

Diabetes in the Aboriginal and Torres Strait Islander population

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INTRODUCTION

In 2004–05 the Australian Bureau of Statistics conducted two nation-wide health surveys: the National Aboriginal and Torres Strait Islander Health Survey and the National Health Survey. These surveys were designed to enable comparisons between the health of Aboriginal and Torres Strait Islander people and non-Indigenous people.

What is Diabetes?

Diabetes is a serious permanent condition that can be damaging to the body. The disease means that blood glucose (sugar) levels build up too high in the body, because insulin is not working well or is not being produced any more. Insulin is a natural hormone that the body needs to absorb glucose for energy. If blood glucose levels are high most of the time, areas of the body that may be damaged include the nerves and blood vessels.

There are two main types of diabetes:

Type 1 diabetes comes from the body no longer being able to make insulin. It used to be called juvenile onset diabetes.

Type 2 diabetes comes from the insulin not working as efficiently as it used to or not making enough insulin. This is the most common type of diabetes, very often caused by being overweight and not active enough; it is commonly referred to as adult-onset diabetes.

DIABETES IN ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE

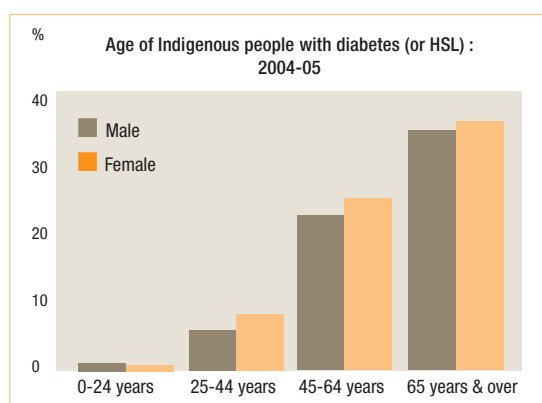
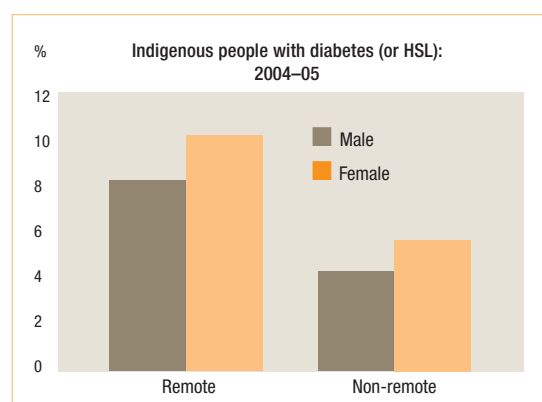
About six out of every 100 Aboriginal and Torres Strait Islander people (or 6%) reported diabetes or high sugar levels (HSL) as a long-term health condition.

Indigenous people living in remote areas had higher rates of diabetes or HSL (9%) than those living in non-remote areas (5%), such as major cities and towns.

Diabetes rates for males and females

Indigenous females were more likely than Indigenous males to have diabetes or HSL with seven out of every 100 Indigenous females (or 7%) affected, compared to 5% of Indigenous males.

Ten percent of Indigenous females living in remote areas had diabetes or HSL; nearly double the rate for Indigenous females living in non-remote areas (6%). The same pattern occurred for males (8% compared to 4%).



Diabetes and age

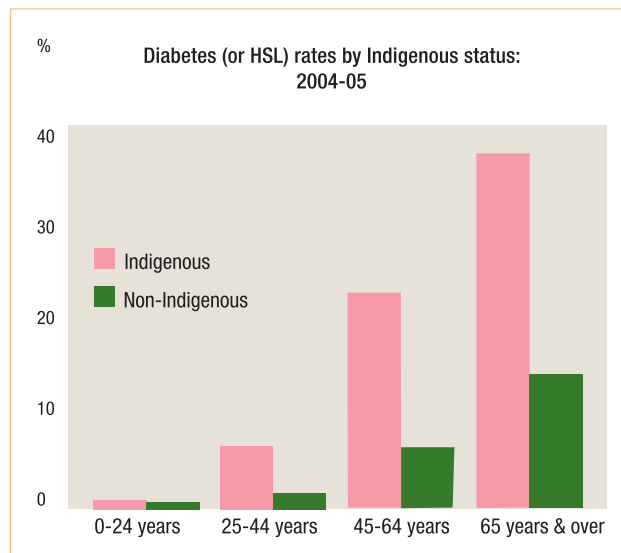
The prevalence of diabetes or HSL increases with age. Of Indigenous people aged 65 years and over, 36% had diabetes or HSL. In contrast, the rate for those aged 0 to 24 years old was only 1%.

COMPARING WITH NON-INDIGENOUS AUSTRALIANS

For age groups, the rate of diabetes or HSL was higher for Indigenous than non-Indigenous people.

After adjusting for age differences of the two population structures, Indigenous people were three times more likely to be living with diabetes or HSL than non-Indigenous people. There were also similar differences in the rate of the disease depending on where Indigenous and non-Indigenous people lived.

Indigenous people living in remote areas of Australia were more than eight times as likely to report having diabetes or HSL than non-Indigenous people.



In remote areas, Indigenous females were fourteen times as likely to have diabetes or HSL as non-Indigenous females. Indigenous males were nearly six times as likely to have diabetes or HSL as non-Indigenous males living in remote areas.

In comparison, Indigenous people living in non-remote areas were three times as likely to report having diabetes or HSL as non-Indigenous people.

RISK FACTORS

The data presented above shows that the burden of diabetes is greater for Aboriginal and Torres Strait Islander people than it is for other Australians. For all Australians, developing diabetes later in life is more likely to occur for those who lead an inactive lifestyle, and are overweight or obese. Eating a healthy diet and exercising every day will reduce the risk of developing diabetes.



For more information about these and related statistics, please refer to the following publications:

National Health Survey: Summary of Results: 2004-05

Catalogue number 4364.0

National Aboriginal and Torres Strait Islander Health Survey: 2004-05

Catalogue number 4715.0

Diabetes in Australia: A Snapshot, 2004-05

Catalogue number 4820.0.55.001

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