

Hunter New England and Central Coast (HNECC) PHN acknowledges the traditional custodians of the lands we walk, live and work upon, and respect First Nations continuing culture and the contribution they make to the life of this vast region. Aboriginal Nations within our region include: Anaiwan and Nganyaywana; Awabakal; Biripi; Darkinjung; Dungutti; Geawegal; Kamilaroi; Kuring-gai; Ngarrabal; Wonnaru; Worimi

We acknowledge First Nations peoples as the first peoples of Australia, each with their own culture, language, beliefs and practices. There is a growing preference for the

terminology used for First Nations Australians to be recognised as First Nations people as a more encompassing term, acknowledging the diversity of Australia's First Peoples.

To mirror this preference, the PHN have changed where appropriate, terminology to First Nations people. However, it should be noted, the data collected reflects the terminology used by the data source and therefore, there is a mix of other terminology for First Nations peoples used throughout this document such as: Indigenous Australians, Aboriginal Australians, and Aboriginal and/or Torres Strait Islander people

CLOSING THE GAP

Closing the Gap began in response to a call for governments to commit to achieving equality for Aboriginal and Torres Strait Islander people in health and life expectancy within a generation. The 'Gap' refers to the difference (gap) in health and socioeconomic outcomes between indigenous and non-Indigenous Australians. The National Agreement has 17 targets across the following outcome areas:

1. Everyone enjoys long and healthy lives
2. Children are born healthy and strong
3. Children are engaged in high quality, culturally appropriate early childhood education in their early years
4. Children thrive in early years
5. Students achieve their full learning potential
6. Students reach their full potential through further education pathways
7. Youth are engaged in employment or education
8. Strong economic participation and development of people and their communities
9. People can secure appropriate, affordable housing that is aligned with their priorities and need
10. Adults are not overrepresented in the criminal justice system
11. Young people are not overrepresented in the criminal justice system
12. Children are not overrepresenting in the child protection system
13. Families and households are safe
14. People enjoy high levels of social and emotional wellbeing
15. People maintain a distinctive cultural, spiritual, physical and economic relationship with their land and waters
16. Cultures and languages are strong, supported and flourishing
17. People have access to information and services enabling participation in informed decision-making regarding their own lives

For more information visit <https://www.closingthegap.gov.au/national-agreement/targets>

FIRST NATIONS AUSTRALIANS, ESTIMATED RESIDENT POPULATION

In 2020, 87,887 people in our region identify as Aboriginal and/or Torres Strait Islander. This is 6.6% of the PHN population (NSW 3.5%; Australia 3.4%).

LGA	%	LGA	%
Armidale Region	9.2	Moree Plains	27.6
Central Coast	4.8	Muswellbrook	10.0
Cessnock	9.0	Narrabri	15.7
Dungog	6.4	Newcastle	4.2
Glen Innes Severn	7.7	Port Stephens	6.0
Gunnedah	15.6	Singleton	7.2
Gwydir	7.3	Tamworth Regional	12.4
Inverell	10.6	Tenterfield	7.7
Lake Macquarie	4.8	Upper Hunter Shire	6.4
Liverpool Plains	15.6	Uralla	8.3
Maitland	6.4	Walcha	7.4
Mid-Coast	7.8	HNECC PHN	6.6

LIFE EXPECTANCY AT BIRTH IN AUSTRALIA

2015-2017

Indigenous life expectancy, NSW

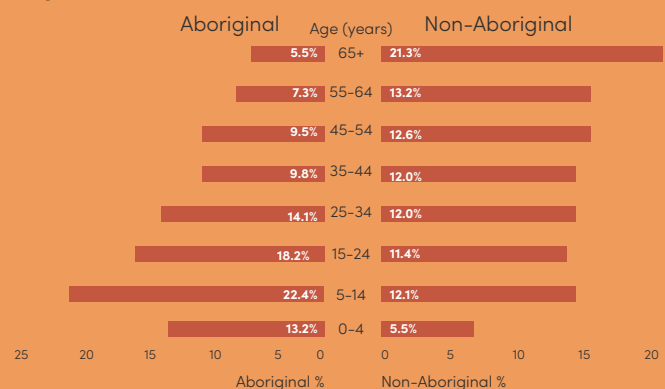
Males	71.6
Females	75.6

Non-Indigenous Australians

Males	80.2
Females	83.4

AGE PROFILE BY ABORIGINALITY

Population by Aboriginality and age, Hunter New England and Central Coast PHN ERP 2020



SOCIOECONOMIC DISADVANTAGE

The Indigenous Relative Socioeconomic Outcomes index (IRSEO) is an Indigenous specific index of disadvantage. The IRSEO index is calculated at the Indigenous Area level and comprises of a set of 9 socioeconomic outcomes of the local resident population of the area. A score of 1 represents the most advantaged area and a score of 100 represents the most disadvantaged area.

In 2016, the Indigenous relative socioeconomic outcomes index score for HNECC PHN was **37**, this was lower than the national index score (43) but higher than the state index score (36).

Indigenous areas in the HNECC PHN with the highest relative socioeconomic index include Moree Plains (81); Tenterfield - Jubullum Village (part a) (77); Moree (76); Guyra-Tingha (75); Kempsey (72); Inverell-Gwydir (70).

COMMUNITY HEALTH



In 2020, **41.8%** of Aboriginal Mothers in our region smoked during pregnancy (non-Aboriginal 11.0%) (NSW 41.7% and 7.0%, respectively)

In 2020, **81.2%** of Aboriginal Mothers in our region had an antenatal visit before 14 weeks gestation (non-Aboriginal 87.2%) (NSW 76.3%; and 80.2%, respectively).

In 2020, **9.4%** of Aboriginal Mothers in our region had pre-term births (non-Aboriginal 7.9%) (NSW 10.6% and 7.1%, respectively)

In 2019, **9.1%** of babies born to Aboriginal Mothers in our region were low birth weight babies (non-Aboriginal 4.7%) (NSW 8.8% and 4.7%, respectively)

In 2017-18, the rate of perinatal deaths was **16.4 per 1,000** births for Indigenous women within Australia, this being nearly double that of non-Indigenous women (9.2).

In 2017-18, the rate of stillbirths for Indigenous women in Australia was **11.1 per 1,000** births, once again higher than non-Indigenous women (6.8).

In June 2020, around **5,300** older Indigenous Australians were using aged care services (home, residential or transition care). This represented **1.6%** of total Australians aged 50+ who were using aged care services.

In June 2020, **36%** of Older Indigenous Australians (aged 50+) were living in residential care and **64%** using home care in Australia (non-Indigenous older Australians (65+ yrs.) 67%; 32%, respectively).

In 2018 dementia prevalence was estimated to be **2-5 times higher** among Aboriginal and Torres Strait Islander people than among non-Indigenous people.

During 2017-19, **314** Indigenous Australians died due to dementia (196 women and 118 men) in Australia, with dementia reported as the fifth leading cause of death among Indigenous Australians aged 65 and over.

In March 2022, in NSW, the Aboriginal and Torres Strait Islander imprisonment rate was **1,884.2 per 100,000** population (Australia 2,268.9).

IMMUNISATION



Who was fully immunised in December 2020 in our region?

Aboriginal and Torres Strait Islander children	95.42%	93.38%	98.40%
All children	96.06%	94.73%	96.57%

CANCER

BREAST SCREENING

In 2020-21, the breast screening participation rate for Aboriginal women aged 50-74 years was lower compared to all women within the HNECC PHN region (46.2%; and 49.6%, respectively).

CANCER ADMISSIONS

In 2016/17-2018/19, there were **2,571** admissions for all cancers for Aboriginal persons within the HNECC PHN region at a rate of **1,014.2 per 100,000** population (NSW 968.1).

CANCER MORTALITY

Between 2016-2020, there were **282** deaths from cancer among Aboriginal persons aged 0-74 years within the HNECC PHN region at an average annual rate of **66.0 per 100,000** population (NSW 67.0).

Between 2016-2020, there were **86** deaths from lung cancer among Aboriginal persons aged 0-74 years within the HNECC PHN region, at an average annual rate of **19.9 per 100,000** population (NSW 19.4).

DISABILITY

In 2021, **44.8%** of Aboriginal and/or Torres Strait Islander people within our region had a disability (non-Indigenous 29.2%).

In 2016, **14.7%** of Aboriginal people aged 15 years and over provided unpaid assistance to people with a disability within our region (NSW 14.5%, Australia 13.7%).

HEALTH RISK FACTORS



In 2020-21 in NSW, **23.0%** of Aboriginal people smoked daily (non-Aboriginal people 8.2%).

In 2019/20, in NSW the rate of smoking attributable hospitalisations among Aboriginal people was **1,644.8 per 100,000** population (non-Aboriginal 590.9).

In 2020, in NSW, **66.0%** of Aboriginal and Torres Strait Islander people were overweight (28.4%) or obese (37.6%) (non-Aboriginal, total 56.7%).

In 2018, in NSW, **24.9%** of Aboriginal people (aged 16 years and over) had high blood pressure (non-Aboriginal 25.0%).

In 2020, in NSW, **41.5%** of Aboriginal people (aged 16 years and over) consumed alcohol at levels posing long-term risk to health (non-Aboriginal 32.1%).

CHRONIC DISEASE

In 2018-19, in NSW, **51.5%** of Aboriginal and Torres Strait Islander people had at least one long term health condition (Australia 45.5%).



RESPIRATORY DISEASE

In 2019-20, in NSW chronic obstructive pulmonary disease (COPD) hospitalisations for Aboriginal people for all ages was **1,122.0 per 100,000** population, this was more than five times the rate than for non-Aboriginal people (188.9).

In 2016-17, the rate of hospitalisations for respiratory diseases among Aboriginal people in the HNECC PHN region was nearly twice that of non-Aboriginal people (**3192.8 per 100,000** population compared to 1637.5). In 2019, **19.4%** of Aboriginal people (aged 16 years and over) currently had asthma in NSW (non-Aboriginal 11.3%).

CIRCULATORY DISEASE



In 2016-17, the rate of hospitalisations for circulatory diseases among Aboriginal people in the HNECC PHN region was **2157.4 per 100,000** population (non-Aboriginal 1692.5).

In 2019-20, in NSW the rate of cardiovascular disease hospitalisations among Aboriginal people was **2,521.3** (spatially adjusted) per 100,000 population (non-Aboriginal 1,541.7).

Between 2015-19, in NSW the rate of cardiovascular disease deaths among Aboriginal people was **188.5 per 100,000** population (non-Aboriginal 138.8).

ENDOCRINE DISEASE



In 2016-17, the rate of hospitalisations for dialysis among Aboriginal and Torres Strait Islander people in the HNECC PHN region was over four times that of non-Indigenous people (**14,513.5 per 100,000** compared to 3,357.1). In 2016-17, the rate of hospitalisations for endocrine diseases amongst Aboriginal people in the HNECC PHN region is nearly twice that of non-Indigenous people (923.7 per 100,000 compared to 544.4).

In NSW in 2019-20 the rate of hospital admissions for type 2 diabetes among Aboriginal people was **344.5 per 100,000** population (non-Aboriginal 91.1).

In NSW in 2019-20 the rate of hospitalisations for type 1 diabetes among Aboriginal people was **138.2 per 100,000** population (non-Aboriginal 44.3).

In 2019-20, in NSW among Aboriginal people there were **78** toe/foot/ankle amputations due to diabetes (a rate of 45.9 per 100,000 population; non-Aboriginal 13.5); **14** below knee amputations due to diabetes (a rate of 9.3 per 100,000 population; non-Aboriginal 1.8) and **4.5** above knee amputations due to diabetes (a rate of 2.4 per 100,000 population; non-Aboriginal 0.5).

In 2018-19, in NSW, the rate of diabetes-related deaths among Aboriginal people was **79.3 per 100,000** population (non-Aboriginal 26.7).

INDIGENOUS 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.

In 2019–20, **31.1%** of First Nations people in our region had an Indigenous health check conducted (NSW 26.9%). **28.8%** of Indigenous health checks were delivered Face-to-Face (NSW 25.6%) and **2.7%** delivered via Telehealth (NSW 1.5%).

In 2018–19, **42.0%** of Indigenous health check patients within the HNECC PHN region received follow-up services (NSW 40.1%).

For more information on Indigenous health checks click [here](#).

HOSPITALISATIONS

POTENTIALLY PREVENTABLE HOSPITALISATIONS

In 2018–2019, there were **9,360** potentially preventable hospitalisations of Aboriginal and Torres Strait Islander people in our region at a rate of **3,749.5 per 100,000** population (NSW 3,876.4).

EMERGENCY DEPARTMENT PRESENTATIONS

61,955 Aboriginal patients presented to Emergency Departments in 2018–19 within the HNECC PHN region, **30,066** were semi-urgent presentations and **8,645** were non-urgent presentations.

DISCHARGES

In 2019–20, approximately **2.5%** of total hospitalisations in public hospitals were discharged against medical advice for Aboriginal people compared to only 1.0% of hospitalisations for non-Aboriginal people.



MENTAL HEALTH, SUICIDE PREVENTION AND TRAUMA INFORMED NEEDS OF FIRST NATIONS PEOPLE

In 2018–19, there were **4,975** admissions for mental health related conditions in Aboriginal persons at a rate of **2,092.9 per 100,000** population (NSW 2,414.4).

In 2018–19, the rate of hospitalisations for intentional self-harm for Aboriginal people all ages were **264.6 per 100,000**, substantially higher than the rate for non-Indigenous people (85.6).

Between 2015–19, suicide rates for Aboriginal people (all ages) living in NSW was **19.5 per 100,000** (non-Aboriginal 10.6), with males having higher rates of suicide than females (32.0; and 8.2 respectively) and higher rates than non-Aboriginal people (males 16.4; females 5.0).

In 2020, **22.5%** of Aboriginal adults experienced high or very high psychological distress in NSW (non-Aboriginal 16.6%).

FACTORS IMPACTING HEALTH

In 2016, **11.7%** of Aboriginal families in our region were low-income families (NSW 11.6%).

In 2016, **34.6%** of Aboriginal families with children under 15 years in our region were jobless families (NSW 34.0%).

In 2016, **12.0%** of Aboriginal people in our region were living in crowded dwellings (NSW 12.8%).

EDUCATION

In 2020, **48.3%** of Aboriginal children aged 4 or 5 were enrolled into preschool within the HNECC PHN region (NSW 46.7%).

In 2016, **77.8%** of Aboriginal people aged 16 in the HNECC PHN region had full-time participation in Secondary School Education (NSW 75.2%).

In 2016, **71.2%** of Aboriginal persons aged 15–24 years was learning or earning (NSW 71.4%).



SELF-ASSESSED HEALTH STATUS

In 2020, in NSW, **70.2%** of Aboriginal persons aged 16+ years rated their health as 'Excellent, Very Good, or Good' (non-Aboriginal 85.1%).

WHAT HAS OUR COMMUNITY SAID?

Three healing forums have been delivered across the PHN footprint including **Inverell, Cessnock and Taree**, through a partnership between HNECC PHN and The Healing Foundation. The aim of the healing forums is to increase access to Aboriginal and Torres Strait Islander community-identified approaches to improving the healing and wellbeing needs of the HNECC Aboriginal and Torres Strait Islander communities.

The healing forums prioritised key themes, including:

1. Healing for our young people including social and emotional wellbeing for children and young people
2. Healing from grief and loss
3. Building a trauma aware, healing informed health support network
4. Families
5. Gaps in local health service provision

Healing solutions identified included:

- Building a proactive, flexible and trauma aware, healing informed service sector
- Filling the gap in service provision for children and young people
- Service coordination and accountability
- Support for collective community healing, children and families and holistic healing
- Co-design of person-centred, culturally safe services and information sharing
- A focus on accessible health promotion and access to resources
- Health promotion and cultural healing in schools
- Kinship restoration – a whole of family support focus
- Police and community partnerships
- A community healing space
- Community governance
- Opportunities to connect with culture and country
- Improved health service accountability, youth service and support, and access to safe housing
- Recovery and reintegration



ACCESS TO SERVICES

There are **387** General Practices, **9** Aboriginal Medical Services, **318** Pharmacies and **44** Public Hospitals in the HNECC PHN region.

First Nations people and communities that experience inequities in the social determinants of health not only carry a heavier burden of health problems, but they also often face greater barriers to accessing services that might mitigate these problems.

Barriers to healing and wellbeing should be considered within the social determinants of health and include social, economic, educational, and political marginalisation, lack of secure and adequate housing, especially for women and children, high incarceration rates of children, men, and women, including parents and lack of access to services and support. Continuing conversations are crucial to ensure Aboriginal and Torres Strait Islander people are at the centre of decision making and that actions to drive progress on Closing the Gap are delivered in partnership with Aboriginal and Torres Strait Islander people.

In 2018–19, **33.0%** of Indigenous patients did not access health services when needed due to service not being culturally appropriate in NSW (Australia 32.0%). Further **67.0%** did not access health services when needed due to other reasons (Australia 68.0%).

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