

## CHAPTER 1

## INTRODUCTION

### AIM

This publication is the third in a series of reports on the health and welfare of Australia's Aboriginal and Torres Strait Islander peoples. It aims to provide a national statistical overview of the health and welfare of Aboriginal and Torres Strait Islander people by drawing on information from a wide range of sources, and by providing comparative data with the total Australian population.

### SCOPE

The publication updates, where possible, information presented in the previous two editions of *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples* (ABS & AIHW 1997, 1999). The data used were drawn from key national statistical collections including new and updated information from both the Australian Bureau of Statistics (ABS) and Australian Institute of Health and Welfare (AIHW). Important information about Aboriginal and Torres Strait Islander health and welfare is being collected in 2001 by the ABS, with several collection activities already under way. The data from these collections, which include the Census of Population and Housing, the Community Housing and Infrastructure Needs Survey (CHINS) and the National Health Survey (Indigenous) will be available from 2002 onwards. In addition, the Indigenous Social Survey will begin in 2002 (see Chapter 9).

Chapters covering housing and infrastructure, community services and housing assistance, the availability and use of health services, the health of mothers and babies, health status, and rates and causes of mortality are included in this edition. Demographic, social and economic information provides a context in which current issues in Indigenous health can be understood. As in previous editions, a special topic has been chosen for detailed analysis. In this edition, diabetes was chosen because of the significant impact this disease has on the health of Aboriginal and Torres Strait Islander people. The chapter reviews research, surveys and administrative data concerning the prevalence of diabetes in the Indigenous population, and looks at risk factors, associated conditions and management strategies. The final chapter of the publication discusses issues and recent developments in the collection of Indigenous statistics.

Previous editions of this publication contained a separate chapter about Torres Strait Islanders. This has not been provided in the current edition because there is little new data available (see Appendix tables A8–A15 from 1999 edition of this publication). However, wherever possible, separate information about the Torres Strait Islander population has been included.

Health and wellbeing are influenced by a wide range of factors and this publication does not attempt to provide information on them all. Many significant social and economic factors, such as education, employment and issues pertaining to law and justice, are not within the scope of this report, but will be addressed in an ABS publication expected to be released in 2002.

## SCOPE *continued*

Health and other issues confronting the Aboriginal and Torres Strait Islander population are neither uniformly spread nor uniformly experienced, a fact that is often not apparent in the national level data presented. Insets have been used throughout the publication to draw attention to a variety of local experiences and health initiatives that exist across Australia.

## DATA QUALITY

The availability and quality of data about the Aboriginal and Torres Strait Islander population are limited by a number of factors. Three of the more important are outlined below.

### Indigenous population estimates

Estimating the size and composition of the Aboriginal and Torres Strait Islander population is difficult for a number of reasons. One of the main reasons is the uncertainty about Indigenous population counts from the five-yearly Census of Population and Housing which provide the basis for estimating the population. There has been considerable volatility in the Census counts of Indigenous people, with only 42% of the increase between 1991 and 1996 being attributable to 'natural' growth, that is, the increase in the population due to the number of births exceeding the number of deaths over the given period (Ross 1999). The remaining increase in the Indigenous population can be explained by several factors. These include changes in the rate at which children with only one Indigenous parent are identified as Indigenous; changes in the propensity of Indigenous people to record their Indigenous status on Census forms; improvements to the Census enumeration procedures; and changes in the rates of non-response to the question on Indigenous origin (Ross 1999). While factors, such as the propensity to identify as Indigenous in the Census, can be identified, it is not possible to estimate how these trends are likely to change over time. Accurate births and deaths data, required to estimate the natural growth in the Indigenous population between Censuses, are not available nationally. These uncertainties affect the comparison of rates from year to year and limit the potential for assessment of trends in health status and events.

### Indigenous identification

Administrative collections such as hospital records, birth and death registrations, and data collected by community service providers are major sources of information about Aboriginal and Torres Strait Islander people. However, Indigenous people are not accurately identified in many of these data collections. Some of the reasons for this include: variations in the definitions used in determining Indigenous status, different methods of data collection and failure to record clients' Indigenous status. The ABS and AIHW, in partnership with State and Territory authorities, are making considerable efforts to improve the completeness of Indigenous identification in a number of key data collections (see Chapter 9).

National household surveys    The sampling methods generally applied to national household surveys are designed to provide aggregate information about the total Australian population. Additionally, these surveys often exclude people living in sparsely settled (see Glossary) or remote areas of Australia. Aboriginal and Torres Strait Islander peoples make up a relatively small proportion of the total population and are more likely to live in sparsely settled areas than other Australians (see Demographic Context section in this chapter). Because of these factors, the random selection of participants for a national survey usually results in the Indigenous sample size being insufficient to enable separate results to be published. Where separate results have been produced, such as those from the 1995 National Health Survey (NHS), an enhanced sample of Indigenous people has been applied. This method will be used again in the 2001 NHS. In the 2004–05 NHS and six yearly thereafter, the enhanced Indigenous sample will be sufficient to produce results at State/Northern Territory as well as national level. Other issues which affect the availability of data about the Indigenous population from surveys include the relevance of the questions and concepts used and the quality and the comparability of self-reported health information (see Chapter 9).

Despite these limitations in the availability of information and issues of data quality, regular reporting on the health and welfare of Aboriginal and Torres Strait Islanders is a high priority for governments, and plays an important role in informing community debate. Work to improve the quality and availability of the statistics is ongoing and progress is being made in many sectors and at all levels of government (see Chapter 9).

#### THE DEFINITION OF HEALTH AND WELFARE

The World Health Organization (1946) defines health as ‘a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity’. The 1989 National Aboriginal Health Working Party described ‘health’ from an Indigenous perspective as:

‘...a matter of determining all aspects of their life, including control over their physical environment, of dignity, of community self-esteem and of justice. It is not merely a matter of the provision of doctors, hospitals, medicines or the absence of disease and incapacity.’ (A National Aboriginal Health Strategy 1989)

These concepts are embodied in the definition of ‘health’ put forward in The National Aboriginal Health Strategy Working Party report, and later reiterated in the draft review of this strategy (National Aboriginal and Torres Strait Islander Health Council 2001):

‘Not just the physical well-being of the individual but the social, emotional, and cultural well-being of the whole community. This is a whole-of-life view and it also includes the cyclical concept of life-death-life.’ (A National Aboriginal Health Strategy 1989)

## THE DEFINITION OF HEALTH AND WELFARE *continued*

The term 'welfare' is also a wide-ranging term, encompassing the wellbeing of both the individual and the society of which they are a part, as well as the system of welfare services available to individual members of society (AIHW 1995). Welfare services are defined by the Australian Institute of Health and Welfare Act 1987 to include aged care services, child care services, services for people with disabilities, housing assistance, child welfare and other community services (AIHW 1995).

## SOCIAL AND ECONOMIC CONTEXT

The relationship between socioeconomic status and health is well established, with people at the lowest socioeconomic levels experiencing the highest rates of illnesses and death (Lynch & Kaplan in Berkman and Kawachi [eds], 2000). As socioeconomic position improves, health status also improves. This gradient from poorest to wealthiest has been observed for most of the major causes of death (Turrell et al. 1999).

Compared with other Australians, Aboriginal and Torres Strait Islander people are disadvantaged with regard to a range of socioeconomic indicators, including education, employment, income and housing, and are therefore at greater risk of ill health. Information on these indicators is available from the 1996 Census and was covered in detail in the previous edition of this publication (see Appendix tables A2–A7). Data from 2001 Census will be presented in the next edition of this publication.

Socioeconomic status alone does not explain the variations in health status that exist between groups in society. Health risk behaviours (e.g. smoking, alcohol misuse) and other health risk factors (e.g. poor housing, exposure to violence) are also important determinants of health but even these do not fully explain the differential burden of disease between population groups. Research suggests that at least a partial explanation for the remaining differences lies in other determinants of health such as aspects of the social environment. These include the neighbourhood in which one lives, one's position in the workplace relative to others, the quality of one's social connections with friends, family and the community, and the degree to which one feels included or excluded by society (Wilkinson, 1999, Shaw et al. 1999). A lack of control, whether actual or perceived, over aspects of one's life, may also contribute to poor health (Marmot et al. in Marmot & Wilkinson 1999 and Lantz 1998). A recent qualitative analysis of the health of the Yolgnu people of north-east Arnhem Land extends these hypotheses to the Indigenous population. Trudgen (2000) has identified loss of control among the Yolgnu as leading to hopelessness, the loss of the will to live and, ultimately to high levels of sickness and mortality.

## DEMOGRAPHIC CONTEXT

The Census of Population and Housing is the major source of information about the demographic characteristics of Australia's Aboriginal and Torres Strait Islander peoples. A detailed demographic profile, based on the 1996 Census, was presented in the 1999 edition of this publication (ABS & AIHW 1999) and is summarised here (see also Appendix table A20). Updated demographic data will be available following the collation of results of the 2001 Census.

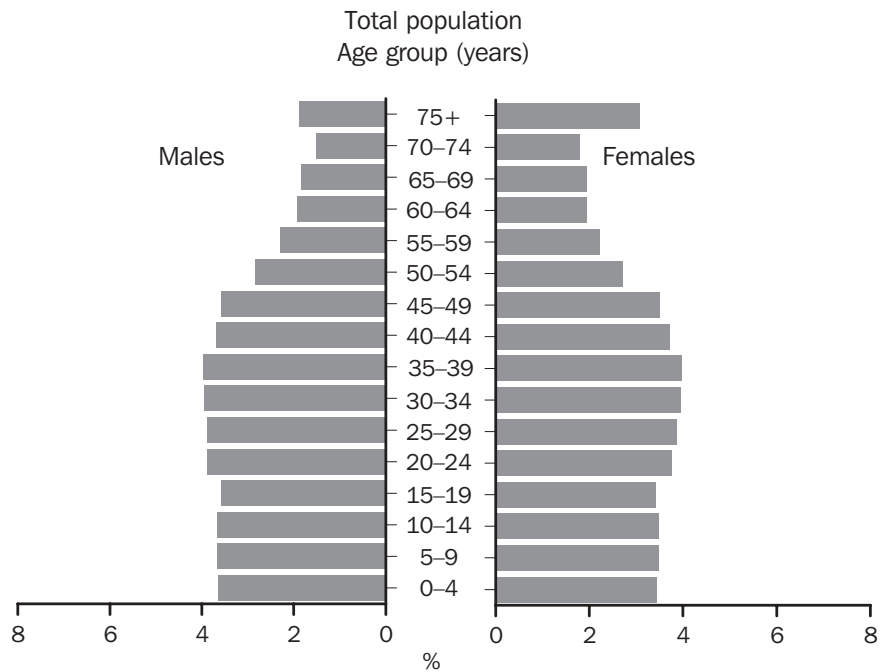
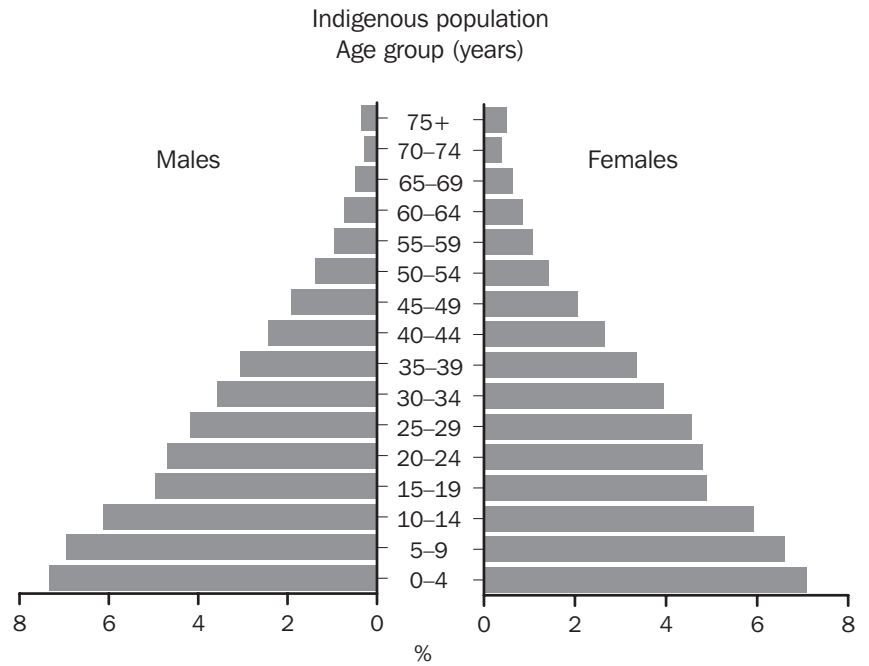
DEMOGRAPHIC CONTEXT  
*continued*

Based on the 1996 Census, Australia's Aboriginal and Torres Strait Islander population was estimated to be 386,049. This represented 2.1% of the total Australian population. About 11% of Indigenous people counted in the 1996 Census reported that they were of Torres Strait Islander origin (ABS 1998b) (see Chapter 9 for population projections and Torres Strait Islander estimates).

Age The Aboriginal and Torres Strait Islander population has a younger age profile than the Australian population as a whole. In 1996, half the Indigenous population was aged 20 years or less, while the corresponding proportion for the total Australian population was 34 years or less (ABS 1998b). The following graph (1.1) shows the proportion of each population in five year age groups. The graphs show that the Indigenous population has higher proportions of young people than the total Australian population and lower proportions of older people. The graphs indicate higher rates of fertility in the Indigenous population and deaths occurring at younger ages.

The different age profiles of the Indigenous and non-Indigenous populations mean that comparisons between the two must take age into account, either by age-standardisation or the use of age-specific rates. This is particularly important if health outcomes are being compared because, since age and health status are closely related, the relative youth of the Indigenous population may mask health status when compared with the older non-Indigenous population (see Chapter 8).

1.1 INDIGENOUS AND TOTAL AUSTRALIAN AGE PYRAMIDS—1996



Source: ABS 1998c.

Population distribution In 1996, New South Wales and Queensland were the jurisdictions with the highest estimated population of Aboriginal and Torres Strait Islander people (109,925 and 104,817 respectively, or 28.5% and 27.2% of the total Indigenous population). In the Northern Territory, Indigenous people made up the largest proportion of the total population (51,876 people, 28.5% of the total Northern Territory population) (table 1.2).

#### 1.2 ESTIMATED RESIDENT POPULATION—30 JUNE 1996

	<i>Indigenous population</i>	<i>Proportion of the total Australian Indigenous population</i>	<i>Proportion of the total State/Territory population</i>
		<i>%</i>	<i>%</i>
New South Wales	109 925	28.5	1.8
Victoria	22 598	5.9	0.5
Queensland	104 817	27.2	3.1
South Australia	22 051	5.7	1.5
Western Australia	56 205	14.6	3.2
Tasmania	15 322	4.0	3.2
Northern Territory	51 876	13.4	28.5
Australian Capital Territory	3 058	0.8	1
<b>Australia(a)</b>	<b>386 049</b>	<b>100.0</b>	<b>2.1</b>

(a) Includes Jervis Bay Territory.

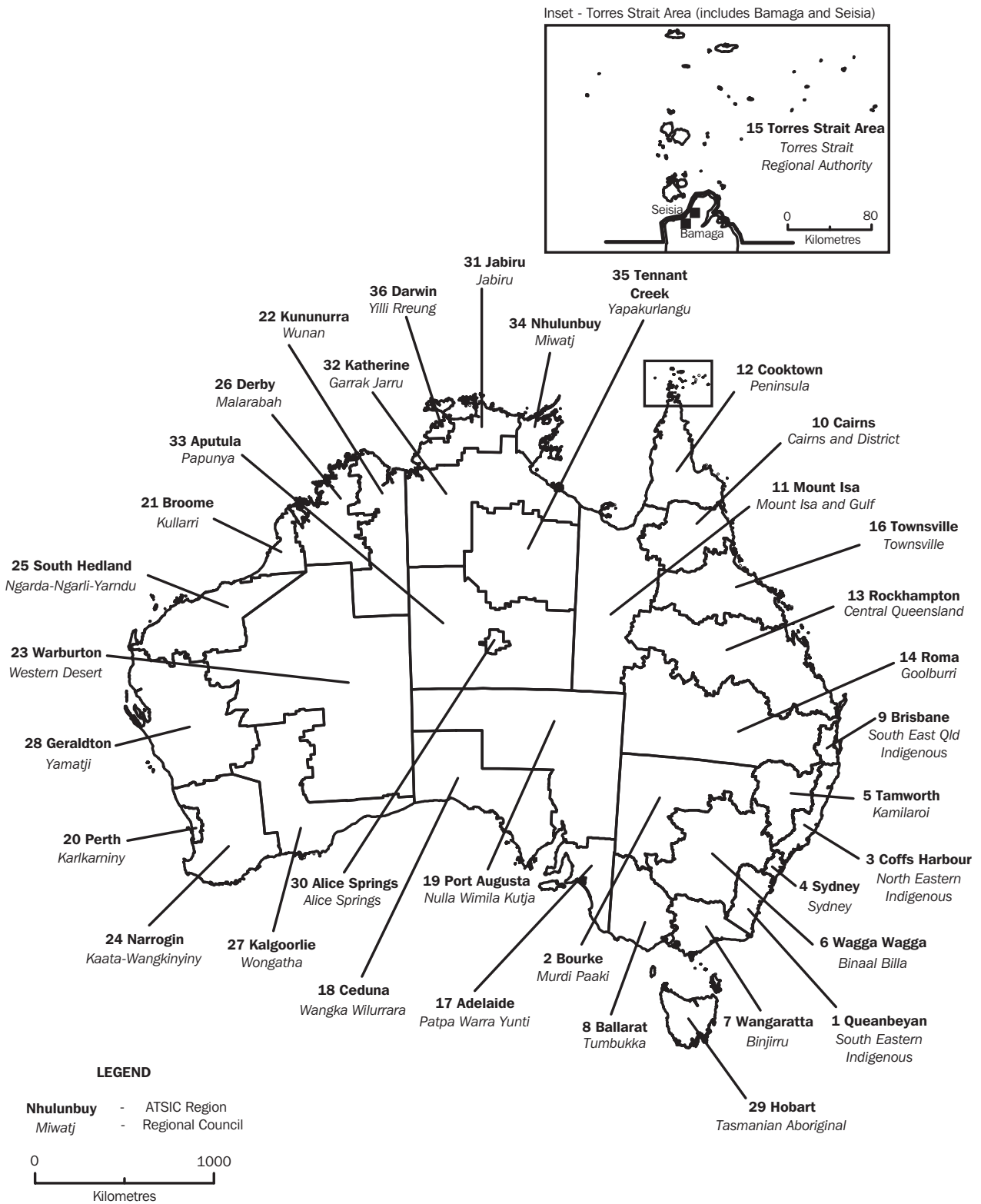
Source: ABS 1998c.

Maps 1.4 and 1.5 show the distribution of the Indigenous population across Australia in 1996, using Aboriginal and Torres Strait Islander Commission (ATSIC) regions as their geographical basis (see map 1.3). In the northern and central regions of the country, Indigenous people made up a large proportion of the local population, while the majority of Aboriginal and Torres Strait Islander people lived in urban areas.

Map 1.4 shows the distribution of the total Indigenous population in each region. It is evident that the ATSIC regions of Sydney, Coffs Harbour, Brisbane, Cairns, Wagga Wagga, Hobart and Perth have the highest Indigenous populations.

Map 1.5 shows the proportion of the total population of each ATSIC region in 1996 that was Indigenous. Over two-thirds of the population in the Torres Strait Area (86.0%), Aputula (79.5%), Jabiru (75.4%) and Derby (66.8%) ATSIC regions were Indigenous. The combined populations of these regions accounted for approximately 7% of the total Indigenous population.

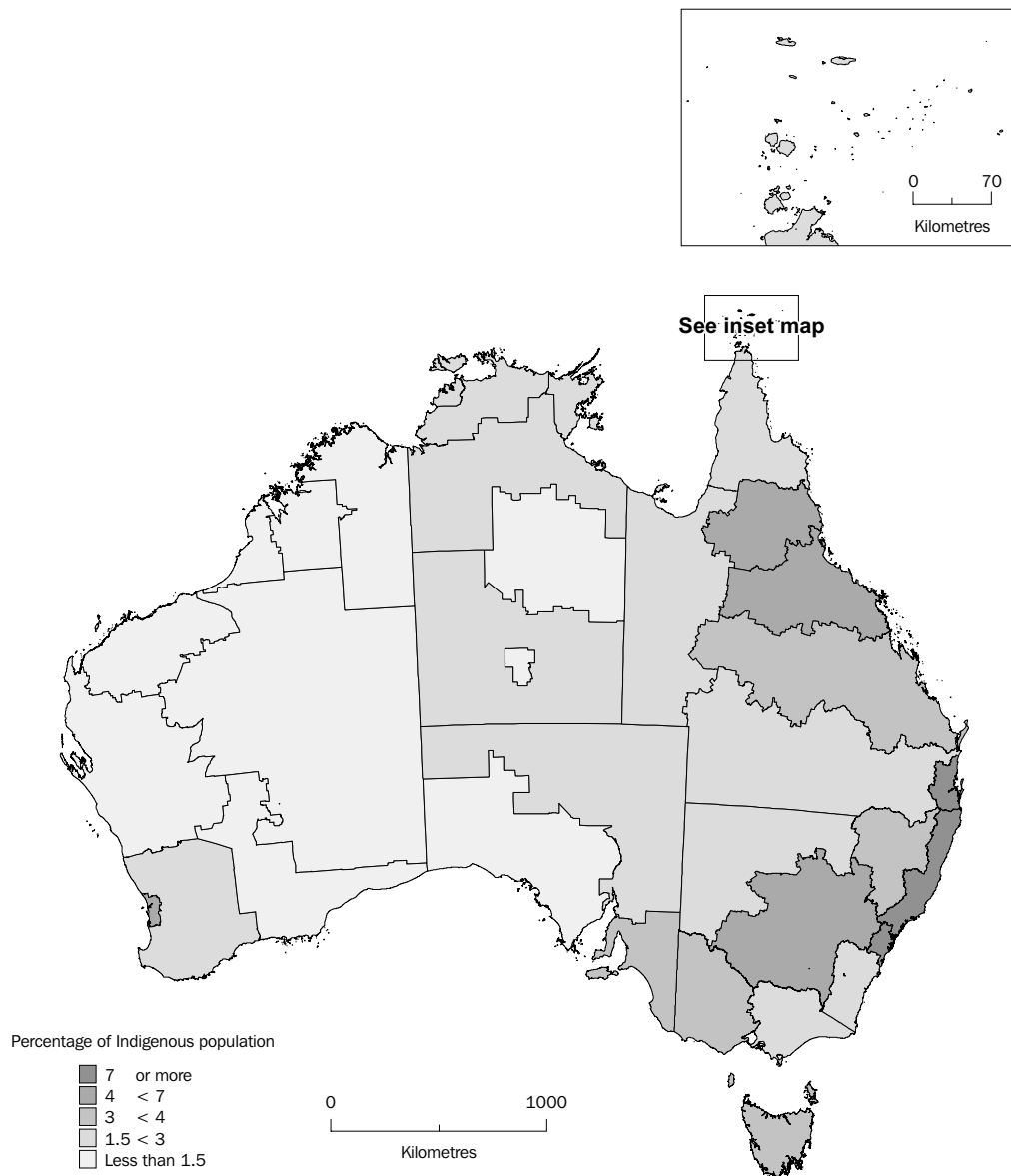
1.3 ATSI REGIONS—1996



Source: Aboriginal and Torres Strait Islander Commission

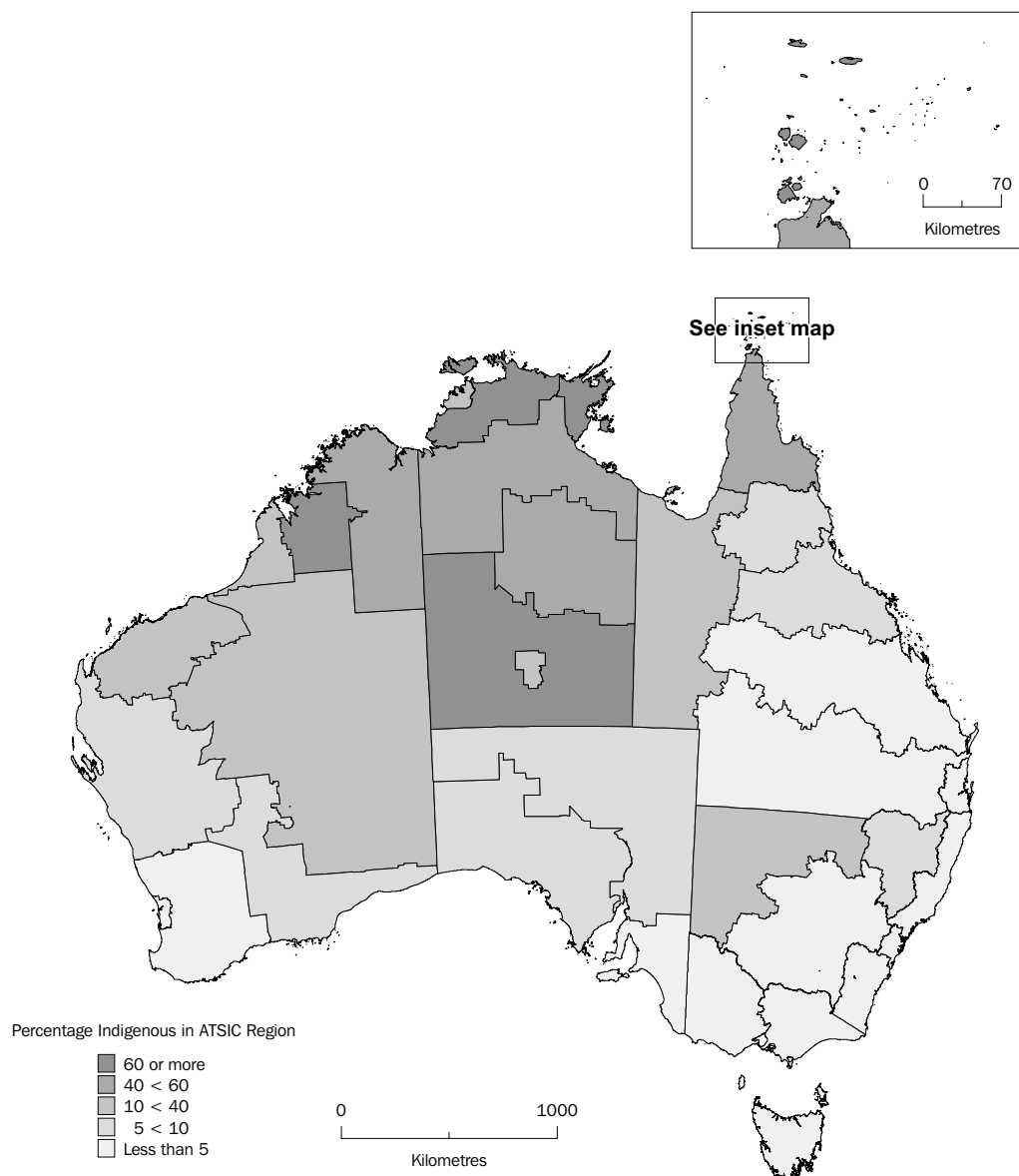


1.4 PROPORTION OF THE TOTAL AUSTRALIAN INDIGENOUS POPULATION—1996



Source: ABS data available on request, 1996 Census

1.5 PROPORTION OF THE REGIONAL POPULATION—1996

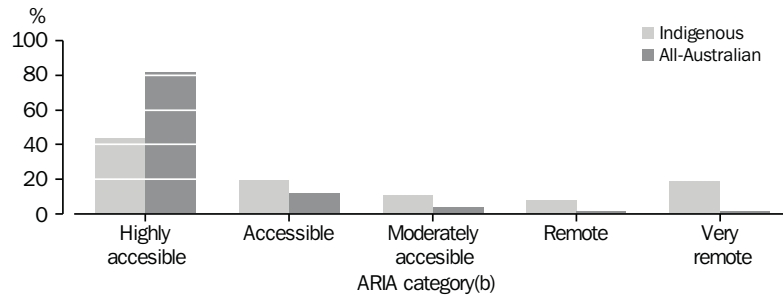


Source: ABS data available on request, 1996 Census

Population distribution  
*continued*

In general, Aboriginal and Torres Strait Islander people were more likely than non-Indigenous people to live in remote or rural areas in 1996. Graph 1.6 shows the distribution of the population according to the Accessibility/Remoteness Index of Australia (ARIA) (see Glossary). Although a high proportion of Indigenous people (over 40%) lived in areas where geographic access to services was high, they were more likely than non-Indigenous people to live in less accessible areas. Almost one in five Indigenous people lived in areas classified as 'very remote', compared with less than one in a hundred of the total Australian population.

1.6 CENSUS COUNTS(a), By ARIA—1996



(a) Place of enumeration. Excludes overseas visitors, persons in water, off-shore, migratory & shipping collection districts.

(b) See Glossary for definitions relating to ARIA.

Source: ABS data available on request, 1996 Census.