

ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES' HEALTH AND WELLBEING

2025-2027 Needs Assessment

ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES' HEALTH AND WELLBEING

In this document we have used the terms Aboriginal, Aboriginal person and Aboriginal people/s when referring to Aboriginal and Torres Strait Islander peoples or people that identify as from the First Nations community. We chose Aboriginal because it is inclusive of different language groups and areas within the CESPHE region where this Needs Assessment will be used. There will be some instances where the terminology will be different to our preferred terms, as we use the terminology of the data set being used.

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ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES' HEALTH AND WELLBEING

Overview

There were an estimated 16,265 Aboriginal people within the Central and Eastern Sydney PHN (CESPHN) region in 2021, accounting for 1.05% of the total population. The areas where most Aboriginal live is in Sutherland Shire (20.1%) Sydney-City IARE (18.5%) and Randwick-La Perouse IARE (14.1%). More than half (52.7%) of the Aboriginal population within the CESPHN region is under 30 years of age.

The strength of Aboriginal communities in the CESPHN region is rooted in their rich cultural heritage, strong family and social networks, effective community leadership, and growing engagement in health, education, and economic development. While there are significant challenges, Aboriginal people continue to demonstrate remarkable resilience, empowerment, and unity in their efforts to address disparities and promote the wellbeing of their communities. Their ongoing work to preserve and celebrate culture, improve health outcomes, and advocate for social change is a testament to the strength of these communities.

Key issues

- The impact of past traumas and injustices and the effects of intergenerational trauma
- Aboriginal children in NSW are significantly over-represented in the child protection system
- Aboriginal adults in NSW are over-represented in the criminal justice system and the youth justice system
- Suicide is 3 times more prevalent in this population than the general population in the region
- ED presentations and hospital admissions are high in the region
- 30% of all Aboriginal people in the CESPHN region, had at least one long term health condition
- High rates of smoking at some time during pregnancy
- Aboriginal babies are less likely to be born within a healthy weight range compared with Non-Aboriginal babies (88% versus 95%)
- High numbers of carers of people with disabilities
- High rates of domestic violence and abuse
- The percentage of Aboriginal people living with overweight or obesity increased from 57% in 2014 to 72% in 2023.

Key gaps

- Continuity of healthcare transition from correctional facilities to general practice and other primary care services
- Reducing disparities in preventable health measures and trying to improve health outcomes
- Promote better use of Urgent Care Centres and primary care to the community to avoid ED and hospital admissions
- Appropriate culturally safe care throughout the health system that is tailored to the needs of this community
- Uptake of 715 assessments.

Background

Prior to the colonisation of Australia, the health and wellbeing of the Aboriginal and Torres Strait Islander population was robust, holistic and centred around the balance between physical, emotional and spiritual wellbeing. Primary health care in the traditional sense consisted of traditional healers, bush medicine, healing songs and spiritual practices (1) (1).

Colonisation had a profound impact on the Aboriginal population including:

- Displacement from their land
- Introduction of European disease
- Intergenerational trauma
- Cultural and spiritual disconnection
- Violence and conflict.

These factors have contributed greatly to health disparities and challenges faced by Aboriginal and Torres Strait Islander peoples.

Many Aboriginal people in the CESP HN region maintain a strong connection to the land, or Country which is central to their identity and spirituality. This connection to land contributes to mental and physical health, as people draw strength from their ancestral ties and the natural environment. The local communities have a deep understanding of the land, passed down through generations, and engage in environmental stewardship as evidenced by the Gamay Rangers service in the La Perouse area. This relationship with nature helps promote sustainability and wellbeing within these communities.

Aboriginal communities in the CESP HN region are focused on engaging young people and providing opportunities for empowerment, education, and leadership development. Programs such as the La Perouse Strengthening Our Mob Program and Tribal Warrior's youth mentoring services help to foster a sense of pride in cultural heritage and can offer pathways to employment and education.

With the consultation and support of the Aboriginal Advisory committee, CESP HN Aboriginal health programs focus on providing care that respects cultural practices while addressing both physical and mental health needs. These initiatives play a critical role in tackling the health inequities faced by Aboriginal people, particularly in areas like chronic disease management, mental health, and preventative care.

Aboriginal elders and community leaders in the region continue to guide and advocate for their communities. Their leadership plays a critical role in ensuring that community members' needs are met and that their voices are heard in decision-making processes.

Communities continue to be deeply connected through extended family and kinship systems. These structures are vital in maintaining strong social cohesion and ensuring that families support each other. Family is central to Aboriginal culture, and these relationships are a key strength in community life.

Stolen Generations

The Stolen Generations refers to the Aboriginal and Torres Strait Islander children who were forcibly removed from their families by Australian federal and state government agencies and church missions between approximately 1910 and 1972. This policy aimed to assimilate these children into white society, often placing them in foster homes, orphanages, or institutions (2).

The historical injustices and trauma inflicted upon Aboriginal communities through the forced removal of children, and the negative impacts this has had, not only on the individuals removed but on subsequent generations through intergenerational trauma, needs to be understood by health care providers. Recognising these past wrongs is a vital step towards healing and reconciliation between Aboriginal and non-Aboriginal Australians.

Intergenerational trauma

Intergenerational trauma has had profound and lasting impacts on Aboriginal and Torres Strait Islander communities in Australia. This is the transmission of trauma and its effects from one generation to the next. This can happen through various mechanisms, including genetic changes, behavioural patterns, and emotional responses.

Some of the effects that intergenerational trauma can have on Aboriginal people:

- Difficulty forming secure attachments
- Increased risk of poor mental health
- Suicidal ideation and self-harm
- Chronic health concerns due to prolonged stress
- Family and community disruption
- Loss of cultural identity
- Educational disadvantage
- Economic hardship (3).

Programs that focus on cultural continuity and community-led healing are essential in supporting the recovery and wellbeing of Aboriginal and Torres Strait Islander peoples (4) (5) (6).

Closing the Gap

Closing the Gap is an Australian government strategy aimed at reducing the disparities between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians across several key areas, including health, education, employment, and life expectancy. Closing the Gap is crucial for ensuring that Aboriginal and Torres Strait Islander peoples have equal opportunities to thrive and maintain their cultural heritage while achieving better life outcomes (7).

Table 1: Closing the Gap targets that CESPHN contributes to

Target	CESPHN activity
Everyone enjoys long and healthy lives (Outcome 1)	Work with primary health services to ensure they provide services in a culturally sensitive way
Children are born healthy and strong (Outcome 2)	GP Antenatal Shared Care Program
Children thrive in their early years (Outcome 4)	Aboriginal young people's speech pathology program; Sydney Children's Hospital ITC program, place-based Healthy Schools program
Students achieve their full learning potential (Outcome 5)	Deadly Choices Program to promote healthy lifestyle initiatives
Students reach their full potential through further education pathways (Outcome 6)	Youth health and wellbeing programs
Young people are engaged in employment or education (Outcome 7)	Babana Aboriginal employment days
Adults are not overrepresented in the criminal justice system (Outcome 10)	Community Restorative Centre Alcohol and Other Drug Transition Program
Aboriginal and Torres Strait Islander families and households are safe (Outcome 13)	DFV Assist Program
People enjoy high levels of social and emotional wellbeing (Outcome 14)	Multiple mental health programs, I-ASIST training
Cultures and languages are strong, supported and flourishing (Outcome 16)	Cultural awareness training program

Source: *Closing the Gap, 2024*

Geography and demographics

There were an estimated 16,265 Aboriginal people within the Central and Eastern Sydney PHN (CESPHN) region in 2021, accounting for 1.05% of the total population.

There are 12 Indigenous Areas (IARE) within the CESPHN region. The region's Aboriginal population is concentrated in Sutherland Shire IARE (20.1%) Sydney-City IARE (18.5%) and Randwick-La Perouse IARE (14.1%) (8).

Table 2: Usual resident population (URP) in the CESP HN region by IARE, 2021

Indigenous Area (IARE)	Aboriginal persons	% of region
Botany Bay	1,103	6.8
Canterbury -Bankstown (part a)	1,133	7.0
Hurstville-Kogarah	1,040	6.4
Leichhardt	611	3.8
Marrickville	1,253	7.7
Randwick-La Perouse	2,354	14.5
Rockdale	863	5.3
Sutherland Shire	3,273	20.1
Sydney-City	3,009	18.5
Sydney Inner West	1,169	7.2
Woollahra-Waverley	452	2.8
CESPHN	16,265	100

Source: PHIDU, 2024

The La Perouse Aboriginal community is a vital and resilient community in the heart of Sydney, with a rich cultural history and strong connections to its land and traditions. La Perouse was one of the earliest places where Aboriginal people were settled by the British after colonisation, often as a result of displacement from their traditional lands. The community remains culturally strong. Through advocacy and cultural preservation, the community continues to foster a strong sense of identity and empowerment while working to overcome the barriers that have historically marginalised Aboriginal people.

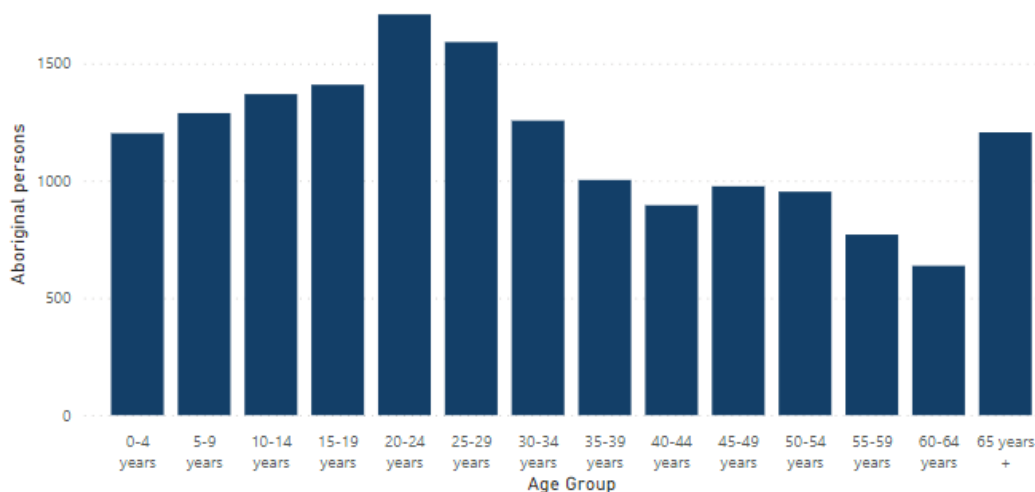
The Redfern Aboriginal community remains one of the most significant and resilient urban communities established in Australia. It has a rich history of activism, cultural expression, and social justice advocacy. Despite the challenges posed by social disadvantage, housing issues, and systemic racism, the Redfern Aboriginal community continues to thrive through its strong networks, cultural pride, and ongoing efforts for empowerment and equality. The community serves as a model for urban Aboriginal life, showing the strength of identity, culture, and solidarity in the face of adversity.

Age

More than half (52.7%) of the Aboriginal population within the CESP HN region is under 30 years of age. One in five (20.3%) Aboriginal people are aged between 20-29 years (n= 3,581) (8).

The highest proportion of the population are within the working age-group brackets of 15-34. This young population offers an opportunity to engage in preventative health initiatives and screening with a view to tackling the prevalence of chronic disease rates that currently exist in the older population.

Figure 11: Aboriginal Population by 5-year age groups, CESP HN region, 2021 URP



Source: PHIDU, 2024

Births

Aboriginal mothers who gave birth in the CESP HN region in 2022 accounted for 1.5% of births (NSW 5.5%). 1.9% of babies born in the region in 2022 identified as Aboriginal (NSW 7.4%).

Determinants of health

Lifestyle risk factors

Diet

Dietary risk factors are one of the leading risk factors contributing to ill health and premature deaths after tobacco use, overweight and obesity in Australia. They contribute to coronary heart disease, bowel cancer, type 2 diabetes and stroke.

Table 3: Dietary risk factors of Aboriginal residents by sex, NSW

Risk Factors	Sex	
	Males	Females
Did not meet recommended fruit guideline	69.9%	65.3%
Did not meet recommended vegetable guideline	96.6%	91.3%
Usually consumes sugar sweetened or diet drinks	78.1%	71%
Usually consumes sugar sweetened drinks	69.4%	52.3%
Usually consumes diet drinks	26.3%	25.7%

Source: National Aboriginal and Torres Strait Islander Health Survey, 2022–23

Smoking

The percentage of daily smokers in NSW has decreased among both Aboriginal and non-Aboriginal people. In 2023, the percentage of daily smokers in NSW that identify as Aboriginal is 21.9% (non-Aboriginal population 7.7%).

The reasons for the high smoking rates in the Aboriginal community are multifaceted and include:

- Social norms constructed around smoking culture
- Socioeconomic disadvantage
- Coping mechanisms to combat life stressors such as housing concerns, poor mental health, grief and loss
- Community bonding and sharing of tobacco products (9)

Despite this, the percentage of Aboriginal daily smokers has decreased by 43.3% since 2016 reflecting a strong focus on health and wellbeing within the community and the success of government initiatives (10).

Vaping

Although there is no data on vaping within the Aboriginal population within the CESP HN region, anecdotally we have heard that there has been an increase across the CESP HN region among both Aboriginal and non-Aboriginal communities.

In NSW across the combined years 2022-2023, people aged 16-24 years had the highest rate of current e-cigarette use (19%) of any age group. This was a significant increase 2019-2020, when the rate of current use in this age group was 4.5%. According to HealthStats NSW, the 16-24 age group had the highest rate of ever having used e-cigarettes (45%) of any age group. This was a significant increase since 2019-2020, when the rate of ever using e-cigarettes in this age group was 21% (11).

In 2022-2023, among Aboriginal people in NSW:

- 15% were currently using e-cigarettes. This was an increase from 2.0% in 2019-2020.
- 31% had used e-cigarettes at some time. This was an increase from 13% in 2019-2020 (11).
- CESP HN has funded a Tackling Indigenous Smoking program, Nah Joomelah which is delivered through the La Perouse Local Aboriginal Land Council to provide smoking and vaping prevention and health promotion messaging across the CESP HN region. Feedback on additional needs in relation to this program is an acknowledgement of the support of traditional Nicotine Replacement Therapy (NRT) being more readily available than the supports to stop vaping, with a distinct lack of local GPs/ Pharmacies willing to provide access to vapes as regulated within Australia.

Socioeconomic disadvantage

The Centre for Aboriginal Economic Policy Research (CAEPR) developed the Indigenous Relative Socioeconomic Outcome (IRSEO) index to measure relative advantage or disadvantage at the Indigenous Area level, where a score of 1 represents the most advantaged area and a score of 100 represents the most disadvantaged area.

The IRSEO index for the CESP HN region reflects a relatively advantaged area (IRSEO = 10). None of the IAREs within the CESP HN region have an IRSEO index equal to or lower than the national or

NSW index. Within the CESPHE region, Canterbury-Bankstown (part a) has the highest IRSEO score at 26 (8).

While the population is relatively advantaged in comparison to other areas cost of living in the region is high and housing affordability is a major issue. Approximately half of low-income Aboriginal households are under financial stress from their mortgage or rent (8).

Table 4: Indigenous Relative Socioeconomic Outcome (IRSEO) index score by IARE, 2021

Indigenous Area (IARE)	IRSEO Index score
Botany Bay	15
Canterbury - Bankstown (part a)	26
Hurstville - Kogarah	12
Leichhardt	7
Marrickville	5
Randwick - La Perouse	14
Rockdale	7
Sutherland Shire	3
Sydney - City	11
Sydney - Inner West	6
Woollahra - Waverley	1
CESPHE	10
New South Wales	35
Australia	41

Source: PHIDU, 2024

Contact with the criminal justice system

Adult imprisonment

In March 2024, there were 3,841 Aboriginal and Torres Strait Islander adults in custody in New South Wales, making up 30.8% of the adult prison population despite the Aboriginal population making up 4.2% of the total NSW population (12).

The over-representation of Aboriginal and Torres Strait Islander individuals in the criminal justice system is a significant concern and reflects:

- Social and economic disadvantage
- Systemic racism and discrimination
- Mental health and substance abuse concerns
- Lower levels of education and employment opportunities (13) (14)

The NSW Aboriginal and Torres Strait Islander people imprisonment rate in September 2024 was 2,150.9 persons per 100,000 Aboriginal and Torres Strait Islander adults in the September Quarter 2024. There has been an increase over the past two quarters (15).

Community-based correction allows individuals convicted of crimes to serve their sentences outside of prison. There were 21,701 Aboriginal and Torres Strait Islander persons serving community-based correction orders in Australia in September 2024 (15).

Youth justice

A large proportion of young people admitted to Youth Justice NSW identify as Aboriginal and Torres Strait Islander.

- 44.5% (493) young people attending Youth Justice conference
- 52.5% (2,262) young people under community supervision
- 55.1% (1,821) young people remanded in custody
- 66.9% (107) young people sentenced to detention (16).

Consultations identified that cultural connection plays a significant role in reducing criminal involvement among Indigenous youth by fostering a sense of identity, belonging, and resilience through:

- Strengthening identity and self-esteem
- Improving mental health
- Building resilience
- Providing social support (17).
-

The Youth Koori Court (YKC) in New South Wales (NSW) is a specialised division within the Children's Court designed to address the over-representation of Aboriginal and Torres Strait Islander young people in the criminal justice system. The court operates in Surry Hills and involves Aboriginal elders and respected community members in the court process to provide cultural guidance and support to focus on underlying issues such as homelessness, substance abuse and disengagement from education to reduce reoffending. The Youth Koori Court is a great example of how community involvement and a holistic approach has a much more meaningful impact (18).

Child protection

Aboriginal children in NSW are significantly over-represented in the child protection system.

In June 2023, 45% of children in out-of-home care were Aboriginal, despite Aboriginal children making up only about 7% of the child population in NSW. This highlights the urgent need for culturally sensitive and community-led approaches to child welfare (19).

In NSW in 2022-2023:

- Aboriginal children were three times more likely than non-Aboriginal children to be reported at risk of significant harm
- Approximately 6,500 Aboriginal children were in out-of-home care
- Approximately 25,000 reports about Aboriginal children were made to the helpline that reached the threshold for suspected Risk of Significant Harm, which represented 22% of all reports made
- Approximately 1,000 Aboriginal children were deemed unsafe and entered out of home care, representing 44% of all children deemed unsafe
- Approximately 9,000 Aboriginal children were seen by a case worker, representing 31% of all children seen (19).

The high rates of Aboriginal children in the child protection system and the trauma experienced by children removed from their families in past decades has been passed down through generations, influencing their health, wellbeing, and parenting practices. Ongoing involvement with child protection services can exacerbate this trauma by creating:

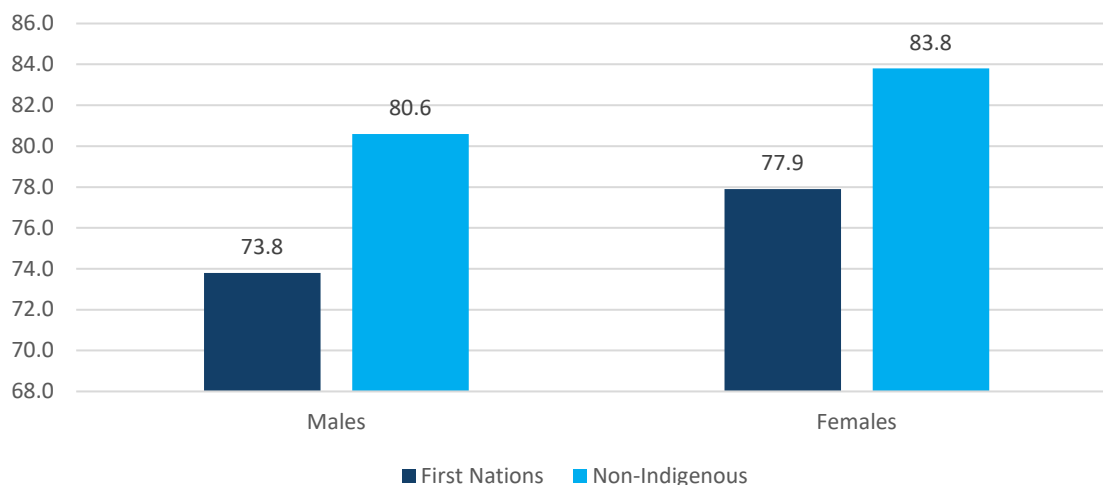
- Distrust of authorities
- Chronic stress
- Higher suicide risk
- Social Isolation
- Cultural disconnection
- Cultural barriers.

Health status

Life expectancy

Aboriginal females born in NSW have a life expectancy of 77.9 years (5.9 years lower than Non-Indigenous residents of NSW) while males have a life expectancy of 73.8 years (6.8 years lower than Non-Indigenous residents of NSW) (20).

Figure 2:2 Life expectancy in NSW by Indigenous status, 2020-2022



Source: Aboriginal and Torres Strait Islander Health Performance Framework, 2024

Median age at death

Within the CESP HN region, Aboriginal males have a median age at death of 60 years and females have a median age at death of 67 years. For females, this is consistent with the Greater Sydney and NSW median age at death, however for males the median age at death is 2 years lower than NSW (8).

Table 5: Median age at death by gender and regions, 2018-22

Region	Females (yrs)	Males (yrs)
CESPHN	67	60

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Greater Sydney	67	62
NSW	67	62
NSW, QLD, SA, WA & NT	64	59

Source: PHIDU, 2024

Infant and child mortality

Perinatal mortality

Perinatal mortality is defined as deaths commencing from at least 20 weeks of gestation (foetal deaths or 'stillbirths') and deaths of live-born babies within the first 28 days after birth (neonatal deaths) (21).

In NSW there were 789 Aboriginal perinatal deaths in 2022 a rate of 12 per 1,000 births (non-Aboriginal babies' rate of 7.8) (22).

Addressing perinatal deaths requires a comprehensive approach that includes improving healthcare services, addressing social determinants of health, and ensuring equitable access to care for Aboriginal people.

Infant mortality

Infant mortality is defined by deaths in children under 1 year of age. Between 2017 and 2021 there were 3.9 infant deaths per 1,000 Aboriginal live births, compared to 3.0 infant deaths per 1,000 non-Aboriginal live births across NSW (23).

Child mortality

The child (0-4 years) mortality rate among Aboriginal children in NSW between 2017 and 2021 was 98.7 per 100,000 compared to 69 for non-Indigenous children.

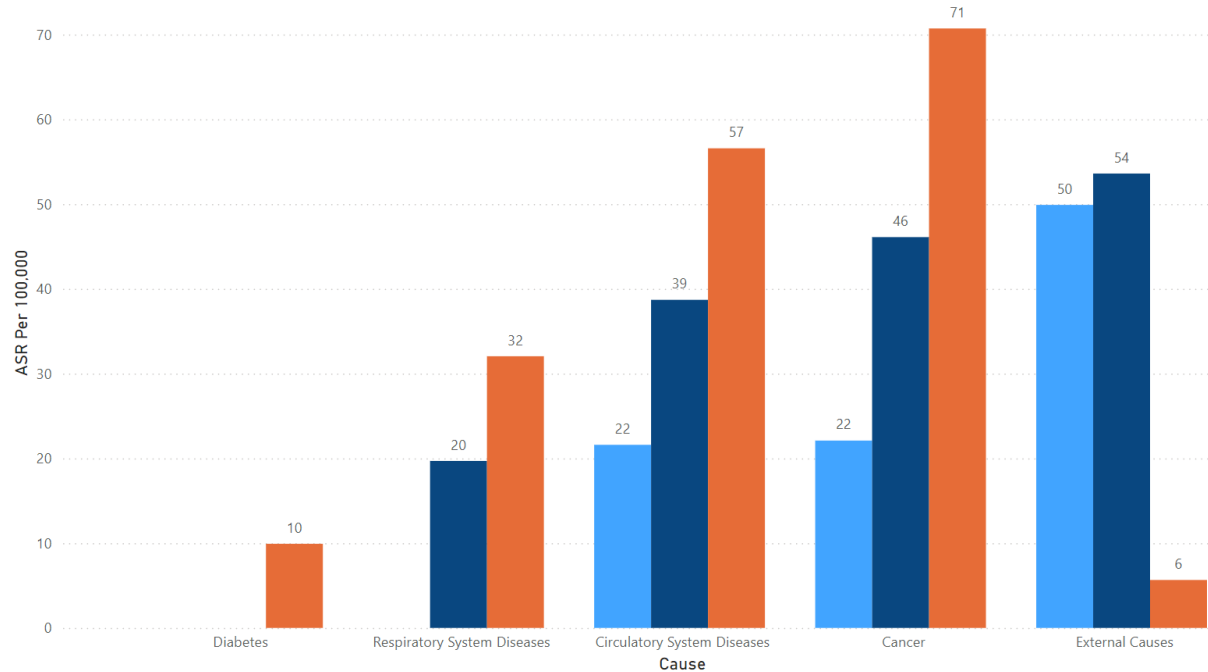
Although the rate of child death was significantly lower for NSW in comparison to other states and territories, there is still substantial work that needs to be done to close the gap between Aboriginal and non-Indigenous child mortality rates.

Premature mortality

Premature mortality refers to deaths that occur among people aged under 75 years. As seen in the below graph, the three main causes of preventable deaths that occurred within the CESPHN region were cancer, circulatory system diseases and respiratory system diseases.

Figure 33: Premature deaths by age group and cause for Aboriginal people, CESP HN region, 2018-22

Age Group ● 0 to 54 years ● 0 to 64 years ● 0 to 74 years

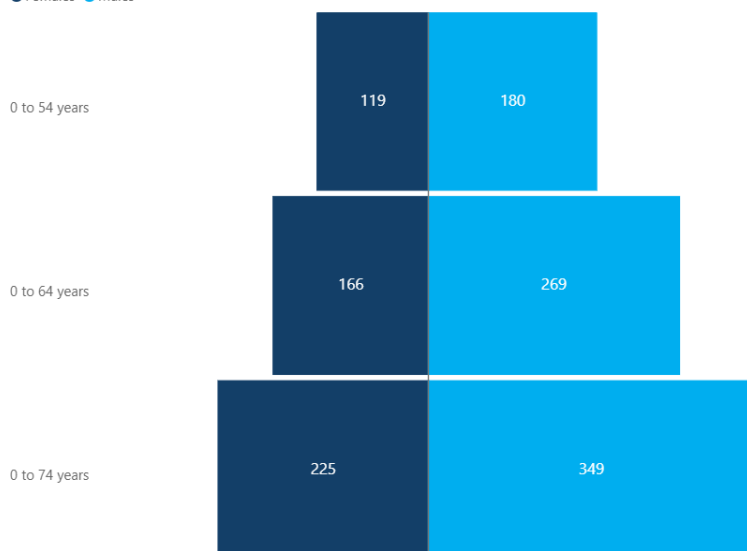


Source: PHIDU, 2024

Males within all age brackets had a higher age standardised rate (ASR) of premature deaths per 100,000 population than females. In the 0 to 64 years age bracket, the ASR of premature deaths in males was 1.3 times the rate for females (8).

Figure 44: Premature deaths by age group and gender, CESP HN region, 2018-22

● Females ● Males



Source: PHIDU, 2024

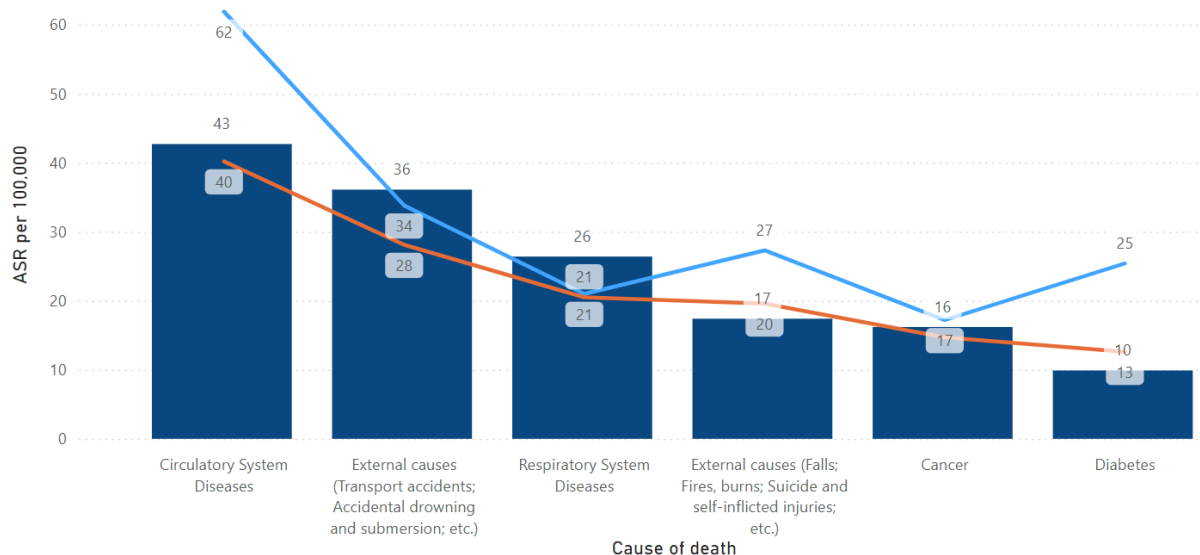
Avoidable deaths

Potentially avoidable deaths are deaths before the age of 75 years from conditions that are potentially preventable through primary or hospital care. The rate of potentially avoidable deaths was the lowest in NSW in comparison to the other states and territories in 2015-2019 at 149 per 100,000 (21).

Avoidable deaths from circulatory system diseases had the highest age standardised rate (ASR) within the CESPHN region (43 deaths per 100,000), followed by avoidable deaths from external causes (36 deaths per 100,000) (21).

Figure 55: Avoidable deaths by cause of death, CESPHN region, 2018-22

● ASR per 100,000 ● NSW, Qld, SA, WA & NT ● NSW



Source: PHIDU, 2024

Long term health conditions

In the CESPHN region, just over 30% of all Aboriginal people had at least one long term health condition (8).

Table 6: Percentage of people who self-reported long term health conditions, 2021

Number of selected chronic conditions*	CESPHN (%)	NSW (%)	Aust (%)
No selected chronic conditions	59	54.6	56.9
One	21.4	22.3	20.6
Two	6.1	7.3	6.7
Three or more	3.3	4.4	4.0
Has one or more selected chronic conditions	30.8	34.1	31.3

Source: PHIDU, 2024

CESPHN commissions Sydney and South Eastern Sydney local health districts and Sydney Children's Hospital Network to deliver the Integrated Team Care program to support Aboriginal people with chronic conditions. The program provides care coordination, outreach and supplementary services.

The Practice Incentives Program – Indigenous Health Incentive (PIP IHI) encourages health services to meet the health care needs of Aboriginal and Torres Strait Islander people with a chronic disease. Health services include general practices, Aboriginal Medical Services and Aboriginal Community Controlled Health Services.

Disability

There were 1,180 Aboriginal people in the CESP HN region with a profound or severe disability according to the 2021 census. 904 were aged 0-64 years and 282 were 65 years or older. 12.9% of Aboriginal persons aged 15 years and over were providing unpaid assistance to people with a disability.

NDIS participation

As of June 2024, there were a total of 52,449 First Nations participants on the NDIS across Australia, with a growth rate of 32.85% since September 2022. In NSW, there were a total of 17,753 Aboriginal participants in June 2024, representing 33.8% of the total Aboriginal participants across Australia (24).

Within the CESP HN region, a total of 922 participants identified as Aboriginal (25).

Table 7: NDIS participants by Aboriginal status and service district, CESP HN region, 2023-2024

	Aboriginal	Non-Indigenous	Not Stated
South Eastern Sydney	510	10,689	2,214
Sydney	412	5,939	1,287
Australia	52,449	513,370	95,448

Source: National Disability Insurance Scheme, 2024

Demographics

Gender

Across the CESP HN region the rates of hospital admission were higher than NSW rates but lower than the national for both genders. Within the CESP HN region there were IAREs with admission rates higher than NSW rates:

- Leichhardt, Marrickville, Randwick-La Perouse, Sydney-City and Woollahra-Waverley IAREs had admission rates for females all higher than the CESP HN rates.
- Botany Bay, Canterbury – Bankstown, Leichhardt, Marrickville, Randwick-La Perouse and Sydney City IAREs had admission rates for males all higher than the NSW rates (8).

Table 8: Average annual ASR per 100,000 by gender and IARE, 2017-18 to 2020-21

Region	Female	Male
Botany Bay	28,417.3	28,145.1
Canterbury - Bankstown (part a)	27,411.8	21,810.8
Hurstville - Kogarah	20,485.3	18,217.7
Leichhardt	37,973.9	33,326.9
Marrickville	33,980.9	26,397.1
Randwick - La Perouse	40,381.3	34,390.6
Rockdale	22,568.7	18,743.0
Sutherland Shire	22,513.7	17,118.6
Sydney - City	37,410.0	32,041.9
Sydney - Inner West	24,521.2	20,992.4
Woollahra - Waverley	34,052.0	23,083.3
CESPHN	30,748.1	25,795.8
New South Wales	28,524.3	21,534.9
Australia	38,066.4	27,658.0

Source: PHIDU, 2024

Emergency department presentations

The three main causes of ED presentations in 2020/21 were injury poisoning and other causes, mental and behavioural disorders and respiratory disease. Rates of Emergency department presentations for mental and behavioural disorders are well above the Greater Sydney and NSW rates suggesting a need for culturally safe alternatives to ED support.

ED presentation rates overall are higher than the rates for Greater Sydney and NSW. Of particular note is the high rate of non-urgent ED presentations. Promotion of new urgent care services to the Aboriginal population will be important.

Table 9: ED presentations for mental and behavioural disorders for Aboriginal people, ASR per 100,000 2020/21

Age	CESPHN	Greater Sydney	NSW
15-24	929.1	731.6	967.4
25-44	2567	1289.8	1422.3
45-64	1398.8	625.5	619.2

Source: PHIDU, 2024

Table 10: ED presentations by triage category, ASR per 100,000 2020/21

Triage category	CESPHN	Greater Sydney	NSW
Resuscitation and emergency	9,238	8,430.9	8,295.8
Urgent	26,086.7	18,581.9	21,707.4
Semi-urgent	18,195.4	14,226	26,576.9
Non-urgent	26,125.6	16,463.6	20,770.7

Source: PHIDU, 2024

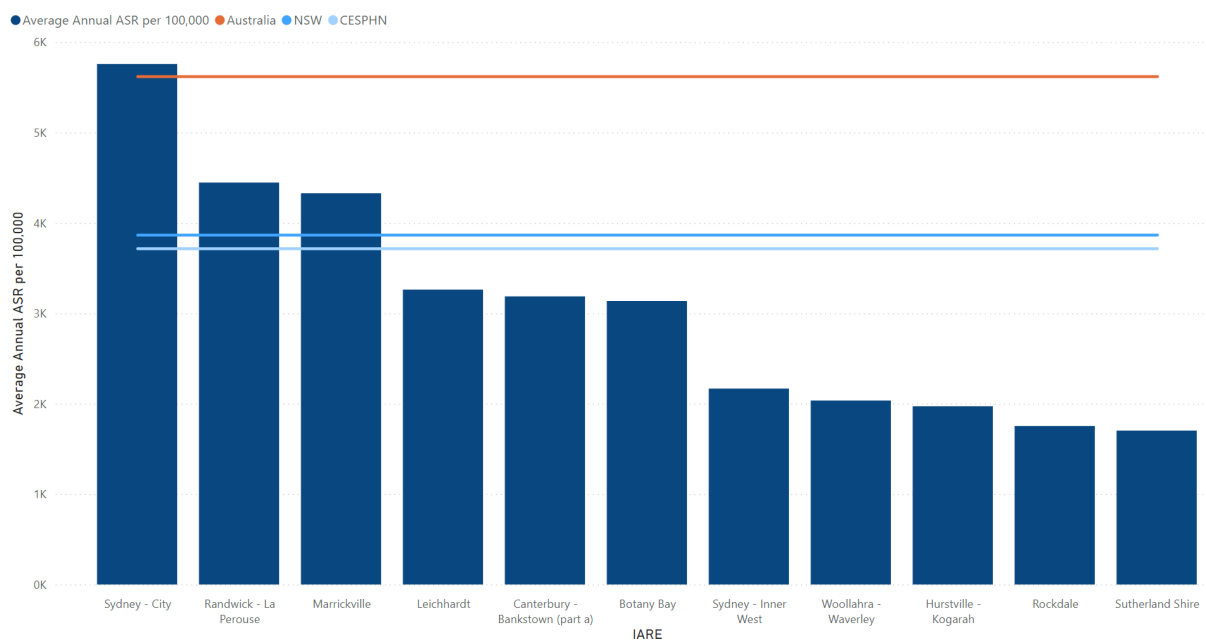
Potentially preventable hospitalisations (PPH)

Total potentially preventable hospitalisations

The rate of potentially preventable hospitalisations by IARE in the CESP HN region was 3,714.9 per 100,000 between 2017-2018 and 2020-2021. This was slightly lower than the NSW rate of 3,865.5 per 100,000 (8).

Within the CESP HN region, Sydney-City IARE, Randwick – La Perouse IARE and Marrickville IARE had higher rates than NSW, with Sydney-City IARE rates also higher than national rates (8).

Figure 66: Total potentially preventable hospital admissions, by IARE, 2017/18 to 2020/21



Source: PHIDU, 2024

Note: There is no published data available for Lord Howe Island IARE.

Within the CESP HN region, the IAREs with the highest rate of potentially preventable hospitalisations (PPHs) were:

- Marrickville IARE for the 0 to 14-years, 15 to 24 years and 65 years and over age groups.
- Randwick-La Perouse for the 25 to 44 years
- Sydney-City IARE for the 45-to-64-year age group (8)

Table 11: Potentially preventable hospital admissions. by IARE and age group, 2017-18 to 2020-21

IARE/Region	0 to 14 years	15 to 24 years	25 to 44 years	45 to 64 years	65 years and over
Botany Bay	1,835.9	1,107.5	3,169.6	4,884.1	13,571.4
Canterbury - Bankstown (part a)	1,853.0	982.9	3,280.6	5,169.6	11,491.9
Hurstville - Kogarah	1,122.0	609.0	1,637.4	3,287.9	8,430.2
Leichhardt	2,507.4	1,229.8	2,502.1	6,171.5	10,169.5
Marrickville	3,750.3	2,913.1	2,977.0	6,589.5	16,019.4
Randwick - La Perouse	2,191.0	1,775.0	4,415.7	8,361.6	13,666.7
Rockdale	1,231.9	1,404.1	1,492.2	2,531.1	5,357.1
Sutherland Shire	953.8	934.9	1,490.5	2,353.6	7,532.8
Sydney - City	3,418.7	1,287.0	4,301.5	14,218.0	14,843.8
Sydney - Inner West	1,509.4	922.3	1,799.3	4,138.6	6,521.7
CESPHN	1945.7	1299.8	2959.6	6873.7	11242.9
Greater Sydney	1895.9	1471.4	2372.1	4934.1	10555.3
New South Wales	2075.8	1658.3	2458.3	5354.3	11052.5
Australia	2810.1	2297.8	4397.8	9120.7	13239.7

Source: PHIDU, 2024

Note: Lord Howe Island IARE is not included as there is no published data available.

Acute potentially preventable hospital admissions

Acute dental conditions had the highest ASR of all acute PPH admissions (354.8 per 100,000 population) in the CESPHN region; higher than the NSW rate of admission (321.8 per 100,000) (8).

Table 12: Potentially preventable hospital admissions by acute condition, 2017-18 to 2020-21

Region	Acute cellulitis	Acute convulsions and epilepsy	Acute dental conditions	Acute ear, nose and throat infections	Acute urinary tract infections
CESPHN	349.9	300.9	354.8	268	273.8
Greater Sydney	266.3	259.5	298.8	276.1	259.5
New South Wales	285.2	272.9	321.8	288.8	264.8
Australia	515.5	404.8	402	385.4	402.8

Source: PHIDU, 2024

Chronic preventable hospital admissions

Chronic Obstructive Pulmonary Disease (COPD) had the highest ASR of all chronic PPH admissions in the CESPHN region (444.2 per 100,000 population).

Table 13: Potentially preventable hospital admissions by chronic condition, 2017-18 to 2020-21

Region	Chronic angina	Chronic asthma	Chronic congestive cardiac failure	Chronic diabetes complications	Chronic Obstructive Pulmonary Disease (COPD)
CESPHN	89.4	206.3	154.5	274.6	444.2
Greater Sydney	55.8	167.7	131.1	239.6	421.5
New South Wales	72.4	155.4	145.3	294.2	457.9
Australia	134.5	189.8	222.6	419.3	536

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Source: PHIDU, 2024

Note: Lord Howe Island IARE is not included as there is no published data available.

Preventive health

Immunisation

Table 14: Immunisation status of Aboriginal children, by age and region, 2021

Region	1-year-olds	5-year-olds
CESPHN	91.0	98.5
Greater Sydney	94.7	97.2
NSW	94.7	97.6
Australia	93.8	96.8

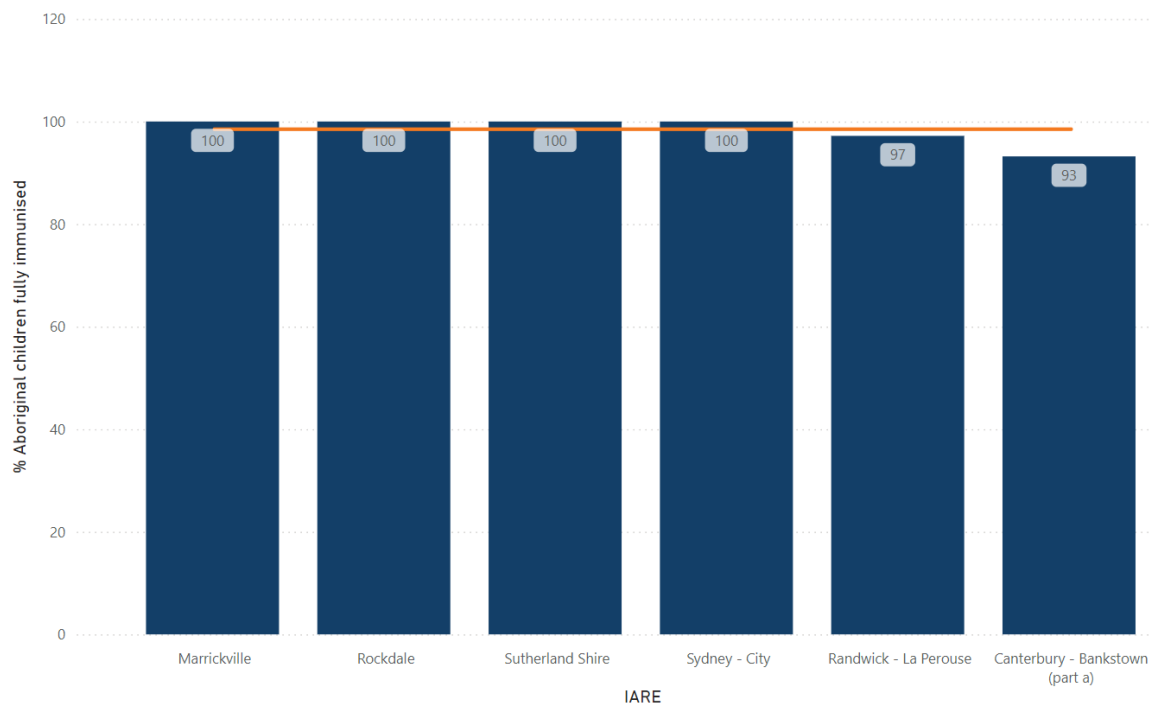
Source: PHIDU, 2023

In 2021, immunisation rates amongst Aboriginal children aged 1 years old in the CESP HN region were below the target of 95% (91%). Randwick-La Perouse, Canterbury-Bankstown and Marrickville IARE areas had 1 year old immunisation rates well below target.

By the time children reach 5-years old the CESP HN immunisation rates for Aboriginal children exceed state and national rates.

Figure 77: 5-year-olds fully immunised by IARE, 2021

● % Aboriginal children fully immunised ● CESP HN % Aboriginal children fully immunised



Source: PHIDU, 2023

** Data not available for Botany Bay IARE, Hurstville - Kogarah IARE, Leichhardt IARE, Sydney - Inner West IARE or Woollahra - Waverly IARE.

Potentially preventable hospitalisations (vaccine preventable)

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Between 2017-2018 and 2019-2021, there were 511.5 potentially preventable admissions for vaccine preventable conditions in the CESP HN region per 100,000 population. This rate is lower than the national rate (597.8 per 100,000), however higher than the NSW rate (292.9 per 100,000).

Within the CESP HN region, Sydney-City IARE had high rates for all vaccine preventable conditions. Rates per 100,000 population were:

- 1.9 times the national rate, and
- 3.9 times the NSW rate (8).

Table 15: Potentially preventable hospitalisations, vaccine preventable per 100,000 population, by IARE, 2017-18 to 2020-21

IARE/Region	Pneumonia and influenza	Total
Botany Bay	90.6	506.0
Canterbury - Bankstown (part a)	134.3	311.8
Hurstville - Kogarah	-	139.4
Leichhardt	260.7	327.9
Marrickville	244.8	650.5
Randwick - La Perouse	216.7	639.8
Rockdale	-	-
Sutherland Shire	51.9	96.6
Sydney - City	263.4	1,133.6
Sydney - Inner West	105.0	276.6
CESP HN	158.9	511.5
Greater Sydney	138.2	340.2
New South Wales	151.1	292.9
Australia	231.6	597.8

Source: PHIDU, 2024

Note: Lord Howe Island IARE is not included as there is no published data available.

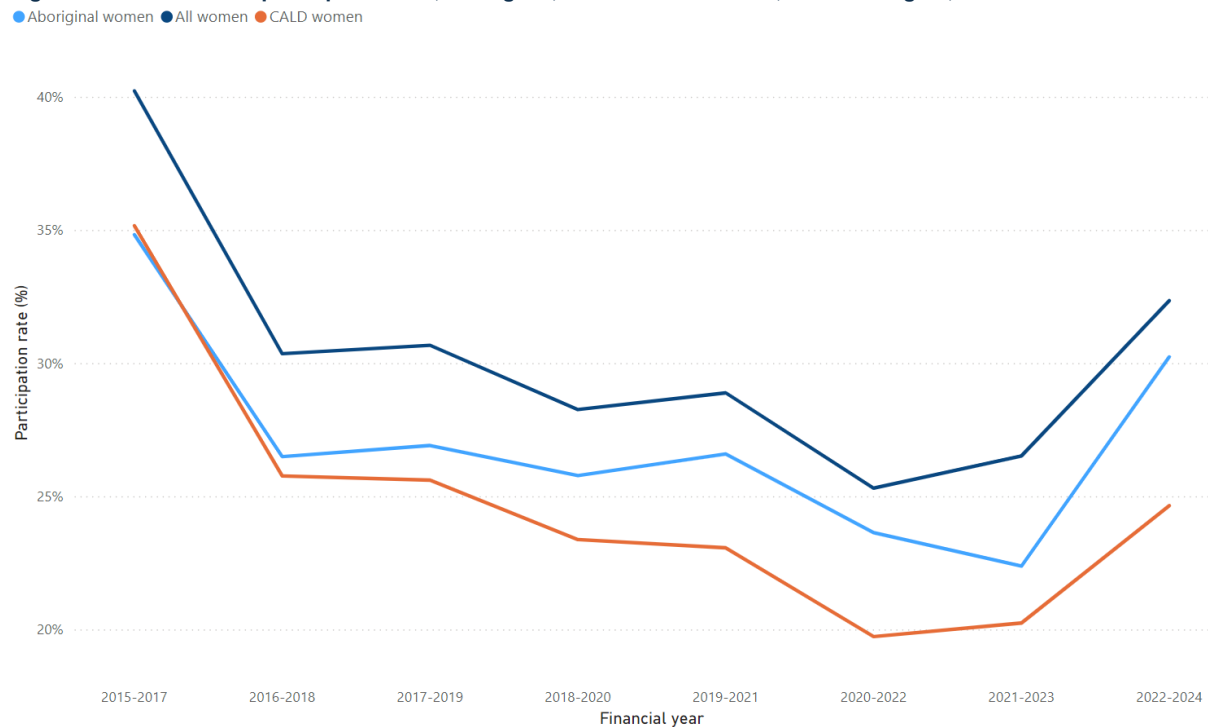
Cancer screening

There is limited local level data on cancer screening participation by Aboriginal people.

BreastScreen

Within the CESP HN region, breast screening participation rates for Aboriginal women aged 50-74 years have been consistently rising since 2021, as demonstrated in the graph below. (26) However screening rates are well below the rate for the eligible CESP HN population of 50.5%.

Figure 88: BreastScreen participation rate, Aboriginal, CALD and all women, CESPHN region, 2020-2024



Source: Cancer Institute NSW, 2024

National Bowel Cancer Screening Program

The annual bowel cancer screening participation rate for people aged 50-74 in the CESPHN region in 2023 is 35.6% slightly below the NSW rate of 37.5%. There is no recent screening participation data for Aboriginal people (27).

Hearing screening

In 2018-19, 42.6% of Aboriginal people aged 7 years and older had a hearing impairment in one or both ears, with 22.7% having a hearing impairment in both ears. In NSW, the proportions were slightly lower, with 37.5% having a hearing impairment and 19.3% with an impairment in both ears. The proportion of people with a hearing impairment in one or both ears increased with age, those aged 15-24 years had the lowest proportion at 28.7%, those aged 55 years and over had the highest proportion at 81.8% (28).

Maternal and child health

Aboriginal women and babies often face significant health challenges, including higher rates of maternal mortality, low birth weights, and early childhood health issues. Services like the Malabar Midwives in the CESPHN region are vital for addressing these disparities and improving the quality of care for Aboriginal mothers.

The Malabar Midwives Service provided by SESLHD and the SLHD Aboriginal Maternal Health Service offer a model of care that is culturally sensitive and designed to address the specific needs of

Aboriginal mothers in Sydney. By combining midwifery care with Aboriginal health workers, the services improve outcomes for both mothers and babies through continuity of care, community involvement, and culturally safe services. This approach helps build trust and provides better support for Aboriginal women throughout pregnancy, birth, and postnatal care. The services take a holistic approach to care, addressing not just the physical health of the mother and child but also emotional, mental, and cultural wellbeing.

The focus is on preventive health and early intervention, aiming to address issues before they become more serious. Midwives work with other health professionals to monitor both maternal and fetal health during pregnancy.

Antenatal care

In 2022, 79.1% of Aboriginal mothers across NSW attended their first antenatal visit by 14 weeks gestation. Within the CESP HN region, only 64.1% of Aboriginal mothers had attended their first antenatal visit by 14 weeks gestation (23). There is a need for additional health strategies and initiatives to close this gap.

In 2022, 88.4% of Aboriginal mothers across NSW attended their first antenatal visit by 20 weeks gestation. Within the CESP HN region the proportion increased to 89% of Aboriginal mothers (23).

Smoking during pregnancy

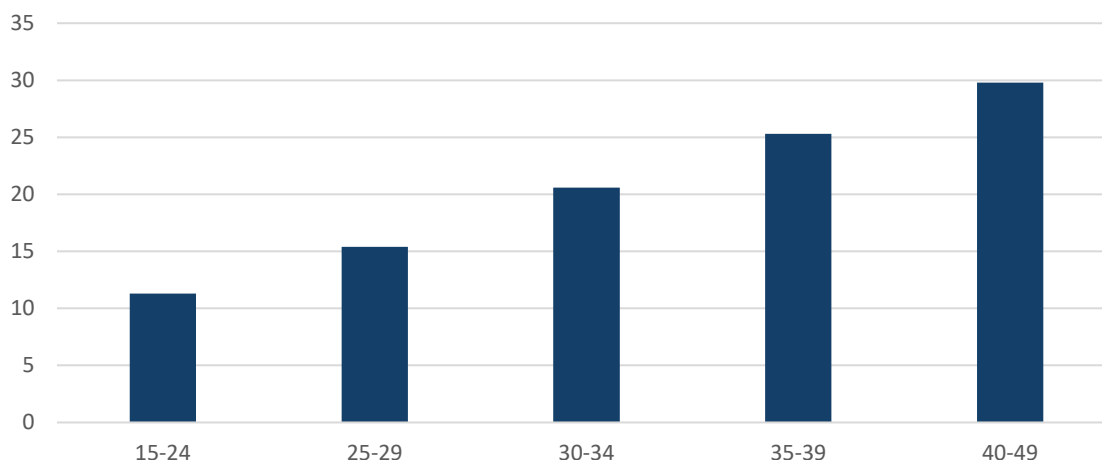
In 2022, 39.6% of Aboriginal mothers in NSW smoked at any time during their pregnancy. Within the CESP HN region, the rate was lower with 35.5% of Aboriginal mothers smoking at any point during their pregnancy (23).

Gestational diabetes mellitus

In 2021-2022, there were around 2,400 new cases of gestational diabetes among Aboriginal and Torres Strait Islander women, equating to 16% of Indigenous women who gave birth in hospital in Australia. The incidence of gestational diabetes was slightly higher in the First Nations community (20.8%) in comparison with the Non-Indigenous community (17.8).

As seen in the figure below, the 40-49 age group had the highest incidence of gestational diabetes (29.8) (29).

Figure 9:9 Incidence of gestational diabetes among Indigenous women nationally by age, 2020–21



Source: Australian Institute of Health and Wellbeing, 2024

Low birthweight babies

In 2022, 11.4% of all babies born to Aboriginal mothers in the CESP HN region had a low birth weight; approximately double the proportion born to non-Aboriginal mothers (5.5%) (8) and higher than the reported 2019 to 2021 national rate for babies born to Aboriginal mothers of 10.9% (21).

Breastfeeding

Across NSW in 2022, 55.8% of Aboriginal mothers were full breast feeding their babies at discharge (from hospital, or discharge from home birth care), a decrease from 61.2% in 2018. This compares to 66.6% of Non-Indigenous mothers that were full breast feeding their babies at discharge in 2022 (30).

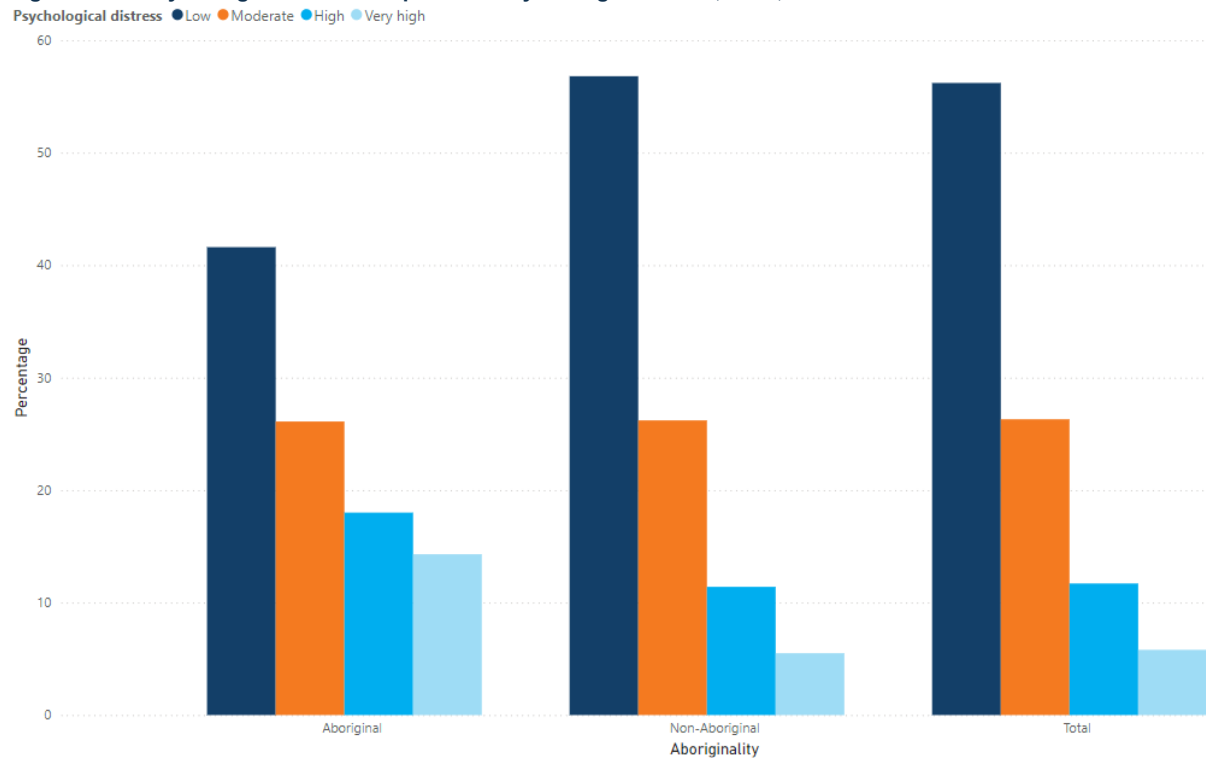
Within the CESP HN region, 54.9% of Aboriginal mothers were full breast feeding and 26% were offering some level of breast feeding at time of discharge (21).

Social and emotional wellbeing

Psychological distress

Between 2021-2023, the Aboriginal population in NSW had levels of very high psychological distress at twice the rate of the non-Aboriginal population (11% compared to 5.3%) (23).

Figure 10:10 Psychological distress experienced by Aboriginal-status, NSW, 2021-23



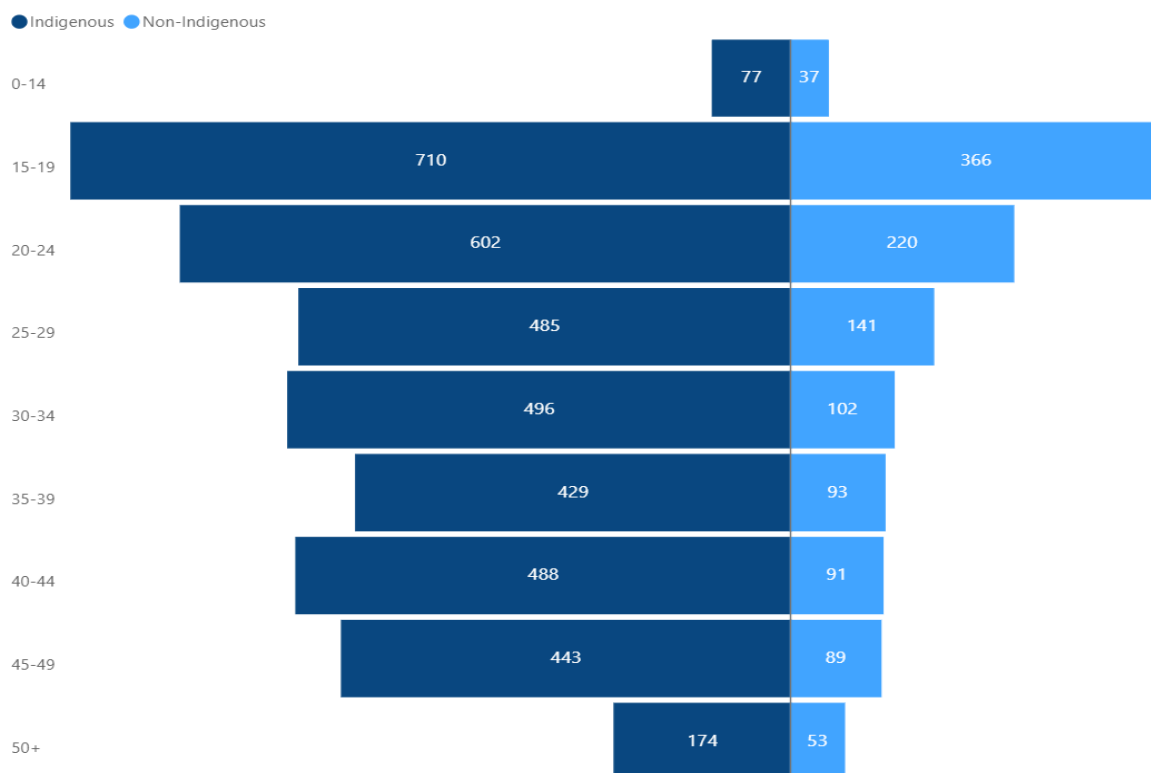
Source: HealthStats NSW, 2024

CESPHN commissions a range of Aboriginal mental health and social and emotional wellbeing programs. These include Babana Aboriginal Health and Wellbeing Events, Yarning Circles, Youth Health and Wellbeing Programs at La Perouse, and in the inner city. In addition to these services the Psychological Support Services program provides free short-term psychological services.

Self-harm

Nationally, individuals aged 15-19 years have the highest rates per 100,000 population of intentional self-harm hospitalisations; the rate for Aboriginal persons is 1.9 times the rate of non-Aboriginal persons (31).

Figure 1111: Self-harm by age group per 100,000 population, Australia, 2021-22



Source: AIHW, 2024

Females have a higher rate of intentional self-harm hospitalisations per 100,000 population than males (536.2 compared to 352.2). However, Aboriginal females have rates of intentional self-harm hospitalisations 2.8 times that of non-Aboriginal females and Aboriginal males have rates of intentional self-harm hospitalisations 3.4 times that of non-Aboriginal males (31).

Suicide

In 2022, 4.6% of deaths in the Aboriginal population were by suicide, a rate which is almost three times that of the non-Aboriginal population (1.6%). The age-standardised rate (per 100,000 population) for those who died by suicide was more than twice as high in the Aboriginal population than the non-Aboriginal population (29.9 compared to 11.7) (32).

Table 16: Suicide rates, Aboriginal and non-Aboriginal, Australia, 2022

Measure	Aboriginal	Non-Aboriginal
Number	212	2,117
Per cent of all causes of death	4.6	1.6
Age-standardised rate (per 100,000)	29.9	11.7

Source: AIHW, 2024

In NSW, the rate of suicide across all age groups is significantly higher among the Aboriginal population with the 35-44 years age group having the highest age-specific rate (48.6 per 100,000) (31).

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Table 17: Suicide rate by age, Aboriginal and non-Aboriginal, NSW, 2012-2022

Aboriginality and Age Group	Age-specific rate (per 100,000)	Deaths	Lower age specific rate (per 100,000)	Upper age specific rate (per 100,000)
Aboriginal				
0–24	8.5	64.0	6.4	10.6
25–34	34.7	73.0	26.8	42.7
35–44	48.6	68.0	37.1	60.2
45+	21.8	71.0	16.7	26.8
Non-Aboriginal				
0–24	4.5	524.0	4.1	4.9
25–34	12.6	725.0	11.7	13.5
35–44	13.8	735.0	12.8	14.8
45+	13.9	2270.0	13.3	14.5

Source: AIHW, 2024

CESPHN commissions Tribal Warrior to deliver the Connector Service an Aboriginal-specific culturally safe care coordination service for Aboriginal people affected by suicide. The service is for those who have been bereaved by suicide or those who have a recent experience of suicidality.

Alcohol and substance use

Addressing alcohol and substance abuse is essential in order to address the underlying intergenerational trauma experienced by these individuals and the resultant health impacts, social and economic consequences, and the community's cultural and spiritual well-being.

Alcohol

Consultations identified that alcohol-related rehabilitation and detoxification services were a gap in care within the CESPHN region.

An estimated 15.9% of Aboriginal people in NSW did not consume alcohol in the twelve months preceding the National Aboriginal and Torres Strait Islander Health Survey – the rate was higher in the female population compared to the male population (16.9% compared to 14.7%). Males exceeded females in alcohol consumption that exceeded the guidelines by 29.3% (28).

Table 18: Alcohol consumption status proportion, by gender, NSW, 2022-23

Alcohol consumption	Males	Females	Total NSW
Exceeded guideline	54.9	25.6	39.6
Consumed alcohol less than 12 months ago but did not exceed guideline	25.4	49.0	38.0
Consumed alcohol 12 or more months ago	14.7	16.9	15.9

Source: ABS, NATSIHS 2024

Substance use

In 2022-2023, an estimated 22.1% of the Aboriginal population in NSW had used substance(s) in the previous 12 months. It is evident from the below table that the proportion of males that had used one or more substances within the prior 12 months was over two-folds greater than the female proportion, underscoring a need for gender-specific approaches to addressing substance abuse (28).

Table 19: Substance use proportion, NSW, 2022-23

Substance use	Males (%)	Females (%)	Total (%)
Used substance(s) in last 12 months	32.4	13.9	22.1
Has not used substance(s) in last 12 months	67.0	84.1	76.6

Source: ABS, NATSIHS 2024

CESPHN commissions a range of drug and alcohol support services and programs. These include the Redfern Aboriginal Medical Service Drug and Alcohol Treatment Program, the Community Restorative Centre drug and alcohol program, Weave Youth and Community Services 'Speak Out' Dual Diagnosis Program, We Help Ourselves and Odyssey House.

Older people

Demographics

2021 Census data showed that 21.9% of the CESPHN Aboriginal population were aged 50 years and over and 7.4% were aged 65 years and over. (16) Leichhardt IARE had the highest proportion of Aboriginal persons aged 50 years and over (26.2%), followed by Canterbury-Bankstown IARE (23.5%) and Marrickville IARE (22.9%) (8).

Table 20: Usual resident population (URP) aged 50 years and over, by IARE, 2021

IARE	50-54	55-59	60-64	65yrs +	Total	% Total IARE population
Botany Bay	63	59	48	68	238	21.6
Canterbury -Bankstown (part a)	64	55	49	98	266	23.5
Hurstville-Kogarah	46	53	48	78	225	21.7
Leichhardt	41	37	27	55	160	26.2
Marrickville	76	64	56	92	288	22.9
Randwick-La Perouse	129	110	87	201	527	22.5
Rockdale	56	37	34	66	193	22.2
Sutherland Shire	182	140	109	224	655	20.0
Sydney-City	208	148	121	210	687	22.8
Sydney Inner West	69	50	40	83	242	20.8
Woollahra-Waverley	19	17	18	31	85	18.6
CESPHN	953	770	637	1206	3566	21.9

Source: PHIDU, 2022

Aged care

Home care

In 2022-2023 there were 117 admissions to home care in the CESPHN region who identified as Aboriginal (33).

Table 21: Home care admissions by ACPR, 2022-23

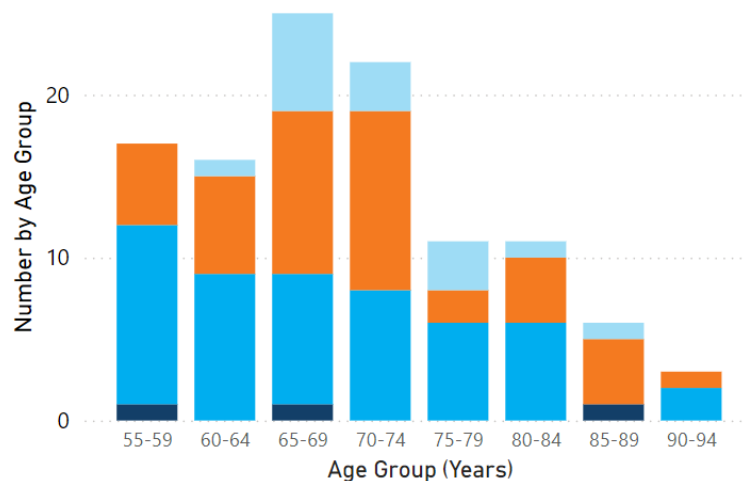
Aged care planning region	Home care
Inner West	9
South East Sydney	108
CESPHN	117

Source: GEN, 2024

The highest number of Aboriginal home care recipients were aged 65-69, followed by the 70-74 years old age group (33). Wyanga, Guriwal and Kurrnulla offer Aboriginal specific home care, transport and respite within the region.

Figure 1212: Home care admissions by age group, CESPHN region, 2022-23

Home care level ● L1 ● L2 ● L3 ● L4



Source: GEN, 2024

Residential care

In 2022-2023, there were 74 residential care admissions for people who identified as Aboriginal in the CESPHN region. Approximately one third of these admissions were for permanent places (33).

Table 22: Residential care admissions by ACPR, 2022-23

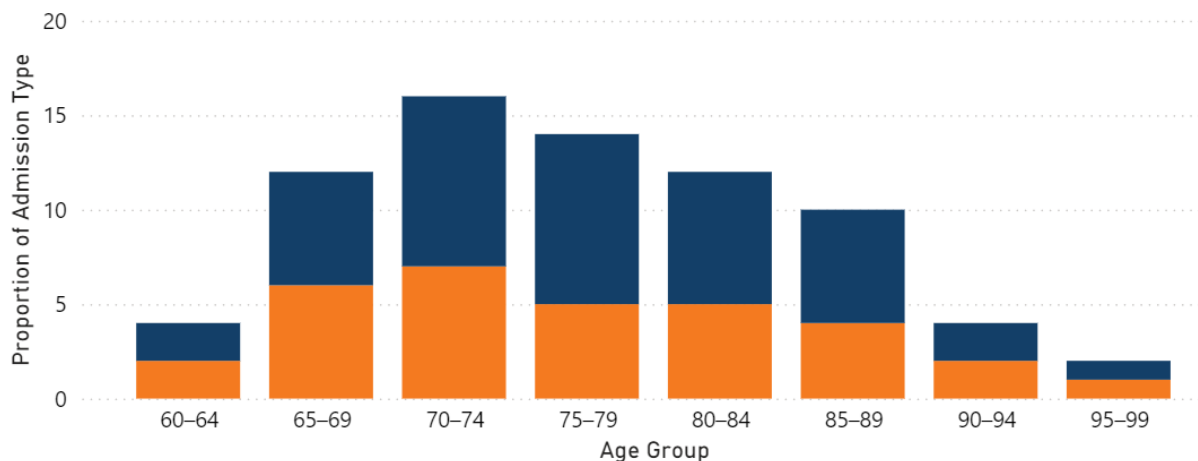
Aged care planning region	Permanent	Respite	Total residential care
Inner West	6	8	14
South East Sydney	26	34	60
CESPHN	32	42	74

Source: GEN, 2023

The majority of residential care admissions were in the 70-74 year age group, followed by the 75-79 year age group (33).

Figure 1313: Residential care admissions, by admission type and age group, CESPHN region, 2022-23

Admission Type ● Permanent ● Respite



Source: GEN, 2024

The role of carers

Caring in Aboriginal communities is deeply influenced by historical and cultural factors. Many Aboriginal carers do not self-identify with the term “carer” and may be reluctant to access mainstream support services due to past experiences and cultural differences. Family structures and values also play a significant role, with extended family often involved in caregiving. The pressures of taking on caring roles with little formal support need to be recognised.

Access to primary care

There is one Aboriginal Community Controlled Health Service in the region located in Redfern. Aboriginal people access general practice care throughout the region with the largest numbers of patients in the LGAs of Sydney, Sutherland, Randwick, Inner West and Bayside. There are 360 practices sharing data with CESPHN and among these practices there are approximately 14,500 active Aboriginal patients meaning they have attended the practice three or more times in the past two years. The number of active Aboriginal patients per general practice varies with close to 30% of practices having less than 10 patients and almost 50% of practices having between 11 and 50 active patients. CESPHN works to support general practices within the region to provide culturally sensitive care. CESPHN regularly offers cultural awareness training for GPs followed up with practice support visits.

Table 23 Number of active Aboriginal patients in general practice, 2024

LGA	RACGP Active Patients	No. of Practices
Sydney	3865	64
Sutherland Shire	2411	51
Randwick	1989	24
Inner West	1798	42
Bayside	1180	38
Georges River	961	36
Canterbury-Bankstown	877	39
Canada Bay	541	20
Waverley	413	17
Burwood	329	13
Woollahra	115	7
Strathfield	89	8
Total	14568	359

Source: POLAR and PenCS, CESP HN held data.

Table 24 Number of active Aboriginal patients by practice, 2024

Practices	10 or less	11-50	51-100	101-200	200+
Number	102	174	50	24	9
Percentage	28	48	14	7	3

Source: POLAR and PenCS, CESP HN held data.

MBS item 715 health assessments

The MBS item 715 health assessment supports initial and ongoing engagement of Aboriginal people in primary healthcare in a culturally safe way. They are an important means to encourage early detection and treatment of common conditions. Aboriginal people are eligible for an annual health assessment as well as follow-up services for preventative health care and education between health assessments.

Despite considerable efforts to increase the uptake of MBS item 715 assessments the rate of assessments remains low. Barriers to greater uptake include:

- Many healthcare providers and community do not understand the benefits and availability of the 715 assessment
- System and process barriers to systematically identifying Aboriginal status, insufficient time and workforce resources, and complicated billing procedures
- 715 assessments can only be undertaken annually, which also impacts access to other health services.

The proportion of the Aboriginal population in the CESP HN region who received an MBS 715 health assessment (14.6%) has remained relatively constant since 2018-19 (23) and is the 4th lowest of all PHNs and well below the national rate of 27%.

Table 25: Health assessment (MBS 715) by financial year, CESP HN region, 2018-19 - 2021-22

Year	Total (No.)	Total (%)
2018-19	2,392	13.9
2019-20	2,412	14.1
2020-21	2,460	14.6
2021-2022	1,699	9.9
2022-2023	2,567	14.6

Source: AIHW, 2024

The rate of follow up of patients who received a health assessment in the CESP HN region was 28.01% in 2021-2022, 8th lowest of all PHNs (34).

After hours care

In 2021, 2.6% of calls to the HealthDirect After Hours Helpline from the CESP HN region were from callers who identified as Aboriginal (35).

The after hours period is broken down into 4 timeframes, based on practice incentive program (PIP) time periods.

- T1 = 6pm through to 11pm weeknights
- T2 = 11pm through to 8am weekdays
- T3 = outside 8am to 12 noon on Saturdays
- T4 = all day on Sunday and public holidays.

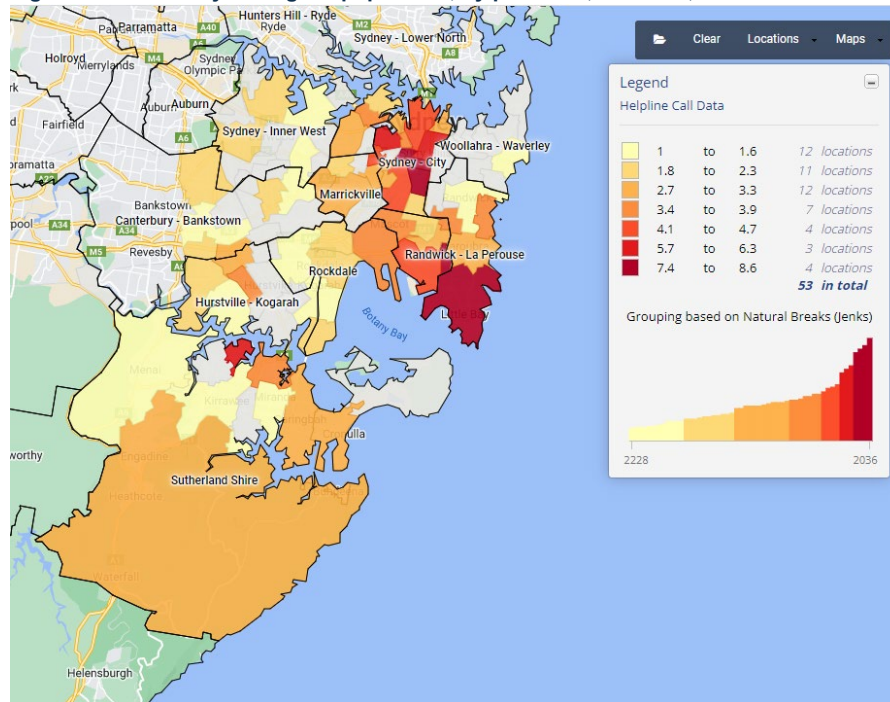
Table 26: Callers to HealthDirect After Hours Helpline, by PIP timeframe, Aboriginal and non-Aboriginal, CESP HN region, 2021

PIP timeframe	Aboriginal (%)	Non-Aboriginal (%)	Total (%)
T1	0.8	31.3	32.1
T2	0.5	19.7	20.2
T3	0.4	17.1	17.5
T4	0.7	29.4	30.1
Total	2.6	97.4	100.0

Source: HealthDirect Australia, 2022

Within the CESP HN region, there were seven postcodes where 5% or more of calls to the After Hours Helpline were by callers who identified as Aboriginal: 2036 (8.6%) 2008 (8.0%) 2016 (7.7%) 2017 (7.4%) 2037 (6.3%) 2010 (6.0%) 2225 (5.7%). These postcodes predominantly fall under two IAREs (Randwick-La Perouse and Sydney-City).

Figure 1414: Calls by Aboriginal population, by postcode, CESP HN, 2021



Source: HealthDirect Australia, 2022

Opportunities

- Continued support of programs addressing care of chronic conditions
- Continued focus on supporting the mental health and wellbeing of Aboriginal people
- Promotion of urgent care as an alternative to attending Emergency departments for non-urgent care
- Work with Justice Health to improve healthcare transition from correctional facilities to general practice and other primary care services
- Continued GP education to promote cultural safety and understanding of intergenerational trauma and ongoing impacts.
- Community education on:
 - Accessing relevant healthcare including MBS 715 health assessments
 - Domestic violence and sexual abuse resources
 - Mental health and resources
 - Antenatal care
- Stigma Reduction Campaigns: Design culturally sensitive initiatives.
- Programs addressing impact of intergenerational trauma including supporting those impacted by child protection and out of home care
- Alcohol and other drugs and mental health services for young people.

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