

## Summary of Australian Indigenous health, November 2005

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### Introduction

This summary includes facts about common health problems and risk factors among Australian Indigenous peoples. More detailed information about the health of Indigenous peoples, associated social and economic circumstances, and risk factors, is available from the HealthInfoNet's website ([www.healthinfonet.ecu.edu.au](http://www.healthinfonet.ecu.edu.au)).

### What is known about the Indigenous population?

There were around 492,680 Indigenous people living in Australia in 2005 (around 440,330 Aboriginal people, 31,290 Torres Strait Islanders, and 21,060 people of both Aboriginal and Torres Strait Islander descent) [1, 2]. Indigenous people comprise around 2.4% of the total Australian population. Most Indigenous people live in New South Wales (NSW), followed by Queensland (Qld), Western Australia (WA), and the Northern Territory (NT). The NT has the highest percentage of Indigenous people among its population and Victoria (Vic) the lowest. Most Torres Strait Islander people live in Queensland, with NSW the only other state with a large number of Torres Strait Islanders.

The Indigenous population is much younger overall than the non-Indigenous population [2]. According to the 2001 Australian census, about 40 out of 100 Indigenous people were aged less than 15 years, compared with 20 out of 100 non-Indigenous people. About 3 out of 100 Indigenous people were aged 65 years or over, compared with 10 out of 100 non-Indigenous people.

### What is known about Indigenous births?

In 2003, there were 11,740 births registered in Australia where one or both parents were Indigenous (five out of every one hundred births) [3]. Overall, Indigenous women had more children and had them at younger ages than did non-Indigenous women.

Based on the pattern of births in recent years, Indigenous women would have, on average, around 2.15 births in their lifetime, compared with less than 1.8 births for non-Indigenous women [3]. More than 52 out of 100 Indigenous mothers are 24 years or younger when they have their babies, compared with less than 18 out of 100 non-Indigenous mothers. More than 21 in 100 Indigenous mothers are teenagers, compared with less than four in 100 non-Indigenous mothers.

In 2002, babies born to Indigenous women on average weighed 213 grams less than those born to non-Indigenous women [4]. Babies born to Indigenous women were more than twice as likely to be of low birthweight (less than 2,500 grams) than were those born to non-Indigenous women. (Low birthweight can increase the risk of health problems.)

### What is known about Indigenous deaths?

Indigenous people are much more likely to die before they are old than people in the rest of the Australian population [5]. Estimates from the Australian Bureau of Statistics (ABS) indicate that an Indigenous male born in the period 1996-2001 could

be expected to live to 59 years, which is around 17 years less than a male in the total population at that time (who could expect to live 76.5 years). In the same period, an Indigenous female could be expected to live to 65 years, which is around 17 years less than a woman in the total population (82 years).

In 2003, there were 2,079 people who died and were identified as Indigenous [5]. Many Indigenous deaths are incorrectly identified as non-Indigenous — the actual number of Indigenous deaths is likely to be around 3,600.

Death rates relate the numbers of deaths to the total numbers of people. After taking account of the facts that the Indigenous population is much younger overall than the non-Indigenous population and that many Indigenous deaths are not identified as such, the death rates for Indigenous males and females are likely to be around four times higher than those of their non-Indigenous counterparts [6].

Indigenous babies are more likely to die in their first year than non-Indigenous babies [5]. In 2001-2003, the infant mortality rate for Indigenous babies was highest in WA (16 babies died out of 1,000 births) and the NT (16 babies died out of 1,000 births) and lowest in NSW (9 babies died out of 1,000 births). (The rate for the total Australian population is around 5 deaths per 1,000 births.)

The leading causes of death in 1999-2003 for Indigenous people living in Qld, WA, SA and the NT were: cardiovascular disease (including heart disease and strokes); injuries (including transport accidents, self-harm and assault) and cancer [7]. (More information about these causes of death is provided below).

## **Specific health conditions**

### **What is known about cardiovascular disease in the Indigenous population?**

More than one in four deaths registered in 1999-2003 in Qld, WA, SA and the NT as Indigenous were caused by cardiovascular disease [7]. Indigenous people are much more likely to die from cardiovascular disease than other Australians at any age, but particularly in younger age groups. The greatest differences in death rates for specific age groups were in the 25-44 years age group for Indigenous males with rates 9 to 10 times those for non-Indigenous males, and in the 35-54 years age group for Indigenous females, with rates 12 to 13 times those for non-Indigenous females (the actual differences could be up to 30% greater).

In the 2001 National Health Survey, about one in ten Indigenous people reported having a long-term cardiovascular condition, particularly in older age groups [8]. The most commonly reported condition was hypertension (high blood pressure).

### **What is known about cancer in the Indigenous population?**

It is not known just how many Indigenous people develop cancer, but notification rates for new cases have been lower for Indigenous people than for non-Indigenous people in recent years [9]. On the other hand, death rates from cancer for people living in Qld, WA and the NT are generally higher for Indigenous people than for non-Indigenous people (these rates take account of the fact that the Indigenous population is much younger overall than the non-Indigenous population) [9, 10]. In 1999-2003, the greatest differences in death rates from cancer in Qld, WA, SA and the NT were in the older age groups 35-64 years, where rates for Indigenous people were up to twice non-Indigenous rates [7].

The leading causes of Indigenous cancer deaths include cancers of the digestive organs and lung cancer [7, 11]. Indigenous people have higher rates of smoking-related cancers than non-Indigenous people [9-11]. Indigenous women have higher rates of cervical cancer than non-Indigenous women, but lower rates of breast cancer. The fact that Indigenous people are more likely than non-Indigenous people to die from cancer could be because the cancers they develop (such as cancers of

the lung and liver) are more likely to be fatal, or that the stage of cancer may be more advanced by the time it is recognised [9, 10].

### **What is known about diabetes in the Indigenous population?**

Diabetes is a major health problem among Indigenous people, but it is difficult to know just how many Indigenous people have the disease. The best evidence suggests that diabetes is between two and four times more common among Indigenous people than among non-Indigenous people) [12]. Indigenous people are likely to be diagnosed with diabetes at much lower ages than non-Indigenous people [13].

Deaths from diabetes are much more common for Indigenous people than for non-Indigenous people [7]. For people aged 35-54 years living in Qld, WA, SA and the NT in 1999-2003, death rates from diabetes for Indigenous males were up to 25 times those of non-Indigenous males, and rates for Indigenous females were up to 43 times those of non-Indigenous females (the actual differences could be up to 30% greater).

In the 2001 National Health Survey, five out of every one hundred Indigenous people reported that they had diabetes as a 'long-term health condition' [8]. Indigenous people living in remote areas were more likely to report having diabetes than Indigenous people in other areas. (It should be noted that for every person who reports in surveys that they have diabetes it is likely that there is another person who doesn't know they have the disease [14].)

### **What is known about renal disease in the Indigenous population?**

Renal disease, which affects the kidneys, has only recently been fully recognised as a serious public health threat to Indigenous people. End-stage renal disease (ESRD) occurs when the kidneys are no longer able to function. Rates of ESRD are much higher for Indigenous people than they are for non-Indigenous people across most of the country, and particularly in remote areas where they are up to 30 times higher [15].

Death rates from chronic kidney disease for people living in Qld, WA, SA and the NT in 1999-2003 were eight times higher for Indigenous people than for non-Indigenous people [7].

In 2003, 6.5% of people registered on the Australian and New Zealand Dialysis and Transplant Registry were identified as Indigenous (the Indigenous population represents 2.4% of the total Australian population) [7]. Of those registered, Indigenous people were more likely to be aged less than 55 years than non-Indigenous people (63% of Indigenous people compared with 46% of non-Indigenous people). Dialysis (a treatment for ESRD, in which the work of the kidneys is done artificially) accounted for more than one-third of all hospital admissions among Indigenous people in 2003-04 (many of these involved repeat admissions for the same people, some on an almost daily basis) [16]. Indigenous people were eight times more likely to be hospitalised for dialysis than non-Indigenous people.

In recent years, almost half of all Indigenous ESRD patients have come from regions without dialysis or transplant facilities, and around one in six from regions with only satellite dialysis facilities [15].

### **What is known about injury in the Indigenous population?**

Indigenous people are more likely to die from transport accidents, intentional self-harm and assault than other Australians [7]. For Indigenous people living in Qld, WA, SA and the NT in 1999-2003, the leading causes of death from injuries for males were intentional self-harm (34%), transport accidents (27%), and assault (11%), and for females they were transport accidents (31%), assault (19%) and intentional self-

harm (17%). Injury was the second most common cause of death for Indigenous males and the fourth most common cause of death for Indigenous females – rates were around three times those of the total Australian populations (the actual difference is likely to be up to 30% greater).

Across Australia in 2003-04, Indigenous people were around twice as likely as other Australians to be admitted to hospital for injuries [7]. Assault was the leading cause of hospitalisation as a result of injury for both Indigenous males and females, followed by accidental falls. Other common causes of hospitalisation for injury were transport accidents (particularly for Indigenous males), complications of medical and surgical care, and intentional self-harm. Hospitalisation rates for injury among Indigenous people were higher than those among non-Indigenous people in nearly every age group.

### **What is known about respiratory disease in the Indigenous population?**

About one in ten deaths of Indigenous people living in Qld, WA, SA and the NT in 1999-2003 was due to a respiratory disorder [7]. For the 35-44 years age group, the death rate for Indigenous males was almost 18 times higher than that for non-Indigenous males and the rate for Indigenous females was 14 times higher than that for non-Indigenous females.

Hospitalisations for respiratory diseases are most common among the young and the old. In 2003-04, hospitalisations for respiratory diseases were twice as high for Indigenous people than those for non-Indigenous people [7].

### **What is known about communicable diseases in the Indigenous population?**

It is compulsory for some communicable diseases to be notified. The State and Territories collect the information, which is then collated and published by the National Notifiable Disease Surveillance System. Indigenous status is often not reported in notifications, and only the information from WA, SA and the NT is believed to be complete enough for publication by Indigenous status [9]. Information for Australian HIV/AIDS cases relates to all States and Territories and is collated and published by the National Centre in HIV Epidemiology and Clinical Research [17].

Recent information about communicable diseases includes:

- tuberculosis – the rate of newly diagnosed cases for Indigenous people in 2003 was 10 times the rate for Australian-born non-Indigenous people [18];
- *Haemophilus influenzae* type B – the notification rate in 2000-2002 for Indigenous children aged less than 5 years was 14 times that for the total Australian population in that age group [19];
- meningococcal infection – the notification rate for Indigenous people living in NSW, WA, SA and the NT in 2000-2002 was around twice that of the total population of those states [19];
- syphilis and gonorrhoea – notification rates for Indigenous people living in WA, SA and the NT in 2004 were between 50 and 100 times higher than those for the total Australian population [17]; and
- HIV/AIDS – notification rates for HIV infection and AIDS are similar for the Indigenous population and the non-Indigenous population [17].

### **What is known about eye health in the Indigenous population?**

Eye conditions that affect the Indigenous population include refractive error (requiring glasses for correction), cataract (clouding of the lens), trachoma (a bacterial infection that can lead to blindness if untreated) and diabetic retinopathy (damage to the retina, at the back of the eye, caused by diabetes). There has been progress in the eye health of Indigenous people, but many people are still more likely than non-Indigenous people to suffer from preventable conditions [20]. The frequency and

severity of trachoma, for example, have decreased generally, but the infection is still quite common among Indigenous children living in some remote parts of the country. The eye health of many Indigenous people is limited also by their difficulty in accessing specialised ophthalmological or optometrist services (because they are not available where they live, or are not culturally appropriate, or they are too expensive).

Three out of ten Indigenous participants in the 2001 National Health Survey reported eye or vision problems [8]. Eye health deteriorated with age, with nearly nine out of ten Indigenous participants aged over 54 years reporting a problem.

According to the Western Australian Aboriginal Child Survey, about 8% of Indigenous children aged 4-17 years did not have normal vision in both eyes (in the 1993 WA Child Health Survey 14% of children in the general population were found not to have normal vision in both eyes) [21]. Of the 4-17 year-old Aboriginal children without normal vision in both eyes, about half used prescribed glasses or contact lenses.

### **What is known about ear conditions in the Indigenous population?**

Disease of the middle ear can cause permanent hearing loss that limits life opportunities, particularly in education and in employment [22, 23].

According to the 2001 National Health Survey, almost one in five Indigenous participants had some degree of hearing loss, compared with around one in seven non-Indigenous participants [8]. This higher frequency of hearing loss, reported for all age groups except people aged 55 years or older, reflects mainly the much higher levels of otitis media (middle ear disease) that Indigenous people experience in their childhood years. The actual levels vary considerably – geographically and over time – but it was estimated that in the mid 1990s around one in seven Indigenous children under 10 years of age had a perforated eardrum [24]. This level puts Indigenous children within the World Health Organization's 'extremely high risk' category.

In the Western Australian Aboriginal Child Survey about one in five Indigenous children aged 0-17 years was reported by their carers to have recurring ear infections [21].

### **What is known about oral health in the Indigenous population?**

The oral health of Indigenous people generally is not as good as that of other Australians. In contrast to the situation for young non-Indigenous children, whose oral health has improved in recent years, that of young Indigenous children has generally declined [25]. In the Western Australian Aboriginal Child Survey about one in five Aboriginal children were reported to have holes in their teeth [21]. (There may be differences across the country, however, as Indigenous children in remote areas appear to have better oral health than those in urban areas.)

Partly because the overall level of dental care is lower for Indigenous people than for non-Indigenous people, their oral health deteriorates with age, contributing to higher frequencies of periodontal (gum) disease and tooth loss.

### **What is known about skin infections and infestations in the Indigenous population?**

Skin infections, which are more common for Indigenous people than for non-Indigenous people, are often the result of poor living conditions. The most common skin infections affecting Indigenous people are scabies (caused by a mite) and streptococcal pyoderma (a bacterial infection) [26]. Scabies, in particular, is a problem in many remote Indigenous communities where up to half the children may be infected.

Skin diseases cause very few deaths directly, but they can be linked with serious complications. They did, however, account for around 1 out of every 40 hospital

separations in 2003-04 for patients identified as Indigenous, at a rate around two-and-a-half that of non-Indigenous people [16].

### **What is known about factors contributing to ill-health in the Indigenous population?**

Indigenous people generally experience more risk factors for ill-health than do other Australians. Contributing generally to the poor health status of many Indigenous people are: social factors such as dispossession, dislocation and discrimination; disadvantages in education, housing, income and employment; and physical environmental factors. These social, economic and environmental disadvantages underlie specific health risk factors (such as smoking, obesity, physical inactivity and high blood pressure), and, often contribute to lack of access to good quality health care. Given the importance of these factors, substantial improvements in Indigenous health status are unlikely to be achieved without improvements in the overall circumstances of Indigenous people.

### **Summary**

Indigenous people remain the least healthy sub-population in Australia, and there is evidence that the difference between Indigenous and non-Indigenous health, at least measured by mortality, has widened in recent years [27].

The reasons why the health status of Indigenous people remains much worse than that of non-Indigenous people are complex, but represent a combination of general factors – such as education, employment, income and socioeconomic status – and factors more specific to the health sector. As the Australian health ministers noted in their introduction to the 2003 *National Strategic Framework for Aboriginal and Torres Strait Islander Health*, achievement of substantial improvements in Indigenous health will depend on long-term collaborative approaches involving Indigenous leaders and communities, the health and non-health sectors, and all levels of government [28].

Within the health sector, there is a need for further improvement in: health advancement programs; identification of health conditions before they become serious; and expansion of primary health care services. To achieve long term health benefits, funding needs to be directed to a wide range of preventive and clinical services. Funding should take account of the fact that mainstream services may not be accessible for many Indigenous people who may also have difficulty in accessing Medicare and pharmaceutical benefits.

However, without substantial reductions in the overall disadvantages experienced by many Indigenous people, even fully committed approaches within the health sector will have a limited impact on achieving major improvements in Indigenous health status.

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### **Australian Indigenous HealthInfoNet**

The Australian Indigenous HealthInfoNet's mission to contribute to improvements in Indigenous health by making relevant, high quality knowledge and information easily accessible to policy makers, health service providers, program managers, clinicians, researchers and the general community.

The HealthInfoNet addresses this mission by undertaking research into various aspects of Indigenous health and disseminates the results (and other relevant knowledge and information) mainly via its Internet site ([www.healthinonet.ecu.edu.au](http://www.healthinonet.ecu.edu.au)). The HealthInfoNet's research mainly involves analysis and synthesis of data and other information obtained from academic, professional, government and other sources, but it also undertakes some primary data collection and analysis.

The HealthInfoNet is a world leader in knowledge transfer, the area of research which aims at transferring the results of pure and applied research into practice. In this research, the HealthInfoNet addresses the knowledge needs of a wide range of potential users. These include policy makers, health service providers, program managers, clinicians and other health professionals (including Indigenous health workers), and researchers. The HealthInfoNet also provides easy-to-read and summarised material for students and the general community.

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