



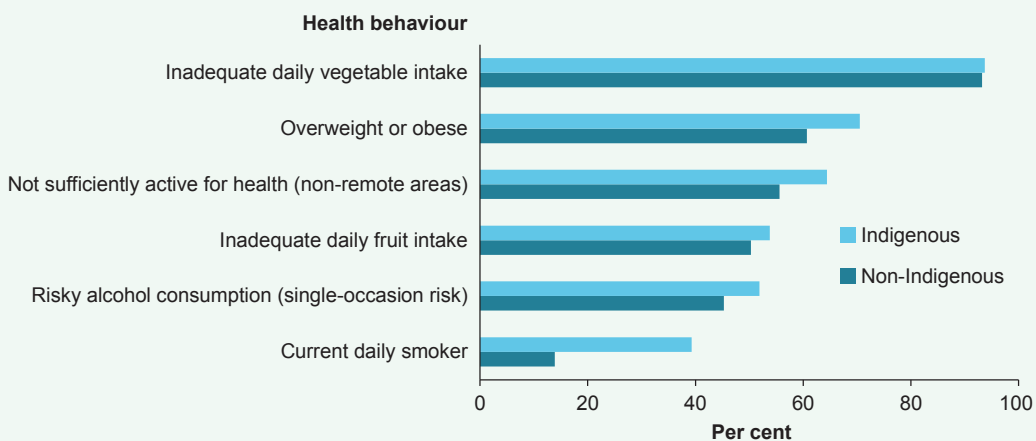
6.5 Health behaviours of Indigenous Australians

This snapshot provides a high-level overview of the prevalence of health risks among Aboriginal and Torres Strait Islander Australians. These risks include smoking and alcohol consumption, dietary behaviours, physical inactivity and overweight and obesity. See Chapter 4 for more information on how these risks affect health outcomes and Chapter 6.6 'Social determinants and Indigenous health' for more information on the determinants of these risks.

Prevalence

Figure 6.5.1 presents rates of health-related behavioural risks for Indigenous and non-Indigenous Australians. Although Indigenous Australians have higher rates of risky health behaviours, these differences are small, except for tobacco smoking. In 2014–15, the rate for Indigenous Australians for tobacco smoking was 2.8 times that for non-Indigenous Australians.

Figure 6.5.1: Age-standardised prevalence of selected health behaviours and risk factors, by Indigenous status



Note: Vegetable intake, fruit intake and smoking are for 2014–15; weight, physical activity, alcohol consumption are for 2012–13.

Sources: ABS 2014a, 2014b, 2016. Table S6.5.1.

Tobacco smoking

Tobacco smoking is the single most important preventable cause of ill health and death in Australia, for both Indigenous and non-Indigenous Australians. In 2014–15, around 42% of Indigenous people aged 15 and over were current smokers (186,000 current smokers).



The smoking rate for Indigenous people aged 15 and over was 2.7 times as high as for non-Indigenous adults (42% compared with 15%, age-standardised rate) (ABS 2017).

Although the gap in smoking rates remains, Indigenous people have made several improvements over time:

- Smoking rates among Indigenous Australians declined from 51% in 2002 to 42% in 2014–15. This decline was concentrated in non-remote areas, however, with little change to smoking rates in remote areas.
- The likelihood of quitting smoking has increased: in 2002, 24% of Indigenous adults who had ever smoked had successfully quit smoking. By 2014–15, this had increased to 36%.
- Fewer Indigenous young people aged 15–17 are smoking now than in the past—a drop from 30% in 1994 to 17% in 2014–15. As current smokers generally start smoking around this age, preventing uptake in this group will likely result in lower future rates of current smokers (ABS 2017).

Alcohol consumption

A comparison of data collected in 2008 and 2014–15 indicates that there have been significant positive changes in alcohol-related behaviours among Indigenous Australians:

- In 2014–15, 40% of Indigenous people aged 15 and over reported that they either drank no alcohol during the previous 12 months or only on one occasion. This is an increase from 36% in 2008.
- In 2014–15, 31% of Indigenous people aged 15 and over reported that they drank alcohol at what is considered a risky level on at least a single occasion (known as short-term risk), compared with 38% in 2008.
- In 2014–15, 15% of Indigenous people aged 15 and over reported that they drank alcohol at lifetime risky levels, a decrease from 19% in 2008 (ABS 2016).

Diet

According to self-reported data, in 2014–15, only 4.7% of Indigenous children aged 4–14 and 4.0% of Indigenous people aged 15 and over had an adequate daily intake of both fruit and vegetables. Among Indigenous children, 65% had an adequate daily intake of fruit and 5.5% had an adequate daily intake of vegetables. Among Indigenous adults, 46% had an adequate daily intake of fruit and 5.8% had an adequate daily intake of vegetables (ABS 2016).

Insufficient physical activity

For an adult in a non-remote area, being sufficiently active for health is defined as having 150 minutes of physical activity over five or more sessions per week. The most recent age-standardised data on physical activity levels among Indigenous adults show that, in 2012–13, about 2 in 3 (64%) Indigenous adults aged 18 and over in non-remote areas were not sufficiently active for health; this figure is higher than the comparable rate for non-Indigenous Australians (56%) (ABS 2014a).

In 2014–15, around three-quarters (76%) of Indigenous children aged 4–14 were physically active for at least 60 minutes every day during the previous week (ABS 2016).



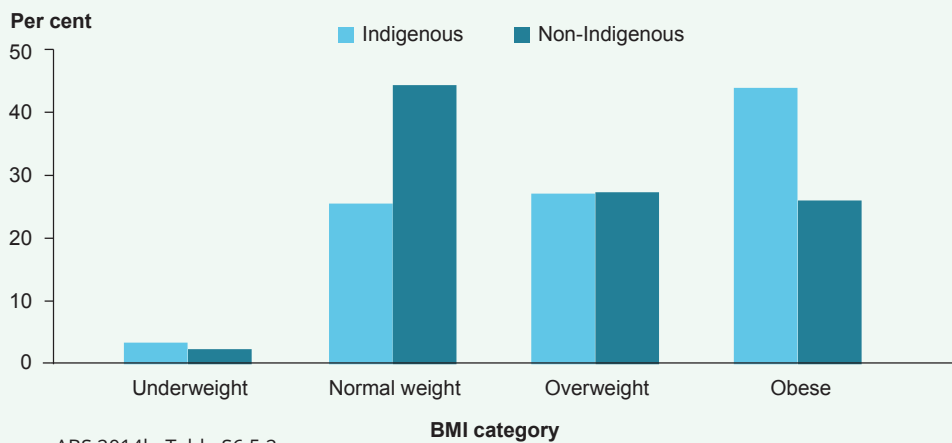


Overweight and obesity

There are differences in weight status between Indigenous and non-Indigenous Australians, and these begin in childhood. Based on measured body mass index (BMI), in 2012–13, Indigenous girls aged 2–14 were 2.0 times as likely to be underweight (7.9% versus 3.9%) and 1.6 times as likely to be obese (9.8% versus 6.1%) as non-Indigenous girls of the same age. The patterns were similar for boys, but the difference between Indigenous and non-Indigenous boys was smaller than for girls.

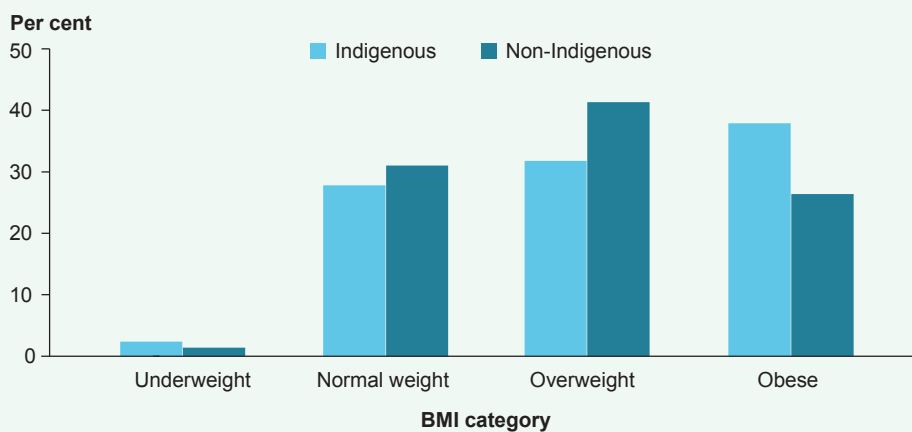
The prevalence of overweight and obesity is higher for adults than for children for both Indigenous and non-Indigenous Australians. Indigenous females are 1.7 times as likely to be obese as non-Indigenous females, while Indigenous males are 1.4 times as likely to be obese as non-Indigenous males (figures 6.5.2, 6.5.3). See Chapter 4.10 'Overweight and obesity' for more information on the growing obesity trend in Australia and an explanation of BMI measures.

Figure 6.5.2: Proportion of females aged 15 and over in each weight (BMI) category, by Indigenous status, 2012–13



Source: ABS 2014b, Table S6.5.2.

Figure 6.5.3: Proportion of males aged 15 and over in each weight (BMI) category, by Indigenous status, 2012–13



Source: ABS 2014b, Table S6.5.3.



What is missing from the picture?

National data on behavioural risk factors relies mainly on survey data. Changes in the type of data collected, and its frequency, make it difficult to examine trends over time or between smaller geographic areas.

Where do I go for more information?

For more details on health behaviours and biomedical risks for Indigenous Australians, see the [Australian Aboriginal and Torres Strait Islander Health Survey 2012–13](#) and the supplementary online tables from the [Aboriginal and Torres Strait Islander Health Performance Framework](#).

References

- ABS (Australian Bureau of Statistics) 2014a. Australian Aboriginal and Torres Strait Islander Health Survey: physical activity, 2012–13—Australia. ABS cat. no. 4727.0.55.004. Canberra: ABS.
- ABS 2014b. Australian Aboriginal and Torres Strait Islander Health Survey: updated results, 2012–13. ABS cat. no. 4727.055.006. Canberra: ABS.
- ABS 2016. National Aboriginal and Torres Strait Islander Social Survey, 2014–15. ABS cat. no. 4714.0. Canberra: ABS.
- ABS 2017. Aboriginal and Torres Strait Islander peoples: smoking trends, Australia, 1994 to 2014–15. ABS cat. no. 4737.0. Canberra: ABS.

