3.10 Access to services by type of service compared to need

Access to services by types of service compared to need (for example, primary care, hospital, dental and allied health and post-acute care and palliative care)

Data sources

Data for this indicator come from:

- ABS 2004–05 National Aboriginal and Torres Strait Islander Health Survey
- ABS 2002 National Aboriginal and Torres Strait Islander Social Survey
- ABS 2001 Community Housing Infrastructure Needs Survey
- AIHW National Hospital Morbidity Database
- DoHA general practitioner and Medicare data
- DoHA Service Activity Reporting database
- AIHW health expenditure data.

National Aboriginal and Torres Strait Islander Health Survey (NATSIHS)

The 2004–05 NATSIHS collected information from 10,439 Indigenous Australians of all ages. This sample was considerably larger than the supplementary Indigenous samples in the 1995 and 2001 National Health Surveys. The survey was conducted in remote and non-remote areas of Australia and collected a range of information from Indigenous Australians about health-related issues including health-related actions, health risk factors, health status, socioeconomic circumstances and women's health. It is planned to repeat the NATSIHS at six-yearly intervals, with the next NATSIHS to be conducted in 2010–11. Selected non-Indigenous comparisons are available through the 2004–05 National Health Survey (NHS).

National Aboriginal and Torres Strait Islander Social Survey (NATSISS)

The 2002 NATSISS collected information from 9,400 Indigenous Australians across all states and territories of Australia. The sample covered persons aged 15 years or over who were usual residents of private dwellings. It collected information on a wide range of subjects including family and culture, health, education, employment, income, financial stress, housing, as well as law and justice. The 2002 NATSISS is the second national social survey of Indigenous Australians conducted by the ABS. Selected non-Indigenous comparisons are available through the 2002 General Social Survey (GSS). The ABS plans to conduct the NATSISS every 6 years. The next survey is planned for 2008.

Community Housing and Infrastructure Needs Survey (CHINS)

The CHINS collects data from all Aboriginal and Torres Strait Islander housing organisations and discrete Aboriginal and Torres Strait Islander communities in Australia. The ABS conducted the CHINS on behalf of the Aboriginal and Torres Strait Islander Commission (ATSIC) and the Office for Aboriginal and Torres Strait Islander Health (OATSIH) in 1999 and

2001. The most recent CHINS was conducted by the ABS in 2006 on behalf of the Australian Government Department of Families, Community Services and Indigenous Affairs (FaCSIA) through funding from FaCSIA and OATSIH. Results from this survey were published in April 2007. Data from the CHINS is held by FaCSIA and the ABS.

Hospitalisations

The National Hospital Morbidity Database is a compilation of episode-level records from admitted patient morbidity data collection systems in Australian hospitals in each state and territory. Information on the characteristics, diagnoses and care of admitted patients in public and private hospitals is provided annually to the AIHW by state and territory health departments.

Data are presented for the four jurisdictions that have been assessed as having adequate identification of Indigenous hospitalisations in 2003–04—Queensland, Western Australia, South Australia and the Northern Territory (AIHW 2005a). These four jurisdictions represent approximately 60% of the Indigenous population of Australia. Data are presented by state/territory of usual residence of the patient.

Hospitalisations for which the Indigenous status of the patient was not reported have been included with hospitalisations data for non-Indigenous people under the 'other' category. This is to enable consistency across jurisdictions as public hospitals in some states and territories do not have a category for the reporting of 'not stated' or inadequately recorded/reported Indigenous status.

Hospitalisation data are presented for the two-year period July 2002 to June 2004. An aggregate of two years of data has been used as the number of hospitalisations for some conditions is likely to be small for a single year.

The principal diagnosis is the diagnosis established to be the problem that was chiefly responsible for the patient's episode of care in hospital. The additional diagnosis is a condition or complaint either coexisting with the principal diagnosis or arising during the episode of care. The term 'hospitalisation' has been used to refer to a separation which is the episode of admitted patient care, which can be a total hospital stay (from admission to discharge, transfer or death) or a change in a type of care (for example, from acute to rehabilitation).

General practitioner data

The Department of Health and Ageing (DoHA) holds data on the number of GPs in Australia by remoteness area and Statistical Local Area (SLA).

Care must be taken in using and interpreting the data provided. There are two issues to note which have an effect on the quality of the data. First, the data include only those services claimed through the Medicare system. Consequently the full-time equivalent for doctors in remote areas, which are more likely to have high proportions of Indigenous populations, will be understated as some services are provided in rural hospitals and through the Royal Flying Doctor Service. There is also anecdotal information that services provided in Aboriginal Medical Services are often not claimed through the Medicare system, further understating the full-time equivalent for doctors in areas with high Indigenous populations.

Second, the data at the grouped SLA level can hide variability in data at the individual SLA level. For example, although one group of SLAs may have fewer people per doctor overall

than a second group of SLAs, there will be a number of SLAs in the first group with far more people per doctor than several SLAs in the second group.

Medicare database

Medicare Enrolment Application forms are lodged by the Medicare offices in each state/territory or by mail. Information from these forms is entered directly into the Medicare database which is held by the Department of Health and Ageing.

In November 2002, the ABS standard question on Indigenous identification was included on this form. Because the Indigenous identifier was only introduced recently, the coverage of Indigenous Australians in this dataset is not complete. Aboriginal and Torres Strait Islanders who had identified as Indigenous in this database as at 1 July 2005 numbered 80,658.

Service Activity Reporting (SAR) database

The SAR database collects data from approximately 140 Australian Government funded Aboriginal and Torres Strait Islander primary health care services and is held at DoHA. It is estimated that these services provide GP services to around 40% of the Indigenous population. Service-level data on health care and health-related activities are collected by survey questionnaire over a 12-month period.

Response rates to the SAR by Aboriginal and Torres Strait Islander primary health care services were between 97% and 99% during the period 2002–03 to 2004–05.

It should be noted that the SAR only includes Aboriginal and Torres Strait Islander health organisations that receive at least some Australian Government funding to facilitate access to primary health care.

Health expenditure data

The report on expenditures on health services for Aboriginal and Torres Strait Islander peoples is produced every three years. The latest report covers expenditure for the 2001–02 financial year and was published in the AIHW report *Expenditures on health for Aboriginal and Torres Strait Islander people 2001–02* (AIHW 2005b).

There are a number of difficulties in reporting on this measure, including the issue of under-identification of Indigenous Australians in health databases (such as for hospital separations). Although adjustments are made to the data to allow for under-identification, the adjusted estimates may be an overestimate or underestimate of actual health service use and expenditure by Aboriginal and Torres Strait Islander people.

In some areas of expenditure, surveys have been used to estimate service use by Aboriginal and Torres Strait Islander people, which, in turn, have been used in the estimates of expenditure. Consequently, the reliability of the expenditure estimates is affected by sampling error.

There may also be some limitations associated with the scope and definition of health expenditures and there may be inconsistencies in reporting and categorisation of expenditure on health goods and services across data providers.

The attribution of expenditure to Aboriginal and Torres Strait Islander people either on an overall population or per capita basis should be treated with caution as it is an estimate (AIHW 2005b).

Expenditure is a measure of met need. Indigenous Australians have a significantly poorer health status (measured in terms of life expectancy, mortality rates and morbidity) than non-Indigenous Australians. It could therefore be expected that per capita investment of health resources to achieve equality for Aboriginal and Torres Strait Islanders should be higher than for other Australians.

Analyses

Indigenous Australians have a significantly poorer health status (measured in terms of life expectancy, mortality rates and morbidity) than non-Indigenous Australians. Indigenous Australians therefore have a greater need for health care and require a higher level of health care access on average than non-Indigenous Australians.

Age-standardised rates and ratios have been used for this indicator as a measure of the Indigenous population relative to other Australians. Ratios of this type illustrate differences between the rates among Indigenous people and those of other Australians, taking into account differences in age distributions.

Self-reported data—access to health care

The 2004–05 NATSIS collected information on Indigenous Australians' access to health services. These data are presented in the Tables 3.10.1–3.10.13 below.

- In 2004–05, approximately 42% of Indigenous Australians had accessed health care in the last 12 months.
- After adjusting for differences in age structure, approximately 47% of Indigenous Australians reported they had accessed health care in the last 2 weeks or were admitted to hospital in the last 12 months, compared to 42% of non-Indigenous Australians.
- Approximately 20% of Indigenous Australians reported they had visited a doctor or specialist in the last 2 weeks, 16% had been admitted to hospital in the last 12 months and 17% had consulted with other health professionals in the last 2 weeks.
- Indigenous Australians were twice as likely to have visited casualty or consulted with another health professional than non-Indigenous Australians.

Access to health care by age group and sex

- Indigenous and non-Indigenous Australians aged 55 years and over were most likely to have accessed health care in the last 2 weeks (66% and 57% respectively) (Table 3.10.1).
- Indigenous and non-Indigenous Australians aged 0–14 years were most likely to have visited a dentist in the last 2 weeks (5% and 7% respectively).
- In 2004–05, a higher proportion of Indigenous females had accessed health care in the last 2 weeks (45%) than Indigenous males (38%) (Table 3.10.2).
- Indigenous females were more likely to have visited hospital in the last 12 months (18%), and visited a doctor or other health professional in the last 2 weeks (22% and 20% respectively) than Indigenous males (14%, 18% and 15% respectively).

Table 3.10.1: Accessing health care, by Indigenous status and age group, 2004–05

	0–14		15–24		25–34		35–44		45–54		55 and over		Total		Total (age standardised)[e]	
Accessing health care[a]	**Indig.**	**Non-Indig.**	**Indig.**	**Non-Indig.**	**Indig.**	**Non-Indig.**	**Indig.**	**Non-Indig.**	**Indig.**	**Non-Indig.**	**Indig.**	**Non-Indig.**	**Indig.**	**Non-Indig.**	**Indig.**	**Non-Indig.**
								Per cent								
Admitted to hospital	12*	9*	16*	12*	19	18	18*	13*	19*	14*	31*	21*	16	15	20*	15*
Visited casualty/outpatients	3*	2*	5*	2*	6*	2*	4*	2*	7*	2*	9*	4*	5	3	6*	3*
Doctor consultation (GP and/or specialist)	16	15	15	17	19	20	24*	20*	28*	23*	43*	37*	20	23	25*	23*
Dental consultation[b]	5*	7*	3*	6*	3	4	3*	5*	4[c]	6	4[c]	6	4	6	4*	6*
Consultation with other health professionals	13*	9*	13	11	23*	15*	22*	14*	23*	14*	25*	17*	17	13	20*	13*
Total accessed health care[d]	***35***	***33***	***36***	***36***	***47****	***42****	***45****	***39****	***50****	***43****	***66****	***57****	***42***	***42***	***47****	***42****
Didn't access health care	***65***	***67***	***64***	***64***	***53****	***58****	***55****	***61****	***50****	***57****	***34****	***43****	***58***	***58***	***53****	***58****
Total number of persons ('000)	180.7	3,760.0	92.1	2,636.2	69.8	2,761.4	59.1	2,899.6	39.6	2,705.6	33.2	4,529.7	474.3	19,292.4	474.3	19,292.4

* Represents results with statistically significant differences in the Indigenous/non-Indigenous comparisons.

(c) Total who took at least one health-related action—those who were admitted to hospital in last 12 months, dental consultation in last 2 weeks, doctor consultation in last 2 weeks, visited casualty/outpatient in last 2 weeks or consulted with other health professional in last 2 weeks.

(d) Persons aged 2 years and over.

(e) Estimate has a relative standard error of between 25% and 50% and should be used with caution.

(f) Components may not add to total as persons may have reported more than one type of action.

(g) Totals are directly age standardised.

Source: ABS and AIHW analysis of 2004–05 NATSIHS and 2004–05 National Health Survey.

Table 3.10.2: Accessing health care, by sex, Indigenous Australians, 2004–05

Accessing health care[(a)]	Males	Females	Persons
		per cent	
Admitted to hospital	14	18	16
Visited casualty/outpatients	4	5	5
Doctor consultation (GP and/or specialist)	18	22	20
Dental consultation[(b)]	4	4	4
Consultation with other health professional	15	20	17
Total accessing health care[(c)]	***38***	***45***	***42***
Did not access health care	***62***	***55***	***58***
Total number	232,362	241,948	474,310

(a) Total who took at least one health-related action—those who were admitted to hospital in last 12 months, dental consultation in last 2 weeks, doctor consultation in last 2 weeks, visited casualty/outpatient in last 2 weeks or consulted with other health professional in last 2 weeks.

(b) Persons aged 2 years and over.

(c) Components may not add to total as persons may have reported more than one type of action.

Source: ABS and AIHW Analysis of 2004–05 NATSIHS.

Access to health care by state/territory and remoteness

- In 2004–05, approximately 42% of Indigenous Australians reported they had accessed some type of health care in the last 2 weeks. The proportion who had accessed health care ranged from 35% in the Australian Capital Territory to 52% in the Northern Territory (Table 3.10.3).
- Indigenous Australians living in very remote areas of Australia were more likely to have accessed health services than Indigenous Australians in major cities (55% compared to 44%) (Table 3.10.4).
- In non-remote areas of Australia, Indigenous Australians accessed health care at similar rates to non-Indigenous Australians (46% compared to 43%) (Table 3.10.5).

Table 3.10.3: Accessing health care, Indigenous Australians, by state/territory, 2004–05

Accessing health care[(a)]	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
				per cent					
Admitted to hospital	15.2	14.1	14.6	18.6	17.6	14.1	13.5	22.4	16.4
Visited casualty/ outpatients	4.0	3.4	5.6	7.0	4.6	2.8	2.3[(b)]	4.0	4.8
Doctor consultation (GP and/or specialist)	19.7	28.0	19.2	19.0	18.4	22.3	13.1	20.6	20.1
Dental consultation[(c)]	2.9	3.4	5.0	3.0	3.7	3.6[(d)]	4.6	4.1	3.8
Consultation with other health professional	13.7	14.7	16.0	16.0	17.4	11.2	16.0	33.5	17.3
Total accessing health caree[(e)]	***38.6***	***45.1***	***40.7***	***43.4***	***40.0***	***38.3***	***34.7***	***51.6***	***41.9***
Did not access health care	***61.4***	***54.9***	***59.3***	***56.6***	***60.0***	***61.7***	***65.3***	***48.4***	***58.1***
Total number	139,570	29,334	130,856	67,548	26,534	18,072	4,162	58,234	474,310

(a) Total who took at least one health-related action—those who were admitted to hospital in last 12 months, dental consultation in last 2 weeks, doctor consultation in last 2 weeks, visited casualty/outpatient in last 2 weeks or consulted with other health professional in last 2 weeks.

(b) Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

(c) Persons aged 2 years and over.

(d) Estimate has a relative standard error between 25% and 50% and should be used with caution.

(e) Components may not add to total as persons may have reported more than one type of action.

Source: ABS and AIHW analysis of 2004–05 NATSIHS

Table 3.10.4: Accessing health care, by Indigenous status and remoteness, 2004–05

	Major cities			Inner regional			Outer regional			Remote			Very remote[(d)]			Australia		
Accessing health care[(a)]	**Indig.**	**Non-Indig.**	**Rate ratio**	**Indig.**	**Non-Indig.**	**Rate ratio**	**Indig.**	**Non-Indig.**	**Rate ratio**	**Indig.**	**Non-Indig.**	**Rate ratio**	**Indig.**	**Non-Indig.**	**Rate ratio**	**Indig.**	**Non-Indig.**	**Rate ratio**
									per cent									
Admitted to hospital	17.1	14.3	1.2	21.3	15.7	1.4*	17.9	15.4	1.2	20.4	13.1	1.6*	23.6	n.a.	n.a.	19.6	14.7	1.3*
Visited casualty/outpatients	3.1	2.4	1.3	4.9	2.3	2.1*	7.6	3.5	2.2*	9.6	3.4	2.8*	6.7	n.a.	n.a.	5.7	2.5	2.3*
Doctor consultation (GP and/or specialist)	25.6	23.7	1.1	25.1	19.8	1.3*	26.1	20.8	1.3*	20.5	17.3	1.2	24.8	n.a.	n.a.	25.0	22.5	1.1*
Dental consultation[(c)]	4.0	6.2	0.7*	3.8	6.1	0.6*	3.6	5.0	0.7	3.2[(d)]	6.3[(d)]	0.5	3.3	n.a.	n.a.	3.7	6.0	0.6*
Consultation with other health professional	14.1	12.9	1.1	19.5	14.1	1.4*	16.1	14.8	1.1	19.0	13.0	1.5	35.0	n.a.	n.a.	19.9	13.4	1.5*
Total accessing health care[(e)]	***43.8***	***42.7***	***1.0***	***48.2***	***41.0***	***1.2****	***45.2***	***40.6***	***1.1***	***48.3***	***39.2***	***1.2****	***55.1***	***n.a.***	***n.a.***	***47.5***	***42.1***	***1.1****
Not accessing/not stated	***56.2***	***57.3***	***1.0***	***51.8***	***59.0***	***0.9****	***54.8***	***59.4***	***0.9***	***51.7***	***60.8***	***0.9***	***44.9***	***n.a.***	***n.a.***	***52.5***	***57.9***	***0.9****
Total number ('000)	144.2	13,095.4	. .	95.6	3,904.4	. .	108.5	2,061.8	. .	41.3	n.a.	. .	84.7	n.a.	. .	474.3	19,292.4	. .

* Represents results with statistically significant differences in the Indigenous/non-Indigenous comparisons.

(a) The 2004–05 National Health Survey did not collect data in very remote areas.

(b) Health-related actions in last 2 weeks except hospital admissions (in last 12 months).

(c) Persons aged 2 years and over.

(d) Estimate has a relative standard error between 25% and 50% and should be used with caution.

(e) Components may not add to total as persons may have reported more than one type of action.

Note: Data have been age standardised.

Source: ABS and AIHW analysis of 2004–05 NATSIHS and 2004–05 National Health Survey.

Table 3.10.5: Accessing health care, by Indigenous status (non-remote only), 2004–05

Accessing health care[a]	Indigenous	Non-Indigenous	Ratio
	%	%	
Admitted to hospital	18.5	14.7	1.3*
Visited casualty	1.7	0.9	1.9*
Visited outpatients	4.0	1.8	2.2*
Visited day clinic	2.4	2.5	1.0
Doctor consultation (GP)	23.5	19.6	1.2*
Specialist consultation	5.2	5.3	1.0
Dental consultation[b]	3.9	6.0	0.6*
Consultation with other health professional	16.2	13.4	1.2*
Total accessing health care[c]	***45.6***	***42.5***	***1.1****
Not accessing/not stated	***54.4***	***57.5***	***0.9****
Total number	348,315	19,061,481	-

* Represents results with statistically significant differences in the Indigenous/non-Indigenous comparisons.

(a) Health-related actions in last 2 weeks except hospital admissions (in last 12 months).

(b) Persons aged 2 years and over.

(c) Components may not add to total as persons may have reported more than one type of action.

Note: Data have been age standardised.

Source: ABS and AIHW analysis of 2004–05 NATSIHS and 2004–05 National Health Survey.

Access to health care over time

- Between 2001 and 2004–05, there was little change in the proportion of Indigenous and non-Indigenous Australians accessing health care (Table 3.10.6).

Table 3.10.6: Accessing health care, by Indigenous status, 2001 and 2004–05

Accessing health care[a]	2001			2004–05		
	Indigenous	Non-Indigenous	Rate ratio	Indigenous	Non-Indigenous	Rate ratio
			per cent			
Admitted to hospital	19	12	1.6*	20	15	1.3*
Visited casualty/ outpatients	6	3	2.2*	6	3	2.3*
Doctor consultation (GP and/or specialist)	26	25	1.1	25	23	1.1*
Dental consultation[b]	5	6	0.7*	4	6	0.6*
Consultation with other health professional	15	13	1.2	20	13	1.5*
Total accessing health care[c]	***46***	***42***	***1.1****	***47***	***42***	***1.1****
Did not access health care	***54***	***58***	***0.9****	***53***	***58***	***0.9****
Total number	374,354	1,8545,583	. .	474,310	1,9292,387	. .

* Differences between Indigenous and non-Indigenous data are statistically significant.

(a) Total who took at least one health-related action—those who were admitted to hospital in last 12 months, dental consultation in last 2 weeks, doctor consultation in last 2 weeks, visited casualty/outpatient in last 2 weeks or consulted with other health professional in last 2 weeks.

(b) Persons aged 2 years and over.

(c) Components may not add to total as persons may have reported more than one type of action.

Note: Data are age standardised.

Source: ABS and AIHW analysis of 2001 National Health Survey (Indigenous supplement), 2004–05 NATSIHS and 2004–05 National Health Survey.

Access to services by selected population characteristics

- In 2004–05, approximately 62% of Indigenous Australians who spoke a language other than English at home accessed health services compared to 51% of Indigenous Australians who spoke English at home (Table 3.10.7).
- Indigenous Australians in the lowest quintile of equivalent household income were more likely to have accessed health care than those in the highest quintile (48% compared to 41%). These proportions were similar for non-Indigenous Australians.
- A higher proportion of Indigenous Australians with private health insurance accessed health services than Indigenous Australians without private health cover (54% compared to 48%). This was particularly the case with consulting a dentist (9% compared to 3%), and consulting other health professionals (24% compared to 17%).
- A higher proportion of Indigenous Australians who accessed health care felt they were treated worse than non-Indigenous people (67%) than those who felt they were treated the same or better than non-Indigenous people (50%).

Table 3.10.7: Accessing health care, by selected population characteristics and Indigenous status, 2004–05

	Language spoken at home[a]		Equivalent income of household		Index of disparity		Location		Private health insurance[b]		Treatment when seeking health care[c]			
Accessing health care[d]	**English**	**Other than English**	**1st quintile**	**5th quintile**	**1st quintile**	**5th quintile**	**Remote**	**Non-remote**	**With private cover**	**Without private cover**	**Worse**	**The same or better**	**Other[e]**	**Total**
							per cent							
							Indigenous							
Admitted to hospital	22*	28*	24*	14	22*	18[f]	23*	19*	19	21*	40	21	14	20*
Casualty, outpatients	7*	6*[f]	8*	3	6*	4[g]	8*	5*	3[f]	6*	13[f]	6	3[f]	6*
Consulted GP/specialist	29*	30*	22*	21	25	25[f]	23*	26*	28	28	31	26	18	25
Consulted dentist[h]	4*	3*	2*[f]	4*	3	10[g]	3	4*	9[f]	3	3[g]	3	3[f]	4*
Consulted OHP[i]	19*	42*	19*	17	22*	21[f]	30*	16*	24	17*	40	22	17	20*
Total accessing services[j]	51*	62*	48	41	50*	51	53*	45*	54	48*	67	50	37	47*
Did not access services	49*	38*	52	59	50*	49	47*	55*	46*	52*	33	50	63	53*
Total	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Total number	**220,036**	**36,829**	**78,799**	**81,026**	**222,215**	**15,657**	**125,995**	**348,315**	**28,843**	**180,376**	**9,515**	**211,312**	**37,470**	**474,310**
							Non-Indigenous							
Admitted to hospital	17*	14*	17*	15	15*	15	13*	n.a.	16	17*	n.a.	n.a.	n.a.	15*
Casualty, outpatients	3*	3*	4*	2	3*	2	3[f]*	n.a.	2	3*	n.a.	n.a.	n.a.	3*
Consulted GP/specialist	25*	29*	28*	19	26	21	17*	n.a.	23	26	n.a.	n.a.	n.a.	23*
Consulted dentist[h]	6*	6*	5*	8*	5	8	6[f]	n.a.	7	4	n.a.	n.a.	n.a.	6*
Consulted OHP[i]	15*	9*	13*	14	12*	15	13*	n.a.	16	13*	n.a.	n.a.	n.a.	13*
Total accessing services[j]	45*	45*	46	41	43*	43	39*	n.a.	46	43*	n.a.	n.a.	n.a.	42*
Did not access services	55*	55*	54	59	57*	57	61*	n.a.	54*	57*	n.a.	n.a.	n.a.	58*
Total	100	100	100	100	100	100	100	n.a.	100	100	n.a.	n.a.	n.a.	100
Total number	**1,3329,097**	**1,419,989**	**3,137,639**	**3,290,095**	**3,450,462**	**4,132,149**	**230,906**	**n.a.**	**7,847,957**	**7,432,057**	**n.a.**	**n.a.**	**n.a.**	**1,9292,387**

(continued)

* Differences between Indigenous and non-Indigenous are statistically significant.

(a) Persons aged 18 years and over.

(b) Persons aged 15 years and over in non-remote areas.

(c) Includes 'not stated' responses.

(d) Health-related actions in last 2 weeks except hospital admissions (in last 12 months).

(e) Includes 'only encountered Indigenous people', 'Did not seek health care in the last 12 months', refusal, not stated, don't know/not sure.

(f) Estimate has a relative standard error of between 25% and 50% and should be used with caution.

(g) Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

(h) Persons aged 2 years and over.

(i) OHP: other health professional.

(j) Components may not add to total as persons may have reported more than one type of action.

Note: Data are age standardised.

Source: ABS and AIHW analysis of 2004–05 NATSIHS.

Access to health care by selected health characteristics

- A higher proportion of Indigenous Australians aged 15 years and over with reported fair/poor health status accessed health care in the last 12 months than Indigenous Australians with excellent/very good or good health status (64% compared to 44%) (Table 3.10.8a).
- Indigenous Australians aged 15 years and over with fair/poor health status were twice as likely to have visited casualty in the last 12 months than non-Indigenous Australians.
- Approximately 47% of Indigenous Australians and 42% of non-Indigenous Australians with three long-term health conditions reported they accessed health care in the last 12 months (Table 3.10.8b).

Table 3.10.8a: Accessing health care, by self-assessed health status, and Indigenous status, persons aged 15 years and over, 2004–05

Accessing health care[(a)]	Excellent/very good/good			Fair/poor			Total		
	Indig.	Non-Indig.	Rate ratio	Indig.	Non-Indig.	Rate ratio	Indig.	Non-Indig.	Rate ratio
					per cent				
Admitted to hospital	17	14	1.2*	30	27	1.1	22	16	1.3*
Visited casualty/outpatients	4	2	2.1*	11	6	2.0*	6	3	2.5*
Doctor consultation (GP and/or specialist)	22	21	1.0	40	42	0.9	27	24	1.1*
Dental consultation	3	6	0.6*	4[(b)]	6	0.7	3	6	0.6*
Consultation with other health professional	20	13	1.5*	28	22	1.3*	22	15	1.5*
Total accessing health care[(c)]	***44***	***41***	***1.1***	***64***	***62***	***1.0***	***51***	***45***	***1.1****
Did not access health care	***56***	***59***	***0.9***	***36***	***38***	***1.0***	***49***	***55***	***0.9****
Total number	229,335	1,3079,626	. .	64,236	2,452,751	. .	293,641	1,5532,377	. .

* Differences between Indigenous and non-Indigenous data are statistically significant.

(a) Total who took at least one health-related action—those who were admitted to hospital in last 12 months, dental consultation in last 2 weeks, doctor consultation in last 2 weeks, visited casualty/outpatient in last 2 weeks or consulted with other health professional in last 2 weeks.

(b) Estimate has a relative standard error of between 25% and 50% and should be used with caution.

(c) Components may not add to total as persons may have reported more than one type of action.

Note: Data are age standardised.

Source: ABS and AIHW analysis of 2004–05 NATSIHS and 2004–05 National Health Survey.

Table 3.10.8b: Accessing health care, by number of long-term conditions and Indigenous status, 2004–05

Accessing health care[(a)]	Number of long-term health conditions: 0 Indig.	0 Non-Indig.	0 Rate ratio	1 Indig.	1 Non-Indig.	1 Rate ratio	2 Indig.	2 Non-Indig.	2 Rate ratio	3 or more Indig.	3 or more Non-Indig.	3 or more Rate ratio	Total with a long-term condition (age standardised) Indig.	Total with a long-term condition (age standardised) Non-Indig.	Total with a long-term condition (age standardised) Rate ratio	Total with a long-term condition Indig.	Total with a long-term condition Non-Indig.
	per cent																
Admitted to hospital	10[(b)]	9	1.2	17	10	1.7*	17	14	1.2	26	20	1.3*	20	15	1.3*	16*	15*
Visited casualty/ outpatients	2[(b)]	1[(b)]	2.3	5[(b)]	2	2.7*	5	2	2.1*	8	4	2.0*	6	3	2.3*	5*	3*
Doctor consultation (GP and/or specialist)	11[(b)]	10	1.0	16	15	1.1	25	21	1.2	34	31	1.1	25	23	1.1*	20*	23*
Dental consultation[(c)]	3[(b)]	6	0.5	3[(b)]	6	0.4*	3	5	0.5*	4	7	0.6*	4	6	0.6*	4*	6*
Consultation with other health professional	13[(b)]	5	2.5*	18	9	1.9*	19	13	1.4*	28	23	1.2*	20	13	1.5*	17*	13*
Total accessing health care[(d)]	***29***	***26***	***1.1***	***40***	***33***	***1.2****	***46***	***41***	***1.1***	***60***	***56***	***1.1****	***47***	***42***	***1.1****	***42***	***42***
Did not access health care	***71***	***74***	***1.0***	***60***	***67***	***0.9****	***54***	***59***	***0.9***	***40***	***44***	***0.9****	***53***	***58***	***0.9****	***58***	***58***
Total number ('000)	167.7	4,441.8	. .	100.6	3,951.0	. .	68.2	3,101.6	. .	137.8	7,797.9	. .	474.3	19,292.4	. .	100.6	3,951.0

* Differences between Indigenous and non-Indigenous data are statistically significant.

(a) Total who took at least one health-related action—those who were admitted to hospital in last 12 months, dental consultation in last 2 weeks, doctor consultation in last 2 weeks, visited casualty/outpatient in last 2 weeks or consulted with other health professional in last 2 weeks.

(b) Estimate has a relative standard error of between 25% and 50% and should be used with caution.

(c) Persons aged 2 years and over.

(d) Components may not add to total as persons may have reported more than one type of action.

Note: Data are age standardised.

Source: ABS and AIHW analysis of 2004–05 NATSIHS and 2004–05 National Health Survey.

Time since last consulted a doctor or dentist

- In 2004–05, after adjusting for differences in age structure, approximately 36% of Indigenous people reported that it had been 2 years or more since their last dental consultation. This compared to 29% of non-Indigenous people (Table 3.10.9).
- Approximately 25% of Indigenous people reported it had been 2 weeks or less since their last visit to a doctor compared to 23% of non-Indigenous people, and for 26% of Indigenous people, it had been 2 weeks to 3 months since their last doctor consultation compared to 28% of non-Indigenous people.
- There was little change in the time since last dentist and doctor consultation for Indigenous and non-Indigenous Australians between 2001 and 2004–05.

Table 3.10.9: Time since last consulted a dentist or doctor, by Indigenous status, 2001 and 2004–05

	2001			2004–05		
	Indigenous	Non-Indigenous	Rate ratio	Indigenous	Non-Indigenous	Rate ratio
	per cent					
Dentist/dental professional						
Less than 6 months	22	30	0.7	20	29	0.7
6 months to less than 2 years	26	34	0.8	29	37	0.8
2 years or more	43	31	1.4	36	29	1.2
Never	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Total[(a)]	**100**	**100**	. .	**100**	**100**	. .
GP/specialist						
2 weeks or less	27	25	1.1	25	23	1.1
2 weeks to 3 months	26	29	0.9	26	28	0.9
3 months to 6 months	13	16	0.8	14	17	0.8
6 months to 12 months	12	14	0.8	14	16	0.9
12 months to 2 years	19	16	1.2	19	16	1.2
Never	2	—	6.5	1	—	—
Total[(a)]	**100**	**100**	. .	**100**	**100**	. .

n.p. Not available for publication.

(a) Includes 'time since last consultation' not known.

Note: Data are age standardised.

Source: ABS 2006.

Whether needed to access health care and reasons why didn't

- Table 3.10.10 presents data on whether Indigenous Australians needed to access a dentist, doctor, other health professional or hospital in the last 12 months but didn't and reasons why they didn't access these health services.
- In 2004–05, approximately 21% of Indigenous Australians reported they needed to go to a dentist in the last 12 months but didn't, 15% needed to go to a doctor, 8% needed to go to another health professional and 7% needed to go to hospital but didn't.
- Indigenous people in non-remote areas were more likely to report that they needed to access a dentist, doctor or other health professional but didn't than people in remote areas of Australia.
- Indigenous females were more likely to report they needed to go to a dentist or doctor (23% and 17% respectively) compared to Indigenous males (19% and 13% respectively).
- Indigenous people aged 15–44 and 45 years and over were more likely to report they needed access to these services but didn't go than Indigenous people aged 0–14 years.
- The most common reasons why Indigenous people did not go to a dentist when needed were cost (29%), waiting time was too long or not available at the time required (22%) and feeling afraid, embarrassed or a dislike of the service (21%).
- The most common reasons why Indigenous people did not go to a doctor when needed were that they decided not to seek care (26%), too busy (24%), transport/distance difficulties (14%) and waiting time too long or not available at time required (14%).
- The most common reasons why Indigenous people did not go to another health professional when needed was cost (28%) and too busy (26%).
- The most common reasons why Indigenous people did not visit a hospital when needed was that they decided not to seek care for their health problem (25%) and transport/distance issues (19%).
- A higher proportion of Indigenous people living in remote areas reported transport/distance as a reason for not accessing health services than Indigenous people in non-remote areas.

Table 3.10.10: Whether needed to go to a dentist, doctor, other health professional or hospital and reasons didn't go, by remoteness, sex and age, Indigenous Australians, 2004–05[a]

	Remoteness		Sex		Age group			
	Non-remote	Remote	Male	Female	0–14	15–44	45+	Total
				per cent				
Whether needed to go to dentist in last 12 months but didn't								
Yes	23	16	19	23	7	29	26	21
No	77	84	81	77	93	71	74	79
Total persons[b]	331,272	121,086	222,020	230,338	158,717	220,896	72,745	452,358
Reasons didn't go to a dentist								
Cost	32	15	27	30	22	30	30	29
Too busy (including work, personal or family responsibilities)	15	11	15	13	6[c]	16	13	14
Dislikes (service/professional/ afraid /embarrassed)	21	20	19	22	13[c]	23	19	21
Waiting time too long or not available at time required	21	23	18	24	28	20	22	22
Decided not to seek care	14	8	16	10	10[c]	13	15	13
Transport/distance	7	28	11	11	18	10	11	11
Not available in area	3	28	9	8	10[c]	8	9	8
Felt it would be inadequate	2[c]	2[d]	3[c]	2[c]	3[d]	1[c]	4[c]	2[c]
Discrimination/ not culturally appropriate/ language problems	—[d]	1[d]	1[d]	—[d]	—	—[d]	1[c]	—[c]
Other	9	7[c]	9	7	23	7	5	8
Total who needed to visit dentist but didn't[b]	**74,062**	**18,871**	**40,501**	**52,432**	**10,495**	**63,729**	**18,709**	**92,933**
Whether needed to visit doctor in last 12 months but didn't								
Yes	17	10	13	17	4	22	22	15
No	83	90	87	83	96	78	78	85
Total persons[b]	348,315	125,995	232,362	241,948	180,669	220,896	72,745	474,310
Reasons why didn't visit the doctor when needed to								
Cost	14	4[c]	11	13	12[c]	13	10[c]	12
Too busy (including work, personal or family responsibilities)	26	17	21	26	11[c]	26	24	24
Dislikes (service/professional/ afraid/embarrassed)	10	11	15	6	8[c]	10	9	10
Waiting time too long or not available at time required	14	15	14	14	18[c]	13	14[c]	14
Decided not to seek care	27	22	30	24	24	27	26	26
Transport/distance	11	28[c]	12	15	20	12	17	14
Not available in area	2[d]	13[c]	3[c]	4[c]	8[d]	3	5[d]	4[c]
Felt it would be inadequate	5	7[c]	5	5	3[d]	5	7[c]	5
Discrimination/ not culturally appropriate/ language problems	1	1[d]	—[d]	1[c]	n.p.	1[c]	1	1[c]
Other	12	5	10	11	15[c]	10	11	11
Total who needed to visit doctor but didn't[b]	**57,653**	**12,012**	**29,428**	**40,237**	**7,010**	**47,054**	**15,601**	**69,665**

(continued)

Table 3.10.10 (continued): Whether needed to go to a dentist, doctor, other health professional or hospital and reasons didn't go, by remoteness area, sex and age, Indigenous Australians, 2004–05[(a)]

	Remoteness		Sex		Age group			
	Non-remote	Remote	Male	Female	0–14	15–44	45+	Total
				per cent				
Whether needed to go to other health professional in last 12 months but didn't								
Yes	9	5	7	8	2	11	10	8
No	91	95	93	92	97	89	90	92
Total persons[(b)]	348,315	125,995	232,362	241,948	180,669	220,896	72,745	474,310
Why didn't go to other health professional (OHP)								
Cost	33	5[(d)]	26	30	22[(c)]	31	24	28
Too busy (including work, personal or family responsibilities)	27	20	24	26	14[(c)]	29	21[(c)]	26
Dislikes (service/professional/ afraid/embarrassed)	12	11[(c)]	14	11	11[(c)]	14	7[(c)]	12
Waiting time too long or not available at time required	7[(c)]	19	9[(c)]	9	24[(c)]	6	9	9
Decided not to seek care	18	16	19	16	13[(c)]	16	23	17
Transport/distance	7[(c)]	15[(c)]	7[(c)]	9	7[(c)]	8[(c)]	8[(c)]	8
Not available in area	2[(c)]	30	7	7	9[(c)]	6	10[(c)]	7
Felt it would be inadequate	5[(c)]	5[(d)]	5[(c)]	5[(c)]	10[(d)]	4[(c)]	7[(c)]	5
Discrimination/ not culturally appropriate/ language problems	2[(d)]	2[(d)]	2[(d)]	1[(d)]	0[(d)]	2[(c)]	n.p.	*2
Other	11	10[(c)]	11	10	14[(c)]	10	11[(c)]	11
Total who needed to visit OHP but didn't[(b)]	**29,699**	**5,971**	**15,968**	**19,702**	**4,200**	**24,085**	**7,385**	**35,670**
Whether needed to go to hospital in the last 12 months but didn't								
Yes	7	7	7	7	2	9	12	7
No	93	93	93	93	98	91	88	93
Total persons[(b)]	348,315	125,995	232,362	241,948	180,669	220,896	72,745	474,310
Why didn't visit hospital								
Cost	5[(c)]	3[(c)]	4[(c)]	5[(c)]	4[(d)]	4[(c)]	5[(c)]	4
Too busy (including work, personal or family responsibilities)	17	16	12[(c)]	20	8[(d)]	20	12	16
Dislikes (service/professional/ afraid/embarrassed)	18	9[(c)]	20	11	6[(d)]	17	17	16
Waiting time too long or not available at time required	18	10[(c)]	17	15	16[(c)]	16	15[(c)]	16
Decided not to seek care	25	26	28	23	22[(c)]	22	34	25
Transport/distance	13	34	14	23	27	17	20	19
Not available in area	2[(c)]	8[(c)]	3[(c)]	4[(c)]	4[(d)]	3[(c)]	6[(c)]	4[(c)]
Felt it would be inadequate	6	7[(c)]	6[(c)]	7[(c)]	14[(c)]	4[(c)]	8[(c)]	6
Discrimination/ not culturally appropriate/ language problems	2[(c)]	2[(d)]	1[(d)]	2[(c)]	1[(d)]	2[(c)]	1[(d)]	2[(c)]
Other	15	9	15[(c)]	12	17[(c)]	15	8[(c)]	14
Total who needed to visit hospital and didn't[(b)]	**22,982**	**8,840**	**15,430**	**16,392**	**3,873**	**19,382**	**8,567**	**31,822**

(continued)

Table 3.10.10 (continued): Whether needed to go to a dentist, doctor, other health professional or hospital and reasons didn't go, by remoteness area, sex and age, Indigenous Australians, 2004–05[(a)]

(a) Persons aged 2 years and over.

(b) Total includes 'not stated'.

(c) Estimate has a relative standard error between 25% and 50% and should be used with caution.

(d) Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

Note: Components may not add to total as persons may have reported more than one type of action.

Source: ABS and AIHW analysis of 2004–05 NATSIHS.

Co-payment and private health insurance

Information on co-payment and private health insurance was collected in non-remote areas of Australia only, and is presented in Tables 3.10.11 and 3.10.12 below.

- In 2004–05, approximately 15% of Indigenous persons in non-remote areas required co-payment for their last visit to the doctor, 37% required co-payment for their last visit to a specialist and 17% required co-payment for their last visit to other health professionals (Table 3.10.11).
- In 2004–05, a much higher proportion of Indigenous Australians in non-remote areas reported they were not currently covered by private health insurance than non-Indigenous Australians (83% compared to 49%) (Table 3.10.12).
- The most common reasons for why Indigenous Australians had private health insurance were security, protection or peace of mind (43%), a shorter wait for treatment or concern over public hospital waiting lists (20%), and provision of benefits for ancillary services or extras (18%). Similar proportions of non-Indigenous Australians reported these reasons for also having private health insurance.
- The most common reasons for Indigenous Australians to not get private health insurance were that they could not afford it (65%), and that they felt that Medicare cover was sufficient (19%).

Table 3.10.11: Indigenous persons requiring co-payment for last visit to GP/specialist or other health professional, non-remote areas, 2004–05

Whether co-payment required at last consultation for those who had consulted this type of health professional in the last 2 weeks[(a)]	Proportion (%)
GP[(b)]	
Yes	15
No	82
Not stated/not known	3[(c)]
Total	100
Total number	**72,801**
Specialist[(b)]	
Yes	37
No	62
Not stated/not known	1[(c)]
Total	100
Total number	**13,724**
Other health professional[(d)]	
Yes	17
No	80
Not stated/not known	2[(c)]
Total[(e)]	**100**
Total number	**54,327**

(a) Last consultation in the 2 weeks prior to interview.

(b) Consultations information is essentially as reported by respondents. In some cases respondents may have reported consultations with health practitioners other than doctors because they consider them to be doctors. Conversely, some consultations reported as being with other health professionals should have been reported as being a GP/specialist consultation (regardless of the type of treatment provided at the consultation).

(c) Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

(d) Excludes dentists. For the full list of other health professionals, refer to *National Aboriginal and Torres Strait Islander Health Survey: Users Guide* (ABS cat. no. 4715.0.55.004).

(e) Yes, No and Not stated/Don't know may not add up to 100% due to rounding effects.

Source: ABS and AIHW analysis of 2004–05 NATSIHS.

Table 3.10.12: Private health insurance, by Indigenous status, (non-remote areas only), 2004–05

	Indigenous	Non-Indigenous	Ratio
	%	%	%
Whether currently covered by private health insurance			
With private health insurance	15	51	0.3*
Without private health insurance	83	49	1.7*
Not stated/not known	2[(a)]	—	—
Total[(b)]	100	100	1.0
Total number	**213,422**	**15,344,756**	. .
Reasons for private health insurance			
Security or protection or peace of mind	43	42	1.0
Shorter wait for treatment or concerned over public hospital waiting lists	20	22	0.9
Provides benefits for ancillary services or extras	18	22	0.8
Allows treatment as private patient in hospital	16	21	0.8
Always had it or parents pay it or condition of job	16	23	0.7*
Choice of doctor	14	20	0.7*
Has condition that requires treatment	11	8	1.4
Elderly or getting older or likely to need treatment	8[(a)]	6	1.3*
To gain government benefits or avoid extra Medicare levy	7	10	0.7
Lifetime cover or avoid age surcharge	6[(a)]	5	1.2
Other financial reasons	4[(a)]	4	1.0
Other reason	7[(a)]	6	1.2
Total[(b)]	100	100	1.0
Total number	**28,843**	**7,847,957**	. .
Reasons not covered by private health insurance			
Cannot afford it/too expensive	65	64	1.0
Medicare cover sufficient	19	14	1.4*
Pensioner/Veteran's Affairs/health concession card	8	6	1.3
Not high priority/previously included in parents' cover	6	7	0.9
Lack of value for money/not worth it	6	11	0.5*
Do not need medical care/in good health/have no dependants	5	12	0.4
Disillusionment about having to pay out-of-pocket costs/gap fees	2	4	0.5*
Prepared to pay cost of private treatment from own resources	—[(a)]	1	—
Will not pay Medicare levy and private health insurance premium	1[(a)]	3	0.3*
High risk category	—[(a)]	—	—
Other	7	7	1.0
Total[(b)]	100	100	1.0
Total numbers	**180,376**	**7,432,057**	. .

* Represents statistically significant differences in the Indigenous/non-Indigenous comparisons.

(a) Estimate has a relative standard error of 25% to 50% and should be used with caution.

(b) The sum of the components may add to more than 100% as persons may have reported more than one type of action.

Source: ABS and AIHW analysis of 2004–05 NATSIHS and 2004–05 National Health Survey.

Treatment when seeking health care

- In 2004–05, approximately 4% of Indigenous people reported that when they sought health care in the last 12 months they were treated worse than non-Indigenous people, 77% reported they were treated the same as non-Indigenous people, and 5% reported they were treated better than non-Indigenous people (Table 3.10.13).
- A higher proportion of Indigenous people in remote areas reported they were treated better than non-Indigenous people (11% compared to 3%).
- Approximately 16% of Indigenous people felt that they were treated badly when they sought health care because they were Aboriginal and Torres Strait Islander.
- The most common feeling felt when Indigenous people thought they had been treated badly when seeking health care was anger (67%). Approximately 31% of Indigenous people reported they felt sorry for the persons who had treated them badly and 28% of Indigenous people felt sad as a result of being treated badly.
- Approximately 38% of Indigenous people who had been treated badly when seeking health care reported that they talked to friends or family about the situation, 33% reported they try to avoid the situation or person involved and 30% try to do something about the people involved.

Table 3.10.13: Treatment when seeking health care in the last 12 months, by remoteness, Indigenous Australians, 2004–05

	Remote	Non-remote	Total
		per cent	
Treatment when seeking health care			
Worse than non-Indigenous people	5	3	4
The same as non-Indigenous people	71	79	77
Better than non-Indigenous people	11	3	5
Only encountered Indigenous people	2	1[b]	2
Did not seek health care in last 12 months	4	6	5
Don't know/not sure	7	7	7
Total persons[a]	**185,515**	**72,782**	**258,297**
Whether felt treated badly because Aboriginal or Torres Strait Islander			
Yes	16	15	16
No	83	84	84
Total persons[a]	**185,515**	**72,782**	**258,297**
How usually feel when treated badly			
Feel angry	71	66	67
Feel sorry for the person who did it	28	32	31
Feel sad	35	25	28
Feel ashamed or worried about it	32	10	17
Feel sick	15	10	12
Other feeling	15	11	12
No feeling	6[b]	6[b]	6
Total persons[a]	**28,723**	**11,650**	**40,373**
What usually do when treated badly			
Talk to family or friends about it	49	33	38
Try to avoid the person/situation	34	32	33
Try to do something about the people who did it	36	27	30
Just forget about it	27	28	28
Keep it to yourself	15	19	18
Try to change the way you are or things that you do	12	8	9
Do anything else	5[b]	6	5
No action	3[b]	5[b]	4
Total persons[a]	**28,723**	**11,650**	**40,373**

(a) Total includes 'not stated' and refusal to answer.

(b) Estimate has a relative standard error between 25% and 50% and is subject to sampling variability too high for most practical purposes.

Note: Components may not add to total as persons may have reported more than one type of action.

Source: ABS and AIHW analysis of 2004–05 NATSIHS.

Community housing

The 2001 CHINS collected information on health services from 1,216 discrete Indigenous communities. Information on distance to the nearest health facility, health professionals working within communities and access to medical emergency air services is presented below.

Distance to nearest health facility

- Of the 1,216 discrete Indigenous communities in 2001, over two-thirds (841 communities or 69%) were located 100 kilometres or more from the nearest hospital. These communities represented 53% of the reported population living in these communities (Table 3.10.14).
- Community health centres were more likely to be located near or within Indigenous communities than were hospitals. In addition to the 10% of communities located within 10 kilometres of a hospital, 23% of communities were located less than 10 kilometres from a community health centre. These communities represented 58% of the reported population living in these communities.
- Overall, 85% of Indigenous people in communities were located within 10 kilometres of either a hospital or a community health centre.

Table 3.10.14: Distance to nearest health facility, discrete Indigenous communities, 2001

Distance to nearest health facility	Hospital				Community health centre			
	Communities		Reported usual population		Communities[(a)]		Reported usual population	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Located within community	9	0.7	15,800	14.6	183	15.0	59,902	55.4
Less than 10 km	118	9.7	13,894	12.9	98	8.1	2,616	2.4
10–24 km	76	6.3	6,232	5.8	200	16.4	4,283	4.0
25–49 km	68	5.6	5,019	4.6	207	17.0	4,095	3.8
50–99 km	102	8.4	9,909	9.2	225	18.5	4,231	3.9
100–249 km	298	24.5	19,464	18.0	135	11.1	2,657	2.5
250 km or more	543	44.7	37,758	34.9	39	3.2	598	0.6
Total[(b)]	**1,216**	**100.0**	**108,085**	**100.0**	**1,216[(c)]**	**100.0[(c)]**	**108,085[(c)]**	**100.0[(c)]**

(a) Communities located more than 10 kilometres from the nearest hospital.

(b) Includes 'distance to nearest health facility' not stated.

(c) Totals include communities located within 10 kilometres of the nearest hospital.

Source: ABS 2002—2001 Community Housing and Infrastructure Needs Survey.

Health professionals within communities

- Approximately half (49%) of all communities with a population of 50 or more had a male Indigenous health worker working in the community, and three-quarters (76%) had a female Indigenous health worker working in the community (Table 3.10.15).
- About 25% of communities had male Indigenous health workers working on a daily basis and about 52% had female Indigenous health workers working on a daily basis.
- Approximately 88% of communities had a registered nurse working in the community and 87% had a doctor working in the community.
- Around half of communities had a registered nurse working in the community on a daily basis and only 11% had a doctor working on a daily basis.

Table 3.10.15: Selected health professionals working in the community, discrete Indigenous communities with a population of 50 or more located 10 kilometres or more from the nearest hospital, 2001

Work in the community	Male Indigenous health worker		Female Indigenous health worker		Registered nurse		Doctor	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Daily	60	24.8	125	51.7	118	48.8	26	10.7
Weekly or fortnightly	24	9.9	32	13.2	62	25.6	140	57.9
Monthly	13	5.4	16	6.6	19	7.9	34	14.0
Three monthly	5	2.1	6	2.5	4	1.7	4	1.7
Less than three monthly	16	6.6	5	2.1	9	3.7	7	2.9
Total with health prof. working in community	*118*	*48.8*	*184*	*76.0*	*212*	*87.6*	*211*	*87.2*
Do not work in community	117	48.3	52	21.5	30	12.4	31	12.8
Total communities[(a)]	**242**	**100.0**	**242**	**100.0**	**242**	**100.0**	**242**	**100.0**

(a) Includes ‘Whether selected health professionals work in community’ not stated.

Source: ABS 2002—2001 Community Housing and Infrastructure Needs Survey.

Access to medical emergency air service

- In 2001, 525 (43%) of discrete Indigenous communities had access to a medical emergency air service accounting for 64,721 (60%) people living in these communities (Table 3.10.16).
- Over half (55%) of communities with access to a medical emergency air service were located 250 kilometres or more from the nearest hospital.

Table 3.10.16: Discrete Indigenous communities: access to medical emergency air services, all communities and reported usual population, 2001

	Access to medical emergency air service		No access to medical emergency air service		Total	
Distance to nearest hospital	**No. of communities**	**Usual population**	**No. of communities**	**Usual population**	**No. of communities**	**Usual population**
10–24 km	28	2,656	48	3,576	76	6,232
25–49 km	26	3,273	42	1,746	68	5,019
50–99 km	40	8,514	62	1,395	102	9,909
100–249 km	144	16,004	154	3,460	298	19,464
250 km or more	287	34,274	256	3,484	543	37,758
All communities 10 km or more from nearest hospital	525	64,721	562	13,661	1,087	78,382
All communities[(a)]	**525**	**64,721**	**564**	**13,670**	**1,216**	**108,085**

(a) Includes communities located less than 10 kilometres from nearest hospital. Includes 'Distance to nearest hospital' not stated.

Source: SCRGSP 2003—ABS 2001 Community Housing and Infrastructure Needs Survey.

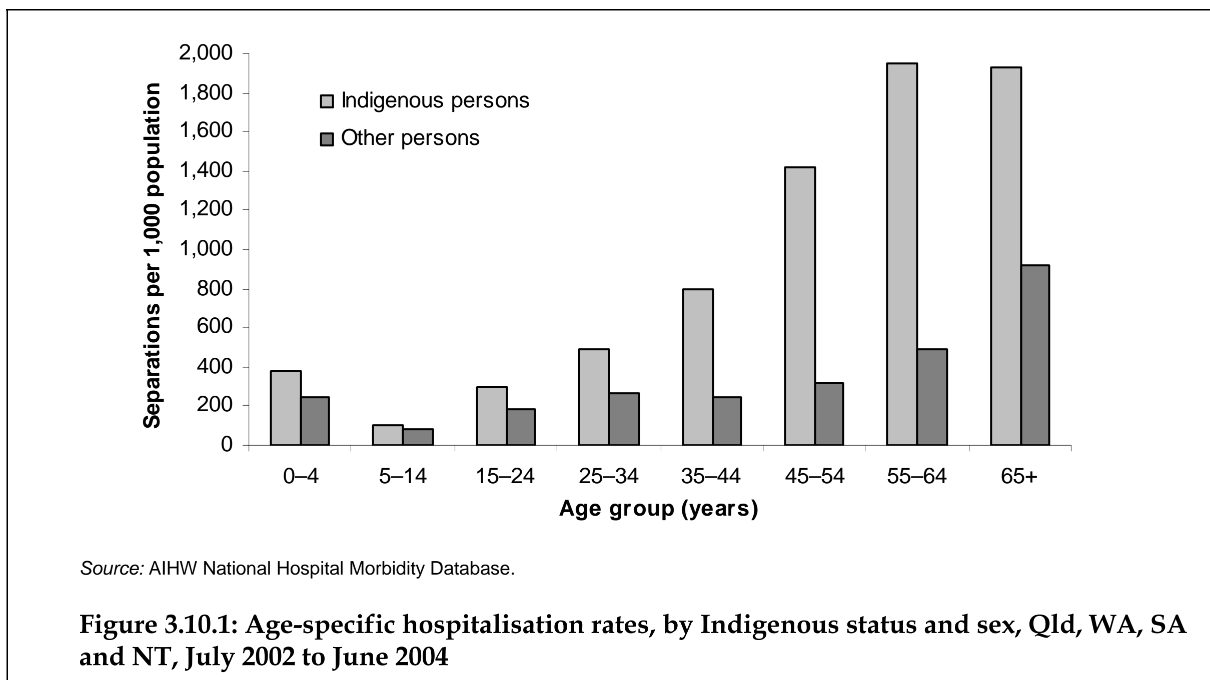
Hospitalisations

- In the two-year period July 2002 to June 2004 there were a total of 5,193,610 hospitalisations in Queensland, Western Australia, South Australia and the Northern Territory. Of these, 312,292 or 6% were hospitalisations of Indigenous Australians. For 6.7% of hospitalisations, Indigenous status was not stated.

An analysis of hospitalisations excluding those for routine dialysis are presented in Measure 1.02.

Hospitalisations by age group

- For the period 2002–03 to 2003–04, Indigenous Australians in Queensland, Western Australia, South Australia and the Northern Territory combined had higher hospitalisation rates than other Australians across all age groups (Figure 3.10.1).
- The greatest difference in rates occurred in the 45–54 and 55–64 year age groups where Indigenous Australians were hospitalised at around four times the rate of other Australians in these age groups.



Source: AIHW National Hospital Morbidity Database.

Figure 3.10.1: Age-specific hospitalisation rates, by Indigenous status and sex, Qld, WA, SA and NT, July 2002 to June 2004

Hospitalisations by state/territory

- In the period July 2002 to June 2004, Indigenous Australians in Queensland were hospitalised at around twice the rate of other Australians. In Western Australia and South Australia, Indigenous Australians were hospitalised at around three times the rate of other Australians, while in the Northern Territory, Indigenous Australians were hospitalised at five times the rate of other Australians (Table 3.10.17).

Table 3.10.17: Hospitalisations, by Indigenous status, sex and state/territory, Qld, WA, SA and NT, July 2002 to June 2004[(a)(b)(c)(d)]

	Indigenous				Other[(e)]				
	Number	Rate per 1,000[(f)]	LCL 95%[(g)]	UCL 95%[(h)]	Number	Rate per 1,000[(f)]	LCL 95%[(g)]	UCL 95%[(h)]	Ratio[(i)]
Qld									
Males	49,432	704.2	696.0	712.4	1,167,904	329.2	328.6	329.8	2.1*
Females	62,259	757.8	750.5	765.1	1,328,510	354.3	353.7	354.9	2.1*
Persons	111,691	732.3	726.8	737.7	2,496,414	340.0	339.6	340.4	2.2*
WA									
Males	34,845	774.9	764.8	785.1	575,294	323.0	322.2	323.8	2.4*
Females	52,392	1,083.0	1,072.3	1,093.7	642,675	337.1	336.2	337.9	3.2*
Persons	87,237	935.4	928.0	942.8	1,217,969	327.6	327.0	328.2	2.9*
SA									
Males	13,428	885.1	866.1	904.0	521,610	935.1	922.9	947.3	2.6*
Females	16,505	910.4	893.9	926.9	593,127	362.9	362.0	363.8	2.5*
Persons[(j)]	29,933	897.5	885.1	909.9	1,114,738	349.2	348.5	349.8	2.6*
NT									
Males	33,894	935.1	922.9	947.3	26,131	223.8	220.6	227.0	4.2*
Females	49,440	1,344.5	1,330.9	1,358.1	26,042	238.3	235.0	241.7	5.6*
Persons[(j)]	83,431	1,157.8	1,148.5	1,167.2	52,197	231.3	229.0	233.7	5.0*
Qld, WA, SA and NT[(d)]									
Males	**131,599**	**785.2**	**779.7**	**790.6**	**2,290,939**	**327.7**	**327.3**	**328.2**	**2.4***
Females	**180,596**	**968.1**	**962.8**	**973.4**	**2,590,354**	**349.3**	**348.8**	**349.7**	**2.8***
Persons[(j)]	**312,292**	**882.2**	**878.5**	**886.0**	**4,881,318**	**336.4**	**336.1**	**336.7**	**2.6***

* Represents results with statistically significant differences in the Indigenous/other comparisons at the p<.05 level.

(j) Data are from public and most private hospitals. Data exclude private hospitals from the Northern Territory.

(k) Categories are based on the (ICD-10-AM) (National Centre for Classification in Health 2004); ICD-10-AM codes J12–J18.

(l) Financial year reporting.

(m) Data are reported by state/territory of usual residence of the patient hospitalised and are for Queensland, Western Australia, South Australia, and the Northern Territory only. These four jurisdictions are considered to have adequate levels of Indigenous identification, although the level of accuracy varies by jurisdiction and hospital. Data for these four jurisdictions over-represent Indigenous populations in less urbanised and more remote locations. Hospitalisation data for four jurisdictions should not be assumed to represent the hospitalisation experience in the other jurisdictions.

(n) Other includes hospitalisations of non-Indigenous people and those for whom Indigenous status was ‘not stated’.

(o) Directly age standardised using the Australian 2001 Standard population.

(p) LCL = lower confidence limit.

(q) UCL = upper confidence limit.

(r) Rate ratio Indigenous:other.

(s) Includes hospitalisations for which sex was ‘indeterminate’ or ‘not stated’.

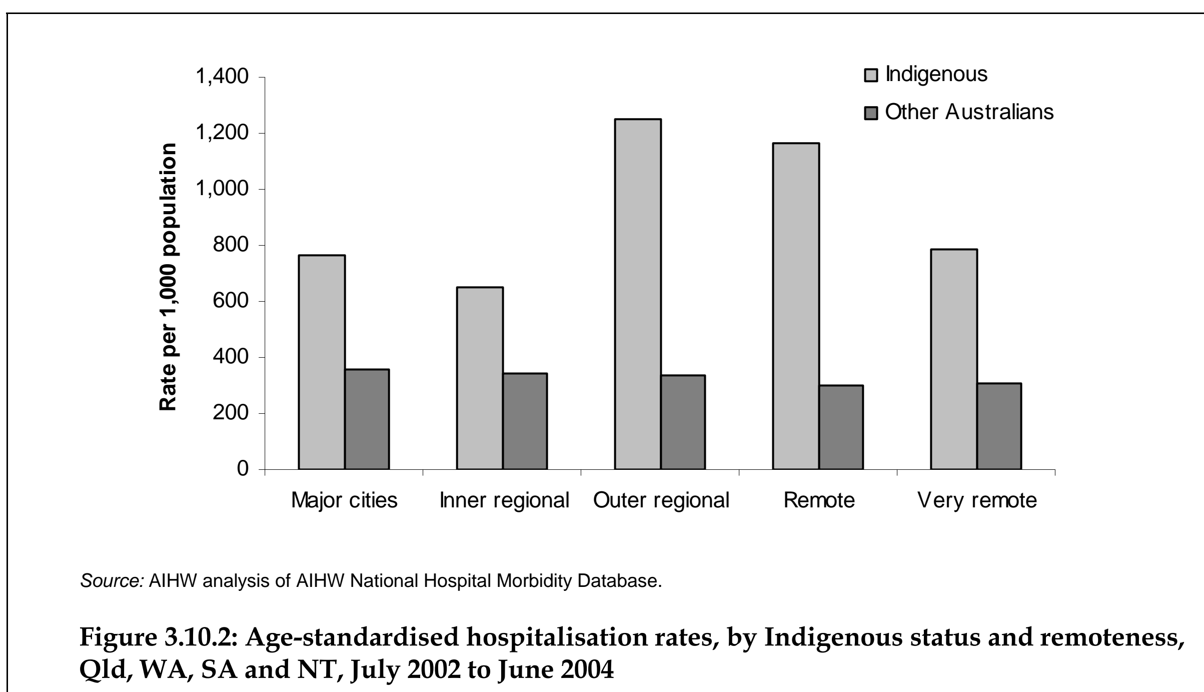
Source: AIHW analysis of AIHW National Hospital Morbidity Database.

Hospitalisations by remoteness

- In the period July 2002 to June 2004, in Queensland, Western Australia, South Australia and the Northern Territory, hospitalisation rates among Indigenous Australians were

highest among those living in outer regional and remote areas. For other Australians, hospitalisation rates were highest among those living in cities and inner regional areas.

- Indigenous Australians living in major cities and inner regional areas were hospitalised at twice the rate of other Australians and Indigenous Australians living in outer regional and remote areas were hospitalised at around three times the rate of other Australians (Figure 3.10.2).



Source: AIHW analysis of AIHW National Hospital Morbidity Database.

Figure 3.10.2: Age-standardised hospitalisation rates, by Indigenous status and remoteness, Qld, WA, SA and NT, July 2002 to June 2004

Time series analyses

Hospitalisation rates, rate ratios and rate differences between Indigenous and other Australians over the period 1998–99 to 2003–04 are presented in Table 3.10.18 and Figure 3.10.3.

- In Queensland, Western Australia, South Australia and the Northern Territory combined, there were significant increases in hospitalisation rates among Indigenous Australians during the period 1998–99 to 2003–04. The fitted trend implies an average yearly increase in the rate of around 45 per 1,000.
- There were also significant increases in hospitalisation rates among other Australians for the same period, with an average yearly increase in the rate of 5 per 1,000 population.
- There were significant increases in the hospitalisation rate ratios and rate differences between Indigenous and other Australians for the period 1998–99 to 2003–04. The fitted trend implies an average yearly increase of 0.1 in the hospitalisation rate ratio and 40 per 1,000 in the hospitalisation rate difference. This indicates a relative and absolute increase in the gap between hospitalisation rates for Indigenous and other Australians.

It should be noted that changes in the level of accuracy of Indigenous identification in hospital records will result in changes in the level of reported hospital separations for Indigenous Australians. Also, changes in access, hospital policies and practices all impact on the level of hospitalisation over time. Caution should be used in interpreting changes over time as it is not

possible to ascertain whether a change in reported hospitalisation is due to changes in the accuracy of Indigenous identification or real changes in the rate at which Indigenous Australians are hospitalised. An increase in hospitalisation rates may also reflect better access to hospitals rather than a worsening of health.

Table 3.10.18: Age-standardised hospitalisation rates, rate ratios and rate differences, Qld, WA, SA and NT, 1998–99 to 2003–04

	1998–99	1999–00	2000–01	2001–02	2002–03	2003–04	Annual change[(a)]
Indigenous rate per 1,000							
Persons	726.0	778.1	790.3	854.9	896.5	957.3	45.0*
Other Australian[(b)] rate per 1,000							
Persons	326.7	333.9	343.4	349.8	350.5	353.2	5.4*
Rate ratio[(c)]							
Persons	2.2	2.3	2.3	2.4	2.6	2.7	0.1*
Rate difference[(d)]							
Persons	399.3	444.2	446.9	505.2	546.1	604.1	39.7*

* Represents results with statistically significant increases or declines at the p<.05 level over the period 1998–99 to 2003–04.

(a) Average annual change in rates, rate ratios and rate differences determined using linear regression analysis.

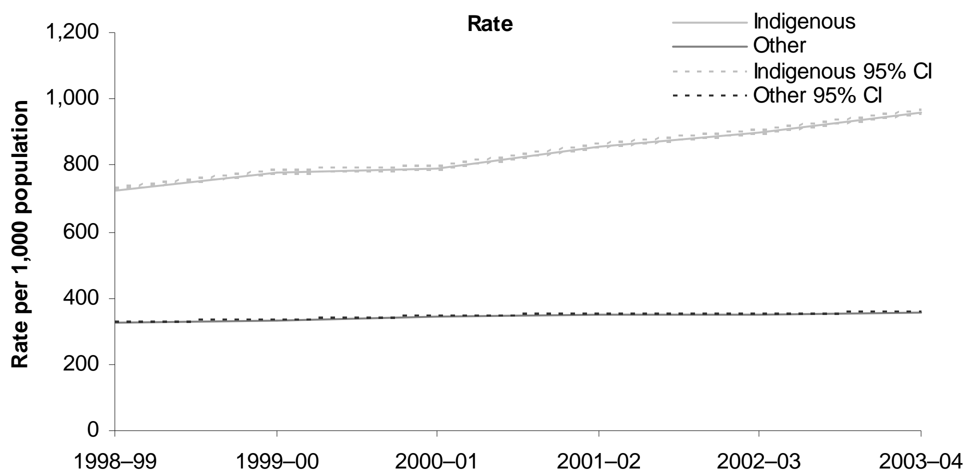
(b) 'Other' includes hospitalisations of non-Indigenous people and those for whom Indigenous status was not stated.

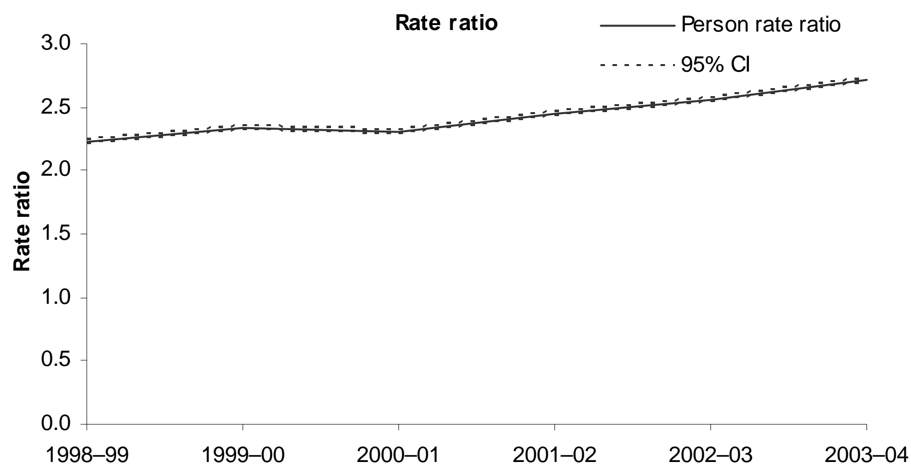
(c) Hospitalisation rates for Indigenous Australians divided by the hospitalisation rates for other Australians.

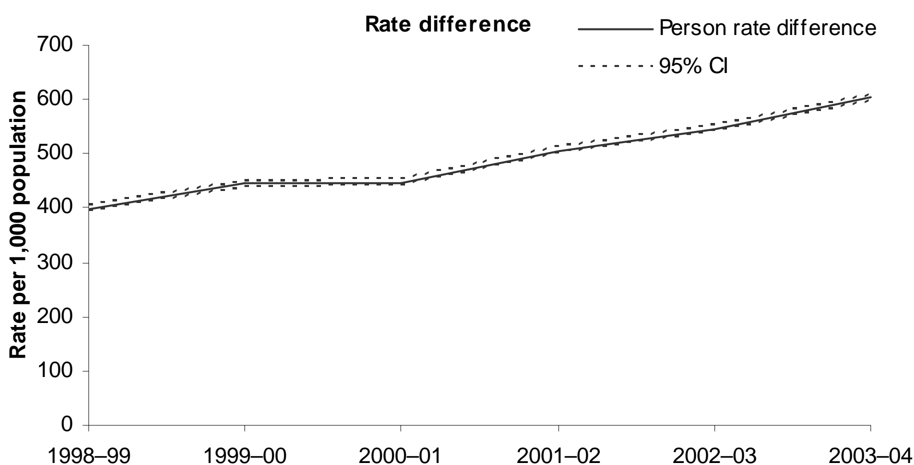
(d) Hospitalisation rates for Indigenous Australians minus the hospitalisation rates for other Australians.

Note: Rates have been directly age standardised using the Australian 2001 Standard population.

Source: AIHW analysis of AIHW National Hospital Morbidity Database.







Source: AIHW analysis of AIHW National Hospital Morbidity Database.

Figure 3.10.3: Hospitalisation rates, rate ratios and rate differences between Indigenous and other Australians, Qld, WA, SA and NT, 1998–99 to 2003–04

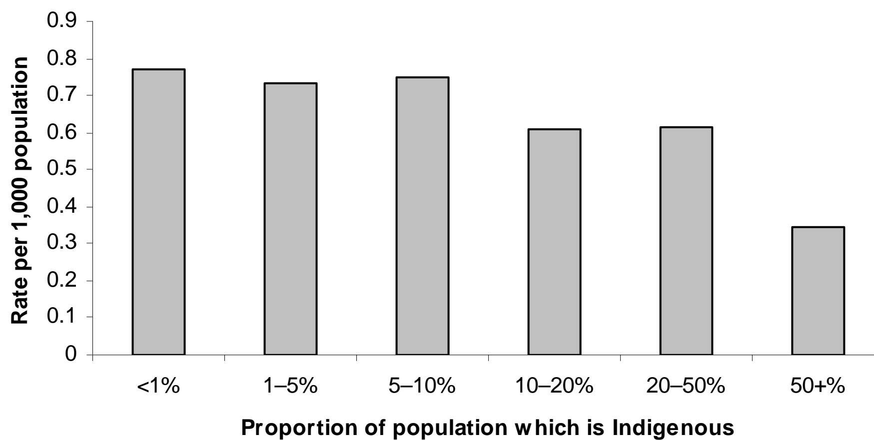
General practitioners

Information on the number of GPs working in Australia is available from DoHA. Data in Figure 3.10.4 present the number of full-time equivalent GPs per 1,000 by areas of low through to high proportions of Indigenous populations. Using population data from the 2001 Census, Statistical Local Areas (SLAs) were grouped according to the percentage of the population living in these areas that was Indigenous.

- In 2004–05, there were approximately 14,509 full-time equivalent GPs working in Australia. Approximately 47% of GPs were working in areas where less than 1% of the population was Indigenous, at a rate of 0.8 per 1,000 population and only 0.2% of GPs were working in areas where more than 50% of the population was Indigenous, at a rate of 0.3 per 1,000 population.

Care must be taken in using and interpreting the data provided. There are two issues to note which have an effect on the quality of the data. First, the data include only those services claimed through the Medicare system. Consequently the full-time equivalent for doctors in remote areas, which are more likely to have high proportions of Indigenous population, will be understated as some services are provided in rural hospitals and through the Royal Flying Doctor Service. There is also anecdotal information that services provided in Aboriginal Medical Services are often not claimed through the Medicare system, further understating the full-time equivalent for doctors in areas with high Indigenous populations.

Second, the data at the grouped SLA level can hide variability in data at the individual SLA level. For example, although one group of SLAs may have fewer people per doctor overall than a second group of SLAs, there will be a number of SLAs in the first group with far more people per doctor than several SLAs in the second group.



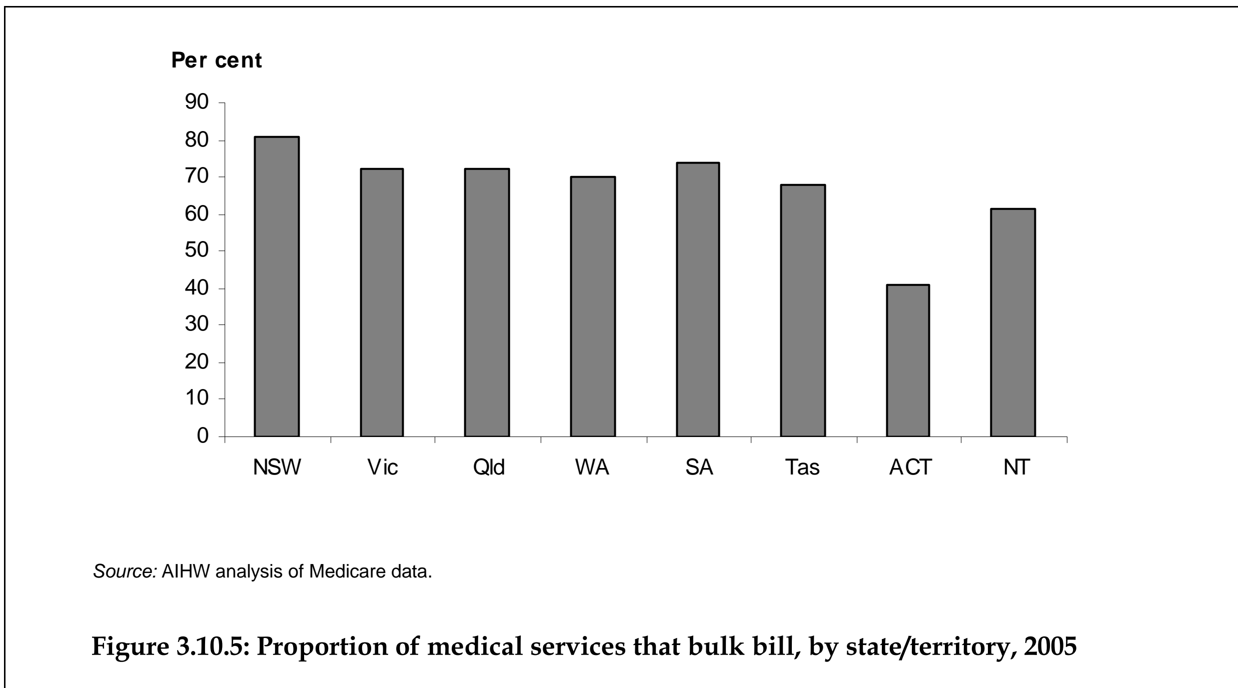
Source: Department of Health and Ageing.

Figure 3.10.4: Number of full-time equivalent GPs per 1,000 population, by areas of low through to high proportions of Indigenous populations, 2004–05

GPs who bulk bill

No data are currently available on the number of GPs who bulk bill by areas of low through to high proportions of Indigenous populations, or by remoteness category. Data on the proportion of medical services that bulk bill are available by electoral role and state and territory. State and territory data are presented below.

- In 2005, approximately 75% of medical services bulk billed. This ranged from 41% in the Australian Capital Territory to 81% in New South Wales (Figure 3.10.5).



Source: AIHW analysis of Medicare data.

Figure 3.10.5: Proportion of medical services that bulk bill, by state/territory, 2005

Aboriginal and Torres Strait Islander primary health care services

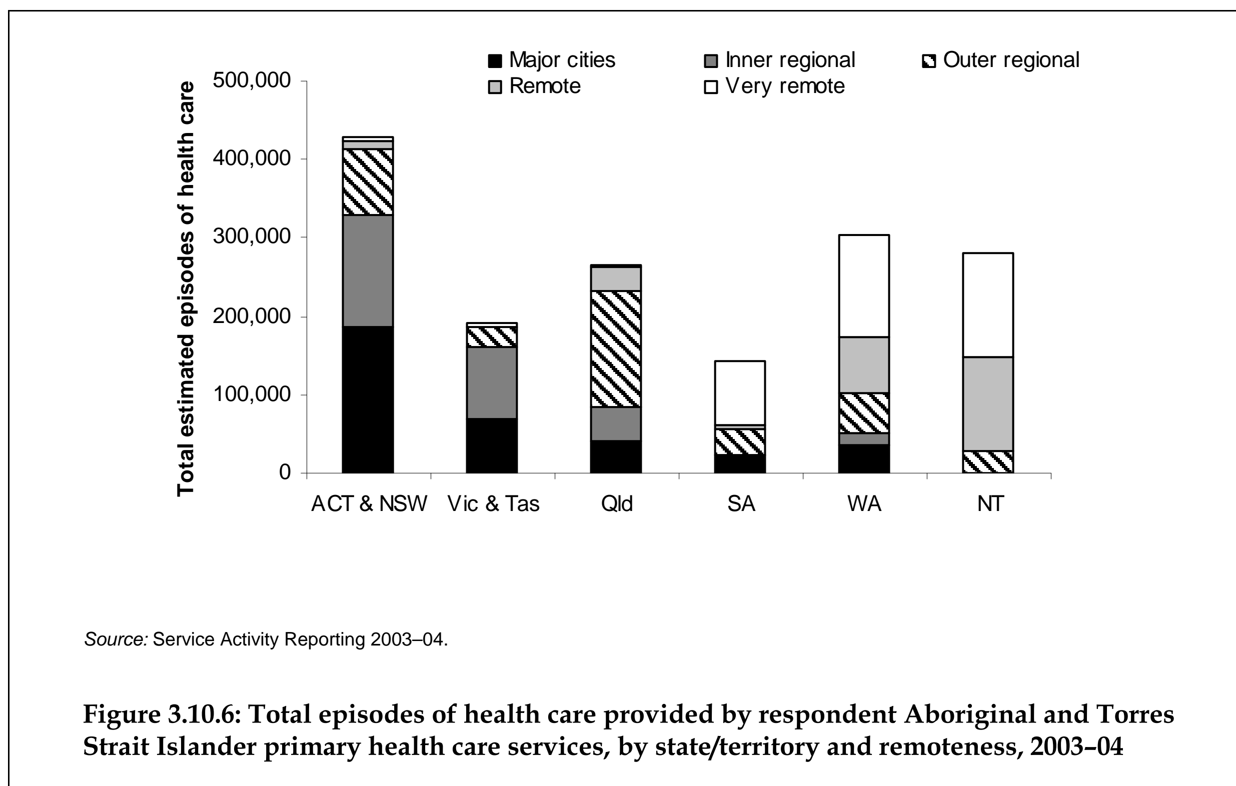
Data on Aboriginal and Torres Strait Islander primary health care services are available from the Service Activity Reporting data collection which is a joint project of the National Aboriginal Community Controlled Health Organisation and the Office of Aboriginal and Torres Strait Islander Health (OATSIH). Data presented here are for the 2003–04 financial year.

Episodes of health care by state/territory and remoteness area

Figure 3.10.6 shows the total estimated number of episodes of health care provided by respondent Aboriginal and Torres Strait Islander primary health care services by remoteness area in each state and territory.

- In 2003–04, the number of episodes of health care provided across each state and territory varied considerably by remoteness area. The majority of the estimated episodes of health care reported for Western Australia, South Australia and the Northern Territory were provided in remote and very remote areas of Australia, while for the other jurisdictions

the majority of episodes of health care were provided in major cities, inner regional and outer regional areas. This reflects the geographic nature of these jurisdictions.

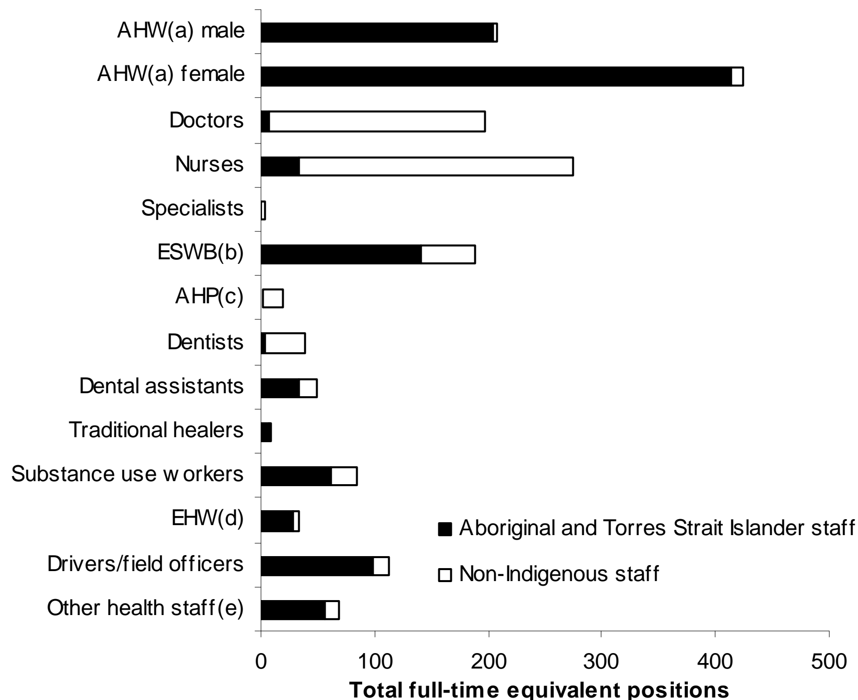


Source: Service Activity Reporting 2003–04.

Figure 3.10.6: Total episodes of health care provided by respondent Aboriginal and Torres Strait Islander primary health care services, by state/territory and remoteness, 2003–04

Health staff

- In 2003–04, a total of 197 full-time equivalent doctors and 275 full-time equivalent nurses were employed by Aboriginal and Torres Strait Islander primary health care services. The majority of doctors, nursers, allied health professionals and dentists were non-Indigenous (97%, 88%, 90% and 92% respectively). The majority of Aboriginal and Torres Strait Islander health workers, traditional healers, environmental health workers, substance use workers and drivers/field officers were Aboriginal and Torres Strait Islander Australians (Figure 3.10.7).



(a) AHW — Aboriginal Health Worker

(b) ESWB — emotional and social wellbeing staff, includes counsellors, social workers, psychologists.

(c) AHP — allied health professionals.

(d) EHW — environmental health workers.

(e) Other health staff — includes eye health coordinators, hearing program coordinators, nutrition workers, antenatal support, family health workers, sobering up unit, life skills support workers.

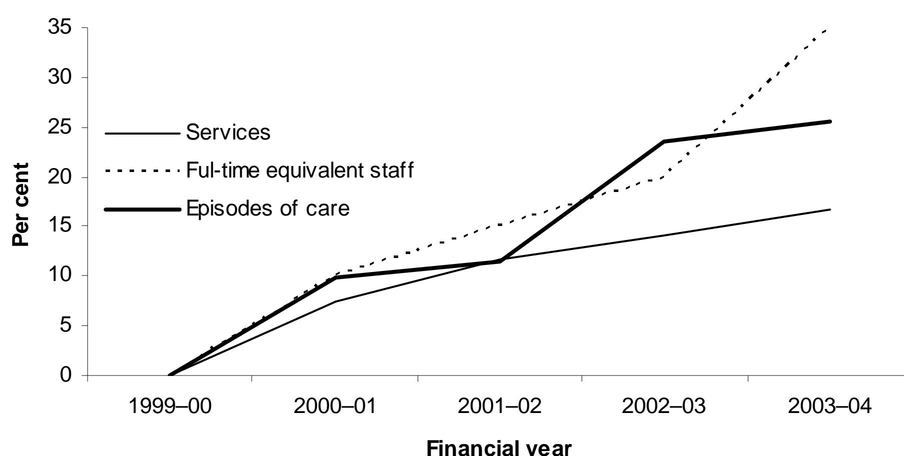
Source: Service Activity Reporting 2003–04.

Figure 3.10.7: Number of full-time equivalent health staff employed by respondent Aboriginal and Torres Strait Islander primary health care services, by Indigenous status, as at June 2004

Time series analyses

Data presented below include only those services that have been included in the SAR every year in the period 1999–00 to 2003–04.

- Over the period 1999–00 to 2003–04, there has been a steady rise in the number of Aboriginal and Torres Strait Islander primary health care services, from 120 services in 1999–00 to 140 services in 2003–04 (a rise of 17%) (Figure 3.10.8).
- Over the same period there was a steady increase in the total estimated episodes of health care provided to Indigenous and non-Indigenous clients. It has risen nationally from 1,004,000 in 1999–00 to 1,260,000 in 2003–04 (a rise of 26%) (85 services).
- There was a 35% rise in full-time equivalent staff employed by Aboriginal and Torres Strait Islander primary health care services between 1999–00 to 2003–04 (from 2,000 to 2,700) (107 services).



Note: Eighty five services provided valid episodes of health care data for the five years and 107 services provided data on full-time equivalent staff for the five years presented here.

Source: Service Activity Reporting 2003–04.

Figure 3.10.8: Cumulative per cent changes to Aboriginal and Torres Strait Islander primary health care services, 1999–00 to 2003–04

Expenditure on health services

- Expenditure on health goods and services for Aboriginal and Torres Strait Islander peoples during 2001–02 was estimated at $1,788.6 million (Table 3.10.19). About 62.7% of this was directed to two areas of expenditure—services provided to admitted patients in acute care hospitals ($682.5 million) and community health services ($439.9 million).
- On a per person basis, estimated expenditure on health for Aboriginal and Torres Strait Islander peoples averaged $3,900.83, compared with $3,308.35 for non-Indigenous people—a ratio of 1.18:1.
- Four major areas of expenditure had above parity Indigenous to non-Indigenous per capita expenditure ratios. These were community health services, public health activities, non-admitted patient services and admitted patient services. Expenditure on Aboriginal and Torres Strait Islander peoples was substantially lower than for other Australians for medical services, services for older people and pharmaceuticals.

Table 3.10.19: Total expenditure[(a)] on health, Indigenous and non-Indigenous people, by type of health good or service, current prices, 2001–02

	Total expenditure ($ million)			Expenditure per person ($)		
Health good or service type	Indigenous	Non-Indigenous	Indigenous share (%)	Indigenous	Non-Indigenous	Ratio
Hospitals	849.5	21,456.9	3.8	1,852.75	1,132.01	1.64
Admitted patient services	682.5	17,927.4	3.7	1,488.38	945.80	1.57
Private hospitals	11.5	5,057.1	0.2	25.08	266.80	0.09
Public hospitals	671.0	12,870.2	5.0	1,463.30	679.00	2.16
Non-admitted patient services	142.4	3,116.5	4.4	310.57	164.42	1.89
Emergency departments	34.6	615.7	5.3	75.51	32.48	2.32
Other services	107.8	2,500.8	4.1	235.06	131.94	1.78
Public (psychiatric) hospitals	24.7	413.0	5.6	53.80	21.79	2.47
Medical services	99.6	11,112.5	0.9	217.19	586.27	0.37
Medicare benefit items	75.9	9,185.4	0.8	165.47	484.60	0.34
Other	23.7	1,927.2	1.2	51.72	101.67	0.51
Community health services[(b)(c)]	439.9	2,810.5	13.5	959.30	148.27	6.47
Dental services[(b)]	21.8	3,734.2	0.6	47.59	197.01	0.24
Other professional services	16.9	2,252.4	0.7	36.76	118.83	0.31
Pharmaceuticals	66.2	9,011.6	0.7	144.36	475.43	0.30
Benefit-paid[(d)]	42.3	5,471.8	0.8	92.20	288.68	0.32
Other pharmaceuticals	23.9	3,539.8	0.7	52.16	186.75	0.28
Aids and appliances	15.8	2,474.0	0.6	34.51	130.52	0.26
Services for older people	49.9	4,591.6	1.1	108.83	242.24	0.45
Patient transport	62.8	892.7	6.6	136.95	47.09	2.91
Public health activities	72.5	1,029.9	6.6	158.15	54.33	2.91
Other health services (nec)	50.6	1,458.9	3.4	110.44	76.97	1.43
Health administration (nec)	43.1	1,883.6	2.2	93.99	99.37	0.95
Total	**1,788.6**	**62,708.9**	**2.8**	**3,900.83**	**3,308.35**	**1.18**

(a) Total expenditure by type of health good or service is the same as total funding.

(b) Community health services include state and territory government expenditure on dental services.

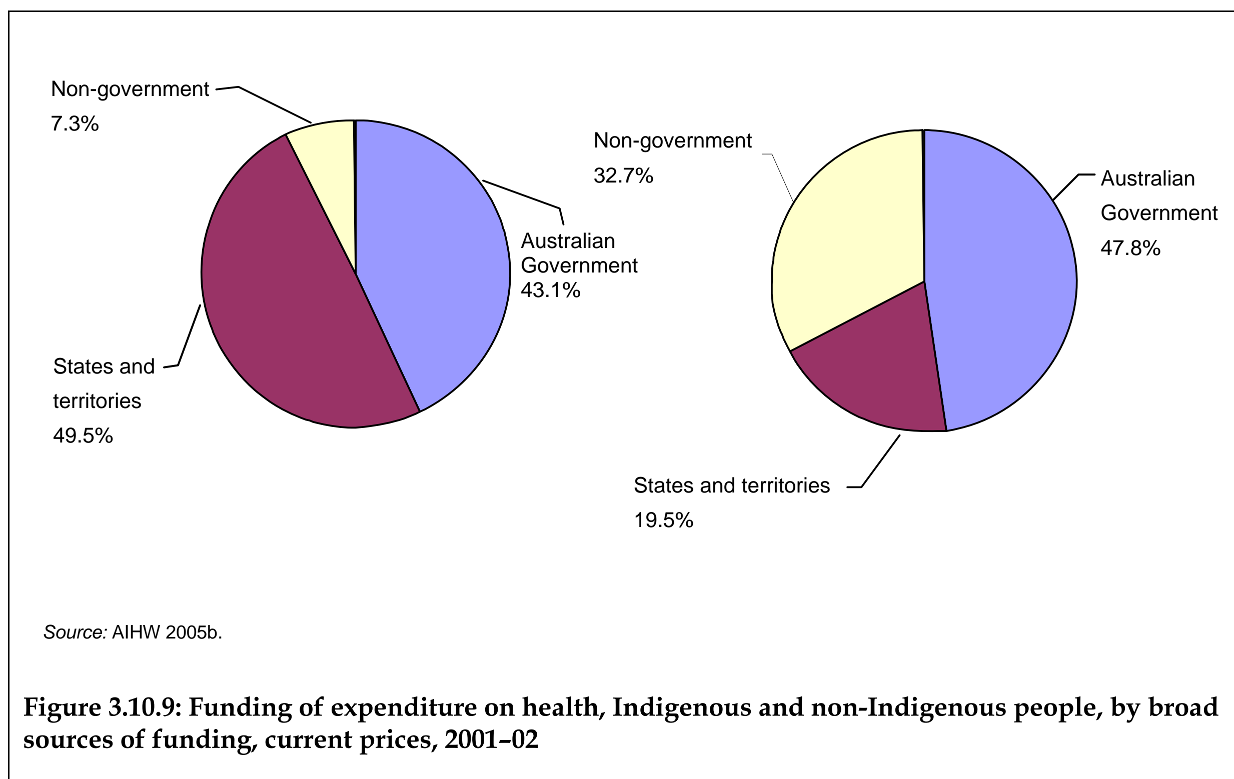
(c) Includes $186.3 million in OATSIH expenditure through the Aboriginal Community Controlled Health Services (ACCHSs). The Indigenous ratio for the non-ACCHS component of community health is estimated at 4.06:1 and for the non-ACCHS component of total at 1.07:1.

(d) Includes estimates of benefits via the Pharmaceutical Benefits Scheme and Repatriation Pharmaceutical Benefits Scheme.

Source: AIHW 2005b—Health expenditure database.

- Governments provided an estimated 92.7% of the funding used to pay for health goods and services for Aboriginal and Torres Strait Islander peoples during 2001–02 (Figure 3.10.9).
- The shares of funding provided by both the state and territory governments and the non-government sector for Indigenous Australians were quite different from their relative shares in respect to non-Indigenous people. The states and territories provided nearly half (49.5%) of the funding for Aboriginal and Torres Strait Islander peoples, compared with 19.5% for non-Indigenous Australians. Non-government sources, on the other hand, provided a much lower share (7.3%) of the funding for services for Indigenous people

than for non-Indigenous people (32.7%). The Australian Government's funding was similar for both groups—43.1% for Indigenous Australians and 47.8% for non-Indigenous people.



Source: AIHW 2005b.

Figure 3.10.9: Funding of expenditure on health, Indigenous and non-Indigenous people, by broad sources of funding, current prices, 2001–02

Additional information

Aboriginal and Torres Strait Islander people face a number of barriers to accessing services including lack of transport (particularly in remote areas), financial difficulties and proximity of culturally appropriate services. The proportion of Indigenous persons involved in health-related professions can also affect use of health services by Aboriginal and Torres Strait Islander people.

Transport

While distance to various health services provides one measure of access, lack of transport can often mean that comparatively short distances are an impediment to service use. Data are available from the 2002 National Aboriginal and Torres Strait Islander Social Survey on access to motor vehicles and difficulties with transport.

- In 2002 around 60% of Indigenous persons aged 18 years and over had access to a motor vehicle to drive compared to 85% of other Australians (Table 3.10.20). Around 12% of Indigenous Australians reported that they could not or often had difficulty getting to places needed, compared to only 4% of other Australians.
- Indigenous Australians in every state and territory were much more likely to report not having access to a motor vehicle(s), and to report having difficulty getting to places needed, than other Australians. Indigenous Australians living in the Northern Territory

were five times as likely, and in Western Australia four times as likely, to be without access to a motor vehicle as other Australians in these jurisdictions (ABS 2004a).

Table 3.10.20: Transport access, by Indigenous status, persons aged 18 years and over, 2002

	Indigenous			Other
	Remote	Non-remote	Total	Total
	Proportion (%)			
Transport access				
Has access to motor vehicle(s) to drive	47.5	64.4	59.7	85.2
Difficulty with transport[(a)]				
Can easily get to places needed	65.2	73.5	71.2	84.4
Cannot get, or often has difficulty getting, to places needed	16.4	9.8	11.6	3.6
Total number	**69,300**	**182,100**	**251,400**	**14,353,800**

(a) Not all categories shown for this data item.

Note: The content of this table is restricted to those items that are comparable between the NATSISS and the General Social Survey.

Source: ABS 2004a—2002 NATSISS.

The data on vehicles per household and per person suggest that other Australians have better access to personal transport than Indigenous Australians and would therefore be more readily able to reach a health facility or service. Public transportation may compensate for the lack of personal transport, and clinics may provide a transport service for their patients, but these services are not available everywhere.

For more information on transport see Measure 2.15—Transport.

Affordability

Many privately provided health services involve direct out-of-pocket payments by patients. These impact more on people with limited economic means and, given the generally poorer economic position of Aboriginal and Torres Strait Islander peoples, the effect is likely to be greater on Aboriginal and Torres Strait Islander peoples than on other Australians. Examples of this are services provided by dentists, physiotherapists and other health professionals not covered by Medicare, and pharmaceuticals not covered by the Pharmaceutical Benefits Scheme (PBS). These do not attract subsidies from governments and, therefore, patients meet out-of-pocket fees when these services are accessed. Other services such as medical services covered by Medicare and pharmaceuticals covered by the PBS, although subsidised, can also involve out-of-pocket expenditures, which restrict the access of people in lower socioeconomic groups.

In the case of medical services, although they are subsidised under Medicare, if the services are not bulk billed, patients can face co-payments. Patients who are not bulk billed are usually required to pay the full fee at the time of service and can then seek a refund from Medicare. This, however, means that they must first be able to pay for the service. This difficulty is further exacerbated by the fact that some practitioners charge fees above the Medicare Benefits Schedule fee, requiring larger gap payments, which are generally borne by the patients.

Aboriginal Community Controlled Health Services are covered by Medicare and patients of these services are bulk billed.

People who are prescribed drugs under the PBS are also required to make out-of-pocket co-payments. The amount that a patient needs to find is adjusted to some extent in accordance with the patient's ability to pay. Different co-payments apply to concession card holders, pensioners and general patients. The PBS also has safety net provisions that protect individuals and families from large overall expenses for PBS medicines.

Data on the financial stress of Indigenous Australians were collected in the 2002 NATSISS.

- In 2002, Indigenous Australians aged 18 years and over were four times more likely to be unable to raise $2,000 within a week for something important than other Australians.
- Indigenous Australians living in remote areas of Australia were more likely to have financial difficulties, with 73% unable to raise $2,000 compared to 47% in non-remote areas. An estimated 45% of Aboriginal and Torres Strait Islander peoples in non-remote areas of Australia reported having had at least one cash flow problem in the last year, compared to 19% of other Australians in those areas.

This information suggests that many Indigenous people suffer financial difficulties of some kind, especially those living in remote areas of Australia. Financial difficulties are an important barrier to accessing services where costs are involved.

Cultural barriers

Measurement of the accessibility of health services involves factors other than the distance people must travel and the financial costs incurred (Ivers et al. 1997). Many Indigenous persons or communities do not have adequate access to either culturally appropriate services or to other suitable arrangements, and where culturally appropriate services exist they are often under-resourced or unable to meet community needs (Bell et al. 2000). The perception of cultural barriers may cause Aboriginal and Torres Strait Islander peoples to travel substantial distances in order to access health services delivered in a more appropriate manner than those available locally (Ivers et al. 1997). The willingness of Indigenous peoples to access health services may be affected by such factors as community control of the service, the gender of health service staff, and the availability of Aboriginal and Torres Strait Islander staff, particularly where the patient's proficiency in spoken and written English is limited (Ivers et al. 1997). Some Indigenous people do not feel comfortable attending services such as a private general practice because of educational, cultural, linguistic and lifestyle factors, and will do so only when there is no alternative or their health problem has worsened (Bell et al. 2000).

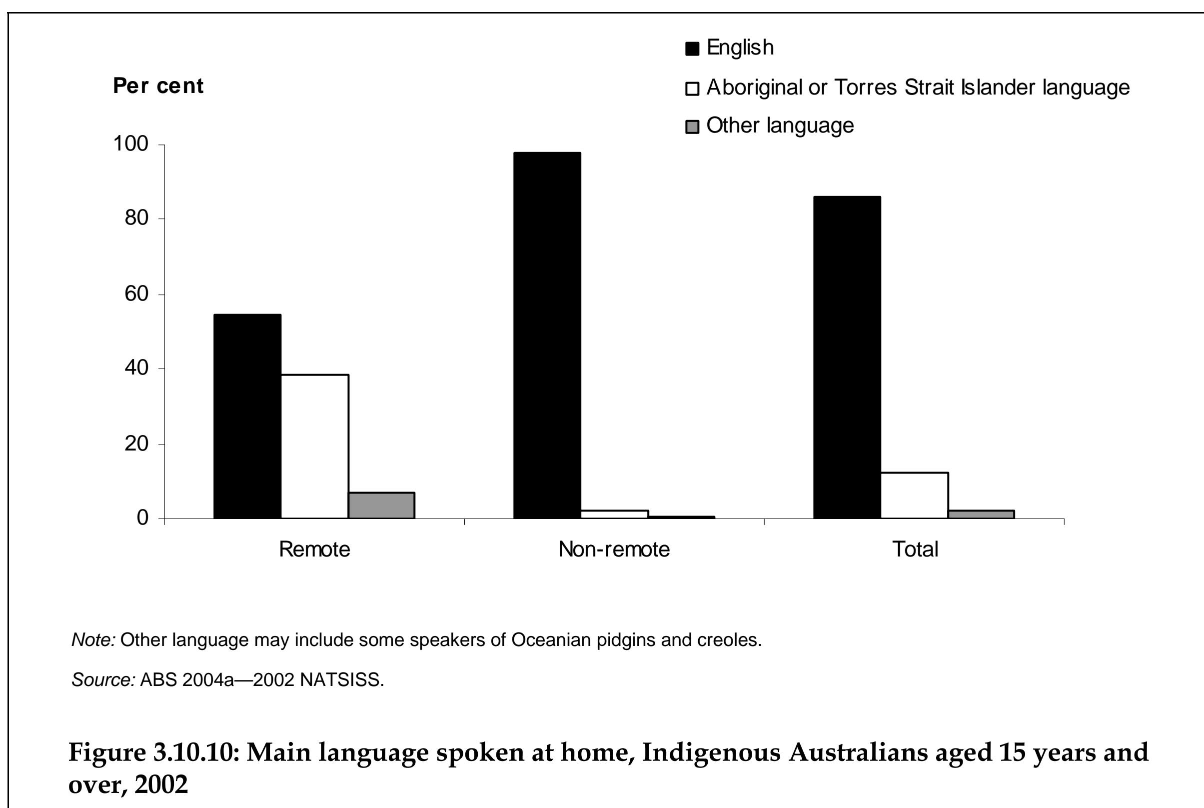
Information on language and other cultural barriers comes from the 2002 NATSISS.

Language

- In 2002, about 14% of Indigenous peoples reported that they spoke a language other than English at home. This figure includes 12% who said they spoke an Indigenous language at home and 2% who said they spoke another language or for whom the language was not adequately described. Indigenous persons living in remote areas of Australia were much more likely to report speaking an Aboriginal or Torres Strait Islander language at home (39%) than those living in non-remote areas (2%) (Figure 3.10.10).

Not being able to speak, read and write English proficiently can mean that some Indigenous Australians find it difficult to approach services such as health and welfare services. They may

therefore miss out on important information and entitlements and may have difficulty reading and completing forms (House of Representatives Standing Committee on Aboriginal and Torres Strait Islander Affairs 1993).



Note: Other language may include some speakers of Oceanian pidgins and creoles.

Source: ABS 2004a—2002 NATSISS.

Figure 3.10.10: Main language spoken at home, Indigenous Australians aged 15 years and over, 2002

Communicating with service providers

The 2002 NATSISS collected information on whether Indigenous Australians had difficulty communicating with service providers.

- Approximately 11% of males and females aged 18 years and over reported that they had difficulty understanding service providers, being understood by service providers or both (Table 3.10.21).
- Indigenous persons living in remote areas were more likely to report experiencing difficulty (19%) than those in non-remote areas of Australia (8%) (Table 3.10.21).
- Indigenous Australians aged 55 years and over had the most difficulty understanding or being understood by service providers (14%).
- The proportion of Indigenous Australians who reported difficulty communicating with service providers varied by state and territory. Indigenous Australians in Western Australia, South Australia and the Northern Territory were approximately twice as likely to experience difficulty communicating with service providers (18%, 17% and 15% respectively) than Indigenous Australians in New South Wales, Victoria and Queensland (8%, 9% and 9% respectively).

Table 3.10.21: Communication with service providers, by sex and remoteness, Indigenous persons aged 18 years and over, 2002

	Non-remote		Remote		Total	
	Males	Females	Males	Females	Males	Females
	Proportion (%)					
Has difficulty understanding service providers	2.6	3.7	3.9	4.2	3.0	3.8
Has difficulty being understood by service providers	3.0	1.8	4.6	3.8	3.5	2.4
Has difficulty understanding and being understood by service providers	2.2	2.3	9.7	11.3	4.3	4.8
Total experiencing difficulty	*7.8*	*7.8*	*18.2*	*19.3*	*10.7*	*10.9*
No difficulties	*92.2*	*92.2*	*81.5*	*80.1*	*89.2*	*88.9*
Total[(a)]	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total number[(a)]	**85,800**	**96,200**	**33,400**	**35,900**	**119,200**	**132,200**

(a) Includes not stated responses.

Source: ABS and AIHW 2005—2002 NATSISS, unpublished data.

Telephone

A working telephone in the home is often considered a necessity in cases of emergency so that health services such as hospitals, ambulances and doctors can be contacted quickly. People without a working telephone in the home are less equipped to seek medical help when required.

The 2002 NATSISS also collected information on whether Indigenous Australians had access to a working telephone.

- In 2002, of those surveyed, 71% of Indigenous Australians aged 18 years and over reported having a working telephone in the home. Those living in non-remote areas were more likely to have a working telephone (82%) compared to those living in remote areas (43%).
- The proportion who had a working telephone varied by state and territory. The Northern Territory had the lowest proportion of Indigenous Australians with a working telephone (37%) which probably reflects the high proportion of Indigenous people in the Northern Territory who live in remote areas. Approximately 61% of persons in Western Australia and 71% in South Australia were without a working telephone.

Data quality issues

National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) and National Aboriginal and Torres Strait Islander Social Survey (NATSISS)

The NATSIHS and NATSISS both use the standard Indigenous status question. The survey samples were specifically designed to select a representative sample of Aboriginal and Torres Strait Islander Australians and thus overcome the problem inherent in most national surveys with small and unrepresentative Indigenous samples. As with other surveys, the NATSIHS and NATSISS are subject to sampling and non-sampling errors. Calculations of standard errors and significance testing help to identify the accuracy of the estimates and differences.

Information recorded in these surveys are essentially 'as reported' by respondents. The ABS makes every effort to collect accurate information from respondents, particularly through careful questionnaire design, pre-testing of questionnaires, use of trained interviewers and assistance from Indigenous facilitators. Nevertheless, some responses may be affected by imperfect recall or individual interpretation of survey questions.

Non-Indigenous comparisons are available through the National Health Survey (NHS) and the 2002 General Social Survey. The NHS was conducted in major cities, regional and remote areas, but very remote areas were excluded from the sample. Time series comparisons are available through the 1995 and 2001 National Health Surveys and the 1994 National Aboriginal and Torres Strait Islander Survey.

In remote communities there were some modifications to the NATSIHS and NATSISS content in order to address language and cultural appropriateness in traditional communities, as well as to assist respondents in understanding the concepts. Some questions were excluded and some reworded. Also, paper forms were used in communities in remote areas and computer-assisted interview (CAI) instruments were used in non-remote areas. The CAI process included built in edit checks and sequencing.

Further information on NATSIHS and NATSISS data quality issues can be found in the national publications (ABS 2004a and ABS 2006).

Community Housing and Infrastructure Needs Survey (CHINS)

The 2001 CHINS collected data on dwelling conditions for permanent dwellings in discrete Indigenous communities that were managed by Indigenous housing organisations. In 2001 CHINS information was collected on 616 Indigenous organisations which managed a total of 21,287 permanent dwellings. The majority of those dwellings were located in the Northern Territory (6,715), Queensland (5,673), New South Wales (4,079) and Western Australia (3,273) (ABS 2002).

The CHINS survey only covers discrete Indigenous communities, including approximately 108,000 Aboriginal and Torres Strait Islanders or 24% of the total Indigenous population. CHINS data is collected every five years. The data are collected from key personnel in Indigenous communities and housing organisations knowledgeable about housing and infrastructure issues.

The estimates are not subject to sampling error as the CHINS was designed as a complete enumeration of discrete Indigenous communities. However, data could not be obtained from a small number of communities. In addition, the community population was often estimated by community representatives without reference to records.

Further information on the CHINS can be found in the national publication (ABS 2002).

(continued)

Data quality issues (continued)

Hospital separation data

Separations

The number and pattern of hospitalisations can be affected by differing admission practices among the jurisdictions and from year to year, and differing levels and patterns of service delivery. In terms of mental health service delivery, there are a number of different service delivery models ranging from ambulatory care in community mental health services and hospitals and non-ambulatory care in hospitals and residential services.

Indigenous status question

Some jurisdictions have slightly different approaches to the collection and storage of the standard Indigenous status question and categories in their hospital collections. The not stated category is missing from several collections. It is recommended that the standard wording and categories be used in all jurisdictions (AIHW 2005).

Under-identification

The incompleteness of Indigenous identification means the number of hospital separations recorded as Indigenous is an underestimate of hospitalisations of Aboriginal and Torres Strait Islander people. While the identification of Indigenous people in hospitalisations is incomplete in all states and territories, four jurisdictions (Queensland, Western Australia, South Australia and the Northern Territory) have been assessed as having adequate identification in 2003–04 (AIHW 2005a). It has therefore been recommended that reporting of Indigenous hospital separations be limited to aggregated information from Queensland, Western Australia, South Australia and the Northern Territory. The proportion of the Indigenous population covered by these four jurisdictions is 60%. The following caveats have also been recommended:

- *Interpretation of results should take into account the relative quality of the data from the jurisdictions included (currently a degree of Indigenous under-identification in Western Australia and relatively marked Indigenous under-identification in Queensland data).*
- *Data for these four jurisdictions over-represent Indigenous populations in less urbanised and more remote locations.*
- *Hospitalisation data for four jurisdictions should not be assumed to represent the hospitalisation experience in other jurisdictions (ABS & AIHW 2005).*

Numerator and denominator

Rate and ratio calculations rely on good numerator and denominator data. The changes in the completeness of identification of Indigenous people in hospital records may take place at different rates than changes in the identification of Indigenous people in other administrative collections and population censuses. Denominators used here are sourced from the ABS Experimental estimates and projections: Aboriginal and Torres Strait Islander Australians 1991 to 2009 *(ABS 2004b).*

GP data

Care must be taken in using and interpreting the data provided. There are two issues to note which have an effect on the quality of the data. First, the data include only those services claimed through the Medicare system. Consequently the full-time equivalent for doctors in remote areas, which are more likely to have high proportions of Indigenous population, will be understated as some services are provided in rural hospitals and through the Royal Flying Doctor Service. There is also anecdotal information that services provided in Aboriginal Medical Services are often not claimed through the Medicare system, further understating the full-time equivalent for doctors in areas with high Indigenous populations.

(continued)

Data quality issues (continued)

Second, the data at the grouped SLA level can hide variability in data at the individual SLA level. For example, although one group of SLAs may have fewer people per doctor overall than a second group of SLAs, there will be a number of SLAs in the first group with far more people per doctor than several SLAs in the second group.

Service Activity Reporting (SAR) data collection

Response rates to the SAR by Aboriginal and Torres Strait Islander primary health care services were between 97% and 99% during the period 2002–03 to 2004–05. The SAR collects service-level data on health care and health-related activities by survey questionnaire over a 12-month period. While this data collection provides valuable information, it needs to be recognised that there are limitations that have to be considered when using these data. Particular issues include:

- *The SAR only includes Aboriginal and Torres Strait Islander health organisations that receive at least some Australian Government funding to facilitate access to primary health care.*
- *The SAR questionnaire collects a broad set of indicators for the services and did not aim to provide a comprehensive set of statistics on the activities of the services or their needs.*
- *Data provided are often estimates and while these are thought to be reasonable, there has been no audit to check the accuracy of these figures.*

Expenditure data

Quality of data on Indigenous service use

For many publicly funded health services there are few details available about service users and, in particular, about their Indigenous status. For privately funded services, this information is frequently unavailable. For those services that do collect this information, recording Indigenous status accurately for all people does not always occur. The result is that there is some margin of error in the estimations of health expenditure for Aboriginal and Torres Strait Islander people and their corresponding service use.

Expenditure estimates

There may be some limitations associated with the scope and definition of health expenditures included in this measure. Other (non-health) agency contributions to health expenditure, such as 'health' expenditures incurred within education departments and prisons, are not included.

Furthermore, while every effort has been made to ensure consistent reporting and categorisation of expenditure on health goods and services, in some cases there may be inconsistencies across data providers. These may result from limitations of financial reporting systems and/or different reporting mechanisms. Reporting of health administration (nec) is one such example; in some cases, all the associated administration costs have been included in the estimates of expenditure on a particular health service category (for example, acute care services), whereas in other cases they have been separately reported.

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