

And certainly not everyone is healthy



It is clear that Australia is not healthy in every way. It is equally clear that some Australian groups tend to do worse than others—in some cases much worse. *Australia's health 2010* has special sections on groups who are disadvantaged in their health to varying degrees, including Indigenous people, those of low socioeconomic status, people living in rural and remote areas, the unemployed, and prisoners.

This section begins by showing how death rates vary across different groups. It then covers two important groups, Aboriginal and Torres Strait Islander people and those Australians who rank as the most disadvantaged fifth of the population.

Death by disadvantage?

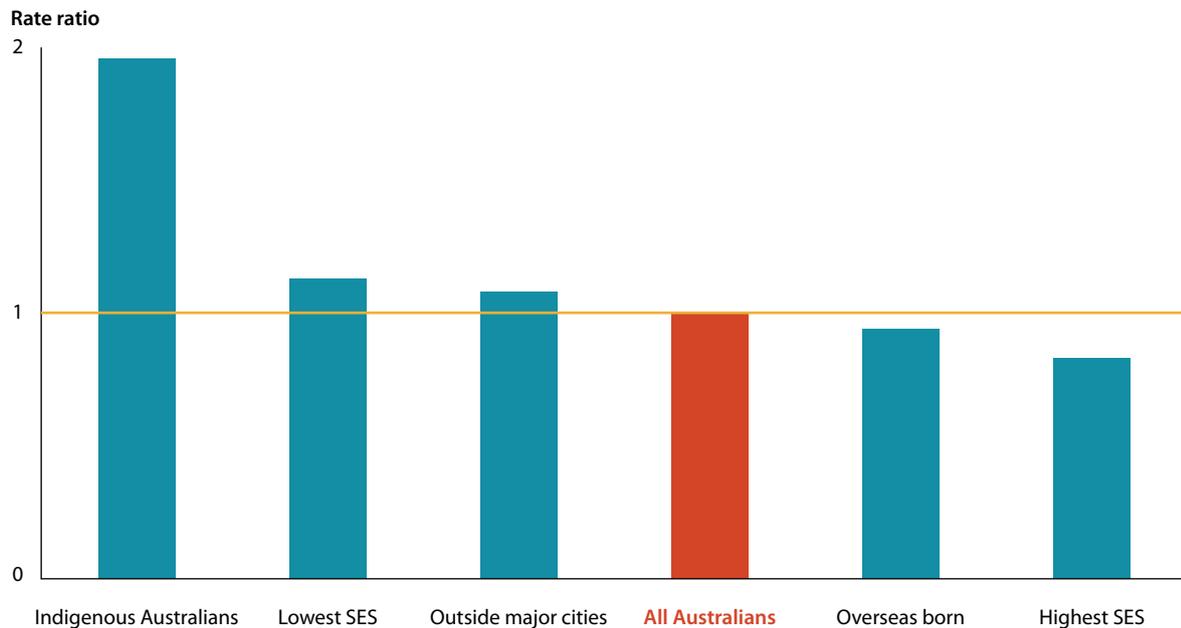
Overall death rates vary a lot across different groups. Indigenous people have almost twice the rate for Australia as a whole. For the most disadvantaged fifth of Australians (the lowest socioeconomic status: SES), the rate is about 13% higher than the national rate and for those living outside capital cities it is around 8% higher. On the other hand, the rate for overseas-born Australians is 6% lower than the national rate and for the most advantaged fifth (the highest SES) it is about 17% lower.

Find out more:

Australia's health 2010
Chapter 5

Note that a number of these groups overlap with each other.

Death rates compared



High Indigenous death rates

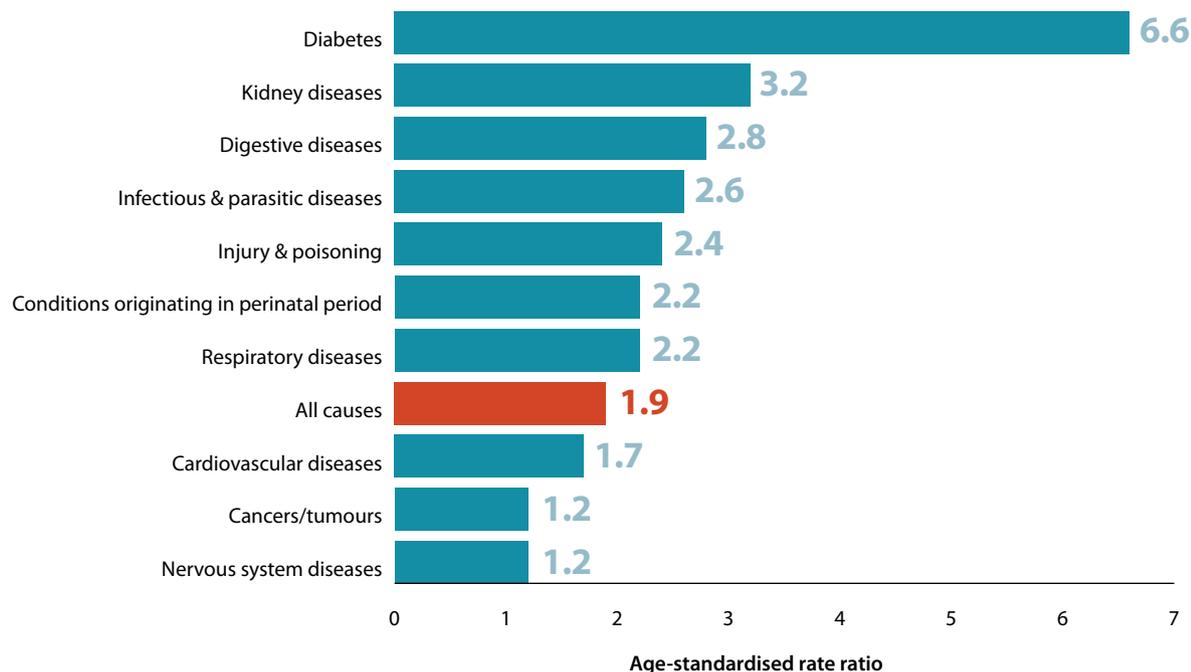
Overall death rates for Indigenous Australians show the general and large gap between their health and that of other Australians. Furthermore, Indigenous males and females have a considerably higher death rate than their non-Indigenous counterparts for a range of major disease groups, often a very much higher rate. The higher Indigenous rates ranged from being 20% higher for cancers/tumours to over 6 times as high for diabetes.

It can also be seen that the higher Indigenous death rate is wide-ranging, not just for a few diseases. This adds up to an estimated life expectancy that for Indigenous males is about 12 years less than that of non-Indigenous males. For Indigenous females the corresponding gap is 10 years.

Note that the mortality ratios given here only allow an Indigenous/non-Indigenous comparison for each disease group. They cannot be used to compare one disease group with another.

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Death rates: ratio of Indigenous to non-Indigenous



And certainly not everyone

Indigenous diabetes prominent

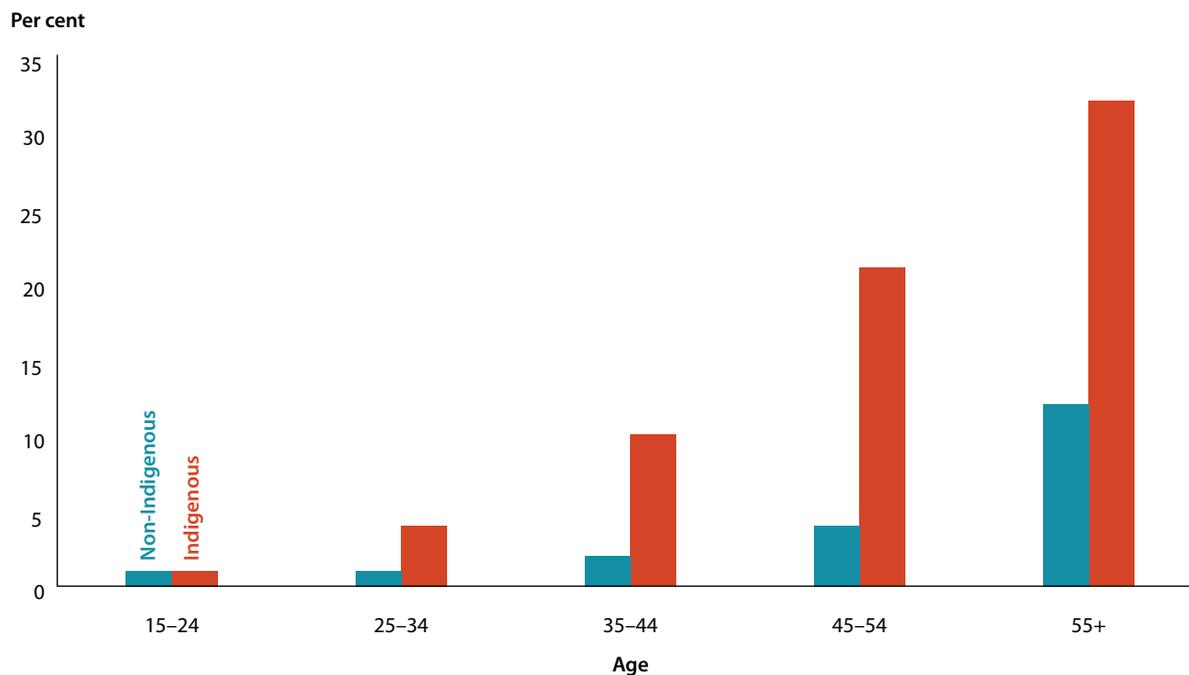
As suggested by the death statistics, diabetes is very common among Aboriginal and Torres Strait Islander people. Compared with other Australians, Indigenous adults are about three times as likely to report that they have diabetes; and in particular those aged 45–54 years are five times as likely. These findings are strongly reflected in hospitalisation records as well. For Indigenous people the problem is Type 2 diabetes. Their levels of Type 1 are very low.

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Prevalence of self-reported diabetes



Indigenous injuries high

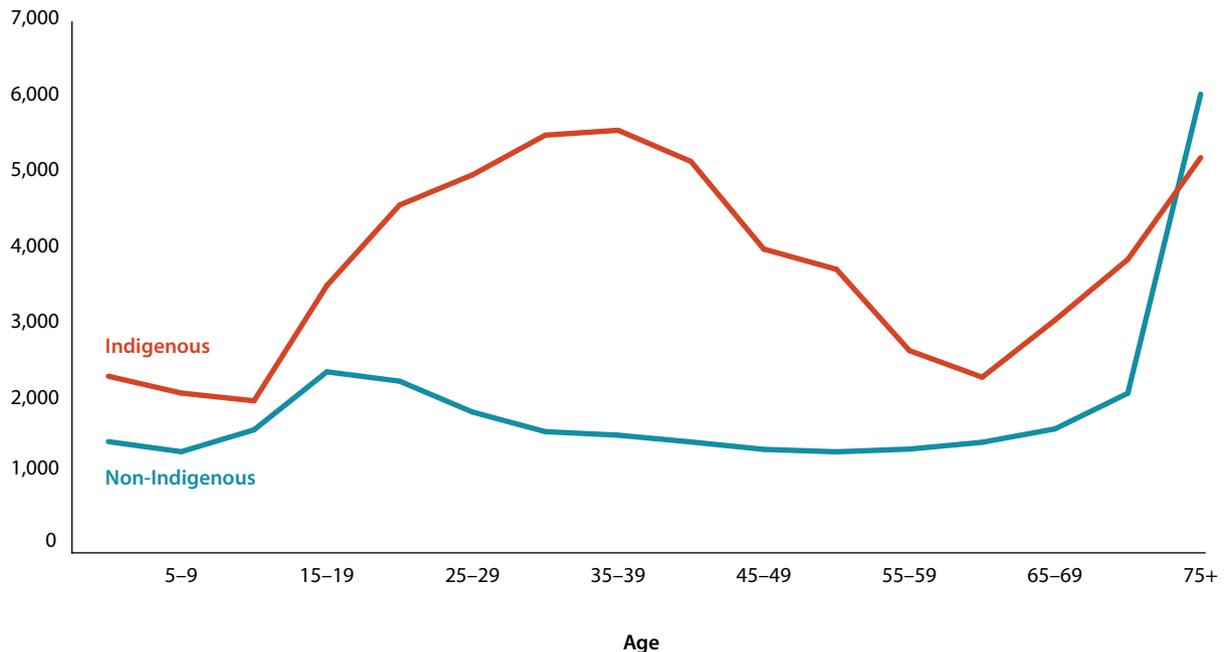
Rates of serious and fatal injuries are higher for Indigenous than for non-Indigenous Australians. These differences are large across nearly all age groups, for both deaths and hospitalisations due to injury. As for non-Indigenous Australians, motor vehicle crashes are the main cause of injury death for Aboriginal and Torres Strait Islander people, followed by suicide. In the period 2003–2007, Indigenous deaths due to homicide occurred at six times the rate for other Australians.

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Injury hospitalisation rates: trends

Hospitalisations per 100,000 population



And certainly not everyone

High Indigenous distress

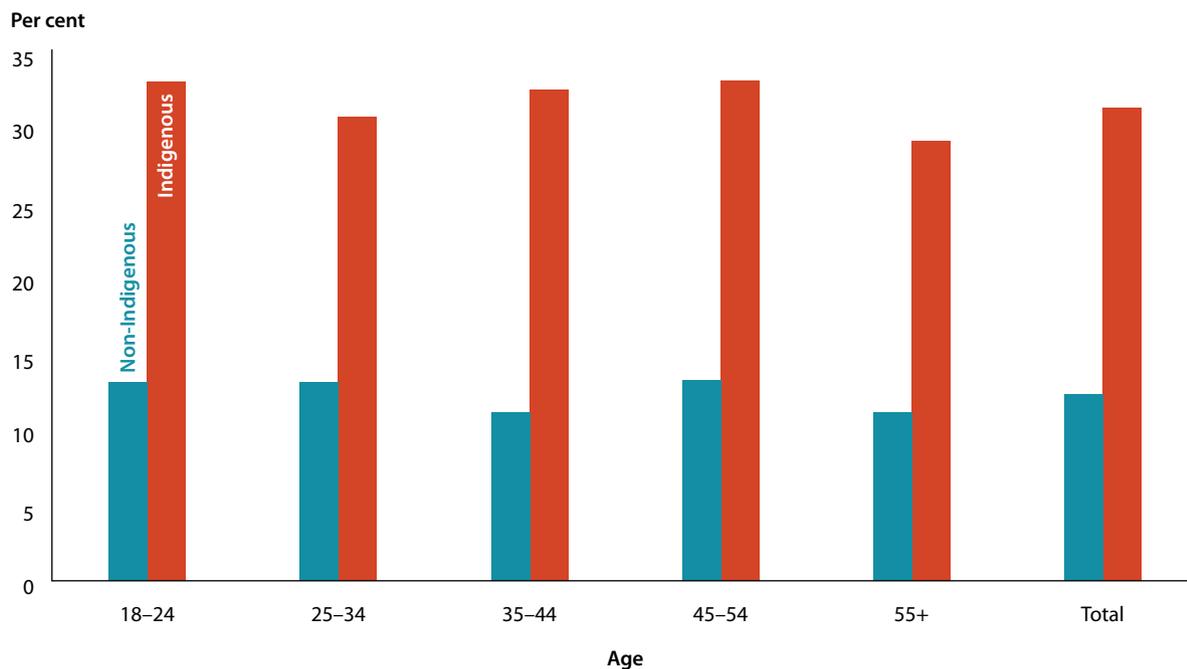
Another window into the quality of life of many Indigenous Australians is their level of psychological distress. Based on answers to a series of questions in national surveys during 2007 and 2008, Indigenous people are about twice as likely to have high or very high levels of distress as other Australians. This pattern is clear across a range of age groups.

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High/very high distress levels



Disadvantage takes its toll

When Australians are grouped according to their social and economic position, the patterns are compelling. Not only do groups with the most disadvantage tend to have much worse health than the best-off groups, there is a clear graded effect on the groups in between. As in the case of Indigenous Australians, the health disadvantage is very wide-ranging. Given the vast numbers of Australians affected by disadvantage, this poses a great public health and society-wide challenge.

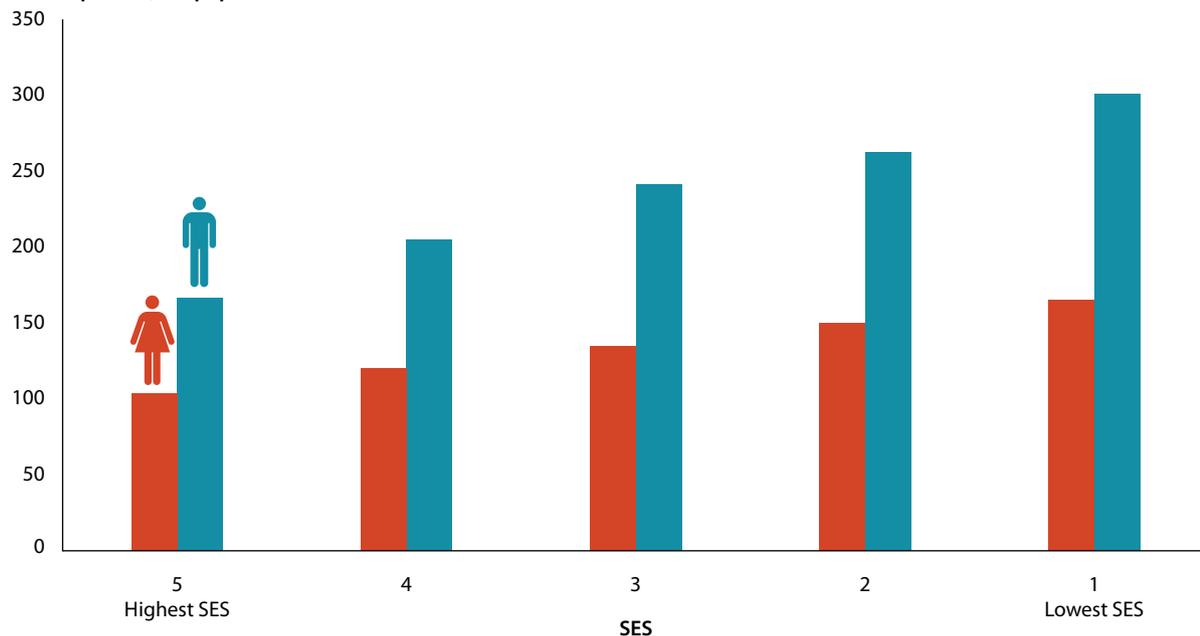
As just one example from the period 2002–2006, death rates among 15–64 year olds in the lowest of five socioeconomic status (SES) groups were 70% higher than those in the highest SES group.

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Premature deaths at ages 15–64 years, by SES

Deaths per 100,000 population



And certainly not everyone

Disadvantage is risky

For many diseases and risk factors, people with the lowest socioeconomic status (SES) report clearly higher levels than those with the highest SES. And in most cases the pattern is a graded one across the SES groups: as the SES level improves, so does the level of health. One interesting exception is risky or high-risk alcohol use, which appears to have no particular SES pattern.

Find out more:

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Prevalence by SES status

