5.7 How healthy are Indigenous Australians?

The health of Aboriginal and Torres Strait Islander Australians is improving on a number of measures, including significant declines in infant and child mortality and decreases in avoidable mortality related to cardiovascular and kidney diseases. Despite these improvements, significant disparities persist between Indigenous and non-Indigenous Australians. Indigenous Australians continue to have lower life expectancy, higher rates of chronic and preventable illnesses, poorer self-reported health, and a higher likelihood of being hospitalised than non-Indigenous Australians (AIHW 2015a, 2015b).

There are many dimensions to the poorer health status of Indigenous Australians compared with other Australians and a complex range of factors are behind these differences. These include:

- differences in the social determinants of health, including lower levels of education, employment, income and poorer quality housing, on average, compared with non-Indigenous Australians
- differences in behavioural and biomedical risk factors such as higher rates of smoking and risky alcohol consumption, lack of exercise, and higher rates of high blood pressure for Indigenous Australians
- the greater difficulty that Indigenous people have in accessing affordable and culturally appropriate health services that are in close proximity.

Each of these three aspects contributing to the Indigenous health gap are reviewed in separate snapshots (‘Chapter 4.2 Social determinants of Indigenous health,’ ‘Chapter 4.8 Health behaviours and biomedical risks of Indigenous Australians’ and ‘Chapter 6.6 Indigenous Australians’ access to health services’).

This snapshot focuses on two selected topics:

- progress on the two measures of Indigenous health in the Council of Australian Governments (COAG) Closing the Gap targets: life expectancy and child mortality
- summaries of three commonly used measures of how healthy Indigenous Australians are: self-assessed health rating; disability and prevalence of major long-term conditions; and potentially avoidable deaths.

Life expectancy

Life expectancy at birth is a measure of how long a newborn person is expected to live, on average, given the currently observed pattern of mortality in the population. The COAG target is to fully close the gap in life expectancy between Indigenous and non-Indigenous Australians by 2031.

The latest available estimates of Indigenous life expectancy were released in 2013 and they show that Indigenous Australians have a life expectancy of around 10 years less than non-Indigenous Australians.
• For the 3-year period 2010–2012, estimated Indigenous life expectancy at birth was 69.1 years for males and 73.7 years for females.

• Life expectancy at birth has increased by 1.6 years for Indigenous males and 0.6 years for Indigenous females since 2005–2007 (corresponding to annual increases of 0.3 and 0.1 years of life, respectively).

• Between 2005–2007 and 2010–2012, the life expectancy gap between Indigenous and non-Indigenous Australians decreased by 0.8 years for males and by 0.1 years for females (taking into consideration that life expectancy also increased for non-Indigenous Australians over this period).

• To meet the Closing the Gap target by 2031, an annual increase of 0.6 to 0.8 years in Indigenous life expectancy at birth will be required (AHMAC 2015).

See also ‘Chapter 5.8 Main contributors to the Indigenous life expectancy gap’.

**Child mortality**

The mortality rate for young children is also a key indicator of the general health of a population. Indigenous child mortality has been declining steadily over time (Figure 5.7.1).

Between 1998 and 2014, there was a significant:

• decline in Indigenous child mortality rates (by 33%)
• narrowing of the gap (by 34%) with non-Indigenous child mortality.

**Figure 5.7.1: Child mortality rates for children aged under 5, by Indigenous status, 1998 to 2014**

Deaths per 100,000

Year

Note: Based on combined data for NSW, QLD, WA, SA and the NT.
Source: ABS and AIHW analysis of National Mortality Database.

The Closing the Gap target is to halve the gap in mortality rates between Indigenous and non-Indigenous children aged under 5 within the decade between 2008 and 2018.
Progress on this target is assessed to be ‘on track’ (PM&C 2016). Progress is assessed by comparing the annual outcome of the Indigenous child mortality rate to a range of values that indicate whether the required trajectory for that year has been met. The latest (2014) Indigenous child mortality rate was within the specified range for 2014 and so was on track towards the 2018 target (PM&C 2016).

**Self-assessed health**

Self-assessed rating of health is a widely used measure of overall health status. The most recent data are from the 2012–13 Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS).

- Nearly 4 in 10 (39%) Indigenous Australians aged 15 and over reported their health status as ‘excellent’ or ‘very good’ in 2012–13—a decrease from 44% in 2008 and 43% in 2004–05 (SCRGSP 2014).
- A further 37% reported their health as ‘good’, and 24% as ‘fair’ or ‘poor’ in 2012–13.
- Adjusting for differences in age structure, 29% of Indigenous Australians rated their health as ‘fair’ or ‘poor’, which was more than double the non-Indigenous rate of 14%.
- The proportion of Indigenous Australians reporting their health status as ‘fair’ or ‘poor’ was lowest in Very remote areas (16%).

**Disability status and long-term health conditions**

- According to the 2012–13 AATSIHS, 36% of Indigenous Australians (an estimated 228,000 people) had some form of disability (AIHW 2015b). Based on age-standardised rates of 44% and 29%, this is 1.5 times the rate experienced by non-Indigenous Australians. Indigenous Australians were twice as likely to have a severe or profound form of disability (with age-standardised rates of 7.9% and 3.9%, respectively).
- In 2012–13, two-thirds (67%) of Indigenous people reported at least one chronic health condition, with 33% reporting three or more. The proportion of Indigenous people reporting at least one health condition was similar to that of non-Indigenous people.
- The prevalence of the leading long-term health conditions (excluding mental health) for Indigenous Australians, by specific age groups and in total for all ages, is shown in Figure 5.7.2. The relative importance of specific conditions varies considerably by age.
- Overall, the most common conditions reported by Indigenous Australians (excluding mental health) were eye diseases and vision problems (33%), respiratory diseases (31%) and musculoskeletal diseases (20%).
- Data on the overall prevalence of mental health conditions are not available from the most recent AATSIHS. Some related mental health indicators showed that in 2012–13:
  - 12% of Indigenous Australians reported feeling depressed or having depression as a long-term condition
  - 30% of Indigenous adults had high or very high levels of psychological distress in the 4 weeks prior to the survey (AIHW 2015b).

(See also ‘Chapter 5.9 Health of Australians with disability’.)
Figure 5.7.2: Age-specific prevalence of leading long-term conditions for Indigenous Australians, 2012–13

<table>
<thead>
<tr>
<th>Rank</th>
<th>Age group</th>
<th>0–14</th>
<th>15–24</th>
<th>25–34</th>
<th>35–44</th>
<th>45–54</th>
<th>55+</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Respiratory diseases</td>
<td>20.9%</td>
<td>Respiratory diseases</td>
<td>29.9%</td>
<td>Respiratory diseases</td>
<td>36.9%</td>
<td>Eye diseases and vision problems</td>
<td>46.7%</td>
</tr>
<tr>
<td>2</td>
<td>Eye diseases and vision problems</td>
<td>8.8%</td>
<td>Eye diseases and vision problems</td>
<td>22.0%</td>
<td>Eye diseases and vision problems</td>
<td>27.4%</td>
<td>Respiratory diseases</td>
<td>39.8%</td>
</tr>
<tr>
<td>3</td>
<td>Ear diseases and hearing problems</td>
<td>7.1%</td>
<td>Musculoskeletal diseases</td>
<td>12.7%</td>
<td>Musculoskeletal diseases</td>
<td>21.8%</td>
<td>Musculoskeletal diseases</td>
<td>35.3%</td>
</tr>
<tr>
<td>4</td>
<td>Skin and subcutaneous tissue diseases</td>
<td>3.3%</td>
<td>Ear diseases and hearing problems</td>
<td>8.3%</td>
<td>Nervous system diseases</td>
<td>13.7%</td>
<td>Cardiovascular disease</td>
<td>18.9%</td>
</tr>
<tr>
<td>5</td>
<td>Nervous system diseases</td>
<td>2.6%</td>
<td>Nervous system diseases</td>
<td>8.3%</td>
<td>Cardiovascular disease</td>
<td>12.9%</td>
<td>Endocrine, nutritional and metabolic diseases</td>
<td>16.5%</td>
</tr>
</tbody>
</table>

Notes
1. The top 5 disease categories for each age group excluding “Symptoms, signs and conditions not elsewhere classified”.
2. Data on the overall prevalence of mental health conditions are not available from the 2012–13 AATSIHS.

Source: AIHW 2015b based on analyses of 2012–13 AATSIHS data.
Potentially avoidable deaths

‘Potentially avoidable deaths’ refer to deaths from conditions that could have been avoided, given timely and effective health care. Rates of potentially avoidable deaths in a population represent the underlying population health, as well as health-service utilisation and the accessibility and effectiveness of the health system. Total counts and rates of potentially avoidable deaths of Indigenous Australians are based on data from the five jurisdictions (New South Wales, Queensland, Western Australia, South Australia and the Northern Territory) where the quality of Indigenous identification is considered to be of acceptable quality in the recording of deaths.

• In the 5-year period 2009 to 2013, approximately 6,000 deaths (or 61% of all deaths) of Indigenous Australians aged 0–74 were classified as potentially avoidable deaths (compared with 51% of all deaths of non-Indigenous Australians in that age group).

• After adjusting for differences in age structure, in the 2009–2013 period the mortality rate for Indigenous Australians who died from all potentially avoidable causes was more than 3 times the rate for non-Indigenous Australians (351 and 110 deaths per 100,000 population, respectively).

• There was a 10% decline in the potentially avoidable death rate for Indigenous Australians in the 2009–2013 period compared with the previous 5-year period of 2003–2007. However, in the same period the potentially avoidable death rate also declined for the non-Indigenous population (SCRGSP 2016). Accordingly, the gap between the rates for the Indigenous and non-Indigenous population did not narrow.

Note that these rates are based on a new standard adopted in the National Healthcare Agreement 2015 by which specific causes of death are classified as ‘potentially avoidable’ in the context of the current Australian health system. The new classification leads to a smaller number of deaths categorised as ‘potentially avoidable’ than the previous classification did for both Indigenous and non-Indigenous deaths. Therefore, the counts and rates of potentially avoidable deaths presented here are different to those published in previous AIHW reports.

What is missing from the picture?

There are many complex interactions determining Indigenous health and mortality rates that still have data gaps or lack timely data. The national-level Aboriginal and Torres Strait Islander health surveys are carried out only once in 6 years, and coverage is not large enough to provide reliable small-area estimates. There is increasing use of health administrative data sets, such as hospital records or cancer registries, but the identification of the Indigenous status of all persons in these records is incomplete (though increasing).

There are also data gaps in the extent of, and reasons for, the inequalities in health status within the Indigenous population itself. These are important analyses to undertake. Better reporting of Indigenous health outcomes and analyses of causal factors can be achieved through a more coordinated effort to combine or link administrative health data from a number of sources and covering a number of years.
Where do I go for more information?
More information on the general and specific health condition of Indigenous Australians is available in the AIHW report *The health and welfare of Australia’s Aboriginal and Torres Strait Islander peoples 2015*.

References
AIHW 2015b. The health and welfare of Australia’s Aboriginal and Torres Strait Islander peoples: 2015. Cat. no. IHW 147. Canberra: AIHW.
PM&C (Department of the Prime Minister and Cabinet) 2016. Closing the Gap Prime Minister’s report 2016. Canberra: PM&C.