



## **Indigenous Children's Health Report Highlights Disparities in Canada, the United States, Australia and New Zealand**

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As the Council of Australian Governments prepares to review progress in closing the Indigenous health gap three Australian researchers will travel to Turkey this week to present new evidence to an international health conference that Indigenous children in Canada, the United States, Australia and New Zealand experience higher rates of infant mortality, child injury, accidental death and other health ailments compared to non-Indigenous children.

*Indigenous Children's Health Report: Health Assessment in Action*, released by the Canadian-based Centre for Research on Inner City Health (CRICH), provides insight into common issues affecting Indigenous children's health around the world. It is one of the first international reports researched by a consortium of international researchers from the countries investigated,

Funded by Health Canada and led by Dr Janet Smylie at the CRICH, the Australian chapter was led by Associate Professor Jane Freemantle, from Onemda VicHealth Koori Health Unit at the University of Melbourne, and Daniel McAullay, from the Telethon Institute for Child Health Research and the Australian National University.

In all four countries, researchers found Indigenous children suffered from infant mortality rates up to four times the national average, higher rates of sudden infant death syndrome, child injury, suicide, and accidental death. Indigenous children also experience a disproportionate amount of ear infections, respiratory illnesses and dental problems. However, all four countries emphasised that the data describing Indigenous children were compromised in quality and completeness.

According to Associate Professor Jane Freemantle all countries shared a common lack of quality data on Indigenous children's health which continues to impinge on the effectiveness of research and of collating evidence on Indigenous child health trends.

“Until now, there has been no consistency in the data sources on Indigenous child health all four countries – the data are flawed and incomplete,” said Associate Professor Freemantle. “This report clearly outlines the disparities that exist within Indigenous child health in each of the four countries, but without quality data we cannot begin to provide any reasonably acceptable comparisons between the four countries. In fact, any attempt to make comparisons across the countries would be irresponsible and misleading.”

Co-researcher Daniel McAullay said the report did make important observations of the differences between the health status of Indigenous and non-Indigenous children in the four countries studied, countries which share a similar history of Indigenous dispossession and cultural dislocation.

“As an epidemiologist, who is Aboriginal, I understand the importance of ensuring that we collect accurate and meaningful health data,” he said. “That way we can be sure we are accurately measuring the data and thus able to compare the health disparity that exists between Indigenous and non-Indigenous children both within Australia and with other colonised countries.”

Despite the problems with available data Associate Professor Freemantle said that *Indigenous Children’s Health Report: Health Assessment in Action* is a valuable contribution to our understanding of Indigenous child health and raises some deeply concerning questions.

“Why do such genetically diverse Indigenous groups suffer from similar health issues?” she said. “There is no medical reason why this should be and we need to acknowledge the impact of the similar disparities and measures of disadvantage found in all four countries.

The report included data describing the status of the determinants of health of Indigenous children relative to non-Indigenous children.

Social issues shared between countries included:

- The identification of colonisation as a shared and underlying determinant of Indigenous health.
- Disparate numbers of Indigenous children live below the poverty line and/or in overcrowded accommodation that impacts upon their health.
- Differential access to health care, economic and social resources for Indigenous children and their families compared to non-Indigenous populations.

Associate Professor Freemantle said improved data collection must be a priority for health services in all four countries. “In Australia it will be extremely difficult to measure the effectiveness of national efforts to ‘close the gap’ if we have poor quality data to begin with.”

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