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Indigenous health faces bleak future

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The health of indigenous Australians, already bleak compared with the rest of the population, is likely to get worse, with new figures showing them at increased risk of disease.

They are smoking more, are more prone to obesity, but are less likely than other Australians in childhood to have been immunised against lethal diseases such as whooping cough, diphtheria and polio.

The Bureau of Statistics report on Aboriginal and Torres Strait Islander health for 2001 found indigenous citizens were more likely to suffer from most diseases, including hypertension, diabetes and asthma.

Indigenous adults were twice as likely as non-indigenous people to smoke 51 per cent compared to 24 per cent while 61 per cent were overweight or obese, compared to 48 per cent of non-indigenous adults.

Smoking had risen slightly and the incidence of obesity among adults was up from 24 per cent in 1995 to 31 per cent.

The 61,000 indigenous children aged under seven were significantly less likely than the 1.6 million non-indigenous children to be immunised for all diseases except hepatitis B.

The biggest difference in immunisations was for haemophilus influenza type B, where 43 per cent had been vaccinated compared to 73 per cent of non-indigenous children. For whooping cough, the difference was 60 per cent versus 73 per cent.

But indigenous Australians scored positively on alcohol use, with 42 per cent saying they had consumed alcohol in the previous week compared to 62 per cent of non-indigenous people.

Eye problems were the most commonly reported conditions, followed by asthma.

Indigenous people were more than three times more likely to report some form of diabetes, with the condition rising markedly with age, hitting 29 per cent among those aged 55 and over.

Kerin O'Dea, director of the Menzies School of Health Research in Darwin, said type two diabetes, traditionally occurring in adults, was now appearing frequently in indigenous teenagers.

She said the disease was linked to poverty and poor diet and probably related also to early life events beginning in the womb.

"What it says to me is we must have programs that focus on early intervention in maternal and child health," she said.

Professor O'Dea said health outcomes were generally poorer for the most remote communities because of very high rates of infectious disease, low birth weight and conditions like end-stage renal disease.

"However, some of the small remote extended family groups on outstations or homelands appear to be doing well, as they have retained important aspects of their traditional lifestyle," she said.

A spokesman for the Health Minister, Kay Patterson, said that by 2004 federal spending on indigenous health would have risen to \$257 million, a real increase of 89 per cent under the Howard Government.

He said improvements in indigenous health included a fall in circulatory disease, down from 27 per cent of the adult population in 1995 to 18 per cent.

The spokesman said differences in immunisation rates were likely to be caused by difficulties in administration, but government initiatives, in partnership with indigenous communities, would lead to higher rates.

HEALTH IN BLACK AND WHITE

	INDIGENOUS	NON-INDIGENOUS
SMOKER	49%	24%
DID NOT CONSUME ALCOHOL	56%	38%
SEDENTARY	43%	30%
OBESE	31%	16%

SOURCE: ABS.