


# Life expectancy for Indigenous people is improving, but closing the gap remains unacceptably slow

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Progress has been sluggish, and social factors and access to major health service schemes need much more attention



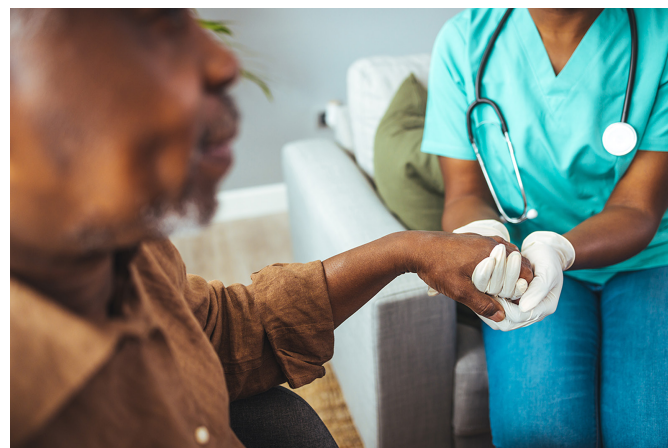
The article by Zhao and colleagues on life expectancy changes in the Northern Territory during 1999–2018 in this issue of the Journal<sup>1</sup> has major implications for Indigenous health policy makers and service providers across Australia. In their retrospective trend analysis, the authors found that life expectancy at birth increased more rapidly for Indigenous than non-Indigenous people (from 56.6 to 65.6 years for Indigenous men, and from 64.8 to 69.7 years for Indigenous women), and that the difference in life expectancy between the two groups declined (by 26% for men, 21% for women), but the gap nevertheless remained considerable (15.4 years for both sexes).

The first implication is that closing the life expectancy gap between Indigenous people and other Australians is not a utopian dream, but an achievable aim.

The second and equally important implication, however, is that it would still take at least another 60 years before the gap is closed completely. These implications carry particular weight because Indigenous health data from the NT is generally regarded as the most accurate in Australia.<sup>2</sup>

The findings by Zhao and colleagues should come as no surprise. A recent government Health Performance Framework (HPF) report<sup>3</sup> documented a total of 1350 avoidable deaths of Indigenous people in the NT during 2014–2018, at a rate four times as high as for non-Indigenous NT people (548 *v* 129 per 100 000 population). Infant and childhood mortality had declined, but the proportion of low birthweight babies born to Indigenous women was large and increasing. A major concern was the relative lack of progress in reducing cardiovascular disease mortality among Indigenous women, the area in which the health gain for the Australian population as a whole has been most marked. Further, rates of hospitalisation caused by injuries and poisoning had risen, and levels of psychological distress were very high among Indigenous people in the NT.<sup>3</sup>

Improving education, employment and income, and housing for Indigenous people requires further action; in 2018–19, 51% of Indigenous Territorians lived in overcrowded houses. The justice supervision rate for young Indigenous people remains high, and that of adult imprisonment is rising. Much remains to be done to counter the classic risk factors of smoking, alcohol misuse, and obesity.<sup>3</sup>



The NT has invested notable sums in smoking control over the past 15 years, but still falls short (by 25–50%) of the level recommended for optimal tobacco control.<sup>4</sup> Fewer Aboriginal and Torres Strait Islander people are taking up smoking, and smoking rates among adult Indigenous people in non-remote areas of Australia have declined.<sup>5</sup> This movement is in the right direction, but governments should better support smoking prevention and control programs to help close the gap in life expectancy.

The HPF report noted that almost all NT Indigenous children had received all required vaccinations and that more people were having Indigenous-specific health checks.<sup>3</sup> Zhao and colleagues found that the numbers of years lost in the NT to cancer and other chronic conditions have declined.<sup>1</sup> However, much remains to be done if progress is to be speeded up to meet national targets. Rates of use by Indigenous Australians of the major national health care funding schemes, the Medical Benefits Scheme (MBS)<sup>6</sup> and the Pharmaceutical Benefits Scheme (PBS),<sup>7</sup> increased modestly during 2010–2018, but still do not reflect the levels of need identified by the Australian Burden of Disease Study.<sup>8</sup>

According to the Yothu Yindi Foundation,<sup>9</sup> a considerable proportion of the additional funding provided by the Commonwealth Grants Commission to the NT to help meet the needs of Indigenous Territorians is used for other purposes, contributing to the continuing disadvantage described in the HPF report.<sup>3</sup>

What should be done to achieve national closing the life expectancy gap goals in view of the findings of Zhao on life expectancy in the NT? Zhao had reported in 2014 that “higher levels of primary care utilisation for renal disease reduced avoidable hospitalisations by 82–85%, deaths 72–75%, and years of life lost 78–81%. For patients with ischaemic heart disease, the reduction ... was 63–78%, deaths 63–66% and years of life lost 69–73%.”<sup>10</sup> Citing these findings, the 2020 Aboriginal and Torres Strait Islander Health Performance Framework report noted that

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investing in primary health care for Indigenous communities was highly cost-effective,<sup>11</sup> consistent with recommendations by Aboriginal Medical Services Alliance NT to strengthen Aboriginal Community Controlled Health Services (ACCHS) and to take stronger action on the social determinants of health.<sup>12</sup> Such action would be greatly assisted were the NT government to fully use the funds provided for helping Indigenous people for just this purpose.

The federal government has recently provided additional funding for Indigenous affairs<sup>13</sup> as part of its contribution to the National Agreement on Closing the Gap. The Partnership Agreement provides mechanisms for Indigenous peoples and governments to work together to realise their shared aims. The additional funding is welcome, but broader social and economic problems, including housing, education, and interactions with the justice system, require more attention.

If life expectancy for Indigenous people is to reach the same level as for other Australians, utilisation of the major health service schemes (MBS, PBS) must be optimised by identifying areas of deficiency in health care (those with high levels of avoidable hospital admissions and deaths and inadequate service provision) and remediating these deficiencies with satellite and outreach ACCHS services.

High level policy, planning, administrative, and service delivery skills, supported by Aboriginal and Torres Strait Islander people and communities, will be required of all involved in solving these problems. A national training scheme and a culturally safe workforce that better supports Indigenous health are essential to fully realising the potential benefits of the necessary investments.

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