

City to bush: health outcomes for Aboriginal and Torres Strait Islander people

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Introduction

The health of Aboriginal and Torres Strait Islander people varies considerably according to where people live in Australia.

The Australian Bureau of Statistics has progressively published results from the 2012-13 Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS), which is the largest and most comprehensive health survey of Aboriginal and Torres Strait Islander people ever undertaken in Australia. The AATSIHS is one component of the wider Australian Health Survey, which was conducted across all states and territories in urban, regional and remote areas, including discrete Indigenous communities. The AATSIHS survey was designed to provide reliable estimates both at the national level and the state and territory level and included a sample of approximately 13,000 Aboriginal and Torres Strait Islander people.

The AATSIHS survey collected a range of information about health related issues, including health status and conditions, health risk factors and health service usage. For the first time, the survey included the largest ever collection of biomedical data for Aboriginal and Torres Strait Islander adults as well as detailed information about diet and nutrition.

This paper gives a snapshot of how some key health characteristics differ for Aboriginal and Torres Strait Islander people living in remote areas of Australia compared with non-remote areas.

Overview of the Aboriginal and Torres Strait Islander population

In 2011, there were an estimated 670,000 Aboriginal and Torres Strait Islander people living in Australia with a median age of 22 years. Contrary to popular belief, the majority of Aboriginal and Torres Strait Islander people live in non-remote parts of Australia with only 1 in 5 living in remote areas (79% compared with 21%). However within remote areas, Aboriginal and Torres Strait Islander people make up 28% of the remote population compared with 3% overall.¹

The Aboriginal and Torres Strait Islander population is projected to increase (between 2.0% and 2.3% per year) across all age groups between 2011 and 2026, albeit at different rates. Interestingly, the number of Aboriginal and Torres Strait Islander people aged 65 years and over is projected to more than double by 2026 (from 22,700 to between 57,400 and 61,900).²

What is the prevalence of chronic disease for Aboriginal and Torres Strait Islander people living in remote areas compared with non-remote areas?

The biomedical test results from the 2012-13 AATSIHS showed large disparities in chronic disease prevalence across remoteness areas.

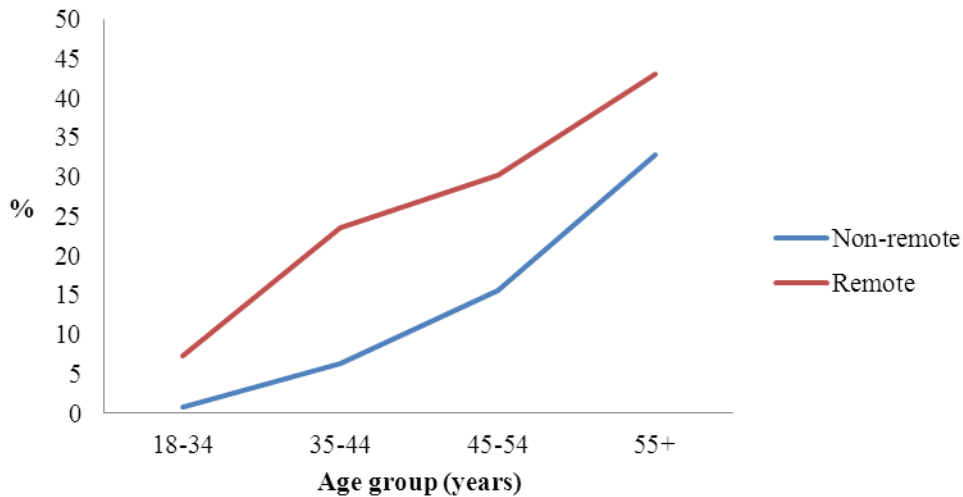
Diabetes

In particular, Aboriginal and Torres Strait Islander people living in remote areas were twice as likely to have diabetes. Around one in five (20.8%) Aboriginal and Torres Strait Islander people in remote areas had diabetes compared with around one in ten people in non-remote areas (9.4%). This difference was particularly pronounced for newly diagnosed diabetes, which was five times as high in remote areas than in non-remote areas (4.8% compared with 0.9%).

Diabetes prevalence was derived using a combination of fasting plasma glucose test results and self-reported information on diabetes diagnosis and medication use.

The following graph shows the prevalence of diabetes increasing by age for Aboriginal and Torres Strait Islander people living in remote and non-remote areas of Australia. Overall, rates were particularly high for those aged 55 years and over (43% in remote compared with 33% in non-remote areas).

Prevalence of diabetes by age and remoteness, Aboriginal and Torres Strait Islander people



Aboriginal and Torres Strait Islander people living in remote areas were less likely than those in non-remote areas to be effectively managing their condition (25.1% compared with 43.5%). The management of diabetes was measured using the glycosylated haemoglobin (HbA1c) test, which gives an indication of the person's average blood glucose levels over the previous three months.

Chronic kidney disease

Aboriginal and Torres Strait Islander people living in remote areas were two and a half times as likely to have chronic kidney disease. Around one third (34%) Aboriginal and Torres Strait Islander people in remote areas had chronic kidney disease compared with just over one in ten people in non-remote areas (13.1%).

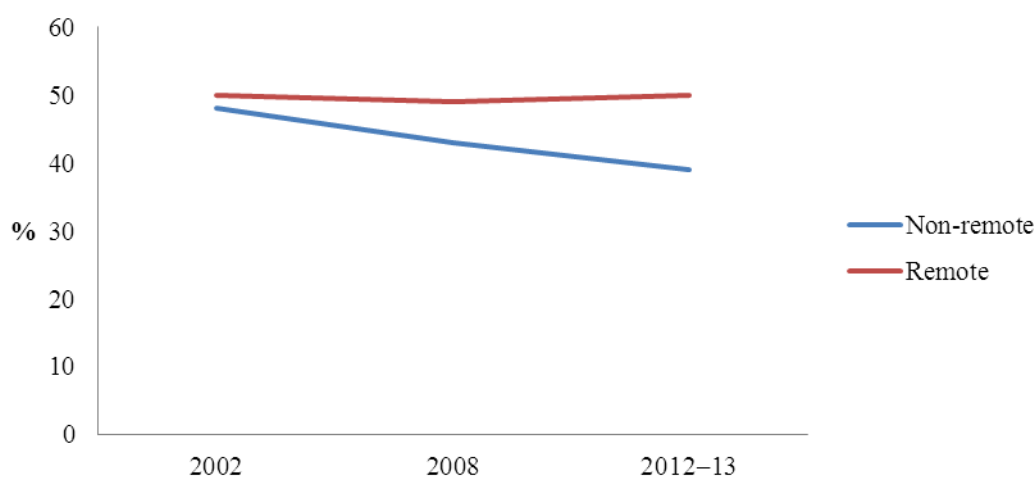
Chronic kidney disease prevalence was derived using a combination of kidney function tests, which measure estimated glomerular filtration rate (eGFR) and the presence of albuminuria.

Among Aboriginal and Torres Strait Islander people who had indicators of chronic kidney disease across Australia, 11.2% self-reported having the condition. This indicates that around nine in ten people with signs of kidney disease were not aware they had it.

Smoking

In 2012-13, the prevalence of smoking was higher for Aboriginal and Torres Strait Islander people living in remote areas compared with non-remote areas (50% and 39% respectively). Over the past decade, the smoking rate has decreased for Aboriginal and Torres Strait Islander people living in non-remote areas but remained the same for those living in remote areas.⁵

Current daily smokers by remoteness, Aboriginal and Torres Strait Islander people, 2002 & 2012-13



Source: 2002 and 2008 National Aboriginal and Torres Strait Islander Social Surveys, 2012-13 Australian Aboriginal and Torres Strait Islander Health Survey

Alcohol

In 2012-13, 1 in 7 (14%) Aboriginal and Torres Strait Islander adults living in remote areas reported consuming alcoholic beverages compared with 1 in 5 (20%) living in non-remote areas.⁶ Interestingly, similar proportions of Aboriginal and Torres Strait Islander adults living in non-remote and remote areas exceeded the National Health and Medical Research Council (NHMRC) lifetime risk guidelines for consuming alcohol (21% and 19% respectively). Across Australia, between 2001 and 2012-13, the proportion of Aboriginal and Torres Strait Islander people adults who exceeded the NHMRC lifetime risk guidelines for consuming alcohol has stayed the same (19% and 20% respectively) (no more than two standard drinks on average).^{7,8}

Nutrition

Healthy nutritious food choices are essential building blocks for good health outcomes. This includes an adequate amount of fruit as well as vegetables, as part of an individual's daily consumption of foods. Fruit and vegetables are generally nutrient dense foods containing plenty of vitamins and minerals but relatively fewer calories compared with processed foods.⁹

Fruit and vegetable consumption for young adults and older

The proportion of Aboriginal and Torres Strait Islander people aged 15 years and over who met the guidelines for daily intake of vegetables was lower in remote areas (3%) than in non-remote areas (5%). In contrast, the proportion of Aboriginal and Torres Strait Islander people aged 15 years and over who met the guidelines for daily fruit intake was higher in remote areas (46%) than in non-remote areas (41%).⁵

Fruit and vegetable consumption for children

Almost 4 in 5 Aboriginal and Torres Strait Islander children aged 2-14 years across Australia consumed adequate daily intake of fruit (78% in non-remote and 79% respectively in remote areas). Furthermore, 1 in 7 Aboriginal and Torres Strait Islander children aged 2-14 years consumed an adequate intake of vegetables each day. Again, the proportions were similar for people living in non-remote and remote areas (16% and 14% respectively).⁵

Similar to all other Australians, the data suggests that Aboriginal and Torres Strait Islander people are not eating enough vegetables, as part of their daily intake.

Discretionary food

In addition to consuming adequate intakes of fruit and vegetables, the National Health Medical Research Council (NHMRC) recommends consumption of discretionary foods be limited. The Australian Dietary Guidelines define discretionary foods as "...foods and drinks not necessary to provide the nutrients the body needs, but that may add variety".⁹

In 2012-13, Aboriginal and Torres Strait Islander people, across Australia, reported consuming more than one third (41%) of their total daily energy, on average, from discretionary foods. In addition, Aboriginal and Torres Strait Islander people living in non-remote areas consumed a marginally greater proportion of energy from discretionary foods compared with those living in remote areas (42% compared with 35%).⁶

Food security

In 2012-13, more than one in five (22%) Aboriginal and Torres Strait Islander people reported running out of food and could not afford to buy more in the previous 12 months. Furthermore, Aboriginal and Torres Strait Islander people living in remote areas were more likely to run out of food compared with people living in non-remote areas (31% compared with 20%).⁶

Obesity

In 2012-13, almost two-thirds of Aboriginal and Torres Strait Islander people aged 15 years and over were overweight or obese. Interestingly, overweight/obesity rates were higher in non-remote areas than in remote areas (67% compared with 62%), mainly due to higher obesity rates in non-remote areas (38% compared with 34%).⁵

Other health survey information

The information presented in this paper has focused primarily on health risk factor trends contributing to chronic disease across non-remote and remote areas of Australia. These statistics describe an important aspect of well-being, which can impact the capacity to participate in everyday activities. Changes in the levels of health measures, such as health conditions and risk factors, can inform both the development of interventions for prevention, care and the need for related services over time. For more information on other health topics and Australian Health Survey publications and microdata products, see www.abs.gov.au/australianhealthsurvey.

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Presenter

Charmaine McGowan has a background in health statistics and has been employed by the Australian Bureau of Statistics (ABS) for the past 4 years. Charmaine has worked on many ABS health publications and products, such as the Australian Health Survey and the Australian Aboriginal and Torres Strait Islander Health Survey. A major focus of her work has been around disseminating the biomedical health statistics for these two publications. She is passionate about health statistics and health promotion.