Indigenous statistics of relevance to scenarios

Health disparities

Aboriginal and Torres Strait Islander people have significantly higher morbidity than the general Australian population with their burden of disease occurring at younger ages and at higher proportions (Australian Health Ministers’ Advisory Council, 2011).

Despite composing only 2.4% of the population in 2003, they were estimated to carry 3.6% of Australia’s disease burden (Australian Health Ministers’ Advisory Council, 2011). Rates of hypertension, respiratory ailments, stroke, diabetes, cancer, renal failure, suicide and drug dependence all occur at higher levels (Australian Health Ministers’ Advisory Council, 2011).

Overall, Indigenous Australians experience lower levels of access to health services than the general population, attributed to factors such as proximity, availability and cultural appropriateness of health services, transport availability, health insurance and health services affordability and proficiency in English (AIHW, 2011).

Closing the Gap

In 2008, the Council of Australian Governments (COAG) agreed to six ambitious targets to address the disadvantage faced by Indigenous Australians in life expectancy, child mortality, education and employment (http://www.coag.gov.au/closing_the_gap_in_indigenous_disadvantage). Two of the targets are specific to health outcomes:

- close the gap in life expectancy within a generation (by 2031); and


Stolen Generation

The Stolen Generation were Australian Aboriginal and Torres Strait Islander children who were removed from their families by the Australian Federal and State government agencies and churches, under acts of parliament, between 1909 and 1969.


Cardiovascular disease

Cardiovascular disease is a serious health problem for Aboriginal and Torres Strait Islander people. Although the self-reported prevalence of cardiovascular disease is only slightly
higher for Indigenous Australians than for other Australians, their rate of hospitalisation for cardiovascular disease is higher than for other Australians. In 2007–08, coronary heart disease (heart attack and angina) was the most common type of cardiovascular disease responsible for Indigenous hospitalisations, with the rate being 3 times that of non-Indigenous Australians. Over the period 2003–2007, Indigenous Australians were 3 times as likely as non-Indigenous Australians to die from cardiovascular disease (AIHW, 2010).

**Diabetes**

Type 1 diabetes is rare in the Indigenous population, but there is a very high prevalence of Type 2 diabetes. Indigenous people tend to develop Type 2 diabetes earlier than other Australians and die from it at younger ages. In 2007–08, hospitalisation rates for any diagnosis of diabetes were almost 9 times as high for Aboriginal and Torres Strait Islander people as for other Australians. For the period 2003–2007, Indigenous Australians were 7 times as likely as non-Indigenous Australians to have diabetes recorded on their death certificate (AIHW, 2010).

**Alcohol**

Overall, Indigenous Australians are considerably less likely to drink alcohol than non-Indigenous Australians. However, among those who drink, a higher proportion of Indigenous Australians drink at risky or high-risk levels (AIHW, 2010).

**Age distribution**

The Indigenous population is much younger than the non-Indigenous population. In 2006, the median age was 20 years for Indigenous people and 37 years for the non-Indigenous population (ABS 2007). This is largely due to higher fertility rates and to deaths occurring at younger ages in the Indigenous population.

Aboriginal and Torres Strait Islander women give birth at a younger age (mean age 25 years) compared to non-Indigenous women (mean age 30 years) (Boyle, et al., 2008). Approximately 70% of Aboriginal and Torres Strait Islander women give birth before the age of 30 years compared to only 46% of non-Indigenous mothers (Thomson, et al., 2010).