



6.0 Overview

Aboriginal and Torres Strait Islander people are the Indigenous peoples of Australia. Indigenous Australians can be of Aboriginal origin, Torres Strait Islander origin, or both. There were an estimated 787,000 Indigenous Australians in 2016—3.3% of the total Australian population, with an estimated growth in their population size of 19% since 2011. This chapter presents information on the health status of the Indigenous population, as well as the determinants of health and access to health services that are specific to the Indigenous population.

For Indigenous Australians, good health is more than 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 good health emphasises the connectedness of these factors and recognises how social and cultural determinants can affect health.

As a group, Indigenous Australians experience widespread disadvantage and health inequality. In 2014–15, Indigenous Australians were at almost half as likely as non-Indigenous Australians to rate their health as 'fair' or 'poor', and much less likely to rate their health as 'excellent' or 'very good'. Compared with non-Indigenous Australians, Indigenous Australians are 1.7 times as likely to have disability or a restrictive long-term health condition and 2.7 times as likely to experience high or very high levels of psychological distress.

The gap in life expectancy between Indigenous and non-Indigenous Australians in 2010–2012 was around 10.6 years for males and 9.5 years for females. Health inequality can start early for Indigenous people—reflected in infant and child mortality rates being generally higher in their communities. Further, although rates have declined in recent years, Indigenous children are 2.1 times as likely as non-Indigenous children to die before the age of 5.

Indigenous children and adolescents are also far more likely than non-Indigenous children to be affected by ear infections and hearing loss. Although the proportion of Indigenous children with poor ear health and hearing loss has decreased in the last 15 years, the rate of long-term ear/hearing problems in children aged 0–14 is still almost 3 times that for non-Indigenous children (8.4% compared with 2.9%). Poor ear and hearing health can profoundly affect a child's life, impeding cognitive development, auditory processing skills and speech and language development. Hearing loss can lead to social isolation and problems with school attendance, which, in turn, can have life-long negative social consequences. For many Indigenous children, hearing loss and the associated aftermaths further compound many of the disadvantages already facing Indigenous Australians.





Much of the understanding of the 'health gap' between Indigenous and non-Indigenous Australians is based on factors generally recognised as contributing to good health, including:

- differences in the social determinants of health—Indigenous Australians, on average, have lower levels of education, employment, income, and poorer quality housing than non-Indigenous Australians
- differences in health risk factors—Indigenous Australians, on average, have higher rates of risk factors that can lead to adverse health outcomes, such as tobacco smoking, risky alcohol consumption and insufficient physical activity for good health
- differences in access to appropriate health services—Indigenous Australians are more likely than non-Indigenous Australians to report greater difficulty in accessing affordable health services that are close by.

Socioeconomic factors account for more than one-third (34%) of this health gap—household income is the largest individual contributor to the overall gap (14%), followed by employment status (12%). Health risk factors contribute 19% of the gap—with differences in smoking rates between Indigenous and non-Indigenous Australians being the largest contributor, at 10%. While the Indigenous smoking rate has fallen substantially in recent years—from 51% in 2002 to 42% in 2014–15—it is still 2.7 times as high as that for non-Indigenous Australians.

Access to appropriate, high-quality and timely health care can help to improve health outcomes. Indigenous Australians can use mainstream or Indigenous-specific primary health care services. In 2015–16, Indigenous primary health care services were delivered across nearly 370 sites, more than two-thirds of which were in *Very remote* (33%), *Remote* (13%) and *Outer regional* (23%) areas.

The geographic distribution of the Indigenous population can pose substantial challenges for workforce recruitment and delivery of health services. For example, access to midwives is critical for the health of Indigenous women, who are less likely to attend antenatal care in the first trimester of pregnancy, and have higher levels of social disadvantage. These factors contribute to the higher likelihood that babies born to Indigenous mothers will be premature, of low birthweight and/or will die before their first birthday. Looking at the supply of midwives across Australia, 15% of Indigenous women of child-bearing age live in areas likely to pose the highest challenges for supply of a midwife workforce. This percentage is 8 times as high as that for non-Indigenous women of child-bearing age (1.8%).

