



Australian Government
Australian Institute of
Health and Welfare



Aboriginal and Torres Strait Islander Health Performance Framework 2020

Key health indicators

Australian Capital Territory



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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 the Australian Capital Territory.

Indigenous Australians in the Australian Capital Territory— key findings

In 2018–19, **4 in 10** Indigenous Australians aged 15 and over in the Australian Capital Territory rated their own health as **very good** or **excellent**.

The **employment rate** of Indigenous 15–64-year-olds in the Australian Capital Territory was **61%** in 2018–19, not significantly different from 2014–15.

In the Australian Capital Territory, the proportion of Indigenous Australians aged 15 and over who were **smokers decreased** from **36%** in 2008 to **25%** in 2018–19.

The rate of **health checks** Indigenous Australians in the Australian Capital Territory **increased** from **32 per 1,000** population in 2009–10 to **215 per 1,000** in 2018–19.

Indigenous Australians in the Australian Capital Territory

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

- There were about **7,500** Indigenous Australians in the Australian Capital Territory, about **1.9%** of the territory's total population
- **3 in 10** Indigenous Australians in the Australian Capital Territory 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.

Health status and outcomes

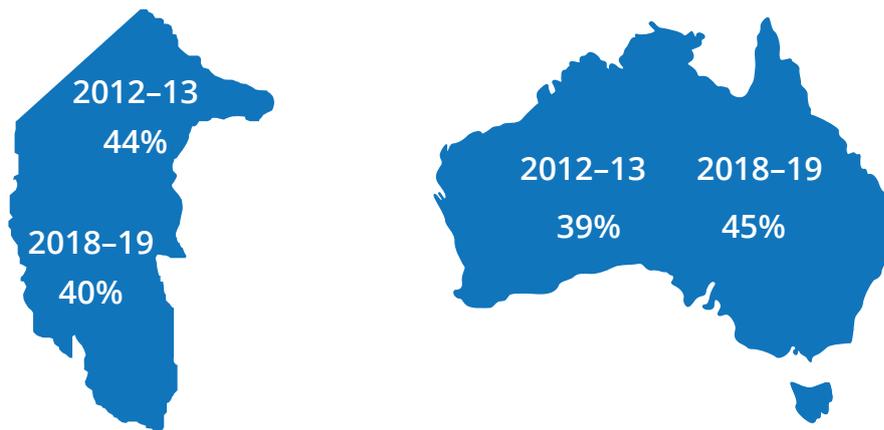
4 in 10 Indigenous Australians in the Australian Capital Territory rate their health as very good or excellent

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, 40% of Aboriginal and Torres Strait Islander people aged 15 and over in the Australian Capital Territory rated their health as very good or excellent, not significantly different from the result in 2012–13 (44%).

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 the Australian Capital Territory more likely than non-Indigenous Australians to have high levels of psychological distress

In the Australian Capital Territory, around 3 in 10 Indigenous Australians had high to very high levels of psychological distress in 2018–19 (30%, age-standardised)—a proportion that has not changed significantly since 2008—compared with 13% of non-Indigenous Australians (NATSISS 2008, NATSIHS 2018–19).

Falls are the leading cause of hospitalisations from injury among Indigenous Australians in the Australian Capital Territory

Between July 2015 and June 2017, the age-standardised hospitalisation rate from injury and poisoning among Indigenous Australians in the Australian Capital Territory was 38 per 1,000 population, compared to 29 per 1,000 among non-Indigenous Australians in the Australian Capital Territory.

Falls were the leading cause of hospitalisations from injury among Indigenous Australians in the Australian Capital Territory between July 2015 and June 2017, accounting for over 1 in 5 (22%) hospitalisations from injury (AIHW NHMD).

Cardiovascular disease—prevalence among Indigenous Australians in the Australian Capital Territory similar to national rate

Around 16% of Indigenous Australians in the Australian Capital Territory (an estimated 1,200) had a heart or cardiovascular condition in 2018–19, based on self-reported data from the 2018–19 National Aboriginal and Torres Strait Islander Health Survey. This is the same as the prevalence of cardiovascular conditions among Indigenous Australians nationally (16%) (NATSIHS 2018–19, NHS 2017–18).

Cancer

Information about cancer prevalence, incidence and mortality is not available for the Australian Capital Territory, because of insufficient data quality.

Data on cancer prevalence and incidence not presented for the Australian Capital Territory

Estimates of cancer prevalence from the 2018–19 National Aboriginal and Torres Strait Islander Health Survey are not presented for the Australian Capital Territory—the margin of error is too large due to the small sample size.

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.

Around 1 in 8 babies born to Indigenous mothers in the Australian Capital Territory had a low birthweight

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

In 2017, 14% of babies born to Indigenous mothers living in the Australian Capital Territory (excluding multiple births) had a low birthweight, compared to a national rate of 11% (AIHW NPDC).

For the Australian Capital Territory, the number and proportion of mothers recorded as Aboriginal and Torres Strait Islander in the perinatal data collection is considered too variable over time for trend analysis, mainly because of small population size and some issues with data quality over the reporting period (AIHW: Leeds et al. 2007).

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).

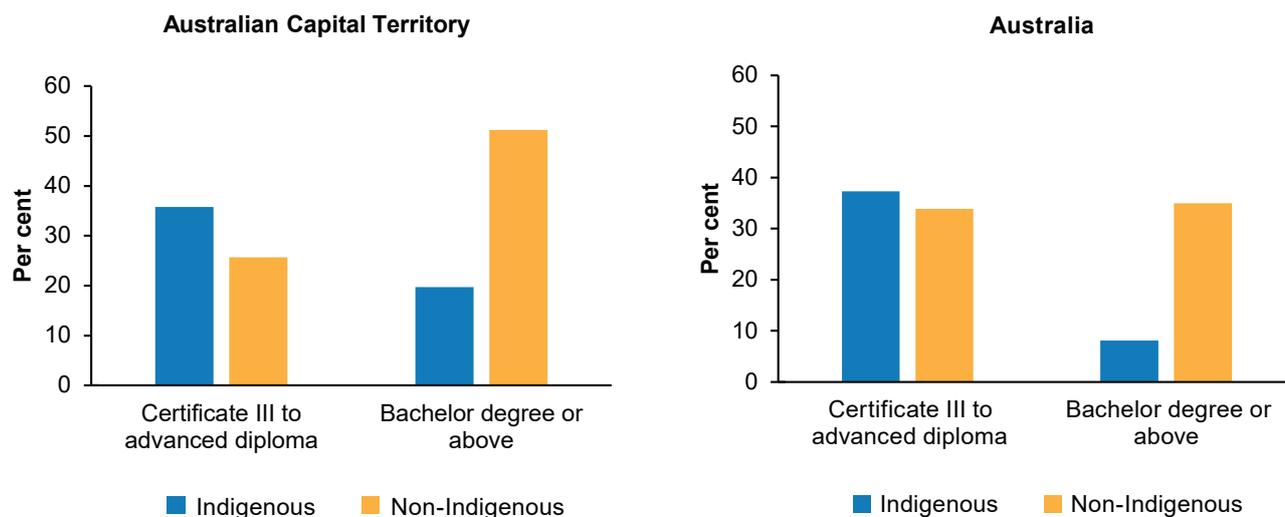
A new study—the *Mayi Kuwayu Study of Aboriginal and Torres Strait Islander Wellbeing*—aims to provide more evidence of how culture is related to Aboriginal and Torres Strait Islander people's health and wellbeing (ANU 2020).

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).

Over half of Indigenous Australians in the Australian Capital Territory have a certificate III or higher

In 2018–19, more than half (55%) of Indigenous Australians in the Australian Capital Territory aged 20–64 had a certificate III level qualification or above as their highest educational qualification. Around 36% had a certificate III–advanced diploma as their highest educational qualification, while 20% had a bachelor degree or above.

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



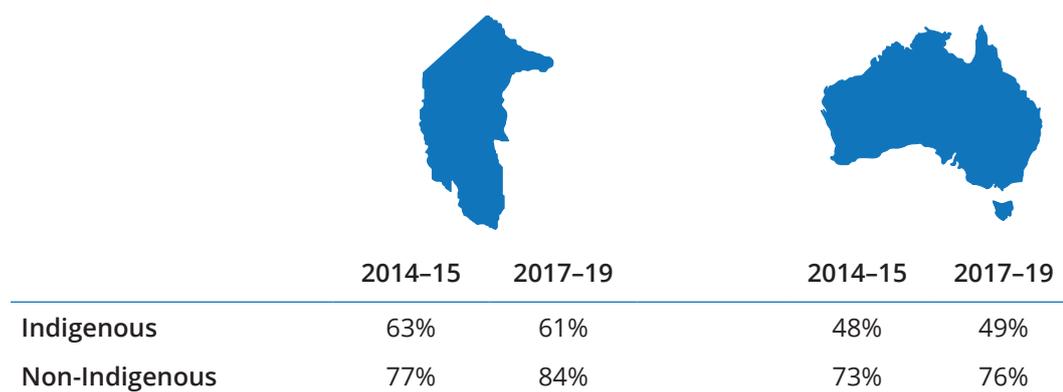
Source: HPF Table D2.06.11—AIHW and ABS analysis of NATSIHS 2018–19 and NHS 2017–18.

No change in the employment rate among Indigenous Australians in the Australian Capital Territory

In 2018–19, around 61% of Indigenous Australians in the Australian Capital Territory aged 15–64 were employed, compared with 84% of non-Indigenous Australians. Nationally, 49% of Indigenous Australians aged 15–64 were employed.

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



Source: HPF Table D2.07.5—AIHW and ABS analysis of 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:

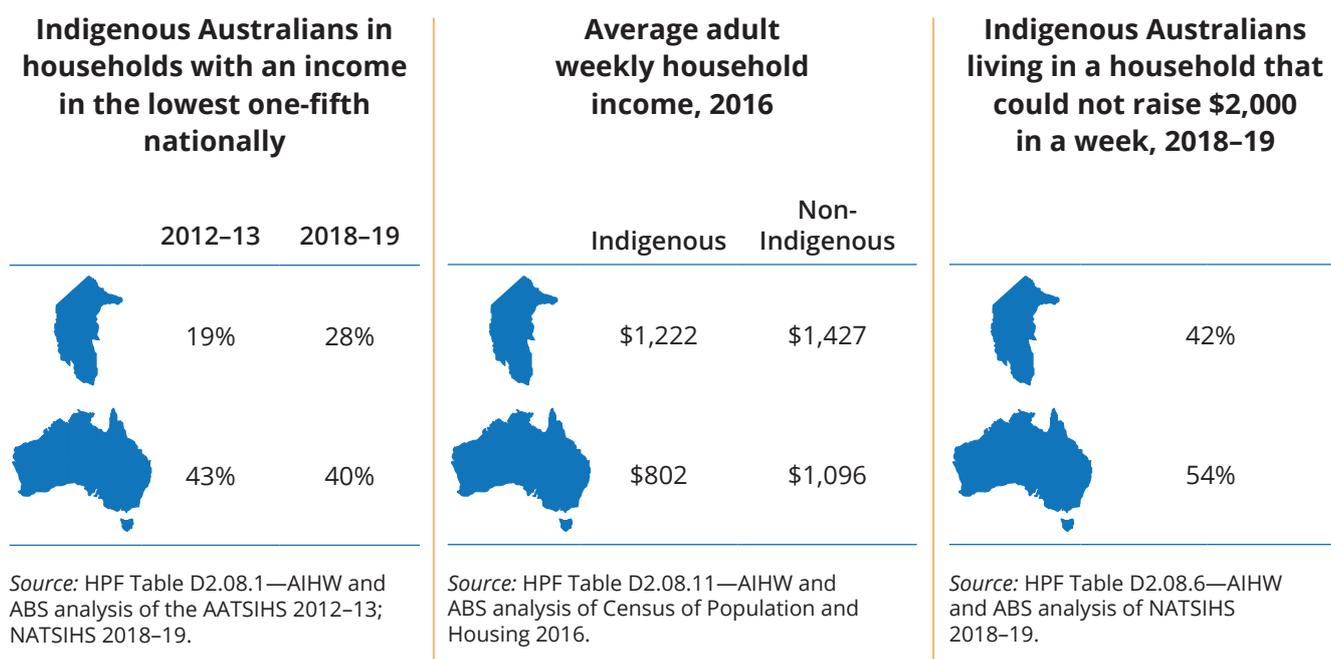
- **2 in 10** who were employed reported high or very high levels of psychological distress
- **4 in 10** who were not employed reported high or very high levels of psychological distress.

Over 1 in 4 Indigenous adults in the Australian Capital Territory live in low income households

In 2018–19, 28% of Indigenous adults in the Australian Capital Territory 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 compares with 19% in 2012–13 but the difference between these results is not statistically significant, as the estimates have large margins of error due to small sample sizes.

In 2016, the average weekly income for Indigenous adults living in the Australian Capital Territory was \$1,222, lower than the average for non-Indigenous adults of \$1,427.

In 2018–19, 42% of Indigenous Australians living in the Australian Capital Territory could not raise \$2,000 in a week. This proportion is lower than that among Indigenous Australians nationally (54%).



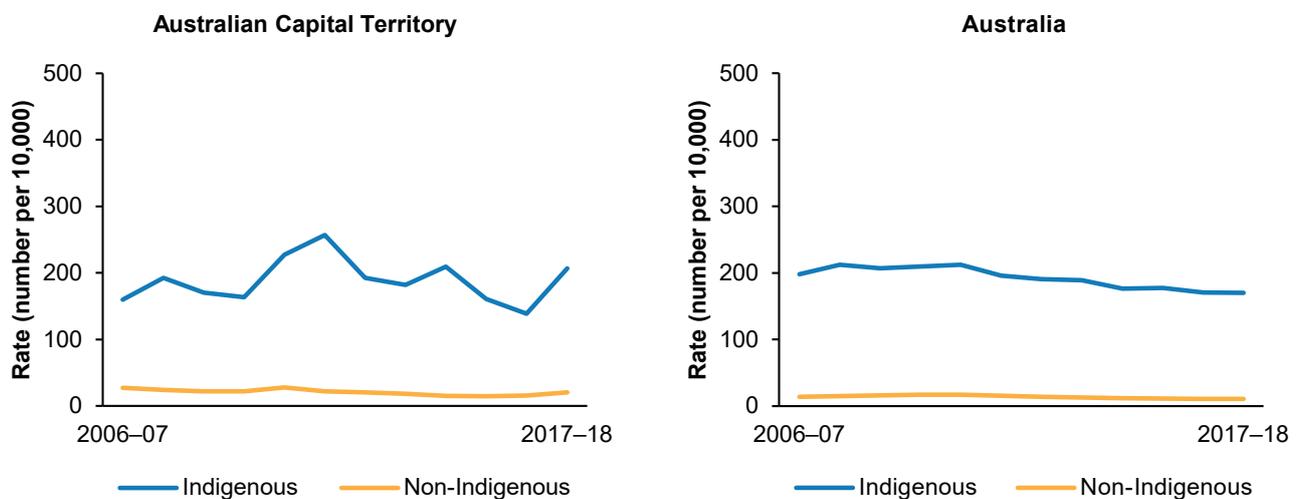
Little change in overcrowding among Indigenous Australians in the Australian Capital Territory

Around 8% of Indigenous Australians in the Australian Capital Territory were living in overcrowded households in 2018–19, compared with 7% in 2008 (NATSISS 2008, NATSIHS 2018–19).

No change in rate of youth justice supervision, increase in adult imprisonment rate among Indigenous Australians in the Australian Capital Territory

The rate of Indigenous Australians under youth justice supervision in the Australian Capital Territory has not changed significantly between 2006–07 and 2017–18.

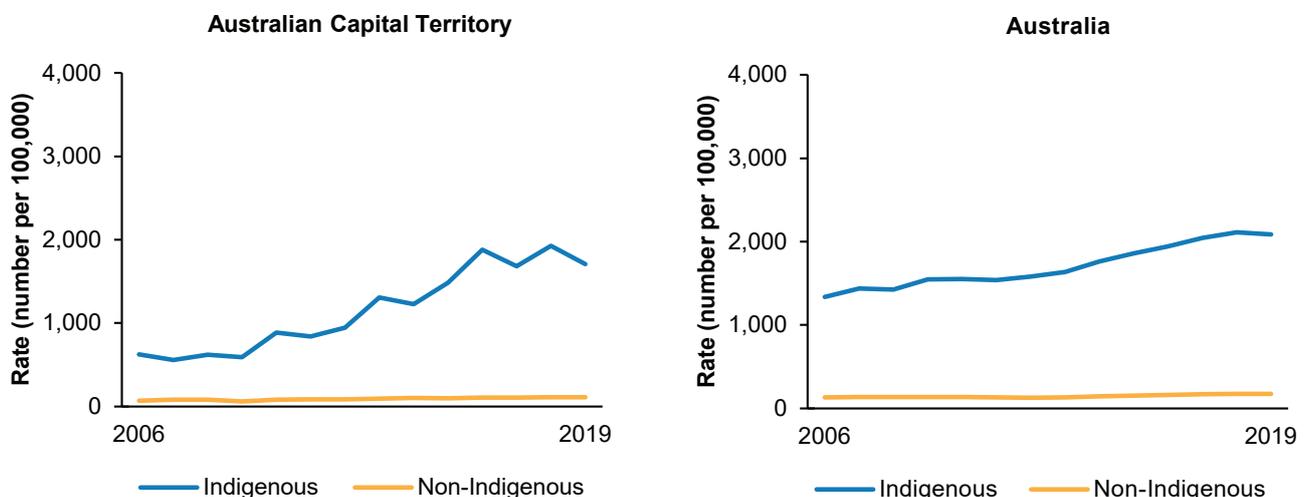
Youth justice supervision rates on an average day, people aged 10–17, 2006–07 to 2017–18



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

The age-standardised imprisonment rate among Indigenous adults in the Australian Capital Territory has increased since 2006.

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 the Australian Capital Territory and Australia

	2008	2018-19
No significant change in proportion of current smokers aged 15 and over—Australian Capital Territory	36%	25%
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—Australian Capital Territory	66%	53%
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—Australian Capital Territory	60%	67%
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 the Australian Capital Territory accessed antenatal care in first trimester

In the Australian Capital Territory in 2017, 57% of Indigenous mothers accessed antenatal care in the first trimester of pregnancy. These results are not age-standardised due to small numbers in some age-groups in the Australian Capital Territory. For the Australian Capital Territory, the first antenatal visit is often the first hospital antenatal clinic visit—in many cases, earlier antenatal care provided by the woman's general practitioner is not reported (NPDC).

Almost all Indigenous children in the Australian Capital Territory 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, 98% of Indigenous children in the Australian Capital Territory were fully immunised at 5 years of age.

Children fully immunised at 5 years of age, 2018



Indigenous	Other ^(a)	Indigenous	Other ^(a)
98%	95%	97%	95%

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

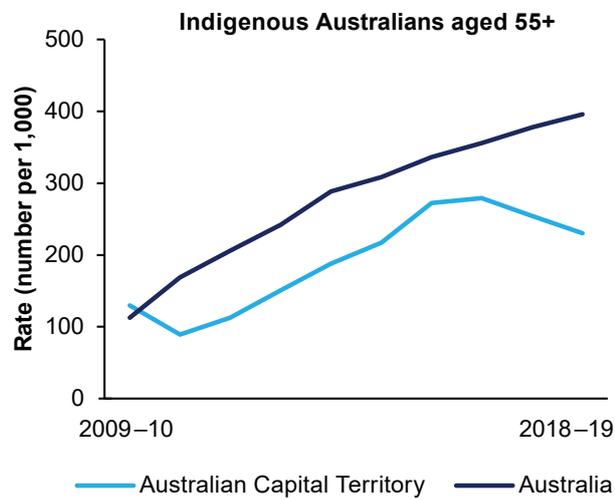
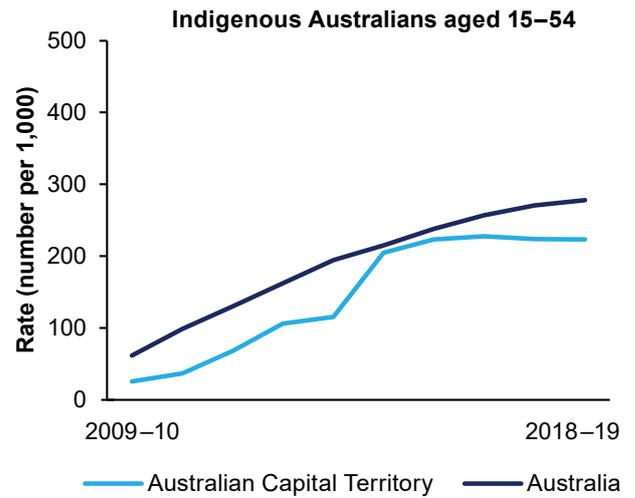
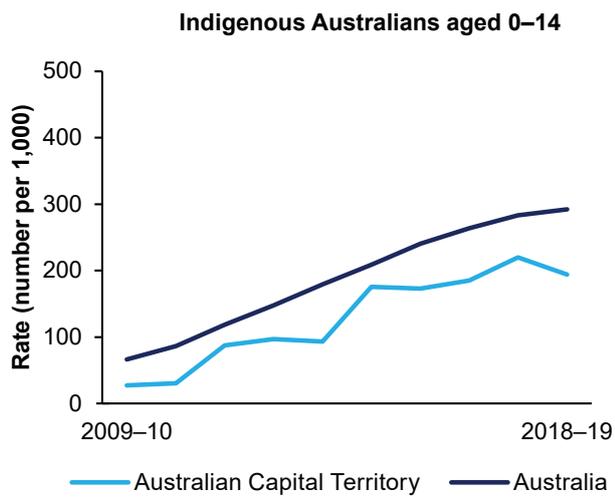
Source: HPF Table D3.02.4—AIHW analysis of the AIR.

Strong increases in rates of Indigenous-specific health checks in the Australian Capital Territory

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. The rate of health checks for Indigenous Australians in the Australian Capital Territory increased from 32 per 1,000 population in 2009–10 to 215 per 1,000 in 2018–19.

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

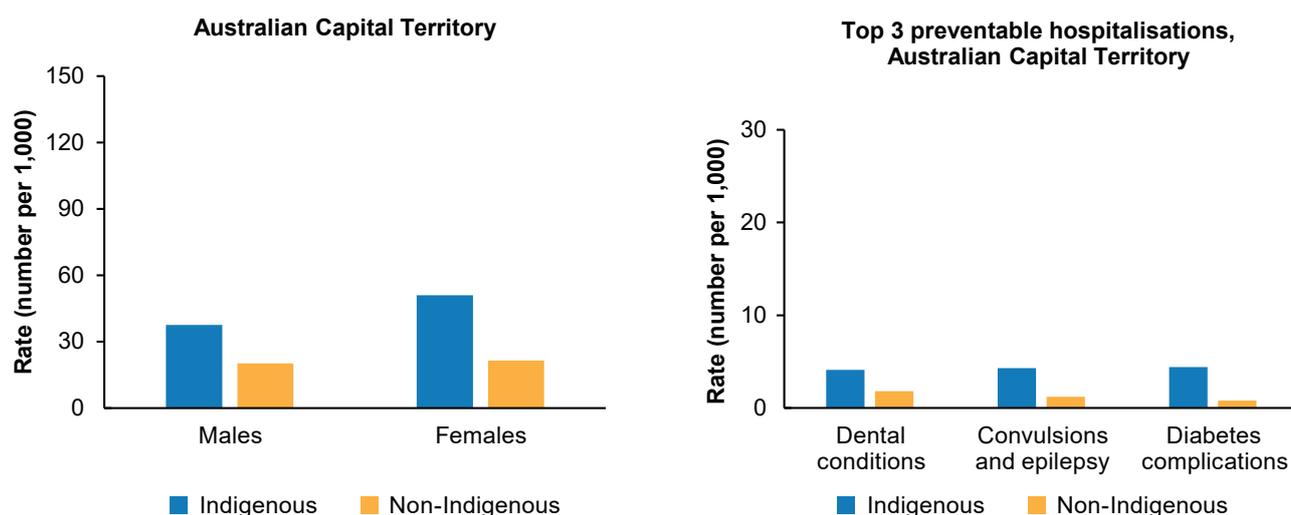


Sources: HPF Tables D3.04.5, D3.04.6, D3.04.7—AIHW analysis of DoH MBS.

The rate of preventable hospitalisations among Indigenous Australians in the Australian Capital Territory lower than among Indigenous Australians nationally

Between July 2015 and June 2017, the age-standardised rate of potentially preventable hospitalisations of Indigenous Australians in the Australian Capital Territory was 45 per 1,000 population, compared with 21 per 1,000 among non-Indigenous Australians.

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



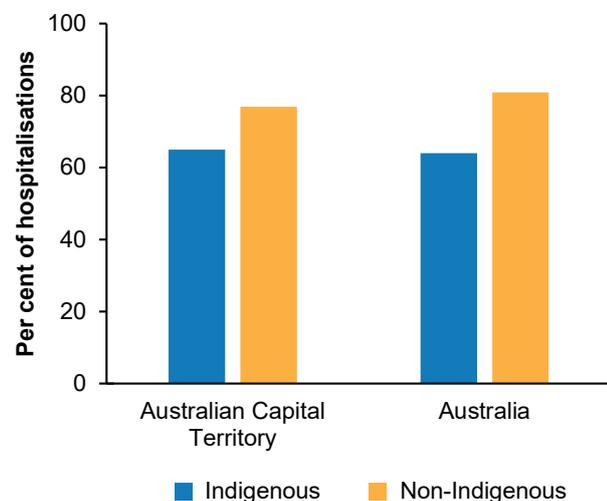
Note: Information for the Australian Capital Territory is age-standardised using 5 year age groups to 65+, while information for Australia (not presented here) is age-standardised using 5 year age groups to 75+.

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

A lower proportion of Indigenous hospital patients have a procedure recorded

From July 2015 to June 2017, both in the Australian Capital Territory and nationally, the proportion of Indigenous hospital patients who had a procedure recorded was lower than for non-Indigenous Australians.

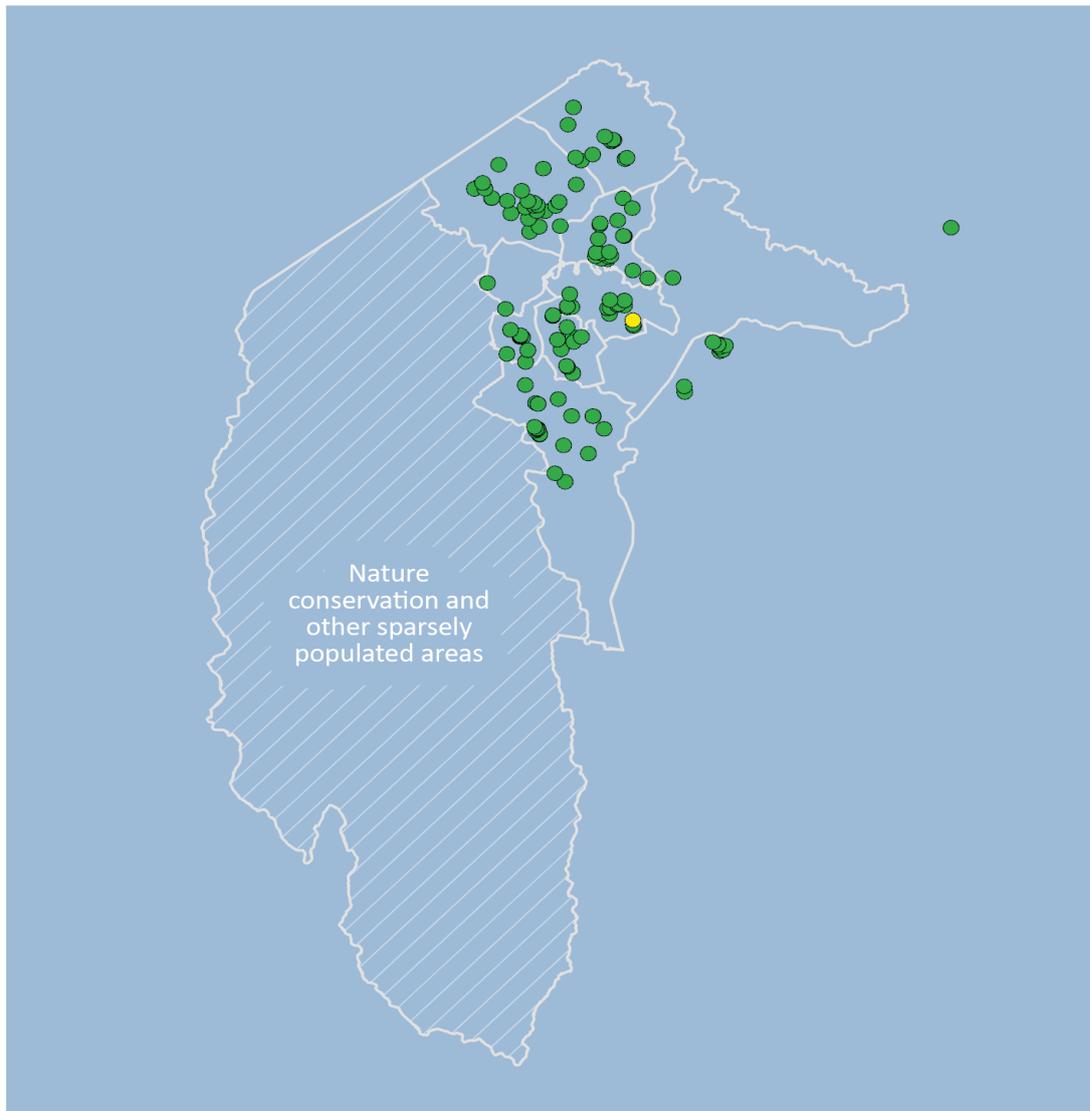
Hospital patients who had a procedure recorded, July 2015 to June 2017



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

Locations of primary health care services in the Australian Capital Territory

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 funded by the Department of Health to provide health services to Indigenous Australians. The map also shows locations of 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.



Primary health care services (including outreach)

- Aboriginal and Torres Strait Islander community-controlled (OSR 2017–18)
- NHSD-listed primary health care services (NHSD 2020)
- Districts (SA3 boundaries)

Sources: Online Services Report (2017–18); National Health Services Directory (downloaded 28 September 2020).

Being too busy, and cost, are top barriers to health care access for Indigenous Australians in the Australian Capital Territory

In 2018–19, over 4 in 10 Indigenous Australians in the Australian Capital Territory (42%) did not go to a health provider when they needed to—the highest proportion across jurisdictions.

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



Too busy	56%	36%
Cost	38%	34%
Waiting time too long or not available at time required	34%	21%
Decided not to seek care	34%	28%

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

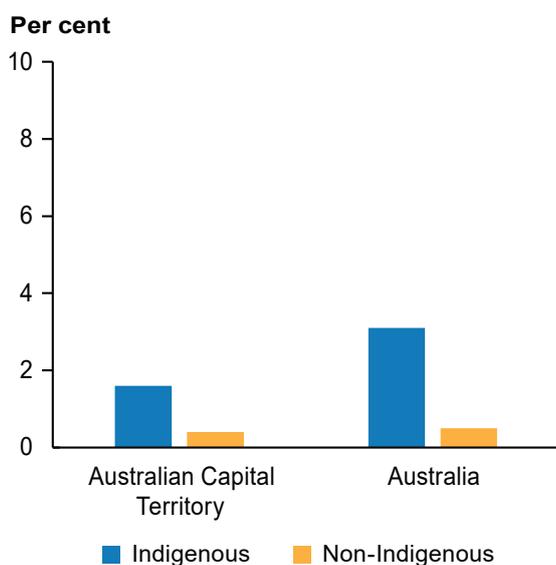
Source: HPF Table D3.08.4—AIHW and ABS analysis of NATSIHS 2018–19.

Taking own leave from hospital—higher rate among Indigenous Australians than non-Indigenous Australians in the Australian Capital Territory

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, Indigenous Australians in the Australian Capital Territory took their own leave from hospital at 4.4 times the rate (age-standardised) of non-Indigenous Australians.

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

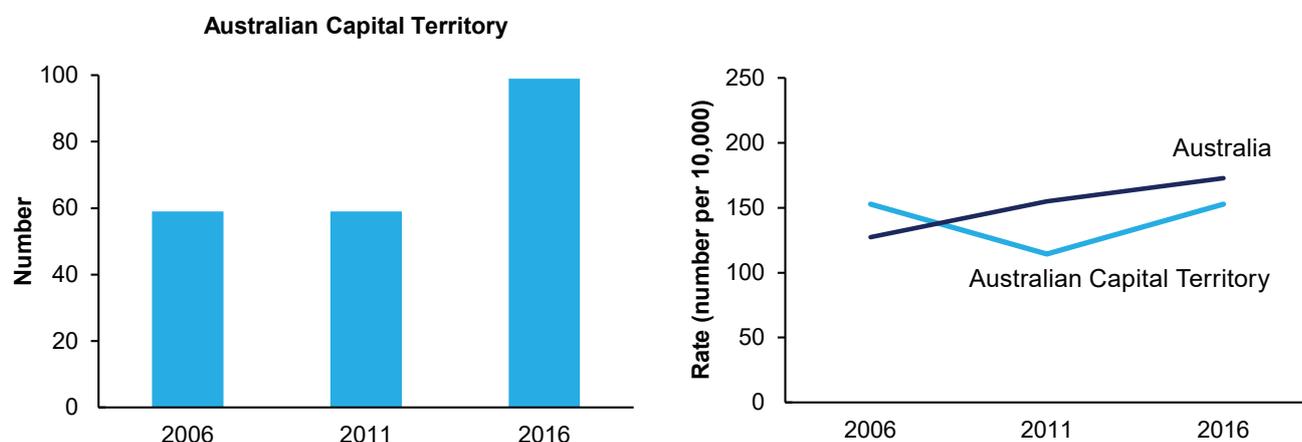


Source: HPF Table D3.09.3—AIHW analysis of NHMD.

The number of Indigenous Australians in the health workforce has increased

In the Australian Capital Territory, the number of Indigenous Australians in the health workforce increased between 2006 and 2016, and the rate per 10,000 population increased in 2016 after falling in 2011.

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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This key health indicator report presents a selection of key findings on how Aboriginal and Torres Strait Islander people in the Australian Capital Territory 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,
improved health and welfare

