

Revise: epidemiology: current issue in the Australian health system

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Current Issues in the Australian Health System: Kidney Disease in the Indigenous Peoples
Kidney issues have emerged as a serious threat for the Indigenous population of Australia. The chance of ESRD (End Stage Renal Disease) that debilitates kidneys to the point of little to no functioning is far more common for Indigenous population than other groups across Australia. (McDonald et al., 2008)

Indigenous people suffer from ESRD at younger ages than non-Indigenous peoples. Around three fifths of all Indigenous people diagnosed with ESRD in the period between 2004 and 2007 had an age lower than 55 years but only one third of the non-Indigenous people diagnosed with ESRD fell in the same age group. (McDonald et al., 2008) Another major factor contributing to this phenomenon is the demographic distribution of the Indigenous peoples. The Indigenous peoples group has a larger younger population overall than non-Indigenous groups due to lower life expectancies. The chances for ESRD were found to be nine time more common for Indigenous people than non-Indigenous people.

Hospital admission rates showed that around two fifths of all Indigenous people hospital admissions were for dialysis during 2008-2009. The need for dialysis indicates that the kidneys are non-functional and require constant support in order for the individual to survive. In fact most admissions were repeat cases including Indigenous peoples admitted again on the same day. (Australian Institute of Health and Welfare , 2010) Research shows that ESRD is more widespread in remote areas. (Australian Bureau of Statistics, 2008) Indigenous people registered for ESRD treatment were 26 and 12 times more likely for remote and very remote areas respectively in 2006. Most

Indigenous people had to travel in order to gain access to dialysis and transplant options. (Kidney Health Australia, 2006)

Similarly the time period between 2002 and 2006 indicated that Indigenous males were seven times as likely and Indigenous females were 11 times as likely to die from chronic kidney problems as non-Indigenous peoples.

(Australian Institute of Health and Welfare, 2009) The age bracket between 45 and 54 years of age showed the greatest differences with Indigenous males around 31 times more likely to die from chronic kidney problems while Indigenous females 51 times more likely to die from chronic kidney problems. (Australian Institute of Health and Welfare, 2008)

The epidemiological data required for a greater understanding includes the specific lifestyle pattern parameters of Indigenous peoples such as access to clean drinking water, consumption of material that damage kidneys, use of drugs etc. However there has historically been a problem in collecting such data for a number of reasons. (Australian Bureau of Statistics, 2007) The remoteness of Indigenous settlements poses unique problems for data collection along with a need to promote greater understanding in Indigenous peoples for data collection to solve these problems. In a similar fashion the social determinants of health such as tobacco use, abuse of drugs, unhealthy eating and using stale water all contribute to renal failure. Due to inaccessibility in remote areas it is often hard to diagnose renal problems at an earlier stage.

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