Section 3

Indigenous health and wellbeing

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Introduction

In South Australia, the substantially poorer health and wellbeing of Aboriginal people is well documented [1, 10]. Key social and economic indicators such as poverty, employment, housing, education, imprisonment and health show that Aboriginal people are at significantly higher risk of disadvantage compared with non-Aboriginal South Australians [1]. Clearly, Aboriginal people represent the most disadvantaged group in our community.

In order to understand Aboriginal health and wellbeing today, the impact of dispossession, colonisation, genocide, lost and stolen generations of families and the attempted decimation of the innumerable cultures of the peoples inhabiting Australia before 1770, must be accepted [2, 3]. Therefore, from a social and political perspective, for there to be a start to improving Aboriginal health and wellbeing, a process of reconciliation, that acknowledges the past in the light of the present, needs to be embraced across all the sectors of society [5].

Background

There are over 25,000 Aboriginal people living in South Australia, in a total population of just over 1.5 million South Australians [10]. Over half of the State's Indigenous population lives in urban areas.

The Indigenous population is growing rapidly when compared with the non-Indigenous population [11]. At 30 June 2001, the Indigenous population of South Australia had a median age of 20.8 years, compared to the non-Indigenous population with a median age of 37.8 years [1]. Thus, the Indigenous population has a much younger age profile than the rest of the population in South Australia. This is the result of higher birth rates and earlier age at death.

The recognition of the extent of disadvantage experienced by the Indigenous population has framed a number of new approaches in South Australia. *Doing it right* is the South Australian Government's policy framework for action: the Government's commitment to Aboriginal families and communities in South Australia [7].

The *Doing it Right* policy framework:

- *recognises and respects Indigenous people as the original owners of this land with continuing rights and responsibilities associated with traditional ownership and connection to land and waters;*

- *acknowledges the impact on Indigenous people of dispossession from the land and traditional culture and the need for this to be understood by all South Australians as a basis for genuine reconciliation;*

- *respects the unique culture and customs of the traditional owners of the land and supports efforts to protect and promote cultural heritage as a cornerstone of family and community life;*

- *recognises that Aboriginal people represent the most disadvantaged group in our community;*

- *acknowledges that the high levels of poverty, unemployment and poor physical and mental health experienced by Aboriginal Australians are unacceptable and must be redressed if Aboriginal families and communities are to participate fully in the life of our state; and*

- *respects the cultural, social, political and economic rights of Indigenous peoples and affirms equity with other South Australians in citizenship entitlements and participation.*

Within this framework, the following goals are outlined:

- *That Aboriginal South Australians will have the same choices as other South Australians and the same opportunities to share in the social and economic advantages of living in our state.*

- *That all South Australians will continue to be enriched by Indigenous culture and values, with respect by the wider community based on a new understanding and mutual esteem.*

- *That engagement and partnership with Aboriginal communities will be the platform for sustained improvement in the well being of Aboriginal families.*

A definition of Indigenous health and wellbeing

In this document, an extension of the definition proposed by the National Aboriginal Health Strategy (NAHS) Working Party in 1989 is used [6]:

> *Not just the physical wellbeing of the individual but the social, emotional and cultural wellbeing of the whole community. This is the whole-of-life view and it also includes the cyclical concept of life-death-life.*

The NAHS definition notes that achieving health and wellbeing is an attribute of communities as well as of the individuals within a community; and it identifies cultural wellbeing, along with physical, social and emotional wellbeing, as equally important [4].

Culture and identity are central to Aboriginal perceptions of health, ill health and wellbeing. Aboriginal cultures are numerous and diverse, made up of many different kinship and language groups that have adapted to diverse living conditions throughout Australia over thousands of years. These cultures are dynamic and evolving [17].

The draft *Cultural respect framework for Aboriginal and Torres Strait Islander health 2003-2008* is an important framework for culturally effective mechanisms to strengthen relationships between the Australian health care system setting and Aboriginal and Torres Strait Islander peoples across Australia [17]. Together, the NAHS definition and the draft framework emphasise a holistic approach, and highlight the importance of many of the determinants also identified in the previous section of this document.

Indigenous disadvantage and social inequality

In South Australia, inequalities exist for Aboriginal people at all ages and in all settings, and are the cumulative result of events experienced throughout a lifetime [1, 22]. These disparities are also interdependent, and have resulted in life-long disadvantage, inequity and discrimination.

It is clear that the effects of social inequality and dispossession have been profound for Aboriginal people in South Australia. The legacy of colonisation produced rapid and pervasive social and cultural change. The impact of this change has resulted in complex effects on health and wellbeing, some of which have been cumulative over generations [8, 9]. The resulting trauma, loss and disempowerment have contributed to the further erosion of culture and community, and undermined the holistic nature of Indigenous health and wellbeing as previously defined. Aboriginal and non-Aboriginal practitioners and scholars have long identified social inequality, racism and oppression as the key issues in Aboriginal wellbeing, including health [2, 4, 9].

Key indicators of Indigenous disadvantage

In April 2002, the Council of Australian Governments (COAG) agreed to commission the Steering Committee for the Review of Commonwealth/State Service Provision to produce a regular report against key indicators of Indigenous disadvantage. The Framework for reporting on Indigenous disadvantage was released in November 2003 [23].

The Framework has three elements:

- priority outcomes;
- headline indicators; and
- strategic areas for action.

The Framework is expected to form a basis for the identification and reporting on Indigenous disadvantage across all government agencies.

The three priority outcomes provide a vision for a better life for Aboriginal and Torres Strait Islander people. They are not isolated outcomes, but interdependent upon each other. The first, 'Positive child development and prevention of violence, crime and self harm' are key determinants in the achievement of the second one, 'Safe, healthy and supportive family environments with strong communities and cultural identity'. Without these conditions in place, the potential to achieve the third, 'Improved wealth creation and economic sustainability' is impaired.

The following determinants of Aboriginal health and wellbeing have been included in this document. There is a strong thread of interdependence between them. For example, post-secondary educational attainment is linked to year 10 and 12 retention and attainment. These, in turn, are related to household income and employment, and so forth. None of these in isolation will achieve the priority outcomes mentioned above, but they have the capacity to impact positively on the existing cycle of Indigenous disadvantage.

1. Education and training

A range of issues affect participation in education and training by Aboriginal South Australians, including access to educational institutions, socioeconomic factors, and community expectations [1]. Government policies have been developed to address some of these issues.

In South Australia, Indigenous educational disparity is evident in lower school attendance rates, lower apparent retention rates in secondary school, lower completion rates in the Vocational Education and Training (VET) sector, and lower rates of participation in higher education [1]. It is recognised that, while there has been considerable progress to date to improve Indigenous educational achievements in South Australia, the level of educational disadvantage that Aboriginal people continue to experience is still too high [13].

Cultural diversity and knowledge need to be valued more highly and made explicit in all educational settings [12]. This would encourage greater involvement of Aboriginal parents, caregivers and

community members in the education of their children [12].

There are shortcomings with current models for monitoring educational outcomes, as they cannot capture all of the dimensions of schooling and are generally confined to that which is quantifiable. The recent shift to reporting on student outcomes through the national literacy and numeracy benchmarks, have highlighted the difficulties that many Aboriginal children continue to experience in achieving national standards, especially in the early years of schooling [12],

Aboriginal students are much less likely to continue their education to the end of the compulsory years, and beyond. While apparent retention rates for Aboriginal students have improved since the 1980s, Aboriginal students were still less likely than all students to stay at school beyond the compulsory years in 2001 [1].

Aboriginal people are also less likely to have completed higher levels of education and training. While Indigenous participation in the VET sector has increased in recent years, lower pass rates and higher withdrawal rates indicate that Aboriginal students have been less likely to be able to achieve successful VET outcomes, because of their relative disadvantage compared with their non-Aboriginal peers. In the higher education system, there has been a decline in the number of Aboriginal students who commenced higher education since 1998, and a decline in the total number of Aboriginal higher education students since 1999 [1].

2. Income and socioeconomic position

Aboriginal people are widely recognised as belonging to a financially disadvantaged group. They have comparatively lower levels of income, which is a strong indicator that they are relatively disadvantaged in areas such as educational attainment, labour force activity, housing and health care.

As a group, the levels of income available to Indigenous people tend to be lower than those of non-Aboriginal people in comparable circumstances. In 2001, the median weekly personal income for Aboriginal people was $214, compared to $350 for non-Aboriginal people [18].

Those who live in remote areas often have limited access to social services taken for granted by people living in urban areas. Many have to rely on government allowances as their major source of income, in the absence of employment opportunities [1].

3. Labour force participation and employment

The economic wellbeing of an individual and their family is largely determined by their access to employment. Employment is also an important factor in the social status and privilege that an individual and their family enjoy in a community.

Aboriginal people in South Australia suffer significant economic disadvantage overall. When compared with the non-Indigenous population, Indigenous people have substantially lower levels of labour force participation and substantially higher levels of unemployment [1]. For example, in 2001, the Indigenous unemployment rate for the Adelaide metropolitan area was 22.2% – compared with 7.4% for the non-Indigenous population [18]. Youth unemployment levels are also considerably higher for Aboriginal people aged 15 to 24 years than for their non- Aboriginal counterparts.

4. Housing

While most people in South Australia live in single-family households, Aboriginal people are more likely than non- Aboriginal people to live in multiple family households, particularly in rural areas and Aboriginal communities where the properties are owned or managed by the community. Consequently, and particularly in these areas, Aboriginal households are more likely to contain a greater number of people.

Aboriginal people are less likely than other South Australians to own their homes. They are more likely to access their accommodation in the public rental sector, while non- Aboriginal people are more likely to own or be purchasing their home. This again reflects their greater economic disadvantage, and also highlights the presence of racial discrimination in sections of the private rental market [18]. A significant proportion of Aboriginal people rely on the South Australian Housing Trust, the Aboriginal Housing Authority and Aboriginal community or cooperative housing groups for their accommodation [1].

Many Aboriginal people, especially those living in remote communities, do not have adequate quality housing, reliable supplies of water and electricity or adequate sewerage and drainage systems, all of which are relevant to health and wellbeing [10].

5. Justice

Aboriginal people's involvement in the criminal justice system both contributes to, and is fuelled by economic and social disadvantage [18]. Aboriginal people have a higher rate of contact with the criminal justice system than non-Aboriginal people, both as offenders and victims, and they are also over-represented in the prison system [1]. Although

Aboriginal people represent 1.49% of the total adult population in South Australia, approximately 17% of the prison population is Aboriginal; and 95% of those Aboriginal people coming into prison have been previously involved in the juvenile justice system [21].

Over the last decade, imprisonment rates in South Australia have been at least 15 times greater for the Aboriginal population than the non-Aboriginal population [11]. In 2000, a quarter of all SA 'prison receptions' - for remand, fine default or after sentencing - were Aboriginal people (self-identified). Of these, 527 were male and 75 were female. The majority was aged between 20 and 34 years [20]. However, in the last 12 months, there has been a slight reduction (2.0%) in the number of Aboriginal people going to prison in the State [11].

There are complex reasons for these high rates of contact with the criminal justice system, reflecting the history and life experiences of South Australia's Aboriginal people, as well as policing and judicial practices [1]. Factors that increase the likelihood of offending behaviour include low income, high unemployment, low educational achievement, racism and discrimination and other social issues.

6. Health

There are considerable differences between the health of Aboriginal and non- Aboriginal South Australians. Aboriginal people do not live as long, and their life expectancy at birth is about 20 years less than for other South Australians [1]. Aboriginal people also experience a greater burden of ill health when compared with non- Aboriginal Australians [10, 22].

Aboriginal people are more likely to die at younger ages than other South Australians, and the death rates for Aboriginal people are estimated to be more than three times those for non-Aboriginal people [1].

Over the last decade, the Indigenous infant mortality rate has been well above that of the total South Australian population. Babies of Aboriginal mothers are also more than two and a half times as likely to be of low birthweight than babies born to non-Aboriginal mothers.

In the South Australian Indigenous population, there is a significantly higher prevalence of diseases such as diabetes, hypertension, and a range of communicable diseases [14]. Rates of non-fatal self-harm, mental illness and substance use are also higher [15].

Aboriginal people also experience higher levels of interpersonal violence. For example, rates of hospitalisation in 2000–01 for injury or poisoning were 1.9 times higher for Aboriginal males and 2.4 times higher for Aboriginal females, compared with non- Aboriginal males and females respectively [10]. Aboriginal children are more likely than non-Aboriginal children to be notified for child abuse and neglect. The reasons for this are complex but reflect, in part, the legacy of colonisation and the stolen generations, and the greater socioeconomic disadvantage suffered by Aboriginal families.

The health and wellbeing of Aboriginal South Australians is also more likely to be affected by exposure to environmental risk factors such as poor housing and inadequate environmental infrastructure [22]. Many Aboriginal people in remote communities do not have access to the same range and cost options for healthy food as non- Aboriginal South Australians [10]. The ability to store and prepare fresh food is also limited by the lack of adequate facilities and infrastructure such as kitchens, storage facilities, and a reliable source of electricity [10, 22]. Thus, there is an urgent need to improve standards of environmental health, including housing and essential services, in these Aboriginal communities [22].

7. Early life factors

As indicated previously, early life factors and experiences influence cognitive function, growth, the ability to learn, physical and mental health, and resilience in later life, and may also have intergenerational effects.

The extent of social disadvantage experienced by Aboriginal communities and by individual families impacts significantly on their youngest and most vulnerable members. Factors such as low birthweight, failure to thrive and the effects of emotional and physical neglect and abuse can have serious consequences for children's development and wellbeing [22]. Parents in communities experiencing such adversity may suffer high rates of emotional distress that can also impact significantly on their children [22].

Many of these factors highlight the extent of social disadvantage experienced by Aboriginal families, and the longer-term consequences for their children's health and wellbeing.

Conclusion

Compared with the majority of non-Aboriginal South Australians, Aboriginal people are substantially disadvantaged.

The relatively poorer health and wellbeing outcomes for Aboriginal people are the result of a complex set of interacting factors, one of the most important of which is colonisation. Social factors such as income, education and employment combine with risk factors such as poor living environments, poor nutrition, excessive alcohol consumption, smoking and lack of physical activity. Other factors include the pervasiveness of loss and grief, and the impact of racism and discrimination.

Aboriginal South Australians experience lower incomes than the non-Aboriginal population, higher rates of unemployment, poorer educational outcomes and lower rates of home ownership, all of which impact upon a person's health and sense of wellbeing. There is also evidence that Indigenous populations suffer a disproportionate impact from both increased exposures to environmental hazards and decreased access to environmental health services [22]. Aboriginal people are more likely to live in conditions considered to be unacceptable by general Australian standards. This includes overcrowding, poorly maintained buildings, high housing costs relative to income [16, 18], and a lack of basic environmental health infrastructure, such as adequate sanitation, water supplies and appropriate housing.

This situation is clearly inequitable, and there is an urgent need to decrease the profound inequalities experienced by Aboriginal South Australians.

Sources of information

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