Aboriginal and Torres Strait Islander peoples

peoples

Australian Institute of Health and Welfare

Australian Facts

Aboriginal and Torres Strait Islander peoples continue to suffer a greater burden of ill health than other Australians. This health disadvantage begins at an early age and continues throughout adult life. It reflects the broader social and economic disadvantages faced by Aboriginal and Torres Strait Islander peoples in Australia.

Among Indigenous Australians, hospitalisation rates for cardiovascular disease in 1998–99 were two to three times higher than among the rest of the Australian population. Death rates for cardiovascular disease among Indigenous Australians were also much higher. Indigenous Australians were more than twice as likely to die from cardiovascular disease as non-Indigenous Australians in 1996–98.

Data quality

There is a lack of quality national health data for Aboriginal and Torres Strait Islander peoples. Main factors limiting the availability, and consequently the quality, of data include:

- incomplete identification of Indigenous Australians in administrative data collections (such as death registrations and hospital records);
- uncertainties with the estimation of size and composition of the Indigenous population; and
- issues related to collecting individual and household survey data about Indigenous Australians.

In addition, changes over time in the availability and quality of data make the assessment of trends difficult and potentially misleading. In this report data from administrative collections have been based on three jurisdictions only: Western Australia, South Australia and the Northern Territory. This is because the completeness of identification of Indigenous Australians in these jurisdictions is considered adequate for reporting.

A number of recent initiatives in information development may result in some improvements to the availability and quality of data in the future. These initiatives include the National Aboriginal and Torres Strait Islander Health Information Plan, performance indicators and strategic framework agreements related to Indigenous Australian health, and work to improve the quality of identification in administrative data collections.

Life expectancy

Aboriginal and Torres Strait Islander peoples die at younger ages than non-Indigenous Australians, with life expectancy at birth estimated to be 57 years for males and 62 years for females over the period 1991–96. This is considerably lower than for all Australians, where life expectancy over this period was estimated at 75 years for males and 81 years for females. The life expectancy of Indigenous Australians is similar to that experienced by all Australians during the early twentieth century.

How many Aboriginal and Torres Strait Islander peoples have cardiovascular conditions?

In 1995, an estimated 45,100 Aboriginal and Torres Strait Islander peoples living in urban and rural areas (15% of the Indigenous population), reported having cardiovascular conditions.[31] Overall, cardiovascular conditions were less prevalent among Indigenous Australians than non-Indigenous Australians; however, in the younger age groups (those aged under 55), Indigenous Australians were more likely to report cardiovascular conditions than non-Indigenous Australians.

Hospitalisation for cardiovascular disease[32]

Aboriginal and Torres Strait Islander peoples were two to three times more likely to be hospitalised for cardiovascular disease than other Australians during 1998–99. Cardiovascular disease accounted for 2,531 hospitalisations among Indigenous Australians in 1998–99 (2.9% of all hospitalisations for Indigenous people). Rates of hospitalisation for conditions such as coronary heart disease and stroke are two and four times higher among Indigenous Australians than other Australians. The largest disparity in hospitalisations exists for rheumatic fever and rheumatic heart disease. Rates were 20–25 times higher among Indigenous Australians than among non-Indigenous Australians.

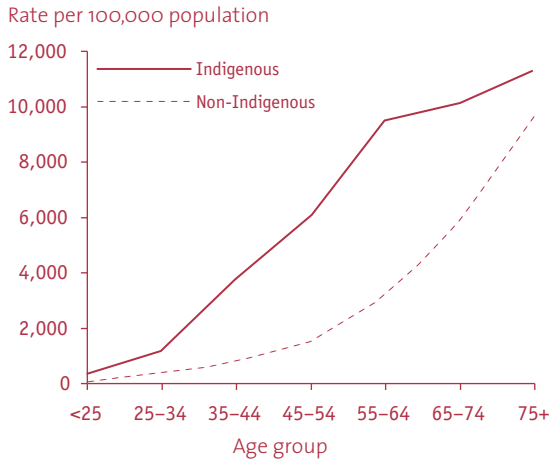
Coronary heart disease procedures were the most commonly performed procedures among Aboriginal and Torres Strait Islander peoples[33].

Sex and age

Consistent with the national pattern, Indigenous Australian males are more likely than Indigenous Australian females to be hospitalised for cardiovascular disease across most age groups. In 1998–99, a notable exception was for the 75 and over age group, where age-specific cardiovascular hospitalisation rates were almost twice as high among Indigenous Australian women as among Indigenous Australian men.

During 1998–99, Indigenous Australians were hospitalised for cardiovascular disease at younger ages than non-Indigenous Australians (average ages of 47 and 66, respectively). Hospitalisations for cardiovascular disease among Indigenous Australians exceeded those for other Australians in every age group.

HOSPITALISATIONS FOR CARDIOVASCULAR DISEASE, 1998–99



Source: AIHW National Hospital Morbidity Database.

Length of stay

Indigenous Australians tend to stay in hospital longer for cardiovascular disease than non-Indigenous Australians (on average, six days compared with five days). This difference is greatest among Indigenous Australian females where the average length of stay was 7.2 days compared with 5.5 days among non-Indigenous Australian females. For stroke the average length of stay was also considerably higher for Indigenous Australian females than for non-Indigenous Australian females (15.7 days compared with 10.8 days). For coronary heart disease the average length of stay was similar for Indigenous and non-Indigenous Australians.

Deaths[34]

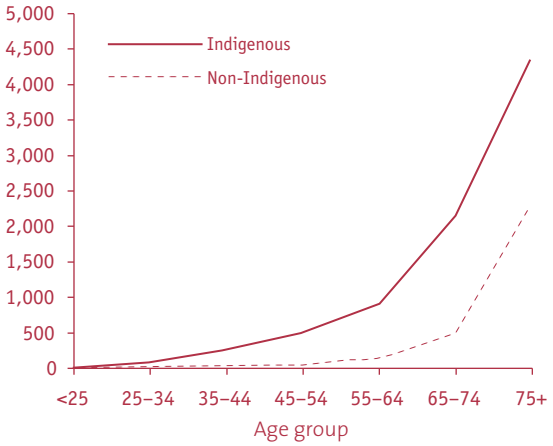
Aboriginal and Torres Strait Islander peoples suffer substantially higher death rates from all causes than non-Indigenous Australians. This is also true for cardio-vascular disease. Indigenous Australians were at least twice as likely to die from cardiovascular disease as other Australians during 1996–98. The disparity among Indigenous and non-Indigenous Australians is greater in the younger age groups, where the cardiovascular disease death rate among 25–64-year-olds is seven to ten times that of other Australians.

Cardiovascular disease accounted for a smaller proportion of all deaths among Indigenous Australians than among other Australians in 1996–98 (28% compared with 40%). This apparent inconsistency can be explained by the high number of deaths amongst Indigenous Australians.

Deaths from coronary heart disease were twice as high among Indigenous Australians as among non-Indigenous Australians in 1996–98, with this ratio increasing to six to eight times for those in the age group 25–64 years. A similar pattern was evident for stroke. However, the most striking difference between Indigenous and non-Indigenous Australians occurred for rheumatic heart fever and rheumatic heart disease. During 1996–98, death rates from rheumatic heart fever and rheumatic heart disease among Indigenous Australians were 13 to 14 times higher than for non-Indigenous Australians.

Sex and age

Consistent with their lower overall life expectancy, Aboriginal and Torres Strait Islander peoples die from cardiovascular disease at younger ages than non-Indigenous Australians (average age of 59 compared with 79). In 1998, almost two-thirds of cardiovascular deaths among Indigenous Australian males and over half of cardiovascular deaths of Indigenous Australian females occurred before the age of 65. Cardiovascular death rates among Indigenous Australians exceeded those for other Australians in every age group.



Source: AIHW National Hospital Morbidity Database.

Why do Aboriginal and Torres Strait Islander peoples experience poor cardiovascular health?

Aboriginal and Torres Strait Islander peoples clearly experience substantially higher death rates and unfavourable health status than do their non-Indigenous Australian counterparts. This health disadvantage begins at an early age and continues throughout the life cycle. The risk factor profile of Indigenous Australians could be one reason for the considerably higher cardiovascular disease sickness and death that this population group experiences. Several risk factors for cardiovascular disease are more prevalent among Indigenous Australians than non-Indigenous Australians. The higher prevalence of these cardiovascular risk factors may reflect the broader social and economic disadvantages faced by Aboriginal and Torres Strait Islander Australians.

Prevalence of risk factors for cardiovascular disease in the Indigenous population is discussed below (for more details see the **Cardiovascular disease** and **Risk factor** pages). These data do not include Aboriginal and Torres Strait Islander peoples living in remote areas.

Physical inactivity

In 1995, Indigenous Australian adults were more likely to be physically inactive in their leisure time than their non-Indigenous counterparts. During that year 40% of Indigenous Australians reported no leisure-time physical activity compared with 34% of non-Indigenous Australians. Indigenous women were more likely to be physically inactive than Indigenous men (42% compared with 38%).

Smoking

Indigenous Australian adults were more than twice as likely to smoke as their non-Indigenous counterparts in 1995 (51% compared with 23%). Consistent with the national pattern, smoking was more common among Indigenous Australian men than Indigenous Australian women.

Alcohol

The relationship between alcohol consumption and cardiovascular disease is problematic. It is difficult to make recommendations about safe levels of alcohol consumption for cardiovascular health because there is a curvilinear relationship between level of alcohol consumption and the risk of death from cardiovascular disease. Further, individuals who do not drink alcohol are at a higher risk of death from cardiovascular disease than those who consume one to two drinks of alcohol per day. The reasons for this are not clear.

In 1995, Indigenous Australian adults were more likely than non-Indigenous Australian adults to abstain from alcohol (51% compared with 45%). However, those Indigenous Australians who did drink were more likely to consume harmful quantities of alcohol than were non-Indigenous alcohol consumers. In 1995, 8% of Indigenous Australian adults were considered to have a high alcohol risk level compared with 3% among non-Indigenous Australian adults.

High blood pressure

There are no measured national data to assess the rates of high blood pressure among Aboriginal and Torres Strait Islander peoples. Data from the Kimberley region suggest that high blood pressure is two to three times more common among Indigenous Australian people than among non-Indigenous Australians.

Overweight and obesity

There is little difference in the proportion of overweight (BMI ≥ 25) people among Indigenous and non-Indigenous Australians. However, Indigenous Australians are far more likely to be obese (BMI ≥ 30) than their non-Indigenous counterparts. In 1994, 25% of Indigenous Australian men and 28% of Indigenous Australian women aged 18 and over were classified as obese compared with 18% for all Australian adults.

Diabetes

Aboriginal and Torres Strait Islander peoples have one of the highest rates of type 2 diabetes in the world. In 1995, the prevalence of self-reported diabetes among 25–54-year-olds was seven to eight times higher among Indigenous Australians than non-Indigenous Australians. Other evidence suggests that the overall prevalence of diabetes among Indigenous Australian adults could be as high as 10–30% (i.e. two to four times that of non-Indigenous Australian adults).

Further information

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Main data sources

1995 National Health Survey (Australian Bureau of Statistics).

National Hospital Morbidity Database (Australian Institute of Health and Welfare).

National Mortality Database (Australian Institute of Health and Welfare).

Further reading

Australian Bureau of Statistics 1999. 1995 National Health Survey: Aboriginal and Torres Strait Islander results. ABS Cat. No. 4806.0. Canberra: ABS.

Australian Bureau of Statistics & Australian Institute of Health and Welfare 1999. The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples. ABS Cat. No.4704.0. Canberra: ABS.

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Department of Health and Aged Care & Australian Institute of Health and Welfare 1999. National Health Priority Areas report: cardiovascular health 1998. AIHW Cat. No. PHE 9. Canberra: DHAC & AIHW.

Mathur S, Gajanayake I & Hodgson G 2000. Diabetes as a cause of death, Australia, 1997 and 1998. Diabetes Series No. 1. AIHW Cat. No. CVD 12. Canberra: AIHW.

Did you know?

- Aboriginal and Torres Strait Islander peoples have substantially higher levels of coronary heart disease and stroke than Indigenous populations found in New Zealand and the United States.
- Aboriginal and Torres Strait Islander peoples have one of the highest rates of type 2 diabetes in the world.
- Prevalence of rheumatic heart disease among Indigenous Australians is one of the highest in the world.