2020

Summary of Aboriginal and Torres Strait Islander health status 2019

Australian Indigenous HealthInfoNet

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AUSTRALIA ECU EDITH COWAN UNIVERSITY

Australian Indigenous Health*InfoNet*

The Australian Indigenous Health*InfoNet's* mission is to contribute to improvements in Aboriginal and Torres Strait Islander health by making relevant, high quality knowledge and information easily accessible to policy makers, health service providers, program managers, clinicians and other health professionals (including Aboriginal and Torres Strait Islander health workers) and researchers. The Health*InfoNet* also provides easy-to-read and summarised material for students and the general community.

The Health*InfoNet* achieves its mission by undertaking research into various aspects of Aboriginal and Torres Strait Islander health and disseminating the results (and other relevant knowledge and information) mainly via its website (healthinfonet.ecu.edu.au). The research involves analysis and synthesis of data and other information obtained from academic, professional, government and other sources. The Health*InfoNet's* work in knowledge exchange aims to facilitate the transfer of pure and applied research into policy and practice to address the needs of a wide range of users.

Recognition statement

The Australian Indigenous Health*InfoNet* recognises and acknowledges the sovereignty of Aboriginal and Torres Strait Islander people as the original custodians of the country. Aboriginal and Torres Strait cultures are persistent and enduring, continuing unbroken from the past to the present, characterised by resilience and a strong sense of purpose and identity despite the undeniably negative impacts of colonisation and dispossession. Aboriginal and Torres Strait Islander people throughout the country represent a diverse range of people, communities and groups each with unique identity, cultural practices and spiritualities. We recognise that the current health status of Aboriginal and Torres Strait Islander people has been significantly impacted by past and present practices and policies.

We acknowledge and pay our deepest respects to Elders past and present throughout the country. In particular, we pay our respects to the Whadjuk Nyoongar peoples of Western Australia on whose country our offices are located.

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Tell us what you think

We value your feedback as part of our post-publication peer review process, so please let us know if you have any suggestions for improving this or future editions of the *Summary of Aboriginal and Torres Strait Islander health status.*

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Summary of Aboriginal and Torres Strait Islander health status 2019

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Further information

This *Summary* is based on the more comprehensive publication *Overview of Aboriginal and Torres Strait Islander health status 2019 (Overview)*. These publications are produced annually and can be found at: healthinfonet.ecu.edu.au/summaries and healthinfonet.ecu.edu.au/overviews

Cover artwork

Bibdjool by Donna Lei Rioli

Donna Lei Rioli, a Western Australian Aboriginal and Torres Strait Islander artist, was commissioned by the Health*InfoNet* to create a logo incorporating a gecko, chosen as it is one of the few animals found across the great diversity of Australia.

Donna is a Tiwi/Nyoongar woman who is dedicated to the heritage and culture of the Tiwi people on her father's side, Maurice Rioli, and the Nyoongar people on her mother's side, Robyn Collard. Donna enjoys painting because it enables her to express her Tiwi and Nyoongar heritage and she combines the two in a unique way.

Donna interpreted the brief with great awareness and conveyed an integrated work that focuses symbolically on the pathway through life. This is very relevant to the work and focus of the Australian Indigenous Health*InfoNet* in contributing to improving the health and wellbeing of Aboriginal and Torres Strait Islander Australians.

Featured icon artwork

by Frances Belle Parker

The Health*InfoNet* commissioned Frances Parker, a proud Yaegl woman, mother and artist, to produce a suite of illustrated icons for use in our knowledge exchange products. Frances translates biomedical and statistically based information into culturally sensitive visual representations, to provide support to the Aboriginal and Torres Strait Islander workforce and those participating in research and working with Aboriginal and Torres Strait Islander people and their communities. Frances came to prominence winning the Blake Prize in 2000, making her the youngest winner and the first Indigenous recipient over the 65 year history of the prize.

"Biirrinba is the Yaygirr name for the mighty Clarence River (NSW). It is this river that is the life giving vein for the Yaegl people. And it is this river which inspires much of my artwork. I am deeply inspired by my Mother's land (Yaegl land) and the Island in the Clarence River that my Mother grew up on, Ulgundahi Island. The stories which are contained within this landscape have shaped me as a person as an artist and most recently as a Mother. This is my history, my story and it will always… be my responsibility to share this knowledge with my family and my children."

Contents

Introduction

Aboriginal and Torres Strait Islander people have lived on their traditional lands across Australia, including the Torres Strait Islands, for many thousands of years [1]. Before colonisation, Aboriginal and Torres Strait Islander people lived in family and community groups, and moved across the land following seasonal changes. The Aboriginal and Torres Strait Islander concept of health is not just about the individual person, but a whole-of-life view that includes the social, emotional and cultural wellbeing of the community [2].

Australia was colonised by Europeans and the British from the late 18th century. This led to many negative impacts on the health and wellbeing of Aboriginal and Torres Strait Islander people [1, 3], including discrimination, racism, the loss of identity, language, culture and land [4]. The health and wellbeing of Aboriginal and Torres Strait Islander people today is still affected in many ways by this colonial history.

The *Summary of Aboriginal and Torres Strait Islander health status 2019 (Summary)* provides a brief and current overview of the health of Aboriginal and Torres Strait Islander people in Australia in a plain language and visual style. The Australian Indigenous Health*InfoNet* has prepared the *Summary* as part of our contribution to support those in the Aboriginal and Torres Strait Islander workforce and those participating in research and working with Aboriginal and Torres Strait Islander people and their communities.

In the past, reports about Aboriginal and Torres Strait Islander people have tended to focus on the negative differences between Aboriginal and Torres Strait Islander people and non-Indigenous people. Nationally, there has been a shift towards better ways of talking and thinking about Aboriginal and Torres Strait Islander health and wellness, and away from focusing only on this 'deficit' approach [4]. This *Summary* aims to deliver the most important information about Aboriginal and Torres Strait Islander health while also limiting comparisons with non-Indigenous people.

Much of the information in this *Summary* comes from government reports, particularly those produced by the Australian Bureau of Statistics (ABS) and the Australian Institute of Health and Welfare (AIHW). Data for these reports come from:

- health and social surveys (see page 6 for full list)
- hospitals and other government agencies (such as the birth and death registration systems and the hospital in-patient collections).

The accuracy of the identification of Aboriginal and Torres Strait Islander people in health data collections varies across the country. Information about hospitalisations is generally considered to be accurate for all states and territories: New South Wales (NSW), Victoria (Vic), Queensland (Qld), Western Australia (WA), South Australia (SA), Tasmania (Tas), the Australian Capital Territory (ACT) and the Northern Territory (NT). Other statistical information is only considered to be sufficient and complete for certain states and territories, for example data about mortality (deaths) is usually only provided for NSW, Qld, WA, SA and the NT. Please refer to the sources for full details on the statistical information presented in this *Summary*.

For more information about the health, you can:

- visit our website (healthinfonet.ecu.edu.au)
- read the latest *Overview* [5] for a more comprehensive picture of the current health of Aboriginal and Torres Strait Islander people
- read one of the health topic reviews (healthinfonet.ecu.edu.au/reviews).

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Statistical terms

- **Hospitalisation**, or a hospital separation, refers to a period of hospital care for a person admitted to hospital. Hospitalisation rates are calculated as the total number of such periods of care divided by the total number of the population of interest. The rate is usually written per 1,000.

  Rates of hospital separations provided in this *Summary* are *excluding dialysis separations* – these are admissions for kidney disease patients who are hospitalised for a blood filtering treatment called 'dialysis'. As there are a very high number of hospital separations for dialysis, we exclude these from calculations.

- **Incidence** is the number of new cases of a disease or condition during a time period, the **incidence rate** is the number divided by the population of interest.
- **Median** is the middle number in a list of numbers ordered from smallest to largest.
- **Prevalence** is the proportion of people living with a disease or condition in a given time period.
- **Rates** are one way of looking at how common a disease or condition is in a population. A rate is calculated by taking the number of cases and dividing it by the population at risk, for a specific time period.

  A specific type of rate, called an **age-standardised rate** (or an age-adjusted rate), allow comparisons between populations that have different age profiles. They are often used when comparing a disease or condition among Aboriginal and Torres Strait Islander and non-Indigenous populations because the Aboriginal and Torres Strait Islander population has a larger proportion of young people and the non-Indigenous Australian population has a larger proportion of older people. Unless stated otherwise, rates presented in this *Summary* are age-standardised.

- **Survival** is the likelihood of a person being alive for a given period of time after being diagnosed with a disease or condition.

National surveys

In this *Summary,* data are presented from a number of national surveys. It's important to note that data presented from these surveys were generally calculated from responses by people aged 15 years and over. For children aged 14 years and under, a parent or guardian of a child generally provided responses on behalf of the child.

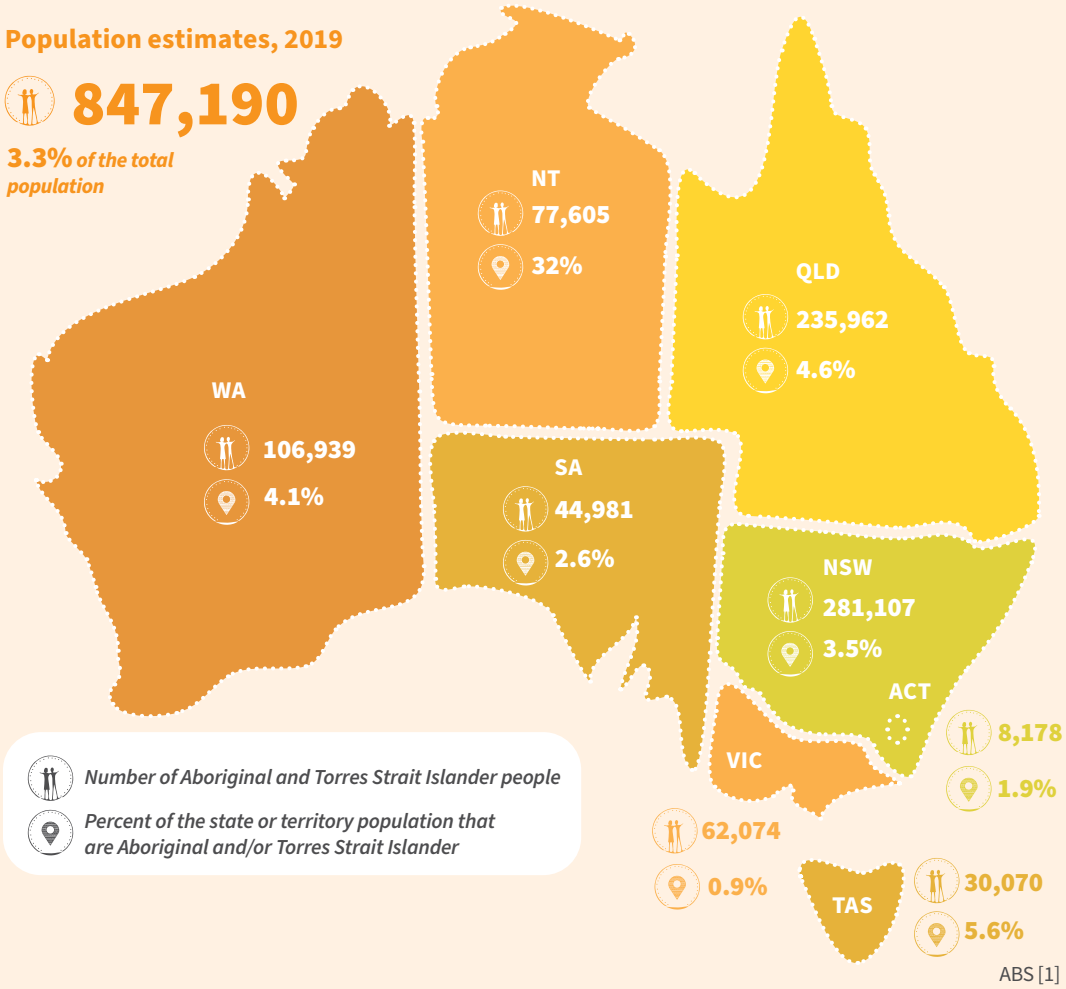
2012-13 Australian Aboriginal and Torres Strait Islander Health Survey	**2012-13 AATSIHS**
2012-13 National Aboriginal and Torres Strait Islander Nutrition and Physical Activity Survey	**2012-13 NATSINPAS**
2014-15 National Aboriginal and Torres Strait Islander Social Survey	**2014-15 NATSISS**
2016 National Social Housing Survey	**2016 NSHS**
2018-19 National Aboriginal and Torres Strait Islander Health Survey	**2018-19 NATSIHS**

Aboriginal and Torres Strait Islander population

Population estimates, 2019

847,190

3.3% *of the total population*



ABS [1]

More detailed information about the Aboriginal and Torres Strait Islander population is found in earlier estimates [2]:

91% Aboriginal

5% Torres Strait Islander

4% Both Aboriginal and Torres Strait Islander

37% Major cities

44% Regional areas

19% Remote and very remote areas

The Aboriginal and Torres Strait Islander population is much younger than the non-Indigenous population [3]. This is mainly due to higher levels of births and deaths for the Aboriginal and Torres Strait Islander population [4].

33% of people were aged <15 years

5% of people were aged 65 years+

Median age

22.9 years
Aboriginal and Torres Strait Islander population

37.8 years non-Indigenous population

ABS, 2016 [2,3]

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Social and cultural determinants of health

among Aboriginal and Torres Strait Islander people

Factors known as the 'social and cultural determinants of health' impact the health and wellness of individuals [1]. They are the conditions that people are born into, grow and live in and include [2]:

The social and cultural determinants of health play a large part in health inequities between population groups [2], such as the differences between Aboriginal and Torres Strait Islander people and non-Indigenous people.

Education, employment and income

47% of people aged 20-24 years had completed Year 12, increasing from 32% in 2006

37% of people aged 15 years + had completed vocational or tertiary studies (a non-school qualification)

15,395 people were studying at university, more than doubling since 2006 when there were 7,000 university students

2016, ABS [3]

An ABS school report [4] showed that in 2018:
There were **221,982** school students who identified as Aboriginal and/or Torres Strait Islander, increasing by around 3% from the previous year.

The **retention rate** for Aboriginal and Torres Strait Islander secondary students increased from 49% in 2011 to **61% in 2018**.

The 2016 Australian Census reported [3]:

47% of people between the ages of 15 and 64 years were employed

70% of people aged 15 to 25 years were either in full or part-time employment, education or training

20% of people reported a household[1] weekly income of $1,000 or more, increasing from 13% in 2006.

The top three industries in which people aged 15 to 64 years worked were:

15% Health care and social assistance

12% Public administration and safety

10% Education and training

1. This is based on equivalised household income, which is a special calculation that allows comparisons of the incomes of different types of households.

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Births and pregnancy

among Aboriginal and Torres Strait Islander people

There have been some improvements in birth and pregnancy outcomes for Aboriginal and Torres Strait Islander mothers and babies in recent years [1]. There has been an increase in the proportion of women attending antenatal care from health professionals in the first trimester (first 12 weeks of pregnancy). The proportion of mothers smoking during pregnancy has decreased. There has been a slight decrease in the proportion of babies born small for their gestational (developmental) age.

21,928 births were registered in Australia where one or both parents were Aboriginal and/or Torres Strait Islander, **7%** of all births in Australia in 2018 [2].

Aboriginal and Torres Strait Islander mothers and their babies

Antenatal care from health professionals during pregnancy supports positive maternal and child health outcomes, particularly when provided during the first trimester [3, 4].

63%
attended antenatal care in their first trimester of pregnancy in 2017 [1]

For Aboriginal and Torres Strait Islander mothers who gave birth in 2018 [2]:

59%
were aged 20-29 years

26 years
was the median age

11%
were teenagers

Low birthweight (LBW) is a birthweight of less than 2,500 grams. Babies with LBW are at greater risk of health problems and death [5].

For babies born to Aboriginal and Torres Strait Islander mothers in 2017 [1]:

- 3,202 grams was the average weight
- 13% of babies were of LBW
- The proportion of babies of LBW did not vary much by remoteness, with 12% of babies in major cities and 14% in very remote areas

There are many factors that can have a negative impact on a baby's birthweight, one of which is smoking tobacco [5].

For Aboriginal and Torres Strait Islander mothers in 2017 [1]:

44%
reported smoking during pregnancy, **a decrease from 52%** in 2009. The proportion of mothers who smoked during pregnancy increased with remoteness to **55% of those living in very remote areas**

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Deaths

among Aboriginal and Torres Strait Islander people

In 2018, there were **3,518 deaths**[1] registered for Aboriginal and Torres Strait Islander people [1]. This accounted for **2.2%** of all deaths in Australia for 2018.

Leading causes of death

Ischaemic heart disease | Diabetes | Chronic lower respiratory disease | Lung and related cancers

ABS [2]

The median age at death was **60.2 years** [1]:

57.7 years males

63 years females

The rate of deaths for babies 12 months or younger was **5.8 per 1,000**

The life expectancy for Aboriginal and Torres Strait Islander people born in 2015-2017 was [3]:

71.6 years males

75.6 years females

Life expectancy for Aboriginal and Torres Strait Islander people varied considerably by remoteness [3]:

72.1 years males in major cities

76.5 years females in major cities

65.9 years males in remote and very remote areas

69.6 years females in remote and very remote areas

Between 2010-2012 and 2015-2017, the life expectancy of Aboriginal and Torres Strait Islander people increased by 2.5 years for males and 1.9 years for females [3].

Between 2008 and 2018, there was a 31% decline in the number of deaths of children aged 1-4 years [1].

1. The ABS notes that the actual number of deaths may be slightly higher because of inaccurate data or delays in registration

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Hospitalisations

among Aboriginal and Torres Strait Islander people

Hospital statistics provide information about the health of a population and give governments information on how well the health system is managing [1, 2]. However, they provide only a part of the overall picture of health because:

- they only provide a record of illness or cases that are serious enough to require hospitalisation
- not everyone has access to hospitals
- different hospitals may have different admission policies
- the statistics relate to events of hospitalisation rather than to individual patients [2-4].

Hospital separations for Aboriginal and Torres Strait Islander people 2017-18

551,200
Hospital separations

57% Female 

43% Male

4.9% of all
hospital separations in Australia

Aboriginal and Torres Strait Islander people were hospitalised **2.6x more** than non-Indigenous people [5]

A key factor in the higher rates of hospitalisation for Aboriginal and Torres Strait Islander people is dialysis treatment for kidney disease patients.

Leading reasons for hospitalisations in 2017-18 [5]:

49%
Dialysis

6.6%
Injuries

5.3%
Respiratory conditions

5.1%
Pregnancy and birth

Potentially preventable hospitalisations among Aboriginal and Torres Strait Islander people in 2017-18

Potentially preventable hospitalisations	80
Highest rates were for chronic conditions	38
Vaccine-preventable conditions	13

per 1,000

AIHW [5]

Potentially preventable hospitalisations are hospitalisations that could have been avoided with preventative care actions and early disease management. They can be used as a way to measure how easily people can access primary health or community care and how effective it is [5]. These hospitalisations are calculated for chronic conditions (like diabetes) and conditions that can be prevented with vaccinations.

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Cardiovascular health

among Aboriginal and Torres Strait Islander people

Cardiovascular health involves the heart, arteries, veins and other components of the circulatory system [1].

Cardiovascular disease (CVD) is the term for all of the diseases and conditions that affect the heart and blood vessels [2]. These include:

- ischaemic heart disease (IHD)
- heart failure
- cerebrovascular disease (including stroke) which affects blood vessels in the brain
- peripheral vascular disease
- rheumatic heart disease (RHD) [3].

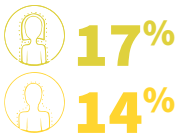
The term also includes factors like high blood pressure and high blood cholesterol which are associated with CVD [3].

CVD is a serious problem for the Aboriginal and Torres Strait Islander population [4]. Many people report having CVD, and it is a leading cause of both hospitalisation and death.

Prevalence

In the 2018-19 NATSIHS [5]:

Around **15%** of adults had CVD



CVD was slightly more common among women than men

The prevalence of CVD increased with age

Almost one quarter of adults had high blood pressure

Risk factors

Risk factors for CVD include [5]:

Smoking | Drinking alcohol at risky levels | Lack of physical activity | Being overweight or obese | Not eating enough fruit and vegetables | High blood pressure | High cholesterol

Some of these risk factors are more common among Aboriginal and Torres Strait Islander people than non-Indigenous people [6, 7].

Other health conditions like diabetes and chronic kidney disease can also increase the risk of developing CVD [8]. Researchers continue to look at other risk factors, such as sleep quality, that may contribute to CVD among Aboriginal and Torres Strait Islander people [9].

Hospitalisations

14,945 hospitalisations for CVD in 2017-2018
5.4% of all Aboriginal and Torres Strait Islander hospitalisations [10]

Although rates of CVD are highest among older people, CVD is recognised as having a substantial impact on younger Aboriginal and Torres Strait Islander people [11].

2013-2015 rate of hospitalisations for for CVD in Aboriginal and Torres Strait Islander people aged 35-44

21 in every 1,000

Deaths

About one quarter of all deaths were caused by CVD in 2011-2015 [11]

24%

IHD was the leading cause of deaths in 2018 [12]

157
84

per 100,000

The rates of deaths due to IHD increased with age, however, concerningly, it is the leading cause of death among the 35-44 year age group and the fourth leading cause of death among the 25-34 year age group [12].

1,614
deaths caused by cardiac conditions[1] 2015-2017 [13]

Acute rheumatic fever (ARF) and rheumatic heart disease (RHD)

ARF and RHD are preventable health problems that affect many Aboriginal and Torres Strait Islander people and communities [14]. RHD occurs when ARF, a sickness caused by the germ Streptococcus, leads to permanent damage to the heart valves [15, 16]. ARF and RHD are health conditions that affect Aboriginal and Torres Strait Islander people much more than non-Indigenous people [17].

In Qld, WA, SA and the NT, ARF and/or RHD are notifiable diseases and federally-funded clinical registers are available [18].

In these states and territories from 2013 to 2017, there were [18]:

1,776
Diagnoses of **ARF**

More than half of these cases were in the NT

1,043
Diagnoses of **RHD**

The rate for females was about double the rate for males **x2**

Nearly 60% of new RHD cases were in people aged under 25 years

1. 'Cardiac conditions' are defined here as those relating to ICD-10 codes I00 to I52 (includes ARF, chronic RHDs, hypertensive diseases, ischaemic heart diseases, pulmonary heart disease, diseases of pulmonary circulation, and other forms of heart disease; does not include cerebrovascular disease).

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Cancer

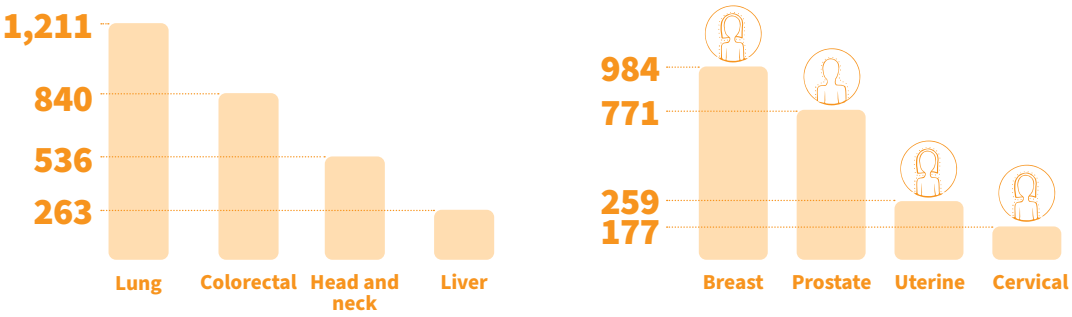
among Aboriginal and Torres Strait Islander people

Cancer is the term used for a number of related diseases that cause damage to healthy body cells causing them to grow abnormally [1]. Cancer can start almost anywhere in the body [1] and there are more than 200 types of cancer [2].

Incidence

In 2010-2014, **8,481** new cases of cancer were diagnosed, an average of **1,696** new cases per year.

New cases of the most common cancers:



AIHW [3]

Factors contributing to cancer incidence and deaths

- Having the types of cancers that are more likely to be fatal
- Being diagnosed with cancer at a later stage
- Being more likely to present with co-morbidities (other chronic conditions)
- No treatment, or inadequate treatment [4-6].

The high incidence of some types of cancer among Aboriginal and Torres Strait Islander people can be partly explained by the higher level of risk factors, most notably tobacco use [7]. This is the main contributing factor to the high incidence of lung cancer.

Drinking alcohol regularly or in large amounts is considered a risk factor for developing liver cancer.

Aboriginal and Torres Strait Islander adults

40% were daily smokers

20% were considered to have exceeded lifetime risk guidelines for alcohol consumption

2018-19 NATSIHS [8]

Survival

The likelihood of surviving five years after a cancer diagnosis was 50%. The 2007-2014 relative survival rates for Aboriginal and Torres Strait Islander males was lower than for females

The highest observed survival rates were found in breast cancer, while lung cancer had the lowest.

54% Female relative survival rates

46% Male relative survival rates

2007-2014 [9]

77% Breast cancer observed survival

9.9% Lung cancer observed survival

2010-2014 [1]

Hospitalisations

In 2017-18, there were 8,447 hospitalisations for cancer, representing 3.0% of all separations [10].

8,447 Cancer related hospitalisations

Deaths

The rate of deaths due to cancer in 2013-2017 was 238 per 100,000 [11].

Cancers of the trachea, bronchus and lung combined were the **fourth leading cause of death** in 2018 [12].

5% Increase in rate of deaths when compared with 2010-2014 period

89 Females

115 Males

Trachea, bronchus and lung cancer deaths, 2018

Participation in screening programs

Aboriginal and Torres Strait Islander women are less likely to be diagnosed with breast cancer, but are more likely to die of breast cancer than other Australian women [13]. They are less likely to participate in breast screening and may feel culturally isolated in hospitals and clinics [14]. The need for flexibility in the delivery of screening services has been acknowledged by many service providers who have developed ways to promote and conduct cancer screening which are culturally appropriate and sensitive.

Lung cancer was the most commonly diagnosed cancer with an average of 242 new cases per year, with rates slightly higher for males than females [3].

242 new cases per year

2010-2014

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Diabetes

among Aboriginal and Torres Strait Islander people

Diabetes (diabetes mellitus) is a chronic condition where the body cannot properly process glucose (sugar) from food [1]. Diabetes occurs when the body is not producing enough insulin (a hormone which controls blood glucose), or when the body cannot effectively use the insulin. There are different types of diabetes. The three most common are:

- **type 1 diabetes**
- **type 2 diabetes**
- **gestational diabetes mellitus (GDM)** (a type of diabetes that occurs in pregnancy).

Diabetes is a serious problem for the Aboriginal and Torres Strait Islander population [2]. The most common form is type 2 diabetes, which occurs at earlier ages for Aboriginal and Torres Strait Islander people than for non-Indigenous people and is often undetected and untreated.

Incidence and prevalence

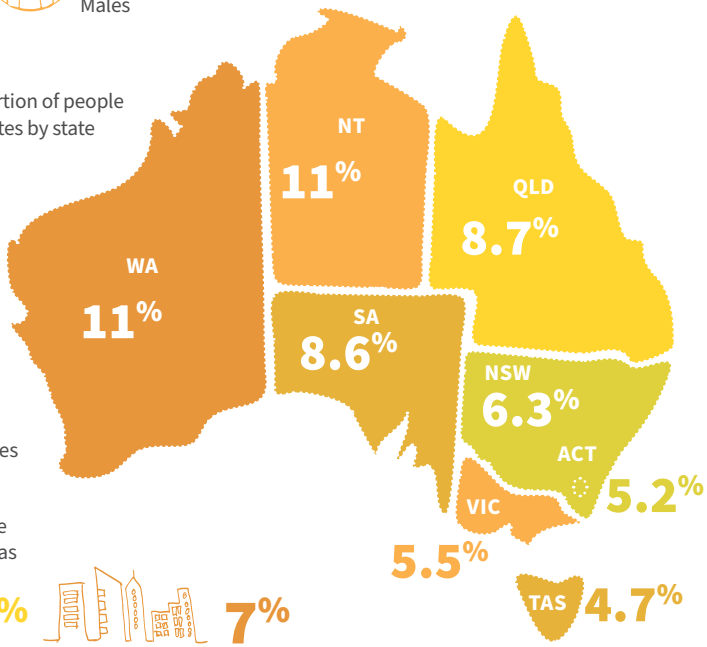
In the 2018-19 NATSIHS [3]:

7.9% of Aboriginal and Torres Strait Islanders reported they had diabetes

8.2% Females

7.6% Males

The proportion of people with diabetes by state



35% of people **55 years +** had diabetes

The proportion of people with diabetes was higher for remote areas than for non-remote areas

12% **7%**

Type 1 diabetes

In 2017, the crude incidence rate of type 1 diabetes was [4]: **16**

Type 2 diabetes

In 2016, for insulin treated type 2 diabetes, the age-standardised incidence rate was [5] : **103**

per 100,000

Gestational diabetes mellitus

In 2016-17, the prevalence of GDM among Aboriginal and Torres Strait Islander women aged 15-49 years was [4]: **12%**

Risk factors

Risk factors for diabetes include [6]:

Smoking | Obesity | Other chronic conditions such as kidney disease, cardiovascular disease, liver disease and anaemia.

Hospitalisations

Hospital services are usually required to treat the advanced stages of complications of diabetes or acute episodes [2].

In 2015-16 there were [7]:

Approximately **860** hospitalisations for **type 1** diabetes as the main diagnosis

1.3 females **per 1,000** **1.0** males

hospital separation rate **1.9x** higher for those living in remote and very remote areas than for those living in major cities

Approximately **2,300** hospitalisations for **type 2** diabetes as the main diagnosis

5.1 females **per 1,000** **5.8** males

hospital separation rate **2.1x** higher for people living in remote and very remote areas than for those living in major cities

Almost **500 hospitalisations** for diabetes as the main diagnosis during pregnancy, including pre-existing and gestational diabetes.

Please note these are figures for diabetes as a main (or principal) diagnosis, there are many more hospitalisations for diabetes as an additional diagnosis among patients with another principal diagnosis such as a CVD or kidney disease.

Deaths

Diabetes was the **second leading cause of death** for Aboriginal and Torres Strait Islander people in 2018 [8].

232 deaths: 72 **per 100,000**

The death rate **decreased by 7.0%** between 2009-2013 and 2014-2018.

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Kidney health

among Aboriginal and Torres Strait Islander people

Keeping the kidneys healthy is important because they help the body by removing waste and extra water, and keeping the blood clean and chemically balanced [1]. If the kidneys stop working properly, waste can build up in the blood and damage the body [2].

Kidney disease is a serious health problem for many Aboriginal and Torres Strait Islander people, in particular chronic kidney disease (CKD) and end-stage renal disease (ESRD).

Incidence and prevalence

In the 2018-19 NATSIHS, **1.8%** of Aboriginal and Torres Strait Islander people reported kidney disease as a long-term health condition [3]:

1.9% Aboriginal people

0.4% Torres Strait Islander people

2.3% Females

1.2% Males

Prevalence increased with age

7.6% people aged 55 years +

3.4% in remote areas

1.4% in non-remote areas

In 2014-2018 the incidence rate of ESRD for Aboriginal and Torres Strait Islander people was:

603 per 1,000,000 — **6.3x higher** than the rate for non-Indigenous people (Derived from [4-7])

Risk factors

Risk factors for kidney disease include:

Obesity | High blood pressure | Diabetes | Smoking | Cardiovascular disease | Socioeconomic disadvantage | Low birth weight

These factors are particularly common among Aboriginal and Torres Strait Islander people and contribute to high rates of CKD [8, 9].

Hospitalisation, dialysis and kidney transplants

In 2017-18, Aboriginal and Torres Strait Islander people were hospitalised **2.6x** more than non-Indigenous people, mainly due to the high number of dialysis admissions [10].

In 2016-17, there were **25,200** hospitalisations for **CKD** (excluding dialysis) (age-adjusted rate of 61 per 1,000) [11]

In 2014-15, there were **207,605** hospital separations for **ESRD** [12]

68 Women **53** Men

per 1,000

551 Women **425** Men

per 1,000

The rate for people living in remote and very remote locations was **3.5x higher** than for those living in major cities [12]

Managing kidney disease may involve dialysis, which involves filtering the blood by a machine. This often requires the patient being admitted to hospital, although in some circumstances the treatment can be performed at home. If kidney disease is left untreated a kidney transplant may be required [13]. Kidney disease impacts a patient's quality of life as well as those who care for them [14, 15]. Treatments can be expensive and require frequent travel to medical facilities.

Dialysis is the most common reason

Aboriginal and Torres Strait Islander people are hospitalised [16].

In 2016-17, there were **237,191** hospitalisations for dialysis treatment [11].

In 2018, there were **49 kidney transplant operations** [17].

Deaths

In 2018, there were **66 deaths** due to disease of the urinary system (including disorders of the bladder and urethra, as well as disease of the kidneys and ureters) [18].

7th underlying cause of death for women

15th underlying cause of death for men

For 2015-2017, the death rate for **CKD** as an underlying or associated cause of death was **197 deaths** per 100,000 population [11].

202 Females **192** Males **per 100,000**

In 2018, **217** Aboriginal and Torres Strait Islander people who were receiving dialysis died [17]. The most common causes of death for the dialysis patients were CVD (64 deaths) and withdrawal from treatment (51 deaths).

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Social and emotional wellbeing

(including mental health) among Aboriginal and Torres Strait Islander people

For many Aboriginal and Torres Strait Islander people social and emotional wellbeing (SEWB) includes mental health and also:

- connection to country
- culture
- spirituality
- ancestry, family and community [1].

Colonisation has had a profound negative impact on Aboriginal and Torres Strait Islander people's wellbeing due to many factors such as:

- loss of land
- disruption to traditional cultural practices
- child removals
- trauma
- racism
- economic and social exclusion
- chronic life stresses [2-4].

Severe mental illness was relatively rare in traditional Aboriginal societies [5].

Prevalence

Psychological distress

In the 2018-19 NATSIHS [6]:

31% of Aboriginal and Torres Strait Islander respondents aged 18 years and over reported high or very high levels of psychological distress.

31% Aboriginal

23% Torres Strait Islander

More women reported high or very high levels of psychological distress compared with men.

35% Women

26% Men

In the 2014-15 NATSISS [7]:

68% of people aged 15 years and over experienced one or more selected personal stressors in the previous 12 months.

The most common reported stressors among survey participants were:

28% Death of a family member or close friend

19% Unable to get a job

12% Serious illness

11% Other work-related stressors

10% Mental illness

Positive feelings and support

In the 2014-15 NATSISS:

More than half of people aged 15 years and over reported an overall life satisfaction rating of **at least 8 out of 10**

(where 0 is completely unsatisfied and 10 is completely satisfied) (Derived from [8]).

92% of people aged 15 years and over felt able to obtain help from someone else, not in their household, during a time of crisis [9, 10].

Mental health conditions

In the 2018-19 NATSIHS [6]:

25% of Aboriginal and 17% of Torres Strait Islander people aged two years and over were reported as having a mental and/or behavioural condition.

17% **Anxiety** was the most common mental health condition

13% **Depression** was the second most common mental health condition

Mental health conditions were more likely to be identified and reported by people living in non-remote areas compared with remote areas

9.8% remote areas

28% non-remote areas

Hospitalisations

21,940 people were hospitalised for Mental and behavioural disorders[1]

7.9% of all hospital separations

Intentional self-harm[2] was responsible for **2,849 hospitalisations** 2017-18 [11]

Deaths

In 2018, **169 people died** from intentional self-harm (suicide) [12].

Suicide was the leading cause of death for people aged 15-44 years

Between 2009-2013 and 2014-2018:
Death rates due to suicide **increased by 17%**

WA consistently recorded the highest death rates for suicide

1. The International Classification of Diseases (ICD) chapter 'Mental and behavioural disorders', used for the classification of both hospitalisation and mortality, is very broad. As well as mental illness and mental health problems, it includes mental retardation and a broad sub-category for disorders relating to the use of psychoactive substances (including alcohol, tobacco, other drugs and volatile substances). The chapter doesn't include, however, the results of intentional self-harm, which are classified within the ICD chapter 'External causes of morbidity and mortality'.
2. Intentional self-harm as a principal diagnosis for external causes of injury or poisoning for Aboriginal and Torres Strait Islander people [11].

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Nutrition

among Aboriginal and Torres Strait Islander people

The diets of Aboriginal and Torres Strait Islander people have changed since colonisation [1]. Traditional diets included wild caught 'bush foods' and were full of healthy, nutrient rich foods. Aboriginal and Torres Strait Islander people today tend to have diets similar to non-Indigenous people, which contain added sugars and salt, saturated fats and low levels of fibre [2]. In remote Aboriginal communities, high calorie foods with lower nutritional value (such as oil and flour) tend to be cheaper and more readily available, than nutrient rich foods (such as most fruit and vegetables) [3]. While traditional foods remain an important part of the diet for some communities, poor nutrition is a problem for many people.

The *Australian dietary guidelines* recommend that adults eat fruit and plenty of vegetables each day, as well as reduced-fat milk, yoghurts and cheeses, and limit the amount of sugars, salt and 'discretionary' (junk) food and drinks [4].

Poor diet can contribute to [4, 5]:

Being overweight or obese

Malnutrition

Cardiovascular disease

Type 2 diabetes

Tooth decay

Fruit and vegetable consumption among Aboriginal and Torres Strait Islander people 2018-19

39%

of people aged 15 years+ met the daily recommended serves of **fruit**

35% men

44% women

Proportion of children that met the daily recommended serves of **fruit**

69% all children

92% young children (aged 2-3 years)

4.2%

of people aged 15 years+ met the daily recommended serves of **vegetables**

1.7% men

6.3% women

Proportion of children that met the daily recommended serves of **vegetables**

6.5% all children

23% young children (aged 2-3 years)

2018-19 NATSIHS [6]

Sugary drinks and junk food consumption among Aboriginal and Torres Strait Islander people

Junk foods (technically known as discretionary foods) are food and drinks that are produced not necessary for nutrition, many of which have a lot of saturated fats, added sugar, added salt and/or alcohol [7].

On average **41% of daily energy** was from **discretionary food**

Higher proportions of people in non-remote areas consumed discretionary foods than those in remote areas.

2012-13 NATSINPAS [8]

24% of people aged 15 years + drank sugar sweetened drinks **daily**
71% of people aged 15 years + drank sugar sweetened or diet drinks **once a week**

20% of children aged 2-14 years drank sugar sweetened drinks **daily**
63% of children aged 2-14 years drank sugar sweetened or diet drinks **once a week**

Higher proportions of people in remote areas drank sugar sweetened or diet drinks than those in non-remote areas.

2018-19 NATSIHS [6]

Breastfeeding among Aboriginal and Torres Strait Islander people

Breastfeeding is an important part of providing a healthy start for both babies and mothers [9]. Breast milk provides all the energy and nutrients that a baby needs for the first six months of life [4, 10]. Breastfeeding supports the healthy development of a baby's brain and body, particularly the senses and gut [11]. Breastfeeding protects babies against otitis media (OM), Sudden Infant Death Syndrome (SIDS), asthma and infectious diseases. It also reduces the likelihood of developing a chronic disease later in life.

> The *Australian dietary guidelines* recommendation is to 'encourage, support and promote breastfeeding' [4]. Breastfeeding supports the health of mothers by reducing the risk of ovarian and breast cancers; and reducing depression [11].

80% of babies had been breastfed

98% **NT** had the highest levels of breastfeeding

75% **VIC** had the lowest levels of breastfeeding

Breastfeeding proportions were higher in very remote areas compared with major cities.

91% very remote areas

73% major cities

2014-15 NATSISS [12, 13]

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Physical activity

among Aboriginal and Torres Strait Islander people

Physical activity is important for maintaining good overall health and wellbeing [1]. Physical inactivity (or sedentary behaviour) is a risk factor for many of the chronic diseases that are common in the Aboriginal and Torres Strait Islander population. Being active can help prevent health problems such as heart disease, type 2 diabetes, some cancers and depression [2].

Australia's Physical Activity and Sedentary Behaviour Guidelines recommend a combination of medium and high intensity physical activity on most (or all) days of the week to improve health and reduce the risk of chronic disease and other conditions [2].

Physical activity among Aboriginal and Torres Strait Islander people 2018-19

The most recent information about physical activity among Aboriginal and Torres Strait Islander people aged 15 years and over was self-reported and presented in the 2018-19 NATSIHS [3]:

11% **had met the guidelines[1] target in the week prior to the survey**

This could involve combining some, or all, of the following physical activities:


Walking for transport

Walking for fitness (recreation or sport)


Moderate or vigorous intensity exercise


Strength or toning activities

89% **had not met the guidelines** in the week prior to the survey

22% had not participated **in any physical activity** in the week prior to the survey

In non-remote areas:



13% men


10% women

met the guidelines

20% of adults living in non-remote areas had done some **strength or toning activities** on two or more days in the week prior to the survey


24% men


15% women

The highest proportion of people who met the guidelines were living in the ACT, and the lowest proportion were living in the NT


ACT 21%
NT 7.2%

1. The NATSIHS used the 2014 Australia's physical activity and sedentary behaviour guidelines for Australian adults aged 18 years and over. The workplace component of the guidelines was excluded.

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Environmental health

among Aboriginal and Torres Strait Islander people

Environmental health refers to the natural or built environments that can affect a person's health and wellbeing [1]. Environmental factors can lead to health problems such as; intestinal infections, skin infections, chronic diseases (such as ARF) and some cancers [2]. Aboriginal and Torres Strait Islander people are more likely to experience issues relating to poor environmental health due to:

- the remoteness of some communities
- difficulty accessing repairs and maintenance services
- poor infrastructure
- costs of repairs and maintenance [2, 3].

Overcrowding

18% of Aboriginal and Torres Strait Islander people were living in an overcrowded house.

28% in regional and remote areas

16% in urban areas

2016 [4]

Infrastructure

More than 90% of households reported **functioning facilities**
(water, electricity, drainage, sewerage etc.)

The most significant structural issues were:

11% major cracks in the walls or floors

6.1% walls or windows not straight

5.7% major plumbing problems

2014-15 [5]

Households with major structural problems increased with remoteness.

The number of households reporting major structural issues has declined over time [5].

In the 2016 NSHS, 72% of participants were living in a house of an 'acceptable' standard[1][6]. However, 25% reported that while their household facilities were of an acceptable standard, the structure of the house was not.

Hospitalisations for diseases related to environmental health

Intestinal infectious diseases **7.6**
Bacterial disease **5.1**
per 100,000
7.4 Influenza and immunisation
2.3 Scabies

2014-2015 [5]

Deaths related to poor environmental health

41 Females
per 100,000
46 Males

2010-2014 [5]

1. Housing of an acceptable standard includes two components: working household facilities; and major structural components [6].

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Alcohol use

among Aboriginal and Torres Strait Islander people

Drinking too much alcohol, both on single drinking occasions (binge drinking) and over a person's lifetime, can lead to health and social harms including:

- chronic diseases
- injury and transport accidents
- mental health disorders
- intergenerational trauma
- violence.

Alcohol use not only affects individuals, but also families and the wider community [1, 2].

The 2009 National Health and Medical Research (NHMRC) *Australian guidelines to reduce health risks from drinking alcohol* estimates the overall risk of alcohol-related harm over a person's lifetime [3]:

- **Guideline 1** states that to reduce the risk of alcohol-related harm over a lifetime, no more than two standard drinks should be consumed on any day.
- **Guideline 2** states that to reduce the risk of injury on a single occasion of drinking, no more than four standard drinks should be consumed.

Alcohol use among Aboriginal and Torres Strait Islander people 2018-19

The following information was self-reported in the 2018-19 NATSIHS [4]:

Abstinence (no consumption of alcohol) in the last 12 months

26% of Aboriginal

23% of Torres Strait Islander

people **aged 18 years or older** had not drunk alcohol or had not done so for more than 12 months

42%

The proportion of people who were abstinent was highest for people **aged 55 years and older**

37%

23%

The proportion of people who were abstinent was higher for people living in remote and very remote areas than non-remote areas

Short-term risk (no more than four drinks on a single occasion)

54% of people reported **exceeding** the short-term risk guideline

Men were 1.5x more likely to exceed the guideline when compared with women

65% men

43% women

Young people were more likely to exceed the guideline.

65% aged 18-24 years

Lifetime risk (no more than two standard drinks on a single day)

20% of Aboriginal

24% of Torres Strait Islander

people reported exceeding the guideline for lifetime risk

Men were 3x more likely to exceed the guideline for lifetime risk compared with women

30% men

10% women

21% **17%**

The proportion of people exceeding the guideline for lifetime risk was higher for people living in non-remote areas compared with remote areas

Hospitalisations

In 2014-15 [5]:

The alcohol-related hospitalisation rate was **7.3 per 1,000**

The rate was **1.3x higher for men than women**

Deaths

For 2013-2017 [6]:

The rate of deaths due to alcohol use was **2.9x higher for men** than for women

13 Females **per 100,000** **37** Males

The main cause of alcohol-related deaths was **alcoholic liver disease**

Between 2010 and 2016 there was a decline in the proportion of Indigenous people aged 12 years and older exceeding the 2009 guidelines for lifetime risk [2].

32% in 2010

20% in 2016

There was a 50% reduction of mothers of Aboriginal and Torres Strait Islander children that drank through pregnancy [7].

20% in 2008

9.8% in 2014-2015

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Illicit drug use

among Aboriginal and Torres Strait Islander people

Illicit drug use is the use of illegal drugs such as cannabis, heroin, cocaine and methamphetamine as well as the non-medical use of prescribed drugs such as painkillers [1, 2]. Illicit drug use is associated with an increased risk of; mental illness, poisoning, self-harm, infection with blood borne viruses from unsafe injection practices, chronic disease and death [3-6].

Most Aboriginal and Torres Strait Islander people **do not use illicit drugs** [7-9].

Illicit drug use reported by Aboriginal and Torres Strait Islander people in the 2018-19 NATSIHS

70% of people aged 15 years+ reported either **never** using illicit drugs or **had not used illicit drugs** in the last 12 months

28% of people aged 15 years + reported they had **used illicit drugs** in the **last 12 months**

24%

Cannabis was the most commonly used illicit drug, used by almost a quarter of Aboriginal and Torres Strait Islander people in the previous 12 months

After cannabis, the most commonly used illicit drugs were:
'Other drugs'[1] **5.9%**
Analgesics and sedatives for non-medical use **3.8%**
Amphetamines, ice or speed **3.3%**
Ecstasy or designer drugs **3.3%**

Almost **3x** as many men as women had used amphetamines

5.0% Men

1.8% Women

Use of illicit drugs in the previous 12 months was similar for people aged 15 years or over living in non-remote areas and remote areas [9].

29% remote areas

27% non-remote areas

2018-19 NATSIHS [9]

In 2017-18, the most common principal illicit drugs of concern that Aboriginal and Torres Strait Islander people sought treatment for were **amphetamines, cannabis and heroin** [10].

1. More detailed information was not available at time of publication

Hospitalisations

In 2014-2015 [4]:

The most common drug-related condition resulting in hospitalisation was for '**mental and behavioural disorders** due to drug use'

3.4

Hospitalisation for mental and behavioural disorders from use of **amphetamines**[2] had the highest rate of separations due to drug use

1.5

per 1,000

Hospitalisation rates due to drug use were higher for Aboriginal and Torres Strait Islander people in major cities than in inner and outer regional areas and remote areas.

8.5

5.8

3.8

per 1,000

Deaths

For the period 2010-2014 [4]:

SA recorded the highest rate of drug-induced deaths for Aboriginal and Torres Strait Islander people of the Australian states and territories

24 **per 100,000**

Rates of drug induced deaths were

1.4x

higher for men than for women

Volatile substance use

Volatile substance use (VSU) involves sniffing inhalants - substances that give off fumes such as petrol, paint, glue or deodorants [11]. Sniffing can have serious short and long-term health effects, including a condition known as sudden sniffing death which causes the heart to stop within minutes [12]. Often people start using volatile substances at a young age which can affect the user's brain development and, in some cases, can lead to permanent acquired brain injury [13-15].

5.4%

6.6% males

4.2% females

of Aboriginal and Torres Strait Islander people reported they **had used petrol and other inhalants at some time**

2012-13 AATSIHS [16]

The good news is that studies across a number of Aboriginal and Torres Strait Islander communities, show there has generally been a decline in the number of people sniffing volatile substances over the past 20 years [17, 18].

2. ICD code F15 hospitalisation from use of other stimulants includes amphetamine-related disorders and caffeine but not cocaine.

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Tobacco use

among Aboriginal and Torres Strait Islander people

Tobacco smoking increases the risk of chronic disease, such as CVD, many forms of cancer, and lung diseases, as well as being a risk factor associated with preterm birth and LBW [1]. Environmental tobacco smoke (passive smoking) can also make people sick, especially children. Passive smoking is a risk factor for children who are particularly susceptible to middle ear infections, asthma, and increased risk of SIDS.

Smoking among Aboriginal and Torres Strait Islander people

37%
of people aged 15 years+ reported they were current daily smokers

47%
The age-group with the highest proportion of current daily smokers was 35-44 years

39% men
36% of women

49% remote areas
35% non-remote areas

People living in remote areas reported a higher proportion of current daily smokers than those living in non-remote areas

2018-19 NATSIHS [2]

The proportion of young people starting to smoke has decreased which will result in improved health outcomes over time.

Proportion of 18-24 year-olds who smoked daily [2]:

50% in 2004-05 → **36%** in 2018-19

Since 2009, the proportion of Aboriginal and Torres Strait Islander mothers who reported smoking during pregnancy has decreased [3].

52% in 2009 → **44%** in 2017

Passive smoking among Aboriginal and Torres Strait Islander people

57%
of Aboriginal and Torres Strait Islander children aged 0-14 years lived in households with a daily smoker

For those children living with a daily smoker,
13%
were living in households where people smoked indoors

2014-15 NATSISS [4]

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