# E Health sector overview

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| Attachment tables |
| Attachment tables are identified in references throughout this Indigenous Compendium by an ‘A’ prefix (for example, in this sector overview, table EA.1). As the data are directly sourced from the 2015 Report, the Compendium also notes where the original table, figure or text in the 2015 Report can be found. For example, where the Compendium refers to ‘2015 Report,  p. E.1’, this is page 1 of the Health sector overview of the 2015 Report, and ‘2015 Report,  table EA.1’ is table 1 of attachment EA of the 2015 Report. A list of attachment tables referred to in the Compendium is provided at the end of this chapter, and the full attachment tables are available from the Review website at www.pc.gov.au/research/recurring/report-on-government-services. |
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The Health sector overview in the *Report on Government Services 2015*   
(2015 Report) provides an introduction to the Primary and community health (chapter 10), Public hospitals (chapter 11), and Mental health management (chapter 12) chapters of this Report. It provides an overview of the health sector, presenting both contextual information and high level performance information. Data are reported for Aboriginal and Torres Strait Islander Australians for a subset of the performance indicators reported in that sector overview — those data are compiled and presented here.

Health services are concerned with promoting, restoring and maintaining a healthy society. They involve illness prevention, health promotion, the detection and treatment of illness and injury, and the rehabilitation and palliative care of individuals who experience illness and injury. The health system also includes a range of activities that raise awareness of health issues, thereby reducing the risk and onset of illness and injury.

Improvements to reporting in this edition’s Health sector overview include data reported for the first time for the prevalence of type 2 diabetes by Indigenous status.

### Aboriginal and Torres Strait Islander data in the Health sector overview

The Health sector overview in the 2015 Report contains the following data on Aboriginal and Torres Strait Islander Australians:

* babies born of low birth weight
* proportion of live-born singleton babies of low birthweight, by maternal Aboriginal and Torres Strait Islander status
* birthweights, live births, Aboriginal and Torres Strait Islander mothers

1. prevalence of risk factors to the health of Australians:

* rates of overweight and obesity
* proportion of adults who are daily smokers
* proportion of adults at risk of long term harm from alcohol (2001 NHMRC guidelines)
* adult abstainers from alcohol

1. selected potentially preventable diseases

* incidence of selected cancers
* age standardised rate of heart attacks (acute coronary events), people 25 years and over
* type 2 diabetes (based on fasting blood glucose test)

1. potentially avoidable deaths

* age standardised mortality rates of potentially avoidable deaths, under 75 years, NSW, Queensland, WA, SA, NT
* mortality and life expectancy
* estimated life expectancies at birth
* median age at death
* age standardised all-cause mortality rates, (per 1000 people)
* age standardised all-cause mortality rates, (per 1000 people)
* infant and child mortality, three year average, NSW, Queensland, WA, SA, NT
* all-cause infant and child mortality, NSW, Queensland, WA, SA, NT
* all-cause infant and child mortality, NSW, Queensland, WA, SA, NT
* age standardised mortality rates by major cause of death

1. profile of employed health workforce

* employed health workforce, by state and territory of principal practice
* Aboriginal and Torres Strait Islander health workforce
* persons employed in selected health-related occupations

1. access to services compared to need

* proportion of people who accessed health services by health status.

### Policy context

All levels of government in Australia fund, deliver and regulate health services, with most of the activity performed by the Australian, State and Territory governments. The Australian Government’s health services activities include funding improved access to primary health care, including Aboriginal and Torres Strait Islander‑specific primary health guided by the National Aboriginal and Torres Strait Islander Health Plan   
2013–2023, specialist services and infrastructure for rural and remote communities.

State and Territory governments contribute funding for, and deliver, a range of health care services (including services specifically for Aboriginal and Torres Strait Islander Australians) such as:

* community health services
* mental health programs
* specialist palliative care
* public hospital services

1. public dental services
2. patient transport
3. health policy research and policy development
4. public health (such as health promotion programs and disease prevention)
5. the regulation, inspection, licensing and monitoring of premises, institutions and personnel.

### Profile of health sector

Detailed profiles for the services within the health sector are reported in chapters 10, 11 and 12, and cover health service funding and expenditure as well as the size and scope of the individual service types.

#### Descriptive statistics

Descriptive statistics for the health sector are included in this section. Additional descriptive data for each jurisdiction are presented in 2015 Report, tables EA.5–6.

In 2010-11, Australian, State and Territory government total expenditure on health for Aboriginal and Torres Strait Islander Australians was $4.2 billion (AIHW 2013a;   
table E.1). Health expenditure by area of expenditure in 2010-11 is presented for Aboriginal and Torres Strait Islander and other Australians in table E.2.

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| Table E.1 Health funding for Aboriginal and Torres Strait Islander and other Australians by source of funding, 2010-11 |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Source of funding | *Amount ($ million)* | | |  | |  | Aboriginal and Torres Strait Islander Australians | Other Australians | Total | Aboriginal and Torres Strait Islander Australians share (%) | | State and Territory governments | 2 119.2 | 28 172.0 | 30 291.2 | 7.0 | | Australian Government | 2 040.7 | 52 967.2 | 55 007.8 | 3.7 | | Direct Australian Government | 1 245.0 | 33 078.3 | 34 323.3 | 3.6 | | Indirect through Australian State/Territory governments | 746.1 | 13 493.9 | 14 240.0 | 5.2 | | Indirect through non-governmenta | 49.6 | 6 394.9 | 6 444.5 | 0.8 | | *All governments* | 4 159.9 | 81 139.2 | 85 299.0 | 4.9 | | Non-government | 392.1 | 37 964.9 | 38 357.1 | 1.0 | | **Total health** | **4 552.0** | **119 104.1** | **123 656.1** | **3.7** | |
| a Includes private health insurance rebates for all Australians. Also includes Specific Purpose Payments covering highly specialised drugs in private hospitals and other payments. |
| *Source*: AIHW (2013) *Expenditure on health for Aboriginal and Torres Strait Islander people 2010‑11,* Health and Welfare Expenditure Series no. 48, Cat. no. HWE 57; 2015 Report, table E.1, p. E.7. |
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| Table E.2 Expenditure on health services for Aboriginal and Torres Strait Islander and other Australians, 2010-11 |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **Area of expenditure** | **Expenditure ($ million)** | | |  | **Expenditure per person ($)** | |  | | Aboriginal and Torres Strait Islander Australians | Other Australians | Total | Aboriginal and Torres Strait Islander Australians share (%) | Aboriginal and Torres Strait Islander Australians | Other Australians | Ratio | | Total hospital services | 2 178.0 | 47 527.6 | 49 705.7 | 4.4 | 3 825.6 | 2 169.4 | 1.8 | | Public  hospitalsa | 2 067.4 | 36 870.4 | 38 937.8 | 5.3 | 3 631.3 | 1 683.0 | 2.2 | | Admitted patientsb | 1 748.7 | 31 106.6 | 32 855.4 | 5.3 | 3 071.6 | 1 419.9 | 2.2 | | Non-Admitted patients | 333.0 | 5 749.4 | 6 082.4 | 5.5 | 584.9 | 262.4 | 2.2 | | Private  hospitalsc | 110.7 | 10 657.3 | 10 767.9 | 1.0 | 194.4 | 486.5 | 0.4 | | Patient transport | 183.4 | 2 601.4 | 2 784.7 | 6.6 | 322.1 | 118.7 | 2.7 | | Medical | 376.3 | 22 148.2 | 22 524.5 | 1.7 | 660.9 | 1 011.0 | 0.7 | | Medicare | 286.0 | 17 380.7 | 17 666.8 | 1.6 | 502.4 | 793.3 | 0.6 | | Other | 90.2 | 4 767.5 | 4 857.7 | 1.9 | 158.5 | 217.6 | 0.7 | | Dental | 84.8 | 7 780.8 | 7 865.5 | 1.1 | 148.9 | 355.2 | 0.4 | | Community healthd | 1 119.6 | 5 172.0 | 6 291.6 | 17.8 | 1 966.5 | 236.1 | 8.3 | | Other professional | 43.8 | 4 053.4 | 4 097.2 | 1.1 | 77.0 | 185.0 | 0.4 | | Public health | 185.7 | 1 810.3 | 1 996.1 | 9.3 | 326.2 | 82.6 | 4.0 | | Medications | 209.9 | 18 215.2 | 18 425.0 | 1.1 | 368.7 | 831.4 | 0.4 | | Aids and appliances | 15.2 | 3 616.6 | 3 631.8 | 0.4 | 26.7 | 165.1 | 0.2 | | Research | 124.2 | 4 158.5 | 4 282.7 | 2.9 | 218.2 | 189.8 | 1.2 | | Health administration | 31.1 | 2 020.1 | 2 051.2 | 1.5 | 54.6 | 92.2 | 0.6 | | **Total health** | **4 552.0** | **119 104.1** | **123 656.1** | **3.7** | **7 995.4** | **5 436.5** | **1.5** | |
| a Excludes dental services, patient transport services, community health services, public health and health research undertaken by the hospital. b Admitted patient expenditure estimates are adjusted for under‑identification of Aboriginal and Torres Strait Islander people. c Includes State/Territory governments’ expenditure for services provided for public patients in private hospitals. The estimates are not comparable to previous estimates due to improved methodology. d Includes other recurrent expenditure on health not elsewhere classified, such as family planning previously reported under ‘Other health services (n.e.c.)’. State and Territory expenditure on Closing the Gap initiatives have been allocated to this category for the first time. |
| *Source*: AIHW (2013) *Expenditure on health for Aboriginal and Torres Strait Islander people 2010-11,* Health and Welfare Expenditure Series no. 48, Cat. no. HWE 57; 2015 Report, table E.2, p. E.8. |
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### Factors affecting demand for services

Health status is linked to demand for health services and is associated with a range of demographic and socioeconomic factors. Financial, educational, geographic and cultural barriers can reduce access to health services and contribute to poorer health outcomes.

#### Indigenous status

Aboriginal and Torres Strait Islander people are more likely than are other Australians to experience poor health, to die at younger ages and to experience disability (AIHW 2014a; tables EA.46 and EA.48). A recent study found socioeconomic disadvantage to be the leading health risk for Aboriginal and Torres Strait Islander Australians in the NT, accounting for 42 to 54 per cent of the life expectancy gap between Aboriginal and Torres Strait Islander and other Australians (Zhao et al. 2013).

Aboriginal and Torres Strait Islander people have low employment and income   
levels when compared to other Australians (see chapter 2, tables 2A.32–34 and   
2A.39–46). Aboriginal and Torres Strait Islander Australians have relatively high rates for many health risk factors and are more likely to smoke and to consume alcohol at risky levels (ABS 2013a, 2014a; Zhao et al. 2013). Aboriginal and Torres Strait Islander Australians are more likely to live in inadequate and overcrowded housing   
(SCRGSP 2014) and in remote areas with more limited access to health services. In 2006, 51 992 Aboriginal and Torres Strait Islander Australians were living in discrete Aboriginal and Torres Strait Islander communities that were 100 kilometres or more from the nearest hospital (ABS 2007).

Nationally, 3.0 per cent of the total population identified as Aboriginal and Torres Strait Islander in 2011. The projected population of those identifying as Aboriginal and Torres Strait Islander people made up less than 5 per cent of the population in each State and Territory except the NT, where the figure was 29.7 per cent, in 2013 (2015 Report, tables 2A.1 and 2A.14).

### Service-sector objectives

Government involvement in health services is predicated on the desire to improve the health of all Australians and to ensure equity of access and the sustainability of the Australian health system. Box E.1 presents the overall objectives of the health system as summarised for this Report, which are consistent with the objectives outlined in the National Healthcare Agreement (COAG 2012). Governments provide a variety of services in different settings to fulfil these objectives.

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| Box E.1 Overall objectives of the health system |
| Government involvement in the health system is aimed at efficiently and effectively improving health outcomes for all Australians and ensuring the sustainability of the Australian health system, achieving the following outcomes:   * Australians are born and remain healthy * Australians receive appropriate high quality and affordable primary and community health services * Australians receive appropriate high quality and affordable hospital and hospital related care * Australians have positive health care experiences which take account of individual circumstances and care needs * Australians have a health system that promotes social inclusion and reduces disadvantage, especially for Aboriginal and Torres Strait Islander Australians * Australians have a sustainable health system. |
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### Sector performance indicator framework

This sector overview is based on a sector performance indicator framework made up of the following elements (figure E.1):

* Sector objectives — three sector objectives are a précis of the key objectives of the health system and reflect the outcomes in the NHA (box E.1).
* Sector-wide indicators — seven sector-wide indicators relate to the overarching service sector objectives identified in the NHA.
* Information from the service-specific performance indicator frameworks that relate to health services. Discussed in more detail in chapters 10, 11 and 12, the service-specific frameworks provide comprehensive information on the equity, effectiveness and efficiency of these services.

This sector overview provides an overview of relevant performance information. Chapters 10, 11 and 12 and their associated attachment tables provide more detailed information.

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| Figure E.1 Health services sector performance indicator framework |
| |  | | --- | | Figure E.3 Health services sector performance indicator framework   More details can be found within the text surrounding this image. | |
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*Source*: 2015 Report, figure E.3, p. E.12.

### Sector-wide performance indicators

This section includes high level indicators of health outcomes. While many factors affect outcomes — not solely the performance of government services — outcomes inform the development of appropriate policies and delivery of government services.

#### Babies born of low birth weight

‘Babies born of low birth weight’ is an indicator of governments’ objective that Australians are born and remain healthy (box E.2). Birthweight is a key indicator of infant health and a principal determinant of a baby’s chance of prospective survival, good health, development and wellbeing (AIHW NPESU and AIHW 2013). Low birth weight babies have a greater risk of poor health and dying and are more likely to develop chronic diseases later in life (AIHW 2014b).

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| Box E.2 Low birth weight of babies |
| Babies’ birth weight is defined as low if they weigh less than 2500 grams, very low if they weigh less than 1500 grams and extremely low if they weigh less than 1000 grams (Li et al. 2013).  A low or decreasing number of low birth weight babies is desirable.  Factors external to the health system also have a strong influence on the birth weight of babies. Some 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 (Li et al. 2013).  Data reported for this indicator are:   * comparable (subject to caveats) across jurisdictions and over time * complete (subject to caveats) for the current reporting period. All required 2012 data are available for all jurisdictions.   Data quality Information for this indicator is at www.pc.gov.au/research/recurring/report-on-government-services. |
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Nationally, the average birth weight for liveborn babies of Aboriginal and Torres Strait Islander mothers was 3211 grams in 2012 (table EA.10). Among liveborn singleton babies born to Aboriginal and Torres Strait Islander mothers in 2012, the proportion with low birth weight was more than twice that of those born to other mothers (figure E.2).

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| Figure E.2 Proportion of live-born singleton babies of low birthweight, by maternal Indigenous status, 2012**a, b,** **c, d, e** |
| |  | | --- | | Figure E.4 Proportion of live-born singleton babies of low birthweight, by maternal Indigenous status, 2012  More details can be found within the text surrounding this image. | |
| a Low birth weight is defined as less than 2500 grams. b Disaggregation by State/Territory is by place of usual residence of the mother. c Data excludes Australian non-residents, residents of external territories and where State/Territory of residence was not stated. d Excludes stillbirths and multiple births. Births were included if they were at least 20 weeks gestation or at least 400 grams birth weight. e Birth weight data on babies born to Aboriginal and Torres Strait Islander mothers residing in the ACT and Tasmania should be viewed with caution as they are based on small numbers of births. |
| *Source*: AIHW (unpublished) National Perinatal Data Collection; table EA.8; 2015 Report, figure E.4,  p. E.14. |
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#### Prevalence of risk factors to the health of Australians

‘Prevalence of risk factors to the health of Australians’ is an indicator of governments’ objective that Australians are born and remain healthy (box E.3).

A number of behaviours create risks to health outcomes; for example, lack of exercise, smoking, excessive alcohol consumption, excessive sun exposure and unhealthy dietary habits (AIHW 2014a). Health services are concerned with promoting, restoring and maintaining a healthy society. An important part of this activity is aimed at raising awareness of health issues to reduce the risk and onset of illness and injury.

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| Box E.3 Prevalence of risk factors to the health of Australians |
| ‘Prevalence of risk factors to the health of Australians’ is defined by the following measures:   * Prevalence of overweight and obesity — the number of people with a Body Mass Index (BMI) in the categories of either overweight or obese, as a percentage of the population. BMI is calculated as weight (kg) divided by the square of height (m). BMI values are grouped according to World Health Organization and National Health and Medical Research Council guidelines.   Among adults, a BMI of 25 to less than 30 is considered overweight and a BMI of 30 or over is considered to be obese (WHO 2000; NHMRC 2013).  Children are defined as people aged 5–17 years. For children, obesity is defined as BMI (appropriate for age and sex) that is likely to be 30 or more at age 18 years.   * Rates of current daily smokers — number of people aged 18 years or over who smoke tobacco every day as a percentage of the population aged 18 years or over. * Risk of alcohol related harm over a lifetime — people aged 18 years or over assessed as having an alcohol consumption pattern that puts them at risk of long‑term alcohol related harm, as a percentage of the population aged 18 years or over.   ‘Lifetime risk of alcohol related harm’ is defined according to the 2009 National Health and Medical Research Council guidelines: for males and females, no more than two standard drinks on any day. This has been operationalised as: for both males and females, an average of more than 2 standard drinks per day in the last week.  Rates for all three measures are age standardised.  A low or decreasing rate is desirable for each health risk factor.  Data reported for this indicator are:   * comparable (subject to caveats) across jurisdictions and over time * complete (subject to caveats) for the current reporting period. All required  2011–2013 data are available for all jurisdictions.   Data quality Information for this indicator is at www.pc.gov.au/research/recurring/report-on-government-services. |
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##### Prevalence of overweight and obesity

Being overweight or obese increases the risk of an individual developing diseases such as heart disease, stroke and Type 2 diabetes. In 2011-12, over a third of Australians’ measured BMI was in the overweight range and over a quarter were obese (2015 Report, figure E.5; table EA.12).

Nationally, the rate of overweight and obesity was higher for Aboriginal and Torres Strait Islander adults (72.4 per cent) than for other adults (62.6 per cent) in 2011–13   
(table EA.16). Data for the rate of overweight and obesity for children by Indigenous status are reported in table EA.18.

##### Rates of current daily smokers

Smoking is an important risk factor for heart disease, stroke and lung cancer. These were the three leading causes of death in Australia in 2011 (ABS 2014b). Smoking is responsible for around 80 per cent of all lung cancer deaths and 20 per cent of all cancer deaths (HealthInsite 2011).

Nationally, Aboriginal and Torres Strait Islander Australians had higher age‑standardised rates of daily smoking (42.0 per cent) than other Australians (16.0 per cent) in 2011–13 (table EA.21).

##### Levels of risky alcohol consumption

The National Health and Medical Research Council (NHMRC) reports that excessive long term alcohol consumption increases the risk of heart disease, diabetes, liver cirrhosis and some types of cancers. It can contribute to injury and death through accidents, violence, suicide and homicide, and also to financial problems, family breakdown, and child abuse and neglect (NHMRC 2009).

Nationally, the age standardised proportion of adults at risk of alcohol related harm over a lifetime (2009 NHMRC guidelines) was similar for Aboriginal and Torres Strait Islander Australians (19.2 per cent) and other Australians (19.5 per cent) in 2011–13, although results varied across jurisdictions (table EA.24). Nationally, the age standardised proportion of adults who abstained from alcohol in the previous 12 months was higher for Aboriginal and Torres Strait Islander people (26.1 per cent) than for other Australians (16.3 per cent) in 2011–13 (table EA.25).

#### Selected potentially preventable diseases

‘Selected potentially preventable diseases’ is an indicator of governments’ objective that Australians are born and remain healthy (box E.4).

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| Box E.4 Selected potentially preventable diseases |
| ‘Selected potentially preventable diseases’ is defined by the following measures:   * Incidence of selected cancers — incidence of selected cancers of public health importance. * For melanoma, lung and bowel cancer, the measure is defined as the number of new cases in the reported year expressed as a directly age standardised rate. * For breast and cervical cancer in females, the measure is defined as the number of new cases in women in the reported year expressed as a directly age standardised rate. * Data reported for this measure are: * comparable (subject to caveats) across jurisdictions and over time except for NSW and the ACT, for which data for 2010 and 2011 are estimated * incomplete for the current reporting period. Data for 2010 and 2011 were not available for NSW or the ACT and estimates are reported for these jurisdictions. * Incidence of heart attacks (acute coronary events) — the number of deaths recorded as acute coronary heart disease deaths plus the number of non-fatal hospitalisations for acute myocardial infarction or unstable angina not ending in a transfer to another acute hospital, expressed as a directly age-standardised rate. * Data reported for this measure are: * comparable (subject to caveats) over time at the national level but are not comparable across jurisdictions * complete for the current reporting period. All required 2012 data are reported for all jurisdictions. * Prevalence of type 2 diabetes — the number of people recorded as having Type 2 diabetes as a percentage of the total population aged 18 years or over. * Data reported for this measure are: * comparable across jurisdictions except for the NT where people in very remote areas, for which data are not available, comprise around 23 per cent of the population (see caveats in attachment tables) but are not comparable over time * complete for the current reporting period except for the NT. All required 2011–13 data are reported for all jurisdictions except the NT.   A low or decreasing rate is desirable for each incidence/prevalence rate.  Incidence is defined as the number of new cases in the reported year and is expressed as a rate of the relevant population.  Prevalence is defined as the proportion of the population suffering from a disorder.  Data quality Information for this indicator is at www.pc.gov.au/research/recurring/report-on-government-services. |
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As well as addressing health risk factors, well-planned disease prevention and early intervention programs help prevent a number of diseases (or more successfully treat diseases through early identification). A number of programs form an important element of preventing disease and improving the health of Australians (NPHT 2009), such as:

* immunisation
* cancer screening and early treatment
* early detection and intervention
* individual disease risk assessments and early intervention for biomedical risk factors such as: high blood pressure, high blood cholesterol, or impaired glucose tolerance
* childhood infectious diseases control
* sexually transmitted infections control.

##### Incidence of selected cancers

The incidence of certain largely preventable cancers are reported by Indigenous status for 2011 in table EA.29.

##### Incidence of heart attacks (acute coronary events)

Nationally, the rate of heart attacks (acute coronary events) was 406 new cases per 100 000 people in 2012 (2015 Report, table EA.30). The incidence of heart attacks (acute coronary events) was more than twice as high for Aboriginal and Torres Strait Islander people as for other Australians (table EA.31).

##### Prevalence of type 2 diabetes

Nationally, an estimated 4.3 per cent of people aged 18 years or over had type 2 diabetes in 2011‑12 (2015 Report, table EA.40). The prevalence of type 2 diabetes among Aboriginal and Torres Strait Islander adults was around three times higher than for other Australians in the period 2011–13 (tables EA.41-42).

#### Potentially avoidable deaths

‘Potentially avoidable deaths’ is an indicator of governments’ objective that Australians are born and remain healthy (box E.5). Avoidable deaths reflect the effectiveness of current and past preventative health activities.

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| Box E.5 Potentially avoidable deaths |
| ‘Potentially avoidable deaths’ is defined as deaths from conditions that are potentially preventable through individualised care and/or treatable through timely and effective primary or hospital care.  A low or decreasing potentially avoidable death rate is desirable.  Most components of the health system can influence potentially avoidable death rates, although there can be decades between the action and the effect. Factors external to the health system also have a strong influence on potentially avoidable death rates.  Data reported for this indicator are:   * comparable (subject to caveats) across jurisdictions and over time * complete (subject to caveats) for the current reporting period. All required  2012 data are available for all jurisdictions.   Data quality information for this indicator is at www.pc.gov.au/research/recurring/report-on-government-services. |
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Nationally, there were 107.8 avoidable deaths per 100 000 people in 2012 (2015 Report, table EA.43). The rate of avoidable deaths was considerably higher for Aboriginal and Torres Strait Islander people than for other Australians in all jurisdictions for which data were available in the period 2008–2012 (figure E.3 and table EA.44).

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| Figure E.3 Age standardised mortality rates for potentially avoidable deaths, under 75 years, 2008–2012**a,** **b,** **c,** **d,** **e,** **f, g, h, i** |
| |  | | --- | | Figure E.3 Age standardised mortality rates for potentially avoidable deaths, under 75 years, 2008–2012  More details can be found within the text surrounding this image. | |
| a Standardised death rates calculated using the direct method, age-standardised by 5 year age groups to less than 75 years. b Excludes deaths where Indigenous status was not provided. c Potentially avoidable deaths refer to deaths from certain conditions that are considered avoidable given timely and effective health care. Specifications for avoidable deaths have been revised and data are not comparable to data in previous reports. d Data based on year of registration. e Data are reported by jurisdiction of residence only for NSW, Queensland, WA, SA and the NT — these jurisdictions have sufficient level of identification and number of Aboriginal and Torres Strait Islander deaths to support mortality analysis. f Queensland deaths data for 2010 were adjusted to minimise the impact of late registration of deaths on mortality indicators. g For WA, Aboriginal and Torres Strait Islander deaths data for 2007, 2008 and 2009 have been revised. h Total includes data for NSW, Queensland, WA, SA and the NT only. i See DQI for more information. |
| *Source*: ABS (unpublished) *Causes of Deaths, Australia, 2012*, Cat. no. 3303.0; ABS (unpublished) Estimated Resident Population; ABS (2014) *Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 2001 to 2026*, Cat. no. 3238.0; table EA.44; 2015 Report, figure E.9, p. E.24. |
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#### The mortality and life expectancy of Australians

‘The mortality and life expectancy of Australians’ is an indicator of governments’ objective that Australians are born and remain healthy (box E.6).

Comparing mortality and life expectancy data across populations, including cause, age, sex, population group and geographical distribution, provide important insights into the overall health of Australians (AIHW 2013b). Trends over time in mortality and life expectancy data can signal changes in the health status of the population, as well as provide a baseline indicator for the effectiveness of the health system.

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| Box E.6 The mortality and life expectancy of Australians |
| ‘The mortality and life expectancy of Australians’ is defined by the following measures:   * ‘Life expectancy’ — the average number of additional years a person of a given age and sex might expect to live if the age-specific death rates of the given period continued throughout his/her lifetime.   A high or increasing life expectancy is desirable.   * ‘Median age at death’ — the age at which exactly half the deaths registered (or occurring) in a given time period were deaths of people above that age and half were deaths below that age.   A high or increasing median age at death is desirable.   * ‘Mortality rates’ — the number of registered deaths compared to the total population (expressed as a rate). Rates are provided for: * Australian mortality rate — age standardised mortality per 1000 people * infant and child mortality rates — the number of deaths of children under one year of age in a calendar year per 1000 live births in the same year (infant mortality rate) and the number of deaths of children between one and four years of age in a calendar year per 100 000 children (child mortality rate) * mortality rates by major cause of death — age standardised deaths, by cause of death compared to the total population (expressed as a rate).   A low or decreasing mortality rate is desirable.  Most components of the health system can influence the mortality and life expectancy of Australians, although there can be decades between the action and the effect. Factors external to the health system also have a strong influence.  Data reported for this indicator are:   * comparable (subject to caveats) across jurisdictions and over time except for median age at death * complete (subject to caveats) for the current reporting period. All required  2011–2013 data for life expectancy, 2013 data for median age at death and  2013 data for mortality rates are available for all jurisdictions.   Data quality Information for this indicator is at www.pc.gov.au/research/recurring/report-on-government-services. |
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##### Life expectancy

The life expectancy of Australians improved dramatically during the twentieth century and so far during the twenty‑first century. The average life expectancy at birth in the period 1901–1910 was 55.2 years for males and 58.8 years for females (ABS 2013b). It has risen steadily in each decade since, reaching 80.1 years for males and 84.3 years for females in 2011–2013 (2015 Report, figure E.10).

The life expectancies of Aboriginal and Torres Strait Islander Australians are considerably lower than those of other Australians. ABS estimates are available every 5 years. These indicate a life expectancy at birth of 69.1 years for Aboriginal and Torres Strait Islander males and 73.7 years for Aboriginal and Torres Strait Islander females born from 2010 to 2012. In the same time period, life expectancy at birth for other males was 79.7 years and for other females was 83.1 years (table EA.46). Life expectancy at birth by Indigenous status and sex for NSW, Queensland, WA and the NT are presented in figure E.4.

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| Figure E.4 Estimated life expectancies at birth, by Indigenous status and sex, 2010–2012 (years)**a,** **b** |
| |  | | --- | | Figure E.11 Estimated life expectancies at birth, by Indigenous status and sex, 2010–2012 (years)  More details can be found within the text surrounding this image.  Figure E.11 Estimated life expectancies at birth, by Indigenous status and sex, 2010–2012 (years)  Legend to Figure  More details can be found within the text surrounding this image. Figure E.11 Estimated life expectancies at birth, by Indigenous status and sex, 2010–2012 (years)  Legend to Figure  More details can be found within the text surrounding this image.  Figure E.11 Estimated life expectancies at birth, by Indigenous status and sex, 2010–2012 (years)  Legend to Figure  More details can be found within the text surrounding this image. Figure E.11 Estimated life expectancies at birth, by Indigenous status and sex, 2010–2012 (years)  Legend to Figure  More details can be found within the text surrounding this image. | |
| a Aboriginal and Torres Strait Islander estimates of life expectancy are not available for Victoria, SA, Tasmania or the ACT due to the small number of Aboriginal and Torres Strait Islander deaths in these jurisdictions. b Life tables are constructed separately for Males and Females. |
| *Source*: ABS (2013) *Life Tables for Aboriginal and Torres Strait Islander Australians 2010–2012*,  Cat. no. 3302; table EA.46; 2015 Report, figure E.11, p. E.27. |
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##### Median age at death

The median age at death in 2013 was 78.6 years of age for Australian males and 84.7 years of age for Australian females (2015 Report, table EA.47).

Comparisons of the median age at death for Aboriginal and Torres Strait Islander and other Australians are affected by different age structures in the populations and by differences in the extent of identification of Aboriginal and Torres Strait Islander deaths across jurisdictions and across age groups. Identification of Aboriginal and Torres Strait Islander infant deaths is high, but falls significantly in older age groups. The median age of death for Aboriginal and Torres Strait Islander people is, therefore, likely to be an underestimate.

Caution should be taken when comparing median age at death between Aboriginal and Torres Strait Islander people and other populations. Coory and Baade (2003) note that:

* the relationship between a change in median age at death and a change in death rate depends upon the baseline death rate. So comparison of trends in median age at death for Aboriginal and Torres Strait Islander and other Australians is difficult to interpret
* changes in the median age at death of public health importance might be difficult to distinguish from statistical noise.

Nationally, counting only the jurisdictions for which data were available for Aboriginal and Torres Strait Islander Australians, the median age at death for male Aboriginal and Torres Strait Islander Australians was 54.6 years of age. The median age at death for female Aboriginal and Torres Strait Islander Australians was 61.6 years of age (figure E.5 and table EA.48).

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| Figure E.5 Median age at death, by sex and Indigenous status, 2013**a, b** |
| |  | | --- | | Figure E.12 Median age at death, by sex and Indigenous status, 2013  More details can be found within the text surrounding this image.  Figure E.12 Median age at death, by sex and Indigenous status, 2013  Legend to Figure  More details can be found within the text surrounding this image. Figure E.12 Median age at death, by sex and Indigenous status, 2013  Legend to Figure  More details can be found within the text surrounding this image.  Figure E.12 Median age at death, by sex and Indigenous status, 2013  Legend to Figure  More details can be found within the text surrounding this image. Figure E.12 Median age at death, by sex and Indigenous status, 2013  Legend to Figure  More details can be found within the text surrounding this image. | |
| a Victoria, Tasmania and the ACT are excluded due to small numbers of registered Aboriginal and Torres Strait Islander deaths. b The accuracy of Aboriginal and Torres Strait Islander mortality data is variable as a result of varying rates of coverage across jurisdictions and age groups, and of changes in the estimated Aboriginal and Torres Strait Islander population caused by changing rates of identification in the Census and births data. |
| *Source*: ABS (2014) *Deaths, Australia, 2013*, Cat. no. 3302.0; table EA.48; 2015 Report, figure E.12,  p. E.28. |
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##### Mortalityrates

There were 147 678 deaths registered in Australia in 2013 (ABS 2014c), which translated into an age standardised mortality rate of 540 deaths per 100 000 people (2015 Report, figure E.13). Death rates over the last 20 years have declined for all states and territories (ABS 2014c).

##### Mortality rates — Aboriginal and Torres Strait Islander Australians

Data for Aboriginal and Torres Strait Islander mortality are collected through State and Territory death registrations. The completeness of identification of Aboriginal and Torres Strait Islander Australian deaths in these collections varies significantly across states and territories so care is required when making comparisons.

For the period 2009–2013, NSW, Queensland, WA, SA and the NT have been assessed as having adequate identification and number of Aboriginal and Torres Strait Islander deaths for mortality analysis. For these five jurisdictions combined, the overall age standardised mortality rate for Aboriginal and Torres Strait Islander people was 985.0 per 100 000 people, significantly higher than for other Australians (585.2 per 100 000 people)   
(figure E.6 and table EA.50). Due to identification completeness issues, mortality rates presented here are likely to be underestimates of the true mortality of Aboriginal and Torres Strait Islander Australians (ABS and AIHW 2008).

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| Figure E.6 Mortality rates, age standardised, by Indigenous status, five year average, 2009–2013**a, b, c, d, e** |
| |  | | --- | | Figure E.15 Mortality rates, age standardised, by Indigenous status, five year average, 2009–2013  More details can be found within the text surrounding this image. | |
| a Deaths are based on year of registration. b Mortality rates are age-standardised to the 2001 Australian standard population. c Rates are derived from population estimates and projections revised to the 2011 Census base. See data quality information (DQI) for further detail. d Data are reported by jurisdiction of residence only for jurisdictions with a sufficient number and level of identification of Aboriginal and Torres Strait Islander deaths to support mortality analysis — NSW, Queensland, WA, SA and the NT. Total includes data only for those jurisdictions. e Error bars represent the 95 per cent variability band associated with each point estimate. See DQI for more information. |
| *Source*: ABS (unpublished), *Deaths, Australia,* various years, Cat. no. 3302.0; table EA.50; 2015 Report, figure E.15, p. E.31. |
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Data on long-term trends for WA, SA and the NT suggest that the mortality rate for Aboriginal and Torres Strait Islander infants decreased by 62 per cent between 1991 and 2010 (AHMAC 2012). While this is a significant improvement, mortality rates for Aboriginal and Torres Strait Islander infants and children are still markedly higher than for other infants and children in Australia.

For the period 2009–2013, the average infant mortality rate for Aboriginal and Torres Strait Islander infants (less than one year) was higher than for other infants in the jurisdictions for which there were data available (NSW, Queensland, WA, SA and the NT) (table EA.55). For the same period and the same jurisdictions, the average mortality rate for infants and children combined (0–4 years) per 100 000 children aged 0–4 years was 169.1 for Aboriginal and Torres Strait Islander children and 89.2 for other children   
(table EA.55).

##### Mortality rates — by major cause of death

The most common causes of death among Australians in 2012 were cancers, diseases of the circulatory system (including heart disease, heart attack and stroke), and diseases of the respiratory system (including influenza, pneumonia and chronic lower respiratory diseases) (2015 Report, tables E.3 and EA.56).

In the jurisdictions for which age standardised death rates are available by Indigenous status (NSW, Queensland, WA, SA and the NT), death rates were significantly higher for Aboriginal and Torres Strait Islander people than for other Australians in 2009–2013   
(table E.4). For these jurisdictions, the leading age-standardised cause of death for Aboriginal and Torres Strait Islander people was circulatory diseases followed by neoplasms (cancer) in 2012 (table EA.57).

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| Table E.3 Age standardised mortality rates by major cause of death (deaths per 100 000 people), 2012**a, b** |
| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Aust | | Certain infectious and parasitic diseases | 10.6 | 8.4 | 6.9 | 7.8 | 10.9 | 8.2 | 6.6 | np | 9.1 | | Neoplasms | 166.8 | 162.4 | 179.2 | 167.0 | 166.6 | 185.7 | 147.0 | 211.7 | 168.4 | | Diseases of the bloodc | 1.8 | 1.6 | 1.7 | 1.5 | 1.6 | np | np | np | 1.7 | | Endocrine, nutritional and metabolic diseases | 20.2 | 23.0 | 23.3 | 23.6 | 22.6 | 33.7 | 24.6 | 65.2 | 22.7 | | Mental and behavioural disorders | 27.6 | 27.2 | 26.7 | 27.5 | 34.7 | 48.3 | 25.0 | 30.9 | 28.5 | | Diseases of the: |  |  |  |  |  |  |  |  |  | | * nervous system | 23.2 | 26.8 | 25.3 | 30.3 | 28.5 | 25.7 | 24.0 | 23.7 | 25.7 | | * eye and adnexa | np | np | np | np | – | – | – | – | np | | * ear and mastoid process | np | np | np | – | – | – | – | np | np | | * circulatory system | 160.1 | 148.1 | 175.1 | 144.5 | 161.5 | 195.2 | 141.4 | 185.3 | 159.6 | | * respiratory system | 50.7 | 45.0 | 50.4 | 45.9 | 49.2 | 62.1 | 42.0 | 73.5 | 49.0 | | * digestive system | 18.8 | 19.8 | 20.8 | 17.6 | 21.1 | 22.2 | 20.5 | 26.6 | 19.7 | | * skin and subcutaneous tissue | 1.7 | 1.4 | 1.4 | 1.1 | 1.2 | np | np | np | 1.4 | | * musculoskeletal system and connective tissue | 4.0 | 4.2 | 5.1 | 3.3 | 2.7 | 8.0 | 6.6 | np | 4.3 | | * kidney | 13.4 | 15.5 | 11.8 | 13.6 | 14.0 | 13.0 | 13.1 | 23.5 | 13.8 | | Pregnancy, childbirth and the puerperium | np | np | np | – | np | – | – | – | np | | Certain conditions originating in the perinatal period | 2.2 | 2.0 | 2.8 | 1.3 | 2.6 | np | np | np | 2.3 | | Congenital conditionsd | 2.4 | 2.2 | 2.6 | 2.0 | 2.6 | np | np | np | 2.4 | | Abnormal findings nece | 7.2 | 3.5 | 3.7 | 5.5 | 13.3 | 3.5 | np | 13.3 | 5.9 | | External causes of morbidity and mortality | 33.8 | 33.3 | 43.7 | 46.2 | 39.2 | 44.0 | 31.7 | 79.5 | 37.9 | | **Total** | **544.5** | **524.7** | **580.7** | **538.9** | **572.4** | **658.3** | **494.9** | **769.2** | **552.3** | |
| a Age standardised to the Australian population as at 30 June 2001. b Australian total includes 'Other territories'. c Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism. d Congenital malformations, deformations and chromosomal abnormalities. e Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified. – Nil or rounded to zero. **np** Not published. |
| *Source*: ABS (unpublished) *Causes of Death Australia, 2012* Cat. no. 3303.0; table EA.56; 2015 Report, table E.3, p. E.33. |
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Aboriginal and Torres Strait Islander people died from circulatory diseases, endocrine, metabolic and nutritional disorders, cancer and respiratory diseases at higher rates than other Australians (tables E.4 and EA.57).

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| Table E.4 Major cause of death by Indigenous status — rate differences and rate ratios, 2008–2012 **a, b, c** |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | Rate difference — rate for Aboriginal and Torres Strait Islander people less rate for other Australians | | | | | |  | Rate ratio — rate for Aboriginal and Torres Strait Islander people divided by rate for other Australians | | | | | | |  | NSW | Qld | WA | SA | NT | Totalc |  | NSW | Qld | WA | SA | NT | Totalc | | Circulatory diseases | 62.0 | 79.0 | 211.9 | 33.3 | 176.8 | 93.9 |  | 1.3 | 1.4 | 2.3 | 1.2 | 2.1 | 1.5 | | Cancer | 17.9 | 48.9 | 81.1 | - 23.2 | 119.1 | 46.2 |  | 1.1 | 1.3 | 1.5 | 0.9 | 1.6 | 1.3 | | External causes | 16.4 | 19.4 | 78.2 | 45.1 | 63.9 | 37.0 |  | 1.5 | 1.5 | 2.9 | 2.2 | 2.1 | 2.0 | | Endocrine and other disordersd | 35.7 | 83.3 | 138.0 | 37.2 | 179.6 | 80.6 |  | 2.7 | 4.5 | 6.8 | 2.5 | 6.9 | 4.6 | | Respiratory diseases | 37.9 | 35.0 | 61.7 | 28.7 | 92.7 | 46.5 |  | 1.7 | 1.7 | 2.4 | 1.6 | 2.6 | 1.9 | | Digestive diseases | 9.3 | 29.5 | 39.2 | 34.9 | 54.4 | 26.9 |  | 1.4 | 2.4 | 3.0 | 2.7 | 3.2 | 2.3 | | Kidney diseases | 8.8 | 15.2 | 29.4 | np | 53.4 | 18.4 |  | 1.8 | 2.6 | 3.9 | np | 6.4 | 2.6 | | Conditions originating in the perinatal period | 0.1 | 1.4 | 2.5 | np | 6.6 | 1.7 |  | 1.0 | 1.5 | 2.6 | np | 3.4 | 1.7 | | Infectious and parasitic diseases | 4.1 | 11.4 | 15.9 | 11.6 | 18.6 | 10.2 |  | 1.4 | 2.6 | 3.1 | 2.2 | 2.4 | 2.1 | | Nervous system diseases | - 6.3 | - 2.1 | 5.4 | 3.7 | 0.9 | - 1.8 |  | 0.7 | 0.9 | 1.2 | 1.1 | 1.0 | 0.9 | | Other causes | 10.1 | 24.9 | 64.7 | 12.6 | 74.5 | 29.4 |  | 1.2 | 1.6 | 2.5 | 1.2 | 2.5 | 1.6 | | **All causes** | **196.1** | **345.9** | **728.0** | **195.5** | **841.0** | **388.9** |  | **1.3** | **1.6** | **2.3** | **1.3** | **2.3** | **1.7** | |
| a All causes of death data from 2006 onward are subject to a revisions process - once data for a reference year are 'final', they are no longer revised. Affected data in this table are: 2008–2010 (final), 2011 (revised) and 2012 (preliminary). See data quality information (DQI) for further information. b Rate differences and rate ratios are derived from mortality rates data (reported in table EA.57) that are age standardised (using the direct method) to the Australian population as at 30 June 2001. c Data are reported by jurisdiction of residence only for jurisdictions with a sufficient number and sufficient level of identification of Aboriginal and Torres Strait Islander deaths to support mortality analysis — NSW, Queensland, WA, SA and the NT. Total includes data only for those jurisdictions. d Endocrine, metabolic and nutritional disorders. **np** not published. |
| *Source*: ABS (unpublished) *Causes of Death Australia, 2012*,Cat. no. 3303.0; table EA.57; 2015 Report, table E.4, p. E.34. |
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#### Profile of employed health workforce

‘Profile of employed health workforce’ is an indicator of governments’ objective that Australians have a sustainable health system (box E.7).

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| Box E.7 Profile of employed health workforce |
| ‘Profile of employed health workforce’ is defined by three measures:   * the full time equivalent employed health workforce divided by the population * the proportion of the full time equivalent employed health workforce under the age of  45 years * the net growth in the full time equivalent employed health workforce.   High or increasing rates for health workforce measures can give an indication of the sustainability of the health system and its ability to respond and adapt to future needs.  Data reported for this indicator are:   * comparable (subject to caveats) across jurisdictions and over time * complete (subject to caveats) for the current reporting period. All required 2012 data are available for all jurisdictions.   Information about data quality for this indicator is at www.pc.gov.au/research/recurring/report-on-government-services. |
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Nationally, 0.9 per cent of the nursing and midwifery workforce were Aboriginal and Torres Strait Islander in 2013 (table EA.62). Of people employed in health-related occupations in 2011, 1.6 per cent were Aboriginal and Torres Strait Islander. Within   
health related occupations in 2011, the occupations with the highest percentage of Aboriginal and Torres Strait Islander Australians were health and welfare support officers, which includes the occupation Aboriginal and Torres Strait Islander Health Workers (tables EA.63–65).

#### Access to services compared to need by type of service

‘Access to services compared to need by type of service’ is an indicator of governments’ objective that Aboriginal and Torres Strait Islander Australians and those living in rural and remote areas or on low incomes achieve health outcomes comparable to the broader population (box E.8).

Results from the 2011‑12 Australian Health Survey indicate that the majority of Australians (85.6 per cent) aged 15 years or over reported their health as either good, very good or excellent (ABS 2013c). In the 2012-13 Australian Aboriginal and Torres Strait Islander Health Survey, 76 per cent of Aboriginal and Torres Strait Islander Australians reported their health as either good, very good or excellent (ABS 2013a).

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| Box E.8 Access to services compared to need by type of service |
| ‘Access to services compared to need by type of service’ is defined as the number of people aged 15 years or over who accessed a particular health service in the past 12 months (for hospital admissions), 3 months (for dental services) or 2 weeks (for other health services) divided by the population aged 15 years or over, expressed as a percentage. Rates are age standardised and calculated separately for each type of service and by categories of self‑assessed health status. Service types are: admitted hospitalisations, casualty/outpatients, GP and/or specialist doctor consultations, consultations with other health professional and dental consultation. Self-assessed health status is categorised as excellent/very good/good and fair/poor. Data are reported for all Australians by remoteness and by Socio Economic Indexes for Areas (SEIFA) and for Aboriginal and Torres Strait Islander Australians.  High or increasing rates of ‘access to services compared to need by type of service’ are desirable, as are rates for those in disadvantaged groups being close to the rates for those who are not disadvantaged.  Data reported for this indicator are   * comparable (subject to caveats) across jurisdictions but not over time * complete (subject to caveats) for the current reporting period. All required  2011‑13 data are available for all jurisdictions.   Data quality information for this indicator is under development. |
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The latest available data for self-assessed health status are from the 2012-13 National Aboriginal and Torres Strait Islander Health Survey for Aboriginal and Torres Strait Islander Australians (ABS 2014a) and from the 2011‑12 National Health Survey for other Australians (ABS 2013c). Aboriginal and Torres Strait Islander Australians were less likely than other Australians to report very good or excellent health. Taking into account differences in age structure between the populations, Aboriginal and Torres Strait Islander Australians overall were more than twice as likely to report their health as fair or poor than other Australians in 2011–13 (ABS 2013a, 2014a).

Data for Aboriginal and Torres Strait Islander Australians are not comparable with data for other Australians due to a slightly different methodology. Nationally, the proportion of Aboriginal and Torres Strait Islander Australians who accessed services varied significantly by self-assessed health status for hospital admissions, consultations with doctors and consultations with other health professionals (figure E.7). Data for people accessing health services by Indigenous status in 2004-05 are reported in table EA.69.

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| Figure E.7 Proportion of Aboriginal and Torres Strait Islander people who accessed health services by health status,  2012‑13**a,** **b,** **c,** **d, e** |
| Figure E.7 Proportion of Aboriginal and Torres Strait Islander people who accessed health services by health status, 2012-13  Admitted to hospital  More details can be found within the text surrounding this image. Figure E.7 Proportion of Aboriginal and Torres Strait Islander people who accessed health services by health status, 2012-13  Consulted a doctor   More details can be found within the text surrounding this image. |
| a Rates are age standardised by State/Territory to the 2001 estimated resident population. b Data are not comparable with data for all Australians due to differences in methodology. c People aged 15 years or over who consulted a doctor or another health professional in the last 2 weeks, or were admitted to hospital in the last 12 months. d Error bars represent the 95 per cent confidence intervals associated with each estimate. e Figure has been revised and differs from the figure presented in the 2014 Report. |
| *Source*: ABS (unpublished) *Australian Aboriginal and Torres Strait Islander Health Survey, 2012-13* (National Aboriginal and Torres Strait Islander Health Surveycomponent), Cat. no. 4727.0; table EA.68; 2015 Report, figure E.19, p. E.40. |
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### Cross cutting and interface issues

Many determinants affect Australian’s health (AIHW 2012). They include the delivery of an efficient, effective and equitable health service, but also factors such as individuals’ and communities’ social and economic conditions and background. Major improvements in health outcomes therefore depend on strong partnerships between components of the health system and relationships between the health sector and other government services. For example, early childhood, education and training services play an important role in shaping a child’s development, which has consequences for overall health and wellbeing in later life, and good health is critical to a child’s educational development (AIHW 2011). Impaired hearing, malnutrition, poor general health, including poor eyesight, anaemia, skin diseases, and sleep deprivation have been identified as having adverse effects on the educational attainment of Aboriginal and Torres Strait Islander children (AMA 2001).

### List of attachment tables

Attachment tables for data within this sector overview are contained in the attachment to the Compendium. These tables are identified in references throughout this chapter by a ‘EA’ prefix (for example, table EA.1 is table 1 in the Health sector overview attachment). Attachment tables are on the Review website (www.pc.gov.au/research/recurring/report-on-government-services).

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| **Table EA.8** | Proportion of live-born singleton babies of low birthweight, by maternal Indigenous status |
| **Table EA.10** | Birthweights, live births, Aboriginal and Torres Strait Islander mothers, 2012 |
| **Table EA.16** | Rates of overweight and obesity for adults, by Indigenous status, 2011–13 |
| **Table EA.17** | Rates of overweight and obesity for adults, by Indigenous status, 2004-05 |
| **Table EA.18** | Rate of overweight and obesity for children by Indigenous status, 2011–13 |
| **Table EA.21** | Proportion of adults who are daily smokers, by Indigenous status |
| **Table EA.24** | Proportion of adults at risk of long term harm from alcohol (2009 NHMRC guidelines), by Indigenous status |
| **Table EA.25** | Adult abstainers from alcohol, by Indigenous status (per cent) |
| **Table EA.29** | Incidence of selected cancers, by Indigenous status (per 100 000 population) |
| **Table EA.31** | Incidence of heart attacks (acute coronary events), people 25 years or over, by Indigenous status (per 100 000 people) |
| **Table EA.41** | Proportion of people aged 18 years or over with type 2 diabetes (based on fasting blood glucose test), by Indigenous status, by sex, 2011–13 (per cent) |
| **Table EA.42** | Proportion of people aged 25 years or over with type 2 diabetes (based on fasting blood glucose test), by Indigenous status, by sex, 2011–13 (per cent) |
| **Table EA.44** | Age standardised mortality rates of potentially avoidable deaths, under 75 years, by Indigenous status, NSW, Queensland, WA, SA, NT, 2007–2011 |
| **Table EA.46** | Estimated life expectancies at birth, by Indigenous status and sex (years) |
| **Table EA.48** | Median age at death, by Indigenous status (years) |
| **Table EA.50** | Age standardised all-cause mortality rates and rate ratios, by Indigenous status, NSW, Qld, WA, SA, NT, five year aggregate, 2008–2012 (per 100 000 people) |
| **Table EA.51** | Age standardised all-cause mortality rate and rate ratios, by Indigenous status, NSW, Qld, WA, SA, NT, 2013 (per 100 000 people) |
| **Table EA.53** | Infant mortality rate by Indigenous status, three year average (per 1000 live births) |
| **Table EA.55** | All causes infant and child mortality, by Indigenous status, NSW, Queensland, WA, SA, NT |
| **Table EA.57** | Age standardised mortality rates by major cause of death, by Indigenous status, 2008–2012 |
| **Table EA.62** | Employed health workforce, by Indigenous status and state or territory of principal practice |
| **Table EA.63** | Aboriginal and Torres Strait Islander health workforce, by State/Territory, 2011 |
| **Table EA.64** | Aboriginal and Torres Strait Islander health workforce, by sex, 2011 |
| **Table EA.65** | Aboriginal and Torres Strait Islander persons employed in selected health-related occupations, 2011 |
| **Table EA.68** | Proportion of Aboriginal and Torres Strait Islander people who accessed health services by health status, 2012-13 |
| **Table EA.69** | Proportion of people who accessed health services by health status, by Indigenous status, 2004-05 |

### References

ABS (Australian Bureau of Statistics) 2014a, *Australian Aboriginal and Torres Strait Islander Health Survey: Updated Results, 2012-13*, Cat. no. 4727.0.55.006, Canberra.

—— 2014b, *Causes of Death Australia, 2012*, Cat. no. 3303.0, Canberra.

—— 2014c, *Deaths Australia2013*, Cat. no. 3302.0, Canberra.

—— 2013a, *Australian Aboriginal and Torres Strait Islander Health Survey: First Results, Australia, 2012-13*, Cat. no. 4727.0.55.001, Canberra.

—— 2013b, *Deaths Australia 2012*, Cat. no. 3302.0, Canberra.

—— 2013c, Australian Health Survey: Updated Results, 2011–12, Table 12, Cat. no. 4364.0.55, Canberra.

—— 2007, *Housing and Infrastructure in Aboriginal and Torres Islander Communities 2006, Australia, (Reissue)*, Cat. no. 4710.0, Canberra.

—— and AIHW (Australian Institute of Health and Welfare) 2008, *The Health and Welfare of Australia’s Aboriginal and Torres Strait Islander Peoples, 2008*, ABS Cat. no. 4704.0, Canberra.

AHMAC (Australian Health Ministers’ Advisory Council) 2012, *Aboriginal and Torres Strait Islander Health Performance Framework 2012 Report*, Canberra.

AIHW 2014a, *Australia’s health 2014*, Australia’s health series no. 14, Cat. no. AUS 178, Canberra.

—— 2014b, *Birthweight of babies born to Indigenous mothers*, Cat. no. IHW 138, Canberra.

—— 2013a, *Expenditure on health for Aboriginal and Torres Strait Islander people 2010‑11*, Health and welfare expenditure series no. 48, Cat. no. HWE 57, Canberra.

—— 2013b, *Why are mortality data important?*, www.aihw.gov.au/why-are-mortality-data-important/ (accessed 29 August 2013).

—— 2012, *Australia’s Health 2012*, Australia’s health series no. 13,   
Cat. no. AUS 156, Canberra.

—— 2011, *National outcome measures for early childhood development — development of an indicator based reporting framework,* Cat. no. PHE 134, Canberra.

AIHW NPESU (National Perinatal Epidemiology and Statistics Unit) and AIHW 2013, *National core maternity indicators*, Cat. no. PER 58, Canberra.

AMA (Australian Medical Association) 2001, *The Links Between Health and Education For Indigenous Australian Children*, ama.com.au/node/508 (accessed 12 October 2011).

Coory and Baade 2003, *Is median age at death a useful way to monitor improvements in mortality among Indigenous Australians*, Australia New Zealand Journal of Public Health, 27: 627-31.

HealthInsite 2011, *Health effects of smoking*,www.healthinsite.gov.au/topics/  
Health\_Effects\_of\_Smoking, (accessed 30 September 2011).

Li Z., Zeki R., Hilder L. and Sullivan E.A. 2013, *Australia’s mothers and babies 2011*, Perinatal statistics series no. 28, Cat. no. PER 59, Canberra: AIHW National Perinatal Epidemiology and Statistics Unit.

COAG (Council of Australian Governments) 2012, *National Healthcare Agreement*, Canberra, www.federalfinancialrelations.gov.au/content/national\_agreements.aspx (accessed 8 January 2014).

NHMRC (National Health and Medical Research Council) 2009, *Australian Guidelines to Reduce Health Risks from Drinking Alcohol*, Commonwealth of Australia, Canberra.

—— 2013, *Clinical Practice Guidelines for the Management of Overweight and Obesity in Adults, Adolescents and Children in Australia (2013)*, Canberra.

NPHT (National Preventative Health Taskforce) 2009, *Australia: The Healthiest Country by 2020 – National Preventative Health Strategy – Overview*, Commonwealth of Australia, Canberra.

SCRGSP (Steering Committee for the Review of Government Service Provision) 2014, *Overcoming Indigenous Disadvantage: Key Indicators 2014*, Productivity Commission, Canberra.

WHO (World Health Organization) 2000, *Obesity: Preventing and Managing the Global Epidemic*, WHO Technical Report Series No. 894, Geneva.

Zhao, Y. Wright, J. Begg, S. and Guthridge, S. 2013, Decomposing Indigenous life expectancy gap by risk factors: a life table analysis. *Population Health Metrics* 2013, vol. 11, no. 1 (www.pophealthmetrics.com/content/11/1/1, accessed 22 November 2013).