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NAB Health Insights Special Report

**Part 2: Do Australians have a
preventative health mindset?**

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Part 2 – Do Australians have a preventative health mindset?

Health practitioners have the opportunity post-covid for deeper engagement with patients around their health and preventative measures, with a growing segment of healthy-minded consumers seeking more reputable sources of advice & information.

Around 4 in 10 Australians require ongoing treatment or medication for a medical condition, rising to over 6 in 10 for those over 65. Most are suffering from a chronic condition, with over 8 in 10 reporting their condition had lasted (or is expected to last) 6 months or more. But many conditions share preventable risk factors, such as smoking, excessive alcohol consumption, and not getting enough exercise. **In Part 2 of the NAB Health Insights Special Report, we ask 2,000 Australians about their preventative health attitudes, behaviours and motivators.**

When asked if they felt they were prioritising their health over the past year, 4 in 10 said they made it a bigger priority. Noticeably more women are however prioritising their health than men. Health awareness is also higher among younger people in the 18–24 age group but lowest in the 45–54 group. Higher socio-economic levels also correlate with greater use of preventative healthcare measures.

Australians were then asked to rate their efforts to have a preventative health mindset in several areas. There were four key areas where we believe we are increasingly health conscious – 3 in 4 people said they rarely or never smoke, 7 in 10 have stayed connected with family or friends and 6 in 10 are eating healthier and protecting their skin from the sun. Tobacco smoking is the single most important preventable cause of ill health and death in Australia. Tobacco smoke contains over 7,000 chemicals, of which over 70 can cause cancer. Australia has been among world leaders in mitigating tobacco use which has seen the number of people smoking daily fall from 24% of people in 1991 to 11% in 2019.

Around 1 in 2 Australians also reported having good quality sleep, a healthy body weight and an active lifestyle. Over 4 in 10 have regular dental health check-ups, health tests such as cholesterol, mammograms, skin cancer etc, or health check-ups and screenings.

But more must be done. Nearly 1 in 5 Australians often or always smoke and around 1 in 4 always or often drink alcohol. Fewer than 1 in 10 eat the recommended 5 or more serves of vegetables per day and 4 in 10 are not



consuming the recommended 2 serves of fruit per day. Around 1 in 4 Australians don't clean their teeth 2 or more times per day and only 1 in 3 floss every day. Over 4 in 10 have not visited a dentist in the past year, with this number significantly higher among Australians without private health insurance or on lower incomes.

While NAB's survey found that Australians on average consume only 4 standard drinks on average per week (well below the recommended maximum of 10), this masks differences in drinking habits across key groups. Those consuming more than 10 drinks per week was much higher among men and in the 25–34 age group. And while Australians were well within drinking guidelines in an average week, they were well above the daily recommended limit of 4 standard drinks on the day of the week they drank most.

While most people understand their health should be a priority, sometimes this can be difficult as other responsibilities, wants and wishes take priority. Cognitive biases, such as a tendency to avoid making decisions when met with too many options, can also reduce the likelihood of taking preventative care measures. So, **what things would motivate more Australians to take an**

active role in managing their health?

Financial support or incentives to stay healthy top the list, with almost 1 in 2 Australians indicating financial incentives would be highly motivating. Incentives such as payments and vouchers are not new as a way of encouraging patients to undergo preventive care such as screenings, vaccinations, and other brief interventions.

And there is evidence that financial incentives increase preventive care, particularly among low income and high-risk populations such as the homeless and drug users. While financial incentives are unlikely to be the cure-all to all health risk behaviours, they do appear to have a place in encouraging some population groups to modify particular high risk health behaviours.

More time and energy to make healthy choices was the next biggest motivator, followed by being told by health professionals to do so, having trusted healthcare professionals who work closely with them to manage their wellness, better or more convenient access to healthcare professionals (either virtually or in person) and more personalised information about what they should do to stay healthy. Around 4 in 10 people also said these things would be “highly” motivating. Least motivating were reliable and secure digital tools that help them understand and manage their health habits. Only 3 in 10 Australians would be highly motivated to take a more active role in managing their health in this way.

Preventative dental health presents some unique challenges. Australians who had not visited a dentist for more than one year were asked their reasons for not doing so. Overall, the top response was (for over 4 in 10 people) cost. However, the second most common reply

was not needing to visit (almost 4 in 10). Noticeably more men said they did not need to visit than women. According to the Australian Dental Association (ADA), around 2 in 3 Australians were unaware that poor oral health could impact a range of medical conditions. Poor oral health has been linked to a range of wider health conditions, including heart disease, diabetes and even adverse pregnancy outcomes. And without access to regular check-ups, problems can quickly snowball.

An important opportunity post-COVID is in the diagnostics industry. While in-home testing (such as pregnancy tests) existed prior to the pandemic, Australians have clearly become much more comfortable checking their health status in their own homes, due to the ease and cost effectiveness of Rapid Antigen Testing (RAT). But do comfort levels about using at home diagnostic tests differ depending on the type of test? NAB’s survey results suggest they can, but overall acceptance is high.

When Australians were asked how comfortable they would feel using a range of at-home diagnostic tests, they were most comfortable using tests to diagnose infections (such as throat or urinary). Genetic testing to identify future health risks such as cancer and sending stool samples to determine current or future health risks scored next highest, just ahead of at home finger prick blood tests that connect to apps to track health trends such as cholesterol. Comfort levels were lowest in relation to sending stool samples to determine nutritional needs or choices. Importantly however, around 1 in 2 Australians scored their comfort levels for all these at-home diagnostic test “high”.



Another key development is in wearable technology

that can monitor everything from a person's blood pressure to their heart rate, sleeping patterns or number of steps per day. These electronic devices can be worn on the body as an accessory like a watch or a pair of glasses, or as material used in clothing that measures biometrics. Advances in cloud computing have made it easier to capture data and analyse it using artificial intelligence. With enough data, the aim is to get in front of disease and intervene as early as possible. Equally, these technologies enable patients to be more empowered in understanding their own health.

When Australians were asked if they had used a wearable technology in the past year to help inform them about and manage their health, around 1 in 4 had. Around 4 in 10 in the 18-24 age group had used a wearable device, with this number stepping down in each age group to just 1 in 10 in the over 65 group. Usage was most widespread in the highest income group. Australians were also asked if they had used mobile phone or tablet apps to help inform or manage their health in the past year, around 1 in 3 had. Again, it was most widespread in the 18-24 age group (around 6 in 10 people), and by income for people earning over \$100,000 p.a. (around 4 in 10).

Timely access to anonymised health data has been vital in accelerating the understanding of the COVID virus, the development and efficacy of vaccines, treatments and public health strategies. This raises the possibility that attitudes to sharing healthcare data may have shifted. NAB's research suggests Australians are "quite" comfortable sharing data with most health practitioners, but much less comfortable sharing it with technology companies. Comfort levels are highest for sharing data with GPs and specialist doctors.

Consumers clearly want to understand how and why their personal health data is being used and may change their data sharing behaviours if they believe the information will improve health outcomes for themselves or others. Men are however generally more comfortable sharing their data than women with all practitioners. By age, Australians over 65 were also noticeably more at ease with sharing data with most practitioners, while typically those in 45-54 and 55-64 age groups were least comfortable, particularly for sharing with technology companies, where Australians under the age of 35 were somewhat more comfortable doing so. Income did not appear to influence comfort levels for sharing data. As with most consumer facing industries, trust is even more important to brand survival post COVID.



Preventative health mindset

Most people understand the importance of caring for their health, so that they can be the best person they can be for themselves, family, work and life. Most also know their health should be a priority. Sometimes however this can be difficult as other responsibilities, wants and wishes take priority. In this survey, we explore how Australians are tracking with their health priorities.

When asked if they felt they were prioritising their health more or less over the past year, around 4 in 10 (41%) said they had made it a bigger priority, but 1 in 10 (9%) paid less attention to their health.

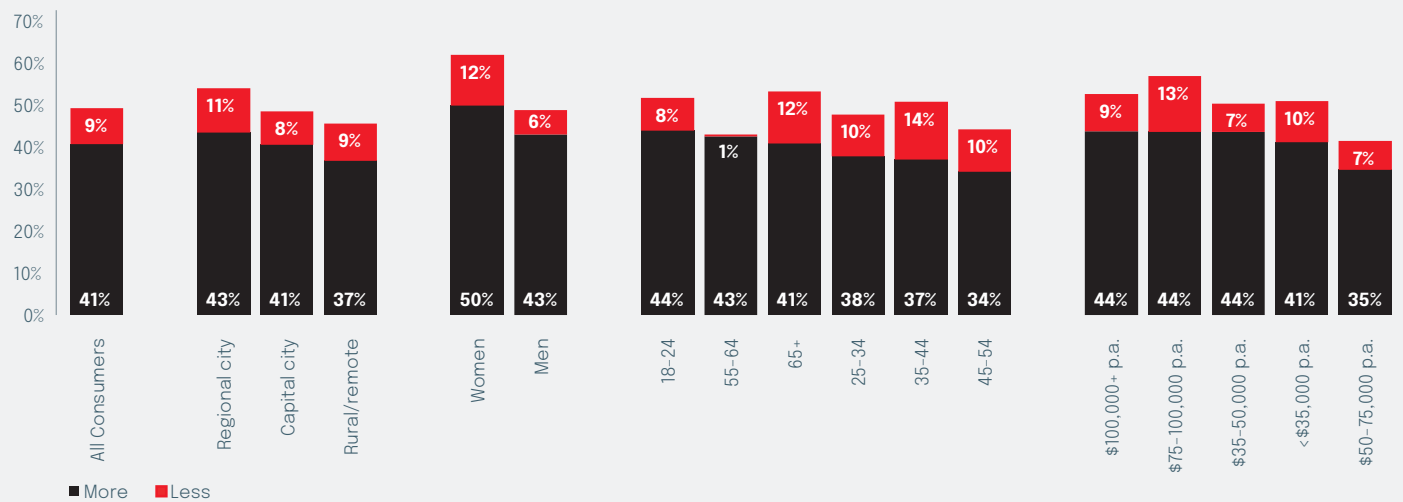
By region, most people in regional cities said they had made their health a bigger priority in the past year (41%), but over 1 in 10 (11%) also paid less attention to it. Noticeably more women (50%) prioritised health than men (43%), but twice as many women (12%) also prioritised less than men (6%).

The survey also revealed large discrepancies in the number of people that prioritised their health by age.

It was highest in the 18-24 group (44%) and lowest in the 45-54 group (34%). The highest number that paid less attention to their health was in the 35-44 age group (14%), and lowest in the 55-64 group (1%).

Around 44% of Australians in the \$100,000+ p.a., \$75-100,000 p.a. and \$35-50,000 p.a. income brackets prioritised their health more than last year, compared to only 35% in the \$50-75,000 p.a. group. The highest number that prioritised less were in the \$75-100,000 p.a. group (13%), and was the lowest in the \$35-50,000 p.a. and \$50-75,000 p.a. income groups (7%).

Chart 1: Are you prioritising your health more or less over past year?



Preventative health is described as taking a proactive approach to your own health through exercise, diet, quitting smoking/alcohol and drugs, regular health screening and check-ups, and generally taking steps to ensure your mental and physical health are as good as possible. In this section, we explore the extent Australians believe they have a preventative health mindset.

Overall, Australians believe they have a strong positive health mindset, scoring on average 7.0 pts out of 10

(10 = completely). The first chart on the next page also shows only small differences in how they perceive their health mindset by region (ranging from 7.1 pts in capital cities to 6.8 pts in rural/remote areas), gender (7.2 pts women; 6.9 pts men) and income (7.4 pts in the \$35-50,000 p.a. income bracket to 6.8 pts in the lowest income bracket). By age, however, Australians over the age of 65 rate their health mindset much higher (7.7 pts) than in all other age groups.

The average score does however mask more significant differences in the number of Australians who rated their preventative health mindset high (i.e. they scored 8 pts or higher). Overall, 4 in 10 scored their preventative health mindset 'high'. This ranged from 41% in capital cities to 37% in rural/remote areas. The gap was wider by gender (43% women; 36% men), and age (ranging from 53% in the over 65

age group to just 33% in the 35-44 age group). By income, the number who scored their preventative health mindset was also much higher at 50%, compared to around 4 in 10 in all other income groups - see second chart below.

Chart 2: Extent you believe you have a preventative health mindset

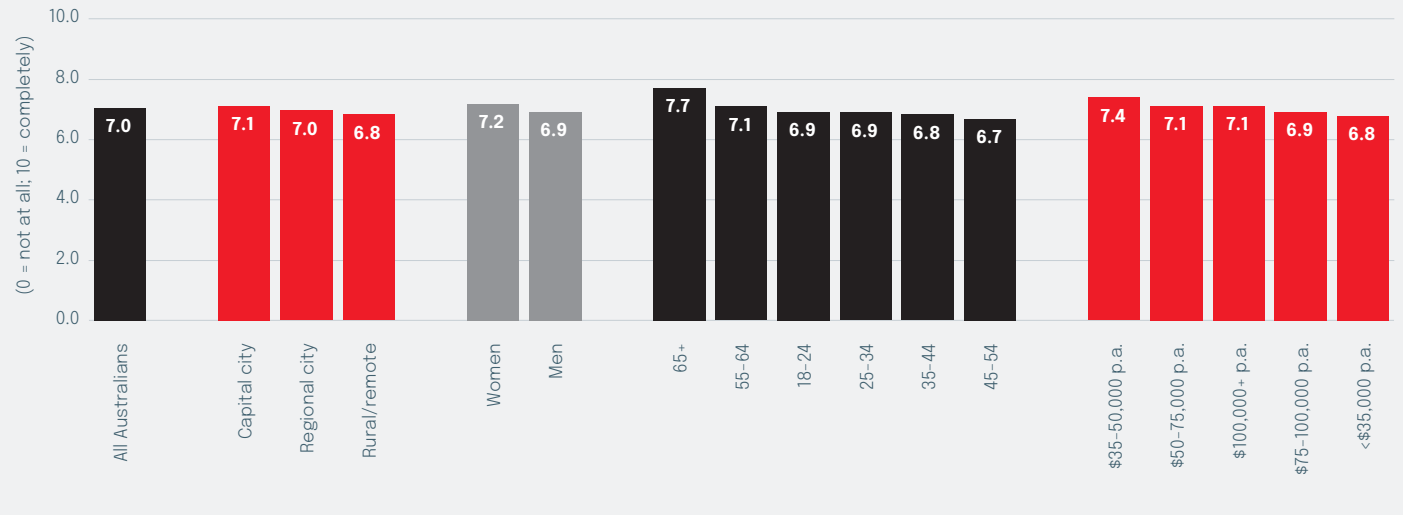
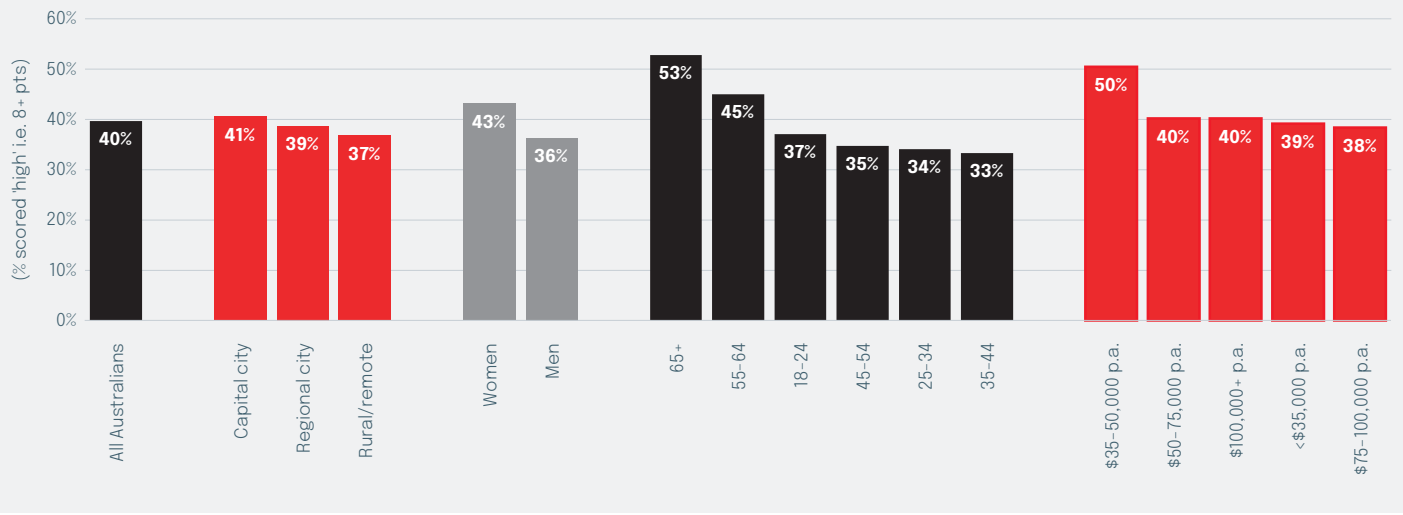


Chart 3: Extent you believe you have a preventative health mindset



Australians were also asked to rate their efforts to have a preventative health mindset in several areas. A very high number did in 4 key areas - 3 in 4 rarely or never smoke (73%), 7 in 10 often or always stay connected with family or friends (69%) and 6 in 10 eat healthy and make good food choices (62%), or protect their skin from the sun (62%). Many Australians - around 1 in 2 - often or always also spend time outdoors or in nature (54%), have good quality sleep (52%), have a good body weight (48%) and an active lifestyle (47%). Over 4 in 10 have regular dental health check-ups (45%), health tests such as cholesterol,

mammograms, skin cancer etc (45%), or health check-ups and screenings (44%). Only 1 in 3 keep stress levels low with relaxation techniques (32%), or participate in fitness programs. (31%), and 1 in 4 monitor their health using apps, phones, wearables etc. (26%).

Of some concern, however, 1 in 4 Australians often or always drink alcohol (25%) and nearly 1 in 5 often or always smoke (17%), while a further 10% did so occasionally - see chart on the following page.

The table on the following page also shows noticeably more people in capital cities protect their skin from the sun (64%), have good quality sleep (55%), regular dental check-ups (48%), participate in fitness programs (34%) and monitor their health with apps, and in rural/remote areas spend time outdoors (63%). By gender, noticeably more women stayed connected with family or friends than men (73% vs. 65%), but more men had an active lifestyle (50% vs. 43%). More people over 65 typically made efforts to have a preventative mindset in most areas, except fitness programs and health devices.

Over 8 in 10 people in rural areas rarely or never smoke (7 in 10 in capital and regional cities), and more also rarely drank alcohol (48%). Far more women than men also rarely or never smoke (79% vs. 67%) or drank alcohol (49% vs. 37%). By age, the number who never or rarely smoke ranged from 88% in the over 65 age group to just 58% in the 18-24 group (where over 1 in 5 often or always smoke).

Chart 4: How would you rate your efforts to have a preventative health mindset in regards to these factors over the past 12 months?

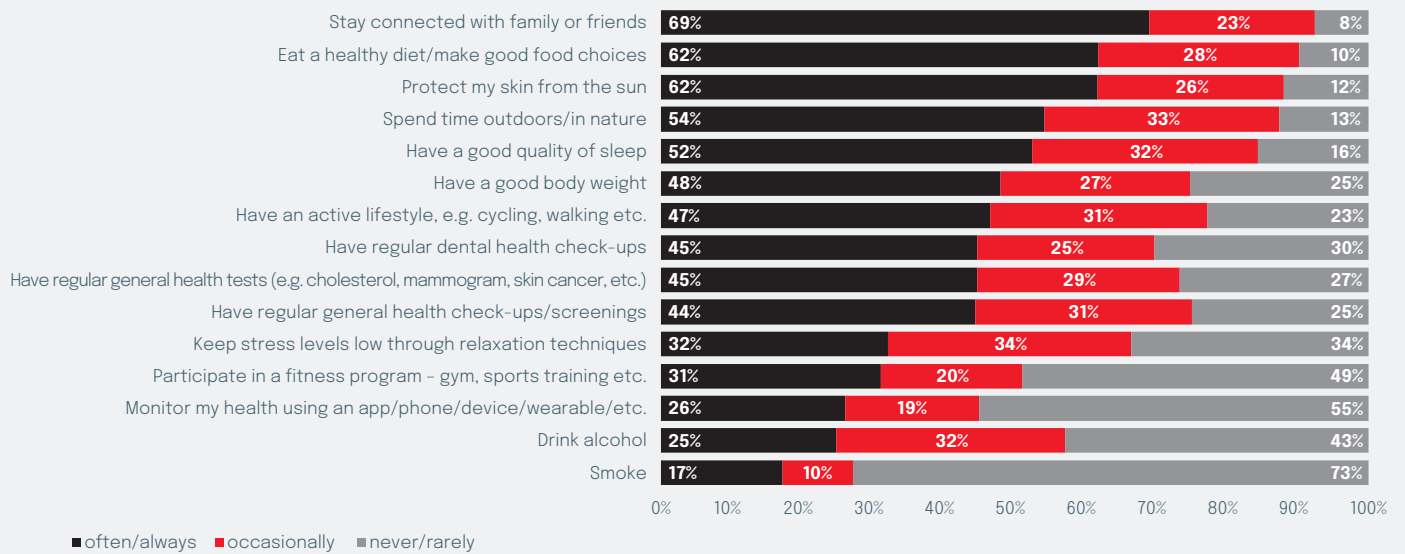


Table 1: Efforts to have preventative health mindset: region, gender and age

	All Australians	Capital city	Regional city	Rural/ remote area	Men	Women	18-24	25-34	35-44	45-54	55-64	65+
OFTEN/ALWAYS												
Stay connected with family or friends	69%	70%	67%	69%	65%	73%	66%	69%	64%	64%	63%	85%
Eat healthy/make good food choices	62%	61%	63%	65%	60%	64%	58%	59%	55%	51%	68%	78%
Protect skin from sun	62%	64%	57%	55%	60%	63%	50%	58%	54%	62%	75%	68%
Spend time outdoors/in nature	54%	52%	56%	63%	53%	56%	52%	59%	51%	49%	51%	60%
Have good quality sleep	52%	55%	49%	46%	53%	52%	58%	51%	45%	49%	57%	57%
Have good body weight	48%	47%	51%	46%	49%	47%	57%	48%	51%	44%	38%	51%
Have an active lifestyle	47%	47%	44%	48%	50%	43%	49%	52%	43%	46%	48%	41%
Have regular dental check-ups	45%	48%	40%	33%	44%	46%	36%	46%	43%	40%	45%	55%
Have regular general health tests	45%	45%	43%	48%	45%	44%	26%	29%	35%	39%	58%	73%
Have regular general health check- ups	44%	44%	43%	48%	47%	42%	33%	29%	39%	39%	53%	69%
Keep stress low by relaxation techniques	32%	33%	32%	26%	32%	32%	28%	34%	34%	26%	30%	39%
Participate in a fitness program	31%	34%	28%	23%	33%	29%	42%	44%	37%	23%	20%	20%
Monitor health with apps/phone/wearables/etc	26%	29%	23%	18%	28%	24%	33%	32%	38%	20%	18%	15%
Drink alcohol	25%	25%	26%	20%	30%	20%	23%	31%	21%	25%	25%	22%
Smoke	17%	18%	18%	11%	21%	14%	22%	23%	19%	16%	15%	9%
RARELY/NEVER												
Smoke	73%	72%	71%	81%	67%	79%	58%	64%	70%	75%	79%	88%
Drink alcohol	43%	43%	41%	48%	37%	49%	28%	38%	46%	45%	47%	50%

What things would motivate Australians to take a more active role in managing their health? Financial support or incentives to stay healthy would provide the most, scoring on average 7.1 pts out of 10 (10 = extremely motivated). And for almost 1 in 2 Australians, financial incentives would be highly motivating (i.e. scored 8+ pts).

More time and energy to make healthy choices was the next biggest motivator (7.0 pts), followed by being told by health professionals to do so (6.9 pts), having trusted healthcare professionals who work closely with them to manage their wellness (6.9 pts), better or more convenient access to healthcare professionals either virtually or in person (6.6 pts) and more personalised information about what they should do to stay healthy (6.6 pts). Around 4 in 10 people also said these things would be “highly” motivating.

Least motivating were reliable and secure digital tools that help them understand and manage their health habits (6.0 pts). Only 3 in 10 Australians would be highly motivated to take a more active role in managing their health in this way.

Chart 5: Extent these things would motivate you to take a more active role in managing your health?

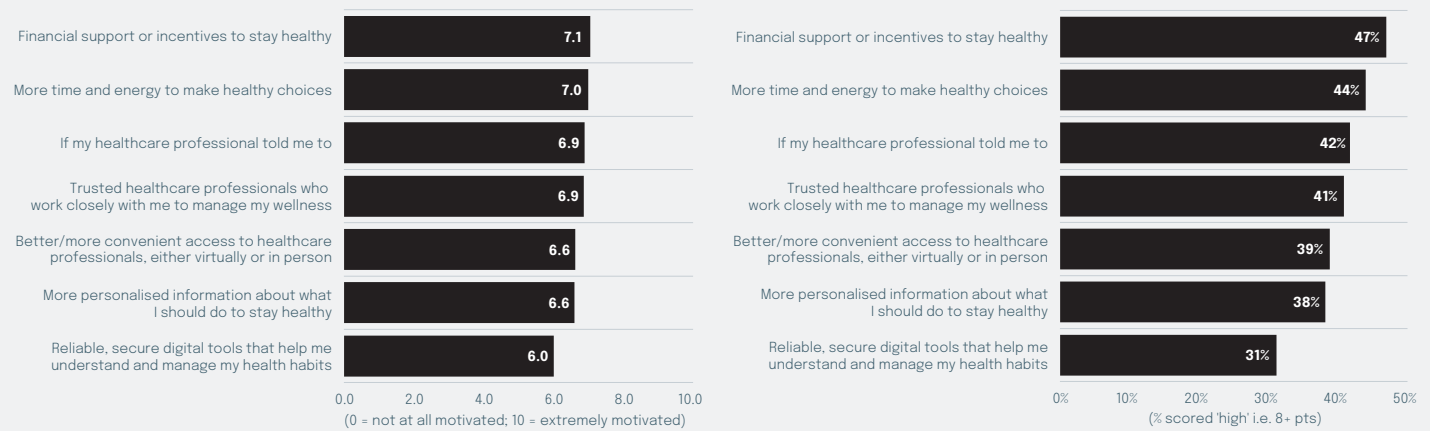


Table 2: Motivation to manage health: region, gender & age

	All Australians	Capital city	Regional city	Rural/remote area	Men	Women	18-24	25-34	35-44	45-54	55-64	65+
Financial support or incentives to stay healthy	7.1	7.2	7.0	6.6	7.0	7.1	7.1	7.8	7.7	7.0	6.7	6.0
More time and energy to make healthy choices	7.0	7.1	7.0	6.5	6.8	7.2	7.1	7.9	7.6	6.8	6.4	6.2
If my healthcare professional told me to	6.9	6.9	6.8	6.8	7.0	6.8	6.8	6.9	7.0	6.5	7.0	7.1
Trusted healthcare professionals who work closely with me to manage my wellness	6.9	6.9	7.0	6.5	6.8	6.9	6.8	7.1	7.2	6.5	6.9	6.7
Better/more convenient access to healthcare professionals, either virtually or in person	6.6	6.7	6.6	6.2	6.6	6.7	6.6	7.1	7.1	6.5	6.2	6.1
More personalised information about what I should do to stay healthy	6.6	6.7	6.6	6.2	6.6	6.6	6.7	7.2	7.0	6.2	6.4	6.2
Reliable, secure digital tools that help me understand and manage my health habits	6.0	6.1	6.0	5.3	6.1	5.9	6.4	7.0	6.9	5.8	5.1	4.8

Australians living in rural/remote areas were the least likely to be motivated by any of these factors, particularly using digital tools (5.3 pts). Women were somewhat more likely than men to be motivated by more time and energy to make healthy choices (7.2 pts vs. 6.8 pts). Most of these options also provide higher motivation to manage health better in the 25-34 and 35-44 age groups than other age groups, particularly financial incentives, more time and energy to do so, better access to healthcare professionals, more personalised information to help them and using digital tools. Financial support, more time and digital tools were far less motivating for Australians over the age of 55.

A key trend that has emerged recently in the diagnostics industry is a shift for simple testing - from a doctor's office or lab to the home. While in-home testing existed before the COVID-19 pandemic (e.g. pregnancy and allergy tests), people have now become more comfortable checking their health status while in their own home. But do comfort levels about using at home diagnostic tests differ depending on the type of test? NAB's survey results suggest they can, but only modestly.

When Australians were asked how comfortable they would feel using a range of at-home diagnostic tests, they were most comfortable using tests to diagnose infections

(such as throat or urinary), scoring on average 7.1 pts out of 10 (10= extremely comfortable). Genetic testing to identify future health risks such as cancer (6.9 pts) and sending stool samples to determine current or future health risks (6.9 pts) scored next highest, just ahead of at home finger prick blood tests that connect to apps to

track health trends such as cholesterol (6.8 pts). Comfort levels were lowest in relation to sending stool samples to determine nutritional needs or choices (6.6pts). Around 1 in 2 Australians however, scored their comfort levels for all of these at-home diagnostic test “high”.

Chart 6: How comfortable would you be using these at-home diagnostic tests?

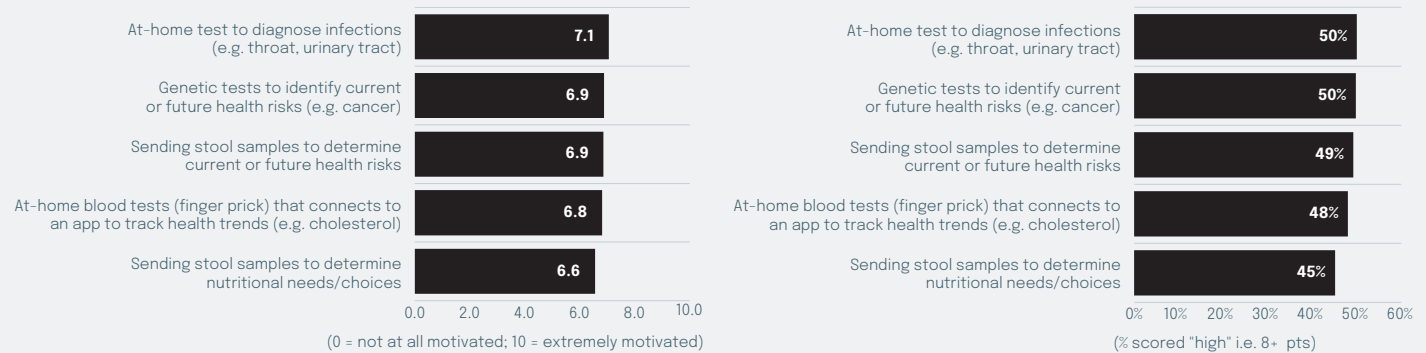


Table 3: Comfort levels with at-home diagnostic testing: region, gender & age

	All Australians	Capital city	Regional city	Rural/ remote area	Men	Women	18-24	25-34	35-44	45-54	55-64	65+
At-home test to diagnose infections (e.g. throat, urinary tract)	7.1	7.1	7.2	6.8	6.8	7.3	6.7	7.3	7.3	7.1	7.2	6.6
Genetic tests to identify current or future health risks (e.g. cancer)	6.9	6.8	7.1	6.9	6.8	7.0	6.5	7.1	7.2	6.5	6.9	6.9
Sending stool samples to determine current or future health risks	6.9	6.8	7.2	6.8	6.8	6.9	6.3	6.4	7.0	6.9	7.6	6.9
At-home blood tests (finger prick) that connects to an app to track health trends (e.g. cholesterol)	6.8	6.7	7.1	6.8	6.8	6.8	6.4	7.0	7.0	7.0	7.1	6.3
Sending stool samples to determine nutritional needs/choices	6.6	6.4	7.1	6.4	6.5	6.6	6.1	6.3	6.9	6.6	7.1	6.3

Key differences across key groups include much higher comfort levels in sending stool samples to determine nutritional needs in regional cities (7.1 pts), at home tests to diagnose infections for women (7.3 pts), and in the 55-64 age group for sending stool samples to determine future health risks (7.6 pts). Also apparent were much lower comfort levels in the 18-24 and over 65 age group for tests to diagnose infections and finger prick blood testing, in the 18-24 and 45-54 age group tests to identify future health risk, and in the 18-24 and 25-34 age groups for sending stool samples to determine future health risks.

Vaccinations

Flu vaccinations

NAB's survey found that almost 7 in 10 (68%) survey participants received a flu vaccination this year. Vaccination rates were highest in capital cities (70%) and lowest in rural/remote areas (60%). More men (72%) were vaccinated than women (65%).

Vaccination rates typically climbed with age, from 60% in the 18-24 age group to 81% in the over 65 age group. There was no discernible relationship with income, with the

number of vaccinated Australians ranging from 62% in the lowest income group and 78% in the \$35-50,000 p.a. group. Fewer government health concession card holders (63%) were vaccinated than those without a concession card (68%), but more Australians with private health insurance (76%) were vaccinated than those without cover (60%). Vaccination rates were also relatively high for people with a chronic health condition (77%).

Chart 7: Number of people who have received a flu vaccination this year

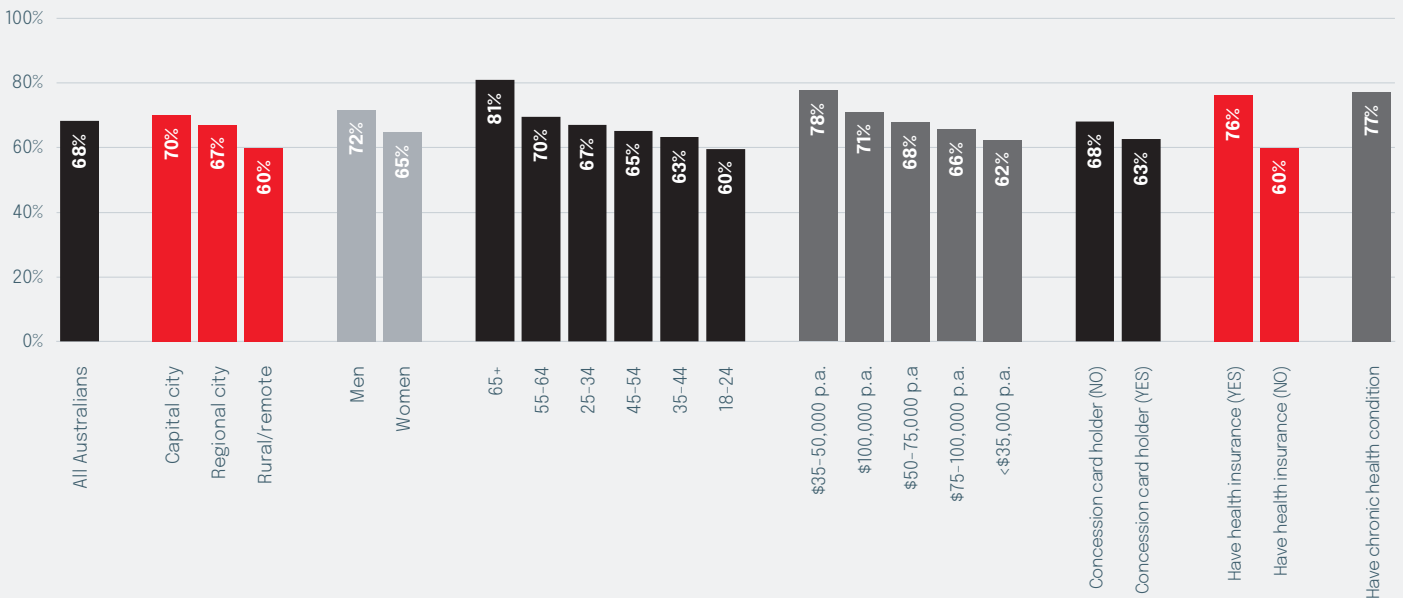
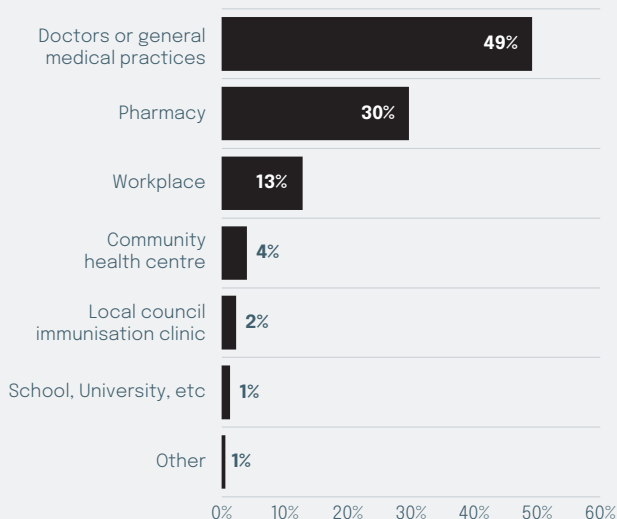


Chart 8: Where did you receive your flu vaccination?



Around 1 in 2 (49%) people who had a flu vaccination did so at a doctors or general medical clinic. 3 in 10 (30%) did so at a pharmacy, and around 1 in 10 (13%) at work. Around 4% were vaccinated at a community health centre, 2% at a local council immunisation centre, and 1% at school or university, and 1% elsewhere.

A detailed breakdown shows that 6 in 10 people in rural/remote areas were vaccinated at a doctors, compared to 5 in 10 in capital and regional cities. Twice as many in capital cities (15%) however were vaccinated at work. By gender, noticeably more men were vaccinated at the doctors (52% vs. 46%), and women at a pharmacy (33% vs. 27%).

The age split shows a much greater number in the over 65 group vaccinated at the doctors (85%), in the 18-24 group (41%) at a pharmacy, the 25-34 (22%) and 45-54 (21%) groups at work, and in the 18-24 group at a community health centre (11%).



By income, around 2 in 3 earning below \$50,000 p.a. were vaccinated at a doctors, compared to 1 in 3 in the highest income group, where significantly more were vaccinated at a pharmacy (39%) or workplace (20%).

Table 4: Where influenza vaccination received: region, gender, age & income

	Doctors or general medical practices	Pharmacy	Workplace	Community health centre	Local council immunisation clinic	School, University, etc	Other
All Australians	49%	30%	13%	4%	2%	1%	1%
Capital city	47%	29%	15%	3%	2%	2%	1%
Regional city	50%	32%	7%	6%	3%	1%	1%
Rural/remote	59%	28%	7%	5%	1%	0%	0%
Men	52%	27%	13%	5%	2%	1%	1%
Women	46%	33%	13%	3%	3%	2%	0%
18-24	32%	41%	8%	11%	4%	4%	0%
25-34	29%	34%	22%	7%	5%	2%	2%
35-44	36%	36%	17%	5%	4%	3%	0%
45-54	41%	33%	21%	2%	3%	0%	0%
55-64	55%	33%	11%	2%	0%	0%	0%
65+	85%	13%	1%	1%	0%	0%	1%
<\$35,000 p.a.	64%	21%	5%	6%	2%	1%	1%
\$35-50,000 p.a.	63%	27%	3%	2%	3%	0%	1%
\$50-75,000 p.a.	56%	26%	14%	3%	2%	0%	0%
\$75-100,000 p.a.	44%	29%	17%	7%	1%	1%	0%
\$100,000+ p.a.	33%	39%	20%	3%	2%	3%	0%

COVID vaccinations

NAB’s survey also found a very high number of survey participants – over 9 in 10 or 94% – who have had at least one COVID vaccination. It was slightly higher in capital cities (95%) than rural/remote areas (90%).

NAB’s survey also found a very high number of survey participants – over 9 in 10 or 94% – who have had a least one COVID vaccination. It was slightly higher in capital cities (95%) than rural/remote areas (90%). Slightly more

women (95%) had a vaccination than men (93%). Age was not a factor, with the number ranging from 93% in the 18-24 and 35-44 groups to 95% in the 25-34 group. There was also no clear relationship with income, though the range was much wider – 89% in the lowest income group to 97% in all groups over \$75,000 p.a. The number who had at least one vaccination was much higher for Australians with private health insurance (98%) than those with no insurance (90%).

Chart 9: Number of people who have received at least one COVID vaccination

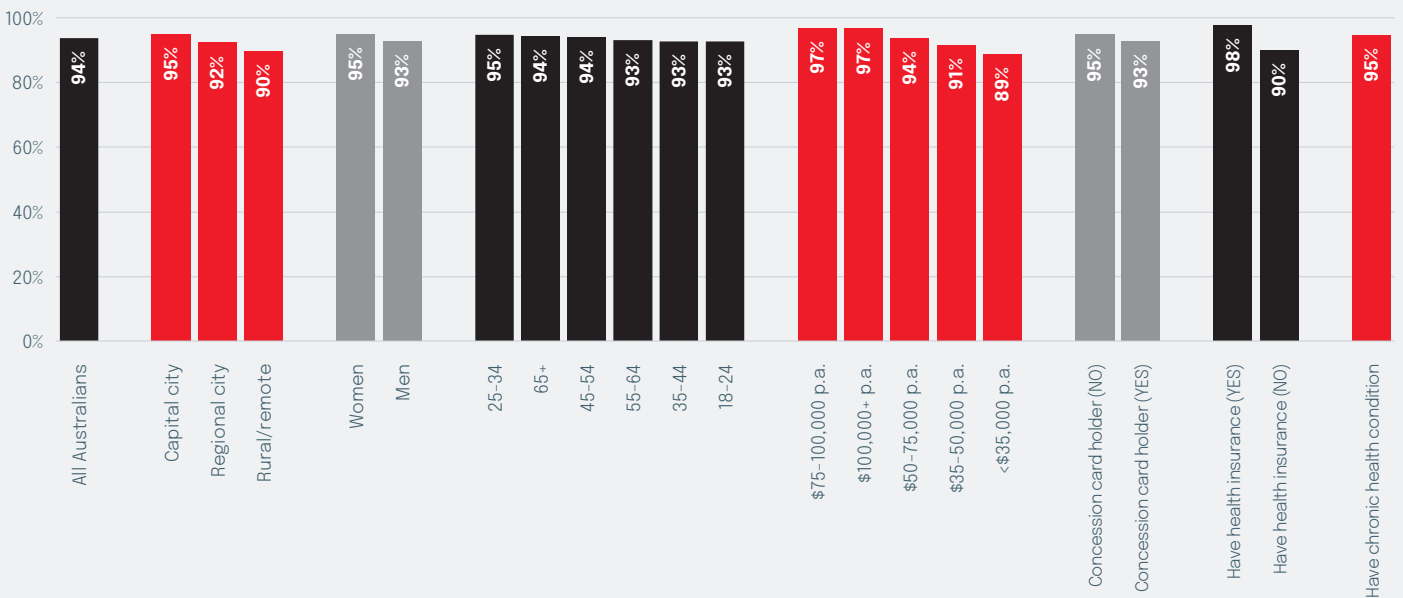
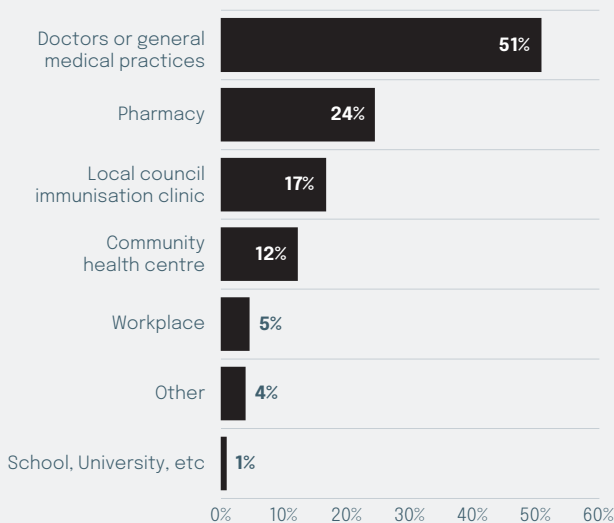


Chart 10: Where did you receive your COVID vaccination(s)?



Around 1 in 2 (51%) people who had at least one COVID vaccination did so at a doctors or general medical clinic. Around 1 in 4 did so at a pharmacy (24%), 2 in 10 at a local council immunisation centre (17%), and 1 in 10 at a community health centre (12%). Other places where they received a COVID vaccination included their workplace (5%), ‘other’ places (4%) and at school or university (1%).

A more detailed breakdown revealed that 6 in 10 people in rural/remote areas were vaccinated at a doctors, compared to 5 in 10 in capital and regional cities. They were also more likely to have received a vaccination at a pharmacy (29%), whereas noticeably more people in regional (23%) and capital cities (16%) were vaccinated at a local council immunisation clinic, and in capital cities at their workplace (6%). There were only minor differences by gender.

The age split showed a much greater number in the over 65 group vaccinated at the doctors (76%), in the 45-54 (31%) and 55-64 (33%) groups at a pharmacy, in the 25-34 group at a community health centre (20%) and in age groups under 35 at their workplace.

By income, the main differences were the much lower number in the \$75-100,000 p.a. age group who had a COVID vaccination at the doctors (45%), in the \$50-75,000 p.a. age group at a pharmacy (21%) and the \$35-50,000 p.a. age group at a local council immunisation centre (+9%).

Table 5: Where COVID vaccination received: region, gender, age and income

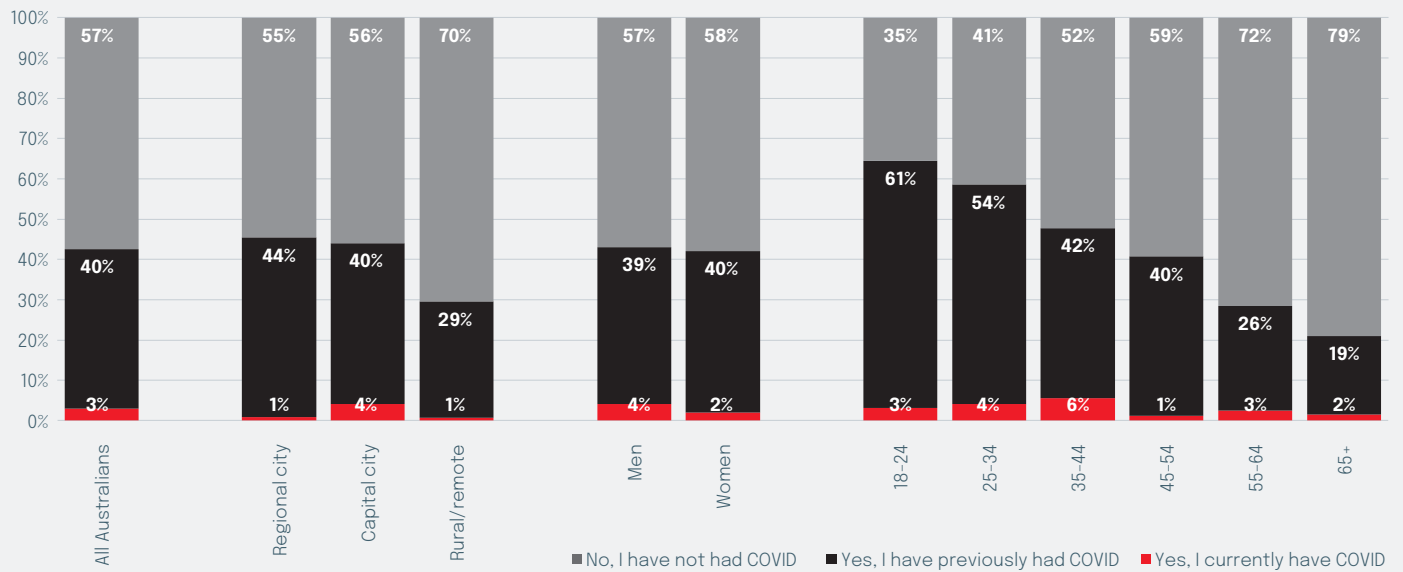
	Doctors or general medical practices	Pharmacy	Workplace	Community health centre	Local council immunisation clinic	School, University, etc	Other
All Australians	51%	24%	17%	12%	5%	1%	4%
Capital city	49%	24%	16%	12%	6%	1%	4%
Regional city	50%	23%	23%	12%	2%	2%	2%
Rural/remote	61%	29%	9%	14%	2%	0%	4%
Men	52%	24%	16%	13%	5%	1%	3%
Women	50%	25%	17%	12%	4%	1%	4%
18-24	42%	20%	23%	14%	8%	3%	1%
25-34	38%	20%	24%	20%	9%	2%	4%
35-44	43%	20%	23%	17%	4%	1%	4%
45-54	45%	31%	16%	11%	4%	1%	4%
55-64	58%	33%	10%	7%	2%	0%	5%
65+	76%	23%	6%	4%	1%	0%	4%
<\$35,000 p.a.	58%	26%	12%	12%	2%	1%	3%
\$35-50,000 p.a.	60%	30%	9%	9%	3%	1%	1%
\$50-75,000 p.a.	53%	21%	14%	10%	6%	0%	5%
\$75-100,000 p.a.	45%	26%	19%	15%	4%	1%	5%
\$100,000+ p.a.	51%	24%	17%	12%	5%	1%	4%



Over 4 in 10 (40%) people have had COVID previously, and 3% actively had COVID when the survey was undertaken between 30 August to 5 September 2022. Around 6 in 10 (57%) said they have not had COVID. COVID infection has been more widespread in capital (45%) and regional cities (44%) relative to rural/remote areas (30%). Infection rates

were basically the same for men (43%) and women (42%). Infection rates were strongly linked to age, with the number who currently have or have had COVID highest in the 18-24 age group (64%), falling steadily in each consecutive group to just 21% in the over 65 age group.

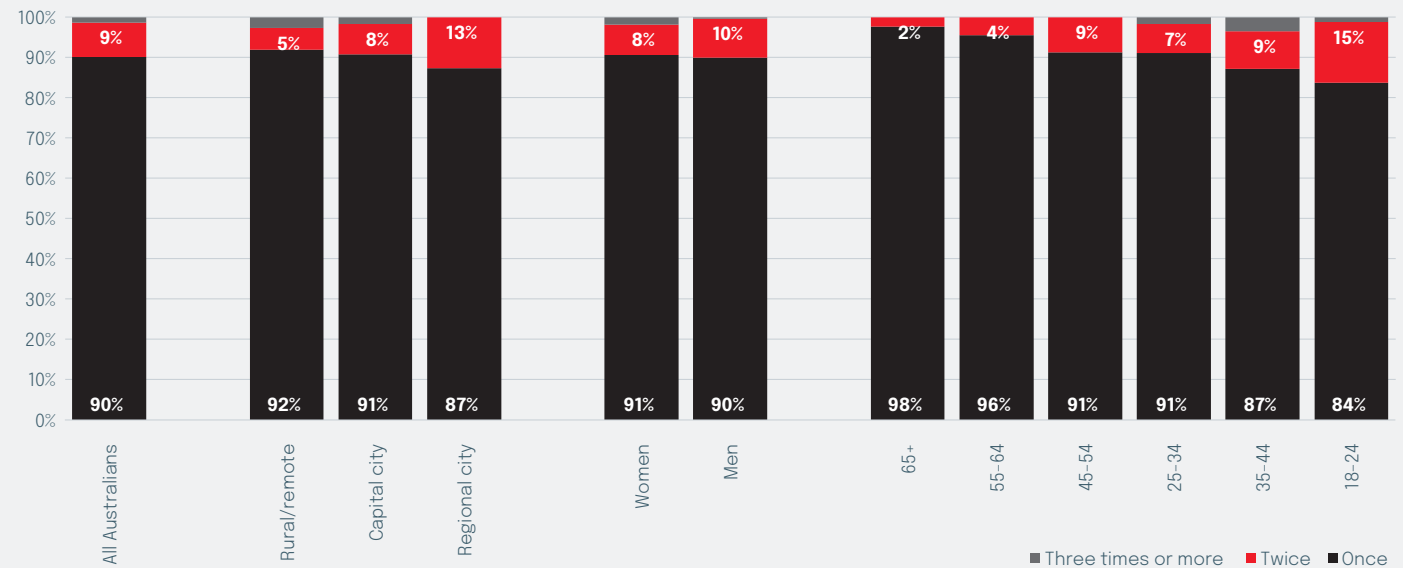
Chart 11: Number of people who have had COVID



Most Australians - 9 in 10 - who had COVID had it once, and 1 in 10 more than once (9% twice and 1% 3+ times). More people in rural/remote areas caught COVID only once (92%), compared to regional cities (87%), where nearly twice as many (13%) had caught it multiple times than in

rural/remote areas (8%). By age, the number who caught COVID once was highest in the over 65 group (98%) and lowest in the 18-24 group (84%), where the number who caught it multiple times stood at a much higher 16%.

Chart 12: How many times have you had COVID?





Most Australians have last caught COVID within the past year. Around 3 in 10 (31%) said they last caught it within the past 1-3 months, and almost 1 in 2 (45%) within the past 3-6 months. Around 1 in 5 (22%) caught it within the past 9-12 months. Only 1% last caught COVID within the past 1-2 years.

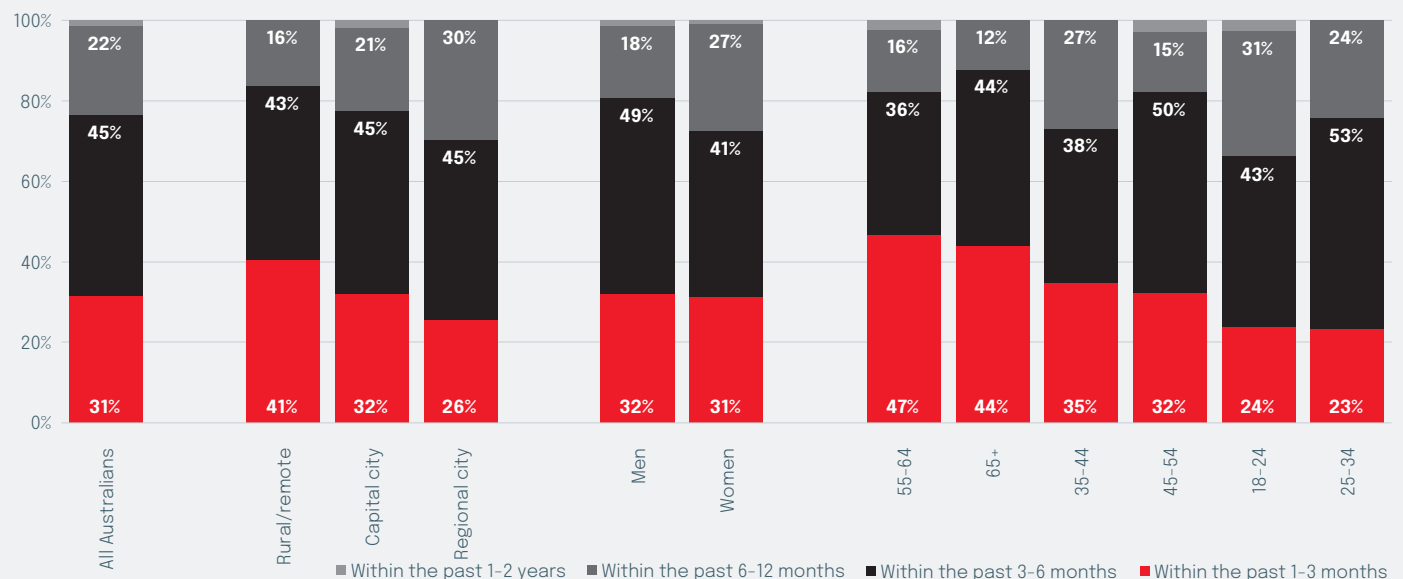
By region, infections within the past 1-3 months were most widespread in rural/remote areas (41%) and least widespread in regional cities (26%). A broadly similar number in all regions last caught COVID within the past 3-6 months, but significantly more did so in regional cities within the past 6-12 months (30%).

A similar number of men and women indicated they last caught COVID within the past 1-3 months (around 3 in 10).

Noticeably more men however last caught it within the past 3-6 months (49% men; 41% women), and noticeably more women within the past 6-12 months (27% women; 18% men).

By age, the number who last caught COVID within the past 1-3 months was highest in the 55-64 age group (47%) and lowest in the 25-34 group (23%). The 25-34 age group however had the highest infection rate within the past 3-6 months (53%), where it was lowest in the 55-64 group (36%). Most people who last caught COVID within the past 6-12 months were in the 18-24 group (31%), and the least in the over 65 group (12%).

Chart 13: Last time you had COVID



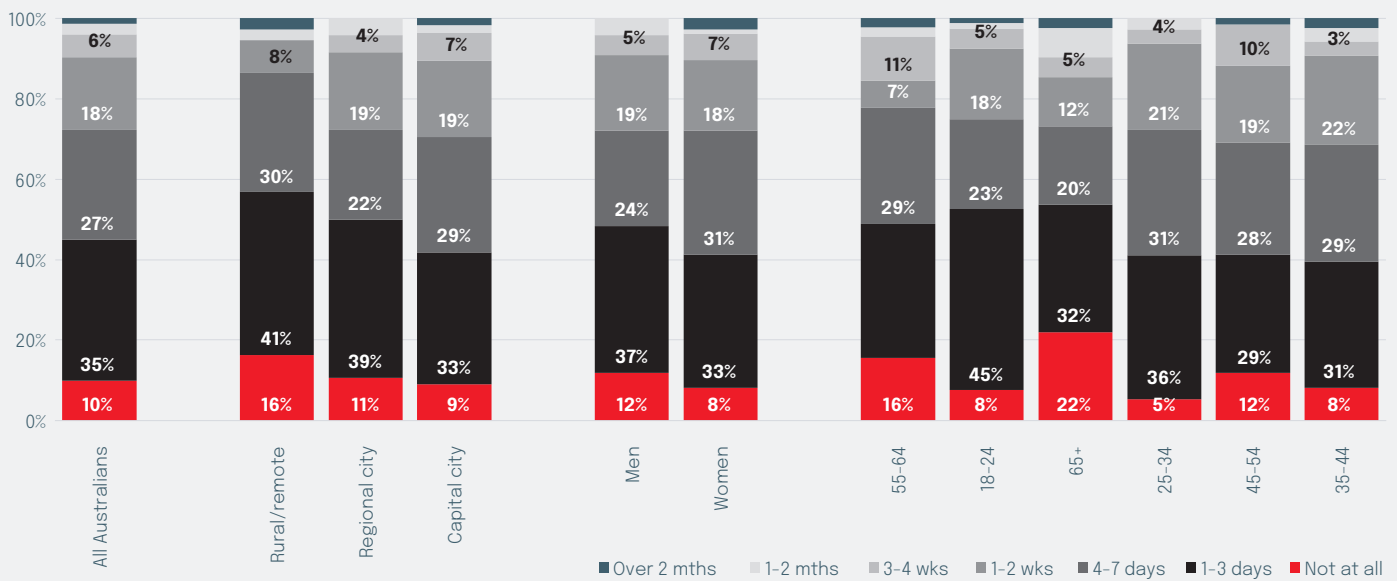
Having COVID varies greatly from one person to another. Some are asymptomatic, they never have symptoms but do have COVID. Symptoms can be altogether absent, mild or severe. Some recover with no problems. Those with a mild case usually recover in 1-2 weeks. In severe cases however, symptoms remain or develop long after the initial infection, and can last for weeks or months. For some, there may also be lasting symptoms with or without damage to vital organs including the kidneys, lungs and brain.

Surveyed Australians were asked to estimate how long they felt unwell for the last time they caught COVID (i.e. had difficulty working, doing household duties, cooking etc.). Overall 1 in 10 (10%) did not feel unwell at all. Around 35% were unwell for 1-3 days, 27% for 4-7 days and 18% for 1-2 weeks. 1 in 10 (10%) said they felt unwell for longer - 6% for 4-6 weeks, 3% for 1-2 months and 1% for longer than 2 months - see below.

Somewhat more men (12%) than women (8%) did not feel unwell at all, or for just 1-3 days (37% men; 33% women). More women (31%) however felt unwell for 4-7 days than men (24%). A higher number of men felt unwell for 1-2 months (4% men; 1% women), and women for over 2 months (3% women; 0% men).

By age, 22% in the over 65 group did not feel unwell at all, compared to just 5% in the 25-34 group. The highest number unwell for 1-3 days were in the 18-24 group (45%), and lowest in the 45-54 group (29%). Most people who felt sick for 4-7 days were in the 25-34 group (31%) and the least in the over 65 group (20%). The number who were unwell for 1-2 weeks was much lower in the 55-64 group (7%). The 55-64 age group however had the highest number with longer COVID (unwell for more than 3 weeks) at 16%, along with the over 65 (15%) and 45-54 group (12%).

Chart 14: For how long did you feel unwell? (i.e. difficulty working, doing household duties etc.)



Masks

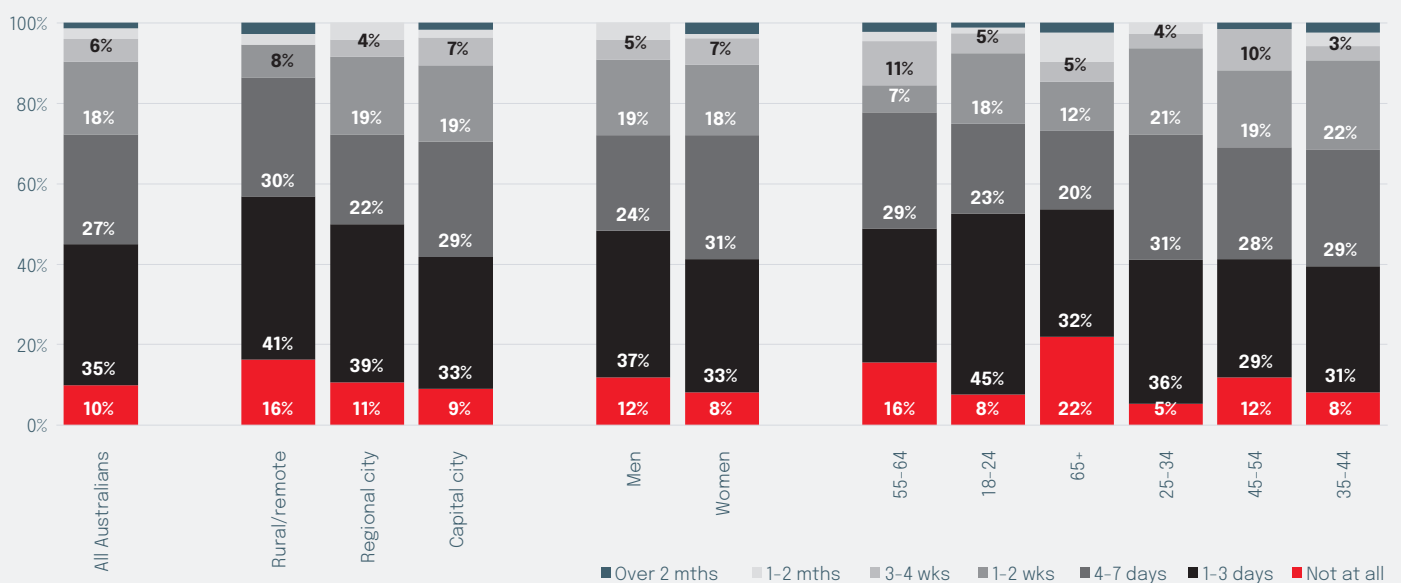
With face masks no longer compulsory in most settings, almost 4 in 10 Australians (38%) are not wearing them at all (18%) or rarely (20%). This was however much higher in regional cities (46%) and rural/remote areas (44%) than in capital cities (33%). Slightly more men are not or rarely wearing facemasks than women (35%). By age, not or rarely wearing facemasks was highest in the 45-54 group (44%) and lowest in the over 65 group (31%). Around 1 in 4 people overall wore facemasks sometimes (27%). This was somewhat higher in rural/remote areas (34%), and ranged from 19% in 44-55 age group to 3 in 10 in the 55-64 (30%) and over 65 (32%) groups.

Overall, 35% of Australians still wear facemasks most (23%) or all the time (12%). By region, however it is significantly higher in capital cities (39%), particularly when compared to rural/remote areas (22%). Somewhat more women (38%) than men (32%) also wear facemasks always or most of the time, with a much higher number of women who wear them always (15% women; 10% men).

Somewhat surprising was the narrow range of risk aversion by age, with the highest number wearing facemasks most of the time or always in the 45-54 group (37%) and lowest in the 18-24 group (31%). However, significantly more people in the 45-54 age group (20%) always wore facemasks than did any other age group.



Chart 15: Extent people wearing masks in their day to day life to avoid COVID/flu infections



Attitudes towards wearing facemasks in their day-to-day lives change noticeably if Australians were advised to do so by a trusted healthcare professional. Under these circumstances, over 6 in 10 (61%) said they would wear one

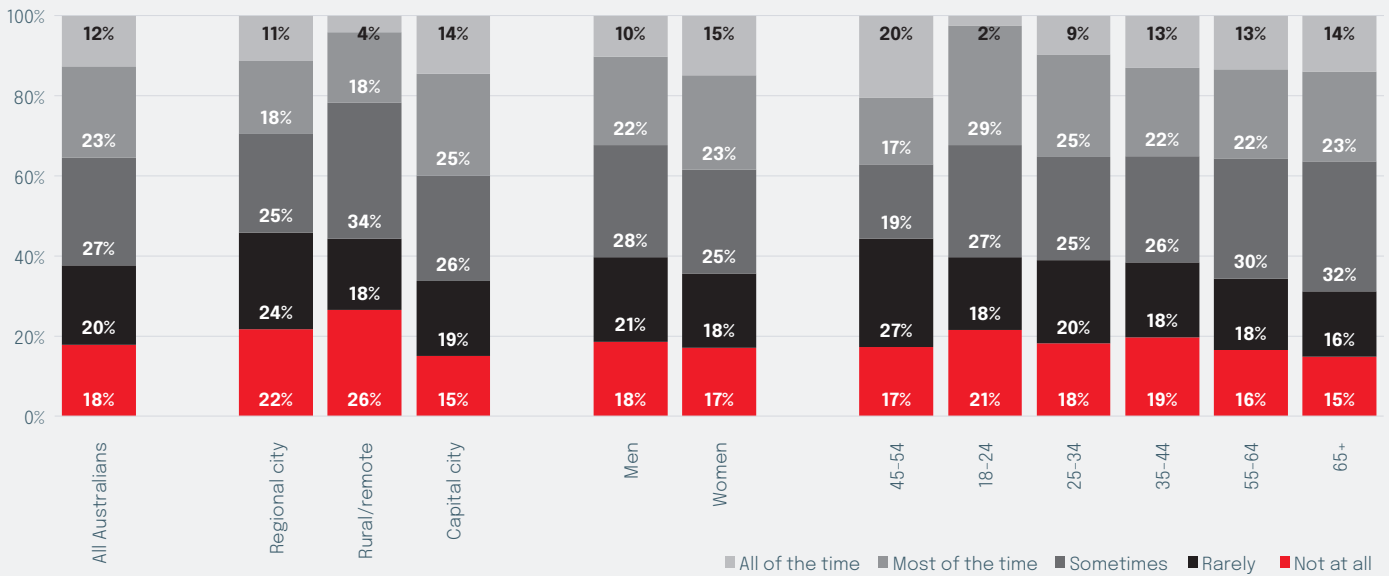
either all (34%) or most of the time (27%). Around 2 in 10 (20%) would wear them sometimes and only 15% not at all (8%) or rarely (7%).

Slightly more people in capital (63%) and regional (62%) cities would wear facemasks always or most of the time than in rural/remote areas (57%), though 1 in 3 would wear them all the time in all regions.

More women would also wear them all or most of the time than men (65% women; 57% men), particularly all of the time (37% women; 31% men). Slightly more men would rarely or never wear facemasks (17% men; 13% women).

Attitudes varied more widely across age groups. The number of people who would heed advice to wear facemasks was lowest in the 18-24 age group (52% always or most of the time) and climbed to 73% in the over 65 age group. Australians over the age of 45 were also twice as likely to always wear facemasks than those under the age of 35. The number who said they would never or rarely wear facemasks ranged from 12% in the over 65 age group to 18% in the 45-54 group - see chart below.

Chart 16: Would you wear face masks in your day to day life if advised by a trusted healthcare professional?



Fruit & vegetable consumption

According to the World Health Organisation (WHO), a healthy diet is essential for good health and nutrition. It protects against many chronic non-communicable diseases, such as heart disease, diabetes and cancer. Eating a variety of foods and consuming less salt, sugars and saturated and industrially-produced trans-fats, are essential for a healthy diet. A healthy diet comprises a combination of different foods, including fruit and vegetables. In this section we look at food consumption trends for fruit and vegetables in Australia.

Australian Dietary Guidelines recommend eating two serves of fruit each day. Fruit is a good source of vitamins such as vitamin C and folate and can help reduce the risk of some chronic diseases. When asked how many serves of fruit they eat each day, Australians fell a little below average (1.9 serves). However, 4 in 10 (40%) Australians consumed half or less than half the recommended serve (0-1 serves). Around 1 in 3 (34%) however, met the daily requirement (2 serves) and 1 in 4 (26%) exceeded the requirement (3+ serves) – see charts on the next page.

Australians in all regions failed to meet average requirements, with those in rural/remote areas (1.7 serves) somewhat lower than in capital and regional cities (1.9 serves). Only 5 in 10 (52%) people living in rural/remote areas met or exceeded guidelines, compared to around 6 in 10 in regional (60%) and capital cities (61%).

Very few other groups also met the recommended daily fruit intake. The only groups to do so were the 18-24 and 25-34 age groups (2.0 serves), people with children (2.1 serves), or in the highest income group (2.0 serves). Average consumption levels were lowest in the 55-64 (1.7 serves) and 45-54 (1.8 serves) age groups, among people who had no children (1.8 serves) and in the lowest income group (1.8 serves).

The data also highlighted some very large differences in the average number of Australians who ate half or less than the recommended serve of fruit each day. By region it ranged from 39% in capital cities to 48% in rural/remote areas, from 39% for men and 42% for women, from 32% in the 18-24 age group to 51% in the 55-64 age group, from 32% for people with children to 44% for those without children, and from 36% in the highest income group to 44% in the lowest income group.



Chart 17: Estimated serves of fruit eaten each day (avg)

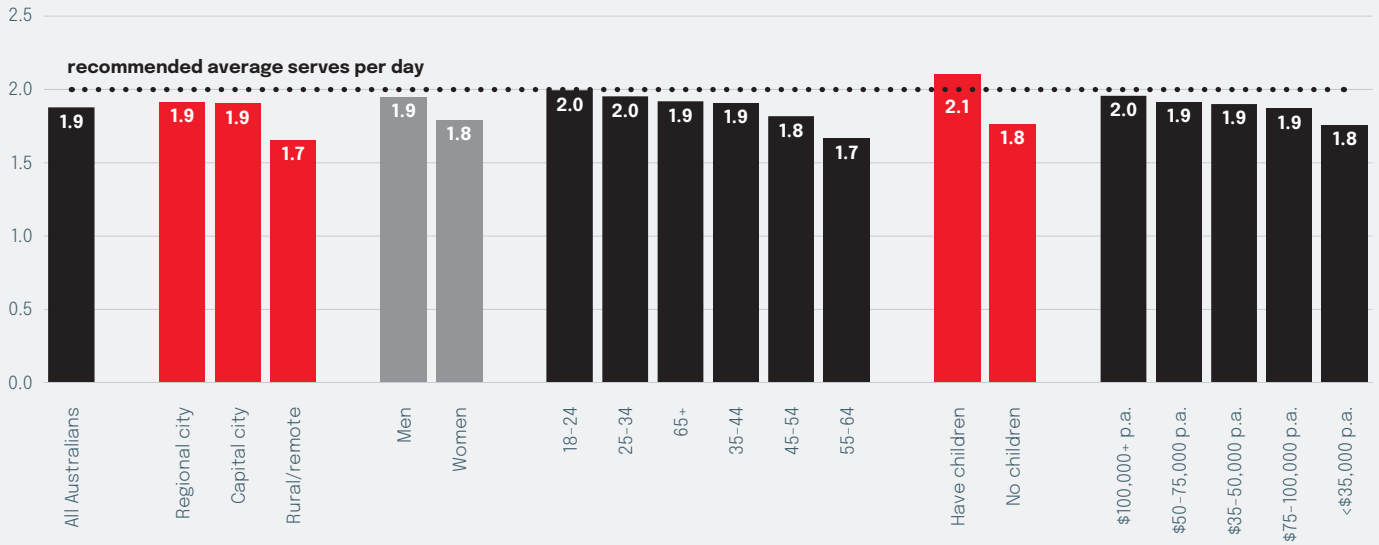
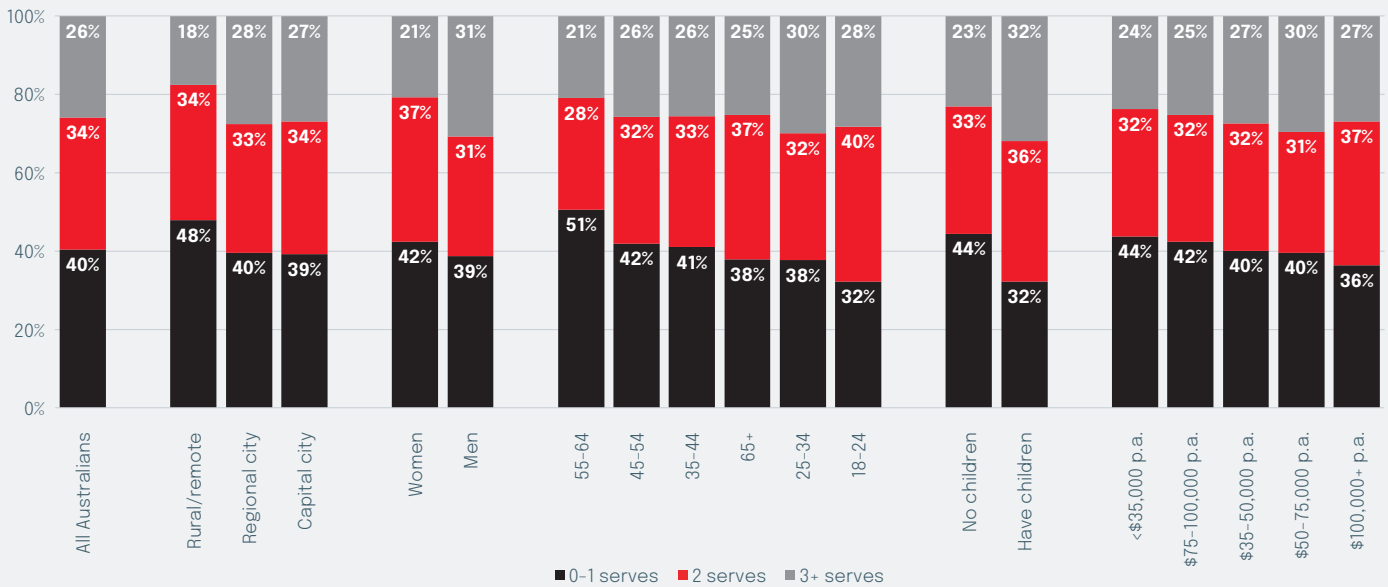


Chart 18: Serves of fruit eaten each day (% shares)



There is also strong evidence that each serve of vegetables eaten each day reduces the risk of coronary heart disease. By eating vegetables, especially colourful vegetables, there is also a reduced risk of stroke and weight gain. Australian dietary guidelines recommend adults eat 5 serves of vegetables each day. But when asked how many they ate each day, on average they were eating only half the recommended serve (2.5 serves). Less than 1 in 10 (7%) ate the recommended 5 or more serves per day, with 1 in 4 (23%) consuming only 0-1 serve, and 1 in 3 (32%) 2 serves, 1 in 4 (24%) 3 serves, and 13% 4 serves.

All groups fell well short of meeting the recommended daily vegetable intake. In average terms, the highest number eating vegetables in each demographic group were in regional cities (2.6 serves), women (2.6 serves), over 65 (2.7 serves), did not have children (2.5 serves) and in the \$35-50,000 p.a. income group (2.6 serves). The lowest were in rural/remote areas and capital cities (2.4 serves), men (2.4 serves), in the 35-44 age group (2.3 serves), had children (2.4 serves) and the highest income group (2.3 serves),

Chart 19: Estimated serves of vegetables eaten each day (avg)

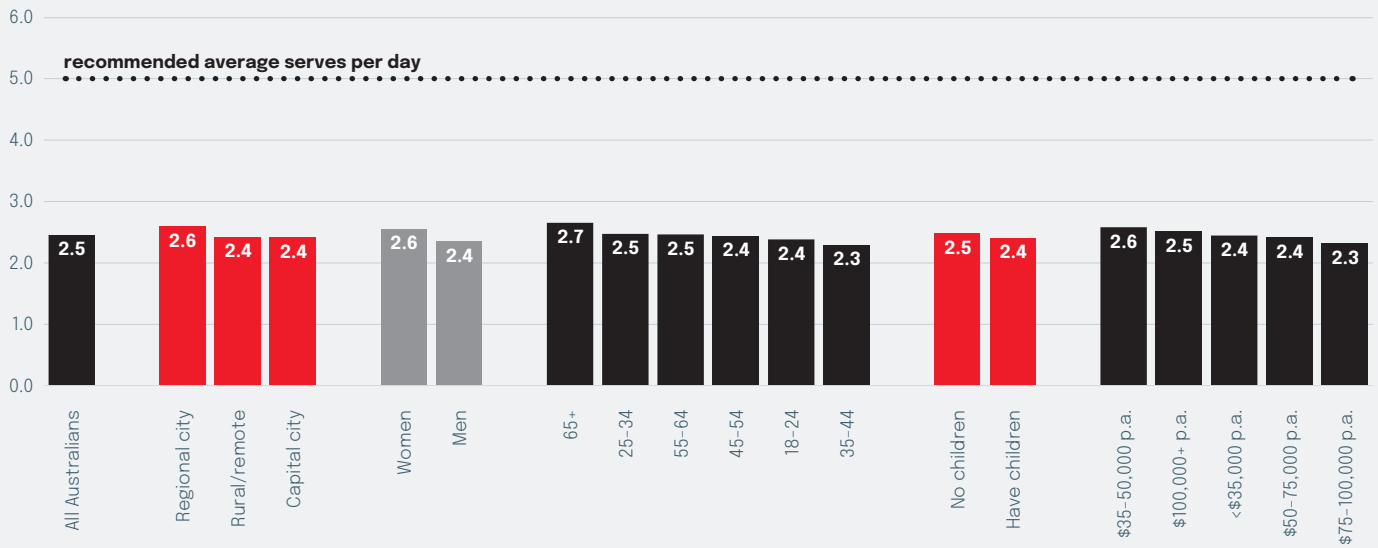
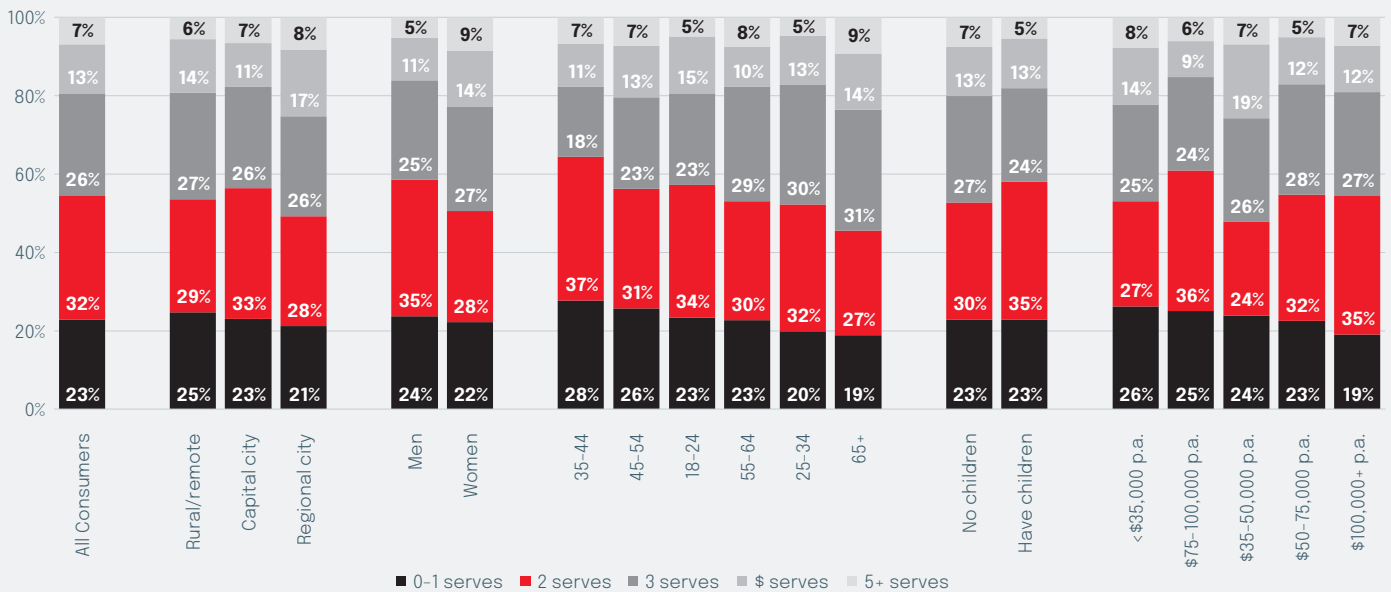


Chart 20: Serves of fruit vegetables each day (% shares)



Of some concern, fewer than 1 in 10 people in all demographic groups met the recommended guidelines, with the highest number doing so women and in the over 65 age group (9%). The lowest number meeting the recommendation were men, in the 18-24 and 25-34 age groups, people who had children and in the \$50-75,000 p.a. income group (5%).

The number of people eating 1 serve or less of vegetables per day ranged from 21% in regional cities to 25% in rural/remote areas, from 22% for women and 24% for men, from 19% in the over 65 age group to 28% in the 35-44 group, and from 19% in the highest income group to 26% in the lowest income group.

Alcohol consumption

Alcohol is the most widely used drug in Australia. People drink alcohol for a range of reasons and in different social and cultural contexts, but alcohol can cause harm to the person who drinks and sometimes to others around them. According to guidelines from the Government’s National Health and Medical Research Council (NHMRC), to reduce the risk of harm from alcohol-related disease or injury, healthy men and women should drink no more than 10 standard drinks a week and no more than 4 standard drinks on any one day. A standard drink contains 10 grams of pure alcohol.

The NAB survey found that Australians are on average consuming only 4.0 standard drinks on average per week – well below the maximum 10 standard drinks per week recommended by the NHMRC. The national average does however mask some important differences in drinking habits across key groups.

By region, average weekly alcohol consumption is highest in regional cities (4.4 drinks) and lowest in rural/remote areas (3.7 drinks). Men consumed significantly more alcoholic drinks (4.9 drinks) on an average week than women (3.1 drinks). We found no correlation by age or income. By age, the number of drinks consumed was highest in the 25–34 age group (4.5 drinks) and lowest in the over 65 age group (3.7 drinks). By income, it ranged from 3.9 drinks in the highest income group to 4.9 drinks in the \$50–75,000 p.a. income group. Significantly, all demographic groups reported well below maximum average consumption levels recommended by the NHMRC.

The average however, masks a sub-set of Australians who are drinking more than recommended. In total, over 8 in 10 (83%) consumed 10 or less drinks in an average week, but over 1 in 10 (13%) more than 10 drinks per week (with 3% consuming more than 21). The number consuming more than 10 drinks per week was also much higher for men (17% men, with 5% also having over 21 drinks per week), in the 25–34 age group (18%) and the \$50–75,000 p.a. income group (18%). A relatively high number in the 55–64 age group were also consuming more than 21 drinks (7%) – see chart on the following page.

Chart 21: Standard alcoholic drinks consumed each week (avg)

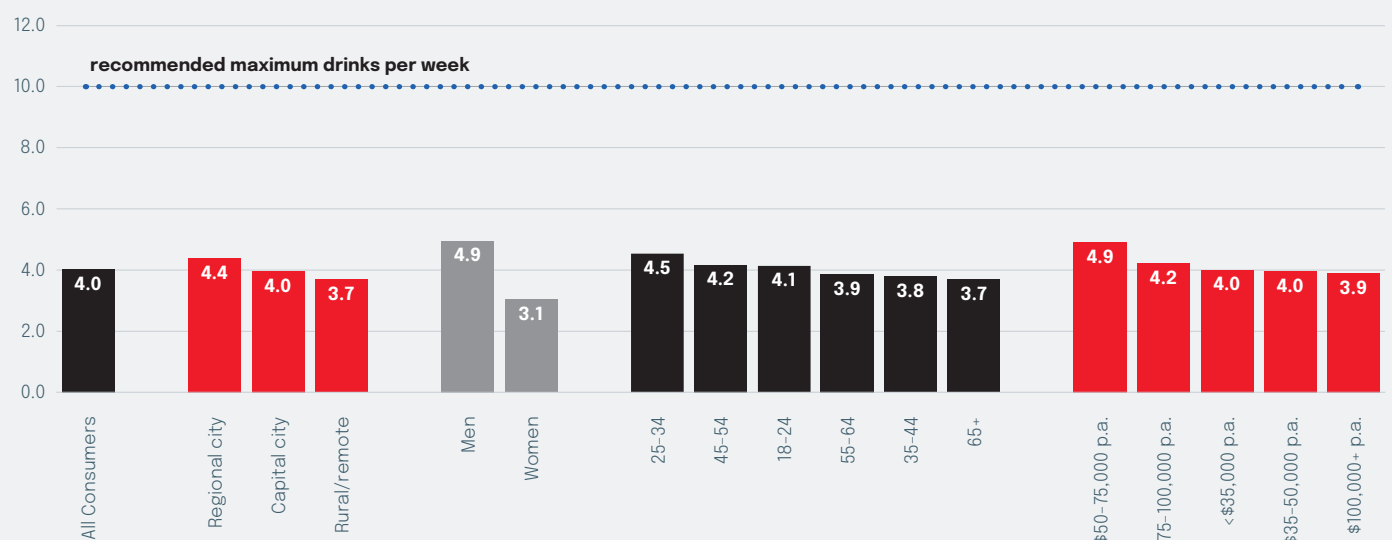
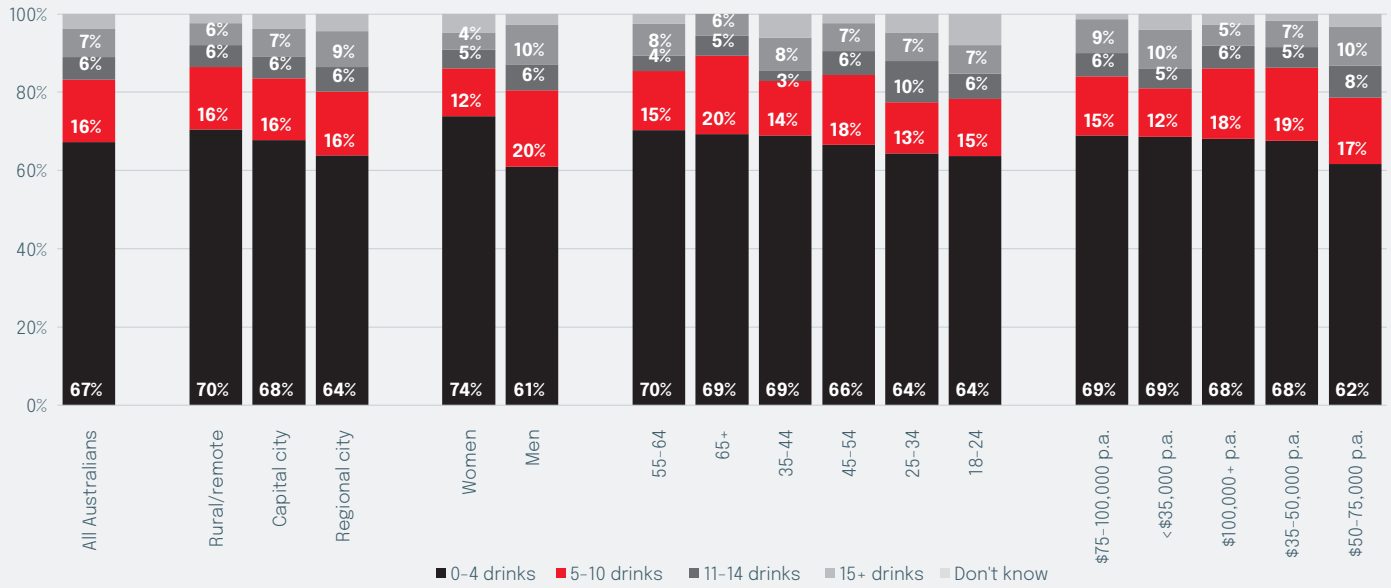


Chart 22: Alcoholic drinks consumed each week (% shares)

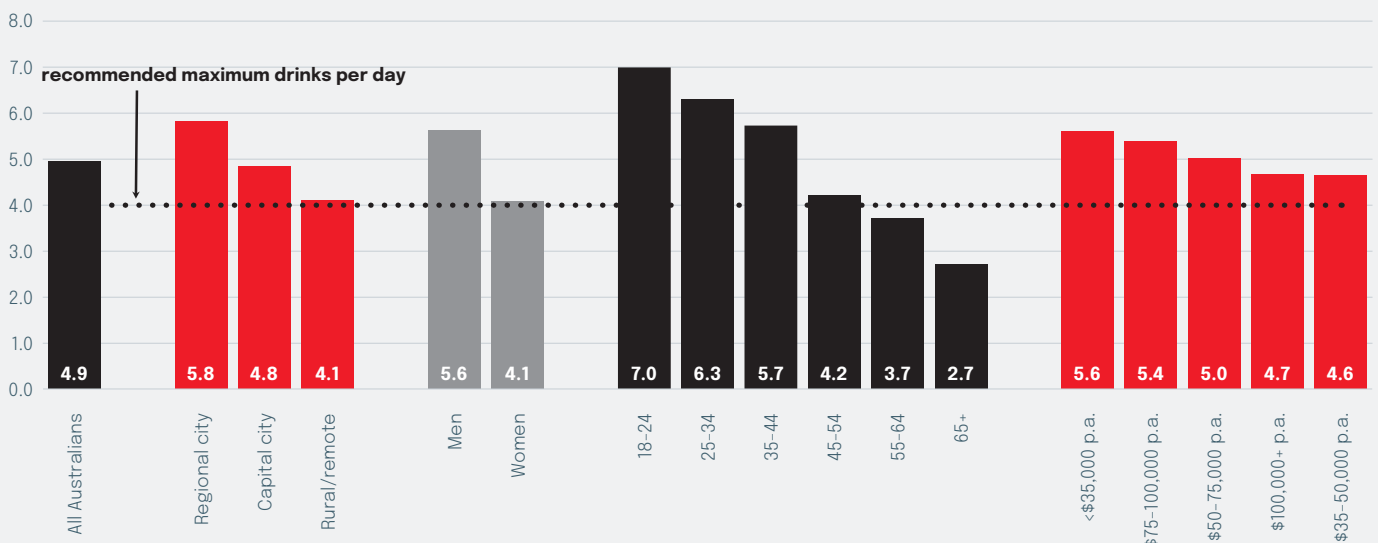


Though Australians were well within guidelines for consuming alcohol in an average week, they were well above the daily recommended limit of 4.0 standard drinks in a day when asked how many drinks they had on the day of the week they drank most. On average, it reached 4.9 drinks.

In regional cities however it climbed to 5.8 drinks, well above that in rural/remote areas (4.1 drinks). Men (5.6 drinks) consumed more than women (4.1 drinks), with

those in the 18-24 age group (7.0 drinks) consuming almost 3 times as many drinks on the night they drank most than in the over 65 group (2.7 drinks). We found no correlation with income - people in the lowest income group drank most (5.6 drinks) and those in the \$35-50,00 p.a. group least (4.6 drinks).

Chart 23: On the day you drink most, how many standard alcoholic drinks would you consume in one night?



Again the average masks some areas of concern. Overall, the survey found that on the day of the week they drank most, around 1 in 4 (24%) people exceeded the recommended maximum, with 1 in 10 (9%) exceeding it by a considerable amount (11+ drinks).

In regional cities, noticeably more people (29%) did so than in rural/remote areas (21%) and capital cities (23%).

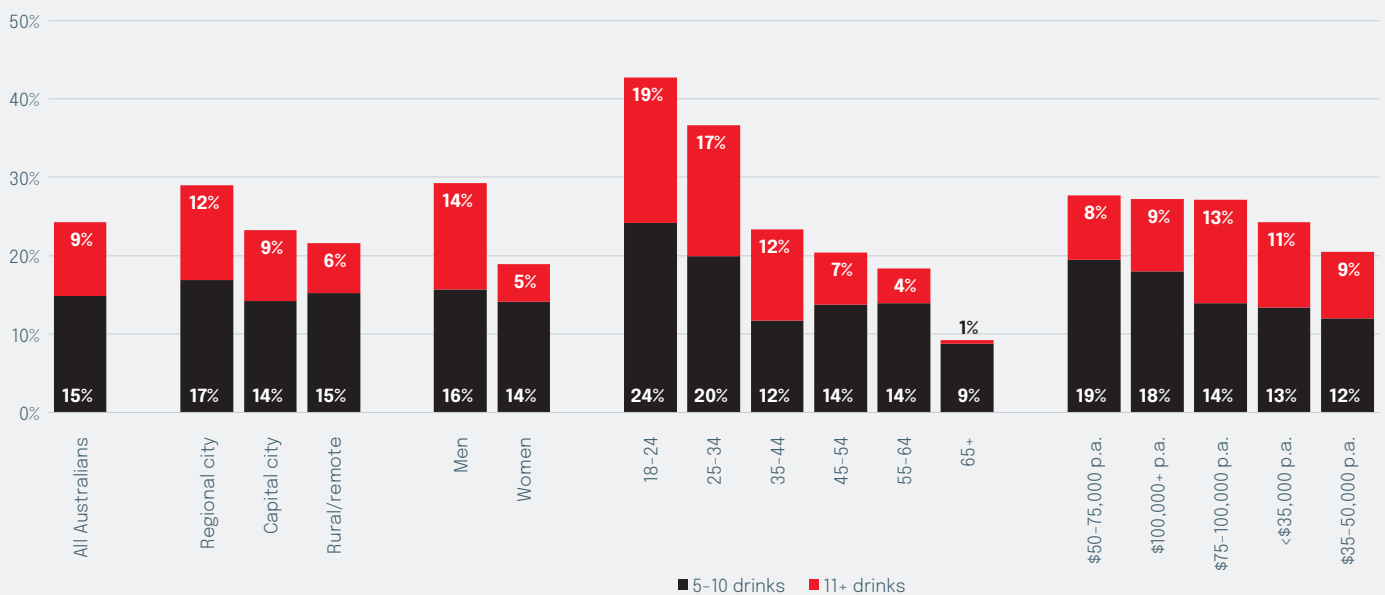
Noticeably more men (30%) also drank above the recommended maximum than women (19%) - and almost 3 times as much when consuming 11 or more drinks (14% men; 5% women).

There was a clear correlation with age, with the highest number exceeding the daily recommendation in the 18-24 group (43%), stepping down in each age bracket to just 10% in the over 65 group. Also apparent was the much higher number - almost 1 in 5 - in the 18-24 (19%) and 25-34 (17%) age groups binge drinking (11+ drinks).

Income did not unduly influence the result, with the range of people drinking more than recommended ranging from 21% in the highest income group to 27% in the \$50-75,000 p.a. income group. Binge drinking was however somewhat higher in the \$75-100,000 p.a. (13%) and lowest income (11%) groups.



Chart 24: On the day you drink most, how many standard alcoholic drinks would you consume in one night (more than recommended % share)?



Dental health

Having healthy teeth, mouth and gums is important for general health and wellbeing. It means we can eat, drink and speak without pain or discomfort. Good oral and dental hygiene can also help prevent bad breath, tooth decay and gum disease, and help keep our teeth as we get older. Establishing good oral hygiene and dietary healthy habits have also been proven essential to achieving and maintaining overall physical and emotional wellbeing throughout life.

When Australians were asked how they approached their dental health, around 3 in 4 (75%) overall said they clean their teeth 2 or more times per day. However, this ranged from 77% in capital cities to just 66% in rural/remote areas.

Significantly more women (81%) brushed their teeth twice or more daily than did men (68%). More younger Australians in the 18-24 age group (82%) brushed their teeth than any other age group. It was lowest in the 25-34 group (71%).

The survey did reveal a link with income. The number of people who brushed their teeth twice daily was lowest in the lowest income group (65%), and typically stepped up in most age groups thereafter to 82% in the highest income group.

Over 1 in 2 (55%) Australians overall also said they had regular check-ups at the dentist every 6-12 months. However, this was much higher in capital cities (59%) than in rural/remote areas (46%) and regional cities (45%). Somewhat more women (58%) than men (58%) had regular check-ups. Around 6 in 10 Australians in most age groups said they had regular dental check-ups every 6-12 months, but fell to around 5 in 10 people in the 45-54 and 55-64 age groups. There was a strong link with income, with the lowest number having regular check-ups in the lowest income group (44%), stepping up in each income bracket to 65% in the highest income group.

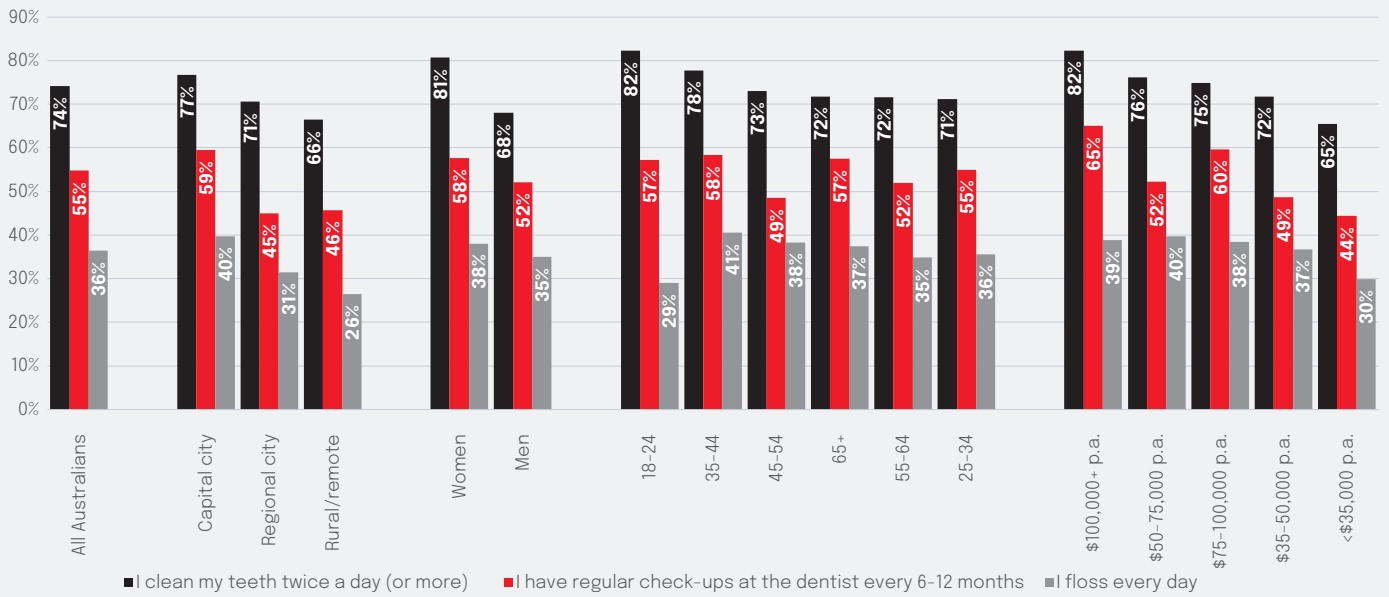
Though brushing teeth can help remove debris and plaque, it cannot reach all areas of the teeth - nearly half the surface area of teeth lies between them. Food can be easily trapped in these gaps causing a build-up in bacteria and plaque and a range of oral health conditions if left untreated. Regular flossing can help prevent plaque and bacteria from building up and reduce the risk of this happening

However, NAB's survey found that only 1 in 3 (36%) Australians overall floss every day. It was somewhat higher in capital cities (40%) than in regional cities (31%) and rural/remote areas (26%). A broadly similar number of women (38%) and men (35%) flossed daily. Despite brushing twice



daily most, the 18-24 age group had the lowest number who also regularly flossed (29%). Daily flossing was highest in the 35-44 age group (58%). There was little difference in the number of people who flossed their teeth daily in all income brackets (around 4 in 10 people), except in the lowest income group where it was somewhat lower at just 3 in 10 (30%) people.

Chart 25: Which apply to you when thinking about your dental health?



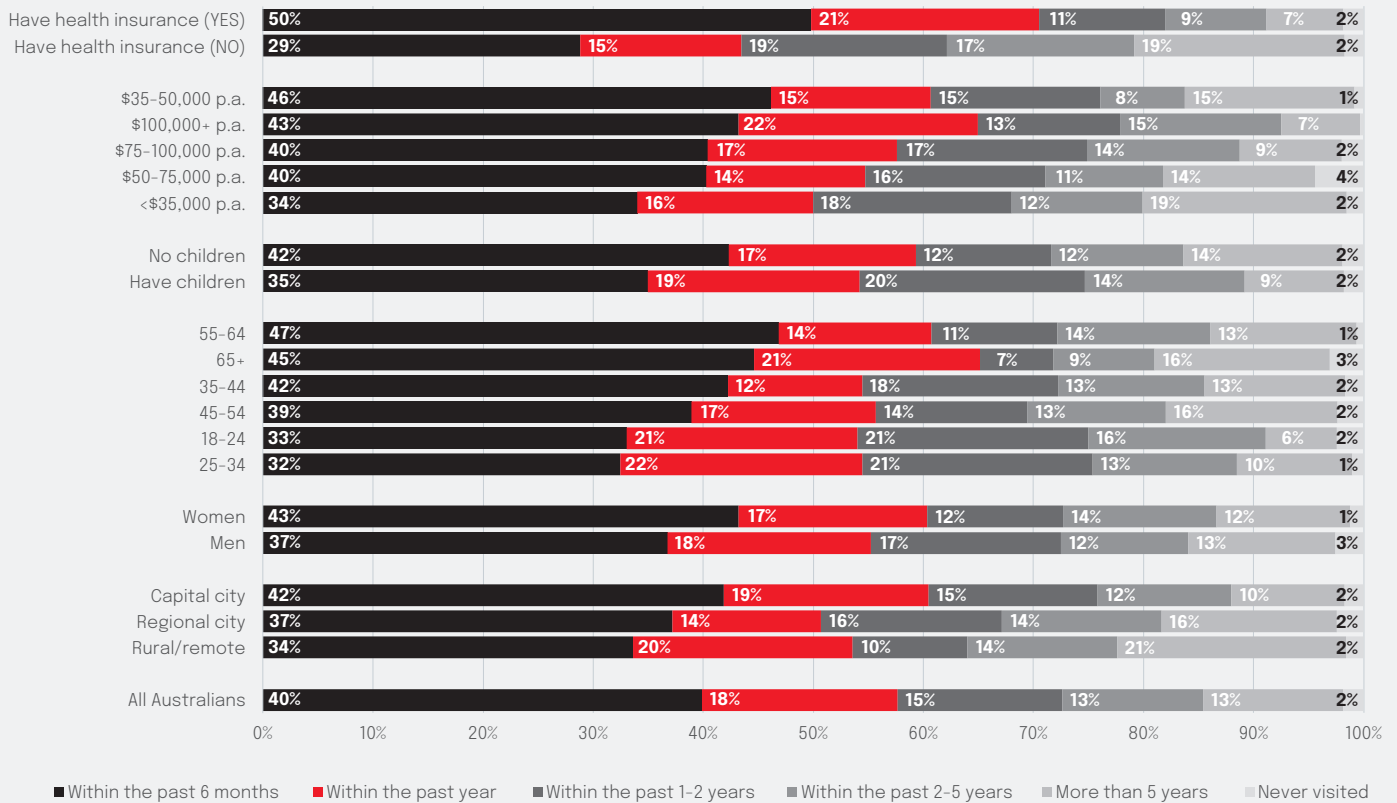
Visiting a dentist regularly is important in helping to maintain oral health. One of the main benefits of regular dental visits is that the dentist can spot concerns that could turn into larger issues later down the track. The longer the time between appointments, the greater the risk also to the overall health of teeth and gums.

There are currently no Australian or World Health Organisation (WHO) guidelines concerning the frequency

of dental visits. But with preventative dental key, the Australian Dental Association (ADA) recommends six-monthly dental visits. The NAB survey however reveals that only 4 in 10 (40%) Australians have visited a dentist in the past 6 months. Around 1 in 5 (18%) have visited within the past year, 15% within the past 1-2 years, 13% within the past 2-5 years or more than 5 years ago. Around 1 in 50 (2%) have never visited a dentist - see chart on following page.



Chart 26: Which apply to you when thinking about your dental health?



The number of people who visited dentists in the past 6 months did vary quite considerably across demographic groups. While 42% did so in capital cities, only 34% in rural/remote areas did. More women (43%) visited in the last 6 months than men (37%). By age, visitation was highest in the 55-64 (47%) and over 65 (45%) age groups, and lowest in the 25-34 (32%) and 18-24 (33%) age groups.

More people with no children (42%) visited a dentist in the last 6 months than those with children (35%), with visitation also much higher in the \$35-50,000 p.a. (46%) and \$100,000+ p.a. (43%), than in the lowest income group (34%). Having private health insurance was a big differentiator for frequency of visits, with almost twice as many Australians with private health insurance (50%) having visited a dentist in the last 6 months than those without cover (29%).

At the other extreme, the survey also found over 4 in 10 (42%) Australians had not visited a dentist in the past year, with this number significantly higher among Australians without private health insurance (57%), in the lowest income group (50%) and in regional cities (49%).

Australians who had not visited a dentist for more than one year were asked what the main reasons were for not doing so. Overall, around 4 in 10 said cost (43%) and not needing to visit (37%) were the main reasons. Cost was the

reason for not visiting according to most people in all key groups, except in regional cities (53%), by people who had private health insurance (38%) and in the 18-24 (47%) and over 65 (56%) age groups where not needing to visit was the main reason - see chart on the next page.

Slightly more people in regional cities (44%) still however cited costs as a reason for not visiting a dentist than in capital cities (42%) and rural/remote areas (41%). Slightly more women (44%) also did so than men (41%). Cost was a factor for noticeably more people in the 45-54 age group (54%), in the highest income group (48%) and for people without health insurance (48%).

In terms of not needing to visit, over 5 in 10 (53%) people in regional cities said this was a reason compared to only 3 in 10 in capital cities (31%) and rural/remote areas (33%). Noticeably more men (41%) also said they did not need to than women (32%). By age, around 1 in 2 in the over 65 and 18-24 age groups saw no need to visit, compared to just 3 in 10 in all other age groups. Far more people without children (41%) also saw no need to visit than those with children (29%). Around 1 in 3 in all income brackets also said they did not need to visit.

COVID concerns deterred noticeably more people from visiting the dentist in capital cities (23%), women (20%), in the 35-44 (22%) and 25-34 (21%) age groups, people with

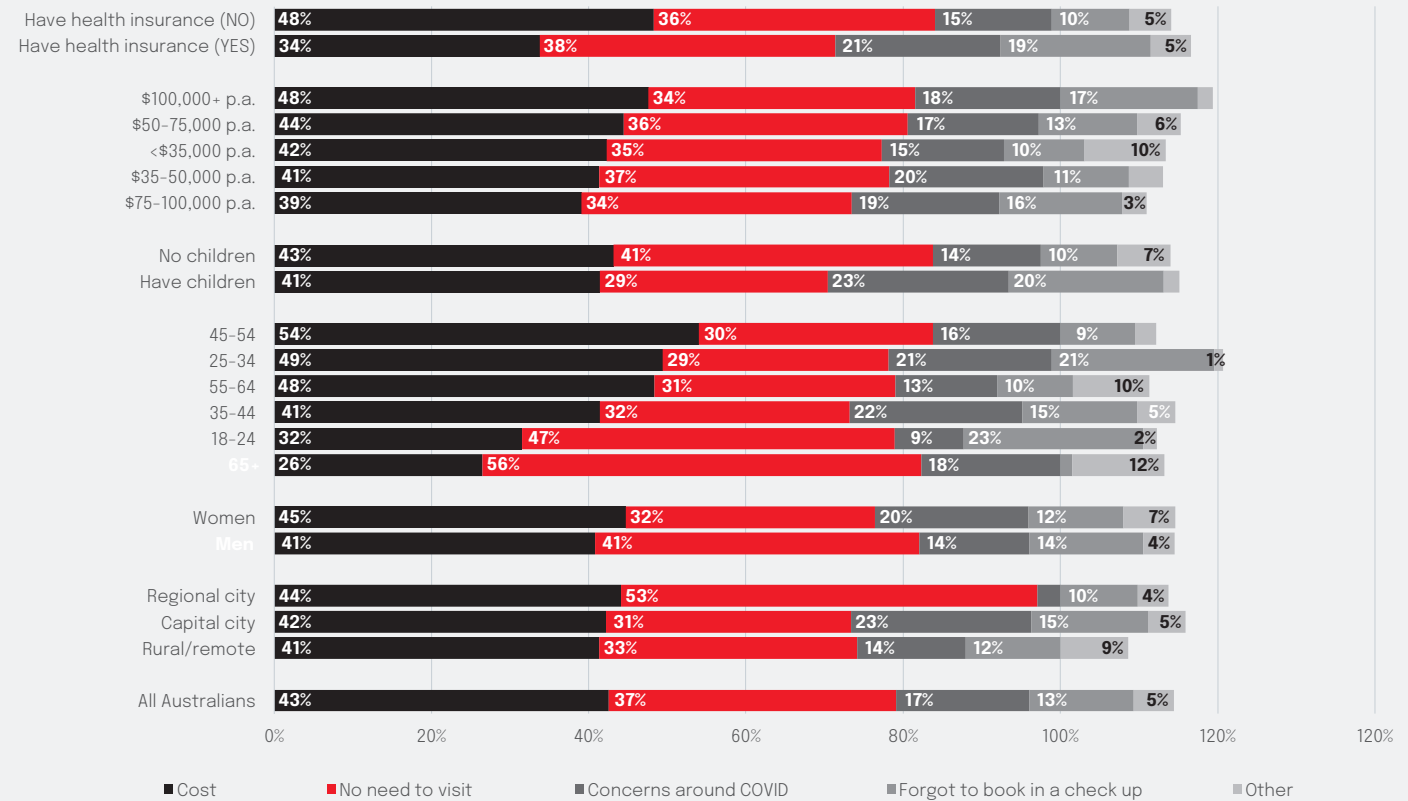
children (23%) or had private health cover (21%). Just 3% of Australians in regional cities however cited COVID concerns as a reason for not visiting.

Almost twice as many people with private health cover forgot to book an appointment (19%) than did those without cover (10%), with a relatively large number also

forgetting to book in the 18-24 (23%) and 25-34 (21%) age groups, and people with children (20%).

A much higher number of Australians in the over 65 (12%) and 55-64 (10%) and in rural/remote areas (9%) had other reasons for not visiting a dentist for more than 1 year.

Chart 27: Why has it been over 1 year since visiting dentist?

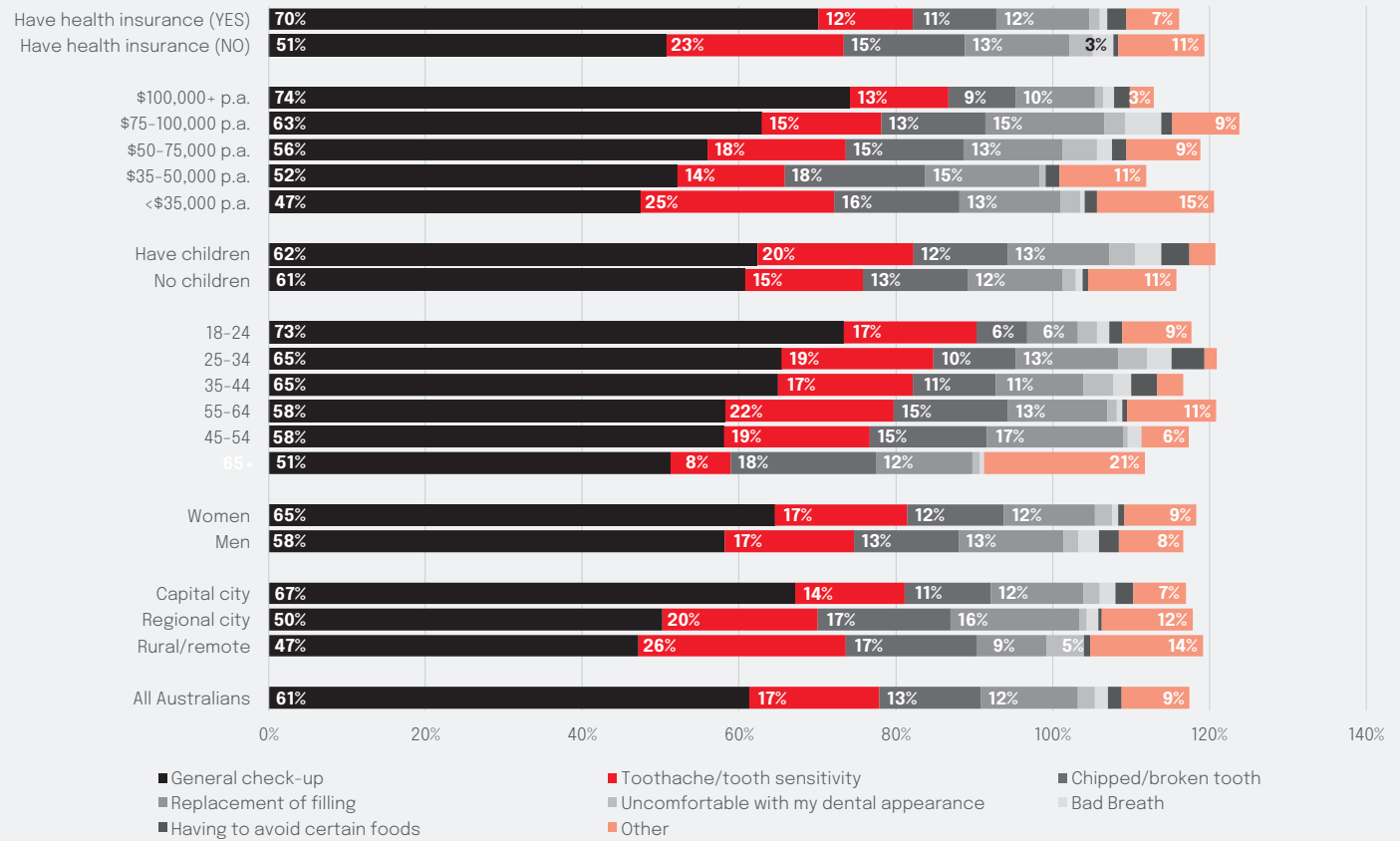


For people who did visit a dentist, the most common reason for doing so was for a general check-up according to 6 in 10 (61%) Australians. Around 1 in 5 (17%) went because of toothache or tooth sensitivity, 13% a chipped or broken tooth and 12% a replacement filling. The least common reasons were for bad breath (2%), discomfort with their dental appearance (2%) and because of having to avoid certain foods (2%). Nearly 1 in 10 (9%) visited for other reasons.

Most Australians in all key groups visited the dentist for a general check-up. But significantly more did so in capital cities (67%) than regional cities (50%) and rural/remote areas (47%). More women (65%) had a general check-up than men (58%). There was also a very big difference in the number of younger Australians who visited for a general check-up - particularly between the 18-24 age group (73%) and over 65 age group (51%).

Income was significant, with the number of people who went for a check-up lowest in the lowest income group (47%) and stepped up in each income bracket to 74% in the highest income group. Having private health insurance was also a key differentiator, with 7 in 10 (70%) people with private health cover visiting the dentist for a check-up compared to just 5 in 10 (51%) of people without cover - see chart on the next page.

Chart 28: Purpose of your visit to dentist



Noticeably more people visited the dentist because of toothache and tooth sensitivity in rural/remote areas (26%), in the 55-64 age group (22%), people with children (20%), the lowest income group (25%) and people without private health insurance (23%) relative to their peers. Visiting the dentist because of chipped or broken teeth was more common in regional cities and rural/remote areas (17%) and in the over 65 age group (18%), but much

less common in the highest income group (9%). The number who visited for a replacement filling was also somewhat higher in regional cities (16%) and the 45-54 age group (17%). We also noted a much higher number in the over 65 age group (21%), in the lowest income group (15%) and in rural/remote areas (14%) that visited the dentist for other reasons.



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