



6.2 Indigenous health and wellbeing

For Aboriginal and Torres Strait Islander Australians, good health is more than just the absence of disease or illness; it is a holistic concept that includes physical, social, emotional, cultural, spiritual and ecological wellbeing, for both the individual and the community. This concept of health emphasises the connectedness between these factors and recognises the impact that social and cultural determinants have on health.

This snapshot presents information on three aspects of health and wellbeing for the Indigenous population, drawn from the 2014–15 National Aboriginal and Torres Strait Islander Social Survey: perceived health status, disability and long-term health conditions, and social and emotional wellbeing—each of which fits within the Indigenous definition of health. See chapters 6.3 ‘Indigenous child mortality and life expectancy’, 6.4 ‘Ear health and hearing loss among Indigenous children’ for more information on other health outcomes.

Perceived health status

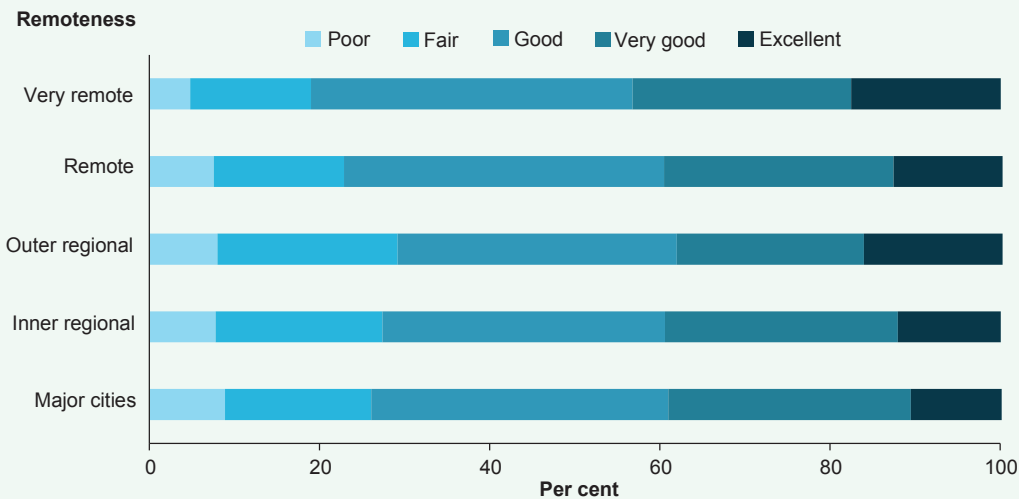
One way to measure health is to ask people how good or how poorly they rate their current health. Self-assessed health status is a subjective measure that depends on an individual’s expectations for their own health and their comparisons with others around them (Delpierre et al. 2009).

In 2014–15, an estimated 40% of Indigenous Australians aged 15 and over rated their health as ‘excellent’ or ‘very good’, 35% as ‘good’ and 26% as ‘fair’ or ‘poor’ (ABS 2016). Indigenous males were more likely to rate their health as ‘excellent’ or ‘very good’ than Indigenous females (43% compared with 37%). Indigenous parents rated the health of their children aged 0–14 positively in 2014–15: 83% rated it as ‘excellent’ or ‘very good’, 13% as ‘good’, and 4.0% as ‘fair’ or ‘poor’.

Self-assessed health status varies across remoteness areas; Indigenous Australians living in *Very remote* and *Remote* areas were less likely to rate their health as ‘fair’ or ‘poor’ than Indigenous Australians in regional areas or *Major cities* (Figure 6.2.1).



Figure 6.2.1 Self-assessed health status for Indigenous Australians, by remoteness area, 2014–15



Source: ABS 2016; Table S6.2.1.

The patterns for both sex and remoteness differ from those for more objective measures of health—such as hospitalisations or health risk factors, where men and people living in more remote areas have higher rates. These differences may arise because perceptions of one’s own health status may incorporate broader aspects of health, including social and emotional wellbeing and functioning. Thus, subjective and objective measures should be viewed as complementary indicators of health.

In 2014–15, Indigenous Australians were at least twice as likely as non-Indigenous Australians to rate their health as ‘fair’ or ‘poor’, and almost half as likely to rate their health as ‘excellent’ or ‘very good’. These differences have changed little since 2008 (ABS 2016).

Disability status and long-term health conditions

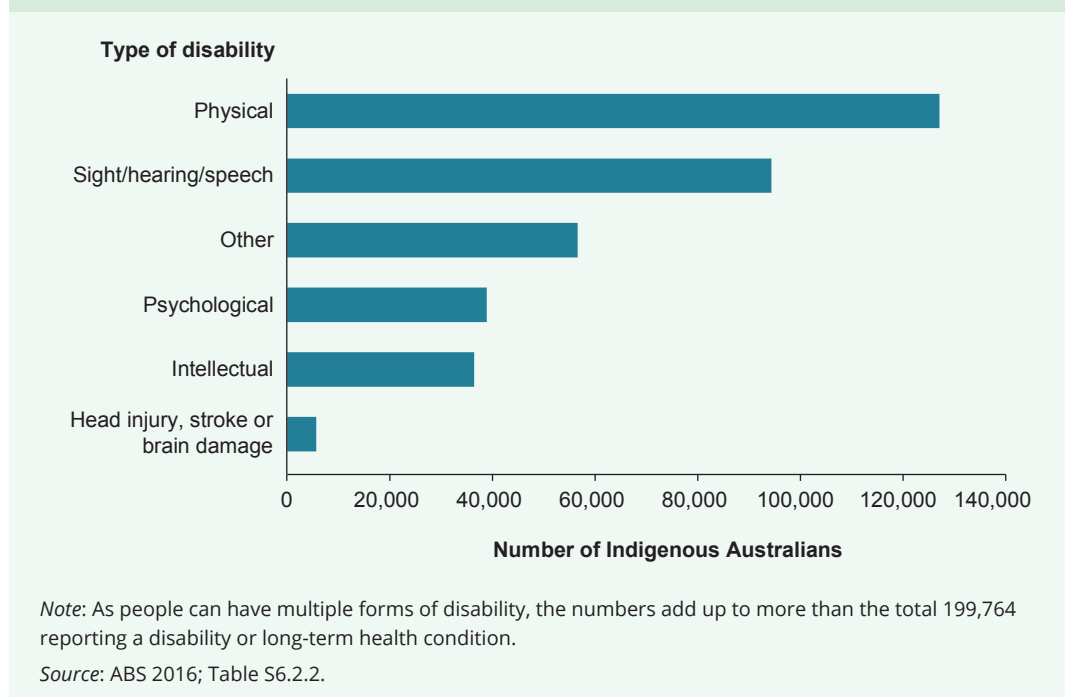
On average, people living with disability or long-term health conditions have substantially poorer health than people living without disability.

In 2014–15, an estimated 45% of Indigenous Australians (almost 200,000 people) had disability or a long-term health condition that restricted their everyday activities, at 1.7 times the rate of non-Indigenous Australians (ABS 2016). Physical disability was the type most often reported in 2014–15, followed by sight/hearing/speech disability (Figure 6.2.2).

The long-term health conditions with the highest self-reported prevalence among Indigenous Australians in 2014–15 were eye diseases and vision problems (29%), respiratory diseases (24%), musculoskeletal diseases (22%) and cardiovascular disease (16%) (ABS 2016).



Figure 6.2.2: Type of disability, Indigenous Australians, 2014–15



Social and emotional wellbeing

Two related indicators of social and emotional wellbeing are the extent to which people experience stressors in their lives, and their levels of psychological distress.

In 2014–15, more than two-thirds (68%) of Indigenous Australians had experienced one or more stressors in the last 12 months; the stressors reported most often were the death of a family member or close friend (28%), inability to get a job (18%), serious illness (12%) and mental illness (10%) (ABS 2016).

While the majority of Indigenous Australians report low or very low levels of psychological distress (67%), one-third (30%) experience high or very high levels of psychological distress (2014–15). These levels are 2.7 times as high as those for non-Indigenous Australians (11%, 2012–13 data). Indigenous Australians who had experienced at least one stressor were 1.9 times as likely to report high/very high levels of psychological distress as Indigenous Australians who had not experienced a stressor (36% compared with 19%) (ABS 2016).

What is missing from the picture?

Information on the many dimensions of health for Indigenous Australians comes mainly from survey data, which is collected only every 3 to 6 years (depending on the measure). Because of small numbers, it is difficult to produce estimates for small geographic areas. There is also a lack of longitudinal data, which would enhance our ability to examine the determinants of positive and negative health outcomes for cohorts of people.



Where do I go for more information?

The AIHW reports *Australian Burden of Disease Study: impact and causes of illness and death in Aboriginal and Torres Strait Islander people 2011*, and *The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2015*, are available for free download from the AIHW website. For more detailed data see the supplementary online tables from the [Aboriginal and Torres Strait Islander Health Performance Framework](#).

References

ABS (Australian Bureau of Statistics) 2016. National Aboriginal and Torres Strait Islander Social Survey, 2014–15. ABS cat. no. 4714.0. Canberra: ABS.

Delpierre C, Lauwers-Cances V, Datta G, Lang T & Berkman L 2009. Using self-rated health for analysing social inequalities in health: a risk for underestimating the gap between socioeconomic groups? *Journal of Epidemiology and Community Health* 63:426–32.

