Among one-parent families, 74% of parents were not employed compared with 19% for all Queensland; Seventy-two per cent of households lived in rented premises compared with 28% of all Queenslanders; In rural areas, 61% of households had six or more residents and, in most cases, there were three bedrooms or less; School participation rates were lower than for all Queenslanders, especially in senior high school. At 17 years, the participation rate was 28% compared with 46% of all Queenslanders of that age. Estimates for the Aboriginal and Torres Strait Islander population may be an overestimate, according to the Department of Education; There are insufficient students going on to post-school qualifications to maintain even current levels of career placement; The unemployment rate was 33%, compared with 10% of all Queenslanders; Fifteen per cent of persons aged 13 years and over had been arrested at least once in the past five years; Queensland Aboriginal and Torres Strait Islander people are 17 times more likely to be in police custody or jails than non-Aboriginal and Torres Strait Islander people; and Family violence was perceived by nearly half of the population as being a common problem, especially in non-urban areas.

INTRODUCTION

A National Aboriginal and Torres Strait Islander Survey was conducted by the Australian Bureau of Statistics (ABS) in 1994. This was the first national survey of Aboriginal and Torres Strait Islander people (see Appendix for methodology).

This circular provides information from the survey for Queensland Aboriginal and Torres Strait Islander people in the areas of Family and Culture, Health, Housing, Education and Training, Employment and Income, and Law and Justice. Comparisons, gathered from various sources, are made with the total Queensland population.

The data were collected by trained indigenous ABS staff during personal interviews and are based on self-assessment. The findings of better self-perceived health status among Aboriginal and Torres Strait Islander people relative to the wider community is in marked contrast to our information on mortality and morbidity. Death rates
are known to be around three times higher than for total Queensland, and hospitalisation rates for numerous conditions are many times higher than the Queensland average; for example, hypertension (12 times), conditions of the cervix (11 times) and diabetes (8 times). The self-perceived health status results, therefore, should be interpreted with caution.

These unexpected findings on health perception may be due to cultural differences in expectations or sensitivities relating to certain aspects of personal health.

**MAIN HEALTH FINDINGS**

**Self-Assessed Health Status**
- Eighty-eight per cent of people considered themselves to be in good, very good, or excellent health (Figure 1). This compares with 79% for all Queenslanders.

**Recent illness**
- Thirty-seven per cent of males and 40% of females reported that they had experienced an illness during the two weeks before interview. These rates are much lower than for all Queenslanders (Figure 2).

- Diseases of the respiratory system were the most common recent illness condition, reported by just over one-third of individuals who experienced a recent illness or 13% of the total population (Figure 3).

**Health actions**
- Forty-five per cent of people took a health action (sought medical assistance, took medications or reduced daily activities) in the two weeks before interview, compared with 78% of all Queenslanders.

- Of those who took health actions, a higher proportion of people were admitted to a hospital, attended an outpatient clinic or consulted a doctor than in the total Queensland population but a lower proportion of Aboriginal and Torres Strait Islander people took medications (Figure 4).

**Long-term illness conditions**
- Overall, 33% of people reported a specified long-term illness (which had lasted for 6 months or more), compared with 70% of all Queenslanders. These differences are likely to reflect both the younger age structure of the Aboriginal and Torres Strait Islander population and different perceptions of health status.

- The most common long-term illnesses were asthma, ear problems, high blood pressure and skin conditions.

- The Queensland diabetes rate was higher than in New South Wales, Victoria and Tasmania, but below that of South Australia, Western Australia and Northern Territory (Figure 5).

**Distance and availability**
Access to a full range of health services, regardless of geographical and/or social isolation and/or socio-economic status is a key component of Queensland Health's Aboriginal and Torres Strait Islander Health Policy.

- Sixty-one per cent of households were within 10 km of the nearest hospital, while 11% lived over 50 km from a hospital (Figure 6).

- Detoxification centres and Aboriginal Medical Services were generally located further from where people lived. An estimated 45% and 34% of households, respectively, lived over 50 km from the nearest service.

- Sixty-five per cent of people lived within 25 km from a permanently stationed Aboriginal health worker (Figure 7).

**Attitudes to health services**
Two important components of Queensland Health's Aboriginal and Torres Strait Islander Health Policy are provision of culturally appropriate health services and participation of Aboriginal and Torres Strait Islander people in the planning and provision of health services.

- Over three-quarters of people aged 13 years and over thought that it was important for Aboriginal and Torres Strait Islander people to be involved in the provision of their health care.

- Eighteen per cent reported that they were unhappy with the local health services.

**Food security**
- Twenty-three per cent of people aged 15 years and over were worried or sometimes worried about going without food. By comparison, 10% of all Queenslanders reported in the 1993 Regional Health Survey that, in the previous 12 months, they had run out of food with no money to buy any more.

**Alcohol and tobacco use**
- Fifty-two per cent of males and 28% of females aged 13 years and over had consumed alcohol within the past week (Figure 8).

- In the National Health Survey, 1993-94, 73% of all Queensland males and 50% of females, aged 18 years
or more, reported having an alcoholic drink in the previous week (Figure 8). While the proportion of the Aboriginal and Torres Strait Islander population who drink is lower than in the total Queensland population, around two-thirds of indigenous drinkers consume harmful quantities as defined by the National Health and Medical Research Council.

- Nearly half of all people aged 13 years and over smoked cigarettes, which was much higher than the 28% of all Queenslanders aged 18 and over who smoked.

- The age pattern among the Aboriginal and Torres Strait Islander population who smoked is presented in Figure 9. The highest smoking rate was in the 25-44 years age group, which was different from the total Queensland population where the proportion of smokers was highest in the younger age groups.

Relative weight

- Body Mass Index (BMI) was calculated for persons, aged 18 years or over, whose height and weight measurements were taken; measurements were not taken for 26% of those surveyed. There were higher rates of overweight and obesity among the Aboriginal and Torres Strait Islander population than for all Queenslanders (results were based on self-reported information) (Figure 10).

Diet

Information on relative fat and sugar consumption levels was derived from the amount of specific foods people consumed the previous day.

- Men had a less healthier diet than women, a pattern also found for all Queenslanders (people aged 25-64 years).

- Nineteen per cent of people aged 13 years and over had a moderate-to-high or high fat consumption (4% of males and 3% of females were in the high consumption category) (Figure 11).

- Thirty-seven per cent had a moderate-to-high or high sugar consumption (12% of males and 7% of females were in the high consumption category) (Figure 11).

- Fat and sugar intake both appear to generally decrease with age among the Aboriginal and Torres Strait Islander population, which is contrary to the findings for all Queenslanders aged 25-64 years.

- Of children aged 12 years and under, 73% were breastfed as infants and 29% were breastfed for 12 months or longer. There is a lack of comparable data for the total Queensland population, but the breastfeeding rates for all Victorians (representing the best available comparable data) were slightly lower at 3 and 6 months of age (Figure 12).

- The prevalence of breastfeeding for at least 6 months was higher in rural than urban areas.

Attitudes to health

People aged 13 years and over were asked "What do you think are the main health problems for Aboriginal/Torres Strait Islander people in this area?"

- Alcohol was perceived to be the main health problem, followed by drugs (Figure 13).

- Health conditions, such as diabetes, were generally rated higher as a health problem by people in rural areas than by people in capital cities or people in other urban areas.

SOCIODEMOGRAPHICS

Family structure

- Twenty-seven per cent of all families were one-parent families, compared with 9% of all Queensland families with dependents in 1994.

- Among one-parent families, 74% of parents were not employed compared with 19% for all of Queensland in 1994.

- Among couple families with children, 28% had neither partner employed. This rate is much higher than for all of Queensland in 1994 (6%).

- Five per cent of people were taken away from their natural family. The 45 years and older group were the most affected with 12% having been taken away (Figure 14).

Housing

- Seventy-two per cent of households lived in rented premises compared with 28% of all Queenslanders.

- Of all private dwellings:
  - 2% did not have running water connected;
  - 2% did not have electricity or gas connected;
  - 3% did not have a toilet; and
• 4% did not have bathing facilities in the dwelling, however, half of these (2%) had access to a communal bathroom or shower.

• In rural areas, 61% of households comprised six or more usual residents and in most cases (74%), these households lived in dwellings with three bedrooms or less. This compares with only 5% of all Queensland households comprising six or more usual residents, and in most cases these households lived in dwellings with three or four bedrooms11.

• The survey does not address the issue of homelessness, however “The Housing Need of Indigenous Australians, 1991”10 indicates that:

  • Seven per cent of indigenous families in Queensland are homeless.
  • In Townsville, Cairns, Mount Isa, Torres Strait and Cooktown regions, 3-4% of families live in improvised dwellings.

Education and training

• School participation rates for the Aboriginal and Torres Strait Islander population were lower than all Queensland rates, especially in senior high school11 (Figure 15).

• School participation rates fell significantly as age increased. Females had a slightly higher participation rate than males.

• Half of all students were taught about Aboriginal or Torres Strait Islander cultures at school. Thirteen per cent were taught Aboriginal or Torres Strait Islander languages.

• The highest educational qualification attained for Aboriginal and Torres Strait Islander people aged 15 years and over who had left school, and all Queenslanders aged 15-69 years is presented in Figure 1614. For all educational attainments, Aboriginal and Torres Strait Islander people fell well behind the levels of all Queenslanders (see note in methodology).

Queensland Department of Education data15 for the period 1991-1994 indicate:

• The participation rate for Aboriginal and Torres Strait Islanders found in the National Survey may be a serious over-estimate. The retention rate for students from Year 8 to Year 12 is about 29% at best, and perhaps as low as 20%.

• The average education level for Aboriginal and Torres Strait Islander people in Queensland is declining quickly relative to the general population. A Year 12 participation rate of less than 25% is below the long-term replacement level for combined Year 12 and post-school qualification found in the survey. This could mean there will not be enough Aboriginal and Torres Strait Islander students going on to post-school qualifications to maintain even current levels of career placement as education requirements for employment continue to increase.

Employment

• The overall unemployment rate was 33%, with little difference between males and females (Figure 17). This is much higher than the all Queensland rate of 10% in Feb 199414. Of those working, an estimated 31% were employed in a Community Development Project scheme.

• The private sector provided 47% of jobs with the remainder employed in the government sector.

• Three-quarters of unemployed persons had been out of work for 3 months or longer and 40% for 12 months or longer.

LAW AND JUSTICE

Prevalence of arrests

• Fifteen per cent of persons aged 13 years and over had been arrested at least once in the past five years (Figure 18). Arrests of males greatly outnumbered arrests of females.

• Fifty-two per cent of these people reported having been arrested more than once in the past 5 years.

• Aboriginal and Torres Strait Islander people are 19 times more likely to be in adult institutions than non-Aboriginal and Torres Strait Islander people for Australia, and 17 times more likely for Queensland16.

Perception of family violence as a problem

• Family violence was perceived to be a common problem in their local area by 43% of males and 59% of females aged 13 years and over. The problem was perceived to be worse outside of capital cities.

POLICY IMPLICATIONS

The results of this survey highlight a number of deficiencies in indigenous health care and provision of services which are vital to attainment of acceptable health standards.
The complexity of the factors underlying the ill-health of indigenous Queenslanders is reflected in the Aboriginal and Torres Strait Islander health policy. The proposed policy implementation plans place high emphasis on community control of primary health care services and increasing the accessibility (including cultural appropriateness) of mainstream service provision. The minimum essential services required to improve health outcomes and programs able to achieve health gains in relation to the major illness conditions of Queensland Aboriginal and Torres Strait Islanders have been identified.

The policy also places emphasis on across-government and intersectoral coordination of planning. This emphasis will ensure coordination of program development and optimal use of resources. Other key directions in the policy include workforce training and information planning and development.

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APPENDIX

Methodology

This was a multidimensional survey covering demographic, social and economic characteristics. In this survey, the ABS has employed a new technique in which they have combined individual and community components in one survey.

The survey sample was selected from all people identifying as Aborigines and Torres Strait Islanders who live in Australia. Non-indigenous people aged 15 years and over, usually residing in households with indigenous people, were included so that information for families and households would be complete. Solely non-indigenous households were excluded from the survey.

The sample contained around 5000 households and 17,500 people (or 5.6% of the Aboriginal and Torres Strait Islander population). For children under 13 years of age, information was obtained from an adult responsible for the child; persons aged 13-17 years were interviewed with the consent of the parent or guardian. In addition, a set of core questions was asked at the community level, typically at the Community Health Centre. These questions related to availability of, and distance to, services such as G.P. hospital, etc.

In the educational attainment section, for those who did not complete any post-school education, the data from the Aboriginal and Torres Strait Islander Survey was presented in terms of milestones reached, but for all Queenslanders it was presented as age left school.
Figure 7: Percentage of Aboriginal and Torres Strait Islander households living in private dwellings: type of health professionals and services by availability within 25 km, 1994

Figure 8: Proportion of the population who had consumed alcohol in the previous week by gender for Aboriginal and Torres Strait Islander people and all Queenslanders

Figure 9: Proportion of Aboriginal and Torres Strait Islander people over 13 years who smoke, by age and gender, 1994

Figure 10: Body mass index for Queensland Aboriginal and Torres Strait Islander people and all Queenslanders aged 18 years or over

Figure 11: Aboriginal and Torres Strait Islander persons aged 13 years and over: relative fat and sugar consumption by gender, 1994

Figure 12: Duration of breastfeeding for Aboriginal and Torres Strait Islander people aged 12 years and under, 1994 and Victorian children presenting at maternal & child health centres, 1988

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