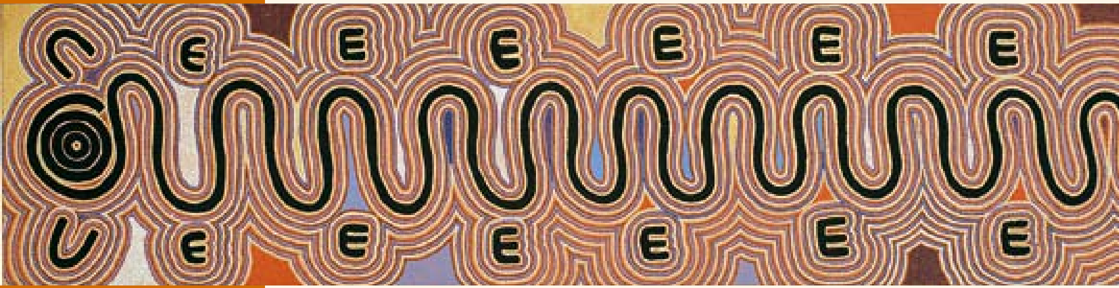
Australian Bureau of Statistics

Australian Government
Australian Institute of Health and Welfare

2005

SUMMARY BOOKLET

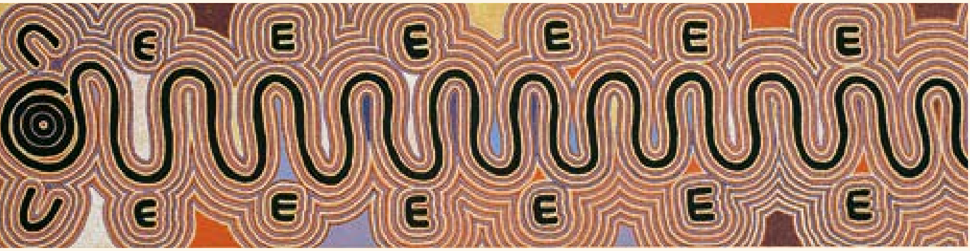
The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples



The Australian Bureau of Statistics (ABS) and the Australian Institute of Health and Welfare (AIHW) have prepared this report jointly. We gratefully acknowledge the assistance and cooperation received from individuals and organisations that have provided us with statistics and information which form the basis of this publication. We also thank Aboriginal and Torres Strait Islander people for their cooperation and assistance in the collection of data, without which this report would not have been possible.

Artwork

The painting *Janganpa Mungapunju Jukurrpa* (Native possum dreaming at Mungapunju) and *Janganpa Mawurrji Jukurrpa* (Native Possum Dreaming at Mawurrji) was commissioned by the ABS. It is a collaborative work of 35 artists from the Warlukurlangu Artists Aboriginal Association of Yuendumu in the Tanami Desert, north west of Alice Springs, Northern Territory. The principal artist was Andrea Nungarrayi Martin.



Contents

Introduction

Welcome to the summary of the fifth (2005) edition of The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples (ABS cat. no. 4704.0 and AIHW cat. no. IHW14).

This summary booklet can be used to conveniently access key findings from the main report.

The report primarily presents a statistical picture at the national level but wherever possible it uses existing and new data sources to also reflect the diversity of the Indigenous population. It includes a separate chapter on Torres Strait Islander people and where possible, changes over time in the health and welfare circumstances of Indigenous people are described. The disparities in health and welfare between Indigenous and non-Indigenous Australians are also explored.

Data Development

Over the past decade there have been significant improvements in the quality and quantity of information about the health and welfare of Aboriginal and Torres Strait Islander peoples. The ABS and AIHW have initiated, and continue to drive, programs in partnership with state and territory authorities:

- to improve the completeness with which Aboriginal and Torres Strait Islander peoples are recorded in a wide range of administrative data sets; and
- to develop and expand regular Indigenous surveys, including the National Aboriginal and Torres Strait Islander Social Survey (NATSISS) and the National Aboriginal and Torres Strait Islander Health Survey (NATSIHS).

Indigenous health and welfare data development is guided and progressed through a number of national committees, in particular the National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data (NAGATSIHID), providing advice on national priorities, developing work programs and monitoring progress.

The Standing Committee on Aboriginal and Torres Strait Islander Health (SCATSIH) provides the policy direction that underpins data development efforts.

Where possible, changes over time in the health and welfare of Indigenous Australians have been identified in this report. Some of these changes are summarised below, and the chapters of the main publication are reported in more detail.

Education

Education is generally considered to be a key factor in improving the health and wellbeing of Indigenous Australians. There have been significant improvements in educational participation and attainment in recent years. Between 1996 and 2004, there were steady increases in Indigenous primary and secondary school enrolments and in apparent retention rates. The proportion of Indigenous people aged 25–64 years who had a non-school qualification rose from 20% in 1994 to 32% in 2002.

Employment

Employment, and income gained through employment, are important for the wellbeing of people. Between 1994 and 2002, the proportion of Indigenous people aged 18–64 years in mainstream employment rose from 31% to 38%, and the unemployment rate fell from 24% to 13%.

Housing

Housing has been identified as a major factor affecting the health and wellbeing of Indigenous Australians. Between 1994 and 2002, the proportion of Indigenous owner/purchaser households increased from 26% to 30%.

Mortality

Between 1991 and 2002, there were significant declines in recorded infant mortality in South Australia, Western Australia and the Northern Territory. Over the same period, there were significant declines in recorded overall Indigenous mortality in Western Australia for both males and females.

Of the five main causes of death examined, only mortality from diseases of the circulatory system showed a consistently significant decline in Western Australia.

While the analyses in the report support the finding that Indigenous mortality has declined, it is important to note that the magnitude of the trend can be affected by changes in the reporting of Indigenous status in death registrations.

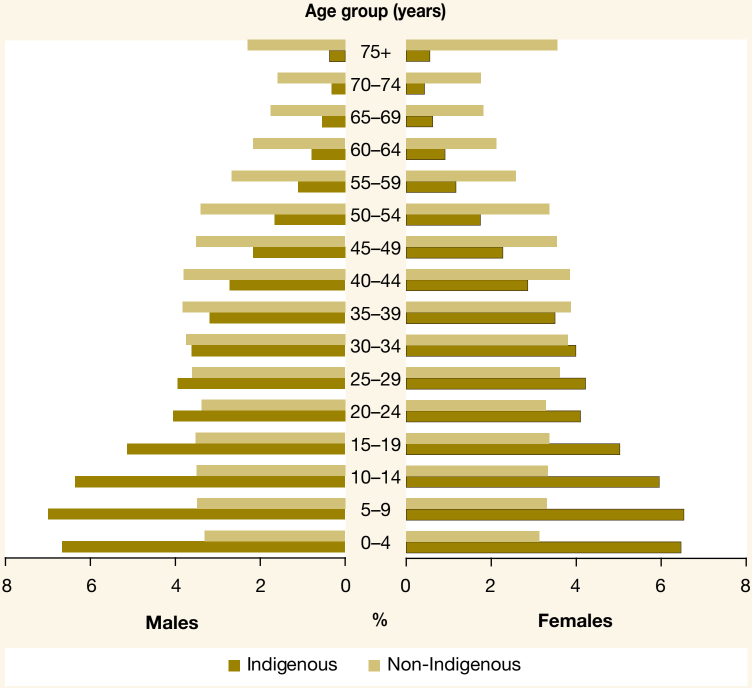
The Aboriginal and Torres Strait Islander population is projected to have grown to 492,700 by mid-2005.

Indigenous people represent 2.4% of the total Australian population. The Indigenous population is relatively young, with a median age of 21 years compared to 36 years for the non-Indigenous population. The younger age structure is illustrated on page 9.

In 2001, 30% of Indigenous people lived in major cities, 43% in regional areas and 27% in remote areas. By comparison, around two-thirds (67%) of non-Indigenous people lived in major cities and only 2% lived in remote areas.

Indigenous people remain disadvantaged compared to other Australians across a range of areas of social concern. They continue to experience lower levels of employment (and higher levels of unemployment) than non-Indigenous people, with Indigenous adults being more than twice as likely to be unemployed (13%) as non-Indigenous adults (5%) in 2002. The average gross household income of Indigenous adults was $394 per week in 2002, equivalent to 59% of that of non-Indigenous adults ($665 per week).

AGE STRUCTURE OF THE INDIGENOUS AND NON-INDIGENOUS POPULATIONS, 2001



Education and Health

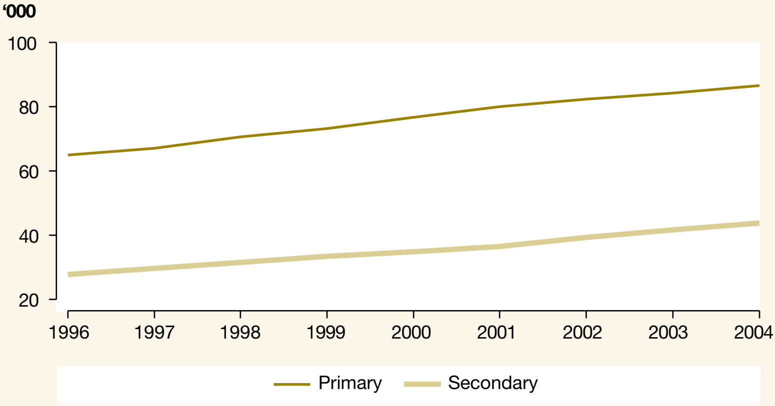
The proportion of Indigenous people aged 25–64 years who had a non-school qualification increased from 20% in 1994 to 32% in 2002.

Education is generally considered to be a key factor in improving the health and wellbeing of Indigenous Australians. In 2002, Indigenous people aged 18 years or over who had completed higher levels of schooling, were more likely to report better health and less likely to have a disability or long-term health condition than those who had completed lower levels of schooling.

Between 1996 and 2004, Indigenous primary and secondary school enrolments and retention rates steadily increased. This trend was particularly evident for the retention rate to Year 11 from Year 7/8 (up from 47% to 61%).

PRIMARY AND SECONDARY FULL-TIME SCHOOL ENROLMENTS

Indigenous students 1996–2004



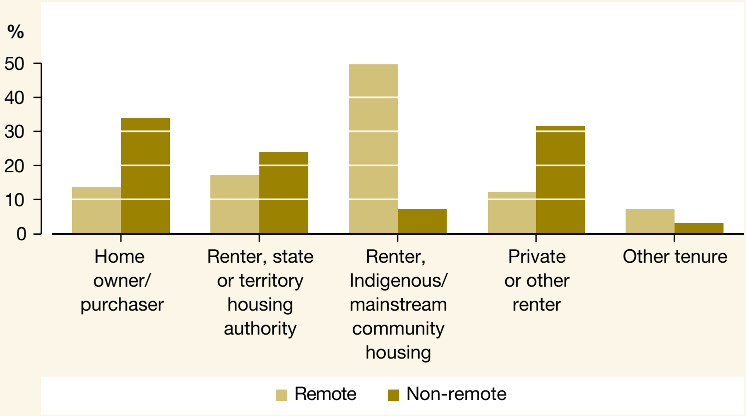
Source: National Schools Statistical Collection, 2004

In 2002, more than three-quarters of Indigenous Year 3 students who took part in testing, achieved the benchmark for reading, writing and numeracy.

In 2002, 11% of Indigenous households owned their homes outright and 20% were purchasing their home.

Among Indigenous households, 30% were home owners or purchasers, 38% were renters of social housing and 28% had private or other rental arrangements. This can be compared with all Australian households where 70% were home owners or purchasers, 6% were renters of social housing and 21% had private or other rental arrangements. Home ownership (34%) and private rental (32%) were the predominant forms of tenure for Indigenous households in non-remote areas while community rental (50%) was the main form of tenure in remote areas.

INDIGENOUS HOUSEHOLDS (a), by tenure type and remoteness—2002



(a) Households containing one or more Indigenous persons.

Source: ABS, 2002 NATSISS

Indigenous households tend to be larger than non-Indigenous households, with an average household size of 3.5 people compared with 2.6 for all Australian households.

Average Indigenous household size varied by tenure type, with an average of 4.7 people in Indigenous or mainstream community housing compared with 3.1 for private and other renters. More than half (59%) of households in Indigenous or community housing had four or more people. There was also a variation by location, with an average of 3.3 people per household in non-remote areas compared with 4.6 people per household in remote areas.

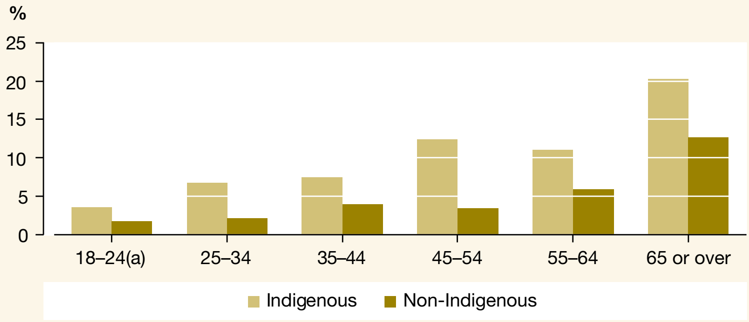
In 2001, 10% of Indigenous households in Australia were overcrowded. Overcrowding can contribute to the spread of infectious diseases and put stress on basic household facilities. The highest rate of overcrowding (34%) occurred in households that were renting from Indigenous or mainstream community housing providers.

In 2002, Indigenous Australians were at least twice as likely to have a profound or severe limitation in their daily living activities as non-Indigenous Australians.

In 2002, 36% of Indigenous people aged 15 years or over had a disability or long-term health condition—8% had a profound or severe core activity limitation, where they 'always' or 'sometimes' needed assistance with daily living activities (self-care, mobility and communication).

AGE-SPECIFIC RATES OF PROFOUND OR SEVERE CORE ACTIVITY LIMITATION

Persons aged 18 years or over in non-remote areas—2002



(a) Estimates for Indigenous and non-Indigenous persons aged 18–24 years have relative standard errors of 25% to 50% and should be used with caution.

Source: ABS, 2002 NATSISS and 2002 GSS

Indigenous people with a disability were more likely than those without a disability, to experience a further degree of social and economic disadvantage. On average they had completed fewer years of formal education, were much less likely to be in the labour force or to be employed, had lower levels of income, and were more likely to be living in households that had experienced financial stress.

Overall, about 65% of Indigenous people with a disability or long-term health condition (three-quarters of those with a profound or severe core activity limitation) were receiving a government pension or allowance as their principal source of income, compared with 42% of people without a disability or long-term health condition.

The prevalence of disability among Indigenous people is higher than for non-Indigenous people at all ages. In non-remote areas, Indigenous adults (aged 18 years or over) were 1.4 times as likely to have a disability and twice as likely to have a profound or severe core activity limitation as non-Indigenous adults. Although these ratios refer to the non-remote Indigenous and non-Indigenous populations only, it is clear that disability and profound or severe core activity limitations are much more prevalent among Indigenous than non-Indigenous people.

The earlier onset of disability or long-term health conditions with a profound or severe core activity limitation indicates the comparatively higher need for service provision for Indigenous people with a disability at younger ages.

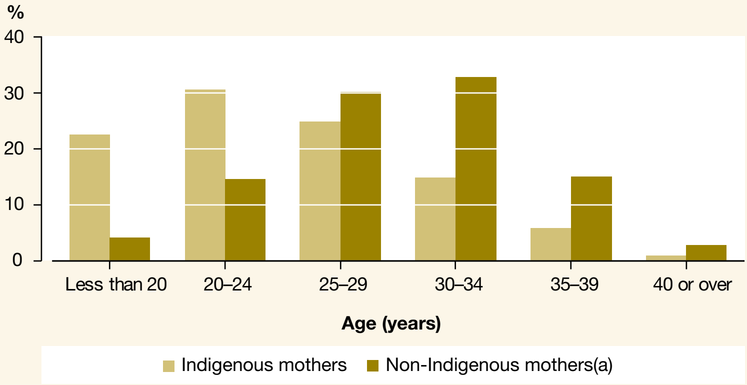
Mothers and Children

Babies with an Indigenous mother were twice as likely (13% of births) to be low birthweight babies as babies with a non-Indigenous mother (6%).

Breastfeeding and effective vaccination have many positive effects on the survival chances, growth, development and health of infants. In 2001, a high proportion of Indigenous mothers living in remote areas (95%) and non-remote areas (83%) had breastfed their children. In 2003, Aboriginal and Torres Strait Islander children had lower vaccination coverage than other children at 12 months of age (82% compared with 91%), but by two years of age they had comparable vaccination coverage (91%).

Indigenous mothers are more likely to have their babies at younger ages than other mothers. The average age of Indigenous mothers who gave birth in 2003 was 25 years. In contrast, the average age of all mothers was 31 years.

MATERNAL AGE, by Indigenous status of the mother—2000–02



(a) Excludes mothers for whom Indigenous status was not stated.

Source: AIHW, National Perinatal Data Collection

In 2003–04, Indigenous infants were 1.3 times more likely to be hospitalised than other infants, while Indigenous and other children aged 1–14 years were hospitalised at similar rates for most conditions. In the period 1999–2003, the mortality rate for Indigenous infants in Queensland, South Australia, Western Australia and the Northern Territory was almost three times that for non-Indigenous infants. The death rate for Aboriginal and Torres Strait Islander children aged 1–14 years was more than twice that for non-Indigenous children of the same age in these jurisdictions.

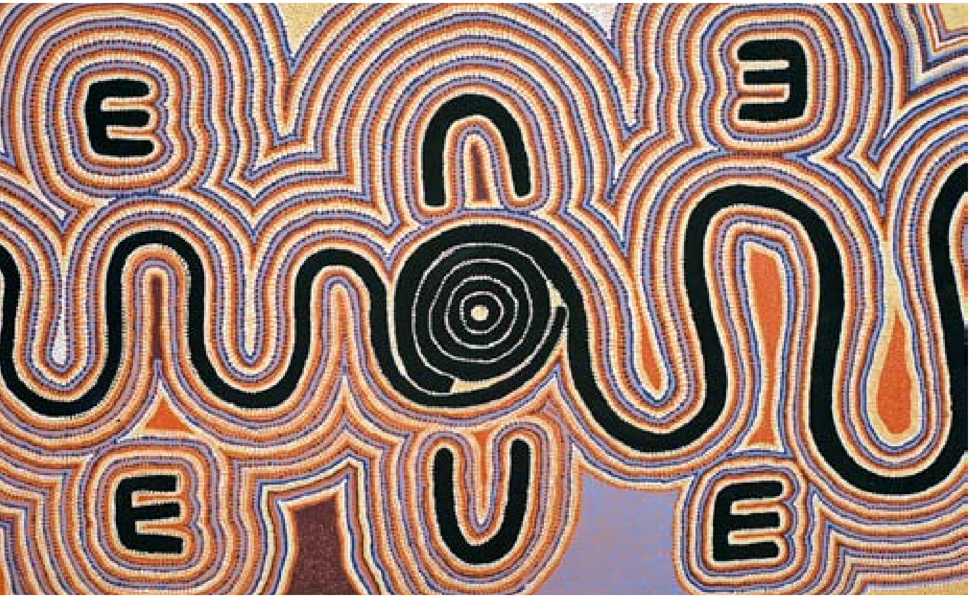
Over the period 1991–2002, there was a significant decline in Indigenous infant mortality in South Australia, Western Australia and the Northern Territory.

Health Status

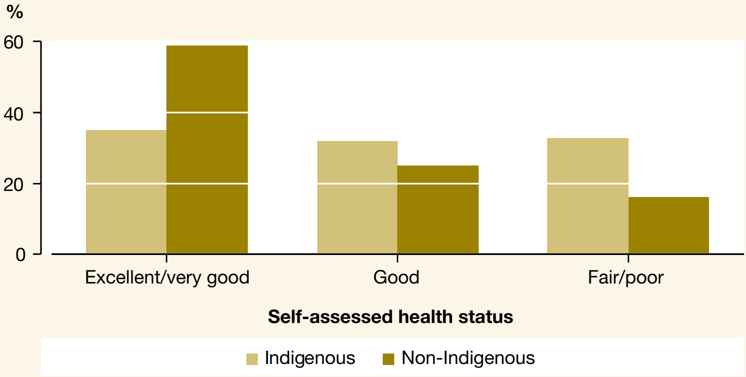
In 2002, around 42% of Indigenous people aged 18 years or over reported their health as excellent or very good, 33% reported their health as good and 25% reported their health as fair or poor.

After adjusting for age differences, Indigenous Australians were twice as likely as non-Indigenous Australians to report their health as ‘fair’ or ‘poor’ in 2002.

Reports of fair or poor health were higher for those in the lowest household income quintile, for those who were unemployed or not in the labour force, and for those whose highest year of school completed was Year 9 or below.



SELF-ASSESSED HEALTH STATUS (a), Persons aged 18 years or over—2002



(a) Data have been age standardised.

Source: ABS, 2002 NATSISS and 2002 GSS

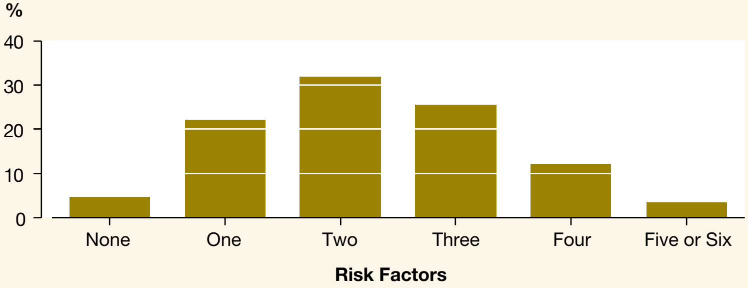
Indigenous Australians experience an earlier onset of most chronic diseases, have more General Practitioner consultations for the management of certain conditions (such as diabetes and ear problems), and are more likely to be hospitalised than other Australians.

Hospitalisation rates were 12 times higher for Indigenous Australians than for other Australians for care involving dialysis, and twice as high for skin diseases, respiratory diseases and injury.

In 2002, 16% of Indigenous people were exposed to four or more health risk factors.

The relative socioeconomic disadvantage experienced by Aboriginal and Torres Strait Islander people compared with non-Indigenous people places them at greater risk of exposure to behavioural and environmental health risk factors. These include smoking, risky alcohol consumption, illicit substance use, physical inactivity and personal stressors (e.g. serious illness, accident or disability, the death of a family member).

NUMBER OF RISK FACTORS REPORTED (a), Indigenous persons aged 15 years or over—2002



(a) Risk factors include regular cigarette smoking, risky/high risk alcohol consumption in the last 12 months, non-participation in sport/physical activity in the last 12 months, experience of at least one stressor in the last 12 months, being a victim of physical or threatened violence in the last 12 months and having been removed from natural family.

Source: ABS, 2002 NATSISS

In 2002, Indigenous people aged 15 years or over were exposed to an average of two health risk factors. Around 5% reported no health risk factors and 16% reported at least four risk factors. The most common combinations of multiple risk factors included stress, regular smoking and physical inactivity.

In 2002, 49% of Indigenous people smoked on a daily basis. One in six (15%) reported consuming alcohol at risky or high risk levels in the last 12 months and just over one-half (51%) had not participated in sport or physical recreation activities in the last 12 months. One-quarter of Indigenous people living in non-remote areas reported having used illicit substances in the 12 months prior to interview and 40% reported having tried at least one illicit drug in their lifetime.

In 2002, about four-fifths (82%) of Indigenous people reported experiencing at least one life stressor in the last 12 months and nearly one-quarter (24%) reported being a victim of physical or threatened violence during this period. Higher rates of fair or poor health and health risk behaviour were reported among Indigenous people who had been exposed to these environmental risk factors. Indigenous people who had been removed from their natural families as children also reported poorer health outcomes in comparison to those who were not removed from their families.

Mortality

Between 1996 and 2001, the life expectancy at birth of Indigenous Australians was estimated to be 59 years for males and 65 years for females — about 17 years below that for all Australian males and females respectively for the period 1998–2000.

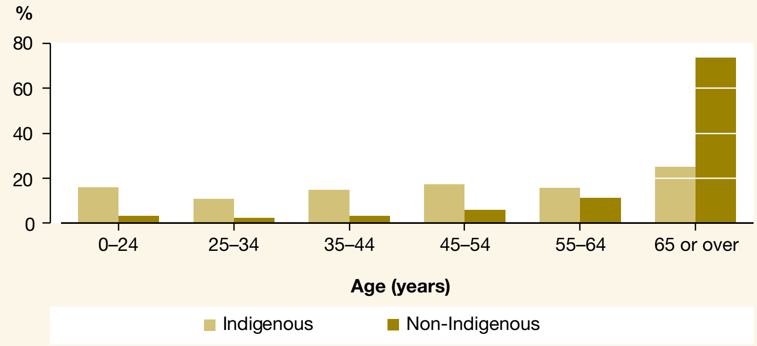
By world standards, Australians as a whole have good health, but Indigenous people experience higher death rates than non-Indigenous people across all age groups. In 1999–2003 for Queensland, South Australia, Western Australia and the Northern Territory, the overall mortality rates for Indigenous males and females were almost three times the non-Indigenous rates.

Three-quarters (75%) of recorded Indigenous male deaths and nearly two-thirds (65%) of Indigenous female deaths occurred before the age of 65 years. This compared with 26% and 16%, respectively, of deaths of non-Indigenous males and females.

The three leading causes of death for Aboriginal and Torres Strait Islander people were diseases of the circulatory system, injury (predominantly accidents, intentional self-harm and assault) and cancer. Mortality rates for Indigenous males and females for endocrine, nutritional and metabolic diseases (including diabetes) were around 7 and 11 times those for non-Indigenous males and females respectively.

See page 7 for more information about Indigenous mortality.

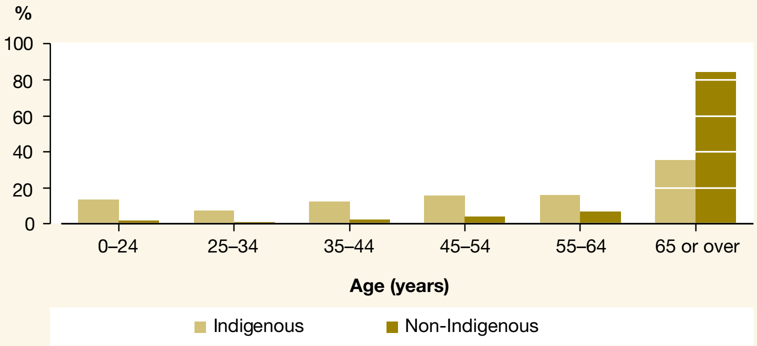
MALE DEATHS, by Indigenous status and age—1999–2003(a)



(a) Data are for Queensland, South Australia, Western Australia and the Northern Territory combined. Deaths are based on year of occurrence of death for 1999–2002 and year of registration of death for 2003.

Source: AIHW National Morbidity Database

FEMALE DEATHS, by Indigenous status and age—1999–2003(a)



(a) Data are for Queensland, South Australia, Western Australia and the Northern Territory combined. Deaths are based on year of occurrence of death for 1999–2002 and year of registration of death for 2003.

Source: AIHW National Mortality Database

Health Services — Provision, Access and Use

Despite major disparities in health status between Indigenous and non-Indigenous people in Australia, spending on health services per person is only slightly higher for Indigenous Australians — an estimated $3,901 per Indigenous person, compared to $3,308 per non-Indigenous person.

Many things can influence access to services, such as financial barriers, distances clients must travel to services and facilities, cultural factors such as language and communication issues, and the participation of Indigenous people in the health and welfare workforce.

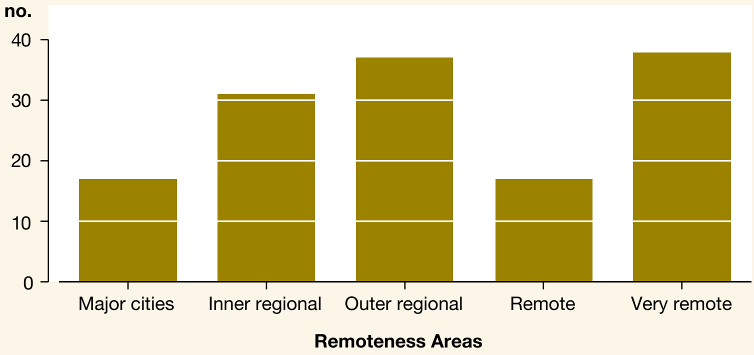
Average expenditure on community health services, public health, and admitted and non-admitted patient services were higher for Indigenous people than non-Indigenous people. Aboriginal and Torres Strait Islander people have low levels of access to and use of Medicare, the Pharmaceutical Benefits Scheme and private GPs compared to non-Indigenous people.

In 2002, around one in five Indigenous people aged 15 years or over living in remote areas had difficulty understanding and/or being understood by service providers and 43% were living in households without a working telephone.

In 2001, Indigenous people were under-represented in selected health-related occupations, comprising around 1% of Australians employed in the health sector. Aboriginal and Torres Strait Islander people were somewhat better represented in welfare and community-related occupations (2.6%).

In 2003–04, the Office for Aboriginal and Torres Strait Islander Health in the Australian Government Department of Health and Ageing funded 140 services to provide or facilitate access to primary health care for Aboriginal and Torres Strait Islander people. Two-thirds of these services (92) were in outer regional, remote or very remote areas.

AUSTRALIAN GOVERNMENT-FUNDED ABORIGINAL AND TORRES STRAIT ISLANDER PRIMARY HEALTH CARE SERVICES—2003–04



Source: Department of Health and Ageing, 2003—04 SAR. Data available on request

Indigenous children use Australian Government supported child care services at less than half the rate of non-Indigenous children.

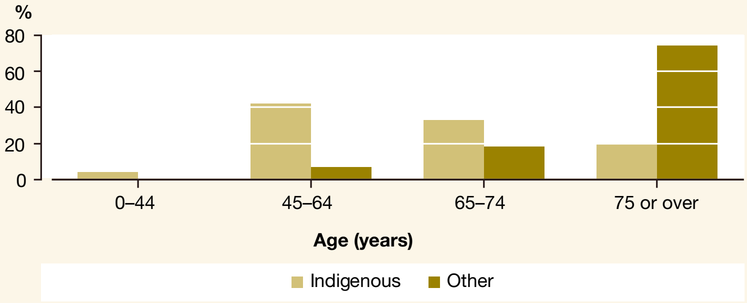
In 2003–04, Aboriginal and Torres Strait Islander children were over-represented in the child protection systems across most of Australia. The rate of Indigenous children being placed under care and protection orders and in out-of-home care was higher than the rate for other children in all jurisdictions. Just over two-thirds of children in out-of-home care were placed in accordance with the Aboriginal Child Placement Principle. The Principle is based on the premise that Aboriginal children are better cared for in Aboriginal families and communities.

Rates of incarceration in juvenile detention centres for Indigenous Australians aged 10–17 years are much higher than those for other young Australians in all jurisdictions. In 2002–03, 48% of 10–17 year olds in Australian detention centres were Indigenous.

In 2003–04, about 4% of those receiving Commonwealth-State Disability Agreement (CSTDA) funded services were identified as Indigenous. The proportion of people who received CSTDA-funded services who were of Indigenous origin varied by service type. Respite, community support and accommodation services had an above-average proportion of Indigenous service users. On the other hand, users of employment and community access services had a smaller Indigenous representation than in the overall CSTDA service population.

Of Indigenous people admitted to permanent or respite residential care during 2003–04, almost 29% were under 65 years of age, compared with fewer than 5% of non-Indigenous people. Around 18% of Indigenous clients receiving home and community care were aged 75 years or over compared to around 57% of non-Indigenous clients.

AGE PROFILE OF COMMUNITY AGED CARE PACKAGE RECIPIENTS (a)
by Indigenous status—30 June 2004



(a) Includes 235 recipients whose Indigenous status was not stated. Within age groups, these recipients have been distributed between the ‘Indigenous’ and ‘Other’ categories in accordance with the proportion that occurred for recipients with a known Indigenous status.

Source: AIHW analysis of the DoHA Aged and Community Care Management Information System database

In 2001 there were 48,800 Torres Strait Islander people, comprising 11% of Australia's Indigenous population.

Around one in seven Torres Strait Islander people (14%) live in the Torres Strait Area, with a further 45% in other parts of Queensland and 18% living in New South Wales.

Torres Strait Islander people have their own distinctive cultural identity. They are a relatively young population, with a higher birth rate and lower life expectancy than the non-Indigenous population.

Like other Indigenous Australians, Torres Strait Islander people are actively involved in community life. In 2002, the majority of Torres Strait Islander people (89%) had been involved in social activities in the previous three months, while in the preceding year, 70% had attended cultural event(s), 51% had participated in sport or physical recreation activities, and 29% in voluntary work.

In 2002, five out of six Torres Strait Islander people aged 18 years or over (83%) had experienced at least one personal stressor in the previous year. Approximately 90% of Torres Strait Islander people were able to get support from someone outside their household in times of crisis.

The various measures of educational attainment, labour force participation and associated economic status indicate that Torres Strait Islander people experience similar levels of disadvantage to other Indigenous Australians. In 2002, Torres Strait Islander people were less likely than non-Indigenous people to have completed Year 12 (26% compared with 44%); less likely to have a non-school qualification (33% compared with 57%); almost four times as likely to be unemployed (22% compared with 6%); and more than twice as likely to be living in a low income household (46% compared with 20%).

For More Information

All information in this Summary Booklet is from The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples, 2005 (ABS cat. no. 4704.0, AIHW cat. no. IHW14).

This report can be downloaded free of charge from the ABS or AIHW web site or purchased in hard copy for $65 via:

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Internet:	www.aihw.gov.au

If you would like more information on statistics about the Aboriginal and Torres Strait Islander population contact:

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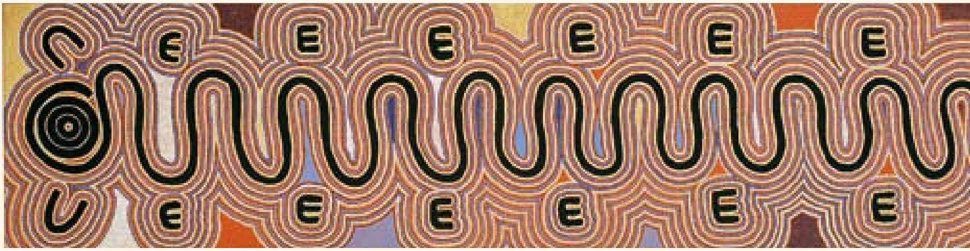
Phone: 1800 633 216
Email: ncatsis@abs.gov.au

or

The Aboriginal and Torres Strait Islander Health and Welfare Unit (ATSIHWU) at the AIHW in Canberra

Phone: 02 6244 1214
Email: atsihwu@aihw.gov.au



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