



Australian Government

Australian Institute of  
Health and Welfare

# Aboriginal and Torres Strait Islander health organisations

Online Services Report—key results **2013–14**








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The AIHW would also like to acknowledge the Australian Government-funded Aboriginal and Torres Strait Islander health organisations that provided data for this report. These include organisations working in primary health care, substance-use, social and emotional wellbeing (SEWB) and Link Up counselling, and New Directions: Mothers and Babies Services. The contribution of each organisation is greatly appreciated.

## Abbreviations

ABS	Australian Bureau of Statistics	ISO	International Organisation for Standardisation
ACCHO	Aboriginal Community Controlled Health Organisation	NSW	New South Wales
ACHS	Australian Council on Healthcare Standards	NT	Northern Territory
ACT	Australian Capital Territory	OATSIH	Office for Aboriginal and Torres Strait Islander Health
AHP	Aboriginal and Torres Strait Islander health practitioner	OSR	Online Services Report
AHW	Aboriginal and Torres Strait Islander health worker	PIRS	patient information recall system
AIHW	Australian Institute of Health and Welfare	QIC	Quality Improvement Council
AOD	alcohol and other drugs	Qld	Queensland
CEO	Chief Executive Officer	RACGP	Royal Australian College of General Practitioners
CSHISC	Community Services and Health Industry Skills Council	SA	South Australia
DoH	Department of Health	SEWB	social and emotional wellbeing
ENT	ear, nose and throat	STI	sexually transmitted infection
FTE	full-time equivalent	Tas	Tasmania
GP	general practitioner	Vic	Victoria
		WA	Western Australia
		WHO	World Health Organization

## Symbols

—	nil or rounded to zero
..	not applicable
<	less than
>	greater than



## Summary

This sixth national report provides an overview of 269 Australian Government-funded organisations that aim to improve the health of Aboriginal and Torres Strait Islander people. It presents findings from the 2013–14 Online Services Report data collection, including the health services and activities provided by these organisations, staffing levels and client numbers, as well as health service gaps and challenges faced by the communities they serve.

In 2013–14, most (79%) of these organisations delivered health services through 1 site, with the remaining having 2 or more delivery sites. Sixty-two per cent of organisations were Aboriginal Community Controlled Health Organisations, 14% were other non-government organisations and 24% were government-run organisations. Three-quarters (76%) of organisations were accredited against either the Royal Australian College of General Practitioners or organisational standards. This was higher than in 2012–13 (70%).

### **More staff and more client contacts in primary health-care organisations**

In 2013–14, 203 of these organisations (76%) provided primary health-care services to Aboriginal and Torres Strait Islander people, similar to the number in 2012–13 (205). The number of full-time equivalent staff employed at 30 June 2014 was 7,108 and just over half of these were Indigenous (53%). The number of staff was 7% higher than at 30 June 2013.

Primary health-care services were provided to around 419,000 clients through 4.6 million contacts. The number of contacts increased by 13% (around 543,000) compared with 2012–13. There were large increases in the number of contacts for allied health professionals (46%), nurses and midwives (30%) and doctors (10%). This may partly reflect increases in the number of staff in 2013–14. The number of clients was similar in 2012–13 (around 417,000).

### **Most counsellors providing social and emotional wellbeing or Link Up counselling services were Indigenous**

In 2013–14, 95 organisations (35%) provided social and emotional wellbeing or Link Up counselling services. These organisations employed 189 counsellors and 62% of these were Indigenous. Services were provided to around 16,600 clients through 88,200 contacts.

### **Substance-use episodes of care increase**

In 2013–14, 56 organisations (21%) provided substance-use services. Around 43,000 clients were seen through 371,000 episodes of care. Most episodes of care (95%) were for non-residential, follow-up or after-care services. Episodes of care increased by 22% (around 66,000) compared with 2012–13, largely due to an increase in the number of non-residential episodes of care.

### **Key gaps and challenges**

Sixty-one per cent of all organisations reported a service delivery gap in their communities for mental health and social and emotional health and wellbeing.

Recruitment, training and support of Aboriginal and Torres Strait Islander staff (68%) and staffing levels (58%) were commonly reported as challenges to providing quality services.





# 1. Introduction

This sixth national report provides an overview of 269 Australian Government-funded organisations that aim to improve the health of Aboriginal and Torres Strait Islander people. These organisations contribute to the Online Services Report (OSR) data collection managed by the Australian Institute of Health and Welfare (AIHW). This report presents the main findings from the 2013–14 collection, with some time series analyses.

## 1.1 Background

The Australian Government funds 269 organisations to deliver primary health care services, substance-use rehabilitation and treatment services, social and emotional wellbeing (SEWB) or Link Up counselling services, and New Directions: Mothers and Babies Services (New Directions) to Aboriginal and Torres Strait Islander people.

Primary health-care organisations provide comprehensive health care and access to doctors, nurses, allied health professionals, and medical specialists outside of hospital. They are the first point of call for health services in case of sickness and also play a key role in maintaining and improving population health through health promotion, disease prevention, advice and referral. Aboriginal and Torres Strait Islander primary health-care organisations generally provide access to doctors, nurses, allied health professionals, SEWB staff, and medical specialists. Some do not provide comprehensive health care but focus on specific activities such as health promotion programs, maternal and child health, and SEWB (DoH 2014a).

Tobacco, alcohol and substance misuse are major risk factors for chronic disease and have a significant effect on the safety, health and wellbeing of individuals, families and communities. They contribute significantly to the gap between Indigenous and non-Indigenous Australians in life expectancy and other health outcomes. Substance-use organisations offer treatment, support and rehabilitation facilities to prevent harmful substance-use among Aboriginal and Torres Strait Islander people. These services are delivered through a range of programs including residential and non-residential treatment and rehabilitation services, primary health care, sobering-up shelters and transitional after-care resources.

SEWB or Link Up counselling services help individuals, families and communities affected by past practices of the forced removal of children from Aboriginal and Torres Strait Islander families. They help them to reunite with their families, culture and community and aim to restore social and emotional wellbeing.

New Directions aims to increase access to, and use of, child and maternal health-care services for Aboriginal and Torres Strait Islander families. The program funds organisations to provide antenatal and postnatal care; information about baby care; practical advice and assistance with breastfeeding, nutrition and parenting; the monitoring of developmental milestones, immunisation status and infections; and health checks for Aboriginal and Torres Strait Islander children before starting school.

## 1.2 Scope of the collection

The 2013–14 OSR is made up of data from 4 types of Australian Government-funded organisations: primary health-care services (Aboriginal community controlled and other), substance-use services, SEWB or Link Up counselling services and New Directions. Some organisations provide a combination of services, such as primary health care and substance-use services, or primary health care and SEWB or Link Up counselling services. The OSR collects information on the health services and activities provided by these organisations, the number of clients seen and contacts made, staffing levels and vacancies, and service gaps and challenges faced.

Data have been collected annually since the 2008–09 financial year. The number of organisations contributing to the OSR changes slightly from year to year for a range of reasons—for example, there may be changes to funding, auspicing or reporting arrangements at the local level. In 2013–14, organisations providing New Directions were in scope for the OSR for the first time. Most of the organisations funded for New Directions (80%) were also funded by the Australian Government for primary health care and would therefore already have contributed to the OSR collection. However, some of these organisations (19%) were funded to provide New Directions only and were therefore in scope for the OSR collection for the first time in 2013–14.



The OSR data support:

- evidence-based policy development and planning
- improved understanding of health service needs
- accountability for policy implementation of service delivery
- the assessment of access and levels of activity over time
- quality improvement, at the service level and nationally.

For individual organisations, OSR data support:

- evidence-based practice
- continuous quality improvement of service delivery
- benchmarking against national data
- an opportunity to provide feedback on key service gaps and health service delivery challenges to policymakers.

## 1.3 Data submission and quality

From 2008–09 to 2010–11, the data collection was known as the Office for Aboriginal and Torres Strait Islander Health (OATSIH) Services Reporting data collection and used a paper-based questionnaire. It became an online form in 2011–12 and was renamed the OSR data collection. The online form underwent some revisions for the 2012–13 collection. A list of affected data items are in Table G1, Appendix G.

Further enhancements to the 2012–13 collection enabled some data items to be extracted and pre-populated automatically. Data for episodes of care and client contacts were pre-populated directly from an organisation's patient information recall system (PIRS). This improved not only the accuracy of the data but also reporting response times.

As noted earlier, the total number of organisations contributing to the OSR may change slightly from year to year. This may impact time series data. In 2013–14, substance-use client numbers were affected by the smaller number of organisations contributing to these counts, while increases in the number of episodes of care were partly a result of including the data of some organisations which had not been included in 2012–13.

The AIHW examines the quality of data submitted and, if necessary, contacts organisations to clarify issues and request additional or corrected data. Two key issues affecting data quality or interpretation are the inaccurate recording of data and inconsistent data between 2 or more questions. Data with remaining significant quality issues were not included for analyses in this report. For more information on data quality see Appendix G and the Data Quality Statement at <<http://meteor.aihw.gov.au/content/index.phtml/itemId/601336>>.



## 1.4 Structure of the report

The information in this report has been organised around the different types of services provided by OSR organisations.

**Chapter 2** presents general information about the organisations in the OSR collection and their operation.

**Chapter 3** presents information for organisations providing Aboriginal and Torres Strait Islander primary health-care services.

**Chapter 4** presents information for organisations providing Aboriginal and Torres Strait Islander maternal and child health services.

**Chapter 5** presents information for organisations providing Aboriginal and Torres Strait Islander SEWB or Link Up counselling services.

**Chapter 6** presents information for organisations providing Aboriginal and Torres Strait Islander substance-use services.

**Chapter 7** presents information on the health service gaps and challenges reported by the organisations in the OSR collection.

**Appendices A to F** present statistical tables to accompany chapters 2 to 7.

**Appendix G** presents additional information on data quality issues in the OSR collection.

**Appendix H** presents a list of all positions—general and health professional or worker—that data were collected for.

**Appendix I** presents additional maps for states and territories.

## 2. Organisation profile

In 2013–14, 269 organisations funded by the Australian Government to provide health services to Aboriginal and Torres Strait Islander people contributed to the OSR (see Table 2.1). This was more than in 2012–13 (260 organisations), because 16 organisations funded by the Australian Government for New Directions reported data for the first time in 2013–14 (see page 1). Excluding these organisations, 7 fewer organisations contributed to the OSR in 2013–14. Reasons for this decrease include: data were not provided in time for this publication; Australian Government funding for primary health care ceased; and 2 organisations were merged. These organisations were a mix of primary health care, substance-use, and SEWB or Link Up.

Of the 269 organisations contributing to this report:

- Three-quarters (203) provided primary health-care services. Of these, 114 (56%) provided primary health-care services only. The remaining 89 (44%) were also funded to provide SEWB or Link Up counselling services and/or substance-use services (see Table 2.1).
- One in 5 (56) provided substance-use services. Of these, 36 (64%) provided only substance-use services, and 18 (32%) were also funded for primary health-care services.
- Just over one-third (95) provided SEWB or Link Up counselling services. Of these, 12 (13%) provided only SEWB or Link Up services, and the remaining 83 (87%) also provided primary health-care services and/or substance-use services.
- Just under one-third (86) of organisations provided New Directions, with 16 (19%) of these providing only New Directions services.

**Table 2.1: Number and percentage of organisations, by type of funding received, 2013–14**

Type of funding	Number	Per cent
<b>Primary health-care</b>	<b>203</b>	<b>75.5</b>
Primary health only	114	42.4
Primary health and SEWB or Link Up	71	26.4
Primary health and substance-use	8	3.0
Primary health, substance-use and SEWB or Link Up	10	3.7
<b>Substance-use</b>	<b>56</b>	<b>20.8</b>
Substance-use only	36	13.4
Substance-use and SEWB or Link Up	2	0.7
<b>SEWB or Link Up</b>	<b>95</b>	<b>35.3</b>
SEWB or Link Up only	12	4.5
<b>New Directions<sup>(a)</sup></b>	<b>86</b>	<b>32.0</b>
New Directions only	16	5.9
<b>Total</b>	<b>269</b>	<b>100.0</b>

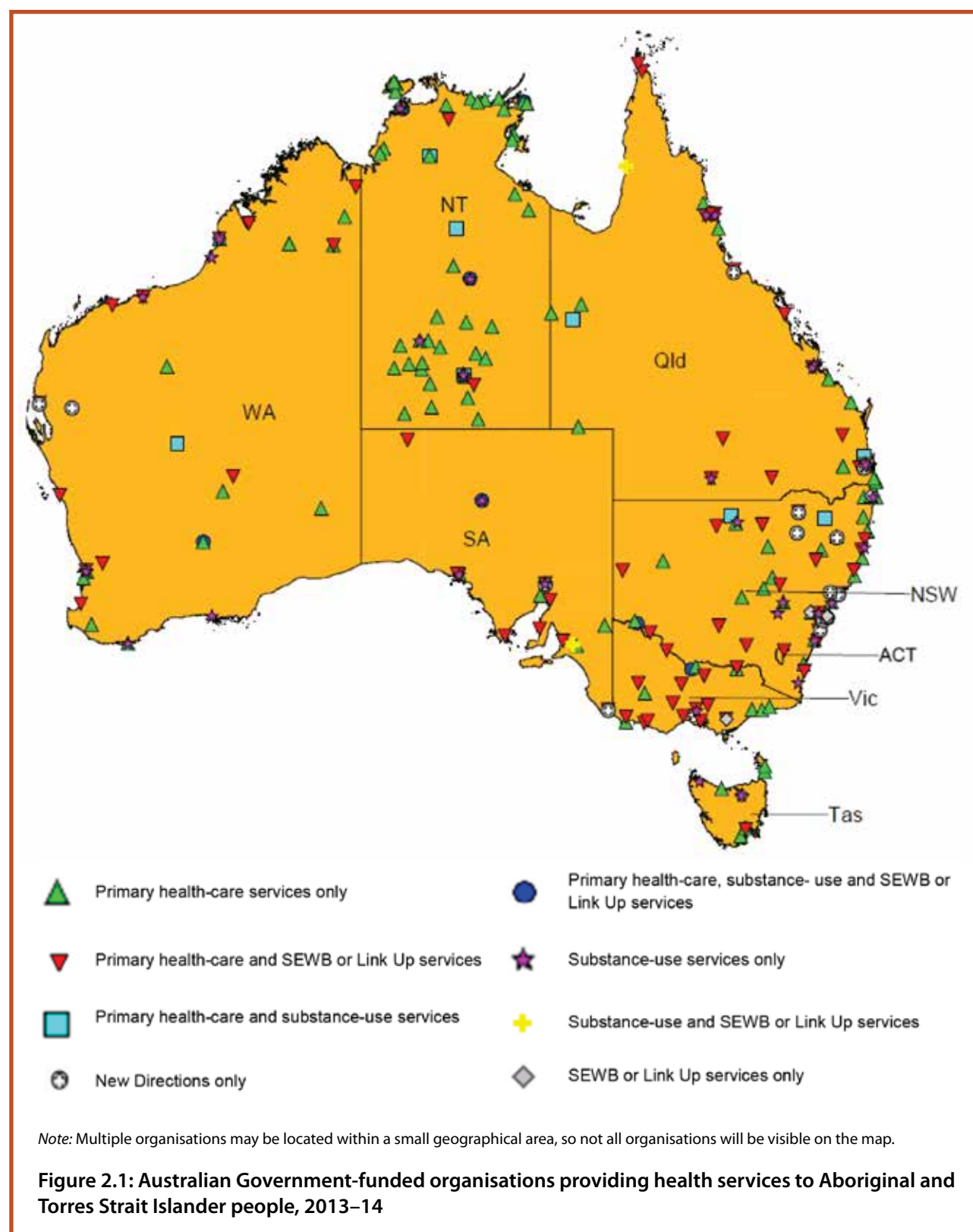
(a) The definition of an 'organisation' in the OSR collection is different to that used by the Department of Health for the purposes of funding, where 1 funded organisation may have multiple organisations reporting OSR data. As a result, the number of organisations reporting for OSR will differ from the number of funded organisations reported by the Department of Health.

Source: AIHW OSR data collection.



## 2.1 Location

The 269 organisations were spread across all states and territories (see Figure 2.1 and Table A1). Maps for state and territories are provided in Appendix I.



Of the 269 organisations, half (51%) were located in either the Northern Territory or New South Wales and the Australian Capital Territory (see Figure 2.2). It should be noted that 32 (48%) of the organisations in the Northern Territory were small government-run clinics that were counted as separate organisations.

There were 111 (41%) organisations in *Remote* and *Very remote* areas, with over half of these (56%) in the Northern Territory. A further 114 (42%) were in *Inner regional* and *Outer regional* areas, with over one-third (39%) of these in New South Wales and the Australian Capital Territory. There were 44 (16%) organisations in *Major cities*, and over one-third of these (41%) were in New South Wales and the Australian Capital Territory.

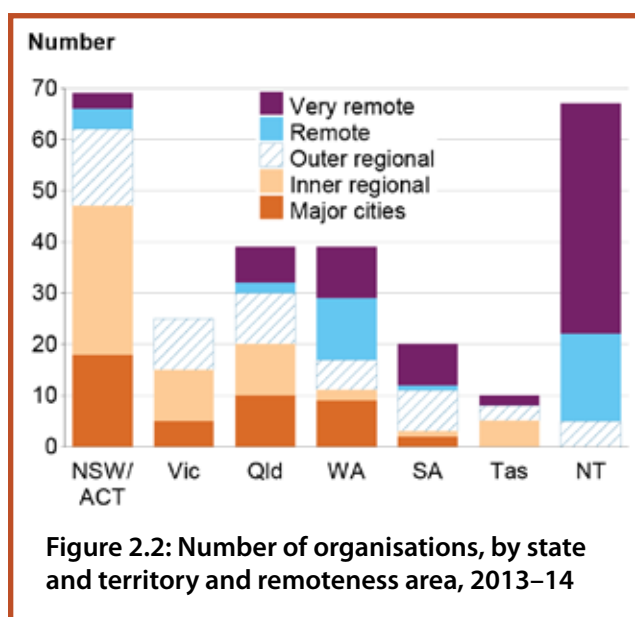


Figure 2.2: Number of organisations, by state and territory and remoteness area, 2013–14

## 2.2 Operational arrangements

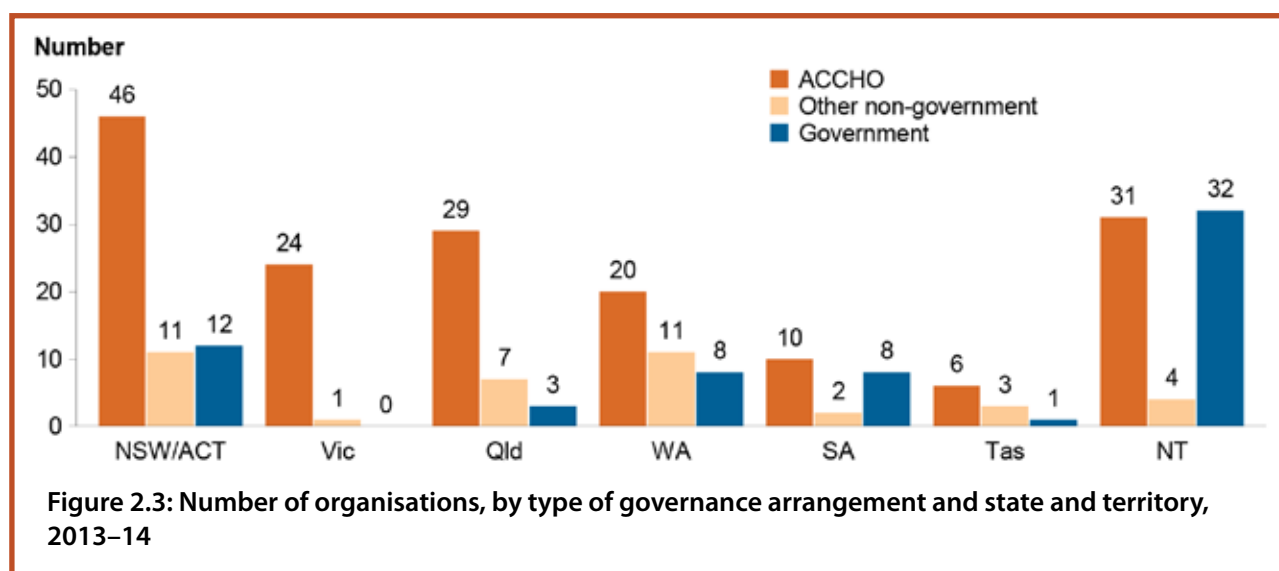
Some organisations delivered services from a single geographic location or site, while others had multiple sites. In 2013–14, the 269 organisations provided health services through 433 delivery sites. Most organisations (79%) delivered services through 1 site (see Table A2). Around 1 in 10 organisations had 2 delivery sites (9%) or 3 or more sites (12%). Of the 433 sites:

- Most (91%) operated 5 days or more per week, 8% operated 1–4 days per week and 2% less than 1 day per week.
- Most provided various clinical services such as diagnosis and treatment of chronic diseases (70%), antenatal care (66%), maternal and child health care (68%), substance-use and drug and alcohol programs (57%), and SEWB and mental health services (76%).
- One-quarter (24%) offered 24-hour emergency care.

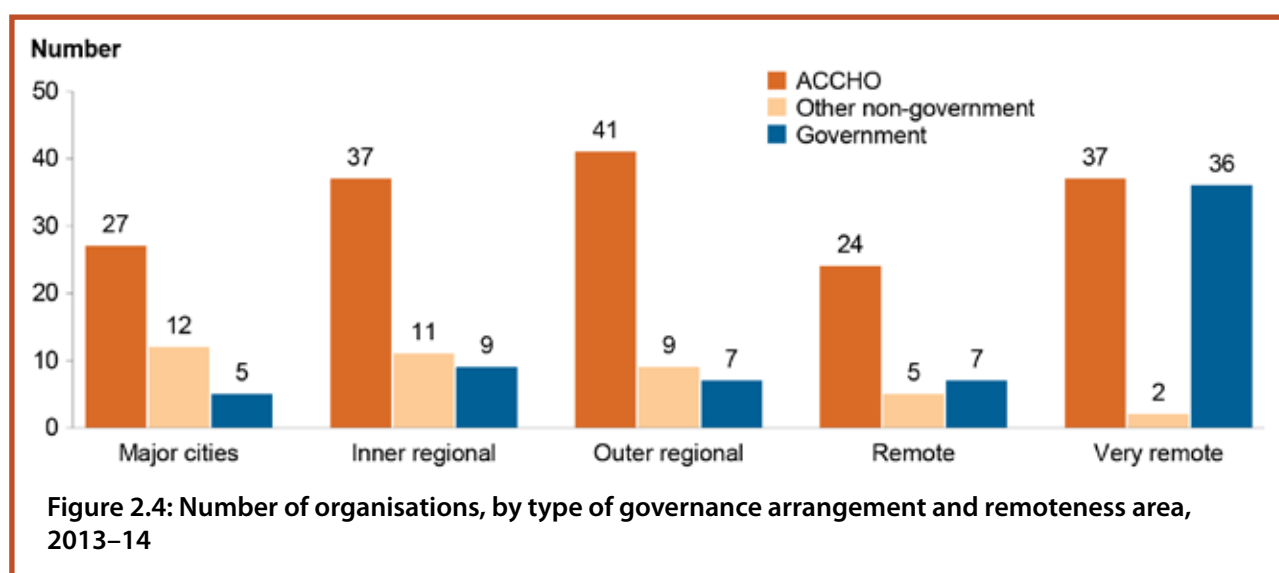
## 2.3 Governance arrangements

Broadly, there were 3 types of governance arrangements in operation (see Figure 2.3 and Table A3):

- Nearly two-thirds of organisations (62% or 166) were Aboriginal Community Controlled Health Organisations (ACCHOs). ACCHOs are non-government organisations operated by local Aboriginal and Torres Strait Islander communities to deliver health care to the communities that control them, through an elected board of management (NACCHO 2014). New South Wales and the Australian Capital Territory had the highest number of ACCHOs (46). The proportion of ACCHOs ranged from 46% of organisations in the Northern Territory to 96% of organisations in Victoria.
- One-quarter of organisations (24% or 64) were government-run. Half of these were in the Northern Territory.
- The remaining organisations (14% or 39) were other non-government-run organisations. Of these 28% were in Western Australia and a similar proportion in New South Wales and the Australian Capital Territory (28%).



One-quarter of ACCHOs (41) were in *Outer regional* areas, and 22% (37) in *Inner regional* and *Very remote* areas (see Figure 2.4 and Table A4). Over half (56%) of government-run organisations were in *Very remote* areas.



## 2.4 Accreditation

In 2013–14, three-quarters (76%) of organisations were accredited with the Royal Australian College of General Practitioners (RACGP) and/or organisational standards such as the Quality Improvement Council (QIC), the International Organisation for Standardisation (ISO) or the Australian Council on Healthcare Standards (ACHS) (DoH 2014b). An organisation may have both types of accreditation. For example, they may have multiple service delivery sites or provide more than 1 type of service, like primary health-care services as well as counselling services. The proportion of accredited organisations was higher than in 2012–13 (70%) and varied by state and territory (see Figure 2.5 and Table A5):

- In Victoria, all organisations were accredited against either the RACGP or organisational standards.
- In the Northern Territory, 43% of organisations were accredited with 1 or both accreditation types.
- In Tasmania, 40% of organisations were accredited with 1 or both accreditation types.

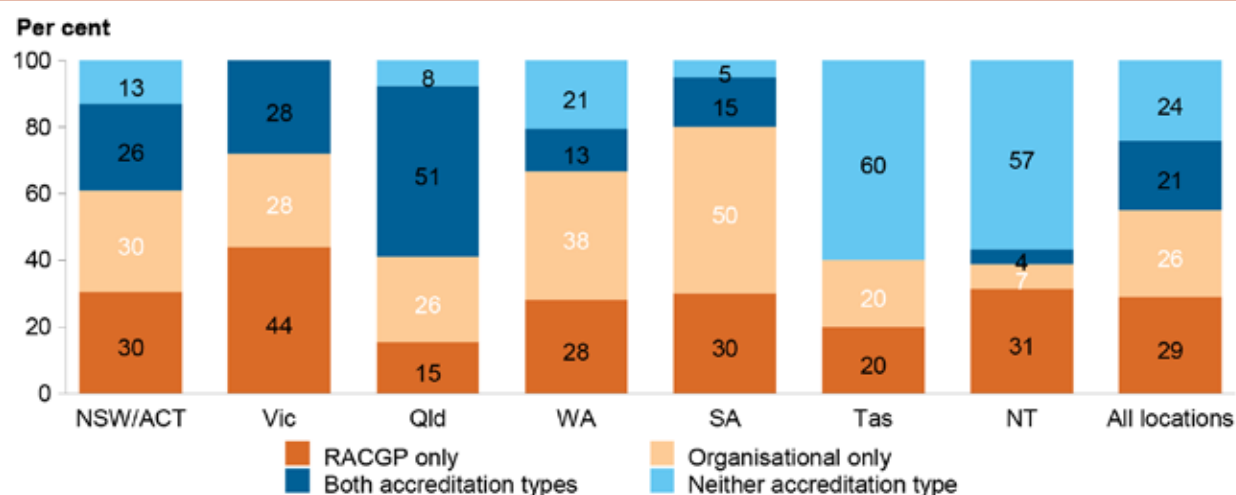


Figure 2.5: Percentage of organisations, by type of accreditation and state and territory, 2013–14

The proportion of organisations accredited also varied by remoteness. Most organisations in *Outer regional* areas (88%) and *Inner regional* areas (86%) were accredited with RACGP and/or organisational standards, while just over half (55%) of organisations in *Very remote* areas were accredited with RACGP and/or organisational standards (see Figure 2.6 and Table A6).

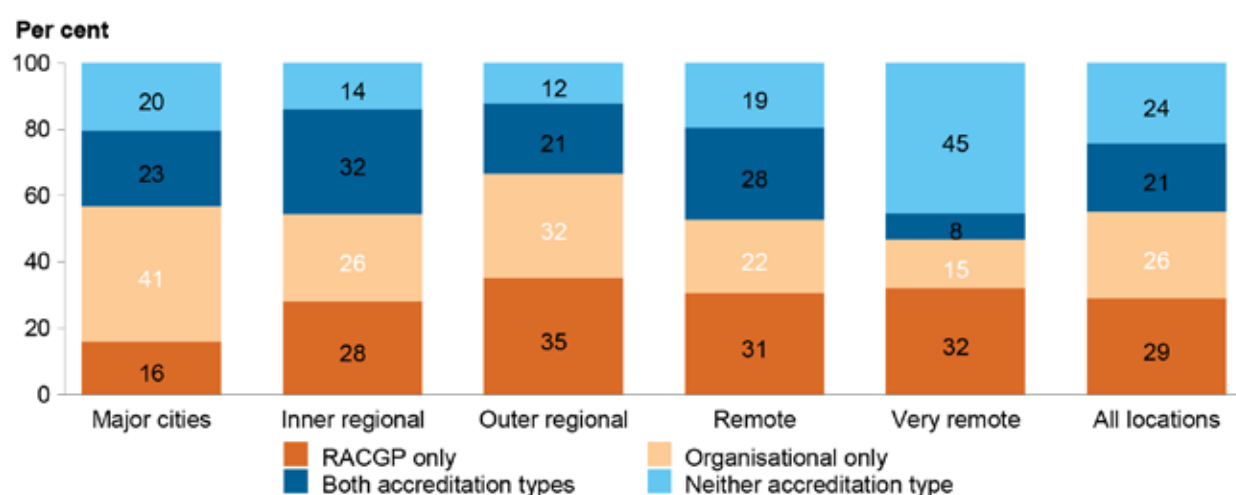
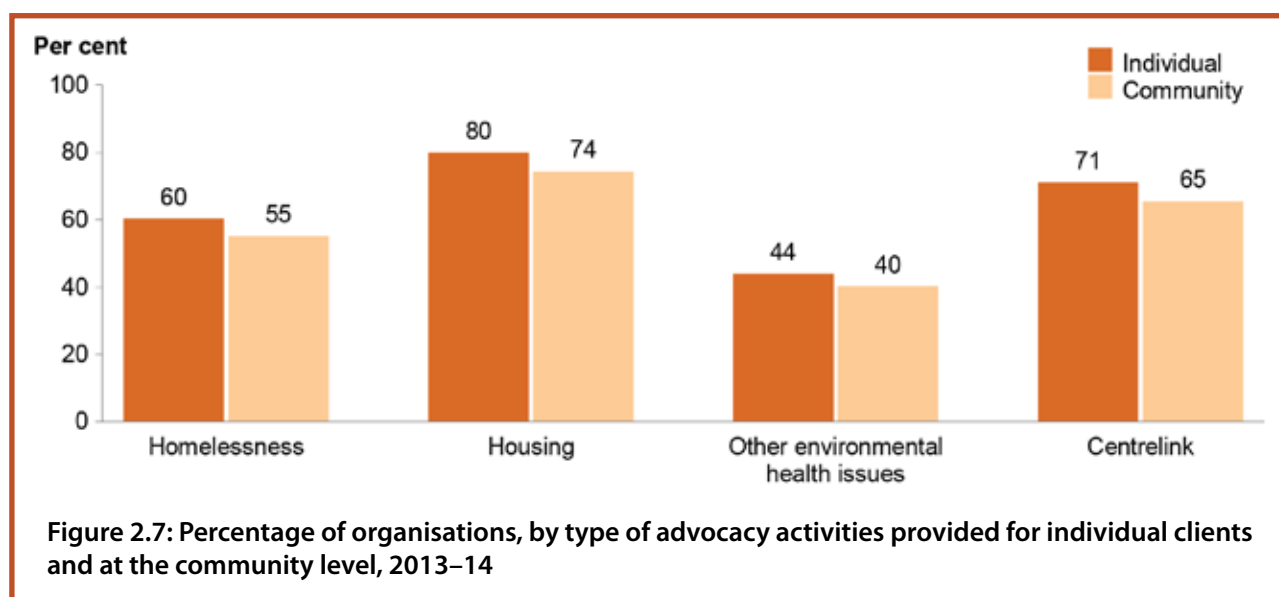


Figure 2.6: Percentage of organisations, by type of accreditation and remoteness area, 2013–14

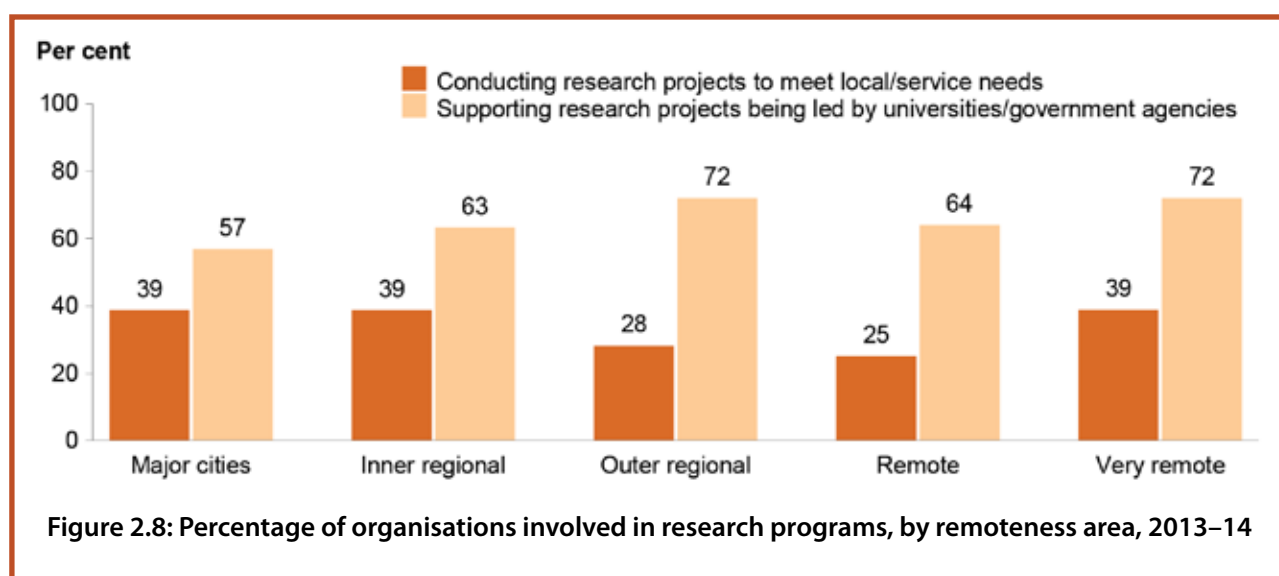
## 2.5 Advocacy, knowledge and research

Organisations reported on advocacy activities they were involved in, both for individual clients and at the community level. For individual clients, this could include advocacy to access health services and on other issues affecting their health or their rights within and beyond the health system. At the community level, this could include identifying factors contributing to illness or health risk in the community and working with other organisations to develop strategies to reduce that risk. Most organisations provided advocacy for housing for individual clients (80%) and the community as a whole (74%). Seventy-one per cent of organisations provided advocacy to individual clients around Centrelink access (see Figure 2.7 and Table A7).





Two-thirds (67%) of organisations supported research projects being led by universities or government agencies, and one-third (35%) conducted or commissioned research projects to meet local or service needs (see Figure 2.8 and Table A8).



Nearly all organisations (97%) participated in organisational planning processes (for example, strategic planning, business and workforce planning, infrastructure and IT planning). Just over three-quarters (77%) participated in regional health planning processes and 47% in state/territory or national policy development processes (see Table A9).

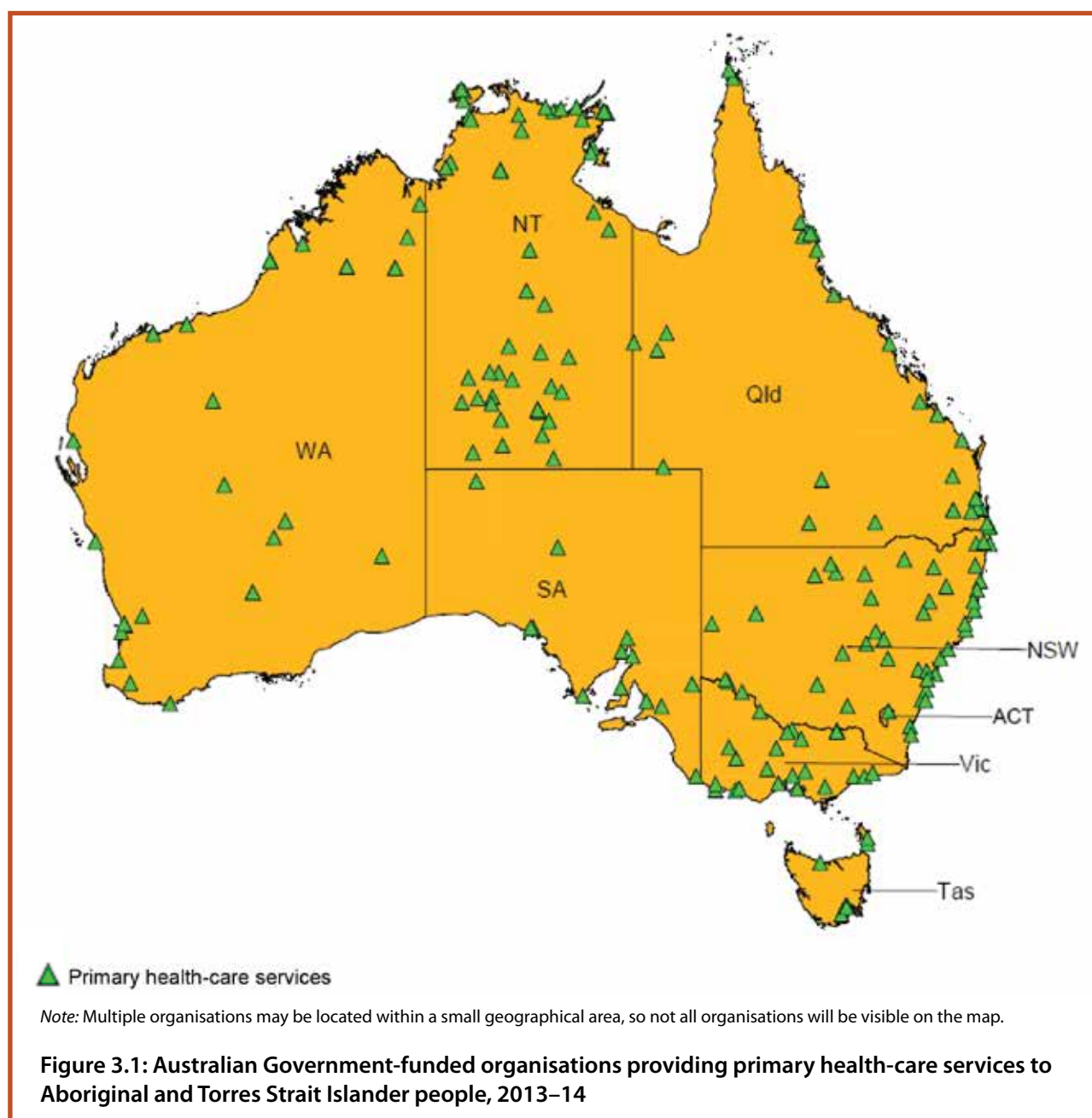
### 3. Primary health care

This chapter reports on Australian Government-funded organisations providing primary health-care services to Aboriginal and Torres Strait Islander people. It includes information on their location, governance arrangements, accreditation and service size. It also includes information on staffing levels, client numbers, contacts and episodes of care, and the types of services provided.

In 2013–14, 203 organisations funded to provide primary health-care services to Aboriginal and Torres Islander people contributed to the OSR collection. There were 4 organisations in scope for reporting in 2013–14 that were not in scope in 2012–13, and 5 that were no longer in scope in 2013–14; 2 organisations also merged. This meant a net loss of 2 primary health-care organisations reporting OSR data compared with 2012–13 (205 organisations).

#### 3.1 Location

The 203 organisations providing primary health-care services were spread across all states and territories (see Figure 3.1).





The Northern Territory had the highest number of primary health-care organisations with 58; followed by New South Wales and the Australian Capital Territory with 46 (see Figure 3.2).

One-third (33%) of organisations were in *Very remote* areas, 22% in *Outer regional* areas, and 21% in *Inner regional* areas (see Table B1). Smaller proportions were in *Remote* areas (13%) and *Major cities* (11%).

Three-quarters (74%) of organisations in the Northern Territory were in *Very remote* areas, as were 38% of those in South Australia. Most (87%) organisations in Victoria were in *Inner regional* and *outer regional* areas, as were 67% of organisations in New South Wales and the Australian Capital Territory.

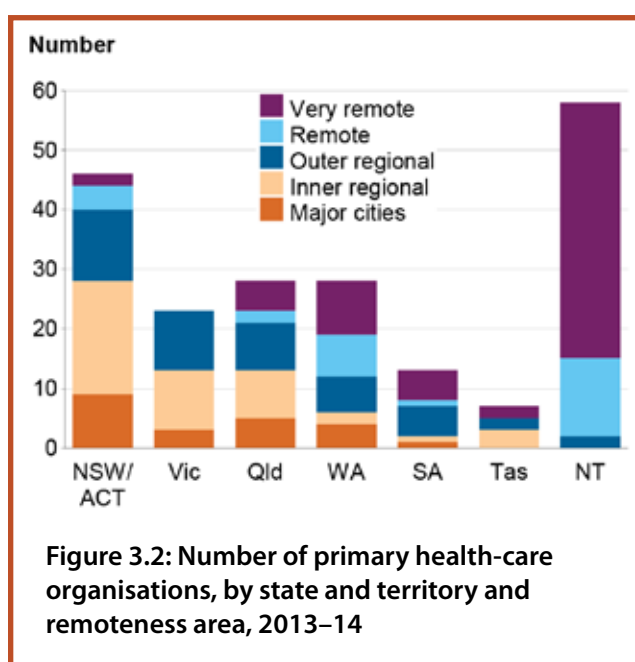


Figure 3.2: Number of primary health-care organisations, by state and territory and remoteness area, 2013–14

There were 139 ACCHOs, 18 other non-government organisations and 46 government-run organisations. This chapter combines the other non-government and government-run organisations into 1 group called 'other' for analysis, due to the small number of other non-government organisations involved.

There were more ACCHOs than other organisations in all remoteness areas, except in *Very remote* areas, where the number was the same (see Figure 3.3 and Table B2).

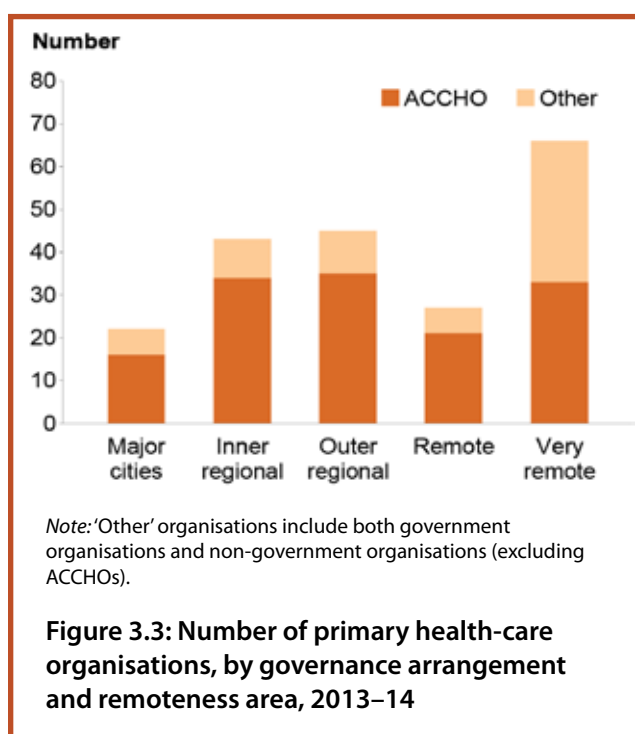
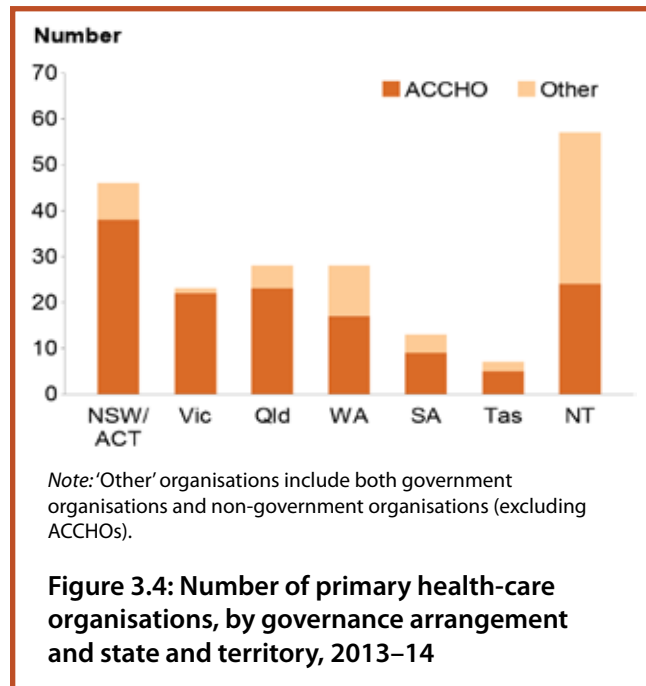


Figure 3.3: Number of primary health-care organisations, by governance arrangement and remoteness area, 2013–14

There were more ACCHOs than other organisations in all states and territories, except in the Northern Territory (see Figure 3.4 and Table B3). The higher number of other organisations in the Northern Territory is due to the high number of government-run organisations located there.

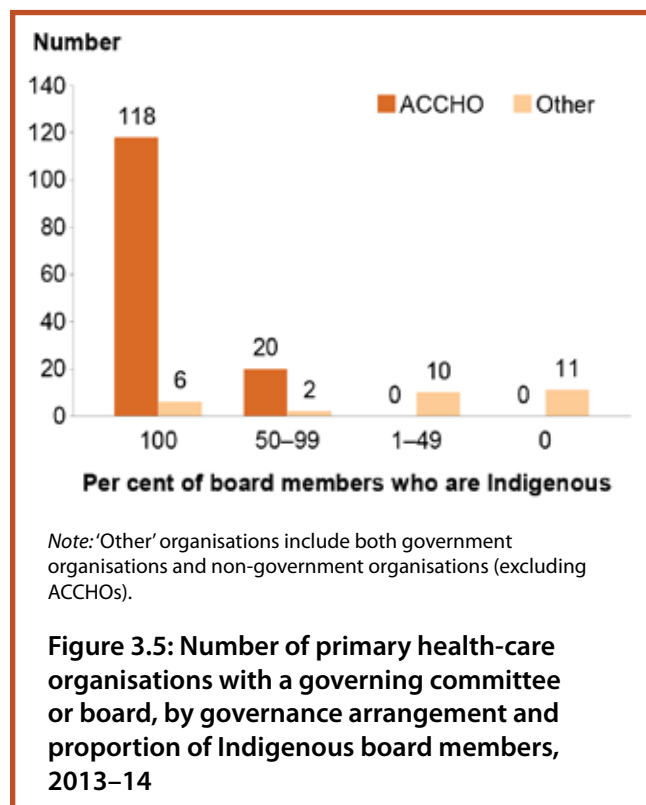


## 3.2 Governance, accreditation and research

In 2013–14, most primary health-care organisations (82%) had a governing committee or board. For most ACCHOs (86%), all board members were Indigenous. Just under half (45%) of other organisations had a governing committee or board. In 28% of these organisations, more than 50% of board members were Indigenous; 38% had no Indigenous board members (see Figure 3.5 and Table B4).

Most primary health-care organisations (80%) were accredited either with the RACGP or against organisational standards. This was higher in organisations with a GP (89%) than those without a GP (50%). Nearly all ACCHOs (94%) were accredited either with the RACGP or against organisational standards. Half (48%) of other organisations were also accredited (see tables B5 and B6).

Seventy-two per cent of organisations supported research projects being led by universities or government agencies (see Table B7). This was higher in ACCHOs (82%) than in other organisations (52%).





### 3.3 Service size

Half (50%) of all primary health-care organisations had 1,500 or fewer clients. One-quarter (26%) had between 1,501 and 3,000 clients, and one-quarter (24%) were large organisations with more than 3,000 clients (see Figure 3.6 and Table B8). Nearly half (46%) of the organisations in Queensland were large with more than 3,000 clients, while most in Tasmania (71%) were very small, with 500 or fewer clients.

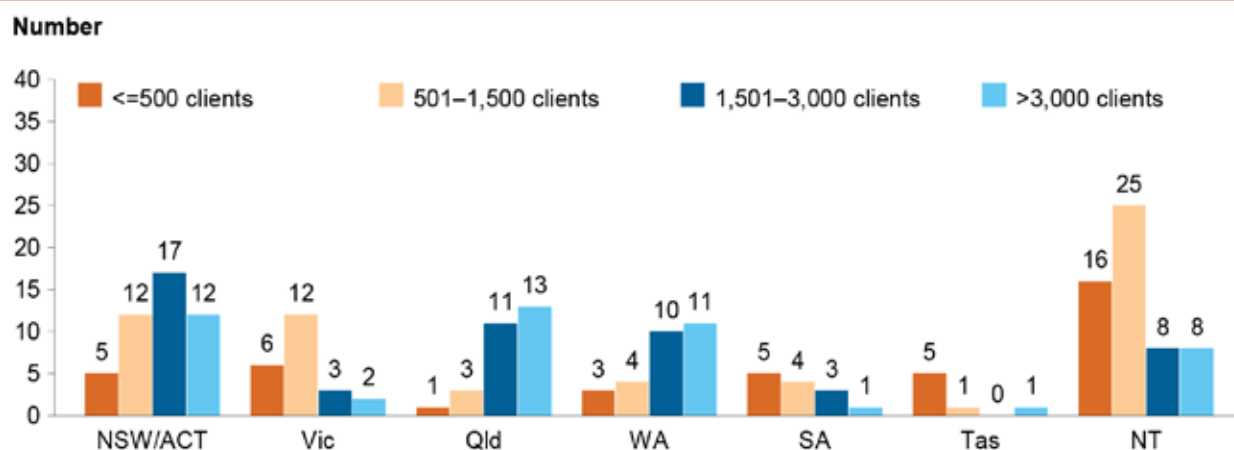


Figure 3.6: Number of primary health-care organisations, by size (client number) and state and territory, 2013–14

Nearly half (48%) of organisations had 1 or more full-time equivalent (FTE) GPs per 1,000 clients, 29% had less than 1 GP per 1,000 clients, and 23% had no GP (Figure 3.7 and Table B9).

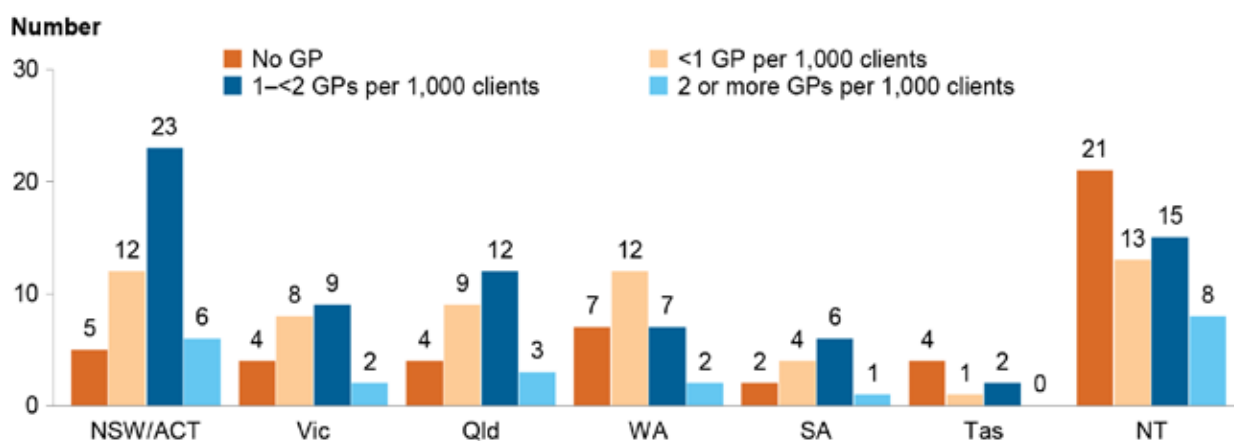
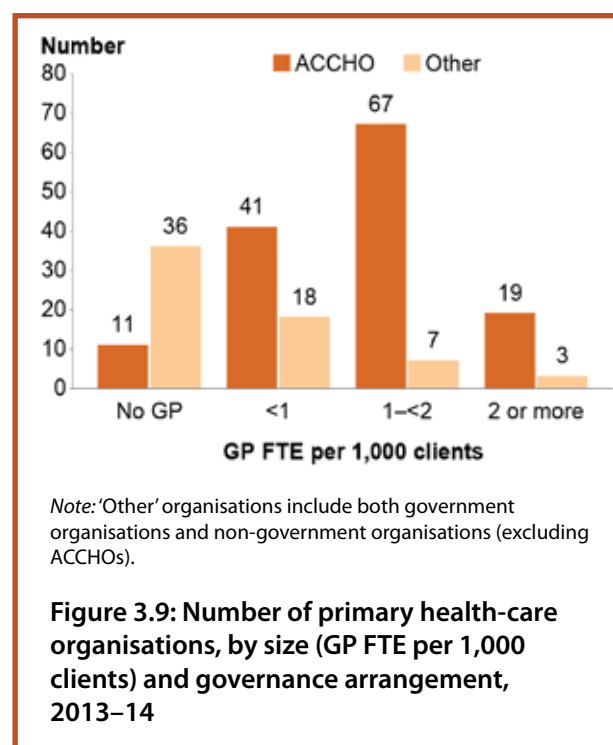
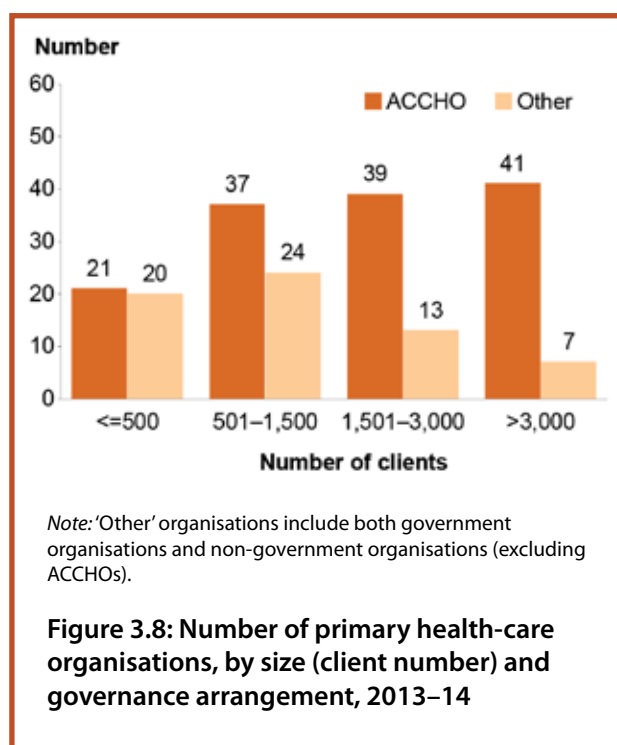


Figure 3.7: Number of primary health-care organisations, by size (GP FTE per 1,000 clients) and state and territory, 2013–14

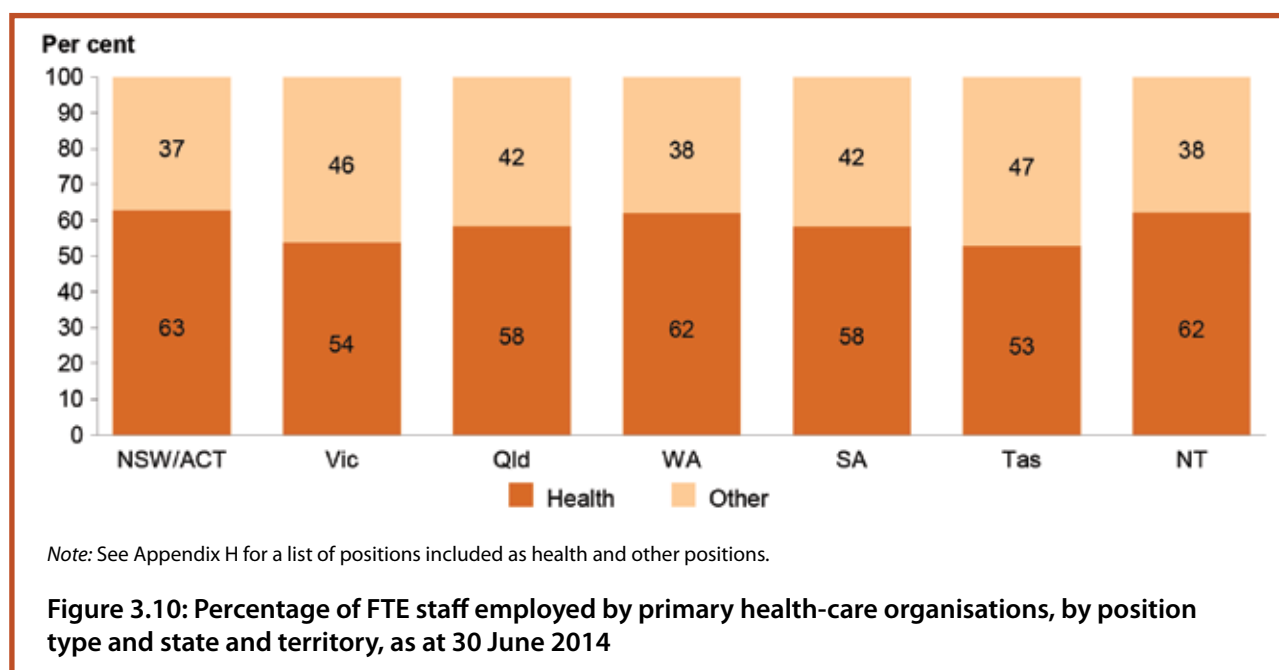
ACCHOs were generally larger than other organisations. For example, a higher proportion of ACCHOs (30%) had more than 3,000 clients compared with other organisations (11%). Around two-thirds (69%) of other organisations had 1,500 or fewer clients, compared with 42% of ACCHOs (see Figure 3.8 and Table B10).

ACCHOs were also more likely to have a GP and to have more than one GP. Only 8% of ACCHOs had no GP compared with 56% of other organisations, while 62% of ACCHOs had 1 or more GPs per 1,000 clients compared with 16% of other organisations (see Figure 3.9 and Table B11).



## 3.4 Staffing

As at 30 June 2014, primary health-care organisations employed 7,108 FTE staff, 7% higher compared with 30 June 2013 (6,657). Of these, 60% were health staff and 40% were other staff (including managers and supervisors, administrative staff, and drivers and field officers). This showed little variation by remoteness but some variation by state and territory (see Figure 3.10). The proportion of health staff ranged from 53% of staff in Tasmania to 63% of staff in New South Wales and the Australian Capital Territory. States with a smaller number of FTE staff (Victoria and Tasmania) had a higher proportion of managerial, administrative, and other staff (46% and 47% of all staff respectively).





Just over half (53%) of FTE staff employed were Indigenous, a similar proportion to 2012–13 (54%). While relatively few doctors and nurses were Indigenous (7% and 12% respectively), nearly all Aboriginal and Torres Strait Islander health workers (AHWs) were Indigenous (99%), as were most drivers and field officers (87%) and around three-quarters (74%) of those in other health positions (see Table B12).

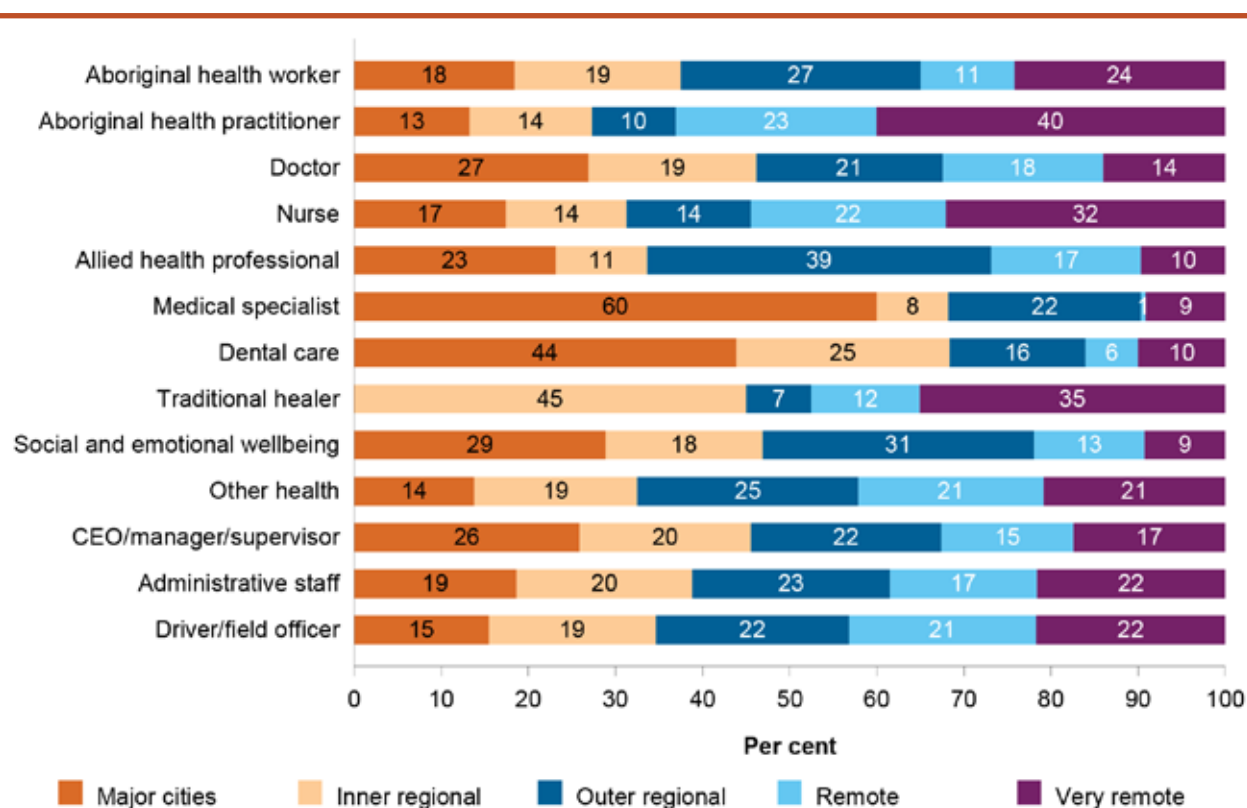
Primary health-care organisations were also assisted by an additional 293 FTE visiting staff paid for by other organisations, making a total workforce of around 7,401 FTE staff (see Table B13).

## Distribution of staff

### Remoteness area

The distribution of staff employed varied with remoteness. In general, *Major cities* had a higher proportion of medical specialists (60%), dentists (44%) and doctors (27%) than other areas (see Table B15). *Outer regional* areas had a higher proportion of AHWs (27%), SEWB staff (31%) and allied health professionals (39%) than other areas. *Remote* and *Very remote* areas had lower proportions of SEWB staff (13% and 9% respectively), but higher proportions of nurses (22% and 32% respectively). As at 30 June 2014:

- AHWs represented 13% of employed FTE positions. Of the 907 FTE AHWs employed, 27% (249 FTE) were in *Outer regional* areas and 24% (220 FTE) in *Very remote* areas.
- Nurses represented 14% of employed FTE positions. Of the 989 FTE nurses employed, 32% (318 FTE) were in *Very remote* areas and 22% (221 FTE) in *Remote* areas.
- Doctors represented 6% of employed FTE positions. Of the 451 FTE doctors employed, 27% (121 FTE) were in *Major cities* and 21% (97 FTE) in *Outer regional* areas.
- SEWB staff represented 6% of employed FTE positions. Of the 432 FTE SEWB staff employed, 31% (135 FTE) were in *Outer regional* areas and 29% (124 FTE) in *Major cities*.
- Allied health professionals represented 2% of employed FTE positions. Of the 170 FTE allied health professionals employed, 39% (67 FTE) were in *Outer regional* areas and 23% (39 FTE) in *Major cities* (see Figure 3.11).



#### Notes

1. Aboriginal and Torres Strait Islander health practitioner positions were new in 2012–13.
2. In 2013–14, 'Other health' positions included substance misuse/drug and alcohol workers, tobacco workers, sexual health workers, outreach workers, traditional healers, environmental health workers, health promotion workers, trainee positions and other health staff. Prior to 2012–13, 'Other health' positions included substance misuse/drug and alcohol workers, sexual health workers, traditional healers, environmental health workers and other health staff.
3. Excludes visiting staff.

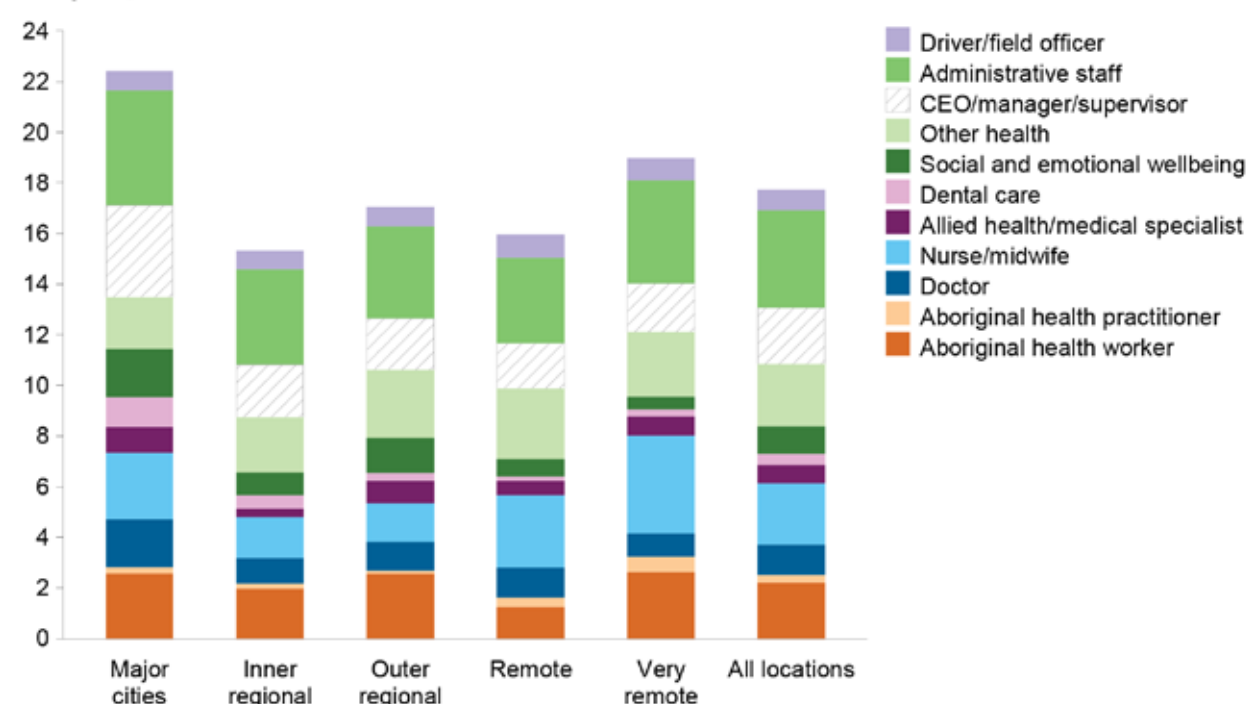
**Figure 3.11: Percentage of FTE staff employed by primary health-care organisations, by position type and remoteness area, as at 30 June 2014**

The number of FTE staff per 1,000 clients was highest in *Major cities* (22 per 1,000 clients) and lowest in *Inner regional* areas (15 per 1,000 clients). The ratio of staff to clients also varied by position type (see Figure 3.12 and Table B13):

- There were 3.9 FTE nurses per 1,000 clients in *Very remote* areas and 2.9 per 1,000 clients in *Remote* areas, higher than the average for all organisations (2.4).
- There were 1.2 FTE dental care staff per 1,000 clients in *Major cities*, higher than the average for all organisations (0.5).
- There were more FTE SEWB staff per 1,000 clients in *Major cities* (1.9) and fewer in *Remote* (0.7) and *Very remote* areas (0.5) compared with the average for all organisations (1.1).
- On average, there were 1.2 FTE doctors per 1,000 clients. This ranged from 0.9 in *Very remote* areas to 1.8 in *Major cities*.



Staff per 1,000 clients



Notes

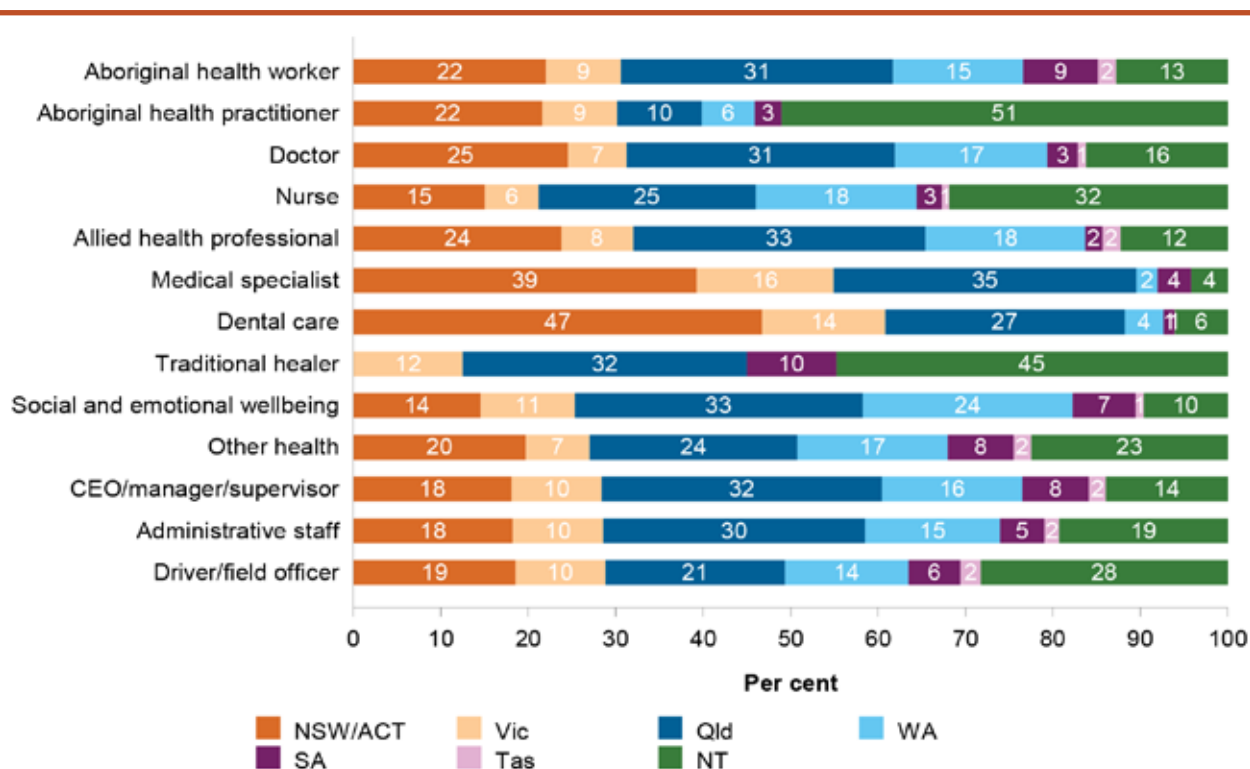
1. 'Other health' positions include substance misuse/drug and alcohol workers, tobacco workers, sexual health workers, outreach workers, traditional healers, environmental health workers, health promotion workers, trainee positions and other health/clinical staff.
2. Also includes visiting staff not paid for by the organisations themselves.

Figure 3.12: Number of FTE staff per 1,000 clients, by position type and remoteness area, 2013–14

## State and territory

The distribution of staff employed also varied by state and territory (see Figure 3.13 and Table B16). New South Wales and the Australian Capital Territory had higher proportions of medical specialists (39%) and dental care professionals (47%). The Northern Territory had higher proportions of Aboriginal health practitioners (51%), nurses (32%), and drivers and field officers (28%). Queensland had higher proportions of SEWB staff (33%), doctors (31%) and AHWs (31%). As at 30 June 2014:

- The 29% of primary health-care organisations located in the Northern Territory had 20% of all FTE staff, yet half (51%) of all Aboriginal and Torres Strait Islander health practitioners and 32% of all nurses were employed there. Nurses represented 23% of all FTE positions in the Northern Territory compared with 14% for all organisations.
- The 23% of primary health-care organisations located in New South Wales and the Australian Capital Territory had 20% of all staff. One-quarter (25%) of doctors, 39% of medical specialists and 47% of dental care professionals were employed there.
- The 14% of primary health-care organisations located in Queensland had 28% of all staff. Around one-third of allied health professionals (34%), SEWB staff (33%) and AHWs (31%) were employed there.



#### Notes

1. Aboriginal and Torres Strait Islander health practitioner positions were new in 2012–13.
2. In 2013–14, 'Other health' positions included substance misuse/drug and alcohol workers, tobacco workers, sexual health workers, outreach workers, traditional healers, environmental health workers, health promotion workers, trainee positions and other health staff. Prior to 2012–13, 'Other health' positions included substance misuse/drug and alcohol workers, sexual health workers, traditional healers, environmental health workers and other health staff.
3. Excludes visiting staff.

**Figure 3.13: Percentage of FTE staff employed by primary health-care organisations, by position type and state and territory, as at 30 June 2014**

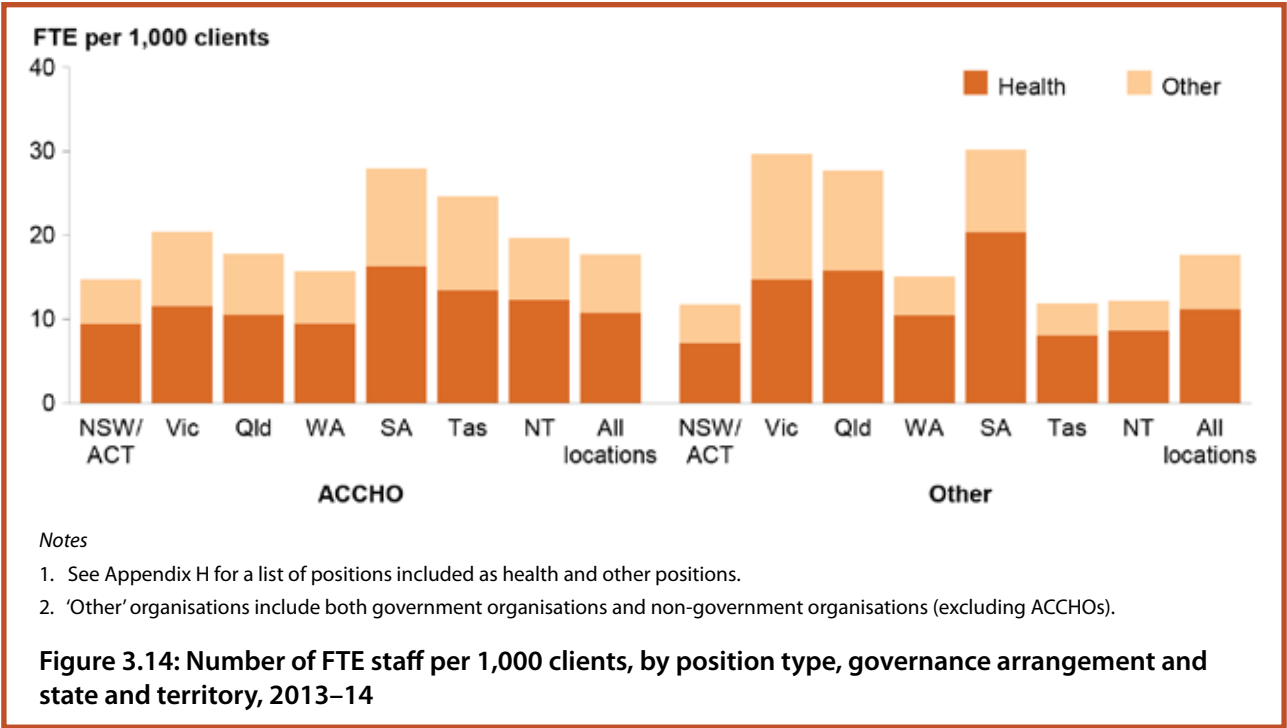
The number of FTE staff per 1,000 clients was highest in South Australia (28 per 1,000 clients) and lowest in New South Wales and the Australian Capital Territory (14 per 1,000 clients). The ratio of staff to clients also varied by position type (see Table B14):

- There were 3.7 FTE nurses per 1,000 clients in the Northern Territory—higher than the average for all organisations (2.4).
- There were more FTE dental care staff in New South Wales and the Australian Capital Territory (0.9) than the average for all organisations (0.5).
- There were more FTE SEWB staff per 1,000 clients in South Australia (2.2) and fewer in the Northern Territory (0.5) compared with the average for all organisations (1.1).
- On average there were 1.2 FTE doctors per 1,000 clients. This ratio ranged from 0.9 in Tasmania to 1.4 in Queensland.

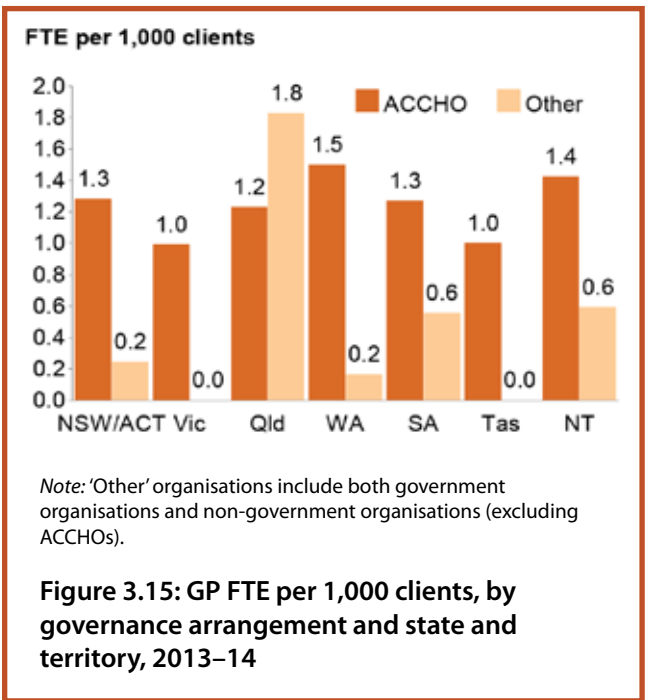


**Governance arrangement (ACCHO and other)**

In 2013–14, ACCHOs and other organisations had similar ratios of staff, with 18 FTE staff per 1,000 clients (see Figure 3.14 and Table B17). ACCHOs in the Northern Territory had more staff (20 per 1,000 clients) than other organisations (12 per 1,000 clients). Compared with ACCHOs, other organisations had more staff in Victoria (30 compared with 20 per 1,000 clients) and Queensland (28 compared with 18 per 1,000 clients).

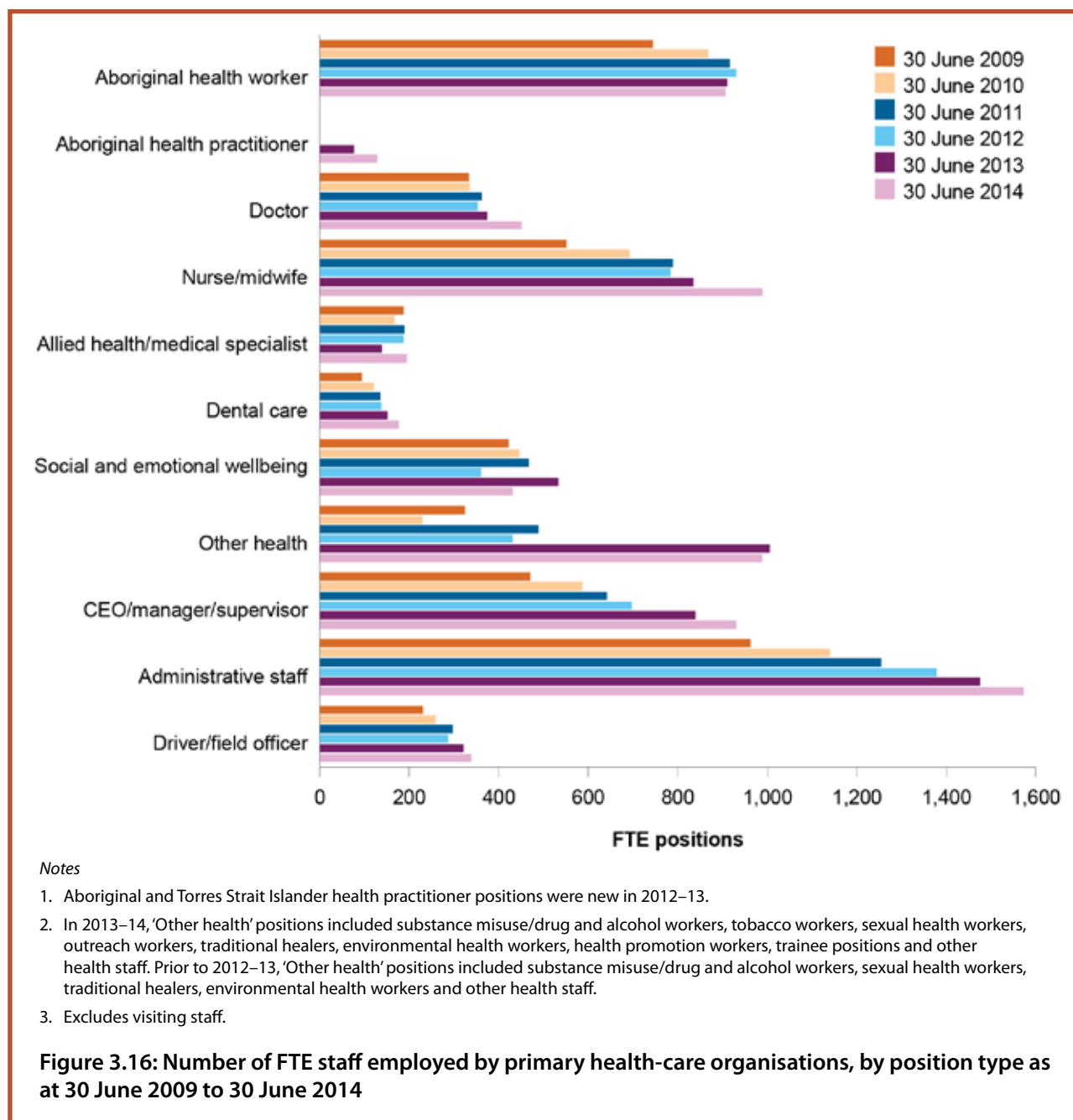


ACCHOs had more FTE GPs per 1,000 clients in all states and territories, except Queensland. Across the states and territories, the ratio ranged from 1.0 to 1.5 FTE. In other organisations the ratio of GPs per 1,000 clients ranged from zero to 1.8 (see Figure 3.15 and Table B18).



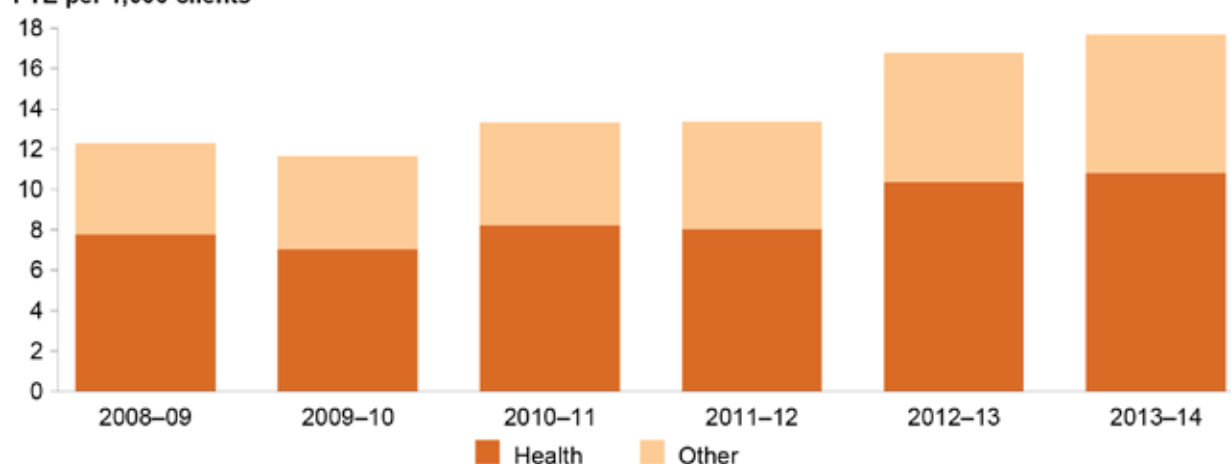
## Time series

The total number of FTE staff (7,108) was higher than in previous years. It increased by 7% compared with 2012–13 (6,657). Over half this increase (57%) was a result of new organisations reporting in 2013–14. There were increases across most position types, except for SEWB and other health staff (see Figure 3.16 and Table B19).



Except in *Remote* areas, the number of FTE staff increased in all remoteness areas compared with 2012–13. However, there was not a large increase in FTE staff per 1,000 clients. The number of FTE staff per 1,000 clients increased slightly from 17 per 1,000 clients in 2012–13 to 18 per 1,000 clients in 2013–14 (see Figure 3.17). It was much higher only in *Major cities*, increasing from 16 per 1,000 clients in 2012–13 to 22 per 1,000 clients in 2013–14 (see Table B20). This reflects a general increase in FTE staff across most (80%) organisations in *Major cities*.

FTE per 1,000 clients

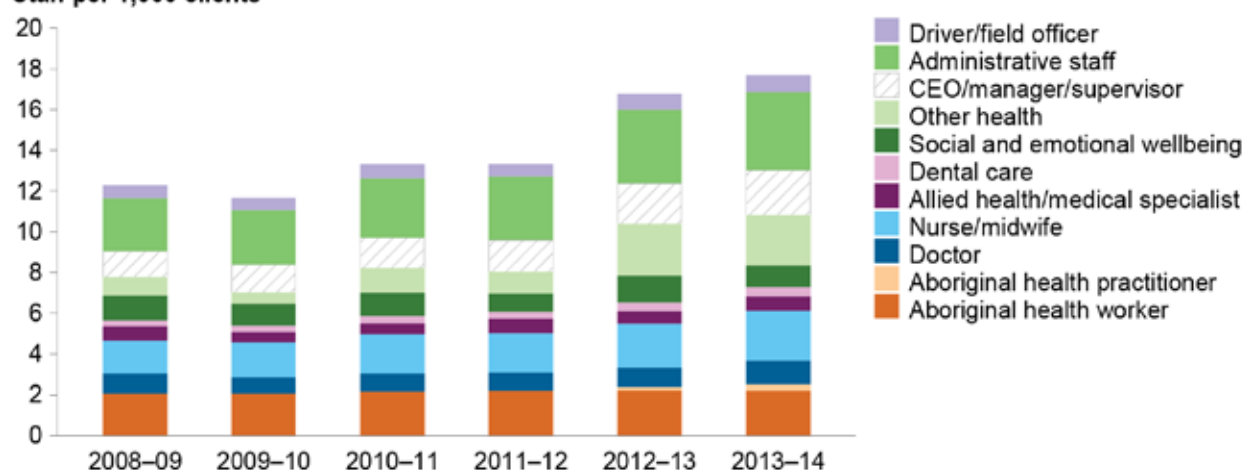


Note: See Appendix H for a list of positions included as health and other positions.

**Figure 3.17: Health and other FTE staff per 1,000 clients, by position type, 2008-09 to 2013-14**

In 2013-14, the number of FTE staff increased across most position types, except SEWB staff and other health staff. However, the number of FTE staff per 1,000 clients remained similar for most positions (see Figure 3.18 and Table B21). It was slightly higher in 2013-14 for doctors (1.2 compared with 0.9), nurses and midwives (2.4 compared with 2.2), managers and supervisors (2.2 compared with 2.0), and administrative staff (3.8 compared with 3.6).

Staff per 1,000 clients



Notes

1. Aboriginal and Torres Strait Islander health practitioner positions were new in 2012-13.
2. In 2013-14, 'Other health' positions included substance misuse/drug and alcohol workers, tobacco workers, sexual health workers, outreach workers, traditional healers, environmental health workers, health promotion workers, trainee positions and 'other health staff. Prior to 2012-13, 'Other health' positions included substance misuse/drug and alcohol workers, sexual health workers, traditional healers, environmental health workers, and other health staff.
3. Includes visiting staff not paid for by the organisations themselves.

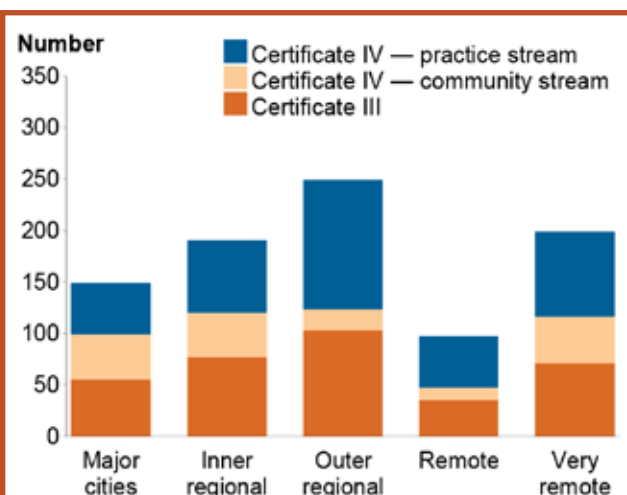
**Figure 3.18: Number of FTE staff per 1,000 clients, by position type, 2008-09 to 2013-14**



## Aboriginal health workers

AHWs have an important role in improving the health of Aboriginal and Torres Strait Islander people. In 2013, the Community Services and Health Industry Skills Council (CSHISC) released new health training packages that contained a suite of updated AHW qualifications, skill sets and units of competency in first aid, workplace health and safety (WHS), and telehealth (CSHISC 2014).

As at 30 June 2014, 379 AHWs held a Certificate IV practice stream qualification, 164 held a Certificate IV community stream qualification and 341 a Certificate III qualification (see Figure 3.19 and Table B22).



**Figure 3.19: Number of Aboriginal and Torres Strait Islander health workers, by highest qualification held and remoteness area, as at 30 June 2014**

## Vacancies

Primary health-care organisations reported 279 vacant FTE positions as at 30 June 2014 (see Table B23). This included 213 health and 66 other (administrative, managerial and support) positions. *Remote* and *Very remote* areas had more health vacancies (0.7 per 1,000 clients) than other areas. They also had a higher ratio of health-related vacancies to total health positions (7% and 6% respectively), compared with 5% for all areas (see Table B24).

The overall number of vacant positions per 1,000 clients was similar to 2012–13 (0.7 compared with 0.8). However, it was lower in every remoteness area compared with 2012–13 except in *Very remote* areas (see Figure 3.20). The ratio of health-related vacancies to total health positions was also lower in all remoteness areas, except in *Very remote* areas (6% compared with 4% in 2012–13).



Note: See Appendix H for a list of positions included as health and other positions.

**Figure 3.20: Number of FTE vacant positions per 1,000 clients, by position type and remoteness area, as at 30 June 2014**



ACCHOs and other organisations had similar vacancy rates. The ratio of health vacancies to all health positions was 5%; while the ratio for other positions was 2% for ACCHOs and 3% for other organisations (see Table B25).

For ACCHOs, the number of FTE vacant positions per 1,000 clients ranged from 0.4 in Victoria, Queensland and Tasmania to 1.3 in the Northern Territory; for other organisations, it ranged from zero in Tasmania to 7.4 in South Australia (see Figure 3.21 and Table B26). It should be noted the high rate of vacant positions per 1,000 clients in other organisations in South Australia reflects the relatively high number of vacant positions (12) in this group, and the small number of organisations (4) and clients involved.

FTE per 1,000 clients



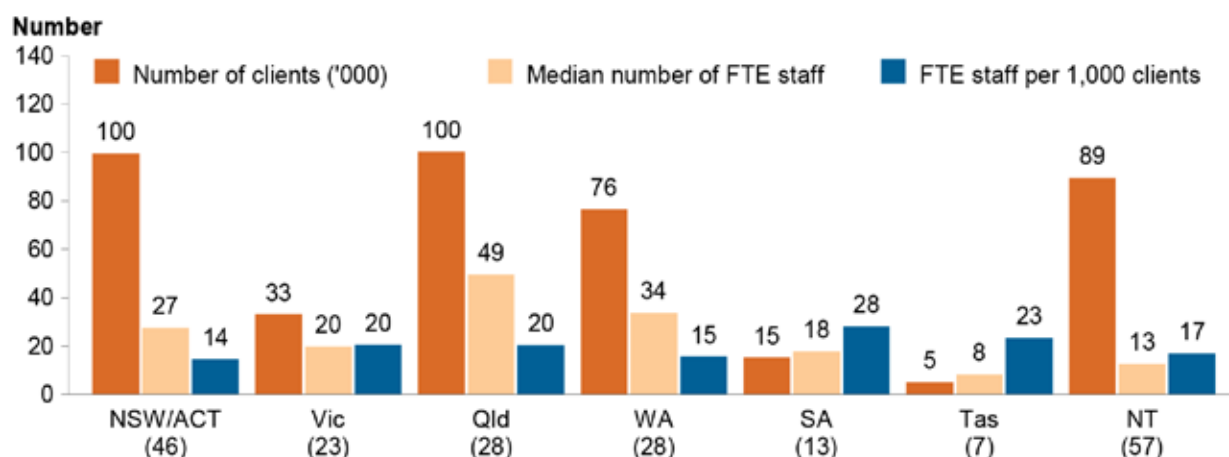
Note: 'Other' organisations include both government organisations and non-government organisations (excluding ACCHOs).

**Figure 3.21: Number of FTE vacant positions per 1,000 clients, by governance arrangement and state and territory, 2013–14**

### 3.5 Clients

In 2013–14, nearly all primary health-care organisations (99%) reported their individual client numbers. It should be noted that 34 organisations (17%) estimated their client numbers. Individuals may also be clients at more than 1 organisation, so the total client count is likely to overestimate the total number of individual clients seen.

In 2013–14, organisations saw around 419,000 clients (see Table B29). This is similar to the number of clients reported in 2012–13 (417,000). New South Wales and the Australian Capital Territory combined and Queensland had the highest numbers of clients with around 100,000 each; Tasmania had the lowest number with around 5,000 (see Figure 3.22). The number of FTE staff per 1,000 clients ranged from 14 in New South Wales and the Australian Capital Territory to 28 in South Australia. The median number of FTE staff ranged from 8 for organisations in Tasmania to 49 for organisations in Queensland and reflects the size and numbers of organisations in these states.



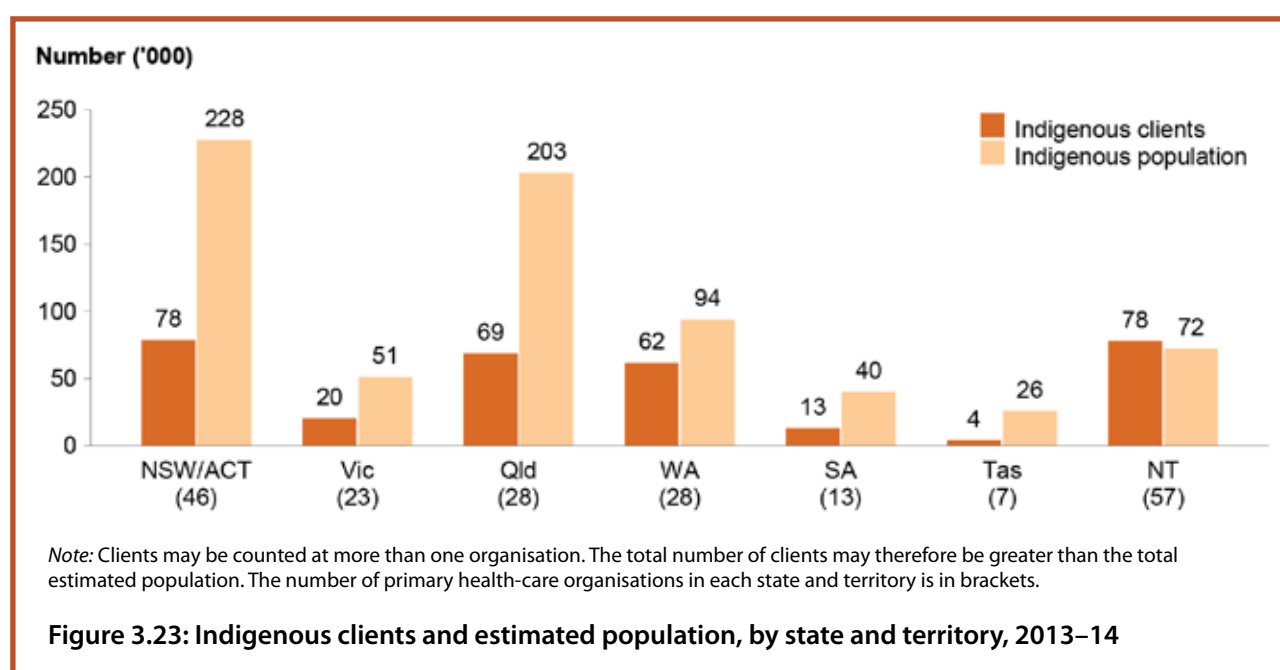
Note: The number of primary health-care organisations in each state and territory is in brackets.

**Figure 3.22: Number of clients, median number of FTE staff and FTE staff per 1,000 clients, by state and territory, 2013–14**

Three-quarters of clients (77% or 323,600) identified as being Indigenous (see Table B27). This was a similar proportion to 2012–13 (75%). If these clients were unique to only one organisation, this would represent nearly half (45%) the total Indigenous population, estimated by the ABS to be around 713,300 in June 2014 (ABS 2014). However, given clients may attend more than one organisation and be counted at multiple locations, this may be an overestimate of the proportion of the total Indigenous population who were clients.

Around 18% of clients were non-Indigenous, and 5% had no Indigenous status recorded. Organisations in New South Wales and the Australian Capital Territory, the Northern Territory and Queensland had the highest numbers of Indigenous clients (see Figure 3.23). Across the states and territories:

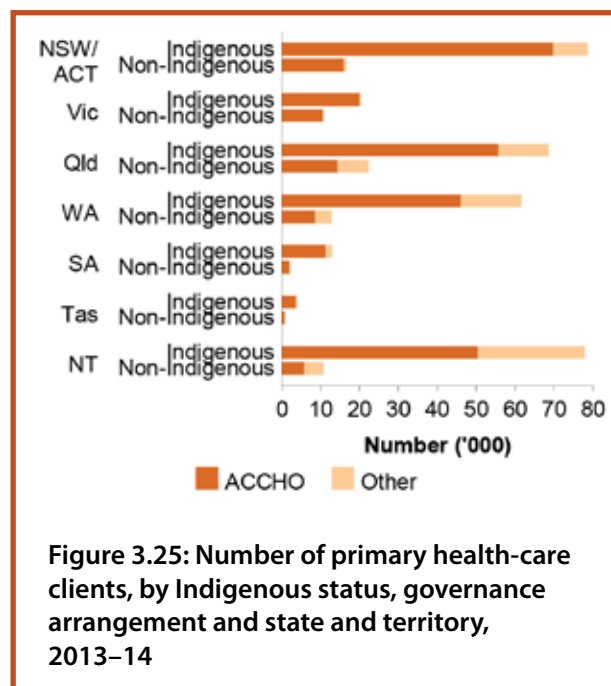
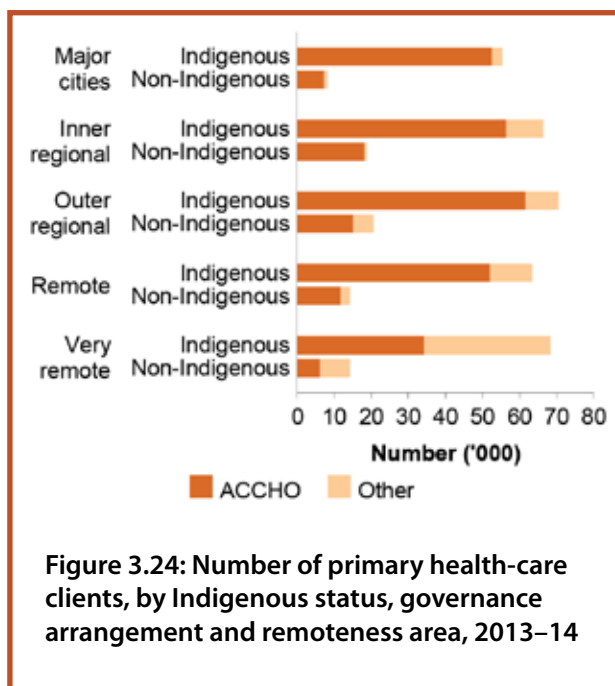
- New South Wales and the Australian Capital Territory had one-quarter (23%) of primary health-care organisations and one-quarter of Indigenous clients (24%).
- The Northern Territory had just over one-quarter (28%) of primary health-care organisations and one-quarter (24%) of Indigenous clients.
- Queensland had 14% of primary health-care organisations and 21% of Indigenous clients.
- Western Australia had 14% of primary health-care organisations and 19% of Indigenous clients.



## Governance arrangement (ACCHO and other)

ACCHOs had more clients in all areas except *Very remote* areas (see Table B28). ACCHOs had around 327,000 clients (78%) and other organisations around 92,000 clients (22%). Clients in *Inner regional* areas and *Outer regional* areas represented nearly half (48%) of all ACCHO clients (24% each); clients in *Very remote* areas represented nearly half (47%) of other organisations' clients (see Figure 3.24). Indigenous clients represented 78% of ACCHOs' clients and 73% of other organisations' clients (Table B30). For ACCHOs, the proportion of clients that were non-Indigenous was higher in *Inner regional* areas (23%) and lower in *Major cities* (11%). For other organisations, the proportion of clients that were non-Indigenous was higher in *Outer regional* areas (28%).

ACCHOs saw more clients in all states and territories (see Figure 3.25 and Table B29). ACCHOs in New South Wales and the Australian Capital Territory represented 28% of all ACCHOs and they had around 90,000 clients, or 28% of all ACCHO's clients (see Table B31). Half (52%) of other organisations were in the Northern Territory, and they had around 33,000 clients, or 36% of all other organisations' clients.

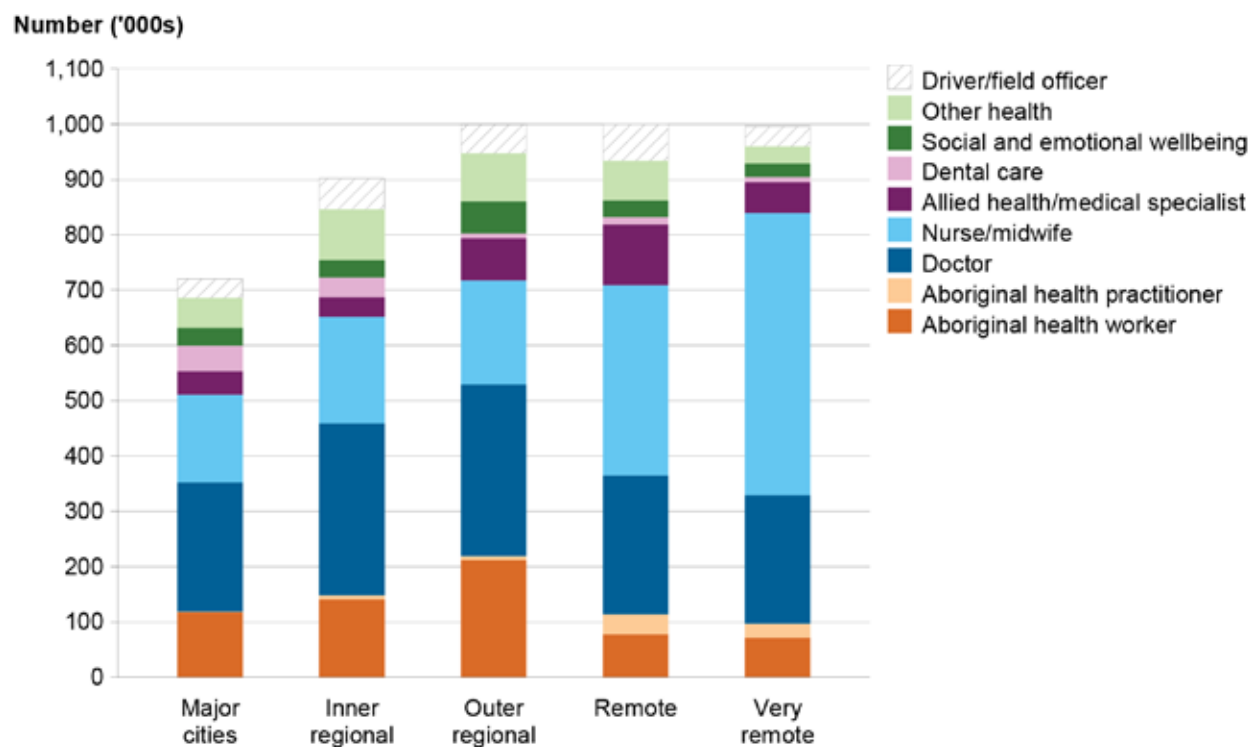


## 3.6 Client contacts

Client contacts are the number of individual contacts made with clients by each type of worker involved in the provision of health care. They include contacts made by visiting health professionals and those providing transport. If more than 1 worker (for example, a nurse and a driver) see a client, then 1 episode of care may result in more than 1 contact.

In 2013–14, the 203 primary health-care organisations made around 4.6 million contacts— an average of 11 contacts per client (see Table B32). A smaller proportion of contacts (16%) were made in Major cities (see Figure 3.26). In 2013–14:

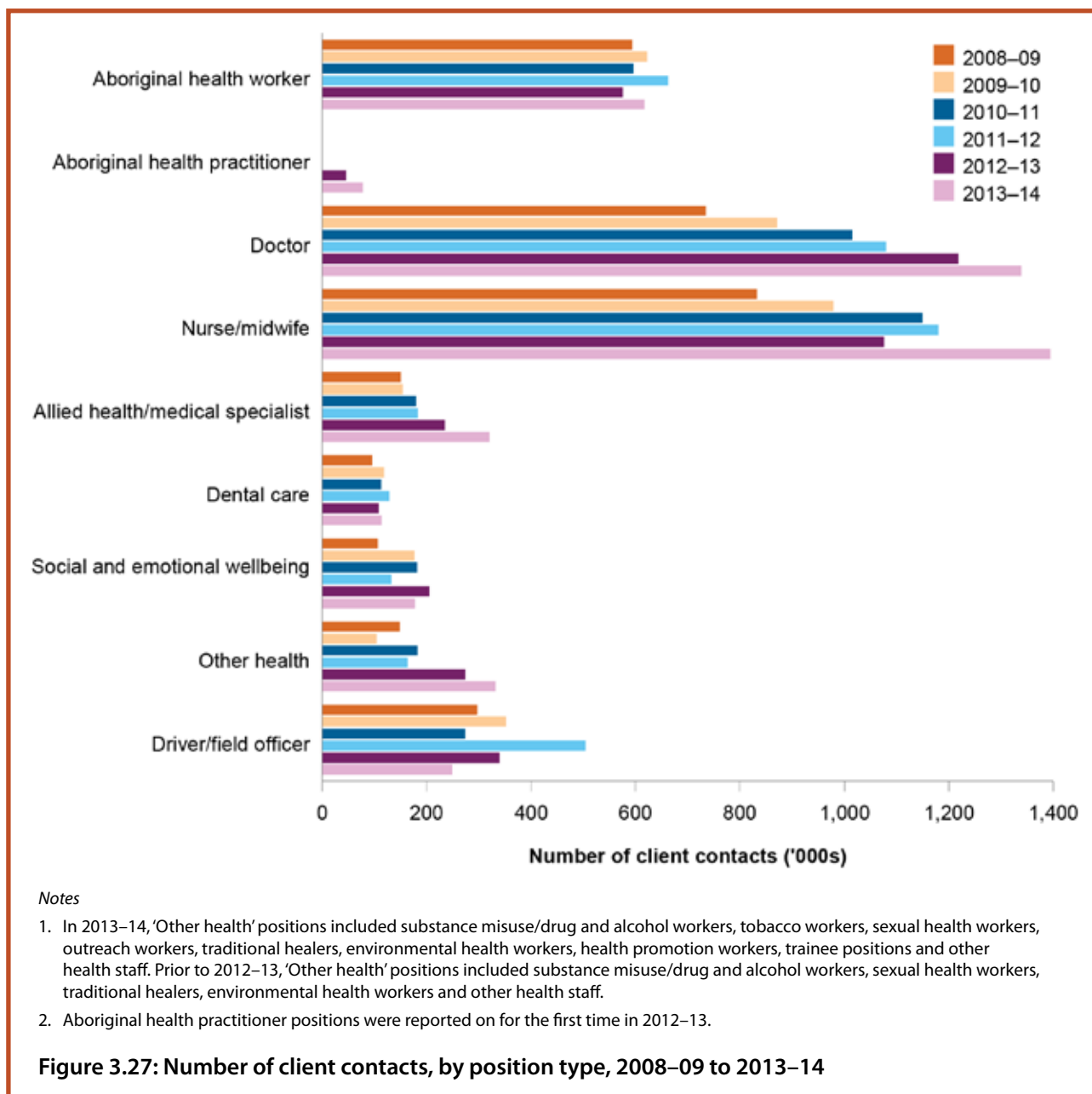
- Doctors (7% of the total workforce) made around 1.3 million contacts (29% of all contacts). Of these, 23% were in organisations in *Inner regional* areas (311,000) and *Outer regional* areas (310,000). Contacts by doctors represented around one-third of all contacts in *Inner regional* areas (34%), *Major cities* (32%) and *Outer regional* areas (31%) and one-quarter of all contacts in *Remote* (25%) and *Very remote* areas (23%).
- Nurses and midwives (14% of the total workforce) made around 1.4 million contacts (30% of all contacts). Of these, 37% were in *Very remote* areas and 25% in *Remote* areas. Contacts by nurses represented a higher proportion of all contacts in *Very remote* (51%) and *Remote* areas (34%) compared with other areas (around 20%).
- AHWs (12% of the total workforce) made around 617,000 contacts (13% of all contacts). One-third (34% or 211,000) of these were in *Outer regional* areas. Aboriginal health practitioners made around 78,000 or 2% of all contacts.
- Allied health professionals (3% of the total workforce) made around 269,000 contacts (6% of all contacts).
- Other health staff (14% of the total workforce) made around 332,000 contacts (7% of all contacts).
- Drivers (5% of the total workforce) made around 249,000 contacts (5% of all contacts).



**Figure 3.26: Number of client contacts, by position type and remoteness area, 2013–14**

The total number of contacts by primary health-care organisations (4.6 million) increased by 13% (543,000), compared with 2012–13 (4.1 million). Some of this increase (41%) was a result of new organisations reporting in 2013–14; 59% of the increase was from organisations reporting in both years. The number of contacts was higher for all position types, other than for drivers and field officers and SEWB staff (see Figure 3.27 and Table B33). In particular, there were large increases in the numbers of contacts for allied health professionals (46%), nurses and midwives (30%), and doctors (10%). This may partly reflect the higher numbers of FTE allied health professionals (21%), nurses and midwives (13%) and doctors (26%) in 2013–14. However, it should be noted that the average number of contacts per client for these positions also increased. Doctors made on average 3.2 contacts per client compared with 2.8 in 2012–13, nurses and midwives 3.3 compared with 2.5, and allied health professionals 0.6 compared with 0.4.





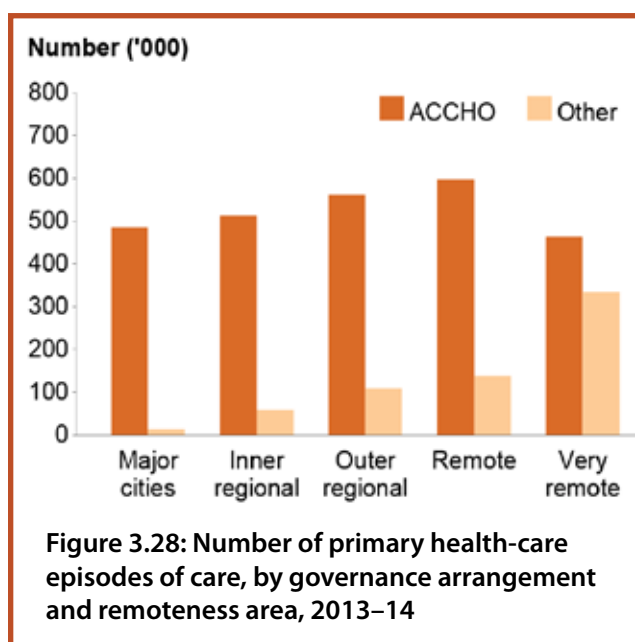
## 3.7 Episodes of care

An episode of care for the purpose of this report is a contact between an individual client and a service by 1 or more staff providing health care within a calendar day. All contacts with the same client on the same day are counted as 1 episode of care. If more than 1 worker sees a client, then 1 episode of care may result in more than 1 contact. An episode of care may include health care provided on-site, off-site and over the phone. It does not, however, include residential care, group activities or administrative contacts (for example, a receptionist making a booking).

In 2013-14, most primary health-care organisations (98%) reported their episodes of care. It should be noted that some organisations have difficulty in providing accurate numbers for episodes of care and may provide an estimate. In 2013-14, 25 organisations (13%) estimated their episodes of care numbers.

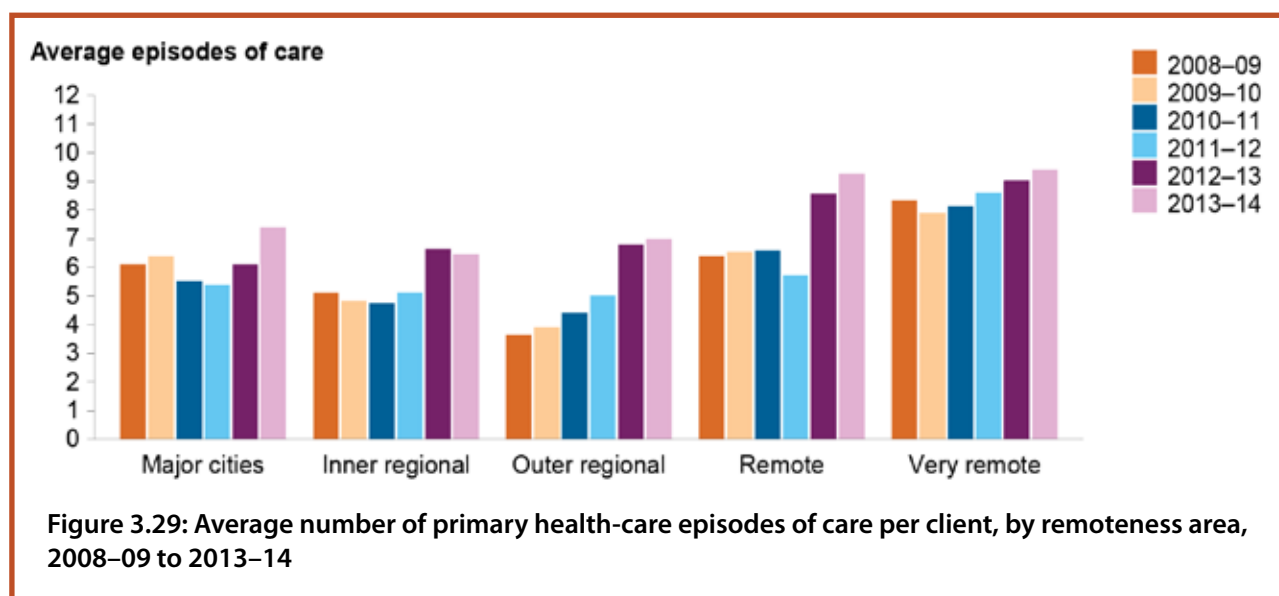
Organisations provided around 3.3 million episodes of care, an increase from 3.1 million in 2012-13 (see Table B34). Episodes of care increased with remoteness, with 15% provided in *Major cities* and 24% in *Very remote* areas.

ACCHOs provided around 2.6 million (80%) episodes of care, and other organisations around 652,000 (20%). For ACCHOs, the number of episodes of care was higher in *Outer regional* (21%) and *Remote* areas (23%). For other organisations, the number of episodes of care increased with remoteness; 51% were provided in *Very remote* areas (see Figure 3.28 and Table B35).

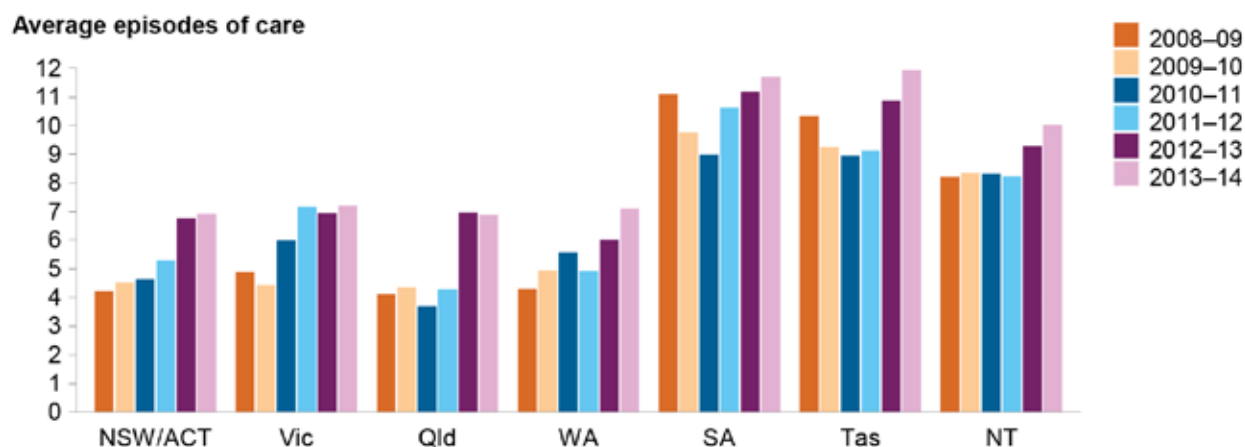


The number of episodes of care increased by 7% compared with 2012–13. The largest increases were in *Outer regional* (19%) and *Remote* areas (13%) and in Queensland and the Northern Territory (both around 20%). This was mainly due to the inclusion of organisations not included in counts for 2012–13.

The average number of episodes of care per client increased from 7 in 2012–13 to 8 in 2013–14 (see Table B36). The average number of episodes of care per client was highest in *Remote* and *Very remote* areas (9 respectively). *Major cities* and *Remote* areas had the largest increases from 2012–13, each with an increase of around 1 episode of care per client in 2013–14 (see Figure 3.29).

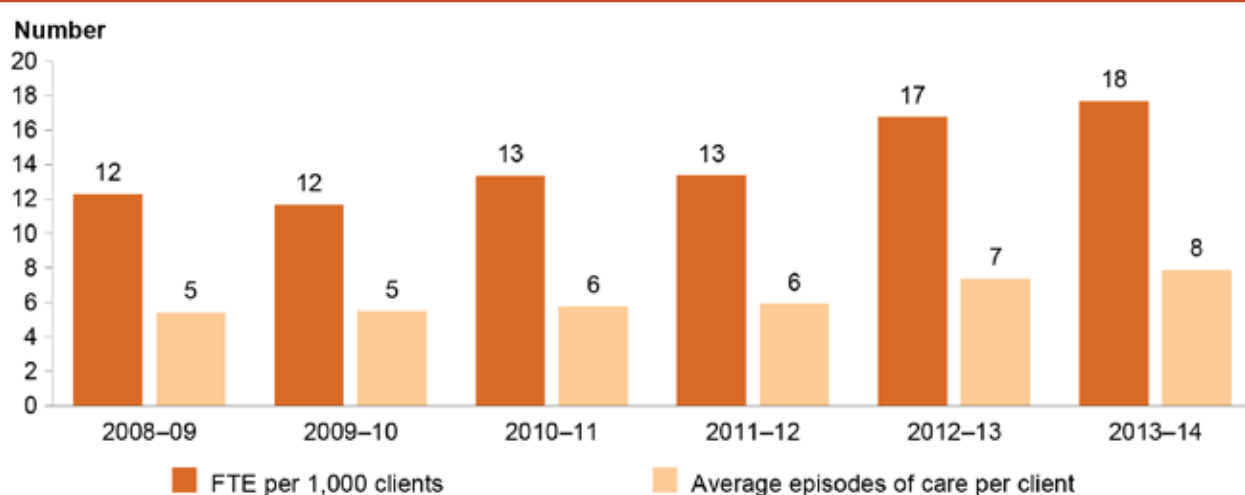


The average number of episodes of care per client was highest in South Australia and Tasmania (12 respectively). When compared with 2012–13, the largest increases were in Western Australia and Tasmania, which saw the average number of episodes of care per client increase by 1 (see Figure 3.30 and Table B37).



**Figure 3.30: Average number of primary health-care episodes of care per client, by state and territory, 2008-09 to 2013-14**

The average number of episodes of care per client is related to the number of FTE staff. As the number of FTE staff per 1,000 clients increased, so too did the average number of episodes of care per client (see Figure 3.31).



**Figure 3.31: FTE per 1,000 clients and average number of primary health episodes of care per client, 2008-09 to 2013-14**

The average number of episodes of care per FTE staff member was constant over time. The average number of episodes of care was 448 in 2013-14, compared with 454 in 2012-13; for FTE health staff, the average number of episodes of care was 731 in 2013-14, compared with 733 in 2012-13 (see Figure 3.32).

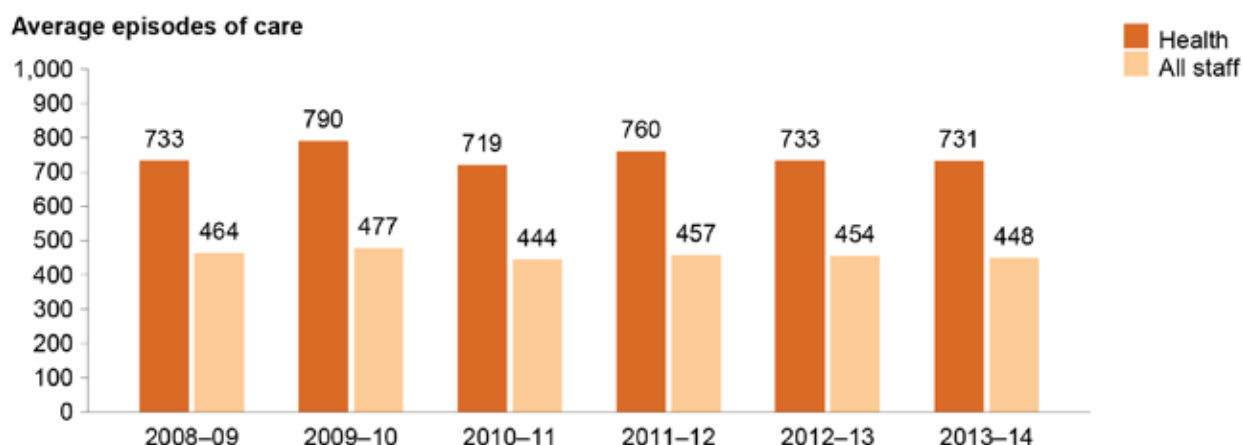


Figure 3.32: Average number of primary health episodes of care per FTE staff, 2008-09 to 2013-14

## 3.8 Services provided

The primary health-care organisations in the OSR generally provide access to doctors, nurses, allied health professionals, SEWB staff, and medical specialists. Many provide a variety of services, including health promotion, clinical care, substance-use prevention and SEWB support. Some focus on specific activities, such as health promotion programs, maternal and child health, and SEWB.

### Health promotion

In 2013-14, primary health-care organisations provided a range of health promotion programs and activities. Most promoted immunisation services to children (81%) and adults (78%). The proportion with healthy lifestyle programs ranged from 70% in *Very remote* areas to 93% in *Remote* areas (see Figure 3.33 and Table B38). The proportion providing various health promotion programs and activities was similar to 2012-13, except for injury and accident prevention, which was lower in 2013-14 (26% compared with 39%).

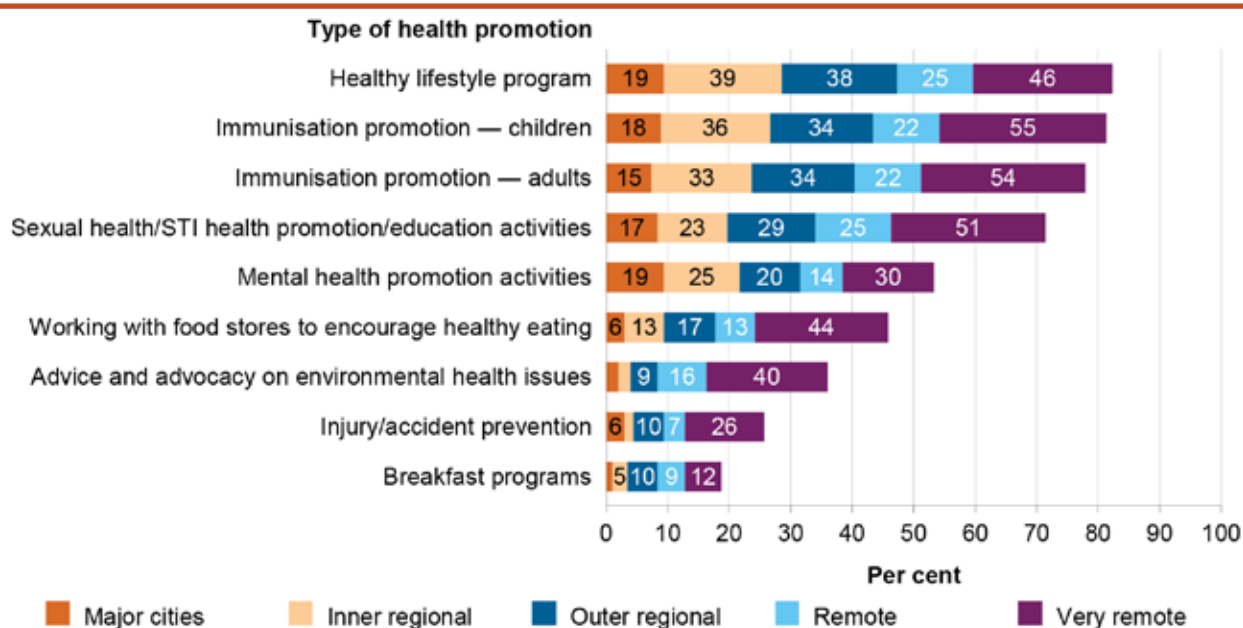
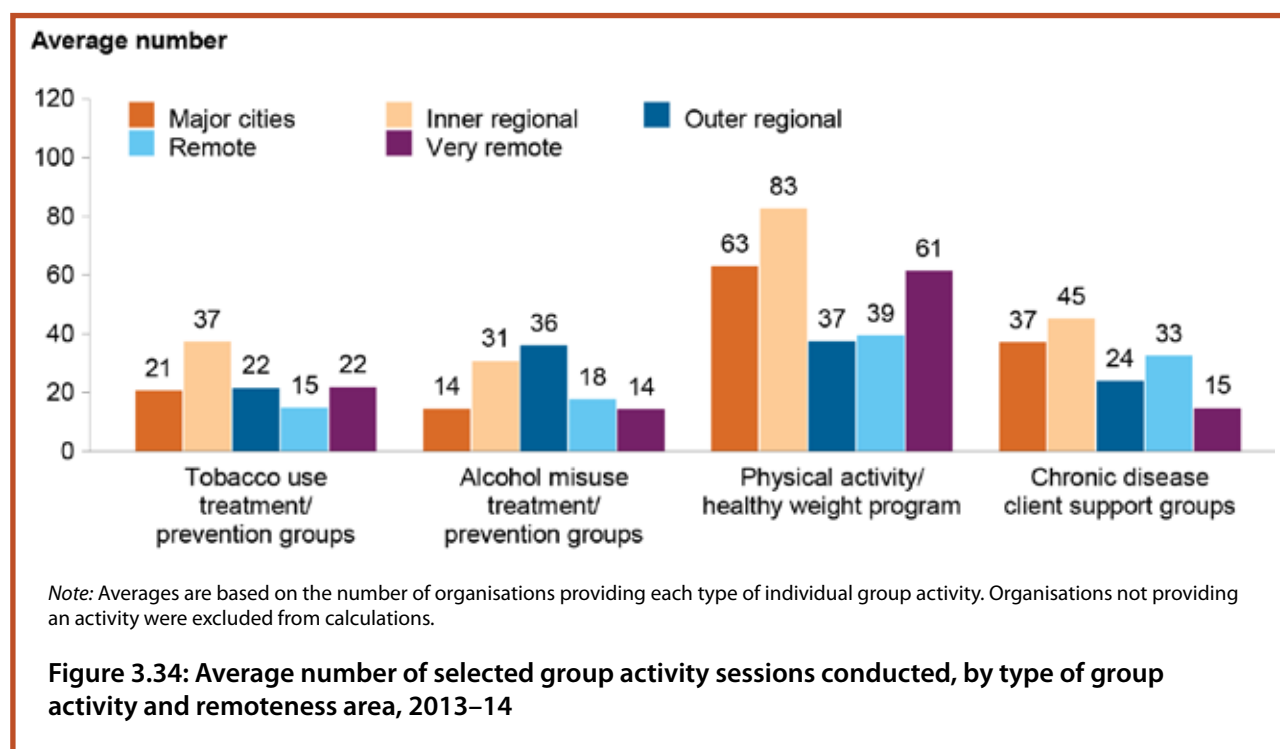


Figure 3.33: Number (as labelled) and percentage (in scale) of primary health-care organisations, by type of health promotion and remoteness area, 2013-14



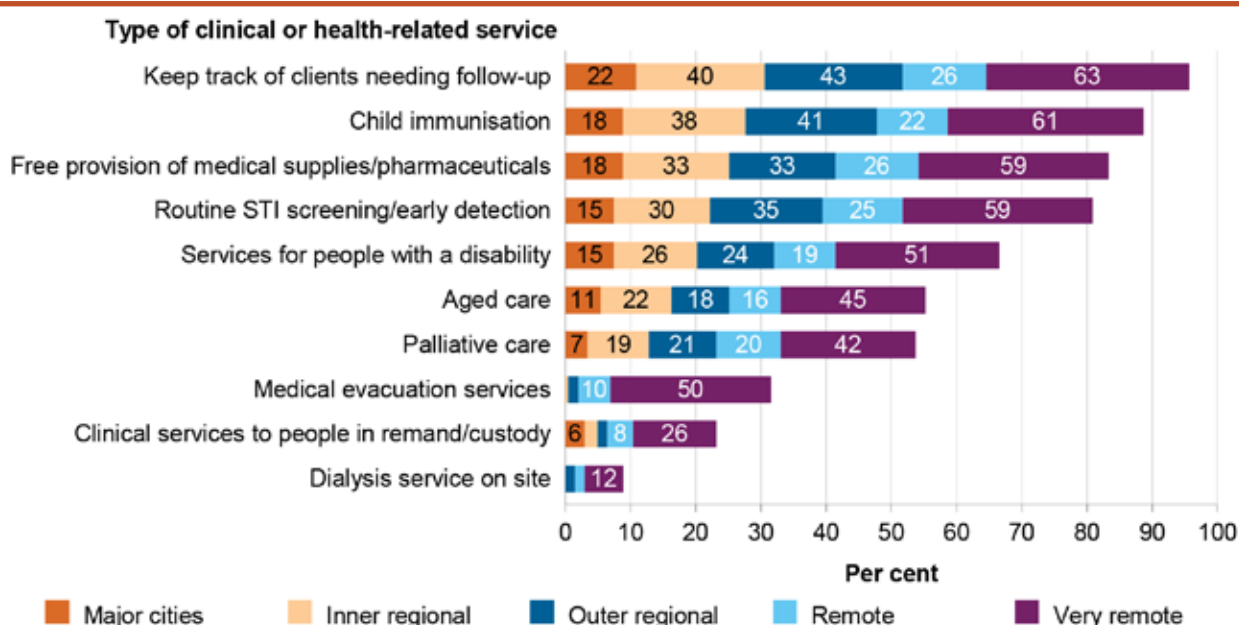
Primary health-care organisations provided various group activities as part of their healthy lifestyle promotion, including tobacco-use treatment and prevention groups, alcohol misuse treatment and prevention groups, physical activity and healthy weight programs, and chronic disease client support groups. Of the organisations that provided these activities, those in *Inner regional* areas provided a higher average number of physical activity and healthy weight programs (83), chronic disease support groups (45) and group sessions on tobacco-use treatment and prevention (37) than other areas (see Figure 3.34). *Outer regional* areas had a lower average number of sessions for physical activity and healthy weight programs (37), but a higher average number of alcohol misuse treatment and prevention groups (36).



## Clinical services

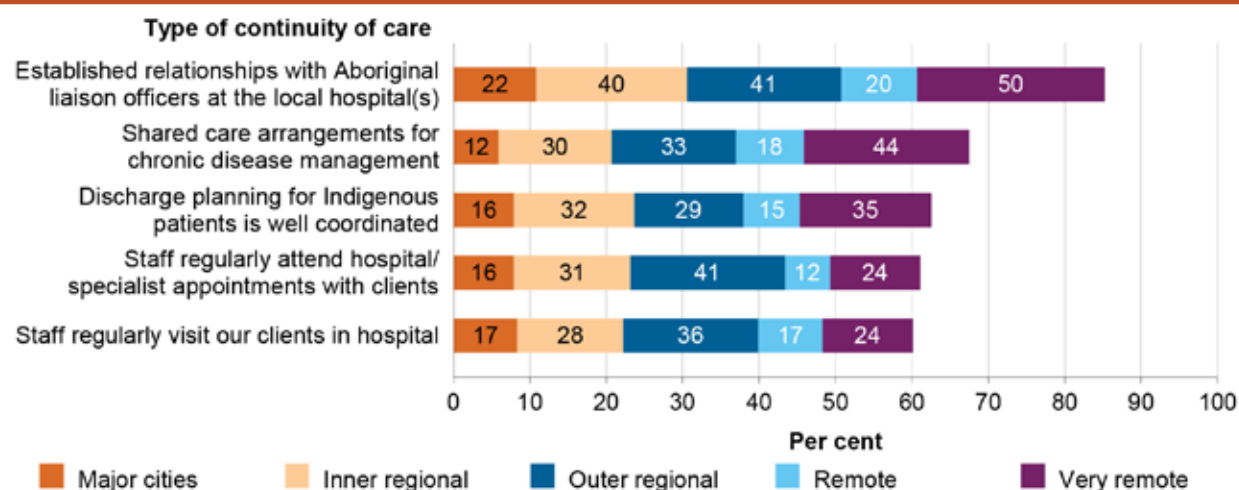
Primary health-care organisations provided various clinical or health-related activities. Most organisations kept track of clients who needed follow-up (96%) and provided child immunisation (89%), free medical supplies and pharmaceuticals (83%), and routine screening for sexually transmitted infections (STIs) (81%) to the local community. Two-thirds (67%) provided services for people with a disability, 55% provided aged care and 54% palliative care (see Figure 3.35 and Table B39).





**Figure 3.35: Number (as labelled) and percentage (in scale) of primary health-care organisations providing selected clinical or health-related services, by remoteness area, 2013–14**

Most primary health-care organisations (85%) had established relationships with Aboriginal liaison officers at the local hospital(s), higher than in 2012–13 (74%). Sixty-eight per cent of organisations had shared care arrangements for chronic disease management with local hospitals, again higher than in 2012–13 (60%), and 63% reported that discharge planning was well coordinated (see Figure 3.36 and Table B40).



**Figure 3.36: Number (as labelled) and percentage (in scale) of primary health-care organisations providing continuity of care with local hospitals, by remoteness area, 2013–14**



Primary health-care organisations also offered access to various specialist services (for example, paediatric; cardiology; renal; ophthalmologic; psychiatric; diabetes; ear, nose and throat), allied health (for example, physiotherapy, podiatry, optometry, audiology) and dental services. For example:

- Paediatrician services were available in 52% of primary health-care organisations on-site and in 61% of organisations off-site (see Figure 3.37 and Table B41).
- Diabetes specialist services were available in 59% of organisations on-site and in 53% of organisations off-site. The proportion providing on-site services was higher than in 2012–13 (45%).
- Podiatrist services were available in 77% of organisations on-site and in 28% of organisations off-site.
- Dental services were available on-site at 55% of organisations and off-site at 57% of organisations.
- ACCHOs were more likely than other organisations to provide on-site access to optometrists (72% compared with 52%) and less likely to provide access to paediatricians (50% compared with 56%) (see Table B42).

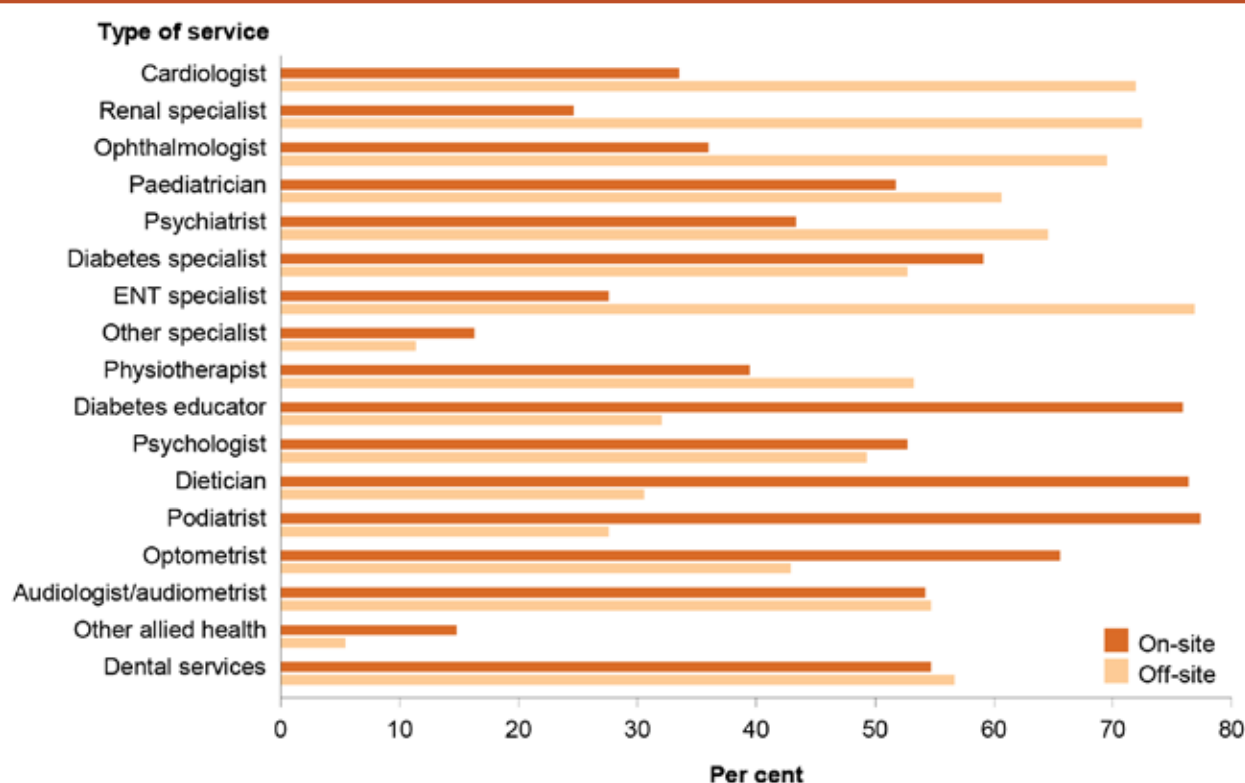
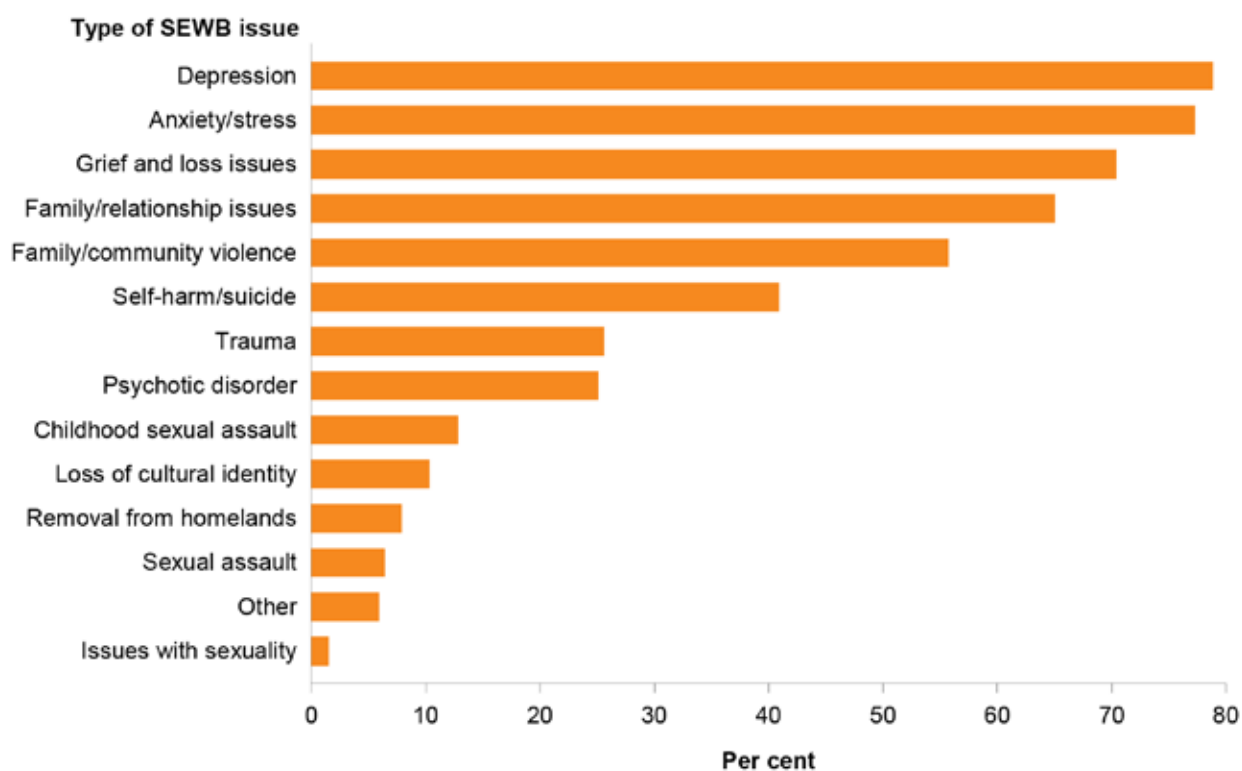


Figure 3.37: Percentage of primary health-care organisations offering access to specialist, allied health and dental services, by type of service and site location, 2013–14

## Social and emotional wellbeing

The 5 most common SEWB issues reported by primary health-care organisations as being important in terms of staff time and organisational resources were depression, anxiety and stress, grief and loss issues, family or relationship issues, and family or community violence (see Figure 3.38 and Table B43). This was similar to the 5 most common issues reported in 2012–13.

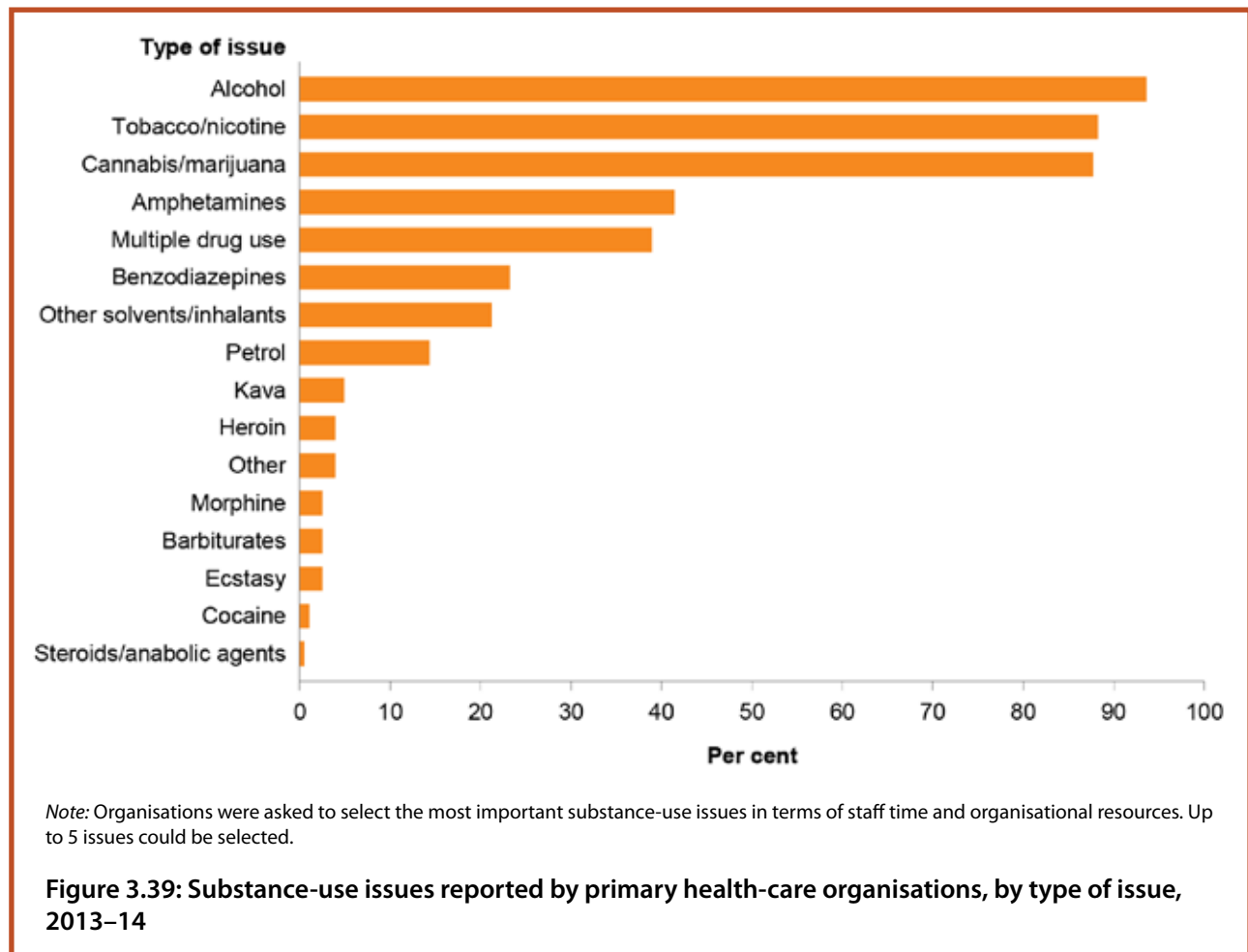


Note: Organisations were asked to select the most important SEWB issues in terms of staff time and organisational resources. Up to 5 issues could be selected.

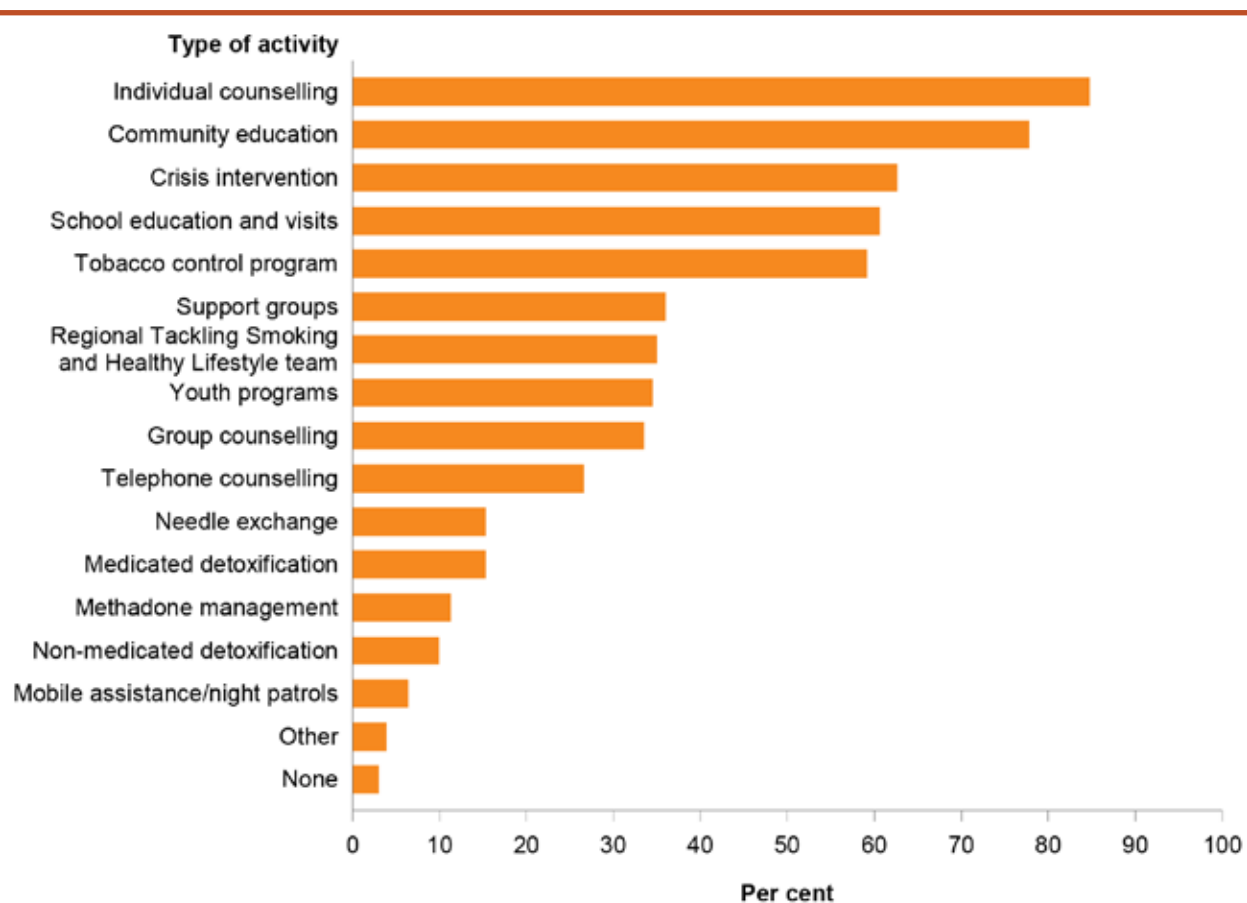
**Figure 3.38: SEWB issues reported by primary health-care organisations, by type of issue, 2013–14**

## Substance-use

The 5 most common substance-use issues reported by primary health-care organisations as being most important in terms of staff time and organisational resources were alcohol, tobacco or nicotine, cannabis or marijuana, amphetamines, and multiple drug use (see Figure 3.39 and Table B44). This was similar to the 5 most common substance-use issues reported in 2012–13, although the proportion of organisations reporting amphetamines as an important issue increased from 28% to 41%.



In dealing with substance-use issues, most organisations provided individual counselling (85%) and community education programs (78%). Nearly two-thirds provided crisis intervention (63%), and around one-third a regional Tackling Smoking and Healthy Lifestyle Program team (35%), youth programs (35%) and group counselling (34%) (see Figure 3.40 and Table B45).



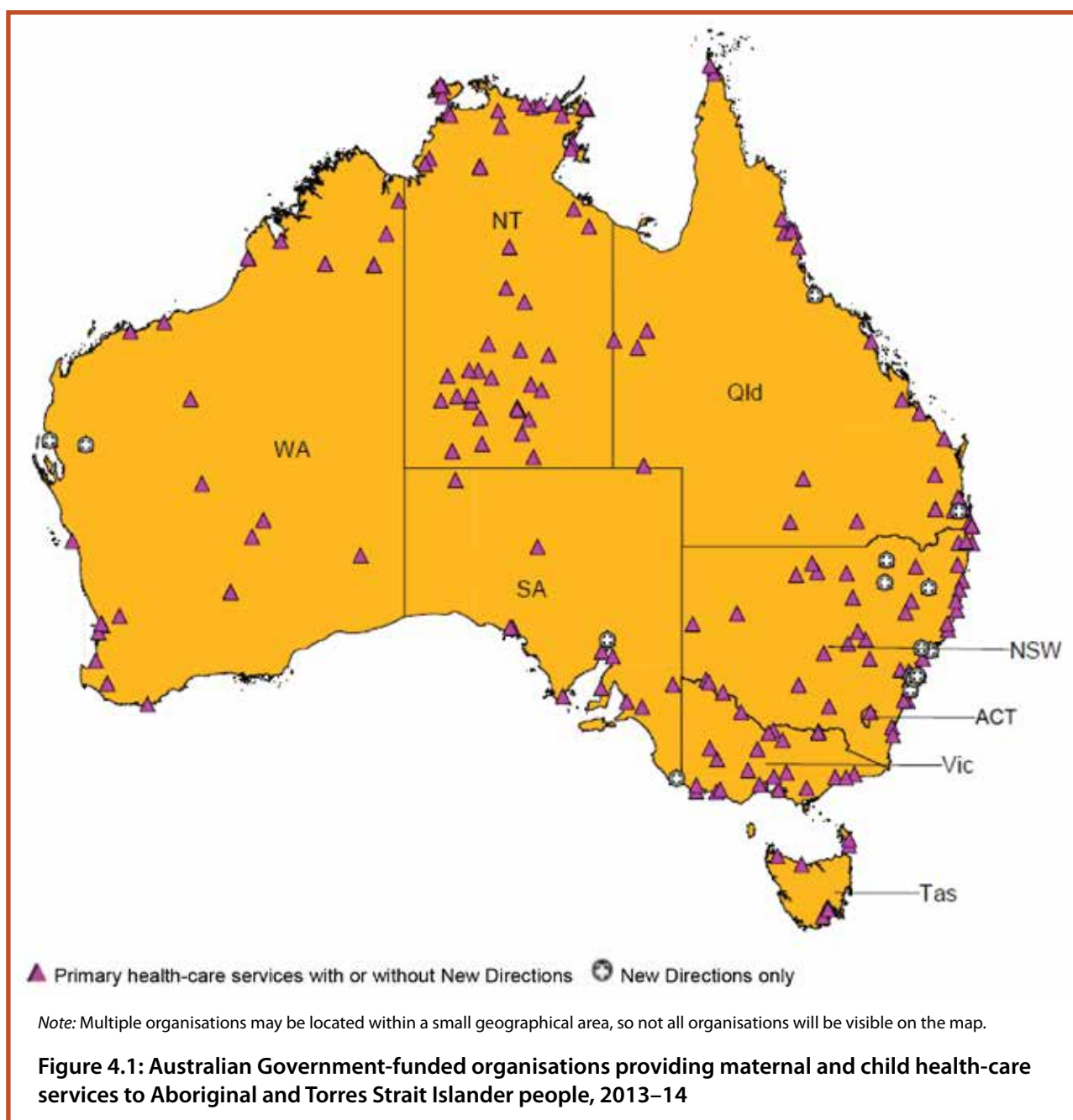
**Figure 3.40: Substance-use programs and activities provided by primary health-care organisations, by type of activity, 2013–14**



## 4. Maternal and child health

Maternal and child health is a core component of primary health care. Access to high-quality antenatal care and maternal health services can reduce the risk of poor health outcomes for mothers and babies (AIHW 2012). This chapter reports on Australian Government-funded organisations providing maternal and child health services to Aboriginal and Torres Strait Islander people. It includes information on antenatal care visits and antenatal and maternal group activities.

In 2013–14, 220 organisations providing maternal and child health services contributed to the OSR. New Directions services were in scope for the OSR for the first time (see Box 4.1). Of the 220 organisations, 134 (61%) received Australian Government primary health-care funding only, 69 (31%) received Australian Government funding for both primary health care and New Directions, 16 (7%) received New Directions funding only and 1 organisation received New Directions and substance-use funding. These organisations were spread across all states and territories (see Figure 4.1 and Table C1).



#### Box 4.1. New Directions: Mothers and Babies Services

The Australian Government's New Directions: Mothers and Babies Services aims to increase access to and use of antenatal, postnatal and child and maternal health services by Indigenous families, through the expansion of child and maternal health services and by increasing the number of health professionals employed in regions of high need (DoH 2014c).

Key objectives of the program are to provide increased access to:

- antenatal and postnatal care
- standard information about baby care
- practical advice and assistance with breastfeeding, nutrition and parenting
- monitoring of developmental milestones, immunisation status and infections
- health checks and referrals to treatment for Indigenous children before starting school.

## 4.1 Antenatal care

Antenatal care includes advice and guidance on pregnancy and delivery, education on self-care during pregnancy, screening tests and referral if necessary. Antenatal care visits at least 4 times during pregnancy, as recommended by the World Health Organization (WHO), can improve health outcomes for mothers and babies (WHO 2011).

In 2013–14, two-thirds of organisations (147) providing maternal and/or child health services provided antenatal care. They saw around 7,300 women, most of whom (6,200 or 85%) were Indigenous (Figure 4.2 and Table C2). Half (50%) of the Indigenous women who had an antenatal care visit were in either *Outer regional* (26% or 1,600 women) or *Remote* areas (24% or 1,500 women).

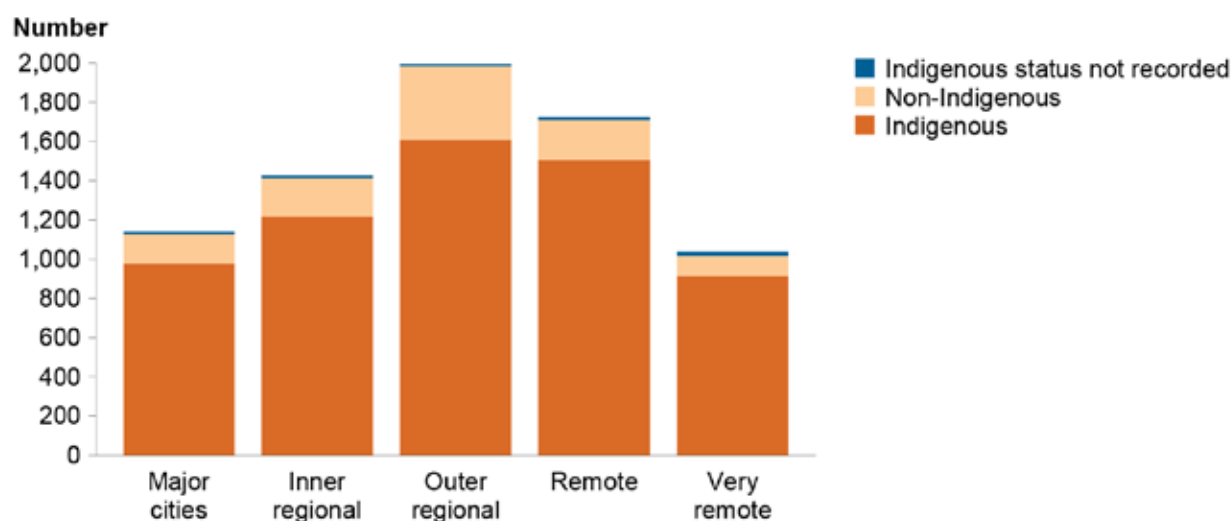
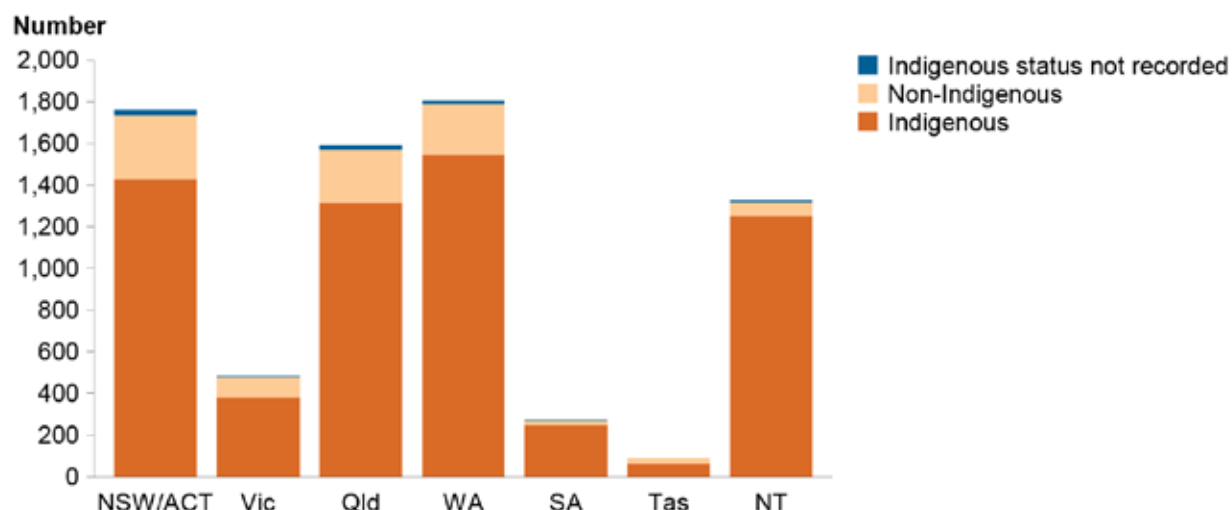


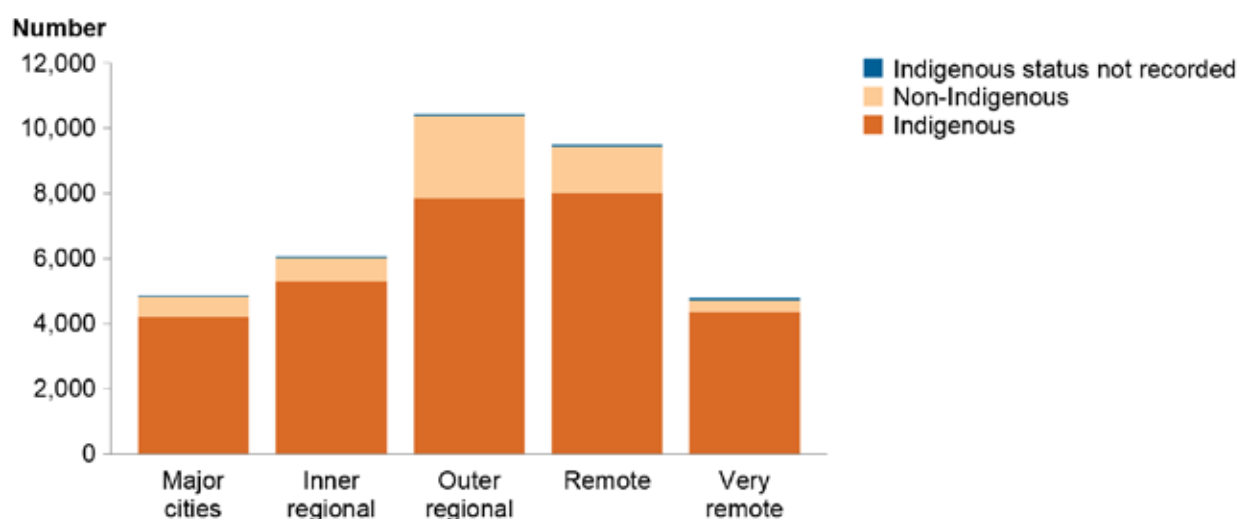
Figure 4.2: Women who attended at least 1 routine antenatal care visit, by Indigenous status and remoteness area, 2013–14

Nearly half (48%) of the Indigenous women who had an antenatal care visit were in either Western Australia (25%) or New South Wales and the Australian Capital Territory (23%). A further 21% were in Queensland and 20% in the Northern Territory (Figure 4.3 and Table C3).



**Figure 4.3: Women who attended at least 1 routine antenatal care visit, by Indigenous status and state and territory, 2013–14**

Around 35,600 routine antenatal care visits were reported, and most of these (84% or 29,700) were for Indigenous women. There were on average 5 antenatal care visits per woman, and this varied little by remoteness area or by state and territory. The highest number of visits were in *Outer regional* areas (10,400) and *Remote* areas (9,500). Three-quarters of visits in *Outer regional* areas and 84% of visits in *Remote* areas were for Indigenous women (see Figure 4.4 and Table C4).



**Figure 4.4: Number of routine antenatal care visits, by Indigenous status and remoteness area, 2013–14**

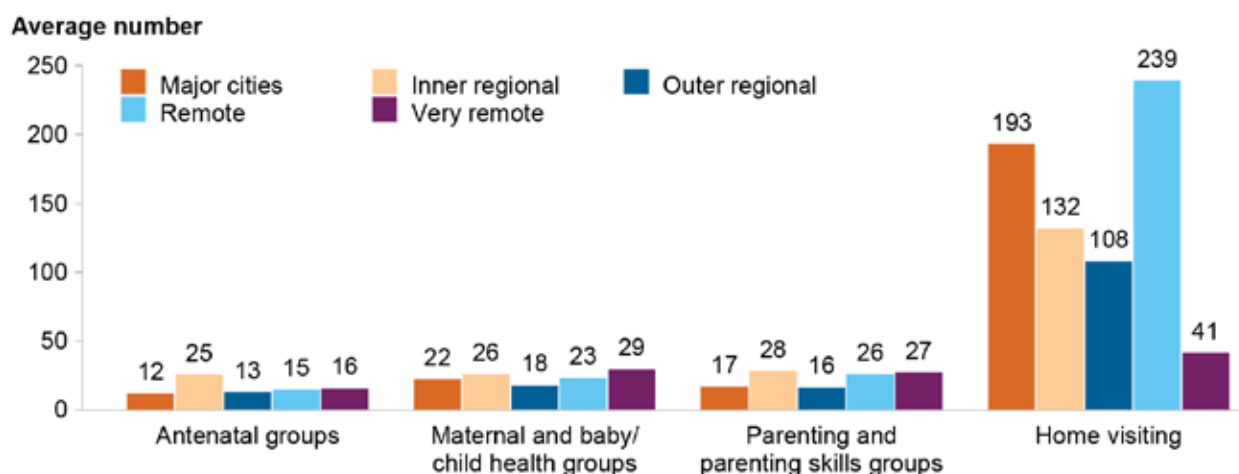
Just over one-quarter of antenatal visits (26% or 9,200) were in New South Wales and the Australian Capital Territory. One-quarter (25% or 8,800) were in Western Australia and 1 in 5 (20% or 7,100) in the Northern Territory (see Figure 4.5 and Table C5).



Figure 4.5: Number of routine antenatal care visits, by Indigenous status and state and territory, 2013–14

## 4.2 Antenatal and maternal group activities

In 2013–14, 135 (61%) organisations providing maternal and child health services ran at least 1 type of antenatal and maternal group activity. Organisations doing home visiting, provided on average, 134 home visits (see Table C6). This was higher for organisations in *Remote* areas and *Major cities* (239 and 193 respectively), and lower in *Very remote* areas (41) (see Figure 4.6). For those doing antenatal groups, organisations in *Inner regional* areas had a higher average number groups (25) compared with all organisations as a whole (16).



Note: Averages are based on the number of organisations providing each type of individual group activity. Organisations not providing an activity were excluded from calculations.

Figure 4.6: Average number of antenatal and maternal group activity sessions conducted, by type of activity and remoteness area, 2013–14

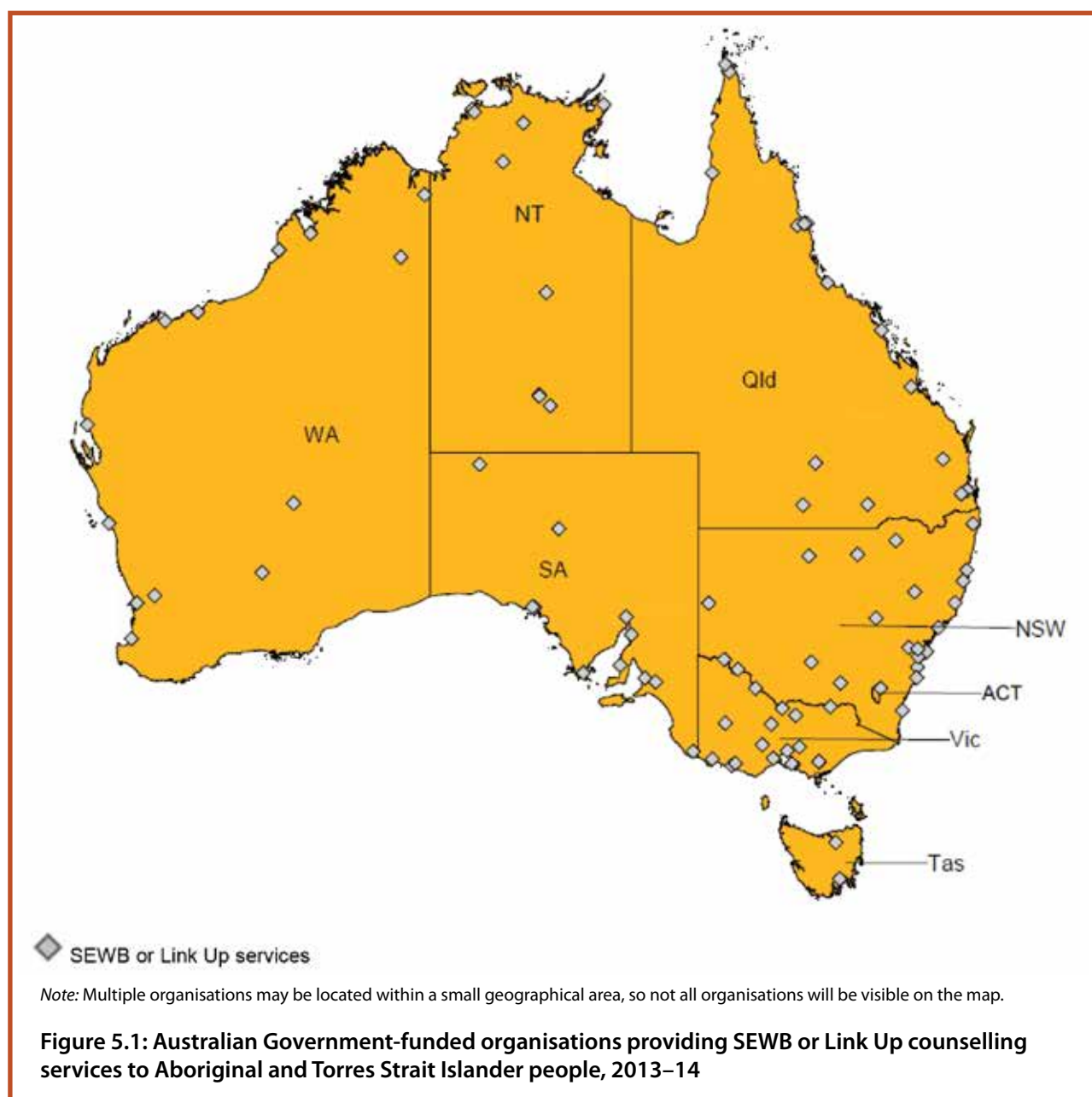
## 5. Social and emotional wellbeing or Link Up counselling

This chapter reports on Australian Government-funded organisations providing SEWB or Link Up counselling services to Aboriginal and Torres Strait Islander people. These organisations provide counselling, family tracing and reunion support, in particular to members of the Stolen Generations. The chapter includes information on the location of SEWB and Link Up organisations, counsellors employed, clients seen and services provided.

In 2013–14, 95 organisations funded to provide SEWB or Link Up counselling services contributed to the OSR collection. This was similar to 2012–13 (98 organisations). Nearly all SEWB or Link Up counselling organisations (99%) had a governing committee or board, and on most of these (85%) all of the board members were Indigenous (see Table D1).

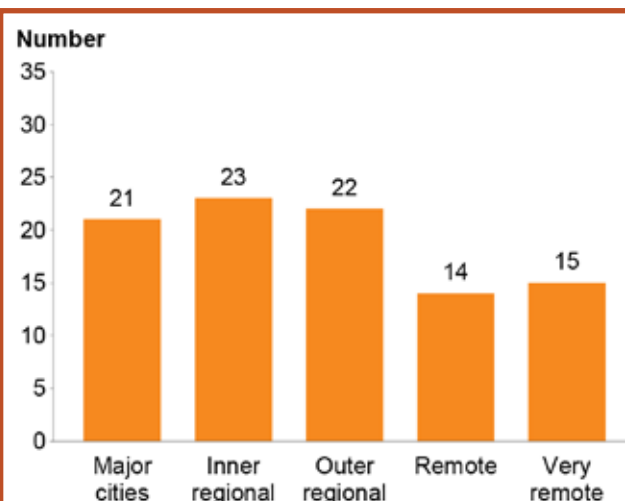
### 5.1 Location

SEWB or Link Up counselling organisations were located across all states and territories (see Figure 5.1). Around one-quarter (24%) were in New South Wales and the Australian Capital Territory, 19% were in Queensland and 18% in Victoria (see Table D2).





Organisations in *Major cities*, *Inner regional* and *Outer regional* areas made up around two-thirds (69%) of organisations providing SEWB or Link Up counselling services (see Figure 5.2 and Table D3).

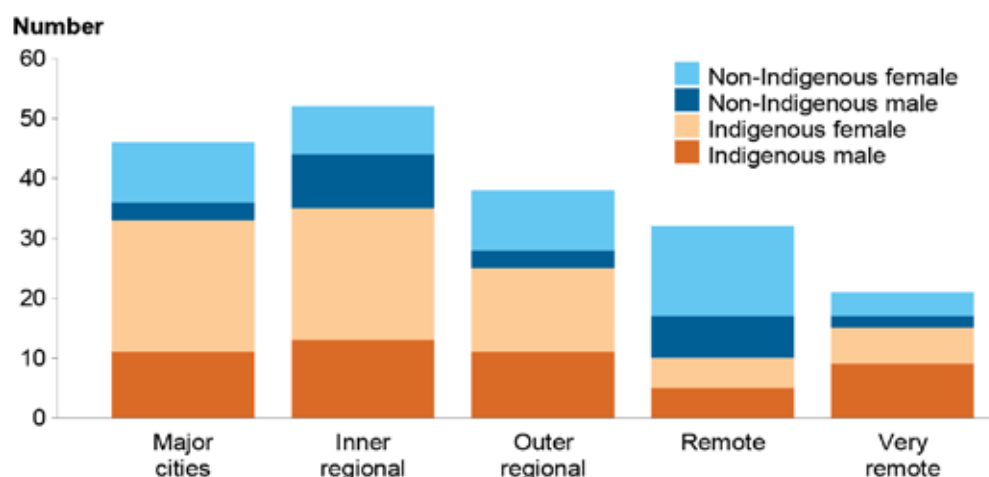


**Figure 5.2: Number of SEWB or Link Up counselling organisations, by remoteness area, 2013–14**

## 5.2 Counsellors

In 2013–14, 189 counsellors provided SEWB or Link Up counselling services. Of these, 118 (62%) were Indigenous (see Figure 5.3 and Table D4). Nearly one-third (30%) of Indigenous counsellors worked in *Inner regional* areas, and just over one-quarter (28%) worked in *Major cities*.

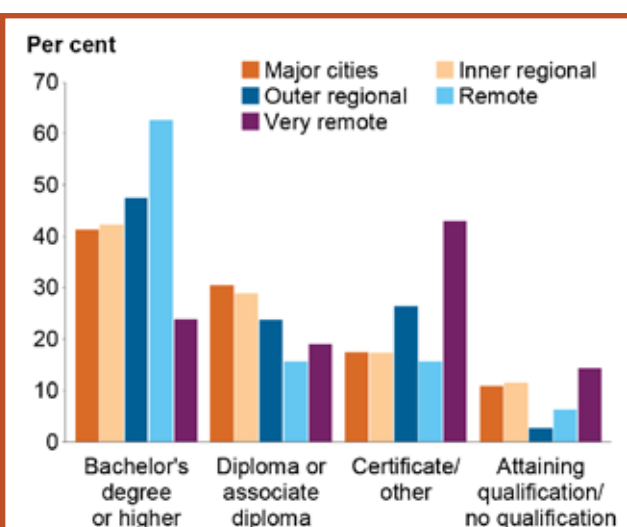
Around 1 in 5 counsellors worked in Queensland (22%) and New South Wales and the Australian Capital Territory (21%) respectively (see Table D5). Just over half (52%) of organisations providing SEWB or Link Up counselling services had 1 counsellor position, 28% had 2 positions, and 20% had 3 or more positions (see Table D6).



**Figure 5.3: Number of counsellors, by Indigenous status, gender and remoteness area, as at 30 June 2014**

## Qualifications

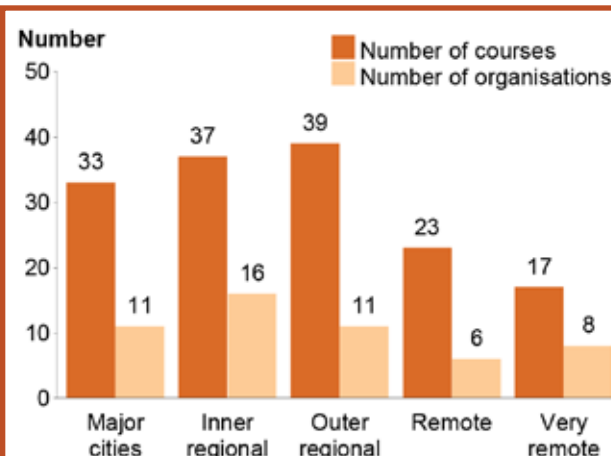
Most counsellors (91%) had a certificate-level qualification or higher; 44% had a bachelor's degree or higher qualification, and one-quarter (25%) had a diploma-level qualification (see Table D7). Nearly all counsellors in *Outer regional* (97%) and *Remote* areas (94%) had a certificate-level qualification or higher. Around 1 in 10 counsellors (9%) had no qualification or were in the process of attaining a qualification (see Figure 5.4).



**Figure 5.4: Percentage of counsellors, by highest level of qualification and remoteness area, as at 30 June 2014**

Just over half (55%) of all SEWB or Link Up counselling organisations had counsellors who undertook formal training courses in 2013–14; a total of 149 formal training courses were undertaken (see Figure 5.5 and Table D8).

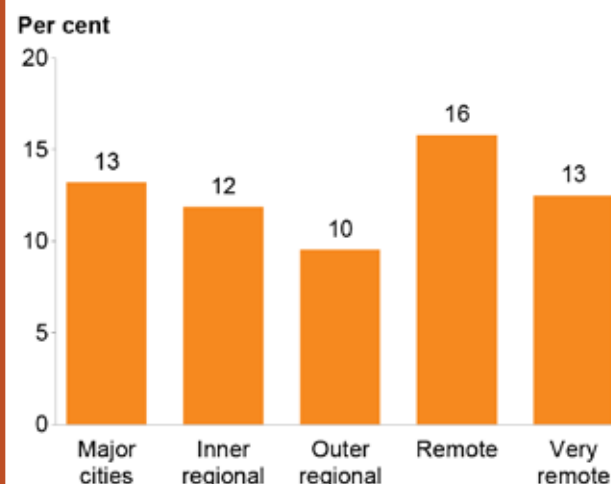
Three-quarters (76%) of organisations provided professional supervision to counsellors (see Table D9). In 42% of these organisations, supervision was for less than half an hour per week (see tables D10 and D11). Most organisations provided support to counsellors, with the most common including case counselling, debriefing, peer support (through work colleagues), counsellor network meetings and telephone support (see tables D12 and D13).



**Figure 5.5: Number of formal training courses undertaken by counsellors, by remoteness area, 2013–14**

## Vacancies

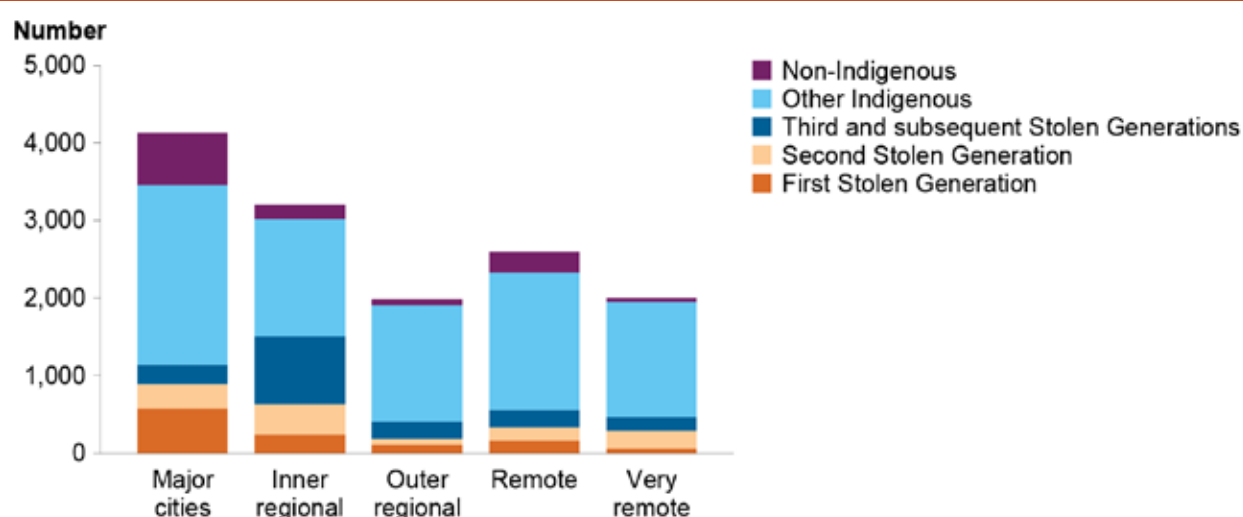
SEWB or Link Up organisations reported 27 vacant counsellor positions (see Table D14). Of these, 26% (7) were in *Major cities* and *Inner regional* areas respectively. Overall, 13% of counsellor positions were vacant. *Remote* areas had a higher proportion of vacant counsellor positions (16%) compared with other areas (see Figure 5.6).



**Figure 5.6: Vacant counsellor positions, by remoteness area, as at 30 June 2014**

## 5.3 Clients

In 2013–14, around 16,600 clients received SEWB or Link Up counselling services, 6% lower than in 2012–13 (around 17,700). This decrease was due to the smaller number of organisations contributing to this count in 2013–14 (90 compared with 97). Fourteen per cent of clients (2,300) were either first Stolen Generation clients (those who were removed from their families and communities), or second Stolen Generation clients (those whose parents were first Stolen Generation members). Around 8,600 clients (52%) were Indigenous clients other than first, second, third or subsequent Stolen Generation clients. There were also a small number (1,200 or 7%) of non-Indigenous clients (see Figure 5.7). The Indigenous status of 17% of clients was unknown (see Table D15).



Note: Excludes clients whose Indigenous status was unknown.

Figure 5.7: Number of SEWB or Link Up clients, by Indigenous status, Stolen Generation and remoteness area, 2013–14

## 5.4 Client contacts

SEWB or Link Up counselling organisations made around 88,200 contacts with clients, an average of 5 contacts per client. The number of contacts was similar in 2012–13 (89,100). One-third of SEWB or Link Up contacts (34%) were in *Inner regional* areas, and 19% were in *Major cities* (see Figure 5.8 and Table D16).

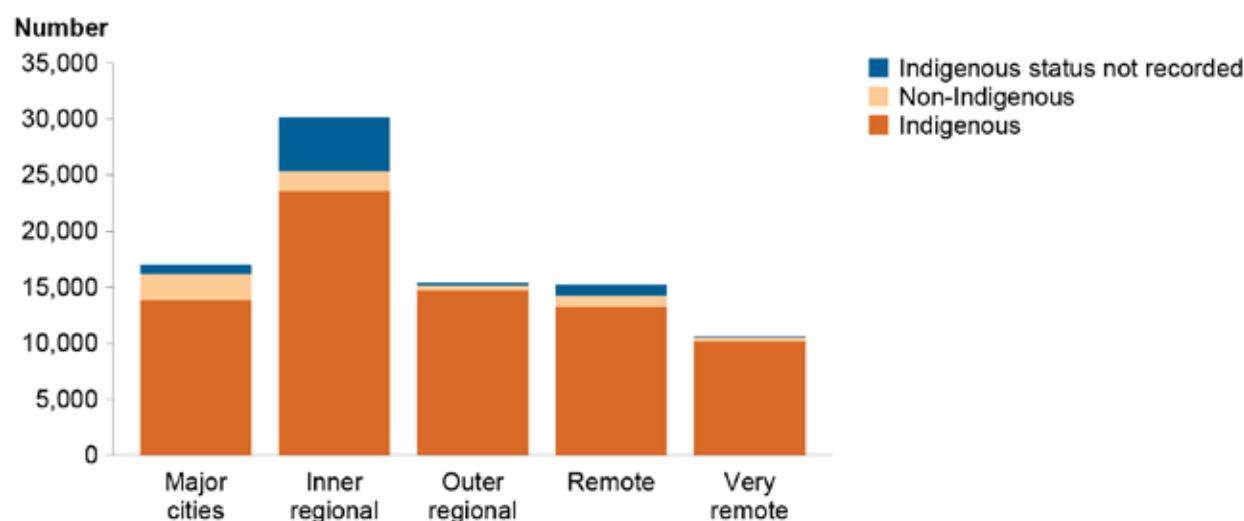


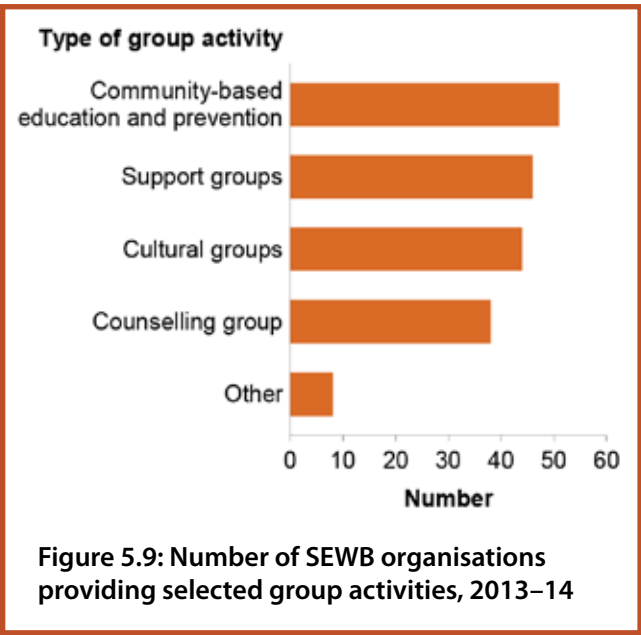
Figure 5.8: Number of SEWB or Link Up contacts, by Indigenous status and remoteness area, 2013–14



# 5.5 Services provided

In 2013–14, 67 organisations funded for SEWB services ran group activities (see Table D17). Of these, three-quarters (76%) ran community-based education and prevention groups, and around two-thirds ran support groups (69%) and cultural groups (66%) respectively (see Figure 5.9).

SEWB counsellors spent on average around half (52%) their time working directly with individual clients providing counselling, support and advocacy (see Table D18). Other time was spent working with groups (14%), on administration (12%) and in outreach or travel (12%). Link Up counsellors spent around one-third (32%) of their time working with clients. Other time was spent researching family history (22%), on reunion-related activities (17%), on administration (11%) and in outreach or travel (11%).



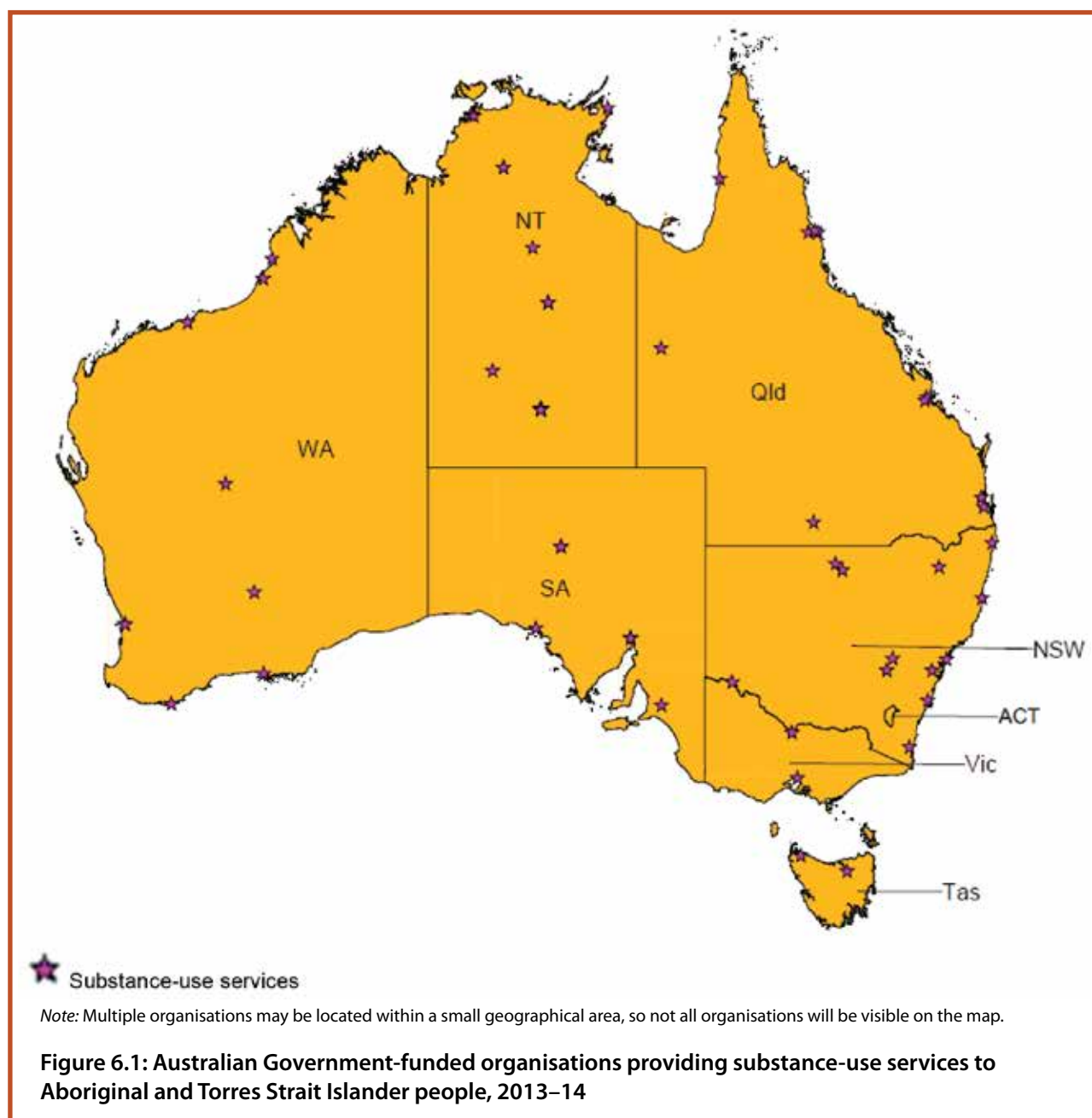
## 6. Substance-use

This chapter reports on Australian Government-funded organisations providing substance-use services to Aboriginal and Torres Strait Islander people. It includes information on the location of these organisations; the types of substance-use issues dealt with; treatment and assistance programs provided; and client numbers, episodes of care and referral sources.

In 2013–14, 56 organisations funded to provide substance-use services to Aboriginal and Torres Strait Islander people contributed to the OSR collection. This was 7 fewer than the number of organisations in 2012–13 (63): 4 organisations were not in scope in 2013–14, 2 organisations did not report data in time for this report and 1 organisation reported as part of another organisation. Information on substance-use services provided through Indigenous primary health-care funding is provided in Chapter 3.

### 6.1 Location

The 56 organisations providing substance-use services were spread across all states and the Northern Territory; 27% or 15 organisations were located in the Northern Territory, and 20% (11) were in New South Wales (see Figure 6.1 and Table E1).







Just over one-quarter (27%) of organisations were located in *Very remote* areas, while 21% were in *Outer regional* and *Major cities* respectively (see Figure 6.2 and Table E2).

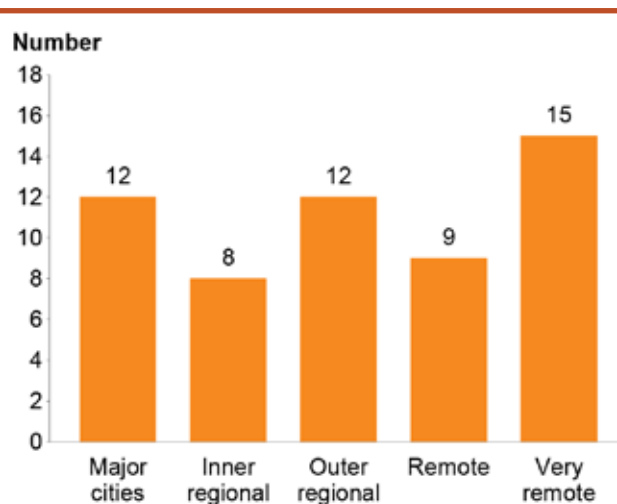


Figure 6.2: Number of substance-use organisations, by remoteness area, 2013–14

## 6.2 Substance-use issues

The 5 most common substance-use issues reported by organisations providing substance-use services, in terms of staff time and organisational resources, were alcohol, cannabis or marijuana, tobacco or nicotine, multiple drug use and amphetamines (see Figure 6.3 and Table E3).

All 56 substance-use organisations reported alcohol and cannabis or marijuana as 1 of their 5 most common substance-use issues. Two-thirds (66%) reported tobacco or nicotine (Table E4).

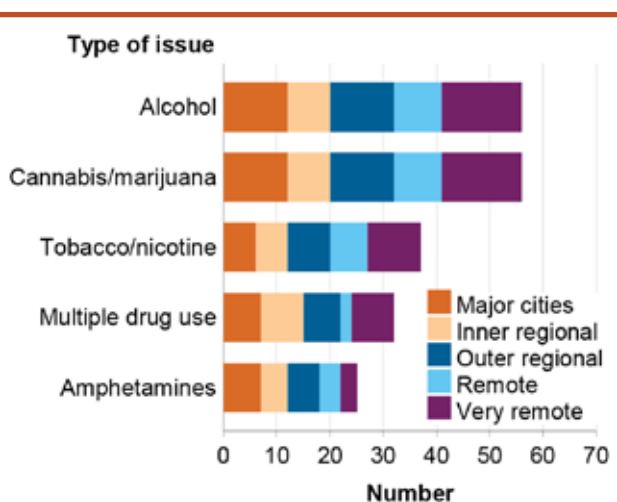


Figure 6.3: Number of substance-use organisations, by common substance-use issues reported and remoteness area, 2013–14

Depression and hopelessness was reported by most substance-use organisations (86%), as a common SEWB issue in terms of staff time and organisational resources. Most organisations also reported grief and loss issues (82%) and/or anxiety or stress (73%) as one of their most common SEWB issues (see Figure 6.4 and Table E5).

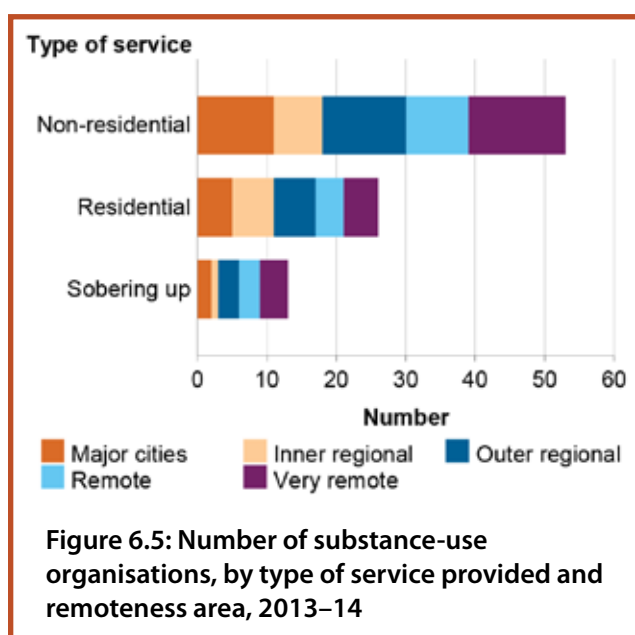


## 6.3 Services provided

Substance-use organisations provide treatment and assistance through residential treatment and rehabilitation programs, sobering up, residential respite and short-term care. Non-residential counselling and rehabilitation programs are also provided.

A residential service offers temporary live-in accommodation for clients requiring formal substance-use treatment and rehabilitation. Sobering up, residential respite or short-term care provides overnight and short-term (1–7 days) care in residential settings. However, these clients do not receive formal rehabilitation. A non-residential service offers treatment, rehabilitation and education without the option of residing in-house.

In 2013–14, most substance-use organisations (95%) provided non-residential, follow-up or after-care services (including mobile or night patrol, after-care and outreach services). Nearly half (46%) provided residential treatment services and one-quarter (23%) sobering up or residential respite services (see Figure 6.5 and tables E6 and E7).





Various primary treatment models were used by alcohol and drug counsellors. The 3 main methods were harm reduction (43%), controlled or minimised substance misuse (25%), and abstinence from substances altogether (16%) (see Table E8).

Common treatments used by nearly all organisations were information and education (96%), support and case management (96%), and counselling (93%) (see Figure 6.6 and Table E9).

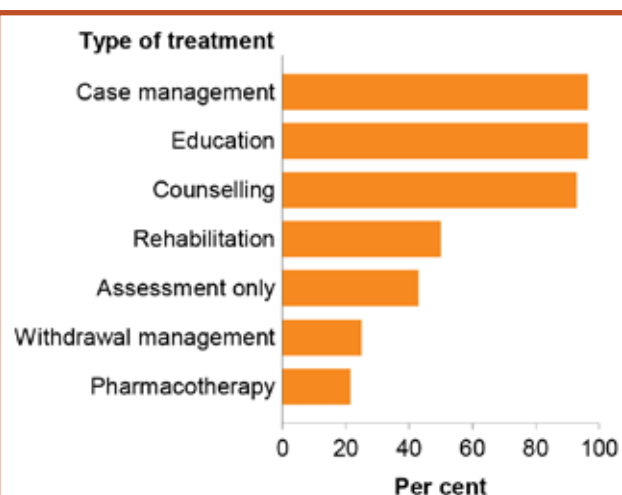


Figure 6.6: Percentage of substance-use organisations, by type of treatments used, 2013–14

## 6.4 Clients

In 2013–14, client numbers were provided by 86% of substance-use organisations. They reported around 43,000 clients across all locations and types of services (see Figure 6.7). This is a 13% decrease from 2012–13 (around 50,000 clients) and is mainly due to fewer organisations reporting data in 2013–14 (48 compared with 60). Organisations in *Outer regional* areas had around 14,000 (32%) clients, while organisations in *Very remote* areas had around 12,000 (27%) clients (Table E10).

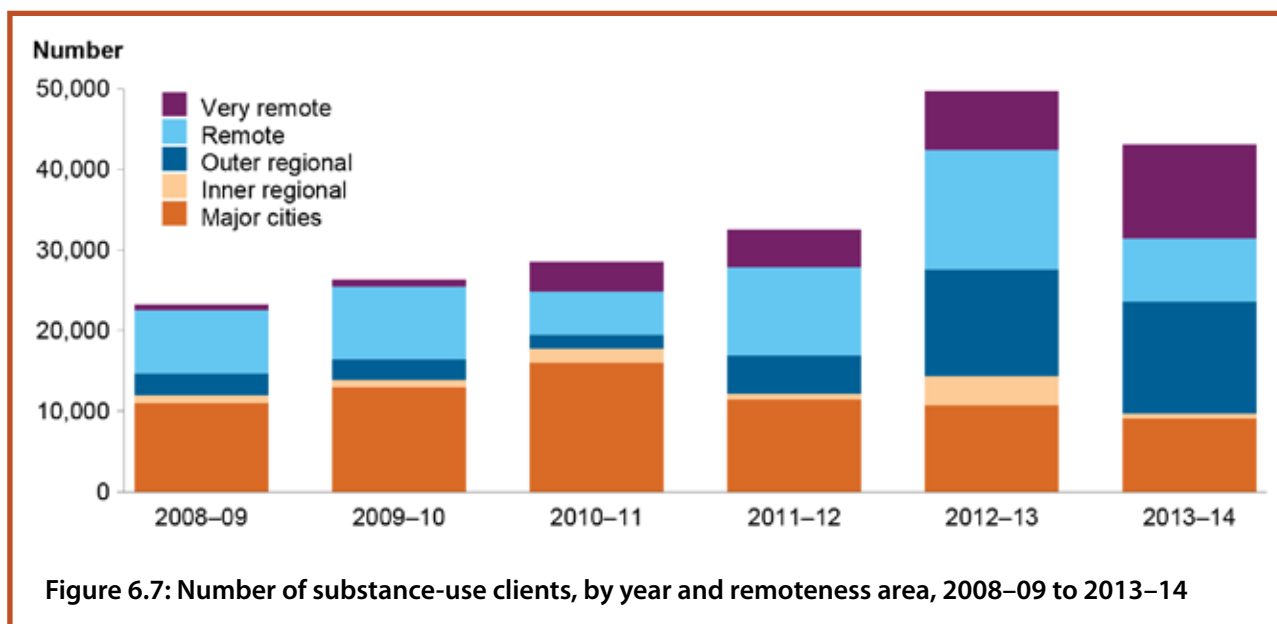


Figure 6.7: Number of substance-use clients, by year and remoteness area, 2008–09 to 2013–14

The 21 organisations reporting client numbers for residential treatment and rehabilitation services had around 2,300 clients. Three-quarters (76%) of these organisations had a waiting list, and a total of 273 people were reported to be waiting for services as at 30 June 2014. The 9 organisations reporting sobering up, residential respite or short-term care clients had around 5,000 clients. The 45 organisations reporting residential, follow-up or after-care clients had around 32,600 clients (see Figure 6.8 and Table E11).

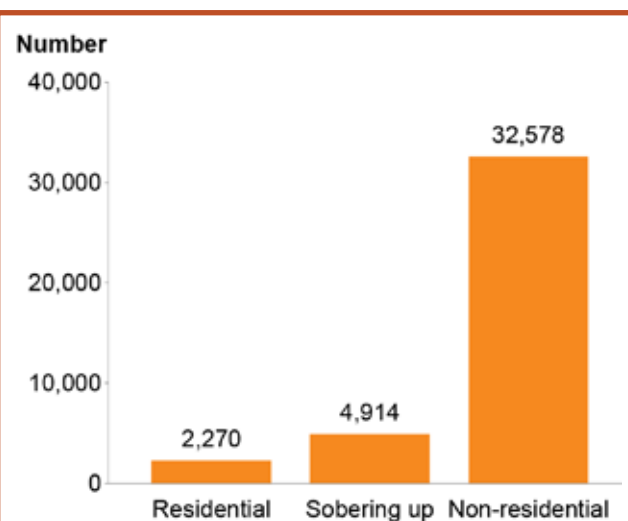


Figure 6.8: Number of substance-use clients, by type of service, 2013–14

## 6.5 Episodes of care

In 2013–14, around 371,000 substance-use episodes of care were reported. This is a large increase (22%) from 2012–13, mainly due to increases in the number of non-residential episodes of care. Non-residential services often involve multiple episodes of care, which may increase the total count significantly. Around half (53%) the increase in non-residential episodes of care was due to organisations contributing to counts in 2013–14 but not in 2012–13. The other half (47%) was from increases in organisations contributing to counts in both years. This may reflect increases in staffing levels and improvements in data recording and management in some organisations (see Figure 6.9 and Table E12).

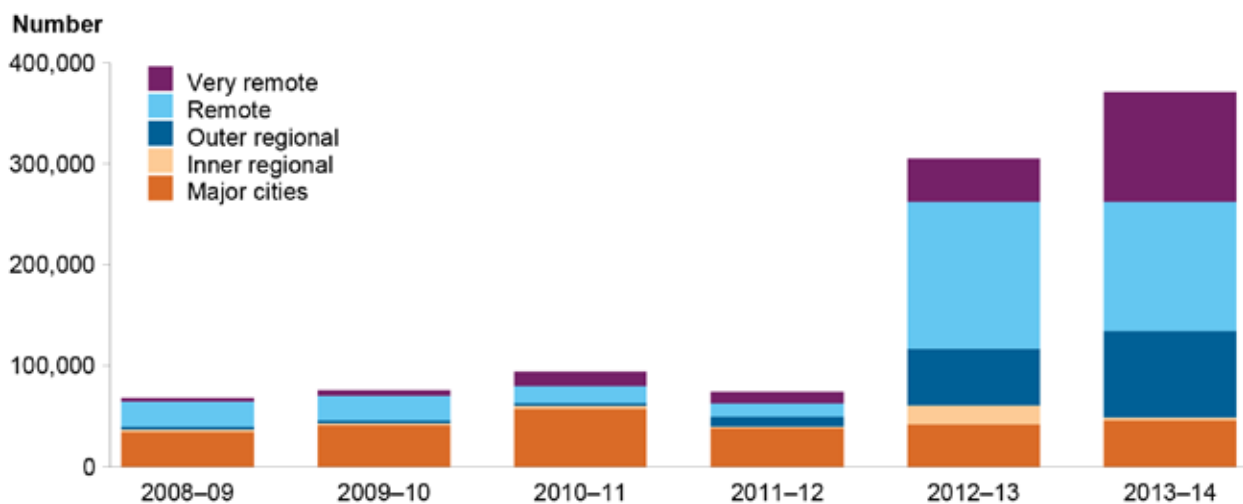


Figure 6.9: Number of substance-use episodes of care, by remoteness area, 2008–09 to 2013–14



The 21 organisations reporting residential treatment and rehabilitation episodes of care had around 2,400 episodes of care (see Figure 6.10).

The 9 organisations reporting sobering up, residential respite or short-term care episodes of care had around 16,000 episodes of care. On average, each client received around 3 episodes of care.

The 47 organisations reporting non-residential, follow-up or after-care services episodes of care had around 353,000 episodes of care. On average, each client received 11 episodes of care (see Table E13).

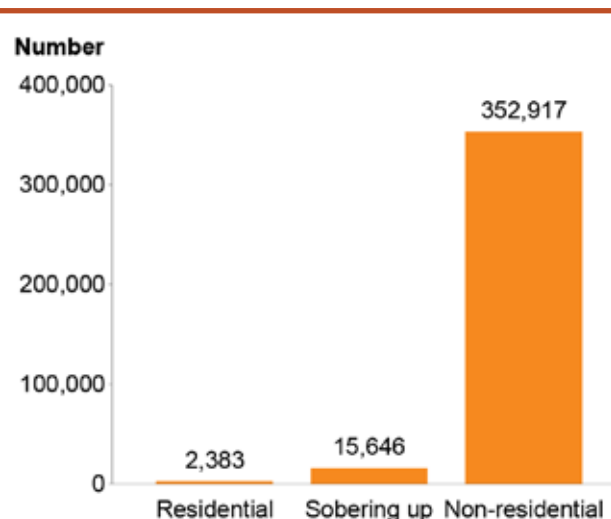


Figure 6.10: Number of substance-use episodes of care, by type of service, 2013–14

## Referrals

Substance-use clients are referred from a variety of sources. In 2013–14, all organisations had clients who walked in or referred themselves, and nearly all (98%) had clients referred by a family member, elder or friend. Most also had clients referred by mental health services (89%) and Aboriginal medical services (87%) (see Figure 6.11 and Table E14).

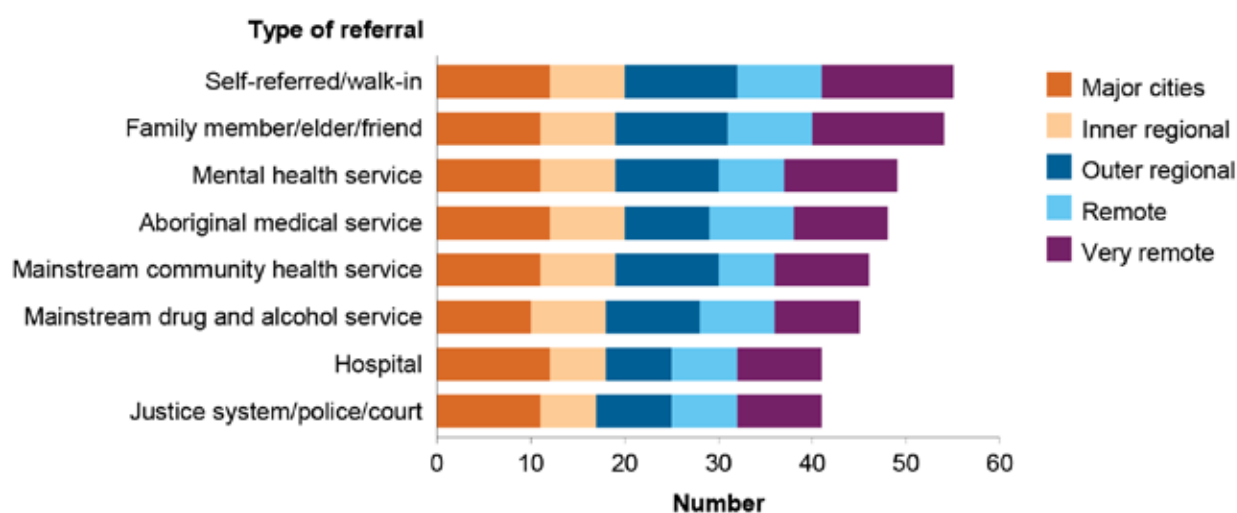


Figure 6.11: Number of substance-use organisations receiving referred clients, by referral source and remoteness area, 2013–14



## 7. Service gaps and challenges

The OSR enables organisations to report on the perceived gaps in the provision of services to Aboriginal and Torres Strait Islander people and challenges faced in providing quality health-care services. Organisations could report up to 5 health service gaps and 5 health service challenges. This chapter discusses the common gaps and challenges reported by organisations.

### 7.1 Health service gaps

Services for mental health and SEWB issues were among the top 5 gaps reported for 61% of organisations. Half of all organisations reported alcohol, tobacco and other drugs, and youth services as a service gap (51% respectively). The prevention and detection of chronic disease (41%), dental services (40%) and environmental health services (41%) were also reported among the top 5 gaps by around 40% of organisations (see Table 7.1). These were similar to the top health service gaps reported in 2012–13.

**Table 7.1: Health service gaps, by type of gap, 2012–13 and 2013–14**

Service gap	Per cent	
	2012–13	2013–14
Mental health/social and emotional health and wellbeing	61.9	60.6
Alcohol, tobacco and other drugs	48.1	50.6
Youth services	47.3	50.6
Environmental health services (including housing)	40.8	41.3
Prevention/early detection of chronic disease	45.4	41.3
Dental services	43.1	40.1
Early childhood development and family support	30.0	33.8
Access to health services (including transport)	29.6	30.1
Nutrition services (including lack of access to affordable healthy food)	26.5	29.4
Services to support healthy ageing	29.6	24.9
Maternal and child health	21.9	23.8
Disability services	21.5	21.9
Palliative care	18.1	16.7
Treatment of injury and illness	9.6	9.3
Pharmacy services	7.3	2.2

*Note:* Organisations were asked to select the top 5 health service gaps faced by the community they served.

*Source:* AIHW OSR data collection 2013–14.

The types of gaps reported varied by the type of organisation. Just under half (47%) of primary health-care only organisations reported dental services among their top 5 gaps compared with 40% overall (see table 7.2 and F1).

**Table 7.2: Health service gaps in organisations funded for primary health care, by type of organisation funding, 2013–14**

Service gap	Type of organisation				
	PHC only (114)	PHC & SEWB (71)	PHC & SU (8)	PHC, SU & SEWB (10)	All PHC (203)
	Per cent				
Mental health/social and emotional health and wellbeing	52.6	56.3	62.5	50.0	54.2
Youth services	50.9	56.3	75.0	50.0	53.7
Alcohol, tobacco and other drugs	49.1	43.7	50.0	50.0	47.3
Dental services	47.4	45.1	12.5	60.0	45.8
Prevention/early detection of chronic disease	41.2	47.9	12.0	30.0	41.9
Environmental health services (including housing)	40.4	32.4	37.5	50.0	37.9

*Notes*

1. Organisations were asked to select the top 5 health service gaps faced by the community they served.
2. PHC = primary health care; SU = substance-use; SEWB = social and emotional wellbeing or Link Up counselling.

The proportion of organisations reporting mental health and SEWB issues as a gap was higher in organisations funded for substance-use only (82%), SEWB or Link Up only (83%) and New Directions only (75%), compared with those also funded for primary health care (54%). Similarly, alcohol, tobacco and other drugs services were reported as a top 5 gap by 61% of organisations not funded for primary health care compared with 47% of primary health-care organisations (see tables 7.2 and 7.3). Environmental health services were reported as a gap by 52% of organisations not funded for primary health-care and 38% of organisations funded for primary health care. Access to health services (including transport) was reported as a gap by 30% of organisations overall, but was higher in organisations funded for New Directions only (63%) and those funded for SEWB or Link Up only (67%).

**Table 7.3: Health service gaps in organisations not funded for primary health care, by type of organisation funding, 2013–14**

Service gap	Type of organisation			
	SU only <sup>(a)</sup> (38)	SEWB only (12)	New Directions only (16)	All non-PHC (66)
	Per cent			
Mental health/social and emotional health and wellbeing	81.6	83.3	75.0	80.3
Alcohol, tobacco and other drugs	65.8	50.0	56.3	60.6
Environmental health services (including housing)	60.5	41.7	37.5	51.5
Youth services	44.7	41.7	31.3	40.9
Early childhood development and family support	31.6	41.7	62.5	40.9
Access to health services (including transport)	23.7	66.7	62.5	40.9

(a) Also includes 2 organisations that received funding to provide SEWB services.

*Notes*

1. Organisations were asked to select the top 5 health service gaps faced by the community they served.
2. PHC = primary health care; SU = substance-use; SEWB = social and emotional wellbeing or Link Up counselling.

Source: AIHW OSR data collection, 2013–14

Service gaps commonly reported also varied by remoteness area (see Table F2). While mental health and SEWB were commonly reported as a top 5 gap by primary health-care organisations (54%), this was higher in *Inner regional* (72%) and *Outer regional* areas (76%) and lower in *Very remote* (32%) and *Remote* areas (44%). In *Very remote* areas environmental health services were more likely to be reported as gap by primary health-care organisations, (53% compared with 38% for primary health-care organisations overall); as were nutrition services (46% compared with 28%).

## 7.2 Health service challenges

Issues around staffing, rather than access to services or organisation administration, were the most common challenges reported by organisations in providing quality care to their clients (see tables 7.4 and F3). Around two-thirds (68%) of organisations reported the recruitment, training and support of Aboriginal and Torres Strait Islander staff as a key challenge. This was higher in substance-use only services (76%). The overall number of staff (staffing levels) was seen as a challenge in 58% of organisations. This was higher in SEWB or Link Up only services (75%). Similarly, 54% of organisations reported staff retention and turnover as a challenge. These were similar to the top health service challenges reported in 2012–13. Other common challenges were access to specialist medical services and coordination of clinical care with other providers (42% respectively).

**Table 7.4: Health service challenges, by type of organisation funding, 2013–14**

Type of service challenge	Type of organisation							
	PHC only	PHC and SEWB	PHC and SU	PHC, SU and SEWB	SU only <sup>(a)</sup>	SEWB only	New Directions only	All orgs
	Per cent							
Recruitment, training and support of Aboriginal and Torres Strait Islander staff	68.4	59.2	75.0	70.0	76.3	75.0	75.0	68.0
Staffing levels	61.4	50.7	25.0	50.0	57.9	75.0	68.8	57.6
Staff retention/turnover	53.5	57.7	50.0	70.0	47.4	50.0	56.3	54.3
Access to specialist medical services	43.0	45.1	25.0	60.0	39.5	8.3	43.8	41.6
Coordination of clinical care with other providers (e.g. hospitals)	41.2	46.5	50.0	50.0	36.8	16.7	43.8	41.6
Appropriate health service infrastructure	41.2	45.1	25.0	70.0	23.7	—	25.0	37.5
Information technology	32.5	28.2	25.0	20.0	28.9	16.7	37.5	29.7
Staff housing	30.7	29.6	75.0	50.0	28.9	8.3	—	29.4
Access to allied health services	26.3	29.6	25.0	30.0	21.1	8.3	50.0	27.1
Provision of care in a cross-cultural environment	17.5	19.7	—	10.0	21.1	25.0	37.5	19.3
Availability/maintenance of equipment	9.6	8.5	25.0	—	23.7	8.3	—	10.8
Corporate services/administration	4.4	12.7	12.5	—	15.8	16.7	6.3	8.9
Financial management	7.0	7.0	—	—	5.3	8.3	6.3	6.3
<b>Total (number)</b>	<b>114</b>	<b>71</b>	<b>8</b>	<b>10</b>	<b>38</b>	<b>12</b>	<b>16</b>	<b>269</b>

(a) Also includes 2 organisations that received funding to provide SEWB services.

### Notes

1. Organisations were asked to select the top 5 challenges they faced in delivering quality health services.
2. PHC = primary health-care; SU = substance use; SEWB = social and emotional wellbeing or Link Up counselling.

Source: AIHW OSR data collection, 2013–14.

Service challenges commonly reported also varied by remoteness area (see Table F4). Primary health-care organisations in *Remote* and *Very remote* areas were more likely to report recruitment, training and support of staff as a challenge (78% and 71% respectively, compared with 66% for primary health-care organisations overall); they were also more likely to report staff retention/turnover (67% and 71% respectively compared with 56%) and staff housing as challenges (67% and 46% compared to 33% for primary health-care organisations overall).

## Appendix A: Tables for Chapter 2—organisation profile

This appendix provides statistical tables for the organisation profile analysis in Chapter 2.

**Table A1: Number of organisations, by state and territory and remoteness area, 2013–14**

State/territory	Major cities	Inner regional	Outer regional	Remote	Very remote	Total
NSW/ACT	18	29	15	4	3	69
Vic	5	10	10	0	0	25
Qld	10	10	10	2	7	39
WA	9	2	6	12	10	39
SA	2	1	8	1	8	20
Tas	0	5	3	0	2	10
NT	0	0	5	17	45	67
<b>Total</b>	<b>44</b>	<b>57</b>	<b>57</b>	<b>36</b>	<b>75</b>	<b>269</b>

Source: AIHW analyses of OSR data collection, 2013–14.

**Table A2: Number of organisations, by number of sites, 2013–14**

Number of sites	Number	Per cent
1	213	79.2
2	25	9.3
3	11	4.1
4	5	1.9
5 or more	15	5.6
<b>Total</b>	<b>269</b>	<b>100.0</b>

Source: AIHW analyses of OSR data collection, 2013–14.

**Table A3: Number of organisations, by type of governance arrangement and state and territory, 2013–14**

Governance arrangement	NSW/ACT	Vic	Qld	WA	SA	Tas	NT	Total
Aboriginal and Torres Strait Islander Community Controlled Organisation	46	24	29	20	10	6	31	166
Government	12	0	3	8	8	1	32	64
Other non-government	11	1	7	11	2	3	4	39
<b>Total</b>	<b>69</b>	<b>25</b>	<b>39</b>	<b>39</b>	<b>20</b>	<b>10</b>	<b>67</b>	<b>269</b>

Source: AIHW analyses of OSR data collection, 2013–14.

**Table A4: Number of organisations, by type of governance arrangement and remoteness area, 2013–14**

<b>Governance arrangement</b>	<b>Major cities</b>	<b>Inner regional</b>	<b>Outer regional</b>	<b>Remote</b>	<b>Very remote</b>	<b>Total</b>
Aboriginal and Torres Strait Islander Community Controlled Organisation	27	37	41	24	37	166
Government	5	9	7	7	36	64
Other non-government	12	11	9	5	2	39
<b>Total</b>	<b>44</b>	<b>57</b>	<b>57</b>	<b>36</b>	<b>75</b>	<b>269</b>

Source: AIHW analyses of OSR data collection, 2013–14.

**Table A5: Number of organisations, by type of accreditation and state and territory, 2013–14**

<b>Accreditation</b>	<b>NSW/ACT</b>	<b>Vic</b>	<b>Qld</b>	<b>WA</b>	<b>SA</b>	<b>Tas</b>	<b>NT</b>	<b>Total</b>
RACGP accreditation only	21	11	6	11	6	2	21	78
Organisational accreditation only	21	7	10	15	10	2	5	70
Both accreditation types	18	7	20	5	3	0	3	56
Neither accreditation type	9	0	3	8	1	6	38	65
<b>Total</b>	<b>69</b>	<b>25</b>	<b>39</b>	<b>39</b>	<b>20</b>	<b>10</b>	<b>67</b>	<b>269</b>

Source: AIHW analyses of OSR data collection, 2013–14.

**Table A6: Number of organisations, by type of accreditation and remoteness area, 2013–14**

<b>Accreditation</b>	<b>Major cities</b>	<b>Inner regional</b>	<b>Outer regional</b>	<b>Remote</b>	<b>Very remote</b>	<b>Total</b>
RACGP accreditation only	7	16	20	11	24	78
Organisational accreditation only	18	15	18	8	11	70
Both accreditation types	10	18	12	10	6	56
Neither accreditation type	9	8	7	7	34	65
<b>Total</b>	<b>44</b>	<b>57</b>	<b>57</b>	<b>36</b>	<b>75</b>	<b>269</b>

Source: AIHW analyses of OSR data collection, 2013–14.

**Table A7: Number of organisations, by type of advocacy activities provided for individual clients and for the community, 2013–14**

<b>Type of advocacy activities</b>	<b>Individual</b>		<b>Community</b>	
	<b>Number</b>	<b>Per cent</b>	<b>Number</b>	<b>Per cent</b>
Homelessness	162	60.2	148	55.0
Housing	215	79.9	200	74.3
Other environmental health issues	118	43.9	108	40.1
Centrelink	191	71.0	176	65.4
Other	46	17.1	40	14.9

Source: AIHW analyses of OSR data collection, 2013–14.



Table A8: Number of organisations, by research program involvement and remoteness area, 2013–14

Contributed to research and knowledge by	Major cities		Inner regional		Outer regional		Remote		Very remote		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Conducting research projects to meet local/service needs	17	38.6	22	38.6	16	28.1	9	25.0	29	38.7	93	34.6
Supporting research projects being led by universities/government agencies	25	56.8	36	63.2	41	71.9	23	63.9	54	72.0	179	66.5

Source: AIHW analyses of OSR data collection, 2013–14.

Table A9: Number of organisations, by planning and policy activities and remoteness area, 2013–14

Planning and policy activities	Major cities		Inner regional		Outer regional		Remote		Very remote		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Organisational planning processes	44	100.0	54	94.7	57	100.0	36	100.0	71	94.7	262	97.4
Representation on external boards (e.g. hospital boards, Medicare locals)	29	65.9	36	63.2	31	54.4	23	63.9	34	45.3	153	56.9
Regional health planning processes	29	65.9	46	80.7	43	75.4	27	75.0	62	82.7	207	77.0
State/territory or national policy development processes	23	52.3	29	50.9	28	49.1	19	52.8	27	36.0	126	46.8

Source: AIHW analyses of OSR data collection, 2013–14.

## Appendix B: Tables for Chapter 3— primary health care

This appendix provides statistical tables for the primary health care analysis in Chapter 3.

**Table B1: Number of primary health-care organisations, by state and territory and remoteness area, 2013–14**

State/territory	Major cities	Inner regional	Outer regional	Remote	Very remote	Total
NSW/ACT	9	19	12	4	2	46
Vic	3	10	10	—	—	23
Qld	5	8	8	2	5	28
WA	4	2	6	7	9	28
SA	1	1	5	1	5	13
Tas	—	3	2	—	2	7
NT	—	—	2	13	43	58
<b>Total</b>	<b>22</b>	<b>43</b>	<b>45</b>	<b>27</b>	<b>66</b>	<b>203</b>

Source: AIHW analyses of OSR data collection, 2013–14.

**Table B2: Number of primary health-care organisations, by remoteness area and governance arrangement, 2013–14**

Remoteness area	ACCHO	Other	Total
Major cities	16	6	22
Inner regional	34	9	43
Outer regional	35	10	45
Remote	21	6	27
Very remote	33	33	66
<b>Total</b>	<b>139</b>	<b>64</b>	<b>203</b>

Note: 'Other' organisations include both government organisations and non-government organisations (excluding ACCHOs).

Source: AIHW analyses of OSR data collection, 2013–14.

**Table B3: Number of primary health-care organisations, by state and territory and governance arrangement, 2013–14**

State/territory	ACCHO	Other	Total
NSW/ACT	38	8	46
Vic	22	1	23
Qld	23	5	28
WA	17	11	28
SA	9	4	13
Tas	5	2	7
NT	25	33	58
<b>Total</b>	<b>139</b>	<b>64</b>	<b>203</b>

Note: 'Other' organisations include both government organisations and non-government organisations (excluding ACCHOs).

Source: AIHW analyses of OSR data collection, 2013–14.

**Table B4: Number of primary health-care organisations with a governing committee or board, by proportion of Indigenous board members and governance arrangement, 2013–14**

Per cent of board members that were Indigenous	ACCHO		Other		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
100	118	85.5	6	20.7	124	74.3
50–99	20	14.5	2	6.9	22	13.2
1–49	—	0.0	10	34.5	10	6.0
0	—	0.0	11	37.9	11	6.6
<b>Total</b>	<b>138</b>	<b>100.0</b>	<b>29</b>	<b>100.0</b>	<b>167</b>	<b>100.0</b>

Note: 'Other' organisations include both government organisations and non-government organisations (excluding ACCHOs).

Source: AIHW analyses of OSR data collection, 2013–14.

**Table B5: Number of primary health-care organisations accredited, by GP status, 2013–14**

Accredited <sup>(a)</sup>	With a GP		Without a GP		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
Yes	138	89.0	24	50.0	162	79.8
No	17	11.0	24	50.0	41	20.2
<b>Total</b>	<b>155</b>	<b>100.0</b>	<b>48</b>	<b>100.0</b>	<b>203</b>	<b>100.0</b>

(a) Accredited organisations are those that have current clinical RACGP and/or organisational (QIC/ISO/ACHS) accreditation.

Source: AIHW analyses of OSR data collection, 2013–14.

**Table B6: Number of primary health-care organisations, by type of accreditation and governance arrangement, 2013–14**

Accreditation	ACCHO		Other	
	Number	Per cent	Number	Per cent
RACGP accreditation only	72	51.8	6	9.4
Organisational accreditation only	9	6.5	21	32.8
Both accreditation types	50	36.0	4	6.3
Neither accreditation type	8	5.8	33	51.6
<b>Total</b>	<b>139</b>	<b>100.0</b>	<b>64</b>	<b>100.0</b>

Note: 'Other' organisations include both government organisations and non-government organisations (excluding ACCHOs).

Source: AIHW analyses of OSR data collection, 2013–14.

**Table B7: Number of primary health-care organisations, by research program involvement and governance arrangement, 2013–14**

Contributed to research and knowledge by	ACCHO		Other		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
Conducting research projects to meet local/service needs	56	40.3	20	31.3	76	37.4
Supporting research projects being led by universities/government agencies	114	82.0	33	51.6	147	72.4

Source: AIHW analyses of OSR data collection, 2013–14.

**Table B8: Number of primary health-care organisations, by size (client number) and state and territory, 2013–14**

Service size	NSW/ACT	Vic	Qld	WA	SA	Tas	NT	Total
<=500	5	6	1	3	5	5	16	41
501–1,500	12	12	3	4	4	1	25	61
1,501–3,000	17	3	11	10	3	—	8	52
>3,000	12	2	13	11	1	1	8	48
<b>Total</b>	<b>46</b>	<b>23</b>	<b>28</b>	<b>28</b>	<b>13</b>	<b>7</b>	<b>57</b>	<b>202</b>

Source: AIHW analyses of OSR data collection, 2013–14.

**Table B9: Number of primary health-care organisations, by size (GP FTE per 1,000 clients) and state and territory, 2013–14**

GP FTE per 1,000 clients	NSW/ACT	Vic	Qld	WA	SA	Tas	NT	Total
No GP	5	4	4	7	2	4	21	47
<1	12	8	9	12	4	1	13	59
1–<2	23	9	12	7	6	2	15	74
2 or more	6	2	3	2	1	—	8	22
<b>Total</b>	<b>46</b>	<b>23</b>	<b>28</b>	<b>28</b>	<b>13</b>	<b>7</b>	<b>57</b>	<b>202</b>

Source: AIHW analyses of OSR data collection, 2013–14.

**Table B10: Number of primary health-care organisations, by size (client number) and governance arrangement, 2013–14**

Service size	ACCHO		Other		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
<=500	21	15.2	20	31.3	41	20.3
501–1,500	37	26.8	24	37.5	61	30.2
1,501–3,000	39	28.3	13	20.3	52	25.7
>3,000	41	29.7	7	10.9	48	23.8
<b>Total</b>	<b>138</b>	<b>100.0</b>	<b>64</b>	<b>100.0</b>	<b>202</b>	<b>100.0</b>

Source: AIHW analyses of OSR data collection, 2013–14.

**Table B11: Number of primary health-care organisations, by size (GP FTE per 1,000 clients) and governance arrangement, 2013–14**

GP FTE per 1,000 clients	ACCHO		Other	
	Number	Per cent	Number	Per cent
No GP	11	8.0	36	56.3
<1	41	29.7	18	28.1
1–<2	67	48.6	7	10.9
2 or more	19	13.8	3	4.7
<b>Total</b>	<b>138</b>	<b>100.0</b>	<b>64</b>	<b>100.0</b>

Note: GP FTE includes visiting GPs.

Source: AIHW analyses of OSR data collection, 2013–14.

**Table B12: Number of FTE staff, by position type and Indigenous status, 2013–14**

Position type	Indigenous		Non-Indigenous		Total
	Number	Per cent	Number	Per cent	Number
Aboriginal health worker	894.9	98.7	12.0	1.3	906.9
Aboriginal health practitioner	118.5	92.2	10.0	7.8	128.5
Doctor	33.1	7.3	418.1	92.7	451.2
Nurse/midwife	120.9	12.2	868.4	87.8	989.3
Allied health/medical specialist	8.8	4.5	185.8	95.5	194.6
Dental care	64.5	36.7	111.4	63.3	175.9
Social and emotional wellbeing	219.6	50.9	211.9	49.1	431.5
Other health	730.1	73.9	257.9	26.1	988.1
CEO/manager/supervisor	404.3	43.4	526.4	56.6	930.7
Administrative staff	907.7	57.7	665.7	42.3	1,573.4
Driver/field officer	295.5	87.4	42.6	12.6	338.1
<b>Total</b>	<b>3,798.1</b>	<b>53.4</b>	<b>3,310.2</b>	<b>46.6</b>	<b>7,108.3</b>

*Note:* Excludes visiting staff.

*Source:* AIHW analyses of OSR data collection, 2013–14.



Table B13: Number of FTE staff per 1,000 clients, by position type and remoteness area, 2013–14

Position type	Major cities		Inner regional		Outer regional		Remote		Very remote		Total	
	FTE	Per 1,000 clients	FTE	Per 1,000 clients	FTE	Per 1,000 clients	FTE	Per 1,000 clients	FTE	Per 1,000 clients	FTE	Per 1,000 clients
Aboriginal health worker	167.7	2.5	173.7	2.0	252.1	2.6	98.2	1.2	221.7	2.6	913.5	2.2
Aboriginal health practitioner	17.0	0.3	18.0	0.2	12.4	0.1	29.6	0.4	52.5	0.6	129.6	0.3
Doctor	123.8	1.8	88.4	1.0	112.6	1.1	94.6	1.2	76.7	0.9	496.1	1.2
Nurse/midwife	175.0	2.6	143.8	1.6	149.3	1.5	226.4	2.9	327.5	3.9	1,022.1	2.4
Allied health professional	45.1	0.7	23.2	0.3	80.1	0.8	42.4	0.5	51.9	0.6	242.7	0.6
Medical specialist	23.7	0.4	5.3	0.1	9.7	0.1	3.9	0.0	11.9	0.1	54.5	0.1
Dental care	78.5	1.2	46.7	0.5	28.6	0.3	12.9	0.2	24.8	0.3	191.5	0.5
Social and emotional wellbeing	130.0	1.9	80.5	0.9	139.7	1.4	55.3	0.7	41.7	0.5	447.2	1.1
Other health	135.1	2.0	192.3	2.2	262.5	2.7	222.0	2.8	217.3	2.6	1,029.1	2.5
CEO/manager/supervisor	240.8	3.6	183.2	2.1	203.5	2.1	140.9	1.8	162.6	1.9	930.9	2.2
Administrative staff	297.2	4.4	334.9	3.8	359.8	3.6	268.2	3.4	346.0	4.1	1,605.9	3.8
Driver/field officer	52.2	0.8	64.7	0.7	75.1	0.8	72.5	0.9	73.6	0.9	338.1	0.8
<b>Total</b>	<b>1,486.0</b>	<b>22.1</b>	<b>1,354.7</b>	<b>15.3</b>	<b>1,685.3</b>	<b>17.0</b>	<b>1,266.9</b>	<b>15.9</b>	<b>1,608.2</b>	<b>19.0</b>	<b>7,401.1</b>	<b>17.7</b>

Note: Includes visiting staff not paid for by the organisation.

Source: AIHW analyses of OSR data collection, 2013–14.

Table B14: Number of FTE staff per 1,000 clients, by position type and state and territory, 2013–14

Position type	NSW/ACT		Vic		Qld		WA		SA		Tas		NT		Total	
	FTE	Per 1,000 clients	FTE	Per 1,000 clients	FTE	Per 1,000 clients	FTE	Per 1,000 clients	FTE	Per 1,000 clients	FTE	Per 1,000 clients	FTE	Per 1,000 clients	FTE	Per 1,000 clients
Aboriginal health worker	201.2	2.0	80.6	2.4	283.3	2.8	134.9	1.8	77.8	5.1	18.8	3.8	116.9	1.3	913.5	2.2
Aboriginal health practitioner	27.7	0.3	11.0	0.3	12.5	0.1	7.8	0.1	4.0	0.3	.	.	66.6	0.7	129.6	0.3
Doctor	115.0	1.2	32.3	1.0	139.1	1.4	87.0	1.1	18.1	1.2	4.4	0.9	100.1	1.1	496.1	1.2
Nurse/midwife	152.8	1.5	67.6	2.0	248.4	2.5	183.0	2.4	30.8	2.0	11.3	2.3	328.1	3.7	1,022.1	2.4
Allied health professional	51.4	0.5	18.9	0.6	62.4	0.6	39.2	0.5	8.3	0.5	4.3	0.9	58.3	0.7	242.7	0.6
Medical specialist	17.8	0.2	7.5	0.2	11.7	0.1	3.5	0.0	1.6	0.1	0.7	0.1	11.7	0.1	54.5	0.1
Dental care	86.6	0.9	26.6	0.8	49.5	0.5	10.0	0.1	3.8	0.2	0.0	0.0	15.1	0.2	191.5	0.5
Social and emotional wellbeing	67.5	0.7	52.4	1.6	143.3	1.4	104.9	1.4	33.0	2.2	4.0	0.8	42.2	0.5	447.2	1.1
Other health	194.4	2.0	85.0	2.6	241.4	2.4	172.1	2.3	75.9	5.0	19.8	4.0	240.5	2.7	1,029.1	2.5
CEO/manager/supervisor	167.8	1.7	96.3	2.9	298.3	3.0	149.6	2.0	71.2	4.7	17.7	3.6	130.0	1.5	930.9	2.2
Administrative staff	291.7	2.9	164.1	5.0	486.5	4.9	244.5	3.2	82.6	5.4	26.1	5.3	310.5	3.5	1,605.9	3.8
Driver/field officer	62.6	0.6	34.6	1.0	69.6	0.7	47.7	0.6	20.2	1.3	7.9	1.6	95.6	1.1	338.1	0.8
<b>Total</b>	<b>1,436.6</b>	<b>14.4</b>	<b>676.8</b>	<b>20.5</b>	<b>2,045.8</b>	<b>20.4</b>	<b>1,184.0</b>	<b>15.5</b>	<b>427.2</b>	<b>28.2</b>	<b>115.1</b>	<b>23.3</b>	<b>1,515.7</b>	<b>16.9</b>	<b>7,401.1</b>	<b>17.7</b>

Note: Includes visiting staff not paid for by the organisation.

Source: AIHW analyses of OSR data collection, 2013–14.

Table B15: Number of FTE staff employed by primary health-care organisations, by position type and remoteness area, as at 30 June 2014

Position type	Major cities			Inner regional			Outer regional			Remote			Very remote			Total		
	FTE	Per cent		FTE	Per cent		FTE	Per cent		FTE	Per cent		FTE	Per cent		FTE	Per cent	
Aboriginal health worker	166.7	18.4		173.1	19.1		249.3	27.5		98.0	10.8		219.7	24.2		906.9	100.0	
Aboriginal health practitioner	17.0	13.2		18.0	14.0		12.4	9.7		29.6	23.0		51.5	40.1		128.5	100.0	
Doctor	121.3	26.9		86.8	19.2		96.6	21.4		83.2	18.4		63.3	14.0		451.2	100.0	
Nurse/midwife	172.2	17.4		136.8	13.8		141.5	14.3		221.1	22.4		317.7	32.1		989.3	100.0	
Allied health professional	39.4	23.1		17.9	10.5		67.3	39.5		29.3	17.2		16.5	9.7		170.4	100.0	
Medical specialist	14.5	60.0		2.0	8.2		5.4	22.1		0.1	0.5		2.2	9.2		24.3	100.0	
Dental care	77.1	43.8		43.1	24.5		27.4	15.6		10.8	6.1		17.6	10.0		175.9	100.0	
Traditional healer	—	—		3.6	44.9		0.6	7.5		1.0	12.5		2.8	35.1		8.0	100.0	
Social and emotional wellbeing	124.3	28.8		77.7	18.0		134.9	31.3		54.5	12.6		40.2	9.3		431.5	100.0	
Other health	133.1	13.6		183.8	18.8		249.7	25.5		208.2	21.2		205.3	21.0		980.1	100.0	
<i>Total health staff</i>	<i>865.6</i>	<i>20.3</i>		<i>742.8</i>	<i>17.4</i>		<i>985.1</i>	<i>23.1</i>		<i>735.8</i>	<i>17.2</i>		<i>936.8</i>	<i>22.0</i>		<i>4,266.1</i>	<i>100.0</i>	
CEO/manager/supervisor	240.8	25.9		183.1	19.7		203.5	21.9		140.9	15.1		162.5	17.5		930.7	100.0	
Administrative staff	293.2	18.6		317.2	20.2		357.2	22.7		265.4	16.9		340.5	21.6		1,573.4	100.0	
Driver/field officer	52.2	15.4		64.7	19.1		75.1	22.2		72.5	21.4		73.6	21.8		338.1	100.0	
<i>Total other staff</i>	<i>586.2</i>	<i>20.6</i>		<i>565.0</i>	<i>19.9</i>		<i>635.8</i>	<i>22.4</i>		<i>478.8</i>	<i>16.8</i>		<i>576.6</i>	<i>20.3</i>		<i>2,842.2</i>	<i>100.0</i>	
<b>Total</b>	<b>1,451.8</b>	<b>20.4</b>		<b>1,307.8</b>	<b>18.4</b>		<b>1,620.8</b>	<b>22.8</b>		<b>1,214.5</b>	<b>17.1</b>		<b>1,513.4</b>	<b>21.3</b>		<b>7,108.3</b>	<b>100.0</b>	

Note: Excludes visiting staff not paid for by the organisation.

Source: AIHW analyses of OSR data collection, 2013–14.

Table B16: Number of FTE staff employed by primary health-care organisations, by position type and state and territory, as at 30 June 2014

Position type	NSW/ACT		Vic		Qld		WA		SA		Tas		NT		Total	
	FTE	Per cent	FTE	Per cent	FTE	Per cent	FTE	Per cent	FTE	Per cent	FTE	Per cent	FTE	Per cent	FTE	Per cent
Aboriginal health worker	199.4	22.0	77.8	8.6	282.3	31.1	134.9	14.9	77.8	8.6	18.8	2.1	115.9	12.8	906.9	100.0
Aboriginal health practitioner	27.7	21.5	11.0	8.6	12.5	9.7	7.8	6.0	4.0	3.1	—	—	65.6	51.0	128.5	100.0
Doctor	110.6	24.5	30.3	6.7	138.7	30.7	78.5	17.4	15.7	3.5	4.3	1.0	73.2	16.2	451.2	100.0
Nurse/midwife	148.7	15.0	60.2	6.1	245.9	24.9	182.5	18.4	28.8	2.9	7.6	0.8	315.6	31.9	989.3	100.0
Allied health professional	40.4	23.7	14.0	8.2	57.0	33.5	31.1	18.3	3.3	1.9	3.5	2.1	21.0	12.3	170.4	100.0
Medical specialist	9.5	39.2	3.8	15.7	8.4	34.7	0.6	2.4	0.9	3.8	—	—	1.0	4.2	24.3	100.0
Dental care	82.2	46.7	24.8	14.1	48.2	27.4	7.8	4.4	2.2	1.3	0.0	0.0	10.7	6.1	175.9	100.0
Traditional healer	—	—	1.0	12.5	2.6	32.5	—	—	0.8	10.2	—	—	3.6	44.8	8.0	100.0
Social and emotional wellbeing	62.4	14.5	47.2	10.9	141.8	32.9	103.5	24.0	31.1	7.2	3.8	0.9	41.6	9.6	431.5	100.0
Other health	191.4	19.5	71.5	7.3	233.2	23.8	169.2	17.3	74.1	7.6	19.6	2.0	221.1	22.6	980.1	100.0
Total health staff	872.3	20.4	341.6	8.0	1,170.6	27.4	715.9	16.8	238.7	5.6	57.6	1.4	869.3	20.4	4,266.1	100.0
CEO/manager/supervisor	167.7	18.0	96.3	10.3	298.2	32.0	149.6	16.1	71.2	7.7	17.7	1.9	130.0	14.0	930.7	100.0
Administrative staff	286.2	18.2	163.0	10.4	470.9	29.9	242.8	15.4	80.5	5.1	26.1	1.7	303.9	19.3	1,573.4	100.0
Driver/field officer	62.6	18.5	34.6	10.2	69.6	20.6	47.7	14.1	20.2	6.0	7.9	2.3	95.6	28.3	338.1	100.0
Total other staff	516.5	18.2	293.9	10.3	838.7	29.5	440.1	15.5	171.9	6.0	51.7	1.8	529.5	18.6	2,842.2	100.0
<b>Total</b>	<b>1,388.8</b>	<b>19.5</b>	<b>635.5</b>	<b>8.9</b>	<b>2,009.2</b>	<b>28.3</b>	<b>1,156.0</b>	<b>16.3</b>	<b>410.7</b>	<b>5.8</b>	<b>109.4</b>	<b>1.5</b>	<b>1,398.8</b>	<b>19.7</b>	<b>7,108.3</b>	<b>100.0</b>

Note: Excludes visiting staff not paid for by the organisation.  
Source: AIHW analyses of OSR data collection, 2013–14.

**Table B17: Number of FTE staff per 1,000 clients, by state and territory, governance arrangement and position type, 2013–14**

State/territory	ACCHO			Other			Total		
	Health	Other	Total	Health	Other	Total	Health	Other	Total
NSW/ACT	9.4	5.3	14.7	7.1	4.6	11.7	9.2	5.2	14.4
Vic	11.5	8.9	20.4	14.7	14.9	29.7	11.6	8.9	20.5
Qld	10.5	7.3	17.8	15.8	11.9	27.7	11.9	8.5	20.4
WA	9.4	6.2	15.7	10.4	4.6	15.1	9.7	5.8	15.5
SA	16.3	11.7	27.9	20.3	9.8	30.2	16.7	11.5	28.2
Tas	13.4	11.2	24.6	8.0	3.8	11.8	12.8	10.5	23.3
NT	12.3	7.4	19.7	8.6	3.6	12.2	10.9	6.0	16.9
<b>Total</b>	<b>10.7</b>	<b>7.0</b>	<b>17.7</b>	<b>11.2</b>	<b>6.5</b>	<b>17.6</b>	<b>10.8</b>	<b>6.9</b>	<b>17.7</b>

*Notes*

1. 'Other' organisations include both government organisations and non-government organisations (excluding ACCHOs).

2. Includes visiting staff.

Source: AIHW analyses of OSR data collection, 2013–14.

**Table B18: GP FTE per 1,000 clients, by state and territory and governance arrangement, 2013–14**

State/territory	ACCHO		Other	
	Number	GP FTE per 1,000 clients	Number	GP FTE per 1,000 clients
NSW/ACT	38	1.3	8	0.2
Vic	22	1.0	1	0.0
Qld	23	1.2	5	1.8
WA	17	1.5	11	0.2
SA	9	1.3	4	0.6
Tas	5	1.0	2	0.0
NT	24	1.4	33	0.6
<b>Total</b>	<b>138</b>	<b>1.3</b>	<b>64</b>	<b>0.8</b>

*Notes*

1. 'Other' organisations include both government organisations and non-government organisations (excluding ACCHOs).

2. Includes visiting staff.

Source: AIHW analyses of OSR data collection, 2013–14.



Table B19: Number of FTE staff, by position type, as at 30 June 2009, 2010, 2011, 2012, 2013 and 2014

Position type	30 June 2009		30 June 2010		30 June 2011		30 June 2012		30 June 2013		30 June 2014	
	FTE	Per cent	FTE	Per cent	FTE	Per cent	FTE	Per cent	FTE	Per cent	FTE	Per cent
Aboriginal health worker	745.0	17.3	867.4	17.9	916.3	16.5	930.8	16.8	910.1	13.7	906.9	12.8
Aboriginal health practitioner	—	—	—	—	—	—	—	—	76.0	1.1	128.5	1.8
Doctor	332.8	7.7	335.3	6.9	361.6	6.5	352.5	6.4	374.6	5.6	451.2	6.3
Nurse/midwife	550.2	12.7	691.5	14.3	789.1	14.2	783.1	14.1	834.6	12.5	989.3	13.9
Allied health/medical specialist	186.6	4.3	167.5	3.5	189.2	3.4	186.4	3.4	138.8	2.1	194.6	2.7
Dental care	94.5	2.2	119.9	2.5	135.2	2.4	137.7	2.5	150.8	2.3	175.9	2.5
Social and emotional wellbeing	422.4	9.8	446.3	9.2	467.1	8.4	360.2	6.5	533.0	8.0	431.5	6.1
Other health	324.2	7.5	229.6	4.7	488.4	8.8	431.6	7.8	1,004.7	15.1	988.1	13.9
CEO/manager/supervisor	469.8	10.9	586.9	12.1	641.3	11.6	696.2	12.6	838.1	12.6	930.7	13.1
Administrative staff	962.2	22.3	1,139.7	23.5	1,253.7	22.6	1,378.3	24.9	1,475.3	22.2	1,573.4	22.1
Driver/field officer	230.0	5.3	258.2	5.3	296.9	5.4	286.7	5.2	321.2	4.8	338.1	4.8
<b>Total</b>	<b>4,317.6</b>	<b>100.0</b>	<b>4,842.2</b>	<b>100.0</b>	<b>5,538.7</b>	<b>100.0</b>	<b>5,543.4</b>	<b>100.0</b>	<b>6,657.2</b>	<b>100.0</b>	<b>7,108.3</b>	<b>100.0</b>

Notes

1. Excludes visiting staff not paid for by the organisation.
  2. Aboriginal and Torres Strait Islander health practitioner positions were new in 2012–13.
- Source: AIHW analyses of OSR data collections, 2008–14.

Table B20: Number of FTE staff, by position type and remoteness area, as at 30 June 2009, 2010, 2011, 2012, 2013 and 2014

Position type		Major cities		Inner regional		Outer regional		Remote		Very remote		Total	
		FTE	Per 1,000 clients	FTE	Per 1,000 clients	FTE	Per 1,000 clients	FTE	Per 1,000 clients	FTE	Per 1,000 clients	FTE	Per 1,000 clients
Aboriginal health worker	2008–09	108.4	2.3	119.8	2.0	213.1	1.5	191.0	2.7	128.0	2.4	760.3	2.1
	2009–10	121.2	2.1	157.1	1.9	283.2	1.9	191.8	2.4	127.2	2.0	880.5	2.0
	2010–11	139.1	1.9	198.2	2.2	293.6	2.6	158.4	2.0	137.0	1.8	926.2	2.2
	2011–12	159.4	1.9	218.0	2.4	274.6	2.8	157.0	1.7	164.5	2.1	973.5	2.2
	2012–13	152.5	1.7	209.4	2.5	256.5	3.1	125.1	1.6	176.6	2.2	920.1	2.2
	2013–14	167.7	2.5	173.7	2.0	252.1	2.6	98.2	1.2	221.7	2.6	913.5	2.2
Aboriginal health practitioner	2012–13	15.0	0.2	11.4	0.1	12.0	0.1	20.0	0.3	18.6	0.2	77.1	0.2
	2013–14	17.0	0.3	18.0	0.2	12.4	0.1	29.6	0.4	52.5	0.6	129.6	0.3
Doctor	2008–09	65.4	1.4	55.1	0.9	74.7	0.5	114.5	1.6	56.2	1.1	365.8	1.0
	2009–10	71.9	1.3	65.7	0.8	77.0	0.5	88.1	1.1	51.9	0.8	354.6	0.8
	2010–11	81.8	1.1	74.5	0.8	83.7	0.7	91.3	1.2	55.4	0.7	386.7	0.9
	2011–12	79.7	0.9	87.5	1.0	82.1	0.8	96.6	1.0	53.1	0.7	399.0	0.9
	2012–13	77.9	0.9	85.9	1.0	87.2	1.1	76.3	1.0	67.1	0.8	394.4	0.9
	2013–14	123.8	1.8	88.4	1.0	112.6	1.1	94.6	1.2	76.7	0.9	496.1	1.2
Nurse/midwife	2008–09	60.8	1.3	62.4	1.1	107.8	0.8	189.7	2.6	172.7	3.2	593.4	1.6
	2009–10	86.0	1.5	85.8	1.0	134.2	0.9	209.2	2.6	216.0	3.5	731.1	1.7
	2010–11	102.5	1.4	104.2	1.2	141.3	1.3	211.4	2.7	257.5	3.4	816.8	1.9
	2011–12	101.1	1.2	116.5	1.3	140.5	1.4	219.3	2.3	289.8	3.7	867.2	1.9
	2012–13	108.2	1.2	133.5	1.6	131.1	1.6	221.6	2.9	306.4	3.8	900.8	2.2
	2013–14	175.0	2.6	143.8	1.6	149.3	1.5	226.4	2.9	327.5	3.9	1,022.1	2.4

(continued)

Table B20 (continued): Number of FTE staff, by position type and remoteness area, as at 30 June 2009, 2010, 2011, 2012, 2013 and 2014

Position type		Major cities			Inner regional			Outer regional			Remote			Very remote			Total		
		FTE	Per 1,000 clients		FTE	Per 1,000 clients		FTE	Per 1,000 clients		FTE	Per 1,000 clients		FTE	Per 1,000 clients		FTE	Per 1,000 clients	
Allied health/ medical specialist	2008–09	38.4	0.8		42.7	0.7		64.8	0.5		77.1	1.1		42.5	0.8		265.5	0.7	
	2009–10	36.8	0.6		30.3	0.4		44.6	0.3		84.8	1.1		22.0	0.4		218.5	0.5	
	2010–11	44.4	0.6		28.9	0.3		78.9	0.7		51.6	0.7		40.5	0.5		244.3	0.6	
	2011–12	42.9	0.5		38.0	0.4		76.2	0.8		79.3	0.8		73.1	0.9		309.4	0.7	
	2012–13	41.5	0.5		32.0	0.4		66.2	0.8		53.0	0.7		58.3	0.7		251.0	0.6	
	2013–14	68.8	1.0		28.5	0.3		89.8	0.9		46.3	0.6		63.8	0.8		297.2	0.7	
Dental care	2008–09	39.8	0.8		22.6	0.4		23.0	0.2		15.0	0.2		9.5	0.2		109.8	0.3	
	2009–10	50.0	0.9		36.1	0.4		28.5	0.2		10.7	0.1		6.7	0.1		132.0	0.3	
	2010–11	58.3	0.8		42.6	0.5		23.9	0.2		10.6	0.1		10.8	0.1		146.2	0.3	
	2011–12	54.5	0.6		46.9	0.5		24.8	0.3		15.1	0.2		17.9	0.2		159.3	0.4	
	2012–13	62.5	0.7		51.6	0.6		28.7	0.3		12.6	0.2		21.8	0.3		177.2	0.4	
	2013–14	78.5	1.2		46.7	0.5		28.6	0.3		12.9	0.2		24.8	0.3		191.5	0.5	
Social and emotional wellbeing	2008–09	77.0	1.6		72.1	1.2		134.2	1.0		99.1	1.4		61.8	1.2		444.2	1.2	
	2009–10	92.5	1.6		99.1	1.2		86.1	0.6		109.4	1.4		86.6	1.4		473.7	1.1	
	2010–11	79.2	1.1		85.5	1.0		144.1	1.3		115.2	1.5		69.6	0.9		493.5	1.1	
	2011–12	60.6	0.7		94.2	1.1		127.8	1.3		64.7	0.7		50.1	0.6		397.5	0.9	
	2012–13	243.0	2.7		77.4	0.9		100.6	1.2		57.1	0.8		70.6	0.9		548.6	1.3	
	2013–14	130.0	1.9		80.5	0.9		139.7	1.4		55.3	0.7		41.7	0.5		447.2	1.1	

(continued)

Table B20 (continued): Number of FTE staff, by position type and remoteness area, as at 30 June 2009, 2010, 2011, 2012, 2013 and 2014

Position type		Major cities		Inner regional		Outer regional		Remote		Very remote		Total	
		FTE	Per 1,000 clients	FTE	Per 1,000 clients	FTE	Per 1,000 clients	FTE	Per 1,000 clients	FTE	Per 1,000 clients	FTE	Per 1,000 clients
Other health	2008–09	49.2	1.0	42.2	0.7	79.2	0.6	113.0	1.6	55.1	1.0	338.6	0.9
	2009–10	30.9	0.5	31.4	0.4	62.1	0.4	50.4	0.6	61.3	1.0	236.0	0.5
	2010–11	72.2	1.0	79.6	0.9	106.0	0.9	145.3	1.8	122.8	1.6	525.8	1.2
	2011–12	63.7	0.7	58.4	0.7	97.5	1.0	109.1	1.2	138.5	1.8	467.2	1.0
	2012–13	231.4	2.5	159.0	1.9	182.4	2.2	239.5	3.1	236.7	2.9	1,049.0	2.5
CEO/manager/supervisor	2013–14	135.1	2.0	192.3	2.2	262.5	2.7	222.0	2.8	217.3	2.6	1,029.1	2.5
	2008–09	90.7	1.9	84.4	1.4	126.8	0.9	109.0	1.5	58.9	1.1	469.8	1.3
	2009–10	111.1	1.9	121.4	1.5	138.7	0.9	137.1	1.7	78.6	1.3	586.9	1.4
	2010–11	117.6	1.6	145.9	1.6	164.6	1.5	122.2	1.5	91.1	1.2	641.3	1.5
	2011–12	129.1	1.5	167.4	1.9	163.7	1.7	121.3	1.3	114.6	1.5	696.2	1.6
Administrative staff	2012–13	183.4	2.0	169.5	2.0	202.7	2.4	153.6	2.0	133.8	1.6	843.0	2.0
	2013–14	240.8	3.6	183.2	2.1	203.5	2.1	140.9	1.8	162.6	1.9	930.9	2.2
	2008–09	125.5	2.6	149.2	2.5	231.2	1.7	272.6	3.8	184.2	3.5	962.7	2.6
	2009–10	164.5	2.9	200.7	2.4	281.3	1.9	293.3	3.6	205.7	3.3	1,145.4	2.7
	2010–11	175.1	2.4	207.4	2.3	331.5	3.0	303.2	3.8	236.9	3.1	1,254.0	2.9
	2011–12	231.2	2.7	248.5	2.8	343.3	3.5	324.6	3.5	235.1	3.0	1,382.6	3.1
	2012–13	265.3	2.9	297.7	3.5	343.0	4.1	316.6	4.2	283.5	3.5	1,506.0	3.6
	2013–14	297.2	4.4	334.9	3.8	359.8	3.6	268.2	3.4	346.0	4.1	1,605.9	3.8

(continued)

Table B20 (continued): Number of FTE staff, by position type and remoteness area, as at 30 June 2009, 2010, 2011, 2012, 2013 and 2014

Position type		Major cities		Inner regional		Outer regional		Remote		Very remote		Total	
		FTE	Per 1,000 clients	FTE	Per 1,000 clients	FTE	Per 1,000 clients	FTE	Per 1,000 clients	FTE	Per 1,000 clients	FTE	Per 1,000 clients
Driver/field officer	2008–09	27.6	0.6	44.7	0.8	47.0	0.3	70.5	1.0	40.3	0.8	230.0	0.6
	2009–10	33.6	0.6	51.3	0.6	60.6	0.4	64.4	0.8	48.3	0.8	258.2	0.6
	2010–11	39.0	0.5	61.8	0.7	56.0	0.5	89.5	1.1	50.6	0.7	296.9	0.7
	2011–12	45.6	0.5	57.6	0.6	54.2	0.6	67.7	0.7	61.6	0.8	286.7	0.6
	2012–13	51.1	0.6	55.2	0.6	71.0	0.9	77.5	1.0	68.0	0.8	322.7	0.8
	2013–14	52.2	0.8	64.7	0.7	75.1	0.8	72.5	0.9	73.6	0.9	338.1	0.8
Total	2008–09	682.7	14.3	695.2	11.8	1,101.8	8.0	1,251.4	17.4	809.1	15.2	4,540.1	12.3
	2009–10	798.5	14.0	878.8	10.7	1,196.3	8.0	1,239.2	15.4	904.2	14.5	5,017.0	11.6
	2010–11	909.1	12.3	1,028.6	11.5	1,423.4	12.7	1,298.6	16.4	1,072.0	14.0	5,731.6	13.3
	2011–12	967.8	11.3	1,133.1	12.6	1,384.6	14.2	1,254.6	13.4	1,198.3	15.2	5,938.4	13.3
	2012–13	1,431.7	15.7	1,282.6	15.0	1,481.3	17.9	1,352.8	17.8	1,441.4	17.7	6,989.8	16.8
	2013–14	1,486.0	22.1	1,354.7	15.3	1,685.3	17.0	1,266.9	15.9	1,608.2	19.0	7,401.1	17.7

Note: Includes visiting staff.

Source: AIHW analyses of OSR data collection, 2013–14.



Table B21: Number of FTE staff per 1,000 clients, by position type, 2008–09 to 2013–14

Position	2008–09		2009–10		2010–11		2011–12		2012–13		2013–14	
	FTE	Per 1,000 clients	FTE	Per 1,000 clients	FTE	Per 1,000 clients	FTE	Per 1,000 clients	FTE	Per 1,000 clients	FTE	Per 1,000 clients
Aboriginal health worker	760.3	2.1	880.5	2.0	926.2	2.2	973.5	2.2	920.1	2.2	913.5	2.2
Aboriginal health practitioner	—	—	—	—	—	—	—	—	77.1	0.2	129.6	0.3
Doctor	365.8	1.0	354.6	0.8	386.7	0.9	399.0	0.9	394.4	0.9	496.1	1.2
Nurse/midwife	593.4	1.6	731.1	1.7	816.8	1.9	867.2	1.9	900.8	2.2	1,022.1	2.4
Allied health/medical specialist	265.5	0.7	218.5	0.5	244.3	0.6	309.4	0.7	251.0	0.6	297.2	0.7
Dental care	109.8	0.3	132.0	0.3	146.2	0.3	159.3	0.4	177.2	0.4	191.5	0.5
Social and emotional wellbeing	444.2	1.2	473.7	1.1	493.5	1.1	397.5	0.9	548.6	1.3	447.2	1.1
Other health	338.6	0.9	236.0	0.5	525.8	1.2	467.2	1.0	1,049.0	2.5	1,029.1	2.5
CEO/manager/supervisor	469.8	1.3	586.9	1.4	641.3	1.5	696.2	1.6	843.0	2.0	930.9	2.2
Administrative staff	962.7	2.6	1,145.4	2.7	1,254.0	2.9	1,382.6	3.1	1,506.0	3.6	1,605.9	3.8
Driver/field officer	230.0	0.6	258.2	0.6	296.9	0.7	286.7	0.6	322.7	0.8	338.1	0.8
<b>Total</b>	<b>4,540.1</b>	<b>12.3</b>	<b>5,017.0</b>	<b>11.6</b>	<b>5,731.6</b>	<b>13.3</b>	<b>5,938.4</b>	<b>13.3</b>	<b>6,989.8</b>	<b>16.8</b>	<b>7,401.1</b>	<b>17.7</b>

Note: Includes visiting staff.

Source: AIHW analyses of OSR data collection, 2013–14.

**Table B22: Number of Aboriginal and Torres Strait Islander health workers, by highest level of qualification held and remoteness area, as at 30 June 2014**

Highest qualification	Major cities	Inner regional	Outer regional	Remote	Very remote	Total
Certificate III	55	77	103	35	71	341
Certificate IV — community stream	44	43	20	12	45	164
Certificate IV — practice stream	50	70	126	50	83	379
<b>Total</b>	<b>149</b>	<b>190</b>	<b>249</b>	<b>97</b>	<b>199</b>	<b>884</b>

Source: AIHW analyses of OSR data collection, 2013–14.

**Table B23: Number of FTE vacant positions per 1,000 clients, by remoteness area, 2013–14**

Position type	Major cities		Inner regional		Outer regional		Remote		Very remote		Total	
	FTE	Per 1,000 clients	FTE	Per 1,000 clients	FTE	Per 1,000 clients	FTE	Per 1,000 clients	FTE	Per 1,000 clients	FTE	Per 1,000 clients
Health	21.1	0.31	35.1	0.40	37.7	0.38	56.6	0.71	62.5	0.74	213.1	0.51
Other	7.0	0.10	4.0	0.05	15.0	0.15	17.5	0.22	22.3	0.26	65.8	0.16
<b>Total</b>	<b>28.1</b>	<b>0.42</b>	<b>39.1</b>	<b>0.44</b>	<b>52.7</b>	<b>0.53</b>	<b>74.1</b>	<b>0.93</b>	<b>84.8</b>	<b>1.00</b>	<b>278.9</b>	<b>0.67</b>

Source: AIHW analyses of OSR data collection, 2013–14.

**Table B24: Number of FTE vacant positions, by position type and remoteness area, as at 30 June 2014**

Position type		Major cities	Inner regional	Outer regional	Remote	Very remote	Total
Health	Vacant FTE	21.1	35.1	37.7	56.6	62.5	213.1
	Employed FTE	865.6	742.9	985.0	735.7	936.8	4,266.0
	Ratio of vacant to total	2.4	4.5	3.7	7.1	6.3	4.8
Other	Vacant FTE	7.0	4.0	15.0	17.5	22.3	65.8
	Employed FTE	586.2	564.9	635.8	478.8	576.6	2,842.2
	Ratio of vacant to total	1.2	0.7	2.3	3.5	3.7	2.3

Source: AIHW analyses of OSR data collection, 2013–14.

**Table B25: Number of FTE vacant positions, by position type and governance arrangement, as at 30 June 2014**

Position type		ACCHO	Other	Total
Health	Vacant FTE	166	47	213
	Employed FTE	3,315	951	4,266
	Ratio of vacant to total	4.8	4.7	4.8
Other	Vacant FTE	48	18	66
	Employed FTE	2,255	587	2,842
	Ratio of vacant to total	2.1	2.9	2.3

Source: AIHW analyses of OSR data collection, 2013–14.

**Table B26: Number of FTE vacant positions per 1,000 clients, by state and territory and governance arrangement, 2013–14**

State/territory	ACCHO		Other	
	FTE	Per 1,000 clients	FTE	Per 1,000 clients
NSW/ACT	45.3	0.5	6.7	0.7
Vic	14.2	0.4	0.8	1.9
Qld	31.5	0.4	5.0	0.2
WA	37.6	0.7	7.1	0.3
SA	9.2	0.7	12.0	7.4
Tas	1.6	0.4	—	—
NT	74.7	1.3	33.2	1.0

*Notes*

1. 'Other' organisations include both government organisations and non-government organisations (excluding ACCHOs).
2. Includes visiting staff.

Source: AIHW analyses of OSR data collection, 2013–14.

**Table B27: Number of clients and estimated Indigenous population, by state and territory, 2013–14**

	NSW/ACT	Vic	Qld	WA	SA	Tas	NT	Total
Indigenous clients	78,444	20,291	68,516	61,578	12,911	3,976	77,850	323,566
Total clients	99,621	33,030	100,283	76,414	15,170	4,934	89,458	418,910
<b>Estimated Indigenous population<sup>(a)</sup></b>	<b>227,609</b>	<b>50,983</b>	<b>203,045</b>	<b>93,778</b>	<b>39,800</b>	<b>25,845</b>	<b>72,251</b>	<b>713,311</b>

(a) ABS estimated Indigenous population in June 2014 (series B estimate).

Source: AIHW analyses of OSR data collection, 2013–14 and ABS 2014.

**Table B28: Number of primary health-care organisations and clients, by remoteness area and governance arrangement, 2013–14**

Remoteness area	ACCHO		Other		Total	
	Clients	Number	Clients	Number	Clients	Number
Major cities	62,918	16	4,476	6	67,394	22
Inner regional	77,667	34	10,794	9	88,461	43
Outer regional	79,578	35	19,280	10	98,858	45
Remote	65,256	21	14,193	6	79,449	27
Very remote	41,742	32	43,006	33	84,748	65
<b>Total</b>	<b>327,161</b>	<b>138</b>	<b>91,749</b>	<b>64</b>	<b>418,910</b>	<b>202</b>

Note: 'Other' organisations include both government organisations and non-government organisations (excluding ACCHOs).

Source: AIHW analyses of OSR data collection, 2013–14.

**Table B29: Number of primary health-care organisations and clients, by state and territory and governance arrangement, 2013–14**

State/territory	ACCHO		Other		Total	
	Clients	Number	Clients	Number	Clients	Number
NSW/ACT	90,193	38	9,428	8	99,621	46
Vic	32,615	22	415	1	33,030	23
Qld	73,869	23	26,414	5	100,283	28
WA	55,853	17	20,561	11	76,414	28
SA	13,552	9	1,618	4	15,170	13
Tas	4,433	5	501	2	4,934	7
NT	56,646	24	32,812	33	89,458	57
<b>Total</b>	<b>327,161</b>	<b>138</b>	<b>91,749</b>	<b>64</b>	<b>418,910</b>	<b>202</b>

Note: 'Other' organisations include both government organisations and non-government organisations (excluding ACCHOs).

Source: AIHW analyses of OSR data collection, 2013–14.

**Table B30: Number of clients, by remoteness area, governance arrangement and Indigenous status, 2013–14**

Remoteness area	ACCHO			Other		
	Indigenous	Non-Indigenous	Unknown	Indigenous	Non-Indigenous	Unknown
Major cities	52,422	7,139	3,357	2,800	1,016	660
Inner regional	56,325	18,077	3,265	10,003	696	95
Outer regional	61,550	15,147	2,881	8,829	5,452	4,999
Remote	51,884	11,669	1,703	11,431	2,609	153
Very remote	34,228	6,141	1,373	34,094	8,117	795
<b>Total</b>	<b>256,409</b>	<b>58,173</b>	<b>12,579</b>	<b>67,157</b>	<b>17,890</b>	<b>6,702</b>

Note: 'Other' organisations include both government organisations and non-government organisations (excluding ACCHOs).

Source: AIHW analyses of OSR data collection, 2013–14.

**Table B31: Number of clients, by state and territory, governance arrangement and Indigenous status, 2013–14**

State/territory	ACCHO			Other		
	Indigenous	Non-Indigenous	Unknown	Indigenous	Non-Indigenous	Unknown
NSW/ACT	69,678	15,948	4,567	8,766	565	97
Vic	19,939	10,679	1,997	352	52	11
Qld	55,626	14,350	3,893	12,890	7,948	5,576
WA	45,935	8,602	1,316	15,643	4,203	715
SA	11,328	2,073	151	1,583	35	0
Tas	3,621	761	51	355	133	13
NT	50,282	5,760	604	27,568	4,954	290
<b>Total</b>	<b>256,409</b>	<b>58,173</b>	<b>12,579</b>	<b>67,157</b>	<b>17,890</b>	<b>6,702</b>

Note: 'Other' organisations include both government organisations and non-government organisations (excluding ACCHOs).

Source: AIHW analyses of OSR data collection, 2013–14.

Table B32: Number of client contacts, by position type and remoteness area, 2013–14

Position type	Major cities		Inner regional		Outer regional		Remote		Very remote		Total	
	Number	Per client	Number	Per client	Number	Per client	Number	Per client	Number	Per client	Number	Per client
Aboriginal health worker	116,613	1.7	140,833	1.6	211,154	2.1	76,991	1.0	71,126	0.8	616,717	1.5
Aboriginal health practitioner	1,569	0.0	6,710	0.1	7,704	0.1	36,445	0.5	25,141	0.3	77,569	0.2
Doctor	233,740	3.5	311,159	3.5	310,126	3.1	250,882	3.2	232,762	2.7	1,338,669	3.2
Nurse/midwife	158,458	2.4	192,812	2.2	188,567	1.9	344,040	4.3	509,809	6.0	1,393,686	3.3
Allied health professional	31,377	0.5	29,872	0.3	62,482	0.6	98,862	1.2	46,599	0.5	269,192	0.6
Medical specialist	11,299	0.2	5,092	0.1	13,095	0.1	11,135	0.1	10,000	0.1	50,621	0.1
Dental care	46,035	0.7	36,195	0.4	9,276	0.1	13,568	0.2	8,870	0.1	113,944	0.3
Social and emotional wellbeing	33,118	0.5	31,470	0.4	58,442	0.6	29,774	0.4	24,308	0.3	177,112	0.4
Other health	52,708	0.8	91,434	1.0	85,611	0.9	71,347	0.9	31,020	0.4	332,120	0.8
Driver/field officer	34,982	0.5	56,385	0.6	53,397	0.5	66,985	0.8	36,768	0.4	248,517	0.6
<b>Total</b>	<b>719,899</b>	<b>10.7</b>	<b>901,962</b>	<b>10.2</b>	<b>999,854</b>	<b>10.1</b>	<b>1,000,029</b>	<b>12.6</b>	<b>996,403</b>	<b>11.8</b>	<b>4,618,147</b>	<b>11.0</b>

Source: AIHW analyses of OSR data collection, 2013–14.



Table B33: Number of client contacts, by position type and remoteness area, 2008–09 to 2013–14

Position type	Major cities			Inner regional			Outer regional			Remote			Very remote			Total		
	Number	Per cent		Number	Per cent		Number	Per cent		Number	Per cent		Number	Per cent		Number	Per cent	
2008–09																		
Aboriginal health worker	72,519	18.1		85,806	16.8		223,326	27.9		131,700	18.2		79,680	15.4		593,031	20.1	
Doctor	117,279	29.2		145,725	28.5		214,430	26.8		165,945	22.9		91,467	17.6		734,846	24.8	
Nurse/midwife	78,615	19.6		110,958	21.7		130,827	16.3		255,839	35.3		255,958	49.3		832,197	28.1	
Allied health/medical specialist	14,262	3.6		17,556	3.4		37,223	4.6		55,942	7.7		25,967	5.0		150,950	5.1	
Dental care	28,859	7.2		22,945	4.5		35,733	4.5		2,277	0.3		5,530	1.1		95,344	3.2	
Social and emotional wellbeing	20,948	5.2		25,286	5.0		34,404	4.3		17,660	2.4		7,914	1.5		106,212	3.6	
Other health	32,545	8.1		30,634	6.0		32,622	4.1		25,486	3.5		26,779	5.2		148,066	5.0	
Driver/field officer	36,238	9.0		71,530	14.0		92,750	11.6		70,597	9.7		25,620	4.9		296,735	10.0	
<b>Total</b>	<b>401,265</b>	<b>100.0</b>		<b>510,440</b>	<b>100.0</b>		<b>801,315</b>	<b>100.0</b>		<b>725,446</b>	<b>100.0</b>		<b>518,915</b>	<b>100.0</b>		<b>2,957,381</b>	<b>100.0</b>	
2009–10																		
Aboriginal health worker	82,454	16.6		96,097	15.7		208,910	24.4		127,341	17.0		107,243	16.2		622,045	18.4	
Doctor	145,103	29.1		175,828	28.7		241,383	28.2		195,924	26.2		113,196	17.1		871,434	25.8	
Nurse/midwife	96,319	19.3		125,728	20.5		140,323	16.4		288,631	38.6		327,256	49.5		978,257	29.0	
Allied health/medical specialist	21,035	4.2		25,246	4.1		27,186	3.2		56,610	7.6		24,021	3.6		154,098	4.6	
Dental care	44,092	8.9		25,082	4.1		36,236	4.2		6,457	0.9		6,800	1.0		118,667	3.5	
Social and emotional wellbeing	31,822	6.4		38,865	6.3		68,102	8.0		19,608	2.6		17,340	2.6		175,737	5.2	
Other health	26,144	5.3		20,020	3.3		34,706	4.1		13,147	1.8		9,804	1.5		103,821	3.1	
Driver/field officer	50,860	10.2		105,534	17.2		99,438	11.6		40,014	5.4		56,091	8.5		351,937	10.4	
<b>Total</b>	<b>497,829</b>	<b>100.0</b>		<b>612,400</b>	<b>100.0</b>		<b>856,284</b>	<b>100.0</b>		<b>747,732</b>	<b>100.0</b>		<b>661,751</b>	<b>100.0</b>		<b>3,375,996</b>	<b>100.0</b>	

(continued)

Table B33 (continued): Number of client contacts, by position type and remoteness area, 2008–09 to 2013–14

Position type	Major cities			Inner regional			Outer regional			Remote			Very remote			Total		
	Number	Per cent		Number	Per cent		Number	Per cent		Number	Per cent		Number	Per cent		Number	Per cent	
2010–11																		
Aboriginal health worker	93,199	15.7		96,049	16.4		205,297	25.2		104,112	13.3		97,187	10.7		595,844	16.2	
Doctor	202,009	34.1		208,875	35.6		245,134	30.0		184,244	23.6		174,243	19.1		1,014,505	27.5	
Nurse/midwife	121,398	20.5		116,568	19.9		146,849	18.0		268,938	34.4		495,393	54.3		1,149,146	31.2	
Allied health/medical specialist	27,295	4.6		19,759	3.4		34,532	4.2		69,147	8.8		28,934	3.2		179,667	4.9	
Dental care	44,475	7.5		26,682	4.5		18,993	2.3		10,894	1.4		11,767	1.3		112,811	3.1	
Social and emotional wellbeing	24,623	4.2		37,095	6.3		53,894	6.6		47,886	6.1		17,589	1.9		181,087	4.9	
Other health	27,645	4.7		24,203	4.1		53,308	6.5		37,452	4.8		39,816	4.4		182,424	4.9	
Driver/field officer	51,560	8.7		57,599	9.8		58,215	7.1		59,230	7.6		46,730	5.1		273,334	7.4	
<b>Total</b>	<b>592,204</b>	<b>100.0</b>		<b>586,830</b>	<b>100.0</b>		<b>816,222</b>	<b>100.0</b>		<b>781,903</b>	<b>100.0</b>		<b>911,659</b>	<b>100.0</b>		<b>3,688,818</b>	<b>100.0</b>	
2011–12																		
Aboriginal health worker	118,290	17.6		106,062	13.9		213,288	26.4		118,646	14.8		105,531	10.8		661,817	16.4	
Doctor	196,661	29.2		269,602	35.3		236,277	29.2		198,033	24.6		178,430	18.2		1,079,003	26.8	
Nurse/midwife	131,872	19.6		164,962	21.6		147,238	18.2		279,985	34.8		455,487	46.4		1,179,544	29.3	
Allied health/medical specialist	34,556	5.1		29,761	3.9		29,502	3.7		60,573	7.5		28,259	2.9		182,651	4.5	
Dental care	62,524	9.3		29,952	3.9		16,799	2.1		12,202	1.5		6,983	0.7		128,460	3.2	
Social and emotional wellbeing	23,174	3.4		40,119	5.2		41,642	5.2		16,580	2.1		10,888	1.1		132,403	3.3	
Other health	40,489	6.0		32,867	4.3		40,208	5.0		21,139	2.6		28,586	2.9		163,289	4.1	
Driver/field officer	65,339	9.7		90,979	11.9		83,219	10.3		97,051	12.1		167,166	17.0		503,754	12.5	
<b>Total</b>	<b>672,905</b>	<b>100.0</b>		<b>764,304</b>	<b>100.0</b>		<b>808,173</b>	<b>100.0</b>		<b>804,209</b>	<b>100.0</b>		<b>981,330</b>	<b>100.0</b>		<b>4,030,921</b>	<b>100.0</b>	

(continued)

Table B33 (continued): Number of client contacts, by position type and remoteness area, 2008–09 to 2013–14

Position type	Major cities			Inner regional			Outer regional			Remote			Very remote			Total		
	Number	Per cent		Number	Per cent		Number	Per cent		Number	Per cent		Number	Per cent		Number	Per cent	
2012–13																		
Aboriginal health worker	132,617	17.4		96,151	11.9		195,775	20.8		83,400	9.8		66,742	9.3		574,685	14.1	
Aboriginal health practitioner	449	0.1		6,800	0.8		1,360	0.1		25,151	3.0		11,559	1.6		45,319	1.1	
Doctor	237,076	31.1		295,758	36.7		295,472	31.4		222,307	26.2		167,078	23.3		1,217,691	29.9	
Nurse/midwife	163,480	21.5		179,771	22.3		162,126	17.2		298,206	35.1		272,358	37.9		1,075,941	26.4	
Allied health/medical specialist	35,628	4.7		32,109	4.0		54,555	5.8		72,644	8.5		39,787	5.5		234,723	5.8	
Dental care	34,405	4.5		32,678	4.1		16,935	1.8		15,148	1.8		9,065	1.3		108,231	2.7	
Social and emotional wellbeing	74,566	9.8		34,013	4.2		56,270	6.0		18,490	2.2		21,990	3.1		205,329	5.0	
Other health	44,261	5.8		58,011	7.2		71,388	7.6		55,932	6.6		44,240	6.2		273,832	6.7	
Driver/field officer	38,817	5.1		69,880	8.7		86,801	9.2		58,492	6.9		85,388	11.9		339,378	8.3	
<b>Total</b>	<b>761,299</b>	<b>100.0</b>		<b>805,171</b>	<b>100.0</b>		<b>940,682</b>	<b>100.0</b>		<b>849,770</b>	<b>100.0</b>		<b>718,207</b>	<b>100.0</b>		<b>4,075,129</b>	<b>100.0</b>	
2013–14																		
Aboriginal health worker	116,613	16.2		140,833	15.6		211,154	21.1		76,991	7.7		71,126	7.1		616,717	13.4	
Aboriginal health practitioner	1,569	0.2		6,710	0.7		7,704	0.8		36,445	3.6		25,141	2.5		77,569	1.7	
Doctor	233,740	32.5		311,159	34.5		310,126	31.0		250,882	25.1		232,762	23.4		1,338,669	29.0	
Nurse/midwife	158,458	22.0		192,812	21.4		188,567	18.9		344,040	34.4		509,809	51.2		1,393,686	30.2	
Allied health/medical specialist	42,676	5.9		34,964	3.9		75,577	7.6		109,997	11.0		56,599	5.7		319,813	6.9	
Dental care	46,035	6.4		36,195	4.0		9,276	0.9		13,568	1.4		8,870	0.9		113,944	2.5	
Social and emotional wellbeing	33,118	4.6		31,470	3.5		58,442	5.8		29,774	3.0		24,308	2.4		177,112	3.8	
Other health	52,708	7.3		91,434	10.1		85,611	8.6		71,347	7.1		31,020	3.1		332,120	7.2	
Driver/field officer	34,982	4.9		56,385	6.3		53,397	5.3		66,985	6.7		36,768	3.7		248,517	5.4	
<b>Total</b>	<b>719,899</b>	<b>100.0</b>		<b>901,962</b>	<b>100.0</b>		<b>999,854</b>	<b>100.0</b>		<b>1,000,029</b>	<b>100.0</b>		<b>996,403</b>	<b>100.0</b>		<b>4,618,147</b>	<b>100.0</b>	

Source: AIHW analyses of OSR data collections, 2008–14.

Table B34: Number of primary health-care episodes of care, by remoteness area, 2008–09 to 2013–14

Remoteness area	2008–09		2009–10		2010–11		2011–12		2012–13		2013–14	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Major cities	289,955	13.8	363,823	15.3	399,003	16.0	436,483	16.7	554,725	18.1	498,201	15.2
Inner regional	312,960	14.9	395,027	16.6	413,332	16.5	460,072	17.6	557,435	18.2	569,224	17.4
Outer regional	539,318	25.7	583,324	24.5	495,653	19.8	493,340	18.8	562,709	18.3	670,242	20.5
Remote	499,835	23.8	550,907	23.1	532,361	21.3	560,008	21.4	652,144	21.3	735,005	22.5
Very remote	453,847	21.7	489,806	20.6	657,718	26.3	670,936	25.6	741,425	24.2	796,111	24.4
<b>Total</b>	<b>2,095,915</b>	<b>100.0</b>	<b>2,382,887</b>	<b>100.0</b>	<b>2,498,067</b>	<b>100.0</b>	<b>2,620,839</b>	<b>100.0</b>	<b>3,068,438</b>	<b>100.0</b>	<b>3,268,783</b>	<b>100.0</b>

Source: AIHW analyses of OSR data collections, 2008–14.

Table B35: Number of primary health-care episodes of care, by remoteness area and governance arrangement, 2013–14

Remoteness area	ACCHO	Other	Total
Major cities	484,709	13,492	498,201
Inner regional	511,114	58,110	569,224
Outer regional	561,161	109,081	670,242
Remote	597,344	137,661	735,005
Very remote	462,237	333,874	796,111
<b>Total</b>	<b>2,616,565</b>	<b>652,218</b>	<b>3,268,783</b>

Notes

1. 'Other' organisations include both government organisations and non-government organisations (excluding ACCHOs).
2. There were 135 ACCHOs and 63 other organisations that provided valid data.

Source: AIHW analyses of OSR data collection, 2013–14.

**Table B36: Average number of episodes of care per client, by remoteness area, 2008–09 to 2013–14**

Year	Major cities	Inner regional	Outer regional	Remote	Very remote	Total
2008–09	6.1	5.1	3.6	6.4	8.3	5.4
2009–10	6.4	4.8	3.9	6.5	7.9	5.5
2010–11	5.5	4.8	4.4	6.6	8.1	5.7
2011–12	5.4	5.1	5.0	5.7	8.6	5.9
2012–13	6.1	6.6	6.8	8.6	9.0	7.4
2013–14	7.4	6.5	7.0	9.3	9.4	7.9

Source: AIHW analyses of OSR data, 2008–14.

**Table B37: Average number of episodes of care per client, by state and territory, 2008–09 to 2013–14**

Year	NSW/ACT	Vic	Qld	WA	SA	Tas	NT	Total
2008–09	4.2	4.9	4.1	4.3	11.1	10.3	8.2	5.4
2009–10	4.5	4.4	4.4	4.9	9.8	9.2	8.4	5.5
2010–11	4.6	6.0	3.7	5.6	9.0	8.9	8.3	5.7
2011–12	5.3	7.2	4.3	4.9	10.6	9.1	8.2	5.9
2012–13	6.7	6.9	7.0	6.0	11.2	10.9	9.3	7.4
2013–14	6.9	7.2	6.9	7.1	11.7	11.9	10.0	7.9

Source: AIHW analyses of OSR data, 2008–14.



Table B38: Number of primary health-care organisations providing health promotion, by type of promotion and remoteness area, 2013–14

Health promotion	Major cities		Inner regional		Outer regional		Remote		Very remote		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Healthy lifestyle program	19	86.4	39	90.7	38	84.4	25	92.6	46	69.7	167	82.3
Immunisation — children	18	81.8	36	83.7	34	75.6	22	81.5	55	83.3	165	81.3
Immunisation — adults	15	68.2	33	76.7	34	75.6	22	81.5	54	81.8	158	77.8
Sexual health/STI health promotion/education activities	17	77.3	23	53.5	29	64.4	25	92.6	51	77.3	145	71.4
Mental health promotion activities	19	86.4	25	58.1	20	44.4	14	51.9	30	45.5	108	53.2
Working with food stores to encourage healthy eating	6	27.3	13	30.2	17	37.8	13	48.1	44	66.7	93	45.8
Advice and advocacy on environmental health issues	4	18.2	4	9.3	9	20.0	16	59.3	40	60.6	73	36.0
Injury/accident prevention	6	27.3	3	7.0	10	22.2	7	25.9	26	39.4	52	25.6
Breakfast programs	2	9.1	5	11.6	10	22.2	9	33.3	12	18.2	38	18.7

Note: For Major cities  $n = 22$ , for Inner regional  $n = 43$ , for Outer regional  $n = 45$ , for Remote  $n = 27$  and for Very remote  $n = 66$ .

Source: AIHW analyses of OSR data collection, 2013–14.

**Table B39: Number of primary health-care organisations providing selected clinical or health-related services, by type of service and remoteness area, 2013–14**

Care type	Major cities		Inner regional		Outer regional		Remote		Very remote		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Keep track of clients needing follow-up	22	100.0	40	93.0	43	95.6	26	96.3	63	95.5	194	95.6
Child immunisation	18	81.8	38	88.4	41	91.1	22	81.5	61	92.4	180	88.7
Free provision of medical supplies/pharmaceuticals	18	81.8	33	76.7	33	73.3	26	96.3	59	89.4	169	83.3
Routine STI screening/early detection	15	68.2	30	69.8	35	77.8	25	92.6	59	89.4	164	80.8
Services for people with a disability	15	68.2	26	60.5	24	53.3	19	70.4	51	77.3	135	66.5
Aged care	11	50.0	22	51.2	18	40.0	16	59.3	45	68.2	112	55.2
Palliative care	7	31.8	19	44.2	21	46.7	20	74.1	42	63.6	109	53.7
Medical evacuation services	—	—	1	2.3	3	6.7	10	37.0	50	75.8	64	31.5
Clinical services to people in remand/custody	6	27.3	4	9.3	3	6.7	8	29.6	26	39.4	47	23.2
Dialysis service on-site	—	—	—	—	3	6.7	3	11.1	12	18.2	18	8.9

*Note:* For Major cities  $n = 22$ , for Inner regional  $n = 43$ , for Outer regional  $n = 27$  and for Very remote  $n = 66$ .

*Source:* AIHW analyses of OSR data collection, 2013–14.

Table B40: Number of primary health-care organisations providing continuity of care, by care type and remoteness area, 2013–14

Clinical/ health-related services	Major cities		Inner regional		Outer regional		Remote		Very remote		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Established relationships with Aboriginal liaison officers at the local hospital	22	100.0	40	93.0	41	91.1	20	74.1	50	75.8	173	85.2
Shared care arrangements for chronic disease management	12	54.5	30	69.8	33	73.3	18	66.7	44	66.7	137	67.5
Discharge planning for Indigenous patients is well coordinated	16	72.7	32	74.4	29	64.4	15	55.6	35	53.0	127	62.6
Staff regularly attend hospital/ specialist appointments with clients	16	72.7	31	72.1	41	91.1	12	44.4	24	36.4	124	61.1
Staff regularly visit our clients in hospital	17	77.3	28	65.1	36	80.0	17	63.0	24	36.4	122	60.1

Note: For Major cities  $n = 22$ , for Inner regional  $n = 43$ , for Outer regional  $n = 45$ , for Remote  $n = 27$  and for Very remote  $n = 66$ .

Source: AIHW analyses of OSR data collection, 2013–14.

**Table B41: Number of primary health-care organisations providing specialist health and dental services, by type of service and delivery site, 2012–13 to 2013–14**

Type of service	2012–13				2013–14			
	On-site		Off-site		On-site		Off-site	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Cardiologist	49	23.9	144	70.2	68	33.5	146	71.9
Renal specialist	34	16.6	150	73.2	50	24.6	147	72.4
Ophthalmologist	66	32.2	132	64.4	73	36	141	69.5
Paediatrician	97	47.3	119	58	105	51.7	123	60.6
Psychiatrist	81	39.5	125	61	88	43.3	131	64.5
Diabetes specialist	93	45.4	111	54.1	120	59.1	107	52.7
ENT specialist	45	22	149	72.7	56	27.6	156	76.8
Other specialist	37	18.0	19	9.3	33	16.3	23	11.3
Physiotherapist	76	37.1	120	58.5	80	39.4	108	53.2
Diabetes educator	143	69.8	66	32.2	154	75.9	65	32
Psychologist	113	55.1	105	51.2	107	52.7	100	49.3
Dietician	146	71.2	67	32.7	155	76.4	62	30.5
Podiatrist	150	73.2	67	32.7	157	77.3	56	27.6
Optometrist	128	62.4	83	40.5	133	65.5	87	42.9
Audiologist/ audiometrist	113	55.1	100	48.8	110	54.2	111	54.7
Other allied health	25	12.2	10	4.9	30	14.8	11	5.4
Dental services	105	51.2	115	56.1	111	54.7	115	56.7

*Note:*  $n = 205$  in 2012–13 and  $n = 203$  in 2013–14.

*Source:* AIHW analyses of OSR data collection, 2013–14.

**Table B42: Percentage of primary health-care organisations providing specialist health and dental services, by type of service, governance arrangement and delivery site, 2013–14**

Type of service	ACCHO		Other		Total	
	On-site	Off-site	On-site	Off-site	On-site	Off-site
Cardiologist	33.8	70.5	32.8	75.0	33.5	71.9
Renal specialist	22.3	70.5	29.7	76.6	24.6	72.4
Ophthalmologist	33.1	67.6	42.2	73.4	36.0	69.5
Paediatrician	49.6	56.1	56.3	70.3	51.7	60.6
Psychiatrist	38.1	64.7	54.7	64.1	43.3	64.5
Diabetes specialist	61.9	45.3	53.1	68.8	59.1	52.7
ENT specialist	28.1	76.3	26.6	78.1	27.6	76.8
Other specialist	17.3	10.1	14.1	14.1	16.3	11.3
Physiotherapist	41.7	54.0	34.4	51.6	39.4	53.2
Diabetes educator	77.7	28.1	71.9	40.6	75.9	32.0
Psychologist	56.8	48.2	43.8	51.6	52.7	49.3
Dietician	77.0	28.8	75.0	34.4	76.4	30.5
Podiatrist	79.9	27.3	71.9	28.1	77.3	27.6
Optometrist	71.9	38.1	51.6	53.1	65.5	42.9
Audiologist/audiometrist	59.0	52.5	43.8	59.4	54.2	54.7
Other allied health	12.9	5.0	18.8	6.3	14.8	5.4
Dental services	56.8	54.0	50.0	62.5	54.7	56.7

*Note:* 'Other' organisations include both government organisations and non-government organisations (excluding ACCHOs).

*Source:* AIHW analyses of OSR data collection, 2013–14.

**Table B43: Number of primary health-care organisations that reported SEWB issues, by type of issue, 2013–14**

Issue	Number	Per cent
Depression	160	78.8
Anxiety/stress	157	77.3
Grief and loss issues	143	70.4
Family/relationship issues	132	65.0
Family/community violence	113	55.7
Self-harm/suicide	83	40.9
Trauma	52	25.6
Schizophrenia or other psychotic disorder	51	25.1
Survivor of childhood sexual assault	26	12.8
Loss of cultural identity	21	10.3
Removal from homelands/traditional country	16	7.9
Sexual assault	13	6.4
Other	12	5.9
Issues with sexuality	3	1.5

*Note:* Organisations were asked to report on their 5 most important SEWB issues in terms of staff time and organisational resources.

*Source:* AIHW analyses of OSR data collection, 2013–14.



**Table B44: Number of primary health-care organisations that reported substance-use issues, by type of issue, 2013–14**

Issue	Number	Per cent
Alcohol	190	93.6
Tobacco/nicotine	179	88.2
Cannabis/marijuana	178	87.7
Amphetamines	84	41.4
Multiple drug use	79	38.9
Benzodiazepines	47	23.2
Other solvents/inhalants	43	21.2
Petrol	29	14.3
Kava	10	4.9
Heroin	8	3.9
Other	8	3.9
Morphine	5	2.5
Ecstasy	5	2.5
Barbiturates	5	2.5
Cocaine	2	1.0
Steroids/anabolic agents	1	0.5

*Note:* Organisations were asked to report on their 5 most important substance-use issues in terms of staff time and organisational resources.

*Source:* AIHW analyses of OSR data collection, 2013–14.

**Table B45: Number of primary health-care organisations that reported substance-use programs, by type of program, 2013–14**

<b>Program</b>	<b>Number</b>	<b>Per cent</b>
Individual counselling	172	84.7
Community education	158	77.8
Crisis intervention	127	62.6
School education and visits	123	60.6
Tobacco control program	120	59.1
Support groups	73	36.0
Regional Tackling Smoking and Healthy Lifestyle team	71	35.0
Youth programs	70	34.5
Group counselling	68	33.5
Telephone counselling	54	26.6
Needle exchange	31	15.3
Medicated detoxification	31	15.3
Methadone management	23	11.3
Non-medicated detoxification	20	9.9
Mobile assistance/night patrols	13	6.4
Other	8	3.9
None	6	3.0

Source: AIHW analyses of OSR data collection, 2013–14.

## Appendix C: Tables for Chapter 4— maternal and child health

This appendix provides statistical tables for the maternal and child health-care analysis in Chapter 4.

**Table C1: Number of organisations providing maternal and/or child health services, by state and territory and remoteness area, 2013–14**

State/territory	Major cities	Inner regional	Outer regional	Remote	Very remote	Total
NSW/ACT	13	25	12	4	2	56
Vic	3	10	10	—	—	23
Qld	6	8	9	2	5	30
WA	4	2	6	9	9	30
SA	1	1	7	1	5	15
Tas	—	3	3	—	2	8
NT	—	—	2	13	43	58
<b>Total</b>	<b>27</b>	<b>49</b>	<b>49</b>	<b>29</b>	<b>66</b>	<b>220</b>

Source: AIHW analyses of OSR data collection, 2013–14.

**Table C2: Women who attended at least 1 routine antenatal care visit, by Indigenous status and remoteness area, 2013–14**

Indigenous status	Major cities	Inner regional	Outer regional	Remote	Very remote	Total
Indigenous	976	1,217	1,607	1,504	915	6,219
Non-Indigenous	150	194	375	204	98	1,021
Indigenous status not recorded	12	16	11	15	23	77
<b>Total</b>	<b>1,138</b>	<b>1,427</b>	<b>1,993</b>	<b>1,723</b>	<b>1,036</b>	<b>7,317</b>

Note: For 2013–14,  $n = 147$ .

Source: AIHW analyses of OSR data collection, 2013–14.

**Table C3: Women who attended at least 1 routine antenatal care visit, by Indigenous status and state and territory, 2013–14**

Indigenous status	NSW/ACT	Vic	Qld	WA	SA	Tas	NT	Total
Indigenous	1,427	379	1,312	1,544	246	61	1,250	6,219
Non-Indigenous	306	98	256	245	24	25	67	1,021
Indigenous status not recorded	27	4	22	15	1	0	8	77
<b>Total</b>	<b>1,760</b>	<b>481</b>	<b>1,590</b>	<b>1,804</b>	<b>271</b>	<b>86</b>	<b>1,325</b>	<b>7,317</b>

Note: For 2013–14,  $n = 147$ .

Source: AIHW analyses of OSR data collection, 2013–14.

**Table C4: Number of antenatal care visits, by Indigenous status and remoteness area, 2013–14**

Indigenous status	Major cities	Inner regional	Outer regional	Remote	Very remote	Total
Indigenous	4,216	5,296	7,840	8,003	4,352	29,707
Non-Indigenous	594	725	2,538	1,435	356	5,648
Indigenous status not recorded	47	16	34	43	62	202
<b>Total</b>	<b>4,857</b>	<b>6,037</b>	<b>10,412</b>	<b>9,481</b>	<b>4,770</b>	<b>35,557</b>

Note: For 2013–14, n = 147.

Source: AIHW analyses of OSR data collection, 2013–14.

**Table C5: Number of antenatal care visits, by Indigenous status and state and territory, 2013–14**

Indigenous status	NSW/ACT	Vic	Qld	WA	SA	Tas	NT	Total
Indigenous	7,139	1,663	5,061	7,308	1,574	243	6,719	29,707
Non-Indigenous	1,962	381	950	1,502	385	93	375	5,648
Indigenous status not recorded	62	8	57	39	3	0	33	202
<b>Total</b>	<b>9,163</b>	<b>2,052</b>	<b>6,068</b>	<b>8,849</b>	<b>1,962</b>	<b>336</b>	<b>7,127</b>	<b>35,557</b>

Note: For 2013–14, n = 147.

Source: AIHW analyses of OSR data collection, 2013–14.

**Table C6: Average number of antenatal and maternal group activity sessions, by type of activity and remoteness area, 2013–14**

Type of group activity	Major cities	Inner regional	Outer regional	Remote	Very remote	Total
Antenatal groups	12	25	13	15	16	16
Maternal and baby/child health groups	22	26	18	23	29	24
Parenting and parenting skills groups	17	28	16	26	27	23
Home visiting	193	132	108	239	41	134
Other	122	40	30	23	18	38

Note: Averages are based on the number of organisations providing each type of individual group activity. Organisations not providing an activity were excluded from calculations.

Source: AIHW analyses of OSR data collection, 2013–14.

## Appendix D: Tables for Chapter 5—social and emotional wellbeing or Link Up counselling

This appendix provides statistical tables for the SEWB or Link Up counselling analysis in Chapter 5.

**Table D1: Number of SEWB or Link Up organisations with a governing committee or board, by the proportion of board members who were Indigenous, 2013–14**

Per cent of board members who were Indigenous	Number	Per cent
100	80	85.1
50–99	10	10.6
1–49	1	1.1
0	3	3.2
<b>Total</b>	<b>94</b>	<b>100.0</b>

Source: AIHW analyses of OSR data collection, 2013–14.

**Table D2: Number of SEWB or Link Up organisations, by state and territory, 2013–14**

State/territory	Number	Per cent
NSW/ACT	23	24.2
Vic	17	17.9
Qld	18	18.9
WA	14	14.7
SA	10	10.5
Tas	2	2.1
NT	11	11.6
<b>Total</b>	<b>95</b>	<b>100.0</b>

Source: AIHW analyses of OSR data collection, 2013–14.

**Table D3: Number of SEWB or Link Up organisations, by remoteness area, 2013–14**

Remoteness area	Number	Per cent
Major cities	21	22.1
Inner regional	23	24.2
Outer regional	22	23.2
Remote	14	14.7
Very remote	15	15.8
<b>Total</b>	<b>95</b>	<b>100.0</b>

Source: AIHW analyses of OSR data collection, 2013–14.

**Table D4: Number of counsellors, by Indigenous status, gender and remoteness area, as at 30 June 2014**

Indigenous status	Major cities	Inner regional	Outer regional	Remote	Very remote	Total
Indigenous male	11	13	11	5	9	49
Indigenous female	22	22	14	5	6	69
Non-Indigenous male	3	9	3	7	2	24
Non-Indigenous female	10	8	10	15	4	47
<b>Total</b>	<b>46</b>	<b>52</b>	<b>38</b>	<b>32</b>	<b>21</b>	<b>189</b>

*Note:* The number of organisations that employed a counsellor = 93 (*Major cities* *n* = 21, *Inner regional* *n* = 23, *Outer regional* *n* = 21, *Remote* *n* = 14 and *Very remote* *n* = 14).

*Source:* AIHW analyses of OSR data collection, 2013–14.

**Table D5: Number of counsellors, by state and territory, as at 30 June 2014**

State/territory	Number	Per cent
NSW/ACT	40	21.2
Vic	31	16.4
Qld	41	21.7
WA	29	15.3
SA	14	7.4
Tas	7	3.7
NT	27	14.3
<b>Total</b>	<b>189</b>	<b>100.0</b>

*Source:* AIHW analyses of OSR data collection, 2013–14.

**Table D6: Number of SEWB or Link Up organisations employing counsellors, by number of positions, as at 30 June 2014**

Number of counsellor positions	Number	Per cent
1	48	51.6
2	26	28.0
3 or more	19	20.4
<b>Total</b>	<b>93</b>	<b>100.0</b>

*Source:* AIHW analyses of OSR data collection, 2013–14.



Table D7: Number of counsellors, by highest level of qualification and remoteness area, as at 30 June 2014

Highest qualification	Major cities		Inner regional		Outer regional		Remote		Very remote		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Bachelor's degree or higher	19	41.3	22	42.3	18	47.4	20	62.5	5	23.8	84	44.4
Diploma or associate diploma	14	30.4	15	28.8	9	23.7	5	15.6	4	19.0	47	24.9
Certificate/other	8	17.4	9	17.3	10	26.3	5	15.6	9	42.9	41	21.7
Attaining qualification/ no qualification	5	10.9	6	11.5	1	2.6	2	6.3	3	14.3	17	9.0
<b>Total</b>	<b>46</b>	<b>100.0</b>	<b>52</b>	<b>100.0</b>	<b>38</b>	<b>100.0</b>	<b>32</b>	<b>100.0</b>	<b>21</b>	<b>100.0</b>	<b>189</b>	<b>100.0</b>

Source: AIHW analyses of OSR data collection, 2013–14.

Table D8: Number of formal training courses undertaken by counsellors, by remoteness area, 2013–14

	Major cities		Inner regional		Outer regional		Remote		Very remote		Total
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number
Number of courses	33		37		39		23		17		149
Number of organisations	11		16		11		6		8		52

Source: AIHW analyses of OSR data collection, 2013–14.

Table D9: Number of SEWB or Link Up organisations providing professional supervision, by provider of supervision, 2013–14

Provider of supervision	Number	Per cent
Internal supervisor	17	23.6
External supervisor	32	44.4
Both	23	31.9
<b>Total</b>	<b>72</b>	<b>100.0</b>

Source: AIHW analyses of OSR data collection, 2013–14.

**Table D10: Number of SEWB or Link Up organisations providing professional supervision, by hours of supervision per counsellor per week and remoteness area, 2013–14**

Hours of counsellor supervision per week	Major cities	Inner regional	Outer regional	Remote	Very remote	Total
Less than half an hour	10	8	7	3	2	30
Between half and 1 hour	3	4	1	2	1	11
Between 1 and 2 hours	1	4	5	4	3	17
Between 2 and 5 hours	1	—	4	1	5	11
5 hours or more	1	—	1	1	—	3
<b>Total</b>	<b>16</b>	<b>16</b>	<b>18</b>	<b>11</b>	<b>11</b>	<b>72</b>

Source: AIHW analyses of OSR data collection, 2013–14.

**Table D11: Number of SEWB or Link Up organisations providing professional supervision, by hours of supervision per counsellor per week and state and territory, 2013–14**

Hours of counsellor supervision per week	NSW/ACT	Vic	Qld	WA	SA	Tas	NT	Total
Less than half an hour	8	5	5	5	4	—	3	30
Between half and 1 hour	1	2	4	1	1	2	—	11
Between 1 and 2 hours	5	2	3	4	1	—	2	17
Between 2 and 5 hours	2	2	—	2	3	—	2	11
5 hours or more	1	1	—	—	—	—	1	3
<b>Total</b>	<b>17</b>	<b>12</b>	<b>12</b>	<b>12</b>	<b>9</b>	<b>2</b>	<b>8</b>	<b>72</b>

Source: AIHW analyses of OSR data collection, 2013–14.

**Table D12: Number of organisations providing SEWB services, by type of support available to staff, 2013–14**

Support available	Number	Per cent
Debriefing (counsellor receives personal support in working through difficult cases)	73	83.9
Case counselling (liaison with other workers in relation to care for the client)	70	80.5
Counsellor network meetings	57	65.5
Regular meeting with clinical supervisor mentor—senior counsellor from this organisation	45	51.7
Regular meeting with clinical supervisor mentor—senior counsellor based at another organisation	38	43.7
Regular meeting with clinical supervisor mentor—general practitioner	30	34.5
Regular meeting with clinical supervisor mentor—psychiatrist	14	16.1
Telephone support available through counsellors/supervisor/mentor	52	59.8
Cultural mentoring/support	62	71.3
Peer support (work colleagues)	72	82.8
Other	7	8.0

Note: n = 87 SEWB organisations.

Source: AIHW analyses of OSR data collection, 2013–14.

**Table D13: Number of organisations providing Link Up services, by type of support available to staff, 2013–14**

Support available	Number	Per cent
Debriefing (counsellor receives individual support in working through difficult cases)	7	87.5
Debriefing (caseworker receives individual support in working through difficult cases)	8	100.0
Casework assistance (liaison with others in relation to the client)	8	100.0
Link Up network meetings	7	87.5
Cultural mentoring	5	62.5
Cultural supervision	5	62.5
Telephone support available through counsellors/supervisor/mentor	6	75.0
Peer support (work colleagues)	8	100.0
Other	2	25.0

*Note:*  $n = 8$  Link Up organisations.

*Source:* AIHW analyses of OSR data collection, 2013–14.

**Table D14: Number of vacant counsellor positions, by remoteness area, as at 30 June 2014**

	Major cities	Inner regional	Outer regional	Remote	Very remote	Total
Vacant	7	7	4	6	3	27
Employed	46	52	38	32	21	189
Ratio of vacant to total	13.2	11.9	9.5	15.8	12.5	12.5

*Source:* AIHW analyses of OSR data collection, 2013–14.

Table D15: Number of SEWB or Link Up clients, by remoteness area, gender, Indigenous status and Stolen Generation, 2013–14

Remoteness area		First Stolen Generation	Second Stolen Generation	Third and subsequent Stolen Generations	Other Indigenous	Non-Indigenous	Indigenous status unknown	Total
Major cities	Male	252	124	122	987	248	37	1,770
	Female	314	189	96	1,327	423	88	2,437
	Not recorded	—	10	30	—	—	86	126
Inner regional	Male	85	89	128	634	78	18	1,032
	Female	147	148	139	880	103	15	1,432
	Not recorded	—	163	607	—	—	2,120	2,890
Outer regional	Male	31	27	69	531	40	10	708
	Female	62	50	153	781	35	9	1,090
	Not recorded	9	—	—	192	—	—	201
Remote	Male	78	83	85	653	150	133	1,182
	Female	78	95	134	1,118	122	231	1,778
	Not recorded	—	—	—	—	—	—	—
Very remote	Male	18	91	64	649	21	1	844
	Female	36	127	112	595	28	2	900
	Not recorded	—	13	—	240	—	—	253
<b>Total</b>		<b>1,110</b>	<b>1,209</b>	<b>1,739</b>	<b>8,587</b>	<b>1,248</b>	<b>2,750</b>	<b>16,643</b>

Note: n = 90 (Major cities n = 21, Inner regional n = 20, Outer regional n = 14 and Very remote n = 14).

Source: AIHW analyses of OSR data collection, 2013–14.

Table D16: Number of SEWB or Link Up client contacts, by Indigenous status and remoteness area, 2013–14

Indigenous status	Major cities		Inner regional		Outer regional		Remote		Very remote		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Indigenous	13,819	81.7	23,566	78.2	14,692	95.7	13,226	86.8	10,122	95.6	75,425	85.5
Non-Indigenous	2,344	13.9	1,755	5.8	425	2.8	1,003	6.6	339	3.2	5,866	6.6
Indigenous status not recorded	759	4.5	4,807	16.0	233	1.5	1,006	6.6	131	1.2	6,936	7.9
<b>Total</b>	<b>16,922</b>	<b>100.0</b>	<b>30,128</b>	<b>100.0</b>	<b>15,350</b>	<b>100.0</b>	<b>15,235</b>	<b>100.0</b>	<b>10,592</b>	<b>100.0</b>	<b>88,227</b>	<b>100.0</b>

Note:  $n = 95$  (Major cities  $n = 21$ , Inner regional  $n = 23$ , Outer regional  $n = 22$ , Remote  $n = 14$  and Very remote  $n = 15$ ).

Source: AIHW analyses of OSR data collection, 2013–14.

Table D17: SEWB organisations providing group activities, by type of activity, 2013–14

Type of activity	Number	Per cent
Community-based education and prevention	51	76.1
Support groups	46	68.7
Cultural groups	44	65.7
Counselling groups	38	56.7
Other	8	11.9

Notes

1. There were 67 SEWB organisations that ran group activities.

2. Organisations can provide more than 1 type of activity.

Source: AIHW analyses of OSR data collection, 2013–14.



**Table D18: Percentage of counsellors' work time, by type of activity, 2013–14**

Type of activity	Link Up	SEWB
Working directly with individual clients providing counselling/support/advocacy	32.1	52.2
Service promotion	6.9	6.8
Working with groups (e.g. support groups, specific therapy groups)	..	13.5
Administration	10.6	11.7
Outreach and/or travel	10.6	12.4
Researching family history*	21.9	..
Reunion-related activities including organisation and conduct of reunions*	16.9	..
Other	1.0	3.3
<b>Total</b>	<b>100.0</b>	<b>100.0</b>

\* These activities were conducted only by Link Up organisations.

*Note:* There were 87 SEWB organisations and 8 Link Up organisations.

*Source:* AIHW analyses of OSR data collection, 2013–14.



## Appendix E: Tables for Chapter 6—substance-use

This appendix provides statistical tables for the substance-use analysis in Chapter 6.

**Table E1: Number of substance-use organisations, by state and territory, 2013–14**

State/territory	Number	Per cent
NSW	11	19.6
Vic	3	5.4
Qld	10	17.9
WA	9	16.1
SA	6	10.7
Tas	2	3.6
NT	15	26.8
<b>Total</b>	<b>56</b>	<b>100.0</b>

Source: AIHW analyses of OSR data collection, 2013–14.

**Table E2: Number of substance-use organisations, by remoteness area, 2013–14**

Remoteness area	Number	Per cent
Major cities	12	21.4
Inner regional	8	14.3
Outer regional	12	21.4
Remote	9	16.1
Very remote	15	26.8
<b>Total</b>	<b>56</b>	<b>100.0</b>

Source: AIHW analyses of OSR data collection, 2013–14.

**Table E3: Common substance-use issues reported, by remoteness area, 2013–14**

Substance-use issues	Major cities	Inner regional	Outer regional	Remote	Very remote	Total
Alcohol	12	8	12	9	15	56
Cannabis/marijuana	12	8	12	9	15	56
Tobacco/nicotine	6	6	8	7	10	37
Multiple drug use	7	8	7	2	8	32
Amphetamines	7	5	6	4	3	25

Note: Organisations were asked to report on their 5 most important substance-use issues in terms of staff time and organisational resources.

Source: AIHW analyses of OSR data collection, 2013–14.



**Table E4: All substance-use issues reported, 2013–14**

Substance-use issue	Number	Per cent
Alcohol	56	100.0
Cannabis/marijuana	56	100.0
Tobacco/nicotine	37	66.1
Multiple drug use	32	57.1
Amphetamines	25	44.6
Other solvents/inhalants	16	28.6
Petrol	13	23.2
Benzodiazepines	11	19.6
Heroin	7	12.5
Morphine	2	3.6
Barbiturates	2	3.6
Cocaine	1	1.8
Ecstasy	1	1.8
Kava	1	1.8

*Note:* Organisations were asked to report on their 5 most important substance-use issues in terms of staff time and organisational resources.

*Source:* AIHW analyses of OSR data collection, 2013–14.

Table E5: SEWB issues reported, by remoteness area, 2013–14

SEWB issues	Major cities		Inner regional		Outer regional		Remote		Very remote		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Depression/hopelessness	11	91.7	8	100.0	9	75.0	8	88.9	12	80.0	48	85.7
Grief and loss issues	10	83.3	7	87.5	11	91.7	6	66.7	12	80.0	46	82.1
Anxiety/stress	10	83.3	7	87.5	5	41.7	7	77.8	12	80.0	41	73.2
Family/relationship issues	11	91.7	3	37.5	10	83.3	6	66.7	8	53.3	38	67.9
Family/community violence	4	33.3	4	50.0	8	66.7	5	55.6	11	73.3	32	57.1
Self-harm/suicide	4	33.3	3	37.5	6	50.0	4	44.4	8	53.3	25	44.6
Schizophrenia or other psychotic disorder	2	16.7	1	12.5	2	16.7	3	33.3	2	13.3	10	17.9
Trauma	3	25.0	1	12.5	2	16.7	3	33.3	1	6.7	10	17.9
Sexual assault	—	—	2	25.0	1	8.3	2	22.2	1	6.7	6	10.7
Loss of cultural identity	1	8.3	1	12.5	1	8.3	1	11.1	2	13.3	6	10.7
Stolen generation issues	2	16.7	1	12.5	2	16.7	—	—	—	—	5	8.9
Removal from homelands/traditional country	1	8.3	—	—	2	16.7	—	—	1	6.7	4	7.1
Survivor of childhood sexual assault	1	8.3	1	12.5	1	8.3	—	—	—	—	3	5.4
Other	—	—	1	12.5	—	—	—	—	1	6.7	2	3.6

Note: Organisations were asked to report on their 5 most important SEWB issues in terms of staff time and organisational resources.

Source: AIHW analyses of OSR data collection, 2013–14

**Table E6: Number of substance-use organisations, by type of services provided and remoteness area, 2013–14**

Service type	Major cities	Inner regional	Outer regional	Remote	Very remote	Total
Residential	5	6	6	4	5	26
Sobering up	2	1	3	3	4	13
Non-residential	11	7	12	9	14	53

*Note:* Sobering up includes sobering up, residential respite and short-term care services. Non-residential includes non-residential/day centre, mobile/night patrol, and after-care and outreach services. An organisation could provide more than 1 type of service.

*Source:* AIHW analyses of OSR data collection, 2013–14.

**Table E7: Number of substance-use organisations, by type of services provided, 2013–14**

Service type	Number	Per cent
Residential treatment/rehabilitation	26	46.4
Residential respite	3	5.4
Sobering-up shelter	11	19.6
Non-residential counselling/AOD day centre	27	48.2
Mobile assistance patrol/night patrol	8	14.3
Transitional after-care service	18	32.1
Outreach AOD service	49	87.5

*Notes*

1. An organisation could provide more than 1 type of service.

2.  $n = 56$ .

*Source:* AIHW analyses of OSR data collection, 2013–14.

**Table E8: Number of substance-use organisations, by primary treatment model, 2013–14**

Primary treatment model	Number	Per cent
Controlled substance misuse	14	25.0
Abstinence	9	16.1
Indigenous healing	2	3.6
Harm reduction	24	42.9
Other	7	12.5
<b>Total</b>	<b>56</b>	<b>100.0</b>

*Source:* AIHW analyses of OSR data collection, 2013–14.

Table E9: Number of substance-use organisations, by treatment type, 2013–14

Treatment type	Number	Per cent
Support and case management	54	96.4
Information and education	54	96.4
Assessment only	24	42.9
Withdrawal management	14	25.0
Counselling	52	92.9
Rehabilitation	28	50.0
Pharmacotherapy	12	21.4

## Notes

1. Organisations reported on all treatment types used.

2.  $n = 56$ .

Source: AIHW analyses of OSR data collection, 2013–14.

Table E10: Number of substance-use clients, by remoteness area, 2008–09 to 2013–14

Remoteness area	2008–09		2009–10		2010–11		2011–12		2012–13		2013–14	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Major cities	11,009	47.5	12,994	49.4	15,993	56.0	11,430	35.1	10,753	21.6	9,074	21.1
Inner regional	958	4.1	872	3.3	1,759	6.2	727	2.2	3,578	7.2	573	1.3
Outer regional	2,673	11.5	2,554	9.7	1,736	6.1	4,780	14.7	13,263	26.7	13,878	32.2
Remote	7,835	33.8	9,008	34.2	5,353	18.7	10,922	33.5	14,822	29.8	7,891	18.3
Very remote	703	3.0	883	3.4	3,711	13.0	4,706	14.5	7,270	14.6	11,667	27.1
<b>Total</b>	<b>23,178</b>	<b>100.0</b>	<b>26,311</b>	<b>100.0</b>	<b>28,552</b>	<b>100.0</b>	<b>32,565</b>	<b>100.0</b>	<b>49,686</b>	<b>100.0</b>	<b>43,083</b>	<b>100.0</b>

Note: This time series is affected by a few organisations with a large client base that did not report in 2011–12 but did report in 2012–13.

Source: AIHW analyses of OSR data collection, 2013–14.

**Table E11: Number of substance-use clients, by type of service, 2013–14**

Type	Client number
Residential	2,270
Sobering up	4,914
Non-residential	32,578

*Notes*

1.  $n = 21$  (residential),  $n = 9$  (sobering up residential respite),  $n = 45$  (non-residential).

2. A client might receive more than 1 type of service.

Source: AIHW analyses of OSR data collection, 2013–14.

**Table E12: Number of substance-use episodes of care, by remoteness area, 2008–09 to 2013–14**

Remoteness area	2008–09		2009–10		2010–11		2011–12		2012–13		2013–14	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Major cities	34,516	50.7	41,107	54.3	57,202	60.7	38,335	51.7	41,821	13.7	45,908	12.4
Inner regional	2,113	3.1	1,975	2.6	3,256	3.5	1,224	1.7	19,089	6.3	2,753	0.7
Outer regional	2,755	4.0	2,812	3.7	2,752	2.9	10,276	13.9	55,500	18.2	85,712	23.1
Remote	24,947	36.6	24,445	32.3	16,580	17.6	12,871	17.4	145,657	47.8	127,630	34.4
Very remote	3,769	5.5	5,401	7.1	14,417	15.3	11,380	15.4	42,866	14.1	108,943	29.4
<b>Total</b>	<b>68,100</b>	<b>100.0</b>	<b>75,740</b>	<b>100.0</b>	<b>94,207</b>	<b>100.0</b>	<b>74,086</b>	<b>100.0</b>	<b>304,933</b>	<b>100.0</b>	<b>370,946</b>	<b>100.0</b>

Note: This time series is affected by a few organisations with a large client base that did not report in 2011–12 but did report in 2012–13.

Source: AIHW analyses of OSR data collection, 2013–14.



**Table E13: Number of substance-use episodes of care, by type of service, 2013–14**

Type	Episode of care
Residential	2,383
Sobering up	15,646
Non-residential	352,917

*Note:*  $n = 21$  (residential),  $n = 9$  (sobering up residential respite),  $n = 47$  (non-residential).

*Source:* AIHW analyses of OSR data collection, 2013–14.

**Table E14: Number of substance-use organisations receiving referred clients, by referral source and remoteness area, 2013–14**

Referral sources	Major cities		Inner regional		Outer regional		Remote		Very remote		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Self-referred/walk-in	12	100.0	8	100.0	12	100.0	9	100.0	14	100.0	55	100.0
Family member/elder/friend	11	91.7	8	100.0	12	100.0	9	100.0	14	100.0	54	98.2
Mental health service	11	91.7	8	100.0	11	91.7	7	77.8	12	85.7	49	89.1
Aboriginal medical service	12	100.0	8	100.0	9	75.0	9	100.0	10	71.4	48	87.3
Mainstream community health service	11	91.7	8	100.0	11	91.7	6	66.7	10	71.4	46	83.6
Mainstream drug and alcohol service	10	83.3	8	100.0	10	83.3	8	88.9	9	64.3	45	81.8
Hospital	12	100.0	6	75.0	7	58.3	7	77.8	9	64.3	41	74.5
Justice system/police/court	11	91.7	6	75.0	8	66.7	7	77.8	9	64.3	41	74.5

*Note:*  $n = 55$ .

*Source:* AIHW analyses of OSR data collection, 2013–14.

## Appendix F: Tables for Chapter 7—service gaps and challenges

This appendix provides statistical tables for the gaps and challenges analysis in Chapter 7.

**Table F1: Health service gaps, by type of Australian Government funding received, 2013–14**

Service gaps (per cent)	PHC only	PHC & SEWB	PHC & SU	PHC, SU & SEWB	SU only <sup>(a)</sup>	SEWB only	New Directions only	All organisations
Mental health/social and emotional health and wellbeing	52.6	56.3	62.5	50.0	81.6	83.3	75.0	60.6
Alcohol, tobacco and other drugs	49.1	43.7	50.0	50.0	65.8	50.0	56.3	50.6
Youth services	50.9	56.3	75.0	50.0	44.7	41.7	31.3	50.6
Environmental health services (including housing)	40.4	32.4	37.5	50.0	60.5	41.7	37.5	41.3
Prevention/early detection of chronic disease	41.2	47.9	12.5	30.0	44.7	16.7	43.8	41.3
Dental services	47.4	45.1	12.5	60.0	28.9	16.7	12.5	40.1
Early childhood development and family support	30.7	29.6	50.0	40.0	31.6	41.7	62.5	33.8
Access to health services (including transport)	30.7	25.4	12.5	—	23.7	66.7	62.5	30.1
Nutrition services (including access to affordable healthy food)	27.2	29.6	12.5	40.0	36.8	8.3	43.8	29.4
Services to support healthy ageing	28.9	25.4	62.5	30.0	13.2	16.7	6.3	24.9
Maternal and child health	22.8	28.2	25.0	20.0	13.2	8.3	50.0	23.8
Disability services	20.2	28.2	37.5	30.0	23.7	—	6.3	21.9
Palliative care	15.8	29.6	25.0	20.0	5.3	—	—	16.7
Treatment of injury and illness	14.9	5.6	12.5	—	7.9	—	—	9.3
Pharmacy services	1.8	2.8	12.5	—	2.6	—	—	2.2
<b>Total (number)</b>	<b>114</b>	<b>71</b>	<b>8</b>	<b>10</b>	<b>38</b>	<b>12</b>	<b>16</b>	<b>269</b>

(a) Also includes 2 organisations that received funding to provide SEWB services.

### Notes

1. Organisations were asked to select the top 5 health service gaps faced by the community they served.
2. PHC = primary health care; SU = substance-use; SEWB = social and emotional wellbeing or Link Up counselling.

Source: AIHW OSR data collection.

Table F2: Health service gaps for organisations funded for primary health care, by remoteness area, 2013–14

Health service gaps	Major cities		Inner regional		Outer regional		Remote		Very remote		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Mental health/social and emotional health and wellbeing	12	54.5	31	72.1	34	75.6	12	44.4	21	31.8	110	54.2
Youth services	11	50.0	26	60.5	29	64.4	12	44.4	31	47.0	109	53.7
Alcohol, tobacco and other drugs	8	36.4	29	67.4	20	44.4	10	37.0	29	43.9	96	47.3
Dental services	13	59.1	23	53.5	23	51.1	15	55.6	19	28.8	93	45.8
Prevention/early detection of chronic disease	8	36.4	18	41.9	23	51.1	11	40.7	25	37.9	85	41.9
Environmental health services (including housing)	7	31.8	12	27.9	13	28.9	10	37.0	35	53.0	77	37.9
Early childhood development and family support	8	36.4	12	27.9	15	33.3	10	37.0	19	28.8	64	31.5
Services to support healthy ageing	6	27.3	8	18.6	10	22.2	10	37.0	25	37.9	59	29.1
Nutrition services (including lack of access to affordable healthy food)	6	27.3	9	20.9	5	11.1	7	25.9	30	45.5	57	28.1
Access to health services (including transport)	6	27.3	11	25.6	15	33.3	4	14.8	18	27.3	54	26.6
Maternal and child health	9	40.9	11	25.6	11	24.4	8	29.6	11	16.7	50	24.6
Disability services	7	31.8	10	23.3	2	4.4	9	33.3	21	31.8	49	24.1
Palliative care	3	13.6	8	18.6	4	8.9	10	37.0	18	27.3	43	21.2
Treatment of injury and illness	4	18.2	2	4.7	5	11.1	2	7.4	9	13.6	22	10.8
Other	—	—	3	7.0	3	6.7	—	—	—	—	6	3.0
Pharmacy services	1	4.5	—	—	1	2.2	—	—	3	4.5	5	2.5

## Notes

1.  $n = 203$ . Includes all organisations that received Australian Government funding to provide primary health-care services. These organisations may also have received Australian Government funding for substance-use, SEWB or Link Up counselling and New Directions services.

2. Organisations were asked to select the top 5 health service gaps faced by the community they served.

Source: AIHW OSR data collection.

Table F3: Health service challenges, by type of Australian Government funding received, 2013–14

Health service challenges (per cent)	PHC only	PHC & SEWB	PHC & SU	PHC, SU & SEWB	SU only <sup>(a)</sup>	SEWB only	Directions only	All organisations
Recruitment, training and support of Aboriginal and Torres Strait Islander staff	68.4	59.2	75.0	70.0	76.3	75.0	75.0	68.0
Staffing levels	61.4	50.7	25.0	50.0	57.9	75.0	68.8	57.6
Staff retention/turnover	53.5	57.7	50.0	70.0	47.4	50.0	56.3	54.3
Access to specialist medical services	43.0	45.1	25.0	60.0	39.5	8.3	43.8	41.6
Coordination of clinical care with other providers (e.g. hospitals)	41.2	46.5	50.0	50.0	36.8	16.7	43.8	41.6
Appropriate health service infrastructure	41.2	45.1	25.0	70.0	23.7	—	25.0	37.5
Information technology	32.5	28.2	25.0	20.0	28.9	16.7	37.5	29.7
Staff housing	30.7	29.6	75.0	50.0	28.9	8.3	—	29.4
Access to allied health services	26.3	29.6	25.0	30.0	21.1	8.3	50.0	27.1
Provision of care in a cross-cultural environment	17.5	19.7	—	10.0	21.1	25.0	37.5	19.3
Availability/maintenance of equipment	9.6	8.5	25.0	—	23.7	8.3	—	10.8
Corporate services/administration	4.4	12.7	12.5	—	15.8	16.7	6.3	8.9
Financial management	7.0	7.0	—	—	5.3	8.3	6.3	6.3
Total (number)	114	71	8	10	38	12	16	269

(a) Also includes 2 organisations that received funding to provide SEWB services.

Notes

1. Organisations were asked to select the top 5 challenges they faced in delivering quality health services.

2. PHC = primary health care; SU = substance-use; SEWB = social and emotional wellbeing or Link Up counselling.

Source: AIHW OSR data collection, 2013–14.

Table F4: Health service challenges for organisations funded for primary health care, by remoteness area, 2013–14

Health service challenges	Major cities		Inner regional		Outer regional		Remote		Very remote		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Recruitment, training and support of Aboriginal and Torres Strait Islander staff	12	54.5	27	62.8	26	57.8	21	77.8	47	71.2	133	65.5
Staff retention/turnover	12	54.5	19	44.2	17	37.8	18	66.7	47	71.2	113	55.7
Staffing levels	13	59.1	26	60.5	24	53.3	14	51.9	36	54.5	113	55.7
Access to specialist medical services	7	31.8	21	48.8	24	53.3	12	44.4	25	37.9	89	43.8
Coordination of clinical care with other providers (e.g. hospitals)	11	50.0	19	44.2	21	46.7	14	51.9	24	36.4	89	43.8
Appropriate health service infrastructure	11	50.0	22	51.2	24	53.3	10	37.0	21	31.8	88	43.3
Staff housing	3	13.6	8	18.6	8	17.8	18	66.7	30	45.5	67	33.0
Information technology	9	40.9	8	18.6	9	20.0	7	25.9	28	42.4	61	30.0
Access to allied health services	6	27.3	15	34.9	13	28.9	4	14.8	18	27.3	56	27.6
Provision of care in a cross-cultural environment	5	22.7	12	27.9	8	17.8	2	7.4	8	12.1	35	17.2
Other	4	18.2	4	9.3	3	6.7	3	11.1	5	7.6	19	9.4
Availability/maintenance of equipment	—	—	6	14.0	4	8.9	2	7.4	7	10.6	19	9.4
Corporate services/administration	2	9.1	3	7.0	3	6.7	1	3.7	6	9.1	15	7.4
Financial management	2	9.1	2	4.7	4	8.9	1	3.7	4	6.1	13	6.4

## Notes

1.  $n = 203$ . Includes all organisations that received Australian Government funding to provide primary health-care services. These organisations may also have received Australian Government funding for substance-use, SEWB or Link Up counselling and New Directions services.

2. Organisations were asked to select the top 5 health service gaps faced by the community they served.

Source: AIHW OSR data collection, 2013–14.



## Appendix G: Data quality

The Online Services Report (OSR) collects organisation-level information from Aboriginal and Torres Strait Islander health organisations funded by the Australian Government. The total number of organisations submitting data is likely to change slightly each year depending on which organisations receive funding. In 2013–14, 269 organisations contributed to the OSR report.

The AIHW annually compiles OSR data submitted by health organisations to monitor service activities at a national level. Where needed, AIHW staff contact organisations to clarify data issues and request additional or corrected data. Common data quality problems identified in the 2013–14 OSR collection were inaccurate data and divergence of data among 2 or more questions. Reasons for these issues were: the lack of complete records of data; insufficient data management resources to support the data collection; or the incorrect use of the Patient Information and Recall System (PIRS), the PenCAT audit tool and OCHREStreams online reporting facilities.

Some data presented in this report, particularly around client numbers, episodes of care and client contacts, may be estimates of actual figures and should be used and interpreted with caution. Some organisations were unable to provide accurate data. The AIHW assessed that some of these estimates were likely to either underestimate or overestimate actual figures and were therefore excluded from analyses.

In 2012–13, following a review of the OSR collection, a revised collection instrument was introduced which subdivided the questionnaire into modules for ease of completion. The wording and response categories of some existing questions also changed, which resulted in a break in time series data for some questions (see Table G1). From 2012–13, some questions were also pre-populated from PIRS. This may improve data quality; however, there may also be some differences in numbers for some services as a result of this.

A number of additional questions for organisations providing maternal and child health care were included in the revised instrument. One of the questions was on the Medicare Benefits Schedule (MBS) health checks provided for children. The analyses of this data item indicated unusually large differences between the OSR data and other collections that had the same data, for example, national key performance indicators and MBS online data. Therefore, it was determined that the data on MBS health checks need further investigation before they can be published. These issues are currently being addressed.

More information on data quality can be found on the AIHW's METeOR website <<http://meteor.aihw.gov.au/content/index.phtml/itemId/601336>>.



**Table G1: Changes to the OSR questionnaire**

Items	Details	Notes
Accreditation	The category of 'not accredited' was no longer collected.	The 2012–13 questionnaire asked whether a health organisation was accredited with RACGP or organisational standards. It did not ask whether an organisation was accredited with other standards or did not have accreditation.
Clinical health activities	A few types of activities were no longer collected, such as: <ul style="list-style-type: none"> <li>• outreach clinic services</li> <li>• interpreting services</li> <li>• immunisation and vaccination registers</li> <li>• maintains health registers.</li> </ul>	
Population health programs	A few types of programs were no longer collected, such as: <ul style="list-style-type: none"> <li>• regularly organise pneumococcal immunisations</li> <li>• routinely organise influenza immunisations</li> <li>• dietary and nutrition programs</li> <li>• child growth monitoring.</li> </ul>	The 2012–13 questionnaire collected data on population health programs at the organisational level, which previously were collected only for primary health-care organisations.
Screening programs	Most programs were no longer collected, for example, eye screening and renal screening.	
Community services	A few types of services were no longer collected, such as: <ul style="list-style-type: none"> <li>• school-based activities</li> <li>• medical evacuation services</li> <li>• youth camps.</li> </ul>	The 2012–13 questionnaire collected data on advocacy, planning and policy, research and cultural promotion activities at the organisation level, which previously were collected only for primary health-care organisations.



## Appendix H: Workforce

This appendix provides a list of staff included in the OSR collection.

### General and other staff

Chief Executive Officer (CEO)

Manager or supervisor

Driver or field officer

Finance and accounting staff

Administrative and clerical staff

IT and data management staff

Cleaner, security or other support staff

Administrative or support trainees

### Health professionals or workers

Aboriginal and Torres Strait Islander health worker (AHW)

Aboriginal and Torres Strait Islander health practitioner (AHP)

Doctor or general practitioner (GP)

Nurse or midwife

Substance misuse or drug and alcohol worker

Tobacco worker or coordinator

Dentists or dental therapists

Dental support (for example, dental assistant, dental technician)

Sexual health worker

Outreach worker

Traditional healer

Environmental health worker or officer

Medical specialist (for example, paediatrician; endocrinologist; ophthalmologist; obstetrician or gynaecologist; ear, nose and throat specialist; cardiologist; renal medicine specialist; psychiatrist; dermatologist; surgeon)

Social and emotional wellbeing (SEWB) staff or counsellor (for example, psychologist, counsellor, social worker, welfare worker, Link Up caseworker)

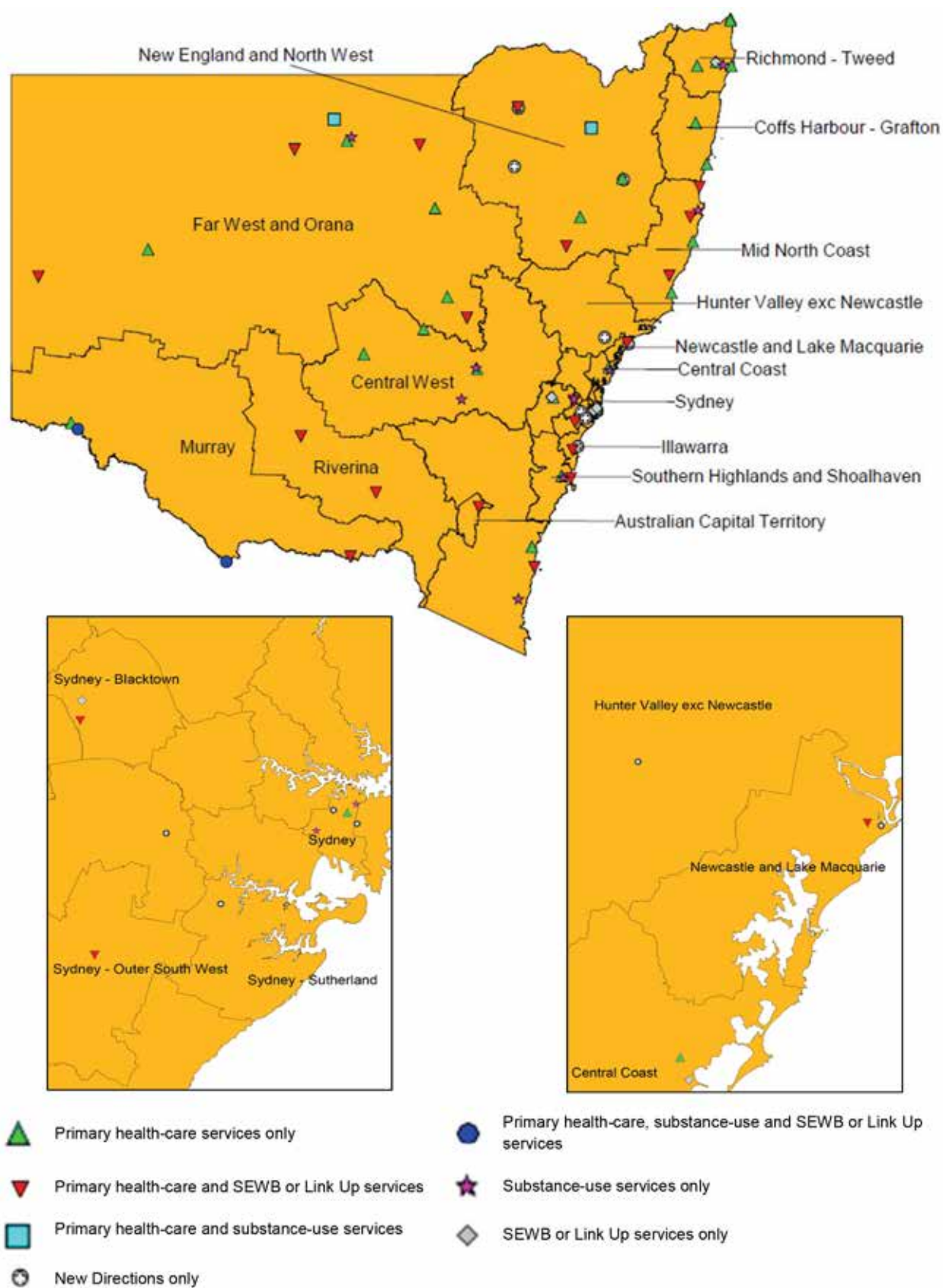
Allied health professional (for example, audiologist or audiometrist, diabetes educator, dietician, optometrist, pharmacist, physiotherapist, podiatrist, speech pathologist)

Health promotion or prevention worker

Training or trainee position

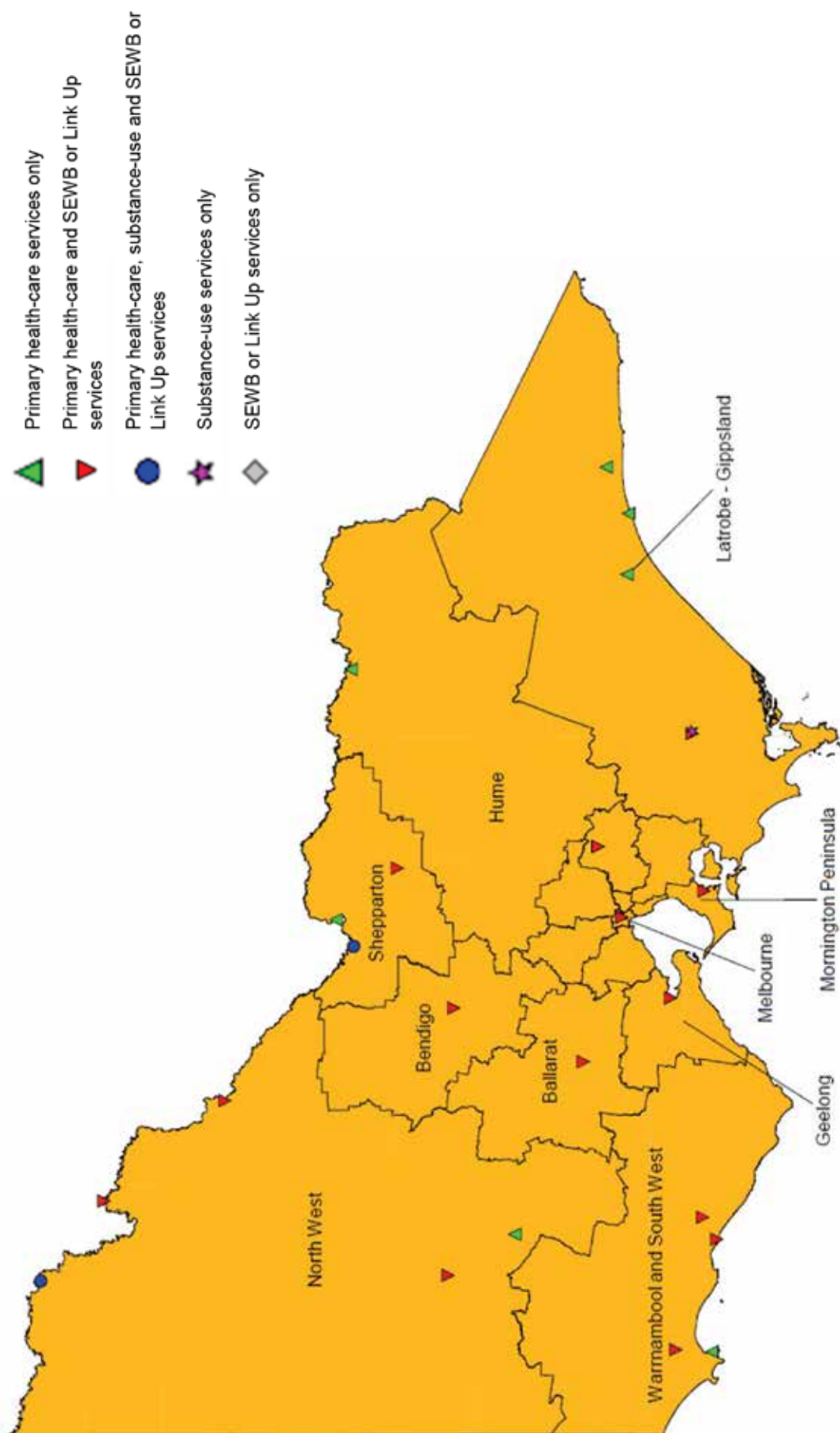


## Appendix I: Maps of organisations for states and territories



Note: Multiple organisations may be located within a small geographical area, so not all organisations will be visible on the map.

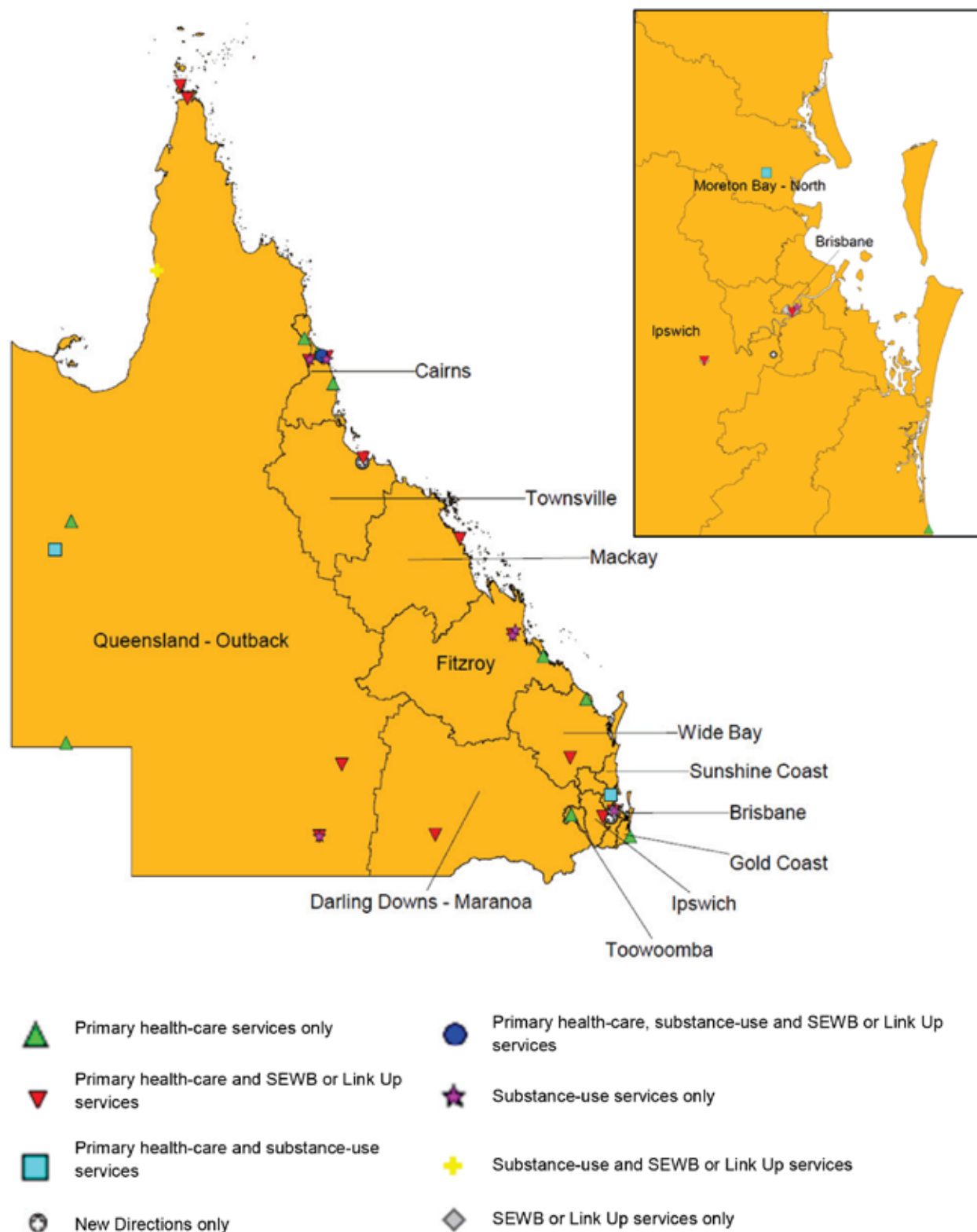
**Figure I1: Australian Government-funded organisations providing health services to Aboriginal and Torres Strait Islander people, New South Wales and the Australian Capital Territory, 2013–14**



Note: Multiple organisations may be located within a small geographical area, so not all organisations will be visible on the map.

Figure 12: Australian Government-funded organisations providing health services to Aboriginal and Torres Strait Islander people, Victoria, 2013–14

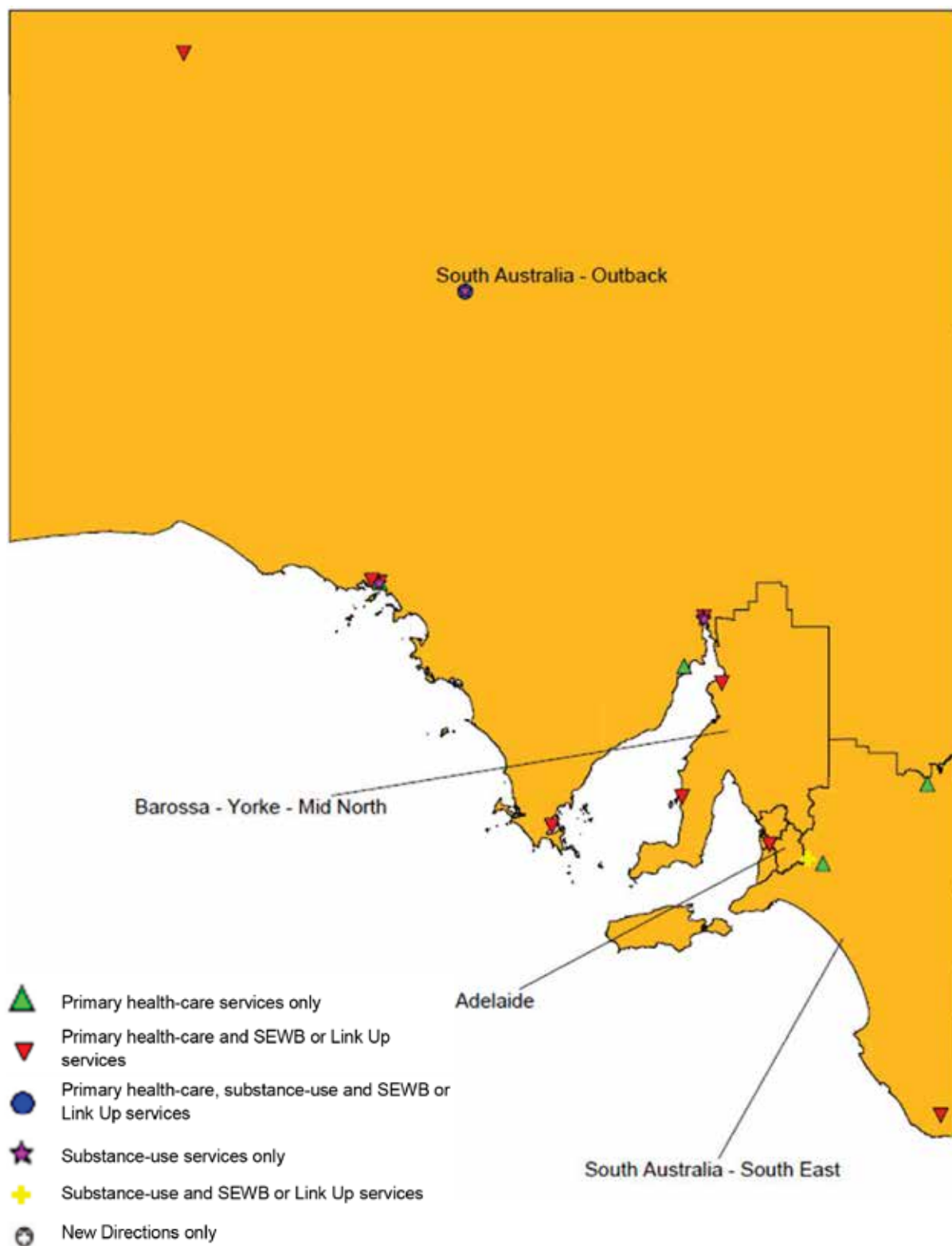




Note: Multiple organisations may be located within a small geographical area, so not all organisations will be visible on the map.








**Figure I3: Australian Government-funded organisations providing health services to Aboriginal and Torres Strait Islander people, Queensland, 2013–14**

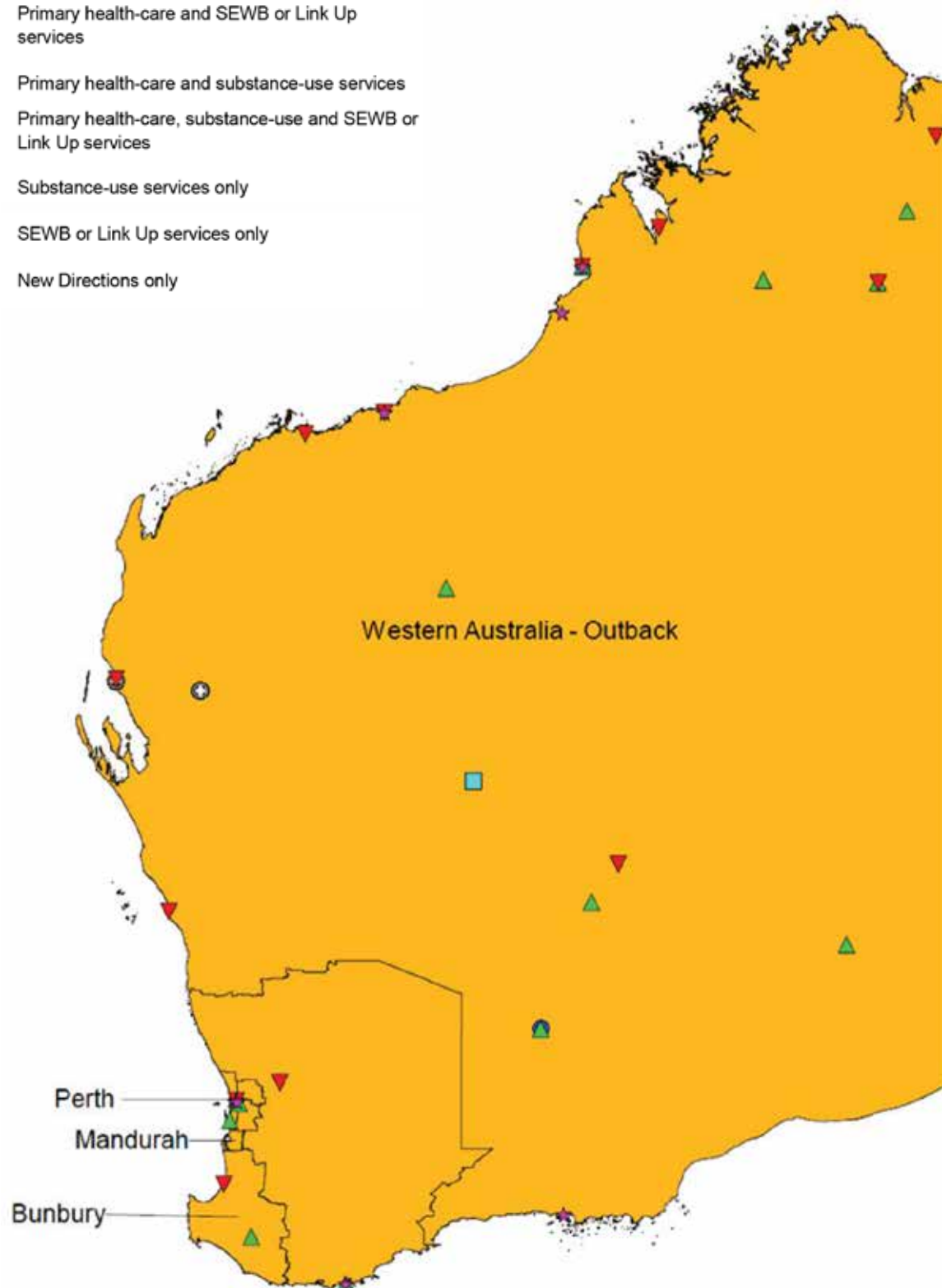




Note: Multiple organisations may be located within a small geographical area, so not all organisations will be visible on the map.

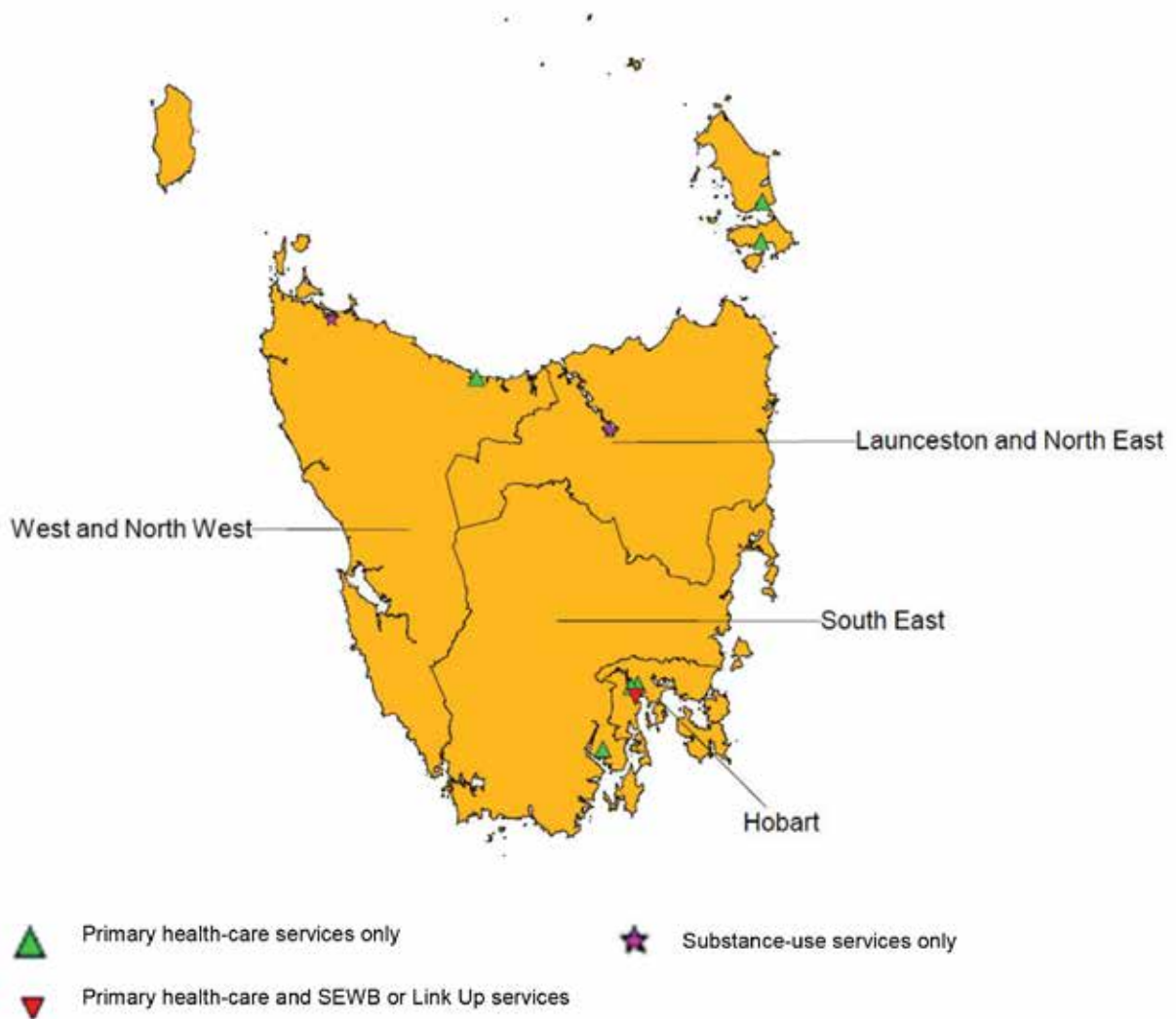
**Figure I4: Australian Government-funded organisations providing health services to Aboriginal and Torres Strait Islander people, South Australia, 2013–14**

-  Primary health-care services only
-  Primary health-care and SEWB or Link Up services
-  Primary health-care and substance-use services
-  Primary health-care, substance-use and SEWB or Link Up services
-  Substance-use services only
-  SEWB or Link Up services only
-  New Directions only



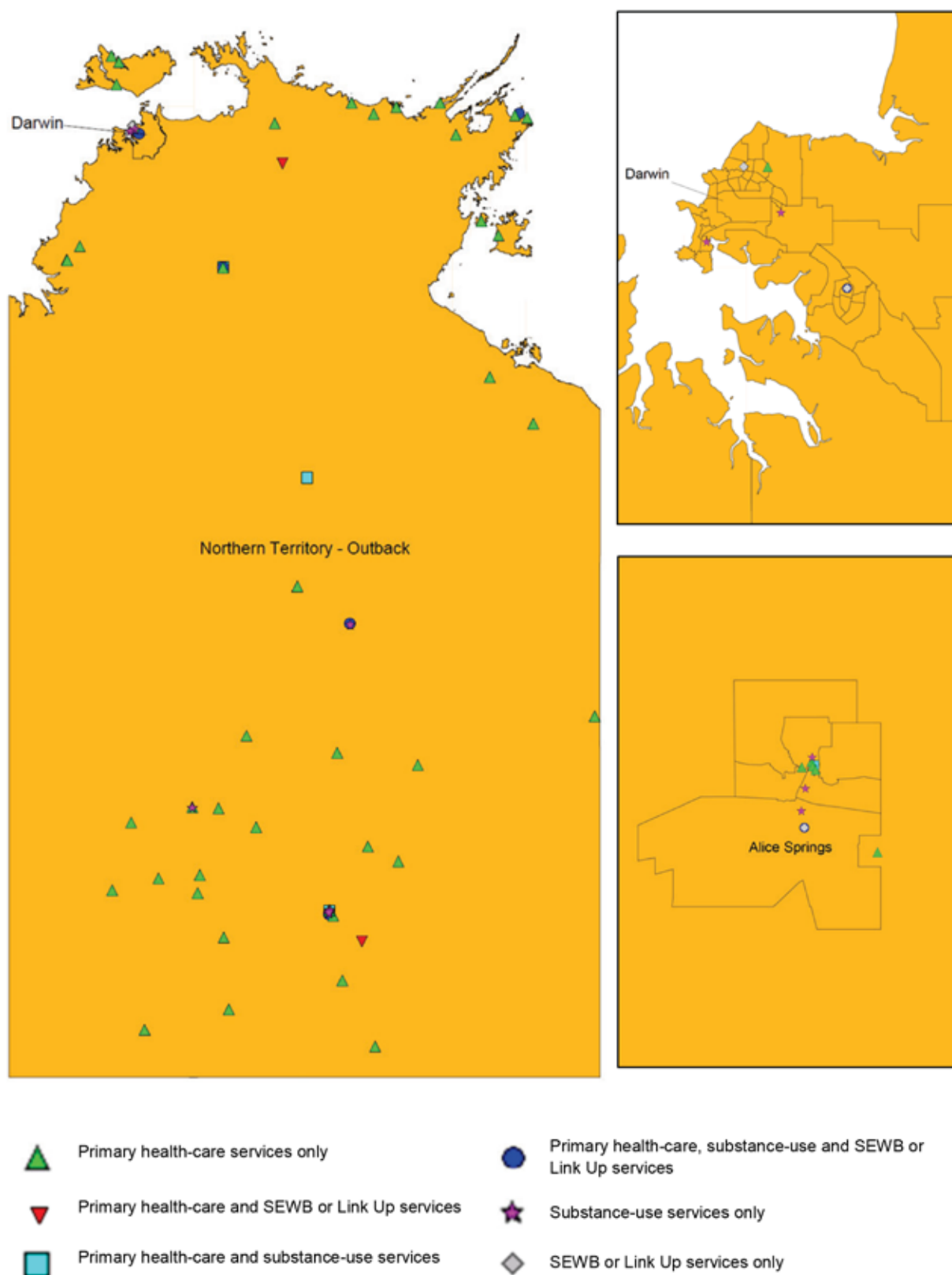
*Note: Multiple organisations may be located within a small geographical area, so not all organisations will be visible on the map.*

**Figure I5: Australian Government-funded organisations providing health services to Aboriginal and Torres Strait Islander people, Western Australia, 2013–14**



*Note:* Multiple organisations may be located within a small geographical area, so not all organisations will be visible on the map.

**Figure I6: Australian Government-funded organisations providing health services to Aboriginal and Torres Strait Islander people, Tasmania, 2013–14**



Note: Multiple organisations may be located within a small geographical area, so not all organisations will be visible on the map.

**Figure I7: Australian Government-funded organisations providing health services to Aboriginal and Torres Strait Islander people, Northern Territory, 2013–14**



## Glossary

**Aboriginal Community Controlled Health Organisations (ACCHOs):** Health-care services operated by local Indigenous communities to deliver comprehensive, holistic and culturally appropriate health care to the communities and controlled through a locally elected board of management. They range from large services with several medical practitioners who provide a range of services, to small services that rely on nurses and/or Aboriginal health workers to provide most services. For more information see <[www.naccho.org.au](http://www.naccho.org.au)>.

**Aboriginal and Torres Strait Islander health worker (AHW):** An Aboriginal and/or Torres Strait Islander person with a minimum qualification in the field of primary health-care work or clinical practice. This includes Aboriginal and Torres Strait Islander health practitioners (AHP) who are 1 speciality stream of health worker. AHWs liaise with patients, clients and visitors to hospitals and health clinics and work as a team member to arrange, coordinate and provide health-care delivery in community health clinics.

**Aboriginal and Torres Strait Islander health practitioner (AHP):** An AHP has completed a Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Practice) and is registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia. An AHP may undertake higher levels of clinical assessment and care within their agreed scope of practice. This role became nationally registered from 1 July 2013 under the National Registration and Accreditation Scheme for health professions.

**Accessibility/Remoteness Index of Australia (ARIA):** ARIA measures the remoteness of a point based on the physical road distances to the nearest urban centre in each of 5 size classes. Therefore, not all remoteness areas are represented in each state or territory.

There are 6 remoteness areas in this structure:

- *Major cities*—collection districts (CDs) with an average ARIA index value of between 0 and less than or equal to 0.2
- *Inner regional areas*—CDs with an average ARIA index value greater than 0.2 and less than or equal to 2.4
- *Outer regional areas*—CDs with an average ARIA index value greater than 2.4 and less than or equal to 5.92
- *Remote areas*—CDs with an average ARIA index value greater than 5.92 and less than or equal to 10.53
- *Very remote areas*—CDs with an average ARIA index value greater than 10.53
- *Migratory*—composed of offshore, shipping and migratory CDs.

For more information, see ABS 2006.

**allied health professionals:** Health professionals who are registered under the National Registration and Accreditation Scheme. They include professionals working in psychology, pharmacy, physiotherapy, occupational therapy, radiography, optometry, chiropractic, podiatry and osteopathy.

**Australian Standard Geographical Classification (ASGC):** The ASGC was used from 1984 to 2011 by the Australian Bureau of Statistics (ABS) for the collection and dissemination of geographically classified statistics. The ASGC provided a common framework of statistical geography which enabled the production of statistics that were comparable and could be spatially integrated.

**client contacts:** A summation of the individual client contacts that were made by each type of worker involved in the provision of health care by the service.

**episode of health care:** Contact between an individual client and a service by 1 or more staff members to provide health care.

**first Stolen Generation clients:** Clients who were removed from their families and communities.

**full-time equivalent (FTE):** An equivalent ratio that represents the number of hours a staff member works. That is, a service having 2 nurses, 1 working full-time and 1 working half-days, would indicate 1.5 FTE for both nursing positions combined.

**Indigenous:** A person of Australian Aboriginal and/or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander.





**medical specialists:** Medical practitioners who are registered as specialists under a law of state or territory or recognised as specialists or consultant physicians by a specialist recognition advisory committee, such as paediatricians; ophthalmologists; cardiologists; ear, nose and throat specialists; obstetricians and surgeons.

**non-Indigenous:** A person who has declared they are not of Aboriginal and/or Torres Strait Islander descent.

**non-residential service:** Substance-use services that offer substance-use treatment, rehabilitation and/or education for clients predominately without the option of residing in-house.

**non-residential, follow-up or after-care episode of care:** Care provided to a client not in residential care, such as substance-use counselling, assessment, treatment, education, support or follow-up from residential services.

**program:** A planned, regular activity organised by a service.

**remoteness structure:** One of 7 geographical structures listed in the Australian Standard Geographic Classification (ASGC). Its purpose is to classify collection districts (CDs) that share common characteristics of remoteness into broad geographical regions called remoteness areas. Within a state or territory, each remoteness area represents an aggregation of CDs that share common characteristics of remoteness, determined in the context of Australia as a whole. It includes all CDs, so in aggregate it covers the whole of Australia. Characteristics of remoteness are based on the Accessibility/Remoteness Index of Australia (ARIA).

**residential service:** Drug and alcohol services that offer temporary, live-in accommodation for clients requiring substance-use treatment and rehabilitation.

**residential treatment or rehabilitation episode of care:** Commences at admission into residential treatment or rehabilitation and ends at discharge.

**second Stolen Generation clients:** Those clients whose parent(s) are first Stolen Generation members.

**shared care:** Where care is shared between practitioners and/or services in a formalised arrangement with an agreed plan to manage the patient. Details surrounding this arrangement depend on the practitioner involved, patient needs and the health-care context.

**Sobering up or residential respite clients:** Clients who are in residential care overnight to sober up, or those who stay in residential care for 1 to 7 days for respite, and who do not receive formal rehabilitation.

**Sobering up, residential respite or short-term episode of care:** Commences at admission into a sobering up, residential respite or short-term care program and ends at discharge. One episode of care can last 1–7 days.

**social and emotional wellbeing (SEWB) or Link Up counsellors:** Counsellors who provide a support service to Aboriginal and Torres Strait Islander communities, prioritising members of the Stolen Generations who have been directly or indirectly affected by the removal and separation of children from their families, and those going through the process of being reunited.

**social and emotional wellbeing (SEWB) staff:** These include (but are not limited to) psychologists, counsellors, mental health workers, social workers and welfare workers.

**Tackling Smoking and Healthy Lifestyle program:** Program funded by the Australian Government focusing on health promotion around smoking and healthy lifestyles to help close the gap between the health of Indigenous Australians and non-Indigenous Australians, and to reduce chronic disease in Aboriginal people. The team is made up of regional tobacco action workers and healthy lifestyle workers, and all are trained outreach Aboriginal health workers.

**third and subsequent Stolen Generation clients:** Those clients whose grandparent(s) are first Stolen Generation members or who are directly descended from people who were removed from their families and communities in subsequent Stolen Generations.





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This is the sixth national report on Aboriginal and Torres Strait Islander health organisations funded by the Australian Government Department of Health. In 2013–14:

- 203 organisations provided primary health-care services to around 419,000 clients through 4.6 million client contacts
- 189 counsellors provided social and emotional wellbeing or Link Up counselling services to around 16,600 clients through 88,200 client contacts
- 56 organisations provided substance-use rehabilitation and treatment services to around 43,000 clients through 371,000 episodes of care.