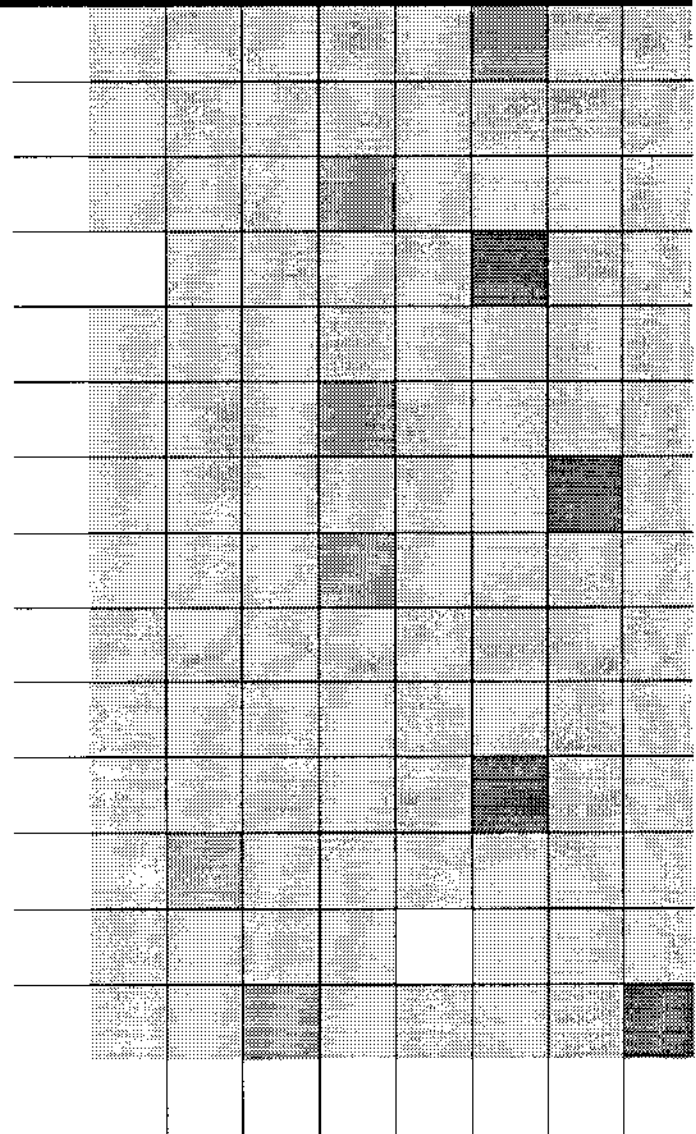




CAUSES OF EXCESS DEATHS IN THE TORRES STRAIT



Information Circular No. 27



EPIDEMIOLOGY AND HEALTH INFORMATION BRANCH

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INTRODUCTION

The mortality of Torres Strait Islanders is 2.5 times that of the Queensland population. The death rate for Torres Strait Islander women is nearly three times that for other Queensland women (Figure 1). There has been no significant reduction in the mortality rate for adults in the last 15 years (Figure 2). While the mortality rate of Torres Strait Islanders is similar to that of Aboriginal Queenslanders, the pattern of illness conditions implicated in the excess mortality is somewhat different for the two groups.

This circular outlines the major illness conditions associated with excess mortality in the Torres Sector and points to some factors which are implicated in that excess mortality.

ILLNESS CONDITIONS CONTRIBUTING TO TORRES STRAIT ISLANDER EXCESS MORTALITY

The contribution that an illness condition makes to excess mortality depends on two factors: firstly how common the condition is and secondly the size of the difference in the death rates between the Torres Strait population and the Queensland population (Table 1).

Approximately one quarter of the excess deaths in Torres Strait Islanders is due to cardiovascular disease (heart disease 12% and stroke 12%). The death rate from hypertension is 6 times the rate for the total Queensland population (Figure 3).

Respiratory disease accounts for almost a quarter of the excess (pneumonia 11% and chronic respiratory disease 11%). The death rate from pneumonia is 12 times the rate for the total Queensland population.

Diabetes is the largest single cause of excess mortality and causes 18% of the excess deaths. The ratio of Torres Strait Islander mortality to Queensland mortality is 22 times (Figure 3). For men diabetes death rates are 16 times higher than for all Queensland men (Figure 4). For women diabetes death rates are 27 times higher than for all Queensland women (Figure 5).

Cancer of the cervix death rates are 9 times higher than for the total female Queensland population (Figure 5).

Neonatal mortality is twice as high as it is for Aboriginal Queenslanders and four times as high as the Queensland rate (Figure 6). Eighty-five per cent of excess childhood deaths are due to just two conditions: pneumonia and perinatal causes (Table 2).

In the 15-44 year age group over half the excess deaths are from just two conditions: heart disease and accidents. For males, motor vehicle accidents, pneumonia and diabetes are also important causes of excess deaths (Table 3).

In the 45-69 year age group almost sixty per cent of excess deaths arise from three conditions: heart diseases, cerebrovascular conditions and diabetes. Respiratory conditions are also an important cause of death in females (Table 4).

REDUCING THE EXCESS MORTALITY RATES

Any major reduction in excess mortality rates among Torres Strait Islander people will require a reduction in the numbers of people acquiring diabetes, respiratory disease and cardiovascular disease.

From a prevention point of view nutrition is probably the single most important underlying cause of excess mortality in the Torres Sector. Poor nutrition plays a major role in diabetes, heart disease, stroke and hypertension.

Smoking is of great importance and is also implicated in chronic respiratory and circulatory diseases, pneumonia and lung cancer.

Hypertension, infections, maternal age, smoking, alcohol consumption, and poor nutrition in combination contribute to the high neonatal mortality in the Torres Sector.

Most of the conditions identified above are well understood, however more attention needs to be paid to respiratory disease. Surveillance of the organisms involved, assessment of the role of vaccines, the development of standard treatment approaches and effective anti-smoking programs are all required.

Effective prevention and treatment services are required as part of a comprehensive primary health care approach. Such measures, combined with strategies to improve infrastructure and equitable funding, can reduce excess deaths in the Torres Sector.

Queensland Health has recently released its Strategic Plan for the Torres Sector which identifies the key requirements for effective primary health care and outlines specific strategies to address each of the illness conditions identified above. The strategy emphasises the importance of community participation and control, intersectoral collaboration, environmental and infrastructural improvements as well as improvements in prevention and treatment services.

Implementation of primary health care models, such as those used effectively in other countries, are essential to reducing excess mortality levels in Torres Strait Islanders. The major reports which have made recommendations with respect to the health of indigenous people in Australia over the last ten years have recommended that community control of health services is a necessary condition for the improvement of Aboriginal health (c.f. the report of the working party of the National Aboriginal Health Strategy 1989).

Table 1: Significant Causes of Death - Torres Strait Islanders, 1983-1989

Cause	Contribution to Excess Mortality(%)	Ratio of TSI/QLD Mortality Rates
Lung Cancer	3	2.1
Cancer Cervix	2	9.8
Heart Disease	12	1.6
Stroke	12	3.1
Cirrhosis	<1	3.7
Pneumonia	11	12.3
Chronic Respiratory	11	4.4
Diabetes	18	21.7
Hypertension	2	6.1
Injury	3	2.2

Source: Epidemiology and Health Information Branch, Queensland Health

Table 2: Main Causes of Excess Deaths for Ages 0-14 Years - Torres Strait Islanders, 1983-1989

Cause	Contribution to excess mortality (%)		
	Males	Females	Persons
Pneumonia	50	21	41
Perinatal	50	29	44

Source: Epidemiology and Health Information Branch, Queensland Health

Table 3: Main Causes of Excess Deaths for Ages 15-44 Years - Torres Strait Islanders, 1983-1989

Cause	Contribution to excess mortality (%)		
	Males	Females	Persons
Total Heart	21	50	27
Motor Vehicle			
Accidents	16	*	*
Pneumonia	11	*	*
Diabetes	11	*	*
Accidents	42	10	27

*data not significant

Source: Epidemiology and Health Information Branch, Queensland Health

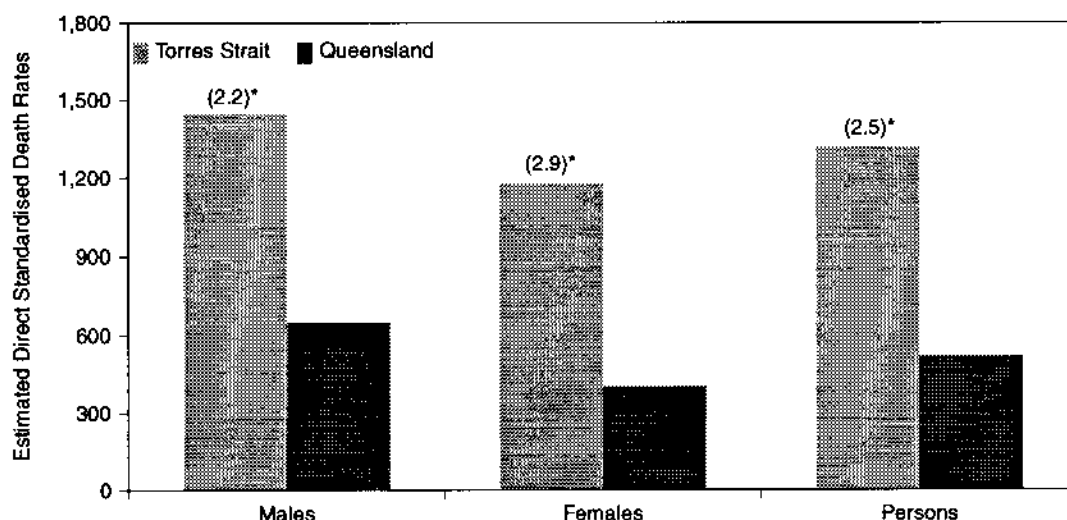
Table 4: Main Causes of Excess Deaths for Ages 45-69 Years - Torres Strait Islanders, 1983-1989

Cause	Contribution to excess mortality (%)		
	Males	Females	Persons
Total Heart	26	9	18
Cerebrovascular	18	16	16
Diabetes	19	25	23
Chronic resp.	*	12	*

*data not significant

Source: Epidemiology and Health Information Branch, Queensland Health

Figure 1: ESTIMATED MORTALITY¹ RATES FOR ALL CAUSES FOR TORRES STRAIT ISLANDER, QUEENSLAND POPULATION, 1983-89

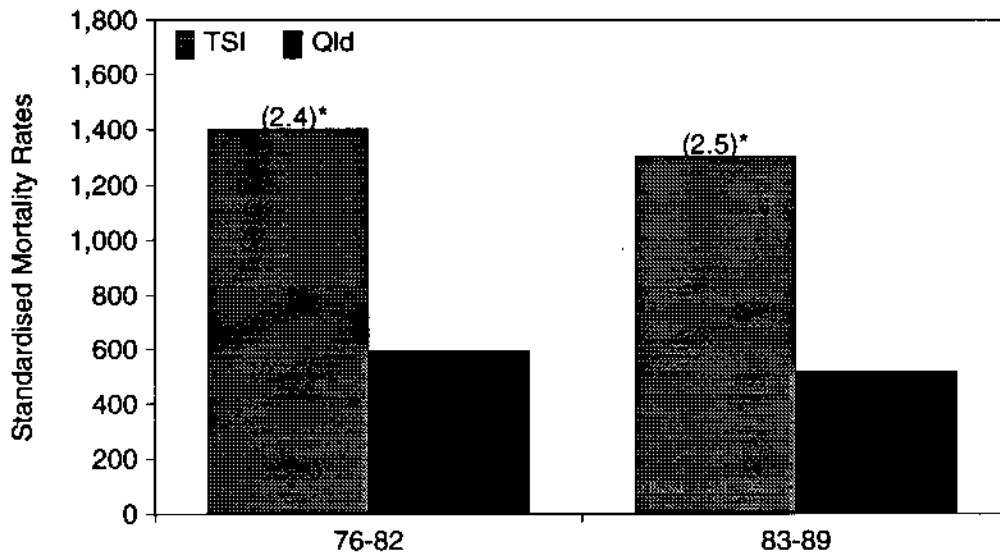


* Ratios of TSI/Qld rates

1. Direct standardised to the world standard population. Non ATSI population in selected SLAs assumed to have average mortality

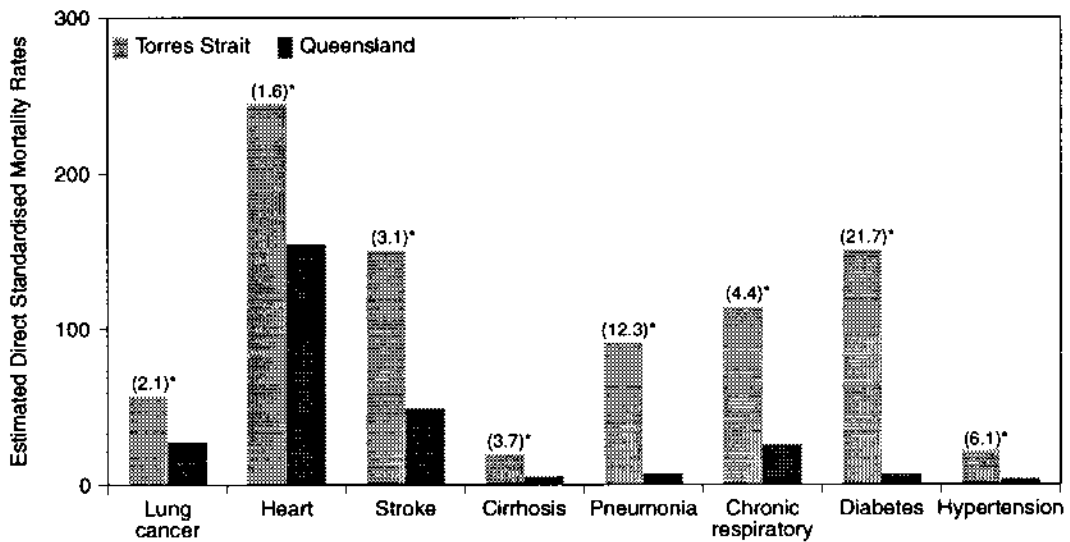
Source: Epidemiology and Health Information Branch, Queensland Health

**Figure 2: ESTIMATED MORTALITY RATES
 ATSI POPULATION¹ AND QUEENSLAND POPULATION
 1976-82 & 1983-89**



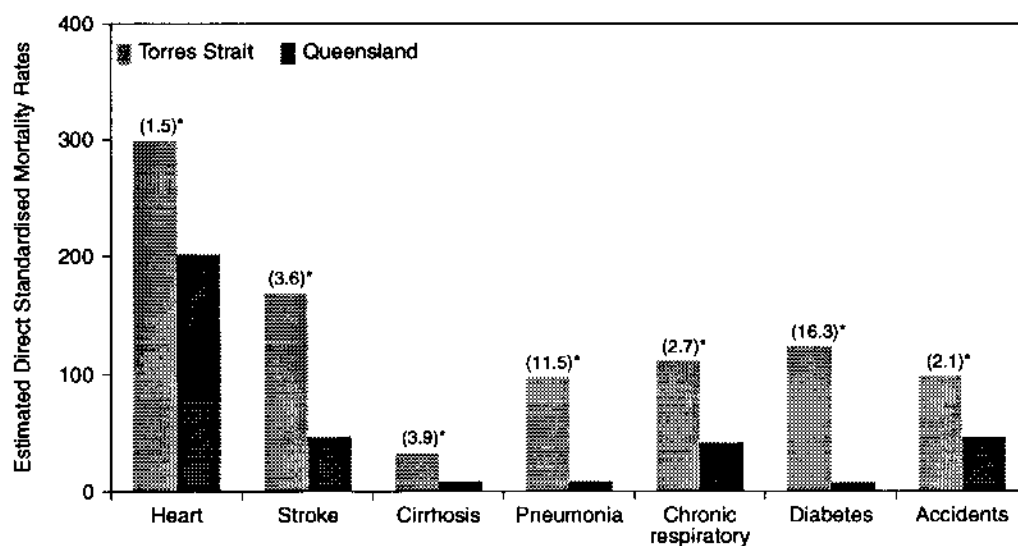
* Ratios of TSI/Qld rates
 1. Direct standardised to the world standard population. Non ATSI population in selected SLA's assumed to have average mortality
 Source: Epidemiology and Health Information Branch, Queensland Health

**Figure 3: ESTIMATED MORTALITY¹ RATES FOR SELECTED
 CONDITIONS FOR TORRES STRAIT ISLANDER PERSONS
 COMPARED TO QUEENSLAND PERSONS, 1983-89**



* Ratios of TSI/Qld rates
 1. Direct standardised to the world standard population. Non ATSI population in selected SLA's assumed to have average mortality
 Source: Epidemiology and Health Information Branch, Queensland Health.

Figure 4: ESTIMATED¹ MORTALITY RATES FOR SELECTED CONDITIONS FOR TORRES STRAIT ISLANDER MALES COMPARED TO QUEENSLAND MALES, 1983-89

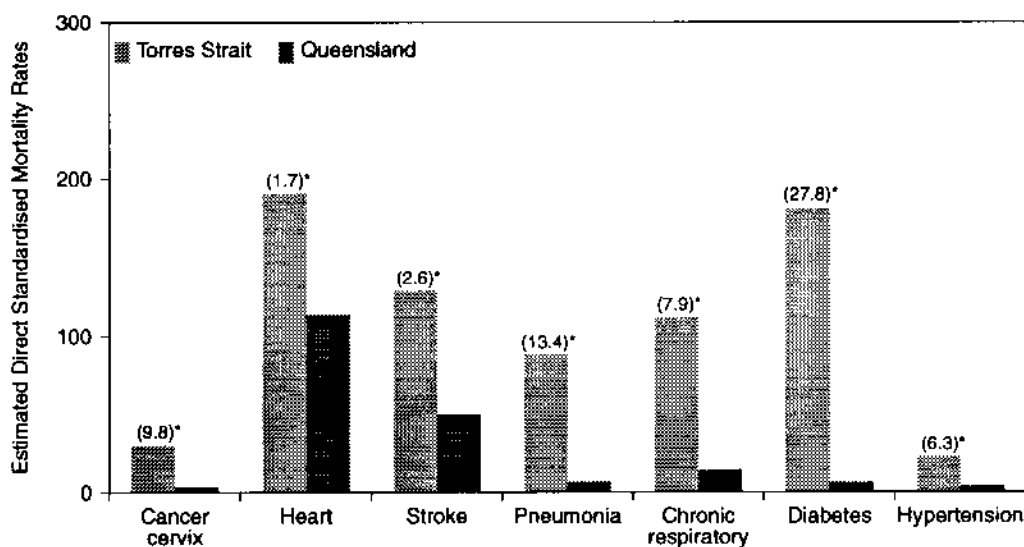


* Ratios of TSI/QLD rates

1. Direct standardised to the world standard population. Non ATSI population in selected SLA's assumed to have average mortality

Source: Epidemiology and Health Information Branch, Queensland Health.

Figure 5: ESTIMATED¹ MORTALITY RATES FOR SELECTED CONDITIONS FOR TORRES STRAIT ISLANDER FEMALES COMPARED TO QUEENSLAND FEMALES, 1983-89

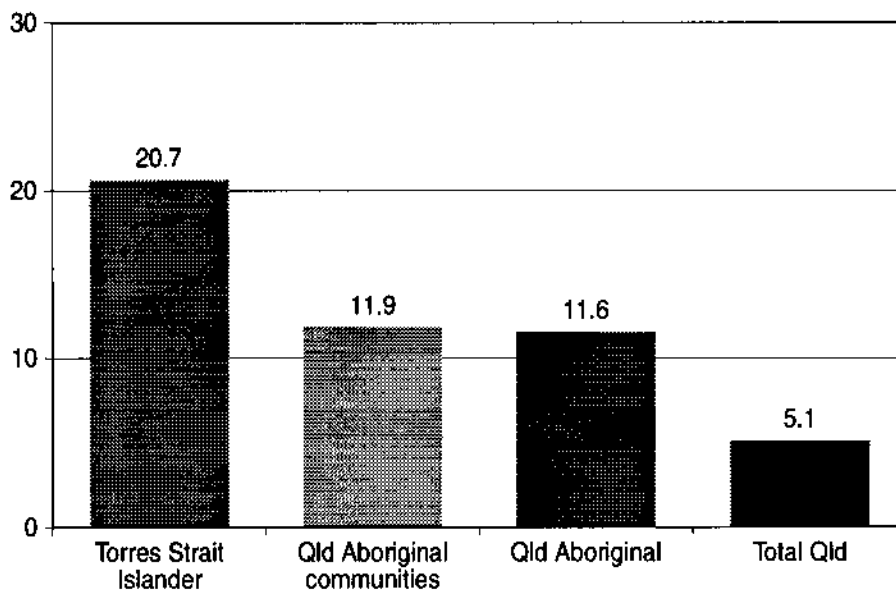


* Ratios of TSI/QLD rates

1. Direct standardised to the world standard population. Non ATSI population in selected SLA's assumed to have average mortality

Source: Epidemiology and Health Information Branch, Queensland Health.

**Figure 6: NEONATAL MORTALITY RATES IN QUEENSLAND
1987-1991**



Source: Epidemiology and Health Information Branch, Queensland Health.