



FACTSHEET

Access to health services for Aboriginal and Torres Strait Islander people

Access to health services is an important contributor to health and wellbeing. Aboriginal and Torres Strait Islander people typically die at much younger ages than other Australians and are more likely to experience disability and reduced quality of life because of ill health.

Preventive health services

Preventive health services are aimed at protecting or promoting health or preventing illness. In Australia, such services are delivered via both mainstream and Indigenous-specific programs, and include activities such as screening, health checks and immunisation. Indigenous Australians were less likely than non-Indigenous Australians to access a range of preventive health services. For example, in December 2009, Indigenous children were less likely than their non-Indigenous counterparts to be fully immunised at 1, 2 and 5 years of age.

Primary and community health services

Primary care and community health services include care from general practitioners (GPs), allied health professionals, pharmacists and other practitioners, and are the first point of contact with the health system for most patients. Indigenous Australians can access primary care and community health services through mainstream services and Indigenous-specific services.

In 2009–10, estimated general practice-type service use, reimbursed by Medicare, was similar for Indigenous Australians and non-Indigenous Australians. However, another indirect measure of access to primary care is the rate of potentially preventable hospitalisations (defined as hospitalisations that potentially could have been prevented through the timely and appropriate provision of primary care or other non-hospital services). Potentially preventable hospitalisations (PPH) include those for vaccine-preventable conditions (such as measles), acute conditions (such as ear, nose and throat infections) and chronic conditions (such as diabetes complications), and are also an indicator of the heavier burden of disease on Indigenous Australians. The rate of PPH for Indigenous Australians was 4.9 times the rate for other Australians in 2008–09.

Hospital services

There were more than 8 million hospital admissions recorded across Australia in 2008–09. Around 291,000 of these were for people of Aboriginal and Torres Strait Islander origin. Excluding Tasmania, the Australian Capital Territory and private hospitals in the Northern Territory, Indigenous Australians accounted for 3.6% of all admissions to hospital.

Compared with other Australians, Aboriginal and Torres Strait Islander people were more than two times as likely to be hospitalised as other Australians although less likely to undergo a procedure while in hospital. Indigenous Australians had longer waiting times than other Australians for a range of public elective surgeries, including cataract extraction and total hip replacement.

Specialised services

Specialised services are those which target a specific health condition or population. They include mainstream services delivered by medical specialist doctors and services delivered to specific populations, such as mental health services, antenatal care, and drug and alcohol services.

Medical specialist services are delivered in a variety of settings in Australia, including hospitals, private practice in the community and specialist services delivered or arranged by community health-care services. In 2009–10, Indigenous Australians had slightly lower usage rates of Medicare-reimbursed specialist services than non-Indigenous Australians. In 2008–09, around 17,000 treatment episodes for alcohol and/or other drugs were provided to clients of Aboriginal and/or Torres Strait Islander origin, accounting for 12% of all treatment episodes.

More information

The paper *Access to health services for Aboriginal and Torres Strait Islander people* examines Indigenous access to a range of health services available via mainstream and Indigenous-specific services.

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