

Ref.	Location	Recruitment	N	Female (%)	Age (years)	Respiratory diseases assessed	Assessment method for respiratory diseases			PFT
							COPD	Bronchiectasis	Asthma	
<sup>29</sup>	TEHS	Retrospective review of adult AP referred to the sleep specialist/outreach team with OSA (2011-2015)	297	48.2	48±12.5	COPD	EMR	-	-	-
<sup>14</sup>	TEHS	Retrospective review of adult AP with a diagnosis of COPD referred to the respiratory outreach team (2012-2016)	380	55.8	57.3±13.2	COPD Bronchiectasis Asthma	EMR	EMR	EMR	Acceptable spirometry in 175 AP
<sup>30</sup>	TEHS	Retrospective review of adult AP with a diagnosis of COPD and with chest radiology available referred to the respiratory outreach team (2012-2016)	258	49.6	58.4±12.1	COPD Bronchiectasis Asthma	EMR	Radiological evidence	EMR	Acceptable spirometry in 122 AP
<sup>7</sup>	TEHS	Retrospective review of adult patients diagnosed with bronchiectasis (2012-2017)	388 total: 258 Aboriginal	59.3	54±14.9	COPD Bronchiectasis Asthma	EMR	Radiological evidence, or those hospitalised with ICD code J4713	EMR	Acceptable spirometry in 161 patients (does not specify Aboriginal numbers)
<sup>15</sup>	TEHS	Retrospective review of adult AP referred to respiratory outreach team (2013-2015)	357	58.2	49±12.9	COPD Bronchiectasis Asthma	GOLD stage 2 or higher	EMR	EMR	Acceptable spirometry in 150 AP
<sup>31</sup>	TEHS	Retrospective review of adult patients referred to the respiratory specialist/outreach team with acceptable spirometry who had an FEV <sub>1</sub> /FVC ratio <0.7 (2012-2020)	1113 total: 240 Aboriginal	47	54.7±13.64	COPD	FEV <sub>1</sub> /FVC ratio <0.7	-	-	Acceptable spirometry in 240 AP
<sup>32</sup>	TEHS	Retrospective review of adult AP referred to the respiratory specialist/outreach team with acceptable spirometry who had an FEV <sub>1</sub> /FVC ratio <0.7 or FEV <sub>1</sub> /FVC ratio <LLN (2012-2020)	253	47	54.7±13.63	COPD Bronchiectasis	FEV <sub>1</sub> /FVC ratio <0.7 or FEV <sub>1</sub> /FVC ratio <LLN	Radiology evidence	-	Acceptable spirometry in 253 AP
<sup>33</sup>	TEHS	Retrospective review of adult AP referred to the respiratory specialist/outreach team at least twice, with acceptable spirometry performed at both times (2012-2020)	115	50.4	50.4±11.1	COPD Bronchiectasis	Radiology evidence	Radiology evidence	-	Acceptable spirometry in 115 AP
<sup>34</sup>	TEHS	Retrospective review of adult AP referred to the respiratory specialist/outreach team with Chest CT or Chest X-ray available which showed either chronic lung disease, or no chronic lung disease and had acceptable spirometry (2012-2020)	485	55.8	50.9±16.5	COPD Bronchiectasis	Radiology evidence	Radiology evidence	-	Acceptable spirometry in 485 AP
<sup>35</sup>	TEHS	Retrospective review of adult patients referred to the respiratory specialist/outreach team with acceptable spirometry (2012-2020)	5321 total: 742 Aboriginal	56.9	50.7±12.6	COPD Bronchiectasis Asthma	Radiology evidence or FEV <sub>1</sub> /FVC < 0.7	Radiology evidence	BDR (12% and 200ml change or 10% change)	Acceptable spirometry in 742 AP
<sup>36</sup>	TEHS	Retrospective review of adult AP referred to the respiratory specialist/outreach team with Chest CT available (2012-2020)	402	59	53.5±40.8	COPD Bronchiectasis	CT evidence	CT evidence	-	-
<sup>37</sup>	TEHS	Retrospective review of adult AP referred to the respiratory specialist/outreach team with Chest	212	54.3	53.1±12.2	COPD Bronchiectasis	CT evidence	CT evidence	-	Acceptable spirometry in 212 AP

		CT available which showed either chronic lung disease, or no chronic lung disease and had acceptable spirometry (2012-2020)								
<sup>38</sup>	TEHS	Retrospective review of adult patients actively receiving DOT (2018-2020)	212 total: 45 Aboriginal	38	61±12.4	COPD Bronchiectasis	EMR	EMR	-	-
<sup>39</sup>	TEHS	Convenience survey of patients currently hospitalised with, or hospitalised previously with and presenting to respiratory team, an exacerbation of COPD (2020-2021)	86 total: 59 Aboriginal	53	56.3±9.8	COPD Bronchiectasis Asthma	ICD coded hospitalisation	EMR	EMR	Acceptable spirometry in 53 AP
<sup>40</sup>	TEHS	Retrospective cohort study of adult patients admitted to hospital with a diagnosis of hypomagnesemia (2008-2014)	876 total: 494 Aboriginal	56.1	43.8±16.9	COPD Asthma	EMR	-	EMR	-
<sup>41</sup>	Central AU	Retrospective review of adult AP (≥15 years) who presented to ASH and had a HTLV-1 screening test (2000-2010)	1451 HTLV-1 + <sup>ve</sup> 507 HTLV-1 - <sup>ve</sup> 944	55.3	HTLV-1 + <sup>ve</sup> : 47.7±13.9 HTLV-1 - <sup>ve</sup> : 43.9±16.6	COPD Bronchiectasis Asthma	EMR	ICD-10 coding Definite – confirmed by HRCT. Possible – no HRCT recorded	EMR	-
<sup>8</sup>	Central AU	Retrospective review of adult patients (≥15 years) whom had a discharge diagnosis of bronchiectasis via ASH (Aboriginal Australian), MMC (non-Aboriginal Australian) or MH (Māori, Pacific Islanders and non-Aboriginal New Zealanders) (2004-2008)	406 total: 85 Aboriginal	42.4	43.7±12.3	Bronchiectasis	-	HRCT	-	Acceptable spirometry in 54% of AP
<sup>42</sup>	Central AU	Case-control study of adult AP (≥15 years) who were admitted to ASH with a blood culture pathogen isolated (case) or admitted without infection to surgical or renal units, or for cardiac investigation and were positive for HTLV-1 (2008-2009)	74 44 cases 30 controls	57	Case: 51.3±12.3 Control: 47.2±10.1	COPD Bronchiectasis	EMR	EMR	-	-
<sup>43</sup>	Central AU	Retrospective review of adult AP (≥15 years) who presented to ASH with an infective exacerbation of bronchiectasis (case) or for a non-respiratory reason with no evidence of LRTI (control) and had a HTLV-1 screening test (2008-2010)	72	30.6	Case: 43.5±71.4 Control: 46.1±75.6	COPD Bronchiectasis Asthma	EMR	HRCT, bronchoscopy and/or bronchography	EMR	-
<sup>44</sup>	Central AU	Retrospective review of adult AP (≥15 years) who presented to ASH with a discharge diagnosis of bronchiectasis (case) or for a non-respiratory reason with no evidence of LRTI (control) and had a HTLV-1 screening test (2008-2013)	840	42.6	No HTLV-1: 46.2±15.3 Low HTLV-1 PVL: 51.6±13.7 High HTLV-1 PVL: 51.1±13.8	COPD Bronchiectasis	EMR and radiological evidence	HRCT	-	-
<sup>45</sup>	Central AU	Retrospective review of adult AP (≥18 years) who presented to ASH with a diagnosis of bronchiectasis (case) or for a non-respiratory reason with no history of CLD (control) and had a HTLV-1 screening test (2010-2013)	240	40	-	COPD Bronchiectasis Asthma	EMR and radiological evidence	HRCT	EMR and BDR	-
<sup>46</sup>	Central AU	Community based survey of seven remote Aboriginal communities including all Aboriginal community members aged >2,	415	54.7	Female HTLV-1 + <sup>ve</sup> : 44.6±14.5 Female HTLV-1 - <sup>ve</sup> :	Bronchiectasis	-	HRCT	-	-

		incorporating a questionnaire, physical exam, spirometry, blood tests and review of EMRs (2014-2018)			40.4±14.5 Male HTLV-1 + <sup>ve</sup> : 42.6±14.7 Male HTLV-1 - <sup>ve</sup> : 32.7±12					
<sup>47</sup>	NT	Historical cohort study of adult (≥ 15 years) Aboriginal residents of remote communities who presented to primary healthcare or hospital (2002-2011)	14,184	56	15-29: 45.1 30-39: 24.3 40-49: 15.6 50-59: 8.3 ≥60: 6.7	COPD	Primary care ICPC codes or hospital AR- DRG codes	-	-	-
<sup>48</sup>	N. QLD	Retrospective review of adult patients referred to the Aboriginal respiratory outreach care team (2012-2020)	1734 total: 1117 Aboriginal	62	54.7±14.1	COPD Bronchiectasis Asthma	EMR	EMR	EMR	Acceptable spirometry in 1117 AP
<sup>49</sup>	S. QLD	Retrospective cohort of pregnant women of singletons presenting to MMH (2008-2019)	110057 total: 4675 Aboriginal	100	<20 – 11% 20-34 – 75.7% ≥34 – 13.3%	Asthma	-	-	EMR	
<sup>50</sup>	Kimberley region WA	Random household sampling in Broome, total population sampling in very remote communities of permanent residents aged ≥40 years (2008-2012)	823 total: 328 Aboriginal	56.4	51.8±9.3	COPD Asthma	Self-reported chronic bronchitis, emphysema or COPD	-	Self-reported asthma or asthmatic bronchitis	Acceptable spirometry in 253 AP
<sup>51</sup>	Kimberley region WA	Retrospective cohort study of adult patients with a bronchiectasis hospital admission (2011-2016)	32 total: 23 Aboriginal	41 (total cohort)	49.9±10.4 (total cohort)	Bronchiectasis	-	ICD coding	-	Acceptable spirometry recorded in 5 patients (Did not break down by Aboriginal status)
<sup>52</sup>	WA	Prospective cohort study of all Aboriginal mother/baby dyads (singleton, born >20 weeks gestation) (2001-2013)	12,323 mothers	100	<20 – 20.6% 20-24 – 24% 25-29 – 32.8% ≥30 – 22.6%	Asthma	-	-	Self-reported or hospital admission with ICD coded asthma	-
<sup>53</sup>	WA	Longitudinal cohort of patients who had at least one presentation with either Heart failure, type 2 diabetes or COPD during the study period (2002-2014)	Cardinal events, not ‘patients’ assessed. 43300 total: 3431 Aboriginal	-	Age at cardinal event: COPD: 57.2±14.6	COPD	ICD coded emergency department presentation	-	-	-
<sup>54</sup>	WA	Retrospective review of patients admitted to hospital with a principal diagnosis of acute coronary syndrome, discharged alive (2002-2004)	1717 total: 499 Aboriginal	43.1	53±13	COPD/asthma	EMR (COPD including asthma)	-	EMR (COPD including asthma)	-
<sup>55</sup>	WA	Retrospective review of stroke patients (aged 25-84 years) (2007-2011 using a 20 year look back period)	67,956 total: 3,184 Aboriginal	50.9	25-34: 4.6 35-44: 12.9 45-54: 20.4 55-64: 26.7 65-74: 22 75-84: 13.4	COPD	Hospital admission coded to COPD diagnosis field	-	-	-
<sup>56</sup>	SA	Retrospective review of AP with cancer matched to non-AP with cancer (1990-2010)	777	51.7	57.7±15.6	COPD	ICD coded hospital admissions	-	-	-

<sup>57</sup>	SA	Retrospective review of patients on warfarin anticoagulation therapy identified from clinical and administrative databases at the RAH (1999-2012)	512 total: 88 Aboriginal	46.6	51±13	COPD	EMR	-	-	-
<sup>58</sup>	Victoria	State-wide phone survey of randomly selected adults (2008)	34168 total: 339 Aboriginal	-	-	Asthma	-	-	Self-reported if the patient had in the last 12 months, or ever in the past been diagnosed with asthma by a doctor.	-
<sup>59</sup>	NSW	Quasi experimental study of AP adults (> 45 years) eligible for registering for the ‘Closing the Gap’ co-payment incentive and linked data from the “45 and Up Study” (2006-2014)	1,948	56.9	Registered: 56±7.8 Unregistered: 58.3±9.3	Asthma	-	-	Self-reported if the participant has ever been told they have asthma by a doctor.	-
<sup>60</sup>	Australia	Observational time trend study of Aboriginal adults (>15 years) presenting to hospital with asthma, COPD, hypertension, heart failure or other cardiovascular event in selected pharmaceutical benefits scheme sentinel regions (2009-2011)	Recorded hospital presentations 109583 total: 4596 Aboriginal	-	-	COPD Asthma	ICD coded hospital admissions	-	ICD coded hospital admissions	-
<sup>61</sup>	Australia	Retrospective review of Adult AP involved in the Kanyini Guidelines Adherence with the polypill randomised controlled trial recruited from 33 primary healthcare centres across Australia (2009-2013)	535 total: 249 Aboriginal	42.2	Urban/regional: 57±8.8 Remote: 55±13.6	COPD	Not stated	-	-	-
Abbreviations: AR-DRG, Australian refined diagnosis related groups; ASH, Alice Springs Hospital; AU, Australia; BDR, Bronchodilator response; COPD, Chronic obstructive pulmonary disease; CT, Computed tomography; DOT, Domiciliary oxygen therapy; EMR, Electronic medical record; FEV <sub>1</sub> , Forced expiratory volume in one second; FVC, Forced vital capacity; GOLD, Global initiative for chronic obstructive lung disease; HRCT, High resolution computed tomography; HTLV-1, Human T-Lymphotropic Virus type 1; ICD, International classification of disease coding; ICPC, International classification of primary care; AP, Aboriginal patients; LLN, Lower limit of normal; MH, Middlesmore hospital; MMC, Monash medical centre; LRTI, Lower tract respiratory infection; MMH, Mater mothers hospital; N. QLD, North Queensland; OSA, Obstructive sleep apnoea; PFT, Pulmonary function test; PVL, Proviral load; RAH, Royal Adelaide hospital; Ref., Reference; SA, South Australia; S. QLD, South Queensland; TEHS, Top end health service; WA, Western Australia										

Supplemental 3. Outline of studies included for analysis