NSW is working to meet the national targets to close the gap in life expectancy between Indigenous and non-Indigenous people within a generation, and halve the gap in mortality rates in Indigenous children within a decade. The NSW State Plan NSW 2021: A plan to make NSW number one sets targets to improve the health of Aboriginal people in NSW, including reducing the gap in infant mortality between Aboriginal and non-Aboriginal infants, reducing rates of smoking, smoking during pregnancy and potentially preventable hospitalisations.

NSW Health recently released the NSW Aboriginal Health Plan 2013–2023. The vision of the Plan is health equity for Aboriginal people. The goal of the Plan is to work in partnership with Aboriginal people to achieve the highest level of health possible for individuals, families, and communities. The Plan outlines six strategic directions to achieve this goal:

1. Building trust through partnerships
2. Implementing what works and building the evidence
3. Ensuring integrated planning and service delivery
4. Strengthening the Aboriginal workforce
5. Providing culturally safe work environments and health services
6. Strengthening performance monitoring, management and accountability

The health of Aboriginal people in NSW

“Aboriginal health means not just the physical wellbeing of an individual but refers to the social, emotional and cultural wellbeing of the whole community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total wellbeing of their community...”

There are large disparities in estimated life expectancy and health outcomes between Aboriginal and non-Aboriginal people in NSW, with the gap in life expectancy estimated to be approximately 7–9 years. Multiple inter-related factors contribute to the poorer health status of Aboriginal people. An appreciation of the social determinants of Aboriginal health, including the contributions of historical factors, education, employment, housing, environmental factors, social and cultural capital, and racism, is critically important to closing the health gap between Aboriginal and non-Aboriginal people.

This Fact Sheet provides trend data comparing the health of Aboriginal people to that of non-Aboriginal people and information on health services delivery for Aboriginal people at the Local Health District level. The indicators are part of broader public reporting on the health of the NSW community, many of which are available online at Health Statistics NSW (www.healthstats.nsw.gov.au).
Health Status

SELF-RATED HEALTH STATUS

In NSW in 2012, 75% of Aboriginal people rated their own health positively (excellent, very good, or good) compared to 82% of non-Aboriginal people.

Over the last ten years, Aboriginal people have been less likely to self-rate their health positively compared to non-Aboriginal people. There has been no significant change in the proportion of Aboriginal people who rate their health positively over the last ten years, and no change in the gap between Aboriginal people and non-Aboriginal people.

HOSPITALISATION RATES BY CAUSE

Hospitalisation rates reflect both the occurrence of conditions requiring hospital treatment and access to hospital treatment. In NSW in 2011–12 Aboriginal people were 1.8 times more likely to be hospitalised than non-Aboriginal people.

The most common cause of hospitalisation for Aboriginal people is dialysis. The other most common causes of hospitalisation in Aboriginal people are injury and poisoning, respiratory diseases, digestive diseases and maternal, neonatal, and congenital causes. Figure 3 does not include hospitalisations due to dialysis as these include repeated hospitalisations for a small number of people.

BABIES OF LOW BIRTH WEIGHT

Low birth-weight babies, weighing less than 2500 grams at birth, are at greater risk of poor health outcomes. In NSW in 2011, 12.3% of babies born to Aboriginal mothers were of low birth weight, compared to 6.0% of babies born to non-Aboriginal mothers. Babies of Aboriginal mothers are 2.1 times more likely to be of low birth-weight than babies of non-Aboriginal mothers.

Between 2002 and 2011 there has been a significant decrease in the proportion of babies of Aboriginal mothers who are of low birth-weight, however there has been no change in the difference in rates between babies of Aboriginal and non-Aboriginal mothers.

INFANT MORTALITY

Target: Halve the gap between Aboriginal and non-Aboriginal infant mortality rates by 2018 (NSW State Plan 2021).

In the period 2009–2011, the infant mortality rate (death of a live-born baby within the first year of life) in NSW was 4.5 deaths per 1000 live births for Aboriginal infants, compared with 3.9 deaths per 1000 live births for non-Aboriginal infants. The Aboriginal infant mortality rate is 1.2 times the non-Aboriginal rate.

There has been a significant decrease in the Aboriginal infant mortality rate in the last ten years, and a significant decrease in the gap between Aboriginal and non-Aboriginal infants in the last ten years.

SMOKING RATES

Target: Reduce smoking rates in Aboriginal people by 4% by 2015 (NSW State Plan 2021).

In 2012 the rate of daily or occasional smoking in people aged 16 years and over in NSW was 32% for Aboriginal people and 16% for non-Aboriginal people. Aboriginal people were 1.9 times more likely to smoke than non-Aboriginal people. Smoking prevalence rates reported for Aboriginal people in NSW can vary depending on the data sources used and differing methodologies. The data presented here is sourced from the NSW Adult Population Health Survey.

In the last ten years the rate of smoking has decreased in both Aboriginal and non-Aboriginal people, however there has been no change in the gap between Aboriginal and non-Aboriginal people over this time. The increase in the proportion of adults who were current smokers in 2012 compared to 2011 is associated with the inclusion of mobile phone number sampling in the NSW Adult Population Health Survey in 2012.

Source: NSW Adult Population Health Survey. Centre for Epidemiology and Evidence, NSW Ministry of Health.
Health Statistics NSW: www.healthstats.nsw.gov.au

SMOKING DURING PREGNANCY

Target: Reduce the rate of smoking in pregnant Aboriginal women by 2% per year (NSW State Plan 2021).

Smoking during pregnancy increases the risk of adverse outcomes for both the mother and the child. In NSW in 2011, the percentage of women who reported smoking during pregnancy was 52% for Aboriginal women, and 10% for non-Aboriginal women. Aboriginal women are 5.3 times more likely to report smoking during pregnancy than non-Aboriginal women.

Between 2002 and 2011, there was a significant decrease in the proportion of Aboriginal women who reported smoking during pregnancy and a significant decrease in the gap between Aboriginal and non-Aboriginal women’s smoking rates during pregnancy. Rates of smoking during pregnancy for Aboriginal women differ substantially across Local Health Districts.

Source: NSW Perinatal Data Collection Centre for Epidemiology and Evidence, NSW Ministry of Health.
Health Statistics NSW: www.healthstats.nsw.gov.au

OVERWEIGHT OR OBESITY

General target: Stabilise overweight and obesity rates in adults by 2015 and then reduce by 5% by 2020 (NSW State Plan 2021).

Being overweight or obese is a risk factor for chronic diseases including diabetes and other cardiovascular disease. In 2012 in NSW, 56% of Aboriginal people were calculated as being overweight or obese (BMI > 25 kg/m2), compared with 50% of non-Aboriginal people. In the past ten years, the proportion of Aboriginal and non-Aboriginal people who are overweight or obese has increased, although the gap between Aboriginal and non-Aboriginal people has not significantly changed.

Health Service Delivery

POTENTIALLY PREVENTABLE HOSPITALISATIONS

Target: Reduce the age-standardised rate of potentially preventable hospitalisations by 2.5% for Aboriginal people by 2014–15 (NSW State Plan 2021).

Potentially preventable hospitalisations are hospital admissions that are considered potentially avoidable through the provision of accessible, timely, and effective preventive care or early medical treatment delivered through primary health care.

In NSW in 2011–12, the admission rate for potentially preventable hospitalisations for Aboriginal people was 2.8 times the rate for non-Aboriginal people. In the last ten years there has been a significant increase in the rate of potentially preventable hospitalisations for Aboriginal people, and a significant increase in the difference in rates between Aboriginal and non-Aboriginal people over this time.

Source: Source: Centre for Epidemiology and Evidence, NSW Ministry of Health. Health Statistics NSW: www.healthstats.nsw.gov.au
(Note: After July 2010, numbers and rates were affected by a significant change in coding standards for diabetes, a substantial contributor to potentially preventable hospitalisations).

DISCHARGE AGAINST MEDICAL ADVICE

Patients who have been admitted to hospital who leave against the advice of their treating physician have higher subsequent readmission rates and mortality rates. In 2011–12, the proportion of hospitalisations resulting in discharge against medical advice was 2.4% for Aboriginal people compared with 0.6% for non-Aboriginal people. Aboriginal people were 4.1 times more likely to discharge against medical advice than non-Aboriginal people in 2011–12.

Over the past ten years, the proportion of Aboriginal people discharging against medical advice has decreased, which has reduced the difference in rates between Aboriginal and non-Aboriginal people. Rates of discharge against medical advice for Aboriginal people differ substantially across Local Health Districts.

Source: NSW Admitted Patient Data Collection and ABS population estimates (SAPHaRI). Centre for Epidemiology and Evidence, NSW Ministry of Health.

CORONARY PROCEDURES

Coronary revascularisation procedures, which include angioplasty and coronary artery bypass graft, are interventions for treating coronary heart disease.

In NSW in the period 2006–07 to 2010–11, the rate of coronary revascularisation procedures as a proportion of all hospitalisations for coronary heart disease was 20% for Aboriginal people, and 28% for non-Aboriginal people. Aboriginal people receive procedures at 72% of the rate of non-Aboriginal people. Rates of procedures for Aboriginal people have increased over the last ten years, which has significantly closed the gap in rates between Aboriginal and non-Aboriginal people. The rates of revascularisation procedures for Aboriginal people differ substantially across Local Health Districts.

Source: NSW Admitted Patient Data Collection and ABS population estimates (SAPHaRI). Centre for Epidemiology and Evidence, NSW Ministry of Health.

For More information: Centre for Epidemiology and Evidence, NSW Ministry of Health; Health Statistics New South Wales: www.healthstats.nsw.gov.au

Notes:
(1) In this report, Aboriginal and Torres Strait Islander peoples are referred to as Aboriginal people in recognition that Aboriginal people are the original inhabitants of NSW; (2) Under-reporting of Aboriginal people is a significant issue in administrative datasets, and the completeness of reporting in NSW datasets varies. In this Fact Sheet, records that were not positively reported as Aboriginal or non-Aboriginal were not included. (3) Self-rated health status, smoking rates, and overweight or obesity indicators use self-reported data from the NSW Adult Population Health Survey. Estimates were weighted to adjust for differences in the probability of selection among respondents and were backdated to the estimated residential population using the latest available Australian Bureau of Statistics mid-year population estimates. Estimates were smoothed using least-squares spline transformation, and smoothed estimates are shown in the graph. The average number of Aboriginal adult respondents in the NSW Adult Population Health Survey on which these estimates are based is 214 per year (1.5–2.5% of the sample). (4) Since 2012, the NSW Adult Population Health Survey has included mobile phone numbers using an overlapping dual-frame design, due to a diminishing coverage of the population by landline sampling frames, which has resulted in more Aboriginal people participating in the survey. There was a significant increase in the proportion of adults who were current smokers in 2012 compared to 2011 due to a higher rate of current smokers in mobile-only phone users, even after adjusting for age, sex and region. References: www.health.nsw.gov.au/publications/PublicationsNSW-Aboriginal-Health-Plan-2013-2023.pdf; Australian Bureau of Statistics. 2015.0 Census of Population and Housing: Counts of Aboriginal and Torres Strait Islander Australians, 2011. (5) National Aboriginal and Islander Health Organisations (NAIKO) definition of Aboriginal Health, restated in the National Aboriginal Health Strategy (NAHS) 1989 www.naicho.org.au/about-NAIKO/health-definitions/OATISH (1992). (6) Australian Bureau of Statistics. 2009. Experimental Life Tables for Aboriginal and Torres Strait Islander Australians, 2005–2007. ABS. cat. no. 3302.0.55.003. Available at: www.abs.gov.au/ausstats/abs@.nsf/mf/3302.0.55.003. (7) Glasgow JM, Kaboli PJ. Leaving against medical advice (AMA): risk of 30-day mortality and hospital readmission. Journal of General Internal Medicine 2010. 25(9): 926–929.

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