

**Aboriginal and Torres Strait Islander
Health Performance Framework
2008 report**

Detailed analyses

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Detailed analyses

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Executive Summary

This report contains detailed analyses underlying the summary data presented in the Aboriginal and Torres Strait Islander Health Performance Framework 2008 report (AHMAC 2006). The Aboriginal and Torres Strait Islander Health Performance Framework (HPF) is designed to provide the basis to monitor the impact of the National Strategic Framework for Aboriginal and Torres Strait Islander Health (NSFATSH) and inform policy analyses, planning and program implementation. The HPF consists of 70 measures covering three Tiers – health status and outcomes, determinants of health and health systems performance. A summary of the key findings are outlined below.

Health status and health outcomes

A number of measures are used to describe the health status and health outcomes of Aboriginal and Torres Strait Islander peoples in a range of health issues. These include life expectancy, self-assessment of health, disability, low birthweight, morbidity rates and mortality rates.

Getting better

Trends over time show improvements in several important measures of health of Aboriginal and Torres Strait Islander people.

- **All cause mortality.** Between 1991 and 2006, in the three jurisdictions for which there is 16 years of adequate coverage of Indigenous deaths, all cause mortality rates have declined by 9% for Indigenous males and 15% for Indigenous females.
- **Deaths from circulatory disease.** Over the period 1997–2006, there were significant declines in mortality rates from circulatory diseases among Indigenous Australians (31%).
- **Infant mortality** has declined by 47% between 1991 and 2006 and **perinatal mortality** has declined by about 51% between 1991 and 2005 resulting in a significant closing of the gap between Indigenous and non-Indigenous infant and perinatal mortality (20% and 33% declines in the rate ratios respectively).
- **Hospitalisations from pneumonia** for Indigenous children aged 0–4 years declined at an average annual rate of around 3 per 1,000 between 1998–99 to 2005–06 which was greater than the decline observed for non-Indigenous children.

Areas of concern

- **Low birthweight** has remained around twice as common for Aboriginal and Torres Strait Islander babies as for other Australian babies.
- **Ear disease.** There has been little change in the prevalence of ear and hearing problems among Indigenous children aged 0–14 years between 2001 and 2004–05. In 2004–05, approximately 10% of Indigenous children aged 0–14 years reported having ear or hearing problems compared with 3% of non-Indigenous children of the same age.
- **Acute Rheumatic Fever and Rheumatic Heart Disease.** Data from the Top End of the Northern Territory and Central Australia indicate that the incidence rates of Acute Rheumatic Fever and the prevalence of Rheumatic Heart Disease are substantially higher

in the Indigenous population compared to the non-Indigenous population and there is no indication that these rates are falling.

- **End Stage Renal Disease.** The incidence rate of end stage renal disease among the Indigenous population has increased by 185% between 1991 and 2006.
- **Oral health.** Indigenous children experience higher levels of tooth decay and lower levels of access to dental care than non-Indigenous children. Trends data from the Northern Territory indicate that there has been no improvement in the dental health of Aboriginal and Torres Strait Islander children over the last decade.
- **Sexually transmissible infections.** Rates of chlamydia and gonorrhoea have increased significantly between 1994 and 2006 (by 188% and 74% respectively).
- **Social and emotional wellbeing.** Indigenous persons are more likely to report high levels of psychological distress than non-Indigenous persons and in 2004–05 around 77% of Indigenous adults reported having experienced at least one stressor in the last 12 months, the most common stressor being death of a family member or close friend (42%).

Determinants of health

A range of factors can impact on health including environmental factors such as functional housing and overcrowding, health behaviours such as smoking and alcohol use, socioeconomic factors such as educational participation and attainment, employment, income and housing tenure, and community/cultural factors such as safety and crime, child protection, transport and access to traditional lands.

Getting better

There have been improvements in several key health determinants in recent years including:

- **Access to functional housing.** The proportion of the population living in discrete Indigenous communities that were connected to a town water supply almost doubled between 2001 and 2006 (from 17% to 30%).
- **School retention.** Indigenous school retention rates to Year 10, Year 11 and Year 12 have steadily increased over the last 5 to 10 years.
- **Literacy and numeracy** levels have improved at years 3, 5 and 7, particularly for reading and writing.
- **School completion.** The proportion of Indigenous people who have completed year 12 has increased between 2001 and 2006 (from 21% to 25%).
- **Unemployment** rates are more than twice as high among Indigenous Australians as amongst other Australians, unemployment has however declined somewhat between 1996 and 2006 (from 13% to 9%).
- **Home ownership.** The proportion of Aboriginal and Torres Strait Islander people who own their own home has increased slightly from 27% in 1996 to 29% in 2006.

Areas of concern

- **Overcrowding.** In 2006, Indigenous adults were five times more likely to live in overcrowded homes than other adults.
- **Income.** In 2006, approximately 40% of Aboriginal and Torres Strait Islanders adults were in the bottom 20% of incomes which is an increase from 1996 (36%).
- **Victims of violence.** Aboriginal and Torres Strait Islander people are much more likely to be the victims of violence than other people. The proportion of Indigenous Australians

aged 15 years and over who reported being a victim of physical or threatened violence in the last 12 months has increased from 13% in 1994 to 24% in 2002. These rates are likely to be an underestimate of the true level of violence experienced by Aboriginal and Torres Strait Islander peoples.

- **Imprisonment.** Between 2000 and 2007, the proportion of Aboriginal and Torres Strait Islander adults who were in prison increased significantly from 1,265 per 100,000 to 1,787 per 100,000 population.
- **Child abuse and neglect.** The rate of substantiated child protection notifications for Aboriginal and Torres Strait Islander children has increased substantially in all jurisdictions except Western Australia since 1998–99 and is around 5 times higher than for other children.
- **Smoking.** Around half of Aboriginal and Torres Strait Islander adults are current daily smokers and this rate has not changed in the last decade.
- **Risky alcohol consumption.** Aboriginal and Torres Strait Islanders are less likely to consume alcohol than non-Indigenous Australians, however of those who consume alcohol, around 50% consume it at long-term risky or high risk levels.
- **Substance use.** The proportion of Indigenous adults in non-remote areas who reported using substances in the last 12 months increased from 25% in 2002 to 28% in 2004–05.
- **Overweight and obesity.** Approximately 60% of Indigenous adults were overweight or obese in 2004–05, which is an increase from 1995 and 2001. Indigenous Australians are nearly twice as likely to be obese as non-Indigenous Australians.

Health system performance

There is a range of data available on the performance of the health system in relation to Aboriginal and Torres Strait Islander peoples.

Getting better

- **Availability of staff and number of services.** There has been an increase in the number of Aboriginal and Torres Strait Islander primary health care services in recent years and greater availability of staff.
- **Usual source of care.** A high percentage of Aboriginal and Torres Strait Islander people report that they usually go to the same GP or medical service (91%).
- **Access to prescription medicines** for Aboriginal and Torres Strait Islander peoples has improved through the section 100 arrangement for remote areas. Aboriginal and Torres Strait Islander primary health care services and the average expenditure per person for the Indigenous population by the Australian Government on the Pharmaceutical Benefits Scheme almost doubled between 1995–96 and 1998–99, and increased by a further 64% between 1998–99 and 2004–05.
- **Immunisation coverage** for Indigenous children is similar to coverage rates for other children and has improved in recent years for children aged 6 years.

Areas of concern

Gaps remain in health system performance and access to services for Aboriginal and Torres Strait Islander peoples.

- **Antenatal care.** While a high proportion of Aboriginal and Torres Strait Islander women access antenatal care (around 96% of Indigenous mothers attended at least one antenatal

care session in 2005 in the four jurisdictions for which data are available), data suggest that it occurs later and less frequently than for other women.

- **Access to health care.** In 2004–05, a slightly higher proportion of Aboriginal and Torres Strait Islander peoples than other Australians reported accessing health care in the last 12 months (42% compared to 47%). There were differences in the types of health care accessed, for example, Indigenous Australians were twice as likely as other Australians to visit casualty/outpatients but half as likely to see a dentist.
- **Barriers to accessing health care include:** cost, transport, availability and sustainability of services. In 2004–05, 15% of Indigenous people did not visit a doctor when they needed to, with transport/distance being a major reason, especially in remote areas. Other reasons included cost, waiting time and being too busy. Approximately 21% of Indigenous Australians did not visit a dentist when needed because of cost.
- **Key hospital procedures.** There are large disparities between the Indigenous and non-Indigenous population in access to certain key hospital procedures which cannot entirely be explained by diagnosis, age, sex or place of residence and this situation has not improved in recent years. Between July 2004 and June 2006, excluding care involving dialysis, 55% of hospital separations for Aboriginal and Torres Strait Islander peoples in public hospitals had a procedure recorded compared to 80% of hospital separations for other people.
- **Discharge from hospital against medical advice.** There have been significant increases in the rate at which Aboriginal and Torres Strait Islander peoples are discharged from hospital against medical advice in recent years. For the period 2004–05 to 2005–06, Aboriginal and Torres Strait Islander peoples were discharged from hospital against medical advice at 13 times the rate of other Australians.
- **Avoidable hospitalisations through health care.** Between 2000–01 to 2005–06, hospitalisation rates for ambulatory care sensitive conditions have increased for Indigenous Australians, particularly for potentially preventable chronic conditions and the relative gap between Indigenous and non-Indigenous Australians for these conditions has widened (from a rate ratio of 4.4 to 6.5).
- **Mental health services.** In 2005–06, there were around twice as many contacts with community mental health care services for Aboriginal and Torres Strait Islander people as for other people.
- **Health workforce.** Aboriginal and Torres Strait Islander people continue to be under-represented in the health workforce and in training for various health professions. In 2006, Aboriginal and Torres Strait Islander peoples accounted for only 1.0% of the total health workforce and in 2006, only 1.6% of all undergraduate students enrolled in tertiary health-related courses, and 5% of all people in the vocational, education and training sector, were Aboriginal or Torres Strait Islander.
- **Health expenditure.** In 2004–05, on a per person basis, average health expenditures for Aboriginal and Torres Strait Islander peoples was 17% higher than expenditures for other Australians which was less than that reported in 1998–99.