



Introduction

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1.1 Background

Aboriginal and Torres Strait Islander people live in all parts of the nation—from large cities to small country towns, from remote tropical coasts to the fringes of the central deserts. They speak a multitude of languages and belong to hundreds of distinct descent groups. The health and welfare of Indigenous people living in the big cities are different to those living in the Torres Strait, which are different again to those living on the outskirts of Alice Springs or those living in remote communities.

Currently, there are over 700,000 Indigenous people in Australia, accounting for 3% of the Australian population. They are the descendants of people who began to occupy Australia more than 50,000 years ago. At the time of European colonisation, an estimated 320,000 Indigenous people occupied Australia, the majority living in the southeast, and in the Murray River valley and its tributaries (ABS 2002b).

Colonisation severely disrupted Aboriginal society and economy—epidemic disease caused an immediate loss of life, and the occupation of land by settlers and the restriction of Aboriginal people to ‘reserves’ disrupted their ability to support themselves. Over time, this combination of factors had such an impact that by the 1930s only an estimated 80,000 Indigenous people remained in Australia (Smith 1980).

Although hundreds of Indigenous people served in the Australian armed forces, especially in the Second World War, it was not until 1962 that Indigenous people had the right to vote, and not until 1967 that a national referendum recognised them as ‘people of their own country’, and included them in the national census. Also, it was not until 1992 that the High Court of Australia declared that the legal concept of *terra nullius* (‘land belonging to no-one’) was invalid as applied to Australia. The concept essentially assumed that Australia was unoccupied at the time of colonisation and that land could be acquired through occupation (or settlement).

The physical and social environments in which people live play an important role in whether they live a life relatively free of serious illness. This is particularly the case for Indigenous people who still suffer from the consequences of European settlement, in particular the impact of ‘new’ infectious and chronic diseases, and social dislocation. Many Indigenous people live today in conditions of clear economic disadvantage, due in part to their lower education and employment levels. All of these factors interact to contribute to poor health in many groups of Indigenous people. The consequent and often substantial difference in almost all measures of health and welfare between Indigenous and non-Indigenous Australians has become known as ‘the Gap’.

In 2008, all governments in Australia committed to work towards ‘Closing the Gap’, with the Council of Australian Governments (COAG) agreeing to 6 specific targets and timelines (COAG 2012a). The targets are set out in the National Indigenous Reform Agreement between the Australian Government and the state and territory governments (COAG 2012b). Box 1.1 outlines the 6 targets as at July 2012; summaries on progress towards meeting these targets are included in relevant sections of this report.

In May 2014, COAG agreed to an additional target to close the gap in school attendance within 5 years (SCRGSP 2014b). Nationally consistent measures for that target were not available at the time of writing.



Box 1.1: COAG Closing the Gap targets for Indigenous disadvantage

- Close the gap in life expectancy within a generation (by 2031).
- Halve the gap in mortality rates for Indigenous children under 5 within a decade (by 2018).
- Ensure all Indigenous children aged 4 in remote communities have access to early childhood education within 5 years (by 2013).
- Halve the gap in reading, writing and numeracy achievements for Indigenous students within a decade (by 2018).
- Halve the gap for Indigenous people aged 20–24 in Year 12 or equivalent attainment rates by 2020.
- Halve the gap in employment outcomes between Indigenous and non-Indigenous Australians within a decade (by 2018).

Source: COAG 2012b.

Central to 'Closing the Gap' is the recognition that good health is not determined solely by the presence or absence of pathogens and the failure of bodily functions (that is, clinical illness); it is more holistic and is also closely associated with the social and behavioural determinants of health, as well as the performance of health systems. Such determinants include:

- socioeconomic factors (for example, education, employment, income and home ownership)
- behaviour (for example, smoking, alcohol consumption, illicit drug use, physical activity, exercise, diet, breastfeeding and unsafe sex)
- environmental factors (for example, housing, overcrowding and passive smoking).

Many determinants are directly or indirectly associated with relative poverty and levels of income.

Another aspect of the 'Gap' between Indigenous and non-Indigenous Australians is the recognition that conditions experienced before birth and during infancy and childhood have critical consequences on health throughout a person's life. Recognition of the consequences in later life of conditions experienced in childhood and youth has led to appreciation of the fact that, in general, the earlier in a person's life that health and welfare interventions occur, the better the outcomes for that person later in life. Hence possibilities for closing the gap are much greater when there is a focus on families, and on maternal and childhood health and welfare, including living conditions.

Much of the data in this report are presented at the national level and, where possible, by remoteness. But the diversity of the Indigenous population must always be kept in mind.

Reports on the health and welfare of Australia's Aboriginal and Torres Strait Islander people frequently make for gloomy reading. While this report shows that significant gaps between Indigenous and non-Indigenous Australians remain, it also highlights the many areas where significant improvements are continuing or emerging. This report will inform all those interested in the health and welfare of Indigenous people and will assist in ongoing efforts to understand and improve their situation.

1.2 Purpose and structure of this report

This is the eighth report in an Australian Institute of Health and Welfare (AIHW) series that covers topics regarded as important for the improvement of the health and welfare of Aboriginal and Torres Strait Islander people. Until 2008, these reports were prepared jointly with the Australian Bureau of Statistics (ABS) (ABS & AIHW 2008). The first report produced solely by the AIHW was released in 2011 (AIHW 2011b).

This report aims to provide a comprehensive picture of the health and welfare of Australia's Indigenous population, presenting the latest information on a range of topics including key demographic and economic characteristics, factors that influence health, main conditions causing ill health and mortality, life expectancy and mortality patterns, service use, and health and welfare expenditure. Some of the links between education, employment and health are also explored, as are links between selected risk factors and health.

The timing of publication of this edition intentionally allowed for the inclusion of information from the 2011 Census of Population and Housing, as well as the 2012–13 Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS). The report also draws on the most recent information available from a number of administrative data collections held by the AIHW, as well as from a large number of other data sources.

The remainder of the report provides the following information:

- Chapter 2 describes a number of key characteristics of the Indigenous population including demographic characteristics, household composition and cultural identification. Some information about Torres Strait Islander people is also provided.
- Chapter 3 describes the economic participation of Indigenous people, including education, employment and access to economic resources; information about housing and community safety is also provided.
- Chapter 4 looks at various factors that influence the health of Indigenous people including behavioural, biomedical, psychological, and socioeconomic and environmental factors.
- Chapter 5 describes self-assessed health status and the prevalence of major health conditions among Indigenous people, together with information on service use for these conditions; information on the prevalence of disability is also provided.
- Chapter 6 provides details about Indigenous life expectancy and mortality patterns, including trends over time and the main causes of death; trends in mortality for various age groups are also presented.
- Chapter 7 considers the use of health and welfare services by Indigenous people.
- Chapter 8 outlines expenditure on health and welfare, and describes Indigenous participation in the health and community services workforces.

Throughout this report, a particular emphasis is placed on describing differences among Indigenous Australians that are associated with where they live. Although, like the Australian population at large, the majority of Indigenous Australians live in cities located along the east coast, they make up almost half of the total number of people who live in *Very remote* areas. The tendency for Indigenous Australians to live in *Remote* and *Very remote* areas can create particular challenges in a number of areas, including employment, housing, and the delivery of health care and welfare services.



Good quality data are essential to measure and monitor the health and welfare of Australia's population. In recent decades, major improvements have been made to the quality and availability of health- and welfare-related information about Indigenous Australians. Nonetheless, existing data about Indigenous people are subject to some limitations including:

- changes in the propensity of people to identify as Indigenous which affects the comparability of data over time—see Box 1.2
- under-identification and undercounting of Indigenous people.

Box 1.2: Change in Indigenous identification over time

In data collections, Indigenous people are generally identified based on self-reporting—that is, the Indigenous population in a data collection consists of those people who identified themselves, or were identified by another household member, as being of Aboriginal and/or Torres Strait Islander origin.

According to Census counts, the number of Indigenous Australians has increased considerably over the last 2 decades, with a particularly large increase of 21% between 2006 and 2011 (compared with a 9% increase for non-Indigenous people). The majority (70%) of this increase can be explained by population growth (that is, more births than deaths). However, the remaining 30% cannot be explained by demographic factors; instead, improvements in Census coverage, a decrease in the number of records with unknown Indigenous status, and an increased likelihood that individuals identified themselves and their children as Indigenous were considered to contribute to this part of the increase.

The majority of the increase in the 'unexplained' count of Indigenous people between 2006 and 2011 occurred among those living in non-remote areas (90%), and in New South Wales and Queensland (67% collectively). Children accounted for more of the unexplained count than adults.

Changes in the propensity of individuals to identify as Indigenous may affect the comparability of data about Indigenous people over time. Note, however, that we do not know if, and by how much, the changes in Indigenous identification evident in Census data have occurred in other data collections.

New Indigenous population estimates used in this report

In April 2014, the ABS released new Indigenous population estimates based on 2011 Census data. These estimates included backcasts of the Indigenous population, as well as population projections to 2026. The new backcast estimates of the Indigenous population, based on the 2011 Census counts, are considerably larger than those previously published (based on earlier Census counts). For example:

- the estimate of the Indigenous population at 30 June 2001 based on the 2001 Census was 458,500 people
- the revised estimate for 2001 based on the 2011 Census is 534,700 people—17% more than the earlier estimate.

The Indigenous population estimates based on the 2011 Census were used for all new calculations of rates presented in this report. Due to this, some discrepancies may exist between the rates shown in this report and previously published rates that used population estimates based on the 2006 Census.

Sources: ABS 2012b, 2013f, 2013k, 2014h.

For some notes about this report, including some of the terminology used within it, see Box 1.3. Further information on the quality of data about Indigenous people, and details about key data collections used in this report are in Appendix A.

Box 1.3: Notes about this report

The term '**Aboriginal and Torres Strait Islander people**' is preferred in AIHW publications when referring to the separate Indigenous peoples of Australia. However, the term 'Indigenous' is used interchangeably with 'Aboriginal and Torres Strait Islander' in order to assist readability.

Throughout this report, all references to tables that include an 'S' in the table number (for example, Table S2.1) are **supplementary tables**. These tables are available on the AIHW website <www.aihw.gov.au>.

Because of the different age structures of the Indigenous and non-Indigenous populations, **age-standardised rates** are often used in this report when comparing Indigenous to non-Indigenous people—such rates remove the influence of age on the comparisons. As well, **rate differences** and **rate ratios** are frequently provided in order to more readily compare the rates for Indigenous and non-Indigenous people. For an explanation of how to interpret these statistics and for other technical notes, see Appendix B.

Key concepts and terms are explained in the **Glossary**.