Aboriginal and Torres Strait Islander Health

CouncilFest 2015

Key facts and figures:
- On virtually all indicators of health and well-being, Aboriginal and Torres Strait Islander people fare worse than their non-Indigenous counterparts.
- Negative health impacts typically increase with remoteness – and
- a significant majority of Indigenous people live outside of capital cities.

Taking points:
Key issues include:
- **Remoteness** - at June 2014, the estimated Australian Indigenous population was 713,600 people – with around 65% of that total living outside of a capital city (i.e. almost half a million people). While only 1% of the population in Major Cities is Indigenous, 45% of the population in Very Remote areas is Indigenous.\(^1\)
- **Life expectancy** - Indigenous Australians are much more likely to die at a younger age than non-Indigenous Australians. Currently, average life expectancy for Indigenous women and men (69 and 74 years respectively) is about 10 years less than their non-Indigenous counterparts.\(^2\) In 2006-2010, the age-standardised death rate for Indigenous people was 1.9 times the rate for non-Indigenous people.
- **Mental health** – Aboriginal and Torres Strait Islander adults are almost three times more likely to feel high or very high levels of psychological distress than are non-Indigenous adults.\(^3\) Suicide death rate in Aboriginal and Torres Strait Islander people is about double that for non Aboriginal and Torres Strait Islander people. Young people, particularly in rural areas, and particularly Indigenous people, have higher rates again.\(^4\)
- **Chronic disease & disability** The burden of disease (as expressed by years of life lost) increases by remoteness, and is two to three times greater for Indigenous people than for non-Indigenous people.\(^5\)
  Rates of diagnosis, hospitalisation and death from cardiovascular and circulatory disease are higher for Indigenous than non-Indigenous people. In 2012, cardiovascular disease was the leading cause of death of Indigenous people, being responsible for 25.2% of deaths.\(^6\)

Aboriginal and Torres Strait Islander peoples are:
- More than 3 times as likely to have diabetes (and more than 7 times more likely to die from it)
- Twice as likely to have signs of chronic kidney disease
- Nearly twice as likely to have high triglycerides
- More likely to have more than one chronic condition; for example having both diabetes and kidney disease at the same time.\(^7\)

\(^1\) NRHA little book of numbers.
\(^4\) NRHA little book of numbers.
The incidence rate of end stage kidney disease for Indigenous Australians is 7 times the rate for non-Indigenous Australians.  

Disability is much more common among Indigenous people and occurs at younger ages than among non-Indigenous people. In 2012, about a quarter of Aboriginal and Torres Strait Islander people had a disability, and nearly half (47%) of Indigenous Australians aged 18 years and over had a disability or restrictive long-term health condition.  

- **Child & maternal health** - In 2013, Indigenous women had more babies and had them at younger ages than non-Indigenous women. In 2013, the proportion of low birthweight babies born to Indigenous women was twice that of non-Indigenous women (11.8% compared with 6.2%). Babies born to Indigenous women are twice as likely to die in their first year than those born to non-Indigenous women. Indigenous births represent 6% of overall registered births.  

- **Eye Health** - in 2012-2013, eye and sight problems were reported by 33% of Indigenous people. In 2008, the rate of low vision for Indigenous adults aged 40 years and older was 2.8 times higher than for their non-Indigenous counterparts, and the rate of blindness was 6.2 times higher.  

- **Dental Health** - In 2012-13, Indigenous Australians living in remote areas were more likely than those in non-remote areas to have never consulted a dental professional (21% and 12%).  

- **Workforce** - Indigenous health professionals are significantly under-represented as a proportion of the overall health workforce. Currently, there are 204 Indigenous doctors. To reach parity, 2,691 are needed.  

- **Access** is a key barrier to better health outcomes. Many health and wellbeing services are not easily accessible and user-friendly for Aboriginal and Torres Strait Islander people – sometimes due to geographic remoteness (i.e. services are physically unavailable), and sometimes due to cultural inappropriateness (not considering the specific needs of Indigenous people, and/or being economically unaffordable).  

**Possible program options for Council to discuss**  
- Increase availability of Aboriginal and Torres Strait Islander health and wellbeing workers in rural and remote health settings – through increased scholarship, training, employment and retention incentives.  
- Increase availability/accessibility of important health services in rural and remote locations (so Indigenous people living in rural and remote areas do not have to travel to cities, away from their support networks)  
- Design innovative mechanisms for funding health services so they are affordable for Aboriginal and Torres Strait Islander people who might otherwise not be able to afford them – especially in rural and remote areas. Possible approaches could include superannuation incentives; quarantined increase in Medicare levy; taxation incentives; business investment/infrastructure support incentives for remote health services;  
- Set reporting targets and goals for all of the above as part of the implementation of the National Aboriginal and Torres Strait Islander Health Plan  

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8 Aboriginal and Torres Strait Islander Health Performance Framework 2014 Report  
10 Aboriginal and Torres Strait Islander Health Performance Framework 2014 Report.  
13 Ibid.  