

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 improve access for Aboriginal and Torres Strait Islander peoples to effective health care services essential to improving health and life expectancy, and reducing child mortality. This supports the Government's broader commitments to close the gap between Aboriginal and Torres Strait Islander peoples 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 years of age within a decade. The Government is working towards these targets in partnership with Aboriginal and Torres Strait Islander peoples and organisations, and in collaboration with state and territory governments.

To realise the Government's commitment to 'closing the gap'¹, a concerted effort by all Government agencies is required to address the factors both within, and beyond, the health system. All Outcomes within the Health and Ageing Portfolio have a responsibility to improve access to effective health care for Aboriginal and Torres Strait Islander peoples.

Outcome 8 is primarily the responsibility of the Office for Aboriginal and Torres Strait Islander Health. The Mental Health and Chronic Disease Division, the Health Workforce Division, the Primary and Ambulatory Care Division, the Population Health Division, the Medical Benefits Division, the Pharmaceutical Benefits Division, the Ageing and Aged Care Division, and the Office of Health Protection also contribute to this Outcome.

¹ Under the National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes.

The following Health and Ageing Programs also make significant contributions to Aboriginal and Torres Strait Islander health.

Outcome	Contributions to Aboriginal and Torres Strait Islander health
Outcome 1	Drug Strategy (Program 1.3)
Outcome 2	Pharmaceuticals and pharmaceutical services (Program 2.2)
Outcome 3	Medicare service (Program 3.1)
Outcome 4	Culturally appropriate aged care (Program 4.5)
Outcome 5	Primary care, financing, quality and access (Program 5.2)
Outcome 5	Primary care practice incentives (Program 5.4)
Outcome 6	Rural health services (Program 6.1)
Outcome 10	Chronic disease treatment (Program 10.1)
Outcome 12	Improved workforce capacity (Program 12.2)
Outcome 15	Sports and recreation (Program 15.1)

Program Contributing to Outcome 8

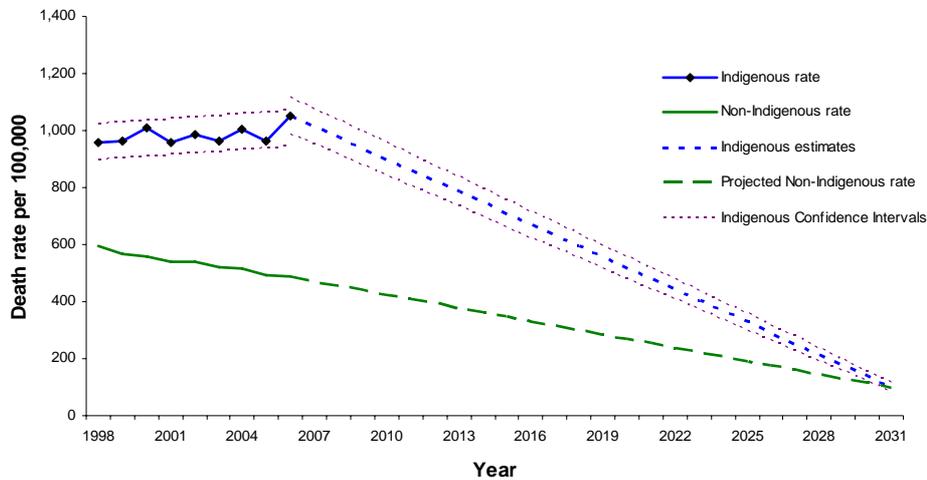
Program 8.1: Aboriginal and Torres Strait Islander health
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Outcome 8 Trends²

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

Figure 1 provides an interim measure for monitoring progress towards closing the gap in life expectancy, as chronic disease related deaths are the major contributors to the gap. To achieve the long-term target of closing the gap between Indigenous and non-Indigenous life expectancy, reductions in principal causes³ of Indigenous chronic disease related mortality are vital.

Figure 1: Chronic disease related mortality rates⁴ by Indigenous status, and projections from 1998 to 2031 required to close the gap⁵



² 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 non-government organisations. Trend data is influenced by variations in the quality of Indigenous identification in mortality and population estimates.

³ The principal causes of chronic disease related mortality include circulatory disease, cancer, endocrine/metabolic/nutritional disorders, respiratory diseases, digestive diseases and kidney diseases.

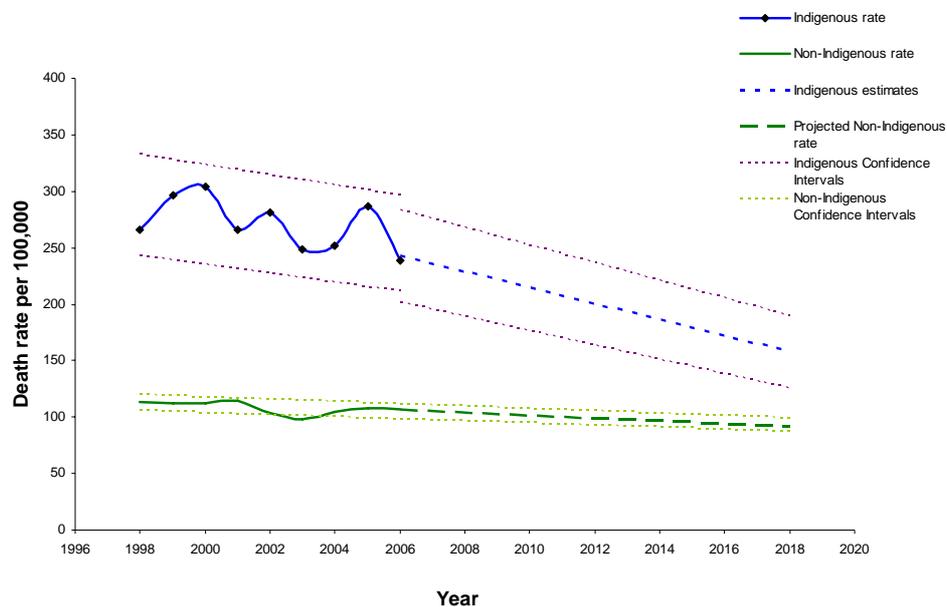
⁴ Australian Institute Health Welfare (AIHW), 2006. *National Mortality Database*. AIHW, Canberra.

⁵ Rates are from New South Wales, Queensland, Western Australia, South Australia and Northern Territory combined.

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

Figure 2 shows progress towards achieving the Council of Australian Governments’ (COAG) child mortality target. The trend shows that the Indigenous child mortality rate between 1991 and 2006 declined by 36 per cent, and that the yearly 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 be halved by 2018, and the confidence intervals.⁶

Figure 2: Child mortality rates ages 0-4 years⁷ by Indigenous status, and projections from 1998 to 2018 required to halve the gap⁸



⁶ Due to variability in the data the 95% Confidence Interval provides a statistical range of values for which there is a 95% probability it contains the true value.
⁷ Rates are from New South Wales, Queensland, Western Australia, South Australia and Northern Territory combined.
⁸ Australian Institute Health Welfare, 2006. *National Mortality Database*. AIHW, Canberra.

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

	2009-10	2010-11
	Estimated actual	Estimated expenses
	\$'000	\$'000
Program 8.1: Aboriginal and Torres Strait islander health¹		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	594,526	661,464
Departmental expenses		
Ordinary annual services (Appropriation Bill No. 1)	59,748	58,980
Revenues from other sources (s31)	1,037	1,087
Unfunded depreciation expense	-	1,244
Total for Program 8.1	655,311	722,775
Outcome 8 totals by appropriation type		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	594,526	661,464
Departmental expenses		
Ordinary annual services (Appropriation Bill No. 1)	59,748	58,980
Revenues from other sources (s31)	1,037	1,087
Unfunded depreciation expense	-	1,244
Total expenses for Outcome 8	655,311	722,775
	2009-10	2010-11
Average staffing level (number)	459	434

¹ This Program includes National Partnerships paid to state and territory governments by the Treasury as part of the Federal Financial Relations (FFR) Framework. National partnerships are listed in this chapter under each Program. For budget estimates relating to the National Partnership component of the Program, please refer to Budget Paper 3 or Program 1.10 of the Treasury Portfolio Budget Statements.

Contributions to Outcome 8

Program 8.1: Aboriginal and Torres Strait Islander health

Program Objective

Through this Program, the Australian Government works with state and territory governments and the broader health sector, to improve health outcomes for Aboriginal and Torres Strait Islander peoples.

This Program aims to contribute to closing the gap in life expectancy and halving the gap in mortality rates for Indigenous children under five years of age within a decade through:

- preventing and managing chronic disease;
- improving access to maternal and child health services;
- improving access to effective primary health care and substance use services;
- improving social and emotional wellbeing services; and
- improving workforce capacity.

Major Activities

Prevent and manage chronic disease

The Australian Government has committed to closing the gap in life expectancy between Indigenous and non-Indigenous Australians within a generation. Through the National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes, the Government has acknowledged that this will require sustainable social change, along with health system reform.

The Indigenous Chronic Disease package is the Australian Government's contribution to the National Partnership Agreement. The package focuses on improving the prevention, detection and management of chronic disease within the primary health care system. Chronic diseases, such as cardiovascular disease, cancer, diabetes, and chronic respiratory disease, are major contributors to the gap in health outcomes.

During 2010-11, the Department will continue to fund the recruitment, orientation and training of additional workers, such as healthy lifestyle workers, tobacco workers, and Aboriginal and Torres Strait Islander outreach workers. Staged implementation of other measures in the package will also continue. A key focus during 2010-11 will be working with the Indigenous health partnership forums, primary health care services and key stakeholders, to ensure that the different elements of the package are working together. In 2010-11, sentinel sites located in a mixture of urban, regional and remote locations will commence providing information on early implementation of the package.

The following table outlines the initiatives being undertaken throughout the Portfolio as part of the Indigenous Chronic Disease package.

Table 8.2: Australian Government contribution to National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes, by Outcome

Activity	Outcomes Responsible
Reduce smoking rates among Aboriginal and Torres Strait Islander peoples	Outcome 1
Tackle 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
Improve Indigenous Australians' access to Pharmaceutical Benefits Scheme medicines	Outcome 2
Improve 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
Increase the uptake of Medicare Benefits Schedule funded primary care services by Aboriginal and Torres Strait Islander peoples, including adult health checks	Outcomes 3 and 5
Improve 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
Increase the capacity of the primary care workforce to deliver effective health care to Indigenous Australians by funding more than 160 new Aboriginal and Torres Strait Islander 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

Improve child and maternal health

During 2010-11, the Australian Government will improve and expand child and maternal health services for Indigenous Australians. Ten additional primary health care services will receive funding under the New Directions: Mothers and Babies Services initiative in 2010-11. This initiative provides Indigenous children and their mothers with increased access to antenatal and postnatal care to support improved outcomes. Implementation of the Australian Nurse-Family Partnership program will continue in four locations across Australia (Alice Springs, Cairns, Wellington-Dubbo and Melbourne). This program provides sustained home visits to women pregnant with an Aboriginal or Torres Strait

Islander child until their child is two years of age. In 2010-11, the Department will evaluate implementation to date, and recommend improvements to the program.

The Department will continue to support the 100 primary health care services participating in the Healthy for Life program. This program aims to increase attendance rates for antenatal care, monitor birth weights, increase adult and child health checks and follow-ups, improve the quality of service delivery for people with chronic conditions, and support the provision of services to address men's health issues.

The Australian Government will monitor state and territory governments' implementation of the COAG Indigenous Early Childhood Development National Partnership, according to the plans to be agreed by the Australian Government and respective state and territory Ministers. These plans will be available on the Ministerial Council for Federal Financial Relations website.⁹ In addition, the Department will assess progress against these implementation plans in August 2010 and January 2011. The Department will also participate in the implementation of an evaluation strategy to support the National Partnerships.

In 2010-11, the Department will continue to implement activities under the Improving Eye and Ear Health Services for Indigenous Australians for Better Education and Employment measure. This includes providing new and expanded optometric services to remote and very remote Indigenous communities through the Visiting Optometrists Scheme¹⁰, providing otoscopes, tympanometers and audiometers to Aboriginal Medical Services and other key primary health care services, and training for Aboriginal and Torres Strait Islander Health Workers and other staff involved in ear health.

In 2010-11, the Department will continue its investment in the Central Australia Integrated Eye Health Project. There will be additional ear surgical procedures performed in collaboration with state and territory governments, with a particular focus on remote clients. The Department will support health promotion activities to increase awareness of eye and ear disease, and continue expanded trachoma control programs to deliver more screening and promote health issues, such as facial cleanliness. These activities will assist in reducing preventable vision and hearing loss, leading to improved education and employment outcomes for Aboriginal and Torres Strait Islander peoples.

In 2010-11, the Department will continue to collaborate with the Northern Territory, Western Australia and Queensland Governments to establish program sites to provide proper diagnosis of Rheumatic Fever and improve access to necessary antibiotics. The National Coordination Unit, known as RHD Australia, will coordinate efforts to tackle Acute Rheumatic Fever and Rheumatic Heart Disease. A significant component of RHD Australia's work will include the development of education, training and self-management resources to assist with the detection and treatment of Acute Rheumatic Fever and Rheumatic Heart Disease and the collection of data.

Improve access to effective health services

In 2010-11, the Department will continue to fund about 245 organisations to provide primary health care, substance use and social and emotional wellbeing services to Aboriginal and Torres Strait Islander peoples. A significant number of these organisations

⁹ Accessible at: www.federalfinancialrelations.gov.au

¹⁰ This initiative is administered through Outcome 3: Access to Medical Services.

are located in rural, remote and very remote locations where there are no other service providers.

The Department will continue to implement and promote the Establishing Quality Health Standards initiative in 2010-11, and support more than 200 Aboriginal and Torres Strait Islander community controlled health organisations to meet quality standards through accreditation under Australian health care standards. These standards apply to all providers of health care services in Australia. For organisations with a general practitioner, this would typically be accreditation under Royal Australian College of General Practitioners' (RACGP) Standards. This initiative provides practical support, funding and resources to assist organisations to be accredited. The Department will continue to partner with Aboriginal and Torres Strait Islander health sector peak bodies, Accreditation Standards owners such as the RACGP, Quality Improvement Council, the Australian Council of Healthcare Standards, and other relevant stakeholders to achieve these outcomes. The Government is also committed to improving the corporate and clinical governance of Aboriginal and Torres Strait Islander community controlled health organisations. The Department will work with the sector and stakeholders in 2010-11 on improvements to governance.

In 2010-11, the Australian Government will continue to improve access to effective primary health care services in the Northern Territory, in partnership with the Northern Territory Government and the Aboriginal Medical Services Alliance Northern Territory. These initiatives will deliver health improvements, define core services, implement quality improvement initiatives and develop a sustainable model of service delivery. The Government is funding dental and ear, nose and throat services for children identified through previous child health checks, as part of the Northern Territory Emergency Response. In 2010-11, the Government will continue to support the Remote Area Health Corps to recruit urban-based health professionals for short-term deployments in the Northern Territory.

The Australian Government, through the Department, will continue to improve access to vital health services for Aboriginal and Torres Strait Islander peoples in the Northern Territory. This will include supporting renal health services through the development and dissemination of renal health promotion and education resources, assessing the feasibility of establishing mobile dialysis services, and ongoing capacity building through capital works, such as renal facilities, in Indigenous health care services.

In addition, the current Mobile Outreach Service (MOS) will be expanded in both size and scope under MOS Plus to provide support to children and families in remote areas of the Northern Territory, including for those affected by any form of child abuse-related trauma, and to enhance existing sexual assault counselling services. MOS Plus will also improve access to forensic sexual assault medical examinations of children in remote communities, and provide training to enhance primary health care and community service workforce capacity in this area.

Improve social and emotional wellbeing

The Department, in collaboration with the Australian Institute of Aboriginal and Torres Strait Islander Studies and the Department for Families, Housing, Community Services and Indigenous Affairs, will improve access to social and emotional wellbeing services for Aboriginal and Torres Strait Islander peoples separated from their families as a result of past governments' removal policies, institutionalisation and adoption or

foster care. In 2010-11, the Department will continue to fund Indigenous primary health care services and Link Up services to provide support for family tracings and reunions, and access to support and counselling under the Bringing Them Home programs. These initiatives will contribute to improved health outcomes for Aboriginal and Torres Strait Islander peoples by reducing the impact of loss, grief and trauma for members of the Stolen Generations.

The Australian Government is committed to tackling substance use issues that impact negatively on social and emotional wellbeing and general health. The Government is providing an additional \$38.5 million over four years to further expand the voluntary rollout of Opal fuel to regional and remote Indigenous communities. This funding continues the current voluntary rollout of Opal fuel by addressing the storage and distribution problems that have prevented the rollout to some sites in northern Australia. The Australian Government is establishing storage facilities for Opal fuel in Darwin and North Queensland enabling Opal fuel to be distributed to 39 new sites in the Top End of the Northern Territory, the East Kimberley and the Gulf Region of Queensland. The rollout of Opal fuel to these sites will help reduce the incidence and impact of petrol sniffing in eleven communities. The rollout of Opal fuel will be accompanied by a comprehensive communication strategy.

Improve workforce capacity

The Australian Government aims to encourage and support Aboriginal and Torres Strait Islander peoples to join and remain in the health workforce, and ensure that non-Indigenous health professionals improve their knowledge of Indigenous health issues.

The Australian Government supports Indigenous health professionals through funding the Australian Indigenous Doctors' Association, the Congress of Aboriginal and Torres Strait Islander Nurses, Indigenous Allied Health Australia and the National Aboriginal and Torres Strait Islander Health Worker Association. These peak Aboriginal and Torres Strait Islander organisations provide mentoring, support and encouragement to health students and workers. Aboriginal and Torres Strait Islander Health Workers will receive training in order to meet the national standards of Certificate 4 (Primary Health Care) required to meet national registration and requirements in July 2012.

In 2010-11, the Australian Government will continue to fund the Puggy Hunter Memorial Scholarship Scheme to encourage more Aboriginal and Torres Strait Islander peoples to enter health professions. The Government will continue to fund the Leaders in Indigenous Medical Education network to incorporate Aboriginal and Torres Strait Islander curricula content into medical, nursing and health science courses.

Program 8.1 is linked as follows:

- This program includes National Partnerships payments for:
 - *Closing the gap in Indigenous health outcomes;*
 - *Indigenous early childhood development program - maternal and teenage;*
 - *Reducing rheumatic heart fever for Indigenous children;*
 - *Satellite renal dialysis facilities in remote Northern Territory communities;* and
 - *Sexual assault counselling in remote Northern Territory areas.*

These Partnerships payments are paid to state and territory governments by The Treasury as part of the Federal Financial Relations (FFR) Framework. For budget estimates relating to the National Partnership component of the program, please refer to Budget Paper 3 or Program 1.10 of the Treasury Portfolio Budget Statements.
- Department of Education, Employment and Workplace Relations – to establish at least 35 children and family centres for the delivery of integrated health and early childhood education services (Program 1.3).
- Aboriginal Hostels Limited (Department of Families, Housing, Community Services and Indigenous Affairs) – for substance use residential rehabilitation services under Community Hostels (Program 1.2).
- Department of Families, Housing, Community Services and Indigenous Affairs – for the Indigenous Healing Foundation under Indigenous Capability and Development (Program 7.4).
- Department of Innovation, Industry, Science and Research – for the Australian Institute of Aboriginal and Torres Strait Islander Studies (Outcome 1).

Program 8.1: Expenses

Table 8.3: Program expenses

	2009-10 Estimated actual \$'000	2010-11 Budget \$'000	2011-12 Forward year 1 \$'000	2012-13 Forward year 2 \$'000	2013-14 Forward year 3 \$'000
Annual administered expenses					
Ordinary annual services	594,526	661,464	671,430	651,866	672,441
Program support	60,785	61,311	61,297	56,740	53,738
Total Program expenses	655,311	722,775	732,727	708,606	726,179

Program 8.1: Deliverables

The Department will produce the following 'Deliverables' to achieve the Program Objective.

Table 8.4: Qualitative Deliverables for Program 8.1

Qualitative Deliverables	2010-11 Reference Point or Target
Produce relevant and timely evidence-based policy research	Relevant evidence-based policy research produced in a timely manner

Qualitative Deliverables	2010-11 Reference Point or Target
Stakeholders participate in program development through a range of avenues	Stakeholders participated in program development through avenues such as regular consultative committees, conferences, stakeholder engagement forums, surveys, submissions on departmental discussion papers and meetings
Prevent and manage chronic disease	
Report on the implementation of the Indigenous Chronic Disease package	Annual report provided to states and territories and Aboriginal and Torres Strait Islander Organisations against the benchmarks and timelines as detailed in the Commonwealth's Implementation Plan
Improve child and maternal health	
Australian Nurse Family Partnership program evaluation	Evaluation commences in 2010-11
Improve access to effective health services	
Increase access and range of primary health care services to remote Indigenous communities in the Northern Territory	Timely allocation of increased primary health care funding in 2010-11

Table 8.5: Quantitative Deliverables for Program 8.1

Quantitative Deliverables	2009-10 Revised Budget	2010-11 Budget	2011-12 Forward Year 1	2012-13 Forward Year 2	2013-14 Forward Year 3
Percentage of variance between actual and budgeted expenses	≤0.5%	≤0.5%	≤0.5%	≤0.5%	≤0.5%
Prevent and manage chronic disease					
Additional workforce for the prevention and management of chronic disease ¹¹	71	154	195	242	295

¹¹ Totals are cumulative over the life of the measure and positions are funded by Outcomes 5 and 8.

Section 2 – Department Outcomes – 8 Indigenous Health

Quantitative Deliverables	2009-10 Revised Budget	2010-11 Budget	2011-12 Forward Year 1	2012-13 Forward Year 2	2013-14 Forward Year 3
Improve child and maternal health					
Number of New Directions: Mothers and Babies Services	56	65	65	65	65
Improve access to effective health services					
Number of health professionals placed in remote primary health care services in the Northern Territory	175	300	300	300	300
Number of Indigenous children who receive a hearing service in the Northern Territory ¹²	791	2,636	N/A	N/A	N/A
Number of children who receive an ear, nose and throat service in the Northern Territory ¹³	N/A	585	1,061	N/A	N/A
Number of children who receive a dental service in the Northern Territory	748	2,792	2,596	2,596	2,596
Increased episodes of primary health care for Indigenous Australians	1.7m	1.8m	1.8m	1.9m	1.9m
Improve social and emotional wellbeing					
Number of Link Up clients	4,400	4,450	4,500	4,550	4,600
Number of reunions under Link Up	160	170	180	180	180

¹² This measure terminates at the end of 2010-11.

¹³ This measure terminates at the end of 2011-12.

Quantitative Deliverables	2009-10 Revised Budget	2010-11 Budget	2011-12 Forward Year 1	2012-13 Forward Year 2	2013-14 Forward Year 3
Demonstrated access to culturally appropriate social and emotional wellbeing and mental health services, measured by the number of client contacts	110,000	120,000	130,000	140,000	145,000
Improve workforce capacity					
Number of Puggy Hunter Memorial Scholarships allocated to support Aboriginal and Torres Strait Islander Australians to study health-related disciplines ¹⁴	Academic Year 2010 245	Academic Year 2011 265	Academic Year 2012 275	Academic Year 2013 275	Academic Year 2014 275

Program 8.1: Key Performance Indicators

The following 'Key Performance Indicators' measure the impact of the Program.

Table 8.6: Qualitative Key Performance Indicators for Program 8.1

Qualitative Indicator	2010-11 Reference Point or Target
Prevent and manage chronic disease	
Sentinel sites established to show impact of the Indigenous Chronic Disease package	Sentinel sites report on effectiveness of the implementation of the Indigenous Chronic Disease package
Improve access to effective health services	
Support eligible health organisations to meet quality standards through accreditation under Australian health care standards	Progress in supporting accreditation in eligible health organisations

¹⁴ Scholarships are provided on an academic year basis.

Table 8.7: Quantitative Key Performance Indicators for Program 8.1

Quantitative Indicators	2007 Revised Budget	2008 Budget Target	2009 Forward Year 1	2010 Forward Year 2	2011 Forward Year 3
Prevent and manage chronic disease ¹⁵					
Principal causes of chronic disease related mortality rate per 100,000 ¹⁶					
• Indigenous	951-1076 ¹⁷	915-1036	879-996	843-956	806-916
• Non-Indigenous	469-473	454-457	438-442	423-426	407-411
• Rate difference	481-605	460-581	440-566	419-532	398-507
Circulatory disease mortality rate per 100,000 ¹⁸					
• Indigenous	351-426 ¹⁹	337-410	323-394	310-378	296-362
• Non-Indigenous	198-203	191-196	184-189	177-182	170-174
• Rate difference	152-225	145-215	139-206	132-198	125-189
Improve child and maternal health					
Child 0-4 mortality rate per 100,000 ¹⁸					
• Indigenous	194.3-274.8	190.7-269.9	184.3-261.6	177.6-253.5	171.0-245.4
• Non-Indigenous	98.7-112.1	97.6-110.7	96.4-109.5	95.3-108.2	94.1-106.9
• Rate difference	88.4-170.0	86.0-166.3	80.8-159.2	75.4-152.3	69.9-145.4

¹⁵ Data caveat: 2005 data is the latest mortality data available and is used as the baseline.

¹⁶ Source: AIHW *National Mortality Database*, calendar years 1998-2006.

¹⁷ Data for the chronic disease indicators has changed due to the inclusion of a more comprehensive set of chronic disease codes and clarification of the target year (2031) for the projected numbers.

¹⁸ Source: AIHW *National Mortality Database*, calendar years 1998-2006.

¹⁹ Data for the circulatory disease indicators has changed due to clarification of the target year (2031) for the projected numbers.

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Quantitative Indicators	2007 Revised Budget	2008 Budget Target	2009 Forward Year 1	2010 Forward Year 2	2011 Forward Year 3
Infant mortality rate per 1,000 live births ²⁰					
• Indigenous	7.8-11.2	7.4-10.6	7.2-10.3	6.9-10.1	6.7-9.8
• Non-Indigenous	4.1-4.7	4.1-4.6	4.0-4.6	4.0-4.5	3.9-4.5
• Rate difference	3.6-6.6	3.3-6.1	3.1-5.8	3.0-5.5	2.8-5.2
Low birth weight rate per 100 live births ²¹					
• Indigenous	11.8-13.2	12.0-13.3	11.7-13.0	11.4-12.7	11.1-12.4
• Non-Indigenous	6.1-6.3	6.2-6.4	6.2-6.4	6.3-6.4	6.3-6.5
• Rate difference	5.6-7.0	5.7-7.1	5.4-6.7	5.1-6.4	4.7-6.1
Percentage of mothers who attended at least one antenatal care visit ²²					
• Indigenous	94.5-99.4%	94.8-99.6%	95.0-99.8%	95.1-100%	95.3-100%
• Non-Indigenous	98.5-99.5%	98.8-99.8%	98.9-99.9%	98.9-100%	99.0-100%
• Rate difference	-4.6-0.4	-4.6-0.4	-4.5-0.5	-4.3-0.6	-4.2-0.7

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 people is the main issue in most administrative data collections, including the National Perinatal Data Collections and the National Mortality Data. Due to the small size of the Indigenous population, which leads to a wide variability year to year, data are reported as a range (confidence intervals).

²⁰ Source: AIHW *National Mortality Database*, calendar years 1998-2006.

²¹ Source: AIHW *National Perinatal Data Collection*, calendar years 1991-2006.

²² This Indicator was a Quantitative Deliverable in the 2009-10 Portfolio Budget Statements. Source: AIHW Perinatal Data Collection 2005. Data caveat: 2005 data is the latest perinatal data available and is therefore used as the baseline.