Summary of Indigenous health, February 2004

Introduction

This plain language summary includes facts about Australian Indigenous people, common health problems and risk factors, and expenditure on health services for Indigenous people. More detailed information about the health of Indigenous Australians, and associated social and economic circumstances and risk factors, is available from the Health*InfoNet's* website (www.healthinfonet.ecu.edu.au).

Indigenous population

There were about 458,520 Indigenous people living in Australia in 2001 (around 409,800 Aboriginal, 29,120 Torres Strait Islander, and 19,600 both Aboriginal and Torres Strait Islander) [1]. Most Indigenous people live in New South Wales, followed by Queensland, Western Australia (WA), and the Northern Territory (NT). The NT has the highest percentage of Indigenous people among its population and Victoria the lowest. Most Torres Strait Islander people live in Queensland, with New South Wales the only other state with a large number of Torres Strait Islanders.

The Indigenous population is much younger overall than the non-Indigenous population [1]. In 2001 about 40 out of 100 Indigenous people were aged under 15 years, compared with 20 out of 100 non-Indigenous people. About 3 out of 100 Indigenous people were aged 65 years or over, compared with 10 out of 100 non-Indigenous people.

Births and pregnancy

In 2002, there were about 11,500 births registered in Australia where one or both parents were Indigenous (five out of every one hundred births) [2]. Overall, Indigenous women had more children and had them at younger ages than did non-Indigenous women.

Based on the pattern of births in recent years, on average Indigenous women would have around 2.2 births in their lifetime, compared with less than 1.8 births on average for non-Indigenous women [2]. Around half of Indigenous women are 24 years or younger when they have their babies, compared with less than 30 out of 100 non-Indigenous women. More than 21 in 100 Indigenous mothers are teenagers, compared with four in 100 non-Indigenous mothers.

On average, babies born to Indigenous women in recent years have weighed around 200 grams less than those born to non-Indigenous women [3]. Babies born to Indigenous women are almost twice as likely to be of low birthweight (less than 2,500 grams) than are those born to non-Indigenous women [4]. (Low birthweight can increase the risk of health problems.)

Deaths

Indigenous people are much more likely to die before they are old than people in the rest of the Australian population [5]. From recent death information, an Indigenous male could be expected to live to 56 years, which is almost 21 years less than males in the total population (who could be expected to live to 77 years). An Indigenous female could be expected to live to 63 years, which is almost 20 years less than a woman in the total population (who could be expected to live to 82 years).

In 2002, there were 2,140 people who died and were registered as Indigenous [6]. Many Indigenous deaths are incorrectly identified as non-Indigenous — the actual number of Indigenous deaths is likely to be between 3,600 and 3,900 [5].

Death rates relate the numbers of deaths to the total numbers of people. After taking account of the facts that the Indigenous population is much younger overall than the non-Indigenous population and that many Indigenous deaths are not identified as such, the death rates for Indigenous males and females are likely to be around four times higher than those of their non-Indigenous counterparts [7].

Indigenous babies are more likely to die in their first year than non-Indigenous babies [8]. In 2000-2002, the infant mortality rate for Indigenous babies was highest in the Northern Territory (18 babies died out of 1,000 births) and the lowest in New South Wales (10 babies died out of 1,000 births). (The rate for the total Australian population is around 5 deaths per 1,000 births.)

In 1999-2001 the leading causes of death for Indigenous people living in Queensland, WA, SA and the NT were: cardiovascular disease (including heart disease and strokes); injuries (including transport accidents, self-harm and assault); cancer; respiratory diseases; and diabetes [6]. (More information about these causes of death is provided below).

Health problems

Cardiovascular disease

Almost one-third of deaths registered as Indigenous in recent years were caused by cardiovascular disease [5]. Indigenous people are more likely to die from cardiovascular disease than other Australians at any age, and particularly in younger age groups. The cardiovascular disease death rate among Indigenous people aged between 25 and 54 years olds is at least eight to ten times, and possibly as high as 15 times, that of other Australians [6].

In the 2001 National Health Survey (NHS) about one in ten Indigenous people reported having a long-term cardiovascular condition, particularly in older age groups [9]. The most commonly reported condition was hypertension (high blood pressure).

Respiratory disease

About one in ten of all deaths registered as Indigenous in recent years were due to a respiratory disorder [6, 10]. Deaths from these disorders were around four times more common for Indigenous people than non-Indigenous people living in Queensland, WA, SA and the NT in 1999-2001 [6]. In the 35-44 years age group, the death rates for Indigenous people were around 20 times higher for males and 10 times higher for females than for other Australians.

In recent years, Indigenous people were more likely to be hospitalised for respiratory disease than non-Indigenous people, particularly in infancy and early childhood [11].

Injury

Indigenous people are more likely to die from transport accidents, intentional self-harm and assault than other Australians. Injury was the second most common cause of death for Indigenous males living in Queensland, WA, SA and the NT in 1999-2001, and the fourth most common cause of death for Indigenous females – rates were around three times those of the total Australian populations [6].

Across Australia in 2001-02, Indigenous people were more than twice as likely as other Australians to be admitted to hospital for injuries [12]. Assault was the leading cause of hospitalisation as a result of injury for both Indigenous males and females, followed by accidental falls. Other common causes of hospitalisation for injury were transport accidents (particularly for Indigenous males), complications of medical and surgical care, and intentional self-harm. Hospitalisation rates from injury for Indigenous people were higher than those for non-Indigenous people in nearly every age group.

Cancer

It is not known just how many Indigenous people develop cancer, but notification rates for new cases have been lower for Indigenous people than for non-Indigenous people in recent years [6]. On the other hand, death rates for people living in Queensland, Western Australia and the Northern Territory are generally higher for Indigenous people than for non-Indigenous people (these rates take account of the fact that the Indigenous population is much younger overall than the non-Indigenous population) [6, 13].

The leading causes of Indigenous cancer deaths include cancers of the digestive organs and lung cancer [10]. Indigenous people have higher rates of smoking-related cancers than non-

Indigenous people [6, 13]. Indigenous women have higher rates of cervical cancer than non-Indigenous women, but lower rates of breast cancer.

The fact that Indigenous people are more likely than non-Indigenous people to die from cancer could be because the cancers they develop (such as cancers of the lung and liver) are more likely to be fatal or that the stage of cancer may be more advanced by the time it is recognised [6, 13].

Diabetes

Diabetes is a major health problem among Indigenous people, but it is difficult to know just how many Indigenous people have the disease. The best evidence suggests that diabetes is between two and four times more common among Indigenous people than among non-Indigenous people) [14]. Indigenous people are likely to be diagnosed with diabetes at a much lower age than non-Indigenous people [15]. Deaths from diabetes are much more common for Indigenous people than for non-Indigenous people [10]. In recent years in Queensland, Western Australia and the Northern Territory, diabetes accounted for 11 times as many deaths as expected for Indigenous males and 18 times as many deaths as expected for Indigenous females (based on total Australian male and female rates) [6].

In the 2001 National Health Survey, five out of every one hundred Indigenous people reported that they had diabetes as a ‘long-term health condition’ [5]. Indigenous people living in remote areas were more likely to have diabetes than Indigenous people in other areas. (It should be noted that for every person who reports in surveys that they have diabetes it is likely that there is another person who doesn't know they have the disease [16].)

Renal disease

Renal disease, which affects the kidneys, has only recently been fully recognised as a serious public health threat to Indigenous people. End-stage renal disease (ESRD) occurs when the kidneys are no longer able to function. Rates of ESRD are much higher for Indigenous people than they are for non-Indigenous people across most of the country, and particularly in remote areas where they are up to 30 times higher [17]. Death rates from chronic kidney disease for people in living Queensland, WA, SA and the NT in 1999-2001 were eight times higher for Indigenous people than for non-Indigenous people [6].

Dialysis (the usual treatment for ESRD – where the work of the kidneys is done artificially) accounted for a third of all hospital admissions among Indigenous people in 2001-02 (many of these involved repeat admissions for the same people, some on an almost daily basis) [12]. Indigenous men were around six times more likely to be hospitalised for dialysis as non-Indigenous men; Indigenous women were approximately 14 times more likely to be hospitalised for this reason than non-Indigenous women. In recent years, almost half of all Indigenous ESRD patients came from regions without dialysis or transplant facilities, and around one-sixth from regions with only satellite dialysis facilities.

Communicable diseases

It is compulsory for some communicable diseases to be notified. The State and Territories collect the information, which is then collated and published by the National Notifiable Disease Surveillance System. Indigenous status is often not reported in notifications, and only the information from WA, SA and the NT is believed to be complete enough for publication by Indigenous status [6]. Information for Australian HIV/AIDS cases relates to all States and Territories and is collated and published by the National Centre in HIV Epidemiology and Clinical Research [18].

The following information is for 2001 [6] except for information about HIV/AIDS [18] which includes 2002 data:

- tuberculosis – the rate of newly diagnosed cases for Indigenous people was 10 times the rate for Australian-born non-Indigenous people;
- *Haemophilus influenzae* type B – the notification rate for Indigenous people was 10 times that for the total Australian population;
- meningococcal infection – the notification rate for Indigenous people was more than six times the rate of the total Australian population;

- salmonellosis – the notification rate for Indigenous people was more than eight times the all-Australian rate;
- syphilis and gonorrhoea – notification rates for Indigenous people were between 40 and 70 times higher than those for the total Australian population; and
- HIV/AIDS – notification rates for HIV infection and AIDS are similar for the Indigenous population and the non-Indigenous population.

Ear health

According to the 2001 National Health Survey, almost one in five Indigenous people have some degree of hearing loss, compared with around one in seven non-Indigenous people [9]. This higher frequency of hearing loss, reported for all age groups except people aged 55 years or older, reflects mainly the much higher levels of otitis media (middle ear disease) that Indigenous people experience in their childhood years. The actual levels vary considerably – geographically and over time – but it has been estimated that in the mid 1990s around one in seven Indigenous children under 10 years of age had a perforated eardrum [19]. This level puts Indigenous children within the World Health Organization's 'extremely high risk' category. Disease of the middle ear can cause permanent hearing loss that limits life opportunities, particularly in education and in employment [20].

Eye health

Eye conditions that affect the Indigenous population include refractive error (requiring glasses for correction), cataract (clouding of the lens), trachoma (a bacterial infection that can lead to blindness if untreated) and diabetic retinopathy (damage to the retina, at the back of the eye, caused by diabetes). There has been progress in the eye health of Indigenous people, but many people are still more likely than non-Indigenous people to suffer from preventable conditions [21, 22]. The frequency and severity of trachoma, for example, has decreased generally, but the infection is still quite common among Indigenous children living in some remote parts of the country.

The eye health of many Indigenous people is limited also by their difficulty in accessing optometrist or specialist services (because they are not available where they live, or are not culturally appropriate, or they are too expensive).

Oral health

The oral health of Indigenous people generally is not as good as that of other Australians. In contrast to the situation for young non-Indigenous children, whose oral health has improved in recent years, that of young Indigenous children has generally declined [23]. (There may be differences across the country, however, as Indigenous children in remote areas appear to have better oral health than those in urban areas.) Partly because the overall level of dental care is lower for Indigenous people than for non-Indigenous people, their oral health deteriorates as they age, contributing to higher frequencies of periodontal (gum) disease and tooth loss.

Skin infections and infestations

Skin infections, which are more common for Indigenous people than for non-Indigenous people, are often the result of poor living conditions. The most common skin infections affecting Indigenous people are scabies (caused by a mite) and streptococcal pyoderma (a bacterial infection) [24]. Scabies, in particular, is a problem in many remote Indigenous communities where up to half the children may be infected.

Skin diseases cause very few deaths directly, but they can be linked with serious complications. They did, however, account for almost 3 out of every 100 hospital admissions in 2001-02 for patients identified as Indigenous – levels over twice as high as those of the non-Indigenous population [11].

Factors contributing to ill-health

Indigenous people generally experience more risk factors for ill-health than do other Australians. These include specific health risk factors (such as smoking, obesity, physical inactivity and high blood pressure), and, often, lack of access to good quality health care. Other factors contributing to the poor health status of many Indigenous people include: social and cultural factors (including dispossession, dislocation and discrimination); disadvantages in education, housing, income and employment; and physical environmental factors.

Given the importance of these general factors, substantial improvements in Indigenous health status are unlikely to be achieved without improvements in these factors. But, as pointed out in *Australia's Health 2002*, 'solving these major issues often involves value judgments, and often includes political processes because of competing interests. Along with limited resources, the challenge requires choices, priority setting and trade-offs between the health sector and other sectors, between prevention and treatment services, and between the short term and longer term' [25].

Expenditure on health services

The estimated total expenditure of $1,245 million by Australian governments and the private sector on health services for Indigenous people in 1998-99 means that for every $1 spent on services for non-Indigenous people $1.22 was spent on services for Indigenous people [26]. Based on relative health needs, it has been estimated that the amount spent on services for Indigenous people should be $1.42 for every $1 spent on services for non-Indigenous people [27]. This means that the current shortfall in Indigenous health spending overall is about $250 million. This conclusion is consistent with that of the Commonwealth Grants Commission, which stated that the level of resources allocated to Indigenous health was 'significantly below what would be expected for a group with such a poor health status' [28].

Summary

Indigenous people remain the least healthy sub-population in Australia, and there is evidence that the difference between Indigenous and non-Indigenous health, at least measured by mortality, has widened in recent years [29].

To improve the health status of Indigenous people there is a need for further improvement in: health education programs; identification of health conditions before they become serious; and expansion of primary health care services [30]. To achieve long term health benefits, funding needs to be directed to a wide range of preventive and clinical services. Funding should take account of the fact that mainstream services may not be accessible for many Indigenous people who may also have difficulty in accessing Medicare and pharmaceutical benefits.

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The Australian Indigenous Health*InfoNet* attempts to contribute to improvements in Indigenous health by making relevant, high quality knowledge and information easily accessible to policy makers, health service providers, program managers, clinicians, researchers and the general community. We welcome your comments and feedback about this summary.

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