4.8 Health behaviours and biomedical risks of Indigenous Australians

The prevalence of major behavioural and biomedical health risk factors is generally higher for Aboriginal and Torres Strait Islander Australians than for other Australians. Behavioural risks include smoking, poor nutrition, physical inactivity and excessive alcohol consumption. Biomedical risks are bodily states that can contribute to the development of chronic disease, such as being obese or having abnormal levels of blood lipids (see 'Chapter 4.3 Biomedical risk factors').

This snapshot describes some of the behavioural and biomedical risk factors that contribute to poor health status for Indigenous Australians.

Smoking and alcohol consumption

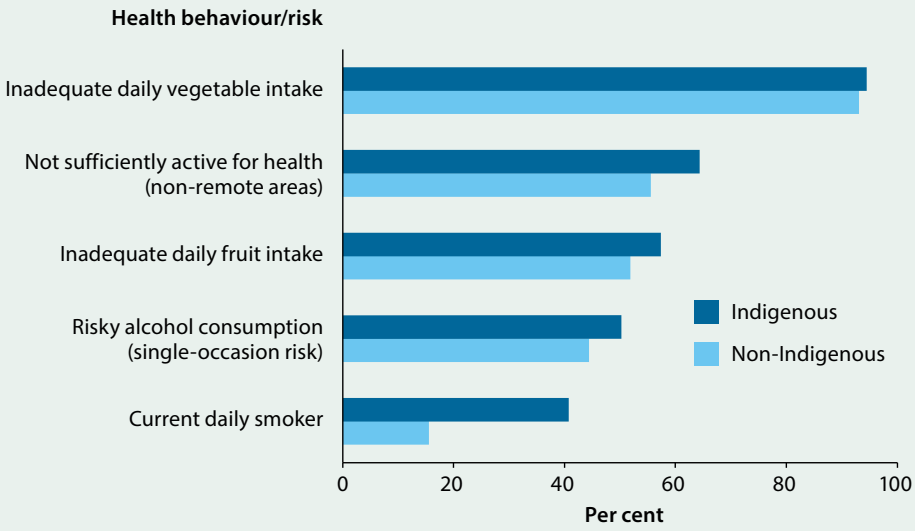
The prevalence of smoking remains significantly higher in the Indigenous population than in the non-Indigenous population, while the picture for alcohol consumption is more complex.

- In 2012–13, 44% of Indigenous Australians aged 15 and over reported being a current smoker—42% smoked daily and 2% smoked weekly or less frequently. After adjusting for differences in age structure, Indigenous Australians were 2.6 times as likely as non-Indigenous Australians to smoke daily (Figure 4.8.1).
- The smoking rate for Indigenous Australians aged 15 and over has declined significantly, from 51% to 44% between 2002 and 2012–13.
- In 2012–13, a high proportion (26%) of Indigenous Australians aged 15 and over reported that they had not drunk any alcohol in the previous 12 months. After adjusting for age differences, this rate of abstention was 1.6 times the non-Indigenous rate (AIHW 2015).
- Indigenous Australians who consume alcohol do so at levels that are risky for their health. In 2012–13, 54% of Indigenous Australians aged 15 and over drank at levels placing them at risk of harm—more than four standard drinks on a single occasion at least once in the past 12 months. After adjusting for differences in age structure, Indigenous people aged 15 and over were 1.1 times as likely as non-Indigenous people to have exceeded the guidelines for single-occasion risk (50% and 44% respectively) (Figure 4.8.1). This is a much smaller difference than in smoking rates.

Physical inactivity

Physical inactivity is a risk factor associated with several potentially preventable chronic diseases that are prevalent in the Indigenous population, including cardiovascular disease, hypertension and diabetes.

Figure 4.8.1: Age-standardised prevalence of selected health behaviours and risks, by Indigenous status, 2011–13



Sources: ABS 2013, 2014b, 2014c.

Based on 2012–13 Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS) data:

- More than 6 in 10 (61%) of Indigenous adults in non-remote areas had been sedentary or undertook low levels of physical activity in the week prior to the survey (less than 150 minutes over five or more sessions).
- Insufficient activity levels were higher for Indigenous females (68%) than for males (53%).
- After adjusting for differences in age structure, Indigenous adults were more likely than non-Indigenous adults to not have undertaken the recommended activity levels in the last week (64% compared with 56%) (Figure 4.8.1).

The physical activity of Indigenous adults was assessed differently in remote areas (and this measure is not comparable with the physical activity data for persons living in non-remote areas).

- More than half (55%) of Indigenous adults in remote areas spent more than 30 minutes in the previous day undertaking physical activity or walking 20% spent less than 30 minutes, 21% did no physical activity, while data were missing for 4% (ABS 2014b).

Dietary behaviours

Several principal causes of ill health are nutrition-related, including type 2 diabetes and coronary heart disease. The AATSIHS self-reported results (ABS 2014c) show that:

- 85% of Indigenous children aged 2–14, and 97% of Indigenous adults aged 15 and over, had inadequate daily fruit and/or vegetable intake
- 22% of Indigenous children aged 2–14, and 58% of Indigenous adults aged 15 and over, did not eat the daily intake of fruit (2 serves), recommended in the 2013 National Health and Medical Research Council guidelines
- 84% of Indigenous children aged 2–14, and 95% of Indigenous adults aged 15 and over, did not eat the daily recommended intake of vegetables (5–6 serves).

Biomedical risks

This section summarises data on four biomedical factors that can pose direct and specific risks to health: high blood pressure, obesity, vitamin D deficiency and abnormal blood lipid levels (such as high cholesterol and triglycerides). Data about high blood pressure and being overweight or obese (based on body mass index, or BMI) among Indigenous Australians are sourced from the 2012–13 AATSIHS. Information on vitamin D deficiency and high levels of cholesterol and triglycerides are from the National Aboriginal and Torres Strait Islander Health Measures Survey (NATSIHMS), a voluntary component of the AATSIHS, in which around 3,300 Indigenous adults aged 18 and over from across Australia provided blood and urine samples for analyses (ABS 2014a).

- One in 5 (20%) Indigenous adults had measured high blood pressure, with more men (23%) affected than women (18%).
- Nearly 4 in 5 (79%) people who had measured high blood pressure did not report it as a long-term condition (ABS 2014c).
- Almost 7 in 10 (69%) Indigenous adults aged 18 and over were either overweight (29%) or obese (40%), according to their BMI score (ABS 2014c).
- After adjusting for differences in age structure, Indigenous adults aged 18 and over were 1.6 times as likely to be obese as non-Indigenous adults—43% compared with 27% (Figure 4.8.2); but less likely (0.8 times) to be overweight than non-Indigenous adults (30% compared with 35%).
- Overall, Indigenous adults were 1.2 times as likely to be either overweight or obese as non-Indigenous adults (72% compared with 63%).

Levels of physical activity are related to being overweight or obese:

- Indigenous adults in non-remote areas who were sufficiently active were less likely to be obese than those who were fully inactive (31% compared with 56%) (ABS 2014b).

The NATSIHMS results show that, among Indigenous adults in 2012–13:

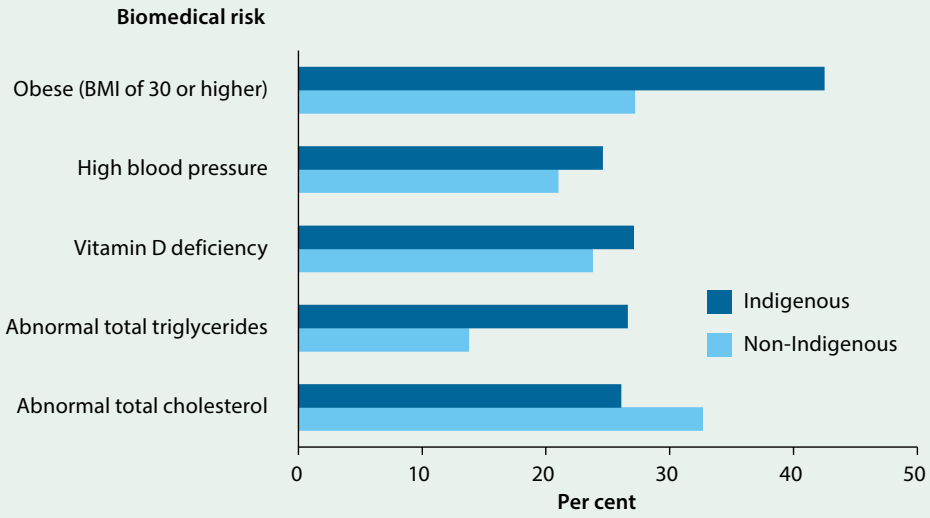
- around 1 in 4 (27%) had vitamin D deficiency, and this condition was more common among Indigenous adults living in remote areas (39%) than among those living in non-remote areas (23%)
- 1 in 4 (25%) had abnormal or high total cholesterol levels, and a similar proportion also had high triglyceride levels.

After adjusting for differences in the age structure (Figure 4.8.2):

- Indigenous adults were nearly twice as likely to have abnormally high triglycerides compared with non-Indigenous adults (27% compared with 14% respectively, a rate ratio of 1.9).
- Indigenous adults were less likely than non-Indigenous adults to have high total cholesterol levels (26% compared with 33%, a rate ratio of 0.8).

Australian Institute of Health and Welfare 2016. *Australia's health 2016*. Australia's health series no. 15. Cat. no. AUS 199. Canberra: AIHW.

Figure 4.8.2: Age-standardised prevalence of selected biomedical risks, by Indigenous status, 2011–13



Sources: ABS 2014a, 2014c.

What is missing from the picture?

Data on the behavioural and biomedical health risk factors among Indigenous Australians were enhanced through the additional components of the 2012–13 AATSIHS, such as the Health Measures Survey and the Nutrition and Physical Activity Survey. The frequency of these additional components, however, is insufficient to produce a consistent time series. The available data are too sparse to regularly assess changes in these risk factors, or explain their contribution to the health gaps between the Indigenous and non-Indigenous populations, and the health inequities within the Indigenous population. Some of these data items are collected only from Indigenous people living in non-remote locations. There also are data gaps on the relationship between the observed behavioural risk factors and an individual's participation in and outcomes from treatment programs and other preventative health interventions.

Where do I go for more information?

For more details on the health behaviours and biomedical markers of Indigenous Australians, see the Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS) 2012–13.

References

ABS (Australian Bureau of Statistics) 2013. Australian Aboriginal and Torres Strait Islander Health Survey: first results, 2012–13. ABS cat. no. 4727.0.55.001. Canberra: ABS.

ABS 2014a. Australian Aboriginal and Torres Strait Islander Health Survey: biomedical results, 2012–13. ABS cat. no. 4727.0.55.003. Canberra: ABS.

ABS 2014b. Australian Aboriginal and Torres Strait Islander Health Survey: physical activity, 2012–13. ABS cat. no. 4727.0.55.004. Canberra: ABS.

ABS 2014c. Australian Aboriginal and Torres Strait Islander Health Survey: updated results, 2012–13. ABS cat. no. 4727.0.55.006. Canberra: ABS.

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