

Monograph Series Number 4

**Aborigines
and
Torres Strait Islander People
in the ACT**



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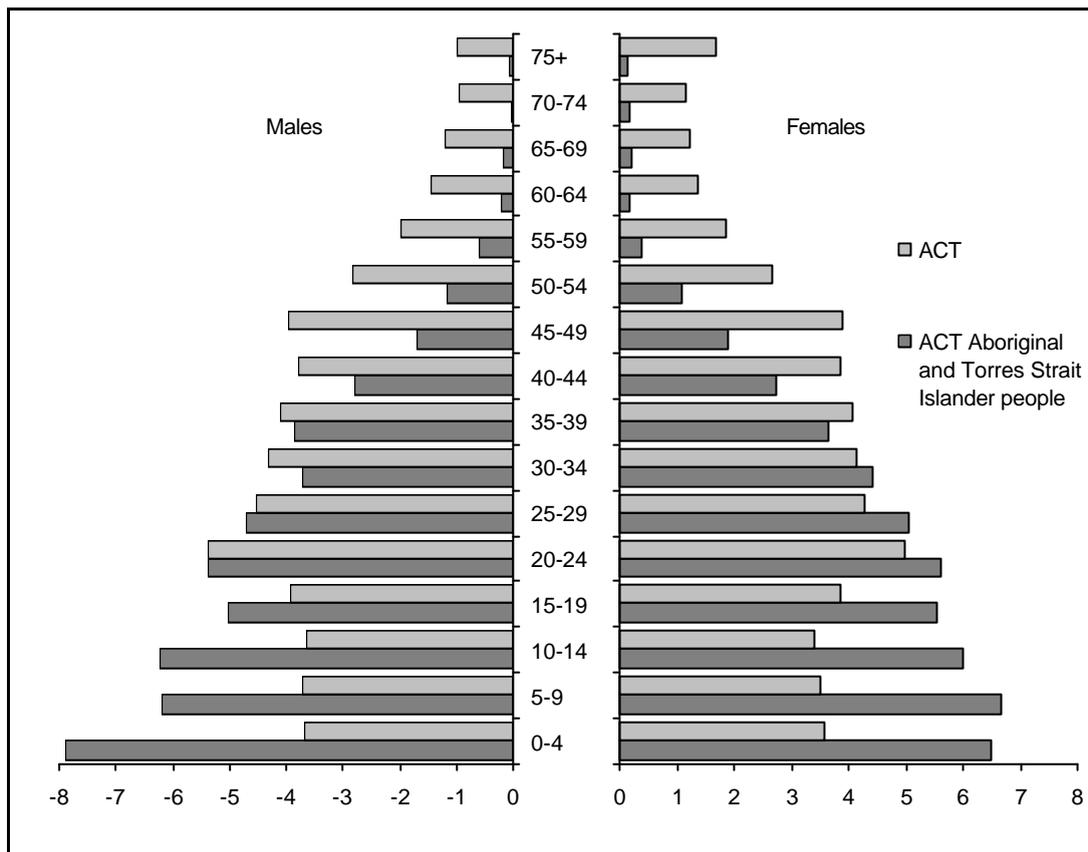
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1. Demographics

Figure 1 shows that the Aboriginal and Torres Strait Islander population in the ACT has a younger age structure than the general ACT population. Because of this, the Aboriginal and Torres Strait Islander population is more likely to suffer from those conditions which effect younger people such as injury and poisoning.

Figure 1: Estimated age distribution of the ACT Aboriginal and Torres Strait Islander and total ACT populations, 1996



Source: ABS, Estimated resident indigenous population, 30 June 1996, Cat No. 3230.0
 ABS, Estimated resident population, ACT 30 June 1996,

There were 3,058 Aboriginal and Torres Strait Islander people in the ACT in 1996, a high estimation of 3,377 in 1997 (low estimation = 3,161), a high estimation of 3,723 (low estimation = 3,266) Aboriginal and Torres Strait Islander people in 1998¹. A high and low experimental estimation of the Aboriginal and Torres Strait Islander population has been made by the Australian Bureau of Statistics because of the deficiencies in the quality of Aboriginal and Torres Strait Islander births, deaths and migration data involved in deriving the population projection assumptions². In 1996 there were slightly less Aboriginal and Torres Strait Islander males (1,522) than females (1,536) in the ACT. This is against the general trend where males outnumber females. In 1998 it was estimated that there were between 1,600 and 1,825 Aboriginal and Torres Strait Islander males

¹ Australian Bureau of Statistics, *Experimental projections of the Aboriginal and Torres Strait Islander population, 30 June 1996 to 30 June 2006* Catalogue No. 3231.0 Australian Government Publishing Service, Canberra 1998: 37

² ABS, *ibid*, p4

and between 1,666 and 1,898 Aboriginal and Torres Strait Islander females in the ACT³. The Aboriginal and Torres Strait Islander population in the ACT is highly mobile but tends to move within the local area rather than moving interstate. Approximately 63 percent of ACT Indigenous people moved within the 5 year period from 1986 to 1991, 94 percent of whom only moved within the ACT statistical local area⁴. (For information on fertility see Health Series No. 13, Health Indicators in the ACT, page 15.)

2. Mortality

For the ACT, Indigenous identity has been recorded in the deaths data since 1995. In 1995 there were 5 deaths and in 1996 there were 9 deaths of Aboriginal and Torres Strait Islander people in the ACT. The number of deaths of Aboriginal and Torres Strait Islanders in the ACT are too low for any patterns of death causes to be detected - even when the two years of data are added together (see Table 1). Nevertheless, half the number of deaths were due to injury and poisoning and these deaths included drug overdose, car accidents and suicide. More years of data are needed before any true cause of death patterns could be discerned.

Table 1: Cause of death of Aboriginal and Torres Strait Islander people, ACT, 1995 & 1996

| Cause of death | Persons |
|------------------------------------|-----------|
| Diseases of the circulatory system | 4 |
| Injury and poisoning | 7 |
| Other deaths | 3 |
| Total | 14 |

Source: ABS, Cause of death, 1995 and 1996, Unpublished data.

The average age of death over the years 1995 and 1996 was 40.6 years. This is much younger than the average age of death for all ACT deaths in 1996 (68.4 years). It must be noted however that comparison is difficult because of the low number of Aboriginal and Torres Strait Islander deaths.

3. ACT hospital morbidity

In 1995-96 there were 339 hospital separations of Aboriginal and Torres Strait Islander people from ACT hospitals while in 1996-97 there were 462. Figure 2 shows that compared to other years, in 1996-97 there was a sharper rise in separations of Aboriginal and Torres Strait Islander people occurring at The Canberra Hospital (293 seps in 1995-96 and 374 seps 1996-97) and John James Memorial Hospital (3 seps in 1995-96, 33 seps in 1996-97)⁵. This may be due to a marked improvement in reporting mechanisms of Aboriginal and Torres Strait Islander status, especially at the Canberra Hospital. A second Aboriginal liaison officer was recruited to the Canberra Hospital which would assist in Indigenous notification. In addition, awareness of the importance of recording Indigenous identity has been improved through cross cultural training. Aboriginal and Torres Strait Islander people may also be more willing to report their cultural identity.

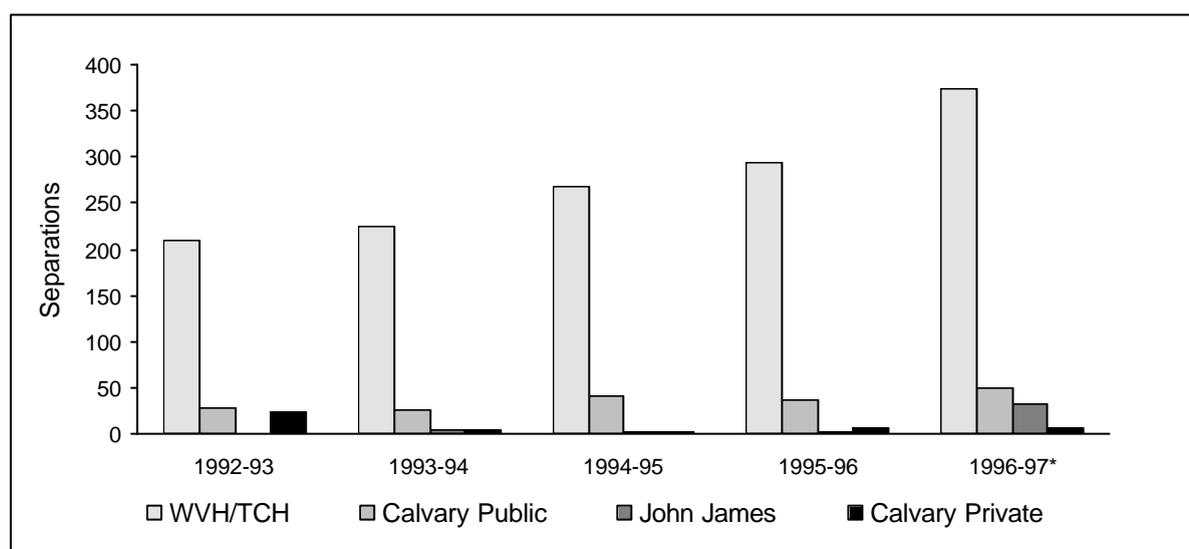
³ ABS, *ibid*, p28

⁴ ABS, Australian Social Trends 1994, Catalogue No. 4102.0, Australian Government Publishing Service, Canberra

⁵ Please note that these figures exclude multiple separations for urinary dialysis.

It is not possible to determine the degree to which the increase in recorded hospital separations may reflect an actual increase in the number of Aboriginal and Torres Strait Islander people accessing ACT hospitals. Not enough is known about the accuracy with which Indigenous data is recorded within the hospital morbidity databases in Australia. The ACT is currently participating in a national project which will assess the completeness of Indigenous identification and develop a data quality control procedure to appraise the completeness of Indigenous identification in hospital separations data. A final report for this project is expected to be available early in 1999⁶.

Figure 2: Separations of Aboriginal and Torres Strait Islander People in ACT hospitals, 1992-93 to 1996-97



* Excludes multiple separations due to urinary dialysis.
Source: ACT hospital morbidity data, 1992-93 to 1996-97

3.1 External cause of injury and poisoning

There were 58 male and 46 female separations of Aboriginal and Torres Strait Islander people between July 1994 and June 1997 due to external causes of injury. As can be seen in Table 2, the main cause for both sexes was abnormal reactions to surgical and medical procedures without mention of misadventure at time of procedure. The second major cause was accidental falls for males and traffic and non-traffic vehicle accidents for females.

⁶ Australian Bureau of Statistics (Oct 1998) *NCATSIS News...A newsletter for Aboriginal and Torres Strait Islander statistical issues*, Issue no. 4 unpublished.

Table 2: Hospital separations for external cause of injury and poisoning, Aboriginal and Torres Strait Islander people residing in the ACT (July 1994 to June 1997) and ACT residents (July 1996 to June 1997)

| Type of injury and poisoning | ACT Aboriginal & Torres Strait Islander residents % (a) | | | All ACT residents % (b) | | |
|--|---|--------------|--------------|-------------------------|--------------|--------------|
| | Male | Female | Persons | Male | Female | Persons |
| Traffic and non-traffic vehicle accidents | 5.2 | 13.0 | 8.7 | 8.5 | 5.8 | 7.2 |
| Accidental poisoning | 0.0 | 8.7 | 3.8 | 1.7 | 1.8 | 1.7 |
| Surgical and medical procedures as the cause of abnormal reaction of patient or later complication, without mention of misadventure at the time of procedure | 32.8 | 30.4 | 31.7 | 28.7 | 35.0 | 31.6 |
| Accidental falls | 22.4 | 10.9 | 17.3 | 18.6 | 22.1 | 20.3 |
| Other accidents | 19.0 | 4.3 | 12.5 | 13.2 | 6.6 | 10.1 |
| Late effects of accidental injury | 3.4 | 8.7 | 5.8 | 5.9 | 3.7 | 4.9 |
| Drugs causing adverse effects in therapeutic use | 8.6 | 4.3 | 6.7 | 6.0 | 10.3 | 8.0 |
| Suicide and self inflicted injury | 0.0 | 8.7 | 3.8 | 4.1 | 8.5 | 6.1 |
| Injury purposely inflicted by others | 3.4 | 6.5 | 4.8 | 2.6 | 0.5 | 1.6 |
| Other external cause of injury and poisoning | 5.2 | 4.3 | 4.8 | 10.7 | 5.8 | 8.4 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |

(a) Due to low numbers, percentages relating to Aboriginal and Torres Strait Islander persons uses three years of data from July 1994 to June 1997.

(b) Percentages relating to all ACT residents uses data from July 1996 to June 1997.

Source: ACT Hospital Morbidity Data, 1994-95, 1995-96, 1996-97.

When comparing all ACT residents with Aboriginal and Torres Strait Islander people residing in the ACT, the hospital morbidity patterns are quite similar (taking into consideration the low numbers of Aboriginal and Torres Strait Islander people). It is interesting to note however that while males are generally hospitalised for traffic and non traffic accidents at a higher proportion than females, in the Aboriginal and Torres Strait Islander population in the ACT, the reverse is the case.

In fact, using 1996-97 data it can be seen that ACT Aboriginal and Torres Strait Islander females have a higher hospital separation rate for external cause of injury and poisoning relative to their non-Aboriginal counterparts. For instance, if the ACT Aboriginal and Torres Strait Islander male population had exactly the same age structure as all other males in the ACT, their hospital separation rate due to external cause of injury and poisoning would be quite similar (Standardised ratio = 0.96, standard error = 0.20). However, if the ACT Aboriginal and Torres Strait Islander female population had exactly the same age structure as all other females in the ACT, their hospital separation rate due to external cause of injury and poisoning would be approximately 45 percent higher (Standardised ratio = 1.45, standard error = 0.17).

3.2 Diseases of the circulatory system

Over the time from July 1993 to June 1997 there were 61 hospital separations (35 males, 26 females) of Aboriginal and Torres Strait Islander people resident in the ACT. On examination of Table 3 it can be seen that of those who have been hospitalised because of diseases of the circulatory system, a greater proportion of ACT Aboriginal and Torres Strait Islander people than ACT people in general were hospitalised because of ischemic heart disease and other forms of heart disease.

Table 3: Hospital separations for diseases of the circulatory system, Aboriginal and Torres Strait Islander people residing in the ACT (July 1994 to June 1997) and ACT residents (July 1996 to June 1997).

| Type of disease of the circulatory system | ACT Aboriginal & Torres Strait Islander residents % (a) | | | All ACT residents % (b) | | |
|---|---|--------------|--------------|-------------------------|--------------|--------------|
| | Male | Female | Persons | Male | Female | Persons |
| Hypertensive disease | 2.9 | 7.7 | 4.9 | 0.7 | 2.1 | 1.3 |
| Ischemic heart disease | 45.7 | 46.2 | 45.9 | 40.9 | 31.1 | 36.9 |
| Pulmonary circulation | 0.0 | 3.8 | 1.6 | 1.8 | 2.7 | 2.2 |
| Other forms of heart disease (c) | 28.6 | 26.9 | 27.9 | 21.3 | 21.0 | 21.2 |
| Cerebrovascular disease | 5.7 | 3.8 | 4.9 | 9.1 | 11.9 | 10.3 |
| Veins and lymphatics and other diseases of the circulatory system | 8.6 | 7.7 | 8.2 | 17.7 | 23.3 | 20.0 |
| Arteries, arterioles and capillaries | 8.6 | 3.8 | 6.6 | 8.5 | 8.0 | 8.3 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |

(a) Due to low numbers, percentages relating to Aboriginal and Torres Strait Islander persons uses three years of data from July 1994 to June 1997.

(b) Percentages relating to all ACT residents uses data from July 1996 to June 1997.

(c) Includes acute rheumatic fever and chronic rheumatic heart disease

Source: *ACT Hospital Morbidity Data*, 1994-95, 1995-96, 1996-97.

3.3 Asthma

Table 4 shows the number of hospital separations of ACT Aboriginal and Torres Strait Islander people for a principle or secondary diagnosis of asthma. Over these four years there were 15 primary and 13 secondary diagnosis separations. Even when four years of data are added together, it is difficult to draw any assumptions from this data as the numbers are small. However, since there was a dramatic increase in Aboriginal and Torres Strait Islander identification in 1996-97, it could have been assumed that there would have been a corresponding increase in asthma separations. This was not the case.

Table 4: Primary and secondary diagnosis separations due to asthma, ACT Aboriginal and Torres Strait Islander people, 1993-97

| Asthma diagnosis | 1993-94 | 1994-95 | 1995-96 | 1996-97 | Total |
|------------------------------|----------|----------|-----------|----------|-----------|
| Primary and secondary | 3 | 5 | 11 | 9 | 28 |

Source: ACT Hospital Morbidity 1993-94 to 1996-97

3.4 Diabetes

Over the years from 1993-94 to 1996-97, approximately 8.6 percent of separations of ACT Aborigines or Torres Strait Islanders had a principle or secondary diagnosis of diabetes. This compares to 3.1 percent of all separations of ACT residents in 1996-97. Although, hospital separations cannot be used to indicate the prevalence of diabetes within a whole population, it can be an indication of the complications arising from diabetes or diabetes which is not well controlled.

Because of the nature of diabetes diagnosis (eg: diabetes causes many secondary illnesses such as circulatory problems) Table 5 shows those separations with both a primary and secondary diagnosis of diabetes.

Table 5: Separations due to diabetes, ACT Aboriginal and Torres Strait Islander people, 1993-94 to 1996-97 (a)

| Diabetes diagnosis | 1993-94 | 1994-95 | 1995-96 | 1996-97 | Total |
|------------------------------|-----------|-----------|-----------|-----------|-----------|
| Primary and secondary | 10 | 25 | 28 | 25 | 88 |

(a) Excludes gestational diabetes.

Source: ACT Hospital Morbidity Data, 1993-94 to 1996-97

Over these four years there were far less primary diagnoses (4 separations) than secondary diagnoses (84 separations). Of those with a secondary diagnosis of diabetes, 19 percent had a principle diagnosis of diseases of the circulatory system, 16.7 percent of diseases of the digestive system, 11.9 percent were injured or poisoned and 10.7 percent were hospitalised because of a disease of the genitourinary system.

Using indirect standardisation methods for 1996-97 hospital morbidity data, the ACT male Aboriginal and Torres Strait Islander population was shown to have a separation rate for primary and secondary diagnosis of diabetes which was 6.6 times that of all other ACT male residents (Standardised ratio = 6.61, Standard error = 1.6). For ACT Aboriginal and Torres Strait Islander females, the separation rate was almost 2.6 times that of their non-Aboriginal counter parts (Standardised ratio = 2.61, Standard error = 0.89). However, some caution should be taken when interpreting this data, as the standardised ratios are subject to high standard error.

3.5 Mental health

There is a marked increase in the primary diagnosis of mental disorders among Aboriginal and Torres Strait Islander people since 1995-96 (see Table 6). The primary and secondary diagnosis of mental disorders accounted for 9.6 percent of ACT Aboriginal and Torres Strait Islander separations from 1993-94 to 1996-97 compared with 5.1 percent of separations of all ACT residents in 1996-97.

In 1996-97, there were 23 male and 14 female ACT Aboriginal and Torres Strait Islander separations which were due to a principle or secondary diagnosis of mental disorders.

Table 6: Separations due to mental disorders, ACT Aboriginal and Torres Strait Islander people, 1993-94 to 1996-97

| Mental illness diagnosis | 1993-94 | 1994-95 | 1995-96 | 1996-97 | Total |
|--------------------------|-----------|-----------|-----------|-----------|-----------|
| Primary diagnosis | 3 | 7 | 9 | 18 | 37 |
| Secondary diagnosis | 8 | 9 | 25 | 19 | 61 |
| Total | 11 | 16 | 34 | 37 | 98 |

Source: ACT Hospital Morbidity Data, 1993-94 to 1996-97

When comparing the ACT Aboriginal and Torres Strait Islander male hospital separation rates with all other ACT males, in 1996-97, ACT indigenous males were hospitalised for this cause at 2.6 times that of other ACT males (Standardised ratio = 2.58, Standard error = 0.72). ACT Aboriginal and Torres Strait Islander females, on the other hand, had a 15 percent lower separation rate than their non-Aboriginal counter parts (Standardised ratio = 0.85, Standard error = 0.38).

3.6 Pregnancy, childbirth and the puerperium

From 1993-94 to 1996-97, there were 148 hospital separations of ACT Aboriginal and Torres Strait Islander women and 32 separations of non-ACT Aboriginal and Torres Strait Islander women in ACT hospitals. As can be seen by Table 7, a greater proportion of Aboriginal and Torres Strait Islander women had complications mainly related to pregnancy. The major problem within this category was early or threatened labour. On the other hand, a greater proportion of non-Aboriginal women had complications occurring mainly in the course of labour and delivery.

In 1996-97, the average length of stay for this category of Aboriginal and Torres Strait Islander women in ACT hospitals (4.7 days) was longer than for their non-Aboriginal counterparts (4.0 days).

Table 7: Hospital separations from ACT hospitals due to pregnancy, childbirth and the puerperium, 1993-97 (a)

| ACT residents | | |
|--|--|----------------------------|
| | Aboriginal & Torres Strait Islander separations % | Other separations % |
| Ectopic and molar pregnancy, and other pregnancy with abortive outcome | 10.8 | 12.8 |
| Complications mainly related to pregnancy | 35.8 | 26.1 |
| Normal delivery, and other indications for care in pregnancy, labour, and delivery | 32.4 | 32.6 |
| Complications occurring mainly in the course of labour and delivery | 18.9 | 27.5 |
| Complications of the puerperium | 2.0 | 1.0 |
| Total | 100.0 | 100.0 |
| Non-ACT residents | | |
| Ectopic and molar pregnancy, and other pregnancy with abortive outcome | 6.3 | 13.2 |
| Complications mainly related to pregnancy | 50.0 | 34.0 |
| Normal delivery, and other indications for care in pregnancy, labour, and delivery | 34.4 | 32.4 |
| Complications occurring mainly in the course of labour and delivery | 9.4 | 19.0 |
| Complications of the puerperium | 0.0 | 1.3 |
| Total | 100.0 | 100.0 |

(a) Excludes overseas visitors and usual area of residence not stated.

Source: ACT Hospital Morbidity Data, 1993-94 to 1996-97

3.7 Use of ACT hospitals by residents of other states and territories

Compared to non-Aboriginal patients, a higher proportion of Aboriginal and Torres Strait Islander separations are of Aborigines living outside the ACT. In 1996-97, approximately 30.4 percent (62 seps) of male and 19.4 percent (48 seps) of female Aboriginal and Torres Strait Islander separations from ACT hospitals have been of people whose usual area of residence is outside of the ACT. This compares with 22.6 percent (6,179 seps) of male and 17.6 percent (6,033 seps) of female non-Aboriginal patients. (These figures exclude dialysis patients, patients from overseas and from an unknown area of residence).

Reasons for hospitalisation differed for ACT and non- ACT Aboriginal and Torres Strait Islander people as can be seen in Table 8. The main reasons for hospitalisation of ACT females were pregnancy, childbirth and the puerperium; diseases of the genitourinary system; digestive system; and respiratory system; and injury and poisoning respectively. For non-ACT females they were pregnancy, childbirth and the puerperium; diseases of the digestive system; circulatory system; and injury and poisoning respectively. For ACT males, the main reasons for hospitalisation were injury and poisoning; diseases of the digestive system; circulatory system; and musculoskeletal system and connective tissue respectively whereas for non-ACT males they were diseases of the digestive system; injury and poisoning; diseases of the circulatory system; and mental disorders respectively (see Table 8).

Table 8: Separations of Aboriginal and Torres Strait Islander people from ACT hospitals, by primary diagnosis by sex, by residential status, 1993-97

| Primary diagnosis | Non-ACT residents % | | ACT residents % | |
|--|---------------------|--------------|-----------------|--------------|
| | Male | Female | Male | Female |
| Infectious and parasitic diseases | 2.8 | 0.5 | 3.0 | 1.3 |
| Neoplasms | 2.2 | 6.3 | 6.3 | 3.0 |
| Endocrine, nutritional and metabolic diseases and immunity disorders | 2.2 | 1.6 | 4.0 | 0.0 |
| Blood and blood-forming organs | 0.6 | 0.5 | 1.4 | 0.2 |
| Mental disorders | 3.3 | 1.6 | 6.5 | 2.8 |
| Nervous system and sense organs | 3.9 | 3.2 | 4.0 | 4.8 |
| Circulatory system | 17.8 | 9.0 | 10.9 | 6.9 |
| Respiratory system | 5.6 | 6.8 | 8.4 | 7.4 |
| Digestive system | 18.9 | 10.5 | 17.4 | 7.8 |
| Genitourinary system | 5.6 | 7.9 | 5.6 | 8.0 |
| Pregnancy, child birth and the puerperium | 0.0 | 31.1 | 0.0 | 35.8 |
| Skin and subcutaneous tissue | 1.7 | 0.5 | 2.8 | 1.1 |
| Musculoskeletal system and connective tissue | 8.9 | 3.2 | 4.0 | 3.5 |
| Congenital abnormalities | 2.2 | 1.6 | 1.2 | 1.3 |
| Certain conditions originating in the perinatal period | 1.7 | 1.6 | 4.4 | 3.7 |
| Symptoms, signs and ill-defined conditions | 1.1 | 6.3 | 6.1 | 5.0 |
| Injury and poisoning | 21.7 | 7.9 | 14.2 | 7.4 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 |

Note: Excludes supplementary classifications

Source: ACT Hospital morbidity data

Apart from those from the ACT, Aboriginal and Torres Strait Islander people from the South Coast Batemans Bay area and from the Queanbeyan, Jerabombera area have been the heaviest users of ACT hospitals over the years from 1993-94 to 1996-97 (see Table 9).

Table 9: Non-ACT Aboriginal and Torres Strait Islander people using ACT hospital by area of residence, 1993-97

| | 1993-94 | 1994-95 | 1995-96 | 1996-97 | Total |
|-------------------------------------|---------|---------|---------|---------|-------|
| Queanbeyan, Jerabombera area (a) | 19 | 20 | 25 | 38 | 102 |
| South Coast - Batemans Bay area (a) | 17 | 82 | 26 | 19 | 144 |
| South Coast - Bega area (a) | 4 | 9 | 13 | (b) 16 | 26 |
| Yass, Murrumbateman area (a) | 3 | 10 | 3 | 11 | 27 |
| Other areas in NSW | 17 | 19 | 9 | 24 | 69 |
| Other States and Territories | - | - | - | - | 7 |
| Unknown, not stated, other | - | - | - | - | 22 |

- Cells suppressed due to low numbers.

(a) See glossary for which towns are included in these areas.

(b) Excludes multiple separations for urinary dialysis.

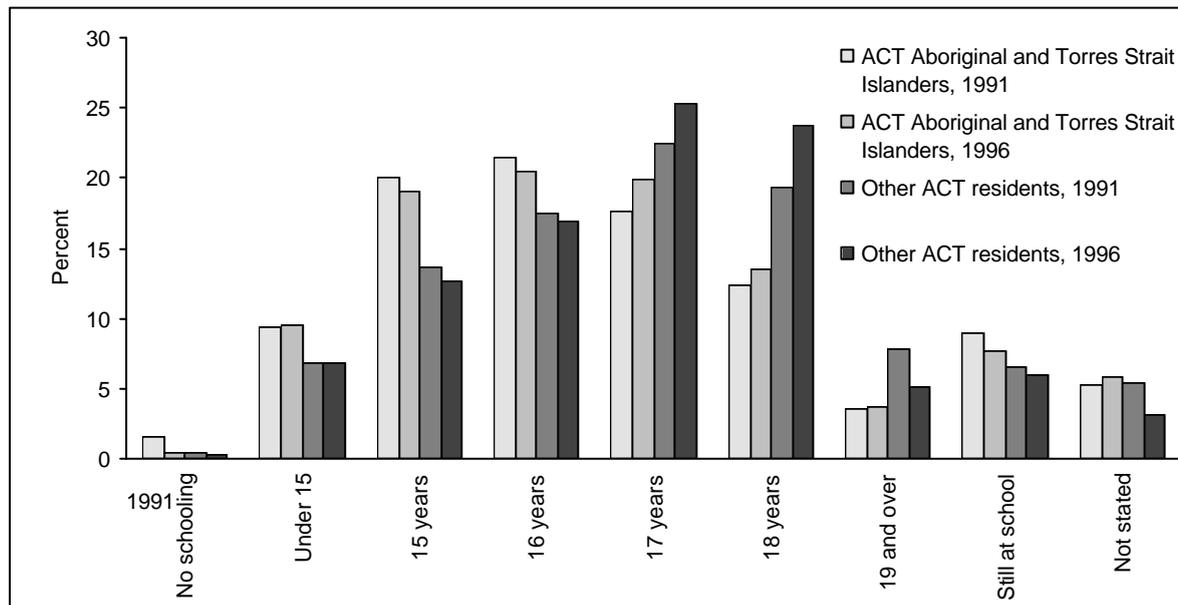
Source: ACT hospital morbidity data, 1993-97.

4. Social indicators

4.1 Education

In line with the overall trend in the ACT, Aboriginal and Torres Strait Islander people are staying on at school longer when comparing 1991 and 1996 census data (see Figure 3). The percentage of Aboriginal and Torres Strait Islanders who have never attended school has decreased from 1.5 percent in 1991, to just under 0.5 percent in 1996. It is also interesting to note that the percentage of all ACT residents who remain at school aged 19 years and over has decreased from 7.9 percent in 1991 to 5.2 percent in 1996, while for Aboriginal and Torres Strait Islander people it has remained fairly steady at 3.5 percent in 1991 and 3.6 percent in 1996. Nevertheless, non-Aboriginal ACT residents are still staying on at school far longer than their Aboriginal and Torres Strait Islander counterparts. For example, in 1996, there were 13.5 percent of Aboriginal and Torres Strait Islander people who had left school at age 18 while for other ACT residents it was 23.7 percent. Furthermore, the gap between Aboriginal and Torres Strait Islanders and other ACT residents leaving school at age 17 to 18 is widening.

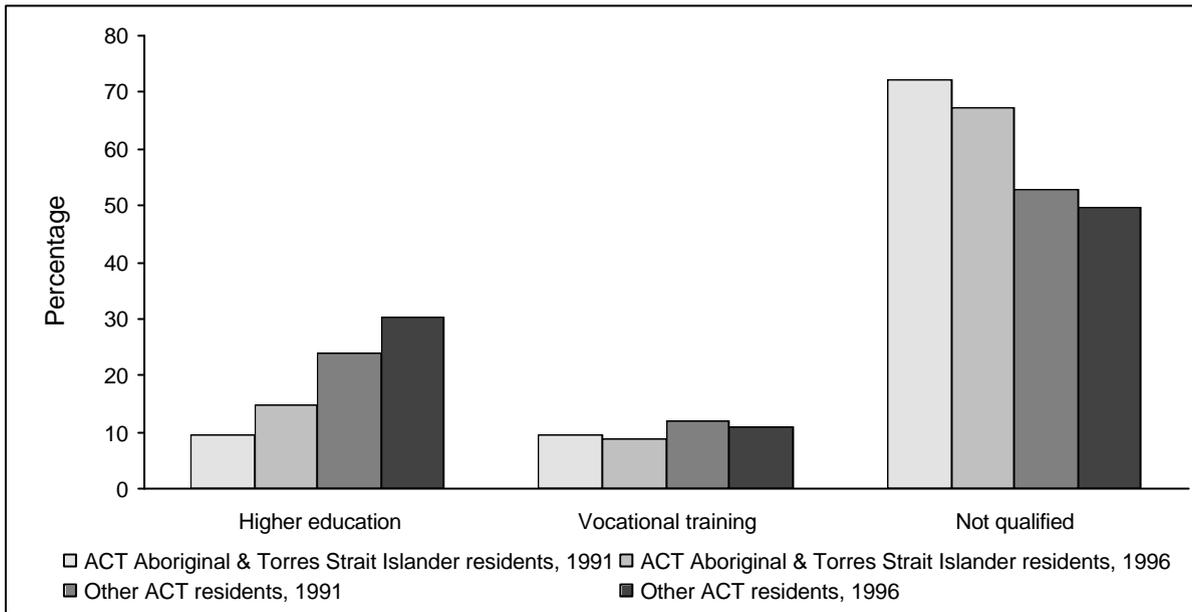
Figure 3: Age left school of ACT Aboriginal and Torres Strait Islanders and other ACT residents, 1991 and 1996



Source: ABS, Census of population and housing, 1991 & 1996

As can be seen from Figure 4, for both Aboriginal and Torres Strait Islanders and other people living in the ACT, the proportion of those attaining higher education is rising while the percentage of those attaining vocational training is remaining fairly steady. There is a slight fall in the gap between Aboriginal and Torres Strait Islanders and other ACT residents who are not qualified. In 1991 the gap was 19.2 percent while in 1996 this has fallen to 17.5 percent.

Figure 4: Highest qualification attained by ACT Aboriginal and Torres Strait Islander people and other ACT residents, 1991 & 1996



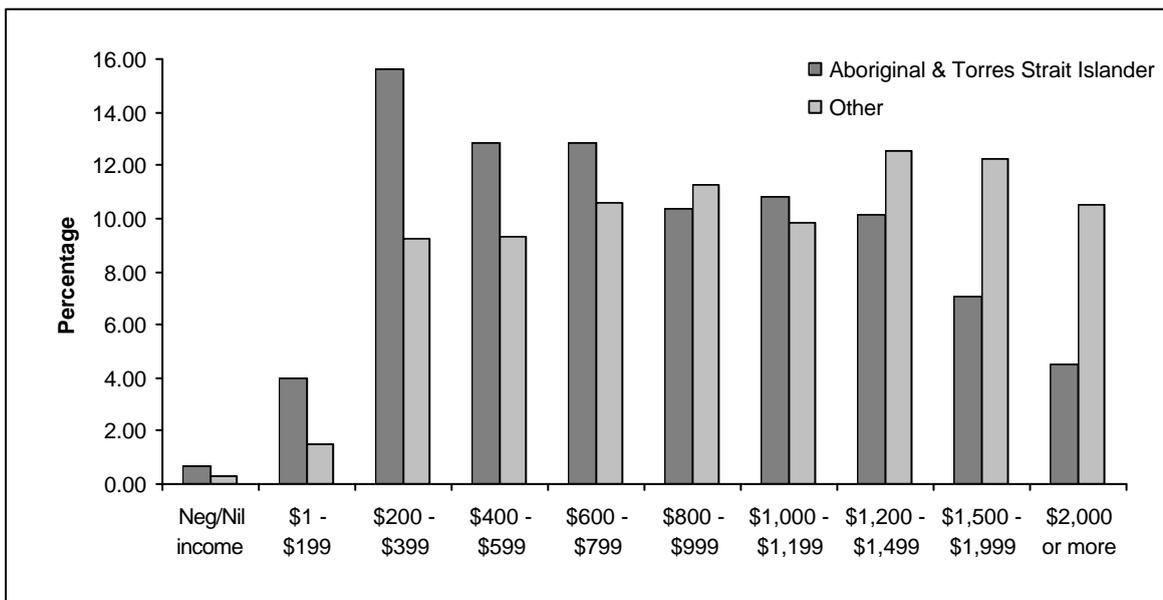
Note: Excludes highest qualification inadequately described or not stated.

Source: ABS, Census of population and housing, 1991 & 1996

4.2 Income

Figure 5 shows that a higher percentage of Aboriginal and Torres Strait Islander families than other ACT families are earning a weekly income in the lower income brackets. It is also worth noting that Aboriginal and Torres Strait Islander families tend to be bigger so their weekly income must go further.

Figure 5: Weekly family income by Aboriginal and Torres Strait Islander or other families, ACT, 1996



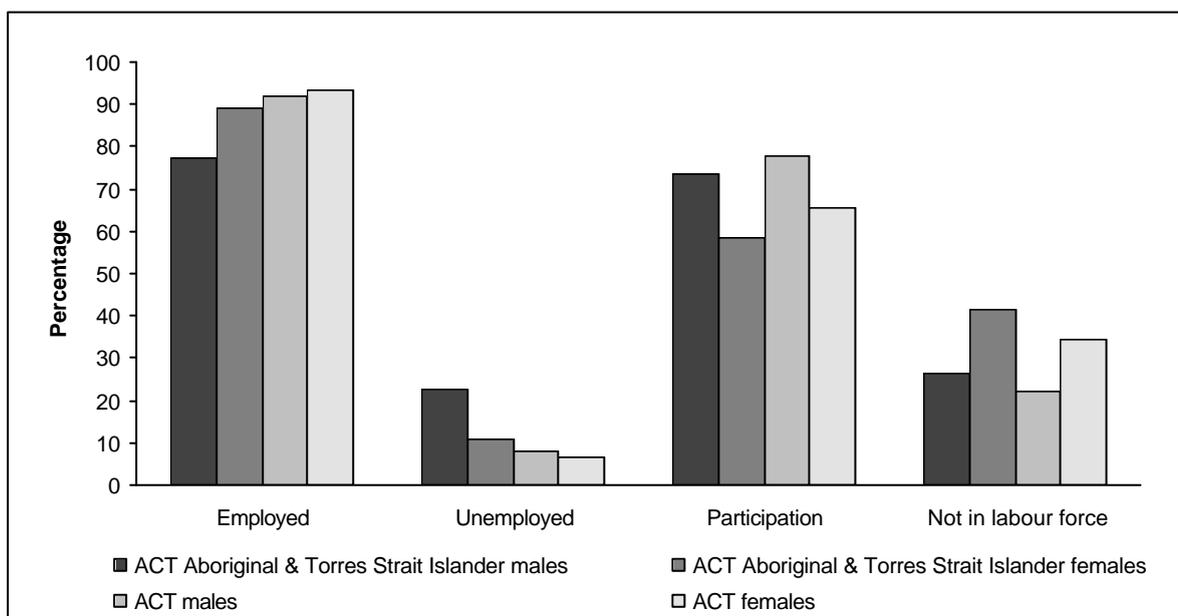
Note: Excludes those with partial income stated and those with all incomes not stated.

Source: ABS: 1996 Census of population and housing, indigenous profile, Cat no. 2020.0

4.3 Employment

Overall, Aboriginal and Torres Strait Islander people in the ACT have a higher unemployment rate and a lower labour force participation rate than their non-Aboriginal counter-parts. At the time the censuses were conducted 1991 and 1996, ACT Aboriginal and Torres Strait Islander unemployment rates rose slightly (15.9% in 1991, 17.5% in 1996) while unemployment rates for all ACT residents has remained steady at 7.4 percent. The labour force participation rate has fallen for both ACT Aboriginal and Torres Strait Islander people (70.8% in 1991 to 65.9% in 1996) and all ACT residents (72.8% in 1991 to 71.5% in 1996). Of particular concern is the high unemployment rate of Aboriginal and Torres Strait Islander males in the ACT at 22.9 percent compared with 8.1 percent for all ACT males. In the ACT, Aboriginal and Torres Strait Islander females have an unemployment rate of 10.1 percent compared to all ACT females at 6.5 percent. However, Aboriginal and Torres Strait Islander women’s participation rate is lower at 58.7 percent (65.4 % for all ACT females). (Please note that labour force status is calculated for people aged 15 years and over.)

Figure 6: Labour force status for Aboriginal and Torres Strait Islander and other residents, by sex, ACT, 1996

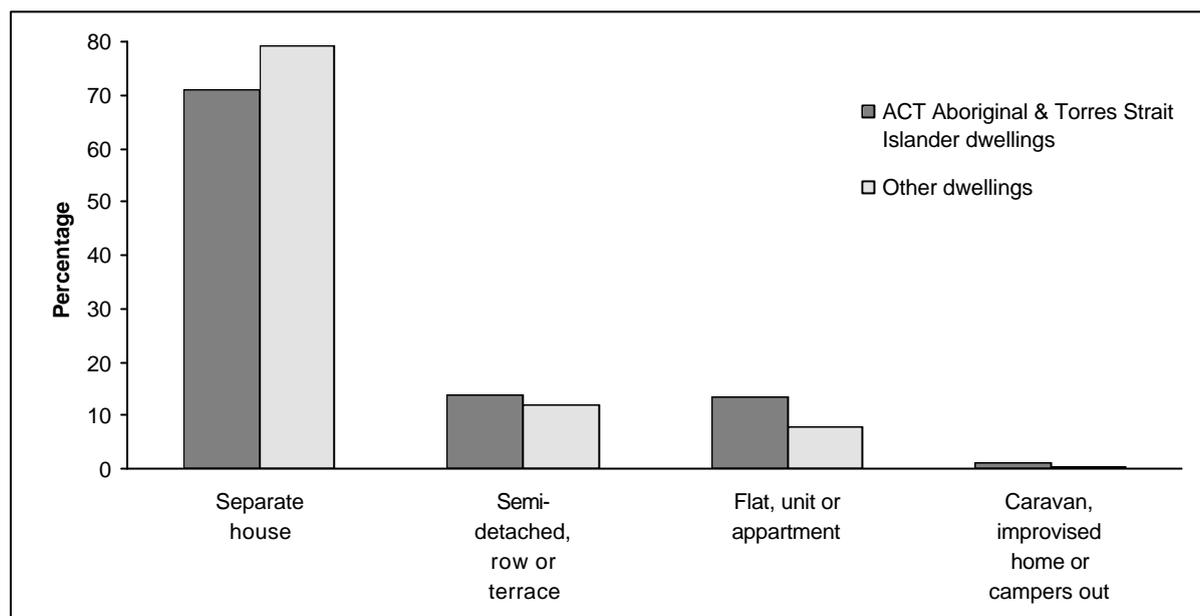


Source: ABS: 1996 Census of population and housing, indigenous profile, Cat no. 2020.0 and ABS: CDATE 96, Cat no. 2019.0.30.001

4.4 Housing

Aboriginal and Torres Strait Islander people in the ACT tend to live in more crowded conditions than their non-Aboriginal counterparts. In 1996, 71 percent of Aboriginal and Torres Strait Islander dwellings were separate houses while 79 percent of other dwellings were separate houses (see Figure 7).

Figure 7: Structure of dwelling by Aboriginal and Torres Strait Islander or other dwellings, ACT, 1996



Source: ABS: 1996 Census of population and housing, indigenous profile, Cat no. 2020.0

Additionally, Table 10 shows that Aboriginal and Torres Strait Islander dwellings have on average more people living in them than do other dwellings.

Table 10: Average number of persons per dwelling by type of dwelling, Aboriginal and Torres Strait Islander and other dwellings, ACT, 1996

| Type of dwelling | Average number of persons per dwelling | |
|---|---|---------------------|
| | ACT Aboriginal & Torres Strait Islander dwellings | Other ACT dwellings |
| Separate house | 3.43 | 2.98 |
| Semi-detached, row or terrace house, townhouse, etc | 2.44 | 1.92 |
| Flat, unit or apartment | 1.59 | 1.44 |
| Caravan, improvised home or campers out | 2.67 | 1.53 |
| Not stated | 2.89 | 2.3 |
| Total | 3.03 | 2.72 |

Source: ABS: 1996 Census of population and housing, indigenous profile, Cat no. 2020.0

5. Glossary

Queanbeyan, Jerabombera area includes Jerabombera, Queanbeyan and Wamboin.

South Coast - Bateman's Bay area includes Tuross Heads, Tomakin, Nelligen, Narooma, Mossy Point, Moruya, Mogo, Malua Bay, Lilli Pilli, South Durras, Dalmeny, Central Tilba, Broulee, Bodalla, Batemans Bay, Batehaven.

South Coast - Bega area includes Bega Bermagui, Bermagui, Bemboka, Pambula, Merimbula, Eden, Cobargo, Wolumla, Tathra.

Yass, Murrumbateman area includes Yass, Wee Jasper, Murrumbateman, Mullion, Kangiara, Gundaroo, Goondah, Cavan, Burrinjuck, Bowning, Bookham, Binalong.

6. Methodology

The number of expected hospital separations is derived by multiplying the age specific hospital separation rate for usual residents of the ACT population by the number of Aboriginal and Torres Strait Islander people in the ACT in each age group, then adding the sum of these.

The standardised hospital separation ratio is then devised by dividing the actual number of ACT Aboriginal and Torres Strait Islander separations by the expected number (see above). This figure shows how much higher or lower the rate is for Aboriginal and Torres Strait Islander persons, than the ACT as a whole.

When calculating the expected number of separations and the standardised hospital separation ratio for male ACT Aboriginal and Torres Strait Islanders, the male ACT age specific hospital separation rates have been used. When devising these for female ACT Aboriginal and Torres Strait Islanders, the female ACT age specific hospital separation rates have been used. It is important to know then that while for example male ACT Aboriginal and Torres Strait Islander rates can be compared to all ACT male rates, ACT male Aboriginal and Torres Strait Islander rates cannot be compared to female Aboriginal and Torres Strait Islander rates because the age-specific rates used for standardisation are different.