

Foreword

The Queensland Government is committed to closing the gap between the life outcomes and opportunities experienced by Aboriginal and Torres Strait Islander peoples and their non-Indigenous peers in Queensland.

Closing the gap is a long-term process requiring effort and commitment at all levels of government, on the part of communities and Aboriginal and Torres Strait Islander peoples. It is unrealistic to expect to see significant progress in the short-term.

This report is the second *Queensland Closing the Gap Report: Indicators and Initiatives for Aboriginal and Torres Strait Islander Peoples*. It provides statistics showing the extent of the gap in Queensland, and whether this gap has changed over time. It also summarises the key initiatives and actions the Queensland Government is taking to close the gap.

The Queensland Government is committed to working in partnership with Aboriginal and Torres Strait Islander Queenslanders to find solutions to problems which are a legacy of past policies and decisions. I am confident that with the considerable Australian and Queensland Government investment in areas such as early childhood development, health, housing, remote service delivery and economic participation, much can be achieved over the next few years. I look forward to a better future for all Aboriginal and Torres Strait Islander peoples in this state.

I encourage you to use this valuable resource to inform policy and other decisions for the benefit of Aboriginal and Torres Strait Islander peoples.

The Honourable Desley Boyle MP

**Minister for Local Government and
Minister for Aboriginal and Torres Strait Islander Partnerships**

Executive Summary

This is the second *Queensland Closing the Gap Report: Indicators and Initiatives for Aboriginal and Torres Strait Islander Peoples*. As with the first report, the Council of Australian Governments (COAG) strategic agenda provides the framework around which statistics and government initiatives are reported. This agenda, endorsed under the National Indigenous Reform Agreement (NIRA) between the Commonwealth of Australia and the states and territories, outlines six national Closing the Gap targets against which progress is measured, being:

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

The *2007/08 Queensland Closing the Gap Report* presented significant gaps between Aboriginal and Torres Strait Islander peoples and non-Indigenous people across almost all of the indicators associated with the COAG targets. The report also showed that, more often than not, the level of disadvantage experienced by Aboriginal and Torres Strait Islander peoples was greater in the remote regions of the state and in the discrete Indigenous communities, (the discrete communities)¹ than in major cities.

With the endorsement of the NIRA in November 2008, it is possible to present in this report the complete range of statistics as outlined under this agreement. Along with providing a more comprehensive suite of statistical

¹ These communities encompass the 19 discrete Indigenous communities of Aurukun, Bamaga, Cherbourg, Doomadgee, Hope Vale, Injinoo, Kowanyama, Lockhart River, Mornington Island, Mapoon, Napranum, New Mapoon, Palm Island, Pormpuraaw, Seisia, Umagico, Woorabinda, Wujal Wujal and Yarrabah.

indicators, this report also shows, where possible, the level of disadvantage experienced by Aboriginal and Torres Strait Islander peoples across time.

The level of disadvantage experienced by Aboriginal and Torres Strait Islander peoples, as presented in this report, remains unacceptably high relative to that experienced by the non-Indigenous population. This is especially so in remote regions and the discrete communities. The statistical indicators show that over the time periods reported there have been improvements in some areas and deterioration in others; but predominantly no significant changes across the NIRA performance measures. Hospitalisation rates for circulatory disease decreased in remote regions (and the discrete communities), as did rates for diseases of the respiratory system (in remote regions), and chronic obstructive pulmonary disease (in remote regions). The rate of hospital admissions of Aboriginal and Torres Strait Islander children who had been injured or poisoned also decreased.²

Meanwhile, in remote regions there were increases in the rates of:

- hospital admissions of children for infectious and parasitic diseases
- hospital admissions of children for diseases of the subcutaneous tissue
- children subject to child protection orders
- hospital admissions for mental and behavioural disorders.

Along with this, in major cities there were increases in rates of:

- hospital admissions for endocrine, nutritional, and metabolic diseases
- hospital admissions for diabetes
- children subject to substantiated child protection notifications.

² It should be noted that hospital admission rates cannot be directly linked to rates of disease or injury in a community. Hospital admission rates are also influenced by people's propensity to access (or the accessibility of) medical and health care services. An example may be the significant decrease in the rate of hospital admission of children for disease of the ear and mastoid process in major cities.

Executive Summary

And in inner or outer regional areas the following rates increased:

- hospital admissions for infectious and parasitic diseases (outer)
- hospital admissions for diseases of the respiratory system (inner)
- hospital admissions for diabetes (inner)
- hospital admissions for chronic obstructive pulmonary disease (inner)
- children subject to child protection orders (inner and outer).

Tobacco smoking is a major cause of premature mortality and morbidity. The smoking of tobacco continues to be much more widespread in the Aboriginal and Torres Strait Islander population than in the non-Indigenous population. Other lifestyle factors are also adding to the burden of disease experienced by Aboriginal and Torres Strait Islander peoples, for example, relatively high levels of alcohol consumption and obesity and relatively low levels of exercise.

The relatively poor health of Aboriginal and Torres Strait Islander children (as evidenced by higher rates of childhood mortality and low birthweight when compared with the non-Indigenous population) can be explained, in part, by the fact that Aboriginal and Torres Strait Islander mothers are less likely to attend antenatal care, and are more likely than non-Indigenous mothers to smoke tobacco while pregnant. In addition to this, Aboriginal and Torres Strait Islander children are more likely to suffer abuse, and less likely to attend school or achieve the same levels of education as non-Indigenous children.

The 2008/09 report highlights that closing the gap in Indigenous life expectancy and improving health outcomes will require working with Aboriginal and Torres Strait Islander peoples to assist them to stop smoking and drinking, especially during pregnancy, improve nutrition and take steps to increase levels of activity and exercise to address many of the risk factors linked to health conditions such as cardio-vascular disease, diabetes and chronic respiratory conditions. Many programs and initiatives are already in place.

To address the gap between Aboriginal and Torres Strait Islander peoples, the Queensland Government is:

- increasing access to early childhood education and care services
- improving schooling infrastructure and the early childhood, primary and secondary educational workforce
- increasing opportunities for parental engagement
- funding initiatives to prevent, manage and treat chronic disease, and to promote healthy lifestyles within the Aboriginal and Torres Strait Islander population
- delivering training and skills programs to Aboriginal and Torres Strait Islander peoples and developing engagement opportunities with the broader Queensland economy
- constructing new houses, upgrading existing houses and developing infrastructure to address environmental health issues in remote communities
- improving family and community safety through alcohol and welfare reform programs, increasing support services for families and children, and making efforts to divert Aboriginal and Torres Strait Islander peoples away from the criminal justice system and address underlying causes of offending
- improving the governance capacity of Indigenous shire councils
- facilitating Aboriginal and Torres Strait Islander peoples' access to traditional lands, as well as supporting the rich tapestry of Aboriginal and Torres Strait Islander cultural practices.

Under National Partnership Agreements the Queensland Government is spending \$152 million of joint Queensland and Australian Government funding on early childhood development, \$20.4 million on economic participation, \$162 million on health and \$1.16 million on public internet access over the next four years (from 2009) specifically for Aboriginal and Torres Strait Islander Queenslanders. Over the next 10 years, \$1.156 billion will be spent on housing for Aboriginal and Torres Strait Islander Queenslanders and an as yet undetermined amount on service delivery in remote areas.