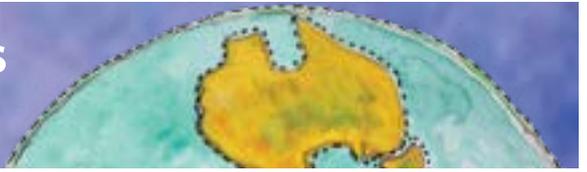


## 7.6 Indigenous Australians' access to health services



Due to their poorer health, Indigenous Australians could be expected to access health services at a much higher rate than non-Indigenous Australians. However, the most recent comparable data suggests that their overall access to health services is only marginally higher (AHMAC 2012). To improve Indigenous health, strategies to increase access to health services are required alongside improvements in behavioural and social factors.

Understanding Indigenous Australians' access to health services is important in evaluating whether the health system is adequately meeting their needs. Indigenous Australians may access mainstream or Indigenous-specific primary health care services, which offer prevention, diagnosis and treatment of ill health in a range of settings (see Chapter 8 'Primary health care in Australia'). Indigenous-specific services are funded by the Australian Government and/or state and territory governments, and are available through hospitals, community clinics, Aboriginal Community Controlled Health Services and other health-care facilities.

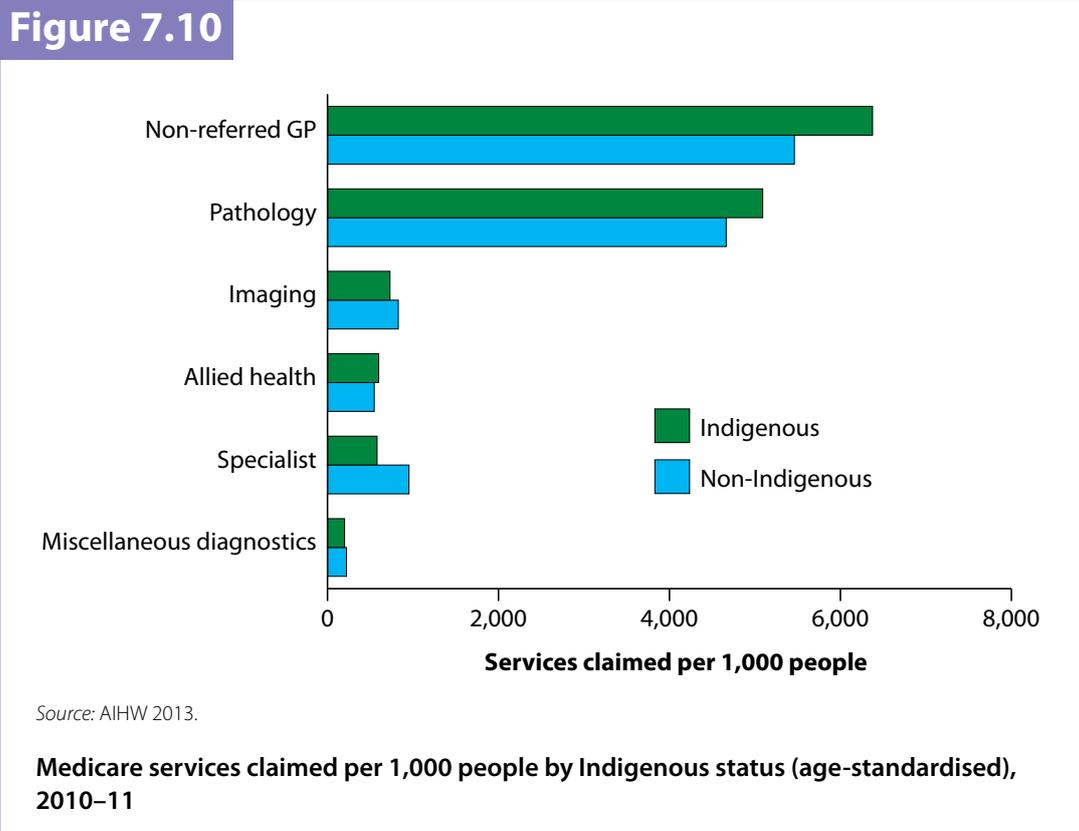
Comprehensive data on Indigenous Australians' use of mainstream and Indigenous-specific health services are lacking, which makes it difficult to determine patterns in the use of health services. Service use may be underestimated if consultations are not claimed for on Medicare, or are not funded by the Australian Government (such as when they are funded by state and territory governments). Incomplete identification of Indigenous people in mainstream health services data can also lead to an underestimation of service use.

### Access to health services

- In 2012–13, more than 1 in 5 Indigenous Australians (22%) accessed a general practitioner (GP) or specialist in the 2 weeks before the Australian Aboriginal and Torres Strait Islander Health Survey.
- About 1 in 4 Indigenous Australians aged 15 and over (26%) reported having problems accessing health services in 2008. Of these, about 20% had problems accessing dentists, 10% accessing doctors and 7% accessing hospitals. The greatest barriers were long waiting times or services being unavailable when required (52%), and cost was a barrier for about 1 in 3 (32%).

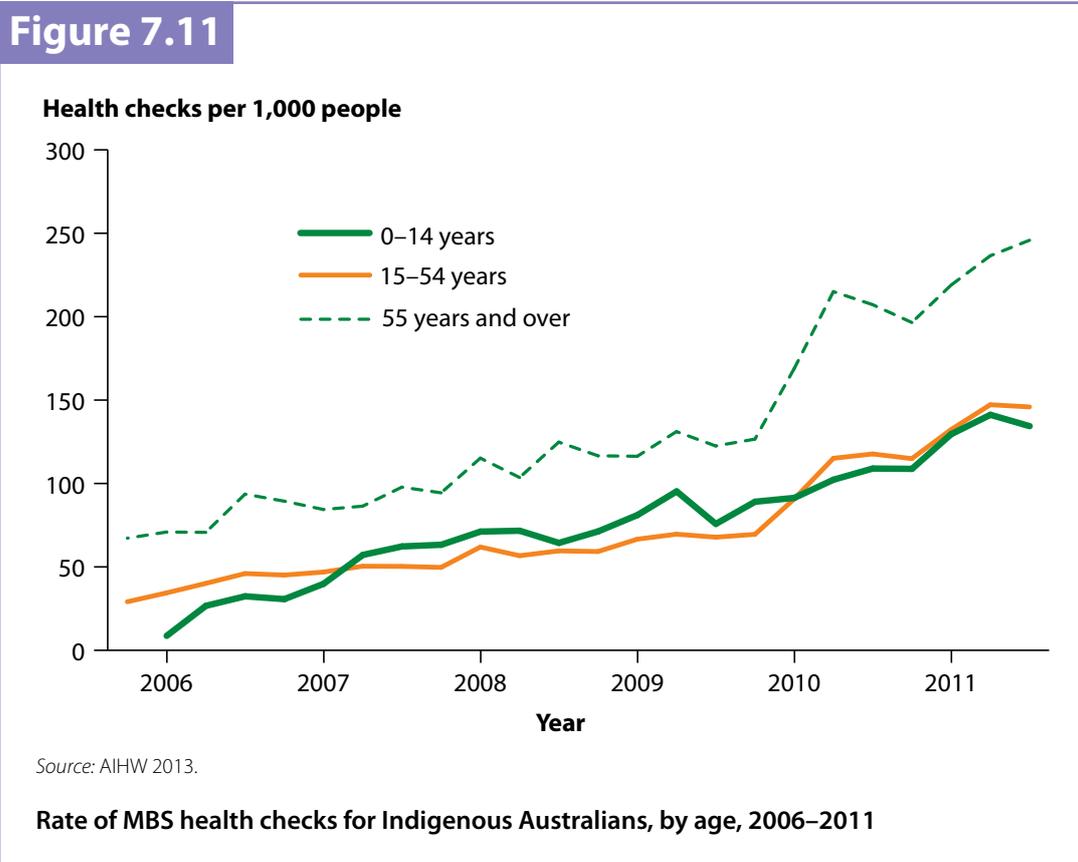
### Use of selected health services

- Medicare Benefits Schedule (MBS) claim rates for GP visits were 17% higher for Indigenous than non-Indigenous Australians in 2010–11, but claim rates for specialist services were 39% lower (Figure 7.10).
- Rates of MBS Health Checks among Indigenous Australians rose significantly from 2006 to 2011 for all age groups (Figure 7.11).
- In 2010–11, Pharmaceutical Benefits Scheme (PBS) expenditure per Indigenous Australian was around 80% of the level of expenditure per non-Indigenous Australian (\$291 compared with \$366). In 2001–02, PBS expenditure per Indigenous Australian was around 33% of the amount spent per non-Indigenous Australian, suggesting a narrowing of the gap since then.
- Aboriginal and Torres Strait Islander primary care services provided 2.6 million episodes of health care to about 445,000 clients in 2011–12. Compared with 2010–11, there was a 5% increase in episodes of care and a 3% increase in the number of clients.



### Hospitalisations by principal diagnosis

- Indigenous Australians were hospitalised for potentially preventable conditions nearly 4 times as often as non-Indigenous Australians between July 2010 and June 2012.
- Excluding dialysis, the leading cause of hospitalisation for Indigenous Australians was injury, poisoning and certain other consequences of external causes (38 hospitalisations per 1,000 people). Respiratory and digestive conditions were the next most common causes (31 and 26 hospitalisations per 1,000 people, respectively).
- After adjusting for age differences, Indigenous Australians were over twice as likely to be hospitalised for mental and behavioural disorders as non-Indigenous Australians, and nearly 3 times as likely to be hospitalised for respiratory conditions (Figure 7.12).

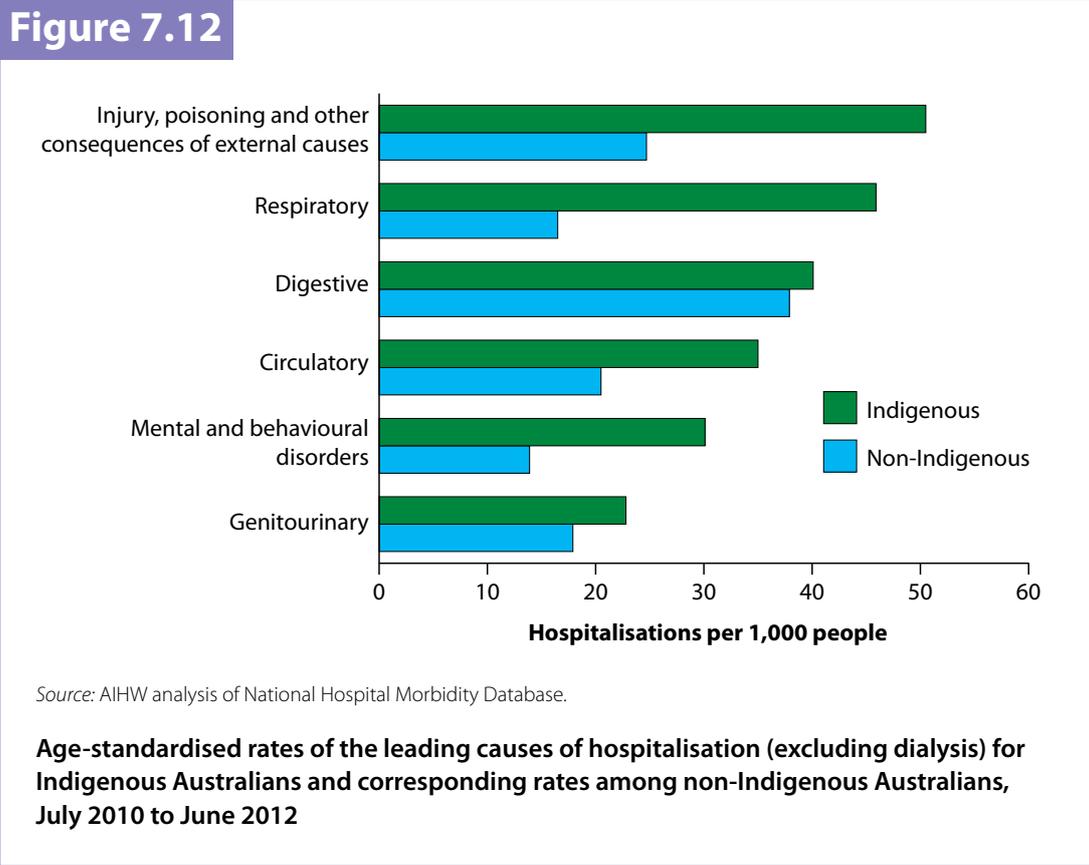


### What is missing from the picture?

While service use and spending patterns give some indication of the demand for health services, they do not provide information on whether services are accessible to all who need them, nor do they give a complete picture of whether the health needs of Indigenous Australians are being met. Even though Indigenous Australians may have physical access to a service, financial, social and cultural factors can influence whether they access the service or not. There is also a possibility that the available service may not be the most suitable one for their health needs.

### Where do I go for more information?

More information on how Indigenous Australians interact with the health system is available at [www.aihw.gov.au/indigenous-observatory](http://www.aihw.gov.au/indigenous-observatory). Recent AIHW reports and other publications available for free download include [Aboriginal and Torres Strait Islander Health Performance Framework 2012: detailed analyses](#), [Aboriginal and Torres Strait Islander health services report 2011-12](#) and [Expenditure on health for Aboriginal and Torres Strait Islander people 2010-11](#).



**References**

AHMAC (Australian Health Ministers’ Advisory Council) 2012. Aboriginal and Torres Strait Islander Health Performance Framework 2012 Report. Canberra: AHMAC.

AIHW (Australian Institute of Health and Welfare) 2013. Aboriginal and Torres Strait Islander Health Performance Framework 2012: detailed analyses. Cat. no. IHW 94. Canberra: AIHW.