

Overcoming Indigenous Disadvantage

Key Indicators 2014

Fact Sheet #7



Health outcomes for Aboriginal and Torres Strait Islander Australians

The Overcoming Indigenous Disadvantage (OID) report measures the wellbeing of Aboriginal and Torres Strait Islander Australians.

This fact sheet includes selected measures from the strategic framework of indicators in the OID report on health outcomes for Aboriginal and Torres Strait Islander Australians.

Life expectancy has improved

People are living longer

From 2005–07 to 2010–12 life expectancy at birth for Aboriginal and Torres Strait Islander Australians increased:

- from 67.5 years to 69.1 years for males
- from 73.1 years to 73.7 years for females.

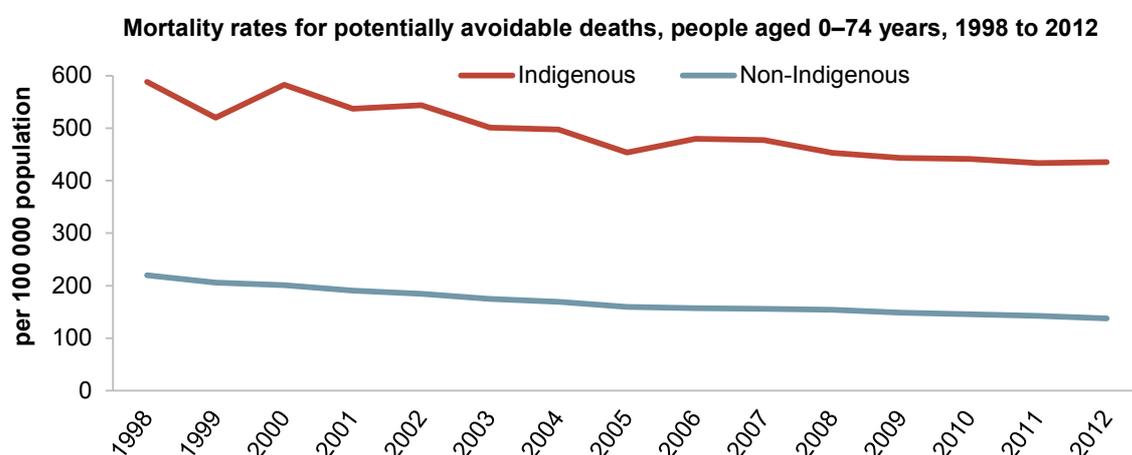
The gap between Aboriginal and Torres Strait Islander Australians and non-Indigenous Australians has narrowed:

- from 11.4 years to 10.6 years for males
- from 9.6 years to 9.5 years for females.

Death rates have declined

From 1998 to 2012:

- Aboriginal and Torres Strait Islander mortality rates declined from 449 to 409 deaths per 100 000 population (around 9 per cent), with the gap to non-Indigenous Australians narrowing.
- for avoidable deaths, the rate for Aboriginal and Torres Strait Islander people aged 0–74 years declined by 27 per cent, though it was still three times the rate for non-Indigenous Australians.



2014

Information in this fact sheet is from *Overcoming Indigenous Disadvantage: Key Indicators 2014*, published by the Steering Committee for the Review of Government Service Provision. The report can be found on the Review website: www.pc.gov.au/gsp. For further information contact the Secretariat: (03) 9653 2100, gsp@pc.gov.au. Image by Wayne Quilliam, courtesy of Reconciliation Australia and the 2012 Indigenous Governance Awards and finalist Secretariat of National Aboriginal and Islander Child Care. CAUTION: Aboriginal and Torres Strait Islander people should be aware that this publication may contain images of deceased people. No inference is intended that the people or communities shown are the subject of any issue raised in the report.

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Other health outcomes are concerning

Rates of disability remain high

In 2012, the rate of disability among Aboriginal and Torres Strait Islander Australians was 23 per cent — similar to 2009 (21 per cent). The disability rate among Aboriginal and Torres Strait Islander Australians was 1.7 times the rate for non-Indigenous Australians.

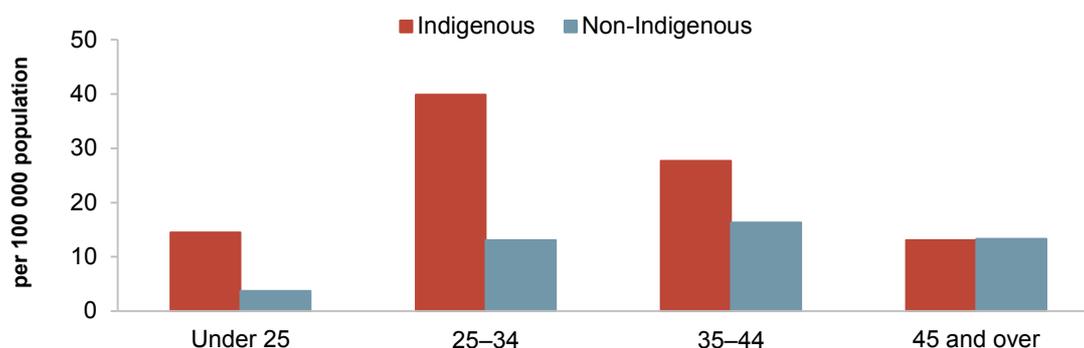
Mental health outcomes have worsened

In 2011–13, 30 per cent of Aboriginal and Torres Strait Islander adults reported high/very high levels of psychological distress (three times the rate for non-Indigenous adults), an increase from 27 per cent in 2004–05.

Suicide rates higher for younger people

Suicide death rates for Aboriginal and Torres Strait Islander Australians in 2008–2012 were almost twice the rate for non-Indigenous Australians. Rates varied by age, with the highest rate for those aged 25–34 years, around three times the rate for non-Indigenous Australians.

Deaths rates from suicide by age, 2008–2012

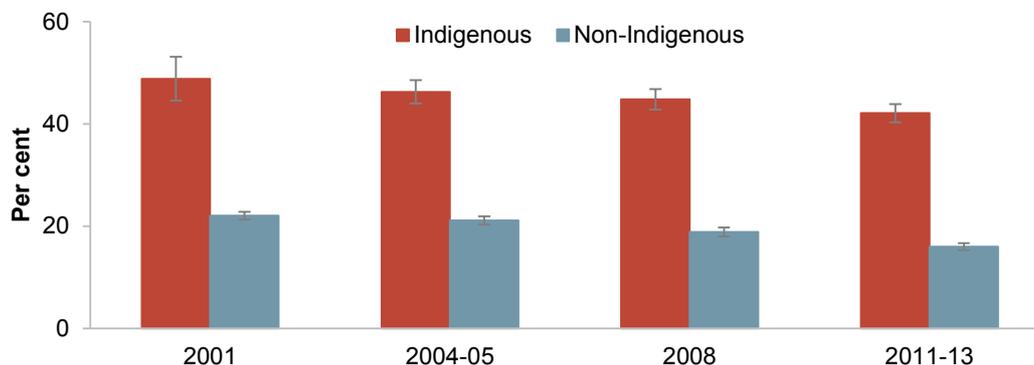


Lifestyle factors play a major role

Smoking rates have declined

The proportion of Aboriginal and Torres Strait Islander adults smoking decreased from 51 to 44 per cent between 2001 and 2011–13. A decrease in rates for non-Indigenous Australians too, means the gap has remained around 26 percentage points.

Rates of current daily smokers aged 18 years and over, 2001 to 2011–13



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Lifestyle factors play a major role (continued)

7 in 10 adults are overweight or obese

In 2011–13, 69 per cent of Aboriginal and Torres Strait Islander adults were overweight or obese (around 1.2 times the rate for non-Indigenous adults). Comparable time series data are not available due to improved measurement for this indicator.

1 in 5 adults drink at levels exceeding lifetime risk guidelines

In 2011–13, for Aboriginal and Torres Strait Islander adults:

- 20 per cent reported exceeding lifetime alcohol risk guidelines (similar to non-Indigenous adults, and similar to 2004-05 rates).
- 57 per cent reported exceeding single occasion risk guidelines (around 1.1 times the rate for non-Indigenous adults).

Improvements for child health¹

Health behaviours during pregnancy are improving

Nationally, the proportion of Aboriginal and Torres Strait Islander mothers who smoked during pregnancy decreased from 55 per cent in 2005 to 51 per cent in 2011.

The proportion of Aboriginal and Torres Strait Islander mothers who had low birthweight babies decreased from 12 per cent in 2000 to 11 per cent in 2011 (NSW, Victoria, Queensland, WA, SA and the NT).

Whilst time series data for antenatal care are not available, recent data shows that Aboriginal and Torres Strait Islander mothers attended their first antenatal visit later in pregnancy than non-Indigenous mothers and attended less frequently.

Decline in death rates for children

From 1998 to 2012, there was a significant decline in mortality rates for Aboriginal and Torres Strait Islander children aged less than 5 years (from 217 to 146 deaths per 100 000 population), with the greatest decrease for those aged less than 1 year (from 14 to 5 deaths per 1000 live births).

Decline in rates of hearing conditions for children

The proportion of Aboriginal and Torres Strait Islander 0–14 year olds with a hearing condition decreased from 11 per cent in 2001 to 7 per cent in 2012-13 (twice the rate for non-Indigenous children).

¹ Fact sheet #4 on young children contains more detail on various OID indicators for which data on children are available.

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Things that work – case studies

The OID report includes case studies of programs that are making a difference for Aboriginal and Torres Strait Islander Australians. Some of the health related case studies are summarised below.

Case studies relate mainly to children. There are limited evaluations of health programs for the broader population.

Aboriginal Midwifery Access (ACT)

The program provides culturally appropriate midwifery services to parents and newborns, and encourages women to visit midwives at an early stage of pregnancy. A 2011 evaluation found the service was a benchmark program for parents and newborns.

Aboriginal Maternal and Infant Health Service (NSW)

The service has improved health outcomes for Aboriginal mothers and babies by providing culturally appropriate maternity care, including secondary programs on mental health, drugs and alcohol, and Quit for Life Smoking cessation in pregnancy. A 2012 evaluation found an increase in women receiving antenatal care before 20 weeks gestation, and a reduction in pre-term births.

Healthy for Life (national)

The program focuses on continuous quality improvement in maternal and child health and chronic disease. An evaluation found that over the year to June 2008, there was a decrease in the proportion of low birthweight babies and an increase in the proportion of high birthweight babies. More recent data found an increase in the proportion of normal birthweight babies from 82 to 84 per cent (2007-08 to 2010-11).

Care for Kids' Ears (national)

The initiative aims to increase awareness of ear disease and hearing loss in Aboriginal and Torres Strait Islander communities. An evaluation over the two years to June 2013 found the campaign had a positive impact on awareness of ear health. Those exposed to the program were more likely than those who were not to identify at least one prevention action unprompted and were more likely to have had their children's ears checked in the previous 12 months when they did not have any signs or symptoms.

Fitzroy crossing liquor restriction (WA)

The program restricted the supply of alcohol into the community. A 2008-2009 evaluation involving interviews with 184 people, and analysis of police data for the local area, found positive effects on domestic violence, public violence and antisocial behaviour, and an increase in families purchasing food and clothes. The evaluation reported the benefits appeared to reach a high at the mid-point mark of the restrictions (12 months after implementation).

This fact sheet summarises information about a selection of indicators from the OID report. The main report includes more detailed information. The overview and main report provide information about a range of education, justice and economic outcomes, all of which affect health in some way.

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