

# Queensland Seniors, 2013–14

Queensland's population is projected to increase to almost 10 million by 2061; 24.2% of the population will be aged 65 years or older, up from 14.0% in 2014, while 6.0% will be aged 85 years or older, up from 1.7% in 2014.

The number of seniors (65 years or older) is anticipated to increase by about 1.8 million persons between 2014 and 2061—an increase roughly equivalent to the current population of Brisbane, Ipswich and Logan combined.

In 2014, there were around 90 babies for every centenarian. By 2061, projections suggest that the ratio will be six babies for every centenarian.

This projected growth in the number of Queensland seniors over the next half century reflects assumed gains in life expectancy and lower fertility rates. Current life expectancy estimates for Queenslanders suggest that:

- a female (male) born in 2011–13 will, on average, live for around 84.1 (79.6) years
- a female (male) who was 65 years old in 2013 could expect to live, on average, for 22.1 (19.0) more years.

In 2011, more than one in every four Queenslanders aged 65 years or older was born overseas.

This brief provides an overview of the demographic and socio-economic characteristics of Queensland seniors, with a particular focus on the elderly (75–84 years) and very elderly (aged 85 years and over).

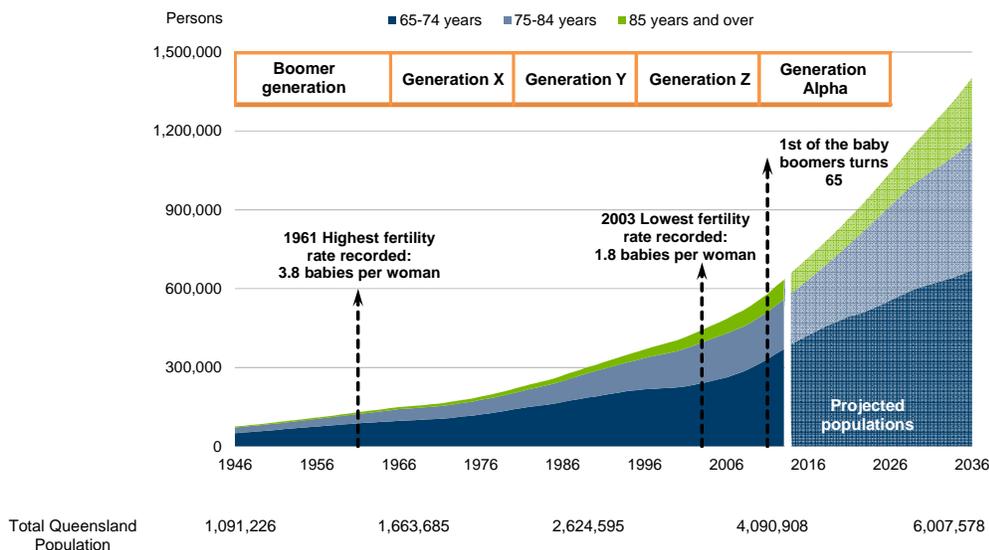
## Population change, year ending 30 June

### Estimated and projected resident population

In 2014, there were 194,030 elderly and 79,300 very elderly persons who were usually resident in Queensland (Figure 1). Queensland's resident population of elderly and very elderly persons has grown on average by 3.3% and 5.0% respectively each year since 1971. The number of persons in these two age groups is projected to increase at a significantly faster rate over the period to 2036.

Queensland accounted for 19.9% and 17.9% respectively of the national increase in the elderly and very elderly during the period 1971 to 2014.

**Figure 1: Estimated and projected senior resident population, Queensland, year ending 30 June**



Source: ABS 3101.0, *Australian demographic statistics*, June 2014; *Queensland Government population projections*, 2013 edition

Between 1971 and 2014, the proportion of Queensland's population who were elderly increased from 2.6% to 4.1%, while the proportion of very elderly persons trebled from 0.5% to 1.7%. These proportions are projected to increase further to 7.0% and 3.4% respectively by 2036, and again to 8.1% and 6.0% respectively by 2061 (Table 1).

## Geographical distribution

### National distribution, 30 June 2014

In 2014, more of Australia's very elderly persons lived in New South Wales (34.9%) than anywhere else in Australia. Queensland was home to 17.4% of the very elderly, behind Victoria with 25.9% (Figure 2). The proportion of Australia's very elderly living in New South Wales and Victoria has declined since 1971 (from 37.3% and 27.7% respectively). In comparison, Queensland's share of this cohort has increased from 14.6% in 1971. Western Australia is the only other state to record a notable increase in its share of the nation's very elderly over this period (from 6.6% to 8.8%).

## Migration

In 2013–14, 5,090 seniors moved to Queensland from other states or territories, while 4,590 left to live elsewhere in Australia (Figure 3). These movements resulted in a net recorded gain of 500 seniors to Queensland, and constituted 8.7% of Queensland's total net interstate migration gain. Over the years since 1996–97, this proportion has varied from –0.8% in 2007–08 when Queensland recorded a net loss of 160 seniors to other states and territories, up to 10.6% in 2000–01.

The years 2000–01 to 2003–04 represented a period of high interstate migration to Queensland by older people, with more than one in ten net interstate migrants in 2000–01 aged 65 years or older. In all but three years since 1996–97, Queensland recorded the highest net interstate migration of seniors across Australia. New South Wales and the Northern Territory recorded net losses in every year during this period, while Victoria recorded net losses up to 2003–04.

Since 2004–05, around 16% to 21% of senior migrants to Australia each year have settled in Queensland. A similar proportion of Australia's departures among this older age group has also come from Queensland. In the two years 2012–13 and 2013–14, Queensland recorded a small net gain followed by a small net loss of seniors to overseas migration (20 and –30 persons respectively).

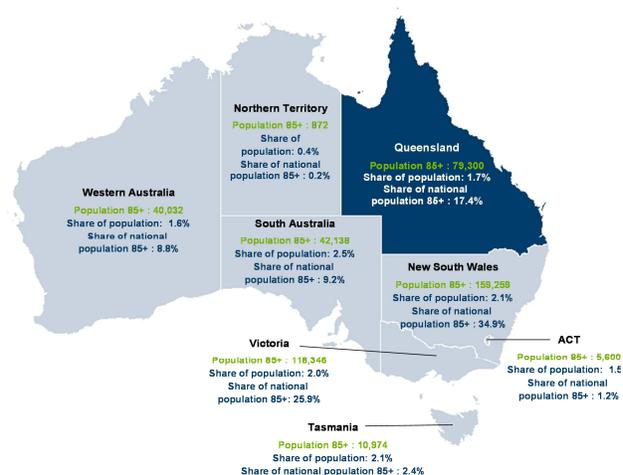
While population gains through net overseas migration were minimal among seniors, a high proportion of senior Queenslanders was born overseas. At 30 June 2011, 28.4% of senior Queenslanders were born overseas, including 30.4% of males and 26.6% of females. The United Kingdom is the main source of overseas-born Queensland seniors, followed by New Zealand, Germany, Italy and the Netherlands.

**Table 1: Estimated resident and projected senior population, Queensland, 30 June**

Age group	1971	2014	2036	2061
— persons —				
65–74 years	104,861	386,466	669,614	1,000,543
75–84 years	48,029	194,033	494,169	812,619
85 years & over	9,740	79,300	238,858	604,155
— per cent —				
65–74 years	5.7	8.2	9.4	10.0
75–84 years	2.6	4.1	7.0	8.1
85 years & over	0.5	1.7	3.4	6.0

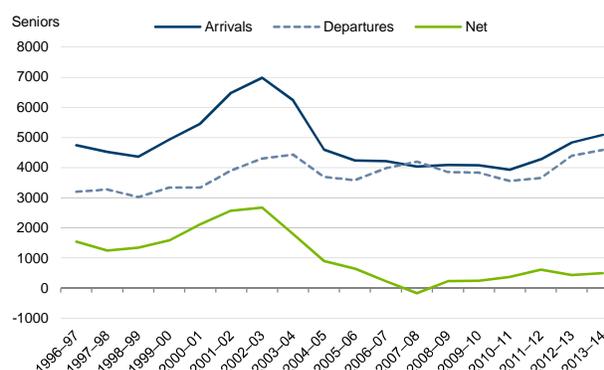
Source: ABS 3101.0, *Australian demographic statistics*, June 2014; *Queensland Government population projections*, 2013 edition

**Figure 2: Estimated resident population, persons aged 85 years and over, 30 June 2014**



Source: ABS 3101.0, *Australian demographic statistics*, June 2014

**Figure 3: Interstate migration, persons aged 65 years and over, Queensland**



Source: ABS 3412.0, *Migration Australia*, 2013–14

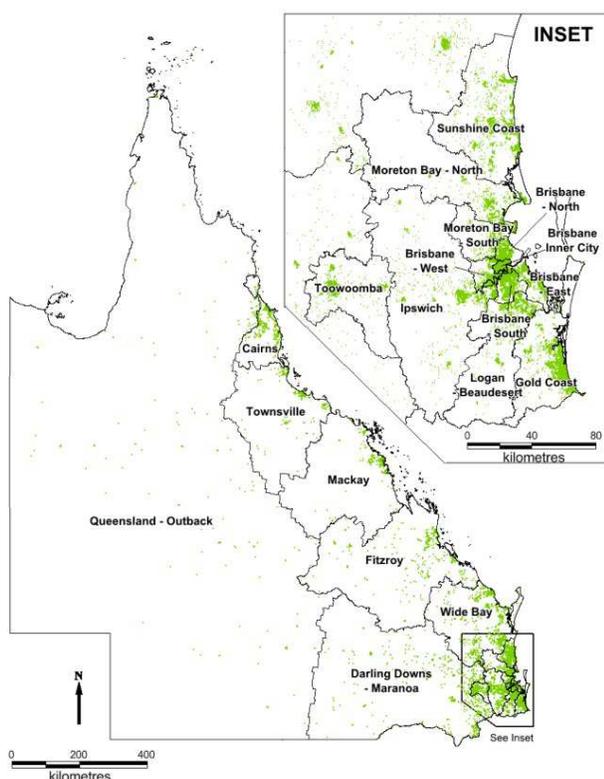
**Queensland distribution statistical areas level 4 (SA4), 30 June 2013**

In 2013, Gold Coast was home to 13.6% of Queensland's very elderly, while Sunshine Coast was home to 10.1% (Table 2). The number of very elderly Queenslanders grew by 28,140 over the 10 years to 2013, with Gold Coast and Sunshine Coast attracting 29.0% of this growth. In contrast, Queensland–Outback had the lowest proportion of the very elderly at 0.9% (or 700 persons) and only 0.6% of the growth.

Projections anticipate 238,860 very elderly Queensland residents by 2036, with Gold Coast home to 13.6% of these, followed by Sunshine Coast with 11.0% and Wide Bay with 8.3%. The 2036 figure represents an additional 162,980 persons across Queensland compared with 2013. Projected growth in the Gold Coast, Sunshine Coast, Wide Bay, Ipswich and Logan–Beaudesert areas will account for 48.0% of Queensland's growth in the very elderly population.

Figure 4 shows the spatial distribution of Queensland's very elderly population by SA4 at the time of the 2011 Census. Almost two in three (65.5%) very elderly residents lived in major cities of Queensland, while 12.7% lived in outer regional, remote and very remote areas.

**Figure 4: Distribution of estimated resident population aged 85 years and over by SA4<sup>(a)</sup>, Queensland, 2011**



1 dot = 1 person aged 85 years and over

(a) Australian Statistical Geography Standard, 2011 edition

Source: ABS, 2011 Census of Population and Housing

**Table 2: Estimated and projected resident population aged 85 years and over by SA4<sup>(a)</sup>, Queensland**

SA4	30 June 2013		30 June 2036	
	number	%	number	%
Gold Coast	10,291	13.6	32,569	13.6
Sunshine Coast	7,674	10.1	26,194	11.0
Wide Bay	6,110	8.1	19,721	8.3
Brisbane - South	5,763	7.6	13,462	5.6
Brisbane - North	4,791	6.3	10,801	4.5
Brisbane - East	4,308	5.7	12,155	5.1
Moreton Bay - North	4,272	5.6	14,982	6.3
Ipswich	3,797	5.0	16,203	6.8
Brisbane Inner City	3,378	4.5	8,115	3.4
Brisbane - West	3,338	4.4	7,413	3.1
Cairns	3,251	4.3	10,567	4.4
Logan–Beaudesert	3,117	4.1	14,562	6.1
Townsville	3,115	4.1	10,609	4.4
Fitzroy	2,914	3.8	10,962	4.6
Toowoomba	2,897	3.8	8,530	3.6
Darling Downs–Maranoa	2,362	3.1	6,713	2.8
Mackay	1,929	2.5	5,892	2.5
Moreton Bay - South	1,872	2.5	7,135	3.0
Queensland–Outback	703	0.9	2,274	1.0
<b>Queensland</b>	<b>75,882</b>	<b>100.0</b>	<b>238,858</b>	<b>100.0</b>

(a) Australian Statistical Geography Standard, 2011 edition

Source: ABS 3235.0, *Population by age and sex, regions of Australia*, 2013

**The very elderly, by sex, year ending 30 June**

Of the 79,300 very elderly Queensland residents in 2014 (aged 85 years and over), almost two in every three were female (28,982 males and 50,318 females). This difference reflects the higher life expectancy at birth for females compared with males.

In 2014, there were 57.6 males for every 100 females among the very elderly in Queensland. This is markedly lower than the ratio of 104.5 recorded at birth in 2014, due to the impact of higher male mortality within older and elderly populations. This was also the highest ratio recorded for the very elderly cohort since 1971. The ratio has been rising since a low of 41.7 in 1986 and is projected to increase further over coming years, reflecting ongoing improvements in male life expectancy.

While there are more females than males at every age among this group, their distribution by age differs from that of males. Up to age 88 years, very elderly males had a proportionally higher representation than females e.g. 18.3% of very elderly males were aged 85 years compared with 15.0% of females. From age 89 years onwards, females have proportionally higher representation.

**The elderly**

The number of males per 100 females among 75–84 year olds is higher than among the very elderly, and has shown an increasing trend since 1994 (69.4) reaching 87.7 in 2014.

## Mortality and life expectancy

### Australian life expectancy

Life expectancy measures how long, on average, a person could live if the current age-specific death rates applied throughout their life.

Life expectancy at birth for both male and female Australians increased notably over the 50 years to 2013. Females born in 2013 can expect to live, on average, 10.1 years longer than females born in 1962 (up from 74.2 years to 84.3 years). Male life expectancy increased by 12.2 years over these same 50 years (from 67.9 years up to 80.1 years).

These increases are also reflected in the senior population, where a male aged 65 years in 2013 could expect to live, on average, another 19.2 years. Females of the same age could expect to live for another 22.1 years (Figure 5). This compares with the lower remaining life expectancy of 12.5 years and 15.7 years respectively, for males and females who were 65 years old in 1962.

Remaining life expectancy for the very elderly has also increased over time, from 4.1 years for males who were 85 years old in 1962 to 6.1 years in 2013. Similarly there was an increase from 4.8 years to 7.1 years for 85 year old females. Differences between male and female life expectancy also narrow with age, declining from 2.2 years at age 75 years to 0.1 years at age 99 years in 2013.

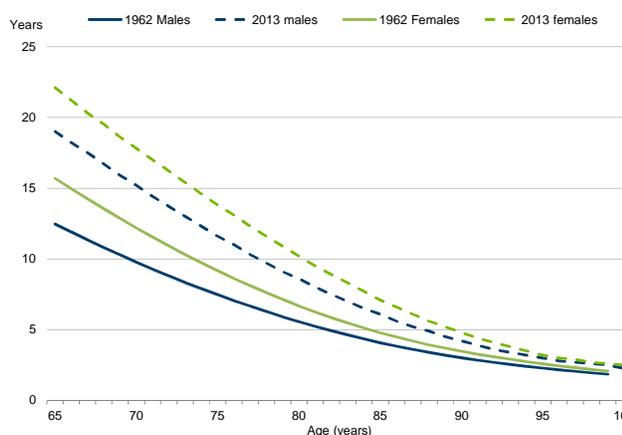
The increases in life expectancy during the last 50 years have been attributed to improved social conditions, medical advances, mass immunisation, increased road safety and behavioural change (lifestyle behaviours). These changes have led to a reduction in death rates at all ages. There have also been changes in the primary causes of death over time.

#### Deaths by age

Like life expectancy, the median age at which Queenslanders die has also increased over time. The median age at death of Queensland residents in 2013 was 76.9 years for males and 83.6 years for females, an increase of 1.3 and 1.7 years respectively on the median age at death in 2003. A comparison of the distribution of deaths in Queensland between 2003 and 2013 shows a clear shift towards a greater proportion of deaths among the very elderly (Figure 6). In 2013, deaths among the very elderly represented 35.5% of all deaths in Queensland, up from 28.9% in 2003.

The increasing proportion of deaths among the oldest cohorts of Queensland residents, and the upward trend in the median age of death, reflect the larger numbers of people moving into these age groups, as well as increasing life expectancy. Very elderly females and males comprised 45.1% and 27.0% of all female and male deaths respectively in 2013, indicative of the relatively larger number of females in this cohort and the longer, on average, life expectancy experienced by females compared with males.

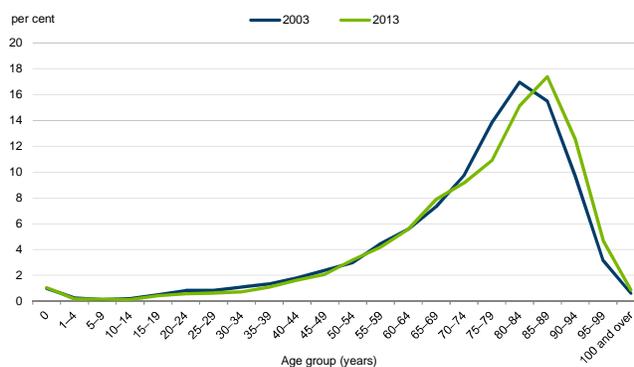
Figure 5: Life expectancy (years)<sup>(a)</sup> by sex, by single year of age, 65 years and over, Australia



(a) Life expectancy calculated using data for the three years ending in the reference year.

Source: ABS 3302.0.55.001, *Life tables, States, Territories and Australia*, 2011–2013; ABS 3105.0.65.001 *Australian historical population statistics*, 2014

Figure 6: Distribution of registered deaths by age, Queensland



Source: ABS 3302.0, *Deaths, Australia*, 2013

The greater longevity experienced by females is evident when comparing sex ratios across the older cohorts. In 2013, there were 67 male deaths for every 100 female deaths among the very elderly in Queensland. Comparatively, among the elderly, there were 126 male deaths for every 100 female deaths.

### Causes of death

Examining the main causes of death among Queensland's seniors enables a greater understanding of patterns in mortality and their flow-on impacts. Ischaemic heart disease was the leading cause of death for both elderly and very elderly males and females in Queensland in 2012 (Table 3). Among the very elderly, one in five deaths in 2012 was as a result of ischaemic heart disease. The proportion of deaths among the very elderly due to ischaemic heart disease has declined over time, from 26.0% in 2000 for males and 29.9% for females, to 19.4% and 20.4% respectively in 2012.

Ischaemic heart disease, a leading cause of death, includes heart attacks, angina and other conditions that block blood flow to the heart.

Cerebrovascular diseases, another major cause of death, include strokes and other conditions that affect circulation of blood flow to or in the brain.

Cerebrovascular diseases were the second most common underlying cause of death among the very elderly, accounting for around one in every 10 deaths. Organic mental disorders, including dementia, were the next leading causes of death for both males and females in this cohort.

**Table 3: Leading cause of death by sex for population aged 75–84 years and 85 years and over, Queensland, 2012**

Rank	Males	— % —	Females	— % —
<b>75 to 84 years</b>				
1 <sup>st</sup>	Ischaemic heart disease	14.8	Ischaemic heart disease	12.6
2 <sup>nd</sup>	Malignant neoplasms of digestive organs	9.1	Cerebrovascular diseases	9.7
3 <sup>rd</sup>	Malignant neoplasms of respiratory and intrathoracic organs	7.6	Malignant neoplasms of digestive organs	9.1
<b>85 years and over</b>				
1 <sup>st</sup>	Ischaemic heart disease	19.4	Ischaemic heart disease	20.4
2 <sup>nd</sup>	Cerebrovascular diseases	9.6	Cerebrovascular diseases	12.8
3 <sup>rd</sup>	Organic, including symptomatic, mental disorders	6.2	Organic, including symptomatic, mental disorders	10.0

Source: ABS 3303.0, *Causes of death, Australia*, 2012

## Health

### Disability and illness

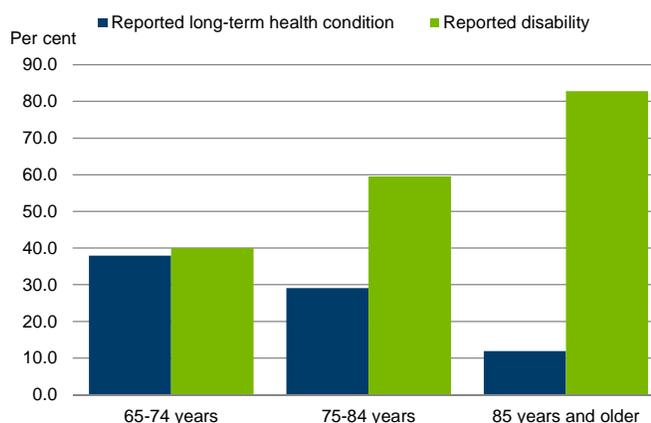
These increases in life expectancy are likely to have significant implications both for individuals and for sectors such as health and aged care. There is a strong correlation between age and disability. In 2012, an estimated 40% of 65–74 year old Queenslanders reported having a disability (Figure 7). However, at 83%, the rate was more than double among the very elderly<sup>1</sup>.

Around one in every four 65–74 year olds with a disability was found to have a profound or severe core activity limitation. The comparative rate among the very elderly was three in every five people.

A further 38% of 65–74 year olds and 12% of the very elderly reported having a long term health condition.

Consistent with the leading causes of death reported above, in 2011–12, an estimated 56.0% of Queensland seniors reported having circulatory disease, including 25.8% who had experienced and survived heart attack, stroke and/or vascular disease<sup>2</sup>. An estimated 42.8% of Queensland seniors reported having arthritis and 7.0% reported having cancer.

**Figure 7: Disability and illness, Queensland, 2012**



Source: ABS 4430.0, *Survey of disability, ageing and carers*, 2012

<sup>1</sup> ABS 4430.0, *Survey of disability, ageing and carers*, 2012

<sup>2</sup> ABS 4364.0, *Australian health survey: first results, 2011-12, Queensland*

Despite the prevalence of disability and long-term health conditions among Queensland seniors reported by the Australian Bureau of Statistics (ABS), in a separate Queensland Health survey<sup>3</sup> conducted in the same year, the majority of respondents reported that:

- their health was good or very good
- their quality of life was good or very good
- they were satisfied or very satisfied with their health.

### Risk factors

Heart disease and cerebrovascular disease, two of the primary causes of death among older persons, are largely preventable conditions. While risk factors such as age, ethnicity and family history cannot be changed, there are both lifestyle and medical risk factors that are modifiable or treatable including: smoking behaviour, high blood pressure, high cholesterol, physical inactivity, diabetes, and being overweight.

The prevalence of these risk factors among Queensland seniors varies with sex and age. For example, 65–74 year old males were significantly more likely to be overweight or obese than their female peers. They were also significantly less likely to eat adequate amounts of fruit and vegetables and significantly more likely to consume alcohol at risky levels over their lifetime. In contrast, there was little difference in the prevalence of overweight /obesity and fruit and vegetable consumption between males and females aged 75 years and older.

Of major concern is the prevalence of overweight and obesity among men aged 65–74 years, where around three in every four men have a body mass index (BMI) of 25 or more. Half of all men in this age group also reported having high blood pressure and 38.1% reported having high cholesterol.

**Table 4: Self-reported health status 2014, Queensland**

Health measure	Males 65–74 years			Females 75 years & over		
	— % —	— % —	Persons	— % —	— % —	Persons
Overweight or obese <sup>(a)</sup>	72.8	64.6	68.7	58.9	55.1	56.8
Adequate fruit intake	58.5	77.0	68.0	58.3	76.1	68.2
Adequate vegetable intake	6.0	19.8	13.1	9.2	10.8	10.1
Sufficient physical activity	51.7	47.8	49.7	n.a.	n.a.	n.a.
Daily smoker	10.5	7.1	8.8	1.8*	3.7	2.9
Alcohol consumption at a risky level of harm over a lifetime	25.2	5.9	15.4	20.1	2.3*	10.3
Diabetes/high blood sugar	27.0	17.6	22.2	24.7	16.8	20.3
High blood pressure	50.4	48.9	49.6	48.3	62.0	55.8
High cholesterol	38.1	42.7	40.4	29.3	34.3	32.1
Health status (excellent, very good or good) <sup>(b)</sup>	76.0	77.1	76.6	71.9	70.3	70.9
Quality of life (very good or good) <sup>(b)</sup>	87.7	86.1	86.9	81.8	83.3	82.7
Satisfaction with health (very satisfied or satisfied) <sup>(b)</sup>	80.4	80.2	80.3	86.4	80.9	83.2

(a) Based on self-reported height and weight

(b) 2012 Data from Queensland Health, *Self-reported health status 2012: preventive health indicators report* (not reported in 2014)

\* RSE of 25–50% and should be used with caution.

Source: Queensland Health, *Self-reported health status 2014: preventive health indicators, Queensland*

Falls are also a significant health risk for older Queenslanders. In 2010–11, the hospitalisation rate for fall-related injuries among seniors was 2,737 per 100,000 persons, up from 2,216 per 100,000 persons ten years earlier<sup>4</sup>. Queensland Health predictions estimate that the total cost of hospitalisations due to fall-related injuries among Queensland seniors is projected to be more than \$240 million by 2015, based on projected estimates of cost, population growth and the rate of falls-related admissions<sup>5</sup>.

<sup>3</sup> Queensland Health, *Self-reported health status 2012: preventive health indicators, Queensland*

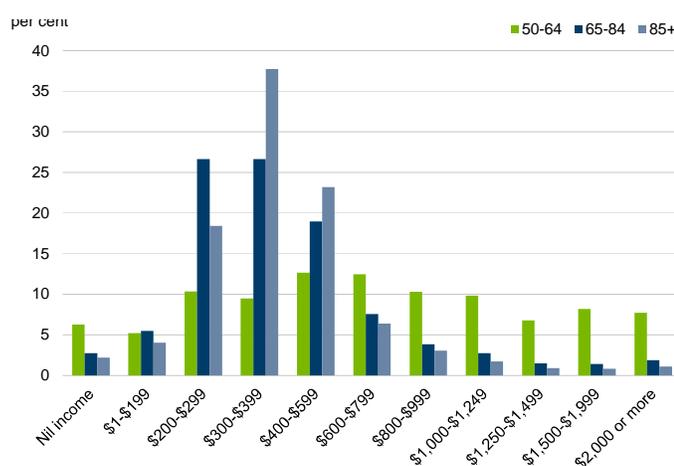
<sup>4</sup> [http://www.health.qld.gov.au/cho\\_report/2012/documents/2012-cho-report-all.pdf](http://www.health.qld.gov.au/cho_report/2012/documents/2012-cho-report-all.pdf)

<sup>5</sup> <http://www.health.qld.gov.au/stayonyourfeet/facts/statistics.asp>

## Employment and income

Labour force participation among older Queenslanders decreases with increasing age (Figure 8). However, the decline in participation commences well before the traditional retirement age (65 years). In 2011, participation among males fell from 87.1% among 50–54 year olds to 61.4% among 60–64 year olds. Females had a similar drop in participation levels with increasing age, from 77.9% among 50–54 year olds down to 43.5% for those aged 60–64 years. Men participated at higher rates than women across all age groups, with the ratio more than double for the age groups 70–74 years and above.

**Figure 9: Weekly personal income by selected age groups, Queensland, 2011<sup>(a)</sup>**



(a) Excludes 'Not stated'. Negative income used in calculation of proportions, however not shown in table due to small numbers.

Source: ABS Census of Population and Housing, 2011, unpublished data.

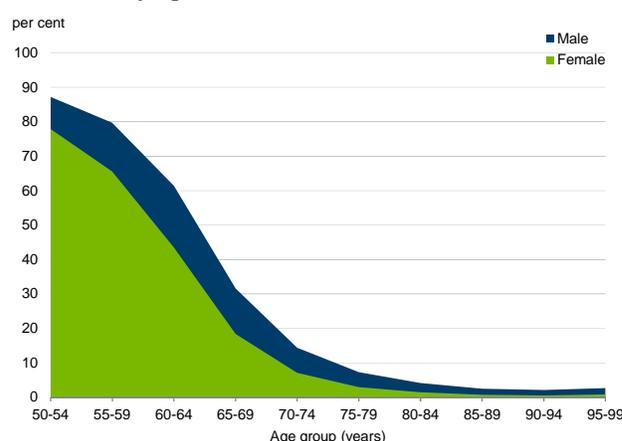
## Housing and living arrangements

Housing that is both secure and appropriate is essential to the health and wellbeing of older Queenslanders. A large proportion of Queensland seniors own their own home outright, with over 60% of the elderly and just under half of the very elderly living in a home that is owned outright. The proportion that resides in a home with a mortgage, or that is being rented, decreases with increasing age, while an increasing number were moving into 'Other' types of tenure, including non-private dwellings. The proportion of the very elderly in 'Other' dwellings was nearly twice that of the 75–84 years age group (40.2% compared with 20.6%) in 2011.

The proportion of Queensland seniors living in non-private dwellings<sup>6</sup> increased with age from 5% of persons aged 65–74 years, to 10% of persons aged 75–84 years and 28% of the very elderly. For the very elderly the most common type of non-private dwelling was nursing homes, with around one in six very elderly Queenslanders (18%) living in this type of accommodation in 2011.

Seniors who live alone are more at risk of experiencing social isolation and loneliness, and are more likely to require outside assistance in the event of illness<sup>7</sup>. Nearly one quarter of Queensland seniors lived alone in a private dwelling, with women significantly more likely to live alone than men (16% compared with 28%). The proportion living alone increased with age for both men and women.

**Figure 8: Proportion of older persons in the labour force, by age and sex, Queensland, 2011**



Source: ABS Census of Population and Housing, 2011, unpublished data

Approximately two-thirds of both the elderly and very elderly in Queensland reported personal weekly incomes of less than \$400 (\$2,800 annually), while less than five per cent of the very elderly reported personal weekly incomes over \$1,000 per week (\$52,000 annually) (Figure 9).

At older ages, traditional sources of income tend to be replaced with other income sources such as government pensions, superannuation and investments.

Accumulated wealth can also contribute to the overall wellbeing and lifestyle choices available to seniors in their retirement years.

<sup>6</sup> A non-private dwelling (NPD) is a residential dwelling with accommodation which is not included in the census list of private dwelling categories. NPDs are classified according to their function and can include hotels, motels, guest houses, prisons, religious and charitable institutions, military establishments, hospitals and other communal dwellings. Complexes such as retirement villages, which have a combination of self-contained units, hostel and/or nursing home accommodation are enumerated as NPDs.

<sup>7</sup> Yeh SJ & Lo SK 2004. *Living alone, social support, and feeling lonely among the elderly*. *Social Behaviour and Personality* 32:129–38.

ABS household projections<sup>8</sup> estimate that the proportion of very elderly Queenslanders living alone will increase to one in three by 2031 (34%), with a slightly lower proportion projected to be accommodated in non-private dwellings (27%) (Table 5). While the proportions are projected to shift slightly from current levels, the actual number of very elderly persons in these living arrangements is projected to more than double for non-private dwellings and more than treble for lone households.

**Table 5: Living arrangements of older persons, estimates and projections, Queensland**

Living arrangement		2006		Percent growth (%)	2031		Percent growth (%)
		65–84 years			85 years & over		
Lone household	no.	102,410	246,230	140.4	17,170	56,790	230.8
	%	23.4	23.1		30.0	33.5	
Non-private dwellings	no.	18,160	38,910	114.3	18,050	46,120	155.5
	%	4.2	3.7		31.6	27.2	

Source: ABS 3236.0, *Household and family projections, Australia, 2006 to 2031*

## Very elderly Indigenous persons

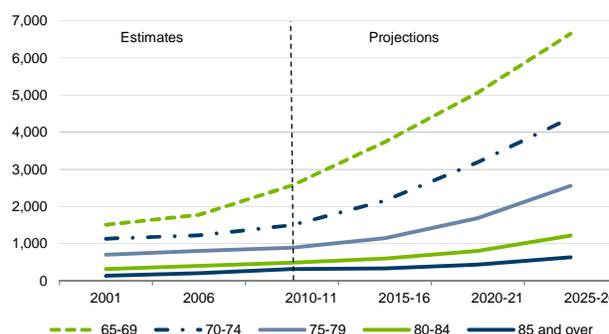
The Queensland Aboriginal and Torres Strait Islander population has a younger age structure than the non-Indigenous population, with a much smaller proportion of older persons. At 30 June 2011, the estimated resident population of Aboriginal and Torres Strait Islander persons aged 85 years and over in Queensland was 320, accounting for 0.2% of Queensland's total Aboriginal and Torres Strait Islander population and 0.5% of Queensland's very elderly population at that time. Queensland's share of the national Aboriginal and Torres Strait Islander very elderly population of 1,330 persons was 24.0% at 30 June 2011, the second highest share behind New South Wales (28.8%) and consistent with their respective shares of the total Aboriginal and Torres Strait Islander population.

There were nearly two females for every male in Queensland's Aboriginal and Torres Strait Islander very elderly population at 30 June 2011 (110 males and 210 females), accounting for 0.1% and 0.2% of the respective Aboriginal and Torres Strait Islander populations.

The number of very elderly Aboriginal and Torres Strait Islanders in Queensland is projected<sup>9</sup> to double to 640 persons aged 85 years and over by 2026 (Figure 10). For the broader group aged 65 years and over, the population is projected to increase more than two and a half times, from 5,790 persons in 2011 to 15,470 persons in 2026, and will account for 5.7% of the total Queensland Aboriginal and Torres Strait Islander population (up from 3.1% in 2011).

Despite this increase, the proportion of the very elderly in Queensland that is of Aboriginal and Torres Strait Islander origin will remain at 0.5%. For the broader age group of 65 years and over however, the proportion that are of Aboriginal and Torres Strait Islander origin is projected to increase from 1.0% in 2011 to 1.5% in 2026.

**Figure 10: Estimates and projections of Aboriginal and Torres Strait Islander seniors, Queensland**



Source: ABS 3238.0, *Estimates and projections, Aboriginal and Torres Strait Islander Australians, 2001 to 2026*

### Notes

Population and migration data herein were the most recent available at the time of preparation. Complete accuracy of figures is not claimed by the ABS should not be assumed.



<sup>8</sup> Household projections are sourced from ABS *Household and family projections, Australia, 2006 to 2031* (Series II)

<sup>9</sup> Projections are sourced from *Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 2011 to 2026* (Series B)