

nab health

more
than
money



NAB Health Insights Special Report

Australia's Health Scorecard 2023-24
Part 2: The Health Consumer

NAB Behavioural and Industry Economics



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NAB Health Insights – The Health Consumer

The Covid-19 pandemic prompted Australians to focus more closely on their health and encouragingly this has continued. 1 in 2 Australians have made their health a greater priority over the past year, with younger people most notably taking greater charge of their health. A new breed of healthcare consumer is emerging, one who is seeking a more proactive approach to managing their health and wellness.

While Australians are only moderately satisfied with the current state of their health, consumers believe they have a sound understanding of their medical conditions, their medications and their competency in pro actively managing them. Health consumers strongly believe they are ultimately responsible for managing their own health and around 4 in 10 also strongly believe they have a preventative health mindset. Good quality sleep and a healthy diet are seen as key preventative health behaviours along with having an active lifestyle, a good body weight, staying connected with family and friends and having regular check-ups & screenings.

In part 1 of this NAB Health Insights series, we asked health consumers to tell us about their experiences with the health system. In part 2 we ask Australians to share how they feel about their own health. A deeper understanding of consumer attitudes to their health can help health professionals to better understand, engage and retain their patients.

While many Australians have positive health attitudes and behaviours, consumers are highly segmented and not a homogeneous group with notable differences in attitudes and behaviours by income level, gender, age and location. Health satisfaction is much better among higher income earners. Around 4 times as many people on lower incomes score satisfaction with their health very low. Health consumers in the higher income group grade their physical health in particular much higher than those on lower incomes. The number of Australians who believe they need professional mental health support increased in the lower income group but fell significantly among those on higher incomes. The number of health consumers prioritising their health is significantly lower in rural areas and noticeably, more people in rural locations also scored their mental health very low. Not having enough money was a more significant factor in preventing people from taking better care of their health in rural areas, for women compared to men and among lower income earners.



Over 1 in 2 Australians fail to eat the recommended serving of vegetables, although this is the case irrespective of age or income. Just over 1 in 5 Australians currently smoke or vape (and this is more prevalent among lower income earners) and around 1 in 5 smokers believe vaping is less damaging to their health than cigarettes (with a similar number unsure). Older Australians typically drink more frequently than younger age groups. In addition, almost 1 in 2 Australians have not visited a dentist in the past year and a significantly higher number on lower incomes, in rural areas and without private health cover have not visited a dentist for more than 5 years.

The opportunities (and challenges) are immense. Over 1 in 2 Australians require ongoing treatment or medication for a medical condition, rising to 6 in 10 among people in rural areas and 8 in 10 for the over 65s. Incidence is also higher among people on lower incomes. Almost 9 in 10 health consumers that required ongoing treatment or medication said their condition was chronic with mental & behavioural conditions the most common impacting 1 in 4 people. Other common

complaints include back problems, arthritis and diabetes. A much higher number of young people report having mental & behavioural conditions. People in the lower income group also suffered noticeably more from mental & behavioural conditions along with back problems, arthritis, diabetes, heart, stroke & vascular disease, osteoporosis and chronic obstructive pulmonary disease compared to those on higher incomes.

Once again, we also put a spotlight on mental health. Almost 1 in 5 Australians have been diagnosed with a mental health illness or disorder in the past 12 months alone and 1 in 3 at some point in their life (rising to 1 in 2 among those aged between 18-24). Recognised indicators such as The Kessler Psychological Distress Scale (K10) suggests 2 in 3 young people experienced psychological distress some, most or all of the time. Over 1 in 3 Australians believe they needed professional mental health support over the past 12 months rising to 7 in 10 among young people. Of those who felt they needed professional help in the past year, fewer than 1 in 5 had a mental health treatment plan, rising to almost 1 in 2 among people aged between 18-24.

To sum up, consumers are increasingly taking their health into their own hands with a growing commitment to self-care. But more needs to be done to turn good health intentions into actions with a particular focus on those on lower incomes and people living in rural areas. A lack of motivation, money and tiredness are viewed by health consumers as the key factors in stopping them from taking better care of themselves. Future preventative health policies may benefit from focussing on these three key barriers.

Executive Summary

How satisfied are Australians with their own health?

Overall, Australians are only “moderately” satisfied. When asked to rate their satisfaction, they scored 6.6 pts out of 10. Around 4 in 10 (39%) however scored their satisfaction “very high” and 1 in 10 (9%) “very low”. By region, overall satisfaction was highest in capital cities (6.8) and lowest in rural areas (6.1). Over 4 in 10 (42%) people in capitals scored their satisfaction very high, compared to 1 in 3 in regional cities and rural areas. Significantly more people in rural areas also scored their satisfaction very low (17% vs. 7% in regions and 8% in capital cities. Men (6.8) rated their satisfaction higher than women (6.5) and more men also scored it very high (42% vs. 36%). By age, overall satisfaction was lowest in the 18-24 group (6.4) and highest among the over 65s (6.9). A much higher number in the over 65 age group - around 1 in 2 or 48% - scored their satisfaction very high compared to around 1 in 3 in all other age groups. Australians in the higher income group scored their satisfaction with their overall health much higher than in the lower income group (7.0 vs. 6.1), with a larger number also rating it very high (44% vs. 34%). Around 4 times as many people in the lower income group however scored very low (12% vs. 3%).



How well do health consumers understand their conditions and what is required to best manage them?

Australians believe they have a good degree of understanding and competency. They were in strongest agreement (scoring 8 out of a possible 10 pts) for their knowledge of what their prescribed medications do, telling their health care provider their concerns even when not asked and following through on medical treatments at home. Around 2 in 3 scored their agreement for these statements “very” high (i.e., 8+ pts). Australians were also in strong agreement (7.9) about their understanding of the nature and causes of their conditions and knowing when they need to get medical care and when they could handle a health problem themselves. Australians were in somewhat lower agreement that they could take actions to help prevent or minimise symptoms or problems associated with their health condition and being able to maintain lifestyle changes they have made for their health (7.5). Australians were in lowest agreement that they knew how to prevent further problems with their health condition (albeit still a quite solid 7.1).

Who do health consumers believe is ultimately responsible for managing their health? Themselves, and to a very large degree. When asked to rate their agreement with the statement “When all is said and done, I am responsible for managing my own health”, Australians scored on average a high at 8.2 pts out of 10. Agreement was lowest among those aged 18-24 (7.7) but increased in each consecutive age group to 8.7 among the over 65s.

So, are Australians prioritising their health more?

Encouragingly, the number of Australians who prioritised their health more over the past year increased to 44% (vs. 41% a year earlier), and only 10% prioritised less. The number prioritising their health increased in all regions relative to last year – ranging from 49% in regional cities to 29% in rural areas. An increased emphasis on health was most apparent in the 18-24 age group where the number rose sharply to 56% (44% in 2022), followed by the 25-34 age group where it was also noticeably higher at 48% (38% in 2022). Slightly more people in both the lower and higher income groups said they prioritised their health more, though the number doing so was still a little bigger in the higher income group (47% vs. 44%). A well above average 6 in 10 (61%) NDIS participants also said they had made their health a bigger priority in the past year.

Do Australians believe they have a preventative health mindset? Australians scored themselves “moderately” high at 6.8 pts out of 10, down slightly from 7.0 last year. Australians in capital cities rated their preventative health mindset highest at 6.9 (down marginally from 7.1 in 2022), followed by regional cities (6.9 vs. 7.0 a year earlier) and rural areas (6.3 vs. 6.8). Both men and women scored lower, though women (6.8 from 7.2), somewhat more so than men (6.8 down from 6.9). It scored lower in all age groups but remained highest in the over 65 group (7.5) and lowest in the 18-24 and 35-44 age groups (6.5). Australians in higher income groups scored their preventative health mindset lower, but still above the lower income group (7.0 vs. 6.5). The preventative mindset of NDIS participants was broadly in line with the Australian average (6.9). The average score does however mask a quite high number of Australians who scored their preventative health mindset “very” high (i.e., 8+ pts). In 2023, 38% scored their mindset very high (40% in 2022). By region, it was highest (and increased) in regional cities (41% vs. 39%) and lowest (and down sharply) in rural areas (30% vs. 37%). It was broadly unchanged in most age groups and remains much higher in the over 65 (54%) and 55-64 (42%) groups. The 18-24 group was the exception with the share with a very high preventative mindset falling noticeably (to 24% vs. 37% in 2022). It was greater in the highest income group (unchanged at 40%) but fell a little in the lower income group (36% vs. 39%).





Which preventative health behaviours do Australians believe are most important?

Two measures stood out according to over 1 in 2 people overall – good quality sleep (57%) and eating a healthy diet & making good food choices (54%). Rounding out the top 5 according to 1 in 3 Australians are having an active lifestyle (38%), having a good body weight (33%) and staying connected with family and friends (31%). Around 3 in 10 also believe having regular check-ups & screenings (29%) are most important. Around 1 in 4 said regular general health tests (27%), keeping stress levels low (27%), spending more time outdoors in nature (25%), not smoking or quitting smoking (22%), and 1 in 5 (20%) drinking less alcohol were key. Regular dental check-ups and protecting skin would help according to 16% of Australians and participating in a fitness program according to just over 1 in 10 (12%). Monitoring health using an app, phone, device or wearable etc. was considered most important by just 3%, while 1 in 25 (4%) simply did not know. By age, good quality sleep was important for more in the 45–54 group (69%), particularly compared to the 18–24 group (43%). Eating healthy was important for more in the 55–64 and over 65 age groups (67%), with the over 65s also placing more importance on regular health check-ups & screening (48%) and general health tests (51%). A lower number in the 18–24 group said an active lifestyle (24%), good body weight (21%) and regular general health tests (11%) was most important, and for the over 65s keeping stress levels low (16%). The biggest differences by income were the greater number on higher incomes who said an active lifestyle (46% vs. 25%) and not smoking or quitting (28% vs. 19%) was important, and in the lower income group spending time outdoors or in nature (29% vs. 21%).

Do Australians eat the recommended serving of vegetables?

Eating a healthy diet and making good food choices was identified by over 1 in 2 Australians as the most important measure they could take to promote better health. But do behaviours match intention. The recommended guideline for good health is 5 serves of vegetables per day. This year Australians once again on average eat only half the recommended quantity of vegetables (2.5 serves), unchanged from 2022. This did not vary significantly across key age or income groups.

What about alcohol? In 2023, the WHO published a statement in *The Lancet Public Health* that stated when it comes to alcohol consumption, there is no safe amount that does not affect health. While also acknowledging that there is no safe level of drinking, guidelines from Australia's Alcohol and Drug Foundation recommend that to reduce the risk of harm from alcohol-related disease or injury for healthy men and women, we should drink no more than 10 standard drinks per week and no more than 4 standard drinks on any one day. While 1 in 4 Australians report they never drink, nearly 1 in 10 (8%) drink every day or almost every day, and a further 1 in 10 (10%) 4–5 times per week. Just over 1 in 5 (22%) drank 1–3 times per week and 1 in 3 (34%) less often. Consumption patterns did however vary widely in key groups. By region, the highest number that never drank were in rural areas (1 in 3 or 32%) and was somewhat higher than in capital cities (1 in 4 or 24%). But almost twice as many people in rural areas also drank every day (13%), than in regional and capital cities (7%). Far more people in capital cities however drank just 1–3 times per week (26%) compared to people in regional cities (17%).

and rural areas (10%). Significantly more women than men did not drink at all (31% vs. 21%), and less often than once a week (39% vs. 30%). In contrast, nearly twice as many men drank every day (10% vs. 6%) and 1-3 times per week (29% vs. 14%). Older Australians typically drink more frequently than younger age groups. Though the number of people that never drank ranged from 1 in 3 (33%) in the over 65 age group to around 1 in 4 in all other age groups from 18-24 and 45-54 (24%) and 28% in the 55-64 group, a much larger number in the over 65 (17%) and 55-64 (11%) age groups also drank every day, compared to all other age groups where a much higher number drank less often than once a week (36-41%) than in age groups over 55. Around 1 in 3 Australians in the lower income group never drink, compared to around 1 in 5 (18%) in the higher income group. But around 3 times as many in the lower income group drink every day (13%), while twice as many in the higher income group drink 4-5 times a week (14% vs. 7%) and 1-3 times per week (27% vs. 14%).

How prevalent is smoking and vaping in Australia today?

Just over 1 in 5 (21%) people report they currently smoke or vape – cigarettes (9%), only vape (4%), smoke cigarettes and vape (4%), or smoke or vape but are considering giving up (3%). Around 1 in 4 (25%) do not smoke or vape but have done so in the past, while nearly 6 in 10 (55%) have never smoked or vaped. The overall number that smoked or vaped ranged from 19% in capital cities to 25% in regional cities. It was basically the same for men (21%) and women

(20%). There was a very strong correlation between the number of smokers and age. Smokers were most prevalent in 18-24 age group (39%) with this number falling in each age group to just 10% in the over 65 group. The number of smokers was also much higher in the lower income group (28%) than in the higher income group (18%). The survey revealed a somewhat higher of women never smoked than men (59% vs. 50%). Noticeably more people never smoked in the higher than lower income group (58% vs. 46%), 45-54 age group (62%), particularly when compared to the 18-24 group (45%), and in capital cities (58%) compared to rural areas (45%). We also noted a somewhat higher number of men that smoked cigarettes than women (11% vs. 7%), in the 18-24 (11%) and 25-34 (11%) age groups that only vape, and in the 18-24 group that smoke and vape (7%). There were also somewhat more cigarette smokers (13% vs. 8%) and who smoke and vape (7% vs. 2%) in the lower income group.

Are Australian smokers switching from cigarettes to vapes and do Australians believe vaping is less damaging to health than cigarettes?

Australians who only vape were asked if they switched from cigarettes to vaping. Overall, 7 in 10 (70%) had. In addition, 1 in 5 smokers believe they are, while a further 1 in 5 were unsure. There were however significant differences by age. Just 1 in 10 (10%) in the 55-64 age group believe vaping is less damaging to people's health than smoking, compared to over 1 in 4 in the 25-34 (27%) and 18-24 (26%) age groups.



Are Australians meeting dental visitation health guidelines?

The Australian Dental Association (ADA) recommends all children and adults should have regular dental check-ups every 6 months, even if their teeth are in good shape. Once again, the survey found many Australians are not meeting these recommendations and indeed things have deteriorated further. Almost 1 in 2 (46%) Australians had not visited a dentist in the past year (up from 42% in 2022 survey), and fewer also visited within the past 6 months (37% vs. 40% in 2022). The number of people who visited dentists in the past 6 months did vary quite considerably across demographic groups. Over 4 in 10 (44%) Australians had not visited a dentist for more than 1 year - 16% within 1-2 years, 14% within 3-5 years and 14% more than 5 years. The overall number that did not visit a dentist for more than 1 year was however noticeably higher in rural areas (57%), in the 18-24 age group (54%), in the lower income group (54%), and among people without private health insurance (57%). Also apparent was the significantly higher number in rural areas (23%), in the lower income group (22%) and without private health cover (21%) that had not visited a dentist for more than 5 years.

What about other aspects of dental health?

When Australians were asked how they approached their dental health, just over 7 in 10 (72%) said they clean their teeth 2 or more times per day (down slightly from 74% the previous year). However, this ranged from 75% in capital cities to just 63% in rural areas. More women cleaned their teeth twice or more daily than men (75% vs. 68%), as did Australians in the higher income group compared to the lower income group (77% vs. 62%). We also noted a somewhat lower number in the 35-44 age group that brushed their teeth twice daily or more (67%) than in other age groups. Around 1 in 2 (51%) Australians have regular check-ups with a dentist every 6-12 months - though this number was a little lower than in 2022 (55%). The survey revealed a much higher number in capital cities that had regular check-ups than in rural areas (57% vs. 36%), and in the higher income group than the lower income group (64% vs. 34%).

Nearly 4 in 10 (37%) Australians floss every day, up slightly from 36% in the 2022 survey. Noticeably more people in capital cities however flossed daily than in rural areas (40% vs. 25%). Noticeably more women than men also flossed daily (39% vs. 34%), as did people in the higher income group compared to the lower income group (41% vs. 28%). We also noted a somewhat lower number in the 65+ age group that flossed daily (32%) than in other age groups.



How many Australians require ongoing treatment or medication for a medical condition?

Over 1 in 2 (51%) Australians do. Interestingly, among those health consumers living in rural areas, the number rises to almost 6 in 10 (59% of people versus 52% in regional cities and 48% in capitals). Incidence typically increases with age stepping up to 80% among those in the over 65 group. Importantly, income is remaining a key factor, with noticeably more Australians in the lower income group (61%) needing ongoing treatment or medication for a medical condition than in the higher income group (42%).

What share of these are chronic and what are the most common conditions?

Almost 9 in 10 (86%) Australians that required ongoing treatment or medication said their condition was chronic. Around 1 in 2 (50%) had 1 chronic condition, and over 1 in 3 (36%) more than 1. The most common were mental & behavioural conditions (such as anxiety, depression etc.), which impacted an unchanged 1 in 4 (26%) people in 2023. Just under 1 in 4 (23%) were afflicted by back problems, also unchanged, followed by arthritis (23% vs. 21% in 2022) and diabetes (19% vs. 18%). Slightly fewer health consumers reported having asthma (14% vs. 16%), heart, stroke & vascular disease (13% vs. 16%), osteoporosis (7% vs. 10%), and chronic obstructive pulmonary disease (4% vs. 6%). Slightly more had cancer (7% vs. 6%), and an unchanged 34% 'other' conditions. A much higher number of those aged 18-24 reported having mental & behavioural conditions (61%), in the 55-64 group back problems (30%) and diabetes (26%), and in the over 65 group arthritis (33%), heart, stroke & vascular disease (25%) and osteoporosis (12%). People in the lower income group suffered noticeably more from mental & behavioural conditions (36%), back problems (35%), arthritis (34%), diabetes (27%), heart, stroke & vascular disease (14%), osteoporosis (10%) and chronic obstructive pulmonary disease (10%) than in the higher income group. We also noted a significantly higher number of NDIS participants that suffered from mental & behavioural conditions (38%), back problems (34%), arthritis (29%), diabetes (43% - twice the national average), asthma (20%) and chronic obstructive pulmonary disease (13%) relative to the Australian average.

How do Australians rate their physical health?

When asked to self-rate, they scored on average a "moderate" 6.7 pts out of 10 (where 10 is "extremely healthy"). That said, almost 4 in 10 (37%) overall scored "very" high (i.e., 8+ pts), and less than 1 in 10 (7%) "very" low (3 pts or less). People rating themselves in very good health (8+ pts) ranged from around 4 in 10 (39%) in capital cities to fewer than 3 in 10 (28%) in rural areas, where around 3 times as many scored their health very low (15% vs. 6% in capitals and 5% in the region). Somewhat more men rated their health very high (40% vs. 33% of women), but we did not find a strong correlation with age. Income was significant, with health consumers in the higher income group scoring their physical health (7.1) much higher than in the low income group (6.2). A much larger number of higher income earners also scored their physical health very high (45% vs. 31%), while 5 times as many people in the lower income group scored their physical health very low (15% vs. 3%). NDIS participants scored physical health in line with the Australian average, but somewhat more rated it very high (42%).

How do Australians rate their mental & emotional health?

Not much better at 6.7 pts out of 10. Almost 1 in 2 (46%) overall scored their mental & emotional health "very" high, and less than 1 in 10 (8%) "very" low. Mental & emotional health scored higher in capital cities (7.1) than in regional cities (6.7) and rural areas (6.5). Around 1 in 2 (50%) people in capital cities scored their mental health very high, compared to 4 in 10 in regional cities (40%) and rural areas (41%). Noticeably more people in rural areas scored their mental health very low (14% vs. 9% in regions and 6% in capital cities). Men (7.1) rated their mental & emotional health higher than women (6.8) and almost twice as many women scored very low (10% vs. 6%). People in the 18-24 age groups scored their mental health lowest



(just 5.9), stepping up in each age group (to 7.9 among the over 65s). Only 1 in 3 (33%) people in the 18-24 and 35-44 age groups scored very high, compared to 2 in 3 (67%) in the over 65 group. Those in the higher income group scored somewhat higher than in the lower income group (7.1 vs. 6.6), and a somewhat larger number also rating it very high (49% vs. 44%). Around 13% in the lower income group scored their mental & emotional health very low compared to just 5% in the higher income group.

How many Australians have a diagnosed mental health illness or disorder? Almost 1 in 5 (18%) Australians said they had in the past 12 months alone and 1 in 3 (32%) at some point in their life. A greater number of people living in rural areas had been diagnosed over the past 12 months (25% vs 23% in regional cities and 15% in capitals) and at some point, in their lives (43% vs. 37% and 28%). Somewhat more women than men were diagnosed in the last 12 months (20% vs. 16%), and noticeably more women at some time in their lives (37% vs. 27%). Significantly more younger people aged 18-24 (38%) and 25-34 (25%) were diagnosed in the past 12 months. Over 1 in 2 (54%) 18-24 year olds had been diagnosed at some point in their life (vs. 37% of those aged 25-34 and 33% of 45-54 year olds). Twice as many people in the lower income group had been diagnosed in the last 12 months compared to the higher income group (28% vs. 14%), and significantly more at some time in their life (38% vs. 26%). More than twice as many NDIS participants (40%) were diagnosed in the past 12 months compared to the average Australian (18%), and significantly more also at some point in their life (49% vs 32%).

How many Australians believe they needed professional mental health support over the past 12 months? Over 1 in 3 (36%) – still high, but encouragingly down from 43% in 2022. The overall number however masks some very different patterns across the regions. In rural areas, the number climbed to 46% in 2023 (34% in 2022). It was broadly unchanged in regional cities at 45% (46% in 2022) but fell quite sharply in capital cities to 31% (44% in 2022). The number also increased with age – worryingly, among the 18-24 group an unchanged 7 in 10 (69%) felt they needed professional help, stepping down in each successive age group to around 1 in 5 (18%) in the over 65 group, albeit the over 65s were the only group where more people felt they needed professional help (up from 13% in 2022). By income, the number increased in the lower income group (45% from 40% in 2022) but fell in the higher income group (32% from 49% in 2022). An above average 2 in 3 (65%) NDIS participants felt they needed professional help in the past 12 months (data comparison for 2022 not available).

What share of the population have a mental health plan? Australians who obtain a valid mental health care plan and a referral letter from a GP or psychiatrist can access up to 10 free psychology sessions and up to 10 allied mental health services each year through the Medicare Australia psychology rebate if they are struggling with mental health concerns. Of those Australians who felt they needed professional help in the past year, 17% had a Mental Health Treatment Plan in 2023. This however ranged from 1 in 4 (26%) in rural areas to 13% in capital cities. Slightly more women than men had a plan (18% vs. 15%), and it fell exponentially with age – from 44% in





the 18-24 group to just 5% in the over 65 group. Income did not make much difference (21% lower income; 18% higher income), but significantly more NDIS participants – around 1 in 2 or 51% – indicated they have a Mental Health Treatment Plan than any other group.

What can other recognised indicators of psychological distress tell us? The Kessler Psychological Distress Scale (K10) is a psychological screening tool designed to identify adults with significant levels of psychological distress. The K10 comprises 10 questions that are answered using a five-point scale (where 5 = all of the time, and 1 = none of the time). It is widely used in Australia and often used in primary care settings to identify people with clinically significant psychological distress. The K10 is often interpreted using a single total score. Scores range from 10 to 50 with higher scores indicating a higher severity of psychological distress. Results grouped into the following four levels of psychological distress: Low (scores of 10-15, indicating little or no psychological distress); Moderate (scores of 16-21); High (scores of 22-29); Very high (scores of 30-50). As you can see in the chart below, while the overall average score suggests moderate levels of distress for the population as a whole, responses step up significantly by age, ranging from 15.2 for the over 65s to 30.1 for those aged between 18-24 years. Around 66% of young people experienced psychological distress some, most or all of the time.

What stops health consumers from taking better care of their health? The most common reason for 3 in 10 (30%) health consumers overall was a lack of motivation – though this was somewhat higher in the 18-24 age group (39%) and lower among the over 65s (21%). Not having the money was key for 1 in 4 (26%) people, but higher in rural areas (35%), for women than men (30% vs. 22%), and the lower income group (32% vs. 22%). Around 1 in 4 (25%) also said they were too tired, rising to 34% in rural areas, 32% of women against 19% of men, and 35% in the 25-34 and 35-44 age groups. Around 1 in 5 (19%) said they can start taking better care of their health but can't keep going. This was a particular challenge in the 18-24 age group (33%). A further 17% don't have the time, though this climbed to 30% in the 35-44 age group and was a much bigger constraint in the higher than lower income group (24% vs. 9%). Some 15% of Australians said it's more important they look after others, but this was much higher for women than men (18% vs. 11%) and in the 18-24 age group (20%). About 1 in 10 (11%) did not know what to do, but this climbed to 17% in regional cities compared to 9% in capital cities. Just over 1 in 20 (6%) were held back from taking better care of their health because they were too ill or disabled, but this doubled for NDIS participants (11%) and in rural areas and the lower income group (10%).

State of health

How people feel is the deepest reality of their experience of life and a key determinant of the quality of their life - how they experience it not how we think it might be.

Since 2013, the NAB Wellbeing Index has sought to measure and explore our wellbeing as individuals, a community and a nation. Wellbeing relates to our quality of life and goes to the very core of how we feel about our lives as a whole.

Our collective sense of wellbeing has been challenged recently. In Q2 2023, the NAB Australian Wellbeing Index fell

to a 2-year low 63.9 pts (down from 64.9 pts in the previous quarter and at the same time last year and printed well below the survey average).

Moreover, Australians reported lower (and below average) wellbeing scores for all measures in the Q2 survey - life satisfaction, worthwhile life, happiness and anxiety.

Chart 1: NAB Australian Wellbeing Index

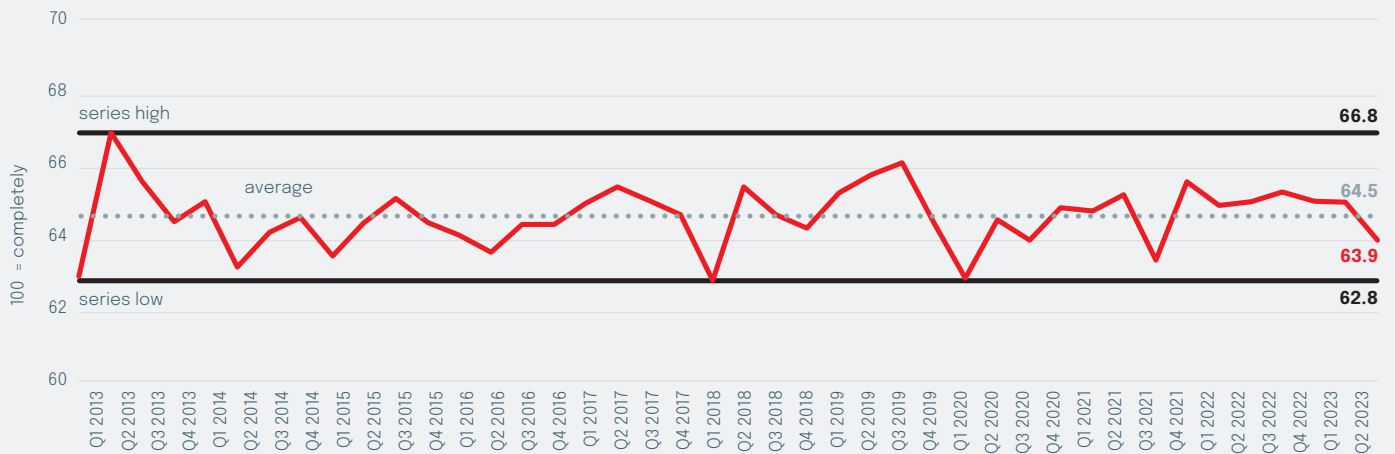


Chart 2: NAB Australian Wellbeing Index

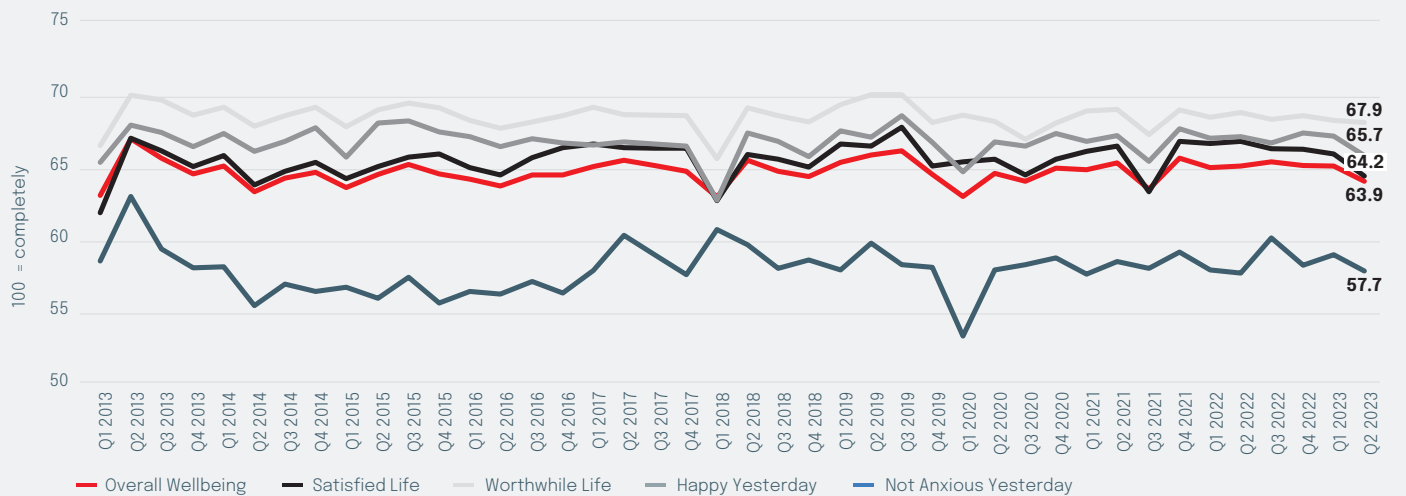
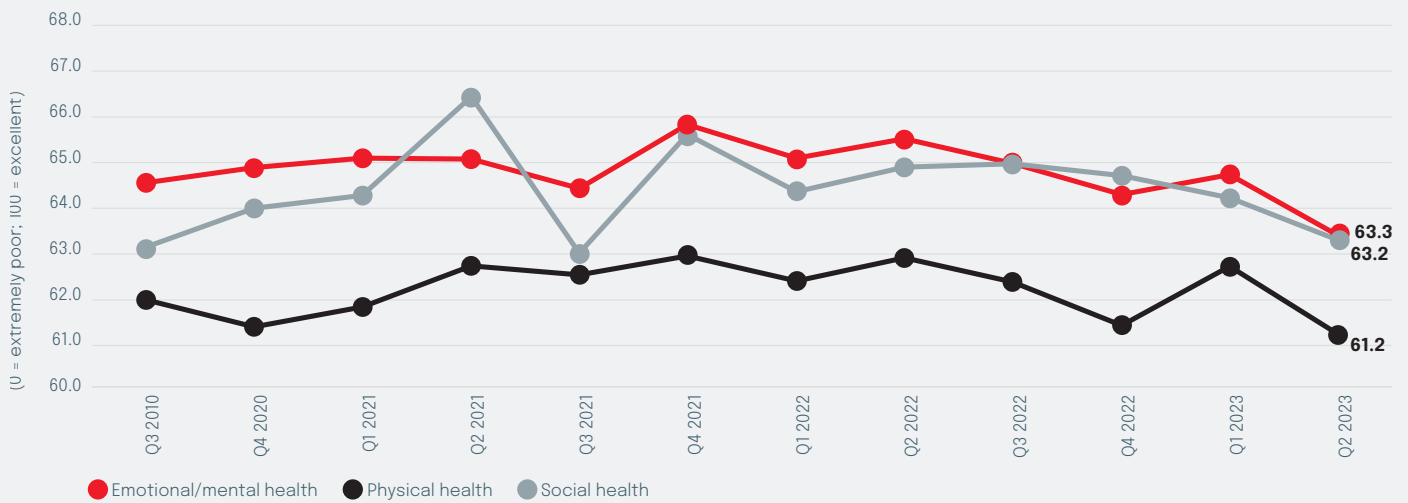


Chart 3: Rating our health today: overall



Wellbeing fell in all regions. Australians living in capital cities again reported the highest wellbeing in Q2 (64.0 pts down from 64.9 pts in Q1), and in regional cities the lowest (63.7 pts down from 65.7 pts). Australians living in capital cities were happiest (66.0 pts), had the highest life satisfaction (64.6 pts), and with Australians in regional cities enjoyed the highest sense of life worth (68.2 pts). Australians living in rural areas were much less anxious (61.3 pts) than in capital (57.0 pts) and regional (57.5 pts) cities.

Wellbeing improves as we get older. In Q2, overall wellbeing fell in all age groups apart from the 30-49 group. It was highest in the over 65 group (73.9 pts), with outcomes broadly aligned for women (73.9 pts) and men (73.8 pts). Though women over 65 reported a much higher sense of life worth, men in this group were much less anxious. Overall wellbeing was lowest in the 18-29 age group (58.6 pts) - but somewhat lower for men (57.7 pts) than women (59.0 pts), with young women having a much higher sense of life worth. Overall wellbeing in the 30-49 age group was lower for women (59.4 pts) than men (62.0 pts), particularly in regard to happiness and life satisfaction.

There was a stronger link between incomes and wellbeing in Q2. Overall wellbeing was lowest for Australians in the lower income group (59.8 pts), broadly similar in income groups between \$35-75,000 and stepped up to 66.1 pts for Australians in the higher group earning over \$100,000. The lower income group continued to score wellbeing lowest for all survey measures except anxiety, which was highest for Australians in the \$75-100,000 income bracket.

NAB's wellbeing research also recorded a deterioration in self-reported health outcomes in Q2 2023, though it continues to show that Australians still see themselves as "moderately" healthy across all aspects of their health - emotional & mental, physical and social.

Australians rated emotional & mental health highest in Q2, though lower at 63.3 pts (64.6 pts in Q1). Their perceptions of social health also fell to 63.2 pts (64.1 pts in Q2). Physical health continued rate lowest at 61.2 pts (62.6 pts in Q1).

Men still report better health outcomes than women in all areas, especially emotional & mental health.

Australians over 65 also self-reported much better outcomes for all measures, as did Australians in higher income groups relative lower income groups (*throughout this report lower income refers to people earning less than \$35,000 p.a. and higher income to people earning over \$100,000 p.a.*).

Governments, communities and international organisations each have their own responsibility for health promotion and play particular roles that others cannot. At the most basic level, however, individuals have the responsibility to promote and manage their own health by adopting a healthy lifestyle (e.g. weight control frequent exercise and avoiding health risk behaviours such as smoking or consuming excess alcohol etc.). But do Australians believe they're ultimately responsible for managing their own health? Our survey results suggest they do to a very large degree. When they were asked to rate their agreement with the statement "When all is said and done, I am responsible for managing my own health", they scored on average very high at 8.2 pts out of 10 (10 = agree completely). Moreover, around 7 in 10 (72%) Australians marked their agreement "very" high (i.e. scored 8+ pts). Only 3% scored agreement "low" (i.e. 3 pts or less).

Chart 4: Agree with statement: "When all is said and done, I am responsible for managing my own health"

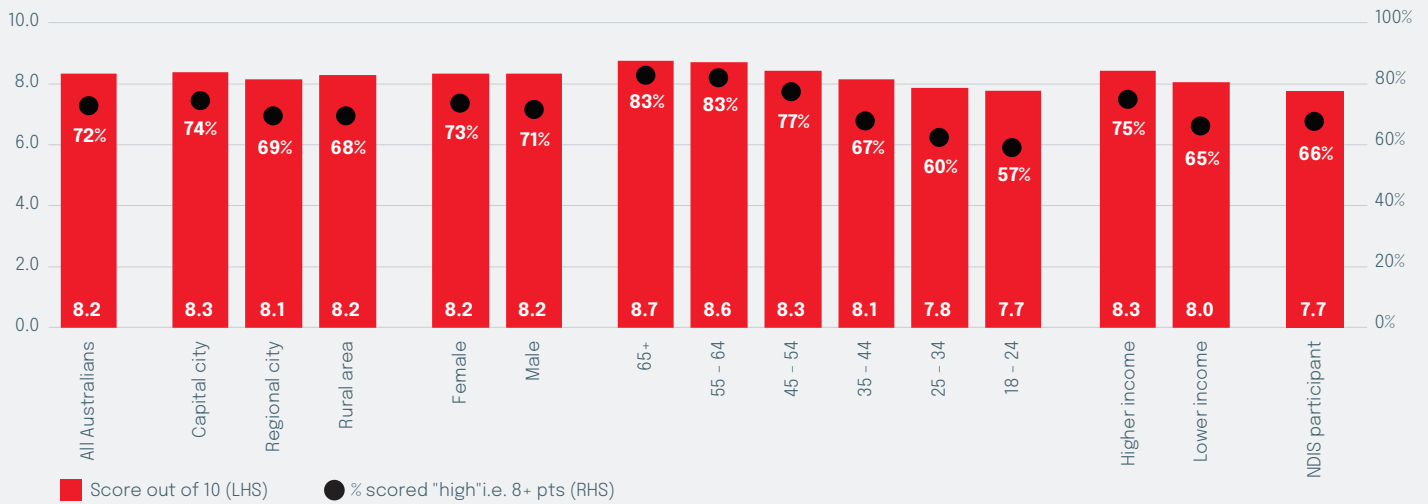
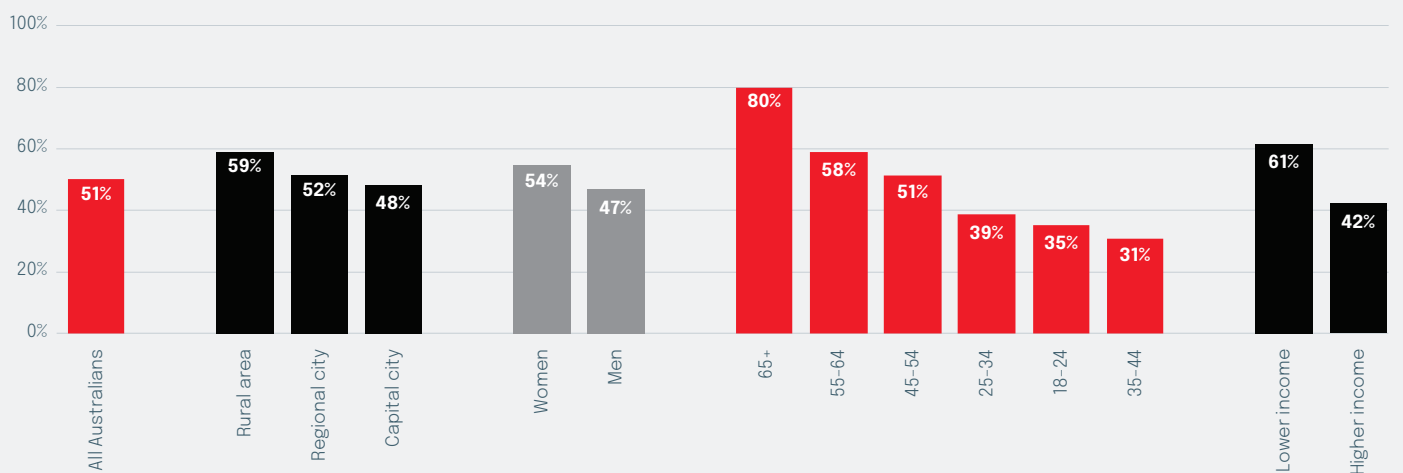


Chart 5: Number of Australians that require ongoing treatment or medication for a medical condition



Responsibility for managing their own health was scored basically the same in all regions, though the number that scored their agreement very high was a little larger in capital cities (74%) than in rural areas (68%) and regional cities (69%). There was little difference of opinion between men and women, but age was a significant differentiator.

Agreement about managing their own health was scored lowest in the 18-24 age group (7.7 pts) but increased in each consecutive age group to 8.7 pts in the over 65 group. Just under 6 in 10 (57%) people in the 18-24 age group scored agreement very high, but this also stepped up in each age group to 83% in the 55-64 and over 65 age groups.

Income was also influential. Australians in the higher income group scored agreement at 8.3 pts, but in the lower income group somewhat lower at 8.0 pts. Moreover, 75% in the lower income group scored their agreement very high, compared to 65% in the lower income group.

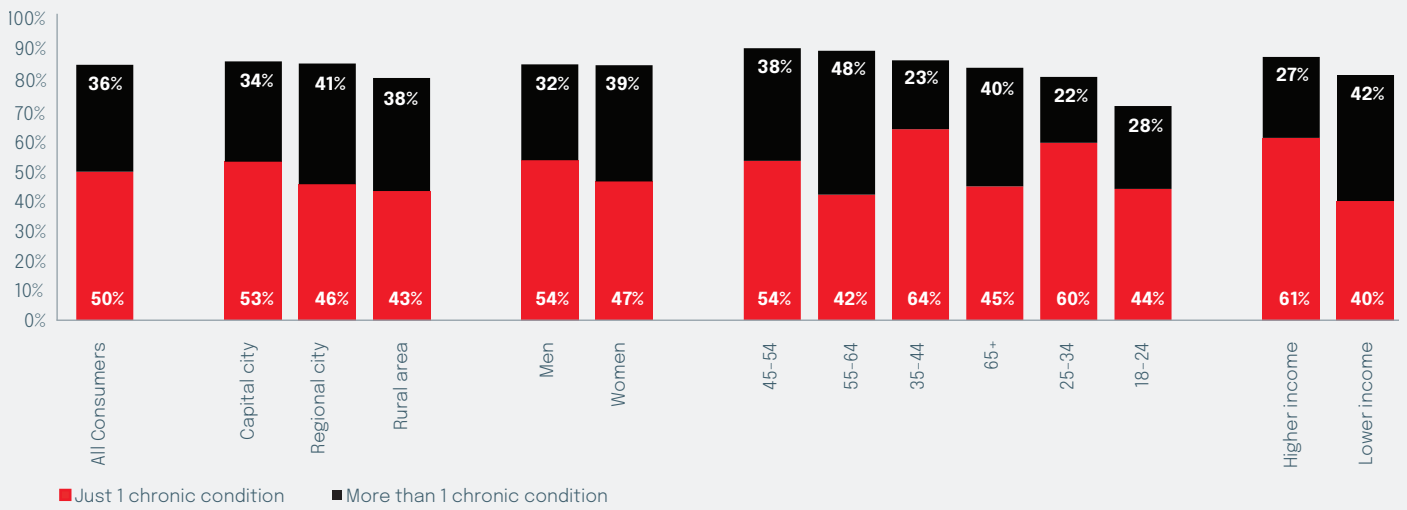
NDIS participants also scored their agreement somewhat lower than the Australian average (7.7 pts), with only 2 in 3 (66%) in very high agreement that they were ultimately responsible for managing their own health.

Medicines and treatments are a part of life for many Australians. In 2023, over 1 in 2 (51%) surveyed Australians said they required ongoing treatment or medication for a medical condition.

This was however a little lower in capital cities (48%) than in regional cities (52%) and rural areas where almost 6 in 10 (59%) did. A somewhat higher number of women (54%) also needed ongoing treatment or medication than did men (47%).

The number of people that required ongoing treatment or medication for a medical condition typically increased with age - apart from the 35-44 group which reported the lowest number needing ongoing treatment or medication (31%). The 18-24 age group was next lowest (35%), with this stepping up in each age group to 80% in the over 65 group.

Chart 6: No. of Australians that require ongoing treatment or medication for a chronic medical condition



Income appeared to be a significant factor, with noticeably more Australians in the lower income group (61%) needing ongoing treatment or medication for a medical condition than in the higher income group (42%).

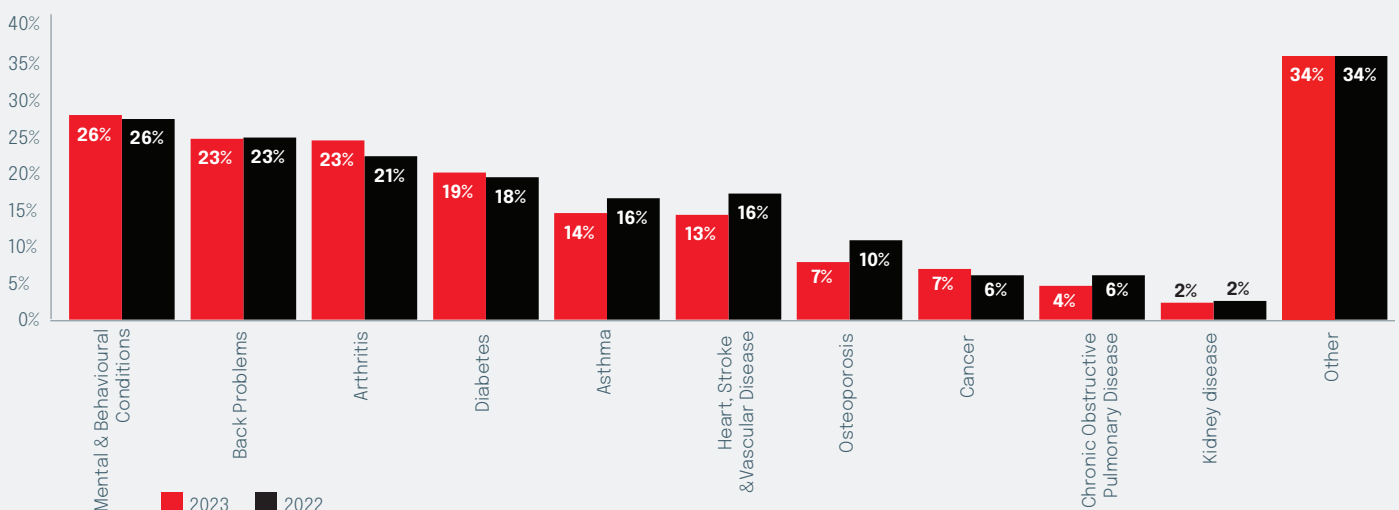
Almost 9 in 10 (86%) Australians that required ongoing treatment or medication for a medical condition said their condition was chronic (i.e. at the time of completing this survey has lasted or is expected to last 6 months or more). Around 1 in 2 (50%) had just 1 chronic condition, and over 1 in 3 (36%) more than 1 chronic condition.

The number of people with a chronic condition was a little lower in rural areas (82%) than in regional and capital cities (87%). However, the number with just 1 chronic condition was somewhat higher in capital cities (53%), and those with more than 1 chronic condition highest in regional cities (41%). A similar number of men and women (86%) said their condition was chronic, but more men had just 1 chronic condition (54% vs. 47%) and more women more than 1 (39% vs. 32%).

We did not find a strong correlation with age. The survey showed the lowest number with a chronic condition (by some margin) in the 18-24 age group, followed by the 25-34 (82%) and over 65 (85%) age groups. It was highest in the 45-54 age group (92%) ahead of the 55-64 group (90%). The number with just 1 chronic condition ranged from 42% in the 55-64 age group to 64% in the 35-44 group, and with more than 1 chronic condition from 22% in the 25-34 group to 48% in the 55-64 group.

The overall number with a chronic condition was somewhat bigger in the higher than lower income group (88% vs. 82%). But while significantly more people in the higher income group reported having just 1 chronic condition (61% vs. 40%), the prevalence of multiple conditions was much higher in the lower income group (42% vs. 27%).

Chart 7: Type of chronic condition



When Australians who identified as having a chronic medical condition were asked to best describe their condition, the most common was mental & behavioural conditions (such as anxiety, depression etc.), which impacted an unchanged 1 in 4 (26%) people in 2023. Just under 1 in 4 (23%) were afflicted by back problems, also unchanged from the 2022 survey.

The next most common conditions were arthritis (23% vs. 21% in 2022) and diabetes (19% vs. 18%). Slightly fewer Australians reported having asthma (14% vs. 16%), heart, stroke & vascular disease (13% vs. 16%), osteoporosis (7% vs. 10%), and chronic obstructive pulmonary disease (4% vs. 6%) in the 2023 survey. Slightly more had cancer (7% vs. 6%), and an unchanged 34% other conditions.

Across regions, we noted a much higher number in rural areas with mental & behavioural conditions (35%) and arthritis (29%), and in regional cities diabetes (25%). Asthma and heart, stroke & vascular disease was also much more common in capital cities and rural areas than in regional cities.

Mental & behavioural conditions were the most common condition for women (29%) and diabetes for men (24%). Noticeably more women also had arthritis than men (28% vs. 18%), but significantly more men heart, stroke & vascular disease (19% vs. 8%) and chronic obstructive pulmonary disease (19% vs. 8%) - see table on next page.

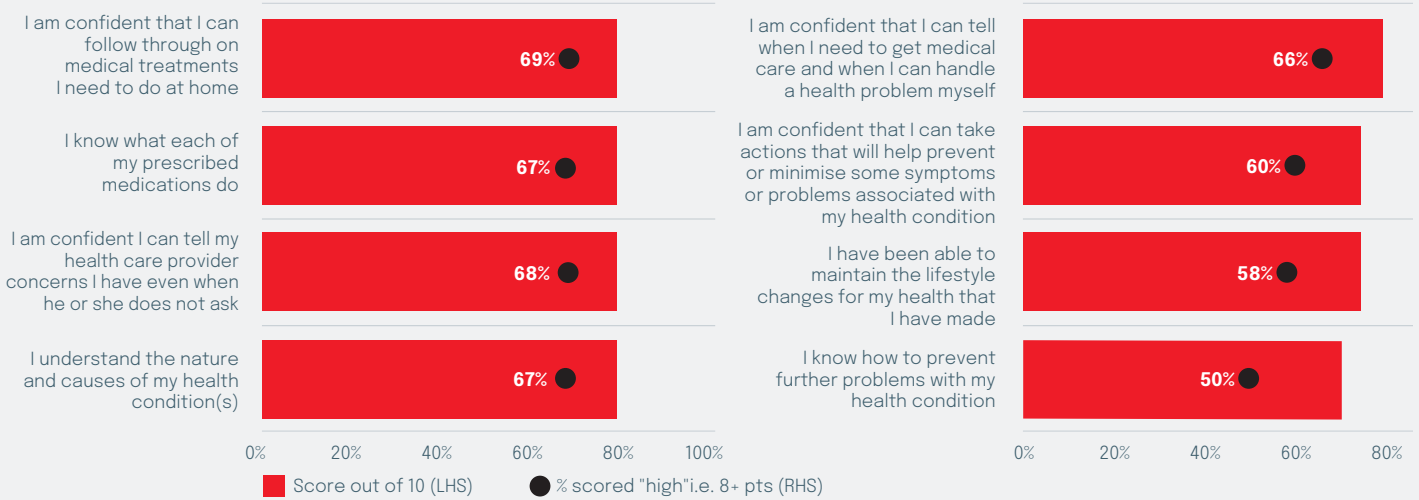
Table 1: Type of chronic condition: 2023

	All Australians	Capital city	Regional city	Rural area	Men	Women	18-24	25-34	35-44	45-54	55-64	65+	Lower income	Higher income	NDIS participant
Mental & Behavioural	26%	23%	28%	35%	23%	29%	61%	42%	35%	29%	18%	13%	36%	20%	38%
Back Problems	23%	20%	26%	29%	22%	25%	26%	22%	22%	18%	30%	22%	35%	21%	34%
Arthritis	23%	23%	18%	29%	18%	28%	0%	8%	16%	25%	26%	33%	34%	15%	29%
Diabetes	19%	16%	25%	21%	24%	15%	6%	14%	18%	17%	26%	20%	27%	15%	43%
Asthma	14%	15%	9%	16%	11%	15%	13%	15%	14%	15%	15%	12%	15%	15%	20%
Heart, Stroke & Vascular	13%	15%	9%	13%	19%	8%	0%	5%	4%	8%	15%	25%	14%	9%	11%
Osteoporosis	7%	8%	8%	5%	6%	9%	3%	3%	6%	5%	7%	12%	10%	4%	9%
Cancer	7%	7%	7%	4%	7%	6%	3%	2%	6%	7%	10%	7%	6%	7%	9%
Chronic Obstructive Pulmonary	4%	4%	5%	5%	8%	2%	0%	5%	6%	2%	3%	6%	10%	2%	13%
Kidney disease	2%	2%	3%	1%	3%	2%	3%	3%	2%	0%	2%	3%	4%	3%	4%
Other	34%	36%	34%	24%	27%	40%	19%	27%	29%	32%	36%	41%	31%	34%	13%

Key differences by age included the much higher number in the 18-24 group that reported mental & behavioural conditions (61%), in the 55-64 group back problems (30%) and diabetes (26%), and in the over 65 group arthritis (33%), heart, stroke & vascular disease (25%) and osteoporosis (12%). People in the lower income group suffered noticeably more from mental & behavioural conditions (36%), back problems (35%), arthritis (34%), diabetes (27%), heart, stroke & vascular disease (14%), osteoporosis (10%) and chronic obstructive pulmonary disease (10%) than in the higher income group. We also noted a significantly higher number of NDIS participants that suffered from mental & behavioural conditions (38%), back problems (34%), arthritis (29%), diabetes (43% - twice the national average), asthma (20%) and chronic obstructive pulmonary disease (13%) relative to the Australian average.

People’s awareness of chronic conditions and what they need to do to achieve the best health outcomes can underpin their capacity to better self-manage that condition. In this survey, NAB asked survey participants with chronic conditions to rate the extent they agreed with several statements relating to self-care and understanding of their conditions and what is required to best manage them. The results suggest “very” high and “quite” high levels of competency for all statements.

Chart 8: Agreement with following statements



Australians scored highest for “I am confident that I can follow through on medical treatments I need to do at home” (8.0 pts), “I know what each of my prescribed medications do” (8.0 pts), and “I am confident I can tell my health care provider concerns I have even when he or she does not ask” (8.0 pts). Around 2 in 3 people also scored their agreement for all these statements “very” high (i.e. 8+ pts).

When it came to following through on medical treatments at home, we did however note somewhat lower agreement in the 18-24 age group (7.0 pts), and in the lower income group and among NDIS participants (7.6 pts). For understanding their prescribed medications, outliers included people in 18-24 group (6.8 pts) and in regional cities (7.5 pts). Agreement around sharing their concerns with health providers was also scored somewhat lower in the 18-24 age group (6.7 pts).

Australians in general were also in strong agreement about the statements “I understand the nature and causes of my health conditions” (7.9 pts) and “I am confident that I can tell when I need to get medical care and when I can handle a health problem myself” (7.9 pts). Around 2 in 3 Australians also scored their agreement with these statements “very” high. Agreement about understanding the nature of their health conditions was scored somewhat lower in the 18-24 age group (6.8 pts) and among NDIS participants (7.5 pts), and for confidence about when to get medical care or self-manage also somewhat lower in the 18-24 age group (6.7 pts).

Australians in general were in somewhat lower agreement around the statements “I am confident that I can take actions that will help prevent or minimise some symptoms or problems associated with my health condition” (7.6 pts) and “I have been able to maintain the lifestyle changes for my health that I have made” (7.5 pts). Around 6 in 10 people scored their agreement with these statements “very” high.

Agreement with the statement for minimising some symptoms or problems however scored somewhat lower in rural areas (7.2 pts), the 18-24 age group (6.7 pts), women (7.4 pts), and the lower income group (7.2 pts). For maintaining lifestyle changes, agreement was noticeably lower in rural areas (7.0 pts), the 18-24 (6.4 pts) and 35-44 (7.1 pts) age groups, and the lower income group (6.8 pts).

Australians overall marked their agreement lowest for the statement “I know how to prevent further problems with my health condition” (7.1 pts), with only 1 in 2 (50%) scoring their agreement “very” high. Groups that scored their agreement lowest included people in rural areas (6.7 pts), the 18-24 (6.7 pts) and 25-34 (6.9 pts) age groups, and the lower income group (6.7 pts).



Rating our health

According to the World Health Organisation (WHO), health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity. It reflects the complex interactions of a person’s genetics, lifestyle and environment. When Australians were asked to self-rate their physical health, they scored on average a “moderate” 6.7 pts out of 10 (where 10 is “extremely healthy”). Almost 4 in 10 (37%) overall scored their physical health “very” high (i.e. 8+ pts), and less than 1 in 10 (7%) “very” low (3 pts or less).

Perceptions of physical health varied across the country. It was scored higher by Australians living in capital (6.8 pts) and regional (6.7 pts) cities than in rural areas (6.1 pts). People in very good health also ranged from around 4 in 10 (39%) in capital cities to around 3 in 10 (28%) in rural areas, where around 3 times as many scored their health very low (15%) than in capital (6%) and regional (5%) cities.

Men (6.8 pts) rated their physical health a little better than women (6.5 pts). Somewhat more men also rated their health very high (40% vs. 33%), but slightly more women very low (8% vs. 6%).

We did not find a strong correlation with age. Self-reported physical health scores also did not vary significantly across age groups, ranging from 6.5 pts in the 55-64 age group to 6.9 pts in the 18-24 group.

The number of people that scored their physical health very high ranged from 33% in the 55-64 group to 43% in the 25-34 group.

Income was however significant, with Australians in the higher income group scoring their physical health (7.1 pts) much higher than in the lower income group (6.2 pts). A much larger number in the higher income group also scored their physical health very high (45% vs. 31%), while 5 times as many people in the lower income group scored their physical health very low (15% vs. 3%).

NDIS participants scored physical health in line with the Australian average, but somewhat more rated it very high (42%).

Chart 9: How physically healthy are you overall?

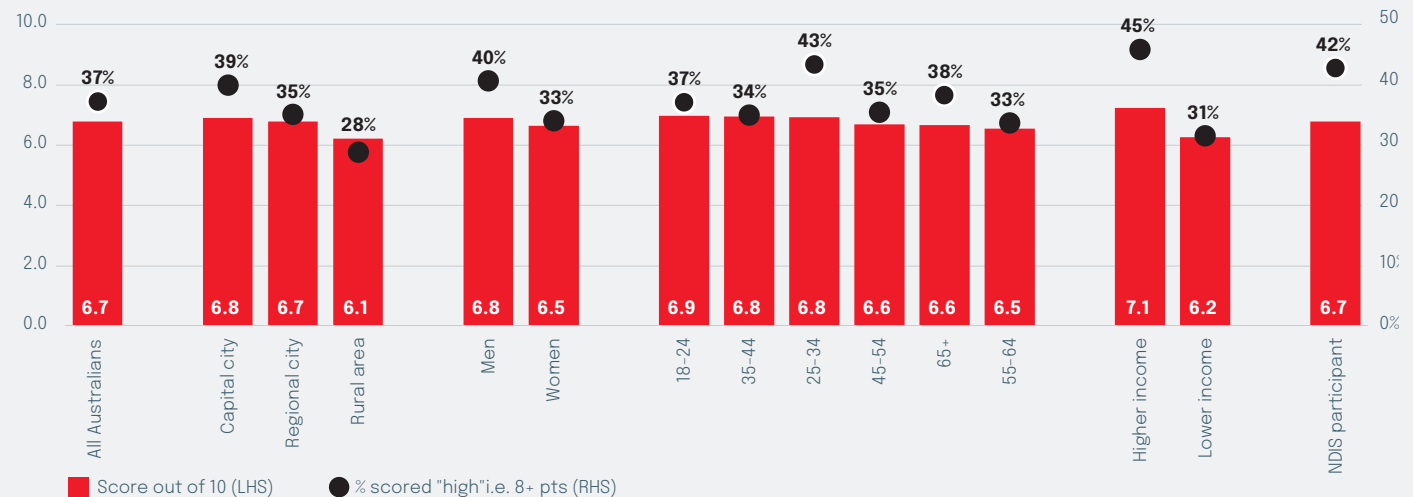
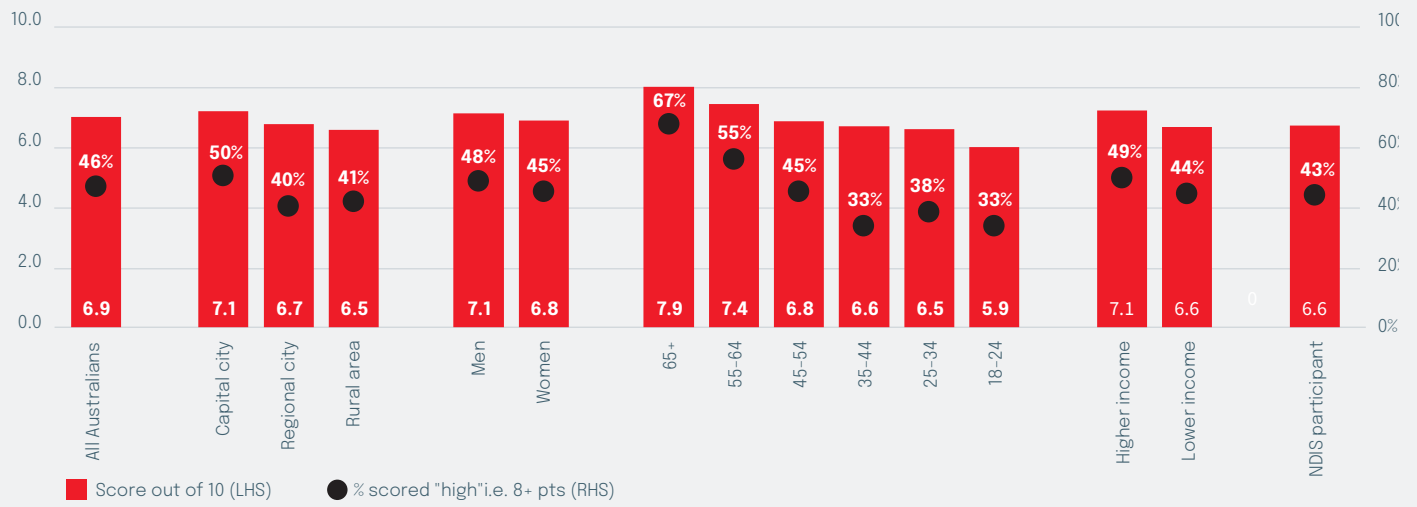


Chart 10: How mentally/emotionally healthy are you overall?



When Australians were asked to self-rate their mental & emotional health, they scored a little higher at 6.9 pts out of 10. Almost 1 in 2 (46%) overall scored their mental & emotional health “very” high, and less than 1 in 10 (8%) “very” low.

By region, mental & emotional health scored higher in capital cities (7.1 pts) than in regional cities (6.7 pts) and rural areas (6.5 pts). Around 1 in 2 (50%) people in capital cities also scored their mental & emotional health very high, compared to 4 in 10 in regional cities (40%) and rural areas (41%). Noticeably more people in rural areas scored their mental & emotional health very low (14%) than in regional (9%) and capital (6%) cities.

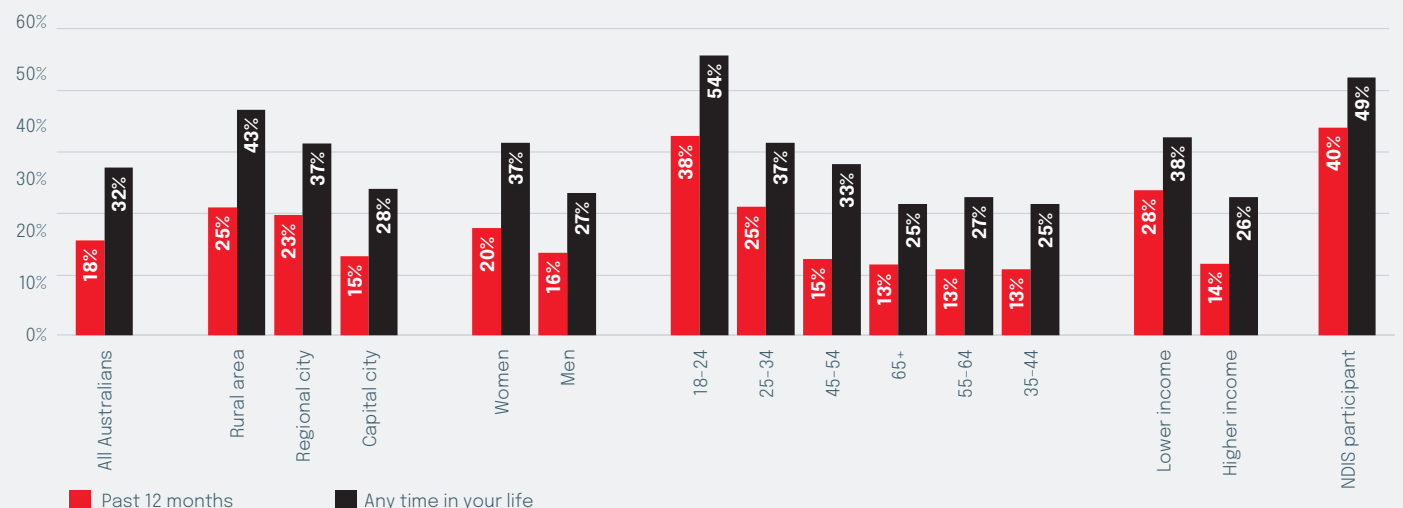
Men (7.1 pts) rated their mental & emotional health higher than women (6.8 pts). Slightly more also scored their mental & emotional health very high (48% vs. 45%), but almost twice as many women scored it very low (10% vs. 6%).

The survey reinforces previous findings that mental & emotional health improves as we get older. In the 2023 survey, people in the 18-24 age groups scored their mental & emotional health lowest at just 5.9 pts, but this stepped up in each age group to 7.9 pts in the over 65 group. Only 1 in 3 (33%) in the 18-24 and 35-44 age groups scored their mental & emotional health very high, compared to 2 in 3 (67%) in the over 65 group.

Income also seems to play a role, with Australians in the higher income group scoring their mental & emotional health (7.1 pts) somewhat higher than in the lower income group (6.6 pts), and a somewhat larger number also rating it very high (49% vs. 44%). Around 13% in the lower income group scored their mental & emotional health very low compared to just 5% in the higher income group.

NDIS participants scored mental & emotional health lower than the Australian average (6.6 pts), and slightly fewer NDIS participants scored it very high (43%).

Chart 11: Have a diagnosed mental health illness or disorder



Good mental health is a state of mental wellbeing that enables people to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community. It is an integral component of health and wellbeing that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. Looking after our mental health and wellbeing is as important as keeping our body healthy.

Many Australians however struggle with mental health illness or disorders (e.g. depression, anxiety, personality disorders, eating disorders, trauma-related disorders, substance abuse disorders etc.). The NAB 2023 Health survey found almost 1 in 5 (18%) had a diagnosed mental health illness or disorder in the last 12 months, and 1 in 3 (32%) were diagnosed at some point in their life - see chart above.

The number of people with a diagnosed disorder in the last 12 months was much higher in rural areas (25%) and regional cities (23%) than in capital cities (15%). A much higher number in rural areas indicated they were also diagnosed at some point in their life (43%), compared to Australians living in regional (37%) and capital cities (28%). Somewhat more women than men were diagnosed in the last 12 months (20% vs. 16%), and noticeably more women also diagnosed at some time in their life (37% vs. 27%).

By age, significantly more younger people in the 18-24 (38%) and 25-34 (25%) age groups were diagnosed with a mental health illness or disorder in the past 12 months than all other age groups. Over 1 in 2 (54%) in the 18-24 also said they have been diagnosed at some point in their life - noticeably higher than in the 25-34 (37%) and 45-54 (33%) age groups, and more than two times higher than in the 35-44, 55-64 and over 65 age groups.

Twice as many people in the lower income group were also diagnosed with a mental health illness or disorder in the last 12 months than in the higher income group (28% vs. 14%), and significantly more also diagnosed at some time in their life (38% vs. 26%).

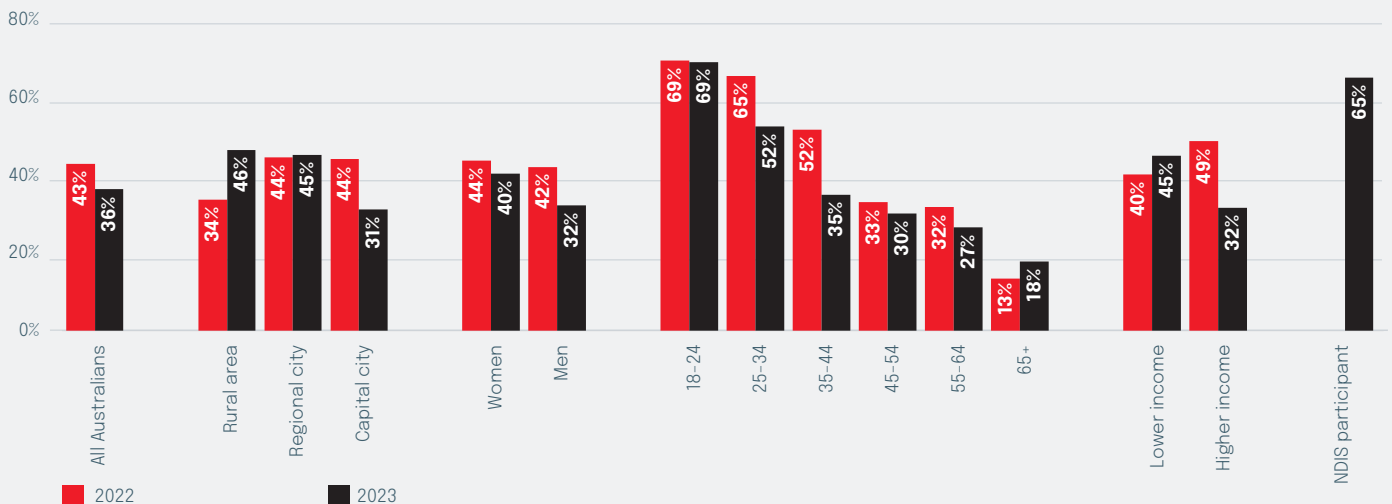
More than twice as many NDIS participants (40%) were diagnosed with mental health illness or disorder in the past 12 months compared to the average Australian (18%), and significantly more also at some point in their life (49% vs. 32%).

The 2023 survey revealed that almost 1 in 5 Australians had a diagnosed mental health illness or disorder in the past 12 months. The survey also revealed that just over 1 in 3 (36%) Australians also felt they needed professional help for their emotions, stress or mental health over the past 12 months - down from 43% in the 2022 survey.

The 2023 survey revealed that almost 1 in 5 Australians had a diagnosed mental health illness or disorder in the past 12 months. The survey also revealed that just over 1 in 3 (36%) Australians also felt they needed professional help for their emotions, stress or mental health over the past 12 months - down from 43% in the 2022 survey.

The overall number that felt they needed professional help however masks some very different patterns across the regions. In rural areas, the number that felt they need professional help climbed to 46% in 2023 (34% in 2022). It was broadly unchanged in regional cities at 45% (46% in 2022) but fell quite sharply in capital cities to 31% (44% in 2022).

Chart 12: Felt you needed professional help for emotions, stress or mental health over the past year



The number of Australians who felt they needed help increased with age. It remained highest in the 18-24 group, where an unchanged 7 in 10 (69%) felt they needed help. It stepped down in each successive age group to around 1 in 5 (18%) in the over 65 group. Interestingly, the number that felt they needed help fell sharply in the 25-34 (to 52% from 65% in 2002) and 35-44 (35% from 52%) age groups but fell more moderately in the 45-54 (30% vs. 33%) and 50-64 (27% vs. 32%) groups. The over 65 group was the only group where more people felt they needed professional help in 2023 (18% up from 13% in 2022).

Divergent trends were also noted in higher and lower income groups. Whereas the number that felt they needed help increased in the lower income group (45% from 40% in 2022), it fell in the higher income group (32% from 49% in 2022). Consequently, the number that felt they needed professional help in the lower income group exceed those in the higher income group, reversing the trend seen in 2022.

An above average 2 in 3 (65%) NDIS participants felt they needed professional help in the past 12 months (data comparison for 2022 not available).

What can other recognised indicators of psychological distress tell us? The Kessler Psychological Distress Scale (K10) is a psychological screening tool designed to identify adults with significant levels of psychological distress. The K10 comprises 10 questions that are answered using a five-point scale (where 5 = all of the time, and 1 = none of the time). It is widely used in Australia and often used in primary care settings to identify people with clinically significant psychological distress. The K10 is often interpreted using a single total score. Scores range from 10 to 50 with higher scores indicating a higher severity of psychological distress. Each question is based on people’s experience over the past 30 days with results grouped into the following four levels of psychological

distress: Low (scores of 10-15, indicating little or no psychological distress); Moderate (scores of 16-21); High (scores of 22-29); Very high (scores of 30-50). As you can see in the chart below, while the overall average score suggests moderate levels of distress for the population as a whole, responses step up significantly by age, ranging from 15.2 for the over 65s to 30.1 for those aged between 18-24 years. Around 66% of young people experienced psychological distress some, most or all of the time.

Feeling that we have control over our lives is important. The more in control we feel, the more efficacious we feel about achieving the outcomes we desire. Feeling as if our life is out of control comes from the anxiety of not always having access to the driver’s seat of life. When we asked Australians how often they felt in control of their lives over the past 30 days, almost 1 in 2 had a strong sense of control - 12% all the time and 35% most of the time (see table below). However 3 in 10 had little or no control - 14% none of the time and 17% a little of the time. Around 1 in 4 (23%) Australians indicated they were in control some of the time.

Being tired out for no good reason or feeling that everything is an effort can often be signs people are struggling. The NAB survey found that over 1 in 5 (22%) Australians felt tired out for no good reason over the last 30 days (6% all the time and 16% most of the time). A broadly similar number (21%) also felt that everything was an effort (5% all of the time and 16% most of the time).

The next most common areas where Australians expressed signs of mental health challenges were feeling nervous (15%), hopeless (14%), restless or fidgety (14%), depressed (13%), worthless (13%), so restless they could not sit still (12%), so sad nothing could cheer them up (11%) and so nervous that nothing could calm them down (10%).

Chart 13: Kessler Psychological Distress Scale (average score out of 50)

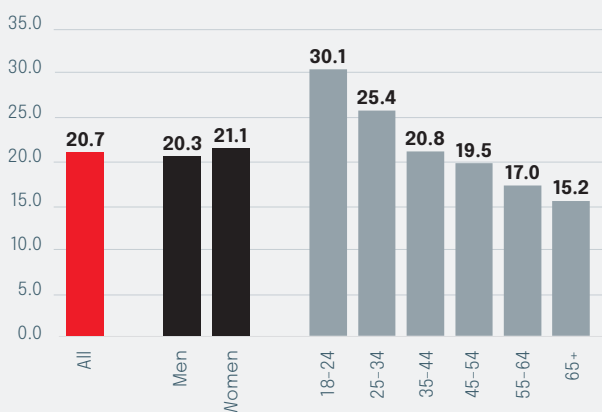
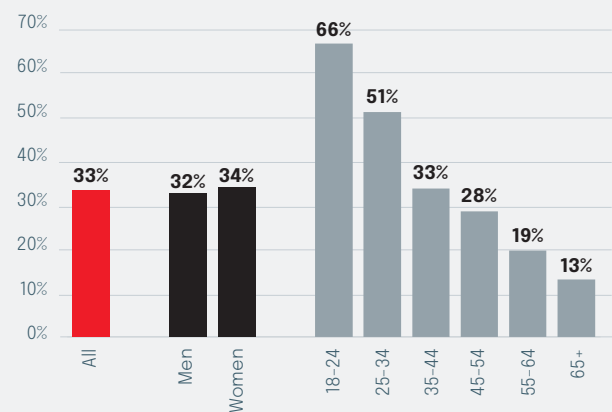


Chart 14: Kessler Psychological Distress Scale (% scored some, most & all of the time)



The survey also found a large number of Australians had also experienced all of these feeling some of the time in the past 30 days, ranging from 23% who felt everything was an effort to 14% who felt so nervous that nothing could calm them down. The number of Australians that had these feelings a little of the time was also significant, ranging from 29% who felt nervous to 17% who felt worthless. Only 3 in 10 Australians did not feel tired for no good reason (30%) or that everything was an effort (29%) and around 1 in 3 (36%) nervous

The table below shows the number of Australians in our key monitored groups who felt all measures all of the time and most of time in the last 30 days.

By region, we found these feelings were more common among people living in rural and regional cities than in capital cities, with significantly more in rural areas in particular feeling tired for no good reason (34%), that everything was an effort (29%), nervous (24%) and hopeless (22%) than in the other regions.

Men and women shared a broadly similar profile, though somewhat more women felt tired for no good reason (25% vs. 20%) and that everything was an effort (24% vs. 20%), but somewhat more men felt hopeless (16% vs. 12%).

The number of Australians that felt these things was much higher in the 18-24 age group for all measures, and typically fell as we aged. Noticeably more people in the lower income group also had these feelings than in the higher income group, as did significantly more NDIS

participants compared to the average Australian.

Australians who obtain a valid mental health care plan and a referral letter from a GP or psychiatrist can access up to 10 free psychology sessions and up to 10 allied mental health services each year through the Medicare Australia psychology rebate if they are struggling with mental health concerns. The NAB survey found 17% had a Mental Health Treatment Plan in 2023.

This however ranged from 1 in 4 (26%) in rural areas to 13% in capital cities. Slightly more women than men had a plan (18% vs. 15%), and it fell exponentially with age - from 44% in the 18-24 group to just 5% in the over 65 group. Income did not make much difference (21% lower income; 18% higher income), but significantly more NDIS participants - around 1 in 2 or 51% - indicated they have a Mental Health Treatment Plan than any other group.

Overall, Australians are only “moderately” satisfied with their health. When asked to rate their satisfaction, they scored 6.6 pts out of 10. Around 4 in 10 (39%) however scored their satisfaction “very high”, but around 1 in 10 (9%) “very low”.

By region, overall satisfaction was scored highest in capital cities (6.8 pts) and lowest in rural areas (6.1 pts). Over 4 in 10 (42%) people in capital cities also scored their satisfaction very high, compared to 1 in 3 in regional cities and rural areas. Significantly more people in rural areas however scored their satisfaction very low (17%), compared to people in regional (7%) and capital (8%) cities.

Table 2: How often did you feel... (all of time & most of the time)

	All Australians	Capital city	Regional city	Rural area	Men	Women	18-24	25-34	35-44	45-54	55-64	65+	Lower income	Higher income	NDIS participant
Feel you have control over your life	46%	49%	40%	43%	46%	47%	36%	39%	35%	37%	54%	72%	45%	46%	43%
Tired out for no good reason	22%	19%	26%	34%	20%	25%	49%	32%	20%	21%	14%	9%	32%	18%	39%
That everything was an effort	22%	20%	23%	29%	20%	24%	43%	34%	18%	22%	10%	12%	36%	17%	39%
Nervous	15%	11%	19%	24%	13%	17%	37%	25%	12%	10%	8%	5%	24%	12%	30%
Hopeless	14%	12%	14%	22%	16%	12%	33%	19%	14%	15%	7%	3%	22%	11%	30%
Restless or fidgety	14%	11%	19%	18%	13%	15%	45%	23%	9%	8%	5%	4%	20%	12%	18%
Depressed	13%	10%	18%	21%	12%	15%	31%	19%	12%	12%	9%	5%	22%	9%	29%
Worthless	13%	11%	16%	17%	13%	13%	31%	21%	13%	11%	6%	3%	20%	11%	30%
So restless you could not sit still	12%	10%	15%	14%	12%	11%	37%	18%	10%	8%	4%	3%	17%	12%	22%
So sad that nothing could cheer you up	11%	8%	14%	17%	11%	11%	31%	14%	12%	9%	3%	3%	14%	8%	27%
So nervous nothing could calm you down	10%	8%	13%	14%	10%	11%	33%	17%	7%	8%	1%	4%	15%	8%	23%

Chart 15: Have a Mental Health Treatment Plan

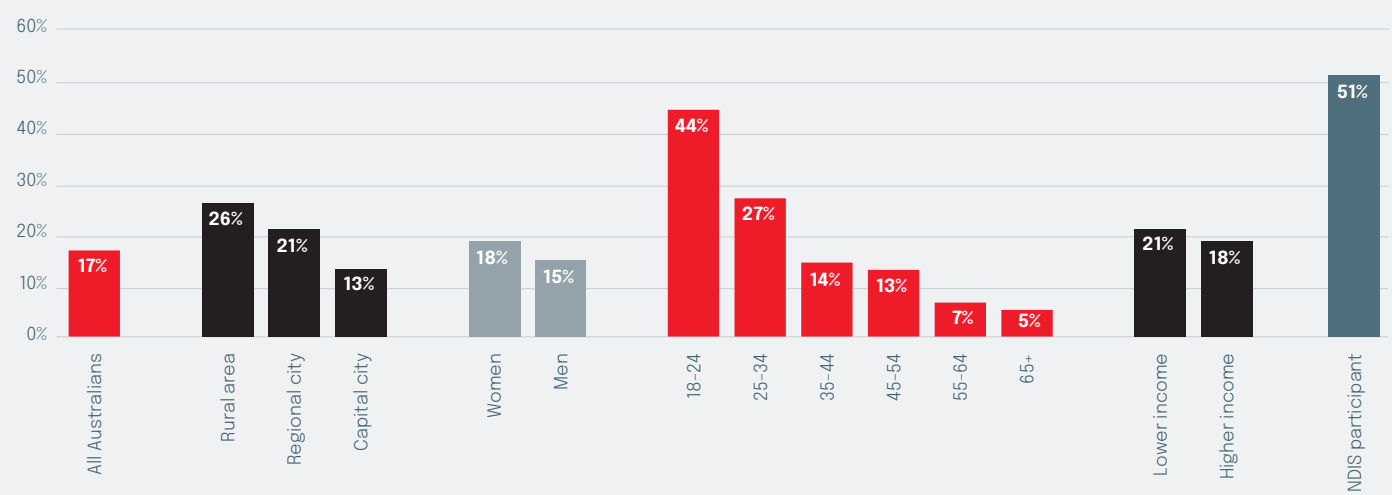
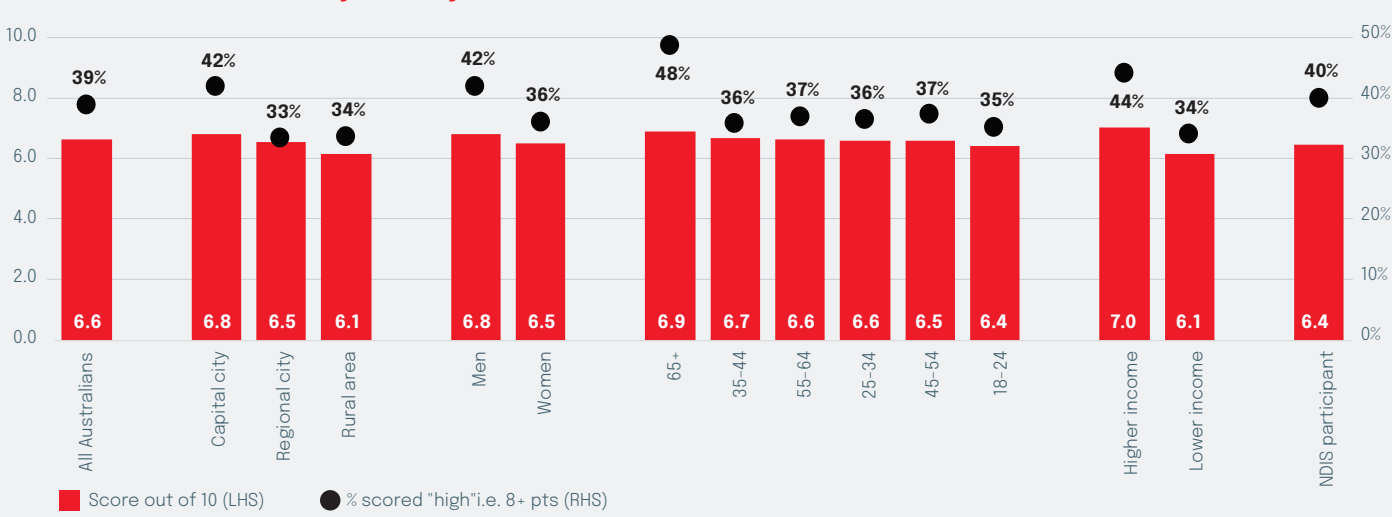


Chart 16: How satisfied are you with your overall health?



Men (6.8 pts) rated their satisfaction higher than women (6.5 pts). Somewhat more men also scored it very high (42% vs. 36%). By age, overall satisfaction was lowest in the 18-24 group (6.4 pts) and highest in the over 65 group (6.9 pts). It was scored in a narrow range in all other age groups, ranging from 6.5 pts in the 45-54 group to 6.7 pts in the 35-44 group. We also noted a much higher number in the over 65 age group - around 1 in 2 or 48% - that scored their satisfaction very high compared to around 1 in 3 in all other age groups.

Australians in the higher income group scored their satisfaction with their overall health much higher than in the lower income group (7.0 pts vs. 6.1 pts), with a larger number also rating it very high (44% vs. 34%). Around 4 times as many people in the lower income group however scored very low (12% vs. 3%).

NDIS participants scored satisfaction marginally lower than the average (6.4 pts), but a slightly higher number of NDIS participants scored it very high (40% vs. 39%) - though

this was offset by a slightly higher number who also rated satisfaction with their health very low (12%).

Australians are only “moderately” satisfied with their overall health but may like to be “healthier”. Even though they may want to however, they can also do things inconsistent with health promotion. In this survey, we asked Australians to identify what things stop them from taking better care of the health.

The most common reason for 3 in 10 (30%) Australians overall was a lack of motivation - though this was somewhat higher in the 18-24 age group (39%) and lower in the over 65 group (21%). Not having the money was key for 1 in 4 (26%) people, but higher in rural areas (35%), for women than men (30% vs. 22%), and the lower income group (32% vs. 22%). Around 1 in 4 (25%) also said they were too tired, with this rising to 34% in rural areas, 32% of women against 19% of men, and 35% in the 25-34 and 35-44 age groups.

Around 1 in 5 (19%) said they can start taking better care of their health but can't keep going. This was a particular challenge in the 18-24 age group (33%). A further 17% don't have the time, though this climbed to 30% in the 35-44 age group and was a much bigger constraint in the higher than lower income group (24% vs. 9%). Some 15% of Australians said it's more important they look after others, but this was much higher for women than men (18% vs. 11%) and in the 18-24 age group (20%). About 1 in 10 (11%) did not know what to do, but this climbed to 17% in regional cities compared to 9% in capital cities. Just over 1 in 20 (6%) were held back from taking better care of their health because they were too ill or disabled, but this doubled for NDIS participants (11%) and in rural areas and the lower income group (10%).

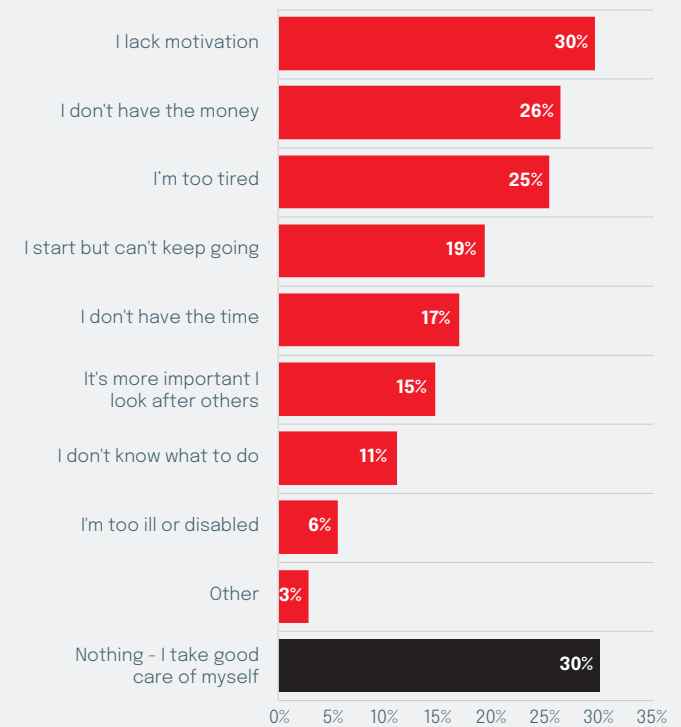
Only 3 in 10 (30%) Australians said they take good care of themselves, with this rising to 54% in the over 65 age group but was as low as 13% in the 18-24 age group and 16% in the 24-35 group.

Encouragingly, the number of Australians who prioritised health more over the past year increased to 44% (41% in the 2022 survey), and only 10% prioritised less. The number prioritising their health increased in all regions relative to last year - ranging from 49% in regional cities to 29% in rural areas.

Somewhat fewer women prioritised their health more (45% from 50% in 2022), while the number of men doing so was unchanged (but still below women) at 43%.

While there was no clear relationship with age, all groups made their health a bigger priority, apart from the 55-64 age group (39% down from 43% in 2022) and lowest overall. An increased emphasis on health was most apparent in the 18-24 age group where the number who did rose sharply to 56% (44% in 2022), followed by the 25-34 age

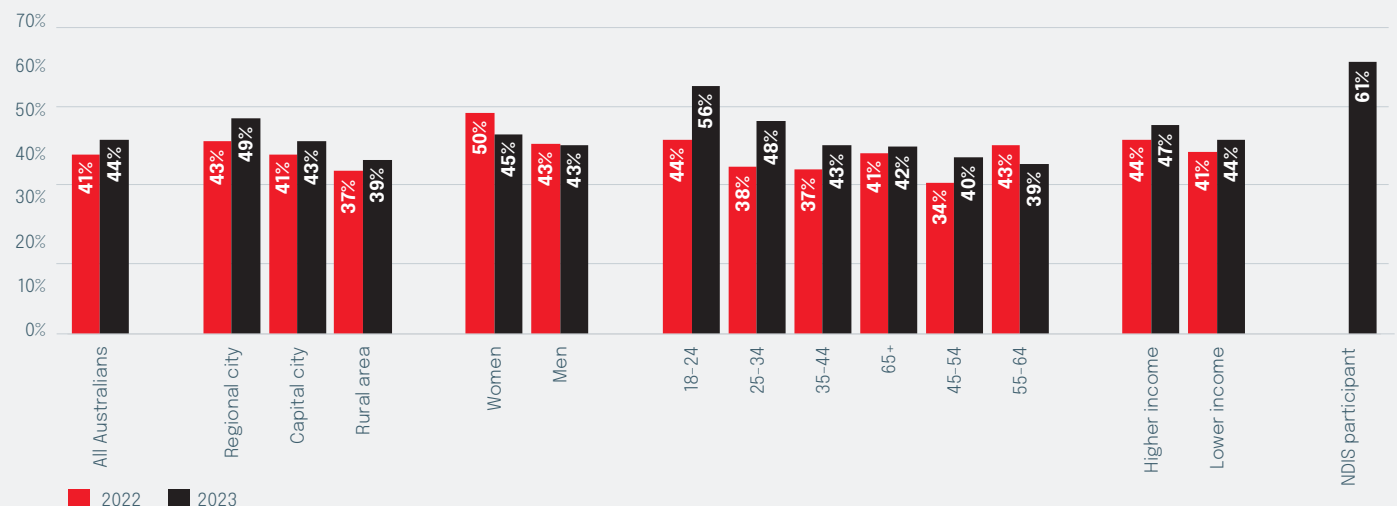
Chart 17: What stops you from taking better care of your health?



group where it was also noticeably higher at 48% (38% in 2022).

Slightly more people in both the lower and higher income groups said they prioritised their health more, though the number doing so was still a little bigger in the higher income group (47% vs. 44%). A well above average 6 in 10 (61%) NDIS participants also said they had made their health a bigger priority in the past year - see chart below.

Chart 18: Prioritising health more over the past year





Preventative health

Preventative health is described as taking a proactive approach to your own health through exercise, diet, quitting smoking, alcohol & drugs, regular health screening & check-ups, and generally taking steps to ensure your mental and physical health are as good as possible. In the 2023 survey, Australians were again asked to score the extent they believe they have a preventative health mindset. They scored “moderately” high at 6.8 pts out of 10 (where 10 is completely), down slightly from 7.0 pts in the 2022 survey.

Australians in capital cities rated their preventative health mindset highest at 6.9 pts (down marginally from 7.1 pts in 2002), followed by regional cities (6.9 pts also down slightly from 7.0 pts). It was lowest in rural areas at 6.3 pts, and somewhat lower than in 2022 (6.8 pts). Both men and women scored their preventive health mindset lower in 2023, though women (6.8 pts from 7.2 pts), somewhat more so than men (6.8 pts down from 6.9 pts) and now on par with women. It was also scored lower in all age groups but remained highest in the over 65 group (7.5 pts) and lowest in the 18-24 and 35-44 age groups (6.5 pts). Australians in higher income groups scored their preventative health mindset lower in 2023, but still above the higher income group (7.0 pts vs. 6.5 pts). The preventative mindset of NDIS participants was broadly in line with the Australian average (6.9 pts).

The average score does however mask a quite high number of Australians who scored their preventative health mindset “very” high (i.e. scored 8+ pts). In 2023, 38% scored their mindset very high (40% in 2022). By region, it was highest (and increased) in regional cities (41% vs. 39%) and lowest (and down sharply) in rural areas (30% vs. 37%). It was broadly unchanged in most age groups and remains much higher in the over 65 (54%) and 55-64 (42%) groups. The 18-24 group was the exception with the number with a very high preventative mindset falling noticeably to 24% (37% in 2022). It was bigger in the highest income group (unchanged at 40%) but fell a little in the lower income group (36% vs. 39%). 4 in 10 NDIS participants also said they had a very high preventative mindset - see chart over page.



Chart 19: Extent you believe you have a preventative health mindset (score out of 10)

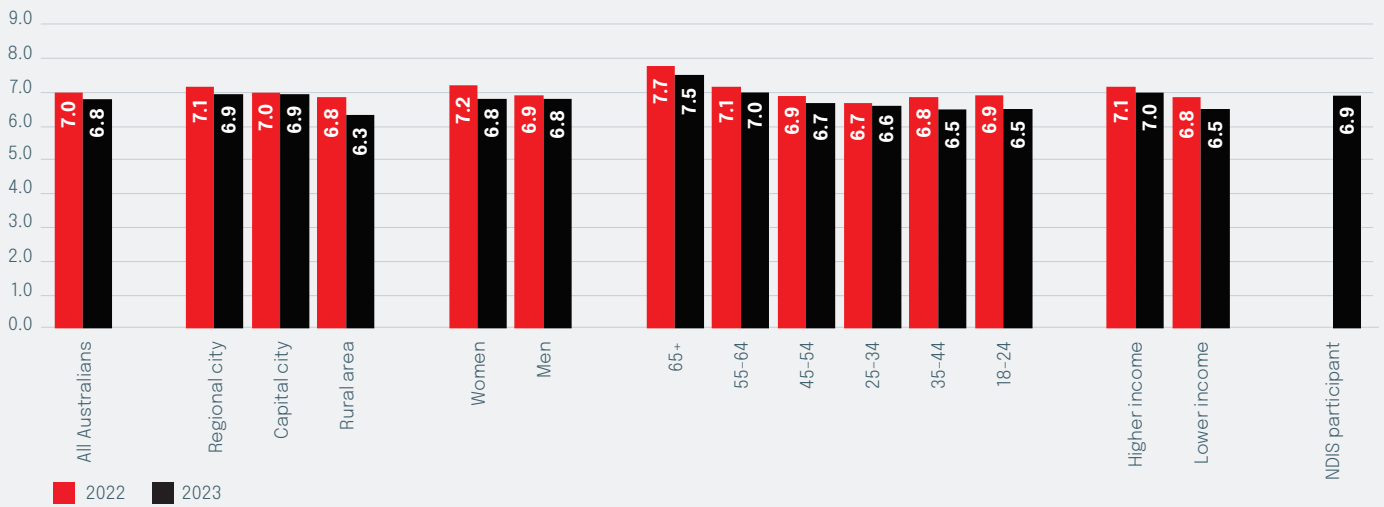


Chart 20: Extent you believe you have a preventative health mindset (% scored high)

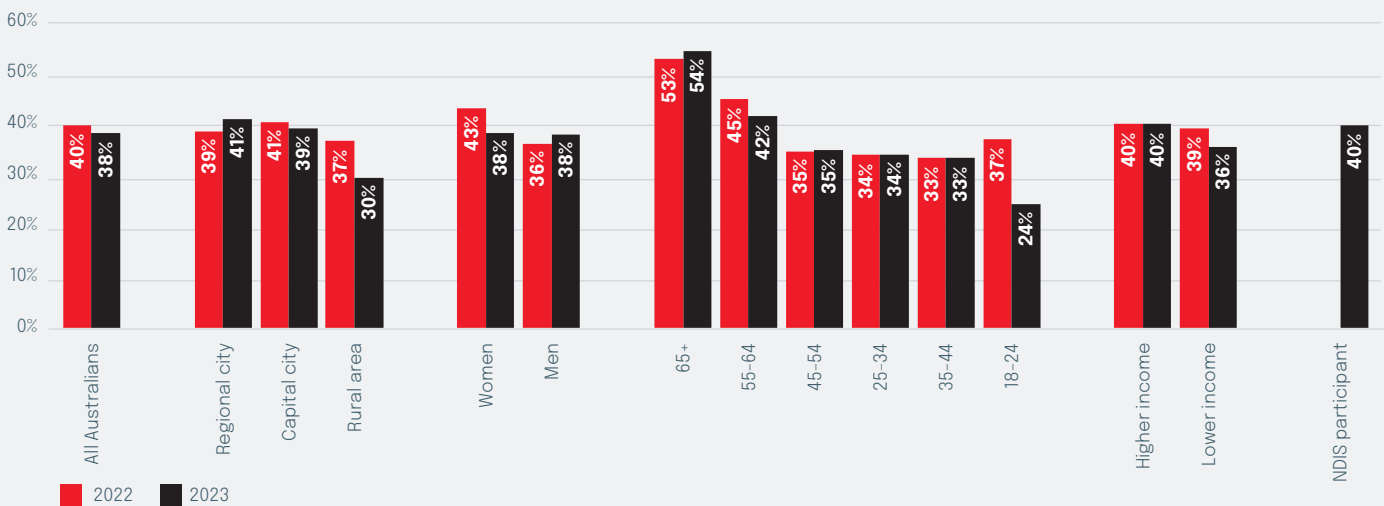
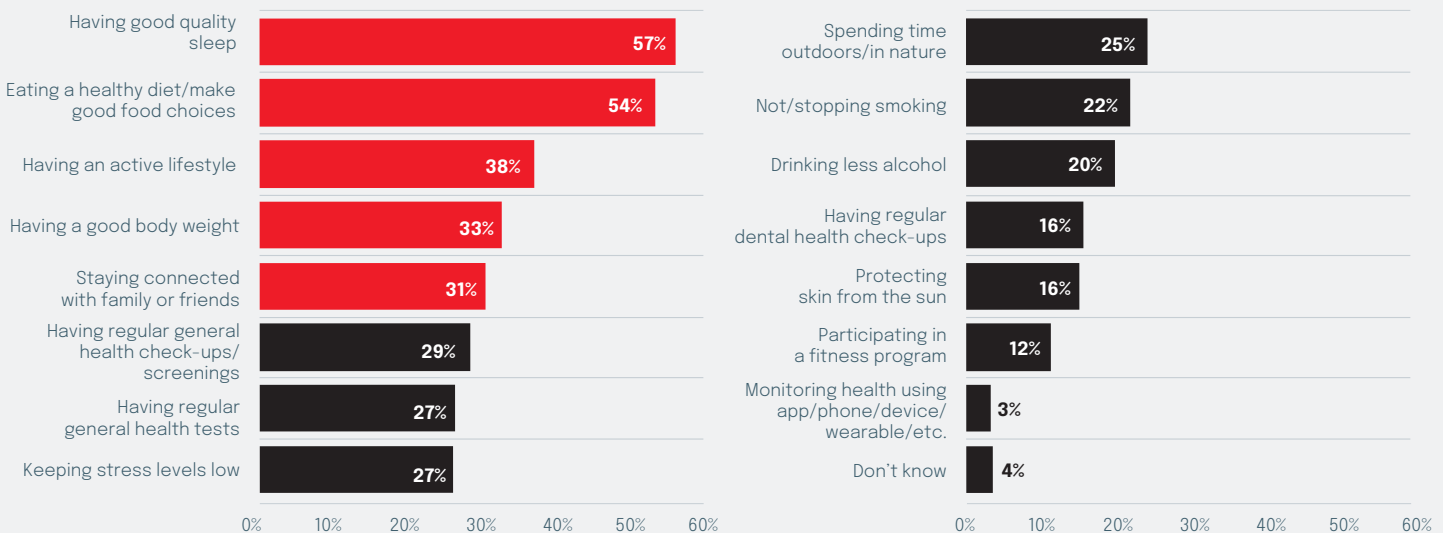


Chart 21: Top 5 preventative health measures



There are many preventative measures that can help produce better health outcomes, but which ones do Australians believe are most important? In this survey, Australians were asked to select their top 5 preventative healthcare measures they believe are most important.

Two measures stood out according to over 1 in 2 people overall - having good quality sleep (57%) and eating a healthy diet & making good food choices (54%). Rounding out the top 5 according to 1 in 3 Australians were having an active lifestyle such as walking, cycling etc. (38%), having a good body weight (33%) and staying connected with family and friends (31%).

Around 3 in 10 also believe having regular check-ups & screenings (29%) are most important. Around 1 in 4 said regular general health tests e.g., cholesterol, mammogram etc. (27%), keeping stress levels low e.g., using relaxation techniques (27%), spending more time outdoors in nature (25%), not smoking or quitting smoking (22%), and 1 in 5 (20%) drinking less alcohol were key.

Regular dental check-ups and protecting their skin would help according to 16% of Australians, and participating in a fitness program e.g., gym, sports, training according to just over 1 in 10 (12%). Monitoring health using an app, phone, device or wearable etc. was considered most important by just 3% of Australians, while 1 in 25 (4%) simply did not know.

By region, we noted a somewhat higher number in rural areas who said eating a healthy diet & making good food choices was key (61%) and in capital cities having regular general health check-ups & screenings (31%). A much lower number in regional cities thought having an active lifestyle was important (28%) - see table below.

By gender, the biggest differences related to the much higher number of women who identified good quality sleep (61% vs. 54%), eating a healthy diet & making good food choices (59% vs. 50%) and regular general health tests (32% vs. 22%) as most important.

Table 3: Top preventative health measures; region, gender, age, higher & lower income

	All Australians	Capital city	Regional city	Rural area	Men	Women	18-24	25-34	35-44	45-54	55-64	65+	Lower income	Higher income
Having good quality sleep	57%	57%	58%	57%	54%	61%	43%	51%	58%	69%	63%	54%	57%	59%
Eating a healthy diet/make good food choices	54%	53%	55%	61%	50%	59%	40%	44%	48%	55%	67%	67%	56%	53%
Having an active lifestyle	38%	41%	28%	37%	39%	37%	24%	32%	40%	42%	44%	41%	25%	46%
Having a good body weight	33%	33%	34%	33%	35%	32%	21%	28%	31%	38%	39%	39%	28%	33%
Staying connected with family or friends	31%	32%	30%	30%	28%	34%	28%	32%	26%	33%	27%	37%	33%	28%
Having regular general health check-ups/screenings	29%	31%	25%	25%	27%	31%	19%	18%	21%	28%	33%	48%	29%	27%
Having regular general health tests	27%	27%	25%	28%	22%	32%	11%	16%	20%	20%	36%	51%	29%	22%
Keeping stress levels low	27%	27%	27%	23%	24%	29%	30%	34%	31%	27%	24%	16%	25%	26%
Spending time outdoors/in nature	25%	23%	30%	28%	23%	27%	28%	22%	22%	26%	25%	27%	29%	21%
Not/stopping smoking	22%	22%	25%	19%	23%	22%	20%	24%	27%	17%	25%	21%	19%	28%
Drinking less alcohol	20%	21%	19%	18%	20%	21%	22%	20%	24%	19%	22%	17%	15%	22%
Having regular dental health check-ups	16%	18%	15%	11%	16%	17%	11%	12%	16%	16%	19%	20%	11%	18%
Protecting skin from the sun	16%	16%	15%	16%	13%	18%	11%	14%	15%	12%	25%	16%	15%	15%
Participating in a fitness program	12%	12%	12%	9%	13%	10%	21%	15%	10%	12%	7%	7%	10%	16%
Monitoring health using app/phone/device/wearable/etc.	3%	3%	4%	3%	4%	3%	11%	5%	2%	0%	1%	4%	3%	2%
Don't know	4%	2%	5%	8%	5%	3%	5%	5%	3%	4%	2%	3%	6%	2%

By age, having good quality sleep was important for noticeably more people in the 45-54 group (69%), particularly when compared to the 18-24 group (43%). Eating healthy & making good food choices was important for noticeably more in the 55-64 and over 65 age groups (67%), with the over 65 group also placing more importance on regular health check-ups & screening (48%) and general health tests (51%). We also noted a much lower number in the 18-24 group who said having an active lifestyle (24%), good body weight (21%) and regular general health tests (11%) was most important, and in the over 65 group keeping stress levels low (16%).

The biggest differences by income were the higher number in the higher income group who said an active lifestyle (46% vs. 25%) and not smoking or quitting (28% vs. 19%) was important, and in the lower income group spending time outdoors or in nature (29% vs. 21%).

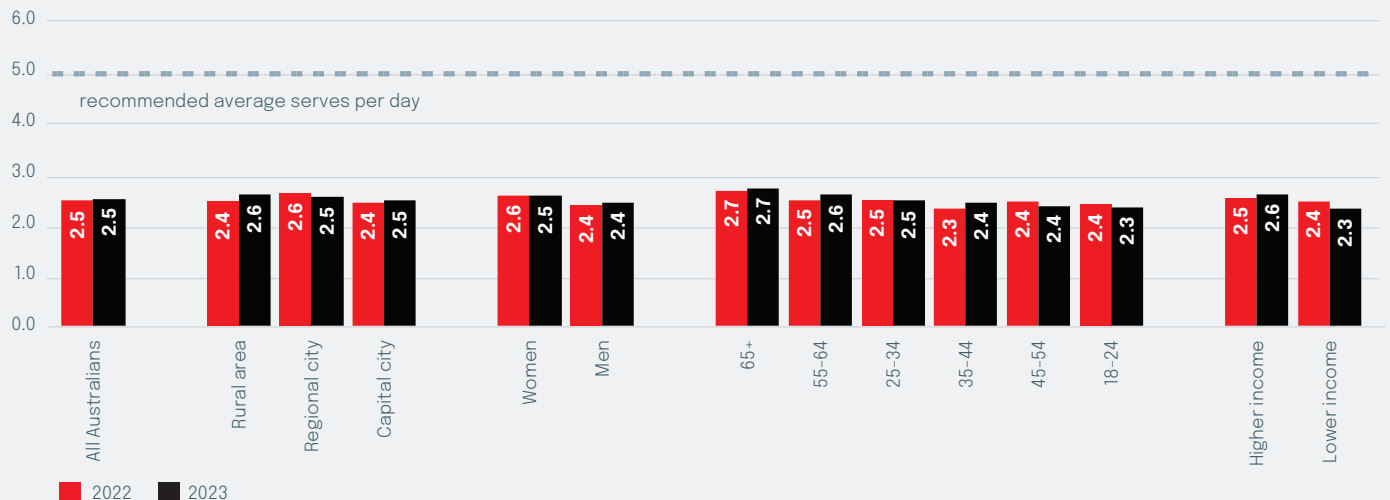
Eating a healthy diet and making good food choices was identified by over 1 in 2 Australians as the most important measure they can take to promote better health. Vegetables are one of the healthiest food choices available. Vegetables (including legumes/beans) are nutrient dense, low in kilojoules and a good source of vitamins and minerals (such as magnesium, vitamin C and folate), dietary fibre and a range of phytochemicals including carotenoids. There is also strong evidence that for each serve of vegetables eaten each day, the risk of coronary heart disease is reduced further. Also, by eating vegetables (especially colourful vegetables) there is a reduced risk of stroke and weight gain. The recommended guideline for good health is 5 serves of vegetables per day.

The 2023 NAB's survey however again found Australians on average eat only half the recommended quantity of vegetables (2.5 serves), unchanged from 2022. This did not vary significantly across key groups.

In 2023, vegetable consumption was highest (and increased slightly) in rural areas (2.6 serves up from 2.4 serves in 2022) ahead of regional cities (2.5 serves down from 2.6 serves) and capital cities (2.5 serves up from 2.4 serves). Vegetable consumption fell slightly for women (2.5 serves vs. 2.6 serves) but remained slightly higher than for men (unchanged at 2.4 serves). By age, it was highest in the over 65 group (2.7 serves) and lowest in the 18-24 group (2.3 serves). Australians in the higher income group consumed slightly more vegetables in 2023 (2.6 serves up from 2.5 serves), but people in the lower income group slightly less (2.3 serves down from 2.4 serves).



Chart 22: Average serves of vegetable each day



The question of beneficial effects of alcohol has been a contentious issue in research for years. In 2023, the WHO published a statement in The Lancet Public Health that stated when it comes to alcohol consumption, there is no safe amount that does not affect health. While also acknowledging that there is no safe level of drinking, guidelines from Australia’s Alcohol and Drug Foundation recommend that to reduce the risk of harm from alcohol-related disease or injury for healthy men and women, we should drink no more than 10 standard drinks per week and no more than 4 standard drinks on any one day. The 2022 NAB Consumer Health survey found Australians on average consumed 4.0 standard drinks per week - well below the recommended maximum.

Drinking occasionally is not a health problem for most people. When drinking becomes a daily activity, however it may represent progression of consumption and an increased health risk. In the 2023 survey, Australians were asked how often they drink alcohol. While 1 in 4 (25%) reported they never drink, nearly 1 in 10 (8%) drank every day or almost every day, and a further 1 in 10 (10%) 4-5 times per week. Just over 1 in 5 (22%) drank 1-3 times per week and 1 in 3 (34%) less often.

Consumption patterns did however widely in key groups. By region, the highest number that never drank were in rural areas (1 in 3 or 32%) and was somewhat higher than in capital cities (1 in 4 or 24%). But almost twice as many people in rural areas also drank every day (13%), than in regional and capital cities (7%). Far more people in capital cities however drank just 1-3 times per week (26%) compared to people in regional cities (17%) and rural areas (10%).

Significantly more women than men did not drink at all (31% vs. 21%), and less often than once a week (39% vs. 30%). In contrast, nearly twice as many men drank every day (10% vs. 6%) and 1-3 times per week (29% vs. 14%).

Older Australians typically drink more frequently than younger age groups. Though the number of people that never drank ranged from 1 in 3 (33%) in the over 65 age group to around 1 in 4 in all other age groups from 18-24 and 45-54 (24%) and 28% in the 55-64 group, a much larger number in the over 65 (17%) and 55-64 (11%) age groups also drank every day, compared to all other age groups where a much higher number drank less often than once a week (36-41%) than in age groups over 55.

Around 1 in 3 Australians in the lower income group never drink, compared to around 1 in 5 (18%) in the higher income group. But around 3 times as many in the lower income group drink every day (13%), while twice as many in the higher income group drink 4-5 times a week (14% vs. 7%) and 1-3 times per week (27% vs. 14%).

Tobacco smoking is one of the largest preventable causes of death and disease in Australia. According to the Australian Institute of Health and Welfare (AIHW) smoking is estimated to kill almost 20,500 Australians a year (13% of all deaths) and was responsible for 8.6% of the total burden of disease in Australia in 2018. Smoking is also associated with increased risk of a wide range of health conditions, including heart disease, diabetes, stroke, cancer, renal disease, eye disease and respiratory conditions such as asthma, emphysema and bronchitis.

Chart 23: How often do you drink alcohol?

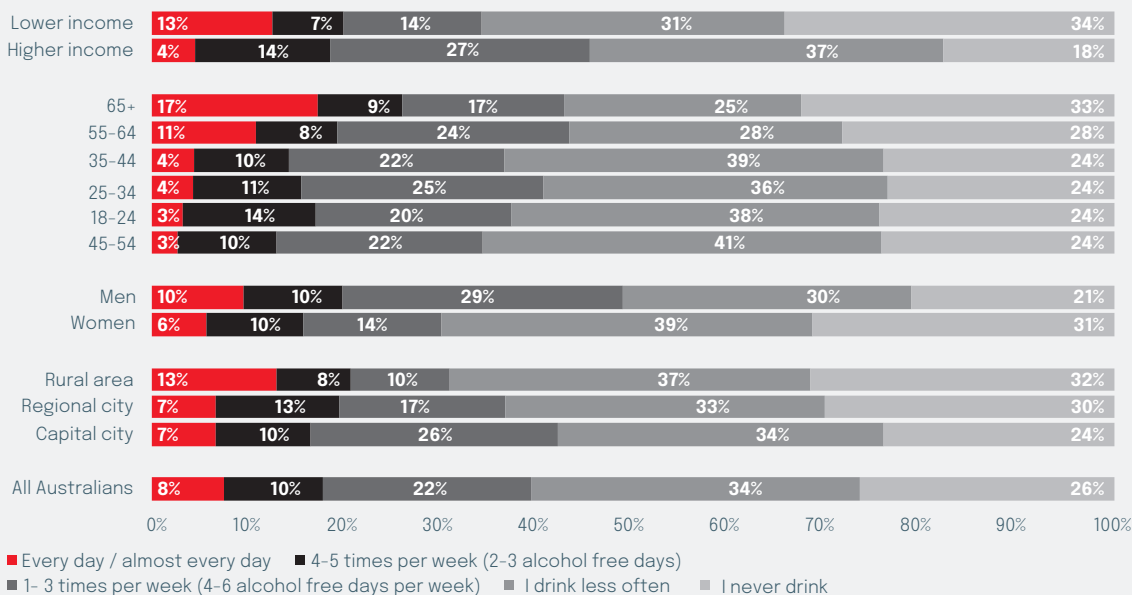
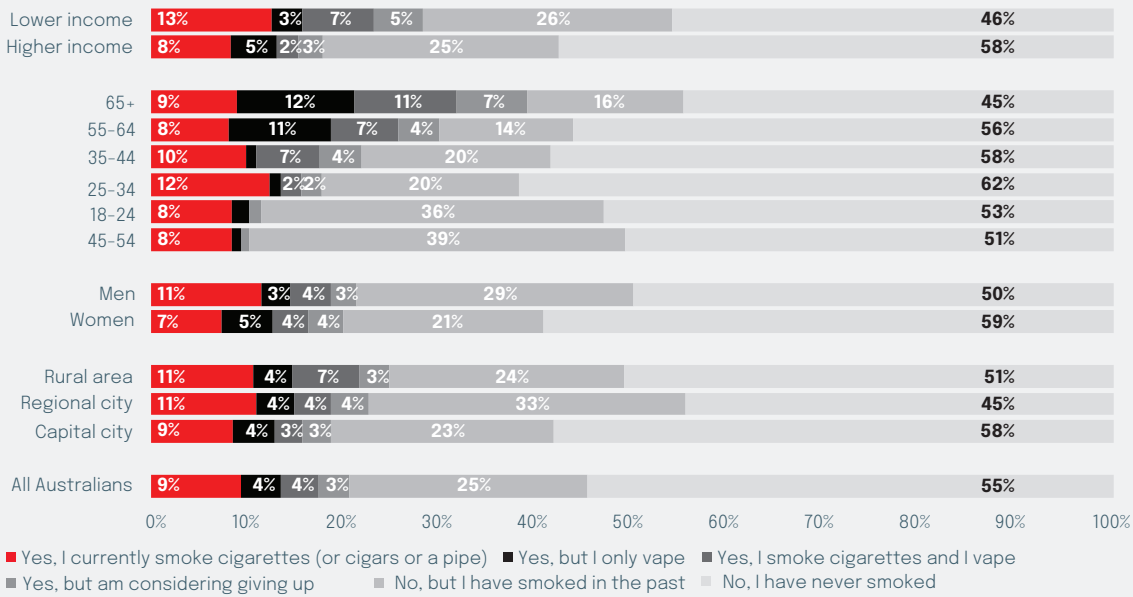


Chart 24: Do you smoke or vape?



E-cigarettes or vapes are becoming increasingly popular, particularly for youths and young adults. A vape is a lithium battery-powered device that use cartridges filled with liquids or ‘juice.’ The liquids typically contain nicotine, artificial flavourings, and various chemicals, some of which have been shown to be toxic. The liquid is heated into an aerosol, or vapour, and inhaled into the user’s lungs. According to Lung Foundation Australia, vaping is unsafe and potentially dangerous. While the long-term health effects are unclear, vaping in the short-term has been associated with nausea, vomiting, mouth and airway irritation, chest pain and heart palpitations.

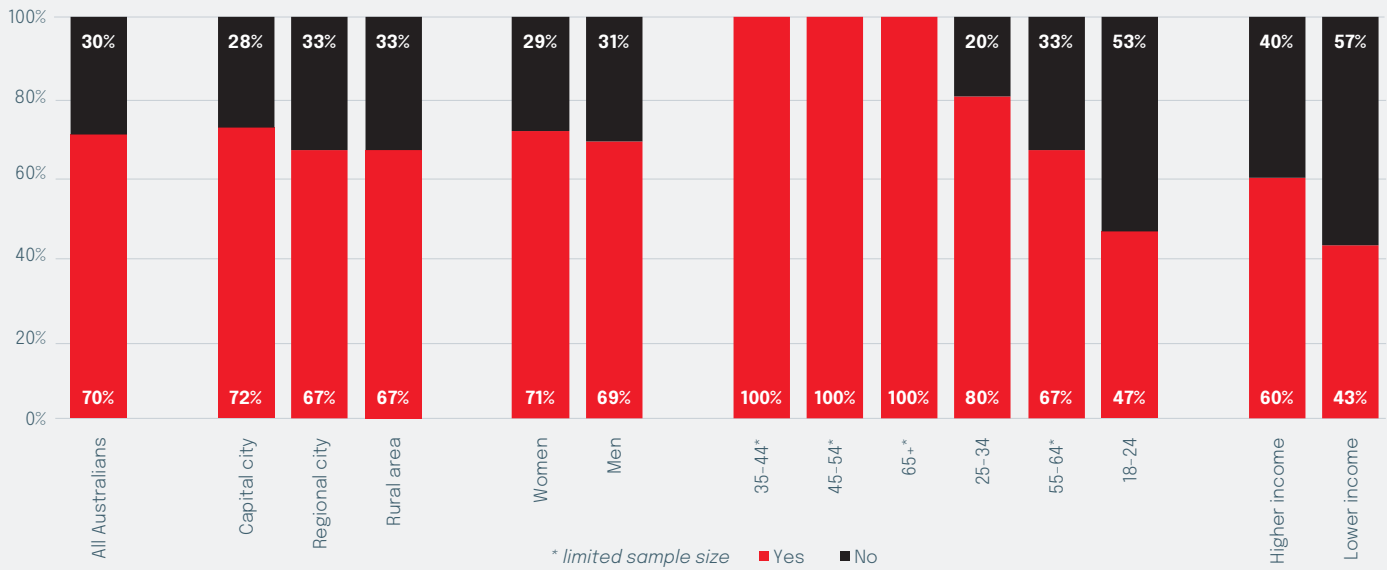
How prevalent is smoking and vaping in Australia today? The NAB survey found just over 1 in 5 (21%) currently smoke or vape - cigarettes (9%), only vape (4%), smoke cigarettes and vape (4%), or smoke or vape but are considering giving up (3%). Around 1 in 4 (25%) do not smoke or vape but have done so in the past, while nearly 6 in 10 (55%) have never smoked or vaped.

The overall number that smoked or vaped ranged from 19% in capital cities to 25% in regional cities. It was basically the same for men (21%) and women (20%). There was a very strong correlation between the number of smokers and age. Smokers were most prevalent in 18-24 age group (39%) with this number falling in each age group to just 10% in the over 65 group. The number of smokers was also much higher in the lower income group (28%) than in the higher income group (18%).

The survey revealed a somewhat higher of women never smoked than men (59% vs. 50%). Noticeably more people never smoked in the higher than lower income group (58% vs. 46%), 45-54 age group (62%), particularly when compared to the 18-24 group (45%), and in capital cities (58%) compared to rural areas (45%). We also noted a somewhat higher number of men that smoked cigarettes than women (11% vs. 7%), in the 18-24 (11%) and 25-34 (11%) age groups that only vape, and in the 18-24 group that smoke and vape (7%). There were also somewhat more cigarette smokers (13% vs. 8%) and who smoke and vape (7% vs. 2%) in the lower income group.



Chart 25: Switched from cigarettes to vaping



Australians who only vape were asked if they switched from cigarettes to vaping. Overall, 7 in 10 (70%) did. This ranged from 72% in capital cities to 67% in regional cities and rural areas. A similar number of women (71%) and men (69%) switched from cigarettes. By age, 47% switched in the 18-24 age group, and 80% in the 25-34 group (responses in all other groups based on limited sample size). By income, noticeably more in the higher income group switched from cigarettes than in the lower income group (60% vs. 43%).

Australia’s Department of Health and Aged Care states that while scientists are still learning about e-cigarettes, they do not consider them safe. Hazardous substances have been found in vape liquids and in the aerosol produced by vapes, including known cancer-causing agents such as formaldehyde, acetaldehyde and acrolein. Some chemicals in vape aerosols can also cause DNA damage. Vapes do not produce the tar produced by normal cigarettes which is the main cause of lung cancer. However, many scientists are concerned that vaping could increase risk of lung disease, heart disease and cancer. Research also shows people who vape appear to be continuing to use conventional tobacco products at the same time (dual users). Currently, there is insufficient evidence to promote the use of vapes for smoking cessation.

When Australians were asked if they thought vaping was less damaging to people’s health than cigarettes, the vast majority - around 2 in 3 or 63% - did not. In contrast, just 1 in 5 (19%) believe they are, while a further 1 in 15 (18%) were unsure. The overall result does however mask some important differences in key groups.

By region, 1 in 4 (25%) people in rural areas and regional cities said vapes were less damaging to people’s health than cigarettes, compared to just 17% in capital cities who reported the highest number who believe they are not (65%). There was very little difference in the opinions of Australians in lower and higher income groups. There were however significant differences by age. Just 1 in 10 (10%) in the 55-64 age group believe vaping is less damaging to people’s health than smoking, compared to over 1 in 4 in the 25-34 (27%) and 18-24 (26%) age groups. Around 3 in 4 in the 55-64 (75%) and over 65 (74%) age groups did not believe vapes were less damaging, compared to around 1 in 2 in the 25-34 (49%) and 18-24 (53%) age groups. Uncertainty was highest in the 25-34 (24%), 18-24 (21%) and 35-44 (21%) groups.

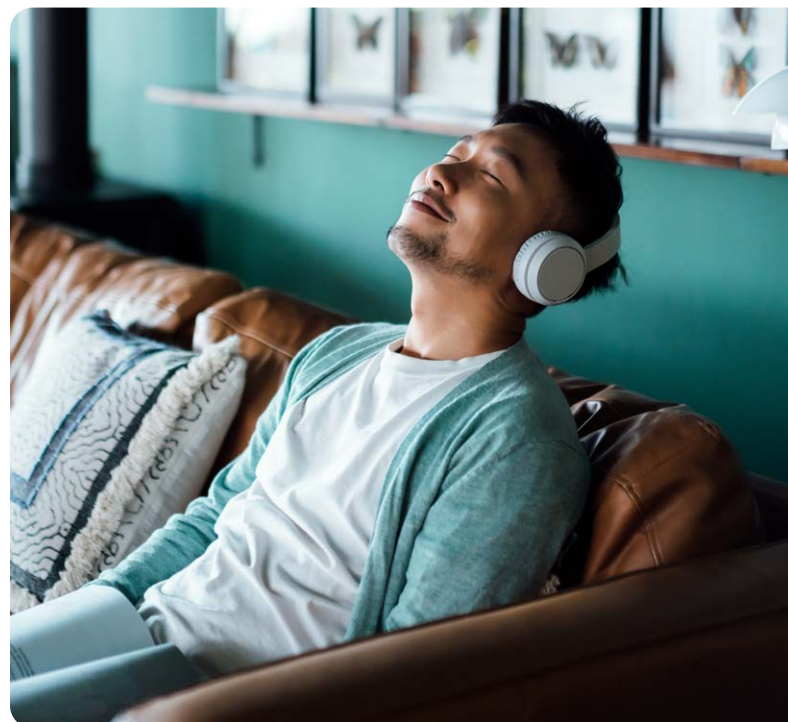
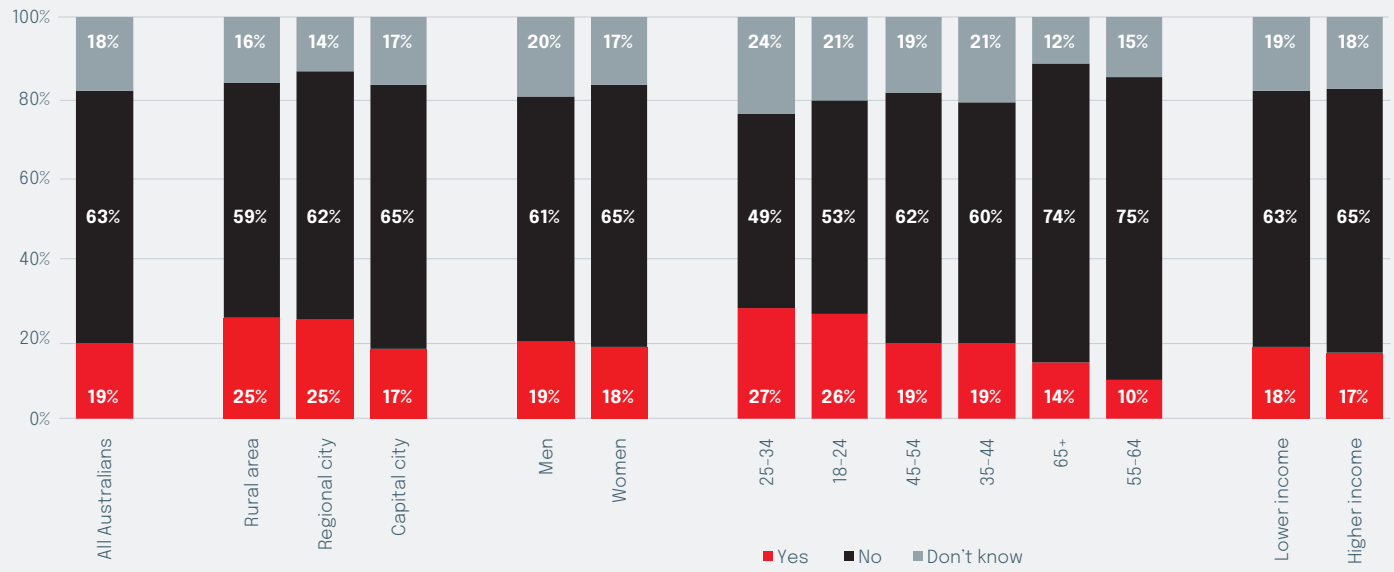


Chart 26: Do you believe vaping is less damaging to people's health than cigarettes?



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 has also been proven essential in helping to achieve and maintain overall physical and emotional wellbeing throughout life. Recent research has found our teeth and gums can be an indicator of general health and can also help flag potential problems, further underlining the importance of regular dental care.

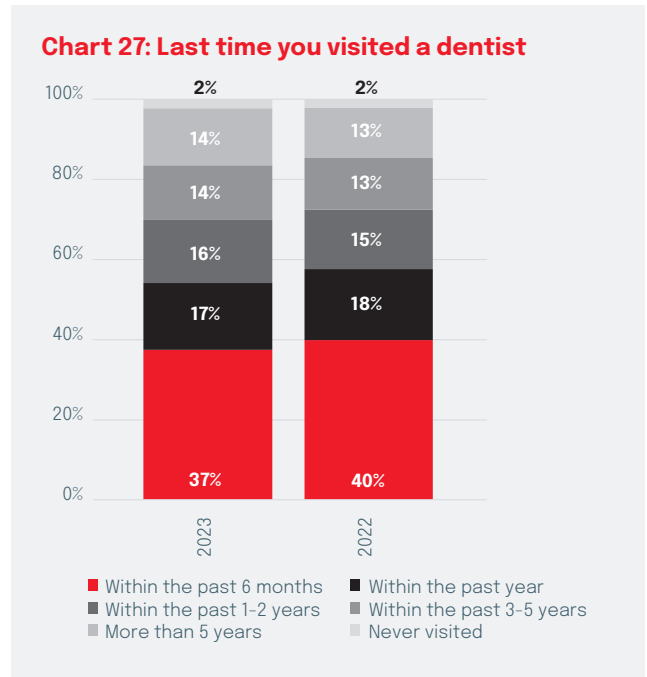


Table 4: Last time you visited dentist: region, gender, age, higher & lower income, private health

	Within past 6 months	Within past year	Within past 1-2 years	Within past 3-5 years	More than 5 years	Never visited
All Australians	37%	17%	16%	14%	14%	2%
Capital city	41%	18%	15%	13%	12%	2%
Regional city	31%	18%	19%	14%	16%	2%
Rural area	29%	12%	16%	17%	23%	2%
Men	38%	17%	15%	13%	15%	2%
Women	37%	17%	16%	14%	14%	2%
18-24	26%	19%	22%	20%	13%	1%
25-34	29%	17%	16%	20%	13%	5%
35-44	33%	15%	17%	16%	15%	3%
45-54	39%	18%	15%	12%	14%	2%
55-64	44%	18%	14%	6%	17%	1%
65+	47%	15%	13%	10%	14%	0%
Lower income	28%	13%	16%	16%	22%	4%
Higher income	43%	19%	17%	11%	10%	1%
Private Health (Y)	48%	19%	13%	12%	8%	1%
Private Health (N)	25%	15%	19%	16%	21%	3%

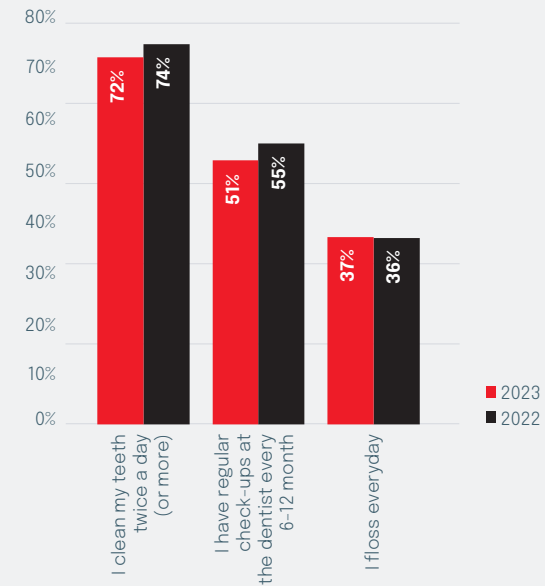
The Australian Dental Association (ADA) recommends all children and adults should have regular dental check-ups every 6 months, even if their teeth are in good shape. Having a dental check-up every 6 months can help prevent problems before they become painful, costly or difficult to treat.

The NAB 2023 health survey however again found many Australians are not meeting ADA recommendations. Indeed, the survey found almost 1 in 2 (46%) Australians had not visited a dentist in the past year (up from 42% in 2022 survey), and fewer also visited within the past 6 months (37% vs. 40% in 2022).

When Australians were asked how they approached their dental health, just over 7 in 10 (72%) said they clean their teeth 2 or more times per day (down slightly from 74% in the 2022 survey). However, this ranged from 75% in capital cities to just 63% in rural areas. More women cleaned their teeth twice or more daily than men (75% vs. 68%), as did Australians in the higher income group compared to the lower income group (77% vs. 62%). We also noted a somewhat lower number in the 35-44 age group that brushed their teeth twice daily or more (67%) than in other age groups.

Around 1 in 2 (51%) Australians have regular check-ups with a dentist every 6-12 months - though this number was a little lower than in 2022 (55%). The survey revealed a much higher number in capital cities that had regular check-ups than in rural areas (57% vs. 36%), and in the higher income group than the lower income group (64% vs. 34%).

Chart 28: Dental health behaviours



Nearly 4 in 10 (37%) Australians floss every day, up slightly from 36% in the 2022 survey. Noticeably more people in capital cities however flossed daily than in rural areas (40% vs. 25%). Noticeably more women than men also flossed daily (39% vs. 34%), as did people in the higher income group compared to the lower income group (41% vs. 28%). We also noted a somewhat lower number in the 65+ age group that flossed daily (32%) than in other age groups.

Table 5: Dental health behaviours: region, gender, age, higher & lower income

	I clean my teeth twice a day (or more)	I have regular check-ups at the dentist every 6-12 month	I floss everyday
All Australians	72%	51%	37%
Capital city	75%	57%	40%
Regional city	68%	46%	35%
Rural area	63%	36%	25%
Men	68%	52%	34%
Women	75%	51%	39%
18-24	71%	47%	36%
25-34	74%	49%	38%
35-44	67%	52%	40%
45-54	75%	50%	38%
55-64	73%	55%	37%
65+	70%	54%	32%
Lower income	62%	34%	28%
Higher income	77%	64%	41%

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