by State/Territory – 2012-13, Proportion of Aboriginal and Torres Strait Islander

persons,' [*Australian Aboriginal and Torres Strait Islander Health Survey: First Results, 2012-13 – Australia*](#), cat. no. 4727.0.55.001, viewed 19 August 2014.

4-8. Chronic bronchitis or emphysema prevalence

4-8-1. Chronic bronchitis or emphysema prevalence in Australia – by state and territory

- An estimated one in 40 (2.5%) of the age-standardised population in South Australia are living with chronic obstructive pulmonary disease (including bronchitis and emphysema) which has lasted or is expected to last six months or longer¹.
- The estimate is a little higher than the 2.1% estimated by the previous survey (for 2011-12)¹.
- The South Australian rate is level with the Australia-wide estimate (2.4%) and around the middle of a narrow band from 2.0% to 3.0% within which the rates for each of the states and territories are estimated to fall¹.

Prevalence of chronic obstructive pulmonary disease, 2014–15 (age-standardised)

State/Territory	%
Western Australia	2.0%
Australian Capital Territory	2.2%
Victoria	2.3%
Northern Territory	2.4%
South Australia	2.5%
Queensland	2.6%
New South Wales	2.7%
Tasmania	3.0%
Australia	2.4%



Data source: ABS 2015

4-8-2. Chronic bronchitis or emphysema prevalence – Aboriginal people

Data not available for this indicator.

Sources

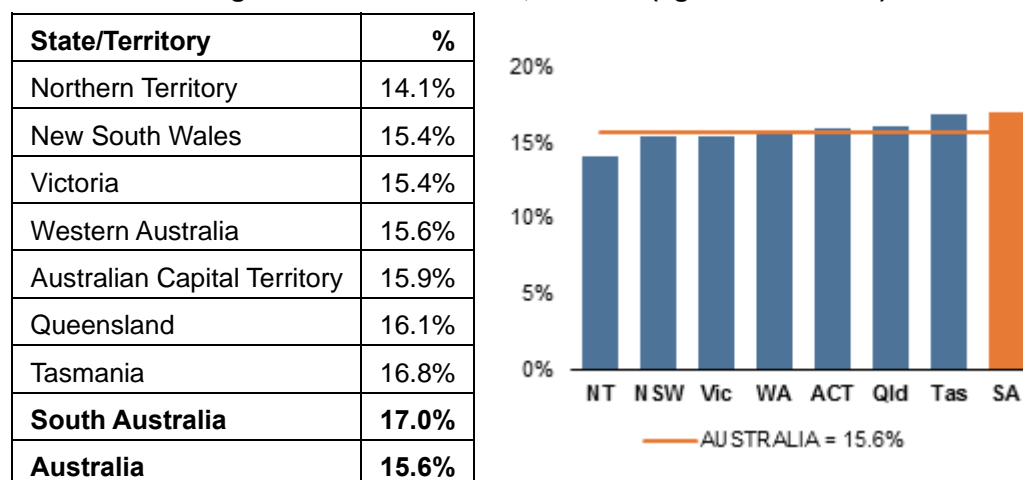
1. Based on Australian Bureau of Statistics (ABS 2015), 'Table 2.3 Summary health characteristics — States and territories, Proportion of persons', [National Health Survey: First Results, 2014-15](#), cat. no. 4364.0.55.001, viewed 6 June 2016.

4-9. Back pain prevalence

4-9-1. Back pain prevalence in Australia – by state and territory

- An estimated one in six (17.0%) of the age-standardised population in South Australia are living with a back problem which has lasted or is expected to last six months or longer¹.
- This measure includes sciatica, disc disorders, curvature of the spine and other back pain/problems¹.
- The estimate for South Australian rate is higher than for any other state or territory, although margins for error in the estimation mean that there is little to distinguish between the estimates for the various jurisdictions¹.

Prevalence of long-term back conditions, 2014–15 (age-standardised)



Data source: ABS 2015

4-9-2. Back pain prevalence – Aboriginal people

Data not available for this indicator.

Sources

1. Based on Australian Bureau of Statistics (ABS 2015), 'Table 2.3 Summary health characteristics — States and territories, Proportion of persons', [National Health Survey: First Results, 2014-15](#), cat. no. 4364.0.55.001, viewed 6 June 2016.

End of life

In summary

- South Australia records **more than 13,000 deaths every year**, converting to a standardised death rate of **5.6 deaths per 1,000 population**.
- The **median age of death for males** in South Australia is **80.2 years**.
- The **median age of death for females** in South Australia is **86.0 years**.
- The **perinatal death rate** in South Australia has been declining over the last decade and is now at **5.5 perinatal deaths per 1,000 all births**. Perinatal deaths are all fetal deaths (at least 20 weeks' gestation or at least 400 grams birth weight) plus all neonatal deaths. South Australia has the lowest rate of perinatal deaths in Australia compared to the other states and territories.
- South Australia's **infant mortality rate** is **3.1 infant deaths per 1,000 live births**. Infant mortality is defined as deaths of persons aged under one year of age.
- Due to the extremely small numbers involved, child mortality (deaths of persons aged 1-4 years) is not reported in *State of Our Health*.
- Overall, the **top three leading causes of death** in South Australia are: **cancer, circulatory diseases** and **respiratory diseases**.
- Leading causes of death vary with age group, but for the younger population, between the **ages of 15 and 44 years**, the leading cause of death is **intentional self-harm**.

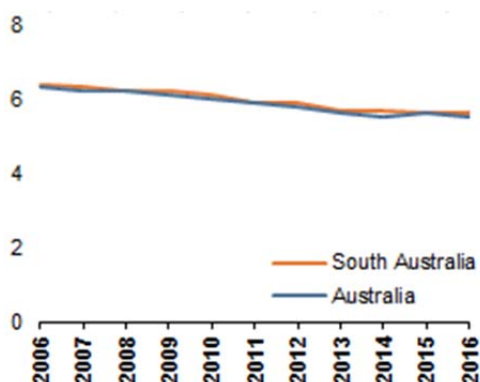
5-1. Death rate

5-1-1. Death rate

- In 2016, South Australia reported 13,337 deaths, converting to a standardised death rate of 5.6 deaths per 1,000 population.¹
- The standardised death rate was slightly higher in Country SA (5.8 per 1,000 people) than Greater Adelaide (5.5).¹
- The South Australian standardised death rate has declined over the last decade, down from 6.4 per 1,000 population recorded in 2006.¹
- South Australia standardised death rate is only very slightly above the national average of 5.5 per 1,000 population.¹

Standardised death rate, 2016

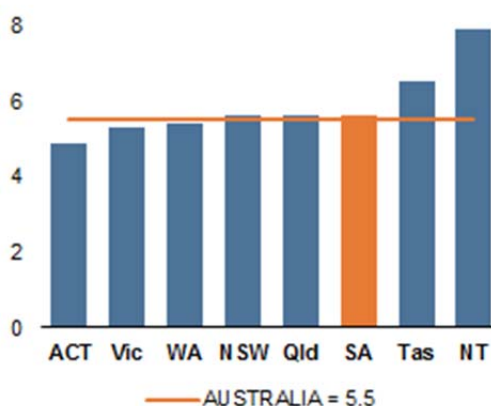
Region	Per 1000 popn.
Greater Adelaide	5.5
Country SA	5.8
South Australia	5.6
Australia	5.5



Data source: ABS 2017

Standardised death rate, 2016

State/Territory	Per 1000 popn.
Aust. Capital Territory	4.9
Victoria	5.3
Western Australia	5.4
New South Wales	5.6
Queensland	5.6
South Australia	5.6
Tasmania	6.5
Northern Territory	7.9
Australia	5.5



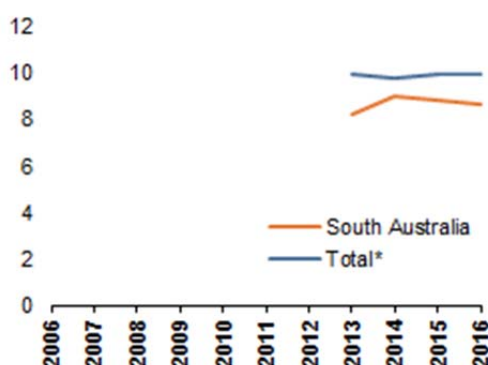
Data source: ABS 2017

5-1-2. Aboriginal death rate

- This section reports the age standardised all-cause mortality rate for Aboriginal people (per 1,000 Aboriginal people).
- Only New South Wales, Queensland, Western Australia, South Australia and the Northern Territory are included as these jurisdictions have sufficient data to support mortality analysis.²
- In 2016, the Aboriginal death rate in South Australia was 8.7 deaths per 1,000 Aboriginal population (age standardised).²
- Of the five states and territories that reported data, South Australia ranks second-lowest for Aboriginal mortality rate.²

Aboriginal standardised death rate, 2016

Region	Per 1000 popn.
Greater Adelaide	n.a.
Country SA	n.a.
South Australia	8.7
Total	10.0*

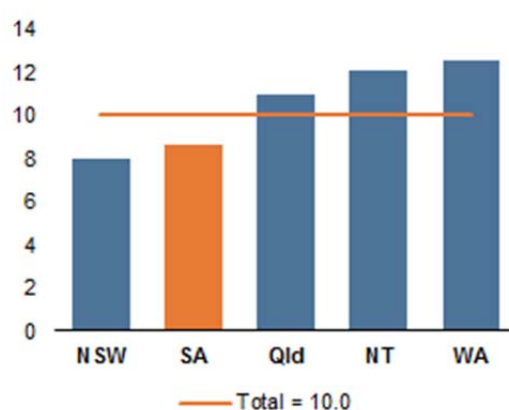


*Total includes data for NSW, Qld, WA, SA and the NT only

Data source: Report On Government Services 2018

Aboriginal standardised death rate, 2016

State/Territory	Per 1000 popn.
New South Wales	8.0
South Australia	8.7
Queensland	11.0
Northern Territory	12.1
Western Australia	12.5
Aust. Capital Territory	n.a.
Tasmania	n.a.
Victoria	n.a.
Total	10.0*



* Total includes data for NSW, Qld, WA, SA and the NT only. These five states and territories have been included due to there being evidence of sufficient levels of identification and sufficient numbers of deaths to support mortality analysis. Data were not published for the period starting from 2006 until 2012.

Data source: Report On Government Services 2018

Sources

1. Based on Australian Bureau of Statistics (ABS 2017), 'Table 3.1 Deaths, Summary, Statistical Area Level 4-2006 to 2016', [Deaths, Australia, 2016](#), cat. no. 3302.0, viewed 8 August 2018.
2. Based on Health Attachment tables, Table EA.32 Age standardised all-cause mortality rate and rate ratios, by Indigenous status, NSW, Qld, WA, SA, NT (per 100 000 people) ', Part E, [Report on Government Services 2018](#), Government of Australia, viewed 15 August 2018.

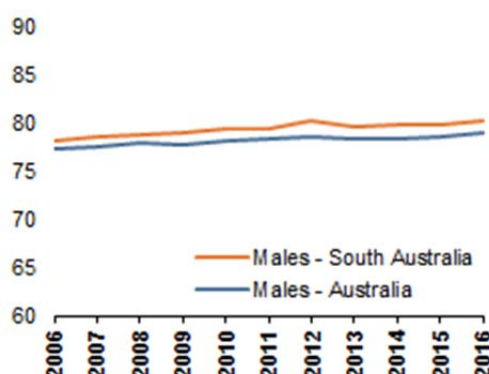
5-2. Median age at death

5-2-1. Male median age at death

- The median age of death for males in South Australia was 80.2 years in 2016, higher than the 79.1 years recorded for males nationally, but well below the 86.0 years for females in South Australia.¹
- Over the last decade there has been a gradual increase in the median age at death for males in South Australia up from 78.2 years in 2006.¹
- In 2016 South Australia had the second highest median age at death for males of the states and territories. However, outside of the Northern Territory there isn't a large amount of variation between the jurisdictions.¹
- The graphs below do not start at the origin to show detail.

Median age at death, Males, 2016

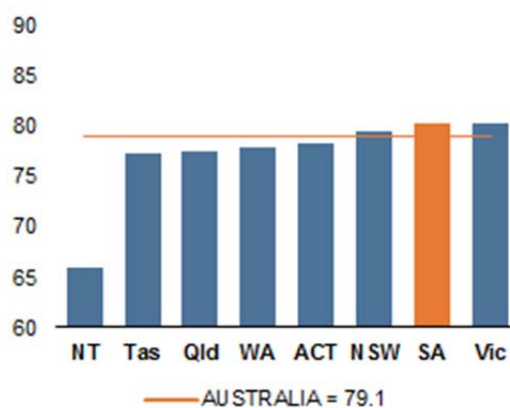
Region	years
Metropolitan Adelaide	n.a.
Country SA	n.a.
South Australia	80.2
Australia	79.1



Data Source: ABS 2017

Median age at death, Males, 2016

State/Territory	years
Northern Territory	65.9
Tasmania	77.3
Queensland	77.6
Western Australia	78.0
Australian Capital Territory	78.3
New South Wales	79.4
South Australia	80.2
Victoria	80.3
Australia	79.1



Data Source: ABS 2017

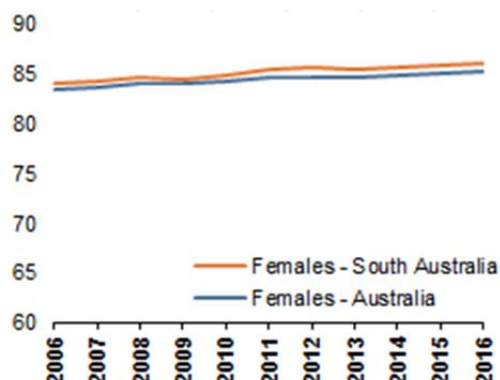
5-2-2. Female median age at death

- The median age of death for females in South Australia was 86.0 years in 2016, higher than the 85.1 years recorded for females nationally, and well above the 80.2 years for males in South Australia.¹
- Over the last decade there has been a gradual increase in the median age at death for females in South Australia, up from 84.0 years in 2006.¹

- In 2016 South Australia had the highest median age at death for females of the states and territories. However, outside of the Northern Territory there isn't a large amount of variation between the jurisdictions.¹
- The graphs below do not start at the origin to show detail.

Median age at death, Females, 2016

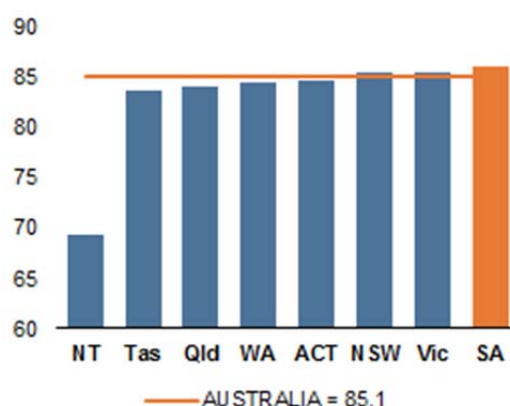
Region	years
Metropolitan Adelaide	n.a.
Country SA	n.a.
South Australia	86.0
Australia	85.1



Data Source: ABS 2017

Median age at death, Females, 2016

State/Territory	years
Northern Territory	69.3
Tasmania	83.7
Queensland	84.1
Western Australia	84.5
Australian Capital Territory	84.6
New South Wales	85.4
Victoria	85.5
South Australia	86.0
Australia	85.1



Data Source: ABS 2017

5-2-3. Aboriginal median age at death

Due to serious data quality concerns raised by several sources, the *State of Our Health* does not report Aboriginal median age at death as a useful population health status indicator at this time.

Sources

1. Based on Australian Bureau of Statistics (ABS 2017), 'Table 2.1 Median age at death, Year of occurrence, States and territories-2006 to 2016', [Deaths, Australia, 2016](#), cat. no. 3302.0, viewed 8 August 2018.

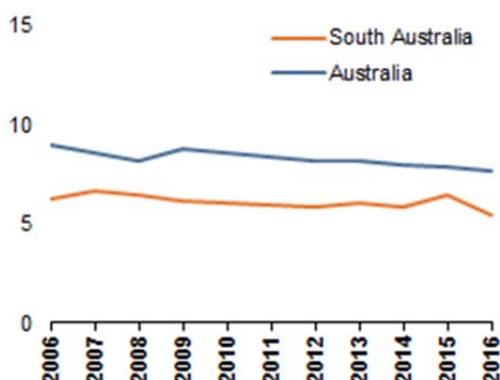
5-3. Perinatal deaths

5-3-1. Perinatal deaths

- Perinatal deaths are all fetal deaths (at least 20 weeks' gestation or at least 400 grams birth weight) plus all neonatal deaths.
- In 2016, there were 5.5 perinatal deaths in South Australia per 1,000 all births, a rate that has declined over the last decade, down from 6.3 in 2006.¹
- South Australia has the lowest rate of perinatal deaths in Australia compared to the other states and territories, and below the national average rate of 7.7 perinatal deaths per 1,000 all births.²
- *All births* comprise live births and stillbirths.

Perinatal deaths, 2016

Region	per 1000 all births
Metropolitan Adelaide	n.a.
Country SA	n.a.
South Australia	5.5
Australia	7.7



Data source: ABS 2017a and ABS 2017b

Perinatal deaths, 2016

State/Territory	per 1000 all births
South Australia	5.5
Australian Capital Territory	6.6
New South Wales	6.8
Victoria	7.4
Western Australia	8.2
Queensland	9.5
Northern Territory	11.4
Tasmania	11.5
Australia	7.7



Data source: ABS 2017a and ABS 2017b

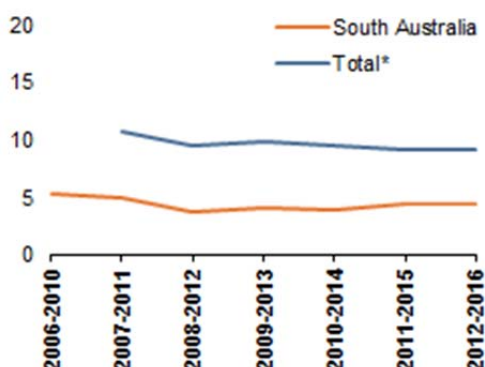
5-3-2. Aboriginal perinatal deaths

- Perinatal deaths are all fetal deaths (at least 20 weeks' gestation or at least 400 grams birth weight) plus all neonatal deaths.
- In the five-year period 2012-2016, there were 4.5 Aboriginal perinatal deaths in South Australia per 1,000 relevant births, down from 5.3 recorded in the 2006-2010 period.³
- South Australia has the lowest rate of Aboriginal perinatal deaths in Australia compared to the selected states and territories that reported data, and below the combined total rate of 9.2 Aboriginal perinatal deaths per 1,000 relevant births.³

- Total *relevant* births comprise live births and fetal deaths (where gestation is at least 20 weeks' or birthweight of at least 400 grams).

Aboriginal perinatal deaths, 2012-2016

Region	per 1000 relevant births
Metropolitan Adelaide	n.a.
Country SA	n.a.
South Australia	4.5
Total	9.2*



Data source: ABS 2017c

Aboriginal perinatal deaths, 2012-2016

State/Territory	per 1000 relevant births
South Australia	4.5
New South Wales	6.1
Western Australia	9.7
Queensland	10.1
Northern Territory	19.6
Aust. Capital Territory	n.p.
Tasmania	n.p.
Victoria	n.p.
Total	9.2*



* Total includes data reported by jurisdiction of usual residence for New South Wales, Queensland, Western Australia, South Australia and the Northern Territory only.

Data source: ABS 2017c

Sources

1. Based on Australian Bureau of Statistics (ABS 2017a), 'Table 14.4 Perinatal deaths by state or territory of usual residence of mother, 2007-2016', [Causes of death, Australia, 2016](#), cat. no. 3303.0, viewed 8 August 2018.
2. Based on Australian Bureau of Statistics (ABS 2017b), 'Table 14.1 Fetal, neonatal and perinatal deaths, Australia, 2007-2016', [Causes of death, Australia, 2016](#), cat. no. 3303.0, viewed 8 August 2018.
3. Based on Australian Bureau of Statistics (ABS 2017c), 'Table 14.20 Perinatal deaths, by Aboriginal and Torres Strait Islander status, Selected states and territories, 2012-2016', [Causes of death, Australia, 2016](#), cat. no. 3303.0, viewed 8 August 2018.

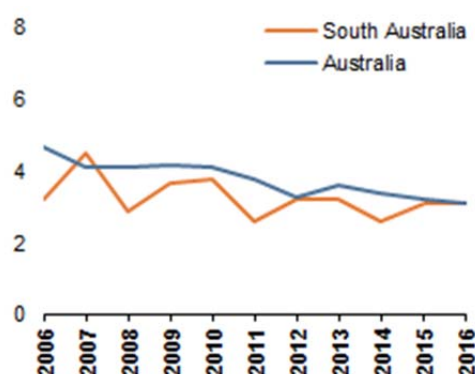
5-4. Infant mortality

5-4-1. Infant mortality

- Infant mortality is defined as deaths of persons aged under one year of age, expressed here as a rate per 1,000 live births.
- Over the last decade, Australia's infant mortality rate has been trending statistically significantly downwards. No statistically significant underlying trend over the last decade was identified in the South Australian time series.¹
- The state rate is equal to the national average of 3.1 infant deaths per 1,000 live births.¹
- South Australia ranks fourth-highest for infant mortality rate of the states and territories (same as Western Australia and Australian Capital Territory).¹

Infant mortality rate, 2016

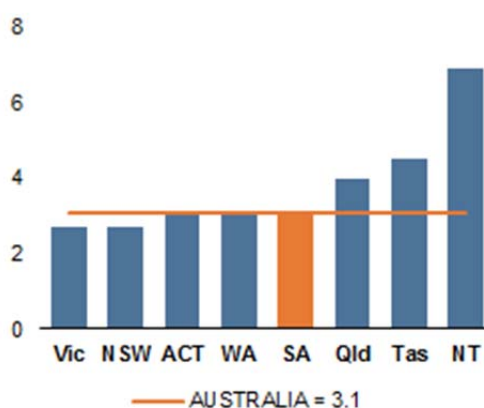
Region	per 1000 live births
Metropolitan Adelaide	n.a.
Country SA	n.a.
South Australia	3.1
Australia	3.1



Data source: ABS 2018a

Infant mortality rate, 2016

State/Territory	per 1000 live births
Victoria	2.7
New South Wales	2.7
Australian Capital Territory	3.1
Western Australia	3.1
South Australia	3.1
Tasmania	4.5
Northern Territory	6.9
Australia	3.1



Data source: ABS 2018a

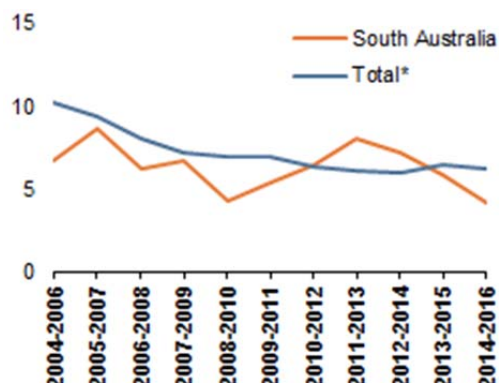
5-4-2. Aboriginal infant mortality

- Aboriginal infant mortality is defined as deaths of Aboriginal persons aged under one year of age, expressed here as a rate per 1,000 live Aboriginal births, and then averaged over a three year period due to the small numbers involved.
- Over the last decade, South Australia's Aboriginal infant mortality rate has been, overall, trending down, from 6.7 Aboriginal infant deaths per 1,000 live Aboriginal births in the period 2004-2006 to 4.2 in the period 2014-2016.²
- The South Australian figure is below the average of the total of the states and territories that reported data (6.2 Aboriginal infant deaths per 1,000 live Aboriginal births).²

- Of the five states and territories that published data, South Australia ranks lowest for Aboriginal infant mortality rate.²

Aboriginal infant mortality, 2014-2016

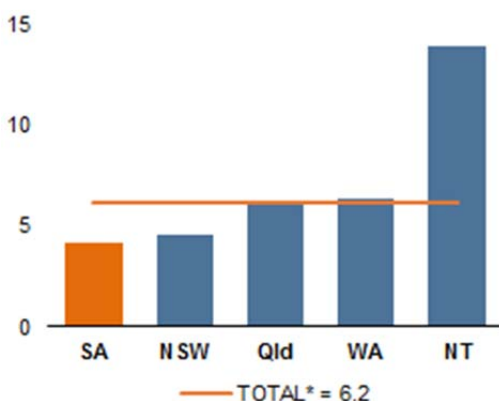
Region	per 1000 live births
Metropolitan Adelaide	n.a.
Country SA	n.a.
South Australia	4.2
Total	6.2*



Data source: ABS 2018b

Aboriginal infant mortality, 2014-2016

State/Territory	per 1000 live births
South Australia	4.2
New South Wales	4.6
Queensland	6.3
Western Australia	6.4
Northern Territory	13.9
Aust. Capital Territory	n.a.
Tasmania	n.a.
Victoria	n.a.
Total	6.2*



* Total includes data reported by jurisdiction of usual residence for New South Wales, Queensland, Western Australia, South Australia and the Northern Territory only

Data source: ABS 2018b

Sources

- Based on Australian Bureau of Statistics (ABS 2018a), 'Infant deaths and Infant mortality rates, Year of registration, Age at death, Sex, States, Territories and Australia', [ABS.Stat \(beta\)](#), viewed 10 August 2018.
- Based on Australian Bureau of Statistics (ABS 2018b), 'Deaths, Year of registration, Indigenous status, Summary data, Sex, States, Territories and Australia', [ABS.Stat \(beta\)](#), viewed 10 August 2018.

5-5. Leading causes of death by age group in South Australia

Summary – Top 3 causes of death

The top three leading causes of death in South Australia in 2016 were **neoplasms** (ie. cancer), **circulatory system** diseases and **respiratory system** diseases.¹

All-ages standardised death rate per 100,000 population, 2016

	Males	Females	Persons
ALL AGES, ALL CAUSES	641.6	446.3	536.3
<i>1. Neoplasms</i>	<i>195.8</i>	<i>127.8</i>	<i>157.8</i>
<i>2. Diseases of the circulatory system</i>	<i>164.3</i>	<i>110.3</i>	<i>135.6</i>
<i>3. Diseases of the respiratory system</i>	<i>60.1</i>	<i>39.2</i>	<i>48.2</i>

Additional detail by age cohort and sex is provided in the tables below.

Data source: ABS 2017

5-5-1. Ages under one year – Top 3 causes of death

Age specific death rate per 1,000 live births, 2016

	Males	Females	Persons
Ages under 1 year, all causes	3.5	2.7	3.1
<i>1. Fetus and newborn affected by maternal factors and by complications of pregnancy, labour and delivery</i>	<i>0.9</i>	<i>n.p.</i>	<i>0.6</i>
<i>2. Disorders related to length of gestation and fetal growth</i>	<i>0.5</i>	<i>n.p.</i>	<i>0.5</i>
<i>3. Ill-defined and unknown causes of mortality</i>	<i>n.p.</i>	<i>n.p.</i>	<i>0.3</i>

n.p. not available for publication but included in totals where applicable, unless otherwise indicated.

Data source: ABS 2017

5-5-2. Ages one year and over by cohort – Top 3 causes of death**Age specific death rate per 100,000 population, 2016**

	Males	Females	Persons
Ages 1-14 years, all causes	13.1	9.4	11.3
1. <i>Malignant neoplasms of lymphoid, haematopoietic and related tissue</i>	<i>n.p.</i>	<i>n.p.</i>	1.8
2. <i>Accidental drowning and submersion</i>	<i>n.p.</i>	<i>n.p.</i>	1.8
3. <i>[Not published]</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>
Ages 15-24 years, all causes	39.1	15.9	27.7
1. <i>Intentional self-harm</i>	15.1	5.6	10.5
2. <i>Car occupant injured in transport accident</i>	5.3	<i>n.p.</i>	4.1
3. <i>[Not published]</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>
Ages 25-34 years, all causes	86.5	39.0	62.8
1. <i>Intentional self-harm</i>	28.6	10.4	19.5
2. <i>Accidental poisoning by and exposure to noxious substances</i>	7.8	5.2	6.5
3. <i>Car occupant injured in transport accident</i>	6.9	<i>n.p.</i>	4.3
Ages 35-44 years, all causes	133.1	95.0	114.1
1. <i>Intentional self-harm</i>	34.7	12.2	23.5
2. <i>Accidental poisoning by and exposure to noxious substances</i>	14.1	12.2	13.1
3. <i>Ischaemic heart diseases</i>	13.1	<i>n.p.</i>	7.0
Ages 45-54 years, all causes	301.5	194.0	247.1
1. <i>Malignant neoplasms of digestive organs</i>	46.1	18.2	32.0
2. <i>Intentional self-harm</i>	26.6	14.7	20.6
3. <i>Ischaemic heart diseases</i>	30.2	6.9	18.4
Ages 55-64 years, all causes	679.6	379.1	525.9
1. <i>Malignant neoplasms of digestive organs</i>	120.8	46.7	82.9
2. <i>Ischaemic heart diseases</i>	92.0	16.5	53.4
3. <i>Malignant neoplasms of respiratory and intrathoracic organs</i>	56.6	40.3	48.2
Ages 65-74 years, all causes	1,512.4	833.6	1,163.5
1. <i>Malignant neoplasms of digestive organs</i>	194.3	93.0	142.2
2. <i>Ischaemic heart diseases</i>	221.3	41.9	129.1
3. <i>Malignant neoplasms of respiratory and intrathoracic organs</i>	129.1	95.3	111.8

	Males	Females	Persons
Ages 75-84 years, all causes	4,270.5	2,978.7	3,568.2
1. <i>Ischaemic heart diseases</i>	534.1	282.3	397.2
2. <i>Malignant neoplasms of digestive organs</i>	448.3	220.2	324.3
3. <i>Malignant neoplasms of respiratory and intrathoracic organs</i>	269.4	194.2	228.5
Ages 85-94 years, all causes	13,770.6	10,865.5	11,958.5
1. <i>Ischaemic heart diseases</i>	2,065.9	1,396.9	1,648.6
2. <i>Organic, including symptomatic, mental disorders</i>	1,138.2	1,452.4	1,334.2
3. <i>Cerebrovascular diseases</i>	894.8	1,023.9	975.3
Ages 95 years and over, all causes	30,198.5	29,784.7	29,897.5
1. <i>Ischaemic heart diseases</i>	5,224.7	5,127.2	5,153.8
2. <i>Organic, including symptomatic, mental disorders</i>	3,657.3	4,540.1	4,299.5
3. <i>Cerebrovascular diseases</i>	2,403.3	3,326.8	3,075.2

n.p. not available for publication but included in totals where applicable, unless otherwise indicated.

Data source: ABS 2017

Sources

1. Based on Australian Bureau of Statistics (ABS 2017), 'Table 5.1 Underlying cause of death, All causes, South Australia, 2016' and 'Table 5.3 Underlying cause of death, Selected causes by age at death, numbers and rates, South Australia, 2016', [Causes of Death, Australia, 2016](#), cat. no. 3303.0, viewed 9 August 2018.

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