

## **INQUIRY INTO OVERCOMING INDIGENOUS DISADVANTAGE**

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**Date received:** 18/09/2008

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## THE LIFE EXPECTANCY GAP – WE DO NOT KNOW WHAT IT IS (EVEN APPROXIMATELY) IN NSW

The Terms of Reference for the Committee focus strongly on ‘closing the gap between the lifetime expectancy between aboriginal and non-Aboriginal people (currently estimated at 17 years)’ (1 (a)) and the ‘impact of the following factors on the current lifetime expectancy gap’ (1(b)).

Thus it is clearly very important that we know **what** the gap actually is in New South Wales where the conditions are very different to the Northern Territory, Queensland, South Australia and Western Australia which is actually where the statistics on which the gap is calculated come from.

## IS NEW SOUTH WALES REALLY NO HEALTHIER FOR INDIGENOUS PEOPLE THAN THE NORTHERN TERRITORY ?

The Australian Bureau of Statistics estimates the ‘completeness’ of the recording of Indigenous deaths by comparing the number registered in each State and Territory with the number expected for that jurisdiction. For NSW it is estimated that less than half (i.e. 45%) of Indigenous deaths are correctly identified as such. In the Northern Territory the figure is 90%.

In 2000-2004 there were 2,445 deaths registered as being of Indigenous people in NSW and an estimate of 5,371 actual Indigenous deaths. This vast disparity between the recorded and the projected deaths means that we cannot know whether and, if so, by how much, the life expectancy gap in NSW is already less severe than elsewhere in Australia.

The ABS estimates that life expectancy in NSW/Victoria is 58.9 for males and 65.1 for females as compared with 57.6 and 65.2 in the Northern Territory<sup>1</sup>. If these estimates are accurate then it means that all the ways that health services, environmental provisions, education etc. are of better quality and more readily available in NSW than in the NT have NO impact on female life expectancy and only 1.3 years of benefit for males. Thus, if the estimates for NSW are valid, it could be that the

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<sup>1</sup> The Report of the NSW Chief Health Officer 2006 quotes 60.0 for males and 65.1 for females in NSW for 1996-2001. The Report of the NSW Chief Health Officer for 2002 quotes 53.3 for males and 63.6 for females for 1998 to 2000.

implementation of every single measure proposed by the Committee will, either in actuality or in appearance, have a minimal impact on the gap. This is why it is vital that the Committee should ask both the Australian Bureau of Statistics and the Australian Institute of Health and Welfare to put forward the most accurate estimates possible for Indigenous life expectancy in NSW and to explain the limited level of confidence that can be placed in these estimates.

This lack of real data on indigenous deaths in NSW in 2008 is very important because it means that we cannot judge how successful NSW has been to date in improving conditions for Indigenous citizens.

Equally, for the future we will not be able to know how successful the measures to be proposed by the Committee and implemented by the Government will be in narrowing the gap –for the simple reason is that we do not know what the gap is now.

#### IS THE ANSWER TO THE GAP MORE HEALTH SERVICES ?

Due to both historical and current disadvantages imposed upon them, Indigenous Australians lead highly stressed lives. Much of behaviour adopted to cope with these difficult circumstances unfortunately is very bad for individual and community health. The principal components clearly include: smoking (51% of NSW Aborigines are daily smokers), alcohol (17% of NSW Aborigines engage in risky levels of alcohol consumption), violence, diabetes (5% of NSW Aborigines have diabetes/high sugar levels), heart (12 % of NSW Aborigines report heart/circulatory problems). There appears to be a particular problem with heart disease mortality in young men which may be even greater than can be explained by the known risk factors. Even so mortality from lung cancer for men is 50% higher than for non-indigenous males And 100% higher for Indigenous females than non-Indigenous females (R. Supramanian et al “Cancer mortality in aboriginal people in New south wales, Australia, 1994-2002’ in the Australian &New Zealand Journal of Public Health,2006).

Fighting to combat these causes of early death clearly does not simply require medical approaches. Indeed, the problem is much less the lack of

medical attention than is often suggested. In NSW in 2004-5, 15% of Aborigines had been admitted to hospital in the previous 12 months and 20% had consulted a GP/specialist in the past 2 weeks, with a further 14% consulting with other health professionals and 4% visiting hospital casualty/outpatients during that period. Thus the problem clearly is not simply that Aboriginal people are failing to see medical experts.

In the long term, combating poverty through education and employment will do more to reduce the life expectancy gap than any amount of medical interventions. But education and employment are far more than routes to reducing poverty - they also open windows onto new worlds

**From:** Helen ware <hware@pobox.une.edu.au>  
**To:** <socialissues@parliament.nsw.gov.au>  
**Date:** 18/08/2008 4:59 pm  
**Subject:** WHAT IS THE MORTALITY GAP ?

To the Director,

Standing Committee on Social Issues,

Overcoming Indigenous Disadvantage.

Firstly, I would like to say how very impressed i was by the openness, fairness and true democracy displayed by the Standing Committee on Social issues when it met in Armidale on August 7th.

At that time i gave evidence briefly and said that I would also forward a formal note on the problems with calculating the gap between Indigenous and Non-Indigenous Life Expectancy specifically for NSW.

That note i present here as an attachment.

Thank you for your attention.

Professor Helen Ware

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