1. Health Status and Trends

The poor health status of Aboriginal and Torres Strait Islander peoples is well known. Aboriginal people start life smaller (average birth weight 3140g compared with an Australian average of 3349g) and finish it earlier. The life expectancy for an Aboriginal and Torres Strait Islander is about 62 years for females (Australian average 81) and 57 years for males (Australian average 75).

Maternal and infant mortality rates are higher for Aboriginal people. Increased rates of still birth, neo-natal and post-natal deaths accompany low birth weights. Aboriginal mothers account for almost 30% of all maternal deaths but less than 3% of all confinements.

Hospital discharge rates are well over the national average – 70% higher for males and 57% higher for females. Infectious diseases are a tremendous problem, with age-standardised mortality rates for infectious diseases 12 times higher among Aboriginal and Torres Strait Islander peoples than the Australian average.

Chronic diseases are a serious health problem:

- diabetes affects 30% of people in some Aboriginal and Torres Strait communities, which is four times the non-Aboriginal rate;
- trachoma continues to be a significant cause of blindness and visual impairment in remote communities;
- chronic ear disease is common in many communities; and
- chronic renal failure is far more common in Aboriginal than non-Aboriginal people.

At any age, Aboriginals and Torres Strait Islanders are more than twice as likely to die as are non-Aboriginals. For Aboriginals aged 25 to 44, the risk is five times greater than the national average.

Aboriginals and Torres Strait Islanders have considerable risk factors for ill-health. Although the proportion of Aboriginals and Torres Strait Islanders who drink alcohol is lower than the national average, those who do drink are likely to drink enough to harm themselves. As well, the proportion of Aboriginal people who smoke is double the national average.

Despite this gloomy picture, there have been some improvements in the health of Aboriginal and Torres Strait Islander peoples.

- The age-standardised death rates from cardiovascular disease declined by 19% among Aboriginal males between 1985 and 1992.
- Death from lung cancer is declining among Aboriginal men, although not among Aboriginal women.

- Alcohol-related deaths are declining.
- Deaths from car accidents declined by 27% in men between 1985 and 1992, although they remained stable in women.
- Deaths from homicide declined by 50% in men in the same period, although they remained stable in women.
- The number of deaths from pneumonia, which to some extent is a disease of poverty and poor social status, remains stable.
- The infant mortality rate continues to decline, but its rate of decline appears to have slowed.

But the health of Aboriginal and Torres Strait Islander peoples has not improved as much as it should. The health of indigenous populations in other industrialised nations has improved significantly in recent decades to the point where they are approaching the average health of those nations. The same cannot be said of Aboriginals and Torres Strait Islanders. On some measures, the health of Aboriginals and Torres Strait Islanders has declined. More Aboriginal people, for example, are dying of diabetes, with age-standardised death rates in males rising from 36 per 100,000 in 1985–86 to 82 per 100,000 in 1991–92. A much smaller rise was seen among Aboriginal women.

Communicable diseases including HIV/STDs further complicate the problems already present. Mental health is also an important issue.

Part of the problems with health may lie in access to services and information. Only 28% of Aborigines live in capital cities with easy access to all mainstream health services, 50% live in towns and rural communities and the remainder in remote areas.

There is a great need for more and better information about the health and welfare of Aboriginal and Torres Strait Islander peoples. Improved information is needed for:

- the identification of health and welfare problems and at-risk groups;
- setting priorities for interventions and policies;
- planning programs and policies;
- monitoring changes over time; and
- evaluating the effectiveness of interventions.