

Professor Helen Ware, University of New England

Professor Ware, is Co-Director of the Centre for Research in Aboriginal and Multicultural Studies (CRAMS) at the University of New England. She trained as demographer under Jack Caldwell and was Director of Research for the Australian Human Rights Commission. She has many years of policy experience as senior bureaucrat working in the fields of human rights, development, education and international affairs. She recently testified on data problems before the NSW Parliament's Inquiry on Overcoming Indigenous Disadvantage.

DOES DEVELOPMENT FOR INDIGENOUS AUSTRALIANS DECREASE MORTALITY OR INCREASE TRAUMA ? : STATISTICAL ISSUES FOR NEW SOUTH WALES

ABSTRACT

In 2006 the Australian and New Zealand Journal of Public Health reported that "in some parts of NSW, the average age of death of Aboriginal males was just 33 years of age" (2006 30 (5): 453). Some 29% of the Indigenous population of Australia lives in New South Wales (with 9% living of the national total living in Sydney). On a simple pro-rata basis, this would mean that of the 2,300 identified Indigenous deaths in Australia in 2006, 677 would have occurred in NSW. Neither the Australian Bureau of Statistics nor the Australian Institute of Health and Welfare can actually state what proportion of Indigenous deaths occur in NSW, nor do we know what NSW Indigenous death rates or life expectancy figures are. There are good reasons why this should be so, stemming from the lack of adequate identification of indigenous deaths at death registration. Only 45 % of Indigenous deaths are said to be correctly identified in NSW but that guesstimate has to rest on a circular argument based on assumptions about levels of Indigenous mortality in NSW. Currently the NSW Parliament is inquiring into "policies and programmes .. aimed at closing the gap between the lifetime expectancy (sic) between Aboriginal People and non-Aboriginal people (currently estimated at 17 years)" without any knowledge of what the gap is in NSW. The policy implications of this lack of information are vast. National figures are based upon the data for the Northern Territory (92% of deaths said to be correctly identified); Western Australia (70%); South Australia (64%) and Queensland (52%). These are locations where life for the Indigenous population is generally very different from NSW and often much closer to traditional patterns.

So we are left with vast unanswered questions. Most people might expect Indigenous life expectancy to be significantly higher in NSW than in the Northern Territory (ironically, where the better quality mortality data is) because of superior living conditions, educational standards and employment opportunities for the Indigenous population. However, it is possible that greater cultural breakdown, deracination from community and kin, and negative health practices such as interpersonal and self-directed violence, smoking, drug and alcohol abuse, poor diet and overall stress levels might out-weigh superior socio-economic indicators. If this were to be true, the policy implications for 'closing the gap' would be immense. In NSW, health and morbidity data, and data for mortality from individual causes such as cancer and suicide can be more useful than general mortality data.

This paper discusses the data problems, possible solutions and policy issues for the often ignored Indigenous population of New South Wales.

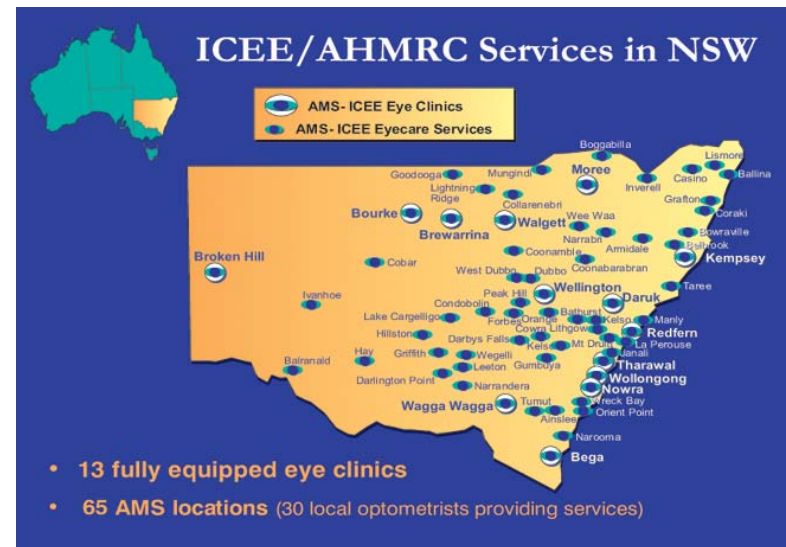
INDIGENOUS MORTALITY NSW

- Helen Ware
- Peace Studies
- CPAID, UNE



THANK YOU TO ABS PEOPLE

- For re-examining the question
- For providing data on NSW



LINKED DEATHS NSW 2006-

7

	DR Indigenous	DR Non- Indigenous	DR Not Stated	DR Total
Census: Indigenous	273	131	12	416
Census: Non- Indigenous	87	34,460	196	34,743
Census :Not Stated	12	1,881	12	1,905
Census : Total	372	36,472	220	37,064
OVERALL	COVERAGE	89%	ie 372/416 x100	

INDIGENOUS LIFE EXPECTANCY AT BIRTH CDE 2005-7

State/Territory	Males Years	Females Years
NSW	69.6	74.8
Qld	68.1	73.5
WA	64.9	70.2
NT	61.5	69.2
Total Ind. OZ	66.9	72.6
Total Non-I OZ	78.7	82.6
Maori NZ	67	72

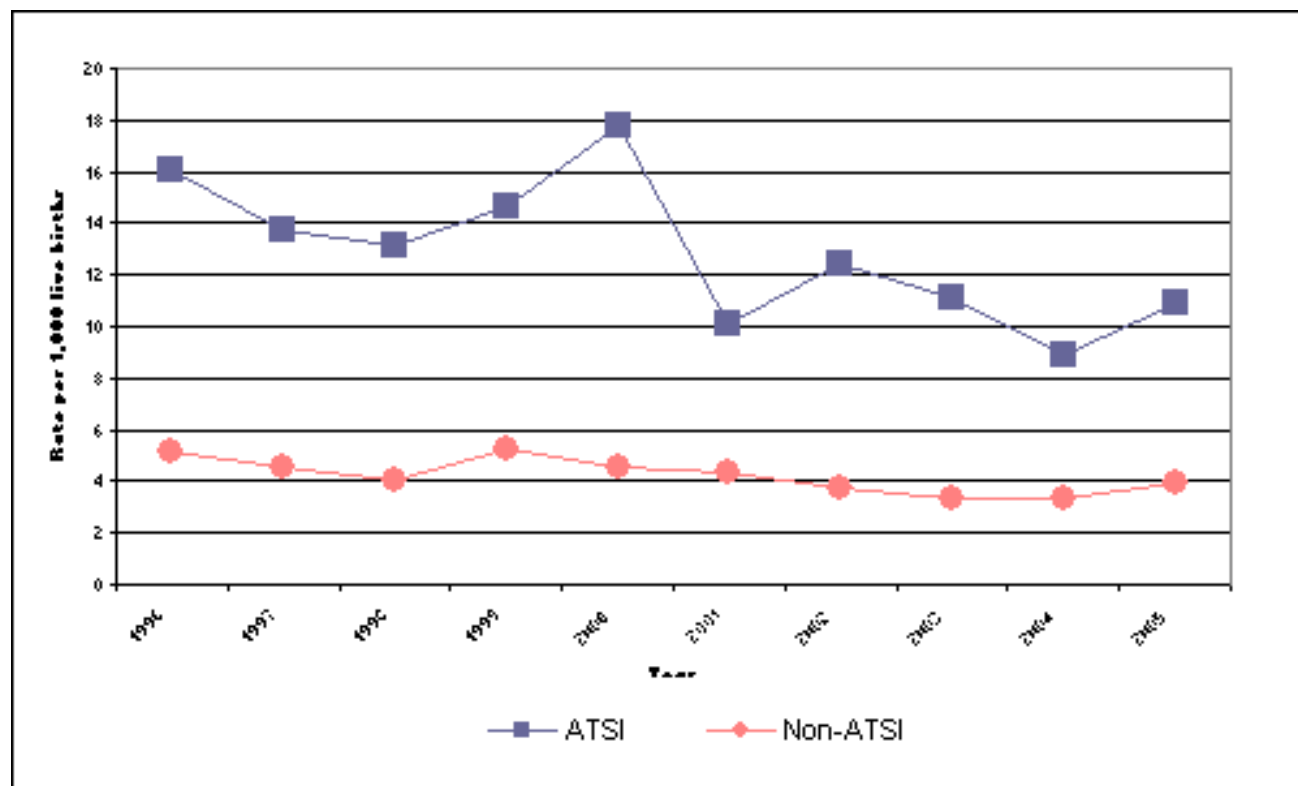
WHY DOES LEVEL MATTER?

- Because we can misunderstand causes
- Because we can fail to recognize progress when we achieve it it
- Because we can over-idealize what happens elsewhere
- Because all of the above can result in putting our resources in the wrong places and therefore limiting further progress
- Because denial of progress also denies agency to the Indigenous people themselves

WHY DOES NSW MATTER ?

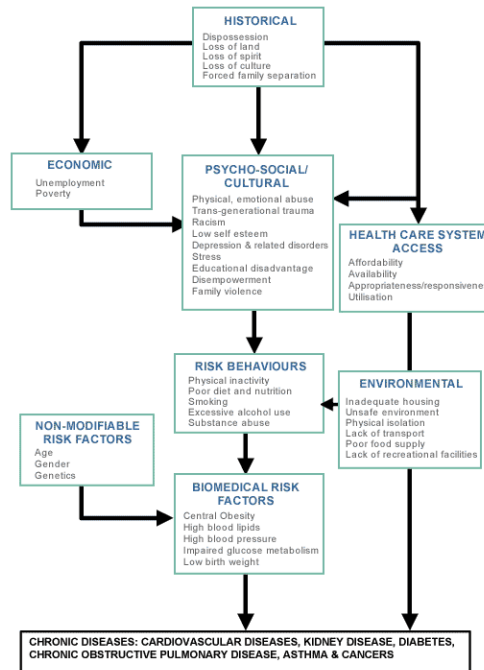
- 29 % of the indigenous population lives in NSW [9% in Sydney alone]
- Because it is at the opposite extreme to the NT which gets so much attention
- If we want to look at future possibilities we can look at NSW

INFANT MORTALITY NSW



FACTORS

Figure 1: Factors contributing to chronic disease in Aboriginal people



Source: Adapted from Scott, M. The NSW Aboriginal Health Program
NSW Public Health Bulletin July (2002) Vol 13, No 7.

Deprivation and Health Differences

- Socio-economic status is unequally distributed by indigenous/non-indigenous status
- Can we establish how far Indigenous disadvantage goes beyond socio-economic disadvantage ? [e.g. prisons]

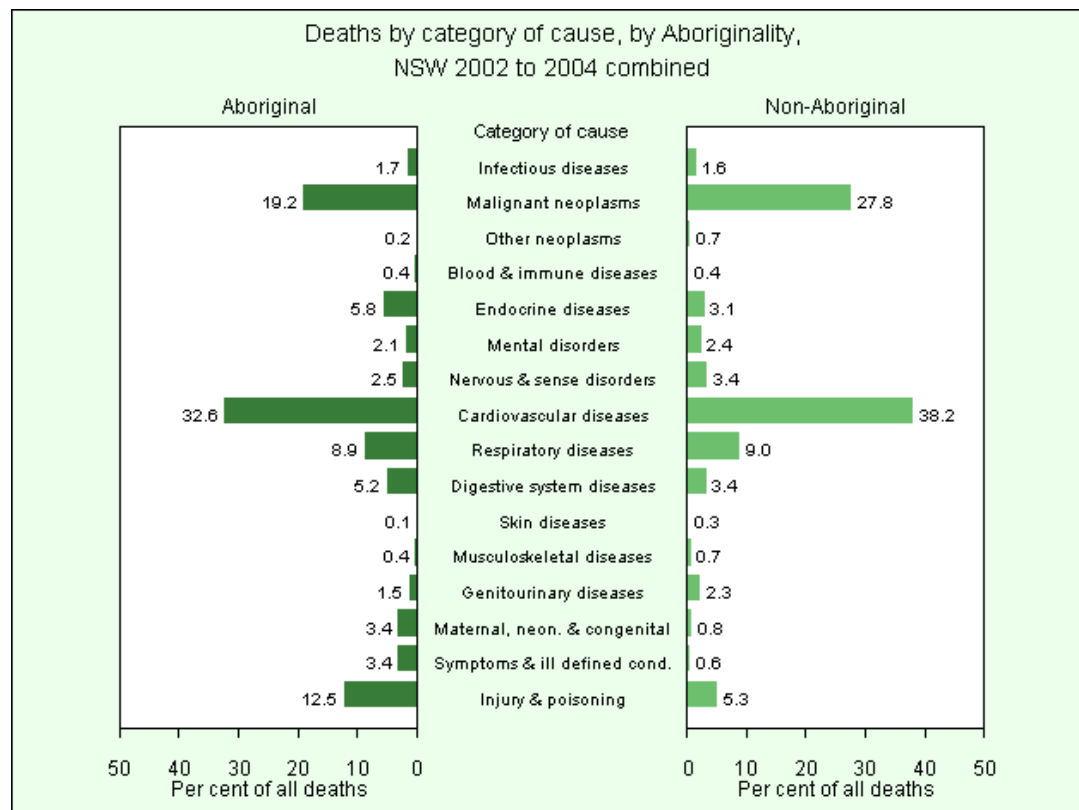


What proportion of Maori:non-Maori differences in mortality are attributable to SES?

- About **20%** (1974-78) to a **third** (1985-87) among 15-64 year old males attributable to occupational class (Pearce et al, 1993, NZCMJ)
- About a **third** (1991-94) among both males and females aged 0-74 years attributable to small area deprivation (Blakely et al, 2001, submitted)

?

Cause of Death



WHY ?



- Poor diet
- Low exercise
- Smoking
- High Alcohol consumption
- Inherited disadvantage (e.g. stature)
- Environment
- Social capital/ cohesion ?

MY BIASES

- There are socio-economic gradients in health WITHIN the indigenous population i.e. Northern Territory Aborigines have lower life expectancy than those in NSW
- These gradients can be over-ridden by social dislocation impacts resulting in high rates of violence including suicide and other unhealthy behaviors
- There will continue to be real data problems stemming from nature of definition of indigenous/aboriginal status. [Bobby Sykes/Dennis McDermott]



Thank you

■ QUESTIONS ?