



THE BURDEN OF DISEASE AND INJURY IN
ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES
2003



THE UNIVERSITY
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A STUDY OF THE BURDEN OF DISEASE AND INJURY IN ABORIGINAL AND TORRES STRAIT ISLANDER

The health of Aboriginal and Torres Strait Islander people is a well-established national priority, and yet this study is the first comprehensive assessment of how the burden of disease and injury affects Indigenous Australians. The significance of this burden of disease study¹ is that it quantifies the contribution of over 170 specific diseases and 11 key health risk factors to Indigenous health outcomes, and highlights the main differences between Indigenous Australians and the total population. Its findings have profound implications for priority setting in health policy.

Implications for policy

Priority setting is critical to the development of effective health strategies, and for building the service and program infrastructure that leads to success. To achieve this, it is necessary to have a more precise understanding of the Indigenous burden of disease, and of the impact of risk factors on Indigenous health outcomes. A burden of disease study is the first step toward identifying cost-effective health investments.

- This study underscores the importance of improving the effectiveness and responsiveness of health care, identified as a priority in The National Strategic Framework for Aboriginal and Torres Strait Islander Health (2003–2013) which has a particular focus on strengthening capacity in primary health care.
- This study also highlights the significant opportunities for health gain of investing in tobacco control programs, and in strategies that address risk factors such as obesity.

Health priorities are obscured in conventional studies of mortality

Conventional studies of mortality patterns do not take into account the impact that disease has on disability. As a result, the impact of a number of significant diseases and conditions is obscured. This study highlights the large contribution that disability from mental disorders makes to the Indigenous burden of disease.

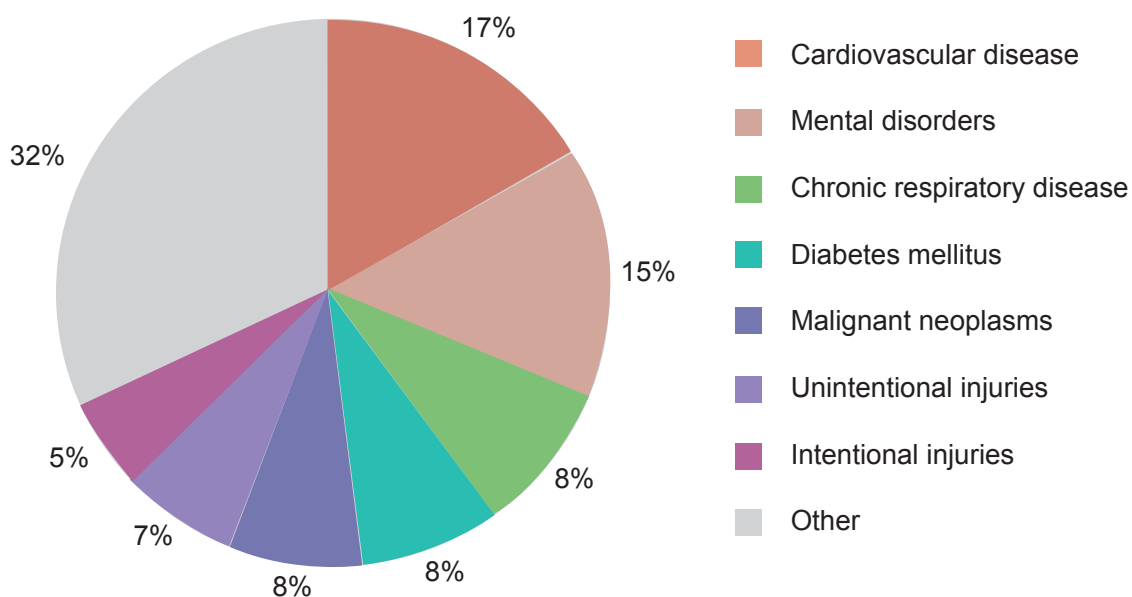


¹ A burden of disease study measures the impact of death and disability, using the DALY (disability adjusted life year) as its unit of measure.

- The prominence of mental disorders in the overall burden of disease demonstrates the need for policy and services to address substance abuse, and to improve the social and emotional wellbeing of Indigenous Australians.

Overall, cardiovascular disease and mental disorders—with 17 per cent and 15 per cent of the total—are the two leading contributors to the disease burden in Indigenous Australians. Chronic lung disease, diabetes and cancers—at about 8 per cent each—are the next three leading causes (see Figure 1).

Figure 1. The percentage of burden of disease in Indigenous Australians by broad cause groups, measured in disability adjusted life years (DALYs)

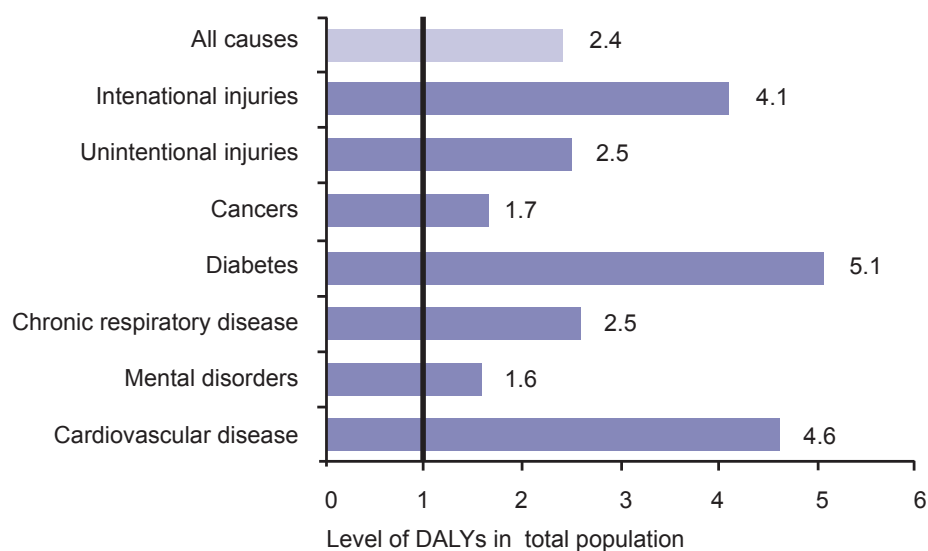


When comparisons are made with the total Australian population(see Figure 2), the largest differences are seen in the effects of cardiovascular disease, diabetes and intentional injury (such as suicide or harm resulting from violence).



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Figure 2. The relative risk of disease burden in Indigenous Australians compared to the total Australian population by broad cause groups



- The combined disease burden due to cardiovascular disease, lung disease, cancers and diabetes calls for action, both in terms of prevention to address the common modifiable risk factors and in improved chronic disease management.
- This study demonstrates the importance of safety promotion and injury prevention activities in reducing the rate of injury burden.

The impact of risk factors on the Indigenous burden of disease

This study identifies the contribution that eleven modifiable risk factors make to the overall Indigenous burden of disease (Table 1), with tobacco use and obesity being the two leading contributors. These two risk factors alone account for a significant component of important diseases. Tobacco smoking directly causes a third of each of the cancer and cardiovascular disease burden, and obesity almost two-thirds of the diabetes disease burden and a third of the cardiovascular disease burden. Together, the eleven risk factors account for 37 per cent of the burden of disease carried by Indigenous Australians.

- Prevention programs that address these modifiable risk factors present a significant opportunity for investment in Indigenous health.
- This study highlights the critical importance of tobacco control and obesity initiatives.

Table 1. Indigenous Australian burden and health gap attributable to 11 risk factors

| | Disease burden | | Health gap | |
|---------------------------------|----------------|------------|---------------|------------|
| | DALYs | % of total | DALYs | % of total |
| Total burden | 95,976 | 100 | 56,455 | 100 |
| Attributable burden | | | | |
| Tobacco | 11,633 | 12 | 9,816 | 17 |
| Obesity | 10,919 | 11 | 8,953 | 16 |
| Physical inactivity | 8,032 | 8 | 6,554 | 12 |
| High blood cholesterol | 5,262 | 5 | 3,994 | 7 |
| Alcohol | 5,171 | 5 | 2,362 | 4 |
| High blood pressure | 4,417 | 5 | 3,215 | 6 |
| Low fruit & vegetable intake | 3,344 | 3 | 2,873 | 5 |
| Illicit drugs | 3,264 | 3 | 2,150 | 4 |
| Intimate partner violence | 2,469 | 3 | 1,836 | 3 |
| Child sexual abuse | 1,390 | 1 | 869 | 2 |
| Unsafe sex | 1,174 | 1 | 926 | 2 |
| 11 risk factors combined | 35,908 | 37 | 27,383 | 49 |

Note 1: the estimates for the 11 risk factors combined takes into account the overlap that exists between risk factors and hence is not the same as the sum of estimates for each of the individual risk factors;

Note 2: a smaller component of the contribution for each risk factor to the health gap reflects the higher case fatality rates for the diseases affected by this risk factors in Indigenous Australians; this component would require changes in disease management and would not respond to preventive interventions.

The health gap between Indigenous and the total Australian population

The health gap is the difference between the number of healthy years of life lost through disability or death and the number that would have been lost if Indigenous Australians would have had the same rates of disease and injury as the total Australian population.



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Indigenous Australia suffers a burden of disease that is two and half times greater than the burden of disease in the total Australian population. This indicates a very large potential for health gain. Chronic illnesses are responsible for 70 per cent of the health gap. This group includes cardiovascular disease, diabetes, mental disorders and chronic lung disease.

Almost half of the health gap is caused by the eleven risk factors described in Table 1. It is important to note that the gap is not only caused by preventable disease: the study also demonstrates that once Indigenous Australians become ill they are more likely to die than other Australians.

- The health gap emphasises the significant opportunity to improve Indigenous health by preventive measures targeted at these modifiable risk factors.
- Strengthening the capacity of the health system to deliver effective and responsive health services is a critical priority.

This study demonstrates that appropriate primary health care services and relevant prevention strategies, combined with interventions to address the social and economic disadvantages faced by Indigenous Australians, are critically important strategies that address the priorities identified in this study of the burden of disease and injury in Aboriginal and Torres Strait Islander people.

References

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Contact

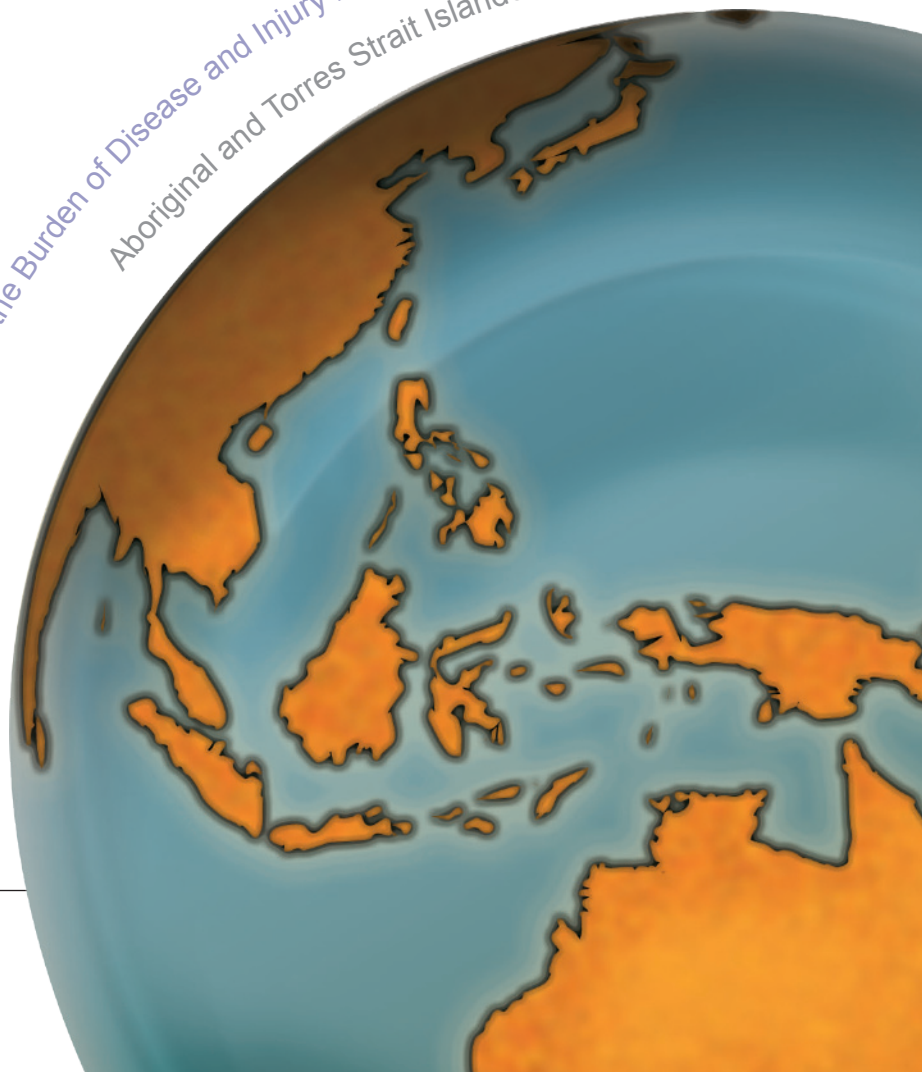
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