



Australian Government
Australian Institute of
Health and Welfare



Aboriginal and Torres Strait Islander Health Performance Framework 2020

Key health indicators

South Australia



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Please note that there is the potential for minor revisions of data in this report.

Please check the online version at www.aihw.gov.au for any amendment.

COVID-19 pandemic

This report includes data from before the COVID-19 pandemic. For data and information that relates to COVID-19, please see our COVID-19 resources <www.aihw.gov.au/covid-19>.

The *Aboriginal and Torres Strait Islander Health Performance Framework* (HPF) was developed to monitor progress towards health equity for Indigenous Australians.

The HPF brings together information about health outcomes, broader determinants of health like housing and education, health protective and risk factors, and access to health services.

This report presents key findings from the HPF for Indigenous Australians in South Australia.

Indigenous Australians in South Australia—key findings

In 2018–19, **4 in 10** Indigenous Australians aged 15 and over in South Australia rated their health as **very good** or **excellent**.

The **employment rate** of Indigenous 15–64-year-olds in South Australia was **45%** in 2018–19, similar to the employment rate of **47%** in 2014–15.

In South Australia, the proportion of Indigenous Australians aged 15 and over who were **smokers decreased** from **48%** in 2008 to **37%** in 2018–19.

The rate of **health checks** for Indigenous Australians in South Australia **increased** from **35 per 1,000** population in 2009–10 to **220 per 1,000** in 2018–19.

Indigenous Australians in South Australia

In 2016, according to official population estimates (ABS 2018):

- There were around **42,300** Indigenous Australians in South Australia, **2.5%** of the state's total population
- About **5%** of Indigenous Australians lived in South Australia
- Around **11%** of Indigenous Australians in South Australia lived in **Very remote areas** and **4%** in **Remote areas**
- **1 in 3** Indigenous Australians in South Australia were aged under 15.

The Aboriginal and Torres Strait Islander HPF

The HPF is made up of 68 measures across three tiers: tier 1—health status and outcomes; tier 2—determinants of health; and tier 3—health system performance. Each measure represents a health-related concept that is explored in detail, using various indicators drawn from relevant data sources and research.

This year, for the first time, the detailed findings and data are presented together on a dedicated website, indigenoushpf.gov.au. The website includes:

- comprehensive national, and state and territory reporting
- supplementary data tables
- interactive data visualisations with more information for states and territories
- the measures, with updated sections on research and evaluations.

Policy developments will shape the HPF in future. At a national level, these include the National Agreement on Closing the Gap and a refresh of the National Aboriginal and Torres Strait Islander Health Plan. The refreshed Health Plan will embed the cultural determinants and social determinants of health, with a vision that Aboriginal and Torres Strait Islander peoples enjoy long, healthy lives that are centred in culture, with access to services that are prevention-focused, responsive, culturally safe and free of racism and inequity.

Data sources

Data sources are indicated throughout this report using abbreviations. A full list of data sources and corresponding abbreviations is provided at the end of this report, along with a list of recent AIHW releases that provide more recent information from some of these data sources.

Data limitations

The under-identification of Aboriginal and Torres Strait Islander people is the main limitation in most of the administrative datasets used for health reporting, particularly in some states and territories. Changes in identification over time might also affect time series analyses. Data analysis using these sources is limited to jurisdictions considered to have Indigenous identification information of adequate quality for national reporting:

- Mortality data—current and long-term data (1998 onwards) are reported for New South Wales, Queensland, Western Australia, South Australia and the Northern Territory.
- Hospitals data—current results are reported for all jurisdictions. For annual time series from 2004–05, data from New South Wales, Victoria, Queensland, Western Australia, South Australia, and the Northern Territory are used.

Technical note

In general, differences and changes over time highlighted in this report are statistically significant—this means that statistical tests indicate a high level of confidence that these results reflect real differences or changes.

Note that 'non-remote' includes *Major cities*, *Inner regional* areas and *Outer regional* areas and 'remote' includes *Remote* areas and *Very remote* areas, as described in the Australian Statistical Geography Standard (ASGS) (ABS 2016).

Health status and outcomes

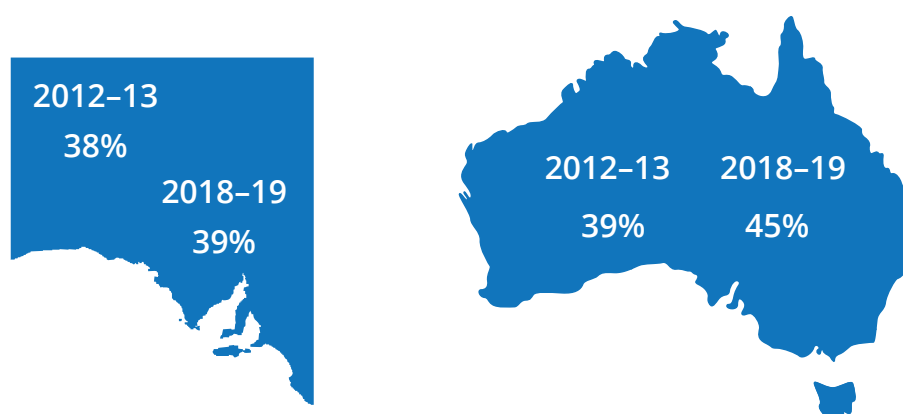
4 in 10 Indigenous Australians in South Australia rate their health as very good or excellent

Information about how people rate their own health is widely used in health research. While this type of information generally tells a similar story to other measures of health—for example, reported long-term health conditions—people may rate their health as good to excellent even if they have significant health problems. How people rate their own health partly depends on their awareness of and expectations about their health and comparisons with others around them.

The concept of health is broader than physical health or illness and includes mental, social and spiritual dimensions. Culturally distinct views of health and wellbeing held by Aboriginal and Torres Strait Islander people may influence how individuals assess their own health.

In 2018–19, 39% of Aboriginal and Torres Strait Islander people aged 15 and over in South Australia rated their health as very good or excellent, similar to the result from 2012–13.

Proportion of Indigenous Australians rating their own health as very good or excellent



Source: HPF Table D1.17.8—AIHW and ABS analysis of AATSIHS 2012–13 and NATSIHS 2018–19.

Leading causes of the burden of disease

Burden of disease' refers to the impact of disease and injury on a population. It is measured in 'years of healthy life lost', made up of years lost due to premature death (fatal disease burden) and due to living with disease or injury (non-fatal disease burden).

Jurisdiction-specific disease burden estimates are published for New South Wales, Queensland, Western Australia and the Northern Territory, but not for the other states and territories, partly due to the small numbers of Indigenous deaths (AIHW 2016).

Nationally, the leading causes of disease burden for Indigenous Australians were mental and substance use disorders, injuries, cardiovascular disease and cancer.

More information about these conditions follows.

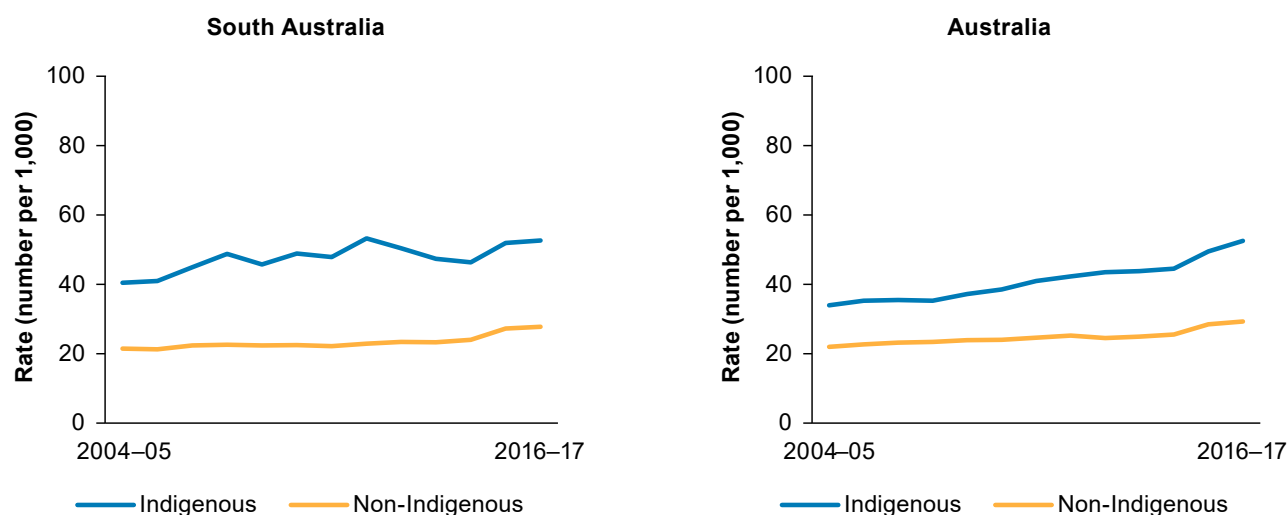
Indigenous Australians in South Australia more likely than non-Indigenous Australians to have high levels of psychological distress

In 2018–19, nearly 4 in 10 Indigenous Australians in South Australia had high to very high levels of psychological distress (38%, age-standardised)—a proportion that has not changed significantly since 2008—compared with 14% of non-Indigenous Australians in South Australia (NATSISS 2008, NATSIHS 2018–19).

Injuries and poisoning—increase in hospitalisation rate among Indigenous Australians in South Australia

In 2016–17, the age-standardised rate of hospitalisations due to injury or poisoning among Indigenous Australians in South Australia was 53 per 1,000 population, compared to 40 per 1,000 in 2004–05.

Injuries and poisoning hospitalisation rates (age-standardised), 2004–05 to 2016–17



Note: Results for Australia are for NSW, Vic, Qld, WA, SA and NT combined.

Source: HPF Table D1.03.5 SA—AIHW analysis of NHMD.

Assault (1 in 5 hospitalisations from injury, or 20%) and falls (almost 1 in 5, or 19%) were the leading causes of hospitalisations from injury among Indigenous Australians in South Australia between July 2015 and June 2017.

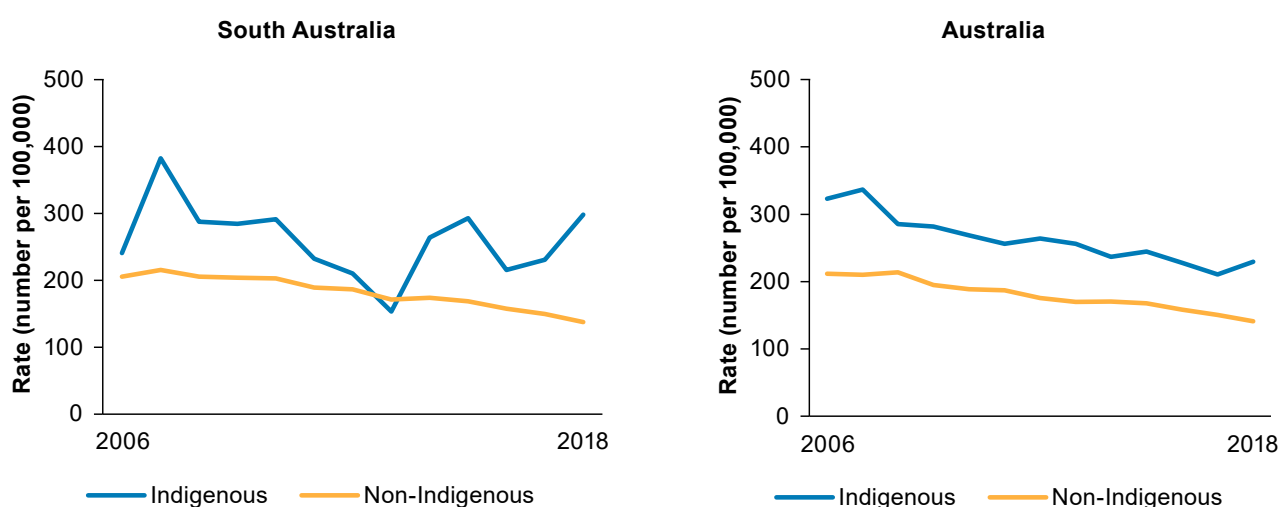
In 2014–2018, about 14% of deaths among Indigenous Australians in South Australia (140) were caused by injuries—this was the third leading cause of death (CoD).

Cardiovascular disease—decrease in death rate among Indigenous Australians in South Australia

In 2014–2018, nearly 1 in 4 deaths among Indigenous Australians in South Australia (24%, or 230) were caused by cardiovascular disease—this was the leading cause of death.

The age-standardised rate of death from cardiovascular disease among Indigenous Australians in South Australia did not change significantly over the period 2006 to 2018. There were decreases between 2006 and 2018 in cardiovascular death rates among non-Indigenous Australians in South Australia, and among Indigenous and non-Indigenous Australians nationally.

Cardiovascular disease death rates (age-standardised), 2006–2018



Note: Results for Australia are for NSW, Qld, WA, SA and NT combined.

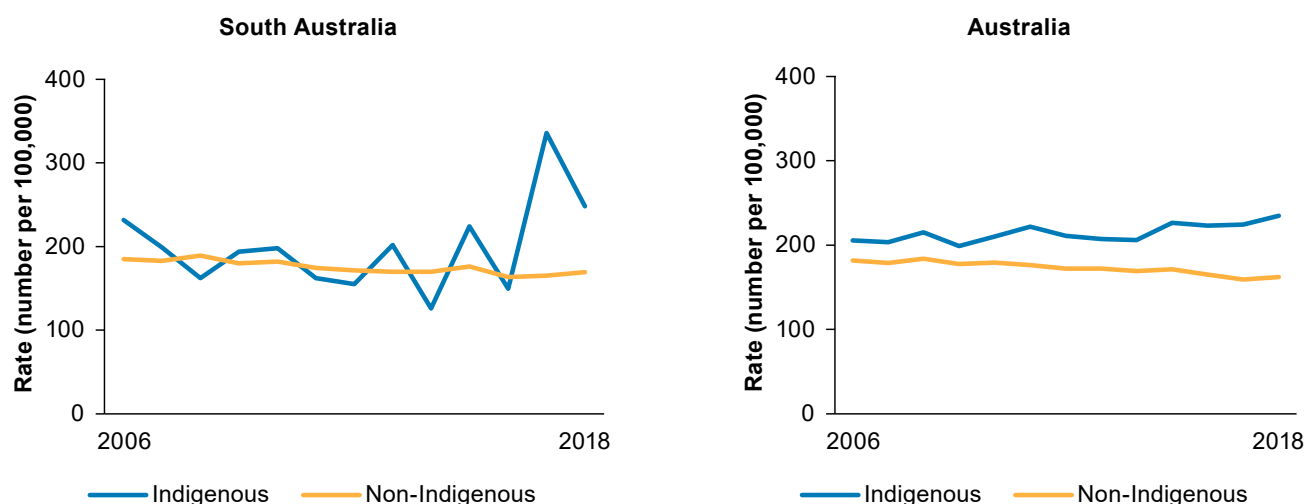
Source: HPF Table D1.23.28—AIHW and ABS analysis of CoD.

Cancer—no significant change in death rate among Indigenous Australians in South Australia

In 2014–2018, over 1 in 5 deaths among Indigenous Australians in South Australia (22%, or 210) were caused by cancer, making this the second leading cause of death.

In South Australia, the age-standardised rate of death from cancer has not changed significantly between 2006 and 2018 for Indigenous Australians (as shown by statistical testing, although the rates are variable), while falling for non-Indigenous Australians.

Cancer death rates (age-standardised), 2006–2018



Note: Results for Australia are for NSW, Qld, WA, SA and NT combined.

Source: HPF Table D1.23.29—AIHW and ABS analysis of CoD.

Data on cancer incidence not presented for South Australia

The Australian Cancer Database (ACD) contains data about all new cases of cancer diagnosed in Australia since 1982, excluding certain skin cancers. Information about the incidence (number of new cases) of different types of cancer, e.g. bowel cancer and lung cancer, can be obtained by analysing data from the ACD.

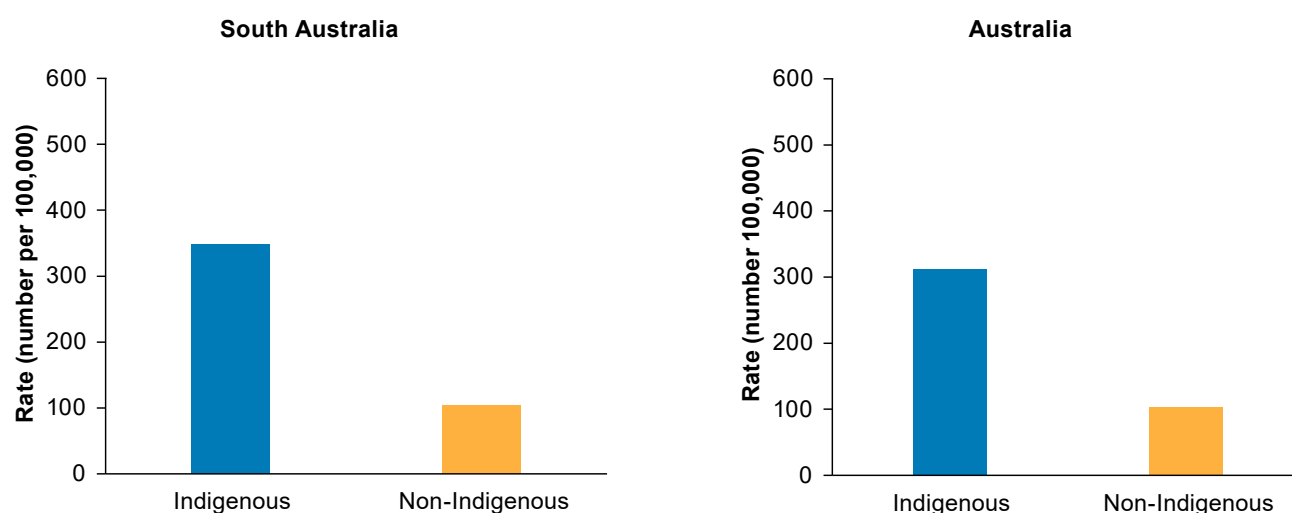
Data from the ACD are not presented for South Australia, Tasmania or the Australian Capital Territory because information by Indigenous status is not of sufficient quality in these jurisdictions.

Avoidable deaths—higher rate among Indigenous Australians than non-Indigenous Australians in South Australia

Avoidable and preventable mortality refers to deaths from conditions that are considered avoidable given timely and effective health care (including disease prevention and population health initiatives) (Page et al. 2007; AIHW 2010).

In 2014–18, there were 430 avoidable deaths of Indigenous Australians in South Australia, an age-standardised rate of 348 per 100,000. This was 3.3 times the rate of non-Indigenous Australians in South Australia (105 per 100,000).

Avoidable and preventable death rates (age-standardised), 2014–2018



Note: Results for Australia are for NSW, Qld, WA, SA and NT combined.

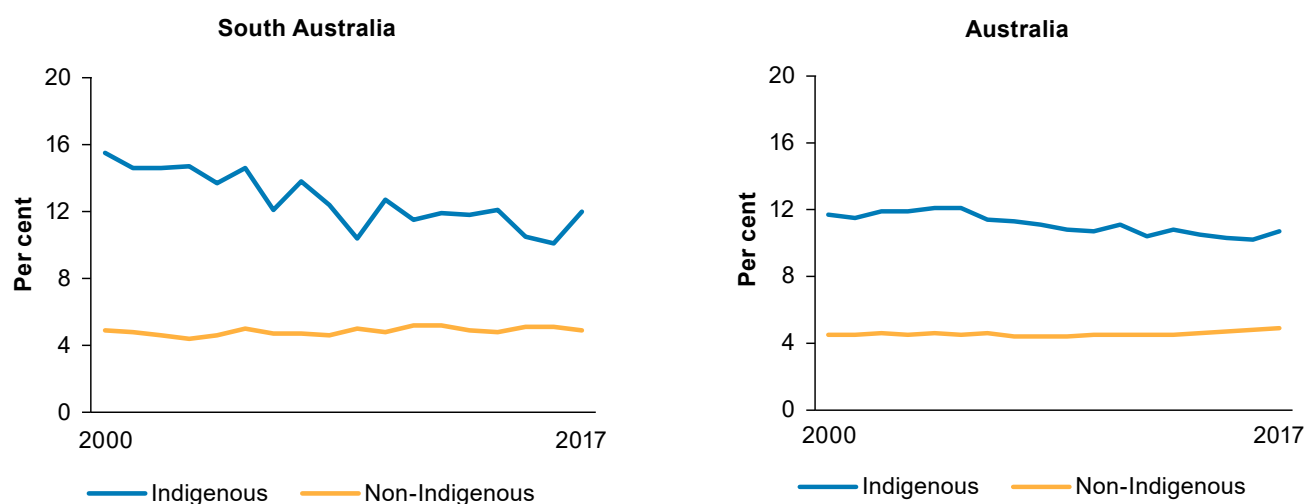
Source: HPF Table D1.24.4—AIHW and ABS analysis of CoD.

Decrease in rate of low birthweight babies born to Indigenous mothers in South Australia

A healthy birthweight is associated with better health outcomes throughout life.

Between 2000 and 2017, the low birthweight rate for babies born to Indigenous mothers living in South Australia (excluding multiple births) decreased from 16% to 12%.

Low birthweight rates, 2000–2017



Note: Results for Australia are for NSW, Vic, Qld, WA, SA and NT combined.

Source: HPF Table D1.01.3—AIHW and ABS analysis of NPDC.

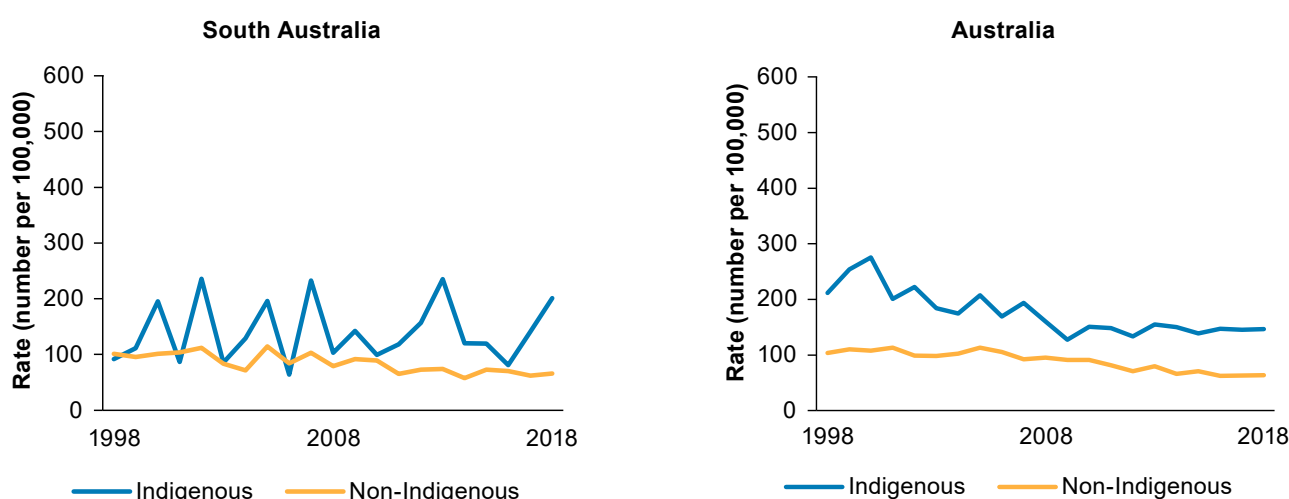
Mortality rates of Indigenous children in South Australia have not changed significantly

Infant and childhood mortality are long established measures of child health as well as the overall health of the population and its physical and social environment.

In 2014–18, the average death rate for Indigenous children aged 0–4 in South Australia was 132 per 100,000 population, compared with 146 per 100,000 Indigenous children nationally.

For South Australia, the mortality rate for Indigenous children aged 0–4 is quite variable. Statistical testing shows that between 1998 and 2018, the death rate for Indigenous children aged 0–4 in South Australia did not change significantly.

Mortality rates of children aged 0–4, 1998–2018



Note: Results for Australia are for NSW, WA, SA and NT combined.

Sources: HPF Table D1.20.16, D1.20.17—AIHW and ABS analysis of CoD.

Determinants of health

Cultural factors—country and caring for country, knowledge and beliefs, language, self-determination, family and kinship, and cultural expression—can be protective, and positively influence Aboriginal and Torres Strait Islander people's health and wellbeing (Bourke et al. 2018).

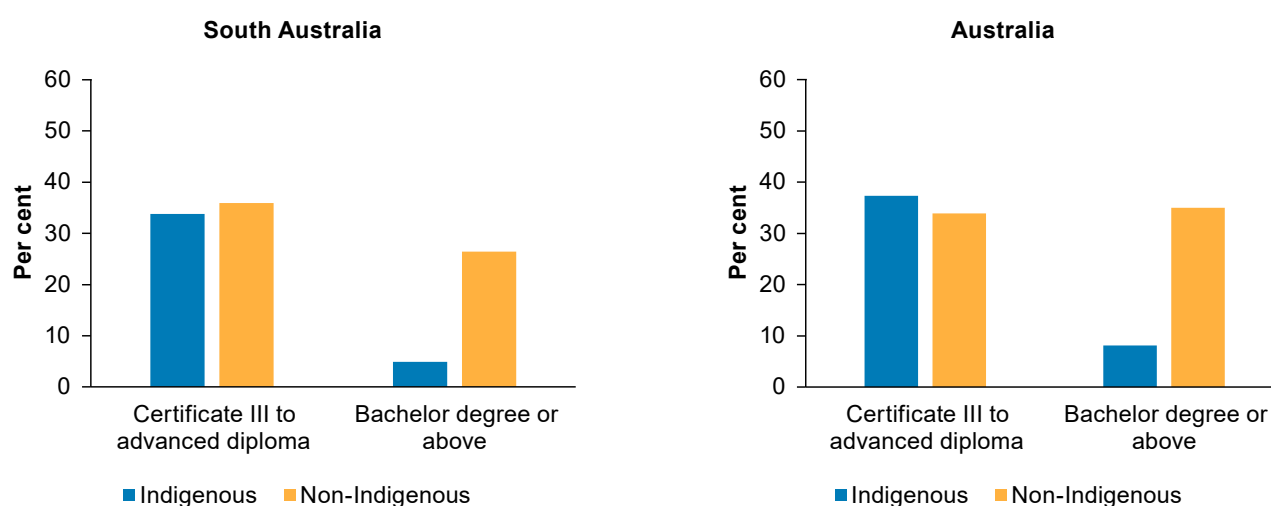
A new study—the *Mayi Kuwayu Study of Aboriginal and Torres Strait Islander Wellbeing*—aims to provide more evidence of how culture is related to Aboriginal and Torres Strait Islander people's health and wellbeing (ANU 2020).

A large part of the disparity in health outcomes between Indigenous Australians and non-Indigenous Australians is explained by disparities in social determinants, in particular income, employment and education (AIHW 2018).

About 4 in 10 Indigenous Australians in South Australia have a certificate III or higher

In 2018–19, nearly 4 in 10 (39%) Indigenous Australians in South Australia aged 20–64 had a certificate III level qualification or above as their highest educational qualification. Around 34% had a certificate III–advanced diploma as their highest educational qualification, while 5% had a bachelor degree or above.

Highest educational qualification among those aged 20–64, 2017–19



Source: HPF Table D2.06.11—AIHW and ABS analysis of NATSIHS 2018–19 and NHS 2017–18.

No change in the employment rate among Indigenous Australians in South Australia

In 2018–19, around 45% of Indigenous Australians in South Australia aged 15–64 were employed, compared with 76% of non-Indigenous Australians. Nationally, 49% of Indigenous Australians aged 15–64 were employed.

The employment rate did not change significantly between 2014–15 and 2017–19 for Indigenous Australians living in South Australia. Nationally, the employment rate for Indigenous Australians changed little over this period, while for non-Indigenous Australians there was a small increase.

Employed people as a proportion of the working age population



	2014–15	2017–19	2014–15	2017–19
Indigenous	47%	45%	48%	49%
Non-Indigenous	72%	76%	73%	76%

Source: HPF Table D2.07.5—AIHW and ABS analysis of NATSISS 2014–15; NATSIHS 2018–19 and NHS 2017–18.

Compared with employed people, those who lack employment are more likely to experience high or very high levels of psychological distress (NATSIHS 2018–19).

Nationally, among Indigenous Australians of working age in 2018–19:

- **2 in 10** who were employed reported high or very high levels of psychological distress
- **4 in 10** who were not employed reported high or very high levels of psychological distress.

Increase in the proportion of Indigenous Australians in South Australia living in low income households

In 2018–19, more than half (52%) of Indigenous adults in South Australia were living in a household with an income in the lowest 20% nationally (this is based on equivalised household income, a measure that is adjusted to better compare households of different types and sizes).

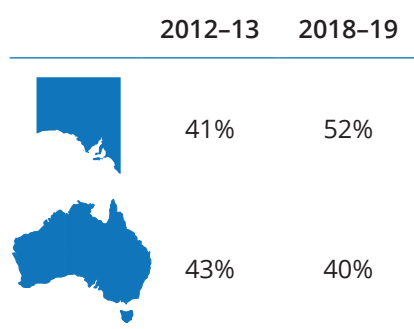
This proportion increased between 2012–13 and 2018–19.

Indigenous Australians in South Australia continue to be highly over-represented in lower-income households.

In 2016, the average weekly income for Indigenous adults living in South Australia was \$732, lower than the average for non-Indigenous adults of \$979.

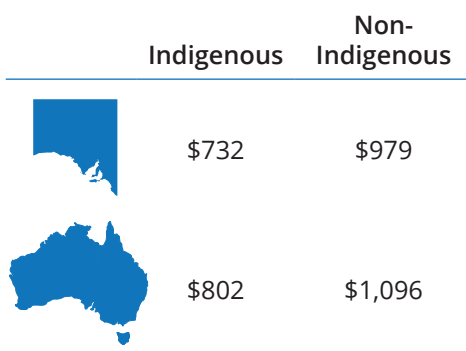
In 2018–19, over half (54%) of Indigenous Australians living in non-remote areas in South Australia could not raise \$2,000 in a week. This proportion increased to 72% for Indigenous Australians living in remote areas of South Australia.

Indigenous Australians in households with an income in the lowest one-fifth nationally



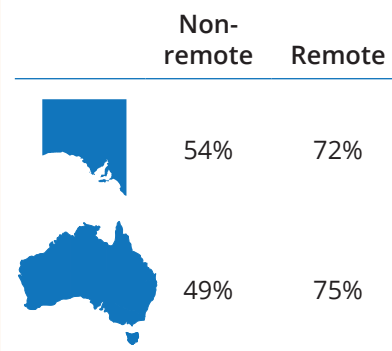
Source: HPF Table D2.08.1—AIHW and ABS analysis of the AATSIHS 2012-13; NATSIHS 2018-19.

Average adult weekly household income, 2016



Source: HPF Table D2.08.11—AIHW and ABS analysis of Census of Population and Housing 2016.

Indigenous Australians living in a household that could not raise \$2,000 in a week, 2018-19



Note: 'Non-remote' includes *Major cities*, *Inner regional areas* and *Outer regional areas*; 'Remote' includes *Remote areas* and *Very remote areas* (ABS 2016).

Source: HPF Table D2.08.6—AIHW and ABS analysis of NATSIHS 2018-19.

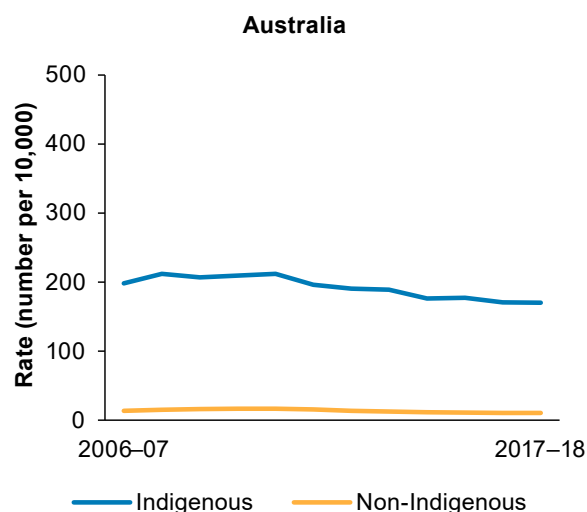
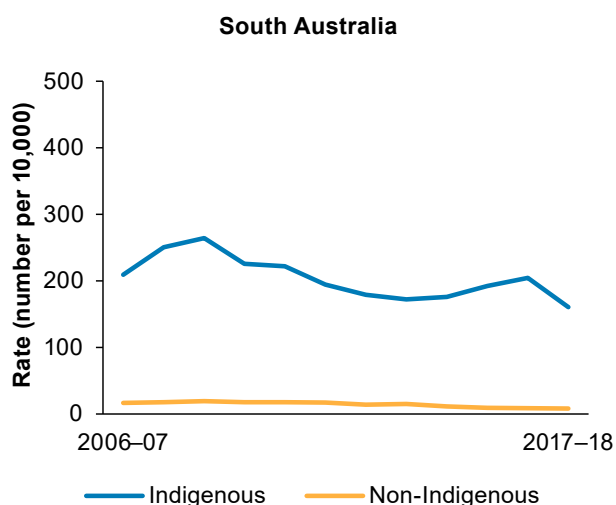
Decrease in overcrowding among Indigenous Australians in South Australia

Around 15% of Indigenous Australians in South Australia were living in overcrowded households in 2018-19, compared with 23% in 2008 (NATSISS 2008, NATSIHS 2018-19).

Decrease in rate of youth justice supervision, increase in adult imprisonment rate among Indigenous Australians in South Australia

The rate of Indigenous young Australians under youth justice supervision in South Australia decreased from 209 in 2006-07 to 160 in 2017-18.

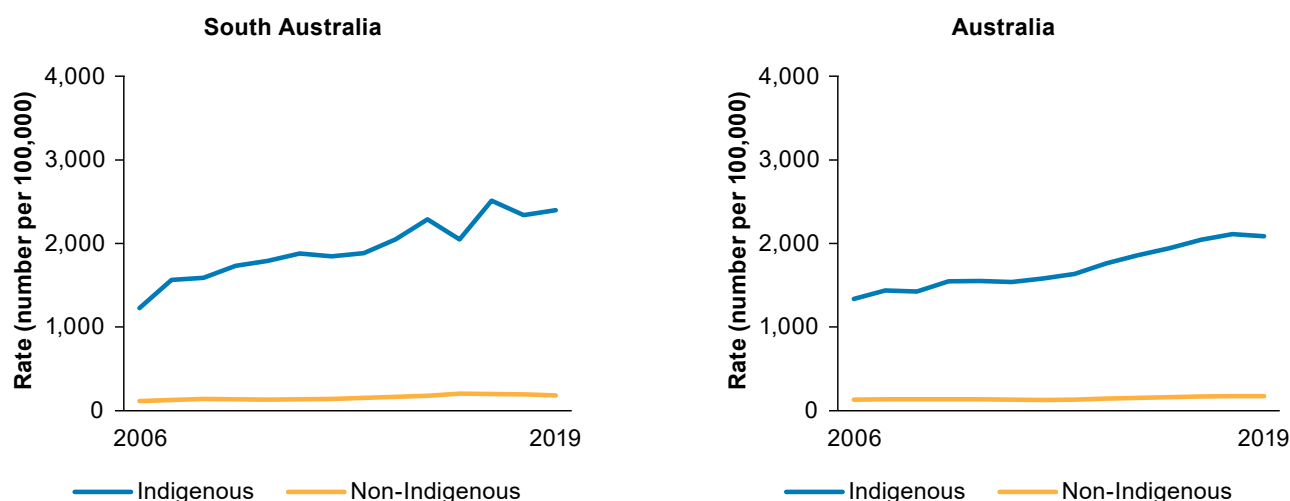
Youth justice supervision rates on an average day, people aged 10-17, 2006-07 to 2017-18



Source: HPF Table D2.11.1—AIHW JJ NMDS 2000-01 to 2017-18.

The age-standardised adult imprisonment rate among Indigenous Australians in South Australia has increased from 1,230 in 2006–07 to 2,400 in 2017–18.

Adult imprisonment rates (age-standardised), 2006–2019



Source: HPF Table D2.11.12—ABS 2019.

Health risk factors

Nationally, the three most important health risk factors contributing to the burden of disease for Indigenous Australians have been identified as:

- **Smoking**—accounts for **12%** of disease burden nationally, and is a significant risk factor for cancer, cardiovascular disease and respiratory disease
- **Drinking alcohol**—accounts for **8%** of disease burden nationally, and is a significant risk factor for mental health and substance use disorders, and injuries
- **Being overweight or obese**—accounts for **8%** of disease burden nationally, and is a significant risk factor for diabetes, kidney diseases, and cardiovascular disease (AIHW 2016).

Health risk factor trends—Indigenous Australians in South Australia and Australia

	2008	2018–19
Decrease in proportion of current smokers aged 15 and over—South Australia	48%	37%
Decrease in proportion of current smokers aged 15 and over—Australia	47%	41%
	2012–13	2018–19
No significant change in proportion of adults drinking alcohol at a risky level on a single occasion—South Australia	51%	45%
Decrease in proportion of adults drinking alcohol at a risky level on a single occasion—Australia	53%	50%
	2012–13	2018–19
No significant change in proportion of people aged 15 and over who were overweight or obese—South Australia	65%	71%
Increase in proportion of people aged 15 and over who were overweight or obese—Australia	66%	71%

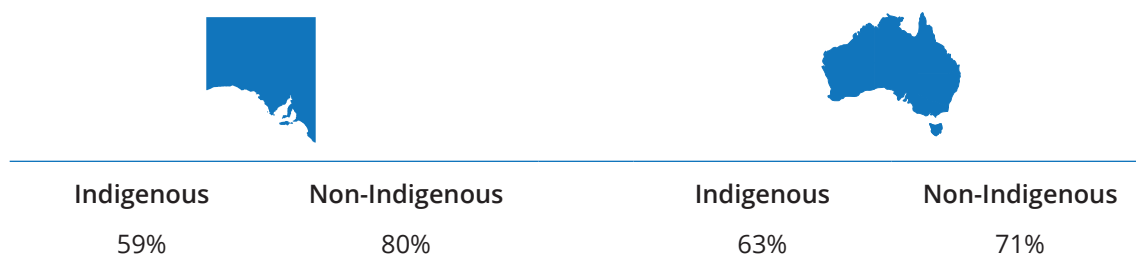
Sources: HPF Tables D2.15.1, D2.16.7—AIHW and ABS analysis of NATSISS 2008, AATSIHS 2012–13, and NATSIHS 2018–19.

How well is the health system performing?

About 6 in 10 Indigenous mothers in South Australia accessed antenatal care in first trimester

In South Australia in 2017, 59% (age-standardised) of Indigenous mothers accessed antenatal care in the first trimester of pregnancy, compared with 63% of Indigenous mothers nationally (NPDC).

Women whose first antenatal visit was in the first trimester of pregnancy, 2017



Source: HPF Table D3.01.10—AIHW analysis of the NPDC.

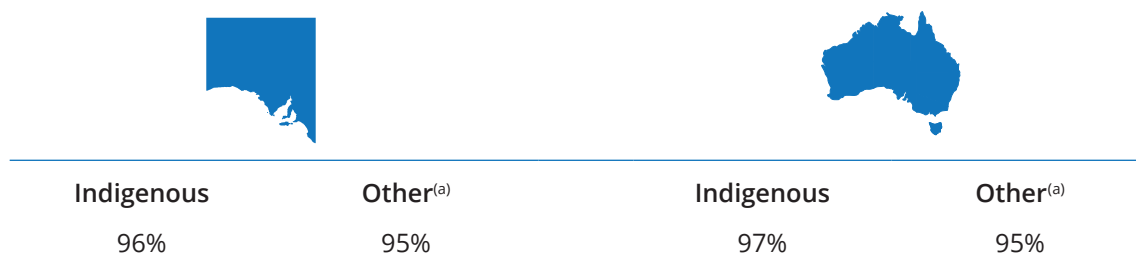
Almost all Indigenous children in South Australia fully immunised at 5 years

Children are considered fully immunised at 5 years of age when they have been vaccinated against diphtheria, tetanus, pertussis (whooping cough) and polio.

Nationally, the rate of Indigenous children fully immunised at 5 years of age increased significantly from 77% in 2008 to 97% in 2018.

In 2018, 96% of Indigenous children in South Australia were fully immunised at 5 years of age.

Children fully immunised at 5 years of age, 2018



(a) Includes children whose Indigenous status was not determined.

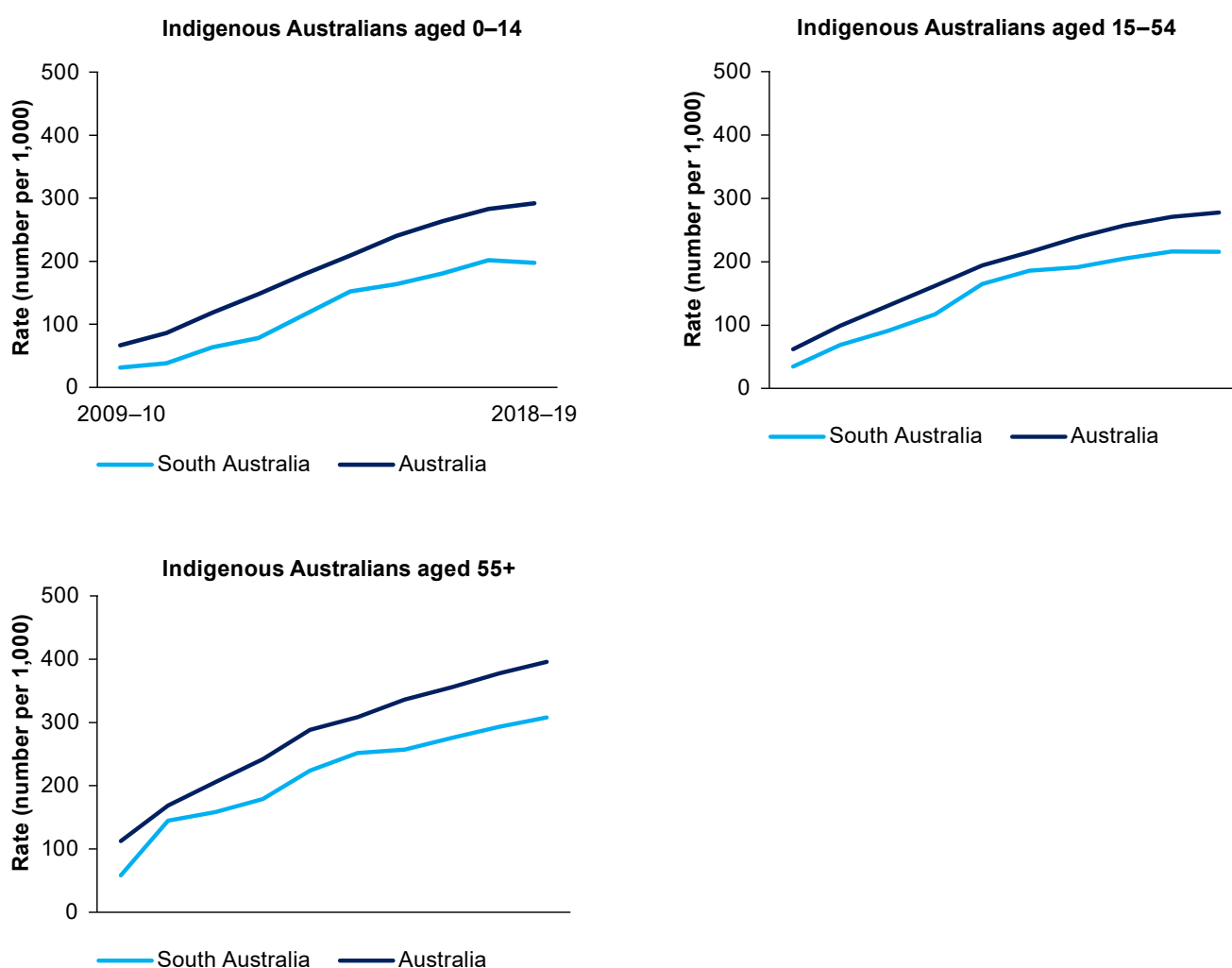
Source: HPF Table D3.02.4—AIHW analysis of the AIR.

Strong increases in rates of Indigenous-specific health checks in South Australia

The first Indigenous-specific health check, for those aged 55 and over, was introduced in 1999 and health checks for Aboriginal and Torres Strait Islander people of all ages were in place from May 2006. In May 2010, the frequency of health checks was standardised so that Aboriginal and Torres Strait Islander people of all ages were able to have a health check every year (AIHW 2017).

Nationally, the rate of Indigenous Australians accessing these health checks rose almost fourfold across all age groups between 2009–10 and 2018–19. Among Indigenous Australians in South Australia, the rate of health checks increased from 35 per 1,000 population in 2009–10 to 220 per 1,000 in 2018–19.

Indigenous-specific health checks, 2009–10 to 2018–19

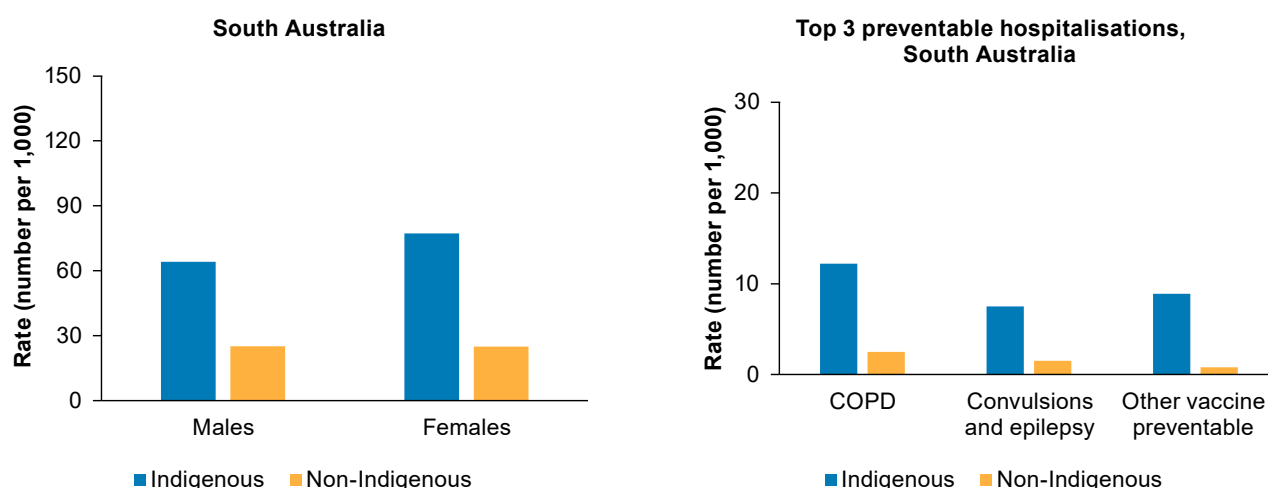


Source: HPF Tables D3.04.5, D3.04.6, D3.04.7—AIHW analysis of DoH MBS.

The rate of preventable hospitalisations is higher among Indigenous Australians than among non-Indigenous Australians in South Australia

Between July 2015 and June 2017, there were around 4,500 potentially preventable hospitalisations of Indigenous Australians in South Australia, an age-standardised rate of around 71 per 1,000 population, compared with 25 per 1,000 among non-Indigenous Australians.

Potentially preventable hospitalisations (age-standardised), July 2015 to June 2017



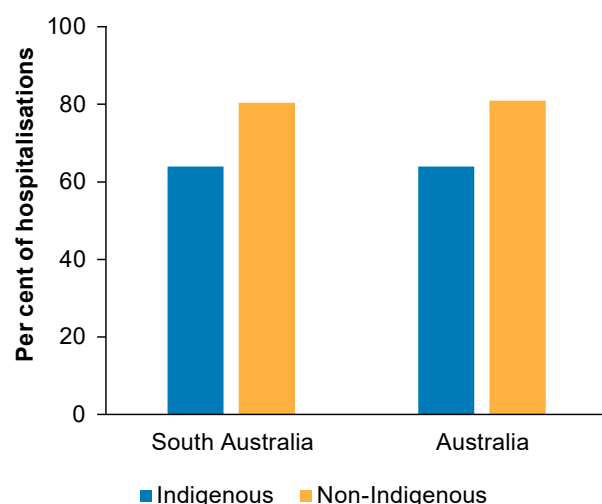
Note: COPD stands for chronic obstructive pulmonary disease.

Sources: HPF Tables D3.07.2, D3.07.5 SA—AIHW analysis of NHMD.

A lower proportion of Indigenous hospital patients have a procedure recorded

Between July 2015 and June 2017, both in South Australia and nationally, the proportion of Indigenous hospital patients who had a procedure recorded was lower than for non-Indigenous hospital patients.

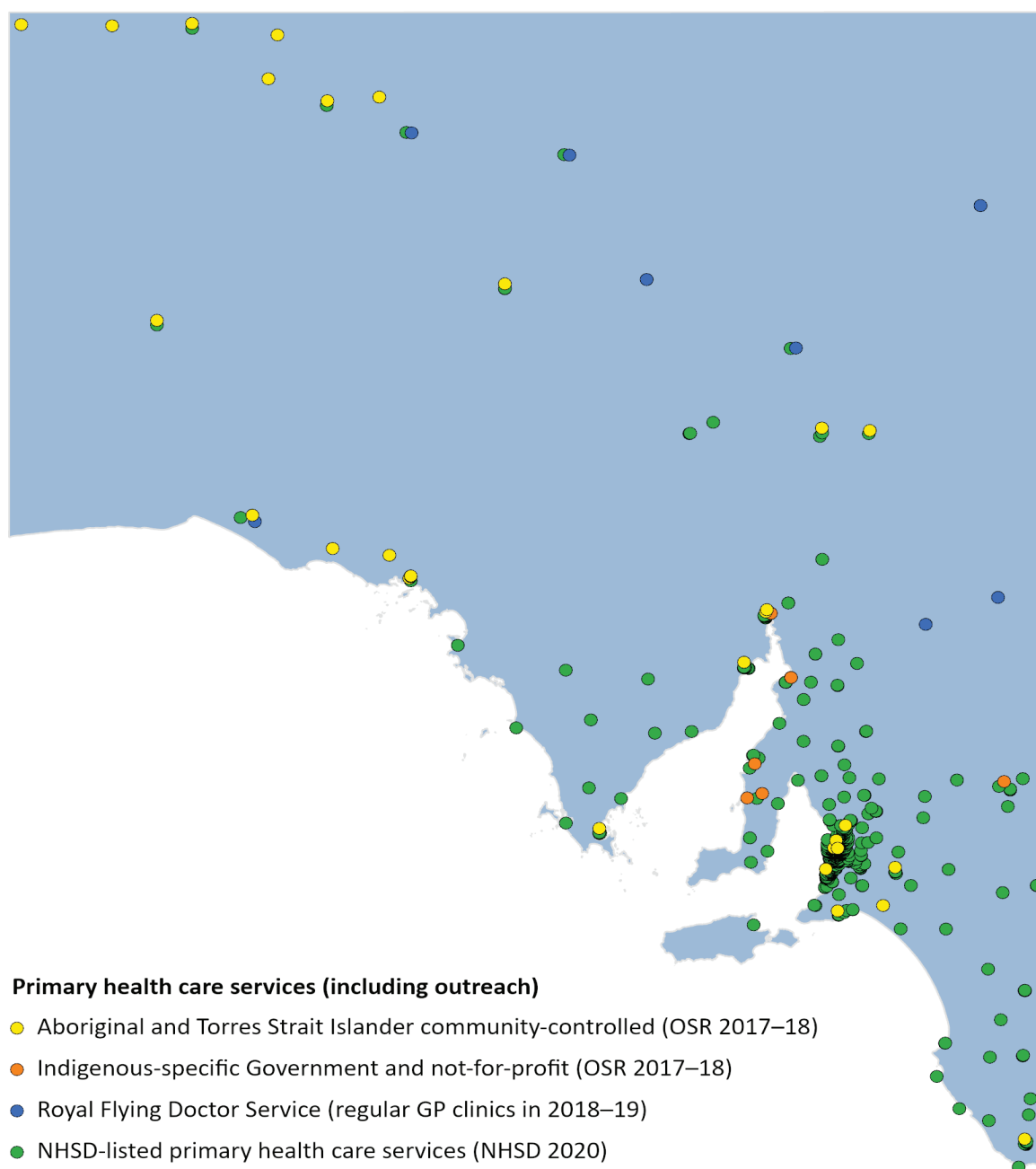
Hospital patients who had a procedure recorded, July 2015 to June 2017



Source: HPF Table D3.06.1—AIHW analysis of NHMD.

Locations of primary health care services in South Australia

Drawing on information from the AIHW's Online Service Report (OSR), the following map shows locations of Indigenous-specific primary health care services. These services include Aboriginal Community Controlled Health organisations and other primary health care services funded by the Department of Health to provide health services to Indigenous Australians. The map also shows locations of regular GP clinics provided by the Royal Flying Doctor Service (RFDS) and GP and Nurse Led Clinics listed in the National Health Services Directory (NHSD). These locations can be either Indigenous-specific or mainstream. Because some services are listed in more than one data source, the symbols have been shifted slightly to display all service categories represented at each location.




Sources: Online Services Report (2018); National Health Services Directory (downloaded 28 September 2020); Royal Flying Doctor Service (2019).

Cost, and being too busy, are top barriers to health care access for Indigenous Australians in South Australia

In 2018–19, 37% of Indigenous Australians in South Australia did not go to a health provider when they needed to.

Most common reasons Indigenous Australians did not see a health care provider when needed, 2018–19



	South Australia	Australia
Cost	37%	34%
Too busy	34%	36%
Decided not to seek care	33%	28%
Dislikes service/health professional, embarrassed, afraid	24%	23%

Note: In previous 12 months. More than one reason could be given.

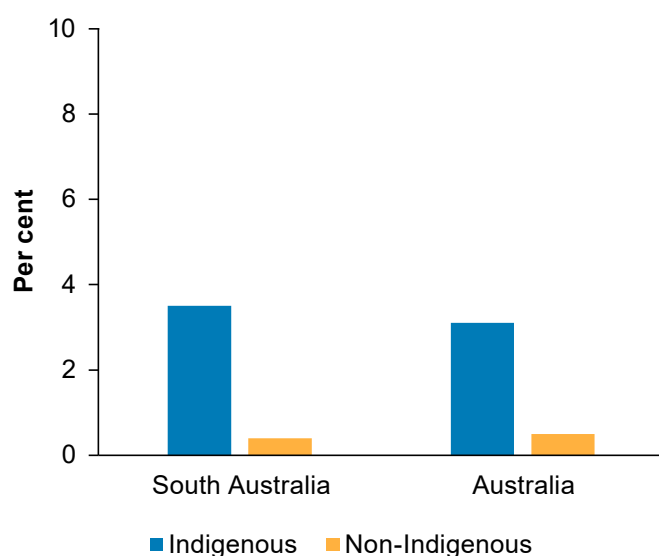
Source: HPF Table D3.08.4—AIHW and ABS analysis of NATSIHS 2018–19.

Taking own leave from hospital—higher rate among Indigenous Australians than non-Indigenous Australians in South Australia

People taking their own leave from hospital after being admitted—choosing to leave before starting treatment, or leaving hospital before completing treatment—provides indirect evidence of how well hospital services are meeting patients' needs.

From July 2015 to June 2017, there were 1,200 Indigenous Australians in South Australia who took their own leave from hospital. Indigenous Australians in South Australia took their own leave from hospital at 8 times the rate (age-standardised) of non-Indigenous Australians.

People taking own leave from hospital (age-standardised), July 2015 to June 2017

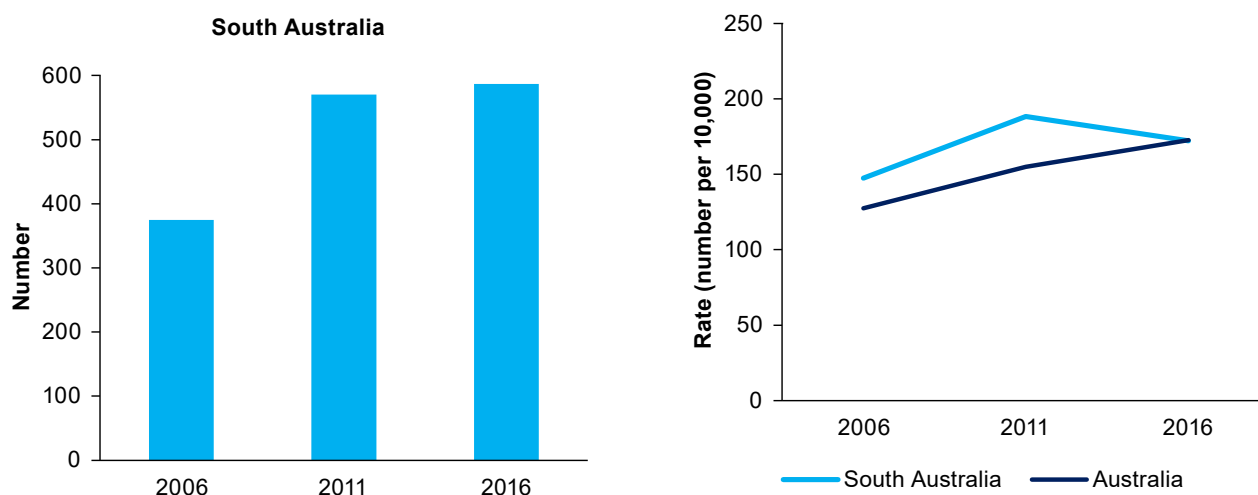


Source: HPF Table D3.09.3—AIHW analysis of NHMD.

The number of Indigenous Australians in the health workforce in South Australia has increased

In South Australia, the number of Indigenous Australians in the health workforce increased between 2006 and 2016. The rate per 10,000 population increased between 2006 and 2011, before falling in 2016.

Indigenous Australians in the health workforce, 2006–2016



Source: HPF Table D3.12.13—ABS and AIHW analysis of 2006, 2011 and 2016 Census data.

More information

Website

Aboriginal and Torres Strait Islander Health Performance Framework information is now available on indigenoushpf.gov.au. This includes interactive data visualisations with more information for states and territories.

National summary report

Aboriginal and Torres Strait Islander Health Performance Framework 2020 summary report.

State and territory key health indicator reports

Aboriginal and Torres Strait Islander Health Performance Framework 2020 key health indicators—New South Wales

Aboriginal and Torres Strait Islander Health Performance Framework 2020 key health indicators—Queensland

Aboriginal and Torres Strait Islander Health Performance Framework 2020 key health indicators—Western Australia

Aboriginal and Torres Strait Islander Health Performance Framework 2020 key health indicators—South Australia

Aboriginal and Torres Strait Islander Health Performance Framework 2020 key health indicators—Tasmania

Aboriginal and Torres Strait Islander Health Performance Framework 2020 key health indicators—Australian Capital Territory

Aboriginal and Torres Strait Islander Health Performance Framework 2020 key health indicators—Northern Territory

Supplementary data tables

For data used in this report see [Data tables: Aboriginal and Torres Strait Islander Health Performance Framework 2020 summary report](#).

Data sources

Information presented in the state and territory key health indicator reports comes from the following data sources. Note, data is not presented from all of these data sources in all state and territory reports.

- Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS) 2012–13
- Australian Bureau of Statistics Causes of Death Collection (CoD)
- Australian Cancer Database (ACD)
- Australian Immunisation Register (AIR)
- Census of Population and Housing
- Department of Health Medicare Claims data (DoH MBS)
- Juvenile Justice National Minimum Dataset (JJ NMDS)
- Life tables for Aboriginal and Torres Strait Islander Australians, 2015–2017
- National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) 2018–19
- National Aboriginal and Torres Strait Islander Social Survey (NATSISS) 2008 & 2014–15
- National Health Services Directory (NHSD) 2020
- National Health Survey (NHS) 2017–18
- National Hospital Morbidity Database (NHMD)
- National Perinatal Data Collection (NPDC)
- Online Services Report (OSR) 2017–18
- Royal Flying Doctor Service (RFDS) 2019.

Recent releases

Since data were compiled for the Aboriginal and Torres Strait Islander HPF, AIHW has released more recent information on some topics in this report. These include:

Perinatal data—Australia's mothers and babies data visualisations, available at <https://www.aihw.gov.au/reports/mothers-babies/australias-mothers-babies-data-visualisations/contents/focus-groups/indigenous-mothers>

Youth justice—Youth Justice in Australia 2018–19, available at <https://www.aihw.gov.au/reports/youth-justice/youth-justice-in-australia-2018-19/contents/summary>

Potentially preventable hospitalisations—Disparities in potentially preventable hospitalisations across Australia: Exploring the data, available at <https://www.aihw.gov.au/reports/primary-health-care/disparities-in-potentially-preventable-hospitalisations-exploring-the-data/contents/exploring-the-potentially-preventable-hospitalisations-data>

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- AIHW 2016. Australian Burden of Disease Study: Impact and causes of illness and death in Aboriginal and Torres Strait Islander people 2011. Australian Burden of Disease Study series no. 6. Cat. no. BOD 7. Canberra: AIHW.
- AIHW 2017. Indigenous health check (MBS 715) data tool. Cat. no. WEB 125. Canberra: AIHW.
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This key health indicator report presents a selection of key findings on how Aboriginal and Torres Strait Islander people in South Australia are faring, according to various measures of health status and outcomes, determinants of health and health system performance. Indicators are based on the Aboriginal and Torres Strait Islander Health Performance Framework 2020. Detailed national and state and territory information, including supplementary data tables and interactive data visualisations, are presented on a dedicated website, indigenoushpf.gov.au.



Stronger evidence,
better decisions,
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