Australian Government
Australian Institute of Health and Welfare

# Tracking progress against the Implementation Plan goals for the Aboriginal and Torres Strait Islander Health Plan 2013–2023

**Web report** | Last updated: **13 Dec 2021** | Topic: First Nations people

## About

This web report is a data visualisation tool for tracking progress against the 20 Implementation Plan goals for the Aboriginal and Torres Strait Islander Health Plan 2013–2023. It presents data for each of the 20 goals, and assesses progress against the goals at the national level.

**Cat. no:** IHW 201

**Findings from this report:**

- Of the 14 goals for which updates were available, 5 were on track, 6 were not on track and 3 were not assessed
- In 2020, 97% of Indigenous children aged 5 were fully immunised, compared with 95% of other children
- In 2019, 64% of Indigenous mothers had antenatal care in the first trimester and 89% attended 5+ antenatal visits
- The proportion of Indigenous Australians aged 15–17 who had never smoked increased from 61% in 2002 to 85% in 2018–19

# Summary

In October 2015, the Australian Government released the *Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013–2023*. The Implementation Plan outlines the actions to be taken by the Australian Government, the Aboriginal community controlled health sector, and other key stakeholders to give effect to the vision, principles, priorities, and strategies of the *National Aboriginal and Torres Strait Islander Health Plan 2013–2023*.

The Implementation Plan has set goals to be achieved by 2023 for 20 indicators with a focus on prevention and early intervention across the life course. These goals were developed to complement the COAG Closing the Gap targets in the *National Indigenous Reform Agreement 2008-09*.

The release of the 2020–2031 *National Agreement on Closing the Gap* necessitates revisions to the *National Aboriginal and Torres Strait Islander Health Plan 2013–2023,* in order for the Health Plan to be aligned with the objectives and timeframes of the National Agreement. Following the upcoming release of the Health Plan, the *Implementation Plan goals for the Aboriginal and Torres Strait Islander Health Plan 2013–2023* will also be revised.

This release is the final update tracking the *Implementation Plan goals for the Aboriginal and Torres Strait Islander Health Plan 2013–2023*.

This December 2021 update provides new data for 14 of the 20 goals. The remaining 6 have no new data updates, and therefore contain the same data as at December 2020.

Including all the 20 goals, 11 are on track to be met. 6 are not on track to be met and the remaining 3 are not able to be assessed due to the impact of COVID-19 on the National Key Performance Indicators obtained from Indigenous Specific Primary Health care services.

The on track status of all goals is based on an assessment of the most recently available data against the trajectory to the goal, taking into account variability bands.

This update presents data, where available, spanning the COVID-19 pandemic in Australia and considers the potential impacts on the status of the goals. Data relating to Indigenous health checks, childhood immunisation and the cross-domain goals cover the first 6 to 18 months of the pandemic. For more information, see Impacts of COVID-19 on data.

### Domains

- Maternal health and parenting domain (3 goals)
- Childhood health and development domain (5 goals)
- Adolescent and youth health domain (4 goals)
- Healthy adults domain (2 goals)
- Healthy ageing domain (3 goals)
- Cross-domain (3 goals)

Progress against all goals

| ✓ On track | ✗ Not on track | .. Not able to be assessed |
|---|---|---|
| Goal 1: Antenatal care – first trimester<br>Latest update 13 December 2021 | Goal 3: Smoking during pregnancy<br>Latest update 13 December 2021 | Goal 16: HbA1c checks – people with type 2 diabetes<br>Latest update 13 December 2021 |
| Goal 2: Antenatal care – 5+ visits<br>Latest update 13 December 2021 | Goal 4: Indigenous-specific health checks – children aged 0–4<br>Latest update 13 December 2021 | Goal 17: Blood pressure tests – people with type 2 diabetes<br>Latest update 13 December 2021 |
| Goal 5: Fully immunised – children aged 1<br>Latest update 13 December 2021 | Goal 8: Indigenous-specific health checks – children aged 5–14<br>Latest update 13 December 2021 | Goal 18: Renal function tests – people with type 2 diabetes<br>Latest update 13 December 2021 |
| Goal 6: Fully immunised – children aged 2<br>Latest update 13 December 2021 | Goal 13: Indigenous-specific health checks – people aged 15–24<br>Latest update 13 December 2021 | |

| | | |
|---|---|---|
| Goal 7: Fully immunised – children aged 5<br>Latest update 13 December 2021 | Goal 14: Indigenous-specific health checks – people aged 25–54<br>Latest update 13 December 2021 | |
| Goal 9: Current smoking – people aged 15–17<br>Latest update 7 December 2020 | Goal 15: Indigenous-specific health checks – people aged 55 and over<br>Latest update 13 December 2021 | |
| Goal 10: Never smoked – people aged 15–17<br>Latest update 7 December 2020 | | |
| Goal 11: Never smoked – people aged 18–24<br>Latest update 7 December 2020 | | |
| Goal 12: Current smoking – people aged 18 and over<br>Latest update 7 December 2020 | | |
| Goal 19: Immunisation for influenza – people aged 50 and over<br>Latest update 7 December 2020 | | |
| Goal 20: Immunisation for pneumonia – people aged 50 and over<br>Latest update 7 December 2020 | | |

# Maternal health and parenting domain

Goals in the *Maternal health and parenting* domain

| Goal | Goal description | Most recent data period | On track status |
|---|---|---|---|
| Goal 1 | Antenatal care—first trimester | 2019 | ✓ |
| Goal 2 | Antenatal care—5+ visits | 2019 | ✓ |
| Goal 3 | Smoking during pregnancy | 2019 | ✗ |

**Key:**

✓ On track

✗ Not on track

## Information about this domain

### Vision

Aboriginal and Torres Strait Islander mothers and fathers get the best possible support to promote safe pregnancies and a good start to life for their newborns.

### Goals

- Increase the rate of Aboriginal and Torres Strait Islander women attending at least one antenatal visit in the first trimester from 51% to 60% by 2023.
- Increase the rate of Aboriginal and Torres Strait Islander women attending at least five antenatal care visits from 84% to 90% by 2023.
- Decrease the rate of Aboriginal and Torres Strait Islander women who smoke during pregnancy from 47% to 37% by 2023.

# Maternal health and parenting domain

This indicator reports on the age-standardised proportion of Aboriginal and Torres Strait Islander mothers attending at least one antenatal visit in the first trimester of pregnancy. The goal for this indicator is 60% by 2023.

## Why is it important?

Antenatal care is a planned visit between a pregnant woman and a midwife or doctor to assess and improve the wellbeing of the mother and baby throughout pregnancy. Antenatal care in the first trimester (before 14 weeks gestational age) is associated with better maternal health in pregnancy, fewer interventions in late pregnancy and positive child health outcomes (AIHW 2021).

## What data are available?

Data for this indicator were sourced from the National Perinatal Data Collection (NPDC). Perinatal data are collected for each birth in each state and territory, most commonly by midwives. The goal is measured using age-standardised rates, excluding New South Wales due to data availability when the goals were set.

## What do the data show?

Progress towards the goal is on track.

- In 2019, the age-standardised proportion of Indigenous Australian women attending antenatal care in the first trimester was 64%, which exceeds the trajectory point of 56% required to meet the goal.
- The proportion increased over time, from 41% in 2010 to 64% in 2019.
- Rates from 2013 to 2019 were above the trajectory points required to meet the goal and from 2017 were above the goal rate for 2023 of 60%.
- The proportion in 2019 exceeded both the trajectory point of 56% required to meet the goal and the goal rate of 60% for 2023.

Data for New South Wales became available after the goals were set. In 2019, nationally, based on age-standardised rates:

- The proportion of Indigenous mothers who received antenatal care in the first trimester was higher in *Non-remote* areas (68%) compared with *Remote* areas (63%).
- 67% of Indigenous mothers had received antenatal care in the first trimester, compared with 75% of non-Indigenous mothers.
- The proportion of Indigenous women who received antenatal care in the first trimester varied by state/territory, from 74% in New South Wales to 54% in Western Australia.

### Figure 1.1: Age-standardised proportion of Aboriginal and Torres Strait Islander women who attended at least one antenatal visit in the first trimester

This figure shows the baseline data, from 2010 to 2012, the trajectory towards the goal, from 2013 to 2023. New data from 2013 to 2019 for the age-standardised proportion of Indigenous women who received at least 1 antenatal care visit in the first trimester for all states excluding New South Wales are also plotted. New data has been above the required trajectory point each year from 2013 to 2019. In 2019, the new data point (63.7%) was already above the goal for 2023 (60%).

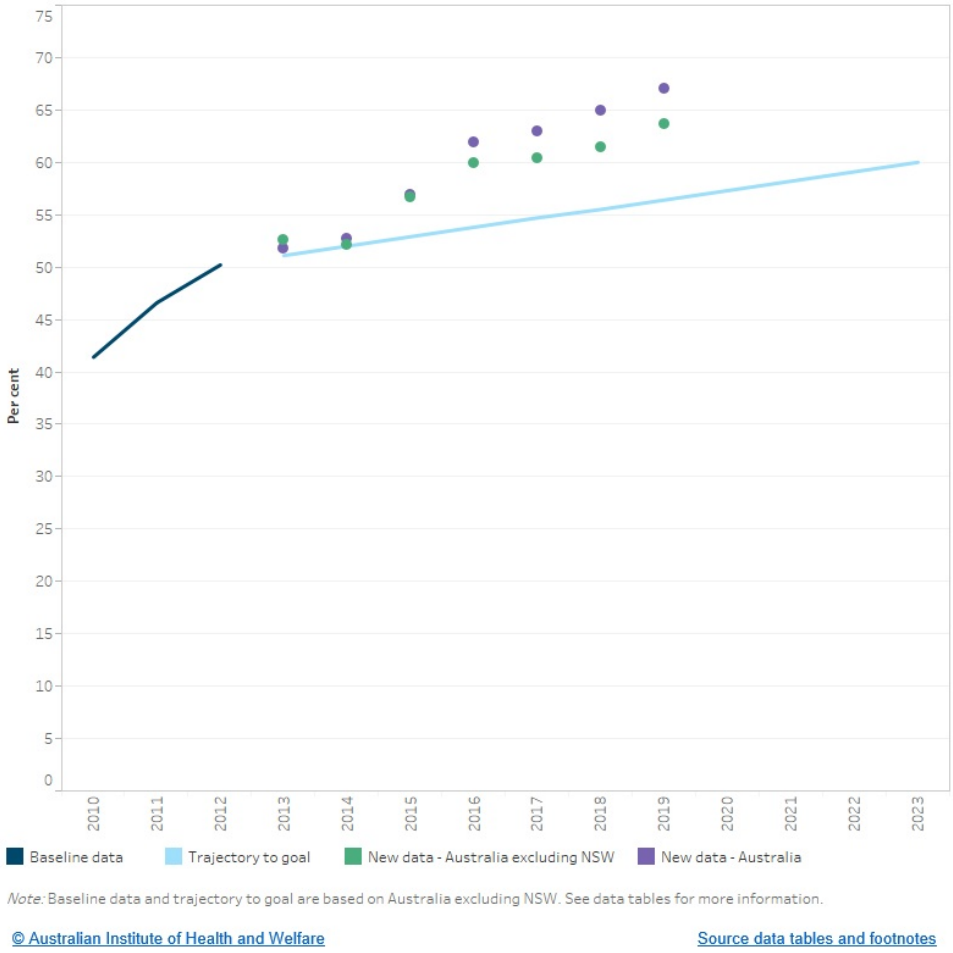
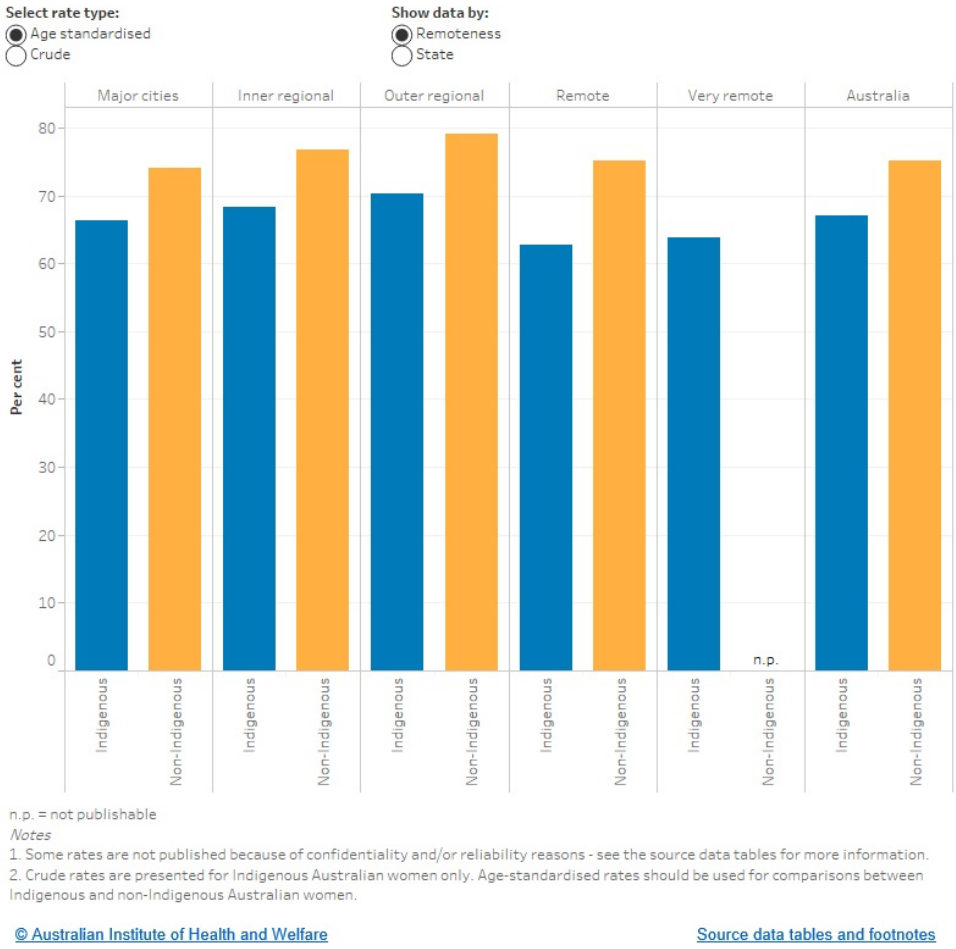



**Figure 1.2: Proportion of women who attended at least one antenatal visit in the first trimester, by Indigenous status, 2019**

This figure shows the age-standardised proportion of women who attended at least one antenatal visit in the first trimester by Indigenous status and remoteness for 2019. Nationally, and in all remoteness categories with available data, a higher proportion of non-Indigenous women attended an antenatal visit in the first trimester compared with Indigenous women.




n.p. = not publishable

*Notes*

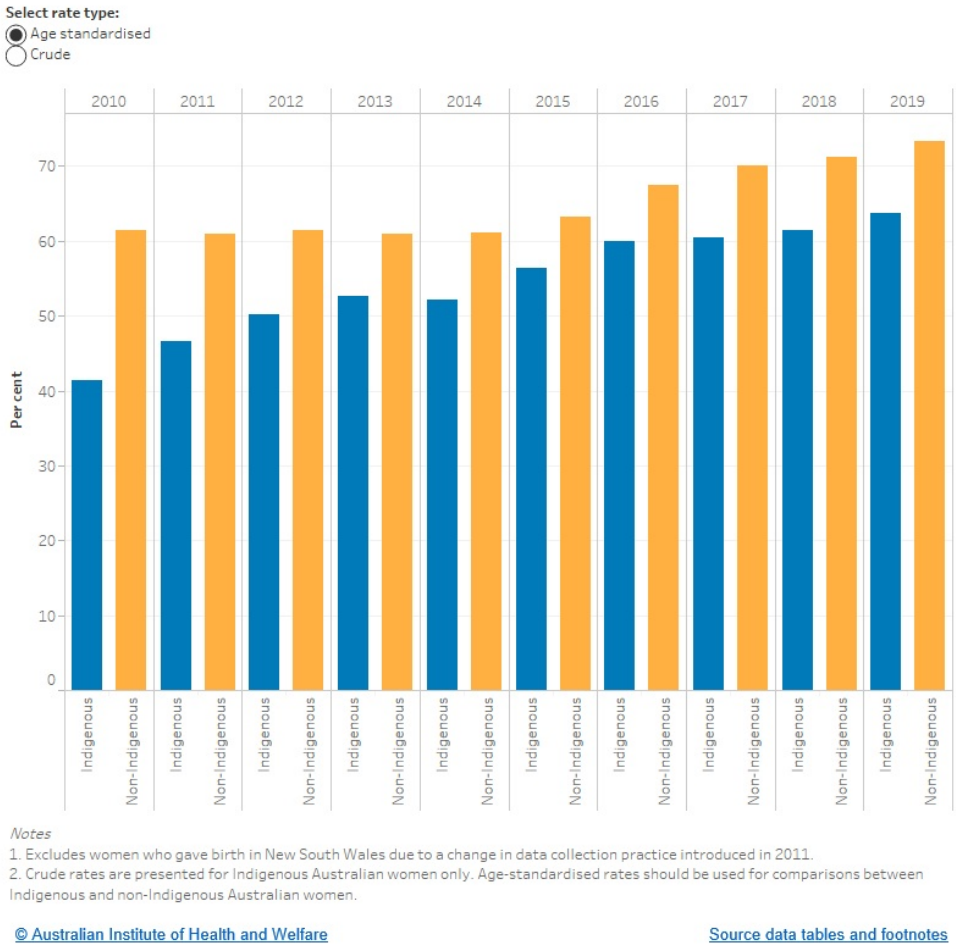
1. Some rates are not published because of confidentiality and/or reliability reasons - see the source data tables for more information.
2. Crude rates are presented for Indigenous Australian women only. Age-standardised rates should be used for comparisons between Indigenous and non-Indigenous Australian women.



Source data tables and footnotes

**Figure 1.3: Proportion of women who attended at least one antenatal visit in the first trimester by Indigenous status, 2010 to 2019**

This figure shows the proportion of Indigenous and non-Indigenous women who attended at least one antenatal visit in the first trimester between 2010 and 2019. It shows that the proportion has increased each year between 2010 and 2019 among both Indigenous and non-Indigenous women, but it is increasing more rapidly among Indigenous women.




*Notes*

1. Excludes women who gave birth in New South Wales due to a change in data collection practice introduced in 2011.
2. Crude rates are presented for Indigenous Australian women only. Age-standardised rates should be used for comparisons between Indigenous and non-Indigenous Australian women.



Source data tables and footnotes

## Reference

AIHW (Australian Institute of Health and Welfare) 2021. Australia's mothers and babies. Cat. no. PER 101. Canberra: AIHW. Viewed 14 September 2021.

# Maternal health and parenting domain

This indicator reports on the age-standardised proportion of Aboriginal and Torres Strait Islander women attending at least 5 antenatal visits during pregnancy. The goal for this indicator is 90% by 2023.

## Why is it important?

Antenatal care is a planned visit between a pregnant woman and a midwife or doctor to assess and improve the wellbeing of the mother and baby throughout pregnancy. Regular antenatal care is associated with positive maternal and child health outcomes (AIHW 2021).

## What data are available?

Data for this indicator were sourced from the National Perinatal Data Collection (NPDC). Perinatal data are collected for each birth in each state and territory, most commonly by midwives. Data from 2007 to 2012 for 3 jurisdictions – namely Queensland, South Australia and the Northern Territory – were used to inform goal setting.

## What do the data show?

Progress toward this goal is on track.

- For the 3 jurisdictions combined based on age-standardised rates in 2019, 89% of Indigenous Australian women attended 5 or more antenatal visits during pregnancy, which was above the trajectory point of 88% required to meet the goal.

Based on age-standardised data for the 3 jurisdictions combined:

- The proportion of Indigenous Australian women attending 5 or more antenatal visits increased over time from 77% in 2007 to 88% in 2016, then remained stable and in 2019 rose slightly to 89%.
- From 2015 to 2019, the rates were above the trajectory points required to meet the goal.

Since the goals were set, data for the remaining states and territories has become available. Data for these states and territories were excluded from the baseline for goal setting for reasons including changes in data collection methods over time, data were not currently collected at the time of goal setting or data were not comparable with the specifications required for the NPDC (for further information on data availability and specifications see the AIHW's METEOR website).

Data for 6 jurisdictions – namely New South Wales, Queensland, South Australia, Tasmania, the Australian Capital Territory and the Northern Territory combined – are available from 2011 to 2019. Data for these 6 jurisdictions combined are on track to meet the Implementation Plan goal, with rates above the required trajectory points.

More recently, data have become available from Western Australia and Victoria, allowing rates to be measured at the national level. In 2019, nationally, based on age-standardised rates:

- 89% of Indigenous mothers who gave birth attended 5 or more antenatal visits, compared with 94% of non-Indigenous mothers.
- The rate of Indigenous women who attended 5 or more antenatal visits varied by state/territory, from 90% in Queensland and New South Wales to 81% in Western Australia.

### Figure 2.1: Age-standardised proportion of Aboriginal and Torres Strait Islander women who attended 5 or more antenatal visits during pregnancy

This figure shows the baseline data from 2007 to 2012, trajectory to the goal from 2013 to 2023. New data from 2013 to 2019 for the age-standardised proportion of Indigenous women who attended 5 or more antenatal visits during pregnancy in Queensland, South Australia and the Northern Territory are also plotted. New data has been at or above the trajectory point required to meet the goal each year between 2013 and 2019.

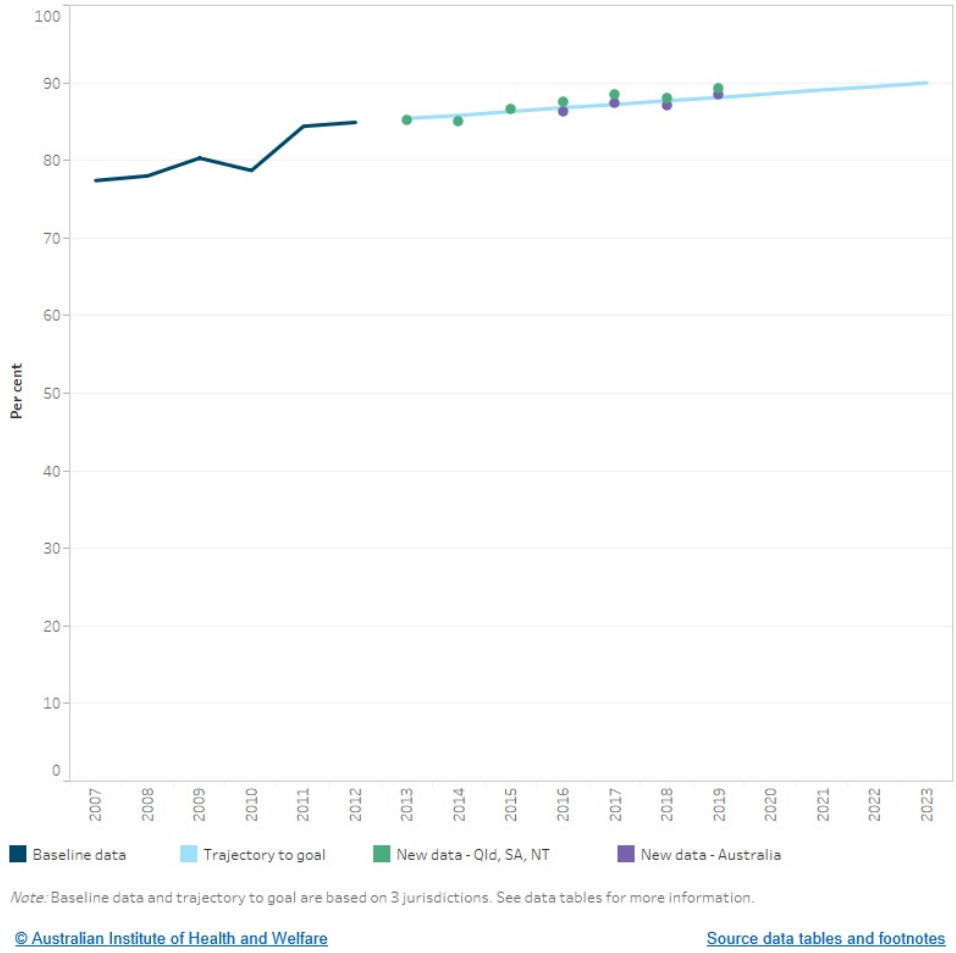


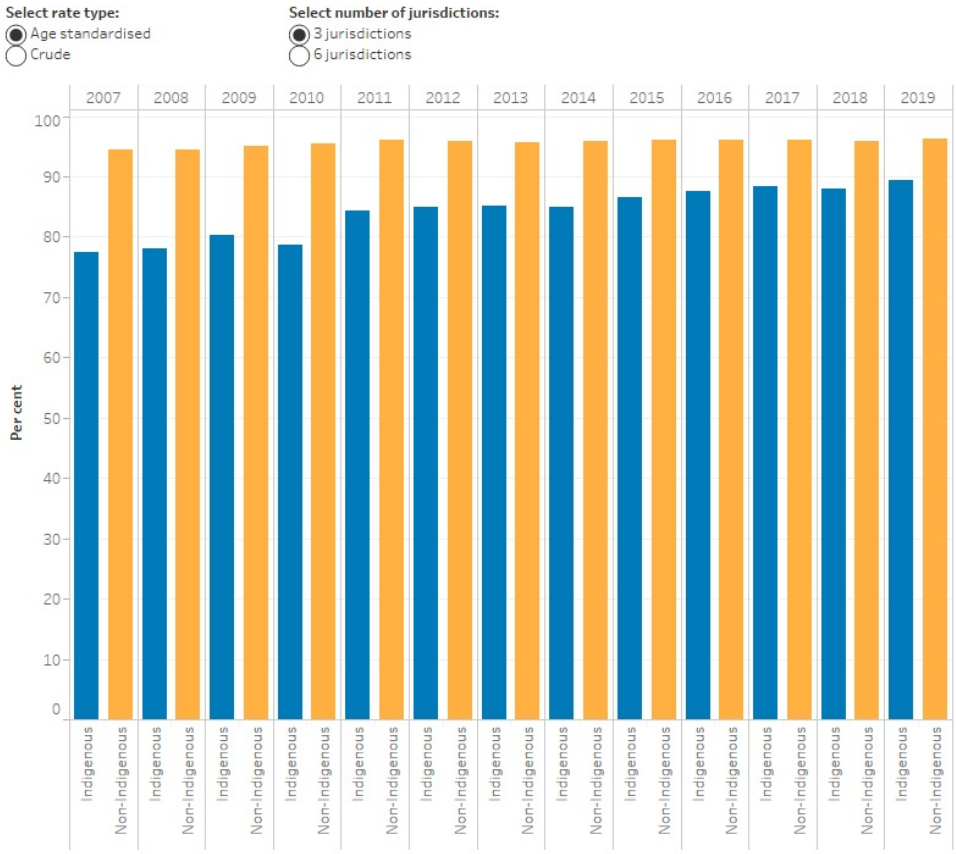

**Figure 2.2: Proportion of women who attended 5 or more antenatal visits during pregnancy, by Indigenous status, 2019**

This figure shows the age-standardised proportion of women who attended 5 or more antenatal visits during pregnancy, by Indigenous status and remoteness. Proportions among non-Indigenous mothers remained similar across remoteness categories, ranging between 94.3% and 95.3%. Indigenous rates were lowest in *Remote* areas (86.0%) and highest in *Very remote* areas (90.2%).

Visualisation not available for printing

**Figure 2.3: Proportion of women who attended 5 or more antenatal visits during pregnancy, by Indigenous status, 2007 to 2019**

The figure shows that the age-standardised proportion of women who attended 5 or more antenatal visits during pregnancy by Indigenous status, over time. Based on 3 jurisdictions, the non-Indigenous rate has remained stable between 2007 and 2018 (between 94.5% and 96.3%). The Indigenous rate has risen from 77.4% in 2007 to 89.3% in 2019.




*Note:* Crude rates are presented for Indigenous Australian women only. Age-standardised rates should be used for comparisons between Indigenous and non-Indigenous Australian women.



Source data tables and footnotes

## Reference

AIHW (Australian Institute of Health and Welfare) 2021. Australia's mothers and babies. Cat. no. PER 101. Canberra: AIHW. Viewed 14 September 2021.

# Maternal health and parenting domain

This indicator reports on the age-standardised proportion of Aboriginal and Torres Strait Islander women who smoked during pregnancy. The goal for this indicator is 37% by 2023.

## Why is it important?

Smoking during pregnancy is the most common preventable risk factor for pregnancy complications and ceasing to smoke during pregnancy can reduce the risk of adverse outcomes for mothers and their babies. Support to stop smoking is widely available through antenatal clinics (AIHW 2021).

## What data are available?

Data for this indicator were sourced from the National Perinatal Data Collection (NPDC). Perinatal data are collected for each birth in each state and territory, most commonly by midwives.

## What do the data show?

Progress towards the goal is not on track.

- The age-standardised rate of Indigenous Australian women smoking during pregnancy in 2019 was 44%, which was above the trajectory point of 41% required to meet the goal.

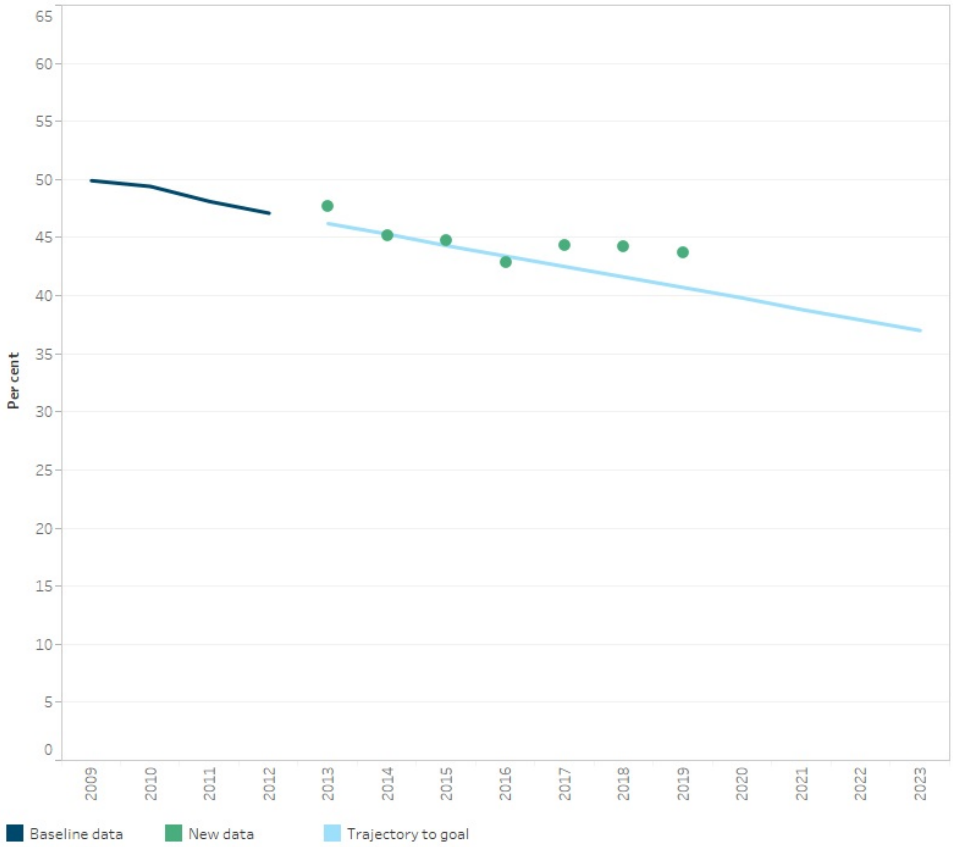
Based on age-standardised rates, the proportion of Indigenous Australian women smoking during pregnancy:

- Decreased from 50% to 43% between 2009 and 2016 and increased slightly to 44% in 2017, 2018 and 2019.
- Between 2013 and 2016, the proportion decreased at a similar rate to the trajectory required to meet the goal by 2023. However, in 2017, 2018 and 2019 the rates began to deviate from the trajectory points and were above the trajectory points required to meet the goal.

Additional disaggregations for this goal are available in Data tables

### Figure 3.1: Age-standardised proportion of Aboriginal and Torres Strait Islander mothers who smoked during pregnancy

This figure shows the baseline data from 2009 to 2012, trajectory to the goal from 2013 to 2023. New data from 2013 to 2019 for the age-standardised proportion of Indigenous women who smoked during pregnancy are also plotted. New data show that in 2019, 43.7% of Indigenous women smoked during pregnancy. While the new data have decreased between 2013 and 2019, the latest data is not on track to meet the goal.




*Note:* Variability bands were calculated around the goal trajectories. In 2019, there was a variability of ± 1.0, meaning that the new data for 2019 are not on track.



Source data tables and footnotes

## Reference

AIHW (Australian Institute of Health and Welfare) 2021. Australia's mothers and babies. Cat. no. PER 101. Canberra: AIHW. Viewed 14 September 2021.

# Childhood health and development domain

Goals in the *Childhood health and development* domain

| Goal | Goal description | Most recent data period | On track status |
|---|---|---|---|
| Goal 4 | Indigenous-specific health checks – children aged 0–4 | 2020–21 | ✗ |
| Goal 5 | Fully immunised – children aged 1 | As at 31 December 2020 | ✓ |
| Goal 6 | Fully immunised – children aged 2 | As at 31 December 2020 | ✓ |
| Goal 7 | Fully immunised – children aged 5 | As at 31 December 2020 | ✓ |
| Goal 8 | Indigenous-specific health checks – children aged 5–14 | 2020–21 | ✗ |

**Key:**

✓ On track

✗ Not on track

## Information about this domain

### Vision

Aboriginal and Torres Strait Islander children are in good health and meet key developmental milestones, laying the foundation for strong and long healthy lives

### Goals

- Increase the rate of Aboriginal and Torres Strait Islander children aged 0–4 years who have at least one Indigenous-specific health check in a year to 69% by 2023.
- Increase the rate of Aboriginal and Torres Strait Islander children at age 1 who are fully immunised to 88% by 2023.
- Increase the rate of Aboriginal and Torres Strait Islander children at age 2 who are fully immunised to 96% by 2023.
- Increase the rate of Aboriginal and Torres Strait Islander children at age 5 who are fully immunised to 96% by 2023.
- Increase the rate of Aboriginal and Torres Strait Islander children aged 5–14 years who have at least one Indigenous-specific health check in a year to 46% by 2023.

# Childhood health and development domain

This indicator reports on the rate of Indigenous-specific Medicare Benefits Schedule (MBS) health checks among Aboriginal and Torres Strait Islander children aged 0–4. The goal for this indicator is 69% by 2023.

## Why is it important?

All Aboriginal and Torres Strait Islander people are eligible for an annual Indigenous-specific health check, subsidised through Medicare. These checks can be received for free at Aboriginal Medical Services and bulk billing clinics. The Indigenous-specific health checks were introduced in recognition that Indigenous Australians, as a group, experience some particular health risks. The aim of the Indigenous-specific health checks is to encourage early detection and treatment of common conditions that cause ill health and early death—for example, diabetes and heart disease (AIHW 2021a).

## What data are available?

The following Indigenous-specific health checks are listed on the MBS:

- MBS item 715: available from 1 May 2010, provided by general practitioners (GPs)
- MBS item 228: available from 1 July 2018, provided by non-vocationally recognised medical practitioners.

In response to the COVID-19 pandemic, temporary telehealth items for Indigenous-specific health checks have been made available from March 2020:

- Health checks provided via videoconference: MBS item 92004 (provided by GPs) and MBS item 92011 (provided by non-vocationally recognised medical practitioners)
- Health checks provided via teleconference (when videoconferencing is not available): MBS item 92016 (provided by general practitioners) and MBS item 92023 (provided by non-vocationally recognised medical practitioners).

While many of the required components of an Indigenous-specific health check can be completed as a remote service via telehealth, some components can only be delivered through face-to-face consultation with the patient. This could include any necessary physical examinations such as a blood pressure check. For an Indigenous-specific health check undertaken by telehealth to be processed via Medicare, all components of the health check, including both remotely delivered and face-to-face, must be completed (Health 2020).

Administrative data are available on the number of health checks for which a claim has been processed by Services Australia.

## What do the data show?

Progress towards the goal is not on track.

- The rate in 2020–21 was 26%, which was below the trajectory point of 59% to meet the goal.
- The rate of Indigenous-specific health checks among Aboriginal and Torres Strait Islander children increased over time from 26% in 2014–15 to 30% in 2017–18. However, the rate stabilised at around 29–30% from 2016–17 to 2018–19.
- The rate then fell from 29% in 2018–19 to 27% in 2019–20 and 26% in 2020–21. This decrease is likely to reflect changes in behaviour due to measures introduced to reduce the spread of COVID-19.
- However, as the rates for the 5 time periods before the COVID-19 pandemic (2014–15 to 2018–19) were all below the trajectory points required, the status of the goal has not been changed by this decrease. For more information see Impacts of the COVID-19 on data.

In 2020–21, 25,666 health checks were provided for Indigenous children aged 0–4, corresponding to a rate of 26%. The rate of health checks among Indigenous children aged 0–4 varied by jurisdiction—ranging from 10% in Tasmania to 39% in the Northern Territory in 2020–21.

### Health checks delivered by Aboriginal Community Controlled Health Organisations

Indigenous Australians may access Indigenous-specific health checks at mainstream or Indigenous-specific primary health care services. These health checks are available through community clinics, Aboriginal Community Controlled Health Organisations (ACCHOs) and other health care facilities.

The Indigenous primary health care national Key Performance Indicators (nKPIs) data collection provides information on primary health care organisations that receive funding from the Department of Health to provide primary health care services mainly to Aboriginal and Torres Strait Islander people.

Data from the national Key Performance Indicator (nKPI) data collection can be used, together with MBS data, to estimate the proportion of health checks delivered by ACCHOs.

2020, among Indigenous Australians aged 0–4:

- an estimated 46% of Indigenous health checks were delivered by ACCHOs

- the proportion of health checks that were delivered by ACCHOs was highest in the Northern Territory (62%) and lowest in New South Wales/the Australian Capital Territory (38%).

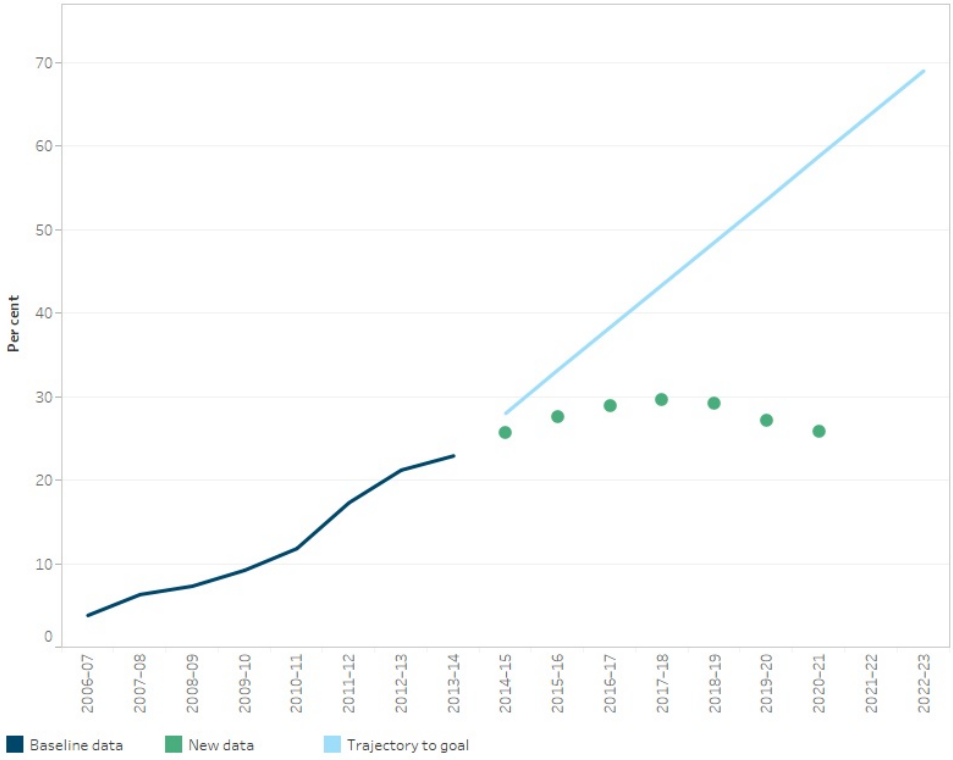
It is important to note that these proportions underestimate the true proportion as the nKPI data collection only captures regular clients who received a health check at ACCHOs. Additionally, not all health checks performed at ACCHOs are claimed through the MBS and have therefore not been captured in these estimates. Services provided by ACCHOs who did not provide information to the nKPI data collection were also not included.

The estimated proportion of health checks provided by ACCHOs is high when compared with workforce size. In 2019–20, there were around 540 full-time equivalent (FTE) GPs employed in ACCHOs (AIHW 2021b). This represented roughly 1.8% of the total FTE GP workforce (based on about 29,700 total GP FTEs, using data from the National Health Workforce Dataset for 2019) (Health 2021).

*Sources:* AIHW analysis of Indigenous primary health care nKPI data and Medicare Benefits Schedule data.

### Figure 4.1: Rate of Indigenous-specific MBS health checks for Aboriginal and Torres Strait Islander children aged 0–4

This figure shows the baseline data from 2006–07 to 2013–14, trajectory to the goal from 2014–15 to 2022–23. New data from 2014–15 to 2020–21 for the proportion of Indigenous Australians aged 0–4 who attended a MBS health check are also plotted. The rate was trending upwards up until 2017–18. The rate fell from 29.1% in 2018–19 to 25.8% 2020–21, which is likely to reflect changes in service use due to COVID-19.



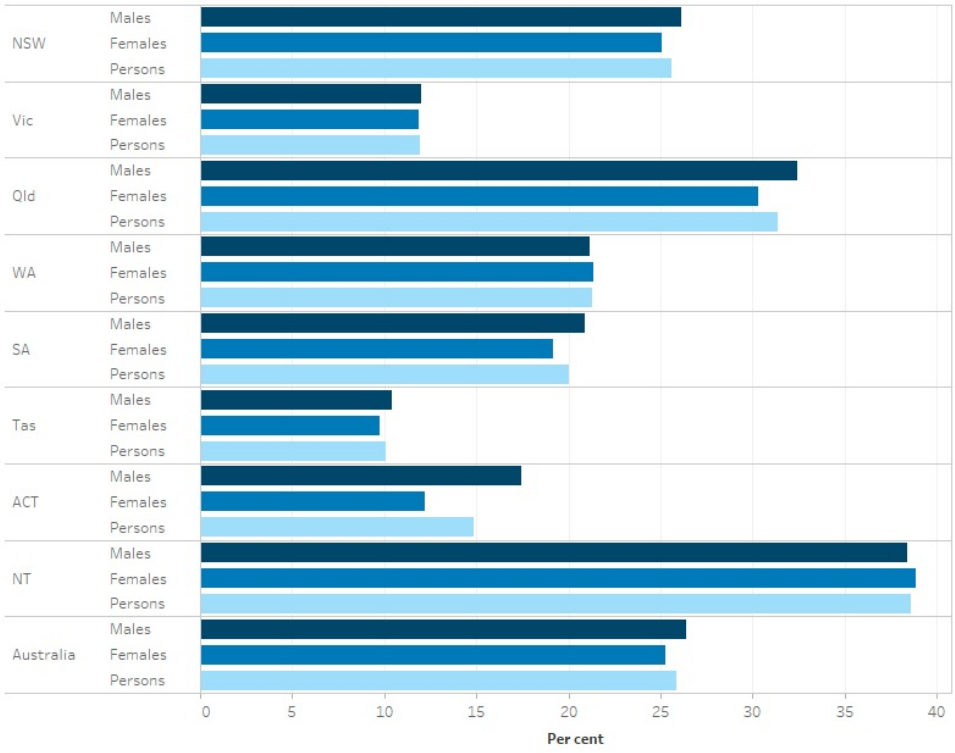

*Notes*
1. Includes MBS items 715, 228, 92004, 92011, 92016 and 92023. MBS item 228 was added in 2018–19. From March 2020, equivalent telehealth items (92004, 92011, 92016 and 92023) for Indigenous-specific health checks were made available in response to the COVID-19 pandemic. See data tables for more information.
2. 2019–20 includes the first 6 months of the COVID-19 pandemic in Australia, and the entire period 2020–21 was affected by the COVID-19 pandemic in Australia. This is likely to have impacted the rate of MBS health checks delivered in these time periods.
3. Rates were calculated using 2011 Census-based population estimates/projections and may not match those published elsewhere.



Source data tables and footnotes

### Figure 4.2: Rate of Indigenous-specific MBS health checks for Aboriginal and Torres Strait Islander children aged 0–4, by state and territory and sex, 2020–21

The figure shows the rate of MBS health checks among Indigenous Australians aged 0–4, by jurisdiction and sex. The highest rates are in the Northern Territory (38.4% of males, 38.8% of females). The largest difference across sexes is in the Australian Capital Territory (17.5% of males and 12.2% of females).




*Notes*

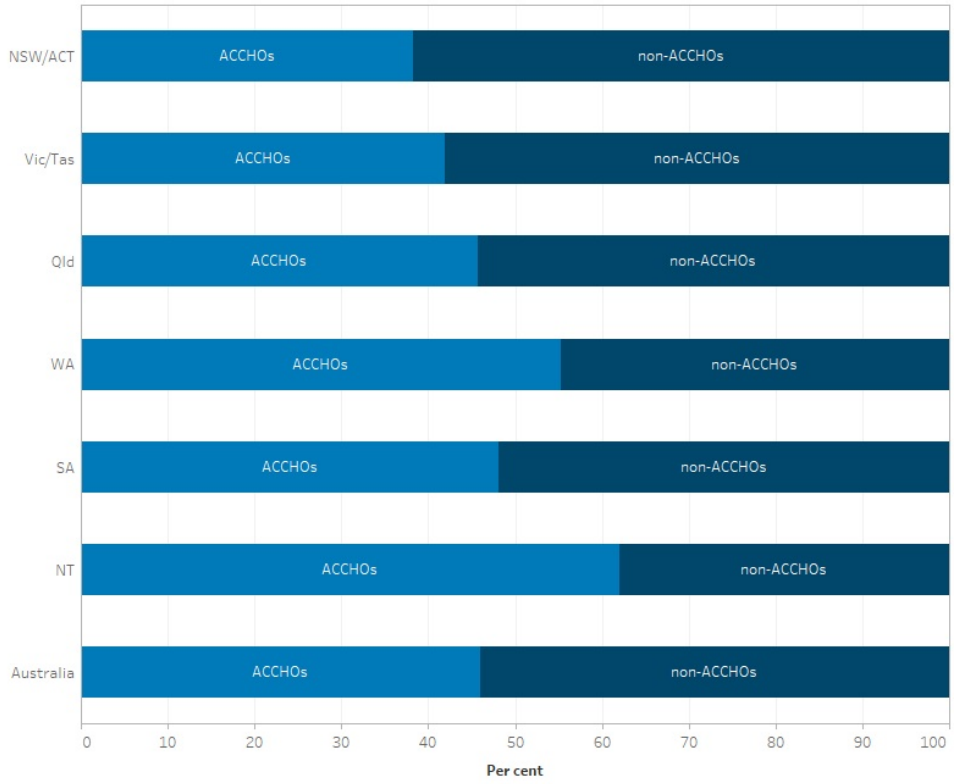
1. Includes MBS items 715, 228, 92004, 92011, 92016 and 92023. MBS item 228 was added in 2018–19. From March 2020, equivalent telehealth items (92004, 92011, 92016 and 92023) for Indigenous-specific health checks were made available in response to the COVID-19 pandemic. See data tables for more information.
2. The period 2020–21 was affected by the COVID-19 pandemic in Australia, which is likely to have impacted the rate of MBS health checks delivered in this year.
3. Rates were calculated using 2011 Census-based population estimates/projections and may not match those published elsewhere.



Source data tables and footnotes

**Figure 4.3: Proportion of Indigenous-specific MBS health checks for Aboriginal and Torres Strait Islander children aged 0–4, by type of service provider and state/territory, 2020**

The figure shows the proportion of Indigenous-specific health checks that took place, by type of service provider. The Northern Territory had the highest rate of services provided by Aboriginal Community Controlled Health Organisations (62.0%). New South Wales/the Australian Capital Territory had the lowest rate of services provided by Aboriginal Community Controlled Health Organisations (38.3%).




ACCHOs = Aboriginal Community Controlled Health Organisations

*Notes*

1. Includes MBS Items 715, 228, 92004, 92011, 92016 and 92023.
2. See above box *Health checks delivered by Aboriginal Community Controlled Health Organisations* for further information.
3. Data are not comparable to previously published due to refinement in assumptions for MBS denominators.



Source data tables and footnotes

## References

AIHW (Australian Institute of Health and Welfare) 2021a. Indigenous health checks and follow-ups. Cat. no. IHW 209. Canberra: AIHW. Viewed 31 August 2021.

AIHW 2021b. Aboriginal and Torres Strait Islander-specific primary health care: results from the OSR and nKPI collections. Cat. no. IHW 227. Canberra: AIHW. Viewed 31 August 2021.

Health (Department of Health) 2020. Coronavirus (COVID-19) - Telehealth items guide. Canberra: DoH. Viewed 15 October 2020.

Health 2021. Health Workforce Data. Viewed 14 July 2021.

# Childhood health and development domain

This indicator reports on the proportion of Aboriginal and Torres Strait Islander children aged 1 who are fully immunised. The goal for this indicator is 88% by 2023.

## Why is it important?

Immunisation is important in protecting children from harmful infectious diseases. The National Immunisation Program Schedule sets out which vaccines should be provided at which ages, including for children aged 1.

## What data are available?

Data for this indicator were sourced from the Australian Immunisation Register. The reported data for this indicator are for children aged 12 to <15 months as at 30 September. December quarter data from 5 jurisdictions – New South Wales, Victoria, Western Australia, South Australia and the Northern Territory – were used to inform goal setting due to data availability when the goals were set. Annualised national data were available from 2003 and are also presented.

## What do the data show?

Progress towards the goal is on track.

- In the 5 jurisdictions, the proportion of Indigenous Australian children aged 1 who were fully immunised at 31 December 2020 was 94%, which was above the trajectory point of 87% to meet the goal.

In the combined 5 jurisdictions, as at 31 December in each year:

- The proportion of Indigenous Australian children aged 1 who were fully immunised increased over time from 82% in 2001 to 94% in 2020.
- The coverage rates in each of the 6 years from 2014 to 2020 were above the trajectory points required to meet the goal.
- Furthermore, the rates from 2015 to 2020 (90%–94%) were above the goal for 2023 (88%). Thus, if this level of coverage is maintained, the goal will be met.

National data are available from 2003. Nationally, in 2020, based on annualised data (to match immunisation data published elsewhere):

- 94% of Indigenous children aged 1 were fully immunised, compared with 95% of other Australian children.
- Coverage rates for Indigenous children ranged from 90% in Western Australia to 97% in Tasmania.

### Figure 5.1: Proportion of Aboriginal and Torres Strait Islander children aged 1 who are fully immunised

This figure shows the baseline data, from 2001 to 2013, the trajectory towards the goal, from 2014 to 2023. New data from 2014 to 2020 for the proportion of Indigenous children aged 1 who were fully immunised, based on 5 jurisdictions. New data has consistently exceeded the trajectory to the goal. Most recent data from 2020 show that 94.3% of Indigenous children aged 1 were fully immunised, above the 2023 target of 88.0%.

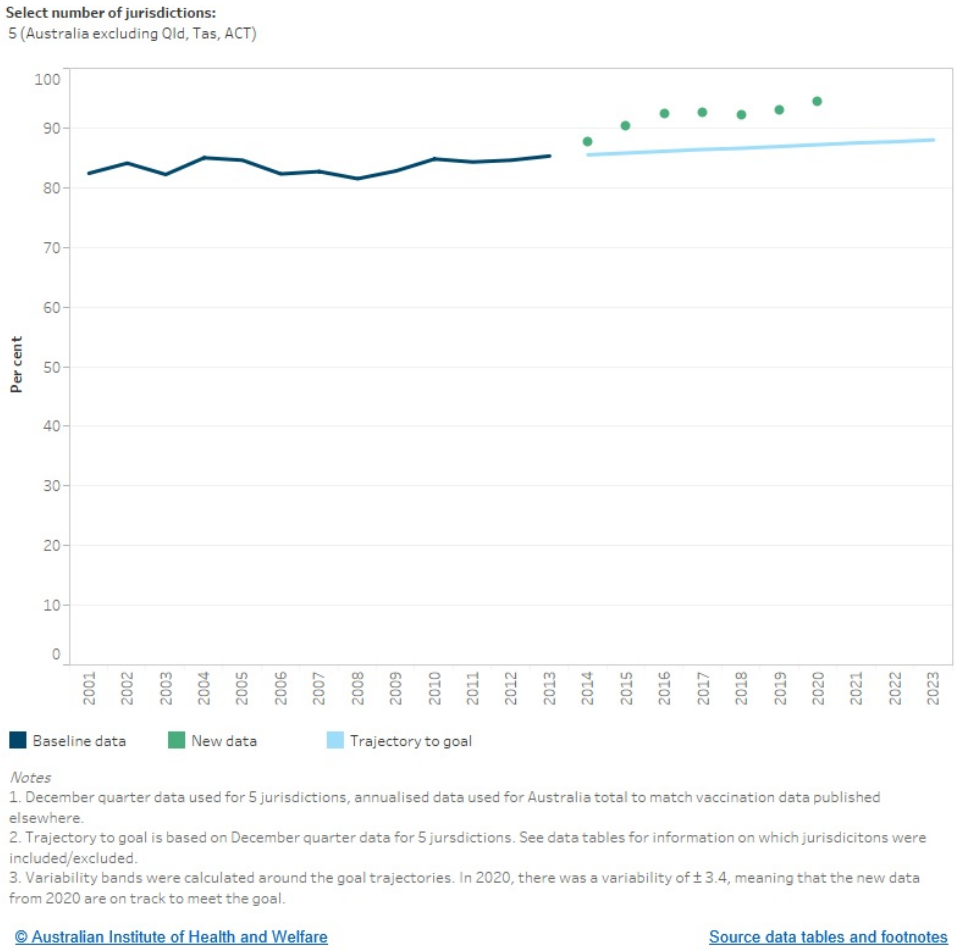



**Figure 5.2: Proportion of children aged 1 who are immunised, by state/territory, vaccine type and Indigenous status, 2020 (annualised)**

This figure shows that across Australia, the proportion of children aged 1 who are immunised was similar across Indigenous and other children. Immunisation was highest for pneumococcal (97.2% of Indigenous children aged 1 and 96.6% of other children aged 1), and lowest for HIB (94.0% of Indigenous children aged 1 and 95.4% of other children aged 1).

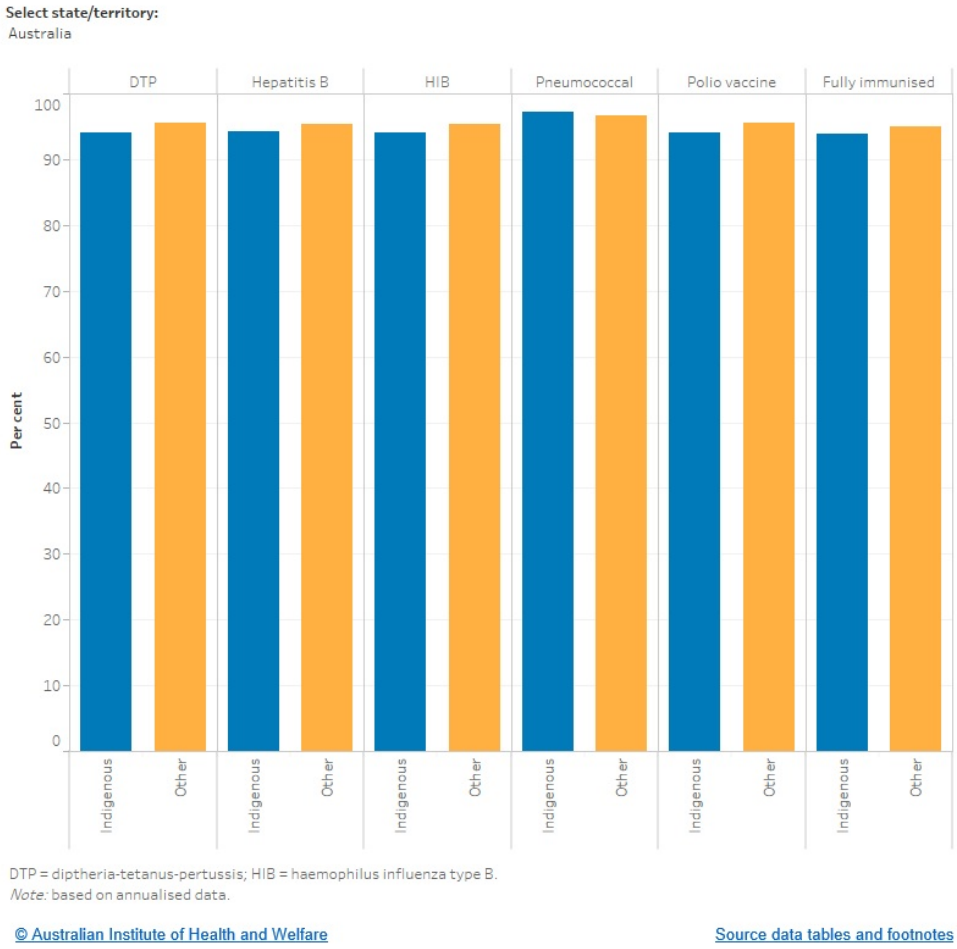
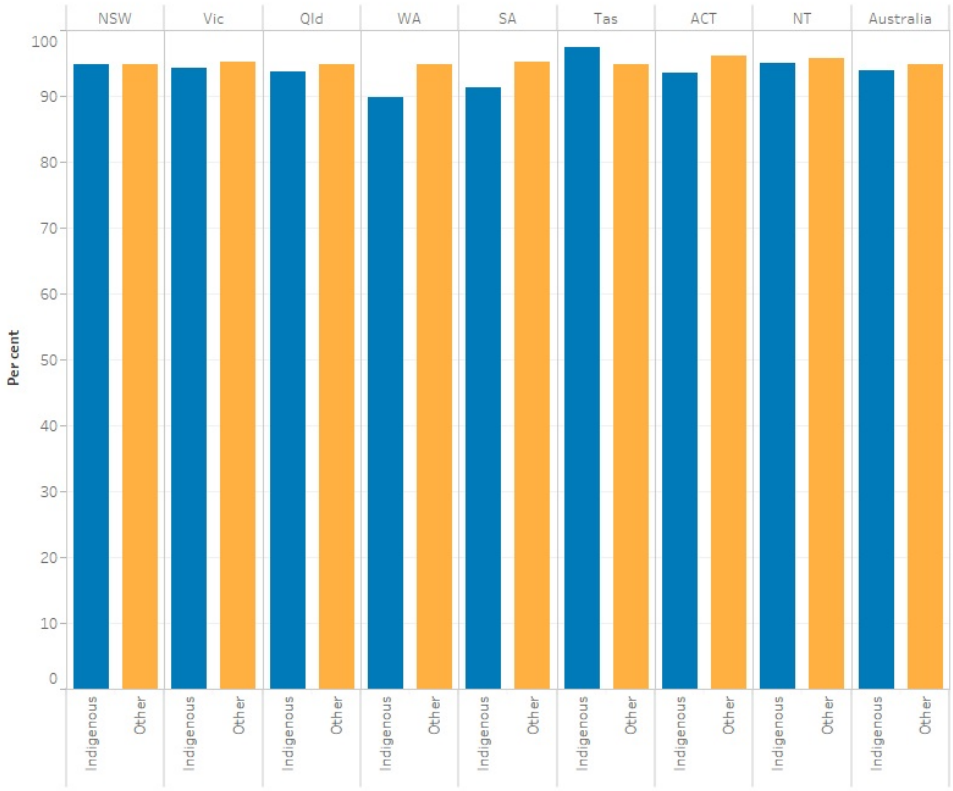



**Figure 5.3: Proportion of children aged 1 who are immunised, by vaccine type, state/territory and Indigenous status, 2020 (annualised)**

This figure shows that across the jurisdictions of Australia, the proportion of children aged 1 who were fully immunised for Indigenous children was highest in Tasmania (97.4%) and in the Australian Capital Territory for other children (96.2%). The lowest was in Western Australia (89.8% of Indigenous children aged 1 and 94.8% of other children aged 1).

**Select vaccine type:**
Fully immunised




DTP = diptheria-tetanus-pertussis; HIB = haemophilus influenza type B.
*Note:* based on annualised data.



Source data tables and footnotes

# Childhood health and development domain

This indicator reports on the proportion of Aboriginal and Torres Strait Islander children aged 2 who are fully immunised. The goal for this indicator is 96% by 2023.

## Why is it important?

Immunisation is important in protecting children from harmful infectious diseases. The National Immunisation Program Schedule sets out which vaccines should be provided at which ages, including for children aged 2.

## What data are available?

Data for this indicator were sourced from the Australian Immunisation Register. The reported data for this indicator are for children aged 24 to <27 months as at 30 September. December quarter data from 5 jurisdictions – New South Wales, Victoria, Western Australia, South Australia and the Northern Territory – were used to inform goal setting due to data availability when the goals were set. Annualised national data were available from 2003 and are also presented.

## What do the data show?

Progress towards the goal is on track.

- In the 5 jurisdictions, the proportion of Indigenous Australian children aged 2 who were fully immunised at 31 December 2020 was 92%, slightly below the trajectory point of 94% to meet the goal. However, taking into account error associated with the data, the goal can be considered on track.

In the combined 5 jurisdictions, as at 31 December in each year:

- From 2001 to 2013, the coverage rates for Indigenous Australian children aged 2 who were fully immunised fluctuated between 83–92%.
- The rate decreased from 91% in 2013 to 84% in 2014 – this can be attributed to the introduction of additional vaccines in the definition of fully immunised for children aged 2 in December 2014.
- The criteria to be assessed as fully immunised was again amended in 2017 to include additional vaccines for children aged 2, causing another drop in coverage rates in that year. It is expected that the drop in coverage due to the additional vaccines will resolve over time as the changes become more routine, and rates have been increasing steadily since 2018.
- The coverage rates in the 6 years from 2014 to 2019 were below the trajectory required to meet the goal. The gap between the rates and trajectory points has fluctuated over time and narrowed from 7.6 percentage points in 2014 to 4.5 percentage points in 2019. However, as of 2020 the data is within the variability bands to meet the goal.

National data are available from 2003. Nationally, in 2020, based on annualised data (to match immunisation data published elsewhere):

- 91% of Indigenous children aged 2 were fully immunised, compared with 93% of other Australian children.
- Vaccine coverage among Indigenous children aged 2 varied by type of vaccine – coverage rates for measles, mumps and rubella (MMR) (94%), varicella (94%) and for DTP (93%) were slightly lower than for the other types of vaccines (95% to 98%).
- The proportion of Indigenous children aged 2 who were fully immunised was highest in the Australian Capital Territory and Victoria (both 94%) and lowest in Western Australia (86%).

### Figure 6.1: Proportion of Aboriginal and Torres Strait Islander children aged 2 who are fully immunised

This figure shows the baseline data, from 2001 to 2013, the trajectory towards the goal, from 2014 to 2023. New data from 2014 to 2020 for the proportion of Indigenous children aged 2 who were fully immunised, based on 5 jurisdictions. Most recent data from 2020 show that 91.5% of Indigenous children aged 2 were fully immunised.

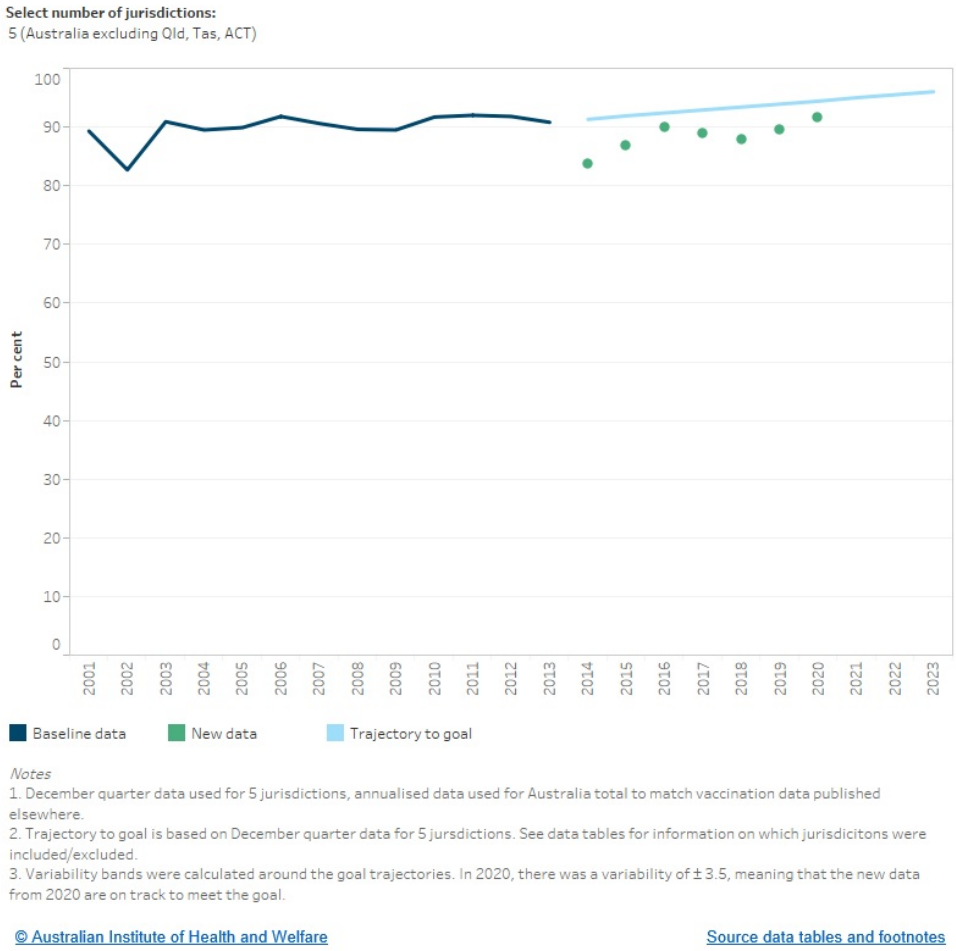



**Figure 6.2: Proportion of children aged 2 who are immunised, by state/territory, vaccine type and Indigenous status, 2020 (annualised)**

This figure shows that across Australia, the proportion of children aged 2 who are immunised was similar across Indigenous and other children. Immunisation was highest for Hepatitis B (97.5% of Indigenous children aged 2 and 96.5% of other children aged 2), and lowest for DTP (92.6% of Indigenous children aged 2 and 93.9% of other children aged 2).

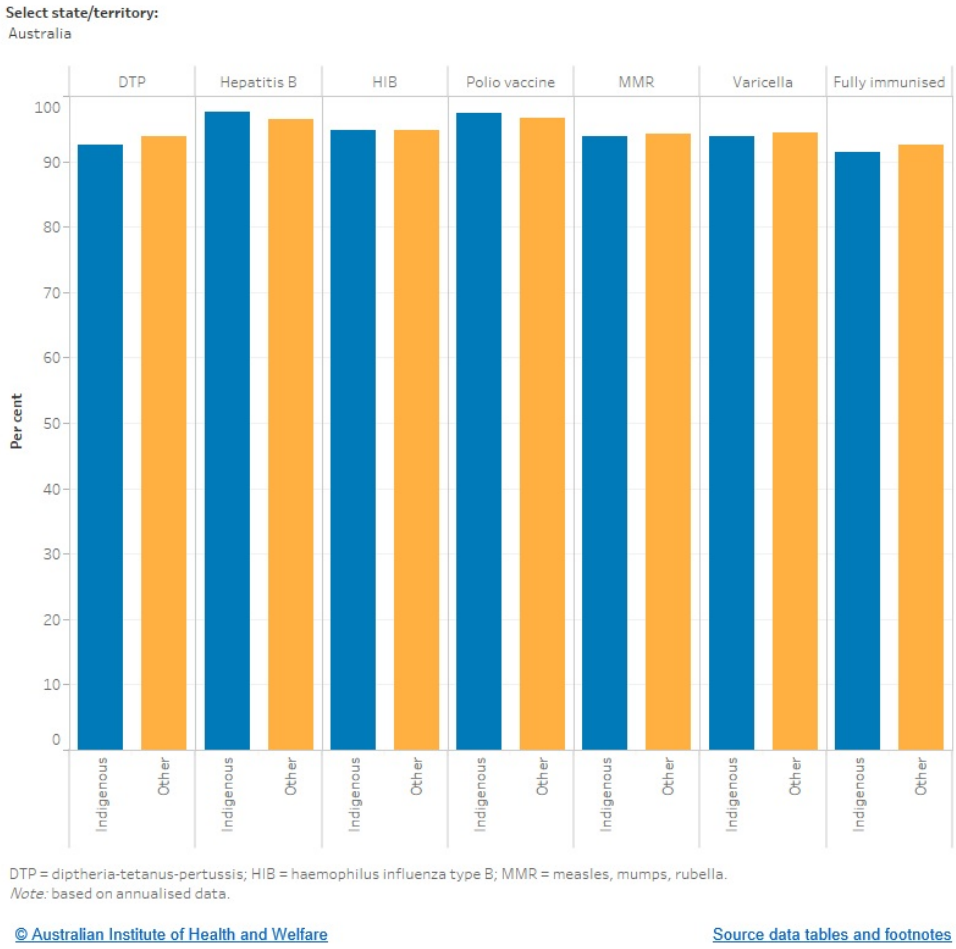
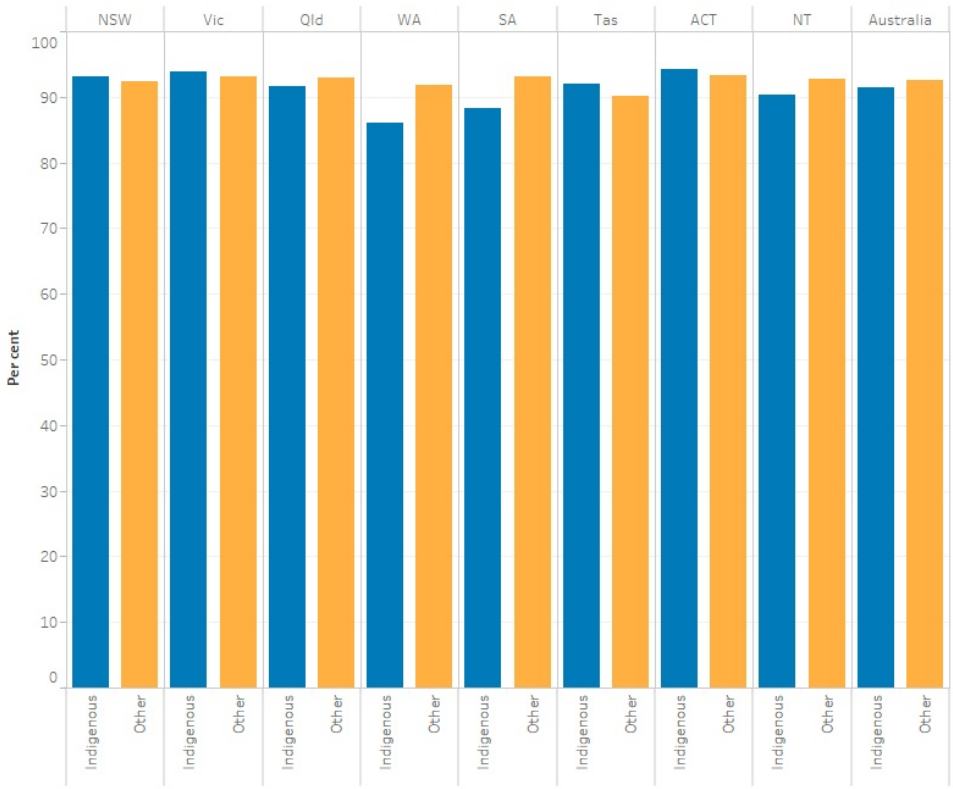



**Figure 6.3: Proportion of children aged 2 who are immunised, by vaccine type, state/territory and Indigenous status, 2020 (annualised)**

This figure shows that across the jurisdictions of Australia, the proportion of children aged 2 who were fully immunised was in the Australian Capital Territory (94.2% of Indigenous children and 93.3% of other children). The lowest was in Western Australia (86.0% of Indigenous children aged 2 and 91.9% of other children aged 2).

**Select vaccine type:**
Fully immunised




DTP = diptheria-tetanus-pertussis; HIB = haemophilus influenza type B; MMR = measles, mumps, rubella.
*Note:* based on annualised data.



Source data tables and footnotes

# Childhood health and development domain

This indicator reports on the proportion of Aboriginal and Torres Strait Islander children aged 5 who are fully immunised. The goal for this indicator is 96% by 2023.

## Why is it important?

Immunisation is important in protecting children from harmful infectious diseases. The National Immunisation Program Schedule sets out which vaccines should be provided at which ages, including for children aged 5.

## What data are available?

Data for this indicator were sourced from the Australian Immunisation Register. The reported data for this indicator are for children aged 60 to <63 months as at 30 September. December quarter data from 5 jurisdictions – New South Wales, Victoria, Western Australia, South Australia and the Northern Territory – were used to inform goal setting due to data availability when the goals were set. Annualised national data were available from 2008 and are also presented. Data for this indicator were sourced from the Australian Immunisation Register. The reported data for this indicator are for children aged 60 to <63 months as at 30 September. Data from 5 jurisdictions – New South Wales, Victoria, Western Australia, South Australia and the Northern Territory – were used to inform goal setting due to data availability when the goals were set. National data were available from 2008 and are also presented.

## What do the data show?

Progress towards the goal is on track.

- In the 5 jurisdictions combined, the rate of children aged 5 who were fully immunised at 31 December 2020 was 97%, which was above the trajectory point of 95% to meet the goal.

In the combined 5 jurisdictions, as at 31 December in each year:

- The coverage rates for Indigenous Australian children aged 5 increased over time from 76% in 2008 to 97% in 2020.
- The coverage rates in each of the 7 years from 2014 to 2020 were above the trajectory required to meet the goal of 96% by 2023.
- Additionally, the rates from 2017 to 2020 were above the goal of 96% for 2023. Thus, if this level of coverage is maintained, the goal will be met.

National data are available from 2008. Nationally, in 2020, based on annualised data (to match immunisation data published elsewhere):

- 97% of Indigenous children aged 5 were fully immunised, compared with 95% of other children.
- Vaccine coverage rates among Indigenous children aged 5 ranged from 100% in the Australian Capital Territory to 96% in Western Australia.

### Figure 7.1: Proportion of Aboriginal and Torres Strait Islander children aged 5 who are fully immunised

This figure shows the baseline data, from 2008 to 2013, the trajectory towards the goal, from 2014 to 2023. New data from 2014 to 2020 for the proportion of Indigenous children aged 5 who were fully immunised, based on 5 jurisdictions. New data has consistently exceeded the trajectory to the goal. Most recent data from 2020 show that 97.3% of Indigenous children aged 5 were fully immunised, above the 2023 target of 96.0%.

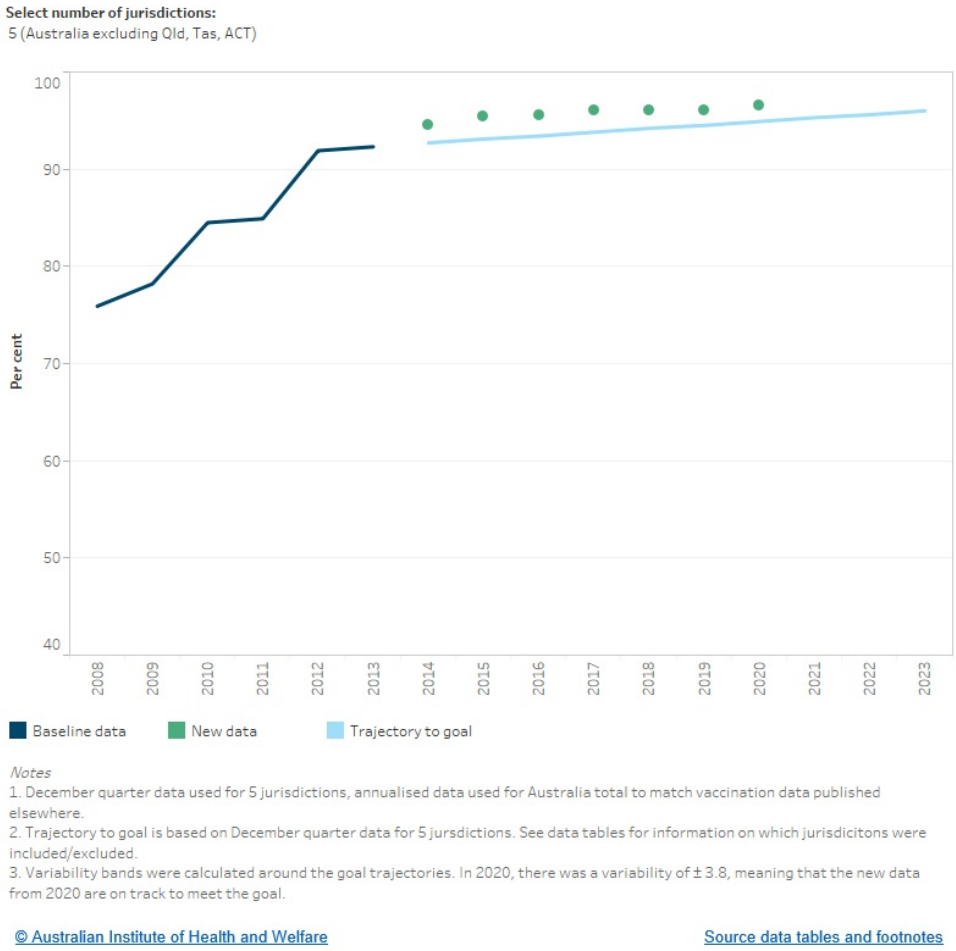



**Figure 7.2: Proportion of children aged 5 who are immunised, by state/territory, vaccine type and Indigenous status, 2020 (annualised)**

This figure shows that across Australia, the proportion of children aged 5 who are immunised was similar across Indigenous and other children. 97.8% of Indigenous children aged 5 were vaccinated for DTP, and 97.3% for Polio. This is above the rates for other children aged 5, 95.6% of whom were vaccinated for DTP and 95.1% for Polio.

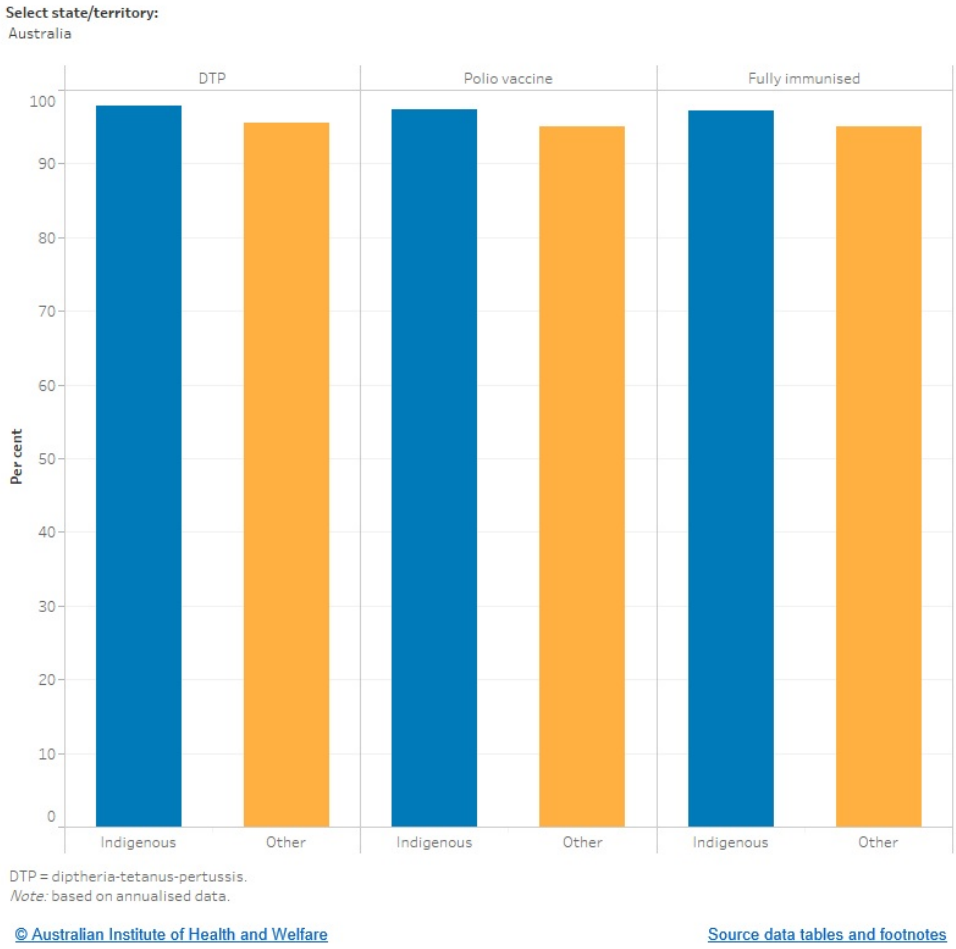
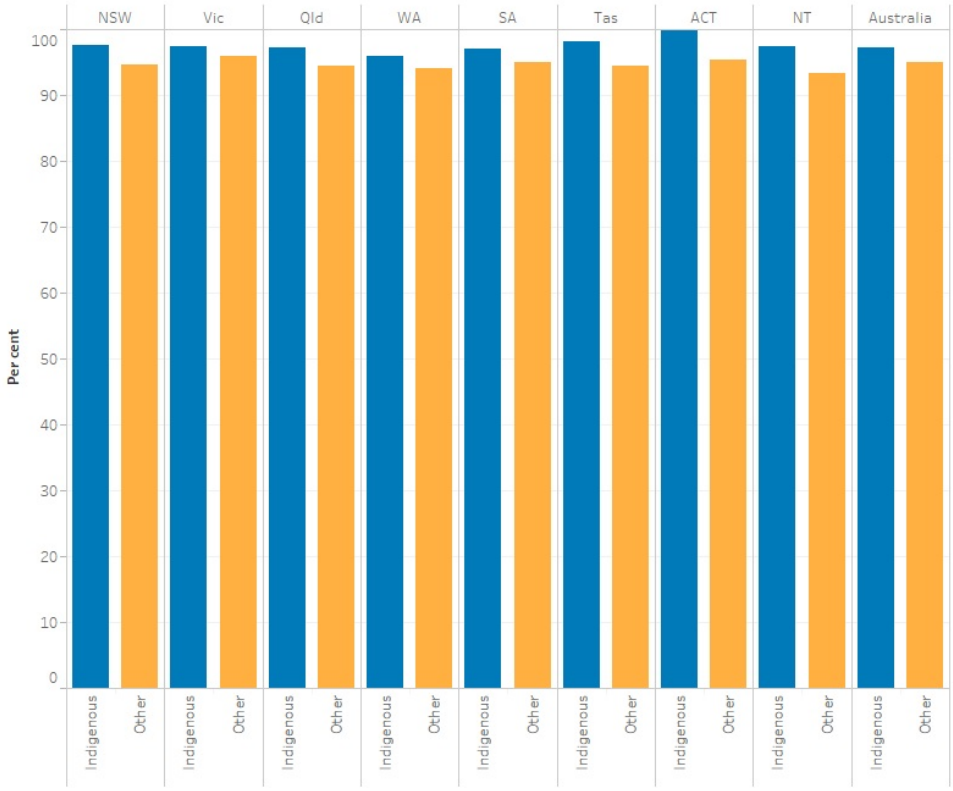



**Figure 7.3: Proportion of children aged 5 who are immunised, by vaccine type, state/territory and Indigenous status, 2020 (annualised)**

This figure shows that across the jurisdictions of Australia, the proportion of Indigenous children aged 5 who were fully immunised was highest in the Australian Capital Territory (100%). The rate of full immunisation was higher among Indigenous children aged 5 across all jurisdictions.

**Select vaccine type:**
Fully immunised




DTP = diptheria-tetanus-pertussis.
*Note:* based on annualised data.



Source data tables and footnotes

# Childhood health and development domain

This indicator reports on the rate of Indigenous-specific Medicare Benefits Schedule (MBS) health checks among Aboriginal and Torres Strait Islander children aged 5–14. The goal for this indicator is 46% by 2023.

## Why is it important?

All Aboriginal and Torres Strait Islander people are eligible for an annual Indigenous-specific health check, subsidised through Medicare. These checks can be received for free at Aboriginal Medical Services and bulk billing clinics. The Indigenous-specific health checks were introduced in recognition that Indigenous Australians, as a group, experience some particular health risks. The aim of the Indigenous-specific health checks is to encourage early detection and treatment of common conditions that cause ill health and early death – for example, diabetes and heart disease (AIHW 2021a).

## What data are available?

The following Indigenous-specific health checks are listed on the MBS:

- MBS item 715: available from 1 May 2010, provided by general practitioners (GPs)
- MBS item 228: available from 1 July 2018, provided by non-vocationally recognised medical practitioners.

In response to the COVID-19 pandemic, temporary telehealth items for Indigenous-specific health checks have been made available from March 2020:

- Health checks provided via videoconference: MBS item 92004 (provided by GPs) and MBS item 92011 (provided by non-vocationally recognised medical practitioners)
- Health checks provided via teleconference (when videoconferencing is not available): MBS item 92016 (provided by general practitioners) and MBS item 92023 (provided by non-vocationally recognised medical practitioners).

While many of the required components of an Indigenous-specific health check can be completed as a remote service via telehealth, some components can only be delivered through face-to-face consultation with the patient. This could include any necessary physical examinations such as a blood pressure check. For an Indigenous-specific health check undertaken by telehealth to be processed via Medicare, all components of the health check, including both remotely delivered and face-to-face, must be completed (Health 2020).

## What do the data show?

Progress towards the goal is not on track.

- The rate of Indigenous-specific health checks among Aboriginal and Torres Strait Islander children aged 5–14 in 2020–21 was 28%, which was below the trajectory point of 40% required to meet the goal.
- The rate increased over time from 21% to 31% between 2014–15 and 2018–19.
- In 2020–21, the rate decreased to 28%, which is likely to reflect changes in behaviour due to reduce the spread of COVID-19. For more information see Impacts of the COVID-19 on data.
- The rates in each of the 4 years from 2014–15 to 2017–18 were equal to or above the trajectory required to meet the goal by 2023. However, in 2018–19 the rate (31%) fell below the trajectory point (33%) required to meet this goal and remained below in 2019–20 and 2020–21.

In 2020–21, 47,292 health checks were provided for Indigenous children aged 5–14, corresponding to a rate of 28%. The rate of health checks among Indigenous children aged 5–14 varied by jurisdiction – ranging from 10% in Tasmania to 34% in Queensland.

**Health checks delivered by Aboriginal Community Controlled Health Organisations**

Indigenous Australians may access Indigenous-specific health checks at mainstream or Indigenous-specific primary health care services. These health checks are available through community clinics, Aboriginal Community Controlled Health Organisations (ACCHOs) and other health care facilities.

The Indigenous primary health care national Key Performance Indicators (nKPIs) data collection provides information on primary health care organisations that receive funding from the Department of Health to provide primary health care services mainly to Aboriginal and Torres Strait Islander people.

Data from the national Key Performance Indicator (nKPI) data collection can be used, together with MBS data, to estimate the proportion of health checks delivered by ACCHOs.

In 2020, among Indigenous Australians aged 5–14:

- an estimated 44% of Indigenous health checks were delivered by ACCHOs
- the proportion of health checks that were delivered by ACCHOs was highest in Queensland (51%) and lowest in New South Wales/the Australian Capital Territory (35%).

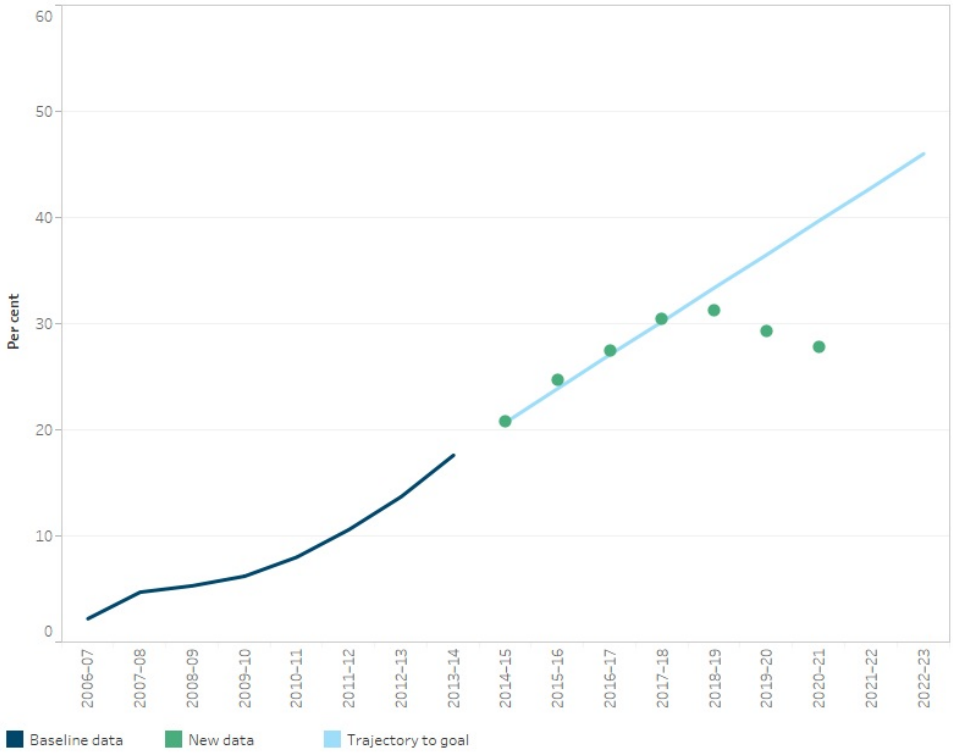
It is important to note that these proportions underestimate the true proportion as the nKPI data collection only captures regular clients who received a health check at ACCHOs. Additionally, not all health checks performed at ACCHOs are claimed through the MBS and have therefore not been captured in these estimates. Services provided by ACCHOs who did not provide information to the nKPI data collection were also not included.

The estimated proportion of health checks provided by ACCHOs is high when compared with workforce size. In 2019–20, there were around 540 full-time equivalent (FTE) GPs employed in ACCHOs (AIHW 2021b). This represented roughly 1.8% of the total FTE GP workforce (based on about 29,700 total GP FTEs, using data from the National Health Workforce Dataset for 2019) (Health 2021).

Sources: AIHW analysis of Indigenous primary health care nKPI data and Medicare Benefits Schedule data.

### Goal 8.1: Rate of Indigenous-specific MBS health checks for Aboriginal and Torres Strait Islander children aged 5–14

This figure shows the baseline data from 2006–07 to 2013–14, trajectory to the goal from 2014–15 to 2022–23. New data from 2014–15 to 2020–21 for the proportion of Indigenous Australians aged 5–14 who attended a MBS health check are also plotted. The rate was trending upwards up until 2018–19. The rate fell from 31.2% in 2018–19 to 27.8% in 2020–21, which is likely to reflect changes in service use due to COVID-19.




*Notes*

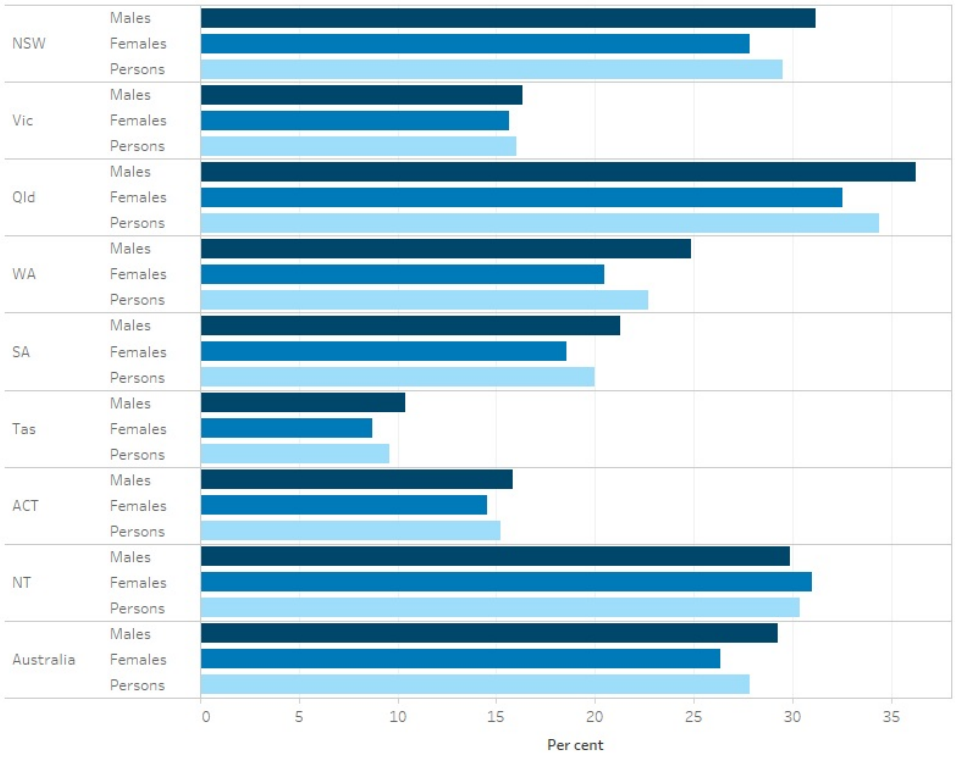
1. Includes MBS items 715, 228, 92004, 92011, 92016 and 92023. MBS item 228 was added in 2018–19. From March 2020, equivalent telehealth items (92004, 92011, 92016 and 92023) for Indigenous-specific health checks were made available in response to the COVID-19 pandemic. See data tables for more information.
2. 2019–20 includes the first 6 months of the COVID-19 pandemic in Australia, and the entire period 2020–21 was affected by the COVID-19 pandemic in Australia. This is likely to have impacted the rate of MBS health checks delivered in these time periods.
3. Rates were calculated using 2011 Census-based population estimates/projections and may not match those published elsewhere.



Source data tables and footnotes

### Goal 8.2: Rate of Indigenous-specific MBS health checks for Aboriginal and Torres Strait Islander children aged 5–14, by state and territory, 2020–21

The figure shows the rate of MBS health checks among Indigenous Australians aged 5–14, by jurisdiction and sex. The highest rates are in Queensland (36.2% of males, 32.5% of females).




*Notes*

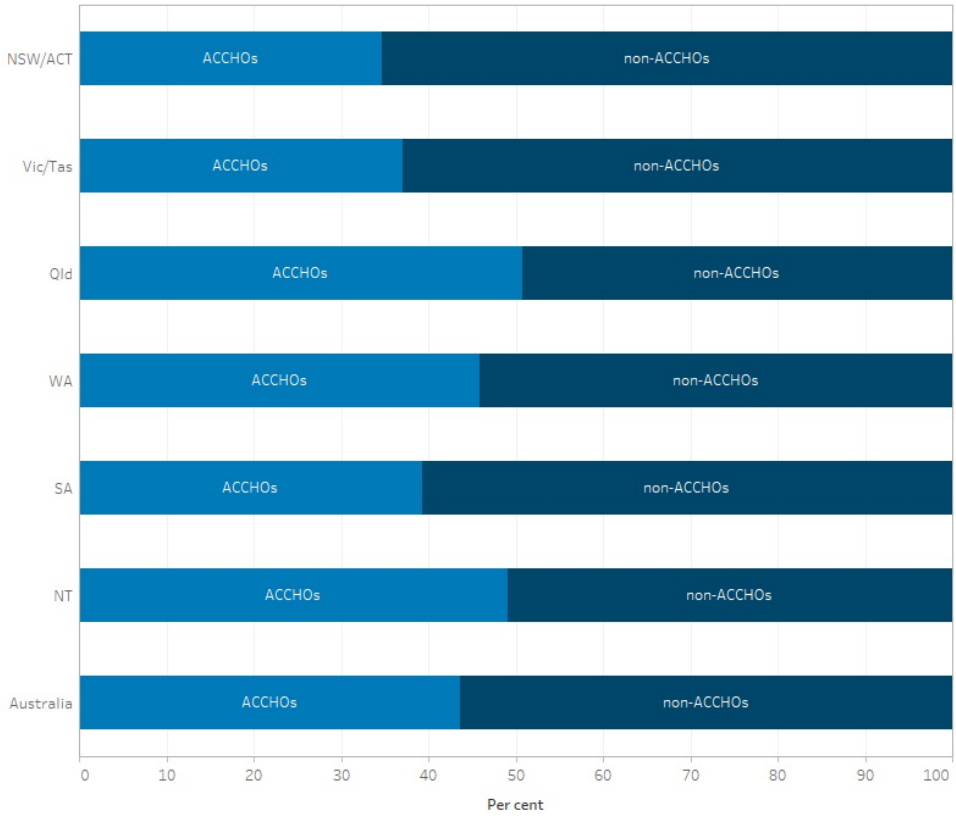
1. Includes MBS items 715, 228, 92004, 92011, 92016 and 92023. MBS item 228 was added in 2018–19. From March 2020, equivalent telehealth items (92004, 92011, 92016 and 92023) for Indigenous-specific health checks were made available in response to the COVID-19 pandemic. See data tables for more information.
2. The period 2020–21 was affected by the COVID-19 pandemic in Australia, which is likely to have impacted the rate of MBS health checks delivered in this year.
3. Rates were calculated using 2011 Census-based population estimates/projections and may not match those published elsewhere.



Source data tables and footnotes

**Figure 8.3: Proportion of Indigenous-specific MBS health checks for Aboriginal and Torres Strait Islander children aged 5-14, by type of service provider and state/territory, 2020**

The figure shows the proportion of Indigenous-specific health checks that took place, by type of service provider. Queensland had the highest rate of services provided by Aboriginal Community Controlled Health Organisations (50.8%). New South Wales/the Australian Capital Territory had the lowest rate of services provided by Aboriginal Community Controlled Health Organisations (34.7%).




ACCHOs = Aboriginal Community Controlled Health Organisations

*Notes*

1. Includes MBS Items 715, 228, 92004, 92011, 92016 and 92023.
2. See above box *Health checks delivered by Aboriginal Community Controlled Health Organisations* for further information.



Source data tables and footnotes

## References

AIHW (Australian Institute of Health and Welfare) 2021a. Indigenous health checks and follow-ups. Cat. no. IHW 209. Canberra: AIHW. Viewed 31 August 2021.

AIHW 2021b. Aboriginal and Torres Strait Islander-specific primary health care: results from the OSR and nKPI collections. Cat. no. IHW 227. Canberra: AIHW. Viewed 31 August 2021.

Health (Department of Health) 2020. Coronavirus (COVID-19) - Telehealth items guide. Canberra: DoH. Viewed 15 October 2020.

Health 2021. Health Workforce Data. Viewed 14 July 2021.

# Adolescent and youth health domain

Goals in the *Adolescent and youth health* domain

| Goal | Goal description | Most recent data period | On track status |
|---|---|---|---|
| Goal 9 | Current smoking – people aged 15–17 | 2018–19 | ✓ |
| Goal 10 | Never smoked – people aged 15–17 | 2018–19 | ✓ |
| Goal 11 | Never smoked – people aged 18–24 | 2018–19 | ✓ |
| Goal 13 | Indigenous-specific health checks – people aged 15–24 | 2020–21 | ✗ |

**Key:**

✓ On track

✗ Not on track

## Information about this domain

### Vision

Aboriginal and Torres Strait Islander youth get the services and support they need to thrive and grow into healthy young adults.

### Goals

- Reduce the rate of Aboriginal and Torres Strait Islander youth aged 15–17 years who smoke to 9% by 2023.
- Increase the rate of Aboriginal and Torres Strait Islander youth aged 15–17 years who have never smoked to 91% by 2023.
- Increase the rate of Aboriginal and Torres Strait Islander youth aged 18–24 years who have never smoked to 52% by 2023.
- Increase the rate of Aboriginal and Torres Strait Islander youth aged 15–24 years who have at least one Indigenous-specific health check in a year to 42% by 2023.

# Adolescent and youth health domain

This indicator reports on the proportion of Aboriginal and Torres Strait Islander youth aged 15–17 who smoke tobacco. The goal for this indicator is 9% by 2023.

## Why is it important?

Smoking is the leading preventable cause of disease and death in Australia. In the Australian Burden of Disease Study 2018, tobacco smoking was estimated to contribute 12% of the disease burden among Indigenous Australians (AIHW 2021).

## What data are available?

Data for this indicator were sourced from the ABS National Aboriginal and Torres Strait Islander Health surveys and the National Aboriginal and Torres Strait Islander Social surveys.

## What do the data show?

There is no new data available since the last update, however the most recent assessment showed that progress towards the goal was on track.

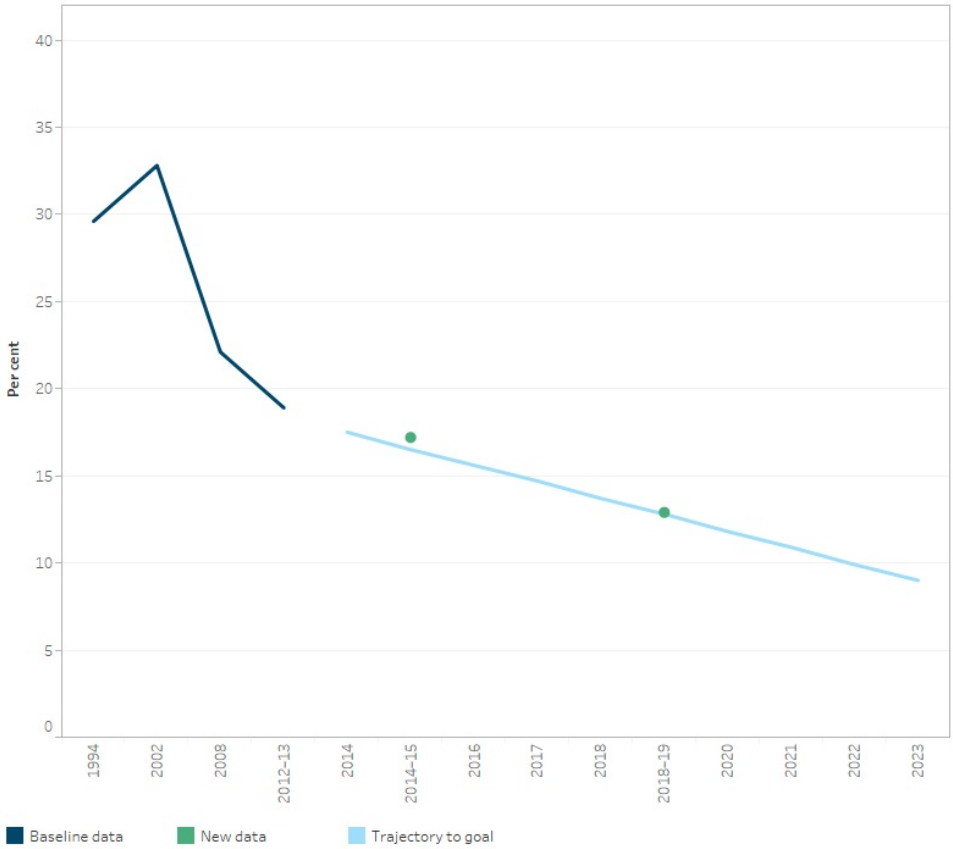
- The rate of Indigenous Australian young people aged 15–17 who reported being current smokers in 2018–19 was 13.0%, which was similar to the required trajectory point of 12.8%, taking into account sampling error associated with the survey data.
- The rate decreased from 33% in 2002 to 13% in 2018–19.

In 2018–19:

- 13% of Indigenous Australian youth aged 15–17 reported being current smokers – this was a decrease from 17% in 2014–15
- Indigenous males aged 15–17 were more likely than Indigenous females of this age to be current smokers (16% compared with 9.5%)
- Indigenous Australians aged 15–17 living in *Remote* areas were over twice as likely to be current smokers than those living in *Non-remote* areas – 24% compared with 11%.

### Figure 9.1: Aboriginal and Torres Strait Islander youth aged 15–17 who reported being current smokers

This figure shows the baseline data from 1994 to 2012–13, trajectory to the goal from 2014 to 2023. New data from 2014 to 2018 for the proportion of Indigenous youth aged 15–17 who are current smokers are also plotted. New data show that in 2018–19, 12.9% of Indigenous youths aged 15–17 smoked.



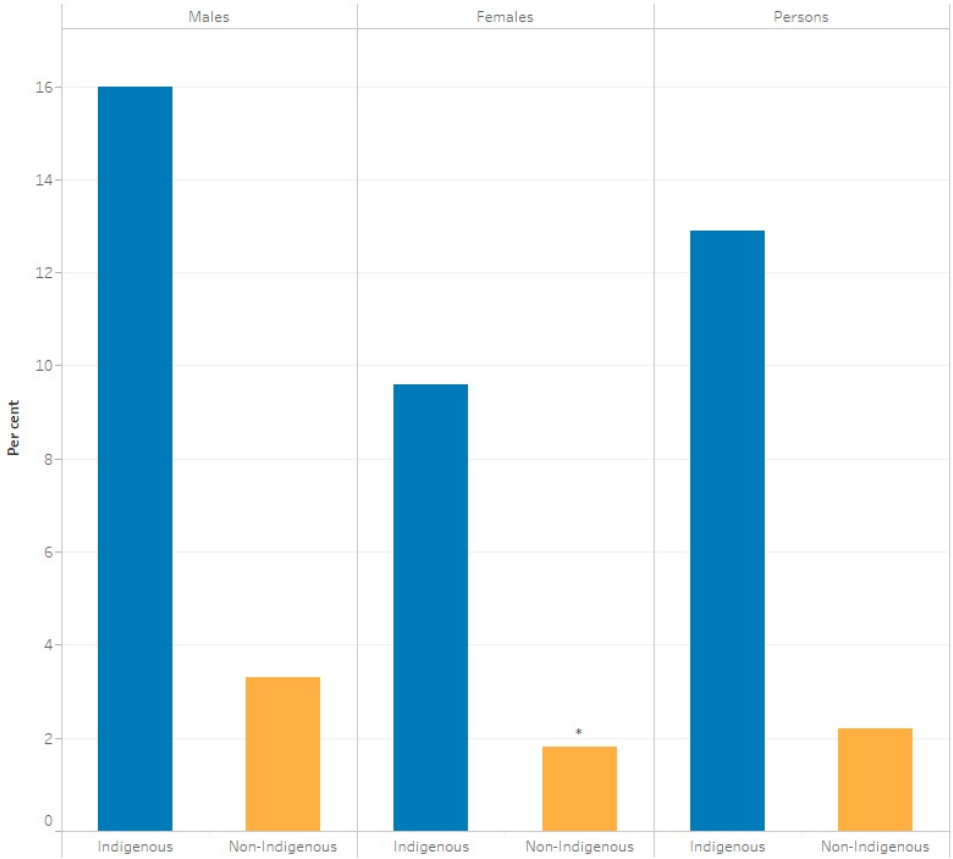

*Note:* Variability bands for goal trajectories were calculated to be ± 5.0 across all years, meaning that the new data from 2018–19 are on track to meet the goal.



Source data tables and footnotes

**Figure 9.2: Youth aged 15–17 who reported being current smokers, by sex and Indigenous status, 2018–19**

The figure shows the proportions of young people aged 15–17 who are current smokers, by sex and Indigenous status. It shows that males are more likely to smoke among Indigenous and non-Indigenous Australians (16.0% and 3.3% respectively). It also shows that Indigenous Australians aged 15–17 are more likely to smoke than non-Indigenous Australians aged 15–17 (12.9% and 2.2%).



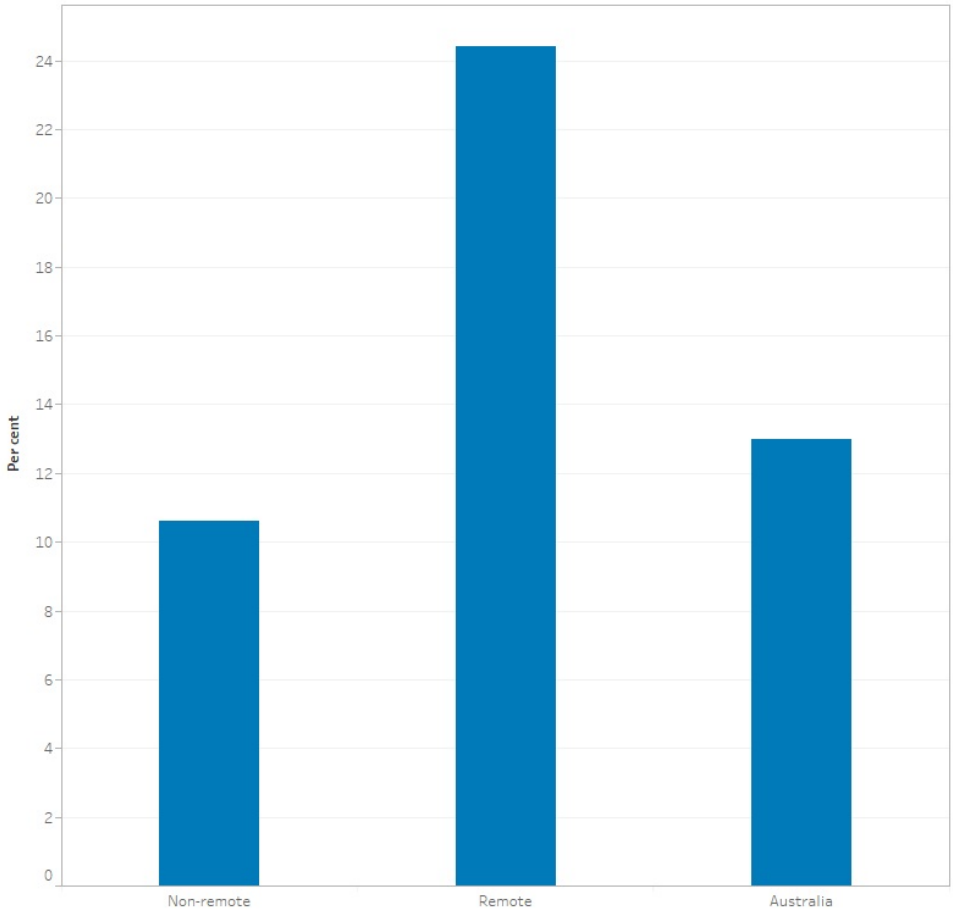

* Numbers and per cents have a relative standard error between 25% and 50% and should be used with caution.
*Note:* Data for non-Indigenous Australians are from 2017–18.



Source data tables and footnotes

**Figure 9.3: Aboriginal and Torres Strait Islander youth aged 15-17 who reported being current smokers, by remoteness, 2018-19**

The figure shows that Indigenous youth are more likely to smoke in remote areas (24.4%) than in non-remote areas (10.6%).






Source data tables and footnotes

## Reference

AIHW (Australian Institute of Health and Welfare) 2021. Australian Burden of Disease Study 2018: key findings for Aboriginal and Torres Strait Islander people. Cat. no. BOD 28. Canberra: AIHW. Viewed 8 October 2021.

# Adolescent and youth health domain

This indicator reports on the proportion of Aboriginal and Torres Strait Islander youth aged 15–17 who have never smoked. The goal for this indicator is 91% by 2023.

## Why is it important?

Smoking is the leading preventable cause of disease and death in Australia. In the Australian Burden of Disease Study 2018, tobacco smoking was estimated to contribute 12% of the disease burden among Indigenous Australians (AIHW 2021).

## What data are available?

Data for this indicator were sourced from the ABS National Aboriginal and Torres Strait Islander Health surveys and the National Aboriginal and Torres Strait Islander Social surveys.

## What do the data show?

There is no new data available since the last update, however the most recent assessment showed that progress towards the goal was on track.

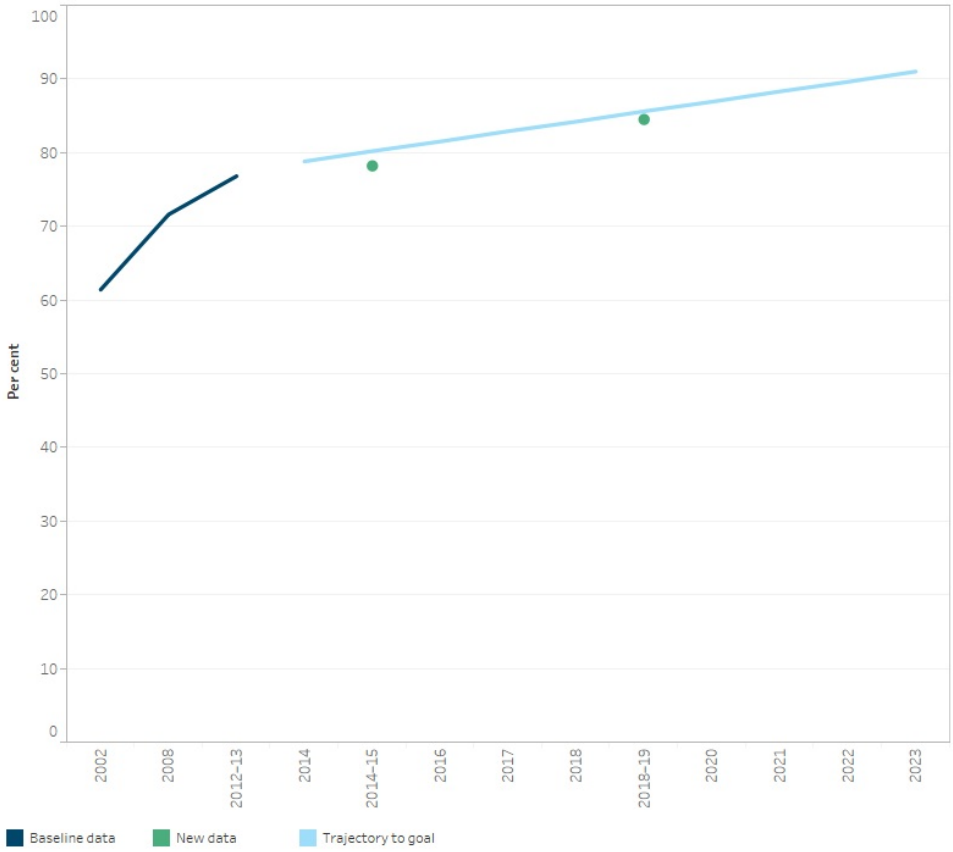
- In 2018–19, the rate of Indigenous Australian youth aged 15–17 who had never smoked was 84.6%, slightly below the trajectory point required to meet the goal (85.6%). However, taking into account sampling error associated with the survey data, the goal can be considered on track.
- The rate increased from 61% in 2002 to 85% in 2018–19.

In 2018–19:

- 85% of Indigenous Australian youth aged 15–17 reported having never smoked – this was an increase from 78% in 2014–15
- 85% of Indigenous youth aged 15–17 in *Non-remote* areas had never smoked, compared with 74% in Remote areas
- The proportion of Indigenous Australians aged 15–17 who had never smoked was similar between males (83%) and females (84%).

### Figure 10.1: Aboriginal and Torres Strait Islander youth aged 15–17 who reported having never smoked

This figure shows the baseline data from 2002 to 2012–13, trajectory to the goal from 2014 to 2023. New data from 2014 to 2018 for the proportion of Indigenous youth aged 15–17 who have never smoked are plotted. New data show that in 2018–19, 84.5% of Indigenous youths aged 15–17 had never smoked.



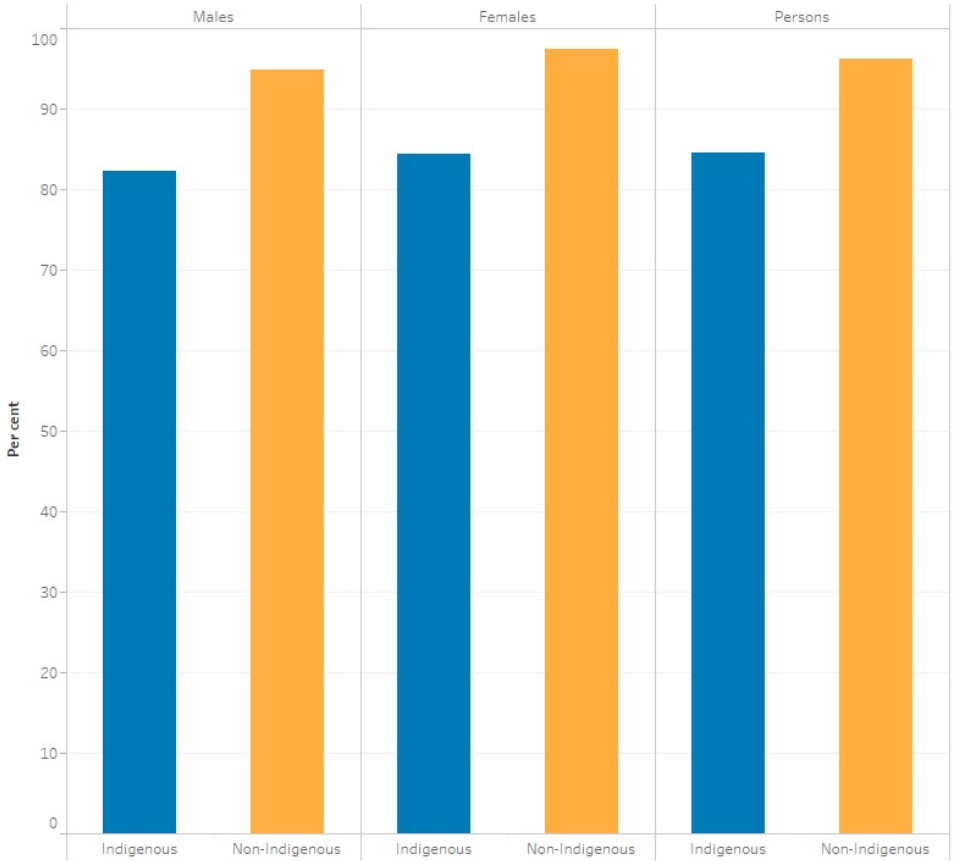

*Note:* Variability bands for goal trajectories were calculated to be ± 5.3 across all years, meaning that the new data from 2018–19 are on track to meet the goal.



Source data tables and footnotes

**Figure 10.2: Youth aged 15–17 who reported having never smoked, by sex and Indigenous status, 2018–19**

The figure shows the proportions of young people aged 15–17 who have never smoked, by sex and Indigenous status. It shows that females are more likely to have never smoked among both Indigenous and non-Indigenous Australians (84.4% and 97.5% respectively). It also shows that Indigenous Australians aged 15–17 are less likely to have never smoked than non-Indigenous Australians aged 15–17 (84.5% and 96.2%).



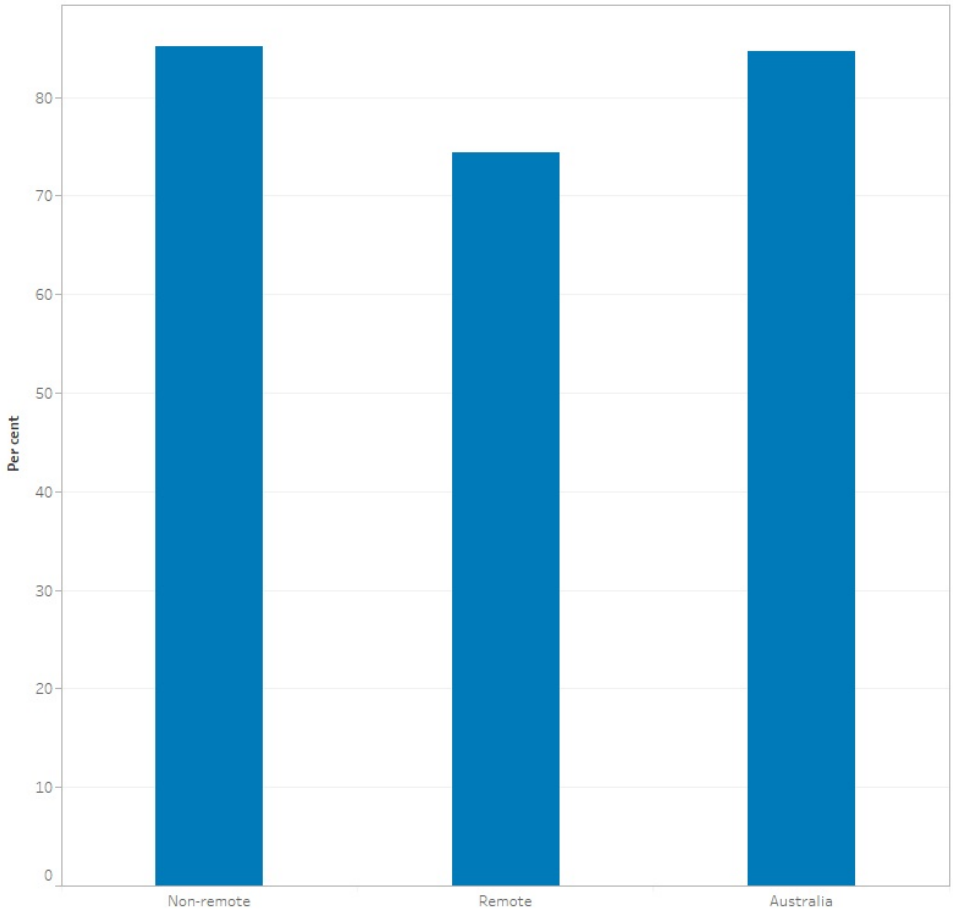

*Note:* Data for non-Indigenous Australians are from 2017–18.



Source data tables and footnotes

**Figure 10.3: Aboriginal and Torres Strait Islander youth aged 15-17 who reported having never smoked, by remoteness, 2018-19**

The figure shows that Indigenous youth are more likely to have never smoked in non-remote areas (85.1%) than in remote areas (74.4%).






Source data tables and footnotes

## Reference

AIHW (Australian Institute of Health and Welfare) 2021. Australian Burden of Disease Study 2018: key findings for Aboriginal and Torres Strait Islander people. Cat. no. BOD 28. Canberra: AIHW. Viewed 8 October 2021.

# Adolescent and youth health domain

This indicator reports on the proportion of Aboriginal and Torres Strait Islander people aged 18–24 who have never smoked. The goal for this indicator is 52% by 2023.

## Why is it important?

Smoking is the leading preventable cause of disease and death in Australia. In the Australian Burden of Disease Study 2018, tobacco smoking was estimated to contribute 12% of the disease burden among Indigenous Australians (AIHW 2021).

## What data are available?

Data for this indicator were sourced from the ABS National Aboriginal and Torres Strait Islander Health surveys and the National Aboriginal and Torres Strait Islander Social surveys.

## What do the data show?

There is no new data available since the last update, however the most recent assessment showed that progress towards the goal was on track.

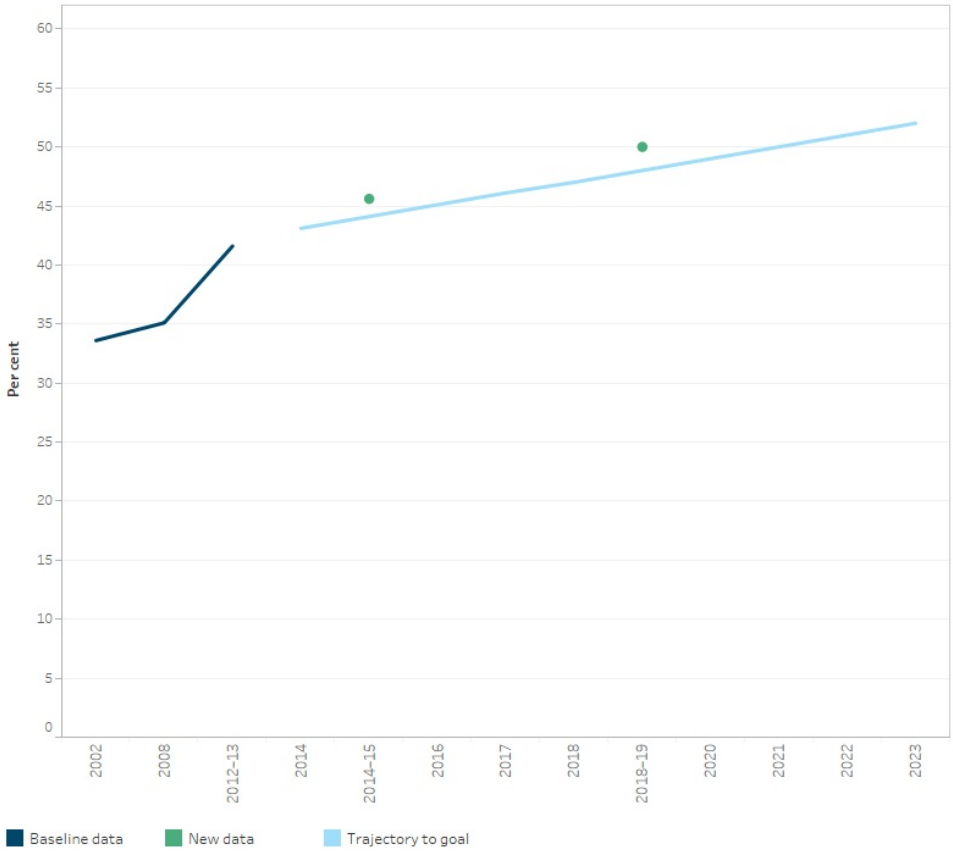
- The rate for 2018–19 was 50%, which was above the required trajectory point of 48% to meet the goal.
- The proportion of Indigenous Australians aged 18–24 who had never smoked increased over time – from 34% in 2002 to 50% in 2018–19.

In 2018–19:

- 50% of Indigenous Australians aged 18–24 had never smoked
- 54% of Indigenous Australians aged 18–24 in *Non-remote* areas had never smoked, compared with 31% in *Remote* areas
- Indigenous females aged 18–24 were more likely to have never smoked than Indigenous males of this age – 52% compared with 47%.

### Figure 11.1: Aboriginal and Torres Strait Islander people aged 18-24 who reported having never smoked

This figure shows the baseline data from 2002 to 2012–13, trajectory to the goal from 2014 to 2023. New data from 2014 to 2018 for the proportion of Indigenous Australians aged 18–24 who have never smoked are plotted. New data show that in 2018–19, 50.0% of Indigenous Australians aged 18–24 had never smoked. This is above the trajectory to reach the goal.



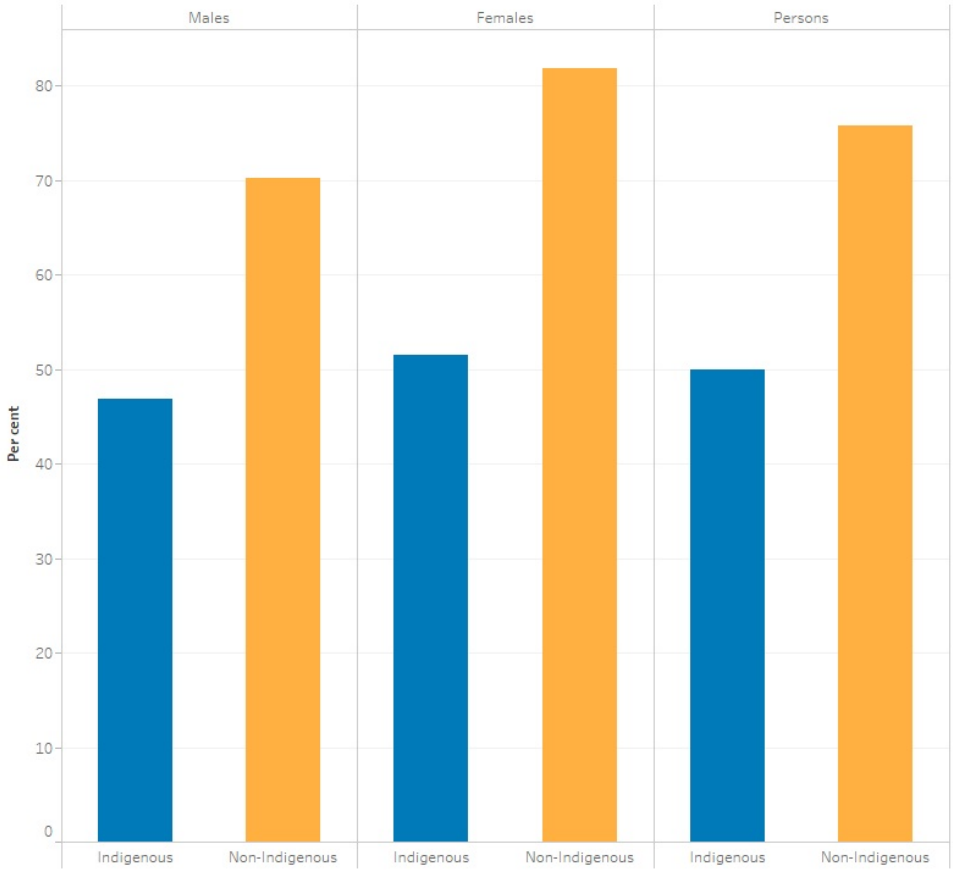

*Note:* Variability bands for goal trajectories were calculated to be ± 4.4 across all years, meaning that the new data from 2018–19 are on track to meet the goal.



Source data tables and footnotes

### Figure 11.2: Australians aged 18–24 who reported having never smoked, by sex and Indigenous status, 2018–19

The figure shows the proportions of Indigenous Australians aged 18–24 who have never smoked, by sex and Indigenous status. It shows that females are more likely to have never smoked among both Indigenous and non-Indigenous Australians (51.5% and 81.9% respectively). It also shows that Indigenous Australians aged 18–24 are less likely to have never smoked than non-Indigenous Australians aged 18–24 (50.0% and 75.8%).



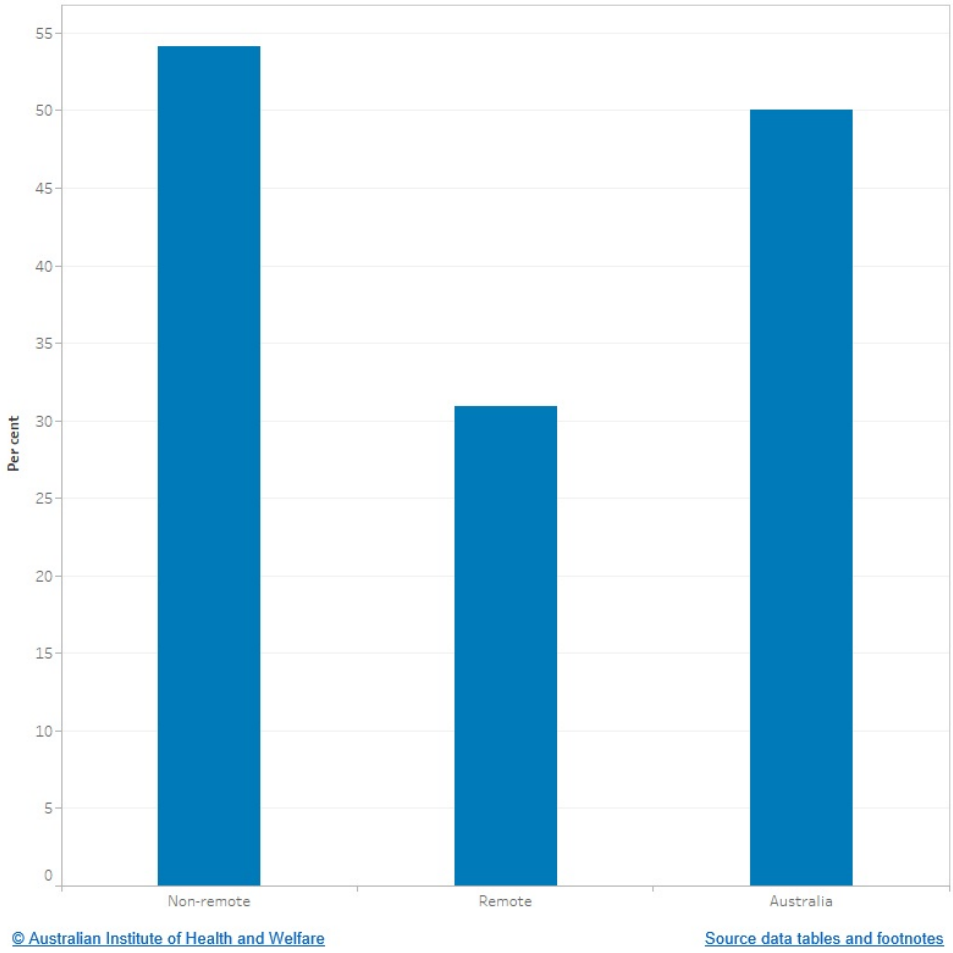

*Note:* Data for non-Indigenous Australians from 2017–18.



Source data tables and footnotes

### Figure 11.3: Aboriginal and Torres Strait Islander people aged 18–24 who reported having never smoked, by remoteness, 2018–19

The figure shows that Indigenous Australians aged 18–24 are more likely to have never smoked in non-remote areas (54.1%) than in remote areas (30.9%).




## Reference

AIHW (Australian Institute of Health and Welfare) 2021. Australian Burden of Disease Study 2018: key findings for Aboriginal and Torres Strait Islander people. Cat. no. BOD 28. Canberra: AIHW. Viewed 8 October 2021.

# Adolescent and youth health domain

This indicator reports on the rate of Indigenous-specific Medicare Benefits Schedule (MBS) health checks among Aboriginal and Torres Strait Islander people aged 15–24. The goal for this indicator is 42% by 2023.

## Why is it important?

All Aboriginal and Torres Strait Islander people are eligible for an annual Indigenous-specific health check, subsidised through Medicare. These checks can be received for free at Aboriginal Medical Services and bulk billing clinics. The Indigenous-specific health checks were introduced in recognition that Indigenous Australians, as a group, experience some particular health risks. The aim of the Indigenous-specific health checks is to encourage early detection and treatment of common conditions that cause ill health and early death – for example, diabetes and heart disease (AIHW 2021a).

## What data are available?

The following Indigenous-specific health checks are listed on the MBS:

- MBS item 715: available from 1 May 2010, provided by general practitioners (GPs)
- MBS item 228: available from 1 July 2018, provided by non-vocationally recognised medical practitioners.

In response to the COVID-19 pandemic, temporary telehealth items for Indigenous-specific health checks have been made available from March 2020:

- Health checks provided via videoconference: MBS item 92004 (provided by GPs) and MBS item 92011 (provided by non-vocationally recognised medical practitioners)
- Health checks provided via teleconference (when videoconferencing is not available): MBS item 92016 (provided by general practitioners) and MBS item 92023 (provided by non-vocationally recognised medical practitioners).

While many of the required components of an Indigenous-specific health check can be completed as a remote service via telehealth, some components can only be delivered through face-to-face consultation with the patient. This could include any necessary physical examinations such as a blood pressure check. For an Indigenous-specific health check undertaken by telehealth to be processed via Medicare, all components of the health check, including both remotely delivered and face-to-face, must be completed (Health 2020).

## What do the data show?

Progress towards the goal is not on track.

- The rate of Indigenous-specific health checks among Aboriginal and Torres Strait Islander young people aged 15–24 in 2020–21 was 24%, which was below the trajectory point of 36% required to meet the goal.
- The rate increased over time from 19% in 2014–15 to 24% in 2020–21. However, in recent years, the rate has remained stable at around 25%.
- Rates in each of the 7 years from 2014–15 to 2020–21 were below the trajectory required to meet this goal. In 2020–21, the trajectory point was 36%, compared with an actual rate of 24%.
- The rate in 2020–21 was slightly lower than previous 2 years. However, this period was during the COVID-19 pandemic in Australia, corresponding with a drop in the number of health checks provided compared with previous periods. For more information see Impacts of the COVID-19 on data.

In 2020–21, 37,966 health checks were provided for Indigenous young people aged 15–24. Indigenous females aged 15–24 were more likely than males of this age to have received a health check (28% compared with 20%).

The rate of health checks among Indigenous young people aged 15–24 varied by jurisdiction – ranging from 12% in Tasmania to 29% in Queensland.

### Health checks delivered by Aboriginal Community Controlled Health Organisations

Indigenous Australians may access Indigenous-specific health checks at mainstream or Indigenous-specific primary health care services. These health checks are available through community clinics, Aboriginal Community Controlled Health Organisations (ACCHOs) and other health care facilities.

The Indigenous primary health care national Key Performance Indicators (nKPIs) data collection provides information on primary health care organisations that receive funding from the Department of Health to provide primary health care services mainly to Aboriginal and Torres Strait Islander people.

Data from the national Key Performance Indicator (nKPI) data collection can be used, together with MBS data, to estimate the proportion of health checks delivered by ACCHOs.

In 2019–2020, among Indigenous Australians aged 15–24:

- an estimated 37% of Indigenous health checks were delivered by ACCHOs
- the proportion of health checks that were delivered by ACCHOs was highest in the Northern Territory (53%) and lowest in New South Wales/the Australian Capital Territory (30%).

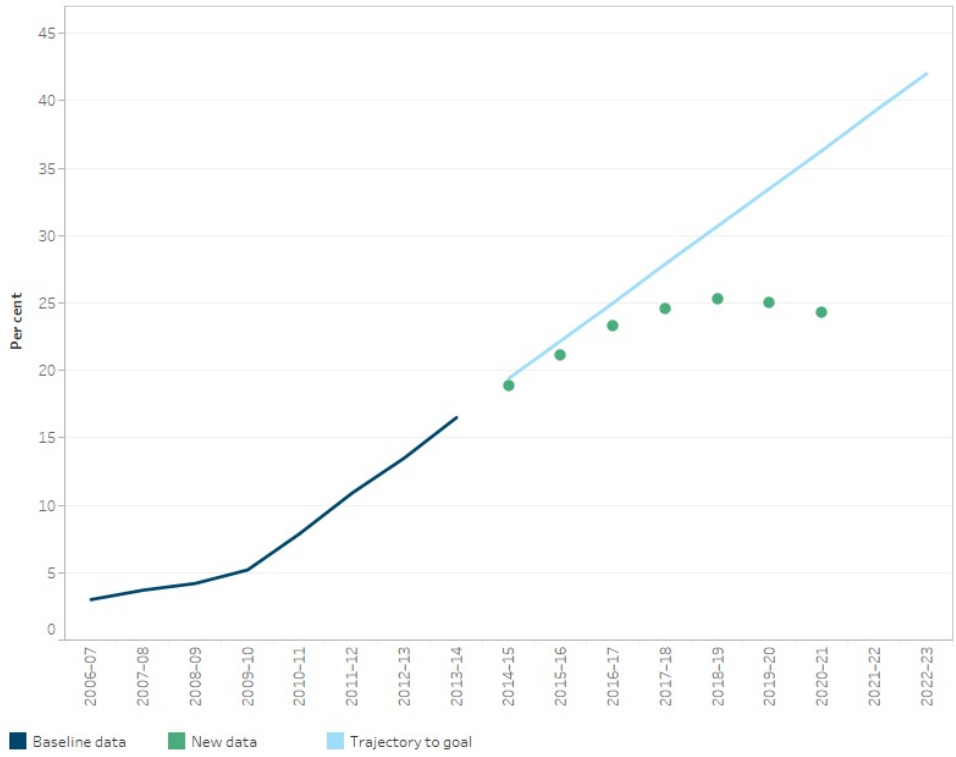
It is important to note that these proportions underestimate the true proportion as the nKPI data collection only captures regular clients who received a health check at ACCHOs. Additionally, not all health checks performed at ACCHOs are claimed through the MBS and have therefore not been captured in these estimates. Services provided by ACCHOs who did not provide information to the nKPI data collection were also not included.

The estimated proportion of health checks provided by ACCHOs is high when compared with workforce size. In 2019–20, there were around 540 full-time equivalent (FTE) GPs employed in ACCHOs (AIHW 2021b). This represented roughly 1.8% of the total FTE GP workforce (based on about 29,700 total GP FTEs, using data from the National Health Workforce Dataset for 2019) (Health 2021).

Sources: AIHW analysis of Indigenous primary health care nKPI data and Medicare Benefits Schedule data.

### Figure 13.1: Rate of Indigenous-specific MBS health checks for Aboriginal and Torres Strait Islander people aged 15-24

This figure shows the baseline data from 2006–07 to 2013–14, trajectory to the goal from 2014–15 to 2022–23. New data from 2014–15 to 2020–21 for the proportion of Indigenous Australians aged 15–24 who attended a MBS health check are also plotted. The rate was trending upwards up until 2018–19. The rate fell from 25.3% in 2018–19 to 24.3% in 2020–21, which is likely to reflect changes in service use due to COVID-19.




*Notes*

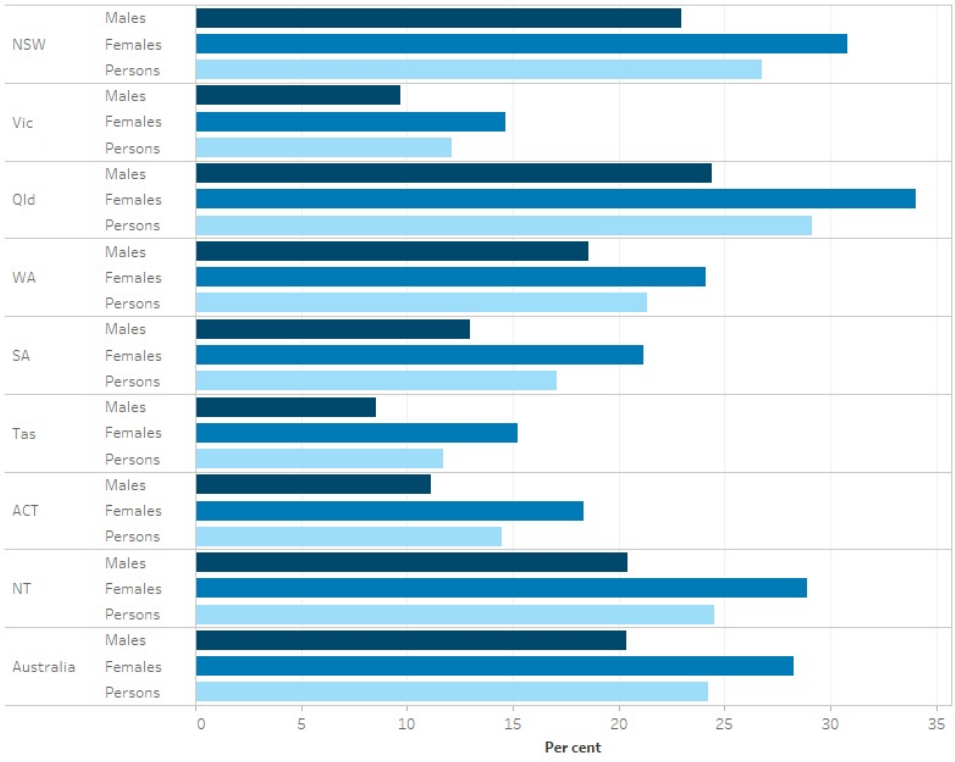
1. Includes MBS items 715, 228, 92004, 92011, 92016 and 92023. MBS item 228 was added in 2018–19. From March 2020, equivalent telehealth items (92004, 92011, 92016 and 92023) for Indigenous-specific health checks were made available in response to the COVID-19 pandemic. See data tables for more information.
2. 2019–20 includes the first 6 months of the COVID-19 pandemic in Australia, and the entire period 2020–21 was affected by the COVID-19 pandemic in Australia. This is likely to have impacted the rate of MBS health checks delivered in these time periods.
3. Rates were calculated using 2011 Census-based population estimates/projections and may not match those published elsewhere.



Source data tables and footnotes

### Figure 13.2: Rate of Indigenous-specific MBS health checks for Aboriginal and Torres Strait Islander people aged 15-24, by state and territory, 2020-21

The figure shows the rate of MBS 715 and 228 health checks among Indigenous Australians aged 15–24, by jurisdiction and sex. The highest rates are in Queensland (24.4% of males, 34.0% of females).




*Notes*

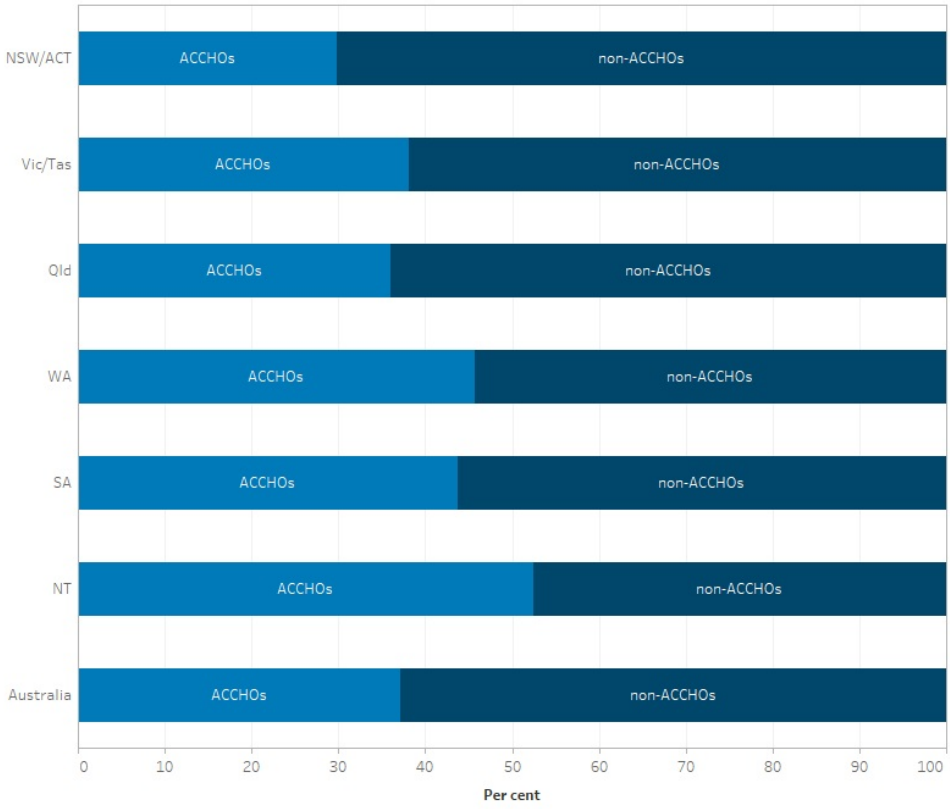
1. Includes MBS items 715, 228, 92004, 92011, 92016 and 92023. MBS item 228 was added in 2018–19. From March 2020, equivalent telehealth items (92004, 92011, 92016 and 92023) for Indigenous-specific health checks were made available in response to the COVID-19 pandemic. See data tables for more information.
2. The period 2020–21 was affected by the COVID-19 pandemic in Australia, which is likely to have impacted the rate of MBS health checks delivered in this year.
3. Rates were calculated using 2011 Census-based population estimates/projections and may not match those published elsewhere.



Source data tables and footnotes

**Figure 13.3: Proportion of Indigenous-specific MBS health checks for Aboriginal and Torres Strait Islander people aged 15-24, by type of service provider and state/territory, 2019-2020**

The figure shows the proportion of Indigenous-specific health checks that took place, by type of service provider. The Northern Territory had the highest rate of services provided by Aboriginal Community Controlled Health Organisations (52.5%). New South Wales/the Australian Capital Territory had the lowest rate of services provided by Aboriginal Community Controlled Health Organisations (29.8%).




ACCHOs = Aboriginal Community Controlled Health Organisations

*Notes*

1. Includes MBS Items 715, 228, 92004, 92011, 92016 and 92023.
2. See above box *Health checks delivered by Aboriginal Community Controlled Health Organisations* for further information.



Source data tables and footnotes

## References

AIHW (Australian Institute of Health and Welfare) 2021a. Indigenous health checks and follow-ups. Cat. no. IHW 209. Canberra: AIHW. Viewed 31 August 2021.

AIHW 2021b. Aboriginal and Torres Strait Islander-specific primary health care: results from the OSR and nKPI collections. Cat. no. IHW 227. Canberra: AIHW. Viewed 31 August 2021.

Health (Department of Health) 2020. Coronavirus (COVID-19) - Telehealth items guide. Canberra: DoH. Viewed 15 October 2020.

Health 2021. Health Workforce Data. Viewed 14 July 2021.

# Healthy adults domain

Goals in the *Healthy adults* domain

| Goal | Goal description | Most recent data period | On track status |
|---|---|---|---|
| Goal 12 | Current smoking – people aged 18 and over | 2018–19 | ✓ |
| Goal 14 | Indigenous-specific health checks – people aged 25–54 | 2020–21 | ✗ |

**Key:**

✓ On track

✗ Not on track

## Information about this domain

### Vision

Aboriginal and Torres Strait Islander adults live long productive lives and positively contribute to maintaining families, communities and culture, including as role models for healthy lifestyle behaviours.

### Goals

- Reduce the smoking rate among Aboriginal and Torres Strait Islander people aged 18 and over to 40% by 2023 (age-standardised rates).
- Increase the rate of Aboriginal and Torres Strait Islander adults aged 25–54 years who have had at least one Indigenous-specific health check in a year to 63% by 2023.

# Healthy adults domain

This indicator reports on the age-standardised proportion of Aboriginal and Torres Strait Islander people aged 18 and over who smoke tobacco. The goal for this indicator is 40% by 2023.

## Why is it important?

Smoking is the leading preventable cause of disease and death in Australia. In the Australian Burden of Disease Study 2018, tobacco smoking was estimated to contribute 12% of the disease burden among Indigenous Australians (AIHW 2021).

## What data are available?

Data for this indicator were sourced from the ABS National Aboriginal and Torres Strait Islander Health surveys and the National Aboriginal and Torres Strait Islander Social surveys.

## What do the data show?

There is no new data available since the last update, however the most recent assessment showed that progress towards the goal was on track.

- The age-standardised rate of Indigenous Australians aged 18 and over who reported smoking tobacco in 2018–19 was 43%, which was similar to the trajectory point of 42% required to meet the goal, taking into account sampling error associated with the survey data.

Based on age-standardised rates:

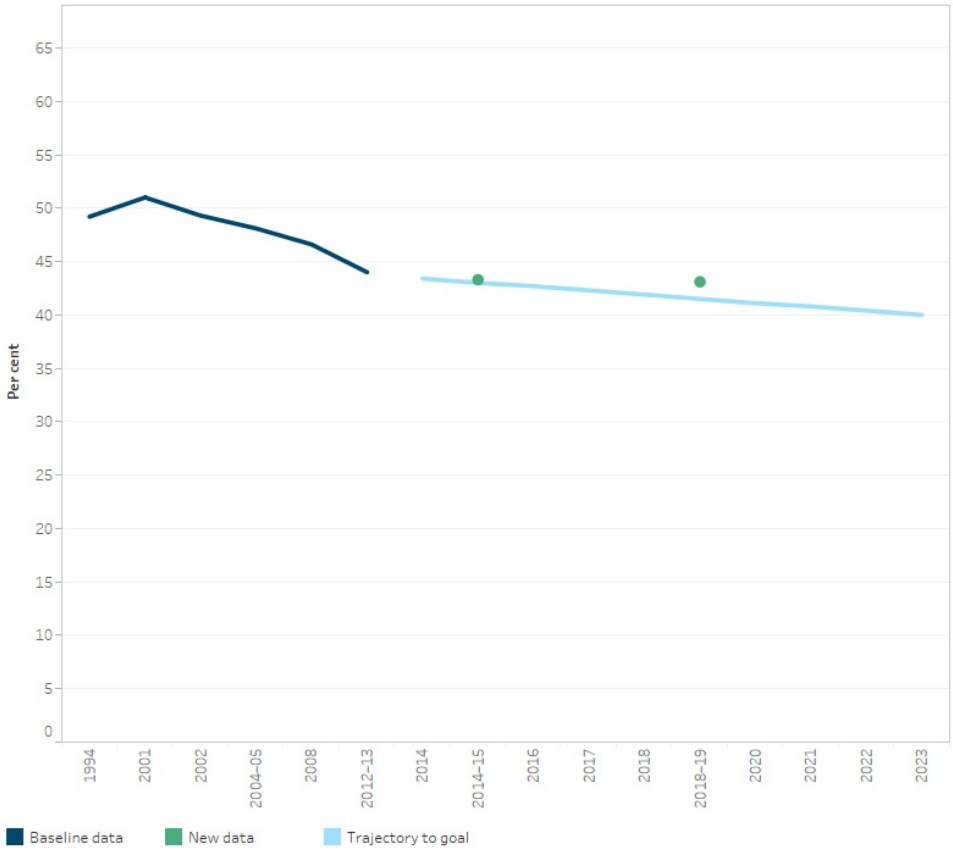
- The proportion decreased between 2002 and 2014–15 (from 49% to 43%).
- The rate remained stable between 2014–15 and 2018–19 at around 43%.
- In 2018–19, the proportion (43.1%) was slightly above the trajectory point required (41.5%). However, taking into account sampling error associated with the survey data, the goal can be considered on track.

In 2018–19, based on age-standardised rates:

- 43% of Indigenous Australians aged 18 and over reported smoking tobacco.
- Among those aged 18 and over, Indigenous Australians were more likely than non-Indigenous Australians to smoke tobacco—age-standardised rates of 43% and 15%, respectively.
- Across all age groups, the proportion of Indigenous adults who were current smokers was higher in *Remote* than *Non-remote* areas.

### Figure 12.1: Rate of Aboriginal and Torres Strait Islander people aged 18 and over who report being current smokers (age-standardised)

This figure shows the baseline data from 1994 to 2012–13, trajectory to the goal from 2014 to 2023. New data from 2014 to 2018 for the proportion of Indigenous Australians aged 18 and over who are current smokers are plotted. New data show that in 2018–19, 43.1% of Indigenous Australians aged 18+ were current smokers.



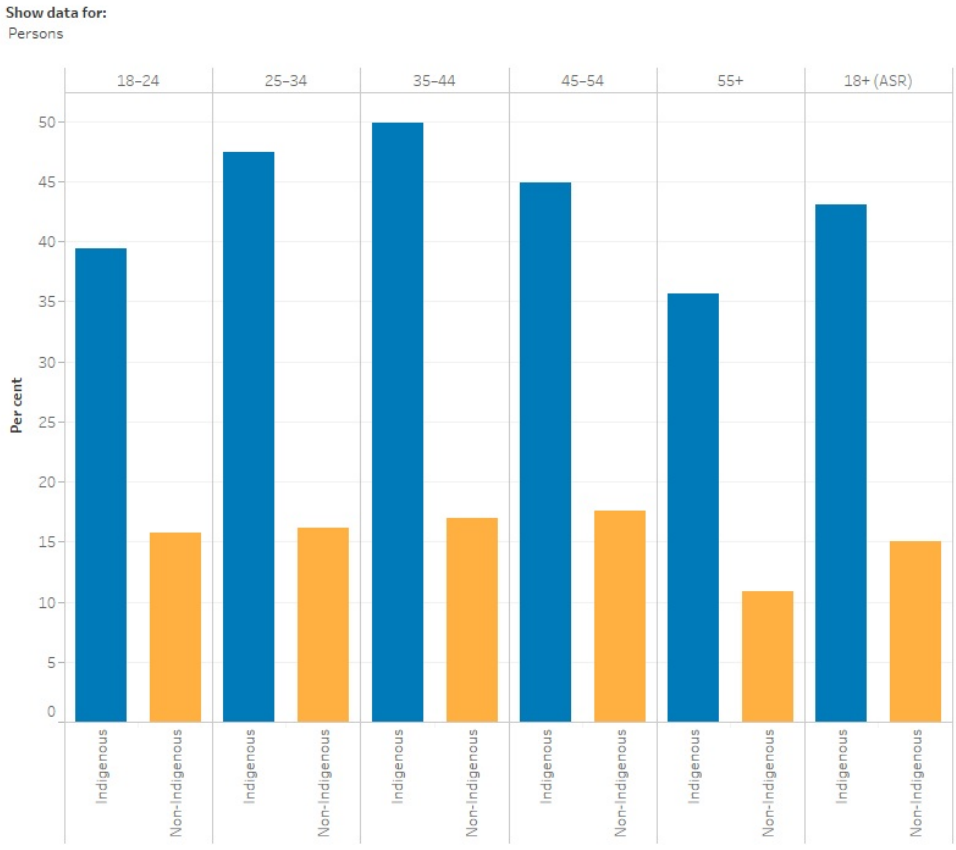

*Note:* Variability bands for goal trajectories were calculated to be ± 1.8 across all years, meaning that the new data from 2018–19 are on track to meet the goal.



Source data tables and footnotes

**Figure 12.2: Australians aged 18 and over who reported being current smokers, by Indigenous status, sex and age group, 2018-19**

The figure shows the proportions of Australians aged 18 and over who are current smokers, by age group and Indigenous status. It shows that Indigenous Australians are more likely than non-Indigenous Australians to smoke among all age groups. Among Indigenous Australians, the rate of smoking was highest among those aged 35–44 (49.9%).



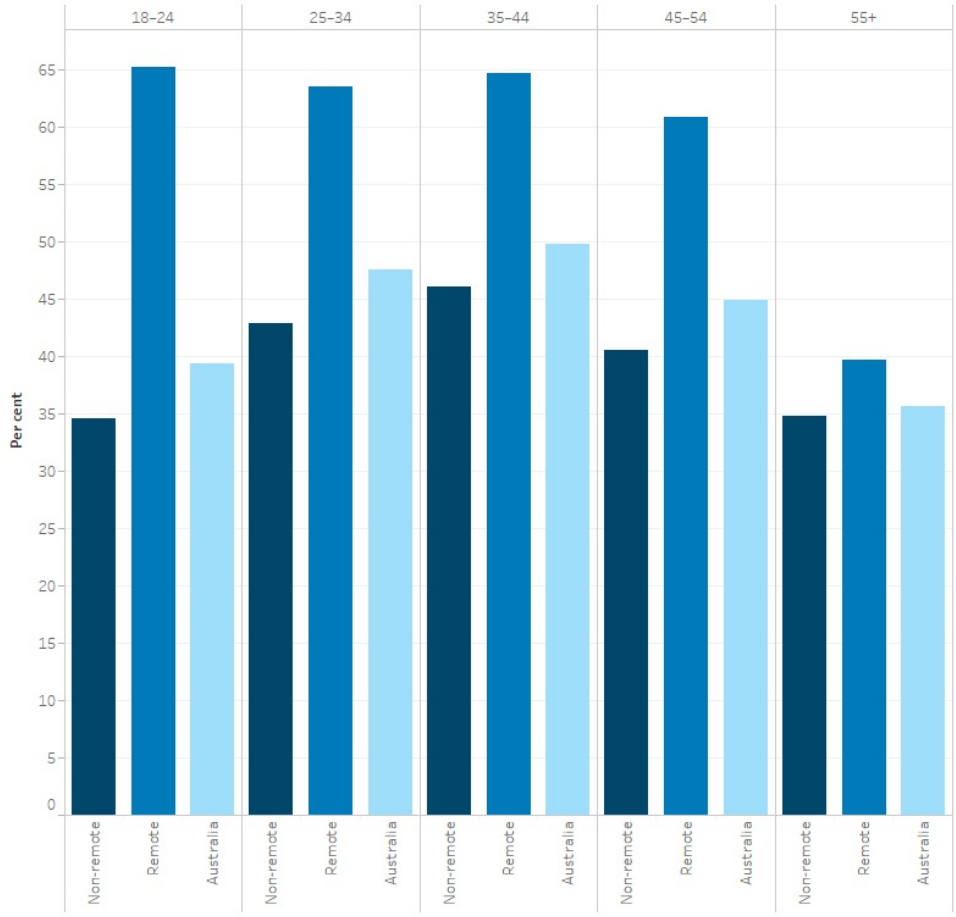

ASR = Age-standardised rate
*Note:* Data for non-Indigenous Australians are from 2017–18.



Source data tables and footnotes

**Figure 12.3: Aboriginal and Torres Strait Islander people aged 18 and over who reported being current smokers, by age group and remoteness, 2018–19**

The figure shows that Indigenous youth are more likely to smoke in remote areas than in non-remote areas across all age groups. The largest remoteness difference was among those aged 18–24 (34.5% in non-remote areas, and 65.2% in remote areas).






Source data tables and footnotes

## Reference

AIHW (Australian Institute of Health and Welfare) 2021. Australian Burden of Disease Study 2018: key findings for Aboriginal and Torres Strait Islander people. Cat. no. BOD 28. Canberra: AIHW. Viewed 8 October 2021.

# Healthy adults domain

This indicator reports on the rate of Indigenous-specific Medicare Benefits Schedule (MBS) health checks among Aboriginal and Torres Strait Islander adults aged 25–54. The goal for this indicator is 63% by 2023.

## Why is it important?

All Aboriginal and Torres Strait Islander people are eligible for an annual Indigenous-specific health check, subsidised through Medicare. These checks can be received for free at Aboriginal Medical Services and bulk billing clinics. The Indigenous-specific health checks were introduced in recognition that Indigenous Australians, as a group, experience some particular health risks. The aim of the Indigenous-specific health checks is to encourage early detection and treatment of common conditions that cause ill health and early death—for example, diabetes and heart disease (AIHW 2021a).

## What data are available?

The following Indigenous-specific health checks are listed on the MBS:

- MBS item 715: available from 1 May 2010, provided by general practitioners (GPs)
- MBS item 228: available from 1 July 2018, provided by non-vocationally recognised medical practitioners.

In response to the COVID-19 pandemic, temporary telehealth items for Indigenous-specific health checks have been made available from March 2020:

- Health checks provided via videoconference: MBS item 92004 (provided by GPs) and MBS item 92011 (provided by non-vocationally recognised medical practitioners)
- Health checks provided via teleconference (when videoconferencing is not available): MBS item 92016 (provided by general practitioners) and MBS item 92023 (provided by non-vocationally recognised medical practitioners).

While many of the required components of an Indigenous-specific health check can be completed as a remote service via telehealth, some components can only be delivered through face-to-face consultation with the patient. This could include any necessary physical examinations such as a blood pressure check. For an Indigenous-specific health check undertaken by telehealth to be processed via Medicare, all components of the health check, including both remotely delivered and face-to-face, must be completed (Health 2020).

Administrative data are available on the number of health checks for which a claim has been processed by Services Australia.

## What do the data show?

Progress towards the goal is not on track.

- The rate of Aboriginal and Torres Strait Islander people aged 25–54 who received an Indigenous-specific health check in 2020–21 was 30%, which was below the trajectory point of 54% required to meet the goal.
- The rate increased over time from 25% in 2014–15 to 32% in 2018–19. However, in recent years, the rate has remained stable at around 31% and fell to 30% in 2020–21.
- The rates in each of the 7 years from 2014–15 to 2020–21 were below the trajectory required to meet the goal for 2023. In 2020–21, the required trajectory point was 54%, compared with an actual rate of 30%.
- The rate in 2020–21 was slightly less than the previous 3 years. However, this period was during the COVID-19 pandemic in Australia, corresponding with a drop in the number of health checks provided compared with previous periods. For more information see Impacts of the COVID-19 on data.

In 2020–21, 89,019 health checks were provided for Indigenous adults aged 25–54. Indigenous females aged 25–54 were more likely than males of this age to have received a health check (34% compared with 26%).

The rate of health checks among Indigenous adults aged 25–54 varied by jurisdiction—ranging from 18% in Tasmania to 36% in Queensland.

### Health checks delivered by Aboriginal Community Controlled Health Organisations

Indigenous Australians may access Indigenous-specific health checks at mainstream or Indigenous-specific primary health care services. These health checks are available through community clinics, Aboriginal Community Controlled Health Organisations (ACCHOs) and other health care facilities.

The Indigenous primary health care national Key Performance Indicators (nKPIs) data collection provides information on primary health care organisations that receive funding from the Department of Health to provide primary health care services mainly to Aboriginal and Torres Strait Islander people.

Data from the national Key Performance Indicator (nKPI) data collection can be used, together with MBS data, to estimate the proportion of health checks delivered by ACCHOs.

In 2019–2020, among Indigenous Australians aged 25–54:

- an estimated 41% of Indigenous health checks were delivered by ACCHOs
- the proportion of health checks that were delivered by ACCHOs was highest in the Northern Territory (55%) and lowest in New South Wales/the Australian Capital Territory (31%).

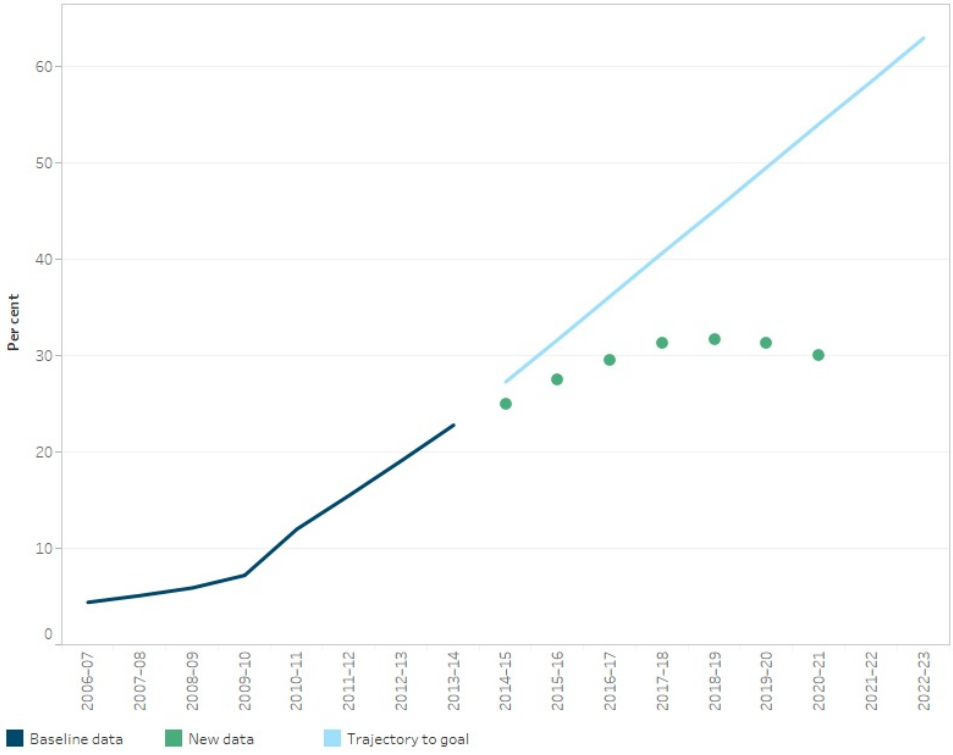
It is important to note that these proportions underestimate the true proportion as the nKPI data collection only captures regular clients who received a health check at ACCHOs. Additionally, not all health checks performed at ACCHOs are claimed through the MBS and have therefore not been captured in these estimates. Services provided by ACCHOs who did not provide information to the nKPI data collection were also not included.

The estimated proportion of health checks provided by ACCHOs is high when compared with workforce size. In 2019-20, there were around 540 full-time equivalent (FTE) GPs employed in ACCHOs (AIHW 2021b). This represented roughly 1.8% of the total FTE GP workforce (based on about 29,700 total GP FTEs, using data from the National Health Workforce Dataset for 2019) (Health 2021).

*Sources:* AIHW analysis of Indigenous primary health care nKPI data and Medicare Benefits Schedule data.

### Figure 14.1: Rate of Indigenous-specific MBS health checks for Aboriginal and Torres Strait Islander people aged 25-54

This figure shows the baseline data from 2006-07 to 2013-14, trajectory to the goal from 2014-15 to 2022-23. New data from 2014-15 to 2020-21 for the age-standardised proportion of Indigenous Australians aged 25-54 who attended a MBS health check are also plotted. The rate was trending upwards up until 2018-19. The rate fell slightly from 31.7% in 2018-19 to 30.0% 2019-20, which is likely to reflect changes in service use due to COVID-19.



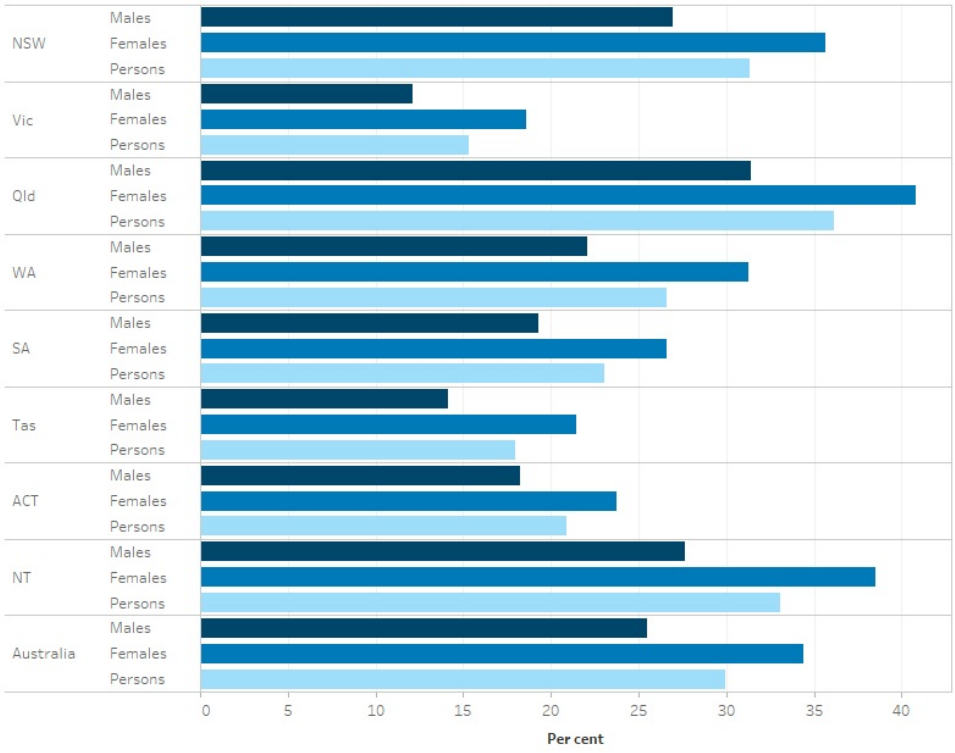

*Notes*
1. Includes MBS items 715, 228, 92004, 92011, 92016 and 92023. MBS item 228 was added in 2018–19. From March 2020, equivalent telehealth items (92004, 92011, 92016 and 92023) for Indigenous-specific health checks were made available in response to the COVID-19 pandemic. See data tables for more information.
2. 2019–20 includes the first 6 months of the COVID-19 pandemic in Australia, and the entire period 2020–21 was affected by the COVID-19 pandemic in Australia. This is likely to have impacted the rate of MBS health checks delivered in these time periods.
3. Rates were calculated using 2011 Census-based population estimates/projections and may not match those published elsewhere.



Source data tables and footnotes

### Figure 14.2: Rate of Indigenous-specific MBS health checks for Aboriginal and Torres Strait Islander people aged 25-54, by state and territory, 2020-21

The figure shows the rate of MBS health checks among Indigenous Australians aged 25-54, by jurisdiction and sex. The highest rates are in Queensland (31.4% of males, 40.8% of females).




*Notes*

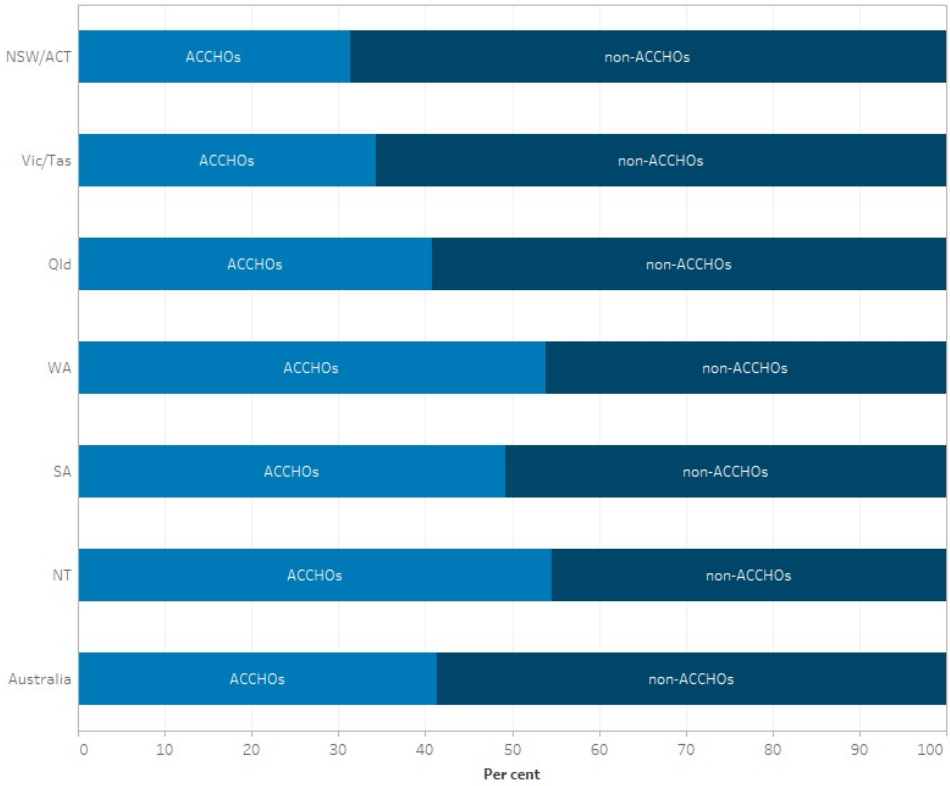
1. Includes MBS items 715, 228, 92004, 92011, 92016 and 92023. MBS item 228 was added in 2018–19. From March 2020, equivalent telehealth items (92004, 92011, 92016 and 92023) for Indigenous-specific health checks were made available in response to the COVID-19 pandemic. See data tables for more information.
2. The period 2020–21 was affected by the COVID-19 pandemic in Australia, which is likely to have impacted the rate of MBS health checks delivered in this year.
3. Rates were calculated using 2011 Census-based population estimates/projections and may not match those published elsewhere.



Source data tables and footnotes

**Figure 14.3: Proportion of Indigenous-specific MBS health checks for Aboriginal and Torres Strait Islander people aged 25-54, by type of service provider and state/territory, 2019-2020**

The figure shows the proportion of Indigenous-specific health checks that took place, by type of service provider. Western Australia had the highest rate of services provided by Aboriginal Community Controlled Health Organisations (53.9%). New South Wales/the Australian Capital Territory had the lowest rate of services provided by Aboriginal Community Controlled Health Organisations (31.3%).




ACCHOs = Aboriginal Community Controlled Health Organisations

*Notes*

1. Includes MBS Items 715, 228, 92004, 92011, 92016 and 92023.
2. See above box *Health checks delivered by Aboriginal Community Controlled Health Organisations* for further information.
3. Data are not comparable to previously published due to refinement in assumptions for MBS denominators.



Source data tables and footnotes

## References

AIHW (Australian Institute of Health and Welfare) 2021a. Indigenous health checks and follow-ups. Cat. no. IHW 209. Canberra: AIHW. Viewed 31 August 2021.

AIHW 2021b. Aboriginal and Torres Strait Islander-specific primary health care: results from the OSR and nKPI collections. Cat. no. IHW 227. Canberra: AIHW. Viewed 31 August 2021.

Health (Department of Health) 2020. Coronavirus (COVID-19) - Telehealth items guide. Canberra: DoH. Viewed 15 October 2020.

Health 2021. Health Workforce Data. Viewed 14 July 2021.

# Healthy ageing domain

Goals in the *Healthy ageing* domain

| Goal | Goal description | Most recent data period | On track status |
|---|---|---|---|
| Goal 15 | Indigenous-specific health checks – people aged 55 and over | 2020–21 | ✗ |
| Goal 19 | Immunisation for influenza – people aged 50 and over | 2018–19 | ✓ |
| Goal 20 | Immunisation for pneumonia – people aged 50 and over | 2018–19 | ✓ |

**Key:**

✓ On track

✗ Not on track

## Information about this domain

### Vision

Older Aboriginal and Torres Strait Islander people remain active, healthy, independent and comfortable for as long as possible and have access to culturally secure and responsive aged care services.

### Goals

- Increase the rate of Aboriginal and Torres Strait Islander people aged 55 and over who have at least one Indigenous-specific health check in a year to 74% by 2023.
- Increase the rate of Aboriginal and Torres Strait Islander people aged 50 and over who are immunised against influenza to 64% by 2023.
- Increase the rate of Aboriginal and Torres Strait Islander people aged 50 and over who are immunised against pneumonia to 33% by 2023.

# Healthy ageing domain

This indicator reports on the rate of Indigenous-specific Medicare Benefits Schedule (MBS) health checks among Aboriginal and Torres Strait Islander people aged 55 and over. The goal for this indicator is 74% by 2023.

## Why is it important?

All Aboriginal and Torres Strait Islander people are eligible for an annual Indigenous-specific health check, subsidised through Medicare. These checks can be received for free at Aboriginal Medical Services and bulk billing clinics. The Indigenous-specific health checks were introduced in recognition that Indigenous Australians, as a group, experience some particular health risks. The aim of the Indigenous-specific health checks is to encourage early detection and treatment of common conditions that cause ill health and early death—for example, diabetes and heart disease (AIHW 2021a).

## What data are available?

The following Indigenous-specific health checks are listed on the MBS:

- MBS item 715: available from 1 May 2010, provided by general practitioners (GPs)
- MBS item 228: available from 1 July 2018, provided by non-vocationally recognised medical practitioners.

In response to the COVID-19 pandemic, temporary telehealth items for Indigenous-specific health checks have been made available from March 2020:

- Health checks provided via videoconference: MBS item 92004 (provided by GPs) and MBS item 92011 (provided by non-vocationally recognised medical practitioners)
- Health checks provided via teleconference (when videoconferencing is not available): MBS item 92016 (provided by general practitioners) and MBS item 92023 (provided by non-vocationally recognised medical practitioners).

While many of the required components of an Indigenous-specific health check can be completed as a remote service via telehealth, some components can only be delivered through face-to-face consultation with the patient. This could include any necessary physical examinations such as a blood pressure check. For an Indigenous-specific health check undertaken by telehealth to be processed via Medicare, all components of the health check, including both remotely delivered and face-to-face, must be completed (Health 2020).

Administrative data are available on the number of health checks for which a claim has been processed by Services Australia.

## What do the data show?

Progress towards the goal is not on track.

- The rate of Indigenous-specific health checks among Aboriginal and Torres Strait Islander people aged 55 and over in 2020–21 was 45%, which was below the trajectory point of 65% required to meet the goal.
- The rate increased from 35% in 2014–15 to 45% in 2020–21.
- The rates in the 7 years from 2014–15 to 2020–21 were below the trajectory required to meet the goal for 2023. In 2020–21, the required trajectory point was 65%, compared with an actual rate of 45%.
- The rate in 2020–21 was the same as the previous two years. While this period was during the COVID-19 pandemic in Australia, more checks were provided in 2020–21 than in 2019–20. However, the rate remained stable due to an increase in the population size between years. For more information see Impacts of the COVID-19 on data.

In 2020–21, 44,624 health checks were provided for Indigenous adults aged 55 and over. Indigenous females aged 55 and over were more likely than males of this age to have received a health check (48% compared with 42%).

The rate of health checks among Indigenous adults aged 55 and over varied by jurisdiction—ranging from 27% in Victoria to 56% in Queensland in 2020–21.

### Health checks delivered by Aboriginal Community Controlled Health Organisations

Indigenous Australians may access Indigenous-specific health checks at mainstream or Indigenous-specific primary health care services. These health checks are available through community clinics, Aboriginal Community Controlled Health Organisations (ACCHOs) and other health care facilities.

The Indigenous primary health care national Key Performance Indicators (nKPIs) data collection provides information on primary health care organisations that receive funding from the Department of Health to provide primary health care services mainly to Aboriginal and Torres Strait Islander people.

Data from the national Key Performance Indicator (nKPI) data collection can be used, together with MBS data, to estimate the proportion of health checks delivered by ACCHOs.

In 2019–2020, among Indigenous Australians aged 55 and over:

- An estimated 40% of Indigenous checks were delivered by ACCHOs
- The proportion of health checks that were delivered by ACCHOs was highest in the Northern Territory (59%) and lowest in Victoria/Tasmania (29%).

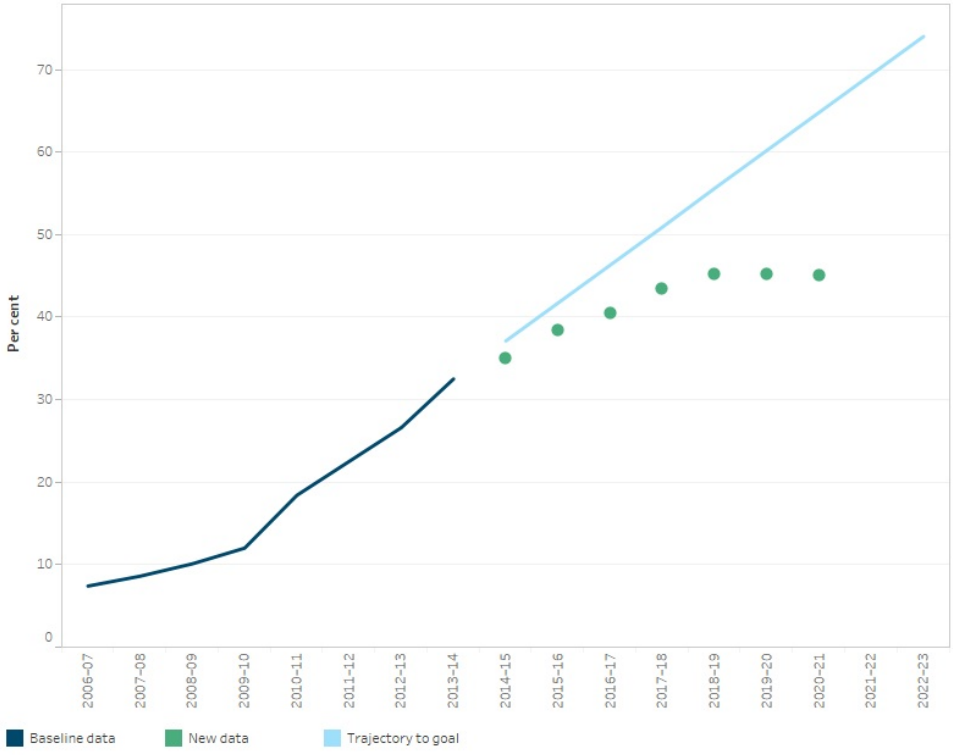
It is important to note that these proportions underestimate the true proportion as the nKPI data collection only captures regular clients who received a health check at ACCHOs. Additionally, not all health checks performed at ACCHOs are claimed through the MBS and have therefore not been captured in these estimates. Services provided by ACCHOs who did not provide information to the nKPI data collection were also not included.

The estimated proportion of health checks provided by ACCHOs is high when compared with workforce size. In 2019-20, there were around 540 full-time equivalent (FTE) GPs employed in ACCHOs (AIHW 2021b). This represented roughly 1.8% of the total FTE GP workforce (based on about 29,700 total GP FTEs, using data from the National Health Workforce Dataset for 2019) (Health 2021).

*Sources:* AIHW analysis of Indigenous primary health care nKPI data and Medicare Benefits Schedule data.

### Figure 15.1: Rate of Indigenous-specific MBS health checks for Aboriginal and Torres Strait Islander people aged 55 and over

This figure shows the baseline data from 2006-07 to 2013-14, trajectory to the goal from 2014-15 to 2022-23. New data from 2014-15 to 2020-21 for the proportion of Indigenous Australians aged 55 and over who attended a MBS health check are also plotted. The rate was trending upwards up until 2018-19. The rate was the same in 2018-19 and 2019-20 (45.1%) and fell by 0.1% to 45.0 in 2020-21, which is likely to reflect changes in service use due to COVID-19.



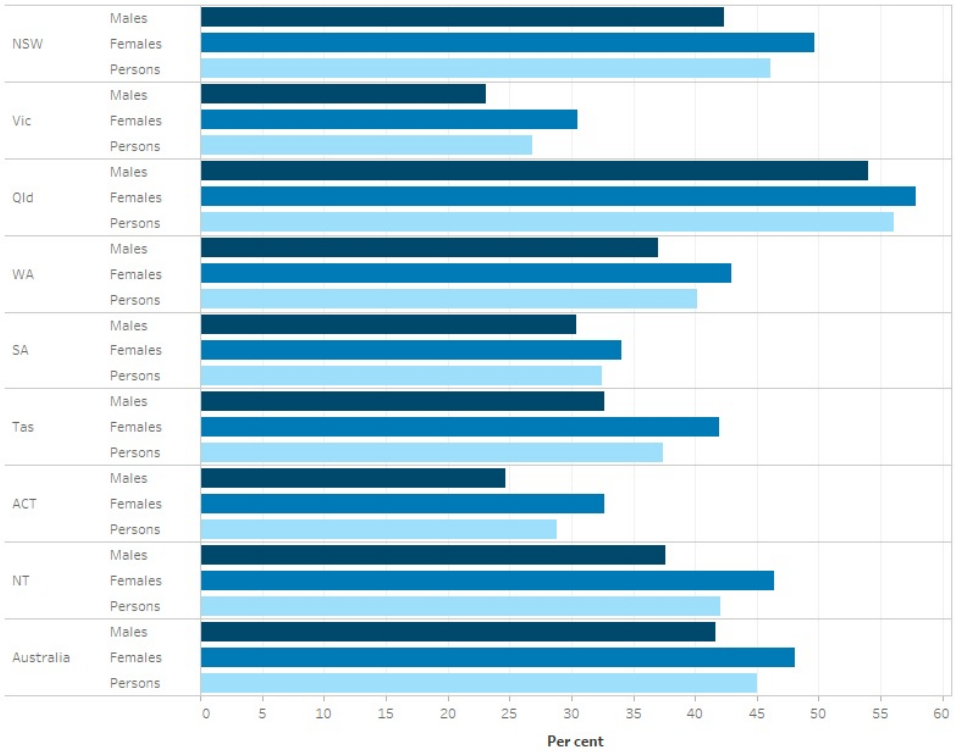

*Notes*
1. Includes MBS items 715, 228, 92004, 92011, 92016 and 92023. MBS item 228 was added in 2018–19. From March 2020, equivalent telehealth items (92004, 92011, 92016 and 92023) for Indigenous-specific health checks were made available in response to the COVID-19 pandemic. See data tables for more information.
2. 2019–20 includes the first 6 months of the COVID-19 pandemic in Australia, and the entire period 2020–21 was affected by the COVID-19 pandemic in Australia. This is likely to have impacted the rate of MBS health checks delivered in these time periods.
3. Rates were calculated using 2011 Census-based population estimates/projections and may not match those published elsewhere.



Source data tables and footnotes

### Figure 15.2: Rate of Indigenous-specific MBS health checks for Aboriginal and Torres Strait Islander people aged 55 and over, by state and territory, 2020-21

The figure shows the rate of MBS health checks among Indigenous Australians aged 55 and over, by jurisdiction and sex. The highest rates are in Queensland (54.0% of males, 57.8% of females).




*Notes*

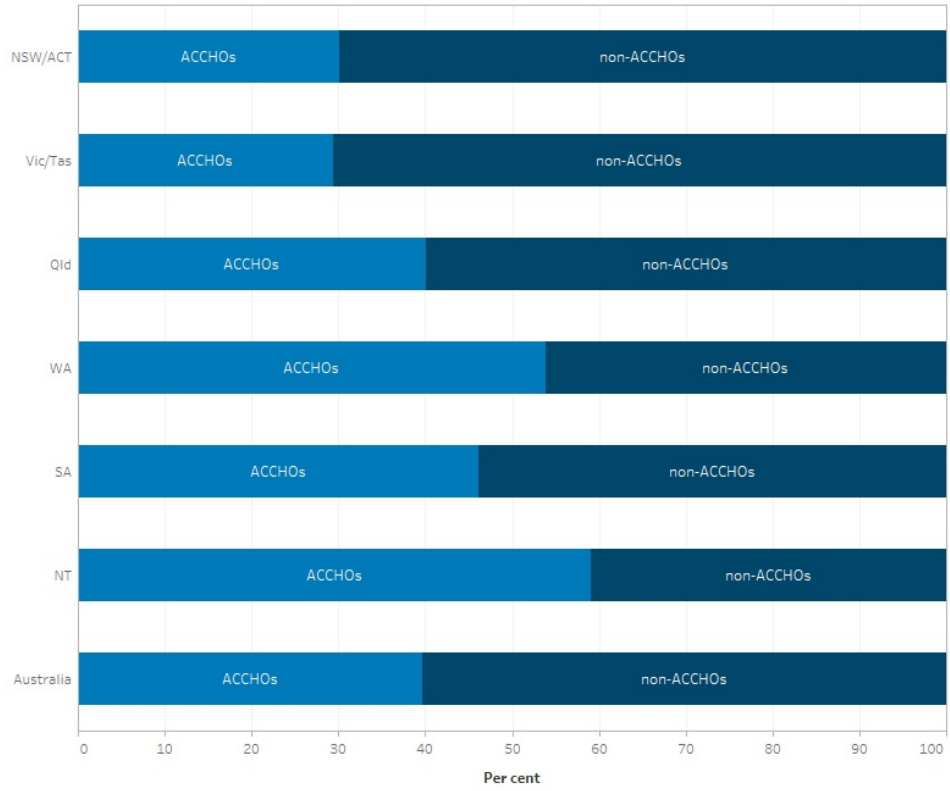
1. Includes MBS items 715, 228, 92004, 92011, 92016 and 92023. MBS item 228 was added in 2018–19. From March 2020, equivalent telehealth items (92004, 92011, 92016 and 92023) for Indigenous-specific health checks were made available in response to the COVID-19 pandemic. See data tables for more information.
2. The period 2020–21 was affected by the COVID-19 pandemic in Australia, which is likely to have impacted the rate of MBS health checks delivered in this year.
3. Rates were calculated using 2011 Census-based population estimates/projections and may not match those published elsewhere.



Source data tables and footnotes

**Figure 15.3: Proportion of Indigenous-specific MBS health checks for Aboriginal and Torres Strait Islander people aged 55 and over, by type of service provider and state/territory, 2019-2020**

The figure shows the proportion of MBS 715 health checks that took place, by type of service provider. The Northern Territory had the highest rate of services provided by Aboriginal Community Controlled Health Organisations (59.1%). Victoria/Tasmania had the lowest rate of services provided by Aboriginal Community Controlled Health Organisations (29.4%).




ACCHOs = Aboriginal Community Controlled Health Organisations

*Notes*

1. Includes MBS Items 715, 228, 92004, 92011, 92016 and 92023.
2. See above box *Health checks delivered by Aboriginal Community Controlled Health Organisations* for further information.
3. Data are not comparable to previously published due to refinement in assumptions for MBS denominators.



Source data tables and footnotes

## References

AIHW (Australian Institute of Health and Welfare) 2021a. Indigenous health checks and follow-ups. Cat. no. IHW 209. Canberra: AIHW. Viewed 31 August 2021.

AIHW 2021b. Aboriginal and Torres Strait Islander-specific primary health care: results from the OSR and nKPI collections. Cat. no. IHW 227. Canberra: AIHW. Viewed 31 August 2021.

Health (Department of Health) 2020. Coronavirus (COVID-19) - Telehealth items guide. Canberra: DoH. Viewed 15 October 2020.

Health 2021. Health Workforce Data. Viewed 14 July 2021.

# Healthy ageing domain

This indicator reports on the proportion of Aboriginal and Torres Strait Islander people aged 50 and over who are immunised for influenza. The goal for this indicator is 64% by 2023.

## Why is it important?

Immunisation is important in protecting older Aboriginal and Torres Strait Islander people against harmful infectious diseases. Indigenous Australians may be at increased risk of severe illness resulting from influenza due to other risk factors and comorbidities.

## What data are available?

Data on immunisation for influenza are available from ABS health survey data. The most recent such survey with estimates for Indigenous people was the 2018–19 National Aboriginal and Torres Strait Islander Health Survey (ABS 2019).

## What do the data show?

There is no new data available since the last update, however the most recent assessment showed that progress towards the goal was on track.

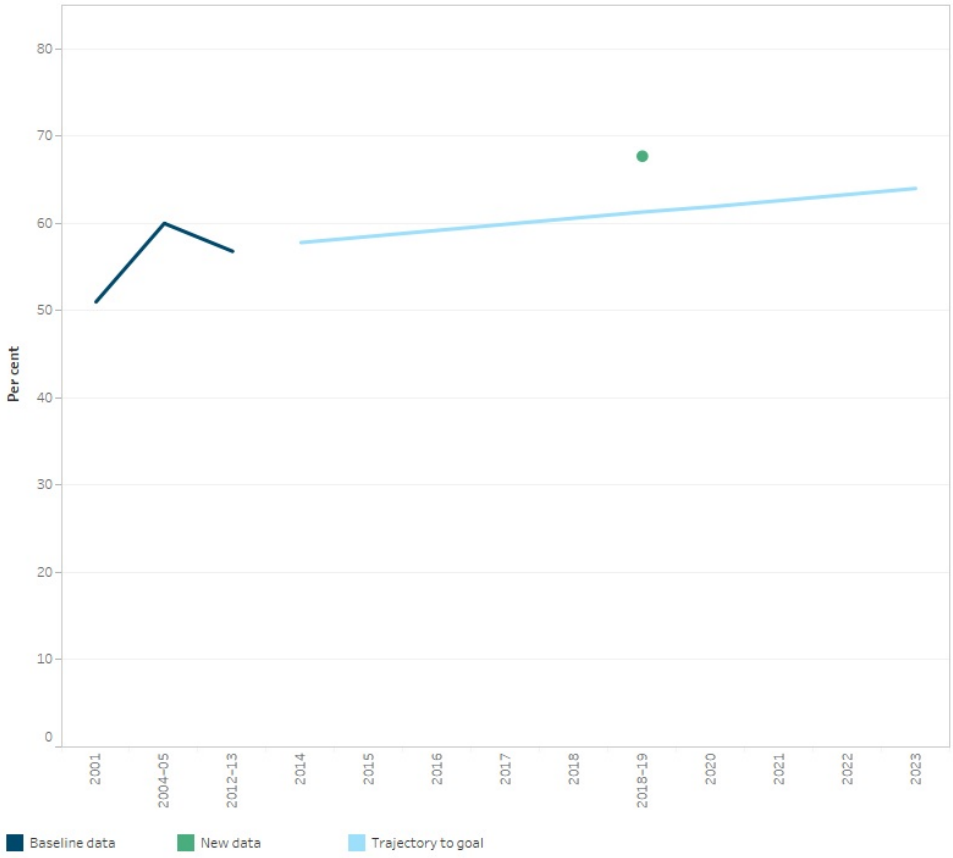
- The proportion of Indigenous Australians aged 50 and over who reported that they had been vaccinated against influenza in the previous 12 months in 2018–19 was 68%, which was above the trajectory point of 61% required to meet the goal.
- The rate increased over time from 51% in 2001 to 68% in 2018–19.
- In 2018–19, the rate (68%) was above the trajectory point required to meet the goal (61%). Furthermore, the rate was above the goal for 2023 (64%).

In 2018–19, among Aboriginal and Torres Strait Islander people aged 50 and over:

- 62% of those aged 50–64, and 84% of those aged 65 and over reported that they had been vaccinated against influenza in the previous 12 months
- 20% of those aged 50–64, and 8.5% of those aged 65 and over had never been vaccinated against influenza.
- Indigenous Australians aged 50 and over who lived in *Remote* areas were more likely to be vaccinated against influenza than those in *Non-remote* areas—73% compared with 67%.

### Figure 19.1: Aboriginal and Torres Strait Islander people aged 50 and over who were immunised for influenza in the previous 12 months

This figure shows the baseline data, from 2001 to 2012–13, the trajectory towards the goal, from 2014 to 2023. New data from 2018–19 for the proportion of Indigenous Australians aged 50 and over who were immunised for influenza in the previous 12 months are also plotted. There is only one data point—in 2018–19, 67.7% of Indigenous Australians aged 50 and over were immunised for influenza in the previous 12 months. This means that the 2023 goal (64%) has already been achieved.




*Note:* Variability bands for goal trajectories were calculated to be ± 5.0 across all years, meaning that the new data from 2018–19 are on track to meet the goal.



Source data tables and footnotes

**Figure 19.2: Aboriginal and Torres Strait Islander people aged 50 and over who reported being immunised for influenza, by sex, remoteness and timing of vaccination, 2018–19**

The figure shows the rate of influenza immunisation (in the last 12 months) among Indigenous Australians aged 50 and over, by remoteness and sex. The rate was slightly higher in remote areas (73.4%) than in non-remote areas (66.7%). Across Australia, females were more likely to get vaccinated than males (70.9% and 64.4%, respectively).

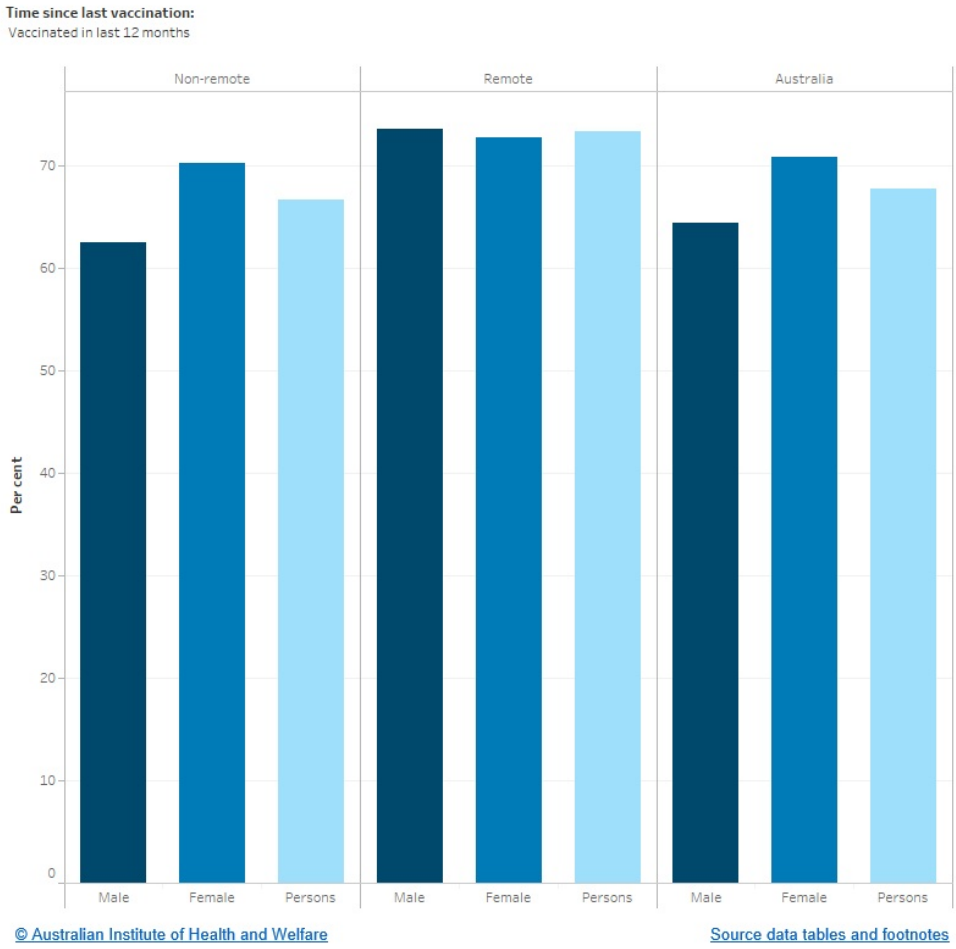
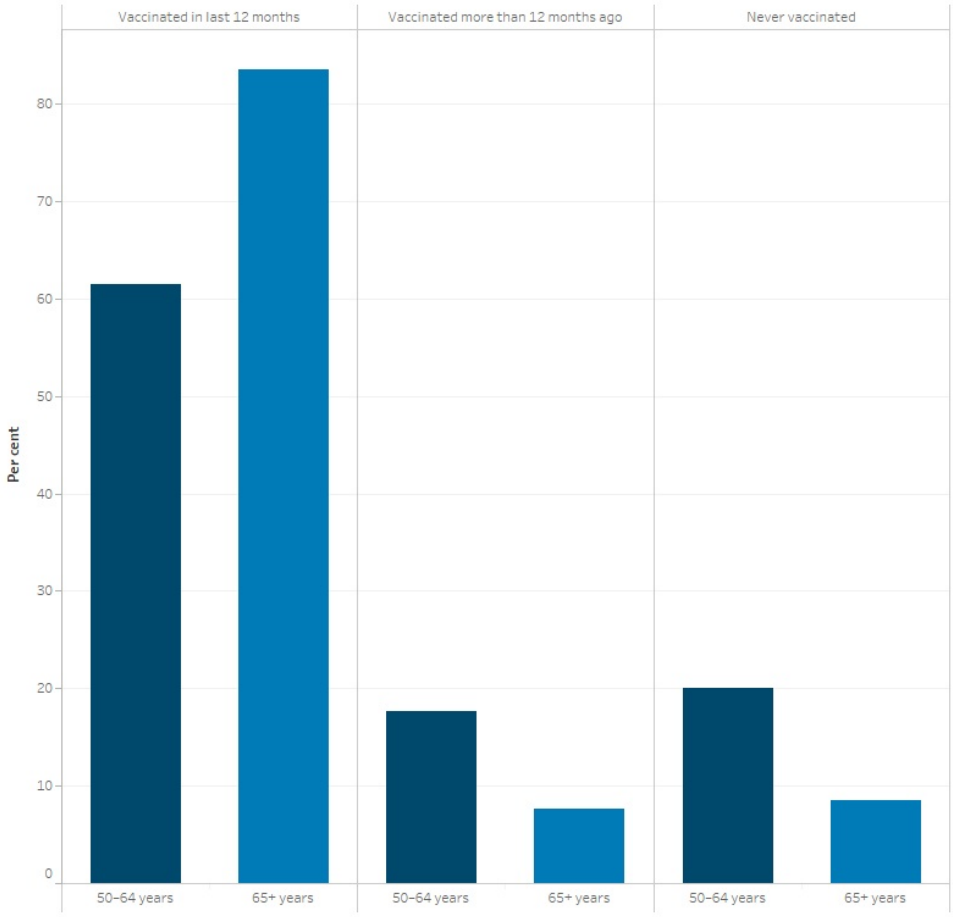



**Figure 19.3: Aboriginal and Torres Strait Islander people aged 50 and over who reported being immunised for influenza, by age group and timing of vaccination, 2018-19**

The figure shows that Indigenous Australians aged 65+ were more likely to be vaccinated for influenza in the last 12 months than those aged 50–64 (83.5% compared to 61.5%). Indigenous Australians aged 50–64 years were more likely to have been never vaccinated for influenza than those aged 65+ (20.1% compared to 8.5%).






Source data tables and footnotes

## References

ABS (Australian Bureau of Statistics) 2019. National Aboriginal and Torres Strait Islander Health Survey. Canberra: ABS. Viewed 28 October 2020.

# Healthy ageing domain

This indicator reports on the proportion of Aboriginal and Torres Strait Islander people aged 50 and over who are immunised for pneumonia. The goal for this indicator is 33% by 2023.

## Why is it important?

Immunisation is important in protecting older Aboriginal and Torres Strait Islander people against harmful infectious diseases. Indigenous Australians may be at increased risk of severe illness resulting from pneumonia (pneumococcus) due to other risk factors and comorbidities.

## What data are available?

Data on immunisation for pneumonia are available from ABS health survey data. The most recent such survey with estimates for Indigenous people was the 2018–19 National Aboriginal and Torres Strait Islander Health Survey (ABS 2019).

## What do the data show?

There is no new data available since the last update, however the most recent assessment showed that progress towards the goal was on track.

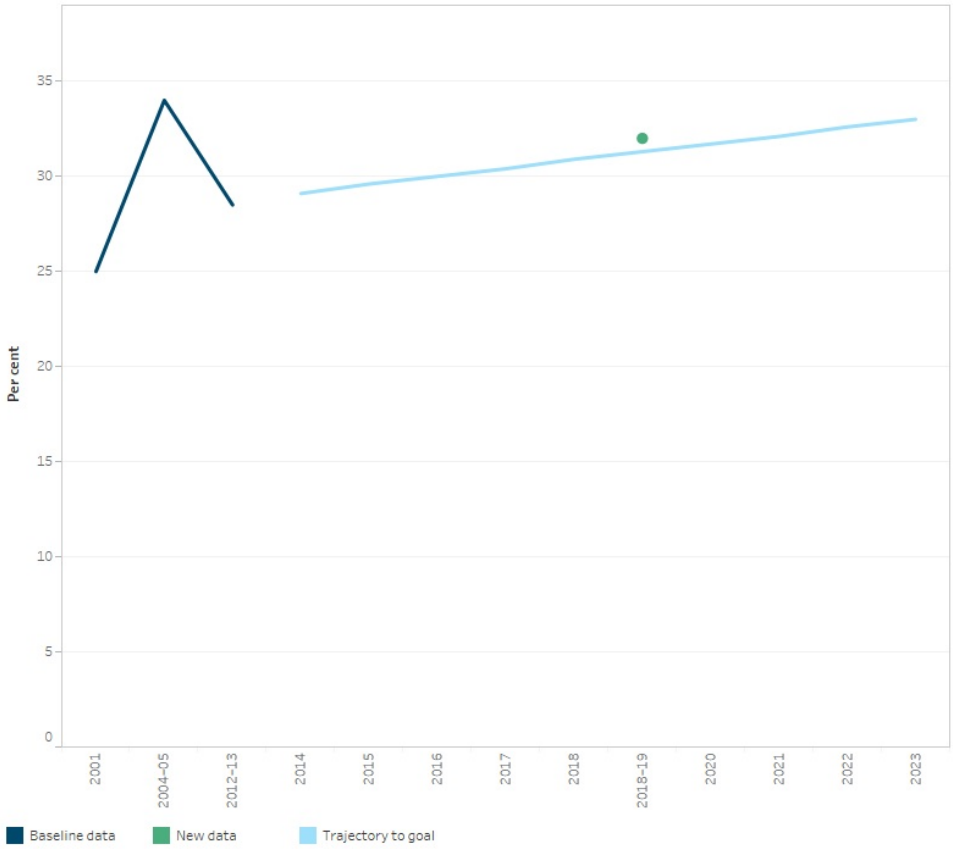
- The rate of Indigenous Australians aged 50 and over who reported that they had been immunised for pneumonia in 2018–19 was 32%, which was above the trajectory of 31% required to meet the goal.

In 2018–19, among Aboriginal and Torres Strait Islander people aged 50 and over:

- 27% of those aged 50–64, and 46% of those aged 65 and over reported that they had been immunised for pneumonia in the previous 5 years
- 67% of those aged 50–64, and 44% of those aged 65 and over had never been immunised for pneumonia.
- Indigenous Australians aged 50 and over who lived in *Remote* areas were slightly more likely to report that they had been immunised for pneumonia than those in *Non-remote* areas—34% compared with 32%.

### Figure 20.1: Aboriginal and Torres Strait Islander people aged 50 and over who were immunised for pneumonia in the previous 5 years

This figure shows the baseline data, from 2001 to 2012–13, the trajectory towards the goal, from 2014 to 2023. New data from 2018–19 for the proportion of Indigenous Australians aged 50 and over who were immunised for pneumonia in the previous 5 years are also plotted. There is only one data point—in 2018–19, 32.0% of Indigenous Australians aged 50 and over were immunised for pneumonia in the previous 5 years.




*Note:* Variability bands for goal trajectories were calculated to be ± 4.4 across all years, meaning that the new data from 2018–19 are on track to meet the goal.



Source data tables and footnotes

**Figure 20.2: Aboriginal and Torres Strait Islander people aged 50 and over who reported being immunised for pneumonia, by sex, remoteness and timing of vaccination, 2018-19**

The figure shows the rate of pneumonia immunisation (in the last 5 years) among Indigenous Australians aged 50 and over, by remoteness and sex. The rate was slightly higher in remote areas (33.7%) than in non-remote areas (31.8%). Across Australia, females were more likely to get vaccinated than males (35.2% and 28.4%, respectively).

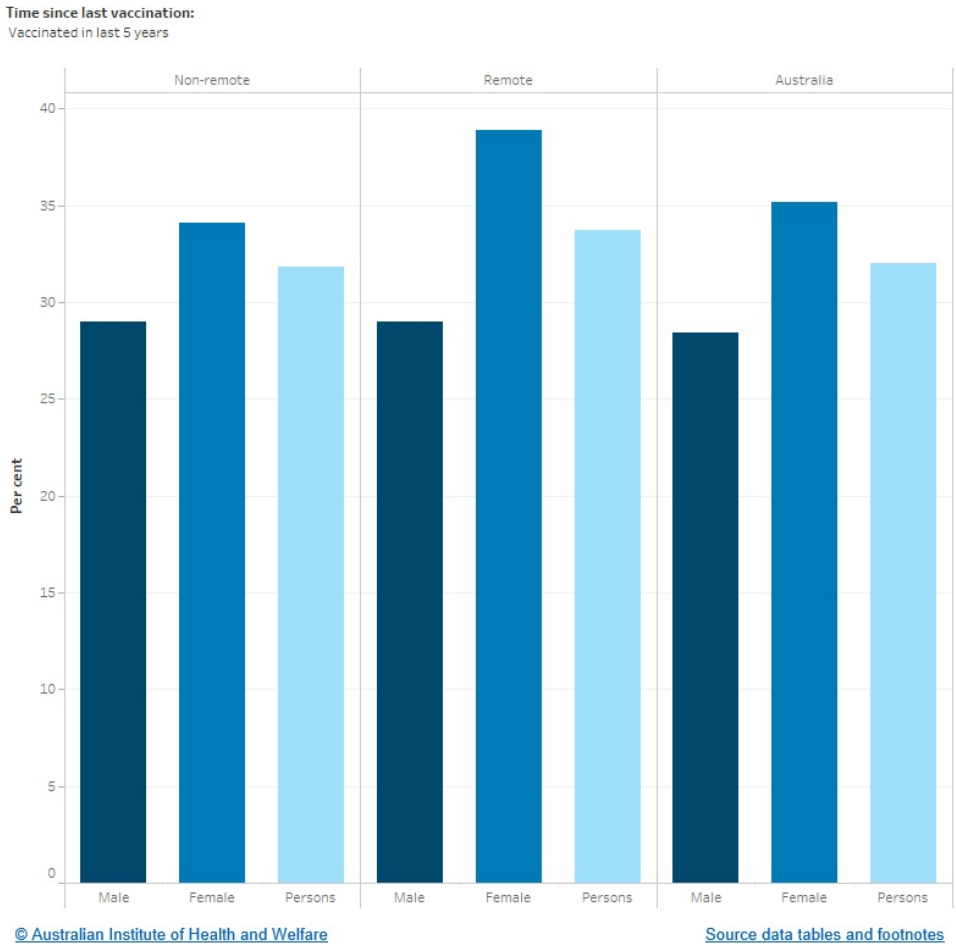
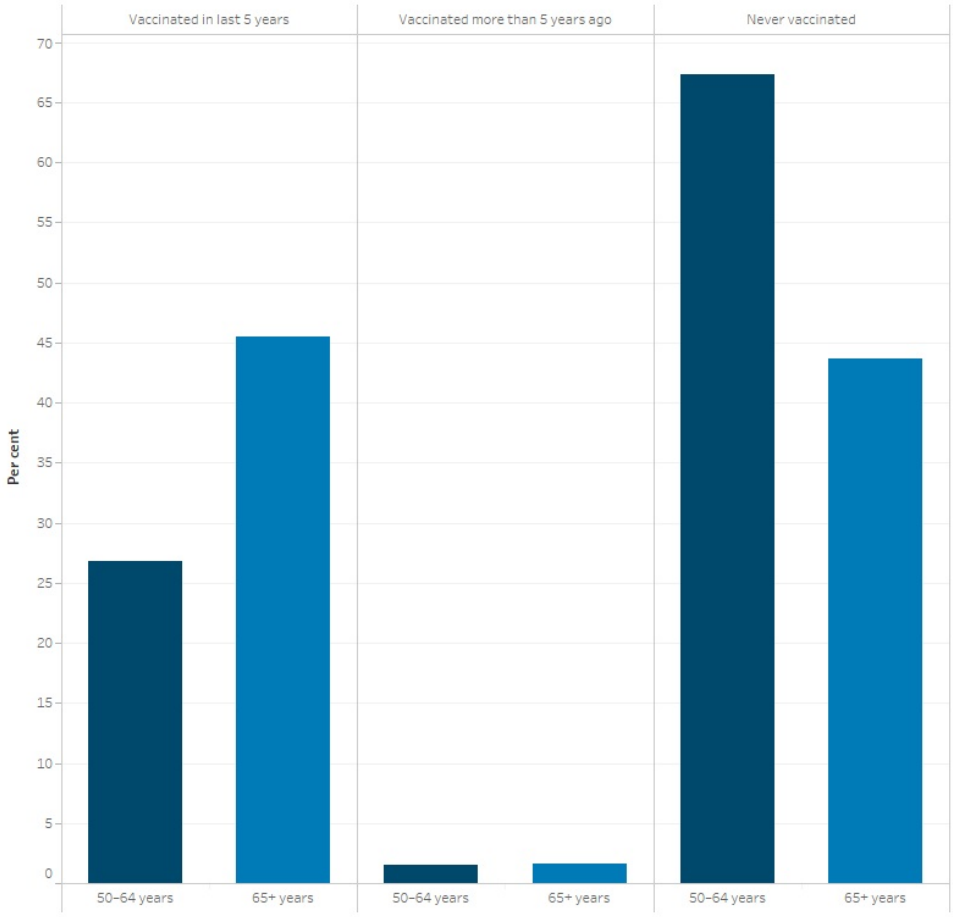



**Figure 20.3: Aboriginal and Torres Strait Islander people aged 50 and over who reported being immunised for pneumonia, by age group and timing of vaccination, 2018–19**

The figure shows that Indigenous Australians aged 65+ were more likely to be vaccinated for pneumonia in the past 5 years than those aged 50–64 (45.5% compared to 26.8%). Indigenous Australians aged 50–64 years were more likely to have been never vaccinated for pneumonia than those aged 65+ (67.3% compared to 43.7%).




## Reference

ABS (Australian Bureau of Statistics) 2019. National Aboriginal and Torres Strait Islander Health Survey. Canberra: ABS. Viewed 28 October 2020.

# Cross-domain

*Cross-domain* goals

| Goal | Goal description | Most recent data period | On track status |
|---|---|---|---|
| Goal 16 | HbA1c checks – people with type 2 diabetes | June 2020 | .. |
| Goal 17 | Blood pressure tests – people with type 2 diabetes | December 2020 | .. |
| Goal 18 | Renal function tests – people with type 2 diabetes | December 2020 | .. |

**Key:**

✓ On track

✗ Not on track

.. Not able to be assessed

## Information about this domain

The selected goals are not featured in any specific domain in the Implementation Plan, because they are relevant to a number of domains.

### Goals

- Increase the rate of Aboriginal and Torres Strait Islander people with type 2 diabetes who have regular HbA1c checks to 69% by 2023.
- Increase the rate of Aboriginal and Torres Strait Islander people with type 2 diabetes who have regular blood pressure tests to 70% by 2023.
- Increase the rate of Aboriginal and Torres Strait Islander people with type 2 diabetes who have renal function tests to 69% by 2023.

# Cross-domain

This indicator reports on the proportion of Aboriginal and Torres Strait Islander people with type 2 diabetes who had a regular glycosylated haemoglobin (HbA1c) test in the previous 12 months and are regular clients attending Indigenous specific primary health care services. The goal for this indicator is 69% by 2023.

### Why is it important?

Chronic conditions, including diabetes, are the leading causes of illness, disability and death among Aboriginal and Torres Strait Islander people. Effective management and monitoring of diabetes, including regular HbA1c tests, can delay the progression of disease, improve quality of life and increase life expectancy.

### What data are available?

In the absence of national data on Aboriginal and Torres Strait Islander people with type 2 diabetes who have regular glycosylated haemoglobin (HbA1c) tests, this indicator uses data from the Indigenous primary health care **national Key Performance Indicators** (nKPIs) data collection. These data pertain to Indigenous regular clients. A regular client is defined as a client who has attended the primary health care organisation at least 3 times in the last 2 years.

### Impact of COVID-19 on reporting

In acknowledgement of the additional pressures on organisations because of COVID-19, reporting to the nKPI collection was temporarily changed from mandatory to voluntary in June 2020. This resulted in a decrease in the number of organisations that reported on Indigenous regular clients with type 2 diabetes who had a HbA1c result recorded in the previous 12 months from 209 in June 2019 to 194 in June 2020.

In addition, lockdown restrictions due to COVID-19 may also have impacted:

- The rates of delivery of clinical services
- The ability of clients to attend the services
- The way in which services were delivered (for example, greater use of telehealth).

### What do the data show?

Progress towards the goal is not able to be assessed.

- The rate of Indigenous regular clients with type 2 diabetes who had their HbA1c result recorded within the previous 12 months in June 2020 was 66%, which was below the trajectory point of 68% required to meet the goal.
- The proportion increased from 63% in 2017 to 66% in 2020.

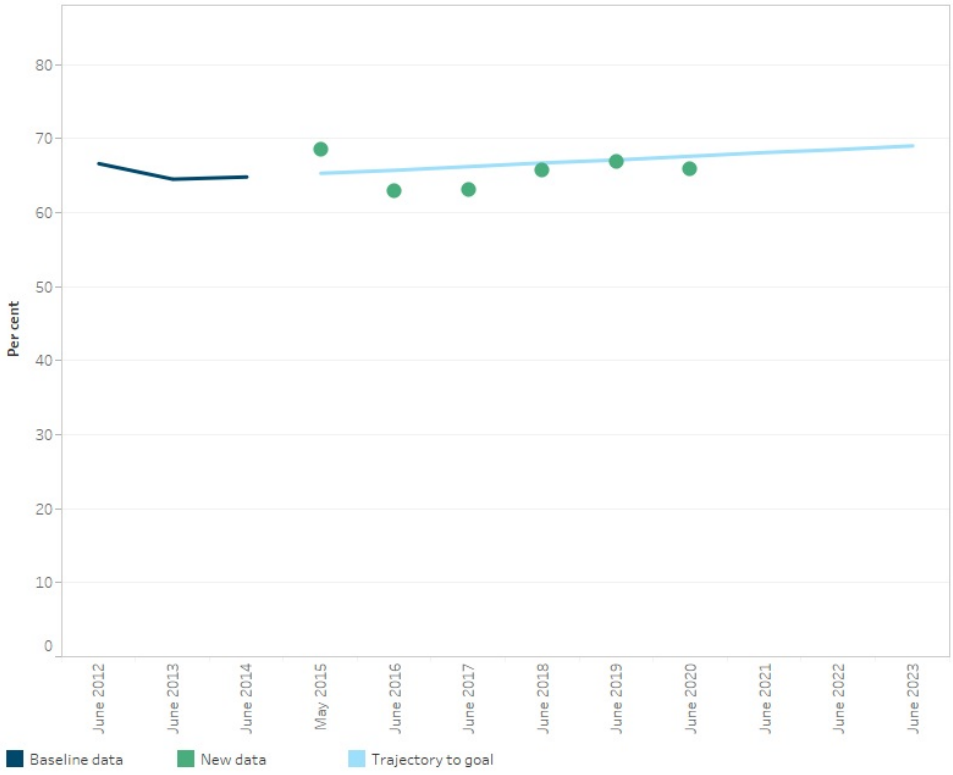
Nationally, in June 2020, among Aboriginal and Torres Strait Islander regular clients with type 2 diabetes:

- 66% had their HbA1c result recorded within the previous 12 months, which was below the trajectory point (68%) required to meet the goal for 2023.
- The proportion who had their HbA1c result recorded was lowest in the Northern Territory and South Australia (both 63%) and highest in Western Australia (71%).

Figure 16.4 shows the proportion of services by the percentage of regular clients with type 2 diabetes who had their HbA1c results recorded. For example, in June 2020, 42% of services had 67.6% or more of regular clients with type 2 diabetes who had their HbA1c result recorded within the previous 12 months.

#### Figure 16.1: Aboriginal and Torres Strait Islander regular clients with type 2 diabetes who had an HbA1c result recorded in the previous 12 months

The figure shows the baseline data, from June 2012 to June 2014, the trajectory towards the goal, from May 2015 to June 2023. New data show the proportion of Indigenous regular clients with type 2 diabetes who had an HbA1c result recorded in the previous 12 months from May 2015 to June 2020. Most recent data from June 2020 show that 65.9% of Indigenous clients had a result recorded in the previous 12 months.




*Notes*

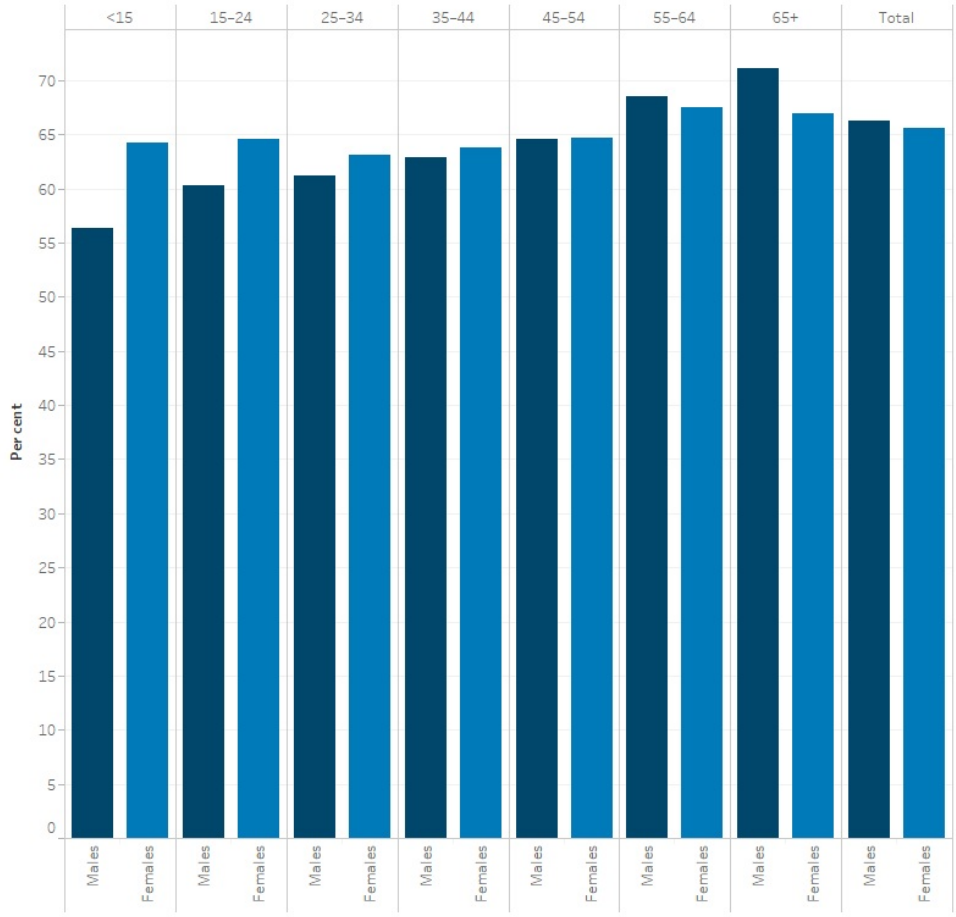
1. Starting with the June 2017 collection, changes were made to the electronic data extraction method for most organisations. This means that the June 2017 collection represents a new baseline for the collection moving forward, as data from earlier collections are not comparable with data from June 2017 onwards.
2. Progress against the goal for June 2020 data not assessed as participation in nKPI data collection was voluntary for this period due to COVID-19. For further details see *Impact of COVID-19 on reporting* section above.



Source data tables and footnotes

**Figure 16.2: Aboriginal and Torres Strait Islander regular clients with type 2 diabetes who had an HbA1c result recorded in the previous 12 months, by age group, June 2020**

The figure shows that the rate of HbA1c results recorded among regular clients with type 2 diabetes generally increases with age. Differences by sex are most pronounced in the youngest and oldest age groups. Among those aged less than 15, females are more likely to have a result recorded (64.3%) than males (56.4%). Among those aged 65 and above, males are more likely to have results recorded (71.2%) than females (67.0%).

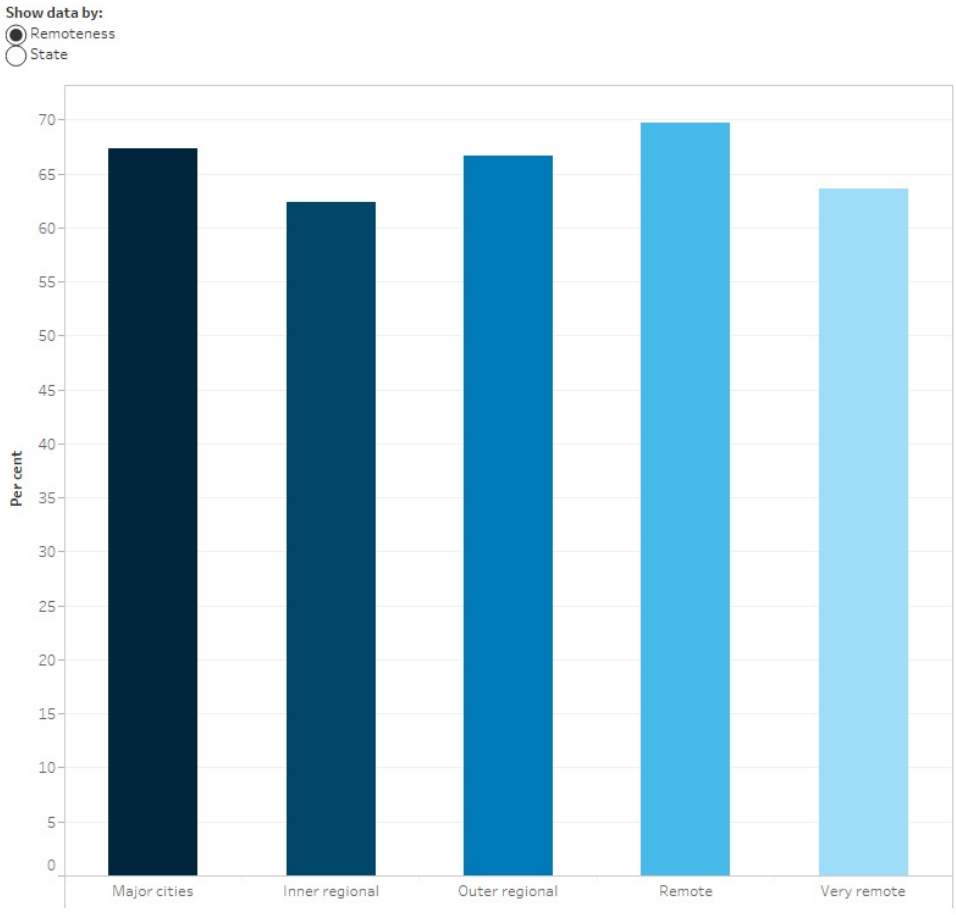





Source data tables and footnotes

**Figure 16.3: Aboriginal and Torres Strait Islander regular clients with type 2 diabetes who had an HbA1c result recorded in the previous 12 months, June 2020**

The figure shows the rate of HbA1c results recorded among regular clients with type 2 diabetes by remoteness. Rates varied from 69.7% in *Remote* areas to 62.4% in *Inner regional* areas.

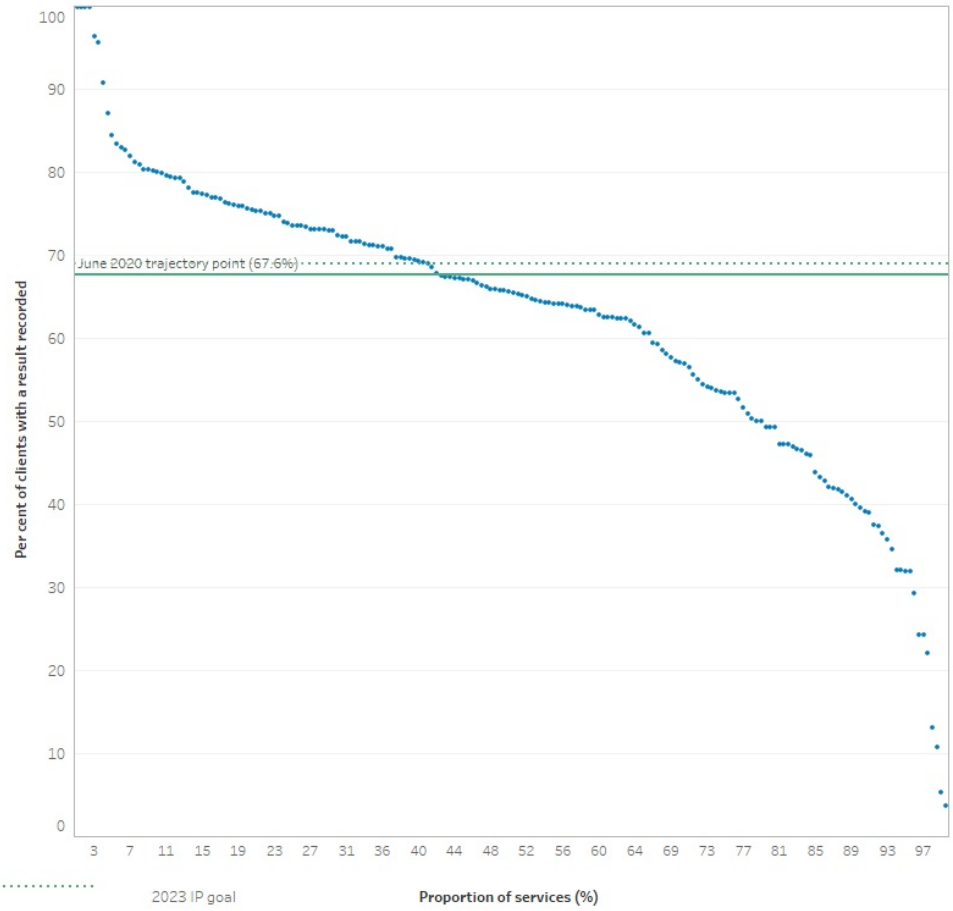





Source data tables and footnotes

**Figure 16.4: Organisations' results against the 2020 trajectory and 2023 goal for HbA1c result recorded, June 2020**

The figure shows the proportion of services on the x-axis and the per cent of clients with a result recorded on the y axis. The graph shows that 41.8% of services had 67.8% or more of clients with a results recorded (the 2020 trajectory point).



# Cross-domain

This indicator reports on the proportion of Aboriginal and Torres Strait Islander people with type 2 diabetes who had a blood pressure test in the previous 6 months and are regular clients attending Indigenous specific primary health care services. The goal for this indicator is 70% by 2023.

## Why is it important?

Chronic conditions, including diabetes, are the leading causes of illness, disability and death among Aboriginal and Torres Strait Islander people. Effective management and monitoring of diabetes, including regular blood pressure tests, can delay the progression of disease, improve quality of life and increase life expectancy.

## What data are available?

In the absence of national data on Aboriginal and Torres Strait Islander people with type 2 diabetes who have regular blood pressure tests, this indicator uses data from the Indigenous primary health care **national Key Performance Indicators** (nKPIs) data collection. These data pertain to Indigenous regular clients. A regular client is defined as a client who has attended the primary health care organisation at least 3 times in the last 2 years.

## Impact of COVID-19 on reporting

In acknowledgement of the additional pressures on organisations because of COVID-19, reporting to the nKPI collection was temporarily changed from mandatory to voluntary in June 2020 and December 2020. This resulted in a decrease in the number of organisations that reported on Indigenous regular clients with type 2 diabetes who had a blood pressure result recorded at the primary health care organisation within the previous 6 months from 211 in December 2019, to 194 in June 2020 and 194 in December 2020.

In addition, lockdown restrictions due to COVID-19 may also have impacted:

- The rates of delivery of clinical services
- The ability of clients to attend the services
- The way in which services were delivered (for example, greater use of telehealth).

## What do the data show?

Progress towards the goal is not able to be assessed.

- In December 2020, the rate of Aboriginal and Torres Strait Islander people with type 2 diabetes who had a blood pressure test in the previous 6 months and are regular clients attending Indigenous specific primary health care services was 63% which was below the trajectory point of 69% required to meet the goal.
- From June 2017, the rates were consistently below the trajectory required to meet the goal in 2023.

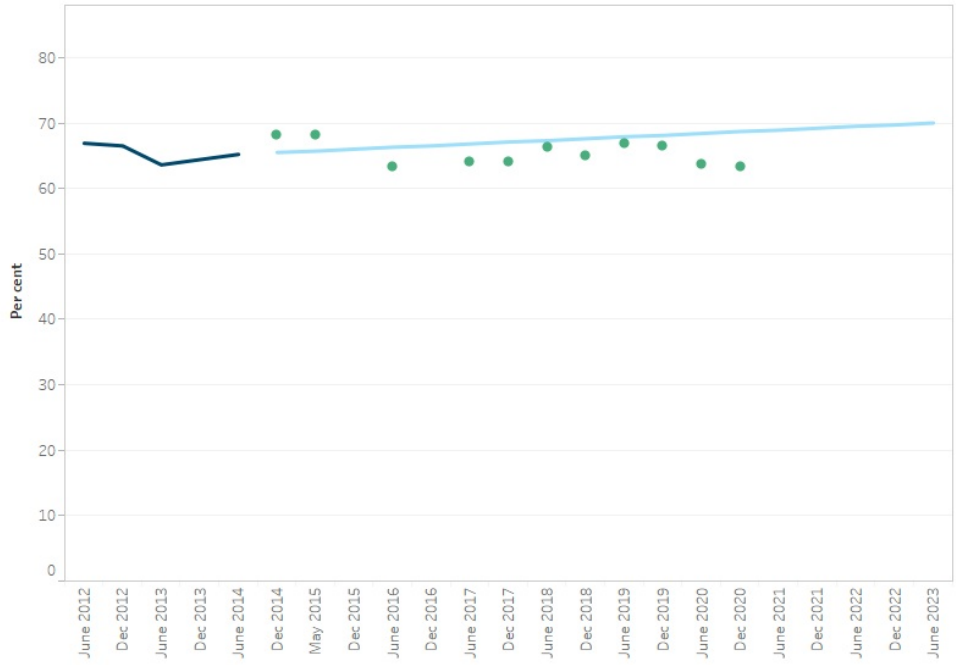
Nationally, in December 2020, among Aboriginal and Torres Strait Islander regular clients with type 2 diabetes:

- 63% had their blood pressure result recorded within the previous 6 months, which is below the trajectory point (69%) required to meet the goal for 2023.
- The proportion who had their blood pressure result recorded was lowest in Victoria/Tasmania (56%) and highest in Queensland and Western Australia (both 66%).

Figure 17.4 shows the proportion of services by the percentage of regular clients with type 2 diabetes who had their blood pressure test results recorded. For example, in December 2020, 30% of services had 68.5% or more of regular clients with type 2 diabetes who had their blood pressure test result recorded within the previous 6 months.

**Figure 17.1: Aboriginal and Torres Strait Islander regular clients with type 2 diabetes who had a blood pressure test result recorded in the previous 6 months**

The figure shows the baseline data, from June 2012 to June 2014, the trajectory towards the goal, from December 2014 to June 2023. New data show the proportion of Indigenous regular clients with type 2 diabetes who had a blood pressure test result recorded in the previous 6 months from December 2014 to December 2020. Most recent data from December 2020 show that 63.3% of Indigenous clients had a result recorded in the previous 6 months.




The trends of Baseline data, Trajectory to goal, New data and New data for Year. Color shows details about Baseline data, Trajectory to goal and New data. The data is filtered on Goal, which keeps 17.

Baseline data  New data  Trajectory to goal

*Notes*

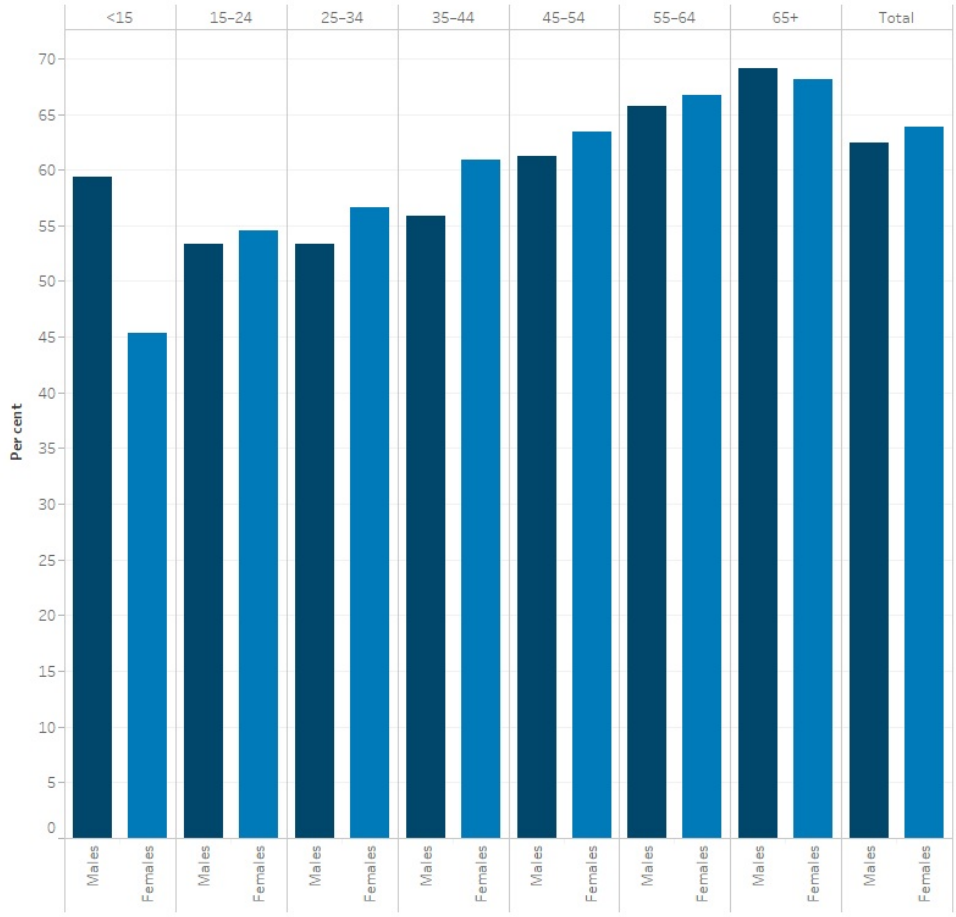
1. Data for December 2015 and December 2016 not shown due to data quality issues.
2. Starting with the June 2017 collection, changes were made to the electronic data extraction method for most organisations. This means that the June 2017 collection represents a new baseline for the collection moving forward, as data from earlier collections are not comparable with data from June 2017 onwards.
3. Progress against the goal for December 2020 data not assessed as participation in nKPI data collection was voluntary for this period due to COVID-19. For further details see *Impact of COVID-19 on reporting* section above.



Source data tables and footnotes

**Figure 17.2: Aboriginal and Torres Strait Islander regular clients with type 2 diabetes who had a blood pressure test result recorded in the previous 6 months, by age group, December 2020**

The figure shows that the rate of blood pressure test results recorded among regular clients with type 2 diabetes generally increases with age. Differences by sex are most pronounced in the youngest age group. Among those aged less than 15, females are more likely to have a result recorded (59.4%) than males (45.4%).

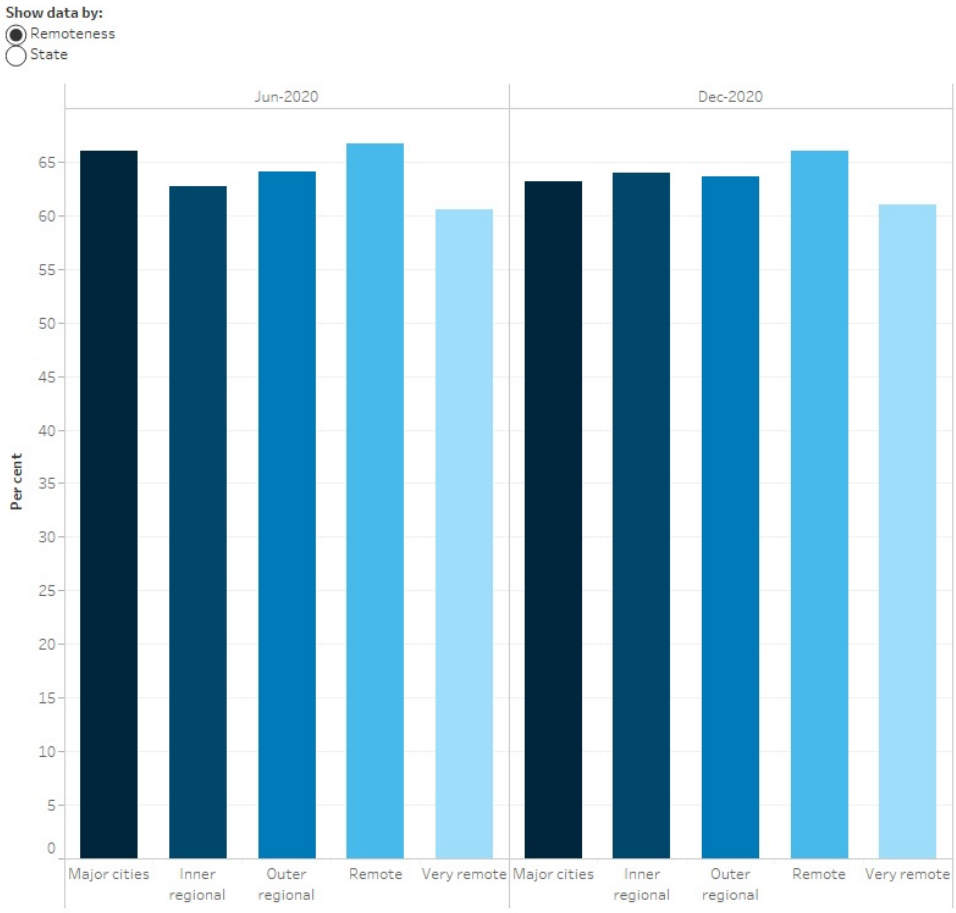





Source data tables and footnotes

**Figure 17.3: Aboriginal and Torres Strait Islander regular clients with type 2 diabetes who had a blood pressure test result recorded in the previous 6 months, June 2020 and December 2020**

The figure shows the rate of blood pressure test results recorded among regular clients with type 2 diabetes by remoteness. In December 2020, rates were highest in *Remote* areas (66.1%) and lowest in *Very remote* areas (61.0%).

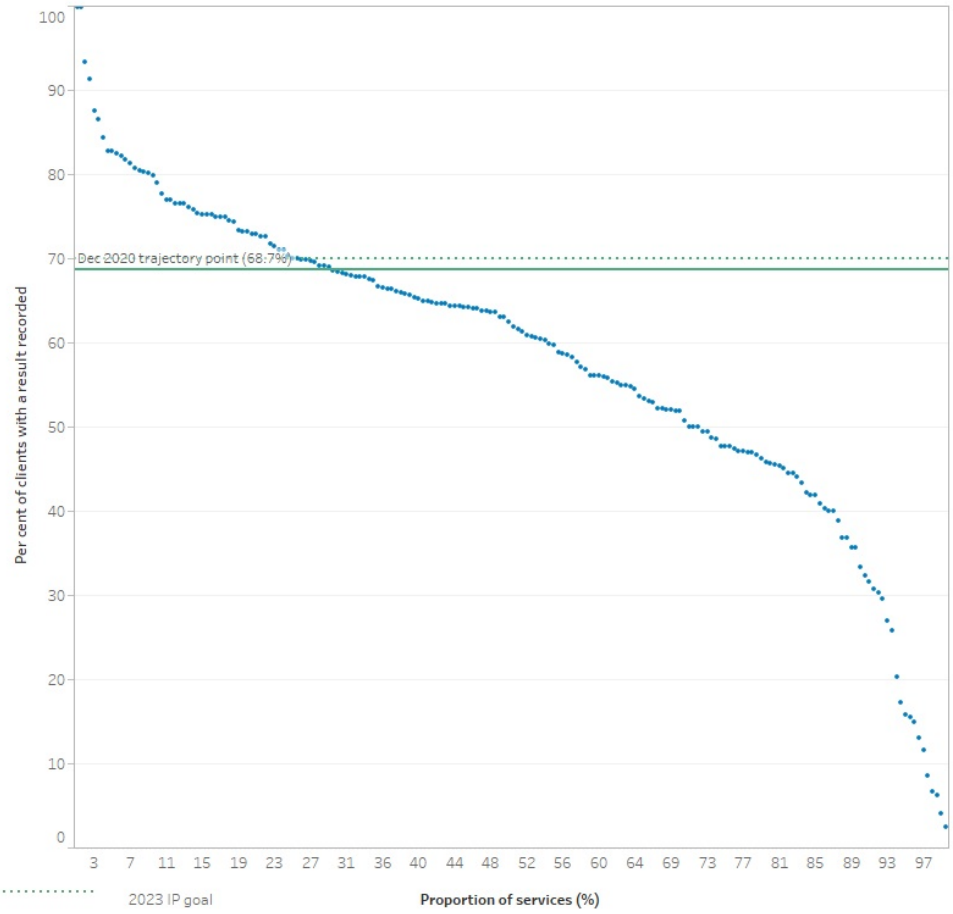





Source data tables and footnotes

**Figure 17.4: Organisations' results against the 2020 trajectory and 2023 goal for blood pressure test results recorded, December 2020**

The figure shows the proportion of services on the x-axis and the per cent of clients with a result recorded on the y axis. The graph shows that 30% of services had 68.5% or more of clients with a result recorded (the December 2020 trajectory point).



# Cross-domain

This indicator reports on the proportion of Aboriginal and Torres Strait Islander people with type 2 diabetes who had a kidney (renal) function test in the previous 12 months and are regular clients attending Indigenous specific primary health care services. The goal for this indicator is 69% by 2023.

### Why is it important?

Chronic conditions, including diabetes, are the leading causes of illness, disability and death among Aboriginal and Torres Strait Islander people. Effective management and monitoring of diabetes, including regular renal function tests, can delay the progression of disease, improve quality of life and increase life expectancy.

### What data are available?

In the absence of national data on Aboriginal and Torres Strait Islander people with type 2 diabetes who have regular renal function tests, this indicator uses data from the Indigenous primary health care **national Key Performance Indicators** (nKPIs) data collection. These data pertain to Indigenous regular clients. A regular client is defined as a client who has attended the primary health care organisation at least 3 times in the last 2 years.

### Impact of COVID-19 on reporting

In acknowledgement of the additional pressures on organisations because of COVID-19, reporting to the nKPI collection was temporarily changed from mandatory to voluntary in June 2020 and December 2020. This resulted in a decrease in the number of organisations that reported on Indigenous regular clients aged 15 and over with type 2 diabetes who had a kidney (renal) function test result recorded within the previous 12 months from 207 in December 2019, to 193 in June 2020 and 194 in December 2020.

In addition, lockdown restrictions due to COVID-19 may also have impacted:

- The rates of delivery of clinical services
- The ability of clients to attend the services
- The way in which services were delivered (for example, greater use of telehealth).

### What do the data show?

Progress towards the goal is not able to be assessed.

- In December 2020, the proportion of Aboriginal and Torres Strait Islander people with type 2 diabetes who had a kidney (renal) function test in the previous 12 months and are regular clients attending Indigenous specific primary health care services was 63%, which was below the trajectory point of 68% required to meet the goal.
- From December 2017, the rates were consistently below the trajectory required to meet the goal in 2023.

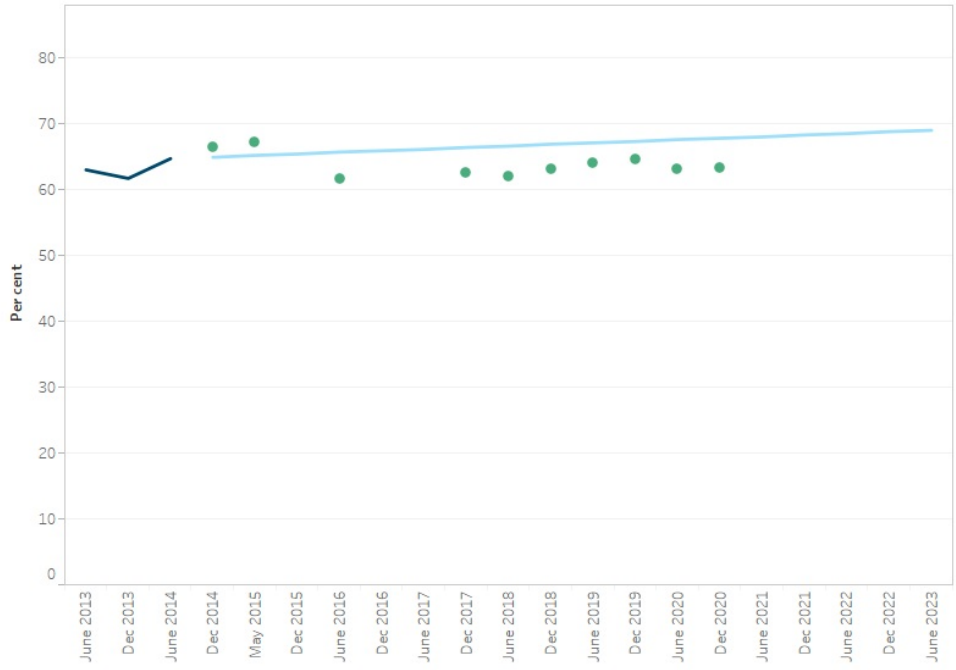
Nationally, in December 2020, among Aboriginal and Torres Strait Islander regular clients aged 15 and over with type 2 diabetes:

- 63% had a kidney function test result recorded within the previous 12 months, which was below the trajectory point (68%) required to meet the goal by 2023.
- The proportion who had a kidney function test recorded in the past 12 months was highest in Western Australia (50%) and lowest in the Northern Territory (40%).

Figure 18.4 shows the proportion of services by the percentage of regular clients with type 2 diabetes who had their kidney function test results recorded. For example, in December 2020, 34% of services had 67.8% or more of regular clients with type 2 diabetes who had their kidney function test results recorded within the previous 12 months.

### Figure 18.1: Aboriginal and Torres Strait Islander regular clients with type 2 diabetes who had a kidney function test result recorded in the previous 12 months

The figure shows the baseline data, from June 2013 to June 2014, the trajectory towards the goal, from December 2014 to June 2023. New data show the proportion of Indigenous regular clients with type 2 diabetes who had a kidney function test result recorded in the previous 12 months from December 2014 to December 2020. Most recent data from December 2020 show that 63.2% of Indigenous clients had a result recorded in the previous 12 months.




The trends of Baseline data, Trajectory to goal, New data and New data for Year. Color shows details about Baseline data, Trajectory to goal and New data. The data is filtered on Goal, which keeps 18.

Baseline data  New data  Trajectory to goal

*Notes*

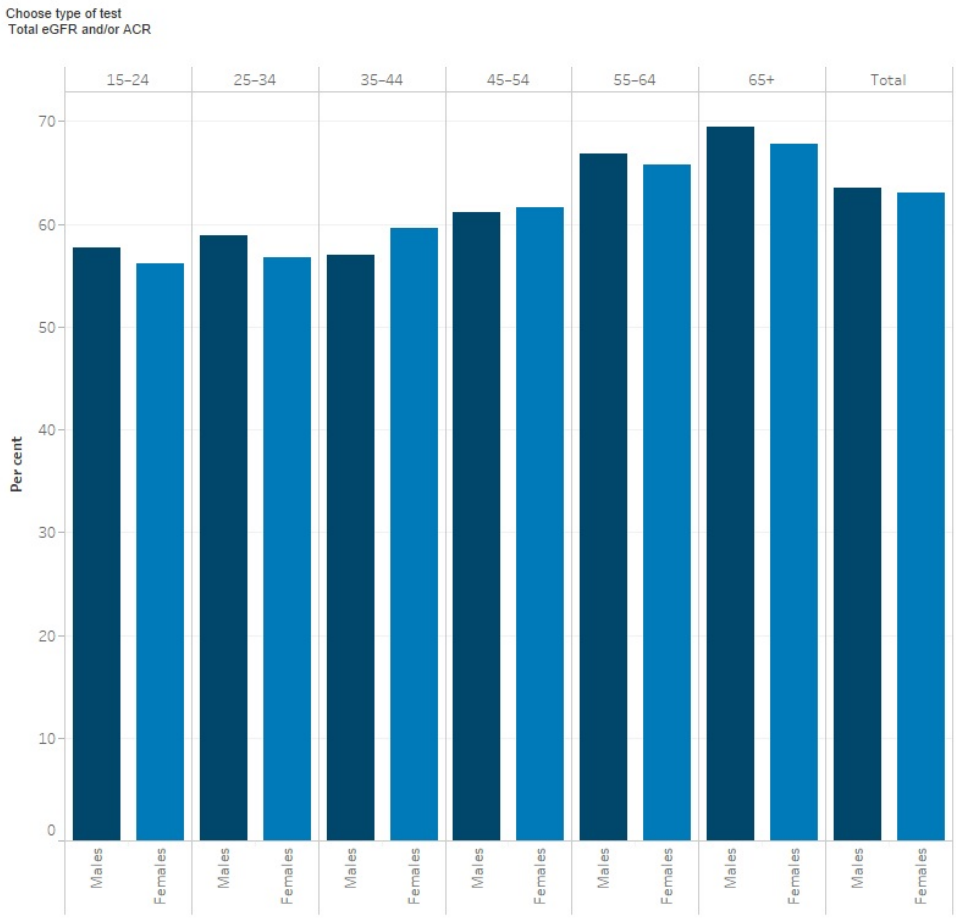
1. New data for December 2015, December 2016 and June 2017 not shown due to data quality issues or because data was not available.
2. Starting with the June 2017 collection, changes were made to the electronic data extraction method for most organisations. This means that the June 2017 collection represents a new baseline for the collection moving forward, as data from earlier collections are not comparable with data from June 2017 onwards.
3. Progress against the goal for December 2020 data not assessed as participation in nKPI data collection was voluntary for this period due to COVID-19. For further details see *Impact of COVID-19 on reporting* section above.



Source data tables and footnotes

**Figure 18.2: Aboriginal and Torres Strait Islander regular clients with type 2 diabetes who had a kidney function test result recorded in the previous 12 months, by age group, December 2020**

The figure shows that the rate of kidney function test results recorded among regular clients with type 2 diabetes generally increases with age, and is similar among males and females across the age groups

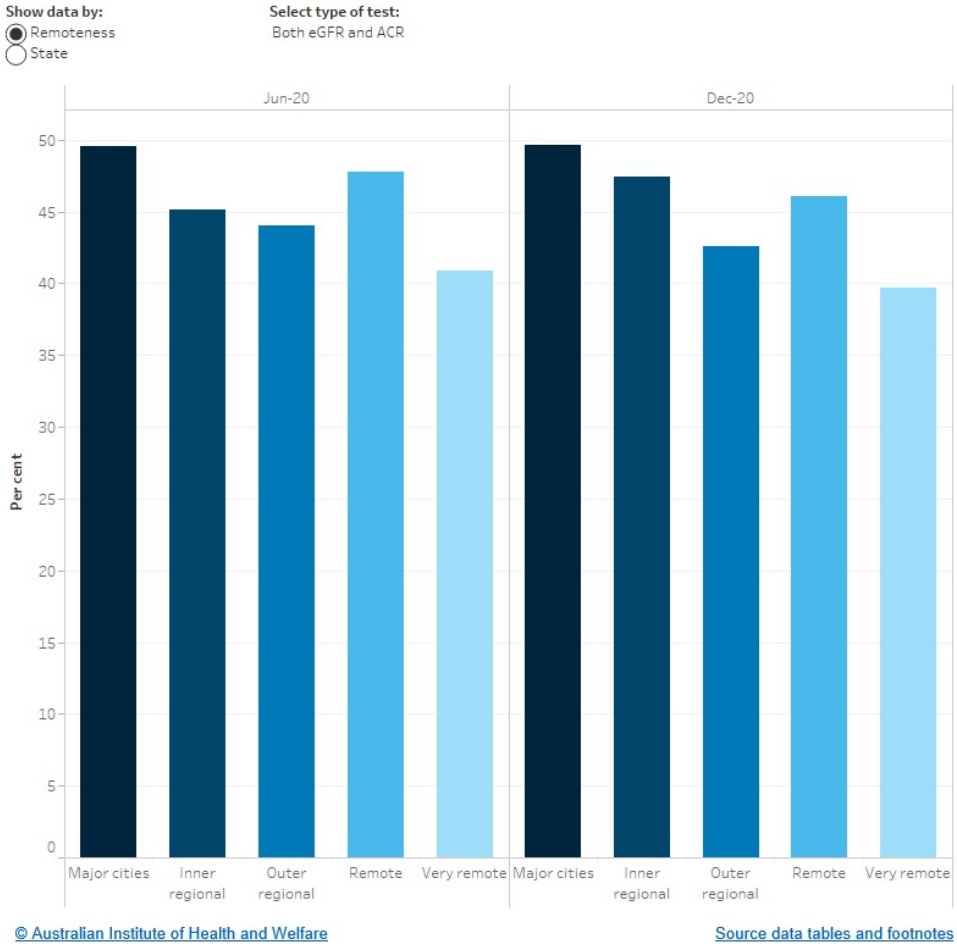





Source data tables and footnotes

**Figure 18.3: Aboriginal and Torres Strait Islander regular clients with type 2 diabetes who had a kidney function test result recorded in the previous 12 months, June 2020 and December 2020**

The figure shows the rate of kidney function test results recorded among regular clients with type 2 diabetes by remoteness. In December 2020 the rate was highest in *Major cities* (49.6%) but lowest in *Very remote* areas (39.7%).

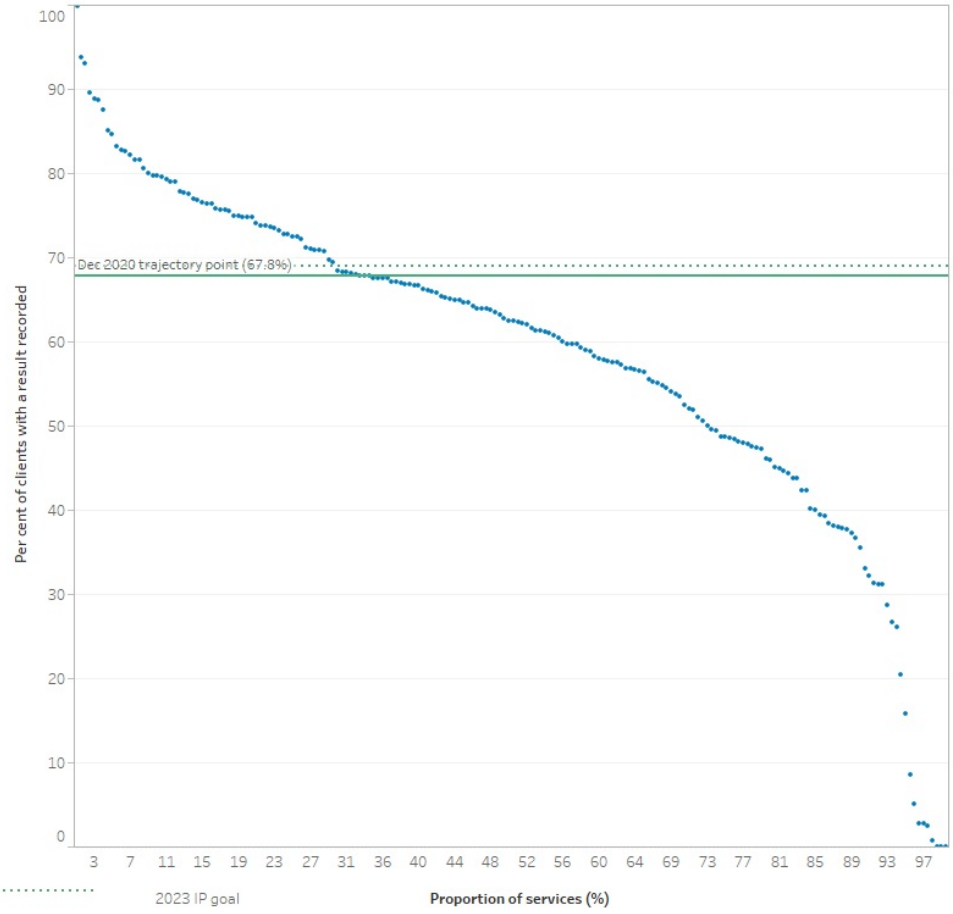





Source data tables and footnotes

**Figure 18.4: Organisations' results against the 2020 trajectory and 2023 goal for kidney function test results recorded, December 2020**

The figure shows the proportion of services on the x-axis and the per cent of clients with a result recorded on the y axis. The graph shows that 32.5% of services had 67.9% or more of clients with a result recorded (the December 2020 goal).



# Impacts of COVID-19 on data

In March 2020, measures to reduce the risk of community transmission of COVID-19, including limiting public gatherings and reducing non-essential travel, were put in place across Australia (Health 2020a).

## Medicare benefits schedule data

In response to these restrictions, a range of temporary telehealth MBS items were made available to allow continuity of care for patients, as well as to provide protection for both patients and health care providers from the risk of COVID-19 (Health 2020b). This included telehealth items for Indigenous-specific health checks, namely MBS items 92004, 92011, 92016 and 92023.

### MBS items for Indigenous-specific health checks

All Aboriginal and Torres Strait Islander people are eligible for an annual Indigenous-specific health check. The following Indigenous-specific health checks are listed on the MBS:

- MBS item 715: available from 1 May 2010, provided by general practitioners (GPs)
- MBS item 228: available from 1 July 2018, provided by non-vocationally recognised medical practitioners.

In response to the COVID-19 pandemic, temporary telehealth items for Indigenous-specific health checks have been made available from March 2020:

- Health checks provided via videoconference: MBS item 92004 (provided by GPs) and MBS item 92011 (provided by non-vocationally recognised medical practitioners)
- Health checks provided via teleconference (when videoconferencing is not available): MBS item 92016 (provided by general practitioners) and MBS item 92023 (provided by non-vocationally recognised medical practitioners).

While many required aspects of an Indigenous-specific health check can be completed as a remote service via telehealth, some components can only be delivered through face-to-face consultation with the patient. This could include any necessary physical examinations such as a blood pressure check. Therefore, for an Indigenous health check undertaken by telehealth to be processed via Medicare all components of the health check, including both remotely delivered and face-to-face, must be completed.

Sources: Health 2020b and Health 2020c.

## Did the number of Indigenous-specific health checks provided reduce during the COVID-19 period?

The restrictions are likely to have changed the behaviour of many Australians, including the way and frequency with which people engaged with health care services. To investigate the potential impacts the restrictions may have had on the rates of Indigenous Australians receiving a health check, data are analysed on the number of health checks processed each month from July 2019 to June 2021. This period covers the first 18 months of the COVID-19 pandemic in Australia.

Nationally, across all age groups:

- There was a drop in the number of health checks provided in December 2019 and January 2020 – this is likely not related to the COVID-19 pandemic; this pattern has been consistently observed each year and likely reflects the changed behaviour of Australians around the Christmas and school holiday period.
- A further drop was seen in March 2020, followed by a sharp decrease in April 2020 – corresponding with the introduction and subsequent increase of restrictions. While a decrease during these months has been seen for previous years, likely related to the Easter holiday period, the decrease in checks in 2020 was larger than that seen in 2019.
- A drop was also seen in August 2020, as well as April 2021 (although this was not as large as the dip in March and April 2020).
- The biggest dip in total (all ages) number of health checks provided between one financial year and another in was in April 2020, which was 21% lower than the number provided in April 2019 (15,845 compared with 20,062).
- The number of health checks in December 2020 was higher than that in December 2019 and December 2018.

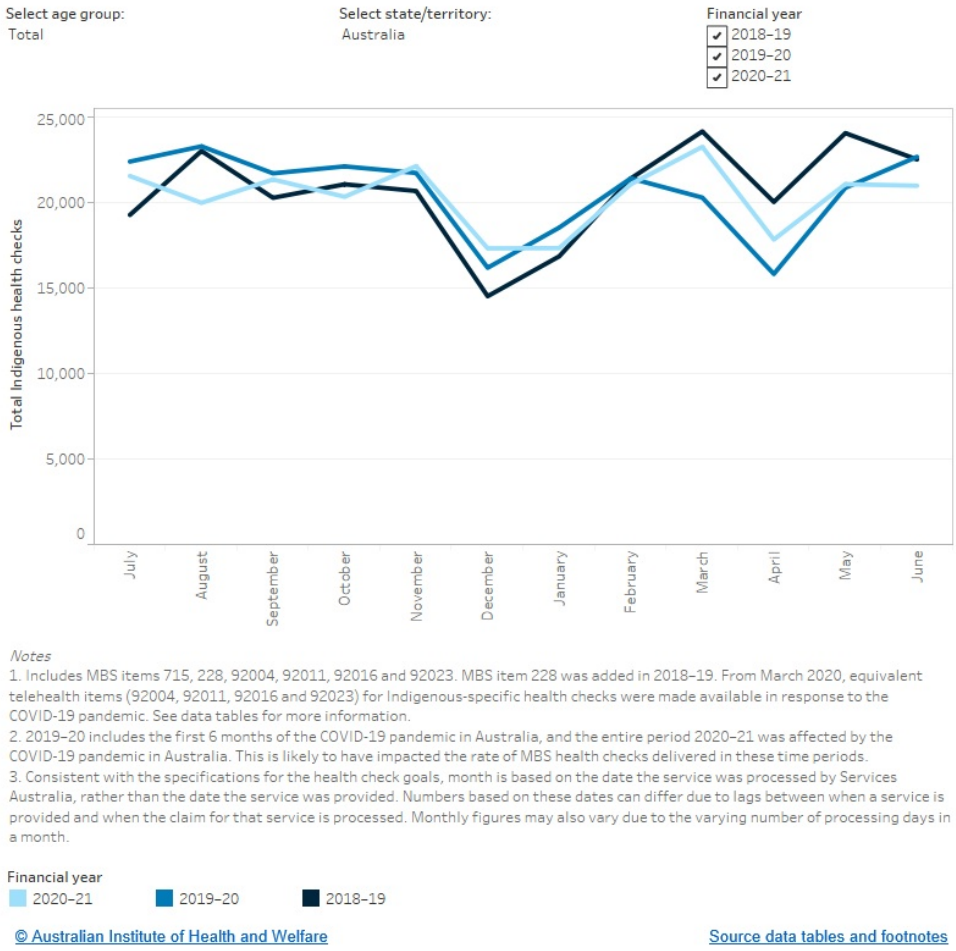
Similar patterns were observed across the states and territories. For example, the number of health checks in April 2020 was lower than in April 2019 in all states and territories, except Tasmania. In Tasmania, while there was a small dip in March 2020, this was followed by a sharp increase in April, and the number of checks provided between March 2020 and June 2020 were consistently higher than the number provided in the same months in 2019.

From July 2020, Victoria experienced an increase in community transmission of COVID-19, resulting in an increase of restrictions across the state. However, in Victoria, there was a dip in the number of health checks in July and August 2020, coinciding with its lockdown. From August 2021, Victoria has experienced another increase in cases, which can be analysed as data become available.

From July 2021, New South Wales also experienced an increase in community transmission. As more data become available, the impact of this on the number of health checks can be explored.

There were some differences in patterns across age groups. For those aged under 15, the number of health checks provided between July 2019 and February 2020 were similar to the same months in the previous year. Among older age groups, there was an improvement seen in the number of health checks provided in July 2018 to February 2020. In June 2020 as well as June 2021, older age groups were more likely than younger age groups to have similar numbers or exceeded the number of checks provided in the June of 2019 (see archived report for further details).

**Number of Indigenous-specific MBS health checks for Aboriginal and Torres Strait Islander people, by age group, month of processing, 2018-19, 2019-20 and 2020-21**




*Notes*

1. Includes MBS items 715, 228, 92004, 92011, 92016 and 92023. MBS item 228 was added in 2018–19. From March 2020, equivalent telehealth items (92004, 92011, 92016 and 92023) for Indigenous-specific health checks were made available in response to the COVID-19 pandemic. See data tables for more information.
2. 2019–20 includes the first 6 months of the COVID-19 pandemic in Australia, and the entire period 2020–21 was affected by the COVID-19 pandemic in Australia. This is likely to have impacted the rate of MBS health checks delivered in these time periods.
3. Consistent with the specifications for the health check goals, month is based on the date the service was processed by Services Australia, rather than the date the service was provided. Numbers based on these dates can differ due to lags between when a service is provided and when the claim for that service is processed. Monthly figures may also vary due to the varying number of processing days in a month.

Financial year
2020–21 2019–20 2018–19



Source data tables and footnotes

## Why is it important to monitor the impacts of COVID-19 on Indigenous-specific health checks?

The aim of the Indigenous-specific health check is to encourage early detection and treatment of common conditions that cause ill health and early death – for example, diabetes and heart disease (AIHW 2021).

If a health check is delayed or missed, it is possible that a condition may go undetected and progress to a more advanced stage – which may be more difficult to treat, with an increased risk of complications. This in turn may lead to poorer outcomes than if the condition had been identified at an earlier stage.

It is not yet known what the long-term impacts of delayed or missed health care, including Indigenous-specific health checks, will be on the health outcomes of the population. Therefore, it is important to continue to monitor the impacts of COVID-19 on health service delivery and use in the future.

## National Key Performance Indicator (nKPI) data

In acknowledgement of the additional pressures on organisations because of COVID-19, reporting to the nKPI collection was temporarily changed from mandatory to voluntary in June 2020 and December 2020. This resulted in a decrease in the number of organisations that reported each indicator.

In addition, lockdown restrictions due to COVID-19 may also have impacted:

- The rates of delivery of clinical services
- The ability of clients to attend the services
- The way in which services were delivered (for example, greater use of telehealth).

Analysis of the impact of COVID-19 on the activities of organisations reporting to the nKPI collection is complex because:

- The June 2020 nKPI collection covers various periods, depending on the indicator, and uses the regular client definition (that is 3 visits within 2 years, noting some or all visits may have occurred before the pandemic)
- Some variation in results over time are normal.

For more information, see the Aboriginal and Torres Strait Islander specific primary health care.

## References

AIHW (Australian Institute of Health and Welfare) 2021. Indigenous health checks and follow-ups. Cat. no. IHW 209. Canberra: AIHW. Viewed 31 August 2021.

Health (Department of Health) 2020a. Australian Health Protection Principal Committee (AHPPC) coronavirus (COVID-19) statement on 18 March 2020. Canberra: DoH. Viewed 15 October 2020.

Health 2020b. COVID-19 Temporary MBS Telehealth Services. Canberra: DoH. Viewed 15 October 2020.

Health 2020c. Coronavirus (COVID-19) – Telehealth items guide. Canberra: DoH. Viewed 15 October 2020.

# Notes

## Amendments

The monitoring report was first released on 21 July 2017. This included new information on goals 9, 10, 11, 12, 16, 17, 18, 19, 20.

**28 Mar 2018** - The data visualisations tool was updated with new data for 11 of the 20 goals (goals 1, 2, 3, 4, 5, 6, 7, 8, 13, 14, 15), including those for maternal health, childhood immunisation and health checks. For these 11 goals, 6 remain on track, and 5 are not on track. New data for the remaining 9 goals is not yet available, with 'on track' status for 5 of these still not able to be assessed.

**24 Sep 2018** - The data visualisations tool was updated with new data for 8 of the 20 goals (goals 4, 5, 6, 7, 8, 13, 14, 15): those for childhood immunisation and health checks. For these 8 goals, 3 remain on track and 5 are not on track. The data visualisation also presents data for the other 12 goals though updated data are not yet available for these goals.

**20 Nov 2018** - Goal 20 - Title of Goal changed from Healthy ageing domain: Goal 20: Immunisation for influenza—people aged 50 and over to Goal 20: Immunisation for pneumonia—people aged 50 and over

**2 Jul 2019** - The data visualisations tool was updated with new data for 9 of the 20 goals (goals 1, 2, 3, 5, 6, 7, 16, 17, 18), including those for maternal health, childhood immunisation and checks and tests for those with type 2 diabetes. For these 9 goals, 7 are on track, and 2 are not on track. New data for the remaining 11 goals is not yet available, with 'on track' status for 2 of these still not able to be assessed.

**30 Oct 2019** - An error was made in the rates originally published for Goals 4, 8, 13, 14 & 15 (Health checks) for the year 2016–17, due to an error in the denominator used.

**7 Dec 2020** - The data visualisations tool was updated with new data for all of the 20 goals. Among the goals, 11 are on track to be met, and 9 are not.

**13 Dec 2021** - The data visualisations tool was updated with new data for 16 of the goals (goals 1, 2, 3, 4, 5, 6, 7, 8, 13, 14, 15, 16, 17, 18). Among the goals, 11 are on track to be met, 6 are not on track and 3 are not able to be assessed.

**28 Jun 2022** - Data disaggregations for Goal 3 now available in data tables.

## Data quality statement

For information on the data sources and data considerations see the Tracking progress against the implementation plan goals for the Aboriginal and Torres Strait Islander Health Plan 2013-2023: Data sources and data considerations

For more information on the Implementation Plan, its vision and the context for its goals, see the National Aboriginal and Torres Strait Islander Health Plan 2013–2023.

For information about the selection of goals, see the Implementation Plan goals for the Aboriginal and Torres Strait Islander Health Plan 2013–2023: technical companion document, IHW 158.

# Data

# Archived content

# Related material

## Resources

### Latest related reports

- Implementation Plan goals for the Aboriginal and Torres Strait Islander Health Plan 2013–2023: technical companion document | **Publication** | 22 Oct 2015

### Related topics

- First Nations people