



Murrumbidgee
Local Health District

Murrumbidgee LHD

Aboriginal Health

Summary of Population and Health Indicators

Epidemiology, MLHD Public Health Unit
4-18-2024

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Preamble

Aboriginal health services

The MLHD Aboriginal Health Team is responsible for the promotion of better health and wellbeing to Aboriginal people, by providing programs and services that are culturally appropriate and accessible, and working collaboratively with mainstream staff to enable them to plan and deliver high quality services across the District more effectively.

The Aboriginal Health Team provides:

- Client advocacy
- Aboriginal Maternal Infant Health Service (AMIHS)
- Aunty Jeans Program
- Building Strong Foundations (BSF) for Aboriginal children, families and community
- Otitis Media Screening
- 48 Hour Follow Up

Across the District there are a number of other identified positions, outside the Aboriginal Health Team, delivering services and support to Aboriginal people including Palliative Care, Renal, Mental Health Drug and Alcohol, Community Care, Public Health and Cancer Care services.

For more information go to the MLHD website:

www.nsw.gov.au/departments-and-agencies/nsw-health/mlhd/our-services/aboriginal-health

Terminology used when referring to Aboriginal and Torres Strait Islander peoples

In accordance with NSW Health policy, the term “Aboriginal” is generally used in preference to “Aboriginal and Torres Strait Islander”, in recognition that Aboriginal people are the original inhabitants of NSW (NSW Policy Directive: PD2005_319, 2005 reviewed 2019). For data and tabulations in this report, unless specified otherwise, the terms Aboriginal, Aboriginal people or Aboriginal population refer to both Aboriginal and Torres Strait Islander people. Please note however, some quoted sources of information may use the terms “Indigenous” or “First Nations” in reference to the Aboriginal population.

Acknowledgement of Country

Murrumbidgee Local Health District acknowledges Aboriginal and Torres Strait Islander Elders, community members and staff for their ongoing contribution to society and their commitment to improving the health and wellbeing of Aboriginal and Torres Strait Islander people.

We share and celebrate the rich history of the Aboriginal culture and recognise the diverse and proud Aboriginal nations across our District.

Traditional custodians of the land covered by the District are the Wiradjuri, Yorta Yorta, Baraba Baraba, Wemba Wemba and Nari Nari.

We are committed to closing the gap in health and wellbeing outcomes for Aboriginal and Torres Strait Islander people across our District.

Artwork in this report

Artist: Luke Penrith

Luke's artwork is titled "Healthy Rivers, creeks and waterways, healthy people and healthy animals".

Luke's ancestry is connected through the Wiradjuri, Wotjobaluk, the Yuin and the Gumbaynggirr Nation. His passion is supporting and advocating for Aboriginal business development and nurturing Aboriginal Australian job-seekers.

Lore, culture, and heritage are paramount to Luke. His art reflects what he sees, River designs feature heavily in his work; he is a modern contemporary Aboriginal Artist living in Brungle NSW.



Section 1 - The Aboriginal population in MLHD

14,553	Aboriginal people in MLHD (2021 Census URP)	Increasing numbers of people identifying as Aboriginal in last 3 Census periods
3,000	more Aboriginal people resident in MLHD in 2021 compared to 2016	27% increase in the Aboriginal population compared to total population growth of 4.3%
5.9%	MLHD population identify as Aboriginal (3.4% in NSW)	Higher percentage of Aboriginal people compared to NSW
15%	Lake Cargelligo area population identified as Aboriginal	Area with highest percentage of Aboriginal people in MLHD
4,471	Aboriginal people in Wagga Wagga LGA (31% of MLHD's Aboriginal population)	LGA with largest Aboriginal population in MLHD
6.6%	Aboriginal people in MLHD are aged 65 years or over (Non-Aboriginal 23%)	Very small percentage of older people compared to MLHD

Location and population numbers

The main Aboriginal language group identified on the Language regions map of Australia in the MLHD is Wiradjuri with other areas on the borders of Yorta Yorta, Baraba Baraba, Wemba Wemba and Nari Nari peoples.

In NSW, Aboriginal people made up 3.4 per cent of the total population and in MLHD the percentage of Aboriginal people was 5.9 per cent (Table 1).

The map (Figure 1) shows the distribution of Aboriginal people in MLHD by local government area (LGA) by size of the Aboriginal population in that LGA. The areas with the highest proportions of Aboriginal people in MLHD are Lake Cargelligo - part of Lachlan Shire – (15% 269 people), Narrandera LGA (12.7%, 723) and Junee LGA (9.1%, 587 people). The largest numbers of Aboriginal people are in Wagga Wagga LGA (4,471, 6.6%) and Griffith LGA (1,434, 5.3%) (non-MLHD LGA Albury has 2,126, 3.8%). Murrin Bridge is an Aboriginal community estimated to have a population of 143 people just to the north of the Lake Cargelligo area border, within the shire of Cobar, it is considered part of the Lake Cargelligo health service catchment but is not within the MLHD boundary (note: the ABS Census 2021 reported there to be 59 people usually resident in this area however local information from the Murrin Bridge Local Aboriginal Land Council states the population as 143, Sept 2023).

Population changes over time

There were an estimated 14,550 Aboriginal people living in MLHD (excluding 2,126 in Albury LGA) in August 2021 (ABS 2021 Census), an increase of over 3,000 people identifying as Aboriginal compared to the 2016 Census (Table 1). This was a 27% increase in the Aboriginal population over 5 years compared to the total population increase of only 4.3%. Between the 2011 and 2016 Census years there was a 2000 person increase in the Aboriginal population. NSW overall saw a 28.6% increase in the number of Aboriginal people counted in the 2021 Census.

The population growth was not equal across all age/sex groups nor across MLHD LGAs (Figure 2). The largest increase in numbers from 2016 to 2021 Census was seen in 10-14 year olds and 25-29 year olds, followed by those aged 65 years or over. The highest growth rate overall was in the number of 25-29 year old males, a 59% increase from 2016, as well as by females 60-64 years (59%) and males aged 65+ years (58%).

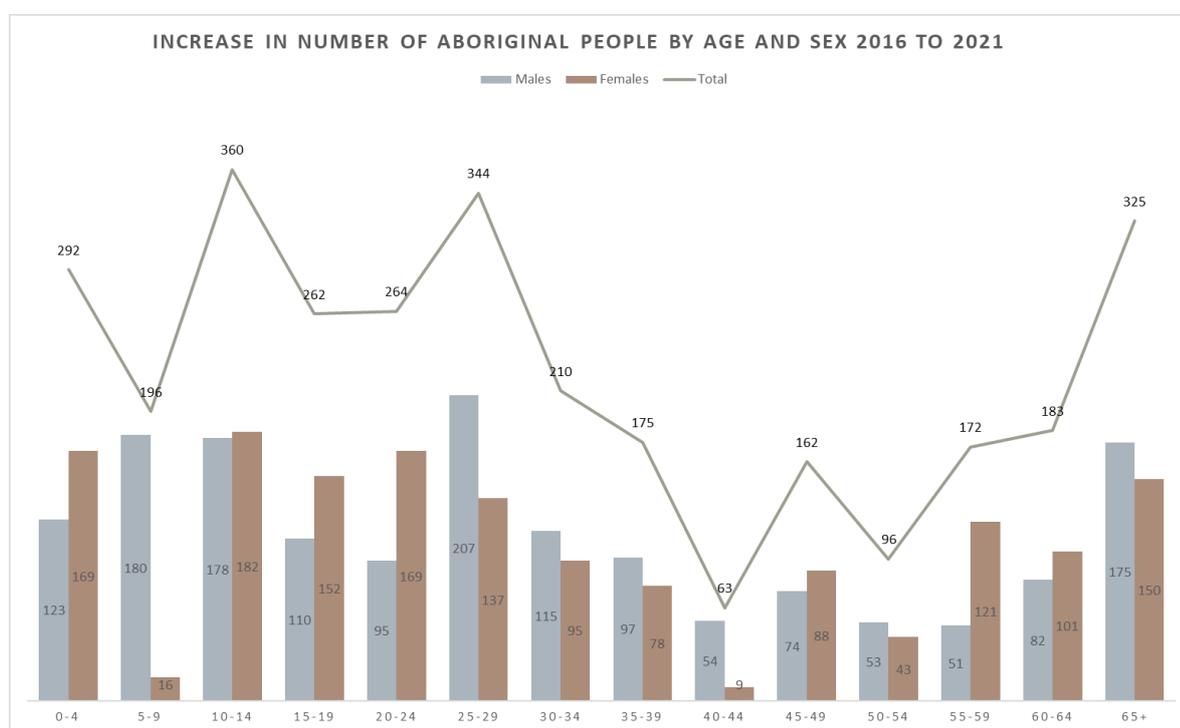


Figure 2 - Population change by age/sex, MLHD, 2016 to 2021

Some Aboriginal populations in LGAs of MLHD increased from 2016 to 2021 by over 40%, Coolamon had the largest percentage increase of 80.7% with an additional 109 people counted in 2021 compared to 2016 (Table 1). Other areas with large percentage increases were Snowy Valleys, Lockhart, Temora and Federation. The largest increase in actual numbers were in Wagga Wagga with an additional 962 Aboriginal people counted, as well as Snowy Valleys (+310), Cootamundra-Gundagai (+213), Griffith (+202) and Leeton (+190).

The drivers of change in population are generally migration (moving into or out of an area), births and deaths. Of the Aboriginal population who were counted as residents of LGAs in MLHD in 2021, 39% had lived in a different LGA in 2016 (5 years ago) compared to 33% in the non-Aboriginal population. Coolamon, Federation and Edward River LGAs had 45%-49% of their populations having lived in a different LGA in 2016. The groups most likely to be on the move are those aged 20-39 years where 50-60% lived elsewhere in 2016, this is also true of the non-Aboriginal population. However, 47% of 10-19 year old Aboriginal people had previously lived elsewhere compared to 36% of non-Aboriginal people of the same age.

In Australia, less than half the change from 2016 to 2021 in the Aboriginal population was demographic (births, deaths, and migration) the other proportion being non-demographic increases including an estimated 14% increase in identification as being of Aboriginal and/or Torres Strait Islander origin#.

Understanding change in counts of Aboriginal and Torres Strait Islander Australians: Census <https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/understanding-change-counts-aboriginal-and-torres-strait-islander-australians-census/latest-release#key-statistics>

Table 1 - Usual Resident Populations for Aboriginal People – 2016 and 2021 ABS Census by LGA in MLHD

	Aboriginal People				Total Population	Aboriginal population as proportion of total population 2021 (%)	Per cent of total MLHD Aboriginal population in LGA 2021(%)
	2021	2016	Increase 2016 to 2021				
			Number	%			
Berrigan	263	199	64	32.2	8,609	3.0	1.8
Bland	365	269	96	35.7	6,024	6.6	2.5
Carrathool	253	214	39	18.2	2,793	8.8	1.7
Coolamon	244	135	109	80.7	4,390	5.6	1.7
Cootamundra-Gundagai Regional	728	515	213	41.4	11,291	6.4	5.0
Edward River	410	354	56	15.8	8,991	4.9	2.8
Federation	300	212	88	41.5	12,445	2.3	2.1
Greater Hume Shire	376	339	37	10.9	10,519	3.4	2.6
Griffith	1,434	1,232	202	16.4	26,356	5.3	9.9
Hay	238	179	59	33.0	2,984	8.2	1.6
Hilltops	974	817	157	19.2	18,756	5.1	6.7
Junee	587	492	95	19.3	6,414	9.1	4.0
Lake Cargelligo	269	260	9	3.5	1,821	15.1	1.8
Leeton	823	633	190	30.0	11,407	7.2	5.7
Lockhart	162	111	51	45.9	3,173	4.9	1.1
Murray River	492	376	116	30.9	11,872	3.8	3.4
Murrumbidgee	290	284	6	2.1	3,929	8.6	2.0
Narrandera	723	563	160	28.4	5,949	12.7	5.0
Snowy Valleys	944	634	310	48.9	14,611	6.3	6.5
Temora	207	146	61	41.8	6,210	3.4	1.4
Wagga Wagga	4,471	3,509	962	27.4	63,906	6.6	30.7
<i>*Albury LGA (not included in total)</i>	2,126	1,413	713	50.5	56,085	3.8	-
Murrumbidgee LHD	14,553	11,473	3,080	26.8	248,087	5.9	100.0

Source: Australian Bureau of Statistics Census 2016 and Census 2021 accessed via ABS TableBuilder 2023

Age profile

The Aboriginal population in Murrumbidgee was significantly younger than the non-Aboriginal population, 35% of the Aboriginal population were aged 0 to 14 years, and 7% were aged 65 years and over, compared with 18% and 23% respectively non-Aboriginal people. Just over 50% of the Aboriginal population were younger than 25 years and Aboriginal people make up 10% of people younger than 20 years in MLHD (Figure 3).

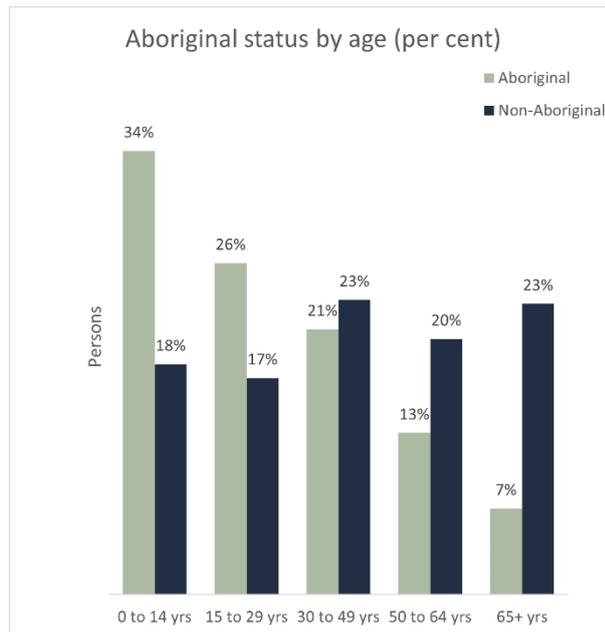
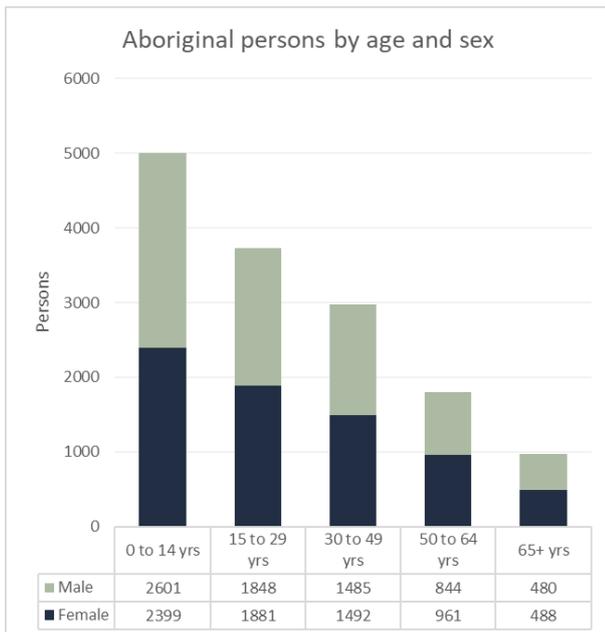
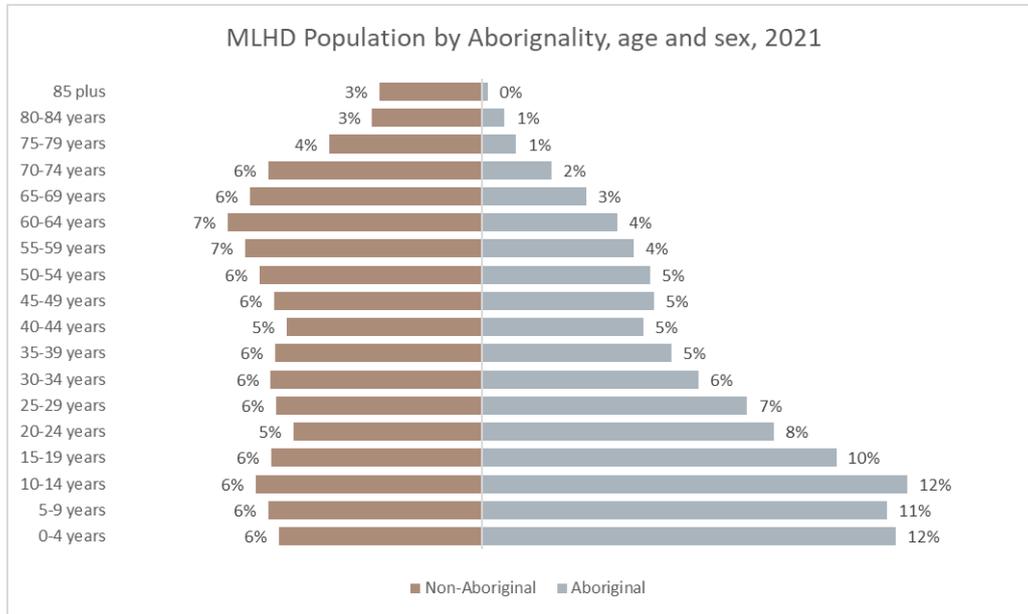


Figure 3 - Aboriginal population by age and sex, MLHD 2021

Aboriginal people have a much shorter life expectancy than non-Aboriginal people. In 2015-17, life expectancy in NSW was estimated to be 70.9 years in Aboriginal males and 75.9 years in Aboriginal females, almost 10 years lower for males, and 8 years for females, than the total population (ABS 3302.0.55.003 2013).

Section 2 - MLHD Aboriginal Population Health

<p>Major cause of premature death CANCER 24%</p>	<p>2nd major cause of premature death INJURY 22%</p>	<p>In total population major cause is also cancer but at a higher proportion of 39%, and only 12% injury</p>
<p>Suicide 9% of premature deaths (5% in total population)</p>	<p>50% of deaths were below 58 years for males and 69 years for females (78 years for males and 84 years for females in total pop)</p>	<p>Deaths occur at much younger ages in Aboriginal population of MLHD</p>
<p>3,000 hospital admissions a year</p>	<p>Major reasons for hospitalisation DIALYSIS & INJURY (total population: dialysis and digestive system)</p>	<p>23% of hospitalisation for Aboriginal people are considered Potentially Preventable</p>
<p>680 potentially preventable hospitalisations a year</p>	<p>Major causes were COPD, ear nose and throat infections and diabetes complications</p>	<p>Primary prevention of COPD is not to smoke or be exposed to smoke</p>
<p>13,750 ED presentations a year</p>	<p>Major reasons were injury, mental health and respiratory issues</p>	<p>Reasons for ED presentations similar to total population but rates were high compared to Australian Aboriginal averages</p>
<p>Readmission to ED higher than target</p>	<p>Discharged against medical advice higher than target</p>	<p>Left ED before treatment could be completed higher than target</p>

Deaths

There were 265 deaths reported in the Aboriginal population of MLHD from 2016 to 2020.

The median age at death is the age where 50% of deaths occurred before that age and 50% occurred above that age, for Aboriginal males in MLHD (2016-2020) the median was 58 years and 69 years for females which is lower than the NSW Aboriginal population average for males (61 years) and higher for females (66 years). The median age at death for the total population of MLHD was 78 years for males and 84 years for females.

Premature deaths are those considered to occur at an age less than the average life expectancy of the general population (as a standard, deaths occurring before 75 years are considered premature). From 2016 to 2020, 192 deaths or 75%, were considered premature in the Aboriginal population of MLHD compared to 33% in the total population. The major cause of premature deaths overall was cancer (24%) followed by heart disease (22%) and external causes (injuries/poisoning/suicide) (20%) (Figure 4).

In people up to age of 55 years or up to the age of 65 years, external causes (injury/poisoning/self-harm) were the major cause death (Table 2). The age-standardised death rates in MLHD Aboriginal population were generally lower than the national rates for Aboriginal people. Suicide rates were slightly higher, but not significantly (Table 2).

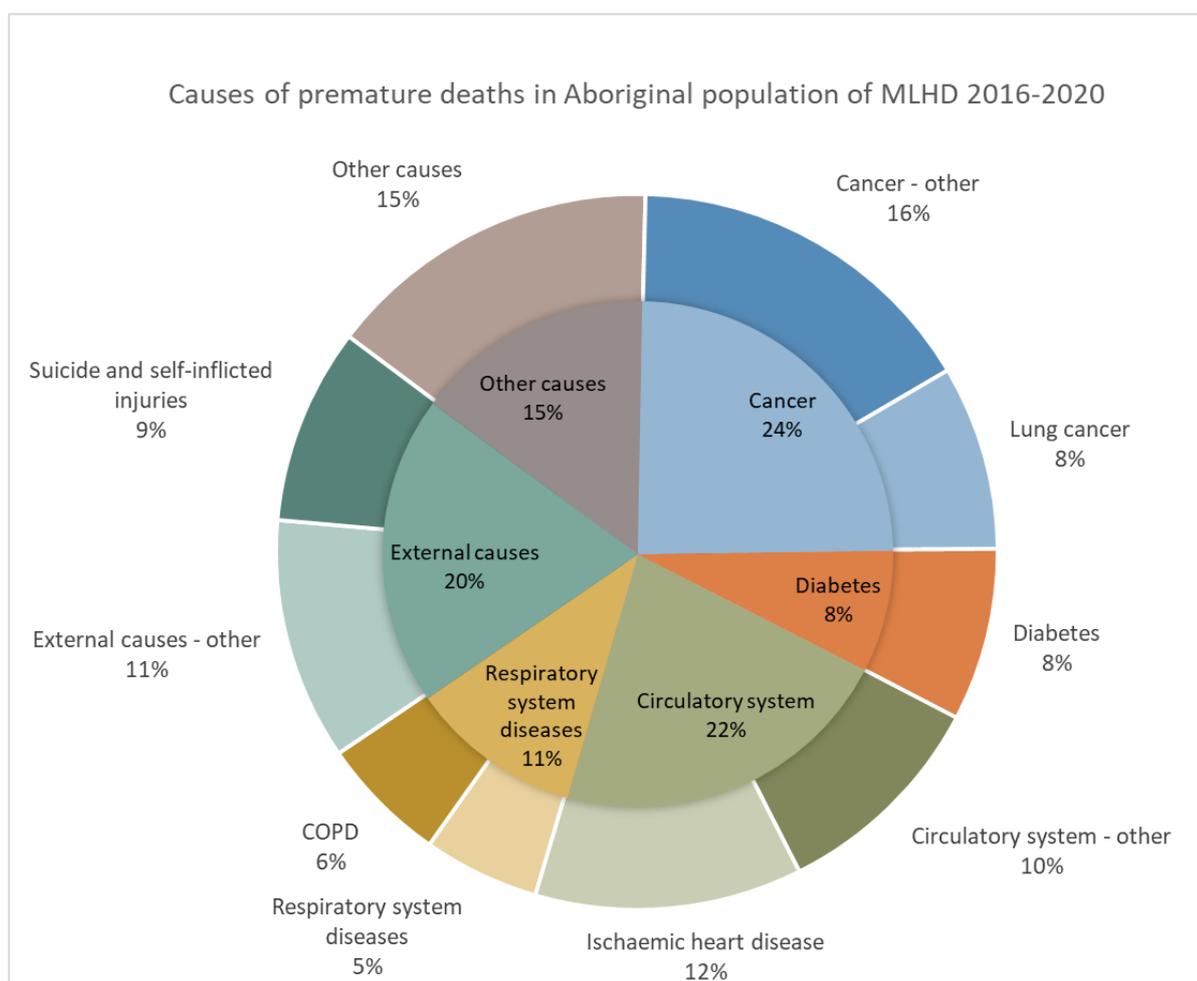


Figure 4 - Premature deaths by cause, all ages, Aboriginal population MLHD, 2016-2020

Table 2 - Premature deaths in Aboriginal Population of MLHD 2016 to 2020

		Number 5 years	ASR per 100,000	SDR	Sig.
Deaths from all causes					
0 to 54 years	Males	58	183.7	79	
	Females	31	101.4	66	*
	Persons	89	143.4	74	**
0 to 64 years	Males	82	236.2	73	**
	Females	48	146.1	66	**
	Persons	131	191.2	70	**
0 to 74 years	Males	113	303.5	75	**
	Females	79	215.5	73	**
	Persons	192	258.8	74	**
Deaths by cause and age					
0 to 54 years	Cancer	17	27.2	98	
	Circulatory system	14	23.3	65	
	External causes	33	54.2	90	
0 to 64 years	Cancer	29	42.4	77	
	Circulatory system	22	32.2	58	*
	Respiratory system diseases	12	16.8	89	
	External causes	36	54.5	89	
0 to 74 years	Cancer	47	60.9	73	*
	- Lung cancer	16	21.1	95	
	Diabetes	15	19.4	76	
	Circulatory system	42	56.9	77	
	- Ischaemic heart disease	23	31.6	74	
	Respiratory system diseases	21	26.7	89	
	- COPD	11	14.7	76	
	External causes	38	55.2	90	
	- Road traffic injuries	#
- Suicide and self-inflicted injuries	17	25.7	105		

1. ASR – Age standardised rate per 100,000 people 2. SDR – Age standardised death ratio (Australia is 100, below shows lower rate than Australian average) 3. Sig. – significantly different SDR from Australian average of 100 at (95%*-99%** confidence) Source: Data compiled by PHIDU from deaths data based on the 2016 to 2020 Cause of Death Unit Record Files supplied by the Australian Coordinating Registry and the Victorian Department of Justice, on behalf of the Registries of Births, Deaths and Marriages and the National Coronial Information System. The population is the estimated resident population (erp (PHIDU)p), 2016 to 2020 average.

Use and provision of health services

Hospital admissions

There were 15,000 admissions to hospital for Aboriginal people residing in MLHD in the period 2017/18 to 2019/20, approximately 3000 per year (Table 3).

The major reason for admissions, other than dialysis, were injury (or poisoning) and digestive system disease (which is a broad category including anything from tooth extraction to haemorrhoid surgery and any investigations requiring hospitalisation such as gastroscopy or colonoscopy).

High rates of hospitalisation in MLHD compared to Australian averages for the Aboriginal population were for congenital abnormalities, all cancers, genitourinary system, and digestive disease. High rates were also reported in general for the 15-24 year old population and for those aged 65 years and over and for respiratory diseases in 0-14 year olds and digestive system disorders in adults (15+ years). The majority of other rates were significantly lower than Australian averages (Table 3).

Injury

Injury accounted for 10% of all admissions for the Aboriginal population of MLHD and one quarter of these were as a result of falls (tripping, slipping on same level or fall from height), followed by 17% “exposure to inanimate mechanical forces” (which includes any injury as a result of being hit, cut, crushed by any object other than a human or animal including machinery/tools – not associated with transport).

Table 3 - Admissions to hospital Aboriginal population of MLHD compared to Australia, 2017/18 to 2019/20

	Number over 3 years	%	2017/18 to 2019/20		
			Average annual ASR per 100,000	SR	Sig
Admissions by sex (excluding same-day admissions for renal dialysis)					
• Male total admissions	6,707	44%	29,697.3	94	**
• Female total admissions	8,540	56%	39,122.0	91	**
Total admissions	15,256	100%	34,482.8	93	**
Admissions by age (excluding same-day admissions for renal dialysis)					
• Total admissions, persons aged 0 to 14 years	2,565	17%	15,546.9	89	**
• Total admissions, persons aged 15 to 24 years	2,532	17%	31,104.5	110	**
• Total admissions, persons aged 25 to 44 years	3,634	24%	35,343.7	82	**
• Total admissions, persons aged 45 to 64 years	3,984	26%	54,042.9	89	**
• Total admissions, persons aged 65 years and over	2,536	17%	104,123.3	108	**
Admissions by selected principal diagnosis					
• Infectious and parasitic diseases	409	3%	896.7	78	**
• All cancers	594	4%	1,297.4	118	**
• Endocrine, nutritional and metabolic diseases	436	3%	994.6	79	**
○ Diabetes	206	1%	462.6	98	
• Mental health - related conditions	749	5%	1,777.3	62	**
○ Mood affective disorders	97	1%	227.9	59	**
• Nervous system diseases	452	3%	1,016.7	104	
• Eye and adnexa diseases	262	2%	551.9	96	
• Ear and mastoid process diseases	134	1%	286.7	68	**
• Circulatory system diseases	761	5%	1,673.9	89	**
○ Ischaemic heart disease	253	2%	558.8	88	*
• Heart failure	86	1%	186.4	78	*
• Respiratory system diseases	1,498	10%	3,254.3	94	*
○ Asthma	132	1%	291.7	107	
○ Chronic obstructive pulmonary disease (COPD)	273	2%	587.0	89	
• Digestive system diseases	1,561	10%	3,551.4	109	**

	Number over 3 years	%	2017/18 to 2019/20		
			Average annual ASR per 100,000	SR	Sig
• Skin and subcutaneous tissue diseases	395	3%	897.6	65	**
• Musculoskeletal system and connective tissue diseases	641	4%	1,442.2	91	*
• Genitourinary system diseases	895	6%	2,046.2	113	**
○ Chronic kidney disease	138	1%	313.8	77	**
• Pregnancy, childbirth and the puerperium, females aged 15 to 44 years	1,422	9%	15,709.9	100	
• Congenital malformations, deformations and chromosomal abnormalities	119	1%	249.6	124	*
• Injury, poisoning and other external causes	1,580	10%	3,622.2	81	**
Admissions by selected principal diagnosis and age					
• Infectious and parasitic diseases aged 0 to 14 years	126	31%	760.4	63	**
• Infectious and parasitic diseases aged 15 years and over	284	69%	976.6	87	*
• Respiratory system diseases aged 0 to 14 years	666	44%	4,034.2	114	**
• Respiratory system diseases aged 15 years and over	833	56%	2,822.0	83	**
• Digestive system diseases aged 0 to 14 years	219	14%	1,334.6	98	
• Digestive system diseases aged 15 years and over	1,342	86%	4,694.8	111	**
• Skin and subcutaneous tissue diseases aged 0 to 14 years	76	19%	464.4	53	**
• Skin and subcutaneous tissue diseases aged 15 years and over	318	81%	1,126.5	69	**
• Injury, poisoning and other external causes aged 0 to 14 years	353	22%	2,142.0	99	
• Injury, poisoning and other external causes aged 15 years and over	1,227	78%	4,351.1	77	**
Admissions by principal diagnosis of injury or poisoning, by external cause					
• Transport crash injury	136	13%	313.5	91	
• Falls	261	25%	573.5	70	**
• Injury due to exposure to inanimate mechanical forces	172	17%	393.0	78	**
• Injury due to exposure to animate mechanical forces	62	6%	142.0	72	*
• Intentional self-harm	120	12%	284.4	85	
• Assault	104	10%	251.6	31	**
Total diagnosis of injury or poisoning, by external cause	1,037	100%	2,386.3	68	**
Same-day admissions for dialysis for kidney disease	6,774	13%	15,064.3	52	**

1. ASR – Age standardised rate per 100,000 people

2. SR – Age standardised ratio

3. Sig. – significantly different rate from Australian average of 100 at (95%*-99%** confidence)

Source: Compiled by PHIDU using data from the Australian Institute of Health and Welfare, supplied on behalf of State and Territory health departments for 2017/18 to 2019/20; 2017, 2018, 2019 and 2020 weighted average estimated resident population (ERP) was calculated by PHIDU.

Potentially Preventable Hospitalisations

Potentially Preventable Hospitalisations (PPH) are those conditions for which hospitalisation is considered potentially avoidable through preventive care and early disease management, usually delivered in an ambulatory (walk-in) setting, such as primary health care.

The term does not mean that a patient admitted for that condition did not need to be hospitalised at the time of admission. Rather, the hospitalisation may have been prevented by timely and appropriate provision of primary or community-based health care. Reducing hospitalisations might involve vaccination, early diagnosis, and treatment, and/or good ongoing management of risk factors and conditions in community settings.

In the 3 year period 2017/18 to 2019/20 in MLHD, approximately 2,000 of the 15,000 admissions for Aboriginal people were considered preventable (13.5%, in MLHD the rate for the total population was 6%) (Table 4).

The highest rates of PPH were in those aged 65 years and over. However, the only significantly high rate for MLHD was in the 15 to 24 year age group, all other age groups were significantly lower than the Australian average, this is likely to be due to ear, nose and throat infections. The major cause of PPH was Chronic Obstructive Pulmonary Disease (COPD) followed by acute ear nose and throat infections, then chronic diabetes complications (Table 4).

Table 4 - Potentially Preventable Hospitalisations by age and cause, Aboriginal population MLHD compared to Australia, 2017/18 to 2019/20

	Number over 3 years		2017/18 to 2019/20		
			Average annual ASR per 100,000	SR	Sig.
Potentially preventable hospitalisations by age					
• Potentially preventable conditions aged 0 to 14 years	471	23%	2,861.9	88	**
• Potentially preventable conditions aged 15 to 24 years	260	13%	3,183.5	119	**
• Potentially preventable conditions aged 25 to 44 years	359	18%	3,476.2	68	**
• Potentially preventable conditions aged 45 to 64 years	589	29%	7,974.2	73	**
• Potentially preventable conditions aged 65 years and over	354	17%	14,528.9	82	**
Potentially preventable conditions, total	2,033	100%	4,527.7	81	**
Potentially preventable hospitalisations - Vaccine-preventable conditions					
• Vaccine-preventable conditions - pneumonia and influenza	122	6%	270.0	81	*
Total Vaccine-preventable conditions	177	9%	399.3	52	**
Potentially preventable hospitalisations - Acute conditions					
• Acute cellulitis	162	8%	367.7	62	**
• Acute convulsions and epilepsy	196	10%	446.4	95	
• Acute dental conditions	177	9%	389.6	88	
• Acute ear, nose and throat infections	216	11%	466.1	100	
• Acute urinary tract infections, including pyelonephritis	198	10%	443.3	97	
Total acute conditions	998	49%	2,234.1	84	**
Potentially preventable hospitalisations - Chronic conditions					
• Chronic angina	26	1%	57.3	35	**
• Chronic asthma	106	5%	237.8	104	
• Chronic congestive cardiac failure	87	4%	188.8	75	**
• Chronic obstructive pulmonary disease (COPD)	272	13%	584.4	90	
• Chronic diabetes complications	206	10%	462.6	98	
• Chronic iron deficiency anaemia	111	5%	249.7	111	
Total chronic conditions	843	41%	1,857.3	85	**

1. ASR – Age standardised rate per 100,000 people

2. SR – Age standardised ratio

3. Sig. – significantly different rate from Australian average of 100 at (95%*-99%** confidence)

Source: Compiled by PHIDU using data from the Australian Institute of Health and Welfare, supplied on behalf of State and Territory health departments for 2019/20; and the estimated resident Aboriginal population, average of 30 June 2019 and 2020, calculated by PHIDU.

Emergency Department presentations

Emergency Department presentations in the Aboriginal population of MLHD occurred at significantly higher rates than Aboriginal people in Australia overall and for many specific causes. While the majority of presentations were considered semi-urgent nearly 3,000 presentations were triaged as non-urgent at a rate significantly higher than expected based on Australian averages (Table 5).

The major reasons for presentations were for injuries, mental and behavioural conditions and for respiratory system disease.

Table 5 - Emergency Department presentations, Aboriginal residents of MLHD 2019/20 compared to Australian Aboriginal population total.

	2019/20				
	Number	%	ASR per 100,000	SR	Sig.
Emergency department presentations, by triage category					
• Resuscitation and emergency presentations	1247	9.1%	8319.7	88	**
• Urgent presentations	4561	33.2%	30323.6	125	**
• Semi-urgent presentations	5024	36.5%	33319.3	124	**
• Non-urgent presentations	2908	21.2%	19507.2	276	**
Total presentations	13748	100%	91412.1	135	**
Emergency department presentations, by principal diagnosis					
Certain infectious and parasitic diseases	533	3.9%	3388.5	102	
Mental and behavioural disorders	1127	8.2%	7841.5	184	**
Diseases of the circulatory system	196	1.4%	1285.0	82	**
Diseases of the respiratory system	1102	8.0%	7049.9	110	**
Diseases of the digestive system	669	4.9%	4538.3	123	**
Diseases of the musculoskeletal system and connective tissue	770	5.6%	5205.3	159	**
Diseases of the genitourinary system	424	3.1%	2866.9	117	**
Injury, poisoning and certain other consequences of external causes	2605	18.9%	17274.8	116	**
Factors influencing health status and contact with health services	982	7.1%	6619.8	174	**
Total presentations for other diseases/ conditions	5340	38.8%			
Total presentations	13748	100%	91412.1	135	**

1. ASR – Age standardised rate per 100,000 people

2. SR – Age standardised ratio

3. Sig. – significantly different rate from Australian average of 100 at (95%*-99%** confidence)

Source: Compiled by PHIDU using data from the Australian Institute of Health and Welfare, supplied on behalf of State and Territory health departments for 2019/20; and the estimated resident Aboriginal population, average of 30 June 2019 and 2020, calculated by PHIDU.

Self-reported long-term health conditions

2021 was the first time that the long-term health conditions question was asked on the Census. This allows small area comparisons of the prevalence of these conditions where other survey methods do not.

In MLHD 57% of Aboriginal people reported they had none of the long-term health conditions compared to 62% of non-Aboriginal, similar percentages of the number of conditions were reported in both populations. The major difference was that 8% of Aboriginal people did not answer the question, compared to 4% non-Aboriginal (**Error! Reference source not found.**).

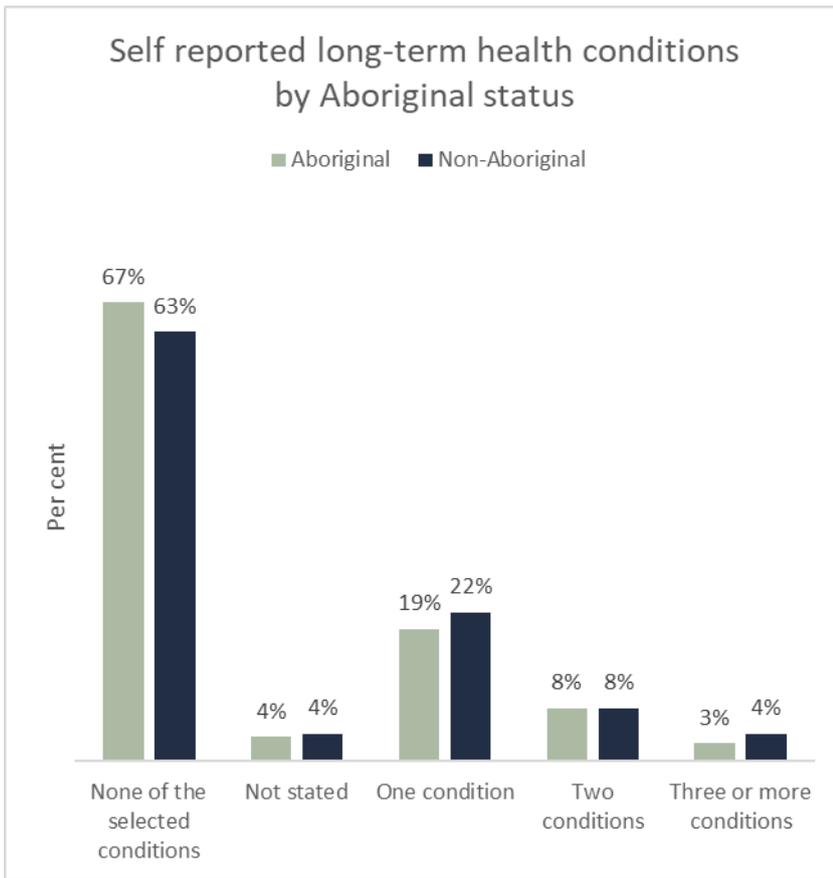


Figure 5 - Long-term health conditions by Aboriginal status, MLHD 2021

At all ages Aboriginal people were more likely to report having a long-term condition than non-Aboriginal people. For all ages except those over 65 years, Aboriginal people had higher percentages of one, two or three or more conditions. Only 20% of Aboriginal people aged over 65 years reported none of the long-term health conditions, compared to 35% in the non-Aboriginal older persons. At the age of 65+ years 27% of Aboriginal people reported three or more conditions, compared to 14% in the non-Aboriginal group (**Error! Reference source not found.**).

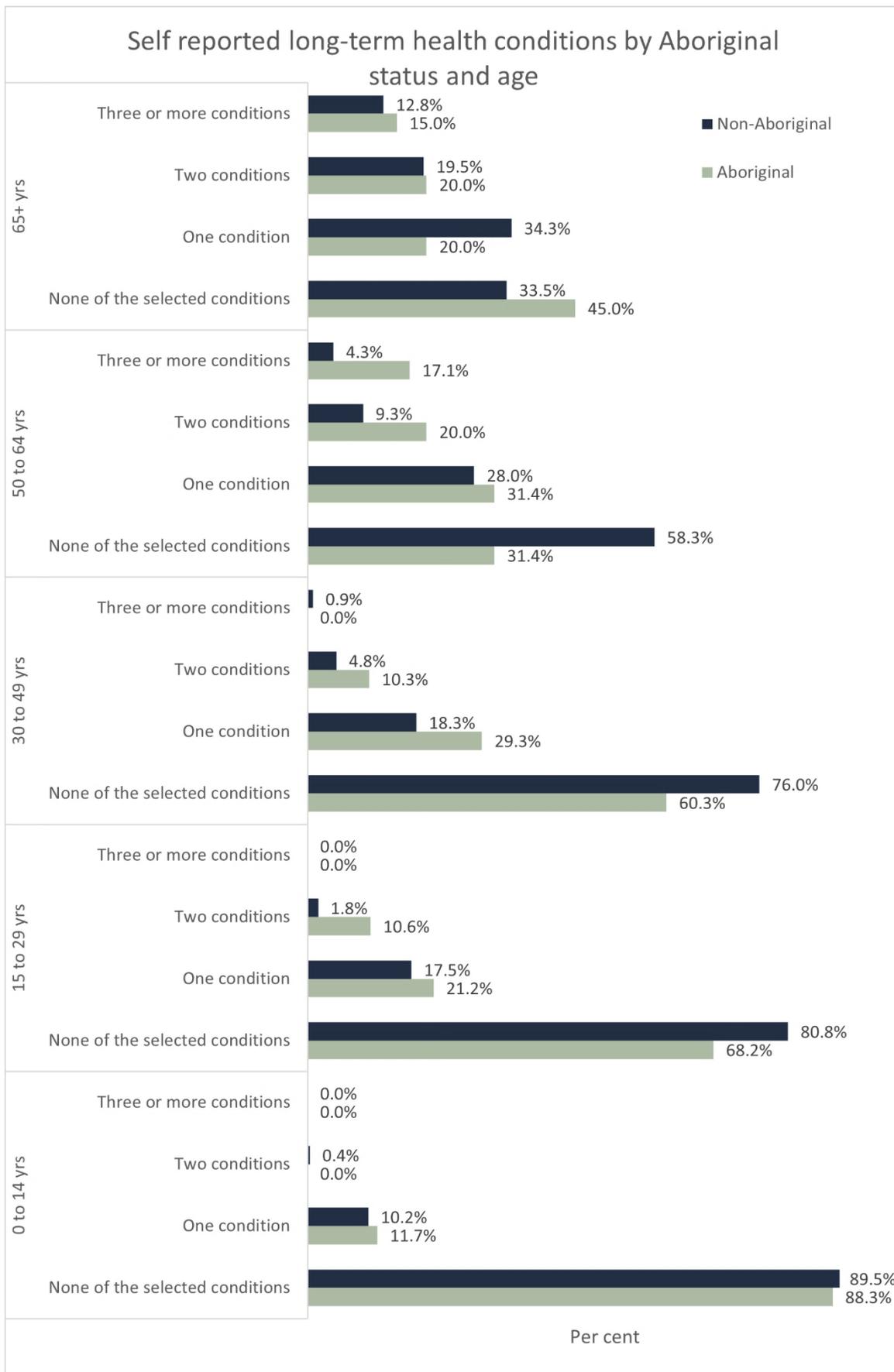


Figure 6 - Long-term health conditions by Aboriginal status and age, MLHD 2021

Overall, older people were more likely to report conditions than younger people therefore data have been age-standardised to give a rate (ASR) per 100. The standardised ratio (SR) gives a measure of the observed rate in MLHD Aboriginal population compared to the rate in the Australian Aboriginal population, an SR above 100 indicates a higher rate in MLHD and the statistical significance (Sig.) gives an indication of the likelihood that this estimated rate shows a true difference in MLHD compared to Australia (not just because the population is small, for example). This is not a comparison with the non-Aboriginal or total population. (Table 6).

Table 6 - Long term health conditions (self-reported) 2021 Australian Census – all ages, Murrumbidgee LHD

Aboriginal people (all ages) who reported they had:	Number	ASR per 100 ¹	SR ²	Sig. ³
One long-term health condition	3,232	22.4	109	**
Two long-term health conditions	1,124	7.7	116	**
Three long-term health conditions	717	4.8	118	**
One or more long-term health conditions	5,070	34.9	111	**
Arthritis	1,145	8	121	**
Asthma	2,531	17	132	**
Cancer (including remission)	236	2	97	
Dementia (including Alzheimer’s)	44	0	62	**
Diabetes (excluding gestational diabetes)	876	6	100	
Heart disease (including heart attack or angina)	498	3	88	**
Kidney disease	153	1	81	*
A lung condition (including COPD or emphysema)	377	2	114	**
A mental health condition (including depression or anxiety)	2,060	15	109	**
A stroke	116	1	87	
Aboriginal people who reported they had any other long term health conditions	1,266	9	100	

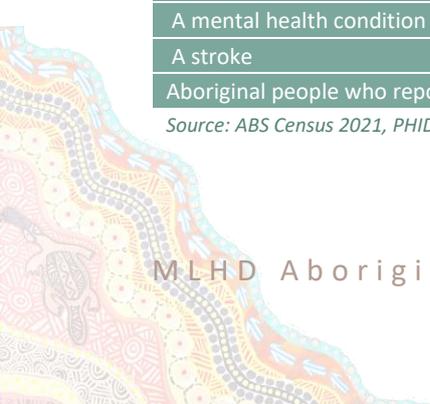
Source: ABS Census 2021, PHIDU Aboriginal and Torres Strait Islander Social Health Atlas of Australia, 2023

One in five Aboriginal adults (15+ years) reported long-term mental health conditions (including depression or anxiety), close to one in five had asthma and almost one in ten had arthritis. MLHD Aboriginal population had significantly higher rates of arthritis, asthma, lung conditions and mental health conditions compared to other areas of Australia (Table 7).

Table 7 - Long term health conditions (self-reported) 2021 Australian Census – adults 15+ yrs, Murrumbidgee LHD

Aboriginal adults who reported they had:	Number	ASR per 100 ¹	SR ²	Sig. ³
Arthritis	1,142	11	122	**
Asthma	1,785	19	128	**
Cancer (including remission)	236	2	99	
Dementia (including Alzheimer’s)	44	0	63	**
Diabetes (excluding gestational diabetes)	868	9	100	
Heart disease (including heart attack or angina)	487	5	89	*
Kidney disease	150	1	83	*
A lung condition (including COPD or emphysema)	374	4	118	**
A mental health condition (including depression or anxiety)	1,854	20	110	**
A stroke	116	1	88	
Aboriginal people who reported they had any other long term health conditions	976	10	102	

Source: ABS Census 2021, PHIDU Aboriginal and Torres Strait Islander Social Health Atlas of Australia, 2023



In MLHD, three Aboriginal children in 20 reported suffering from asthma and one in 25 long-term mental health conditions. Asthma rates were significantly higher than Australian averages for Aboriginal children (Table 8).

Table 8- Long term health conditions (self-reported) 2021 Australian Census – children 0-14 yrs, Murrumbidgee LHD

Aboriginal children who reported they had:	Number	ASR per 100 ¹	SR ²	Sig. ³
Asthma	746	15	144	**
A mental health condition (including depression or anxiety)	205	4	102	
Any other long term health conditions	289	6	95	

Source: ABS Census 2021, PHIDU Aboriginal and Torres Strait Islander Social Health Atlas of Australia, 2023

Notes Tables 6-8:

1. ASR – Age standardised rate per 100 people

2. SR – Age standardised ratio

3. Sig. – significantly different rate from Australian average of 100 at (95%*-99%** confidence)

Maternal and Infant health

MLHD - 2022	Aboriginal			Non-Aboriginal	
	MLHD Num	%	NSW %	MLHD Num	%
Aboriginality of Babies born	259	10.5%	7.4%	2085	84.7%
Aboriginality of Mothers giving birth in NSW	245	8.9%	5.5%	2224	88.6%
Mothers who smoked	107	50.0%	39.6%	313	14.3%
Commenced antenatal care before 14 weeks	154	73.3%	78.9%	1878	86.8%
Commenced antenatal care before 20 weeks	176	83.8%	89.1%	2032	93.9%
Low birth weight	19	8.8%	10.0%	123	5.6%
Any breast feeding at discharge from MLHD hospital	156	63.2%	70.8%	1553	82.1%

Level of reporting of Aboriginality in perinatal data

The level of reporting of Aboriginal mothers in the Perinatal Data Collection in MLHD has improved from 62.2% (NSW: 55.7%) in 2001 to 91.0% (NSW: 89.3%) in 2019 and the reporting of Aboriginal babies has improved from 55.0% (NSW: 56.0%) in 2012 to 75.1% (NSW: 66.2%) in 2019.

The recording of Aboriginality on each original record represents the 'observed' number. The 'expected' number represents the number of records likely to be for an Aboriginal person based on the Enhanced Reporting of Aboriginality (ERA) data matching process. The level of reporting of Aboriginal people in each data collection is then calculated by comparing the observed counts of records reported for Aboriginal people with the expected counts of records based on the ERA variable and presenting the result as a percentage.

Births

In 2022 there were 2,462 births to MLHD resident mothers in NSW facilities, 218 of them to Aboriginal mothers with 259 identified as Aboriginal babies in the NSW Perinatal Data Collection. These data do not include births which occurred interstate (Table 9).

Table 9 - Births in NSW, by LHD and Aboriginality of mother and baby, 2022

	Aboriginal Number	%	Non-Aboriginal Number	%	Total
Babies					
Murrumbidgee LHD	259	10.5	2085	84.7	2462
All LHDs	6754	7.4	81175	88.6	91634
Mothers					
Murrumbidgee LHD	245	8.9	2224	90.3	2462
All LHDs	5021	5.5	85565	93.4	91634

Source: Perinatal Data Collection, Health Statistics NSW accessed Jan 2024

A baby's birth weight is an important outcome measure, both of the health of the baby and the mother, and her care during pregnancy (AIHW, 2023). Low birth weight is defined as a bare weight at birth of less than 2,500 grams. Low birth weight babies have a greater risk of poor health, dying shortly after birth, requiring longer hospitalisation after birth, and are more likely to develop disabilities.

In 2022 in MLHD 8.8% (NSW, 10.0%) of liveborn babies born to Aboriginal mothers had a low birth weight (19 of 143 babies) (Table 10). Since 2007, the proportion of liveborn babies with a low birth weight born to Aboriginal mothers has fluctuated between around 5-10% in MLHD (around 10% in NSW).

Table 10 - Low birth weight all liveborn babies born to MLHD mothers, 2022

Aboriginality	LHD	Number	Per cent	Total births
MLHD	Aboriginal	19	8.8	217
	Non-Aboriginal	123	5.6	2,209
	Total	143	5.8	2,446
NSW	Aboriginal	499	10.0	4,972
	Non-Aboriginal	5,033	5.9	84,998
	Total	5,582	6.1	91,012

Source: Perinatal Data Collection, Health Statistics NSW accessed Jan 2024

Infant feeding at discharge

For Aboriginal mothers, the percentage of babies fully breastfed at the time of discharge from the hospital increased from 54% to 57% in MLHD (NSW: decreased from 62% to 56%) between 2017 and 2021. The percentage of babies that received any breastfeeding, but were not fully breastfed, rose from 8% to 11% (NSW: 10% in 2017 to 15%) in 2021. In the same period, the percentage of babies receiving infant formula dropped from 36% to 29% (NSW: remained steady and was 25% in 2021) (Table 11).

Table 11 - Baby is breast fed (any) on discharge by MLHD facility, 2022*

MLHD facility	Num	%
Wagga Wagga Rural Referral Hospital	1165	83%
• Aboriginal	93	65%
• Non-Aboriginal	1072	85%
Griffith Base Hospital	319	70%
• Aboriginal	43	59%

MLHD facility	Num	%
• Non-Aboriginal	276	72%
Deniliquin Health Service	54	81%
• Aboriginal	12	86%
• Non-Aboriginal	42	79%
All MLHD facilities	1709	79.9%
• Aboriginal	156	63.2%
• Non-Aboriginal	1553	82.1%

Source: NSW PDC, SAPHaRI dataset accessed December 2023.

*Only facilities with more than 5 births to Aboriginal mothers in the year are included separately.

Antenatal Care

Antenatal care is a planned visit between a pregnant woman and a midwife or doctor during pregnancy. Antenatal visits play an important role in the well-being of mothers and babies, allowing the monitoring of the health of both mother and baby, providing advice to promote the health of both mother and baby, identifying pregnancy complications, and providing appropriate intervention at the earliest time (AIHW, 2023).

Most pregnant Aboriginal women in NSW commenced comprehensive antenatal care before 14 weeks of pregnancy. In 2022, in MLHD 73% of pregnant Aboriginal women commenced antenatal care within the first trimester of pregnancy, and 84% had commenced care before 20 weeks of pregnancy (Table 12). Over the last five years, pregnant Aboriginal women have commenced comprehensive antenatal care earlier, in 2017 the average duration of pregnancy at first visit was 13 weeks in 2022 it was 10 weeks. The percentage of pregnant Aboriginal women who received comprehensive care within the first trimester of pregnancy and within the first 20 weeks of pregnancy increased from 62% and 75%, respectively, in 2017.

Table 12 - Duration of pregnancy at commencement of antenatal care, mothers MLHD, 2022

Duration of pregnancy	Aboriginal		Non Aboriginal	
	Number	%	Number	%
<i>less than 14 weeks</i>	154	73.3%	1878	86.8%
14 to 19 weeks	22	10.5%	154	7.1%
<i>Less than 20 weeks</i>	176	83.8%	2032	93.9%
20 or more	29	13.8%	105	4.9%
No care or unknown	5	2.4%	27	1.2%
Total	210	100.0%	2164	100.0%

Source: NSW PDC, SAPHaRI dataset accessed December 2023.

Smoked in pregnancy

In 2022 among Aboriginal mothers who gave birth in MLHD:

- 50% (107 mothers) did not smoke during their pregnancy. This was an increase over 10 years from 46% (69 mothers) in 2012 and over 20 years from 39% (43 mothers) in 2003;
- 50% (107 mothers) reported any smoking during pregnancy. This was a decrease over 10 years from 53% in 2012 (79 mothers) and over 20 years from 61% (65 mothers) in 2003.

Although there have been reductions in the percentage of Aboriginal mothers smoking during pregnancy over time, the rate remains more than three times the rate for non-Aboriginal mothers (Table 13).

Table 13 - Mothers who smoked in pregnancy, 2022

LHD	Aboriginality	Number	Per cent	Total
MLHD	Aboriginal	107	50.0	214
	Non-Aboriginal	313	14.3	2,209
	Total	1994	14.7	2,446
NSW	Aboriginal	1952	39.6	4,926
	Non-Aboriginal	5137	6.1	84,457
	Total	7108	7.9	91,012

Source: Perinatal Data Collection, Health Statistics NSW accessed Jan 2024

Health Checks

From Australian Institute of Health and Welfare - <https://www.aihw.gov.au/reports/indigenous-australians/indigenous-health-checks-follow-ups/contents/health-checks>

“Aboriginal and Torres Strait Islander (First Nations) people can receive an annual health check, designed specifically for First Nations people and funded through Medicare (DHAC 2022a). This health check was introduced in recognition that First Nations people, as a group, experience some particular health risks.

The aim of these health checks is to encourage early detection and treatment of common conditions that cause ill health and early death – for example, diabetes and heart disease.

During the health check, a General Practitioner (GP) – or a multidisciplinary team led by a GP – will assess a person’s physical, psychological and social wellbeing (DHAC 2022a). The GP can then provide the person with health-related information, advice and care.

The GP may also refer the person to other health care professionals for follow-up care, as needed – for example, physiotherapists, podiatrists or dietitians.”

A total of 3,537 Aboriginal And Torres Strait Islander Peoples Health Assessment were undertaken for MLHD residents in 2021-22 at a rate of 22.6% of those eligible compared to 22.8% in NSW (Table 14). There was a drop in uptake during 2021-22 most likely due to COVID as the 2019-20 and 2020-21 rates were 28% and approximately 4,250 checks undertaken.

Table 14 - Use of Aboriginal And Torres Strait Islander Peoples Health Assessment, by Primary Health Network (PHN), by age group, 2021–22

Age Group	Murrumbidgee		NSW
	Num	%	%
00–04	394	20.9%	22.4%
05–14	641	18.4%	19.4%
15–24	586	19.9%	18.4%
25–54	1,141	22.0%	23.1%
55 and over	774	35.5%	34.3%
All ages	3,537	22.6%	22.8%

Source: AIHW 2023 – Note the PHN is the same boundary as MLHD

The proportion of Aboriginal And Torres Strait Islander Peoples Health Assessment patients who received a follow-up service in the 12 months following their health check(s) was higher in Murrumbidgee than on

average in NSW with 40-45% patients attending follow-up services in the 5 years 2016-17 to 2020-21 (Table 15).

Table 15 - Use of Aboriginal And Torres Strait Islander Peoples Health Assessment follow-up services among health check patients, by Primary Health Network (PHN), 2016–17 to 2020–21

Financial year of health check	Murrumbidgee			NSW
	Number of follow-up patients	Number of health check patients	Follow-up percentage (%)	Follow-up percentage (%)
2016–17	1,354	3,373	40.1%	34.0%
2017–18	1,743	3,686	47.3%	38.2%
2018–19	1,764	3,845	45.9%	40.2%
2019–20	1,734	4,247	40.8%	39.2%
2020–21	1,884	4,256	44.3%	38.0%

Source: AIHW 2023 – Note the PHN is the same boundary as MLHD



Aboriginal Health Dashboard: Murrumbidgee LHD

NSW Health provides Aboriginal Health Teams in Districts with Progress reports and annual Dashboards reporting against the implementation of the recommendations of the Mid-term Evaluation of the Aboriginal Health Plan 2013-23. The purpose is to maintain momentum and accountability for improving Aboriginal health outcomes. The report describes key activity, enables monitoring and measuring of outcomes, and supports sharing of progress and planned activity across the District.

Dashboard Performance Summary

This Dashboard provides a snapshot of key measures reflecting the response of the District to the health needs of the local Aboriginal community. Areas of progress and suggested areas of focus are based on a comparison of the two most recent years' data available at the time of reporting. It is recognised that performance may have since varied.

Table 16 - NSW Health Aboriginal Health Dashboard summaries 2021 to 2023

Year	Areas of progress	Areas of suggested focus
2021	<ul style="list-style-type: none"> Unplanned acute mental health readmission within 28 days Mental health patients followed up within 7 days of acute discharge Full breastfeeding on discharge from hospital Respecting the Difference compliance face-to-face Fully immunised at 1 year and 5 years both remain above the State-wide target of 94%. 	<ul style="list-style-type: none"> Biennial BreastScreen participation rate for women 50-74 years old First ante-natal care <14 weeks Progress in relation to Discharge against medical advice is necessary to close the gap for Aboriginal people Aboriginal workforce is low in comparison to the Aboriginal population of the LHD
2022	<ul style="list-style-type: none"> Unplanned acute mental health readmission within 28 days Mental health patients followed up within 7 days of acute discharge Full breastfeeding on discharge from hospital Respecting the Difference compliance face-to-face 	<ul style="list-style-type: none"> Smoking cessation recorded in the second half of pregnancy Low birth weight babies Fully immunised at 1 year Influenza vaccination under 5 years of age
2023	<ul style="list-style-type: none"> Biennial BreastScreen participation rate for women 50-74 years old First ante-natal care <14 weeks Smoking cessation recorded in the second half of pregnancy Full breastfeeding on discharge from hospital Influenza vaccination under 5 years of age 	<ul style="list-style-type: none"> Unplanned acute mental health readmission within 28 days Healthy birthweight babies

Source: NSW Aboriginal Health Dashboard, internal reporting of NSW Health 2021, 2022, 2023.

MLHD facility Aboriginal health performance indicators

(from Aboriginal Health Indicators Dashboard 2022/23, MLHD BI – accessed Mar 2024)

	2022/23 financial year in MLHD facilities	2021/22 comparison
	<p>180 unplanned readmissions within 28 days 3.1% - better than 3.4% target</p> <p>894 patients who readmitted to ED within 48 hours 7.9% - higher than 5.1% target</p> <p>248 patients Discharged against medical advice 3.8% - higher than 2.1% target</p> <p>1177 patients left ED before treatment could be completed 7.2% - higher than 1.0% target</p>	<p>221 unplanned readmissions within 28 days 3.8% - better than 4.6% target</p> <p>680 patients who readmitted to ED within 48 hours 6.9% - higher than 5.1% target</p> <p>246 patients Discharged against medical advice 3.8% - higher than 2.1% target</p> <p>960 patients left ED before treatment could be completed 6.8% - higher than 1.0% target</p>
	<p>126 Aboriginal workers in MLHD workforce 3.3% - better than 3.0% target</p>	<p>87 Aboriginal workers in MLHD workforce 3.6% - better than 3.0% target</p>

MLHD facility Aboriginal mental health performance indicators

(from Aboriginal Mental Health Indicators Dashboard 2022/23, MLHD BI – accessed August 2023)



2022/23 financial year in MLHD facilities

6 unplanned readmissions within 28 days
4.6% - better than 5.6% target

63 patients who readmitted to ED within 48 hours
14.0% - higher than 5.1% target

0 patients Discharged against medical advice
0.0% - better than 2.1% target

48 patients left ED before treatment could be completed
6.6% - higher than 1.0% target

26 Acute Mental Health patients who readmitted within 28 days
13.5% - higher than 13.0% target

116 mental health patients followed up within 7 days of discharge
84.1% - better than 70.0% target

462 ED patients were referred for a MH/Drug/Alcohol review this YD period
better than 0 target

2021/22 comparison

13 unplanned readmissions within 28 days
11.8% - higher than 5.6% target

41 patients who readmitted to ED within 48 hours
10.7% - higher than 5.1% target

0 patients Discharged against medical advice
0.0% - better than 2.1% target

29 patients left ED before treatment could be completed
4.7% - higher than 1.0% target

23 Acute Mental Health patients who readmitted within 28 days
14.3% - higher than 13.0% target

129 mental health patients followed up within 7 days of discharge
80.6% - better than 70.0% target

126 ED patients were referred for a MH/Drug/Alcohol review this YD period
better than 0 target

Lifestyle risk factors

NSW Population Health Survey, Health Statistics NSW, accessed 28/03/2024

	30%	Aboriginal adults smoke daily in NSW (Non-Aboriginal 11%, 2023)	3 x more likely than Non- Aboriginal	Decreased from 40% in 2008
	50%	Aboriginal mothers smoked during pregnancy in MLHD (14% Non-Aboriginal, 40% NSW Aboriginal mothers, 2022)	3.6 x more likely than Non- Aboriginal	Decreased from 63% in 2001
	31%	Aboriginal adults at drank risk levels of alcohol in NSW (27% Non-Aboriginal, 2023)#	1.1 x more likely than Non- Aboriginal	Has ranged between 28% and 33% from 2021 to 2023
	44%	Aboriginal adults do insufficient exercise (35% Non-Aboriginal, 2023)	1.3 x more likely than Non- Aboriginal	Has ranged between 40% and 50% from 2002 to 2023
	3%	Aboriginal adults ate recommended amount of vegetables in NSW (5% Non-Aboriginal, 2023)	1.7 x less likely than Non- Aboriginal	Has ranged between 3% and 8% from 2017 to 2023
	31%	Aboriginal adults ate recommended amount of fruit in NSW (38% Non-Aboriginal, 2023)	1.2 x less likely than Non- Aboriginal	Decreased from 50% in 2012
	15%	Aboriginal people in NSW had experienced food insecurity (6% Non-Aboriginal, 2014)	2.5 x more likely than Non- Aboriginal	(not reported since then)
	72%	Aboriginal adults in NSW were above healthy weight (59% Non-Aboriginal, 2023)	1.2 x more likely than Non- Aboriginal	Increased from 50% in 2002 and 60% in 2015
	14%	Aboriginal adults in NSW had diabetes (11% Non-Aboriginal, 2019)	1.2 x more likely than Non- Aboriginal	Increased from 10% in 2002

NHMRC guideline change in 2020 – Risk=more than 10 standard drinks a week, or more than 4 standard drinks on any one day

Health status indicators – Closing the Gap

National Closing the Gap reports: <https://www.closingthegap.gov.au/previous-reports>
<https://www.pc.gov.au/closing-the-gap-data/dashboard>

73.8M 77.9F	Aboriginal life expectancy NSW (Non-Aboriginal 80.6 males, 83.8 females 2020-2022)	5.9F & 6.8M years less than Non-Aboriginal	Gap has decreased 2.7 years for females and 3.7 years for males (since 2005-07)	Nationally not on target 
142	Aboriginal infant (less than 1 yr) deaths in NSW (3.9/1,000 compared to 3.0/1,000 non-Aboriginal 2017-2021)	1.3 x higher than Non-Aboriginal	Decreased from 4.3/1,000 (since 2014-2018)	Gap remains 
62	Aboriginal child (1-14 yrs) deaths in NSW (14.0/100,000 compared to 8.9/100,000 non-Aboriginal 2017-2021)	1.6 x higher than Non-Aboriginal	Aboriginal death rate has increased and Non-Aboriginal has declined	Gap increasing 
93.8%	Aboriginal children fully immunised at 1 year in MLHD (2022)	Similar to Non-Aboriginal	Increased from 80% in 2008 to 96% in 2019 slight decrease 2021-22 98% fully vaccinated by 5 yrs (higher than Non-Aboriginal population 95%)	Gap closed locally 
90%	Aboriginal babies healthy birth weight in MLHD (94% in non-Aboriginal, 2022)	Similar to Non-Aboriginal	Slight (not significant) decrease in 2021-2022 from around 94% for Aboriginal babies in MLHD 2020	Gap closed locally 
84%	Aboriginal mothers had comprehensive antenatal care before 20 weeks gestation in MLHD (94% in non-Aboriginal, 2022)	10% less likely than Non-Aboriginal	Rate has been increasing since 2017	Gap remains 
21.9%	Aboriginal children aged 4 to 5 yrs were enrolled in preschool MLHD	1.3 x less likely to be enrolled than	Trend not available	Gap remains 

Health status indicators – Closing the Gap

National Closing the Gap reports: <https://www.closingthegap.gov.au/previous-reports>
<https://www.pc.gov.au/closing-the-gap-data/dashboard>

	(26.5% total population, PHIDU 2021)	general population		
38%	Aboriginal children starting school in NSW were developmentally on track in all 5 domains (57% non-Aboriginal children NSW; 55% total MLHD children, PHIDU 2021)	1.5 x less likely than Non-Aboriginal	Gap was closing pre-COVID but not on track to meet 2031 target	Gap remains 
49	Suicides per year Aboriginal people in NSW (18.9/100,000 compared to 10.7/100,000 non-Aboriginal 2017-2021)	1.8 x more likely than Non-Aboriginal	Rate doubled from 2006-2010 to 2015-2019, rate has steadied since 2015	Gap increasing 
25%	of deaths for Aboriginal population were due to cancer in NSW (28% Non-Aboriginal, 2014-2018)	1.2 x more likely than Non-Aboriginal	Decreasing in non-Aboriginal population but increased slightly in Aboriginal population 2006-2010 to 2014-2018 [#]	Gap increasing 
12%	of deaths for Aboriginal population were due to respiratory disease in NSW (9% Non-Aboriginal, 2014-2018)	2 x more likely than Non-Aboriginal	Increasing in Aboriginal populations only 2006-2010 to 2014-2018 [#]	Gap increasing 
14%	of deaths for Aboriginal population were due to injury in NSW (6% Non-Aboriginal, 2014-2018)	1.8 x more likely than Non-Aboriginal	Increasing in Aboriginal populations only 2006-2010 to 2014-2018 [#]	Gap increasing 
28%	Aboriginal adults reported psychological distress in NSW (17% non-Aboriginal 2021)	1.6 x more likely than Non-Aboriginal	Has ranged between 16% and 30% from 2003 to 2021	Gap remains 

#No updates available in 2021

Section 3 - Social determinants of health

Households

There were 11,145 people classified as living in crowded dwellings in MLHD 2021, accounting for 5% of the total population compared to 10% of the Aboriginal population. Aboriginal people made up 12% of all those living in crowded households in MLHD Aboriginal people in MLHD were twice as likely to live in crowded dwellings compared to the total population. In MLHD, 60% of Aboriginal households were considered “low

Aboriginal persons living in dwellings assessed as crowded according to the Canadian National Occupancy Standard applied the 2021 ABS Census data. The measure assesses the bedroom requirements of a household, accounting for both household size and composition, specifying that:

- there should be no more than two persons per bedroom
- children less than five years of age of different sexes may reasonably share a bedroom
- children less than 18 years of age and of the same sex may reasonably share a bedroom
- single household members 18 years and over should have a separate bedroom, as should parents or couples and a lone person household may reasonably occupy a bed-sitter

Severely crowded households: persons living in dwellings assessed as needing four or more additional bedrooms to accommodate all persons currently living in the household

income” and 30% of those households were considered to be suffering financial stress from mortgage or rent (compared to 51% and 19% respectively in total population) (Aboriginal people in MLHD were twice as likely to live in crowded dwellings compared to the total population. In MLHD, 60% of Aboriginal households were considered “low income” and 30% of those households were considered to be suffering financial stress from mortgage or rent (compared to 51% and 19% respectively in total population).

Table 17). LGAs with highest levels of Aboriginal people living in crowded dwellings in MLHD were Leeton, Narrandera, Temora, Snowy Valleys and Lake Cargelligo.

Aboriginal people in MLHD were twice as likely to live in crowded dwellings compared to the total population. In MLHD, 60% of Aboriginal households were considered “low income” and 30% of those households were considered to be suffering financial stress from mortgage or rent (compared to 51% and 19% respectively in total population).

Table 17 - Housing suitability, 2021 Australian Census, Murrumbidgee LHD

Housing	MLHD			NSW Aboriginal persons % or rate*
	Aboriginal persons	Aboriginal persons % (or rate*)	All persons % (or rate*)	
Crowded dwellings (persons)	1340	9.6	5.0	11.6
Severely crowded dwellings (persons)	23	16.5/10,000*	13.2/10,000*	24.3/10,000*
Housing suitability (dwellings requiring extra bedrooms)	389	5.8	2.3	7.1
Privately-owned rental dwellings (Aboriginal households)	2261	33.8	23.1	36.5
Aboriginal households in social housing				
- Housing authority dwellings	800	11.9		11.8
- Community housing provider	135	2.0		3.6
- Total	927	13.8		15.4
Persons living in rental housing				
- Social housing (persons in rented dwellings)	2255	16.2	2.8	17.5
- Privately-owned rental dwellings (persons)	4647	33.4	22.9	35.8
Housing stress (low income households)				
- mortgage holders	138	6.9	6.6	8.2

Housing	MLHD			NSW
	Aboriginal persons	Aboriginal persons % (or rate*)	All persons % (or rate*)	Aboriginal persons % or rate*
- renters	920	28.6	25.8	33.4
- mortgage holders and renters	1058	29.6	18.7	41.0
Low income households	3577	58.7	50.6	52.4

Source – ABS Census 2021

Employment

Aboriginal people in MLHD were less likely to be in the labour force and more likely to be unemployed than the total population with 10% of the Aboriginal labour force unemployed compared to 3% of the total labour force.

In 2021, 72% of Aboriginal people aged 15 to 24 years were either in education or employment compared to 83% of the total population of that age (Table 18).

Table 18 - Employment, 2021 Australian Census, Murrumbidgee LHD

	2021			% in total MLHD population
	Number	Total	%	
Unemployment (labour force)	540	(5,294)	10.2	3.1
Labour force participation (Aboriginal people 15 years and over)	5,294	(9,513)	55.7	62.0
Female labour force participation (Aboriginal females 15 years and over)	2,561	(4,838)	52.9	55.3
Aboriginal persons Learning or Earning at ages 15 to 24 years	1,915	2,650	72.3	82.9

Source – ABS Census 2021

Education

Aboriginal children were slightly less likely to be enrolled in a preschool program in 2021 compared to the total population of 4-5 year old in MLHD, 21.9% compared to 26.5%.

In 2021, Aboriginal people were less likely to have completed schooling beyond Year 10 than the total population of MLHD (49 per 100 left school at year 10 or below compared to 37/100 people) and were also less likely to be participating full-time in secondary school education at the age of 16 years (70% compared to 78%) (Table 19).

Table 19 - Education, 2021 Australian Census, Murrumbidgee LHD 2021

	2021			% or rate in total MLHD population
	Number	Total	% or rate	
Aboriginal children aged 4 or 5 years enrolled in a preschool program (Aboriginal children aged 4-5 yrs)	175	(799)	21.9%	26.5%
Aboriginal people who left school at Year 10 or below, or did not go to school (Aged standardised rate)	4,725	-	49/100	37/100
Aboriginal full-time participation in secondary school education at age 16	226	(324)	69.8%	78.2%
Participation in vocational education and training - Aboriginal population*	2,758	-	20/100	18/100

* % or Rate | crude percentage of population | rate – is the age-standardised rate per 100

Source – ABS Census 2021

Section 4 - Appendices

1) National Agreement on Closing the Gap

The National Agreement has 19 national socio-economic targets across areas that have an impact on life outcomes for Aboriginal and Torres Strait Islander people. The progress against the targets will be monitored by the Productivity Commission and will help all parties to the National Agreement understand how their efforts are contributing to progress over the next ten years.

Health and wellbeing	
1. Everyone enjoys long and healthy lives	Close the gap in life expectancy within a generation by 2031.
2. Children are born healthy and strong	Increase the proportion of babies with a healthy birthweight to 91 per cent by 2031.
3. Children are engaged in high quality, culturally appropriate early childhood education in their early years	Increase the proportion of children assessed as developmentally on track in all five domains of the Australian Early Development Census to 55 per cent by 2031.
12. Children are not overrepresented in the child protection system	Reduce the rate of over-representation of Aboriginal and Torres Strait Islander children in out-of-home care by 45 per cent by 2031.
14. People enjoy high levels of social and emotional wellbeing	Significant and sustained reduction in suicide of Aboriginal and Torres Strait Islander people towards zero.
Education and employment	
4. Children thrive in their early years	Increase the proportion of children enrolled in Year Before Fulltime Schooling early childhood education to 95 per cent by 2025.
5. Students achieve their full learning potential	Increase the proportion of people aged 20-24 years attaining year 12 or equivalent qualification to 96 per cent by 2031.
6. Students reach their full potential through further education pathways	Increase the proportion of people aged 25-34 years who have completed a tertiary qualification (Certificate III and above) to 70 per cent by 2031.
7. Youth are engaged in employment or education	Increase the proportion of youth (aged 15-24 years) who are in employment, education or training to 67 per cent by 2031.
8. Strong economic participation and development of people and their communities	Increase the proportion of people aged 25-64 years who are employed to 62 per cent by 2031.
Justice	
10. Adults are not overrepresented in the criminal justice system	Reduce the rate of adults held in incarceration by at least 15 per cent by 2031.
11. Young people are not overrepresented in the criminal justice system	Reduce the rate of young people (aged 10-17 years) in detention by 30 per cent by 2031.

Safety	
13. Families and households are safe	Reduce the rate of all forms of family violence and abuse against Aboriginal and Torres Strait Islander women and children by at least 50 per cent by 2031, as progress towards zero.
Housing	
9. People can secure appropriate, affordable housing that is aligned with their priorities and need	a) Increase the proportion of people living in appropriately sized (not overcrowded) housing to 88 per cent by 2031.
	b) By 2031, all Aboriginal and Torres Strait Islander households: <ul style="list-style-type: none"> • within discrete Aboriginal and Torres Strait Islander communities receive essential services that meet or exceed the relevant jurisdictional standard • in or near to a town receive essential services that meet or exceed the same standard as applies generally within the town (including if the household might be classified for other purposes as a part of a discrete settlement such as a “town camp” or “town based reserve”.)
Land and waters	
15. People maintain a distinctive cultural, spiritual, physical and economic relationship with their land and waters	Aboriginal and Torres Strait Islander people maintain a distinctive cultural, spiritual, physical and economic relationship with their land and waters. <ul style="list-style-type: none"> • A 15 per cent increase in Australia’s landmass subject to Aboriginal and Torres Strait Islander people’s legal rights or interests by 2030. • A 15 per cent increase in areas covered by Aboriginal and Torres Strait Islander people’s legal rights or interests in the sea by 2030.
Languages	
16. Cultures and languages are strong, supported and flourishing	There is a sustained increase in number and strength of Aboriginal and Torres Strait Islander languages being spoken by 2031.
Digital inclusion	
17. People have access to information and services enabling participation in informed decision-making regarding their own lives	Aboriginal and Torres Strait Islander people to have equal levels of digital inclusion by 2026.

Source: www.closingthegap.gov.au/national-agreement/targets



2) Australian Institute of Health and Welfare - National Health Survey

Source: Australian Institute of Health and Welfare 2023. *Aboriginal and Torres Strait Islander Health Performance Framework: summary report July 2023*. Canberra: AIHW. Viewed 7/08/2023. <https://www.indigenoushpf.gov.au/Report-overview/Overview/Summary-Report>

“In 2018, the burden of disease among Aboriginal and Torres Strait Islander people was 2.3 times that of non-Indigenous Australians. Among Indigenous Australians, mental and substance use disorders were the leading contributor to disease burden (24%).

Analysis by the AIHW of ABS survey data indicates that about 34% of the total health gap between Indigenous and non-Indigenous Australians is due to social determinants, and 19% due to individual health risk factors (e.g. smoking). It is likely that differences in access to affordable and nearby health services explain a significant proportion of the health gap between the Indigenous and non-Indigenous populations. In many cases, Indigenous Australians have poorer access to health services than non-Indigenous Australians, for a range of reasons including barriers such as availability, cost and a lack of culturally appropriate health services. For Indigenous Australians to have better health outcomes, improvements in the health system are required.

For Indigenous Australians, cultural identity, family and kinship, country and caring for country, knowledge and beliefs, language and participation in cultural activities and access to traditional lands are also key determinants of health and wellbeing.

Across the HPF measures, there have been notable improvements in many areas – for example, increases in rates of Year 12 attainment, employment and home ownership, and decreases in rates of cardiovascular mortality, smoking, youth detention, and overcrowding.

However there has been little progress in other measures, and some have worsened. For example, there has been no significant change in the rate of avoidable mortality, and both adult imprisonment rates and suicide rates have increased.

Some key changes in health outcomes, determinants of health, and health system performance are shown in Figures 3.1, 3.2 and 3.3, respectively. Note that changes over time cannot be assessed for all measures, as trend data are not available in all cases. When assessing change over time, information from all data points in the series has been considered, rather than just the first and last points in the time trend. Linear regression (based on ‘least squares’ method) was used when assessing change over time for all trends shown in Figure 3.1 with more than 5 data points.”

Figure 3.1: Key changes in health status and outcomes for Aboriginal Australians over time

Measure	Change over time	Progress
Cardiovascular (circulatory) disease (measure 1.05)		
Decrease in the death rate due to cardiovascular disease (age-standardised per 100,000 population)	<p>269 2010 to 2019 228</p>	✓
Cancer (measure 1.08)		
Increase in the death rate due to cancer (age-standardised per 100,000 population)	<p>210 2010 to 2019 234</p>	✗
Diabetes (measure 1.09)		
No significant change in rate of death due to diabetes for Indigenous Australians (age-standardised per 100,000 population)	<p>76 2010 to 2019 70</p>	--
Kidney disease (measure 1.10)		
Decrease in death rate due to kidney disease (age-standardised per 100,000 population).	<p>31 2010 to 2019 20</p>	✓
Social and emotional wellbeing (measure 1.18)		
Increase in the suicide rate (age-standardised per 100,000 population).	<p>20 2010 to 2019 27</p>	✗
Infant and child mortality (measure 1.20)		
No significant change in the rate of child deaths (0–4 years) (age-specific per 100,000 population).	<p>151 2010 to 2019 163</p>	--
Perinatal mortality (measure 1.21)		
No significant change in the rate of perinatal deaths (crude per 1,000 births).	<p>18 2010 to 2019 15</p>	--
✓ Improved ✗ Worsened -- No change		

Figure 3.2: Key changes in determinants of health for Aboriginal Australians over time

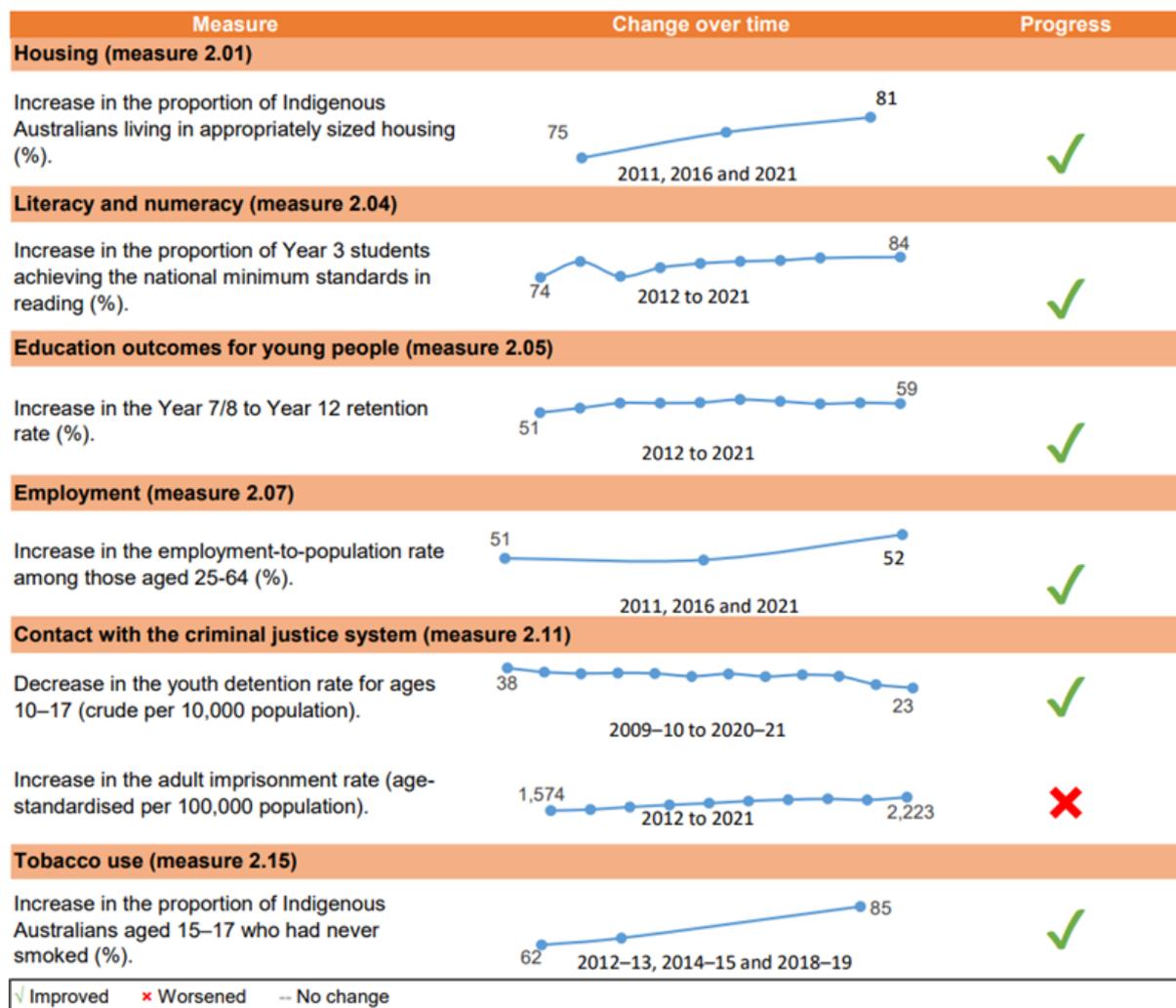


Figure 3.3: Key changes in health system performance for Aboriginal Australians over time

Measure	Change over time	Progress
Antenatal care (measure 3.01)		
Increase in the proportion of Indigenous mothers accessing antenatal care in the first trimester of pregnancy (age-standardised %).	<p>51 2012 to 2019 67</p>	✓
Immunisation (measure 3.02)		
Increase in the proportion of Indigenous children fully immunised at age 5 (%).	<p>93 2013 to 2021 96</p>	✓
Early detection and early treatment (measure 3.04)		
Increase in the rate of health checks for Indigenous Australians (crude rate per 1,000 population).	<p>68 2009-10 to 2018-19 297</p>	✓
Chronic disease management (measure 3.05)		
Increase in the rate of claims for GPMPs for chronic disease (age-standardised per 1,000 population).	<p>69 2009-10 to 2017-18 142</p>	✓
Selected potentially preventable hospital admissions (measure 3.07)		
Increase in the rate of potentially preventable hospitalisations (age-standardised per 1,000 population).	<p>63 2013-14 to 2018-19 74</p>	✗
Discharge against medical advice (measure 3.09)		
Decrease in the proportion of hospitalisations where the patient discharged at own risk (%).	<p>4.6 2009-10 to 2018-19 3.9</p>	✓
Decrease in the proportion of emergency department presentations where the patient did not wait or left at own risk (%).	<p>9.1 2012-13 to 2018-19 8.5</p>	✓
✓ Improved ✗ Worsened – No change		

Section 5 - Links

1. Australian Productivity Commission Dashboard: Closing the Gap:

www.pc.gov.au/closing-the-gap-data/dashboard

2. Public Health Information Development Unit (PHIDU): Indigenous Social Health Atlas

<https://phidu.torrens.edu.au/social-health-atlases/indicators-and-notes-on-the-data>

3. Health Statistics NSW – Aboriginal Health Indicators

www.healthstats.nsw.gov.au/topic-overview/Aboriginal%20Health

4. Australian Institute of Health and Welfare Indigenous health and wellbeing

www.aihw.gov.au/reports/australias-health/indigenous-health-and-wellbeing

5. Aboriginal health, NSW Health

www.health.nsw.gov.au/ABORIGINAL/Pages/default.aspx

6. NSW Health Dashboard Toolkit

www.health.nsw.gov.au/aboriginal/documents/dashboard-toolkit-2019.pdf

7. Australian Institute of Health and Welfare 2023. Aboriginal and Torres Strait Islander Health Performance Framework: summary report July 2023. Canberra: AIHW. Viewed 7/08/2023.

www.indigenoushpf.gov.au/Report-overview/Overview/Summary-Report

8. Murrumbidgee Local Health District

<https://www.nsw.gov.au/departments-and-agencies/mlhd>