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Summary

The number of older Indigenous people (50 years and over) is growing, but they represent a relatively small proportion of the total Indigenous population (12%) compared with the share of 50+ year olds in the non-Indigenous population (31%)

Due to their poorer health status and higher levels of socioeconomic disadvantage, the health care and support needs of older Indigenous Australians differ from those of other Australians, and they use these services at both higher rates and younger ages.

In 2008, around 16% of older Indigenous Australians had severe core activity limitations meaning that they required help with self-care, mobility or communications.

Cardiovascular disease is the leading cause of disease burden in this population group, followed by malignant neoplasms, diabetes, chronic respiratory disease and nervous system and sense disorders.

Dementia is emerging as a problem for Indigenous people at comparatively young ages (under 75 years), probably due to the high rates of chronic disease and other risk factors they experience, but relatively few access government support programs, particularly in remote communities.

To cater for the specific health care and other support needs of older Indigenous Australians, the National Aboriginal and Torres Strait Islander Flexible Aged Care Program provides places in rural and remote areas, complementing the packages available through other mainstream community and residential care programs.

Introduction

Older Indigenous Australians (estimated at 76,300 aged 50 years and over in 2011) play a significant role in maintaining traditions and links to Indigenous culture (Cotter et al. 2007). They are also very important and respected members of their communities as role models, supporters and educators for the young.

The first part of this paper gives an overview of population and geographical distribution, including a comparison between younger (15-49 years) and older (50 years and over) Indigenous Australians. It includes a discussion about health outcomes for older Indigenous Australians, drawing on comparisons with the younger age group and with older non-Indigenous Australians. These comparisons show that older Indigenous Australians have different health needs to both younger Indigenous Australians and older non-Indigenous Australians.

The second part of the paper compares aged care service provision between older Indigenous and non-Indigenous Australians. Indigenous people have poorer health and higher rates of disability than non-Indigenous people, often leading to a need for care services at comparatively younger ages. This is particularly evident for those with a diagnosis of dementia. For this reason, Aboriginal and Torres Strait Islander people aged 50 years and over are included in aged care planning, as distinct from 65 years and over for non-Indigenous people.

This paper mostly draws on results from the Australian Bureau of Statistics (ABS) National Aboriginal and Torres Strait Islander Social Survey (NATSISS) (ABS 2010) and the Aged and Community Care Management Information System (ACCMIS). Due to different data sources and inconsistencies of data sets, different age groupings are used depending on the topic being discussed.

Characteristics of the older Indigenous population

Estimates from the Census of Population and Housing show that the Indigenous population aged 50 years and over is growing. At June 2001, this population was estimated to be just under 47,000. (ABS 2002). By June 2006, this increased by 27% to nearly 60,000 (comprising 12% of the total Indigenous population over that period) (Table 1) (ABS 2009a). The 50–59 year age group had the greatest increase in numbers (from approximately 26,100 to 34,200). It is estimated that by 2011, the total number of older Indigenous Australians will increase to approximately 76,300 (ABS 2009a).

Age distribution

Due to high fertility rates, lower life expectancy, and high mortality rates in the middle adult age group (45–65 years), the Indigenous population has a younger age structure than other Australians (Cotter et al. 2007). The most recent published data estimates that during the period 2005–2007, life expectancy at age 50 for Indigenous males was 23.8 years and 27.0 years for Indigenous females (ABS 2009b). By comparison, the non-Indigenous estimates were 31.0 years for males, and 33.9 years for females – a difference of 7.2 years and 6.9 years for males and females, respectively.

Table 1: Indigenous Australians aged 50 years and over, 2006

	Males	Females	Persons	Males	Females	Persons	Per cent of Indigenous population
Age	Number			Per cent			
50–54	9,616	10,196	19,812	34.6	31.8	33.1	3.8
55–59	6,869	7,554	14,423	24.7	23.6	24.1	2.8
60–64	4,574	5,115	9,689	16.5	16.0	16.2	1.9
65+	6,736	9,179	15,915	24.2	28.6	26.6	3.1
Total	27,795	32,044	59,839	100.0	100.0	100.0	11.6

Source: ABS 2009a.

The age distribution of older Indigenous Australians differs from that of older non-Indigenous Australians. Older Indigenous people represent a smaller proportion of the Indigenous population than their non-Indigenous counterparts. (Table 1). In 2006, 12% of Indigenous Australians were aged 50 and over, and 3% were aged 65 and over. This differs greatly from the non-Indigenous population, where nearly a third (31%) were aged 50 years and over, and 13% were aged 65 and over. Females outnumbered their male Indigenous counterparts in the older age ranges, comprising 54% of Indigenous Australians aged 50 years and over, and 58% of those aged 65 years and over (Figure 1; Table A1).



Geographic distribution

In 2006, the highest numbers of older Indigenous people were located in New South Wales and Queensland (20,300 and 17,000 respectively) (ABS 2009a). The Australian Capital Territory had the lowest number (395).

About a third (30%) of the older Indigenous population lived in *Major cities*, and just over a quarter (26%) in *Remote* and *Very remote* areas (Table 2). By contrast, almost two-thirds of non-Indigenous Australians aged 50 years or over lived in *Major cities*, with less than 2% living in *Remote* and *Very remote* areas.

Table 2: Older Indigenous and non-Indigenous Australians by remoteness, 2006

Remoteness	Indigenous		Non-Indigenous	
	Number	Per cent	Number	Per cent
Major Cities	18,179	30.4	4,458,031	65.8
Inner Regional	12,591	21.0	1,515,379	22.4
Outer Regional	13,742	23.0	683,515	10.1
Remote	5,895	9.9	85,234	1.3
Very Remote	9,432	15.8	28,738	0.4
All regions	59,839	100.0	6,770,897	100.0

Note: People aged 50 years or over.

Source: AIHW Population Database.

Language and culture

Indigenous people's connection to their country or homelands is important to cultural continuity. 'Homelands' are areas of land to which Aboriginal or Torres Strait Islander people have cultural or ancestral links (ABS 2009c). In 2008, one quarter of both younger and older Indigenous Australians lived on homelands, but fewer than half (44%) of older Indigenous Australians living on homelands lived in *Remote* and *Very remote* areas (ABS 2010).

Older Indigenous Australians are knowledge-keepers and continuers of Indigenous history and culture (Cotter et al. 2007). Indicators of cultural connection include language, involvement in cultural activities, and cultural identification (ABS 2009c). Not only do these indicators measure how connected Indigenous Australians are to their culture, they also emphasise the vital role older Indigenous Australians play in the continuation and maintenance of Indigenous culture.

Although a relatively small proportion of younger and older Indigenous Australians spoke an Indigenous language as their main language at home (11% and 14% respectively), around one fifth of younger (15-49 years) and older Indigenous Australians (50 years and over) identified as speaking an Indigenous language (19% and 22% respectively) (ABS 2010). Of the older Indigenous Australians who spoke an Indigenous language, the majority (68%) lived in *Remote* and *Very remote* areas.

In 2008, the majority of younger and older Indigenous Australians identified with a clan, tribal or language group (61% and 68% respectively) (ABS 2010). In addition, close to two thirds of both younger and older Indigenous Australians were involved in cultural events, ceremonies or organisations in the last 12 months (58% and 64% respectively).

Health & disability status

This section examines self-reported health status and burden of disease of Indigenous Australians. This information can be used to develop service and planning responses in line with the health and ageing needs of older Indigenous Australians.

Self-assessed health status

Self-assessed health provides information about a person's perception of their own health at a given point in time (ABS 2009c). In 2008, around 49% of younger Indigenous Australians rated their health as excellent/very good. By comparison, 24% of older Indigenous Australians rated their health as excellent/very good.

Around 44% of older Indigenous Australians reported fair-to-poor health, compared with 17% of younger Indigenous Australians. Of the older Indigenous Australians who reported fair-to-poor health, over half (56%) were in the lowest socioeconomic status (SES) group.

In 2008, self-reported levels of psychological distress were similar for older and younger Indigenous Australians. Around 68% of younger and 67% of older Indigenous Australians reported low-to-moderate levels of psychological distress.

Disability

In 2008 around 16% of older Indigenous Australians and 6% of Indigenous people aged 15–49 years had profound or severe core activity limitations (ABS 2010). These limitations mean that they sometimes or always need help with self-care, mobility, or communication tasks. Just over half (54%) of older Indigenous Australians with a profound or severe core activity limitation were in the lowest SES grouping. For further information on disability please refer to *Aboriginal and Torres Strait Islander people with disability: wellbeing, participation and support*.

Burden of disease and injury

In this section, the main conditions causing ill health among younger and older Indigenous Australians are measured by burden of disease and injury. This is a single summary measure of population health which takes into account both disability and death (Vos et al. 2007). It uses ‘disability-adjusted life years’ (DALYs), which is the sum of years of life lost due to premature death and the ‘healthy years’ of life lost due to disability.

The available data show that in 2003, among the older Indigenous population (in this case, 55 years and over), cardiovascular disease was the leading cause of disease burden (Vos et al. 2007). This was followed by malignant neoplasms, diabetes, chronic respiratory diseases, and nervous system and sense disorders (Table 3). Among the younger age group (15–54 years), mental disorders featured as the main cause, followed by cardiovascular disease, diabetes, and intentional and unintentional injuries.

Table 3: Top five causes of burden of disease and injury (DALYs) among Indigenous Australians, by age, 2003

Cause	15–54 years			55 years or over		
	DALYs	Per cent of total DALYs	Rank	DALYs	Per cent of total DALYs	Rank
Cardiovascular disease	9,539	17.7	2	6,859	31.3	1
Malignant neoplasms	3,345	6.2	7	4,289	19.6	2
Diabetes	5,407	10.0	3	2,909	13.3	3
Chronic respiratory diseases	3,769	7.0	6	2,406	11.0	4
Nervous system and sense disorders	2,146	4.0	9	1,237	5.6	5
Mental disorders	10,382	19.3	1	600	2.7	7
Intentional injuries	5,032	9.3	4	85	0.4	17
Unintentional injuries	5,021	9.3	5	481	2.2	9
Other	9,233	17.1		3,059	14.0	
Total	53,866	100.0		21,923	100.0	

Source: Vos et al. 2007.

Aged care provision

The aged care needs of older Indigenous Australians differ from those of their non-Indigenous counterparts. The most notable difference is that Indigenous people tend to use dementia and aged care services at a younger age than other Australians. Overall, Indigenous people face ongoing challenges finding services that are appropriate to their needs and circumstances, and often have problems accessing services where they exist. For those living in rural and remote areas, these problems include transport to services, and staff and services capable of delivering care adapted to their language, culture and local circumstances (Arkles et al. 2010).

In addition, there is diversity within the older Indigenous population relating to language and geographic location. Consequently, providing care to older Indigenous people in a culturally sensitive and appropriate way that meets their needs is a key challenge. Older Indigenous Australians generally wish to be cared for in their communities where they are close to family, and where they can die on their land (Arkles et al. 2010).

Indigenous people have relatively high usage rates for all aged care programs compared with non-Indigenous people, when represented as a proportion of the population.

National Aboriginal and Torres Strait Islander Flexible Aged Care Program

The Aboriginal and Torres Strait Islander Aged Care Strategy was developed in 1994, after consultation with Indigenous communities and organisations involved in the provision of aged care services (DoHA 2010). This strategy aims to deal with issues older Indigenous Australians face relating to aged care services, including the rural and remote location of many Indigenous communities.

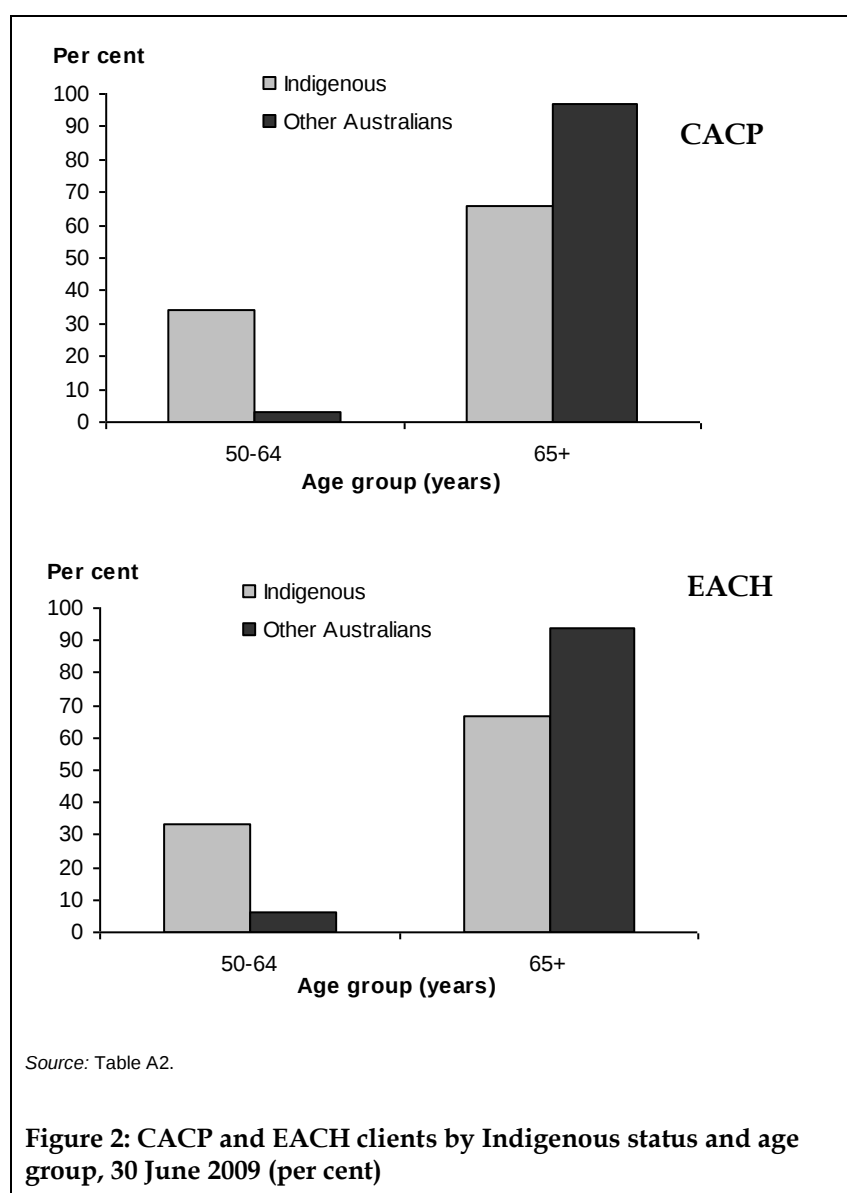
The National Aboriginal and Torres Strait Islander Flexible Aged Care Program was established under this strategy, which aims to meet the care needs of older Indigenous people, focusing on access and equity. It provides aged care services with a mix of funding for residential and community care places that can change as community needs vary. Many of these services have been established in rural and remote areas close to Indigenous communities where no aged care services were previously available. At 30 June 2009, 29 services were funded under the National Aboriginal and Torres Strait Islander Flexible Aged Care Program, delivering 394 residential care places (AIHW 2010). In the previous year, there were 30 services, providing 386 places. The program also funded 23 services to provide 259 Community Aged Care Packages (CACP) in 2009, and 254 in the previous year.

Aged care in the community

The Australian Government funds and regulates some community care directly, and this includes Community Aged Care Packages (CACP), Extended Aged Care at Home (EACH) and Extended Aged Care at Home Dementia (EACH-D) packages (DoHA 2009a). Community care services offer packaged care at different levels of assistance, depending on the needs of the client. An Aged Care Assessment Team (ACAT) determines a client's needs for the various packaged care services available.

CACPs are designed to meet the daily care needs of frail older people assessed as being eligible for low level residential care, allowing them to stay in their own homes and community. The EACH package provides home and community care to older, frail people with more complex care needs who have been assessed as eligible for high-level residential aged care. The EACH-D package provides the same type of assistance as the EACH package, but is specific to the needs of people with dementia (DoHA 2009a).

Around 38,000 people were receiving CACP at 30 June 2009, with just under 1,300 (3%) identifying as being of Aboriginal or Torres Strait Islander origin (Table A2). Of all people receiving CACPs, a much greater proportion of Indigenous CACP recipients were aged 50-64 (34%) compared with other Australian CACP recipients (3%) (Figure 2).



Use of CACP is proportionately higher for Indigenous Australians compared with other Australians across all age groups. At 30 June 2009, CACP usage among Indigenous Australians was 2.4 per 1,000 population, compared with 1.7 per 1,000 for other Australians (Table 4). For the Indigenous population aged 65 years and over, the usage rate

was 47.4 per 1,000. This rate was 3.9 times as high as that for other Australians of the same age (12.2 per 1,000).

CACP usage for Indigenous females (3.2 per 1,000) was higher than for Indigenous males (1.7 per 1,000) (Table 4).

Table 4: Age- and sex-specific usage rates for CACP^(a), by Indigenous status, 30 June 2009 (per 1,000 population)^(b)

Age group (years)	Indigenous			Other Australians		
	Males	Females	Persons	Males	Females	Persons
50–54	4.0	5.2	4.6	0.1	0.1	0.1
55–59	6.6	10.4	8.6	0.2	0.3	0.2
60–64	12.3	19.2	15.9	0.6	0.7	0.6
65+	35.8	56.2	47.4	7.6	16.1	12.2
Total	1.7	3.2	2.4	1.0	2.4	1.7

(a) Recipients with unknown status have been pro-rated across categories.

(b) Rates are calculated using ABS projections released in December 2004 (ABS 2004a) and the Australian population figures released in December 2009 (ABS 2009d).

Sources: ABS 2004a; ABS 2009d; AIHW analysis of DoHA (Department of Health and Ageing) ACCMIS database as at October 2009.

There were almost 4,200 people receiving an EACH package at 30 June 2009. Of these, less than 2% (60 people) identified as Indigenous (Table A2). Around 1,870 people received EACH-D packages, and 1% of these recipients identified as Indigenous (Table A2).

EACH-D had a small proportion of Indigenous clients (1%) , with no identified Indigenous clients under the age of 65 years and only 17 Indigenous clients aged 65 years or over (Table A2). The Indigenous numbers for EACH and EACH-D were too small for usage rates to be reported.

Residential aged care

Residential aged care is heavily subsidised by the Australian Government and provides accommodation and other support services such as personal care, nursing care and help with performing daily tasks (DoHA 2009b). Although these services are mainly used by older people, some younger people also use them. As previously mentioned, health conditions related to ageing often affect Aboriginal and Torres Strait Islander people earlier than other Australians.

Just under 1,000 permanent residents (0.6%) and around 30 respite residents (0.9%) at 30 June 2009 identified as Aboriginal or Torres Strait Islander. Indigenous status was not known for a further 2,749 residents (1.7%) (Table 5).

Table 5: Permanent and respite residential aged care residents by Indigenous status and sex, 30 June 2009

Sex/Indigenous status	Permanent		Respite	
	Number	Per cent	Number	Per cent
Females				
Indigenous	578	0.5	17	0.8
Non-Indigenous	109,909	97.7	2,123	99.2
Unknown	1,984	1.8	0	0.0
<i>Total females</i>	<i>112,471</i>	<i>100.0</i>	<i>2,140</i>	<i>100.0</i>
Males				
Indigenous	398	0.9	15	1.2
Non-Indigenous	45,251	97.5	1,249	98.8
Unknown	765	1.6	0	0.0
<i>Total males</i>	<i>46,414</i>	<i>100.0</i>	<i>1,264</i>	<i>100.0</i>
Persons				
Indigenous	976	0.6	32	0.9
Non-Indigenous	155,160	97.7	3,372	99.1
Unknown	2,749	1.7	0	0.0
Total residents	158,885	100.0	3,404	100.0

Source: AIHW analysis of DoHA ACCMIS database as at October 2009.

Age-specific usage rates show that Indigenous Australians aged under 65 years make proportionately higher use of residential aged care services than do other Australians (Table 6). However, the reverse is true in the older age groups. At ages 65 years and over, 40.9 per 1,000 Indigenous people were in permanent residential aged care, compared with 52.3 per 1,000 other Australians (Table 6).

Overall, total usage rates of residential aged care for Indigenous Australians were lower than for other Australians (1.8 per 1,000, compared with 7.4 per 1,000).

Table 6: Age- and sex-specific usage rates for permanent residential aged care by Indigenous status, 30 June 2009 (per 1,000 population)

Age (years)	Indigenous			Other Australians		
	Females	Males	Persons	Females	Males	Persons
50–54	1.7	1.9	1.8	0.5	0.6	0.6
55–59	4.5	5.3	4.9	1.2	1.4	1.3
60–64	6.9	6.5	6.7	2.4	2.8	2.6
65+	45.0	35.5	40.9	69.1	32.2	52.3
Total	2.1	1.5	1.8	10.4	4.3	7.4

Notes

1. Recipients with unknown status have been pro-rated across categories.
2. Ratios are calculated using ABS projections released in December 2004 (ABS 2004a) and the Australian population figures released in December 2009 (ABS 2009d).

Sources: ABS 2004a; ABS 2009d; AIHW analysis of DoHA ACCMIS database as at October 2009.

Dementia in people living in residential aged care

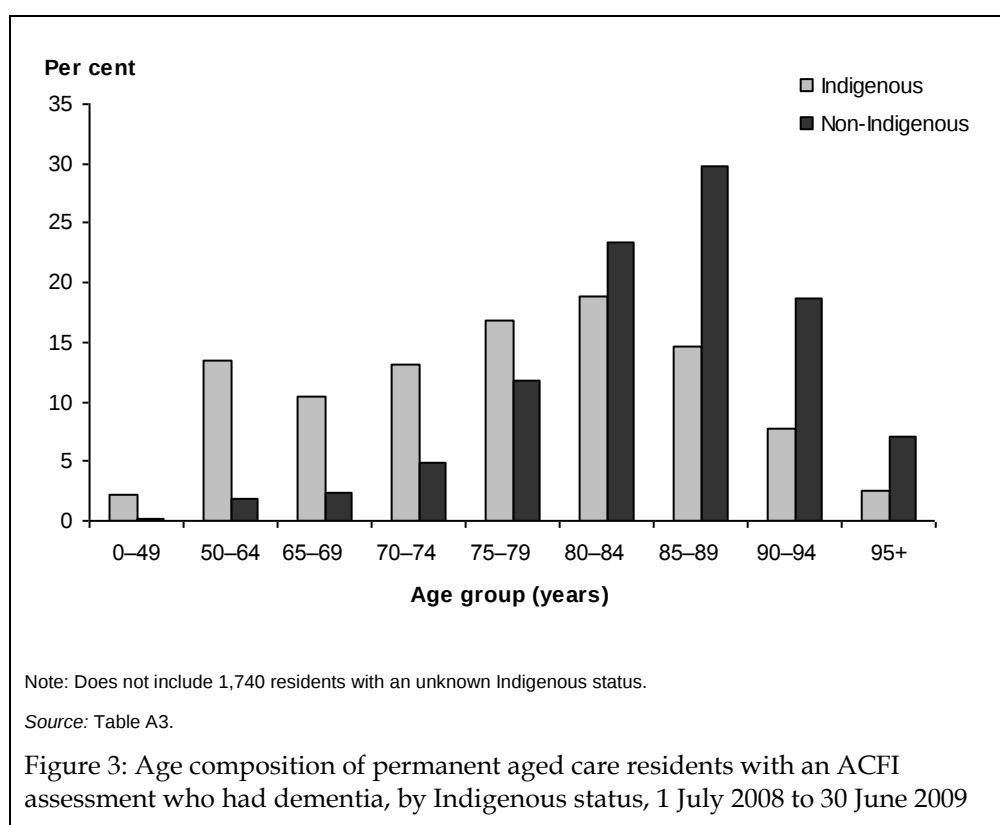
Dementia can be broadly described as a general and increasing impairment of brain functions such as memory, comprehension and reasoning (AIHW 2007). Older Indigenous Australians pass on lessons in traditional law, land and language by relying on their memory, so the impact of a dementia diagnosis can be devastating not just for the immediate family, but for the entire Indigenous community (Arkles et al. 2010).

Older Indigenous Australians may be at greater risk of developing dementia for a number of reasons. These include the very high rates of chronic disease, burden of childhood infections, and dementia-related health risks for younger people with head injuries and cognitive damage due to drug and alcohol consumption (Arkles et al. 2010).

Relatively few Indigenous Australians with dementia access formal government support programs. Limited availability of services in remote areas contributes to these low access levels, and in urban areas low access is related to social isolation and difficulty accessing culturally appropriate services.

Information about dementia in people living in residential aged care is available from data collected using the Aged Care Funding Instrument (ACFI). People who are reported as having an Indigenous background accounted for less than 1% of all permanent residents with dementia in 2008–09 in mainstream aged care facilities in Australia (Table A3). (This does not include residential aged care places provided in a Multi-Purpose Service setting or under the National Aboriginal and Torres Strait Islander Flexible Aged Care Program where the ACFI is not required to be used in order to receive Australian Government funding.)

A higher proportion of Indigenous residents with dementia were aged under 75 years (39%) compared with non-Indigenous residents (9%) (Figure 3). Of Indigenous residents with dementia, the greatest proportion was in the age group 80–84 years (19%). The greatest proportion of non-Indigenous residents with dementia was in the 85–89 year group (30%).



Box 1: Data quality issues**National Aboriginal and Torres Strait Islander Social Survey (NATSISS)**

The NATSISS uses the standard Indigenous status question. The NATSISS sample was specifically designed to select a representative sample of Aboriginal and Torres Strait Islander Australians and thus overcome the problems inherent in most national surveys with small and unrepresentative Indigenous samples. As with other surveys, the NATSISS is subject to sampling and non-sampling errors. Calculations of standard errors and significance testing help to identify the accuracy of the estimates and differences.

Information recorded in this survey is essentially 'as reported' by respondents. The ABS makes every effort to collect accurate information from respondents, particularly through careful questionnaire design, pre-testing of questionnaires, use of trained interviewers and assistance from Indigenous facilitators. Nevertheless, some responses may be affected by imperfect recall or individual interpretation of survey questions (ABS 2009c).

Non-Indigenous comparisons are available through the General Social Survey, and time series comparisons through the 1994 National Aboriginal and Torres Strait Islander Survey.

In remote communities some modifications were made to the NATSISS content to accommodate language and cultural appropriateness in traditional communities and help respondents understand the concepts. Some questions were excluded and some reworded. Also, paper forms were used in communities in remote areas and computer-assisted interview (CAI) instruments were used in non-remote areas. The CAI process included built-in edit checks and sequencing. Further information on NATSISS data quality issues can be found in the 2002 NATSISS publication (ABS 2004b).

Appendix

Table A1: Estimated resident population by age, sex and Indigenous status, people aged 50 years or over, 2006

	Indigenous		Non-Indigenous	
	Number	Per cent	Number	Per cent
Females				
50–54	10,196	31.8	674,751	20.7
55–59	7,554	23.6	628,297	19.3
60–64	5,115	16.0	488,051	15.0
65–69	3,576	11.2	391,708	12.0
70–74	2,430	7.6	324,834	10.0
75–79	1,575	4.9	298,296	9.1
80–84	871	2.7	238,704	7.3
85+	727	2.3	217,011	6.7
<i>Total females</i>	<i>32,044</i>	<i>100.0</i>	<i>3,261,652</i>	<i>100.0</i>
Males				
50–54	9,616	34.6	667,740	22.3
55–59	6,869	24.7	628,774	21.0
60–64	4,574	16.5	491,602	16.4
65–69	2,901	10.4	383,234	12.8
70–74	1,861	6.7	301,705	10.1
75–79	1,059	3.8	251,619	8.4
80–84	523	1.9	165,650	5.5
85+	392	1.4	103,983	3.5
<i>Total males</i>	<i>27,795</i>	<i>100.0</i>	<i>2,994,307</i>	<i>22.3</i>
Persons				
50–54	19,812	33.1	1,342,491	21.5
55–59	14,423	24.1	1,257,071	20.1
60–64	9,689	16.2	979,653	15.7
65–69	6,477	10.8	774,942	12.4
70–74	4,291	7.2	626,539	10.0
75–79	2,634	4.4	549,915	8.8
80–84	1,394	2.3	404,354	6.5
85+	1,119	1.9	320,994	5.1
Total persons	59,839	100.0	6,255,959	100.0

Source: ABS 2009a.

Table A2: CACP, EACH and EACH-D clients, Indigenous status by sex and age, 30 June 2009

Sex/age	Indigenous		Non-Indigenous		Total care recipients ^(a)	
	Number	Per cent	Number	Per cent	Number	Per cent
CACP						
Females						
50–64	273	32.3	663	2.5	936	3.5
65+	571	67.7	25,368	97.5	25,939	96.5
<i>Total females</i>	<i>844</i>	<i>100.0</i>	<i>26,031</i>	<i>100.0</i>	<i>26,875</i>	<i>100.0</i>
Males						
50–64	164	37.4	529	5.0	693	6.3
65+	275	62.6	10,040	95.0	10,315	93.7
<i>Total males</i>	<i>439</i>	<i>100.0</i>	<i>10,569</i>	<i>100.0</i>	<i>11,008</i>	<i>100.0</i>
Persons						
50–64	437	34.1	1,192	3.3	1,629	4.3
65+	846	65.9	35,408	96.7	36,254	95.7
Total persons	1,283	100.0	36,600	100.0	37,883	100.0
EACH						
Females						
50–64	12	31.6	133	5.1	145	5.5
65+	26	68.4	2,472	94.9	2,498	94.5
<i>Total females</i>	<i>38</i>	<i>100.0</i>	<i>2,605</i>	<i>100.0</i>	<i>2,643</i>	<i>100.0</i>
Males						
50–64	8	36.4	127	8.6	135	9.0
65+	14	63.6	1,353	91.4	1,367	91.0
<i>Total males</i>	<i>22</i>	<i>100.0</i>	<i>1,480</i>	<i>100.0</i>	<i>1,502</i>	<i>100.0</i>
Persons						
50–64	20	33.3	260	6.4	280	6.8
65+	40	66.7	3,825	93.6	3,865	93.2
Total persons	60	100.0	4,085	100.0	4,145	100.0
EACH-D						
Females						
50–64	0	0.0	43	3.6	43	3.6
65+	13	100.0	1,141	96.4	1,154	96.4
<i>Total females</i>	<i>13</i>	<i>100.0</i>	<i>1,184</i>	<i>100.0</i>	<i>1,197</i>	<i>100.0</i>
Males						
50–64	0	0.0	32	4.8	32	4.8
65+	4	100.0	637	95.2	641	95.2
<i>Total males</i>	<i>4</i>	<i>100.0</i>	<i>669</i>	<i>100.0</i>	<i>673</i>	<i>100.0</i>
Persons						
50–64	0	0.0	75	4.0	75	4.0
65+	17	100.0	1,778	96.0	1,795	96.0
Total persons	17	100.0	1,853	100.0	1,870	100.0

(a) CACP total excludes 44 persons with unknown Indigenous status. EACH total excludes 2 persons with unknown Indigenous status.

Source: AIHW analysis of DoHA ACCMIS database as at October 2009.

Table A3: Indigenous status of permanent aged care residents with an ACFI and diagnosed dementia, by age, 1 July 2008 to 30 June 2009

Age	Indigenous		Non-Indigenous		Unknown		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
0–49	13	2.2	167	0.2	1	0.1	181	0.2
50–64	81	13.4	1,957	1.9	49	2.8	2,087	2.0
65–69	63	10.4	2,309	2.3	46	2.6	2,418	2.3
70–74	80	13.2	5,045	4.9	87	5.0	5,212	5.0
75–79	102	16.9	12,025	11.8	174	10.0	12,301	11.8
80–84	114	18.9	23,897	23.4	355	20.4	24,366	23.3
85–89	88	14.6	30,324	29.7	495	28.4	30,907	29.6
90–94	47	7.8	19,065	18.7	348	20.0	19,460	18.6
95+	16	2.6	7,287	7.1	185	10.6	7,488	7.2
Total	604	100.0	102,076	100.0	1,740	100.0	104,420	100.0

Source: AIHW analysis of DoHA ACCMIS database as at October 2009.

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