

Aboriginal Health Report Card

Closing the Gap Day – 22 March 2012



The NSW Government is committed to closing the gap in health outcomes between Aboriginal and non-Aboriginal people.

Increasing reporting on population health and health system indicators will facilitate improved monitoring of progress in closing the gap. The NSW Ministry of Health, in partnership with the Aboriginal Health and Medical Research Council of NSW, is developing a 10-year Aboriginal Health Plan which will direct efforts towards significantly improving the health and wellbeing of Aboriginal people in NSW. This report card provides a summary of the Aboriginal Health Report (Special Edition of the Chief Health Officer Report) which will be released in 2012. The report will set the baseline from which progress can be monitored against the 10-year plan across key population health and health system indicators.

Policy Context

Monitoring health outcomes and health system performance in Aboriginal health sits within a national and NSW policy context. Key plans include the Aboriginal Health Plan (currently being developed) and *NSW 2021: A plan to make NSW number one* which includes targets for a range of indicators. A recently established NSW Ministerial Taskforce on Aboriginal Affairs will focus on social determinants of health. The National Indigenous Reform Agreement and related National Partnership Agreements also set direction and targets for closing the gap in Aboriginal health.

The Health System in NSW

The health system in NSW is complex, with responsibility for service provision shared across a range of stakeholders. Key stakeholders in Aboriginal health in NSW include, but are not limited to;

- Australian Government
- NSW Ministry of Health
- Aboriginal Health and Medical Research Council of NSW
- Local Health Districts
- Medicare Locals
- Aboriginal Community Controlled Health Services
- General practitioners and private medical specialists
- Non-government organisations

The NSW Aboriginal Population

More Aboriginal people live in NSW than any other State or Territory. An estimated 152,685 Aboriginal people live in NSW, comprising 2.2% of the total NSW population, and 29% of the total Aboriginal and Torres Strait Islander population in Australia.

Health Disparity

There is a large disparity in life expectancy and health outcomes between Aboriginal and non-Aboriginal people in NSW.

Socio-economic disadvantage is a key determinant of health, and Aboriginal people in NSW experience significant socio-economic disadvantage compared to non-Aboriginal people, including¹:

- Aboriginal adolescents have lower retention rates at school.
- Aboriginal people are less likely to obtain non-school qualifications.
- The Aboriginal population has a lower labour force participation rate for the non-Aboriginal population.
- Aboriginal people have lower household incomes than the general population.

The higher burden of disease in Aboriginal people is due to largely preventable diseases such as cardiovascular disease, type 2 diabetes, mental disorders, chronic respiratory disease and cancer². Risk factors contributing most to the higher burden of disease in Aboriginal people are tobacco, high body mass, physical inactivity, high blood cholesterol, and alcohol².



Health

Health Outcomes

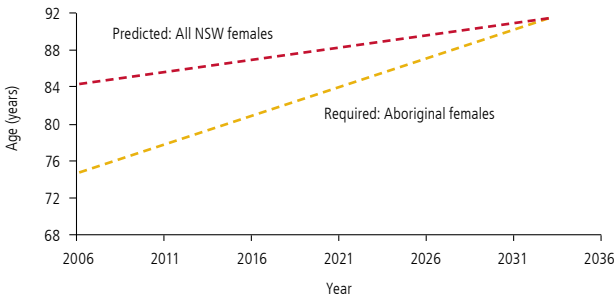
LIFE EXPECTANCY

Target: Close the Gap in Life Expectancy between Aboriginal and non-Aboriginal People within a generation - by 2033 (National Indigenous Reform Agreement 2008)

Life expectancy at birth for Aboriginal males in NSW in 2006 was estimated to be 69.6 years, 9.4 years less than for all NSW males.

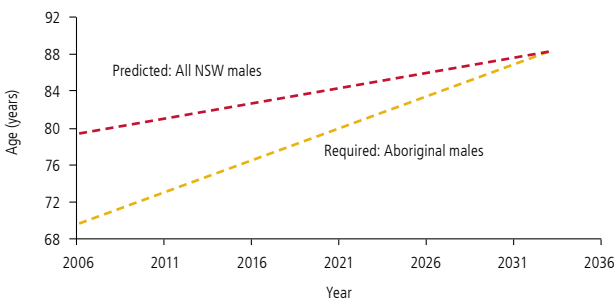
Life expectancy for Aboriginal females in NSW in 2006 was 74.8 years, 9.2 years less than for all NSW females.

Figure 1. Required trajectory to Close the Gap in Life expectancy between Aboriginal and non-Aboriginal females by 2033 in NSW, 2006^A



Data Source: Australian Bureau of Statistics, 2009

Figure 2. Required trajectory to Close the Gap in Life expectancy between Aboriginal and non-Aboriginal males by 2033 in NSW, 2006^A



Data Source: Australian Bureau of Statistics, 2009

CHILD MORTALITY

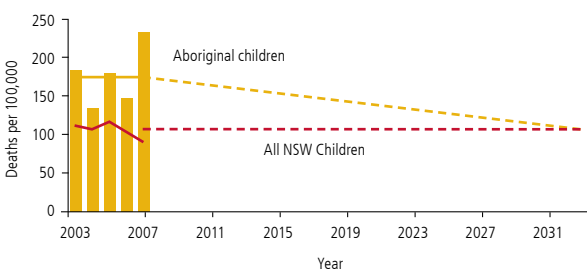
Target: Halve the gap in mortality rates for Aboriginal children aged under five years within a decade - by 2018 (National Indigenous Reform Agreement 2008).

In NSW in 2007 the child mortality rate for Aboriginal children aged less than five years was 234 per 100,000, over twice the rate for non-Aboriginal children (91 per 100,000).

Target: Halve the gap in mortality rates for Aboriginal children aged under one year by 2018 (NSW State Plan 2021).

In NSW in 2006-2008 the infant mortality rate for Aboriginal infants (aged less than one year) was 7.7 deaths per 1000 live births, which is 1.6 times the rate for all NSW children (4.5 deaths per 1000 live births).

Figure 3. Trajectory required to Close the Gap in child mortality (0-4) rate in NSW by 2033^B

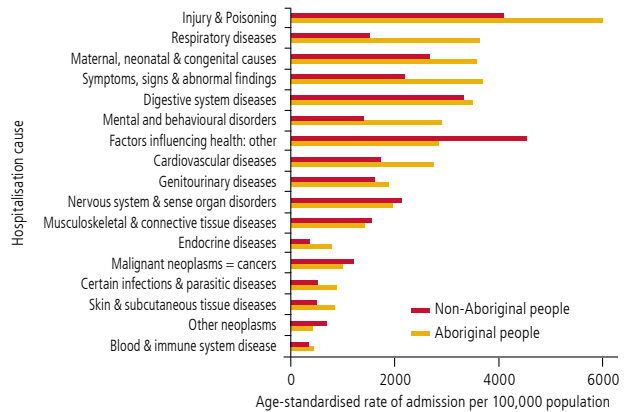


Data Source: Australian Bureau of Statistics, 2009

HOSPITALISATION RATES BY CAUSE

Hospitalisation rates reflect the occurrence of conditions requiring hospital treatment and access to hospital treatment. In NSW in 2010/11, Aboriginal people were 1.7 times more likely to be hospitalised than non-Aboriginal people. The most common causes of hospitalisation include dialysis, injury and poisoning, respiratory diseases and maternal, neonatal and congenital causes. Figure 4 does not include hospitalisations due to dialysis, as these reflect repeated hospitalisations for a small number of people.

Figure 4. Hospitalisation rates (all ages) by cause for Aboriginal and Non-Aboriginal people in NSW, 2010/11

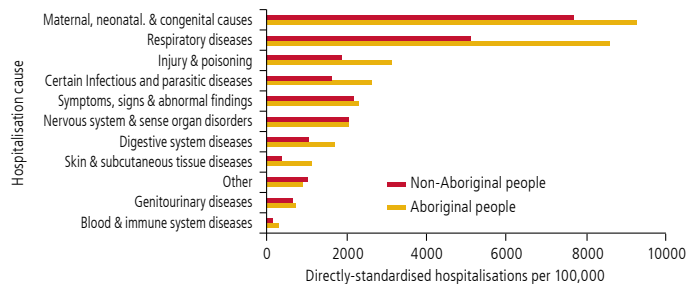


Data Source: NSW Admitted Patient Data Collection and Australian Bureau of Statistics population estimates

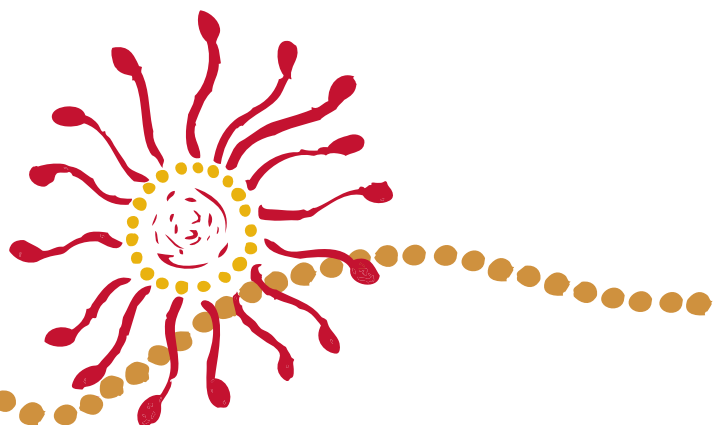
CHILD HOSPITALISATIONS

In NSW in 2010/11, Aboriginal children aged less than five years were 1.2 times more likely to be hospitalised than non-Aboriginal children. The main cause of hospitalisations for Aboriginal children aged less than five years is for maternal, neonatal, and congenital conditions. Aboriginal children aged under five are 1.6 times more likely to be admitted for respiratory diseases than non-Aboriginal children, 1.6 times more likely to be admitted for injury, 1.6 times more likely to be admitted for infectious diseases, and 2.8 times more likely to be admitted for skin conditions than non-Aboriginal children.

Figure 5. Cause of hospitalisation for Aboriginal and non-Aboriginal children aged 0-4 years in NSW, 2010/11



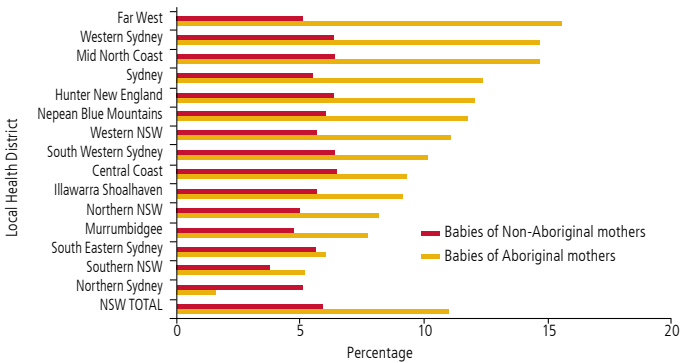
Data Source: NSW Admitted Patient Data Collection and Australian Bureau of Statistics population estimates



BABIES OF LOW BIRTH WEIGHT

Low birth weight babies (< 2,500 grams) have a greater risk of poor health and dying, require longer hospitalisation after birth, and are more likely to develop disabilities. Factors contributing to low birth weight include socioeconomic status, size of parents, age of mother, number of babies previously born, mother's nutritional status, smoking and alcohol intake, and illness during pregnancy. In NSW in 2010, the proportion of babies born who were of low birth weight was 11% for babies of Aboriginal mothers and 6% for babies of non-Aboriginal mothers. Babies of Aboriginal mothers were 1.9 times more likely to have low birth weight than babies of non-Aboriginal mothers in 2010.

Figure 6. Proportion of low birth weight babies in NSW, by LHD, 2009-2010



Data Source: NSW Perinatal Data Collection

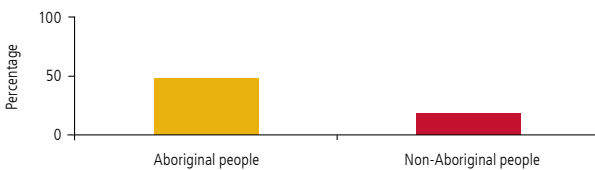
Determinants of Health

SMOKING

Target: Reduce smoking rates in Aboriginal people by 4% by 2015 (NSW State Plan 2021)

Smoking is a major risk factor for coronary heart disease, stroke, peripheral vascular disease, cancer and a variety of other diseases and conditions, and is the leading preventable contributor to the gap in life expectancy between Aboriginal and non-Aboriginal people in NSW. In 2007/08 in NSW, Aboriginal people were 2.5 times more likely to report smoking than non-Aboriginal people⁴.

Figure 7. Current daily smoking in Aboriginal and non-Aboriginal adults aged 18 years and over, age standardised, NSW, 2008 and 2007/08



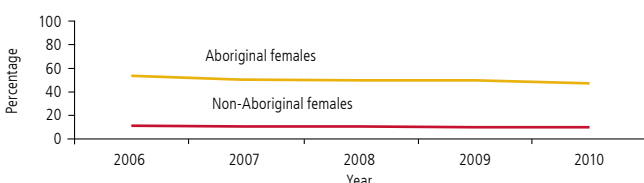
Data Source: Australian Institute of Health and Welfare analyses of National Aboriginal and Torres Strait Islander Social Survey 2008 and National Health Survey 2007/08

SMOKING IN PREGNANCY

Target: Reduce the rate of smoking in pregnant Aboriginal women by 2% per year (NSW State Plan 2021).

Maternal smoking during pregnancy increases the risk of spontaneous abortion, low birth weight, preterm delivery, and infant mortality. In NSW in 2010, the proportion of women who reported smoking during pregnancy was 48% for Aboriginal women, and 10% for non-Aboriginal women. Aboriginal women were 4.8 times more likely to report smoking during pregnancy than non-Aboriginal women in 2010.

Figure 8. Proportion of mothers of newborn babies who report smoking during pregnancy, 2006-2010



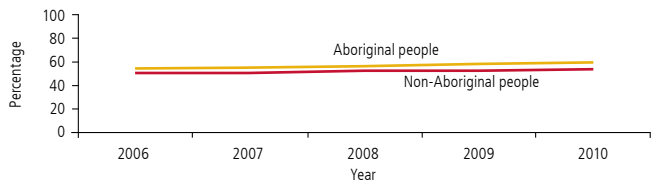
Data Source: NSW Perinatal Data Collection

OVERWEIGHT AND OBESITY

General target (Not specific for Aboriginal people): Reduce overweight and obesity rates of children and young people (5-16 years) to 21% by 2015 and stabilise overweight and obesity rates in adults by 2015, and then reduce by 5% by 2020 (NSW State Plan 2021).

Obesity increases the risk of developing Type 2 diabetes and cardiovascular disease, and contributes significantly to the total burden of disease gap between Aboriginal and non-Aboriginal people². In 2007-2010 in NSW, Aboriginal people were 1.1 times more likely to report being overweight or obese than non-Aboriginal people.

Figure 9. Overweight and obesity by year, adults aged 16 years and over, NSW, 2005 -2010^c



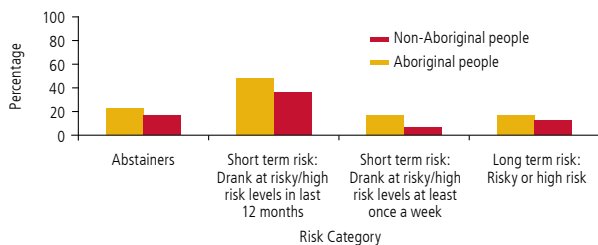
Data Source: NSW Population Health Survey, 2011

ALCOHOL CONSUMPTION

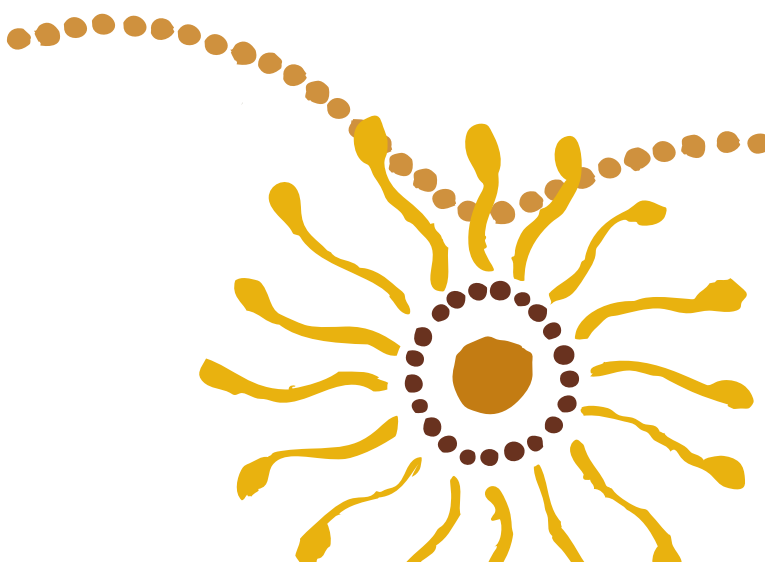
General target (Not specific for Aboriginal people): Reduce total risk drinking to below 25% by 2015 (NSW State Plan 2021).

Excessive use of alcohol is a risk factor for liver disease, pancreatitis, diabetes and some cancers. Alcohol also contributes to motor vehicle accidents, falls, burns and suicide, and has been associated with social issues including family violence and breakdown, child abuse and neglect, diversion of income and high levels of incarceration. In 2004/05 in NSW, Aboriginal people were 1.4 times more likely to report abstaining from alcohol than non-Aboriginal people and, Aboriginal people were 2.4 times more likely to report consuming alcohol at short-term high risk levels at least once a week³.

Figure 10. Alcohol risk levels for Aboriginal and non-Aboriginal people, aged 18 and over, age standardised, NSW and Australia, 2004-05



Data Source: Australian Institute of Health and Welfare analyses of National Aboriginal and Torres Strait Islander Health Survey, 2004/05 and National Health Survey 2004/05



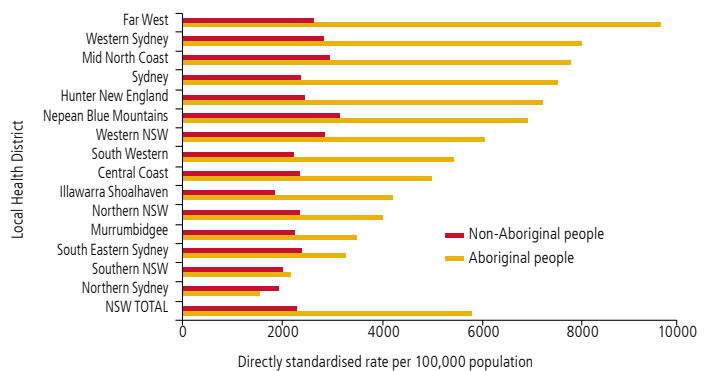
Health System Indicator

POTENTIALLY PREVENTABLE HOSPITALISATIONS

Target: Reduce the age-standardised rate of potentially preventable hospitalisations by 2.5% for Aboriginal people by 2014-15 (NSW State Plan 2021).

Potentially preventable hospitalisations are those hospitalisations which are considered potentially avoidable through preventive care and early disease management. These are considered to be sensitive to the availability, effectiveness, timeliness, and adequacy of primary health care. In NSW in 2010/11, admission rates for potentially preventable hospitalisations were 5771 per 100,000 population for Aboriginal people, and 2291 per 100,000 for non-Aboriginal people. Aboriginal people were 2.5 times more likely to be admitted for potentially preventable hospitalisations than non-Aboriginal people in 2010/11.

Figure 11. Potentially preventable hospitalisations for Aboriginal and non-Aboriginal people in NSW by Local Health District, 2010/11



Data Source: NSW Admitted Patients Data Collection



For More Information

Centre for Aboriginal Health, NSW Ministry of Health
Health Statistics NSW: <http://www.healthstats.nsw.gov.au/>

ACKNOWLEDGEMENTS

We acknowledge the significant contribution of the Aboriginal Health and Medical Research Council of New South Wales and the Centre for Epidemiology and Evidence in the development of this report card.

NOTES

A The most recent life expectancy data available from ABS is 2006/07. Life expectancies for all NSW population are predicted to 2033 based on 35 year historical trends remaining constant (increasing by 0.33 per year for males and 0.26 for females). A change in the method for calculating life expectancy prevents comparison of life expectancy trends over time. The trajectories for Aboriginal people represent the increase required to close the gap in life expectancy by 2033. **B** Child mortality for all NSW children aged 0-4 is based on the average of 2003-2007 rates and is predicted to remain constant. The trajectory for Aboriginal children represents the yearly decrease in child mortality required to close the gap by 2033. **C** Overweight and obesity indicator uses self-reported data from the NSW Population Health Survey and may underestimate true prevalence. The data (2001-10) have been age and sex adjusted and Holt Exponential smoothing applied.

General Note: Under-identification of Aboriginal people is a significant issue in administrative data sets, and the completeness of identification in NSW datasets varies. In this report card, records that were not positively identified as Aboriginal or non-Aboriginal were not included.

REFERENCES

1 Australian Health Ministers' Advisory Council (2011), Aboriginal and Torres Strait Islander Health Performance Framework Report 2010, AHMAC, Canberra. **2** Vos T, Barker B, Begg S, Stanley L & Lopez AD 2009. Burden of disease and injury in Aboriginal and Torres Strait Islander peoples: the Indigenous health gap. International Journal of Epidemiology 38(2): 47-7. **3** Australian Institute of Health and Welfare 2011. Aboriginal and Torres Strait Islander Health Performance Framework 2010 report: New South Wales. Cat. no. IHW 65. Canberra: AIHW. **4** SCRGSP (Steering Committee for the Review of Government Service Provision) 2011, Overcoming Indigenous Disadvantage: Key Indicators 2011, Productivity Commission, Canberra.

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