



INFORMATION PAPER:
CLOSING THE GAP
IN NORTH WESTERN MELBOURNE PHN

JANUARY 2016





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Disclaimer

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Acknowledgements

MPCN acknowledges the peoples of the Kulin nation as the Traditional Owners of the land on which our work in the community takes place. We pay our respects to their Elders past and present.

The artwork used throughout this information paper is called 'Walking Together' and is a work by local artist Lynette Briggs. Lynette is a Wiradjuri and Yorta Yorta woman who lives in Preston, Victoria. The full story of the artwork is available on page 91.

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DATA NOTES

Data on Aboriginal people's health and service system use often suffers from issues concerning non-identification. If an Aboriginal person chooses to keep their background private, or organisations do not ask the question about Aboriginal background or do not record the response, Aboriginal health and service experiences are not captured in data sets.

Despite this, it has been suggested that data recording has improved over time in many areas¹, particularly in national data sets. These limitations suggest that caution be used when interpreting the data included in this report.

Data referencing, comparisons and definitions

The data tables provided at the back of this report show key data accessed from multiple national and state documents. All data referenced in this document is available in the Data Tables section unless otherwise footnoted.

All data referenced in the document should be considered to pertain to the overall Australian Aboriginal population unless otherwise specified.

All comparisons made in the document should also be considered to be between the overall Australian Aboriginal population and the overall Australian non-Aboriginal population, again unless otherwise specified.

Age standardised rates: A method of adjusting the crude rate to eliminate the effect of differences in population age structures when comparing crude rates for different periods of time and/or different population sub-groups².

Rate ratio: The value obtained by dividing one quantity by another, such as Aboriginal and non-Aboriginal populations experiences³. A ratio often compares two rates (the 'rate ratio') and shows if one group is more likely to experience a data indicator than the others. In this document and others⁴, rate ratios are based on Aboriginal experience as the numerator and non-Aboriginal experiences as the denominator, unless otherwise specified. Therefore, any rate ratio above 1 indicates an Aboriginal population is more likely to experience in comparison to a non-Aboriginal population.

Estimates and standard error: The relative standard error (RSE) of a survey data estimate is a measure of the reliability of the estimate and depends on both the number of people giving a particular answer in the survey and the size of the population.⁵ The RSE is expressed as a percentage of the estimate. The higher the RSE, the less reliable the estimate. Where RSE is above 50% data has not been used.

The Remoteness Structure of the Australian Statistical Geography Standard (ASGS):⁶ This structure divides each state and territory into several regions on the basis of their relative access to services. The five geographical classifications include Major Cities, Inner Regional, Outer Regional, Remote and Very Remote. In some data sets this is further amalgamated into two groups: non-remote (Combined major cities, inner regional and outer regional) and remote (combined remote and very remote). NWMPHN is made up of both major cities and inner regional areas.

Ambulatory Care Sensitive Conditions (ACSCs):⁷ Are hospitalisations that may have been avoided by timely and effective provision of non-hospital or primary health care including prevention.

EXECUTIVE SUMMARY

Welcome to the Closing the Gap in North Western Melbourne Information Paper 2015. With this paper we aim to highlight trends and issues in Aboriginal health in our region, and start the conversation about local needs and priorities.

While the Aboriginal population in NWMPHN is relatively small, having a strong and vibrant Aboriginal community is crucial to the overall health of the region.

We pay our respects to the traditional owners of the land that forms NWMPHN and their elders past and present, and we do so hopefully not only with our words but with the actions this paper is designed to guide and facilitate.

In turn this paper is guided by the aims of the **National Partnership Agreement on Closing the Health Gap in Indigenous Health Outcomes** and the **Koolin Balit** strategic directions for Aboriginal health in Victoria.

To create the evidence base needed we have followed the Koolin Balit ages and stages approach, examining health data for each life stage to paint a comprehensive picture of the health issues and challenges facing Aboriginal people in the NWMPHN region across their lives.

What this reveals is that while there are issues which are unique to each life stage, the broad gap in health outcomes can be traced from birth and early childhood, right through to what is sadly often a premature death.

The warning signs appear related to pregnancy, birth and hospitalisation figures for infants and young children, and become clearer as childhood continues in areas like mental health and disability.

These early indicators then accelerate into a range of serious health outcomes as Aboriginal people become adults. Rates of key chronic diseases, mental and emotional health issues, and avoidable hospitalisations are all much higher than non-Aboriginal people, and the result is too often poor health, severe disability and early death.

Life expectancy is approximately 10 years lower for Aboriginal people, but many are dying even younger, at a rate far quicker than non-Aboriginal peers.

Within the general negative trend there are particular issues which stand out.

The statistics around violence, including family violence, are stark: Aboriginal children are five times as likely to be hospitalised for assault as non-Aboriginal children; and hospitalisations

for family violence assaults are 34 times more likely for Aboriginal women and 28 times more likely for Aboriginal men.

Diabetes is also a clear issue for the Aboriginal community. Rates of diabetes increase with age, and Aboriginal people are dying of endocrine, nutritional and metabolic diseases (including diabetes) at a rate nearly five times faster than non-Aboriginal people.

These figures are confronting and can be disheartening, but if we want to improve the situation and close the gap in health, we need to recognise that these kinds of health outcomes do not happen in isolation.

The health status of Aboriginal people in our region and across Victoria is affected by a range of factors including high levels of disadvantage, homelessness and discrimination, and lower levels of education, employment and income.

What this shows is that there is no one single answer – sustainable improvements will require multi-modal, coordinated solutions that target the contributing factors as well as the end results.

These solutions need to be driven by partnerships between providers, funders and the Aboriginal community, supported by an evidence-backed consensus on priority areas and key actions.

We hope that this report can be a step towards building that consensus, and a stronger, healthier future for all Aboriginal people in our region and beyond.

Adj/Associate Professor Christopher Carter
CEO, Melbourne Primary Care Network



PURPOSE AND METHODOLOGY

Purpose

This paper brings together data from a range of sources to help review health needs of NWMPHN's Aboriginal populations. This paper aims to:

- Be an evidence base for future planning and for prioritising actions to improve the health and wellbeing of Aboriginal people living in the region.
- Be a conversation starter with other stakeholder groups that support Aboriginal populations and Aboriginal residents in the region.
- Direct and focus the work of NWMPHN's Closing the Gap and Care Coordination and Supplementary Services programs.
- Provide direction for practice support and other programs.

Methodology

Data and information has been collated from a number of sources with key data coming from:

- 2012/13 Aboriginal Health Survey and 2011/12 Australian Health Survey findings through recent national documents:
 - SCRGSP (Steering Committee for the Review of Government Service Provision) (2014). **Overcoming Indigenous Disadvantage: Key Indicators 2014**. Productivity Commission: Canberra.
 - Australian Institute of Health and Welfare (2015). **The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2015**. Cat. no. IHW 147. AIHW: Canberra.
 - Australian Health Ministers' Advisory Council (2015). **Aboriginal and Torres Strait Islander Health Performance Framework 2014 Report**. AHMAC: Canberra.
- Victorian Department of Health (2012). **Koolin Balit: Victorian Government strategic directions for Aboriginal health 2012-2022**. Vic Dept of Health: Victoria.
- Census 2011: Aboriginal and Torres Strait Islander community profiles.

Data was compiled to align with the Victorian Koolin Balit areas (see policy section on page 8) with an Ages and Stages approach alongside social determinants of health and service mapping of Aboriginal specific services.



ABORIGINAL HISTORY IN THE NWMPHN REGION

The North Western PHN region has a rich and diverse Aboriginal cultural heritage. There is evidence of Aboriginal people living in the area for an estimated 31,000 to 40,000 years prior to European settlement.⁸ At the time of settlement it is believed that there were about 20,000 Aboriginal peoples living in southern and central Victoria with many of them living in and around the Port Phillip area because of the rich food sources along the coast and surrounding grasslands.⁹

The five tribal groups of the region formed an alliance, the Kulin nation, and shared common language and spiritual, economic, genealogical and political identities.

These five groups are:

- Wathaurung (Wath-er-rung)
- Woi wurrung (Woy-wur-rung) commonly known as Wurundjeri
- Taungurung (Tung-ger-rung)
- Dja Dja Wurrung (Jar-Jar-Wur-rung)
- Boonwurrung (Boon-wur-rung).

The term "Kulin" was the common word for a human being¹⁰ and relationships between clan members of the Kulin were based on familial and totemic class connections established over hundreds of years.¹¹

The Kulin nation regularly came together to maintain their social and spiritual connections. A significant meeting place was on Woi wurrung country, along the lower reaches of the Yarra River which became the settlement of Melbourne. There are a number of significant archaeological sites that have been found near the Yarra and Maribyrnong Rivers and the Merri Creek where corroborees were held between clans.¹²

In more contemporary times Aboriginal people gathered in Fitzroy and Collingwood where many Aboriginal specific services and social and political activities took place.



POLICY

Commonwealth Policy

The National Statement of Intent¹³ was signed on 20 March 2008 and is a national commitment between the Government of Australia and the Aboriginal and Torres Strait Islander peoples of Australia.

The Council of Australian Governments (COAG) agreed to six targets to close the gap on Indigenous disadvantage in the 2008 National Indigenous Reform Agreement.¹⁴ These targets include:

- Close the gap in life expectancy within a generation (by 2031).
- Halve the gap in mortality rates for Indigenous children under five within a decade (by 2018).
- Ensure all Indigenous four year olds in remote communities have access to early childhood education within five years (by 2013).
- Halve the gap for Indigenous students in reading, writing and numeracy within a decade (by 2018).
- Halve the gap for Indigenous people aged 20-24 in Year 12 attainment or equivalent attainment rates (by 2020).
- Halve the gap in employment outcomes between Indigenous and non-Indigenous Australians within a decade (by 2018).

The COAG National Partnership Agreement on Closing the Health Gap in Indigenous Health Outcomes also sets out five priority areas which all states and territories must address as part of the Closing the Gap agenda:¹⁵

- Tackling smoking.
- Primary health care services that deliver.
- Fixing the gaps in the patient journey.
- Healthy transition to adulthood.
- Making Aboriginal health everyone's business.

National Aboriginal and Torres Strait Islander Health Plan 2013-2023

The National Aboriginal and Torres Strait Islander Health Plan¹⁶ is a 10 year plan for the direction of Aboriginal Health Policy. The plan, which builds on the above six Closing the Gap targets aims to develop targeted, evidence-based action and will include implementation plans with each state and territory in the context of their existing targeted activity.

Priorities

- Effective strategies that address environmental, economic and social inequalities which are pivotal to achieve health equality.
- All health care, whether government, community or private, is free of racism.
- The health system delivers clinically appropriate care that is culturally safe, high quality, responsive and accessible for all Aboriginal and Torres Strait Islander people.
- Health policies and programs are clearly evidence-based and informed by robust health research and data systems.
- Aboriginal and Torres Strait Islander people have the best possible mental health and wellbeing. Social and emotional wellbeing strategies are integrated in all health care service delivery and health promotion strategies.
- The capabilities, potential and aspirations of Aboriginal and Torres Strait Islander people are realised and optimise their contribution as individuals to the health workforce and to strategies to achieve Aboriginal and Torres Strait Islander wellbeing.
- Aboriginal and Torres Strait Islander people are as healthy as non-Indigenous people and enjoy the same life expectancy by 2031 (one of the six Closing the Gap targets).
- Aboriginal and Torres Strait Islander mothers and babies get the best possible care and support for a good start to life.
- Aboriginal and Torres Strait Islander children have long, healthy lives, meeting key childhood developmental milestones.
- Aboriginal and Torres Strait Islander youth get the services and support they need to thrive and grow into healthy young adults.
- Aboriginal and Torres Strait Islander adults have the health care, support and resources to manage their health and have long, productive lives.
- Older Aboriginal and Torres Strait Islander people are able to live their lives as active, healthy, culturally secure and comfortably as possible.

Victorian Policy

Koolin Balit: Victorian Government Strategic Directions for Aboriginal Health 2012-2022

Koolin Balit¹⁷ outlines the Victorian Government’s strategic directions for Aboriginal health in Victoria over the next 10 years. It sets out what the Department of Health and Human Services, together with Aboriginal communities, and other parts of government and mainstream service providers, will do to achieve the government’s commitment to improve Aboriginal health.

Koolin Balit sets objectives for improving Aboriginal health in Victoria. It details six key priorities for work to achieve these objectives, and three enablers to support these priorities.

Key priorities	Key enablers
<ul style="list-style-type: none"> • A healthy start to life • A healthy childhood • A healthy transition to adulthood • Caring for older people • Addressing risk factors • Managing illnesses better with effective health services 	<ul style="list-style-type: none"> • Improving data and evidence • Strong Aboriginal organisations • Cultural responsiveness



1. Steering Committee for the Review of Government Service Provision. (2014). Overcoming Indigenous disadvantage: Key indicators 2014.
 2. Australian Institute of Health and Welfare. (2014). METeOR online registry: Age-standardised rate.
 3. University of Ottawa. (2015). Society, the individual and medicine: Descriptive epidemiology.
 4. Steering Committee for the Review of Government Service Provision. (2014). Overcoming Indigenous disadvantage: Key indicators 2014.
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 14. COAG (2008). National Indigenous Reform Agreement.
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 17. Victorian Department of Health. (2012). Koolin Balit: Victorian Government strategic directions for Aboriginal health 2012-2022.

DEMOGRAPHICS AND SOCIAL DETERMINANTS OF HEALTH

A person's health is influenced by a range of socio-economic and demographic factors that directly and indirectly impact their ability to lead a healthy life and access appropriate care when needed.

By investigating social determinants of health we can get a broader picture of not only the prevalence and incidence of current health issues, but also the circumstances which contribute to them; and how changes in those circumstances may change future health priorities.

This section examines a range of social determinants, including major areas such as population, housing, education and employment. Many of the indicators would be applicable in a review of any population group within our region, but some are particularly relevant for Aboriginal people, including racism and discrimination and homelessness.

Social determinants – at a glance

Population

- Aboriginal residents tend to be younger than non-Aboriginal residents across all LGAs in the region.

Disadvantage

- Almost 40% of Aboriginal people in Victoria are at the highest level of disadvantage (lowest 20% of Index of Relative Socio-Economic Disadvantage scores).

Education

- 30% gap in Year 12/equivalent or AQF attainment between Aboriginal and non-Aboriginal Australians.
 - However this gap is almost halved among 20-24 year olds in Victoria.

Employment

- Aboriginal people are 25-30% less likely to be in the labour force than non-Aboriginal people.
 - Those out of the workforce were more likely to smoke, eat poorly, feel less healthy and have chronic diseases including diabetes and chronic kidney disease.

Housing and homelessness

- 25% of all Australian people experiencing homelessness are from an Aboriginal background, 10 times their proportion in the overall Australian population.
- Victorian Aboriginal men and women are far more likely than their non-Aboriginal counterparts to use homelessness services to escape family violence.

Racism and discrimination

- 17.2% of Aboriginal people in non-remote areas reported experiencing racism or discrimination in the last 12 months.
 - Around 20% of these people reported it happening once a week or more.

Crime and violence

- Hospitalisations for family assaults are 28.3 times more likely for Aboriginal men and 34.2 times more likely for Aboriginal women than their non-Aboriginal counterparts.
- Aboriginal imprisonment in Victoria jumped nearly 30% between 2010 and 2013, but is still substantially lower than overall Australian rates.

All source data for the indicators referred to on this page and throughout the following chapter can be found in the Data Tables section of this document, unless otherwise referenced.



Population

Overall - Census 2011

- Approximately 7,608 people identified as being of Aboriginal or Torres Strait Islander descent in the North Western Melbourne PHN (NWMPHN) region.

Highest

- Darebin: 1,155
- Wyndham: 1,145
- Hume: 1,046

Lowest

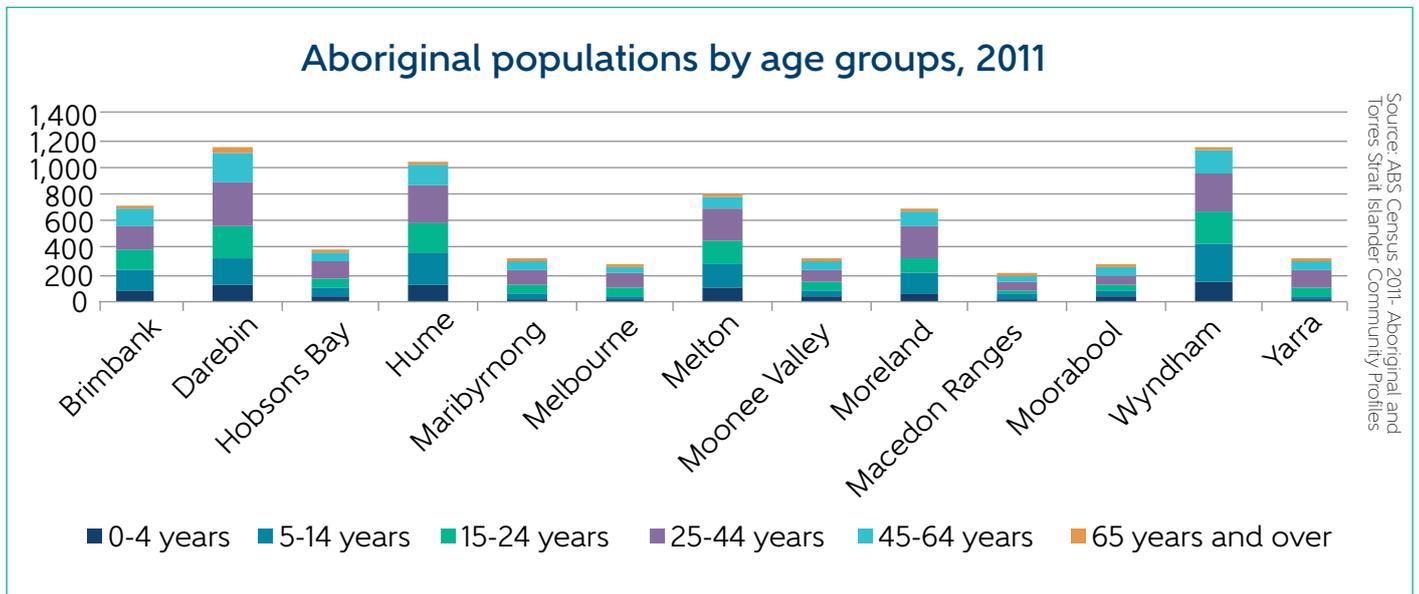
- Yarra: 318
- Macedon Ranges: 194
- Moorabool: 259

Socio-Economic Indexes for Areas

Socio-Economic Indexes for Areas (SEIFA) was developed by the Australian Bureau of Statistics and comparatively ranks a range of geographical areas in Australia on socio-economic advantage and disadvantage.¹⁸

The most commonly used SEIFA indicator, Index of Relative Socio-Economic Disadvantage (IRSD), is made up of a number of variables including income, education, employment, occupation, housing and other miscellaneous indicators of relative advantage or disadvantage.

IRSD scores have an average of 1,000 in Australia, with a score below 1,000 considered more disadvantaged and those above 1,000 are considered less disadvantaged.



While overall population distribution is uneven, Aboriginal residents tend to be younger than non-Aboriginal residents across all LGAs -the median age ranges from 21 in Melton and Hume to 31 in Maribyrnong.

Top 3 LGAs for proportions of different age groups, Census 2011

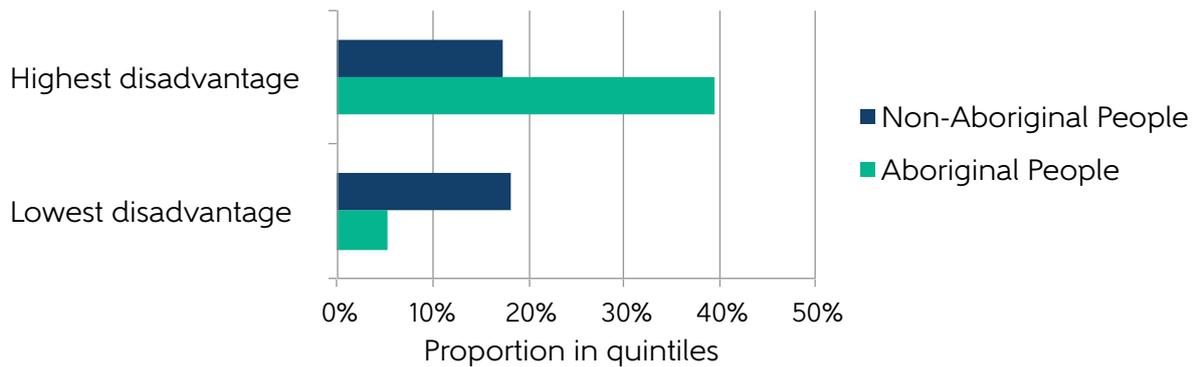
	Top 1 LGA	Top 2 LGA	Top 3 LGA
0-4 years	Wyndham (13.4%)	Melton (13.2%)	Hume (12.7%)
5-14 years	Wyndham (25.1%)	Melton (22.6%)	Moreland (19.1%)
15-24 years	Melbourne (27.1%)	Melton (22.2%)	Yarra (20.8%)
25-44 years	Melbourne (42.7%)	Yarra (40.8%)	Moreland (34.6%)
45+	Hobsons Bay (25.6%)	Maribyrnong (24.9%)	Darebin (23.6%)

Source: ABS Census 2011 - Aboriginal and Torres Strait Islander Community Profiles

IRSD scores are often used to determine how levels of disadvantage may influence other variables, such as health, in geographical areas. When separated into quintiles (i.e. 20% of the population in Australia), it is possible to review how many people in a particular group are at the most disadvantage (lowest quintile-1) through to the least disadvantage (top quintile-5).

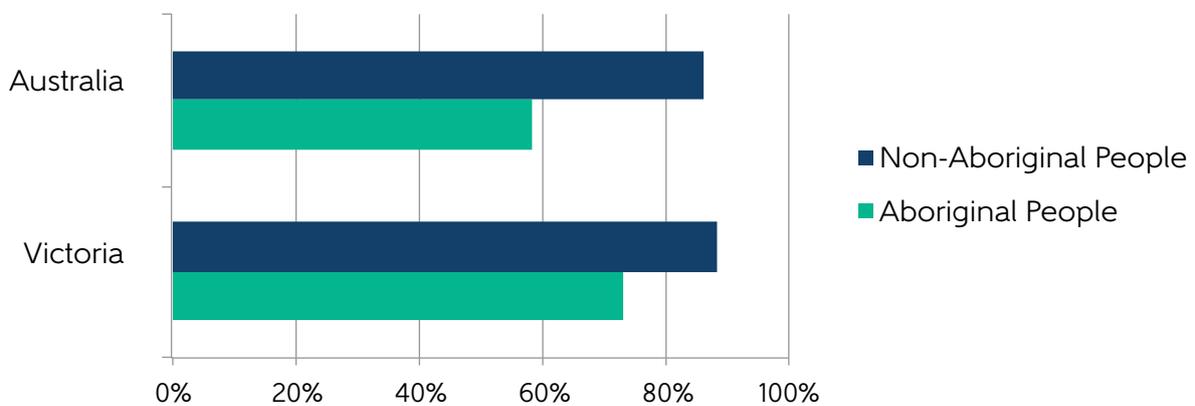
In Victoria, more than twice as many Aboriginal people as non-Aboriginal people are in the lowest quintile (highest disadvantage), while non-Aboriginal people are three times as likely to be in the highest quintile (lowest disadvantage) as Aboriginal people.

Victorian SEIFA quintiles for highest and lowest disadvantage, 2011



Source: Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (Table 2.09.2)

Proportion completing Year 12 or equivalent or AQF Certificate II or above, 2011-13



Source: Overcoming Indigenous Disadvantage, 2014 (Table 4A.5.1; Table 4A.5.2)

IRSD scores are not available for Aboriginal populations at the LGA level. However, five overall IRSD LGA scores in the region are below 1,000, suggesting higher rates of disadvantage in these areas for all residents: Moreland, Brimbank, Darebin, Hume and Maribyrnong.¹⁹ A number of LGA areas with higher IRSD scores (i.e. >1,000) also have small pockets of severe disadvantage. For example Moonee Valley has a high overall IRSD score (1027.1), but contains a smaller geographical area (SA1²⁰) within its borders that has the lowest IRSD score in Victoria (347.7).

Education

Education is closely linked to better health and social outcomes, with a recent survey linking levels of educational attainment with better employment, higher incomes and less chronic illnesses for Aboriginal people.²¹

It is perhaps no surprise then to see that the gap in general health outcomes between Aboriginal and non-Aboriginal people is

mirrored in education, with a nearly 30% gap in Year 12/equivalent or AQF attainment between Aboriginal and non-Aboriginal Australians.

However this gap is almost halved among 20-24 year olds in Victoria, potentially indicating that the overall gap may shrink in coming years.

The gap in educational attainment was consistent across all LGAs in the NWMPHN region (2011), with considerably fewer Aboriginal people completing Year 12 and more finishing their education closer to Year 10 or below than non-Aboriginal people.

Employment

The disparity in educational attainment was also apparent in employment status, with Aboriginal people 25-30% less likely to be in the labour force than non-Aboriginal people across a series of comparator regions, including Victorian and Australian averages and Australian Major Cities and Inner Regional areas.

The difference was also evident in unemployment rates, with approximately five times as many Aboriginal people unemployed as non-Aboriginal people and as many as a quarter of these people likely to be long-term unemployed.

The relationship between work force participation and health can be seen in a number of Australian Aboriginal statistics. Those who were not working had higher rates of smoking, were less likely to meet nutritional guidelines, had worse self-report health, and higher rates of kidney disease and diabetes than those who worked.²²

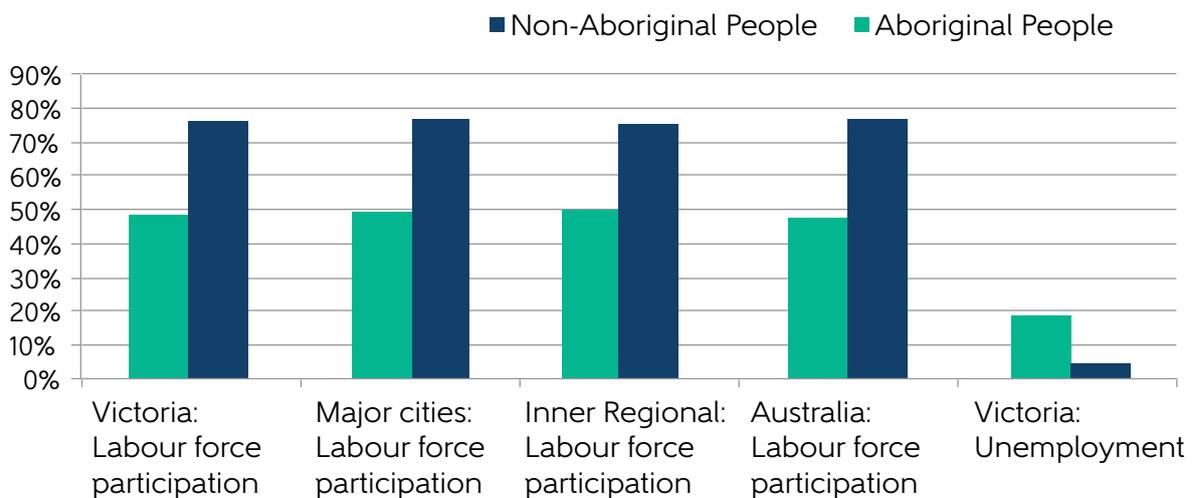
Income

Lower workforce participation and higher unemployment is reflected in lower incomes for Aboriginal Australians, with median weekly income of Aboriginal households between \$236 and \$404 lower than non-Aboriginal households (2011-2013) across Victoria and nationally.²³

However in the NWMPHN region (2011) there is less discrepancy between Aboriginal and non-Aboriginal resident weekly personal and household incomes. In most LGAs personal Aboriginal median weekly incomes were slightly lower than non-Aboriginal people (\$50-\$100), with a larger gap (>\$100) apparent in the LGAs of Melton, Macedon Ranges, Wyndham, Yarra and Melbourne.

These LGA gaps remained in median household incomes (i.e. combined incomes of all household members), except in Melbourne, which showed reverse trend with Aboriginal household income being approximately \$350 per week more than non-Aboriginal households.

Labour force participation and unemployment, 15-64 years, 2011-2013



Source: Overcoming Indigenous Disadvantage 2014 (Table 4A.61; Table 4A.62; Table 4A.68; Table 4A.69)

Private Health Insurance

Approximately 20% of Australian Aboriginal people have private health insurance, with most of those people covered for both hospital and extras cover (78.4%).

Housing and Homelessness

Household composition

According to the 2011 Census there are approximately 3,876 households with Aboriginal people in the NWMPHN region.

The top 3 LGAs for Aboriginal households are:

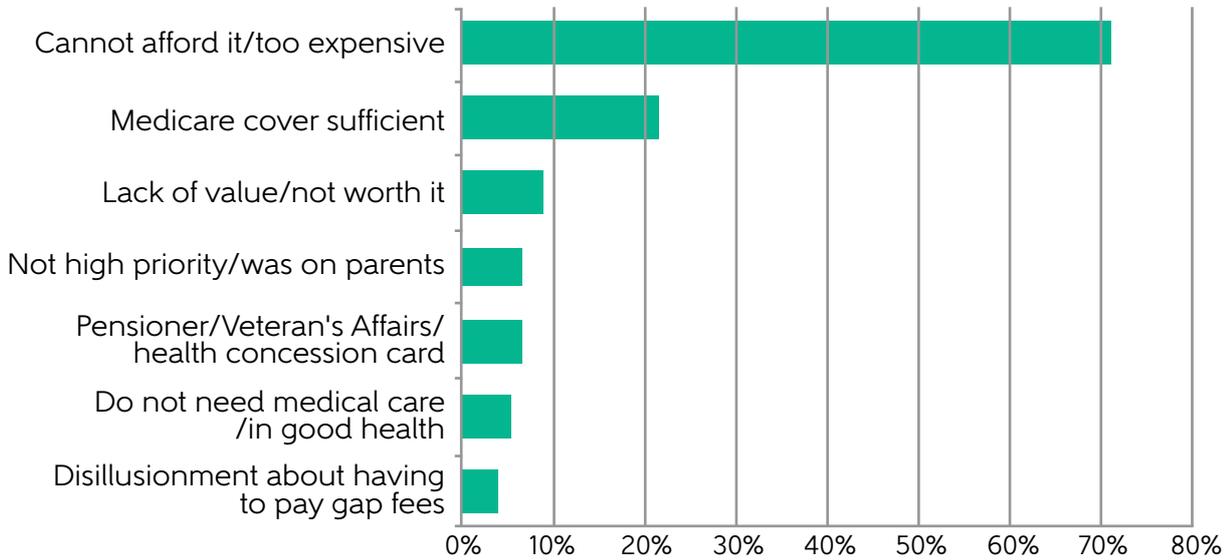
- Darebin: 583
- Wyndham: 524
- Hume: 494

Locally, household composition varies somewhat between Aboriginal and non-Aboriginal residents.

- Aboriginal residents: More single parent families, multiple families and group households.
- Non-Aboriginal residents: More couples with or without children and lone households.

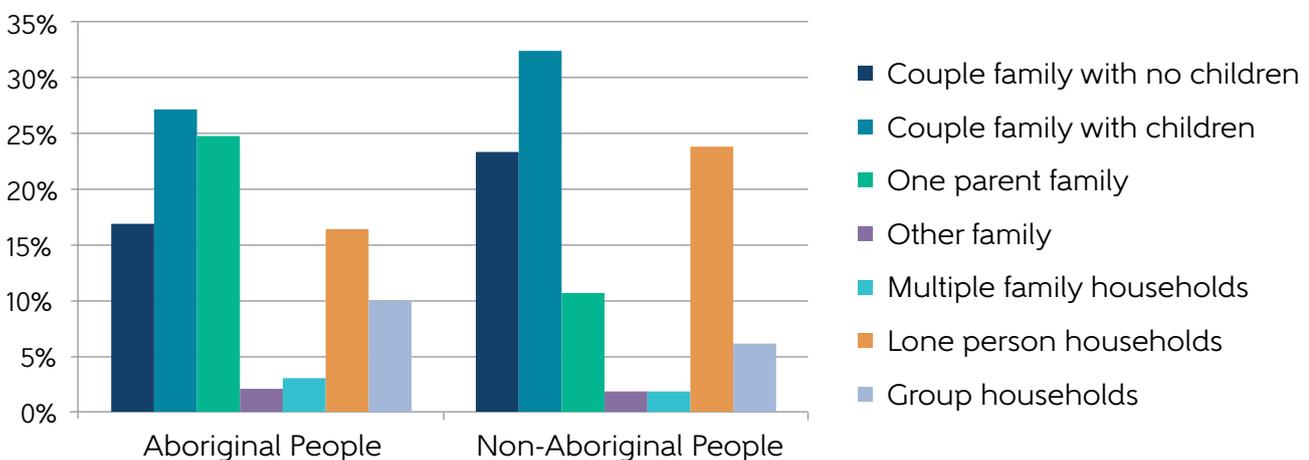
Data suggests that across the NWMPHN region the rate of single parent families is approximately double for Aboriginal family households.

Common reasons for Aboriginal people not having private health insurance, 2012/13



Source: Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (Table 314.23)

NWMPHN household composition, 2011



Source: ABS Census 2011 - Aboriginal and Torres Strait Islander Community Profiles

The highest proportion of single parent families is in:

- Brimbank – Aboriginal: 31.4%, non-Aboriginal: 14.2%
- Hume – Aboriginal: 30%, non-Aboriginal: 13.5%
- Melton – Aboriginal: 29.4%, non-Aboriginal: 12.5%
- Darebin – Aboriginal: 26.1%, non-Aboriginal: 9.7%

Given overcrowding has been linked with health, education and family outcomes for Aboriginal people,²⁴ issues of housing size and need was reviewed. There was little difference found in the size of households or the number of people per bedroom between Aboriginal and non-Aboriginal households. There was however a greater need for extra space in Aboriginal households, with LGAs with higher Aboriginal populations also having high needs for extra space – for example Darebin (11.4% to 5.1%) and Hume (10.8% to 5.6%).

Housing costs

Across the NWMPHN region the median weekly rent paid by Aboriginal populations was marginally lower than non-Aboriginal people. Prices varied depending upon the location, with higher prices closer to the city.

- Rental costs
 - Aboriginal people: \$175-\$339
- Rental costs
 - Non-Aboriginal people: \$208-\$400

Monthly mortgage repayments were more variable, with Aboriginal populations having higher median repayments than the Victorian average in some LGAs, while non-Aboriginal populations had higher repayments in others.

Homelessness

Twenty five percent (26,744) of all Australian people experiencing homelessness are from an Aboriginal background (2011), 10 times their proportion in the overall Australian population.²⁵

These rates are actually considered to be an underestimation,²⁶ partially due to cultural differences in how the term 'home' is understood, particularly when Aboriginal people are staying with their extended family.

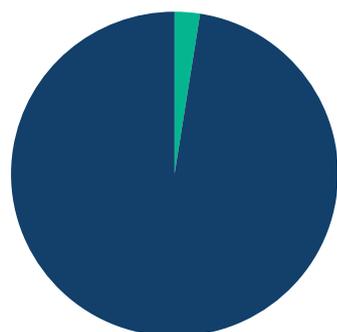
For Aboriginal people experiencing homelessness: (75%) were living in 'severely' crowded accommodation; 12% were in supported accommodation for the homeless and 6% were in improvised dwellings, tents or sleeping out.

For non-Aboriginal people affected by homelessness: 30% were living in 'severely' crowded dwellings, 20% were in supported accommodation, and 7% were in improvised dwellings, tents or sleeping out.

Although local rates of Aboriginal homelessness are not available, the 2011 Census does provide overall rates of homelessness in our region. Seven LGAs, many who also have high numbers Aboriginal residents, had rates above the Victorian average of 42.6 people per 10,000:

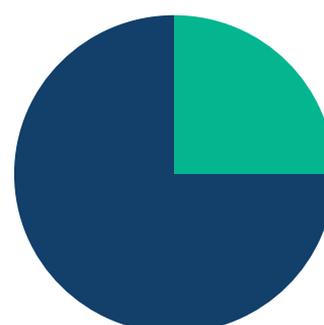
- Melbourne: 131.7
- Yarra: 114.1
- Maribyrnong: 98.5
- Darebin: 72.7
- Brimbank: 61.3
- Moreland: 53.1
- Hume: 50.5

Proportion of total Australian population, 2011



- Non-Aboriginal People
- Aboriginal People

Proportion of total Australian homeless population, 2011



Source: ABS, 2012, Census of Population and Housing - Estimating Homelessness

According to homelessness services data (2012/13), the main causes for seeking support were similar for both Aboriginal and non-Aboriginal groups, with the most common being accommodation difficulties (34.6% vs 30.5%). This was followed by domestic/family violence (22.3% vs 22.9%); financial difficulties (17.9% vs 23.6%); relationship/family breakdown (6.1% vs 6.2%); non-family violence (0.5% vs 0.6%); sexual abuse (0.1% vs 0.1%); and other (18.4% vs 16.1%).

However the actual rate of Aboriginal people using homelessness services to escape family violence shows a stark variation to non-Aboriginal people, over and above the increased representation of Aboriginal people in the homeless population.

- Victorian female clients (10+ years): Aboriginal 827 per 10,000, non-Aboriginal 64 per 10,000.
- Victorian male clients (10+ years): Aboriginal 180 per 10,000, non-Aboriginal 10 per 10,000.
- All Australian Aboriginal children (0-17) presenting with others escaping family violence: Aboriginal 443 per 10,000, non-Aboriginal 14 per 10,000.

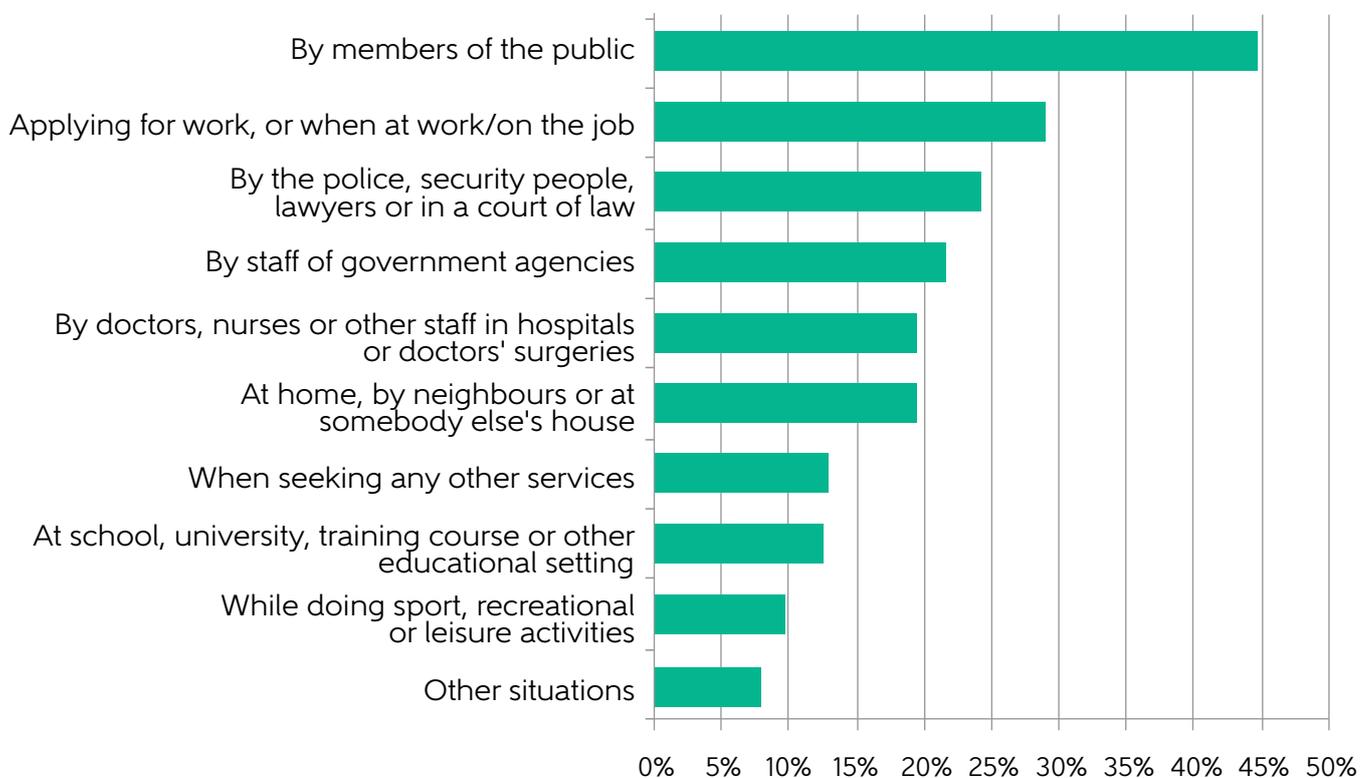
Racism and Discrimination

Findings from the Aboriginal Health Survey (2012/13) showed that in Australian non-remote areas, 17.2% of Aboriginal people felt they had been treated badly because of their Aboriginal background in the past 12 months. This was higher for those in the 35-44 (21.3%) and 45-54 (18.9%) age groups. For most this caused a number of feelings including anger (75.1%), sadness (28.4%), feeling sorry for the person who did it (33.6%), shame or worry (14.6%) and feeling sick (11.0%).

Of those Aboriginal people who reported experiencing racism, around 20% reported it happening once a week or more. As shown below, some of the most common discrimination experiences related to interactions with the public, in the workplace, with police/security, and with doctors, nurses or other staff in hospitals and surgeries.

Vichealth (2010/11) also conducted a smaller study linking mental health and racism across two metropolitan and two rural LGAs with 755 Aboriginal people²⁷, with results fairly consistent across city and country areas.

Situations where Aboriginal people were treated unfairly in last 12 months, 2012/13



Source: Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (Table 3.081)

The study found that 97% of participants had experienced racism in the previous 12 months with 70% experiencing eight or more events. Those educated at Year 12 or above reported significantly more experiences of racism than people with lower levels of education.

The study found that people who experienced the most racism also scored more severely on psychological distress. For example, 67% of those who experienced 12 or more events reported either high or very high levels of psychological distress. Over 70% worried about their family or friends being victims of racism a few times a month.

Certain types of racism were thought to have a more severe impact on psychological wellbeing. People who had property damaged, were left out or avoided because of their race, experienced racism while seeking housing/dealing with real estate personnel or on public transport scored significantly higher levels of psychological distress.

Social Engagement and Cohesion

The 2008 Aboriginal Social Survey indicated different levels of apparent connection to country, land and history on a range of indicators between Victorian Aboriginal people and Australian Aboriginal people.

Only 6% of Victorian Aboriginal people spoke an Aboriginal language, compared to 19% across Australia. There were also differences recorded in recognising homelands (68% Victoria, 72% Australia) and in attending an Aboriginal event in the last 12 months (53% Victoria, 63% Australia).

Other cultural indicators surveyed included:

- Identifying with a clan or language group - 59% Victoria, 62% Australia
- Being taught about Aboriginal culture at school - 43% Victoria, 45% Australia
- Learning about their own clan/language - 15% Victoria, 17% Australia
- Being involved with an Aboriginal organisation - 27% Victoria, 18% Australia
- Being supported by work for their cultural responsibilities - 33% Victoria, 44% Australia

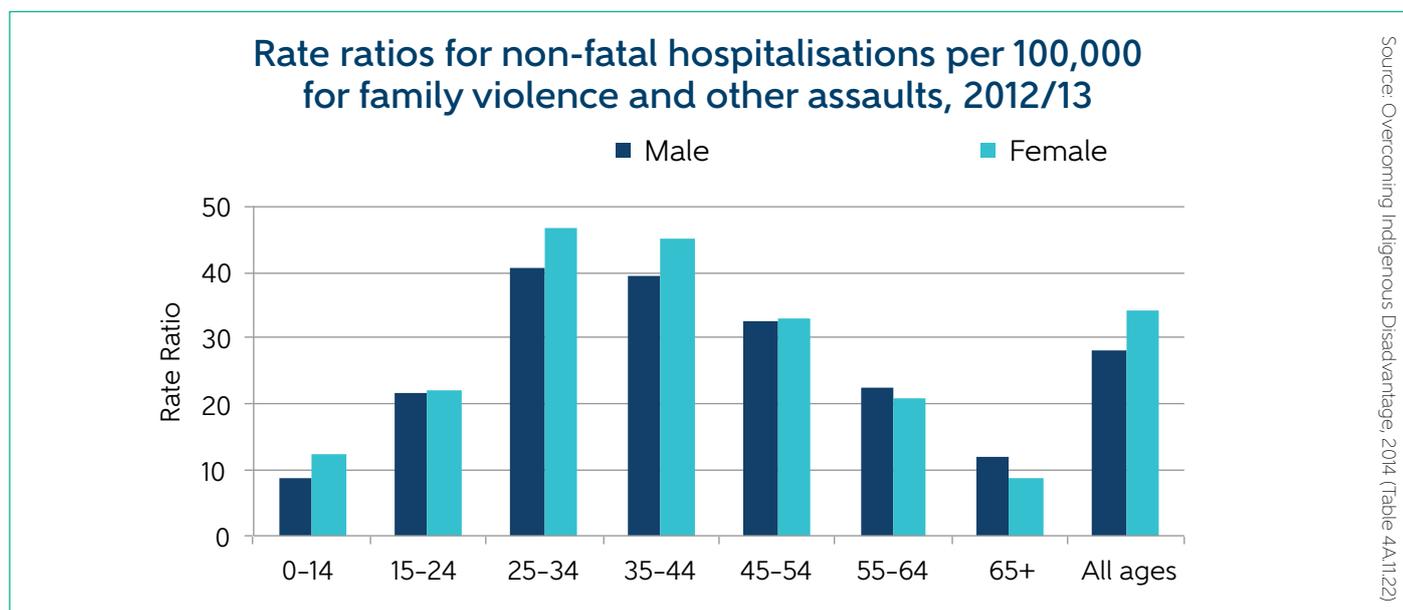
Feelings of safety among Aboriginal people were similar at a Victorian and Australian level (2008). However the 2011 VicHealth Indicators Survey²⁸ showed greater feelings of safety for the general Victoria population than the Aboriginal population, particularly walking alone in the local area at night (70.3% non-Aboriginal, 2011; 50% Aboriginal, 2008).

Victorian Aboriginal families made up 6.7% of all families who accessed community support services in 2012/13, despite making up only 0.7% of the Victorian population, indicating an increased need for support among Aboriginal families.

Crime and Violence

Violence

Aboriginal adults living in major cities are more than twice as likely to have been a victim of physical or threatened violence in the last 12 months as non-Aboriginal adults (2008). Homicide rates (2011/12) per 100,000 are also higher for Aboriginal populations as victims in major cities (2.1 vs 0.8), regional areas (5.0 vs 1.0) and Australia overall (5.1 vs 0.9).



The relationship to the perpetrator also showed some major variation, with Aboriginal people far more commonly killed by an intimate partner (47.4% vs 20.9%), and less commonly by strangers (0% vs 8.7%).

Other family violence statistics continue this trend, with Aboriginal people considerably more likely across all age groups and genders to be hospitalised for family violence and other assaults. Rate ratio data also indicates that hospitalisations for family assaults are 28.3 times more likely for men and 34.2 times more likely for women than their non-Aboriginal counterparts.

Imprisonment

Aboriginal imprisonment in Victoria has jumped nearly 30% over the past few years, increasing from a rate of 930.2 per 100,000 in 2010 to 1,195 per 100,000 in 2013, substantially more than the 4.5% increase in the same period across Australia as a whole.

Despite the rapid increase Victorian Aboriginal imprisonment rates remain well below the overall Australian Aboriginal rate of 1,730.9 per 100,000 people (2013). There is also a smaller gap between the Aboriginal and non-Aboriginal rate of imprisonment: in Victoria Aboriginal people are 10.3 times more likely to be imprisoned than non-Aboriginal people, compared to 13 times more likely across Australia.

The trend for lower imprisonment rates in Victoria (2012/13) is even clearer among young people (10-17 years). Young Aboriginal men were 8.5 times more likely and women 14.8 times more likely to be in detention than non-Aboriginal people in Victoria, compared to 23.8 more likely for males and 23.2 more likely for females across Australia.

The daily average number of young people (10-17 years) subject to a community based order (CBO) also increased between 2009-2013. In 2012/13, Victorian Aboriginal people were 10.9 times more likely than non-Aboriginal people to be placed on a CBO and 13.5 times more likely in Australia as a whole.

Australian Aboriginal populations are more likely to be imprisoned than non-Aboriginal populations for all types of offences.

Transport

Victorian and Australian Aboriginal populations more often identify difficulties with transport (2008) than non-Aboriginal people.

Victorian Aboriginal people:

- Transport is sometimes a difficulty - 16.5%
- Often have difficulties or cannot get places needed - 8.7%

Victorian non-Aboriginal people:

- Transport is sometimes a difficulty - 11%
- Often have difficulties or cannot get places needed - 3.4%

Food security

Poor food security is much more common in Aboriginal populations both in Victoria and Australia. Almost 10% of Victorian and Australian Aboriginal people had run out of food in the past 12 months (2012/13) and had to go without food. In Victoria, Aboriginal people were 8.9 times more likely to experience this than non-Aboriginal people.

Locally, food security has been identified as a concerning issue for residents generally in Hume, Wyndham and Brimbank through the 2011 VicHealth Indicators Survey.²⁹ As these areas also have higher Aboriginal populations, it is likely that food security could be a risk in these LGAs for Aboriginal people as well.

Gambling

A discussion paper by the Australian Gambling Research Centre (2014)³⁰ suggests that gambling has become an important part of Aboriginal culture.

It identified that 80% of Aboriginal Australians had reported gambling in the previous year compared to 64% of all Australians. Approximately 40% of the Aboriginal Australians who gamble on electronic gaming machines (EGMs), sports betting, online casinos or poker and race wagering gamble at least weekly.

EGM players are also six times more prevalent within Aboriginal populations. Problem or at-risk gambling rates may be as high as 20% of the Aboriginal population, but help-seeking is low across Australia for Aboriginal populations.

Risk factors for problem gambling include:

- Exposure to gambling as a child.
- High gambling expenditure.
- Drinking alcohol and using drugs while gambling.
- Gambling to escape life concerns.

Removal from the Family

Many Aboriginal people have experienced removal from their natural families in Australia, with recent research showing people who have been removed are more likely to have problems with mental health, alcohol and have a worse self-assessed health status.³¹

While removal from the natural family has been higher in the past, 2012/13 data from the Aboriginal Health Survey shows a high proportion of younger people (49.9% of 18-24 year olds) had been removed or had relatives removed from family.

More information on current out-of-home care is available in the Ages and Stages – Children (5-14) section.



18. Australian Bureau of Statistics. (2013). Socio-economic indexes for areas 2011.

19. Public Health and Information Development Unit. (2014). Social health atlas of Australia- Selected indicators: Primary health networks.

20. The SAIs have been designed as the smallest unit for the release of Census data. SAIs generally have a population of 200 to 800 persons, and an average population of about 400 persons. Australian Bureau of Statistics. (2011). Australian statistical geography standard (ASGS): Volume 1 - main structure and greater capital city statistical areas, July 2011

21. Steering Committee for the Review of Government Service Provision. (2014). Overcoming Indigenous disadvantage: Key indicators 2014. (Table 4A.5.7)

22. Australian Health Ministers' Advisory Council (2015). Aboriginal and Torres Strait Islander health performance framework. (Table 2.07.9)

23. Including Australian Major cities and Inner regional comparators.

24. Steering Committee for the Review of Government Service Provision. (2014). Overcoming Indigenous disadvantage: Key indicators 2014.

25. Australian Bureau of Statistics. (2012). Census of population and housing: Estimating homelessness.

26. Ibid

27. VicHealth (2012). Mental health impacts of racial discrimination in Victorian Aboriginal communities.

28. Victorian Department of Health. (2013). Local government area profiles.

29. Ibid

30. Hing, N & Breen, H. (2014). Indigenous Australians and gambling.

31. Australian Bureau of Statistics. (2010). Social and emotional wellbeing: Removal from natural family.

AGES AND STAGES MATERNAL AND CHILD (0-4 YEARS)

This paper follows the Koolin Balit priority health areas, taking an Ages and Stages approach to follow Aboriginal health characteristics and outcomes throughout a lifetime.

The first stage is Maternal and Child (0-4 years), covering the key areas of pregnancy, birth and early childhood development. These crucial years, covering both before and after a child is born, play a major role in setting the future health trajectory for Aboriginal and non-Aboriginal Australians alike.

This section mainly focuses on indicators which are particular to this life stage, such as those around birth and early development, but also features information on areas such as education and hospitalisations which will be revisited in later life stage sections.

Maternal and Child health – at a glance

Pregnancy and birth

- Aboriginal women generally become mothers earlier and have more children than non-Aboriginal women.
- Single birth Victorian Aboriginal babies (2011) are twice as likely to be born underweight (<2500 grams) than non-Aboriginal babies.
- 13.3% of the 10,030 Victorian Aboriginal women hospital admissions were related to pregnancy.³²

Infant and child mortality

- Mortality rates are substantially higher for Aboriginal infants (0-1 years) and young children (1-4 years) than non-Aboriginal infants and children (data not available from Victoria, ACT or Tasmania).

Maternal and Child Health Nurse (MCHN) and Immunisation

- MCHN attendance for key ages and stages visits are lower for Aboriginal people across Victoria.
- Childhood vaccination rates are substantially lower for Victorian Aboriginal children at the 1 year mark but are higher at the 5 year mark.

Hospitalisation

- Across Australia Aboriginal children are 5-8.8 times more likely to be hospitalised for assaults than non-Aboriginal children.

Education

- Kindergarten participation is generally lower for Aboriginal children, but the rate has been increasing over recent years.

Child protection

- In 2013/14 in Victoria there were 567 young Aboriginal children who were subjects of substantiated child protection reports.

All source data for the indicators referred to on this page and throughout the following chapter can be found in the Data Tables section of this document, unless otherwise referenced.



Pregnancy and Birthing

Aboriginal women (2013) tend to become mothers younger and have more children than non-Aboriginal women, with differences in fertility rates clearest in the 15-24 and 30-39 age groups.

Single birth Victorian Aboriginal babies (2011) are twice as likely to be born underweight (<2,500 grams) than non-Aboriginal babies. Over one fifth of Aboriginal mothers spent time in hospital because of their pregnancy, with around 14% having high blood pressure and between 6.5-8.4% experiencing diabetes/sugar problems during pregnancy (2008).

The vast majority of Aboriginal women had regular check-ups during their pregnancy, but fewer sought advice or information about pregnancy or childbirth (2008). Fewer Aboriginal mothers attended at least one antenatal visit in the first trimester, compared to non-Aboriginal mothers in Victoria and nationally (2011).

Alcohol use and illicit drug use during pregnancy for Aboriginal women (2008) was higher in Victoria (alcohol: 23.1%, illicit: 9.3%) than Australia (alcohol: 19.6%, illicit: 5.0%). As shown below, tobacco use during pregnancy (2011) was considerably higher for Victorian and Australian Aboriginal women than non-Aboriginal women.

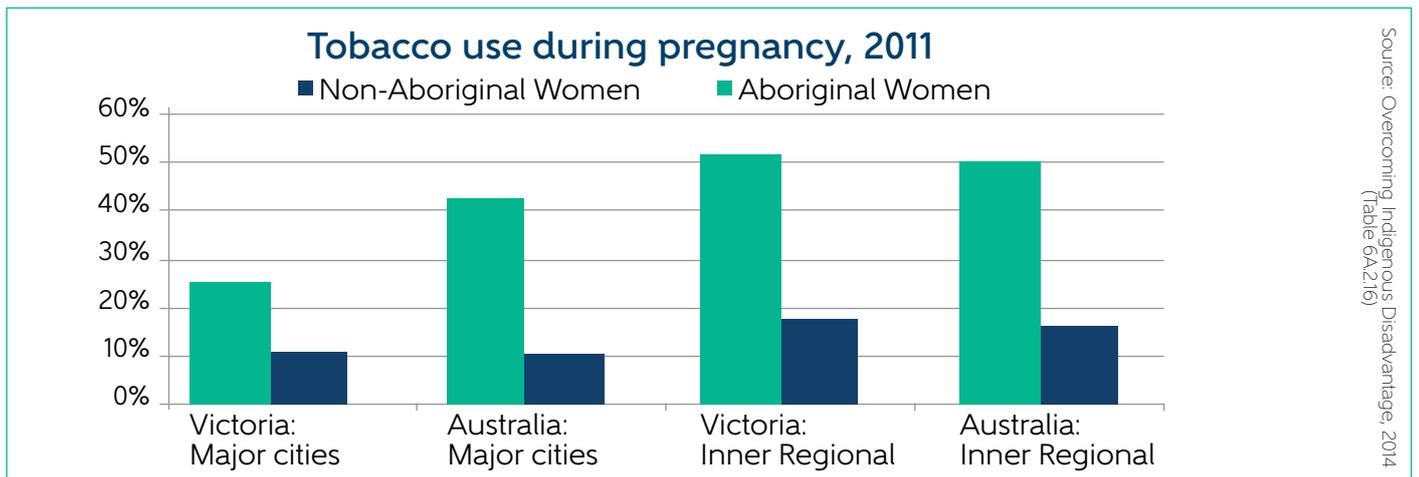
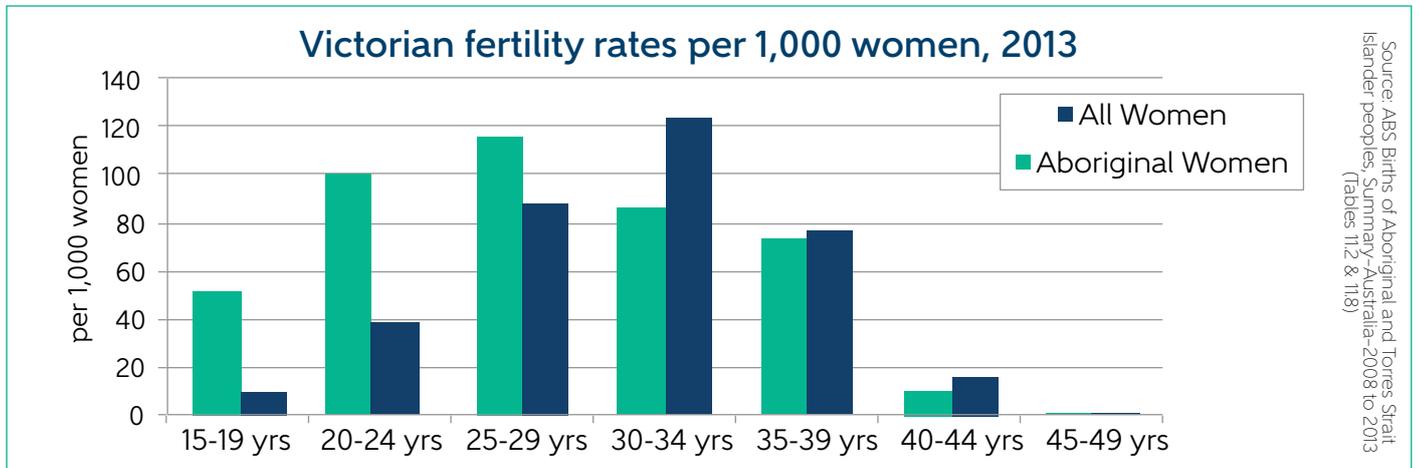
The Maternal and Child Experience

Aboriginal infant and child mortality rates are not available for Victoria, ACT or Tasmania. However, data for the aggregated remaining states show infant deaths (0-1 years) were higher for Aboriginal children (5/1,000 live births vs 3.3/1,000 live births) and also for older child mortality (1-4 years; 44.4/100,000 vs 15.6/100,000).

'Conditions originating in the perinatal period' were the most common cause of death, however rate ratios showed that deaths from issues like sudden infant death syndrome and respiratory diseases were more common for Aboriginal than non-Aboriginal infants.

Breast feeding

Breast feeding rates (2012/13) show that Aboriginal children in Victoria under three years old are less likely to be breastfed than non-Aboriginal children, and Aboriginal mothers in Victoria also appear to stop breastfeeding earlier.



Maternal and Child Health Nurse (MCHN) attendance 2013/14

MCHN attendance for key ages and stages visits (2013/14) was lower for Aboriginal people across Victoria. Rates were particularly low (more than 15% under Victorian averages) in Moreland, Brimbank, Darebin, Hume and Macedon Ranges, with Darebin and Hume being particularly concerning given their high Aboriginal populations. Areas that had higher than Victorian average MCHN attendance rates included Yarra, Melbourne, Maribyrnong, Moorabool and Wyndham.

Immunisation

Both Victorian and Australian childhood vaccination rates were mixed – substantially lower for Aboriginal children at one year but higher at the five year mark (2013).

Preventable hospitalisation

The leading causes of preventable hospitalisation (2012/13) for Victorian Aboriginal children aged 0-4 were respiratory system diseases and accidental injury, though admission rates for these causes were similar to non-Aboriginal children.

Overall non-remote Australian statistics show Aboriginal children are 5-8.8 times more likely to be hospitalised for assaults than non-Aboriginal children.

Child protection

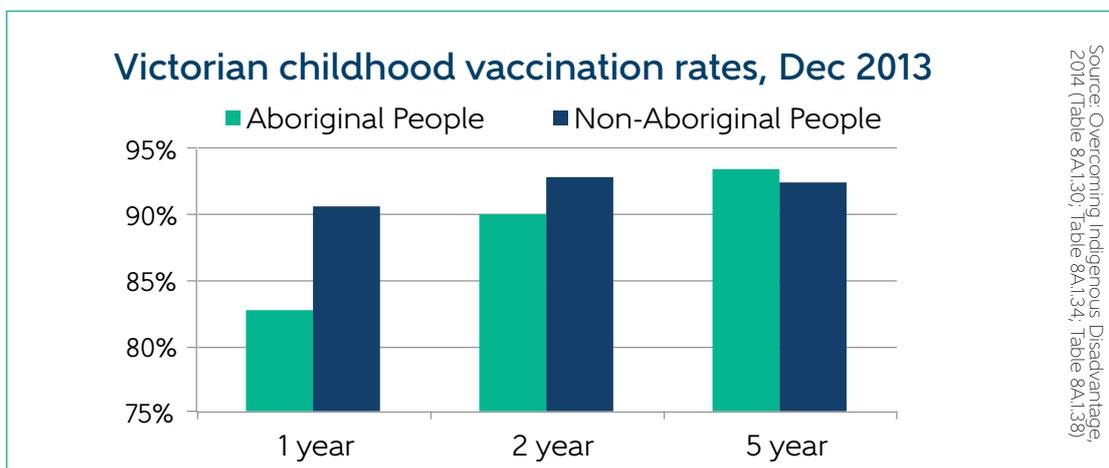
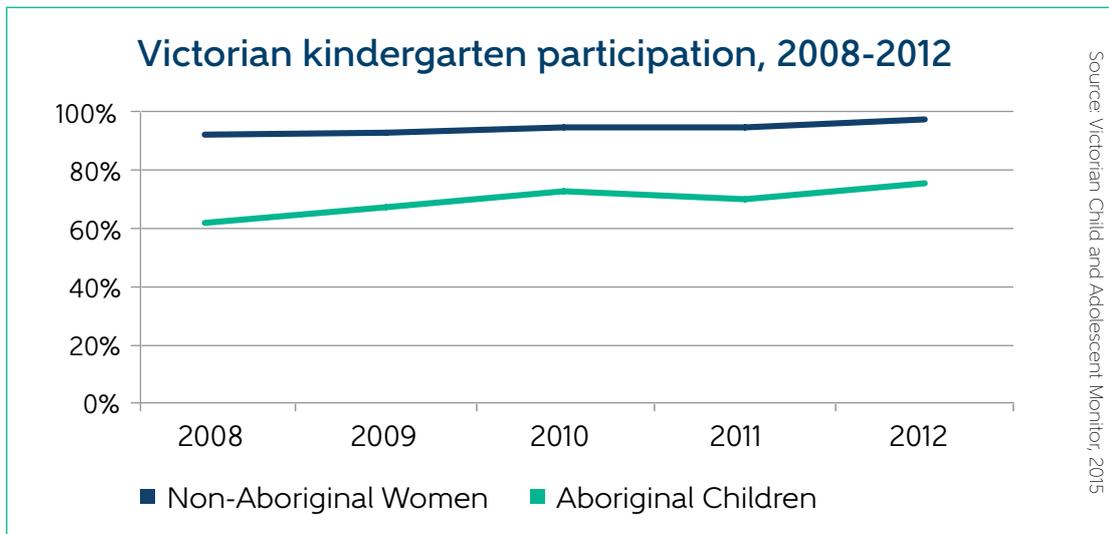
In 2013/14, Australian Aboriginal children were seven times more likely than non-Aboriginal children to receive child protection services (136.6 per 1,000 children vs 19.0).³³ Aboriginal children aged 0-4 were also 9.5 to 11.1 times more likely to be in out of home care. In Victoria, there were 567 children aged 0-4 years who were subjects of substantiated reports.

Early education

Kindergarten participation by Aboriginal children is generally lower across Victoria compared to non-Aboriginal children. However, this rate has been increasing over the past few years.

32. State of Victoria. (2015). Koori health counts 2012/13.

33. Australian Institute of Health and Welfare. (2015). Child protection Australia: 2013/14.



AGES AND STAGES

CHILDREN (5-14 YEARS)

Childhood (5-14 years) is the next major life stage, with its own particular health challenges. A happy and healthy childhood sets the stage for social, emotional, physical and economic wellbeing throughout life. On the other hand, health issues and lifestyle factors which first manifest in childhood can also have negative lifelong impacts.

Many of the indicators highlighted in this section are also reviewed in the subsequent life stages, allowing for comparison between different age groups and analysis of individual health areas over a lifetime.

Children (5-14 years) – at a glance

Learning and development

- Victorian Aboriginal children are just as likely to have engaged in some form of informal learning with their main carer in the last week as all other Australian children.
 - More likely to have participated in music/art and other creative activities, less likely to have participated in games/sports or homework/education.

Mental and emotional health and wellbeing

- Victorian Aboriginal children experience more bullying and are less likely to feel connected to their school than Victorian non-Aboriginal children.

Health and risk factors

- 16.2% of non-remote Aboriginal children (2-14) are eating enough fruit and vegetables, higher than non-Aboriginal children (13.2%).
- More than one in five Victorian Aboriginal children live in a house with a daily indoor smoker, almost twice the rate of non-Aboriginal children.

Common conditions

- Over 20% of Aboriginal children (0-14) have a respiratory condition (including asthma).

Eye, ear and dental

- Non-remote Aboriginal children are:
 - Slightly less likely to have eye or sight problems than non-Aboriginal children.
 - Twice as likely to have a hearing condition.
- 38.3% of Victorian Aboriginal children have reported dental issues, above the national average for Aboriginal children of 31.6%.

Disability

- There are approximately 87 Aboriginal children aged 5-14 years experiencing a disability in the NWMPHN region.
- Victorian Aboriginal children (under-18) are roughly three times more likely to experience either a profound/severe disability or a lesser disability than Victorian non-Aboriginal children.

Child protection

- Aboriginal children are between 9 and 10 times more likely to experience a substantiated child protection report than non-Aboriginal children.

All source data for the indicators referred to on this page and throughout the following chapter can be found in the Data Tables section of this document, unless otherwise referenced.



Learning and Development

Early learning and development are key aspects of health and wellbeing for children. 2008 data shows Victorian Aboriginal children are just as likely to have engaged in some form of informal learning with their main carer in the last week as all Australian children. Activities that were less likely to take place included games/sports or homework/education. However, Victorian Aboriginal children were much more likely to participate in music/art or other creative activities.

While levels of informal learning are positive for young children, this is not necessarily reflected in childhood early development measurements taken in the first year of school.

The Australian Early Development Census looks at five different elements or domains that are important for children's development, and classifies children who are in the bottom 10% of domain scores as 'vulnerable', whilst those in the bottom 10-25% are considered 'at risk'. Victorian Aboriginal children were much more likely to be classified as 'vulnerable' across all five domains (see page 25).³⁴

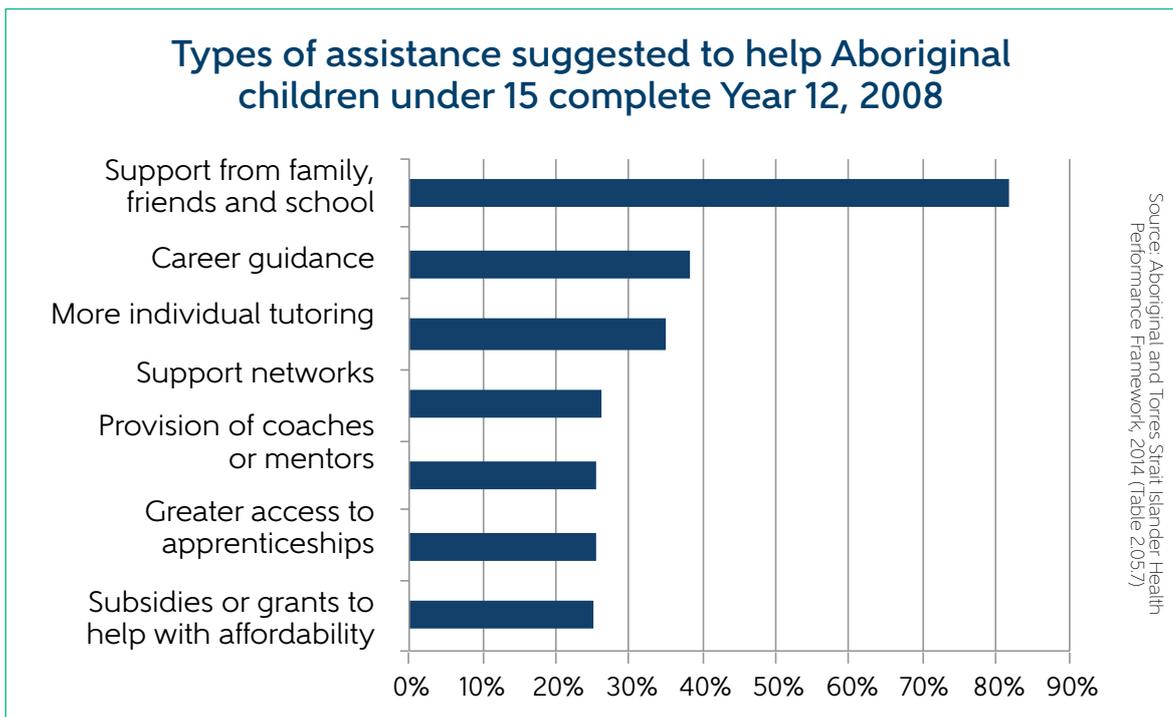
Upon Victorian school entry most parents participate in a School Entrance Health Questionnaire (SEHQ). This aims to help understand their child's needs in the new school environment.³⁵ The 2013 SEHQ Victorian findings suggested that parents of Aboriginal children were more likely to be concerned about:

- Child speech/language.
- Child emotional/behavioural difficulties.
- Child behavioural concerns.
- High family stress in previous month.

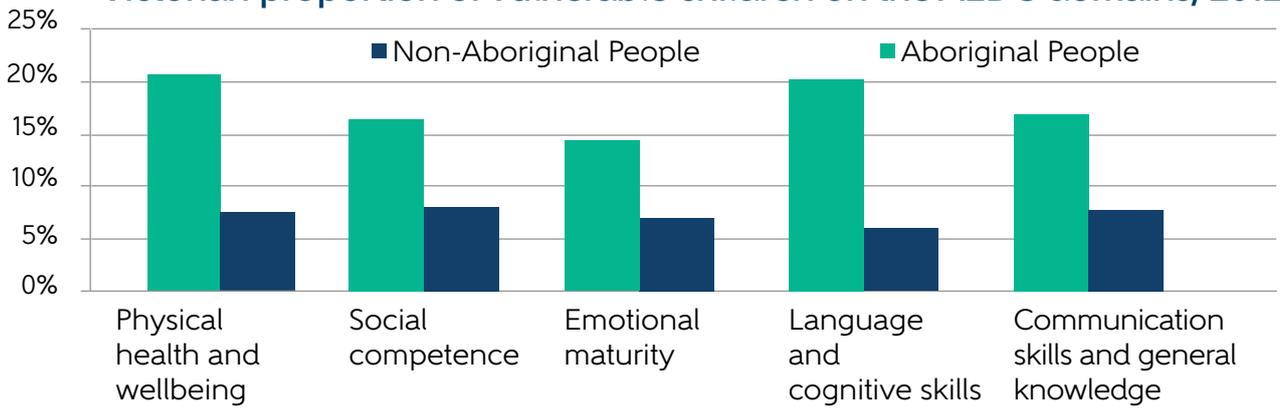
Other associated indicators:

- National Assessment Program Literacy and Numeracy (NAPLAN, 2014): Proportion of Victorian Aboriginal children meeting or exceeding benchmarks are 10% or more below non-Aboriginal children.
- Bullying and belonging (2014) report: Victorian Aboriginal children experience more bullying and are less likely to feel connected to their school.
- Victorian school attendance and retention data (2013): Almost double rate of absenteeism (28.2 days vs 15.6 per year) and much lower rate of retention in years 10-12 (57.9% to 84.6%) for Aboriginal children compared to non-Aboriginal children.

In 2008, Aboriginal people were surveyed to determine what types of activities would help increase school retention to year 12. As shown, a range of educational, personal and financial support activities were believed to be needed to increase retention by those in Australian non-remote areas.



Victorian proportion of vulnerable children on the AEDC domains, 2012



Health and Risk Factors

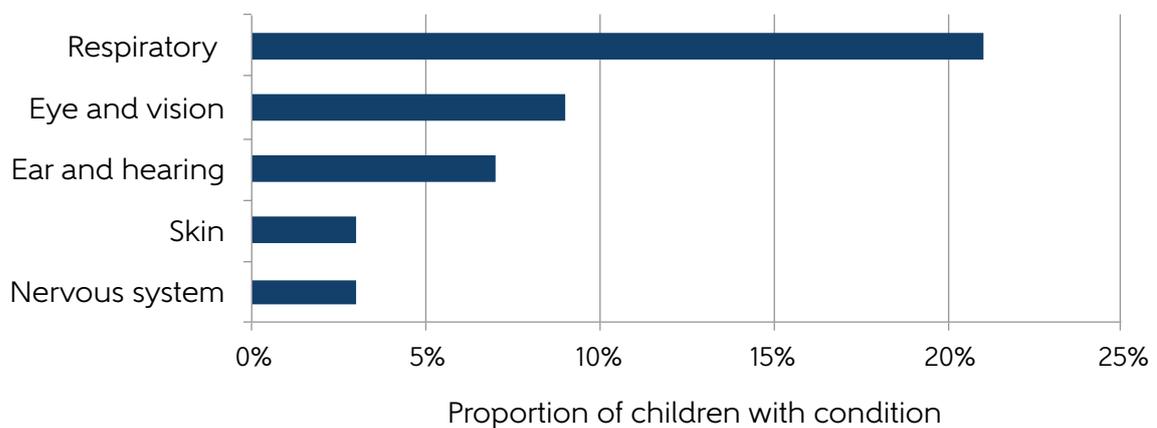
Key indicators

- 3.7% of Aboriginal children between 0-14 had fair/poor health status.
- 17.6 per 100,000 Aboriginal children (5-14) die each year, almost double rates for non-Aboriginal children.
- 17.6% of non-remote Aboriginal children (2-14) are eating enough fruit and vegetables, higher than non-Aboriginal children (13.2%).
- 30.4% of Aboriginal children are overweight or obese.
- 20.8% of Victorian Aboriginal children live in a house with a daily indoor smoker, almost twice the rate of non-Aboriginal children.

The most common long term health conditions for 0-14 year old Australian Aboriginal children are outlined in the graph below:³⁶



Common conditions for Aboriginal children 0-14 years, 2012/13



Eye, Ear and Dental

Non-remote Aboriginal children (0-14) are slightly less likely to have eye or sight problems, but are twice as likely to have a hearing condition as non-Aboriginal children (2012/13). Approximately 3.2% of non-remote Aboriginal children experience deafness and 2.6% have experienced otitis media, a group of inflammatory diseases of the middle ear.

2008 data shows 38.3% of Victorian Aboriginal children (0-14) have reported teeth or gum problems, higher than the Australian Aboriginal average of 31.6%.

Disability

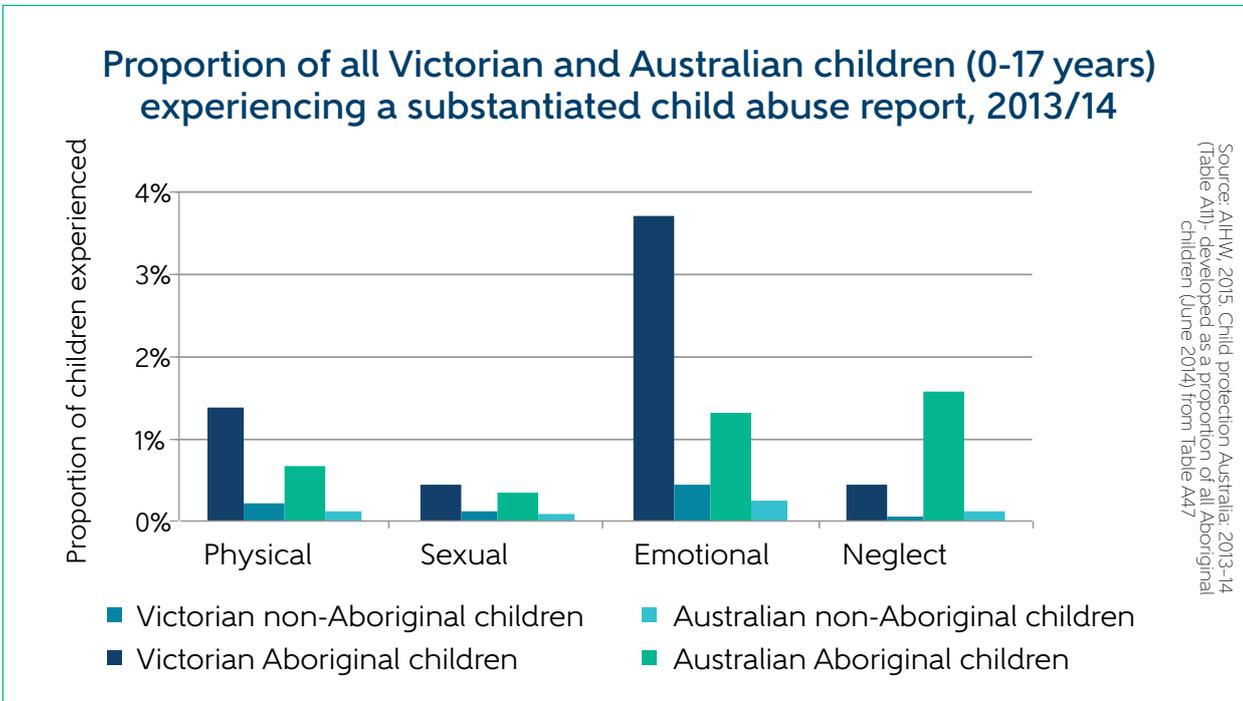
According to Census (2011) data, there were approximately 87 Aboriginal children aged 5-14 years experiencing a disability in the NWMPHN region. Victorian and Australian statistics (2011-2013) show disability is a major issue among Aboriginal children, with Victorians under 18 approximately three times more likely to experience either a profound/severe disability (8% v 2.3%) or a lesser disability (22.7% v 7.4%) than non-Aboriginal children.

Child Protection and Abuse

In Victoria (2013/14) there were 620 Aboriginal children aged 5-14 years who experienced a substantiated child protection report. Rate ratios suggest that Aboriginal children aged 5-9 years were 9.9 times more likely than non-Aboriginal children to be subjects of a substantiated report, and were 8.8 times more likely if they are aged between 10-14 years.

Aboriginal children were more likely to experience all types of abuse (i.e. physical, sexual, emotional, neglect). In Victoria, data shows that Aboriginal children aged 0-17 years were more likely to experience emotional and physical abuse than the Australian Aboriginal total.

The rate per 1,000 children on out of home care orders as of 30 June, 2014 is also considerably higher for Australian Aboriginal children compared to non-Aboriginal children, both at 5-9 years (62.0 vs 6.2) and at 10-14 years (58.2 vs 6.6). According to NWMPHN statistics, at least³⁷ 115 Aboriginal children were in out of home care in 2012 across the LGAs of Brimbank, Darebin, Hume, Melton and Wyndham.



34. Australian Early Development Census. (2015). How does the AEDC work?

35. Victorian Department of Education and Training. (2013). School Entrance Health Questionnaire (SEHQ).

36. Australian Institute of Health and Welfare. (2015). The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2015.

37. Victorian Child and Adolescent Monitor (2015). Rate of children in out of home care. Note: Statistics not published for LGAs that were under 5 people for privacy reasons.

AGES AND STAGES YOUNG PEOPLE (15-24 YEARS) AND ADULTS (25-50 YEARS)

It is during early adulthood and middle age that the concerning patterns identified in the earlier life stages start to translate into clear differences in health outcomes. This is most obvious in premature death and chronic disease rates, with mortality rates for different ages and types of conditions all clearly higher for Aboriginal people than non-Aboriginal people.

The data presented also shows how these differences become greater over time during adulthood, showing the importance of prevention and health interventions during young adulthood to minimise major health issues in later life.

Young people (15-24) and Adults (25-50) – at a glance

Health and risk factors

- Life expectancy is around 10 years lower for Aboriginal people than non-Aboriginal people.
- Aboriginal people are dying of endocrine, nutritional and metabolic disease (including diabetes) at more than 4.5 times the rate of non-Aboriginal people.
- Victorian Aboriginal people are between 2.3 times (men) and 3.9 times (women) more likely to be hospitalised for smoking related causes than Victorian non-Aboriginal people.
- Almost as many Aboriginal people did not binge drink at all in the last 12 months as non-Aboriginal people, however:
 - Hospitalisations related to acute intoxication are 10-12 times higher than for non-Aboriginal people.



Chronic disease

- Aboriginal people are much more likely to have a range of key chronic diseases than non-Aboriginal people, particularly chronic kidney disease.

Mental and emotional health and wellbeing

- Aboriginal people over 18 are 2-3 times more likely to report higher levels of psychological distress than non-Aboriginal people.
- Aboriginal people under 25 are almost four times more likely to die from self-harm than non-Aboriginal people.

Eye, ear and dental

- Younger non-remote Aboriginal adults report fewer eye/sight problems than non-Aboriginal adults, though this trend begins to disappear in older age groups.
- Aboriginal adults are around twice as likely to have a hearing problem across most age groups.
- 7.9% of Victorian Aboriginal people over 15 report complete tooth loss.

Disability

- Non-remote Aboriginal adults (18+) have higher recorded rates of all types of disability than non-Aboriginal adults.

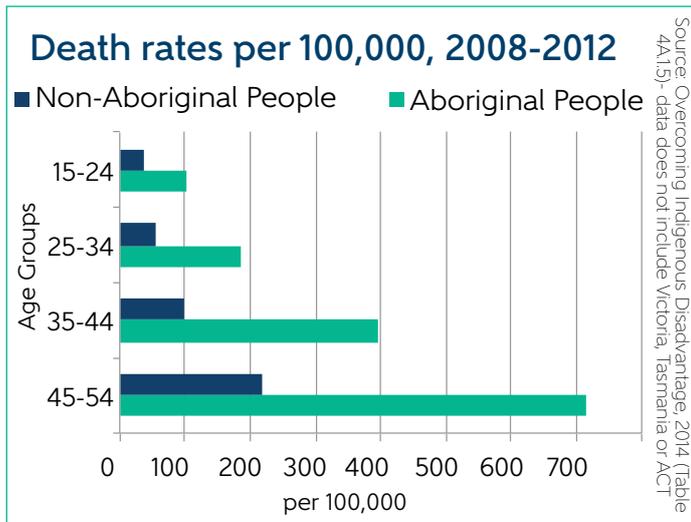
All source data for the indicators referred to on this page and throughout the following chapter can be found in the Data Tables section of this document, unless otherwise referenced.

Health and Risk Factors

Life expectancy³⁸ at birth for Australian Aboriginal people (2010-2012) is 69.1 years for males and 73.7 for females compared to 79.7 for males and 83.1 for females for Australian non-Aboriginal people.

The Australian death rate comparisons per 100,000³⁹ show that Aboriginal death rates are markedly higher across all age groups.

Causes of death are higher for Aboriginal Australians⁴⁰ for all types except nervous system diseases, with Aboriginal people dying of endocrine, nutritional and metabolic diseases (including diabetes) at nearly five times the rate of non-Aboriginal people.



Eye diseases and vision problems, respiratory diseases and musculoskeletal diseases are consistently the most common long-term health conditions (2012/13) for young and adult Aboriginal people. However endocrine, nutritional and metabolic diseases and cardiovascular disease each become much more common in older age groups.⁴¹

Most common conditions: By age group

15-24 years	25-34 years	35-44 years	45-54 years
Respiratory diseases: 29.9%	Respiratory diseases: 36.9%	Eye diseases and vision problems: 47.7%	Eye diseases and vision problems: 87.2%
Eye diseases and vision problems: 22.0%	Eye diseases and vision problems: 27.4%	Respiratory diseases: 39.8%	Musculoskeletal diseases: 47.0%
Musculoskeletal diseases: 12.7%	Musculoskeletal diseases: 21.8%	Musculoskeletal diseases: 35.3%	Respiratory diseases: 42.6%
Ear diseases and hearing problems: 8.3%	Nervous system diseases: 13.7%	Cardiovascular disease: 18.9%	Endocrine, nutritional and metabolic diseases: 31.2%
Nervous system diseases: 8.3%	Cardiovascular disease: 12.2%	Endocrine, nutritional and metabolic diseases: 16.5%	Cardiovascular disease: 28.2%

Source: Overcoming Indigenous Disadvantage, 2014 (Table 4A1.5)- data does not include Victoria, Tasmania or ACT

Nutrition and obesity

No major difference was recorded between Aboriginal people and non-Aboriginal people 12+ years for both obesity/overweight status and healthy eating behaviours (2012/13). However, non-remote Aboriginal populations were 1.5-1.7 times more likely to be at the extreme end of not meeting the national nutritional guidelines (i.e. no vegetable intake or no fruit intake daily).

Smoking, drinking and drugs

Recent data (2011-2013) suggests Australian Aboriginal people are 2.6 times more likely to smoke daily than non-Aboriginal people, with a greater difference in Victorian inner-regional areas than in major cities. High smoking rates can translate to hospitalisations, with Victorian Aboriginal people between 2.3 times more likely (males) and 3.9 times more likely (females) to be hospitalised for smoking related causes.

Contrary to some stereotypes, Aboriginal populations were only slightly more likely to report short-term single occasion alcohol risk (binge drinking) at least once in the past 12 months. This suggests that almost as many Aboriginal people (on a proportional basis) don't binge drink as non-Aboriginal people.

However among those Aboriginal people who do report binge drinking at least once in 12 months, many are binge drinking much more often than that with a range of health consequences.

18.5% of Australian Aboriginal people identified risky drinking once a week or more, with hospitalisations related to acute intoxication (2011-2013) 12.1 times higher for Aboriginal women and 9.7 times higher for Aboriginal men. Alcoholic liver disease hospitalisations were also more common for Aboriginal populations, suggesting both long and short term harms associated with alcohol use are higher for Aboriginal populations and particularly women.

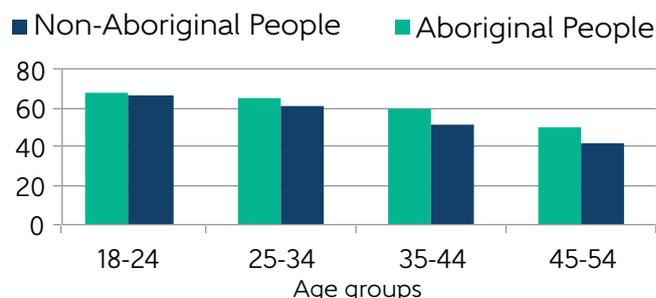
A total of 46.3% of Aboriginal people reported ever using a substance in their lifetime (2012/13). Substances most commonly used by Aboriginal Australians living in non-remote areas in the previous 12 months included:

- Marijuana: 19.6%
- Pain killers or analgesics for non-medical purposes: 3.2%
- Amphetamine or speed: 2.8%
- Tranquilisers or sleeping pills for non-medical purposes: 2.3%
- Kava: 1.2%
- Petrol and other inhalants: 0.4%

Hospitalisations with drug use as a principal diagnosis were high for Australian Aboriginal populations, with higher rates closer to Australian major cities. Rate ratios also showed that Aboriginal populations were 2.5 times more likely to be hospitalised for these reasons. The proportion of alcohol and other drug (AoD) treatment episodes is also proportionally higher for the Aboriginal population with help commonly sought for alcohol, followed by

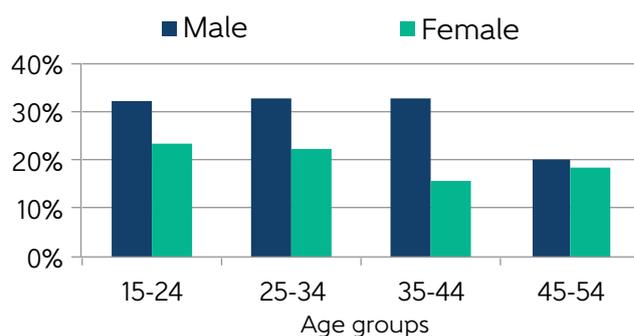
cannabis, amphetamines and heroin and other opiate analgesics nationally⁴² and within the NWMPHN region.⁴³ Locally, the proportion of Aboriginal AoD clients with concurrent mental health conditions is higher in Moreland, Hobsons Bay and Hume.

Persons reporting short-term alcohol risk in previous 12 months per 100, 2012-2013



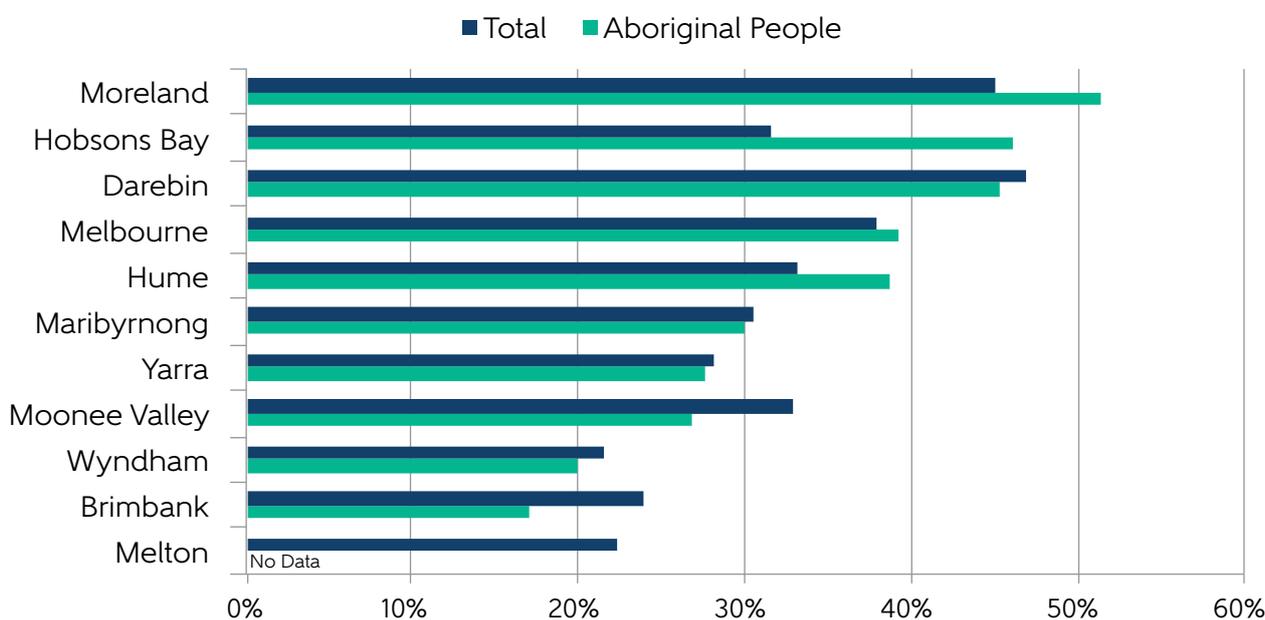
Source: Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (Table 2.16.2)

Substance use in past 12 months for Aboriginal people, 2012/13



Source: Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (Table 2.17.3)

Proportion of AoD clients with concurrent mental health conditions, 2013/14



Source: Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (Table 2.17.3)

Avoidable Mortality

Avoidable mortalities are classified as those that occur between 0-74 years that could have been prevented through public health and medical interventions.

Aboriginal populations are more likely to suffer avoidable mortalities in all conditions than non-Aboriginal people.⁴⁴ Of particular concern are rheumatic and valvular heart disease, diabetes, nephritis and nephrosis (kidney disease) and violence, with Aboriginal populations being seven or more times more likely to die from these causes.

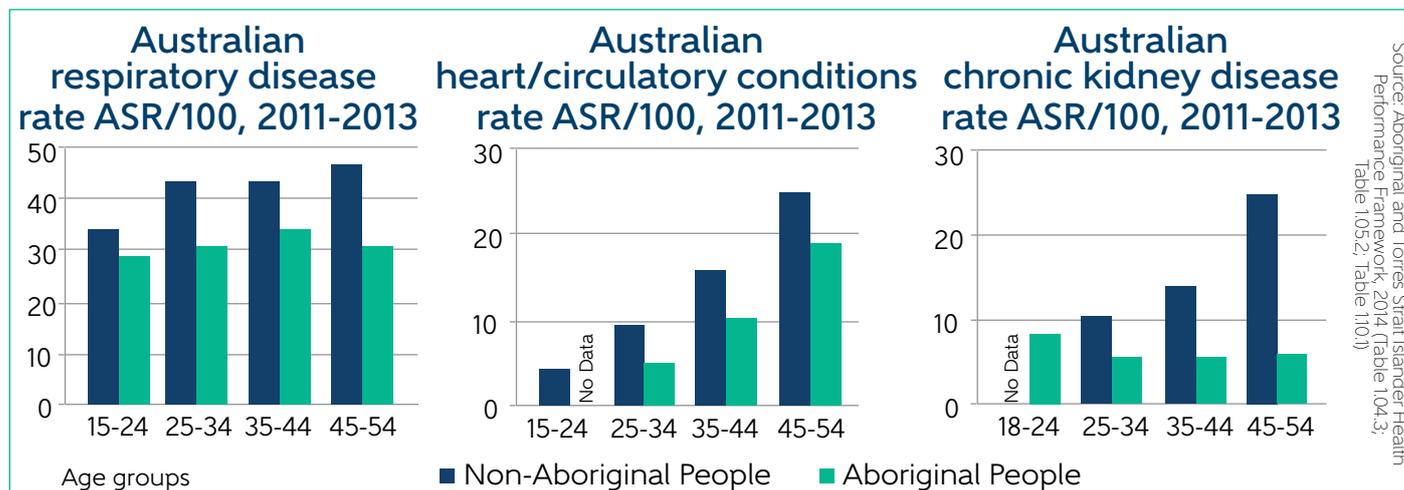
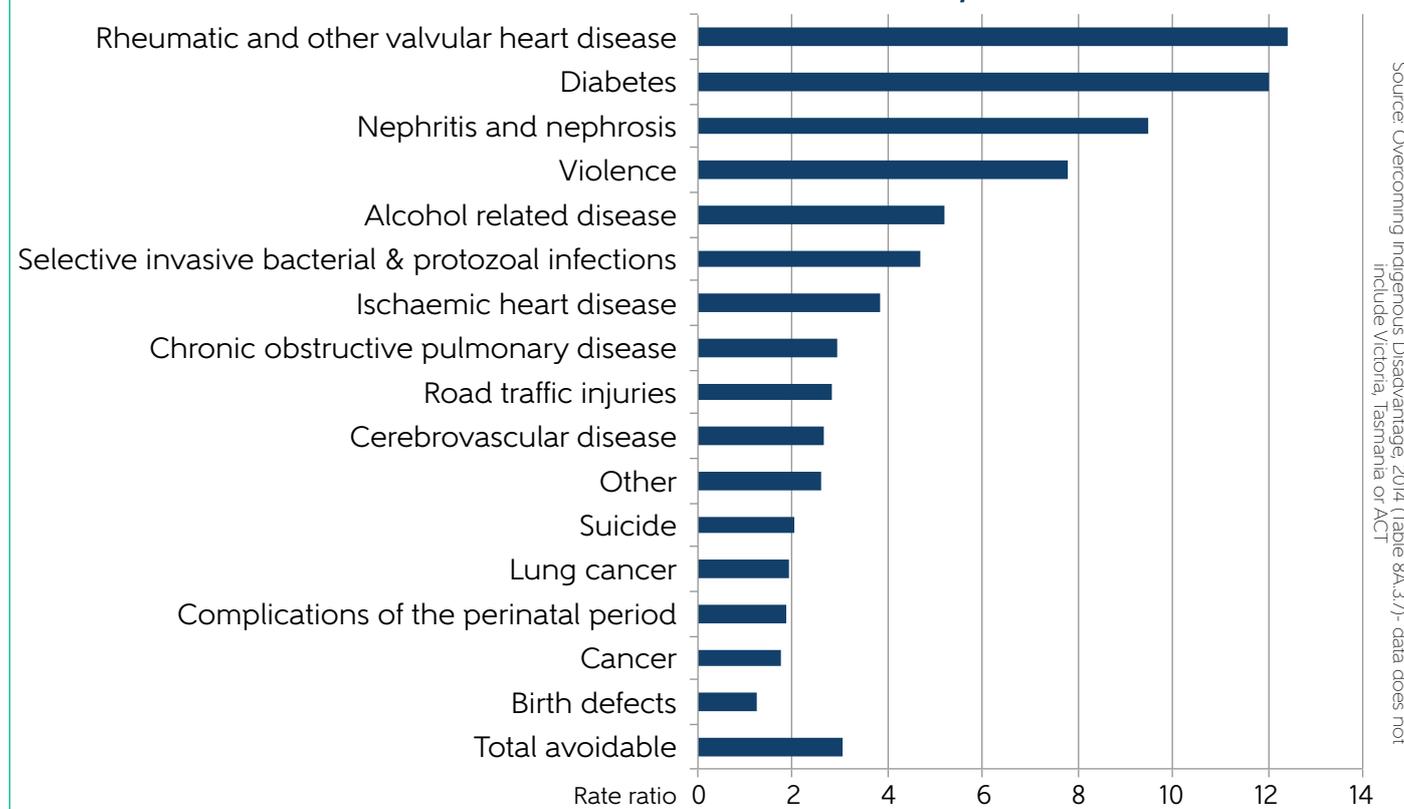
Overall, Aboriginal populations were three times more likely to die from a condition that could have been prevented or treated.

Chronic Disease

Rates of particular chronic diseases and associated hospital use are high for Aboriginal populations across Australia, including in the key areas of respiratory systems diseases, heart/circulatory conditions, diabetes and kidney disease.

These high prevalence rates make prevention and early intervention even more important, with scope for improvement in screening and testing for conditions. For example diabetes is the fourth leading cause of avoidable mortality among Aboriginal people, yet only 29.3% of the undiagnosed Aboriginal population has been tested for diabetes in the previous three years.

Rate ratios of avoidable mortalities, 2008-2012



Hospitalisations: chronic disease

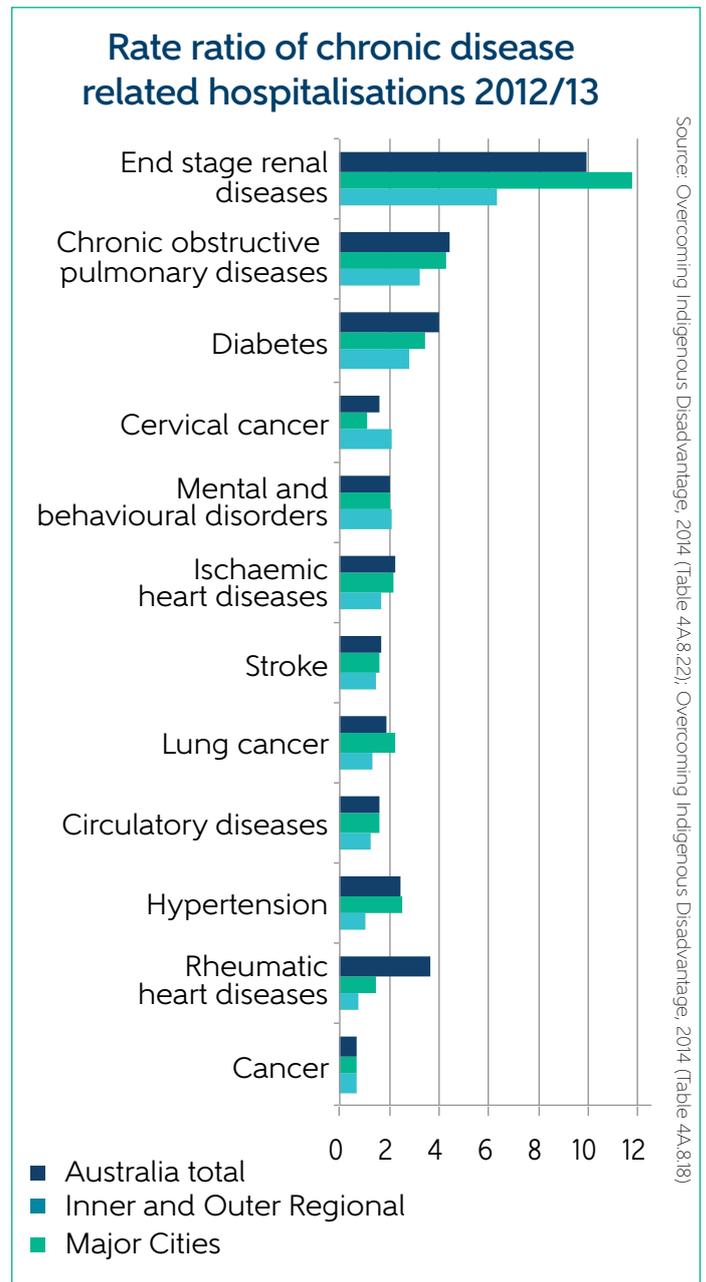
Rate ratios indicate that Aboriginal populations were far more likely to be hospitalised for endstage renal, COPD and diabetes than non-Aboriginal groups in 2012/13.

Victorian statistics also suggest that dialysis makes up a high proportion of all Aboriginal hospital admissions (40.5% of all male admissions and 34.4% of all female admissions). It constitutes between 22.2-96.8% of Aboriginal admissions in hospitals across the Victorian North West Metropolitan Region.⁴⁵

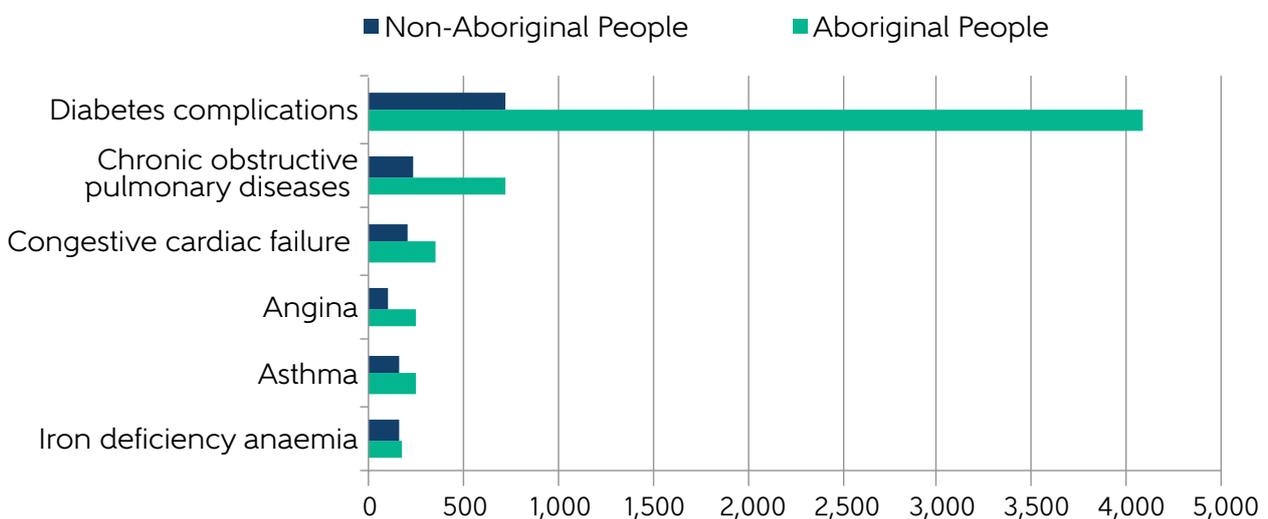
Another way to view chronic disease hospitalisations is through admissions for Ambulatory Care Sensitive Conditions⁴⁶ (ACSCs). Aboriginal people in major cities are hospitalised at a higher rate for many types of ACSC than non-Aboriginal people, particularly for diabetes related complications. ACSC hospitalisations make up approximately 7.2% of Aboriginal hospitalisations in major cities compared to 4.1% for non-Aboriginal hospitalisations.

Cancer

The Cancer Council of Victoria reports there were an average of 112 new cancer diagnoses per year for Aboriginal people in Victoria (2010-2014) with overall cancer incidence rate comparisons between Aboriginal and non-Aboriginal men and women only slightly higher.⁴⁷ However, rates of lung and cervical cancer were significantly higher for Aboriginal people in Victoria. Mortality rates associated with cancer were also significantly higher for Aboriginal males and females in Victoria. Higher mortality rates may be related to lower screening participation (see screening section on page 35) and lower access to treatment, leading to diagnoses occurring at a later stage in the disease.



Most common preventable hospitalisations (ACSCs) for chronic diseases in Australian major cities, ASR/100,000, 2012/13



Mental and Emotional Health and Wellbeing

Aboriginal people over 18 (2011-2013) are 2-3 times more likely to report high levels of psychological distress than non-Aboriginal people both in Victoria and nationally.

Aboriginal women⁴⁸ and those aged 45-54 have the highest levels of distress.

Aboriginal populations in major cities and inner regional areas felt more:

- nervous.
- without hope.
- restless or jumpy.
- that everything was an effort.
- so sad nothing could cheer you up.

Seeking recent professional help was more common among Aboriginal women (30.1%) than men (21.7%) and also in major cities. Younger people were the least likely to see a health professional.

Mental health service indicators:

- Australian estimates suggest that a large proportion of Aboriginal GP encounters are focused on managing mental health (737.5 per 1,000 population compared to 585.2).
- In Australia (2009/10) 6.2% of emergency department mental health episodes of care were for Aboriginal populations, an overrepresentation compared to their overall population (2.6%).

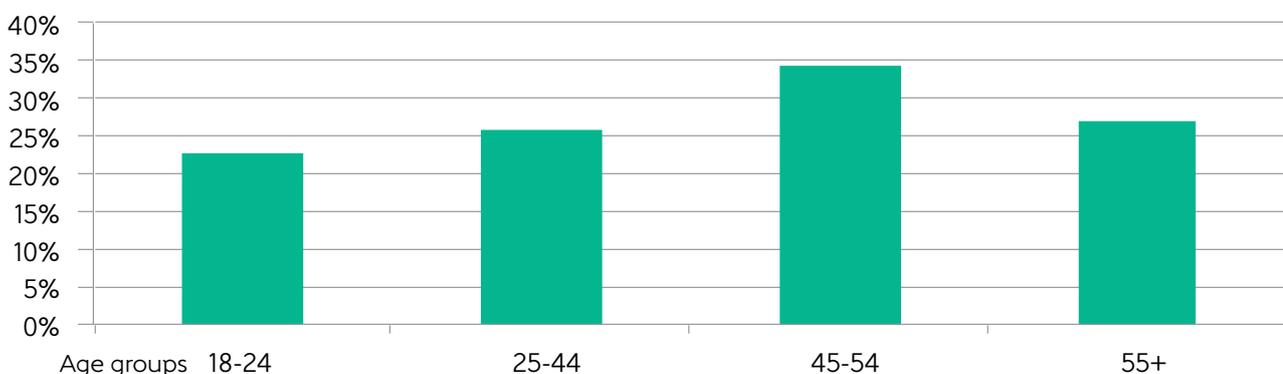
- In Victoria (2010/11), Aboriginal populations were almost three times more likely to receive a community-based ambulatory mental health service contact.
- In Victoria (2012/13), 706 or 3.9% of Aboriginal hospital admissions were related to mental disorders.⁴⁹ Other data indicates Victorian Aboriginal people were more likely to be hospitalised for:
 - Schizophrenia, schizotypal and delusional disorders: 2.9 times more likely.
 - Mental and behavioural disorders due to psychoactive substance use: 2.5 times more likely.
 - Neurotic, stress-related disorders: 1.7 times more likely.
 - Disorders of adult personality and behaviour: 1.7 times more likely.
 - Mood disorders: 1.1 times more likely.

Self-harm

Aboriginal people are substantially more likely to die (not including Victoria, Tasmania or ACT data) or be hospitalised due to intentional self-harm.

- Aboriginal people under 25 are almost four times more likely to die from self-harm.
- Overall self-harm deaths were highest among 25-34 year olds between 2008-2012.⁵⁰
- Over three times as many males and 2.3 times as many females were hospitalised for self-harm.

Aboriginal people with high psychological distress who saw a health professional in past 4 weeks, 2012/13



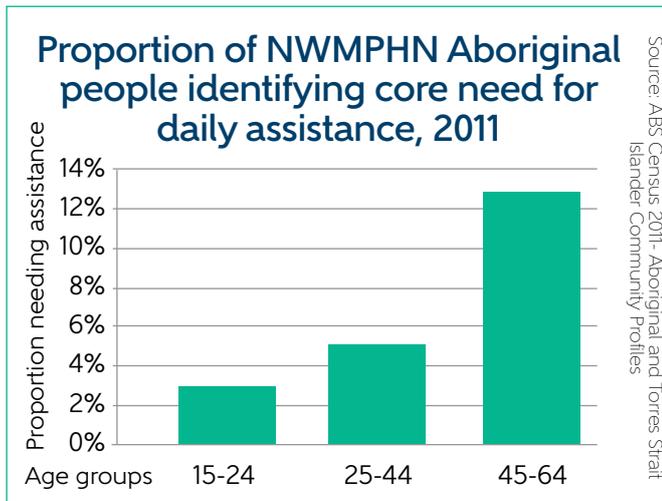
Source: Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (Table 3.10.1)

Disability

According to the census (2011) there were approximately 308 Aboriginal people aged 15-64 years who identified as having a disability in the NWMPHN region.

8.8% of Aboriginal adults in Victoria experience a profound/severe restriction compared to 3.3% of non-Aboriginal adults. A further 49.1% of Aboriginal adults experience a lesser disability or restriction compared to 30.5% of non-Aboriginal adults.

In non-remote areas of Australia rates of disability for those over 18 years is higher across a range of disability types as shown in the graph below.



Eye and Ear Health

Non-remote younger Aboriginal adults (2012/13) appear less likely than non-Aboriginal people to report eye/sight problems (ASR/100), continuing a trend seen in younger Aboriginal children.

- 15-24 years (24.3 vs 33.6)
- 25-34 years (30.3 vs 38.6)
- 35-44 years (48.1 vs 44.2)
- 45-54 years (89.9 vs 85.5)

In contrast, overall Australian Aboriginal adults aged 15-54 years (ASR/100) are approximately twice as likely to have a hearing problem across most age groups.

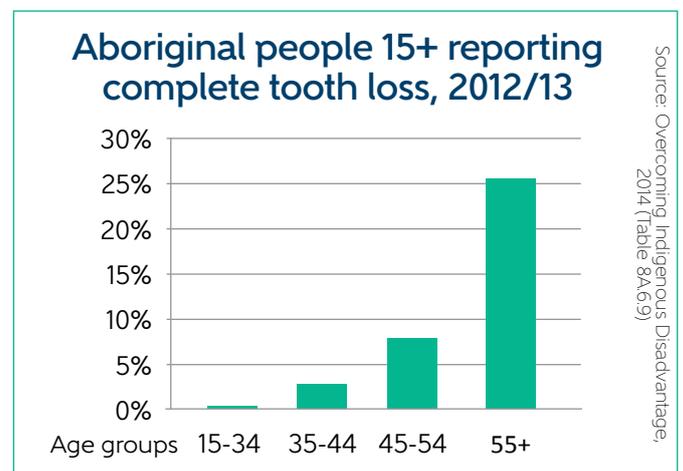
- 15-24 (8.3 vs 3.5)
- 25-34 (10.7 vs 5.9)
- 35-44 (16.4 vs 10.1)
- 45-54 (22.3 vs 14.0)

Victorian (2013/13) hospital admissions data suggests that 251 or 1.3% of Aboriginal admissions were related to eye or ear diseases.⁵¹

Dental Health

Non-remote Aboriginal populations reporting complete tooth loss (2012/13) show older adults with the most common tooth loss. Victorian statistics suggests for all Aboriginal people over 15 years, 7.9% have complete tooth loss. National preventable hospitalisations data (2012/13) suggest that dental conditions occur for 3.5 per 1,000 Aboriginal population compared to 2.8 per 1,000 non-Aboriginal population.

Dental service use (2012/13) in non-remote Victorian Aboriginal populations (2+ years) occurs predominantly in private dental clinics (38.2%), followed closely by government dental clinics (34.6%) and dentists at Aboriginal medical services in community clinics (18.1%) and school dental services (5.9%). In non-remote Australia, over half (59.3%) had seen a dentist in the previous 2 years, but 11.9% had never seen one.



STIs and Blood Borne Viruses

Rates for STIs and blood borne viruses, with the exception of HIV, are substantially higher for Aboriginal people than non-Aboriginal people across Australia.

However Victorian statistics are more mixed, with rates for gonorrhoea actually lower for Victorian Aboriginal people as shown below:

- Gonorrhoea: 19.5 more likely in Australia, 0.9 times as likely in Victoria.
- Non-congenital syphilis: 5.5 times more likely in Australia, 1.6 times more likely in Victoria.

Older data (2007/08) suggests that Aboriginal people had much higher rates of STI and Hepatitis C notifications in the North West Metropolitan Melbourne region compared to Victorian averages.⁵²

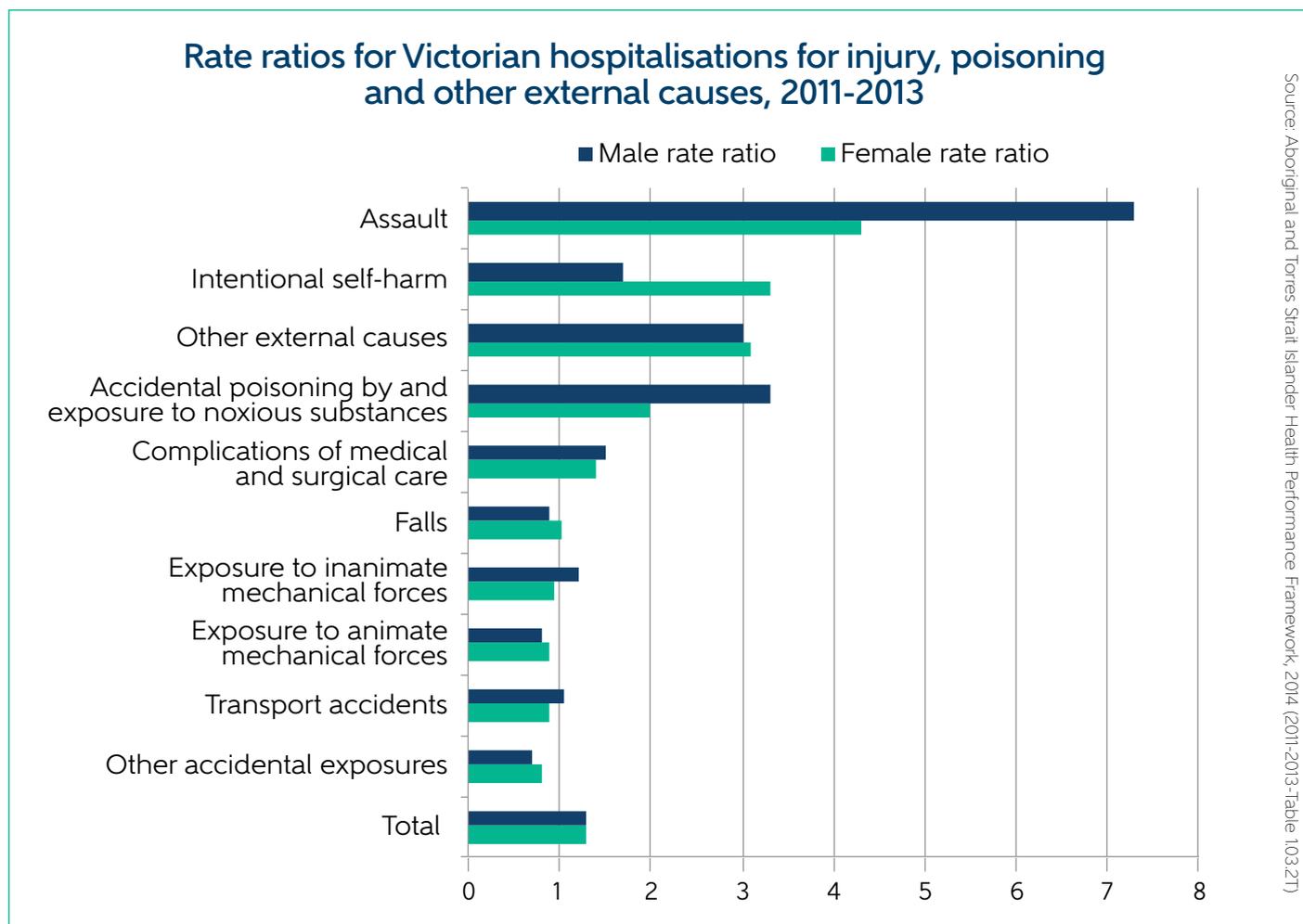
Australian hospitalisation rates for infections with a predominantly sexual mode of transmission (2012/13) showed rates that were higher in regional areas compared to major cities for Aboriginal populations. Rates were considerably higher for Aboriginal compared to non-Aboriginal populations at a national level.

Acute Hospitalisations

Australian rate ratios show that Aboriginal populations are more likely to experience hospitalisations for acute conditions including:

- 4.2 more likely to be hospitalised for convulsions/epilepsy.
- 3.4 times more likely for pelvic inflammatory disease and gangrene.
- 2.5 times more likely for cellulitis.

Victorian hospitalisations for injury, poisoning and other external causes (2011-2013) also show Aboriginal populations are more likely to experience most types at a higher level than non-Aboriginal populations. The largest differences were in assault hospitalisations, which were more likely for Victorian Aboriginal women than men, and hospitalisations for intentional self-harm, which were more likely for Victorian Aboriginal men than women.



Screening

The number of Aboriginal and Torres Strait Islander health checks (MBS item 715) increased between 2011-2014 across NWMPHN.⁵³

The proportion of Aboriginal people accessing the health checks in the region also increased (2011-2014) and is now similar to the Victorian average. Despite the recent increase in our local region, the overall Victorian rate of health assessments conducted continues to be substantially lower than the Australian rate (12.9 per 100 vs 21.3 per 100).

Other screening is often centred around cancer types: breast, bowel and cervical.

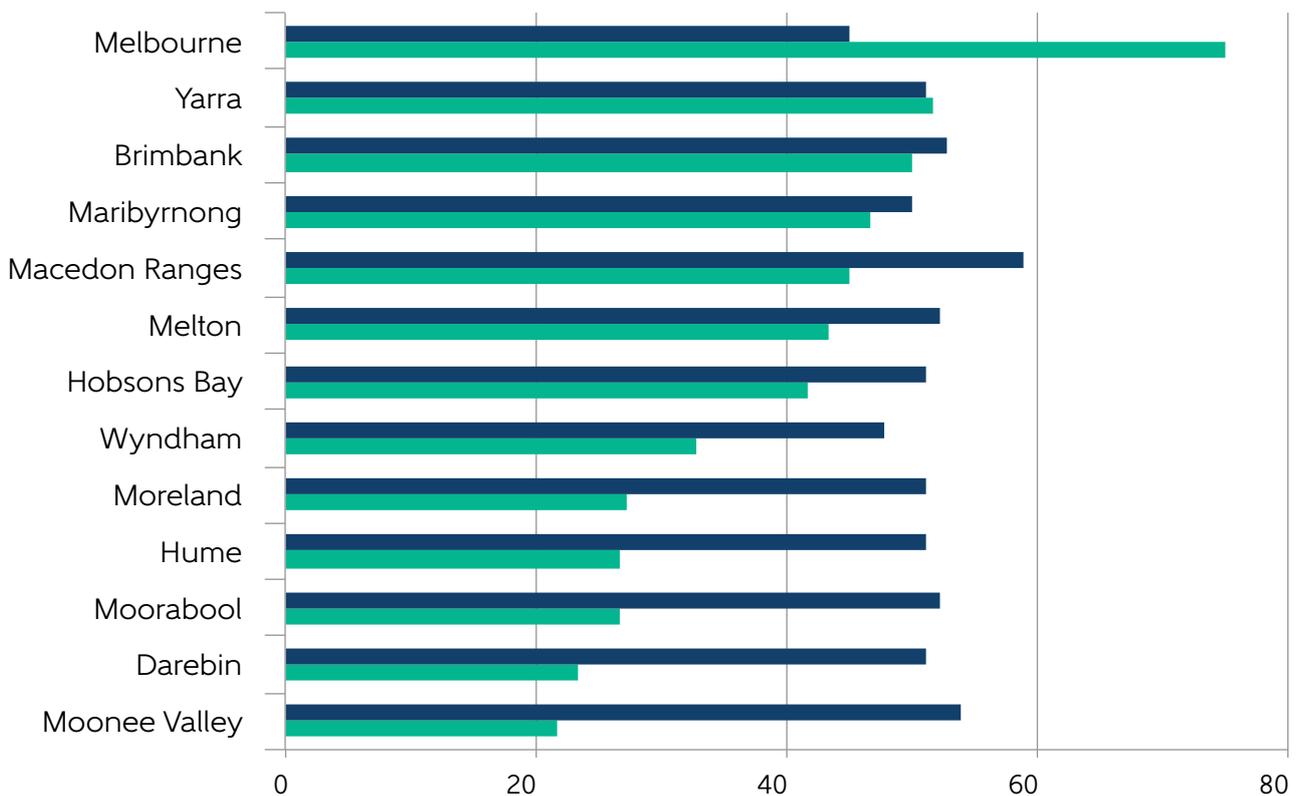
Participation data for BreastScreen Victoria’s public mammography program indicate rates in NWMPHN were lower for Aboriginal women than non-Aboriginal women, in most areas. However the inner city LGA’s of Melbourne and Yarra showed a reverse trend - but this data does not account for any women accessing private mammography services.

Bowel cancer screening rates (2012/13) showed that Aboriginal men aged 50-74 years were more likely to participate than women at a Victorian (24.1% vs 9.0%) and Australian level (17.8% vs 10.8%). Nationally, participants of Aboriginal descent had a higher test positivity rate with 10.6% compared to 7.4% of non-Aboriginal people,⁵⁴ but a lower rate of colonoscopy follow-up.

Data suggests that Aboriginal women are five times more likely to die from cervical cancer than non-Aboriginal women.⁵⁵ Cervical screening data (2012/13) indicates that 63.9% of Victorian Aboriginal women between 20-69 years were having at least 2 yearly screening (pap-smears) conducted.

Participation in BreastScreen Victoria’s public mammography program – NWMPHN

- Breast screening participation, all women aged 50 to 69 years, 2011-13
- Breast screening participation of Aboriginal women aged 50+ years, 2012-2014



Source: Data from Breast Screen Victoria (2015) and Census 2011. Aboriginal breast screen rates are based on all Aboriginal women above the age of 50 years from Census 2011. This may overestimate the breast screening participation rate for those between 50-69 years; BreastScreen Victoria, 2014

Other Health Service Use

Most (88.2%) Victorian Aboriginal people have a usual place to go for health problems/advice. However this usual place is not always the place they would prefer to attend, especially in relation to Aboriginal Medical Services (AMS) and hospitals.

23.9% of Victorian Aboriginal people would like to attend an AMS as their usual place of care and 5.5% would like to attend a hospital, compared to 18.2% and 1.9% actually doing so.

Reviewing those who have accessed health services recently (2012/13) showed that per 100 Victorian Aboriginal people:

- 19.6: were admitted to hospital in last 12 months.
- 4.8: visited casualty/outpatients in last two weeks.
- 26.9: had a doctor consultation in last two weeks.
- 5.5: had a dental consultation in last two weeks.
- 23.5: had a consultation with other health professionals in last two weeks.
- 49.3: total accessing health care.
- 50.7: total not accessing health care.

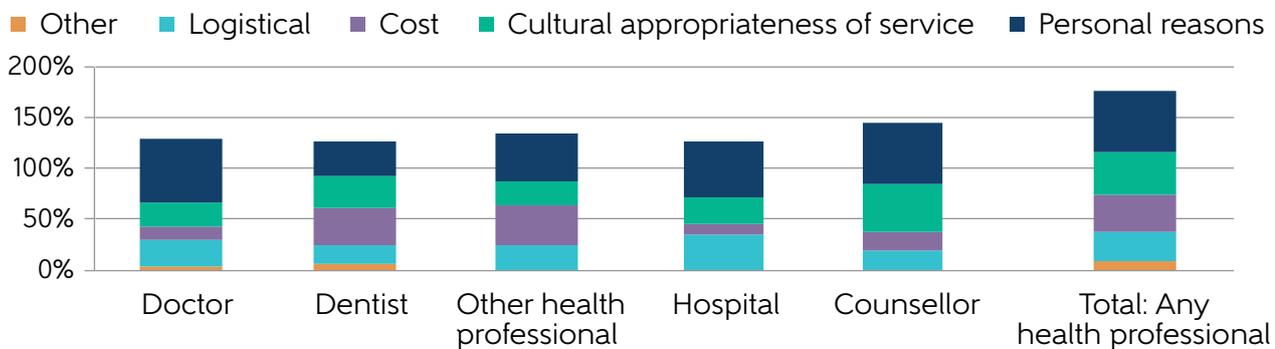
There were approximately 3,935 Aboriginal presentations to public hospital emergency departments in the NWMPHN region, which made up an estimated 18.5% of all Aboriginal emergency department presentations in Victoria.⁵⁶

Approximately one third (36.6%) of Victorian Aboriginal people needed to see health care providers but did not in the previous 12 months (2012/13).

Personal reasons were the most common reason for not accessing services, with cost also important in some cases. Also of note is that 47.2% felt counselling services would lack cultural appropriateness and 35.0% had logistical reasons (i.e. waiting time, transport, service not locally available) for not accessing hospital services.

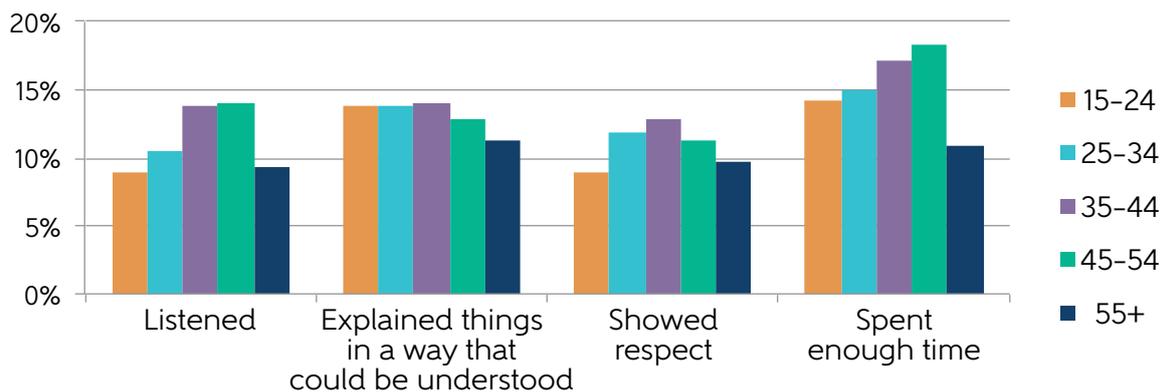
Patient satisfaction (2012/13) suggested that 73% of Victorian non-remote Aboriginal people thought their overall health care in the past 12 months had been excellent or very good. However, dissatisfaction with doctors (GPs or specialists) for Australian non-remote Aboriginal people seems to increase in middle age for some key indicators. Non-remote Aboriginal peoples biggest concern was the lack of time spent with them.

Reasons Victorian Aboriginal people did not seek health care services, 2012/13

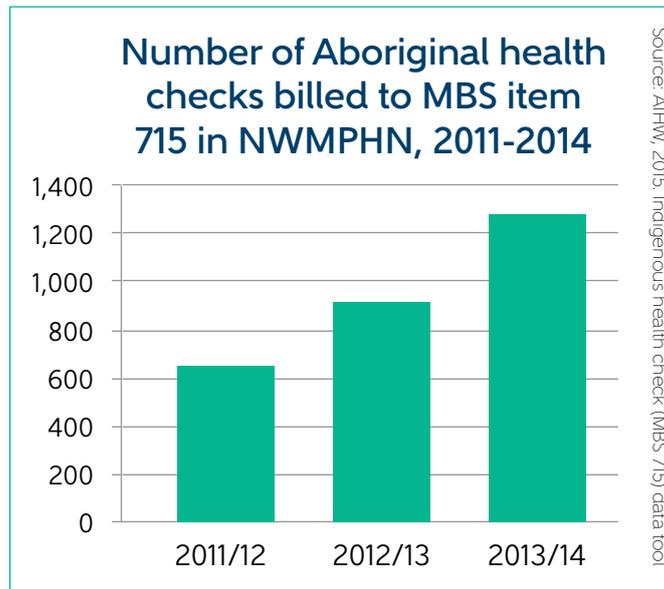
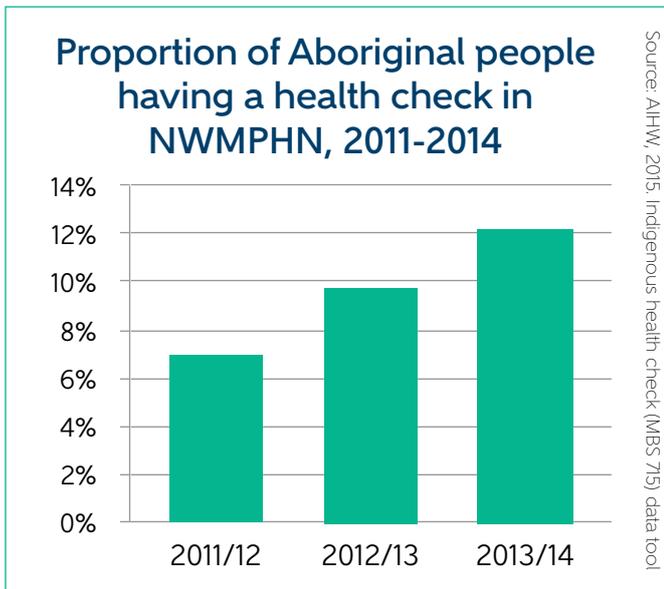


Source: Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (Table 3.08.4)

Proportion of non-remote Aboriginal people who felt doctors never/sometimes on key patient satisfaction items, 2012/13



Source: Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (Table 3.08.6) - Doctor could be a GP or specialist doctor.



Vaccine Preventable Conditions

Nationally, Aboriginal people are 3.3 times more likely to be hospitalised for influenza/pneumonia than non-Aboriginal people (2012/13), with rate ratios slightly lower in major cities.

Due to their greater risk of developing complications from influenza than non-Aboriginal people,⁵⁷ Aboriginal people aged 15 and over are eligible to receive free influenza vaccinations. However overall take up is low, with adult vaccination rates (2012/13) showing only 27.7% of Aboriginal adults (15-49 years) had had an influenza vaccination in the previous 12 months. 79.9% had never had a vaccination against pneumococcus (i.e. a form of pneumonia).

38. Aboriginal data not available for Victoria, Tasmania, South Australia or ACT.

39. Aboriginal data not available for Victoria, Tasmania or ACT.

40. Aboriginal data not available for Victoria, Tasmania, South Australia or ACT.

41. Australian Institute of Health and Welfare. (2015). The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2015.

42. Ibid.

43. Victorian Government. (2015). Alcohol and drug information service (ADIS) data, 2013/14.

44. Aboriginal data not available for Victoria, Tasmania or ACT.

45. State of Victoria. (2015). Koori health counts 2012/13.

46. Ambulatory Care Sensitive Conditions are hospitalisations that may have been avoided by timely and effective provision of non-hospital or primary health care including prevention. National Health Performance Authority. (2013). Healthy communities: Selected potentially avoidable hospitalisations in 2011-12.

47. Thursfield, V. & Farrugia, H. (2015) Cancer in Victoria: Statistics & Trends 2014. Cancer Council Victoria.

48. Steering Committee for the Review of Government Service Provision. (2014). Overcoming Indigenous disadvantage: Key indicators 2014. (Table 8A.7.5)

49. State of Victoria. (2015). Koori health counts 2012/13.

50. Aboriginal data not available for Victoria, Tasmania or ACT.

51. State of Victoria. (2015). Koori health counts 2012/13.

52. URBIS. (2011). Closing the Gap in health outcomes in Victoria: Baseline report May 2011.

53. Australian Institute of Health and Welfare. (2015). Indigenous health check (MBS 715) data tool

54. Australian Institute of Health and Welfare. (2015). The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2015.

55. Victorian Cervical Cytology Registry (2014). Statistical report, 2013.

56. State of Victoria. (2015). Koori health counts 2012/13.

57. Australian Institute of Health and Welfare. (2014). National bowel cancer screening program monitoring report: 2012-13.

AGES AND STAGES

OLDER ABORIGINAL PEOPLE (55+ YEARS)

Due to their substantially lower life expectancy, Aboriginal people as a group statistically enter their later years much earlier than the general population, losing not only around 10 years of life but also many years of health in comparison to non-Aboriginal people.

However while many health comparisons with non-Aboriginal people for this age group continue to be negative, a range of others improve, especially in comparison to younger and middle-aged Aboriginal adults.

Specific health data is difficult to get for this age group, but has been supplied in this section where it is available. Overall rates for many conditions can be found in the previous section on young people and adults.

Older Aboriginal people (55+) – at a glance

Health and risk factors

- Short-term alcohol risk drops considerably for older non-remote Aboriginal people.
- Aboriginal people (55-64) are 2.7 times more likely to die than non-Aboriginal people of the same age.

Common conditions

- Nearly half of older Aboriginal people have endocrine, nutritional and metabolic diseases (including diabetes), and 60% have a musculoskeletal condition.

Chronic disease

- Older Aboriginal people are twice as likely as non-Aboriginal people to be living with chronic kidney disease, but are less likely to have heart or circulatory conditions.

Mental and emotional health and wellbeing

- More than a quarter of non-remote Aboriginal people over 55 reported high/very high levels of psychological distress.

Eye, ear and dental

- Rates of eye and/or ear problems are similar to non-Aboriginal people.

Disability

- 19.3% of the older Aboriginal people in NWMPHN identify a core need for daily assistance.

All source data for the indicators referred to on this page and throughout the following chapter can be found in the Data Tables section of this document, unless otherwise referenced.



Health and Risk Factors

- Death rates: Aboriginal people in the 55-64 age group are 2.7 times more likely to die than their non-Aboriginal counterparts (2008-2012).⁵⁸
- Self-reported health status (2012/13): Approximately 45% of Aboriginal people 55+ years rated their health as poor/fair.⁵⁹
- Overweight/obese: Rates slightly higher for Aboriginal people over 55 (79.6 per 100 vs 72.8 per 100).

The alcohol short-term risk rate drops considerably in the non-remote Aboriginal 55+ years age group, but is still higher than their non-Aboriginal counterparts (31.5 per 100 compared to 23.6 per 100).

Substance misuse (2012/13) also drops considerably in the 55+ year category to 9.3% of Aboriginal men and 5.4% of Aboriginal women.

Common Health Issues

For Aboriginal people 55+ years the most common long term health problems (2012/13) included:⁶⁰

- Eye diseases and vision problems: 92.4%
- Musculoskeletal diseases: 59.8%
- Endocrine, nutritional and metabolic diseases (including diabetes): 47.4%
- Cardiovascular disease: 41.9%
- Respiratory diseases: 40.7%

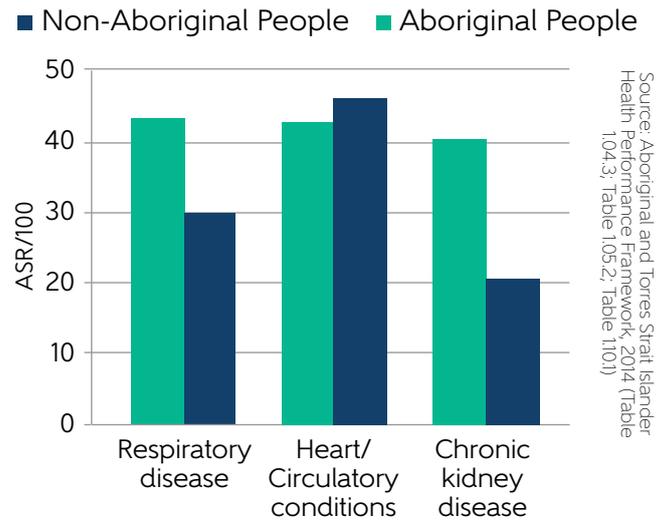
Chronic Disease

Older Aboriginal people (55+) are twice as likely to be living with chronic kidney disease and substantially more likely to have respiratory disease, but are slightly less likely to be living with heart or circulatory conditions (2012/13).

Among Aboriginal people over 55 without diabetes, 70.1% identified being tested for high blood sugar in the past three years, which was the highest proportion in all age groups.

Hospitalisations for respiratory system diseases (2011-2013) were 2.6 times higher for Aboriginal people in the 55-64 age groups and 1.6 times higher for the 65+ age group compared to non-Aboriginal people. Neoplasm (including cancer) hospitalisations were less likely for older Aboriginal people at a state and national level.

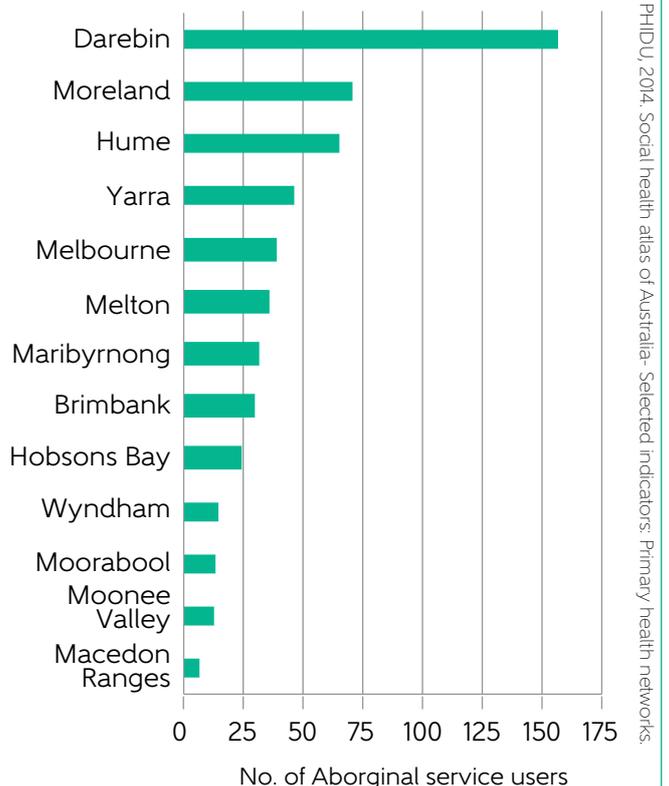
Aboriginal chronic disease rates for 55+ years ASR/100, 2012/13



Home and Community Care (HACC)

Home and Community Care Service (2012/13) show that 547 Aboriginal clients used services in the NWMPHN region.⁶¹ Most came from Darebin, Moreland and Hume, which all have higher Aboriginal populations.

NWMPHN Aboriginal HACC service use, 2012/13



Eye, Ear and Dental

- Ear/hearing problems (2012/13) are evident in 28.5 ASR/100 Australian Aboriginal people over 55 and 94.9 ASR/100 report eye/sight problems; both rates are similar to the non-Aboriginal population.
- Hospitalisation rates for eye problems are lower for Aboriginal people over 65 compared to non-Aboriginal people.
- Approximately one quarter of non-remote Australian Aboriginal people over 55 report complete tooth loss.

Mental Health and Emotional Wellbeing

26.1% of non-remote Aboriginal people over 55 reported high or very high levels of psychological distress (2012/13), nearly three times higher than non-Aboriginal people. Only 27.1% of highly distressed Aboriginal people saw a health professional about their feelings in the previous four weeks.

As shown in the graph below, older Aboriginal people were more likely to feel a range of distress indicators.

Intentional deaths from self-harm for those aged 45 and above were the same (13.1 per 100,000) for both Aboriginal and non-Aboriginal populations,⁶² but Victorian statistics showed Aboriginal people in the 55-64 age group were 1.4 times more likely to be hospitalised for mental health related issues than non-Aboriginal people.

Disability

According to the Census (2011) there were approximately 144 Aboriginal people over 55 years with an identified core need for daily assistance in NWMPHN, representing 19.3% of the older Aboriginal population in our region.

Vaccinations

Nationally, over half (56.8%) of Aboriginal people aged over 50 had been vaccinated against influenza in the last 12 months, while only 28.5% had been vaccinated against pneumococcus (2012/13). Approximately 22.9% had never had an influenza vaccination and 63.0% had never had a pneumococcus vaccination.

Aged Care

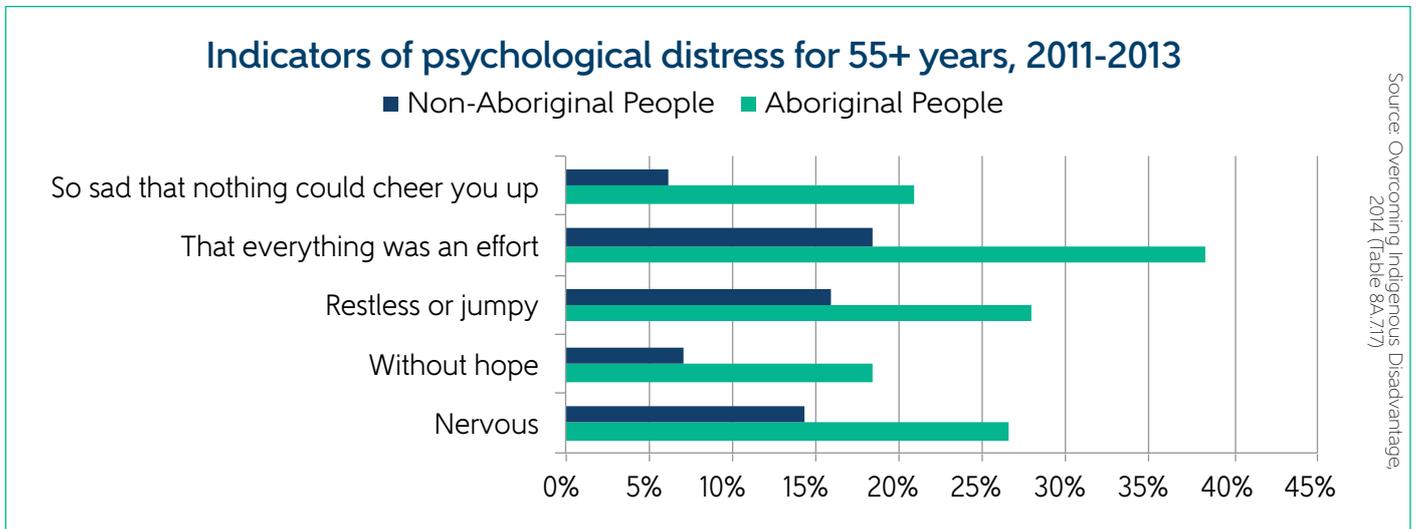
The Australian government provides support for people to remain in the home (2012/13). Australian data shows this includes:⁶³

- Extended Aged Care at Home (EACH) packages: 2.2% for Aboriginal people, of whom 2 in 5 were under 65 years compared to only 4.4% of non-Aboriginal people.
- Extended Aged Care at Home Dementia (EACHD) packages: 1.4% for Aboriginal peoples mostly aged over 65 years.

Residential aged care in government subsidised facilities showed a total 0.8% Aboriginal identifying residents at June 2013.⁶⁴ A considerably higher proportion (27%) were under 65 years compared to non-Aboriginal residents (3.4%).

Palliative Care

Palliative care hospitalisations per 1,000 were higher for Aboriginal people in Victoria (1.8) and Australia (2.2) compared to non-Aboriginal people (1.2 and 1.5 respectively).



EXPENDITURE AND SERVICES

Health Expenditure

Government health expenditure for Aboriginal people rose annually 6.1% between 2008/09-2010/11 compared to non-Aboriginal people.⁶⁵

Nationally, primary care services spending for GPs, referred services and pharmacy (i.e. MBS and PBS data) show that in most cases Aboriginal expenditure (2010/11) is equal to or below that spent on non-Aboriginal populations, on a proportional basis. However, spending is higher when reviewing other services such as public hospital (2.1 times higher), community health (6 times higher) and dental services (2.7 times higher).

Victorian rates are similar, however a considerably higher spend in community health is evident (25 times higher).

Welfare Support

Government expenditure on welfare has increased by 13% between 2008/09-2012/13 for Aboriginal populations compared to a decrease of 8.2% per non-Aboriginal people.⁶⁶ In 2012/13, this averaged at \$13,968 per Aboriginal person compared to \$6,019 per non-Aboriginal person. Social security payments made up 46% of this spending.

Health Services

As part of producing this information paper we have begun mapping Aboriginal Health services within the NWMPHN region. This process has revealed a range of dedicated and targeted Aboriginal Health services, as well as many programs offered as part of mainstream health services - including priority access within community health services.

This mapping is preliminary and will be an ongoing action conducted with and through our partners and local service providers. Following consultation and further development the service mapping will be released as part of future health needs assessment publications.



58. DATA NOTE: Aboriginal data not available for Victoria, Tasmania or ACT.

59. Australian Institute of Health and Welfare. (2015). The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2015.

60. Ibid.

61. Public Health and Information Development Unit. (2014). Social health atlas of Australia- Selected indicators: Primary health networks.

62. Aboriginal data not available for Victoria, Tasmania or ACT.

63. Australian Institute of Health and Welfare. (2015). The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2015.

64. Ibid.

65. Ibid.

66. Ibid.

CONCLUSION AND NEXT STEPS

The various data sources used to create this paper all show clear and consistent gaps in health outcomes and social determinants of health affecting Aboriginal people in the region.

While much of the data used is at a national or state level, taken together it suggests a range of potential priority areas for action in local Aboriginal health:

- Disadvantage.
- Early development, education and employment.
- Homelessness and housing.
- General and family violence.
- Mental and emotional health and wellbeing.
- Drinking, smoking and other drugs.
- Chronic disease - particularly diabetes, respiratory and chronic kidney diseases.
- Maternal and child wellbeing.
- Health service access.
- Increasing local service's cultural awareness.
- Preventative health: Screening and vaccinations.

This is not a prescriptive or definitive list of targets for the region; rather it is a starting point to help inform further discussion with local providers, organisations and community members to identify the best way forward.

The next step is to do as much as we can to verify how closely these potential priorities and high level data matches the situation on the ground in the North Western Melbourne PHN region.

In the coming months we will be making contact with local Aboriginal health organisations and other key stakeholders to discuss their experiences, goals and concerns.

Aboriginal Health is a national priority area for all PHNs, and these discussions will help us to develop a framework for supporting, funding and commissioning services to meet local needs in the area.

We will also seek to establish formal mechanisms for ongoing engagement with our health community, to ensure our actions remain aligned with local needs.

To find out more about our current activities in Aboriginal Health please visit our website at www.mpcn.org.au/aboriginalhealth



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DATA TABLES

Social Determinants of Health

Population

Aboriginal people in NWMPHN region, 2011														
	Brimbank	Darebin	Hobsons Bay	Hume	Maribyrnong	Melbourne	Melton	Moonee Valley	Moreland	Macedon Ranges	Moorabool	Wyndham	Yarra	NWMPHN Estimates
0-4 years	81	121	37	133	24	15	105	35	71	15	38	154	22	839
5-14 years	151	202	69	240	48	17	179	48	134	51	52	287	27	1,487
15-24 years	151	234	69	217	62	71	176	65	120	26	47	222	66	1,500
25-44 years	184	325	118	284	109	112	224	92	243	53	64	287	130	2,154
45-64 years	114	221	80	143	64	40	91	53	95	40	50	167	63	1,190
65 years and over	20	52	20	29	16	7	17	25	39	9	8	28	9	276
Total	701	1,155	393	1,046	323	262	792	318	702	194	259	1,145	318	7,608
Proportion of NWMPHN Aboriginal people	9.2%	15.2%	5.2%	13.7%	4.2%	3.4%	10.4%	4.2%	9.2%	2.5%	3.4%	15.0%	4.2%	100.0%

Source: ABS Census 2011 – Aboriginal and Torres Strait Islander Community Profiles

SEIFA

Population distribution by SEIFA IRSD disadvantage quintiles, 2011						
	Victoria: Aboriginal	Victoria: Non-Aboriginal	Victoria: Total	Australia: Aboriginal	Australia: Non-Aboriginal	Australia: Total
Quintile 1 (most disadvantaged)	39.4%	17.3%	17.7%	51.6%	18.9%	20.0%
Quintile 2	24.5%	19.1%	19.2%	20.8%	19.9%	20.0%
Quintile 3	18.7%	22.1%	22.0%	13.7%	20.2%	20.0%
Quintile 4	12.0%	23.4%	23.2%	9.1%	20.4%	20.0%
Quintile 5 (least disadvantaged)	5.3%	18.2%	18.0%	4.7%	20.6%	20.0%

Source: Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (Table 2.09.2)

Education

Education participation and success						
	Victoria: Aboriginal	Victoria: Non-Aboriginal	Non-remote: Aboriginal	Non-remote: Non-Aboriginal	Australia: Aboriginal	Australia: Non-Aboriginal
Proportion of the 20-24 year old population having attained at least a year 12 or equivalent or AQF Certificate II or above, 2011-13 #,*	73.0%	88.5%	63.5%	86.0%	58.5%	86.1%
Success rate (annual proportion of units passed) for higher education, 2012!	72.2%	88.3%	np	np	72.7%	87.5%
Vocational education and training load pass rate, 2013 +	73.8%	83.0%	np	np	74.5%	83.1%

Source: #Overcoming Indigenous Disadvantage, 2014 (Table 4A.5.1); *Overcoming Indigenous Disadvantage, 2014 (Table 4A.5.2); !Overcoming Indigenous Disadvantage, 2014 (Table 4A.7.25); +Overcoming Indigenous Disadvantage, 2014 (Table 4A.7.37); Notes: Vocational Education and Training includes all VET delivered by TAFE and other government providers and publicly funded VET programs delivered by private providers. Excludes VET delivered in schools, where the delivery was undertaken by schools.

High school completion, 2011

	Brimbank		Darebin		Hobsons Bay		Hume		Macedon Ranges		Maribyrnong	
	Aboriginal	Non-Aboriginal	Aboriginal	Non-Aboriginal	Aboriginal	Non-Aboriginal	Aboriginal	Non-Aboriginal	Aboriginal	Non-Aboriginal	Aboriginal	Non-Aboriginal
Year 12 or equivalent	28.0%	51.6%	35.0%	61.4%	33.2%	54.3%	29.6%	47.6%	41.4%	50.5%	44.0%	65.8%
Year 11 or equivalent	15.9%	9.8%	13.2%	7.9%	13.8%	11.5%	15.4%	13.2%	12.9%	16.8%	14.2%	7.3%
Year 10 or equivalent	21.1%	12.4%	21.7%	8.5%	26.1%	13.5%	23.8%	15.9%	29.3%	17.7%	15.9%	8.4%
Year 9 or equivalent	10.3%	5.3%	9.3%	4.1%	10.1%	5.8%	13.6%	6.7%	6.9%	6.7%	9.5%	3.8%
Year 8 or below	9.4%	11.8%	10.2%	11.0%	6.7%	8.7%	10.6%	9.5%	5.2%	4.9%	7.8%	7.9%
Did not go to school	1.6%	3.2%	1.8%	2.3%	1.1%	1.6%	1.1%	2.5%	0.0%	0.3%	1.3%	2.3%
Highest year of school not stated	13.6%	5.9%	8.9%	4.8%	9.0%	4.7%	5.9%	4.5%	4.3%	3.1%	7.3%	4.5%

Source: ABS Census 2011 - Aboriginal and Torres Strait Islander Community Profiles

High school completion, 2011

	Melbourne		Melton		Moonee Valley		Moorabool	
	Aboriginal	Non-Aboriginal	Aboriginal	Non-Aboriginal	Aboriginal	Non-Aboriginal	Aboriginal	Non-Aboriginal
Year 12 or equivalent	58.9%	84.7%	26.4%	50.3%	48.9%	60.9%	37.2%	40.1%
Year 11 or equivalent	9.4%	4.9%	17.2%	13.6%	13.6%	10.3%	17.9%	18.4%
Year 10 or equivalent	10.3%	4.0%	20.4%	17.0%	15.4%	10.3%	19.9%	21.3%
Year 9 or equivalent	4.5%	1.2%	8.3%	6.7%	7.2%	4.1%	10.9%	9.0%
Year 8 or below	5.4%	1.8%	9.4%	5.9%	2.7%	8.5%	7.1%	7.0%
Did not go to school	1.3%	0.8%	0.6%	1.1%	3.6%	1.7%	1.9%	0.3%
Highest year of school not stated	10.3%	2.6%	17.7%	5.4%	8.6%	4.2%	5.1%	4.0%

Source: ABS Census 2011 - Aboriginal and Torres Strait Islander Community Profiles

High school completion, 2011

	Moreland		Wyndham		Yarra		Victoria	
	Aboriginal	Non-Aboriginal	Aboriginal	Non-Aboriginal	Aboriginal	Non-Aboriginal	Aboriginal	Non-Aboriginal
Year 12 or equivalent	46.2%	61.2%	29.6%	54.8%	45.9%	77.6%	29.1%	54.1%
Year 11 or equivalent	8.6%	8.1%	13.7%	13.0%	11.7%	5.6%	14.2%	12.7%
Year 10 or equivalent	17.6%	9.0%	24.7%	15.7%	17.9%	5.4%	23.3%	14.7%
Year 9 or equivalent	9.2%	4.0%	9.4%	5.7%	5.8%	2.0%	12.1%	5.9%
Year 8 or below	9.6%	10.6%	5.9%	5.5%	3.9%	4.8%	9.7%	7.1%
Did not go to school	1.3%	2.3%	0.8%	1.0%	3.9%	1.6%	1.2%	1.1%
Highest year of school not stated	7.5%	4.9%	16.0%	4.4%	10.9%	2.9%	10.4%	4.4%

Source: ABS Census 2011 - Aboriginal and Torres Strait Islander Community Profiles

Employment

Employment								
	Victoria: Aboriginal	Victoria: Non-Aboriginal	Major cities: Non-Aboriginal	Major cities: Aboriginal	Inner regional: Aboriginal	Inner regional: Non-Aboriginal	Australia: Aboriginal	Australia: Non-Aboriginal
Proportion of working age population employed (15-64 years), 2011-13 #, *	48.7%	76.5%	49.7%	76.7%	49.9%	75.2%	47.5%	76.6%
Unemployment rate (15-64 years), 2011-2013 +, ^	18.6%	4.1%	21.8%	4.3%	19.5%	4.5%	20.9%	4.2%
Proportion of those long term unemployed of unemployed, Aboriginal people aged 18-64 years, 2012/13 @	np	np	25.0%	np	31.3%	np	np	np

Source: #Overcoming Indigenous Disadvantage, 2014 (Table 4A.6.1); *Overcoming Indigenous Disadvantage, 2014 (Table 4A.6.2); + Overcoming Indigenous Disadvantage, 2014 (Table 4A.6.8); ^Overcoming Indigenous Disadvantage, 2014 (Table 4A.6.9); @ Overcoming Indigenous Disadvantage, 2014 (Table 4A.6.17)

Income

Income Means, 2011-13								
	Victoria: Aboriginal	Victoria: Non-Aboriginal	Major Cities: Aboriginal	Major Cities: Non-Aboriginal	Inner Regional: Aboriginal	Inner Regional: Non-Aboriginal	Australia: Aboriginal	Australia: Non-Aboriginal
Median equivalised gross weekly household income (2012-13 dollars), people aged 18+ years, 2011-13	\$537	\$822	\$516	\$919	\$498	\$734	\$465	\$869

Source: Overcoming Indigenous Disadvantage, 2014 (Table 4A.9.1)

Private health insurance

Australian non-remote private health insurance, Aboriginal persons 15+ years, 2012/13			
	Males: Aboriginal	Females: Aboriginal	Total: Aboriginal
Proportion covered by private health insurance	21.3%	18.8%	20.0%
Type of health insurance cover			
Hospital cover only	7.7%	7.0%	7.4%
Ancillary cover only ("extras")	11.0%	11.2%	11.1%
Both hospital and ancillary cover	79.4%	77.3%	78.4%
Reason/s not covered by private health insurance			
Cannot afford it/too expensive	71.6%	72.9%	72.3%
High risk category	0.6%	0.5%	0.6%
Lack of value for money/not worth it	9.4%	8.9%	9.1%
Medicare cover sufficient	20.5%	22.9%	21.7%
Do not need medical care/in good health/have no dependants	6.9%	4.3%	5.6%
Will not pay Medicare levy and private health insurance premium	2.1%	2.2%	2.2%
Disillusionment about having to pay out-of-pocket costs/gap fees	4.1%	4.2%	4.1%
Prepared to pay cost of private treatment from own resources	1.1%	2.2%	1.7%
Pensioner/Veteran's Affairs/health concession card	5.1%	7.9%	6.5%
Not high priority/previously included in parents' cover	7.7%	5.8%	6.7%
Other	3.5%	2.8%	3.2%

Source: Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (Table 3.14.23)

Census medians and averages

Census medians and averages, 2011												
	Brimbank		Darebin		Hobsons Bay		Hume		Maribyrnong		Melbourne	
	Aboriginal	Non-Aboriginal	Aboriginal	Non-Aboriginal	Aboriginal	Non-Aboriginal	Aboriginal	Non-Aboriginal	Aboriginal	Non-Aboriginal	Aboriginal	Non-Aboriginal
Median age of persons	23	35	26	36	29	38	21	33	31	34	27	28
Median total personal income (\$/weekly)	\$455	\$429	\$475	\$535	\$496	\$582	\$454	\$477	\$496	\$577	\$581	\$711
Median total household income (\$/weekly)	\$1,042	\$1,106	\$1,065	\$1,179	\$1,171	\$1,287	\$1,164	\$1,215	\$1,201	\$1,258	\$1,702	\$1,351
Median mortgage repayment (\$/monthly)	\$1,733	\$1,600	\$2,125	\$1,900	\$1,505	\$1,800	\$1,863	\$1,703	\$1,910	\$2,000	\$2,548	\$2,162
Median rent (\$/weekly)	\$270	\$265	\$261	\$295	\$270	\$281	\$270	\$281	\$260	\$280	\$339	\$400
Average number of persons per bedroom	1.2	1.1	1.2	1.1	1.2	1.1	1.2	1.1	1.2	1.2	1.3	1.2
Average household size	3.1	2.9	2.8	2.5	2.8	2.5	3.3	3.1	2.5	2.5	2	2
Proportion of dwellings that need 1 or more extra bedrooms (%)	9.9%	7.0%	11.4%	5.1%	8.5%	3.9%	10.8%	5.6%	9.3%	6.9%	10.6%	8.2%

Source: ABS Census 2011- Aboriginal and Torres Strait Islander Community Profiles

Census medians and averages, 2011								
	Melton		Moonee Valley		Moreland		Macedon Ranges	
	Aboriginal	Non-Aboriginal	Aboriginal	Non-Aboriginal	Aboriginal	Non-Aboriginal	Aboriginal	Non-Aboriginal
Median age of persons	21	32	26	38	26	35	25	41
Median total personal income (\$/weekly)	\$406	\$611	\$589	\$628	\$439	\$552	\$363	\$594
Median total household income (\$/weekly)	\$1,053	\$1,367	\$1,381	\$1,377	\$1,151	\$1,215	\$1,187	\$1,398
Median mortgage repayment (\$/monthly)	\$1,309	\$1,733	\$2,383	\$2,000	\$1,950	\$1,950	\$2,167	\$1,733
Median rent (\$/weekly)	\$250	\$270	\$300	\$300	\$270	\$310	\$235	\$240
Average number of persons per bedroom	1.2	1.1	1.2	1.1	1.2	1.2	1.2	1.1
Average household size	3.3	3.0	2.6	2.5	2.7	2.5	3.1	2.7
Proportion of dwellings that need 1 or more extra bedrooms (%)	7.9%	3.0%	11.1%	3.4%	7.3%	5.6%	2.8%	1.5%

Source: ABS Census 2011 - Aboriginal and Torres Strait Islander Community Profiles

Census medians and averages, 2011

	Moorabool		Wyndham		Yarra		Victoria	
	Aboriginal	Non-Aboriginal	Aboriginal	Non-Aboriginal	Aboriginal	Non-Aboriginal	Aboriginal	Non-Aboriginal
Median age of persons	24	39	20	32	30	33	22	37
Median total personal income (\$/weekly)	\$522	\$540	\$494	\$636	\$458	\$868	\$390	\$562
Median total household income (\$/weekly)	\$1,125	\$1,184	\$1,188	\$1,427	\$1,062	\$1,683	\$962	\$1,218
Median mortgage repayment (\$/monthly)	\$1,213	\$1,517	\$1,500	\$1,800	\$2,170	\$2,265	\$1,500	\$1,701
Median rent (\$/weekly)	\$175	\$208	\$270	\$280	\$254	\$370	\$200	\$280
Average number of persons per bedroom	1.2	1.1	1.1	1.1	1.1	1.2	1.2	1.1
Average household size	3.1	2.7	3.2	2.9	2.4	2.2	3	2.6
Proportion of dwellings that need 1 or more extra bedrooms (%)	3.7%	2.0%	7.8%	3.2%	8.2%	4.4%	8.2%	3.3%

Source: ABS Census 2011- Aboriginal and Torres Strait Islander Community Profiles

Housing and homelessness

Households, 2011

	Brimbank		Darebin		Hobsons Bay		Hume		Maribyrnong		Melbourne	
	Aboriginal	Non-Aboriginal										
One family households:												
Couple family with no children	16.8%	21.0%	15.6%	23.3%	17.4%	24.2%	13.4%	20.1%	17.6%	23.3%	28.7%	25.7%
Couple family with children	26.3%	38.4%	17.3%	28.6%	25.9%	32.5%	36.0%	43.8%	18.7%	27.4%	10.0%	10.1%
One parent family	31.4%	14.2%	26.1%	9.7%	23.7%	10.9%	30.0%	13.5%	21.2%	10.4%	5.3%	4.7%
Other family	1.2%	1.8%	3.4%	1.9%	2.7%	1.5%	1.2%	1.3%	2.6%	2.1%	2.0%	4.6%
Total one family	75.7%	75.4%	62.4%	63.4%	69.6%	69.2%	80.6%	78.6%	60.1%	63.2%	46.0%	45.1%
Multiple family households	4.2%	3.6%	4.5%	1.4%	3.1%	1.5%	4.9%	3.0%	1.6%	1.7%	0.0%	0.3%
Total family households	79.9%	79.1%	66.9%	64.9%	72.8%	70.6%	85.4%	81.7%	61.7%	64.9%	46.0%	45.4%
Lone person households	12.3%	17.9%	20.6%	27.9%	15.2%	25.4%	11.7%	16.3%	19.2%	27.3%	30.0%	38.0%
Group households	7.8%	3.0%	12.5%	7.2%	12.1%	3.9%	2.8%	2.0%	19.2%	7.8%	24.0%	16.6%
Total households	334	58,436	583	51,044	224	30,918	494	51,752	193	26,255	150	39,827

Source: ABS Census 2011 - Aboriginal and Torres Strait Islander Community Profiles

Households, 2011

	Melton		Moonee Valley		Moreland		Macedon Ranges	
	Aboriginal	Non-Aboriginal	Aboriginal	Non-Aboriginal	Aboriginal	Non-Aboriginal	Aboriginal	Non-Aboriginal
One family households:								
Couple family with no children	16.5%	21.7%	19.8%	24.2%	20.1%	24.1%	18.7%	29.1%
Couple family with children	35.9%	43.8%	26.9%	32.3%	22.5%	28.1%	44.9%	38.4%
One parent family	29.4%	12.5%	19.2%	9.7%	21.1%	9.4%	15.0%	9.0%
Other family	2.5%	1.0%	0.0%	1.8%	3.1%	1.9%	2.8%	0.5%
Total	84.3%	79.0%	65.9%	68.0%	66.8%	63.4%	81.3%	77.0%
Multiple family households	3.9%	2.4%	0.0%	1.0%	1.6%	1.4%	2.8%	1.1%
Total family households	88.2%	81.5%	65.9%	69.0%	68.4%	64.8%	84.1%	78.2%
Lone person households	9.5%	16.3%	20.3%	26.2%	18.8%	27.1%	9.3%	20.0%
Group households	2.2%	2.2%	13.7%	4.8%	12.8%	8.1%	6.5%	1.8%
Total households	357	34,618	182	40,377	383	55,461	107	14,415

Source: ABS Census 2011 - Aboriginal and Torres Strait Islander Community Profiles

Households, 2011

	Moorabool		Wyndham		Yarra		NWMPHN Estimate		Victoria	
	Aboriginal	Non-Aboriginal	Aboriginal	Non-Aboriginal	Aboriginal	Non-Aboriginal	Aboriginal	Non-Aboriginal	Aboriginal	Non-Aboriginal
One family households:										
Couple family with no children	18.8%	27.3%	14.1%	23.3%	15.5%	26.7%	16.8%	23.4%	16.1%	25.5%
Couple family with children	34.1%	35.6%	37.0%	41.8%	11.6%	17.0%	27.1%	32.4%	28.8%	32.6%
One parent family	23.2%	10.9%	29.6%	11.9%	14.0%	7.7%	24.8%	10.6%	27.4%	10.3%
Other family	2.2%	0.8%	1.0%	1.2%	1.4%	2.1%	2.0%	1.8%	1.9%	1.3%
Total	78.3%	74.5%	81.7%	78.2%	42.5%	53.4%	70.8%	68.3%	74.2%	69.7%
Multiple family households	3.6%	1.3%	2.9%	2.2%	0.0%	0.5%	3.0%	1.8%	3.1%	1.4%
Total family households	81.9%	75.8%	84.5%	80.4%	42.5%	54.0%	73.8%	70.1%	77.3%	71.2%
Lone person households	15.2%	22.0%	11.5%	16.8%	30.9%	31.3%	16.3%	23.8%	15.9%	24.6%
Group households	2.9%	2.2%	4.0%	2.8%	26.6%	14.8%	9.9%	6.1%	6.8%	4.2%
Total households	138	9,940	524	52,277	207	30,753	3,876	496,073	18,318	1,926,369

Source: ABS Census 2011 - Aboriginal and Torres Strait Islander Community Profiles

Homelessness services use, 2012/13

	Victoria: Aboriginal	Victoria: Non- Aboriginal	Major cities: Aboriginal	Major cities: Non- Aboriginal	Inner regional: Aboriginal	Inner regional: Non- Aboriginal	Australia: Aboriginal	Australia: Non- Aboriginal
Clients presenting as families, by main reason for seeking assistance (broad group)*, †								
Accommodation difficulties	34.6%	30.5%	33.1%	32.1%	31.1%	26.2%	30.6%	30.1%
Relationship/family breakdown	6.1%	6.2%	7.4%	7.5%	8.7%	8.8%	8.2%	7.7%
Sexual abuse	0.1%	0.1%	0.3%	0.2%	0.2%	0.2%	0.2%	0.2%
Domestic/family violence	22.3%	22.9%	17.0%	19.4%	21.2%	23.1%	24.0%	22.4%
Non-family violence	0.5%	0.6%	0.6%	0.5%	0.8%	0.8%	0.8%	0.6%
Financial difficulty	17.9%	23.6%	18.7%	22.2%	22.7%	26.7%	17.8%	22.3%
Other	18.4%	16.1%	22.8%	18.2%	15.2%	14.2%	18.3%	16.6%
Total (number)	6,261	69,754	16,317	111,250	9,104	36,148	44,126	160,755
Rate per 10,000 population of clients aged 10+ years escaping family violence*								
Male	180	10	np	np	np	np	65	6
Female	827	64	np	np	np	np	359	34
Total	504	37	np	np	np	np	213	20
Total (number)	1,915	18,432	np	np	np	np	11,373	39,751
Children per 10,000 population presenting with others escaping family violence^	np	np	np	np	np	np	443	14

Source: *Overcoming Indigenous Disadvantage, 2014 (Table 4A.11.42); †Overcoming Indigenous Disadvantage, 2014 (Table 4A.11.43); ^Overcoming Indigenous Disadvantage, 2014 (Table 4A.11.44); ^Overcoming Indigenous Disadvantage, 2014 (Table 4A.11.45)

Racism and discrimination

Discrimination toward Aboriginal Australians aged 18 and over, 2012/13

	Australia: Non- remote	18-24	25-34	35-44	45-54	55+	Australia: Total
Whether avoids seeking health care because been treated unfairly	7.0%	5.7%	7.0%	9.3%	7.5%	7.6%	7.4%
Whether felt treated badly because Aboriginal or Torres Strait Islander in last 12 months	17.2%	11.9%	16.1%	21.3%	18.9%	13.0%	16.2%
How usually feel when treated badly							
Angry	75.1%	75.1%	71.5%	75.7%	73.1%	72.7%	73.7%
Sad	28.4%	32.2%	31.8%	27.0%	31.3%	26.2%	29.7%
Sorry for the person who did it	33.6%	24.1%	39.2%	28.6%	34.3%	27.6%	31.3%
Ashamed or worried about it	14.6%	13.4%	19.3%	15.0%	11.7%	13.6%	14.9%
Sick	11.0%	14.5%	13.1%	10.4%	7.3%	10.5%	11.1%
How often treated unfairly in last 12 months							
Daily	5.0%	np	5.3%	5.9%	7.1%	2.2%	5.0%
Two or three times a week	8.5%	9.3%	10.6%	7.8%	4.2%	8.8%	8.1%
About once a week	6.5%	np	7.8%	6.9%	np	np	7.0%
About once a month	15.8%	14.0%	14.9%	16.9%	12.2%	26.9%	16.3%
Less than once a month	14.7%	16.7%	10.2%	14.7%	15.9%	9.6%	13.6%
A couple of times	47.6%	44.3%	50.4%	45.1%	54.0%	42.2%	47.6%
Types of situations where treated unfairly in last 12 months							
Applying for work, or when at work/on the job	29.4%	38.2%	29.0%	26.6%	29.9%	19.4%	28.9%
At home, by neighbours or at somebody else's house	21.6%	19.8%	30.9%	13.0%	11.1%	24.1%	19.4%
At school, university, training course or other educational setting	14.1%	21.2%	12.0%	10.3%	13.8%	4.7%	12.5%

	Australia: Non-remote	18-24	25-34	35-44	45-54	55+	Australia: Total
While doing sport, recreational or leisure activities	10.3%	17.2%	11.4%	9.1%	6.0%	3.9%	9.8%
By the police, security people, lawyers or in a court of law	23.8%	24.1%	23.0%	29.4%	21.2%	19.5%	24.2%
By doctors, nurses or other staff in hospitals or doctors' surgeries	18.8%	13.6%	17.4%	18.7%	21.8%	29.4%	19.5%
By staff of government agencies	23.6%	13.4%	19.8%	22.1%	31.3%	21.1%	21.7%
When seeking any other services	11.9%	9.1%	8.7%	17.3%	13.3%	15.3%	12.9%
By members of the public	46.5%	45.2%	48.6%	45.1%	46.5%	32.8%	44.7%
Other situations	7.9%	np	6.5%	10.9%	np	9.9%	7.9%

Source: Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (Table 3.08.1)

Social cohesion and community functioning

Select variables contributing to community functioning for Aboriginal Australians aged 15+ years, 2008

	Victoria: Aboriginal		Australia: Aboriginal	
	Number	%	Number	%
Connectedness to country, land and history; culture and identity				
Recognises homelands	14,917	68%	234,383	72%
Speaks an Aboriginal/Torres Strait Islander language	1,342	6%	62,629	19%
Attended Aboriginal and Torres Strait Islander cultural event in last 12 months	11,711	53%	205,674	63%
Identifies with clan group or language group	12,952	59%	203,106	62%
Feels able to have a say with family and friends some, most or all of the time	19,578	89%	292,375	89%
Contact with family or friends outside household at least once per week	20,299	93%	307,515	94%
Has friends can confide in	17,501	80%	246,649	75%
Resilience				
Involvement with Aboriginal/Torres Strait Islander organisation	5,954	27%	59,516	18%
Work allows for cultural responsibilities—can meet responsibilities	3,831	33%	75,028	44%
Feeling safe				
Felt safe at home alone during the day	20,290	93%	305,892	94%
Felt safe at home alone after dark	17,165	78%	261,414	80%
Felt safe walking alone in local area after dark	10,978	50%	172,047	53%
Not a victim of physical or threatened violence in the last 12 months	15,616	71%	246,372	75%
Was taught Indigenous culture at school or as part of further studies	9,418	43%	148,592	45%
Learnt about own Indigenous clan/language	3,361	15%	55,947	17%

Source: Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (Table 1.13.12)

Families accessing Community Support Services, 2012/13

	Victoria: Aboriginal	Victoria: Non-Aboriginal	Victoria: Total
Number of families accessing Family and Community Support Services	1,973	24,922	29,441
Proportion accessing support	6.7%	84.7%	100.0%

Source: Victorian Child and Adolescent Monitor, 2015

Crime and violence

Proportion of people 18+ years who were a victim of physical or threatened violence in last 12 months, 2008

	Major cities: Aboriginal	Major cities: Non-Aboriginal	Inner regional: Aboriginal	Inner regional: Non-Aboriginal	Australia: Aboriginal	Australia: Non-Aboriginal
18-24 years	33.3%	22.1%	26.5%	29.6%	31.4%	24.0%
25-34 years	23.9%	12.9%	29.7%	15.5%	26.0%	13.5%
35-44 years	27.2%	10.4%	22.0%	10.3%	24.0%	10.7%
45-54 years	19.8%	8.8%	20.0%	9.3%	17.9%	9.3%
55+ years	8.5%	4.0%	13.6%	4.7%	7.9%	4.4%
All people	24.3%	10.2%	23.4%	11.3%	22.9%	10.7%

Source: Overcoming Indigenous Disadvantage, 2014 (Table 4A.11.2)

Homicide rates and perpetrators, 2011-12

	Major cities: Aboriginal	Major cities: Non-Aboriginal	Total Regional: Aboriginal	Total Regional: Non-Aboriginal	Australia: Aboriginal	Australia: Non-Aboriginal
Aboriginal and non-Aboriginal homicide victims, per 100,000, 2011-12 *	2.1	0.8	5.0	1.0	5.1	0.9
Proportions of victim offender relationships in homicide incidents, 2011-12[^]						
Intimate partners	np	np	np	np	47.4%	20.9%
Other family	np	np	np	np	21.1%	23.5%
Friends and acquaintances	np	np	np	np	21.1%	28.7%
Strangers	np	np	np	np	0.0%	8.7%
Other relationship	np	np	np	np	10.5%	18.3%

Source: *Overcoming Indigenous Disadvantage, 2014 (Table 4A.11.36); [^]Overcoming Indigenous Disadvantage, 2014 (Table 4A.11.39)

Non-fatal hospitalisations for family violence and other assaults, ASR/100,000, 2012/13

	Male: Aboriginal	Male: Non- Aboriginal	Male Rate ratio	Female Aboriginal	Female: Non- Aboriginal	Female: Rate ratio	Total: Aboriginal	Total: Non- Aboriginal	Total: Rate ratio
Non-fatal hospitalisation rate for family violence related assaults									
0-14 *	58.3	6.7	8.7	77.4	6.3	12.3	67.7	6.5	10.4
15-24 *	241.0	11.0	21.8	754.4	34.1	22.2	490.5	22.3	22.0
25-34 *	494.3	12.1	40.8	1757.6	37.7	46.7	1130.4	24.8	45.6
35-44 *	538.7	13.7	39.3	1471.4	32.7	45.0	1022.1	23.3	43.9
45-54 *	434.1	13.4	32.5	762.5	23.3	32.8	604.9	18.4	33.0
55-64 *	175.5	7.8	22.4	208.5	9.9	21.0	192.5	8.9	21.6
65+*	72.2	6.0	12.0	80.3	9.0	8.9	76.7	7.7	10.0
All ages *	284.1	10.0	28.3	743.2	21.8	34.2	517.3	15.9	32.6
Major Cities [^]	np	np	np	np	np	np	197.1	14.4	13.7
Total Regional [^]	np	np	np	np	np	np	245.8	18.4	13.3
Non-fatal hospitalisations for family violence and other assaults by relationship of victim to perpetrator #									
Spouse/domestic partner	107.0	3.0	35.7	524.9	16.2	32.3	318.8	9.6	33.2
Parent	15.1	1.7	8.7	22.1	1.9	11.4	18.6	1.8	10.2
Other family member	162.0	5.3	30.4	198.7	3.6	55.6	181.1	4.5	40.6
Total family violence assaults	284.1	10.0	28.3	743.2	21.8	34.2	517.3	15.9	32.6
Other assaults	824.5	116.0	7.1	462.5	17.4	26.6	639.4	67.0	9.5
Total assault	1107.0	126.0	8.8	1202.1	39.1	30.8	1154.1	82.9	13.9

Source: *Overcoming Indigenous Disadvantage, 2014 (Table 4A.11.22); [^]Overcoming Indigenous Disadvantage, 2014 (Table 4A.11.24);

#Overcoming Indigenous Disadvantage, 2014 (Table 4A.11.25)

Adult and youth imprisonment, detention and community based supervision

	Victoria: Aboriginal	Victoria: Non-Aboriginal	Victoria: rate ratio	Australia: Aboriginal	Australia: Non-Aboriginal	Australia: rate ratio
Adult imprisonment rates, ASR/100,000 adults, 2010 to 2013*						
2013	1195.0	116.2	10.3	1730.9	132.8	13.0
2012	1166.1	107.8	10.8	1677.9	129.4	13.0
2011	943.4	107.9	8.7	1637.8	132.3	12.4
2010	930.2	104.4	8.9	1655.7	136.3	12.1
Daily average rate of young people aged 10-17 years in detention, per 100,000, 2012-13^						
Males	156.4	18.4	8.5	641.9	26.9	23.8
Females	22.9	1.5	14.8	78.0	3.4	23.2
Total	91.0	10.2	8.9	364.8	15.4	23.7
Daily average rate of young people aged 10-17 years subject to community-based supervision, per 100,000, 2012-13 #						
2012-13	1387.7	126.8	10.9	1585.7	117.5	13.5
2011-12	1494.2	149.9	10.0	1646.0	132.7	12.4
2010-11	1570.6	154.7	10.2	1762.9	145.5	12.1
2009-10	1482.7	152.8	9.7	1695.8	144.4	11.7

Source: *Overcoming Indigenous Disadvantage, 2014 (Table 4A.12.4); ^Overcoming Indigenous Disadvantage, 2014 (Table 4A.12.10); #Overcoming Indigenous Disadvantage, 2014 (Table 4A.12.13)

People in prison custody in Australia, legal status and most serious offence/charge, 30 June 2013

	Australia: Aboriginal		Australia: Non-Aboriginal		Rate per 100,000 adult population		Australia: Rate ratio
	Number	Prior imprisonment	Number	Prior imprisonment	Aboriginal	Non-Aboriginal	
Homicide and related offences	506	56.7%	2,317	32.2%	122.4	13.2	9.3
Acts intended to cause injury	2,856	78.6%	3,378	54.7%	691.0	19.3	35.9
Sexual assault and related offences	715	61.0%	2,791	26.1%	173.0	15.9	10.9
Dangerous or negligent acts endangering persons	253	79.4%	504	57.7%	61.2	2.9	21.3
Abduction, harassment and other offences against the person	75	81.3%	324	52.5%	18.1	1.8	9.8
Robbery, extortion and related offences	831	74.1%	2,161	60.5%	201.0	12.3	16.3
Unlawful entry with intent	1,306	80.0%	2,311	76.9%	316.0	13.2	24.0
Theft and related offences	279	79.2%	953	66.9%	67.5	5.4	12.4
Fraud, deception and related offences	57	68.4%	681	34.1%	13.8	3.9	3.6
Illicit drug offences	147	62.6%	3,437	32.8%	35.6	19.6	1.8
Prohibited and regulated weapons and explosives offences	41	65.9%	264	58.0%	9.9	1.5	6.6
Property damage and environmental pollution	100	76.0%	281	50.2%	24.2	1.6	15.1
Public order offences	64	78.1%	127	54.3%	15.5	0.7	21.4
Traffic and vehicle regulatory offences	270	82.6%	514	68.9%	65.3	2.9	22.3
Offences against justice procedures, government security and operations	899	93.3%	2,068	80.8%	217.5	11.8	18.4
Miscellaneous offences	6	100.0%	64	23.4%	1.5	0.4	4.0
Unknown	26	100.0%	40	80.0%	6.3	0.2	27.6
Total	8,431	77.0%	22,215	50.9%	2,039.7	126.6	16.1

Source: Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (Table 2.11.9)

Transport

Transport, persons 18+ years, 2008						
	Victoria: Aboriginal	Victoria: Non-Aboriginal	Victoria: Rate ratio	Australia: Aboriginal	Australia: Non-Aboriginal	Australia: Rate ratio
Can easily get to the places needed	74.8%	85.5%	0.9	74.4%	84.2%	0.9
Sometimes have difficulty getting to the places needed	16.5%	11.0%	1.5	14.3%	11.5%	1.2
Cannot or often have difficulty getting to the places needed	8.7%	3.4%	2.6	10.8%	4.2%	2.6

Source: Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (Table 2.13.5)

Food security

Proportions of households that ran out of food and couldn't afford to buy more in the last 12 months, 2012/13						
	Victoria: Aboriginal	Victoria: Non-Aboriginal	Victoria: Rate ratio	Australia: Aboriginal	Australia: Non-Aboriginal	Australia: Rate ratio
Went without food when ran out	9.8%	1.1%	8.9	9.5%	1.3%	7.2
Did not go without food when ran out	15.9%	2.4%	6.8	15.5%	2.1%	7.5
Did not run out of food in last 12 months	74.3%	96.6%	0.8	75.0%	96.6%	0.8

Source: Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (Table 2.19.12)

Removal from family

Natural family removal by age group (18+ years), 2012/13					
	18-24	25-34	35-44	45-54	55+
Individual removed from family (with or without relative/s)	8.6%	11.3%	14.8%	17.5%	22.3%
Relative/s only removed from family	41.3%	41.9%	41.6%	37.7%	33.5%
Neither individual nor relative/s removed from family	50.1%	46.8%	43.6%	44.8%	44.2%

Source: Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (Table 1.18.1)

Disability

Core activity need for assistance, 2011															
	Brimbank	Darebin	Hobsons Bay	Hume	Maribyrnong	Melbourne	Melton	Moonee Valley	Moreland	Macedon Ranges	Moora	Wyndham	Yarra	NWMPHN Estimate	Victoria
0-4 years	0	0	0	4	0	0	0	0	0	0	0	4	0	8	77
5-14 years	9	10	5	14	0	0	13	3	9	5	6	13	0	87	431
15-24 years	3	3	0	8	0	0	11	6	7	0	3	4	0	45	312
25-44 years	14	22	6	14	4	6	14	0	6	0	3	11	9	109	525
45-64 years	14	31	11	16	12	6	4	6	14	11	0	17	12	154	764
65 years and over	6	14	4	13	3	3	4	3	16	0	0	8	0	74	344
Total	46	80	26	69	19	15	46	18	52	16	12	57	21	477	2453
Proportion of Aboriginal people self-identifying a need for daily assistance	6.6%	6.9%	6.6%	6.6%	5.9%	5.8%	5.8%	5.7%	7.4%	8.3%	4.6%	5.0%	6.6%	6.3%	6.5%

Source: ABS Census 2011, Aboriginal and Torres Strait Islander Community Profiles

Maternal and Child

Pregnancy and birthing

Fertility rates per 1,000 women, 2013

	Victoria: Aboriginal	Victoria: All women	Australia: Aboriginal	Australia: All women
Fertility rate per 1,000 women	2.2	1.8	2.3	1.9
Age specific fertility rates per 1,000				
15-19 years	51.8	9.4	62.7	14.6
20-24 years	100.2	38.1	134.3	51.6
25-29 years	116.1	88.0	124.3	99.5
30-34 years	85.9	124.2	88.1	124.5
35-39 years	72.4	76.2	48.3	70.8
40-44 years	10.8	16.8	10.5	15.4
45-49 years	0.8	1.0	0.7	0.9

Source: ABS Births of Aboriginal and Torres Strait Islander peoples, Summary-Australia-2008 to 2013 (Tables 11.2 & 11.8)

Antenatal Care and Birthing

	Victoria: Aboriginal	Victoria: Non-Aboriginal	Australia: Aboriginal	Australia: Non-Aboriginal
Age standardised rate of women who gave birth and attended at least one antenatal visit in the first trimester, 2011 - Major Cities#	40.9%	56.2%	48.6%	65.3%
Age standardised rate of women who gave birth and attended at least one antenatal visit in the first trimester, 2011 - Inner Regional#	38.9%	52.7%	55.6%	65.6%
Mother had regular pregnancy check-ups, 2008*	93.5%	np	90.6%	np
Mother had diabetes or sugar problems during pregnancy, 2008*	6.5%	np	8.4%	np
Mother had high blood pressure during pregnancy, 2008*	14.8%	np	14.1%	np
Mother took folate prior to or during pregnancy, 2008*	60.2%	np	50.7%	np
Mother took other medicines or supplements during pregnancy, 2008*	36.5%	np	43.1%	np
Child's mother sought advice or information about pregnancy or child birth, 2008*	60.9%	np	44.7%	np
Child's mother spent time in hospital because of pregnancy, 2008*	22.1%	np	22.4%	np

Source: #Overcoming Indigenous Disadvantage, 2014 (Table 6A.1.17); *Overcoming Indigenous Disadvantage, 2014 (Table 6A.1.27)

AoD use during pregnancy, 2008

	Victoria: Aboriginal#	Major cities^	Inner regional^	Australia: Aboriginal#
Mother consumed alcohol	23.1%	20.4%	19.7%	19.6%
Mother used tobacco	47.5%	37.2%	46.6%	42.1%
Mother used illicit drugs or substances	9.3%	5.7%	5.0%	5.0%

Source: #Overcoming Indigenous Disadvantage, 2014 (Table 6A.2.23); ^Overcoming Indigenous Disadvantage, 2014 (Table 6A.2.24)

Tobacco smoking during pregnancy, 2011

	Victoria: Aboriginal	Victoria: Non-Aboriginal	Australia: Aboriginal	Australia: Non-Aboriginal
Tobacco smoking during pregnancy age standardised - Major cities*	25.7%	11.0%	42.7%	10.5%
Tobacco smoking during pregnancy age standardised - Inner regional*	51.8%	18.0%	50.5%	16.4%

Source: *Overcoming Indigenous Disadvantage, 2014 (Table 6A.2.16);

Note: *Due to data system reforms the Victorian Perinatal Data Collection for 2011 are provisional pending further quality assurance work.

Proportion of low birth weight singleton babies (<2500 grams), 2011				
	Victorian major cities [^]	Victorian inner regional [^]	Victoria [#]	Australia [#]
Low birth weight among live born Aboriginal singleton babies	7.7%	11.9%	10.9%	11.2%
Low birth weight among live born non- Aboriginal singleton babies	4.6%	4.9%	4.7%	4.6%

Source: [^]Overcoming Indigenous Disadvantage, 2014 (Table 6A.4.6); [#]Overcoming Indigenous Disadvantage, 2014 (Table 6A.4.2)

The maternal and child experience

Infant and child mortality			
	Australia: Aboriginal	Australia: Non-Aboriginal	Australia: Rate ratio
All causes perinatal, infant and child mortality, 2012 *			
Perinatal (per 1,000 of all births)	7.2	7.8	0.9
Infants 0-1 (per 1,000 live births)	5.0	3.3	1.5
Children 0-4 (per 100,000 population)	146.0	79.2	1.8
Children 1-4 (per 100,000 population)	44.4	15.6	2.8
Mortality rates for selected causes of death, infant deaths per 1,000 live births, 2008-2012 #			
Certain conditions originating in the perinatal period	3.0	1.9	1.6
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	1.2	0.4	3.0
Sudden infant death syndrome	0.6	0.2	3.0
Congenital malformations, deformations and chromosomal abnormalities	0.9	1.0	0.9
Diseases of the respiratory system	0.3	0.1	3.0
External causes of morbidity and mortality	0.2	0.1	2.0
Certain infectious and parasitic diseases	0.2	0.1	2.0
Diseases of the circulatory system	0.1	0.1	1.0
Other causes	0.3	0.2	1.5
All causes	6.2	3.7	1.7

Source: *Overcoming Indigenous Disadvantage, 2014 (Table 4A.2.1); #Overcoming Indigenous Disadvantage, 2014 (Table 4A.2.12); Notes: data does not include Victoria, Tasmania or ACT and should be interpreted with caution regarding the local experience.

Breastfeeding status, infants aged 0-3 years, 2012/13						
	Victoria: Aboriginal [^]	Victoria: Non-Aboriginal	Victoria: Rate ratio	Australia: Aboriginal	Australia: Non-Aboriginal	Australia: Rate ratio
Currently breastfeeding	14.7%	19.3%	0.8	18.6%	19.1%	1.0
Not currently breastfeeding	68.8%	73.2%	0.9	64.1%	73.5%	0.9
Total time was breastfed						
Never breastfed	16.4%	7.5%	2.2	17.3%	7.4%	2.3
Less than 1 month	12.2%	8.2%	1.5	16.3%	9.8%	1.7
1 to less than 6 months	41.6%	23.9%	1.7	29.5%	25.5%	1.2
6 to less than 12 months	20.9%	21.6%	1.0	18.4%	23.4%	0.8
12 months or older	7.7%	25.4%	0.3	12.3%	20.6%	0.6

Source: Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (Table 2.20.4); Notes: [^]A number of Victorian Aboriginal statistics have a standard error between 25-50% and should be viewed with caution

Maternal child and health nurse reports 2013/14

Proportion of participation rates for Key Ages and Stages Consultations, 2013/14														
	Melbourne		Yarra		Moonee Valley		Moreland		Brimbank		Darebin		Hobsons Bay	
	All	Aboriginal	All	Aboriginal	All	Aboriginal	All	Aboriginal	All	Aboriginal	All	Aboriginal	All	Aboriginal
Home Consultation	103.6%	100.0%	101.3%	100.0%	102.5%	100.0%	103.1%	86.7%	103.2%	90.9%	103.6%	100.0%	101.4%	100.0%
2 Weeks	100.3%	150.0%	96.7%	100.0%	99.3%	100.0%	97.1%	80.0%	96.2%	77.3%	99.6%	85.7%	97.5%	100.0%
4 Weeks	98.9%	200.0%	99.4%	300.0%	100.1%	66.7%	99.5%	60.0%	95.3%	90.9%	98.5%	82.9%	98.6%	91.7%
8 Weeks	98.5%	200.0%	98.4%	300.0%	101.0%	66.7%	97.1%	73.3%	91.3%	72.7%	98.7%	80.0%	95.7%	83.3%
4 Months	90.2%	50.0%	93.5%	400.0%	99.1%	33.3%	90.7%	60.0%	86.6%	68.2%	94.0%	82.9%	91.3%	58.3%
8 Months	78.5%	28.6%	85.3%	85.7%	92.3%	66.7%	81.3%	42.9%	75.1%	52.4%	85.8%	47.8%	83.7%	70.0%
12 Months	76.8%	57.1%	85.2%	85.7%	89.4%	88.9%	80.2%	57.1%	72.7%	42.9%	83.3%	38.8%	83.6%	50.0%
18 Months	74.4%	60.0%	89.3%	22.2%	85.4%	120.0%	67.6%	34.3%	64.5%	36.8%	74.5%	42.6%	74.1%	77.8%
2 Years	59.3%	40.0%	79.0%	66.7%	85.6%	100.0%	64.0%	40.9%	59.9%	22.2%	71.5%	37.9%	69.4%	20.0%
3.5 Years	47.1%	100.0%	71.9%	25.0%	71.6%	53.3%	56.9%	19.4%	52.8%	66.7%	57.2%	37.0%	64.5%	46.2%

Source: MCHN Reports 2013/14. Note per cents may include children not officially registered with MCHN for that year or children transitioning into the area (i.e. some % above 100)

Proportion of participation rates for Key Ages and Stages Consultations, 2013/14														
	Hume		Maribyrnong		Melton		Macedon Ranges		Moorabool		Wyndham		Victoria	
	All	Aboriginal	All	Aboriginal	All	Aboriginal	All	Aboriginal	All	Aboriginal	All	Aboriginal	All	Aboriginal
Home Consultation	99.9%	104.0%	102.3%	71.4%	100.7%	93.5%	95.2%	66.7%	106.8%	100.0%	100.5%	93.9%	101.0%	94.8%
2 Weeks	94.3%	92.0%	95.3%	85.7%	96.5%	83.9%	92.7%	66.7%	101.8%	111.1%	93.7%	100.0%	97.2%	87.0%
4 Weeks	93.6%	84.0%	97.4%	71.4%	95.7%	80.6%	92.1%	66.7%	103.3%	100.0%	94.9%	90.9%	97.3%	83.9%
8 Weeks	91.3%	56.0%	98.7%	100.0%	94.4%	80.6%	91.4%	33.3%	100.0%	77.8%	93.0%	97.0%	96.0%	84.2%
4 Months	89.1%	76.0%	96.0%	142.9%	94.5%	77.4%	95.2%	66.7%	96.2%	111.1%	88.4%	97.0%	93.6%	81.6%
8 Months	79.6%	64.3%	89.8%	75.0%	80.4%	45.5%	84.9%	60.0%	92.0%	90.9%	75.4%	78.9%	85.5%	64.0%
12 Months	74.4%	60.7%	86.1%	62.5%	76.2%	54.5%	84.7%	100.0%	92.8%	72.7%	69.8%	70.4%	83.4%	60.3%
18 Months	63.5%	18.5%	71.7%	36.4%	66.6%	55.4%	76.2%	75.0%	81.8%	72.0%	59.4%	58.0%	74.7%	49.9%
2 Years	59.1%	26.1%	62.7%	100.0%	61.2%	43.3%	80.9%	0.0%	78.3%	66.7%	53.1%	51.6%	71.0%	50.1%
3.5 Years	61.6%	38.1%	56.4%	66.7%	58.1%	65.4%	74.9%	40.0%	71.9%	47.1%	57.5%	54.3%	64.9%	49.1%

Source: MCHN Reports 2013/14. Note per cents may include children not officially registered with MCHN for that year or children transitioning into the area (i.e. some % above 100)

Vaccinations

Vaccination coverage estimates for selected diseases for children 'fully vaccinated' at 1, 2 and 5 years of age, as at 31 December 2013

	1 year [^]				2 years [*]				5 years [#]			
	Victoria		Australia		Victoria		Australia		Victoria		Australia	
	Aboriginal	Non-Aboriginal	Aboriginal	Non-Aboriginal	Aboriginal	Non-Aboriginal	Aboriginal	Non-Aboriginal	Aboriginal	Non-Aboriginal	Aboriginal	Non-Aboriginal
Hepatitis B	83.2%	91.2%	86.4%	90.8%	93.3%	95.0%	94.3%	94.3%	-	-	-	-
DTP	83.2%	91.7%	86.6%	91.3%	93.3%	95.5%	94.3%	94.7%	94.4%	92.9%	93.2%	92.2%
Polio	83.2%	91.6%	86.5%	91.2%	93.3%	95.5%	94.3%	94.7%	93.9%	92.9%	93.1%	92.2%
HIB	82.8%	91.4%	86.4%	91.1%	94.2%	95.6%	95.0%	95.0%	-	-	-	-
MMR (b)	-	-	-	-	92.9%	94.3%	93.8%	93.6%	93.9%	92.8%	93.4%	92.1%
Pneumococcal	83.6%	91.3%	86.7%	91.0%	-	-	-	-	-	-	-	-
All vaccines	82.8%	90.6%	86.1%	90.3%	90.0%	92.9%	91.4%	92.2%	93.4%	92.4%	92.8%	91.7%

Source: [^]Overcoming Indigenous Disadvantage, 2014 (Table 8A.1.30); ^{*}Overcoming Indigenous Disadvantage, 2014 (Table 8A.1.34); [#]Overcoming Indigenous Disadvantage, 2014 (Table 8A.1.38)

Hospitalisations rates for injury and potentially preventable diseases for Victorian children aged 0-4 years per 100,000 children, 2012/13

	Victoria [^]			Australian major cities [#]			Australian Combined Inner and Outer regional [#]		
	Aboriginal	Non-Aboriginal	Rate ratio	Aboriginal	Non-Aboriginal	Rate ratio	Aboriginal	Non-Aboriginal	Rate ratio
Diseases of the respiratory system	4,063.2	3,586.3	1.1	5,608.3	4,438.5	1.3	6,801.5	4,933.0	1.4
Diseases of the ear and mastoid process	987.0	1,196.0	0.8	999.2	1,336.9	0.7	858.9	1,224.7	0.7
Certain infectious and parasitic diseases	970.6	959.9	1.0	1,643.1	1,312.2	1.3	1,842.0	1,257.6	1.5
Diseases of oral cavity salivary, glands and jaws	822.5	381.8	2.0	np	454.8	np	869.3	576.5	1.5
Diseases of the skin and subcutaneous tissue	510.0	405.8	1.2	767.0	427.6	1.8	983.1	340.4	2.9
Nutritional anaemias and malnutrition	0.0	12.8	np	np	13.9	np	20.7	15.6	1.3
Injury, poisoning and certain other consequences of external causes	1,497.0	1,236.8	1.2	2,104.0	1,609.8	1.3	2,093.0	1,813.4	1.2
Transport accidents	np	33.2	np	91.5	42.5	2.2	90.5	87.6	1.0
Other external causes of accidental injury	1,217.3	1,043.6	1.2	1,731.1	1,344.2	1.3	1,792.9	1,532.7	1.2
Assault	np	7.3	np	70.4	8.0	8.8	72.4	14.5	5.0
Complications of medical and surgical care	131.6	145.1	0.9	193.5	208.3	0.9	111.2	167.7	0.7
Other	np	7.5	np	17.6	6.5	2.7	25.9	10.6	2.4
Total potentially preventable hospitalisations	8,850.1	7,779.5	1.1	11,688.1	9,593.7	1.2	13,468.6	10,161.2	1.3

Source: [^]Overcoming Indigenous Disadvantage, 2014 (Table 6A.6.1); [#]Overcoming Indigenous Disadvantage, 2014 (Table 6A.6.10); Notes: Data are for principal diagnosis as based on ICD-10-AM classification of diseases (International Statistical Classification of Diseases) 10th Revision, Australian Modification.

Children (5-14 years except where information is presented as 0-14)

Learning and development

Informal learning activities main carer did with child (3-8 years) last week, 2008					
	Victoria: Aboriginal*	Australian Major cities: Aboriginal#	Australian Inner regional: Aboriginal#	Australia: Aboriginal*	All Australian children#
Activities undertaken with child					
Told stories, read or listened to the child read	93.2%	87.4%	89.1%	84.5%	95.7%
Read from a book	87.6%	72.9%	76.9%	67.2%	np
Told child a story	68.2%	52.9%	63.8%	57.4%	np
Listened to child read	56.6%	57.4%	59.6%	51.5%	np
Assisted with homework or other educational activities	46.9%	53.0%	47.9%	42.0%	78.3%
Spent time with child using a computer	40.2%	37.7%	33.3%	29.8%	45.7%
Watched TV, video or DVD	93.8%	93.5%	91.5%	90.7%	91.5%
Involved in music, art or other creative activities	88.0%	82.9%	85.2%	80.2%	69.2%
Assisted with drawing, writing or other creative activities	77.3%	69.5%	73.2%	63.9%	np
Played music, songs, dance or other musical activities	75.6%	69.4%	74.2%	69.2%	np
Played a game or did sport together indoors or outdoors	73.9%	67.4%	69.7%	64.6%	83.4%
Took part in or attended playgroup	14.1%	11.0%	13.6%	11.2%	np
Total undertook informal learning activities	99.1%	99.1%	98.1%	97.9%	99.1%
None of the above	0.9%	0.9%	1.9%	2.1%	0.9%

Source: *Overcoming Indigenous Disadvantage, 2014 (Table 6A.8.9); #Overcoming Indigenous Disadvantage, 2014 (Table 6A.8.10)

Australian Early Development Census, 5 year olds, 2012							
Domain		Victoria: Aboriginal*	Victoria: Non- Aboriginal*	Australia Major cities: Aboriginal^	Australia Major cities: Non- Aboriginal^	Australian Inner regional- Aboriginal^	Australian Inner regional- Non- Aboriginal^
Physical health and wellbeing	Vulnerable	20.7%	7.6%	18.6%	8.4%	18.8%	9.4%
	At risk	12.6%	11.1%	16.9%	12.9%	17.7%	14.1%
Social Competence	Vulnerable	16.4%	8.0%	17.1%	8.7%	15.9%	8.6%
	At risk	22.4%	13.2%	18.9%	13.6%	20.5%	14.8%
Emotional maturity	Vulnerable	14.4%	7.1%	14.0%	7.0%	13.6%	7.8%
	At risk	19.3%	13.4%	17.3%	13.7%	19.2%	14.4%
Language and cognitive skills	Vulnerable	20.3%	5.9%	17.1%	5.6%	17.4%	6.7%
	At risk	17.5%	9.8%	18.1%	9.7%	17.9%	10.8%
Communication skills and general knowledge	Vulnerable	17.0%	7.9%	17.6%	8.6%	17.8%	7.7%
	At risk	19.4%	14.6%	20.8%	15.9%	24.1%	16.6%

*Overcoming Indigenous Disadvantage, 2014 (Table 6A.8.1); ^Overcoming Indigenous Disadvantage, 2014 (Table 6A.8.3);
Notes - Vulnerable is bottom 0-10th percentile, at risk is the 11-25th percentile

Parent concerns for child at school entry, 2013		
	Victoria: Aboriginal	Victoria: Non-Aboriginal
Proportion of children whose parents report one or more concerns with child speech or language on entry to primary school	20.7%	14.2%
The proportion of children at school entry with emotional or behavioural difficulties	11.9%	4.4%
Proportion of children at school entry whose parents report concerns with their behaviour	22.7%	13.6%
Proportion of children entering primary school whose parents have reported concerns about their vision	9.1%	8.1%
Proportion of children at school entry whose parents report high levels of family stress in the past month	16.8%	11.5%

Source: School Entrance Health Questionnaire: Victorian Child and Adolescent Monitor, 2015

Literacy and Numeracy: Proportion of students who meet or exceed the benchmarks in NAPLAN, 2014

	Literacy		Numeracy	
	Victoria: Aboriginal	Victoria: Non-Aboriginal	Victoria: Aboriginal	Victoria: Non-Aboriginal
Year 3	85.3%	95.0%	88.5%	95.8%
Year 5	82.9%	94.6%	84.8%	95.0%
Year 7	84.3%	95.9%	93.6%	95.8%
Year 9	81.8%	93.5%	83.3%	95.0%

Source: Victorian Child and Adolescent Monitor, 2015

Belonging and Bullying, 2014

	Victoria: Aboriginal	Victoria: Non-Aboriginal
Children who report feeling connected to their school, grade 5 & 6	79.2%	85.9%
Children who report feeling connected to their school, Years 7-9	52.9%	62.8%
Children who report being bullied, Grades 5 & 6	20.7%	13.6%
Children who report being bullied, Years 7-9	26.6%	18.1%

Source: Student Attitudes to School: Victorian Child and Adolescent Monitor, 2015

School attendance and retention, 2013

	Victoria: Aboriginal	Victoria: Non-Aboriginal
Average number of absence days per full-time equivalent (FTE) student for government primary and secondary schools	28.2	15.6
Year 10-12 apparent retention rate	57.9%	84.6%

Source: Victorian Child and Adolescent Monitor, 2015

Types of assistance that respondents suggested would help Aboriginal children aged less than 15 years currently in secondary school to complete Year 12, 2008

	Australia Non-remote: Aboriginal	Australia: Aboriginal
Support from family, friends and school	81.6%	82.6%
Career guidance	38.1%	36.0%
More individual tutoring	35.0%	32.3%
Support networks	26.2%	25.0%
Greater access to apprenticeships	25.4%	24.5%
Provision of coaches or mentors	25.4%	23.7%
Subsidies or grants to help with affordability	25.1%	25.3%
Encouragement from Elders and council	18.9%	21.9%
Schools suitable for culture and/or beliefs	16.3%	17.2%
More discipline	15.3%	15.6%
Suitable or reliable transport	14.0%	14.7%
Assistance for students with a disability	8.2%	7.9%
Accessible secondary schools	8.0%	10.2%
A relative to support if goes away to boarding school	6.6%	12.0%
Other reason	4.9%	4.6%
Total number	26952	34239

Source: Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (Table 2.05.7)

Health and risk factors

Child Health and Modifiable Risk Factors				
	Non-remote: Aboriginal	Australia: Aboriginal	Non-remote: Non-Aboriginal	Australia: Non-Aboriginal
Poor/Fair Self-assessed health status, Aboriginal children aged 0-14 years, 2008#	np	3.7%	np	np
Adequate daily vegetable intake for children (2-14 years), 2012/13 (b)^	16.2%	15.7%	13.2%	13.3%
Overweight (2-14 years)- BMI, 2012/13*	np	19.9%	np	np
Obese (2-14 years)- BMI, 2012/13*	np	10.5%	np	np

Source: #Overcoming Indigenous Disadvantage, 2014 (Table 8A.1.8); *ABS Australian Aboriginal and Torres Strait Islander Health Survey: First Results, 2012-13; ^Overcoming Indigenous Disadvantage, 2014 (Table 8A.5.13): Note (b) Based on the 2013 NHMRC Guidelines.

Children aged 0-14 years living in households with daily smokers, 2012/13						
	Victoria: Aboriginal	Victoria: Non-Aboriginal	Victoria: Rate ratio	Australia: Aboriginal	Australia: Non-Aboriginal	Australia: Rate ratio
Proportion of children living in household with daily smoker	53.6%	26.0%	2.1	56.9%	26.0%	2.2
Proportion of children living in household with daily smoker who smokes at home indoors	20.8%	10.9%	1.9	28.4%	11.9%	2.4

Source: Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (Table 2.03.2)

Eye and ear health

See eye health in adult section

Children aged 0-14 years with a long-term hearing problem, 2011-13				
	Australia Non-remote: Aboriginal	Australia: Aboriginal	Australia: Non-Aboriginal	Australia: Rate ratio
Deafness	3.2%	3.4%	1.6%	2.1
Otitis media	2.6%	2.8%	1.2%	2.3
Other	0.9%	1.2%	0.9%	1.3
Total with a hearing condition	6.6%	7.1%	3.6%	2.0

Source: Overcoming Indigenous Disadvantage, 2014 (Table 6A.7.3)

Dental health

Child Dental			
	Victorian: Aboriginal	Australia: Aboriginal	Australia: Non- Aboriginal
Proportion of Aboriginal children aged 0-14 years with reported teeth or gum problems, 2008 #	38.3%	31.6%	np
Reason parent did not take child to see a dentist when needed in last 12 months, Aboriginal children, 2008^			
Cost	np	20.7%	np
Transport/distance	np	11.6%	np
Waiting time too long or not available at time required	np	32.0%	np
Not available in area	np	15.7%	np
Could not find time to take child (including personal/family responsibilities)	np	16.1%	np
Dislikes service/professional/afraid/embarrassed	np	9.0%	np
Decided not to seek care for child	np	5.8%	np
Other	np	12.0%	np
Hospital dental procedures+			
Hospital dental procedure rates for children aged 0-14 years, 2012/13 (rate per 1,000 children): Major cities	np	5.0	6.6
Hospital dental procedure rates for children aged 0-14 years, 2012/13 (rate per 1,000 children): Regional	np	7.2	7.5
Hospital dental procedure rates for children aged 0-14 years, by procedure, 2012-13 (rate per 1,000 children)*			
Extraction	np	7.5	5.7
Pulpal	np	0.5	1.1
Restoration	np	5.3	3.5
Other	np	1.9	2.2
Source: #Overcoming Indigenous Disadvantage, 2014 (Table 8A.6.4); ^Overcoming Indigenous Disadvantage, 2014 (Table 8A.6.6); +Overcoming Indigenous Disadvantage, 2014 (Table 8A.6.15); *Overcoming Indigenous Disadvantage, 2014 (Table 8A.6.14)			

Disability

Disability 18 years and under, 2011-13							
	Victoria: Aboriginal	Victoria: Non- Aboriginal	Australia: Aboriginal	Australia: Non- Aboriginal	Non-remote: Aboriginal	Non-remote: Non-Aboriginal	Non-remote: Rate ratio
Proportion of people (<18 years) with a disability (age standardised), 2011-13*							
Profound/severe core activity restriction	8.0%	2.3%	4.7%	3.2%	np	np	np
Other disability/restriction	22.7%	7.4%	16.9%	9.6%	np	np	np
Total with disability or long-term health condition	30.7%	9.7%	21.6%	12.9%	np	np	np
Has no disability or long-term health condition	69.3%	90.3%	78.4%	87.1%	np	np	np
Types of disability (< 18 years) in non-remote areas, 2011-13 #							
Sight, hearing, speech	np	np	np	np	10.9%	7.2%	1.5
Physical	np	np	np	np	5.7%	4.1%	1.4
Head injury, stroke or brain damage	np	np	np	np	0.2%	0.1%	2.0
Subtotal Physical and Head injury, stroke or brain damage	np	np	np	np	5.8%	4.1%	1.4
Intellectual	np	np	np	np	7.4%	4.4%	1.7
Psychological	np	np	np	np	2.8%	1.0%	2.8
Type not specified	np	np	np	np	5.2%	2.2%	2.4
Total persons with one or more disability type	np	np	np	np	21.6%	12.9%	1.7
No disability or long term condition	np	np	np	np	78.4%	87.1%	0.9
Source: *Overcoming Indigenous Disadvantage, 2014 (Table 4A.8.9); #Overcoming Indigenous Disadvantage, 2014 (Table 4A.8.11)							

Child protection

Aboriginal children who were subjects of substantiated by age, 2013/14

	Victoria*	Victorian: Aboriginal proportion of substantiated notifications#	Australia*	Australia: Aboriginal proportion of substantiated notifications#	Rate ratio of all Aboriginal children in out of home care
unborn	0	0.0%	506	38.9%	np
<1	209	13.7%	1327	29.6%	9.5
1-4	358	12.4%	3076	30.0%	11.1
5-9	338	10.6%	3179	27.3%	9.9
10-14	282	9.8%	2527	25.2%	8.8
15-17	62	6.8%	649	21.2%	6.6
not stated	0	0.0%	6	33.3%	np
total 0-17	1249	11.0%	11270	27.6%	9.2

Source: Australian Institute of Health and Welfare 2015. Child protection Australia: 2013-14 (Table A8); Notes: #developed as a proportion of all substantiated notifications

Children aged 0-17 years substantiated notifications by type of abuse or neglect, 2013/14

	Victoria: Aboriginal	Victoria: Non-Aboriginal	Australia: Aboriginal	Australia: Non-Aboriginal	Victoria: Aboriginal proportion of substantiated notifications	Australia: Aboriginal proportion of substantiated notifications	Victoria: Proportion of Aboriginal children experienced#	Victoria: Proportion of non-Aboriginal children experienced#	Australia: Proportion of Aboriginal children experienced#	Australia: Proportion of non-Aboriginal children experienced#
Physical	290	2,637	1,903	5,780	9.9%	24.1%	1.4%	0.2%	0.7%	0.1%
Sexual	93	1,349	998	4,292	6.4%	17.9%	0.4%	0.1%	0.3%	0.1%
Emotional	773	5,680	3,790	11,803	12.0%	23.6%	3.7%	0.5%	1.3%	0.2%
Neglect	93	479	4,567	6,220	16.3%	40.8%	0.4%	0.0%	1.6%	0.1%
Not stated	0	0	12	54	0.0%	17.1%	0.0%	0.0%	0.0%	0.0%
Total	1,249	10,145	11,270	28,149	11.0%	27.6%	6.0%	0.8%	3.9%	0.6%

Source: Australian Institute of Health and Welfare 2015. Child protection Australia: 2013-14 (Table A11); Notes: #developed as a proportion of all Aboriginal children (June 2014) from Table A47.

Aboriginal children on care and protection orders, 30th June 2014

	Victoria: Aboriginal*	Aboriginal proportion of Victorian#	Australia*	Aboriginal proportion of Australia#
Finalised guardianship or custody orders	717	21.3%	11,039	37.3%
Finalised third-party parental responsibility orders	223	10.5%	2,352	28.1%
Finalised supervisory orders	287	15.1%	412	17.6%
Interim and temporary orders	280	15.3%	1,673	31.7%
Administrative arrangements	np	np	28	23.9%
not stated	0	0.0%	0	0.0%
Total	1,507	16.3%	15,504	33.9%

Source: Australian Institute of Health and Welfare 2015. Child protection Australia: 2013-14 (Table A24); Notes: #developed as a proportion of all children

Children in out of home care in Australia, 30 th June 2014			
	Rate per 1,000 Australian Aboriginal children	Rate per 1,000 Australian non-Aboriginal children	Rate ratio of all Aboriginal children in out of home care
<1	24.8	2.6	9.5
1-4	47.5	4.3	11.1
5-9	62.0	6.2	9.9
10-14	58.2	6.6	8.8
15-17	36.8	5.6	6.6
total 0-17	51.4	5.6	9.2

Source: Australian Institute of Health and Welfare 2015. Child protection Australia: 2013-14 (Table A32)

Number of Aboriginal children in out of home care in NWMPHN region, 2012														
	Brimbank	Darebin	Hobsons Bay	Hume	Macedon Ranges	Maribyrnong	Melbourne	Melton	Moonee Valley	Moorabool	Moreland	Wyndham	Yarra	Victoria: Aboriginal
Number of Aboriginal children in out of home care	11	36	np	30	np	np	np	22	np	np	np	16	np	1,025
Proportion of Aboriginal children in out of home care who are placed in accordance with the Aboriginal Child Placement Principle	54.5%	83.3%	np	63.3%	np	np	np	50.0%	np	np	np	75.0%	np	56.1%

Source: Victorian Child and Adolescent Monitor, 2015; Notes: Rates under 5 are not published for privacy reasons

Kindergarten participation rate, 2008-2012		
	Victoria: Aboriginal	Victoria: All children
2008	62.0%	92.4%
2009	67.2%	92.7%
2010	72.8%	95.1%
2011	70.1%	94.6%
2012	75.4%	98.0%

Source: Victorian Child and Adolescent Monitor, 2015

Young person (15-24 years), Adult (25-49 years) and Older Aboriginal people (55+ years)

Life expectancies and death rates

Life expectancy and death rates			
	Australia: Aboriginal	Australia: Non-Aboriginal	Australia: Rate ratio
Life expectancy at birth, 2010-2012*	Male: 69.1 Female: 73.7	Males: 79.7 Female: 83.1	np
Death rates per 100,000 except 0 years, 2008-2012 #			
0	6.2	3.7	1.7
1-4	39.6	17.3	2.3
5-14	17.6	9.3	1.9
15-24	100.9	37.6	2.7
25-34	186.0	56.5	3.3
35-44	397.0	97.8	4.1
45-54	716.6	219.9	3.3
55-64	1,377.0	511.0	2.7
65+ years	4,353.2	3,834.7	1.1

Source: *Overcoming Indigenous Disadvantage, 2014 (Table 4A.1.1); #Overcoming Indigenous Disadvantage, 2014 (Table 4A.1.5); Notes: data does not include Victoria, Tasmania or ACT and should be interpreted with caution regarding the local experience.

Mortality rates

Age standardised mortality rates per 100,000 by selected causes of death (ICD-10), 2008–2012

	Australia: Aboriginal	Australia: Non- Aboriginal	Australia: Rate ratio
Diseases of the circulatory system	285.7	191.8	1.5
External causes of morbidity and mortality	75.2	38.2	2.0
Endocrine, nutritional and metabolic diseases	103.3	22.7	4.6
Diabetes mellitus	89.9	15.6	5.8
Diseases of the respiratory system	96.3	49.8	1.9
Neoplasms	224.1	177.9	1.3
Malignant neoplasms of digestive organs	62.9	47.7	1.3
Malignant neoplasm of bronchus and lung	56.4	33.5	1.7
Malignant neoplasm of cervix uteri	3.5	1.0	3.5
Diseases of the digestive system	47.4	20.5	2.3
Kidney Diseases	29.6	11.2	2.6
Certain conditions originating in the perinatal period	4.3	2.6	1.6
Certain infectious and parasitic diseases	19.4	9.2	2.1
Diseases of the nervous system	24.0	25.8	0.9
Other causes	76.4	47.0	1.6
All causes	985.6	596.7	1.7

Source: Overcoming Indigenous Disadvantage, 2014 (Table 4A1.8); Notes: data does not include Victoria, Tasmania or ACT and should be interpreted with caution regarding the local experience.

Health and risk factors

Self-assessed health status, people aged 15+ (age standardised), 2011-2013

	Excellent/very good			Good			Fair/poor		
	Aboriginal	Non-Aboriginal	Rate ratio	Aboriginal	Non-Aboriginal	Rate ratio	Aboriginal	Non-Aboriginal	Rate ratio
Victoria - age standardised#	36.6%	58.3%	0.6	30.9%	28.1%	1.1	32.4%	13.6%	2.4
Australian Major cities^	40.9%	np	np	33.3%	np	np	25.8%	np	np
Australian Inner regional^	38.4%	np	np	35.3%	np	np	26.3%	np	np
Total#	34.1%	55.8%	0.6	36.4%	30.1%	1.2	29.4%	14.0%	2.1
Proportion with long term health conditions*									
1 condition	47.0%	71.4%	np	38.5%	23.3%	np	14.6%	5.3%	np
2 conditions	36.5%	64.8%	np	40.7%	28.6%	np	22.8%	6.6%	np
3+ conditions	25.1%	44.9%	np	35.7%	34.5%	np	39.2%	20.6%	np

Source: #Overcoming Indigenous Disadvantage, 2014 (Table 8A.1.11); ^Overcoming Indigenous Disadvantage, 2014 (Table 8A.1.9); *Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (Table 1.17.4)

Selected dietary habits persons aged 12+ years, ASR/100, 2012/13

	Australia Non-remote: Aboriginal	Australia Non-remote: Non-Aboriginal	Australia Non-remote: Rate ratio	Australia: Aboriginal	Australia: Non-Aboriginal	Australia: Rate ratio
Usual daily serves of vegetables						
Less than one serve	7.7	4.6	1.7	8.6	4.6	1.9
1 serves	26.1	24.4	1.1	25.3	24.3	1.0
2 serves	25.0	28.9	0.9	26.2	28.9	0.9
3 serves	22.6	23.1	1.0	22.5	23.1	1.0
4 serves	11.2	11.2	1.0	10.6	11.2	0.9
5 serves or more	7.4	7.8	0.9	6.8	7.8	0.9
Meets 2013 Guidelines	6.1	6.7	0.9	5.5	6.7	0.8
Usual daily serves of fruit						
Less than one serve	27.9	18.8	1.5	27.2	18.8	1.4
1 serves	29.4	32.6	0.9	29.3	32.5	0.9
2 serves	25.9	29.7	0.9	26.6	29.7	0.9
3 serves	10.8	12.9	0.8	11.1	12.9	0.9
4 serves	3.4	3.9	0.9	3.5	3.9	0.9
5 serves or more	2.6	2.1	1.2	2.4	2.1	1.1
Meets 2013 Guidelines	42.7	48.7	0.9	43.6	48.7	0.9

Source: Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (Table 2.19.6)

Rates of overweight or obese people aged 18+ years, ASR/100, 2011-13

	Victorian Major cities: Aboriginal	Victorian Major cities: Non-Aboriginal	Victorian Inner regional: Aboriginal	Victorian Inner regional: Non-Aboriginal	Australia: Aboriginal#	Australia: Non-Aboriginal#	Australia: Rate Ratio
Overweight or obese, 18+ years*	71.8	59.2	72.3	69.0	np	np	np
18-24	np	np	np	np	55.3	36.1	1.5
25-34	np	np	np	np	65.9	54.4	1.2
35-44	np	np	np	np	75.2	64.8	1.2
45-54	np	np	np	np	76.6	71.0	1.1
55+	np	np	np	np	79.6	72.8	1.1
All ages	np	np	np	np	69.2	62.7	1.1

Source: *Overcoming Indigenous Disadvantage, 2014 (Table 8A.5.4); #Overcoming Indigenous Disadvantage, 2014 (Table 8A.5.8)

Age standardised current daily smokers aged 18+ years, 2011-13

	Victorian Major cities: Aboriginal#	Victorian Major cities: Non-Aboriginal#	Victorian Inner regional combined: Aboriginal#	Victorian Inner regional combined: Non-Aboriginal#	Victorian Outer regional combined: Aboriginal#	Victorian Outer regional combined: Non-Aboriginal#	Australia: Aboriginal*	Australia: Non-Aboriginal*	Australia: Rate ratio*
Daily smoking	36.1%	14.9%	48.6%	22.2%	49.1%	24.8%	42.1%	16.0%	2.6

Source: *Overcoming Indigenous Disadvantage, 2014 (Table 8A.4.6); #Overcoming Indigenous Disadvantage, 2014 (Table 8A.4.7)

Age standardised hospital separations related to tobacco use, ASR/100,000 population, 2012/13

	Victoria: Aboriginal Males*	Victoria: Non-Aboriginal Males*	Victoria: Aboriginal Females*	Victoria: Non-Aboriginal Females*	Australia Major cities: Aboriginal#	Australia Major cities: Non-Aboriginal#	Australia Major cities: Rate ratio#	Australia Inner and Outer Regional combined: Aboriginal#	Australia Inner and Outer Regional combined: Non-Aboriginal#	Australia Inner and Outer regional: Rate ratio#
Tobacco related hospital separations	645.48	275.58	591.3	151.0	642.68	140.62	4.6	479.0	136.90	3.5

Source: *Overcoming Indigenous Disadvantage, 2014 (Table 8A.4.12); #Overcoming Indigenous Disadvantage, 2014 (Table 8A.4.13); Notes: Categories are based on ICD-10-AM classification of diseases (International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification).

Persons aged 18+ years reporting short-term/single occasion alcohol risk, ASR/100, 2012/13

	Australia Non-remote: Aboriginal	Australia Non-remote: Non-Aboriginal	Australia Non-remote: Rate ratio	Australia: Aboriginal	Australia: Non-Aboriginal	Australia: Rate ratio
18-24	73.5	66.3	1.1	68.4	66.6	1.0
25-34	68.8	61.1	1.1	65.4	61.2	1.1
35-44	60.2	51.1	1.2	59.7	51.2	1.2
45-54	50.3	41.6	1.2	50.4	41.7	1.2
55+	31.5	23.6	1.3	31.2	23.7	1.3
Vic	54.7	44.0	1.2	np	np	np

Source: Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (Table 2.16.2)

Aboriginal persons aged 15+ years reporting the frequency of exceeding single occasion risk guidelines over the last 12 months, 2012/13

	Australia Non-remote: Aboriginal	Australia: Aboriginal
Did not exceed single occasion risk guideline in the last 12 months	43.4%	44.7%
Did exceed single occasion risk guideline in the last 12 months:		
At least once a week		
Everyday	1.6%	1.5%
6 days a week	0.3%	0.3%
5 days a week	1.2%	1.1%
4 days a week	1.1%	1.0%
3 days a week	2.0%	1.9%
2 days a week	3.8%	3.9%
1 day a week	8.1%	8.7%
Total drank at least once a week	18.1%	18.5%
Less than once per week		
25 to 51 times in a year	4.2%	4.3%
13 to 24 times in a year	4.1%	4.7%
1 to 12 times in a year	28.9%	26.1%
Total drank less than once a week	37.2%	35.1%
Total exceeding single occasion risk guideline in the last 12 months	55.3%	53.6%

Source: Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (Table 2.16.9)

Australian hospitalisations for principal diagnoses related to alcohol use, ASR/1,000 (ICD10-AM), 2011-13

	Males: Aboriginal	Males: Non-Aboriginal	Males: Rate ratio	Females: Aboriginal	Females: Non-Aboriginal	Females: Rate ratio
Principal diagnosis						
Acute intoxication	5.8	0.6	9.7	4.4	0.4	12.1
Withdrawal state	1.7	0.2	7.1	0.4	0.1	3.9
Dependence syndrome	1.8	1.3	1.5	0.8	1.2	0.6
Psychotic disorder	0.2	np	10.7	0.1	np	25.0
Harmful use	0.4	0.1	5.8	0.3	0.1	5.9
Other	0.2	np	4.2	0.0	np	3.3
Total F10 categories	10.1	2.2	4.5	6.0	1.7	3.5
Alcoholic liver disease	1.7	0.3	4.9	0.7	0.1	6.7
Toxic effect of alcohol	0.1	np	3.3	0.1	np	2.5
Other inflammatory diseases of the liver	0.1	0.1	0.9	0.1	0.1	1.9
Total	11.9	2.7	4.5	7.0	1.9	3.6

Source: Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (Table 2.16.11)

Aboriginal persons aged 15+ years reporting substance use in last 12 months, 2012/13

	Male: Aboriginal	Female: Aboriginal	Persons: Aboriginal
15-24	32.2%	23.6%	28.2%
25-34	32.5%	22.1%	27.0%
35-44	32.7%	15.5%	23.9%
45-54	20.1%	18.4%	19.3%
55+	9.3%	5.4%	7.1%
Victoria	27.1%	24.0%	27.5%

Source: Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (Table 2.17.3)

Type of substances used in last 12 months, 15+ years, 2012/13

	Australia Non-remote: Aboriginal	Australia: Aboriginal
Marijuana, hashish or cannabis resin	19.6%	19.1%
Amphetamines or speed	2.8%	2.4%
Pain-killers or analgesics for non-medical purposes	3.2%	2.8%
Tranquillisers or sleeping pills for non-medical purposes	2.3%	2.0%
Kava	1.2%	1.3%
Petrol and other inhalants	0.4%	0.4%
Other	2.9%	2.5%
Total used substances in last 12 months	23.8%	22.7%
Has used substances but not in the last 12 months	24.8%	23.1%
Total ever used substances	49.1%	46.3%
Never used substances	49.7%	52.7%

Source: Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (Table 2.17.1)

Hospitalisations with a principal diagnosis related to drug use, ASR/1,000, 2011-13

	Australia: Aboriginal	Australia: Non-Aboriginal	Australia: Rate ratio
Major cities	6.9	2.1	3.3
Inner regional	5.2	2.1	2.4
Total	5.3	2.1	2.5

Source: Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (Table 2.17.12)

Alcohol and other drug services treatment episodes by age group, 2012/13

	Australia: Male Aboriginal	Australia: Male Non-Aboriginal	Australia: Female Aboriginal	Australia: Female Non-Aboriginal
10-19	20.4%	12.0%	16.8%	10.8%
20-29	29.9%	28.3%	30.3%	24.2%
30-39	25.9%	28.1%	29.5%	27.4%
40-49	17.5%	19.5%	17.5%	21.9%
50-59	5.2%	8.6%	4.5%	11.0%
60+	1.0%	3.2%	1.3%	4.6%
Not stated	0.1%	0.1%	0.0%	0.1%
Proportion of treatment episodes	8.9%	53.7%	5.1%	26.4%

Source: Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (Table 3.11.1); Notes: does not include data where Aboriginal status was not stated

Proportion of AoD clients 2013/14

	Brimbank	Darebin	Hobsons Bay	Hume	Maribyrnong	Melbourne	Melton	Moonee Valley	Moreland	Wyndham	Yarra
Aboriginal	2.6%	9.4%	4.9%	2.7%	3.5%	4.6%	2.6%	3.4%	3.5%	2.8%	7.9%
Non-Aboriginal	91.9%	84.8%	90.6%	91.5%	93.1%	88.7%	93.3%	93.0%	89.7%	92.5%	84.7%
Undetermined	5.5%	5.8%	4.5%	5.7%	3.5%	6.8%	4.2%	3.5%	6.8%	4.8%	7.3%

Source: Victorian Government (2015). Alcohol and Drug Information Service data 2013/14 (unpublished); Notes: does not include Macedon Ranges and Moorabool

Proportion of AoD clients with concurrent mental health conditions, 2013/14

	Aboriginal	Total
Melton	np	22.3%
Brimbank	17.1%	23.8%
Wyndham	20.0%	21.6%
Moonee Valley	26.9%	33.0%
Yarra	27.7%	28.1%
Maribyrnong	30.0%	30.4%
Hume	38.7%	33.1%
Melbourne	39.1%	37.9%
Darebin	45.2%	46.8%
Hobsons Bay	46.2%	31.4%
Moreland	51.5%	44.9%

Source: Victorian Government (2015). Alcohol and Drug Information Service data 2013/14, unpublished; Notes: does not include Macedon Ranges and Moorabool

Avoidable mortalities

Avoidable mortality, by cause of death, persons aged 0–74 years, 2008–2012			
	Aboriginal	Non-Aboriginal	Rate Ratio
Ischaemic heart disease	89.2	23.3	3.8
Cancer	96.9	55.4	1.7
Lung cancer	37.3	19.5	1.9
Diabetes	56.4	4.7	12.0
Suicide	23.4	11.6	2.0
Road traffic injuries	16.6	5.9	2.8
Alcohol related disease	20.3	3.9	5.2
Selective invasive bacterial and protozoal infections	14.3	3.1	4.7
Cerebrovascular disease	21.6	8.1	2.7
Chronic obstructive pulmonary disease	321.0	109.6	2.9
Nephritis and nephrosis	18.4	1.9	9.5
Violence	8.0	1.0	7.8
Birth defects	3.3	2.7	1.2
Complications of the perinatal period	2.4	1.3	1.8
Rheumatic and other valvular heart disease	5.3	0.4	12.4
Other	38.6	14.9	2.6
Total avoidable	442.7	145.3	3.0

Source: Overcoming Indigenous Disadvantage, 2014 (Table 8A.3.7); Notes: data does not include Victoria, Tasmania or ACT and should be interpreted with caution regarding the local experience.

Chronic disease

Aboriginal persons reporting selected chronic diseases, ASR/100 population, 2012/13				
	Victoria Non-remote: Aboriginal	Victoria Non- remote: Non-Aboriginal	Australia Non-remote: Aboriginal	Australia Non-remote: Non-Aboriginal
Respiratory disease*				
0–14	np	np	23.5	18.9
15–24	np	np	34.4	28.7
25–34	np	np	43.6	31.2
35–44	np	np	43.6	34.2
45–54	np	np	46.8	31.0
55+	np	np	43.5	30.0
Total	41.2	29.6	np	np
Heart/Circulatory conditions^				
2–14	np	np	1.9	np
15–24	np	np	4.4	np
25–34	np	np	9.6	4.9
35–44	np	np	15.7	10.2
45–54	np	np	25.1	19.0
55+	np	np	42.4	46.1
Total	15.5	np	19.7	16
Chronic kidney disease (total Australia rates)+				
18–24	np	np	7.4	8.5
25–34	np	np	10.5	5.4
35–44	np	np	14.0	5.5
45–54	np	np	24.9	6.0
55+	np	np	40.3	20.7
Total	np	np	22.2	10.4

Source: *Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (Table 1.04.3); ^Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (Table 1.05.2); + Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (Table 1.10.1)

Health actions for chronic disease early detection and management, 2012/13

	Australia: Aboriginal	Australia: Non-Aboriginal	Australia: Rate ratio
Health actions for persons with diagnosed, current and long-term heart and circulatory conditions*			
Cholesterol checked in last 5 years	84.5 %	np	np
Cholesterol checked in last 12 months	68.3%	75.9%	0.9
Blood pressure checked in last 2 years	96.5%	np	np
Blood pressure checked in last 12 months	91.1%	94.1%	1.0
Whether used aspirin daily for heart or circulatory condition	26.7%	28.3%	0.9
Whether taken any medicine or tables for heart or circulatory condition in last 2 weeks	55.3%	np	np
Health actions for persons not reporting diabetes or high sugar levels- tested for diabetes/high sugar levels in the last 3 years#			
0-14	10.2%	np	np
15-24	23.8%	np	np
25-34	44.3%	np	np
35-44	48.4%	np	np
45-54	56.7%	np	np
55+	70.1%	np	np
Total	29.3%	np	np
50+ total	66.7%	54.6%	1.2

Source: *Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (Table 3.05.15); #Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (Table 3.05.16)

Hospitalisations by chronic disease, ASR/100,000 population, 2012/13

	Major Cities: Aboriginal#	Major Cities: Non- Aboriginal#	Major Cities: Rate ratio#	Inner and Outer Regional: Aboriginal#	Inner and Outer Regional: Non- Aboriginal#	Inner and Outer Regional: Rate ratio#	Australia: Aboriginal*	Australia: Non- Aboriginal*	Australia: Rate ratio*
Cancer	1,095.7	1,547.1	0.7	1,078.8	1,580.8	0.7	1,027.5	1,540.4	0.7
Lung cancer	88.2	68.5	1.3	173.1	78.4	2.2	131.1	71.0	1.8
Cervical cancer	14.5	6.9	2.1	10.2	9.0	1.1	11.7	7.4	1.6
Mental and behavioural disorders	3,201.1	1,520.3	2.1	2,465.5	1,216.7	2.0	2,851.2	1,428.0	2.0
Circulatory diseases	2,379.1	1,949.9	1.2	3,440.3	2,180.3	1.6	3,154.0	2,006.8	1.6
Ischaemic heart diseases	889.9	527.5	1.7	1,389.4	639.0	2.2	1,239.6	559.6	2.2
Stroke	227.9	159.6	1.4	296.4	184.7	1.6	276.4	166.6	1.7
Hypertension	34.6	34.8	1.0	110.4	43.6	2.5	92.2	37.6	2.5
Rheumatic heart diseases	7.2	9.1	0.8	12.8	8.9	1.4	33.4	9.1	3.7
Diabetes	428.5	152.4	2.8	598.9	176.1	3.4	632.7	157.7	4.0
End stage renal diseases	31,443.0	4,956.9	6.3	41,945.0	3,566.3	11.8	43,815.0	4,414.9	9.9
Chronic obstructive pulmonary diseases	691.7	212.6	3.3	1,198.4	278.3	4.3	1,032.8	232.5	4.4

Source: #Overcoming Indigenous Disadvantage, 2014 (Table 4A.8.22); *Overcoming Indigenous Disadvantage, 2014 (Table 4A.8.18)

Potentially preventable hospitalisations for chronic conditions, ASR/100,000 population, 2012/13

	Australia Major cities: Aboriginal#	Australia Major cities: Non- Aboriginal#	Australia Inner and Outer regional combined: Aboriginal#	Australia Inner and Outer regional combined: Non-Aboriginal#	Australia: Aboriginal*	Australia: Non-Aboriginal*	Australia: Rate ratio*
Asthma	247.0	162.5	287.5	166.2	299.7	163.3	1.8
Congestive cardiac failure	350.8	199.8	568.7	205.1	536.1	202.0	2.7
Diabetes complications	4,089.0	723.5	3,464.9	775.8	4,476.2	744.6	6.0
Chronic obstructive pulmonary diseases	718.0	232.9	1,233.1	298.4	1,119.3	255.0	4.4
Angina	248.1	96.0	416.9	145.6	352.2	112.7	3.1
Iron deficiency anaemia	168.8	149.1	234.6	144.6	226.0	148.0	1.5
Hypertension	29.5	30.1	86.7	39.8	74.0	33.8	2.2
Nutritional deficiencies	4.0	1.5	6.8	1.6	7.4	1.6	4.7
Rheumatic heart disease	11.3	9.7	29.6	9.4	65.1	9.8	6.6
Total for potentially preventable chronic conditions	5,561.8	1,507.8	5,836.3	1,686.8	6,712.6	1,572.7	4.3
Total hospitalisations for all conditions	65,109.6	37,701.1	80,953.5	37,043.4	83,528.3	37,796.2	2.2
Hospitalisations for potentially preventable chronic conditions as a proportion of hospitalisations for all conditions	7.2%	4.1%	5.9%	5.1%	6.7%	4.3%	1.5

Source: *Overcoming Indigenous Disadvantage, 2014 (Table 8A.2.2); #Overcoming Indigenous Disadvantage, 2014 (Table 8A.2.3); Note: The total is not the sum of the individual conditions because diabetes complications overlap other categories.

Age-specific hospitalisation rates for a principal diagnosis of diabetes mellitus, 2011-2013

	Victoria: Aboriginal	Victoria: Non- Aboriginal	Victoria: Rate Ratio	Australia: Aboriginal	Australia: Non- Aboriginal	Australia: Rate Ratio
0-4	0.0	0.2	np	0.2	0.3	0.5
5-14	0.6	0.9	0.7	0.8	0.9	0.9
15-24	1.6	1.2	1.3	1.7	1.2	1.5
25-34	4.7	0.8	5.7	2.9	0.7	4.1
35-44	2.9	1.0	3.1	5.5	0.9	6.2
45-54	4.9	1.4	3.5	9.9	1.3	7.3
55-64	9.0	2.3	3.9	15.6	2.2	7.0
65+	10.4	5.3	2.0	15.7	4.7	3.3
Total crude rate	2.8	1.8	1.6	4.0	1.6	2.4
Total age standardised rate	4.2	1.7	2.5	6.4	1.5	4.2

Source: Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (Table 1.09.1F)

Hospitalisation rate for type 2 diabetes mellitus as principal diagnosis by complication, ASR/100,000 population, 2012/13

	Australia Major cities: Aboriginal#	Australia Major cities: Non-Aboriginal#	Australia Inner and Outer Regional combined: Aboriginal#	Australia Inner and Outer Regional combined: Non-Aboriginal#	Australia: Aboriginal*	Australia: Non-Aboriginal*	Australia: Rate ratio*
Circulatory	34.3	12.1	37.3	10.7	32.3	11.7	2.8
Renal	15.3	2.9	31.1	2.9	29.8	2.9	10.1
Ophthalmic	26.4	9.4	16.3	5.5	22.2	8.4	2.7
Other specified	142.8	37.2	251.4	41.7	246.4	39.3	6.3
Multiple	94.1	28.3	153.2	29.4	188.4	28.8	6.5
No complications	20.9	4.6	13.1	4.0	17.8	4.5	4.0
Total	333.7	94.5	502.4	94.3	536.9	95.6	5.6

Source: *Overcoming Indigenous Disadvantage, 2014 (Table 8A.2.4); #Overcoming Indigenous Disadvantage, 2014 (Table 8A.2.5); Notes: Totals include hospitalisations for unspecified complications. Data are reported for public and private hospitals in all jurisdictions. The total is not the sum of the individual conditions because diabetes complications overlap other categories.

Age specific hospitalisation rates for all respiratory diseases, 2011-2013

	Victoria: Aboriginal	Victoria: Non-Aboriginal	Victoria: Rate ratio	Australia: Aboriginal	Australia: Non-Aboriginal	Australia: Rate ratio
0-4	45.6	38.4	1.2	78.6	46.2	1.7
5-14	10.9	11.2	1.0	13.5	12.5	1.1
15-24	8.2	10.3	0.8	9.9	9.9	1.0
25-34	9.1	6.9	1.3	14.3	6.7	2.1
35-44	15.4	7.6	2.0	27.1	7.2	3.8
45-54	20.6	8.5	2.4	43.2	8.4	5.1
55-64	36.6	13.8	2.6	58.4	14.0	4.2
65+	73.8	45.7	1.6	100.9	45.1	2.2
Total Crude rate	19.6	16.6	1.2	30.8	17.1	1.8
Total Age standardised	24.9	15.9	1.6	39.4	16.5	2.4

Source: Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (Table 1.04.1F)

Whether persons with asthma in non-remote areas have a written asthma action plan, ASR/100 population, 2012/13

	Australia: Non-remote: Aboriginal	Australia: Non-remote: Non-Aboriginal	Australia: Non-remote: Rate ratio
Has a written asthma action plan	27.3	24.2	1.1
Does not have a written asthma action plan	63.4	72.5	0.9
Never heard of a written asthma action plan	8.1	2.9	2.8
Asthma got worse/out of control in last 12 months	35.9	26.3	1.4
Went to hospital or emergency department due to asthma	18.8	8.4	2.2

Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (Table 3.18.8)

Cancer

Hospitalisation rates for principal diagnosis of neoplasms (including cancer), ASR/1,000 population, 2011 -2013

	Victoria: Aboriginal	Victoria: Non- Aboriginal	Victoria: Rate ratio	Australia: Aboriginal	Australia: Non-Aboriginal	Australia: Rate ratio
0-34	1.0	1.8	0.6	1.0	1.7	0.6
35-44	4.8	6.1	0.8	4.1	5.7	0.7
45-54	12.9	15.9	0.8	11.6	14.7	0.8
55-64	21.7	35.8	0.6	23.0	33.5	0.7
65+	57.4	83.9	0.7	42.3	74.4	0.6

Source: *Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (Table 1.08.2F)

Mental Health and Emotional Wellbeing

Persons 18+ years reporting high levels of psychological distress, ASR/100, 2012/13

	Victoria: Aboriginal	Victoria: Non- Aboriginal	Victoria: Rate ratio	Australia Non-remote: Aboriginal	Australia Non-remote: Non- Aboriginal	Australia Non-remote: Rate ratio	Australia: Aboriginal	Australia: Non- Aboriginal	Australia: Rate ratio
18-24	np	np	np	32.5	13.4	2.4	30.4	13.3	2.3
25-34	np	np	np	30.1	11.0	2.7	30.0	11.0	2.7
35-44	np	np	np	33.0	11.2	2.9	30.7	11.2	2.7
45-54	np	np	np	38.3	11.2	3.4	34.8	11.2	3.1
55+	np	np	np	26.1	9.3	2.8	24.6	9.3	2.6
Total	31.6	11.3	2.8	31.3	10.9	2.9	29.5	10.9	2.7

Source: Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (Table 1.18.3)

Selected indicators of psychological distress, people aged 18+ years age standardised, 2011-13

	Australia: Major cities: Aboriginal	Australia: Major cities: Non-Aboriginal	Australia: Inner regional: Aboriginal	Australia: Inner regional: Non-Aboriginal
Nervous: All/most/some of the time	33.4%	16.6%	31.1%	16.1%
Without hope: All/most/some of the time	22.0%	7.3%	20.2%	7.2%
Restless or jumpy: All/most/some of the time	36.0%	21.8%	37.8%	21.5%
That everything was an effort: All/most/some of the time	41.4%	18.6%	41.2%	16.7%
So sad that nothing could cheer you up: All/most/some of the time	21.9%	6.5%	18.6%	5.6%

*Overcoming Indigenous Disadvantage, 2014 (Table 8A.7.20); Notes: Relates to the four week period prior to interview.

Aboriginal Australians aged 18+ years who reported high/very high levels of psychological distress, by whether saw a health professional about feelings in the last 4 weeks, 2012/13

	Did not see a health professional	Saw a health professional at least once	Average number of visits in last 4 weeks
Sex			
Males	78.3%	21.7%	2.2
Females	69.9%	30.1%	2.1
Age group			
18 to 24 years	77.3%	22.7%	1.7
25 to 44 years	74.2%	25.8%	2.4
45 to 54 years	65.7%	34.3%	2.0
55 years and over	72.9%	27.1%	2.5
Remoteness			
Major cities	67.6%	32.4%	2.0
Inner regional	71.5%	28.5%	2.0
Total	73.2%	26.8%	2.2

Source: Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (Table 3.10.1)

Mental health service use

	Victoria: Aboriginal	Victoria: Non-Aboriginal	Victoria: Rate ratio	Australia: Aboriginal	Australia: Non-Aboriginal	Australia: Rate ratio
Estimated mental health related encounters managed by general practitioners, per 1,000 population, 2011/12*	np	np	np	737.5	585.2	1.3
Proportion of mental health related emergency departments occasions of service in public hospitals, 2009/10#	np	np	np	6.2%	93.8%	np
Community-based ambulatory mental health service contacts, per 1,000 population, 2010/11^	892.2	317.5	2.8	870.9	276.7	3.1
Hospitalisation rates for mental and behavioural disorders (ICD-10), ASR/100, 2012/13+	2.1	1.2	1.7	2.9	1.5	1.9
Hospitalisation rates (ICD-10), ASR/1,000, 2011-13\$						
Mental & behavioural disorders due to psychoactive substance use	5.5	np	2.5	10.4	np	3.7
Schizophrenia, schizotypal and delusional disorders	6.4	np	2.9	6.3	np	3.1
Mood disorders	5.3	np	1.1	4.8	np	1.0
Neurotic, stress-related disorders	2.8	np	1.7	3.9	np	1.5
Disorders of adult personality and behaviour	0.7	np	1.7	0.7	np	1.4
Behavioural and emotional disorders	np	np	np	0.2	np	1.7
Organic, including symptomatic, mental disorders	np	np	np	1.0	np	1.5
Behavioural syndromes assoc. with physiological disturbances	np	np	np	0.1	np	0.3
Unspecified mental disorder	np	np	np	0.1	np	1.7
Mental retardation	np	np	np	0.1	np	3.3
Disorders of psych. Development	np	np	np	np	np	0.6
Other	1.0	np	1.0	0.8	np	1.3
Total	23	np	1.7	28.4	np	1.9

Source: *Overcoming Indigenous Disadvantage, 2014 (Table 8A.7.23); #Overcoming Indigenous Disadvantage, 2014 (Table 8A.7.24); ^Overcoming Indigenous Disadvantage, 2014 (Table 8A.7.25); +Overcoming Indigenous Disadvantage, 2014 (Table 8A.7.29); \$Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (Table 11.8.4T); Notes: Data for episodes of community residential care should be interpreted with caution due to the varying quality and completeness of Aboriginal identification across jurisdictions.

Age specific hospitalisation rates for mental health-related conditions ASR/ 1,000, 2011- 2013

	Victoria: Aboriginal	Victoria: Non-Aboriginal	Victoria: Rate ratio	Australia: Aboriginal	Australia: Non-Aboriginal	Australia: Rate ratio
0-4	5.2	8.1	0.6	1.2	3.4	0.3
5-14	1.5	1.3	1.2	3.6	2.3	1.6
15-24	18.7	12.4	1.5	24.5	14.2	1.7
25-34	31.5	14.1	2.2	43.7	17.4	2.5
35-44	46.4	17.7	2.6	50.4	20.6	2.5
45-54	31.1	17.0	1.8	38.7	18.7	2.1
55-64	20.1	15.8	1.3	23.7	16.8	1.4
65+	13.1	20.3	0.6	18.9	19.3	1.0
Total: Crude rate	19.1	14.0	1.4	23.7	15.1	1.6
Total: Age standardised rate	23.0	13.6	1.7	28.4	14.8	1.9

Source: Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (Table 1.18.2F)

Self-harm deaths and hospitalisations

Deaths from intentional self-harm, per 100,000, 2008-2012*

	Aboriginal	Non-Aboriginal	Rate ratio
Under 25	14.5	3.7	3.9
25-34	39.9	13.1	3.0
35-44	27.7	16.3	1.7
45 and over	13.1	13.3	1.0

Non-fatal hospitalisations for intentional self-harm (all jurisdictions), ASR/100,000, 2012/13#

Males	318.1	97.8	3.3
Females	437.0	187.7	2.3
Persons	378.6	142.7	2.7

Non-fatal hospitalisations for intentional self-harm, ASR/100,000, 2012/13^

Major cities	389.2	135.1	2.9
Inner and outer regional	346.1	165.6	2.1

Source: *Overcoming Indigenous Disadvantage, 2014 (Table 8A.8.2); #Overcoming Indigenous Disadvantage, 2014 (Table 8A.8.3); ^Overcoming Indigenous Disadvantage, 2014 (Table 8A.8.5); Notes: death rates data does not include Victoria, Tasmania or ACT and should be interpreted with caution regarding the local experience.

Disability

Disability 18+ years, 2011-2013							
	Victoria: Aboriginal	Victoria: Non-Aboriginal	Australia: Aboriginal	Australia: Non-Aboriginal	Non-remote: Aboriginal	Non-remote: Non-Aboriginal	Non-remote: Rate ratio
Proportion of people 18+ years with disability age standardised, 2011-13*							
Profound/severe core activity restriction	8.8%	3.3%	9.2%	4.1%	np	np	np
Other disability/restriction	49.1%	30.5%	43.1%	30.4%	np	np	np
Total with disability or long-term health condition	57.9%	33.8%	52.3%	34.5%	np	np	np
Has no disability or long-term health condition	42.1%	66.2%	47.7%	65.5%	np	np	np
Proportion of people 18+ years with disability age standardised, 2011-13#							
Sight, hearing, speech	np	np	np	np	19.6%	16.0%	1.5
Physical	np	np	np	np	31.8%	24.7%	1.5
Head injury, stroke or brain damage	np	np	np	np	3.1%	1.3%	2.9
Subtotal Physical and Head injury, stroke or brain damage	np	np	np	np	32.2%	24.8%	1.5
Intellectual	np	np	np	np	8.3%	2.5%	3.1
Psychological	np	np	np	np	13.1%	5.3%	2.5
Type not specified	np	np	np	np	20.0%	12.1%	2.1
Total persons with one or more disability type	np	np	np	np	47.3%	35.5%	1.5
No disability or long term condition	np	np	np	np	52.7%	64.5%	0.7

Source: *Overcoming Indigenous Disadvantage, 2014 (Table 4A.8.6); #Overcoming Indigenous Disadvantage, 2014 (Table 4A.8.10)

Ear and eye health

Persons reporting eye/sight problems, ASR/100 population, 2012/13										
	Victoria: Aboriginal	Victoria: Non-Aboriginal	Victoria: Rate ratio	Australia Non-remote: Aboriginal	Australia Non-remote: Non-Aboriginal	Australia: Rate ratio	Australia: Aboriginal	Australia: Non-Aboriginal	Australia: Rate ratio	
0-14*	np	np	np	9.6	11.4	0.8	8.8	11.3	0.8	
15-24*	np	np	np	24.3	33.6	0.7	22.0	33.3	0.7	
25-34*	np	np	np	30.3	38.6	0.8	27.4	38.5	0.7	
35-44*	np	np	np	48.1	44.2	1.1	46.7	44.3	1.1	
45-54*	np	np	np	89.9	85.5	1.1	87.2	85.4	1.0	
55+ *	np	np	np	94.6	94.9	1.0	92.4	94.9	1.0	
Total*	52.9	51.4	1.0	np	np	np	np	np	np	
Has eye sight problem due to diabetes, ASR/% #	np	np	np	np	np	np	23.5%	9.2%	2.6	

Source: *Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (Table 1.16.6); #Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (Table 1.16.4)

Age-specific hospitalisation rates for diseases of the eye and adnexa, 2011- 2013						
	Victoria: Aboriginal	Victoria: Non-Aboriginal	Victoria: Rate ratio	Australia: Aboriginal	Australia: Non-Aboriginal	Australia: Rate ratio
0-4	0.8	1.8	0.4	1.8	2.2	0.8
5-24	0.5	0.9	0.5	0.7	0.9	0.8
25-44	1.3	1.6	0.8	1.8	1.6	1.1
45-64	5.0	10.2	0.5	9.9	11.0	0.9
65+	42.6	67.7	0.6	47.2	74.2	0.6

Source: Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (Table 1.16.2T)

Persons reporting ear/hearing problems, ASR/100, 2012/13						
	Victoria Non-remote: Aboriginal	Victoria Non-remote: Non-Aboriginal	Victoria Non-remote: Rate ratio	Australia: Aboriginal	Australia: Non-Aboriginal	Australia: Rate ratio
15-24	np	np	np	8.3	3.5	2.4
25-34	np	np	np	10.7	5.9	1.8
35-44	np	np	np	16.4	10.1	1.6
45-54	np	np	np	22.3	14.0	1.6
55+	np	np	np	28.5	30.3	0.9
Total	17.3	12.0	1.4	np	np	np

Source: Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (Table 1.15.5)

Hospitalisation rates for diseases of the ear and mastoid, ASR/1,000, 2012/13			
	Aboriginal	Non-Aboriginal	Rate ratio
Victoria	2.7	2.4	1.1
Australia	3.2	2.6	1.2

Source: Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (Table 1.15.1F)

Dental health

Dental health							
	Australia Non-remote: Aboriginal*				Victoria: Aboriginal	Victoria: Aboriginal#	Victoria: Non-Aboriginal #
	15-34	35-44	45-54	55+			
Selected population characteristics for Aboriginal persons 15 years+ reporting complete tooth loss, 2012/13	0.2%	2.7%	7.8%	25.5%	7.9%	np	np
Potentially preventable hospitalisations for dental conditions, 2012/13 (ASR/ 1000 population)	np	np	np	np	np	3.5	2.8

Source: *Overcoming Indigenous Disadvantage, 2014 (Table 8A.6.9); #Overcoming Indigenous Disadvantage, 2014 (Table 8A.6.10); Notes: Non-Aboriginal includes hospitalisations identified as not Aboriginal as well as those with a 'not stated' Aboriginal status.

Non-remote access to dental treatment, Aboriginal Australians aged 2+ years, per 1,000, 2012/13		
	Victoria Non-remote: Aboriginal	Australia Non-remote: Aboriginal
Place of last dental consultation		
Private dental clinic (including specialist)	38.2%	33.3%
Government dental clinic (including dental hospital)	34.6%	30.1%
School dental service	5.9%	16.4%
Dentist at AMS/Community clinic	18.1%	16.0%
Other site	1.5%	1.7%
Don't know	3.1%	2.4%
Time spent on waiting list for non-urgent treatment		
<7 days (including saw dentist immediately)	35.0%	50.6%
1 to <4 weeks	26.0%	16.7%
1 to <3 months	16.4%	9.5%
3 months or more	12.4%	12.1%
Don't know	8.5%	11.0%

Source: Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (Table 3.14.13)

Australian non-remote Aboriginal people aged 2+ years, time since last consulted dentist, age standardised, 2011-13

Less than 6 months	24.4%
6 months to less than two years	34.9%
2 years and over	27.2%
Never	11.9%

Source: #Overcoming Indigenous Disadvantage, 2014 (Table 8A.118)

STIs and blood borne virus

Notification rates for STIs, ASR/100,000, 2011-2013

	Victoria: Aboriginal	Victoria: Non- Aboriginal	Victoria: Rate ratio	Australia: Aboriginal	Australia: Non-Aboriginal	Australia: Rate ratio
Chlamydia*#	np	np	np	1253.0	378.5	3.3
Non-congenital syphilis#	27.6	17.8	1.6	65.8	11.9	5.5
Gonorrhoea#	37.3	43.2	0.9	736.1	37.8	19.5
Hepatitis B*#	np	np	np	77.4	29.7	2.6
Hepatitis C*#	np	np	np	131.5	39.7	3.3
HIV (2010-2012)*^+	np	np	np	4.2	5.1	0.8

Source: #Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (Table 1.12.1); +Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (Table 1.12.9); *Notes: Victorian data unavailable and not included in Australian totals. ^Calendar year reporting. Data are presented in 3-year groupings because of small numbers each year

STI and Hepatitis C notifications, North West Melbourne Region per 1,000 population, 2007/08

	NWMR: Aboriginal	NWMR: Total	Victoria: Aboriginal	Victoria: Total
Adolescents (10-19 years)	15.4	3.9	9.1	4.2
Adult (20-49 years)	22.6	5.5	14.4	4.7

Source: URBIS (2011) Closing the Gap Baseline report Victoria

Hospitalisations for infections with a predominantly sexual mode of transmission, ASR/ 100,000 population, 2012/13

	Australia Major cities: Aboriginal#	Australia Major cities: Non- Aboriginal#	Australia Inner and Outer regional combined: Aboriginal#	Australia Inner and Outer regional combined: Non- Aboriginal#	Australia: Aboriginal*	Australia: Non- Aboriginal*	Australia: Rate ratio*
Syphilis	16.3	3.2	29.0	1.2	39.1	2.8	14.0
Gonococcal infection	10.1	1.0	19.4	0.7	39.3	1.0	37.8
Chlamydial infection	10.0	3.0	15.1	3.1	21.0	3.1	6.7
Other sexually transmitted diseases	18.5	13.6	40.4	15.6	60.4	14.2	4.2

Source: *Overcoming Indigenous Disadvantage, 2014 (Table 8A.2.12); #Overcoming Indigenous Disadvantage, 2014 (Table 8A.2.13); Notes: Data are reported for public and private hospitals in all jurisdictions

Acute hospitalisations

Hospitalisations for potentially preventable acute conditions, ASR/100,000 population, 2012/13

	Australia Major cities: Aboriginal#	Australia Major cities: Non-Aboriginal#	Australia Inner and Outer regional combined: Aboriginal#	Australia Inner and Outer regional combined: Non-Aboriginal#	Australia: Aboriginal*	Australia: Non-Aboriginal*	Australia: Rate ratio*
Dehydration and gastroenteritis	284.2	248.3	367.3	310.6	384.5	270.6	1.4
Pyelonephritis	492.0	267.4	547.6	257.8	636.6	266.7	2.4
Perforated/bleeding ulcer	19.8	21.3	36.6	22.0	27.8	21.8	1.3
Cellulitis	307.4	168.9	408.8	209.9	463.5	186.0	2.5
Pelvic inflammatory disease	32.8	17.3	47.1	22.0	63.2	18.8	3.4
Ear, nose and throat infections	203.1	150.9	260.5	180.1	312.8	161.9	1.9
Dental conditions	244.9	258.6	334.0	302.4	350.1	277.6	1.3
Appendicitis	1.5	3.6	3.2	4.1	3.5	3.9	0.9
Convulsions and epilepsy	406.3	133.1	534.3	162.5	591.7	142.3	4.2
Gangrene	60.6	27.1	60.4	29.7	96.6	28.3	3.4
Total	2,052.0	1,296.1	2,599.9	1,500.3	2,930.5	1,377.2	2.1

Source: *Overcoming Indigenous Disadvantage, 2014 (Table 8A.2.7); #Overcoming Indigenous Disadvantage, 2014 (Table 8A.2.8); Notes: Totals may not equal the sum of the individual conditions as one separation might have multiple conditions. Data are reported for public and private hospitals in all jurisdictions.

Hospitalisations with a principal diagnosis of injury and poisoning and other consequences of external causes, ASR/1,000 population, 2011-13

	Victoria: Aboriginal Males+	Victoria: Aboriginal Females+	Victoria: Male rate ratio+	Victoria: Female rate ratio+	Australia: Aboriginal Males	Australia: Aboriginal Females*	Australia Rate ratio males*	Australia: Rate ratio females*
Assault	4.2	1.9	4.3	7.3	9.5	10.1	8.0	32.4
Falls	7.3	7.8	1.0	0.9	10.5	9.4	1.4	1.1
Exposure to inanimate mechanical forces	4.5	2.0	1.0	1.2	6.3	2.9	1.4	1.9
Complications of medical and surgical care	6.7	6.5	1.4	1.5	6.8	7.5	1.4	1.7
Transport accidents	2.9	1.7	0.9	1.0	4.4	2.0	1.3	1.2
Other accidental exposures	2.7	1.3	0.8	0.7	3.3	2.1	1.0	1.1
Intentional self-harm	2.2	2.4	3.3	1.7	2.5	3.6	2.9	2.3
Exposure to animate mechanical forces	1.0	0.4	0.9	0.8	2.3	1.0	2.2	1.9
Exposure to electric current/smoke/fire/venomous animals and plants/forces of nature	np	np	np	np	1.5	0.9	2.3	2.5
Accidental poisoning by and exposure to noxious substances	0.7	1.1	2.0	3.3	1.0	0.9	2.3	2.4
Other external causes	1.0	1.0	3.1	3.0	0.8	0.7	3.1	3.0
Total	33.8	26.2	1.3	1.3	49.0	41.0	1.7	2.0

Source: Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (2011-2013-Table 1.03.2T); Notes: Data are reported for public and private hospitals in all jurisdictions.

Vaccine preventable hospitalisations

Hospitalisation rates for vaccine preventable conditions, ASR/100,000 population, 2012-13

	Australia Major cities: Aboriginal#	Australia Major cities: Non-Aboriginal#	Australia Inner and Outer regional combined: Aboriginal#	Australia Inner and Outer regional combined: Non-Aboriginal#	Australia: Aboriginal*	Australia: Non-Aboriginal*	Australia: Rate ratio*
Influenza & pneumonia	185.7	75.2	220.2	79.2	258.8	77.3	3.3
Other vaccine-preventable conditions	45.2	19.1	46.8	9.9	93.5	16.4	5.7

Source: *Overcoming Indigenous Disadvantage, 2014 (Table 8A.2.10); #Overcoming Indigenous Disadvantage, 2014 (Table 8A.2.11); Notes: Data are reported for public and private hospitals in all jurisdictions.

Aboriginal influenza and pneumococcus immunisation rates, 15+ years, 2012/13

	15-49 years*	50-64 years#	65+ years#	50+ years#
Had vaccination for influenza in last 12 months	27.7%	50.9%	73.7%	56.8%
Had vaccination for influenza but not in last 12 months	26.6%	20.8%	13.7%	18.9%
Had influenza vaccination but not known if in last 12 months	np	1.4%	1.4%	1.4%
Never had vaccination for influenza	41.9%	27.0%	11.2%	22.9%
Had vaccination for pneumococcus in last 5 years	9.7%	23.2%	43.6%	28.5%
Had vaccination for pneumococcus but not in last 5 years	1.9%	1.9%	3.5%	2.3%
Had vaccination for pneumococcus but not known if in last 5 years	np	5.9%	7.3%	6.3%
Never had vaccination for pneumococcus	79.9%	69.1%	45.5%	63.0%

Source: #Overcoming Indigenous Disadvantage, 2014 (Table 8A.1.42); *Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (Table 3.02.6)

Other health service use

Types of regular health care used and preferences, 2012/13

	Victoria: Aboriginal*	Australia Non-remote: Aboriginal#	Australia: Aboriginal*
Whether has a usual place to go for health problems/advice	88.2%	86.1%	86.5%
Where usually go for health problems/advice			
Aboriginal Medical Service	18.2%	19.3%	19.5%
Community clinic	4.4%	2.3%	11.3%
AMS and community clinic	22.5%	21.7%	30.8%
Hospital	1.9%	3.4%	6.3%
Doctor/GP^	74.6%	74.2%	62.0%
Other health care incl. traditional healer	0.9%	0.8%	0.9%
Where would like to go			
Aboriginal Medical Service	23.9%	27.1%	26.3%
Community clinic	4.1%	2.2%	9.2%
AMS and community clinic	28.0%	29.3%	35.5%
Hospital	5.5%	6.3%	9.6%
Doctor/GP (other than AMS or hospital)	64.2%	62.7%	53.2%
Other health care incl. traditional healer	2.3%	1.7%	1.8%

Source: *Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (Table 3.17.1); #Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (Table 3.17.2); Notes: ^Of Aboriginal and Torres Strait Islander persons reporting they usually go to a Doctor or GP when they were sick or needed health advice, 3.4% (11,546) persons reported that they saw a doctor in a Aboriginal Medical Service.

Accessing health care for Aboriginal people, per 100, 2012/13

	Victoria: Aboriginal*	Australia Non-remote: Aboriginal#	Australia: Aboriginal*
Admitted to hospital in last 12 months	19.6	17.5	18.0
Visited casualty/outpatients in last 2 weeks	4.8	4.7	4.8
Doctor consultation in last 2 weeks	26.9	22.3	21.9
Dental consultation in last 2 weeks	5.5	4.2	4.5
Consultation with other health professionals in last 2 weeks	23.5	18.0	18.5
Total accessing health care	49.3	43.8	44.0
Total not accessing health care	50.7	56.2	56.0

Source: *Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (Table 3.14.3); #Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (Table 3.14.4); Notes: Other health professionals include nurse, social worker/welfare officer, traditional healer, Aboriginal health worker and alcohol and drug worker.

Reasons for Victorian Aboriginals not accessing health services when needed, 2012/13

	Doctor	Dentist	Other health professional	Hospital	Counsellor	Total: Any health professional
Whether needed to go to health care providers in last 12 months, but didn't	19.6%	23.3%	13.8%	7.7%	15.3%	36.6%
Reasons didn't go to a health care provider						
Cost	14.0%	38.1%	39.7%	10.8%	18.5%	35.3%
Logistical reasons						
Waiting time too long or not available at time required	18.2%	11.8%	17.0%	22.0%	10.6%	21.3%
Transport/distance	12.0%	4.7%	11.2%	20.7%	9.5%	11.3%
Service not available in area	np	3.5%	np	np	np	6.1%
Sub-total	26.1%	18.0%	24.6%	35.0%	19.9	30.6%
Cultural appropriateness of service						
Discrimination/ not culturally appropriate/ language problems	np	np	np	np	np	3.9%
Dislikes service/professional, embarrassed, afraid	13.4%	23.6%	16.8%	16.6%	23.1%	28.9%
Felt it would be inadequate	10.8%	2.9%	7.0%	10.1%	19.7%	13.5%
Does not trust dentist	6.4%	5.4%	np	7.1%	8.5%	10.1%
Sub-total	24.3%	29.8%	22.9%	27.0%	47.2%	42.5%
Personal reasons						
Too busy (including work, personal or family responsibilities)	36.2%	24.5%	31.9%	26.6%	42.8%	39.1%
Decided not to seek care	34.9%	14.3%	19.3%	32.1%	30.1%	33.5%
Sub-total	63.0%	35.7%	48.0%	53.2%	60.4%	60.4%
Other	3.4%	6.8%	np	np	np	8.4%
Total who needed to visit health care provider, but didn't	8,953	10,110	6,305	3,517	3,996	16,747

Source: Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (Table 3.08.4); Notes: Other health professionals include: nurse, sister, and Aboriginal and Torres Strait Islander health worker.

Reasons for not filling prescription medicines, Aboriginal Australians aged 15+ years, 2012/13

	15-24	25-34	35-44	45-54	55+	Total
Whether had prescriptions that didn't get filled in last 12 months	10.8%	25.6%	25.1%	22.8%	12.9%	18.6%
Reason(s) did not go to get prescription filled in last 12 months						
Cost	33.1%	31.0%	30.2%	44.3%	34.8%	33.9%
Decided didn't need it	37.7%	36.4%	34.8%	30.0%	32.7%	34.7%
Didn't want to	15.0%	11.6%	9.8%	16.8%	22.0%	13.7%
Too busy	11.7%	11.8%	13.6%	9.1%	7.5%	11.4%
Other	14.7%	17.9%	21.3%	22.3%	np	19.0%

Source: Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (Table 3.15.6); Notes: Other includes 'Transport issues', 'Lost the prescription' and 'Other'.

Australian non-remote Aboriginal people aged 18+ years time since last consulted GP/specialist, 2011-13

Visited in previous 2 weeks	27.5%
2 weeks to less than 3 months	30.5%
3 months to less than 6 months	14.4%
6 months to less than 12 months	13.4%
12 months or more	13.0%
Never	0.6%

Source: #Overcoming Indigenous Disadvantage, 2014 (Table 8A.1.15)

Whether discussed health lifestyle issues with doctor, Aboriginal Australians aged 15+ years, 2012/13

	Victoria: Aboriginal	Australia: Aboriginal
Consulted a doctor in the last 12 months	87.2%	83.2%
Discussed lifestyle issues with GP/health professional in last 12 months	48.6%	45.8%
Type/s of lifestyle issues discussed with GP/health professional in last 12 months		
Reducing or quitting smoking	48.3%	43.2%
Drinking alcohol in moderation	12.3%	15.7%
Reaching a healthy weight	46.6%	49.5%
Increasing physical activity	28.0%	30.3%
Eating healthy food or improving their diet	40.6%	44.4%
Family planning	10.2%	10.0%
Safe sexual practices	14.1%	12.2%
Did not discuss/not known if discussed	51.4%	54.2%

Source: Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (Table 3.03.4); Notes: More than one lifestyle issue type could be discussed.

Patient experience, non-remote Aboriginal persons aged 15+ years, 2012/13							
	Victoria: Non-remote*	Non-remote: 15-24#	Non-remote: 25-34#	Non-remote: 35-44#	Non-remote: 45-54#	Non-remote: 55+#	Australia: Non-remote#
How often doctor/s listened							
Always/usually	86.8%	91.0%	89.4%	86.1%	86.1%	90.7%	88.9%
Sometimes/never	13.2%	9.0%	10.6%	13.9%	13.9%	9.3%	11.1%
How often doctor/s explained things in a way that could be understood							
Always/usually	87.5%	86.2%	86.1%	86.0%	87.1%	88.8%	86.7%
Sometimes/never	12.5%	13.8%	13.9%	14.0%	12.9%	11.2%	13.3%
How often doctor/s showed respect for what was said							
Always/usually	89.0%	91.0%	88.2%	87.1%	88.8%	90.3%	89.2%
Sometimes/never	11.0%	9.0%	11.8%	12.9%	11.2%	9.7%	10.8%
How often doctor/s spent enough time with patient							
Always/usually	85.9%	85.8%	85.1%	82.8%	81.6%	89.1%	85.0%
Sometimes/never	14.1%	14.2%	14.9%	17.2%	18.4%	10.9%	15.0%
Overall rating of health care received in last 12 months							
Excellent/very good	73.0%	73.8%	66.6%	65.6%	68.3%	75.3%	70.2%
Good	18.0%	19.3%	23.8%	21.5%	21.5%	15.7%	20.4%
Fair/poor	9.0%	6.8%	9.6%	12.9%	10.2%	9.0%	9.4%

Source: *Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (Table 3.08.7); #Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (Table 3.08.6); Notes: Doctor could be a GP or specialist doctor.

Screening

North Western Melbourne PHN health checks billed to MBS item 715, 2011-2014		
	Number of checks	Usage rate
2011/12	646	7.0%
2012/13	921	9.9%
2013/14	1,279	12.3%

Source: AIHW (2015) Indigenous health check (MBS 715) data tool.

MBS Aboriginal health checks/assessments (MBS item 715), 2013-14								
	Victoria: 0-14 years	Australia: 0-14 years	Victoria: 15-54 years	Australia: 15-54 years	Victoria: 55+ years	Australia: 55+ years	Victoria: Total	Australia: Total
Number	1,924	47,414	3,690	80,645	902	22,295	6,516	150,354
Rate per 100	11.1	19.4	13.1	20.5	18.6	32.5	12.9	21.3

Source: Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (Table 3.04.1)

Breast Screening														
	Brim-bank	Darebin	Hobsons Bay	Hume	Macedon Ranges	Maribyrnong	Melbourne	Melton	Moonee Valley	Moorabool	Moreland	Wyndham	Yarra	Vic
Proportion of Aboriginal women aged 50+ years participating in the breast screen project, 2012-2014*	50.0%	23.1%	41.9%	26.9%	45.0%	46.7%	75.0%	43.6%	21.4%	26.7%	27.5%	32.9%	51.7%	np
Breast screening participation, all women aged 50 to 69 years, 2011-13^	53%	51%	51%	51%	59%	50%	45%	52%	54%	52%	51%	48%	51%	54%
Rate ratio	0.9	0.5	0.8	0.5	0.8	0.9	1.7	0.8	0.4	0.5	0.5	0.7	1.0	np

Source: *Data from Breast Screen Victoria (2015) and Census 2011. Note: Aboriginal breast screen rates are based on all Aboriginal women above the age of 50 years from Census, 2011. This may underestimate the breast screening participation rate for those between 50-69 years; ^Breastscreen Victoria, 2014

Participation in bowel cancer screening, 2012/13

	Victoria: Aboriginal Males	Victoria Aboriginal Females	Australia: Aboriginal Males	Australia: Aboriginal Females
50-74 year olds who have ever participated in bowel cancer screening	24.1%	9.0%	17.8%	10.8%

Source: Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (Table 3.04.21)

Aboriginal women aged 20-69 years reporting whether had a pap smear test, 2012/13

	Victoria: Aboriginal*	Major cities: Aboriginal#	Inner regional: Aboriginal#	Australia: Aboriginal*
Whether ever had a pap smear test	93.2%	91.6%	92.6%	91.2%
Whether have regular pap smear tests	75.8%	65.5%	70.6%	70.0%
Total proportion having at least 2 yearly pap smear test	63.9%	53.9%	59.4%	57.6%

Source: *Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (Table 3.04.15); #Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (Table 3.04.17)

Palliative care

Hospitalisations for palliative care, ASR/1,000 population, 2011-13

	Victoria: Aboriginal	Victoria: Non- Aboriginal	Victoria: Rate ratio	Australia: Aboriginals	Australia: Non- Aboriginal	Australia: Rate ratio
Male*	2.1	1.5	1.4	2.4	1.8	1.4
Female*	1.6	1.1	1.5	2.0	1.3	1.6
Aboriginal total*	1.8	1.2	1.4	2.2	1.5	1.5
Major cities#	np	np	np	2.0	1.4	1.4
Inner regional#	np	np	np	2.0	1.6	1.2
Outer regional#	np	np	np	2.9	1.7	1.7

Source: *Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (Table 3.14.55); #Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (Table 3.14.56)

MBS and PBS expenditure per person, 2010/11

	Major cities: Aboriginal	Major cities: Non- Aboriginal	Major cities: Rate ratio	Inner regional: Aboriginal	Inner regional: Non- Aboriginal	Inner Regional: Rate ratio	Australia: Aboriginal	Australia: Non- Aboriginal	Australia: Rate ratio
MBS categories*									
Unreferred services									
General practitioner	\$224.8	\$220.2	1.0	\$178.4	\$199.1	0.9	\$173.9	\$192.5	0.9
Other unreferred	\$69.8	\$50.1	1.4	\$74.5	\$52.1	1.4	\$62.0	\$45.2	1.4
Referred services									
Pathology	\$75.0	\$106.0	0.7	\$67.2	\$103.3	0.7	\$68.3	\$94.3	0.7
Imaging	\$74.3	\$115.5	0.6	\$69.2	\$117.6	0.6	\$56.6	\$103.2	0.6
Specialist	\$48.6	\$93.1	0.5	\$42.9	\$75.1	0.6	\$33.0	\$77.4	0.4
Operations and other	\$75.2	\$168.4	0.5	\$81.7	\$178.9	0.5	\$73.6	\$153.0	0.5
Total MBS	\$567.6	\$753.4	0.8	\$514.0	\$726.0	0.7	\$467.4	\$665.7	0.7
PBS#									
Mainstream PBS benefits	\$238.1	\$317.5	0.8	\$247.3	\$364.6	0.7	\$193.0	\$330.0	0.6
Section 100	np	np	np	np	np	np	\$60.2	\$0.2	266.0
Other PBS special supply	\$47.1	\$34.0	1.4	\$48.9	\$39.0	1.3	\$38.2	\$35.3	1.1
Total PBS	\$285.2	\$351.5	0.8	\$296.2	\$403.6	0.7	\$291.3	\$365.5	0.8
Total MBS and PBS	\$852.9	\$1,104.9	0.8	\$810.1	\$1,129.6	0.7	\$758.8	\$1,031.2	0.7

Source: Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (Table 3.21.8); Notes: *Excludes allied health services, optometry and dental services. # Excludes highly specialised drugs dispensed from public and private hospitals. Section 100 is a highly specialised drugs program through hospitals. GPs can only prescribe when overseen by a specialist.

Victorian and Australian health expenditure per person, 2010/11

	Victoria: Aboriginal	Victoria: Non-Aboriginal	Victoria: Rate ratio	Australia: Aboriginal*	Australia: Non-Aboriginal*	Australia: Rate ratio
Public hospital services	\$2,918.5	\$1,703.1	1.7	\$3,533.3	\$1,649.7	2.1
Admitted patients	\$2,035.5	\$1,175.0	1.7	\$2,468.4	\$1,153.4	2.1
Non-admitted patients	\$850.0	\$528.1	1.6	\$1,065.0	\$496.4	2.2
Private hospital services	\$23.3	\$14.0	1.7	\$125.8	\$17.2	7.3
Patient transport services	\$103.3	\$103.2	1.0	\$238.2	\$103.8	2.3
Dental services	\$78.4	\$27.4	2.9	\$86.8	\$32.0	2.7
Community health services	\$2,200.0	\$88.0	25.0	\$1,240.7	\$208.7	6.0
Public health services	\$353.3	\$60.5	5.8	\$220.9	\$67.0	3.3
Research	\$81.7	\$27.5	3.0	\$41.4	\$28.9	1.4
Health administration#	np	np	np	\$32.2	\$19.9	1.6
Total health expenditure	\$4,855.8	\$2,029.8	2.4	\$5,460.4	\$2,128.8	2.6

Source: Aboriginal and Torres Strait Islander Health Performance Framework, 2014 (Table 3.21.3); Note: *Not including ACT. # Health administration costs for New South Wales, Victoria, Tasmania and the Northern Territory are zero, as these jurisdictions have allocated administrative expenses into the functional expenditure categories in the table.



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ABOUT THE ARTIST

MPCN commissioned local artist Lynette Briggs to create an artwork that would reflect MPCN's commitment to closing the gap in health for Aboriginal and Torres Strait Islander people in our community.

Lynette, a Wiradjuri and Yorta Yorta woman who lives in Preston, completed the artwork 'Walking Together' in October 2015. Parts of the artwork are used throughout this information paper, and the complete artwork is reproduced on the back cover (overleaf).

As well as being used in this information paper, 'Walking Together' will be used to illustrate other MPCN reports and documents relating to Aboriginal health, and will be displayed in the MPCN offices in Parkville.

Title: Walking Together

Artist: Lynette Briggs

Clan Group: Wiradjuri – Yorta Yorta

Artwork: Acrylic Painting on Canvas

This painting shows how workers of Melbourne Primary Care Network focus on client centred care through an inclusive and supportive approach. The workers walk beside the Aboriginal and Torres Strait Islander clients to improve access to mainstream healthcare and services in their local regions.

The footsteps take them on many pathways to the required health care they need and want.

The hands represent the staff advice and knowledge of local services.

The circles are the local primary care providers and the black half circle and message stick is the client telling of their story and journey. The white, blue and green half circles are the care providers.

The gum leaves surround all involved, providing Healing and Wellbeing and welcome into services.



Title: Walking Together | Artist: Lynette Briggs | Clan Group: Wiradjuri - Yorta Yorta | Artwork: Acrylic Painting on Canvas