The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples

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PREFACE

This sixth edition of *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples* draws on a wide range of data sources. In particular, the timing of this edition has been designed to allow inclusion of information from the 2006 Census of Population and Housing, conducted by the Australian Bureau of Statistics. The Report also draws on the most recent information from a number of administrative data collections held by the Australian Institute of Heath and Welfare.

The report provides a comprehensive overview of the health and welfare of Australia's Indigenous population, presenting the latest information on population demographics, housing circumstances, disability and carers, health status, and the provision, access and use of health and community services. Some of the links between education and health and between selected risk factors and health are also explored.

Aboriginal and Torres Strait Islander peoples are culturally and linguistically diverse. Their proximity to services, and the physical and social environments in which they live, impact on their wellbeing and capacity to prevent and manage serious illness. Use of ABS Indigenous-specific surveys, such as the 2004–05 National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) and 2002 National Aboriginal and Torres Strait Islander Social Survey (NATSISS) make it possible to explore some of the relationships between the socioeconomic circumstances of Indigenous Australians and their health and wellbeing.

While much of the data in this report are presented at the national level, some are presented for the states and territories, and/or by remoteness. In addition, the report presents information about various sub-populations of interest, such as Torres Strait Islander people, Indigenous people with disability and carers for people with disability.

Trend analyses show that there have been improvements in the areas of educational attainment, labour force participation, unemployment, home ownership and income for Indigenous Australians in recent years. However, while the relative disadvantage experienced by Aboriginal and Torres Strait Islander people has lessened in some areas, this report demonstrates that the health status of the Indigenous population is still poor in comparison to the rest of the Australian population.

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Artwork

The cover artwork is *Alice Downs Country* (2004) by Gordon Barney, painted with ochres and natural pigments on canvas, courtesy of Warmun Art Centre.

EXECUTIVE SUMMARY

KEY FINDINGS

This report presents the latest data on the health and welfare of Australia's Aboriginal and Torres Strait Islander peoples, as well as information about their socioeconomic circumstances. Wherever possible, data are provided on changes in the circumstances of Indigenous people over time, as well as on the differences between Indigenous and non-Indigenous Australians. While most information is presented at the national level, some data are also presented for states and territories, and by remoteness.

DEMOGRAPHIC CONTEXT

- At 30 June 2006, the estimated resident Indigenous population was 517,200, representing 2.5% of the total Australian population.
- Most Indigenous people live in capital cities and regional areas—an estimated 32% of Indigenous people were living in major cities, 43% in regional areas and 25% in remote areas.
- The Indigenous population has a younger age profile, with a median age of 21 years, compared with 36 years for the non-Indigenous population.

EDUCATION

- Retention rates for Indigenous students to Year 10 and beyond increased between 1998 and 2007, and the differences between Indigenous and non-Indigenous retention rates decreased.
- Between 2001 and 2006, Year 12 completion rates for Indigenous people aged 15 years and over increased from 20% to 23%.
- Compared with Indigenous adults who had left school in Year 9 or below, those who had completed Year 12 were, in 2004–05:
 - more likely to report excellent or very good self-assessed health
 - less likely to report high or very high levels of psychological distress
 - less likely to smoke regularly.

LABOUR FORCE STATUS AND INCOME

- Between 2001 and 2006, the unemployment rate for Indigenous people aged 15–64 years decreased from 20% to 16%, while the labour force participation rate increased from 52% to 54%. However, the unemployment rate for Indigenous people in 2006 was three times the rate for non-Indigenous people (16% compared with 5%).
- The median equivalised household income for Indigenous people was \$362 per week, equal to 56% of the median equivalised household income for non-Indigenous people (\$642).

HOUSING AND

■ The rate of home ownership for Indigenous households increased from 31% in 2001 to 34% in 2006. However, the proportion of Indigenous households who owned or were purchasing their own homes in 2006 was half the rate of other Australian households (34% compared with 69%).

HOUSING AND
HOMELESSNESS continued

- One in every two Indigenous households were receiving some form of government housing assistance, such as living in public or community housing, or receiving rent assistance
- One in seven Indigenous households (14%) were overcrowded in 2006 and around one-quarter of the Indigenous population (27% or 102,300 people) were living in overcrowded conditions.
- Indigenous people were over-represented in the national Supported
 Accommodation Assistance Program (SAAP) for the homeless and those at risk of homelessness, comprising 17% of all SAAP clients.
- Nearly three-quarters of Indigenous clients using SAAP services were women.

HEALTH STATUS

- In 2004–05, Indigenous adults were twice as likely as non-Indigenous adults to report their health as fair/poor (29% compared with 15%).
- Long-term health conditions responsible for much of the ill-health experienced by Indigenous people include circulatory diseases (including heart disease), diabetes, respiratory diseases, musculoskeletal conditions, kidney disease and eye and ear problems.
- Indigenous adults were twice as likely as non-Indigenous adults to report high/very high levels of psychological distress.
- In 2005–06, Indigenous people were hospitalised at 14 times the rate of non-Indigenous people for care involving dialysis, and at three times the rate for endocrine, nutritional and metabolic diseases (which includes diabetes).
- Indigenous Australians were hospitalised for potentially preventable conditions at five times the rate of non-Indigenous Australians.

Health risk factors

- In 2004–05, half of Indigenous adults were regular smokers—twice the rate of non-Indigenous adults.
- One in six Indigenous adults (16%) had consumed alcohol at long-term risky/high risk levels in the past week. This was similar to the rate for non-Indigenous adults.
- More than half (57%) of Indigenous people aged 15 years and over were overweight or obese. Indigenous women were around one-and-a-half times as likely as non-Indigenous women to be overweight/obese, while the rates for Indigenous and non-Indigenous men were similar.

Mortality

- Life expectancy for Indigenous Australians was 59 years for males and 65 years for females, compared with 77 years for all males and 82 years for all females, a difference of around 17 years.
- In the period 2001–2005, the mortality rates for Indigenous males and females in Queensland, Western Australia, South Australia and the Northern Territory combined, were almost three times those for non-Indigenous males and females.
- The five leading causes of death for Indigenous people were: diseases of the circulatory system; injury; cancers; endocrine, metabolic and nutritional disorders (including diabetes); and respiratory diseases.
- There were significant declines in the all-cause mortality rates for Indigenous males and females in Western Australia between 1991 and 2005.
- There were also significant declines in Indigenous infant mortality rates in Western Australia, South Australia and the Northern Territory over the same period.

HEALTH SERVICES

- In 2004–05, \$1.17 was spent on Aboriginal and Torres Strait Islander health for every \$1.00 spent on the health of non-Indigenous Australians, only 17% higher despite the poorer health of the Indigenous population.
- More than two-thirds of this expenditure was on publicly provided health services such as public hospitals (46%) and community health services (22%).
- Indigenous males and females were more than twice as likely to be hospitalised as other Australian males and females.
- Aboriginal and Torres Strait Islander people may experience difficulties accessing health care. Indigenous people in non-remote areas were more likely than those in remote areas to report cost as a reason for not seeking health care, while for those in remote areas, transport/distance and the service not being available in the area were more commonly reported reasons.
- In 2006, Indigenous people aged 15 years and over were under-represented in almost all health-related occupations and comprised 1% of the health workforce. They were better represented in welfare and community service-related occupations, comprising 3.6% of this workforce.

COMMUNITY SERVICES

- Indigenous children were over-represented in the child protection system in 2005–06, with the rate of Indigenous children on care and protection orders over six times the rate of other Australian children.
- Indigenous youth were under juvenile justice supervision at a rate of 44 per 1,000, compared with 3 per 1,000 for other Australian youth.
- Compared with other Australians, Aboriginal and Torres Strait Islander people used both disability and aged care services at younger ages, consistent with their poorer health status and high mortality rates.

INDIGENOUS SUB-POPULATIONS OF SPECIAL INTEREST

Torres Strait Islander Peoples

- The estimated resident Torres Strait Islander population in 2006 was 53,300, or 10% of the total Indigenous population
- Some 15% of Torres Strait Islander people were living in the Torres Strait
 Indigenous Region, 47% in other parts of Queensland and 15% in New South Wales.
- Compared with all Indigenous Australians, Torres Strait Islander people had higher rates of Year 12 completion and labour force participation, as well as higher equivalised household income.
- Torres Strait Islander people living in the Torres Strait Indigenous Region had higher rates of Year 12 completion and labour force participation and lower unemployment rates than those living in other parts of Australia.

Mothers and Children

- Aboriginal and Torres Strait Islander females have higher fertility, with an estimated total fertility rate of 2.1 babies, compared with 1.8 babies for all Australian females.
- The median age of Indigenous females who gave birth in the period 2001–2004 was 25 years, compared with a median age of 30 years for other mothers.

Mothers and Children continued

- In the period 2003–2005, the perinatal mortality rate for Indigenous babies in Queensland, Western Australia, South Australia and the Northern Territory combined was 1.5 times the rate for non-Indigenous babies.
- The perinatal mortality rate for Indigenous babies, however, declined significantly in Western Australia between 1991–93 and 2003–05.
- The mortality rate for Indigenous infants and Indigenous children aged 1–14 years in the period 2001–2005 was around three times that for non-Indigenous infants and children.

People with disablity and Carers

- Some 4% of Aboriginal and Torres Strait Islander people in 2006 were identified as needing assistance with self-care, physical mobility or communication.
- After adjusting for differences in the age structure of the two populations,
 Indigenous people were almost twice as likely as non-Indigenous people to need assistance with core activities.
- In the 2006, one in eight Indigenous people aged 15 years and over (12%) were carers.
- The median age of Indigenous carers was 37 years; 12 years less than the median age of non-Indigenous carers.
- After adjusting for differences in the age structure of the two populations,
 Indigenous people were 1.2 times as likely as non-Indigenous people to be carers.

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