

National summary of the 2003 and 2004 jurisdictional reports against the Aboriginal and Torres Strait Islander health performance indicators

March 2006

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Board Chair

Hon. Peter Collins, AM, QC

Any enquiries about or comments on this publication should be directed to:

Dr Fadwa Al-Yaman

Aboriginal and Torres Strait Islander Health and Welfare Unit

Australian Institute of Health and Welfare

GPO Box 570

Canberra ACT 2601

Phone: (02) 6244 1146

E-mail: atsihwu@aihw.gov.au

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Foreword

This report is the second report against the refined set of indicators endorsed by the Australian Health Ministers' Advisory Council (AHMAC) in 2000, and the fifth time that all jurisdictions have reported against a set of national performance indicators for Aboriginal and Torres Strait Islander health. AHMAC produces these reports in order to inform policy makers and senior government officials on aspects of, and trends in, Aboriginal and Torres Strait Islander health. The Australian Institute of Health and Welfare compiled this report for the Standing Committee on Aboriginal and Torres Strait Islander Health (SCATSIH) on behalf of AHMAC.

The report demonstrates the need for ongoing, significant and concerted action on factors that contribute to the general health and wellbeing of Aboriginal and Torres Strait Islander peoples. It also shows that, while data quality has improved, further work remains to be done in this area, especially in the jurisdictions where the quality of Indigenous identification is not adequate for statistical reporting.

AHMAC, through SCATSIH and the National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data, is actively supporting data development work to improve the quality of key health performance indicators. Work is also underway to improve the way we monitor health system performance for Aboriginal and Torres Strait Islander Australians. SCATSIH is advising AHMAC on the policy context and implications of this report.

I am pleased to present this report on behalf of SCATSIH, and would like to take this opportunity to commend the many people involved in preparing the information provided.

Robert Griew

Chair

Standing Committee on Aboriginal and Torres Strait Islander Health

December 2005

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Executive summary

This is the second national summary report on the refined set of 56 health performance indicators for Aboriginal and Torres Strait Islander peoples. The indicators are designed to provide an assessment of whether the health of Indigenous people is improving and to highlight problem areas that Australia's health system should address as high priorities.

This report, like many previous reports, draws attention to the relatively poor quality of the data on the health of Aboriginal and Torres Strait Islander peoples. This means that comprehensive comparisons between states and territories are not yet possible. This executive summary is intended to highlight particular areas that warrant further attention.

General health

Life expectancy at birth is significantly lower for Aboriginal and Torres Strait Islander people than for all Australians (Indicator 5). Also, the probability of a 20-year-old person dying before his or her 55th birthday is 2 to 6 times higher for Indigenous Australians than for all Australians (Indicator 49). The proportion of births to Indigenous mothers that are low birthweight is twice the rate observed in non-Indigenous mothers (Indicator 28). The infant mortality rate in selected jurisdictions, despite showing declines over the last 10 years, continues to be 3 times that of the non-Indigenous population (Indicator 6).

Diseases and conditions

The major causes of early adult deaths in the Aboriginal and Torres Strait Islander population are chronic diseases such as diabetes, circulatory diseases (including rheumatic heart disease), cancer and respiratory system diseases. Death rates from diabetes are between 7 and 20 times as high as the rates in the non-Indigenous population (Indicator 55). Death rates from circulatory system diseases in the Indigenous population are 4 to 5 times the rate in the non-Indigenous population (Indicator 52). Death rates from respiratory diseases are between 5 and 6 times as high, and death rates from lung cancer are between 2 and 3 times as high (Indicator 54).

Rates of infection with chlamydia, gonococcus and syphilis are also high (Indicator 39). Sexually transmitted diseases are avoidable, and untreated sexually transmitted diseases can lead to serious complications and the continued spread of the diseases.

Social and emotional wellbeing is an important area for Aboriginal and Torres Strait Islander peoples. Mortality from self-harm is 2 to 4 times the rate in the non-Indigenous population, and morbidity is 2 to 3 times as high (Indicators 53 and 42). Hospitalisation rates for depressive and anxiety disorders are between 1 and 3 times the rates in the non-Indigenous population (Indicator 46).

Across the states and territories with the more complete coverage of hospitalisations and deaths data, Indigenous people are hospitalised for injury at between 3 and 4 times the rates of non-Indigenous people, and die from injury at between 2 and 4 times the rates of non-Indigenous people (Indicators 42 and 53). Prominent among injuries leading to hospitalisation or death is assault – hospitalisations for Indigenous people are between 12 and 27 times the rate for non-Indigenous people, while death rates for Indigenous people are

between 5 and 12 times the rate for non-Indigenous people (Indicators 42 and 53). For injury resulting from assault, just over half of Indigenous hospitalisations are female, compared with less than one-quarter of non-Indigenous hospitalisations.

Health risk factors

A large proportion of Indigenous people are exposed to behaviours that place their health at risk in the short and long term. Approximately 48% of Indigenous adults are overweight or obese (Indicator 31), 53% are current smokers (Indicator 29), and 69% consume alcohol. Of those who consume alcohol, 50% consume it at risky or high-risk levels in the last 12 months (Indicator 30). The rate of hospitalisation for substance use disorders is 5 to 8 times higher in the Indigenous population (Indicator 46).

Education, employment and the health workforce

Indigenous Australians are much less likely to complete secondary school education (Indicator 8) than non-Indigenous Australians and are 3 times as likely to be unemployed (Indicator 9). Aboriginal and Torres Strait Islander people are underrepresented in the Australian professional health workforce, representing 1.3% of the health workforce (Indicator 20). Aboriginal and Torres Strait Islander people who are training or have qualified in key health professions are also underrepresented (Indicator 21).

Health system capacity

A number of the indicators provide measures of the current capacity of the Australian health system to provide health promotion and primary health care for Indigenous Australians (Indicators 2, 4 and 20).

Just over \$1,788 million was estimated to have been spent on Indigenous health in 2001–02, an increase of \$432 million from 1998–99. This was 2.8% of total national health expenditure in 2001–02. Average expenditure was \$3,901 per Indigenous person compared to \$3,308 per person spent on all other Australians – a ratio of \$1.18 for every \$1 spent on other Australians. While the per person spending on health services for Indigenous people is slightly higher than for other Australians, any analysis of per person spending on health services for Indigenous people should take into account the comparatively poor health of Indigenous people (Indicator 2).

In relation to expenditure on health promotion programs for Aboriginal and Torres Strait Islander people, there is considerable variation across states and territories. Expenditure in 2003–04 ranged from nil in Tasmania to \$6 million in Victoria (Indicator 4). In relation to overall expenditure on health care, the ratios of expenditure on Indigenous to non-Indigenous Australians under the Medicare Benefits Schedule and the Pharmaceutical Benefits Scheme were just 0.40 and 0.32 respectively (Indicator 2). These programs are a principal route for the delivery of primary health care to both Indigenous and non-Indigenous Australians. The ratio of Indigenous to non-Indigenous expenditure for all programs funded and administered by the Australian Government was 0.86.

In 2001, only 0.3% of doctors and 0.5% of nurses were Indigenous (Indicator 20), although the numbers are increasing. Another way to improve access to services is to reduce the cultural barriers that confront Indigenous people seeking treatment in mainstream health services. A considerable amount of variation exists between states and territories in the cultural awareness training that is provided to professional staff (Indicator 24).

Data limitations

A common problem highlighted in the report is the poor quality of information, especially in the identification of Indigenous people, with Indigenous status being not recorded or wrongly recorded in some datasets. The identification of Indigenous people in birth and death registrations, primary health care service records and hospital records remains a significant data quality problem (Indicator 1). While progress is being made, continued effort is needed in states and territories to improve and maintain Indigenous identification in the different data collections.