

# Setting the scene

- The report's approach
- NSW population health overview

Health and the quality of healthcare services are vitally important to communities around the world. In NSW, people expect timely access to safe, high-quality care for all who need it. They also want ready access to information about what their healthcare system is delivering and how it compares to others.

Comprehensively assessing and comparing health and healthcare systems is challenging. Healthcare systems are large, complex networks of diverse organisations that deliver a wide range of services to millions of people. In response to this challenge, significant international efforts have been made to:

- Build consensus on what a high-performance healthcare system looks like, while acknowledging that different jurisdictions have their own values, priorities and goals
- Select common indicators that measure performance dimensions and identify high performers.

In this inaugural annual performance report, *Healthcare in Focus*, the Bureau of Health Information draws on these international efforts and compares the NSW health system to the rest of Australia and 10 other countries.

In making its comparisons for this report the Bureau principally relied on data from two main sources.

- **The 2010 Commonwealth Fund International Health Policy Survey:**

These telephone survey data reflect the views and self-reported experiences of almost 20,000 people in 11 countries. In NSW, 1,550 adults (18 years or older) were surveyed between March and June 2010. Results are weighted to represent the age, sex, education and regional distribution of each country's population. For questions asked of all adults, the margin of sampling error is plus or minus 2 or 3%, depending on sample size (95% confidence interval).

- **The Organisation for Economic Co-operation and Development (OECD):**

These data reflect health system expenditure, capacity and achievements in OECD member countries. In order to fairly compare NSW, the Bureau commissioned the Australian Institute of Health and Welfare (AIHW) to calculate performance measures for NSW and the rest of Australia using OECD data definitions and methods.

*Healthcare in Focus* aims to: paint a timely and comprehensive overview of healthcare; focus on public and patient perspectives; and put the performance of the NSW healthcare system in an international context. Therefore the report:

- **Compares the performance of the NSW healthcare system to the rest of Australia and 10 countries** participating in the Commonwealth Fund's 2010 International Health Policy Survey.
- **Includes information on the State Government-funded hospital system and on primary care services** which are largely a Federal Government policy and funding responsibility. The most frequent interaction and most enduring relationships with healthcare professionals take place in primary care settings for the majority of NSW people.
- **Contains some sets of figures that include both public and private sector healthcare.** International data that support comparisons across countries do not distinguish public and private patients or sectors.
- **Draws on information from 2010 or the most recent year** for which internationally comparable data are available.
- **Deliberately takes a broad approach** rather than addressing more granular performance measures such as those covered in the Bureau's *Hospital Quarterly* reports.

- **Presents performance indicators selected on the basis of international data availability.**

Therefore, the indicators do not completely align with current NSW performance priorities. The report includes some information on services provided in hospitals, including elective surgery and emergency departments. More extensive coverage of these topics is limited by a lack of international data to support comparisons. For more detailed analysis of NSW performance in these areas, see the Bureau's *Hospital Quarterly* reports ([www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au)).

The information in this report is intended to provide a “whole of system” perspective on healthcare in NSW. To achieve this, the Bureau has developed a conceptual framework that shows the elements of a high-performance health system (**Figure 1.1**).

More information about the data sources, survey methods and other analyses used in this report is available in the *Healthcare in Focus: technical supplement, 2010* available from the Bureau of Health Information at [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au)

# The conceptual framework

## A guide to understanding and evaluating the NSW healthcare system

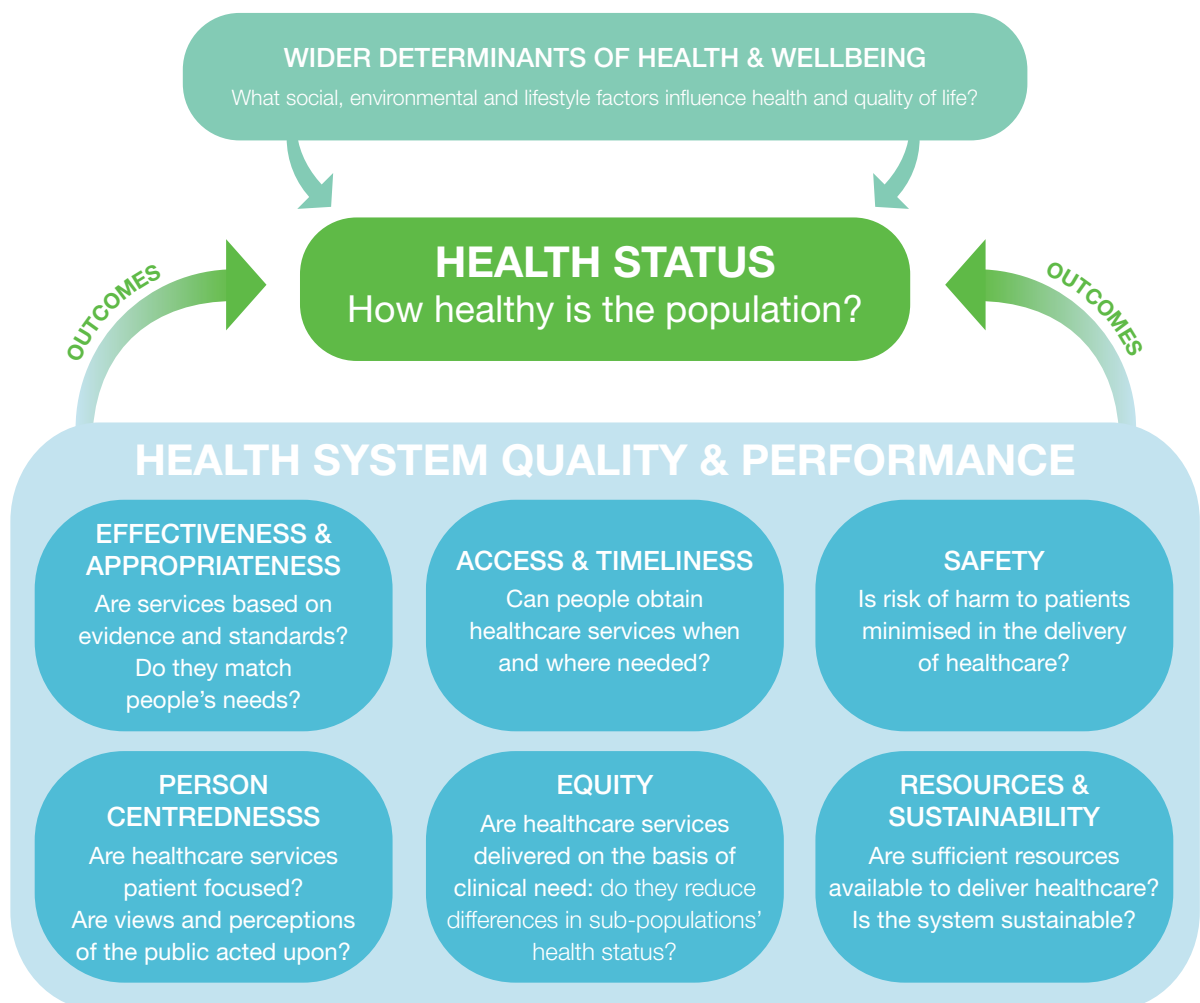
The health status of the population is at the centre of the framework, recognising that the overall goal of any health system is to improve the health and wellbeing of the community it serves.

It recognises that factors such as age, sex, heredity, community, socioeconomic circumstance and lifestyle choices can significantly affect health status. While these

determinants may be influenced by public health and other interventions, they are largely outside the control of the healthcare system.

The framework considers the performance of the healthcare system in terms of six domains: effectiveness and appropriateness; access and timeliness; safety; person centredness; equity; and resources and sustainability.

Figure 1.1: The Bureau of Health Information’s performance framework: A guide for understanding and evaluating the NSW healthcare system



Note: Adapted from the Australian Institute of Health and Welfare<sup>1</sup> and work conducted on behalf of the OECD<sup>2</sup>.

# Health and wider determinants

## How healthy are the people of NSW?

Measures of health status focus on health outcomes such as life expectancy, disease prevalence and quality of life.

Health status measures are shaped by actions, behaviours and treatments that sometimes take years, or even decades, to have a measurable effect. Many lifestyle factors that affect health and wellbeing, although largely beyond direct control of the healthcare system, can be influenced by health prevention measures and public policy.

The table below summarises the data contained in the next section – providing a brief overview of health status measures, wider

determinants of health and how NSW compares internationally. Similar tables with a simple ranking scheme are provided at the beginning of each chapter in this report.

In setting the performance of NSW alongside the rest of Australia and 10 other countries, the tables rank jurisdictions in order of achievement. The top four are ranked '*higher*', the next four '*middle*' and the bottom four '*lower*'.

A more comprehensive account of health and its determinants in NSW can be found in the *Report of the Chief Health Officer*.\*

What we learnt about NSW	How does NSW compare internationally?		
	Higher ranking	Middle ranking	Lower ranking
Almost six in 10 adults rate their own health as either excellent (21%) or very good (36%)	■		
Almost seven in 10 adults (66%) report that they have been diagnosed with a long-term health condition	Long-term conditions are reported more often by NSW adults than those surveyed in other countries		
Life expectancy at birth is <b>79.8 years</b> for males and <b>84.4 years</b> for females	■		
Mortality from circulatory diseases and cancer has decreased dramatically in the past decade	■		
Six in 10 people (61%) are either overweight or obese		■	

\* *The health of the people of New South Wales: Report of the Chief Health Officer 2010*, available at [www.health.nsw.gov.au/public-health/chorep](http://www.health.nsw.gov.au/public-health/chorep)

# Self-reported health status

## Most NSW adults rate their health positively but self-reported prevalence of chronic disease is high

In 2010, almost six in 10 adults (57%) in NSW rated their health positively, with 21% rating it as excellent and 36% saying it was very good. They were more likely to describe their health as excellent than people in other countries (Figure 1.2).

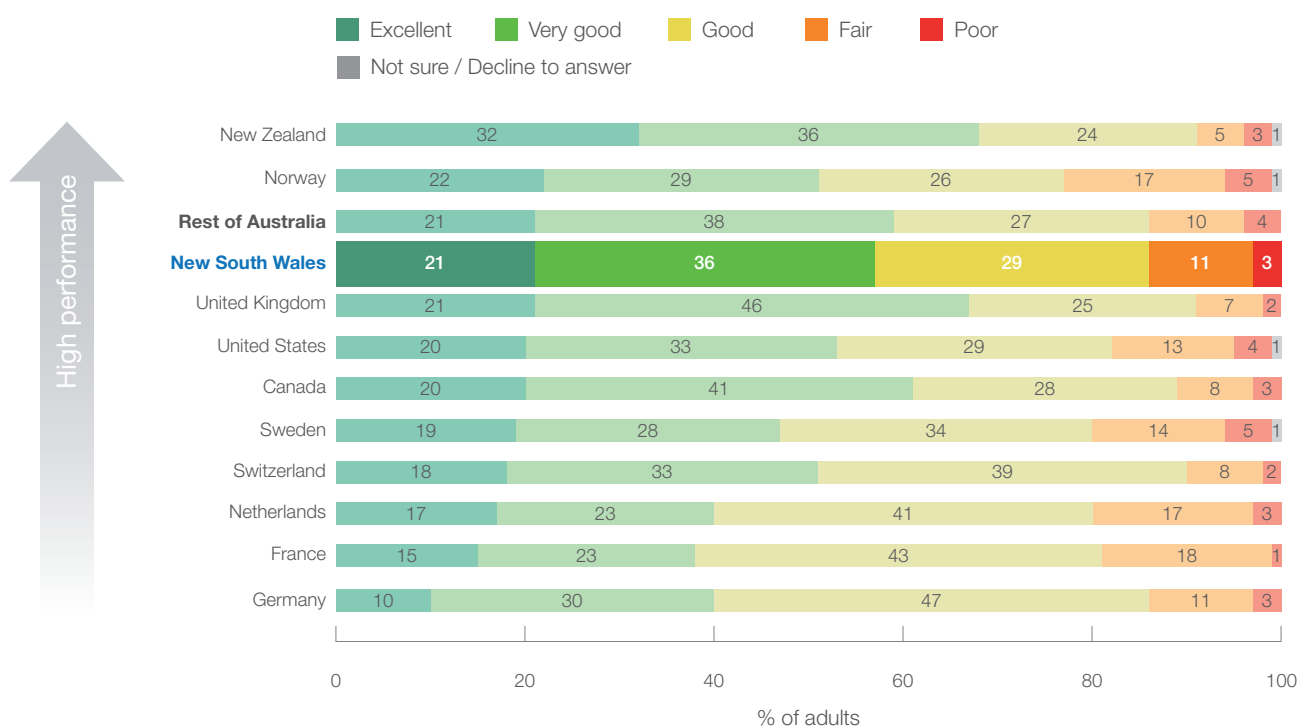
When asked about specific diagnoses however, almost seven in 10 (66%) NSW adults said they had been told they had at least one of the following conditions: arthritis; asthma or chronic lung disease (chronic bronchitis, chronic obstructive pulmonary disease (COPD) or emphysema); cancer; depression, anxiety or other

mental health problems; diabetes; heart disease (including heart attack); hypertension (high blood pressure); or high cholesterol.

Internationally, NSW had the highest proportion of adults reporting two or more diagnosed conditions (Figure 1.3).

Figure 1.4 provides more detailed information about the long-term conditions affecting the people of NSW. In 2010, hypertension was the most commonly reported condition.

Figure 1.2: Survey 2010: In general, how would you describe your own health?\*



(\*) 2010 Commonwealth Fund International Health Policy Survey (Note: Percentages may not add up to 100 due to rounding. Figure 1.4 depicts data from the Commonwealth Fund survey (including confidence intervals) which asked respondents whether they had ever been told they had one of the listed conditions. The NSW Population Health Survey and the ABS National Health Survey also provide survey-based prevalence data but use different survey questions. Therefore results are not directly comparable. This report uses the Commonwealth Fund data because it offers international comparisons).

Figure 1.3: Survey 2010: Have you EVER been told by a doctor that you have arthritis; asthma or chronic lung disease such as chronic bronchitis, emphysema or COPD; cancer; depression, anxiety or other mental health problems; diabetes; heart disease, including heart attack; hypertension; high cholesterol?\*

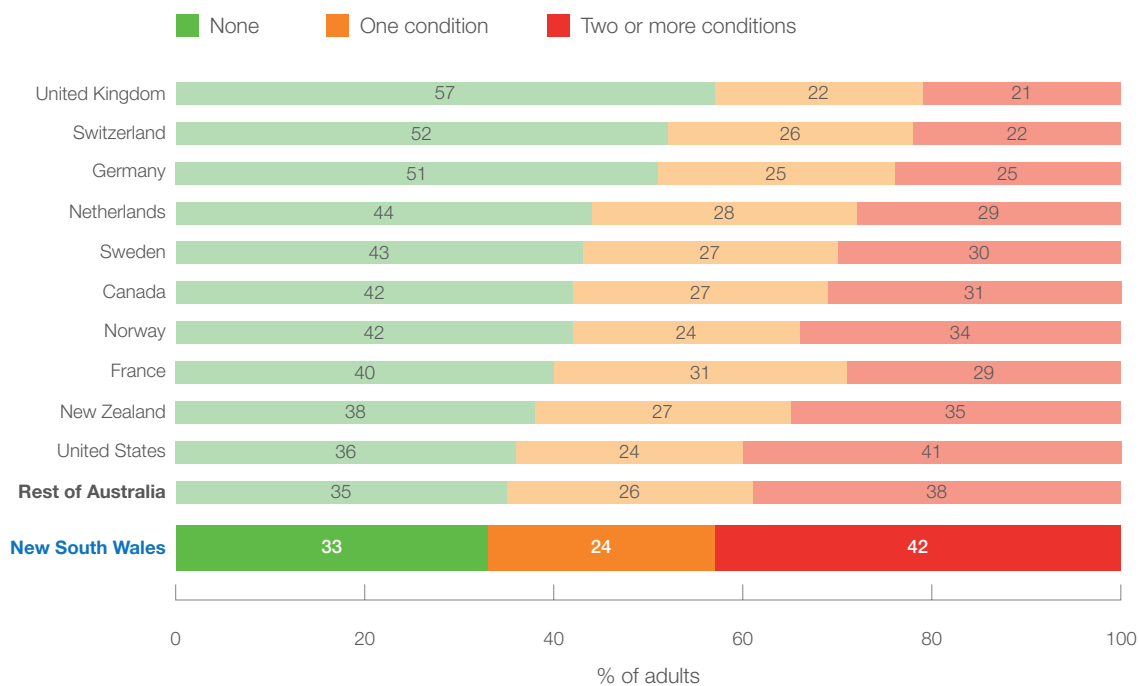
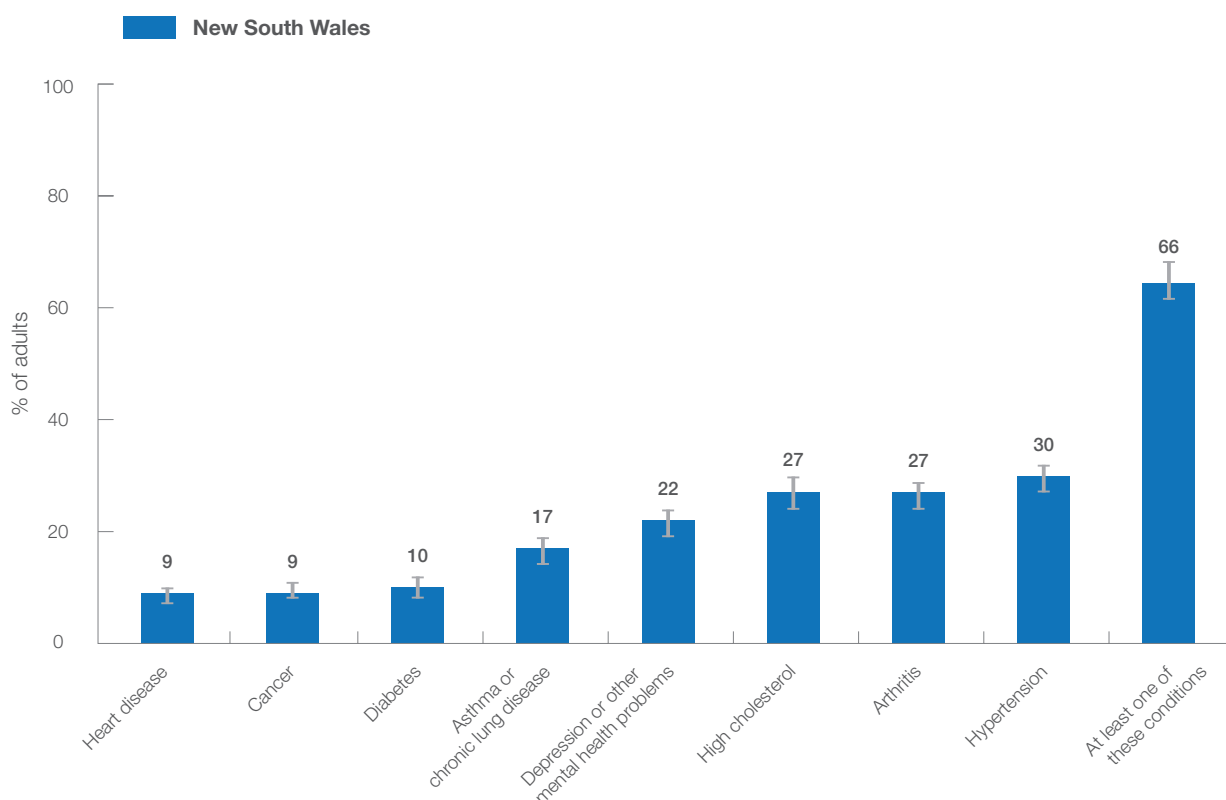


Figure 1.4: Survey 2010 (NSW only): Have you EVER been told by a doctor that you have arthritis; asthma or chronic lung disease such as chronic bronchitis, emphysema or COPD; cancer; depression, anxiety or other mental health problems; diabetes; heart disease, including heart attack; hypertension; high cholesterol?\*



# Health Status: mortality

## The people of NSW have a long life expectancy

Recent years have seen marked decreases in deaths from many high-prevalence, high-impact diseases and the people of NSW have a long life expectancy.

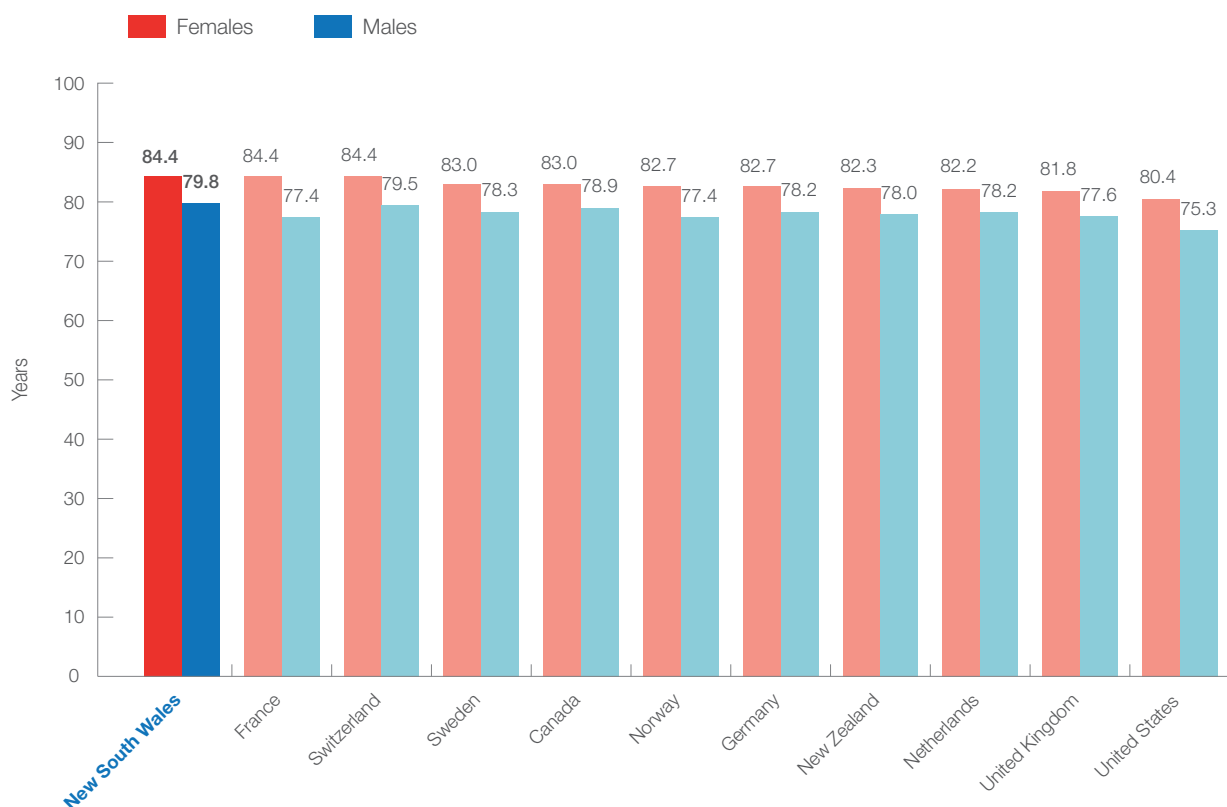
A child born in NSW in 2007 can expect to live for 79.8 years if he is male and 84.4 years if she is female – longer than in other countries surveyed (Figure 1.5).

Between 1997 and 2007, mortality rates from major disease decreased markedly in NSW. The most marked decreases were recorded

in ischaemic heart disease (47% decrease), stroke (37% decrease) and colorectal cancer (30% decrease) (Figure 1.6).

To put these changes in context, international data show that for ischaemic heart disease, NSW ranked second in terms of improvement (47% decrease in deaths) between 1997 and 2007 (Figure 1.7).

Figure 1.5: Life expectancy at birth, 2007<sup>†</sup>



(†) OECD Health Data 2010 and Australian Bureau of Statistics Life tables.

(‡) OECD Health Data 2010 and AIHW analyses of WHO mortality database (Notes: Data are age-standardised to the 1980 OECD population; DSR is directly standardised rate).

Figure 1.6: Mortality from circulatory disease and cancer, NSW 1997-2007†

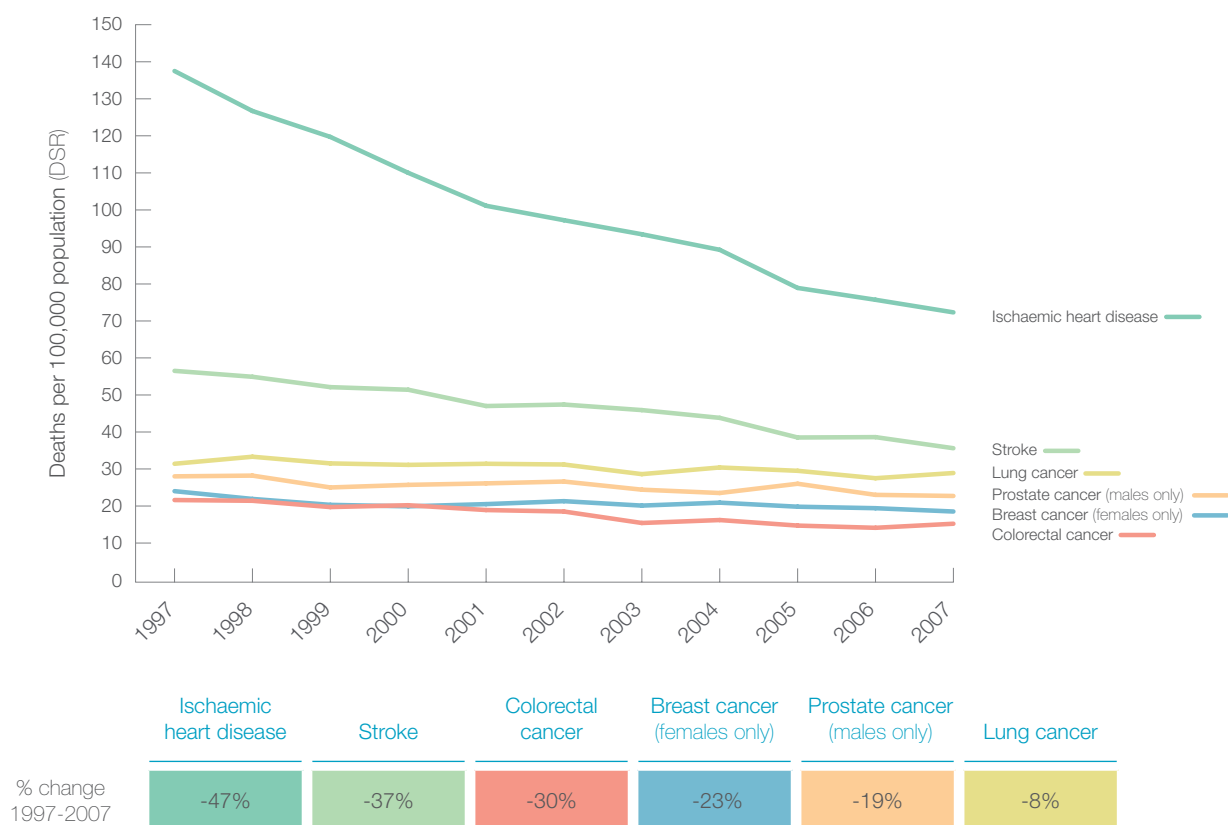
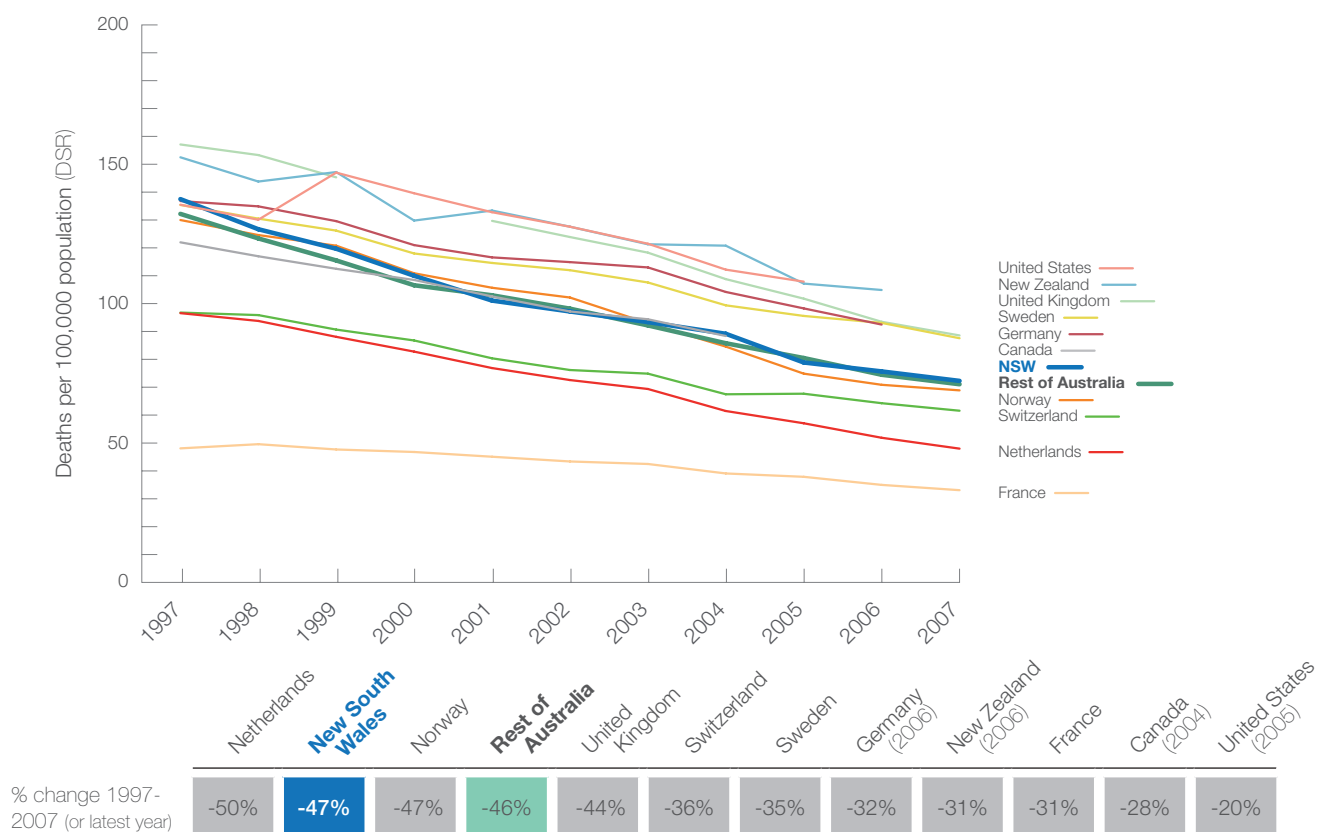


Figure 1.7: Mortality from ischaemic heart disease 1997-2007 (or latest year)†





# Lifestyle determinants of health and wellbeing

## Levels of obesity and overweight threaten health in NSW

A wide range of factors contribute to the health of individuals, including:

- Age, sex and hereditary factors
- Lifestyle factors such as diet, exercise, smoking and risky drinking
- Social and community influences, for example local support networks
- General socioeconomic, cultural and environmental conditions including education, employment, housing, air and water quality, and occupational safety.<sup>3</sup>

Modern medical care can improve prognosis after a diagnosis and support recovery from injury, but the wider determinants of health and wellbeing are more important to the health of populations. The wider determinants of health have cumulative effects and these tend to be concentrated among particular subgroups of the community.

The Royal Australian College of General Practitioners (RACGP) highlights the importance

of ‘SNAP’ behavioural or lifestyle risk factors (Smoking, Nutrition, Alcohol and Physical activity). RACGP guidelines recommend the provision of counselling and advice.<sup>4</sup>

Current NSW data from the 2009 NSW Population Health Survey<sup>5</sup> show that:

- About two in 10 NSW adults (17%) are smokers
- Almost one-third of adults (31%) report risky drinking behaviour
- Nearly half of people aged over 16 (45%) report inadequate levels of physical activity.

Findings from the Australian Bureau of Statistics (ABS) National Health Survey show that six in every 10 people (61%) in NSW are overweight or obese (Figure 1.8).

Notably, NSW general practitioners (GPs) discuss important health behaviours and lifestyles with their patients more often than those in other countries (Figure 1.9).

Figure 1.8: Percentage of population overweight or obese (measured), 2007 or 2008†

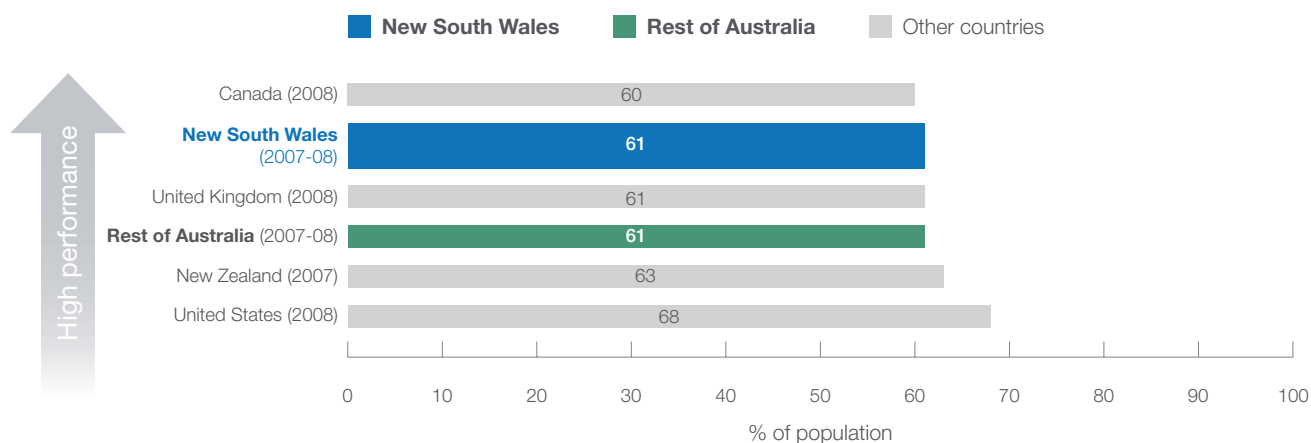
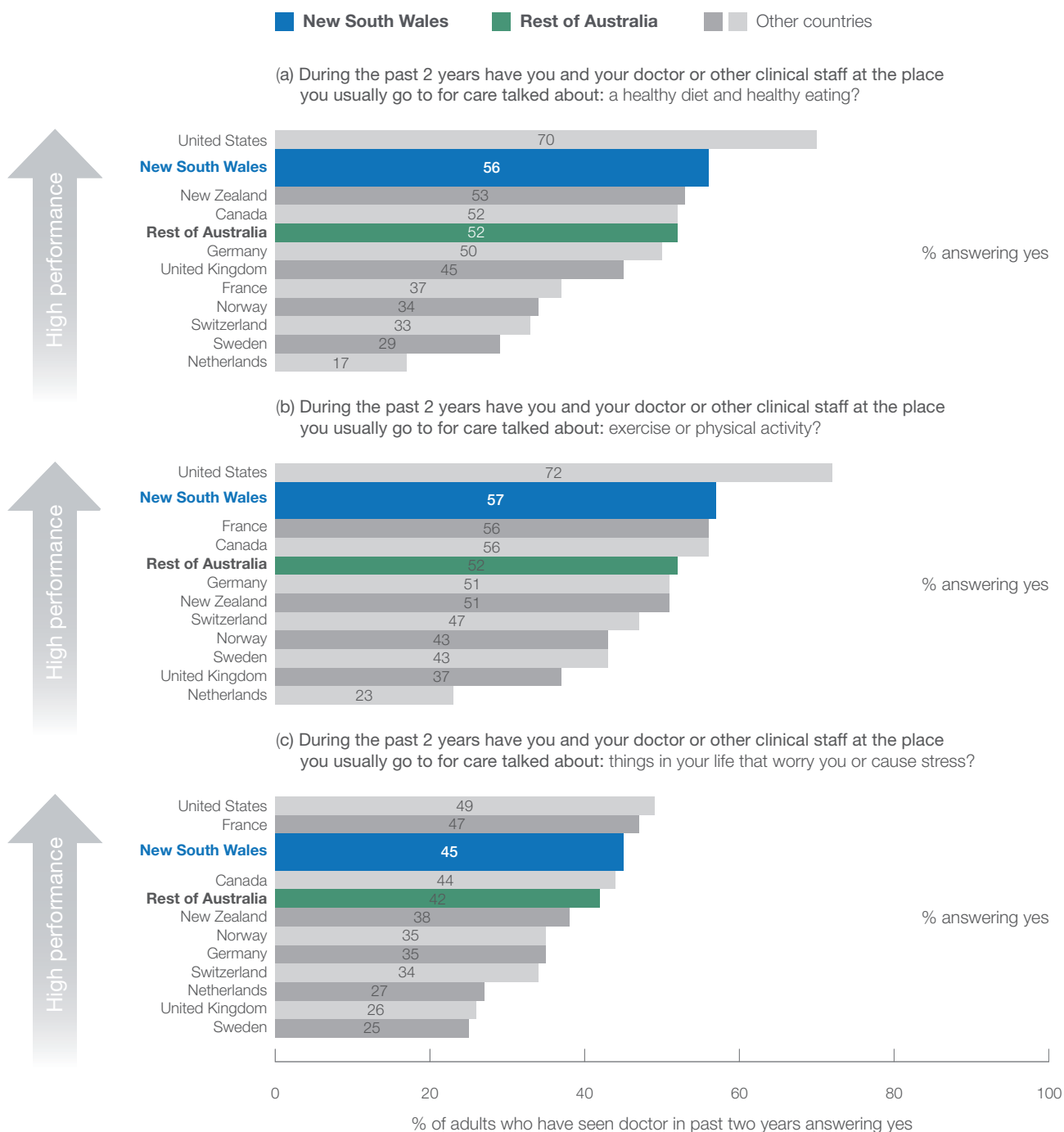


Figure 1.9: Survey 2010: During the past two years have you and your doctor or other clinical staff at the place you usually go to for care talked about: a) a healthy diet and healthy eating; b) exercise or physical activity; c) things in your life that worry you or cause you stress?\*



(†) OECD Health Data 2010 and ABS National Health Survey (Note: Overweight or obese refers to those with a measured body mass index of 25 kg/m<sup>2</sup> or more).

(\*) 2010 Commonwealth Fund International Health Policy Survey (Note: Percentages may not add up to 100 due to rounding).