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## Aboriginal and Torres Strait Islander Framework 2006 Report

### Introduction

The Aboriginal and Torres Strait Islander Health Performance Framework (HPF) has been developed under the auspice of the Australian Health Ministers' Advisory Council to provide the basis for measuring the impact of the National Strategic Framework for Aboriginal and Torres Strait Islander Health (NSFATSIH); and inform policy analysis, planning and program implementation.

The 2006 report is the first report against the HPF. It monitors progress of the health system and broader determinants of health in improving Aboriginal and Torres Strait Islander health. The HPF has approximately 70 measures in three groups:

- Tier 1 - Health Status and Health Outcomes
- Tier 2 - Determinants of Health
- Tier 3 - Health System Performance

### Key Findings

The 2006 HPF report finds that there have been improvements in some important aspects of health for Aboriginal and Torres Strait Islander peoples, while some areas remain unchanged and others are worsening.

#### **Tier 1 – Health Status and Outcomes**

##### **Improvements**

- ***Mortality:*** All cause mortality rates in the three jurisdictions for which there is good trend data decreased by 10% between 1991 and 2003, more so for males than females (24% compared with 6%). ***Infant mortality*** declined by 44% and ***perinatal mortality*** by around 55% over the same period. However, mortality rates for non-Indigenous Australians have also declined, and therefore the gap has not significantly changed.
- ***Deaths caused by circulatory disease,*** the most common cause of death for Aboriginal and Torres Strait Islander peoples, declined at a faster rate than for other Australians and the gap has narrowed.
- ***Hospitalisation for pneumonia*** declined at a faster rate for Aboriginal and Torres Strait Islander peoples than for other Australians, and the gap has narrowed. This decline was also found for children aged 0-4 years.

## Areas of continuing concern

Although the health status of Aboriginal and Torres Strait Islander people is improving, large disparities between Indigenous and non-Indigenous Australians persist.

- **Deaths caused by chronic diseases:** Four groups of chronic conditions account for almost two-thirds of excess deaths among Aboriginal and Torres Strait Islander peoples (circulatory disease, diabetes and other endocrine/metabolic/nutritional disorders, cancer, and respiratory diseases).
- **Social and emotional wellbeing,** with mortality rates for mental health related conditions 1.8 times higher than for other Australians.
- **Hospitalisation for injury and poisoning** is more than twice as common for Indigenous Australians than other Australians.
- **End stage kidney disease** registrations have more than tripled over the last decade. In 2002-04 the age-adjusted incidence rate of treated end-stage renal disease was 8 times higher for Aboriginal and Torres Strait Islander Australians than other Australians.
- **Low birth-weight** is twice as common for babies born to Aboriginal and Torres Strait Islander mothers than other Australian babies.
- **Chronic ear disease:** Rates of ear disease and hearing problems are 2 to 3 times that of the non-Indigenous population.
- **Oral health** Aboriginal and Torres Strait Islander children have more decayed than filled teeth, indicating a large unmet need for dental care.
- **Sexually transmissible infections:** Incidence rates of chlamydia and gonorrhoea increased between 1994 and 2004 and remain much higher for Indigenous Australians than for other Australians.

## Implications

The fact that considerable improvements have occurred demonstrates that the poor health outcomes for Aboriginal and Torres Strait Islander Australians can be reduced with sustained and increased efforts.

The greatest reductions in mortality rates and excess deaths for Indigenous Australians will come from a combination of:

- medical services,
- preventative strategies, and
- addressing the social determinants of health.

## Tier 2 – Determinants of Health

### Improvements

There have been improvements in several key health determinants in recent years including:

- **Education:** Literacy and numeracy levels have improved at years 3,5 and 7 and the gap between Aboriginal and Torres Strait Islander students and other students is narrowing. School retention rates at years 10 and 12 have improved over the last 5 year, but remain lower than for other Australians.
- **Unemployment:** While unemployment rates remain high, there have been improvements in the last 10 years.

### Areas of continuing concern

- **Access to safe water supply, sewerage and electricity** in remote communities.
- **Overcrowding in housing** which is exacerbated in remote communities.
- **Low income and distribution of income:** Forty two percent of Aboriginal and Torres Strait Islander people are in the bottom 20% of incomes.
- **Exposure to violence, child abuse and neglect; and contact with the criminal justice system, including imprisonment,** are more likely to be experienced by Aboriginal and Torres Strait Islander peoples than other Australians. Trends suggest that these problems may have become worse over the last decade.
- **Smoking:** Approximately 50% of Aboriginal and Torres Strait Islander adults smoke, and this rate has not changed in the last decade.
- **Risky and high risk alcohol consumption:** Approximately twice as many Aboriginal and Torres Strait Islander adults as non-Indigenous adults abstained from alcohol consumption in the last 12 months. However, many Indigenous adults (19%) drank at risky/high risk levels at least once per week over the 12 month reported period, twice the proportion for non-Indigenous adults.
- **Physical activity:** The proportion of Aboriginal and Torres Strait Islander adults reporting a sedentary level of physical activity increased from 38% in 2001 to 47% in 2004-05. Aboriginal and Torres Strait Islander people in non-remote areas were one and a half times more likely to report a sedentary level of physical activity than other Australians.
- **Nutrition:** Aboriginal and Torres Strait Islander peoples reported a low usual daily intake of vegetables (1 or fewer) and this increased from 18% in 2001 to 24% in 2004-05. More than half (58%) reported a low usual daily fruit intake (1 or fewer serves). This was worse in remote areas.
- **Overweight and obesity:** has increased steadily in the last decade from 51% in 1995 to 57% in 2004-05.

## Implications

Improvements in living conditions and economic and social circumstances of Aboriginal and Torres Strait Islander peoples are necessary for health progress. Addressing key behaviours that impact on health – smoking, physical activity, nutrition, alcohol consumption and substance use – is necessary to achieve significant improvements in health for Aboriginal and Torres Strait Islander people.

## Tier 3 – Health System Performance Improvements

- 46% of Indigenous Australians reported *accessing health care* in the last two weeks (12 months for hospital admissions). This is similar to the non-Indigenous rates but lower than expected given the greater burden of illness.
- *Aboriginal Medical Services* play an important role as the usual source of care where available, for a third of Aboriginal and Torres Strait Islander peoples overall, and as the major provider in remote regions of Australia. *Mainstream GPs* are the main source of usual care for 60% of Indigenous Australians.
- Areas of success include high levels of *antenatal care, immunisation* and improved access to *prescription medicines* through the Section 100 arrangement for remote area Aboriginal and Torres Strait Islander primary health care services.

## Areas of continuing concern

- Access to medical services continues to fall well short of levels expected given higher levels of illness, as indicated by the level of benefits paid through the *Medicare Benefits Schedule* (only 39% of the level paid to non-Indigenous Australians in 2001-02).
- The report found differential access to key *hospital procedures* and higher rates of discharge against medical advice.
- High levels of ambulatory care sensitive *hospitalisations* (5 times the rates of other Australians) indicate the need for improvements in primary health care.
- *Barriers to accessing health care* include: cost, transport, availability and suitability of services.
  - 15% of Indigenous people did not go to doctor when they needed to, with transport/distance a problem, especially in remote areas. Other reasons included cost, waiting times and being too busy.
  - 21% of Indigenous Australians did not go to a dentist when needed, with a common reason being cost.
- In 2001, Indigenous Australians accounted for 0.9% of the *health workforce* while representing 2.4% of the population.
- In 2004, Indigenous *students* represented 0.7% of those completing health-related undergraduate courses in the tertiary sector and an encouraging 3.1% of those completing VET sector health related courses.

## **Implications**

**Primary health care:** Increased capacity is required across primary health care and secondary/tertiary care, although the priority should be to strengthen the system of comprehensive primary care. Other gaps include dental services and access to specialist services.

**Training:** Improving participation by Indigenous Australians in training for health professions is a key priority across a broad range of disciplines, including medicine, nursing, allied health, and Aboriginal Health Workers.

## **Data limitations**

There are well documented problems with the quality and availability of data about Aboriginal and Torres Strait Islander health issues. These limitations include the quality of data on all key health indicators including mortality and morbidity; uncertainty about the size and composition of the Indigenous population and paucity of available data on other health related issues such as access to health services.

## **Future directions**

The second HPF report is due for release at the end of 2008. The 2008 report against the HPF will include several new measures which were not able to be included in the 2006 report, including: community functioning, relative economic disadvantage, governance, and health promotion. The second report will extend the analysis to explore the interrelationships between the various determinants of health and health outcomes.

## **Further information**

A copy of the 2006 Report against the Aboriginal and Torres Strait Islander Health Performance Framework can be found at:

[http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/20D72449D401E1EBCA25722C0013BA98/\\$File/framereport.pdf](http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/20D72449D401E1EBCA25722C0013BA98/$File/framereport.pdf)