Australian Indigenous HealthInfoNet

Summary of Aboriginal and Torres Strait Islander health status - selected topics 2025

Core funding is provided by the Australian Government Department of Health, Disability and Ageing

ECU EDITH COWAN UNIVERSITY

Australian Indigenous Health*InfoNet*

The Australian Indigenous Health*InfoNet*'s (Health*InfoNet*) mandate 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 Health Practitioners) and researchers. The Health*InfoNet* also provides easy-to-read summary material for students and the general community.

The Health*InfoNet* is overseen by a Board comprising representatives from Aboriginal and Torres Strait Islander peak bodies and Aboriginal and Torres Strait Islander health experts. The Health*InfoNet* achieves its mission by collating and disseminating research (and other relevant knowledge and information) about various aspects of Aboriginal and Torres Strait Islander health, mainly via the **Health*InfoNet***, **Alcohol and Other Drugs Knowledge Centre**, **Tackling Indigenous Smoking** and **WellMob** websites. The research involves analysis and synthesis of data and information obtained from academic, professional, government and other sources. The Health*InfoNet*'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 Health*InfoNet* recognises and acknowledges the sovereignty of Aboriginal and Torres Strait Islander people as the custodians of this land. Aboriginal and Torres Strait Islander cultures, customs and beliefs are persistent and enduring, continuing unbroken from the past to the present and will continue well into the future. Aboriginal and Torres Strait Islander people throughout Australia 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, present and emerging throughout the country (**https://healthinfonet.ecu.edu.au/acknowledging-country**). In particular, we pay our respects to the Whadjuk Noongar people on whose Country our offices are located.

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Cover artwork

Bibdjool *by Donna Lei Rioli*

Donna Lei Rioli, a Western Australian Indigenous artist, was commissioned by the Health*InfoNet* to create a logo incorporating a gecko, chosen as it is one of a few animals that are found across the great diversity of Australia.

Donna is a Tiwi/Noongar woman who is dedicated to the heritage and culture of the Tiwi people on her father's side, Maurice Rioli, and the Noongar people on her mother's side, Robyn Collard. Donna enjoys painting because it enables her to express her Tiwi and Noongar 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 improving the health and wellbeing of Aboriginal and Torres Strait Islander people.

Featured icon artwork *by Frances Belle Parker*

The HealthInfoNet commissioned Frances Belle 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 after winning the Blake Prize in 2000, making her the youngest winner and the first Indigenous recipient over the 65-year history of the prize.

"Biirrinba is the Yaygirr 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

Welcome to the 2025 edition of the *Summary of Aboriginal and Torres Strait Islander health status – selected topics.* This publication presents selected topics from the *Overview of Aboriginal and Torres Strait Islander health status 2025* in plain language and a visual format that is quick and easy to navigate. We hope it is a useful resource for people working or studying in the Aboriginal and Torres Strait Islander health sector.

What's new this year

As with the 2025 *Overview*, this year's *Summary* features a broader range of indicators of Aboriginal and Torres Strait Islander health, structured around the Aboriginal and Torres Strait Islander Model of Social and Emotional Wellbeing (SEWB) [1]. The *Summary* now includes data on connection to culture, Country, community and family and kinship, alongside indicators of physical and mental health (connection to body and connection to mind and emotions). These additions reflect the holistic and multifaceted nature of health and wellbeing for Aboriginal and Torres Strait Islander people.

Also new this year is a stronger focus on newly available data. The *Summary* focuses on statistics that became available in 2025 or were not included in previous editions.

> Where updated data for 2025 are not available, readers should refer to the 2024 *Summary* or 2024 *Overview* for the most up-to-date information on specific health indicators.

What's in the *Summary*

The *Summary* features selected topics from the *Overview*. Topics were selected for inclusion if they provided essential context for understanding Aboriginal and Torres Strait Islander health, related to the domains of connection within the model of SEWB or aligned with areas which the Health*InfoNet* is funded to share information about. Additional health topics can be found in the *Overview*.

Where available, information is presented for individual 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). Data are also presented, where available, by Indigenous Region, remoteness, and demographic characteristics such as sex and age.

The *Summary* has been formatted so that sections can be printed as standalone fact sheets, each including a list of references specific to that section.

Indigenous data sovereignty

The Health*InfoNet* continues to develop its capacity to accurately and authentically represent the data and statistics that impact Aboriginal and Torres Strait Islander people and communities.

The *Overview* on which this *Summary* is based includes a statement outlining how the principles of Aboriginal and Torres Strait Islander Data Sovereignty have been embedded in this work.

References

Feedback and further information

If you would like more information about the health and wellbeing of Aboriginal and Torres Strait Islander people, you can:

- read our latest ***Overview*** for a more comprehensive health status update
- read our **health topic reviews**
- visit our **website**.

We welcome feedback on the *Summary* and suggestions for improving this or future editions. Please **get in touch**.

Bep Uink,

Director, Australian Indigenous Health*InfoNet*

Statistical terms

- **Burden of disease (and injury)** is the quantified impact of a disease or injury on a population using the **disability-adjusted life year** measure.
- **Disability-adjusted life year (DALY)** is a year of healthy life lost, either through premature death or living with a disability due to illness or injury.
- **Hospitalisation** 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. Unless indicated, rates of hospitalisations provided in this *Summary* are ***excluding dialysis separations*** – which are the regular hospitalisations required by kidney disease patients for dialysis treatment.
- **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.
- **Maternal mortality** refers to pregnancy-related deaths occurring to birthing parents during pregnancy, or up to 42 days after delivery.
- **Maternal mortality ratio** is the number of maternal deaths divided by the number of confinements (expressed in 100,000s).
- **Median** is the middle number in a range where 50% fall below and 50% fall above.
- **Non-fatal burden** is the burden from living with ill health, as measured by **years lived with disability**.
- **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**, allows for comparison between populations that have different age profiles. These are different from **crude rates**. Unless stated otherwise, rates presented in this *Summary* are age-standardised.
- **Survival** is statistically measured as the likelihood of a person being alive for a given period of time after being diagnosed with a disease or condition. Data about survival are provided for NSW, Vic, Qld, WA and the NT.

Sources of information

Most of the information presented in this *Summary* is sourced from government reports, particularly those produced by the Australian Bureau of Statistics (ABS), the Australian Institute of Health and Welfare (AIHW), the Health Chief Executives Forum (formerly the Australian Health Ministers Advisory Council) and the Steering Committee for the Review of Government Service Provision (SCRGSP). Data in these reports come from national health surveys, hospital data and other government agencies (including the birth and death registration systems). The *Summary* also draws on cohort studies (such as the Mayi Kuwayu Study).

The accuracy of identifying Aboriginal and Torres Strait Islander people in health data collections varies across the country. Hospitalisation information is considered accurate for for all jurisdictions: 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), however, in some jurisdictions private hospital data are not included. Other statistical information is only considered to be sufficient and complete for certain jurisdictions, for example, data about deaths are usually only provided for NSW, Qld, WA, SA and the NT. For detailed information about the statistics provided in the Summary, refer to:

- *Appendix 1: Limitations of source information* in the 2025 *Overview*.
- the original sources, detailed in the Reference list at the end of this publication

Social, political and environmental determinants of health

among Aboriginal and Torres Strait Islander people

Factors known as the '**determinants of health**' impact the health and wellness of individuals [1]. Determinants of health are the conditions in which people are born, grow, work, live and age [2].

Racism

Education

Employment

Income

Environment

Racism and discrimination

Systematic oppression, denial of self-determination and intergenerational trauma continue to have direct and profound impacts on the health and wellbeing of Aboriginal and Torres Strait Islander people [3,4], who continue to combat and resist racism in all forms. Ensuring that healthcare is culturally safe, accessible and free from racism means that Aboriginal and Torres Strait Islander people are more likely to access health services when they need care [3].

Among Aboriginal and Torres Strait Islander people:

60% **experienced at least one form of racial prejudice in the past six months** in 2022[1] [5]

In 2018-2020[2] [6] **everyday discrimination** was experienced at:

- **2.3%** **high levels**
- **8.4%** **moderate levels**
- **44%** **low levels**
- **38%** **none**

People who experienced moderate to high discrimination were more likely to report low happiness, low life satisfaction, high psychological distress, frequent pain and diagnosed depression or anxiety [7].

32% of **people who didn't access health care** when they needed to in 2018-19 [8,9] said it was because of cultural reasons e.g:

- **Languages barriers**
- **Cultural appropriateness**
- **Discrimination**

1. Of Aboriginal and Torres Strait Islander people aged 18 years and over who participated in the Australian Reconciliation Barometer study; does not sum to 100% as have not included participants with missing data.

2. By Aboriginal and Torres Strait Islander people aged 16 years and over who participated in the national Mayi Kuwayu study.

Education

In 2024, **94.2% of eligible children were enrolled in early childhood education** in the year before full-time schooling [10].

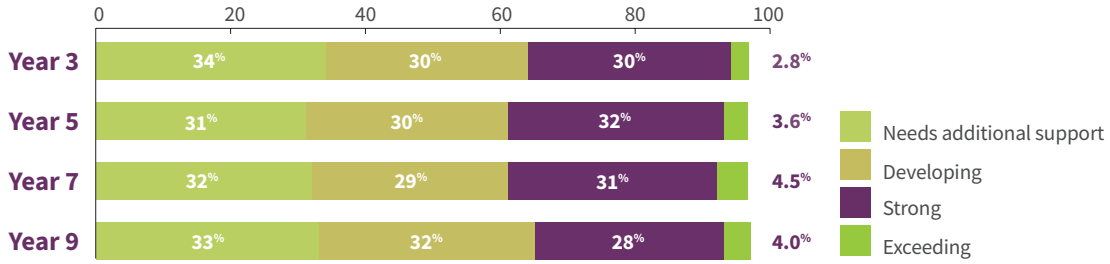
In 2024, the proportions of students from Year 7/8 who stayed enrolled full-time in high school were [11]:

99% to Year 10

77% to Year 11

57% to Year 12

NAPLAN results for 2025 show the proportion[1] of students who were assessed as having a particular level of skill (on average across all NAPLAN literacy and numeracy domains) [12]:



Employment and income

The 2022-23 National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) reported that for Aboriginal and Torres Strait Islander people aged 15-64 years[1] [13]:

34% not in the labour force

57% employed

9.5% unemployed

There are no new **income** data to report for 2025. For historic data, see the 2024 *Summary.*

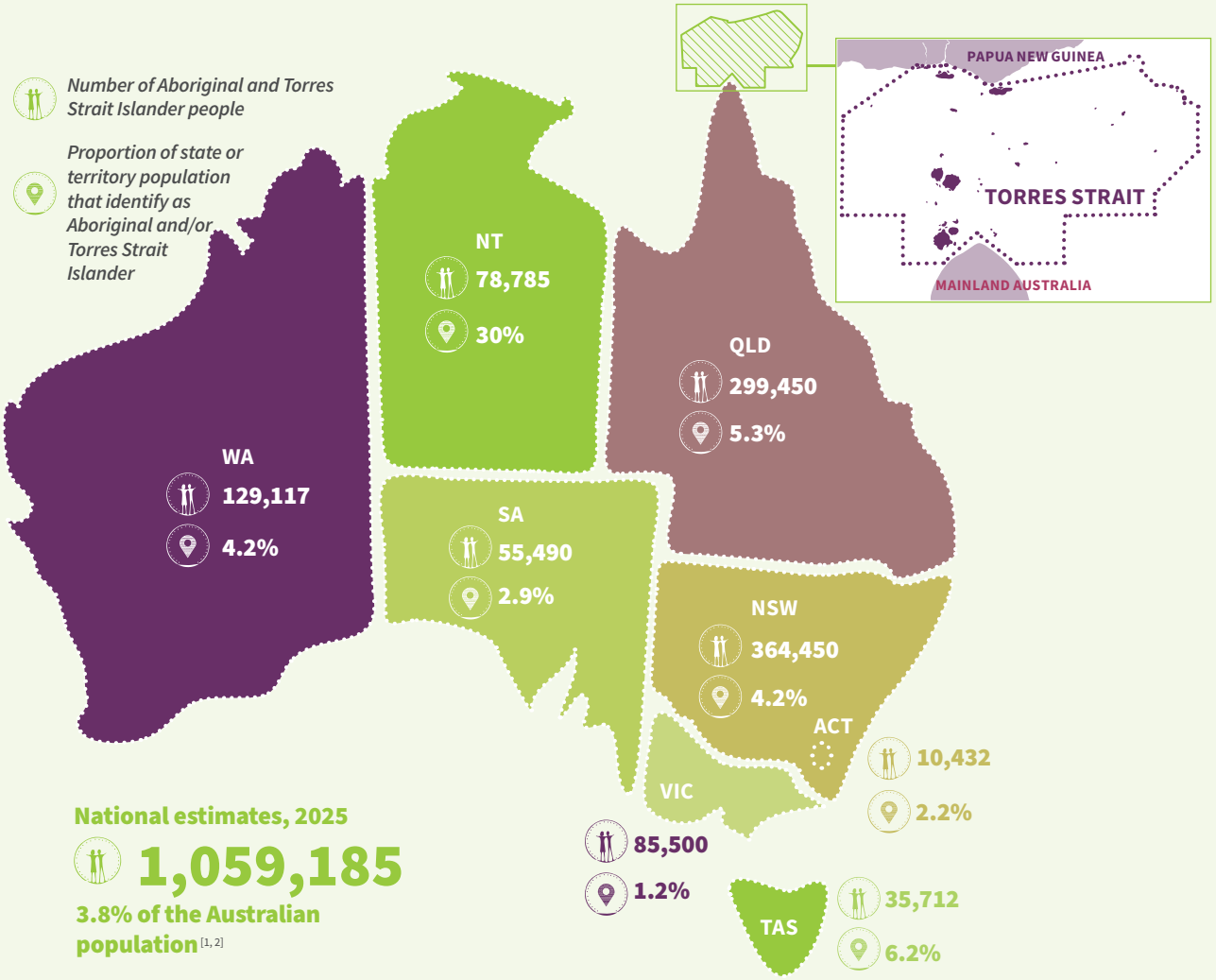
Environmental health

Environmental health refers to the physical, chemical and biological factors that affect the health and wellbeing of people within their homes and communities [14-16]. For Aboriginal and Torres Strait Islander people, these factors include the remoteness of some communities, the adequacy of housing and home health hardware, access to tradespeople and repairs, and the cost of infrastructure maintenance [15, 17-19].

There are no new data to report for major environmental health indicators for 2025. For historic data, see the *2024 Overview.*

[1] Proportions are rounded; totals may not equal 100.

Aboriginal and Torres Strait Islander population



The ABS estimated that of the population of **1,059,185** in 2025:

41.5% lived in major cities

14.5% lived in remote/ very remote areas [1]

44% lived in inner/ outer regional areas

The **top five Indigenous Regions**[1] **where Aboriginal and Torres Strait Islander people resided** in 2025 were [1].

[1] Indigenous Regions are large geographical units loosely based on the former Aboriginal and Torres Strait Islander Commission boundaries [3].

Connection to culture

Evidence shows that culture contributes to health outcomes for Aboriginal and Torres Strait Islander peoples [1]. Factors that support a strong connection to culture include attending national and local cultural events; participating in cultural activities; delivering and/or receiving cultural education; expressing culture in contemporary ways; having access to cultural institutions; and speaking or learning an Aboriginal or Torres Strait Islander language [2, 3]. Risk factors for a weakened connection to culture include Aboriginal and Torres Strait Islander languages being under threat; engagement with services that are not culturally safe; and Elders passing on without full opportunities to transmit culture.

Cultural identity and participation

Knowing who one's Mob (clan/language group) are is important for identity and is linked to better health and SEWB [4-6]. Not all people are able to know who their Mob are because of forced removals and the separation of people from Country and family.

Among Aboriginal and Torres Strait Islander people:

66% Identified with a **tribal group, language, clan, mission or regional group**[1] in 2022-23 [7]

80% remote/very remote areas

64% non-remote areas

36% **Knew their totem or Dreaming**[2] in 2018-2020 [5]

83% **Felt proud of First Nations cultures**[3] in 2022 [8]

63% of preschool children[4] **identified with at least one Nation or language group** [4]

75% Remote

57% Inner regional

49% Major cities

Kids who identified with their Nation or language group prior to starting school had **higher levels of SEWB** when they were older kids or adolescents [4].

29% **Spent a moderate to high amount of time participating in cultural practices**[2] in 2018-2020 [5]

1. Aged 18 years and over who participated in the National Aboriginal and Torres Strait Islander Health Survey (NATSIHS).
2. Aged 16 years and over who participated in the Mayi Kuwayu study.
3. Of participants in the Australian Reconciliation Barometer study.
4. Who participated in the Longitudinal Study of Indigenous Children, as reported by their parents.

Languages

Speaking an Aboriginal or Torres Strait Islander language is associated with better health, education, wellbeing, cultural continuity, community connectedness and social and economic outcomes [9, 10].

Among Aboriginal and Torres Strait Islander adults[5] in 2018-2022 [11]:

42% **were learning an Aboriginal or Torres Strait Islander language**

- **22%** a little bit
- **7.4%** a fair bit
- **12.4%** a lot

of words or language

17% **wanted to learn an Aboriginal and Torres Strait Islander language but could not**

Most common Aboriginal and Torres Strait Islander languages spoken at home in 2021 [12]:

- **9.9%** Yumplatok (Torres Strait Creole)
- **9.6%** Kriol (Northern Australia)
- **5.0%** Djambarrpuyngu (NT)

Cultural safety of services

Culturally unsafe services, such as health services, pose a risk to a strong connection to culture for Aboriginal and Torres Strait Islander people [2].

Among Aboriginal and Torres Strait Islander people:

20% **Had experienced racial discrimination with doctors, nurses and/or medical staff[3]** in 2022 [8]

91% **Said their GP always/usually showed respect for what they had to say[6]** in 2022-23 [13]

[5] Who participated in the Mayi Kuwayu study, based on weighted data.

[6] Aged 15 years and over in non-remote areas who participated in the NATSIHS.

Connection to Country

among Aboriginal and Torres Strait Islander people

Connection to Country underpins identity and fosters a sense of belonging [1]. It is one of the seven overlapping domains in the Aboriginal and Torres Strait Islander model of SEWB, and is interwoven with expressions of culture, family and kinship, community and spirituality.

Access to Country

Access to Country is essential for maintaining and nurturing connection to Country, including the practice of knowledge systems, spirituality and culture [2].

Among Aboriginal and Torres Strait Islander people:

30% **Lived on their Country**[1] in 2018-2020 [3]

- **31%** Aboriginal people
- **14%** Torres Strait Islander people
- **25%** People who are both Aboriginal and Torres Strait Islander

50% **spent at least a little bit of time on their Country**[1] in 2018-2020 [3]

76% **recognised an area as their homeland or traditional Country**[2] in 2022-2023 [4]

- **87%** remote areas
- **74%** non-remote areas

78%

of people who **lived** on their homelands or traditional Country

47%

of people who were **not allowed** to visit their homelands or traditional Country

Rated their health as excellent, very good or good in 2018-2019 [5].

1. Aged 16 years and over who participated in the Mayi Kuwayu study.
2. Aged 18 years and over who participated in the NATSIHS.

Caring for Country

Caring for Country as part of cultural practice or through land management and ranger programs supports health by enhancing individual and community autonomy, providing opportunities for employment, giving recognition to Aboriginal and Torres Strait Islander peoples' skills and knowledge and increasing access to bush foods [6].

Among Aboriginal and Torres Strait Islander people:

Had cultural responsibilities in 2018-2020 [3]

for their **mother's** Country[1]

19%

for their **father's** Country[1]

14%

91 **The number of Indigenous Protected Areas in Australia** where Traditional Owners care for Country as part of an agreement with the Australian Government as of June 2025 [7]

127 **The number of Indigenous Ranger groups** participating in Caring for Country activities funded by the Commonwealth in 2025 [8]

More Ranger groups were recently funded to increase the number of women employed as Rangers [9, 10].

People who are current or former Rangers are more **likely to report very high life satisfaction** and **high family wellbeing** than those who have never been Rangers [11].

Land rights

Land rights and autonomy are linked to health and wellbeing for Aboriginal and Torres Strait Islander people [12, 13].

56% **of Australia's land mass was subject to Aboriginal and Torres Strait Islander people's legal rights and interests** (e.g. through native title) in 2024 [14].

1. Aged 16 years and over who participated in the Mayi Kuwayu study.

Births and pregnancy

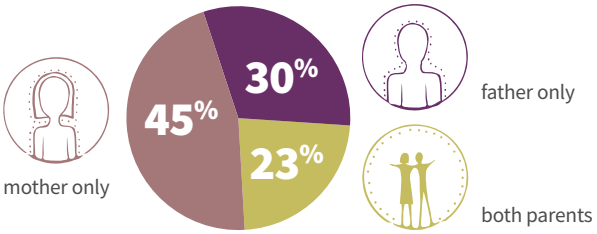
among Aboriginal and Torres Strait Islander people

In 2024, there were **25,049 births**[1] registered in Australia where one or both parents were Aboriginal and/or Torres Strait Islander, this represented **8.6% of all births** registered [1]:

12,894 males

12,155 females

Aboriginal and/or Torres Strait Islander status of parents for births registered as Indigenous[2]:



Babies

Low birthweight (LBW) is a birthweight of less than 2,500 grams [2]. Babies with LBW are at greater risk of health problems and death [3].

For babies born to Aboriginal and Torres Strait Islander mothers in 2023 [4]:

3,227 grams average weight

12% were of LBW

Mothers

Antenatal (pre-birth) care from health professionals during pregnancy supports positive health outcomes for mother and child, especially when provided during the first trimester (less than 14 weeks) of pregnancy [5, 6].

In 2023, **71%** of pregnant women attended their first antenatal care appointment during their first trimester of pregnancy [4].

For Aboriginal and Torres Strait Islander **mothers who gave birth in 2024** [1]:

- the median age was **27 years**
- **56%** were aged **20-29 years**
- **8.9%** were **teenagers** aged 15-19 years

In 2024, the total fertility rate[3] was: **2.1** babies per Aboriginal and Torres Strait Islander woman [1]

There have been **improvements in birth and pregnancy outcomes** for Aboriginal and Torres Strait Islander mothers and babies, with evidence of:

- an increase in the proportion of mothers attending five or more antenatal care visits.
- a decrease in the rate of mothers smoking during pregnancy.
- a majority of babies being born at a healthy birthweight and normal size for their gestational age [7].

1. Likely to be underestimated as Indigenous status is not always identified, and there may be a delay in birth registrations. [1]
2. Proportions may not total 100 due to rounding.
3. The total fertility rate is the number of children born to 1,000 women at the current level and age pattern of fertility. [1]

Cardiovascular health

among Aboriginal and Torres Strait Islander people

Cardiovascular disease (CVD) is the common term for all of the diseases and conditions that affect the heart and blood vessels, including [1-2]:

- ischaemic heart disease (**IHD**)
- heart failure
- vascular disease
- cerebrovascular disease (including stroke)
- rheumatic heart disease (**RHD**)
- high blood pressure.

Prevalence

New data on acute coronary events in 2023 showed [2]:

There were **2,731 heart attacks or unstable angina (chest pain) events** among Aboriginal and Torres Strait Islander people aged 25+ years in NSW, Qld, WA, SA and the NT combined[1].

The crude rate of **coronary events** for those living in NSW, Qld, WA, SA and the NT combined[1] was:

Risk factors

Risk factors for CVD include [1-2]:

Due to the high prevalence of CVD among Aboriginal and Torres Strait Islander people, it is now recommended for all adults to participate in regular screening for CVD risk factors from the age of 18 years [3].

[1] Jurisdictions where data are available

Hospitalisations

2021-22 rates of **CVD hospitalisation** were similar for males and females [2]:

20 males per 1,000 **18** females

2021-22 rates of **CVD hospitalisation** per specific type of CVD [2]:

per 1,000

- **6.0** IHD
- **2.7** heart failure
- **2.0** stroke
- **1.5** atrial fibrillation
- **0.8** RHD/ARF

Deaths

IHD was the leading cause of death in NSW, Qld, SA, WA and the NT[1] combined in 2024 [4]:

Total of **472 deaths**

Leading cause of death in males **309 deaths**

third-leading cause of death in females **163 deaths**

In 2024, **cerebrovascular disease was the seventh leading specific cause of death** in Aboriginal and Torres Strait Islander people in NSW, Qld, WA, SA and the NT[1] combined [4]:

166 deaths

Ninth leading cause for males **79 deaths**

Sixth leading cause for females **87 deaths**

Crude **mortality rates for specific types of CVD** in 2020-2022 were [2]:

per 100,000

- **67** heart failure
- **58** IHD
- **16** stroke
- **3.7** ARF/RHD
- **2.2** atrial fibrillation

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

RHD occurs when ARF, a sickness caused by the germ *Streptococcus*, leads to permanent damage to the heart valves. Risk factors for ARF include overcrowding and poor sanitation [5, 6].

In NSW, Qld, WA, SA and the NT[2] combined, in 2024 among Aboriginal and Torres Strait Islander people, there were [7]:

472 episodes of **ARF**

Rates were highest among children aged **5–14 years (111 per 100,000)**

NT had the highest rate **117 per 100,000**

299 new diagnoses of **RHD**[3] [6]

Rate of **RHD** for

- females **68** per 100,000
- males **40** per 100,000

As of 31 December 2023, there were 5,867 Aboriginal and Torres Strait Islander people living with RHD in Qld, WA, SA and the NT combined [8].

1. Jurisdictions where data are available.
2. The Jurisdictions where there are established ARF/RHD registers.
3. NSW data not included for RHD because NSW uses different RHD notification criteria than other jurisdictions.

Cancer

among Aboriginal and Torres Strait Islander people

Cancer is a disease that causes damage to healthy body cells [1]. It can form almost anywhere in the body, and refers to about 100 different diseases. The location in the body where the cancer cells begin forming is known as the primary site. When cancer cells spread to other parts of the body it is known as 'metastasis' [2]. 'Neoplasm' is sometimes used to describe conditions associated with abnormal growth of new tissue (tumour). Neoplasms can be 'malignant' (cancerous) or 'benign' (not cancerous). Other terms for neoplasms include 'in situ' (a tumour that has not spread) or those of an 'uncertain nature' [3, 4].

Incidence

In 2017-2021:

there were **194 cases of cervical cancer** among Aboriginal and Torres Strait Islander women aged 25-74 years [5]

820 new cases of breast cancer diagnosed among Aboriginal and Torres Strait Islander women aged 50-74 years [6]

In 2016-2020, **the rate of bowel cancer** among Aboriginal and Torres Strait Islander people aged 50-74 years was **112 per 100,000** [7].

Hospitalisations

In 2023-24, there were **14,111** hospitalisations for neoplasms, representing **3.7%** of all hospitalisations (excluding dialysis) among Aboriginal and Torres Strait Islander people [8].

Deaths

Cancers of the **trachea, bronchus and lung combined** were the **fourth highest overall cause of death** in 2024 with **329 deaths, at a rate of 67** per 100,000 [9]:

83 males per 100,000

53 females per 100,000

In 2019-2023, the **mortality rate for cancer** among Aboriginal and Torres Strait Islander people was **227 per 100,000** [10]

highest in the **NT - 274**
lowest in **SA - 199**

per 100,000

Number of deaths per 100,000 for **selected cancers 2021-2023** [11]**:**

30	Lung
9.2	Bowel
8.8	Liver
8.7	Unknown primary site
7.7	Pancreas
5.7	Breast

Diabetes

among Aboriginal and Torres Strait Islander people

Diabetes is a chronic disease marked by high levels of glucose in the blood [1].

There are different types of diabetes with the three most common being:

- **type 1 diabetes**
- **type 2 diabetes**
- **gestational diabetes mellitus (GDM)** (a type of diabetes that occurs in pregnancy) [2-3].

Diabetes can cause life-threatening complications [1].

Risk factors

Risk factors for diabetes include [1, 2, 4, 5]:

smoking | family history | obesity | other chronic conditions such as kidney disease, cardiovascular disease, liver disease and anaemia

Deaths

Diabetes was the **third leading cause of death** for Aboriginal and Torres Strait Islander people in NSW, Qld, SA, WA and the NT combined in 2024[1] [6]:

332 deaths, **6.8%** of all deaths

30 males

44 females

crude rate for persons
37 per 100,000

By jurisdiction, the diabetes mortality rate was highest in the **NT.**

193

per 100,000

1. Jurisdictions for which the cause of death data are available.

Kidney health

among Aboriginal and Torres Strait Islander people

Kidneys clean the blood by processing excess fluid, unwanted chemicals and waste, and producing urine [1]. If the kidneys stop working properly, waste can build up in the blood and lead to kidney disease [2]. Many people are unaware that they have kidney disease as up to 90% of kidney function can be lost before symptoms appear [3].

Risk factors

Risk factors for kidney disease which can be changed or controlled include [3, 4]:


overweight or obesity


high blood pressure


high blood glucose (sugar)


smoking

Risk factors for Aboriginal and Torres Strait Islander people that cannot be changed or controlled include [5]:


age (30 years+)


family history of CKD


history of acute kidney injury


vascular disease

Hospitalisations

Dialysis: 

Dialysis is the most common reason Aboriginal and Torres Strait Islander people are hospitalised [6].

In 2024, **2,249** [7] Aboriginal and Torres Strait Islander people were receiving dialysis:
haemodialysis 78% and **peritoneal dialysis 4%** [8]

In 2024, **362** people commenced dialysis, **down from 369** in 2023 [7].

Kidney transplants: 

In 2024, there were **64 transplant operations** for Aboriginal and Torres Strait Islander people [7].

Deaths

In 2024, there were **118 deaths due to diseases of the urinary system** (including disorders of the bladder and urethra, as well as disease of the kidneys and ureters) [9].


47 males


71 females

In 2024, the death rate for diseases of the urinary system was [9]: **27** **per 100,000**

Respiratory health

among Aboriginal and Torres Strait Islander people

Conditions that affect the airways and other structures of the lung, and impair the process of breathing, can have an impact on a person's respiratory health [1]. They range from those that come on quickly or do not last long (acute respiratory conditions), to those that last a long time (chronic respiratory conditions) [2].

Risk factors

The main risk factors for respiratory disease include [1]:

Risk factors for infants and children include [3,4]:

Hospitalisations

In 2023-24, there were **35,352 hospitalisations for respiratory disease** among Aboriginal and Torres Strait Islander people at a rate of **40 per 1,000** population [5].

COVID-19

In 2023-24, there were **4,470 hospitalisations for coronavirus disease (COVID-19)** [5].

In 2022-25, **deaths from or with COVID-19** occurred at similar rates among Aboriginal and Torres Strait Islander males and females [6].

Chronic Lower Respiratory Disease

In 2024, **chronic lower respiratory disease** (which includes asthma, bronchitis, emphysema, bronchiectasis and COPD), was the **second leading cause of death** for Aboriginal and Torres Strait Islander people, **responsible for 369 deaths** [7].

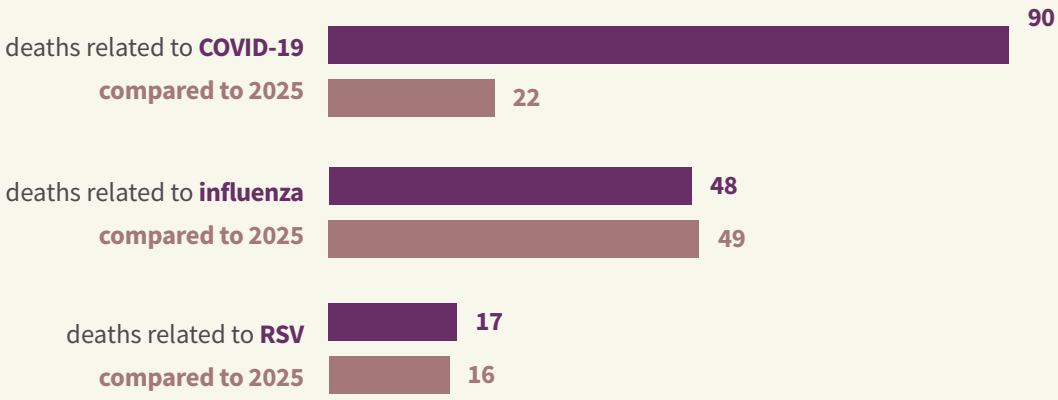
182 males **187** females

Of the **top five causes of death (by sex)**, **chronic lower respiratory disease** ranked as the first most common cause of death for females and fourth most common cause of death for males.

Acute Respiratory Disease

In 2024 in NSW, Qld, WA, SA and the NT[1] combined - **influenza and pneumonia combined were the fourteenth leading cause of death (87 deaths)** [7].

In 2024, in NSW, Vic, Qld, SA, WA and the NT[1] combined, there were [6]:



1. Jurisdictions where data are available.

Tobacco and e-cigarette 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 [1]. It is also a risk factor associated with preterm birth and low birth weight. Environmental tobacco smoke (passive smoking) and third-hand smoke (the residue left from second-hand smoke on surfaces and in indoor dust) can also make people sick, especially children [1, 2]. Passive smoking is a risk factor for children who are particularly susceptible to middle ear infections, asthma and increased risk of sudden infant death syndrome (SIDS).

The proportion of Aboriginal and Torres Strait Islander mothers who reported smoking during pregnancy **has decreased** from 40% in 2022 to **38%** in 2023 [3].

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].

Treatment

In 2023-24 of **those who sought and accessed AOD treatment** [3]:

19% of people aged 10 years and over identified as being Aboriginal and Torres Strait Islander.

Alcohol was the main drug of concern for 36%
of Aboriginal and Torres Strait Islander people who sought AOD treatment.

In 2023, 86% of pregnant Aboriginal and Torres Strait Islander women self-reported not consuming alcohol during the first 20 weeks of pregnancy (excluding NSW and the ACT). After 20 weeks of pregnancy, this increased to 90% of women [4].

Illicit drug and volatile substance 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 use of prescribed drugs, such as painkillers, in ways in which they were not intended or prescribed [1]. 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 [2-4].

Extent of illicit drug use

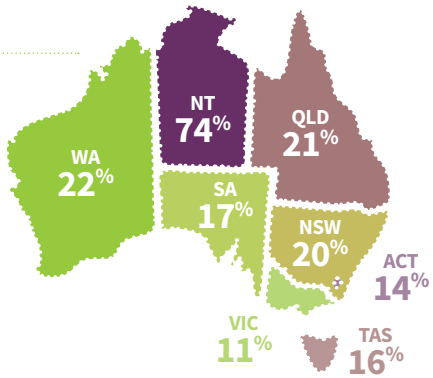
Most Aboriginal and Torres Strait Islander people surveyed **had not used illicit substances in the last 12 months** [1,5].

A 2025 report on the **Needle Syringe Program (NSP)** found that of the people attending NSPs in 2025, **25%** identified as Aboriginal and/or Torres Strait Islander [6].

Stimulants and hallucinogens (mainly methamphetamine) were the most commonly injected drugs reported by attendees of NSPs [6].

Treatment

In 2023-24, **19% of people who accessed treatment for their own AOD use** from publicly funded AOD treatment services nationally were Aboriginal and Torres Strait Islander people aged 10 years and over [7]. The proportions differed by state:



Among those Aboriginal and Torres Strait Islander people who **sought treatment**:

27% for Amphetamines

20% for Cannabis

5.1% for Heroin

58% males

38% females

Volatile substance use

Volatile substance use (VSU) involves sniffing inhalants - substances that give off fumes such as petrol, paint, glue or deodorants [8]. Sniffing can have serious short and long-term health effects, including a condition known as sudden sniffing death which can cause the heart to stop within minutes [9].

In the 2023-24, **0.8%** of Aboriginal and Torres Strait Islander people aged 10 years+ **reported volatile solvents as the main drug they sought treatment for** [7].

Sexually transmissible infections

among Aboriginal and Torres Strait Islander people

Sexually transmissible infections (STIs) include bacterial, viral and parasitic infections that are primarily transmitted through sexual contact [1,2]. **The STIs reported on in this section are all bacterial infections**. Most STIs are treatable although early detection is important. Safe sex practices, such as using condoms, are recommended to prevent exposure and the spread of STIs.

Incidence and prevalence of some notifiable STIs

In 2024, there were [3]:

9,885 notifications of chlamydia	**951**	rate per 100,000[1,2]
5,934 notifications of gonorrhoea	**577**	
989 notifications of syphilis	**101**	

In 2024 [3]:

Females were **1.7x** more likely to be diagnosed with **chlamydia** than males.

Females were **1.1x** more likely to be diagnosed with **gonorrhoea** than males.

Males were **1.3x** more likely to be diagnosed with **syphilis** than females.

In 2024 [3]:

Chlamydia notifications were highest among those **aged 15-19 years of age**[1].

Gonorrhoea notifications were highest among those **aged 15-19 years of age**[2].

Syphilis notifications were highest among those **aged 40 years and over.**

In 2024 [3]:

Chlamydia notification rates were highest in the **NT at 2,095 per 100,000**[1].

Gonorrhoea notification rates were highest in the **NT at 2,138 per 100,000**[2].

Syphilis notification rates were highest in the **NT at 281 per 100,000**.

In 2024 [3]:

Chlamydia notification rates were highest in **remote areas at 2,077 per 100,000**[1].

Gonorrhoea notification rates were highest in **remote areas at 1,680 per 100,000**[2].

Syphilis notification rates were highest in **remote areas at 231 per 100,000**.

1. Chlamydia notification rates among Aboriginal and Torres Strait Islander peoples were based on data from five jurisdictions (NSW, Qld, SA, WA and the NT) where Aboriginal and Torres Strait Islander status was at least 50% complete for all chlamydia notifications for each of the five years from 2020 to 2024 [3]. Caution is advised when interpreting these data as being fully representative of national epidemiology among Aboriginal and Torres Strait Islander peoples, because the 50% reporting threshold is low.

2. Age-standardised notification rates for Aboriginal and Torres Strait Islander peoples were only included for jurisdictions where Aboriginal and Torres Strait Islander status was reported for ≥50% of notifications for each of the previous 5 years (2020 – 2024) [3]. For gonorrhoea this included all jurisdictions except Vic.

Connection to mind and emotions

among Aboriginal and Torres Strait Islander people

Connection to mind and emotions is one of the seven overlapping domains in the Aboriginal and Torres Strait Islander model of SEWB [1]. This domain relates to mental health, including the ability to manage one's thoughts and emotions.

Factors that have been found to support wellbeing include [3,4]:


cultural continuity


self-determination


supporting Indigenous knowledge systems


maintaining family networks


strong community governance

Other protective factors include [1,5]:

- agency (assertiveness, confidence and control over life)
- strong identity
- education (including learning from Elders)
- being on Country
- access to culturally safe SEWB programs.

Hospitalisations

In 2023-2024 [6]:

There were **29,289** hospitalisations of Aboriginal and Torres Strait Islander people for **mental** and **behavioural** disorders:

7.6% of all hospitalisations

Intentional **self-harm**[1] was responsible for **2,805** hospitalisations:

0.4% of all hospitalisations

Deaths

In 2024, **271** Aboriginal and Torres Strait Islander people died from intentional self-harm (suicide) [7]. **Suicide was the fifth leading cause of death** overall in 2024 for Aboriginal and Torres Strait Islander people.

21% Suicide was the leading cause of death for Aboriginal and Torres Strait Islander children aged 5-17 years in the period 2020-2024.

For 2020-2024, the age groups with the highest rate of death by suicide were:

males 35-44 years — **82** per 100,000

females 15-24 years — **21** per 100,000

For 2020-2024, rates of death from suicide ranged from **25 per 100,000 in NSW** to **40 per 100,000 in WA**[2].

1. Intentional self-harm as a principal diagnosis for external causes of injury or poisoning for Aboriginal and Torres Strait Islander people.
2. Data from NSW, Vic, Qld, SA, WA and the NT.

Connection to community

among Aboriginal and Torres Strait Islander people

Connection to community encompasses coming together through a shared connection to Country; being supported by strong community leadership, governance and Elders; participating in family and community activities; maintaining shared spiritual connections to place; and engaging in reciprocal relationships ([1] cited in [2]).

Protective factors that support strong connection to community include support networks, community controlled services and self-governance [3]. Identified risk factors include disengagement, limited employment opportunities within community settings, lack of local services, isolation, lateral violence and family feuding.

Community controlled services

Aboriginal community controlled organisations (ACCOs) and Aboriginal Medical Services (AMSs) are central in providing spaces for community connection [2, 4]. The National Agreement on Closing the Gap includes a target to increase the amount of government funding going through Aboriginal and Torres Strait Islander community-controlled organisations [5].

Among Aboriginal and Torres Strait Islander people:

An AMS as a source of non-urgent care in 2018-2020[1] [6]

was preferred by **48%**

was used by **33%**

146 **NACCHO-affiliated Aboriginal Community Controlled Health Organisations (ACCHOs)** in 2024-25 [7]

550+ **ACCHO service delivery sites** in 2024-25 [7]

Governance and leadership

Community self-determination is associated with improved health and wellbeing [8]. The National Agreement on Closing the Gap includes reforms to share decision-making between Aboriginal and Torres Strait Islander people and governments [5].

3,285 **Registered Aboriginal and Torres Strait Islander corporations**
As of 30 June 2025 [9].

4.0% **of all federal parliamentarians were Aboriginal and Torres Strait Islander**
At July 2025 [10].

93% **of people were enrolled to vote**[2]
in 2025 [11].

highest in Tas **98%**
lowest in NT **88%**

Australia's first statewide Treaty

Was signed by the First Peoples' Assembly of Victoria and the Victorian Government November 2025 [12].

1. Of adults who participated in the Mayi Kuwayu study; participants could select multiple response options.
2. Who were eligible to vote.

Injury and community safety

Injury includes physical or mental harm to a person that results from either intentional or unintentional contact with an object, substance or another person [13]. Injury, including assault and intentional self-harm, is closely linked to community-level protective and risk factors. Community safety, social cohesion and freedom from violence are central to strong connection to community. Higher rates of injury may reflect disruptions to these protective community structures.

Hospitalisations

In 2023-24 [14]: **12%** **Of all Aboriginal and Torres Strait Islander hospitalisations were for injury[3]**

Leading cause

Injury was the leading cause[4] of all hospitalisations

Top causes of injury hospitalisation:

22%	18%	17%	24%	9.3%
Falls	Exposure to mechanical forces	Assault	Medical and surgical care complications	Transport accidents

Injury hospitalisation rates:

38 males — **per 1,000** — **32** females

Highest by age: **Aged 25-44 years** — **48 per 1,000**

Lowest by age: **Aged 5-14 years** — **18 per 1,000**

Deaths

Leading causes of death by injury[5] in 2024 [16]:

271 deaths	150 deaths	128 deaths
intentional self-harm	accidental poisoning	land transport accidents

646 **Number of deaths from injury[4]** 2022–23 [16]

Rate of injury deaths[6] 2022-23 [16]:

99 males — **per 100,000** — **44** females

[3] Of all hospitalisations excluding those for dialysis.

[4] Excluding dialysis.

[5] Among Aboriginal and Torres Strait Islander people in NSW, Qld, WA, SA and the NT.

[6] Crude rate.

Connection to family and kinship

among Aboriginal and Torres Strait Islander people

Family and kinship structures underpin Aboriginal and Torres Strait Islander cultures and play a central role in shaping health and wellbeing [1-3].

Protective factors that support strong connection to family and kinship include a loving, stable, accepting and supportive family, adequate income, and culturally appropriate family-focused programs and services [4]. Identified risk factors include absence of family members, family violence, child neglect and abuse, and children in out-of-home care (OOHC).

Family functioning

Family functioning includes the ability to get along together and cope in hard times; talking with each other about things that matter; the ability to manage money well; having good support from Mob; and having knowledge and traditions that are passed onto children [5].

Among Aboriginal and Torres Strait Islander people:

58% **Reported high/very high family functioning**[1] in 2018–2021 [5]

Family functioning was greater with:

- high community cohesion
- high individual agency in community
- Aboriginal language as a first language
- frequent use of Aboriginal language, high exposure to cultural practice and knowledge
- multigenerational or extended family households.

Child removals

Child removal acts as a social determinant of health for Aboriginal and Torres Strait Islander people by impacting social, economic, cultural and environmental conditions [6]. For Aboriginal and Torres Strait Islander children in OOHC, the maintenance of strong relationships with family, community and Country is essential for SEWB [7].

19,987

Aboriginal children in OOHC[2] in 2024 [8]

4,415

Aboriginal and Torres Strait Islander **children admitted to OOHC** in 2023–24

The rate of admissions of Aboriginal and Torres Strait Islander children to OOHC in 2023–24 [7]:

Highest: Victoria **30**

Lowest: NSW **5.4**

per 1,000

1. Of Aboriginal and Torres Strait Islander adults in Central Australia who participated in the Mayi Kuwayu study.
2. Does not include combined relatives or kin, combined Aboriginal and Torres Strait Islander relatives or kin, or other Aboriginal and Torres Strait Islander carers.

Family violence

The Aboriginal and Torres Strait Islander model of SEWB identifies family violence as a risk factor for a strong connection to family and kinship [4].

Police-recorded **victimisation rates for Aboriginal and Torres Strait Islander people for assault by a family member** in 2023 [9] ranged from:

1,900 NSW » **8,500** NT

per 100,000

4,433 **The number of family violence hospitalisations** among Aboriginal and Torres Strait Islander people in 2023–24 [9].

In 2023–24 [9] the **perpetrator[4] was most commonly recorded** as:

43%	25%	4.4%
Domestic partner	Other family member	Parent

3.5 × the rate of family violence hospitalisation **among females versus males** in 2023–24 [9].

Rates of family violence hospitalisations per 100,000 in 2023–24 [9]:

	Remote areas	Major Cities
females:	2,500	275
males:	780	67

Mortality

among Aboriginal and Torres Strait Islander people

In 2024, there were **5,603 deaths**[1] registered for Aboriginal and/or Torres Strait Islander people [1].

Leading causes of death[2] in 2024 [2] were:

9.6% ischaemic heart disease (IHD)

7.5% chronic lower respiratory disease

6.8% diabetes

6.7% lung and related cancers

5.5% intentional self-harm (suicide)

The median age of Aboriginal and Torres Strait Islander people at death was **63.2 years** in 2024 [1]:

- **60.8** years males
- **66.0** years females

In 2024, the rate of deaths for **babies** under 12 months was **6.2 per 1,000** live births [1].

For 2014-2023, the maternal mortality ratio was **19** deaths **per 100,000** women who gave birth [3].

In 2024, the leading cause of death for Aboriginal and Torres Strait Islander people living in NSW, Qld, WA, SA and the NT was [2]:

- males **309** IHD
- females **187** Chronic lower respiratory diseases

For 2019-2023, the **child mortality rate for children 0-4 years was 144 per 100,000** [4].

324 NT had the highest child mortality rate (0-4 years) of 324 per 100,000.

100 NSW had the lowest child mortality rate (0-4 years) of 100 per 100,000.

In 2020-2024, the **leading cause of age-specific deaths** for Aboriginal and Torres Strait Islander people over the age of 15 living in NSW, Qld, WA, SA and the NT were [2]:

- **Intentional self-harm** (15 - 44 years)
- **IHD** (45 - 74 years)
- **Dementia** (including Alzheimer's disease) (75 years and over)

In 2019-2023, there were **8,972 avoidable deaths** among Aboriginal and Torres Strait Islander people living in NSW, Qld, WA, SA and the NT at a rate of **301 per 100,000**[3] [4].

1. The ABS notes that the actual number of deaths may be slightly higher because of inaccurate data or delays in registration.
2. In 2024, leading causes of death only included data from NSW, Qld, WA, SA and the NT (4,913 deaths).
3. Deaths that could have been prevented with timely and effective health care, including early detection and effective treatment [5].

Hospitalisations

among Aboriginal and Torres Strait Islander people

Statistics on hospitalisation provide some indication of the burden of disease in the population [1]. However, they provide only a part of the overall picture of health because:

- they only report on conditions that are serious enough to require hospitalisation
- depending on where people live, not everyone has access to hospitals
- different hospitals may have different admission policies and procedures for illnesses
- the statistics relate to events of hospitalisation rather than to individual patients, i.e. one person may be hospitalised several times in the time period [2-5].

In 2023-24 there were [6]:

690,953 hospitalisations identified as Aboriginal and/or Torres Strait Islander people

5.5% of all Australian hospitalisations:

91% Aboriginal people

3.9% Torres Strait Islander people

5.1% Aboriginal and Torres Strait Islander people

1.6% 10-14

11% 50-54

11% 55-59

10% 60-64

19% 65 years+

The overall hospital rate for Aboriginal and Torres Strait Islander people **was 900 per 1,000 population:**

2,166 with the highest rate in the **NT**

401 and the lowest in **Tas**

per 1,000

A key factor in the high rates of hospitalisation for Aboriginal and Torres Strait Islander people is dialysis treatment for kidney disease, which involves repeat admissions for the same patients [3,6].

Leading causes of Aboriginal and Torres Strait Islander hospitalisation in 2023-24 [6]:

44% care involving dialysis

6.7% injuries

6.2% unclassified clinical and laboratory findings

5.6% digestive conditions

5.2% pregnancy, birth and postpartum period

5.1% respiratory conditions

Potentially preventable hospitalisations

Potentially preventable hospitalisations are those that could have been avoided with preventative care actions and early disease management [7]. They can be used as a way to measure how easily people can access primary health or community care and how effective it is [8].

In 2023-24, the rate of potentially preventable hospitalisations was **69 per 1,000** [6].

The **highest rates for potentially preventable hospitalisations** were for:

31 chronic conditions (includes 6.9 for diabetes complications)

29 acute conditions

11 vaccine-preventable conditions

per 1,000

The **overall rate of potentially preventable hospitalisations** was highest in remote areas at **126** per 1,000 [6].

Burden of disease

among Aboriginal and Torres Strait Islander people

In 2022, detailed findings for Aboriginal and Torres Strait Islander people were released for Australia's National Burden of Disease study [1]. The reference year for this study was 2018.

Burden of disease studies have been undertaken in Australia for more than 20 years by the Australian Institute of Health and Welfare (AIHW) [2]. These studies measure the impact of diseases and injuries on a group of people in terms of:

- the number of years of healthy life lost through living with illness, and
- the number of years of life lost through dying prematurely [1].

When added together, these measures are called **total burden**.

The findings from the burden of disease analysis are useful to people who plan health services because they highlight which diseases and injuries are having the most impact on a population.

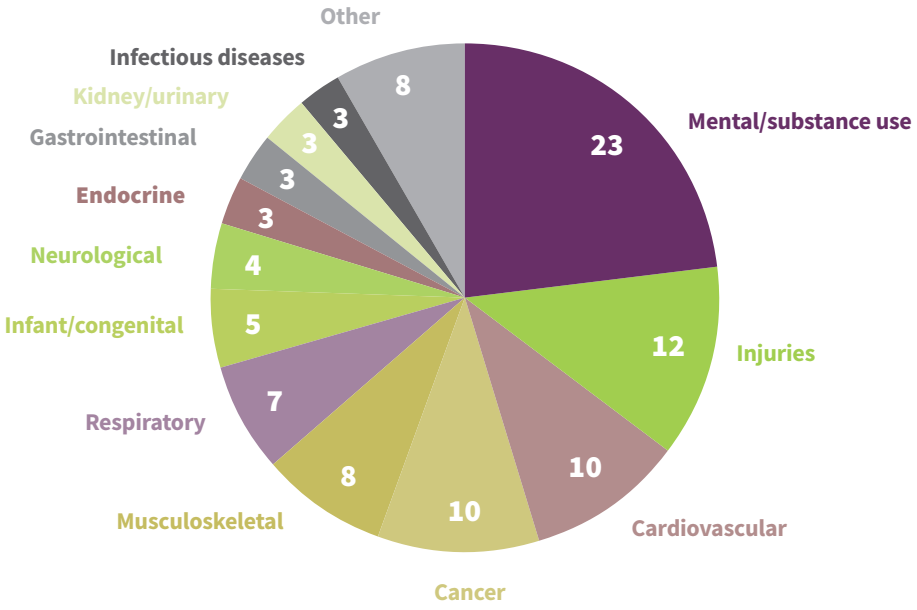
This *Summary* presents information about the impact that selected diseases and risk factors have on total burden among Aboriginal and Torres Strait Islander people.

As no updated burden of disease findings for Aboriginal and Torres Strait Islander people have been released since 2022, the information below has been retained from previous *Summary* editions for reference and is not included in the 2025 *Overview*.

Contribution of disease groups to total burden

Each **disease group** made a different contribution to overall burden for Aboriginal and Torres Strait Islander people. The leading contributors were **mental and substance use disorders** and **injuries** [1].

Contribution (%) of disease groups to total burden ($DALY_1$) among Aboriginal and Torres Strait Islander people, 2018



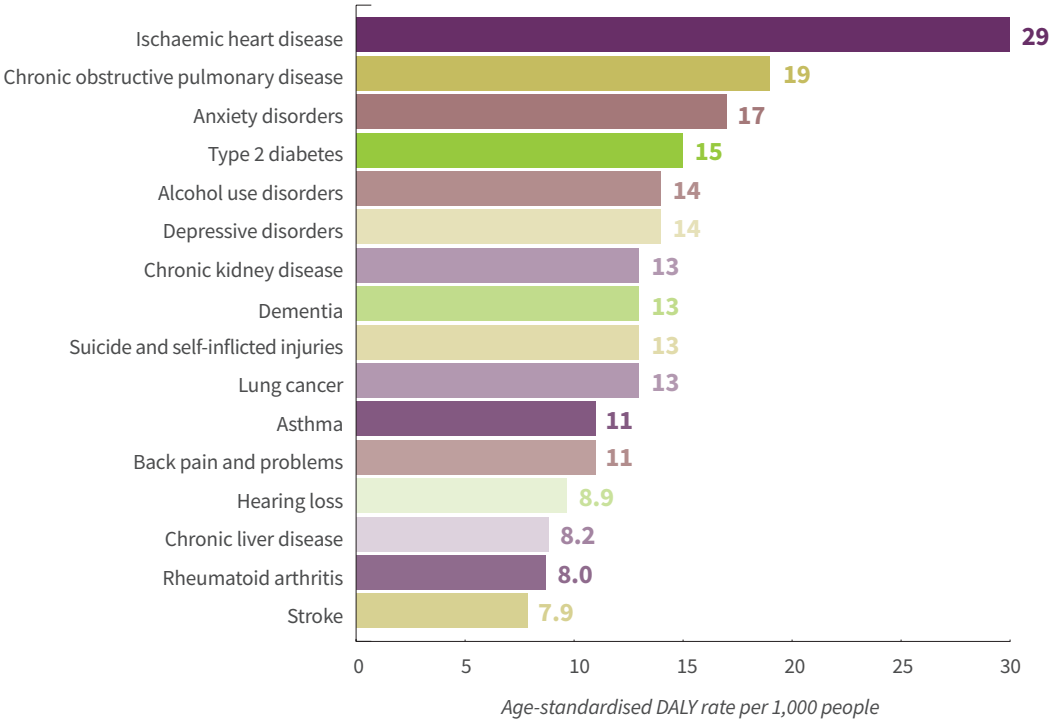
Note: Numbers are rounded and may not sum to 100.

1. For definition of DALY, see Statistical terms on page 4.

Leading specific causes of total burden

Ischaemic heart disease, chronic obstructive pulmonary disease and **anxiety disorders** were the leading **specific** causes of total burden among Aboriginal and Torres Strait Islander people [1].

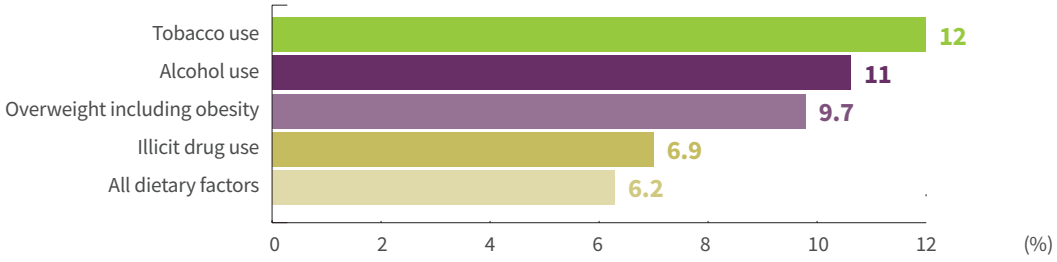
Leading specific causes of total burden (based on DALY rate) among Aboriginal and Torres Strait Islander people, 2018



Leading risk factors contributing to total burden

The Australia's National Burden of Disease study calculated the contribution made by modifiable risk factors to the total burden of disease among Aboriginal and Torres Strait Islander people. **It found that almost half (49%) of total burden could have been prevented by avoiding modifiable risk factors**. Tobacco use was the risk factor that contributed the most burden [1].

Proportion (%) of total burden attributable to the leading five risk factors among Aboriginal and Torres Strait Islander people, 2018



Note: Risk factor contributions in this graph can not be added together to estimate totals, due to interactions between factors.

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