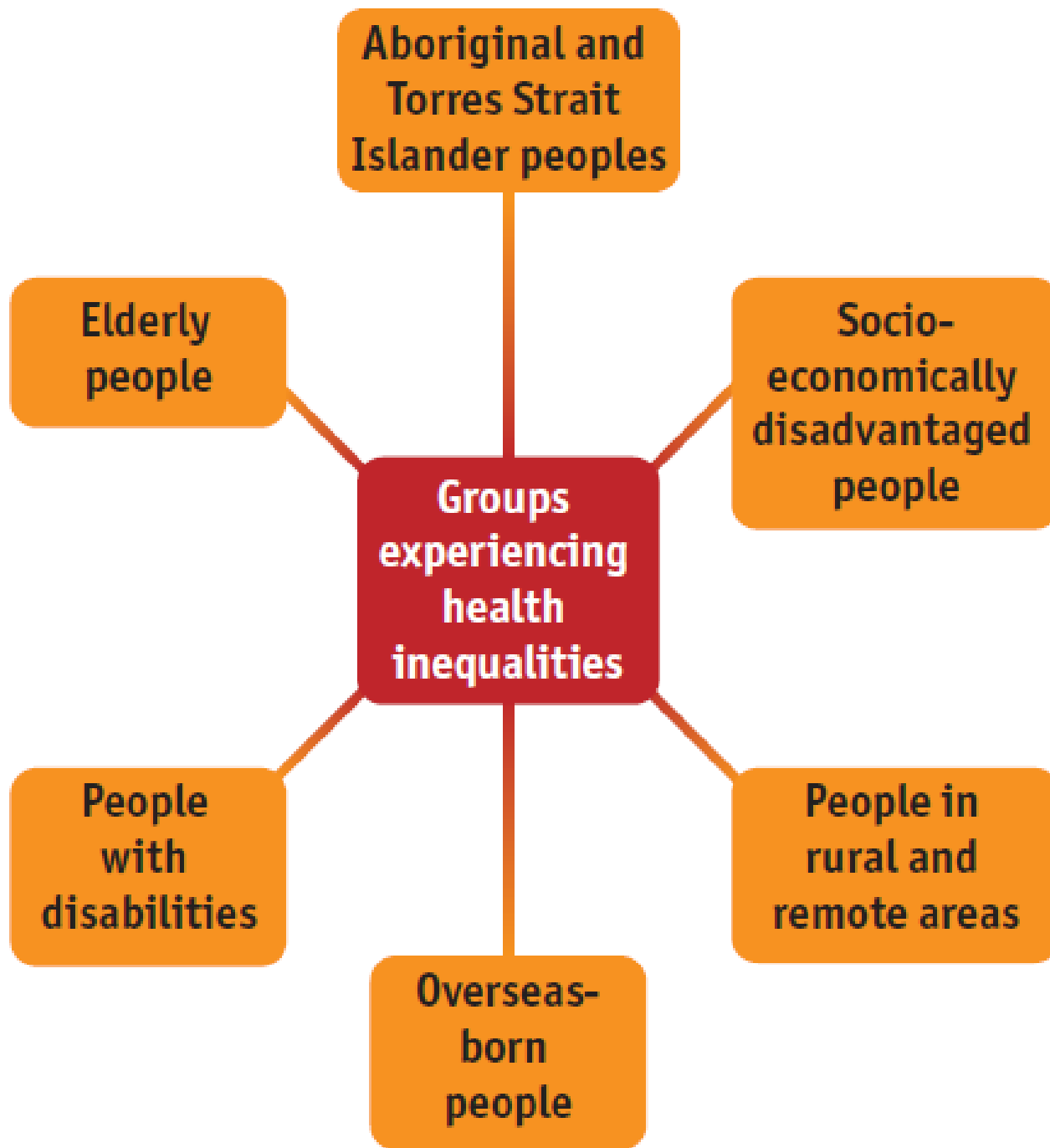


What are the priority issues for improving Australia's health?

Groups experiencing health
inequities



Need to know **ATSI** and **ONE** other

What are the priority issues for improving Australia's health?

Students learn about:

- groups experiencing health inequities
 - Aboriginal and Torres Strait Islander peoples
 - socioeconomically disadvantaged people
 - people in rural and remote areas
 - overseas-born people
 - the elderly
 - people with disabilities

Students learn to:

- research and analyse Aboriginal and Torres Strait Islander peoples and ONE other group experiencing health inequities by investigating:
 - the nature and extent of the health inequities
 - the sociocultural, socioeconomic and environmental determinants
 - the roles of individuals, communities and governments in addressing the health inequities

Aboriginal and Torres Strait Islander peoples



Nature and extent of health inequities

Health status

- Life expectancy – at least 10 years less than other Australians.
- Increased mortality for CVD, injuries, respiratory disease and diabetes.
- Infant mortality rates – three times higher than for other Australians.
- Increased rates of depression and anxiety.
- Increased rates of self-reported ill-health.
- Overall, there has been a decrease in mortality from all causes.

Health behaviours

- Smoking rates are twice those for other Australians.
- There is increased use of illicit drugs and alcohol misuse.
- Increased obesity.
- Diets are generally poor (high in saturated fats and refined sugars), and there are higher rates of physical inactivity.

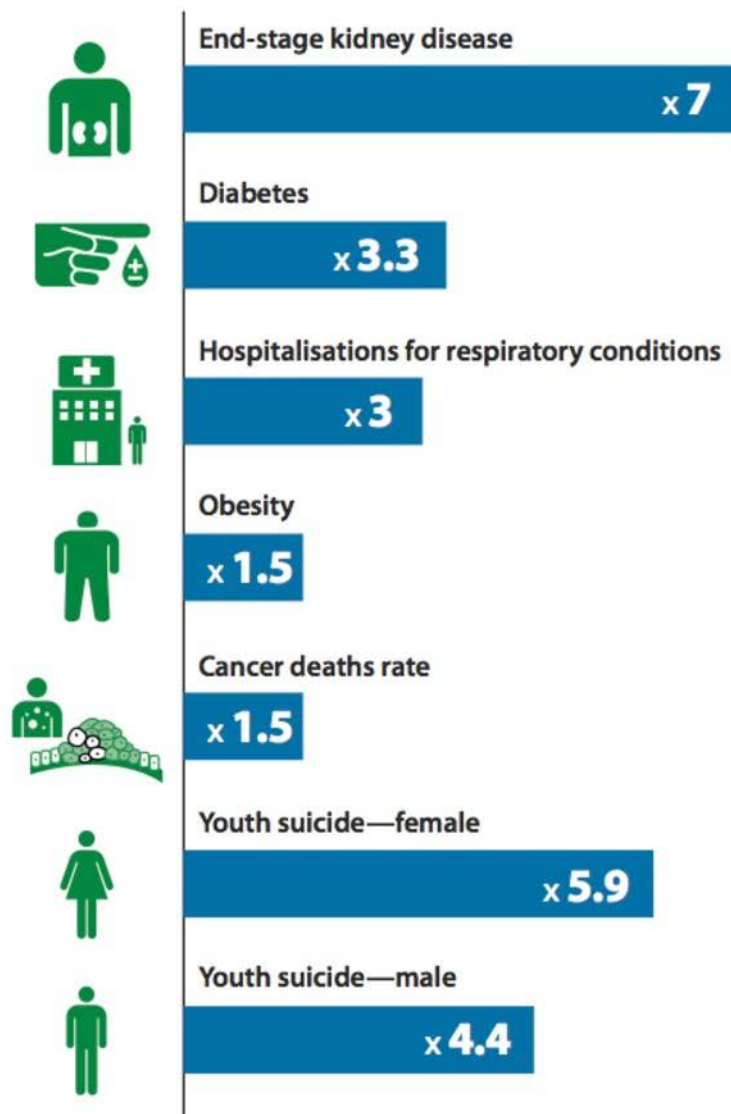
Howard Government Northern Territory Emergency Response (6 mins):

- <http://www.abc.net.au/7.30/content/2011/s3201839.htm>

How large is the Indigenous health gap?

On average, Indigenous Australians fare worse than non-Indigenous Australians on several measures of health (this difference is referred to as the 'health gap'). For example, after adjusting for differences in age structure, Indigenous Australians:

- had incidence rates of end-stage kidney disease 7 times that of non-Indigenous Australians in 2007–2010
- had 3.3 times the rate of diabetes/high sugar levels of non-Indigenous Australians
- had 3 times the hospitalisations for respiratory conditions and more than twice as many hospitalisations for mental and behavioural disorders as non-Indigenous Australians
- had an obesity rate 1.5 times that of non-Indigenous Australians
- were 1.5 times as likely to die from cancer in 2007–2011 as non-Indigenous Australians
- had higher youth suicide rates than non-Indigenous Australians. Between 2001 and 2010, the rates for Indigenous females aged 15–19 were 5.9 times those of non-Indigenous females, while for males it was 4.4 times the non-Indigenous rate.



Socio-cultural determinants

- Ongoing effects of colonisation, such as social dislocation, and loss of culture, identity and self-worth.
- Lower standards of living (e.g. clean water, public sanitation, availability of fruit and vegetables, and safe housing).
- Significantly higher rates of imprisonment.

Socio-economic determinants

- More likely to be of low socio-economic status.
- Lower levels of educational attainment.
Aboriginal and Torres Strait Islander students are less than half as likely to complete Year 12 .
- Higher rates of unemployment .
- Lower levels of disposable income.
- Overall, this area is showing signs of improvement, which should have a significant effect on the health of future generations.

Environmental determinants

- Around 24 per cent live in rural and remote areas, which leads to decreased access to healthy food and medical services.

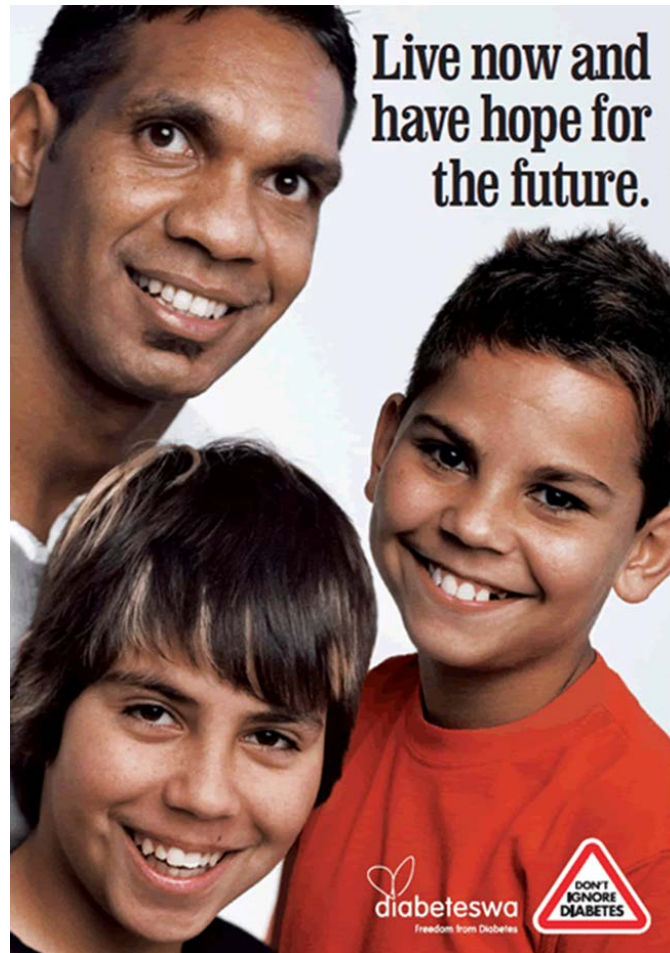
Roles of Individuals

- Empower Aboriginal and Torres Strait Islander people to increase decision-making ability through education (e.g. community programs and health-related websites).
- Incentives for health professionals to work with Aboriginal and Torres Strait Islander communities.
- Increased educational opportunities, such as Indigenous scholarships.

Roles of Communities

- Empower elders to work with communities.
- Ensure full participation by all Aboriginal and Torres Strait Islander representative groups in addressing health inequities.
- The work of non-government organisations that focus on Aboriginal and Torres Strait Islander peoples, such as the Heart Foundation and Diabetes Australia, which produce the *Live Now and Have Hope* booklet.

A collection of positive stories from Aboriginal people about preventing and living with diabetes.



Roles of Governments

- Howard government – Northern Territory Emergency Response (2007)
- Rudd government – Apology speech (2008)
- <http://www.abc.net.au/btn/story/s2219615.htm> (4mins)
- This led to the development of the Close the Gap campaign. This strategy focused on such things as:
 - – increasing community-based primary and maternal health care that is accessible and appropriate
 - – addressing related social determinants
 - – providing a range of preventative health care activities aimed at improving Aboriginal and Torres Strait Islander health outcomes
 - – increased expenditure on education and health programs.

Socioeconomically disadvantaged people

- The lack of resources and access associated with socioeconomic disadvantage are major contributing factors to poor health status.
- People from areas of lower socioeconomic status are more likely to suffer cardiovascular diseases (CVD), diabetes, asthma, mental illnesses and arthritis.
- Socioeconomically disadvantaged people are more likely to be daily smokers, more likely to be obese and physically inactive, less likely to eat vegetables and more likely to be exposed to a range of health risk factors.

People in rural and remote areas

- People living in rural and remote areas experience higher levels of diabetes, stroke (cerebrovascular disease), coronary heart disease, depression and anxiety.
- They experience lower life expectancy, increasing with remoteness.

Overseas-born people

- People born overseas generally experience high health status. This is known as the 'Healthy Migrant Effect'.
- Health status becomes increasingly similar to other Australians with length of stay.
- People born overseas are a diverse group and populations from different countries of origin display different patterns of illness and disease. This is because they are exposed to different risk factors and determinants according to cultural differences.

The elderly

- Australia's population is increasing in size and developing an older age profile as death rates decline and birth rates slow.
- Heart disease and stroke are the two leading causes of death among older Australians, for both males and females.
- The most commonly reported health conditions for Australians aged 65–74 are vision and hearing loss, high blood pressure and related conditions, and osteoarthritis.
- **Dementia** is another significant health condition in this age group and is more prevalent in females, mainly because they live longer.
- Increased likelihood of falls and fractures from falls

People with disabilities

- **Disability** is defined in terms of the lack of ability to perform everyday functions or activities. It refers to limitations in functional abilities.
- The actual number of people living with a disability is increasing as a result of the ageing population.
- Disabled people are generally more likely to smoke and have insufficient physical activity than non-disabled people, but have a lower incidence of alcohol misuse.
- People with a severe or profound disability are more likely to be overweight or obese.