Social Justice Report 2005

HEALTH FACT SHEET THREE:

Equality of opportunity and health of Aboriginal and Torres Strait Islander peoples



Access to primary health care

It is estimated that in 2004, Aboriginal and Torres Strait Islander peoples enjoyed 40% of the per capita access of the non-Indigenous population to primary health care provided by general practitioners.1

Housing

5.5% of Aboriginal and Torres Strait Islander households lived in overcrowded conditions. The proportion of overcrowded households was highest for those renting from Aboriginal and Torres Strait Islander or community organisations (25.7%). Among the jurisdictions, the proportion of overcrowded households was highest in the Northern Territory (23.7%).²

Water

Of the 1,216 discrete communities surveyed in the Community Housing and Infrastructure Needs Survey 2001 (CHINS), 784 communities drew their drinking water supply from bores; 51 from wells and springs; and 99 from rivers or reservoirs.3

Water from these sources should be tested regularly: both the presence of bacteriological and mineral factors can make water fail standards for drinking.⁴ Of the 213 communities reliant on bores, reservoirs and rivers with a population of 50 or more, the CHINS found that 43 had not had their water tested in the prior 12 months.⁵

Sanitation

Forty nine percent of communities reported on in the CHINS were reliant on septic tanks with a leach drain. These systems rely on the absorption of the end-product into the ground. Waste can be a health hazard if it leaches into groundwater or flows into rivers and reservoirs. 6 Fortyeight percent of communities with populations of over 50 reported sewerage overflows or leaks.⁷ 56 community's water had failed testing at least once in the year prior to the survey.⁸

Diet

The Western Australian Child Health Survey reported that the diet of only one in five Aboriginal children met all four of its indicators of dietary quality. 9 What studies exist have found the consumption of sugar, white flour and sweetened carbonated beverages at much higher levels than in the non-Indigenous population in remote communities.¹⁰ Despite the poverty reported in communities, food has been reported as up to 150% -180% more expensive than that in major centres. 11

¹ This figure is subject to a number of caveats. Access Economics, Indigenous Health Workforce Needs, Australian Medical Association, Canberra, 2004, p37. See also: Britt, H., Miller, G., Knox, S., (et al), General practice activity in Australia: 2001-02, AIHW, Canberra, 2002, p114, available online at

www.aihw.gov.au/publications/index.cfm/title/8149.

Australian Institute of Health and Welfare, Indigenous housing indicators 2003-2004, AIHW, Canberra, 2005, p29

³ Australian Bureau of Statistics, Housing and Infrastructure in Aboriginal and Torres Strait Islander communities 2001, ABS series cat. no. 4710.0, Commonwealth of Australia, Canberra, 2002, pp17, Table 3.7.

Steering Committee for the Review of Government Service Provision, Overcoming Indigenous Disadvantage: Key Indicators, 2003, Productivity Commission, Canberra,

Australian Bureau of Statistics, Housing and Infrastructure in Aboriginal and Torres Strait Islander communities, op.cit., p19, Table 3.10.

⁶ *ibid.*, pp22-23. ⁷ *ibid.*, p22.

sibid., 19. Table 3.10.

Telethon Institute for Child Health Research, The Health of Aboriginal Children and Young People, Summary booklet, Telethon Institute for Child Health Research, Perth, 2005, pp18-19.

National Health and Medical Research Council, Nutrition in Aboriginal and Torres Strait Islander peoples, Commonwealth of Australia, Canberra, 2000, pp42-43.

¹¹ Thomson, N., Nutrition of Australian Aboriginal peoples – past and present, Food for Hathy People and a Healthy http://www.hollows.org/upload/3388.pdf.