

CHAPTER 1

INTRODUCTION

AIM

This publication is the fourth in the biennial series of reports on the health and welfare of Australia's Aboriginal and Torres Strait Islander peoples. It draws on recent data available from a number of different sources to provide a single volume 'snap shot' of the health and welfare of Aboriginal and Torres Strait Islander peoples. The topics covered are consistent with research themes identified as critical to achieving health gains for Aboriginal and Torres Strait Islander peoples (NHMRC 2002). Notwithstanding the difficulties in monitoring trends in these data (see Data Quality below), the underlying aim of the series is to be able to provide a broad picture of the change in the health and welfare of Indigenous Australians over time.

DEFINING HEALTH AND WELFARE

The World Health Organisation (1946) defines health as 'a state of complete physical, mental and social wellbeing 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 the absence of disease and incapacity' (A National Aboriginal Health Strategy 1989).

This publication also draws on 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 wellbeing of the individual but the social, emotional, and cultural wellbeing of the whole community. This is a whole-of-life view and it includes the cyclical concept of life-death-life' (A National Aboriginal Health Strategy Working Party 1989).

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 and support systems available to individuals and committees (AIHW 2001a).

SCOPE

This publication updates information presented in the previous three editions of the *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples* (ABS & AIHW 1997, 1999, 2001). The data used were drawn from key national statistical collections including the latest information from both the Australian Bureau of Statistics (ABS) and the Australian Institute of Health and Welfare (AIHW). Important information about Aboriginal and Torres Strait Islander health and welfare was collected in 2001 by the ABS, including the Census of Population and Housing, the Community Housing and Infrastructure Needs Survey and the National Health Survey (NHS). In addition, results from the Indigenous Social Survey (ISS) will be available in late 2003 (Chapter 11).

Throughout this publication, the term 'Indigenous Australians' refers to all persons who identify as being of Aboriginal, Torres Strait Islander, or both Aboriginal and Torres Strait Islander origin. The term 'non-Indigenous' includes records identified as non-Indigenous and records where Indigenous status was not stated (unless otherwise indicated). This terminology assumes that Indigenous identification in all data collections is based on self-identification.

This publication begins by examining the demographic, social and economic context of health and wellbeing for Indigenous Australians (Chapter 2), as well as the range of environmental factors which also affect health (Chapter 3). Aboriginal and Torres Strait Islander people's access to and use of health services are then examined, including physical, economic and cultural barriers (Chapter 4). This is followed by discussion on the delivery of community services to Aboriginal and Torres Strait Islander clients in the areas of housing assistance, child care, child protection, adoptions, juvenile justice, disability services and aged care (Chapter 5).

Information on a range of health indicators is presented in the Chapters on Mothers and babies (Chapter 6), Ill-health (Chapter 7), Health risk factors (Chapter 8), and Mortality (Chapter 9). Separate information about people of Torres Strait Islander origin is often difficult to obtain, so a short chapter is included which presents some of the available information about this population group, including comparisons between Torres Strait Islanders living in the Torres Strait and those living elsewhere (Chapter 10). The publication ends with a discussion of recent developments, in data collections, data quality issues and future directions relating to health and welfare statistics about Indigenous Australians (Chapter 11).

Many important underlying social and economic issues are not directly addressed in this publication, either because of a lack of adequate information or because they are beyond its scope. In addition, there is a lack of reliable and available data on many important aspects of health and welfare. A lack of reporting on a particular topic should not therefore be equated with lack of importance.

The information that is presented in this publication generally refers to single aspects or dimensions of health and does not take into account the multiple illnesses and conditions which are experienced by some Indigenous Australians. Although it is important to understand the impact of multiple illnesses, the dimensions and consequences of such a burden are not easily captured using available data.

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 Aboriginal and Torres Strait Islander peoples is difficult for a number of reasons. One reason is the uncertainty in interpreting Indigenous population counts from the five-yearly Census of Population and Housing which provide the basis for estimating the population. The Census count for the total Indigenous population increased by 16% from 1996 to 2001. Natural increase (births minus deaths) accounted for a 12% increase, with a further 4% increase due to other factors, such as an increasing propensity for people to identify as Indigenous on Census forms (ABS 2002g). ABS plans to examine this issue in more detail in the near future, updating work undertaken based on the 1996 Census (Ross 1999) using 2001 Census results.

While factors such as the propensity to identify as Indigenous in the Census can be identified, it is not possible to estimate how these factors are likely to change over time. In addition 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 quality of the population estimates which in turn affect the comparison of rates from year to year and limit the potential for assessment of trends in health status and events.

Rates presented in this publication are calculated from the low series of experimental projections based on the 1996 Census, published for the years 1996–2006 (ABS 1998b).

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 peoples. Indigenous Australians, however, are not completely identified in many of these data collections. Reasons for this include: 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 (Chapter 11). Significantly, an Indigenous identifier is now included in new Medicare registrations.

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 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 remote areas than other Australians (Chapter 2). Because of these factors, the random selection of participants for a national survey usually results in the Indigenous sample size being too small to enable separate results to be published. Where separate results have been produced, such as those from the 2001 NHS, an enhanced sample of Aboriginal and Torres Strait Islander peoples has been applied. In the 2004–05 Indigenous Health Survey (IHS) and six-yearly thereafter, the enhanced Indigenous sample will be designed to produce results at the state–territory as well as national level.

The Indigenous Social Survey (ISS), first conducted in 2002 and expected to be conducted six yearly in future, provides a range of information about the health and welfare of Australia’s Indigenous population, including: self-assessed health status, disability, smoking, alcohol consumption, substance use, childcare, income and housing.

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 information (Chapter 11).

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 Islander peoples 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 (Chapter 11).