



Australian Indigenous  
HealthInfoNet

## *Summary of Aboriginal and Torres Strait Islander health status 2019*



Core funding  
is provided by the  
Australian Government  
Department of Health

AUSTRALIA  
**ECU**  
UNIVERSITY  
EDITH COWAN

## Australian Indigenous HealthInfoNet

The Australian Indigenous HealthInfoNet's mission is to contribute to improvements in Aboriginal and Torres Strait Islander health by making relevant, high quality knowledge and information easily accessible to policy makers, health service providers, program managers, clinicians and other health professionals (including Aboriginal and Torres Strait Islander health workers) and researchers. The HealthInfoNet also provides easy-to-read and summarised material for students and the general community.

The HealthInfoNet achieves its mission by undertaking research into various aspects of Aboriginal and Torres Strait Islander health and disseminating the results (and other relevant knowledge and information) mainly via its website ([healthinfonet.ecu.edu.au](http://healthinfonet.ecu.edu.au)). The research involves analysis and synthesis of data and other information obtained from academic, professional, government and other sources. The HealthInfoNet's work in knowledge exchange aims to facilitate the transfer of pure and applied research into policy and practice to address the needs of a wide range of users.

### Recognition statement

The Australian Indigenous HealthInfoNet recognises and acknowledges the sovereignty of Aboriginal and Torres Strait Islander people as the original custodians of the country. Aboriginal and Torres Strait cultures are persistent and enduring, continuing unbroken from the past to the present, characterised by resilience and a strong sense of purpose and identity despite the undeniably negative impacts of colonisation and dispossession. Aboriginal and Torres Strait Islander people throughout the country represent a diverse range of people, communities and groups each with unique identity, cultural practices and spiritualities. We recognise that the current health status of Aboriginal and Torres Strait Islander people has been significantly impacted by past and present practices and policies.

We acknowledge and pay our deepest respects to Elders past and present throughout the country. In particular, we pay our respects to the Whadjuk Nyoongar peoples of Western Australia on whose country our offices are located.

### Contact details

Professor Neil Drew (Director)

Australian Indigenous HealthInfoNet  
Edith Cowan University  
2 Bradford Street  
Mount Lawley, Western Australia 6050

Phone: (08) 9370 6336

Email: [healthinfonet@ecu.edu.au](mailto:healthinfonet@ecu.edu.au)

Website: [healthinfonet.ecu.edu.au](http://healthinfonet.ecu.edu.au)

### Tell us what you think

We value your feedback as part of our post-publication peer review process, so please let us know if you have any suggestions for improving this or future editions of the *Summary of Aboriginal and Torres Strait Islander health status*.

978-0-6487974-2-5



©Australian Indigenous HealthInfoNet 2020

# Summary of Aboriginal and Torres Strait Islander health status 2019



## Publication team

Tamara Swann  
Joanne Hoareau  
Anomie  
Jane Burns

## Publication layout

Michelle Pierre

## Executive editor

Professor Neil Drew

## Suggested citation

Australian Indigenous HealthInfoNet. (2020). *Summary of Aboriginal and Torres Strait Islander health status 2019*. Perth, WA: Australian Indigenous HealthInfoNet. Retrieved [access date] from [healthinonet.edu.edu.au/summaries](http://healthinonet.edu.edu.au/summaries)

## Further information

This *Summary* is based on the more comprehensive publication *Overview of Aboriginal and Torres Strait Islander health status 2019 (Overview)*. These publications are produced annually and can be found at: [healthinonet.edu.edu.au/summaries](http://healthinonet.edu.edu.au/summaries) and [healthinonet.edu.edu.au/overviews](http://healthinonet.edu.edu.au/overviews)

## Cover artwork

Bibdjoon by Donna Lei Rioli



Donna Lei Rioli, a Western Australian Aboriginal and Torres Strait Islander artist, was commissioned by the HealthInfoNet to create a logo incorporating a gecko, chosen as it is one of the few animals found across the great diversity of Australia.

Donna is a Tiwi/Nyoongar woman who is dedicated to the heritage and culture of the Tiwi people on her father's side, Maurice Rioli, and the Nyoongar people on her mother's side, Robyn Collard. Donna enjoys painting because it enables her to express her Tiwi and Nyoongar heritage and she combines the two in a unique way.

Donna interpreted the brief with great awareness and conveyed an integrated work that focuses symbolically on the pathway through life. This is very relevant to the work and focus of the Australian Indigenous HealthInfoNet in contributing to improving the health and wellbeing of Aboriginal and Torres Strait Islander Australians.

## Featured icon artwork

by Frances Belle Parker

The HealthInfoNet commissioned Frances Parker, a proud Yaegl woman, mother and artist, to produce a suite of illustrated icons for use in our knowledge exchange products. Frances translates biomedical and statistically based information into culturally sensitive visual representations, to provide support to the Aboriginal and Torres Strait Islander workforce and those participating in research and working with Aboriginal and Torres Strait Islander people and their communities. Frances came to prominence winning the Blake Prize in 2000, making her the youngest winner and the first Indigenous recipient over the 65 year history of the prize.

*"Birrriba is the Yagirr name for the mighty Clarence River (NSW). It is this river that is the life giving vein for the Yaegl people. And it is this river which inspires much of my artwork. I am deeply inspired by my Mother's land (Yaegl land) and the Island in the Clarence River that my Mother grew up on, Ulgundahi Island. The stories which are contained within this landscape have shaped me as a person as an artist and most recently as a Mother. This is my history, my story and it will always... be my responsibility to share this knowledge with my family and my children."*





# Contents

Introduction .....	5
Statistical terms .....	6
National surveys .....	6
Aboriginal and Torres Strait Islander population .....	7
Social and cultural determinants of health .....	8
Births and pregnancy .....	9
Deaths.....	10
Hospitalisations .....	11
Cardiovascular health.....	12
Cancer.....	14
Diabetes.....	16
Kidney health .....	18
Social and emotional wellbeing .....	20
Nutrition .....	22
Physical activity .....	24
Environmental health.....	25
Alcohol use .....	26
Illicit drug use.....	28
Tobacco use.....	30
References .....	31

# Introduction



Aboriginal and Torres Strait Islander people have lived on their traditional lands across Australia, including the Torres Strait Islands, for many thousands of years [1]. Before colonisation, Aboriginal and Torres Strait Islander people lived in family and community groups, and moved across the land following seasonal changes. The Aboriginal and Torres Strait Islander concept of health is not just about the individual person, but a whole-of-life view that includes the social, emotional and cultural wellbeing of the community [2].

Australia was colonised by Europeans and the British from the late 18th century. This led to many negative impacts on the health and wellbeing of Aboriginal and Torres Strait Islander people [1, 3], including discrimination, racism, the loss of identity, language, culture and land [4]. The health and wellbeing of Aboriginal and Torres Strait Islander people today is still affected in many ways by this colonial history.

The *Summary of Aboriginal and Torres Strait Islander health status 2019 (Summary)* provides a brief and current overview of the health of Aboriginal and Torres Strait Islander people in Australia in a plain language and visual style. The Australian Indigenous HealthInfoNet has prepared the *Summary* as part of our contribution to support those in the Aboriginal and Torres Strait Islander workforce and those participating in research and working with Aboriginal and Torres Strait Islander people and their communities.

In the past, reports about Aboriginal and Torres Strait Islander people have tended to focus on the negative differences between Aboriginal and Torres Strait Islander people and non-Indigenous people. Nationally, there has been a shift towards better ways of talking and thinking about Aboriginal and Torres Strait Islander health and wellness, and away from focusing only on this 'deficit' approach [4]. This *Summary* aims to deliver the most important information about Aboriginal and Torres Strait Islander health while also limiting comparisons with non-Indigenous people.

Much of the information in this *Summary* comes from government reports, particularly those produced by the Australian Bureau of Statistics (ABS) and the Australian Institute of Health and Welfare (AIHW). Data for these reports come from:

- health and social surveys (see page 6 for full list)
- hospitals and other government agencies (such as the birth and death registration systems and the hospital in-patient collections).

The accuracy of the identification of Aboriginal and Torres Strait Islander people in health data collections varies across the country. Information about hospitalisations is generally considered to be accurate for all states and territories: New South Wales (NSW), Victoria (Vic), Queensland (Qld), Western Australia (WA), South Australia (SA), Tasmania (Tas), the Australian Capital Territory (ACT) and the Northern Territory (NT). Other statistical information is only considered to be sufficient and complete for certain states and territories, for example data about mortality (deaths) is usually only provided for NSW, Qld, WA, SA and the NT. Please refer to the sources for full details on the statistical information presented in this *Summary*.

For more information about the health, you can:

- visit our website ([healthinonet.ecu.edu.au](http://healthinonet.ecu.edu.au))
- read the latest *Overview* [5] for a more comprehensive picture of the current health of Aboriginal and Torres Strait Islander people
- read one of the health topic reviews ([healthinonet.ecu.edu.au/reviews](http://healthinonet.ecu.edu.au/reviews)).



## Statistical terms

- **Hospitalisation**, or a hospital separation, refers to a period of hospital care for a person admitted to hospital. Hospitalisation rates are calculated as the total number of such periods of care divided by the total number of the population of interest. The rate is usually written per 1,000.

Rates of hospital separations provided in this *Summary* are *excluding dialysis separations* – these are admissions for kidney disease patients who are hospitalised for a blood filtering treatment called ‘dialysis’. As there are a very high number of hospital separations for dialysis, we exclude these from calculations.

- **Incidence** is the number of new cases of a disease or condition during a time period, the **incidence rate** is the number divided by the population of interest.
- **Median** is the middle number in a list of numbers ordered from smallest to largest.
- **Prevalence** is the proportion of people living with a disease or condition in a given time period.
- **Rates** are one way of looking at how common a disease or condition is in a population. A rate is calculated by taking the number of cases and dividing it by the population at risk, for a specific time period.

A specific type of rate, called an **age-standardised rate** (or an age-adjusted rate), allow comparisons between populations that have different age profiles. They are often used when comparing a disease or condition among Aboriginal and Torres Strait Islander and non-Indigenous populations because the Aboriginal and Torres Strait Islander population has a larger proportion of young people and the non-Indigenous Australian population has a larger proportion of older people. Unless stated otherwise, rates presented in this *Summary* are age-standardised.

- **Survival** is the likelihood of a person being alive for a given period of time after being diagnosed with a disease or condition.

## National surveys

In this *Summary*, data are presented from a number of national surveys. It’s important to note that data presented from these surveys were generally calculated from responses by people aged 15 years and over. For children aged 14 years and under, a parent or guardian of a child generally provided responses on behalf of the child.

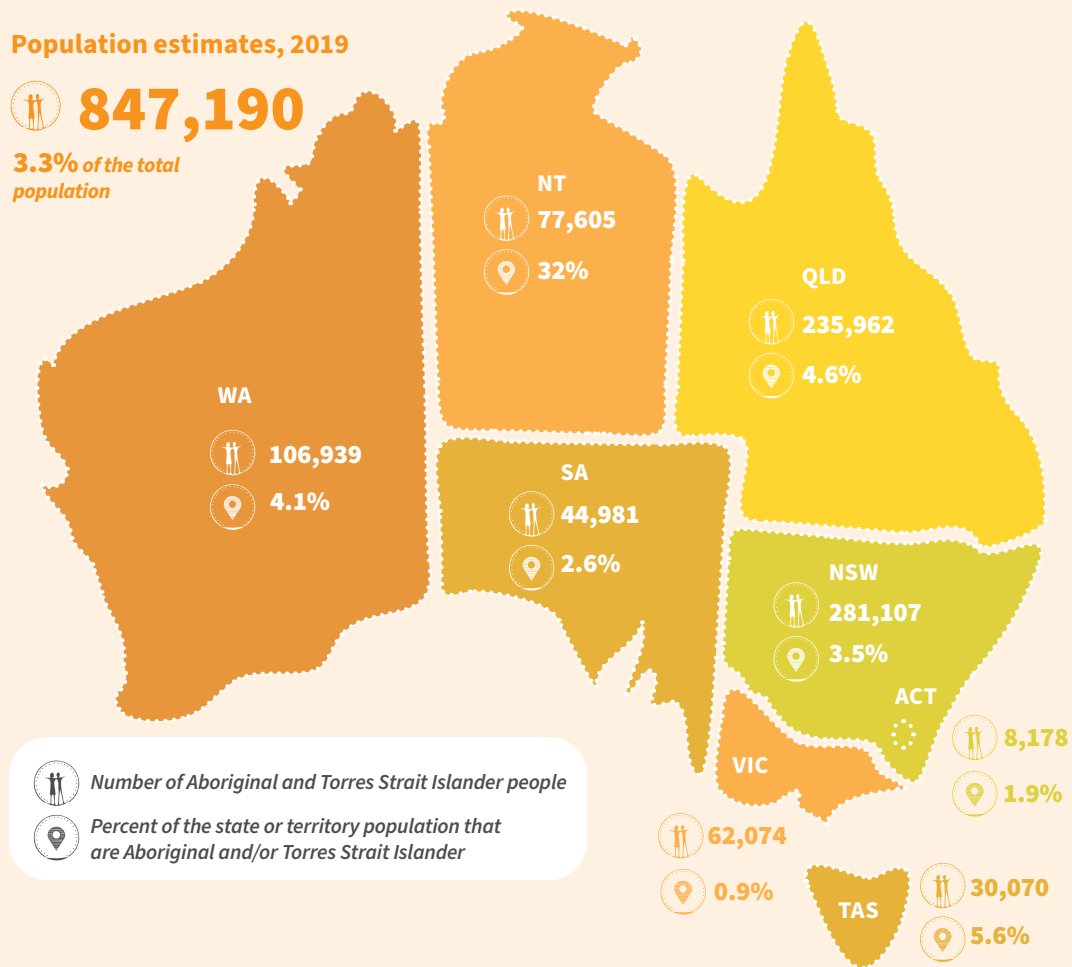
2012-13 Australian Aboriginal and Torres Strait Islander Health Survey	<b>2012-13 AATSIHS</b>
2012-13 National Aboriginal and Torres Strait Islander Nutrition and Physical Activity Survey	<b>2012-13 NATSINPAS</b>
2014-15 National Aboriginal and Torres Strait Islander Social Survey	<b>2014-15 NATSISS</b>
2016 National Social Housing Survey	<b>2016 NSHS</b>
2018-19 National Aboriginal and Torres Strait Islander Health Survey	<b>2018-19 NATSIHS</b>

# Aboriginal and Torres Strait Islander population

Population estimates, 2019

**847,190**

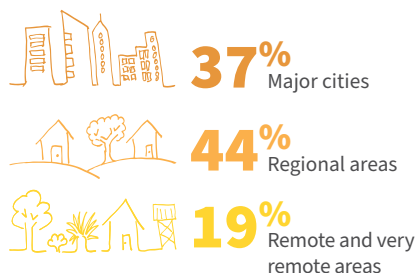
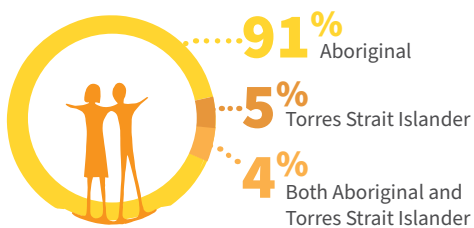
3.3% of the total population



Number of Aboriginal and Torres Strait Islander people  
 Percent of the state or territory population that are Aboriginal and/or Torres Strait Islander

ABS [1]

More detailed information about the Aboriginal and Torres Strait Islander population is found in earlier estimates [2]:



The Aboriginal and Torres Strait Islander population is much younger than the non-Indigenous population [3]. This is mainly due to higher levels of births and deaths for the Aboriginal and Torres Strait Islander population [4].

**33%** of people were aged <15 years  
**5%** of people were aged 65 years+

Median age

**22.9 years**  
 Aboriginal and Torres Strait Islander population

**37.8 years** non-Indigenous population

ABS, 2016 [2,3]

Go to References

# Social and cultural determinants of health

## among Aboriginal and Torres Strait Islander people

Factors known as the ‘social and cultural determinants of health’ impact the health and wellness of individuals [1]. They are the conditions that people are born into, grow and live in and include [2]:



Early child development



Employment



Education



Access to health care



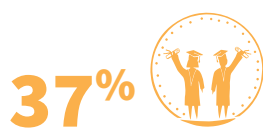
Social inclusion

The social and cultural determinants of health play a large part in health inequities between population groups [2], such as the differences between Aboriginal and Torres Strait Islander people and non-Indigenous people.

## Education, employment and income



of people aged 20-24 years had completed Year 12, increasing from 32% in 2006



of people aged 15 years + had completed vocational or tertiary studies (a non-school qualification)



people were studying at university, more than doubling since 2006 when there were 7,000 university students

2016, ABS [3]

An ABS school report [4] showed that in 2018:

There were **221,982** school students who identified as Aboriginal and/or Torres Strait Islander, increasing by around 3% from the previous year.

The **retention rate** for Aboriginal and Torres Strait Islander secondary students increased from 49% in 2011 to **61% in 2018**.

The 2016 Australian Census reported [3]:



of people between the ages of 15 and 64 years were employed



of people aged 15 to 25 years were either in full or part-time employment, education or training



of people reported a household<sup>1</sup> weekly income of \$1,000 or more, increasing from 13% in 2006.

The top three industries in which people aged 15 to 64 years worked were:



1. This is based on equivalised household income, which is a special calculation that allows comparisons of the incomes of different types of households.



# Births and pregnancy

## among Aboriginal and Torres Strait Islander people

There have been some improvements in birth and pregnancy outcomes for Aboriginal and Torres Strait Islander mothers and babies in recent years [1]. There has been an increase in the proportion of women attending antenatal care from health professionals in the first trimester (first 12 weeks of pregnancy). The proportion of mothers smoking during pregnancy has decreased. There has been a slight decrease in the proportion of babies born small for their gestational (developmental) age.

**21,928** births were registered in Australia where one or both parents were Aboriginal and/or Torres Strait Islander, **7%** of all births in Australia in 2018 [2].

### Aboriginal and Torres Strait Islander mothers and their babies

Antenatal care from health professionals during pregnancy supports positive maternal and child health outcomes, particularly when provided during the first trimester [3, 4].



**63%**

attended antenatal care in their first trimester of pregnancy in 2017 [1]

For Aboriginal and Torres Strait Islander mothers who gave birth in 2018 [2]:



**59%**

were aged 20-29 years



**26 years**

was the median age



**11%**

were teenagers

Low birthweight (LBW) is a birthweight of less than 2,500 grams. Babies with LBW are at greater risk of health problems and death [5].

For babies born to Aboriginal and Torres Strait Islander mothers in 2017 [1]:



- 3,202 grams was the average weight
- 13% of babies were of LBW
- The proportion of babies of LBW did not vary much by remoteness, with 12% of babies in major cities and 14% in very remote areas

There are many factors that can have a negative impact on a baby's birthweight, one of which is smoking tobacco [5].

For Aboriginal and Torres Strait Islander mothers in 2017 [1]:



**44%**

reported smoking during pregnancy, **a decrease from 52%** in 2009. The proportion of mothers who smoked during pregnancy increased with remoteness to **55% of those living in very remote areas**



# Deaths

## among Aboriginal and Torres Strait Islander people

In 2018, there were **3,518 deaths**<sup>1</sup> registered for Aboriginal and Torres Strait Islander people [1]. This accounted for **2.2%** of all deaths in Australia for 2018.

### Leading causes of death



Ischaemic heart disease



Diabetes



Chronic lower respiratory disease



Lung and related cancers

ABS [2]

The median age at death was **60.2 years** [1]:



**57.7 years**  
males



**63 years**  
females



The rate of deaths for babies 12 months or younger was **5.8 per 1,000**

The life expectancy for Aboriginal and Torres Strait Islander people born in 2015-2017 was [3]:



**71.6 years**  
males



**75.6 years**  
females

Life expectancy for Aboriginal and Torres Strait Islander people varied considerably by remoteness [3]:



**72.1 years**  
males in major cities



**76.5 years**  
females in major cities



**65.9 years**  
males in remote and very remote areas



**69.6 years**  
females in remote and very remote areas



Between 2010-2012 and 2015-2017, the life expectancy of Aboriginal and Torres Strait Islander people increased by 2.5 years for males and 1.9 years for females [3].

Between 2008 and 2018, there was a 31% decline in the number of deaths of children aged 1-4 years [1].

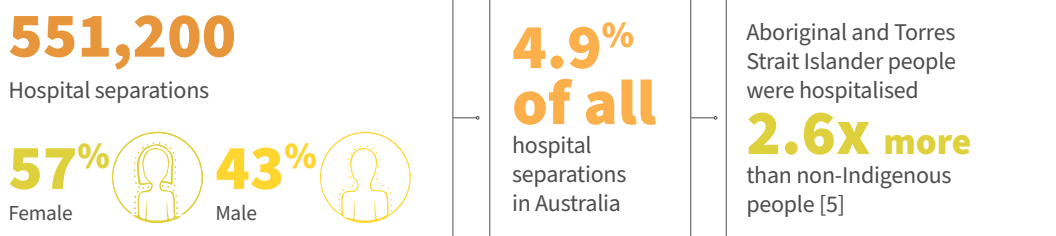
# Hospitalisations

## among Aboriginal and Torres Strait Islander people

Hospital statistics provide information about the health of a population and give governments information on how well the health system is managing [1, 2]. However, they provide only a part of the overall picture of health because:

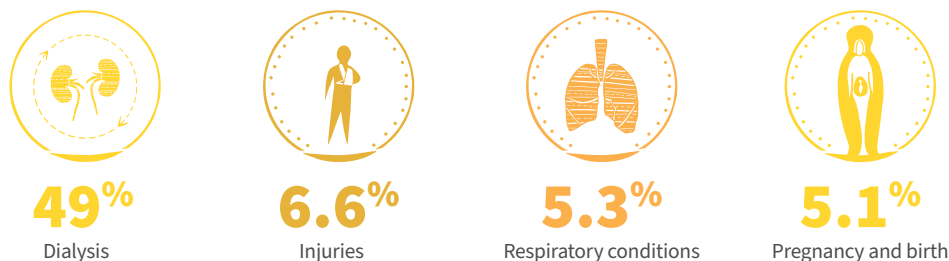
- they only provide a record of illness or cases that are serious enough to require hospitalisation
- not everyone has access to hospitals
- different hospitals may have different admission policies
- the statistics relate to events of hospitalisation rather than to individual patients [2-4].

### Hospital separations for Aboriginal and Torres Strait Islander people 2017-18

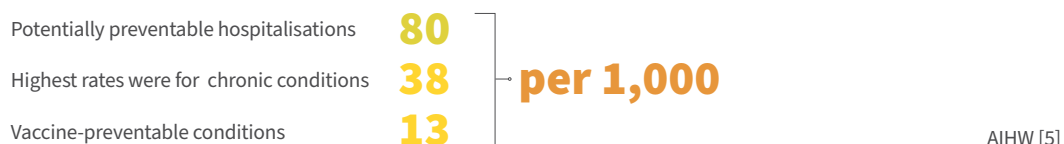


A key factor in the higher rates of hospitalisation for Aboriginal and Torres Strait Islander people is dialysis treatment for kidney disease patients.

Leading reasons for hospitalisations in 2017-18 [5]:



### Potentially preventable hospitalisations among Aboriginal and Torres Strait Islander people in 2017-18



Potentially preventable hospitalisations are hospitalisations that could have been avoided with preventative care actions and early disease management. They can be used as a way to measure how easily people can access primary health or community care and how effective it is [5]. These hospitalisations are calculated for chronic conditions (like diabetes) and conditions that can be prevented with vaccinations.

# Cardiovascular health

## among Aboriginal and Torres Strait Islander people

Cardiovascular health involves the heart, arteries, veins and other components of the circulatory system [1].

Cardiovascular disease (CVD) is the term for all of the diseases and conditions that affect the heart and blood vessels [2]. These include:

- ischaemic heart disease (IHD)
- heart failure
- cerebrovascular disease (including stroke) which affects blood vessels in the brain
- peripheral vascular disease
- rheumatic heart disease (RHD) [3].

The term also includes factors like high blood pressure and high blood cholesterol which are associated with CVD [3].

CVD is a serious problem for the Aboriginal and Torres Strait Islander population [4]. Many people report having CVD, and it is a leading cause of both hospitalisation and death.



## Prevalence

In the 2018-19 NATSIHS [5]:



Around **15%**  
of adults had CVD



**17%**



**14%**

CVD was slightly more  
common among  
women than men



The prevalence  
of CVD increased  
with age



**23%**  
Almost one quarter of  
adults had high blood  
pressure



## Risk factors

Risk factors for CVD include [5]:



Smoking



Drinking  
alcohol at  
risky levels



Lack of  
physical  
activity



Being  
overweight  
or obese



Not eating  
enough fruit  
and vegetables



High blood  
pressure



High  
cholesterol

Some of these risk factors are more common among Aboriginal and Torres Strait Islander people than non-Indigenous people [6, 7].

Other health conditions like diabetes and chronic kidney disease can also increase the risk of developing CVD [8]. Researchers continue to look at other risk factors, such as sleep quality, that may contribute to CVD among Aboriginal and Torres Strait Islander people [9].



## Hospitalisations

**14,945** hospitalisations for CVD in 2017-2018

**5.4%** of all Aboriginal and Torres Strait Islander hospitalisations [10]

Although rates of CVD are highest among older people, CVD is recognised as having a substantial impact on younger Aboriginal and Torres Strait Islander people [11].

2013-2015 rate of hospitalisations for CVD in Aboriginal and Torres Strait Islander people aged 35-44

21 in every 1,000



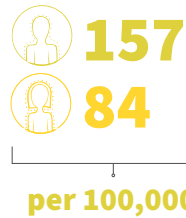
## Deaths

About one quarter of all deaths were caused by CVD in 2011-2015 [11]



24%

IHD was the leading cause of deaths in 2018 [12]



The rates of deaths due to IHD increased with age, however, concerningly, it is the leading cause of death among the 35-44 year age group and the fourth leading cause of death among the 25-34 year age group [12].



1,614

deaths caused by cardiac conditions<sup>1</sup> 2015-2017 [13]



## Acute rheumatic fever (ARF) and rheumatic heart disease (RHD)

ARF and RHD are preventable health problems that affect many Aboriginal and Torres Strait Islander people and communities [14]. RHD occurs when ARF, a sickness caused by the germ *Streptococcus*, leads to permanent damage to the heart valves [15, 16]. ARF and RHD are health conditions that affect Aboriginal and Torres Strait Islander people much more than non-Indigenous people [17].

In Qld, WA, SA and the NT, ARF and/or RHD are notifiable diseases and federally-funded clinical registers are available [18].

In these states and territories from 2013 to 2017, there were [18]:

1,776

Diagnoses of ARF



More than half of these cases were in the NT

1,043

Diagnoses of RHD

The rate for females was about double the rate for males



x2

Nearly 60% of new RHD cases were in people aged under 25 years

1. 'Cardiac conditions' are defined here as those relating to ICD-10 codes I00 to I52 (includes ARF, chronic RHDs, hypertensive diseases, ischaemic heart diseases, pulmonary heart disease, diseases of pulmonary circulation, and other forms of heart disease; does not include cerebrovascular disease).

# Cancer

## among Aboriginal and Torres Strait Islander people

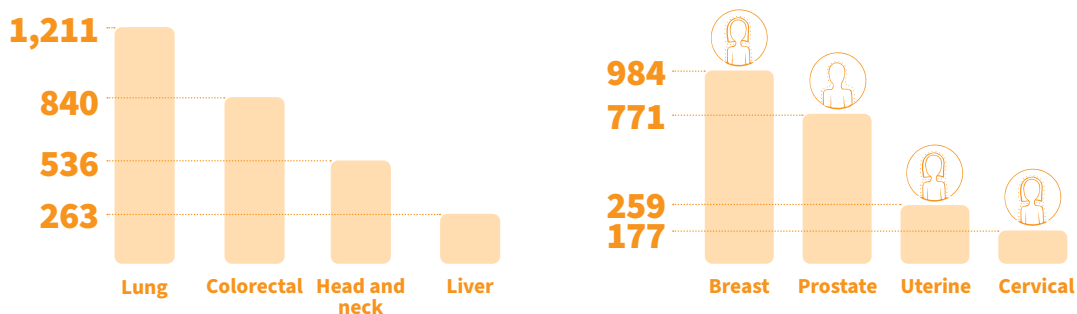
Cancer is the term used for a number of related diseases that cause damage to healthy body cells causing them to grow abnormally [1]. Cancer can start almost anywhere in the body [1] and there are more than 200 types of cancer [2].



### Incidence

In 2010-2014, **8,481** new cases of cancer were diagnosed, an average of **1,696** new cases per year.

New cases of the most common cancers:



AIHW [3]



### Factors contributing to cancer incidence and deaths

- Having the types of cancers that are more likely to be fatal
- Being diagnosed with cancer at a later stage
- Being more likely to present with co-morbidities (other chronic conditions)
- No treatment, or inadequate treatment [4-6].

The high incidence of some types of cancer among Aboriginal and Torres Strait Islander people can be partly explained by the higher level of risk factors, most notably tobacco use [7]. This is the main contributing factor to the high incidence of lung cancer.

Drinking alcohol regularly or in large amounts is considered a risk factor for developing liver cancer.

Aboriginal and Torres Strait Islander adults

**40%** were daily smokers

**20%** were considered to have exceeded lifetime risk guidelines for alcohol consumption

2018-19 NATSIHS [8]



## Survival

The likelihood of surviving five years after a cancer diagnosis was 50%. The 2007-2014 relative survival rates for Aboriginal and Torres Strait Islander males was lower than for females

The highest observed survival rates were found in breast cancer, while lung cancer had the lowest.



54%

Female relative survival rates



46%

Male relative survival rates

2007-2014 [9]



77%

Breast cancer observed survival



9.9%

Lung cancer observed survival

2010-2014 [1]



## Hospitalisations

In 2017-18, there were 8,447 hospitalisations for cancer, representing 3.0% of all separations [10].

**8,447** Cancer related hospitalisations



## Deaths

The rate of deaths due to cancer in 2013-2017 was 238 per 100,000 [11].

Cancers of the trachea, bronchus and lung combined were the **fourth leading cause of death** in 2018 [12].

5%

Increase in rate of deaths when compared with 2010-2014 period



89

Females



115

Males

Trachea, bronchus and lung cancer deaths, 2018



## Participation in screening programs

Aboriginal and Torres Strait Islander women are less likely to be diagnosed with breast cancer, but are more likely to die of breast cancer than other Australian women [13]. They are less likely to participate in breast screening and may feel culturally isolated in

hospitals and clinics [14]. The need for flexibility in the delivery of screening services has been acknowledged by many service providers who have developed ways to promote and conduct cancer screening which are culturally appropriate and sensitive.

Lung cancer was the most commonly diagnosed cancer with an average of 242 new cases per year, with rates slightly higher for males than females [3].



242

new cases per year

2010-2014

# Diabetes

## among Aboriginal and Torres Strait Islander people

Diabetes (diabetes mellitus) is a chronic condition where the body cannot properly process glucose (sugar) from food [1]. Diabetes occurs when the body is not producing enough insulin (a hormone which controls blood glucose), or when the body cannot effectively use the insulin. There are different types of diabetes. The three most common are:

- **type 1 diabetes**
- **type 2 diabetes**
- **gestational diabetes mellitus (GDM)** (a type of diabetes that occurs in pregnancy).

Diabetes is a serious problem for the Aboriginal and Torres Strait Islander population [2]. The most common form is type 2 diabetes, which occurs at earlier ages for Aboriginal and Torres Strait Islander people than for non-Indigenous people and is often undetected and untreated.

### Incidence and prevalence

In the 2018-19 NATSIHS [3]:

**7.9%** of Aboriginal and Torres Strait Islanders reported they had diabetes

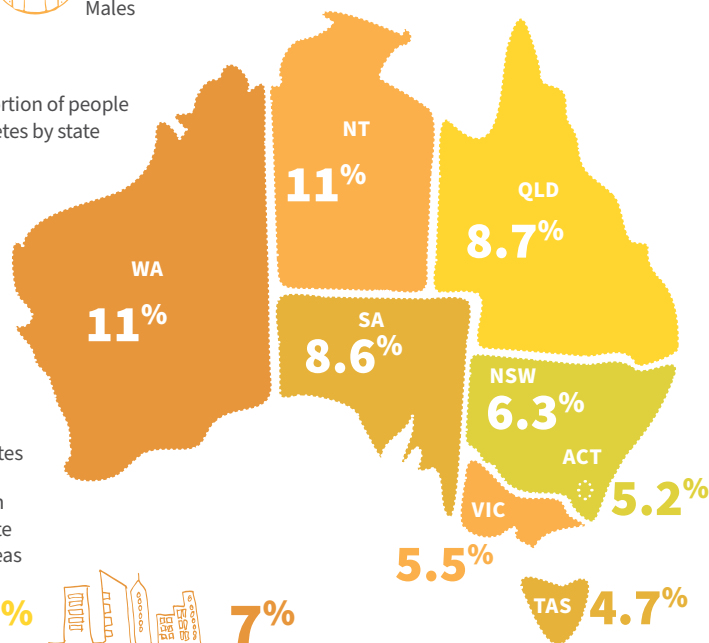


The proportion of people with diabetes by state



**35%** of people **55 years +** had diabetes

The proportion of people with diabetes was higher for remote areas than for non-remote areas







## Risk factors

Risk factors for diabetes include [6]:



Smoking



Obesity



Other chronic conditions such as kidney disease, cardiovascular disease, liver disease and anaemia.

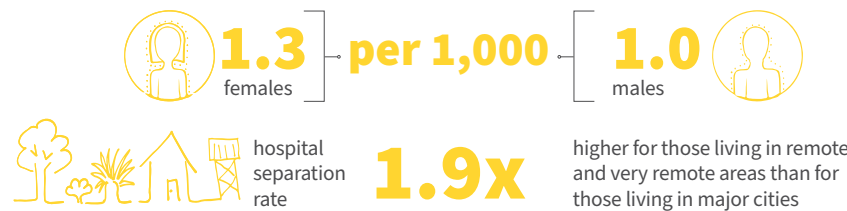


## Hospitalisations

Hospital services are usually required to treat the advanced stages of complications of diabetes or acute episodes [2].

In 2015-16 there were [7]:

Approximately **860** hospitalisations for **type 1** diabetes as the main diagnosis



Approximately **2,300** hospitalisations for **type 2** diabetes as the main diagnosis



Almost **500 hospitalisations** for diabetes as the main diagnosis during pregnancy, including pre-existing and gestational diabetes.

Please note these are figures for diabetes as a main (or principal) diagnosis, there are many more hospitalisations for diabetes as an additional diagnosis among patients with another principal diagnosis such as a CVD or kidney disease.



## Deaths

Diabetes was the **second leading cause of death** for Aboriginal and Torres Strait Islander people in 2018 [8].



# Kidney health

## among Aboriginal and Torres Strait Islander people

Keeping the kidneys healthy is important because they help the body by removing waste and extra water, and keeping the blood clean and chemically balanced [1]. If the kidneys stop working properly, waste can build up in the blood and damage the body [2].

Kidney disease is a serious health problem for many Aboriginal and Torres Strait Islander people, in particular chronic kidney disease (CKD) and end-stage renal disease (ESRD).



### Incidence and prevalence

In the 2018-19 NATSIHS, **1.8%** of Aboriginal and Torres Strait Islander people reported kidney disease as a long-term health condition [3]:



**1.9%**  
Aboriginal people



**0.4%**  
Torres Strait Islander people



**2.3%**  
Females



**1.2%**  
Males

Prevalence increased with age



**7.6%**  
people aged 55 years +

**3.4%**  
in remote areas



**1.4%**  
in non-remote areas



In 2014-2018 the incidence rate of ESRD for Aboriginal and Torres Strait Islander people was:

**603** per 1,000,000 — **6.3x higher** than the rate for non-Indigenous people (Derived from [4-7])



### Risk factors

Risk factors for kidney disease include:



Obesity



High blood pressure



Diabetes



Smoking



Cardiovascular disease



Socioeconomic disadvantage



Low birth weight

These factors are particularly common among Aboriginal and Torres Strait Islander people and contribute to high rates of CKD [8, 9].

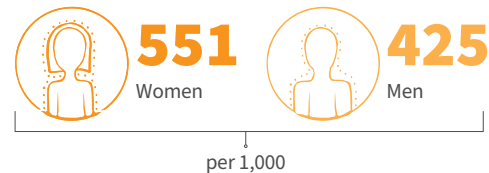
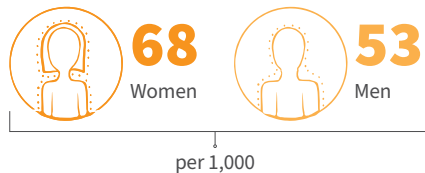


## Hospitalisation, dialysis and kidney transplants

In 2017-18, Aboriginal and Torres Strait Islander people were hospitalised **2.6x** more than non-Indigenous people, mainly due to the high number of dialysis admissions [10].

In 2016-17, there were **25,200** hospitalisations for **CKD** (excluding dialysis) (age-adjusted rate of 61 per 1,000) [11]

In 2014-15, there were **207,605** hospital separations for **ESRD** [12]



The rate for people living in remote and very remote locations was **3.5x higher** than for those living in major cities [12]

Managing kidney disease may involve dialysis, which involves filtering the blood by a machine. This often requires the patient being admitted to hospital, although in some circumstances the treatment can be performed at home. If kidney disease is left untreated a kidney transplant may be required [13]. Kidney disease impacts a patient's quality of life as well as those who care for them [14, 15]. Treatments can be expensive and require frequent travel to medical facilities.



## Dialysis is the most common reason

Aboriginal and Torres Strait Islander people are hospitalised [16].

In 2016-17, there were **237,191** hospitalisations for dialysis treatment [11].

In 2018, there were **49 kidney transplant operations** [17].



## Deaths

In 2018, there were **66 deaths** due to disease of the urinary system (including disorders of the bladder and urethra, as well as disease of the kidneys and ureters) [18].



For 2015-2017, the death rate for **CKD** as an underlying or associated cause of death was **197 deaths** per 100,000 population [11].



**per 100,000**

In 2018, **217** Aboriginal and Torres Strait Islander people who were receiving dialysis died [17]. The most common causes of death for the dialysis patients were CVD (64 deaths) and withdrawal from treatment (51 deaths).

# Social and emotional wellbeing

(including mental health) among Aboriginal and Torres Strait Islander people

For many Aboriginal and Torres Strait Islander people social and emotional wellbeing (SEWB) includes mental health and also:

- connection to country
- culture
- spirituality
- ancestry, family and community [1].

Colonisation has had a profound negative impact on Aboriginal and Torres Strait Islander people's wellbeing due to many factors such as:

- loss of land
- disruption to traditional cultural practices
- child removals
- trauma
- racism
- economic and social exclusion
- chronic life stresses [2-4].

Severe mental illness was relatively rare in traditional Aboriginal societies [5].



## Prevalence

### Psychological distress

In the 2018-19 NATSIHS [6]:

**31%** of Aboriginal and Torres Strait Islander respondents aged 18 years and over reported high or very high levels of psychological distress.



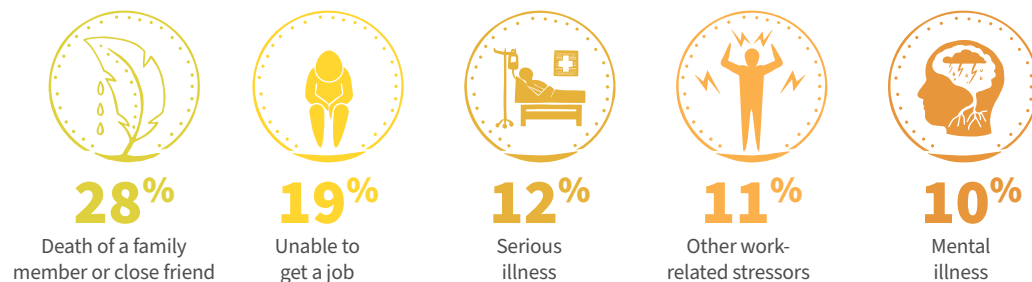
More women reported high or very high levels of psychological distress compared with men.



In the 2014-15 NATSISS [7]:

**68%** of people aged 15 years and over experienced one or more selected personal stressors in the previous 12 months.

The most common reported stressors among survey participants were:



## Positive feelings and support

In the 2014-15 NATSISS:

**More than half of people** aged 15 years and over reported an overall life satisfaction rating of **at least 8 out of 10**

(where 0 is completely unsatisfied and 10 is completely satisfied) (Derived from [8]).



**92% of people** aged 15 years and over felt able to obtain help from someone else, not in their household, during a time of crisis [9, 10].

## Mental health conditions

In the 2018-19 NATSIHS [6]:

**25% of Aboriginal and 17% of Torres Strait Islander people**

aged two years and over were reported as having a mental and/or behavioural condition.



**17%**  
**Anxiety** was the most common mental health condition



**13%**  
**Depression** was the second most common mental health condition

Mental health conditions were more likely to be identified and reported by people living in non-remote areas compared with remote areas

**9.8%** remote areas

**28%** non-remote areas



## Hospitalisations

**21,940 people** were hospitalised for Mental and behavioural disorders<sup>1</sup> } **7.9%** of all hospital separations

Intentional self-harm<sup>2</sup> was responsible for **2,849 hospitalisations**

2017-18 [11]



## Deaths

In 2018, **169 people died** from intentional self-harm (suicide) [12].

**Suicide was the leading cause of death** for people aged 15-44 years

Between 2009-2013 and 2014-2018:

Death rates due to suicide **increased by 17%**



WA consistently recorded the highest death rates for suicide

1. The International Classification of Diseases (ICD) chapter 'Mental and behavioural disorders', used for the classification of both hospitalisation and mortality, is very broad. As well as mental illness and mental health problems, it includes mental retardation and a broad sub-category for disorders relating to the use of psychoactive substances (including alcohol, tobacco, other drugs and volatile substances). The chapter doesn't include, however, the results of intentional self-harm, which are classified within the ICD chapter 'External causes of morbidity and mortality'.

2. Intentional self-harm as a principal diagnosis for external causes of injury or poisoning for Aboriginal and Torres Strait Islander people [11].

# Nutrition

## among Aboriginal and Torres Strait Islander people

The diets of Aboriginal and Torres Strait Islander people have changed since colonisation [1]. Traditional diets included wild caught ‘bush foods’ and were full of healthy, nutrient rich foods. Aboriginal and Torres Strait Islander people today tend to have diets similar to non-Indigenous people, which contain added sugars and salt, saturated fats and low levels of fibre [2]. In remote Aboriginal communities, high calorie foods with lower nutritional value (such as oil and flour) tend to be cheaper and more readily available, than nutrient rich foods (such as most fruit and vegetables) [3]. While traditional foods remain an important part of the diet for some communities, poor nutrition is a problem for many people.

The *Australian dietary guidelines* recommend that adults eat fruit and plenty of vegetables each day, as well as reduced-fat milk, yoghurts and cheeses, and limit the amount of sugars, salt and ‘discretionary’ (junk) food and drinks [4].

Poor diet can contribute to [4, 5]:



Being overweight or obese



Malnutrition



Cardiovascular disease



Type 2 diabetes



Tooth decay



## Fruit and vegetable consumption among Aboriginal and Torres Strait Islander people 2018-19



39%

of people aged 15 years+ met the daily recommended serves of **fruit**



4.2%

of people aged 15 years+ met the daily recommended serves of **vegetables**



35%

men



44%

women

Proportion of children that met the daily recommended serves of **fruit**



1.7%

men



6.3%

women

Proportion of children that met the daily recommended serves of **vegetables**



69%

all children



6.5%

all children



92%

young children (aged 2-3 years)



23%

young children (aged 2-3 years)

2018-19 NATSIHS [6]



## Sugary drinks and junk food consumption among Aboriginal and Torres Strait Islander people

Junk foods (technically known as discretionary foods) are food and drinks that are produced not necessary for nutrition, many of which have a lot of saturated fats, added sugar, added salt and/or alcohol [7].

On average **41% of daily energy** was from **discretionary food**



Higher proportions of people in non-remote areas consumed discretionary foods than those in remote areas.

2012-13 NATSINPAS [8]



**24%** of people aged 15 years + drank sugar sweetened drinks **daily**  
**71%** of people aged 15 years + drank sugar sweetened or diet drinks **once a week**



**20%** of children aged 2-14 years drank sugar sweetened drinks **daily**  
**63%** of children aged 2-14 years drank sugar sweetened or diet drinks **once a week**



Higher proportions of people in remote areas drank sugar sweetened or diet drinks than those in non-remote areas.

2018-19 NATSIHS [6]



## Breastfeeding among Aboriginal and Torres Strait Islander people

Breastfeeding is an important part of providing a healthy start for both babies and mothers [9]. Breast milk provides all the energy and nutrients that a baby needs for the first six months of life [4, 10]. Breastfeeding supports the healthy development of a baby's brain and body, particularly the senses and gut [11]. Breastfeeding protects babies against otitis media (OM), Sudden Infant Death Syndrome (SIDS), asthma and infectious diseases. It also reduces the likelihood of developing a chronic disease later in life.

The *Australian dietary guidelines* recommendation is to 'encourage, support and promote breastfeeding' [4]. Breastfeeding supports the health of mothers by reducing the risk of ovarian and breast cancers; and reducing depression [11].



**80%**  
of babies  
had been  
breastfed



**98%**  
**75%**



**NT** had the highest levels of breastfeeding



**VIC** had the lowest levels of breastfeeding

Breastfeeding proportions were higher in very remote areas compared with major cities.



**91%**  
very remote areas



**73%**  
major cities



2014-15 NATSISS [12, 13]



# Physical activity

## among Aboriginal and Torres Strait Islander people

Physical activity is important for maintaining good overall health and wellbeing [1]. Physical inactivity (or sedentary behaviour) is a risk factor for many of the chronic diseases that are common in the Aboriginal and Torres Strait Islander population. Being active can help prevent health problems such as heart disease, type 2 diabetes, some cancers and depression [2].

Australia's *Physical Activity and Sedentary Behaviour Guidelines* recommend a combination of medium and high intensity physical activity on most (or all) days of the week to improve health and reduce the risk of chronic disease and other conditions [2].



### Physical activity among Aboriginal and Torres Strait Islander people 2018-19

The most recent information about physical activity among Aboriginal and Torres Strait Islander people aged 15 years and over was self-reported and presented in the 2018-19 NATSIHS [3]:

**11%** had met the guidelines<sup>1</sup> target in the week prior to the survey

This could involve combining some, or all, of the following physical activities:



Walking for transport



Walking for fitness (recreation or sport)



Moderate or vigorous intensity exercise



Strength or toning activities

**89%** had not met the guidelines in the week prior to the survey

**22%** had not participated in any physical activity in the week prior to the survey

In non-remote areas:



**13%**  
men



**10%**  
women

met the guidelines

**20%** of adults living in non-remote areas had done some **strength or toning activities** on two or more days in the week prior to the survey



**24%**  
men



**15%**  
women

The highest proportion of people who met the guidelines were living in the ACT, and the lowest proportion were living in the NT



**ACT 21%**  
**NT 7.2%**

1. The NATSIHS used the 2014 Australia's physical activity and sedentary behaviour guidelines for Australian adults aged 18 years and over. The workplace component of the guidelines was excluded.



# Environmental health

## among Aboriginal and Torres Strait Islander people

Environmental health refers to the natural or built environments that can affect a person's health and wellbeing [1]. Environmental factors can lead to health problems such as; intestinal infections, skin infections, chronic diseases (such as ARF) and some cancers [2]. Aboriginal and Torres Strait Islander people are more likely to experience issues relating to poor environmental health due to:

- the remoteness of some communities
- difficulty accessing repairs and maintenance services
- poor infrastructure
- costs of repairs and maintenance [2, 3].



### Overcrowding

**18%** of Aboriginal and Torres Strait Islander people were living in an overcrowded house.



**28%** in regional and remote areas

**16%** in urban areas

2016 [4]



### Infrastructure

**More than 90%** of households reported **functioning facilities**

(water, electricity, drainage, sewerage etc.)

The most significant structural issues were:



**11%** major cracks in the walls or floors



**6.1%** walls or windows not straight



**5.7%** major plumbing problems

2014-15 [5]

Households with major structural problems increased with remoteness.

The number of households reporting major structural issues has declined over time [5].

In the 2016 NSHS, 72% of participants were living in a house of an 'acceptable' standard<sup>1</sup>[6].

However, 25% reported that while their household facilities were of an acceptable standard, the structure of the house was not.



### Hospitalisations for diseases related to environmental health

Intestinal infectious diseases	<b>7.6</b>	} per 100,000	[	Influenza and immunisation	<b>7.4</b>
Bacterial disease	<b>5.1</b>			Scabies	<b>2.3</b>

2014-2015 [5]

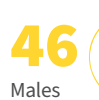


### Deaths related to poor environmental health



**41**  
Females

per 100,000



**46**  
Males

2010-2014 [5]

1. Housing of an acceptable standard includes two components: working household facilities; and major structural components [6].

# Alcohol use

## among Aboriginal and Torres Strait Islander people

Drinking too much alcohol, both on single drinking occasions (binge drinking) and over a person's lifetime, can lead to health and social harms including:

- chronic diseases
- injury and transport accidents
- mental health disorders
- intergenerational trauma
- violence.

Alcohol use not only affects individuals, but also families and the wider community [1, 2].

The 2009 National Health and Medical Research (NHMRC) *Australian guidelines to reduce health risks from drinking alcohol* estimates the overall risk of alcohol-related harm over a person's lifetime [3]:

- **Guideline 1** states that to reduce the risk of alcohol-related harm over a lifetime, no more than two standard drinks should be consumed on any day.
- **Guideline 2** states that to reduce the risk of injury on a single occasion of drinking, no more than four standard drinks should be consumed.



## Alcohol use among Aboriginal and Torres Strait Islander people 2018-19

The following information was self-reported in the 2018-19 NATSIHS [4]:

### Abstinence (no consumption of alcohol) in the last 12 months



**26%**  
of  
Aboriginal



**23%**  
of Torres Strait  
Islander



**42%**

people **aged 18 years or older** had not drunk alcohol or had not done so for more than 12 months

The proportion of people who were abstinent was highest for people **aged 55 years and older**



**37%**



**23%**



The proportion of people who were abstinent was higher for people living in remote and very remote areas than non-remote areas

### Short-term risk (no more than four drinks on a single occasion)

**54%** of people reported **exceeding** the short-term risk guideline

**Men were 1.5x** more likely to exceed the guideline when compared with women



**65%**  
men



**43%**  
women

**Young people** were more likely to exceed the guideline.



**65%**

aged 18-24 years

## Lifetime risk (no more than two standard drinks on a single day)



people reported exceeding the guideline for lifetime risk

**Men were 3x** more likely to exceed the guideline for lifetime risk compared with women



The proportion of people exceeding the guideline for lifetime risk was higher for people living in non-remote areas compared with remote areas

## Hospitalisations

In 2014-15 [5]:

The alcohol-related hospitalisation rate was **7.3 per 1,000**

The rate was **1.3x higher for men than women**

## Deaths

For 2013-2017 [6]:

The rate of deaths due to alcohol use was **2.9x higher for men** than for women



The main cause of alcohol-related deaths was **alcoholic liver disease**



Between 2010 and 2016 there was a decline in the proportion of Indigenous people aged 12 years and older exceeding the 2009 guidelines for lifetime risk [2].



32% in 2010



20% in 2016

There was a **50% reduction** of mothers of Aboriginal and Torres Strait Islander children that drank through pregnancy [7].



20% in 2008



9.8% in 2014-2015

# Illicit drug use

## among Aboriginal and Torres Strait Islander people

Illicit drug use is the use of illegal drugs such as cannabis, heroin, cocaine and methamphetamine as well as the non-medical use of prescribed drugs such as painkillers [1, 2]. Illicit drug use is associated with an increased risk of; mental illness, poisoning, self-harm, infection with blood borne viruses from unsafe injection practices, chronic disease and death [3-6].

Most Aboriginal and Torres Strait Islander people **do not use illicit drugs** [7-9].



### Illicit drug use reported by Aboriginal and Torres Strait Islander people in the 2018-19 NATSIHS



**70%**

of people aged 15 years+ reported either **never** using illicit drugs or **had not used illicit drugs** in the last 12 months



**28%**

of people aged 15 years+ reported they had **used illicit drugs** in the last 12 months



**24%**

Cannabis was the most commonly used illicit drug, used by almost a quarter of Aboriginal and Torres Strait Islander people in the previous 12 months



After cannabis, the most commonly used illicit drugs were:

'Other drugs'<sup>1</sup> **5.9%**

Analgesics and sedatives for non-medical use **3.8%**

Amphetamines, ice or speed **3.3%**

Ecstasy or designer drugs **3.3%**



Almost **3x** as many men as women had used amphetamines



**5.0%**  
Men



**1.8%**  
Women

Use of illicit drugs in the previous 12 months was similar for people aged 15 years or over living in non-remote areas and remote areas [9].



**29%**  
remote areas



**27%**  
non-remote areas

2018-19 NATSIHS [9]

In 2017-18, the most common principal illicit drugs of concern that Aboriginal and Torres Strait Islander people sought treatment for were **amphetamines, cannabis and heroin** [10].

1. More detailed information was not available at time of publication



## Hospitalisations

In 2014-2015 [4]:

The most common drug-related condition resulting in hospitalisation was for **'mental and behavioural disorders** due to drug use'

**3.4**

per 1,000

Hospitalisation for mental and behavioural disorders from use of **amphetamines**<sup>2</sup> had the highest rate of separations due to drug use

**1.5**

Hospitalisation rates due to drug use were higher for Aboriginal and Torres Strait Islander people in major cities than in inner and outer regional areas and remote areas.



**8.5**



**5.8**



**3.8**

per 1,000



## Deaths

For the period 2010-2014 [4]:



**SA recorded the highest rate** of drug-induced deaths for Aboriginal and Torres Strait Islander people of the Australian states and territories

**24**

per 100,000

Rates of drug induced deaths were

**1.4x**

higher for men than for women



## Volatile substance use

Volatile substance use (VSU) involves sniffing inhalants - substances that give off fumes such as petrol, paint, glue or deodorants [11]. Sniffing can have serious short and long-term health effects, including a condition known as sudden sniffing death which causes the heart to stop within minutes [12]. Often people start using volatile substances at a young age which can affect the user's brain development and, in some cases, can lead to permanent acquired brain injury [13-15].



**5.4%**



**6.6%**

males



**4.2%**

females

of Aboriginal and Torres Strait Islander people reported they **had used petrol and other inhalants at some time**

2012-13 AATSIHS [16]



The good news is that studies across a number of Aboriginal and Torres Strait Islander communities, show there has generally been a decline in the number of people sniffing volatile substances over the past 20 years [17, 18].

2. ICD code F15 hospitalisation from use of other stimulants includes amphetamine-related disorders and caffeine but not cocaine.

# Tobacco use

## among Aboriginal and Torres Strait Islander people

Tobacco smoking increases the risk of chronic disease, such as CVD, many forms of cancer, and lung diseases, as well as being a risk factor associated with preterm birth and LBW [1]. Environmental tobacco smoke (passive smoking) can also make people sick, especially children. Passive smoking is a risk factor for children who are particularly susceptible to middle ear infections, asthma, and increased risk of SIDS.



### Smoking among Aboriginal and Torres Strait Islander people



**37%**

of people aged 15 years+ reported they were current daily smokers



**39%**  
men



**36%**  
of women



**47%**

The age-group with the highest proportion of current daily smokers was 35-44 years



**49%**  
remote areas



**35%**  
non-remote areas

People living in remote areas reported a higher proportion of current daily smokers than those living in non-remote areas

2018-19 NATSIHS [2]



### The proportion of young people starting to smoke has decreased which will result in improved health outcomes over time.

Proportion of 18-24 year-olds who smoked daily [2]:



**50%**  
in 2004-05



**36%**  
in 2018-19

Since 2009, the proportion of Aboriginal and Torres Strait Islander mothers who reported smoking during pregnancy has decreased [3].



**52%**  
in 2009



**44%**  
in 2017



### Passive smoking among Aboriginal and Torres Strait Islander people



**57%**

of Aboriginal and Torres Strait Islander children aged 0-14 years lived in households with a daily smoker



For those children living with a daily smoker,

**13%**

were living in households where people smoked indoors

2014-15 NATSISS [4]

# References



## Introduction

1. Dudgeon, P., Wright, M., Paradies, Y., Garvey, D., & Walker, I. (2014). Aboriginal social, cultural and historical contexts. In P. Dudgeon, H. Milroy & R. Walker (Eds.), *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice* (2nd ed., pp. 3-24). Canberra: Department of The Prime Minister and Cabinet.
2. National Aboriginal Community Controlled Health Organisation. (2013). *Healthy Futures 2013-2030: NACCHO 10 point plan*. Canberra: National Aboriginal Community Controlled Health Organisation.
3. Gee, G., Dudgeon, P., Schultz, C., Hart, A., & Kelly, K. (2014). Aboriginal and Torres Strait Islander social and emotional wellbeing. In P. Dudgeon, H. Milroy & R. Walker (Eds.), *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice* (2nd ed., pp. 55-68). Canberra: Department of The Prime Minister and Cabinet.
4. Steering Committee for the Review of Government Service Provision. (2016). *Overcoming Indigenous disadvantage: key indicators 2016 report*. Canberra: Productivity Commission.
5. Australian Indigenous HealthInfoNet. (2020). *Overview of Aboriginal and Torres Strait Islander health status 2019*. Perth: Australian Indigenous HealthInfoNet.

[^Back to Introduction](#)

## Population

1. Australian Bureau of Statistics. (2019). *Estimates and projections, Aboriginal and Torres Strait Islander Australians, 2006 to 2031*. Canberra: Australian Bureau of Statistics.
2. Australian Bureau of Statistics. (2018). *Estimates of Aboriginal and Torres Strait Islander Australians, June 2016*. Retrieved 31 August 2018 from <https://www.abs.gov.au/ausstats/abs@.nsf/mf/3238.0.55.001>
3. Australian Bureau of Statistics. (2018). *Australian demographic statistics, Jun 2018*. Retrieved 20 December 2018 from <https://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3101.0Jun%202018?OpenDocument>
4. Human Rights and Equal Opportunity Commission. (2008). *A statistical overview of Aboriginal and Torres Strait Islander peoples in Australia*. Canberra: Human Rights and Equal Opportunity Commission.

[^Back to Population](#)

## Social and cultural determinants of health

1. National Aboriginal Community Controlled Health Organisation. (2013). *Healthy Futures 2013-2030: NACCHO 10 point plan*. Canberra: National Aboriginal Community Controlled Health Organisation.
2. World Health Organization. (2016). *What are social determinants of health?* Retrieved 2016 from [http://www.who.int/social\\_determinants/sdh\\_definition/en/](http://www.who.int/social_determinants/sdh_definition/en/)
3. Australian Bureau of Statistics. (2017). *Census of population and housing: reflecting Australia - stories from the Census, 2016: Aboriginal and Torres Strait Islander population*. Retrieved 28 June 2017 from <https://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/2071.02016?OpenDocument>
4. Australian Bureau of Statistics. (2019). *Schools, Australia, 2018*. Retrieved 8 March 2019 from <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4221.0Main+Features12018?OpenDocument>

[^Back to Social and cultural determinants of health](#)

## Births and pregnancy

1. Australian Institute of Health and Welfare. (2019). *Australia's mothers and babies 2017 - in brief* (Perinatal statistics series no. 35. Cat. no. PER 100). Canberra: Australian Institute of Health and Welfare.
2. Australian Bureau of Statistics. (2019). *Births, Australia, 2018*. Retrieved 11 December 2019 from <https://www.abs.gov.au/ausstats/abs@.nsf/mf/3301.0?OpenDocument>
3. Brown, S., Glover, K., Weetra, D., Ah Kit, J., Stuart-Butler, D., Leane, C., . . . Yelland, J. (2016). Improving access to antenatal care for Aboriginal women in South Australia: evidence from a population-based study. *Birth, 43*(2), 134-143.
4. Evans, R., Liu, J., Miller, D., Harvey, M., Howle, T., & Seebus, I. (2018). *National Key Performance Indicators for Aboriginal and Torres Strait Islander primary health care: results for 2017*. Canberra: Australian Institute of Health and Welfare.
5. Australian Institute of Health and Welfare. (2014). *Birthweight of babies born to Indigenous mothers* (AIHW Catalogue no IHW 138). Canberra: Australian Institute of Health and Welfare.

[^Back to Births and pregnancy](#)

## Deaths

1. Australian Bureau of Statistics. (2019). *Deaths, Australia, 2018*. Canberra: Australian Bureau of Statistics.
2. Australian Bureau of Statistics. (2019). *Causes of Death, Australia, 2018*. Canberra: Australian Bureau of Statistics.
3. Australian Bureau of Statistics. (2018). *Life tables for Aboriginal and Torres Strait Islander Australians, 2015-2017* (ABS Cat. no. 3302.0.55.003). Canberra: Australian Bureau of Statistics.

<sup>^</sup>Back to Deaths

## Hospitalisations

1. Australian Institute of Health and Welfare, & Australasian Association of Cancer Registries. (2012). *Cancer in Australia: an overview 2012* (AIHW Catalogue no CAN 70, cancer series no 74). Canberra: Australian Institute of Health and Welfare.
2. Thomson, N., & Ali, M. (2003). Births, deaths, and hospitalisation. In N. Thomson (Ed.), *The health of Indigenous Australians* (pp. 44-74). South Melbourne: Oxford University Press.
3. Australian Institute of Health and Welfare. (2016). *Data quality statement: National Hospital Morbidity Database 2014-15*. Canberra: Australian Institute of Health and Welfare.
4. Australian Institute of Health and Welfare. (2018). *Australia's health 2018* (Australia's health series no. 16, Cat. no: AUS 221). Canberra: Australian Institute of Health and Welfare.
5. Australian Institute of Health and Welfare. (2019). *Admitted patient care 2017-18* (AIHW Cat. no: HSE 225). Canberra: Australian Institute of Health and Welfare.

<sup>^</sup>Back to Hospitalisations

## Cardiovascular health

1. Merone, L., Burns, J., Poynton, M., & McDermott, R. (2019). Review of cardiovascular health among Aboriginal and Torres Strait Islander people. *Australian Indigenous Health Bulletin*, 19(4). Retrieved from: <http://healthbulletin.org.au/articles/review-of-cardiovascular-health-among-aboriginal-and-torres-strait-islander-people/>
2. Baker IDI. (2012). *Cardiovascular disease*. Retrieved 2012 from <https://www.baker.edu.au/health-hub/fact-sheets/cardiovascular-disease>
3. World Health Organization. (2016). *International Statistical Classification of Diseases and Related Health Problems 10th Revision*. Retrieved 2016 from <http://apps.who.int/classifications/icd10/browse/2016/en#/XIX>

4. Australian Institute of Health and Welfare. (2016). *Australian Burden of Disease Study: impact and causes of illness and death in Aboriginal and Torres Strait Islander people 2011* (Australian Burden of Disease Study series no. 6, Cat no. BOD 7). Canberra: Australian Institute of Health and Welfare.
5. Australian Bureau of Statistics. (2019). *National Aboriginal and Torres Strait Islander Health Survey, 2018-19*. Canberra: Australian Bureau of Statistics.
6. Australian Bureau of Statistics. (2014). *Australian Aboriginal and Torres Strait Islander health survey: biomedical results, 2012-13* (ABS Catalogue no 4727.0.55.003). Canberra: Australian Bureau of Statistics.
7. Australian Bureau of Statistics. (2014). *Australian Aboriginal and Torres Strait Islander health survey: updated results, 2012-13* (ABS Catalogue no. 4727.0.55.006). Canberra: Australian Bureau of Statistics.
8. Australian Institute of Health and Welfare. (2015). *Cardiovascular disease, diabetes and chronic kidney disease - Australian facts: risk factors* (AIHW Catalogue no CDK 004, cardiovascular, diabetes and chronic kidney disease series no 4). Canberra: Australian Institute of Health and Welfare.
9. Rémond, M. G. W., Stewart, S., Carrington, M. J., Marwick, T. H., Kingwell, B. A., Meikle, P., . . . Maguire, G. P. (2017). Better Indigenous Risk stratification for Cardiac Health study (BIRCH) protocol: rationale and design of a cross-sectional and prospective cohort study to identify novel cardiovascular risk indicators in Aboriginal Australian and Torres Strait Islander adults. *BMC Cardiovascular Disorders*, 17. Retrieved from: <https://doi.org/10.1186/s12872-017-0662-7>
10. Australian Institute of Health and Welfare. (2019). *Admitted patient care 2017-18* (AIHW Cat. no: HSE 225). Canberra: Australian Institute of Health and Welfare.
11. Australian Institute of Health and Welfare. (2017). *Aboriginal and Torres Strait Islander Health Performance Framework*. Retrieved 30 May 2017 from <https://www.aihw.gov.au/reports/indigenous-health-welfare/health-performance-framework/contents/overview>
12. Australian Bureau of Statistics. (2019). *Causes of Death, Australia, 2018*. Canberra: Australian Bureau of Statistics.
13. Australian Institute of Health and Welfare. (2019). *Better Cardiac Care measures for Aboriginal and Torres Strait Islander people: fourth national report 2018-19*. Canberra: Australian Institute of Health and Welfare.





14. Rheumatic Heart Disease Australia. (2012). What is acute rheumatic fever and rheumatic heart disease? (pp. 2). Darwin: Rheumatic Heart Disease Australia.
15. Australian Institute of Health and Welfare. (2013). *Rheumatic heart disease and acute rheumatic fever in Australia: 1996-2012* (AIHW Catalogue no CVD 60, cardiovascular disease series no 36). Canberra: Australian Institute of Health and Welfare.
16. Rheumatic Heart Disease Australia, National Heart Foundation of Australia, & Cardiac Society of Australia and New Zealand. (2012). *The Australian guideline for prevention, diagnosis and management of acute rheumatic fever and rheumatic heart disease: 2nd edition*. Darwin: Menzies School of Health Research.
17. RHD Australia. (2016). Rheumatic fever and rheumatic heart disease: fast facts (pp. 2). Darwin: RHD Australia.
18. Australian Institute of Health and Welfare. (2019). *Acute rheumatic fever and rheumatic heart disease in Australia*. Retrieved 11 October 2019 from <https://www.aihw.gov.au/reports/indigenous-australians/acute-rheumatic-fever-rheumatic-heart-disease/contents/summary>

<sup>^</sup>Back to Cardiovascular health

## Cancer

1. National Cancer Institute. (2015). *What is cancer?* Retrieved 2017 from <https://www.cancer.gov/about-cancer/understanding/what-is-cancer>
2. Australian Cancer Research Foundation. (2018). *What is cancer?* Retrieved 2018 from <https://www.acrf.com.au/support-cancer-research/what-is-cancer/>
3. Australian Institute of Health and Welfare. (2019). *Cancer in Australia 2019*. Canberra, Australian Capital Territory: Australian Institute of Health and Welfare.
4. Cunningham, J., Rumbold, A. R., Zhang, X., & Condon, J. R. (2008). Incidence, aetiology, and outcomes of cancer in Indigenous peoples in Australia. *The Lancet Oncology*, 9(6), 585-595.
5. Valery, P. C., Coory, M., Stirling, J., & Green, A. C. (2006). Cancer diagnosis, treatment, and survival in Indigenous and non-Indigenous Australians: a matched cohort study. *The Lancet*, 367(9525), 1842-1848.
6. Moore, S. P., Green, A. C., Bray, F., Garvey, G., Coory, M., Martin, J., & Valery, P. C. (2014). Survival disparities in Australia: an analysis of patterns of care and comorbidities among Indigenous and non-Indigenous cancer patients. *BMC Cancer*, 14. Retrieved from: <http://dx.doi.org/10.1186/1471-2407-14-517>
7. Australian Institute of Health and Welfare, & Cancer Australia. (2013). *Cancer in Aboriginal and Torres Strait Islander peoples of Australia: an overview* (AIHW Catalogue no CAN 75, cancer series no78). Canberra: Australian Institute of Health and Welfare.
8. Australian Bureau of Statistics. (2019). *National Aboriginal and Torres Strait Islander Health Survey, 2018-19*. Canberra: Australian Bureau of Statistics.
9. Australian Institute of Health and Welfare. (2018). *Cancer in Aboriginal and Torres Strait Islander people of Australia*. Retrieved 15 March 2018 from <https://www.aihw.gov.au/reports/cancer/cancer-in-indigenous-australians/contents/table-of-contents>
10. Australian Institute of Health and Welfare. (2019). *Admitted patient care 2017-18* (AIHW Cat. no: HSE 225). Canberra: Australian Institute of Health and Welfare.
11. Steering Committee for the Review of Government Service Provision. (2019). *Report on government services 2019, Volume E: Health*. Canberra: Productivity Commission.
12. Australian Bureau of Statistics. (2019). *Causes of Death, Australia, 2018*. Canberra: Australian Bureau of Statistics.
13. Tapia, K. A., Garvey, G., Mc Entee, M., Rickard, M., & Brennan, P. (2017). Breast cancer in Australian Indigenous women: incidence, mortality, and risk factors. *Asian Pacific Journal of Cancer Prevention*, 18(4), 873-884.
14. Breast Cancer Network Australia. (2018). *Breast Cancer Network Australia's state of the nation report*. Camberwell, Vic: Breast Cancer Network Australia.

<sup>^</sup>Back to Cancer

## Diabetes

1. Australian Institute of Health and Welfare. (2016). *Australia's health 2016*. Canberra: Australian Institute of Health and Welfare
2. Australian Institute of Health and Welfare. (2015). *Cardiovascular disease, diabetes and chronic kidney disease- Australian facts: Aboriginal and Torres Strait Islander people*. Canberra: Australian Institute of Health and Welfare
3. Australian Bureau of Statistics. (2019). *National Aboriginal and Torres Strait Islander Health Survey, 2018-19*. Canberra: Australian Bureau of Statistics
4. Australian Institute of Health and Welfare. (2019). *Diabetes*. Retrieved 30 August 2019 from <https://www.aihw.gov.au/reports/diabetes/diabetes/contents/what-is-diabetes>



5. Australian Institute of Health and Welfare. (2018). *Incidence of insulin-treated diabetes in Australia*. Retrieved 29 January 2018 from <https://www.aihw.gov.au/reports/diabetes/incidence-insulin-treated-diabetes-australia-2016/contents/introduction>
6. Australian Bureau of Statistics. (2014). *Australian Aboriginal and Torres Strait Islander health survey: biomedical results, 2012-13 - Australia: table 6.3 [data cube]*. Retrieved 10 September 2014 from [http://www.abs.gov.au/AUSSTATS/subscriber.nsf/log?openagent&4727.0.55.003\\_6.xls&4727.0.55.003&Data%20Cubes&F653985C855EA253CA257D4E00170316&0&2012-13&10.09.2014&Latest](http://www.abs.gov.au/AUSSTATS/subscriber.nsf/log?openagent&4727.0.55.003_6.xls&4727.0.55.003&Data%20Cubes&F653985C855EA253CA257D4E00170316&0&2012-13&10.09.2014&Latest)
7. Australian Institute of Health and Welfare. (2018). *Diabetes indicators for the Australian National Diabetes Strategy 2016-2020*. Retrieved 10 October 2018 from <https://www.aihw.gov.au/reports/diabetes/diabetes-indicators-strategy-2016-2020/contents/summary>
8. Australian Bureau of Statistics. (2019). *Causes of Death, Australia, 2018*. Canberra: Australian Bureau of Statistics

<sup>a</sup>Back to Diabetes

### Kidney health

1. Kidney Health Australia. (2014). *What is kidney disease?* Retrieved 2014 from <http://www.kidney.org.au/kidneydisease/tabid/578/default.aspx>
2. National Kidney and Urologic Diseases Information Clearinghouse. (2014). *The kidneys and how they work*. Retrieved 2014 from <https://www.niddk.nih.gov/health-information/kidney-disease/kidneys-how-they-work>
3. Australian Bureau of Statistics. (2019). *National Aboriginal and Torres Strait Islander Health Survey, 2018-19*. Canberra: Australian Bureau of Statistics.
4. Australian and New Zealand Dialysis and Transplant Registry. (2019). *End stage renal disease notifications, by Indigenous status, age, jurisdiction and year [2014 to 2018, unpublished]*. Australian and New Zealand Dialysis and Transplant Registry. Adelaide.
5. Australian Bureau of Statistics. (2016). *Australian demographic statistics, Jun 2016*. Retrieved 15 December 2016 from <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/3101.0Main+Features1Jun%202016?OpenDocument>
6. Australian Bureau of Statistics. (2019). *Estimates and projections, Aboriginal and Torres Strait Islander Australians, 2006 to 2031*. Canberra: Australian Bureau of Statistics.
7. Australian Bureau of Statistics. (2003). *Australian demographic statistics quarterly: September quarter 2002* (ABS catalogue no. 3101.0). Canberra: Australian Bureau of Statistics.
8. Australian Institute of Health and Welfare. (2011). *Chronic kidney disease in Aboriginal and Torres Strait Islander people 2011* (AIHW Catalogue no PHE 151). Canberra: Australian Institute of Health and Welfare.
9. Australian Institute of Health and Welfare. (2016). *Australian Burden of Disease Study: impact and causes of illness and death in Aboriginal and Torres Strait Islander people 2011* (Australian Burden of Disease Study series no. 6, Cat no. BOD 7). Canberra: Australian Institute of Health and Welfare.
10. Australian Institute of Health and Welfare. (2019). *Admitted patient care 2017-18* (AIHW Cat. no: HSE 225). Canberra: Australian Institute of Health and Welfare.
11. Australian Institute of Health and Welfare. (2017). *Chronic kidney disease compendium [web report]*. Retrieved 22 December 2017 from <https://www.aihw.gov.au/reports/chronic-kidney-disease/chronic-kidney-disease-compendium/>
12. Steering Committee for the Review of Government Service Provision. (2016). *Overcoming Indigenous disadvantage: key indicators 2016 report*. Canberra: Productivity Commission.
13. Australian Institute of Health and Welfare. (2018). *Australia's health 2018* (Australia's health series no. 16, Cat. no: AUS 221). Canberra: Australian Institute of Health and Welfare.
14. Hughes, J. T., Dembski, L., Kerrigan, V., Majoni, S. W., Lawton, P. D., & Cass, A. (2018). Gathering Perspectives - finding solutions for chronic and end stage kidney disease. *Nephrology*, 23(S1), 5-13.
15. Garrard, E., & McDonald, S. (2019). *Improving access to and outcomes of kidney transplantation for Aboriginal and Torres Strait Islander people in Australia: performance report*. Sydney: The Transplantation Society of Australia and New Zealand.
16. Burgess, K., Gilbert, M., McIntyre, J., & Mole, T. (2018). *Admitted patient care 2016-17: Australian hospital statistics*. Canberra: Australian Institute of Health and Welfare.

17. Australia and New Zealand Dialysis and Transplant Registry. (2019). *The forty-second annual Australia and New Zealand Dialysis and Transplant Registry report 2019*. Adelaide: Australia and New Zealand Dialysis and Transplant Registry.
18. Australian Bureau of Statistics. (2019). *Causes of Death, Australia, 2018*. Canberra: Australian Bureau of Statistics.

<sup>^</sup>Back to Kidney health

### Social and emotional wellbeing (including mental health)

1. Gee, G., Dudgeon, P., Schultz, C., Hart, A., & Kelly, K. (2014). Aboriginal and Torres Strait Islander social and emotional wellbeing. In P. Dudgeon, H. Milroy & R. Walker (Eds.), *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice* (2nd ed., pp. 55-68). Canberra: Department of The Prime Minister and Cabinet.
2. Griffiths, K., Coleman, C., Lee, V., & Madden, R. (2016). How colonisation determines social justice and Indigenous health - a review of the literature. *Journal of Population Research*, 33(1), 9–30.
3. Adams, M., Adams, Y., & Drew, N. (2019). Indigenous psychology in Australia. In W. Wen Li, D. Hodgetts & K. Hean Foo (Eds.), *Asia-Pacific Perspectives on Intercultural Psychology* (pp. 175-197). Abingdon, United Kingdom: Routledge.
4. Zubrick, S. R., Shepherd, C. C. J., Dudgeon, P., Gee, G., Paradies, Y., Scrine, C., & Walker, R. (2014). Social determinants of social and emotional wellbeing. In P. Dudgeon, H. Milroy & R. Walker (Eds.), *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice* (2nd edition ed., pp. 93-112 (chapter 116)). Canberra: Department of The Prime Minister and Cabinet.
5. Parker, R., & Milroy, H. (2014). Aboriginal and Torres Strait Islander mental health: an overview. In P. Dudgeon, H. Milroy & R. Walker (Eds.), *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice* (2nd ed., pp. 25-38). Canberra: Department of The Prime Minister and Cabinet.
6. Australian Bureau of Statistics. (2019). *National Aboriginal and Torres Strait Islander Health Survey, 2018-19*. Canberra: Australian Bureau of Statistics.
7. Australian Bureau of Statistics. (2016). *National Aboriginal and Torres Strait Islander Social Survey, 2014-15: Table 14. Stressors, by sex and remoteness [data cube]*. Retrieved 28 April 2016 from <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4714.02014-15?OpenDocument>

8. Australian Bureau of Statistics. (2016). *National Aboriginal and Torres Strait Islander Social Survey, 2014-15: Table 17. Overall life satisfaction, by selected characteristics [data cube]*. Retrieved 28 April 2016 from <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4714.02014-15?OpenDocument>
9. Australian Bureau of Statistics. (2016). *National Aboriginal and Torres Strait Islander Social Survey, 2014-15: Table 19. Selected wellbeing indicators, by long-term health conditions [data cube]*. Retrieved 28 April 2016 from <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4714.02014-15?OpenDocument>
10. Australian Bureau of Statistics. (2016). *National Aboriginal and Torres Strait Islander Social Survey, 2014-15*. Canberra: Australian Bureau of Statistics.
11. Australian Institute of Health and Welfare. (2019). *Admitted patient care 2017-18* (AIHW Cat. no: HSE 225). Canberra: Australian Institute of Health and Welfare.
12. Australian Bureau of Statistics. (2019). *Causes of Death, Australia, 2018*. Canberra: Australian Bureau of Statistics.

<sup>^</sup>Back to Social and emotional wellbeing

### Nutrition

1. Ferguson, M., Brown, C., Geoga, C., Miles, E., Wilson, A., & Brimblecombe, J. (2017). Traditional food availability and consumption in remote Aboriginal communities in the Northern Territory, Australia. *Australian and New Zealand Journal of Public Health*, 41(3), 294-298.
2. Australian Institute of Health and Welfare. (2018). *Nutrition across the life stages*. Canberra: Australian Institute of Health and Welfare.
3. Australian Indigenous HealthInfoNet. (2020). *Summary of nutrition among Aboriginal and Torres Strait Islander people*. Perth: Australian Indigenous HealthInfoNet.
4. National Health and Medical Research Council. (2013). *Australian Dietary Guidelines: providing the scientific evidence for healthier Australian diets*. Canberra: National Health and Medical Research Council.
5. National Health and Medical Research Council. (2000). *Nutrition in Aboriginal and Torres Strait Islander peoples: an information paper*. Canberra: National Health and Medical Research Council.
6. Australian Bureau of Statistics. (2019). *National Aboriginal and Torres Strait Islander Health Survey, 2018-19*. Canberra: Australian Bureau of Statistics.





1. Australian Bureau of Statistics. (2016). *Australian Aboriginal and Torres Strait Islander Health Survey: consumption of food groups from the Australian Dietary Guidelines, 2012-13* (ABS report no. 4727.0.55.008). Canberra: Australian Bureau of Statistics.
2. Australian Bureau of Statistics. (2015). *Australian Aboriginal and Torres Strait Islander health survey: nutrition results - food and nutrients, 2012-13* (ABS cat. no. 4727.0.55.005). Canberra: Australian Bureau of Statistics.
3. Queensland Health. (2014). *Breastfeeding: good for baby, good for mum* (pp. 20). Brisbane: Queensland Health.
4. World Health Organization. (2020). *Breastfeeding*. Retrieved 16 January 2020 from [https://www.who.int/nutrition/topics/exclusive\\_breastfeeding/en/](https://www.who.int/nutrition/topics/exclusive_breastfeeding/en/)
5. COAG Health Council. (2019). *Australian national breastfeeding strategy: 2019 and beyond*. Canberra: COAG Health Council.
6. Australian Bureau of Statistics. (2016). *National Aboriginal and Torres Strait Islander Social Survey, 2014-15*. Canberra: Australian Bureau of Statistics.
7. Australian Health Ministers' Advisory Council. (2017). *Aboriginal and Torres Strait Islander Health Performance Framework: 2017 report*. Canberra: Department of the Prime Minister and Cabinet.
8. Clifford, H. D., Pearson, G., Franklin, P., Walker, R., & Zosky, G. R. (2015). Environmental health challenges in remote Aboriginal Australian communities: clean air, clean water and safe housing. *Australian Indigenous Health Bulletin*, 15(2), 1-14.
9. enHealth. (2010). *Environmental health practitioner manual: a resource manual for environmental health practitioners working with Aboriginal and Torres Strait Islander communities*. Canberra: Department of Health, Australia.
10. Australian Bureau of Statistics. (2018). *Census of population and housing: characteristics of Aboriginal and Torres Strait Islander Australians, 2016*.
11. Steering Committee for the Review of Government Service Provision. (2016). *Overcoming Indigenous disadvantage: key indicators 2016 report*. Canberra: Productivity Commission.
12. Australian Institute of Health and Welfare. (2017). *National Social Housing Survey: detailed results 2016*. Canberra: Australian Institute of Health and Welfare.

^Back to Environmental health

### Alcohol use

1. Australian Government Department of Health. (2017). *National drug strategy 2017-2026*. Canberra: Australian Government Department of Health.
2. Australian Institute of Health and Welfare. (2017). *National Drug Strategy Household Survey 2016: detailed findings*. Canberra: Australian Institute of Health and Welfare.
3. National Health and Medical Research Council. (2009). *Australian guidelines to reduce health risks from drinking alcohol*. Canberra: National Health and Medical Research Council.
4. Australian Bureau of Statistics. (2019). *National Aboriginal and Torres Strait Islander Health Survey, 2018-19*. Canberra: Australian Bureau of Statistics.
5. Steering Committee for the Review of Government Service Provision. (2016). *Overcoming Indigenous disadvantage: key indicators 2016 report*. Canberra: Productivity Commission.
6. Australian Bureau of Statistics. (2018). *Causes of death, Australia, 2017*. Retrieved 26 September 2018 from <https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/3303.0~2017~Main%20Features~Australia's%20leading%20causes%20of%20death,%202017~2>
7. Australian Bureau of Statistics. (2016). *National Aboriginal and Torres Strait Islander Social Survey, 2014-15*. Canberra: Australian Bureau of Statistics.

^Back to Alcohol use

^Back to Nutrition

### Physical activity

1. Australian Bureau of Statistics. (2014). *Australian Aboriginal and Torres Strait Islander health survey: physical activity, 2012-13* (ABS cat. no. 4727.0.55.004). Canberra: Australian Bureau of Statistics.
2. Australian Government Department of Health. (2014). *Australia's physical activity and sedentary behaviour guidelines*. Canberra: Australian Government Department of Health.
3. Australian Bureau of Statistics. (2019). *National Aboriginal and Torres Strait Islander Health Survey, 2018-19*. Canberra: Australian Bureau of Statistics.

^Back to Physical activity

### Environmental health

1. enHealth. (2016). *Preventing disease and injury through healthy environments: Environmental Health Standing Committee (enHealth) strategic plan 2016 to 2020*. Canberra: enHealth.



## Illicit drug use

1. Stafford, J., & Breen, C. (2016). *Australian drug trends 2015: findings from the Illicit Drug Reporting System (IDRS)* (Australian Drug Trend Series no. 145). Sydney: National Drug and Alcohol Research Centre.
2. Australian Government Department of Health. (2017). *National drug strategy 2017-2026*. Canberra: Australian Government Department of Health.
3. Degenhardt, L., & Hall, W. (2012). Extent of illicit drug use and dependence, and their contribution to the global burden of disease. *The Lancet*, 379(9810), 55-70.
4. Steering Committee for the Review of Government Service Provision. (2016). *Overcoming Indigenous disadvantage: key indicators 2016 report*. Canberra: Productivity Commission.
5. The Kirby Institute. (2017). *Bloodborne viral and sexually transmissible infections in Aboriginal and Torres Strait Islander people: annual surveillance report 2017*. Sydney: The Kirby Institute.
6. Australian Institute of Health and Welfare. (2016). *Australian Burden of Disease Study: impact and causes of illness and death in Aboriginal and Torres Strait Islander people 2011* (Australian Burden of Disease Study series no. 6, Cat no. BOD 7). Canberra: Australian Institute of Health and Welfare.
7. Australian Bureau of Statistics. (2016). *National Aboriginal and Torres Strait Islander Social Survey, 2014-15*. Canberra: Australian Bureau of Statistics.
8. Australian Institute of Health and Welfare. (2017). *National Drug Strategy Household Survey 2016: detailed findings*. Canberra: Australian Institute of Health and Welfare.
9. Australian Bureau of Statistics. (2019). *National Aboriginal and Torres Strait Islander Health Survey, 2018-19*. Canberra: Australian Bureau of Statistics.
10. Australian Institute of Health and Welfare. (2019). *Alcohol and other drug treatment services in Australia 2017-18: key findings [web report]*. Retrieved 25 July 2019 from <https://www.aihw.gov.au/reports/alcohol-other-drug-treatment-services/aodts-2017-18-key-findings/contents/summary>
11. d'Abbs, P., & Maclean, S. (2008). *Volatile substance misuse: a review of interventions* (Monograph Series No. 65). Barton, ACT: Australian Government Department of Health and Ageing.
12. National Institute on Drug Abuse. (2012). *NIDA InfoFacts: inhalants*. Retrieved 2010 from <http://drugabuse.gov/infofacts/inhalants.html>
13. Crossin, R., Cairney, S., Lawrence, A. J., & Duncan, J. R. (2017). Adolescent inhalant abuse leads to other drug use and impaired growth; implications for diagnosis. *Australian and New Zealand Journal of Public Health*, 41(1), 99-104.
14. Wilkes, E., Gray, D., Casey, W., Stearne, A., & Dadd, L. (2014). Harmful substance use and mental health. In P. Dudgeon, H. Milroy & R. Walker (Eds.), *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice* (2nd edition ed., pp. 125-146 (chapter 128)). Canberra: Department of The Prime Minister and Cabinet.
15. Cairney, S., O'Connor, N., Dingwall, K. M., Maruff, P., Shafiq-Antonacci, R., Currie, J., & Currie, B. J. (2013). A prospective study of neurocognitive changes 15 years after chronic inhalant abuse. *Addiction*, 108(6), 1107-1114.
16. Australian Institute of Health and Welfare. (2015). *Aboriginal and Torres Strait Islander health performance framework 2014 report: detailed analyses* (AIHW Cat. no. IHW 167). Canberra: Australian Institute of Health and Welfare.
17. d'Abbs, P., & Shaw, G. (2016). *Monitoring trends in the prevalence of petrol sniffing in selected Australian Aboriginal communities 2011-2014: final report*. Darwin: Menzies School of Health Research.
18. d'Abbs, P., Gillick, V., Hodson, S., Kavanagh, M., Payne, S., & Ray, T. (2019). *Longitudinal research into petrol sniffing and other substance abuse trends in Indigenous communities: final report*. Brisbane: The University of Queensland.

<sup>^</sup>Back to Illicit drug use

## Tobacco use

1. Australian Health Ministers' Advisory Council. (2017). *Aboriginal and Torres Strait Islander Health Performance Framework: 2017 report*. Canberra: Department of the Prime Minister and Cabinet.
2. Australian Bureau of Statistics. (2019). *National Aboriginal and Torres Strait Islander Health Survey, 2018-19*. Canberra: Australian Bureau of Statistics.
3. Australian Institute of Health and Welfare. (2019). *Australia's mothers and babies 2017 - in brief* (Perinatal statistics series no. 35. Cat. no. PER 100). Canberra: Australian Institute of Health and Welfare.
4. Australian Bureau of Statistics. (2016). *National Aboriginal and Torres Strait Islander Social Survey, 2014-15*. Canberra: Australian Bureau of Statistics.

<sup>^</sup>Back to Tobacco use

Core funding  
is provided by the  
Australian Government  
Department of Health

