

Outcome 8

INDIGENOUS HEALTH

Closing the gap in life expectancy and child mortality rates for Indigenous Australians, including through primary health care, child and maternal health, and substance use services.

Outcome Strategy

Through Outcome 8, the Australian Government aims to ensure that Aboriginal and Torres Strait Islander people have improved access to effective health care services essential to improving health and life expectancy, and to reduce child mortality. This supports the Government's broader commitment through the Council of Australian Governments' (COAG) six targets to close the gap between Indigenous and non-Indigenous Australians in health, education and employment. Two of these targets relate directly to the Health and Ageing Portfolio: to close the gap in life expectancy within a generation; and to halve the gap in mortality rates for Indigenous children under five within a decade. This will involve working in partnership with Aboriginal and Torres Strait Islander people and organisations, and in collaboration with State and Territory Governments.

Prevention and Management of Chronic Disease

Current rates of chronic disease are a major contributor to the life expectancy gap between Indigenous and non-Indigenous Australians. The Government will work with State and Territory Governments, through the COAG National Partnership for Closing the Gap in Indigenous Health Outcomes, to reduce the burden of chronic disease on Indigenous Australians. The Australian Government has committed \$805.5 million over four years for a package of measures to tackle chronic disease risk factors, improve chronic disease management and follow-up care, and increase the capacity of the primary care workforce and the Indigenous health sector to deliver effective health care to Indigenous Australians.

Improved Child and Maternal Health

The Australian Government is committed to halving the gap in the mortality rate between Indigenous and non-Indigenous children under five within a decade. The Government, through *New Directions: An Equal Start in Life for Indigenous Children*, will expand mothers' and babies' services in high need localities, and provide a strategy to support efforts to control acute rheumatic fever and manage rheumatic heart disease.

The Government is continuing to implement a range of initiatives to further improve maternal and child health outcomes including: the Indigenous Early Childhood Development National Partnership, the Australian Nurse-Family Partnership program (funded under Health@Home Plus) and the Healthy for Life program.

Improved Access to Effective Health Services

To improve the health and life expectancy of Aboriginal and Torres Strait Islander people, the Australian Government is committed to increasing access to Indigenous-specific comprehensive primary health care services in the Northern Territory through the Expanding Health Service Delivery initiative. The initiative will continue to improve the way services are delivered in the Northern Territory through ongoing reform, the

regionalisation of services, and increasing the number of additional health professionals through the Remote Area Health Corps.

The Government, through the COAG Closing the Gap – Indigenous Drug and Alcohol Services initiative, is improving access to drug and alcohol treatment, and rehabilitation services for Aboriginal and Torres Strait Islander people. The initiative will continue to provide additional infrastructure and staff for new and existing services, including residential rehabilitation, to enable more people in regional and remote communities to access these services.

The Australian Government is continuing to improve the quality and effectiveness of Aboriginal and Torres Strait Islander primary health care services. The Government is implementing the Establishing Quality Health Standards initiative to provide expertise and resources to help Indigenous health services become accredited. The Government is also continuing, through the Healthy for Life program, to build the capacity of primary health care services to use health outcome data to improve the quality of service delivery.

Improved Social and Emotional Well-being

The Government is establishing new Bringing Them Home counsellor positions, and expanding Link Up services for members of the Stolen Generations across Australia. These initiatives will contribute to improved health outcomes for Aboriginal and Torres Strait Islander people by reducing the impact of loss, grief and trauma for members of the Stolen Generations.

Improved Workforce Capacity

A significant challenge facing this Outcome is that workforce availability can be a constraint on the delivery of health services to Indigenous Australians. The Government will provide support for the education and training of Aboriginal Health Workers, nurses and doctors, and will enable medical, nursing and health science courses to include Indigenous health issues.

Refer to discussions under Program 8.1: Aboriginal and Torres Strait Islander Health for further information on these Government initiatives.

COAG Federal Financial Framework Reforms

Following COAG's federal financial framework reforms, the Treasury is responsible for National Specific Purpose Payments, National Partnership payments to and through the states and territories, and general revenue assistance. The Treasury holds the appropriation for these items and reports the financial details accordingly. Further details can be found in Table 1.5.1 in Section 1. The non-financial performance of the corresponding programs remains the responsibility of the Department of Health and Ageing.

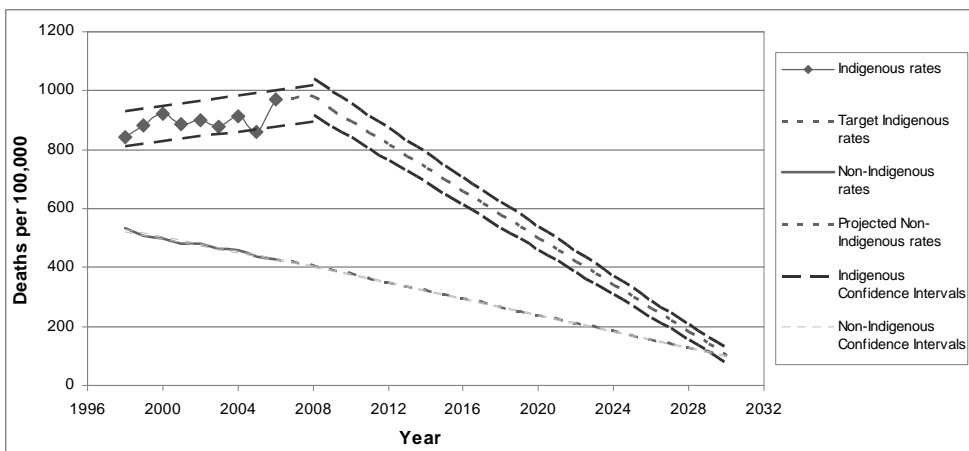
All Outcomes within the Department have a responsibility to achieve the Government's commitment to ensure access to effective health care for Aboriginal and Torres Strait Islander people. Outcome 8 is primarily the responsibility of the Office for Aboriginal and Torres Strait Islander Health. The Mental Health and Chronic Disease Division, Health Workforce Division, Primary and Ambulatory Care Division, Population Health Division, Medical Benefits Division, Pharmaceutical Benefits Division, Ageing and Aged Care Division and the Office of Health Protection also contribute to this Outcome. To realise the Government's commitment to 'closing the gap', a concerted effort by all government agencies is required to address the factors both within, and beyond, the health system.

Outcome 8 Trends

Trend Projection 8.1: Working towards reducing the chronic disease mortality gap between Indigenous and non-Indigenous Australians within a generation (by 2030) to contribute towards closing the gap in life expectancy.

Trend 8.1 provides an interim measure for monitoring progress towards closing the gap in life expectancy because the majority of the gap in life expectancy and mortality is caused by excess deaths due to chronic disease. To achieve the long-term target of closing the gap between Indigenous and non-Indigenous life expectancy, reductions in principal causes¹ of Indigenous chronic disease related mortality are vital.

Figure 1: Estimated Chronic Disease Related Mortality Rates by Indigenous status New South Wales, Queensland, Western Australia, South Australia and the Northern Territory, 1998-2030



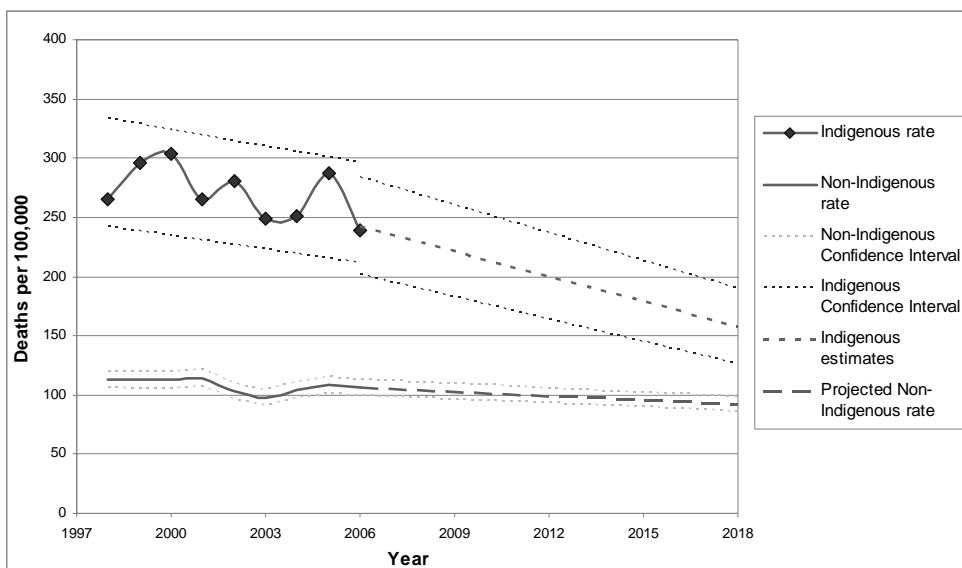
Source: Australian Institute of Health and Welfare (AIHW) National Mortality Database, 2006.

¹ The principal causes of chronic disease related mortality focus on the main causes of premature mortality for Indigenous Australians due to chronic disease, including circulatory disease, cancer, endocrine/metabolic/nutritional disorders, respiratory diseases, digestive diseases and kidney diseases.

Trend Projection 8.2: Working towards halving the mortality gap between Indigenous and non-Indigenous children under five years old by 2018.

Trend 8.2 monitors progress towards achieving the COAG child mortality target. The trend shows that the Indigenous child mortality rate between 1998 and 2006 declined by 36 per cent and that the year to year variation was large, due to the small numbers involved. The estimated projections through to 2018 show the rate of improvement needed for the mortality gap between Indigenous and non-Indigenous children under five years to halve by 2018, and the confidence intervals for this data.

Figure 2: Estimated Improvements in Child Mortality Rates Aged 0-4 years by Indigenous status, New South Wales, Queensland, Western Australia, South Australia and the Northern Territory, 1998-2018



Source: AIHW National Mortality Database, 2006.

Caveat on the stated trends: Improvements in health outcomes are influenced by factors both within and beyond the health system such as housing and sanitation, and more broadly, levels of employment and education. Therefore, achieving the projections requires action by all Australian governments in partnership with Indigenous Australians and organisations. Trend data will also be influenced by variations in the quality of Indigenous identification in mortality and population estimates.

Outcome 8 Budgeted Expenses and Resources

Table 8.1 provides an overview of the total expenses for Outcome 8 by Program.

Table 8.1: Budgeted Expenses and Resources for Outcome 8

	2008-09	2009-10
	Estimated actual expenses	Estimated expenses
	\$'000	\$'000
Program 8.1: Aboriginal and Torres Strait Islander Health		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	505,197	614,330
Departmental expenses		
Ordinary annual services (Appropriation Bill No. 1)	57,127	63,010
Revenues from other sources (s31)	986	1,042
Unfunded expenses*	989	-
Subtotal for Program 8.1	564,299	678,382
Outcome 8 totals by appropriation type:		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	505,197	614,330
Departmental expenses		
Ordinary annual services (Appropriation Bill No. 1)	57,127	63,010
Revenues from other sources (s31)	986	1,042
Unfunded expenses*	989	-
Total expenses for Outcome 8	564,299	678,382
	2008-09	2009-10
Average staffing level (number)	414	449

Note: * Loss attributable to the effect of the decreased bond rate on employee entitlements.

Contributions to Outcome 8

Program 8.1: Aboriginal and Torres Strait Islander Health

Program Objective

Through this Program, the Australian Government aims to work with other governments and the broader health sector to improve health outcomes for Aboriginal and Torres Strait Islander people. To address the poorer health outcomes of Aboriginal and Torres Strait Islander people, the Government will work on improving: prevention and management of chronic disease; child and maternal health services; the availability of Bringing Them Home counsellors and Link Up services; and the capacity of the Australian health workforce, as well as the Indigenous health sector to meet the health care needs of Aboriginal and Torres Strait Islander people. The following discusses the key strategic direction the Australian Government will take through the Department to help achieve this objective.

Key Strategic Direction

This Program aims to:

- improve access to effective primary health care, maternal and child health services, substance use services, and social and emotional well-being services for Aboriginal and Torres Strait Islander people.

Major Activities

Prevention and Management of Chronic Disease

In 2009-10, the Australian Government will work towards reducing the burden of chronic disease among Aboriginal and Torres Strait Islander people through a range of initiatives across the Health Portfolio as part of the COAG National Partnership for Closing the Gap in Indigenous Health Outcomes. Many factors influence life expectancy, but the main contributor to the life-expectancy gap is the difference in health outcomes, due to chronic diseases such as circulatory disease, cancer, diabetes and respiratory disease. Comprehensive primary health care is fundamental to the prevention, early detection and management of chronic diseases and their risk factors.

The Department, through the National Partnership, acknowledges that to close the gap in life expectancy, sustainable social change and health system reform is required. The Department will implement initiatives that focus on tackling chronic disease risk factors, improving chronic disease management in primary care, improving chronic disease follow-up care and increasing the capacity of the primary care workforce to deliver effective health care. The key priorities to be addressed through the National Partnership, and the Outcomes responsible for implementing these initiatives, are outlined in the table below.

COAG Indigenous Health National Partnership

Table 8.2: Australian Government Contribution to National Partnership by Outcome

Activity	Outcomes Responsible
Reducing smoking rates among Aboriginal and Torres Strait Islander people.	Outcome 1
Tackling chronic disease risk factors including poor nutrition and lack of exercise, and delivering community education initiatives to reduce the number of Indigenous Australians with these risk factors.	Outcomes 1 and 5
Improving access to Pharmaceutical Benefits Scheme medicines.	Outcome 2
Improving chronic disease management in primary care by providing incentives and support for accredited general practices and Indigenous health services to detect, treat and manage chronic disease more effectively.	Outcome 5
Increasing the uptake of Medicare Benefits Schedule funded primary care services by Aboriginal and Torres Strait Islander people including adult health checks.	Outcomes 3 and 5
Improving chronic disease follow-up care by increasing access to affordable specialist, allied health care and multi-disciplinary health care for Indigenous Australians with a chronic disease.	Outcomes 5, 8 and 12
Increasing the capacity of the primary care workforce to deliver effective health care to Indigenous Australians by funding more than 160 new Indigenous Outreach Workers, 75 additional health professionals and practice managers in Indigenous health services, and a range of workforce training and professional development activities.	Outcomes 5, 8 and 12

Improved Child and Maternal Health

The Australian Government will improve access to, and the uptake of, child and maternal health services to improve the health and well-being of Indigenous children and their families through the COAG Indigenous Early Childhood Development National Partnership. The Department will administer funding through facilitation payments to states and territories to improve access to, and the use of, antenatal care by young Indigenous mothers; support young Indigenous women to make informed decisions about their sexual and reproductive health; and drive improved data collection and reporting by states and territories on outcomes for Indigenous children.

The Government is continuing to invest in the New Directions initiative to improve maternal and child health outcomes for Aboriginal and Torres Strait Islander people. In 2009-10, the Department: will support twelve additional primary health care services to increase access to antenatal and postnatal care; provide standard information about baby care; provide practical advice and assistance with parenting; and monitor developmental milestones. In addition, the Government will continue to support the Australian

Nurse-Family Partnership program by establishing an additional two sites to provide a sustained home visiting program to women pregnant with an Aboriginal and Torres Strait Islander child in targeted regions.

The Department will continue to collaborate with the Northern Territory, Western Australian and Queensland Governments to implement the Rheumatic Fever Strategy. The Strategy includes funding for a National Coordination Unit to assist in targeting efforts of control programs and disease registers for Acute Rheumatic Fever and Rheumatic Heart Disease. The Strategy primarily targets Indigenous Australians, as rates of rheumatic fever for Indigenous children are amongst the highest in the world.²

During 2009-10, the Department will continue to support 99 primary health care services participating in the Healthy for Life program to increase attendance rates for antenatal care; increase adult and child health checks and follow-up; improve best practice service delivery for people with chronic conditions; and, where appropriate, increase the capacity of services to address men's health issues.

The Improving Eye and Ear Health Services for Indigenous Australians for Better Education and Employment Outcomes initiative will expand eye and hearing health services for Indigenous Australians. Reducing preventable vision and hearing loss will assist to improve education and employment outcomes, and contribute to closing the gap in education and employment outcomes for Aboriginal and Torres Strait Islander people. In 2009-10, the Department will work with experts in the fields of eye and hearing health, and other key stakeholders to develop and implement strategies to ensure eye and ear health problems are effectively detected and treated. This will include a major increase in services to address trachoma, an expansion of the Visiting Optometrist Scheme, increased training of health workers in hearing health, investments in medical equipment for hearing screening, improved access to eye and ear surgery, and activities to increase awareness of ear disease and treatment.

Improved Access to Effective Health Services

In 2009-10, the Australian Government will continue its commitment to improve access to effective primary health care services in the Northern Territory through implementing the Expanding Health Service Delivery initiative. The initiative will continue in close partnership with the Northern Territory Government and the Aboriginal Medical Services Alliance Northern Territory to deliver health improvements, define core services, implement quality improvement initiatives and develop a sustainable model of service delivery. The regional reform of the primary health care system will be guided by the establishment of steering committees with defined health service delivery areas that will ensure community participation. The Government will also provide further funding for ear, nose and throat, and hearing and dental services for children identified through previous child health checks as part of the Northern Territory Emergency Response. In 2009-10, the Government will continue to support the Remote Area Health Corps to recruit and deploy health professionals for assignments in the Northern Territory. This innovative approach will augment the workforce on the ground in remote Indigenous communities with urban-based professionals on short-term deployments.

² *Diagnosis and management of acute rheumatic fever and rheumatic heart disease in Australia. An evidence based review.* National Heart Foundation of Australia and the Cardiac Society of Australia and New Zealand, 2006.

The Australian Government will continue to improve access to vital health services for Aboriginal and Torres Strait Islander people in the Northern Territory through the Better Outcomes for Hospitals and Community Health initiative. The Department, through the initiative, will construct and upgrade health clinics, establish additional self-care dialysis facilities in remote communities and develop renal health promotion and education resources. It will also determine the feasibility of establishing mobile dialysis services; and support sexual assault mobile outreach service teams to deliver culturally safe counselling and child specialist assessment services for children and their families who have experienced the trauma of sexual abuse.

In 2009-10, the Government, through the Department, will continue to fund health infrastructure projects to construct and upgrade vital health clinics, substance use facilities and staff housing to meet national building and health accreditation standards. Projects are predominantly in rural and remote areas where accessibility, climatic conditions and workforce issues present an ongoing challenge. Health infrastructure is essential for the delivery of high quality health care services for Aboriginal and Torres Strait Islander people, and these projects provide new and expanded facilities to meet the needs of local Indigenous communities.

Through the COAG Closing the Gap – Indigenous Drug and Alcohol Services initiative, the Australian Government will improve access for Aboriginal and Torres Strait Islander people in regional and remote areas to drug and alcohol services. Funding priorities for this initiative were developed from consultation and negotiation with the State and Territory Governments, key stakeholders and independent reviews of existing services. In 2009-10, the Australian Government through the Department will continue to work collaboratively with State and Territory Governments to ensure that these priorities are implemented.

The Department will continue to implement the Establishing Quality Health Standards initiative in 2009-10 by supporting assessing agencies to trial a more streamlined approach to accreditation of Aboriginal and Torres Strait Islander community controlled health organisations. The initiative will increase the capacity of peak bodies within the Aboriginal and Torres Strait Islander community controlled health sector to deliver practical support to members, and fund the development of comprehensive information and advice on accreditation for the sector.

Improved Social and Emotional Well-being

The Australian Government will improve access to social and emotional well-being services for Aboriginal and Torres Strait Islander people affected by the forced removal policies and practices of the past. The Department, through the Expanding Link Up Services for the Stolen Generations initiative, will provide an additional 11 caseworkers and five other staff, as well as dedicated funding for institutional and ‘return to country’ reunions to enable an additional 100 reunions for members of the Stolen Generations in 2009-10.

Improved Workforce Capacity

The Australian Government is committed to encouraging and supporting Indigenous Australians to take up, and remain in, the health workforce, and will ensure that non-Indigenous health professionals improve their knowledge of Indigenous health issues. This will be achieved through the Department’s support of the Australian Indigenous Doctors’ Association and the Congress of Aboriginal and Torres Strait Islander Indigenous Nurses, through the National Indigenous Health Workforce Training plan. The plan will

provide mentoring and networking for young Indigenous doctors and nurses, a network of Indigenous community controlled registered training organisations tasked with training Aboriginal Health Workers in the vocational education and training sector, and the establishment of the new Aboriginal Health Worker Association. Increasing the capacity of the Indigenous and non-Indigenous health workforce to work in an Indigenous context will contribute to better health outcomes for Indigenous Australians.

A major challenge in implementing all these initiatives is the limited workforce available, particularly in regional and remote Australia. Over the next three years, the Australian Government is investing in a National Indigenous Health Workforce Training Plan, aiming to increase the capacity of the health workforce. In addition, the Government will continue to support the Puggy Hunter Memorial Scholarship Scheme to encourage more Aboriginal and Torres Strait Islander people to enter health professions. In 2009-10, it is anticipated that 240 full time scholarships will be offered by the Royal College of Nursing Australia. The Australian Government will work with the Medical Deans of Australia and New Zealand, and the Leaders in Indigenous Medical Education Network to incorporate Indigenous curriculum content in all medical courses.

Program 8.1: Expenses

Significant changes to the Aboriginal and Torres Strait Islander Program include major announcements by the Australian Government. In particular, the Government's commitment to the COAG National Partnership for Closing the Gap in Indigenous Health Outcomes, the COAG Indigenous Early Childhood National Partnership, the New Directions initiative, and the continuation of the Northern Territory Emergency Response, will see an increase over the forward estimates for this Program to support increased health outcomes for Indigenous Australians.

COAG Federal Financial Framework Reforms

Following COAG's federal financial framework reforms, the Treasury is appropriated for the National Specific Purpose Payments, National Partnership payment or general revenue assistance payment components that were previously a part of this Program. Further details can be found in Table 1.5.1 in Section 1.

Table 8.2: Program Expenses

	2008-09 Estimated actual \$'000	2009-10 Budget \$'000	2010-011 Forward year 1 \$'000	2011-12 Forward year 2 \$'000	2012-13 Forward year 3 \$'000
Annual administered expenses:					
Ordinary annual services*	505,197	614,330	657,337	660,683	634,485
Program support	59,102	64,052	68,111	76,749	81,554
Total Program expenses	564,299	678,382	725,448	737,432	716,039

Note: * Appropriation Bill (No. 1) 2009-10.

Program 8.1: Deliverables

To improve health outcomes for Aboriginal and Torres Strait Islander people, Program 8.1 will fund key stakeholders to improve access to high quality, coordinated primary health care, substance misuse, and social and emotional well-being services. The Department has overall responsibility for the ‘deliverables’ that contribute to the Program.

Qualitative Deliverable

- Regular stakeholder participation in program development through consultative bodies and processes including meetings, conferences and all jurisdictional Health Forums.

Table 8.3: Quantitative Deliverables for Program 8.1

Quantitative Deliverables	2008-09 Revised Budget	2009-10 Budget	2010-11 Forward Year 1	2011-12 Forward Year 2	2012-13 Forward Year 3
Percentage of variance between actual and budgeted expenses.	≤0.5%	≤0.5%	≤0.5%	≤0.5%	≤0.5%
Prevention and Management of Chronic Disease					
Additional workforce for the prevention and management of chronic disease ³ (funding commences 1 July 2009).	N/A	71	154	195	242
Improved Child and Maternal Health					
Percentage of mothers who attended at least one antenatal care visit: ⁴	2005	2006	2007	2008	2009
<ul style="list-style-type: none"> Indigenous; and Non-Indigenous. 	96.3% 98.5%	94.1-99.1% 98.3-99.3%	94.5-99.4% 98.5-99.5%	94.8-99.6% 98.8-99.8%	95.0-99.8% 98.9-99.9%
Improved Access to Effective Health Services					
Increased episodes of primary health care for Indigenous Australians.	1.7m	1.7m	1.8m	1.8m	1.9m

³ Totals are cumulative over the life of the measure and positions are funded by Outcomes 5 and 8.

⁴ Source: AIHW Perinatal Data Collection 2005. Data caveat: 2005 data is the latest perinatal data available and we are therefore using it as the baseline.

Quantitative Deliverables	2008-09 Revised Budget	2009-10 Budget	2010-11 Forward Year 1	2011-12 Forward Year 2	2012-13 Forward Year 3
Improved Social and Emotional Well-being					
Demonstrated access to culturally appropriate social and emotional well-being and mental health services. Measured by the number of client contacts.	100,000	110,000	120,000	130,000	140,000
Improved Workforce Capacity					
Number of Puggy Hunter Memorial Scholarships allocated in an academic year to support Indigenous Australians to study health-related disciplines (it is anticipated this will fall under Outcome 12).	2008 215	2009 245	2010 265	2011 275	2012 275

Program 8.1: Key Performance Indicators

The impact of Program 8.1 will be measured through a reduction in:

- the principal causes of chronic disease related mortality rates for Indigenous people;
- mortality rates from circulatory disease among Indigenous people;
- the child mortality rate difference between Indigenous and non-Indigenous children; and
- the proportion of babies born with low birth weight to Indigenous mothers.

Table 8.4: Quantitative Key Performance Indicators for Program 8.1

Quantitative Indicators	2006 Revised Budget	2007 Budget Target	2008 Forward Year 1	2009 Forward Year 2	2010 Forward Year 3
Prevention and Management of Chronic Disease					
Principal causes of chronic disease related mortality rate per 100,000:*					
• Indigenous;	968.8	912-1,035	917-1,039	879-997	841-956
• Non-Indigenous; and	429.3	416-419	403-407	390-393	376-379
• Rate difference.	539.5	495-619	512-635	487-607	463-579
Principal causes of chronic disease related mortality rate per 100,000:*					
• Indigenous;	968.8	912-1,035	917-1,039	879-997	841-956
• Non-Indigenous; and	429.3	416-419	403-407	390-393	376-379
• Rate difference.	539.5	495-619	512-635	487-607	463-579
Circulatory disease mortality rate per 100,000:*					
• Indigenous;	403.1	358-438	353-432	337-414	322-396
• Non-Indigenous; and	207.8	196-200	186-190	178-183	171-176
• Rate difference.	195.3	160-242	165-246	157-235	149-225
Child and Maternal Health					
Child 0-4 mortality rate per 100,000:*					
• Indigenous;	238.8	194-275	191-270	184-262	178-254
• Non-Indigenous; and	106.6	98.7-112	97.6-111	96.4-110	95.3-108
• Rate difference.	132.2	88.4-170	86.0-166	80.8-159	75.4-152

Quantitative Indicators	2006 Revised Budget	2007 Budget Target	2008 Forward Year 1	2009 Forward Year 2	2010 Forward Year 3
Infant mortality rate per 1,000 live births:*					
• Indigenous;	10.0	7.8-11.2	7.4-10.6	7.2-10.3	6.9-10.1
• Non-Indigenous; and	4.4	4.1-4.7	4.1-4.6	4.0-4.6	4.0-4.5
• Rate difference.	5.6	3.6-6.6	3.3-6.1	3.1-5.8	3.0-5.5
Low birth weight rate per 100 live births:#					
• Indigenous;	12.4	11.8-13.2	12.0-13.3	11.7-13.0	11.4-12.7
• Non-Indigenous; and	6.2	6.1-6.3	6.2-6.4	6.2-6.4	6.3-6.4
• Rate difference.	6.2	5.6-7.0	5.7-7.1	5.4-6.7	5.1-6.4

* Source: AIHW National Mortality Database, 1998-2006.

Source: AIHW National Perinatal Data Collection, 1991-2006.

Data caveats: There are limitations with the quality and availability of data on Aboriginal and Torres Strait Islander health, including uncertainty about the size and composition of the Indigenous population. Poor identification of Indigenous Australians is the main issue in most administrative data collections, including the National Perinatal Data Collections and the National Mortality Database. Due to the small size of the Indigenous population, which leads to a wide variability year to year, the forward projections include data confidence intervals.