

1. The Health Emergency

There is a hidden health emergency in Australia that demands our immediate action.

Indigenous people now have a life expectancy more than twenty years less than other Australians, and Indigenous infants are dying at the same rate as babies in some of the most impoverished developing nations¹.

The health of Australia's Indigenous people is in crisis.

How bad is it?

Overall, Australians enjoy amongst the highest standards of health and life expectancy in the world, but compared with other Australians, Indigenous people have:

- life expectancy – **20 years less**;
- infant mortality rate – is about **twice as high**;
- a median age at death of 53 years, **25 years less** than for the population as a whole²;
- in some regions the median age at death was **47 years**³.

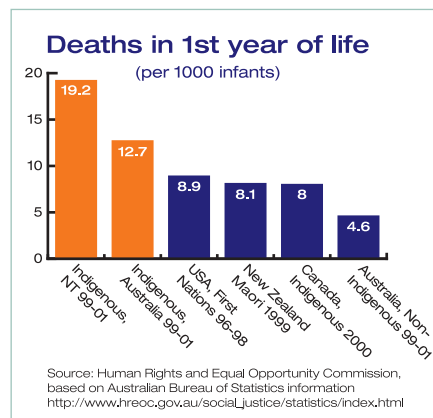
Life expectancy for Indigenous Australians is worse than in many developing countries.

How it affects kids

Many Aboriginal kids are at a health disadvantage from birth. Twice as many

Indigenous children are born at low birth weight⁴ than other Australian babies. Low birth weight is an important indicator of chronic health problems in later life, and a possible causal factor in serious illnesses such as kidney failure, diabetes and heart disease.

Infant mortality and Indigenous peoples, international comparisons (selected years)



Indigenous children are hospitalised more often and suffer from high rates of respiratory and intestinal infections, eye and ear infections.

- In remote areas, they are three times as likely as non-Indigenous children to die before the age of one.

- The major cause of illness is preventable infections⁵.
- Aboriginal children in remote communities in the Northern Territory suffer so many middle ear infections in early childhood that *only* 7% have normal healthy ears. By 2½ years old, 25% have perforated eardrums⁶ and it is estimated that up to half of Aboriginal children in remote communities have hearing loss⁷.
- The current rate of ear infections in remote NT communities ranges from 8% to over 50%. The World Health Organization regards a rate of 4% as a 'massive public health problem'⁸.

In later life

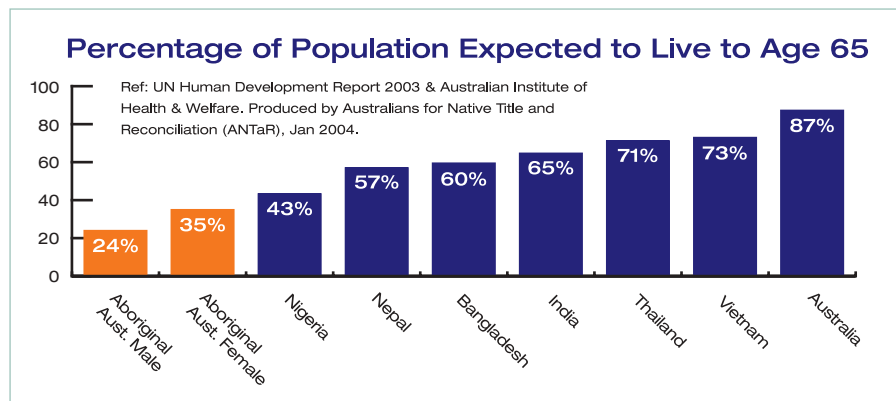
Aboriginal people are hospitalised at about twice the rate of non-Indigenous people. Compared with the population as a whole:

- the rate of rheumatic heart disease is 6-8 times higher;
- rates of diseases of the circulatory system are about three times higher;
- respiratory disease is four times more common;
- diabetes occurs four times more often⁹; and
- kidney disease is nine times higher¹⁰ (in some regions, 25 and even 60 times higher¹¹).

Isn't it normal for Indigenous populations to have poor health?

No! Similar first world countries, such as New Zealand, Canada and the USA, have made huge improvements in the health of Indigenous peoples in the past 30 years. In these countries the gap in life expectancy between Indigenous and non-Indigenous people has narrowed to between **four and 10 years** – compared with a gap of about **20 years** in Australia.

In Australia, the gaps in health and life expectancy have actually got worse.



“Twenty years is just short of the standard measure of a generation. It represents a tragic loss and a waste, for Indigenous people and for Australia as a whole.”

Gary Banks, Chairman, Productivity Commission, November 2003

Surely this 'emergency' affects only a few Indigenous people in remote areas?

No! It affects all Indigenous people, though many health problems are more visible in remote communities. Aboriginal and Torres Strait Islander populations live in urban, regional and remote regions, and as a whole suffer from the health problems described in this information kit.

Isn't it everyone's responsibility to look after their own health?

Yes, but all people need to be empowered and have the resources to do so. People who have a job, a reasonable income, who have access to health services and at least a basic education are in the best position to look after their health.

Even in a wealthy country like Australia, many people worry about the cost of going to a doctor. Some can't afford to buy healthy food, don't have good quality drinking water, or live in overcrowded housing.

But as a distinct group, Indigenous people have much, much worse health on average than other Australians. Indigenous

people are more likely to be unemployed (20%)¹², and those who are working earn 40% less than other Australians. On the whole, Indigenous Australians are poorer, more disadvantaged, less educated and have less access to adequate health care than other Australians.

The gap between Indigenous and non-Indigenous Australians is *widening* because their circumstances have not kept pace with improvements in the health and well-being of non-Indigenous Australians. As a result the level of relative disadvantage faced by Indigenous Australians has continued to grow over time.

World health authorities talk about several factors that impact on health, called the *Social Determinants of Health*, which are explained in more detail in information sheet number 4.

What can we do?

The level of additional resources to improve health services is relatively small.

Professor John Deeble has estimated that an additional \$300 million per year is needed to provide an equitable allocation

of health care resources to Indigenous people¹³. **This represents less than 1% of the total Commonwealth health budget**¹⁴. This alone would make an enormous difference to improving Indigenous health and preventing serious illnesses.

There are many underlying causes of this health crisis. In this information kit, The Fred Hollows Foundation explores some of the main issues and how they could be changed. Some could be changed quickly; some may take some years.

What is clear is that we have to set to work **now** to help those who are ill and to make sure that the children of today and tomorrow have a fair start in life.

References

1. 'Indigenous' means Australia's Aboriginal and Torres Strait Islander peoples. Statistics in this leaflet are drawn from the *AIMA Public Report Card 2002 - No more excuses*, and *AIHW Health and Welfare of Australia's Aboriginal and Torres Strait Islander Population 2003*.
2. *ABS Deaths, 2001*; this is an average and there are large variations between different regions (eg for Indigenous men in NT, mean age at death is 47.1 years; for Indigenous women in NSW it is 61.9 years).
3. Taylor J, *Aboriginal Population Profiles for Development Planning in the Northern East Kimberley*, p.76 Centre for Aboriginal Economic Policy Research (CAEPR) Research Monograph no.23
4. less than 2500gm
5. *Health is Life - Report on the Inquiry into Indigenous Health*, House of Representatives Standing Committee on Family and Community Affairs, Canberra, May 2000
6. Menzies School of Health Research, *Prevention of Otitis Media with Prevenar and Training*, 2001. This study of 29 Northern Territory communities found high levels of middle ear infections in children 6 months to 2.5 years old. See also *Medical Journal of Australia*, http://www.mja.com.au/public/issues/177_04_190802/coa10271_fm.html.
7. AMA, "Poor Living Conditions blamed for chronic ear infections in Aboriginal kids", MJA release, August 2002, <http://www.ama.com.au/web.nsf/doc/WEEN-5GB3ND>
8. Leach, Dr A, "Multi-disciplinary Otitis Media Research in Remote Area Children", OATSIH publication, at <http://www.health.gov.au/oatsih/pubs/om/leach.pdf>; World Health Organization: "A prevalence of >1% of COM [chronic otitis media] in children in a defined community indicates that there is an avoidable burden of the disease, but which can be dealt with in the general health care context. A prevalence of 4% indicates a massive public health problem of COM which needs urgent attention in targeted populations." (<http://www.who.int/pbd/pdh/Docs/COM-Cover-sum.html>)
9. The highest levels of diabetes are in the Torres Strait, where 24% of Indigenous people have type 2 diabetes.
10. ABS, *Health and Welfare of Australia's Aboriginal and Torres Strait Islander Population 2003* <http://www.aihw.gov.au/publications/ihw/hwaatsip01/>
11. Dr Wendy Hoy, quoted in *University of Sydney News*, August, 2003, http://www.usyd.edu.au/news/newsevents/articles/2003/08/08_health.shtml
12. This figure does not count people on 'work for the dole' schemes.
13. Professor John Deeble, *Expenditures on Aboriginal and Torres Strait Islander health*, AMA 2003, [http://www.ama.com.au/web.nsf/doc/WEEN-5N6285/\\$file/AMA_03Deeble.pdf](http://www.ama.com.au/web.nsf/doc/WEEN-5N6285/$file/AMA_03Deeble.pdf)
14. Australian Institute of Health and Welfare, 2003, *Health expenditure Australia 2001-02* AIHW Cat. no. HWE 24. The Commonwealth spent \$30.7 billion in 2001-2. Total national spending on health in 2001-2 was \$66.6 billion, with the Commonwealth and state/territory governments contributing a total of \$45.5 billion (69.1%) (AIHW media release, 19 September 2003)

Could we do better?

Australia has not done well compared with the USA, Canada and New Zealand.

USA

In 1972-1974, life expectancy for American Indians and Alaskan Natives was 63.5 years (higher than the current life expectancy of Indigenous Australians). Within 20 years (by 1992-1994), this had increased to 71.1 years, only 4.4 years less than the US population as a whole.

Canada

In 1996 the gap in life expectancy between registered Indians and the

general population was approximately six years.

New Zealand

Over 40 years, the gap between Maori life expectancy and the overall population narrowed from 14-16 years to between 5-6 years. Recently there have been improvements in life expectancy for the non-Indigenous population which have not been matched for the Maori population, and so the gap has widened again to about 10 years. Mortality rates have decreased: for 5-9 year olds they are about equal with the mainstream population.

Comparisons of life expectancy for Indigenous peoples in Australia, Canada, New Zealand and the United States of America

