Improved life expectancy for Indigenous and non-Indigenous people in the Northern Territory, 1999–2018: overall and by underlying cause of death

In Reply: We thank Canuto and colleagues¹ for supporting our article² and whole-heartedly agree the improved life expectancy for Aboriginal and Torres Strait Islander peoples reflects consistent and concerted work of countless individuals and organisations.

However, we feel we could not overinterpret the results by attributing the life expectancy improvements to any single organisation or network alone, given the nature of this study and randomness of the mortality and population data. This is an observational study using real-world data, subject to problems with data collection and data quality, which could not prove causality. Randomised clinical trials and program evaluations may be more appropriate in this regard.

The current trajectory from our study indicates the full closure of Indigenous life expectancy gap will require another

60 years if the current efforts are maintained in future. This indicates that Territorians are heading in the right direction. More resources are needed to strengthen our efforts to close the Indigenous life expectancy gap within one generation (30 years).⁴ These efforts can be made more effective and efficient when informed by tracking the health of the Indigenous population and evidence-based policy frameworks.⁵

We acknowledge the commitment of the Darwin Men's Inter-Agency Network to improving Aboriginal and Torres Strait Islander male's health. A balanced approach and investment to look after both Aboriginal and Torres Strait Islander males and females is equally important to ensure that no one is left behind.

Yuejen Zhao Shu Qin Li

Northern Territory Department of Health, Darwin, NT.

yuejen.zhao@nt.gov.au

Competing interests: No relevant disclosures.

doi: 10.5694/mja2.51703

© 2022 AMPCo Pty Ltd.

- 1 Canuto K, Canuto KJ, Bonson J, Smith J. Improved life expectancy for Indigenous and non-Indigenous people in the Northern Territory, 1999–2018: overall and by underlying cause of death [letter]. *Med J Aust* 2022; 217: 379-380.
- 2 Zhao Y, Li SQ, Wilson T, Burgess CP. Improved life expectancy for Indigenous and non-Indigenous people in the Northern Territory, 1999–2018: overall and by underlying cause of death. Med J Aust 2022; 217: 30-35. https://www.mja.com.au/journal/2022/217/1/improved-life-expectancy-indigenous-and-non-indigenous-people-north ern-territory#:~:text=Results%3A%20Life%20 expectancy%20for%20Indigenous,95%25%20 CI%2C%202.8%E2%80%934.4
- **3** Berger ML, Dreyer N, Anderson F, et al. Prospective observational studies to assess comparative effectiveness: the ISPOR good research practices task force report. *Value Health* 2012; 15: 217-230.
- 4 Australian Government. Closing the Gap report 2020 [website]. Canberra: Commonwealth of Australia, 2020. https://ctgreport.niaa.gov.au/life-expectancy (viewed June 2022).
- 5 Rogers WA. Evidence based medicine and justice: a framework for looking at the impact of EBM upon vulnerable or disadvantaged groups. J Med Ethics 2004; 30: 141-145.
- 6 Smith JA, Adams M, Bonson J. Investing in men's health in Australia. Med J Aust 2018; 208: 6-7. https://www.mja.com.au/journal/2018/208/1/ investing-mens-health-australia
- 7 Canuto K, Harfield S, Wittert G, Brown A. Listen, understand, collaborate: developing innovative strategies to improve health service utilisation by Aboriginal and Torres Strait Islander men. Aust N Z J Public Health 2019; 43: 307-309.