key facts

Indigenous Queenslanders

There have been small but meaningful improvements in the health of Indigenous Queenslanders over the past decade—the life expectancy gap appears to have narrowed by one year and declining death rates for diabetes, injuries and cardiovascular disease, in particular, are contributing to better outcomes.

However, large disparities remain. While smoking rates are more than double those of non-Indigenous Queenslanders and maternal smoking rates are more than triple, health outcomes will be compromised. Tobacco smoking has diminished a little for Indigenous Queenslanders in some communities but the decreases are not widespread. We need to do more to address this problem and its debilitating outcomes such as lung cancer and chronic respiratory disease.

It is essential to maintain the focus on and investment in improving health outcomes for Indigenous Queenslanders if these issues are to be addressed.

– Dr Jeannette Young, Chief Health Officer

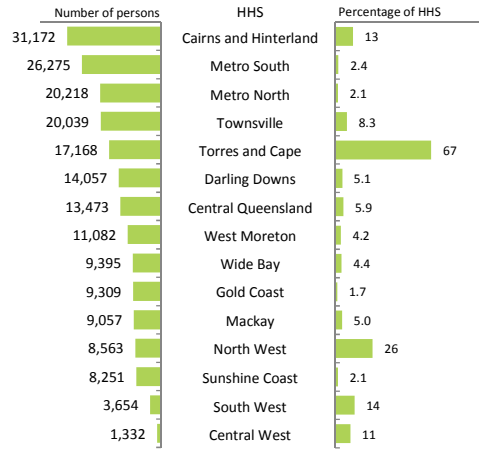
Queensland's population

There were **203,045** Aboriginal and Torres Strait Islander Queenslanders (Indigenous Queenslanders) in 2014—4.3% of the state population.[2]

The Indigenous Queenslander population is:

- **growing** — projected to increase by 34% to 271,000 in 2026
- **young** — over half (57%) are aged under 25 years (32% of non-Indigenous)
- **decentralised** — almost half (47%) live in outer regional or remote areas (compared to 16% of the non-Indigenous population).

Figure 1: Indigenous Queenslanders by HHS, 2014



Burden of disease

Total burden

Leading broad causes of health loss for Indigenous Queenslanders in 2011 were[3]:

- mental and substance use disorders (21%)
- injuries (13%)
- cardiovascular disease (11%)
- cancers (9.6%)
- musculoskeletal conditions (7.2%).

After adjustments were made for age differences, the burden rate for Indigenous Queenslanders in 2011 was 2.2 times that of non-Indigenous Queenslanders.

Premature death burden

The three largest broad causes of premature death burden (YLL) were[3]:

- injuries (22%)
- cardiovascular disease (19%)
- cancers (18%).

The Indigenous Queenslander fatal burden rate was 2.4 times the non-Indigenous rate.

Disability burden

The three broad causes of disability (YLD) were[3]:

- mental and substance use disorders (41%)
- musculoskeletal (14%)
- respiratory conditions (11%).

The Indigenous Queenslander disability burden rate for all causes was 90% higher than the non-Indigenous rate.

Trends

- The Indigenous Australian disease burden rate decreased by 5% between 2003 and 2011 after adjusting for age (10% decrease for non-Indigenous Australians).[3]
- A decrease in fatal burden of 11% (16% for non-Indigenous Australians) was offset by an increase in disability burden of 4% (4% decrease for non-Indigenous Australians).[3]

- Reduction in the cardiovascular disease burden was the largest contributor to the net change in burden rate between 2003 and 2011 (76%), followed by infectious diseases (20%), while the increased cancer and injury burden had a reverse effect (13% and 9% respectively).

Risk factors

37% of the total burden of disease and injury for Indigenous Australians in 2011 was due to the joint effect of 13 modifiable risk factors (31% for all Australians) [3].

The leading five individual risk factors were:

- tobacco use 12%
- alcohol use 8.3%
- high body mass 8.2%
- physical inactivity 5.5%
- high blood pressure 4.9%

Lifetime health

Birth statistics

- 6.2% of mothers who gave birth in 2014 were Indigenous Queenslanders (3911 of 62,807).
- The total fertility rate was 2.41 for Indigenous Queenslanders (1.91 for the total population).
- The smoking quit rate before 20 weeks gestation was 10% (19% for non-Indigenous mothers).

Life expectancy

Average life expectancy at birth for male Indigenous Queenslanders was 68.7 years in 2010–2012, and 74.4 years females.[4] These were higher than the comparable estimates for Indigenous Australians.

Figure 2: Prevalence of maternal and infant indicators by Indigenous status, Queensland 2014

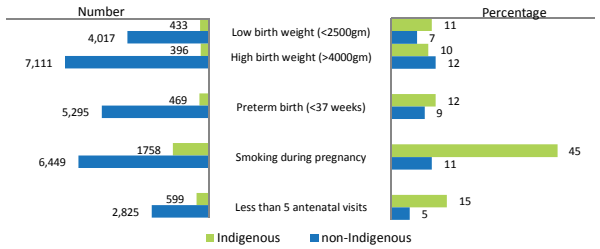


Table 1: Life expectancy, Queensland by Indigenous status[4]

	Males	Females
Non-Indigenous Queenslanders		
Life expectancy at birth (2010–2012)	79.4 years	83.0 years
Indigenous Queenslanders		
Life expectancy at birth (2010–2012)	68.7 years	74.4 years
Life expectancy change (2005–2007 to 2010–2012)	+1.6 years	+1.7 years
Life expectancy gap change (2005–2007 to 2010–2012)	-1.0 years (to 10.8 years)	-1.4 years (to 8.6 years)

Death and dying

There were 688 deaths of Indigenous Queenslanders in 2014.[5]

The death rate was 54% higher than the non-Indigenous rate after adjusting for differences in age structure.

Causes

The leading causes were largely preventable:

- coronary heart disease (83 deaths)— 50% higher than the non-Indigenous rate
- diabetes (57 deaths)— 5.2 times the non-Indigenous rate
- chronic lower respiratory disease (45 deaths)—2.9 times the non-Indigenous rate
- lung cancer (43 deaths)—1.7 times non-Indigenous rates
- self-harm and suicide (38 deaths)—1.6 times the non-Indigenous rate.

Trends

There was a 3.3% reduction in all cause death rates per year between 2002 and 2011 (3.9% per year for those aged 0–49 years).

There were no upward trends in any of the major reportable conditions.

Rates (per year) declined for:

- coronary heart disease 6.7%
- diabetes 6.0%
- injuries excluding self inflicted 4.7%
- lifestyle related chronic conditions 4.6%.

Rates did not change for:

- lung cancer
- stroke
- COPD.

Early death

- The risk of dying before 50 years of age in 2011 was double that of non-Indigenous (8.8% compared with 3.7%).[6]
- The risk of death before 50 years of age decreased by 24% in the past decade, compared with a 10% decrease for non-Indigenous.
- There was a 21-year difference in median age of death between Indigenous Queenslanders and non-Indigenous in 2014.
- 95% of Indigenous Queenslander deaths due to self-harm and suicide occurred in those aged less than 50 years, compared with 62% of non-Indigenous deaths.

Hospitalisations

Of the 2 million admitted patient episodes in 2013–14 5% (about 98,000) were for Indigenous Queenslanders and of these 10% were potentially preventable (about 10,000).

Causes

Of the major causes of hospitalisation:

- 42% was for factors influencing health status, e.g. dialysis, rehabilitation, chemotherapy—25% of patient days
- 8% was for Injury and poisoning (8% of patient days)
- 7% was for pregnancy and childbirth (6% of patient days).

Trends

There were 44,000 more hospitalisations of Indigenous Queenslanders in 2013–14 than 2002–03. Population growth accounted for 40% of this change, 15% was due to change in age distribution, and 28% was due to increasing admission rates irrespective of demographic factors.

Cost of delivering services

- Per capita health spending for Indigenous Queenslanders was 2.2 times that for non-Indigenous in 2013–14, consistent with the relative disease burden.
- 3.7% of national recurrent health expenditure was for Indigenous Australians (2011–12).
- Average per capita spending was 47% higher for Indigenous Australians than for non-Indigenous ($7995 compared with $5437).[7]
- Per capita spending on health by the Queensland government for Indigenous Queenslanders was 2.2 times that for non-Indigenous and third lowest of the states and territories.[7]

Risk and protective factors

Smoking

- 45% of Indigenous Queenslander adults smoked daily (2012–13).[8,9]
- The Indigenous Queenslander rate was 2.5 times the non-Indigenous rate after adjusting for age differences.
- Smoking rates have decreased by 13% among Indigenous Australians since 2001 (28% reduction for non-Indigenous).[8] Gains were only evident for Indigenous Australians living in non-remote areas, with no change for those living in remote areas.
- Indigenous Queenslander women were about 4 times as likely to have smoked during their pregnancy as non-Indigenous women: 45% compared with 11% in 2014.
- Among Indigenous Queenslander women, smoking during pregnancy did not differ by age: 45% among teenagers and 45% among older women in 2014 compared to 26% and 10% respectively for non-Indigenous women.
- Between 2010 and 2014, there was a 14% decrease in the prevalence of smoking during pregnancy for Indigenous Queenslander women compared to a 27% decrease for non-Indigenous women.

Food and nutrition

Fruit and vegetable consumption—adults:

- 41% of Indigenous Queenslander adults consumed the recommended serves of fruit per day
- 4.2% consumed the recommended serves of vegetables per day.[10]
- Fruit consumption among Indigenous Queenslanders adults was 12% lower than for non-Indigenous adults after adjusting for age differences, but there was no difference for vegetable consumption.
- Consumption patterns were the same for Indigenous Queenslanders and non-Indigenous Australians.

Fruit and vegetable consumption—children:

- 68% of Indigenous Queenslander children consumed the recommended serves of fruit per day.
- 8.9% consumed the recommended serves of vegetables.[10]
- Fruit and vegetable consumption did not differ between Indigenous Queenslander children and non-Indigenous Queenslander children or Indigenous Australian children.

Sugar sweetened drinks:

- 50% of Indigenous Australians aged 2 years and older consumed sugar sweetened drinks daily in 2012–13 (34% for non-Indigenous).
- Peak consumption among Indigenous Australians was in those aged 4–30 years with about 60% consuming sugar sweetened drinks daily.

Overweight and obesity

- 70% of Indigenous Queenslander adults were measured as overweight or obese—30% were overweight and 40% were obese (2012–13).[9]
- After adjusting for age differences, Indigenous Queenslanders adults were 39% more likely to be obese and 25% less likely to be healthy weight by measurement than non-Indigenous adults.[9]
- 30% of Indigenous Queenslander children (5–17 years) were measured as overweight or obese, 17% were overweight and 13% were obese.[9] The prevalence was similar for non-Indigenous

Queenslander children (27% were overweight or obese in 2012–13) and Indigenous Australian children (33% were overweight or obese).

Alcohol

- Due to their younger age profile Indigenous Queenslanders were more likely to have exceeded single occasion risk guidelines for alcohol consumption than non-Indigenous Queenslanders (59% versus 46%).
- Lifetime risk and yearly single occasion risk consumption was similar for Indigenous and non-Indigenous Queenslanders after adjusting for age in 2012–13.[8]
- 14% of alcohol related presentations in the Queensland emergency department database of 2015 were Indigenous Queenslanders—about 3 times more than expected based on population share

Physical activity

- 3 in 5 (60%) Indigenous Queenslander adults in non-remote areas were sedentary or had low levels of physical activity in 2012–13. The rate did not differ from the non-Indigenous Queenslander rate even after adjustment for age differences.[9]
- About 1 in 2 (49%) Indigenous Queenslander children was active for the recommended minimum one hour per day in the previous three days in 2012–13 with a similar rate for non-Indigenous children.[11]
- About 3 in 5 (56%) Indigenous Queenslander children exceeded the recommended maximum screen time in the previous three days in 2012–13, similar to the rate for non-Indigenous children (58%).[11]

Blood pressure and cholesterol

- 1 in 5 Indigenous Queenslander adults (20%) had high blood pressure.[8]
- 2 in 3 adults (65%) had abnormal blood lipids or were taking cholesterol lowering medication.[8]
- After adjusting for differences in age structure, Indigenous Australians were 17% more likely to have high blood pressure than non-Indigenous Australians, and were 13% more likely to have abnormal blood lipids or be taking cholesterol lowering medication.

Illicit drug use

A disproportionate number of presentations to Queensland hospitals for illicit drug use were Indigenous Queenslanders:

- 11% of emergency department presentations for illicit drug use (persons 16 years and older) were Indigenous Queenslanders, up from 6% in 2009–10.[12]
- Indigenous Queenslanders were admitted to hospital for illicit drug use at 3.4 times the non-Indigenous rate, and accounted for 11% of admissions in 2014–15.[12]

Cancer screening

46% of Indigenous Queenslander women aged 50–69 years participated in the BreastScreen Queensland Program compared with (58% for non-Indigenous women in the same age group).[13]

Oral health

71% of Indigenous Queenslander children (aged 4–15 years), attending Queensland Health Oral Health Services had decay experience and 41% had four or more teeth affected compared to 55% and 27% respectively for non-Indigenous children in 2014–2015.

Immunisation

In 2015, coverage rates for Indigenous Queenslander children compared to non-Indigenous children were[14]:

- 5.6 percentage points lower at one year of age
- 4.8 percentage points lower at two years of age
- 1.2 percentage points higher at five years of age.

A similar difference was evident nationally although the gap was slightly lower at each milestone.

Domestic and family violence

- One-fifth (20%) of domestic homicide victims nationally were Indigenous Australians in 2010–12, 6 times the expected proportion based on population share.[15]
- 1 in 5 Indigenous Queenslanders aged 15 years and older (22%) experienced any violence in the previous 12 months.[16] This compares with 8.4% of all Queenslanders.[17]
- 36% of domestic assault hospitalisations in 2014–15 were Indigenous Queenslanders—the rate was 13 times the non-Indigenous rate.

Closing the gap

Two key health priorities of the Queensland Government are to close the gap in life expectancy between Indigenous and non-Indigenous Queenslanders by 2033, and by 2018 to halve the gap in child mortality for Indigenous children (0-4 years). Progress towards these targets is monitored in the annual *Closing the gap performance report*[1].

While in some areas we are seeing positive movement in improving Indigenous health outcomes, latest data for the gap in life expectancy at birth and the gap in child mortality suggest that while some progress has been made, greater effort will be required to meet the Closing the Gap goals.

Table 3: COAG close the gap health targets and progress

Halve the gap in child mortality within a decade (2018)			Close the gap in life expectancy within a generation (2033)		
	Year	Gap		Year	Gap
Baseline gap	2004–2008	68 per 100,000	Baseline gap	2005–2007	Males 11.8 years Females 10.0 years
Current gap	2011–2015	66 per 100,000	Current gap	2010–2012	Males 10.8 years Females 8.6 years

For more information:
www.health.qld.gov.au/cho_report
Population_Epidemiology@health.qld.gov.au

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