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○ **Overview of Australian Indigenous health status 2012**

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Introduction

Preface

This *Overview* has been prepared by the Australian Indigenous Health *InfoNet* as a part of our contributions to 'closing the gap' in health between Indigenous people and other Australians by making relevant, high quality knowledge and information easily accessible to policy makers, health service providers, program managers, clinicians, researchers, students and the general community.¹ The main purpose of the *Overview* is to provide a comprehensive summary of the most recent indicators of the health of Indigenous people. It is beyond the scope of the *Overview* to analyse trends in the various indicators, so it tends to draw attention to the current health status of Australia's Indigenous peoples. The *Overview* doesn't attempt to review other aspects, such as the availability and use of services (including barriers to their use) and strategies and policies related to specific health topics. Readers interested in these aspects should refer to the topic-specific reviews that are available on the Health *InfoNet's* website.

Research for the *Overview* involves the collection, collation, and analysis of a wide range of relevant information, including both published and unpublished material. Sources include government reports, particularly those produced by the Australian Bureau of Statistics (ABS), the Australian Institute of Health and Welfare (AIHW), the Australian Health Ministers Advisory Council (AHMAC), and the Steering Committee for the Review of Government Service Provision (SCRGSP).

Very important additions to the regular ABS and AIHW publications are four series of special reports that bring together key information about Indigenous disadvantages in health and related areas:

- Reports in *The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples* series, first produced jointly in 1997 by the ABS and the AIHW. Reports in this series were then produced jointly by the ABS and the AIHW in 1999, 2001, 2003, 2005 and 2008. The ABS produced an online version in 2010, some sections of which have been updated, and the AIHW produced an overview version in 2011

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- The Indigenous compendium to the *Reports on government services*, produced by the SCRGSP; the compendium has been published annually by the Productivity Commission since 2003
- The report on key indicators of Indigenous disadvantage, also produced by the SCRGSP and published by the Productivity Commission; the report has been published biennially since November 2003
- Reports in the *Aboriginal and Torres Strait Islander health performance framework* series. These reports, prepared by AHMAC in 2006, 2008, 2011 and 2012, are accompanied by substantial detailed analyses.

This *Overview* draws heavily on information from the main administrative data collections (such as the birth and death registration systems and the hospital inpatient collections) and national surveys. Information from these sources has been published mainly in government reports, particularly those produced by the ABS, the AIHW, and the SCRGSP.

Importantly, the *Overview* draws also on a wide variety of other information sources, including registers for specific diseases and other conditions, regional and local surveys, and numerous epidemiological and other studies examining particular diseases, conditions, and health determinants. Information from these sources is disseminated mainly through journals and similar periodicals, or in special reports (such as the annual reports of the Kirby Institute and the Australia and New Zealand Dialysis and Transplant Registry (ANZDATA)).

A number of sections include the results of our own analyses of data obtained from a variety of sources. For example, estimates of the age-adjusted incidence of end-stage renal disease were made using notification data provided by ANZDATA. Similarly, information about a number of communicable diseases was derived from data published by the Kirby Institute.

Despite the important advances that have been made in recent years in both the extent and quality of information about the health of Indigenous people, there is substantial scope for further improvement. First, there are deficiencies in the information available for some important areas. Probably the best example is cancer, the second most common cause of death among Indigenous people. The AIHW's recent *Cancer in Australia: an overview 2012* is a welcome addition, but, as that report acknowledges, national data on cancer incidence and mortality among Indigenous people are not available and Indigenous-specific information about screening is only collected for breast cancer and not for cervical and bowel cancer^[1]. Second, the important special reports noted above tend to be selective rather than comprehensive in their coverage of the various health topics. Third, the time periods for which detailed information is available tend to vary substantially; this means that documents like this *Overview* need to draw on information from various time periods in attempting to compile a comprehensive picture. Fourth, important data sources, particularly major national surveys, are generally only conducted around every five years; this is inevitable, but it means that relevant information is often quite dated. Finally, changes in aspects like methodology and levels of reporting in publications pose difficulties in the analysis and synthesis of information with a time perspective. The initial sections of this *Overview* provide information about the context of Indigenous health, Indigenous population, and various measures of population health status. Most sections about specific health conditions comprise an introduction about the condition and evidence of the current burden of the condition among Indigenous people.

It should be noted that some references in this *Overview* to specific health conditions or groups of related health conditions follow the exact terms used by the World Health Organization (WHO) in its International Classification of Disease (ICD). These terms are usually included in quote marks preceded by ICD.

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Further information about the aspects summarised in this *Overview* are included in the corresponding sections of the HealthInfoNet's website (www.healthinonet.ecu.edu.au), on which updated versions of this *Overview* will be made available.

We welcome your comments and feedback about the *Overview*.

Neil Thomson, Director, on behalf of the HealthInfoNet team

Key facts

Indigenous population

- At 30 June 2011, the estimated Australian Indigenous population was 669,736.
- In 2011, NSW had the highest number of Indigenous people (208,364 people, 31% of the total Indigenous population).
- In 2011, the NT had the highest proportion of Indigenous people in its population (30% of the NT population were Indigenous).
- In 2011, around 33% of Indigenous people lived in a capital city.
- There was a 21% increase in the number of Indigenous people counted in the 2011 Census compared with the 2006 Census.
- The Indigenous population is much younger than the non-Indigenous population.

Births and pregnancy outcome

- In 2011, there were 17,621 births registered in Australia with one or both parents identified as Indigenous (6% of all births registered).
- In 2011, Indigenous mothers were younger than non-Indigenous mothers; the median age was 24.8 years for Indigenous mothers and 30.6 years for all mothers.
- In 2011, total fertility rates were 2,740 births per 1,000 for Indigenous women and 1,884 per 1,000 for all women.
- In 2010, the average birthweight of babies born to Indigenous mothers was 3,190 grams compared with 3,376 grams for babies born to non-Indigenous mothers.
- In 2010, the proportion of low birthweight babies born to Indigenous women was twice that of non-Indigenous women (12.0% compared with 6.0%).

Indigenous mortality

- In 2006-2010, the age-standardised death rate for Indigenous people was 1.9 times the rate for non-Indigenous people.
- Between 1991 and 2010, there was a 33% reduction in the death rates for Indigenous people in WA, SA and the NT.
- For Indigenous people born 2005-2007, life expectancy was estimated to be 67.2 years for males and 72.9 years for females, around 10-11 years less than the estimates for non-Indigenous males and females.
- In 2007-2011, age-specific death rates were higher for Indigenous people than for non-Indigenous people across all age-groups, and were much higher in the young and middle adult years.
- For 2009-2011, the infant mortality rate was higher for Indigenous infants than for non-Indigenous infants; the rate for Indigenous infants was highest in the NT.
- From 1991 to 2010, there were significant declines in infant mortality rates for Indigenous and non-Indigenous infants in WA, SA and the NT.
- For 2006 to 2010, the leading causes of death among Indigenous people were cardiovascular disease, neoplasms (almost entirely cancers), and injury.
- In 2003-2005, maternal mortality ratios were 2.7 times higher for Indigenous women than for non-Indigenous women.

Indigenous hospitalisation

- In 2010-11, 4.0% of all hospitalisations were of Indigenous people.
- In 2010-11, the age-standardised separation rate for Indigenous people was 2.5 times higher than that for other Australians.
- In 2010-11, the main cause of hospitalisation for Indigenous people was for care involving dialysis, responsible for 44% of Indigenous separations.

Selected health conditions

Cardiovascular disease

- In 2004-2005, 12% of Indigenous people reported having a long-term heart or related condition; after age-adjustment, these conditions were around 1.3 times more common for Indigenous people than for non-Indigenous people.
- In 2010-11, Indigenous people were hospitalised for cardiovascular diseases at 1.6 times the rate of non-Indigenous people.
- In 2006-2010, cardiovascular disease was the leading cause of death for Indigenous people, accounting for 26% of Indigenous deaths.
- In 2006-2010, the age-adjusted death rate for Indigenous people was 1.7 times the rate for non-Indigenous people.

Cancer

- In 2004-2008, age-adjusted cancer incidence rates were slightly higher for Indigenous people than for non-Indigenous people.
- In 2004-2008, the most common cancers diagnosed among Indigenous people were lung and breast cancer.
- In 2010-11, age-standardised hospitalisation rates for cancer were lower for Indigenous people than for non-Indigenous people.
- In 2006-2010, the age-standardised death rate for cancer for Indigenous people was 1.4 times higher than that for non-Indigenous people.

Diabetes

- In 2004-2005, 6% of Indigenous people reported having diabetes; after age-adjustment, Indigenous people were 3.4 times more likely to report having some form of diabetes than were non-Indigenous people.
- In 2006-08, age-adjusted hospitalisation rates for diabetes for Indigenous males and females were 3.4 and 5.0 times the rates of other males and females.
- In 2004-2008, Indigenous people died from diabetes at almost seven times the rate of non-Indigenous people.

Social and emotional wellbeing

- In 2008, 79% of Indigenous adults experienced at least one significant stressor in the previous 12 months; the comparable figure for the total population was 62% in 2010.
- In 2008, after age-adjustment, Indigenous people were 2.6 times as likely as non-Indigenous people to feel high or very high levels of psychological distress.
- In 2008, 90% of Indigenous people reported feeling happy either some, most, or all of the time.
- In 2010-11, after age-adjustment, Indigenous people were hospitalised for ICD 'Mental and behavioural disorders' at 2.1 times the rate for non-Indigenous people.
- In 2010, the death rate for ICD 'Intentional self-harm' (suicide) for Indigenous people was 2.4 times the rate reported for non-Indigenous people.

Kidney health

- In 2006-2010, after age-adjustment, the notification rate of end stage renal disease was 7.2 times higher for Indigenous people than for non-Indigenous people.
- In 2010-11, care involving dialysis was the most common reason for hospitalisation among Indigenous people; Indigenous people were hospitalised at 11.4 times the rate for other Australians.
- In 2006-2010, the age-standardised death rate from kidney disease was four times higher for Indigenous people than for non-Indigenous people.

Injury

- In 2010-11, after age-adjustment, Indigenous people were hospitalised for injury at 2.0 times the rate for other Australians.
- In 2006-08, the hospitalisation rate for assault was 36 times higher for Indigenous women than for other women.
- In 2010, injury was the third most common cause of death among Indigenous people, accounting for 14% of Indigenous deaths.

Respiratory disease

- In 2004-2005, 27% of Indigenous people reported having a respiratory condition, with 15% having asthma; after age-adjustment, the levels of respiratory disease were similar for Indigenous and non-Indigenous people.
- In 2010-11, the age-standardised hospitalisation rate for respiratory disease was 2.8 times higher for Indigenous people than for other Australians.
- In 2010, after age-adjustment, the death rate for Indigenous people was 2.6 times that for non-Indigenous people.

Eye health

- In 2004-2005, eye and sight problems were reported by 30% 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.
- In 2008, the rate of blindness for Indigenous adults aged 40 years and older was 6.2 times higher than for their non-Indigenous counterparts.

Ear health and hearing

- In 2004-2005, ear/hearing problems were reported by 12% of Indigenous people.
- In 2008-10, the hospitalisation rate for Indigenous people for all ear disease was 1.3 times higher than the non-Indigenous rate.

Oral health

- In 2000-2003, Indigenous children had more caries in their deciduous and permanent teeth than did non-Indigenous children; they also had higher levels of gingivitis.
- In 2004-2006, caries and periodontal diseases were more prevalent among Indigenous adults than among non-Indigenous adults.

Disability

- In 2008, after age-adjustment, Indigenous people were 2.2 times as likely as non-Indigenous people to have a profound/core activity restriction.

Communicable diseases

- In 2005-2009, after age-adjustment, the notification rate for tuberculosis was 11.1 times higher for Indigenous people than for Australian-born non-Indigenous people.
- In 2009-2011, the crude notification rate for hepatitis C for Indigenous people was 3.6 times the notification rate for non-Indigenous people. The crude notification rate for hepatitis B was the same for both populations.
- In 2010, notification rates for *Haemophilus influenzae* type b were 20 times higher for Indigenous people than for non-Indigenous people.
- In 2006-2008, the age-standardised rate of invasive pneumococcal disease was 7.3 times higher for Indigenous people than for other Australians.
- In 2003-2006, the age-standardised notification rate of meningococcal disease was 2.6 times higher for Indigenous people than for other Australians; the rate for Indigenous children aged 0-4 years was 4.9 times higher than that for their non-Indigenous counterparts.
- In 2009-2011, Indigenous people had higher crude notification rates for gonorrhoea, syphilis and chlamydia than did non-Indigenous people; Indigenous notification rates ranged from 5.6 to 64 times higher than the rates for non-Indigenous people.
- In 2011, age-standardised rates of human immunodeficiency virus (HIV) diagnosis were similar for Indigenous and non-Indigenous people.
- In some remote communities, more than 70% of young children had scabies and pyoderma.

Factors contributing to Indigenous health

Nutrition

- In 2004-2005, the majority of Indigenous people reported eating fruit (86%) and vegetables (95%) on a daily basis.
- In 2004-2005, 13% of Indigenous people reported having no usual daily fruit intake (compared with 7% of non-Indigenous people), and 5% reported no usual daily vegetables intake (compared with 1% of non-Indigenous people).

Physical activity

- In 2008, 30% of Indigenous adults took part in some type of physical activity or sport in the previous 12 months.
- In 2004-2005, after age-adjustment, 51% of Indigenous people in non-remote areas reported low or very low levels of activity, compared with 33% of non-Indigenous people.

Bodyweight

- In 2004-2005, 57% of Indigenous adults were classified as overweight or obese; after age-adjustment, the level of obesity/overweight was 1.2 times higher for Indigenous people than for non-Indigenous people.

Immunisation

- In 2004-2005, 88% of Indigenous children aged 0-6 years in non-remote areas were fully immunised against the recommended vaccine-preventable diseases.

Breastfeeding

- In 2004-2005, 84% of Indigenous mothers breastfed their children; the proportion breastfeeding was higher in remote areas than in non-remote areas.

Tobacco use

- In 2008, 47% of Indigenous adults were current smokers; after age-adjustment, this proportion was 2.3 times higher than the proportion among non-Indigenous adults
- Between 1994 and 2008, there has been a decline in the number of cigarettes smoked daily among Indigenous people.
- In 2009, almost 50% of Indigenous mothers reported smoking during pregnancy; this level is 3.8 times that of their non-Indigenous counterparts.

Alcohol use

- In 2008, 35% of Indigenous adults abstained from alcohol; this level was 2.5 times higher than that among the total Australian population
- In 2004-2005, after age-adjustment, Indigenous people were twice as likely as non-Indigenous people to have consumed alcohol at short-term risky/high risk levels at least once a week in the previous 12 months.
- In 2008-10, after age-adjustment, Indigenous males were hospitalised at five times and Indigenous females at four times the rates of their non-Indigenous counterparts for a principal diagnosis related to alcohol use.
- In 2006-2010, the age-standardised death rates alcohol-related deaths for Indigenous males and females were five and eight times higher, respectively, than those for their non-counterparts.

Illicit drug use

- In 2008, 23% of Indigenous adults reported that they had used an illicit substance in the previous 12 months; this is 1.6 times the level among non-Indigenous people in 2010.
- In 2005-2009, the rate of drug-induced deaths was 1.5 times higher for Indigenous people than for non-Indigenous people.

Introduction

This *Overview of Australian Indigenous health status* draws largely on previously published information, some of which has been re-analysed to provide clearer comparisons between Indigenous and non-Indigenous people (for more details of statistics and methods, readers should refer to the original sources). Very little information is available separately for Australian Aboriginal people and Torres Strait Islanders, but, wherever possible, separate information has been provided.

Limitations of the sources of Indigenous health information

The assessment of Indigenous health status requires accurate information about the size of the population and the numbers of specific health conditions/occurrences. This information is required at national, regional, and local levels (for more information about the assessment of population health status, see [2]).

There have been improvements in recent years - both in estimates of the Indigenous population (the denominator for calculation of rates) and in the availability of data for a number of health conditions/occurrences (the numerators for calculating rates) - but there is still some uncertainty in most areas.

In relation to population estimates, the Australian Bureau of Statistics (ABS) has made considerable efforts in recent decades to achieve accurate counts of the Indigenous population in the five-yearly Australian censuses [3][4]. Despite these efforts, doubts remain about the extent to which official estimates reflect the actual size of the Indigenous population [3][5].

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The ABS has also worked for many years with the Australian Institute of Health and Welfare (AIHW) and state and territory authorities to improve the accuracy of Indigenous status in a number of health-related collections, including birth and death registrations, hospital administrative data, and the maternal/perinatal collection. Some attention has also been directed to the data collections related to communicable diseases, cancer, and to a number of other disease-specific collections.

A persisting problem, however, is the extent to which Indigenous people are correctly identified in the various health-related data collections. In death registrations, for example, not all Indigenous deaths are correctly identified as such, with some identified as non-Indigenous [6]. Estimating the proportions of deaths identified correctly is not simple, so it is difficult to estimate the actual number of Indigenous deaths occurring and the corresponding rates. The ABS uses estimates of the proportions of registered deaths correctly identified as Indigenous in preparing its life tables, the source of life expectancy figures. Details of these estimates are not available for recent years. However, it is likely that they are in line with the ABS's assessment of the completeness of recording of Indigenous deaths in 2006-2007, which was based on a comparison of deaths in those years with Indigenous status reported in the 2006 Census [7]. Based on this comparison, the ABS estimated that the Australia-wide level of Indigenous identification in deaths notifications in 2006-2007 was 92% [7], a level much higher than previous estimates (around 56%) [8].

The ABS has estimated that the proportion of Indigenous births identified correctly was 96% in 2002-2006, a significant improvement over the level for previous years [9]. The level of identification in hospital admissions is very variable, with the overall level unlikely to be better than for deaths [10]. The levels of Indigenous identification in many of the other health-related data collections are generally so incomplete as to preclude reasonably accurate estimates.

With these uncertainties, there must be some doubt about the precision of the various estimates of Indigenous health status. The differences between Indigenous and non-Indigenous people in the levels of most of these estimates are so great, however, that the slight imprecision in some estimates is of little practical importance.

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Endnote

1. The term Indigenous is used in this *Overview* to refer generally to the two Indigenous populations of Australia - Australian Aboriginal people and Torres Strait Islanders.

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Helping to 'close the gap' by providing the evidence base to inform practice and policy in Aboriginal and Torres Strait Islander health



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