

Aboriginal Health

As part of the Population Health Equity Unit, Aboriginal Health aims to:

- Work in partnership with Aboriginal communities to reduce inequalities and promote the health and wellbeing of Aboriginal people in Tasmania
- Assist the Tasmanian Department of Health and Human Services to be responsive and culturally appropriate to the particular needs and circumstances of Aboriginal people.

Key Partner(s):

- Department of Health and Human Services
- Aboriginal Organisations
- Medicare Locals
- Department of Health and Ageing (OATSIH)
- Non-Government Organisations
- Aboriginal Health Units nationally
- Australian Institute of Health and Well Being
- Australian Bureau Statistics.

Key Projects (responsibilities):

- National Partnership in Closing the Gap in Indigenous Health Outcomes
- Indigenous Early Childhood Development Project (Element Two)
- National Aboriginal Health Plan (currently in development)
- Aboriginal Cultural Competency E-Learning (in development).

Facts about need or why we do this work:

- Aboriginal people have a lower life expectancy than all other Australians, 64.8 years for Aboriginal women and 59.4 years for Aboriginal men this is approximately 16-17 years less than the overall Australian populationⁱ
- Health conditions such as cancer, kidney disease, respiratory disease, notifiable communicable diseases, circulatory system diseases, rheumatic fever and rheumatic heart disease and ear and hearing problems contribute to the greater burden of ill-health experienced by Indigenous Australians compared to non-Indigenousⁱⁱ
- Aboriginal & Torres Strait Islander males generally experience poorer health than the overall populationⁱⁱⁱ
- Aboriginal and Torres Strait Islander people were 2.2 times as likely as non-Indigenous Australians to smoke tobacco^{iv}

- Nationally about half of Indigenous Australians smoke regularly, about two and a half times the rates of non-Indigenous Australians^v
- Nationally more than half of Indigenous mothers (51%) smoked during pregnancy in 2008, and this rate remained relatively stable over the period between 2001 and 2008.^{vi}

Facts about the outcomes of the work we do:

- Close the life expectancy gap within a generation
- Halve the gap in mortality rates for Indigenous children under five within a decade
- Ensure all four year olds in remote communities have access to early childhood education within five years
- Halve the gap in reading, writing and numeracy achievements within a decade
- At least halve the gap for Indigenous students in Year 12 attainment or equivalent attainment rates by 2020
- Halve the gap in employment outcomes within a decade.

Key Resources:

- www.healthinfonet.ecu.edu.au
- www.fahcsia.gov.au/our-responsibilities/indigenous-australians/programs-services/closing-the-gap/closing-the-gap-national-partnership-agreements

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ⁱ ABS The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples, Oct 2010

ⁱⁱ AIHW Indigenous Health Overview

ⁱⁱⁱ Health of Australia's males-AIHW June 2012

^{iv} Australian Institute of Health and Welfare 2012. Australia's health 2012. Australia's health series no.13. Cat. no. AUS 156. Canberra: AIHW.

^v AIHW 2011. Substance use among Aboriginal and Torres Strait Islander people. Cat. no. IHW 40. Canberra: AIHW.

^{vi} AIHW 2011 Substance abuse among Aboriginal & Torres Strait Islander people (AIHW)