



South Australian Aboriginal Health Landscape Project

Inner North Metro

Wardliparingga Aboriginal Health Research Theme, SAHMRI



The South Australian Aboriginal Health Landscape Project: *Inner North Metro*, 2019.

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Artist and Artwork

Artwork on the front cover was produced by Lisa Hanson.

Overall, the painting is constructed with a combination of contemporary and traditional styles reflecting the ongoing concept of health and wellbeing. The commonality of health and wellbeing is indicated by the green within each of the landscapes, and the green at the centre of the Adelaide metropolitan area.

The uniqueness of health and wellbeing is indicated by the difference in colours across the landscapes.

The use and sharing of health and wellbeing information is demonstrated through the connectedness of landscapes via the smaller circles, representing meeting or coming together. The black dots around each landscape represent the ownership of health and wellbeing the communities have.

Ethics approval

Approval to conduct this project was received from the South Australia AHREC [AHREC 04-13-546] and HREC [HREC-14-SAH-22] under the applications for the project titled the “*South Australian Aboriginal Health Landscape Project*”.

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Please direct enquiries to:

Wardliparingga Aboriginal Health Equity Theme
South Australian Health and Medical Research Institute

P: (08) 8128 4000

E: Wardliparingga@sahmri.com

Internet: <https://www.sahmri.org>

SENSITIVITY STATEMENT

This report has been developed with respect for Aboriginal and Torres Strait Islander people living in South Australia. Please be aware that some of the data used in this report belongs to people who have passed on. Importantly, all numbers in this report represent people who belong to families who are part of the community and we ask that this be acknowledged and considered when using this report.

ACKNOWLEDGEMENTS

The Wardliparingga Aboriginal Health Equity Theme acknowledge and celebrate the fact that Aboriginal and Torres Strait Islander people are the traditional custodians of the land known as Australia. We recognise two Indigenous groups within Australia who have two distinct cultures and within these, hundreds of unique language groups. We respect the language groups who are the traditional custodians of the land covering South Australia and that they are of Aboriginal heritage. In this report we refer to Aboriginal peoples, however, we acknowledge that the data include a small number of Torres Strait Islander peoples. This approach is aligned with the views of the Aboriginal Health Council of South Australia.

PROJECT GOVERNANCE

The authors acknowledge the strategic guidance and advice provided by Aboriginal leaders and collaborators with technical expertise. The current governance group convened in June 2017 to present, have overseen the development of all 18 Landscape reports. The previous governance group members (November 2014 – February 2016) were instrumental in providing advice on the foundations of the South Australian Aboriginal Health Landscape Project, including defining the geographical units of the Landscapes and the reporting framework.

Strategic Governance Group June 2017 to Present

Peter Azzopardi (Wardliparingga, SAHMRI), Alex Brown (Wardliparingga, SAHMRI), Catherine Chittleborough (School of Public Health, University of Adelaide), Katina D'Onise (Prevention and Population Health Branch, SA Health), Angela Gialamas (School of Public Health, University of Adelaide), Tanya McGregor (Aboriginal Health Directorate, SA Health), Amanda Mitchell (Aboriginal Health Council of South Australia), Tina Hardin or Julie Mitchell (System Performance and Service Delivery, SA Health), Kim Morey (South Australian Translation Centre), Stacy Thomas (Fay Fuller Foundation), Sonia Waters (Anglicare).

Aboriginal Advisory Group Members November 2014 – February 2016

Jackie Ah Kit (Women's and Children's Health Network, SA Health), Tania Axleby-Blake (Women's and Children's Health Network, SA Health), Les Kropinyeri (Aboriginal Health Council of South Australia Board Member), April Lawrie-Smith (Aboriginal Health Directorate, SA Health), Justin Mogridge (Aboriginal Health Worker Workforce Committee), Amanda Mundy (Port Lincoln Aboriginal Health Service Board Member), Sonia Waters (Anglicare), Robert Zadow (Country Health SA Local Health Network, SA Health).

Technical Panel Members November 2014 – February 2016

Peter Azzopardi (Wardliparingga, SAHMRI), David Banham (Wardliparingga, SAHMRI), Alex Brown (Wardliparingga, SAHMRI), Catherine Chittleborough (School of Public Health, University of Adelaide), Angela Gialamas (School of Public Health, University of Adelaide), Tina Hardin (System Performance and Service Delivery, SA Health), Su Maharaj (Australian Bureau of Statistics), Wendy Scheil (Perinatal Statistics Unit, SA Health).

DATA CUSTODIANS

Custodians	Dataset
Australian Coordinating Registry, Department of Health, Commonwealth of Australia.	- Australian Childhood Immunisation Register
Australian Education Development Census Support, The Social Research Centre, Melbourne VIC.	- Australian Early Development Census
Prevention and Population Health Branch, South Australian Department for Health and Wellbeing, Government of South Australia.	- Perinatal Statistics Collection - Integrated South Australian Activity Collection
Data and Reporting Services, Quality, Information and Performance, System Performance and Service Delivery, South Australian Department for Health and Wellbeing, Government of South Australia.	- Emergency Department Data Collection - Community Mental Health
Australian Bureau of Statistics.	- Australian Aboriginal and Torres Strait Islander Health Survey - Census of Population and Housing - National Aboriginal and Torres Strait Islander Social Survey - National Health Survey - National Nutrition and Physical Activity Survey
BreastScreen South Australia, South Australian Department for Health and Wellbeing, Government of South Australia.	- BreastScreen South Australia
Registry of Births, Deaths and Marriages, Australian Government.	- Cause of Death
Prometheus Information Pty Ltd, Canberra.	- Population estimates
Department of Planning, Transport and Infrastructure, Government of South Australia.	- Population projections

FORMER LANDSCAPE TEAM MEMBERS

Mr. John Gray developed the original Landscape maps, contributed to the conceptual framework and methodology of the Landscape Project and negotiated data custodian agreements. Professor Zumin Shi participated in discussions relating to the indicator framework, measurement of indicators, and analysis.

DATA ANALYSIS

Victoria Shtangey, Jianjun Xiang, Yohannes Melaku, Karen Peterson, Zumin Shi.

DOCUMENT DESIGN

All Authors, Frances Eltridge, Jay Garland, Nicole Scriva.

ABBREVIATIONS

ABS	Australian Bureau of Statistics
ACIR	Australian Childhood Immunisation Register
AEDC	Australian Early Development Census
AHREC	Aboriginal Human Research Ethics Committee
AIHW	Australian Institute of Health and Welfare
ALOS	Average length of stay
APY Lands	Anangu Pitjantjatjara Yankunytjatjara Lands
ASFR	Age-specific fertility rate
ASR	Age-standardised rate
BMI	Body mass index
CALHN	Central Adelaide Local Health Network
CAMHS	Child and Adolescent Mental Health Services
CBD	Central Business District
CHSALHN	Country Health SA Local Health Network
CKD	Chronic kidney disease
CVD	Cardiovascular disease
COPD	Chronic obstructive pulmonary disorder
DAMA	Discharge against medical advice
DPTI	Department for Planning, Transport and Infrastructure
ENT	Ear Nose Throat
GIT Endoscopy	Gastrointestinal Endoscopy
GP	General Practitioner
GPMP	GP Management Plan
ICD, ICD-10-AM	International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification
ISAAC	Integrated South Australian Activity Collection
LHN	Local Health Network
MBS	Medicare Benefits Schedule or Medicare Benefits Scheme
MMR	Measles, mumps, rubella vaccine
NALHN	Northern Adelaide Local Health Network
NAS	National Accreditation Standards
NATSIHS	National Aboriginal and Torres Strait Islander Health Survey
NATSISS	National Aboriginal and Torres Strait Islander Social Survey

NHMRC	National Health and Medical Research Council
NHS	National Health Survey
OOS	Occasions of Service
PHIDU	Public Health Information Development Unit
PHN	Primary Health Network
PPH	Potentially Preventable Hospitalisations
PREM	Patient-reported Experience Measures
PROM	Patient-reported Outcome Measures
SA2/SA4	Statistical Area Level 2 or 4
SAHMRI	South Australian Health and Medical Research Institute
SALHN	Southern Adelaide Local Health Network
SHS	Specialist Homeless Services
SRG	Service related groups
TAFE	Technical and Further Education
TCAs	Team Care Arrangements
TFR	Total fertility rate
UTI	Urinary Tract Infection
VII	Voluntary Indigenous Indicator
WHO	World Health Organization
n.a.	Not applicable, not available, or not able to be calculated

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PRINCIPALS TO GUIDE THE RESPECTFUL AND BENEFICIAL USE OF DATA WITHIN THIS REPORT

This report is part of a response to Aboriginal people in South Australia who have identified the need for access to health and social data of people within their communities for the express purpose of using the information to inform decisions about health and wellbeing of people within their communities.

A set of principles to guide the use of the data in these reports have been adopted from the South Australian Aboriginal Health Research Accord. (1) It is important to implement these principles when using this data because the way we use peoples data can positively or negatively, to the point of harmfully, impact on individuals, families, communities and the population group as a whole.

- **Priorities.** Action that this report is used to inform must be based on priorities arising from and endorsed by the Aboriginal community to enhance acceptability, relevance and accountability.
- **Involvement.** The involvement of Aboriginal people and organisations is essential in developing, implementing and translating action informed by data in this report.
- **Partnership.** Action that this report is used to inform must be based on the establishment of mutual trust, and equivalent partnerships, and the ability to work competently across cultures.
- **Respect.** Those using this data must do so with respect for Aboriginal people, for Aboriginal knowledge, Aboriginal knowledge systems and custodianship of that knowledge.
- **Communication.** Communication must be culturally and community relevant and involve a willingness to listen and learn.
- **Benefit.** Users of this data must have the intention of delivering tangible benefits to the Aboriginal community. These benefits should be determined by Aboriginal people themselves and consider processes and outcomes, during and as a result of action informed by this data.
- **Ownership.** Users of this data must acknowledge, respect and protect Aboriginal intellectual property rights and transparent negotiation of intellectual property use and benefit sharing must be ensured.
- **Control.** Users of this data must ensure the respectful and culturally appropriate use and management of this data.
- **Knowledge translation.** Sharing and translation of knowledge generated through this data must be integrated into all forthcoming actions to maximise impact on policy and practice.

These principles have been provided with the aim of ensuring the Aboriginal population in South Australia can receive maximum benefit from the use of this data.

INTRODUCTION

Rationale

In 2013, the newly established Wardliparingga Aboriginal Research Unit of the South Australian Health and Medical Research Institute (SAHMRI) held its first community forum to identify health research priorities of the South Australian Aboriginal community. This forum was attended by Aboriginal community members from across the State, representatives from Aboriginal Community Controlled health services, State government health department staff and researchers from the three universities in South Australia. The priorities identified at this forum have informed Wardliparingga's program of research. One of the forum priorities was health and social data, particularly related to access, how it is used and for what purpose, and by whom. Key points discussed about health and social data were: to enable Aboriginal governance of Aboriginal data; to present data in a way that is meaningful for Aboriginal communities, to advance the health and social status of the population through having an evidence-base and a baseline to monitor efforts; and to involve Aboriginal people in all data processes, including defining research questions, informing analysis, interpretation of results and translating findings into practice. In response to this priority, the South Australian Aboriginal Health Landscape Project was created.

Project Governance

The Project was governed by an Aboriginal Advisory Group and a Technical Panel. An Aboriginal Advisory Group was established featuring Aboriginal leaders in the community and working in health organisations to ensure that the implementation of the findings from the inaugural workshop were Aboriginal led. This resulted in Aboriginal people informing the design of the Landscape Project, including how to achieve community level reporting, specifying the geographical boundaries of the Landscapes, defining a contextual reporting framework to guide what was important to report on and defining how to present the findings in a sensitive and meaningful way that considered people living in the Landscapes. A Technical Panel comprising epidemiologists, data custodians and health equity experts provided advice on data availability and access, theoretical frameworks, robust data analysis and policy and practice linkages.

New Geographical Boundaries

This report presents data collected through administrative processes or surveys and that are commonly reported at a National and/or State level. Changing the level of reporting to be more representative of Aboriginal 'communities' was one way the Landscape Project sought to increase the meaningfulness and utility of the data for Aboriginal communities, while being able to use data that was available. The geographical Landscapes in and of themselves are unique, both in the reason for and the principles by which they were developed. First, it was clear from the voices of Aboriginal people at the inaugural workshop that data about local community populations were needed to inform local planning, advocacy and to monitor the impact of policies and practices on local outcomes. The overarching impetus for local data in the hands of local people is self-determination. Often local services and organisations have access to local data they collect, but this level of information is often not shared with or accessible to Aboriginal people. To equip Aboriginal people with evidence that is more specific to the community is essential for informed decision making and importantly enables transparent monitoring. Second, basing the construction of the Landscapes on where Aboriginal people lived, was one of three principles used to define the geographical area of the Landscapes. This principle was achieved by starting with postal areas (2) that included 100 or

more Aboriginal people and expanding the boundaries to include 1000 or more Aboriginal people within each Landscape, resulting in 18 Landscapes within the State. The ABS Census of population and housing (3) was the source of counts and residential location. This means that the Aboriginal population is central within each Landscape, rather than the geographical reporting frame being based on arbitrary political and administrative boundaries.

New Ways of Reporting

The way in which the data is reported has been informed by Aboriginal people's input both within and external to the Landscape Project. This input was used to report the data through three lenses, and those are: firstly, to report results for Aboriginal people within each Landscape; secondly, to report results for Aboriginal people within each Landscape compared to the State Aboriginal population; and finally, to present the results through an equity lens by reporting health and social statistics for both Aboriginal and non-Aboriginal people in both the Landscape and the State.

Future Work

With regards to reporting Aboriginal statistics, the impetus and deliberate approaches taken by the Landscape Project are a departure from conventional reporting. The purpose of this Project and the methods used, centrally situate the South Australian population within the limits of this Project. The next steps for the South Australian Aboriginal Landscape Project are to expand the limits of the Project by:

- contextualising the interpretation of these findings through consultation with Aboriginal communities, during the return of this data to communities;
- understanding how (in what form, by what mode) this information will be used for decision making, advocacy and monitoring by Aboriginal people and community groups;
- having conversations with Aboriginal people about defining health and well-being and what is important to health and wellbeing that is not currently captured in data collections, and
- defining with Aboriginal communities, data governance values, principles and structures going forward.

Monitoring Change over Time

Lastly, and importantly, this report provides a baseline from which Aboriginal communities can monitor changes in health and social outcomes over time. How this will be done effectively needs to be considered in partnership with the South Australian Aboriginal community.

THE SOUTH AUSTRALIAN ABORIGINAL HEALTH LANDSCAPE PROJECT

GOAL

The goal of the Aboriginal Health Landscape Project is to report community-level data that can be used to inform and monitor the system and practice changes that are required to achieve equitable health and social outcomes for Aboriginal people in South Australia.

AIMS

The Aboriginal Health Landscape Project has three aims:

- a) To involve Aboriginal people in the processes of reporting and monitoring inequities in health status and in defining recommendations to reduce disadvantage experienced in health, social and economic outcomes;
- b) To report, through a community and equity lens, on health and social outcomes of Aboriginal compared to non-Aboriginal people in South Australia, that establishes a platform for monitoring changes overtime;
- c) To define and implement Aboriginal governance of Aboriginal data and its utilisation in informing policy and practice.

GOVERNANCE STRUCTURE

Governance Structure

To enable Aboriginal governance of the Project, an Aboriginal Governance Group with support of a Technical Panel was established. These bodies provided strategic and practical advice and guidance on the design and implementation of the Landscape Project, including this report (Figure A).

Figure A SA Aboriginal Landscape Project Governance Structure



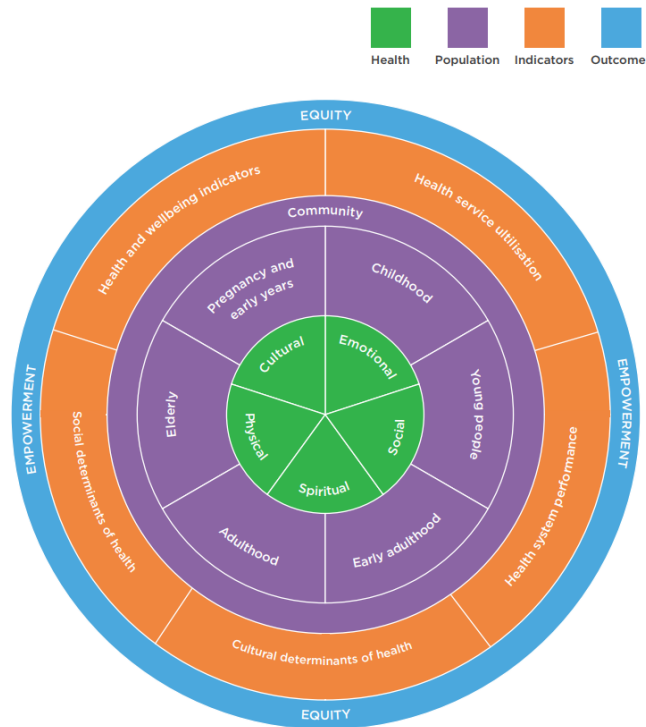
METHOD

Reporting and monitoring framework

Through the development of the Aboriginal Health Landscape Reporting Framework (Figure B), the Aboriginal Governance Group has influenced what data was analysed, for which population groups in the community and how it is presented. The Framework guides the scope of the Aboriginal Health Landscape Project and has informed the scope of this report. At the centre of the Framework are key elements that together encapsulate health and well-being from an Aboriginal perspective based on the premise that each element is necessary for health. The middle circle highlights key life stages that have unique health and social needs, as well as recognising community population needs. The outer circle identifies the external

health and social system determinants that impact on individual, family and community health and well-being. Also represented is the necessity to view these from an equity basis to identify where change is most needed and the use of this information to empower individuals, communities and organisations in their roles to influence change.

Figure B Aboriginal Health Landscape Reporting Framework



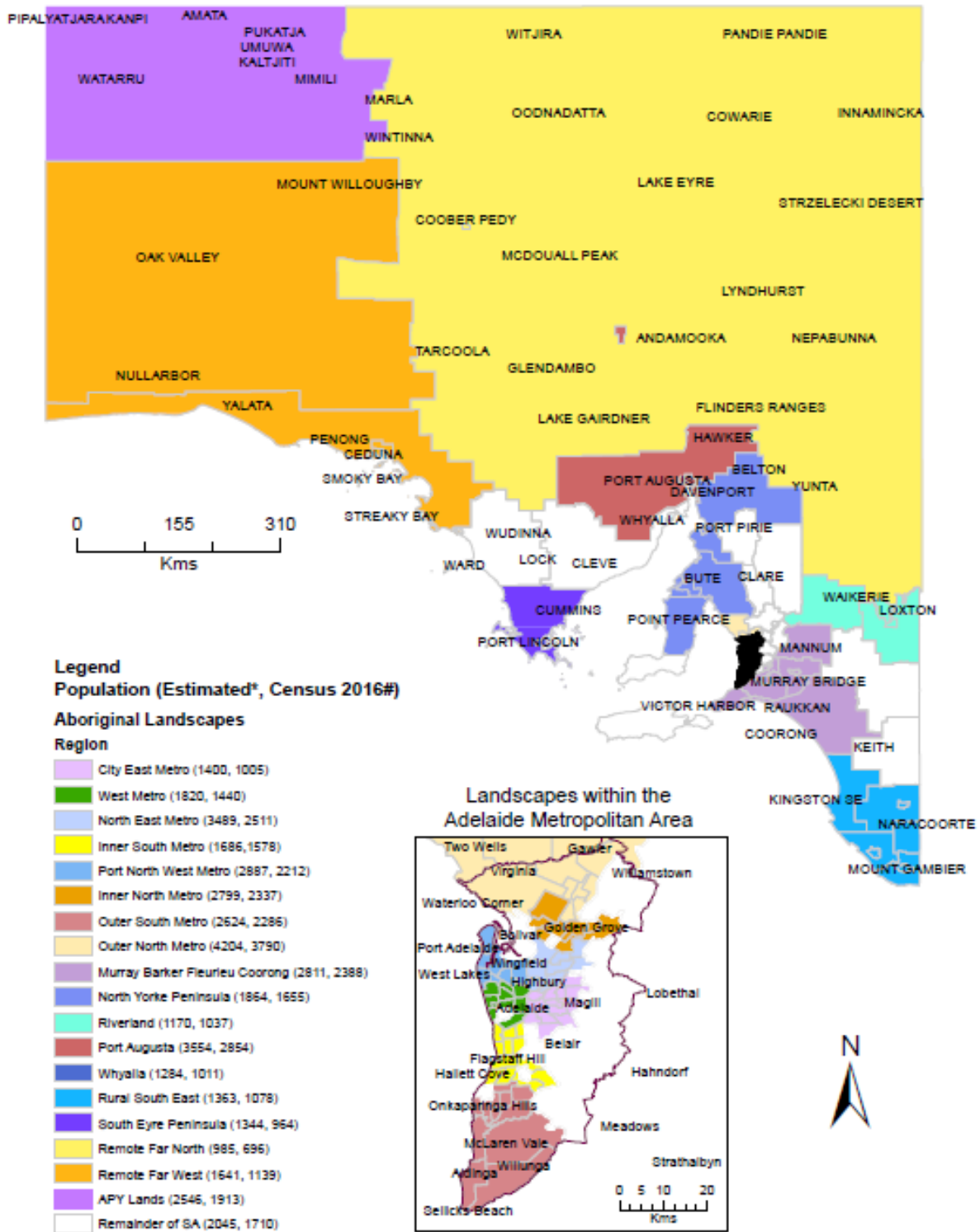
Local Area Reporting Boundaries - Landscapes

To provide the Aboriginal community with information that is meaningful, one approach has been to analyse and report data at community-area levels. In published government documents, data is typically reported at State and/or National levels which suppresses the diversity of social and health outcomes in the population. To provide data that is more representative of communities and shows the diversity of communities, the Landscape Project divided South Australia into 18 discrete geographical areas termed 'Landscapes'. They were developed based on three principles:

- 1) To show where Aboriginal people live, as opposed to administrative boundaries, to better represent Aboriginal community groups;
- 2) To include a large enough Aboriginal population to present statistically sound results; and
- 3) To concord with a common identifier within datasets, such as postcode.

The 18 Landscapes were developed using the ArcGIS mapping program (Esri ArcMap version 10.3.1.). During development, they were presented to the Aboriginal Governance Group, two Wardliparingga Aboriginal Reference Groups and the Technical Panel to ensure meaningfulness to the Aboriginal population and statistical robustness. Changes were made based on the feedback. This resulted in the creation of 18 Aboriginal Landscapes that cover South Australia (Map 1 and Appendix 3).

Map 1 South Australian Aboriginal Health Landscapes



Data sources: *Population Estimates 2006-2016 by Indigenous Status, SA2, Sex and Age, Promethea Information Pty Ltd, Canberra, 2017; Australian Bureau of Statistics, Census of Population and Housing 2016, South Australia, SA2, Indigenous Peoples Profile: EO Age by Indigenous Status by Sex, 20 November 2017 <[https://dataexplorer.abs.gov.au/dataexplorer/](https://data.abs.gov.au/dataexplorer/)> Produced by Aboriginal Health Landscape Project, 2017
 Wandjirngga Aboriginal Research Unit, South Australian Health and Medical Research Unit
 Funding: Fay Fuller Foundation

This is a resource only, and does not make any representations as to its accuracy.

Indicator selection

The indicators in this report are informed by those included in State and National health reports, particularly those related to the health of Aboriginal and Torres Strait Islander people. There are several reasons for this. Firstly, this report provides Aboriginal communities with health and social data that are collected by State and National health and social systems and therefore the indicator selection is based on measures that can be produced from routinely recorded data. With increased input from Aboriginal people, data collections will become more reflective of Aboriginal people's understanding and measurement of health and well-being. Secondly, by using commonly reported indicators and measures, comparisons with Aboriginal populations in other jurisdictions and nationally can be made so that South Australia's efforts to improve Aboriginal peoples' health and social outcomes can be monitored and evaluated within State and National contexts.

Population

The Landscape and State populations presented in Chapter 2 of this report are based on the 2016 Australian Bureau of Statistics (ABS) Census of Population and Housing.⁽⁴⁾ Population denominators for calculating percentages and rates differ according to the measure and dataset used.

Population Denominators

While the ABS produce estimates of both Aboriginal and non-Aboriginal populations for each Census year, there is no public release of the number of Aboriginal and Torres Strait Islander males and females by age group and postcode area for non-Census years. In this report, an estimated population denominator provided by Prometheus Information⁽⁵⁾ was used to calculate rates for in-between Census years (intercensal years). The Prometheus Information estimated population was used as the denominator for calculating rates and percentages from the following datasets: Integrated South Australian Activity Collection (ISAAC), Community Mental Health, Emergency Department Data Collection, Cause of Death and BreastScreen SA. The estimated population for this Landscape and the State is presented in Appendix 2. Supplementary Table 4.4.3 and Figure 4.4.3, showing avoidable and preventable mortality at the State level, used an older population denominator generated by Wardliparingga Aboriginal Research Unit based on 2001, 2006 and 2011 Census data. Analyses of remaining datasets use the denominator within the dataset (

Table A).

Datasets

Table A presents summary details of the datasets used in this report. Data sources are named under all Figures and Tables in this report, and related technical notes are documented in Appendix 4.

Table A Summary of datasets used in this report

Dataset	Source	Observations	Timeframe		Brief description
			In dataset	In analysis	
2016 Census of Population and Housing	ABS	1,676,051	2016	2016	Enumerated Australian population, as well as certain socio-economic characteristics.
Australian Childhood Immunisation Register	SA Health	503,618	Mar 2006 – Dec 2014	2010 – 2014	Register of childhood immunisations at ages 1, 2 and 5 years, now defunct and replaced with the Australian Immunisations Register (all ages).
Australian Early Development Census	Australian Government Department of Education and Training	35,627	2009-10, 2012	2009-10, 2012	Physical, emotional, cognitive, and language development of children entering their first year of school, as reported by child's teacher.
Breast Cancer Screening	BreastScreen SA	585,797	2006-07 – 2013-14	2006-07 – 2013-14	Demography, screen outcome and diagnosis details of women who presented to the Breast Screen SA service.
Cause of Death	Births, Deaths and Marriages Registry	170,987	1999 – 2012	2006 – 2012	Reason and date of death of residents in South Australia.
Community Mental Health	SA Health	5,807,973	2005-06 – 2015-16	2011 – 2015	Presentations at all SA Health community mental health facilities.
Emergency Department Data Collection	SA Health	2,219,894	2004 – 2013	Data not available within timeframe	Presentations at all SA Health hospital emergency departments. (Unable to report this data, as it was not available at the time of analysis).
Integrated South Australian Activity Collection (ISAAC)	SA Health	8,711,046	2001-02 – 2014-15	2011 – 2015	Public and private separations from all SA hospitals.
Perinatal Statistics Collection	SA Health	209,274	2002 – 2012	2002 – 2012	Perinatal outcomes of mothers and babies in SA
Australian Aboriginal and Torres Strait Islander Health Survey 2012-13	ABS	8,157	2012-13	2012-13	Collection of health and behavioural risk factors and outcomes, estimates of prevalence and objective measures of chronic diseases in a nationally representative sample of Aboriginal and Torres Strait Islander Australians, primarily at the National, primary health network, or remoteness level, rather than Landscape level.
National Aboriginal and Torres Strait Islander Social	ABS	11,178	2014-15	2014-15	Self-report and measured information across key areas of social interest for Aboriginal and Torres Strait Islander people, including health behaviour, primarily at the National, primary health network, or remoteness level, rather than Landscape level.

Survey 2014-15					
National Health Survey, 2014-15	ABS	19,259	2014-15	2014-15	Prevalence of long-term health conditions, health risk factors, health behaviours, use of health services, demographic and socioeconomic characteristics primarily at the National, primary health network, or remoteness level, rather than Landscape level.
National Nutrition and Physical Activity Survey, 2011 – 12	ABS	12,000	2011-12	2011-12	Self-reported information related to physical activity, nutrition, and food security, primarily at the National, primary health network, or remoteness level, rather than Landscape level.
Population estimates	Prometheus	See Table 2.1.1.	2006 – 2016	2006 – 2016	Intercensal Indigenous population estimates used for calculating rates. Includes age and sex for the period 2006 – 2016 based on 5-yearly Census estimates.
Population projections to 2021	SA Government, DPTI	See Table 2.2.1.	n/a	n/a	Estimated future population based on the results from the 2016 Australian Bureau of Statistics (ABS) Census of Population and Housing and other demographic data.

Data Analyses and Reporting

Data used in this report are allocated to a Landscape by postcode or SA 2. Observations with postcode or SA2 missing and Indigenous status unknown are excluded.

This report presents counts, proportions and rates. In some places, rate ratios and rate differences are also included to highlight the gap between Aboriginal and non-Aboriginal rates of disease. Age-standardised and age-specific rates were calculated where data was available and numbers were large enough to provide reliable statistical estimates. Age-standardised rates were calculated using the direct method of standardisation and the ABS Australian Standard Population for Use in Age-Standardisation (6). Results are disaggregated by sex and/or age group where possible.

Counts less than 10 are suppressed for reasons of confidentiality, and secondary suppression was applied where necessary (for example, where the number of males was less than ten, the number of females was also suppressed to prohibit back-calculating). To protect the identity of individuals, the Australian Bureau of Statistics makes small, random adjustments to numbers in Census and survey data. This means that the proportions in some of the figures in Chapter 3 and Chapter 7 will not add up to one-hundred per cent. Likewise, column or row totals in the Supplementary Tables may not add up to the table totals.

Results are presented in table format within Excel workbooks, and these are available upon request as Supplementary Tables. The same underlying data was then used to create graphs and figures to provide a visual representation of the data to be included in this report. This report primarily presents figures, but tables have been included where it was not possible to generate a figure or where it was deemed valuable to present both a table and a figure. In creating graphs and figures, estimates for Aboriginal people in the Landscape were compared to estimates for Aboriginal people across the State. Estimates for non-Aboriginal people were treated in the same way.

REPORT LAYOUT

This report is divided into chapters by topic. Each topic chapter may include data from multiple datasets in an effort to provide a comprehensive description of the topic as it relates to Aboriginal people.

Chapter 1 provides an overview of the Landscape including geographical location, communities or regions within the Landscape, acknowledgement of Aboriginal people living there and the language groups of the Country and ends with a table of health and social services within the Landscape. This information is not exhaustive and may change overtime. It may even already be out-of-date.

Chapter 2 describes the population of the Landscape within the context of the rest of the State.

Chapter 3 reports on two indicators of cultural determinants of health of Aboriginal people living within the Landscape within context to the State Aboriginal population. In addition, social determinants of health of Aboriginal and non-Aboriginal people living within the Landscape and the State are reported.

Chapter 4 reports prevalent conditions that contribute to morbidity and mortality within the Aboriginal community, namely chronic diseases, mental health, injury and mortality. Chronic diseases reported include, cardiovascular disease, diabetes, cancer, kidney disease, chronic respiratory disease and oral health. All indicators are reported for the Aboriginal and non-Aboriginal population at the Landscape and State level.

Chapter 5 focuses on Aboriginal and non-Aboriginal mothers and babies by reporting important indicators relating to good health outcomes for the mother and the baby, including antenatal care, birthweight, smoking during pregnancy and medical and obstetric conditions.

Chapter 6 reports one indicator relating to childhood development using the Australian Early Development Census for both Aboriginal and non-Aboriginal children, entering their first year of full-time school.

Chapter 7 describes health behaviours of the Aboriginal and non-Aboriginal population living in the Landscape and the State. Health behaviours reported include weight, nutrition, tobacco use, alcohol consumption, drug and other substance use and physical activity. Where able these were reported for males and females separately.

Chapter 8 concentrates on indicators that provide insight into how well the health system is responding to the health needs of the population. This includes initiatives that protect health, such as immunisation programs and early detection of conditions and early treatment, as well as managing health conditions, such as type 2 diabetes, to enable the best health outcomes achievable. Hospital and emergency department activity are also reported in this chapter. As with all Chapters, data in Chapter 8 are reported for Aboriginal and non-Aboriginal people living in the Landscape and the State, and by sex and age where the data have allowed.

Each Chapter commences with an introductory paragraph about the importance of the chapter topic in relation to health and well-being. This is followed by detailed results for each indicator, presented in three categories.

 **Aboriginal people in the Landscape**
This section presents results for Aboriginal people who reside within the Landscape.

 **Aboriginal people in the Landscape and the State**
This section locates the Landscape within the State context by comparing Aboriginal people in the Landscape with the South Australian Aboriginal population.

 **Aboriginal and non-Aboriginal people in the Landscape and the State**
This section summarises results for Aboriginal and non-Aboriginal people at both the Landscape and State level. Results are compared to identify areas of health equity and health inequity that need to be addressed.

CHAPTER 1. OVERVIEW OF THE *INNER NORTH METRO* LANDSCAPE

The *Inner North Metro* Landscape is one of 18 adjoining geographical areas that cover the State of South Australia. The following is an overview of the geographical coverage of the *Inner North Metro* Landscape. We acknowledge Aboriginal language groups of the Landscape and provide a snapshot of hospitals and health services within the Landscape. As services will change after the drafting of this report, websites are provided.

GEOGRAPHY

The *Inner North Metro* Landscape encompasses a large area of the upper mid-north-east section of metropolitan Adelaide (Map 1). The Landscape travels from Golden Grove in a westerly direction until it reaches Gulfview Heights before dipping south to circumnavigate Para Hills. It then takes a north-westerly direction to Parafield Gardens prior to heading north around the top of Edinburgh. From here, it takes a south south-westerly path down towards Salisbury prior to heading east towards Golden Grove again.

The environment provides a broad experience of scenery, and includes built up suburban areas, some surrounded by bush lands, various parklands and reserves, and some areas nestled into the foothills of the picturesque Mount Lofty Ranges. Travel throughout this Landscape is primarily by private vehicle and/or metropolitan bus services.

This Landscape comprises the following townships/regions and council areas, including approximate distances to Adelaide in Table 1.1.

Table 1.1: Communities/Regions within the Inner North Metro Landscape

Township	Council ^a	Distance to CBD ^b
Golden Grove	City of Tea Tree Gully	23.8 km
Greenwith	City of Tea Tree Gully	25.8 km
Para Hills	City of Salisbury	18.3 km
Parafield Gardens	City of Salisbury	20.5 km
Paralowie	City of Salisbury	23.6 km
Salisbury	City of Salisbury	22.6 km
Salisbury East	City of Salisbury	21.5 km
Salisbury North	City of Salisbury	25 km

Notes:

Some council boundaries overlap, and therefore, one suburb can have two councils responsible for it.

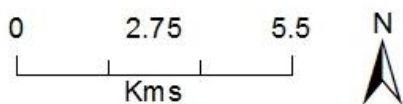
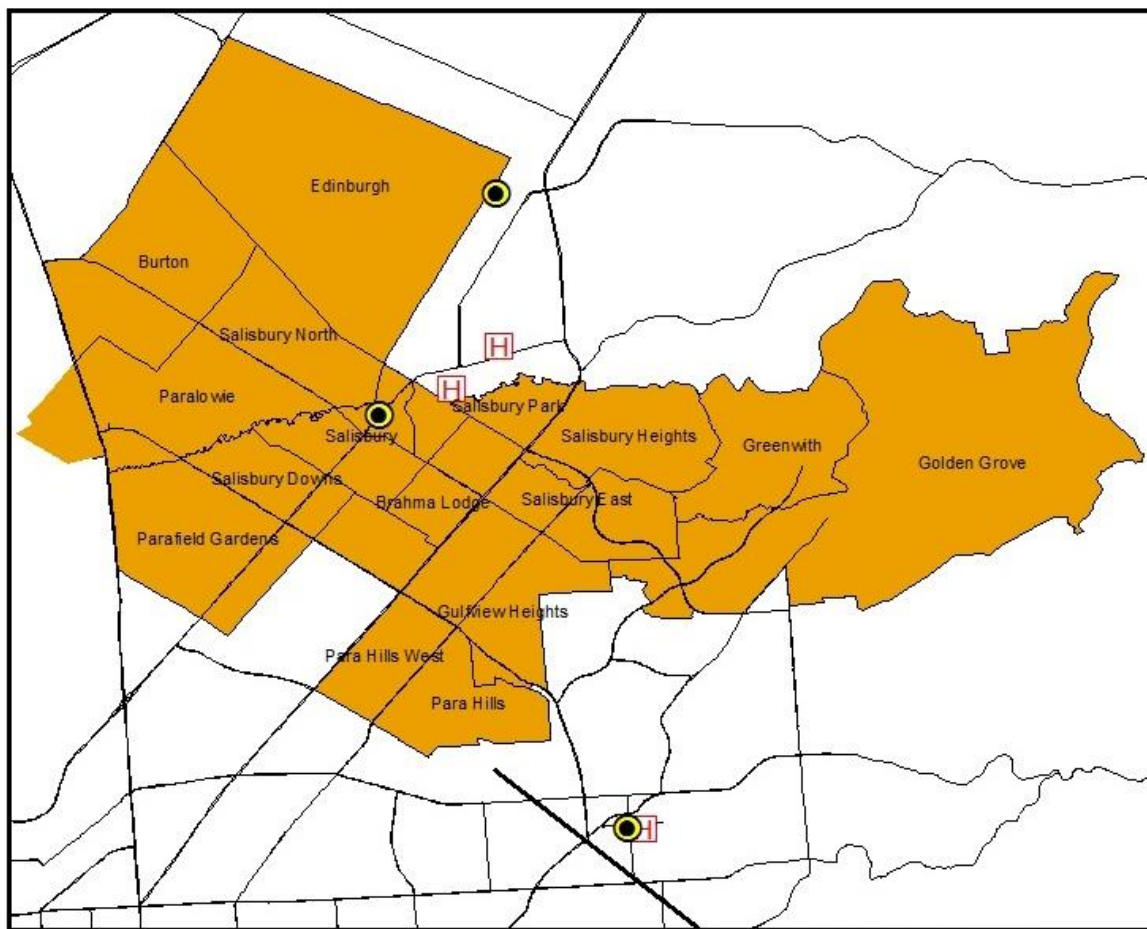
Sources:

a) Google was used to identify all relevant councils.(7)

b) Google Maps was used to identify the distances between the suburb and Adelaide.(8)

See Appendix 3 for Concordance table used to construct Landscape.

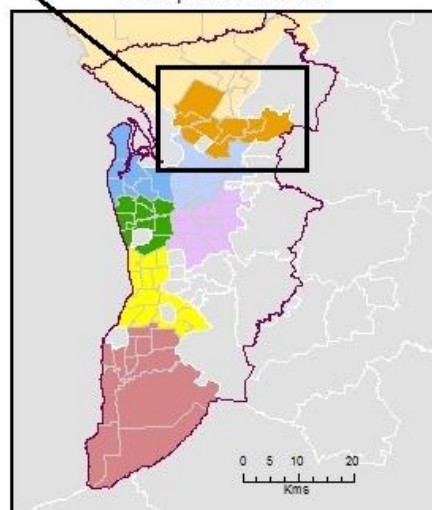
Map 2 Inner North Metro Landscape



Legend

- Inner North Metro (Popn: 2799*, 2337#)
- Centrelink
- Hospitals
- State Maintained Roads

Metropolitan Adelaide



Data sources: 'Population Estimates 2006-2016 by Indigenous Status, SA2, Sex and Age', Prometheus Information Pty Ltd, Canberra, 2015*, Australian Bureau of Statistics, Census of Population and Housing 2016, 'South Australia, SA2, Indigenous Peoples Profile: 103 Age by Indigenous Status by Sex', 20 November 2017 <<https://datapacks.censusdata.abs.gov.au/datapacks/#>>
 Produced by: Aboriginal Health Landscape Project, 2017
 Wardlapingga Aboriginal Research Unit, South Australian Health and Medical Research Unit
 Funding: Fay Fuller Foundation

This is a resource only, and does not make any representations as to its accuracy.

PEOPLE

This Landscape is situated on Kurna country (9), and is also home to many who are visitors to it. This statement is designed to acknowledge and respect the complexity of this distribution of Aboriginal peoples amongst different Landscapes, and to recognise that it is attributed to the colonisation process of Australia; hence, leading to the connectedness and varied relationships between many language groups within each Landscape.

EDUCATION, HEALTH AND SOCIAL SERVICES

Available education, health and welfare services available in each community/region within the *Inner North Metro* Landscape have been identified in Table 1.2

Table 1.2 Primary and Social Services within the Inner North Metro Landscape

Social Services	Golden Grove	Greenwith	Para Hills	Parafield Gardens	Paralowie	Salisbury	Salisbury East	Salisbury North
Childcare	✓	✓	✓	✓	✓	✓	✓	✓
Primary School	✓	✓	✓	✓	✓	✓	✓	✓
Secondary School	✓	*	✓	✓	✓	✓	✓	✓
Centrelink	*	*	*	*	*	✓	*	*
Housing SA	*	*	*	*	*	✓	*	*
Public Transport	✓	✓	✓	✓	✓	✓	✓	✓
Health Services								
Public Hospital	*	*	*	*	*	*	*	*
Private Hospital	*	*	*	*	*	*	*	*
Community Health Service	*	*	*	*	*	*	*	*
Aboriginal Community Controlled Health Service	*	*	*	*	*	*	*	*
Aged Care Service	*	*	✓	✓	✓	✓	✓	*
Drug & Alcohol	*	*	*	*	✓	*	*	*
Dentist	✓	✓	✓	✓	✓	✓	*	✓
Mental Health	*	*	*	*	*	✓	*	*
CAMHS	*	*	*	*	*	*	*	*

Notes:

- * denotes those areas in the table that are 'unknown' or not within that suburb, however there may be a service located a short distance away.
- Housing SA has been referred to in the table; however, there are many other housing options available.
- The information referred to in the table is not exhaustive and is limited only by what can be located via internet searches.
- Schools and Dentists included in the table refer to both public and private.
- The information contained in this table is current at November 2017.

Sources:

The websites accessed to populate this table: (10), (11), (12), (13), (14), (15), (16), (17), (18)

ADDITIONAL INFORMATION RESOURCES

For further information relating to Aboriginal services, supports and entities, please see below for some of the suggested links; however, please be aware that websites may change over time:

- Aboriginal Health Council of South Australia (ahcsa.org.au)
- Aboriginal Health Services – SA Health (sahealth.sa.gov.au)
- Nunkuwarrin Yunti of South Australia Inc (nunku.org.au)

CHAPTER 2. POPULATION CONTEXT

From a health and social service planning perspective, it is essential to understand the age, sex and ethnographic make-up of the population of a given Landscape for the purposes of developing policy, planning services and allocating funding.

2.1. The population

Aboriginal people in the Landscape

In the 2016 Census, among Aboriginal people in the Inner North Metro Landscape (Table 2.1.1, Figures 2.1.1 and 2.1.3):

- There were an estimated 2,337 Aboriginal people in the Landscape.
- This included 1,190 males and 1,147 females.
- 75% of males and 68% of females were under the age of 35 years.
- 9% of males and 12% of females were aged 55 years and over.

Aboriginal people in the Landscape and the State

In the 2016 Census, among Aboriginal people in the Inner North Metro Landscape and the State (Table 2.1.1, Figures 2.1.1 and 2.1.3):

- 7% of Aboriginal people in the State lived in the Landscape.
- There were an estimated 33,850 Aboriginal people living in South Australia. This included 16,760 males and 17,090 females.
- In South Australia, a lower proportion of males (Landscape: 75%, State: 69%) and females (Landscape: 68%, State: 65%) were under the age of 35 years than in the Landscape.
- In South Australia, a higher proportion of males (Landscape: 9%, State: 11%) and a similar proportion of females (both 12%) were aged 55 years and over, compared to the Landscape.

Aboriginal and non-Aboriginal people in the Landscape and the State

In the 2016 Census, among Aboriginal and non-Aboriginal people in the Inner North Metro Landscape and the State (Table 2.1.1, Figures 2.1.1 and 2.1.3):

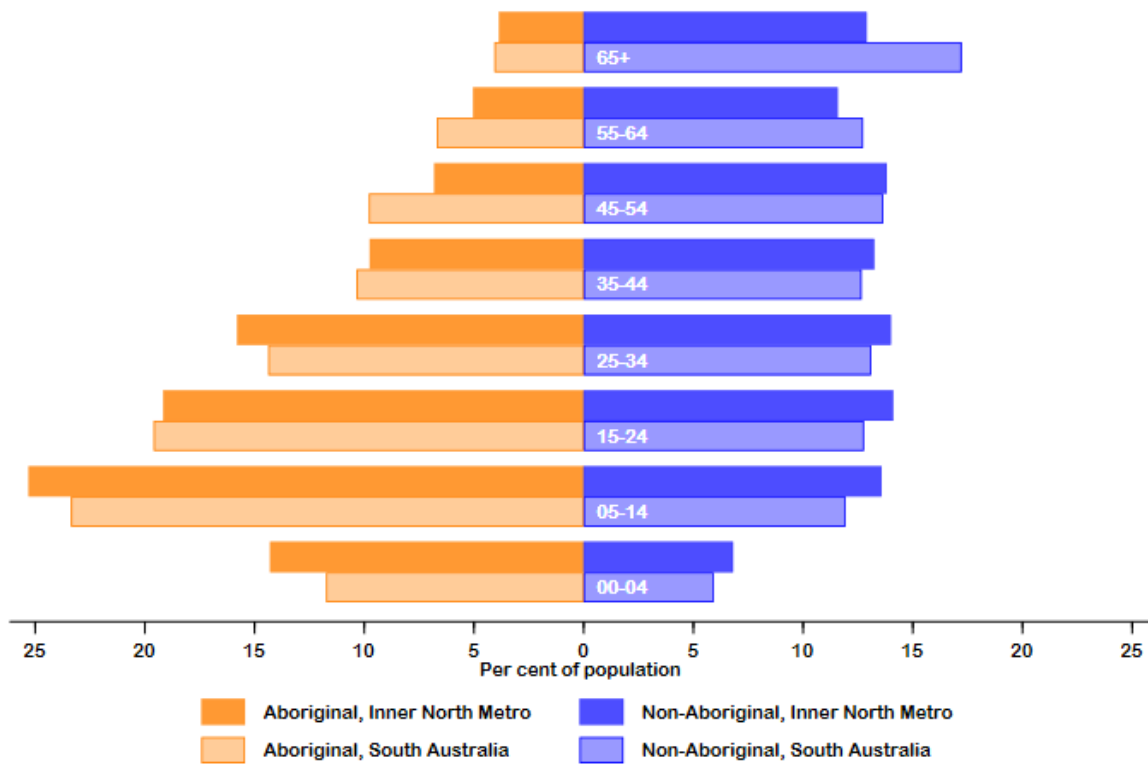
- An estimated 119,968 people lived in the Landscape, 2% of whom were Aboriginal.
- Across the State, there were an estimated 1,676,051 people, of whom 33,850 (2%) were Aboriginal.
- Substantially lower proportions of Aboriginal people in the Landscape and the State were aged 55 years and over, than non-Aboriginal people. In the Landscape, 9% of Aboriginal males and 12% of Aboriginal females were aged 55 years and over, compared to 25% of non-Aboriginal males and 27% of non-Aboriginal females.

2.1.1. Census population, by Aboriginal status, sex and age, Landscape and South Australia, 2016

Age group (years)	Aboriginal				Non-Aboriginal				Total			
	Males		Females		Males		Females		Males		Females	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
<i>Inner North Metro</i>												
00-04	170	14.3	117	10.2	3,963	6.8	3,785	6.4	4,133	7.0	3,902	6.4
05-14	301	25.3	264	23.0	7,909	13.6	7,574	12.8	8,210	13.8	7,838	12.9
15-24	228	19.2	216	18.8	8,214	14.1	7,740	13.0	8,442	14.2	7,956	13.1
25-34	188	15.8	180	15.7	8,149	14.0	8,445	14.2	8,337	14.0	8,625	14.2
35-44	116	9.7	118	10.3	7,713	13.2	7,671	12.9	7,829	13.2	7,789	12.9
45-54	81	6.8	116	10.1	8,047	13.8	8,276	13.9	8,128	13.7	8,392	13.9
55-64	60	5.0	93	8.1	6,745	11.6	7,115	12.0	6,805	11.4	7,208	11.9
65+	46	3.9	43	3.7	7,511	12.9	8,774	14.8	7,557	12.7	8,817	14.6
Total	1,190	100.0	1,147	100.0	58,251	100.0	59,380	100.0	59,441	100.0	60,527	100.0
<i>South Australia</i>												
00-04	1,968	11.7	1,758	10.3	47,907	5.9	45,383	5.4	49,875	6.0	47,141	5.5
05-14	3,917	23.4	3,797	22.2	96,591	11.9	91,590	11.0	100,508	12.2	95,387	11.2
15-24	3,285	19.6	3,231	18.9	103,381	12.8	98,701	11.8	106,666	12.9	101,932	12.0
25-34	2,409	14.4	2,384	13.9	105,945	13.1	107,333	12.9	108,354	13.1	109,717	12.9
35-44	1,735	10.4	1,923	11.3	102,506	12.7	103,361	12.4	104,241	12.6	105,284	12.4
45-54	1,641	9.8	1,902	11.1	110,353	13.6	112,775	13.5	111,994	13.6	114,677	13.5
55-64	1,123	6.7	1,229	7.2	103,028	12.7	108,356	13.0	104,151	12.6	109,585	12.9
65+	682	4.1	866	5.1	139,384	17.2	165,607	19.9	140,066	17.0	166,473	19.6
Total	16,760	100.0	17,090	100.0	809,095	100.0	833,106	100.0	825,855	100.0	850,196	100.0

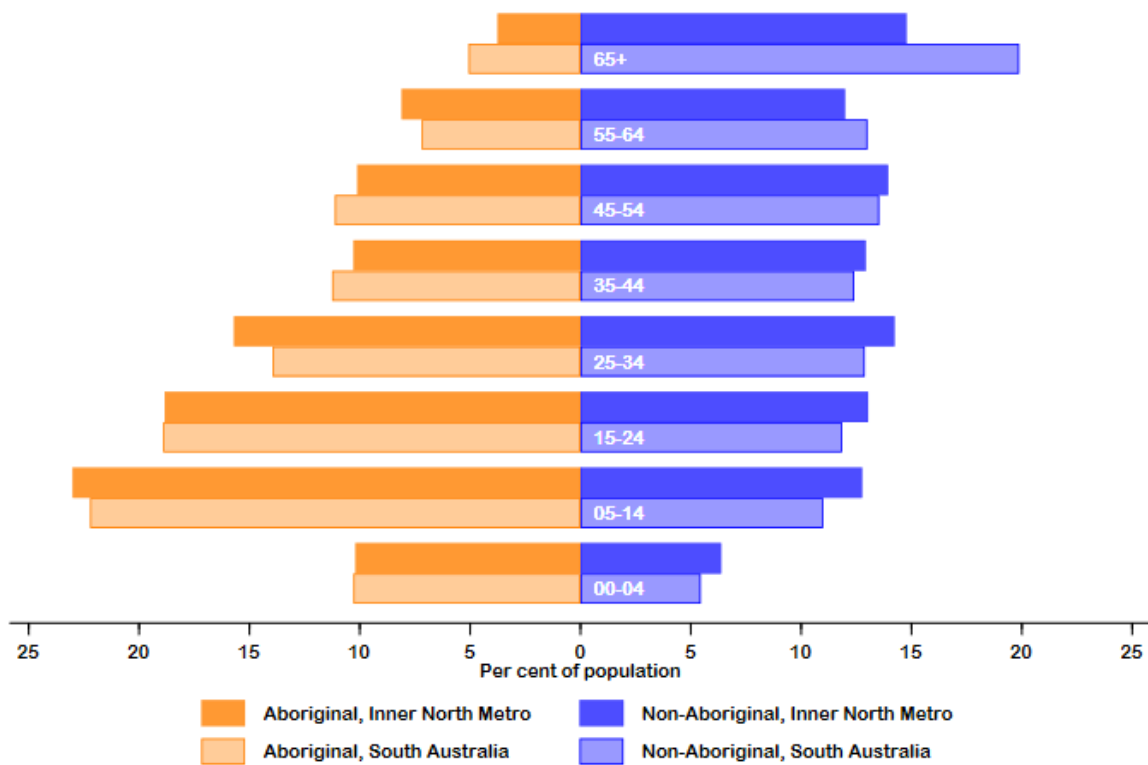
Source: Australian Bureau of Statistics, 2016 Census of Population and Housing. See Appendix 4 for notes related to analysis.

2.1.2. Male population, by Aboriginal status and age group, Inner North Metro Landscape and South Australia, 2016



Source: Australian Bureau of Statistics, 2016 Census of Population and Housing. See Appendix 4 for notes related to analysis.

2.1.3. Female population, by Aboriginal status and age group, Inner North Metro Landscape and South Australia, 2016



Source: Australian Bureau of Statistics, 2016 Census of Population and Housing. See Appendix 4 for notes related to analysis.

2.2. Projected population estimates

Population projections for South Australia are provided by the Department of Planning, Transport and Infrastructure (DPTI). (19) DPTI provides population projections disaggregated by year, age, sex and geographical characteristics, but not by Aboriginal status. However, the Population Health Information Development Unit (PHIDU) have produced population estimates by Aboriginal status, sex, age and geographical location for the years 2011 to 2016.

In order to obtain approximate projected population counts by Aboriginal status for 2021, the population structure from PHIDU estimates was applied to the DPTI population projections for 2021, by Local Health Network (LHN). Two different methods were used: 'with trend' and 'without trend'. The 'without trend' method applied the population structure from the PHIDU estimates for 2016 to the DPTI population projections for 2021. The 'with trend' method assessed the proportionate change in the population structure between 2011 and 2016 in the PHIDU population estimates and assumed the same trend would persist from 2016 to 2021. As there is no official information about expected changes in the structure of the Aboriginal population from 2016 to 2021, reporting two sets of population projections provides a likely range in expected population growth, as opposed to a single estimate.

Projected population estimates are only available by State Government LHN area.

Aboriginal people in the Landscape

Among Aboriginal people in the greater Adelaide region (encompassing Central Adelaide, Northern Adelaide, and Southern Adelaide LHNs – inclusive of Inner North Metro Landscape) (Table 2.2.1):

- It was estimated that the population would grow from approximately 20,850 in 2016 to 21,600 in 2021 (without trend), or as high as 23,800 (with trend).
- This represents a 4% to 14% increase in the Aboriginal population (without and with trend, respectively).

Aboriginal people in the Landscape and the State

Among Aboriginal people across South Australia (Table 2.2.1):

- The population was estimated to increase from 41,600 in 2016 to 42,400 in 2021 (without trend) or 46,450 (with trend).
- This would be an estimated 2% to 12% increase in the Aboriginal population (with and without trend respectively), slightly smaller than for the Adelaide region.

Aboriginal and non-Aboriginal people in the Landscape and the State

Compared to the Aboriginal population (Table 2.2.1):

- The non-Aboriginal population of the greater Adelaide area was estimated to increase by 5% from 2016 to 2021 (both with and without trend).
- Likewise, a similar population increase was estimated for the non-Aboriginal population across South Australia.

2.2.1. Population projection estimates with and without previous trends applied, by Aboriginal status, age and Local Health Network, 2016 to 2021

	Aboriginal			Non-Aboriginal		
	2016 population	2021 without trend	2021 with trend	2016 population	2021 without trend	2021 with trend
CALHN						
00-04	738	772	798	24,597	25,727	25,701
05-14	1,270	1,396	1,371	44,824	49,274	49,299
15-24	1,334	1,363	1,607	61,700	63,047	62,803
25-34	1,006	1,044	1,220	69,961	72,617	72,441
35-44	660	717	715	58,691	63,725	63,727
45-54	613	605	705	58,587	57,807	57,707
55-64	392	401	491	53,283	54,566	54,476
65+	272	296	344	82,349	89,705	89,657
All ages	6,285	6,595	7,251	453,992	476,467	475,811
NALHN						
00-04	1,261	1,257	1,290	26,602	26,516	26,483
05-14	2,233	2,460	2,463	47,309	52,111	52,108
15-24	2,080	2,057	2,435	50,390	49,839	49,461
25-34	1,508	1,504	1,758	58,872	58,719	58,465
35-44	991	1,090	1,103	51,301	56,460	56,447
45-54	864	864	1,010	49,612	49,589	49,443
55-64	529	566	685	42,449	45,425	45,306
65+	344	396	455	57,296	65,888	65,829
All ages	9,809	10,193	11,199	383,832	404,548	403,542
SALHN						
00-04	566	559	597	20,165	19,910	19,872
05-14	1,066	1,104	1,105	40,676	42,147	42,146
15-24	1,013	1,008	1,180	44,930	44,692	44,520
25-34	669	664	777	46,737	46,405	46,292

35-44	493	513	516	46,296	48,123	48,120
45-54	444	443	523	47,891	47,750	47,670
55-64	290	291	353	46,441	46,704	46,642
65+	219	254	286	66,037	76,553	76,521
All ages	4,760	4,836	5,337	359,173	372,284	371,783

South Australia

00-04	4,857	4,822	4,971	99,223	100,059	99,910
05-14	8,972	9,486	9,687	191,505	204,482	204,281
15-24	8,408	8,262	9,445	208,720	208,542	207,359
25-34	6,581	6,614	7,681	227,335	231,084	230,017
35-44	4,412	4,643	4,747	212,857	227,423	227,319
45-54	4,083	3,975	4,591	223,717	220,428	219,812
55-64	2,538	2,630	3,164	209,244	216,097	215,563
65+	1,739	1,963	2,165	301,108	341,257	341,055
All ages	41,590	42,395	46,451	1,673,709	1,749,372	1,745,316

Source: SA Government, Department of Planning, Transport and Infrastructure (DPTI), Population Projections and Demographics, Table 04.01 in South Australian Aboriginal Health Needs and Gaps Report 2017. Gibson O, Peterson K, McBride K, Shtangey V, Xiang J, Eltridge F, Keech W. 2017. South Australian Aboriginal Health Needs and Gaps Report: Central Adelaide Local Health Network, 2017. Wardliparingga Aboriginal Research Unit, SAHMRI, Adelaide. See Appendix 4 for notes related to analysis.

2.3. Birth rate



Definition

'Birth rate' is defined as the number of live births per thousand population in a given time period. Both males and females are included in the population used to calculate birth rate.



Aboriginal people in the Landscape

In 2003-04 to 2011-12, among Aboriginal people in the Inner North Metro Landscape (Figure 2.3.1):

- The Aboriginal birth rate increased from 14 births per 1,000 population in 2003-04 to 21 births per 1,000 population in 2011-12 in the Landscape.



Aboriginal people in the Landscape and the State

In 2003-04 to 2011-12, among Aboriginal people in the Inner North Metro Landscape and the State (Figure 2.3.1):

- Like the Landscape, the birth rate among Aboriginal people across South Australia rose from 16 births per 1,000 population to 19 births per 1,000 over the 10-year period.

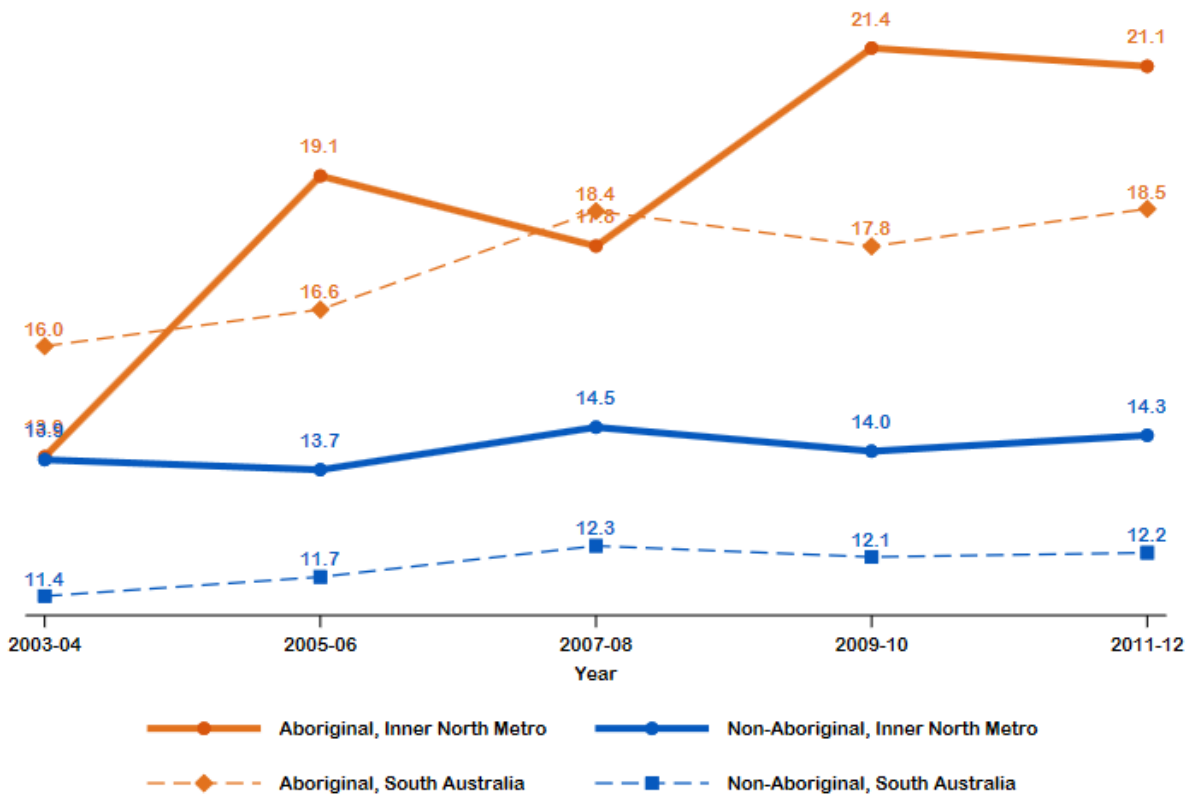


Aboriginal and non-Aboriginal people in the Landscape and the State

In 2003-04 to 2011-12, among Aboriginal and non-Aboriginal people in the Inner North Metro Landscape and the State (Figure 2.3.1):

- The Aboriginal birth rate increased over a 10-year period from 16 births in 2003-04 and to 21 births per 1,000 population in 2011-12, however, for non-Aboriginal people the birth rate remained relatively stable at 14 births per 1,000 population in the Landscape over the same period.
- While the Aboriginal birth rate across the State rose substantially over the 10-year period, the non-Aboriginal birth rate remained relatively stable, rising from 11 births per 1,000 population in 2003-04 to 12 births per 1,000 in 2011-12.

2.3.1. Trends in birth rate over time, by Aboriginal status, Inner North Metro Landscape and South Australia, 2003-04 to 2011-12



Source: SA Health, Pregnancy Outcome Unit, Perinatal Statistics Collection. See Appendix 4 for notes related to analysis.

2.4. Life expectancy

Data on life expectancy were not available by Aboriginal status, so the following information describes all South Australians, both Aboriginal and non-Aboriginal. It is important to note, however, that life expectancy is known to be significantly lower in Aboriginal Australians than non-Aboriginal Australians.(20)



Definition

'Life expectancy at birth' represents the average number of years that a newborn baby could expect to live, assuming current age-specific death rates continue throughout his or her lifetime^a.

See Glossary for detail on Statistical Area 4.

^aAustralian Bureau of Statistics. 3302.0.55.001 - Life Tables, States, Territories and Australia, 2014-2016 Canberra: ABS; 2017.



Aboriginal and non-Aboriginal people in the Landscape

In the Greater Adelaide region (Figures 2.4.1 and 2.4.2, Supplementary Table 2.4.1):

- A boy born in 2014-2016 could expect to live to be 81 years old, while a girl born in the same years and region could expect to live almost 85 years.
- This was an increase of approximately one year for both boys and girls compared to children born in Greater Adelaide in 2008-2010.
- In 2014-2016, children born in the Adelaide – Central and Hills statistical area 4 (SA4) had the longest life expectancy in the Greater Adelaide region (83 years in boys and almost 86 years in girls).

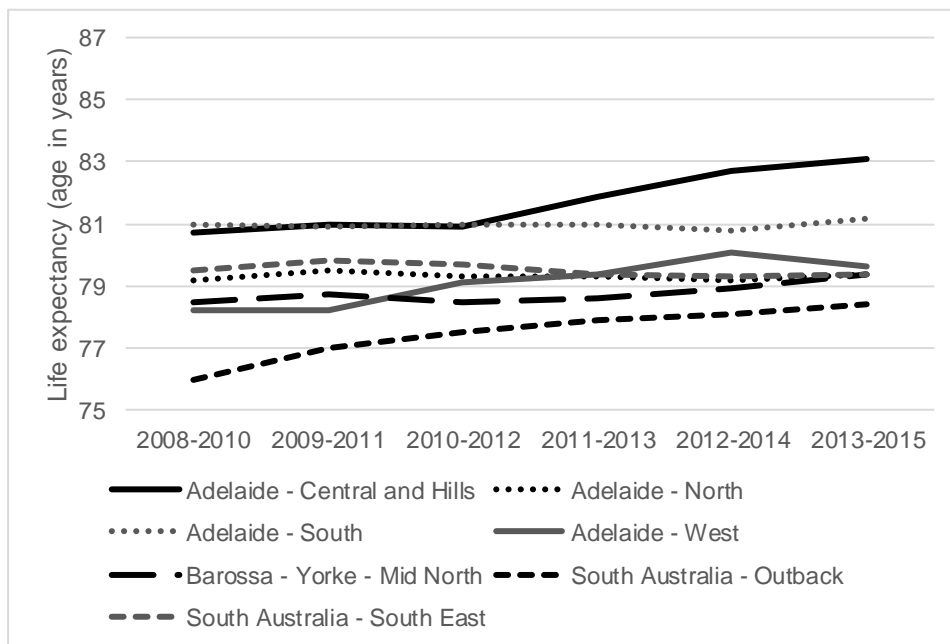


Aboriginal and non-Aboriginal people in the Landscape and the State

Compared to children born throughout South Australia (Figures 2.4.1 and 2.4.2, Supplementary Table 2.4.1):

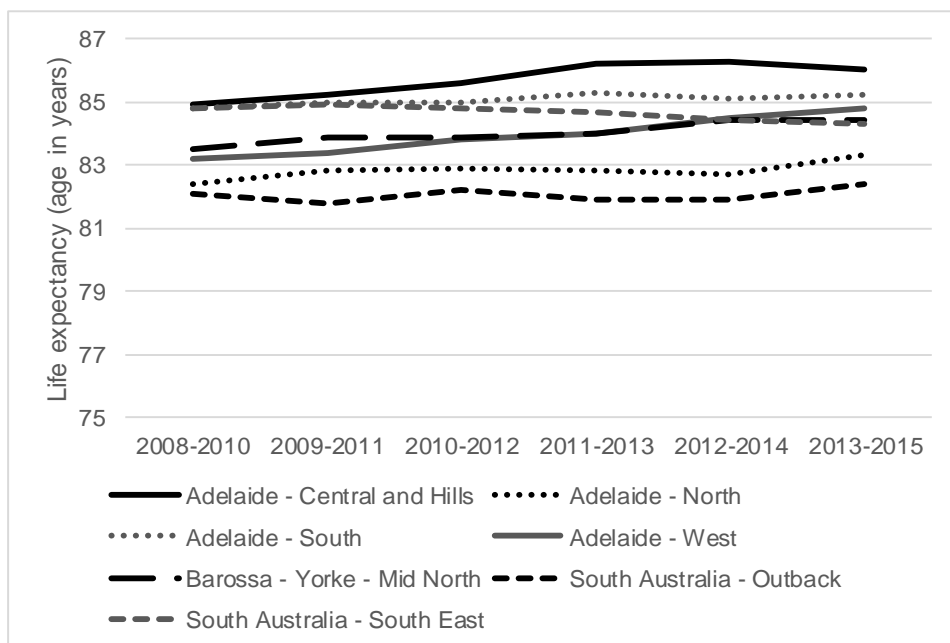
- Children born in the Greater Adelaide region in 2014-2016 are expected to benefit from a longer life expectancy.
- Children born in the Adelaide – Central and Hills SA4 had the longest life expectancy of any SA4 in the State.

2.4.1. Life expectancy at birth for males in South Australia, by statistical area level 4, 2008-2010 to 2014-2016



Source: ABS Life Tables, States, Territories and Australia, 2013-2015 and 2014-2016, catalog number 3302.0.55.001. Presented as Table 20.01 in South Australian Aboriginal Health Needs and Gaps Report 2017. Gibson O, Peterson K, McBride K, Shtangey V, Xiang J, Eltridge F, Keech W. 2017. South Australian Aboriginal Health Needs and Gaps Report: Central Adelaide Local Health Network, 2017. Wardliparingga Aboriginal Research Unit, SAHMRI, Adelaide. See Appendix 4 for notes related to analysis.

2.4.2. Life expectancy at birth for females in South Australia, by statistical area level 4, 2008-2010 to 2014-2016



Source: ABS Life Tables, States, Territories and Australia, 2013-2015 and 2014-2016, catalog number 3302.0.55.001. Presented as Table 20.01 in South Australian Aboriginal Health Needs and Gaps Report 2017. Gibson O, Peterson K, McBride K, Shtangey V, Xiang J, Eltridge F, Keech W. 2017. South Australian Aboriginal Health Needs and Gaps Report: Central Adelaide Local Health Network, 2017. Wardliparingga Aboriginal Research Unit, SAHMRI, Adelaide. See Appendix 4 for notes related to analysis.

CHAPTER 3. DETERMINANTS OF HEALTH

Social determinants of health are defined by the World Health Organisation as, “The conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries.”(21) For Aboriginal people, it is acknowledged that health goes beyond “...just the physical well-being of an individual, but also refers to the social, emotional and cultural well-being of the whole Community in which each individual is able to achieve their full potential as a human being thereby bringing about the total well-being of their Community”.(22) In this chapter, we report on several social determinants of health (education, housing, household income, employment, disability, food security, experience of racism, access to transport, and Internet access) and two cultural determinants of health (identifying with a clan or language group and access to traditional country) available from Australian Bureau of Statistics (ABS) data collections.

CULTURAL DETERMINANTS

Data on cultural determinants of health were only available at Primary Health Network (PHN) level. Adelaide PHN covers metropolitan Landscapes and Country SA PHN covers regional and remote Landscapes.

3.1. Identify with clan groups and access to traditional homelands

Aboriginal people in the Landscape

In 2014-15, in Adelaide PHN (Supplementary Tables 3.1.1 and 3.1.2):

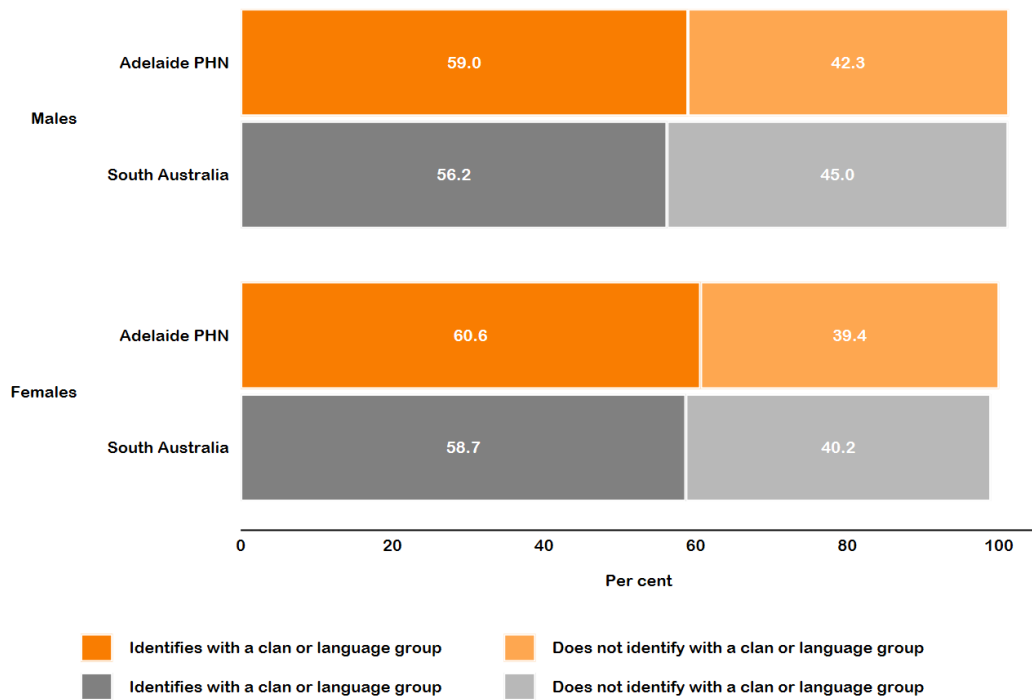
- 60% of Aboriginal people aged 3 years and over (males: 58%, females: 61%) reported identifying with a clan or language group (Figure 3.1.1).
- 65% of men and 73% of women, aged 15 years and over, were allowed to visit or lived on traditional homelands (Figure 3.1.2).
- 28% of Aboriginal people, aged 15 years and over, in the Adelaide region did not recognise any homelands or traditional country. A higher proportion of Aboriginal men did not recognise any homelands (32%) than Aboriginal women (25%) (Figure 3.1.2).

Aboriginal people in the Landscape and the State

In 2014-15, in Adelaide PHN (Supplementary Tables 3.1.1 and 3.1.2):

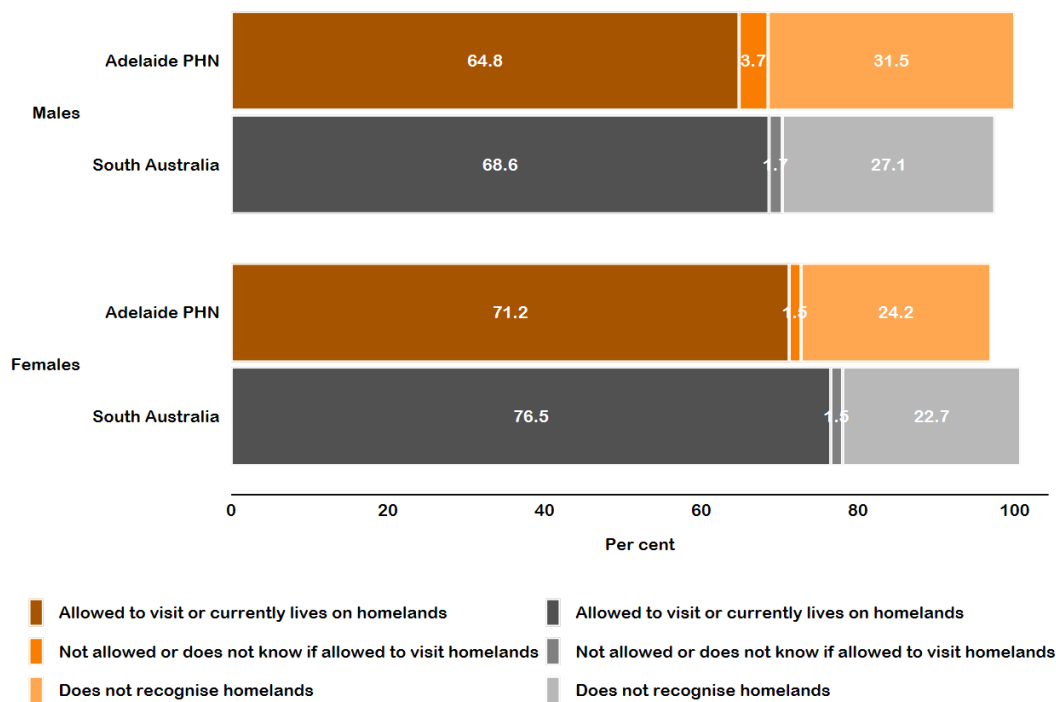
- A similar proportion of Aboriginal people, aged 3 years and over, identified with a clan or language group as the State (Adelaide PHN: 60%, State: 58%). A lower proportion of men than women in the Adelaide PHN (males: 58%, females: 61%) and the State (males: 56%, females: 59%) identified with a clan or language group (Figure 3.1.1).
- A lower proportion of Aboriginal people, aged 15 years and over, reported being allowed to visit country or were currently living on homelands than the State (Adelaide PHN: 70%, State: 73%) (Figure 3.1.2).
- A higher proportion of Aboriginal women than men, were allowed to visit or were currently living on homelands, in both Adelaide PHN (men: 65%, women: 73%) and the State (men: 70%, women: 76%).
- A higher proportion of Aboriginal people in Adelaide PHN than the State, aged 15 years and over, reported not recognising any homelands (Adelaide PHN: 28%, State: 25%) (Figure 3.1.2).

3.1.1. Proportion of Aboriginal people aged 3 years and over who identify with a clan or language group, Adelaide PHN and South Australia, 2014-15



Source: Australian Bureau of Statistics, National Aboriginal and Torres Strait Islander Social Survey 2014-15, TableBuilder, accessed 25 January 2018. See Appendix 4 for notes related to analysis.

3.1.2. Proportion of Aboriginal people aged 15 years and over who have access to their homelands or traditional country, Adelaide PHN and South Australia, 2014-15



Source: Australian Bureau of Statistics, National Aboriginal and Torres Strait Islander Social Survey 2014-15, TableBuilder, accessed 25 January 2018. See Appendix 4 for notes related to analysis.

SOCIAL DETERMINANTS

3.2. Education



Aboriginal people in the Landscape

In the 2016 Census, among Aboriginal people in the Inner North Metro Landscape (Supplementary Tables 3.2.1 and 3.2.2):

- 32% of Aboriginal people, aged 15 years and over, had completed at least Year 12 or equivalent (Figure 3.2.1).
- 86% of males and 74% females in education at the time of the Census were in pre-school, primary school or secondary school, while 1% of males and 6% of females were at university, and 11% of males and similar proportion of females did not state the type of institution they were attending (Figure 3.2.2).



Aboriginal people in the Landscape and the State

In the 2016 Census, among Aboriginal people in the Inner North Metro Landscape and the State (Supplementary Tables 3.2.1 and 3.2.2):

- A higher proportion of Aboriginal people had completed Year 12 or equivalent in the Landscape (32%) than the State (29%). A higher proportion of Aboriginal women than men had completed Year 12 or equivalent in the Landscape (men: 30%, women: 33%) and the State (men: 26%, women: 32%) (Figure 3.2.1).
- A higher proportion of females attended university than males, in the Landscape (females: 6%, males: 1%) and the State (females: 6%, males: 2%) (Figure 3.2.2).



Aboriginal and non-Aboriginal people in the Landscape and the State

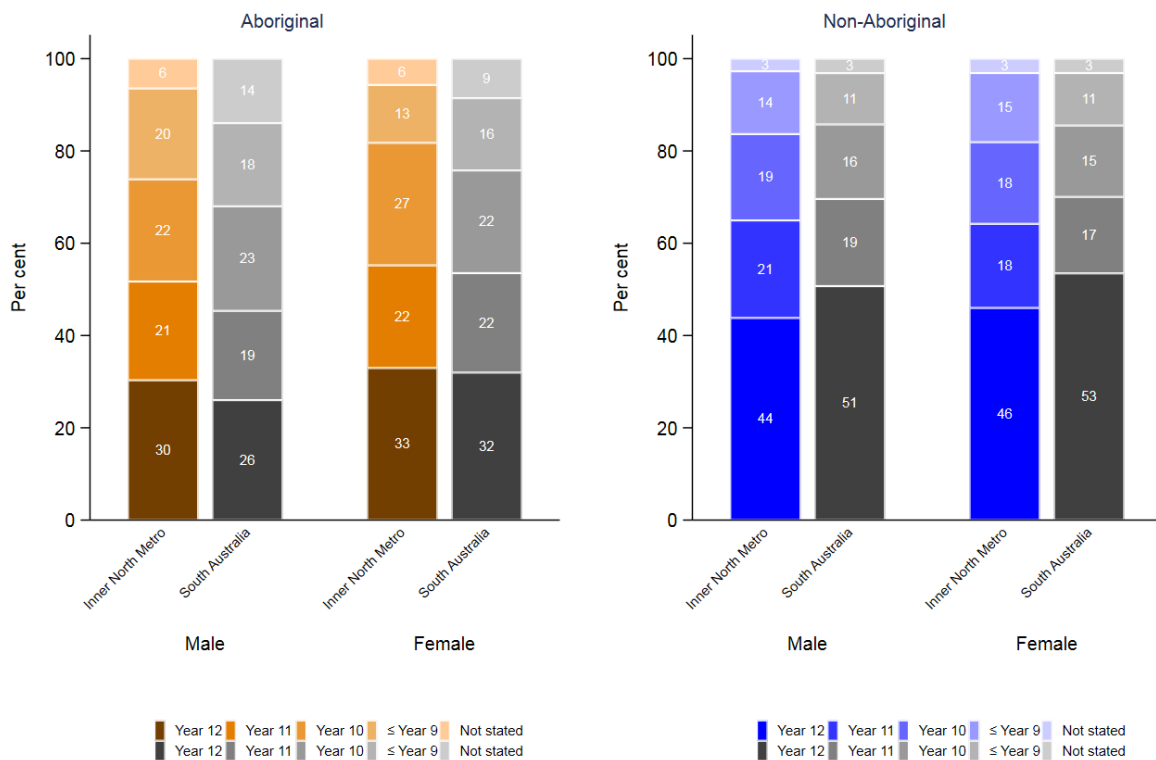
In the 2016 Census, among Aboriginal and non-Aboriginal people in the Inner North Metro Landscape and the State (Supplementary Tables 3.2.1 and 3.2.2):

- A smaller proportion of Aboriginal people in the Landscape (32%) and the State (29%) had completed Year 12 or equivalent than non-Aboriginal people (Landscape: 45%, State: 52%); however, a higher proportion of Aboriginal people did not state their level of education, which affects the relative proportion sizes (Figure 3.2.1).
- The proportion of Aboriginal people, aged 18 years and over, in the State who reported having completed Year 12 or equivalent increased from 22% in 2011 to 29% in 2016. (23) There was also an increase in the proportion of non-Aboriginal people in the State completing Year 12 for the same time period, from 46% in 2011 to 52% in 2016.
- In the Landscape, among people attending education at the time of the Census and nominating the type of institution attended, a lower proportion of Aboriginal males and females (males: 1%, females: 6%) than non-Aboriginal males and females (males: 12%, females: 15%) were in university education. At the State level, the gap was substantially greater with the proportion of Aboriginal people at university being 15% lower than for non-Aboriginal people (Aboriginal: 5%, non-Aboriginal: 20%). With Aboriginal males (2%) being 16% lower and Aboriginal females (6%) being 15% lower than non-Aboriginal males and females (males: 18%, females: 21%). However, this

difference may be affected by the relative proportion of Aboriginal people who did not state the type of institution they were attending (Figure 3.2.2).

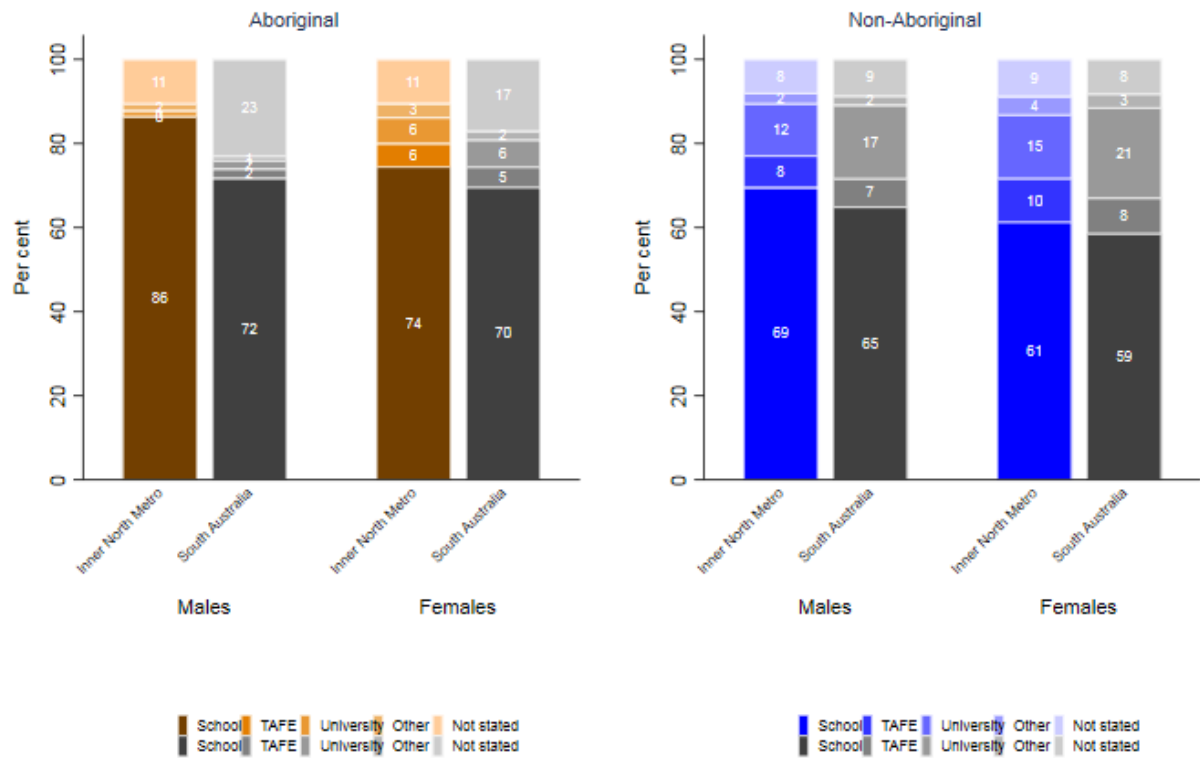
- Comparison of 2016 Census figures with the 2011 figures indicate a small move towards university level education, from TAFE, among both Aboriginal (university 2016: 5%, 2011: 4%) and non-Aboriginal people (university 2016: 20%, 2011: 16%) in the State. The proportion of Aboriginal people in secondary school also rose over that period (2016: 23%; 2011: 20%), while the non-Aboriginal figure remained constant (22% in each Census).(24)

3.2.1. Highest year of school completed by adults aged 15 years and over, by Aboriginal status and sex, Inner North Metro Landscape and South Australia, 2016



Source: Australian Bureau of Statistics, 2016 Census of Population and Housing, South Australia, Indigenous Profile, downloaded November 2017. See Appendix 4 for notes related to analysis.

3.2.2. Proportion of people attending education, by type of educational institution, Aboriginal status and sex, Inner North Metro Landscape and South Australia, 2016



Source: Australian Bureau of Statistics, 2016 Census of Population and Housing, South Australia, Indigenous Profile, downloaded November 2017. See Appendix 4 for notes related to analysis.

3.3. Housing



Definition

'Housing tenure' is the financial arrangements under which someone has the right to live in a house or apartment.

'House' could include a separate house, a semi-detached, row or terrace house, a townhouse, or a flat or apartment.

'Dwelling other than house' could include a caravan, a cabin or houseboat, an improvised home, tent or sleeping out, or a house or flat attached to a shop, office, etc.

'Owning' included owning one's home outright or having a mortgage.

'Rented privately' included renting through a real estate agent, renting from a person not in the household, another landlord type, or landlord not stated.

'Rented publicly' included through a state or territory housing authority, a housing co-operative, or a community or church group.

'Overcrowding' is defined according to the Canadian National Occupancy Standard as needing one or more additional bedrooms, based on the ages, sexes and relationships of household members.

The Australian Bureau of Statistics (ABS) acknowledge that their definition of homelessness "has been developed for application to the general population in Australia. While Aboriginal and Torres Strait Islander people are over-represented in the measures of homelessness developed with this definition, there are likely to be additional aspects to homelessness from Aboriginal and Torres Strait Islander peoples' perspective that the definition does not currently adequately capture."^a

^aAustralian Bureau of Statistics. 2049.0 - Census of Population and Housing: Estimating homelessness, 2016 Canberra: ABS; 2018.

Data on homelessness were only available at the State level.



Aboriginal people in the Landscape

In the 2016 Census, among Aboriginal households in the Inner North Metro Landscape (Supplementary Tables 3.3.1, 3.3.2, 3.3.3 and 3.3.5):

- 77% Aboriginal households were one-family households and 15% were lone person households. Families with children formed 61% of all Aboriginal households, comprising 29% of couple families and 32% one parent families (Figure 3.3.1).
- 9% of households needed one or more extra bedrooms (an indicator of overcrowding), according to the Canadian National Occupancy Standard (Figure 3.3.2).
- Of all Aboriginal households in the Landscape, 87% lived in traditional housing (such as a separate, semi-detached, or row or terrace house, a townhouse, or a flat or apartment) and 13% lived in non-traditional housing (such as a caravan, cabin, houseboat, sleep-out, flat attached to a shop, etc.).
- Traditional housing included 39% who owned or were buying their home, 26% who were renting privately, and 18% were renting through a public scheme (Figure 3.3.3).
- Non-traditional housing included 2% who owned their home, 6% who rented privately and 5% who were renting through a public scheme (Figure 3.3.3).



Aboriginal people in the Landscape and the State

In the 2016 Census, among Aboriginal households in the Inner North Metro Landscape and the State (Supplementary Tables 3.3.1, 3.3.2, 3.3.3 and 3.3.5):

- A higher proportion of households were one-family households (Landscape: 77%, State: 73%) and single-parent households (Landscape: 32%, State: 28%) in the Landscape than the State (Figure 3.3.1).
- A smaller proportion of households were lone persons households in the Landscape (15%) than the State (18%) (Figure 3.3.1).
- A similar proportion of households needed one or more additional bedrooms in the Landscape (9%) and the State (8%) (Figure 3.3.2).
- A smaller proportion of households in the Landscape (13%) lived in non-traditional dwellings than the State (20%) (Figure 3.3.3).
- In 2011, an estimated 36 Aboriginal people per 1,000 population in the State were homeless (Table 3.3.5). No comparison with 2016 was available at the time of writing.

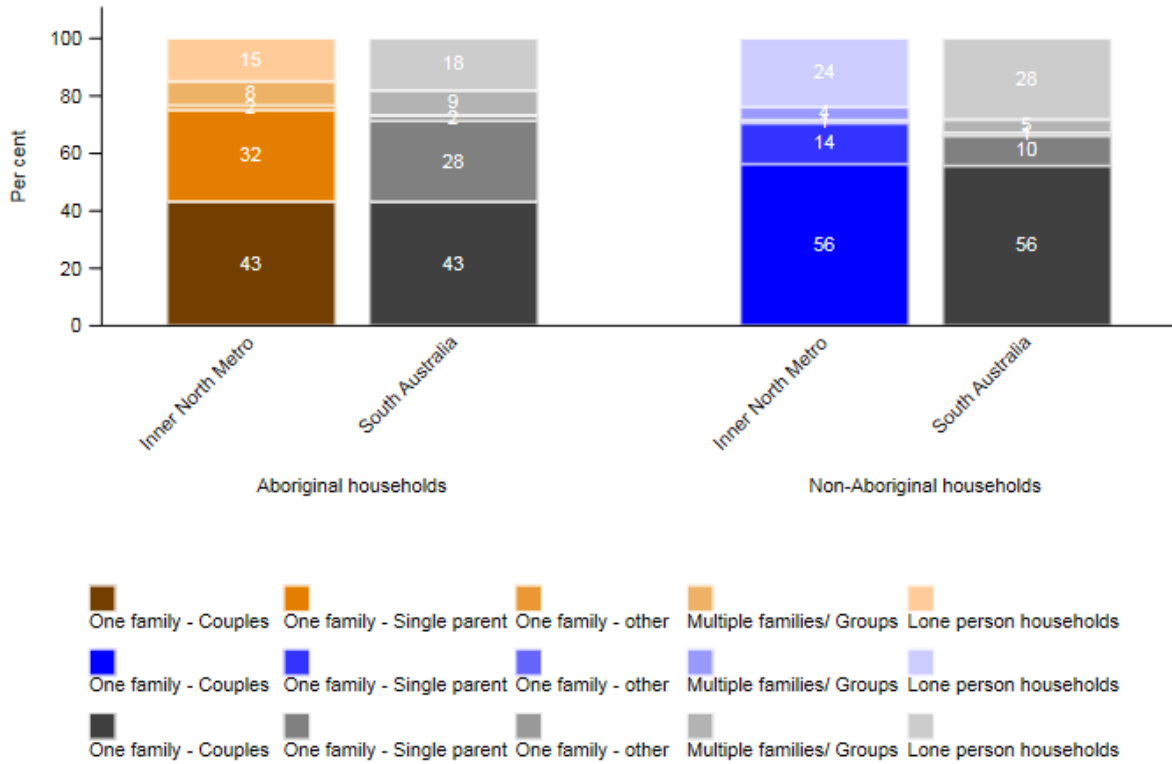


Aboriginal and non-Aboriginal people in the Landscape and the State

In the 2016 Census, among Aboriginal and non-Aboriginal households in the Inner North Metro Landscape and the State (Supplementary Tables 3.3.1, 3.3.2, 3.3.3 and 3.3.5):

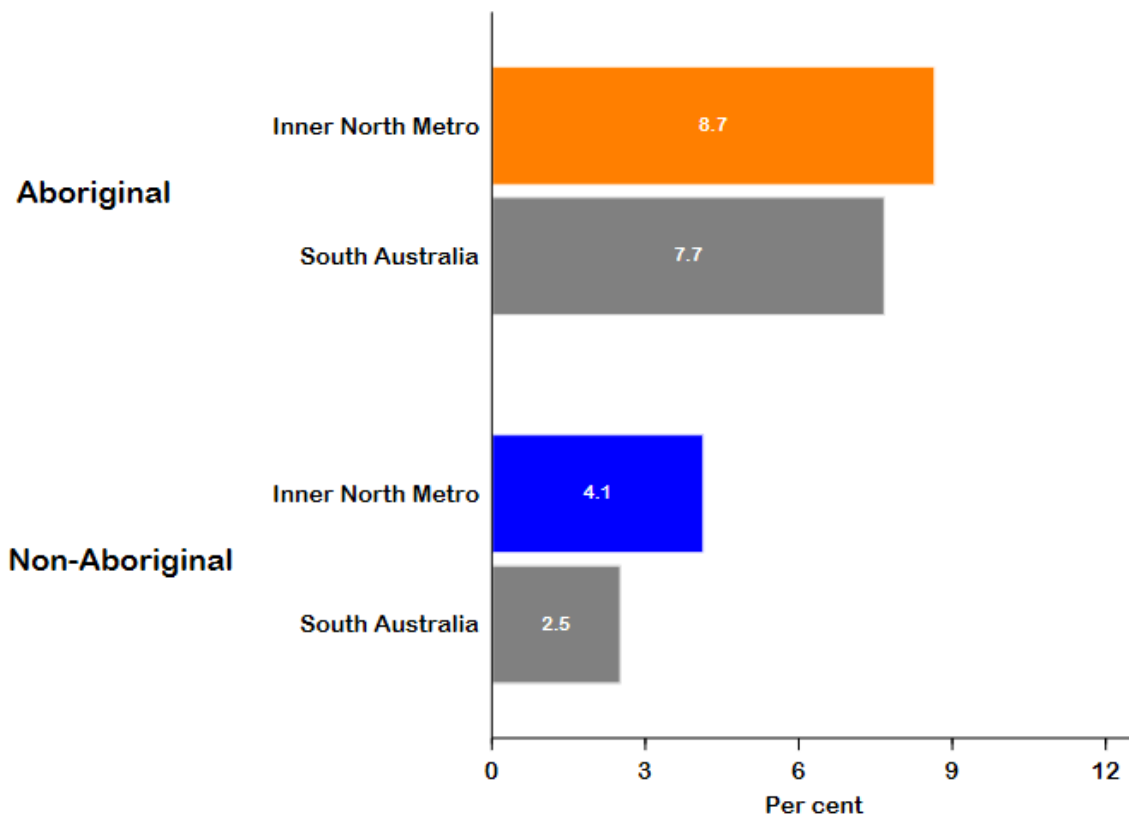
- A higher proportion of Aboriginal households in both the Landscape (Aboriginal: 77%, non-Aboriginal: 72%) and the State (Aboriginal: 73%, non-Aboriginal: 67%) were one-family households (Figure 3.3.1).
- A higher proportion of Aboriginal households needed one or more extra bedrooms in the Landscape (9%) compared to 4% of non-Aboriginal households. Across the State, Aboriginal households had a higher prevalence of needing extra bedrooms (Aboriginal: 8%, non-Aboriginal: 3%) (Figure 3.3.2).
- In the Landscape, a similar proportion of Aboriginal and non-Aboriginal households were traditional housing (87% and 86% respectively). Similarly, across the State, 80% of Aboriginal households and 78% non-Aboriginal households were in traditional housing (Figure 3.3.3).
- Across the State, 9% of all Aboriginal households in non-traditional housing were renting from a public group; whereas 4% of non-Aboriginal households in non-traditional dwellings were renting publicly (Figure 3.3.3).
- Aboriginal people in the State had a substantially higher rate of homelessness than non-Aboriginal people in 2011 (Aboriginal: 36 per 1,000 population, non-Aboriginal: 3 per 1,000 population); 22 Aboriginal people per 1,000 lived in severely overcrowded households (defined as needing four or more extra bedrooms) compared to < 1 per 1,000 non-Aboriginal people (Table 3.3.5). No comparison with 2016 was available at the time of writing.

3.3.1. Prevalence of different family compositions, by household Aboriginal status, Inner North Metro Landscape and South Australia, 2016



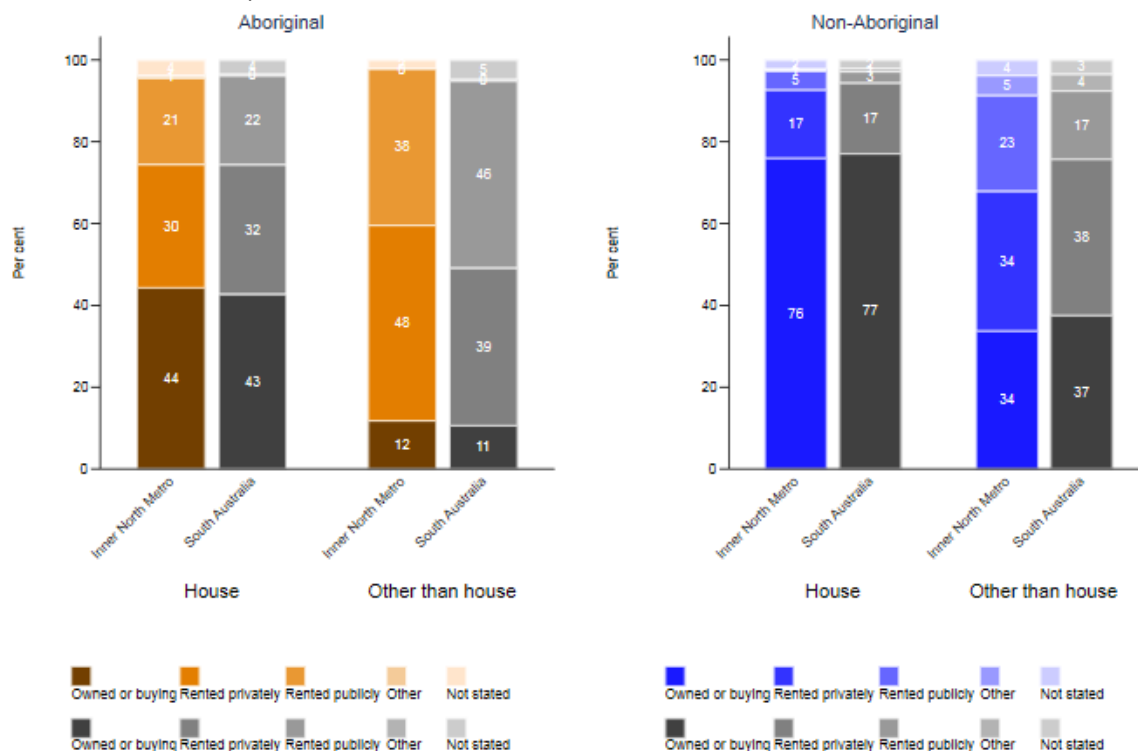
Source: Australian Bureau of Statistics, 2016 Census of Population and Housing, South Australia, Indigenous Profile, downloaded November 2017. See Appendix 4 for notes related to analysis.

3.3.2. Proportion of households that need one or more extra bedrooms, by Aboriginal status, Inner North Metro Landscape and South Australia, 2016



Source: Australian Bureau of Statistics, 2016 Census of Population and Housing, South Australia, Indigenous Profile, downloaded November 2017. See Appendix 4 for notes related to analysis.

3.3.3. Proportion of households in each tenure and dwelling type, by Aboriginal status, Inner North Metro Landscape and South Australia, 2016



Source: Australian Bureau of Statistics, 2016 Census of Population and Housing, South Australia, Indigenous Profile, downloaded November 2017. See Appendix 4 for notes related to analysis.

3.3.4. Public housing wait times

It was intended to include information about waiting times for public housing, but the authors were unable to source appropriate data at the Landscape level.

3.3.5. Prevalence of homelessness in South Australia, by Aboriginal status and type of homelessness, 2011

	Aboriginal		Non-Aboriginal		Not stated		Total
	Number	Rate per 1,000	Number	Rate per 1,000	Number	Rate per 1,000	Number
Persons who are in improvised dwellings, tents or sleeping out	45	1.5	204	0.1	7	0.1	257
Persons in supported accommodation for the homeless(a)	287	9.4	1,032	0.7	303	4.8	1,620
Persons staying temporarily with other households(b)	70	2.3	1,282	0.9	36	0.6	1,389
Persons staying in boarding houses	27	0.9	813	0.5	135	2.1	975
Persons in other temporary lodging	-	-	25	0.0	*	n.a.	27
Persons living in 'severely' crowded dwellings(c)	661	21.7	1,015	0.7	38	0.6	1,714
Total homeless persons	1,090	35.8	4,371	2.9	522	8.3	5,982

(a) Includes those in Specialist Homeless Services (SHS).

(b) Includes 'visitor only' households where all persons report having no usual address. Some people who were homeless are likely to be underestimated in this category.

(c) Includes usual residents in dwellings needing 4 or more extra bedrooms under the Canadian National Occupancy Standard.

n/a Estimates not available.

Notes

1. Rates were calculated using population estimates from the 2011 Census of Population and Housing provided in the ABS publication 2049.0 Census of Population and Housing: Estimating homelessness, 2011

Source: ABS Census of Population and Housing: Estimating homelessness, 2011. Table 31.01 in Gibson O, Peterson K, McBride K, Shtangey V, Xiang J, Eltridge F, Keech W. 2017. South Australian Aboriginal Health Needs and Gaps Report: Central Adelaide Local Health Network, 2017. Wardliparingga Aboriginal Research Unit, SAHMRI, Adelaide.

3.4. Income



Definition

'Equivalised weekly household income' is reported. Equivalisation is an economics technique that takes into account the number and ages of household members, reflecting the requirement for a larger household to have a higher income level in order to achieve the same standard of living as a smaller household.



Aboriginal people in the Landscape

In the 2016 Census, among Aboriginal households in the Inner North Metro Landscape (Figure 3.4.1, Supplementary Table 3.4.1):

- 32% of households had a weekly income of \$1,500 or more.
- 23% of households were in the \$500-\$999 weekly income bracket.
- 16% of households had a weekly income of less than \$500.



Aboriginal people in the Landscape and the State

In the 2016 Census, among Aboriginal households in the Inner North Metro Landscape and the State (Figure 3.4.1, Supplementary Table 3.4.1):

- A higher proportion of Aboriginal households in the Landscape (32%) had a weekly income of \$1,500 or more than the State (28%).
- A similar proportion of Aboriginal households were in the \$500-\$999 weekly income bracket in the Landscape (23%) and the State (24%).
- A lower proportion of households had a weekly income of less than \$500 in the Landscape (16%) than the State (19%).

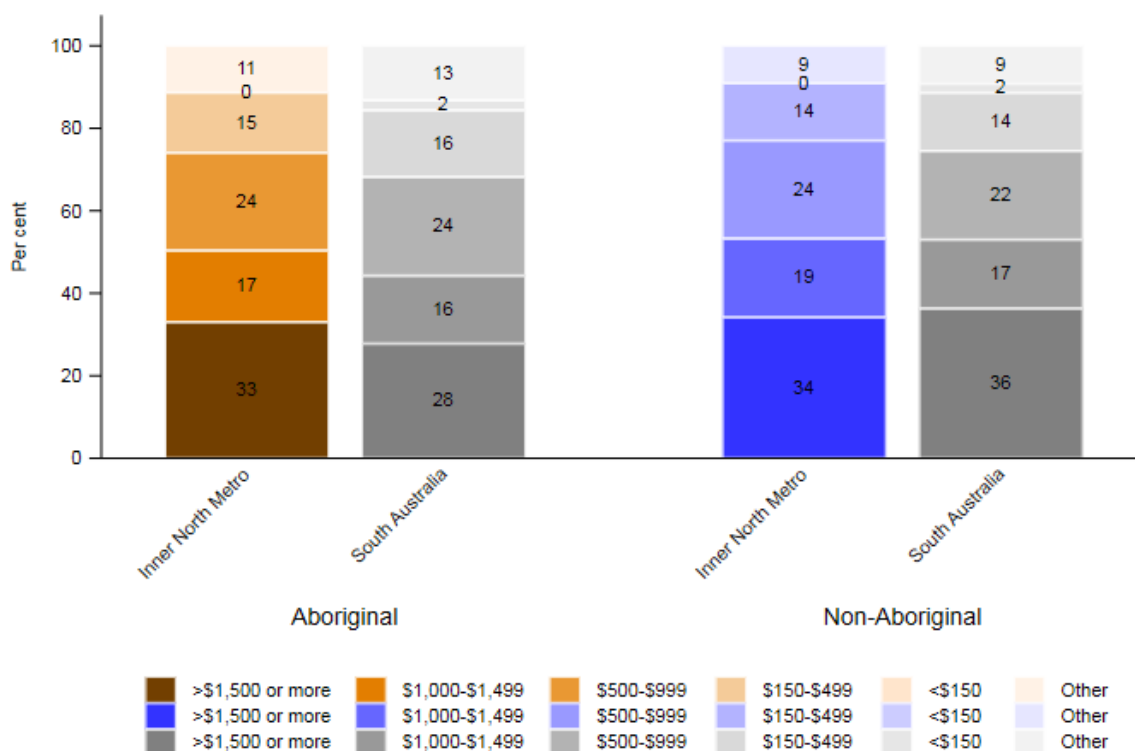


Aboriginal and non-Aboriginal people in the Landscape and the State

In the 2016 Census, among Aboriginal and non-Aboriginal households in the Inner North Metro Landscape and the State (Figure 3.4.1, Supplementary Table 3.4.1):

- A similar proportion of Aboriginal households in the Landscape (32%) made \$1,500 or more per week than non-Aboriginal households (34%).
- The same proportion of Aboriginal and non-Aboriginal households in the Landscape were in the \$150-\$499 (Aboriginal: 14%, non-Aboriginal: 14%), \$500-\$999 (Aboriginal: 23%, non-Aboriginal: 23%) and the lowest income bracket, that is, have weekly income less than \$150 (Aboriginal: 2%, non-Aboriginal: 2%).
- Across the State, Aboriginal households (42%) were more represented in the income brackets below \$1,000 than non-Aboriginal households (38%).
- In the State, between 2011 (49%) and 2016 (41%), there was an 8% reduction in the proportion of Aboriginal households with a combined weekly income of less than \$1,000. (25) There was an increase in weekly household income across all other bands of 1.5%, 2% and 5% for incomes between \$1,000 and \$1,499, \$1500 and \$1999 and more than \$2000 respectively. This pattern was the same for non-Aboriginal households.

3.4.1. Proportion of households in each equivalised weekly household income bracket, by Aboriginal status, Inner North Metro Landscape and South Australia, 2016



Note: Other includes partial income per week and not stated

Source: Australian Bureau of Statistics, 2016 Census of Population and Housing, South Australia, Indigenous Profile, downloaded November 2017. See Appendix 4 for notes related to analysis.

3.5. Employment



Definition

'Not in the labour force' is a mutually exclusive group of people who are neither employed nor unemployed. The group may include people still in school or studying, those who have retired from the workforce, those who wish to work but do not meet the definition of 'unemployed', and others who are not working or seeking work either voluntarily (for example, stay-at-home parents) or involuntarily (for example, the infirm).

Data on labour force and employment were not provided for non-Aboriginal people in the ABS Indigenous Profile Census data.

Aboriginal people in the Landscape

In 2016, among Aboriginal people, aged 15 years and over, in the Inner North Metro Landscape (Supplementary Table 3.5.1):

- 47% of men and 40% of women reported being currently employed (Figure 3.5.1).
- 38% of men and 50% of women were not in the labour force (Figure 3.5.1).
- Unemployment was higher for men (13%) than for women (9%) (Figure 3.5.1).
- For Aboriginal men, the 25-34 years age group had the highest prevalence of employment (60%), followed by the 35-44 years age group (55%). For Aboriginal women, the 25-34 years age group

had the highest prevalence of employment (51%), followed by the 35-44 years (46%) and 45-54 years age groups (46%) (Figure 3.5.2).

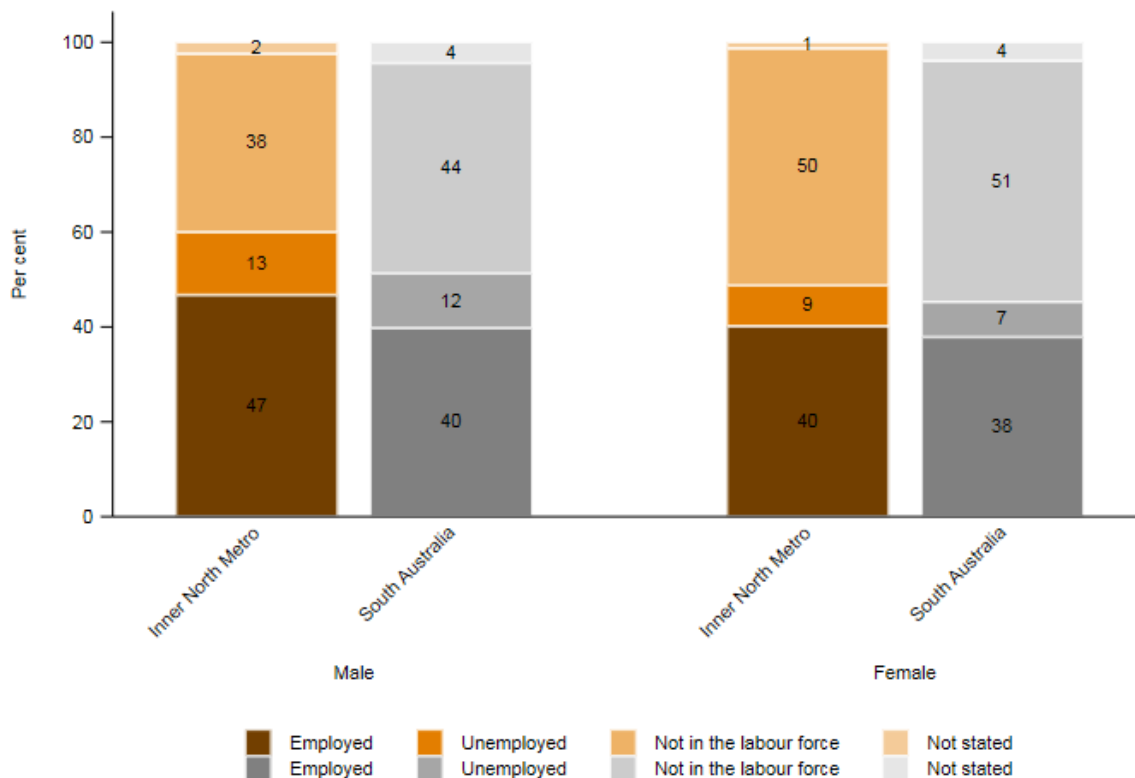


Aboriginal people in the Landscape and the State

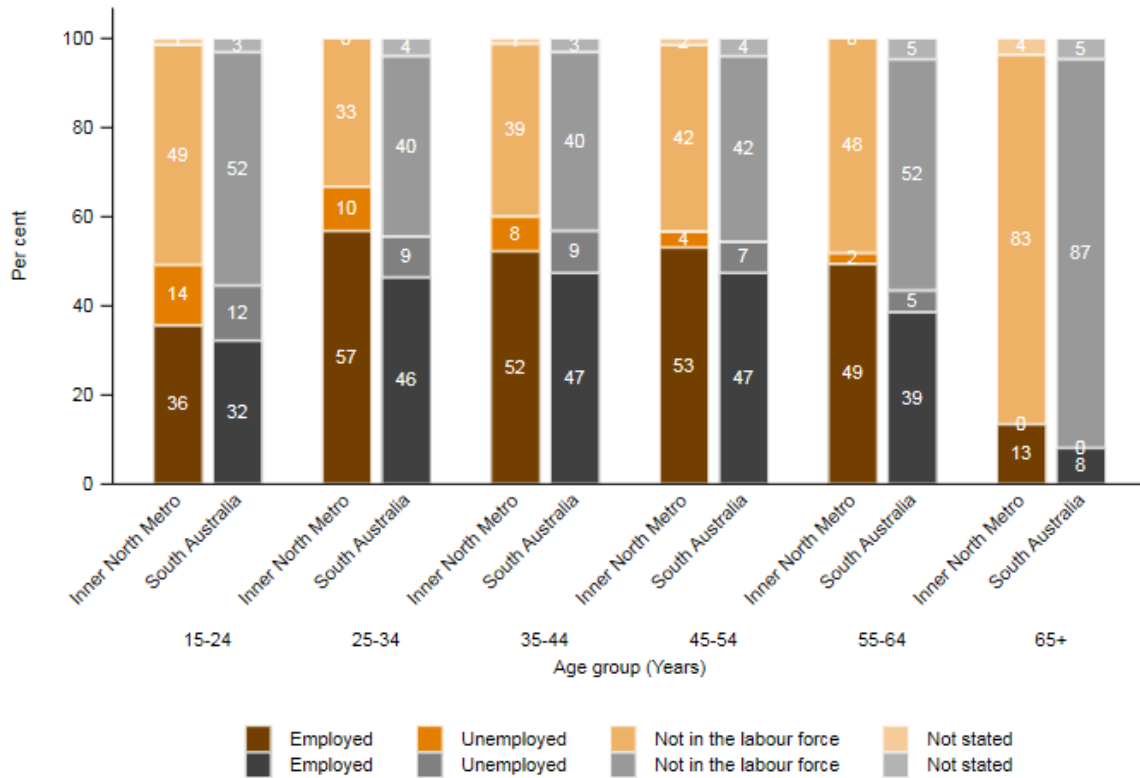
In 2016, among Aboriginal people, aged 15 years and over, in the Inner North Metro Landscape and the State (Supplementary Table 3.5.1):

- A higher proportion of Aboriginal men (47%) and similar proportion of Aboriginal women (40%) were employed in the Landscape in comparison the proportion of Aboriginal men and women employed across the State (men: 40%, women: 38%) (Figure 3.5.1).
- A similar proportion of Aboriginal men and women were unemployed in the Landscape (men: 13 %, women: 9%) and the State (men: 12%, women: 8%) (Figure 3.5.1).
- A smaller proportion of Aboriginal men reported not being in the labour force than the State (Landscape: 38%, State: 44%), while a similar proportion of women were not in a labour force (Landscape: 50%, State: 51%) (Figure 3.5.1).
- Employment was 11% higher for men aged 25-34 years (Landscape: 60%, State: 49%) and 14% higher for men aged 55-64 years (Landscape: 54%, State: 40%) whereas, it was 8% lower for women aged 25-34 years (Landscape: 51%, State: 43%) in the Landscape than the State (Figure 3.5.2).
- In 2011, 38% of Aboriginal people in the State were employed compared to 39% in 2016. (26) In 2011, 8.4% of the Aboriginal population were unemployed compared to 9.4% in 2016 and 48% were not in the labour force compared in 2011 compared to 47.6% in 2016.

3.5.1. Proportion of Aboriginal people aged 15 years and over in the workforce, by sex, Inner North Metro Landscape and South Australia, 2016



3.5.2. Proportion of Aboriginal people aged 15 years and over in the workforce, by age group, Inner North Metro Landscape and South Australia, 2016



Source: Australian Bureau of Statistics, 2016 Census of Population and Housing, South Australia, Indigenous Profile, downloaded November 2017. See Appendix 4 for notes related to analysis.

3.6. Disability



Definition

'Core activity need for assistance' is defined by the ABS as people living with a disability who need assistance in their day to day lives with any or all of the following core activities: self-care, body movements or communication.

'Unpaid care' is care provided to a person with disability, long term illness or problems related to old age that is unpaid, regardless of whether the carer is in receipt of a Carer Allowance or Carer Payment. Does not include work done through a voluntary organisation or group.

Data on disability and unpaid care were not provided for non-Aboriginal people in the ABS Indigenous Profile Census data.

Aboriginal people in the Landscape

In the 2016 Census, among Aboriginal people in the Inner North Metro Landscape (Supplementary Table 3.6.1):

- 9% of Aboriginal males and females (all ages) had a core activity need for assistance (Figure 3.6.1.
- The largest proportion of people with a core activity need for assistance (17%) was in age group 55 years and over.

- Among people aged 15 years and over, 10% of men and 16% of women were providing unpaid assistance to a person with a disability (Figure 3.6.2).
- While the largest proportion of men providing unpaid assistance were aged 55 years and over (14%), a similar proportion of women in age groups 20-54 years and 55 years and over were providing care to a person with disability (16% for each).

Aboriginal people in the Landscape and the State

In the 2016 Census, among Aboriginal people in the Inner North Metro Landscape and the State (Supplementary Table 3.6.1):

- A similar proportion of males and females had a core activity need for assistance in the Landscape (both 9%) and to the State Aboriginal population for whom, 8% of males and 7% of females had a core activity need for assistance (Figure 3.6.1).
- Having a core activity need for assistance was most prevalent in the 55 years and over age group in both the Landscape and the State (Landscape: 17%, State: 20%).
- A similar proportion of men and women aged 15 years and over were providing unpaid assistance to a person with disability in the Landscape (men: 10%, women: 16%) and the State (men: 11%, women: 15%) but was lower for men than women in both the Landscape and the State (Figure 3.6.2).

3.6.1. Proportion of Aboriginal people with a core need for assistance, by sex, Inner North Metro Landscape and South Australia, 2016



Source: Australian Bureau of Statistics, 2016 Census of Population and Housing, South Australia, Indigenous Profile, downloaded November 2017. See Appendix 4 for notes related to analysis.

3.6.2. Proportion of Aboriginal people aged 15 years and over who were providing unpaid assistance to a person with disability, by sex, Inner North Metro Landscape and South Australia, 2016



Source: Australian Bureau of Statistics, 2016 Census of Population and Housing, South Australia, Indigenous Profile, downloaded November 2017. See Appendix 4 for notes related to analysis.

3.7. Food security



Definition

'Food insecurity' is defined in the Australian Aboriginal and Torres Strait Islander Health Survey and National Nutrition and Physical Activity Survey as having run out of food and being unable to buy more food at any point in the past 12 months.

Data on food security were only available at Primary Health Network (PHN) level. Adelaide PHN covers metropolitan Landscapes and Country PHN covers regional and remote Landscapes.



Aboriginal people in the Landscape

In 2011-12 National Nutrition and Physical Activity Survey and 2012-13 Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS), in the Adelaide Primary Health Network (PHN) (Figure 3.7.1 Supplementary Table 3.7.1):

- 75% of households were food secure in the preceding 12 months and 23% ran out of food and were unable to buy more.



Aboriginal people in the Landscape and the State

In 2011-2013, among Aboriginal households in Adelaide PHN (Figure 3.7.1 Supplementary Table 3.7.1):

- There was a similar prevalence of food security as the State (PHN: 75%, State: 73%)

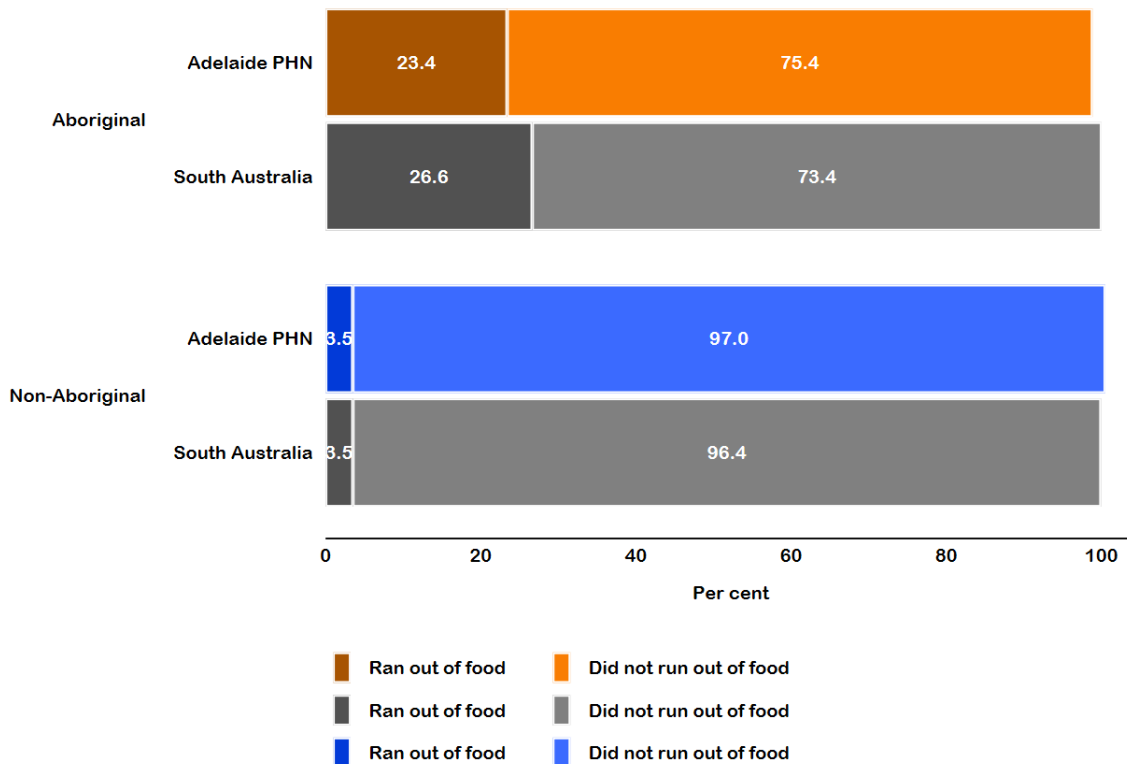


Aboriginal and non-Aboriginal people in the Landscape and the State

In 2011-12, among Aboriginal and non-Aboriginal households in Adelaide PHN and the State (Figure 3.7.1 Supplementary Table 3.7.1):

- Aboriginal households had higher prevalence of food insecurity in the preceding 12 months in both Adelaide PHN and the State (Aboriginal PHN: 23%, Aboriginal State: 27%, non-Aboriginal PHN: 4% and State: 4%).

3.7.1. Proportion of households that ran out of food in the last 12 months and couldn't afford to buy more, by Aboriginal status of household, Adelaide PHN and South Australia, 2011-2013



Source: Australian Bureau of Statistics, Australian Aboriginal and Torres Strait Islander Health Survey 2012-13 and National Nutrition and Physical Activity Survey 2011-12, TableBuilder, accessed 25 January 2018. See Appendix 4 for notes related to analysis.

3.8. Racism



Definition

'Treated unfairly' is a self-reported measure in the National Aboriginal and Torres Strait Islander Social Survey, wherein respondents were asked if they had been unfairly treated because they were Aboriginal or Torres Strait Islander in the past 12 months. This included having been called names, teased or sworn at; having heard racial comments; being ignored or served last while accessing services or buying something; not being trusted; being unfairly arrested or charged; having been told you are less intelligent; having been left out, refused entry or told you don't belong; being spat at or having something thrown at you; or any other experience that was unfair.

As this measure is related to the experience of being Aboriginal, data for non-Aboriginal people were not collected.

Data on racism were only available at Primary Health Network (PHN) level. Adelaide PHN covers metropolitan Landscapes and Country SA PHN covers regional and remote Landscapes.



Aboriginal people in the Landscape

In 2014-15, among Aboriginal people in Adelaide PHN (Figure 3.8.1, Supplementary Table 3.8.1):

- 46% of Aboriginal men and 50% of Aboriginal women aged 15 years and over reported having been treated unfairly in the past 12 months because they were Aboriginal or Torres Strait Islander.

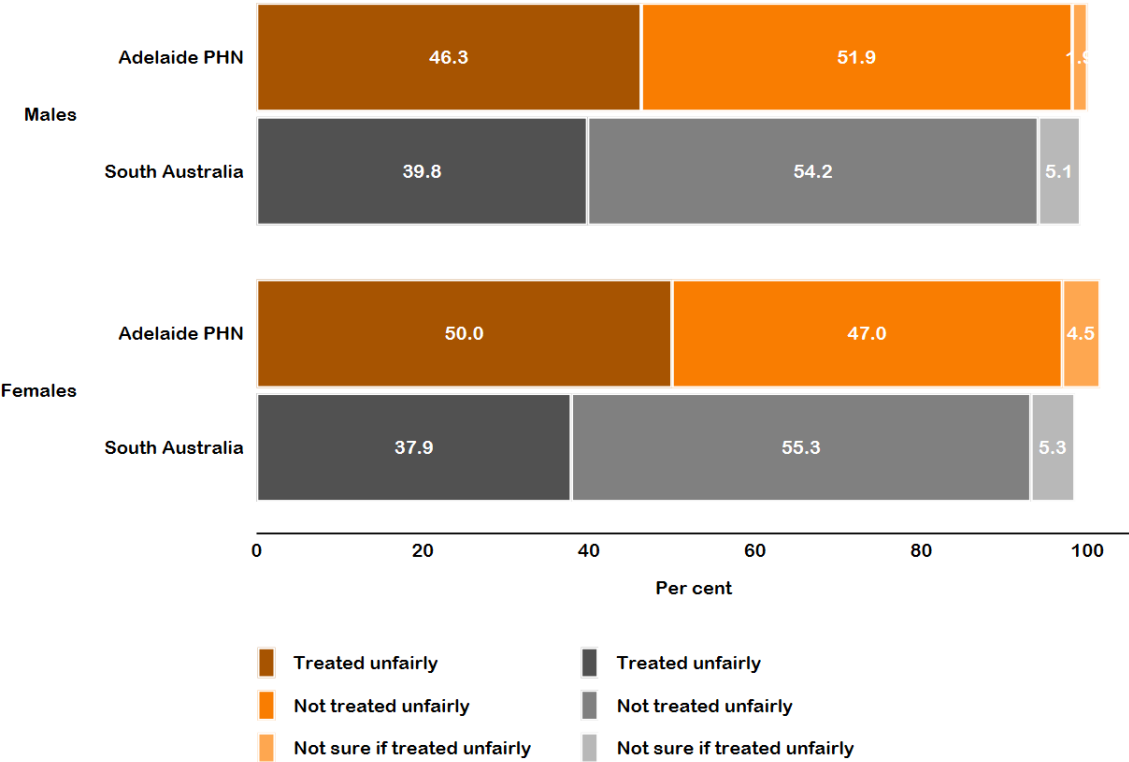


Aboriginal people in the Landscape and the State

In 2014-15, among Aboriginal people in Adelaide PHN and the State (Figure 3.8.1, Supplementary Table 3.8.1):

- A higher proportion of Aboriginal people aged 15 years and over in Adelaide PHN reported having been treated unfairly because of their Aboriginality than the State (Adelaide PHN: 49%, State: 39%). 6% more men and 12% more women reported such mistreatment in Adelaide PHN (men: 46%, women: 50%) than the State (men: 40%, women: 38%).

3.8.1. Proportion of Aboriginal people aged 15 years and over who reported having been treated unfairly in the last 12 months because they were Aboriginal, by sex, Adelaide PHN and South Australia, 2014-15



Source: Australian Bureau of Statistics, National Aboriginal and Torres Strait Islander Social Survey 2014-15, TableBuilder, accessed 25 January 2018. See Appendix 4 for notes related to analysis.

3.9. Transport



Definition

'Difficulty getting places' is a self-reported measure of whether survey respondents could easily get to places when they needed to in the 2014-15 National Aboriginal and Torres Strait Islander Social Survey.

Comparable data for non-Aboriginal people was not available.

Data on transport were only available at Primary Health Network (PHN) level. Adelaide PHN covers metropolitan Landscapes and Country SA PHN covers regional and remote Landscapes.

Aboriginal people in the Landscape

In 2014-15, among Aboriginal people aged 15 years and over in Adelaide PHN (Figure 3.9.1, Supplementary Table 3.9.1):

- 80% of men and 73% of women reported that they could easily get to places when needed.
- 17% of men and the same proportion of women sometimes or often had difficulty getting places.
- A further 4% of men and 9% of women reported being unable to get to places as needed.

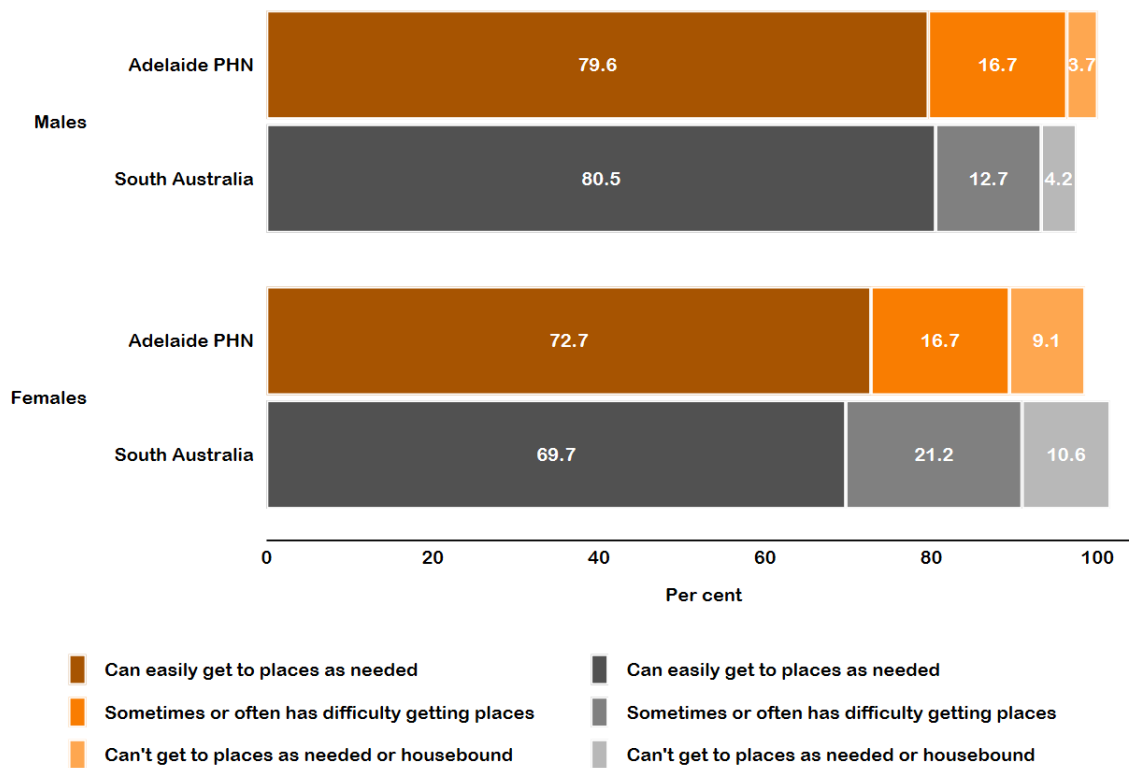


Aboriginal people in the Landscape and the State

In 2014-15, among Aboriginal people aged 15 years and over in Adelaide PHN and the State (Figure 3.9.1, Supplementary Table 3.9.1):

- A similar proportion of Aboriginal men (80%) and a higher proportion of Aboriginal women (73%) in Adelaide PHN than the State Aboriginal male (81%) and female (70%) population could easily get to places as needed.
- A similar proportion of women reported being housebound or unable to get places as needed in Adelaide PHN (9%) and the State (11%).

3.9.1. Proportion of Aboriginal people aged 15 years and over who could easily get to places when needed, by sex, Adelaide PHN and South Australia, 2014-15



Source: Australian Bureau of Statistics, National Aboriginal and Torres Strait Islander Social Survey 2014-15, TableBuilder, accessed 25 January 2018. See Appendix 4 for notes related to analysis.

3.10. Internet access



Aboriginal people in the Landscape

In the 2016 Census, among Aboriginal households in the Inner North Metro Landscape (Figure 3.10.1, Supplementary Table 3.10.1):

- 75% of households reported having access to the Internet, and 22% did not have access.
- Another 3% of households did not state whether they had Internet access.



Aboriginal people in the Landscape and the State

In the 2016 Census, among Aboriginal households in the Inner North Metro Landscape and the State (Figure 3.10.1, Supplementary Table 3.10.1):

- In Aboriginal households, the prevalence of having Internet access was higher in the Landscape (75%) than the State (69%).
- A similar proportion of Aboriginal households in the Landscape (3%) and the State (5%) did not report whether they had Internet access.

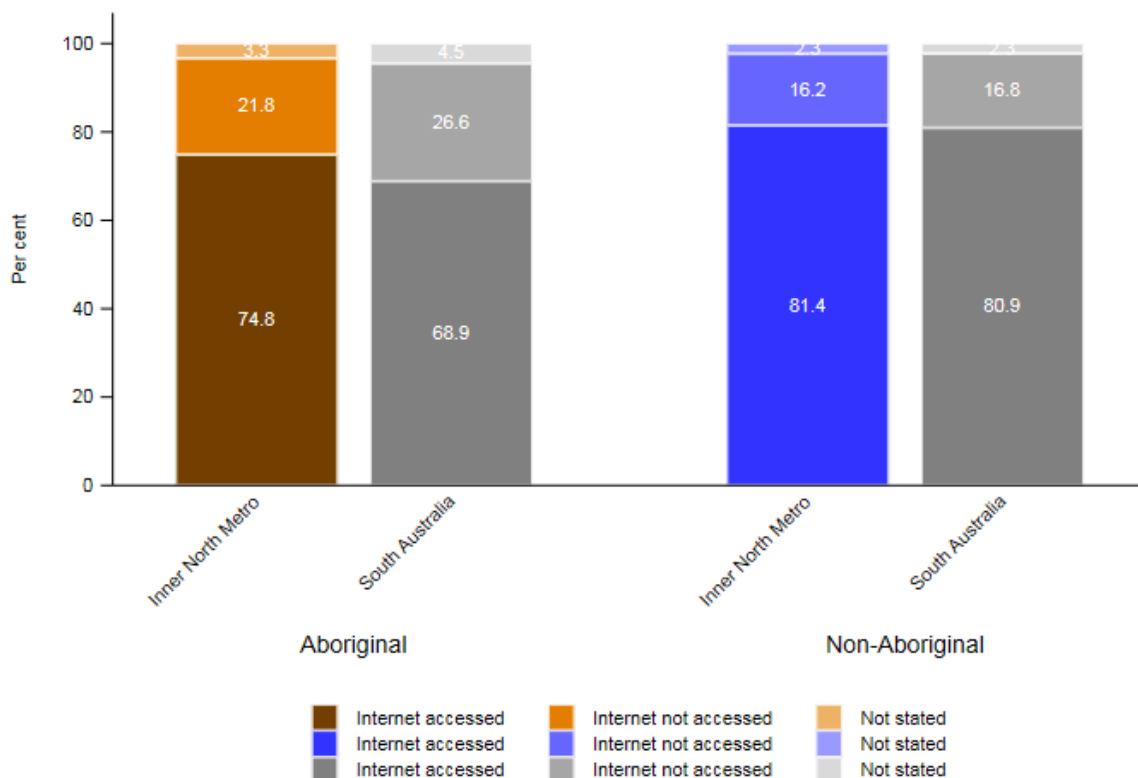


Aboriginal and non-Aboriginal people in the Landscape and the State

In the 2016 Census, among Aboriginal and non-Aboriginal people in the Inner North Metro Landscape and the State (Figure 3.10.1, Supplementary Table 3.10.1):

- A lower proportion of Aboriginal households (75%) in the Landscape had Internet access than non-Aboriginal households (81%).
- The gap between the two groups was wider across the State, with 69% of Aboriginal households and 81% of non-Aboriginal households reporting Internet access, resulting in a 12% gap.

3.10.1. Proportion of households with Internet access, by Aboriginal status of household, Inner North Metro Landscape and South Australia, 2016



Source: Australian Bureau of Statistics, 2016 Census of Population and Housing, South Australia, Indigenous Profile, downloaded November 2017. See Appendix 4 for notes related to analysis.

CHAPTER 4. PRIORITY POPULATION HEALTH AND SYSTEM ISSUES

Chronic health conditions, mental health disorders and injury are the most common preventable health conditions negatively affecting quality of life. They are responsible for high relative rates of premature death in the Aboriginal community.(27, 28) These health conditions are further influenced by modifiable lifestyle factors such as physical activity and cigarette smoking, as well as determinants of health that were reported in Chapter 3.

CHRONIC CONDITIONS

This section presents age-standardised and age-specific rates of hospital separations for six priority chronic conditions. Age-standardised rates were calculated for the following age groups:

- Cardiovascular disease (CVD): 15–64 years
- Diabetes: 15–64 years
- Cancer: 25 years and over
- Chronic kidney disease (CKD): 15 years and over
- Chronic respiratory disease: all ages
- Oral health: 0-54 years

Note that hospitalisations for CKD include dialysis.

4.1. Hospital separations for cardiovascular diseases, diabetes, cancer, kidney disease, chronic respiratory disease, oral health

Aboriginal people in the Landscape

In 2011–2015, among Aboriginal people in the Inner North Metro Landscape (Supplementary Tables 4.1.1 and 4.1.2)

- The age-standardised hospitalisation rate for CVD was 20 separations per 1,000 population; for diabetes hospitalisations, it was 2 separations per 1,000; for cancer hospitalisations, 11 separations per 1,000; for chronic kidney disease (CKD) hospitalisations, 232 separations per 1,000; for chronic respiratory disease hospitalisations, 25 separations per 1,000; and for hospitalisation related to oral health, 3 crude separations per 1,000 population.
- Aboriginal males had higher hospitalisation rates than Aboriginal females for CVD (26 and 15 per 1,000, respectively), chronic respiratory diseases (31 and 21 separations per 1,000, respectively), and CKD (male: 519 separations per 1,000; total: 232 separations per 1,000), similar for diabetes (male: 3 crude separations per 1,000; total: 2 crude separations per 1,000) and oral health (2 crude and 3 crude separations per 1,000, respectively); and lower hospitalisation rates for cancer (6 crude and 9 crude separations per 1,000, respectively) (Figure 4.1.1).
- The hospitalisation rate for CVD rapidly increased from 9 separations per 1,000 in 35-44 years age group to 28 separations per 1,000 in 45-54 years age group, 79 separations per 1,000 in 55-64 years age group and then declined to 43 separations per 1,000 in those aged 65 years and over. In younger age groups, male CVD rates were lower than female rates, but from age 45-54 years

onwards were 2 times higher. Hospitalisation rates for cancer were highest in age groups 55-64 years (26 separations per 1,000) and 65 years and over (29 separations per 1,000). CKD hospitalisation rate was highest in 45-54 years age group (1005 separations per 1,000). Hospitalisation rates for chronic respiratory diseases were relatively high in the youngest 0-4 years age group (55 separations per 1,000) and then there was a steady increase from 11 separations per 1,000 in 35-44 years age group to 91 separations per 1,000 in those aged 65 years and over. Male rate for chronic respiratory diseases was 3 times higher than female rate in the youngest 0-4 years (78 and 32 separations per 1,000 respectively) and the oldest 65 years and over (149 and 50 separations per 1,000 respectively) age groups. Oral health-related hospitalisation rates were highest in 5-14 years (6 separations per 1,000) age group (Figure 4.1.2).



Aboriginal people in the Landscape and the State

In 2011-2015, among Aboriginal people in the Inner North Metro Landscape and the State (Supplementary Tables 4.1.1 and 4.1.2):

- Hospitalisation rates in the Landscape were 20% lower than the State for CVD (20 and 24 separations per 1,000, respectively) 30% lower for chronic respiratory diseases (25 and 38 separations per 1,000, respectively), substantially lower for diabetes (2 and 8 separations per 1,000, respectively), 20% lower for cancer (11 and 17 separations per 1,000, respectively) and 60% lower for CKD (232 and 779 separations per 1,000, respectively) (Figure 4.1.1).
- In both the Landscape and the State, hospitalisation rates were higher for males than females for CVD (Landscape males: 26 and females: 15 separations per 1,000) (State males: 26 and females: 22 separations per 1,000) and chronic respiratory diseases (Landscape males: 31 and females: 22 separations per 1,000) (State: 40 and females: 37 separations per 1,000). There were no differences between sexes in hospitalisations rates for diabetes in the State.
- Cancer hospitalisations were more frequent for males than females in the State (males: 22 and females: 14 separations per 1,000), but the pattern was opposite in the Landscape (males: 6 crude and, females: 9 crude separations per 1,000). CKD hospitalisation rates were substantially higher for males in the Landscape (males: 519 and females: <10) and lower in the State than females (males: 767 and females: 809 separations per 1,000) (Figure 4.1.1).
- CVD hospitalisation rates were 2 times lower in the Landscape than the State for ages 35-44 years (Landscape: 9 and State: 18, separations per 1,000), 45-54 years (Landscape: 28 and State: 41, separations per 1,000) and 65 years and over (Landscape: 43 and State: 86, separations per 1,000) and similar in other age groups. Cancer hospitalisation rates were higher in the State in age group 65 years and over (Landscape: 29 and State: 52, separations per 1,000). For chronic respiratory diseases, hospitalisation rates were 2-3 times lower in the Landscape than the State in all age groups, except age group 65 years and over (Landscape: 91 and State: 91 separations per 1,000) where it was same. Oral health hospitalisations rates were lower in the Landscape than the State in age group 5-14 years (Landscape: 6 and State: 9, separations per 1,000) (Figure 4.1.2).



Aboriginal and non-Aboriginal people in the Landscape and the State

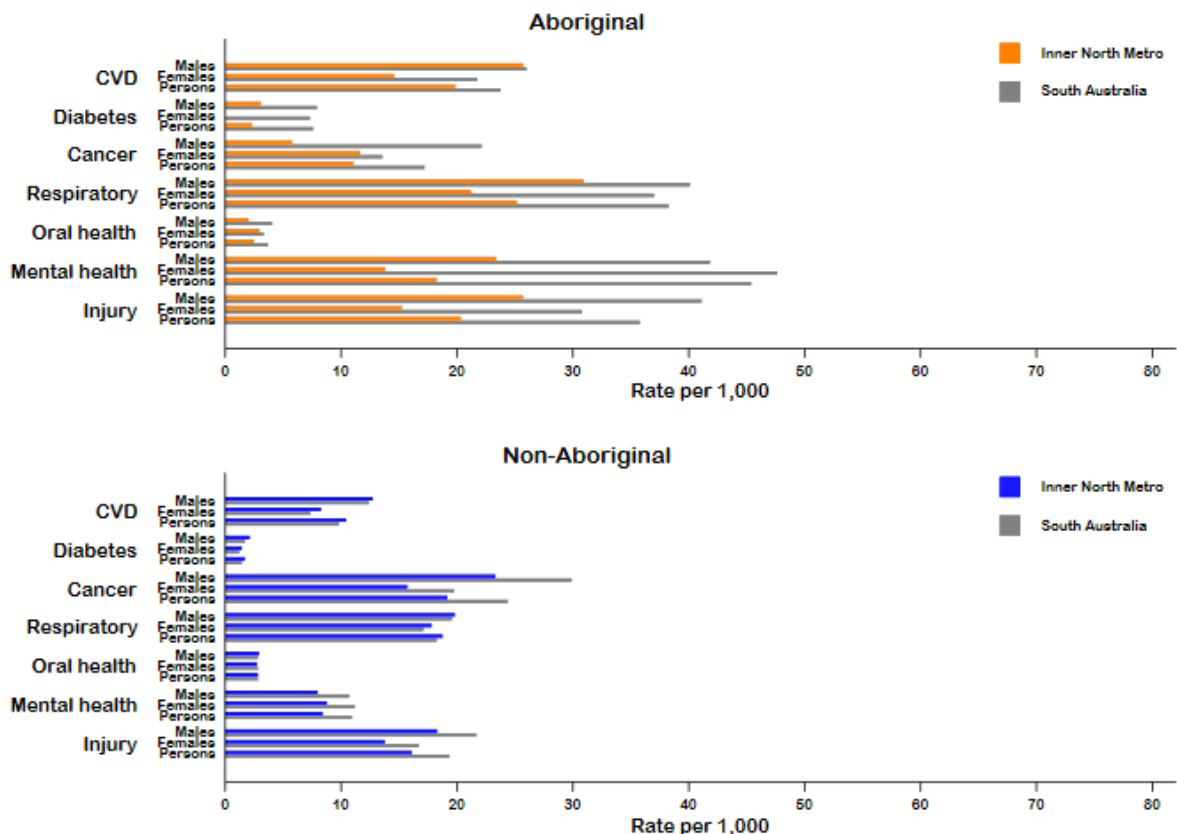
In 2011–2015, among Aboriginal and non-Aboriginal people in the Inner North Metro Landscape and the State (Supplementary Tables 4.1.1 and 4.1.2):

- The age-standardised CVD hospitalisation rate was twice as high in Aboriginal people than non-Aboriginal people in both the Landscape (Aboriginal: 20 and non-Aboriginal: 10, separations per 1,000) and the State (Aboriginal: 24 and non-Aboriginal: 10, separations per 1,000). The difference in rates between Aboriginal and non-Aboriginal people was greater for females in the State (Aboriginal: 22 and non-Aboriginal: 7, separations per 1,000) (Figure 4.1.1). In the Landscape, Aboriginal and non-Aboriginal rates for CVD were similar before age 35-44 years (Aboriginal: 9 and non-Aboriginal: 7, separations per 1,000), then the rate gradually increased to more than 2 times higher in the 55-64 years age group (Aboriginal: 79 and non-Aboriginal: 31, separations per 1,000) and dropped for Aboriginal people aged 65 years and over (Aboriginal: 43 and non-Aboriginal: 77, separations per 1,000). Across the State, Aboriginal hospitalisation rates for CVD were more than 2 times higher than non-Aboriginal rates from age 25-34 years (Aboriginal: 8 and non-Aboriginal: 3, separations per 1,000) to 55-64 years (Aboriginal: 66 and non-Aboriginal: 30, separations per 1,000) (Figure 4.1.2).
- The age-standardised hospitalisation rate for diabetes was similar for Aboriginal and non-Aboriginal people in the Landscape (Aboriginal: 2 and non-Aboriginal: 2, separations per 1,000) and 8 times higher across the State (Aboriginal: 8 and non-Aboriginal: 1, separation per 1,000). The hospitalisation rates were 7 times higher for Aboriginal females (Aboriginal: 7 and non-Aboriginal: 1 separation per 1,000) and 4 times higher for Aboriginal males (Aboriginal: 8 and non-Aboriginal: 2 separation per 1,000) than non-Aboriginal males and females in the State (Figure 4.1.1). The greatest disparity was 8 times higher for Aboriginal people in the 45-54 years age group in the State (Aboriginal: 16 and non-Aboriginal: 2, separations per 1,000) (Figure 4.1.2).
- Aboriginal people had lower hospitalisation rates for cancer than non-Aboriginal people in both the Landscape (Aboriginal: 11 separations per 1,000, non-Aboriginal: 19 separations per 1,000) and the State (Aboriginal: 17 separations per 1,000, non-Aboriginal: 24 separations per 1,000). The difference in rates was similar for males and females in the State (Figure 4.1.1). Across the State, non-Aboriginal people had higher hospitalisation rates of cancer in all age groups. In the Landscape, age-specific rate for Aboriginal people was 2 times lower than non-Aboriginal people in the oldest age group 65 years and over (Aboriginal: 29 and non-Aboriginal: 59, separations per 1,000) whereas, it was 1.5 times lower in the State (Aboriginal: 52 and non-Aboriginal: 76, separations per 1,000) for the same age group (Figure 4.1.2).
- Age-standardised CKD hospitalisation rates in the Landscape (Aboriginal: 232 and non-Aboriginal: 64, separations per 1,000) were 4 times higher for Aboriginal people than non-Aboriginal people and 13 times higher in the State (Aboriginal: 779 and non-Aboriginal: 59, separations per 1,000). The rate was 20 times higher for Aboriginal females (Aboriginal: 809 and non-Aboriginal: 40, separations per 1,000) and 10 times higher for Aboriginal males (Aboriginal: 767 and non-Aboriginal: 81, separations per 1,000) in the State (Figure 4.1.1). In the Landscape, Aboriginal rate was 14 times higher in age group 35-44 years (Aboriginal: 77 and non-Aboriginal: 5, separations per 1,000) and 28 times higher in age group 45-54 years (Aboriginal: 1005 and non-Aboriginal: 37,

separations per 1,000). Across the State, Aboriginal hospitalisation rates for CKD were lower in younger age groups, but disproportionately increasing from the age 15-24 years (4 times higher), with the disparity reaching its maximum in the age group 45-54 years (35 times higher) compared to non-Aboriginal people (Figure 4.1.2).

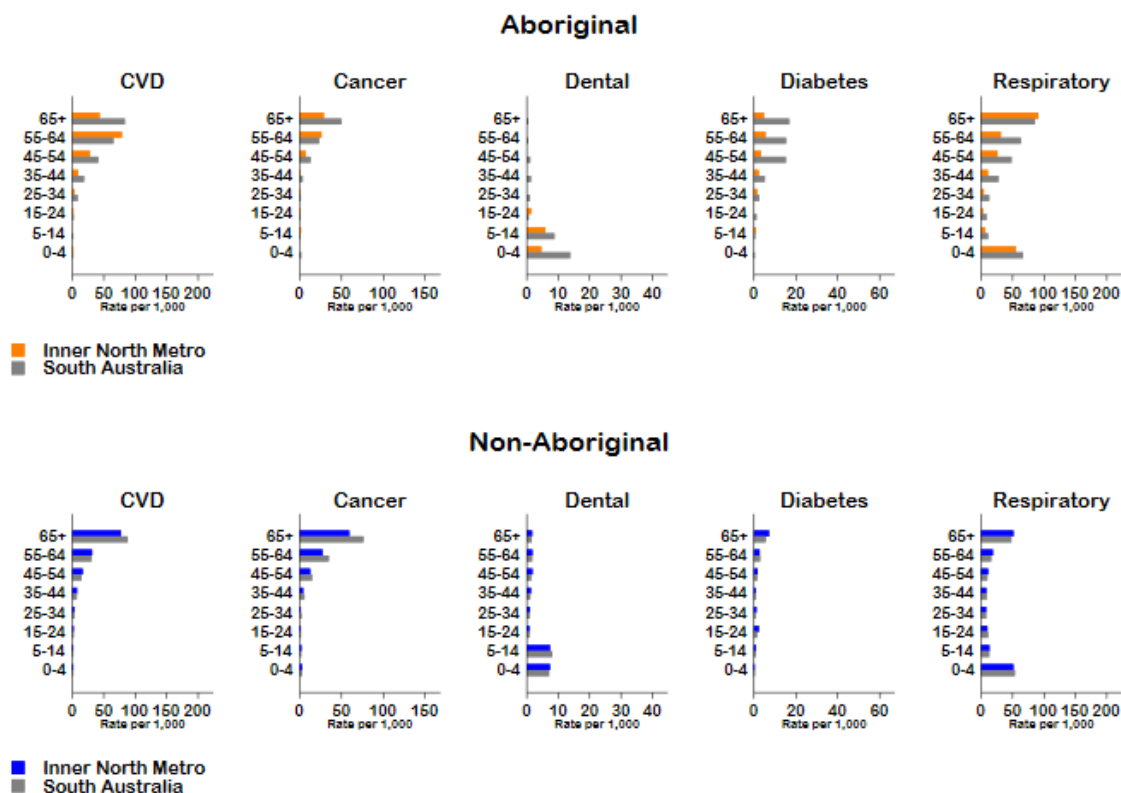
- The age-standardised hospitalisation rate for chronic respiratory diseases was 30% higher for Aboriginal people than non-Aboriginal people in the Landscape (Aboriginal: 25 and non-Aboriginal: 19, separations per 1,000) and 2 times higher in the State (Aboriginal: 38 and non-Aboriginal: 18, separations per 1,000). The difference was higher for males in the Landscape (Figure 4.1.1). In the Landscape, the rate was higher for Aboriginal than non-Aboriginal children in the age group 0-4 years (Aboriginal: 55 and non-Aboriginal: 51, separations per 1,000) and 2 times higher for Aboriginal people aged 45-54 years (Aboriginal: 26 and non-Aboriginal: 11, separations per 1,000), and over. Across the State, chronic respiratory disease hospitalisation rates were higher for Aboriginal people in most age groups, 3 times higher in age group 35-44 years (Aboriginal: 28 and non-Aboriginal: 9, separations per 1,000), 4 times higher in age group 55-64 years (Aboriginal: 66 and non-Aboriginal: 16, separations per 1,000) and 5 times higher in age group 45-54 years (Aboriginal: 50 and non-Aboriginal: 10, separations per 1,000) (Figure 4.1.2).
- The crude rate of oral health hospitalisations was similar in Aboriginal and non-Aboriginal people in the Landscape (3 crude separations per 1,000 for both Aboriginal and non-Aboriginal people) and the State (Aboriginal: 5 crude and non-Aboriginal: 3 crude separations per 1,000) (Figure 4.1.1). Across the State, Aboriginal children aged 0-4 years (Aboriginal: 15 and non-Aboriginal: 7, separations per 1,000) had double the hospitalisation rate of non-Aboriginal children in that age group (Figure 4.1.2).

4.1.1. Age-standardised rate of hospital separations for key chronic conditions, mental health, and injury, by Aboriginal status, sex, Inner North Metro Landscape and South Australia, 2011 – 2015



Source: SA Health, Integrated South Australian Activity Collection (ISAAC). See Appendix 4 for notes related to analysis.

4.1.2. Age-specific rates of hospital separations for key chronic conditions, by Aboriginal status, Inner North Metro Landscape and South Australia, 2011 – 2015



Source: SA Health, Integrated South Australian Activity Collection (ISAAC). See Appendix 4 for notes related to analysis.

4.2. Mental health

For mental health conditions, data from two sources are presented: community mental health occasions of service (OOS), and hospital separations for mental health-related conditions. The age-standardised rate of hospitalisations for all mental health conditions was calculated for all age groups (Figure 4.2.1). Age-standardised rates were calculated for both datasets for the following age groups:

- Substance abuse: 15–64 years
- Schizophrenia: 15–64 years
- Mood disorders: 5 years and over

Aboriginal people in the Landscape

In 2011–2015, among Aboriginal people in the Inner North Metro Landscape (Supplementary Tables 4.2.1, 4.2.2, 4.2.3 and 4.2.4):

- The age-standardised rate of community mental health OOS was 1,155 occasions per 1,000 population. The OOS rate for schizophrenia was 487 occasions per 1,000 (people aged 15–64 years), for mood disorders was 551 occasions per 1,000 (people aged 5 years and over), and for substance abuse was 38 occasions per 1,000 (people aged 15–64 years). Aboriginal males had a higher rate of community mental health OOS (1,178 occasions per 1,000 population) than females (1,125 occasions per 1,000 population). Aboriginal male rates were also higher than female rates for organic disorders (67 crude and 16 crude occasions per 1,000, respectively), substance abuse

(53 and 26 occasions per 1,000, respectively), and schizophrenia (702 and 286 occasions per 1,000, respectively). Aboriginal female rates were higher than Aboriginal male for mood disorders (683 and 399 occasions per 1,000, respectively) (Figure 4.2.1).

- Rates of community mental health OOS were high in all age groups, and particularly in age groups 25-34 years (1323 occasions per 1,000), 35-44 years (1979 occasions per 1,000) and 45-54 (2477 occasions per 1,000). Community mental health OOS rate for Aboriginal males was 2 occasions per 1,000 in age group 0-4 years, which rose to 518 occasions per 1,000 in age group 5-14 years and doubled from age 15-24 years to 25-34 years, reaching its maximum in age groups 35-44 years (2246 occasions per 1,000) and 45-54 years (2170 occasions per 1,000). For Aboriginal females, the rate tripled between ages 5-14 years and 15-24 years (from 320 occasions per 1,000 to 911 occasions per 1,000) and then increased up to 2724 occasions per 1,000 in age group 45-54 years. For both males and females, the rate dropped to 500-800 OOS per 1,000 population in ages 55 years and over. Rates for substance abuse were high in age groups 15-24 years (50 occasions per 1,000), 25-34 years (53 occasions per 1,000) and 35-44 years (60 occasions per 1,000). Rates for schizophrenia were highest for age group 25-34 years (1140 occasions per 1,000) followed by age group 35-44 years (1125 occasions per 1,000) for males and in age group 45-54 years (1351 occasions per 1,000) for females. Rates for mood disorders were highest in age group 45-54 years (1172 occasions per 1,000) for males and 35-44 years (1613 occasions per 1,000) for females. While the male rate for mood disorders OOS dropped abruptly in those aged 65 years and over (<10 occasions), it stayed relatively high in females of the same age (500 occasions per 1,000) (Figure 4.2.2).
- The age-standardised rate of mental health hospitalisations in the Landscape was 18 separations per 1,000 population. There were 8 separations per 1,000 population for substance abuse disorders and the same for schizophrenia, and 5 separations per 1,000 population for mood disorders. The rate for substance abuse was 3 times higher for males (13 separations per 1,000) than females (4 separations per 1,000) and substantially higher for schizophrenia (males: 12 crude separations per 1,000, females: <10 separations). Hospitalisation rate for mood disorders was nearing 2 times higher for Aboriginal females (7 separations per 1,000) than males (4 separations per 1,000) (Figure 4.2.3).
- There were hospitalisations for mental health conditions in all age groups. The highest hospitalisation rates for mental health disorders were in age groups 25-34 years (31 separations per 1,000), 35-44 years (28 separations per 1,000) and 45-54 years (27 separations per 1,000). Hospitalisation rates were highest in age groups 25-34 years (11 separations per 1,000) and 45-54 years (16 separations per 1,000) for substance abuse, in age groups 25-34 years (10 separations per 1,000) and 35-44 years (16 separations per 1,000) for schizophrenia and in age groups 15-24 years (6 separations per 1,000) and 25-34 years (11 separations per 1,000) for mood disorders (Figure 4.2.4).
- According to Australian Bureau of Statistics (ABS) survey results from 2014–15, in Adelaide Primary Health Network (PHN), 33% of Aboriginal people aged 15 years and over suffered from high to very high levels of psychological distress. The same proportion of Aboriginal men and women in Adelaide PHN reported high to very high levels of psychological distress (males: 35%, females: 35%) (Figure 4.2.5).



Aboriginal people in the Landscape and the State

In 2011–2015, among Aboriginal people in the Inner North Metro Landscape and the State (Supplementary Tables 4.2.1, 4.2.2, 4.2.3 and 4.2.4):

- The total community mental health OOS rate was 20% higher in the Landscape (1155 occasions per 1,000 population) than in the State (941 occasions per 1,000). However, OOS rates were lower or similar in the Landscape than the State for all types of mental health conditions, except organic disorders and mood disorders. The rate for organic mental health disorders was 3 times higher in the Landscape (40 crude occasions per 1,000) than the State (12 crude occasions per 1,000) and the rate for mood disorders was over 60% higher in the Landscape (551 occasions per 1,000) than the State (311 occasions per 1,000). In both the Landscape and the State, males had a higher rate of mental health OOS than females. Hospitalisation rates for substance abuse were higher in males than females in both the Landscape (males: 53 and females: 26, occasions per 1,000) and the State (males: 46 occasions per 1,000, females: 28 occasions per 1,000). Hospitalisation rate for schizophrenia was higher for males than females in both the Landscape (males: 702 and females: 286, occasions per 1,000) and the State (males: 664 occasions per 1,000, females: 407 occasions per 1,000), while hospitalisations due to mood disorders were higher for females than males in both Landscape (males: 399 and females: 683, occasions per 1,000) and the State (males: 274 and females: 350, occasions per 1,000) (Figure 4.2.1).
- In both the Landscape and the State, age-specific rates of total community mental health OOS were higher in age groups 15-24 years (Landscape: 884 and State: 1075, occasions per 1,000), 25-34 years (Landscape: 1323 and State: 1366, occasions per 1,000), 35-44 years (Landscape: 1979 and State: 1450, occasions per 1,000) and in age group 45-54 years the rate was nearing 2 times higher in the Landscape than the State (Landscape: 2477 and State: 1385, occasions per 1,000). For substance abuse, the highest rate in the Landscape was in age group 35-44 years (60 occasions per 1,000), while in the State, it was in a younger age group 15-24 years (54 occasions per 1,000). For schizophrenia, the highest rates of community mental health OOS affected ages 25-34 years (Landscape: 599 and State: 688, occasions per 1,000) and 45-54 years (Landscape: 1063 and State: 715, occasions per 1,000). Age-specific rates for mood disorders were similar in the Landscape and the State in most age groups, except age group 35-44 years (Landscape: 1184 and State: 355, occasions per 1,000) and age group 45-54 years (Landscape: 866 and State: 350, occasions per 1,000), with the Landscape rate significantly higher (Figure 4.2.2).
- Age-standardised hospitalisation rate for mental health conditions in the Landscape (18 separations per 1,000) was more than 2 times lower than the State (45 separations per 1,000). Hospitalisation rates for all types of mental health conditions, except organic mental health disorders, were 2-4 times lower in the Landscape (Figure 4.2.3).
- Mental health-related hospitalisation rates were 2 times lower in the Landscape than the State in age groups 25-34 years (Landscape: 31 and State: 60, separations per 1,000), 45-54 years (Landscape: 27 and State: 59, separations per 1,000) and 55-64 years (Landscape: 18 and State: 41, separations per 1,000) and 3 times lower in age groups 15-24 years (Landscape: 12 and State: 32, separations per 1,000) and 35-44 years (Landscape: 28 and State: 85, separations per 1,000). The same pattern held for all types of mental health hospitalisations (Figure 4.2.4).

- In 2014-15, a lower proportion of Aboriginal females in Adelaide PHN (35%) reported high to very high levels of psychological distress than Aboriginal females across the State (40%), while a higher proportion of Aboriginal males in Adelaide PHN (35%) had high distress than Aboriginal males across the State (27%) (Figure 4.2.5).

Aboriginal and non-Aboriginal people in the Landscape and the State

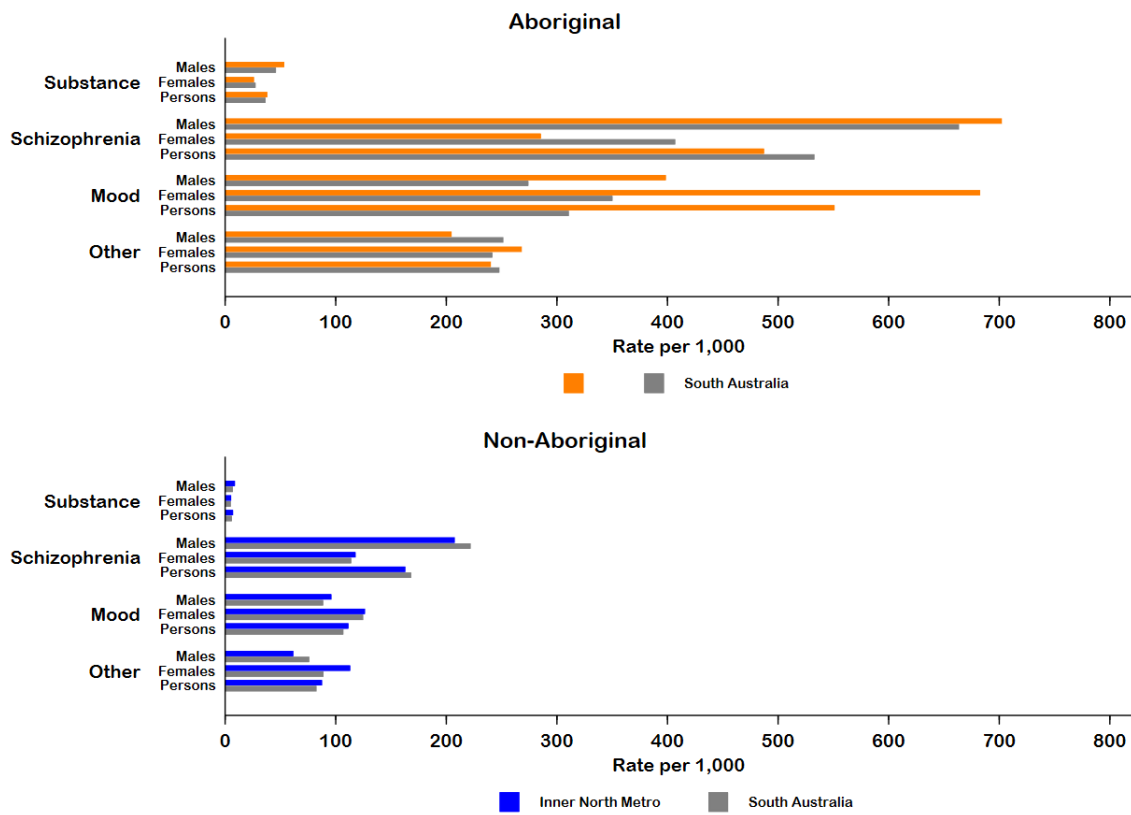
In 2011–2015, among Aboriginal and non-Aboriginal people in the Inner North Metro Landscape and the State (Supplementary Tables 4.2.1, 4.2.2, 4.2.3 and 4.2.4):

- The rate of community mental health OOS was approximately 4 times higher in Aboriginal people than non-Aboriginal people in the Landscape (Aboriginal: 1155 and non-Aboriginal: 320, occasions per 1,000) and 3 times higher in the State (Aboriginal: 941 and non-Aboriginal: 311, occasions per 1,000). In the Landscape, the difference between Aboriginal and non-Aboriginal rates was greater for Aboriginal males (Aboriginal: 1178 and non-Aboriginal: 308, occasions per 1,000), whereas in the State, mental health OOS rates for Aboriginal males (Aboriginal: 1009 and non-Aboriginal: 322, occasions per 1,000) and females (Aboriginal: 878 and non-Aboriginal: 298, occasions per 1,000) were almost 3 times higher than for their non-Aboriginal counterparts (Figure 4.2.1). In the Landscape, the rate of community mental health OOS was higher for Aboriginal than non-Aboriginal people in age groups 55-64 years (Aboriginal: 555 and non-Aboriginal: 281, occasions per 1,000) and 65 years and over (Aboriginal: 645 and non-Aboriginal: 269, occasions per 1,000), 3 times higher in age groups 5-14 years (Aboriginal: 421 and non-Aboriginal: 128, occasions per 1,000) and 15-24 years (Aboriginal: 884 and non-Aboriginal: 268, occasions per 1,000), 4 times higher in age groups 0-4 years (Aboriginal: 38 and non-Aboriginal: 10, occasions per 1,000), 25-34 years (Aboriginal: 1323 and non-Aboriginal: 369, occasions per 1,000) and 35-44 years (Aboriginal: 1979 and non-Aboriginal: 525, occasions per 1,000) and 5 times higher in age group 45-54 years (Aboriginal: 2477 and non-Aboriginal: 504, occasions per 1,000). In the State, the largest difference between Aboriginal and non-Aboriginal rates was in age group 25-34 years (Aboriginal: 1366 and non-Aboriginal: 377, occasions per 1,000) (Figure 4.2.2).
- The age-standardised rate for mental health hospitalisations was 2 times higher for Aboriginal people than non-Aboriginal people in the Landscape (Aboriginal: 18 and non-Aboriginal: 8, separations per 1,000) and 4 times higher in the State (Aboriginal: 45 and non-Aboriginal: 11, separations per 1,000). In the Landscape, hospitalisation rates were similar Aboriginal and non-Aboriginal people for mood disorders (5 separations per 1,000 for each), but 4 times higher for Aboriginal people for schizophrenia (Aboriginal: 8 and non-Aboriginal: 2, separations per 1,000) and substance abuse (Aboriginal: 8 and non-Aboriginal: 2, separations per 1,000). In the Landscape, mental health hospitalisation rates were higher for Aboriginal males than females (males: 23 and females: 14, separations per 1,000), while non-Aboriginal hospitalisation rates were similar for males (8 separations per 1,000) and females (9 separations per 1,000). In the State, mental health hospitalisation rates were higher in Aboriginal females (48 separations per 1,000) than males (42 separations per 1,000) but were similar for non-Aboriginal males and females (11 separations per 1,000 for each) (Figure 4.2.3). The largest differences in age-specific hospitalisation rates for total mental health were in age group 25-34 years (Aboriginal: 31 and non-

Aboriginal: 10, separations per 1,000) and 45-54 years (Aboriginal: 27 and non-Aboriginal: 12 separations per 1,000) (Figure 4.2.4).

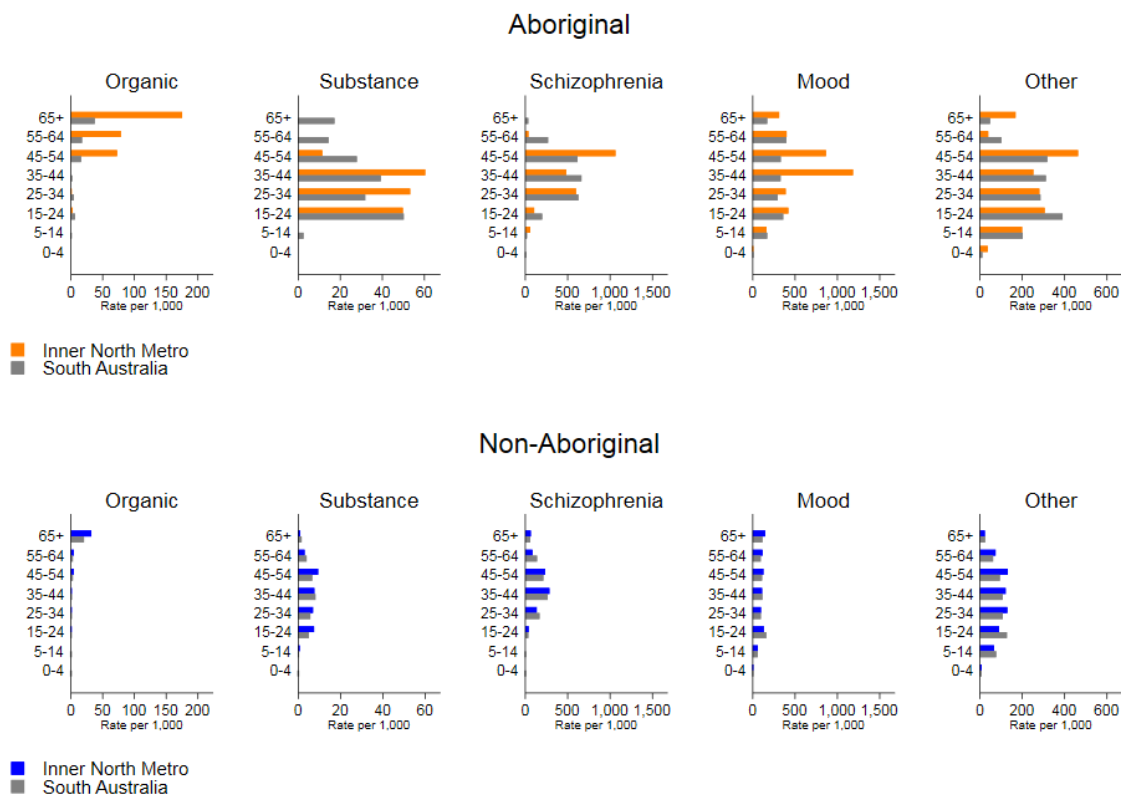
- In 2014-15, a substantially higher proportion of Aboriginal people reported high to very high levels of psychological distress than non-Aboriginal people in both Adelaide PHN (Aboriginal: 33%, non-Aboriginal: 14%) and the State (Aboriginal: 34%, non-Aboriginal: 14%). The disparity was greater for Aboriginal females, who reported having experienced psychological distress 2-3 times more often than non-Aboriginal females in the Landscape (Aboriginal: 35%, non-Aboriginal: 15%) and the State (Aboriginal: 40%, non-Aboriginal: 16%) (Figure 4.2.5).

4.2.1. Age-standardised rate of community mental health occasions of service, by Aboriginal status, sex, Inner North Metro Landscape and South Australia 2011 - 2015



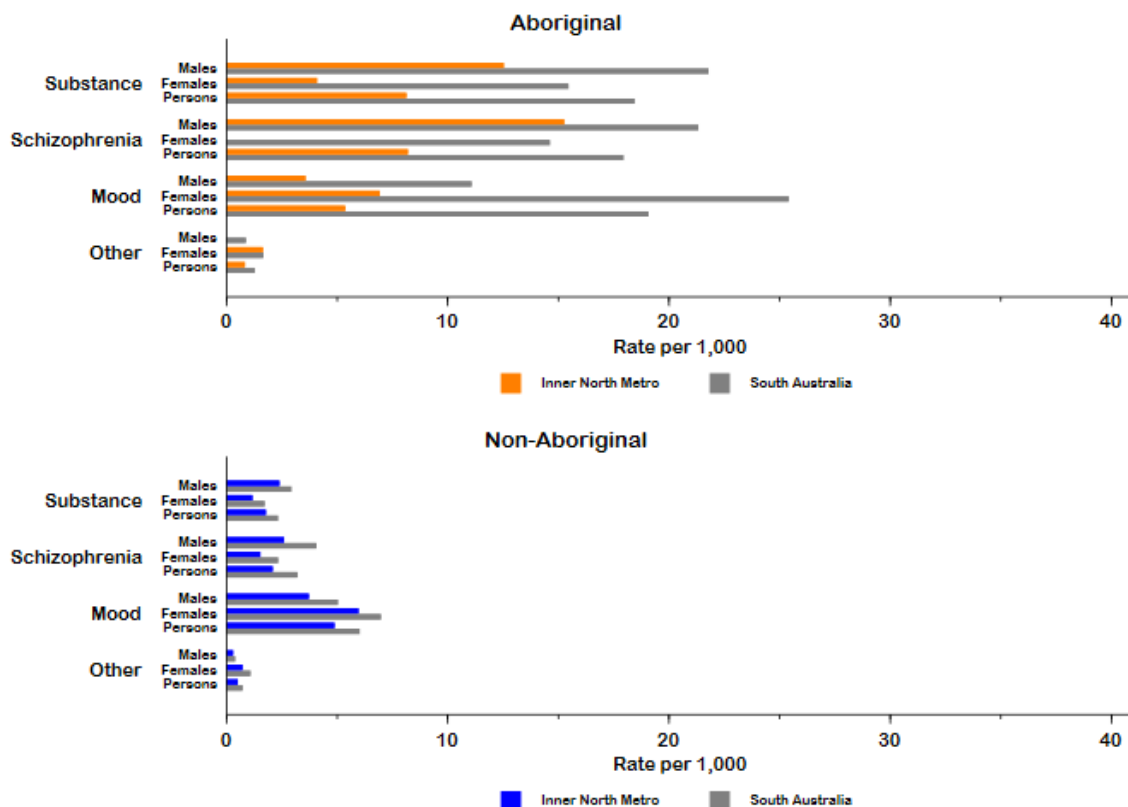
Source: SA Health, Community Mental Health Database. See Appendix 4 for notes related to analysis.

4.2.2. Age-specific rates of community mental health occasions of service, by Aboriginal status, Inner North Metro Landscape and South Australia, 2011 – 2015



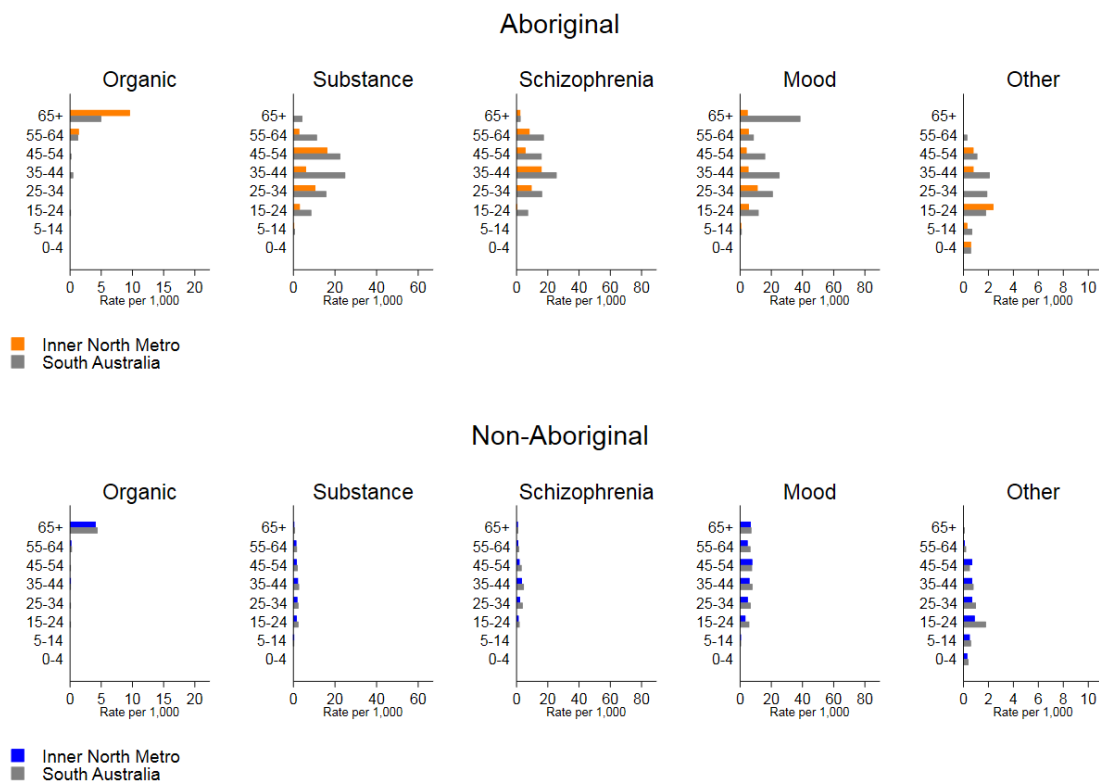
Source: SA Health, Community Mental Health Database. See Appendix 4 for notes related to analysis.

4.2.3. Age-standardised rate of hospital separations for mental health conditions, by Aboriginal status, sex, Inner North Metro Landscape and South Australia 2011 – 2015



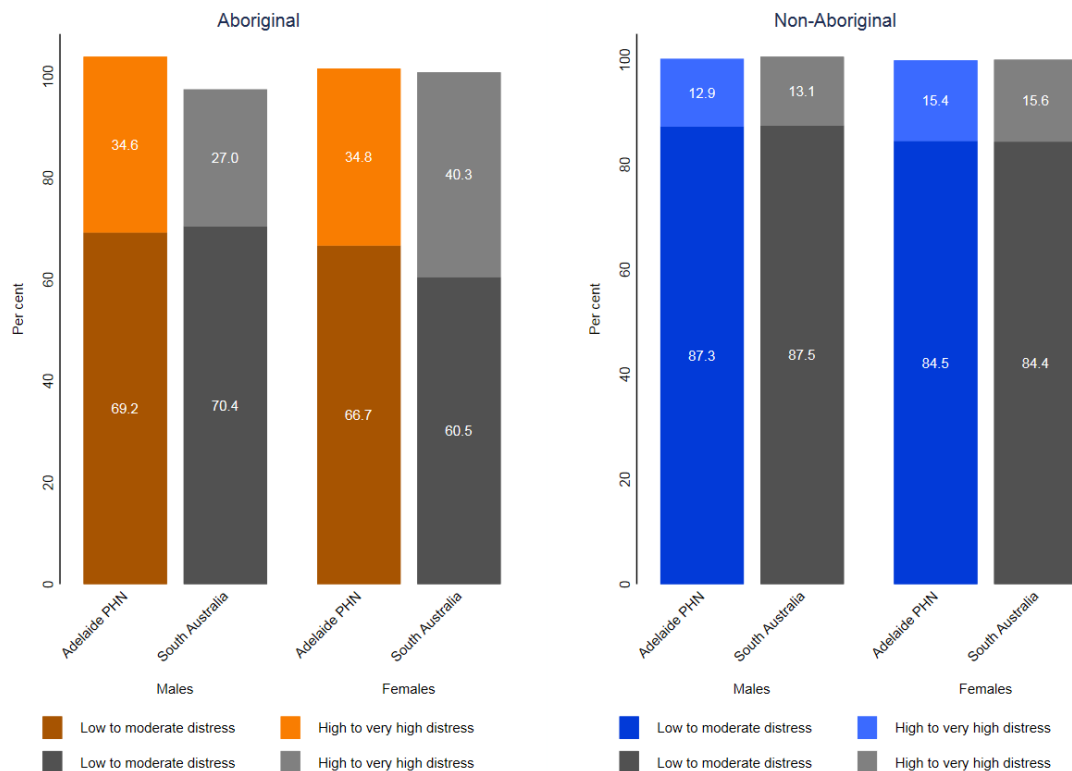
Source: SA Health, Integrated South Australian Activity Collection (ISAAC). See Appendix 4 for notes related to analysis.

4.2.4. Age-specific rates of hospital separations for mental health conditions, by Aboriginal status, Inner North Metro Landscape and South Australia, 2011 – 2015



Source: SA Health, Integrated South Australian Activity Collection (ISAAC). See Appendix 4 for notes related to analysis.

4.2.5. Proportion of adults aged 15 years and above suffering from high or very high levels of psychological distress, by Aboriginal status, sex, Adelaide PHN and South Australia, 2014-15



Source: Australian Bureau of Statistics, National Aboriginal and Torres Strait Islander Social Survey 2014-15 and National Health Survey, 2014-15, TableBuilder, accessed 29 January 2018. See Appendix 4 for notes related to analysis.

4.3. Injury

This section presents information on injuries requiring hospitalisation in public and private hospitals during 2011–2015. The data include hospital episodes where the principal diagnosis was recorded as Injury, Poisoning and certain other consequences of external causes codes (Chapter XIX in the ICD-10-AM, principal diagnosis S00-T98). All separations with a principal diagnosis of injury or poisoning are expected to have an external cause recorded, defined as the environmental event, circumstance or condition that was the cause of an injury, poisoning or adverse event. Information on injury related separations in this section is presented by seven types of external causes:

- Transport accidents: 5–64 years
- Falls: all ages
- Exposure to mechanical forces: all ages under 55 years
- Intentional self-harm: 15–54 years
- Assault: 15–64 years
- Complications of medical and surgical care: all ages
- Other injury: all ages

Aboriginal people in the Landscape

In 2011–2015, among Aboriginal people in the Inner North Metro Landscape (Supplementary Tables 4.3.1 and 4.3.2):

- The age-standardised rate of injury-related hospitalisations was 20 separations per 1,000 population. Of all injury hospitalisations, the rate was highest for *Assault* (6 separations per 1,000 population), followed by *Falls* (5 separations per 1,000) and *Intentional self-harm* (4 separations per 1,000) (Figure 4.3.1).
- Aboriginal males had a higher rate of injury-related separations (26 separations per 1,000) than females (15 separations per 1,000). Aboriginal males had a higher hospitalisation rate than females for *Falls* (males: 7 and females: 4, separations per 1,000), *Exposure to mechanical forces* (males: 6 and females: 2, separations per 1,000) and *Assault* (males: 8 and females: 3, separations per 1,000) whereas, the rates were similar for *Intentional self-harm* (males: 3 and females: 5, separations per 1,000). (Figure 4.3.1).
- Hospitalisations for injury-related conditions occurred at all ages, peaking in age groups 25–34 years (31 separations per 1,000) and 35–44 years (36 separations per 1,000) and dropping in those aged 55 years and over. Rates of hospitalisations were relatively high for *Falls* in age groups 0–4 years (7 separations per 1,000) and 35–44 years (10 separations per 1,000), for *Exposure to mechanical forces* in age group 25–34 years (8 separations per 1,000), and *Assault* (9 separations per 1,000) in age groups 25–34 years (9 separations per 1,000) and 34–44 years (9 separations per 1,000). Aboriginal males had a relatively high rate of hospitalisations for *Exposure to mechanical forces* (12 separations per 1,000) and for *Assault* (13 separations per 1,000) in age group 25–34 years (Figure 4.3.2).



Aboriginal people in the Landscape and the State

In 2011–2015, among Aboriginal people in the Inner North Metro Landscape and the State (Supplementary Tables 4.3.1 and 4.3.2):

- The overall age-standardised hospitalisation rate for injury was approximately 2 times lower than in the State (Landscape: 20 and State: 36 separations per 1,000). Aboriginal females had lower rates for injury-related hospitalisations than males in both the Landscape (males: 26 and females: 15, separations per 1,000) and the State (males: 41 and females: 31, separations per 1,000) (Figure 4.3.1).
- Hospitalisation rates for injury in the Landscape were lower than the State for all types of injuries. Landscape hospitalisation rates were similar to the State for *Exposure to mechanical forces* (Landscape: 4 and State: 6, separations per 1,000), lower for *Intentional self-harm* (Landscape: 4 and State: 7, separations per 1,000), *Falls* (Landscape: 5 and State: 10, separations per 1,000) and *Assault* (Landscape: 6 and State: 12, separations per 1,000) (Figure 4.3.1).
- In the Landscape, age-specific injury-related hospitalisation rates were lower than the State in all age groups for total injury, with the difference being the smallest in younger age groups (20% lower in age group 0–4 years (Landscape: 17 and State: 21, separations per 1,000) and 30% lower in age group 5–14 years (Landscape: 13 and State: 17, separations per 1,000), becoming more marked in older age groups (Figure 4.3.2).



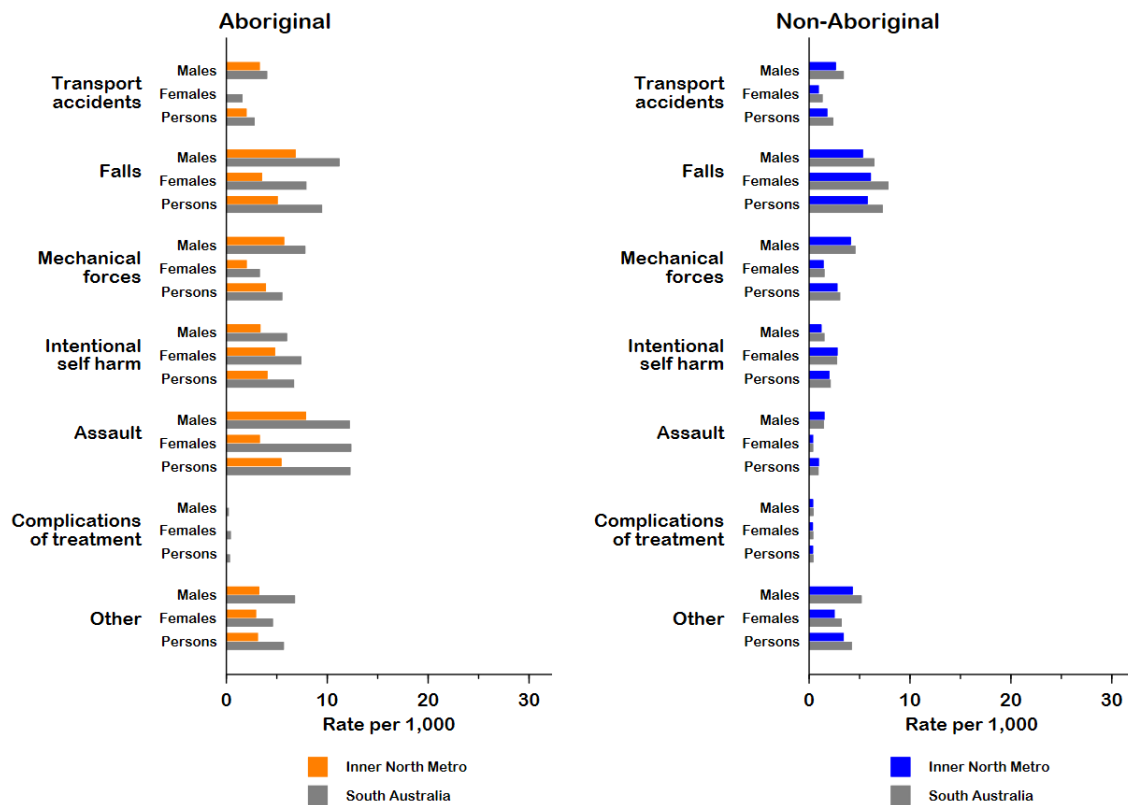
Aboriginal and non-Aboriginal people in the Landscape and the State

In 2011–2015, among Aboriginal and non-Aboriginal people in the Inner North Metro Landscape and the State (Supplementary Tables 4.3.1 and 4.3.2):

- The injury-related hospitalisation rate among Aboriginal people was approximately 30% higher than non-Aboriginal people in the Landscape (Aboriginal: 20 and non-Aboriginal: 16, separations per 1,000, respectively) and 4 times higher in the State (Aboriginal: 36 and non-Aboriginal: 9, separations per 1,000). Hospitalisation rates due to *Transport accidents* were similar for Aboriginal and non-Aboriginal people in the Landscape (2 separations per 1,000, respectively) and the State (Aboriginal: 3 and non-Aboriginal: 2, separations per 1,000). Rates for *Falls* were similar in the Landscape (Aboriginal: 5 and non-Aboriginal: 6, separations per 1,000) but higher for Aboriginal people in the State (Aboriginal: 10 and non-Aboriginal: 7, separations per 1,000). Hospitalisation rates in the Landscape for *Exposure to mechanical forces* were similar for Aboriginal people and non-Aboriginal people (Aboriginal: 4 and non-Aboriginal: 3, separations per 1,000), while for *Intentional self-harm*, the Aboriginal rate was double the non-Aboriginal rate (Aboriginal: 4 and non-Aboriginal: 2, separations per 1,000) and for *Assault*, the Aboriginal rate was 6 times higher than the non-Aboriginal rate (Aboriginal: 6 and non-Aboriginal: 1, separations per 1,000). The same pattern was in the State, but the disparities were more substantial, with the Aboriginal rate double the non-Aboriginal rate for *Exposure to mechanical forces* (Aboriginal: 6 and non-Aboriginal: 3, separations per 1,000), triple the non-Aboriginal rate for *Intentional self-harm* (Aboriginal: 7 and non-Aboriginal: 2, separations per 1,000) and 12 times higher than the non-Aboriginal rate for *Assault* (Aboriginal: 12 and non-Aboriginal: 1, separations per 1,000). (Figure 4.3.1).

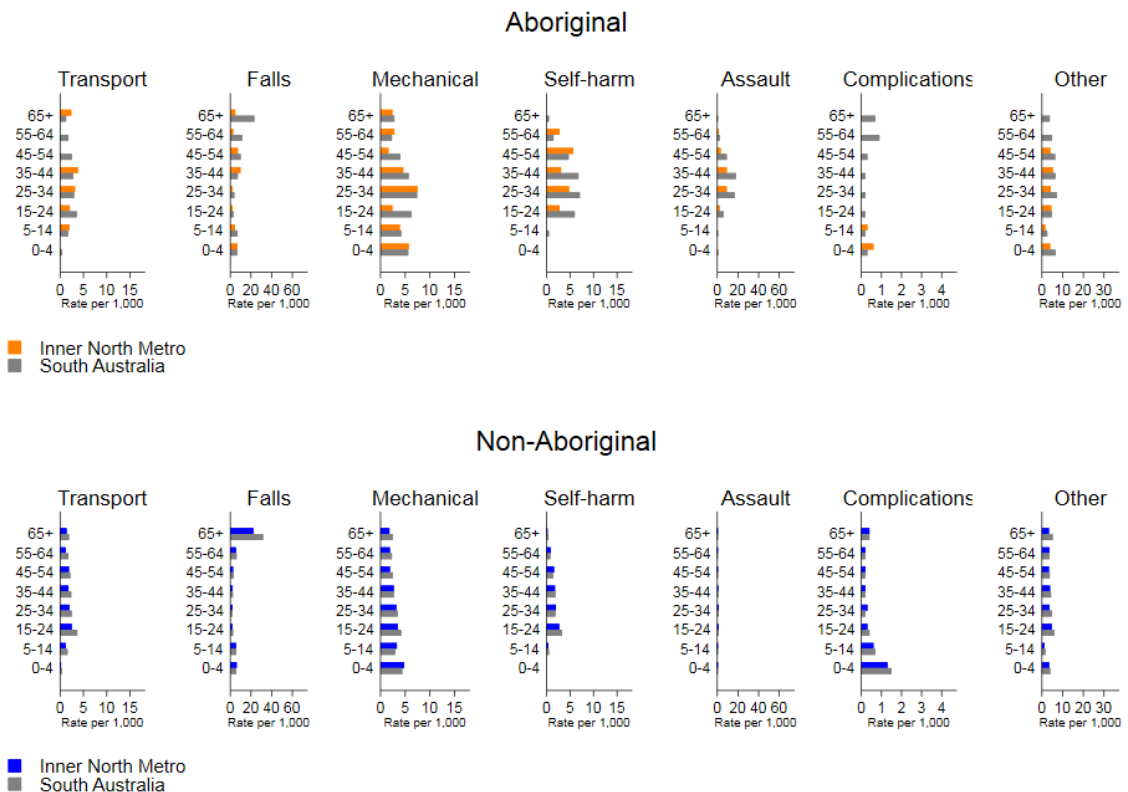
- In the Landscape, age-specific hospitalisation rates for total injury were similar for Aboriginal and non-Aboriginal people in younger age groups from 0-4 years (Aboriginal: 17 and non-Aboriginal: 16, separations per 1,000) to 15-24 years (Aboriginal: 16 and non-Aboriginal: 17, separations per 1,000), 2 times higher in age groups 25-34 years (Aboriginal: 31 and non-Aboriginal: 15, separations per 1,000) and 45-54 years (Aboriginal: 22 and non-Aboriginal: 12, separations per 1,000) and nearing 3 times higher in age group 35-44 years (Aboriginal: 36 and non-Aboriginal: 14, separations per 1,000). Aboriginal hospitalisation rates were 5 times higher than non-Aboriginal rates in age group 35-44 years (Aboriginal: 10 and non-Aboriginal: 2, separations per 1,000) for *Falls*, nearing 3 times higher in age group 25-34 years (Aboriginal: 8 and non-Aboriginal: 3, separations per 1,000) for *Exposure to mechanical forces*, and 4 times higher in age group 35-44 years (Aboriginal: 9 and non-Aboriginal: 2, separations per 1,000) and 9 times higher in 45-54 years (Aboriginal: 9 and non-Aboriginal: 1, separation per 1,000) age group for *Assault* (Figure 4.3.2).
- Across the State, age-specific hospitalisation rates for injury were higher in Aboriginal people than non-Aboriginal people in all age groups, except 65 years and over. The largest disparity in injury-related hospitalisation rates were in age groups 25-34 years (Aboriginal: 50 and non-Aboriginal: 16, separations per 1,000), 35-44 years (Aboriginal: 51 and non-Aboriginal: 15, separations per 1,000) and 45-54 years (Aboriginal: 39 and non-Aboriginal: 14, separations per 1,000), where Aboriginal rates were 3 times higher than non-Aboriginal rates. With increasing age there was an increase in hospitalisation rates due to *Falls* in all people, however, this increase occurred in non-Aboriginal people aged 65 years and over, while for Aboriginal people, the increase started from the age 35 years and over. Hospitalisation rates due to *Intentional self-harm* were higher in all age groups for Aboriginal people, but especially for people aged between 25-34 years (Aboriginal: 8 and non-Aboriginal: 2, separations per 1,000) and 45-54 years (Aboriginal: 5 and non-Aboriginal: 1, separation per 1,000), where Aboriginal rates were 4-5 times higher than non-Aboriginal rates. Hospitalisation rates for *Assault* in Aboriginal people were 19 times higher in 25-34 years age group (Aboriginal: 19 and non-Aboriginal: 1, separation per 1,000), 20 times higher in 35-44 years age group (Aboriginal: 20 and non-Aboriginal: 1, separation per 1,000) and 10 times higher in 45-54 years age group (Aboriginal: 10 and non-Aboriginal: 1, separation per 1,000) (Figure 4.3.2).

4.3.1. Age-standardised rate of hospital separations for injury or poisoning, by Aboriginal status and sex, Inner North Metro Landscape and South Australia, 2011 – 2015



Source: SA Health, Integrated South Australian Activity Collection (ISAAC). See Appendix 4 for notes related to analysis.

4.3.2. Age-specific rates of hospital separations for injury or poisoning, by Aboriginal status, Inner North Metro Landscape and South Australia, 2011 – 2015



Source: SA Health, Integrated South Australian Activity Collection (ISAAC). See Appendix 4 for notes related to analysis.

4.4. Mortality

Aboriginal people in the Landscape

In 2006-2012, among Aboriginal people in the Inner North Metro Landscape (Figure 4.4.1, Supplementary Table 4.4.1).

- The overall mortality rate was 20 persons per 10,000 population. The largest number of deaths occurred in age groups 35-54 years (32 persons per 10,000) and 55-74 years (90 persons per 10,000).

Aboriginal people in the Landscape and the State

In 2006-2012, among Aboriginal people in the Inner North Metro Landscape and the State (Figure 4.4.1, Supplementary Table 4.4.1) :

- All-cause mortality rates were substantially lower in the Landscape (20 persons per 10,000) than the State (39 persons per 10,000). Across the State, the highest mortality rate was in age group 75 years and over (430 persons per 10,000) and lowest in the youngest age group, 0-14 years (5 persons per 10,000).
- Across the State, *Injury* and *Cardiovascular disease*, particularly *Ischaemic heart disease*, were leading causes of death in all age groups from 5 years old onwards (*Injury* from age 5–34 years, *Cardiovascular disease* from age 35 and over) (Figure 4.4.2).
- The leading causes of avoidable mortality in Aboriginal people in the State were *Ischaemic heart disease*, *Cancer*, *Diabetes*, *Lung cancer*, *Alcohol-related disease*, and *Suicide* (Figure 4.4.3).

Aboriginal and non-Aboriginal people in the Landscape and the State

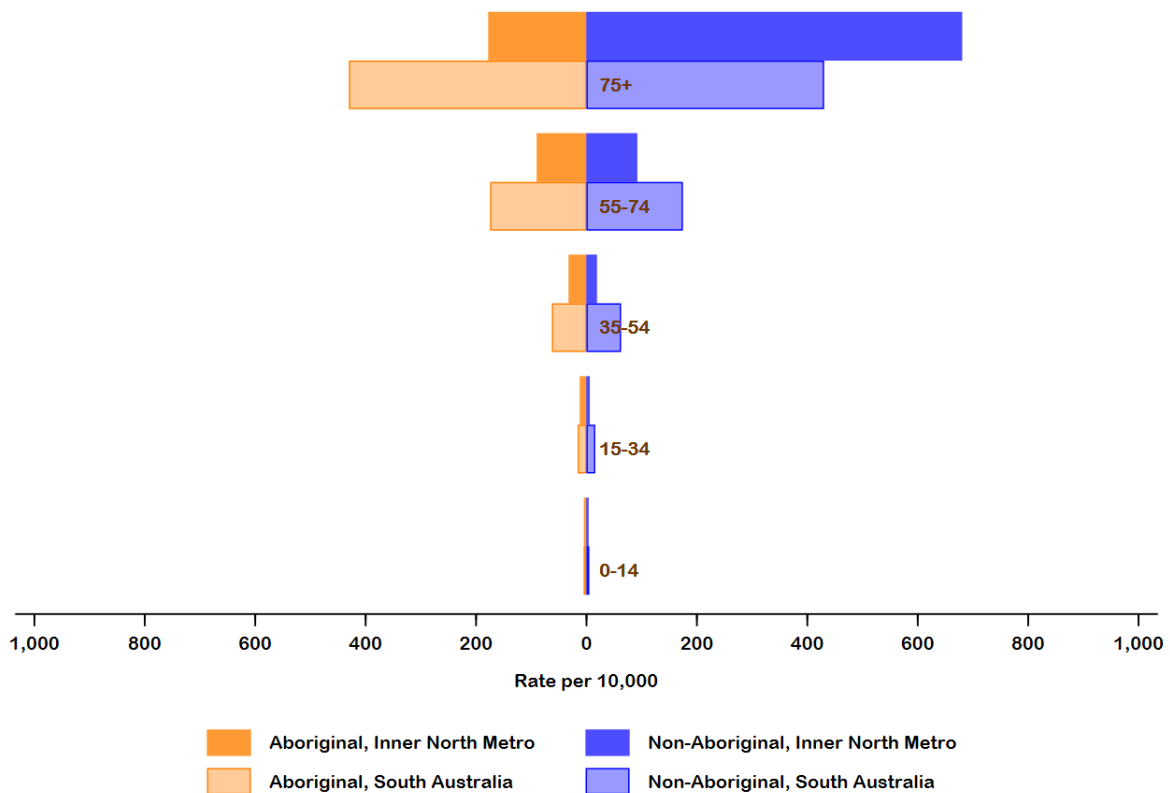
In 2006-2012, among Aboriginal and non-Aboriginal people in the Inner North Metro Landscape and the State (Supplementary Table 4.4.1):

- Across the State, total all-cause mortality rates were lower among Aboriginal people than non-Aboriginal people. This is because deaths occur in the Aboriginal population at younger ages than non-Aboriginal and there are a small number of Aboriginal people surviving up to 75 years. Most deaths for non-Aboriginal people in the Landscape (56%) and in the State (69%) occurred in the oldest age group 75 years and over, while only approximately 9% of Aboriginal deaths in the Landscape and 14% in the State occurred in the oldest age group. 62% of Aboriginal deaths in the Landscape and 53% in the State occurred before age 55 years compared to 15% and 9% for non-Aboriginal people, respectively. Across the State, Aboriginal rates for all-cause mortality were double non-Aboriginal rate in age group 55-74 years (Aboriginal: 175 and non-Aboriginal: 86, persons per 10,000) and triple non-Aboriginal rate in age groups 15-34 years (Aboriginal: 16 and non-Aboriginal: 5, persons per 10,000) and 35-54 years (Aboriginal: 63 and non-Aboriginal: 18, persons per 10,000) .
- In Aboriginal people in the State, *Cardiovascular disease* was the number one cause of death in all people aged 35 years and over, whereas it was the second highest cause of death in non-Aboriginal people from ages 35 to 64 years. The highest cause of death in non-Aboriginal people

was *Intentional self-harm* for age group 35-44 years, *Cancer* for age group 45-64 years and *Cardiovascular diseases* for age group 65 years and over (Figure 4.4.2).

- Across the State, *Assault* featured as third most common cause of death for Aboriginal people aged 15-24 years, while it featured as the fifth most common cause of death in non-Aboriginal people aged 15-24 years. The top two causes of death for this age group for Aboriginal and non-Aboriginal people were *Intentional self-harm* and *Transport accidents* (Figure 4.4.2).
- The age-standardised rates of the top six causes of avoidable mortality in Aboriginal people in the State were substantially higher than in non-Aboriginal people (Figure 4.4.3).

4.4.1. Age-specific all-cause mortality rates, by Aboriginal status, sex, Inner North Metro Landscape and South Australia, 2006 - 2012



Source: Australian Coordinating Registry, Cause of Death database. See Appendix 4 for notes related to analysis.

4.4.2. Top five leading causes of death in South Australia, by age group, 2006 – 2012

a. Aboriginal South Australians

Age	1st	2nd	3rd	4th	5th
0-4 years	Perinatal Fetus and new born affected by maternal factors and complications N=*	Perinatal Disorders related to length of gestation and fetal growth N=*	Other Ill-defined and unknown causes of mortality N=*	Endocrine Metabolic disorders N=*	Perinatal Infections specific to the perinatal period N=*
5-14 years	Injury Car occupant injured in transport accident N=*	Digestive Other diseases of intestines N=*	Kidney Glomerular diseases N=*	Other Ill-defined and unknown causes of mortality N=*	Other Cerebral palsy and other paralytic syndromes N=*
15-24 years	Injury Intentional self-harm N=19	Injury Car occupant injured in transport accident N=10	Injury Assault N=*	Respiratory Influenza and pneumonia N=*	Other Diseases of myoneural junction and muscle N=*
25-34 years	Injury Intentional self-harm N=15	Injury Accidental poisoning by and exposure to noxious substances N=11	Cardiovascular Ischaemic heart diseases N=*	Injury Assault N=*	Other Episodic and paroxysmal disorders N=*
35-44 years	Cardiovascular Ischaemic heart diseases N=22	Digestive Diseases of liver N=16	Injury Accidental poisoning by and exposure to noxious substances N=10	Cardiovascular Cerebrovascular diseases N=*	Injury Intentional self-harm N=*
45-54 years	Cardiovascular Ischaemic heart diseases N=37	Digestive Diseases of liver N=23	Endocrine Diabetes mellitus N=12	Cancer Respiratory and intrathoracic organs N=12	Injury Accidental poisoning by and exposure to noxious substances N=10
55-64 years	Cardiovascular Ischaemic heart diseases N=35	Endocrine Diabetes mellitus N=20	Cancer Digestive organs N=16	Cancer Respiratory and intrathoracic organs N=14	Cardiovascular Other forms of heart disease N=11
65+ years	Cardiovascular Ischaemic heart diseases N=40	Cardiovascular Cerebrovascular diseases N=25	Endocrine Diabetes mellitus N=23	Cancer Respiratory and intrathoracic organs N=21	Respiratory Chronic Lower Respiratory Diseases N=20

b. Non-Aboriginal South Australians

Age	1st	2nd	3rd	4th	5th
0-4 years	Perinatal Fetus and new born affected by maternal factors and complications N=82	Other Ill-defined and unknown causes of mortality N=46	Perinatal Disorders related to length of gestation and fetal growth N=39	Congenital malformations Circulatory system N=34	Perinatal Other disorders originating in the perinatal period N=24
5-14 years	Cancer Eye, brain and central nervous system N=11	Injury Car occupant injured in transport accident N=*	Respiratory Chronic Lower Respiratory Diseases N=*	Endocrine Metabolic disorders N=*	Congenital malformations Circulatory system N=*
15-24 years	Injury Intentional self-harm N=145	Injury Car occupant injured in transport accident N=143	Injury Accidental poisoning by and exposure to noxious substances N=25	Injury Motorcycle rider injured in transport accident N=24	Injury Assault N=16
25-34 years	Injury Intentional self-harm N=218	Injury Accidental poisoning by and exposure to noxious substances N=106	Injury Car occupant injured in transport accident N=73	Cardiovascular Other forms of heart disease N=28	Cardiovascular Ischaemic heart diseases N=27
35-44 years	Injury Intentional self-harm N=307	Cardiovascular Ischaemic heart diseases N=137	Injury Accidental poisoning by and exposure to noxious substances N=130	Cancer Digestive organs N=109	Cancer Breast N=75
45-54 years	Cancer Digestive organs N=447	Cardiovascular Ischaemic heart diseases N=406	Cancer Respiratory and intrathoracic organs N=264	Injury Intentional self-harm N=250	Cancer Breast N=236
55-64 years	Cancer Digestive organs N=1,066	Cardiovascular Ischaemic heart diseases N=994	Cancer Respiratory and intrathoracic organs N=802	Cancer Breast N=363	Cancer Lymphoid, haematopoietic and related tissue N=325
65+ years	Cardiovascular Ischaemic heart diseases N=12,563	Cardiovascular Cerebrovascular diseases N=6,737	Cancer Digestive organs N=5,122	Mental/neurological Organic, including symptomatic, mental disorders (N=4,347)	Cardiovascular Other forms of heart disease N=4,248

Notes

1. Analysis was based on underlying cause of death using diagnostic blocks based on the ICD-10-AM eighth edition. Each colour represents a different ICD-10 chapter.

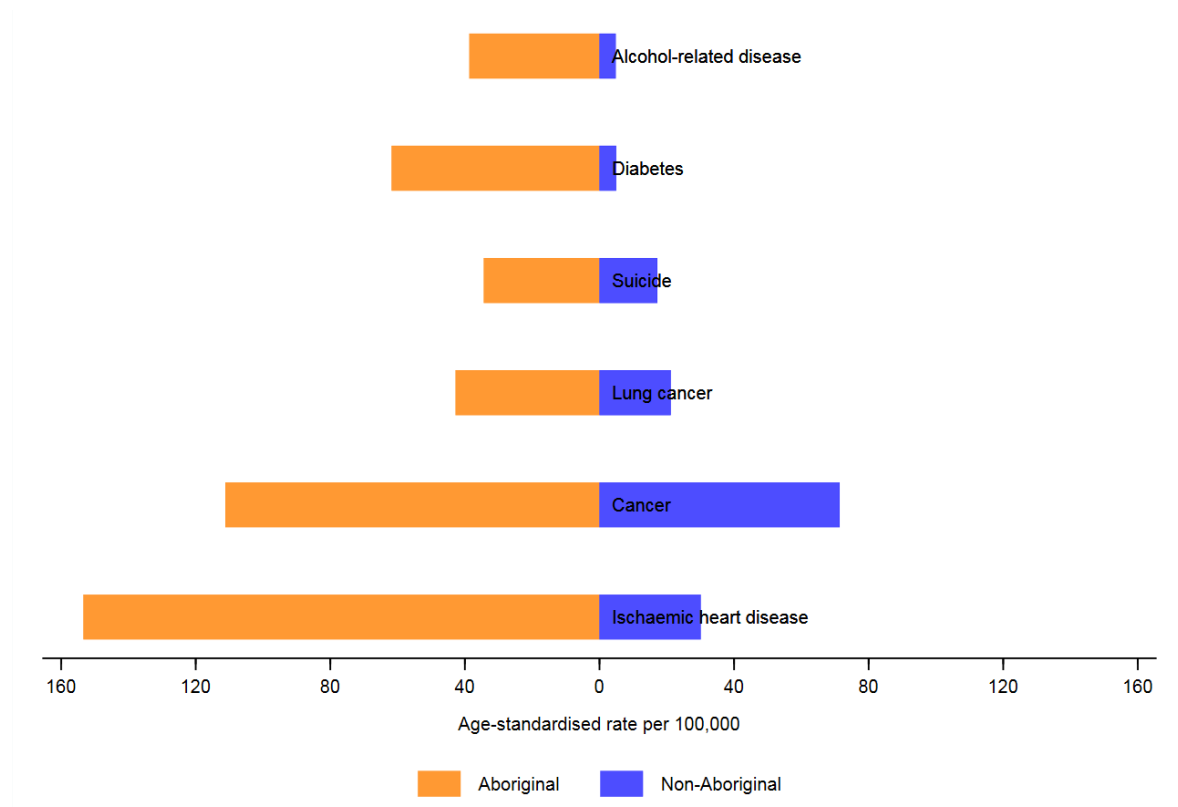
2. Age-specific leading causes of death were ranked based on crude rates (not shown), which were calculated using population estimates for 2006-2012, generated by Wardliparingga Aboriginal Research Unit based on 2001, 2006 and 2011 Census data.

3. Diagnostic blocks were used for classifying causes of death.

* denotes a sample size less than ten, which has been suppressed for reasons of confidentiality.

Source: Australian Coordinating Registry, Cause of Death database, Tables 23.01 and 23.02 in South Australian Aboriginal Health Needs and Gaps Report 2017. Gibson O, Peterson K, McBride K, Shtangey V, Xiang J, Eltridge F, Keech W. 2017. South Australian Aboriginal Health Needs and Gaps Report: Central Adelaide Local Health Network, 2017. Wardliparingga Aboriginal Research Unit, SAHMRI, Adelaide.

4.4.3. Potentially avoidable mortality in people aged 0–64 years, by Aboriginal status, South Australia, 2006 – 2012



Source: Australian Coordinating Registry, Cause of Death database. See Appendix 4 for notes related to analysis.

CHAPTER 5. MOTHERS AND BABIES

Maternal and child health care services play a very important role in identifying, preventing and treating health threats associated with pregnancy and childbirth.(29, 30) These services are often provided in the community through primary healthcare services, such as Aboriginal Community Controlled Services, medical clinics and sometimes through hospital-based programs. Such services include the provision of care before, during and after pregnancy, known as perinatal and postnatal care. Care received during pregnancy and in the months after birth can have a potential long-term impact on the wellbeing of Aboriginal mothers and babies.(31)

5.1. Fertility rate



Definition

Total Fertility Rate (TFR) is the number of children a woman would bear during her lifetime if she experienced current age-specific fertility rates at each age of her reproductive life. TFR is referred to as the number of births per woman.



Aboriginal people in the Landscape

From 2008-2012, among Aboriginal women in the Inner North Metro Landscape (Supplementary Table 5.1.1):

- The TFR for Aboriginal women was 2.5 birth per woman in the Landscape (Figure 5.1.1).
- Of all Aboriginal women, those aged 25-29 years had the highest fertility rate of all age groups, at 155 births per 1,000 women in the Landscape (Figure 5.1.2).



Aboriginal people in the Landscape and the State

From 2008-2012, among Aboriginal women in the Inner North Metro Landscape and the State (Supplementary Table 5.1.1):

- Aboriginal women in the Landscape had a higher TFR than Aboriginal women in South Australia (Landscape: 2.5 and State: 2.3 births per woman) (Figure 5.1.1).
- Across the State, fertility rates in Aboriginal women were highest in the 20-24 years age group (139 births per 1,000 women). Aboriginal women aged 25-39 in the Landscape had higher fertility rates than Aboriginal women on average across the State (Figure 5.1.2).

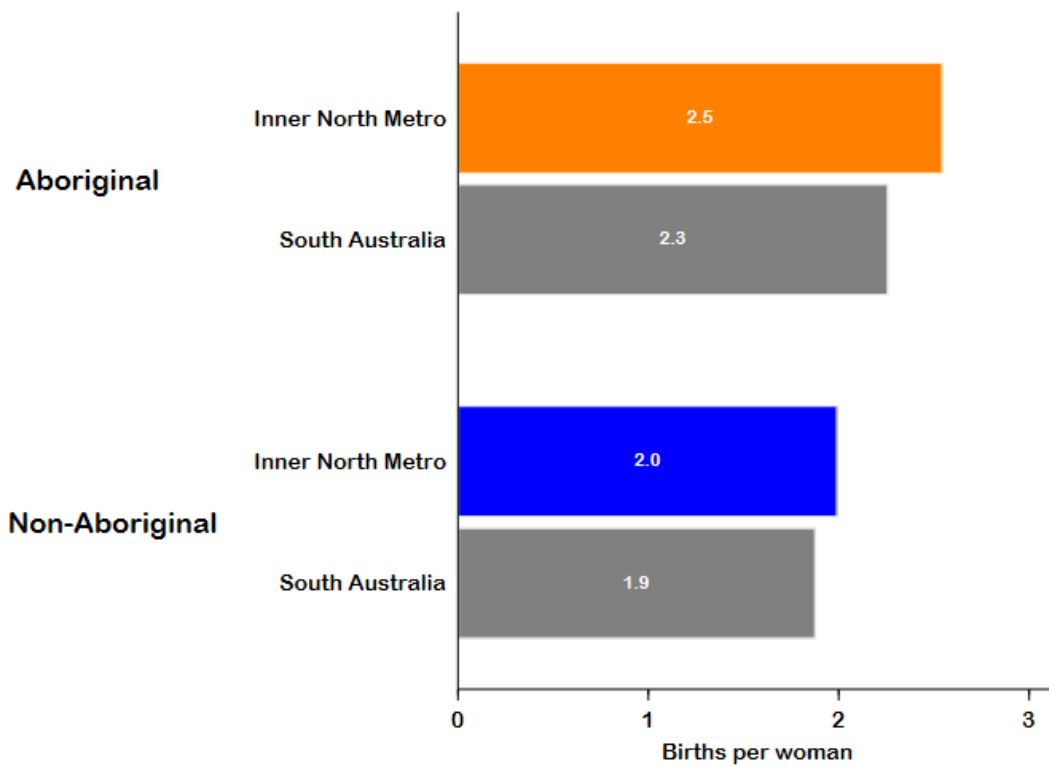


Aboriginal and non-Aboriginal people in the Landscape and the State

From 2008-2012, among Aboriginal and non-Aboriginal women in the Inner North Metro Landscape and the State (Supplementary Table 5.1.1):

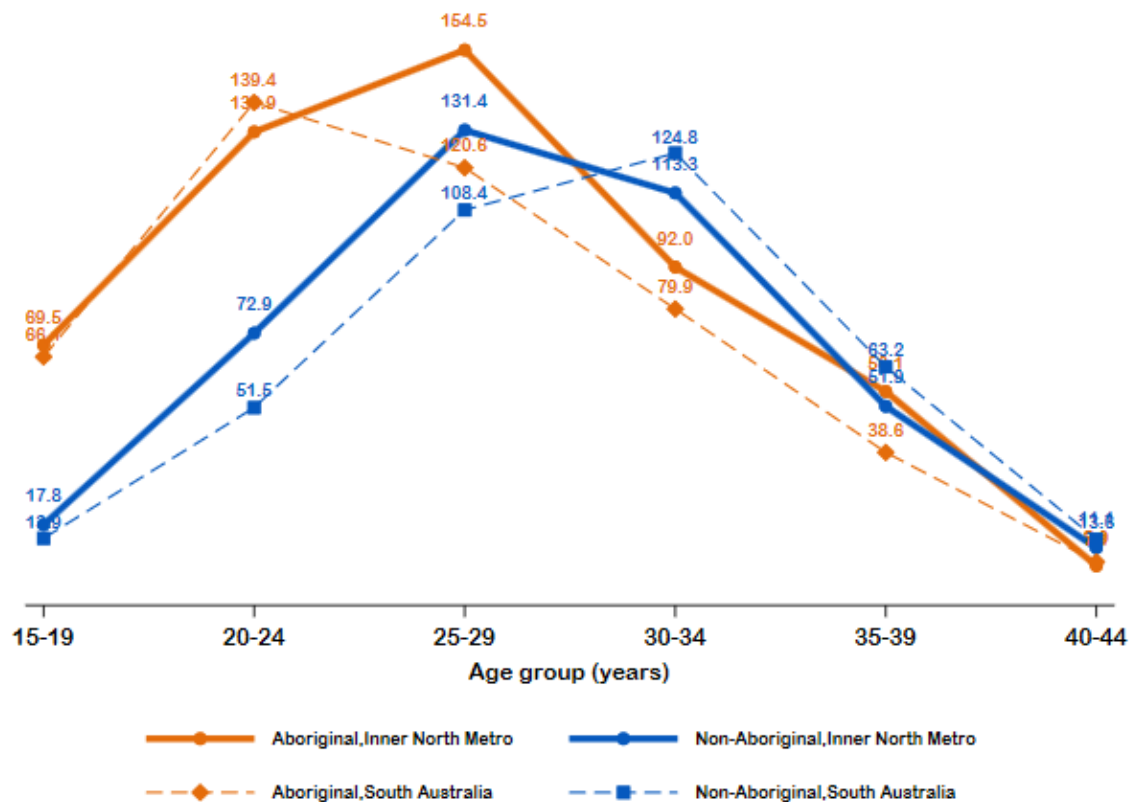
- The TFR for Aboriginal women (2.5 births per woman) was higher than for non-Aboriginal women (2.0 births per woman) in the Landscape. Similarly, across the State, the TFR for Aboriginal women (2.3 births per woman) was higher than for non-Aboriginal women (1.9 births per woman) (Figure 5.1.1).
- Aboriginal women in the Landscape experienced the highest fertility rate at age 25-29 years, the same age as non-Aboriginal women whereas across the State, Aboriginal women experienced highest fertility rate at age 20-24 years and non-Aboriginal woman at 30-34 years of age (Figure 5.1.2).

5.1.1. Total fertility rate (TFR), by mother's Aboriginal status, Inner North Metro Landscape and South Australia, 2008 - 2012



Source: SA Health, Pregnancy Outcome Unit, Perinatal Statistics Collection. See Appendix 4 for notes related to analysis.

5.1.2. Age-specific fertility rates (ASFR) per 1,000 women, by mother's Aboriginal status, Inner North Metro Landscape and South Australia, 2008 - 2012



Source: SA Health, Pregnancy Outcome Unit, Perinatal Statistics Collection. See Appendix 4 for notes related to analysis.

5.2. Antenatal care



Definition

As part of the South Australian Perinatal Statistics Collection, pregnant women are assessed for the number of antenatal visits they had during pregnancy, as well as the types of services accessed for antenatal care. The Commonwealth Department of Health recommends at least 10 antenatal visits for first-time pregnancy without complications, and seven or more visits for subsequent uncomplicated pregnancies^a.

^aAustralian Department of Health (2012) Clinical Practice Guidelines: Antenatal Care- Module 1. Canberra

Pregnant women could receive antenatal care from multiple sources during their pregnancy, therefore the results of Figure 5.2.1 may not sum to 100%.



Aboriginal people in the Landscape

From 2008-2012, among all pregnant Aboriginal women in the Inner North Metro Landscape (Supplementary Tables 5.2.1 and 5.2.2):

- 66% had 7 or more antenatal visits, 19% had 4-6 antenatal visits and 9% had 1-3 antenatal visits (Figure 5.2.1).
- 9% of pregnant Aboriginal women had GP and/or midwife led care, 83% had Specialist led care, 15% each had midwife led care and birth unit/centre care; and 8% accessed antenatal care through the Aboriginal Birthing Program (Figure 5.2.3).



Aboriginal people in the Landscape and the State

From 2008-2012, among all pregnant Aboriginal women in the Inner North Metro Landscape and the State (Supplementary Tables 5.2.1 and 5.2.2):

- A higher proportion of pregnant women across the Landscape attended 7 or more antenatal visits (66%), 4-6 antenatal visits (19%) than the State (64% and 17% respectively) and a lower proportion attended 1-3 antenatal visits (9%) in the Landscape compared to the State (11%) (Figure 5.2.1).
- The proportion of pregnant Aboriginal women in South Australia attending 7 or more antenatal visits increased by 14% from 2003-2004 to 2011-2012. There was also an increase in the proportion of women attending 4-6 antenatal visits and a reduction in the number attending 1-3 or no visits over the ten-year period (Figure 5.2.2).
- A smaller proportion of pregnant Aboriginal women in the Landscape accessed GP and/or midwife led care (9%) and the Aboriginal Birthing Program (8%) than the State (36% and 17% respectively). A higher proportion of Aboriginal women in the Landscape accessed Specialist led care (83%) than the State (62%) (Figure 5.2.3).

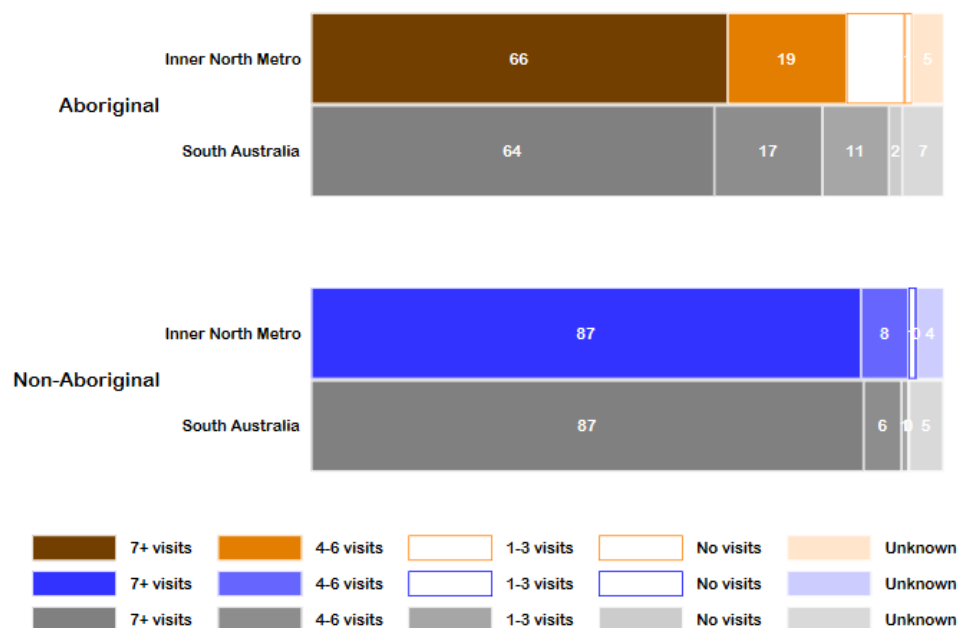


Aboriginal and non-Aboriginal people in the Landscape and the State

From 2008-2012, among all pregnant women in the Inner North Metro Landscape and the State (Supplementary Tables 5.2.1 and 5.2.2):

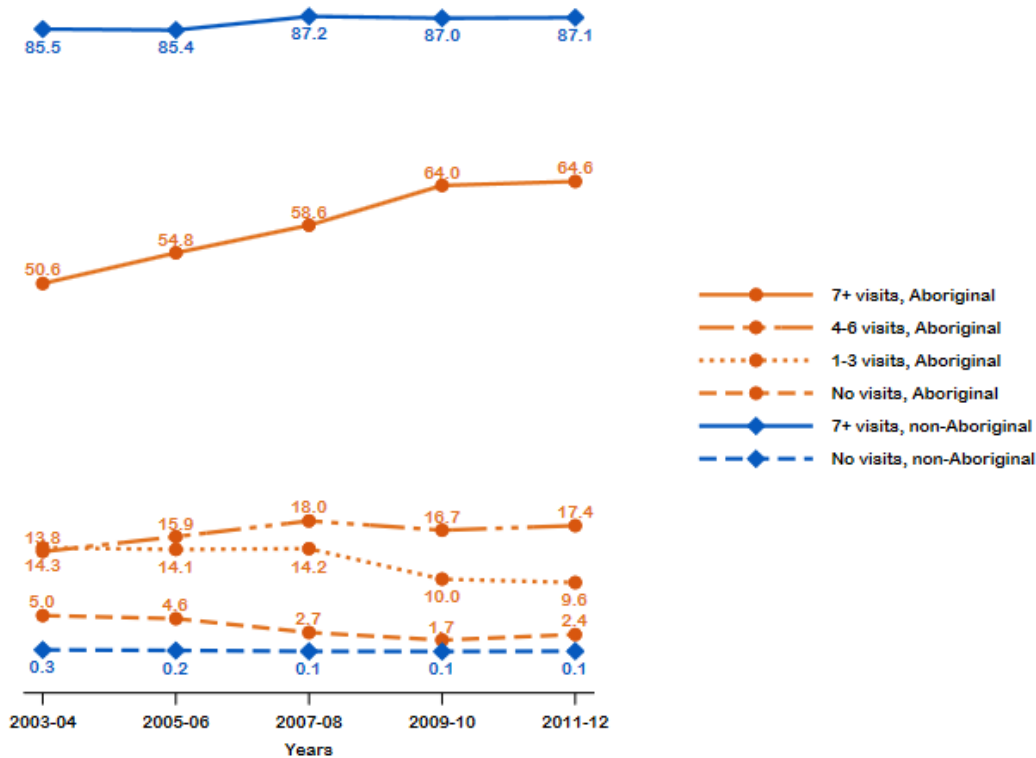
- There was a 21% difference in the proportion of Aboriginal (66%) compared to non-Aboriginal women (87%) attending 7 or more antenatal visits in the Landscape and this difference was higher (23%) at the State level (Aboriginal women: 64%, non-Aboriginal women: 87%) (Figure 5.2.1).
- While there was 14% increase in the proportion of Aboriginal women in South Australia attending 7 or more antenatal visits from 51% in 2003-07 to 65% in 2008-12, the proportion of non-Aboriginal women attending 7 or more visits remained substantially higher and relatively stable over the period, with 87% attending 7 or more antenatal visits in 2008-12 compared to 86% in 2003-07 (Figure 5.2.2).
- While the proportion of Aboriginal women across South Australia who did not attend an antenatal clinic during their pregnancy decreased from 5% in 2003-07 to 2% in 2008-12, almost no non-Aboriginal women (0.1%) did not attend an antenatal clinic during pregnancy over the ten-year period in the State (Figure 5.2.2).
- A lower proportion of Aboriginal women accessed GP and/or midwife led care (9%) and Specialist led care (83%) than non-Aboriginal women (10% and 91% respectively) in the Landscape. Aboriginal women had access to an additional service, provided in the form of the Aboriginal Birthing Program which was accessed by 8% of Aboriginal women (Figure 5.2.3).
- At the State level, a higher proportion of Aboriginal women accessed GP and/or midwifery care (36%) than non-Aboriginal women (22%), while a smaller proportion of Aboriginal women (62%) accessed Specialist-led care during pregnancy than non-Aboriginal women (77%) (Figure 5.2.3).

5.2.1. Number of antenatal visits among women who gave birth, by mother's Aboriginal status, Inner North Metro Landscape and South Australia, 2008 - 2012



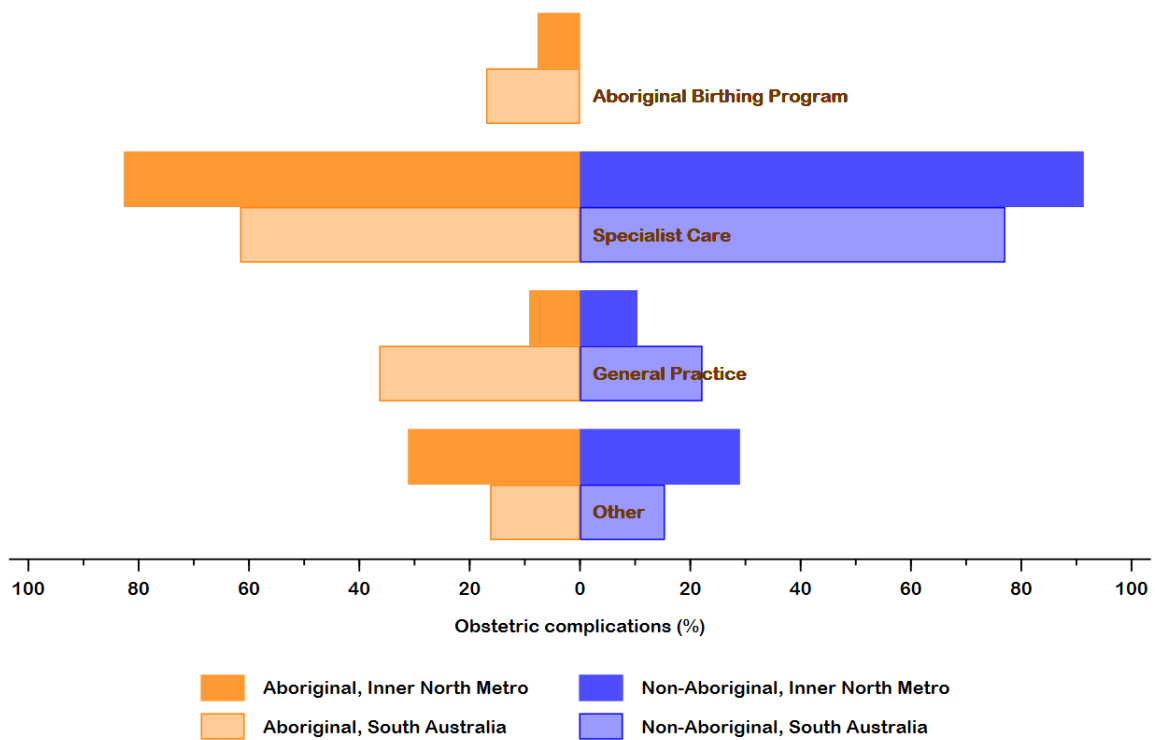
Source: SA Health, Pregnancy Outcome Unit, Perinatal Statistics Collection. See Appendix 4 for notes related to analysis.

5.2.2. Trends in number of antenatal visits among women who gave birth, by mother's Aboriginal status, South Australia, 2003-04 - 2011-12



Source: SA Health, Pregnancy Outcome Unit, Perinatal Statistics Collection. See Appendix 4 for notes related to analysis.

5.2.3. Type of antenatal care among women who gave birth, by mother's Aboriginal status, Inner North Metro Landscape and South Australia, 2008 - 2012



Source: SA Health, Pregnancy Outcome Unit, Perinatal Statistics Collection. See Appendix 4 for notes related to analysis.

5.3. Birthweight



Definition

Very low birth weight is defined as less than 1,500g, while low birth weight is defined as 1,500g to less than 2,500g. Normal birthweight is 2,500g to less than 4,000g, and high is 4,000 or more.



Aboriginal people in the Landscape

In 2008-2012, among Aboriginal babies in the Inner North Metro Landscape (Figure 5.3.1, Supplementary Table 5.3.1):

- 80% of Aboriginal babies born were within healthy weight range, 13% were born with low birthweight and 8% of Aboriginal babies were born with high birthweight in the Landscape.



Aboriginal people in the Landscape and the State

In 2008-2012, among Aboriginal babies in the Inner North Metro Landscape and the State (Figure 5.3.1, Supplementary Table 5.3.1):

- An additional 1% of Aboriginal babies born in the Landscape (80%) were of healthy birthweight than the Aboriginal State average of 79%.
- A similar proportion of Aboriginal babies were born with low birth weight in the Landscape (13%) and the State (13%).

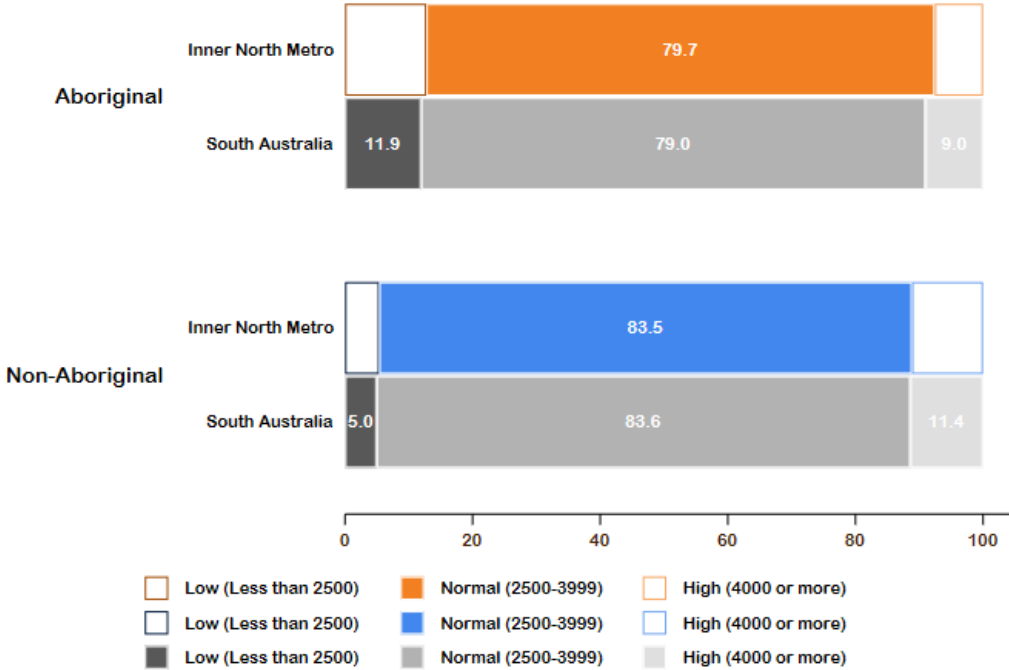


Aboriginal and non-Aboriginal people in the Landscape and the State

In 2008-2012, among Aboriginal and non-Aboriginal babies in the Inner North Metro Landscape and the State (Figure 5.3.1, Supplementary Table 5.3.1):

- A lower proportion of healthy birthweight babies were born to Aboriginal mothers (80%) than non-Aboriginal mothers (84%) in the Landscape.
- At the State level, a lower proportion of healthy birthweight babies were born to Aboriginal mothers (79%) than non-Aboriginal mothers (84%). An additional 7% of babies born to Aboriginal mothers (12%) were of low birthweight than babies born to non-Aboriginal mothers (5%).

5.3.1. Prevalence of low birthweight, by mother's Aboriginal status, Inner North Metro Landscape and South Australia, 2008 - 2012



Source: SA Health, Pregnancy Outcome Unit, Perinatal Statistics Collection. See Appendix 4 for notes related to analysis.

5.4. Smoking during pregnancy

As part of the South Australian Perinatal Statistics Collection, pregnant women are asked about smoking status during their first antenatal visit, with categories of non-smoker, former smoker who quit prior to first antenatal visit, or current smoker. Additionally, pregnant women are asked how many cigarettes they smoked per day on average during the second half of pregnancy.

Aboriginal people in the Landscape

From 2008-2012, among all pregnant Aboriginal women in the Inner North Metro Landscape (Supplementary Tables 5.4.1 and 5.4.2):

- 39% reported being non-smokers, 53% were current smokers and 8% had quit smoking prior to the first antenatal visit (Figure 5.4.1).
- 47% of pregnant Aboriginal women had not smoked any cigarettes during the second half of their pregnancy, while 30% had smoked 1-10 cigarettes per day (Figure 5.4.2).

Aboriginal people in the Landscape and the State

From 2008-2012, among all pregnant Aboriginal women in the Inner North Metro Landscape and the State (Supplementary Tables 5.4.1 and 5.4.2):

- A similar proportion of pregnant Aboriginal women in the Landscape and the State were non-smokers at their first antenatal visit (39%). A higher proportion of pregnant Aboriginal women had quit smoking prior to their first visit in the Landscape (8%) compared to the State (6%) (Figure 5.4.1).

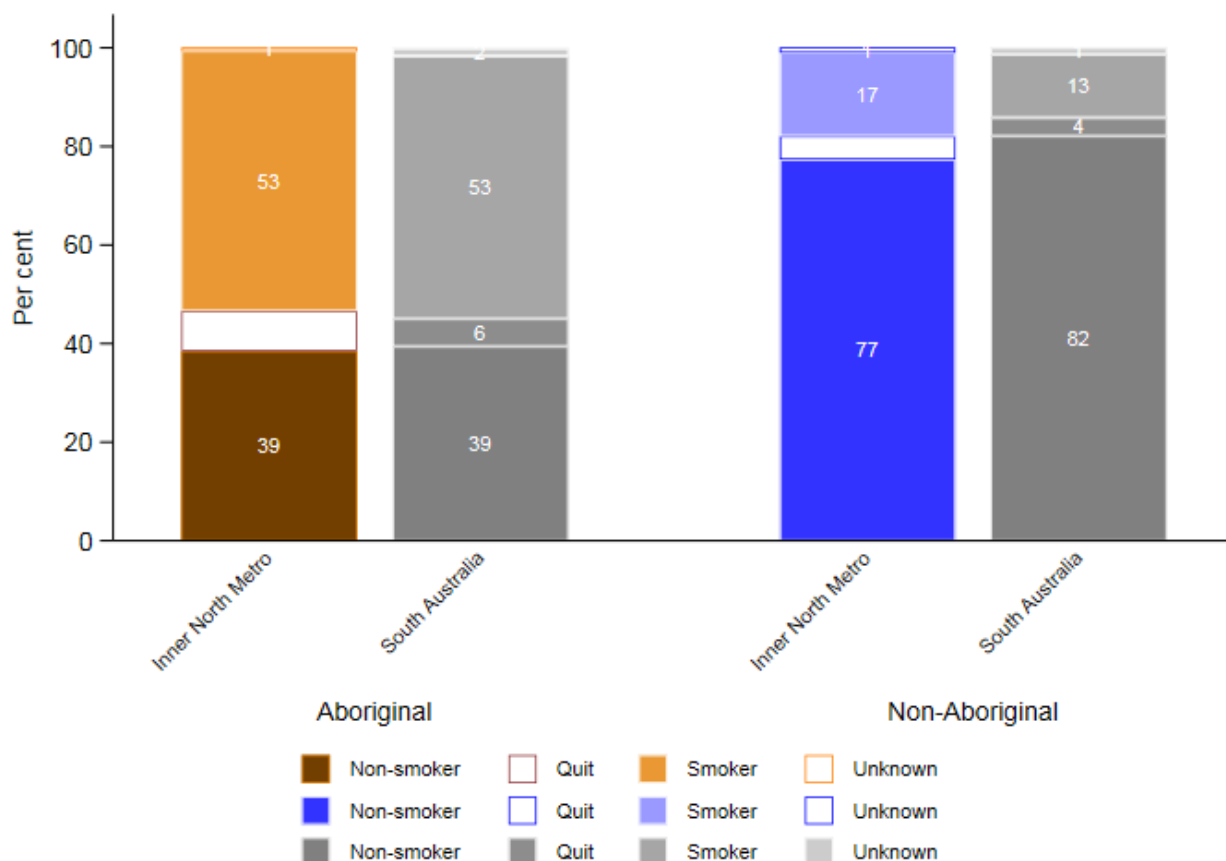
- The proportion of Aboriginal women in South Australia who smoked no cigarettes in the second half of pregnancy increased by nine percent from 39% in 2003-04 to 48% in 2011-12, while the proportion who smoked greater than 10 per day decreased by six percent from 19% in 2003-04 to 13% in 2011-12 (Figure 5.4.2).

Aboriginal and non-Aboriginal people in the Landscape and the State

From 2008-2012, among all pregnant Aboriginal and non-Aboriginal women in the Inner North Metro Landscape and the State (Supplementary Tables 5.4.1 and 5.4.2):

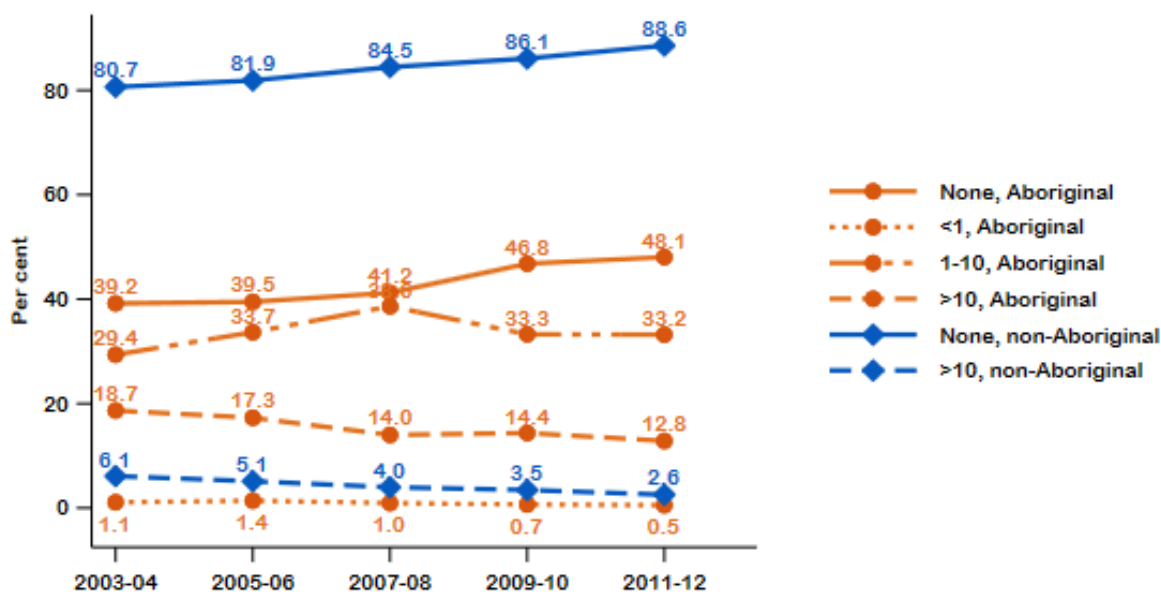
- In the Landscape, a substantially higher proportion of Aboriginal women were still smoking at their first antenatal visit (53%) than non-Aboriginal women (17%) (Figure 5.4.1).
- At the State level, 53% of Aboriginal women reporting smoking at their first antenatal visit, compared to 13% of non-Aboriginal women (Figure 5.4.1).
- From 2003-04 to 2011-12, there were similar increases in the proportion of Aboriginal and non-Aboriginal women who did not smoke in the second half of the pregnancy across the State (9% increase for both groups) (Figure 5.4.2).
- The proportion of Aboriginal women smoking more than 10 cigarettes per day in the second half of pregnancy decreased by 6%, while the proportion of non-Aboriginal women smoking more than 10 cigarettes decreased by 3% and was approximately 10% lower than the Aboriginal proportion across the period (Figure 5.4.2).

5.4.1. Tobacco smoking status at first antenatal visit among women who gave birth, by mother's Aboriginal status, Inner North Metro Landscape and South Australia, 2008 - 2012



Source: SA Health, Pregnancy Outcome Unit, Perinatal Statistics Collection. See Appendix 4 for notes related to analysis.

5.4.2. Average number of cigarettes smoked per day in the second half of pregnancy, by mother's Aboriginal status, South Australia, 2003-04 – 2011-12



Source: SA Health, Pregnancy Outcome Unit, Perinatal Statistics Collection. See Appendix 4 for notes related to analysis.

5.5. Medical conditions and obstetric complications



Definition

As part of the South Australian Perinatal Statistics Collection, pregnant women are assessed for pre-existing medical conditions, including specifically urinary tract infections (UTI), asthma, anaemia, hypertension, diabetes and epilepsy, as well as any other pre-existing conditions deemed relevant. Obstetric complications (during pregnancy or labour) are also recorded, including threatened miscarriage, various types of antepartum haemorrhage, pregnancy hypertension, gestational diabetes, suspected intrauterine growth restriction, and any other complications^a.

^aScheil W, Jolly K, Scott J, Catcheside B, Sage L, Kennare R. Pregnancy Outcome in South Australia 2014. Adelaide: Pregnancy Outcome Unit, SA Health, Government of South Australia, 2016.

As pregnant women may have multiple pre-existing conditions or obstetric complications, the proportions in this section may not add up to 100%.



Aboriginal people in the Landscape

From 2008-2012, among all pregnant Aboriginal women in the Inner North Metro Landscape (Supplementary Tables 5.5.1 and 5.5.2):

- 19% of pregnant Aboriginal women had pre-existing anaemia, 12% had pre-existing asthma, and 5% had pre-existing UTI. 30% of Aboriginal women had other, unspecified pre-existing conditions whereas 35% Aboriginal women experienced no pre-existing medical conditions (Figure 5.5.1).
- 6% of pregnant Aboriginal women experienced antepartum haemorrhage, 10% had developed pregnancy hypertension, 7% developed gestational diabetes and 26% had other, unspecified obstetric complications in the Landscape (Figure 5.5.2).



Aboriginal people in the Landscape and the State

From 2008-2012, among all pregnant Aboriginal women in the Inner North Metro Landscape and the State (Supplementary Tables 5.5.1 and 5.5.2):

- A smaller proportion of pregnant Aboriginal women in the Landscape had pre-existing anaemia (Landscape: 19%, State: 22%) or a urinary tract infection (Landscape: 5%, State: 9%) and a higher proportion had pre-existing asthma (Landscape: 12%, State: 8%) and other, unspecified complications (Landscape: 30%, State: 22%) than the State (Figure 5.5.1).
- A higher proportion had experienced antepartum haemorrhage (6%), developed pregnancy hypertension (10%) in the Landscape than the State (4% and 8% respectively). Whereas, a similar proportion had developed gestational diabetes (7%) and other (26%), unspecified obstetric complications than Aboriginal women across the State (Figure 5.5.2).

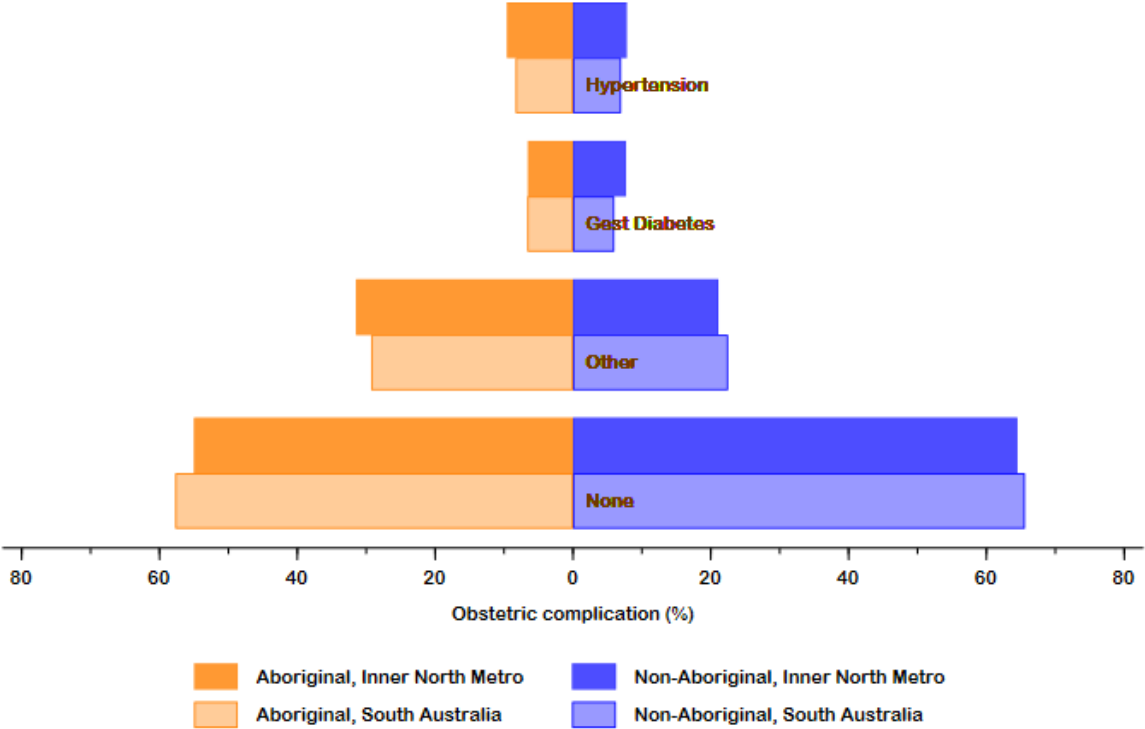


Aboriginal and non-Aboriginal people in the Landscape and the State

From 2008-2012, among all pregnant Aboriginal and non-Aboriginal women in the Inner North Metro Landscape and the State (Supplementary Tables 5.5.1 and 5.5.2):

- In the Landscape, more Aboriginal women had any given type of pre-existing condition than non-Aboriginal women. Among non-Aboriginal women, 8% had pre-existing anaemia and asthma; and 25% had other, unspecified pre-existing conditions. A higher proportion of non-Aboriginal women (55%) had no pre-existing medical conditions, than Aboriginal women (35%) (Figure 5.5.1).
- A higher proportion of pregnant Aboriginal women in South Australia had pre-existing anaemia (22%) and a urinary tract infection (9%) than non-Aboriginal women within the State (6% and 2% respectively) (Figure 5.5.1).
- Antepartum haemorrhage (Aboriginal: 4%, non-Aboriginal: 3%) and gestational diabetes (Aboriginal: 7%, non-Aboriginal: 6%) affected similar proportions of Aboriginal and non-Aboriginal women across the State. However, a higher proportion of Aboriginal women in the Landscape (26%) and across the State (26%) experienced other, unspecified type of obstetric complications than non-Aboriginal women (18% and 19% respectively) (Figure 5.5.2).

5.5.1. Prevalence of selected pre-existing medical conditions during pregnancy, by mother's Aboriginal status, Inner North Metro Landscape and South Australia, 2008 - 2012



Source: SA Health, Pregnancy Outcome Unit, Perinatal Statistics Collection. See Appendix 4 for notes related to analysis.

5.5.2. Prevalence of selected obstetric complications among women who gave birth, by mother's Aboriginal status, Inner North Metro Landscape and South Australia, 2008 - 2012

Source: SA Health, Pregnancy Outcome Unit, Perinatal Statistics Collection. See Appendix 4 for notes related to analysis.

CHAPTER 6. EARLY CHILDHOOD DEVELOPMENT

Mind and brain research shows that the early years play a key role in children's brain development. Children's early experiences – the bonds they form with their parents and their first learning experiences – deeply affect their future physical, cognitive, emotional and social development.(32)

“Children and young people are at the heart of Aboriginal families and culture. The strength and health of communities can be assessed by thriving, happy and healthy children and young people”. Women's and Children's Health Network, Aboriginal Health Plan 2018 – 2022, Department of Health and Aging.

6.1. Australian Early Development Census



Definition

The Australian Early Development Census (AEDC) is a government funded nationwide survey conducted every three years among children entering their first year of school. The census is completed by school teachers and seeks to understand how Australian children are developing within the domains of physical health and wellbeing, social competence, emotional maturity, language and cognitive skills (school-based), and communication skills and general knowledge. Domain scores range from 0 (most developmentally vulnerable) to 10 (least developmentally vulnerable). Children are considered to be on track in a domain if they scored in the 25th percentile (top 75 per cent) of the national sample^a.

^aAustralian Government Department of Education and Training, Australian Early Development Census (AEDC) Data Guidelines, 2017.

Disclaimer: This report uses data from the Australian Early Development Census (AEDC). The AEDC is funded by the Australian Government Department of Education and Training. The findings and views reported are those of the authors and should not be attributed to the Department or the Australian Government.



Aboriginal people in the Landscape

In 2009-10, 2012 and 2015, within the developmental domains of physical health and wellbeing, social competence, emotional maturity, language and cognitive skills (school based), and communication skills and general knowledge (Figure 6.1.1 and Supplementary Table 6.1.1):

- One fifth (18%) of the children in the Inner North Metro Landscape were not on track in any of the developmental domains and 82% were on track in one or more domains.
- 31% of Aboriginal children in the Landscape were on track in all five domains of childhood development.
- A higher proportion of Aboriginal girls (39%) in the Landscape were on track in all five domains than Aboriginal boys (22%).



Aboriginal people in the Landscape and the State

In 2009-10, 2012 and 2015, in their first year of school, within the developmental domains of physical health and wellbeing, social competence, emotional maturity, language and cognitive skills (school based), and communication skills and general knowledge (Figure 6.1.1 and Supplementary Table 6.1.1):

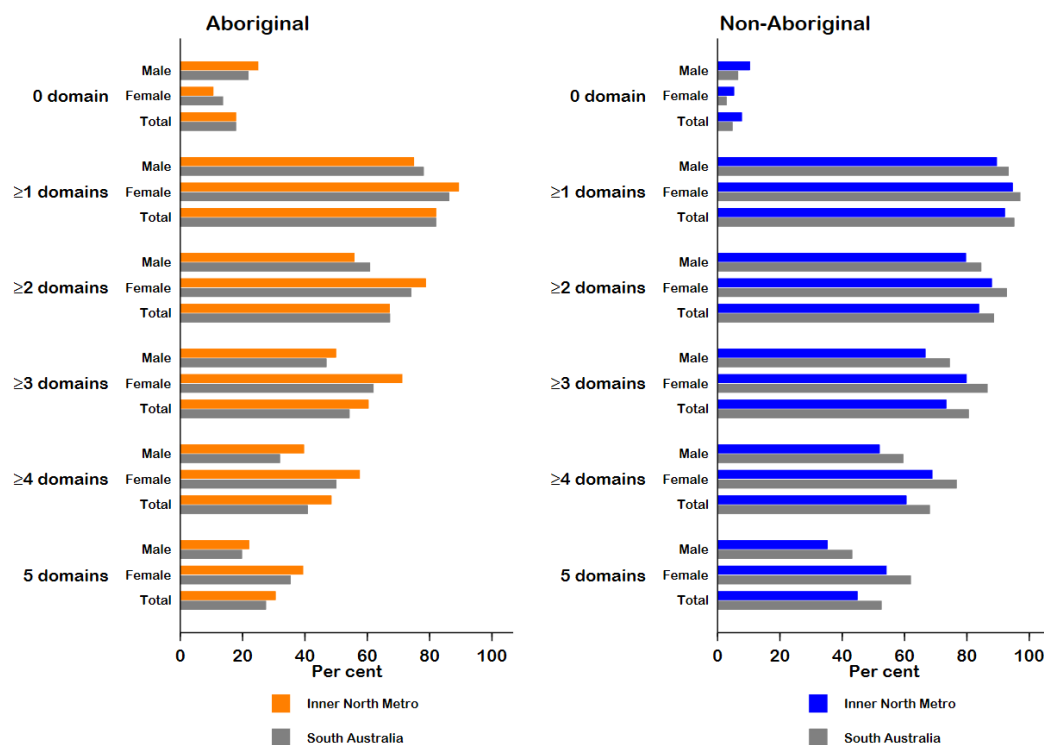
- A similar proportion (82%) of Aboriginal children in the Landscape and the State were on track in at least one domain.
- A higher proportion (31%) of Aboriginal children in the Landscape were on track in all five domains than Aboriginal children across the State (28%).

Aboriginal and non-Aboriginal people in the Landscape and the State

In 2009-10, 2012 and 2015, in their first year of school, within the developmental domains of physical health and wellbeing, social competence, emotional maturity, language and cognitive skills (school based), and communication skills and general knowledge (Figure 6.1.1 and Supplementary Table 6.1.1):

- A higher proportion (18%) of Aboriginal children in the Inner North Metro Landscape were not on track in any of the five domains than non-Aboriginal children (8%).
- A smaller proportion (31%) of Aboriginal children in the Inner North Metro Landscape were on track in all five domains than non-Aboriginal children (45%).
- Across the State, a higher proportion of Aboriginal children (18%) were not on track in any of the domains of childhood development than non-Aboriginal children (5%); a similar pattern was seen for boys (Aboriginal: 22%, non-Aboriginal: 7%) and girls (Aboriginal: 14%, non-Aboriginal: 3%).
- Furthermore, a smaller proportion of Aboriginal children (28%) were on track in all five domains than non-Aboriginal children across the State (53%).

6.1.1. Proportion of children who were on track in all five domains upon entering their first year of full-time school, by Aboriginal status, sex, Inner North Metro Landscape and South Australia, 2009-10, 2012 and 2015



Source:

The Social Research Centre on behalf of the Australian Government Department of Education and Training, Australian Early Development Census. See Appendix 4 for notes related to analysis.

CHAPTER 7. HEALTH BEHAVIOURS

Health behaviours are influenced by underlining social and economic factors.(33) It is evident that contemporary health and health-related behaviours of the Aboriginal population are linked to systemic and historical factors, such as separation of families and removal of children from families and severed connection to homelands impacting on food source and ways of life. These processes of colonisation affect individuals and are also increasingly understood to have an intergenerational impact.(34) The disparities in health and differences in health behaviours between Aboriginal and non-Aboriginal populations are likely to be largely a reflection of complex social factors, including past atrocities and continued discrimination.(34)

7.1. Weight



Definition

Weight status is defined according to body mass index (BMI), which is calculated by dividing weight in kilograms by height in metres squared (kg/m^2). The World Health Organization defines normal weight in adults as a BMI score of 18.5 – 24.9 kg/m^2 , overweight as 25.0 – 29.9 kg/m^2 and obesity as 30 kg/m^2 and over^a. Measuring overweight and obesity in children is more complex than in adults^b. Weight is considered a proxy for health behaviours relating to food and beverage consumption and physical activity.

^aWorld Health Organization. Physical Status: The Use and Interpretation of Anthropometry - Report of a WHO Expert Committee Geneva: WHO; 1995.

^bWorld Health Organization. BMI-for-age (5-19 years) Geneva: WHO; 2018.

Data on weight were only available at Primary Health Network (PHN) level. Adelaide PHN covers metropolitan Landscapes and Country SA PHN covers regional and remote Landscapes.



Aboriginal people in the Landscape

In 2012-13, among Aboriginal people in Adelaide PHN (Supplementary Table 7.1.1):

- The majority of Aboriginal children were of normal or low weight (boys: 68%, girls: 60%) (Figure 7.1.1).
- In contrast, the majority of Aboriginal adults (age 18 years and over) were overweight or obese (66%) (Figure 7.1.2).
- A higher proportion of Aboriginal women (67%) were overweight than Aboriginal men (62%) (Figure 7.1.2).



Aboriginal people in the Landscape and the State

In 2012-13, among Aboriginal people in Adelaide PHN and the State (Supplementary Table 7.1.1):

- 4% more children were not overweight or obese than Aboriginal children in the State (Adelaide PHN: 67%, State: 63%) (Figure 7.1.1).
- 5% more Aboriginal adults were of healthy weight in the Adelaide PHN than the overall South Australian Aboriginal adult population (Adelaide PHN: 37%, State: 32%) (Figure 7.1.2).

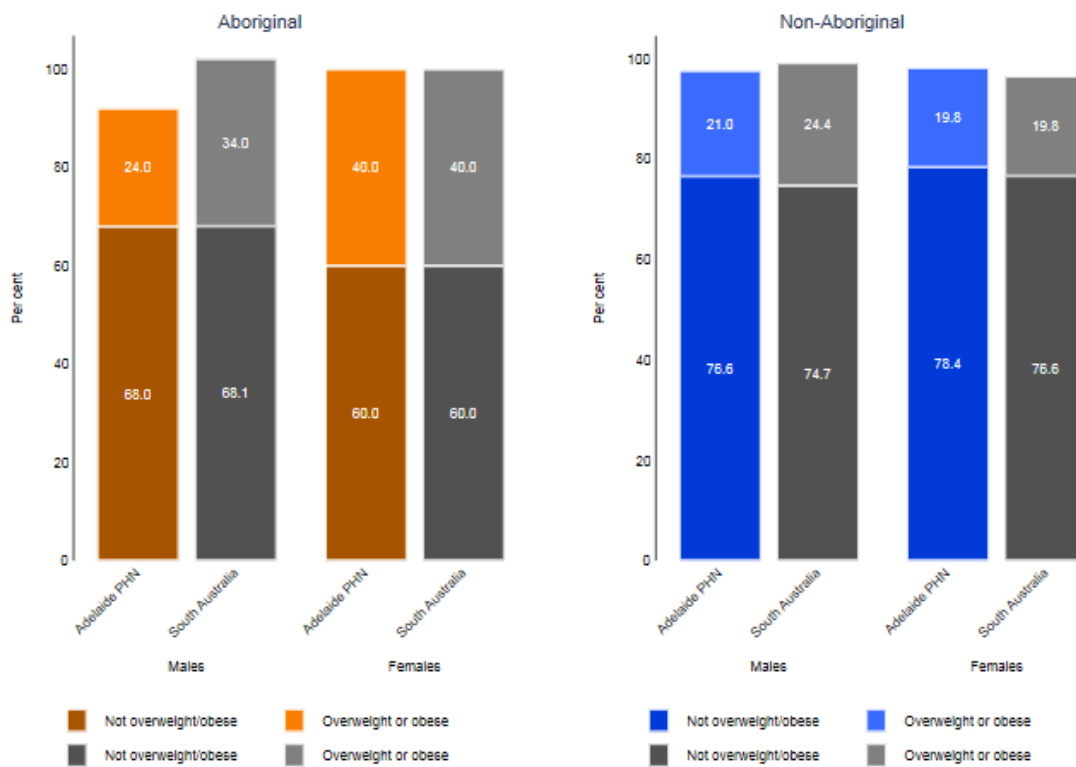


Aboriginal and non-Aboriginal people in the Landscape and the State

In 2012-13 and 2014-15, among Aboriginal and non-Aboriginal people in Adelaide PHN and the State (Supplementary Table 7.1.1):

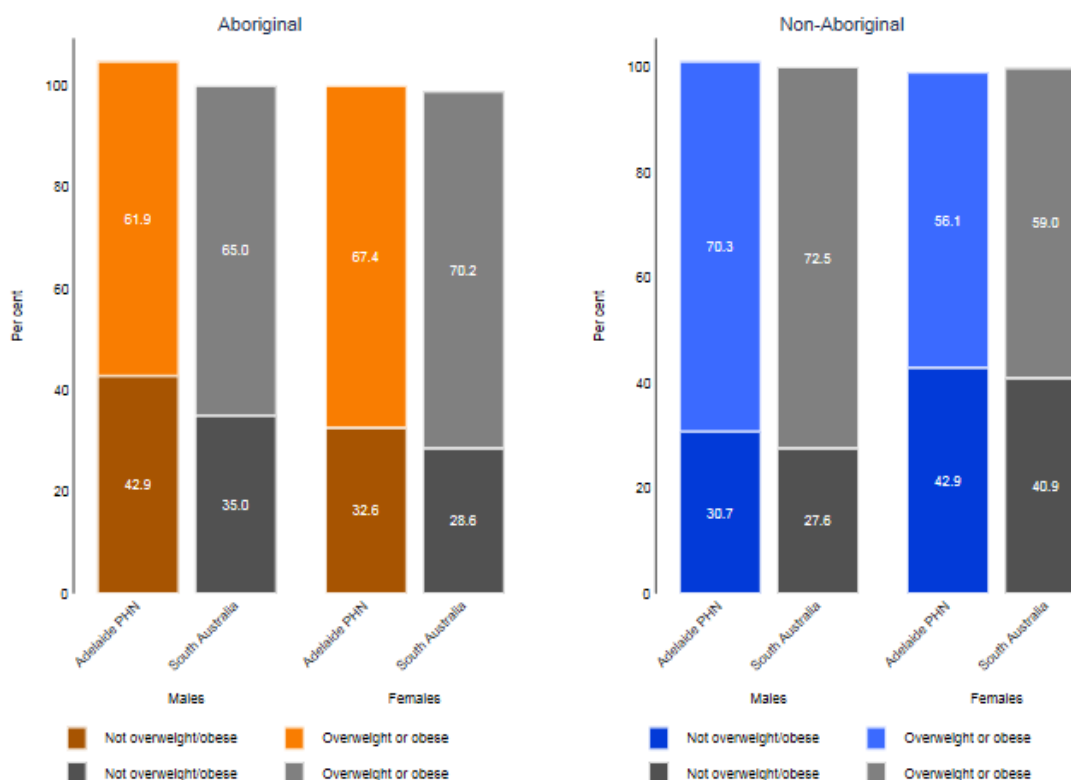
- A higher proportion of Aboriginal women (Adelaide PHN: 67%, State: 70%) and children of both sexes (Adelaide PHN: 38%, State: 36%) were overweight or obese than non-Aboriginal women (Adelaide PHN: 56%, State: 59%) and children (Adelaide PHN: 21%, State: 23%)(Figures 7.1.1 and 7.1.2).
- A higher proportion of Aboriginal men (Adelaide PHN: 43%, State: 35%) were of normal weight or underweight than non-Aboriginal men (Adelaide PHN: 31%, State: 28%). Overall, overweight and obesity affect a large proportion of the male population in South Australia (Figure 7.1.2).

7.1.1. Proportion of children aged 2 – 17 years who were overweight or obese, by Aboriginal status, sex, Adelaide PHN and South Australia, 2012-13 and 2014-15



Source: Australian Bureau of Statistics, Australian Aboriginal and Torres Strait Islander Health Survey 2012-13 (source of Aboriginal data) and National Health Survey 2014-15 (source of non-Aboriginal data), TableBuilder, accessed 29 January 2018. See Appendix 4 for notes related to analysis.

7.1.2. Proportion of adults aged 18 years and over who were overweight or obese, by Aboriginal status, sex, Adelaide PHN and South Australia, 2012-13 and 2014-15



Source: Australian Bureau of Statistics, Australian Aboriginal and Torres Strait Islander Health Survey 2012-13 (source of Aboriginal data) and National Health Survey 2014-15 (source of non-Aboriginal data), TableBuilder, accessed 29 January 2018. See Appendix 4 for notes related to analysis.

7.2. Nutrition



Definition

The 2013 Australian Dietary Guidelines (NHMRC) recommend a minimum number of serves of fruit and vegetables each day depending on a person's age and sex³. Information on fruit and vegetable consumption was collected in the Australian Aboriginal and Torres Strait Islander Health Survey 2012-13 and the National Health Survey 2014-15 (ABS).

³National Health and Medical Research Council. Australian Dietary Guidelines. Canberra; 2013.

Data on nutrition were only available at Primary Health Network (PHN) level. Adelaide PHN covers metropolitan Landscapes and Country SA PHN covers regional and remote Landscapes.

Aboriginal people in the Landscape

In 2012-13, among Aboriginal people aged 2 years and over, in Adelaide PHN (Figure 7.2.1, Supplementary Table 7.2.1):

- 7% of Aboriginal males and 6% of Aboriginal females met recommendations for daily fruit and vegetable consumption.



Aboriginal people in the Landscape and the State

In 2012-13, among Aboriginal people aged 2 years and over, in Adelaide PHN and the State (Figure 7.2.1, Supplementary Table 7.2.1):

- The proportion of people who met the recommended daily serves of fruit and vegetables was similar in Adelaide PHN (7%) and the State (7%).

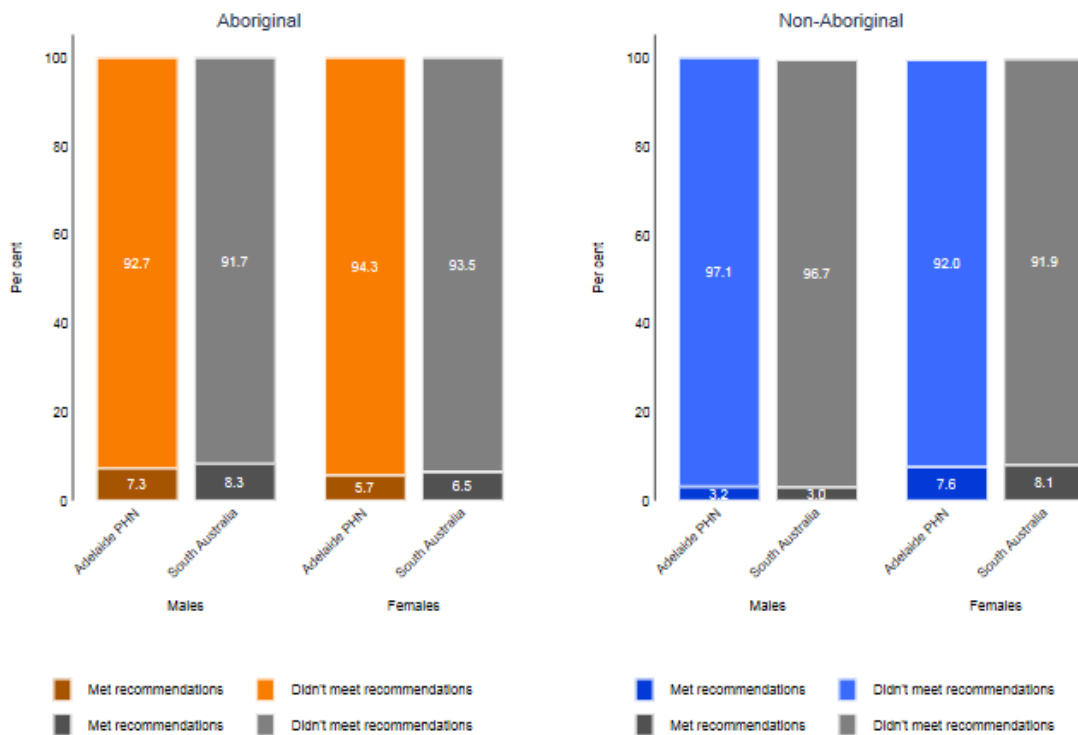


Aboriginal and non-Aboriginal people in the Landscape and the State

In 2012-13, among Aboriginal and non-Aboriginal people aged 2 years and over, in Adelaide PHN and the State (Figure 7.2.1, Supplementary Table 7.2.1):

- A higher proportion of Aboriginal males met fruit and vegetable recommendations than non-Aboriginal males in both Adelaide PHN (7% vs 3%) and the State (8% vs 3%).
- A similar proportion of Aboriginal (Adelaide PHN: 6%, State: 7%) and non-Aboriginal females (Adelaide PHN: 8%, State: 8%) met the recommendations for daily fruit and vegetable consumption.

7.2.1. Proportion of people aged 2 years and above who met recommendations for daily fruit and vegetable consumption, by Aboriginal status, sex, Adelaide PHN and South Australia, 2012-13 and 2014-15



Source: Australian Bureau of Statistics, Australian Aboriginal and Torres Strait Islander Health Survey 2012-13 (source of Aboriginal data) and National Health Survey 2014-15 (source of non-Aboriginal data), TableBuilder, accessed 29 January 2018. See Appendix 4 for notes related to analysis.

7.3. Tobacco Use



Definition

Tobacco use data was collected in the National Aboriginal and Torres Strait Islander Social Survey 2014–15 and the National Health Survey 2014–15. Participants aged 15 years and over were asked if they had ever smoked tobacco, were former smokers or less than daily smokers, or were daily smokers.

Data on tobacco use were only available at Primary Health Network (PHN) level. Adelaide PHN covers metropolitan Landscapes and Country SA PHN covers regional and remote Landscapes.



Aboriginal people in the Landscape

In 2014-15, among Aboriginal people in Adelaide PHN (Figure 7.3.1, Supplementary Table 7.3.1):

- The proportion of people who were former or less than daily smokers was similar for Aboriginal men (28%) and Aboriginal women (26%).
- A substantially higher proportion of Aboriginal women (42%) were daily smokers than Aboriginal men (26%).
- There was a lower proportion of Aboriginal women (33%) who had never smoked than Aboriginal men (46%).



Aboriginal people in the Landscape and the State

In 2014-15, among Aboriginal people in Adelaide PHN and the State (Figure 7.3.1, Supplementary Table 7.3.1):

- There were a higher proportion of Aboriginal men who had never smoked (Adelaide PHN: 46%, State: 36%) and 6% fewer daily smokers in Adelaide PHN than the State (Adelaide PHN: 26%, State: 32%).
- There were a smaller proportion of Aboriginal women who had never smoked (Adelaide PHN: 33%, State: 38%) and a higher proportion who were daily smokers (Adelaide PHN: 42%, State: 37%) in Adelaide PHN than the State.

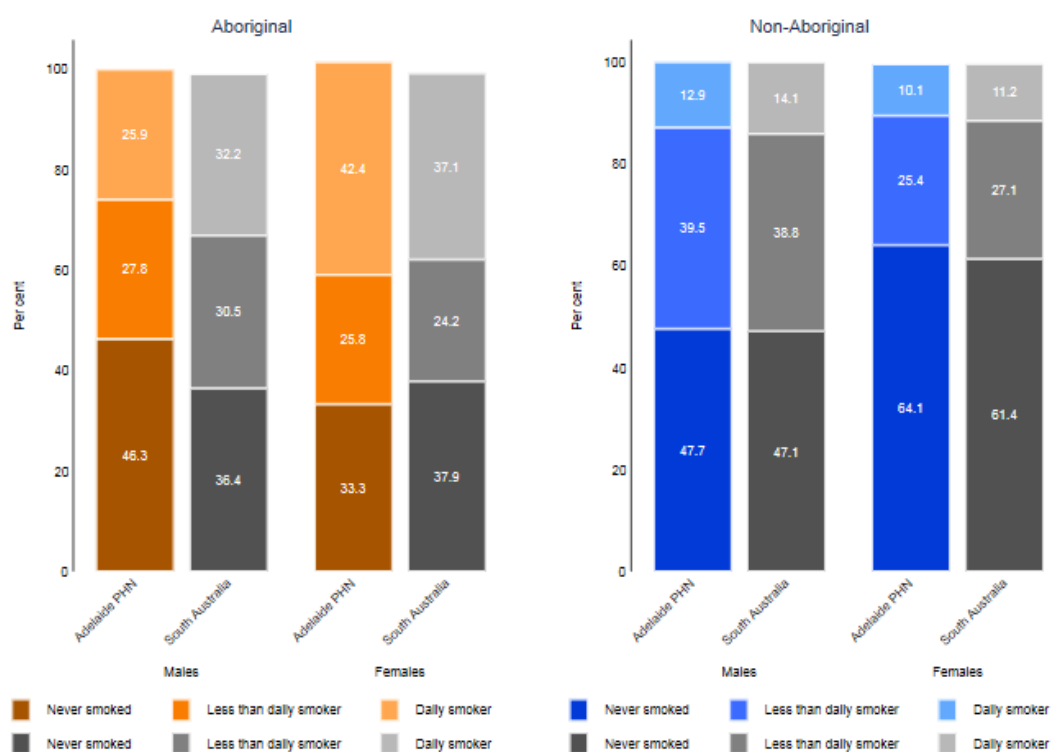


Aboriginal and non-Aboriginal people in the Landscape and the State

In 2014-15, among Aboriginal and non-Aboriginal people in Adelaide PHN and the State, (Figure 7.3.1, Supplementary Table 7.3.1):

- A smaller proportion of Aboriginal men (Adelaide PHN:46%, State:36%) and women (Adelaide PHN:33%, State:38%) had never smoked than non-Aboriginal men (Adelaide PHN: 48%, State: 47%) and women (Adelaide PHN: 64%, State: 61%) in both Adelaide PHN and the State.
- In Adelaide PHN, 26% of Aboriginal men smoked daily compared to 13% of non-Aboriginal men and 42% of Aboriginal women smoked daily compared to 10% of non-Aboriginal women.
- In Adelaide PHN, 33% of Aboriginal women had reported never smoking compared to 64% of non-Aboriginal women.

7.3.1. Proportion of adults aged 15 years and over who reported being daily smokers, by Aboriginal status, sex, Adelaide PHN and South Australia, 2014-15



Source: Australian Bureau of Statistics, National Aboriginal and Torres Strait Islander Social Survey 2014-15 (source of Aboriginal data) and National Health Survey 2014-15 (source of non-Aboriginal data), TableBuilder, accessed 01 February 2018. See Appendix 4 for notes related to analysis.

7.4. Alcohol Consumption



Definition

There are two sets of NHMRC guidelines for alcohol consumption: one recommends a drinking limit to follow over one's whole lifetime, while the other focuses on limiting the number of drinks during a single drinking session⁹. Data on alcohol consumption was collected from adults aged 15 years and over in the National Aboriginal and Torres Strait Islander Social Survey 2014-15 (ABS). There is no non-Aboriginal data for comparison, as the questions asked were not the same.

⁹National Health and Medical Research Council. Australian Guidelines to Reduce Health Risks from Drinking Alcohol. Canberra: NHMRC; 2009.

Data on alcohol consumption were only available at Primary Health Network (PHN) level. Adelaide PHN covers metropolitan Landscapes and Country SA PHN covers regional and remote Landscapes.



Aboriginal people in the Landscape

In 2014-15, among Aboriginal people in Adelaide PHN (Figure 7.4.1, Supplementary Table 7.4.1):

- 37% of Aboriginal adults drank one day per year or less and the proportion for Aboriginal women was higher than Aboriginal men (men: 32%, women: 43%).
- A higher proportion of Aboriginal men (14%) exceeded the lifetime risk guidelines for alcohol consumption than Aboriginal women (5%). This was the same for single occasion risk with 33% of Aboriginal men exceeding the risk guidelines compared to 14% of Aboriginal women.
- 20% of Aboriginal people did not exceed the single occasion risk guidelines for alcohol consumption.

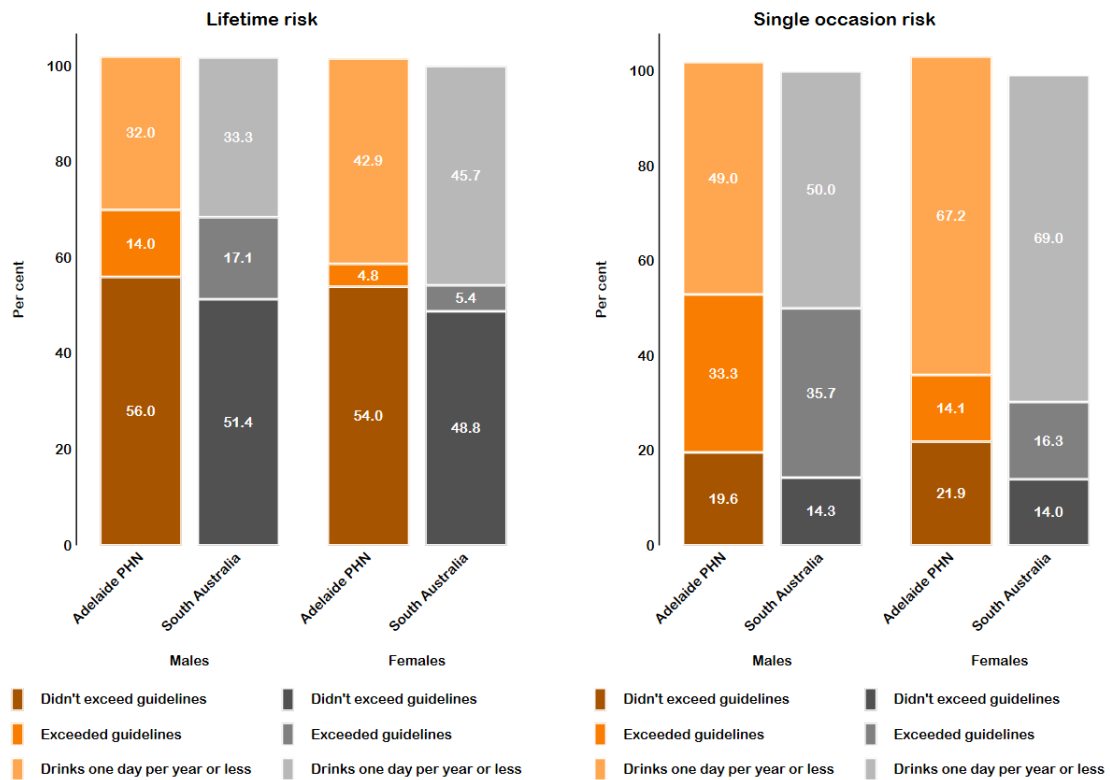


Aboriginal people in the Landscape and the State

In 2014-15, among Aboriginal people in Adelaide PHN and the State (Figure 7.4.1, Supplementary Table 7.4.1):

- A higher proportion of Aboriginal men (Adelaide PHN: 56%, State: 51%) and Aboriginal women (Adelaide PHN: 54%, State: 49%) in Adelaide PHN did not exceed lifetime risk guidelines than the Aboriginal State average.
- This pattern was the same for single occasion risk guidelines, with 6% more Aboriginal men (Adelaide PHN: 20%, State: 14%) and 8% more Aboriginal women (Adelaide PHN: 22%, State: 14%) in the Adelaide PHN did not exceed the guidelines, than the Aboriginal State average for men and women.

7.4.1. Proportion of Aboriginal adults aged 15 years and over who exceeded lifetime risk guidelines for alcohol consumption in the past 12 months or single occasion risk guidelines for alcohol consumption in the past 2 weeks, by sex, Adelaide PHN and South Australia, 2014-15



Source: Australian Bureau of Statistics, National Aboriginal and Torres Strait Islander Social Survey 2014-15, TableBuilder, accessed 02 February 2018. See Appendix 4 for notes related to analysis.

7.5. Drug and Other Substance Use



Definition

Data on drug and other substance use was collected in the National Aboriginal and Torres Strait Islander Social Survey 2014–15 (ABS). Respondents aged 15 years and over were asked whether they had in the previous 12 months: misused prescription drugs (painkillers or analgesics, tranquilisers or sleeping pills, or methadone); used marijuana, hashish or cannabis resin; sniffed petrol; sniffed glue, solvents, paint thinners, aerosols or anything else; or used Kava. Respondents were then asked whether they had ever tried any other substances that they could inject, sniff, chew, smoke or use in some other way, and asked to identify whether it was: amphetamines or speed; heroin; cocaine; LSD or synthetic hallucinogens; naturally occurring hallucinogens; or ecstasy or designer drugs. There is no non-Aboriginal data for comparison.

Data on drug and other substance use were only available at Primary Health Network (PHN) level. Adelaide PHN covers metropolitan Landscapes and Country SA PHN covers regional and remote Landscapes.



Aboriginal people in the Landscape

In 2014-15, among Aboriginal people, aged 15 years and over, in Adelaide PHN (Figure 7.5.1, Supplementary Table 7.5.1):

- 67% of Aboriginal men and 64% of Aboriginal women had never used drugs or other substances in the preceding 12 months.

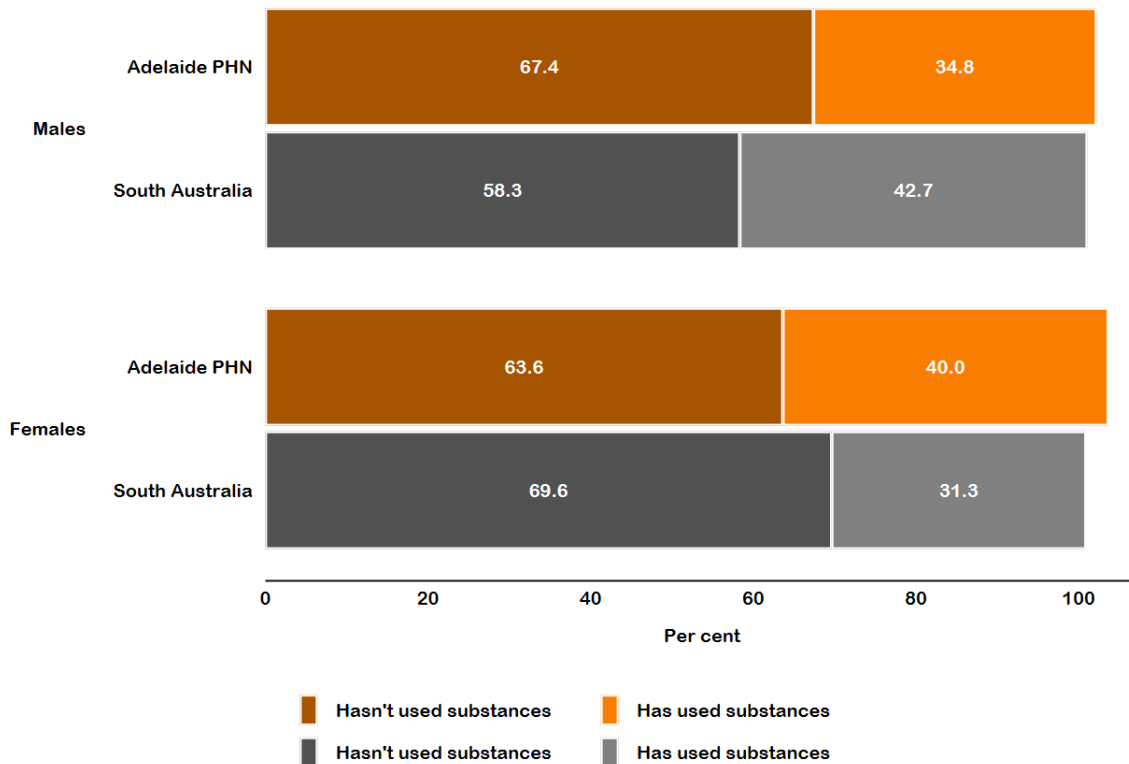


Aboriginal people in the Landscape and the State

In 2014-15, among Aboriginal people in Adelaide PHN and the State (Figure 7.5.1, Supplementary Table 7.5.1):

- A higher proportion of Aboriginal men had not used drugs or other substances in the 12 months prior to the participating in the survey in Adelaide PHN than the State (Adelaide PHN: 67%, State: 58%).
- In contrast, a higher proportion of Aboriginal women in Adelaide PHN than the State reported having used substances in the previous 12 months (Adelaide PHN: 40%, State: 31%).

7.5.1. Proportion of Aboriginal adults aged 15 years and over who reported misusing drugs or other substances in the past 12 months, by sex, Adelaide PHN and South Australia, 2014-15



Source: Australian Bureau of Statistics, National Aboriginal and Torres Strait Islander Social Survey 2014-15, TableBuilder, accessed 01 February 2018. See Appendix 4 for notes related to analysis.

7.6. Physical Activity



Definition

The National Physical Activity Guidelines for Australian Adults recommend a minimum of 150 minutes of physical activity over 5 or more sessions per week^a. Data on physical activity levels was collected in the Australian Aboriginal and Torres Strait Islander Health Survey 2012-13 and National Nutrition and Physical Activity Survey 2011-12 (ABS).

^aAustralian Government. Australia's Physical Activity and Sedentary Behaviour Guidelines. Canberra: Department of Health; 2017.

Data on physical activity were only available at Primary Health Network (PHN) level. Adelaide PHN covers metropolitan Landscapes and Country SA PHN covers regional and remote Landscapes.

Aboriginal people in the Landscape

In 2012-13, among Aboriginal people in Adelaide PHN (Figure 7.6.1, Supplementary Table 7.6.1).

- 47% of Aboriginal men and 46% of Aboriginal women met physical activity recommendations.



Aboriginal people in the Landscape and the State

In 2012-13, among Aboriginal people in Adelaide PHN and the State (Figure 7.6.1, Supplementary Table 7.6.1):

- A higher proportion of Aboriginal people in Adelaide PHN were physically active for the recommended duration and frequency than the State (Adelaide PHN: 48%, State: 45%).

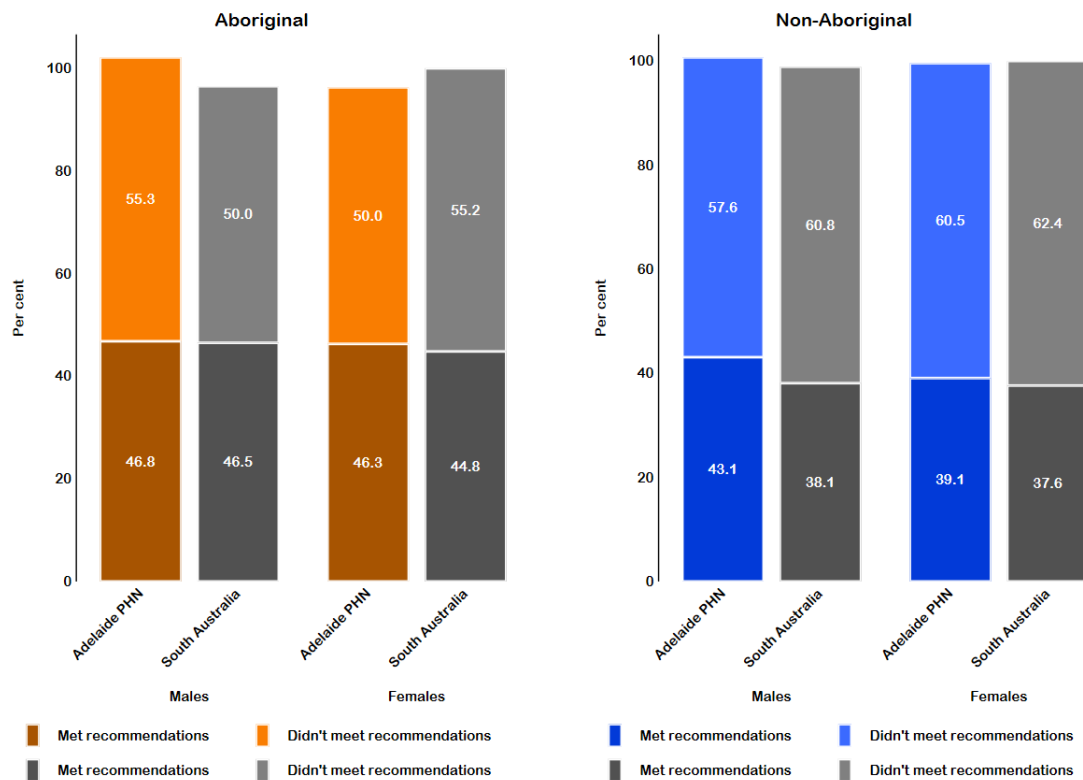


Aboriginal and non-Aboriginal people in the Landscape and the State

In 2011-12 and 2012-13, among Aboriginal and non-Aboriginal people in Adelaide PHN and the State (Figure 7.6.1, Supplementary Table 7.6.1):

- A higher proportion of Aboriginal people (Adelaide PHN: 48%, State: 45%) met recommendations for physical activity than non-Aboriginal people (Adelaide PHN: 41%, State: 38%) in Adelaide PHN and the State.

7.6.1. Proportion of adults aged 18 years and over who met recommendations for physical activity in past week, by Aboriginal status, sex, Adelaide PHN and South Australia, 2011-13



Source: Australian Bureau of Statistics, Australian Aboriginal and Torres Strait Islander Health Survey 2012-13 (source of Aboriginal data) and National Nutrition and Physical Activity Survey 2011-12 (source of non-Aboriginal data), TableBuilder, accessed 22 February 2018. See Appendix 4 for notes related to analysis.

CHAPTER 8. HEALTH SYSTEM PERFORMANCE

The performance of Australia's health care system is reflected in the long and healthy life expectancy experienced by the majority of Australians.(35) An exception is the Aboriginal and Torres Strait Islander population who do not experience the same longevity, but an average life expectancy of ten years less than the total Australian population.(20) It is the responsibility of the health care system to meet the health needs of all South Australians. Failures of the health care system to meet the health needs of the Aboriginal and Torres Strait Islander population contribute to high morbidity and low life expectancy. It is important that the healthcare systems' performance is monitored to show which areas need to be improved to better meet the needs of the Aboriginal and Torres Strait Islander population.

8.1. Immunisation



Definition

Childhood immunisation coverage is the percentage of children in Australia who have had all the vaccines recommended (i.e. fully immunised) for their age at 12-months, 24-months and 60-months, according to the National Immunisation Program Schedule.



Aboriginal people in the Landscape

In 2010-2014, among Aboriginal children in the Inner North Metro Landscape (Figure 8.1.1, Supplementary Table 8.1.1):

- The proportion of Aboriginal children "fully immunised" at 24 months of age was higher (90%) than at either 12 months (83%) or 60 months of age (83%).



Aboriginal people in the Landscape and the State

In 2010-2014, among Aboriginal children in the Inner North Metro Landscape and the State (Figure 8.1.1, Supplementary Table 8.1.1):

- Childhood immunisation coverage was 4% higher in the Landscape than the State at 12 months of age (Landscape: 83%, State: 79%), 3% higher at 24 months of age (Landscape: 90%, State: 87%) and similar to the State at 60 months of age (Landscape: 83%, State: 83%).

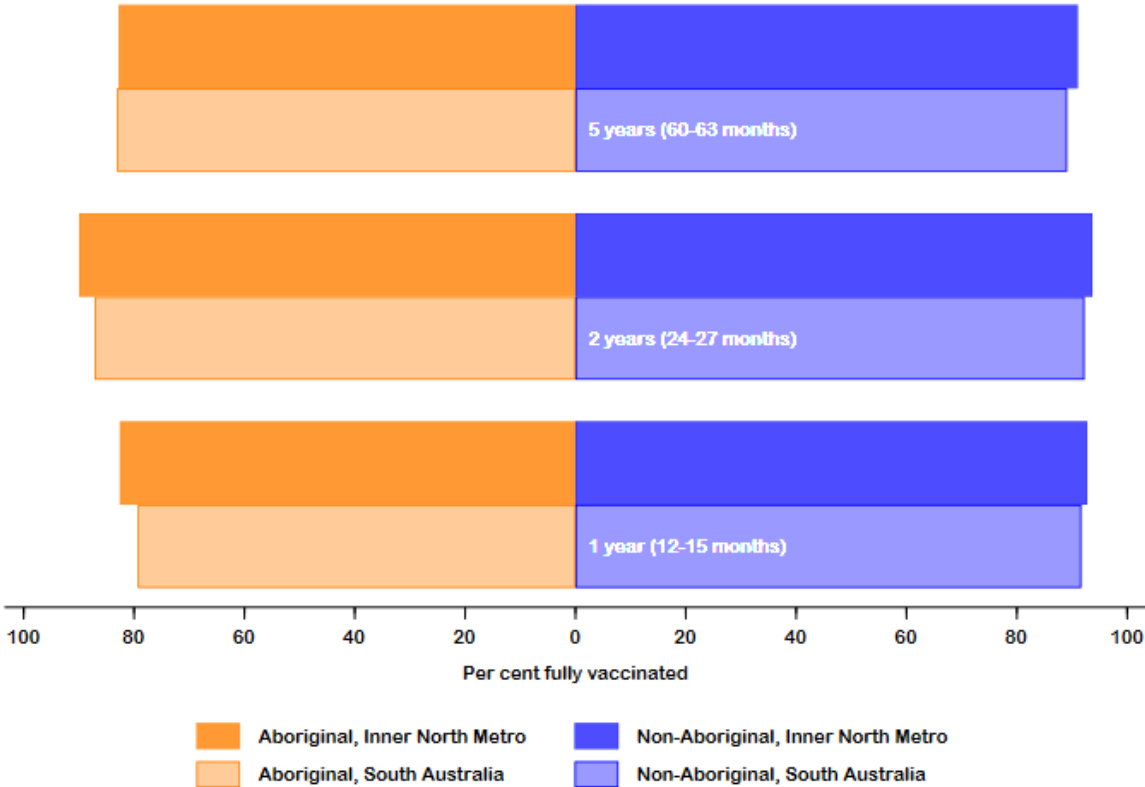


Aboriginal and non-Aboriginal people in the Landscape and the State

In 2010-2014, among Aboriginal and non-Aboriginal children in the Inner North Metro Landscape and the State (Figure 8.1.1, Supplementary Table 8.1.1):

- In the Landscape the proportion of "fully immunised" Aboriginal children was 10% lower at 12 months of age (Aboriginal: 83%, non-Aboriginal: 93%), 4% lower at 24 months of age (Aboriginal: 90%, non-Aboriginal: 94%) and 8% lower at 60 months of age (Aboriginal: 83%, non-Aboriginal: 91%) compared to non-Aboriginal children of the same age.
- In the State, the immunisation coverage for Aboriginal children was 13% lower at 12 months of age (Aboriginal: 79%, non-Aboriginal: 92%), 5% lower at 24 months of age (Aboriginal: 87%, non-Aboriginal: 92%) and 6% lower at 60 months of age (Aboriginal: 83%, non-Aboriginal: 89%) than non-Aboriginal children.

8.1.1. Proportion of children on the immunisations register who were fully immunised at ages 1 year, 2 years and 5 years, by Aboriginal status, Inner North Metro Landscape and South Australia, 2010-2014



Source: Australian Government Department of Human Services, Australian Childhood Immunisation Register (ACIR), provided by the Immunisation Section, Communicable Disease Control Branch, SA Health. See Appendix 4 for notes related to analysis.

EARLY DETECTION AND EARLY TREATMENT

8.2. Breast cancer screening

This section presents information on breast cancer screening participation rates in South Australia from 2006 to 2014 for women 50 to 69 years of age.

Definition
 The breast cancer screening participation rate is a measure of the proportion of the eligible population who were screened within a 24-month period.

Aboriginal people in the Landscape

In 2006-2014, for all eligible Aboriginal women (i.e. aged between 50-69 years) in the Inner North Metro Landscape (Supplementary Table 8.2.1):

- 26% had received a breast screening mammogram within the BreastScreen SA program. The highest breast screening participation rate for Aboriginal women was in the age group 50-54 years (29%) and the lowest was in the age group 55-59 years (23%) (Figure 8.2.1).
- From 2006 to 2014, the breast screening participation rate increased by 2% from 22% in 2006-2008 to 24% in 2012-2014. The highest participation rate for breast screening was in 2010-2012 (31%) and the lowest was in 2006-2008 (22%) (Figure 8.2.2).



Aboriginal people in the Landscape and the State

In 2006-2014, for all eligible Aboriginal women aged 55-69 years in the Inner North Metro Landscape and the State (Supplementary Table 8.2.1):

- Breast screening participation rates were 3% to 5% lower in the Landscape than the State across all age groups, except the youngest age group 50-54 years where the participation rate was 3% higher in the Landscape than the State (Landscape: 29%, State: 26%)(Figure 8.2.1).
- From 2006 to 2014, the breast screening participation rate in the Landscape was 4% lower than the State in 2006-2008 (Landscape: 22%, State: 26%), 3% lower in 2008-2010 (Landscape: 26%, State: 29%) and 2012-2014 (Landscape: 24%, State: 27%), whereas it was 3% higher in the Landscape in 2010-12 (Landscape: 31%, State: 28%) than the State (Figure 8.2.2).

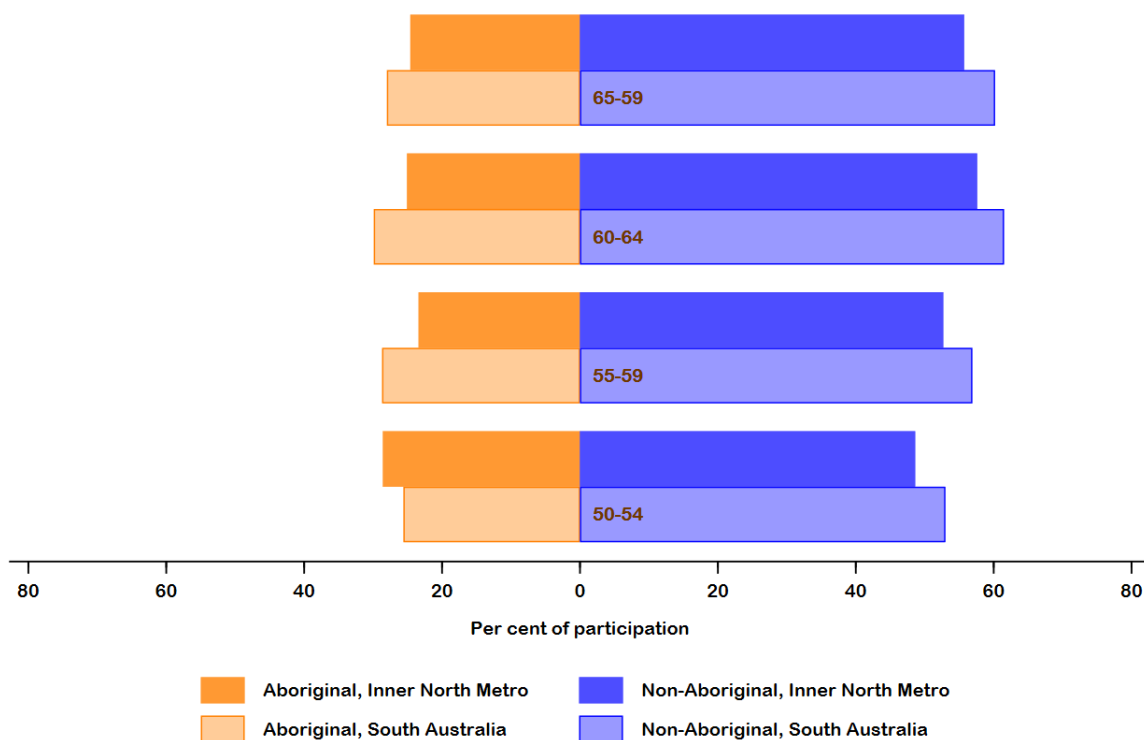


Aboriginal and non-Aboriginal people in the Landscape and the State

In 2006-2014, for all eligible women aged 50-69 years in the Inner North Metro Landscape and the State (Supplementary Table 8.2.1):

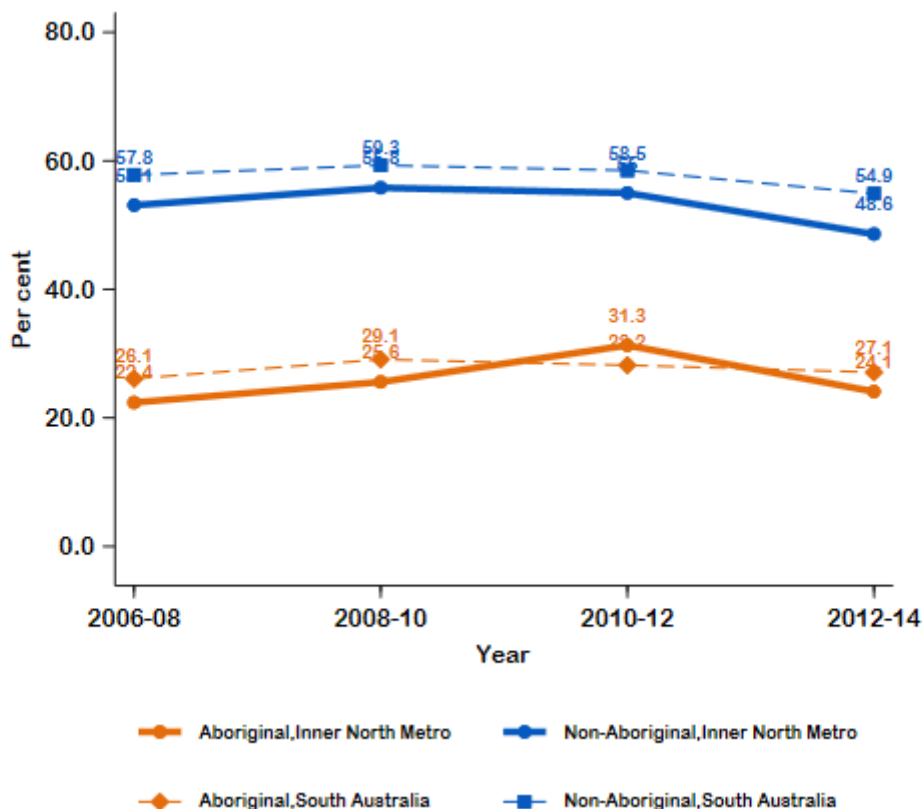
- The breast screening participation rate for Aboriginal women was 2 times lower than for non-Aboriginal women in the Landscape (Aboriginal: 26%, non-Aboriginal: 53%) and the State (Aboriginal: 28%, non-Aboriginal: 58%). This equated to 27 more non-Aboriginal women per 100 in the Landscape and 30 more non-Aboriginal women per 100 in the State having a breast screening test every two years, than Aboriginal women (Figure 8.2.1).
- In the State, the difference in breast screen participation rates between Aboriginal and non-Aboriginal women was relatively stable across all age groups. In the Landscape, the difference in participation rate was 1.7 times higher in the youngest age group 50-54 years for non-Aboriginal women (Aboriginal: 26%, non-Aboriginal: 53%), and 2.3 times higher for non-Aboriginal women than Aboriginal women in all other age groups (Figure 8.2.1).
- In the State, there was no change over time in the difference between Aboriginal and non-Aboriginal women in their participation rate in the breast screening program, with non-Aboriginal participation rate being two times higher than the Aboriginal rate in every 2-year time period. In the Landscape, the difference was largest in 2006-08 (Aboriginal: 22%, non-Aboriginal: 53%) and 2008-10 (Aboriginal: 26%, non-Aboriginal: 56%), but was smaller in 2010-12 (Aboriginal: 31%, non-Aboriginal: 55%) and 2012-14 (Aboriginal: 24%, non-Aboriginal: 49%) (Figure 8.2.2).

8.2.1. Proportion of women aged 50-69 years who participated in BreastScreen SA breast cancer screening, by Aboriginal status, age, Inner North Metro Landscape and South Australia, 2006 - 2014



Source: BreastScreen SA. See Appendix 4 for notes related to analysis.

8.2.2. Proportion of women aged 50-69 who participated in BreastScreen SA breast cancer screening, by Aboriginal status, year, Inner North Metro Landscape and South Australia, 2006-08 to 2012-14



Source: BreastScreen SA. See Appendix 4 for notes related to analysis.

8.3. MBS Aboriginal health checks



Definition

The Medicare-rebated Health Assessment for Aboriginal and Torres Strait Islander people (MBS item 715) is an assessment of a person's health, which includes their physical, psychological and social wellbeing, together with provision of advice on preventive health care, health education and other health and social assistance.

Data on MBS Health Checks for Aboriginal and Torres Strait Islander people were only available for the State.



Aboriginal people in the State

In 2015-16, in South Australia (Table 8.3.1):

- The rate of MBS Aboriginal health assessments (MBS item 715) was 162 per 1,000 population for persons aged 0 to 14 years, 181 per 1,000 for persons aged 15 to 54 years and 265 per 1,000 (26%) for persons aged 55 years and over.
- The rates of MBS Aboriginal health assessments were lower in South Australia than in other States and territories of Australia, except Victoria and Tasmania.

8.3.1. Number and rate of MBS Aboriginal health assessments (MBS item 715), by State and territory, 2015-16

	0-14 years		15-54 years		55+ years	
	Number	Rate per 1,000	Number	Rate per 1,000	Number	Rate per 1,000
Australian Capital Territory	386	186.0	981	224.9	180	318.3
New South Wales	18,301	235.7	28,614	230.6	9,387	361.8
Northern Territory	7,286	324.8	13,478	307.4	3,542	460.9
Queensland	25,456	339.6	36,508	316.2	9,435	467.3
South Australia	2,188	161.6	4,217	180.9	1,118	264.7
Tasmania	350	38.7	1,417	97.6	701	221.1
Victoria	2,827	157.8	4,601	154.8	1,249	234.3
Western Australia	6,996	223.0	13,749	246.7	3,792	395.4
Australia	63,790	256.1	103,565	251.9	29,404	383.1

Notes

1. Indigenous identification not adjusted using Voluntary Indigenous Indicator (VII) data.
2. Data provided are for the period 1 July 2015 to 30 June 2016.
3. Rates were calculated using the average of 2015 and 2016 Indigenous population projections for the relevant age group.

Source: AIHW 2017. Aboriginal and Torres Strait Islander health performance framework 2017: supplementary online tables. Cat. no. WEB 170. Canberra: AIHW.

CHRONIC DISEASE MANAGEMENT

8.4. Diabetes management

Diabetes mellitus is a complex chronic disease that if left unmanaged can lead to complications and premature mortality. Effective management of diabetes includes regular assessments to slow and/or prevent the development of both short-term and long-term irreversible complications.

Data on diabetes-related health checks were only available at the State level.

Aboriginal people in the State

In 2012-13, for Aboriginal people in South Australia (Table 8.4.1):

- The National Aboriginal and Torres Strait Islander Health Survey identified that in Aboriginal people with self-reported diabetes, 76% reported having had their feet checked, 97% reported having their blood glucose level checked and 60% had their HbA1c levels checked in the previous 12 months.

Aboriginal and non-Aboriginal people in the State

In 2011-13, for Aboriginal and non-Aboriginal people in South Australia (Table 8.4.1):

- An equal proportion of Aboriginal (76%) and non-Aboriginal (76%) people with diabetes had their feet checked and the proportion of people with diabetes who had blood glucose checks (Aboriginal: 97%, non-Aboriginal: 99%) was 2% lower for Aboriginal people.
- The proportion of Aboriginal people who had glycated haemoglobin (HbA1c) checks was 17% lower (60%) than that of non-Aboriginal people (77%).

8.4.1. Diabetes management activities in people with diabetes or high sugar levels, by Aboriginal status, South Australia, 2011-13

Activity in past 12 months	Aboriginal rate per 100	Non-Aboriginal rate per 100	Rate ratio(a)
Feet checked	76.2	76.2	1.0
Blood glucose checked	96.9	98.7	1.0
HbA1c checked	60.2	76.9	0.8
Total number reporting diabetes or HSL	2,647	80,343	n.a.

(a) Rate ratio was calculated by dividing the crude rate for Aboriginal people by the crude rate for non-Aboriginal people.

Notes

1. Includes health activity in past 12 months among people who self-reported current, long-term diabetes or high sugar levels.

Source: AIHW 2017. *Aboriginal and Torres Strait Islander health performance framework 2017: supplementary online tables*. Cat. no. WEB 170. Canberra: AIHW. Presented as Table 49.02 in *South Australian Aboriginal Health Needs and Gaps Report 2017*. Gibson O, Peterson K, McBride K, Shtangey V, Xiang J, Eltridge F, Keech W. 2017. *South Australian Aboriginal Health Needs and Gaps Report: Central Adelaide Local Health Network, 2017*. Wardliparingga Aboriginal Research Unit, SAHMRI, Adelaide.

8.5. MBS claim rates

The Medicare Benefits Schedule (MBS) classifies GP visits into four levels of consultation from Level A to Level D with increasing complexity, based on time and content requirements (see notes of Table 8.5.1 for detailed definitions). A person is eligible for a GP Management Plan (GPMP) (MBS item 721) service if they have a chronic or terminal condition. If, in addition, they have complex care needs which require care from a multidisciplinary team, they are eligible to have both a GPMP and Team Care Arrangements (TCAs) (MBS item 723).

Data on MBS claim rates for non-referred GP items were only available at the State level.

Aboriginal people in the State

In 2015-16, for Aboriginal people in South Australia (Table 8.5.1):

- The overall age-standardised MBS claim rate for non-referred GP services to Aboriginal people was 6,950 claims per 1,000 people.
- The highest claim rate (4,000 claims per 1,000 population) for Aboriginal people in South Australia was for Level B consultations, those lasting less than 20 minutes for cases that are not obvious or straightforward. The rate for Level C consultations was also comparatively high (864 claims per 1,000 people), with Level A and Level D consultations occurring less frequently.
- The age-standardised rate of GP Management Plans claimed for Aboriginal people was 106 claims per 1,000 people and 92 claims per 1,000 people for Team Care Arrangements.
- There was a high claim rate of 348 claims per 1,000 people for services to persons with a chronic disease by a practice nurse or an Aboriginal and Torres Strait Islander health care practitioner.

Aboriginal and non-Aboriginal people in the State

In 2015-16, for Aboriginal and non-Aboriginal people in South Australia (Table 8.5.1):

- The overall age-standardised MBS claim rate for non-referred GP services was higher for Aboriginal people (6950 claims per 1,000) than for non-Aboriginal people (5727 claims per 1,000), with an extra 1,223 visits per 1,000 population.
- The claim rate for Aboriginal people was 30% higher for Level C consultations (Aboriginal: 863 claims per 1,000; non-Aboriginal: 659 claims per 1,000) and 80% higher for Level D consultations (Aboriginal: 107 claims per 1,000; non-Aboriginal: 59 claims per 1,000) than non-Aboriginal people.
- The age-standardised claim rates for GPMP (Aboriginal: 106 claims per 1,000; non-Aboriginal: 72 claims per 1,000) and Team Care Arrangements (Aboriginal: 92 claims per 1,000, non-Aboriginal: 61 claims per 1,000) were 50% higher for Aboriginal people than for non-Aboriginal people, with an extra 34 GPMP claims per 1,000 population and an extra 31 TCAs claims per 1,000 population among Aboriginal people.
- Aboriginal patients used after-hours health care services (Aboriginal: 689 claims per 1,000; non-Aboriginal: 514 claims per 1,000) more frequently than non-Aboriginal patients. The age-standardised claim rate was 30% higher, with an extra 175 occasions of service per 1,000 population among Aboriginal people.

8.5.1. Age-standardised MBS claim rate for non-referred GP items, by Aboriginal status, South Australia, 2015-16

MBS services claimed	Aboriginal rate per 1,000	Non-Aboriginal rate per 1,000
A level	167.1	163.7
B level	3,994.4	3,815.0
C level	863.5	659.2
D level	107.4	59.9
Aboriginal health check	208.2	n.a.
GP management plan	106.0	71.8
Team care arrangements	91.6	60.6
After hours	689.0	514.3
Other	354.8	270.7
Practice nurse/Aboriginal health worker	347.8	84.8
Total non-referred GP	6,950.2	5,727.6

Notes

1. Includes 4-year-old health checks.

2. Level A—consultations for cases that are obvious or straightforward; Level B—consultations lasting less than 20 minutes for cases that are not obvious or straightforward; Level C—consultations lasting at least 20 minutes; Level D—consultations lasting at least 40 minutes. To be counted as Level B, C, and D, consultations must involve one or more of the following tasks: taking a patient history, performing a clinical examination, arranging any necessary investigation, implementing a management plan, or providing appropriate preventive health care. For Level C, a patient history must be 'detailed' to count, and for level D, a patient history must be 'extensive' to count.

n.a. Not applicable

Source: AIHW 2017. Aboriginal and Torres Strait Islander health performance framework 2017: supplementary online tables. Cat. no. WEB 170. Canberra: AIHW.

HOSPITAL AND EMERGENCY DEPARTMENT ACTIVITY

8.6. Hospital activity

This section presents an overview of hospital activity for all causes over the period 2011 - 2015 in South Australian public and private hospitals. The unit of analysis is hospital separations according to patient postcode, meaning that a person who had multiple admissions to hospital over the five-year period will be counted multiple times.

Aboriginal people in the Landscape

In 2011-2015, among Aboriginal people in the Inner North Metro Landscape (Table 8.6.1):

Overall

- There were 2,795 separations in public and private hospitals that accounted for approximately 5% of all Aboriginal hospital separations in South Australia, with a total of 11,114 patient days and an average length of stay (ALOS) of 4.0 days. The ALOS was substantially longer for Aboriginal males (4.7 days) than Aboriginal females (3.4 days). Approximately 94% of these occurred in public hospitals.
- Overnight separations comprised 66% of all hospital episodes. Males had a higher proportion of overnight separations (68%) than females (64%).
- Of all hospital admissions, 55% were emergency admissions, with a higher proportion of Aboriginal males (67%) presenting with an emergency than females (47%).

Age-standardised rate per 1,000 population

- The age-standardised hospitalisation rate was 271 separations per 1,000 population. The hospital separation rate was lower for males (262 separations per 1,000) than for females (284 separations per 1,000).

Hospital utilisation by age group

- For Aboriginal males, age group 45-54 years contributed the largest proportion (19%) to the total hospital activity, followed by age groups 00-04 years (18%) and 25-34 years (14%). For Aboriginal females, age groups 15-24 years (24%) and 25-34 years (20%) contributed the largest proportion of all hospital activity (Figure 8.6.2).

Discharge against medical advice

- Approximately 3% of all Aboriginal separations were those where the patient left hospital against medical advice or was discharged at their own risk. Aboriginal males in the Landscape had a higher proportion of self-discharge (3.0%) than females (2.4%) (Figure 8.6.4).



Aboriginal people in the Landscape and the State

In 2011-2015, among Aboriginal people in the Inner North Metro Landscape and the State (Table 8.6.1):

- The ALOS in the hospital was similar in the Landscape (4.0 days) and the State (4.2 days). In both the Landscape and the State, the ALOS for males (Landscape: 4.7 days, State: 5.2 days) was longer than for females (Landscape: 3.4 days, State: 3.5 days).
- For Aboriginal males, the age-standardised hospitalisation rate in the Landscape (262 separations per 1,000) was lower than in the State (381 separations per 1,000). Similarly, for Aboriginal females the age-standardised hospitalisation rate in the Landscape (284 separations per 1,000) was lower than the State (440 separations per 1,000).
- The Landscape had a similar proportion of hospitalisations to private hospitals (6%), as the State Aboriginal population (5%). A similar proportion of Aboriginal males and females were admitted to private hospitals in the Landscape (male: 6%, female: 6%) and the State (male: 5%, female: 5%).
- Aboriginal patients in the Landscape were less often admitted as an emergency (55%) than in the State (64%). In both the Landscape and the State, Aboriginal males (Landscape: 67%, State: 70%) were more frequently admitted as an emergency than Aboriginal females (Landscape: 47%, State: 59%).
- The proportion of people leaving hospital against medical advice was lower in the Landscape (3%) than the State (6%) (Figure 8.6.2 and 8.6.4).



Aboriginal and non-Aboriginal people in the Landscape and the State

In 2011-2015, among Aboriginal and non-Aboriginal people in the Inner North Metro Landscape and the State (Table 8.6.1):

- In the Landscape, the age-standardised hospitalisation rate for Aboriginal people (271 separations per 1,000) was lower than non-Aboriginal people (299 separations per 1,000), whereas in the State, the age-standardised hospitalisation rate for Aboriginal people (412 separations per 1,000) was higher than the non-Aboriginal hospitalisation rate (329 separations per 1,000).
- In the Landscape and the State, a higher proportion of Aboriginal people (Landscape Aboriginal: 55%, non-Aboriginal: 34%) were admitted to hospital as an emergency than non-Aboriginal people (State Aboriginal: 64%, non-Aboriginal: 33%).
- The proportion of hospitalisations to private hospitals was substantially lower for Aboriginal people (Landscape Aboriginal: 6%, non-Aboriginal: 39%) than non-Aboriginal people (State Aboriginal: 5%, State: 46%).
- The proportion of people leaving hospital against medical advice was higher for Aboriginal people than non-Aboriginal people in the Landscape (Aboriginal: 3%, non-Aboriginal: 1%) and in the State (Aboriginal: 6%, non-Aboriginal: <1%) (Figures 8.6.2 and 8.6.5).

8.6.1. Hospital separations statistics (excluding dialysis), by Aboriginal status and sex, Landscape and South Australia, 2011 - 2015

a. Landscape

	<i>Inner North Metro</i>					
	Aboriginal			Non-Aboriginal		
	Males	Females	Persons	Males	Females	Persons
Separation statistics						
Hospitalisations	1,186	1,609	2,795	77,938	96,325	174,265
Crude rate per 1,000	182.4	239.9	211.6	272.9	331.9	302.6
ASR per 1,000	261.7	284.3	270.5	276.7	323.9	298.9
Patient days	5,585	5,529	11,114	254,000	292,709	546,711
Average length of stay	4.7	3.4	4.0	3.3	3.0	3.1
Hospital type						
Private	72	104	176	30,746	37,702	68,450
Public	1,114	1,505	2,619	47,192	58,623	105,815
Per cent public	93.9%	93.5%	93.7%	60.6%	60.9%	60.7%
Age						
00-04	213	153	366	5,462	3,916	9,378
05-14	109	93	202	3,790	2,849	6,639
15-24	100	379	479	4,948	9,011	13,959
25-34	168	327	495	5,058	14,903	19,961
35-44	129	199	328	6,481	11,227	17,708
45-54	230	190	420	10,279	12,520	22,799
55-64	142	176	318	13,424	13,605	27,029
65-74	62	52	114	14,024	13,016	27,042
75+	33	40	73	14,472	15,278	29,750
Years						
2011	223	306	529	15,398	18,522	33,921
2012	200	316	516	15,747	19,185	34,933
2013	240	332	572	15,600	19,243	34,843
2014	280	311	591	15,260	19,963	35,223
2015	243	344	587	15,933	19,412	35,345
Same-day/Overnight						
Overnight	809	1,026	1,835	41,088	50,817	91,905
Same-day	377	583	960	36,850	45,508	82,360
Per cent same-day	31.8%	36.2%	34.3%	47.3%	47.2%	47.3%
Admission category						
Elective	300	487	787	41,362	49,730	91,093
Emergency	791	757	1,548	29,397	30,384	59,781
Not Applicable	95	365	460	7,179	16,211	23,391
Nature of separation						
Home	1,050	1,489	2,539	72,331	90,713	163,046

Died (with or without autopsy)	<10	<10	12	840	731	1,571
Self-discharge	36	39	75	457	348	805
Per cent self-discharge	3.0%	2.4%	2.7%	0.6%	0.4%	0.5%

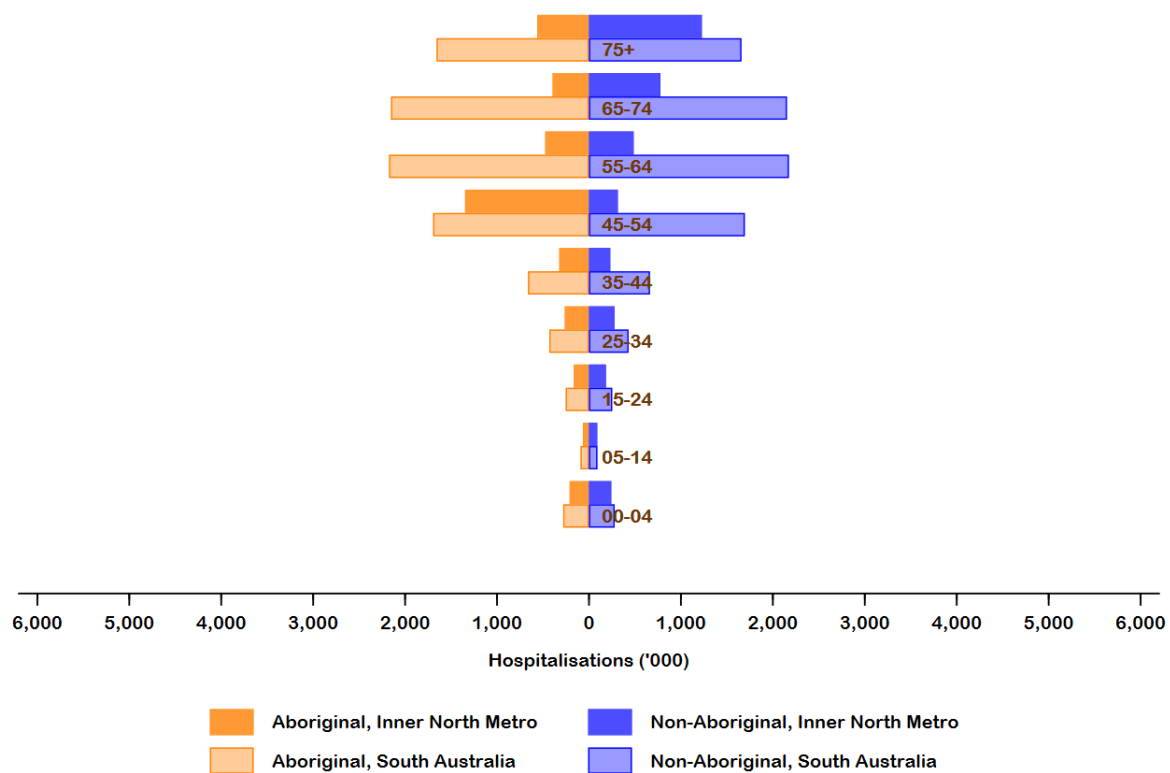
b. South Australia

	<i>South Australia</i>					
	Aboriginal			Non-Aboriginal		
	Males	Females	Persons	Males	Females	Persons
Separation statistics						
Hospitalisations	24,916	33,282	58,198	1,387,112	1,626,907	3,014,066
Crude rate per 1,000	275.5	360.4	318.4	343.3	395.3	369.6
ASR per 1,000	383.1	442.3	411.6	310.2	350.7	328.9
Patient days	150,093	133,613	283,706	4,691,356	5,421,945	10,113,357
Average length of stay	6.0	4.0	4.9	3.4	3.3	3.4
Hospital type						
Private	1,240	1,797	3,037	624,176	753,615	1,377,838
Public	23,676	31,485	55,161	762,936	873,292	1,636,228
Per cent public	95.0%	94.6%	94.8%	55.0%	53.7%	54.3%
Age						
00-04	3,592	2,499	6,091	69,724	48,855	118,587
05-14	2,172	1,665	3,837	47,886	38,824	86,710
15-24	2,515	6,358	8,873	74,388	117,946	192,336
25-34	3,163	6,775	9,938	76,839	192,938	269,779
35-44	3,905	5,117	9,022	103,615	171,641	275,260
45-54	4,346	4,538	8,884	155,980	181,842	337,826
55-64	2,829	3,137	5,966	235,580	234,356	469,947
65-74	1,604	1,807	3,411	281,684	257,418	539,113
75+	790	1,386	2,176	341,416	383,087	724,508
Years						
2011	4,883	6,458	11,341	264,039	307,808	571,857
2012	5,056	6,391	11,447	272,082	317,911	590,002
2013	4,898	6,353	11,251	277,227	326,091	603,333
2014	5,108	6,913	12,021	283,101	334,372	617,476
2015	4,971	7,167	12,138	290,663	340,725	631,398
Same-day/Overnight						
Overnight	17,341	22,302	39,643	672,066	807,109	1,479,186
Same-day	7,575	10,980	18,555	715,046	819,798	1,534,880
Per cent same-day	30.4%	33.0%	31.9%	51.5%	50.4%	50.9%
Admission category						
Elective	6,163	8,675	14,838	751,028	866,941	1,617,993
Emergency	17,411	19,632	37,043	498,681	510,596	1,009,277
Not Applicable	1,342	4,975	6,317	137,403	249,370	386,796

Nature of separation						
Home	19,759	27,995	47,754	1,253,555	1,486,343	2,739,945
Died (with or without autopsy)	185	185	370	15,679	13,287	28,966
Self-discharge	1,496	1,691	3,187	7,554	5,414	12,968
Per cent self-discharge	6.0%	5.1%	5.5%	0.5%	0.3%	0.4%

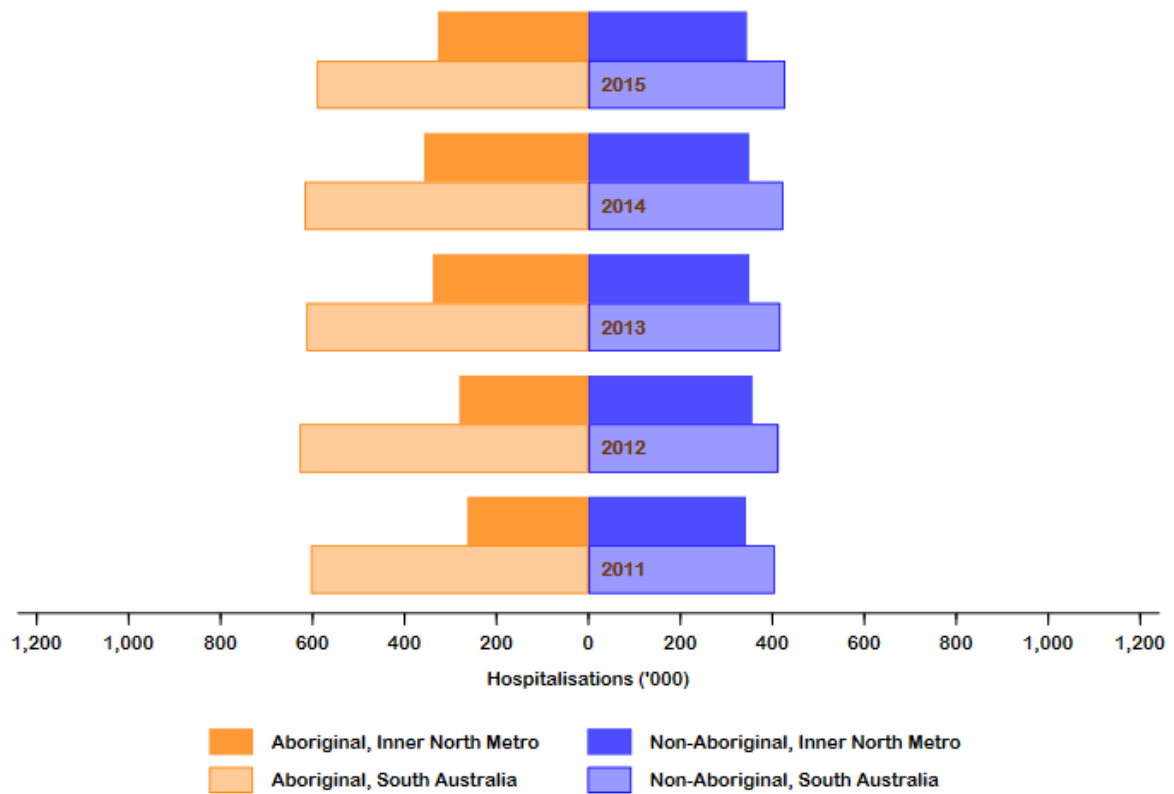
Source: SA Health, Integrated South Australian Activity Collection (ISAAC). See Appendix 4 for notes related to analysis.

8.6.2. Hospital separation rates (excluding dialysis), by Aboriginal status, age, Inner North Metro Landscape and South Australia, 2011 – 2015



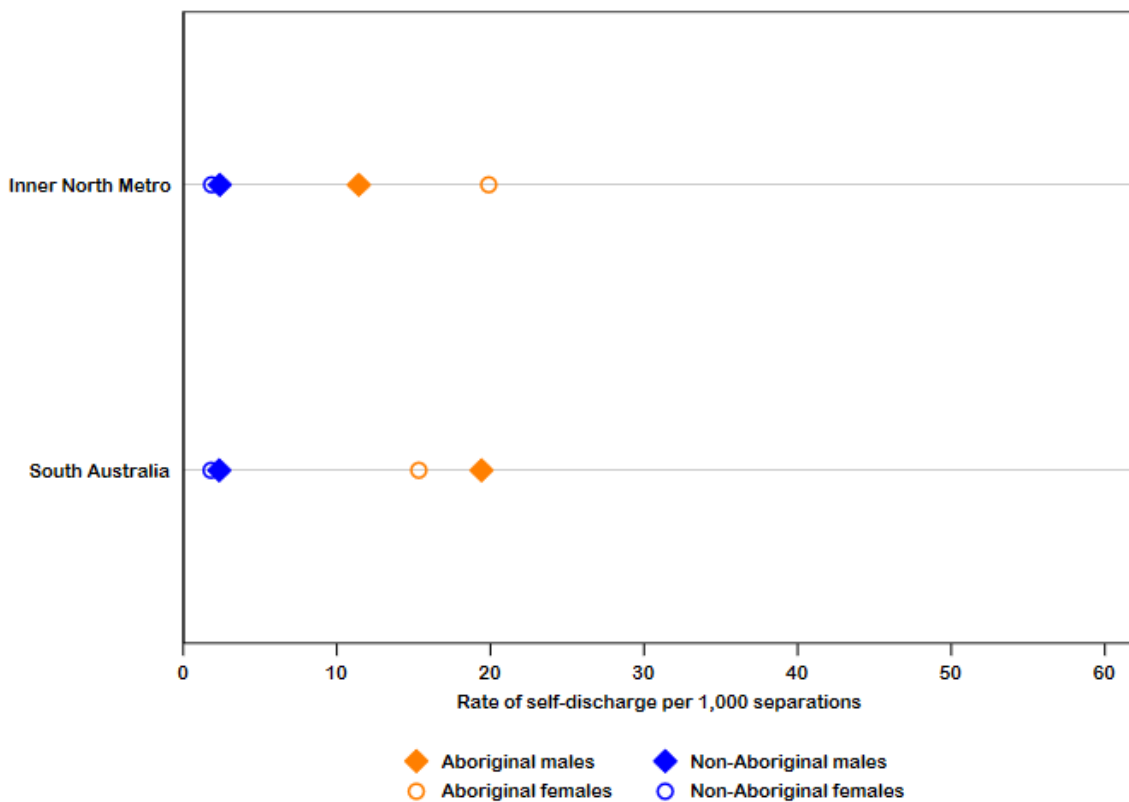
Source: SA Health, Integrated South Australian Activity Collection (ISAAC). See Appendix 4 for notes related to analysis.

8.6.3. Hospital separation rates (excluding dialysis), by Aboriginal status, year, Inner North Metro Landscape and South Australia, 2011 - 2015



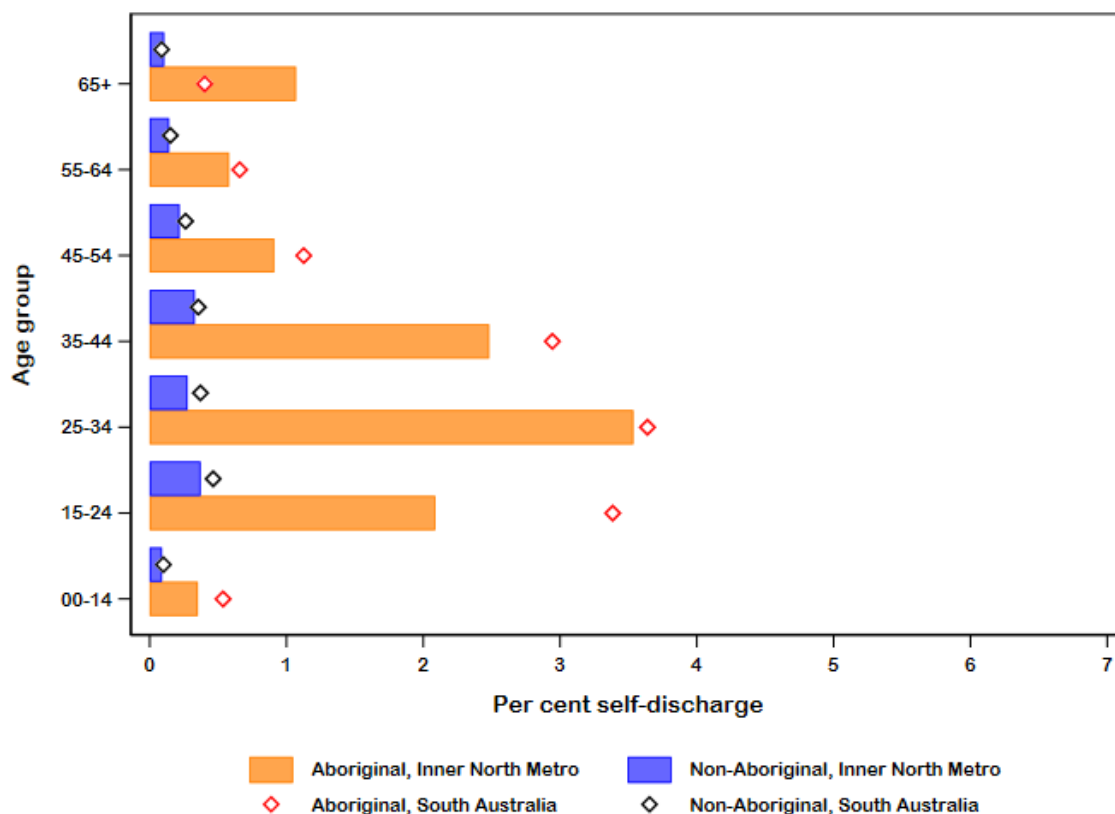
Source: SA Health, Integrated South Australian Activity Collection (ISAAC). See Appendix 4 for notes related to analysis.

8.6.4. Rate of self-discharge from hospital (excluding dialysis separations), by Aboriginal status, sex, Inner North Metro Landscape and South Australia, 2011 - 2015



Source: SA Health, Integrated South Australian Activity Collection (ISAAC). See Appendix 4 for notes related to analysis.

8.6.5. Rate of self-discharge from hospital (excluding dialysis separations), by Aboriginal status, age, Inner North Metro Landscape and South Australia, 2011 – 2015



Source: SA Health, Integrated South Australian Activity Collection (ISAAC). See Appendix 4 for notes related to analysis.

8.7. Reasons for hospitalisation

This section presents reasons for hospitalisation, based on principal diagnosis coded using the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10). A principal diagnosis is the condition which is chiefly responsible for a patient’s hospitalisation. The results of this section are presented in broad ICD-10 chapters as well as more specific diagnostic blocks. There are 20 clinically meaningful ICD-10 chapters and 263 diagnostic blocks that provide more detail about the primary reason for hospitalisation.

For detailed information on the top five reasons for hospitalisation for males and females by age-group, see Supplementary Tables 8.7.1 Males and 8.7.1 Females.

Aboriginal people in the Landscape

In 2011-2015, among Aboriginal people in the Inner North Metro Landscape (Table 8.7.1):

- The top five principal diagnoses, by ICD-10 chapter, were *Pregnancy, childbirth and the puerperium* (15%), *Injury, Poisoning and consequences of external causes* (12%), *Symptoms, signs and abnormal laboratory findings* (10%), *Diseases of the respiratory system* (9%) and *Diseases of the digestive system* (8%), which accounted for more than a half of all Aboriginal hospitalisations in the Landscape.



Aboriginal people in the Landscape and the State

In 2011-2015, among Aboriginal people in the Inner North Metro Landscape and the State (Table 8.7.1):

- *Diseases of the respiratory system, Pregnancy, childbirth and the puerperium, Symptoms, signs and abnormal laboratory findings and Injury, poisoning and consequences of external causes* were among the top five principal diagnoses, by ICD-10 chapter, in both the Landscape and the State.
- The hospitalisation rates in the Landscape were lower for *Mental and behavioural disorders* (Landscape: 14 separations per 1,000, State: 36 separations per 1,000), *Diseases of the respiratory system* (Landscape: 18 separations per 1,000, State: 30 separations per 1,000), *Diseases of the digestive system* (Landscape: 16 separations per 1,000, State: 27 separations per 1,000), *Symptoms, signs and abnormal laboratory findings* (Landscape: 22 separations per 1,000, State: 31 separations per 1,000) and *Injury, poisoning and Consequences of external causes* (Landscape: 24 separations per 1,000, State: 39 separations per 1,000) than the State.
- For age group 0-14 years, the largest group of diagnoses contributing to the total number of hospitalisations was General Medicine (28%), followed by Babies (12%) and Respiratory Medicine (10%). These three SRGs accounted for a half of all hospital activity in this age group (50%), while the first 6 SRGs accounted for about two thirds of all hospital activity (73%) (Figure 8.7.1 and Supplementary Table 8.7.1).



Aboriginal and non-Aboriginal people in the Landscape and the State

In 2011-2015, among Aboriginal and non-Aboriginal people in the Inner North Metro Landscape and the State (Table 8.7.1):

- *Injury, poisoning and consequences of external causes* (Aboriginal: 12%, non-Aboriginal: 8%), *Symptoms, signs and abnormal laboratory findings* (Aboriginal: 10%, non-Aboriginal: 9%) and *Diseases of digestive system* (Aboriginal: 8%, non-Aboriginal: 12%) were among the top five causes of hospitalisations, by ICD-10 chapter, for both Aboriginal and non-Aboriginal people in the Landscape.
- The remaining two leading causes of hospitalisations for non-Aboriginal people in the Landscape were *Factors influencing health status* (Aboriginal: 7%, non-Aboriginal: 11%) and *Diseases of musculoskeletal system* (Aboriginal: 3%, non-Aboriginal: 8%).
- At the State level, only *Symptoms, signs and abnormal laboratory findings* were among the top five causes of hospitalisations, by ICD-10 chapter, for both Aboriginal and non-Aboriginal people. The other major causes for Aboriginal people were *Injury, poisoning and consequences of external causes* (12%), *Mental and behavioural disorders* (11%), *Pregnancy, childbirth and the puerperium* (11%) and *Diseases of the respiratory system* (10%). For non-Aboriginal people, *Factors influencing health status* (15%), *Diseases of the digestive system* (11%), *Neoplasms* (9%) and *Diseases of the musculoskeletal system* (8%) were among top five reasons for hospitalisation.

8.7.1. Public and private hospital activity (excluding dialysis), by principal diagnosis in ICD-10-AM chapters, Inner North Metro Landscape and South Australia, 2011 – 2015

a. Landscape

Diagnosis Chapter	Aboriginal					Non-Aboriginal				
	Separations	Per cent	Rate ('000)	Patient Days	ALOS (days)	Separations	Per cent	Rate ('000)	Patient Days	ALOS (days)
<i>Inner North Metro</i>										
A00-B99: Infectious and Parasitic diseases	54	1.9	4.1	169	3.1	2,796	1.6	4.9	10,619	3.8
C00-D48: Neoplasms	77	2.8	5.8	297	3.9	12,894	7.4	22.4	44,396	3.4
D50-D89: Diseases of the blood	31	1.1	2.3	54	1.7	2,952	1.7	5.1	7,121	2.4
E00-E89: Endocrine and Metabolic diseases	46	1.6	3.5	198	4.3	3,395	1.9	5.9	14,030	4.1
F00-F99: Mental and Behavioural disorders	190	6.8	14.4	2,089	11.0	4,865	2.8	8.4	47,830	9.8
G00-G99: Diseases of the nervous system	94	3.4	7.1	329	3.5	5,441	3.1	9.4	14,461	2.7
H00-H59: Diseases of the eye and adnexa	42	1.5	3.2	87	2.1	6,647	3.8	11.5	7,088	1.1
H60-H95: Diseases of the ear& mastoid process	37	1.3	2.8	46	1.2	1,870	1.1	3.2	2,370	1.3
I00-I99: Diseases of the circulatory system	133	4.8	10.1	635	4.8	10,052	5.8	17.5	47,972	4.8
J00-J99: Diseases of the respiratory system	238	8.5	18.0	778	3.3	10,966	6.3	19.0	37,607	3.4
K00-K93: Diseases of the digestive system	210	7.5	15.9	609	2.9	21,009	12.1	36.5	47,748	2.3
L00-L99: Diseases of the skin	130	4.7	9.8	392	3.0	4,164	2.4	7.2	14,422	3.5
M00-M99: Diseases of the musculoskeletal system	75	2.7	5.7	283	3.8	13,550	7.8	23.5	36,121	2.7
N00-N99: Diseases of the genitourinary system	137	4.9	10.4	358	2.6	11,013	6.3	19.1	25,670	2.3
O00-O99: Pregnancy, childbirth and the puerperium	410	14.7	31.0	894	2.2	11,919	6.8	20.7	28,341	2.4
P00-P96: Conditions originating in the perinatal period	76	2.7	5.8	1,042	13.7	1,869	1.1	3.2	15,459	8.3
Q00-Q99: Congenital malformations	24	0.9	1.8	117	4.9	940	0.5	1.6	3,009	3.2
R00-R99: Symptoms, Signs and abnormal laboratory findings	288	10.3	21.8	710	2.5	15,029	8.6	26.1	31,099	2.1
S00-T98: Injury, Poisoning and consequences of external causes	322	11.5	24.4	1,296	4.0	13,250	7.6	23.0	49,414	3.7
Z00-Z99: Factors influencing health status	181	6.5	13.7	731	4.0	19,644	11.3	34.1	64,506	3.3

b. South Australia

Diagnosis Chapter	Aboriginal					Non-Aboriginal				
	Separations	Per cent	Rate ('000)	Patient Days	ALOS (days)	Separations	Per cent	Rate ('000)	Patient Days	ALOS (days)
South Australia										
A00-B99: Infectious and Parasitic diseases	1,362	2.3	7.5	5,083	3.7	46,514	1.5	5.7	184,582	4.0
C00-D48: Neoplasms	1,622	2.8	8.9	7,156	4.4	261,301	8.7	32.0	830,377	3.2
D50-D89: Diseases of the blood	585	1.0	3.2	1,572	2.7	56,812	1.9	7.0	122,310	2.2
E00-E89: Endocrine and Metabolic diseases	1,552	2.7	8.5	7,313	4.7	49,009	1.6	6.0	209,494	4.3
F00-F99: Mental and Behavioural disorders	6,618	11.4	36.2	46,417	7.0	91,905	3.0	11.3	866,268	9.4
G00-G99: Diseases of the nervous system	1,614	2.8	8.8	6,396	4.0	86,449	2.9	10.6	244,187	2.8
H00-H59: Diseases of the eye and adnexa	809	1.4	4.4	1,146	1.4	134,909	4.5	16.5	142,540	1.1
H60-H95: Diseases of the ear & mastoid process	710	1.2	3.9	1,002	1.4	28,954	1.0	3.6	40,226	1.4
I00-I99: Diseases of the circulatory system	2,723	4.7	14.9	12,425	4.6	182,684	6.1	22.4	854,925	4.7
J00-J99: Diseases of the respiratory system	5,503	9.5	30.1	18,260	3.3	161,480	5.4	19.8	632,870	3.9
K00-K93: Diseases of the digestive system	5,002	8.6	27.4	13,579	2.7	327,952	10.9	40.2	731,951	2.2
L00-L99: Diseases of the skin	2,108	3.6	11.5	7,218	3.4	74,505	2.5	9.1	221,885	3.0
M00-M99: Diseases of the musculoskeletal system	1,841	3.2	10.1	6,232	3.4	233,612	7.8	28.6	651,270	2.8
N00-N99: Diseases of the genitourinary system	2,520	4.3	13.8	7,220	2.9	161,129	5.3	19.8	391,726	2.4
O00-O99: Pregnancy, childbirth and the puerperium	6,199	10.7	33.9	15,677	2.5	154,289	5.1	18.9	429,074	2.8
P00-P96: Conditions originating in the perinatal period	1,100	1.9	6.0	13,361	12.1	21,403	0.7	2.6	212,223	9.9
Q00-Q99: Congenital malformations	299	0.5	1.6	1,272	4.3	13,084	0.4	1.6	34,634	2.6
R00-R99: Symptoms, Signs and abnormal laboratory findings	5,733	9.9	31.4	11,167	1.9	242,451	8.0	29.7	518,779	2.1
S00-T98: Injury, Poisoning and	7,197	12.4	39.4	21,112	2.9	227,110	7.5	27.8	865,348	3.8

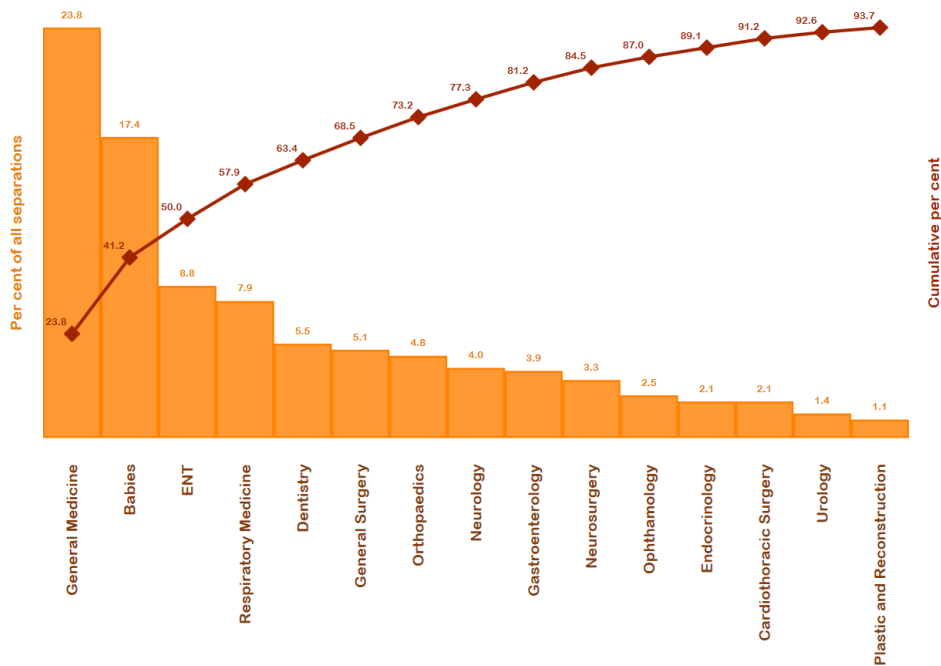
consequences of external causes

Z00-Z99: Factors influencing health status	3,101	5.3	17.0	80,098	25.8	458,506	15.2	56.2	1,928,680	4.2
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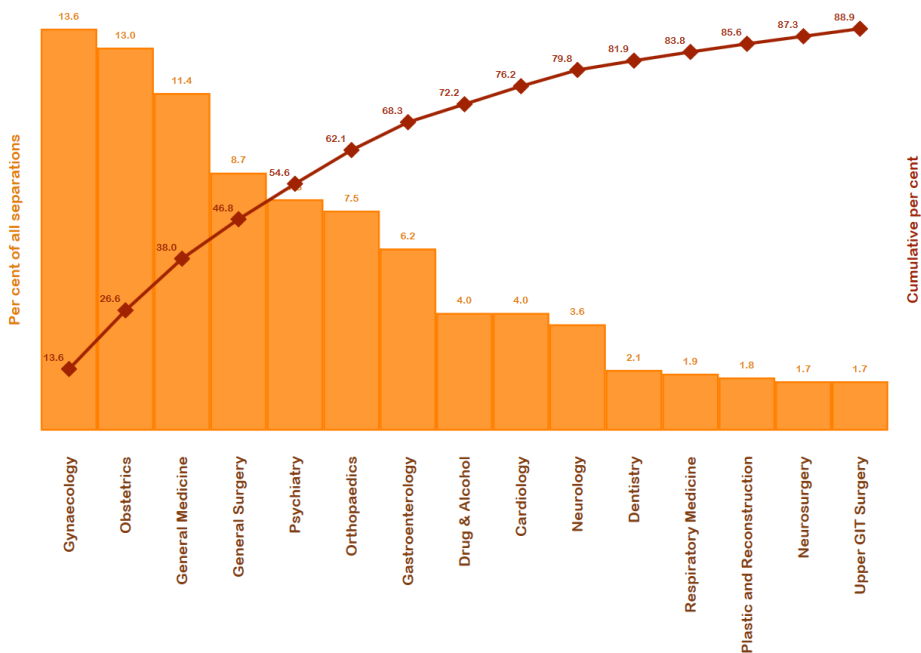
(ISAAC). See Appendix 4 for notes related to analysis.

8.7.2. Top 15 Service Related Groups (SRG) by per cent among Aboriginal people (excluding dialysis), by age group and Inner North Metro Landscape, 2011 - 2015

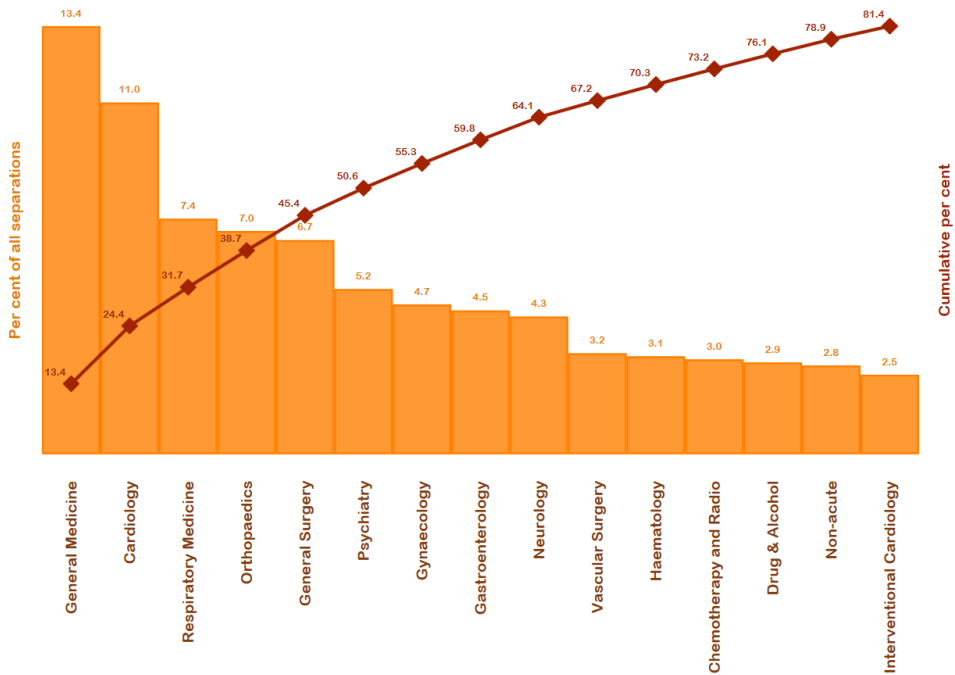
a. Age-group 0-14 years



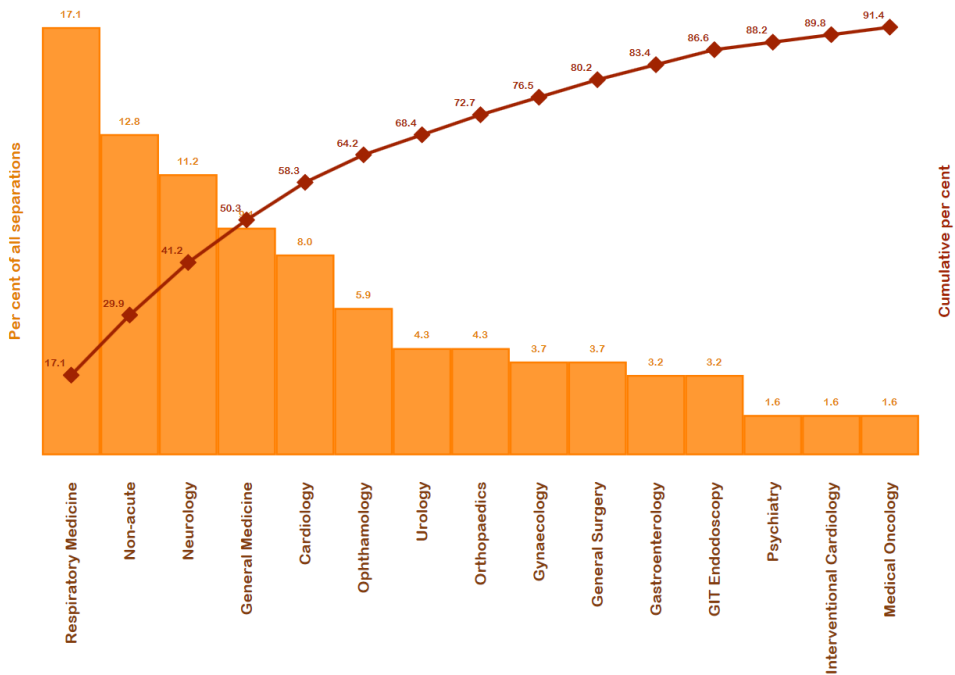
b. Age-group 15-34 years



c. Age-group 35-64 years



d. Age-group 65+



Note: Figure 8.7.2 displays the top 15 reasons for hospitalisations based on service-related groupings (SRG). The figure consists of a bar chart with SRG categories ranked in a descending order from the highest contribution to the frequency of hospitalisations to the lowest and a line showing the cumulative percentage for each hospitalisation cause. The figure should be examined in two ways: (1) examine the order of the bars for ranking of the causes from largest to smallest, and (2) examine the cumulative percentage line, which shows the added contribution of each category.

Source: SA Health, Integrated South Australian Activity Collection (ISAAC). See Appendix 4 for notes related to analysis.

8.8. Emergency department activity

8.8.1. Emergency department statistics, by Aboriginal status and sex, 2011 – 2015

Data for this measure was not available in time to be included in this version of the report.

8.9. Indigenous identification

This section presents information on the extent of under-identification of Indigenous status in inpatient data collection (ISAAC) during 2011-2015. Under-identification occurs when Indigenous status is not correctly collected or accurately recorded for all clients.

Aboriginal people in the Landscape

In 2011-2015, for all hospital separations among Aboriginal people in the Inner North Metro Landscape (Figure 8.9.1, Supplementary Table 8.9.1):

- Indigenous status was recorded as 'Not Stated/Unknown' for 8,828 (4%) hospitalisations. The proportion of hospital separations without a valid code for Indigenous status was slightly lower for males (4.1%) than females (4.5%).
- From 2011 to 2015, there was a slight reduction in the number of hospitalisations with Indigenous status unknown from 4.9% in 2011 to 4.4% in 2015.

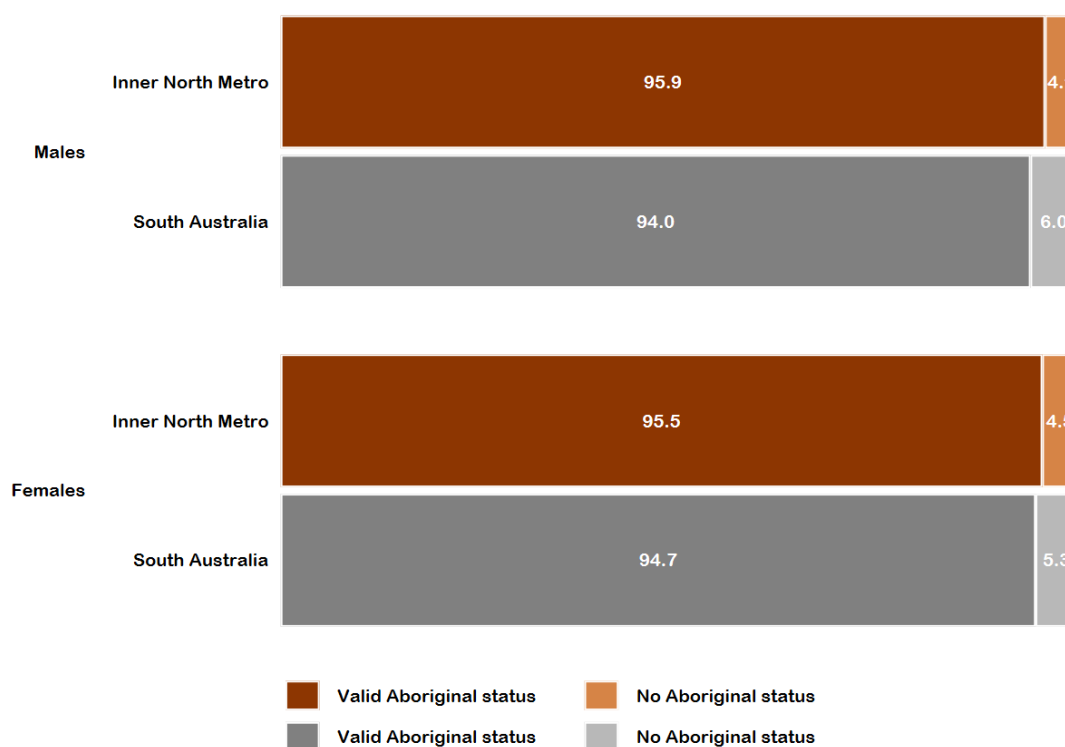
Aboriginal people in the Landscape and the State

In 2011-2015, for all hospital separations among Aboriginal people in the Inner North Metro Landscape and the State (Figure 8.9.1, Supplementary Table 8.9.1):

- The proportion of hospitalisations with Aboriginal status recorded as 'Not Stated/Unknown' was lower in the Landscape than the State (Landscape: 4%, State: 6%).
- Males had a slightly lower proportion of hospitalisations with 'missing' Indigenous status in the Landscape (males: 4.1%, females: 4.5%) but similar proportions in the State (males: 5%, females: 5%) than females.

From 2011 to 2015, in the State there was a reduction in hospitalisations with Indigenous status recorded as 'Not Stated/Unknown' in the Landscape and the State. Hospitalisations with Indigenous status recorded as 'Not stated/Unknown' reduced from 5% in 2011 to 4% in 2015 in the Landscape and from 8% in 2011 to 5% 2015 in the State.

8.9.1. Proportion of hospital separations with unknown Aboriginal and Torres Strait Islander status, by sex, Inner North Metro Landscape and South Australia, 2011 – 2015



Source: SA Health, Integrated South Australian Activity Collection (ISAAC). See Appendix 4 for notes related to analysis.

8.9.2. Proportion of emergency department presentations with unknown Aboriginal and Torres Strait Islander status, by sex

Data for this measure was not available in time to be included in this version of the report.

8.10. Access to hospital procedures

This section presents information about hospital separations with a procedure recorded. Hospitalisations with a primary diagnosis of dialysis were excluded from this analysis.

Aboriginal people in the Landscape

In 2011-2015, among Aboriginal people in the Inner North Metro Landscape (Figure 8.10.1, Supplementary Table 8.10.1):

- A principal procedure was recorded in 66% of Aboriginal hospital separations. Aboriginal females had a higher proportion of separations with a procedure recorded (68%) than males (63%).
- The proportion of hospitalisations with a procedure recorded varied across different ages. Aboriginal patients aged 55 years or over were more likely to have a principal procedure recorded. 85% hospitalisations had a principal procedure recorded in the age group 75 years or over. Age groups with the smallest proportion of hospitalisations with a procedure recorded were 0-4 years (55%) and 35-44 years (60%).

- From 2011 to 2015, there was no change in the proportion of hospitalisations with a procedure recorded.
- There was a substantially higher proportion of hospitalisations with a principal procedure recorded in private hospitals (98%) than in public hospitals (64%).

Aboriginal people in the Landscape and the State

In 2011-2015, among Aboriginal people in the Inner North Metro Landscape and the State (Figure 8.10.1, Supplementary Table 8.10.1):

- There was a higher proportion of Aboriginal hospitalisations with a procedure recorded in the Landscape (66%) than the State (60%).
- There was the similar pattern in gender differences in the Landscape and the State, with Aboriginal males (Landscape: 63%, State: 58%) having a lower proportion of hospitalisation separations with a principal procedure recorded than Aboriginal females (Landscape: 68%, State: 61%).
- From 2012 to 2015, in the State there was a steady increase in the proportion of hospital separations with a procedure recorded, from 57% in 2012 to 63% in 2015 which was different from the pattern observed in the Landscape over the same period. In the Landscape, the proportion of Aboriginal hospital separations with a procedure recorded increased from 64% in 2012 to 70% in 2014 but fell substantially in 2015 to 63%.
- A proportion of separations with a procedure recorded was higher in private hospitals in both the Landscape and the State, with the proportion being 34% higher in the Landscape (Private: 98%, Public: 64%) and the State (Private: 92%, Public: 58%).

Aboriginal and non-Aboriginal people in the Landscape and the State

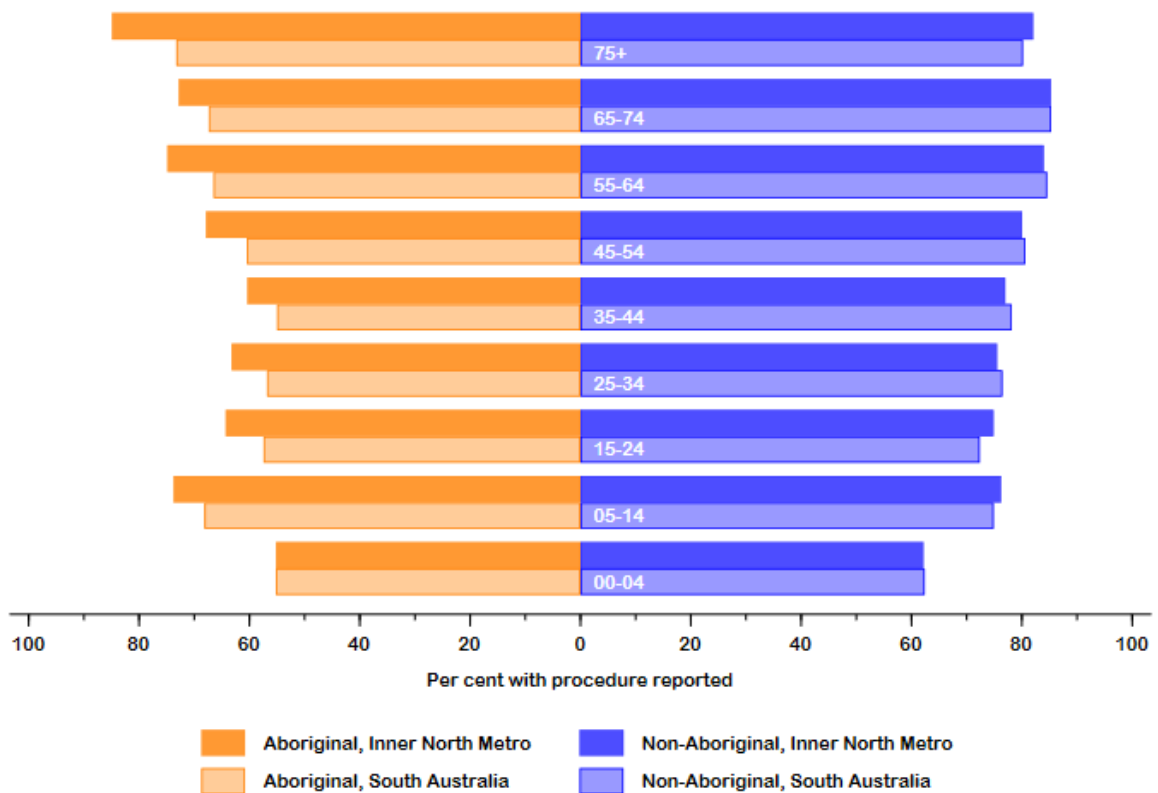
In 2011-2015, among Aboriginal and non-Aboriginal people in the Inner North Metro Landscape and the State (Figure 8.10.1, Supplementary Table 8.10.1):

- Disparities between Aboriginal and non-Aboriginal people in the proportion of hospitalisations that had a procedure recorded existed for both males and females in each age group except 75 years or over during the entire study period 2011-2015. The proportion of hospitalisations for Aboriginal patients with at least one procedure recorded was 14% lower in the Landscape (Aboriginal: 66%, non-Aboriginal: 80%) and 20% lower in the State (Aboriginal: 60%, non-Aboriginal: 80%) than non-Aboriginal patients.
- In private hospitals in the Landscape, 98% of Aboriginal and 95% of non-Aboriginal separations had a procedure recorded whereas, the proportion of separations with a procedure recorded was 2% lower for Aboriginal people than non-Aboriginal people in the private hospitals in the State (Aboriginal: 92%, non-Aboriginal: 94%). In public hospitals, the differences were more marked - the proportion of separations with a principal procedure recorded was 6% lower for Aboriginal separations than non-Aboriginal separations in the Landscape (Aboriginal: 64%, non-Aboriginal: 70%) and was 11% lower in the State (Aboriginal: 58%, non-Aboriginal: 69%).
- The differences between Aboriginal and non-Aboriginal patients in the proportion of separations with a procedure recorded varied according to the principal diagnosis. In the Landscape, the proportion was 26% lower for *Diseases of the musculoskeletal system* (Aboriginal: 67%, non-

Aboriginal: 93%), 21% lower for *Diseases of the nervous system* (Aboriginal: 65%, non-Aboriginal: 86%), 19% lower for *Diseases of the blood* (Aboriginal: 74%, non-Aboriginal: 93%), 17% lower for *Diseases of the digestive system* (Aboriginal: 71%, non-Aboriginal: 88%) and *Diseases of Respiratory System* (Aboriginal: 51%, non-Aboriginal: 68%).

- In the State, the largest disparities between Aboriginal and non-Aboriginal people were for *Diseases of the nervous system* (31%), *Symptoms, signs and abnormal laboratory findings* (19%), *Diseases of the respiratory system* (18%), *Diseases of the musculoskeletal system* (18%) and *Diseases of the digestive system* (18%).

8.10.1. Proportion of hospital separations with a procedure recorded (excluding dialysis), by Aboriginal status and age, Inner North Metro Landscape and South Australia, 2011 – 2015



Source: SA Health, Integrated South Australian Activity Collection (ISAAC). See Appendix 4 for notes related to analysis.

8.11. Potentially preventable hospital admissions (PPH)



Definition

Potentially Preventable Hospitalisations are those conditions where hospitalisation could have potentially been prevented through public health interventions and timely, accessible primary health care^a.

^aAustralian Institute of Health and Welfare. Admitted patient care 2015-16: Australian hospital statistics. Health services series no. 75. Cat. no. HSE 185. Canberra: AIHW; 2017.

PPH are divided into three categories:

- Vaccine-preventable conditions: including measles, mumps, whooping cough (pertussis), tetanus and influenza.
- Acute conditions: including dehydration/gastroenteritis, pyelonephritis, pelvic inflammatory disease, ear, nose and throat infections and dental conditions.
- Chronic conditions: including diabetes complications, pyelonephritis, hypertension, congestive heart failure and chronic obstructive pulmonary disease.

For a full list of PPH, see Appendix 7. For data on age-specific PPH separations, see Supplementary Table 8.11.2.



Aboriginal people in the Landscape

In 2011-2015, among Aboriginal people in the Inner North Metro Landscape (Supplementary Table 8.11.3):

- Of all Aboriginal hospitalisations, 363 (8%) were classified as potentially-preventable.
- The age-standardised rate for potentially preventable hospitalisations was 45 separations per 1,000 among Aboriginal males and 34 separations per 1,000 among Aboriginal females (Table 8.11.1).
- For broad PPH categories, the crude hospitalisation rate was 2 PPH per 1,000 for vaccine-preventable conditions, 15 PPH per 1,000 for acute conditions and 11 PPH per 1,000 for chronic conditions (Table 0).
- The most common PPH conditions were *Convulsions and epilepsy* (14%), *COPD* (12%), *Ear, nose and throat infections* (12%), *Urinary tract infections* (10%) and *Dental conditions* (9%). These five conditions accounted for a 57% of all PPH separations. Diabetes complications were responsible for about 5% of all PPH separations (Table 0).



Aboriginal people in the Landscape and the State

In 2011-2015, among Aboriginal people in the Inner North Metro Landscape and the State (Supplementary Table 8.11.3):

- The age-standardised rate of PPH for Aboriginal males was lower in the Landscape (45 PPH per 1,000) than the State (67 PPH per 1,000). Similarly, for Aboriginal females, the PPH rates were lower in the Landscape (34 PPH per 1,000) than the State (65 PPH per 1,000) (Table 8.11.1).
- The crude hospitalisation rates in the Landscape were lower for vaccine-preventable conditions (Landscape: 2 PPH per 1,000; State: 4 PPH per 1,000), acute PPH conditions (Landscape: 15 PPH

per 1,000, State: 26 PPH per 1,000) and chronic PPH conditions (Landscape: 11 PPH per 1,000, State: 19 PPH per 1,000) than the State (Table 0).

- *Convulsions and epilepsy, Dental conditions and COPD* were among the top five most frequent PPH for Aboriginal people in the Landscape and the State (Table 0).

Aboriginal and non-Aboriginal people in the Landscape and the State

In 2011-2015, among Aboriginal and non-Aboriginal people in the Inner North Metro Landscape and the State (Supplementary Table 8.11.3):

- The rate of PPH was approximately 1.5 times higher among Aboriginal people (39 PPH per 1,000) than non-Aboriginal people (27 PPH per 1,000) in the Landscape and approximately 3 times higher in the State (Aboriginal: 65 PPH per 1,000; non-Aboriginal: 25 PPH per 1,000). On average, compared to non-Aboriginal people, there were 12 additional PPH separations per 1,000 Aboriginal people in the Landscape and 40 additional PPH separations per 1,000 Aboriginal people in the State (Table 8.11.1).
- PPH separations accounted for a higher proportion of all hospital separations for Aboriginal people than non-Aboriginal people in the Landscape (Aboriginal: 13%, non-Aboriginal: 9%) and the State (Aboriginal: 15%, non-Aboriginal: 8%) (Table 8.11.1).

8.11.1. Age-standardised separation rate for potentially preventable hospitalisations, by Aboriginal status and sex, Inner North Metro Landscape and South Australia, 2011 - 2015

	<i>Aboriginal</i>			<i>Non-Aboriginal</i>			<i>Rate difference</i>	<i>Rate ratio</i>
	<i>Number ('000)</i>	<i>Crude rate</i>	<i>ASR ('000)</i>	<i>Number ('000)</i>	<i>Crude rate</i>	<i>ASR ('000)</i>		
<i>Inner North Metro</i>								
Female	170	25.3	34.2	7,976	27.5	26.7	7.5	1.3
Male	193	29.7	45.4	7,578	26.5	27.5	17.9	1.7
Persons	363	27.5	39.4	15,554	27.0	26.9	12.4	1.5
<i>South Australia</i>								
Female	4,573	49.5	65.1	118,831	28.9	24.8	40.3	2.6
Male	4,180	46.2	66.9	114,302	28.3	25.9	41.1	2.6
Persons	8,753	47.9	65.6	233,138	28.6	25.2	40.4	2.6

Source: SA Health, Integrated South Australian Activity Collection (ISAAC). See Appendix 4 for notes related to analysis.

8.11.2. Selected potentially preventable hospitalisations, by Aboriginal status and type, Landscape and South Australia, 2011 - 2015

a. Landscape

	Aboriginal			Non-Aboriginal		
	Number	Percent of all PPH	Rate per 1,000	Number	Percent of all PPH	Rate per 1,000
Vaccine-preventable conditions						
Pneumonia and influenza (vaccine-preventable)	19	5.2	1.4	563	3.6	1.0
Other vaccine-preventable conditions	12	3.3	0.9	459	3.0	0.8
Total vaccine-preventable conditions	31	8.5	2.3	1,018	6.5	1.8
Acute conditions						
Cellulitis	23	6.3	1.7	1,205	7.7	2.1
Convulsions and epilepsy	50	13.8	3.8	864	5.6	1.5
Dental conditions	34	9.4	2.6	1,945	12.5	3.4
Ear, nose and throat infections	42	11.6	3.2	1,065	6.8	1.8
Urinary tract infections, including pyelonephritis	37	10.2	2.8	1,719	11.1	3.0
Total acute conditions	194	53.4	14.7	7,251	46.6	12.6
Chronic conditions						
Angina	32	8.8	2.4	1,244	8.0	2.2
COPD	42	11.6	3.2	2,034	13.1	3.5
Congestive cardiac failure	21	5.8	1.6	1,025	6.6	1.8
Diabetes complications	19	5.2	1.4	1,295	8.3	2.2
Iron deficiency anaemia	14	3.9	1.1	808	5.2	1.4
Total chronic conditions	141	38.8	10.7	7,465	48.0	13.0

b. South Australia

	Aboriginal			Non-Aboriginal		
	Number	Percent of all PPH	Rate per 1,000	Number	Percent of all PPH	Rate per 1,000
Vaccine-preventable conditions						
Pneumonia and influenza (vaccine-preventable)	313	3.6	1.7	8,829	3.8	1.1
Other vaccine-preventable conditions	348	4.0	1.9	4,326	1.9	0.5
Total vaccine-preventable conditions	651	7.4	3.6	13,104	5.6	1.6
Acute conditions						
Pneumonia (not vaccine-preventable)	19	0.2	0.1	956	0.4	0.1
Cellulitis	768	8.8	4.2	19,454	8.3	2.4
Convulsions and epilepsy	1,288	14.7	7.0	12,320	5.3	1.5
Dental conditions	984	11.2	5.4	28,513	12.2	3.5
Ear, nose and throat infections	735	8.4	4.0	15,397	6.6	1.9

Gangrene	73	0.8	0.4	2,567	1.1	0.3
Pelvic inflammatory disease	84	1.0	0.5	1,492	0.6	0.2
Perforated/bleeding ulcer	35	0.4	0.2	2,272	1.0	0.3
Urinary tract infections, including pyelonephritis	714	8.2	3.9	25,845	11.1	3.2
Total acute conditions	4,701	53.7	25.7	108,760	46.7	13.3
Chronic conditions						
Angina	421	4.8	2.3	16,982	7.3	2.1
Asthma	398	4.5	2.2	10,619	4.6	1.3
COPD	1,016	11.6	5.6	26,436	11.3	3.2
Congestive cardiac failure	427	4.9	2.3	21,203	9.1	2.6
Diabetes complications	835	9.5	4.6	17,057	7.3	2.1
Hypertension	58	0.7	0.3	3,158	1.4	0.4
Iron deficiency anaemia	237	2.7	1.3	14,966	6.4	1.8
Rheumatic heart diseases	70	0.8	0.4	1,344	0.6	0.2
Bronchiectasis	28	0.3	0.2	1,243	0.5	0.2
Total chronic conditions	3,491	39.9	19.1	113,136	48.5	13.9

Source: SA Health, Integrated South Australian Activity Collection (ISAAC). See Appendix 4 for notes related to analysis.

8.12. Discharge Against Medical Advice (DAMA)

8.12.1. Rate of discharge against medical advice among emergency department admissions, by Aboriginal status

Data for this measure was not available in time to be included in this version of the report.

PATIENT-REPORTED MEASURES

8.13. Patient-reported outcome measures (PROM) and patient-reported experience measures (PREM)

Patient feedback and input into healthcare delivery can help improve care that is provided and inform the type of care or services that patients and their carers need to support or improve their health outcomes.

Patient-reported outcome measures are currently being collected by the South Australian Department for Health and Wellbeing, however, as this is a relatively recent initiative, data were not available for analysis at the time this report was being prepared. In subsequent reports, it will be of benefit to report patient-reported outcomes.

APPENDIX 1. GLOSSARY

Term	Definition
Age-specific rate	Age-specific rate is the total number of cases in a specified age group during a certain period divided by the estimated population in the same age group for the same period.
Age-standardised rate	Age-standardised rates are hypothetical rates that would have been observed if the populations being studied had the same age distribution as the standard population, while all other factors remained unchanged. In this report, age-standardised rates were calculated using the direct method. The standard population used is the total estimated resident population in Australia on 30 June 2001. Age groupings are 5 or 10-year groups. PHIDU population for 2011-2016 was used as denominator. For years before 2011, population estimates created by the Aboriginal Health Landscape project were used. For details, please refer to the AIHW principles on the use of direct age-standardisation in administrative data collections at http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=10737420130 . In addition, for consistency age-standardised rate were not provided for cells with zero values, as zero values result in an underestimation of the true standard errors and the number of age groups with zeros vary disease by disease.
All-cause mortality	All of the deaths that occur in the population regardless of the cause.
Avoidable mortality	Comprises potentially preventable deaths and potentially treatable deaths.
Birth rate	The number of live births per thousand population in each time period. Both males and females are included in the population used to calculate birth rate.
Core need for assistance	Defined by the ABS as people living with a disability who need assistance in their day to day lives with any or all of the following core activities: self-care, body movements or communication.
Count	Count is the number of individuals or events that meet the case definition (e.g. for hospital separations this will usually be based on the ICD code). It is indicated as "Number" in the tables.
Crude rate	Crude rate is the total number of cases in a given time period divided by the total number of persons in the population. Caution should be given when comparing crude rates, as it is an overall average rate of disease and does not take into account the differences of age structure. Nevertheless, in this report crude rates were used to calculate rate ratios and rate differences if age-standardised rates were not available due to excessive zero values.
Life expectancy at birth	Represents the average number of years that a newborn baby could expect to live, assuming current age-specific death rates continue throughout his or her lifetime.
Obstetric complications	As part of the South Australian Perinatal Statistics Collection, obstetric complications experienced by pregnant women (during pregnancy or labour) are also recorded, including threatened miscarriage, various types of antepartum haemorrhage, pregnancy hypertension, gestational diabetes,
Household Overcrowding	Defined by the Canadian National Occupancy Standards as a house needing one or more additional bedrooms, based on the ages, sexes and relationships of household members.
Per cent	A percentage is a number or ratio expressed as a fraction of 100. It is a descriptive measure of frequency for the comparison of a part to the whole.
Rate difference	Rate difference is the age-standardised rate for Aboriginal people minus the age-standardised rate for non-Aboriginal people. If age-standardised rates were not available (e.g. due to zero values), rate differences were calculated using crude or age-specific rates.
Rate ratio	Rate ratio is the age-standardised rate for Aboriginal people divided by the age-standardised rate for non-Aboriginal people. If age-standardised rates were not

	available (e.g. due to zero values), rate ratios were calculated using crude or age-specific rates.
Separation rate	Separation rate is the number of hospital discharges/episodes in a given period divided by the estimated population during the same period in SA. Note: The term 'separation' refers to the process by which a hospital (public and private) records the cessation of an episode of care for a patient within the one hospital stay. A record is included for each separation, not for each patient. Therefore, patients who separate more than once have more than one record in the database.
Service Related Groups (SRG)	A classification that categorises admitted patient episodes into groups representing clinical divisions of hospital activity. They are aggregated diagnostic related groupings. They are used to assist in planning services, analyzing and comparing hospital activity and examining patterns of service needs and access.
Statistical Area Level	Under the Australian Statistical Geography Standard developed by the Australian Bureau of Statistics, statistical areas were designed to sub-divide the Australian population into useful statistical geographic units. There are four levels of statistical areas (SA1–SA4), with SA1 being the smallest unit. SA1s generally have a population between 200 and 800 persons and were designed as the smallest unit for the release of Census data. Each increasing level of statistical area is built from previous level units, so that SA2s are built from SA1s and generally have a population of 3,000 to 25,000 people, and SA3s generally have a population between 30,000 and 130,000 people. SA2s were designed to represent a community that interacts together socially and economically; SA3s were designed to create a standard framework for the analysis of ABS data at the regional level through clustering groups of SA2s that have similar regional characteristics; SA4s were designed for the output of Labour Force Survey data and reflect labour markets within each state and territory within the population limits imposed by the Labour Force Survey sample. SA4s provide the best sub-state socio-economic breakdown(36).
Total fertility rate (TFR)	The number of children a woman would bear during her lifetime if she experienced current age-specific fertility rates at each age of her reproductive life. TFR is referred to as the number of births per woman.
Unpaid care	Care provided to a person with a disability, long term illness or problems related to old age that is unpaid, regardless of whether the carer is in receipt of a Carer Allowance or Carer Payment. Does not include work done through a voluntary organization or group.

APPENDIX 2. ESTIMATED POPULATION OF LANDSCAPE AND STATE

	Aboriginal						Non-Aboriginal					
	2011	2012	2013	2014	2015	2011-2015	2011	2012	2013	2014	2015	2011-2015
Males												
	<i>Inner North Metro</i>											
00-04	181	180	177	176	176	889	3,922	3,943	3,951	3,905	3,873	19,594
05-14	307	308	312	312	312	1,552	7,461	7,446	7,426	7,428	7,436	37,196
15-24	273	283	291	298	305	1,451	8,587	8,599	8,654	8,625	8,575	43,041
25-34	178	185	195	203	212	973	8,211	8,310	8,382	8,449	8,488	41,840
35-44	115	113	111	112	111	561	7,951	7,813	7,688	7,636	7,619	38,707
45-54	105	107	108	112	115	546	8,053	8,028	7,968	7,931	7,903	39,883
55-64	66	69	73	73	75	356	6,167	6,231	6,385	6,476	6,549	31,808
65-74	21	23	25	27	30	126	3,668	3,860	4,033	4,216	4,390	20,168
75+	<10	<10	<10	10	<10	48	2,411	2,552	2,662	2,801	2,955	13,381
Total	1,255	1,277	1,301	1,323	1,347	6,502	56,431	56,782	57,149	57,468	57,788	285,619
Females												
00-04	159	166	171	176	181	854	3,701	3,750	3,837	3,887	3,960	19,135
05-14	302	299	297	297	294	1,489	7,372	7,389	7,341	7,333	7,339	36,773
15-24	267	274	284	293	303	1,421	8,204	8,093	8,057	8,014	7,916	40,285
25-34	173	177	179	185	191	906	8,090	8,054	8,076	8,126	8,134	40,481
35-44	153	150	149	147	147	747	7,938	7,936	7,811	7,680	7,594	38,958
45-54	126	133	137	140	142	678	8,337	8,326	8,319	8,315	8,326	41,624
55-64	66	68	73	78	84	369	6,442	6,501	6,626	6,774	6,905	33,248
65-74	28	31	32	34	37	161	4,094	4,322	4,549	4,707	4,855	22,528
75+	14	15	16	17	18	82	3,123	3,278	3,442	3,589	3,767	17,199
Total	1,288	1,313	1,340	1,368	1,397	6,706	57,301	57,649	58,058	58,426	58,796	290,230
Persons												
00-04	340	346	348	352	357	1,743	7,623	7,693	7,788	7,793	7,833	38,729
05-14	610	607	609	609	606	3,041	14,832	14,835	14,767	14,761	14,775	73,969
15-24	540	557	575	591	608	2,872	16,791	16,692	16,711	16,640	16,492	83,325
25-34	351	362	375	388	403	1,878	16,301	16,364	16,458	16,575	16,622	82,321
35-44	269	262	260	259	259	1,308	15,888	15,750	15,499	15,315	15,213	77,666
45-54	231	239	245	252	257	1,224	16,390	16,355	16,287	16,245	16,230	81,507
55-64	131	137	146	152	159	725	12,610	12,732	13,010	13,251	13,454	65,057
65-74	49	54	57	61	66	287	7,762	8,182	8,583	8,923	9,245	42,695

75+	23	25	26	28	28	130	5,534	5,829	6,104	6,391	6,722	30,580
Total	2,543	2,590	2,641	2,691	2,744	13,208	113,732	114,431	115,207	115,894	116,585	575,849

APPENDIX 3. CONCORDANCE TABLE, 2011

Landscapes listed from most to least remote.

Landscapes	Communities (not a complete list)
APY Lands	Kalka Pipalyatjara, Kanpi Nyapari, Amata, Watarru, Pukatja, Watinuma, Kaltjiti, Mimili, Indulkana, Mulga Bore
Remote Far West	Ceduna, Denial Bay, Koonibba, Penong, Smoky Bay, Thevenard, Yalata
Remote Far North	Coober Pedy, Glendambo, Marree, Oodnadatta, Umoona
South Eyre Peninsula	Boston, Brooker, Charlton Gully, Coffin Bay, Coomunga, Coult, Duck Ponds, Farm Beach, Fountain, Green Patch, Hawson, Karkoo, Kellidie Bay, Kiana, Koppio, Lincoln National Park, Lipson, Little Douglas, Louth Bay, Mitchell, Moody, Mount Drummond, Mount Dutton Bay, Mount Hope, Murdinga, North Shields, Peachna, Pearlah, Point Boston, Port Lincoln, Poonindie, Sheringa, Sleaford, Sullivan, Tiatukia, Tooligie, Tootenilla, Tulka, Tulka North, Uley, Ungarra, Venus Bay, Wangary, Wanilla, Warrachie, Warrow, Warunda, Whites Flat, Whites River, Yallunda Flat
Rural South East	Beachport, Hatherleigh, Joanna, Keilira, Kingston SE, Lucindale, Millicent, Mingbool, Moorak, Mount Burr, Mount Gambier, Mount Schank, Nangwarry, Naracoorte, Nora Creina, Ob Flat, Penola, Port Macdonnell, Robe, Rocky Camp, Tantanoola, Tarpeena, Worrolong, Yahl
Whyalla	Mullaquana, Whyalla, Whyalla Jenkins, Whyalla Norrie, Whyalla Playford, Whyalla Stuart
Port Augusta	Andamooka, Copley, Daven Port Community, Hawker, Leigh Creek, Melrose, Nepabunna, Port Augusta, Port Augusta West, Quorn, Roxby Downs, Stirling North, Wami Kata, Wilmington, Woomera
Riverland	Baramba, Berri, Blanchetown, Bugle Hut, Cadell, Cobdogla, Cooltong, Gerard, Glossop, Golden Heights, Kingston On Murray, Loveday, Loxton, Loxton North, Lyrup, Monash, Morgan, Paisley, Paringa, Renmark, Renmark North, Renmark South, Renmark West, Sunlands, Waikerie, Winkie, Wunkar
North York Peninsula	Arthurton, Bute, Crystal Brook, Gladstone, Jamestown, Jerusalem, Kadina, Maitland, Mannanarie, Moonta, Moonta Bay, Moonta Mines, Napperby, New Town, Ninnes, North Moonta, Peterborough, Point Pearce, Port Broughton, Port Flinders, Port Germein, Port Pirie South, Port Pirie West, Port Victoria, Risdon Park, Risdon Park South, Solomontown, Wallaroo, Wallaroo Mines, Wandearah East, Wauraltee, Yongala
Murray-Barker-Fleurieu-Coorong	Burdett, Callington, Currency Creek, Encounter Bay, Goolwa, Goolwa Beach, Goolwa North, Goolwa South, Hayborough, Hindmarsh Island, Hindmarsh Valley, Inman Valley, Kanmantoo, Langhorne Creek, Littlehampton, Mannum, McCracken, Meningie, Middleton, Milang, Monarto, Monarto South, Mount Barker, Murray Bridge, Murray Bridge East, Mypolonga, Nairne, Narrung, Nildottie, Northern Heights, Port Elliot, Raukkan, Riverglades, Strathalbyn, Sunnyside, Swanport, Tailem Bend, Victor Harbor, Waitpinga
Outer North Metro	Andrews Farm, Angle Vale, Bibaringa, Blakeview, Burton, Craigmare, Davoren Park, Elizabeth, Elizabeth Downs, Elizabeth East, Elizabeth Grove, Elizabeth North, Elizabeth Park, Elizabeth South, Elizabeth Vale, Evanston, Evanston Gardens, Evanston Park, Gawler, Gawler East, Gawler River, Gawler South, Gawler West, Hewett, Hillbank, Kudla, Lewiston, Lower Light, Macdonald Park, Munno Para, Munno Para West, Parham, Smithfield, Smithfield Plains, Thompson Beach, Two Wells, Virginia, Windsor, Yattalunga
Outer South Metro	Aldinga, Aldinga Beach, Christie Downs, Christies Beach, Hackham, Hackham West, Huntfield Heights, Maslin Beach, McLaren Vale, Moana, Morphett Vale, Noarlunga Downs, Old Noarlunga, Old Reynella, Onkaparinga Hills, O'Sullivan Beach, Port Noarlunga, Port Noarlunga South, Port Willunga, Reynella, Reynella East, Seaford, Seaford Meadows, Seaford Rise, Sellicks Beach, Willunga, Woodcroft
Inner North Metro	Brahma Lodge, Golden Grove, Greenwith, Gulfview Heights, Para Hills, Para Hills West, Parafield Gardens, Paralowie, Salisbury, Salisbury Downs, Salisbury East, Salisbury Heights, Salisbury North, Salisbury Park, Salisbury Plain, Wynn Vale
Port North West Metro	Albert Park, Alberton, Angle Park, Athol Park, Birkenhead, Cheltenham, Croydon, Croydon Park, Devon Park, Dudley Park, Ethelton, Exeter, Ferryden

	Park, Glanville, Hendon , Largs Bay, Largs North, Mansfield Park, New Port, North Haven , Osborne , Ottoway, Pennington, Peterhead, Port Adelaide, Queenstown , Renown Park, Ridleyton, Rosewater, Royal Park, Semaphore, Semaphore Park, Semaphore South, Taperoo, West Croydon, West Lakes, West Lakes Shore, Wingfield, Woodville Gardens, Woodville North
Inner South Metro	Aberfoyle Park, Ascot Park, Bedford Park, Brighton, Chandlers Hill, Clarence Gardens, Clovelly Park, Darlington, Dover Gardens, Edwardstown, Flagstaff Hill, Glenelg, Glenelg East, Glenelg North, Glenelg South, Glengowrie, Hallett Cove, Happy Valley, Hove, Kingston Park, Marino, Marion, Melrose Park, Mitchell Park, Morphettville, North Brighton, Oaklands Park, O'Halloran Hill, Park Holme, Pasadena, Seacliff, Seacliff Park, Seacombe Gardens, Seaview Downs, Sheidow Park, Somerton Park, South Brighton, St Marys, Sturt, Trott Park, Warradale
North East Metro	Blair Athol, Bolivar, Broadview, Clearview, Collinswood, Dry Creek, Enfield, Gepps Cross, Gilberton, Gilles Plains, Greenacres, Hampstead Gardens, Hillcrest, Holden Hill, Ingle Farm, Kilburn, Klemzig, Manningham, Mawson Lakes, Medindie, Modbury, Modbury Heights, Modbury North, Nailsworth Northfield, Northgate, Oakden, Ovingham, Para Vista, Pooraka, Prospect, Redwood Park, Ridgehaven, Sefton Park, St Agnes, Vale Park, Valley View, Walkerville, Walkley Heights, Windsor Gardens
West Metro	Allenby Gardens, Beverley, Bowden, Brompton, Brooklyn Park, Camden Park, Cowandilla, Findon, Flinders Park, Fulham, Fulham Gardens, Glandore, Grange, Henley Beach, Henley Beach South, Hilton, Hindmarsh, Kidman Park, Kilkenny, Kurralta Park, Lockleys, Marleston, Mile End, North Plympton, Novar Gardens, Plympton, Plympton Park, Richmond, Seaton, South Plympton, Tennyson, Thebarton, Torrensville, Underdale, Welland, West Beach, West Hindmarsh, West Richmond, Woodville, Woodville Park, Woodville South, Woodville West
City East Metro	Adelaide, Ashford, Beaumont, Beulah Park, Black Forest, Campbelltown, Clarence Park, Dernancourt, Evandale, Everard Park, Felixstow, Forestville, Fullarton, Glen Osmond, Glenside, Glenunga, Glynde, Goodwood, Hackney, Hawthorn, Hazelwood Park, Hectorville, Hyde Park, Joslin, Kensington, Kensington Gardens, Kensington Park, Kent Town, Keswick, Kingswood, Lower Mitcham, Magill, Marden, Marryatville, Maylands, Millswood, Mitcham, Myrtle Bank, Newton, North Adelaide, Norwood, Paradise, Parkside, Payneham, Payneham South, Rosslyn Park, Rostrevor, Springfield, St Morris, St Peters, Stonyfell, Toorak Gardens, Torrens Park, Tranmere, Tusmore, Unley, Wattle Park, Woodforde
Remainder of SA	Aldgate, Allendale East, Alma , Altona , American River, Angaston, Ardrossan, Armagh, Arno Bay, Ashbourne , Ashton, Athelstone, Auburn, Auldana, Balaklava, Balgowan, Balhannah, Banksia Park, Basket Range, Belair, Bellevue Heights, Bethany, Birdwood, Black Point, Blackwood, Blakiston, Blewitt Springs, Blyth, Booborowie, Booleroo Centre, Bordertown, Bowmans, Bradbury, Bridgewater, Brinkworth, Brown Hill Creek, Brownlow Ki, Brukunga, Buchfelde, Buckland Park, Bugle Ranges, Burnside, Burra, Caloote, Caltowie, Cambrai, Cape Jaffa, Cape Jervis, Carey Gully, Carpenter Rocks, Carrickalinga, Chaffey, Chapel Hill , Charleston, Cherry Gardens, Clapham, Clare, Clarendon, Clayton Bay, Cleve, Clinton, Cockatoo Valley, College Park, Colonel Light Gardens, Commissariat Point, Compton, Concordia, Coobowie, Coonalpyn, Coonamia, Coonawarra, Corny Point, Coromandel East, Coromandel Valley, Cowell, Crafers, Crafers West, Craighburn Farm, Cudlee Creek, Cumberland Park, Cummins, Curramulka, Darke Peak, Daw Park, Dawesley, Donovans, Dublin, Dulwich, Eastwood, Ebenezer, Echunga, Eden Hills, Eden Valley, Edillilie, Edinburgh, Edithburgh, Elizabeth West, Elliston, Erindale, Eudunda, Fairview Park, Farrell Flat, Finnis, Firle, Fisherman Bay, Fitzroy, Flaxley, Flaxman Valley, Forest Range, Forreston, Freeling, Frewville, Garden Island, Gawler Belt, Georgetown, Glenalta, Glenburnie, Glencoe, Globe Derby Park, Glossop, Gould Creek, Green Fields, Greenhill, Greenock, Gumeracha, Hahndorf, Halbury, Hallett, Hamley Bridge, Hampden, Hardwicke Bay, Harrogate, Hawthorndene, Heathfield, Heathpool, Highbury, Highgate, Highland Valley, Hillier, Hilltown, Hope Valley, Houghton, Humbug Scrub, Inglewood, Iron Knob, Ironbank, Island Beach, James Well, Jupiter Creek, Kalangadoo, Kalbeeba, Kangarilla, Kapunda, Karoonda, Keith,

Kelly, Kersbrook, Keyneton, Kimba, Kings Park, Kingscote, Kongorong, Korunye, Kuitpo, Lameroo, Laura, Leabrook, Lenswood, Light Pass, Linden Park, Lipson, Lobethal, Lochaber, Lochiel, Lock, Longwood, Lonsdale, Louth Bay, Lower Inman Valley, Lyndoch, Lynton, Macclesfield, Mallala, Malvern, Manoora, Marama, Marananga, Marion Bay, Marks Landing, Marrabel, McLaren Flat, Meadows, Medindie Gardens, Menzies, Migratory - Offshore - Shipping, Mil-Lel, Minlaton, Minnipa, Mintaro, Miranda Moculta, Montacute, Moorook South, Moppa, Mount Barker Springs, Mount Compass, Mount Crawford, Mount George, Mount Osmond, Mount Pleasant, Mount Torrens, Mundulla, Munno Para Downs, Murtho, Mylor, Myponga, Nelshaby, Nene Valley, Nepean Bay, Netherby, Netley, New Residence, Noarlunga Centre, Normanville, North Beach, Norton Summit, Nuriootpa, Oakbank, Old Calperum, Olympic Dam, One Tree Hill, Orroroo, Outer Harbor, Owen, Padthaway, Paechtoun, Palmer, Panorama, Paracombe, Parafield, Parilla, Paris Creek, Parndana, Parrakie, Paruna, Paskeville, Peake, Pekina, Penfield, Penfield Gardens, Penneshaw, Penrice, Perlubie, Piccadilly, Pinks Beach, Pinnaroo, Point Lowly, Point Turton, Port Hughes, Port Mannum, Port Moorowie, Port Neill, Port Paterson, Port Pirie, Port Vincent, Port Wakefield, Price, Prospect Hill, Punyelroo, Redbanks, Redhill, Regency Park, Riverton, Robe, Robertstown, Rocky Camp, Rose Park, Roseworthy, Royston Park, Rudall, Saddleworth, Salisbury South, Sandy Creek, Scott Creek, Seacombe Heights, Sellicks Hill, Sevenhill, Shea-Oak Log, Sherwood, Skye, Snowtown, Southend, Spalding, Springton, St Georges, Stanley Flat, Stansbury, Stepney, Stirling, Stockport, Stockwell, Streaky Bay, Summertown, Surrey Downs, Suttontown, Taldra, Tanunda, Taplan, Tarlee, Tatachilla, Taylorville, Tea Tree Gully, Teringie, Terowie, Tickera, Tiddy Widdy Beach, Tintinara, Tooperang, Trinity Gardens, Truro, Tumby Bay, Tungkillo, Uleybury, Ungarra, Unley Park, Upper Hermitage, Upper Sturt, Uraidla, Urrbrae, Verdun, Vista, Vivonne Bay, Walker Flat, Wallaroo Plain, Wanbi, Wandilo, Warburto, Warnertown, Warooka, Warrambo, Wasleys, Waterloo, Waterloo Corner, Watervale, Wattle Range, Wayville, Wellington, Wellington East, Westbourne Park, Western Flat, Whites Valley, Whitwarta, Wild Dog Valley, Willalooka, Willaston, Williamstown, Willunga Hill, Willunga South, Willyaroo, Wirrabara, Wirrina Cove, Wistow, Wolseley, Woodchester, Woodleigh, Woods Point, Woodside, Wool Bay, Wudinna, Yacka, Yankalilla, Yatala Vale, Yeelanna, Yorketown, Younghusband, Yumali, Yunta

APPENDIX 4. TABLE AND FIGURE SOURCES AND ANALYSIS NOTES

Table or Figure	Data source	Notes
Table 2.1.1, Figure 2.1.2, Figure 2.1.3	Australian Bureau of Statistics, 2016 Census of Population and Housing	<ol style="list-style-type: none"> 1. Population estimates were generated from Census 2016 data by aggregating Statistical Areas Level 2 (SA2) into Aboriginal Landscapes
Table 2.2.1	SA Government, Department of Planning, Transport and Infrastructure (DPTI), Population Projections and Demographics, Table 04.01 in South Australian Aboriginal Health Needs and Gaps Report 2017. Gibson O, Peterson K, McBride K, Shtangey V, Xiang J, Eltridge F, Keech W. 2017. South Australian Aboriginal Health Needs and Gaps Report: Central Adelaide Local Health Network, 2017. Wardliparingga Aboriginal Research Unit, SAHMRI, Adelaide.	<ol style="list-style-type: none"> 2. Population projections for South Australia were provided by the Department of Planning, Transport and Infrastructure (DPTI), but do not include Aboriginal status. Estimates of the proportion of the population that is Aboriginal were taken from Aboriginal population estimates generated by the Population Health Information Development Unit (PHIDU). 3. 'Without trend' figures were generated by assuming the same Aboriginal/non-Aboriginal population proportions in 2016 and 2021, i.e., the PHIDU estimated population proportions for each Aboriginal status in 2016 were applied to the DPTI estimated population for 2021. 4. 'With trend' figures were generated by assuming the same growth trends for each Aboriginal status, estimated by PHIDU for the period 2011-2016, would continue for the period 2016-2021.
Figure 2.3.1	SA Health, Pregnancy Outcome Unit, Perinatal Statistics Collection	<ol style="list-style-type: none"> 1. Birth rate was calculated using population estimates from Prometheus Information. 2. Births to women residing in the APY Lands were excluded from state-level data due to incomplete coverage.
Figures 2.4.1 and 2.4.2	ABS Life Tables, States, Territories and Australia, 2013-2015 and 2014-2016, catalog number 3302.0.55.001. Presented as Table 20.01 in South Australian Aboriginal Health Needs and Gaps Report 2017. Gibson O, Peterson K, McBride K, Shtangey V, Xiang J, Eltridge F, Keech W. 2017. South Australian Aboriginal Health Needs and Gaps Report: Central Adelaide Local Health Network, 2017. Wardliparingga Aboriginal Research Unit, SAHMRI, Adelaide.	<ol style="list-style-type: none"> 1. Life expectancy at birth is expressed as the number of years of life a person born in a given year is expected to live. 2. Estimates of life expectancy for Aboriginal births were not produced for South Australia due to the small number of Aboriginal deaths reported for the State. This figure includes data for all people (both Aboriginal and non-Aboriginal). 3. Statistical Area Level 4 (SA4) is a geographical unit defined under the Australian Statistical Geography Standard.
Figure 3.1.1	Australian Bureau of Statistics, National Aboriginal and Torres Strait Islander Social Survey 2014-15, TableBuilder, accessed 25 January 2018	<ol style="list-style-type: none"> 1. Includes Aboriginal and Torres Strait Islander people aged 3 years and over. 2. Some estimates may have a high relative standard error and should be interpreted with caution. 3. Backweighted to the Australian Estimated Resident Population.

	<ol style="list-style-type: none"> Cells and continuous variables in the underlying data have been randomly adjusted by the ABS to avoid the release of confidential data. Discrepancies may occur between sums of the component items and totals.
<p>Figure 3.1.2 Australian Bureau of Statistics, National Aboriginal and Torres Strait Islander Social Survey 2014-15, TableBuilder, accessed 25 January 2018</p>	<ol style="list-style-type: none"> Includes Aboriginal and Torres Strait Islander people aged 15 years and over. Some estimates may have a high relative standard error and should be interpreted with caution. Backweighted to the Australian Estimated Resident Population. Cells and continuous variables in the underlying data have been randomly adjusted by the ABS to avoid the release of confidential data. Discrepancies may occur between sums of the component items and totals.
<p>Figure 3.2.1 Australian Bureau of Statistics, 2016 Census of Population and Housing, South Australia, Indigenous Profile, downloaded November 2017</p>	<ol style="list-style-type: none"> Includes persons aged 15 years and over who are no longer attending either primary or secondary school. 'Year 12 or equivalent' refers to people who have been awarded a statement or certificate of completion of year 12 by an Australian Government studies authority, and/or attained a Qualification at AQF Certificate Level II or above. Estimates have not been age-standardised. Cells and continuous variables in the underlying data have been randomly adjusted by the ABS to avoid the release of confidential data. Discrepancies may occur between sums of the component items and totals.
<p>Figure 3.2.2 Australian Bureau of Statistics, 2016 Census of Population and Housing, South Australia, Indigenous Profile, downloaded November 2017</p>	<ol style="list-style-type: none"> This measure applies to all people who indicated they were currently attending an educational institution. 'Primary school' category includes infants school. TAFE stands for Technical and Further Education. Estimates have not been age-standardised. Cells and continuous variables in the underlying data have been randomly adjusted by the ABS to avoid the release of confidential data. Discrepancies may occur between sums of the component items and totals.
<p>Figure 3.3.1 Australian Bureau of Statistics, 2016 Census of Population and Housing, South Australia, Indigenous Profile, downloaded November 2017</p>	<ol style="list-style-type: none"> Includes occupied private dwellings only. Family composition was disaggregated in the source data by the number of families living in a household (i.e. one family, multiple families, or non-related individuals). 'Couple with no children,' 'Couple with children,' 'One parent family,' and 'One family household (other)' represent single family households. Group households are those composed of multiple un-related individuals. Cells and continuous variables in the underlying data have been randomly adjusted by the ABS to avoid the release of confidential data. Discrepancies may occur between sums of the component items and totals.

<p>Figure 3.3.2 Australian Bureau of Statistics, 2016 Census of Population and Housing, South Australia, Indigenous Profile, downloaded November 2017</p>	<ol style="list-style-type: none"> 1. Needing one or more additional bedrooms qualifies as overcrowding according to the Canadian National Occupancy Standard. This measure takes into account household member ages, sexes and relationships to each other to determine the number of additional bedrooms needed in order to avoid overcrowding. 2. Cells and continuous variables in the underlying data have been randomly adjusted by the ABS to avoid the release of confidential data.
<p>Figure 3.3.3 Australian Bureau of Statistics, 2016 Census of Population and Housing, South Australia, Indigenous Profile, downloaded November 2017</p>	<ol style="list-style-type: none"> 1. Includes occupied private dwellings only. 2. 'House' could include a separate house, a semi-detached, row or terrace, townhouse, etc., or a flat or apartment. 3. 'Dwelling other than house' could include a caravan, a cabin or houseboat, an improvised home, tent or sleeping out, or a house or flat attached to a shop, office, etc. 4. 'Owning' could include owning outright or having a mortgage. 'Rented privately' includes renting through a real estate agent, renting from a person not in the household, another landlord type, or landlord not stated. 'Rented publicly' includes through a state or territory housing authority, a housing co-operative, or a community or church group. 5. Cells and continuous variables in the underlying data have been randomly adjusted by the ABS to avoid the release of confidential data. Discrepancies may occur between sums of the component items and totals.
<p>Table 3.3.5 Source: ABS Census of Population and Housing: Estimating homelessness, 2011. Table 31.01 in South Australian Aboriginal Health Needs and Gaps Report 2017. Gibson O, Peterson K, McBride K, Shtangey V, Xiang J, Eltridge F, Keech W. 2017. South Australian Aboriginal Health Needs and Gaps Report: Central Adelaide Local Health Network, 2017. Wardliparingga Aboriginal Research Unit, SAHMRI, Adelaide.</p>	<ol style="list-style-type: none"> (a) Includes those in Specialist Homeless Services (SHS). (b) Includes 'visitor only' households where all persons report having no usual address. Some people who were homeless are likely to be underestimated in this category. (c) Includes usual residents in dwellings needing 4 or more extra bedrooms under the Canadian National Occupancy Standard. <p>n/a Estimates not available.</p> <ol style="list-style-type: none"> 1. Rates were calculated using population estimates from the 2011 Census of Population and Housing provided in the ABS publication 2049.0 Census of Population and Housing: Estimating homelessness, 2011
<p>Figure 3.4.1 Australian Bureau of Statistics, 2016 Census of Population and Housing, South Australia, Indigenous Profile, downloaded November 2017</p>	<ol style="list-style-type: none"> 1. Includes occupied private dwellings only. 2. The category 'less than \$150' includes households declaring no or negative weekly income. 3. The category 'Other' includes households with partial income or not stated income. 4. Cells and continuous variables in the underlying data have been randomly adjusted by the ABS to avoid the release of confidential data. Discrepancies may occur between sums of the component items and totals.

<p>Figure 3.5.1 Australian Bureau of Statistics, 2016 Census of Population and Housing, South Australia, Indigenous Profile, downloaded November 2017</p>	<ol style="list-style-type: none"> 1. Includes Aboriginal and Torres Strait Islander people aged 15 years and over. 2. 'Unemployed' includes people who were not employed but were actively looking for work or were waiting to start a new job. 'Not in the labour force' includes people who undertook unpaid household duties or voluntary work only, were retired, voluntarily inactive, and those permanently unable to work. 3. Cells and continuous variables in the underlying data have been randomly adjusted by the ABS to avoid the release of confidential data. Discrepancies may occur between sums of the component items and totals.
<p>Figure 3.5.2 Australian Bureau of Statistics, 2016 Census of Population and Housing, South Australia, Indigenous Profile, downloaded November 2017</p>	<ol style="list-style-type: none"> 1. Includes Aboriginal and Torres Strait Islander people aged 15 years and over. 2. 'Unemployed' includes people who were not employed but were actively looking for work or were waiting to start a new job. 'Not in the labour force' includes people who undertook unpaid household duties or voluntary work only, were retired, voluntarily inactive, and those permanently unable to work. 3. Cells and continuous variables in the underlying data have been randomly adjusted by the ABS to avoid the release of confidential data. Discrepancies may occur between sums of the component items and totals.
<p>Figure 3.6.1 Australian Bureau of Statistics, 2016 Census of Population and Housing, South Australia, Indigenous Profile, downloaded November 2017</p>	<ol style="list-style-type: none"> 1. Core activity need for assistance is a measure intended to estimate the number of people with a profound or severe disability. This population is defined as people who need assistance in their day to day lives with any or all of the following core activities: self-care, mobility or communication because of a disability, long-term health condition (lasting six months or more) or old age. This measure includes Aboriginal and Torres Strait Islander people of all ages. 2. Cells and continuous variables in the underlying data have been randomly adjusted by the ABS to avoid the release of confidential data. Discrepancies may occur between sums of the component items and totals.
<p>Figure 3.6.2 Australian Bureau of Statistics, 2016 Census of Population and Housing, South Australia, Indigenous Profile, downloaded November 2017</p>	<ol style="list-style-type: none"> 1. Providing unpaid assistance to a person with a disability includes Aboriginal and Torres Strait Islander people aged 15 years and over who reported providing unpaid care, help or assistance to family members or others because of a disability, long-term illness or problems related to old age in the two weeks prior to Census night. This includes people who are in receipt of a Carer Allowance or Carer Payment but does not include work done through a voluntary organisation or group. 2. Cells and continuous variables in the underlying data have been randomly adjusted by the ABS to avoid the release of confidential data. Discrepancies may occur between sums of the component items and totals.
<p>Figure 3.7.1 Australian Bureau of Statistics, Australian Aboriginal and Torres Strait Islander Health Survey 2012-13 and</p>	<ol style="list-style-type: none"> 1. Some estimates may have a high relative standard error and should be interpreted with caution.

National Nutrition and Physical Activity Survey 2011-12, TableBuilder, accessed 25 January 2018	<ol style="list-style-type: none"> 2. Though this measure was collected at the household level, the ABS backweighted the results to the Australian Estimated Resident Population. 3. Estimates have not been age-standardised. 4. Cells and continuous variables in the underlying data have been randomly adjusted by the ABS to avoid the release of confidential data. Discrepancies may occur between sums of the component items and totals.
Figure 3.8.1 Australian Bureau of Statistics, National Aboriginal and Torres Strait Islander Social Survey 2014-15, TableBuilder, accessed 25 January 2018	<ol style="list-style-type: none"> 1. Includes Aboriginal and Torres Strait Islander people aged 15 years and over. 2. Some estimates may have a high relative standard error and should be interpreted with caution. 3. Backweighted to the Australian Estimated Resident Population. 4. Cells and continuous variables in the underlying data have been randomly adjusted by the ABS to avoid the release of confidential data. Discrepancies may occur between sums of the component items and totals.
Figure 3.9.1 Australian Bureau of Statistics, National Aboriginal and Torres Strait Islander Social Survey 2014-15, TableBuilder, accessed 25 January 2018	<ol style="list-style-type: none"> 1. Some estimates may have a high relative standard error and should be interpreted with caution. 2. Includes Aboriginal and Torres Strait Islander people aged 15 years and over. 3. 'Never goes out' includes people who are housebound. 4. Backweighted to the Australian Estimated Resident Population. 5. Cells and continuous variables in the underlying data have been randomly adjusted by the ABS to avoid the release of confidential data. Discrepancies may occur between sums of the component items and totals.
Figure 3.10.1 Australian Bureau of Statistics, 2016 Census of Population and Housing, South Australia, Indigenous Profile, downloaded November 2017	<ol style="list-style-type: none"> 1. Includes occupied private dwellings only. 2. Respondents were asked whether any member of the household accesses the internet from the dwelling. This could include access via mobile phone. 3. Cells and continuous variables in the underlying data have been randomly adjusted by the ABS to avoid the release of confidential data. Discrepancies may occur between sums of the component items and totals.
Figure 4.1.1 SA Health, Integrated South Australian Activity Collection (ISAAC)	<ol style="list-style-type: none"> 1. Age-standardised rates were calculated using the direct method of age-standardisation and the 2001 Australian standard population (Australian Bureau of Statistics) in five-year age groups from 35 to 65 and above. Rates were calculated using population estimates from Prometheus Information. 2. Data from both public and private hospitals were included. 3. Analysis was based on principal diagnosis based on the ICD-10-AM eighth edition and included the following codes: heart disease (I00-I99), diabetes(E10-E14), cancer (C00-C97, D45-D47), respiratory disease (J00-J99), oral disease (K00-K59), chronic kidney disease (Z49.1, Z49.2, E10.2, E11.2, E13.2, E14.2, I12, I13, I15, N00-N07,

	N08, N11-N12, N14-N16, N18, N19, N25-N28, N39.1, N39.2, E85.1, D59.3, B52.0, Q60-Q63, T82.4, T86.1, Z49.0, Z99.2).
	4. Patients residing in the APY Lands were excluded from state-level data due to incomplete coverage.
Figure 4.1.2 SA Health, Integrated South Australian Activity Collection (ISAAC)	<ol style="list-style-type: none"> 1. Rates were calculated using population estimates from Prometheus Information. 2. Data from both public and private hospitals were included. 3. Analysis was based on principal diagnosis based on the ICD-10-AM eighth edition and included the following codes: heart disease (I00-I99), diabetes(E10-E14), cancer (C00-C97, D45-D47), respiratory disease (J00-J99), oral disease (K00-K59), chronic kidney disease (Z49.1, Z49.2, E10.2, E11.2, E13.2, E14.2, I12, I13, I15, N00-N07, N08, N11-N12, N14-N16, N18, N19, N25-N28, N39.1, N39.2, E85.1, D59.3, B52.0, Q60-Q63, T82.4, T86.1, Z49.0, Z99.2). 4. Patients residing in the APY Lands were excluded from state-level data due to incomplete coverage.
Figure 4.2.1 SA Health, Community Mental Health Database	<ol style="list-style-type: none"> 1. Age-standardised rates were calculated using the direct method of age-standardisation and the 2001 Australian standard population (Australian Bureau of Statistics) in five-year age groups from 35 to 65 and above. Rates were calculated using population estimates from Prometheus Information. 2. Analysis was based on principal diagnosis based on the ICD-10-AM eighth edition and included the following codes: F00-F99. 3. Patients residing in the APY Lands were excluded from state-level data due to incomplete coverage.
Figure 4.2.2 SA Health, Community Mental Health Database	<ol style="list-style-type: none"> 1. Rates were calculated using population estimates from Prometheus Information. 2. Analysis was based on principal diagnosis based on the ICD-10-AM eighth edition and included the following codes: F00-F99. 3. Patients residing in the APY Lands were excluded from state-level data due to incomplete coverage.
Figure 4.2.3 SA Health, Integrated South Australian Activity Collection (ISAAC)	<ol style="list-style-type: none"> 1. Age-standardised rates were calculated using the direct method of age-standardisation and the 2001 Australian standard population (Australian Bureau of Statistics) in five-year age groups from 35 to 65 and above. Rates were calculated using population estimates from Prometheus Information. 2. Data from both public and private hospitals were included. 3. Analysis was based on principal diagnosis based on the ICD-10-AM eighth edition and included the following codes: F00-F99. 4. Patients residing in the APY Lands were excluded from state-level data due to incomplete coverage.

Figure 4.2.4 SA Health, Integrated South Australian Activity Collection (ISAAC)	<ol style="list-style-type: none"> 1. Rates were calculated using population estimates from Prometheus Information. 2. Data from both public and private hospitals were included. 3. Analysis was based on principal diagnosis based on the ICD-10-AM eighth edition and included the following codes: F00-F99. 4. Patients residing in the APY Lands were excluded from state-level data due to incomplete coverage.
Figure 4.2.5 Australian Bureau of Statistics, National Aboriginal and Torres Strait Islander Social Survey 2014-15 and National Health Survey, 2014-15, TableBuilder, accessed 29 January 2018	<ol style="list-style-type: none"> 1. Psychological distress was measured using a subset of five questions from the Kessler Psychological Distress Scale. A score of 5 (minimum) to 11 is considered low to moderate distress, while a score of 12 to 25 (maximum) is considered high to very high distress. 2. Estimates have not been age-standardised. 3. Some estimates may have a high relative standard error and should be interpreted with caution. 4. Backweighted to the Australian Estimated Resident Population. 5. Cells and continuous variables in the underlying data have been randomly adjusted by the ABS to avoid the release of confidential data. Discrepancies may occur between sums of the component items and totals.
Figure 4.3.1 SA Health, Integrated South Australian Activity Collection (ISAAC)	<ol style="list-style-type: none"> 1. Age-standardised rates were calculated using the direct method of age-standardisation and the 2001 Australian standard population (Australian Bureau of Statistics) in five-year age groups from 35 to 65 and above. Rates were calculated using population estimates from Prometheus Information. 2. Data from both public and private hospitals were included. 3. Analysis was based on principal diagnosis and external cause, based on the ICD-10-AM eighth edition and included the following codes: S00-S99, T00-T98. 4. Patients residing in the APY Lands were excluded from state-level data due to incomplete coverage.
Figure 4.3.2 SA Health, Integrated South Australian Activity Collection (ISAAC)	<ol style="list-style-type: none"> 1. Rates were calculated using population estimates from Prometheus Information. 2. Data from both public and private hospitals were included. 3. Analysis was based on principal diagnosis and external cause, based on the ICD-10-AM eighth edition and included the following codes: S00-S99, T00-T98. 4. Patients residing in the APY Lands were excluded from state-level data due to incomplete coverage.
Table 4.4.1 Australian Coordinating Registry, Cause of Death database	<ol style="list-style-type: none"> 1. Rates were calculated using population estimates from Prometheus Information. 2. People for whom age was not recorded were excluded.
Table 4.4.2 <i>Source is included under the table</i>	<ol style="list-style-type: none"> 1. Notes are included under the table. 2. No supplementary excel table available.

Figure 4.4.3	Australian Coordinating Registry, Cause of Death database. Table 24.01 in South Australian Aboriginal Health Needs and Gaps Report 2017. Gibson O, Peterson K, McBride K, Shtangey V, Xiang J, Eltridge F, Keech W. 2017. South Australian Aboriginal Health Needs and Gaps Report: Central Adelaide Local Health Network, 2017. Wardliparingga Aboriginal Research Unit, SAHMRI, Adelaide.	<ol style="list-style-type: none"> 1. Rates were calculated using population estimates for the period 2006-2012, generated by Wardliparingga Aboriginal Research Unit based on 2001, 2006 and 2011 Census data. 2. Analysis was based on underlying cause of death using the ICD-10-AM eighth edition. Specific definitions for each category are available from the ABS: http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/3303.0Appendix42011 3. The total numbers of deaths in South Australia include people for whom age was not recorded. 4. No supplementary excel table available
Figure 5.1.1	SA Health, Pregnancy Outcome Unit, Perinatal Statistics Collection	<ol style="list-style-type: none"> 1. Data limited to live births. 2. Table excludes births with missing maternal Aboriginal status, residential location, or missing baby weight. 3. Numerator for age-specific fertility rates (ASFR) for 15-19 age group includes live births to women aged under 15 years of age, and for 40-44 age group includes live births to women aged over 44 years of age. 4. Age-specific rates are given per 1,000 female population. Total Fertility Rate (TFR) is reported per woman and is calculated as the sum of 5-year ASFRs multiplied by 5 and divided by 1000. 5. Rates were calculated using population estimates from Prometheus Information. 6. Births to women residing in the APY Lands were excluded from state-level data due to incomplete coverage.
Figure 5.1.2	SA Health, Pregnancy Outcome Unit, Perinatal Statistics Collection	<ol style="list-style-type: none"> 1. Births to women residing in the APY Lands were excluded from state-level data due to incomplete coverage. Table excludes births with missing maternal Aboriginal status, residential location, or missing baby weight. 2. Year refers to the year of birth. 3. No supplementary excel table available
Figure 5.2.1	SA Health, Pregnancy Outcome Unit, Perinatal Statistics Collection	<ol style="list-style-type: none"> 1. Births to women residing in the APY Lands were excluded from state-level data due to incomplete coverage. Table excludes births with missing maternal Aboriginal status, residential location, or missing baby weight. 2. Year refers to the year of birth.
Figure 5.2.2	SA Health, Pregnancy Outcome Unit, Perinatal Statistics Collection	<ol style="list-style-type: none"> 1. Births to women residing in the APY Lands were excluded from state-level data due to incomplete coverage. Table excludes births with missing maternal Aboriginal status, residential location, or missing baby weight. 2. Year refers to the year of birth.

Figure 5.2.3	SA Health, Pregnancy Outcome Unit, Perinatal Statistics Collection	<ol style="list-style-type: none"> 1. Births to women residing in the APY Lands were excluded from state-level data due to incomplete coverage. Table excludes births with missing maternal Aboriginal status, residential location, or missing baby weight. 2. Year refers to the year of birth.
Figure 5.3.1	SA Health, Pregnancy Outcome Unit, Perinatal Statistics Collection	<ol style="list-style-type: none"> 1. Data is limited to singleton live births. 2. Births to women residing in the APY Lands were excluded from state-level data due to incomplete coverage. Table excludes births with missing maternal Aboriginal status, residential location, or missing baby weight. 3. Year refers to the year of birth. 4. Per cent is the number of live born low birthweight babies divided by the total number of live born babies. 5. Births with missing birthweight were excluded. 6. Very low birth weight is defined as less than 1,500g, while low birth weight is defined as 1,500g to less than 2,500g. Normal birthweight is 2,500g to less than 4,000g, and high is 4,000 or more.
Figure 5.4.1	SA Health, Pregnancy Outcome Unit, Perinatal Statistics Collection	<ol style="list-style-type: none"> 1. Births to women residing in the APY Lands were excluded from state-level data due to incomplete coverage. Table excludes births with missing maternal Aboriginal status, residential location, or missing baby weight. 2. Year refers to the year of birth.
Figure 5.4.2	SA Health, Pregnancy Outcome Unit, Perinatal Statistics Collection	<ol style="list-style-type: none"> 1. Births to women residing in the APY Lands were excluded from state-level data due to incomplete coverage. Table excludes births with missing maternal Aboriginal status, residential location, or missing baby weight. 2. Year refers to the year of birth.
Figure 5.5.1	SA Health, Pregnancy Outcome Unit, Perinatal Statistics Collection	<ol style="list-style-type: none"> 1. Births to women residing in the APY Lands were excluded from state-level data due to incomplete coverage. Table excludes births with missing maternal Aboriginal status, residential location, or missing baby weight. 2. Year refers to the year of birth.
Figure 5.5.2	SA Health, Pregnancy Outcome Unit, Perinatal Statistics Collection	<ol style="list-style-type: none"> 1. Births to women residing in the APY Lands were excluded from state-level data due to incomplete coverage. Table excludes births with missing maternal Aboriginal status, residential location, or missing baby weight. 2. Year refers to the year of birth.
Figure 6.1.1	The Social Research Centre on behalf of the Australian Government Department of Education and Training, Australian Early Development Census	<ol style="list-style-type: none"> 1. Figure shows median scores. 2. Children who had started school less than a month ago, who were less than four years of age, who had special needs, or who were missing a score for any domain were excluded from analysis.

		<ol style="list-style-type: none"> This analysis uses data from the Australian Early Development Census (AEDC). The AEDC is funded by the Australian Government Department of Education and Training. The findings and views reported are those of the authors and should not be attributed to the Department or the Australian Government.
Figure 6.1.2	The Social Research Centre on behalf of the Australian Government Department of Education and Training, Australian Early Development Census	<ol style="list-style-type: none"> Children who had started school less than a month ago, who were less than four years of age, who had special needs, or who were missing a score for any domain were excluded from analysis. This analysis uses data from the Australian Early Development Census (AEDC). The AEDC is funded by the Australian Government Department of Education and Training. The findings and views reported are those of the authors and should not be attributed to the Department or the Australian Government.
Figures 7.1.1 and 7.1.2	Australian Bureau of Statistics, Australian Aboriginal and Torres Strait Islander Health Survey 2012-13 and National Health Survey 2014-15, TableBuilder, accessed 29 January 2018	<ol style="list-style-type: none"> The half-year body mass index (BMI) scale was used for children. BMI categories were based on measured height and weight and were calculated according to age and gender cut-offs by the ABS. In adults, a BMI score of 25kg/m² or above is considered overweight. Estimates have not been age-standardised. Some estimates may have a high relative standard error and should be interpreted with caution. Backweighted to the Australian Estimated Resident Population. Cells and continuous variables in the underlying data have been randomly adjusted by the ABS to avoid the release of confidential data. Discrepancies may occur between sums of the component items and totals.
Figure 7.2.1	Australian Bureau of Statistics, Australian Aboriginal and Torres Strait Islander Health Survey 2012-13 and National Health Survey 2014-15, TableBuilder, accessed 22 February 2018	<ol style="list-style-type: none"> The 2013 Australian Dietary Guidelines (NHMRC) recommend a minimum number of serves of fruit and vegetables each day, depending on a person's age and sex. Estimates have not been age-standardised. Some estimates may have a high relative standard error and should be interpreted with caution. Backweighted to the Australian Estimated Resident Population. Cells and continuous variables in the underlying data have been randomly adjusted by the ABS to avoid the release of confidential data. Discrepancies may occur between sums of the component items and totals.
Figure 7.3.1	Australian Bureau of Statistics, National Aboriginal and Torres Strait Islander Social Survey 2014-15 and National Health Survey 2014-15, TableBuilder, accessed 01 February 2018	<ol style="list-style-type: none"> The category 'Less than daily smoker' includes former smokers. Estimates have not been age-standardised. Some estimates may have a high relative standard error and should be interpreted with caution. Backweighted to the Australian Estimated Resident Population.

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5. Cells and continuous variables in the underlying data have been randomly adjusted by the ABS to avoid the release of confidential data. Discrepancies may occur between sums of the component items and totals.
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Figure 7.4.1 Australian Bureau of Statistics, National Aboriginal and Torres Strait Islander Social Survey 2014-15, TableBuilder, accessed 02 February 2018

1. The NHMRC released guidelines in 2009 for reducing the health risks associated with the consumption of alcohol. There are two sets of guidelines. The guideline for lifetime risk from drinking states, 'drinking no more than two standard drinks on any day reduces the lifetime risk of harm from alcohol-related disease or injury.' The guideline for single occasion risk recognises that the risk of alcohol-related injury increases with the amount consumed and advises that 'drinking no more than four standard drinks on a single occasion reduces the risk of alcohol-related injury arising from that occasion.' A single occasion of drinking refers to a person consuming a sequence of drinks without their blood alcohol concentration reaching zero in between. In this dataset, lifetime risk was calculated based on drinking habits over the previous 12 months, while single occasion risk was based on drinking habits in the past 2 weeks.
 2. 'Didn't consume' included people who don't consume alcohol or who drink once per year or less frequently.
 3. Includes Aboriginal and Torres Strait Islander people aged 15 years and over.
 4. Some estimates may have a high relative standard error and should be interpreted with caution.
 5. Backweighted to the Australian Estimated Resident Population.
 6. Cells and continuous variables in the underlying data have been randomly adjusted by the ABS to avoid the release of confidential data. Discrepancies may occur between sums of the component items and totals.
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Figure 7.5.1 Australian Bureau of Statistics, National Aboriginal and Torres Strait Islander Social Survey 2014-15, TableBuilder, accessed 01 February 2018

1. Respondents were asked whether they had in the previous 12 months: misused prescription drugs (painkillers or analgesics, tranquilisers or sleeping pills, or methadone); used marijuana, hashish or cannabis resin; sniffed petrol; sniffed glue, solvents, paint thinners, aerosols or anything else; or used Kava. Respondents were then asked whether they had ever tried any other substances that they could inject, sniff, chew, smoke or use in some other way, and asked to identify whether it was: amphetamines or speed; heroin; cocaine; LSD or synthetic hallucinogens; naturally occurring hallucinogens; or ecstasy or designer drugs.
 2. Includes Aboriginal and Torres Strait Islander people aged 15 years and over.
 3. Some estimates may have a high relative standard error and should be interpreted with caution.
 4. Backweighted to the Australian Estimated Resident Population.
 5. Cells and continuous variables in the underlying data have been randomly adjusted by the ABS to avoid the release of confidential data. Discrepancies may occur between sums of the component items and totals.
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<p>Figure 7.6.1 Australian Bureau of Statistics, Australian Aboriginal and Torres Strait Islander Health Survey 2012-13 and National Nutrition and Physical Activity Survey 2011-12, TableBuilder, accessed 22 February 2018</p>	<ol style="list-style-type: none"> 1. At the time of survey, the National Physical Activity Guidelines for Australian Adults recommended a minimum of 150 minutes of physical activity over 5 or more sessions per week. 2. Estimates have not been age-standardised. 3. Some estimates may have a high relative standard error and should be interpreted with caution. 4. Backweighted to the Australian Estimated Resident Population. 5. Cells and continuous variables in the underlying data have been randomly adjusted by the ABS to avoid the release of confidential data. Discrepancies may occur between sums of the component items and totals.
<p>Figure 8.1.1 Australian Government Department of Human Services, Australian Childhood Immunisation Register (ACIR), provided by the Immunisation Section, Communicable Disease Control Branch, SA Health</p>	<ol style="list-style-type: none"> 1. Includes only children with a Medicare card registered to a given postcode, which may not be the total number of children resident in that postcode at the time. 2. The definition of 'fully immunised' varies by age and over time due to policy changes by funders and providers of childhood vaccines. Vaccinations included diphtheria, tetanus and pertussis (DTP); polio; Haemophilus influenzae type b; Hepatitis B; measles, mumps and rubella (MMR); pneumococcal; meningococcal; and varicella.
<p>Table 8.2.1 SA Health, BreastScreen SA database</p>	<ol style="list-style-type: none"> 1. Per cents were calculated using population estimates from Prometheus Information. 2. As any given woman is only eligible for screening every two years, the underlying population denominator was divided in half. 3. Women for whom age was not recorded were excluded.
<p>Table 8.2.2 SA Health, BreastScreen SA database</p>	<ol style="list-style-type: none"> 1. Per cents were calculated using population estimates from Prometheus Information. 2. Denominators were calculated taking the average of the reporting years. For the first and last years of a reporting period, half of the population of those years were included in the analysis. 3. For the first and last years of a reporting period, half of the cases of those years were included in the analysis. 4. Women for whom age was not recorded were excluded.
<p>Table 8.3.1 AIHW 2017. Aboriginal and Torres Strait Islander health performance framework 2017: supplementary online tables. Cat. no. WEB 170. Canberra: AIHW.</p>	<ol style="list-style-type: none"> 1. Indigenous identification not adjusted using Voluntary Indigenous Indicator (VII) data. 2. Data provided are for the period 1 July 2015 to 30 June 2016. 3. Rates were calculated using the average of 2015 and 2016 Indigenous population projections for the relevant age group.
<p>Table 8.4.1 AIHW 2017. Aboriginal and Torres Strait Islander health performance framework 2017: supplementary online tables. Cat. no. WEB 170. Canberra: AIHW. Presented as Table 49.02 in South Australian Aboriginal Health</p>	<p>(a) Rate ratio was calculated by dividing the crude rate for Aboriginal people by the crude rate for non-Aboriginal people.</p> <ol style="list-style-type: none"> 1. Includes health activity in past 12 months among people who self-reported current, long-term diabetes or high sugar levels.

	Needs and Gaps Report 2017. Gibson O, Peterson K, McBride K, Shtangey V, Xiang J, Eltridge F, Keech W. 2017. South Australian Aboriginal Health Needs and Gaps Report: Central Adelaide Local Health Network, 2017. Wardliparingga Aboriginal Research Unit, SAHMRI, Adelaide.	
Table 8.5.1	AIHW 2017. Aboriginal and Torres Strait Islander health performance framework 2017: supplementary online tables. Cat. no. WEB 170. Canberra: AIHW.	<ol style="list-style-type: none"> 1. Includes 4-year-old health checks. 2. Level A—consultations for cases that are obvious or straightforward; Level B—consultations lasting less than 20 minutes for cases that are not obvious or straightforward; Level C—consultations lasting at least 20 minutes; Level D—consultations lasting at least 40 minutes. To be counted as Level B, C, and D, consultations must involve one or more of the following tasks: taking a patient history, performing a clinical examination, arranging any necessary investigation, implementing a management plan, or providing appropriate preventive health care. For Level C, a patient history must be ‘detailed’ to count, and for level D, a patient history must be ‘extensive’ to count. 3. n.a. Not applicable
Table 8.6.1	SA Health, Integrated South Australian Activity Collection (ISAAC)	<ol style="list-style-type: none"> 1. Patients residing in the APY Lands were excluded from state-level data due to incomplete coverage.
Figures 8.6.2, 8.6.3, 8.6.4, 8.6.5	SA Health, Integrated South Australian Activity Collection (ISAAC)	<ol style="list-style-type: none"> 1. Patients residing in the APY Lands were excluded from state-level data due to incomplete coverage. 2. Data from both public and private hospitals have been included.
Table 8.7.1	SA Health, Integrated South Australian Activity Collection (ISAAC)	<ol style="list-style-type: none"> 1. Diagnostic Blocks were supplied in the dataset and were based on principal diagnosis (ICD-10-AM eight edition). 2. Patients residing in the APY Lands were excluded from state-level data due to incomplete coverage. 3. Data from both public and private hospitals have been included.
Figure 8.7.2	SA Health, Integrated South Australian Activity Collection (ISAAC)	<ol style="list-style-type: none"> 1. Patients residing in the APY Lands were excluded from state-level data due to incomplete coverage. 2. Data from both public and private hospitals have been included.
Figure 8.9.1	SA Health, Integrated South Australian Activity Collection (ISAAC)	<ol style="list-style-type: none"> 1. On presentation to a South Australian government health facility, it is a requirement that all patients are asked if they are Aboriginal, Torres Strait Islander, both Aboriginal and Torres Strait Islander, or neither Aboriginal nor Torres Strait Islander. This table presents data on patients with unknown Aboriginal status. 2. Patients residing in the APY Lands were excluded from state-level data due to incomplete coverage.

		3. Data from both public and private hospitals have been included.
Table 8.10.1	SA Health, Integrated South Australian Activity Collection (ISAAC)	<ol style="list-style-type: none"> 1. Per cent is the proportion of hospital separations for which a procedure was recorded. 2. Data from both public and private hospitals have been included. 3. Patients residing in the APY Lands were excluded from state-level data due to incomplete coverage.
Table 8.11.1	SA Health, Integrated South Australian Activity Collection (ISAAC)	<ol style="list-style-type: none"> 1. ASR denotes the age-standardised rate, directly age-standardised using the 2001 Australian standard population (Australian Bureau of Statistics) in ten-year age groups up to 75 years and over. Rates were calculated using population estimates from Prometheus Information. 2. The rate ratio was calculated as the ASR for Aboriginal people divided by the ASR for non-Aboriginal people. The rate difference was calculated as the ASR for Aboriginal people minus the ASR for non-Aboriginal people. 3. The 2015-16 AIHW National Healthcare Agreement definitions were used for potentially preventable hospitalisations available at http://meteor.aihw.gov.au/content/index.phtml/itemId/559032. 4. Data from both public and private hospitals have been included. 5. Patients residing in the APY Lands were excluded from state-level data due to incomplete coverage.
Table 8.11.2	SA Health, Integrated South Australian Activity Collection (ISAAC)	<ol style="list-style-type: none"> 1. Rates were calculated using population estimates from Prometheus Information. 2. The 2015-16 AIHW National Healthcare Agreement definitions were used for potentially preventable hospitalisations available at http://meteor.aihw.gov.au/content/index.phtml/itemId/559032. 3. As more than one chronic condition may be reported for a separation, the sum of vaccine-preventable, acute and chronic conditions may not equal the total number of potentially-preventable separations. 4. Data from both public and private hospitals have been included. 5. Patients residing in the APY Lands were excluded from state-level data due to incomplete coverage.

APPENDIX 5. NATIONAL SURVEYS

Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS)

A household survey conducted approximately every 6 years across Australia. In 2012–13, the AATSIHS was composed of three sub-surveys: the health survey component, a nutrition and physical activity survey, and a biomedical survey (37). The 2012–13 AATSIHS included a nationally-representative sample of approximately 12,900 Aboriginal and Torres Strait Islander people living in private dwellings. Data from the AATSIHS were accessed through the ABS online application, TableBuilder, and person weights were automatically applied. Weighting is the process of adjusting results from a sample survey to infer results for the total population. Therefore, estimates generated by TableBuilder are backweighted to the whole population for each PHN. (TableBuilder is accessible from the ABS website)(38). Data from the AATSIHS were available by Primary Health Network (PHN) and are presented for Adelaide PHN or Country PHN, as compared to the wider state.

National Aboriginal and Torres Strait Islander Social Survey (NATSISS)

A household survey conducted by the Australian Bureau of Statistics (ABS) from September 2014 to June 2015. The NATSISS is conducted approximately 6-yearly, and includes people living in private dwellings across Australia(39). The survey collects self-reported information on key areas of social interest that are of importance to the physical, social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples. In the 2014–15 survey, 11,178 Aboriginal and Torres Strait Islander people participated across Australia. Data from the NATSISS were accessed through the ABS online application, TableBuilder, and person weights were automatically applied. Weighting is the process of adjusting results from a sample survey to infer results for the total population. Therefore, estimates generated by TableBuilder are backweighted to the whole population for each PHN. (TableBuilder is accessible from the ABS website)(38).

National Health Survey (NHS)

A triennial survey conducted by the ABS in a representative sample of the general Australian population(40). Self-reported information is collected related to demographic and socio-economic characteristics, general health, risk factors and long-term conditions. In the 2014–15 NHS, approximately 19,000 persons living in private dwellings across all States and Territories participated. NHS data used in this report excluded people identifying as Aboriginal and Torres Strait Islander, in order to provide a comparison sample for the NATSISS. Data from the NHS were accessed through the ABS online application, TableBuilder, and person weights were automatically applied. Weighting is the process of adjusting results from a sample survey to infer results for the total population. Therefore, estimates generated by TableBuilder are backweighted to the whole population for each PHN. (TableBuilder is accessible from the ABS website)(38).

National Nutrition and Physical Activity Survey (NNPAS)

A household survey conducted in 2012-13 as part of the larger Australian Health Survey (41). The 2012-13 NNPAS included approximately 12,000 participants from the general population (this could include Aboriginal and Torres Strait Islander people, but data was not separated by Aboriginal status). Data from the NNPAS were accessed through the ABS online application, TableBuilder, and person weights were automatically applied. Weighting is the process of adjusting results from a sample survey to infer results for the total population. Therefore, estimates generated by TableBuilder are backweighted to the whole population for each PHN. (TableBuilder is accessible from the ABS website)(38).

APPENDIX 6. BOUNDARIES OF SOUTH AUSTRALIAN PRIMARY HEALTH NETWORKS



APPENDIX 7. POTENTIALLY PREVENTABLE HOSPITAL (PPH) ADMISSIONS

There are 3 broad categories of PPHs (42):

- *Vaccine-preventable*. These are diseases where vaccine is widely available and therefore they can be prevented by proper vaccination. These conditions include influenza, bacterial pneumonia, hepatitis, tetanus, diphtheria, pertussis (whooping cough), chicken pox, measles, mumps, rubella, polio and haemophilus meningitis.
- *Acute*. These are conditions, which may not be preventable, but where morbidity can be reduced through adequate and timely treatment in primary health care setting and lead to fewer hospitalisations. These include eclampsia; pneumonia (not vaccine-preventable); pyelonephritis; perforated ulcer; cellulitis; urinary tract infections; pelvic inflammatory disease; ear, nose and throat infections; and dental conditions.
- *Chronic*. These are conditions where effective management in a non-hospital setting may prevent deterioration and hospitalisation. These conditions also include conditions which can be prevented through behaviour modification and lifestyle change. Chronic preventable conditions include diabetes complications, asthma, angina, hypertension, congestive cardiac failure, COPD, iron deficiency, hypertension, nutritional deficiencies and rheumatic heart disease.

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