

INDIGENOUS POPULATION HEALTH AND WELLBEING PROFILE

6th August 2020

Updated with Centrelink data in May 2021

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for the Bendigo Loddon Primary Care Partnership*



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Suggested citation: Bendigo Loddon Primary Care Partnership Aboriginal Community Population Health and Wellbeing Profile - August 2020, prepared by Nancy Vaughan for the Bendigo Loddon Primary Care Partnership, Bendigo, Victoria.

Table of Contents

Table of Figures	5
Glossary	9
Abbreviations	10
Acknowledgement of Country	11
Introduction	12
Acknowledgements	13
About this Document	13
Data Notes	13
Region Information	16
Aboriginal Language Areas	17
Demographic Characteristics	18
Usual Resident Population	18
Population by Town	19
Internal Migration	20
Gender Breakdown	21
Age Structure.....	22
Family Structure	24
Average Household Size	25
Social Determinants of Health	26
Social Determinants of Health Snapshot.....	28
Self-assessed Health and Socio-Economic Status.....	29
Indigenous Relative Socioeconomic Outcomes.....	30
Domain 1. Victorians are Healthy and Well	31
The Health of Indigenous Australians	31
Life Expectancy at Birth	32
Self-assessed Health	32
Hospitalisations	33
Hospital Admissions	33
Potentially Preventable Conditions.....	36
Mortality.....	37
Health Conditions	38
Cancer	38
<i>Incidence</i>	38
<i>Deaths</i>	40
Cardiovascular Disease	41
<i>Hospitalisations</i>	41
Diabetes	42
Chronic Kidney Disease	43
Respiratory Diseases	44
Infectious Diseases.....	46
Families and Children	48
Single Parent Families With Children	48
Low Income Families.....	48
Children in Jobless Families.....	49

Single Parenting Payment	49
Maternal and Child Health Centre Participation	51
Births	51
Smoking During Pregnancy	52
Low Birth Weight Babies	52
Breastfeeding	53
Teenage Births	53
The Australian Early Development Index	54
Injuries to Children and Young People	55
Older People	56
Aged Care Services	56
Social and Emotional Wellbeing	57
Cultural and Community Functioning	58
Psychological Distress Levels	60
Hospital Admissions	60
Self-Harm	61
<i>Hospital Admissions</i>	61
<i>Suicide</i>	62
Alcohol and Drug Consumption and Abuse	63
<i>Drug Use in the Indigenous Population</i>	64
<i>Emergency Department Presentations</i>	65
Health Behaviours	66
Health Checks	66
<i>Breast Cancer Screening</i>	66
<i>Cervical Cancer Screening</i>	67
<i>Prostate Cancer Screening</i>	67
<i>Bowel Cancer Screening</i>	67
<i>Other Cancers Screening</i>	67
<i>Immunisation</i>	68
<i>MBS Item 715 Health Assessments</i>	69
<i>Health Service Utilisation</i>	70
Chronic Disease Risk Factors	71
<i>Smoking</i>	71
<i>Obesity</i>	72
<i>Fruit and Vegetable Consumption</i>	73
Domain 2. Victorians are Safe and Secure	74
Perception of Safety	74
Hospitalisations for Assault-related Injuries	74
Crime	76
Crime - Victims	76
Crime - Offenders and Imprisonment	76
Family Incidents	78
Affected Family Members	78
Other Parties	78
Child Abuse Substantiations	79
Injury, Poisoning and External Causes	80
Hospital Admissions	80
<i>Admissions for Accidental Injuries</i>	80
Other Crime	81
Housing	82
Tenure	82

Crowded Dwellings	83
Homelessness	83
<i>Specialist Homelessness Service Clients</i>	83
<i>Family Violence Related Clients</i>	83
Domain 3. Victorians have the Capabilities to Participate	84
People with a Profound or Severe Disability	84
<i>Unpaid Assistance to People With A Disability</i>	85
<i>NDIS Participants</i>	85
Centrelink Benefit Recipients	86
<i>Disability Support Pension Recipients</i>	86
<i>Age Pension Recipients</i>	87
<i>Carer Allowance Recipients</i>	88
<i>Carer Payment Recipients</i>	89
<i>Health Care Card Holders</i>	90
Income	91
Personal Income	91
Household Income	92
Gross Household Weekly Income	93
Employment	94
Labour Force Participation	94
Full-time and Part-time Employment	96
Occupation of Labour Force	97
Employment Rates	97
Unemployment	98
Newstart Income Support Payment	99
Youth Allowance (other) Recipients	100
Education	101
Education Participation Rate Estimates	103
<i>Preschool Enrolments</i>	103
Education engagement for Indigenous young people	103
School Completion	104
Non-School Qualifications	105
Vocational Education and Training	106
Learning or Earning	106
Domain 4. Victorians are Connected to Culture and Community	107
Social and Cultural Connection	107
Domain 5. Victoria is Liveable	108
Internet Connection	108
Appendix	110

Table of Figures

Municipal Boundaries of Loddon Shire and City of Greater Bendigo	16
Aboriginal Language Areas in Victoria Map	17
Population by Indigenous Status (2011-16)	18
Proportion of Indigenous Persons in Total Population - Chart (2011-16)	18
Number and Proportion of Indigenous Persons in Total Population - Table (2011 and 2016)	19
Proportion (%) of Indigenous Persons in Total Population - Chart (2016)	19
Population That Lived at Same Address One Year Ago - Table (2016)	20
Population That Lived at Same Address One Year Ago - Chart (2016)	20
Indigenous Population By Sex - Table (2011-16)	21
Population By Sex - Chart (2011-16)	21
Population Age Structure - Table (2011 and 2016)	22
Population Age Structure for Loddon - Chart (2011 and 2016)	22
Population Age Structure for Greater Bendigo - Chart (2011 and 2016)	23
Family and Household Structure (2016)	24
Average Household Size by Indigenous Status - Table (2016)	25
Average Household Size by Indigenous Status- Chart (2016)	25
Social Determinants of Health Snapshot	28
Self-assessed Health Indigenous Persons by Education and Employment - Australia (2018/19)	29
Index of Indigenous Relative Socioeconomic Outcomes (2016)	30
Life Expectancy at Birth by Indigenous Status and Sex - Victoria (2001-15)	32
Self-assessed Health by Indigenous Status – Victoria (2018-19)	32
Total Hospital Admission Rate*# - Indigenous Persons by Gender (2014-15 to 2016-17)	33
Total Hospital Admission Rate*# - Indigenous Persons by Age (2014-15 to 2016-17)	33
Hospitalisations by Principal Diagnosis Indigenous Persons (2014-15 to 2016-17)	34
Hospitalisations by Principal Diagnosis, Greater Bendigo (2014-15 to 2016-17)	35
Potentially Preventable Hospitalisation Rates*# - Indigenous Persons (2014-15 to 2016-17)	36
Hospital Admissions for all Cancers for Indigenous Persons - Table (2014-15 to 2016-17)	38
Cancer Incidence Rates* by Indigenous Status - Victoria (2013-17)	38
Cancer incidence rates by sex, age and Indigenous status - Victoria (2013-17)	39
Top 10 Most Common Cancers - Indigenous population Victoria (2013-17)	39
Cancer Mortality Rates* by Indigenous Status - Victoria	40
Hospital Admissions for Circulatory System Diseases - Indigenous Persons (2014-15 to 2016-17)	41
Hospital Admissions for Circulatory System Diseases - Greater Bendigo (2014/15 to 2016/17)	41
Indigenous Victorians - heart, Stroke and vascular disease (2018-19)	41
Admission Rate for Diabetes Complications - Rate*# - Indigenous Persons (2014-15 to 2016-17)	42
Hospitalisation Rate* for Diabetes Mellitus by Indigenous Status - Victoria (2013-15)	42
Indigenous Victorians - diabetes mellitus (2018-19)	42
Hospitalisations For Chronic Kidney Disease* - Victoria (2013-15)	43
Notifications for End-Stage Renal Disease, Victoria (2013-15)	43
PPH# Admission Rate* for COPD - Indigenous Persons (2014-15 to 2016-17)	44
Hospital Admissions for Respiratory System Diseases - Greater Bendigo (2014-15 to 2016-17)	44
Current Long Term Asthma By Indigenous Status - Australia (2018-19)	45
Reported Notifiable Conditions by Indigenous Status- Victoria (2015-19)	47
Single Parent Families With Children* (2016)	48
Low Income Families (2016)	48
Children* in Jobless Families (2016)	49
Single Parenting Payment Recipients - Table (2015)	49

Single Parenting Payment Recipients* - Chart (2015)	50
Maternal and Child Health Centre - Participation Rates For Key Ages and Stages Visits (2017-18)	51
Live Births by Indigenous Status – Victoria (2014)	51
Smoking During Pregnancy - Table (2012-14)	52
Low Birth Weight Births (< 2500 grams) (2012-14)	52
Breastfeeding Practices, Victorian Indigenous Infants Aged 0 - 2 Years (2014-15)	53
Teenage Birth Rate* by Indigenous Status - Victoria (2010 and 2015)	53
Teenage Birth Rate by Indigenous Status - Victoria# (2010 and 2015)	53
Developmentally Vulnerable Children - Table (2015)	54
Hospitalisations for Accidental Injuries, 0-14 Years (2014-19)	55
Hospitalisations for Accidental Injuries, 15-24 Years (2014-19)	55
Aged Care Service Clients - Loddon Mallee (2018-19)	56
Loddon Mallee Aged Care Services Clients - selected characteristics (2018-19)	56
Select variables contributing to community functioning for Indigenous Victorians* (2014-15)	58
Select variables contributing to community functioning for Indigenous Victorians* (2014-15)	59
Psychological Distress Levels by Indigenous Status, Victoria (2018-19)	60
Hospital Admissions by Principal Diagnosis Indigenous Persons (2014-15 to 2016-17)	60
Hospitalisations for Mental Health Conditions - Greater Bendigo (2014-15 to 2016-17)	60
Hospitalisations for Mental Health Conditions, Victoria (2013 to 2015)	60
Hospital Admission Rates for Intentional Self-harm Injuries (2011-14 and 2014-19)	61
Hospital Admission Rates for Intentional Self-harm Injuries - Chart (2014-19)	61
National* Death Rates for Intentional Self Harm - by Sex (2018)	62
National* Death Rates for Intentional Self Harm - by Age (2014-18)	62
Risk of Alcohol-Related Harm, by Sex and Indigenous Status - Victoria (2018/19)	63
Substance Abuse by Age, Remoteness and Sex - Australia (2018/19)	64
Drug and Other Substance Abuse - Including Inhalants - Victoria (2014/15)	65
ED Presentations for Alcohol or Drug Related Harm by Indigenous Status – Victoria (2017-18)	65
BreastScreen Participation for Bendigo BSV Region (2017-19)	66
Had a Cervical Screening Test in Past Two Years - Indigenous Women Victoria (June 2018)	67
Ever Had a Prostate Cancer Screening Test - Victoria (2012-13)	67
Bowel Cancer Testing Participation for Population Aged ≥ 50 years (2012-13)	67
Other Cancers Testing Participation* - Victoria (2012-13)	67
Proportion of Indigenous Children Fully Immunised (2017)	68
Proportion of Indigenous Children Fully Immunised - Chart (2017)	68
MBS Item 715 Indigenous Health Assessments - Victoria (2015-16)	69
Health Service Actions, Victorian Indigenous Persons (2018-19)	70
Smoking Status of Victorian Indigenous Persons - Victoria (2018-19)	71
Smoking by Indigenous status - Victoria - Chart (2018/19)	71
Body Weight Status by Indigenous Status, Victoria (2018-19)	72
Overweight and Obese Population, by Sex and Indigenous Status - Chart (2018-19)	72
Daily Fruit and Vegetable Consumption, Victoria (2018-19)	73
Daily Fruit and Vegetable Consumption - Indigenous Children*, Victoria (2014-15)	73
Feeling Safe - Indigenous Victorians (2014-15)	74
Hospital Admission Rates for Assault-related Injuries (2014-19)	74
Hospital Admission Rates for Assault-related* Injuries (2011-14 and 2014-19)	74
Hospital Admission Rates for Assault-related* Injuries - Chart (2011-14 and 2014-19)	75
Victims of Crimes Against the Person by Indigenous Status - Victoria (2014-18)	76
Alleged Offender Incidents by Indigenous Status Rates per Population (2018)	76
Alleged Offenders - Crimes Against the Person - by Indigenous Status, Victoria (2018)	77
Imprisonment by Indigenous Status - Victoria (June 2008 and June 2018)	77

Rate# of Indigenous Affected Family Members in Family Incidents - Loddon Mallee (2014-18)	78
Rate# of Family Incidents by Indigenous Status of Affected Family Member - Victoria (2014-18)	78
Rate# of Indigenous Other Parties in Family Incidents - Loddon Mallee (2014-18)	78
Rate# of Other Parties in Family Incidents by Indigenous status - Victoria (2014-18)	78
Child Abuse Substantiation Rates - Victoria (2017-18)	79
Hospitalisations for Injuries, poisoning etc - Indigenous Persons (2014-15 to 2016-17)	80
Hospital Admission Rates for Accidental Injuries - by Indigenous Status (2014-19)	80
Hospital Admission Rates for Accidental Injuries - by Indigenous Status (2011-14 and 2014-19)	81
Alleged Offenders by Crime - by Indigenous Status, Victoria (2018)	81
Renting or Owning - Occupied Private Dwellings (2016)	82
People Living in Crowded Dwellings* (2016)	83
Indigenous Status of Clients - Victoria - Table (2016-17)	83
Family Violence Related Clients by Indigenous Status - Victoria (2016-17)	83
Core Activity Need For Assistance by Indigenous Status - Table (2016)	84
Core Activity Need For Assistance by Indigenous Status - Chart (2016)	84
People Providing Unpaid Assistance to People With a Disability (2016)	85
NDIS Participants (March 2020)	85
Disability Support Pension Recipients#: Table (December 2019)	86
Disability Support Pension Recipients#: Chart (December 2019)	86
Age Pension Recipients#: Table (December 2019)	87
Age Pension Recipients#: Chart (December 2019)	87
Carer Allowance Recipients#: Table (December 2019)	88
Carer Allowance Recipients#: Chart (December 2019)	88
Carer Payment Recipients#: Table (December 2019)	89
Carer Payment Recipients#: Chart (December 2019)	89
Health Care Card Holders#: Table (December 2019)	90
Health Care Card Holders#: Chart (December 2019)	90
Median Total Personal Weekly Income - Table (2016)	91
Median Total Personal Weekly Income - Chart (2016)	91
Median Household Income - Table (2016)	92
Median Household Income - Chart (2016)	92
Gross Household Income By Indigenous Status (2016)	93
Labour Force* Participation - Total Population Aged 15-64 Years (2011 and 2016)	94
Labour Force* Participation - Population Aged 15 - 64 Years (2016)	95
Full and Part Time Employment by Gender - Indigenous Persons (2016)	96
Full-Time and Part-Time Employment Status - Table (2016)	96
Full-Time and Part-Time Employment Status - Chart (2016)	96
Occupation of Employment - Indigenous Population (2016)	97
Employment Rate* Indigenous Area by Indigenous Status (2006, 2011, 2016)	97
Unemployment - Table (2016)	98
Indigenous Population Employment by Gender – Victoria (2016)	98
Newstart Allowance Recipients: Table (December 2019)	99
Newstart Benefit Recipients# - Chart (2019)	99
Youth Allowance (other) Recipients: Table* (December 2019)	100
Youth Allowance (other) Recipients: Chart# (December 2019)	100
Education Participation and Experiences of Children And Young People - Victorian Summary	102
Preschool enrolments (2018)	103
School Participation Estimates - Table (2016)	103
Population aged 15 - 19 years that are attending an educational institution (2016)	103
Year Left School by Indigenous Status - % Persons Aged ≥15 yrs (2011 and 2016)	104

Year Left School by Indigenous Status - % Persons Aged ≥ 15 yrs (2011 and 2016)	104
Non-School Qualification by Indigenous Status - Table (2016)	105
Non-school Qualification by Indigenous Status - Chart (2016)	105
Participation* in Vocational Education and Training (2015)	106
Young People* Learning or Earning - % Persons aged 15-24 Years (2016)	106
Selected Social and Cultural Connection Indicators, Indigenous Victorians (2014-15)	107
Internet Accessed From Dwelling by LGA (2016)	108
Internet Accessed From Dwelling - Households With Children* by Indigenous Area (2016)	108
Internet Connection - Chart (2016)	109
Indigenous Areas Map	110

Glossary

Affected Family Member	An 'affected family member' is the individual who is deemed to be affected by events occurring during the family incident. Where an affected family member has been in a family incident with more than one other party, they will be counted for each involvement. <i>Crime Statistics Agency (CSA)</i> .
ERP	Estimated resident population. The population that is estimated to reside in a given location. ERPs are prepared annually by the ABS, based on birth and death data and migration estimates.
Family incident	A family incident is any situation where the police are requested to attend an incident involving a family. The incident may not involve violence.
Greater Bendigo	City of Greater Bendigo local government area.
Indigenous	In this document, the term Indigenous refers to those people who identify themselves as either: Aboriginal, Torres Strait Islander, or both Aboriginal and Torres Strait Islander.
Indigenous Area (IA)	Geographic area used by the PHIDU for some Indigenous data
Loddon	Loddon Shire local government area.
Median	The median is the middle value of an ordered set of values.

Abbreviations

ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
ATSI	Aboriginal and Torres Strait Islander. Aboriginal and Torres Strait Islanders are those who identify themselves as either: Aboriginal, Torres Strait Islander or both Aboriginal and Torres Strait Islander
DoH	Department of Health (State Government previous department name)
DHHS	Department of Health and Human Services (State Government)
DPCD	Department of Planning and Community Development (State Government)
DEECD	Department of Education and Early Childhood Development (State Government)
ERP	Estimated resident population
IA	Indigenous Area
LGA	Local Government Area
MDC	Major Diagnostic Category
NATSIHS	National Aboriginal and Torres Strait Islander Health Survey
NATSISS	National Aboriginal and Torres Strait Islander Social Survey
PCP	Primary Care Partnership. A partnership of health and related service providers committed to strengthening the planning, co-ordination and delivery of primary care services within a defined region
URP	Usual resident population. The population that usually resides in a given location. This figure does not include visitors
SHS	Specialist Homelessness Services
VAED	Victorian Admitted Episodes Dataset - data from admissions to public or private hospitals in Victoria
VCAMS	Victorian Child and Adolescent Monitoring System
VEMD	Victorian Emergency Minimum Dataset - data detailing presentations at Victorian public hospitals within 24-hour Emergency Departments
VIC	Victoria
VISU	Victorian Injury Surveillance Unit
VPHS	Victorian Population Health Survey

Acknowledgement of Country

Bendigo Loddon Primary Care Partnership operates on the traditional lands of the Dja Dja Wurrung and Taungurung people and recognises them as the Traditional Owners.

We pay our respects to leaders and Elders past, present and emerging for they hold the memories, the traditions, the culture and the hopes of all Dja Dja Wurrung and Taungurung people.

We express our gratitude in the sharing of this land, our sorrow for the personal, spiritual and cultural costs of that sharing, and our hope that we may walk forward together in harmony and in the spirit of healing.

Introduction

The Dja Dja Wurrung country includes the regional city of Bendigo, where 1,851 Aboriginal people live, and the surrounding districts of Boort, Redesdale and Creswick. More than half of the Aboriginal people living in Bendigo are under the age of 24.

As the Executive Director of Bendigo and District Aboriginal Cooperative (BDAC) and Deputy Chairperson of the Bendigo Loddon Primary Care Partnership, I am pleased to introduce the Bendigo Loddon Aboriginal Community Population Health and Wellbeing Profile.

BDAC is an Aboriginal Community Controlled Health Organisation (ACCHO) and was founded to represent and provide services to the Dja Dja Wurrung community (Jaara people) and Aboriginal and Torres Strait Islander residents living in the Dja Dja Wurrung boundaries. Our vision is “Empowered Generations belonging to strong families, culture and community”. We have a responsibility to ensure growth of services and development of our Aboriginal community. We aim to provide an excellent health service and outcomes for our people, improve the service quality of life, and be a lead agency in providing employment and career pathways for Aboriginal people. BDAC is proud to offer Health Services, Wellbeing Services, Family and Community Services, and Home-based care Programs.

In my role as Executive Director I have responsibility for leading the Health and Wellbeing and the Community Services Teams at BDAC. Membership of the Bendigo Loddon Primary Care Partnership creates opportunities for our Aboriginal communities to be linked into mainstream projects and programs. Being part of the Partnership gives our community the opportunity for cultural safety to be integrated into mainstream services.

The Bendigo Loddon Aboriginal Community Population Health and Wellbeing Profile provides information on health and community statistics and data to support our work with a clear understanding of the issues and challenges to the health status of our local Aboriginal population. The inequity and relative disadvantage experienced by many Aboriginal people is highlighted when comparing data to the health status of the non-indigenous community. This is information needed by Aboriginal and mainstream health services to target initiatives and provide measures for “Closing the Gap”.

We look forward to continuing our work together for better health outcomes for the Aboriginal communities on Dja Dja Wurrung and Taungurung country.

Dallas Widdicombe

Executive Director

Bendigo and District Aboriginal Cooperative

Acknowledgements

The Bendigo Loddon Primary Care Partnership Aboriginal Community Population Health and Wellbeing Profile could not have been developed without the generous support and assistance provided by a wide range of agencies and organisations, including:

The Australian Bureau of Statistics; The Australian Institute of Health and Welfare; Centrelink; Turning Point Drug and Alcohol Centre; The Public Health Information Development Unit - Torrens University; the Victorian Cancer Registry; BreastScreen Victoria; Victorian Injury Surveillance Unit at Monash University; and the Crime Statistics Agency.

About this Document

The Bendigo Loddon Primary Care Partnership Aboriginal Community Population Health and Wellbeing Profile draws on the most recent data available from a diverse range of sources, utilising public and commissioned data, to provide a comprehensive picture of the health and wellbeing of this region's Aboriginal people.

The Profile covers the City of Greater Bendigo Local Government Area region of the Bendigo Loddon PCP and Loddon Shire information where this is available. However, most Loddon Shire data is excluded from this profile, due to the very small Indigenous population and the consequent low levels of statistical reliability of this data.

The Profile aims to present a broad range of data to provide an insight into the health and wellbeing of the Aboriginal population living in this region, particularly in comparison to the non-Aboriginal population, and to assist in population health planning.

Data Notes

All data contained in this report should be used as a guide only and should be used in conjunction with further investigation - particularly of the primary data source - as well as consultation with local and regional health agencies to identify local trends and issues.

Data was correct and current at the time of writing, however much of the information contained in this profile is subject to regular change and review by the relevant agencies. When interpreting data, it is strongly recommended to refer to the original source of the data where possible. Please refer to data notes, where applicable, for each data set.

When reference is made in this document to Indigenous population it can be implied that this includes people of Aboriginal and Torres Strait Islander origin, unless otherwise specified.

Data for locations and population groups with smaller populations should be interpreted with particular care. In many instances, actual numbers are very low and/or data has been aggregated over a number of years. Many agencies, including the ABS, insert random errors for small numbers to ensure privacy of individuals is protected. For this reason, small numbers (e.g. under 20) should be interpreted with caution and should be subject to further investigation at the local level if possible.

Population figures have been taken from Basic Community Profiles and the Indigenous Community Profiles from the Australian Bureau of Statistics and the estimated resident population figures published in the Social Health Atlas of Australia for Victorian Local Government Areas (the actual ERP figures were developed by the Department of Health's Indigenous and Rural Health Division).

Rates of hospitalisation, or other service utilisation rates, are not sufficient on their own to determine the prevalence of a particular health condition. Various factors influence utilisation of health services among the Indigenous population.

Within the document, some per population rates are not standardised. In these cases, prevalence of disease or wellbeing data may be affected by age and gender structure of the local population.

Some data provides an indicator of how often a condition or disease is *reported* (e.g. sexually transmitted infections) rather than actual prevalence of the condition or disease. Additionally, figures for hospital admissions, screening of various diseases and GP service delivery may be affected by accessibility (geographic, financial, cultural and other potential barriers) and not only prevalence of a disease, condition or behaviour.

Health and wellbeing information is often not available broken down by Indigenous status at the Local Government level. In these instances, Victorian or national data has been used to provide a general indication of Indigenous health and wellbeing status. There are a number of challenges associated with collecting and interpreting health and wellbeing data for Indigenous populations, including:

- 1) Not having current and accurate assessments of Indigenous population. It is generally acknowledged that the household census is an under-estimate of the Indigenous population. When using population figures to gauge prevalence of a health condition, not having an accurate total population count means that prevalence is difficult to determine.
- 2) Not all agencies collect Indigenous status as part of their data collecting.
- 3) Limited availability of local or regional data for Indigenous population. This may be due to small data numbers - which would compromise privacy and/or do not offer meaningful statistical assessment - and some local agencies not collecting the data for Indigenous status.
- 4) The propensity of Indigenous people to identify as being of Aboriginal and/or Torres Strait Islander origin can vary over time and between data sets. An increased likelihood that people identified themselves as being Indigenous was considered to be a key contributor to the increase in the Census count of Indigenous people between 2006 and 2011 (*Australian Institute of Health and Welfare 2015. The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2015. Cat. no. IHW 147. Canberra: AIHW.*)
- 5) Some agencies have different processes for collecting population data and the question regarding Indigenous status is not always asked in a consistent manner.
- 6) Processes for collecting data may vary from agency to agency (e.g. Hospital emergency departments) or from state to state, thus making comparisons difficult, and
- 7) Time series data is generally not available, due to changes to methods over time and to changes to the Indigenous population estimates used by the ABS.

Mortality Data

In the explanatory notes section of Deaths, Australia, 2013 (cat. 3302.0) it is noted that, due to inconsistencies in the way different individuals and agencies identify Indigenous status ...

"Data presented in this release may therefore underestimate the level of Aboriginal and Torres Strait Islander deaths and mortality in Australia. Lags in registrations may also affect reliability of measures of Aboriginal and Torres Strait Islander mortality. Caution should be exercised when interpreting data for Aboriginal and Torres Strait Islander Australians presented in this release, especially with regard to year-to-year changes."

Indigenous Areas

Much of the data in this profile is provided at the Indigenous Area level, as this is the geography used by the PHIDU in their Social Health Atlas. Maps are contained in the Appendices.

Bendigo Indigenous Area is aligned with the City of Greater Bendigo boundary.

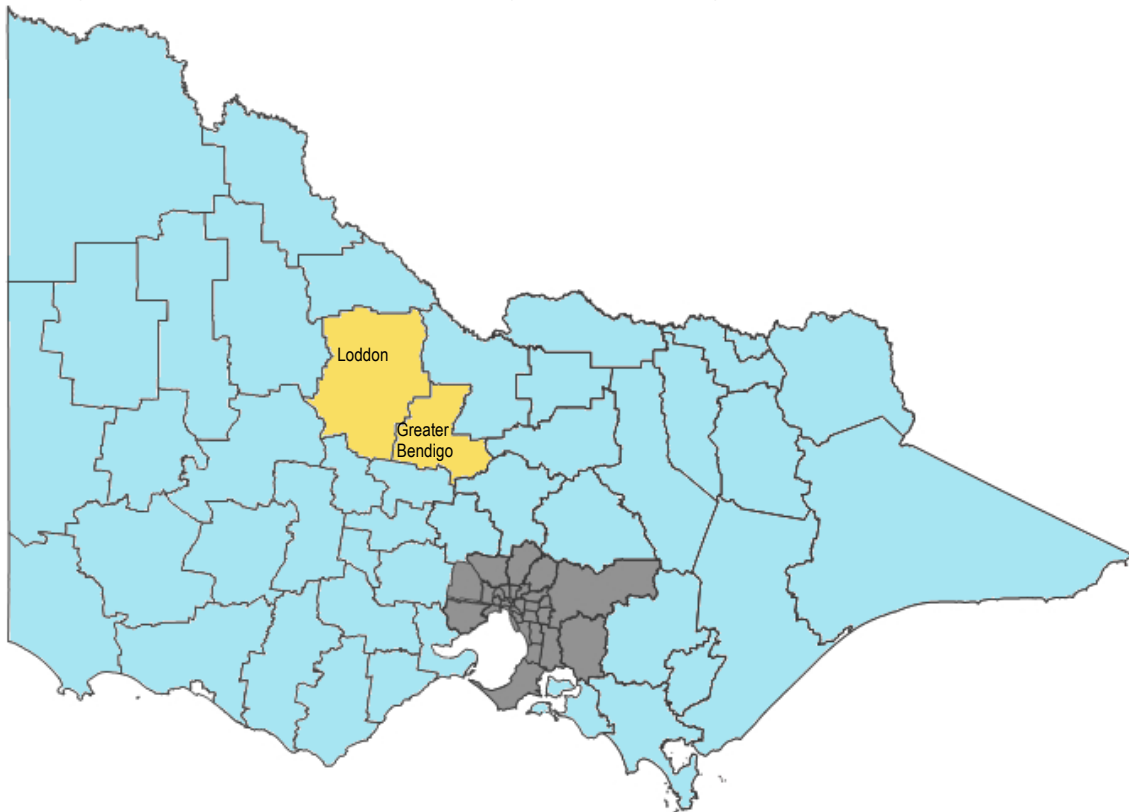
Castlemaine - Kerang Indigenous Area takes in: Loddon, Gannawarra, Buloke, Central Goldfields and Mount Alexander.

Region Information

The Bendigo Loddon PCP catchment is located in North Central Victoria and takes in the local government areas of City of Greater Bendigo and Loddon Shire. In total, the catchment covers 9,700 square kilometres.

In 2018, the region had an estimated (preliminary) resident population of 123,137. The population outside of Bendigo is widely dispersed. The catchment includes the major regional centre of Bendigo as well as smaller townships such as: Axedale, Boort, Bridgewater-on-Loddon, Elmore, Goornong, Heathcote, Inglewood, Marong, Pyramid Hill, Raywood, Tarnagulla and Wedderburn. The catchment also takes in large areas of crop and sheep farming, dairy farming, grape growing, olive growing and a number of regional and state parks.

Municipal Boundaries of Loddon Shire and City of Greater Bendigo



Aboriginal Language Areas

The region encompassed in this Profile takes in the area of City of Greater Bendigo and Loddon Shire. Most of the catchment is located in the country of the Dja Dja Wurrung nation but it also has smaller areas located within Daung Wurrung and Barababaraba country.

The Dja Dja Wurrung are the people of the woodlands and forests of the central Victorian Highlands, taking in the catchment area for the Loddon, Campaspe and Avoca Rivers in the Riverine region of central/western Victoria. Bendigo is the largest city in Dja Dja Wurrung country. Other cities and towns are Wedderburn, Castlemaine, St Arnaud, Maryborough, Boort, Heathcote and Maldon.

Aboriginal Language Areas in Victoria Map



Ian Clark 2005 Reconstruction of language areas is based on the information available at time of printing. Not suitable for use in Native Title and other land claims.

Demographic Characteristics

Usual Resident Population

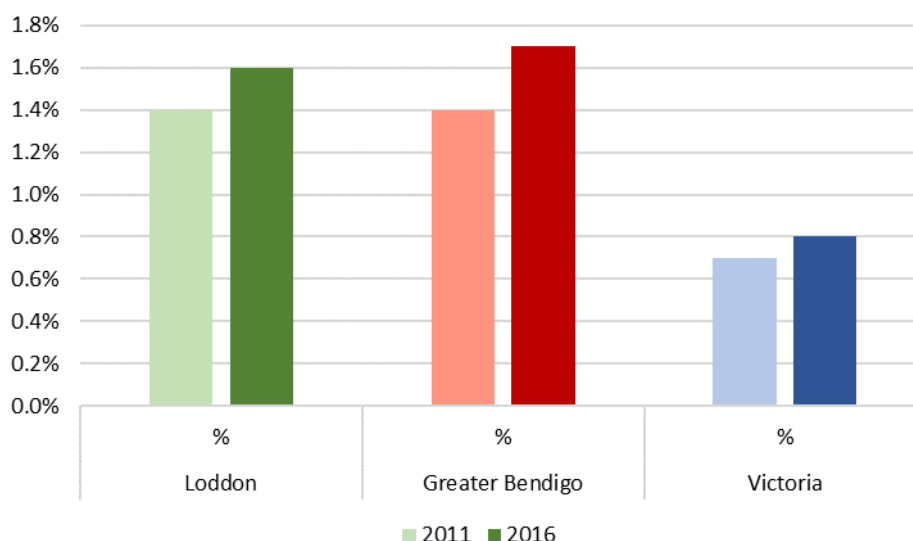
In 2016, Greater Bendigo had an Indigenous population of 1,846 which made up 1.7% of the total population, and Loddon had an Indigenous population of 119 and this made up 1.8% of the total population. The proportion of the total population of Loddon and Greater Bendigo that is Indigenous is approximately double that of Victoria overall.

Population by Indigenous Status (2011-16)

Year	Loddon			Greater Bendigo			Victoria	
	Total Population	Indigenous Population	%	Total Population	Indigenous Population	%	Indigenous Population	%
2011*	7,458	102	1.4%	100,617	1,441	1.4%	37,990	0.7%
2016	7,516	119	1.6%	110,477	1,846	1.7%	47,788	0.8%

Census of Population and Housing, Aboriginal and Torres Strait Islander Peoples (Indigenous) Profiles 2011 and 2016, ABS 2017

Proportion of Indigenous Persons in Total Population - Chart (2011-16)



Census of Population and Housing, Aboriginal and Torres Strait Islander Peoples (Indigenous) Profiles 2011 and 2016, ABS 2017

Population by Town

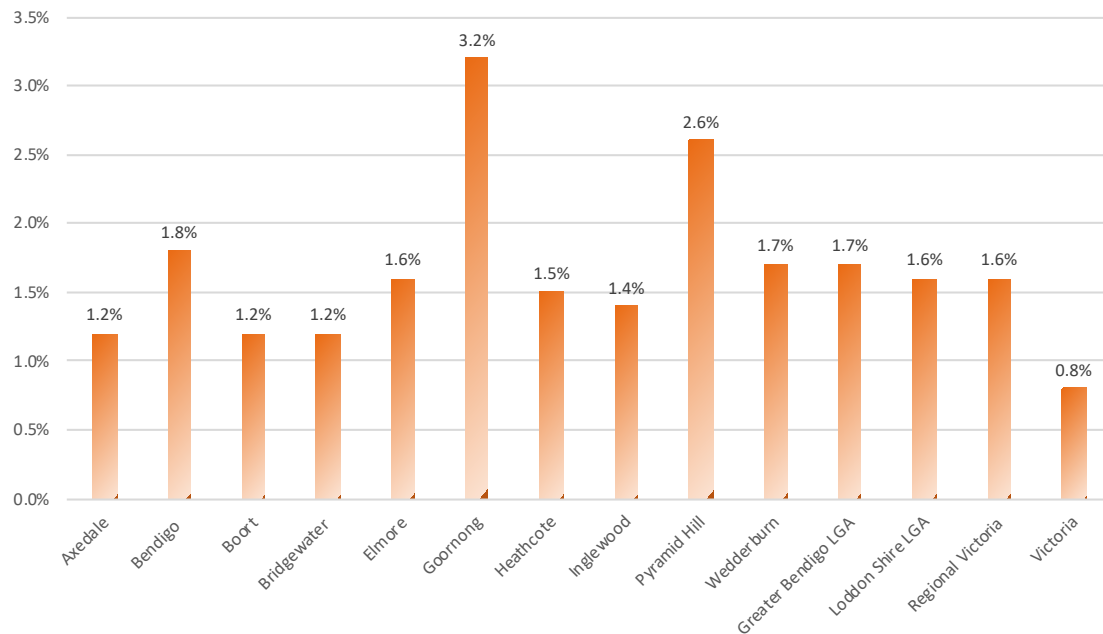
In 2016, an estimated 1.7% of the Greater Bendigo total population and 1.6% of the Loddon total population were Indigenous (of Aboriginal or Torres Strait Islander origin) compared to 0.8% across Victoria and 1.6% across regional Victoria. At the township level, Bendigo (1,649) had the highest number of Indigenous residents, followed Heathcote (26).

Number and Proportion of Indigenous Persons in Total Population - Table (2011 and 2016)

Location	2011		2016		Total population No.
	Indigenous population		Indigenous population		
	No.	%	No.	%	
Axedale	6	2.8	3	1.2	260
Bendigo	1,249	1.5	1,649	1.8	92,379
Boort	20	2.6	9	1.2	749
Bridgewater	9	2.5	4	1.2	326
Elmore	8	1.2	11	1.6	669
Goornong	4	1.6	9	3.2	271
Heathcote	17	1	26	1.5	1,716
Inglewood	12	1.7	10	1.4	730
Pyramid Hill	7	1.7	11	2.6	430
Wedderburn	3	0.4	11	1.7	663
Greater Bendigo LGA	1,441	1.4	1846	1.7	110,477
Loddon Shire LGA	102	1.4	119	1.6	7,516
Regional Victoria	19,682	1.5	23,444	1.6	1,433,818
Victoria	37,992	0.7	47,788	0.8	5,926,624

2011 and 2016 Census of Population and Housing, Basic Community Profiles, ABS * Figure are for Urban Centre Locality geographic areas
** Number too small to be statistically reliable

Proportion (%) of Indigenous Persons in Total Population - Chart (2016)



Census of Population and Housing, Aboriginal and Torres Strait Islander Peoples (Indigenous) Profiles 2011 and 2016, ABS 2017

Internal Migration

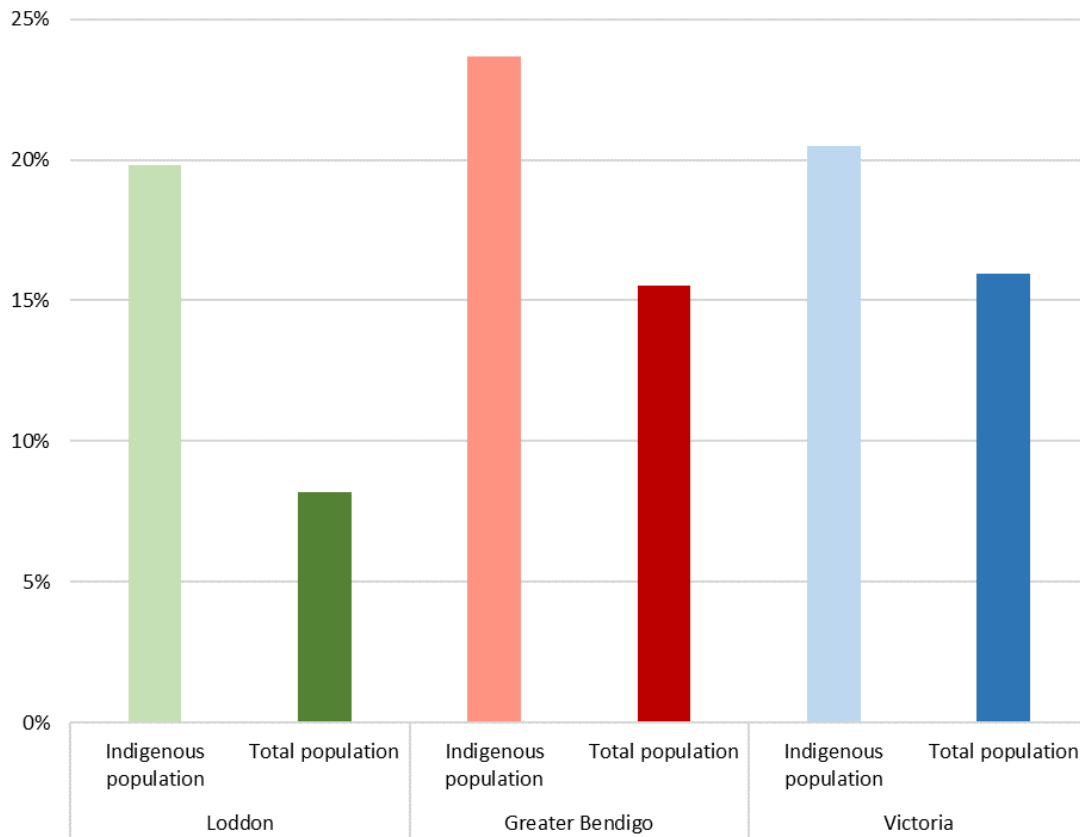
In 2016, the Loddon and Greater Bendigo Indigenous populations (aged five years and over) were more likely than the total population to have lived at a different address one year ago. The proportion of Indigenous Loddon population that lived at a different address one year ago was the same as the Victoria Indigenous average, while the Greater Bendigo proportion was higher than the average.

Population That Lived at Same Address One Year Ago - Table (2016)

	Loddon		Greater Bendigo		Victoria	
	Indigenous population	Total population	Indigenous population	Total population	Indigenous population	Total population
Different address 1 year ago ^(a)	20%	8%	24%	16%	20%	16%
Total Number	111	6,596	1,720	99,751	44,031	5,388,175

Census of Population and Housing, Aboriginal and Torres Strait Islander Peoples (Indigenous) Profiles 2016, ABS 2017 (a) Excludes persons less than 5 years of age. Different address 5 years ago includes persons living elsewhere in Australia or overseas 5 years ago.

Population That Lived at Same Address One Year Ago - Chart (2016)



Census of Population and Housing, Aboriginal and Torres Strait Islander Peoples (Indigenous) Profiles 2016, ABS 2017 (a) Excludes persons less than 5 years of age. Different address 5 years ago includes persons living elsewhere in Australia or overseas 5 years ago.

Gender Breakdown

In 2016, the Loddon Indigenous population was made up of 46.7% males and 53.3% females, while the Greater Bendigo Indigenous population was made up of 49.2% males and 50.8% females.

Between 2011 and 2016, the estimated proportion of males in the Loddon Indigenous population increased from 39.6% to 46.7%; while in Greater Bendigo the estimated Indigenous population remained close to equal proportions of males and half females.

Indigenous Population By Sex - Table (2011-16)

Location	Year	Male		Female		Persons	
		No.	%	No.	%	No.	%
Loddon	2011	40	39.6%	61	60.4%	101	100%
	2016	57	46.7%	65	53.3%	119	100%
Greater Bendigo	2011	722	50.1%	719	49.9%	1,441	100%
	2016	907	49.2%	938	50.8%	1,845	100%
Victoria	2011	18,674	49.2%	19,316	50.8%	37,990	100%
	2016	23,622	49.4%	24,159	50.6%	47,780	100%

Census of Population and Housing, Aboriginal and Torres Strait Islander Peoples (Indigenous) Profiles 2011 and 2016, ABS

Population By Sex - Chart (2011-16)



Census of Population and Housing, Aboriginal and Torres Strait Islander Peoples (Indigenous) Profiles 2011 and 2016, ABS

Age Structure

In 2016, compared to the total LGA populations, Loddon and Greater Bendigo Indigenous populations had a greater proportion of population that are children and young people (persons aged 0-4, 5-14 and 15-24). Compared to the total population, Loddon and Greater Bendigo had a lower proportion of indigenous persons aged 25 years and over, with a notably smaller proportion aged 45 years and over.

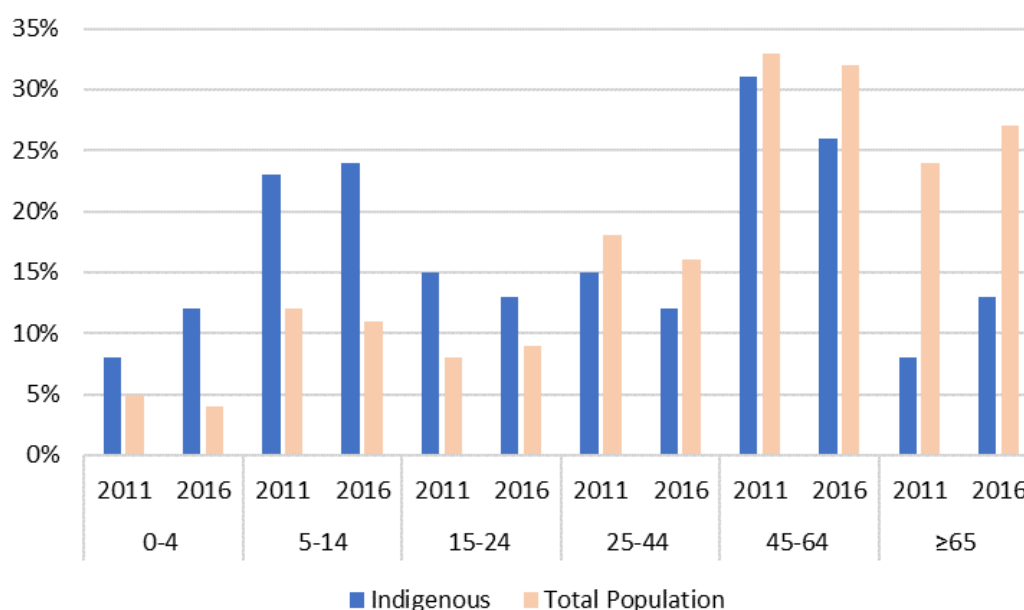
The proportional representation of age groups in the Indigenous population of both LGAs, and the comparison of this distribution to the total population, has seen little change over the period 2011-2016.

Population Age Structure - Table (2011 and 2016)

Age (years)	Year	Loddon				Greater Bendigo				Victoria	
		Indigenous		Total Population		Indigenous		Total Population		Indigenous	Total
		No.	%	No.	%	No.	%	No.	%	%	%
0-4	2011	8	8%	410	5%	201	14%	6,738	7%	12%	6%
	2016	15	12%	335	4%	272	14%	7,075	6%	11%	6%
5-14	2011	24	23%	881	12%	346	24%	12,968	13%	23%	12%
	2016	30	24%	856	11%	408	22%	14,120	13%	22%	12%
15-24	2011	16	15%	601	8%	298	21%	14,236	14%	19%	13%
	2016	17	13%	643	9%	384	21%	14,646	13%	19%	13%
25-44	2011	16	15%	1,333	18%	338	23%	24,512	24%	25%	29%
	2016	16	12%	1,238	16%	420	23%	26,842	24%	25%	29%
45-64	2011	32	31%	2,457	33%	202	14%	26,229	26%	16%	25%
	2016	31	26%	2,429	32%	295	16%	28,128	25%	18%	25%
≥65	2011	8	8%	1,779	24%	57	4%	15,935	16%	4%	14%
	2016	17	13%	2,008	27%	80	4%	19,664	18%	5%	16%

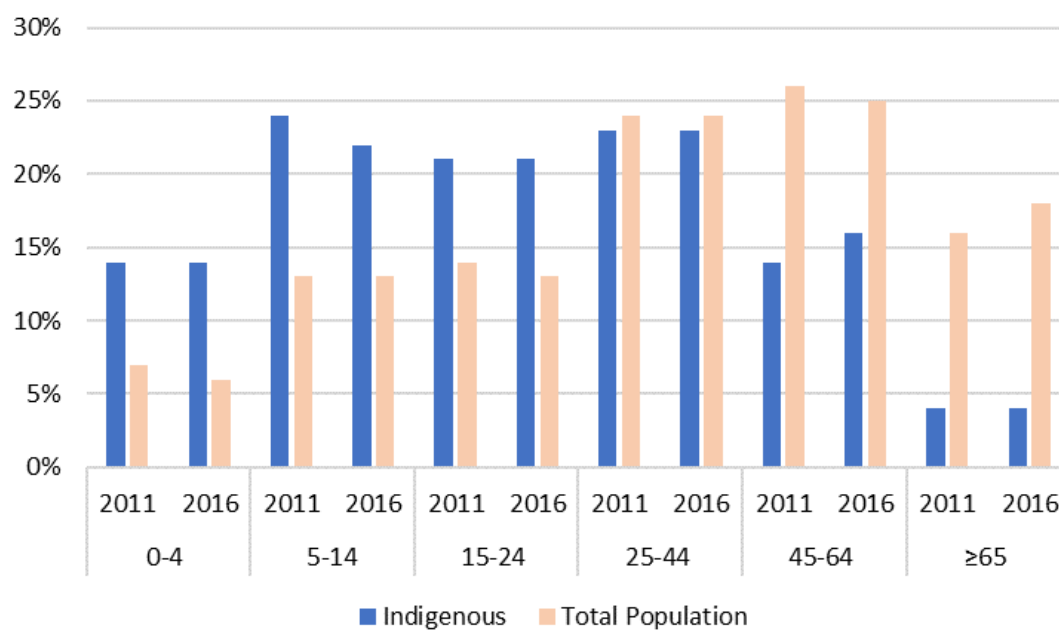
Census of Population and Housing, Aboriginal and Torres Strait Islander Peoples (Indigenous) Profiles 2011 and 2016, ABS

Population Age Structure for Loddon - Chart (2011 and 2016)



Census of Population and Housing Aboriginal and Torres Strait Islander Peoples (Indigenous) Profiles 2011 and 2016, ABS

Population Age Structure for Greater Bendigo - Chart (2011 and 2016)



Census of Population and Housing Aboriginal and Torres Strait Islander Peoples (Indigenous) Profiles 2011 and 2016, ABS

Family Structure

In 2016, compared to the non-Indigenous population, the Loddon Indigenous population had a much higher proportion of one parent families, a higher proportion of total family households and a much lower proportion of lone person households.

Compared to the non-Indigenous population, the Greater Bendigo Indigenous population also had a much higher proportion of one parent families, a higher proportion of total family households and a much lower proportion of lone person households.

Family and Household Structure (2016)

		Loddon		Greater Bendigo		Victoria	
		Indigenous Population	Non-Indig. Population	Indigenous Population	Non-Indig. Population	Indigenous Population	Non-Indig. Population
One family households	Couple family - no children	26%	33%	16%	27%	17%	25%
	Couple family - with children	23%	21%	26%	27%	29%	32%
	One parent family	30%	7%	28%	12%	26%	10%
	Other family	0%	1%	2%	1%	2%	1%
	<i>Total</i>	78%	62%	73%	67%	74%	69%
Multiple family households		0%	1%	3%	1%	3%	2%
<i>Total family households</i>		78%	62%	76%	68%	77%	71%
Lone person households		16%	35%	18%	28%	16%	25%
Group households		6%	3%	5%	4%	7%	4%
Total %		100%	100%	100%	100%	100%	100%
Total no. of Households		70	2,893	920	40,442	23,783	2,088,923

Census of Population and Housing Aboriginal and Torres Strait Islander Peoples (Indigenous) Profiles 2016, ABS

Average Household Size

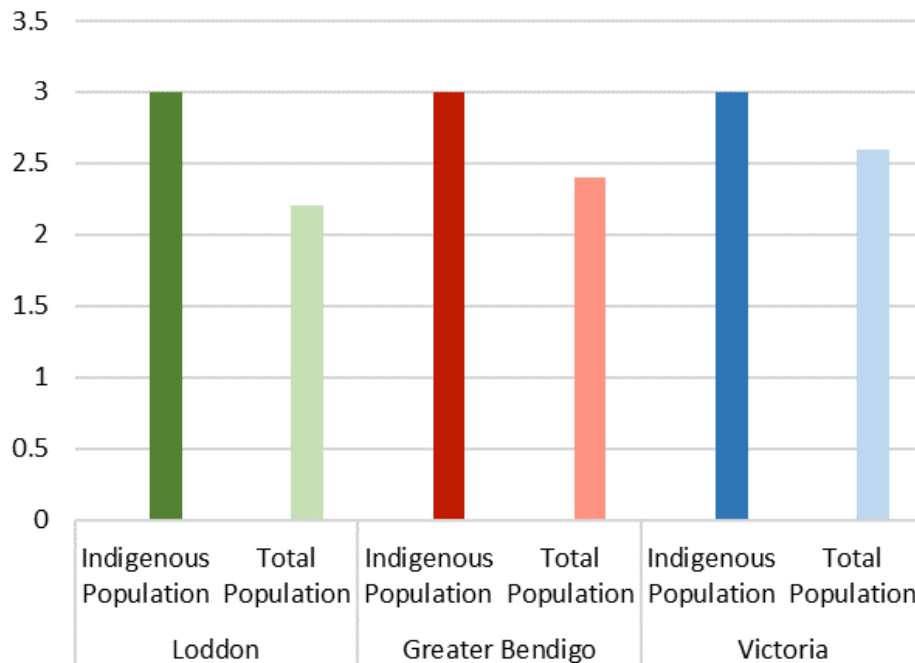
In 2016, the average household size in Loddon and Greater Bendigo was larger for Indigenous households compared to the total population. Compared to the Victorian Indigenous average household size, Loddon and Greater Bendigo had the same average household size.

Average Household Size by Indigenous Status - Table (2016)

Loddon		Greater Bendigo		Victoria	
Indigenous Population	Total Population	Indigenous Population	Total Population	Indigenous Population	Total Population
3.0	2.2	3.0	2.4	3.0	2.6

Census of Population and Housing Aboriginal and Torres Strait Islander Peoples (Indigenous) Profiles 2016, ABS

Average Household Size by Indigenous Status- Chart (2016)



Census of Population and Housing Aboriginal and Torres Strait Islander Peoples (Indigenous) Profiles 2016, ABS

Social Determinants of Health

A social model of health recognises a person's health is determined by social and economic factors and not just biological and medical factors. These social and economic factors may include: wealth, income, unemployment, early childhood development, housing, nutrition, education, work, social connection and support, gender, culture, transport and stress.

"In broad terms, economic opportunity, physical infrastructure and social conditions influence the health of individuals, communities and societies as a whole. These factors are specifically manifest in measures such as education, employment, income, housing, access to services, social networks, connection with land, racism, and incarceration. On all these measures Indigenous people suffer substantial disadvantage.

The traditional Indigenous perspective of health is holistic. It encompasses everything important in a person's life, including land, environment, physical body, community, relationships, and law. Health is the social, emotional, and cultural wellbeing of the whole community and the concept is therefore linked to the sense of being Indigenous. This conceptualisation of health has much in common with the social determinants model and has crucial implications for the simple application of biomedically-derived concepts as a means of improving Indigenous health." - Australian Indigenous HealthInfoNet (2015) Overview of Australian Indigenous health status, 2014. Retrieved September 2015 from <http://www.healthinfonet.ecu.edu.au/health-facts/overviews>

"Many Indigenous people live today in conditions of clear economic disadvantage, due in part to their lower education and employment levels. All of these factors interact to contribute to poor health in many groups of Indigenous people. The consequent and often substantial difference in almost all measures of health and welfare between Indigenous and non-Indigenous Australians has become known as 'the Gap'." - Australian Institute of Health and Welfare 2015. The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2015. Cat. no. IHW 147. Canberra: AIHW.

The Social Determinants of Health, developed by the WHO, are listed below.

- 1. The Social Gradient** - *“Life expectancy is shorter and most diseases are more common further down the social ladder in each society.”*
- 2. Stress** - *“Stressful circumstances, making people feel worried, anxious and unable to cope, are damaging to health and may lead to premature death.”*
- 3. Early life** - *“A good start in life means supporting mothers and young children: the health impact of early development and education lasts a lifetime.”*
- 4. Social exclusion** - *“Life is short where its quality is poor. By causing hardship and resentment, poverty, social exclusion and discrimination cost lives.”*
- 5. Work** - *“Stress in the workplace increases the risk of disease. People who have more control over their work have better health.”*
- 6. Unemployment** - *“Job security increases health, well-being and job satisfaction. Higher rates of unemployment cause more illness and premature death.”*
- 7 Social Support** - *“Friendship, good social relations and strong supportive networks improve health at home, at work and in the community.”*
- 8 Addiction** - *“Drug use is both a response to social breakdown and an important factor in worsening the resulting inequalities in health.”*
- 9. Food** - *“A good diet and adequate food supply are central for promoting health and well-being. A shortage of food and lack of variety cause malnutrition and deficiency diseases.”*
- 10. Transport** - *“Healthy transport means less driving and more walking and cycling, backed up by better public transport. Cycling, walking and the use of public transport promote health in four ways. They provide exercise, reduce fatal accidents, increase social contact and reduce air pollution.”*

Social Determinants of Health: the Solid Facts - 2nd edition - World Health Organization 2003
www.health.vic.gov.au/healthpromotion/foundations/determinants.htm accessed online May 2020

Social Determinants of Health Snapshot

The table below sets out a snapshot of key indicators of some social determinants of health for the Greater Bendigo and Loddon Indigenous populations. Some Loddon data has been excluded from this snapshot, due to low reliability of statistics. Data is presented and discussed in more detail in other areas of this report. Much of the data relates to more than one of the social determinants of health. For instance, unemployment (to varying degrees) has an impact on: the social gradient, stress, social exclusion, work, and the social support social determinants of health. Data is from different sources and covers different dates and should only be used as a general guide. Please refer to the data tables in the profile for notes, description and the data source.

Social Determinants of Health Snapshot

Indicator	Greater Bendigo		Loddon		Victoria	
	Indigenous Population	All [†] Population	Indigenous Population	All [†] Population	Indigenous Population	All [†] Population
% of total population that is Indigenous (2016)	1.7%		1.6%		0.8%	
% population aged ≤ 14 years (2016)	36%	19%	36%	15%	33%	18%
% population aged ≥65 years (2016)	4%	18%	13%	27%	5%	16%
% of households - one parent family (2016)	28%	12%	30%	7%	26%	10%
Median personal weekly income (2016)	\$377	\$468	\$463	\$606	\$479	\$646
Healthcare Card Holders (2015)	25.5%	15.1%	**	15.5%	22.4%	12.4%
Persons with severe disability (2016)	7%	6%	11%	7%	8%	5%
Persons on Disability Support Pension (2015)	13.2%	9.1%	**	\$14.0%	13.3%	5.9%
% of population (15-64 yrs) in labour force (2016)	60%	72%	**	62%	60%	72%
Labour force working full-time (2016)	54%	57%	58%	61%	58%	61%
Population (15-64yrs) unemployed (2016)	16%	6%	**	**	14%	7%
Population (≥15 yrs) finished year 12 (2016)	32.9%	42.9%	14.3%	28.1%	36.5%	56.5%
Households that are renting dwelling (2016)	59%	29%	**	**	51%	27%
Children aged 1 year - fully immunised (2017)	98.3%	95.5%	82.4%	91.6%	93.1%	93.4%
Children aged 2 years - fully immunised (2017)	84.3%	93.7%	89.5%	91.7%	88.8%	91.6%
Children aged 5 years - fully immunised (2017)	98.0%	95.1%	90.9%	92.7%	94.7%	93.6%
Child Abuse Substantiation Rate* (2013/14)	n/a	n/a	n/a	n/a	91.0-	11.1-
Rate of Low Birth Weight births** (2012-14)	11.6% ⁽¹⁾	n/a	n/a	n/a	11.1%	6.3%
Rate of teenage births [#] (2015)	n/a	n/a	n/a	n/a	28.5	6.4
Rate ^{##} of hospital admissions for self harm injuries (2014-19)	553	137	n/a	n/a	341	102
Rate ^{##} of hospital admissions for assault, maltreatment/neglect injuries (2014-19)	293	54	n/a	n/a	309	61
Rate ^{##} of hospital admissions for unintentional harm injuries (2014-19)	2,351	1,751	n/a	n/a	2,340	1,844

[†] Some figures are for non-Indigenous population. Refer to data in main document for population group description. *Per 1,000 children aged 0 to 17 years **Per 1,000 live births [#]Per 1,000 females aged 15 - 19 years ^{##}Per 100,000 population

Self-assessed Health and Socio-Economic Status

National level results from the 2012/13, 2014/15 and 2018/19 National Aboriginal and Torres Strait Islander Health Surveys indicate that among Australian Indigenous persons:

- The proportion of persons who report their self-assessed health as Excellent/Very Good decreased by approximately 10% with each 10 year age increase (a much sharper decline than observed in the non-Indigenous population)
- Excellent/Very Good self-assessed health levels *decreased* with:
 - Financial stress or low income
 - Physical inactivity
 - Multiple long term health conditions
 - Local crime
 - Problems with neighbours
 - Gambling
 - Obesity, and
 - Highest education Year 9 or below
- Excellent/Very Good self-assessed health levels *increased* with:
 - Highest education Year 12 or above
 - Being employed
 - Being a non-smoker
 - Meeting dietary guidelines
 - Frequent contact with family and friends, and
 - Community engagement

Self-assessed Health Indigenous Persons by Education and Employment - Australia (2018/19)

Self-assessed health	Finished School in Year 12	Finished School in Year 9 or below	Employed
Excellent/Very Good	49.1%	28.6%	46.4%
Good	36.3%	35.9%	38.1%
Fair/poor	14.6%	35.5%	15.5%

*National Aboriginal and Torres Strait Islander Health Survey 2018/19, ABS 2019 *Age standardised % of persons aged 15 years and over. Compiled from data which has been randomly adjusted for confidentiality purposes. Totals may not add up to 100%.*

Indigenous Relative Socioeconomic Outcomes

The Indigenous Relative Socioeconomic Outcomes index (IRSEO) is an Indigenous-specific index derived by the Centre for Aboriginal Economic Policy Research (CAEPR) from the 2016 Census of Population and Housing.

The IRSEO is composed of 9 socioeconomic outcomes of the usual resident population. These are:

- Population 15 years and over employed
- Population 15 years and over employed as a manager or professional
- Population 15 years and over employed full-time in the private sector
- Population 15 years and over who have completed Year 12
- Population 15 years and over who have completed a qualification
- Population 15 to 24 years old attending an educational institution
- Population 15 years and over with an individual income above half the Australian median
- Population who live in a house that is owned or being purchased, and
- Population who live in a house with at least one bedroom per usual resident¹

The IRSEO reflects relative advantage or disadvantage at the Indigenous Area level, where a score of 1 represents the most advantaged area and a score of 100 represents the most disadvantaged area.

Source: Notes on the Data: Summary Measure of Indigenous Outcomes - PHIDU, Torrens University Australia, accessed online May 2020

In 2016, Bendigo Indigenous Area had an IRSEO score of 32 and Castlemaine - Kerang had a score of 35. These scores indicate that the Indigenous populations of Bendigo and Castlemaine - Kerang have a higher degree of relative socio-economic disadvantage than the Victoria average, but a slightly lower level of disadvantage compared to the regional Victoria average.

Index of Indigenous Relative Socioeconomic Outcomes (2016)

Indigenous Area	2016
Bendigo	32
Castlemaine - Kerang	35
<i>Regional Victoria</i>	<i>39</i>
Victoria	25

Aboriginal and Torres Strait Islander Social Health Atlas of Australia: Data by Indigenous Area, PHIDU February 2020

Domain 1. Victorians are Healthy and Well

The Health of Indigenous Australians

- In Australia, Aboriginal people have occupied their traditional lands for the past 50,000 to 120,000 years and their continuity, history and cultural traditions are unrivalled in the world. Aboriginal people enjoyed a semi-nomadic lifestyle in family and community groups, moving across a defined area following seasonal changes revolving around fishing, trading and gardening.
- Land was, and still is today, a central part of Aboriginal and Torres Strait Islander customs, culture and law. Country and connection to country is intricately linked to caring for country, the maintenance of cultural life, identity, individual autonomy and Aboriginal and Torres Strait Islander sovereignty. These each have their own implications for the social and emotional wellbeing of Aboriginal and Torres Strait Islander people.
- Indigenous peoples generally enjoyed better health in 1788 than most people living in Europe. They did not suffer from smallpox, measles, influenza, tuberculosis, scarlet fever, venereal syphilis and gonorrhoea, diseases that were common in 18th century Europe. Indigenous people probably suffered from hepatitis B, some bacterial infections (including a non-venereal form of syphilis and yaws) and some intestinal parasites.
- Trauma is likely to have been a major cause of death, and anaemia, arthritis, periodontal disease, and tooth attrition are known to have occurred. The impact of these diseases at a population level was relatively small compared with the effects of the diseases that affected 18th century Europe.
- All of this changed after 1788 with the arrival of introduced illness from non-Indigenous people, initially smallpox and sexually transmissible infections (gonorrhoea and venereal syphilis), and later tuberculosis, influenza, measles, scarlet fever, and whooping cough.
- These diseases, particularly smallpox, caused considerable loss of life among Indigenous populations. The epidemic also affected the fabric of Indigenous societies through depopulation and social disruption.
- Before white settlement and the dispersal of Indigenous population that this brought, Indigenous people were able to define their own sense of being through control over all aspects of their lives, including ceremonies, spiritual practices, medicine, social relationships, management of land, law and economic activities.
- Following white settlement, in addition to the health impacts of introduced diseases, the spread of non-Indigenous peoples undermined the ability of Indigenous people to lead healthy lives by devaluing their culture, destroying their traditional food base, separating families and dispossessing whole communities. This loss of autonomy undermined social vitality which, in turn, affected the capacity to meet challenges, including health challenges. A cycle of dispossession, demoralisation and poor health was thus perpetuated.

Australian Indigenous HealthInfoNet Overview of Australian Indigenous health status, 2014 and 2019.
<http://www.healthinfonet.ecu.edu.au/health-facts/overviews>

Life Expectancy at Birth

Over 2010-15, the life expectancy of Victoria's Indigenous male and female population was lower than the non-Indigenous male and female total population figures for Victoria.

Between 2001-05 and 2010-15, life expectancy for Indigenous males has increased by two years and life expectancy for Indigenous females has fallen by 1.9 years. Over the same period, the gap between Indigenous and non-Indigenous life expectancy has grown wider among males and females.

Life expectancy by Indigenous status is not published at small area level for Victoria.

Life Expectancy at Birth by Indigenous Status and Sex - Victoria (2001-15)

	Males			Females		
	Indigenous	Non-Indigenous	Gap	Indigenous	Non-Indigenous	Gap
2001-2005	72.4	78.7	6.3	79.8	83.5	3.7
2005-2010	73.6	80.1	6.5	75.9	84.4	8.5
2010-2015	74.4	81.4	7.0	77.9	85.2	7.3

Victorian Government Aboriginal Affairs Report, Aboriginal Victoria 2019. Based on data from Trends In Indigenous Mortality, AIHW 2017.

Self-assessed Health

In 2018-19, a much lower proportion of Victorian Indigenous males and females reported their health as Excellent/Very Good, compared to the non-Indigenous population; while a much higher proportion reported their health as Fair/Poor.

Victorian Indigenous males were slightly more likely than Victorian Indigenous females to report their health as Excellent/Very Good or as Good.

Self-assessed Health by Indigenous Status – Victoria (2018-19)

Rating	Indigenous Population*		Non-Indigenous Population*	
	Males	Females	Males	Females
Excellent/Very Good	41.5%	39.3%	57.2%	57.7%
Good	32.0%	31.9%	28.2%	28.9%
Fair/poor	26.8%	28.7%	14.5%	13.4%

*National Aboriginal and Torres Strait Islander Health Survey 2018/19 and National Health Survey 2017/18; ABS *Age standardised % of persons aged 15 years and over. Compiled from data which has been randomly adjusted for confidentiality purposes. Totals may not add up to 100%.*

Hospitalisations

Hospital Admissions

From 2014-15 to 2016-17, the rate of hospitalisations for Indigenous people living in Bendigo Indigenous Area was slightly higher than the Victoria Indigenous average; while the rate of hospitalisations for Indigenous people living in the Castlemaine - Kerang Indigenous Area was slightly lower.

From 2014-15 to 2016-17, in both Bendigo and Castlemaine - Kerang Indigenous Areas, the rate of hospital admissions for Indigenous females was much higher than the rate for Indigenous males, and this reflected the Victorian Indigenous figures. *Note that hospitalisation data includes pregnancy and childbirth related admissions.*

Total Hospital Admission Rate** - Indigenous Persons by Gender (2014-15 to 2016-17)

Indigenous Area	Males		Females		Persons	
	No.	Rate#	No.	Rate#	No.	Rate#
Bendigo	778	24,020	1,094	33,221	1,872	28,704
Castlemaine - Kerang	400	22,246	479	32,340	879	26,544
Regional Victoria	-	25,175	-	35,458	-	30,383
Victoria	-	23,734	-	32,500	-	28,126

*Social Health Atlas of Australia, ATSI Data, PHIDU 2020 * Average annual Age Standardised Rate per 100,000 # Excluding same day admissions for renal dialysis*

From 2014-15 to 2016-17, the rate of hospitalisations of Indigenous people living in Bendigo Indigenous Area was higher than the Victoria average for the 15-24, 25-44, and 45-64 year age groups. The rate of Indigenous hospital admissions in Castlemaine - Kerang Indigenous Area was higher than the Victoria average in the 15-24 years age group, and was much higher in the 65 years and over age group.

Reflecting the state-wide pattern, the rate of hospital admissions increased markedly with age in both Bendigo and Castlemaine - Kerang Indigenous Areas.

Total Hospital Admission Rate** - Indigenous Persons by Age (2014-15 to 2016-17)

Age	Bendigo		Castlemaine - Kerang		Regional Victoria	Victoria
	No.	Rate#	No.	Rate#	Rate#	Rate#
0 - 14 years	359	12,988	108	9,800	13,571	13,178
15 - 24 years	354	24,209	99	23,046	23,934	21,747
25 - 44 years	538	36,138	193	29,199	38,344	33,188
45 - 64 years	462	47,567	257	42,387	48,536	46,291
65 years & over	159	57,364	222	90,495	80,962	76,333

*Social Health Atlas of Australia, ATSI Data, PHIDU 2020 * Average annual Age Standardised Rate per 100,000 # Excluding same day admissions for renal dialysis*

From 2014-15 to 2016-17, the most common principal diagnosis for hospital admissions for the Indigenous populations of Bendigo and Castlemaine - Kerang Indigenous Areas was for digestive system diseases followed by injury, poisoning and other external causes.

Compared to the Victoria Indigenous population, Bendigo rates were much higher for genitourinary system diseases, mental health related conditions, all cancers and endocrine, nutritional and metabolic diseases and disorders.

Hospitalisations by Principal Diagnosis Indigenous Persons (2014-15 to 2016-17)

Principal Diagnosis	Bendigo		Castlemaine - Kerang		Victoria
	No.	Rate [#]	No.	Rate [#]	Rate [#]
Infectious & parasitic diseases	44	625.2	18	541.2	694.8
All cancers	84	1,350.3	48	1,207.3	1,080.6
Endocrine, nutritional & metabolic diseases & disorders	62	1,010.6	19	545.8	698.4
Mental health related conditions	149	2,403.0	61	2,133.7	1,933.1
Nervous system diseases	40	621.4	23	686.7	978.5
Eye and adnexia diseases	22	343.7	27	606.5	351.0
Ear and mastoid process diseases	19	260.1	5	153.0	270.8
Circulatory system diseases	75	1,233.1	50	1,257.5	1,296.6
Respiratory system diseases	130	1,858.6	65	1,856.2	2,113.6
Digestive system diseases	176	2,773.1	96	2,917.8	2,974.1
Skin & subcutaneous tissue diseases	27	411.2	11	351.1	717.7
Musculoskeletal system & connective tissue diseases	80	1,290.7	51	1,435.6	1,212.1
Genitourinary system diseases	122	1,936.9	44	1,320.3	1,386.1
Injury, poisoning & other external causes	173	2,662.0	77	2,538.0	2,854.0
Same day dialysis admissions for renal disease	340	5,716.0	2,095	15,018.7	11,674.5

Social Health Atlas of Australia, ATSI Data, PHIDU 2020 #Average annual age standardised rate per 100,000 population

Hospitalisation rates for the Greater Bendigo total population for the (single) year 2016-17 provide an approximate comparison to average annual hospitalisation rates for Indigenous residents of the Bendigo Indigenous Area for the period 2014-15 to 2016-17.

Comparison of the figures indicates that, compared to the total Greater Bendigo population, the Indigenous residents of the Bendigo Indigenous Area have a higher rate of hospitalisations for infectious and parasitic diseases as well as for injury, poisoning and other external causes; while they have a *much* higher rate of hospitalisations for endocrine, nutritional and metabolic diseases and disorders and for mental health related conditions. Rates of same day dialysis admissions for renal failure were also substantially higher for Indigenous residents.

Hospitalisations by Principal Diagnosis, Greater Bendigo (2014-15 to 2016-17)

Principal Diagnosis	Bendigo Indigenous Area Indigenous Population 2014-15 to 2016-17		Greater Bendigo Total Population 2016-17
	No.	Rate#	Rate##
Infectious & Parasitic Diseases	44	625.2	518.7
All cancers	84	1,350.3	2,658.4
Endocrine, Nutritional & Metabolic Diseases & Disorders	62	1,010.6	587.7
Mental health related conditions	149	2,403.0	894.1
Nervous system diseases	40	621.4	1,283.8
Eye and adnexia diseases	22	343.7	1,307.5
Ear and mastoid process diseases	19	260.1	328.4
Circulatory system diseases	75	1,233.1	2,068.7
Respiratory system diseases	130	1,858.6	1,837.3
Digestive system diseases	176	2,773.1	3,687.9
Skin & subcutaneous tissue diseases	27	411.2	569.7
Musculoskeletal system & connective tissue diseases	80	1,290.7	2,112.7
Genitourinary system diseases	122	1,936.9	2,011.8
Injury, poisoning & other external causes	173	2,662.0	2,413.7
Same day dialysis admissions for renal disease	340	5,716.0	3,951.9

*Social Health Atlas of Australia, ATSI Data, PHIDU 2020 #Average annual age standardised rate per 100,000 population
##2016/17 Rate per 100,000 taken from Social Health Atlas of Australia, Victoria, Data by LGA, PHIDU February 2020.*

Potentially Preventable Conditions

Between 2014-15 and 2016-17, compared to Victorian Indigenous average rates, Indigenous residents of the Bendigo Indigenous Area had a much greater rate of hospitalisations for diabetes complications and for total chronic potentially preventable conditions. Rates in the Castlemaine - Kerang Indigenous area were lower than state Indigenous averages.

Potentially Preventable Hospitalisation Rates** - Indigenous Persons (2014-15 to 2016-17)

Indigenous Area	Bendigo		Castlemaine - Kerang		Reg. Victoria	Victoria
	No.	Rate#	No.	Rate#	Rate#	Rate#
Cellulitis	11	168.8	6	188.5	278.0	250.1
Convulsions & epilepsy	15	231.5	**	**	329.4	287.2
Dental conditions	20	280.6	7	221.9	434.8	372.2
Ear, nose & throat infections	17	220.1	**	**	289.7	260.1
Urinary tract infections#	18	274.3	6	174.0	287.0	265.9
COPD	14	229.4	13	297.1	480.9	867.7
Diabetes complications	35	573.2	7	195.3	283.3	315.7
Vaccine preventable	9	146.4	**	**	241.0	305.8
Acute	87	1,280.7	34	1,067.3	1,807.4	1,581.7
Chronic	94	1,520.8	48	1,240.6	1,695.2	1,478.4
Total PPH all conditions	190	2,932.5	85	2,436.8	3,750.2	3,367.5

Social Health Atlas of Australia, ATSI Data, PHIDU 2020 *Average annual age Standardised Rate per 100,000 # incl. pyelonephritis

Mortality

The death rate of a population provides a summary measure of the overall health status of that population. Death rates are a useful measure with which to compare the overall health status of different populations and to monitor changes in overall health status of populations over time. The rate for Indigenous Australians is 1.7 times that for non-Indigenous Australians, indicating that the overall health status is worse for Indigenous Australians. - *Aboriginal and Torres Strait Islander Health Performance Framework, - AIHW 2017*

Leading cause of death, avoidable death and premature death figures are not available at the small area, regional or state level in Victoria.

During the period 2011-15, in those states with adequate quality data (NSW, Qld, WA, SA, and the NT), the age-adjusted, all-cause mortality rate for Indigenous Australians was 1.7 times higher than for non-Indigenous Australians (991 versus 580 deaths per 100,000 population).

In 2011-15, data from these jurisdictions with adequate data quality also indicated that:

- 3.8% of Indigenous deaths occurred before the age of one years (versus 0.7% non-Indigenous), and 0.8 % of Indigenous deaths occurred before age 4 years (versus 0.1% non-Indigenous)
- 70% of Indigenous male deaths occurred before the age of 65 years (versus 22% non-Indigenous), and 58% of Indigenous female deaths occurred before age 65 (versus 14% non-Indigenous)
- During the period 2011–15, in the five jurisdictions with adequate quality data (NSW, Qld, WA, SA and the NT), the most common cause of death among Indigenous persons was circulatory diseases (28% of all deaths), followed by neoplasms (24%) and external causes (15%).
- After adjusting for age, circulatory disease accounted for the greatest difference in death rates between Indigenous and non-Indigenous persons (271.4 vs 173.3 per 100,000) followed by endocrine, metabolic and nutritional disorders (100.6 vs 22.5); neoplasms (232.1 vs 171.6); and respiratory diseases (100.6 vs 50.3).

Aboriginal and Torres Strait Islander Health Performance Framework, supplementary online tables, AIHW 2017

Please refer to the data notes section for important information regarding analysis of death rate data.

Health Conditions

Cancer

Risk factors for high-fatality cancers remain prevalent for Indigenous Australians, including smoking, risky drinking and poor diet. Indigenous Australians have a higher incidence of fatal, screen-detectable and preventable cancers, and are diagnosed at more advanced stages, and often with more complex comorbidities. Compared with non-Indigenous Australians diagnosed with the same cancer, Indigenous Australians are doubly disadvantaged because they are usually diagnosed later with more advanced disease, are less likely to have treatment, and often have to wait longer for surgery than non-Indigenous patients. *Aboriginal and Torres Strait Islander Health Performance Framework, - AIHW 2017*

Incidence

Between 2014-15 and 2016-17, Bendigo and Castlemaine - Kerang Indigenous Areas had a higher rate of hospitalisations of Indigenous persons for all cancers, compared to the Victoria Indigenous average.

The Victoria Cancer Registry has found that hospitalisations data is not sufficient, on its own, to measure the incidence of cancer in Indigenous Victorians and - by including additional datasets - they were able to identify a substantial increase in cancer incidence among Indigenous Victorians:

"Aboriginal Victorians had higher incidence rates than non-Aboriginal Victorians for cancers of the lung, liver, oesophagus and pancreas (men and women); cervix, breast, bladder, head and neck, and kidney (women), and cancers of bowel, brain, stomach and lymphoma (men). In most cases, incidence and mortality rates for Aboriginal Victorians were more than double those of non-Aboriginal Victorians." - *Cancer in Victoria Report 2018 - Victorian Cancer Registry 2019*

Hospital Admissions for all Cancers for Indigenous Persons - Table (2014-15 to 2016-17)

Bendigo		Castlemaine - Kerang		Victoria
No.	Rate#	No.	Rate#	Rate#
84	1,350.3	48	1,207.3	1,080.6

Social Health Atlas of Australia, ATSI Data, PHIDU 2020 #Average annual age standardised rate per 100,000 population

Cancer incidence figures for Indigenous Victorian, between 2013 and 2017, indicates that cancer incidence is much higher than for non-Indigenous Victorians. Incidence is higher for Indigenous males than for females, reflecting the non-Indigenous population figures.

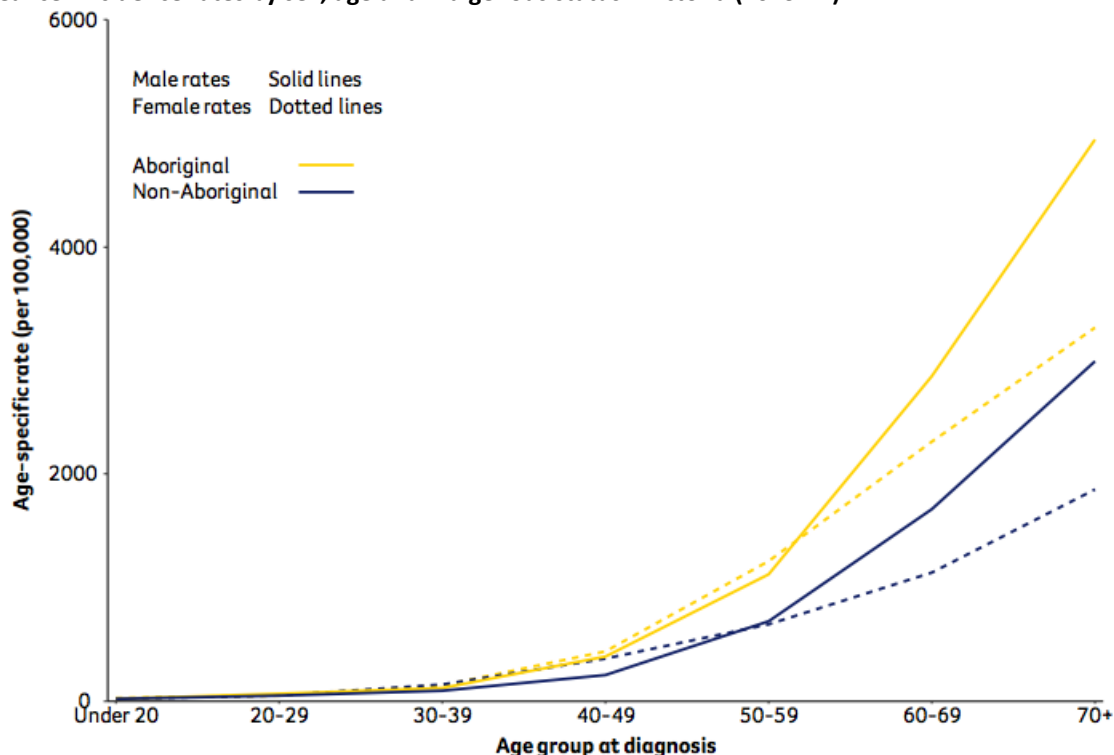
Cancer Incidence Rates* by Indigenous Status - Victoria (2013-17)

Male		Female	
Indigenous	Non-Indigenous	Indigenous	Non-Indigenous
580.8	346.5	494.6	287.1

*Commissioned data from Victorian Cancer Registry, June 2020 *Age-standardised rate per 100,000 persons.*

Cancer incidence figures for Indigenous Victorian, between 2013 and 2017, also indicate that incidence rates for Indigenous Victorians increase notably from age 50 and that the gap between Indigenous and non-Indigenous rates increases with age. The incidence of cancer in males is notably higher than in females for both Indigenous and non-Indigenous Victorians.

Cancer incidence rates by sex, age and Indigenous status - Victoria (2013-17)



Cancer in Victoria Report 2018 - Victorian Cancer Registry 2019

Between 2013 and 2017, lung cancer was the most common new cancer case for Indigenous Victorians, followed by breast then bowel cancer. Lung cancer accounted for a notably greater proportion of new cancer cases compared to the non-Indigenous population.

Top 10 Most Common Cancers - Indigenous population Victoria (2013-17)

Cancer Type	% all cancer incidences	
	Indigenous	Non-Indigenous
Lung	15.5%	10.9%
Breast	13.2%	16.4%
Bowel	10.1%	14.5%
Prostate	7.6%	17.4%
Lymphoma	5.8%	6.2%
Liver	4.3%	2.1%
Melanoma	4.1%	10.1%
Head & Neck	3.2%	3.3%
Pancreas	3.1%	3.3%
Leukaemia	3.0%	4.3%

Commissioned data from Victorian Cancer Registry, June 2020 *Age-standardised rate per 100,000 persons.

Deaths

Cancer mortality figures for Indigenous Victorian, between 2013 and 2017, indicates that mortality rates are much higher than for non-Indigenous Victorians. Mortality rates are higher for Indigenous males than for females, reflecting the non-Indigenous population figures.

Cancer Mortality Rates* by Indigenous Status - Victoria

Male		Female	
Indigenous	Non-Indigenous	Indigenous	Non-Indigenous
277.9	102.0	220.4	73.1

Commissioned data from Victorian Cancer Registry, June 2020 *Age-standardised rate per 100,000 persons.

Cardiovascular Disease

Cardiovascular disease (also known as circulatory system disease) covers all diseases and conditions of the heart and blood vessels, including coronary heart disease, stroke, peripheral vascular disease, heart failure and rheumatic heart disease.

Circulatory disease is a major cause of morbidity and mortality for Indigenous Australians. It is more common among Indigenous than non-Indigenous Australians, and tends to occur at much younger ages. Risk factors such as physical inactivity, obesity, diabetes and high blood pressure are more prevalent among Indigenous Australians than non-Indigenous Australians. Low socioeconomic status is associated both with greater risk of developing circulatory disease and with lower chance of receiving appropriate treatment. *Aboriginal and Torres Strait Islander Health Performance Framework, - AIHW 2017*

Hospitalisations

Between 2014-15 and 2016-17, the rate of hospitalisations per Indigenous population of Bendigo and Castlemaine - Kerang Indigenous Areas for circulatory system diseases was slightly lower than the Victorian Indigenous average.

Hospitalisation rates for the Greater Bendigo total population for the (single) year 2016-17 provide an approximate comparison to average annual hospitalisation rates for Indigenous residents of the Bendigo Indigenous Area for the period 2014-15 to 2016-17. Comparison of the figures indicates that, compared to the total Greater Bendigo population, the Indigenous residents of the Bendigo Indigenous Area had a much lower rate of hospitalisations for circulatory system diseases.

Hospital Admissions for Circulatory System Diseases - Indigenous Persons (2014-15 to 2016-17)

Bendigo		Castlemaine - Kerang		Victoria
No.	Rate [#]	No.	Rate [#]	Rate ^{##}
75	1,233.1	50	1,257.5	1,296.6

Social Health Atlas of Australia, ATSI Data, PHIDU 2020 #Average annual age standardised rate per 100,000 population ##2016/17 Rate per 100,000 taken from Social Health Atlas of Australia, Victoria, Data by LGA, PHIDU February 2020.

Hospital Admissions for Circulatory System Diseases - Greater Bendigo (2014/15 to 2016/17)

Bendigo Indigenous Area Indigenous Population 2014-15 to 2016-17		Greater Bendigo Total Population 2016-17
No.	Rate [#]	Rate ^{##}
75	1,233.1	2,068.7

Social Health Atlas of Australia, ATSI Data, PHIDU 2020 #Average annual age standardised rate per 100,000 population ##2016/17 Rate per 100,000 taken from Social Health Atlas of Australia, Victoria, Data by LGA, PHIDU February 2020.

The 2018-19 National Aboriginal and Torres Strait Islander Health Survey results indicate that 5% of Indigenous persons living in Victoria have heart, stroke or vascular disease.

Indigenous Victorians - heart, Stroke and vascular disease (2018-19)

Condition	Proportion (%)
Heart, stroke and vascular disease	5.0

*National Aboriginal and Torres Strait Islander Health Survey, 2018-19, ABS May 2020 * Includes hypertensive disease; ischaemic heart diseases; other heart diseases; tachycardia; cerebrovascular diseases; oedema; diseases of the arteries, arterioles and capillaries; diseases of the veins, lymphatic vessels, etc.; other diseases of the circulatory system; and symptoms and signs involving the circulatory system. ** Includes angina, heart attack, other ischaemic heart diseases, stroke and other cerebrovascular disease, oedema, heart failure, and diseases of the arteries, arterioles and capillaries.*

Diabetes

"Diabetes is recognised as one of the most important health problems currently facing Aboriginal and Torres Strait Islander people... The most common form is type 2 diabetes which occurs at earlier ages for Aboriginal and Torres Strait Islander people and is often undetected and untreated." - *Overview of Aboriginal and Torres Strait Islander health status 2019, Australian Indigenous HealthInfoNet, 2020*

Over the period 2014-15 to 2016-17, the rate of Indigenous persons living in Bendigo Indigenous Area who were hospitalised for diabetes complications was much higher than the regional Victoria and Victoria average.

Admission Rate for Diabetes Complications - Rate** - Indigenous Persons (2014-15 to 2016-17)

Indigenous Area	Bendigo		Castlemaine - Kerang		Reg. Victoria	Victoria
	No.	Rate#	No.	Rate#	Rate#	Rate#
Diabetes complications	35	573.2	7	195.3	283.3	315.7

*Social Health Atlas of Australia, ATSI Data, PHIDU 2020 *Average annual Age Standardised Rate per 100,000 # incl. pyelonephritis*

From 2013 to 2015, compared to non-Indigenous population figures, Victorian Indigenous males and females had more than twice the rate of hospitalisations for diabetes mellitus. The rate among Indigenous males was higher than the rate among Indigenous females.

Hospitalisation Rate* for Diabetes Mellitus by Indigenous Status - Victoria (2013-15)

	Males	Females	Persons
Indigenous	4.7	4.0	4.4
Non-Indigenous	2.0	1.3	1.6

*Aboriginal and Torres Strait Islander Health Performance Framework – Supplementary Online tables, - AIHW 2017 *Average annual age standardised rate per 1,000 persons.*

The 2018-19 National Aboriginal and Torres Strait Islander Health Survey results indicate that 5.5% of Indigenous persons living in Victoria have diabetes mellitus.

Indigenous Victorians - diabetes mellitus (2018-19)

Condition	Proportion (%)
Diabetes mellitus	5.5

*National Aboriginal and Torres Strait Islander Health Survey, 2018-19, ABS May 2020 *Includes Type 1 and Type 2 diabetes and type unknown.*

Chronic Kidney Disease

Kidney disease can be a disease in its own right, or can be caused by the kidneys being permanently damaged by various acute illnesses or by progressive damage from other chronic conditions. If the kidneys cease functioning, this can cause death unless the person has regular dialysis or a new kidney is provided by transplant.

A number of risk factors are associated with kidney disease, including diabetes, high blood pressure, infections, and obesity. These conditions are particularly common among Indigenous people and contribute to high rates of chronic kidney disease.

Aboriginal and Torres Strait Islander Health Performance Framework, AIHW 2017

For the period 2013 to 2015, in Victoria, the rate of hospitalisation among Indigenous persons for chronic kidney disease (not including dialysis hospitalisations) was higher than for non-Indigenous persons. The rate among Indigenous females was higher than the rate among Indigenous males.

Hospitalisations For Chronic Kidney Disease* - Victoria (2013-15)

	Indigenous		Non-Indigenous	
	No.	Rate [#]	No.	Rate [#]
Males	85	2.0	8,857	1.5
Females	123	3.1	9,953	1.6
Persons	208	2.6	18,180	1.6

*Aboriginal and Torres Strait Islander Health Performance Framework, AIHW 2017 * Excluding hospitalisations for dialysis. #Age standardised rate per 1,000 population*

For the period 2012 to 2014, in Victoria, the rate of Indigenous persons with end-stage renal disease was substantially higher (almost five times) than that for non-Indigenous persons. The rate among Indigenous males was more than double the rate among Indigenous females.

Notifications for End-Stage Renal Disease, Victoria (2013-15)

	Indigenous		Non-Indigenous	
	No.	Rate [#]	No.	Rate [#]
Males	26	64.3	1,238	12.6
Females	11	30.0	703	7.8
Persons	37	46.7	1,941	10.3

Aboriginal and Torres Strait Islander Health Performance Framework, AIHW 2017 #Age standardised rate per 1,000,000 population

Respiratory Diseases

Respiratory diseases involve the organs of the body, primarily the lungs but also the trachea, bronchi and diaphragm, that help the body to breathe. Respiratory diseases include asthma, chronic obstructive pulmonary disease (COPD) which comprises chronic bronchitis and emphysema, influenza and pneumonia.

Respiratory disease is associated with a number of contributing factors, including poor environmental conditions, socioeconomic disadvantage, risky behaviour (particularly cigarette smoking, alcohol use, and substance use) and some previous medical conditions.

Australian Indigenous HealthInfoNet (2017) Overview of Australian Indigenous health status, 2017.

Between 2014-15 and 2015-16, there were 14 Indigenous residents of the Bendigo Indigenous Area and 13 residents of the Castlemaine - Kerang Indigenous Area hospitalised for Chronic Obstructive Pulmonary Disease (COPD). The rate of admissions per population was lower than the Victoria and regional Victoria average, however figures should be interpreted with caution owing to very small counts.

PPH# Admission Rate* for COPD - Indigenous Persons (2014-15 to 2016-17)

Bendigo		Castlemaine - Kerang		Reg. Victoria	Victoria
No.	Rate#	No.	Rate#	Rate#	Rate#
14	229.4	13	297.1	480.9	402

*Social Health Atlas of Australia, ATSI Data, PHIDU 2020 #Potentially Preventable Hospitalisation *Average annual age Standardised Rate per 100,000*

Hospitalisation rates for the Greater Bendigo total population for the (single) year 2016-17 provide an approximate comparison to average annual hospitalisation rates for Indigenous residents of the Bendigo Indigenous Area for the period 2014-15 to 2016-17. Comparison of the figures indicates that, compared to the total Greater Bendigo population, the Indigenous residents of the Bendigo Indigenous Area had a similar rate of hospitalisations for respiratory system diseases.

Hospital Admissions for Respiratory System Diseases - Greater Bendigo (2014-15 to 2016-17)

Bendigo Indigenous Area Indigenous Population 2014-15 to 2016-17		Greater Bendigo Total Population 2016-17
No.	Rate#	Rate##
130	1,858.6	1,837.3

Social Health Atlas of Australia, ATSI Data, PHIDU 2020 #Average annual age standardised rate per 100,000 population ##2016/17 Rate per 100,000 taken from Social Health Atlas of Australia, Victoria, Data by LGA, PHIDU February 2020.

While hospitalisation rates are lower than, or similar to, total population averages, the prevalence of respiratory system chronic diseases in the Indigenous population is likely to be much higher than in the non-Indigenous population.

National level findings from the National Aboriginal and Torres Strait Islander Health Survey 2018-19 indicate that asthma and COPD are more prevalent in the Australian Indigenous population than in the non-Indigenous population and that rates of both are particularly high for Indigenous females.

Current Long Term Asthma By Indigenous Status - Australia (2018-19)

	Asthma		COPD	
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous
Males	13.6%	10.1%	3.3	2.1
Females	21.1%	11.9%	6.2	2.2
Total Persons	17.6%	11.0%	4.8	2.2

*National Aboriginal and Torres Strait Islander Health Survey 2018/19 and National Health Survey 2017/18; ABS *Age standardised % of persons aged 15 years and over.*

Infectious Diseases

Note: The identification of Indigenous status during the collection of notifiable infectious diseases data is not consistent and analysis of data should be undertaken with caution. Additionally, there are many conditions that have a very low actual number of reported Indigenous cases and these figures should be compared and interpreted with caution.

Over the period 2015-19, the prevalence of notifiable infectious conditions among Victoria's Indigenous population increased for the following notifiable diseases: Hepatitis A, Gonococcal infection and Syphilis (infectious). Note that changes to screening practices and participation may also influence the number of cases over time.

Compared to the non-Indigenous population, the Indigenous population had higher rates of the following reported notifiable conditions (where the reported total was more than one):

- Hepatitis C - newly acquired (more than 25 times higher than the non-Indigenous rate)
- Gonococcal infection (more than double), and
- Syphilis - infectious (almost 4 times higher).

Reported Notifiable Conditions by Indigenous Status- Victoria (2015-19)

Notifiable condition	No. of reported cases in 2015	No. of reported cases in 2019	Rate* per population
Hepatitis C - newly acquired	139	60	
Indigenous	21	9	18.8
Non-indigenous	104	51	0.7
Not reported	14	0	
Hepatitis A	29	112	
Indigenous	0	1	2.1
Non-indigenous	28	95	1.7
Not reported	1	16	
Shigellosis	443	632	
Indigenous	4	3	6.3
Non-indigenous	358	525	9.5
Not reported	81	104	
Gonococcal infection	4,868	8,748	
Indigenous	30	109	228.1
Non-indigenous	2,562	5,876	106.2
Not reported	2,276	2,758	
Human immunodeficient virus infection -	129	180	
Indigenous	5	1	2.1
Non-indigenous	122	170	3.1
Not reported	2	9	
Syphilis - infectious	950	1,382	
Indigenous	16	46	96.3
Non-indigenous	816	1,284	27.6
Not reported	118	52	
Measles	36	57	
Indigenous	1	1	2.1
Non-indigenous	34	52	0.9
Not reported	1	4	
Tuberculosis	351	450	
Indigenous	1	1	2.1
Non-indigenous	350	447	8.1
Not reported	0	2	
Meningococcal Infection	56	36	
Indigenous	2	1	2.1
Non-indigenous	52	33	0.6
Not reported	2	2	

Infectious Disease Surveillance in Victoria, Interactive reports, Aboriginal and Torres Strait Islander Summary; Health.Vic, Accessed online May 2020

Families and Children

Single Parent Families With Children

In 2016, the proportion of all Indigenous families with children living in Bendigo Indigenous Area or Castlemaine - Kerang Indigenous Area who were single parent families was higher (more than double) the rate for non-Indigenous families. The proportion in Bendigo Indigenous Area was higher than the Victoria Indigenous average.

Single Parent Families With Children* (2016)

Indigenous Area	Single parent families with children*	
	Indigenous.	Non-Indigenous
Bendigo	53%	25%
Castlemaine - Kyneton	53%	23%
<i>Regional Victoria</i>	51%	23%
Victoria	47%	18%

*Social Health Atlas of Australia, Indigenous Status Comparison, PHIDU 2020. * The proportion of all families with children under 15 years who were single parent families*

Low Income Families

In 2016, the proportion of all Indigenous families in Bendigo Indigenous Area who were low income families was higher (more than double) the rate for non-Indigenous families. The proportion for Bendigo Indigenous Area was slightly higher than the Victoria Indigenous average.

The proportion of all Indigenous families in Castlemaine - Kyneton Indigenous Area who were low income families was also higher (almost double) the rate for non-Indigenous families. The proportion for Castlemaine - Kyneton Indigenous Area was higher than the Victoria Indigenous average.

Low Income Families (2016)

Indigenous Area	Low income families	
	Indigenous.	Non-Indigenous
Bendigo	15%	6%
Castlemaine - Kyneton	17%	9%
<i>Regional Victoria</i>	15%	7%
Victoria	13%	7%

Social Health Atlas of Australia, Indigenous Status Comparison, PHIDU 2020.

Children in Jobless Families

In 2016, the proportion of all Indigenous children in Bendigo or Castlemaine - Kerang Indigenous Areas who were in jobless families was much higher than the rate for non-Indigenous families. The proportion for both Indigenous Areas was also higher than the Victoria Indigenous average.

Children* in Jobless Families (2016)

Indigenous Area	Children* in jobless families	
	Indigenous.	Non-Indigenous
Bendigo	43%	14%
Castlemaine - Kyneton	40%	15%
<i>Regional Victoria</i>	41%	13%
Victoria	37%	12%

Social Health Atlas of Australia, Indigenous Status Comparison, PHIDU 2020. The proportion of all children aged under 15 years who were part of a jobless family.

Single Parenting Payment

The Single Parenting Payment is to assist with the costs of raising children and is paid to the main carer of the child. It is available for parents who are single and have at least one child aged under 8 years. An assets and income test is involved in qualifying for the benefit.

In 2015, Greater Bendigo had a higher proportion of Indigenous population aged 15-64 years receiving the Single Parenting Payment compared to the Victorian Indigenous average. Indigenous people in Greater Bendigo were more than three times as likely to be receiving the Single Parenting Payment compared to the overall population. Figures for Loddon have been withheld by the data source agency due to privacy concerns associated with small totals.

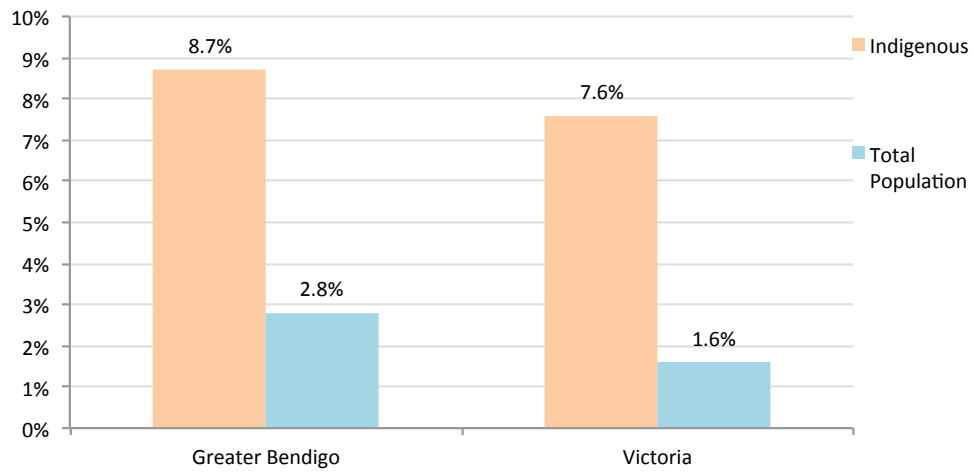
Updated Centrelink benefit recipient data with Indigenous status breakdown has been requested from Centrelink. If and when the data is provided, it will be added to this document.

Single Parenting Payment Recipients - Table (2015)

Location	Indigenous [#]		Total Population	
	No.	%*	No.	%*
Greater Bendigo	88	8.7%	1,750	2.8%
Loddon	<20	--	67	1.7%
Victoria	2,088	7.6%	55,145	1.6%

*Centrelink - commissioned data 2015 *of population aged 15 - 64 years*

Single Parenting Payment Recipients* - Chart (2015)



Centrelink – commissioned data 2015 *Of population aged 15 - 64 years

Maternal and Child Health Centre Participation

In 2017-18, compared to the Greater Bendigo total population, the Greater Bendigo Indigenous population had a higher participation rate for key age and stage visits at maternal and child health centres for the home consultation, 2 and 4 week key age visits; while it had a lower participation rate for the ages of 8 weeks and older.

Compared to North West Region Indigenous total rates, the Greater Bendigo Indigenous participation rate was lower for the 12 months, 18 months and 3.5 years key stages, but was higher for all other key stages.

Maternal and Child Health Centre - Participation Rates For Key Ages and Stages Visits (2017-18)

Location		Home	Weeks			Months				Years	
		consult	2	4	8	4	8	12	18	2	3.5
		%	%	%	%	%	%	%	%	%	%
Greater Bendigo	Indigenous	103.1	100.0	104.7	92.2	92.2	74.0	63.0	58.9	69.7	60.0
	All	101.8	99.9	101.1	101.0	102.3	91.5	86.0	77.1	76.3	73.3
Loddon	Indigenous	##	##	##	##	##	##	##	##	##	##
	All	96.6	91.4	84.5	69.0	70.7	52.5	69.5	57.4	71.1	83.3
North West Region	Indigenous	97.4	90.9	90.6	82.0	77.3	68.3	63.9	61.7	63.6	66.0
	All	99.2	96.4	96.8	96.1	93.9	85.9	82.5	73.8	70.0	65.6

Maternal & Child Health Services Annual Reports 2017-2018 DEECD 2019 ## Numbers too small to be statistically reliable or comparable to non-Indigenous population figures.

Births

In 2014, the Victoria Indigenous population had a much higher birth rate than the non-Indigenous population.

Live Births by Indigenous Status – Victoria (2014)

Measure	Indigenous	Non- Indigenous
Number of births	1,140	75,963
No. of females aged 15 - 44	10,509	1,160,070
% of females aged 15 - 44	10.8%	6.5%

2016 Census of Population and Housing Indigenous Profiles, ABS 2017

Smoking During Pregnancy

Between 2012 and 2014, the Bendigo Indigenous Area had a much higher rate of Indigenous mothers who smoked during pregnancy compared to the Bendigo total population and almost four times higher than the Victoria total population.

The rate in Castlemaine - Kerang Indigenous Area was almost three times the Victoria total population average (total population figures were not available for Castlemaine - Kerang).

Smoking During Pregnancy - Table (2012-14)

Indigenous Area	Indigenous Population			Total Population	
	Smoking during pregnancy	Number of pregnancies	%		%
Bendigo	58	103	56.4		39.8
Castlemaine - Kerang	13	29	43.8		na
Victoria	na	na	na		15.0

*Social Health Atlas of Australia, Indigenous Status Comparison, PHIDU 2020, and Social Health Atlas of Australia Archive, PHIDU, 2016 *Note that Bendigo Indigenous Area and Greater Bendigo LGA cover the same geographic area. na = not available*

Low Birth Weight Babies

Low birth weight is associated with a range of short and long-term adverse health outcomes, including foetal and neonatal death and morbidity, inhibited growth and cognitive development, and the development of chronic diseases later in life. *Birthweight of babies born to Indigenous mothers, AIHW, Canberra 2014*

Between 2012 and 2014, the Bendigo Indigenous Area had a much higher percentage of Indigenous live births that were low birth weight (less than 2,500 grams) than the Greater Bendigo total population. Indigenous and total population figures were similar to Victorian averages.

Figures for Castlemaine - Kerang Indigenous Area have been withheld by the data source agency, due to privacy concerns associated with small total numbers.

Low Birth Weight Births (< 2500 grams) (2012-14)

Indigenous Area	Indigenous			Total Population	
	Low Birth Weight	All Live Births	%		%
Bendigo*	12	103	11.6%		6.7%
Victoria	n/a	n/a	11.1%		6.3%

*Social Health Atlas of Australia, Indigenous Status Comparison, PHIDU 2020, and Social Health Atlas of Australia Archive, PHIDU, 2016 *Note that Bendigo Indigenous Area and Greater Bendigo LGA cover the same geographic area.*

Breastfeeding

Results of the 2014-15 Australian Aboriginal and Torres Strait Islander Social Survey indicate that, in Victoria, Indigenous mothers were less likely to be currently breastfeeding their child than non-Indigenous mothers (21.7% compared to 41.0%). The survey results also indicate that the total number of Indigenous children aged 0 to 2 years that had never been breastfed was more than double the rate for non-Indigenous children.

Breastfeeding Practices, Victorian Indigenous Infants Aged 0 - 2 Years (2014-15)

Breastfeeding Measure	Indigenous %	Non-Indigenous %
- Currently breastfeeding	21.7%	41.0%
- Was breastfed but now ceased	50.0%	40.4%
Age child stopped being completely breastfed:	Less than one month	18.4%
	Less than 6 months	24.6%
	Between 6 - 12 months	7.0%
	12 months or older	5.0%
Total ever breastfed	74.9%	84.8%
Never breastfed	32.0%	15.6%
Total	100.0%	100.0%
Total number	3,713	171,562

Aboriginal and Torres Strait Islander Health Performance Framework 2017, AIHW 2017.

Teenage Births

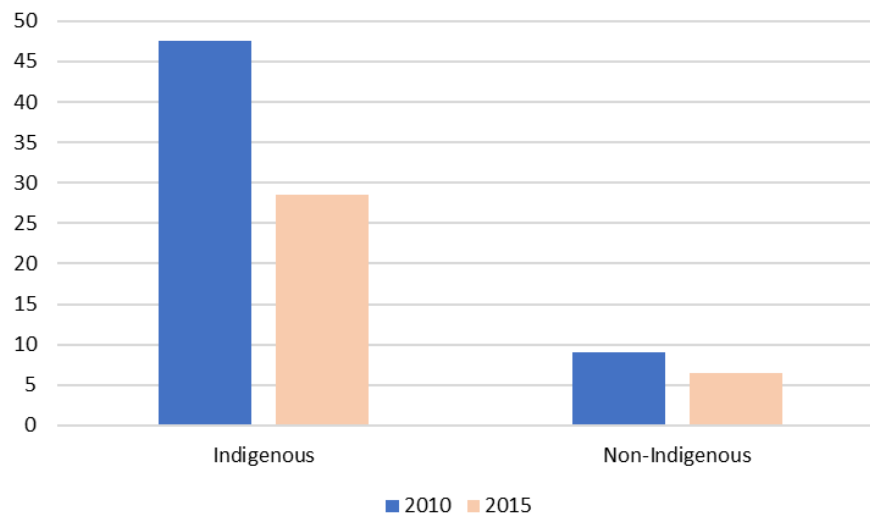
In 2015, the rate of births to teenage Indigenous mothers in Victoria was almost five times higher than the non-Indigenous rate. Between 2010 and 2015, the rate of Indigenous teenage births reduced significantly.

Teenage Birth Rate* by Indigenous Status - Victoria (2010 and 2015)

	2010		2015	
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous
Victoria	47.5	9.0	28.5	6.4

Children's Headline Indicators Web Report; AIHW 2018 . *Rate per 1,000. Rates based on 2011 female populations aged 15 to 19 years. Number includes births to mothers under 15 years

Teenage Birth Rate by Indigenous Status - Victoria# (2010 and 2015)



Children's Headline Indicators Web Report; AIHW 2018 . Rate per 1,000. Rates based on 2011 female populations aged 15 to 19 years. Number includes births to mothers under 15 years

The Australian Early Development Index

The Australian Early Development Index (AEDI) helps to create a snapshot of early childhood development across Australia. Completed by a teacher as a child enters their first year of school, the AEDI measures five areas of early childhood development: Physical Health and Wellbeing, Social Competence, Emotional Maturity, Language and Cognitive Skills, and Communication and General Knowledge.

In 2015 in the Bendigo Indigenous Area, compared to the Victoria Indigenous average, Indigenous children in their first year of school were less likely to be assessed as developmentally vulnerable in one or more AEDI domains, and also in two or more domains; while, in the Castlemaine - Kerang Indigenous area, Indigenous children in their first year of school were less likely to be assessed as developmentally vulnerable in one or more AEDI domains, or in two or more domains.

However, at the state and regional Victoria level, rates of children vulnerable in one or more or two or more domains were substantially higher for Indigenous children than for the total population of children in that age group.

Developmentally Vulnerable Children - Table (2015)

Indigenous Area	Indigenous	
	Vulnerable In One or More Domains*	Vulnerable in Two or More Domains*
Bendigo	33%	18.2%
Castlemaine - Kerang	29%	23.5%
Regional Victoria	45%	27%
Victoria	40%	22%
	Total Population	
Regional Victoria	21%	11%
Victoria	19%	10%

*Social Health Atlas of Australia, Indigenous Status Comparison, PHIDU 2020 *Of children assessed in first year of school.*

Injuries to Children and Young People

Between 2014 and 2019, there were 67 hospitalisations of Greater Bendigo Indigenous children aged 0-14 years for accidental injuries. The rate of hospitalisations per population was much higher (approximately 44% higher) than for Greater Bendigo non-Indigenous children and was similar to the Victorian Indigenous average figure. Indigenous figures for Loddon were too small to publish.

Over the same period, there were 53 hospitalisations of Greater Bendigo Indigenous young people aged 15-24 years for accidental injuries. The rate of hospitalisations per population in this age group was also much higher (approximately 49% higher) than for Greater Bendigo non-Indigenous young people and was higher than the Victorian Indigenous average figure. Indigenous figures for Loddon were too small to publish.

Note that figures are for hospital admissions and do not count persons that presented / treated at an Emergency Department who were not also admitted to the hospital.

Hospitalisations for Accidental Injuries, 0-14 Years (2014-19)

	Indigenous			Non-Indigenous		
	No.	Population in age group	Rate#	No.	Population in age group	Rate#
Greater Bendigo	67	674	1,988	1,281	19,159	1,337
Loddon	<5	37	na	75	1,016	1,476
Victoria	1,551	15,886	1,953	69,949	1,009,266	1,386

Victorian Injury Surveillance Unit (VISU), Monash University Injury Research Institute, commissioned data 2020 #Average Annual Rate per 100,000 population using 2016 URP prepared by author

Hospitalisations for Accidental Injuries, 15-24 Years (2014-19)

	Indigenous			Non-Indigenous		
	No.	Population in age group	Rate#	No.	Population in age group	Rate#
Greater Bendigo	53	388	2,732	1,230	13,380	1,839
Loddon	<5	17	na	75	535	2,804
Victoria	1171	9,070	2,582	66,506	718,639	1,851

Victorian Injury Surveillance Unit (VISU), Monash University Injury Research Institute, commissioned data 2020 #Average Annual Rate per 100,000 population using 2016 URP prepared by author

Older People

Aged Care Services

In 2018-19, there were 4,758 people receiving aged care services in the Loddon Mallee region. Of this figure, 1.5% (69 people) reported their status as Indigenous. In 2016, Indigenous persons made up 0.8% of the Loddon Mallee population aged 55 yrs and over.

Aged Care Service Clients - Loddon Mallee (2018-19)

Indigenous status	No	%	% of Loddon Mallee 2016 Population aged 55yrs and over
Indigenous	69	1.5%	0.8%
Non-Indigenous	4,434	93.2%	90.9%
Not stated	255	5.3%	8.3%
Total	4,758	100%	100%

Census of Population and Housing - 2016, ABS

Of the Indigenous persons receiving aged care services, 19 were in permanent residential aged care, 1 was in respite care and 49 were receiving home care.

61% of Indigenous persons receiving aged care services were females, and 39% were males.

Compared to the Non-Indigenous population, the proportion of Indigenous clients aged less than 75 years was substantially greater. Persons aged 55 to 59 years accounted for 23% of Indigenous aged care service clients compared to 1% of Non-Indigenous clients.

Loddon Mallee Aged Care Services Clients - selected characteristics (2018-19)

Indigenous	No.	%	Non-Indigenous		
Total	69	100%		4,434	100%
Male	27	39%		1,520	34%
Female	42	61%		2,914	66%
Permanent residential aged care	19	28%		3,345	75%
Respite residential aged care	1	1%		88	2%
Transition care	11710	0%		80	2%
Home Care	49	71%		921	21%
0-49 years	2	3%		9	0%
50-54 years	3	4%		16	0%
55-59 years	16	23%		30	1%
60-64 years	9	13%		63	1%
65-69 years	8	12%		199	4%
70-74 years	13	19%		332	7%
75-79 years	8	12%		523	12%
80-84 years	6	9%		816	18%
85-89 years	1	1%		1,074	24%
90-94 years	3	4%		954	22%
95-99 years	0	0%		368	8%
100+ years	0	0%		50	1%

GEN Aged Care Data, People Using Aged Care Services 2018-2019, Australian Institute of Health and Welfare, accessed online 2020

Social and Emotional Wellbeing

Social and emotional wellbeing (SEWB) is a complex and multifaceted concept that has particular resonance and meaning for Aboriginal and Torres Strait Islander peoples. Mental health and ill health are part of the experience of SEWB and need to be understood and interpreted in the broader context. SEWB for Aboriginal and Torres Strait Islander people then, may be defined as ‘a multidimensional concept of health that includes mental health, but which also encompasses domains of health and wellbeing such as connection to land or ‘country’, culture, spirituality, ancestry, family and community’ - *Australian Indigenous HealthInfoNet (2015) Overview of Australian Indigenous health status, 2014 and 2017.*

Cultural and Community Functioning

Results from the 2014-15 National Aboriginal and Torres Strait Islander Social Survey indicate that, compared to Australian Indigenous averages, Victorian Indigenous people aged 15 years and over were generally less likely to have access or connection to homelands, identify with clan or language groups or to be exposed to Indigenous language.

Compared to Australian Indigenous averages, the Victorian Indigenous population reported generally similar outcomes in general resilience, feelings of safety and vitality. However, Victorian Indigenous persons reported clearly greater experience of being treated unfairly due to Indigenous status, general community problems, illicit drug problems, not feeling safe, disability, and psychological distress.

Select variables contributing to community functioning for Indigenous Victorians* (2014-15)

Indicator	Victoria %	Australia %
Connectedness to country, land and history; culture and identity		
Recognises homelands	69	74
Speaks an Aboriginal/Torres Strait Islander language	4	18
Attended Aboriginal and Torres Strait Islander cultural event in last 12 months	52	63
Identifies with clan group or language group	57	62
Feels able to have a say with family and friends some, most or all of the time	90	90
Was taught Indigenous culture at school or as part of further studies	42	47
Learnt about own Indigenous clan/language	12	17
Can visit homelands	48	49
Involvement with Aboriginal/Torres Strait Islander organisation	26	20
Work allows for cultural responsibilities—can meet responsibilities	33	41
Contact with family or friends outside household at least once per week	95	95
Has family or friends outside household can confide in	90	82
Resilience		
Did not feel treated unfairly because Aboriginal/Torres Strait Islander in last 12 months	60	65
Did not avoid situations due to past unfair treatment in the last 12 months	88	86
Used strategies# to meet living expenses	38	37
No community problems reported	23	29
No problems reported for alcohol	66	61
No problems reported for illicit drugs	59	62
No problems reported for family violence	76	75
No problems reported for sexual assault	92	92
Agrees that most people can be trusted	34	33
Agrees that their doctor can be trusted	85	81
Agrees that the hospital can be trusted	65	65
Agrees that police in the local area can be trusted	60	58
Agrees that police outside the local area can be trusted	52	46
Agrees that the local school can be trusted	67	70
Adult participated in sport/social/community activities in last 12 months	96	97

*Aboriginal and Torres Strait Islander health performance framework 2017: AIHW. *Aged 15 and over. # Selected strategies include short term loans, pawned or sold something, did not have meals, sought assistance from welfare/community organisations or family or friends, ran up a tab at local store, and gave someone else access to keycard.*

Select variables contributing to community functioning for Indigenous Victorians* (2014-15)

Indicator	Victoria %	Australia %
Having a role, structure and routine		
In the last 12 months, has lived in only one dwelling	33	32
Feeling safe		
Felt safe at home alone after dark	86	87
Felt safe walking alone in local area after dark	63	68
Not a victim of physical or threatened violence in the last 12 months	79	78
Vitality		
Self-assessed health status excellent or very good	40	40
Has no disability or long-term health condition	52	55
Low/moderate level of psychological distress (5–11 K5 score)	62	67
Living in a dwelling that has no major structural problems	72	73
Accessed Internet in last 12 months	91	79
Has access to motor vehicles whenever needed	71	68
Can easily get to places needed	76	75

*Aboriginal and Torres Strait Islander health performance framework 2017: AIHW. * Aged 15 and over. # Selected strategies include short term loans, pawned or sold something, did not have meals, sought assistance from welfare/community organisations or family or friends, ran up a tab at local store, and gave someone else access to keycard.*

Psychological Distress Levels

In 2018-19, compared to the non-Indigenous population, more than twice the proportion of Indigenous Victorians reported a high or very high level of psychological distress in the four weeks prior to the interview. Victorian Indigenous females were much more likely to report high or very high levels compared to Indigenous males.

Psychological Distress Levels by Indigenous Status, Victoria (2018-19)

	Males		Females		Persons	
	Indigenous	Non-Indig.	Indigenous	Non-Indig.	Indigenous	Non-Indig.
Low	69.7%	83.3%	62.8%	81.8%	66.2%	82.5%
High/very	25.8%	11.4%	35.1%	15.0%	30.8%	13.2%

National Aboriginal and Torres Strait Islander Health Survey 2018/19 & National Health Survey 2017/18; ABS *Age standardised % of persons aged ≥15 years. Compiled from data which has been randomly adjusted for confidentiality purposes. Totals may not add up to 100%.

Hospital Admissions

From 2014-15 to 2016-17, compared to the Victoria Indigenous population, Bendigo had a significantly higher rate of admission for mental health related conditions.

Hospital Admissions by Principal Diagnosis Indigenous Persons (2014-15 to 2016-17)

Principal Diagnosis	Bendigo		Castlemaine - Kerang		Victoria
	No.	Rate [#]	No.	Rate [#]	Rate [#]
Mental health related conditions	149	2,403.0	61	2,133.7	1,933.1

Social Health Atlas of Australia, ATSI Data, PHIDU 2020 [#]Average annual age standardised rate per 100,000 population

Hospitalisation rates for the Greater Bendigo total population for 2016-17 provide an approximate comparison to average annual hospitalisation rates for Indigenous residents of the Bendigo Indigenous Area for the period 2014-15 to 2016-17.

Comparison of the figures indicates that, compared to the total Greater Bendigo population, the Indigenous residents of the Bendigo Indigenous Area have a much higher rate of hospitalisations for mental health related conditions.

Hospitalisations for Mental Health Conditions - Greater Bendigo (2014-15 to 2016-17)

Principal Diagnosis	Bendigo Indigenous Area Indigenous Population 2014-15 to 2016-17		Greater Bendigo Total Population 2016-17
	No.	Rate [#]	Rate ^{##}
Mental health related	149	2,403.0	894.1

Social Health Atlas of Australia, ATSI Data, PHIDU 2020 [#]Average annual age standardised rate per 100,000 population ^{##}2016/17 Rate per 100,000 taken from Social Health Atlas of Australia, Victoria, Data by LGA, PHIDU February 2020.

From 2013 to 2015 in Victoria, the rate of Indigenous females hospitalised for mental health related conditions was higher than the rate of Indigenous males. Both male and female Indigenous rates were higher than non-Indigenous rates.

Hospitalisations for Mental Health Conditions, Victoria (2013 to 2015)

	Indigenous		Non-Indigenous
	No.	Rate [*]	Rate [*]
Males	910	21.4	12.3
Females	1,058	24.8	17.9
Persons	1,968	23.1	15.1

Aboriginal and Torres Strait Islander Health Performance Framework, - AIHW 2017 [#]Age standardised rate per 1,000 population

Self-Harm

Hospital Admissions

Between 2014 and 2019, there were 815 hospital admissions of Indigenous persons living in Victoria for injuries caused by intentional self-harm, representing an average annual rate of 341 per 100,000 population. This rate was *more than triple the rate* for the non-Indigenous population (102 per 100,000).

Hospital admission rates for Greater Bendigo Indigenous residents over the period indicate that Indigenous residents *were more than three times as likely* than non-Indigenous residents to be admitted to hospital for injuries caused by intentional self-harm. Compared to the Victorian Indigenous figures, Greater Bendigo Indigenous residents were much more likely to be admitted for injuries caused by intentional self-harm. Note that figures do not include emergency department presentations where the person was not also admitted into hospital.

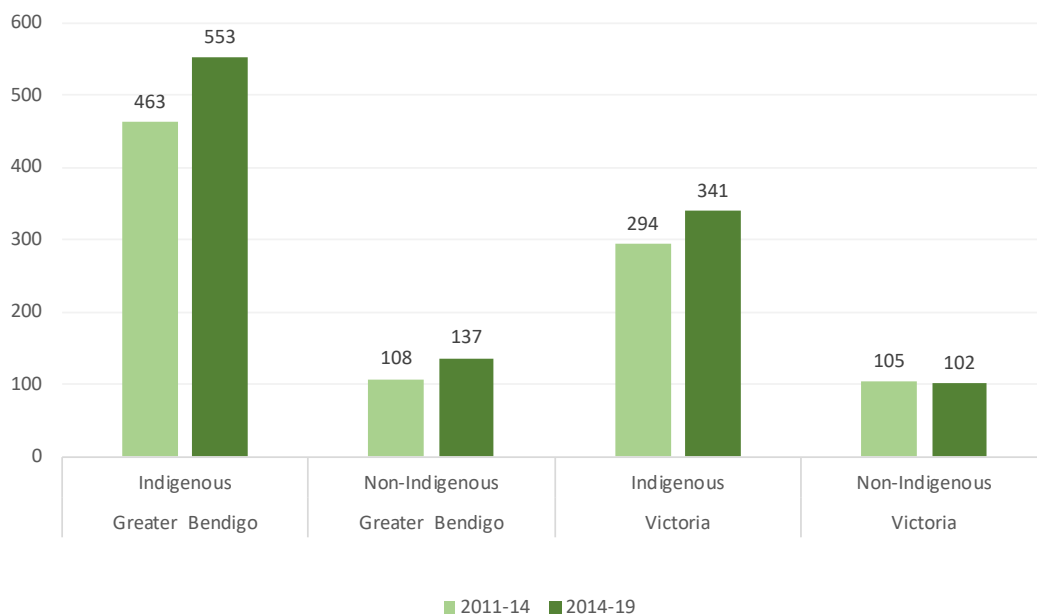
While data comparison between time periods should be undertaken with caution, the figures do suggest that the rate of hospitalisations of Greater Bendigo (and Victorian) Indigenous residents for injuries caused by intentional self-harm has increased since the 2011-14 period.

Hospital Admission Rates for Intentional Self-harm Injuries (2011-14 and 2014-19)

Location	Indigenous status	2011-14 [#]	2014-19 ^{##}	
		Rate	No	Rate
Greater Bendigo	Indigenous	463	51	553
	Non-Indigenous	108	746	137
Victoria	Indigenous	294	815	341
	Non-Indigenous	105	29,956	102

Victorian Injury Surveillance Unit (VISU), Monash University Injury Research Institute, commissioned data 2015 and 2020 #Average Annual Rate per 100,000 population using 2011 URP ##Rate per 100,000 population using 2016 URP prepared by author

Hospital Admission Rates for Intentional Self-harm Injuries - Chart (2014-19)



Victorian Injury Surveillance Unit (VISU), Monash University Injury Research Institute, commissioned data 2020 #Average Annual Rate per 100,000 population using 2016 URP prepared by author #Rate per 100,000 population using 2011 URP prepared by author

Suicide

In 2018, the rate of deaths caused by intentional self-harm among Indigenous Australians* was approximately double that of non-Indigenous Australians for both males and females. The Indigenous male rate was almost four times the rate for Indigenous females.

Between 2014 and 2018, compared to non-Indigenous rates, the death rate from suicide for Indigenous Australians was:

- more than four times for population aged 1 to 14 years
- almost four times for population aged 15 to 24 years
- more than three times for population aged 25 to 34 years, and
- more than double for population aged 35 to 44 years.

Between 2014 and 2018, among Indigenous Australians, the death rate for suicide was highest in the 25 to 34 years age bracket, followed by the 15 to 24 years age bracket.

*Data drawn from 3303.0 Causes of Death, Australia, 2018, ABS 2019 *Combined data from NSW, QLD, SA, WA and NT only*

National* Death Rates for Intentional Self Harm - by Sex (2018)

Population Group	Rate of deaths per 100,000 persons	
	Indigenous	Non-Indigenous
All Persons	24.1	12.4
Males	38.1	19.2
Females	10.3	5.7

*3303.0 Causes of Death, Australia, 2018, ABS 2019 *Combined data from NSW, QLD, SA, WA and NT only*

National* Death Rates for Intentional Self Harm - by Age (2014-18)

Population Group	Rate of deaths per 100,000 persons	
	Indigenous	Non-Indigenous
Persons aged 1 - 14	1.8	0.4
Persons aged 15 - 24	40.5	11.7
Persons aged 25 - 34	47.1	14.9
Persons aged 35 - 44	39.5	18.1
Persons aged 45 and over	Not Available	Not Available

*3303.0 Causes of Death, Australia, 2018, ABS 2019 *Combined data from NSW, QLD, SA, WA and NT only*

Alcohol and Drug Consumption and Abuse

"Short episodes of heavy alcohol consumption are a major cause of road and other accidents, domestic and public violence, and crime. Long-term heavy drinking is a major risk factor for chronic disease, including liver disease and brain damage, and contributes to family breakdown and broader social dysfunction. Drinking during pregnancy can cause birth defects and disability, and there is increasing evidence that early onset of drinking during childhood and the years can interrupt the normal development of the brain"

Alcohol related harm has a significant impact on Australian society with almost 250,000 Australians estimated to have been the victims of an alcohol-related physical assault in 2015-16.

Heavy alcohol use amongst parents is a significant cause of child neglect, lack of responsive care and under-stimulation. This is one of the major cause of unhealthy early childhood development for many children." - *National Drug Strategy 2010 - 2015, and 2017 - 2026, Ministerial Council on Drug Strategy, Commonwealth of Australia 2011 and 2017*

Excessive (alcohol) consumption is associated with health and social problems in most populations. Long-term excessive consumption is a major risk factor for conditions such as liver disease, pancreatitis, heart disease, stroke, diabetes, obesity and cancer. Binge drinking contributes to injuries, suicide, transport accidents, violence, burns and falls. - *Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report, AHMAC, Canberra*

State level results of the 2018-19 National Aboriginal and Torres Strait Islander Health Survey indicate that:

- 50.3% of Victorian Indigenous persons aged 15 years and over had consumed alcohol at levels that exceeded NHMRC 2009 guidelines for a single occasion of drinking, and this rate was notably higher than the non-Indigenous rate (43.2%)
- 19.7% had consumed alcohol at levels that exceeded NHMRC 2009 lifetime risk guidelines, and this rate was higher than the non-Indigenous figure (16.0%)
- 28.1% of Victorian Indigenous persons aged 15 years are abstainers, which is a notably higher proportion than the non-Indigenous figure (19.8%), and
- Victorian Indigenous males were much more likely to exceed single occasion and lifetime risk guidelines compared to Indigenous females.

Risk of Alcohol-Related Harm, by Sex and Indigenous Status - Victoria (2018/19)

	Males*		Females*		Persons*	
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous
Abstainer	21.4%	14.4%	33.8%	25.0%	28.1%	19.8%
Exceeded single occasion risk guidelines	61.4%	54.9%	40.1%	31.8%	50.3%	43.2%
Exceeded lifetime risk guidelines	29.6%	23.5%	10.5%	8.8%	19.7%	16.0%

ABS 4715.0 National Aboriginal and Torres Strait Islander Health Survey 2018-19. * Aged 15 years and over. Risk level calculated on exceeding the NHMRC Australian Alcohol Guidelines

Drug Use in the Indigenous Population

Drug and other substance use is a contributing factor to illness and disease, accident and injury, violence and crime, family and social disruption and workplace problems (SCRGSP 2014). Substance use is often associated with mental health problems (Catto & Thomson 2008) and has been found to be a factor in suicides (Robinson et al. 2011). For communities, there is increased potential for social disruption, such as domestic violence, crime and assaults (Franks 2006). Alcohol and substance use has been found to be a factor in assault (Mitchell, 2011; Mouzos & Makkai 2004). Risky sexual behaviour is also associated with alcohol and illicit drug use, leading to increased sexually transmitted infections among younger people (Wand et al. 2016). Drugs and other substance use play a significant role in Indigenous people's involvement in the criminal justice system - *Aboriginal and Torres Strait Islander Health Performance Framework 2017 report, Canberra: AIHW. List of references can be found at: <https://www.aihw.gov.au/reports/indigenous-australians/health-performance-framework/contents/tier-2-determinants-of-health/2-17-drug-and-other-substance-use-including-inhalants>*

Results from the 2018-19 National Aboriginal and Torres Strait Islander Health Survey indicate that:

- Just over 28% of the surveyed population aged 15 years and over reported some kind of substance abuse in the last 12 months
- People aged 15 - 29 years are more likely than people aged 30 years and over to report substance abuse
- Indigenous people living in non-remote locations are more likely than those living in remote locations to report substance abuse, and
- Males are notably more likely than females to report substance abuse.

Substance Abuse by Age, Remoteness and Sex - Australia (2018/19)

Measure	Age			Remoteness		Sex		Total persons 15 yrs and over
	15-29	30-44	45+	Non-remote	Remote	Males	Females	
	%	%	%	%	%	%	%	
Used substance(s) in last 12 months								
• Analgesics and sedatives for non-medical use	4.3	4.4	2.9	4.4	1.2	4.1	3.5	3.8
• Amphetamines, Ice or speed	1.9	6.6	2.1	3.9	0.9	5	1.8	3.3
• Ecstasy or Designer Drugs	5.8	2.7	0.9	4	0.5	4.1	2.5	3.3
• Marijuana, hashish or cannabis resin	28.9	25.2	17.9	23.8	24.8	31.4	17.7	24
• Other	7.2	6.7	3.7	6.6	2.7	8.8	3.2	5.9
<i>Total used substances in last 12 months</i>	<i>32.9</i>	<i>31</i>	<i>21.2</i>	<i>28.6</i>	<i>26.9</i>	<i>36.7</i>	<i>21.1</i>	<i>28.3</i>
Has not used substance(s) in last 12 months	64	67.7	77.3	68.9	72.9	61.9	76.3	69.6

4715.0 National Aboriginal and Torres Strait Islander Health Survey, Australia, 2018-19, ABS 2019

In 2014/15, the rate of Victorian Indigenous population who reported that they had used drugs and other substance abuse, including inhalants, was 51% among males and 31% among females. These rates were higher than the Australia wide averages. Comparable data on non-Indigenous rates were not available at the time of writing.

Drug and Other Substance Abuse - Including Inhalants - Victoria (2014/15)

	Victoria %	Australia %
Males	51%	34%
Females	31%	27%
Persons	40%	31%

ABS and AIHW analysis of the National Aboriginal and Torres Strait Islander Social Survey 2014/15

Emergency Department Presentations

In 2017-18, the rate per population of emergency department (ED) presentations for alcohol or drug related harm** was more than five times higher for Indigenous Victorians compared to non-Indigenous Victorians.

Between 2012-13 and 2017-18, the rate of ED presentations of Indigenous Victorians has increased by 50%.

ED Presentations for Alcohol or Drug Related Harm by Indigenous Status – Victoria (2017-18)

		No.	Rate *
2008/09	Indigenous	614	20.4
	Non-Indigenous	21,062	4.5
2012/13	Indigenous	750	19.7
	Non-Indigenous	23,206	4.8
2017/18	Indigenous	1,354	29.3
	Non-Indigenous	31,318	5.7

*Victorian Government Aboriginal Affairs Report, Aboriginal Victoria 2019. *Presentation rate per 1,000 population*

Health Behaviours

Health Checks

Breast Cancer Screening

Breast cancer is the most common cancer among Aboriginal and Torres Strait Islander women but is less common among Aboriginal and Torres Strait Islander women than non-Indigenous women^[2]. Despite this, Aboriginal and Torres Strait Islander women are more likely to die from breast cancer than non-Indigenous women^{[3][4]}. Aboriginal and Torres Strait Islander women tend to get breast cancer when they are younger, have more advanced tumours when they get diagnosed, and are less likely to participate in breast screening programs than non-Indigenous women^[4].

References:

1. Cancer Council Australia (2014). What is cancer?. Retrieved from: <http://www.cancer.org.au/about-cancer/what-is-cancer/>
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 4. Tapia, K.A. , Garvey, G. , Mc Entee, M. , Rickard, M. , Brennan, P. (2017). Breast cancer in Australian Indigenous women: incidence, mortality, and risk factors. *Asian Pacific Journal of Cancer Prevention*, 18(4), 873-884. <http://dx.doi.org/10.22034/APJCP.2017.18.4.873>
- Australian Indigenous HealthInfoNet: Cancer, accessed online May 2020*

Between July 2017 and June 2019, breast cancer screening participation rates for BSV Bendigo region* Indigenous women aged 50 to 69 or 50 to 74 were 42.0% and 42.7% respectively. Participation rates for both age groups was notably lower than the total population rate.

**The BSV Bendigo region has screening centres at Bendigo, Echuca and Mildura. The service also hosts the Mobile Screening Service every two years at Kerang, Swan Hill, Robinvale, Murray Valley Aboriginal Co-op, Mildura Co-op, Heathcote and Elmore Field Days.*

BreastScreen Participation for Bendigo BSV Region (2017-19)

Age Group	Indigenous Women			Total Population		
	Screened by BSV	Population	%	Screened by BSV	Population	%
50-69 Yrs	216	514	42.0%	20,641	35,467	58.2%
50-74 Yrs	240	562	42.7%	24,641	42,213	58.4%

BreastScreen Victoria, July 2020, Commissioned figures.

Cervical Cancer Screening

"Incidence of cervical cancer in Aboriginal and Torres Strait Islander women is more than 2 times that of non-Indigenous women, and mortality more than 3 times the non-Indigenous rate. National cervical screening rates for Indigenous women are not available, as Indigenous status information is not collected on pathology forms in all jurisdictions, however there is evidence from a range of sources that Indigenous women are under-screened." - *Cervical Screening in Australia 2019 - May 2019 AIHW*

In 2018, among Victorian Indigenous women of age 20-60 years, 28.4% reported that they had a cervical screening test in the past two years.

Had a Cervical Screening Test in Past Two Years - Indigenous Women Victoria (June 2018)

	Indigenous women % *
Past two years	28.4%
Past three years	36.7%
Past five years	43.1%

KPI National Report – June 2018, Supplementary Tables – Preventive Health, AIHW

Prostate Cancer Screening

In 2012-13, among Victorian Indigenous men 50 years and over, 77.0% reported that they had ever had a prostate cancer test.

Ever Had a Prostate Cancer Screening Test - Victoria (2012-13)

Measure	Indigenous men % *
Ever had a prostate cancer test	77.0%

*Aboriginal and Torres Strait Islander health performance framework 2017: supplementary online tables, AIHW 2017 *Age 50 years and over.*

Bowel Cancer Screening

In 2012-13, among Indigenous Victorians aged 50 to 74 years, 24% of males and 9% of females had ever participated in a bowel cancer screening test. Figures at the LGA level are not currently available broken down by Indigenous status. The rate among Indigenous males was markedly lower than the non-Indigenous male rate, while among females the rate for Indigenous population was less than 1/3 of the non-Indigenous rate.

Bowel Cancer Testing Participation for Population Aged ≥ 50 years (2012-13)

Sex	Indigenous	Non-Indigenous
Males	24%	31%
Females	9%	35%

Aboriginal and Torres Strait Islander health performance framework 2017: supplementary online tables, AIHW 2017 National Bowel Cancer Screening Program Monitoring report 2012–13, AIHW 2014

Other Cancers Screening

In 2012-13, among Indigenous Victorians aged 18 years and over, 4.2% had ever had a skin cancer test and 2.5% had ever had a test for lung cancer.

Other Cancers Testing Participation* - Victoria (2012-13)

Screening Type	Indigenous population
Skin Cancer	4.2%
Lung Cancer	2.5%

*Aboriginal and Torres Strait Islander health performance framework 2017: supplementary online tables, AIHW 2017 *Population aged 18 years and over.*

Immunisation

In 2017 in the Bendigo Indigenous Area, compared to the total population, the rate of Indigenous children who were fully immunised was higher for children aged one year and five years but was lower for children aged two years.

In the Castlemaine - Kerang Indigenous Area in 2017, compared to the total population, the rate of Indigenous children who were fully immunised was lower for each age level, particularly for children aged one year old.

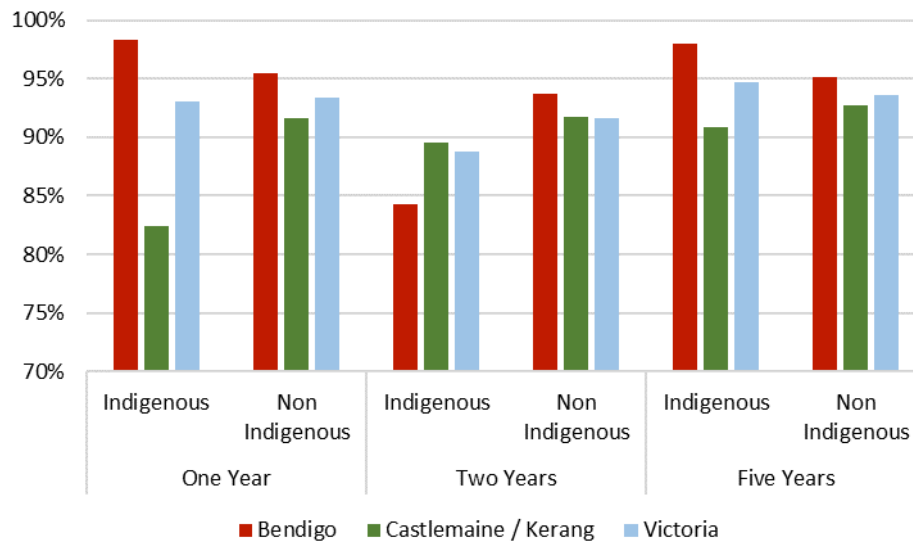
Note that small numbers may affect reliability of figures and data should be interpreted with caution.

Proportion of Indigenous Children Fully Immunised (2017)

Indigenous Area	One Year		Two Years		Five Years	
	Indigenous	Non Indigenous	Indigenous	Non Indigenous	Indigenous	Non Indigenous
Bendigo	98.3%	95.5%	84.3%	93.7%	98.0%	95.1%
Castlemaine - Kerang	82.4%	91.6%	89.5%	91.7%	90.9%	92.7%
Victoria	93.1%	93.4%	88.8%	91.6%	94.7%	93.6%

Social Health Atlas of Australia, Indigenous Status Comparison, PHIDU 2020

Proportion of Indigenous Children Fully Immunised - Chart (2017)



Social Health Atlas of Australia, Indigenous Status Comparison, PHIDU 2020

MBS Item 715 Health Assessments

The aim of the MBS 715 health assessment is to help ensure that Aboriginal and Torres Strait Islander people receive primary health care matched to their needs, by encouraging early detection, diagnosis and intervention for common and treatable conditions that cause morbidity and early mortality.

The health assessment must include:

- information collection, including taking a patient history and undertaking examinations and investigations as required;
- making an overall assessment of the patient;
- recommending appropriate interventions;
- providing advice and information to the patient;
- keeping a record of the health assessment, and offering the patient a written report about the health assessment, with recommendations about matters covered by the health assessment; and
- offering the patient's carer (if any, and if the medical practitioner considers it appropriate and the patient agrees) a copy of the report or extracts of the report relevant to the carer.

Australian Government Department of Health Medicare Benefits Schedule, Associated Notes, DoH 2013

In 2015-16, 8,677 Indigenous Victorians received MBS item 715 Health Assessments, representing a rate of 163.8 assessments per 1,000 persons.

MBS Item 715 Indigenous Health Assessments - Victoria (2015-16)

Age Group	No	Rate *
0-4 years	997	153.8
5-14 years	1,830	160.0
15-24 years	1,364	122.7
25-54 years	3,237	173.9
55 years and over	1,249	234.3
Total	8,677	163.8

Aboriginal and Torres Strait Islander health performance framework 2017: supplementary online tables, AIHW 2017 Rate per 1,000 population

Health Service Utilisation

While the causes of illness and injury for any community operate within broad environmental, social and personal factors, the health system can: assist with prevention through population health programs; provide an immediate response to acute illness and injury; and protect good health through screening, early intervention and treatment. - *Australian Health Ministers' Advisory Council, 2015, Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report, AHMAC, Canberra*

In 2018/19, 13% of Indigenous Australians reported that they needed to, but did not see a GP in the previous 12 months.

Reasons for not seeking health-care in the last 12 months included:

- being too busy (33%)
- waiting time too long/service not available at time required (16%)
- transport/distance (14%)
- decided not to seek care (28%)

Australian Aboriginal and Torres Strait Islander Health Survey 2018/19, ABS 2019

In 2018-19, just over 90% of Indigenous Victorians had consulted a GP/specialist in the last 12 months, while just under 18% had been admitted to hospital in the last 12 months.

Just over half the surveyed Indigenous Victorians had consulted a dental professional in the last 12 months.

Health Service Actions, Victorian Indigenous Persons (2018-19)

Action	%
Consulted GP/specialist in last 12 months	90.4%
Consulted dental professional in last 12 months	50.9%
Admitted to hospital in last 12 months	17.9%

ABS 4715.0 National Aboriginal and Torres Strait Islander Health Survey 2018-19, ABS 2019.

Chronic Disease Risk Factors

Smoking

"Smoking rates among Aboriginal and Torres Strait Islander people still remain over 3 times the national average of non-Indigenous people – but the good news is that smoking rates are declining faster in Aboriginal communities than the general Australian population.

Although smoking rates are declining, it is unacceptable that 1 in 5 deaths are attributed to smoking. It is important to work towards closing the 10 year life expectancy gap, with smoking being a major contributor.

Lung cancer is the most significant cancer burden for Indigenous Australians. For Indigenous Australian men, it is 2.3 times higher than non-Indigenous men. For Indigenous Australian women, it is 2.6 times higher than non-Indigenous women. This accounted for more than 3 times the burden of bowel cancer, the next most burdensome cancer." *QUIT Website, June 2020*

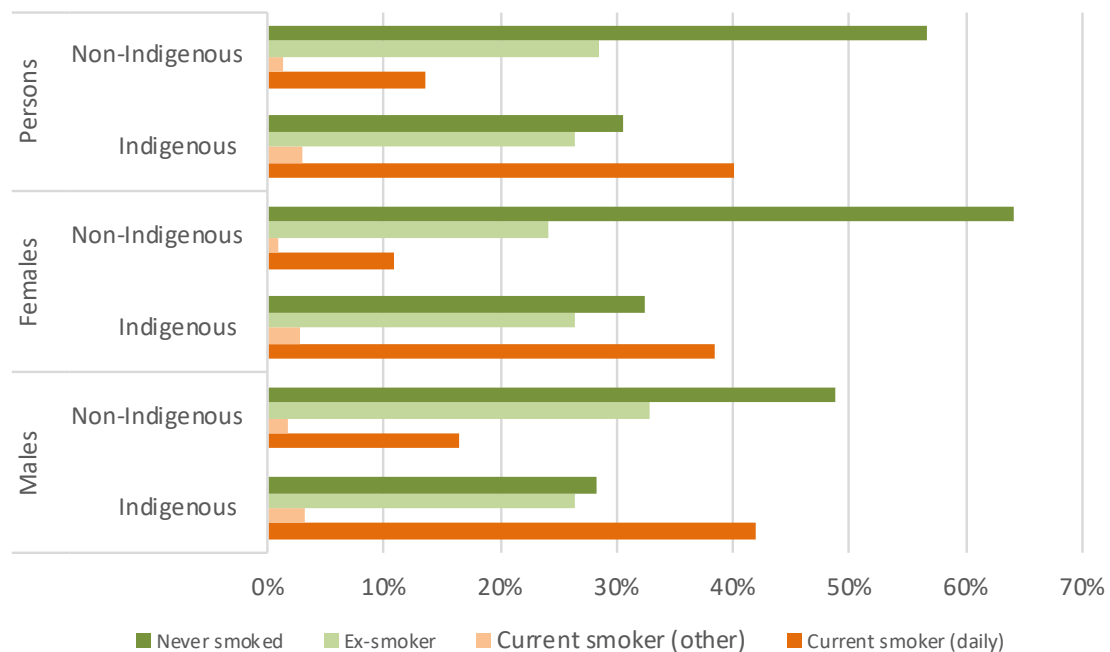
Results of the 2018-19 National Aboriginal and Torres Strait Islander Health Survey indicate a substantially higher proportion of Victorian Indigenous persons who are current daily smokers (40.1%) compared to the non-Indigenous population (13.6%). Smoking rates were higher among Indigenous males compared to Indigenous females.

Smoking Status of Victorian Indigenous Persons - Victoria (2018-19)

	Males		Females		Persons	
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous
Current smoker (daily)	41.9%	16.5%	38.5%	10.8%	40.1%	13.6%
Current smoker (other)	3.2%	1.8%	2.7%	1.0%	3.0%	1.4%
Ex-smoker	26.5%	32.9%	26.4%	24.1%	26.5%	28.4%
Never smoked	28.3%	48.7%	32.4%	64.1%	30.5%	56.6%

*National Aboriginal and Torres Strait Islander Health Survey 2018/19 and National Health Survey 2017/18; ABS *Age standardised % of persons aged 15 years and over.*

Smoking by Indigenous status - Victoria - Chart (2018/19)



National Aboriginal and Torres Strait Islander Health Survey 2018/19 and National Health Survey 2017/18; ABS

Obesity

"Being overweight or obese increases the risk of a range of health conditions, including coronary heart disease, type 2 diabetes, some cancers, respiratory and joint problems, sleep disorders and social problems. Obesity is estimated to contribute 16% of the health gap between Aboriginal and Torres Strait Islander peoples and the total Australian population (Vos et al. 2007)... Obesity is associated with risk factors for the main causes of morbidity and mortality among Aboriginal and Torres Strait Islander peoples. It impacts largely through diabetes (half of the obesity burden) and Ischaemic heart disease (40%) (Vos et al. 2007). " - Australian Health Ministers' Advisory Council, 2015, Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report, AHMAC, Canberra. Source within quote: Vos, T, Barker, B, Stanley, L & Lopez, AD 2007, The burden of disease and injury in Aboriginal and Torres Strait Islander peoples 2003, School of Population Health, University of Queensland, Brisbane.

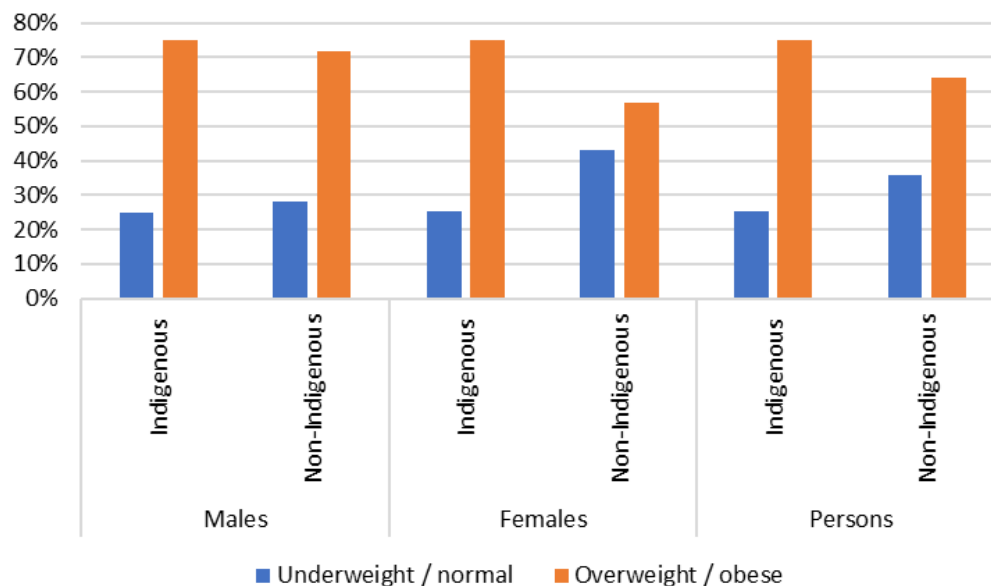
In 2018-19, Victorian Indigenous persons, particularly females, were more likely to be overweight/obese compared to the non-Indigenous population. The rate of population that is overweight or obese among Indigenous males and females is approximately equal.

Body Weight Status by Indigenous Status, Victoria (2018-19)

	Males		Females		Persons	
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous
Underweight / normal	25.0%	28.1%	25.2%	43.0%	25.1%	35.8%
Overweight / obese	75.0%	71.8%	74.9%	56.9%	74.9%	64.3%

ABS 4715.0 National Aboriginal and Torres Strait Islander Health Survey 2018-19. ABS4364.0 National Health Survey 2017-18

Overweight and Obese Population, by Sex and Indigenous Status - Chart (2018-19)



ABS 4715.0 National Aboriginal and Torres Strait Islander Health Survey 2018-19. ABS4364.0 National Health Survey 2017-18 * Persons aged 18 years and over. Excludes people for whom BMI could not be calculated.

Fruit and Vegetable Consumption

"Many of the principal causes of ill-health among Aboriginal and Torres Strait Islander peoples are nutrition-related diseases, such as heart disease, type 2 diabetes and renal disease. While a diet high in saturated fats and refined carbohydrates increases the likelihood of developing these diseases, regular exercise and intake of fibre-rich foods, such as fruit and vegetables, can have a protective effect against disease (Wang et al. 2014)." - *Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report*, AHMAC, Canberra. Source within quote: Wang, X, Ouyang, Y, Liu, J, Zhu, M, Zhao, G, Bao, W & Hu, F 2014, 'Fruit and vegetable consumption and mortality from all causes, cardiovascular disease, and cancer: systematic review and dose-response meta-analysis of prospective cohort studies', *British Medical Journal*, vol. 349.

In 2018-19, compared to the non-Indigenous population, Indigenous Victorians were much less likely to meet dietary guidelines for fruit and vegetable consumption. Indigenous females were more likely to meet guidelines than Indigenous males.

In 2014-15, among Victorian Indigenous children aged 2-14 years, 29.4 % consumed one or less serves of fruit daily and 41.2% consumed one or less serves of vegetables per day.

Daily Fruit and Vegetable Consumption, Victoria (2018-19)

Measure	Males		Females		Persons	
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous
Met fruit guidelines	34.5%	46.7%	43.5%	55.4%	39.2%	51.1%
Met vegetable guidelines	2.2%	3.9%	6.4%	10.5%	4.5%	7.3%
Met fruit OR veg. guidelines	35.6%	44.8%	45.7%	51.1%	40.9%	48.0%
Met fruit AND veg. guidelines	1.3%	2.9%	4.2%	7.4%	2.8%	5.2%

ABS 4715.0 National Aboriginal and Torres Strait Islander Health Survey 2018-19, ABS 2019

Daily Fruit and Vegetable Consumption - Indigenous Children*, Victoria (2014-15)

		%
Fruit	1 serve or less	29.4%
	2 serves	32.7%
	3 serves	18.0%
	4 serves	10.7%
	5 serves or more	4.9%
	Does not usually eat fruit	1.5%
Vegetables	1 serve or less	41.2%
	2 serves	26.9%
	3 serves	16.2%
	4 serves	8.2%
	5 serves or more	6.3%
	Does not usually eat vegetables	4.1%

Australian Aboriginal and Torres Strait Islander Health Survey: Updated Results, 2014-15, Australian Bureau of Statistics 2014
*Aged 2-14 years.

Domain 2. Victorians are Safe and Secure

Perception of Safety

Results from the Aboriginal and Torres Strait Islander Social Survey 2014-15 indicate that 86% of Indigenous Australians feel safe at home alone after dark and 63% feel safe walking alone in their local area after dark.

Feeling Safe - Indigenous Victorians (2014-15)

Measure	% Yes
Felt safe at home alone after dark	86%
Felt safe walking alone in local area after dark	63%

AIHW and ABS analysis of National Aboriginal and Torres Strait Islander Social Survey 2014-15, AIHW 2017.

Hospitalisations for Assault-related Injuries

Between 2014 and 2019, there were 738 hospital admissions of Indigenous persons living in Victoria for assault-related injuries, representing an average annual rate of 309 per 100,000 population. This rate was approximately *five times higher* than the rate for the non-Indigenous population (61 per 100,000).

Hospital admission rates for Greater Bendigo residents over the period indicate that Greater Bendigo Indigenous residents were also *more than five times as likely* than non-Indigenous residents to be admitted to hospital for assault-related injuries. Compared to the Victorian Indigenous figures, Greater Bendigo Indigenous residents were similarly as likely to be admitted for assault-related injuries.

Note that figures do not include emergency department presentations where the person was not also admitted into hospital.

Hospital Admission Rates for Assault-related Injuries (2014-19)

Location	Indigenous status	No	Rate#
Greater Bendigo	Indigenous	27	293
	Non-Indigenous	296	54
Victoria	Indigenous	738	309
	Non-Indigenous	17,941	61

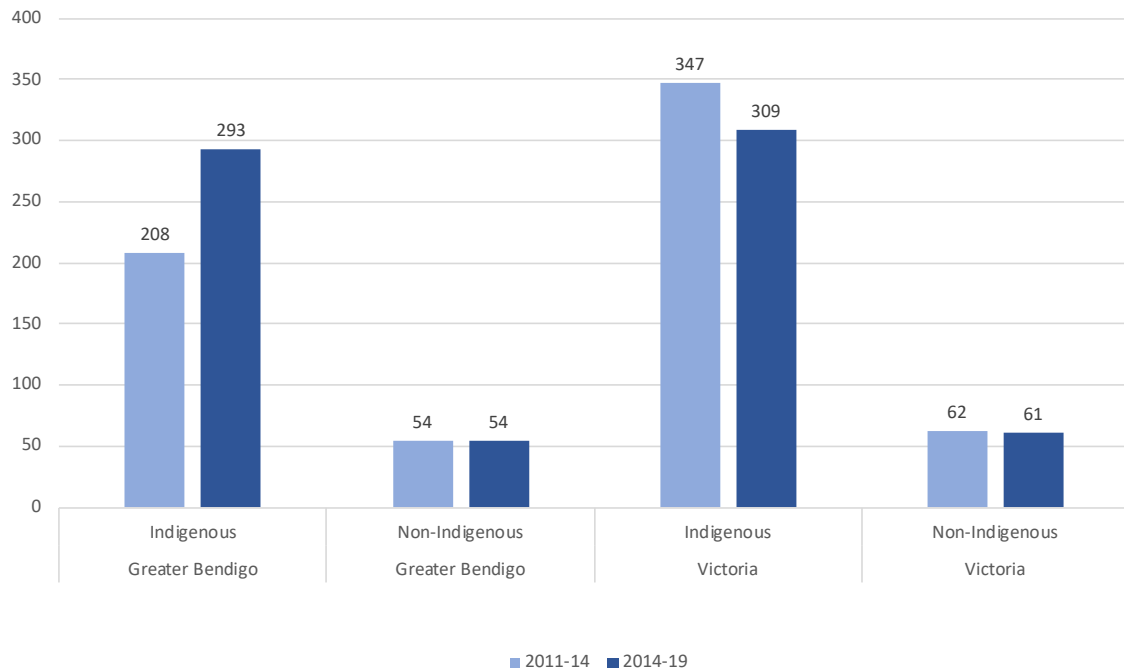
Victorian Injury Surveillance Unit (VISU), Monash University Injury Research Institute, commissioned data 2015 #Average Annual Rate per 100,000 population using 2016 URP prepared by author

Hospital Admission Rates for Assault-related* Injuries (2011-14 and 2014-19)

Location	Indigenous status	Rate#	Rate##
Greater Bendigo	Indigenous	208	293
	Non-Indigenous	54	54
Victoria	Indigenous	347	309
	Non-Indigenous	62	61

*Victorian Injury Surveillance Unit (VISU), Monash University Injury Research Institute, commissioned data 2015 and 2020 *Assault, maltreatment and neglect #Average Annual Rate per 100,000 population using 2011 URP prepared by author ##Average Annual Rate per 100,000 population using 2016 URP prepared by author*

Hospital Admission Rates for Assault-related* Injuries - Chart (2011-14 and 2014-19)



Victorian Injury Surveillance Unit (VISU), Monash University Injury Research Institute, commissioned data 2015 and 2020 *Assault, maltreatment and neglect #Average Annual Rate per 100,000 population using 2011 URP prepared by author ##Average Annual Rate per 100,000 population using 2016 URP prepared by author

Crime

Crime - Victims

Over the period 2014 to 2018, Indigenous Victorians were *more than three times* as likely as non-Indigenous persons to be victims of crimes against the person. Among Indigenous Victorians, 60% of victims of crimes against the person were males and 40% were females. There was very little variation to victim rates over the five year period.

Note that data is not available at the crime sub-category level and is no longer available at the LGA level.

Victims of Crimes Against the Person by Indigenous Status - Victoria (2014-18)

	Individual Victims - Rate per 1,000*				
	2014	2015	2016	2017	2018
Indigenous	24.4	26.0	25.9	25.5	24.9
Non-Indigenous	7.4	7.5	8.2	8.2	8.1

*Crime Statistics Agency, Victoria – Aboriginal Justice Indicators, Accessed online May 2020 *Data should be interpreted with caution due to quantity of family violence reports which list Indigenous status as "Unknown".*

Crime - Offenders and Imprisonment

"The number of Aboriginal young people processed by police has decreased by 31.5 per cent from 2008 to 2018. However, Aboriginal young people continue to be over represented in detention with increasing rates of young people being held in remand.

The over-representation of Aboriginal adults in the justice system has continued to rise, particularly for Aboriginal women who represent one of the fastest growing prison cohorts in Victoria" - Victorian Government Aboriginal Affairs Report 2019, Aboriginal Victoria 2019.

Note: The quality of recording of indigenous status for offender data has declined over time and there is now a greater proportion of Alleged Offender records with missing/not stated/unknown Indigenous status. The CSA advises caution when using these data, particularly for analysis of trends. **The provision, and use, of these data are subject to the inclusion of this caveat.**

In 2018, there were 571 alleged offender incidents involving Indigenous persons in Greater Bendigo, comprising 14% of all incidents. Loddon figures totalled <10 and have not been included. State level data also indicates that:

- Indigenous males are 3.5 times more likely than females to be an alleged offender
- Approximately two thirds of Indigenous alleged offenders were aged 15-39 years, and
- The rate per population of alleged offender incidents in the Indigenous population was 7.5 times higher than the total population figure.

Alleged Offender Incidents by Indigenous Status Rates per Population (2018)

	Indigenous	Non-Indigenous	Unknown	Total	Indigenous % of total incidents	Indigenous % of total population
Greater Bendigo	571	2,910	683	4,164	14%	1.7%
Victoria	11,179	128,355	36,908	176,442	6%	0.8%

Indigenous Alleged Offender Incidents 2014-2018, Crime Statistics Agency Victoria 2019

Alleged Offenders - Crimes Against the Person - by Indigenous Status, Victoria (2018)

Crime	Indigenous offenders	All offenders	% of all offenders	
Homicide and related offences	8	191	4.2%	
Assault and related offences	2,048	32,588	6.3%	
Sexual offences	124	4,378	2.8%	
Abduction and related offences	10	303	3.3%	
Crimes against the person	Robbery	145	2,347	6.2%
	Blackmail and extortion	≤ 3	67	≤ 4.5%
	Stalking, harassment and threatening behaviour	272	5,663	4.8%
	Dangerous and negligent acts endangering people	184	2,993	6.1%
	Total	2,793	48,530	5.8%

Indigenous Alleged Offender Incidents 2014-2018, Crime Statistics Agency Victoria 2019

In 2018, the rate of imprisonment for Victorian Indigenous persons was *almost 14 times the rate for the total population*. Since 2008, the rate of imprisonment of Indigenous Victorians had almost doubled, compared to an approximate increase of 50% in the total population.

Imprisonment by Indigenous Status - Victoria (June 2008 and June 2018)

		2008		2018	
		No	Rate*	No	Rate*
Indigenous Population	Males	230	1,949.0	614	3,571.2
	Females	15	121.1	76	444.5
	Persons	238	1027.8	690	2012.2
Total Population	Males	3,985	201.0	7,102	288.3
	Females	238	11.5	566	22.0
	Persons	4,183	105.7	7,668	152.4

Corrections Victoria, Annual Prisoner Statistical Profile 2017-18 *Rate per 100,000 adults

Family Incidents

Affected Family Members

In 2018, the rate of Loddon Mallee Indigenous residents who were affected family members in reported family incidents was substantially higher than Victorian Indigenous averages and the rate has remained notably higher than the state average since 2014 (at least).

The rate of affected family members among Victorian female Indigenous residents was approximately three times that for male Indigenous residents.

Rate# of Indigenous Affected Family Members in Family Incidents - Loddon Mallee (2014-18)

Location	2014	2015	2016	2017	2018
Loddon Mallee	61.0	68.8	64.3	62.2	65.4
Victoria	36.1	40.3	37.6	35.5	36.7

Crime Statistics Agency, Victoria – Aboriginal Justice Indicators, May 2020 *Data should be interpreted with caution due to quantity of family violence reports which list Indigenous status as “Unknown”. # Rate of individual Indigenous persons who were affected family members

Rate# of Family Incidents by Indigenous Status of Affected Family Member - Victoria (2014-18)

Sex	Indigenous status	2014	2015	2016	2017	2018
Males	Indigenous	28.2	31.8	30.5	27.5	28.9
	Non-Indigenous	5.5	5.9	6.2	5.8	5.9
Females	Indigenous	90.0	98.4	95.5	85.9	94.1
	Non-Indigenous	16.6	17.6	18.2	16.9	17.5

Crime Statistics Agency, Victoria – Aboriginal Justice Indicators, May 2020 *Data should be interpreted with caution due to quantity of family violence reports with Indigenous status as “Unknown”. # Rate of family incidents broken down by Indigenous status of the affected family member.

Other Parties

The other individual involved in a family incident is referred to as the 'other party'. The other party could be a current partner, former partner or a family member. Where the other party is involved with multiple affected family members, they will be counted for each involvement. - Crime Statistics Agency

In 2018, the rate of Loddon Mallee Indigenous residents who were other parties in reported family incidents was much higher than the Victorian Indigenous average and the rate has remained notably higher than the state average since 2014 (at least).

The rate of other parties among Victorian male Indigenous residents was approximately three times that for female Indigenous residents.

Rate# of Indigenous Other Parties in Family Incidents - Loddon Mallee (2014-18)

Location	2014	2015	2016	2017	2018
Loddon Mallee	70.3	73.5	71.8	71.9	75.0
Victoria	46.3	49.2	48.3	45.6	46.1

Crime Statistics Agency, Victoria – Aboriginal Justice Indicators, Accessed online May 2020 *Data should be interpreted with caution due to quantity of family violence reports which list Indigenous status as “Unknown”. # Rate of individual Indigenous persons who were other parties

Rate# of Other Parties in Family Incidents by Indigenous status - Victoria (2014-18)

Sex	Indigenous status	2014	2015	2016	2017	2018
Males	Indigenous	126.4	140.5	141.6	121.4	129.4
	Non-Indigenous	17.0	18.0	18.6	17.3	17.8
Females	Indigenous	36.6	42.3	40.5	41.5	42.4
	Non-Indigenous	4.8	5.2	5.4	5.2	5.4

Crime Statistics Agency, Victoria – Aboriginal Justice Indicators, Accessed online May 2020 *Data should be interpreted with caution due to quantity of family violence reports which list Indigenous status as “Unknown”. # Rate of family incidents broken down by Indigenous status of the other party.

Child Abuse Substantiations

In 2017-18, Indigenous children living in Victoria were more than eight times as likely to be the subject of substantiated child abuse and neglect as non-Indigenous children (rates of 91.0 and 11.1 per 1,000 children, respectively).

Child Abuse Substantiation Rates - Victoria (2017-18)

Measure	Rate per 1,000
Indigenous	91.0
Non-indigenous	11.1

Child protection and Aboriginal and Torres Strait Islander children, CFCA Resource Sheet, January 2020

Injury, Poisoning and External Causes

"Over the 5-year period 2011–12 to 2015–16, just over 115,000 Indigenous people were hospitalised as a result of an injury at an average of 23,000 cases per year. Indigenous males (56%) were more frequently hospitalised than females because of an injury. Age-standardised rates of injury were much higher overall among Indigenous Australians (3,596 per 100,000 population) compared with non-Indigenous Australians (1,874 per 100,000 population) and the rate of injury among Indigenous females was twice that of non-Indigenous females.

For Indigenous people, the top 3 causes of injury by proportion were Assaults (25%), Falls (22%) and Exposure to inanimate mechanical forces (14%), which includes events such as being unintentionally struck, crushed and contacted by objects" - Hospitalised injury among Aboriginal and Torres Strait Islander people 2011–12 to 2015–16, Australian Institute of Health and Welfare and Flinders University 2019.

Hospital Admissions

From 2014-15 to 2016-17, admission rates for injury, poisoning and other external causes were the second most common principal diagnosis (after digestive system diseases) for Indigenous residents of the Bendigo and Castlemaine - Kerang Indigenous Areas. Compared to the total Victoria Indigenous rate, hospitalisation rates for Indigenous residents of the Bendigo and Castlemaine - Kerang Indigenous Areas were slightly lower.

Hospitalisations for Injuries, poisoning etc - Indigenous Persons (2014-15 to 2016-17)

Principal Diagnosis	Bendigo		Castlemaine - Kerang		Victoria
	No.	Rate [#]	No.	Rate [#]	Rate [#]
Injury, poisoning and other external causes	173	2,662.0	77	2,538.0	2,854.0

Social Health Atlas of Australia, ATSI Data, PHIDU 2020 #Average annual age standardised rate per 100,000 population

Admissions for Accidental Injuries

Between 2014 and 2019, there were 217 hospitalisations of Greater Bendigo Indigenous residents for accidental injuries. The rate of hospitalisations per population was much higher (approximately 34% higher) than for Greater Bendigo non-Indigenous residents and was similar to the Victorian Indigenous average figure.

While time-comparison figures are provided as a rough guide only, the figures do suggest that the rate of hospitalisations of Greater Bendigo Indigenous residents for accidental injuries has not changed between 2011-14 and 2014-19 and the gap between Indigenous and non-Indigenous rates has increased.

Note that figures are for hospital admissions and do not count persons that presented / treated at an Emergency Department who were not also admitted to the hospital.

Hospital Admission Rates for Accidental Injuries - by Indigenous Status (2014-19)

Location	Indigenous status	No	Rate [#]
Greater Bendigo	Indigenous	217	2,351
	Non-Indigenous	9,514	1,751
Victoria	Indigenous	5,592	2,340
	Non-Indigenous	542,200	1,844

Victorian Injury Surveillance Unit (VISU), Monash University Injury Research Institute, commissioned data 2020 *Actual number for Loddon Shire was very low and should be interpreted with caution. # Rate per 100,000 population using 2016 URP prepared by author.

Hospital Admission Rates for Accidental Injuries - by Indigenous Status (2011-14 and 2014-19)

Location	Indigenous status	Rate	
		2011-14#	2014-19##
Greater Bendigo	Indigenous	2,359	2,351
	Non-Indigenous	2,093	1,751
Loddon	Indigenous*	1,650	na
	Non-Indigenous	3,008	na
Victoria	Indigenous	2,175	2,340
	Non-Indigenous	1,932	1,844

Victorian Injury Surveillance Unit (VISU), Monash University Injury Research Institute, commissioned data 2015 and 2020 *Actual number for Loddon Shire was very low and should be interpreted with caution. #Rate per 100,000 population using 2011 URP ## Rate per 100,000 population using 2016 URP prepared by author.

Other Crime

In 2018, compared to the proportion of total Victorian population that is Indigenous (0.8% in 2016), the proportion of all alleged offenders of (excluding of crimes against persons) who were Indigenous was much greater.

Indigenous persons made up 7.9% of all alleged offenders of property and deception offences, 3.3% of all drug offences, 5.4% of public order and security offences and 6.1% of justice procedures offences.

The greatest proportion of alleged offenders that were Indigenous was seen in the following sub-categories: burglary/break and enter (9.5%), theft (8.4%), property damage (7.0%), arson (6.4%) and breaches of orders (6.2%).

Alleged Offenders by Crime - by Indigenous Status, Victoria (2018)

Crime	Sub-category	Indigenous offenders	All offenders	% of all offenders	% of all population*
Property and deception offences	Arson	87	1,370	6.4%	0.8%
	Property damage	761	10,915	7.0%	0.8%
	Burglary/Break and enter	946	10,008	9.5%	0.8%
	Theft	2,919	34,930	8.4%	0.8%
	Deception	427	7,916	5.4%	0.8%
	Bribery	0	4	0.0%	0.8%
	Total		5,140	65,143	7.9%
Drug offences	Drug dealing and trafficking	85	3,240	2.6%	0.8%
	Cultivate or manufacture drugs	30	937	3.2%	0.8%
	Drug use and possession	372	10,672	3.5%	0.8%
	Other drug offences	0	6	0.0%	0.8%
	Total		487	14,855	3.3%
Public order and security offences	Weapons and explosives offences	420	7,880	5.3%	0.8%
	Disorderly and offensive conduct	619	11,386	5.4%	0.8%
	Public nuisance offences	60	1,130	5.3%	0.8%
	Public security offences	0	21	0.0%	0.8%
	Total		1,099	20,417	5.4%
Justice procedures offences	Justice procedures	180	3,248	5.5%	0.8%
	Breaches of orders	1,468	23,838	6.2%	0.8%
	Total		1,648	27,086	6.1%
Other Offences	Total	9	410	2.2%	0.8%

Indigenous Alleged Offender Incidents 2014-2018, Crime Statistics Agency Victoria 2019 *2016 Usual Resident Population of Victoria

Housing

A safe, secure home with working facilities is a key factor supporting the health and wellbeing of Aboriginal and Torres Strait Islander Australians. Not having affordable, secure and appropriate housing can have negative consequences, including homelessness, poor health, and lower rates of employment and education participation—all of which can lead to social exclusion and disadvantage. - *Australia's Welfare, Indigenous Housing. AIHW 2019*

Cultural aspects need to be considered in relation to housing conditions and overcrowding for Aboriginal and Torres Strait Islander people. Contributions to overcrowding include: visits to other households (to see relatives, for funerals or because of ties to neighbourhoods or towns and to be closer to 'country') and the high importance placed on demand sharing.

An important contributor to the health and wellbeing of Aboriginal and Torres Strait Islander people is access to working infrastructure in housing and communities, including sewerage, water supply and electricity which support and encourage healthy living practices.

In the 2016 NSHS, 72% of Aboriginal and Torres Strait Islander respondents reported living in a house of an acceptable standard. In addition, 25% of Aboriginal and Torres Strait Islanders reported that their household facilities were of an acceptable standard, but the structure of the dwelling was not. - *Overview of Aboriginal and Torres Strait Islander Health Status 2019, HealthInfoNet 2020*

Tenure

In 2016, compared to all households* in Greater Bendigo, households with Indigenous persons were less likely to own their own home outright or own it with a mortgage, while they were more likely to rent - particularly from a state housing authority. * *Occupied private dwellings only.*

Renting or Owning - Occupied Private Dwellings (2016)

Tenure	Greater Bendigo		Victoria	
	Households with Indigenous Persons ^{(a)(b)}	Total Households	Households with Indigenous Persons ^{(a)(b)}	Total Households
Owned outright	11%	33%	14%	32%
Owned with a mortgage ^(c)	27%	35%	29%	35%
Rented from Real estate agent	29%	17%	27%	19%
Rented from State housing authority	17%	3%	13%	2%
Rented from person not in same household ^(d)	8%	6%	7%	5%
Rented from Housing co-operative/community/church group	2%	1%	2%	0%
Rented from other landlord type ^(e)	2%	1%	1%	1%
Rented from landlord type not stated	1%	1%	1%	0%
Other tenure type ^(f)	0%	1%	1%	1%
Tenure type not stated	4%	3%	4%	3%
Total %	100%	100%	100%	100%
Total No.	920	41,361	23,783	2,112,706

Census of Population and Housing Aboriginal and Torres Strait Islander Peoples (Indigenous) Profiles 2016, ABS (a) Excludes 'Visitors only' and 'Other non-classifiable' households. (b) A household with Indigenous person(s) is any household that had at least one person of any age as a resident at the time of the Census who identified as being of Aboriginal and/or Torres Strait Islander origin. (c) Includes dwellings being purchased under a rent/buy scheme. (d) Comprises dwellings being rented from a parent/other relative or other person. (e) Comprises dwellings being rented through a 'Residential park (includes caravan parks and marinas)', 'Employer - Government (includes Defence Housing Authority)' and 'Employer - other employer'. (f) Includes dwellings being occupied under a life tenure scheme.

Crowded Dwellings

In 2016 the rate of Indigenous persons in Greater Bendigo who were living in crowded dwellings was much higher than (seven times) the rate for the non-Indigenous population. This rate was also higher than the Victoria Indigenous average.

In 2016, the rate of Indigenous persons in Loddon who were living in crowded dwellings was much higher than (more than three times) the rate for the non-Indigenous population. This rate was also higher than the Victoria Indigenous average

People Living in Crowded Dwellings* (2016)

Location	Indigenous		Non - Indigenous
	No.	Rate per 10,000	Rate per 10,000
Greater Bendigo	217	1,190.3	428.2
Loddon	19	1,596.6	509.7
Regional Victoria	2,632	1,123.8	411.0
Victoria	5,123	1,070.9	684.4

*Social Health Atlas of Australia, Indigenous Status Comparison, PHIDU 2020 * Require one or more additional bedrooms to accommodate residents according to the Canadian National Occupancy Standard which specifies that there should be no more than two persons per bedroom; • children less than five years of age of different sexes may reasonably share a bedroom; • children less than 18 years of age and of the same sex may reasonably share a bedroom; • single household members 18 years and over should have a separate bedroom, as should parents or couples;*

Homelessness

Specialist Homelessness Service Clients

Specialist homelessness agencies provide a wide range of services to assist those who are experiencing homelessness or who are at risk of homelessness, ranging from general support and assistance to immediate crisis accommodation.

In 2016-17, the rate of Victorian indigenous persons who were Specialist Homelessness Service (SHS) clients was 11.4 times higher than the non-Indigenous rate. Indigenous females were far more likely to be clients than Indigenous males; and this gender proportion was the same among Indigenous and non-Indigenous clients.

Indigenous Status of Clients - Victoria - Table (2016-17)

	Males		Females		Persons		
	No.	%	No.	%	No.	Rate*	Ratio
Indigenous	3,490	39%	5,413	61%	8,903	1,663	11.4
Non-Indigenous	32,757	39%	52,248	61%	85,005	146	

*Specialist Homeless Services 2016/17. AIHW 2018 *Rate per 10,000 population. Note that not all clients consent to providing data.*

Family Violence Related Clients

In 2016-17, among Indigenous clients presenting for housing support and assistance, a higher percentage stated family violence as a reason for presenting, compared to the non-Indigenous population. The proportion of Indigenous clients who were assisted at specialist family violence agencies for women and children was the same as the non-Indigenous figure.

Family Violence Related Clients by Indigenous Status - Victoria (2016-17)

Service Type	Indigenous Clients		Non-Indigenous Clients	
	No.	%	No.	%
Total SHS Clients	8,903	100%	85,005	100%
FV is a reason for seeking SHS	1,591	18%	12,923	15%
Specialist Family Violence service*	2,676	30%	25,565	30%

*Specialist Homeless Services 2016/17. AIHW 2018 *Rate per 10,000 population Victorian Homelessness Data Collection, Crime Statistics Agency Victoria, 2019 *Family Violence victims assisted at specialist agencies for women and children*

Domain 3. Victorians have the Capabilities to Participate

People with a Profound or Severe Disability

In 2016, compared to the total population, Greater Bendigo had a higher proportion of Indigenous population that had a core activity need for assistance*.

The Greater Bendigo Indigenous population also had a higher proportion of population in many age groups with a core activity need for assistance, compared to the Victorian Indigenous figures.

The Loddon Indigenous population had a higher proportion of population that had a core activity need for assistance, compared to the Loddon total population and the Victoria Indigenous average.

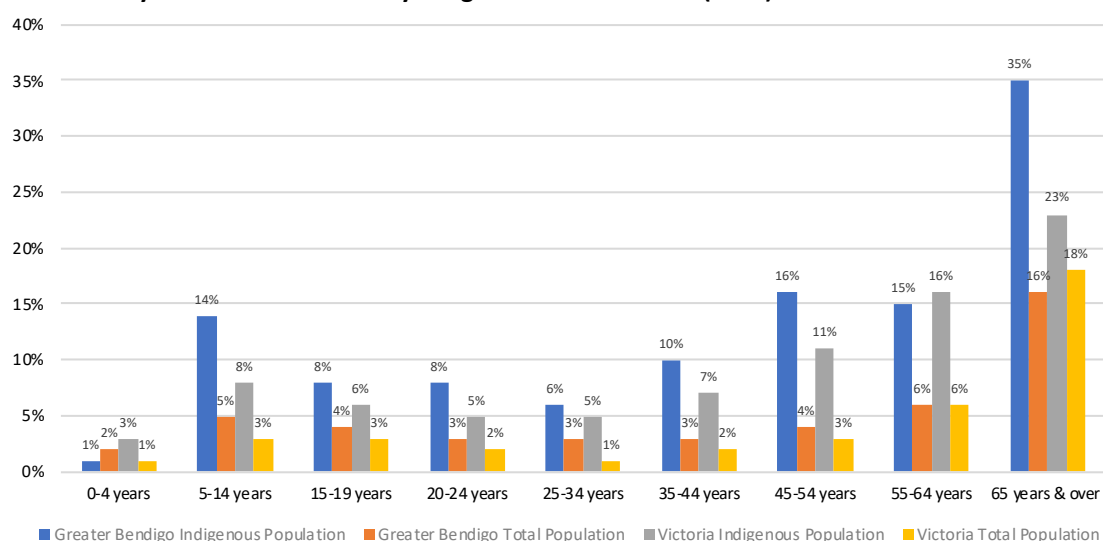
* Assistance with self-care, mobility or communications because of a long term health condition (lasting six months or more), a disability (lasting six months or more), or old age.

Core Activity Need For Assistance by Indigenous Status - Table (2016)

	Loddon		Greater Bendigo		Victoria	
	Indigenous Pop.	Total Pop.	Indigenous Pop.	Total Pop.	Indigenous Pop.	Total Pop.
0-4 years	**	1%	1%	2%	3%	1%
5-14 years	**	1%	14%	5%	8%	3%
15-19 years	**	1%	8%	4%	6%	3%
20-24 years	**	4%	8%	3%	5%	2%
25-34 years	**	4%	6%	3%	5%	1%
35-44 years	**	3%	10%	3%	7%	2%
45-54 years	**	5%	16%	4%	11%	3%
55-64 years	**	7%	15%	6%	16%	6%
≥ 65 years	**	16%	35%	16%	23%	18%
Total %	11%	7%	10%	6%	8%	5%
Total no.	13	553	191	6,546	3,897	304,937

Census of Population and Housing Aboriginal and Torres Strait Islander Peoples (Indigenous) Profiles 2016, ABS ** Cell size too small. *

Core Activity Need For Assistance by Indigenous Status - Chart (2016)



Census of Population and Housing Aboriginal and Torres Strait Islander Peoples (Indigenous) Profiles 2016, ABS

Unpaid Assistance to People With A Disability

In 2016, compared to the total population, Indigenous persons aged 15 years and over in Bendigo Indigenous Area were more likely to be providing unpaid assistance to a person with a disability. This proportion was also higher than the Victoria Indigenous average.

In 2016, compared to the total population, Indigenous persons aged 15 years and over in Castlemaine - Kerang Indigenous Area were slightly less likely to be providing unpaid assistance to a person with a disability. This proportion was also lower than the Victoria Indigenous average.

People Providing Unpaid Assistance to People With a Disability (2016)

Indigenous Area	Indigenous Population (15 years and over)		Total Population (15 years and over)	
	No.	%	No.	%
Bendigo	208	17.7%		13.6%
Castlemaine - Kerang	76	13.7%		14.3%
Victoria	-	14.3%		12.2%

Social Health Atlas of Australia, Indigenous Status Comparison, PHIDU 2020

NDIS Participants

"The National Disability Insurance Scheme (NDIS) supports people with a permanent and significant disability which affects their ability to take part in everyday activities. The National Disability Insurance Agency (NDIA) implements the NDIS.

The NDIS supports people with a disability to live an ordinary life. The type of support that is provided includes:

- *Support to achieve greater independence*
- *Support to being more involved in the community*
- *Support in gaining employment, and*
- *Support with improved wellbeing*

The NDIS will fund reasonable and necessary supports that help people with disability to achieve their goals." - Carers Australia website, accessed July 2020.

In March 2020, Indigenous persons made up 5% of all Greater Bendigo residents who were NDIS participants, while Indigenous persons made up just 1.7% of the total Greater Bendigo population (in 2016).

NDIS Participants (March 2020)

Indigenous status	Greater Bendigo		Loddon		Victoria
	% of all NDIS participants	No.	% of all NDIS participants	No.	% of all NDIS participants
Indigenous	5%	118	<10	na	2%
Non-indigenous	89%	2,188	72	89%	89%
Not stated	7%	162	<10	na	8%

Participants by LGA Data, data.ndis.gov.au, March 2020

Centrelink Benefit Recipients

Note: For Newstart Income Support Payment recipients, see the Unemployment section of this report.

Disability Support Pension Recipients

The purpose of the Disability Support Pension (DSP) is to provide income support for people who have a permanent physical, intellectual or psychiatric impairment. The DSP is designed to give people an adequate means of support if they are unable to work for at least 15 hours per week at or above the relevant minimum wage, independent of a program of support.

In 2019, Greater Bendigo Indigenous residents aged 15-64 years were much more likely to be receiving a Disability Support Pension compared to the Greater Bendigo total population but were less likely than the Victorian Indigenous average.

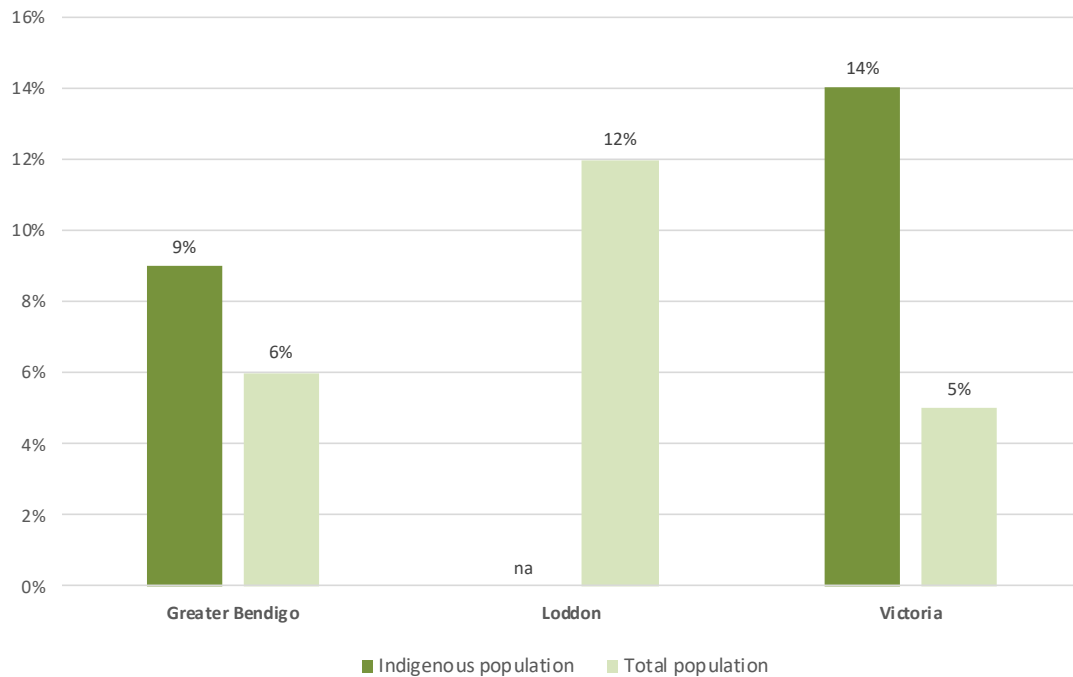
The number of Indigenous persons receiving a Disability Support Pension in Loddon has been withheld by the source agency due to privacy concerns associated with small numbers.

Disability Support Pension Recipients#: Table (December 2019)

	Indigenous population		Total population	
	No.	%#	No.	%#
Greater Bendigo	155	9%	5,447	6%
Loddon	<20	-	528	12%
Victoria	4,230	14%	183,050	5%

Services Australia Administrative data as at December 2019 % # of population aged 15-64 years

Disability Support Pension Recipients#: Chart (December 2019)



Services Australia Administrative data as at December 2019 % # of population aged 15-64 years

Age Pension Recipients

The Age Pension is an income support payment for people who have reached retirement age. Persons must be aged 65 years or over.

In 2019, 51% of Greater Bendigo Indigenous persons aged 65 years and over received the Age Pension. This rate was approximately two thirds of the rate in the overall population; but was lower than the Victoria average for Indigenous persons.

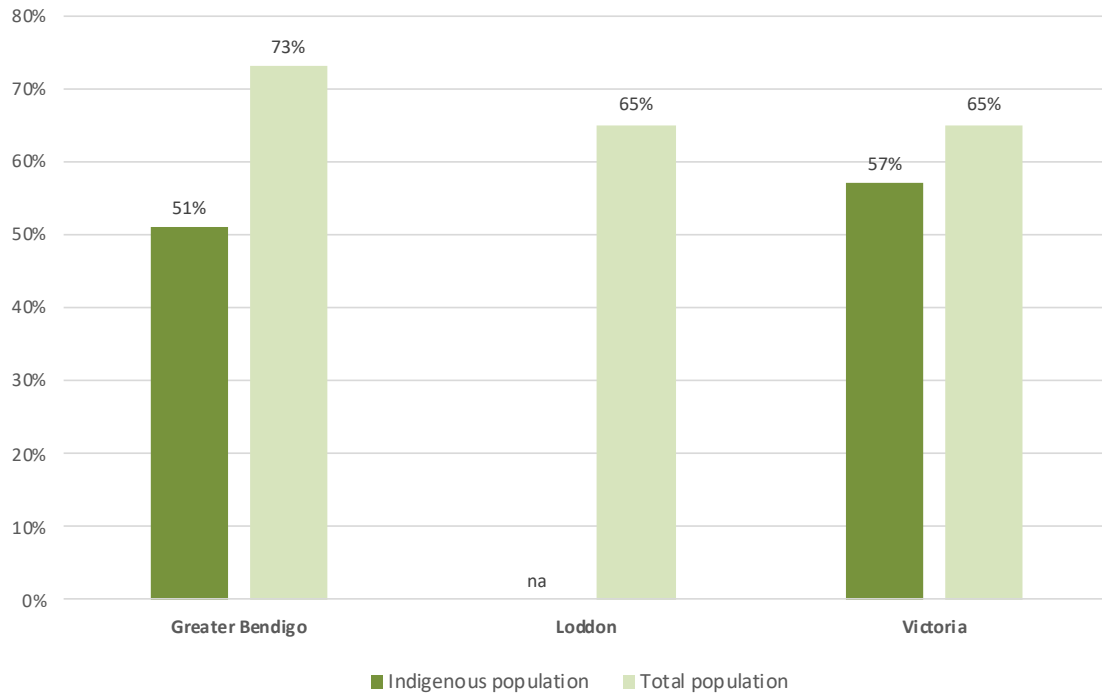
Figures for Indigenous persons in Loddon have been withheld by the data source agency due to privacy concerns related to small total numbers.

Age Pension Recipients#: Table (December 2019)

	Indigenous population		Total population	
	No.	%#	No.	%#
Greater Bendigo	41	51%	14,417	73%
Loddon	<20	-	1,305	65%
Victoria	1,432	57%	602,136	65%

Services Australia Administrative data as at December 2019 # % of population aged 65 years and over

Age Pension Recipients#: Chart (December 2019)



Services Australia Administrative data as at December 2019 # % of population aged 65 years and over

Carer Allowance Recipients

The Carer Allowance is an income supplement for carers who provide additional daily care and attention for someone with a disability or medical condition, or who is frail aged. A carer who is providing care for a child under 16 years who receives Carer Payment, generally receives Carer Allowance automatically. In other cases a claim is required.

In 2019, Greater Bendigo Indigenous residents aged 15 years and over were more than twice as likely to be receiving the Carer Allowance compared to the Greater Bendigo total population and were also much more likely than the Victorian Indigenous average.

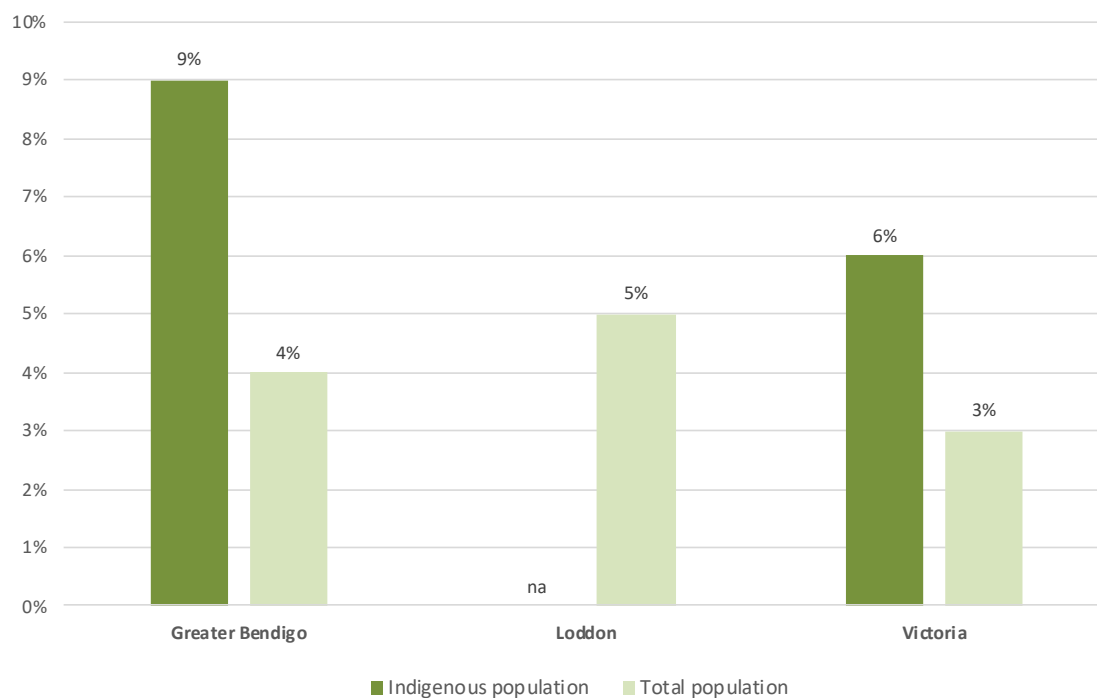
Figures for Indigenous persons in Loddon have been withheld by the data source agency due to privacy concerns related to small total numbers.

Carer Allowance Recipients#: Table (December 2019)

	Indigenous population		Total population	
	No.	%#	No.	%#
Greater Bendigo	101	9%	3,812	4%
Loddon	<20	-	300	5%
Victoria	1,992	6%	163,039	3%

Services Australia Administrative data as at December 2019 # % of population aged 15 years and over

Carer Allowance Recipients#: Chart (December 2019)



Services Australia Administrative data as at December 2019 # % of population aged 15 years and over

Carer Payment Recipients

The Carer Payment is an income support payment for people who are unable to support themselves through participation in the workforce because they are caring for someone with a disability, severe medical condition or who is aged and frail.

In 2019, Greater Bendigo Indigenous residents aged 15 years and over were more than twice as likely to be receiving the Carer Payment compared to the Greater Bendigo total population and were also slightly more likely than the Victorian Indigenous average.

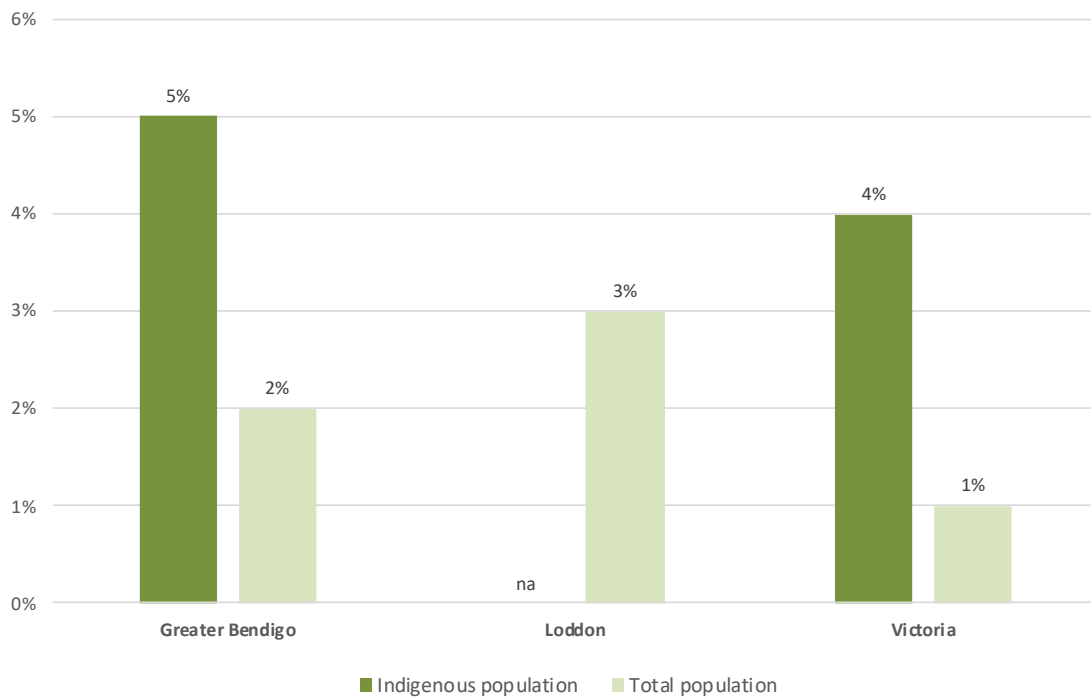
Figures for Indigenous persons in Loddon have been withheld by the data source agency due to privacy concerns related to small total numbers.

Carer Payment Recipients#: Table (December 2019)

	Indigenous population		Total population	
	No.	%#	No.	%#
Greater Bendigo	59	5%	1736	2%
Loddon	<20	-	183	3%
Victoria	1,196	4%	69,867	1%

Services Australia Administrative data as at December 2019 # % of population aged 15 years and over

Carer Payment Recipients#: Chart (December 2019)



Services Australia Administrative data as at December 2019 # % of population aged 15 years and over

Health Care Card Holders

The Health Care Card is issued to recipients of certain social security benefit or allowance payments to provide access to health concessions, including cheaper pharmaceutical medicines. Low-Income Card holders are also included in these figures.

In 2019, Greater Bendigo Indigenous residents aged 15 years and over were more than three times as likely to be a Health Care Card holder compared to the Greater Bendigo total population and were also more likely than the Victorian Indigenous average.

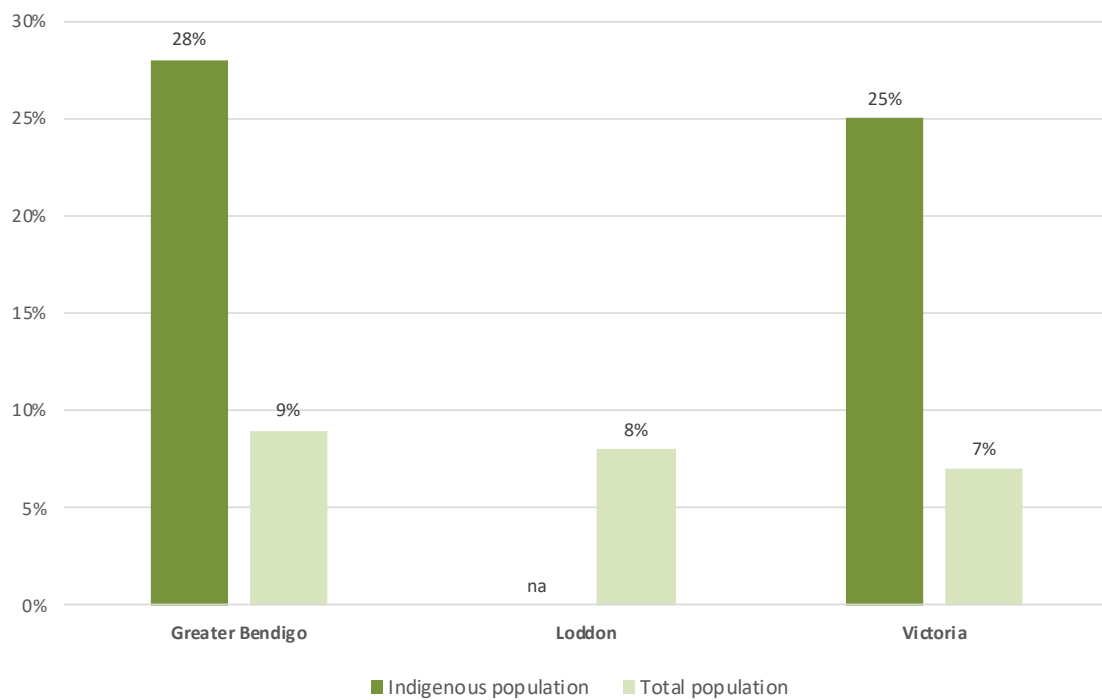
Figures for Indigenous persons in Loddon have been withheld by the data source agency due to privacy concerns related to small total numbers.

Health Care Card Holders#: Table (December 2019)

	Indigenous population		Total population	
	No.	%#	No.	%#
Greater Bendigo	326	28%	7,800	9%
Loddon	<20	-	494	8%
Victoria	7,941	25%	346,547	7%

Services Australia Administrative data as at December 2019 # % of population aged 15 years and over

Health Care Card Holders#: Chart (December 2019)



Services Australia Administrative data as at December 2019 # % of population aged 15 years and over

Income

A person's wellbeing is influenced by many factors, but having an adequate income remains an essential component in the measurement of individual and household wellbeing. Adequate levels of income for Aboriginal and Torres Strait Islander Australians can help them better support themselves, their families and their communities more broadly.

Indigenous Australians have lower average levels of employment and earnings from work and other private income sources than the general population, which can lead to higher levels of dependence on government assistance for income support - Australia's Welfare,- Indigenous Income and Finance. AIHW 2019

Personal Income

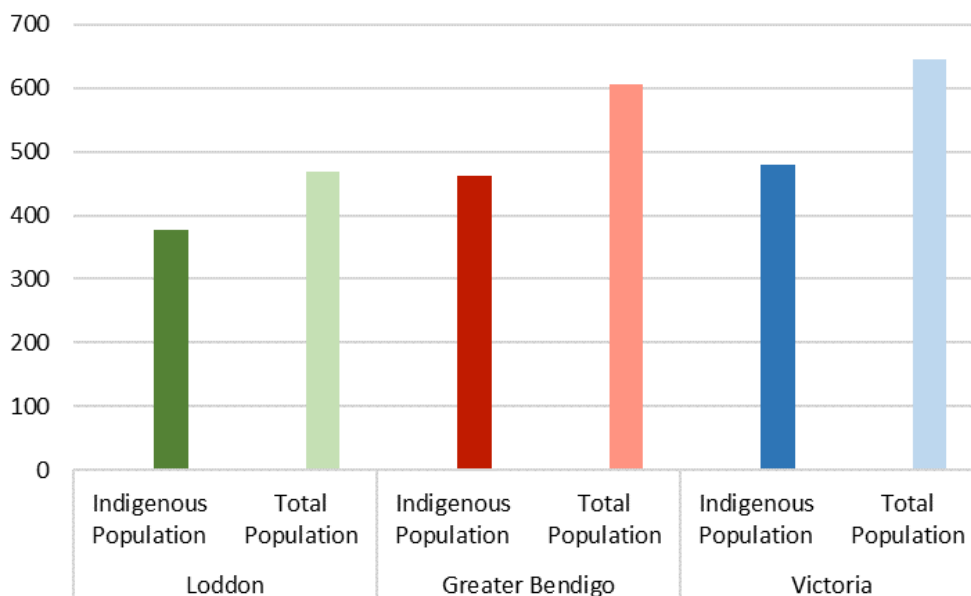
The 2016 median personal weekly income for Loddon and Greater Bendigo's Indigenous population was lower than the Victorian Indigenous average. The Indigenous population in each LGA also had a significantly lower median personal weekly income than the total population.

Median Total Personal Weekly Income - Table (2016)

Loddon		Greater Bendigo		Victoria	
Indigenous Population	Total Population	Indigenous Population	Total Population	Indigenous Population	Total Population
\$377	\$468	\$463	\$606	\$479	\$646

Census of Population and Housing Aboriginal and Torres Strait Islander Peoples (Indigenous) Profiles 2016, ABS

Median Total Personal Weekly Income - Chart (2016)



Census of Population and Housing Aboriginal and Torres Strait Islander Peoples (Indigenous) Profiles 2016, ABS

Household Income

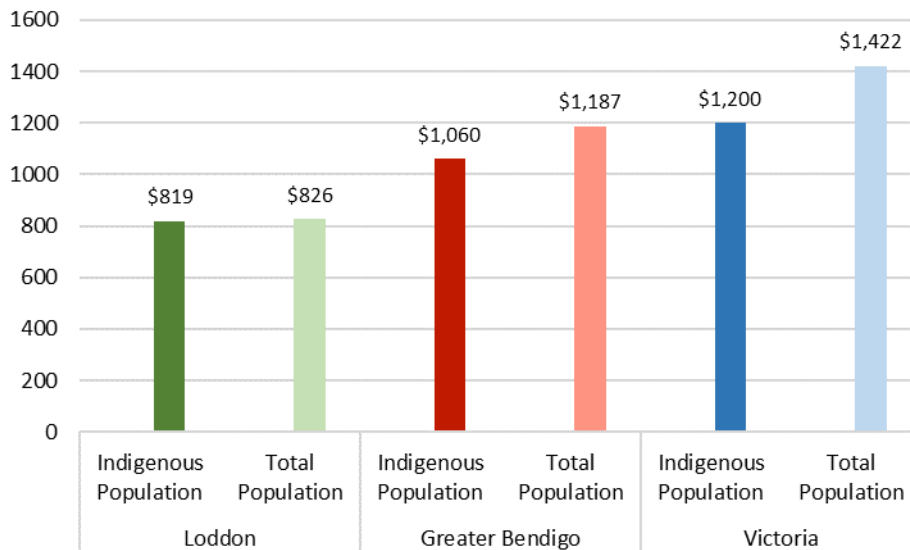
The 2016 median household weekly income for Loddon and Greater Bendigo’s Indigenous population was lower than the Victorian Indigenous average. The Indigenous population of each LGA also had a lower median household weekly income compared to the total population.

Median Household Income - Table (2016)

Loddon		Greater Bendigo		Victoria	
Indigenous Population	Total Population	Indigenous Population	Total Population	Indigenous Population	Total Population
\$819	\$826	\$1,060	\$1,187	\$1,200	\$1,422

Census of Population and Housing Aboriginal and Torres Strait Islander Peoples (Indigenous) Profiles 2016, ABS

Median Household Income - Chart (2016)



Census of Population and Housing Aboriginal and Torres Strait Islander Peoples (Indigenous) Profiles 2016, ABS

Gross Household Weekly Income

Compared to all Greater Bendigo households, Greater Bendigo Indigenous households were more likely to have a gross weekly income of: between \$1 to \$399, \$650 to \$799 or \$1,000 to \$1,499. Compared to Victorian Indigenous households, Greater Bendigo Indigenous households were more likely to have a gross weekly income of less than \$499 or between \$650 - \$1,499; and were less likely to have an income of greater than \$1,499.

Figures for Loddon households have not been included, owing to small numbers and a large proportion of partial or not stated responses.

Gross Household Income By Indigenous Status (2016)

	Greater Bendigo		Victoria	
	Indigenous Population	Total Population	Indigenous Population	Total Population
Negative/Nil income	1%	1%	2%	2%
\$1-\$149	2%	1%	1%	1%
\$150-\$299	4%	2%	3%	2%
\$300-\$399	5%	3%	4%	3%
\$400-\$499	7%	8%	6%	6%
\$500-\$649	6%	6%	6%	4%
\$650-\$799	10%	9%	8%	7%
\$800-\$999	8%	8%	7%	7%
\$1,000-\$1,249	10%	9%	9%	8%
\$1,250-\$1,499	11%	8%	8%	7%
\$1,500-\$1,999	10%	12%	11%	12%
\$2,000-\$2,499	8%	9%	9%	11%
\$2,500-\$2,999	4%	5%	5%	6%
\$3,000 or more	4%	8%	9%	14%
Partial income stated(c)	8%	7%	8%	8%
All incomes not stated(d)	3%	3%	4%	3%
Total Number	920	41,361	23,783	2,112,706

Census of Population and Housing Aboriginal and Torres Strait Islander Peoples (Indigenous) Profiles 2016, ABS

Employment

Jobs are key to improving opportunities for all Australians. Boosting employment among Aboriginal and Torres Strait Islander Australians will allow many more Indigenous Australians to get ahead. Beyond higher levels of income, being employed provides other personal and social benefits (PM&C 2019). On average, Indigenous Australians have lower levels of employment than non-Indigenous Australians. Disparities in employment and income are associated with a wider range of other disadvantages, and they can also have adverse intergenerational effects on children from an early age

Australia's Welfare, Indigenous Employment. AIHW 2019

Labour Force Participation

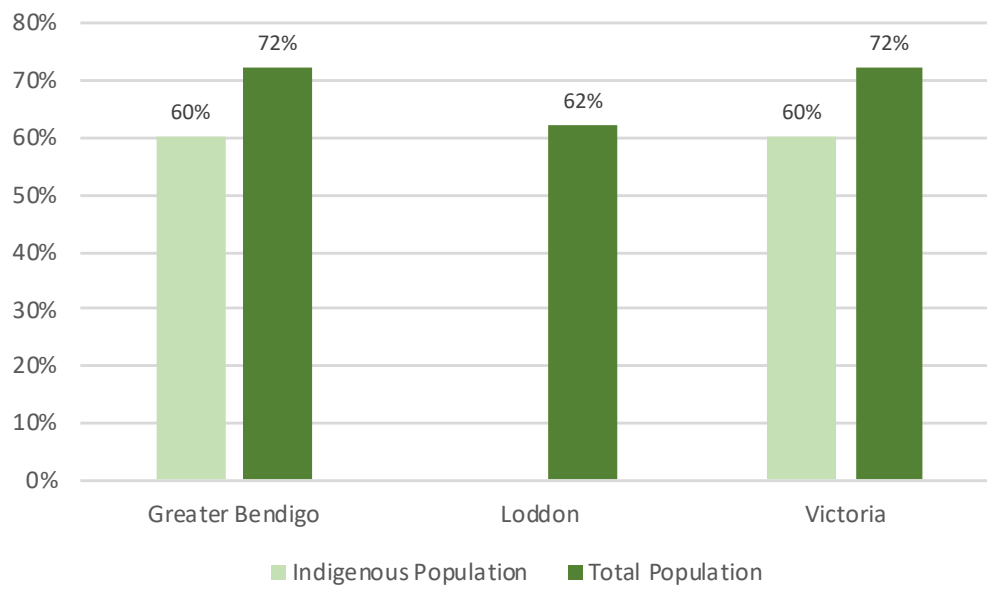
In 2016, 60% of Greater Bendigo Indigenous persons aged 15-64 years were participating in the labour force (as registered unemployed or employed), compared to 72% of the total population in this age group. The proportion of Greater Bendigo Indigenous persons aged 15-64 participating in the labour force (as registered unemployed or employed) was the same as the Victorian Indigenous average.

Labour Force* Participation - Total Population Aged 15-64 Years (2011 and 2016)

Location	Labour Force Status	Indigenous Population				All Population			
		2011	2011	2016	2016	2011	2011	2016	2016
		No.	%#	No.	%#	No.	%#	No.	%#
Greater Bendigo	In Labour force	462	55%	648	60%	46,811	72%	49,950	72%
	Not in labour force	345	41%	426	39%	15,686	24%	15,453	22%
	Not stated	31	4%	30	3%	2,478	4%	4,209	6%
	Total	838	100%	1,085	100%	64,975	100%	69,613	100%
Loddon	In Labour force	**	**	**	**	2,821	64%	2,665	62%
	Not in labour force	**	**	**	**	1,361	31%	1,203	28%
	Not stated	**	**	**	**	203	5%	451	10%
	Total	**	**	**	**	4,385	100%	4,312	100%
Victoria	In Labour force	na	57%	na	60%	na	72%	na	72%
	Not in labour force	na	39%	na	38%	na	23%	na	22%
	Not stated	na	4%	na	3%	na	5%	na	6%

*Census of Population and Housing Aboriginal and Torres Strait Islander Peoples (Indigenous) Profiles 2011 & 2016, ABS ** data not reliable due to low numbers *Employed or looking for employment. # of total population aged 15-64 years*

Labour Force* Participation - Population Aged 15 - 64 Years (2016)



*Census of Population and Housing Aboriginal and Torres Strait Islander Peoples (Indigenous) Profiles 2011 & 2016, ABS ** data not reliable due to low numbers *Employed or looking for employment. # of total population aged 15-64 years .*

Full-time and Part-time Employment

In 2016, among the Greater Bendigo Indigenous workforce aged 15 to 64 years, males were much more likely to be working full time than to be working part time. Indigenous females were more likely to be working part time than to be working full time

Full and Part Time Employment by Gender - Indigenous Persons (2016)

	Greater Bendigo		
	Full-time	Part-time	Away from work
Males	68%	23%	9%
Females	40%	50%	11%
Persons	54%	36%	10%

Census of Population and Housing Aboriginal and Torres Strait Islander Peoples (Indigenous) Profiles 2016, ABS (a) 'Employed, worked full-time' is defined as having worked 35 hours or more in all jobs during the week prior to Census Night. (b) Comprises employed persons who did not work any hours in the week prior to Census Night or who did not state their number of hours worked.

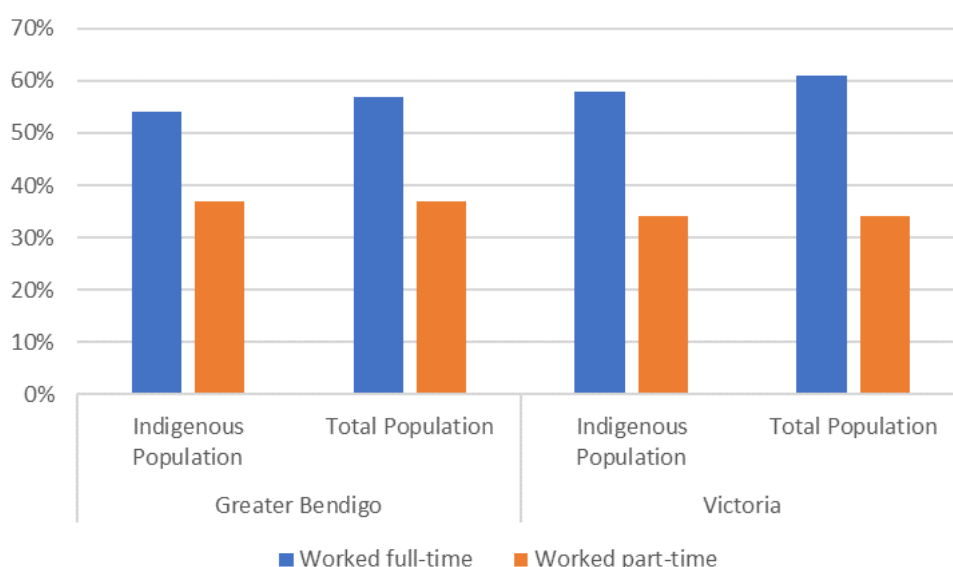
In 2016, compared to the total Greater Bendigo workforce aged 15 to 64 years, a lower proportion of Greater Bendigo Indigenous workforce worked full-time while the same proportion worked part-time. Compared to the Victorian Indigenous workforce figures, the Greater Bendigo Indigenous workforce was also less likely to work full time.

Full-Time and Part-Time Employment Status - Table (2016)

	Greater Bendigo		Victoria	
	Indigenous Population	Total Population	Indigenous Population	Total Population
Worked full-time (a)	54%	57%	58%	61%
Worked part-time	37%	37%	34%	34%
Away from work (b)	9%	4%	8%	5%
Total employed persons*	541	48,675	15,372	2,736,125

Census of Population and Housing Aboriginal and Torres Strait Islander Peoples (Indigenous) Profiles 2016, ABS (a) 'Employed, worked full-time' is defined as having worked 35 hours or more in all jobs during the week prior to Census Night. (b) Comprises employed persons who did not work any hours in the week prior to Census Night or who did not state their number of hours worked. *Aged 15 to 64 years.

Full-Time and Part-Time Employment Status - Chart (2016)



Census of Population and Housing Aboriginal and Torres Strait Islander Peoples (Indigenous) Profiles 2016, ABS

Occupation of Labour Force

In 2016, labourer - closely followed by community and personal service worker - was the most common occupation for the Greater Bendigo Indigenous labour force. Technicians and trades worker and professional were also common occupations. Compared to the Victorian Indigenous average, the Greater Bendigo Indigenous labour force was more likely to be occupied as a labourer, technician and trade worker or a sales worker; while it was less likely to be occupied as a professional, clerical and administrative worker, manager, or machinery operator and driver.

Occupation of Employment - Indigenous Population (2016)

Occupation*	Greater Bendigo		Loddon		Victoria
	No.	%*	No.	%*	%
Labourers	97	17.8	12	44.4	12.8
Community & Personal Service Workers	87	16.0			16.0
Technicians and Trades Workers	83	15.3			14.1
Professionals	75	13.8			15.6
Sales Workers	61	11.2			9.4
Clerical and Administrative Workers	55	10.1			12.6
Managers	41	7.5			8.8
Machinery Operators and Drivers	30	5.5			7.3

Census of Population and Housing Aboriginal and Torres Strait Islander Peoples (Indigenous) Profiles 2016, ABS * of employed persons over 15 years of age

Employment Rates

In 2016, the percentage of the Bendigo Indigenous labour force that was employed was lower than the Victoria Indigenous average and was 8.2% lower than the non-Indigenous rate. Since 2006, the proportion of the Indigenous labour force that is employed has increased and the gap between the Indigenous and non-Indigenous labour force employment has decreased.

In 2016, the percentage of the Castlemaine - Kerang Indigenous labour force that was employed was markedly higher than the Victoria Indigenous average and was 3% lower than the non-Indigenous figure. Since 2006, the proportion of the Indigenous labour force that is employed has increased notably and the gap between the Indigenous and non-Indigenous labour force employment has decreased notably.

Employment Rate* Indigenous Area by Indigenous Status (2006, 2011, 2016)

Indigenous Area	2006		2011		2016	
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous
Bendigo	82.4%	93.5%	83.1%	94.9%	85.4%	93.6%
Castlemaine - Kerang	68.7%	93.9%	92.6%	94.7%	91.2%	94.2%
Victoria	84.2%	94.6%	85.7%	94.5%	85.8%	94.2%

Social Health Atlas of Australia: Closing the Gap, PHIDU 2019. *% of total labour force aged 15-64 years.

Unemployment

In 2016, compared to the total Greater Bendigo labour force and the Victorian Indigenous labour force, the Greater Bendigo Indigenous labour force had a higher rate of unemployment.

Unemployment - Table (2016)

	Greater Bendigo		Victoria	
	Indigenous Population	Total Population	Indigenous Population	Total Population
Unemployed	16%	6%	14%	7%
Total labour force	651	52,001	17,871	2,929,593

Aboriginal and Torres Strait Islander Peoples (Indigenous) Profiles 2016,

In 2016, across Victoria, the unemployment rate (people aged 15 years and over who were not employed but were looking for employment) among Indigenous males and females was the same.

Indigenous Population Employment by Gender – Victoria (2016)

Sex	Unemployment rate *
Males	14%
Females	14%
Persons	14%

*Census of Population and Housing Aboriginal and Torres Strait Islander Peoples (Indigenous) Profiles 2016, ABS * The number of employed persons expressed as a percentage of persons aged 15 years and over*

Newstart Income Support Payment

Newstart Allowance is the major payment for unemployed people who are 22 and over, but under the qualifying age for the Age Pension. Recipients must satisfy the activity test by seeking work or participating in an activity designed to improve their employment prospects.

In 2019, Greater Bendigo Indigenous residents aged 22 to 64 years were more than three times as likely to be Newstart Allowance recipients compared to the Greater Bendigo total population but were slightly less likely than the Victorian Indigenous average.

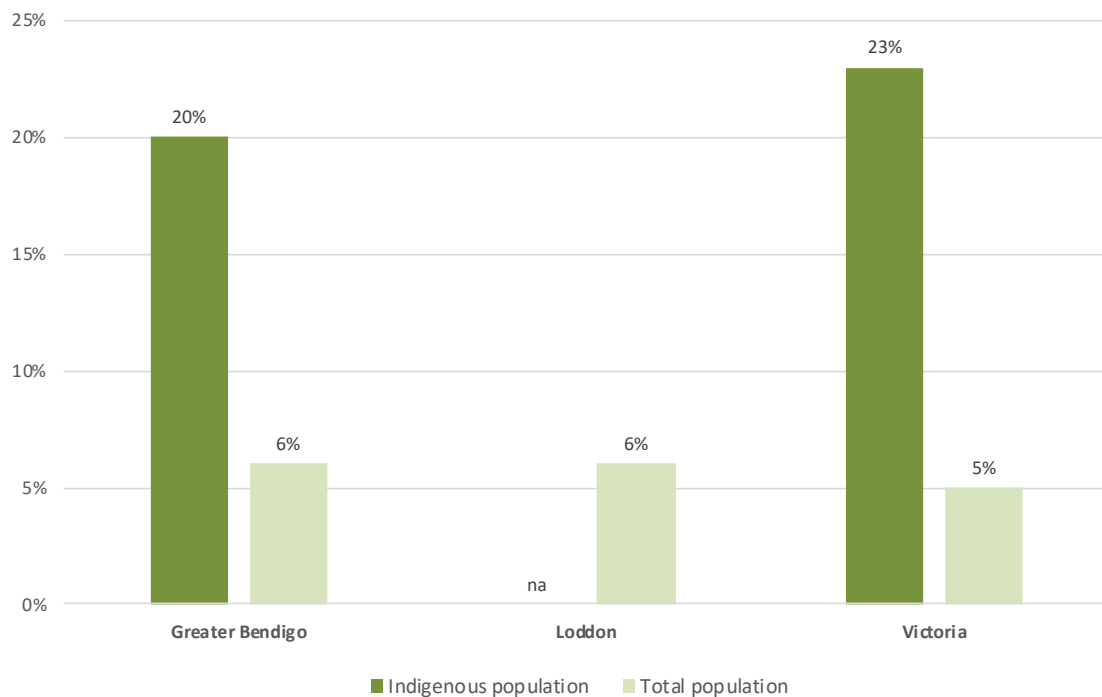
Figures for Indigenous persons in Loddon have been withheld by the data source agency due to privacy concerns related to small total numbers.

Newstart Allowance Recipients: Table (December 2019)

	Indigenous population		Total population	
	No.	%#	No.	%#
Greater Bendigo	203	20%	4,185	6%
Loddon	<20	-	349	6%
Victoria	5,173	23%	162,531	5%

Services Australia Administrative data as at December 2019 # % of population aged 22-64 years and over

Newstart Benefit Recipients# - Chart (2019)



Services Australia Administrative data as at December 2019 # % of population aged 22-64 years and over

Youth Allowance (other) Recipients

Youth Allowance (other) is the primary income support payment for young people aged 16–21 years who are seeking or preparing for paid employment. Some 15 year olds may also receive assistance. To qualify for Youth Allowance (other) a person must be unemployed, aged under 22, looking for work or combining part-time study with job search, or undertaking any other approved activity, or temporarily incapacitated for work or study.

In 2019, Greater Bendigo Indigenous residents aged 25 - 21 years were more than three times as likely to be Youth Allowance (other) recipients compared to the Greater Bendigo total population and were also substantially more likely than the Victorian Indigenous average.

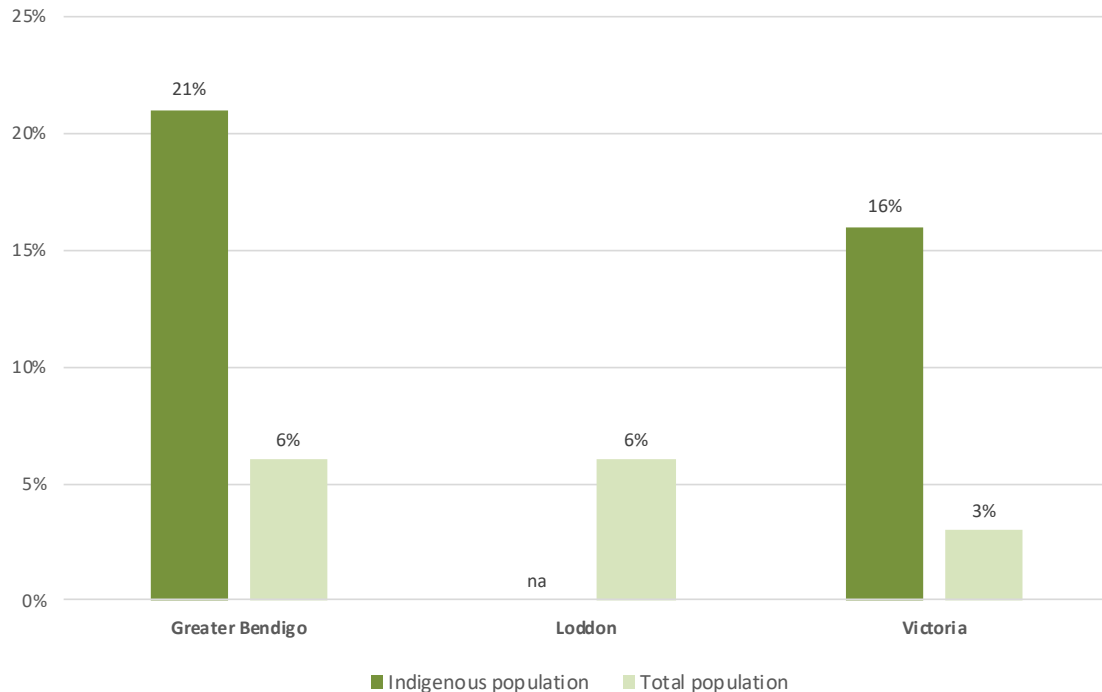
Figures for Indigenous persons in Loddon have been withheld by the data source agency due to privacy concerns related to small total numbers.

Youth Allowance (other) Recipients: Table* (December 2019)

	Indigenous population		Total population	
	No.	%#	No.	%#
Greater Bendigo	58	21%	583	6%
Loddon	<20	-	30	6%
Victoria	1,081	16%	15,247	3%

Services Australia Administrative data as at December 2019 # % of population aged 15 - 21 years and over

Youth Allowance (other) Recipients: Chart# (December 2019)



Services Australia Administrative data as at December 2019 # % of population aged 15 - 21 years and over

Education

Education is key to improving opportunities for all Australians. Education has been linked to improved health outcomes, employment, income and other social benefits in Aboriginal and Torres Strait Islander Australians.

The Council of Australian Governments committed to 7 Closing the Gap targets; 4 of which are related to education. Of the education targets, those on early childhood education and Year 12 or equivalent attainment are on track to be met, however those on school attendance and reading and numeracy are not on track. - *Australia's Welfare, Indigenous Education and Training. AIHW 2019*

The Victorian Child and Adolescent Monitoring System (VCAMS) provides important insights into education participation, experiences and attainment at the state level. Key findings from the VCAMS data include:

- In 2018, kindergarten participation rates were slightly higher (92.4% v's 92.1%) for Indigenous children compared to non-Indigenous children aged 4 years.[#]
- In 2015, some 80.5% of Indigenous children in Years 5 and 6 reported they felt connected to their school, compared to approximately 84.8% of non-Indigenous children
- In 2015, just over 55% of Indigenous children in Years 7 to 9 reported they felt connected to their school, compared to approximately 62% of non-Indigenous children
- In 2018, 22.2% of Indigenous children in Years 5 and 6 reported they had been bullied, compared to 15.9% of non-Indigenous children; while more than one quarter (25.9%) of Indigenous children in Years 7 to 9 reported they had been bullied, compared to approximately 18% of non-Indigenous children
- In 2017, some 86.8% of Indigenous children in Year 9 met or exceeded the benchmarks for numeracy; while 80.6% met or exceeded literacy benchmarks, and both figures were lower than those for non-Indigenous children in Year 9 (95.5% and 92.0% respectively)
- In 2019, the apparent Year 10-12 retention rate was much lower for Indigenous young people, compared to non-Indigenous young people (65.4% v's 83.6%), however retention rates have increased notably since 2011.
- In 2018, Indigenous children across all school years had a significantly higher average number of absent days from school, compared to non-Indigenous children (29.3 days per year v's 16.8 days per year)

Victorian Child and Adolescent Monitoring System Indicators, Victoria State Government, accessed online May 2020 #Note that participation figures differ from the Social Health Atlas data at Indigenous Area level, due to different age groups being counted.

Education Participation and Experiences of Children And Young People - Victorian Summary

Measure	Year	Indigenous (%)	Non-Indigenous (%)
Kindergarten participation rate (children aged 4 year only)	2018	92.4	92.1
Students who report feeling connected with their school - Years 5 and 6	2013	79.1	86.1
	2014	79.2	85.9
	2015	80.5	84.8
Students who report feeling connected with their school - Years 7 to 9	2013	51.6	62.3
	2014	52.9	62.8
	2015	55.3	62.3
Students who reported being bullied - Years 5 and 6	2016	23.4	14.8
	2017	24.3	19.5
	2018	22.2	15.9
Students who reported being bullied - Years 7 to 9	2016	25.7	17.6
	2017	28.4	20.8
	2018	25.9	17.5
Proportion of students in Year 9 who met or exceeded the benchmarks for numeracy	2015	85.0	95.6
	2016	84.6	95.4
	2017	86.8	95.5
Proportion of students in Year 9 who meet or exceeded the benchmarks for literacy	2015	80.2	93.5
	2016	81.6	93.4
	2017	80.6	92.0
Year 10-12 Apparent Retention Rate [#]	2011	58.3	82.2
	2015	66.8	85.0
	2019	65.4	83.6
Average Absence Days (across all school years)	2018	29.3	16.8

Victorian Child and Adolescent Monitoring System Indicators, Victoria State Government, accessed online April 2020 #Australian Curriculum, Assessment and Reporting Authority

Education Participation Rate Estimates

Preschool Enrolments

In 2018, the Bendigo Indigenous Area and the Castlemaine - Kerang Indigenous Area both had a higher proportion of children aged 4 or 5 years who were enrolled in pre-school compared to non-Indigenous children in this age group.

Preschool enrolments (2018)

Indigenous Area	Indigenous children aged 4 or 5 years		Non-Indigenous children aged 4 or 5 years	
	No. enrolled in preschool	%	No. enrolled in preschool	%
Bendigo	90	68.7	1,820	59.0
Castlemaine - Kerang	28	63.6	726	52.6
<i>Regional Victoria</i>		61.3		59.4
Victoria		61.8		57.7

Social Health Atlas of Australia, ATSI Data, PHIDU 2020

School Participation

In 2016, as a proportion of population aged 5 to 11 years, the Greater Bendigo Indigenous population had a slightly lower proportion of primary school participation than the non-Indigenous population. Also, as a proportion of population aged 12 - 17 years, the Greater Bendigo Indigenous population had a lower proportion of secondary school participation than the non-Indigenous population. Figures for Loddon were too small to publish. *Note that figures provide a guide only as start and finish school ages may vary.*

School Participation Estimates - Table (2016)

Educational Institution	Age group	Indigenous			Non-Indigenous		
		Number	Population	%	Number	Population	%
Primary School	5 - 11 years	284	307	93%	8,741	9,092	96%
Secondary School	12 - 17 years	180	233	77%	6,759	7,640	88%

Census of Population and Housing Aboriginal and Torres Strait Islander Peoples (Indigenous) Profiles 2016, ABS

Education engagement for Indigenous young people

In 2016, a similar proportion of Greater Bendigo Indigenous population aged 15-19 years was attending an educational institution compared to the Greater Bendigo non-Indigenous population and the Victoria Indigenous population.

Population aged 15 - 19 years that are attending an educational institution (2016)

Population group	Greater Bendigo	Victoria
Non-Indigenous	76%	84%
Indigenous	75%	75%

2016 Census of Population and Housing, Basic Community Profiles, ABS

School Completion

In 2016, Indigenous population aged 15 years and over from Greater Bendigo and Loddon were significantly less likely to have finished school at year 12 or equivalent, compared to the non-Indigenous population. Indigenous population from both LGAs were also less likely to have completed school in Year 11 or equivalent.

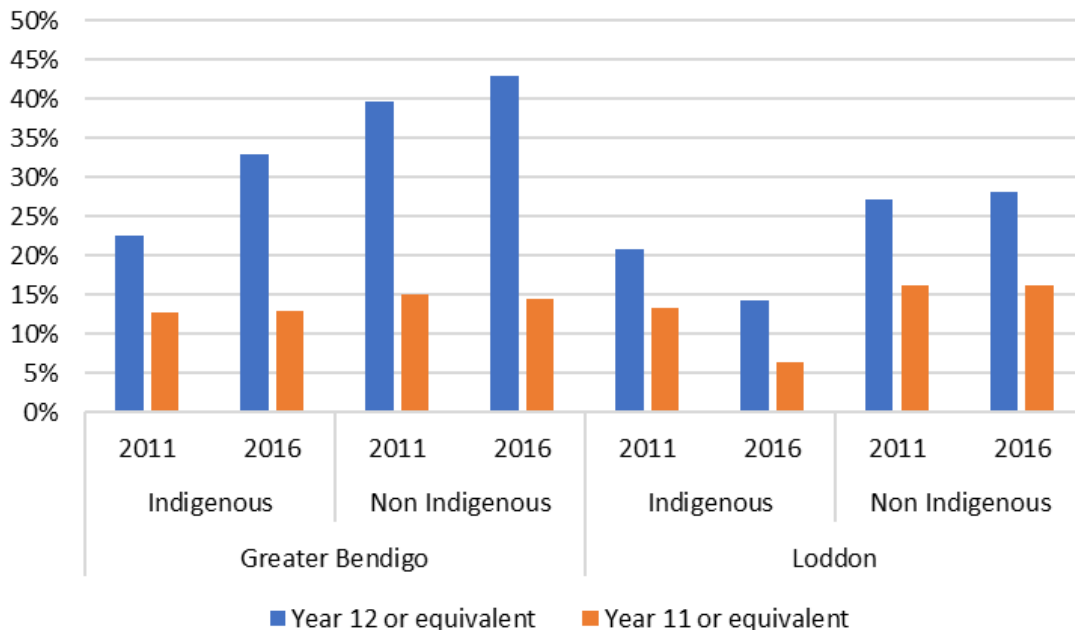
In Greater Bendigo between 2011 and 2016, the proportion of Indigenous persons aged 15 years and over that had completed school in Year 12 increased significantly; and there was a small increase in Year 11 completion. In Loddon between 2011 and 2016, the proportion of Indigenous persons aged 15 years and over that had completed school in Years 11 and 12 decreased significantly (however comparison should be treated with caution due to small numbers.)

Year Left School by Indigenous Status - % Persons Aged ≥15 yrs (2011 and 2016)

	Greater Bendigo				Loddon			
	Indigenous		Non-Indigenous		Indigenous		Non-Indigenous	
	2011	2016	2011	2016	2011	2016	2011	2016
Year 12 or equivalent	22.6%	32.9%	39.7%	42.9%	20.8%	14.3%	27.1%	28.1%
Year 11 or equivalent	12.7%	12.9%	15.0%	14.4%	13.2%	6.3%	16.1%	16.2%
Year 10 or equivalent	28.5%	24.4%	20.0%	18.8%	24.5%	17.5%	21.9%	20.4%
Year 9 or equivalent	13.3%	13.7%	8.8%	7.8%	11.3%	22.2%	11.6%	10.0%
Year 8 or below	13.6%	9.5%	8.0%	6.0%	18.9%	23.8%	13.1%	9.9%
<i>Did not go to school</i>	0.9%*	1.1%	0.4%	0.6%	5.7%	0.0%	0.4%	0.3%
<i>not stated</i>	8.5%	5.7%	8.2%	9.6%	5.7%	15.9%	9.9%	15.1%
Total	100%	100%	100%	100%	100%	100%	100.0%	100%
Total number	822	1068	73,299	78,369	53	63	5,505	5,336

Census of Population and Housing Aboriginal and Torres Strait Islander Peoples (Indigenous) Profiles 2011 & 2016, ABS

Year Left School by Indigenous Status - % Persons Aged ≥15 yrs (2011 and 2016)



Census of Population and Housing Aboriginal and Torres Strait Islander Peoples (Indigenous) Profiles 2011 & 2016, ABS

Non-School Qualifications

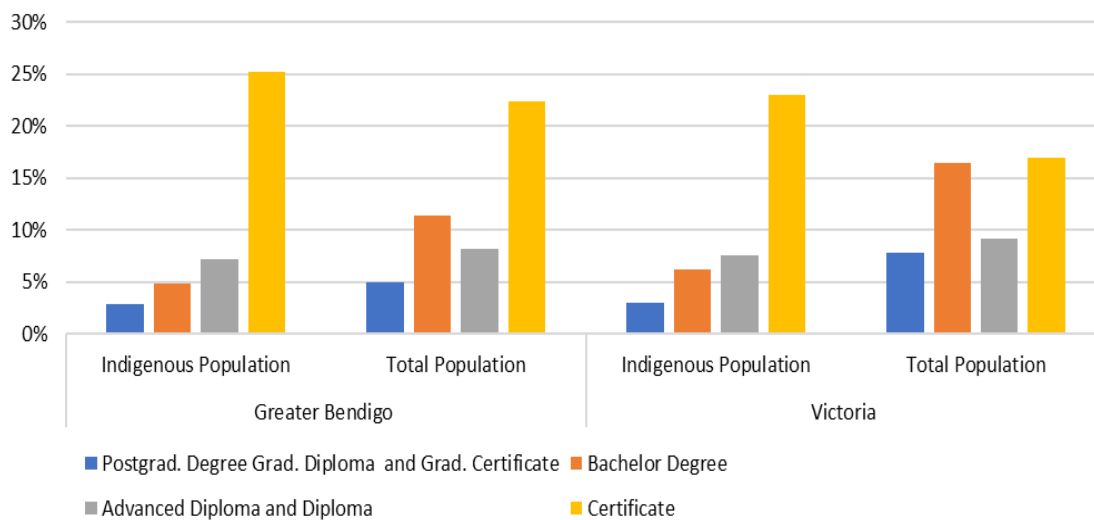
In 2016, compared to the total population, the Greater Bendigo Indigenous population aged 15 years and over was significantly less likely to have completed a non-school qualification, but the proportion of Greater Bendigo Indigenous population with a non-school qualification was slightly higher than the Victoria Indigenous average.

Non-School Qualification by Indigenous Status - Table (2016)

Location	Population Group	Pop. aged ≥15 years	Postgrad. Degree, Grad. Dip. & Grad. Cert.	Bachelor Degree	Advanced Diploma & Diploma	Certificate	Not stated	Total
Greater Bendigo	Indigenous Population	1,166	2.9%	4.9%	7.2%	25.2%	8.1%	40.2%
	Total Population	89,282	5.0%	11.4%	8.2%	22.4%	11.2%	47.0%
Victoria	Indigenous Population	31,898	3.0%	6.2%	7.6%	23.0%	9.9%	39.8%
	Total Population	4,845,710	7.8%	16.5%	9.2%	16.9%	10.0%	50.4%

Census of Population and Housing Aboriginal and Torres Strait Islander Peoples (Indigenous) Profiles 2016, ABS

Non-school Qualification by Indigenous Status - Chart (2016)



Census of Population and Housing Aboriginal and Torres Strait Islander Peoples (Indigenous) Profiles 2016, ABS

Vocational Education and Training

In 2015, in Greater Bendigo, the proportion of Indigenous population that participated in Vocational Education and Training (VET) was similar to the proportion of the non-Indigenous population but was much lower than the Victoria Indigenous average. The Greater Bendigo Indigenous population attended a higher proportion of Government funded subjects, and also had a lower pass rate, compared to the non-Indigenous population and the Victoria Indigenous average.

In 2015, in Loddon, the rate of Indigenous population attending Vocational Education and Training was slightly lower than the rate for the non-Indigenous population and was much lower than the Victoria Indigenous average. The Loddon Indigenous population attended a higher proportion of Government funded subjects, and also had a lower pass rate, compared to the non-Indigenous population and the Victoria Indigenous average.

Participation* in Vocational Education and Training (2015)

Location	Greater Bendigo		Loddon		Victoria	
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous
Participated in VET	17.3%	17.7%	13.1%	15.8%	22.9%	15.3%
Government funded VET subjects	74.3%	67.9%	77.3%	66.0%	66.7%	65.1%
Load Pass Rate ##	61.4%	74.9%	66.2%	79.3%	67.8%	79.3%

*Social Health Atlas of Australia, Indigenous Status Comparison, PHIDU 2020 * Age standardised rate per 100 population. Note that student counts may be inflated as it is possible for students to attend multiple training providers during the collection period. ## The load pass rate (LPR) is the ratio of hours, or full-year training equivalents (FYTEs), attributed to students who gain competencies or a passed assessment in an assessable module or unit*

Learning or Earning

In 2016, Indigenous persons aged 15-24 years in the Bendigo Indigenous Area and in the Castlemaine - Kerang Indigenous Area were much less likely than non-Indigenous persons to be learning or earning; and also less likely compared to the Victoria Indigenous average.

Young People* Learning or Earning - % Persons aged 15-24 Years (2016)

Indigenous Area	Indigenous persons	Non-Indigenous persons
Bendigo	72%	88%
Castlemaine - Kerang	69%	86%
Regional Victoria	72%	88%
Victoria	76%	91%

*Social Health Atlas of Australia, Indigenous Status Comparison, PHIDU 2020 * Aged 15 to 24 years*

Domain 4. Victorians are Connected to Culture and Community

Social and Cultural Connection

In 2014-15, general social connection measures indicate that social - including family - connection is high among Indigenous Victorians. At least 90% of Indigenous Victorians reported that they:

- Feel able to have a say with family and friends some, most or all of the time
- Have contact with family or friends outside household at least once per week
- Have family or friends outside the household they can confide in
- Participated in selected sporting, social or community activities in last 12 months, and
- Are able to get support in time of crisis from outside household.

Responses to cultural connection indicators suggest a comparatively small proportion of Indigenous Victorians have connection to culture. Notable survey results include:

- While 69% of Indigenous Victorians reported they recognised homelands, only 48% reported they can visit homelands
- 57% of Indigenous Victorians reported that they identify with a clan or language group and 4% reported that they speak an Aboriginal/Torres Strait Islander language, and
- Just over one quarter of Indigenous Victorians reported they were involved with an Aboriginal/Torres Strait Islander organisation; and, 52% reported they had attended an Aboriginal and Torres Strait Islander cultural event in last 12 months.

Selected Social and Cultural Connection Indicators, Indigenous Victorians (2014-15)

Indicator	Victoria
Recognises homelands	69%
Can visit homelands	48%
Involvement with Aboriginal/Torres Strait Islander organisation	26%
Speaks an Aboriginal/Torres Strait Islander language	4%
Attended Aboriginal and Torres Strait Islander cultural event in last 12 months	52%
Identifies with clan group or language group	57%
Work allows for cultural responsibilities - can meet responsibilities	33%
Feels able to have a say with family and friends some, most or all of the time	90%
Contact with family or friends outside household at least once per week	95%
Has family or friends outside the household can confide in	90%
Adult participated in sport/social/community activities in last 12 months	96%
Accessed Internet in last 12 months	91%
Has access to motor vehicles whenever needed	71%
Can easily get to places needed	76%
Participated in selected sporting, social or community activities in last 12 months	96%
Able to get support in time of crisis from outside household	93%

AIHW and ABS analysis of National Aboriginal and Torres Strait Islander Social Survey 2014-15, AIHW 2017.

Domain 5. Victoria is Liveable

Internet Connection

In 2016, all Loddon households were much less likely than Greater Bendigo or Victorian households to have accessed the internet from their dwelling. Within Loddon, households with Indigenous persons were less likely to have accessed the internet.

In Greater Bendigo, households with Indigenous persons were slightly less likely to have accessed the internet from their dwelling compared to other Greater Bendigo households and to the Victoria indigenous average.

In 2016, Indigenous households with children in the Bendigo and Castlemaine - Kerang Indigenous Areas were much less likely to have accessed the internet from the dwelling than other households; and also less likely than the Victoria Indigenous average.

Internet Accessed From Dwelling by LGA (2016)

Internet accessed from dwelling:	Loddon		Greater Bendigo		Victoria	
	With Indigenous persons (c)	Not with Indigenous persons	With Indigenous persons (c)	Not with Indigenous persons	With Indigenous persons (c)	Not with Indigenous persons
Accessed	60%	68%	77%	80%	78%	84%
Not accessed	32%	28%	18%	17%	18%	13%
Not stated	8%	4%	5%	3%	4%	3%

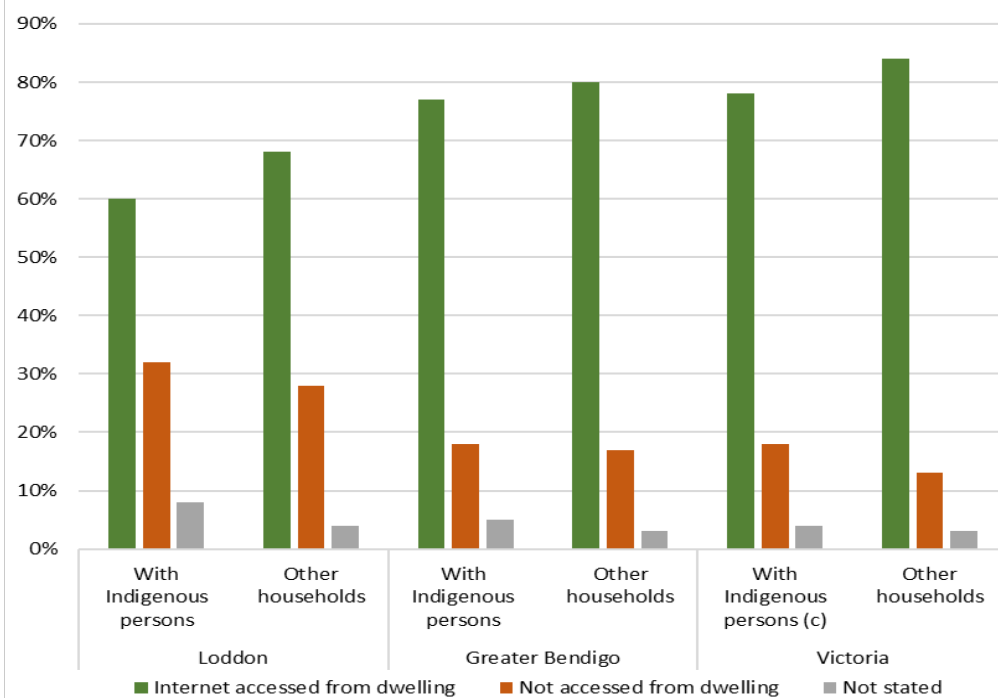
Census of Population and Housing Aboriginal and Torres Strait Islander Peoples (Indigenous) Profiles 2016, ABS (a) Includes any member of the household who accessed the internet from the dwelling through a desktop/laptop computer, mobile or smart phone, tablet, music or video player, gaming console, smart TV or any other devices. It also includes accessing through any type of connection for example ADSL, fibre, cable, wireless, satellite and mobile broadband (3G/4G).

Internet Accessed From Dwelling - Households With Children* by Indigenous Area (2016)

Internet accessed from dwelling:	Bendigo		Castlemaine - Kerang		Victoria	
	Indigenous households, with children	Non-Indig. households with children	Indigenous households, with children	Non-Indig. households with children	Indigenous households, with children	Non-Indig. households with children
Accessed	83%	94%	82%	93%	85%	95%
Not accessed	16%	5%	12%	6%	13%	4%
Not stated	1%	1%	6%	1%	2%	1%

*Social Health Atlas of Australia, Indigenous Status Comparison, PHIDU 2020 *Children aged less than 15 years.*

Internet Connection - Chart (2016)



Census of Population and Housing Aboriginal and Torres Strait Islander Peoples (Indigenous) Profiles 2016, ABS

Appendix

Indigenous Areas Map



ABS Maps, accessed online May 2020