

5.1 Indigenous peoples: summary

By almost any measure, the health of Indigenous health is poorer than that of non-Indigenous people, in Queensland and in Australia overall.

For the first time in Queensland, Health Determinants Queensland combines indicators of the major behavioural, social, economic and environmental determinants of health for Indigenous peoples. This report describes the relationship between health determinants and health outcomes. In doing so it provides: evidence for investment in population health, both in the health sector and across government; priority areas for investment; and interventions that can most improve the health of Indigenous Queenslanders.

It must be noted that it is difficult to separate out the burden of disease experienced by Indigenous peoples from that of the overall population, especially that of urban Indigenous peoples. While this report attempts to do so, we acknowledge that this important work is being carried further by the Queensland Department of Aboriginal and Torres Strait Islander Policy (DATSIP).

How healthy are Indigenous Queenslanders?

- The life expectancy of Indigenous Australians born in 1999-2001 was 20 years lower than that of non-Indigenous Australians. In Queensland for the period 1999-2001 half of non-Indigenous deaths occurred over the age of 78 years, while half of the Indigenous deaths occurred in people aged 54 and younger.
- The Northern Territory Aboriginal population has a rate of burden of disease 2.5 times higher than the non-Aboriginal population.
- Death rates of remote non-Indigenous Australians differed little from their urban counterparts, yet death rates were substantially higher for Indigenous Australians, both urban and remote.
- Chronic disease hospitalisations occur earlier in Indigenous Queenslanders than in non-Indigenous Queenslanders.

Key population groups

Indigenous status and level of socioeconomic disadvantage, and to a lesser extent rural or remote location have a major impact on health. However, with current data, the effect of each of these factors is unable to be separated from the effect of the other factors. This is because Indigenous peoples throughout the state most often live in areas of most socioeconomic disadvantage and 55% live in rural and remote areas of Queensland. The result is that each of these factors combines and interacts to influence the health of a particular population. Thus, it is important to be aware that the key health issues for the socioeconomically disadvantaged groups, and rural and remote population groups outlined below are not independent.

Outcomes for rural and remote Aborigines

Relative to the non-Indigenous population of Queensland, rural and remote Aborigines have:

- higher death and hospitalisation rates due to all causes, with higher death and/or hospitalisation rates specifically due to:
 - injuries, especially those due to interpersonal violence, particularly in women
 - diabetes
 - respiratory disease
 - lung cancer
 - cervical cancer
 - coronary heart disease
 - suicide and self-harm.
- higher hospitalisation rates due to infectious and parasitic diseases
- higher fertility and infant death rates
- more people suffering from, and being hospitalised for sexually transmissible infections.

Outcomes for remote Torres Strait Islanders

Relative to the non-Indigenous population of Queensland, Torres Strait Islanders have:

- higher death and hospitalisation rates due to all causes, with higher death and/or hospitalisation rates specifically due to:
 - diabetes
 - coronary heart disease
 - respiratory disease and
 - lung cancer.
- higher hospitalisation rates due to infectious and parasitic diseases
- higher fertility and infant death rates
- more people suffering from, and being hospitalised for sexually transmissible infections.

Urban Indigenous peoples

There is little data that defines the health of urban Indigenous peoples. We know that urban Indigenous peoples have:

- the same basic demography as remote Indigenous peoples, suggesting that fertility and death rate patterns are the same
- higher rates of neonatal death (ie in the first 28 days of life) than in non-Indigenous peoples.

Determinants of health

Environmental factors

- Forty percent of permanent dwellings managed by Indigenous Housing Organisations required major repairs or replacement.
- Indigenous households in Queensland were almost three times as likely to have more than five people usually resident, according to the 2001 Census.
- The cost of healthy food in the very remote areas of Queensland was 27% higher than in the highly accessible parts of Queensland. This is especially salient, given that employment levels and income in very remote Queensland are low.

Socioeconomic factors

- Forty-three percent of Indigenous peoples are living in areas designated as the most disadvantaged 20% of Queensland.
- Unemployment (excluding Community Development Employment Projects (CDEP)) rates are 2½ times those of non-Indigenous Queenslanders.
- Indigenous Queenslanders are twice as likely to live in a household with a combined gross income of less than \$300 per week.
- Indigenous Queenslanders also have low access to computers and the Internet, meaning that many are denied the benefits of the information revolution.

Community capacity

- Many Indigenous Queenslanders live in the remotest parts of Queensland.
- Most remote Indigenous Queenslanders have access to public broadcasts.
- Access to public telephones is poor.
- Half of the Indigenous communities with a population of 50 or more were located more than 50km from a hospital or from a school that was capable of educating to a year 10 level.

Health behaviours

Relative to the non-Indigenous population, Indigenous Queenslanders have:

- higher prevalence of obesity, dyslipidaemia and hypertension
- high prevalence of tobacco smoking, and risky alcohol consumption
- inflated costs of healthy food, contributing to low consumption of fruit and vegetables
- higher prevalence of sedentariness.

Evidence based strategies to address the determinants of health have the potential to reduce the burden of ill health and premature death in the lives of all Queenslanders, particularly those who are most disadvantaged.