THE HEALTH OF ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE IN THE ACT 2000 TO 2005

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FOREWORD

Comprehensive information on the health status of Aboriginal and Torres Strait Islander people in the ACT has been difficult to obtain to date. The Aboriginal and Torres Strait Islander population of the ACT is a highly mobile group with almost one third moving house in any one year and approximately one in ten moving three times in a one-year period. Recording of Aboriginality on survey and administrative collections has also been spasmodic and problematic, making the quality of data questionable.

Whilst recognising that there are still gaps in knowledge, this publication provides the most comprehensive overview of Aboriginal and Torres Strait Islander health status so far. It draws on all available data from national and ACT specific surveys and administrative collections and presents the latest information on population, health risk behaviours, health status, health related actions, emotional wellbeing and health service use.

Unfortunately the statistics presented are unable to reflect the complexity of the interaction between health and social issues. It is well recognised that the physical and social environments in which people live, impact on their health status and how they react to illness. This is particularly important for Aboriginal and Torres Strait Islander people who generally still suffer social, economic and health disadvantage in the ACT and Australia.

Aboriginal and Torres Strait Islander people living in the ACT continue to experience poorer health outcomes than non-Aboriginal residents, but, as the ACT enjoys excellent environmental conditions and opportunities, I look forward to continued improvements to the health status of this group. With continued efforts to improve the quality of Indigenous identification on administrative and survey collections, I believe we will be in a better position to identify and evaluate health status and therefore target health programs more effectively.

I commend this publication to all those interested in monitoring the health status of our Aboriginal and Torres Strait Islander residents. It will assist in identifying issues and challenges and contributes to the knowledge necessary to develop and extend appropriate services.

Katy Gallagher

Katy Gallagher MLA

Minister for Health

Executive Summary

Demographic overview

The ACT Aboriginal population has a younger age structure than the total population in the ACT, with an estimated 38% of the Aboriginal population aged 15 years or less compared to 19% for the same age group in the non-Aboriginal population. Four per cent of Aboriginal and Torres Strait Islander people in the ACT were aged over 55 years in 2001 and less than one per cent were aged 75 years or more compared to 17% and 4% respectively for the non-Aboriginal population.

Self assessed health status

Almost half of respondents reported their health to be excellent or very good. A further third reported their health to be good and approximately one in five respondents reported their health to be fair or poor. These results are similar to those reported by Aboriginal and Torres Strait Islander people nationally, however significantly fewer Aboriginal ACT residents reported their health to be excellent or very good compared with non-Aboriginal ACT residents.

Long term health conditions

Eight in ten ACT respondents reported at least one long term condition. The most frequently reported long term health conditions reported were eye-sight problems and asthma. Aboriginal and Torres Strait Islander ACT residents reported asthma and back problems at significantly higher rates than non-Aboriginal ACT residents.

Health risk behaviours

Four in ten Aboriginal and Torres Strait Islander ACT adult residents reported being daily smokers (females more than males), one in ten reported risky or high risk alcohol consumption and six in ten reported being overweight or obese (males more than females). Aboriginal and Torres Strait Islander women who gave birth and secondary students were also significantly more likely to report being smokers than non-Aboriginal and Torres Strait Islander people.

Over half of Aboriginal and Torres Strait Islander adults and secondary students in the ACT reported being overweight or obese.

Health related actions

Nine out of ten Aboriginal and Torres Strait Islander adults reported that they consumed less than the recommended number of serves of vegetables each day. One third reported that they consumed sufficient fruit to meet the recommended guidelines.

One in four Aboriginal and Torres Strait Islander secondary students reported that they consumed sufficient fruit (38.8%) and over half consumed sufficient vegetables (56.4%) to meet the recommended nutritional guidelines for adolescents. This was significantly higher than the percentage of non-Aboriginal and Torres Strait Islander students meeting the guidelines.

Eight in ten Aboriginal and Torres Strait Islander adults in the ACT reported that they had never received a vaccination for pneumonia. This was significantly higher than reported nationally (58%). Almost nine in ten Aboriginal and Torres Strait Islander children were fully immunised at age 12-15 months.

One third of Aboriginal and Torres Strait Islander secondary students reported that they participate in sufficient physical activity to meet the national guidelines. This was significantly higher than for non-Aboriginal and Torres Strait Islander students. One quarter of students report that they meet the national guidelines for the amount of screen activities during the week (ie. Internet surfing, television viewing, computer games).

Four in ten Aboriginal secondary students reported that they would usually or always practice sun protective behaviours such as wearing a hat, wearing clothes covering most of their body or wearing maximum protection sunscreen to protect themselves from the sun during high risk times.

Emotional wellbeing

Three quarters of Aboriginal and Torres Strait Islander adults in the ACT reported feeling happy all or most of the time. Almost half of respondents reported that they had a lot of energy all or most of the time.

Almost nine in ten Aboriginal and Torres Strait Islander adults in the ACT reported that they or their family or friends had experienced at least one significant personal stressor during the twelve months prior to being surveyed. The most frequently reported stressors were the death of a family member or close friend and having a serious illness or disability.

Hospital service use

During the five year period 2000-01 to 2004-05, there were 2,578 separations (excluding 2,336 renal dialysis separations) provided at ACT hospitals for people who identified as Aboriginal and Torres Strait Islander. The average age of Aboriginal and Torres Strait Islander people who had a hospital separation was 32 years, significantly younger than the average age for non-Aboriginal people (45 years).

The most frequent reasons for hospitalisation included pregnancy and birth, digestive system diseases, factors influencing health status, injury and poisoning and mental and behavioural disorders. Aboriginal and Torres Strait Islander people are requiring hospital treatment for many conditions at significantly younger ages than non-Aboriginal people in the ACT.

During 2000-04, 240 Aboriginal and Torres Strait Islander women in the ACT gave birth to 246 babies. Aboriginal and Torres Strait Islander women are giving birth at younger ages with age specific fertility rates for Aboriginal and Torres Strait Islander women aged less than 25 years being approximately double those for non-Aboriginal women. The percentage of low birthweight (less than 2,500 grams) babies born during 2000 to 2004 was significantly higher for Aboriginal and Torres Strait Islander women when compared with non-Aboriginal women. The average birthweight for babies of Aboriginal and Torres Strait Islander women who smoked during pregnancy was significantly lower than for Aboriginal women who did not smoke.

There were 5,887 presentations to ACT public hospital emergency departments by ACT residents who identified as Aboriginal and Torres Strait Islander. One quarter of these presentations were for injuries or poisonings.

Key Issues and Future Directions

Aboriginal and Torres Strait Islander people in the ACT continue to experience poorer health outcomes than non-Aboriginal residents, on a range of health indicators. However, the ability to identify and monitor Aboriginal health status is hindered by the lack of robust information. Further detail is contained in Section 11.

ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH IN THE ACT

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FIGURES

1 Introduction

This publication provides an overview of the health status of Aboriginal and Torres Strait Islander people in the ACT. The information included has been drawn from a range of sources including national surveys and data collections and ACT Health administrative data collections. For the first time, the sample size for the National Aboriginal and Torres Strait Islander Health Survey 2004-05 (NATSIHS) was sufficient to allow State and Territory level estimates to be calculated for some indicators.

Note that in some sections of the text the term 'Aboriginal' has been used to refer to Aboriginal and Torres Strait Islander people, as a contraction to improve readability and interpretation.

Section 2 of this report provides information relating to data sources used in the report and outlines current initiatives being undertaken to improve the quality and availability of Aboriginal and Torres Strait Islander health data in the ACT.

The demographic overview for Aboriginal and Torres Strait Islander ACT residents is in Section 3.

ACT results from the NATSIHS are presented for a range of health conditions, health risk behaviours and health related actions in Sections 4 to 9.

Hospital service use for Aboriginal and Torres Strait Islander ACT residents was analysed for the period 2000 to 2005 (Section 10). Section 11 addresses some key issues for consideration.

2 Data sources and methods

Comprehensive information on the health status of Aboriginal and Torres Strait Islander peoples in the ACT has been difficult to obtain, due to the small population size, a high degree of population mobility and issues concerning the recording of Aboriginality in existing health data collections. However, the release of ACT results from the following surveys and other data sources has provided some information relating to health status, health related behaviours and emotional wellbeing.

Unless otherwise noted, information is only presented in this publication if the Relative Standard Error (RSE) was less than 25% and the estimate is therefore considered reliable,.

2.1 National Aboriginal and Torres Strait Islander Health Survey 2004-05

The NATSIHS was conducted from August 2004 to July 2005 and included people who identified or are identified as being of Aboriginal, Torres Strait Islander or both Aboriginal and Torres Strait Islander origin. Further information relating to this survey is available in the *National Aboriginal and Torres Strait Islander Health Survey* publication (ABS, 2006a). As the ACT sample only comprised 190 households and 368 individuals who responded to the survey there are limits on the level of detail at which the data can be analysed.

Age standardised rates are used where comparisons are made between results for Aboriginal and non-Aboriginal ACT resident respondents to adjust for differences in the age structure of each population.

2.2 Australian Secondary Students Alcohol and Drug survey – ACT

During 2005, ACT Health and the Department of Education and Training conducted the Australian Secondary Students Alcohol and Drug survey of ACT students in Years 7 to 12.

The survey included a series of questions about tobacco, alcohol and other substance use, sun protective behaviours, dietary behaviours, weight and height, and physical activity levels. Similar surveys were conducted in the ACT in 1996, 1999 and 2002.

The results presented here include responses from 45 students who identified as Aboriginal or Torres Strait Islander aged between 12 and 17 years attending government, Catholic and independent secondary schools in the ACT in 2005. Logistic regression models were used to identify changes in the proportion of students reporting specific behaviours between survey years and chi-square statistics were calculated to determine associations between variables. Note that probability levels below 0.05 are reported as significant.

2.3 2001 Census and administrative data collections

Demographic data is based on the 2001 Census conducted by the Australian Bureau of Statistics (ABS). Further information is available from www.abs.gov.au.

Five years of ACT hospital admission (ACT Admitted Patient Collection 2000-01 to 2004-05), maternal and perinatal data (ACT Maternal and Perinatal Data Collection, 2000-04), and emergency department presentation data (Emergency Department Information System 2000-01 to 2004-05) have been used in this report. Pooled data over a five-year period was used to provide sufficient data to analyse in some detail. However, the level of accuracy of Aboriginality identification is unknown, so the information presented should be interpreted with caution. A study is currently underway by the Australian Institute of Health and Welfare investigating Aboriginal and Torres Strait Islander identification rates for States and Territories including the ACT. Validation studies have shown there is a high degree of accuracy in the identification of Aboriginal and Torres Strait Islander mothers in the ACT Maternal and Perinatal Data Collection (MPDC).

2.4 Winnunga Nimmityjah Aboriginal Health Service

Information about health events that are not serious enough to require hospitalisation is currently not available. In order to rectify this, ACT Health has been working with Winnunga Nimmityjah Aboriginal Health Service Inc., which serves a large number of ACT residents and is the only ACT Aboriginal community controlled primary health care service in the ACT.

2.5 Other data sources

The total number and leading causes of death of Aboriginal and Torres Strait Islander ACT residents remains unknown, due to uncertainty regarding the accuracy of Aboriginal identification on death notifications. Statistics on cancer, pap smears and notifiable diseases are also unavailable, due to the absence of an Aboriginal and Torres Strait Islander indicator on key forms from which these registers are compiled.

2.6 Current initiatives

Current initiatives aimed at improving the quality and availability of Aboriginal and Torres Strait Islander health data in the ACT include:

- A study to accurately determine the level of under-identification of Aboriginal and Torres Strait Islander public hospital patients;
- A follow-up study to identify the causes behind the under-identification of hospital patients;
- Amendments to the ACT death regulations to require Aboriginal status on death certificates and death registration forms; and
- Introduction of an Aboriginal identifier on pathology request forms. A feasibility study for an ACT pilot is currently underway, under the auspices of the National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data (NAGATSIHID).

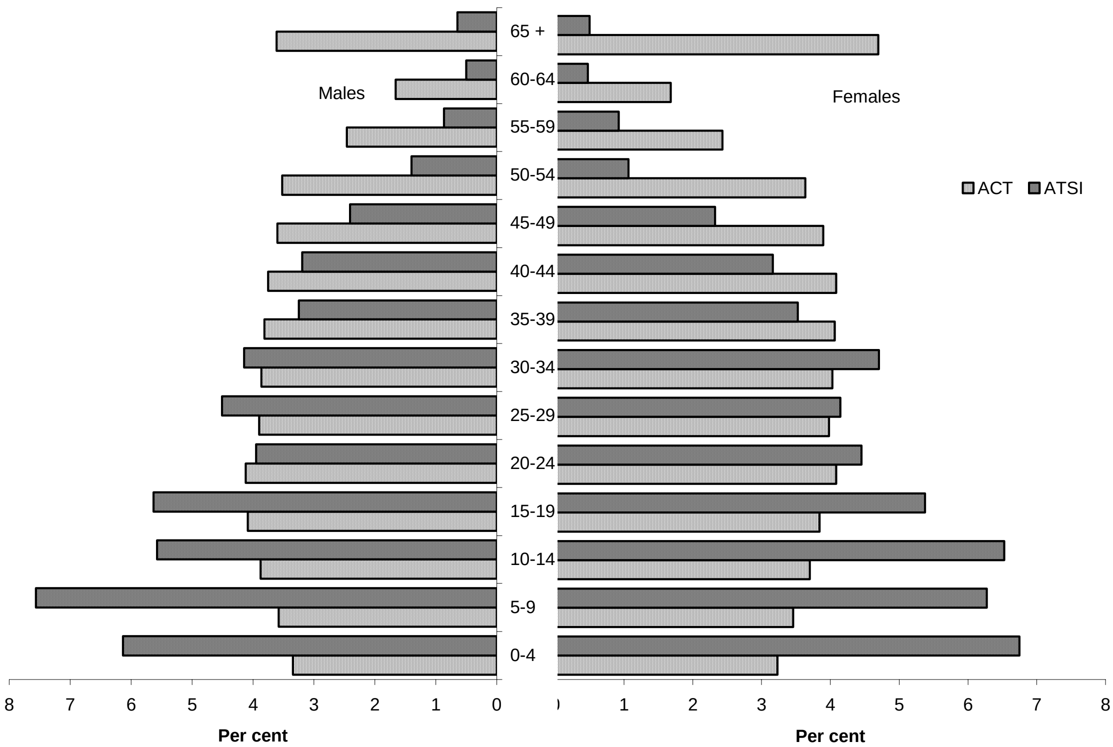
3 Demographic overview

The estimated resident Aboriginal and Torres Strait Islander population in the ACT in 2001 was 3,900, accounting for 1.2% of the total ACT population (ABS 2004a). The Australian Bureau of Statistics (ABS) estimates this population would have increased to between 4,204 and 4,607 persons by July 2004 (ABS 2004a). This population growth is thought to be due to a number of factors, including natural increase (the positive balance of births over deaths), net interstate migration and a greater propensity for people to identify as either 'Aboriginal' and 'Torres Strait Islander' (ACT Government, 2004).

Like all populations, the Australian Aboriginal population has undergone a series of demographic transitions over time, with fluctuations in fertility and mortality (Taylor 2000). During the early period of European settlement in Australia, the Aboriginal and Torres Strait Islander population declined markedly with reduced fertility and high levels of mortality. Then in the post-war era of the 1940s and 1950s, the birth rate gradually increased and the mortality rate declined, resulting in a rapid increase in population (Taylor, 2000).

More recently the focus has been on a transition based on lower population growth, characterised by reductions in both fertility and mortality (Taylor, 2000). Nationally, the Total Fertility Rate (TFR) for Aboriginal women reduced rapidly during the 1970's from around 6.0 in 1970 to 3.2 in 1981 (Caldwell, 2002). The reduction then slowed to 2.7 in 1996 (ABS, 1999). In 2004, the TFR for Aboriginal women remains higher at 2.1 babies, than for all Australian women (1.8 babies) (ABS, 2005a).

Figure 1: Age distribution of the ACT Aboriginal and Torres Strait Islander and total population, 2001



Data source: ABS, 2001 census Community Profile series: Indigenous Profile, 2002.0

Life expectancy remains significantly lower for Aboriginal and Torres Strait Islander people than for the total population. For example, the 2004 estimated life expectancy for Aboriginal males in the ACT, NSW and Victoria was 60 years (All ACT males 79.7 years) and for Aboriginal females was 65 years (All ACT females 83.9 years) (ABS, 2005b).

The higher fertility rate and lower life expectancy is reflected in the age distribution of the ACT Aboriginal and Torres Strait Islander population. The ACT Aboriginal population has a much younger age structure than the total population in the ACT (see Figure 1), with an estimated 38% of the Aboriginal population aged 15 years or less (ABS 2002), compared to 19% for the same age group in the non-Aboriginal population. Approximately four per cent of Aboriginal and Torres Strait Islander people in the ACT were aged over 55 years in 2001, and less than 0.5% were aged 75 years or more. In contrast, 17% of the non-Aboriginal population in the ACT were aged over 55 years, with almost four per cent aged 75 years or more in 2001.

Aboriginal people in the ACT are highly mobile. In 2002, almost one third had moved house in the previous year and one in ten had moved three times in a one-year period (ACT Government 2004).

The majority of Aboriginal people who moved to the ACT in 2001, moved from New South Wales (59%). Of these, 19% moved to the ACT from the immediate surrounds (Queanbeyan, the Southern Tablelands or the Lower South Coast); 25% moved from Sydney; 15% from the Murrumbidgee area and approximately 7% from North West NSW, Central West NSW or Illawarra (ACT Government 2004).

4 Self assessed health status

Self assessed health status provides an indication of the individual's perception of their health. The health status ratings reported by ACT respondents to the NATSIHS were similar to those reported by Aboriginal people nationally (Table 1) with almost half of respondents reporting their health to be excellent or very good (48.7%). A further third reported their health to be good and approximately one in five respondents reported their health to be fair or poor.

Table 1: Self assessed health status, Aboriginal people, ACT and Australia, 2004-05

	Aboriginal & Torres Strait Islander	
	ACT	**Australia**
	%	**%**
Self assessed health status (a)		
Excellent/very good	48.7	43.2
Good	33.9	34.9
Fair/Poor	17.4	21.9

(a) Persons aged 15 years and over.
Data source: ABS, 2006. National Aboriginal and Torres Strait Islander Health Survey, 2004-05, ACT results. Cat. No. 4715.8.55.005

However, significantly fewer Aboriginal ACT residents reported their health to be excellent or very good compared with non-Aboriginal ACT residents who responded to the National Health Survey (age standardised rates: Aboriginal 43.8%; Non-Aboriginal 58.0%; ABS 2006b). Similar proportions of Aboriginal and non-Aboriginal respondents reported their health to be good or fair/poor.

5 Long term health conditions

Eight in ten ACT Aboriginal respondents reported at least one long term health condition (82.3%) with the age standardised rate being similar for males and females. Just over half (51.6%) of respondents reported having three or more long term conditions.

The most frequently reported long term health condition reported by ACT respondents to the NATSIHS was eye/sight problems (37.9%) and almost one in five ACT respondents reported asthma as a long term health condition (Table 2). The proportions of long term health conditions reported were similar for ACT and Australian Aboriginal people.

Table 2: Long term health conditions, ACT and Australia, 2004-05

	Aboriginal & Torres Strait Islander	
	ACT	**Australia**
	%	**%**
Long term conditions (a)		
Eye/sight problems	37.9	30.2
Asthma	18.0	15.1
Ear hearing problems	14.5	12.2
Back pain/problems, disc disorders	13.6	13.1
Heart/circulatory disorders	10.0	11.8
Arthritis	8.7	9.1

(a) ICD-10 based output classification.

Data source: ABS, 2006. National Aboriginal and Torres Strait Islander Health Survey, 2004-05, ACT results. Cat. No. 4715.8.55.005

Age standardised rates were also similar for Aboriginal and non-Aboriginal ACT residents with the exception of asthma and back pain/problems. The rate of Aboriginal people reporting these conditions was 2 times higher for asthma and 1.4 times higher for back problems.

Prevalence rates for important chronic conditions such as diabetes and cancer are unable to be included as the relative standard error produced in the NATSIHS was too high to consider the prevalence estimates reliable.

6 Health risk behaviours

In summary, four in ten ACT respondents to the NATSIHS reported being daily smokers, one in ten reported risky or high risk alcohol consumption and six in ten reported being overweight or obese (Table 3). These rates were similar to those reported by Aboriginal people nationally. The rate of people reporting being current daily smokers was significantly higher for Aboriginal ACT residents compared to non-Aboriginal residents. Rates of risky/high risk alcohol consumption and overweight/obesity were similar for Aboriginal and non-Aboriginal ACT residents.

Table 3: Health risk behaviours by Aboriginal and Torres Strait Islander status, ACT and Australia, 2004-05

	Aboriginal & Torres Strait Islander		Non-Aboriginal and Torres Strait Islander
	ACT	**Australia**	**ACT**
	%	**%**	**%**
Risk behaviours			
Current daily smoker (a)	41.1	50.0	15.4
Risky/high risk alcohol consumption (a)	11.0	16.5	14.3
Overweight/obese (b)	58.1	56.6	48.7

(a)Persons aged 18 years and over

(b)Persons aged 15 years and over.

Data source: ABS, 2006. National Aboriginal and Torres Strait Islander Health Survey, 2004-05, ACT results. Cat. No. 4715.8.55.005

6.1 Smoker status

Nearly four in ten males and half the female respondents reported being current smokers (Table 4). One quarter of males and females reported being ex-smokers. Thirty seven per cent of males and 24.7% of females reported that they had never smoked. The differences between males and females were not statistically significant.

Table 4: Smoker status for Aboriginal and Torres Strait Islander residents aged 18 years and over, by sex, ACT, 2004-05

	Males	Females	Persons
	%	%	%
Smoker status			
Current smoker(a)	38.0	49.4	43.9
Ex-smoker	25.0	25.9	25.4
Never smoked	37.0	24.7	30.6
Total (b)	**100.0**	**100.0**	**100.0**

(a)Current smoker includes daily smokers and other persons who reported smoking at least once a week.

(b)Includes 'smoker status' not known.

Data source: ABS, 2006. National Aboriginal and Torres Strait Islander Health Survey, 2004-05, ACT results. Cat. No. 4715.8.55.005

Smoking rates have remained stable over recent years with 43.1% of Aboriginal ACT residents reporting being daily smokers in 2002 (ABS 2004) compared with 41.1% in 2004-05 (Table 3).

Smoking rates also remain stable over age groups with 51.2% of 18 to 24 year old respondents reporting being current smokers compared with 46.2% of respondents aged 45 years or more (Table 5). Nationally, the percentage of current smokers also remained stable between 51% and 59% for respondents aged 18 years to 55 years, however the rate dropped to 31% for respondents to NATSIHS aged over 55 years (ABS 2006a).

Table 5: Current daily smokers, Aboriginal and Torres Strait Islander residents, by age, ACT, 2004-05

	ACT residents
	%
Current smoker	
18-24 years	51.2
25-44 years	40.2
45 years and over	46.2

Data source: ABS, 2006. National Aboriginal and Torres Strait Islander Health Survey, 2004-05, ACT results. Cat. No. 4715.8.55.005

Almost half (42.9%) of ACT resident Aboriginal and Torres Strait Islander women who gave birth during 2000-04 reported that they smoked during pregnancy (Table 6). This was significantly higher than the percentage of non-Aboriginal ACT resident women (13.8%, $p<0.05$). Seven in ten Aboriginal women who smoked during pregnancy reported that they smoked 10 or more cigarettes per day (70.9%).

Table 6: Smoking status during pregnancy by Aboriginal and Torres Strait Islander status, ACT residents, 2000-04

		Aboriginal and Torres Strait Islander		Non Aboriginal and Torres Strait Islander	
		No.	**%**	**No.**	**%**
Smoked during pregnancy	Yes	103	42.9	2,716	13.8
	No	133	55.4	16,490	83.9
	Not stated	4	1.7	455	2.3
	Total	**240**	**100.0**	**19,661**	**100.0**

Note: Sixty nine records for which Aboriginal and Torres Strait Islander status was not stated are excluded.
Data source: ACT Maternal and Perinatal Data Collection, 2000-04

Two thirds of Aboriginal women aged less than 20 years who gave birth during 2000-04 reported that they had smoked during pregnancy (Table 7). This reduced to four in ten women aged over 20 years.

Table 7: Smoking status by age group, Aboriginal and Torres Strait Islander ACT residents, 2000-04

Smoked during pregnancy	Under 20 years		20-34 years		Over 35 years		Total	
	No.	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**
Yes	24	68.6	70	38.5	9	39.1	103	42.9
No	11	31.4	109	59.9	13	56.5	133	55.4
Not stated	0	0.0	3	1.6	1	4.3	4	1.7
Total	**35**	**100.0**	**182**	**100.0**	**23**	**100.0**	**240**	**100.0**

Note: Sixty nine records for which Aboriginal and Torres Strait Islander status was not stated are excluded. Due to rounding of percentages some totals may not equal 100%.
Data source: ACT Maternal and Perinatal Data Collection, 2000-04

Six in ten secondary students reported that they had ever smoked and one quarter reported that they had smoked during the 7 days prior to the 2005 ASSAD survey (Table 8).

Table 8: Smoking status, secondary school students by Aboriginal and Torres Strait Islander status, ACT, 1999, 2002 and 2005

	Aboriginal and Torres Strait Islander %	Non-Aboriginal and Torres Strait Islander %
Ever smoked		
1999	64.1	53.5*
2002	56.1	46.1
2005	61.9	30.8*
Smoked in last 7 days		
1999	39.0	19.9*
2002	31.4	14.9*
2005	23.3**	8.0*

*Significant difference between Aboriginal and non-Aboriginal results at p<0.05.
**This estimate has a relative standard error of 27.7 due to the small sample size and should be treated with caution.

Data source: ACT Health, 1999,2002 and 2006, confidentialised unit record file, ASSAD.

Aboriginal students were significantly more likely than non-Aboriginal students to report that they had smoked during the week prior to all three ASSAD surveys and were significantly more likely to report that they had ever smoked on the 1999 and 2005 ASSAD surveys. The percentage of Aboriginal students reporting that they had smoked during the week prior to the ASSAD survey reduced significantly between 1999 and 2005 ($p<0.05$).

Almost half the Aboriginal secondary students also indicated that it would be easy or very easy for them to get someone to buy cigarettes for them (48.1%).

Although 82.9% of Aboriginal secondary students indicated that they had received a lesson in class on smoking, only 40.9% indicated that they perceived that smoking less than 10 cigarettes per day was very dangerous to their health. Over ninety per cent (92.3%) of respondents indicated that smoking more than 20 cigarettes per day was very dangerous to their health. Eight in ten students (83.7%) agreed with the statement that the health of non-smokers could be affected by breathing other people's cigarette smoke.

Just over half (51.8%) of Aboriginal students indicated that they were certain they would not be smoking in twelve months time.

6.2 Alcohol use

Approximately half of respondents reported low risk consumption of alcohol during the week prior to the NATSIHS survey (Table 9). More than one third of respondents reported that they had not consumed any alcohol during the week prior to the survey. There was no significant difference between alcohol use reported by males and females.

Table 9: Alcohol use, Aboriginal and Torres Strait Islander residents by sex, ACT, 2004-05

	Males	Females	Persons
	%	%	%
Alcohol risk (a)(b)			
Low risk	50.8	42.7	46.6
Last consumed alcohol 1 week or more ago	34.5	40.4	37.6

(a)Risk level based on Australian Alcohol Guidelines, October 2001.

(b)Risk level based on consumption in week prior to interview.

Data source: ABS, 2006. National Aboriginal and Torres Strait Islander Health Survey, 2004-05, ACT results. Cat. No. 4715.8.55.005

One in ten respondents (11%, Table 3) reported risky/high risk alcohol use during the week prior to the survey, similar to the rates reported by Aboriginal people nationally and by non-Aboriginal residents in the ACT.

Nine in ten Aboriginal secondary students aged 12 to 17 years (92.8%) reported that they had consumed alcohol at least once in their lives. Four in ten Aboriginal students reported that they had consumed alcohol during the week prior to the 2005 ASSAD survey (Table 10). These rates were similar to non-Aboriginal respondents to the same survey in 2005.

Table 10: Alcohol use, secondary school students by Aboriginal and Torres Strait Islander status, ACT, 1999, 2002 and 2005

	Aboriginal and Torres Strait Islander %	Non-Aboriginal and Torres Strait Islander %
Ever consumed alcohol		
1999	86.3	90.2
2002	85.2	90.4
2005	92.8	89.6
Consumed alcohol in last 7 days		
1999	47.9	32.6*
2002	43.6	31.3
2005	39.5**	26.0

*Significantly different between Aboriginal and non-Aboriginal student results at p<0.05.
**Significantly different between 1999 and 2005 at p<0.05.

Data source: ACT Health, 1999,2002 and 2006, confidentialised unit record file, ASSAD.

The percentage of Aboriginal students who reported consuming alcohol in the week prior to ASSAD survey reduced significantly between 1999 and 2005.

Eight in ten students reported that they had received at least part of a lesson on alcohol use at school during the twelve months prior to the study (79.1%).

Over half of students (56.9%) perceived that drinking five or more drinks on one occasion was very dangerous. However, just over one third of students (36.3%) reported that they had consumed five or more drinks on any one occasion during the two weeks prior to the survey.

Students were asked questions relating to their attitudes to alcohol use. Four in ten students agreed or strongly agreed with the statements that getting drunk every now and then is not a problem, that having a few drinks is one of the best ways of relaxing and getting to know people (Table 11). However, eight in ten students also agreed or strongly agreed that you can have a good time at a party where there is no alcohol.

Table 11: Student attitudes to alcohol use, agreeing or strongly agreeing, Aboriginal and Torres Strait Islander secondary school students, 2005

	ACT secondary students %
Getting drunk every now and then is not a problem	45.6
Having a few drinks is one of the best ways of relaxing	43.3
Having a few drinks is one of the best ways of getting to know people	44.8
You can have a good time at a party where there is no alcohol	83.0
People who drink alcohol are usually more popular than people who don't	31.4

Data source: ACT Health 2006, confidential unit record file, ASSAD.

Two thirds of students reported that an adult was supervising them when they consumed alcohol (65.5%) and one third of students (35.9%) reported that their parents had given them their last alcoholic drink. Thirty per cent (29.9%) of students reported that they had tried to buy alcohol themselves. Ordinary beer was the most frequently reported alcoholic drink consumed (42.8%).

6.3 Illicit substance use

Reported use of illicit substances by Aboriginal people in the ACT has remained stable over time, however reported history of substance use was significantly higher in the ACT compared with nationally reported rates (Table 12).

Table 12: Illicit substance use, Aboriginal and Torres Strait Islander residents aged 18 years and over, ACT and Australia, 2002 and 2004-05

	ACT		Australia
	2002(a)	2004-05	2004-05
	%	%	%
Illicit substance use			
Never used substances	43.2	34.7	48.0
Used substances but not in last 12 months	27.5	34.0	21.5
Used substances in last 12 months	29.1	30.2	28.0

(a)Data from the 2002 National Aboriginal and Torres Strait Islander Social Survey.

Data source: ABS, 2006. National Aboriginal and Torres Strait Islander Health Survey, 2004-05, ACT results. Cat. No. 4715.8.55.005

Just over one third of ACT respondents (34.7%) to NATSIHS reported never having used illicit substances; this was significantly less than the proportion reported nationally (48.0%) (Table 12). A further third (34.0%) reported that they had used substances during their lifetime, however had not used substances in the 12 months prior to the survey. This proportion was similar to that reported for the ACT in 2002, however significantly higher than that reported by Aboriginal people nationally (21.5%). Just under one third of ACT respondents (30.2%) reported that they had used illicit substances during the 12 months prior to the survey, similar to 2002 and reported nationally.

Marijuana, hashish or cannibis resin were the most frequently reported substances used (24.7%).

Just over one quarter of Aboriginal secondary students reported in the 2005 ASSAD survey that they had used cannabis in their lifetime (Table 13). Reported use of both cannabis and inhalants reduced significantly for Aboriginal students between 1999 and 2005. Aboriginal students were significantly more likely than non-Aboriginal students to report that they had ever used inhalants or any illicit substance in 2002 and 2005.

Table 13: Illicit substance use, Aboriginal and non-Aboriginal ACT secondary school students, 1999, 2002 and 2005

	Aboriginal and Torres Strait Islander	Non-Aboriginal and Torres Strait Islander
	%	%
Ever used cannabis		
1999	45.1	33.2
2002	43.6	28.0*
2005	28.1	16.4
Ever used inhalants		
1999	56.1	24.5*
2002	35.6	18.8*
2005	31.2	17.1*
Ever used any illicit substance(a)		
1999	45.7	34.7
2002	48.5	29.5*
2005	35.6	19.7*

*Significant difference between Aboriginal and non-Aboriginal results at p<0.05.
(a) Any illicit substance includes opiates (eg. heroin), ecstasy, cocaine, amphetamines, hallucinogens (eg. LSD), and cannabis only.

Data source: ACT Health, 1999,2002 and 2006, confidential unit record file, ASSAD.

6.4 Body mass index

Over half (57.2%) of ACT respondents to NATSIHS reported being overweight or obese. Male respondents were significantly more likely to report being overweight or obese than female respondents and non-Aboriginal male respondents to National Health Survey (Table 14).

Table 14: Body mass index, by sex and Aboriginal and Torres Strait Islander status, ACT residents, age-standardised data, 2004-05

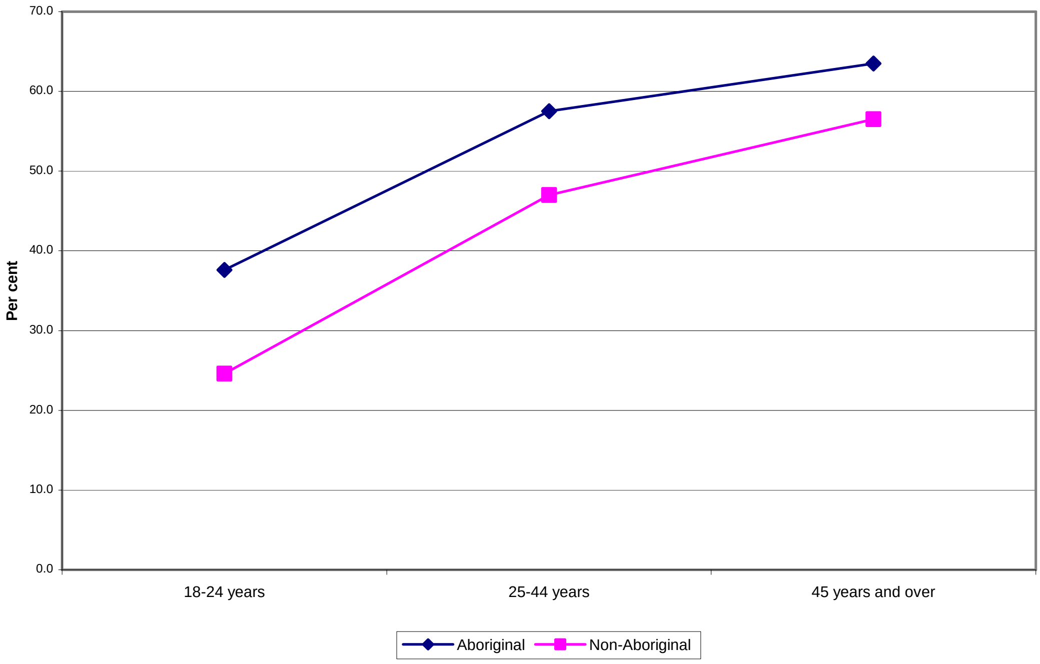
	Aboriginal and Torres Strait Islander	Non-Aboriginal and Torres Strait Islander	RATE RATIO(a)
	%	%	
Overweight/Obese			
Males	76.4	54.7	1.4
Females	38.6	40.3	1.0
Total	**57.2**	**47.3**	**1.2**

(a)Rate ratios are calculated by dividing the proportion of Aboriginal people with a particular characteristic by the proportion of non-Aboriginal people with the same characteristic. A rate ratio of 1.0 indicates that the prevalence of the characteristics is the same in both populations. Rate ratios of greater than 1.0 indicate higher prevalence in the Aboriginal population and rate ratios less than 1.0 indicate higher prevalence in the non-Aboriginal population.
Data sources: ABS, 2006. National Aboriginal and Torres Strait Islander Health Survey, 2004-05, ACT results. Unpublished data. ABS, 2006. National Health Survey, 2004-05, ACT results. Unpublished data.

There was no significant difference between Aboriginal and non-Aboriginal respondents for females or for the total percentages.

The proportion of respondents reporting being overweight or obese increased with age from 37.6% of 18-24 year olds to 63.5% of respondents aged over 45 years (Figure 2). The same trend was observed for non-Aboriginal respondents to the 2004-05 National Health Survey.

Figure 2: Proportion of respondents reporting an overweight/obese body mass index by Aboriginal and Torres Strait Islander status and age, ACT, 2004-05



Data sources: ABS, 2006. National Aboriginal and Torres Strait Islander Health Survey, 2004-05, ACT results. Cat. No. 4715.8.55.005; ABS, 2006. National Health Survey: Summary of Results. Cat No. 4364.0

In younger people (12-17 years), four in ten secondary students reported being within a healthy weight category (42.7%) on the 2005 ASSAD survey. Over half of Aboriginal students (57.3%) reported being overweight or obese, significantly higher than non-Aboriginal students (21.0%, $p<0.05$).

7 Health related actions

7.1 Nutrition

Almost all ACT respondents to NATSIHS reported that they consumed vegetables (98.4%) or fruit (93.6%) daily. This was similar to the proportions reported nationally (vegetables 95%; fruit 86%).

The Dietary Guidelines for Australian Adults recommends that adults eat two serves of fruit and five serves of vegetables on average each day (NHMRC, 2003). Over half of respondents reported that they consumed one or less serves of fruit daily (57.1%). A third (37.7%) reported consuming 2-4 serves of fruit daily. Nine out of ten respondents reported that they consumed less than the recommended number of serves of vegetables each day with 64.7% reporting that they consumed 2-4 serves of vegetables and 24.6% reporting they consumed one or less serves of vegetables daily. These proportions were similar to those reported by non-Aboriginal ACT respondents to the NHS.

Just over one third (34.8%) of respondents reported that they usually added salt to their food after cooking, 16.6% reported that they sometimes added salt and almost half (48.6%) reported that they never/rarely added salt.

Seven in ten ACT respondents reported that they usually consume whole or full fat milk (69.7%) significantly higher than reported by non-Aboriginal respondents (40.7%), and 18.8% reported consuming low/reduced fat milk; significantly lower than reported by non-Aboriginal respondents (35.1%).

Overall, three quarters of children aged 0-3 years were reported to have been breastfed (74.9%) with one third (33.9%) being breastfed for more than six months.

The Dietary Guidelines for Children and Adolescents in Australia (NHMRC, 2003) recommend that young people aged 12 to 18 years consume at least five serves of cereals, four serves of vegetables/legumes and three serves of fruit each day. Almost four in ten Aboriginal students reported in the 2005 ASSAD survey that they consumed sufficient vegetables (38.8%; non-Aboriginal 21.3%, p<0.05), almost three in ten students reported consuming sufficient cereal (28.7%; non-Aboriginal 18.1%, n.s.) and six in ten students reported consuming sufficient fruit (63.1%; non-Aboriginal 40.7%, p<0.05) to meet the recommended guidelines.

Table 15: Percentage of Aboriginal secondary school students meeting nutritional guidelines by food type, 2005

	ACT secondary students %
At least five serves of cereals per day	28.7
At least four serves of vegetables per day	38.8
At least three serves of fruit per day	63.1
Met nutritional guidelines for each food type	21.8*

*This estimate has a relative standard error of 29.2% and should be interpreted with caution.
Data source: ACT Health 2006, confidentialised unit record file, ASSAD 2005.

Nine in ten (88.1%) secondary students reported that they had consumed at least one fast food meal during the week prior to the survey. Almost all students reported that they had consumed snacks (98.0%) or soft drinks (93.7%) during the week prior to the ASSAD survey. These results were similar to those reported by non-Aboriginal students in the survey.

7.2 Physical activity/inactivity for secondary students

Australia's Physical Activity Recommendations for 12-18 year olds (DoHA, 2004) advise at least 60 minutes of moderate to vigorous physical activity every day and no more than two hours a day surfing the net, watching television or playing video games.

One third (36.0%) of Aboriginal secondary students reported they met the guidelines for physical activity in the week prior to the 2005 ASSAD survey. This was significantly higher than for non-Aboriginal students (12.8%, p<0.05). One quarter (25.7%) of students reported that they met the guidelines for screen activities during the week prior to the survey, similar to non-Aboriginal students.

Six in ten secondary students (58.0%) reported that they spent one hour or less on homework during an average school day.

7.3 Sun protection for secondary students

Secondary student respondents to ASSAD were asked about the types of sun protective behaviours or self care practices they use when outside for an hour or more on a sunny day in summer, between 11am and 3pm.

Four in ten Aboriginal secondary students reported that they would usually or always wear a hat, wear clothes covering most of their body or wear maximum protection sunscreen to protect themselves from the sun (Table 16). Non-Aboriginal students were significantly less likely to report wearing clothes covering most of the body.

Table 16: Sun protection behaviours, Aboriginal and non-Aboriginal ACT secondary school students, 2005

	Aboriginal and Torres Strait Islander	Non-Aboriginal and Torres Strait Islander
	%	%
Students usually or always:		
wear a hat	42.4	39.8
wear clothes covering most of body	44.2	21.6*
wear maximum protection sunscreen	44.7	40.1

*Significant difference between Aboriginal and non-Aboriginal results at p<0.05.
Data source: ACT Health, 2006, confidentialised unit record file, ASSAD 2005.

Respondents to ASSAD were also asked a range of questions to determine their knowledge of and attitude to sun protective behaviours and risk factors. The majority of Aboriginal students were aware that sunburn was not the sole cause of skin cancer and that most skin cancer is caused by ultra violet radiation (UVR) from the sun (Table 17). Six in ten students responded correctly to both questions in 2005 (63.0%).

Table 17: Correct responses to true/false questions about the causes of skin cancer, Aboriginal ACT secondary school students, 2005

	ACT Aboriginal and Torres Strait Islander secondary students
	%
You only get skin cancer if you get burnt often – false response	70.0
Most skin cancer is caused by UVR from the sun – true response	89.5

Data source: ACT Health 2006, confidential unit record file, ASSAD.

Students were asked if they received a sunburn the previous summer that was sore or tender the next day. Almost two thirds of Aboriginal students in 2005 reported that they had received such a sunburn (Table 18), significantly less than the percentage of non-Aboriginal students. The percentage of Aboriginal students reporting sunburn the previous summer reduced significantly between 1999 and 2005.

Table 18: Students reporting previous summer sunburn, Aboriginal and non-Aboriginal ACT secondary school students, 2005

	Aboriginal and Torres Strait Islander	Non-Aboriginal and Torres Strait Islander
	%	%
Had sunburn that was sore or tender the next day:		
1999	86.7	79.9
2002	84.9	80.6
2005	62.9	80.2*

*Significant difference between Aboriginal and non-Aboriginal results at p<0.05.
Data source: ACT Health, 1999,2002 and 2006, confidential unit record file, ASSAD.

Three quarters of Aboriginal secondary students (75.8%) reported that they had received at least part of a lesson on skin cancer or protection from the sun during the year prior to the 2005 ASSAD survey.

7.4 Contact with health services and days of reduced activity

Just over one in ten ACT respondents to NATSIHS reported that they had been admitted to hospital during the 12 months prior to interview (13.5%, Table 19). This was similar to the rate reported by Aboriginal people nationally and non-Aboriginal people in the ACT.

Approximately one in five ACT respondents reported that they had at least one day away from work or study during the two weeks prior to the NATSIHS interview.

Table 19: Health related actions summary, Aboriginal and Torres Strait Islander people, ACT and Australia, 2004-05

	ACT	Australia
	%	%
Health Related Actions(a)		
Admitted to hospital	13.5	16.4
Consulted GP/Specialist	13.1	20.1
Consulted dentist(b)	4.6	3.8
Consulted other health professional	16.0	17.3
Days away from work/study(c)	18.3	14.2
Other days of reduced activity(d)	14.2	12.7

(a) Hospital admissions relate to 12 months prior to the interview. All other health related actions relate to the two weeks prior to interview.

(b) Persons aged 2 years and over.

(c) Persons aged 5-64 years.

(d) Persons aged 5 years and over.

Data source: ABS, 2006. National Aboriginal and Torres Strait Islander Health Survey, 2004-05, ACT results. Cat. No. 4715.8.55.005

7.5 Oral health

Almost five per cent (4.6%, Table 19) of ACT respondents aged two years or more reported that they had consulted a dentist in the two weeks prior to the NATSIHS interview. Almost all (94.9%) of ACT respondents reported that the last person that they had consulted about their teeth was a dentist. A small percentage reported that they had consulted another health professional, for example a general practitioner.

Just over half of ACT respondents reported that they had not lost any natural teeth (51.5%); a further third (33.5%) reported that they had lost between one and four of their natural teeth. Younger people were more likely to have lost no teeth (15-24 years, 82.8%) than older people (25-44 years, 46.4%).

7.6 Adult immunisation

Almost half of ACT respondents aged 50 years and over reported that they had received a vaccination for influenza during the 12 months prior to the NATSIHS interview (47.8%). Just over one third of respondents reported that they had never had a vaccination for influenza (36.3%). Eight in ten ACT respondents (85.3%) reported that they had never had a vaccination for pneumonia. This was significantly higher than reported nationally (58%).

7.7 Childhood immunisation

The following is based on information from the Australian Child Immunisation Register (ACIR) for children who are identified as Aboriginal.

Of those children identified as Aboriginal in the ACT, the following proportions were fully immunised in 2003:

12-15 months	87%
24-27 months	79%
72-75 months	80%

The reliability of information on immunisation coverage in the Aboriginal population in the ACT is currently under investigation. Initial findings indicate that, on average each year, about 60% of all ACT resident Aboriginal children on the ACIR are identified as Aboriginal.

7.8 Women's health – selected characteristics

One quarter of female NATSIHS respondents aged over 18 years reported having a pap smear test at least annually (26.1%) and a further quarter reported having the test between one and two years apart (24.6%). Fourteen per cent of respondents reported that they had never had a pap smear test (ABS 2006a).

Two thirds of female respondents reported that they had children (66.0%). Ninety three per cent of those women reported that they had breastfed their children.

Although information relating to mammograms was collected in the NATSIHS, the small sample size did not allow for reliable reporting of findings.

8 Emotional wellbeing

Items from the Short Form Health Survey (SF36) and Kessler Psychological Distress Scale (K10) were included in 2004-05 NATSIHS as measures of emotional wellbeing. Further work is being undertaken by the ABS to evaluate the utility of these items to measure and understand emotional wellbeing for Aboriginal and Torres Strait Islander People (ABS 2006a).

Over half of ACT respondents to NATSIHS reported feeling calm and peaceful all or most of the time (54.1%; Aust 56%) or full of life all or most of the time (52.7%; Aust 55%) during the four weeks prior to the NATSIHS interview. Three quarters of respondents reported feeling happy all or most of the time (73.2%; Aust 71%) during this time period. Further, almost half of respondents reported that they had a lot of energy all or most of the time (45.5%; Aust 47%).

One in five ACT respondents reported that they felt restless or jumpy/fidgety (18%; Aust 12%) or that everything was an effort (20%; Aust 17%) all or most of the time during the four weeks prior to the interview.

Two thirds of ACT respondents reported that they had not felt so sad that nothing could cheer them up (64.2%; Aust 62%) or that they had not felt without hope or hopeless (62.4%; Aust 62%) during the four weeks prior to the NATSIHS interview.

Eighty six per cent of ACT respondents reported that they or their family or friends had experienced at least one personal stressor during the 12 months prior to the NATSIHS interview. The most frequently reported stressors were the death of a family member or close friend (45.5%) and having a serious illness or disability (44.0%). Thirty per cent of respondents reported that not being able to get a job (30.1%), drug related problems (29.5%), mental illness related stressors (27.7%) or alcohol related problems (27.0%) had been experienced by themselves or their family or friends (Table 20).

Table 20: Types of personal stressors experienced in 12 months prior to NATSIHS interview, ACT Aboriginal and Torres Strait Islander respondents, 18 years and over, 2004-05

Major Stressors	%
Total stressors experienced	85.9
No stressors reported	14.1
Death of family member or close friend	45.5
Serious illness or disability	44.0
Not able to get a job	30.1
Drug related problems	29.5
Mental illness	27.7
Alcohol related problems	27.0
Trouble with the police	24.1
Treated badly because Aboriginal/Torres Strait Islander	22.5
Member of family sent to jail/currently in jail	22.2
Divorce or separation	19.6
Gambling problem	17.8
Abuse or violent crime	17.2
Witness to violence	15.5
Overcrowding at home	15.2
Pressure to fulfil cultural responsibilities	13.3
Lost job, made redundant, sacked	12.9
Serious accident	12.8

Data source: ABS, 2006. National Aboriginal and Torres Strait Islander Health Survey, 2004-05, ACT results. Unpublished data.

9 Hospital service use: 2000-01 to 2004-05

During the five-year period from 1 July 2000 to 30 June 2005 there were 4,914 separations from ACT hospitals recorded for ACT residents who identified as Aboriginal and Torres Strait Islanders. Of these separations almost half were for renal dialysis (2,336) (refer 9.6 for details). Excluding dialysis there were 2,578 separations for people who identified as Aboriginal. The number of hospital separations for Aboriginal people has increased between 2000 and 2005 (Table 21).

Table 21: Hospital separations by financial year, Aboriginal and Torres Strait Islander ACT residents, 2000-01 to 2004-05

	Separations(a)	%
2000–01	385	14.9
2001–02	504	19.6
2002–03	442	17.1
2003–04	603	23.4
2004–05	644	25.0
Total	**2,578**	**100.0**

Data source: ACT Admitted Patient Care Collection, 2000-01 to 2004-05.
(a)Excludes renal dialysis.

9.1 Characteristics of people requiring hospital services

Two thirds of hospital separations for Aboriginal ACT residents were provided to females. Hospitalisations by age and sex are shown in Table 22. The average age of Aboriginal people who had a hospital separation was 32 years, significantly younger than the average age for non-Aboriginal people (45 years, p=0.00). The average length of stay for both Aboriginal and non-Aboriginal ACT residents was four days and the median length of stay was one day.

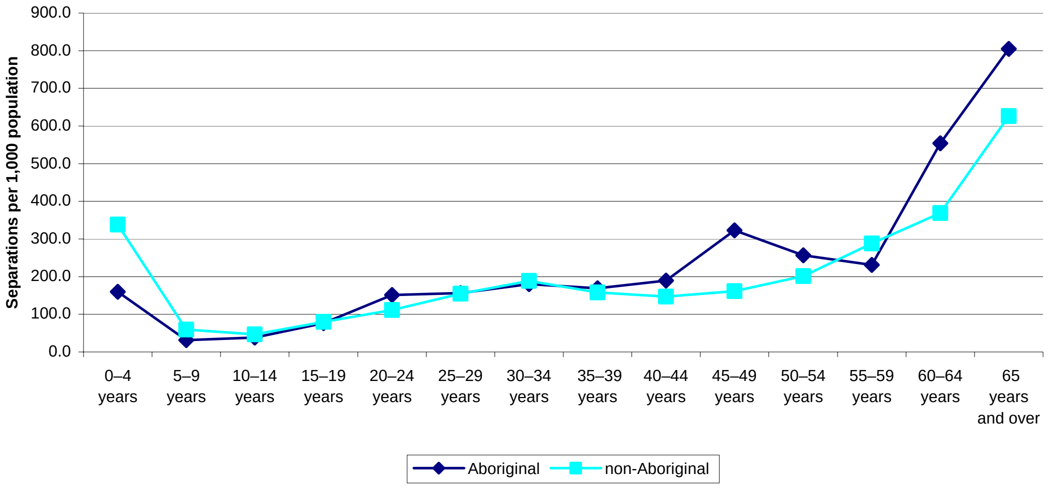
Table 22: Hospitalisations of Aboriginal and Torres Strait Islander ACT residents by sex and five year age group, 2000-01 to 2004-05(a)

	Males	%	Females	%	Total	%
0–4 years	191	20.6	178	10.8	369	14.3
5–9 years	45	4.9	33	2.0	78	3.0
10–14 years	38	4.1	45	2.7	83	3.2
15–19 years	47	5.1	104	6.3	151	5.9
20–24 years	66	7.1	162	9.8	228	8.8
25–29 years	81	8.7	161	9.7	242	9.4
30–34 years	73	7.9	211	12.8	284	11.0
35–39 years	39	4.2	166	10.0	205	8.0
40–44 years	63	6.8	153	9.3	216	8.4
45–49 years	89	9.6	184	11.1	273	10.6
50–54 years	51	5.5	62	3.8	113	4.4
55–59 years	35	3.8	39	2.4	74	2.9
60–64 years	60	6.5	37	2.2	97	3.8
65 years and over	48	5.2	117	7.1	165	6.4
Total	**926**	**100.0**	**1,652**	**100.0**	**2,578**	**100.0**

(a)Excludes renal dialysis.
Data source: ACT Admitted Patient Care Collection, 2000-01 to 2004-05.

Age specific separation rates (ASSR) enable the comparison of hospital use by different populations controlling for differences in the age structure of those populations. Age specific separation rates averaged over the five year period for Aboriginal and non-Aboriginal ACT residents are shown in Figure 3.

Figure 3: Age specific separation rates, Aboriginal and non-Aboriginal ACT residents, five year average 2000-01 to 2004-05(a)



(a)Excludes renal dialysis.
Note: non-Aboriginal rates include persons for whom Aboriginal status was not stated.
Data sources: ACT Admitted Patient Care Collection; ABS, 2001 Census Community Profile Series, Indigenous Profile, ACT, Cat No. 2002.0; ABS, 2001 Census Basic Community Profile, ACT, Cat No. 2002.0.

Rates were significantly lower for Aboriginal children aged less than 9 years and were significantly higher for 20-24 year old people, adults aged between 40 and 54 years and for those aged over 60 years. Age specific separation rates and 95% confidence intervals are presented in Table 24.

Table 23: Age specific separation rates, five year average Aboriginal and non-Aboriginal ACT residents, 2000-01 to 2004-05

	Aboriginal and Torres Strait Islander		Non-Aboriginal and Torres Strait Islander	
	ASSR	95% Confidence Interval	ASSR	95% Confidence Interval
0–4 years	160.1	(143.8 - 176.4)	338.3	(334.7 - 341.9)
5–9 years	31.6	(24.6 - 38.6)	59.1	(57.6 - 60.6)
10–14 years	38.2	(30.0 - 46.4)	46.9	(45.7 - 48.2)
15–19 years	76.8	(64.6 - 89.1)	79.6	(78.0 - 81.2)
20–24 years	151.5	(131.8 - 171.2)	111.3	(109.5 - 113.2)
25–29 years	156.6	(136.9 - 176.4)	155.0	(152.8 - 157.2)
30–34 years	179.7	(158.8 - 200.7)	188.3	(185.8 - 190.7)
35–39 years	169.4	(146.2 - 192.6)	158.1	(155.9 - 160.4)
40–44 years	189.5	(164.2 - 214.7)	146.9	(144.7 - 149.1)
45–49 years	323.1	(284.8 - 361.4)	161.2	(158.8 - 163.5)
50–54 years	256.8	(209.5 - 304.2)	201.6	(198.9 - 204.2)
55–59 years	231.3	(178.6 - 283.9)	287.7	(283.9 - 291.6)
60–64 years	554.3	(444.0 - 664.6)	369.2	(364.0 - 374.5)
65 years and over	804.9	(682.1 - 927.7)	626.1	(621.8 - 630.4)

(a)Excludes renal dialysis.
Note: non-Aboriginal rates include persons for whom Aboriginal status was not stated.
Data sources: ACT Admitted Patient Care collection, 2000-01 to 2004-05. ABS, 2001 Census Community Profile Series, Indigenous Profile, ACT, Cat No. 2002.0; ABS, 2001 Census Basic Community Profile, ACT, Cat No. 2002.0.

9.2 Reasons for hospitalisations

The most frequent reason for hospitalisation was pregnancy and childbirth (12.2%), followed by digestive system diseases (11.8%), factors influencing health status (11.4%), injury or poisoning (9.8%) and mental and behavioural disorders (8.5%) (Table 24).

Table 24: Hospital separations for Aboriginal and Torres Strait Islander ACT residents by disease group, ACT, 2000-01 to 2004-05 (a)

	Aboriginal and Torres Strait Islander		Non-Aboriginal and Torres Strait Islander
ICD-10-AM Chapter(b)	**No.**	**%**	**%**
Pregnancy, childbirth and the puerperium	315	12.2	8.6
Digestive system	305	11.8	10.7
Factors influencing health status	295	11.4	18.6
Injury or poisoning	252	9.8	6.7
Mental and behavioural disorders	219	8.5	3.2
Respiratory system	185	7.2	4.9
Genitourinary system	160	6.2	6.5
Symptoms, signs, and abnormal clinical and laboratory findings	157	6.1	4.4
Circulatory system	145	5.6	6.8
Musculoskeletal system and connective tissue	98	3.8	6.0
Neoplasms	85	3.3	8.1
Infectious and parasitic diseases	67	2.6	1.4
Skin and subcutaneous tissues	65	2.5	1.7
Perinatal period	62	2.4	2.8
Endocrine, nutritional and metabolic diseases	54	2.1	2.5
Nervous system	43	1.7	1.8
Eye and adnexa	21	0.8	2.4
Congenital malformations, deformations and chromosomal abnormalities	21	0.8	0.9
Ear and mastoid	17	0.7	0.8
Diseases of the blood and blood-forming organs	11	0.4	1.4
Total	**2,577**	**100**	**100**

(a)Excludes renal dialysis.
(b)The International Statistical Classification of Diseases and Related Health Problems.
Data source: ACT Admitted Patient Care Collection, 2000-01 to 2004-05.

The most frequent causes for hospitalisations are analysed in more detail below.

9.3 Maternal health

The information in this section is based on data from the ACT Maternal and Perinatal Data Collection from 2000 to 2004. During this period, 240 Aboriginal and Torres Strait Islander ACT resident women gave birth to 246 babies. This accounted for approximately 1.2% of the total ACT resident women who gave birth in the ACT during this period.

Aboriginal and Torres Strait Islander women who gave birth in the ACT from 2000 to 2004, were more likely to have their babies at a younger age, with 65.5% aged less than 30 years at the time of the birth compared with 44.4% of non-Aboriginal women (Table 25). The average age of Aboriginal women who gave birth (26.6 years) was significantly younger than the average age of non-Aboriginal women (30.1 years, p=0.00).

The average age of Aboriginal and Torres Strait Islander women who gave birth to their first child during 2000-04 (24.8 years) was also significantly younger than non-Aboriginal and Torres Strait Islander women (28.6 years, p=0.00).

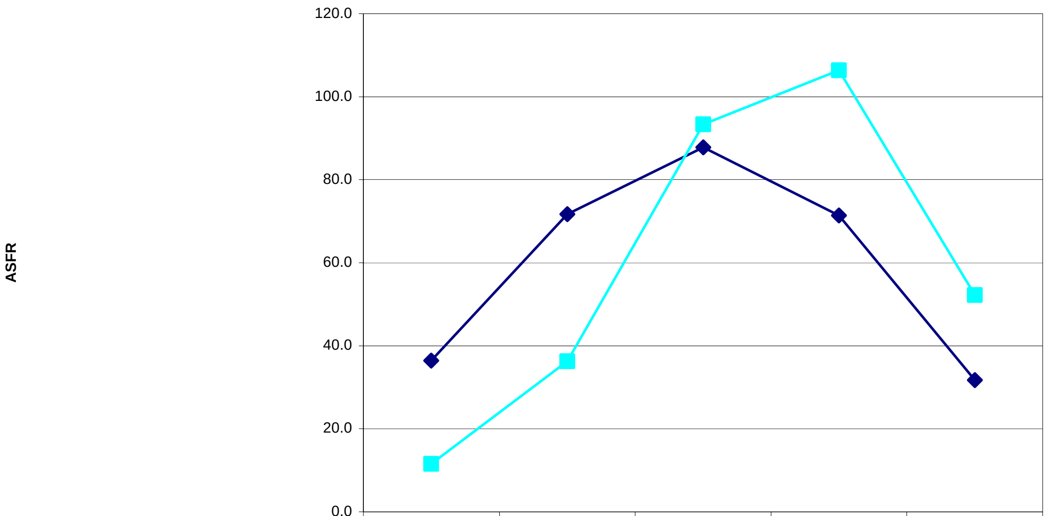
Table 25: Women who gave birth by Aboriginal and Torres Strait Islander status and age group, ACT, 2000-04

	Aboriginal and Torres Strait Islander		Non Aboriginal and Torres Strait Islander	
	No.	%	No.	%
Less than 20 years	35	14.6	576	2.9
20-24 years	57	23.8	2,374	12.1
25-29 years	65	27.1	5,774	29.4
30-34 years	60	25.0	6,944	35.3
35 years and over	23	9.6	3,993	20.3
Total	**240**	**100.0**	**19,661**	**100.0**

Note: Sixty nine records where Aboriginal and Torres Strait Islander identification was 'not stated' have been excluded. Aboriginal and Torres Strait Islander status is based on the identified status of the mother. Status of the father is not recorded at this time. Due to rounding of percentages some totals may not equal 100%.
Data source: ACT Maternal Perinatal Data Collection, 2000-04

Age specific fertility rates for Aboriginal and Torres Strait Islander women (2000-2004) and non-Aboriginal and Torres Strait Islander women (2002) reflect maternal age differences between the populations, with the rates for women aged less than 25 years being approximately double the rates for non-Aboriginal women (Figure 4).

Figure 4: Age specific fertility rates by Aboriginal and Torres Strait Islander status, ACT, 2000-04



	15-19 years	20-24 years	25-29 years	30-34 years	35-39 years
Aboriginal and Torres Strait Islander	36.5	71.7	87.8	71.4	31.7
Non Aboriginal and Torres Strait Islander	11.6	36.3	93.4	106.4	52.2

Note: 2001 population figures were used to calculate rates for Aboriginal and Torres Strait Islander women.
2000-2004 pooled data were used to calculate rates for Aboriginal and Torres Strait Islander women.
There were less than five Aboriginal and Torres Strait Islander women aged over 39 years who gave birth during 2000-04, therefore rates were not calculated for this age group.
Non-Aboriginal and Torres Strait Islander fertility rates are for 2002.
Age specific fertility rates are calculated per 1,000 women.
Data source: ACT Maternal Perinatal Data Collection, 2000-04

9.4 Babies characteristics

Two hundred and forty six babies were born to ACT resident Aboriginal and Torres Strait Islander women between 2000 and 2004. Ninety-eight per cent (98.4%) of these babies were live born with 1.6% stillborn.

Ninety-five per cent (95.1%) of births were singleton births (Table 26). Of the multiple births (4.9%), all were twins.

Table 26: Babies' characteristics by Aboriginal and Torres Strait Islander status, ACT, 2000-04

		Aboriginal and Torres Strait Islander		Non Aboriginal and Torres Strait Islander	
		No.	**%**	**No.**	**%**
Sex of Baby	Male	121	49.2	10,307	51.5
	Female	125	50.8	9,697	48.5
	Total	**246**	**100.0**	**20,004**	**100.0**
Plurality	Singleton	234	95.1	19,326	96.6
	Twin	12	4.9	654	3.3
	Triplets	0	0.0	24	0.1
	Total	**246**	**100.0**	**20,004**	**100.0**
Birthweight	Less than 1,500 grams	12	4.9	259	1.3
	1,500 to 2,499 grams	21	8.5	929	4.6
	Greater than 2,500 grams	213	86.6	18,816	94.1
	Total	**246**	**100.0**	**20,004**	**100.0**
Gestational Age	Less than 28 weeks	8	3.3	156	0.8
	28 to 31 weeks	7	2.8	141	0.7
	32 to 36 weeks	20	8.1	1,161	5.8
	37 plus weeks	211	85.8	18,546	92.7
	Total	**246**	**100.0**	**20,004**	**100.0**

Note: The Maternal Perinatal Data Collection uses the mother's Aboriginal and Torres Strait Islander identification to identify babies who are Aboriginal and Torres Strait Islander. Therefore underreporting may occur. Excludes babies born to 69 women for whom Aboriginal and Torres Strait Islander identification was not stated.
Data source: ACT Maternal and Perinatal Data Collection, 2000-04

Thirteen per cent (13.4%; 95% CI 9.2 – 17.7) of babies born to Aboriginal and Torres Strait Islander women who were ACT residents weighed less than 2,500 grams. This rate was significantly higher than the rate for non-Aboriginal and Torres Strait Islander ACT resident women (5.9%; 95% CI 5.6 - 6.3).

Fourteen per cent (14.2%; 95% CI 9.9 – 18.6) of babies born to Aboriginal and Torres Strait Islander women who were ACT residents were born at less than 37 weeks gestation. This rate was significantly higher than the rate for babies of non-Aboriginal and Torres Strait Islander ACT resident women (7.3%; 95% CI 6.9 – 7.6).

The rate of low birthweight and pre-term babies being born to Aboriginal women increased slightly, but not significantly, since the 1997-2001 reporting period (less than 2,499 grams - 9.2%; 95% CI 5.4 – 12.9; less than 37 weeks - 11.4%; 95% CI 7.2 – 15.5) (ACT Health, 2004). Fluctuations in the percentage of low birthweight babies are expected, given the small numbers of Aboriginal women giving birth in the ACT.

The relationship between smoking during pregnancy and low birthweight has been well documented, with the proportion of low birthweight babies being higher among women who smoked during pregnancy compared with women who did not smoke (Laws et.al., 2006). As outlined in Section 6.1, 42.9% of Aboriginal women who gave birth during 2000-04 reported that they smoked during pregnancy. The average birthweight for babies born during 2000-04 to Aboriginal ACT resident women who smoked during pregnancy was 3,004 grams, significantly less than for babies born to non-smokers (3,315 grams, p=0.00) (ACT Health, 2006b).

9.5 Digestive diseases

There were 305 hospital separations for digestive disorders during 2000-01 to 2004-05, 182 being for females and 123 for males. The average length of stay was three days. The average age of Aboriginal persons admitted to hospital with a digestive system disease was 33 years, significantly younger than the average age for non-Aboriginal ACT residents (46 years, p=0.00).

Table 27: Hospital separations for digestive disorders by age group, ACT Aboriginal and Torres Strait Islander residents, 2000-01 to 2004-05

Age group	Separations	%
0 - 4 years	12	3.9
5 - 14 years	43	14.1
15 - 24 years	47	15.4
25 - 34 years	48	15.7
35 - 44 years	64	21.0
45 - 54 years	65	21.3
55 - 64 years	19	6.2
65 years and older	7	2.3
Total	**305**	**100**

Note: Due to rounding of percentages some totals may not equal 100%.
Data source: ACT Admitted Patient Care Collection, 2000-01 to 2004-05.

One quarter of hospital separations for digestive diseases were for disorders of the gallbladder, biliary tract and pancreas (Table 28). A further 19% were due to diseases of the oral cavity (including dental caries), salivary glands and jaws.

Table 28: Hospital separations for digestive diseases by primary diagnosis, ACT Aboriginal and Torres Strait Islander residents, 2000-01 to 2004-05

Primary Diagnosis	Separations	%
Disorders of gallbladder, biliary tract and pancreas	83	27.2
Diseases of oral cavity, salivary glands and jaws	58	19.0
Diseases of oesophagus, stomach and duodenum	41	13.4
Other diseases of intestines	39	12.8
Disease of appendix	23	7.5
Other diseases of digestive system	61	20.0
Total	**305**	**100**

Note: ICD-10-AM based classification.
Data source: ACT Admitted Patient Care Collection, 2000-01 to 2004-05.

9.6 Factors influencing health status

This category includes other reasons for persons encountering health services, for example, chemotherapy and renal dialysis, or when circumstances or problems are present which influence the person's health status, but are not themselves a current injury or illness.

Between July 2000 and June 2005, there were 2,336 hospital separations for renal dialysis for nine ACT residents who identified as Aboriginal. These were approximately equally distributed between males and females. The average age was 52 years for males and 53 years for females.

Excluding renal dialysis, there 295 hospital separations (86 males, 209 females) for ACT residents who identified as Aboriginal between July 2000 and June 2005. The average age was 31 years (non-Aboriginal ACT residents 43 years, p=0.00).

Following renal dialysis, chemotherapy was the next most frequent reason for hospitalisation within this category with 92 separations recorded. Factors relating to reproduction were the third main cause with 89 separations.

9.7 Injury and poisoning

There were 252 hospital separations (141 males, 111 females) for ACT residents who identified as Aboriginal between July 2000 and June 2005. The average age was 29 years (non-Aboriginal ACT residents 41 years, p=0.00).

Injuries to the wrist and hand (37 separations), poisoning by drugs, medicaments and biological substances (37 separations), injuries to the head and complications of care (34 separations) were the most frequent causes of hospitalisations in this category.

9.8 Mental and behaviour disorders

There were 219 hospital separations for ACT residents who identified as Aboriginal between July 2000 and June 2005. Half of these hospital separations (109 separations) were due to repeat hospitalisations of less than five individuals during the time period. The remaining numbers were too small to allow further analysis.

9.9 Respiratory disorders

There were 185 hospital separations (77 males, 108 females) for ACT residents who identified as Aboriginal between July 2000 and June 2005. The average age was 25 years (non-Aboriginal ACT residents 40 years, p=0.00).

Chronic lower respiratory tract diseases were the most frequent cause for hospitalisation (62 separations), followed by acute upper respiratory tract infections (23 separations), other upper respiratory tract diseases (38 separations) and influenza and pneumonia (36 separations).

9.10 Emergency department presentations: 2000-01 to 2004-05

During this period there were 5,887 presentations to ACT public hospital emergency departments by ACT residents who identified as Aboriginal and Torres Strait Islander. This represents 1.4% of all ACT resident presentations.

One per cent of the presentations were for persons requiring resuscitation, 26.4% were classified as emergency or urgent and 72.6% were classified as semi-urgent or non-urgent. These proportions were similar to those for non-Aboriginal ACT residents.

The younger age structure of the ACT Aboriginal population is reflected when the proportion of Emergency Department presentations is compared with the non-Aboriginal proportions. Almost one in five presentations (18.4%) for Aboriginal persons were for children aged less than five years (non-Aboriginal 11.9%) and 2.4% of presentations were for persons aged over 65 years (non-Aboriginal 13.0%) (Table 29).

Table 29: Emergency department presentations, ACT Aboriginal and Torres Strait Islander residents by age group, 2000-01 to 2004-05

Age group	Aboriginal and Torres Strait Islander No.	%	Non-Aboriginal and Torres Strait Islander %
0–4 years	1,084	18.4	11.9
5–9 years	422	7.2	5.8
10–14 years	464	7.9	6.2
15–19 years	638	10.8	8.6
20–24 years	635	10.8	10.2
25–29 years	538	9.1	8.5
30–34 years	518	8.8	7.3
35–39 years	372	6.3	5.9
40–44 years	379	6.4	5.4
45–49 years	315	5.4	5.0
50–54 years	200	3.4	4.9
55–59 years	102	1.7	4.0
60–64 years	80	1.4	3.1
65 years and over	140	2.4	13.0
Total	**5,887**	**100.0**	**100.0**

Note: Due to rounding of percentages some totals may not equal 100%.
Data source: ACT Emergency Department Information System data, 2000-01 to 2004-05.

Almost three quarters (72.9%) of ACT Aboriginal residents who presented to ACT emergency departments completed treatment and were discharged. A further 18.7% required hospitalisation. Seven per cent did not wait to be attended by staff and 0.8% left at their own risk after being seen, but before completion of treatment. The remainder died before arrival or during treatment (0.1%) or their departure status was unknown (0.5%).

Table 30: Emergency department presentations ACT Aboriginal and Torres Strait Islander residents, 2000-01 to 2004-05

ICD Chapter (a)	Presentations	%
Injury or poisoning	1,445	24.7
Factors influencing health status	889	15.2
Symptoms, signs, and abnormal clinical and laboratory findings	833	14.2
Respiratory system	521	8.9
Infectious and parasitic diseases	417	7.1
Digestive system	377	6.4
Musculoskeletal system and connective tissue	302	5.2
Mental and behavioural disorders	237	4.0
Skin and subcutaneous tissues	183	3.1
Genitourinary system	178	3.0
Nervous system	147	2.5
Circulatory system	110	1.9
Pregnancy, childbirth and the puerperium	71	1.2
Ear and mastoid	57	1.0
Endocrine, nutritional and metabolic diseases	37	0.6
Eye and adnexa	19	0.3
External causes of morbidity and mortality	14	0.2
Neoplasms	6	0.1
Diseases of the blood and blood-forming organs	6	0.1
Congenital malformations, deformations and chromosomal abnormalities	6	0.1
Total	**5,855**	**100.0**

(a)ICD-10 based output classification.
Note: There were 32 presentations where primary diagnosis was not recorded and ICD classification could not be allocated.
Data source: ACT Emergency Department Information System data, 2000-01 to 2004-05.

One quarter of ACT emergency department presentations for ACT residents who identified as Aboriginal or Torres Strait Islander were for injuries or poisoning (Table 30). A further 15% were for factors influencing health status or symptoms signs and abnormal findings.

Within the presentations for injury and poisoning there were a range of primary diagnoses. Among the most frequent were open wounds of the head, sprains and strains of the ankle and foot, open wounds of the wrist and hand and contusions of the upper limb.

10 Key issues and future directions

Aboriginal and Torres Strait Islander people in the ACT continue to experience poorer health outcomes than non-Aboriginal residents, on a range of health indicators. Life expectancy is approximately 20 years less than for non-Aboriginal people.

Other key issues identified include:

- The ability to identify and monitor Aboriginal health status is hindered by the lack of robust information. Although the scope of data collections for Aboriginal people in the ACT has increased in quality and quantity over recent years, there are still gaps in data availability and there are issues associated with the reliance on national survey data and administrative data collections (eg. sample size, timeliness, relevance to the ACT). For example, this report does not include prevalence rates for a number of important chronic conditions such as diabetes and cancer, because the relative standard error produced in the National Aboriginal and Torres Strait Islander Health Survey was too high to consider the prevalence estimates reliable, and there was no other reliable source for the information;

- There is currently no identification of Aboriginal and Torres Strait Islander status collected on key clinical pathways. For example, forms associated with pathology tests used in the diagnosis of many acute and chronic conditions. Since pathology forms can also be used as a mechanism for collecting information relating to notifiable diseases such as communicable diseases, this is an important issue. This issue has been referred by ACT Health for consideration at a national level through the National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data (NAGATSIHID), given the national focus of the major pathology providers. A study to investigate the feasibility of an ACT pilot is currently underway, under the auspices of NAGATSIHID;

- Analysis is limited by uncertainties about Indigenous population estimates;
- There are concerns about whether the methods employed in surveys are the most suitable or appropriate for Aboriginal respondents, for example regarding mental wellbeing. The ABS and AIHW are working with stakeholders to evaluate current and develop future strategies;
- Aboriginal people are requiring hospital treatment for many conditions at significantly younger ages than their non-Aboriginal counterparts;
- Babies born to Aboriginal and Torres Strait Islander women in the ACT were significantly more likely to weigh less than 2,500 grams compared with babies born to non-Aboriginal women;
- There is a significantly higher rate of smoking among Aboriginal people compared with non-Aboriginal people;
- Smoking rates are particularly concerning when combined with a significantly higher rate of self-reported asthma and low birthweight babies in the ACT Aboriginal community, compared to non-Aboriginal ACT residents;
- Aboriginal people in the ACT are more likely to report a history of illicit substance use compared with Aboriginal people in other parts of Australia; and
- The significantly lower rate of Aboriginal adults having the pneumonia vaccine compared with Aboriginal people in other parts of Australia is cause for concern.

However:

- Aboriginal people in the ACT report other known risk factors at the same rate as non-Aboriginal people;
- ACT Aboriginal residents are equally likely to be overweight or obese as non-Aboriginal residents; and
- are equally likely to consume less than the recommended number of serves of fruit and vegetables each day as non-Aboriginal residents.

The importance of accurate comprehensive health data for population groups such as Aboriginal people has been noted in *A New Way: The ACT Aboriginal and Torres Strait Islander Health and Family Wellbeing Plan 2006-2011* (ACT Health, 2006). Continued vigilance will be needed to drive improvements both at a local and a national level.

The major benefit expected from more comprehensive health data collection is improvements in health outcomes for Aboriginal or Torres Strait Islander people through:

- using data/evidence to guide actions and target resources;
- identifying factors that may be associated with disease causation;
- raised awareness of health conditions and health differentials; and
- evaluation of services and interventions.

Scoping of existing data sources indicates that emphasis must also be placed on young people within the ACT Aboriginal community. Almost 40% of the population is aged 15 years or younger and yet information on this group is inadequate for many health indicators.

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