

SUMMARY

PURPOSE AND SCOPE

This report updates and extends information available about the health and well-being of Australia's Aboriginal and Torres Strait Islander peoples. It uses the latest data from the Australian Bureau of Statistics (ABS) Census of Population and Housing, Community Housing and Infrastructure Needs Survey, and National Health Survey, all collected during 2001. It also incorporates improved administrative data in a number of areas to provide a current statistical overview of the health and wellbeing of Indigenous Australians.

The focus is generally at a national level. Therefore the analysis, comparisons and trends that are highlighted here and in the specific chapters will not capture stories about health and well-being that are particular to any community or geographic area. Some information of this kind has been chosen for presentation in boxed text inserted at appropriate locations. This is to encourage users to look beyond the data and to see the broad-based statistics as benchmark information, not the full picture.

Some of the gaps that users will find in this report are due to limitations that remain in the data. Identification of persons of Aboriginal and Torres Strait Islander origin in data collections remains incomplete and is often of unknown quality. While this point is drawn out comprehensively in Chapter 11 and need not be laboured here, it is important for readers to understand that much of what is reported may represent under-estimates of numbers of Aboriginal and Torres Strait Islander peoples.

THE ABORIGINAL AND TORRES STRAIT ISLANDER POPULATIONS

At 30 June 2001, the Aboriginal and Torres Strait Islander population of Australia was estimated to be 458,520, or 2.4% of the total population. Persons identifying as 'Aboriginal origin' comprised about 90% of this estimated resident Indigenous population; persons of 'Torres Strait Islander origin' comprised 6%, and those with both Aboriginal and Torres Strait Islander origin comprised 4%.

The age structures of Aboriginal and Torres Strait Islander populations are very similar to each other but both are strikingly different from that of the non-Indigenous population of Australia. Much greater proportions of the Indigenous population are found in age groups under 20 years, compared with corresponding proportions in the non-Indigenous population, and noticeably lower proportions are found in age groups from 40 years upwards. The median age of the Indigenous population is 20 years, compared with 36 years for the non-Indigenous population.

THE ABORIGINAL AND
TORRES STRAIT ISLANDER
POPULATIONS *continued*

Over half of the estimated resident Indigenous population lives in New South Wales (29% at June 2001) or Queensland (27%), with a further 14% in Western Australia and 12% in the Northern Territory. One in four Indigenous persons lives in regions of Australia described as Remote or Very Remote, compared with just 2% of the non-Indigenous population. Almost one third (30%) of Aboriginal and Torres Strait Islander peoples live in Major Cities. While Indigenous Australians comprise 2.4% of the total population, this proportion varies from 1% of the population in Major Cities to 45% in Very Remote areas.

HOUSING AND COMMUNITY
INFRASTRUCTURE

Aboriginal and Torres Strait Islander peoples are less likely than other Australians to own their homes. Less than a third of households with Indigenous person(s) (32%) were home owners compared with more than two-thirds (69%) of Other households. Households with Indigenous person(s) (63%) were more than twice as likely as Other households (27%) to be living in rented accommodation.

Using the Canadian National Occupancy Standard definition of overcrowding, 15% of households with Indigenous person(s) were considered overcrowded (i.e. requiring at least one extra bedroom), compared to 4% of Other households. In households with Indigenous person(s), overcrowding increased with remoteness. In Major Cities, about 11% of all households with Indigenous person(s) require at least one extra bedroom, compared with 42% of households with Indigenous person(s) in Very Remote areas of Australia. In Other households, overcrowding varied only slightly with the level of remoteness, fluctuating between 3% to 4%.

Many Aboriginal and Torres Strait Islander peoples, especially those living in remote communities, do not have adequate quality housing, reliable supplies of water and electricity or adequate sewerage and drainage systems, all of which are relevant to health.

In 2001, four times as many discrete Indigenous communities used bore water as their main source of drinking water than used a town water supply. In communities with a population of 50 or more that were not connected to the town water supply, over a quarter had failed water quality tests at least once during the previous 12 months. A fifth of communities had water supplies that had not been tested in the last 12 months. More than one in three communities with 50 or more people experienced water restrictions in the previous 12 months.

Just under half the communities with a population of 50 or more reported that sewerage system overflows or leakages had occurred in the previous 12 months. Ponding of stagnant water occurred in 42% of communities with a population of 50 or more.

Overall, expenditure on health services estimated to have been provided to Aboriginal and Torres Strait Islander peoples during 1998–1999 was \$3,065 per head. This was 22% higher (ratio 1.22:1) than the estimated expenditure on services delivered to non-Indigenous persons. However this differential is less than might be expected, given the much poorer health status that is evident for Indigenous Australians.

The ratio of per capita expenditure on Indigenous to non-Indigenous Australians varies considerably by type of service. Aboriginal and Torres Strait Islander peoples were more intense users of community health centres, where the per capita expenditure ratio was 5.1:1, and the acute care services of the public hospital system (2:1) than Medicare (0.4:1) and the Pharmaceutical Benefits Scheme (0.3:1).

Access to services and the mixture of services that are offered within reach of a community affect utilisation. Outside of capital cities, other metropolitan areas and large rural centres, the ratio of primary care practitioners to population is much less than in the urban areas. Remote centres and rural areas outside of large and small centres had fewer than 80 primary care practitioners per 100,000 persons, compared with over 120 in Capital Cities. A much higher discrepancy exists for medical specialists and, in remote areas, for nurses and pharmacists. The higher proportion of Aboriginal and Torres Strait Islander peoples living in more remote areas of Australia leaves them more exposed to difficulties of access to professional services.

People living in discrete Indigenous communities have better access to a health centre than a hospital. In 2001, about 57,000 people living in discrete Indigenous communities lived 100 kilometres or more from a hospital but most had a community health centre in the community. There were 174 communities (3,255 people) which were located 100 kilometres or more away from either a hospital or a community health centre. A much higher proportion of households with Indigenous person(s) in remote areas (and to a lesser extent elsewhere) are without vehicles for transport.

Indigenous adults were about half as likely as non-Indigenous adults to be employed in health-related occupations. Nearly one-quarter (23%) of such Aboriginal and Torres Strait Islander peoples worked as Indigenous health workers. Large proportions of the remainder worked as nursing professionals (24%) or personal care and nursing assistants (21%). The 2001 Census recorded 90 Indigenous Australians working as medical practitioners. Aboriginal and Torres Strait Islander peoples remained under-represented among persons completing graduate courses in health and welfare in 2000 — 1.3% and 1.2% respectively. However, higher proportions of Indigenous Australians were evident in persons commencing health and welfare courses in 2001 (2.0% and 2.6% respectively).

HEALTH SERVICES *continued*

Despite likely under-counting of Aboriginal and Torres Strait Islander peoples in hospital separation statistics, Indigenous separation rates were higher than non-Indigenous rates for all age groups except 75 years and over, with the highest rate differences for both males and females being in the age groups between 35 and 64 years. Principal diagnoses for which high rate ratios were evident in 2000–01 were 'Care involving dialysis' (6.6:1 for males, 12.6:1 for females), 'Endocrine, nutritional and metabolic diseases' (3.5:1 for males, 3.8:1 for females) and 'Diseases of the respiratory system' (2.6:1 for males, 3.1:1 for females). For 'Neoplasms' (cancer), the Indigenous rate ratio was less than 1 (0.5:1 for males, 0.6:1 for females), indicating lower rates of hospitalisation than for the non-Indigenous population.

COMMUNITY SERVICES

Almost 12,000 Indigenous households were tenants in state–territory owned and managed Indigenous housing in 2001–02 and a further 16,674 rented mainstream public housing. Almost 10% of new renters of mainstream public housing in that year were Indigenous households. The proportion of Indigenous new occupants of accommodation provided under Commonwealth State Housing Agreements was higher, at 15%.

The Supported Accommodation Assistance Program (SAAP) provides temporary accommodation and support services for homeless people. In 2001–02, nearly 17% of the adults assisted under SAAP were Indigenous Australians. The main reason given for the use of SAAP services by 33% of the Indigenous clients was to escape from domestic violence, compared with 19% for other SAAP clients. Other reasons were accommodation difficulties (18%) and relationship/family breakdown (16%).

In 2001–02, Aboriginal and Torres Strait Islander children were under-represented in children using Commonwealth-supported child care services, being 1.8% of children using the services but 4.6% of the population aged 0–12 years.

Aboriginal and Torres Strait Islander children were over-represented in child protection systems across most of Australia, with an overall rate ratio of 3.2:1. The incidence of Indigenous children being placed under care and protection orders and in out-of-home care was around six times that for non-Indigenous Australian children. Almost two-thirds of children in out-of-home care were placed with Indigenous relatives/kin (43%) or with other Indigenous caregivers (21%). These are the preferred placements under the Aboriginal Child Placement Principle that has been adopted by all jurisdictions.

The Aboriginal Child Placement Principle also applies when Indigenous children are adopted, but formal adoption of Aboriginal and Torres Strait Islander children has not been a common practice in recent years. There were just 15 adoptions of Indigenous children in the years 1998–99 to 2001–02, five of which were 'known' child adoptions where the adoptive parents had a pre-existing relationship with the child.

COMMUNITY SERVICES
continued

Despite limitations of the available data, rates of incarceration in juvenile detention centres for Indigenous Australians aged 10–17 years are evidently far higher than those for non-Indigenous Australians. Aggregated data from most states and territories in 2000–01 show that 43% of 10–17 year olds in detention centres were Indigenous Australians.

From the information that is available it appears that Aboriginal and Torres Strait Islander peoples use disability services at about the same rate as the rest of the population. On the 2002 'snapshot day', 1,670 people, 2.5% of those receiving Commonwealth–State Disability Agreement funded services were identified as Indigenous. The Indigenous status of 3,451 consumers (5.2%) was not known. The proportion of Indigenous Australians receiving services varied by service type. Respite (5.1%) and community support (3.8%) services had an above-average proportion of Indigenous consumers, whereas employment (1.8%) and community access (1.9%) services had a smaller proportion of Indigenous consumers.

Aboriginal and Torres Strait Islander peoples utilise aged care services at a younger age, consistent with poorer health status and shorter life expectancy. Of all Indigenous Australians receiving Community Aged Care Packages at 30 June 2002, 7% were aged below 45 years, while in the non-Indigenous population the comparable figure was 1%. Half of the Indigenous and non-Indigenous care recipient populations were in the 75 and over age group. There was a larger proportion of Indigenous recipients in the age groups below 65 years of age.

MOTHERS AND BABIES

The average age of an Indigenous mother having a baby in the period 1998–2000 was 24.7 years. In contrast, the average age of a non-Indigenous mother was 29.2 years. Of Indigenous mothers who gave birth, 79% were aged less than 30 compared with 52% of non-Indigenous mothers.

Babies weighing less than 2,500 grams at birth are classified as being of low birthweight and babies of Indigenous mothers were twice as likely to be of low birthweight (13% of births) than babies of non-Indigenous mothers (6%). Comparative rates of perinatal deaths in 1998–2000 were similar, with the perinatal death rate for births to Aboriginal and Torres Strait Islander mothers being 20 per thousand live births and stillbirths, compared with 10 per thousand where the mother was non-Indigenous.

ILL HEALTH

In 2001, similar proportions of Indigenous and non-Indigenous Australians (78%) reported in the National Health Survey that they had at least one long-term health condition. Reports of a long-term condition increased with age from 34% of Aboriginal and Torres Strait Islander children aged under 5 years to 99% of Indigenous Australians aged 55 years and over. Eye/vision problems were the most commonly reported conditions (29%), followed by asthma (16%), back problems (15%) and ear/hearing problems (15%).

However, similar proportions reporting long-term health conditions does not reflect marked differentials in incidence and prevalence of ill health. For instance, the National Notifiable Diseases Surveillance System reports disease rates for Indigenous Australians that are many times those among non-Indigenous Australians. Rate ratios are particularly high for gonococcal infection (69:1), syphilis (42:1) and chlamydia (18:1). For most other communicable diseases reported to the surveillance system the incidence rates for Indigenous persons are generally in the range 5 to 10 times higher than for non-Indigenous persons.

Hospitalisation rates are also several times higher among Aboriginal and Torres Strait Islander peoples, and are affected by likely under-identification in hospital data systems. Rate ratios for 'Ischaemic heart disease' hospitalisations are 1.4:1 for males and 2.4:1 for females; for 'Respiratory diseases' 2.6:1 for males and 3.1:1 for females; for 'Infectious and parasitic diseases' 2.7:1 for males and 3.1:1 for females; and for 'Injury and poisoning', 1.9:1 for males and 2.3:1 for females. Among the latter group, hospitalisations that are attributed to 'Assault' are at a rate 8 times higher for Indigenous males and 28 times higher for Indigenous females, compared with non-Indigenous males and females respectively.

HEALTH RISK FACTORS

The 2001 National Health Survey indicates that in non-remote areas Aboriginal and Torres Strait Islander children aged under four years were as likely to have been breastfed (78%) as non-Indigenous children. However Indigenous children living in non-remote areas were less likely than non-Indigenous children to have been breastfed for more than six months.

Cross-population comparisons against nutritional guidelines show varying results. Higher proportions of Indigenous Australians in non-remote areas reported medium to high vegetable intake (two or more serves per day) but more non-Indigenous Australians reported medium to high fruit intake. Aboriginal and Torres Strait Islander peoples were more likely to consume whole (full cream) milk rather than reduced fat alternatives and to add salt to meals after cooking. The percentage of Indigenous adults classified as overweight or obese was 61% compared with 48% of non-Indigenous adults.

Indigenous persons aged 18 years and over were twice as likely as non-Indigenous persons to be current smokers (51% compared with 24%) with higher proportions applying to both sexes and across all age groups.

Indigenous adults aged 18 years and over were less likely (42%) than non-Indigenous adults (62%) to have consumed alcohol in the week prior to interview for the 2001 National Health Survey. However, those who consumed alcohol were more likely to have consumed at risky/high levels than non-Indigenous consumers (29% compared with 17%).

MORTALITY

Registered deaths of persons identified as Aboriginal and/or Torres Strait Islander in Queensland, South Australia, Western Australia and the Northern Territory are used in this report for the period 1999–2001. For all age groups below 75 years the age-specific death rate for persons identified as Indigenous in the selected jurisdictions was at least double that for the total Australian population. The largest differences occurred at ages 35–54 years where the Indigenous death rates in the selected jurisdictions were five times those of the total Australian population.

Over the period 1999 to 2001, the overall standardised mortality ratio (SMR) for deaths to both male and female Indigenous persons was three, based on all-Australian age and sex-specific death rates. That is, after adjusting for different population composition, Aboriginal and Torres Strait Islander peoples are shown to be dying at three times the total population rates. SMRs for each major cause of death group were greater than one, reflecting across the board disadvantage for the Indigenous population. The cause of death group with the highest SMR for both males (8) and females (12) was 'Endocrine, nutritional and metabolic diseases', the group that contains diabetes.

