



Australian Government

Australian Institute of
Health and Welfare

Aboriginal and Torres Strait Islander
Health Performance Framework
2014 report

Detailed analyses
Tier 3



Aboriginal and Torres Strait Islander Health Performance Framework 2014 report

**Detailed analyses
Tier 3**

Australian Institute of Health and Welfare
Canberra

Cat. no. IHW 167

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The image shows the top portion of a report cover. On the left is a vertical rectangular area with a traditional Aboriginal dot painting pattern in red, white, and yellow. To the right of this pattern is a solid dark red background. The title 'Aboriginal and Torres Strait Islander Health Performance Framework 2014 report' is written in white text on the red background. Below the title, there are two horizontal bars: a light yellow one on the left containing the text 'Measure 47 of 68' and a darker yellow one on the right containing the text 'Detailed analyses' in bold.

Aboriginal and Torres Strait Islander Health Performance Framework 2014 report

Measure 47 of 68

Detailed analyses

3.01 Antenatal care

This measure reports on the number and rate of Indigenous women who received antenatal care, by number of antenatal visits, duration of pregnancy at first antenatal visit, selected types of antenatal care/issues addressed, and relationships with selected pregnancy and birth outcomes

Introduction

This is no. 47 of 68 measures in the *Aboriginal and Torres Strait Islander Health Performance Framework 2014 report: detailed analyses*. This report provides information on a range of measures of health status, determinants of health and the health system performance relating to Aboriginal and Torres Strait Islander people.

The Framework comprises 3 tiers:

Tier 1 – Health status and outcomes

Tier 2 – Determinants of health

Tier 3 – Health system performance.

The full report, including a comprehensive description of all data sources used in the report, and notes about the data quality is available from

<http://www.aihw.gov.au/publication-detail/?id=60129550779>.

Tables referenced are available from

<http://www.aihw.gov.au/indigenous-data/health-performance-framework/>.

Data sources

- National Perinatal Data Collection
- Healthy for Life data collection
- National Aboriginal and Torres Strait Islander Social Survey.

For more information, see 'Data sources and quality' at the end of this measure.

Data analyses

Data from the NPDC are presented for the 2011 calendar year. Data on the number of antenatal care services provided are available for New South Wales, Queensland, South Australia, Tasmania, the Australian Capital Territory and the Northern Territory. Data on duration of pregnancy at first antenatal visit are presented for all states and territories. The scope of analyses on NPDC data is women who gave birth during the period to a live or stillborn baby who weighed at least 400 grams or whose gestational age was 20 weeks or more.

For services participating in the Healthy for Life program, data for the financial year 2010–11 are presented for mothers who were regular clients of these services and who gave birth to Indigenous babies.

Data on selected types of services received and health issues addressed, are available from the 2008 NATSISS and are presented for mothers of Indigenous children aged 0–3.

For more information about antenatal care, see 'Other related information' at the end of this measure.

The following data are presented for this measure:

- Number of antenatal sessions attended, see tables 3.01.1–9
- Duration of pregnancy at first antenatal visit, see tables 3.01.10–16
- Timing of first antenatal visit for services participating in the Healthy for Life program, see tables 3.01.17–19
- Selected characteristics of antenatal care provided to mothers of Indigenous children aged 0–3, see tables 3.01.20–22.

Number of antenatal sessions attended by mothers

Current period

In 2011, in New South Wales, Queensland, South Australia, Tasmania, the Australian Capital Territory and the Northern Territory combined:

- Of 8,798 Indigenous mothers where the number of antenatal visits was reported, 99% attended at least 1 antenatal session. This was almost the same as for non-Indigenous mothers (just under 100%). However, the age-standardised proportion of Indigenous mothers who attended 5 or more antenatal sessions (83%) was significantly lower than non-Indigenous mothers (95%), a gap of 12 percentage points (Table 3.01.1). Among women who gave birth at 32 weeks gestation or more, the proportions were 84% and 95% respectively (AIHW 2014).

- Among Indigenous mothers, patterns in the number of antenatal sessions attended were generally similar between age groups. However, among Indigenous mothers aged 40 and over, 5% did not attend antenatal sessions (compared with around 1% for other age groups) (Table 3.01.3).

Trend

From 1998 to 2011 in New South Wales, Queensland and South Australia combined:

- There was a statistically significant increase (4%) in the proportion of Indigenous mothers who accessed antenatal services at least once during their pregnancy.
- There was also a significant decrease (67%) in the gap between Indigenous and non-Indigenous mothers who attended at least 1 antenatal care session, from a rate difference of -3.1% in 1998 to -0.7% in 2011 (Table 3.01.9, Figure 3.01.1).

From 2007 to 2011, in New South Wales, Queensland, South Australia and the Northern Territory combined:

- There was a significant decrease in the gap between Indigenous and non-Indigenous mothers who attended at least 1 antenatal care session. There was a rate difference of -25 per 1,000 in 2007 and a rate difference of -15 per 1,000 in 2011 (Table 3.01.8).

Duration of pregnancy at first antenatal visit

Current period

In Australia in 2011:

- Half of Indigenous mothers had their first antenatal visit within the first trimester, compared with two-thirds (66%) of non-Indigenous mothers. This was a significant gap of 15 percentage points (Table 3.01.10).
- The proportion of Indigenous mothers who had their first antenatal session within their first trimester was lowest among those aged 20 and under (45%), and 50–52% for all other age groups. In contrast, among non-Indigenous mothers, the rate was also lowest among those aged 20 and under (51%), however it progressively increased with age, from 56% for those aged 20–24 to 71% for those aged 40 and over (Table 3.01.12).
- The later a mother received antenatal care, the more likely she was to have a pre-term or low birthweight baby. Compared with women who received care in the first trimester, women who received no antenatal care were 3 times as likely to have a pre-term or low birthweight baby and 6–7 times as likely to have a pregnancy that resulted in perinatal death (Tables 3.01.14 to 3.01.16).

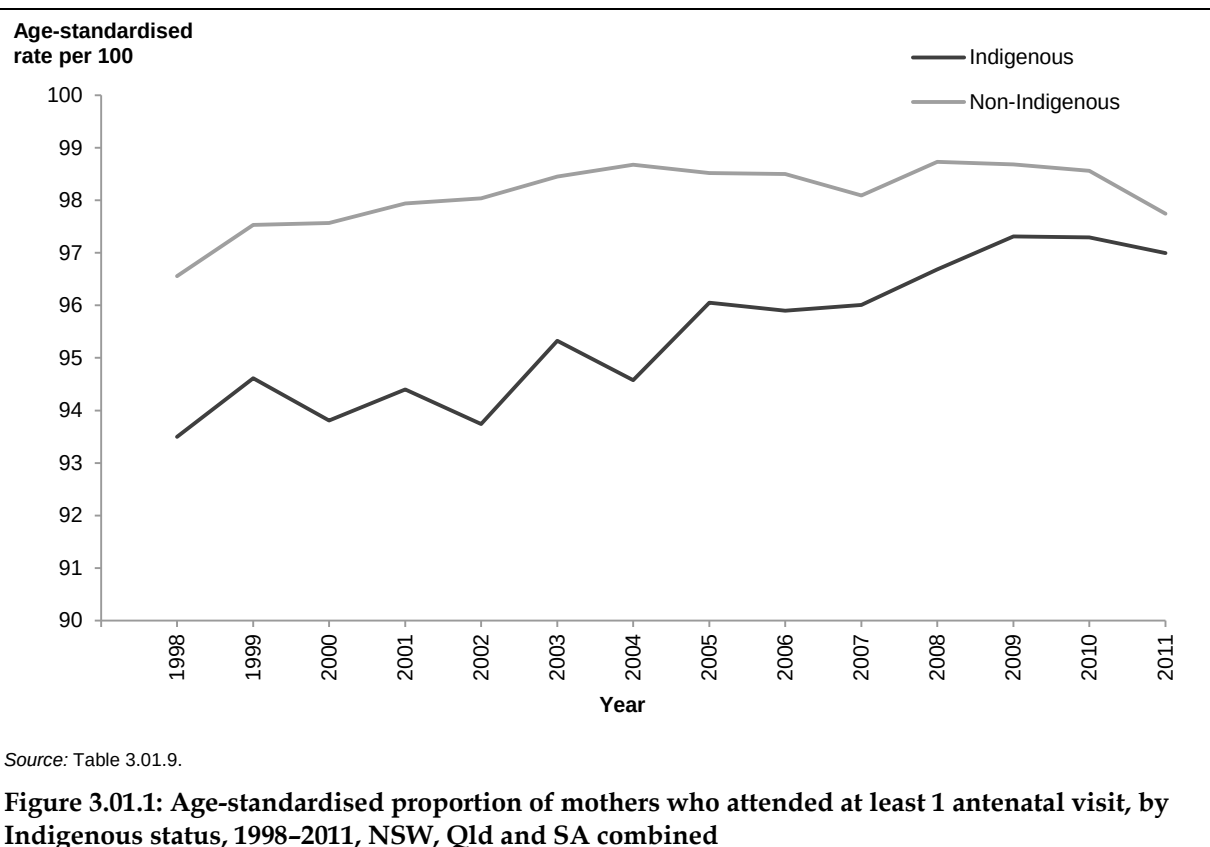


Table 3.01.1: Number of mothers by antenatal sessions attended, Indigenous status and state/territory, 2011^{(a)(b)}

	Number		Crude rate ^{(c)(d)}	Age-standardised rate ^{(c)(d)(e)}			
	Indigenous	Non-Indigenous	Indigenous	Indigenous	Non-Indigenous	Rate ratio ^(f)	Rate difference ^(g)
Total attended at least one antenatal session^(h)							
NSW	2,885	87,185	99.9	99.9	100.0	1.0	−0.1
Qld	3,566	57,606	98.4	98.4	99.9	1.0	−1.4
SA ^(h)	682	19,219	98.0	97.6	99.9	1.0	−2.3
Tas	265	4,460	100.0	n.p.	100.0	n.p.	n.p.
ACT	74	4,673	100.0	n.p.	99.7	n.p.	n.p.
NT	1,271	2,453	97.3	97.1	99.9	1.0	−2.9
Total with stated number of visits^(b)	8,743	175,596	98.7	98.7	99.9	1.0	−1.2
Number of antenatal sessions attended							
NSW							
0	n.p.	11	n.p.	n.p.	n.p.	n.p.	n.p.
1	n.p.	706	n.p.	n.p.	0.8	n.p.	n.p.
2–4	328	3,261	11.4	11.7	3.9	3.0	7.9
5 or more	2,453	83,212	85.0	84.7	95.3	0.9	−10.6
Total with known number of visits⁽ⁱ⁾	2,886	87,190	100.0	..	..	..	..
Qld							
0	59	80	1.6	1.6	0.1	11.5	1.4
1	65	180	1.8	1.7	0.3	5.6	1.4
2–4	461	2,377	12.7	12.5	4.1	3.1	8.5
5 or more	3,040	55,048	83.9	84.2	95.5	0.9	−11.3
Total with known number of visits⁽ⁱ⁾	3,625	57,685	100.0	..	..	..	..

(continued)

Table 3.01.1 (continued): Number of mothers by antenatal sessions attended, Indigenous status and state/territory, 2011^{(a)(b)}

	Number		Crude rate ^{(c)(d)}	Age-standardised rate ^{(c)(d)(e)}			
	Indigenous	Non-Indigenous	Indigenous	Indigenous	Non-Indigenous	Rate ratio ^(f)	Rate difference ^(g)
SA							
0	14	24	2.2	n.p.	n.p.	n.p.	n.p.
1	17	28	2.6	n.p.	n.p.	n.p.	n.p.
2–4	79	376	12.2	12.6	2.1	6.1	10.6
5 or more	539	17,869	83.1	82.4	97.6	0.8	–15.3
Unknown number of visits ^(h)	47	946	7.2	n.a.	n.a.	n.a.	n.a.
Total with known number of visits⁽ⁱ⁾	649	18,297	100.0	..	..	..	..
Tas							
0	0	0	0.0	0.0	0.0	..	..
1	5	275	1.9	n.p.	7.0	n.p.	n.p.
2–4	48	584	18.1	n.p.	13.2	n.p.	n.p.
5 or more	212	3,601	80.0	n.p.	79.8	n.p.	n.p.
Total with known number of visits⁽ⁱ⁾	265	4,460	100.0	..	..	..	..
ACT							
0	0	10	0.0	0.0	n.p.	n.p.	n.p.
1	5	186	6.8	n.p.	4.2	n.p.	n.p.
2–4	13	492	17.6	n.p.	10.6	n.p.	n.p.
5 or more	56	3,995	75.7	n.p.	84.9	n.p.	n.p.
Total with known number of visits⁽ⁱ⁾	74	4,683	100.0	..	..	..	..

(continued)

Table 3.01.1 (continued): Number of mothers by antenatal sessions attended, Indigenous status and state/territory, 2011^{(a)(b)}

	Number		Crude rate ^{(c)(d)}	Age-standardised rate ^{(c)(d)(e)}			
	Indigenous	Non-Indigenous	Indigenous	Indigenous	Non-Indigenous	Rate ratio ^(f)	Rate difference ^(g)
NT							
0	35	2	2.7	2.9	n.p.	n.p.	n.p.
1	29	4	2.2	2.2	n.p.	n.p.	n.p.
2–4	210	78	16.2	14.9	3.2	4.6	11.7
5 or more	1,025	2,366	78.9	79.9	96.5	0.8	–16.6
Total with known number of visits⁽ⁱ⁾	1,299	2,450	100.0	..	..	..	..
Total^(b)							
0	112	127	1.3	1.3	0.1	17.2*	1.2*
1	222	1,379	2.5	2.5	0.8	3.1*	1.7*
2–4	1,139	7,168	12.9	12.8	4.2	3.1*	8.7*
5 or more	7,325	166,091	83.3	83.4	95.0	0.9*	–11.6*
Unknown number of visits ^(h)	57	958	..	..	..	..	..
Total with known number of visits⁽ⁱ⁾	8,798	174,765	100.0	..	..	..	..
Total women who gave birth⁽ⁱ⁾	9,090	182,972	..	..	..	..	..

(continued)

Table 3.01.1 (continued): Number of mothers by antenatal sessions attended, Indigenous status and state/territory, 2011^{(a)(b)}

* Represents statistically significant differences at the $p < 0.05$ level. Only the age-standardised rates of the number of antenatal sessions attended in the six jurisdictions combined category were tested.

- (a) Indigenous and non-Indigenous data exclude births where the mother's Indigenous status is not stated.
- (b) Data for NSW, Qld, SA, NT, ACT and Tas only. Data not available from Victoria and Western Australia. These data are not generalisable to Australia.
- (c) Number per 100 women who gave birth in the period to a live or stillborn baby who weighed at least 400 grams or whose gestational age was 20 weeks or more. This differs from the scope of the equivalent indicator table in the National Indigenous Reform Agreement, which is 32 weeks or more.
- (d) Women with 'Unknown number of visits' were included in the numerators or denominators for 'Attended at least one antenatal session', but excluded from rates where an actual number of visits was reported.
- (e) Data are directly age-standardised using the Australian female population who gave birth in 2011 as the standard population.
- (f) Rate ratio—Indigenous rate divided by the non-Indigenous rate (age-standardised rates).
- (g) Rate difference—Indigenous rate minus the non-Indigenous rate (age-standardised rates).
- (h) Unknown number of antenatal visits is recorded for women who gave birth in SA when antenatal care has been confirmed, but the actual number of visits was not known. Some women who give birth in SA are residents of another state or territory and these records are included with 'At least one antenatal visit'. The 'Unknown number of visits' is therefore greater for all states and territories combined than in SA alone.
- (i) Total known number of visits includes only women who reported an actual number of antenatal visits.
- (j) Total women who gave birth in the period, whether resulting in a live or stillbirth, if the birthweight is at least 400grams or the gestational age is 20 weeks or more. (This differs from the scope of the equivalent indicator table in the National Indigenous Reform Agreement, which is 32 weeks or more). Includes women with not stated or missing number of antenatal visits and 'Unknown number of visits'.

Notes

1. Data are by place of usual residence of the mother. Table excludes non-residents, external territories and not stated state/territory of residence.
2. Age-standardised rates for Indigenous mothers have not been produced for Tasmania or the Australian Capital Territory as denominators in some age groups are less than 30.

Source: AIHW/NPESU analysis of AIHW National Perinatal Data Collection.

Table 3.01.2: Number of mothers by antenatal sessions attended, Indigenous status and remoteness, 2011^{(a)(b)}

	Number		Crude rate ^{(c)(d)}	Age-standardised rate ^{(c)(d)(e)}			
	Indigenous	Non-Indigenous	Indigenous	Indigenous	Non-Indigenous	Rate ratio ^(f)	Rate difference ^(g)
Total attended at least one antenatal session^(h)							
Major cities	2,379	123,024	99.3	99.2	99.9	1.0	−0.7
Inner regional	1,881	29,567	99.7	99.9	99.9	1.0	0.0
Outer regional	2,227	18,602	97.9	97.9	99.9	1.0	−2.0
<i>Sub-total Non-remote</i>	<i>6,487</i>	<i>171,193</i>	<i>98.9</i>	<i>99.0</i>	<i>99.9</i>	<i>1.0</i>	<i>−1.0</i>
Remote	742	2,562	98.5	98.2	99.9	1.0	−1.6
Very remote	1,493	942	98.1	97.7	100.0	1.0	−2.3
<i>Sub-total remote</i>	<i>2,235</i>	<i>3,504</i>	<i>98.2</i>	<i>97.9</i>	<i>99.9</i>	<i>1.0</i>	<i>−2.0</i>
Total with stated number of visits^(b)	8,722	174,697	98.7	98.7	99.9	1.0	−1.2
Number of antenatal sessions attended							
Major cities							
0	18	82	0.8	n.p.	0.1	n.p.	n.p.
1	58	714	2.4	2.0	0.6	3.4	1.4
2–4	296	4,713	12.5	11.9	4.0	3.0	7.9
5 or more	2,007	116,970	84.4	85.2	95.3	0.9	−10.1
Total with known number of visits⁽ⁱ⁾	2,379	122,479	100.0	..	..	..	..
Inner regional							
0	5	21	0.3	n.p.	0.1	n.p.	n.p.
1	56	387	2.9	3.7	1.4	2.7	2.3
2–4	209	1,269	11.1	11.5	4.2	2.7	7.3
5 or more	1,614	27,797	85.7	84.7	94.3	0.9	−9.6
Total with known number of visits⁽ⁱ⁾	1,884	29,474	100.0	..	..	..	..

(continued)

Table 3.01.2 (continued): Number of mothers by antenatal sessions attended, Indigenous status and remoteness, 2011^{(a)(b)}

	Number		Crude rate ^{(c)(d)}	Age-standardised rate ^{(c)(d)(e)}			
	Indigenous	Non-Indigenous	Indigenous	Indigenous	Non-Indigenous	Rate ratio ^(f)	Rate difference ^(g)
Outer regional							
0	48	20	2.1	2.1	0.1	19.7	2.0
1	66	253	2.9	2.8	1.4	2.0	1.4
2–4	316	997	14.0	14.5	5.3	2.7	9.2
5 or more	1,830	17,201	81.0	80.6	93.2	0.9	–12.6
Total	2,260	18,471	100.0	..	..	..	..
Sub-total Non-remote							
0	71	122	1.1	1.0	0.1	14.0	1.0
1	179	1,354	2.7	2.7	0.8	3.4	1.9
2–4	822	6,978	12.6	12.7	4.1	3.1	8.6
5 or more	5,452	161,969	83.6	83.5	95.0	0.9	–11.4
Total with known number of visits⁽ⁱ⁾	6,523	170,424	100.0	..	..	..	..
Remote							
0	12	n.p.	1.6	n.p.	n.p.	n.p.	n.p.
1	20	n.p.	2.7	2.3	n.p.	n.p.	n.p.
2–4	127	111	17.1	14.2	4.4	3.2	9.8
5 or more	585	2,383	78.6	81.7	94.8	0.9	–13.1
Total known number of visits⁽ⁱ⁾	744	2,513	100.0	..	..	..	..

(continued)

Table 3.01.2 (continued): Number of mothers by antenatal sessions attended, Indigenous status and remoteness, 2011^{(a)(b)}

	Number		Crude rate ^{(c)(d)}	Age-standardised rate ^{(c)(d)(e)}			
	Indigenous	Non-Indigenous	Indigenous	Indigenous	Non-Indigenous	Rate ratio ^(f)	Rate difference ^(g)
Very remote							
0	29	n.p.	1.9	2.3	n.p.	n.p.	n.p.
1	23	n.p.	1.5	1.4	n.p.	n.p.	n.p.
2–4	187	38	12.4	12.9	4.0	3.2	8.9
5 or more	1,271	886	84.2	83.4	95.5	0.9	–12.2
Total with known number of visits⁽ⁱ⁾	1,510	928	100.0	..	..	..	..
Sub-total remote							
0	41	n.p.	1.8	2.2	n.p.	n.p.	n.p.
1	43	n.p.	1.9	1.7	n.p.	n.p.	n.p.
2–4	314	149	13.9	13.3	4.3	3.1	8.9
5 or more	1,855	3,269	82.3	82.9	95.0	0.9	–12.1
Total	2,254	3,441	100.0	..	..	..	..
Total^(c)							
0	112	126	1.3	1.3	0.1	17.3	1.2
1	222	1,374	2.5	2.5	0.8	3.1	1.7
2–4	1,136	7,127	12.9	12.8	4.1	3.1	8.7
5 or more	7,307	165,238	82.7	83.4	95.0	0.9	–11.6
Unknown number of visits ^(h)	57	958	..	..	..	..	..
Total with known number of visits⁽ⁱ⁾	8,834	173,865	100.0	..	..	..	..
Total women who gave birth⁽ⁱ⁾	9,068	182,046	..	..	..	..	..

(continued)

Table 3.01.2 (continued): Number of mothers by antenatal session attended, Indigenous status and remoteness, 2011^{(a)(b)}

- (a) Indigenous and non-Indigenous data exclude births where the mother's Indigenous status is not stated.
- (b) Data for NSW, Qld, SA, NT, ACT and Tas only. Data not available from Victoria and Western Australia. These data are not generalisable to Australia.
- (c) Number per 100 women who gave birth in the period to a live or stillborn baby who weighed at least 400 grams or whose the gestational age was 20 weeks or more. This differs from the scope of the equivalent indicator table in the National Indigenous Reform Agreement, which is 32 weeks or more.
- (d) Women with 'Unknown number of visits' were included in the numerators or denominators for 'Attended at least one antenatal session', but excluded from rates where an actual number of visits was reported.
- (e) Data are directly age-standardised using the Australian female population who gave birth in 2011 as the standard population.
- (f) Rate ratio—Indigenous rate divided by the non-Indigenous rate (age-standardised rates).
- (g) Rate difference—Indigenous rate minus the non-Indigenous rate (age-standardised rates).
- (h) Unknown number of antenatal visits is recorded for women who gave birth in SA when antenatal care has been confirmed, but the actual number of visits was not known. Some women who give birth in SA are residents of another state or territory and these records are included with 'At least one antenatal visit'. The 'Unknown number of visits' is therefore greater for all states and territories combined than in SA alone.
- (i) Total known number of visits includes only women who reported an actual number of antenatal visits.
- (j) Total women who gave birth in the period, whether resulting in a live or stillbirth, if the birthweight is at least 400grams or the gestational age is 20 weeks or more. (This differs from the scope of the equivalent indicator table in the National Indigenous Reform Agreement, which is 32 weeks or more.) Includes women with not stated or missing number of antenatal visits and 'Unknown number of visits' but exclude remoteness 'Not stated'.

Note: Data are by place of usual residence of the mother. Table excludes non-residents, external territories and not stated state/territory of residence.

Source: AIHW/NPESU analysis of AIHW National Perinatal Data Collection.

Table 3.01.3: Number of mothers by antenatal sessions attended, age and Indigenous status (NSW, Qld, SA, Tas, ACT and NT combined), 2011^{(a)(b)}

	<20		20–24		25–29		30–34		35–39		40+		Total age-standardised ^(c)	
	Indig.	Non-Indig.	Indig.	Non-Indig.	Indig.	Non-Indig.	Indig.	Non-Indig.	Indig.	Non-Indig.	Indig.	Non-Indig.	Indig.	Non-Indig.
	Number													
Total attended at least one session^(d)														
Total	1,655	5,957	2,857	24,497	2,194	50,164	1,292	55,863	629	31,894	148	7,355	..	..
Number of sessions attended														
0	25	23	34	31	23	31	14	24	8	18	8	9	..	..
1	38	66	78	227	59	390	32	379	15	251	1	67	..	..
2–4	220	428	380	1,475	284	2,080	159	1,909	89	1,020	17	272	..	..
5 or more	1,386	5,430	2,379	22,681	1,835	47,432	1,095	53,264	522	30,424	129	6,964	..	..
Unknown number of visits ^(d)	11	33	20	114	16	262	6	311	3	199	1	52	..	..
Total with known number of visits^(e)	1,680	5,947	2,891	24,414	2,217	49,933	1,306	55,576	637	31,713	156	7,312	..	..
Total women who gave birth^{(d)(f)}	1,709	6,094	2,970	25,179	2,280	52,125	1,345	58,404	660	33,550	160	7,766	..	..
	Per cent ^{(g)(h)}													
Total attended at least one session														
Total	98.5	99.6	98.8	99.9	99.0	99.9	98.9	100.0	98.7	99.9	94.9	99.9	98.7	99.9
Number of sessions attended^(c)														
0	1.5	0.4	1.2	0.1	1.0	0.1	1.1	0.0	1.3	0.1	5.1	0.1	1.3	0.1
1	2.3	1.1	2.7	0.9	2.7	0.8	2.5	0.7	2.4	0.8	0.6	0.9	2.4	0.8
2–4	13.1	7.2	13.1	6.0	12.8	4.2	12.2	3.4	14.0	3.2	10.9	3.7	12.8	4.2
5 or more	82.5	91.3	82.3	92.9	82.8	95.0	83.8	95.8	81.9	95.9	82.7	95.2	82.9	95.0
Total with known number of visits^(e)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	..	..

(continued)

Table 3.01.3 (continued): Number of mothers by antenatal sessions attended, age and Indigenous status (NSW, Qld, SA, Tas, ACT and NT combined), 2011^{(a)(b)}

- (a) Indigenous and non-Indigenous data exclude births where the mother's Indigenous status is not stated.
- (b) Data for NSW, Qld, SA, NT, ACT and Tas only. Data not available from Victoria and Western Australia. These data are not generalisable to Australia.
- (c) Data are directly age-standardised using the Australian female population who gave birth in 2011 as the standard population.
- (d) Unknown number of antenatal visits is recorded for women who gave birth in SA when antenatal care has been confirmed, but the actual number of visits was not known. Some women who give birth in SA are residents of another state or territory and these records are included with 'At least one antenatal visit'. The 'Unknown number of visits' is therefore greater for all states and territories combined than in SA alone.
- (e) Total known number of visits includes only women who reported an actual number of antenatal visits.
- (f) Total women who gave birth in the period, whether resulting in a live or stillbirth, if the birthweight is at least 400grams or the gestational age is 20 weeks or more. (This differs from the scope of the equivalent indicator table in the National Indigenous Reform Agreement, which is 32 weeks or more.) Includes women with not stated or missing number of antenatal visits and 'Unknown number of visits'.
- (g) Number per 100 women who gave birth in the period to a live or stillborn baby who weighed at least 400 grams or whose the gestational age was 20 weeks or more. This differs from the scope of the equivalent indicator table in the National Indigenous Reform Agreement, which is 32 weeks or more.
- (h) Women with 'Unknown number of visits' were included in the numerators or denominators for 'Attended at least one antenatal session', but excluded from rates where an actual number of visits was reported.

Source: AIHW/NPESU analysis of AIHW National Perinatal Data Collection.

Table 3.01.4: Number of mothers by antenatal sessions attended, smoking status and Indigenous status, 2011^{(a)(b)}

	Number				Crude proportion ^(c)				Age-standardised ^(d)					
	Indigenous		Non-Indigenous		Indigenous		Non-Indigenous		Indigenous		Non-Indigenous		Indigenous/non-Indigenous smoked	
	Smoked	Did not smoke	Smoked	Did not smoke	Smoked	Did not smoke	Smoked	Did not smoke	Smoked	Did not smoke	Smoked	Did not smoke	Rate ratio ^(e)	Rate difference ^(f)
Total attended at least one antenatal session														
Total	4,473	4,207	21,100	153,184	51.5	48.5	12.1	87.9	50.3	49.7	12.4	87.6	4.1	37.9
Number of antenatal sessions attended														
0	56	42	55	74	57.1	42.9	42.6	57.4	64.1	35.9	44.0	56.0	1.5	20.1
1	139	74	305	1,051	65.3	34.7	22.5	77.5	67.3	32.7	21.9	78.1	3.1	45.4
2–4	720	415	1,839	5,211	63.4	36.6	26.1	73.9	65.2	34.8	24.6	75.4	2.6	40.6
5 or more	3,582	3,702	18,838	146,145	49.2	50.8	11.4	88.6	47.4	52.6	11.7	88.3	4.0	35.7
Unknown number ^(g)	32	16	118	777	66.7	33.3	13.2	86.8	..	..	..	..	..	..
Total with known number of visits^(h)	4,497	4,233	21,037	152,481	..	..	..	..	..	..	..	..	..	..
Total women who gave birth⁽ⁱ⁾	4,647	4,355	21,709	159,904	..	..	..	..	..	..	..	..	..	..

(a) Data exclude births where the mother's Indigenous status or smoking status is not stated.

(b) Data for NSW, Qld, SA, NT, ACT and Tas only. Data for number of antenatal visits was not available from Victoria and Western Australia in 2011. These data are not generalisable to Australia.

(c) Proportion of smokers per 100 women who attended the relevant number of antenatal sessions and gave birth in the period to a live or stillborn baby who weighed at least 400 grams or whose the gestational age was 20 weeks or more. This differs from the scope of the equivalent indicator table in the National Indigenous Reform Agreement, which is 32 weeks or more.

(d) Data are directly age-standardised using the Australian female population who gave birth in 2011 as the standard population.

(e) Rate ratio—Indigenous smoked in pregnancy rate divided by the non-Indigenous smoked in pregnancy rate (age-standardised rates).

(f) Rate difference—Indigenous rate minus the non-Indigenous rate (age-standardised rates).

(g) Unknown number of antenatal visits is recorded for women who gave birth in SA when antenatal care has been confirmed, but the actual number of visits was not known.

(h) Total known number of visits includes only women who reported an actual number of antenatal visits.

(i) Total women who gave birth in the period, whether resulting in a live or stillbirth, if the birthweight is at least 400grams or the gestational age is 20 weeks or more. (This differs from the scope of the equivalent indicator table in the National Indigenous Reform Agreement, which is 32 weeks or more.) Includes women with 'Not stated' number of antenatal visits.

Note: Data represent one calendar year.

Source: AIHW/NPESU analysis of AIHW National Perinatal Data Collection.

Table 3.01.5: Low birthweight by number of antenatal sessions attended, by Indigenous status of the mother, 2011^{(a)(b)}

	Number				Crude proportion ^(c)				Age-standardised ^(d)					
	Indigenous		Non-Indigenous		Indigenous		Non-Indigenous		Indigenous		Non-Indigenous		Indigenous/non-Indigenous low birthweight	
	Low birthweight		Low birthweight		Low birthweight		Low birthweight		Low birthweight		Low birthweight			
	Yes	No ^(e)	Yes	No ^(e)	Yes	No ^(e)	Yes	No ^(e)	Yes	No ^(e)	Yes	No ^(e)	Rate ratio ^(f)	Rate difference ^(g)
Total attended at least one antenatal session														
Total	989	7,698	9,051	165,733	11.4	88.6	5.2	94.8	11.7	88.3	5.2	94.8	2.3	6.5
Number of antenatal sessions attended														
0	33	68	30	94	32.7	67.3	24.2	75.8	32.1	67.9	23.5	76.5	1.4	8.6
1	58	157	199	1,117	27.0	73.0	15.1	84.9	26.6	73.4	14.9	85.1	1.8	11.7
2–4	241	868	1,170	5,652	21.7	78.3	17.2	82.8	22.1	77.9	17.3	82.7	1.3	4.8
5 or more	668	6,641	7,559	158,139	9.1	90.9	4.6	95.4	9.7	90.3	4.6	95.4	2.1	5.1
Unknown number ^(h)	22	32	123	825	40.7	59.3	13.0	87.0	..	..	..	..	..	..
Total with known number of visits⁽ⁱ⁾	1,000	7,734	8,958	165,002	..	..	..	..	..	..	..	..	..	..
Total women who gave birth^(j)	1,067	7,953	9,544	172,540	11.8	88.2	5.2	94.8	..	..	..	..	..	..

(a) Data exclude births where the mother's Indigenous status or smoking status is not stated.

(b) Data for NSW, Qld, SA, NT, ACT and Tas only. Data for number of antenatal visits was not available from Victoria and Western Australia in 2011. These data are not generalisable to Australia.

(c) Proportion of low birthweight per 100 women who attended the relevant number of antenatal sessions and gave birth in the period to a live or stillborn baby who weighed at least 400 grams or whose the gestational age was 20 weeks or more. This differs from the scope of the equivalent indicator table in the National Indigenous Reform Agreement, which is 32 weeks or more.

(d) Data are directly age-standardised using the Australian female population who gave birth in 2011 as the standard population.

(e) Includes 'Not stated' birthweight.

(f) Rate ratio—Indigenous smoked in pregnancy rate divided by the non-Indigenous smoked in pregnancy rate (age-standardised rates).

(g) Rate difference—Indigenous rate minus the non-Indigenous rate (age-standardised rates).

(h) Unknown number of antenatal visits is recorded for women who gave birth in SA when antenatal care has been confirmed, but the actual number of visits was not known.

(i) Total known number of visits includes only women who reported an actual number of antenatal visits.

(j) Total women who gave birth in the period, whether resulting in a live or stillbirth, if the birthweight is at least 400grams or the gestational age is 20 weeks or more. (This differs from the scope of the equivalent indicator table in the National Indigenous Reform Agreement, which is 32 weeks or more.) Includes women with 'Not stated' number of antenatal visits.

Note: Data represent one calendar year.

Source: AIHW/NPESU analysis of AIHW National Perinatal Data Collection.

Table 3.01.6: Pre-term birth by number of antenatal sessions attended, by Indigenous status of mothers, 2011^{(a)(b)}

	Number				Crude proportions ^(c)				Age-standardised proportions ^(d)					
	Indigenous		Non-Indigenous		Indigenous		Non-Indigenous		Indigenous		Non-Indigenous		Indigenous/non-Indigenous pre-term birth	
	Pre-term		Pre-term		Pre-term		Pre-term		Pre-term		Pre-term			
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Rate ratio ^(e)	Rate difference ^(f)
Total attended at least one antenatal session														
Total	1,085	7,690	12,457	163,283	12.4	87.6	7.1	92.9	13.2	86.8	7.1	92.9	1.9	6.1
Number of antenatal sessions attended														
0	48	63	49	85	43.2	56.8	36.6	63.4	40.3	59.7	34.7	65.3	1.2	5.6
1	79	144	323	1,058	35.4	64.6	23.4	76.6	33.4	66.6	23.3	76.7	1.4	10.1
2–4	279	870	1,732	5,453	24.3	75.7	24.1	75.9	25.8	74.2	24.4	75.6	1.1	1.5
5 or more	700	6,646	10,232	155,971	9.5	90.5	6.2	93.8	10.4	89.6	6.2	93.8	1.7	4.3
Unknown number ^(g)	27	30	678	6,578	47.4	52.6	9.3	90.7	..	..	..	..	..	..
Total with known number of visits^(h)	1,106	7,723	12,336	162,567	12.5	87.5	7.1	92.9	..	..	..	..	..	..
Total women who gave birth⁽ⁱ⁾	1,191	7,930	13,184	169,946	13.1	86.9	7.2	92.8	..	..	..	..	..	..

(a) Data exclude births where the mother's Indigenous status or gestational age not stated.

(b) Data for NSW, Qld, SA, NT, ACT and Tas only. Data for number of antenatal visits was not available from Victoria and Western Australia in 2011. These data are not generalisable to Australia.

(c) Proportion of preterm per 100 women who attended the relevant number of antenatal sessions and gave birth in the period to a live or stillborn baby who weighed at least 400 grams or whose the gestational age was 20 weeks or more. This differs from the scope of the equivalent indicator table in the National Indigenous Reform Agreement, which is 32 weeks or more.

(d) Data are directly age-standardised using the Australian female population who gave birth in 2011 as the standard population.

(e) Rate ratio—Indigenous preterm birth rate divided by the non-Indigenous preterm birth rate (age-standardised rates).

(f) Rate difference—Indigenous preterm birth rate minus the non-Indigenous preterm birth rate (age-standardised rates).

(g) Unknown number of antenatal visits is recorded for women who gave birth in SA when antenatal care has been confirmed, but the actual number of visits was not known.

(h) Total known number of visits includes only women who reported an actual number of antenatal visits.

(i) Total women who gave birth in the period, whether resulting in a live or stillbirth, if the birthweight is at least 400grams or the gestational age is 20 weeks or more. (This differs from the scope of the equivalent indicator table in the National Indigenous Reform Agreement, which is 32 weeks or more.) Includes women with 'Not stated' number of antenatal visits.

Note: Data represent one calendar year.

Source: AIHW/NPESU analysis of AIHW National Perinatal Data Collection.

Table 3.01.7: Perinatal death by number of antenatal sessions attended, by Indigenous status of mothers, 2011^{(a)(b)}

	Number				Crude proportion ^(c)				Age-standardised proportion ^(d)					
	Indigenous		Non-Indigenous		Indigenous		Non-Indigenous		Indigenous		Non-Indigenous		Indigenous/ non-Indigenous perinatal death	
	Perinatal death		Perinatal death		Perinatal death		Perinatal death		Perinatal death		Perinatal death			
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Rate ratio ^(e)	Rate difference ^(f)
Total attended at least one antenatal session														
Total	139	8,635	1,365	174,309	1.6	98.4	0.8	99.2	1.7	98.3	0.8	99.2	2.2	0.9
Number of antenatal sessions attended														
0	14	98	16	120	12.5	87.5	11.8	88.2	n.p.	86.7	n.p.	89.5	n.p.	n.p.
1	16	207	107	1,273	7.2	92.8	7.8	92.2	n.p.	94.2	7.7	92.3	n.p.	n.p.
2–4	59	1,089	518	6,657	5.1	94.9	7.2	92.8	6.3	93.7	7.5	92.5	0.8	–1.2
5 or more	60	7,286	711	165,437	0.8	99.2	0.4	99.6	0.8	99.2	0.4	99.6	2.0	0.4
Unknown number ^(g)	9	225	122	7,123	3.8	96.2	1.7	98.3	..	..	..	..	..	..
Total with known number of visits^(h)	149	8,680	1,352	173,487	1.7	98.3	0.8	99.2	..	..	..	..	..	..
Total women who gave birth⁽ⁱ⁾	162	8,958	1,503	181,552	1.8	98.2	0.8	99.2	..	..	..	..	..	..

(a) Data exclude births where the mother's Indigenous status or baby outcome not stated.

(b) Data for NSW, Qld, SA, NT, ACT and Tas only. Data for number of antenatal visits was not available from Victoria and Western Australia in 2011. These data are not generalisable to Australia.

(c) Proportion of perinatal death per 100 women who attended the relevant number of antenatal sessions and gave birth in the period to a live or stillborn baby who weighed at least 400 grams or whose the gestational age was 20 weeks or more. This differs from the scope of the equivalent indicator table in the National Indigenous Reform Agreement, which is 32 weeks or more.

(d) Data are directly age-standardised using the Australian female population who gave birth in 2011 as the standard population.

(e) Rate ratio—Indigenous perinatal death rate divided by the non-Indigenous perinatal death rate (age-standardised rates).

(f) Rate difference—Indigenous perinatal death rate minus the non-Indigenous perinatal rate (age-standardised rates).

(g) Unknown number of antenatal visits is recorded for women who gave birth in SA when antenatal care has been confirmed, but the actual number of visits was not known.

(h) Total known number of visits includes only women who reported an actual number of antenatal visits.

(i) Total women who gave birth in the period, whether resulting in a live or stillbirth, if the birthweight is at least 400grams or the gestational age is 20 weeks or more. This differs from the scope of the equivalent indicator table in the National Indigenous Reform Agreement, which is 32 weeks or more. Includes women with 'Not stated' number of antenatal visits.

Note: Data represent one calendar year.

Source: AIHW/NPESU analysis of AIHW National Perinatal Data Collection.

Table 3.01.8: Number and rate of mothers who attended at least one antenatal care session, by Indigenous status, NSW, Qld, SA and NT, 2007–2011^{(a)(b)}

	2007	2008	2009	2010	2011	Annual change 2007–2011	% change over time 2007–2011
Number							
NSW^(c)							
Indigenous	2,757	2,886	2,849	3,026	2,896	..	..
Non-Indigenous	89,666	90,784	91,104	90,495	89,803	..	..
Qld							
Indigenous	3,116	3,304	3,268	3,446	3,578	..	..
Non-Indigenous	55,873	56,781	57,516	57,355	57,333	..	..
SA^(d)							
Indigenous	561	607	595	617	678	..	..
Non-Indigenous	18,866	19,024	18,972	19,025	19,326	..	..
NT							
Indigenous	1,410	1,361	1,403	1,341	1,308	..	..
Non-Indigenous	2,244	2,355	2,361	2,373	2,435	..	..
NSW, Qld, SA and NT combined^(e)							
Indigenous	7,806	8,105	8,057	8,376	8,403	..	..
Non-Indigenous	165,495	167,863	168,783	168,127	167,926	..	..
Crude rate per 1,000 mothers							
NSW^(c)							
Indigenous	955.0	969.8	981.1	979.3	973.8	..	..
Non-Indigenous	979.9	990.4	990.7	987.3	969.8	..	..
Qld							
Indigenous	983.0	979.8	980.8	983.4	981.3	..	..
Non-Indigenous	997.4	997.6	997.4	997.3	997.9	..	..
SA^(d)							
Indigenous	970.6	972.8	980.2	987.2	978.4	..	..
Non-Indigenous	998.8	998.8	998.8	999.2	998.8	..	..
NT							
Indigenous	950.1	972.1	951.8	964.7	925.0	..	..
Non-Indigenous	989.0	987.8	996.6	989.2	991.4	..	..
NSW, Qld, SA and NT combined^(e)							
Indigenous	961.4	968.1	968.7	972.9	962.9	..	..
Non-Indigenous	981.1	987.3	987.1	985.4	977.1	..	..

(continued)

Table 3.01.8 (continued): Number and rate of mothers who attended at least one antenatal care session, by Indigenous status, NSW, Qld, SA and NT, 2007–2011^{(a)(b)}

	2007	2008	2009	2010	2011	Annual change 2007–2011	% change over time 2007–2011
Age-standardised rate^(f)							
NSW, Qld, SA and NT combined^(e)							
Indigenous	962.9	973.5	976.0	978.3	968.4	1.6	0.7
Non-Indigenous	987.9	993.7	993.9	992.0	982.8	–1.2	–0.5
Rate ratio^(g)	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.
Rate difference^(h)	–25.1	–20.2	–17.9	–13.7	–14.5	2.8*	–46.7*

* Represents results with statistically significant differences at the $p < 0.05$ level over the period.

(a) Indigenous and non-Indigenous data exclude births where the mother's Indigenous status is not stated.

(b) Jurisdiction-level data are based on place where birth occurred, not place of usual residence. Data not available from the Victoria, Western Australia and Tasmania. Data are available in the ACT but are not of sufficient quality to publish.

(c) In 2007 NSW collected data for a new variable 'was antenatal care received', which provides a more accurate picture of the use of antenatal sessions. Prior to 2007 data for the number of women attending antenatal sessions in NSW was restricted to those whose 'duration of pregnancy at first antenatal session was recorded'. In order to maintain consistency in the time series data using the pre-2007 definition is used.

(d) Unknown number of antenatal visits is recorded for women who gave birth in SA when antenatal care has been confirmed, but the actual number of visits was not known.

(e) Data are for NSW, Qld, SA and NT only and are based on place of birth. These data are not generalisable to Australia.

(f) Directly standardised using the Australian female population giving birth in the reference year.

(g) Rate ratio—Indigenous standardised rate divided by the non-Indigenous standardised rate.

(h) Rate difference—Indigenous standardised rate minus the non-Indigenous standardised rate.

Note: Number of antenatal visits and Gestation at first antenatal visit are not part of the Perinatal NMDS. The current question is not consistent across jurisdictions, therefore, caution should be used when interpreting these numbers.

Source: AIHW/NPESU analysis of AIHW National Perinatal Data Collection.

Table 3.01.9: Number and proportion of mothers who attended at least 1 antenatal visit, by Indigenous status 1998–2011, NSW, Qld and SA^{(a)(b)(c)}

Year	Indigenous			Non-Indigenous			Rate ratio ^(e)	Rate difference ^(f)
	Number	Per cent		Number	Per cent			
		Crude rate	Age-standardised rate ^(d)		Crude rate	Age-standardised rate ^(d)		
1998	4,855	93.5	93.5	140,518	96.6	96.6	0.97	−3.1
1999	5,055	94.4	94.6	143,262	97.5	97.5	0.97	−2.9
2000	5,010	93.6	93.8	143,582	97.6	97.6	0.96	−3.8
2001	4,912	94.4	94.4	142,465	97.9	97.9	0.96	−3.5
2002	4,985	93.7	93.7	142,118	98.0	98.0	0.96	−4.3
2003	5,236	95.4	95.3	144,264	98.5	98.5	0.97	−3.1
2004	5,272	94.8	94.6	144,046	98.7	98.7	0.96	−4.1
2005	5,806	96.3	96.1	152,936	98.5	98.5	0.97	−2.5
2006	5,856	96.1	95.9	156,521	98.5	98.5	0.97	−2.6
2007	6,396	96.4	96.0	163,251	98.1	98.1	0.98	−2.1
2008	6,744	96.7	96.7	165,508	98.7	98.7	0.98	−2.0
2009	6,654	97.2	97.3	166,422	98.7	98.7	0.99	−1.4
2010	7,035	97.5	97.3	165,754	98.5	98.6	0.99	−1.3
2011	7,095	97.0	97.0	165,491	97.7	97.7	0.99	−0.7
Annual change ^(g)	193.3*	0.3*	0.3*	2396.1*	0.1*	0.1*	n.p.	0.2*
Per cent change ^(g)	55.6*	4.4*	4.2*	22.7*	1.2*	1.2*	n.p.	−67.1*

* Represents results with statistically significant increases or declines at the $p < 0.05$ level over the period 1998 to 2011.

(a) Excludes women whose Indigenous status was not stated.

(b) Antenatal visits relate to care provided by skilled birth attendants for reasons related to pregnancy. Number of antenatal visit is not part of the Perinatal NMDS. The current question is not consistent across jurisdictions, therefore, caution should be used when interpreting these numbers.

(c) Data are for NSW, Qld, and SA only and are based on place of birth. These data are not generalisable to Australia.

(d) Directly standardised using the Australian female population giving birth in 2001.

(e) Rate ratio is the standardised rate for Indigenous Australians divided by the standardised rate for non-Indigenous Australians.

(f) Rate difference is the standardised rate for Indigenous Australians minus the standardised rate for non-Indigenous Australians.

(g) Determined by linear regression.

Source: AIHW/NPESU analysis of AIHW National Perinatal Data Collection.

Table 3.01.10: Duration of pregnancy at first antenatal visit, by Indigenous status of the mother and state/territory, 2011

Duration of pregnancy at first antenatal visit	Number		Crude rate ^(a)		Age-standardised rate ^{(a)(b)}					
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Rate ratio ^(c)	Rate difference ^(d)	Indigenous risk ratio ^(e)	Non-Indigenous risk ratio ^(e)
NSW										
< 14 weeks (first trimester)	1,864	67,058	62.0	73.4	61.1	73.1	0.8*	−12.0*	REF	REF
14 to < 20 weeks	n.p.	14,798	n.p.	16.2	n.p.	16.2	n.p.	n.p.	..	..
20 or more weeks	653	9,476	21.7	10.4	22.5	10.6	2.1*	11.9*	..	..
<i>Total stated gestation at first visit</i>	<i>3,006</i>	<i>91,332</i>	<i>99.9</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>1.0</i>	<i>0.0</i>	<i>..</i>	<i>..</i>
No antenatal care	n.p.	7	n.p.	0.0	n.p.	0.0	n.p.	n.p.	..	..
Total stated^(f)	3,008	91,339	100.0	100.0	n.a.	n.a.	n.a.	n.a.	..	..
Not stated	86	2,812	2.8	3.0	n.a.	n.a.	n.a.	n.a.	..	..
Total women who gave birth^(g)	3,094	94,151	..	..	..	..	..	..	..	..
Vic										
< 14 weeks (first trimester)	318	39,587	38.7	57.2	40.9	55.9	0.7*	−15.0*	0.7*	0.8*
14 to < 20 weeks	240	18,189	29.2	26.3	28.8	26.7	1.1	2.1	..	..
20 or more weeks	249	11,113	30.3	16.1	28.6	16.9	1.7*	11.7*	..	..
<i>Total stated gestation at first visit</i>	<i>807</i>	<i>68,889</i>	<i>98.3</i>	<i>99.6</i>	<i>98.3</i>	<i>99.5</i>	<i>1.0</i>	<i>−1.2</i>	<i>..</i>	<i>..</i>
No antenatal care	14	306	1.7	0.4	n.p.	0.5	n.p.	n.p.	..	..
Total stated^(f)	821	69,195	100.0	100.0	n.a.	n.a.	n.a.	n.a.	..	..
Not stated	20	842	2.4	1.2	n.a.	n.a.	n.a.	n.a.	..	..
Total women who gave birth^(g)	841	70,037	..	..	..	..	..	..	..	..

(continued)

Table 3.01.10 (continued): Duration of pregnancy at first antenatal visit, by Indigenous status of the mother and state/territory, 2011

Duration of pregnancy at first antenatal visit	Number		Crude rate ^(a)		Age-standardised rate ^{(a)(b)}					
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Rate ratio ^(c)	Rate difference ^(d)	Indigenous risk ratio ^(e)	Non-Indigenous risk ratio ^(e)
Qld										
< 14 weeks (first trimester)	1,648	38,070	46.1	66.7	48.7	67.3	0.7*	−18.6*	0.8*	0.9*
14 to < 20 weeks	987	12,377	27.6	21.7	26.8	21.3	1.3*	5.5*	..	..
20 or more weeks	878	6,571	24.6	11.5	22.9	11.2	2.0*	11.6*	..	..
<i>Total stated gestation at first visit</i>	<i>3,513</i>	<i>57,018</i>	<i>98.3</i>	<i>99.9</i>	<i>98.4</i>	<i>99.9</i>	<i>1.0</i>	<i>−1.5</i>	<i>..</i>	<i>..</i>
No antenatal care	59	80	1.7	0.1	1.6	0.1	11.8*	1.5*	..	..
Total stated^(f)	3,572	57,098	100.0	100.0	n.a.	n.a.	n.a.	n.a.	..	..
Not stated	64	667	1.8	1.2	n.a.	n.a.	n.a.	n.a.	..	..
Total women who gave birth^(g)	3,636	57,765	..	..	..	..	..	..	..	..
WA^(h)										
< 14 weeks (first trimester)	462	15,657	34.7	58.6	35.6	58.5	0.6*	−22.9*	0.6*	0.8*
14 to < 20 weeks	228	4,684	17.1	17.5	18.3	17.5	1.0	0.7	..	..
20 or more weeks	613	6,283	46.0	23.5	44.1	23.6	1.9*	20.5*	..	..
<i>Total stated gestation at first visit</i>	<i>1,303</i>	<i>26,624</i>	<i>97.7</i>	<i>99.6</i>	<i>97.9</i>	<i>99.6</i>	<i>1.0</i>	<i>−1.7</i>	<i>..</i>	<i>..</i>
No antenatal care	30	99	2.3	0.4	2.1	0.4	5.5*	1.7*	..	..
Total stated^(f)	1,333	26,723	100.0	100.0	n.a.	n.a.	n.a.	n.a.	..	..
Not stated	378	3,366	22.1	11.2	n.a.	n.a.	n.a.	n.a.	..	..
Total women who gave birth^(g)	1,711	30,089	..	..	..	..	..	..	..	..

(continued)

Table 3.01.10 (continued): Duration of pregnancy at first antenatal visit, by Indigenous status of the mother and state/territory, 2011

Duration of pregnancy at first antenatal visit	Number		Crude rate ^(a)		Age-standardised rate ^{(a)(b)}					
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Rate ratio ^(c)	Rate difference ^(d)	Indigenous risk ratio ^(e)	Non-Indigenous risk ratio ^(e)
SA										
< 14 weeks (first trimester)	343	14,234	54.4	79.5	56.8	79.6	0.7*	−22.7*	0.9	1.1*
14 to < 20 weeks	136	2,717	21.6	15.2	20.1	15.1	1.3*	5.0*	..	..
20 or more weeks	137	937	21.7	5.2	20.4	5.2	3.9*	15.2*	..	..
<i>Total stated gestation at first visit</i>	<i>616</i>	<i>17,888</i>	<i>97.8</i>	<i>99.9</i>	<i>97.3</i>	<i>99.9</i>	<i>1.0</i>	<i>−2.6</i>	<i>..</i>	<i>..</i>
No antenatal care	14	24	2.2	0.1	n.p.	0.1	n.p.	n.p.	..	..
Total stated^(f)	630	17,912	100.0	100.0	n.a.	n.a.	n.a.	n.a.	..	..
Not stated	67	1,357	9.6	7.0	n.a.	n.a.	n.a.	n.a.	..	..
Total women who gave birth^(g)	697	19,269	..	..	..	..	..	..	..	..
Tas^(f)										
< 14 weeks (first trimester)	183	3,097	69.1	69.2	n.p.	68.5	n.p.	n.p.	n.p.	0.9*
14 to < 20 weeks	33	637	12.5	14.2	n.p.	14.2	n.p.	n.p.	..	..
20 or more weeks	49	740	18.5	16.5	n.p.	17.3	n.p.	n.p.	..	..
<i>Total stated gestation at first visit</i>	<i>265</i>	<i>4,474</i>	<i>100.0</i>	<i>100.0</i>	<i>n.p.</i>	<i>100.0</i>	<i>n.p.</i>	<i>n.p.</i>	<i>..</i>	<i>..</i>
No antenatal care	—	—	—	—	n.a.	n.a.	n.a.	n.a.	..	..
Total stated^(f)	265	4,474	100.0	100.0	n.a.	n.a.	n.a.	n.a.	..	..
Not stated	27	1,342	9.2	23.1	n.a.	n.a.	n.a.	n.a.	..	..
Total women who gave birth^(g)	292	5,816	..	..	..	..	..	..	..	..

(continued)

Table 3.01.10 (continued): Duration of pregnancy at first antenatal visit, by Indigenous status of the mother and state/territory, 2011

Duration of pregnancy at first antenatal visit	Number		Crude rate ^(a)		Age-standardised rate ^{(a)(b)}					
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Rate ratio ^(c)	Rate difference ^(d)	Indigenous risk ratio ^(e)	Non-Indigenous risk ratio ^(e)
ACT⁽ⁱ⁾										
< 14 weeks (first trimester)	37	2,189	49.3	45.8	n.p.	45.4	n.p.	n.p.	n.p.	0.6*
14 to < 20 weeks	19	1,664	25.3	34.8	n.p.	34.3	n.p.	n.p.	..	..
20 or more weeks	19	931	25.3	19.5	n.p.	20.3	n.p.	n.p.	..	..
<i>Total stated gestation at first visit</i>	<i>75</i>	<i>4,784</i>	<i>100.0</i>	<i>100.0</i>	<i>n.p.</i>	<i>100.0</i>	<i>n.p.</i>	<i>n.p.</i>	<i>..</i>	<i>..</i>
No antenatal care	—	—	—	—	n.a.	n.a.	n.a.	n.a.	..	..
Total stated^(f)	75	4,784	100.0	100.0	n.a.	n.a.	n.a.	n.a.	..	..
Not stated	2	5	n.p.	0.1	n.a.	n.a.	n.a.	n.a.	..	..
Total women who gave birth^(g)	77	4,789	..	..	..	..	..	..	..	..
NT										
< 14 weeks (first trimester)	674	2,064	49.9	83.8	53.8	83.8	0.6*	−30.0*	0.9*	1.1*
14 to < 20 weeks	265	266	19.6	10.8	17.7	10.8	1.6*	6.8*	..	..
20 or more weeks	377	131	27.9	5.3	25.7	5.3	4.9*	20.4*	..	..
<i>Total stated gestation at first visit</i>	<i>1,316</i>	<i>2,461</i>	<i>97.4</i>	<i>99.9</i>	<i>97.1</i>	<i>99.9</i>	<i>1.0</i>	<i>−2.8</i>	<i>..</i>	<i>..</i>
No antenatal care	35	2	2.6	n.p.	2.9	n.p.	n.p.	n.p.	..	..
Total stated^(f)	1,351	2,463	100.0	100.0	n.a.	n.a.	n.a.	n.a.	..	..
Not stated	23	17	1.7	0.7	n.a.	n.a.	n.a.	n.a.	..	..
Total women who gave birth^(g)	1,374	2,480	..	..	..	..	..	..	..	..

(continued)

Table 3.01.10 (continued): Duration of pregnancy at first antenatal visit, by Indigenous status of the mother and state/territory, 2011

Duration of pregnancy at first antenatal visit	Number		Crude rate ^(a)		Age-standardised rate ^{(a)(b)}					
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Rate ratio ^(c)	Rate difference ^(d)	Indigenous risk ratio ^(e)	Non-Indigenous risk ratio ^(e)
Australia^{(h)(i)(j)}										
< 14 weeks (first trimester)	5,529	181,956	50.0	66.4	51.4	66.2	0.8*	−14.8*	0.8*	0.9*
14 to < 20 weeks	2,397	55,332	21.7	20.2	21.4	20.2	1.1*	1.2*	..	..
20 or more weeks	2,975	36,182	26.9	13.2	25.8	13.3	1.9*	12.4*	..	..
<i>Total stated gestation at first visit</i>	<i>10,901</i>	<i>273,470</i>	<i>98.6</i>	<i>99.8</i>	<i>98.6</i>	<i>99.8</i>	<i>1.0</i>	<i>−1.2</i>	<i>..</i>	<i>..</i>
No antenatal care	154	518	1.4	0.2	1.4	0.2	7.2*	1.2*	..	..
Total stated^(f)	11,055	273,988	100.0	100.0	n.a.	n.a.	n.a.	n.a.	..	..
Not stated	667	10,408	5.7	3.7	n.a.	n.a.	n.a.	n.a.	..	..
Total women who gave birth^(g)	11,722	284,396	..	..	..	..	..	..	..	..

(continued)

Table 3.01.10 (continued): Duration of pregnancy at first antenatal visit, by Indigenous status of the mother and state/territory, 2011

REF Reference group

* Represents statistically significant differences at the $p < 0.05$ level.

- (a) Number per 100 women who gave birth in the period to a live or stillborn baby who weighed at least 400 grams or whose gestational age was 20 weeks or more.
- (b) Data are directly age-standardised using the Australian female population who gave birth in 2011 as the standard population.
- (c) Rate ratio: Indigenous age-standardised rate: non-Indigenous age-standardised rate.
- (d) Rate difference: Indigenous age-standardised rate minus non-Indigenous age-standardised rate.
- (e) Risk ratio: age-standardised rate of mothers with an antenatal session before 14 weeks of pregnancy in each jurisdiction divided by the rate in the reference jurisdiction.
- (f) Total stated excludes mothers with 'Not stated' duration of pregnancy at first antenatal visit, but includes mothers where it was known there was no antenatal care.
- (g) Total includes mothers with 'Not stated' duration of pregnancy at first antenatal visit, and includes mothers where it was known there was no antenatal care.
- (h) For WA, gestational age at first antenatal visit is reported by birth hospital; therefore, data may not be available for women who attend their first antenatal visit outside the birth hospital. This particularly affects hospitals without antenatal care services onsite.
- (i) For Tas, duration of pregnancy at first antenatal visit data was not reported by hospitals still using the paper-based form, so these data should be interpreted with caution. Age-standardised rates are not provided for Tas due to small numbers (denominators for some age groups being less than 30).
- (j) For ACT, first antenatal visit is often the first hospital antenatal clinic visit. In many cases earlier antenatal care provided by the woman's GP is not reported. Age-standardised rates are not provided for the ACT due to small numbers (denominators for some age groups being less than 30).

Notes

1. Data represent one calendar year.
2. Data exclude births where the mother's Indigenous status was not stated.
3. Data are by place of usual residence of the mother. Table excludes Australian non-residents, residents of external territories and those with not stated state/territory of residence.

Source: AIHW/NPESU analysis of AIHW National Perinatal Data Collection.

Table 3.01.11: Duration of pregnancy at first antenatal visit, by Indigenous status of the mother and remoteness, 2011

Duration of pregnancy at first antenatal visit	Number		Crude rate ^(a)		Age-standardised rate ^{(a)(b)}					
	Indigenous	Non-Indigenous	Indigenous	Indigenous risk ratio ^(c)	Indigenous	Non-Indigenous	Rate ratio ^(d)	Rate difference ^(e)	Indigenous risk ratio ^(c)	Non-Indigenous risk ratio ^(c)
Major cities										
< 14 weeks (first trimester)	1,554	132,556	46.6	0.8*	48.6	65.3	0.7*	−16.7*	0.9*	1.0
14 to < 20 weeks	815	42,228	24.5	..	25.2	21.3	1.2*	3.9*	..	..
20 or more weeks	926	25,271	27.8	..	25.0	13.2	1.9*	11.8*	..	..
<i>Total stated gestation at first visit</i>	<i>3,294</i>	<i>200,056</i>	<i>98.9</i>	<i>..</i>	<i>98.8</i>	<i>99.8</i>	<i>1.0</i>	<i>−1.0</i>	<i>..</i>	<i>..</i>
No antenatal care	37	367	1.1	..	1.2	0.2	6.0*	1.0*	..	..
Total stated^(f)	3,331	200,423	100.0	..	n.a.	n.a.	n.a.	n.a.	..	..
Not stated	132	5,674	3.8	..	n.a.	n.a.	n.a.	n.a.	..	..
Total women who gave birth^(g)	3,463	206,096	..	..	..	..	..	..	..	..
Inner regional										
< 14 weeks (first trimester)	1,282	29,441	55.3	REF	55.6	65.6	0.8*	−10.0*	REF	REF
14 to < 20 weeks	459	8,809	19.8	..	19.1	19.2	1.0	−0.1	..	..
20 or more weeks	571	6,949	24.6	..	25.2	15.1	1.7*	10.1*	..	..
<i>Total stated gestation at first visit</i>	<i>2,313</i>	<i>45,199</i>	<i>99.7</i>	<i>..</i>	<i>99.9</i>	<i>99.9</i>	<i>1.0</i>	<i>0.0</i>	<i>..</i>	<i>..</i>
No antenatal care	6	66	0.3	..	n.p.	0.1	n.p.	n.p.	..	..
Total stated^(f)	2,319	45,265	100.0	..	n.a.	n.a.	n.a.	n.a.	..	..
Not stated	80	2,482	3.4	..	n.a.	n.a.	n.a.	n.a.	..	..
Total women who gave birth^(g)	2,399	47,747	..	..	..	..	..	..	..	..

(continued)

Table 3.01.11 (continued): Duration of pregnancy at first antenatal visit, by Indigenous status of the mother and remoteness, 2011

Duration of pregnancy at first antenatal visit	Number		Crude rate ^(a)		Age-standardised rate ^{(a)(b)}					
	Indigenous	Non-Indigenous	Indigenous	Indigenous risk ratio ^(c)	Indigenous	Non-Indigenous	Rate ratio ^(d)	Rate difference ^(e)	Indigenous risk ratio ^(c)	Non-Indigenous risk ratio ^(c)
Outer regional										
< 14 weeks (first trimester)	1,277	15,677	51.9	0.9	52.3	71.4	0.7*	−19.1*	0.9	1.1*
14 to < 20 weeks	532	3,400	21.6	..	21.1	15.1	1.4*	6.0*	..	..
20 or more weeks	600	3,013	24.4	..	24.4	13.2	1.8*	11.2*	..	..
<i>Total stated gestation at first visit</i>	<i>2,409</i>	<i>22,090</i>	<i>97.9</i>	<i>..</i>	<i>97.9</i>	<i>99.8</i>	<i>1.0</i>	<i>−1.9</i>	<i>..</i>	<i>..</i>
No antenatal care	53	43	2.1	..	2.1	0.2	10.8*	1.9*	..	..
Total stated^(f)	2,461	22,134	100.0	..	n.a.	n.a.	n.a.	n.a.	..	..
Not stated	170	1,533	6.5	..	n.a.	n.a.	n.a.	n.a.	..	..
Total women who gave birth^(g)	2,632	23,666	..	..	..	..	..	..	..	..
Sub-total non-Remote										
< 14 weeks (first trimester)	4,113	177,674	50.7	0.9*	51.7	66.1	0.8*	−14.5*	0.9*	1.0
14 to < 20 weeks	1,806	54,437	22.3	..	22.4	20.4	1.1*	2.0*	..	..
20 or more weeks	2,097	35,233	25.9	..	24.8	13.3	1.9*	11.5*	..	..
<i>Total stated gestation at first visit</i>	<i>8,016</i>	<i>267,345</i>	<i>98.8</i>	<i>..</i>	<i>98.9</i>	<i>99.8</i>	<i>1.0</i>	<i>−1.0</i>	<i>..</i>	<i>..</i>
No antenatal care	96	477	1.2	..	1.1	0.2	6.3*	1.0*	..	..
Total stated^(f)	8,111	267,822	100.0	..	n.a.	n.a.	n.a.	n.a.	..	..
Not stated	382	9,688	4.5	..	n.a.	n.a.	n.a.	n.a.	..	..
Total women who gave birth^(g)	8,494	277,510	..	..	..	..	..	..	..	..

(continued)

Table 3.01.11 (continued): Duration of pregnancy at first antenatal visit, by Indigenous status of the mother and remoteness, 2011

Duration of pregnancy at first antenatal visit	Number		Crude rate ^(a)		Age-standardised rate ^{(a)(b)}					
	Indigenous	Non-Indigenous	Indigenous	Indigenous risk ratio ^(c)	Indigenous	Non-Indigenous	Rate ratio ^(d)	Rate difference ^(e)	Indigenous risk ratio ^(c)	Non-Indigenous risk ratio ^(c)
Remote										
< 14 weeks (first trimester)	522	2,298	50.8	0.9	53.5	66.6	0.8*	−13.2*	1.0	1.0
14 to < 20 weeks	186	552	18.1	..	17.0	16.0	1.1	1.0	..	..
20 or more weeks	303	578	29.5	..	27.9	16.5	1.7*	11.4*	..	..
<i>Total stated gestation at first visit</i>	<i>1,010</i>	<i>3,428</i>	<i>98.4</i>	<i>..</i>	<i>98.4</i>	<i>99.1</i>	<i>1.0</i>	<i>−0.7</i>	<i>..</i>	<i>..</i>
No antenatal care	16	31	1.6	..	n.p.	0.9	n.p.	n.p.	..	..
Total stated^(f)	1,027	3,459	100.0	..	n.a.	n.a.	n.a.	n.a.	..	..
Not stated	112	405	9.9	..	n.a.	n.a.	n.a.	n.a.	..	..
Total women who gave birth^(g)	1,139	3,864	..	..	..	..	..	..	..	..
Very remote										
< 14 weeks (first trimester)	847	894	46.8	0.8*	49.9	67.6	0.7*	−17.8*	0.9*	1.0
14 to < 20 weeks	385	216	21.3	..	18.8	16.4	1.1	2.4	..	..
20 or more weeks	538	207	29.7	..	28.8	15.5	1.9*	13.3*	..	..
<i>Total stated gestation at first visit</i>	<i>1,771</i>	<i>1,317</i>	<i>97.8</i>	<i>..</i>	<i>97.5</i>	<i>99.6</i>	<i>1.0</i>	<i>−2.1</i>	<i>..</i>	<i>..</i>
No antenatal care	40	6	2.2	..	2.5	n.p.	n.p.	n.p.	..	..
Total stated^(f)	1,811	1,323	100.0	..	n.a.	n.a.	n.a.	n.a.	..	..
Not stated	131	123	6.7	..	n.a.	n.a.	n.a.	n.a.	..	..
Total women who gave birth^(g)	1,941	1,446	..	..	..	..	..	..	..	..

(continued)

Table 3.01.11 (continued): Duration of pregnancy at first antenatal visit, by Indigenous status of the mother and remoteness, 2011

Duration of pregnancy at first antenatal visit	Number		Crude rate ^(a)		Age-standardised rate ^{(a)(b)}					
	Indigenous	Non-Indigenous	Indigenous	Indigenous risk ratio ^(c)	Indigenous	Non-Indigenous	Rate ratio ^(d)	Rate difference ^(e)	Indigenous risk ratio ^(c)	Non-Indigenous risk ratio ^(c)
Sub-total Remote										
< 14 weeks (first trimester)	1,369	3,192	48.3	0.9*	51.2	66.9	0.8*	−15.7*	0.9*	1.0
14 to < 20 weeks	571	769	20.1	..	18.2	16.1	1.1*	2.1*	..	..
20 or more weeks	841	785	29.6	..	28.4	16.2	1.8*	12.2*	..	..
<i>Total stated gestation at first visit</i>	<i>2,781</i>	<i>4,745</i>	<i>98.0</i>	<i>..</i>	<i>97.8</i>	<i>99.2</i>	<i>1.0</i>	<i>−1.4</i>	<i>..</i>	<i>..</i>
No antenatal care	56	37	2.0	..	2.2	0.8	2.9*	1.4*	..	..
Total stated^(f)	2,837	4,782	100.0	..	n.a.	n.a.	n.a.	n.a.	..	..
Not stated	243	528	7.9	..	n.a.	n.a.	n.a.	n.a.	..	..
Total women who gave birth^(g)	3,080	5,310	..	..	..	..	..	..	..	..
Total										
< 14 weeks (first trimester)	5,482	180,866	50.1	0.9*	51.5	66.2	0.8*	−14.6*	0.9*	1.0
14 to < 20 weeks	2,377	55,206	21.7	..	21.4	20.3	1.1*	1.1*	..	..
20 or more weeks	2,938	36,018	26.8	..	25.7	13.4	1.9*	12.3*	..	..
<i>Total stated gestation at first visit</i>	<i>10,797</i>	<i>272,090</i>	<i>98.6</i>	<i>..</i>	<i>98.6</i>	<i>99.8</i>	<i>1.0</i>	<i>−1.2</i>	<i>..</i>	<i>..</i>
No antenatal care	152	514	1.4	..	1.4	0.2	7.3*	1.2*	..	..
Total stated^(f)	10,949	272,604	100.0	..	n.a.	n.a.	n.a.	n.a.	..	..
Not stated	625	10,216	5.4	..	n.a.	n.a.	n.a.	n.a.	..	..
Total women who gave birth^(g)	11,574	282,820	..	..	..	..	..	..	..	..

(continued)

Table 3.01.11 (continued): Duration of pregnancy at first antenatal visit, by Indigenous status of the mother and remoteness, 2011

REF Reference group

* Represents statistically significant differences at the $p < 0.05$ level. Only first trimester tested.

- (a) Number per 100 women who gave birth in the period to a live or stillborn baby who weighed at least 400 grams or whose the gestational age was 20 weeks or more.
- (b) Data are directly age-standardised using the Australian female population who gave birth in 2011 as the standard population.
- (c) Risk ratio: crude rate of mothers with an antenatal session before 14 weeks of pregnancy in each remoteness category divided by the rate in the reference remoteness category.
- (d) Rate ratio: Indigenous age-standardised rate divided by non-Indigenous age-standardised rate.
- (e) Rate difference: Indigenous age-standardised rate minus non-Indigenous age-standardised rate.
- (f) Total stated includes mothers where it was known there was no antenatal care, but excludes those with 'Not stated' duration of pregnancy at first antenatal visit, and those with remoteness 'Not stated'.
- (g) Total includes mothers where it was known there was no antenatal care and includes mothers with 'Not stated' duration of pregnancy at first antenatal visit, but excludes those with remoteness 'Not stated'.

Notes

1. Data represent one calendar year.
2. Data exclude births where the mother's Indigenous status was not stated.
3. Data are by place of usual residence of the mother. Table excludes Australian non-residents, residents of external territories and not stated state/territory of residence.

Source: AIHW/NPESU analysis of AIHW National Perinatal Data Collection.

Table 3.01.12: Duration of pregnancy at first antenatal visit, by age and Indigenous status of the mother, 2011^(a)

	<20		20–24		25–29		30–34		35–39		40+		Age-standardised rate ^(b)	
	Indig.	Non-Indig.	Indig.	Non-Indig.	Indig.	Non-Indig.	Indig.	Non-Indig.	Indig.	Non-Indig.	Indig.	Non-Indig.	Indig.	Non-Indig.
Number														
<14 weeks (first trimester)	924	4,283	1,803	20,189	1,417	49,490	858	62,082	424	36,782	99	8,476	..	..
14 to <20 weeks	480	2,003	759	8,430	586	16,433	342	16,936	179	9,120	44	2,108	..	..
20 or more weeks	613	2,120	995	7,141	702	10,728	421	9,496	201	5,151	44	1,381	..	..
No antenatal care	32	54	50	102	34	152	17	119	12	73	9	24	..	..
Total stated^{(c)(d)}	2,049	8,460	3,607	35,862	2,739	76,803	1,638	88,633	816	51,126	196	11,989	..	..
Not stated	136	305	203	1,188	165	2,870	96	3,458	56	2,100	10	471	..	..
Total women who gave birth^(e)	2,185	8,765	3,810	37,050	2,904	79,673	1,734	92,091	872	53,226	206	12,460	..	..
Per cent														
<14 weeks (first trimester)	45.1	50.6	50.0	56.3	51.7	64.4	52.4	70.0	52.0	71.9	50.5	70.7	51.4	66.2
14 to <20 weeks	23.4	23.7	21.0	23.5	21.4	21.4	20.9	19.1	21.9	17.8	22.4	17.6	21.4	20.2
20 or more weeks	29.9	25.1	27.6	19.9	25.6	14.0	25.7	10.7	24.6	10.1	22.4	11.5	25.8	13.4
No antenatal care	1.6	0.6	1.4	0.3	1.2	0.2	1.0	0.1	1.5	0.1	4.6	0.2	1.4	0.2
Total stated^{(c)(d)}	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	..	..
Not stated	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total women who gave birth^(e)	..	..	..	..	..	..	..	..	..	..	..	..	..	..
First trimester risk ratio ^(f)	REF	REF	1.1*	1.1*	1.1*	1.3*	1.2*	1.4*	1.2*	1.4*	1.1	1.4*	..	..

(continued)

Table 3.01.12 (continued): Duration of pregnancy at first antenatal visit, by age and Indigenous status of the mother, 2011^(a)

REFReference group

* Represents statistically significant differences at the $p < 0.05$ level. Only first trimester risk ratios were tested.

(a) Data exclude births where the mother's Indigenous status or smoking status was not stated.

(b) Data were directly age-standardised using the Australian female population who gave birth in 2011 as the standard population.

(c) Total excludes mothers with 'Not stated' duration of pregnancy at first antenatal visit, not stated and did not visit.

(d) Total stated includes mothers where it was stated that gestation was not applicable because there was no antenatal care, but excludes mothers with 'Not stated' duration of pregnancy at first antenatal visit.

(e) Total women who gave birth includes mothers with no antenatal visits and with 'Not stated' duration of pregnancy at first antenatal visit.

(f) Risk ratio: crude rate with first antenatal session before 14 weeks of pregnancy in the age group divided by the crude rate in the reference group, by Indigenous status.

Note: Data represent one calendar year.

Source: AIHW/NPESU analysis of AIHW National Perinatal Data Collection.

Table 3.01.13: Duration of pregnancy at first antenatal visit, by smoking status and Indigenous status of the mother^(a), 2011

	Number				Crude proportion								Age-standardised proportion ^(b)					
	Indigenous		Non-Indigenous		Indigenous ^(c)				Non-Indigenous ^(c)				Indigenous		Non-Indigenous		Indig./non-Indig. smoked	
	Smoked	Did not smoke	Smoked	Did not smoke	Smoked	Did not smoke	Risk ratio ^(d)	Risk diff. ^(e)	Smoked	Did not smoke	Risk ratio ^(d)	Risk diff. ^(e)	Smoked	Did not smoke	Smoked	Did not smoke	Rate ratio ^(f)	Rate diff. ^(g)
Duration of pregnancy at first antenatal visit																		
< 14 weeks (first trimester)	2,573	2,905	17,444	161,285	47.0	53.0	REF	REF	9.8	90.2	REF	REF	44.4	55.6	10.5	89.5	4.2*	33.9*
14 to < 20 weeks	1,186	1,180	7,332	47,617	50.1	49.9	1.1	3.2	13.3	86.7	1.4*	3.6*	48.2	51.8	13.1	86.9	3.7*	35.1*
20 or more weeks	1,659	1,284	6,909	29,005	56.4	43.6	1.2*	9.4*	19.2	80.8	2.0*	9.5*	58.0	42.0	18.0	82.0	3.2*	40.0*
No antenatal care	77	60	132	377	56.2	43.8	1.2	9.2	25.9	74.1	2.7*	16.2*	61.1	38.9	24.5	75.5	2.5*	36.7*
Total stated^(h)	5,495	5,429	31,817	238,284	50.3	49.7	..	..	11.8	88.2	..	..	48.9	51.1	12.0	88.0	4.1*	36.9*
Not stated	290	353	1,034	9,157	45.1	54.9	..	..	10.1	89.9	..	..	..	..	..	..	..	..
Total women who gave birth⁽ⁱ⁾	5,785	5,782	32,851	247,441	50.0	50.0	..	..	11.7	88.3	..	..	..	..	..	..	..	..

(continued)

Table 3.01.13 (continued): Duration of pregnancy at first antenatal visit, by smoking status and Indigenous status of the mother^(a), 2011

REF Reference group

* Represents results with statistically significant differences at the $p < 0.05$ level.

- (a) Data exclude births where the mother's Indigenous status or smoking status was not stated.
- (b) Data were directly age-standardised using the Australian female population who gave birth in 2011 as the standard population.
- (c) Crude proportions of smokers per 100 women who attended the their first antenatal session at the relevant time and related statistics.
- (d) Risk ratio: proportion for Indigenous smoked in different categories divided by proportion for Indigenous smoked in reference category based on crude rate.
- (e) Risk difference: proportion for Indigenous smoked in different categories minus proportion for Indigenous smoked in reference category based on crude rate.
- (f) Rate ratio: proportion for Indigenous smoked divided by proportion for non-Indigenous smoked based on age-standardised rate.
- (g) Rate difference: proportion for Indigenous smoked minus proportion for non-Indigenous smoked based on age-standardised rate.
- (h) Total stated includes mothers where duration of pregnancy was not applicable because there was no antenatal care, but excludes mothers with 'Not stated' duration of pregnancy at first antenatal visit.
- (i) Total women who gave birth includes mothers with no antenatal visits and with 'Not stated' duration of pregnancy at first antenatal visit.

Note: Data represent one calendar year.

Source: AIHW/NPESU analysis of AIHW National Perinatal Data Collection.

Table 3.01.14: Low birthweight by duration of pregnancy at first antenatal visit, by Indigenous status of the mother, 2011

	Number				Crude proportions ^(a)								Age-standardised ^(b)					
	Indigenous		Non-Indigenous		Indigenous				Non-Indigenous ^(b)				Indigenous		Non-Indigenous			
	Low birthweight		Low birthweight		Low birthweight				Low birthweight				Low birthweight		Low birthweight		Indig./non-Indig. low birthweight	
	Yes	No ^(c)	Yes	No ^(c)	Yes	No ^(c)	Risk ratio ^(d)	Risk diff. ^(e)	Yes	No ^(c)	Risk ratio ^(d)	Risk diff. ^(e)	Yes	No ^(c)	Yes	No ^(c)	Rate ratio ^(f)	Rate diff. ^(g)
Duration of pregnancy at first antenatal visit																		
< 14 weeks (first trimester)	561	4,906	9,009	172,092	10.3	89.7	REF	REF	5.0	95.0	REF	REF	10.4	89.6	5.0	95.0	2.1*	5.4*
14 to < 20 weeks	268	2,103	2,718	52,314	11.3	88.7	1.1	1.0	4.9	95.1	1.0	0.0	11.6	88.4	5.0	95.0	2.4*	6.7*
20 or more weeks	396	2,546	2,338	33,507	13.5	86.5	1.3*	3.2*	6.5	93.5	1.3*	1.5*	14.1	85.9	6.5	93.5	2.2*	7.5*
No antenatal care	40	98	70	443	29.0	71.0	2.8*	18.7*	13.6	86.4	2.7*	8.7*	29.0	71.0	13.1	86.9	2.2*	15.9*
Total stated^(h)	1,265	9,653	14,135	258,356	11.6	88.4	..	..	5.2	94.8	..	..	11.8	88.2	5.2	94.8	2.3*	6.6*
Not stated	110	546	727	9,543	16.8	83.2	..	..	7.1	92.9	..	..	..	..	..	..	..	..
Total women who gave birth to livebirth⁽ⁱ⁾	1,375	10,199	14,862	267,899	11.9	88.1	..	..	5.3	94.7	..	..	..	..	..	..	..	..

(continued)

Table 3.01.14 (continued): Low birthweight by duration of pregnancy at first antenatal visit, by Indigenous status of the mother, 2011

REFReference group

* Represents results with statistically significant differences at the $p < 0.05$ level.

- (a) Crude proportions of low birthweight per 100 women who attended their first antenatal session at the relevant time and related statistics.
- (b) Data were directly age-standardised using the Australian female population who gave birth in 2011 as the standard population.
- (c) Includes 'Not stated' birthweight.
- (d) Risk ratio: proportion for Indigenous smoked in different categories divided by proportion for Indigenous smoked in reference category based on crude rate.
- (e) Risk difference: proportion for Indigenous smoked in different categories minus proportion for Indigenous smoked in reference category based on crude rate.
- (f) Rate ratio: proportion for Indigenous smoked divided by proportion for non-Indigenous smoked based on age-standardised rate.
- (g) Rate difference: proportion for Indigenous smoked minus proportion for non-Indigenous smoked based on age-standardised rate.
- (h) Total stated includes mothers where duration of pregnancy was not applicable because there was no antenatal care, but excludes mothers with 'Not stated' duration of pregnancy at first antenatal visit.
- (i) Total women who gave birth includes mothers with no antenatal visits and with 'Not stated' duration of pregnancy at first antenatal visit.

Note: Data represent one calendar year.

Source: AIHW/NPESU analysis of AIHW National Perinatal Data Collection.

Table 3.01.15: Pre-term births by duration of pregnancy at first antenatal visit, by Indigenous status of the mother^(a), 2011

	Number				Crude proportion ^(b)								Age-standardised ^(c)					
	Indig.		Non-Indig.		Indig.				Non-Indig.				Indig. Age-std. proportion		Non-Indig. Age-std. proportion		Indig./non-Indig. pre-term birth	
							Risk ratio ^(d)	Risk diff. ^(e)			Risk ratio ^(d)	Risk diff. ^(e)					Rate ratio ^(f)	Rate diff. ^(g)
	Yes	No	Yes	No	Yes	No			Yes	No			Yes	No	Yes	No		
Duration of pregnancy at first antenatal visit																		
< 14 weeks (first trimester)	643	4,890	12,843	169,283	11.6	88.4	REF	REF	7.1	92.9	REF	REF	12.4	87.6	7.1	92.9	1.8*	5.4*
14 to < 20 weeks	288	2,109	3,622	51,763	12.0	88.0	1.0	0.4	6.5	93.5	0.9*	−0.5*	12.0	88.0	6.6	93.4	1.8*	5.4*
20 or more weeks	413	2,565	3,045	33,201	13.9	86.1	1.2*	2.2*	8.4	91.6	1.2*	1.3*	14.0	86.0	8.4	91.6	1.7*	5.6*
No antenatal care	61	92	99	427	39.9	60.1	3.4*	28.2*	18.8	81.2	2.7*	11.8*	37.5	62.5	17.0	83.0	2.2*	20.5*
Total stated^(h)	1,405	9,656	19,609	254,674	12.7	87.3	..	..	7.1	92.9	..	..	..	..	..	..	..	..
Not stated	135	530	1,132	9,282	20.3	79.7	..	..	10.9	89.1	..	..	..	..	..	..	..	..
Total women who gave birth to livebirth⁽ⁱ⁾	1,540	10,186	20,741	263,956	13.1	86.9	..	..	7.3	92.7	..	..	..	..	..	..	..	..

REFReference group

* Represents results with statistically significant differences at the p < 0.05 level.

(a) Data exclude births where the mother's Indigenous status or duration of pregnancy was not stated.

(b) Crude proportions of preterm per 100 women who attended their first antenatal session at the relevant time and related statistics.

(c) Data were directly age-standardised using the Australian female population who gave birth in 2011 as the standard population.

(d) Risk ratio: proportion for Indigenous smoked in different categories divided by proportion for Indigenous smoked in reference category based on crude rate.

(e) Risk difference: proportion for Indigenous smoked in different categories minus proportion for Indigenous smoked in reference category based on crude rate.

(f) Rate ratio: proportion for Indigenous smoked divided by proportion for non-Indigenous smoked based on age-standardised rate.

(g) Rate difference: proportion for Indigenous smoked minus proportion for non-Indigenous smoked based on age-standardised rate.

(h) Total stated includes mothers where duration of pregnancy was not applicable because there was no antenatal care, but excludes mothers with 'Not stated' duration of pregnancy at first antenatal visit.

(i) Total women who gave birth includes mothers with no antenatal visits and with 'Not stated' duration of pregnancy at first antenatal visit.

Note: Data represent one calendar year.

Source: AIHW/NPESU analysis of AIHW National Perinatal Data Collection.

Table 3.01.16: Perinatal death by duration of pregnancy at first antenatal visit, by Indigenous status of the mother^(a), 2011

	Number				Crude proportion ^(b)								Age-standardised proportion ^(c)					
	Indig.		Non-Indig.		Indig.				Non-Indig.				Indig.		Non-Indig.			
	Perinatal death		Perinatal death		Perinatal death				Perinatal death				Perinatal death		Perinatal death		Indig./non-Indig. perinatal death	
	Yes	No	Yes	No	Yes	No	Risk ratio ^(d)	Risk diff. ^(e)	Yes	No	Risk ratio ^(d)	Risk diff. ^(e)	Yes	No	Yes	No	Rate ratio ^(f)	Rate diff. ^(g)
Duration of pregnancy at first antenatal visit																		
< 14 weeks (first trimester)	98	5,417	1,382	179,809	1.8	98.2	REF	REF	0.8	99.2	REF	REF	1.8	98.2	0.8	99.2	2.3*	1.0*
14 to < 20 weeks	41	2,346	483	54,396	1.7	98.3	1.0	−0.1	0.9	99.1	1.2*	0.1*	1.8	98.2	0.9	99.1	2.0*	0.9*
20 or more weeks	45	2,904	490	34,879	1.5	98.5	0.9	−0.3	1.4	98.6	1.8*	0.6*	1.7	98.3	1.3	98.7	1.3	0.4
No antenatal care	19	134	25	484	12.4	87.6	7.0*	10.6*	4.9	95.1	6.4*	4.1*	12.0	88.0	4.2	95.8	2.8*	7.8*
Total stated^(h)	203	10,801	2,380	269,568	1.8	98.2	..	..	0.9	99.1	..	..	..	..	..	..	..	..
Not stated	18	645	200	10,141	2.7	97.3	..	..	1.9	98.1	..	..	..	..	..	..	..	..
Total women who gave birth to livebirth⁽ⁱ⁾	221	11,446	2,580	279,709	1.9	98.1	..	..	0.9	99.1	..	..	..	..	..	..	..	..

REF Reference group

* Represents results with statistically significant differences at the $p < 0.05$ level.

(a) Data exclude births where the mother's Indigenous status or baby outcome was not stated.

(b) Crude proportions of perinatal death per 100 women who attended their first antenatal session at the relevant time and related statistics.

(c) Data were directly age-standardised using the Australian female population who gave birth in 2011 as the standard population.

(d) Risk ratio: proportion for Indigenous smoked in different categories divided by proportion for Indigenous smoked in reference category based on crude rate.

(e) Risk difference: proportion for Indigenous smoked in different categories minus proportion for Indigenous smoked in reference category based on crude rate.

(f) Rate ratio: proportion for Indigenous smoked divided by proportion for non-Indigenous smoked based on age-standardised rate.

(g) Rate difference: proportion for Indigenous smoked minus proportion for non-Indigenous smoked based on age-standardised rate.

(h) Total stated includes mothers where duration of pregnancy was not applicable because there was no antenatal care, but excludes mothers with 'Not stated' duration of pregnancy at first antenatal visit.

(i) Total women who gave birth includes mothers with no antenatal visits and with 'Not stated' duration of pregnancy at first antenatal visit.

Note: Data represent one calendar year.

Source: AIHW/NPESU analysis of AIHW National Perinatal Data Collection.

Table 3.01.17: Number and proportion of women^(a) who gave birth to an Indigenous baby^(b), by timing of the first antenatal visit, by remoteness, 1 July 2010–30 June 2011

Timing of first antenatal visit	Major cities %	Inner regional %	Outer regional %	Remote %	Very remote %	Total %
Before 13 weeks of pregnancy	34.4	43.2	51.6	47.0	51.0	47.3
At 13 weeks or after, but before 20 weeks of pregnancy	19.4	28.4	17.1	18.2	21.2	19.9
<i>Before 20 weeks of pregnancy</i>	<i>53.8</i>	<i>71.6</i>	<i>68.7</i>	<i>65.2</i>	<i>72.1</i>	<i>67.3</i>
At 20 weeks of pregnancy or after	18.6	24.7	21.6	19.9	21.8	21.5
Did not attend/Not recorded antenatal visit	27.7	3.7	9.7	15.0	6.1	11.3
Total number	253	352	878	428	312	2,223

(a) Women who were regular clients of the HfL service.

(b) Women who gave birth to an Indigenous baby in the current reporting period.

Notes

1. Valid data for this indicator were provided by 71 services (9 in Major cities of Australia, 12 in Inner regional Australia, 25 in Outer regional Australia, 11 in Remote Australia and 14 in Very remote Australia).
2. Services used their own definition of regular client.
3. Numerator is the number of women who attended an antenatal visit and denominator is the total number of women who gave birth to an Indigenous baby.

Source: AIHW, Healthy for Life data collection.

Table 3.01.18: Number and proportion of women^(a) who gave birth to an Indigenous baby^(b), by timing of the first antenatal visit and mother's age group, 1 July 2010–30 June 2011

Timing of first antenatal visit	<20 years %	20–34 years %	35 years and over %	Total %
Before 13 weeks of pregnancy	44.7	48.4	50.6	47.9
At 13 weeks or after, but before 20 weeks of pregnancy	17.6	21.1	17.8	20.1
<i>Before 20 weeks of pregnancy</i>	<i>62.4</i>	<i>69.5</i>	<i>68.3</i>	<i>68.0</i>
At 20 weeks of pregnancy or after	26.8	20.5	18.9	21.6
Did not attend/Not recorded antenatal visit	10.8	10.0	12.8	10.4
Total	425	1,571	180	2,176

(a) Women who were regular clients of the HfL service.

(b) Women who gave birth to an Indigenous baby in the current reporting period.

Notes

1. This table refers to data provided by a subset of 70 services that provided data by age group and sex.
2. Services used their own definition of regular client.
3. Numerator is the number of women who attended an antenatal visit and Denominator is the total number of women who gave birth to an Indigenous baby.

Source: AIHW, Healthy for Life data collection.

Table 3.01.19: Number and proportion of women^(a) who gave birth to an Indigenous baby^(b), by timing of the first antenatal visit and state/territory, 1 July 2010–30 June 2011

Timing of first antenatal visit	NSW/ ACT %	Vic/ Tas %	QLD %	WA %	SA %	NT %	Total %
Before 13 weeks of pregnancy	51.1	44.0	49.8	41.4	51.6	47.6	47.3
At 13 weeks or after, but before 20 weeks of pregnancy	29.1	21.3	13.9	18.1	17.6	20.8	19.9
<i>Before 20 weeks of pregnancy</i>	<i>80.2</i>	<i>65.3</i>	<i>63.7</i>	<i>59.5</i>	<i>69.2</i>	<i>68.4</i>	<i>67.2</i>
Total number	364	150	454	502	182	571	2,223

(a) Women who were regular clients of the HfL service.

(b) Women who gave birth to an Indigenous baby in the current reporting period.

Notes

1. Valid data for this indicator were provided by 71 services (NSW/ACT 15, Vic/Tas 11, Qld 10, WA 9, SA 13 and NT 13).
2. Services used their own definition of regular client.
3. Numerator is the number of women who attended an antenatal visit and denominator is the total number of women who gave birth to an Indigenous baby.

Source: AIHW, Healthy for Life data collection.

Table 3.01.20: Use of antenatal service by Indigenous mothers, by type of service, children aged 0–3 years, 2008

	Number	Per cent
Whether child's mother had regular pregnancy check-ups		
Had regular check-ups while pregnant	47,014	91.5
Had check-ups while pregnant but not regular	2,390	4.7
<i>Total had check-ups while pregnant^(a)</i>	<i>49,404</i>	<i>96.2</i>
Did not have check-ups while pregnant	1,952	3.8
Total	51,356	100.0
Not known if had check-ups while pregnant	157	0.3
Type of health professional child's mother consulted for pregnancy check-ups		
Doctor or GP	30,185	61.1
Obstetrician	8,355	16.9
Midwife or nurse	23,684	47.9
Aboriginal or Torres Strait Islander health worker	4,363	8.8
Other	775	1.6
<i>Total had check-up while pregnant^{(a)(b)}</i>	<i>49,404</i>	<i>100.0</i>

(a) Includes had check-ups while pregnant but not known if regular.

(b) Sum of components may be more than total because respondent was able to provide more than one response.

Source: 2008 NATSISS.

Table 3.01.21: Use of antenatal service by Indigenous mothers, by selected health issues, children aged 0–3 years, 2008

Selected health issue	Had check-ups while pregnant		Did not have check-ups while pregnant	
	Number	Per cent	Number	Per cent
Whether child's mother had diabetes or sugar problems during pregnancy				
Had diabetes or sugar problems	4,118	95.7	187	4.3
Did not have diabetes or sugar problems	45,389	96.4	1,703	3.6
Total	49,507	96.3	1,890	3.7
Whether child's mother had high blood pressure during pregnancy				
Did have high blood pressure	6,944	95.2	352	4.8
Did not have high blood pressure	42,174	96.5	1,520	3.5
Total	49,118	96.3	1,872	3.7
Whether child's mother took folate prior to or during pregnancy				
Took folate prior to and during pregnancy	8,226	99.6	31	0.4
Took folate prior to pregnancy only	517	100.0	0	0.0
Took folate during pregnancy only	17,407	99.4	112	0.6
Did not take folate	22,627	93.3	1,614	6.7
Total	48,777	96.5	1,757	3.5
Whether child's mother took other medications or supplements during pregnancy				
Took medications or supplements during pregnancy	22,181	99.1	200	0.9
Did not take medications or supplements during pregnancy	26,844	94.5	1,553	5.5
Total	49,025	96.5	1,753	3.5

(continued)

Table 3.01.21 (continued): Use of antenatal service by Indigenous mothers, by selected health issues, children aged 0–3 years, 2008

Selected health issue	Had check-ups while pregnant		Did not have check-ups while pregnant	
	Number	Per cent	Number	Per cent
Whether child's mother sought advice or information about pregnancy or child birth				
Sought advice/information about pregnancy or child birth	18,923	98.9	207	1.1
Did not seek advice/information about pregnancy or child birth	22,536	95.3	1,106	4.7
Total	41,459	96.9	1,313	3.1
Where child's mother sought advice or information about pregnancy or child birth				
Discussion/advice from family or friends	9,862	99.6	43	0.4
Discussion/advice from community elders/traditional/medicine women	1,276	100.0	0	0.0
Other	986	93.1	73	6.9
No advice sought	22,536	95.3	1,106	4.7
Total	34,660	96.6	1,222	3.4

Source: 2008 NATSISS.

Table 3.01.22: Distance to hospital or clinic where child was born, Indigenous children aged 0–3 years, 2008

	Number	Per cent
Less than 10 kilometres	24,331	46.9
10–24 kilometres	9,816	18.9
25–49 kilometres	4,526	8.7
50–99 kilometres	3,351	6.5
100–249 kilometres	3,641	7.0
250 kilometres or more	5,640	10.9
Child not born in a hospital or clinic	567	1.1
Not known	5	0.0
Not collected	2,005	. .
Total	53,880	100.0

Source: AIHW analysis of 2008 NATSISS.

Data sources and quality

National Perinatal Data Collection

Births

Birth notification forms are completed for all births of 20 weeks or more gestation, or a birthweight of 400 grams or more. The Perinatal National Minimum Data Set includes all births in Australia in hospitals, birth centres and the community.

Indigenous status question

Indigenous status is a measure of whether a person identifies as being of Aboriginal and Torres Strait Islander origin. A standard data item for Indigenous status is specified in the Perinatal National Minimum Data Set for the mother. Since 2005, all jurisdictions have collected information on Indigenous status of the mother in accordance with the Perinatal National Minimum Data Set (NMDS). Before this, data on Indigenous status was not reported for Tasmania, as the 'not stated' category for Indigenous status was included with the non-Indigenous category. Work is underway to include the Indigenous status of the baby with data released from 2015.

Under-identification

Data presented by Indigenous status are influenced by the quality and completeness of Indigenous identification of mothers which is likely to differ among jurisdictions and comparisons between states and territories should be interpreted with caution. No formal national assessment has been undertaken to determine completeness of the coverage of Indigenous mothers in the Perinatal NMDS. However, the proportion of Indigenous mothers for the period 2001–2010 has been consistent, at 3.6–3.9% of women who gave birth. Approximately 0.3% of mothers who gave birth in 2009 had missing Indigenous status information. Mothers for whom Indigenous status was not stated have been excluded from analyses. No adjustments have been made for under-identification or missing information.

In 2007, the AIHW completed an assessment of the quality of Indigenous status information in perinatal data in each state and territory. This involved a survey that was sent to the midwifery managers across Australia to determine how many hospitals in each jurisdiction obtain Indigenous status information of mothers giving birth from admission records and how many collect this information independently. The assessment also involved analysis of the variability in the number and proportion of mothers recorded as Aboriginal and/or Torres Strait Islander in the perinatal data collection over time and across jurisdictions for the period 1991–2004. The outcomes of this assessment showed that Indigenous status data from New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory are suitable for trends analysis and national reporting. Perinatal data from Tasmania, although improving, were deemed to be of insufficient quality. Although the most recent data in the Australian Capital Territory were of publishable quality, the data were not yet of sufficient stability to support trends analysis (AIHW: Leeds et al. 2007).

All jurisdictions are working towards improving the quality of Indigenous status in perinatal data collections. States and territories have agreed to improve Indigenous data collection procedures in key data collections including implementation of the Best Practice Guidelines for the collection of Indigenous status in health data sets.

State and territory data

Analysis by state and territory is based on the usual residence of the mother unless otherwise stated. Data excludes Australian non-residents of external territories and where the state/territory of residence was not stated.

Numbers are small in jurisdictions such as ACT and Tasmania and therefore need to be interpreted with caution.

Antenatal care data

Currently, data on antenatal care is not available from all jurisdictions. Data reported for 2011 on number of women who gave birth, who attended at least 1 antenatal visit in the first trimester, and for the number of antenatal visits are available for New South Wales, Queensland, South Australia, Tasmania, the Australian Capital Territory and the Northern Territory only.

Proportions of records missing antenatal care information on whether the first visit was in the first trimester are very different for women who resided in New South Wales (3%), Victoria (1.2%), Queensland (1.2%), the Australian Capital Territory (0.2%), and the Northern Territory (1%) compared with South Australia (7.1%), Western Australia (11.8%) and Tasmania (22%). Improvements in data validation in the Northern Territory, including validation against date of first of ultrasound examinations attended, has led to improved data quality and a decrease in the proportion of records missing antenatal care information, since 2007. The timing of the first visits for women missing data may be distributed differently to those whose data have been reported. There are also differences in how the jurisdictions define antenatal visits.

Data development

AIHW is working with the states and territories in the development of an enhanced Perinatal NMDS to include nationally consistent data items on antenatal care, smoking and alcohol use during pregnancy, and Indigenous status of the baby. Nationally consistent data items on smoking during pregnancy, gestational age at first antenatal visit, Indigenous status of the baby have been added to the Perinatal NMDS (from 1 July 2009, 1 July 2010, and 1 July 2012 respectively). A data item on number of antenatal visits was included in the Perinatal NMDS from 1 July 2013, although Victoria was not able to commence collection until 1 January 2015.

Collection of data on alcohol use in pregnancy is being developed.

For more information see

<<http://meteor.aihw.gov.au/content/index.phtml/itemId/597483>>.

Healthy for Life data collection

For the July 2010 to June 2011 reporting period, 85 services submitted data as part of the Healthy for Life (HfL) Program.

Services started submitting their data through an electronic interface (OSCAR) for the February 2008 reporting period. This has improved the quality of data submitted.

Not all of the services were able to provide data for all of the essential indicators and service profile questions included in the HfL data collection. The number of services that were able to provide data varies across the qualitative and quantitative indicators.

There has been an upward trend in the proportion of services that reported on each of the indicators over time, particularly compared with the first reporting period ending June 2007.

In general, the data quality improved noticeably between the periods ending in June 2008 and June 2009. The overall level of data quality remained similar in the period ending in June 2010, while further improvements occurred in the period ending in June 2011. In the period ending in June 2011, the most common data quality issues were related to missing data (20% of services) and data out of the expected range (11% of services).

The Healthy for Life data collection was discontinued at the end of June 2011.

National Aboriginal and Torres Strait Islander Social Survey

The NATSISS is conducted in all states and territories and includes *Remote and Non-remote* areas. The 2008 survey was undertaken between August 2008 and April 2009, with a sample size of 13,300 persons (5,500 aged 0–14 and 7,800 aged 15 and over) in 6,900 households, and a response rate of 82% of households. Up to 3 randomly selected Indigenous Australians were chosen from selected households to participate in the survey. Trained ABS interviewers conducted the survey using face-to-face interviews. In *Non-remote* areas interviewers used a notebook computer to record responses, while in *Remote* areas a paper questionnaire was used. Interviewers obtained the consent of a parent or guardian before interviewing those aged 15–17. Indigenous persons usually resident in non-private dwellings, such as hotels, motels, hostels, hospitals, short-stay caravan parks, prisons and other correctional facilities were excluded.

The NATSISS uses the standard Indigenous status question. The NATSISS sample was specifically designed to select a representative sample of Indigenous Australians.

As with other surveys, the NATSISS is subject to sampling and non-sampling errors.

Care has been taken to ensure that the results of this survey are as accurate as possible. Trained ABS officers conducted all interviews. However, some factors may affect the reliability of the data.

Information recorded in this survey is ‘as reported’ by respondents, and therefore may differ from information available from other sources or collected using different methodologies.

Data on health-related indicators have been age-standardised to the 2001 total Australian population to account for differences in the age structures of the states and territories and the Indigenous and non-Indigenous population.

Time series comparisons for the 2008 survey are available through the 1994 National Aboriginal and Torres Strait Islander Survey and the 2002 NATSISS. However not all data elements align across the 3 (1994, 2001 and 2008) NATSISS surveys, hence care is required when reviewing results across the 3 surveys.

There are no strictly comparable non-Indigenous results available for the 2008 NATSISS. Where possible, the ABS has provided recommendations for non-Indigenous data comparisons (such as the 2007–08 National Health Survey) and these have been adopted in this report.

The 2008 NATSISS had a relatively large level of under-coverage when compared with other ABS surveys. There was also an increase in under-coverage compared to previous ABS Indigenous surveys. For example, the estimated under-coverage in the 2004–05 National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) was 42%. The overall under-

coverage rate for the 2008 NATSISS was approximately 53% of the in-scope population at the national level. This rate varied across the states and territories (ABS 2010).

Further information on NATSISS data quality issues can be found in the *National Aboriginal and Torres Strait Islander Social Survey: User's guide, 2008* (ABS 2010).

List of symbols used in tables

- n.a. not available
- rounded to zero (including null cells)
- 0 zero
- . . not applicable
- n.p. not available for publication but included in totals where applicable, unless otherwise indicated
- * represents results with statistically significant differences at the $p < 0.05$ level, between the categories specified in table footnotes

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References

ABS (Australian Bureau of Statistics) 2010. National Aboriginal and Torres Strait Islander Social Survey: Users' Guide, 2008. ABS cat. no. 4720.0. Canberra: ABS.

AIHW (Australian Institute of Health and Welfare): Leeds K, Gourley M, Laws P, Zhang J, Al-Yaman F & Sullivan EA 2007. Indigenous mothers and their babies, Australia 2001–2004. Cat. no. PER 38. Perinatal statistics series no. 19. Canberra: AIHW.

AIHW 2014. Australia's mothers and babies 2012. Perinatal statistics series no. 30. Cat. no. PER 69. Canberra: AIHW.

Other related information

Li Z, Zeki R, Hilder L & Sullivan EA 2013. Australia's mothers and babies 2011. Perinatal statistics series no. 28. Cat. no. PER 59. Canberra: AIHW.

AIHW 2014. National Key Performance Indicators for Aboriginal and Torres Strait Islander primary health care: results from December 2013. National key performance indicators for Aboriginal and Torres Strait Islander primary health care. Cat. no. IHW 146. Canberra: AIHW.

AIHW 2014. Birthweight of babies born to Indigenous mothers. Cat. no. IHW 138. Canberra: AIHW.

AIHW 2014. Australia's mothers and babies 2012. Perinatal statistics series no. 30. Cat. no. PER 69. Canberra: AIHW.

AIHW: Hilder L, Li Z, Zeki R & Sullivan EA 2014. Stillbirths in Australia 1991–2009. Perinatal statistics series no. 29. Cat. no. PER 63. Canberra: AIHW.

Arnold JL, De Costa CM & Howat PW 2009. Timing of transfer for pregnant women from Queensland Cape York communities to Cairns for birthing. Medical Journal of Australia 190:594–6.

Dudgeon P, Wright M & Coffin J 2010. Talking it and walking it: cultural competence. Journal of Australian Indigenous Issues 13:29–44.

Eades S 2004. Maternal and child health care services: actions in the primary health care setting to improve the health of Aboriginal and Torres Strait Islander women of childbearing age, infants and young children. Aboriginal and Torres Strait Islander Primary Health Care Review: Consultant Report no. 6. Darwin: Menzies School of Health Research.

Herceg A 2005. Improving health in Aboriginal and Torres Strait Islander mothers, babies and young children: a literature review. Canberra: Office for Aboriginal and Torres Strait Islander Health, Commonwealth Department of Health and Ageing.

National Health Performance Authority 2014. Healthy communities: child and maternal health in 2009–2012. Canberra: NHPA.

NSW Health 2006. NSW Aboriginal maternal and infant health strategy. Evaluation final report 2005. Sydney: NSW Health.

Panaretto KS, Mitchell MR, Anderson L, Larkins SL, Manassis V, Buettner PG et al. 2007. Sustainable antenatal care services in an urban Indigenous community: the Townsville experience. *Medical Journal of Australia* 187:18–22.

Reibel T & Walker R 2010. Antenatal services for Aboriginal women: the relevance of cultural competence. *Quality in Primary Care* 18:65–74.

WHO (World Health Organization) 2007. Health services coverage statistics: antenatal care coverage. Geneva: WHO.

The cover of the report features a red background. On the left side, there is a vertical strip with a traditional Aboriginal dot painting pattern in white and yellow. The title 'Aboriginal and Torres Strait Islander Health Performance Framework 2014 report' is written in white text on the right side. Below the title, there are two horizontal bars: a yellow one on the left containing the text 'Measure 48 of 68' and a red one on the right containing the text 'Detailed analyses'.

Aboriginal and Torres Strait Islander Health Performance Framework 2014 report

Measure 48 of 68

Detailed analyses

3.02 Immunisation

This measure reports on vaccination coverage rates among Indigenous Australian children and adults

Introduction

This is no. 48 of 68 measures in the *Aboriginal and Torres Strait Islander Health Performance Framework 2014 report: detailed analyses*. This report provides information on a range of measures of health status, determinants of health and the health system performance relating to Aboriginal and Torres Strait Islander people.

The Framework comprises 3 tiers:

Tier 1 – Health status and outcomes

Tier 2 – Determinants of health

Tier 3 – Health system performance.

The full report, including a comprehensive description of all data sources used in the report, and notes about the data quality is available from

<<http://www.aihw.gov.au/publication-detail/?id=60129550779>>.

Tables referenced are available from

<<http://www.aihw.gov.au/indigenous-data/health-performance-framework/>>.

Data sources

- Australian Childhood Immunisation Register
- Australian Aboriginal and Torres Strait Islander Health Survey.

For more information, see 'Data sources and quality' at the end of this measure.

Data analyses

Coverage estimates for Aboriginal and Torres Strait Islander children include only those who identify as Indigenous and are registered on the ACIR. Children identified as Indigenous on the ACIR may not be representative of all Indigenous children, and thus coverage estimates should be interpreted with caution.

Vaccination coverage is a measure of the proportion of people in a target population who have received the recommended course of vaccinations at a particular age. In this report, children for whom Indigenous status was not stated are included with 'non-Indigenous' under the 'other' category.

In May 2005, the National Immunisation Program (NIP) schedule replaced the Australian Vaccination Schedule, and funds all recommended vaccines. From November 2005, the NIP schedule for children included vaccines for hepatitis B, diphtheria-tetanus-pertussis (DTP), haemophilus influenza type B (HIB), measles, mumps, rubella (MMR) and polio (NCIRS 2008). In more recent years vaccines have been included for pneumococcal disease, meningococcal C, Varicella (chickenpox), rotavirus, human papillomavirus (HPV) and influenza.

For more information related to vaccine-preventable hospitalisations, see measure 3.07. See also 'Other related information' at the end of this measure.

The following data are presented for this measure:

- Childhood immunisation rates – see tables 3.02.1–5
- Immunisation rates for Indigenous Australians aged 15 and over – see tables 3.02.6–8.

Childhood Immunisation

Current period

At 31 December 2013:

- 86% of Indigenous Australian children aged 1 were fully immunised compared with 90% of other Australian children.
- 91% of Indigenous Australian children aged 2 were fully immunised compared with 92% of other Australian children.
- 93% of Indigenous Australian children aged 5 were fully immunised compared with 92% of other Australian children.
- The gap between full immunisation of Indigenous and other Australian children was highest in children aged 1, a significant difference of 4 percentage points. By age 2, immunisation rates for Indigenous and other Australian children were similar (Table 3.02.1).

Trend

From December 2013 the definition of the term 'fully immunised' includes pneumococcal for ACIR coverage reporting purposes, for those in the 'Age 1 year' cohort.

Between 2001 and 2013 in New South Wales, Victoria, Western Australia, South Australia and the Northern Territory combined:

- The percentage of children who are fully immunised at age 1 remained relatively stable for both Indigenous and other Australian children (Table 3.02.5, Figure 3.02.1).
- The percentage of children fully immunised at age 2 increased significantly for both Indigenous and other Australian children (by 5% and 4% respectively).
 - Coverage rates for Indigenous children aged 2 increased from 89% in 2001 to 91% in 2013. Rates for other Australian children increased from 87% to 92% (Table 3.02.5, Figure 3.02.2).

Between 2002 and 2007 in New South Wales, Victoria, Western Australia, South Australia and the Northern Territory combined:

- The percentage of children fully immunised at age 6 was stable for Indigenous children but increased for other Australian children (by 9%).
 - Coverage rates for Indigenous children aged 6 were 83% in 2002 and 85% in 2007. Rates for other Australian children increased from 82% to 89% (Table 3.02.5, Figure 3.02.4).

From 2008, fully vaccinated status for 5 year olds is reported instead of for 6 year olds due to changes to NCIR reporting practices.

Between 2008 and 2013 in New South Wales, Victoria, Western Australia, South Australia and the Northern Territory combined:

- The percentage of children fully immunised at age 5 increased significantly for both Indigenous and other Australian children (by 23% and 16% respectively).
 - Coverage rates for Indigenous children aged 5 increased from 76% in 2008 to 92% in 2013. Rates for other Australian children increased from 79% to 92% (Table 3.02.5, Figure 3.02.3).

Immunisation rates of Indigenous Australians aged 15 and over

Current period

In 2012–13, for Indigenous Australians aged 50 and over:

- 51% of those aged 50–64, and 74% of those aged 65 and over reported that they had been vaccinated against influenza in the last 12 months.
 - 27% of those aged 50–64, and 11% of those aged 65 and over had never been vaccinated against influenza.
- 23% of those aged 50–64, and 44% of those aged 65 and over reported that they had been vaccinated against pneumococcus in the last 12 months.
 - 69% of those aged 50–64, and 46% of those aged 65 and over had never been vaccinated against pneumococcus (Table 3.02.7).

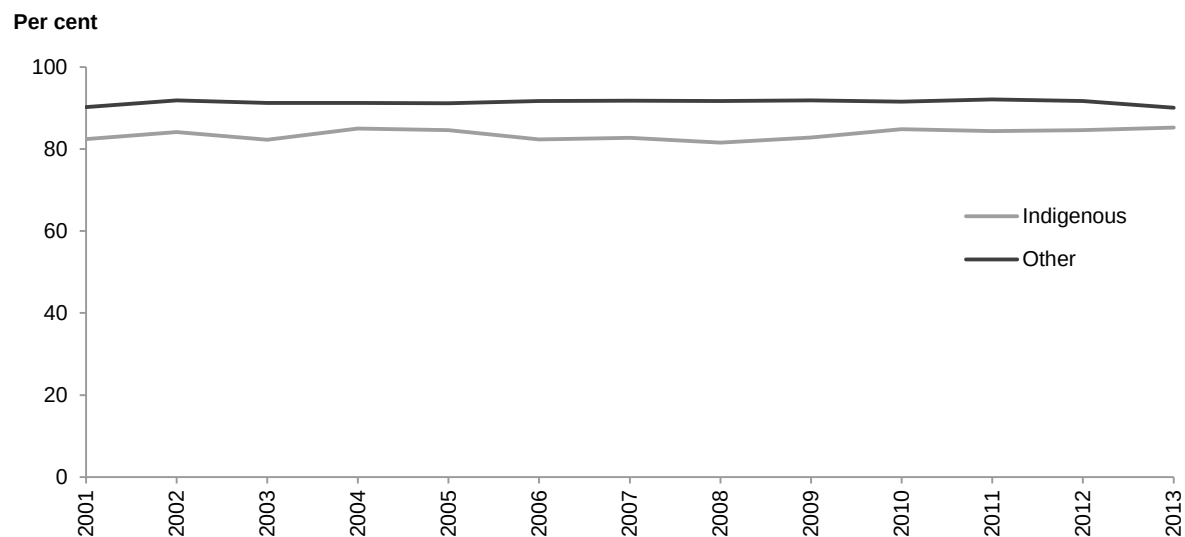
In 2012–13, for Indigenous Australians aged 15–49:

- 28% reported that they had been vaccinated against influenza in the last 12 months and a further 27% had been vaccinated more than 12 months ago. 42% had never been vaccinated against influenza.
- 10% reported that they had been vaccinated against pneumococcus in the last 5 years and a further 2% had been vaccinated more than 5 years ago. 80% had never been vaccinated against pneumococcus.
- Indigenous adults who had circulatory disease, diabetes and kidney disease were more likely to have had recent vaccinations than those without those diseases. Self-reported immunisation rates for influenza varied with the presence of those health conditions:
 - 37% of those reporting they have a heart or circulatory condition had been vaccinated against influenza in the previous 12 months.
 - 52% of those reporting having diabetes had been vaccinated against influenza in the previous 12 months.
 - 37% of those reporting they have kidney disease had been vaccinated against influenza in the previous 12 months.
- Self-reported immunisation rates for pneumococcus also varied with the presence of certain health conditions:
 - 16% of those reporting that they have a heart or circulatory condition had been vaccinated against pneumococcus in the last 5 years.
 - 19% of those reporting that they have diabetes had been vaccinated against pneumococcus in the last 5 years.
 - 23% of those reporting that they have kidney disease had been vaccinated against pneumococcus in the last 5 years (Table 3.02.6).

Trend

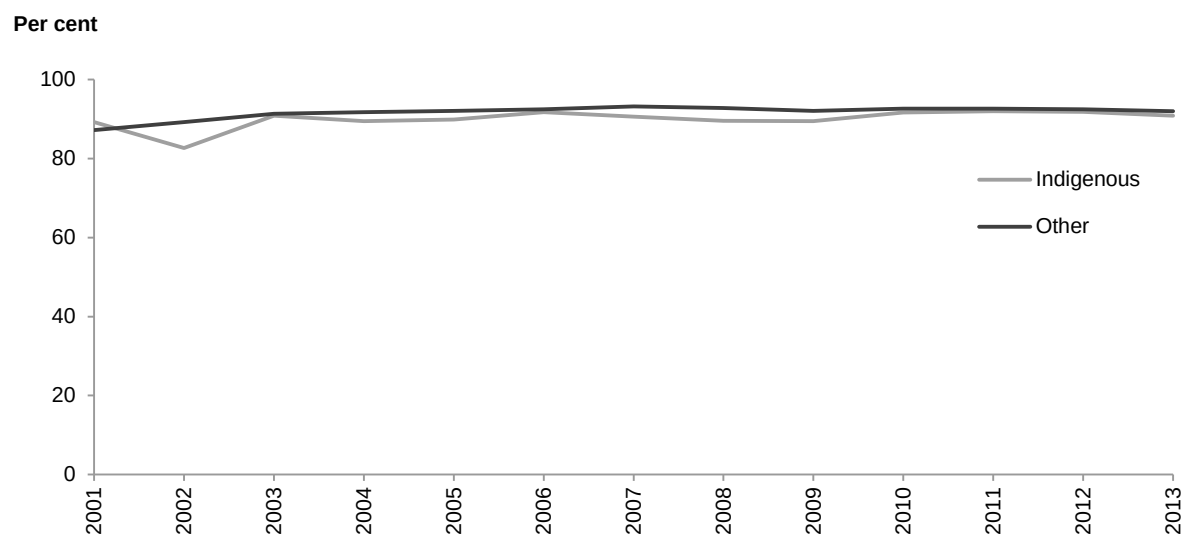
In the period between 2004–05 and 2012–13:

- There was no significant change in the percentage of Indigenous Australians aged 50 and over reporting that they had been immunised for influenza in the preceding 12 months.
- There was a significant decrease in the percentage of Indigenous Australians aged 50 and over reporting that they had been immunised for pneumococcus in the previous 5 years, from 34% to 29% (Table 3.02.8).



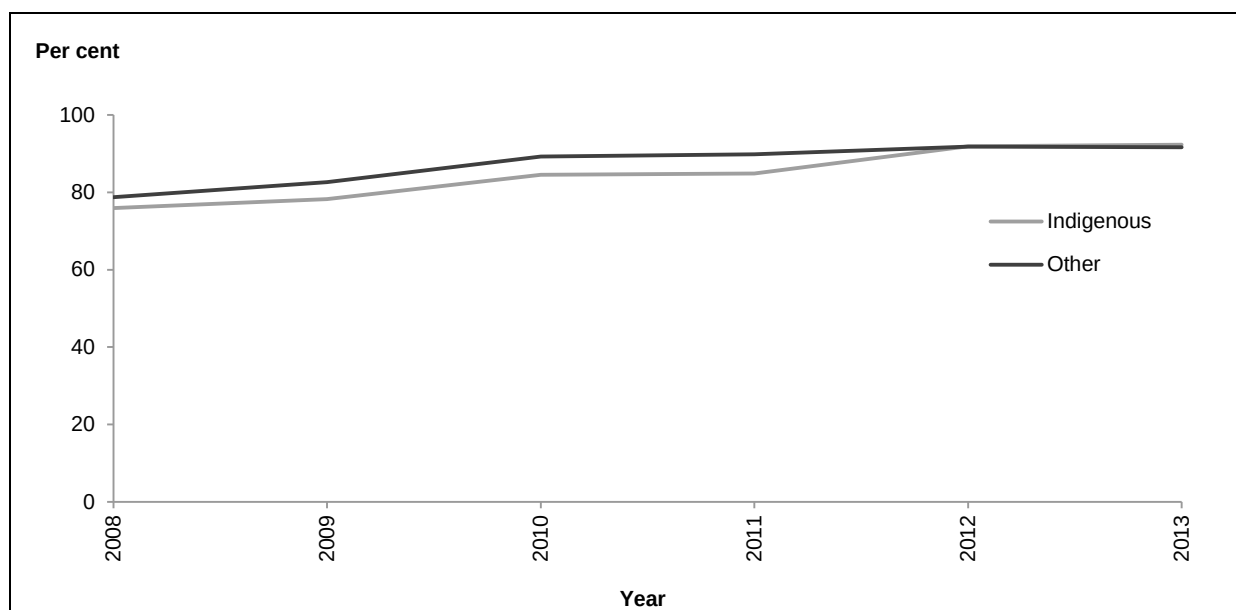
Source: Table 3.02.5.

Figure 3.02.1: Coverage rates for children fully immunised at age 1 in NSW, Vic, WA, SA and NT combined, by Indigenous status, 2001-2013



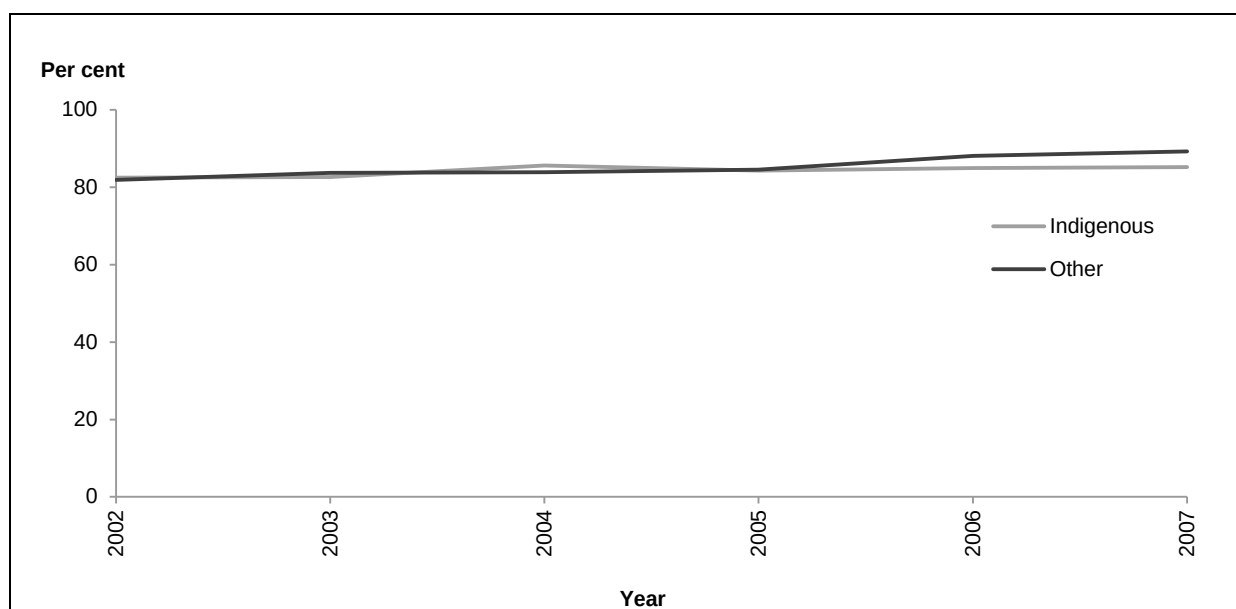
Source: Table 3.02.5.

Figure 3.02.2: Coverage rates for children fully immunised at age 2 in NSW, Vic, WA, SA and NT combined, by Indigenous status, 2001-2013



Source: Table 3.02.5.

Figure 3.02.3: Coverage rates for children fully immunised at age 5 in NSW, Vic, WA, SA and NT combined, by Indigenous status, 2008–2013



Source: Table 3.02.5.

Figure 3.02.4: Coverage rates for children fully immunised at age 6 in NSW, Vic, WA, SA and NT combined, by Indigenous status, 2002–2007

Table 3.02.1: Vaccination coverage estimates for children at age 1, 2 and 5, by Indigenous status, as at 31 December 2013^(a)

Vaccine	1 year				2 years				5 years			
	Indigenous	Other	Ratio ^(b)	Rate difference ^(c)	Indigenous	Other	Ratio ^(b)	Rate difference ^(c)	Indigenous	Other	Ratio ^(b)	Rate difference ^(c)
	Per cent											
Hepatitis B	86.4	90.8	1.0*	−4.4*	94.3	94.3	1.0	0.0	n.a. ^(d)	n.a. ^(d)	..	..
DTP	86.6	91.3	0.9*	−4.7*	94.3	94.7	1.0	−0.4	93.2	92.2	1.0	0.9
Polio	86.5	91.2	0.9*	−4.7*	94.3	94.7	1.0	−0.4	93.1	92.2	1.0	0.9
HIB	86.4	91.1	0.9*	−4.6*	95.0	95.0	1.0	0.0	n.a. ^(d)	n.a. ^(d)	..	..
Pneumococcal	86.7	91.0	1.0*	−4.3*	n.a. ^(f)	n.a. ^(f)	..	..	n.a. ^(f)	n.a. ^(f)	..	..
MMR	n.a. ^(e)	n.a. ^(e)	..	..	93.8	93.6	1.0	0.2	93.4	92.1	1.0	1.3
Fully immunised^(f)	86.1	90.3	1.0*	−4.2*	91.4	92.2	1.0	−0.9	92.8	91.7	1.0	1.1

* Represents results with statistically significant differences at the $p < 0.05$ level in the Indigenous/Other comparisons.

(a) Three-month cohorts, for cohorts born between 1 July and 30 September 2012, 1 July and 30 September 2011, and 1 July and 30 September 2008, respectively.

(b) Ratio—coverage estimate for Indigenous children divided by coverage estimate for Other children.

(c) Rate difference—coverage estimate for Indigenous children minus the coverage estimate for Other children.

(d) Data are not collected for children aged 5 years who receive a HIB or hepatitis B vaccine.

(e) Data are not collected for children aged 1 year who receive a MMR vaccine.

(f) From December 2013 the definition of the term 'fully immunised' includes pneumococcal for ACIR coverage reporting purposes, for those in the 'Age 1 year' cohort.

Note: From 2008, fully vaccinated status for 5 year olds is reported in place of that for 6 year olds, owing to changes to NCIR reporting practices.

Source: AIHW analysis of ACIR Medicare Australia data.

Table 3.02.2: Vaccination coverage estimates for selected diseases for children fully immunised^(a) at 1 year of age, by Indigenous status and state/territory, as at 31 December 2013^(b)

	Vaccines						
	Hepatitis B	DTP	Polio vaccine	HIB	Pneumococcal	MMR ^(c)	Fully immunised ^(a)
Per cent							
New South Wales							
Indigenous	87.5	88.0	87.7	87.7	87.9	n.a. ^(c)	87.0
Other	89.9	90.5	90.3	90.2	90.3	n.a. ^(c)	89.6
Ratio ^(d)	1.0	1.0	1.0	1.0	1.0	..	1.0
Rate difference ^(e)	−2.5	−2.5	−2.6	−2.5	−2.4	..	−2.6
Victoria							
Indigenous	83.2	83.2	83.2	82.8	83.6	n.a. ^(c)	82.8
Other	91.2	91.7	91.6	91.4	91.3	n.a. ^(c)	90.6
Ratio ^(d)	0.9	0.9	0.9	0.9	0.9	..	0.9
Rate difference ^(e)	−8.0	−8.5	−8.4	−8.5	−7.7	..	−7.8
Queensland							
Indigenous	88.2	88.3	88.3	88.2	88.1	n.a. ^(c)	87.9
Other	91.7	92.1	92.0	91.9	91.7	n.a. ^(c)	91.3
Ratio ^(d)	1.0	1.0	1.0	1.0	1.0	..	1.0
Rate difference ^(e)	−3.5	−3.8	−3.8	−3.7	−3.6	..	−3.5
Western Australia							
Indigenous	82.4	82.4	82.4	82.4	82.4	n.a. ^(c)	82.2
Other	90.7	91.3	91.3	91.0	90.7	n.a. ^(c)	90.0
Ratio ^(d)	0.9	0.9*	0.9*	0.9	0.9	..	0.9
Rate difference ^(e)	−8.2	−8.9*	−8.9*	−8.6*	−8.3	..	−7.8
South Australia							
Indigenous	80.0	80.0	80.0	80.0	81.0	n.a. ^(c)	80.0
Other	90.6	91.1	90.9	90.8	90.8	n.a. ^(c)	90.1
Ratio ^(d)	0.9	0.9	0.9	0.9	0.9	..	0.9
Rate difference ^(e)	−10.6	−11.1	−10.9	−10.8	−9.8	..	−10.1
Tasmania							
Indigenous	85.3	86.3	86.3	85.3	87.3	n.a. ^(c)	85.3
Other	89.9	90.5	90.2	89.8	90.5	n.a. ^(c)	89.5
Ratio ^(d)	0.9	1.0	1.0	0.9	1.0	..	1.0
Rate difference ^(e)	−4.6	−4.2	−3.9	−4.5	−3.3	..	−4.2
Australian Capital Territory							
Indigenous	82.9	82.9	82.9	82.9	82.9	n.a. ^(c)	82.9
Other	94.1	94.4	94.4	94.4	94.1	n.a. ^(c)	93.6
Ratio ^(d)	0.9	0.9	0.9	0.9	0.9	..	0.9
Rate difference ^(e)	−11.2	−11.6	−11.6	−11.5	−11.2	..	−10.7

(continued)

Table 3.02.2 (continued): Vaccination coverage estimates for selected diseases for children fully immunised^(a) at 1 year of age, by Indigenous status and state/territory, as at 31 December 2013^(b)

	Vaccines						
	Hepatitis B	DTP	Polio vaccine	HIB	Pneumococcal	MMR ^(c)	Fully immunised ^(a)
Per cent							
Northern Territory							
Indigenous	88.7	88.7	88.7	88.7	89.2	n.a. ^(c)	88.7
Other	91.2	91.7	91.6	91.7	91.1	n.a. ^(c)	90.8
Ratio ^(d)	1.0	1.0	1.0	1.0	1.0	. .	1.0
Rate difference ^(e)	−2.6	−3.1	−2.9	−3.1	−1.8	. .	−2.1
Australia							
Indigenous	86.4	86.6	86.5	86.4	86.7	n.a. ^(c)	86.1
Other	90.8	91.3	91.2	91.1	91.0	n.a. ^(c)	90.3
Ratio ^(d)	1.0*	0.9*	0.9*	0.9*	1.0*	. .	1.0*
Rate difference ^(e)	−4.4*	−4.7*	−4.7*	−4.6*	−4.3*	. .	−4.2*

* Represents results with statistically significant differences at the $p < 0.05$ level in the Indigenous/Other comparisons.

(a) From December 2013 the definition of the term 'fully immunised' includes pneumococcal for ACIR coverage reporting purposes, for those in the 'Age 1 year' cohort.

(b) Three-month cohort, for cohort born between 1 July and 30 September 2012.

(c) Data are not collected for children aged 1 year who receive a MMR vaccine.

(d) Ratio—coverage estimate for Indigenous children divided by coverage estimate for Other children.

(e) Rate difference—coverage estimate for Indigenous children minus the coverage estimate for Other children.

Source: AIHW analysis of ACIR Medicare Australia data.

Table 3.02.3: Vaccination coverage estimates for selected diseases for children fully immunised^(a) at 2 years of age, by Indigenous status and state/territory, as at 31 December 2013^(b)

	Vaccines						Fully immunised ^(a)
	Hepatitis B	DTP	Polio vaccine	HIB	Pneumococcal	MMR	
Per cent							
New South Wales							
Indigenous	95.4	95.4	95.4	96.1	n.a. ^(a)	92.4	90.7
Other	94.0	94.4	94.4	95.0	n.a. ^(a)	93.2	91.8
Ratio ^(c)	1.0	1.0	1.0	1.0	..	1.0	1.0
Rate difference ^(d)	1.4	1.0	1.0	1.2	..	−0.8	−1.1
Victoria							
Indigenous	93.3	93.3	93.3	94.2	n.a. ^(a)	92.9	90.0
Other	95.0	95.5	95.5	95.6	n.a. ^(a)	94.3	92.9
Ratio ^(c)	1.0	1.0	1.0	1.0	..	1.0	1.0
Rate difference ^(d)	−1.7	−2.2	−2.1	−1.5	..	−1.4	−2.9
Queensland							
Indigenous	94.4	94.5	94.5	95.2	n.a. ^(a)	95.0	92.3
Other	94.5	94.8	94.8	94.9	n.a. ^(a)	93.9	92.9
Ratio ^(c)	1.0	1.0	1.0	1.0	..	1.0	1.0
Rate difference ^(d)	−0.1	−0.3	−0.3	0.3	..	1.1	−0.6
Western Australia							
Indigenous	91.1	91.1	91.1	92.1	n.a. ^(a)	93.6	89.6
Other	92.5	93.3	93.2	93.5	n.a. ^(a)	92.1	90.2
Ratio ^(c)	1.0	1.0	1.0	1.0	..	1.0	1.0
Rate difference ^(d)	−1.4	−2.2	−2.1	−1.4	..	1.5	−0.5
South Australia							
Indigenous	90.1	90.6	90.6	91.0	n.a. ^(a)	92.5	87.3
Other	94.8	95.1	95.1	95.4	n.a. ^(a)	93.9	92.5
Ratio ^(c)	1.0	1.0	1.0	1.0	..	1.0	0.9
Rate difference ^(d)	−4.7	−4.6	−4.6	−4.3	..	−1.4	−5.2
Tasmania							
Indigenous	95.8	95.8	95.8	95.8	n.a. ^(a)	93.2	93.2
Other	95.5	95.9	95.9	96.2	n.a. ^(a)	95.0	93.7
Ratio ^(c)	1.0	1.0	1.0	1.0	..	1.0	1.0
Rate difference ^(d)	0.3	−0.1	−0.1	−0.4	..	−1.8	−0.5
Australian Capital Territory							
Indigenous	94.1	94.1	94.1	94.1	n.a. ^(a)	91.2	91.2
Other	95.2	95.5	95.4	95.9	n.a. ^(a)	94.7	93.7
Ratio ^(c)	1.0	1.0	1.0	1.0	..	1.0	1.0
Rate difference ^(d)	−1.1	−1.3	−1.3	−1.8	..	−3.5	−2.5

(continued)

Table 3.02.3 (continued): Vaccination coverage estimates for selected diseases for children fully immunised^(a) at 2 years of age, by Indigenous status and state/territory, as at 31 December 2013^(b)

	Vaccines						
	Hepatitis B	DTP	Polio vaccine	HIB	Pneumococcal	MMR	Fully immunised ^(a)
Per cent							
Northern Territory							
Indigenous	97.4	97.7	97.4	98.0	n.a. ^(a)	96.2	95.7
Other	92.0	92.5	92.5	93.5	n.a. ^(a)	92.3	90.7
Ratio ^(c)	1.1	1.1	1.1	1.0	..	1.0	1.1
Rate difference ^(d)	5.4	5.2	4.9	4.5	..	3.9	5.0
Australia							
Indigenous	94.3	94.3	94.3	95.0	n.a. ^(a)	93.8	91.4
Other	94.3	94.7	94.7	95.0	n.a. ^(a)	93.6	92.2
Ratio ^(c)	1.0	1.0	1.0	1.0	..	1.0	1.0
Rate difference ^(d)	0.0	−0.4	−0.4	0.0	..	0.2	−0.9

* Represents results with statistically significant differences at the $p < 0.05$ level in the Indigenous/Other comparisons.

(a) From December 2013 the definition of the term 'fully immunised' includes pneumococcal for ACIR coverage reporting purposes, for those in the 'Age 1 year' cohort.

(b) Three-month cohort, for cohort born between 1 July and 30 September 2011.

(c) Ratio—coverage estimate for Indigenous children divided by coverage estimate for Other children.

(d) Rate difference—coverage estimate for Indigenous children minus the coverage estimate for Other children.

Source: AIHW analysis of ACIR Medicare Australia data.

Table 3.02.4: Vaccination coverage estimates for selected diseases for children fully immunised^(a) at 5 years of age, by Indigenous status and state/territory, as at 31 December 2013^(b)

	Vaccines						
	Hepatitis B ^(c)	DTP	Polio vaccine	HIB ^(c)	Pneumococcal	MMR	Fully immunised ^(a)
Per cent							
New South Wales							
Indigenous	n.a. ^(c)	93.7	93.5	n.a. ^(c)	n.a. ^(a)	93.8	93.2
Other	n.a. ^(c)	92.5	92.4	n.a. ^(c)	n.a. ^(a)	92.4	92.0
Ratio ^(d)	..	1.0	1.0	..	..	1.0	1.0
Rate difference ^(e)	..	1.1	1.0	..	..	1.4	1.1
Victoria							
Indigenous	n.a. ^(c)	94.4	93.9	n.a. ^(c)	n.a. ^(a)	93.9	93.4
Other	n.a. ^(c)	92.9	92.9	n.a. ^(c)	n.a. ^(a)	92.8	92.4
Ratio ^(d)	..	1.0	1.0	..	..	1.0	1.0
Rate difference ^(e)	..	1.5	1.0	..	..	1.1	1.0
Queensland							
Indigenous	n.a. ^(c)	94.0	94.0	n.a. ^(c)	n.a. ^(a)	94.3	93.8
Other	n.a. ^(c)	92.1	92.1	n.a. ^(c)	n.a. ^(a)	92.2	91.8
Ratio ^(d)	..	1.0	1.0	..	..	1.0	1.0
Rate difference ^(e)	..	1.8	1.8	..	..	2.1	2.0
Western Australia							
Indigenous	n.a. ^(c)	91.0	91.0	n.a. ^(c)	n.a. ^(a)	91.7	90.8
Other	n.a. ^(c)	90.2	90.2	n.a. ^(c)	n.a. ^(a)	90.0	89.4
Ratio ^(d)	..	1.0	1.0	..	..	1.0	1.0
Rate difference ^(e)	..	0.8	0.8	..	..	1.7	1.4
South Australia							
Indigenous	n.a. ^(c)	83.6	83.6	n.a. ^(c)	n.a. ^(a)	83.6	83.1
Other	n.a. ^(c)	91.5	91.4	n.a. ^(c)	n.a. ^(a)	91.6	91.1
Ratio ^(d)	..	0.9	0.9	..	..	0.9	0.9
Rate difference ^(e)	..	−7.9	−7.8	..	..	−8.0	−8.0
Tasmania							
Indigenous	n.a. ^(c)	93.2	93.2	n.a. ^(c)	n.a. ^(a)	93.2	93.2
Other	n.a. ^(c)	93.6	93.3	n.a. ^(c)	n.a. ^(a)	93.6	92.7
Ratio ^(d)	..	1.0	1.0	..	..	1.0	1.0
Rate difference ^(e)	..	−0.4	−0.1	..	..	−0.4	0.5
Australian Capital Territory							
Indigenous	n.a. ^(c)	90.5	90.5	n.a. ^(c)	n.a. ^(a)	90.5	90.5
Other	n.a. ^(c)	91.6	91.4	n.a. ^(c)	n.a. ^(a)	91.1	90.9
Ratio ^(d)	..	1.0	1.0	..	..	1.0	1.0
Rate difference ^(e)	..	−1.1	−0.9	..	..	−0.6	−0.4

(continued)

Table 3.02.4 (continued): Vaccination coverage estimates for selected diseases for children fully immunised^(a) at 5 years of age, by Indigenous status and state/territory, as at 31 December 2013^(b)

	Vaccines						
	Hepatitis B ^(c)	DTP	Polio vaccine	HIB ^(c)	Pneumococcal	MMR	Fully immunised ^(a)
Per cent							
Northern Territory							
Indigenous	n.a. ^(c)	96.7	96.7	n.a. ^(c)	n.a. ^(a)	97.3	96.7
Other	n.a. ^(c)	90.6	90.6	n.a. ^(c)	n.a. ^(a)	90.0	89.5
Ratio ^(d)	..	1.1	1.1	..	..	1.1	1.1
Rate difference ^(e)	..	6.2	6.2	..	..	7.3	7.2
Australia							
Indigenous	n.a. ^(c)	93.2	93.1	n.a. ^(c)	n.a. ^(a)	93.4	92.8
Other	n.a. ^(c)	92.2	92.2	n.a. ^(c)	n.a. ^(a)	92.1	91.7
Ratio ^(d)	..	1.0	1.0	..	..	1.0	1.0
Rate difference ^(e)	..	0.9	0.9	..	..	1.3	1.1

* Represents results with statistically significant differences at the $p < 0.05$ level in the Indigenous/Other comparisons.

(a) From December 2013 the definition of the term 'fully immunised' includes pneumococcal for ACIR coverage reporting purposes, for those in the 'Age 1 year' cohort.

(b) Three-month cohort, for cohort born between 1 July and 30 September 2008.

(c) Data are not collected for children aged 5 years who receive a HIB or hepatitis B vaccine.

(d) Ratio—coverage estimate for Indigenous children divided by coverage estimate for Other children.

(e) Rate difference— coverage estimate for Indigenous children minus the coverage estimate for Other children.

Note: From 2008, fully vaccinated status for 5 year olds is reported in place of that for 6 year olds, owing to changes to NCIR reporting practices.

Source: AIHW analysis of ACIR Medicare Australia data.

Table 3.02.5: Coverage rates (%) for children fully immunised^(a) at age 1, 2, 5 and 6 in NSW, Vic, WA, SA and NT combined, by Indigenous status, 2001–2013

	Age 1			Age 2			Age 5			Age 6		
	Indigenous	Other	Rate difference	Indigenous	Other	Rate difference	Indigenous	Other	Rate difference	Indigenous	Other	Rate difference
2001	82.4	90.2	–7.8	89.3	87.2	2.1	n.a.	n.a.	..	n.a.	n.a.	..
2002	84.1	91.9	–7.8	82.7	89.2	–6.5	n.a.	n.a.	..	82.5	82.0	0.5
2003	82.2	91.2	–9.0	90.9	91.3	–0.5	n.a.	n.a.	..	82.7	83.7	–1.0
2004	85.0	91.3	–6.3	89.5	91.8	–2.2	n.a.	n.a.	..	85.6	83.9	1.7
2005	84.6	91.1	–6.5	89.9	92.1	–2.2	n.a.	n.a.	..	84.3	84.6	–0.3
2006	82.3	91.7	–9.3	91.8	92.5	–0.7	n.a.	n.a.	..	84.9	88.1	–3.2
2007	82.7	91.8	–9.0	90.6	93.2	–2.6	n.a.	n.a.	..	85.2	89.3	–4.0
2008	81.5	91.7	–10.2	89.6	92.8	–3.2	75.9	78.8	–2.8	n.a.	n.a.	..
2009	82.8	91.9	–9.0	89.5	92.1	–2.6	78.2	82.7	–4.5	n.a.	n.a.	..
2010	84.8	91.5	–6.7	91.7	92.6	–0.9	84.5	89.3	–4.8	n.a.	n.a.	..
2011	84.3	92.1	–7.8	92.0	92.6	–0.6	84.9	89.9	–5.0	n.a.	n.a.	..
2012	84.6	91.7	–7.1	91.8	92.5	–0.7	91.9	91.8	0.1	n.a.	n.a.	..
2013 ^(a)	85.3	90.0	–4.8	90.8	92.0	–1.2	92.3	91.7	0.7	n.a.	n.a.	..
Annual change	0.1	0.0	..	0.3*	0.3*	..	3.5*^(b)	2.6*^(b)	..	0.6^(c)	1.4*^(c)	..
% change over time	1.9	0.3	..	4.7*	3.9*	..	23.3*^(b)	16.4*^(b)	..	3.3^(c)	8.8*^(c)	..

* Represents results with statistically significant increases or declines at the $p < 0.05$ level over the period.

(a) From December 2013 the definition of the term 'fully immunised' includes pneumococcal for ACIR coverage reporting purposes, for those in the 'Age 1 year' cohort.

(b) Annual change and percent change calculated over the period 2008 to 2013.

(c) Annual change and percent change calculated over the period 2002 to 2007.

Note: From 2008, fully vaccinated status for 5 year olds is reported in place of that for 6 year olds, due to changes to NCIR reporting practices.

Source: AIHW analysis of ACIR Medicare Australia data.

Table 3.02.5 (supplemental information): Vaccination schedule for selected cohorts

Age cohort	Vaccine
12–<15 month age cohort	
DTP	Diphtheria 3 + Pertussis 3 + Tetanus 3
Polio	Polio 3
HIB	HBOC3 or PRPOMP2 or PRPOMP3 or PRPT3 or PRPD3 or HBX3 or CMX2 or CMX3 or IFHX3 or PDCL3 or PLCL3 or GNHIB2 or GNHIB3
HepB	IFXB3 or ENGP2 or ENGP3 or CMX2 or CMX3 or HBVP2 or HBVP3 or HBV3 or IFPA3 or IFHX3 or GNHEP3
MMR	Not assessed
Fully Vaccinated	DTP + Polio + HIB + HepB + Pneumococcal (All previous doses are presumed as given)
Only those immunisation services a child has received up to 12 months of age are included in the report.	
24–<27 month age cohort	
DTP	Diphtheria 3 + Pertussis 3 + Tetanus 3 or Diphtheria 4 + Pertussis 4 + Tetanus 4
Polio	Polio 3
HIB	HBOC4 or PRPOMP3 or PRPOMP4 or PRPT4 or PRPD4 or HBX4 or CMX3 or CMX4 or IFHX3 or IFHX4 or PDCL4 or PLCL4 or GNHIB3 or GNHIB4
HepB	IFXB3 or ENGP3 or CMX3 or HBVP3 or HBV3 or IFPA3 or IFHX3 or GNHEP3
MMR	Measles 1 + Mumps 1 + Rubella 1
Fully Vaccinated	DTP + Polio + HIB + HepB + MMR (All previous doses are presumed as given)
Only those immunisation services a child has received up to 24 months of age are included in the report.	
60–<63 month age cohort	
DTP	Diphtheria 4 + Pertussis 4 + Tetanus 4 or Diphtheria 5 + Pertussis 5 + Tetanus 5
Polio	Polio 4
HIB	Not assessed
Hep B	Not assessed
MMR	Measles 2 + Mumps 2 + Rubella 2
Fully Vaccinated	DTP + Polio + MMR (All previous doses are presumed as given)
Only those immunisation services a child has received up to 60 months of age are included in the report.	

Source: ACIR Medicare Australia unpublished.

Table 3.02.6: Selected risk factors by immunisation status, Indigenous persons aged 15–49, 2012–13

	Vaccination for influenza				Vaccination for pneumococcus				Overall population distribution	
	In last 12 months	> 12 months ago	Never	Total ^(a)	In last 5 years	> 5 years ago	Never	Total ^(b)	Per cent	Number
	Per cent									
Long term health conditions^(c)										
No current long term health condition	29.5	21.3	44.1	100.0	11.2	1.0†	79.2	100.0	24.1	78,347
One	26.4	22.5	46.7	100.0	8.4	2.6†	79.9	100.0	21.4	69,515
Two	25.4	29.4	40.9	100.0	9.5	1.1†	79.5	100.0	16.2	52,629
Three or more	28.2	30.9	38.2	100.0	9.4	2.3	80.6	100.0	38.3	124,371
Ratio three or more/no conditions	1.0	1.5	0.9	1.0	0.8	2.3	1.0	1.0	1.6	1.6
Cancer^(d)										
Yes	21.2†	14.8†	64.0	100.0	10.2‡	n.p	85.2	100.0	0.7	2,275
No	27.7	26.6	41.7	100.0	9.7	1.9	79.9	100.0	99.3	322,587
Ratio yes/no	0.8	0.6	1.5	1.0	1.1	n.p	1.1	1.0	0.0	0.0
Heart/circulatory problems^(e)										
Yes	36.9	26.4	34.0	100.0	15.5	2.8†	74.2	100.0	12.3	40,015
No	26.4	26.6	43.0	100.0	8.8	1.7	80.7	100.0	87.7	284,847
Ratio yes/no	1.4*	1.0	0.8	1.0	1.8*	1.6	0.9	1.0	0.1	0.1
Diabetes^(f)										
Yes	51.6	20.4	25.7	100.0	19.3	2.5‡	70.8	100.0	5.7	18,377
No	26.3	26.9	42.8	100.0	9.1	1.8	80.5	100.0	94.3	306,485
Ratio yes/no	2.0*	0.8	0.6	1.0	2.1*	1.4	0.9	1.0	0.1	0.1

(continued)

Table 3.02.6 (continued): Selected risk factors by immunisation status, Indigenous persons aged 15–49, 2012–13

	Vaccination for influenza				Vaccination for pneumococcus				Overall population distribution	
	In last 12 months	> 12 months ago	Never	Total ^(a)	In last 5 years	> 5 years ago	Never	Total ^(b)	Per cent	Number
	Per cent									
Kidney disease^(g)										
Yes	37.1	37.9†	n.p.	100.0	23.3†	n.p.	63.4	100.0	1.2	3,824
No	27.6	26.4	42.1	100.0	9.5	1.8	80.1	100.0	98.8	321,038
Ratio yes/no	1.3	1.4	n.p.	1.0	2.5*	n.p.	0.8	1.0	0.0	0.0
Respiratory disease^(h)										
Yes	26.5	31.3	39.8	100.0	9.1	1.8†	80.9	100.0	35.8	116,204
No	28.3	23.9	43.0	100.0	10.0	1.9	79.4	100.0	64.2	208,658
Ratio yes/no	0.9	1.3	0.9	1.0	0.9	0.9	1.0	1.0	0.6	0.6
Smoker status										
Current smoker ⁽ⁱ⁾	29.7	25.6	40.7	100.0	12.6	2.0†	76.9	100.0	45.6	148,076
Non-smoker ⁽ⁱ⁾	26.0	27.4	42.8	100.0	7.2	1.7	82.5	100.0	54.4	176,786
Ratio smoker/non-smoker	1.1	0.9	1.0	1.0	1.8*	1.2	0.9	1.0	0.8	0.8
Alcohol consumption										
Abstained from alcohol in last 12 months	35.2	18.0	43.4	100.0	12.4	1.1†	79.3	100.0	24.0	77,898
Short-term/single occasion risk^(k)										
Yes	25.5	29.9	40.4	100.0	8.7	2.0	80.0	100.0	58.0	188,561
No	23.4	28.4	44.8	100.0	9.0	2.7†	80.8	100.0	16.4	53,256
Ratio yes/no	1.1	1.1	0.9	1.0	1.0	0.7	1.0	1.0	3.5	3.5
Total	27.7	26.6	41.9	100.0	9.7	1.9	79.9	100.0	100.0	..
Total number of persons 15–49	89,957	86,281	135,997	..	31,392	6,041	259,616	..	324,862	324,862

(continued)

Table 3.02.6 (continued): Selected risk factors by immunisation status, Indigenous persons aged 15–49, 2012–13

* Represents statistically significant differences at the $p < 0.05$ level. 'Ratio' comparison for most recent time period for each vaccination type was tested.

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

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

(a) Includes 'had vaccination but not known if in last 12 months' and 'not known if had vaccination'.

(b) Includes 'had vaccination but not known if in last 5 years' and 'not known if had vaccination'.

(c) Self-reported data consisting of persons reporting they have a current condition which has lasted, or is likely to last, for 6 months or more.

(d) Self-reported data consisting of persons ever told has cancer (malignant neoplasms), still current (including those in remission).

(e) Self-reported data consisting of persons reporting they have a current heart or circulatory condition which has lasted, or is likely to last, for 6 months or more.

(f) Includes Type 1 and Type 2 diabetes, and type unknown. Includes persons who reported they had diabetes but that it was not current at the time of interview.

(g) Self-reported data consisting of persons reporting kidney disease which has lasted or is expected to last, for six months or more.

(h) Self-reported data consisting of persons reporting they have a current respiratory condition which has lasted, or is expected to last, for 6 months or more. Includes chronic obstructive pulmonary disease, asthma, chronic sinusitis, and other diseases of the respiratory system.

(i) Includes persons who smoke daily, persons who smoke at least once a week but not daily, and those who smoked less than weekly.

(j) Includes ex-smokers and those who have never smoked.

(k) Risk level calculated on exceeding the NHMRC Australian Alcohol Guidelines 2009. For short-term/single occasion risk this is 5 or more standard drinks on any day over last 12 months.

Note: Percentages add within rows. Estimates have been rounded and discrepancies may occur between sums of the component items and totals.

Source: ABS and AIHW analysis of 2012–13 Australian Aboriginal and Torres Strait Islander Health Survey.

Table 3.02.7: Immunisation status, Indigenous persons aged 50 and over, 2012–13

Immunisation status	50–64 years	65+ years	Total 50+
	Per cent		
Vaccination for influenza			
Had vaccination for influenza in last 12 months	50.9	73.7	56.8
Had vaccination for influenza but not in last 12 months	20.8	13.7	18.9
Had influenza vaccination but not known if in last 12 months ^(a)	1.4†	1.4†	1.4†
Never had vaccination for influenza	27.0	11.2	22.9
Vaccination for pneumococcus			
Had vaccination for pneumococcus in last 5 years	23.2	43.6	28.5
Had vaccination for pneumococcus but not in last 5 years	1.9†	3.5†	2.3
Had vaccination for pneumococcus but not known if in last 5 years ^(b)	5.9	7.3	6.3
Never had vaccination for pneumococcus	69.1	45.5	63.0
Total number	62,338	21,741	84,079

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

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

(a) Includes 'not known if ever had influenza vaccination'.

(b) Includes 'not known if ever had pneumococcus vaccination'.

Note: Percentages add within columns. Estimates have been rounded and discrepancies may occur between sums of the component items and totals.

Source: ABS and AIHW analysis of 2012–13 Australian Aboriginal and Torres Strait Islander Health Survey.

Table 3.02.8: Immunisation status, by sex and remoteness, Indigenous persons aged 50 and over, 2001, 2004–05 and 2012–13

Immunisation status	2001			2004–05			2012–13		
	Remote	Non-remote	Total	Remote	Non-remote	Total	Remote	Non-remote	Total
Per cent									
Males									
Had vaccination for influenza in last 12 months	75	39	46	81	49	58	68.3	52.2*	55.8
Had vaccination for influenza but not in last 12 months	5‡	14†	12†	8†	18	15	11.5†	21.3*	19.1
Never had vaccination for influenza	19†	46	40	10	32	26	16.3	26.2*	24.0
Total number^(a)	4,743	18,211	22,954	6,284	16,401	22,685	9,041	30,597*	39,638*
Had vaccination for pneumonia in last 5 years	58	16†	24	53	23	31	32.8	20.9*	23.6*
Had vaccination for pneumonia but not in last 5 years	n.p.	8‡	6‡	—	n.p.	n.p.	3.8†	2.4†	2.7†
Never had vaccination for pneumonia	34†	74	66	38	70	61	50.8	71.7*	66.9
Total number^(b)	4,743	18,211	22,954	6,284	16,401	22,685	9,041	30,597*	39,638*
Females									
Had vaccination for influenza in last 12 months	74	51	56	80	54	61	68.0	54.6*	57.6
Had vaccination for influenza but not in last 12 months	6‡	9†	8†	8†	17	15	14.3	20.1	18.8
Never had vaccination for influenza	13†	40	34	12	28	24	12.2	24.8*	22.0
Total number^(a)	5,475	19,668	25,143	7,742	18,727	26,468	9,960	34,481*	44,441*
Had vaccination for pneumonia in last 5 years	39	22	26	59	28	37	36.5	31.7	32.8
Had vaccination for pneumonia but not in last 5 years	—	n.p.	n.p.	—	1‡	1‡	2†	1.9†	1.9†
Never had vaccination for pneumonia	41	76	68	36	65	56	46.6	63.2*	59.4
Total number^(b)	5,475	19,668	25,143	7,742	18,727	26,468	9,960	34,481*	44,441*

(continued)

Table 3.02.8 (continued): Immunisation status, by sex and remoteness, Indigenous persons aged 50 and over, 2001, 2004–05 and 2012–13

Immunisation status	2001			2004–05			2012–13		
	Remote	Non-remote	Total	Remote	Non-remote	Total	Remote	Non-remote	Total
Per cent									
Persons									
Had vaccination for influenza in last 12 months	75	45	51	80	52	60	68.1	53.5*	56.8
Had vaccination for influenza but not in last 12 months	6†	11	10	8	18	15	13.0	20.7*	18.9
Never had vaccination for influenza	16†	43	37	11	30	25	14.2	25.5*	22.9
Total number^(a)	10,219	37,878	48,097	14,026	35,128	49,154	19,001	65,078*	84,079*
Had vaccination for pneumonia in last 5 years	48	19	25	56	26	34	34.8	26.6*	28.5*
Had vaccination for pneumonia but not in last 5 years	n.p.	4‡	3‡	—	1†	1†	2.9†	2.1	2.3
Never had vaccination for pneumonia	38	75	67	37	67	58	48.6	67.2*	63.0
Total number^(b)	10,219	37,878	48,097	14,026	35,128	49,154	19,001	65,078*	84,079*

* Represents statistically significant differences at the $p < 0.05$ level. Non-remote column for 2012–13 tested against remote column. Total column for 2012–13 tested against total column for 2004–05. 'Had vaccination for pneumonia but not in last 5 years' rows not tested.

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

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

(a) Includes 'not known if ever had influenza vaccination'.

(b) Includes 'not known if ever had pneumonia vaccination'.

Note: Percentages add within columns. Estimates have been rounded and discrepancies may occur between sums of the component items and totals.

Sources: ABS and AIHW analysis of 2001 National Health Survey, 2004–05 National Aboriginal and Torres Strait Islander Health Survey, 2012–13 Australian Aboriginal and Torres Strait Islander Health Survey.

Data sources and quality

Australian Childhood Immunisation register

Registrations

The ACIR was established in 1996 providing a measure of the immunisation coverage of children less than 7 years of age. The data used are from an administrative data collection, for which there is an incentive payment for notification, and further incentives for parents to have their child's vaccination status up to date. The Register is linked to the Medicare enrolment register and approximately 99% of children are registered with Medicare by 12 months of age.

Data have been reported using the ACIR definition of fully-immunised children: that is, children who have received all age appropriate immunisations for diphtheria, tetanus, pertussis, hepatitis B, polio, haemophilus influenza type B, measles, mumps and rubella. Varicella (chickenpox) vaccine was added to the National Immunisation Program Schedule (NIPS) for children born from 1 May 2004; pneumococcal vaccine was added to the NIPS for children born from 1 January 2005; and rotavirus vaccine was added to the NIPS for children born from 1 May 2007. From 2008, fully vaccinated status for 5 year olds is reported instead of for 6 year olds, due to changes to NCIR reporting practices.

From December 2013 the definition of the term 'fully immunised' includes pneumococcal for ACIR coverage reporting purposes, for those in the 1 year cohort. From the quarter ending 31 December 2014, meningococcal C (given at 12 months), dose 2 of measles, mumps, rubella (MMR), and dose 1 varicella (given as MMRV at 18 months) was included in the definition of fully immunised for the 24–27 month cohort.

A minimum 3-month lag period is allowed for late notification of immunisations to the register.

Indigenous status question

Indigenous identification is collected via a yes/no flag on immunisation encounter forms, and through Medicare offices when any changes are made to personal details. Medicare uses the standard definition of Indigenous status; however, these details are converted to a 'yes' or 'no' when reports on vaccination coverage are produced from the ACIR. Not stated responses are included with the non-Indigenous responses, resulting in a comparison group of 'other Australians'. Using the immunisation encounter form method for establishing Indigenous identification is voluntary, and relies on the immunisation provider seeking the information.

Vaccination coverage

Vaccination coverage for children is measured by the ACIR. The register records vaccinations for each child when they are reported by doctors and other service providers. Coverage figures for the total child population from the ACIR under-estimate true coverage by about 2–3% because of unreported vaccinations. Coverage for Indigenous children is probably less accurate than that, because not all Indigenous children are recorded as Indigenous on the ACIR. Some Indigenous children are recorded as 'unknown' Indigenous status (DoHA 2006).

General limitations of data available from the ACIR must be considered when used to estimate vaccination coverage. ACIR coverage estimates could overestimate or under-estimate coverage, depending on whether those children not identified as Indigenous Australian have higher or lower than average vaccination coverage. Time series comparisons are also affected by changes in the age at which older children are assessed, and by the introduction of new vaccines on the National Immunisation Program.

Vaccination coverage data from the ACIR and the NATSIHS are not directly comparable because of the differences in the cohort used, population coverage, data collection method, method of calculating fully immunised and vaccines included.

Australian Aboriginal and Torres Strait Islander Health Survey

The 2012–13 Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS) included a sample of 12,000 Indigenous Australians for the core sample and sub-samples for various components of the survey such as voluntary biomedical data for adults. The AATSIHS sample was specifically designed to select a representative sample of Indigenous Australians and therefore overcome the problem inherent in most national surveys (that is, small and unrepresentative Indigenous samples).

Survey results are subject to sampling errors as only a small proportion of the population is used to produce estimates that represent the whole population. Non-sampling errors may occur where there is non-response to the survey or questions in the survey, misunderstanding of questions or errors in recording, coding or processing the survey. Information recorded in this survey is 'as reported' by respondents. Responses may be affected by imperfect recall or individual interpretation of survey questions. Any data that are self-reported are also likely to under-estimate circumstances about which the respondent is unaware, or may be reluctant to report (for example, certain health conditions, weight, drug use).

Selected non-Indigenous comparisons are available from the 2011–13 Australian Health Survey (AHS). The AHS was conducted in *Major cities, regional and remote areas*, but *very remote areas* were excluded from the sample.

Further information on AATSIHS data quality issues can be found in the user guide for the survey (ABS 2013). Time series comparisons for some indicators are available from the 2004–05 NATSIHS, 2008 NATSISS, 2002 NATSISS, 2001 NHS and the 1994 National Aboriginal and Torres Strait Islander Survey (NATSIS).

Australian Health Survey

The Australian Health Survey (AHS) combines the existing ABS National Health Survey (NHS) and the National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) together with 2 new elements: a National Nutrition and Physical Activity Survey (NNPAS) and a National Health Measures Survey (NHMS).

For more information see:

- National Health Survey
<<http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4363.0.55.001Main+Features12011-13?OpenDocument>>.
- National Aboriginal and Torres Strait Islander Health Survey
<<http://www.abs.gov.au/ausstats/abs@.nsf/mf/4715.0/>>.

- National Nutrition and Physical Activity Survey
<<http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4364.0.55.007~2011-12~Main%20Features~About%20the%20National%20Nutrition%20and%20Physical%20Activity%20Survey~731>>.
- National Health Measures Survey
<<http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4364.0.55.005Chapter1102011-12>>.

List of symbols used in tables

- n.a. not available
- .. not applicable
- n.p. not available for publication but included in totals where applicable, unless otherwise indicated
- * represents results with statistically significant differences at the $p < 0.05$ level, between the categories specified in table footnotes
- † estimate has a relative standard error between 25% and 50% and should be used with caution
- ‡ estimate has a relative standard error greater than 50% and is considered too unreliable for general use

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References

- ABS (Australian Bureau of Statistics) 2013. Australian Aboriginal and Torres Strait Islander Health Survey: users' guide, 2012–13. ABS cat. no. 4727.0.55.002. Canberra: ABS.
- DoHA (Australian Government Department of Health and Ageing) 2006. Vaccination for our mob 2006. Commonwealth of Australia.
- NCIRS (National Centre for Immunisation Research and Surveillance of Vaccine Preventable Diseases) 2008. Vaccine preventable diseases and vaccination coverage in Aboriginal and Torres Strait Islander people, Australia, 2003–2006. Canberra: NCIRS.

Other related information

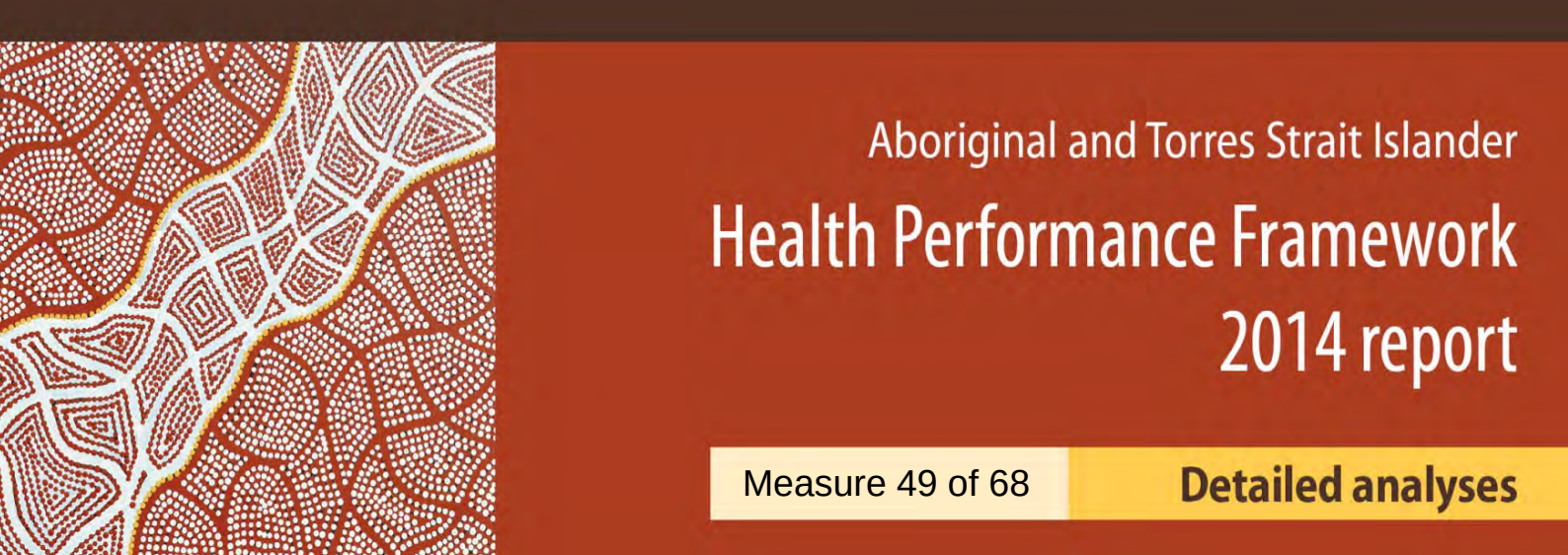
AIHW (Australian Institute of Health and Welfare) 2010. 2010 Pandemic Vaccination Survey: summary results. Cat. no. PHE 128. Canberra: AIHW.

AIHW 2011. 2009 Adult Vaccination Survey: summary results. Cat. no. PHE 135. Canberra: AIHW.

AIHW 2012. Vaccination uptake among people with chronic respiratory disease. Cat. no. ACM 25. Canberra: AIHW.

Menzies RI & Singleton RJ 2009. Vaccine preventable diseases and vaccination policy for indigenous populations. *Pediatric Clinics of North America* 56:1263–83.

Naidu L, Chiu C, Habig A, Lowbridge C, Jayasinghe S, Wang H et al. 2012. Vaccine preventable diseases and vaccination coverage in Aboriginal and Torres Strait Islander people, Australia 2006–2010. *Communicable diseases intelligence quarterly report* 37:S1–95.

The cover of the report features a vertical strip on the left with a traditional Aboriginal dot painting in red, orange, and white. The main title is in white text on a dark red background.

Aboriginal and Torres Strait Islander Health Performance Framework 2014 report

Measure 49 of 68

Detailed analyses

3.03 Health promotion

This measure reports on interventions provided by clinicians and health promotion initiatives funded by governments and provided by a range of health professionals in the wider community for the Aboriginal and Torres Strait Islander population

Introduction

This is no. 49 of 68 measures in the *Aboriginal and Torres Strait Islander Health Performance Framework 2014 report: detailed analyses*. This report provides information on a range of measures of health status, determinants of health and the health system performance relating to Aboriginal and Torres Strait Islander people.

The Framework comprises 3 tiers:

Tier 1 – Health status and outcomes

Tier 2 – Determinants of health

Tier 3 – Health system performance.

The full report, including a comprehensive description of all data sources used in the report, and notes about the data quality is available from

<<http://www.aihw.gov.au/publication-detail/?id=60129550779>>.

Tables referenced are available from

<<http://www.aihw.gov.au/indigenous-data/health-performance-framework/>>.

Data sources

- AIHW Health Expenditure Database
- Australian Aboriginal and Torres Strait Islander Health Survey
- Bettering the Evaluation and Care of Health survey
- Online Services Report data collection
- Healthy for Life data collection.

For more information, see 'Data sources and quality' at the end of this measure.

Data analyses

For more information related to health promotion, see measures 1.24 and 2.15–21.

See also 'Other related information' at the end of this measure.

The following data are presented for this measure:

- Health promotion expenditure, see Table 3.03.1.

Levels of health promotion:

- Self-report, see tables 3.03.2–5
- General practitioner encounters, see tables 3.03.6–8
- Aboriginal and Torres Strait Islander primary health care services, see tables 3.03.9–12
- Services funded through the former Healthy for Life program, see tables 3.03.13–15.

Health promotion expenditure

Current period

In 2010–11:

- Expenditure on public health for selected health promotion activities by state and territory governments was estimated to be around \$41 for each Indigenous Australian and \$15 for each non-Indigenous Australian. Per person expenditure for Indigenous Australians was 2.7 times as high as for non-Indigenous Australians.
- The ratio of Indigenous to non-Indigenous per person expenditure was 5.8 for prevention of hazardous and harmful drug use programs and 1.5 for food standards and hygiene programs and for breast and cervical cancer screening programs (Table 3.03.1).

Levels of health promotion

Self-reported

Current period

In 2012–13:

- 46% of Indigenous Australians aged 15 and over who had consulted a doctor during this period reported discussing lifestyle issues. Indigenous females were significantly more likely to have discussed lifestyle issues with a doctor than males (50% and 41%, respectively).

- When they discussed lifestyle issues, males were significantly more likely than females to have discussed drinking alcohol in moderation (26% and 8% respectively). Males were also significantly more likely than females to have discussed reducing or quitting smoking (47% and 40% respectively) (Table 3.03.3).

General practitioner encounters

Current period

In the period from April 2008–March 2009 to April 2012–March 2013:

- General practitioners provided selected clinical treatments relating to counselling, advice, education and family planning (health promotion) at similar rates to Indigenous Australians and other Australians (186 per 1,000 encounters, a rate 1.1 times as high as that for other Australians).
- After adjusting for differences in age structure, the rate at which GPs provided counselling/advice about smoking was 2.4 times as high and counselling/advice about alcohol was 2 times as high, at encounters with Indigenous patients than at those with other Australians (Table 3.03.6, Figure 3.03.1).

Trend

In the period from April 1998–March 1999 to April 2012–March 2013:

- The rate of selected clinical treatments relating to counselling, advice, education and family planning (health promotion) provided by general practitioners per 1,000 encounters to both Indigenous Australians and other Australians did not change significantly (Table 3.03.7).

Community health services

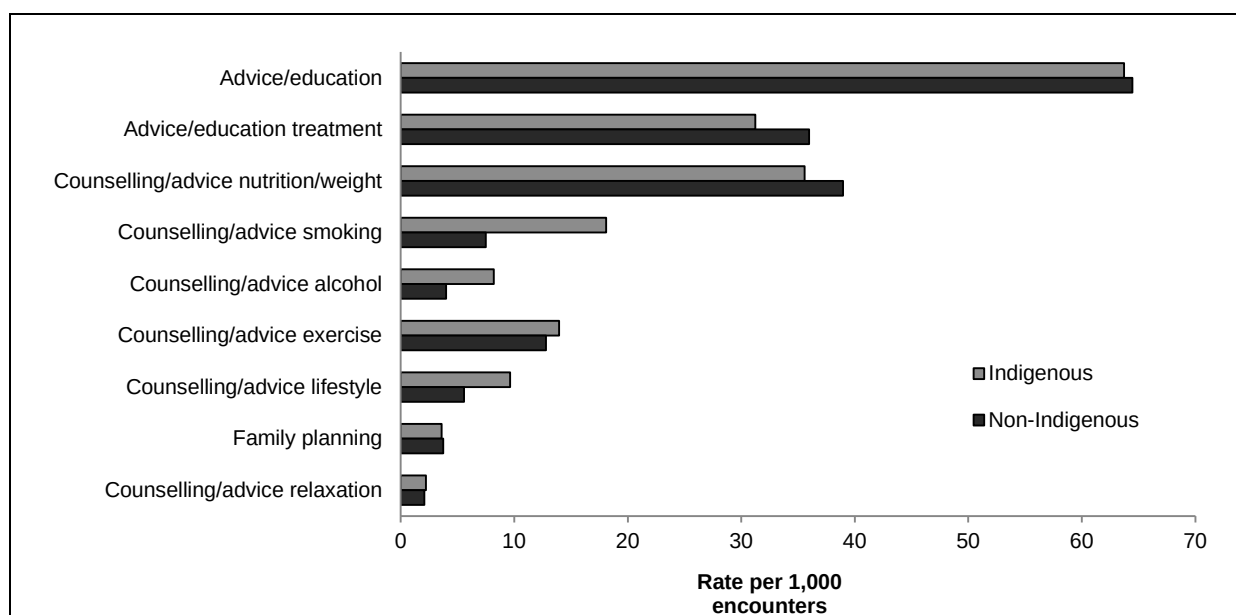
Current period

In 2012–13:

- Nearly all (99.5%) Aboriginal and Torres Strait Islander primary health care services offered preventative health care and screening activities. The most common preventative health care programs were maternal and child health care (88%), antenatal care (86%) and child immunisation (85%) (Table 3.03.9).
- Aboriginal and Torres Strait Islander primary health care services offered a range of health promotion/prevention activities, including antenatal groups (78%), physical activity/healthy weight program activities (59%), and living skills groups (for example dietary and nutrition) (55%) (Table 3.03.11).
- In 2012–13, the most commonly run group programs by substance use services were alcohol use treatment/prevention groups (79%), men's groups (65%) and living skills groups, physical activity/healthy weight program activity groups, and women's groups (each 62%) (Table 3.03.12, Figure 3.03.2).

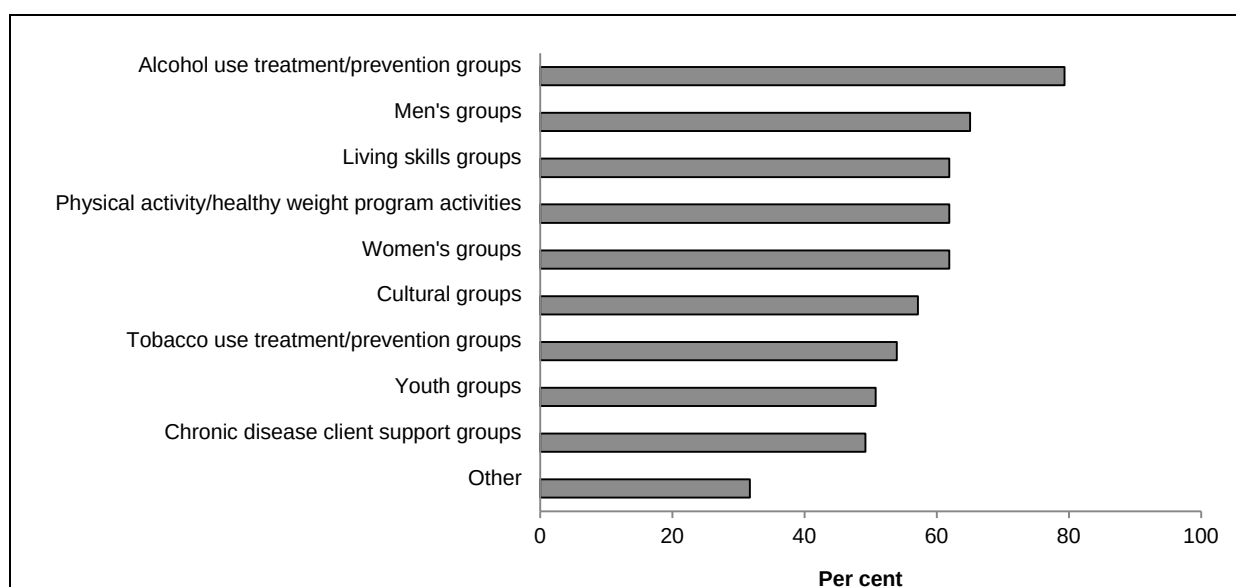
As at 30 June 2011:

- 88% of organisations funded through the former Healthy for Life program provided brief interventions for smoking and 86% provided brief interventions for alcohol. Around 93% had programs for nutrition, 92% had programs for physical activity and 92% had programs for emotional wellbeing (Table 3.03.14).



Source: Table 3.03.6.

Figure 3.03.1: Age-standardised rate of clinical treatments provided by general practitioners, selected treatments related to health promotion, by Indigenous status, BEACH years April 2008–March 2009 to April 2012–March 2013



Source: Table 3.03.12.

Figure 3.03.2: Proportion of Aboriginal and Torres Strait Islander substance-use-specific services that ran selected groups during 2012–13

Table 3.03.1: State and territory government health expenditure for Indigenous and non-Indigenous Australians on core public health services, 2010–11

Selected public health services	Amount (\$ million)			Expenditure per person (\$)		
	Indigenous	Non-Indigenous	Indigenous share (%)	Indigenous	Non-Indigenous	Ratio ^(a)
Communicable disease control	28.1	223.6	11.2	49.3	10.2	4.8
Selected health promotion	23.4	337.1	6.5	41.2	15.4	2.7
Organised immunisation	28.9	380.6	7.1	50.8	17.4	2.9
Environmental health	5.2	68.2	7.1	9.2	3.1	3.0
Food standards and hygiene	1.3	33.1	3.7	2.2	1.5	1.5
Breast and cervical cancer screening programs ^(b)	8.3	218.9	—	14.5	10.0	1.5
Prevention of hazardous and harmful drug use	22.4	149.1	13.1	39.3	6.8	5.8
Public health research	6.2	44.5	12.2	10.8	2.0	5.3
Public health n.f.d.	2.5	11.8	17.3	4.3	0.5	8.1
Public health services^(b)	125.8	1,467.3	7.9	220.9	67.0	3.3

(a) Ratio of Indigenous to non-Indigenous per person expenditure.

(b) Includes bowel cancer screening.

Notes

1. 'Health funding' refers to money provided by an entity for a particular area of expenditure, regardless of who provides that service.
2. 'Health expenditure' refers to money spent on health-related goods and services by the entity responsible for delivering the service.

Source: AIHW 2013. Expenditure on health for Aboriginal and Torres Strait Islander people 2010–11 (Table 2.7).

Table 3.03.2: Whether discussed health lifestyle issues with doctor, Indigenous persons aged 15 years and over by age, 2012–13

	Age-group (years)					Total
	15–24	25–34	35–44	45–54	55+	
	Per cent					
Whether consulted a doctor in the last 12 months						
Yes	28.6	21.0	19.0	15.5	15.9	100.0
No ^(a)	44.5	22.3	18.8	10.7	3.7	100.0
<i>Total</i> ^(b)	31.2	21.2	19.0	14.7	13.9	100.0
Whether discussed lifestyle issues with GP/health professional in last 12 months						
Yes	19.1	22.0	22.1	20.4	16.4	100.0
Did not discuss/not known if discussed	36.6	20.2	16.4	11.4	15.4	100.0
<i>Total</i>	28.6	21.0	19.0	15.5	15.9	100.0
<i>Total number who consulted doctor in the last 12 months</i>	97,309	71,518	64,639	52,791	54,039	340,295
Type(s) of lifestyle issues discussed with GP/health professional in last 12 months^(c)						
Reducing or quitting smoking	16.1	25.0	23.2	23.6	12.1	100.0
Drinking alcohol in moderation	12.7	17.7	24.3	27.0	18.2	100.0
Reaching a healthy weight	14.7	20.9	22.9	23.4	18.0	100.0
Increasing physical activity	10.9	15.5	23.7	29.0	20.9	100.0
Eating healthy food or improving their diet	16.3	19.9	21.3	22.9	19.7	100.0
Family planning	25.8	42.3	25.0	n.p.	n.p.	100.0
Safe sexual practices	47.4	34.4	10.7	4.9†	2.6‡	100.0
Did not discuss/not known if discussed	36.6	20.2	16.4	11.4	15.4	100.0
<i>Total</i>	54,713	71,443	71,024	71,692	50,617	319,489
<i>Total number who discussed lifestyle issues</i>	29,700	34,305	34,359	31,788	25,578	155,729
Total number	127,722	86,720	77,855	60,002	56,642	408,941

(continued)

Table 3.03.2 (continued): Whether discussed health lifestyle issues with doctor, Indigenous persons aged 15 years and over by age, 2012–13

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

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

(a) Includes 'never consulted a doctor'.

(b) Total includes those who did not know when they last consulted a doctor.

(c) Multiple response item, sum of components may be greater than total.

Note: Percentages add within rows. Estimates have been rounded and discrepancies may occur between sums of the component items and totals.

Source: ABS Australian Aboriginal and Torres Strait Islander Health Survey 2012–13 (2012–13 NATSIHS component).

Table 3.03.3: Whether discussed health lifestyle issues with doctor, Indigenous Australians aged 15 years and over by sex, 2012–13

	Males		Females		Persons	
	Number	Per cent	Number	Per cent	Number	Per cent
Whether consulted a doctor in the last 12 months						
Yes	157,781	78.5*	182,514	87.8	340,295	83.2
No ^(a)	40,312	20.1*	22,773	11.0	63,085	15.4
<i>Total^(b)</i>	<i>201,027</i>	<i>..</i>	<i>207,914</i>	<i>..</i>	<i>408,941</i>	<i>..</i>
Whether discussed lifestyle issues with GP/health professional in last 12 months						
Yes	64,557	40.9*	91,173	50.0	155,729	45.8
Did not discuss/not known if discussed	93,224	59.1*	91,341	50.0	184,566	54.2
<i>Total number who consulted doctor in the last 12 months</i>	<i>157,781</i>	<i>..</i>	<i>182,514</i>	<i>..</i>	<i>340,295</i>	<i>..</i>
Type(s) of lifestyle issues discussed with GP/health professional in last 12 months^(c)						
Reducing or quitting smoking	30,532	47.3*	36,776	40.3	67,309	43.2
Drinking alcohol in moderation	16,935	26.2*	7,445	8.2	24,380	15.7
Reaching a healthy weight	31,503	48.8	45,543	50.0	77,046	49.5
Increasing physical activity	21,425	33.2	25,702	28.2	47,127	30.3
Eating healthy food or improving their diet	29,836	46.2	39,286	43.1	69,121	44.4
Family planning	3,675	5.7*	11,821	13.0	15,496	10.0
Safe sexual practices	5,168	8.0*	13,842	15.2	19,010	12.2
<i>Total number who discussed lifestyle issues</i>	<i>93,224</i>	<i>64,557*</i>	<i>91,341</i>	<i>91,173</i>	<i>184,566</i>	<i>155,729</i>
Did not discuss/not known if discussed	64,557	93,224	91,173	91,341	155,729	184,566
Total number	201,027	..	207,914	..	408,941	..

(continued)

Table 3.03.3 (continued): Whether discussed health lifestyle issues with doctor, Indigenous Australians aged 15 years and over by sex, 2012–13

* Represents statistically significant differences between males and females at the $p < 0.05$ level.

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

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

(a) Includes 'Never consulted a doctor'.

(b) Total includes those who did not know when they last consulted a doctor.

(c) Multiple response item, sum of components may be greater than total.

Note: Percentages calculated within columns. Estimates have been rounded and discrepancies may occur between sums of the component items and totals.

Source: ABS Australian Aboriginal and Torres Strait Islander Health Survey 2012–13 (2012–13 NATSIHS component).

Table 3.03.4: Whether discussed health lifestyle issues with doctor, Indigenous Australians aged 15 years and over by state/territory, 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
	Number								
Whether consulted a doctor in the last 12 months									
Yes	109,539	25,625	92,503	43,528	19,275	12,684	3,492	33,650	340,295
No ^(a)	17,603	3,671	18,892	8,683	3,615	2,486	481	7,652	63,085
Total ^(b)	127,984	29,376	112,890	53,011	23,085	15,200	3,973	43,422	408,941
Whether discussed lifestyle issues with GP/health professional in last 12 months									
Yes	53,229	12,454	42,905	18,920	9,301	5,770	1,574	11,576	155,729
Did not discuss/not known if discussed	56,309	13,171	49,598	24,608	9,974	6,914	1,918	22,074	184,566
Total number who consulted doctor in the last 12 months	109,539	25,625	92,503	43,528	19,275	12,684	3,492	33,650	340,295
Type(s) of lifestyle issues discussed with GP/health professional in last 12 months ^(c)									
Reducing or quitting smoking	23,185	6,019	18,270	7,730	4,070	2,301	437	5,297	67,309
Drinking alcohol in moderation	7,372	1,532	6,516	4,268	1,324	726	169	2,472	24,380
Reaching a healthy weight	29,046	5,807	20,550	8,910	4,311	2,824	787	4,811	77,046
Increasing physical activity	18,938	3,483	11,306	5,233	2,580	1,545	652	3,391	47,127
Eating healthy food or improving their diet	24,786	5,055	18,851	8,463	3,946	1,784	749	5,487	69,121
Family planning	4,412	1,271	3,808	2,370	1,048	699	173	1,716	15,496
Safe sexual practices	5,667	1,761	5,477	2,829	726	723	323	1,504	19,010
Total number who discussed lifestyle issues	53,229	12,454	42,905	18,920	9,301	5,770	1,574	11,576	155,729
Did not discuss/not known if discussed	56,309	13,171	49,598	24,608	9,974	6,914	1,918	22,074	184,566
Total number	127,984	29,376	112,890	53,011	23,085	15,200	3,973	43,422	408,941

(continued)

Table 3.03.4 (continued): Whether discussed health lifestyle issues with doctor, Indigenous Australians aged 15 years and over by state/territory, 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
	Per cent								
Whether consulted a doctor in the last 12 months									
Yes	85.6*	87.2*	81.9	82.1	83.5*	83.4*	87.9	77.5	83.2
No ^(a)	13.8	12.5*	16.7	16.4	15.7	16.4	12.1	17.6	15.4
Total ^(b)	127,984	29,376	112,890	53,011	23,085	15,200	3,973	43,422	408,941
Whether discussed lifestyle issues with GP/health professional in last 12 months									
Yes	48.6*	48.6*	46.4*	43.5*	48.3*	45.5*	45.1	34.4	45.8*
Did not discuss/not known if discussed	51.4*	51.4*	53.6*	56.5*	51.7*	54.5*	54.9	65.6	54.2*
Total number who consulted doctor in the last 12 months	109,539	25,625	92,503	43,528	19,275	12,684	3,492	33,650	340,295
Type(s) of lifestyle issues discussed with GP/health professional in last 12 months ^{(c)(d)}									
Reducing or quitting smoking	43.6	48.3	42.6	40.9	43.8	39.9	27.8	45.8	43.2
Drinking alcohol in moderation	13.8	12.3*	15.2	22.6	14.2	12.6†	10.7*	21.4	15.7
Reaching a healthy weight	54.6*	46.6	47.9	47.1	46.3	48.9	50.0	41.6	49.5*
Increasing physical activity	35.6	28.0	26.4	27.7	27.7	26.8	41.4	29.3	30.3
Eating healthy food or improving their diet	46.6	40.6	43.9	44.7	42.4	30.9*	47.6	47.4	44.4
Family planning	8.3	10.2	8.9	12.5	11.3†	12.1	11.0†	14.8	10.0
Safe sexual practices	10.6	14.1	12.8	15.0	7.8†	12.5	20.5	13.0	12.2
Total number who discussed lifestyle issues	53,229	12,454	42,905	18,920	9,301	5,770	1,574	11,576	155,729
Did not discuss/not known if discussed ^(e)	51.4*	51.4*	53.6*	56.5*	51.7*	54.5*	54.9	65.6	54.2*
Total number	127,984	29,376	112,890	53,011	23,085	15,200	3,973	43,422	408,941

(continued)

Table 3.03.4 (continued): Whether discussed health lifestyle issues with doctor, Indigenous Australians aged 15 years and over by state/territory, 2012–13

* Represents statistically significant differences at the $p < 0.05$ level. Proportions for the Northern Territory were tested against those for Australia and the other jurisdictions.

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

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

(a) Includes 'Never consulted a doctor'.

(b) Total includes those who did not know when they last consulted a doctor.

(c) More than one response was allowed, sum of components may exceed total.

(d) Proportion of total who discussed lifestyle issues.

(e) Proportion of total who consulted doctor in the last 12 months.

Note: Percentages calculated within columns. Estimates have been rounded and discrepancies may occur between sums of the component items and totals.

Source: ABS Australian Aboriginal and Torres Strait Islander Health Survey 2012–13 (2012–13 NATSIHS component),

Table 3.03.5: Whether discussed health lifestyle issues with doctor, Indigenous Australians aged 15 years and over by remoteness, 2012–13

	Major cities	Inner regional	Outer regional	Total non-remote	Remote	Very remote	Total remote	Total
	Number							
Whether consulted a doctor in the last 12 months								
Yes	123,437	73,960	72,203	269,601	25,578	45,116	70,694	340,295
No ^(a)	20,812	12,271	13,378	46,461	6,049	10,575	16,624	63,085
Total ^(b)	144,840	86,887	86,401	318,128	32,458	58,355	90,813	408,941
Whether discussed lifestyle issues with GP/health professional in last 12 months								
Yes	60,652	37,130	32,236	130,018	10,731	14,981	25,711	155,729
Did not discuss/not known if discussed	62,785	36,831	39,967	139,583	14,847	30,136	44,983	184,566
Total number who consulted doctor in the last 12 months	123,437	73,960	72,203	269,601	25,578	45,116	70,694	340,295
Type(s) of lifestyle issues discussed with GP/health professional in last 12 months ^(c)								
Reducing or quitting smoking	25,962	16,347	13,651	55,959	4,580	6,769	11,349	67,309
Drinking alcohol in moderation	7,169	6,153	5,393	18,715	2,051	3,613	5,665	24,380
Reaching a healthy weight	32,103	18,465	14,990	65,558	4,941	6,547	11,488	77,046
Increasing physical activity	18,141	12,938	9,192	40,270	3,170	3,687	6,857	47,127
Eating healthy food or improving their diet	25,819	14,902	15,606	56,326	4,613	8,182	12,795	69,121
Family planning	5,532	4,359	2,859	12,750	1024†	1722†	2,746	15,496
Safe sexual practices	7,579	4,298	4,251	16,128	1397†	1485†	2,882	19,010
Did not discuss/not known if discussed	62,785	36,831	39,967	139,583	14,847	30,136	44,983	184,566
Total number who discussed lifestyle issues	60,652	37,130	32,236	130,018	10,731	14,981	25,711	155,729
Total number	144,840	86,887	86,401	318,128	32,458	58,355	90,813	408,941

(continued)

Table 3.03.5 (continued): Whether discussed health lifestyle issues with doctor, Indigenous Australians aged 15 years and over by remoteness, 2012–13

	Major cities	Inner regional	Outer regional	Total non-remote	Remote	Very remote	Total remote	Total
Per cent								
Whether consulted a doctor in the last 12 months								
Yes	85.2	85.1	83.6	84.7	78.8	77.3	77.8*	83.2
No ^(a)	14.4	14.1	15.5	14.6	18.6	18.1	18.3*	15.4
Total ^(b)	144,840	86,887	86,401	318,128	32,458	58,355	90,813	408,941
Whether discussed lifestyle issues with GP/health professional in last 12 months								
Yes	49.1	50.2	44.6	48.2	42.0	33.2	36.4*	45.8
Did not discuss/not known if discussed	50.9	49.8	55.4	51.8	58.0	66.8	63.6*	54.2
Total number who consulted doctor in the last 12 months	123,437	73,960	72,203	269,601	25,578	45,116	70,694	340,295
Type(s) of lifestyle issues discussed with GP/health professional in last 12 months ^{(c)(d)}								
Reducing or quitting smoking	42.8	44.0	42.3	43.0	42.7	45.2	44.1	43.2
Drinking alcohol in moderation	11.8	16.6	16.7	14.4	19.1	24.1	22.0*	15.7
Reaching a healthy weight	52.9	49.7	46.5	50.4	46.0	43.7	44.7	49.5
Increasing physical activity	29.9	34.8	28.5	31.0	29.5	24.6	26.7	30.3
Eating healthy food or improving their diet	42.6	40.1	48.4	43.3	43.0	54.6	49.8*	44.4
Family planning	9.1	11.7	8.9	9.8	9.5	11.5	10.7	10.0
Safe sexual practices	12.5	11.6	13.2	12.4	13.0	9.9	11.2	12.2
Total number who discussed lifestyle issues	60,652	37,130	32,236	130,018	10,731	14,981	25,711	155,729
Did not discuss/not known if discussed ^(e)	62,785	36,831	39,967	139,583	14,847	30,136	44,983	184,566
Total number	144,840	86,887	86,401	318,128	32,458	58,355	90,813	408,941

(continued)

Table 3.03.5 (continued): Whether discussed health lifestyle issues with doctor, Indigenous Australians aged 15 years and over by remoteness, 2012–13

* Represents statistically significant differences between total remote and total non-remote proportions at the $p < 0.05$ level.

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

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

(a) Includes 'Never consulted a doctor'.

(b) Total includes those who did not know when they last consulted a doctor.

(c) More than one response was allowed, sum of components may exceed total.

(d) Proportion of total who discussed lifestyle issues.

(e) Proportion of total who consulted doctor in the last 12 months.

Notes

1. Percentages calculated within columns. Estimates have been rounded and discrepancies may occur between sums of the component items and totals.

2. Data excludes 'not stated' responses.

Source: ABS Australian Aboriginal and Torres Strait Islander Health Survey 2012–13 (2012–13 NATSIHS component).

Table 3.03.6: Selected clinical treatments provided by general practitioners, by Indigenous status, BEACH years April 2008–March 2009 to April 2012–March 2013^(a)

	Number		Per cent		Crude rate (no. per 1,000 encounters)			Age-standardised rate (no. per 1,000 encounters) ^(b)							
	Indig.	Other ^(c)	Indig.	Other ^(c)	Indig.	95% LCL ^(d)	95% UCL ^(e)	Indig.	95% LCL ^(d)	95% UCL ^(e)	Other ^(c)	95% LCL ^(d)	95% UCL ^(e)	Rate ratio ^(f)	Rate difference ^(g)
Advice/education ^(h)	479	4,342	10.5	11.8	64.9	45.5	84.3	63.7	46.3	81.1	64.4	61.3	67.6	1.0	–0.7
Advice/education treatment ⁽ⁱ⁾	244	6,040	5.4	16.4	33.1	25.9	40.3	31.2	24.0	38.4	36.0	34.4	37.5	0.9	–4.8
Counselling/advice nutrition/weight ⁽ⁱ⁾	269	152	5.9	0.4	36.4	29.7	43.2	35.6	28.4	42.7	39.0	37.4	40.5	0.9	–3.4
Counselling/advice smoking ^(k)	144	708	3.2	1.9	19.5	15.0	24.0	18.1*	13.5*	22.8*	7.5*	7.2*	7.9*	2.4*	10.6*
Counselling/advice alcohol ^(l)	71	17	1.6	0.0	9.6	6.8	12.4	8.2*	5.8*	10.6*	4.0*	3.8*	4.2*	2.0*	4.2*
Counselling/advice exercise ^(m)	85	70	1.9	0.2	11.5	8.2	14.9	13.9	9.6	18.3	12.8	12.0	13.6	1.1	1.2
Counselling/advice lifestyle ⁽ⁿ⁾	66	25	1.4	0.1	8.9	5.5	12.4	9.6	5.9	13.3	5.6	5.1	6.1	1.7	4.1
Family planning ^(o)	37	7	0.8	0.0	5.0	3.2	6.9	3.6	2.2	5.0	3.7	3.5	4.0	1.0	–0.1
Counselling/advice relaxation ^(p)	17	5	0.4	0.0	2.3	0.8	3.8	2.2	0.6	3.9	2.1	1.9	2.2	1.1	0.2
<i>Total selected clinical treatments</i>	<i>1,412</i>	<i>11,366</i>	<i>31.0</i>	<i>30.9</i>	<i>191.3</i>	<i>160.6</i>	<i>222.0</i>	<i>186.2</i>	<i>157.3</i>	<i>215.2</i>	<i>175.1</i>	<i>169.7</i>	<i>180.6</i>	<i>1.1</i>	<i>11.1</i>
All other clinical and therapeutic treatments	3,142	25,407	69.0	69.1	425.7	386.8	464.6	446.9	395.4	498.4	419.6	412.6	426.6	1.1	27.3
Total clinical and therapeutic treatments	4,554	36,773	100.0	100.0	617.1	560.2	674.0	633.1	569.0	697.3	594.7	584.2	605.1	1.1	38.5

(continued)

Table 3.03.6 (continued): Selected clinical treatments provided by general practitioners, by Indigenous status, BEACH years April 2008–March 2009 to April 2012–March 2013^(a)

*Represents results with statistically significant differences in the Indigenous/non-Indigenous comparisons at the $p < 0.05$ level.

- (a) Data from five combined BEACH years April 2008–March 2009 to April 2012–March 2013 inclusive.
- (b) Directly age-standardised rate (no. per 1,000 encounters) using total BEACH encounters in the period as the standard.
- (c) Other includes encounters with non-Indigenous patients and those with patients for whom Indigenous status was not stated.
- (d) LCL = Lower confidence limit.
- (e) UCL = Upper confidence limit.
- (f) Rate ratio Indigenous:Other.
- (g) Rate difference Indigenous rate minus Other (Non-Indigenous) rate.
- (h) IPCP-2 codes defining Advice/education codes A45002, B45002, D45002, F45002, H45002, K45002, L45002, N45002, P45001, R45002, S45002, T45002, U45002, W45004, X45002, Y45002, Y45008, Z45002.
- (i) IPCP-2 codes defining Counselling/advice treatment A45016, A45019, A45020, A45021, A45030, A45034, A45035, A48004, L45004, R45004, S45004, T45004, T45009.
- (j) IPCP-2 codes defining Counselling/advice nutrition/weight A45006, T45005, T45007, T45010, T58002.
- (k) IPCP-2 codes defining Counselling/advice smoking P45004, P58008.
- (l) IPCP-2 codes defining counselling/advice alcohol P45005, P58009.
- (m) IPCP-2 codes defining counselling/advice exercise A45004, A58005.
- (n) IPCP-2 codes defining counselling/advice lifestyle P45008, P58012.
- (o) IPCP-2 codes defining family planning A98002, A98003, W45006, W45007, W45008, W58001, W58005, W58007, W58012, W58013, Y45006, Y45007, Y58005, Y58006.
- (p) IPCP-2 codes defining counselling/advice relaxation P45007, P58011, P58017.

Source: Analyses conducted by the Family Medicine Research Centre, University of Sydney, of BEACH data collected by that Centre.

Table 3.03.7: Selected clinical treatments provided by general practitioners, by Indigenous status, April 1998–March 1999 to April 2012–March 2013

Total selected clinical treatments ^(a)	1998–99	1999–00	2000–01	2001–02	2002–03	2003–04	2004–05	2005–06	2006–07	2007–08	2008–09	2009–10	2010–11	2011–12	2012–13	Annual change	% change over period
Indigenous crude rate (no. per 1,000 encounters)	160.6	217.2	214.2	260.4	234.2	217.2	218.8	98.0	172.9	200.2	173.9	241.5	156.5	166.4	213.0	–2.0	–13.4
95% LCL^(b)	122.1	152.5	148.2	181.3	168.6	172.7	170.1	62.3	107.9	143.4	125.1	138.4	105.2	116.6	153.3	n.a.	n.a.
95%UCL^(c)	199.0	281.9	280.2	339.6	299.7	261.7	267.5	133.6	238.0	256.9	222.6	344.6	207.9	216.1	272.8	n.a.	n.a.
Indigenous age-standardised rate (no. per 1,000 encounters)^(d)	168.1	193.8	218.3	257.2	235.4	222.8	204.1	101.5	165.4	203.8	165.2	228.7	148.2	160.0	222.5	–2.1	–13.8
95% LCL^(b)	119.9	141.7	147.1	182.6	173.2	175.4	160.4	69.3	95.8	141.0	118.0	138.3	99.6	110.9	160.6	n.a.	n.a.
95%UCL^(c)	216.3	245.8	289.5	331.8	297.6	270.2	247.9	133.6	235.1	266.6	212.3	319.1	196.8	209.1	284.3	n.a.	n.a.
Other Australian age-standardised rate (no. per 1,000 encounters)^{(d)(e)}	172.2	190.5	212.6	215.6	201.0	190.9	214.2	153.0	157.8	185.3	168.9	180.1	168.7	185.3	172.7	–2.0	–14.0
95% LCL^(b)	161.8	179.7	200.3	202.8	188.0	179.4	200.6	142.1	145.7	172.9	157.2	168.1	157.0	172.5	159.8	n.a.	n.a.
95%UCL^(c)	182.7	201.3	224.9	228.5	213.9	202.5	227.8	164.0	169.9	197.8	180.6	192.1	180.4	198.0	185.5	n.a.	n.a.
Rate ratio^(f)	1.0	1.0	1.0	1.2	1.2	1.2	1.0	0.7	1.0	1.1	1.0	1.3	0.9	0.9	1.3	n.a.	n.a.
Rate difference^(g)	–4.1	3.3	5.8	41.6	34.4	31.9	–10.1	–51.6	7.7	18.5	–3.7	48.6	–20.5	–25.3	49.8	–0.1	–11.3

(continued)

Table 3.03.7 (continued): Selected clinical treatments provided by general practitioners, by Indigenous status, April 1998–March 1999 to April 2012–March 2013

*Represents results with statistically significant differences in the Indigenous/non-Indigenous comparisons at the $p < 0.05$ level.

- (a) IPCP-2 codes defining Advice/education codes A45002, B45002, D45002, F45002, H45002, K45002, L45002, N45002, P45001, R45002, S45002, T45002, U45002, W45004, X45002, Y45002, Y45008, Z45002; IPCP-2 codes defining Counselling/advice treatment A45016, A45019, A45020, A45021, A45030, A45034, A45035, A48004, L45004, R45004, S45004, T45004, T45009; IPCP-2 codes defining Counselling/advice nutrition/weight A45006, T45005, T45007, T45010, T58002; IPCP-2 codes defining Counselling/advice smoking P45004, P58008; IPCP-2 codes defining counselling/advice alcohol P45005, P58009; IPCP-2 codes defining counselling/advice exercise A45004, A58005; IPCP-2 codes defining counselling/advice lifestyle P45008, P58012; IPCP-2 codes defining family planning A98002, A98003, W45006, W45007, W45008, W58001, W58005, W58007, W58012, W58013, Y45006, Y45007, Y58005, Y58006; IPCP-2 codes defining counselling/advice relaxation P45007, P58011, P58017.
- (b) LCL = Lower confidence limit.
- (c) UCL = Upper confidence limit.
- (d) Directly age-standardised rate using the total number of encounters for the period as the standard.
- (e) Other includes encounters with non-Indigenous patients and those with patients for whom Indigenous status was not stated.
- (f) Rate for Indigenous divided by rate for other Australians.
- (g) Rate for Indigenous minus rate for other Australians.

Source: Analyses conducted by the Family Medicine Research Centre, University of Sydney, of BEACH data collected by that Centre.

Table 3.03.8: Selected clinical treatments provided by general practitioners, presented as a rate ratio Indigenous:Other Australians, holding other as 1, and a rate difference, BEACH years April 2008–March 2009 to April 2012–March 2013^{(a)(b)}

Selected clinical treatments	Rate ratio ^(c)							Rate difference ^(d)						
	Respiratory	Musculo-skeletal	Cardio-vascular	Endocrine/metabolic	Psycho-logical	Other ^(e)	Total	Respiratory	Musculo-skeletal	Cardio-vascular	Endocrine/metabolic	Psycho-logical	Other ^(e)	Total
Advice/education ^(f)	1.0	1.4	1.1	0.6*	0.6*	0.9	0.9	0.1	17.9	2.2	–11.5*	–13.0*	–2.4	–3.1
Advice/education treatment ^(g)	0.9	0.9	0.9	1.0	1.5	0.7*	0.8	–8.9	–3.4	–0.9	0.8	2.9	–5.9*	–4.3
Counselling/advice nutrition/weight ^(h)	0.9	1.8	0.5*	0.7*	0.5	0.8	0.9	–0.2	5.3	–14.4*	–42.3*	–1.7	–3.8	–3.6
Counselling/advice smoking ⁽ⁱ⁾	2.9*	0.0*	1.2	0.6	1.6*	5.2*	2.3*	13.5*	–0.2*	0.4	–0.5	20.8*	3.5*	6.0*
Counselling/advice alcohol ^(j)	2.8	4.5	0.4	1.5	1.8*	1.7	1.9*	0.3	0.5	–0.7	0.7	14.5*	1.0	2.3*
Counselling/advice exercise ^(k)	2.5	1.1	1.0	0.8	0.2*	0.8	1.0	1.1	1.5	–0.2	–7.7	–2.1*	–0.5	0.2
Counselling/advice lifestyle ^(l)	1.9	4.9	0.8	1.7	1.9	0.9	1.6	0.2	4.5	–1.3	9.7	2.4	–0.1	2.2
Family planning ^(m)	0.0*	0.0	0.0*	0.0*	0.0	1.0	0.9	–0.1*	0.0	0.0*	–0.2*	0.0	0.0	–0.2
Counselling/advice relaxation ⁽ⁿ⁾	0.0	3.2	1.3	0.0*	0.9	0.4	1.0	–0.1	0.4	0.1	–0.1*	–1.5	–0.2	0.0
Total selected clinical treatments	1.1	1.3	0.8	0.8*	1.2	0.9	1.0	6.0	26.5	–14.8	–51.1*	22.3	–8.5	–0.6
All other clinical and therapeutic treatments	1.0	0.8*	1.6	1.5*	0.8*	1.0	1.0	–12.0	–46.5*	93.3	73.5*	–69.6*	–7.9	–0.9
Total clinical and therapeutic treatments	1.0	0.9	1.3	1.1	0.9	1.0	1.0	–6.0	–19.9	78.5	22.4	–47.4	–16.4	–1.5

(continued)

Table 3.03.8 (continued): Selected clinical treatments provided by general practitioners, presented as a rate ratio Indigenous:Other Australians, holding other as 1, and a rate difference, BEACH years April 2008–March 2009 to April 2012–March 2013^{(a)(b)}

*Represents results with statistically significant differences in the Indigenous/non-Indigenous comparisons at the $p < 0.05$ level.

- (a) These survey results are likely to undercount the number of visits to GPs by Indigenous Australians.
- (b) Data from five combined BEACH years April 2008–March 2009 to April 2012–March 2013 inclusive.
- (c) Rate ratio Indigenous:Other Australians. Rate per 1,000 problems managed directly age-standardised using total BEACH encounters in the period as the standard.
- (d) Rate difference Indigenous rate minus Other Australians rate. Rate per 1,000 problems managed directly age-standardised using total BEACH encounters in the period as a standard.
- (e) 'Other clinical treatments' include: skin, general and unspecified, digestive, female genital system, ear, pregnancy and family planning, neurological, urology, eye, male genital system, blood and social.
- (f) ICP-2 codes defining Advice/education codes A45002, B45002, D45002, F45002, H45002, K45002, L45002, N45002, P45001, R45002, S45002, T45002, U45002, W45004, X45002, Y45002, Y45008, Z45002.
- (g) ICP-2 codes defining Counselling/advice treatment A45016, A45019, A45020, A45021, A45030, A45034, A45035, A48004, L45004, R45004, S45004, T45004, T45009.
- (h) ICP-2 codes defining Counselling/advice nutrition/weight A45006, T45005, T45007, T45010, T58002.
- (i) ICP-2 codes defining Counselling/advice smoking P45004, P58008.
- (j) ICP-2 codes defining counselling/advice alcohol P45005, P58009.
- (k) ICP-2 codes defining counselling/advice exercise A45004, A58005.
- (l) ICP-2 codes defining counselling/advice lifestyle P45008, P58012.
- (m) ICP-2 codes defining family planning A98002, A98003, W45006, W45007, W45008, W58001, W58005, W58007, W58012, W58013, Y45006, Y45007, Y58005, Y58006.
- (n) ICP-2 codes defining counselling/advice relaxation P45007, P58011, P58017.

Source: Analyses conducted by the Family Medicine Research Centre, University of Sydney, of BEACH data collected by that Centre.

Table 3.03.9: Proportion of Aboriginal and Torres Strait Islander primary health-care services that undertake selected preventative health care and screening activities, (preventative health care programs), 2012–13

Preventative health care programs	Number	Per cent
Other traditional health care	n.a.	n.a.
Bush medicine	23	11.2
Traditional healing	28	13.7
Bush tucker nutrition programs	33	16.1
Work with community food stores	93	45.4
Mental health programs 17 and under	n.a.	n.a.
Advice and advocacy re environmental health issues	77	37.6
Injury/accident prevention	79	38.5
Drug and alcohol programs	n.a.	n.a.
Substance use/drug and alcohol programs	134	65.4
Healthy weight programs	n.a.	n.a.
Mental health programs 18+	n.a.	n.a.
Sexually transmissible infection contact tracing	n.a.	n.a.
Men's health programs	n.a.	n.a.
Outreach health promotion	n.a.	n.a.
Infectious diseases programs/education	n.a.	n.a.
Physical activity programs	n.a.	n.a.
Routinely organise pneumococcal immunisations regularly	n.a.	n.a.
Child growth monitoring	n.a.	n.a.
Antenatal/maternal programs	n.a.	n.a.
Antenatal care	176	85.9
Maternal and child health care	181	88.3
Dietary and nutrition programs	n.a.	n.a.
Healthy lifestyle program (including physical activity and/or nutrition)	162	79.0
Child immunisation	175	85.4
Routinely organise influenza immunisation	n.a.	n.a.
Women's health programs	n.a.	n.a.
Health promotion/education	n.a.	n.a.
Breakfast programs	45	22.0
Immunisation promotion—adults	159	77.6
Sexual health or STI health promotion or education activities	141	68.8
Mental health promotion activities	108	52.7
<i>Any preventative health care and screening activities</i>	<i>204</i>	<i>99.5</i>
Total number of primary health care services	205	100.0

Note: From 2008–09 OSR data counts all auspice services individually when calculating rates; therefore caution should be exercised when comparing rates with earlier data collection periods.

Sources: AIHW analyses of OSR data collection, 2012–13 and AIHW 2014.

Table 3.03.10: Proportion of Aboriginal and Torres Strait Islander primary health-care services that undertake selected health care and screening activities (health related and community services), 2012–13

Health related and community programs	Number	Per cent
Transport	183	89.3
Attend appointments with patients	n.a.	n.a.
Regularly attend hospital and/or specialist appointments with patients to provide support	121	59.0
Involvement in health committees	n.a.	n.a.
School-based activities	n.a.	n.a.
Cultural promotion activities	n.a.	n.a.
Community development work	n.a.	n.a.
Centrelink advocacy and liaison	n.a.	n.a.
Involvement in Centrelink advocacy activities	144	70.2
Parenting Programs	n.a.	n.a.
Participation in regional planning forums	n.a.	n.a.
Regional health planning processes	179	87.3
Support for public housing issues	n.a.	n.a.
Involvement in housing advocacy activities	170	82.9
Services for people with disabilities	108	52.7
Homelessness support	n.a.	n.a.
Involvement in homelessness advocacy activities	117	57.1
Funeral assistance and arrangements	n.a.	n.a.
Aged Care	97	47.3
Palliative care	85	41.5
Legal/police/prison advocacy services	n.a.	n.a.
Representation on external boards	117	57.1
Welfare services and food provision	n.a.	n.a.
Medical evacuation services	n.a.	n.a.
Youth camps	n.a.	n.a.
Breakfast programs	45	22.0
Deceased transportation	n.a.	n.a.
<i>Any selected health care and screening activities</i>	<i>203</i>	<i>99.0</i>
Total number of primary health care services	205	100.0

Note: From 2008–09 OSR data counts all auspice services individually when calculating rates; therefore caution should be exercised when comparing rates with earlier data collection periods.

Sources: AIHW analyses of OSR data collection 2012–13 and AIHW 2014.

Table 3.03.11: Proportion of Aboriginal and Torres Strait Islander primary health-care services that ran health promotion/prevention group activities during 2012–13

Health promotion/prevention group activities	Number	Per cent
Other groups activities	87	42.4
Other substance use treatment/prevention groups	n.a.	n.a.
Alcohol use treatment/prevention groups	64	31.2
Counselling groups	n.a.	n.a.
Tobacco use treatment/prevention groups	85	41.5
Youth groups	83	40.5
Chronic disease management groups	n.a.	n.a.
Chronic disease client support groups	94	45.9
Antenatal groups	159	77.6
Support groups	n.a.	n.a.
Cultural groups	74	36.1
Men's groups	101	49.3
Mothers' and babies' groups	n.a.	n.a.
Women's groups	106	51.7
Sport/recreation/physical education groups	n.a.	n.a.
Physical activity/healthy weight program activities	120	58.5
Living skills groups (e.g. cooking, nutrition groups)	113	55.1
Community-based education and prevention groups	n.a.	n.a.
<i>Any health promotion/prevention group activities</i>	202	98.5
Total number of primary health care services	205	100.0

Note: From 2008–09 OSR data counts all auspice services individually when calculating rates; therefore caution should be exercised when comparing rates with earlier data collection periods.

Sources: AIHW analyses of OSR data collection, 2012–13 and AIHW 2014.

Table 3.03.12: Proportion of Aboriginal and Torres Strait Islander substance-use-specific services that ran selected groups during 2012–13

Group	Number	Per cent
Other	20	31.7
Youth groups	32	50.8
Tobacco use treatment/prevention groups	34	54.0
Women's groups	39	61.9
Other substance use treatment/prevention groups	n.a.	n.a.
Sport/recreation/physical education groups	n.a.	n.a.
Physical activity/healthy weight program activities	39	61.9
Support groups	n.a.	n.a.
Men's groups	41	65.1
Counselling groups	n.a.	n.a.
Alcohol use treatment/prevention groups	50	79.4
Community based education and prevention groups	n.a.	n.a.
Living skills groups	39	61.9
Cultural groups	36	57.1
Chronic disease client support groups	31	49.2
<i>Services that ran any selected groups</i>	<i>58</i>	<i>92.1</i>
Total number of substance use services	63	100.0

Sources: AIHW analyses of OSR data collection, 2012–13 and AIHW 2014.

Table 3.03.13: Proportion of services funded through the Healthy for Life program that had community health promotion/development activities^(a), reporting periods ending 30 June 2009 to 2011

	June 2009				June 2010				June 2011			
	Yes	No	No response	Not app ^(b)	Yes	No	No response	Not app ^(b)	Yes	No	No response	Not app ^(b)
Per cent												
Engagement with child care centres and/or play groups	63.5	22.9	10.8	2.8	63.3	22.8	10.1	3.8	69.4	20.0	7.1	3.5
Engagement with preschools and/or schools	81.0	6.7	10.8	1.4	81.0	7.6	10.1	1.3	78.8	12.9	7.1	1.2
Engagement with community groups												
Community council	66.1	13.5	16.2	4.2	64.6	13.9	17.7	3.8	68.2	18.8	9.4	3.5
Women's group(s)	72.9	6.7	17.6	2.8	67.1	13.9	13.9	5.1	75.3	12.9	9.4	2.4
Men's group(s)	66.2	10.8	23.0	0.0	65.8	12.7	17.7	3.8	70.6	17.6	8.2	3.5
Youth group(s)	50.5	23.2	24.6	1.8	51.9	27.8	17.7	2.5	58.8	27.1	10.6	3.5
Sports club(s)	44.5	32.4	18.9	4.2	53.2	21.5	20.3	5.1	49.4	35.3	11.8	3.5
Art/cultural centre(s)	25.7	48.6	21.6	4.2	26.6	38.0	26.6	8.9	41.2	41.2	12.9	4.7
Other	16.2	33.7	48.6	1.4	22.8	26.6	44.3	6.3	n.a.	n.a.	n.a.	n.a.
Other community engagement	40.5	18.9	36.4	4.2	39.2	20.3	35.4	5.1	n.a.	n.a.	n.a.	n.a.

(a) Relating to maternal, child health, chronic disease prevention, and care, including risk reduction for smoking, alcohol, nutrition, physical activity and emotional wellbeing.

(b) Percentage not applicable.

Note: Data for the reporting period ending June 2009 were re-analysed since the previous report to include the category 'not applicable'.

Source: AIHW Healthy for Life data collection.

Table 3.03.14: Proportion of services funded through the Healthy for Life program that had strategies for chronic disease preventative care for their service population, reporting periods ending 30 June 2009 to 2011

	June 2009			June 2010			June 2011		
	Yes	No	No response	Yes	No	No response	Yes	No	No response
	Per cent								
Behavioural risk reduction									
Smoking									
Brief intervention	85.1	2.7	12.2	91.1	1.3	7.6	88.2	4.7	7.1
Other advice	85.1	2.7	12.2	87.3	3.8	8.9	89.4	3.5	7.1
Nutrition	86.5	1.4	12.2	91.1	1.3	7.6	92.9	1.2	5.9
Alcohol									
Brief intervention	85.1	2.7	12.2	91.1	1.3	7.6	85.9	7.1	7.1
Other advice	81.1	6.8	12.2	84.8	7.6	7.6	81.2	11.8	7.1
Physical activity	85.1	2.7	12.2	89.9	2.5	7.6	91.8	0.0	8.2
Emotional wellbeing	86.5	0.0	13.5	89.9	1.3	8.9	91.8	1.2	7.1
Other	13.5	36.5	50	17.7	43.0	39.2	21.2	51.8	27.1

Source: AIHW Healthy for Life data collection.

Table 3.03.15: Proportion of services funded through the Healthy for Life program that had strategies for chronic disease management^(a) for their clients with chronic disease, reporting periods ending 30 June 2009 to 2011

	June 2009			June 2010			June 2011		
	Yes	No	No response	Yes	No	No response	Yes	No	No response
	Per cent								
Behavioural risk reduction									
Smoking									
Brief intervention	85.1	4.1	10.8	88.6	2.5	8.9	83.5	7.1	9.4
Other advice	83.8	5.4	10.8	87.3	3.8	8.9	85.9	4.7	9.4
Nutrition	83.8	4.1	12.2	89.9	1.3	8.9	88.2	0.0	11.8
Alcohol									
Brief intervention	85.1	4.1	10.8	88.6	2.5	8.9	81.2	9.4	9.4
Other advice	81.1	8.1	10.8	83.5	6.3	10.1	77.6	12.9	9.4
Physical activity	87.8	1.4	10.8	89.9	1.3	8.9	89.4	0.0	10.6
Emotional wellbeing	89.2	0.0	10.8	87.3	1.3	11.4	85.9	3.5	10.6
Other	21.6	44.6	33.8	22.8	41.8	35.4	23.5	49.4	27.1

(a) 'Management' includes health promotion, prevention of complications, clinical care and advocacy.

Source: AIHW Healthy for Life data collection.

Data sources and quality

AIHW Health Expenditure Database

The AIHW draws upon both expenditure data and service use data to prepare Indigenous health expenditure estimates.

The quality of Indigenous service use data is of varying quality, as there is widespread non-reporting of Indigenous status or under-identification in administration records. Although the quality of Indigenous service use data such as admitted patient data is improving, under-identification of Aboriginal and Torres Strait Islander Australians in these data sets remains a major issue.

The source of data used to estimate health expenditure for Indigenous and non-Indigenous Australians through Aboriginal Community Controlled Health Organisations (ACCHOs) has changed slightly since 2008–09. Past estimates used information from the Service Activity Report database, which was a joint project of the Office for Aboriginal and Torres Strait Islander Health (OATSIH) and the National Aboriginal Community Controlled Health Organisation. The database collected service level data on health care through an annual questionnaire completed by every Australian Government-funded Aboriginal and Torres Strait Islander primary health care service. From 2008–09, however, it was replaced with the new OATSIH Service Report database (now known as the Online Services Report (OSR) data collection), which also includes data previously collected under the Drug and Alcohol Service Report, and Bringing Them Home and Link Up Counsellors data collections.

Under-identification

Estimates of the level of Indigenous under-identification were used to adjust admitted patient expenditure estimates for New South Wales, Victoria, Queensland, South Australia, Western Australia and the Northern Territory (public hospitals only). In some states and territories, a single state-wide average under-identification adjustment factor was applied. In others, differential under-identification factors were used, depending on the region in which particular service(s) were located (AIHW 2011).

As the AIHW studies on Indigenous identification in hospitalisation data did not include private hospitals, an adjustment factor of 54% for private hospitals was derived from the analysis of linked hospital morbidity data from New South Wales.

Expenditure estimates

Some of the expenditure patterns in this report may be influenced by variations in the completeness of Indigenous identification, despite the adjustments made for under-identification. The use of scaled up MBS and PBS data based on the level of VII enrolment is 1 such example. It is possible that health expenditure estimates for Indigenous Australians may slightly overestimate or underestimate the actual level of health expenditure. As a result, estimating health expenditure for Indigenous Australians is an evolving field, and conclusions should be drawn with caution.

In addition, while every effort has been made to ensure consistent reporting and categorisation of expenditure on health goods and services, in some cases there are inconsistencies across expenditure data providers. These result from limitations of financial reporting systems and/or different reporting mechanisms.

Time series estimate comparisons

The definition of health expenditure changed in 2007 to exclude high-care residential aged care, which was instead classified as welfare expenditure.

For the purpose of comparison, high-care residential aged care expenditure has been omitted from all of the previous years' estimates to allow for the comparison of health expenditure estimates over time.

In the AIHW health and welfare expenditure report series, there was a change in the method for estimating MBS and PBS expenditure since 2006–07. The revised method involves the use of Medicare VII data to estimate expenditure on medical services, such as general practitioner, specialist services, pathologist services, imaging services, and prescription pharmaceuticals provided to Indigenous Australians. Before this, data from the Bettering the Evaluation and Care of Health (BEACH) survey data were used in these estimates. This change may have contributed to the increase in MBS and PBS expenditure estimates since 2006–07 compared with those in 2001–02 and 2004–05 (AIHW 2011).

Bettering the Evaluation and Care of Health survey

The Bettering the Evaluation and Care of Health (BEACH) survey collects information about encounters with general practitioners (GPs), including: GP and patient characteristics; patient reasons for the visit; problems managed; and treatments provided. The survey has been conducted annually since April 1998. Information is collected from a random sample of approximately 1,000 GPs from across Australia each year. Each participating GP provides details of 100 consecutive patient encounters. Although the questionnaire contains an Indigenous identifier, it is unknown whether all GPs ask their patients this question.

In a sub-study of approximately 9,000 patients, Supplementary Analysis of Nominated Data, it was found that if the question on Indigenous status was asked within the context of a series of questions about origin and cultural background, 1.3% identified as Aboriginal and Torres Strait Islander. This is twice the rate routinely recorded in BEACH, indicating that BEACH may under-estimate the number of encounters with Indigenous Australians.

Under the National Indigenous Reform Agreement, governments have agreed to the implementation of *National best practice guidelines for collecting Indigenous status in health data sets* (AIHW 2010), which include recommended strategies for local service providers such as GPs and practice nurses to improve Indigenous identification data. General practices and Aboriginal and Torres Strait Islander health services that meet accreditation requirements are eligible for financial incentives when they do the following activities: sign on to the Practice Incentives Program – Indigenous Health Incentive (PIP IHI); obtain consent from their Indigenous clients to be registered for chronic disease management through the IHI; and provide a targeted level of care for each registered patient. Participation in the PIP IHI also provides eligibility for other initiatives under Medicare.

A Voluntary Indigenous Identifier was introduced into the Medicare database from November 2002. By July 2014, 415,730 people had identified as Aboriginal, Torres Strait Islander, or both.

Healthy for Life data collection

For the July 2010 to June 2011 reporting period, 85 services submitted data as part of the Healthy for Life (HfL) Program.

Services started submitting their data through an electronic interface (OSCAR) for the February 2008 reporting period. This has improved the quality of data submitted.

Not all of the services were able to provide data for all of the essential indicators and service profile questions included in the HfL data collection. The number of services that were able to provide data varies across the qualitative and quantitative indicators.

There has been an upward trend in the proportion of services that reported on each of the indicators over time, particularly compared with the first reporting period ending June 2007.

In general, the data quality improved noticeably between the periods ending in June 2008 and June 2009. The overall level of data quality remained similar in the period ending in June 2010, while further improvements occurred in the period ending in June 2011. In the period ending in June 2011, the most common data quality issues were related to missing data (20% of services) and data out of the expected range (11% of services).

The Healthy for Life data collection was discontinued at the end of June 2011.

Online Services Report data collection

The OSR collects organisation-level information from Aboriginal and Torres Strait Islander health organisations that received Australian Government funding in 2012–13.

Data were collected using a web-based reporting tool designed specifically to capture information on inputs and health processes at primary health-care organisations funded to deliver care to Indigenous Australians.

AIHW examined all data submissions to identify missing data and data quality issues. The most common data quality issues were inaccurate recording (for example, staff were reported in terms of their total number rather than in full-time equivalent positions), and discrepancies between 2 or more questions (for example, the number of clients exceeded the number of episodes of care).

Where needed, AIHW staff contacted the relevant health organisation to follow up on data quality issues and to request additional or corrected data. The AIHW detected at least 1 issue for follow-up in around 239 (92%) of organisations. Of these, 207 (87%) resubmitted data. Data with remaining significant quality issues were excluded from national analyses.

From 2012–13 a new online questionnaire started. Major questions (for example, around episodes of care, clients and contacts) remained the same. Some other questions were revised or restructured.

For more information see

<<http://meteor.aihw.gov.au/content/index.phtml/itemId/561251>>.

Australian Aboriginal and Torres Strait Islander Health Survey

The 2012–13 Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS) included a sample of 12,000 Indigenous Australians for the core sample and sub-samples for various components of the survey such as voluntary biomedical data for adults. The AATSIHS sample was specifically designed to select a representative sample of Indigenous Australians and therefore overcome the problem inherent in most national surveys (that is, small and unrepresentative Indigenous samples).

Survey results are subject to sampling errors as only a small proportion of the population is used to produce estimates that represent the whole population. Non-sampling errors may occur where there is non-response to the survey or questions in the survey, misunderstanding of questions or errors in recording, coding or processing the survey. Information recorded in this survey is 'as reported' by respondents. Responses may be affected by imperfect recall or individual interpretation of survey questions. Any data that are self-reported are also likely to under-estimate circumstances about which the respondent is unaware, or may be reluctant to report (for example, certain health conditions, weight, drug use).

Selected non-Indigenous comparisons are available from the 2011–13 Australian Health Survey (AHS). The AHS was conducted in *Major cities, Regional and Remote areas*, but *Very remote* areas were excluded from the sample.

Further information on AATSIHS data quality issues can be found in the user guide for the survey (ABS 2013). Time series comparisons for some indicators are available from the 2004–05 NATSIHS, 2008 NATSISS, 2002 NATSISS, 2001 NHS and the 1994 National Aboriginal and Torres Strait Islander Survey (NATSIIS).

Australian Health Survey

The Australian Health Survey (AHS) combines the existing ABS National Health Survey (NHS) and the National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) together with 2 new elements: a National Nutrition and Physical Activity Survey (NNPAS) and a National Health Measures Survey (NHMS).

For more information see:

- National Health Survey
<<http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4363.0.55.001Main+Features12011-13?OpenDocument>>.
- National Aboriginal and Torres Strait Islander Health Survey
<<http://www.abs.gov.au/ausstats/abs@.nsf/mf/4715.0/>>.
- National Nutrition and Physical Activity Survey
<<http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4364.0.55.007~2011-12~Main%20Features~About%20the%20National%20Nutrition%20and%20Physical%20Activity%20Survey~731>>.
- National Health Measures Survey
<<http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4364.0.55.005Chapter1102011-12>>.

List of symbols used in tables

n.a.	not available
..	not applicable
—	rounded to zero (including null cells)
n.f.d.	not further defined
n.p.	not available for publication but included in totals where applicable, unless otherwise indicated
*	represents results with statistically significant differences at the $p < 0.05$ level, between the categories specified in table footnotes
†	estimate has a relative standard error between 25% and 50% and should be used with caution
‡	estimate has a relative standard error greater than 50% and is considered too unreliable for general use

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References

- ABS (Australian Bureau of Statistics) 2013. Australian Aboriginal and Torres Strait Islander Health Survey: users' guide, 2012–13. ABS cat no. 4727.0.55.002. Canberra: ABS.
- AIHW (Australian Institute of Health and Welfare) 2010. National best practice guidelines for collecting Indigenous status in health data sets. Cat. no. IHW 29. Canberra: AIHW.
- AIHW 2011. Expenditure on health for Aboriginal and Torres Strait Islander people 2008–09. Health and welfare expenditure series no. 44. Cat. no. HWE 53. Canberra: AIHW.
- AIHW 2013. Expenditure on health for Aboriginal and Torres Strait Islander people 2010–11. Health and welfare expenditure series no. 48. Cat. no. HWE 57. Canberra: AIHW.
- AIHW 2014. Aboriginal and Torres Strait Islander health organisations: Online Services Report – key results 2012–13. Cat. no. IHW 139. Canberra: AIHW.

Other related information

- AIHW 2014. Australia's health 2014. Australia's health series no. 14. Cat. no. AUS 178. Canberra: AIHW.
- WHO (World Health Organization) 2005. The Bangkok Charter for Health Promotion in a Globalized World. Viewed 21/11/2014, <http://www.who.int/healthpromotion/conferences/6gchp/bangkok_charter/en/>.

The cover of the report features a red background with a white and yellow geometric pattern on the left side. The title is in white text on the right.

Aboriginal and Torres Strait Islander Health Performance Framework 2014 report

Measure 50 of 68

Detailed analyses

3.04 Early detection and early treatment

This measure reports on the early detection and early treatment of disease among the Indigenous population, as indicated by uptake of health assessments and disease screening by Aboriginal and Torres Strait Islander people

Introduction

This is no. 50 of 68 measures in the *Aboriginal and Torres Strait Islander Health Performance Framework 2014 report: detailed analyses*. This report provides information on a range of measures of health status, determinants of health and the health system performance relating to Aboriginal and Torres Strait Islander people.

The Framework comprises 3 tiers:

Tier 1 – Health status and outcomes

Tier 2 – Determinants of health

Tier 3 – Health system performance.

The full report, including a comprehensive description of all data sources used in the report, and notes about the data quality is available from

<http://www.aihw.gov.au/publication-detail/?id=60129550779>.

Tables referenced are available from

<http://www.aihw.gov.au/indigenous-data/health-performance-framework/>.

Data sources

- Medicare data
- BreastScreen Australia
- National Bowel Cancer Screening Register
- Australian Aboriginal and Torres Strait Islander Health Survey.

For more information, see 'Data sources and quality' at the end of this measure.

Data analyses

The Medicare Benefits Schedule provides items specifically for regular health checks or assessments for Aboriginal and Torres Strait Islander people. A health assessment includes an assessment of a patient's health and physical, psychological and social function, and whether preventative health care and education should be offered to the patient.

BreastScreen Australia undertakes nationwide breast cancer screening. It targets women aged 50–69 for screening once every 2 years, although women aged 40–49 and those aged over 70 may also use the service. Care needs to be taken when comparing Indigenous and non-Indigenous participation rates due to the under-identification of Indigenous women in the BreastScreen Australia program. Caution also needs to be taken in comparing data across jurisdictions, due to differences in the collection of data by Indigenous status across jurisdictions and small numbers.

The National Bowel Cancer Screening Program (NBCSP) aims to reduce the incidence of illness and mortality related to bowel cancer in Australia through screening to detect cancers and pre-cancerous lesions in their early stages in order to maximise the effectiveness of treatment. Participants complete a Faecal Occult Blood Test (FOBT) kit.

A cervical cancer may take 10 or more years to develop, but before this, the cervical cells may show pre-cancerous changes. These early changes can be detected by a pap smear and, if they are promptly treated, cervical cancer can be prevented.

For more information related to early detection and early treatment, see measures 3.05 and 3.14. See also 'Other related information' at the end of this measure.

The following data are presented for this measure:

- Medicare health assessments, see tables 3.04.1–10
- Breast cancer screening, see tables 3.04.11–14
- Cervical cancer screening, see tables 3.04.15–18
- Bowel cancer screening, see tables 3.04.19–21
- Other cancers, see tables 3.04.22–23.

Medicare health assessments

Current period

In 2013–14:

- Around 47,400 Medicare health assessments were provided for Indigenous Australians aged 0–14 – a rate of 194 per 1,000.
- Around 80,600 Medicare health assessments were provided for Indigenous Australians aged 15–54 – a rate of 205 per 1,000.
- Around 22,300 Medicare health assessments were provided for Indigenous Australians aged 55 and older – a rate of 325 per 1,000 (Table 3.04.1).
- There were 4,440 MBS Healthy Kids Checks claimed for Indigenous children – a rate of 27 per 1,000, 0.7 times the rate for non-Indigenous Australians (41 per 1,000). The gap was 13 claims per 1,000 (Table 3.04.3).

Trend

Between 2006–07 and 2013–14:

- The rate of Medicare health assessments (for all ages, excluding 4-year-old health checks) for Indigenous Australians increased significantly, from 37 to 213 per 1,000, with an annual increase of 26 per 1,000 (Table 3.04.5, Figure 3.04.1).

Between 2009–10 and 2013–14:

- The rate of Medicare health assessments (for all ages, excluding 4-year-old health checks) for Indigenous Australians increased significantly by 193%, from 73 to 213 per 1,000, with an annual increase of 35 per 1,000 (Table 3.04.5, Figure 3.04.1).

Cancer screening

Current period

In 2011–2012:

- 33% of Indigenous women aged 50–69 participated in a BreastScreen Australia program, compared with 55% of other women in the same age group. The gap was 22 percentage points (Table 3.04.11).

In 2012–13:

- An estimated 79% of Indigenous women aged 50–69 reported ever having had a mammogram (Table 3.04.12).
- An estimated 58% of Indigenous women aged 20–69 reported having a pap smear test at least every 2 years (Table 3.04.15).

In 2011–12:

- 58% of all Australian women aged 20–69 were recorded in the National Cervical Screening Program (AIHW 2014).

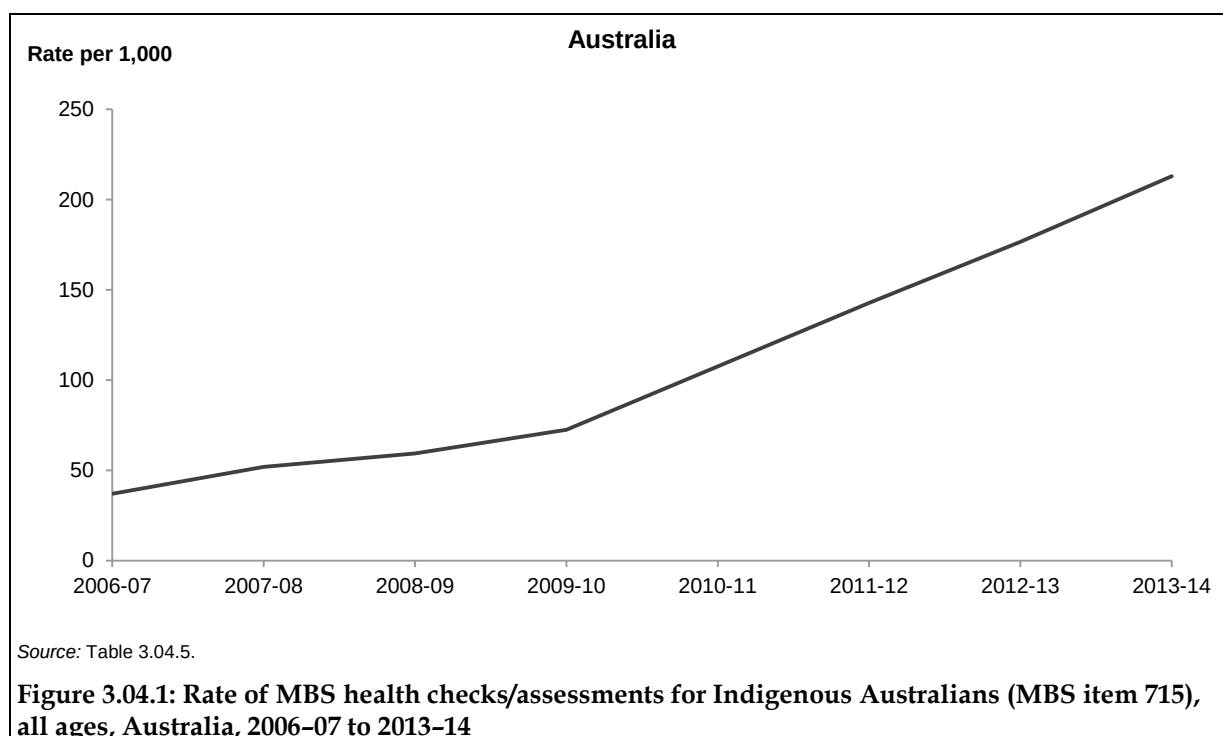
In 2012–13:

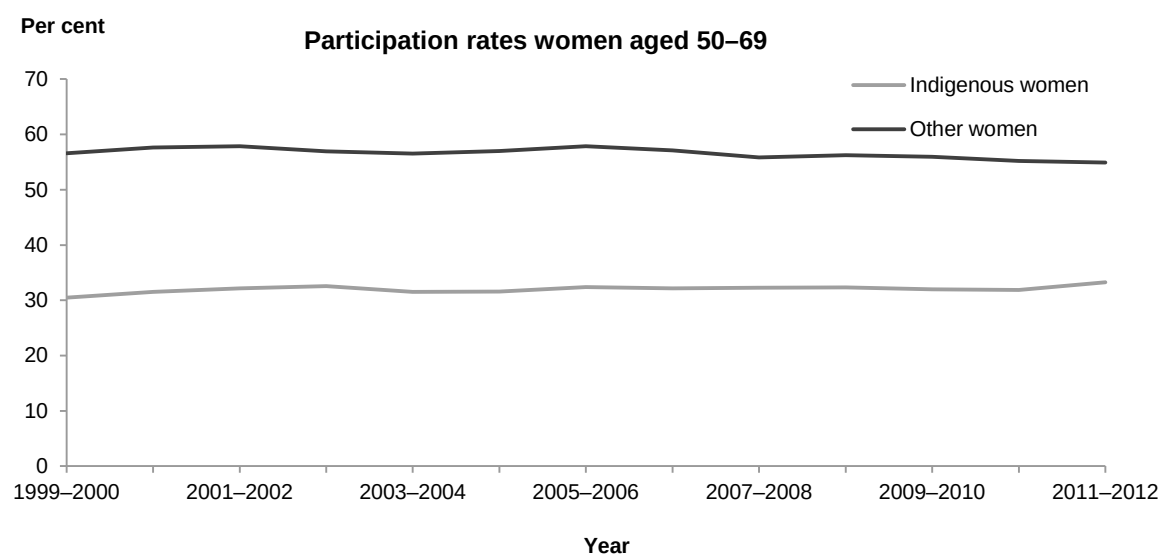
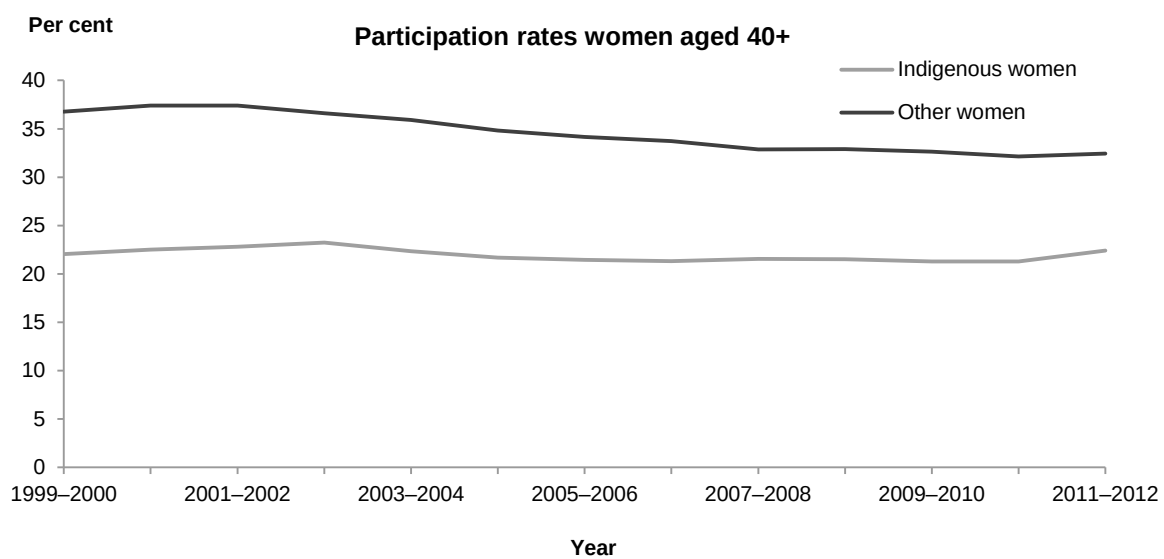
- 2,018 people aged 50, 55 or 65 in the National Bowel Cancer Screening Program identified as Indigenous. This represented 0.6% of those with known Indigenous status compared with an estimated 1.6% of the general population at these ages (Table 3.04.19).
- Indigenous participants were more likely to receive a positive (that is, potentially abnormal) FOBT test result than non-Indigenous participants (11% and 7%, respectively). For those who received a positive FOBT test result, rates of colonoscopy follow-up were lower for Indigenous than non-Indigenous participants (59% and 71%, respectively) (Table 3.04.20).
- An estimated 18% of Indigenous males and 11% of Indigenous females aged 50–74, reported ever having participated in a bowel cancer screening test (Table 3.04.21).
- An estimated 64% of Indigenous males aged 50 and over reported ever having participated in a prostate cancer screening test (Table 3.04.23).

Trend

Between 1999–2000 and 2011–2012:

- The participation rate in BreastScreen Australia among Indigenous women aged 50–69 significant increased by 4%, from 30% to 33%. The rate for other Australian women aged 50–69 significantly decreased by 4%, from 57% to 55% (Table 3.04.14, Figure 3.04.2).





Source: Table 3.04.14.

Figure 3.04.2: Age-standardised participation rates in BreastScreen Australia programs of women aged 40+ and 50–69, Indigenous and other women, 1999–2000 to 2011–2012

Table 3.04.1: MBS health checks/assessments (MBS item 715^(a)) for Indigenous Australians^(b) aged 0–14, 15–54 and 55 and over, by state/territory, 2013–14

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Aboriginal and Torres Strait Islander child health checks aged 0–14^(c)									
Number	13,064	1,924	18,574	5,115	1,538	231	208	6,760	47,414
No. per 1,000	171.5	110.8	255.2	164.2	115.5	26.2	103.0	300.6	194.2
Aboriginal and Torres Strait Islander health checks aged 15–54^(d)									
Number	21,977	3,690	27,807	11,288	3,457	857	505	11,064	80,645
No. per 1,000	184.2	131.1	253.2	212.3	155.4	61.6	123.2	260.8	205.0
Aboriginal and Torres Strait Islander Health Assessments aged 55 and older^(e)									
Number	6,927	902	7,345	2,961	840	379	106	2,835	22,295
No. per 1,000	298.0	186.3	407.5	347.6	219.3	134.1	214.1	418.2	325.0
Total Aboriginal and Torres Strait Islander health checks									
Number	41,968	6,516	53,726	19,364	5,835	1,467	819	20,659	150,354
No. per 1,000	191.8	129.4	267.8	208.6	148.1	57.4	123.9	288.2	212.9

(a) Item 715 commenced in May 2010, MBS codes 704, 706, 708 and 710 were reclassified as 715 for prior years.

(b) Indigenous identification not adjusted using Voluntary Indigenous Identifier (VII) data.

(c) Data provided are for the period 1 July 2013 to 30 June 2014. Rates are calculated using the average of 2013 and 2014 Indigenous population projections for those aged 0–14.

(d) Data provided are for the period 1 July 2013 to 30 June 2014. Rates are calculated using the average of 2013 and 2014 Indigenous population projections for those aged 15–54.

(e) Data provided are for the period 1 July 2013 to 30 June 2014. Rates are calculated using the average of 2013 and 2014 Indigenous population projections for those aged 55 and over.

Source: AIHW analysis of Medicare data, downloaded from the Medicare Australia Statistics website on 25 July 2014.

Table 3.04.2: Health assessments for older patients: Indigenous^(a) persons aged 55 and older and all Australians aged 75 and older, 2013–14

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Aboriginal and Torres Strait Islander health assessments aged 55 and older (MBS Item 715)									
Number	6,927	902	7,345	2,961	840	379	106	2,835	22,295
Rate per 1,000 ^(b)	298.0	186.3	407.5	347.6	219.3	134.1	214.1	418.2	325.0
All Australian health assessments aged 75 and older (MBS Item 700/701/702/703/705/707)									
Number	160,402	115,273	98,258	42,944	40,752	13,971	4,395	596	476,591
Rate per 1,000 ^(b)	312.9	299.4	365.9	314.2	311.4	364.2	241.1	140.8	318.9

(a) Indigenous identification not adjusted using Voluntary Indigenous Identifier (VII) data.

(b) Data provided are for the period 1 July 2013 to 30 June 2014. Rates are calculated using the average of 2013 and 2014 Indigenous population projections for those aged 55 and over and the total Australian population estimates for those aged 75 and over.

Source: AIHW analysis of Medicare data, downloaded from the Medicare Australia Statistics website on 25 July 2014.

Table 3.04.3: MBS claims for 4-year-old health checks, by Indigenous status, remoteness, state/territory, sex and age, Australia, 2013–14^{(a)(b)(c)(d)}

	Indigenous services	Non-Indigenous services	Indigenous crude rate per 1,000	Non-Indigenous crude rate per 1,000	Indigenous age-std. rate ^(e) per 1,000	Non-Indigenous age-std. rate ^(e) per 1,000	Age-std. rate ratio ^(f)	Age-std. rate difference ^(g)
Remoteness Area								
Major cities	2,190	86,257	39	43	37.3	40.7	0.9	–3.4
Inner regional	1,230	20,297	31	39	29.9	38.9	0.8	–9.0
Outer regional	781	7,668	21	31	20.1	30.4	0.7	–10.3
<i>Total non-remote</i>	<i>4,200</i>	<i>114,221</i>	<i>31</i>	<i>41</i>	<i>30.3</i>	<i>39.5</i>	<i>0.8</i>	<i>–9.2</i>
Remote	118	685	10	18	10.4	17.1	0.6	–6.7
Very remote	76	155	4	10	3.6	9.8	0.4	–6.2
<i>Total remote</i>	<i>194</i>	<i>840</i>	<i>6</i>	<i>16</i>	<i>6.0</i>	<i>15.1</i>	<i>0.4</i>	<i>–9.1</i>
Unknown	46	739	..	..	..	..	..	..
State								
NSW	1,722	45,070	33	50	32.2	47.8	0.7	–15.6
Vic	180	16,016	15	22	14.4	21.6	0.7	–7.2
Qld	1,629	33,010	33	56	31.4	54.8	0.6	–23.4
SA	234	6,837	26	36	25.2	34.7	0.7	–9.5
WA	361	10,516	17	33	17.0	32.0	0.5	–15.0
Tas	224	2,650	37	46	36.1	45.6	0.8	–9.5
NT	52	384	3	17	3.5	15.9	0.2	–12.4
ACT	38	1,318	27	27	24.4	25.5	1.0	–1.1
Sex								
Male	2,246	59,656	27	41	25.7	39.4	0.7	–13.7
Female	2,194	56,144	27	41	26.3	39.1	0.7	–12.8
Age group								
0–4	3,944	107,146	47	74	..	..	..	..
5–9	496	8,654	6	6	..	..	..	..
Australia	4,440	115,800	27	41	26	39	0.7	–13.3

(a) Numbers and rates have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database.

(b) MBS items for 4 year old health check: 701, 703, 705, 707.

(c) Note 4 year old health checks may also be provided (and counted) under item 715 (Indigenous Health Check) and item 10986 (Healthy Kids Check provided by a practice nurse or Aboriginal and Torres Strait Islander health practitioner).

(d) Totals in this table may differ from other Medicare tables in this publication because the data were extracted at different times.

(e) Directly age-standardised using the 2001 Australian standard population, by 5-year age group up to 75+.

(f) Rate ratio is the age-standardised rate for Indigenous Australians divided by the age-standardised rate for non-Indigenous Australians.

(g) Rate difference is the age-standardised rate for Indigenous Australians minus the age-standardised rate for non-Indigenous Australians.

Source: Analysis of Medicare Data by AIHW and Medicare Benefit Division, Department of Health.

Table 3.04.4: MBS claims for 4-year-old health checks, by Indigenous status, Australia, 2013–14^{(a)(b)(c)}

	Indigenous	Non-Indigenous	Rate ratio ^(d)	Rate difference ^(e)
Patients				
Number	4,388	114,306	..	..
Crude rate per 1,000	26	40	..	..
Age-std. rate ^(f) per 1,000	26	39	0.7	–13.1
Services				
Number	4,440	115,800	..	..
Crude rate per 1,000	27	41	..	..
Age-std. rate ^(f) per 1,000	26	39	0.7	–13.3
Fee charged	\$620,432	\$16,597,570	..	..
Benefit paid	\$620,346	\$16,580,717	..	..
Out of pocket	\$86	\$16,853	..	..
Out of pocket (%)	0.0	0.1	0.1	–0.1

(a) Numbers and rates have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database.

(b) MBS items for 4 year old health check: 701, 703, 705, 707.

(c) Totals in this table may differ from other Medicare tables in this publication because the data were extracted at different times.

(d) Rate ratio is the age-standardised rate for Indigenous Australians divided by the age-standardised rate for non-Indigenous Australians, or for out of pocket expenses, the rate ratio is the percentage of fees paid out of pocket for Indigenous Australians divided by the percentage of fees paid out of pocket for non-Indigenous Australians.

(e) Rate difference is the age-standardised rate for Indigenous Australians minus the age-standardised rate for non-Indigenous Australians, or for out of pocket expenses, the rate difference is the percentage of fees paid out of pocket for Indigenous Australians minus the percentage of fees paid out of pocket for non-Indigenous Australians.

(f) Directly age-standardised using the 2001 Australian standard population, by 5-year age group up to 75+.

Source: Analysis of Medicare Data by AIHW and Medicare Benefit Division, Department of Health.

Table 3.04.5: Rate^(a) of MBS health checks/assessments for Indigenous Australians (MBS item 715^(b)), all ages, by state/territory, 2006–07 to 2013–14^(c)

	2006–07	2007–08	2008–09	2009–10	2010–11	2011–12	2012–13	2013–14	Annual change ^(d) 2009–10 to 2013–14	% change ^(e) 2009–10 to 2013–14	Annual change ^(d) 2006–07 to 2013–14	% change ^(e) 2006–07 to 2013–14
Number												
NSW	5,691	7,306	10,046	11,338	20,552	28,272	34,509	41,968	7521.7*	244.9*	5,402.9*	Significant increase ^(f)
Vic	868	1,156	1,496	2,393	2,884	3,902	5,061	6,516	1,042.3*	201.7*	794.9*	Significant increase ^(f)
Qld	7,135	9,416	11,695	15,393	23,860	36,110	44,547	53,726	9,735.3*	255.2*	6,946.5*	Significant increase ^(f)
WA	3,435	4,701	5,451	7,123	9,155	9,491	14,912	19,364	3,023.9*	202.9*	2,103.7*	799.8*
SA	849	939	1,264	1,239	2,261	3,095	3,948	5,835	1,087.9*	395.7*	672.2*	Significant increase ^(f)
Tas	16	34	142	218	535	774	1,176	1,467	313.9*	608.9*	215.2*	n.p. ^(g)
ACT	177	109	186	210	256	536	743	819	170.5*	397.0*	104.3*	Significant increase ^(f)
NT	4,393	8,682	7,503	9,248	11,866	14,399	17,265	20,659	2,822.1*	124.8*	2,143.8*	353.2*
Australia	22,564	32,343	37,783	47,162	71,369	96,579	122,161	150,354	25,717.6*	223.2*	18,383.5*	Significant increase ^(f)
Rate per 1,000^(h)												
NSW	29.8	37.5	50.6	55.9	99.5	134.3	160.8	191.8	33.3*	215.4*	24.4*	Significant increase ^(f)
Vic	21.0	27.1	34.0	52.8	61.8	81.4	103.1	129.4	19.4*	166.1*	15.4*	Significant increase ^(f)
Qld	42.3	54.4	65.8	84.5	127.8	188.8	227.4	267.8	46.6*	216.9*	34.0*	Significant increase ^(f)
WA	42.4	56.8	64.6	82.8	104.6	106.4	163.9	208.6	31.1*	174.9*	22.0*	573.3*
SA	25.3	27.3	35.8	34.3	61.1	81.9	102.3	148.1	26.9*	338.4*	16.7*	Significant increase ^(f)
Tas	0.7	1.5	6.2	9.3	22.3	31.7	47.1	57.4	12.1*	516.3*	8.5*	n.p. ^(g)
ACT	34.2	20.3	33.3	36.1	42.4	85.8	115.6	123.9	24.9*	320.6*	15.1*	Significant increase ^(f)
NT	66.6	130.2	111.4	136.0	173.0	207.4	244.7	288.2	37.6*	111.8*	29.2*	301.7*
Australia	37.1	52.0	59.4	72.6	107.6	142.7	176.7	212.9	35.0*	193.0*	25.5*	965.1*

(continued)

Table 3.04.5 (continued): Rate^(a) of MBS health checks/assessments for Indigenous Australians (MBS item 715^(b)), all ages, by state/territory, 2006–07 to 2013–14^(c)

* Represents results with statistically significant increases or declines at the $p < 0.05$ level over the period 2006–07 to 2013–14.

- (a) Indigenous identification not adjusted using Voluntary Indigenous Identifier (VII) data.
- (b) As Item 715 commenced in May 2010, MBS codes 704, 706, 708 and 710 were reclassified as 715 for prior years.
- (c) Financial year reporting.
- (d) Annual change determined using linear regression analysis.
- (e) Per cent change based on the annual change over the period.
- (f) Per cent change more than 1,000 per cent.
- (g) Regression line crosses zero, so per cent change could not be calculated.
- (h) Using ABS backcast population estimates and projections based on the 2011 Census.

Source: AIHW analysis of Medicare data, downloaded from the Medicare Australia Statistics website on 25 July 2014.

Table 3.04.6: Rate of MBS health checks/assessments for Indigenous Australians^(a) (MBS item 715^(b)), all ages, by remoteness, 2006–07 to 2013–14^(c)

Remoteness	2006–07	2007–08	2008–09	2009–10	2010–11	2011–12	2012–13	2013–14	Annual change ^(d) 2009–10 to 2013–14	% change ^(e) 2009–10 to 2013–14	Annual change ^(d) 2006–07 to 2013–14	% change ^(e) 2006–07 to 2013–14
Number												
Major cities	4,053	4,724	6,812	8,968	14,095	20,615	28,730	36,734	7,016.7*	360.1*	4,706.3*	n.p. ^(f)
Inner regional	3,444	5,149	7,021	8,594	14,577	20,851	26,493	32,551	5,983.0*	276.8*	4,261.2*	n.p. ^(f)
Outer regional	5,888	7,621	9,764	12,389	19,941	27,980	34,921	42,499	7,520.0*	240.5*	5,416.4*	Significant increase ^(g)
<i>Total non-remote</i>	<i>13,385</i>	<i>17,494</i>	<i>23,597</i>	<i>29,951</i>	<i>48,613</i>	<i>69,446</i>	<i>90,144</i>	<i>111,784</i>	<i>20,519.7*</i>	<i>283.5*</i>	<i>14,384.0*</i>	<i>Significant increase^(g)</i>
Remote	4,423	5,789	5,912	6,638	8,544	10,616	12,119	15,752	2,180.3*	136.8*	1,511.6*	308.2*
Very remote	4,023	7,049	6,215	8,044	10,625	12,693	14,758	16,711	2,146.7*	103.8*	1,778.3*	328.4*
<i>Total remote</i>	<i>8,446</i>	<i>12,838</i>	<i>12,127</i>	<i>14,682</i>	<i>19,169</i>	<i>23,309</i>	<i>26,877</i>	<i>32,463</i>	<i>4,327.0*</i>	<i>118.2*</i>	<i>3,289.8*</i>	<i>318.8*</i>
Australia^(h)	22,563	32,343	37,783	47,162	71,369	96,580	122,161	150,354	25,717.6*	223.2*	18,383.6*	Significant increase^(g)
Rate per 1,000⁽ⁱ⁾												
Major cities	19.2	21.9	30.8	39.7	61.1	87.4	119.0	148.7	27.6*	306.3*	18.8*	Significant increase ^(g)
Inner regional	25.9	37.8	50.3	60.2	99.8	139.4	172.8	207.0	36.7*	234.6*	26.8*	Significant increase ^(g)
Outer regional	44.8	56.6	70.7	87.6	138.0	189.1	230.2	273.2	46.3*	203.7*	34.2*	Significant increase ^(g)
<i>Total non-remote</i>	<i>28.2</i>	<i>35.9</i>	<i>47.3</i>	<i>58.7</i>	<i>93.2</i>	<i>130.2</i>	<i>165.0</i>	<i>199.6</i>	<i>35.4*</i>	<i>241.1*</i>	<i>25.3*</i>	<i>Significant increase^(g)</i>
Remote	92.6	119.2	119.8	132.3	167.8	206.1	233.2	300.4	40.2*	125.8*	27.6*	258.4*
Very remote	47.1	81.1	70.4	89.6	116.7	137.9	158.9	178.3	22.0*	95.1*	18.3*	279.0*
<i>Total remote</i>	<i>63.4</i>	<i>94.8</i>	<i>88.1</i>	<i>104.9</i>	<i>135.0</i>	<i>162.4</i>	<i>185.6</i>	<i>222.1</i>	<i>28.5*</i>	<i>108.6*</i>	<i>21.6*</i>	<i>269.3*</i>
Australia^(h)	37.1	52.0	59.4	72.6	107.6	142.7	176.7	212.9	35.0*	193.0*	25.5*	965.1*

(continued)

Table 3.04.6 (continued): Rate of MBS health checks/assessments for Indigenous Australians^(a) (MBS item 715^(b)), all ages, by remoteness, 2006–07 to 2013–14^(c)

* Represents results with statistically significant increases or declines at the $p < 0.05$ level over the period 2006–07 to 2013–14.

- (a) Indigenous identification not adjusted using Voluntary Indigenous Identifier (VII) data.
- (b) As Item 715 commenced in May 2010, MBS codes 704, 706, 708 and 710 were reclassified as 715 for prior years.
- (c) Financial year reporting.
- (d) Annual change determined using linear regression analysis.
- (e) Per cent change based on the annual change over the period.
- (f) Regression line crosses zero, so per cent change could not be calculated.
- (g) Per cent change more than 1,000 per cent.
- (h) Includes Unknown remoteness.
- (i) Using ABS backcast population estimates and projections based on the 2011 Census.

Source: AIHW analysis of Medicare data.

Table 3.04.7: Rate of MBS health checks/assessments for Indigenous Australians^(a) (MBS item 715^(b)) aged 0–14, by state/territory, 2006–07 to 2013–14^(c)

	2006–07	2007–08	2008–09	2009–10	2010–11	2011–12	2012–13	2013–14	Annual change ^(d) 2009–10 to 2013–14	% change ^(e) 2009–10 to 2013–14	Annual change ^(d) 2006–07 to 2013–14	% change ^(e) 2006–07 to 2013–14
Number												
NSW	1,653	2,561	3,923	4,285	6,107	8,708	10,947	13,064	2,239.8*	216.3*	1,642.7*	Significant increase ^(f)
Vic	149	264	422	815	832	1,166	1,595	1,924	298.1*	177.9*	253.9*	Significant increase ^(f)
Qld	2,396	3,341	4,537	5,901	8,496	12,447	15,666	18,574	3,251.6*	227.6*	2,395.2*	Significant increase ^(f)
WA	700	1,823	1,946	2,524	2,432	2,439	4,006	5,115	675.6*	138.4*	514.4*	437.6*
SA	200	300	561	485	473	808	990	1,538	262.3*	313.9*	161.3*	Significant increase ^(f)
Tas	1	4	28	75	109	139	235	231	43.8*	249.6*	37.3*	Significant increase ^(f)
ACT	86	39	55	62	67	198	218	208	44.3	285.8*	26.0*	708.8*
NT	1,130	4,065	2,688	3,216	3,899	5,173	5,763	6,760	895.2*	112.9*	667.1*	266.6*
Australia	6,315	12,397	14,160	17,363	22,415	31,078	39,420	47,414	7,710.7*	191.4*	5,697.8*	Significant increase ^(f)
Rate per 1,000^(g)												
NSW	22.2	34.1	52.0	56.7	80.7	115.0	144.3	171.5	29.3*	213.3*	21.5*	Significant increase ^(f)
Vic	9.4	16.5	25.9	49.2	49.6	68.6	92.9	110.8	16.7*	162.8*	14.5*	Significant increase ^(f)
Qld	36.0	49.4	66.0	84.5	120.5	175.1	218.2	255.2	43.9*	211.9*	32.6*	Significant increase ^(f)
WA	23.1	59.6	63.2	81.6	78.6	78.8	129.1	164.2	21.6*	136.1*	16.4*	420.2*
SA	16.3	24.1	44.3	37.8	36.3	61.6	75.0	115.5	19.4*	294.2*	11.9*	856.6*
Tas	0.1	0.5	3.3	8.7	12.6	16.0	26.9	26.2	4.9*	237.9*	4.2*	Significant increase ^(f)
ACT	41.0	19.2	27.6	31.4	33.7	98.7	108.7	103.0	21.8*	277.5*	13.1*	749.4*
NT	49.5	177.8	117.7	141.3	172.4	229.8	256.2	300.6	40.2*	115.3*	30.0*	276.8*
Australia	27.2	52.7	59.7	72.6	93.3	128.9	162.6	194.2	31.2*	184.3*	23.2*	912.4*

(continued)

Table 3.04.7 (continued): Rate of MBS health checks/assessments for Indigenous Australians^(a) (MBS item 715^(b)) aged 0–14, by state/territory, 2006–07 to 2013–14^(c)

* Represents results with statistically significant increases or declines at the $p < 0.05$ level over the period 2006–07 to 2013–14.

- (a) Indigenous identification not adjusted using Voluntary Indigenous Identifier (VII) data.
- (b) As Item 715 commenced in May 2010, MBS codes 704, 706, 708 and 710 were reclassified as 715 for prior years.
- (c) Financial year reporting.
- (d) Annual change determined using linear regression analysis.
- (e) Per cent change based on the annual change over the period.
- (f) Per cent change more than 1,000 per cent.
- (g) Using ABS backcast population estimates and projections based on the 2011 Census.

Source: AIHW analysis of Medicare data, downloaded from the Medicare Australia Statistics website on 25 July 2014.

Table 3.04.8: Rate of MBS health checks/assessments for Indigenous Australians^(a) (MBS item 715^(b)) aged 15–54, by state/territory, 2006–07 to 2013–14^(c)

	2006–07	2007–08	2008–09	2009–10	2010–11	2011–12	2012–13	2013–14	Annual change ^(d) 2009–10 to 2013–14	% change ^(e) 2009–10 to 2013–14	Annual change ^(d) 2006–07 to 2013–14	% change ^(e) 2006–07 to 2013–14
Number												
NSW	3,043	3,590	4,653	5,368	11,186	15,302	18,239	21,977	4,027.1*	253.3*	2,899.4*	Significant increase ^(f)
Vic	482	621	805	1,237	1,629	2,174	2,739	3,690	601.6*	220.6*	447.0*	Significant increase ^(f)
Qld	3,750	4,819	5,615	7,429	12,142	18,931	23,219	27,807	5,183.3*	275.0*	3,631.7*	Significant increase ^(f)
WA	2,273	2,250	2,715	3,569	5,149	5,409	8,669	11,288	1,895.8*	250.7*	1,248.4*	Significant increase ^(f)
SA	509	516	559	602	1,332	1,776	2,352	3,457	673.0*	482.6*	407.1*	n.p. ^(g)
Tas	8	22	91	106	317	452	672	857	185.7*	679.0*	124.8*	n.p. ^(g)
ACT	76	62	105	102	151	290	450	505	110.5*	Significant increase ^(f)	66.0*	n.p. ^(g)
NT	2,634	3,804	3,826	4,784	6,425	7,423	9,185	11,064	1,532.0*	130.0*	1,170.8*	400.7*
Australia	12,775	15,684	18,369	23,197	38,331	51,757	65,525	80,645	14,209.0*	242.1*	9,995.2*	Significant increase ^(f)
Rate per 1,000^(h)												
NSW	30.3	34.9	44.1	49.5	100.6	134.2	156.3	184.2	32.5*	216.8*	23.9*	Significant increase ^(f)
Vic	21.9	27.1	33.8	50.2	63.8	82.3	100.4	131.1	19.8*	173.1*	15.4*	Significant increase ^(f)
Qld	41.6	52.0	58.9	75.7	120.1	181.8	216.9	253.2	45.2*	228.4*	32.4*	Significant increase ^(f)
WA	50.4	48.7	57.4	73.7	103.9	106.7	167.0	212.3	34.0*	210.5*	22.7*	682.2*
SA	27.5	27.1	28.5	29.9	64.4	83.8	108.2	155.4	29.5*	401.3*	17.9*	Significant increase ^(f)
Tas	0.7	1.8	7.4	8.4	24.6	34.1	49.4	61.6	13.1*	560.7*	9.1*	n.p. ^(g)
ACT	26.5	20.1	31.7	29.1	41.0	75.9	113.6	123.2	26.1*	427.5*	15.3*	Significant increase ^(f)
NT	68.6	97.8	97.1	119.9	159.2	181.2	220.2	260.8	34.3*	114.6*	26.8*	329.5*
Australia	38.8	46.4	53.0	65.2	105.0	138.2	170.6	205.0	34.5*	204.0*	24.8*	Significant increase ^(f)

(continued)

Table 3.04.8 (continued): Rate of MBS health checks/assessments for Indigenous Australians^(a) (MBS item 715^(b)) aged 15–54, by state/territory, 2006–07 to 2013–14^(c)

* Represents results with statistically significant increases or declines at the $p < 0.05$ level over the period 2006–07 to 2013–14.

- (a) Indigenous identification not adjusted using Voluntary Indigenous Identifier (VII) data.
- (b) As Item 715 commenced in May 2010, MBS codes 704, 706, 708 and 710 were reclassified as 715 for prior years.
- (c) Financial year reporting.
- (d) Annual change determined using linear regression analysis.
- (e) Per cent change based on the annual change over the period.
- (f) Per cent change more than 1,000 per cent.
- (g) Regression line crosses zero, so per cent change could not be calculated.
- (h) Using ABS backcast population estimates and projections based on the 2011 Census.

Source: AIHW analysis of Medicare data, downloaded from the Medicare Australia Statistics website on 25 July 2014.

Table 3.04.9: Rate of MBS health checks/assessments for Indigenous Australians^(a) (MBS item 715^(b)) aged 55 and older, by state/territory, 2006–07 to 2013–14^(c)

	2006–07	2007–08	2008–09	2009–10	2010–11	2011–12	2012–13	2013–14	Annual change ^(d) 2009–10 to 2013–14	% change ^(e) 2009–10 to 2013–14	Annual change ^(d) 2006–07 to 2013–14	% change ^(e) 2006–07 to 2013–14
Number												
NSW	994	1,155	1,470	1,685	3,259	4,262	5,323	6,927	1254.8*	281.7*	861.0*	Significant increase ^(f)
Vic	237	271	269	341	423	562	727	902	142.6*	186.5*	94.0*	478.5*
Qld	989	1,256	1,543	2,063	3,222	4,732	5,662	7,345	1300.4*	259.6*	919.6*	Significant increase ^(f)
WA	462	628	790	1,030	1,574	1,643	2,237	2,961	452.5*	183.9*	341.0*	Significant increase ^(f)
SA	140	123	144	152	456	511	606	840	152.6*	293.7*	103.8*	Significant increase ^(f)
Tas	7	8	23	37	109	183	269	379	84.4*	Significant increase ^(f)	53.1*	n.p. ^(g)
ACT	15	8	26	46	38	48	75	106	15.7*	201.3*	12.3*	Significant increase ^(f)
NT	629	813	989	1,248	1,542	1,803	2,317	2,835	394.9*	136.3*	305.9*	474.6*
Australia	3,473	4,262	5,254	6,602	10,623	13,744	17,216	22,295	3797.9*	233.7*	2,690.7*	Significant increase ^(f)
Rate per 1,000^(h)												
NSW	62.2	68.5	82.9	90.4	165.8	205.2	242.2	298.0	49.2*	192.8*	35.3*	865.4*
Vic	67.9	73.9	69.6	83.3	98.1	125.2	156.6	186.3	26.4*	137.3*	17.0*	245.9*
Qld	82.8	99.1	114.9	144.7	213.2	295.7	333.5	407.5	64.6*	172.5*	48.3*	795.9*
WA	81.1	104.7	124.8	154.3	222.7	217.9	278.5	347.6	44.2*	113.6*	36.7*	407.1*
SA	50.6	42.9	48.1	48.4	138.1	147.3	166.3	219.3	37.0*	211.9*	26.0*	Significant increase ^(f)
Tas	3.6	3.9	10.6	16.2	45.4	72.6	101.2	134.1	29.2*	746.3*	19.2*	n.p. ^(g)
ACT	70.8	32.4	91.1	140.5	101.2	113.6	163.0	214.1	20.9	80.0	20.1*	307.9*
NT	133.0	165.1	192.7	232.8	274.9	303.8	365.3	418.2	46.1*	81.3*	40.2*	233.8*
Australia	74.2	86.4	101.1	120.5	183.6	224.6	265.8	325.0	49.1*	156.4*	36.7*	583.9*

(continued)

Table 3.04.9 (continued): Rate of MBS health checks/assessments for Indigenous Australians^(a) (MBS item 715^(b)) aged 55 and older, by state/territory, 2006–07 to 2013–14^(c)

* Represents results with statistically significant increases or declines at the $p < 0.05$ level over the period 2006–07 to 2013–14.

- (a) Indigenous identification not adjusted using Voluntary Indigenous Identifier (VII) data.
- (b) As Item 715 commenced in May 2010, MBS codes 704, 706, 708 and 710 were reclassified as 715 for prior years.
- (c) Financial year reporting.
- (d) Annual change determined using linear regression analysis.
- (e) Per cent change based on the annual change over the period.
- (f) Per cent change more than 1,000 per cent.
- (g) Regression line crosses zero, so per cent change could not be calculated.
- (h) Using ABS backcast population estimates and projections based on the 2011 Census.

Source: AIHW analysis of Medicare data, downloaded from the Medicare Australia Statistics website on 25 July 2014.

Table 3.04.10: Aboriginal and Torres Strait Islander^(a) adult health checks by age group, 2009–10 to 2013–14

MBS code ^(b)	Year	Indigenous people	Services
Aged 15–54			
MBS code: 715	2009–10	22,768	23,255
	2010–11	37,676	38,257
	2011–12	50,672	51,745
	2012–13	64,107	65,565
	2013–14	78,358	80,409
MBS code: 10987	2009–10	1,278	1,926
	2010–11	4,467	7,736
	2011–12	8,156	15,591
	2012–13	15,012	30,388
	2013–14	20,767	41,803
Aged 55+			
MBS code: 715	2009–10	6,558	6,733
	2010–11	10,687	10,916
	2011–12	13,728	14,098
	2012–13	17,131	17,648
	2013–14	21,450	22,210
MBS code: 10987	2009–10	496	846
	2010–11	1,756	3,674
	2011–12	3,099	6,888
	2012–13	5,647	14,389
	2013–14	7,935	19,807

(a) Indigenous identification not adjusted using Voluntary Indigenous Identifier (VII) data.

(b) As Item 715 commenced in May 2010, MBS codes 704, 706, 708 and 710 were reclassified as 715 for prior years.

Source: AIHW analysis of Medicare data.

Table 3.04.11: Age-specific participation rates^(a) in BreastScreen Australia programs of Indigenous and other women, by state/territory, 2011–2012

Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Per cent									
Indigenous women									
40–49 years	6.6	6.0	20.1	13.3	7.0	15.7	6.0	3.6	11.1
50–59 years	26.7	23.3	40.0	30.6	27.8	27.4	28.8	24.0	30.4
60–64 years	36.5	31.6	48.0	34.0	32.8	44.9	42.0	30.9	38.5
65+ years	18.6	16.9	33.4	23.7	15.9	17.8	37.0	13.4	22.3
40+ (age-standardised rate)^(b)	18.5	16.4	32.3	23.2	17.9	22.4	24.8	14.8	22.4
50–69 years (age-standardised rate)^(c)	30.3	26.9	42.5	32.8	28.2	29.6	32.0	26.1	33.3
Other women									
40–49 years	8.1	9.5	28.5	15.9	14.0	30.5	11.2	6.8	14.3
50–59 years	48.4	52.3	55.5	56.0	56.7	55.1	48.9	42.6	52.2
60–64 years	58.2	59.3	62.3	62.6	63.7	64.9	63.1	51.5	60.2
65+ years	21.9	23.1	35.9	27.0	27.2	25.0	26.1	26.5	25.8
40+ (age-standardised rate)^(b)	28.0	30.0	41.3	34.6	34.3	38.8	30.9	26.7	32.4
50–69 years (age-standardised rate)^(c)	52.0	54.6	57.8	58.4	59.2	58.6	53.6	46.0	54.9
Rate ratios^(d)									
40+	0.7	0.5	0.8	0.7	0.5	0.6	0.8	0.6	0.7
50–69 years	0.6	0.5	0.7	0.6	0.5	0.5	0.6	0.6	0.6
Rate difference^(e)									
40+	–9.4	–13.6	–9.0	–11.5	–16.4	–16.4	–6.1	–11.9	–10.0
50–69 years	–21.7	–27.7	–15.3	–25.6	–30.9	–29.0	–21.5	–19.8	–21.7

(continued)

Table 3.04.11 (continued): Age-specific participation rates^(a) in BreastScreen Australia programs of Indigenous and other women, by state/territory, 2011–2012

- (a) Rates are the number of women screened as a percentage of the eligible female population calculated as the average of the 2011 and 2012 ABS estimated resident population.
- (b) Rates are directly age-standardised to the Australian 2001 standard population in 5-year age groups up to 65+.
- (c) Rates are directly age-standardised to the Australian 2001 standard population in 5-year age groups up to 69.
- (d) Rate ratio is the age-standardised rate for Indigenous women divided by the age-standardised rate for Other women.
- (e) Rate difference is the age-standardised rate for Indigenous women minus the age-standardised rate for Other women.

Notes

1. Other women includes women in the 'not stated' category for Aboriginal and Torres Strait Islander status.
2. Includes all women screened in each jurisdiction regardless of their state of residence.

Source: AIHW analysis of BreastScreen Australia data.

Table 3.04.12: Indigenous women aged 50–69 reporting whether had a mammogram, by state and territory, 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Number									
Whether ever had a mammogram									
Yes	10,271	1,836	7,764	3,740	1,638	1,233	213	2,083	28,778
No	2,427	530†	2,275†	809†	378†	171†	55†	1,004	7,650
<i>Total^(a)</i>	<i>12,698</i>	<i>2,367</i>	<i>10,040</i>	<i>4,549</i>	<i>2,017</i>	<i>1,404</i>	<i>267</i>	<i>3,087</i>	<i>36,429</i>
Whether had regular mammograms									
Yes	6,423	1,236	6,339	2,429	1,040	842	132†	1,595	20,037
No	3,848	601†	1,425†	1,310	598	391†	80†	488†	8,742
<i>Total number who had mammogram</i>	<i>10,271</i>	<i>1,836</i>	<i>7,764</i>	<i>3,740</i>	<i>1,638</i>	<i>1,233</i>	<i>213</i>	<i>2,083</i>	<i>28,778</i>
Total number Indigenous women aged 50–69	12,971	2,526	10,235	4,918	2,092	1,446	267	3,358	37,814
Per cent									
Whether ever had a mammogram									
Yes	80.9	77.6	77.3	82.2	81.2	87.8	79.8	67.5	79.0
No	19.1	22.4†	22.7†	17.8†	18.7†	12.2†	20.6†	32.5	21.0
Whether had regular mammograms									
Yes	62.5	67.3	81.6	64.9	63.5	68.3	62.0	76.6	69.6
No	37.5	32.7	18.4†	35.0	36.5	31.7†	37.6†	23.4†	30.4

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

(a) Total excludes 'form not answered'.

Note: Percentages add within columns. Estimates have been rounded and discrepancies may occur between sums of the component items and totals.

Source: ABS Australian Aboriginal and Torres Strait Islander Health Survey 2012–13 (2012–13 NATSIHS component).

Table 3.04.13: Indigenous women aged 50–69 reporting whether had a mammogram, by remoteness area, 2012–13

	Major cities	Inner regional	Outer regional	Total non-remote	Remote	Very remote	Total remote	Aust
	Number							
Whether ever had a mammogram								
Yes	9,782	6,050	7,018	22,850	2,582	3,347	5,928	28,778
No	2,594	1,551†	1,532†	5,677	428†	1,545	1,973	7,650
<i>Total^(a)</i>	<i>12,376</i>	<i>7,601</i>	<i>8,550</i>	<i>28,527</i>	<i>3,010</i>	<i>4,892</i>	<i>7,902</i>	<i>36,429</i>
Whether had regular mammograms								
Yes	5,573	4,279	5,834	15,685	1,849	2,503	4,352	20,037
No	4,209	1,772	1,184†	7,165	733†	844	1,577	8,742
<i>Total</i>	<i>9,782</i>	<i>6,050</i>	<i>7,018</i>	<i>22,850</i>	<i>2,582</i>	<i>3,347</i>	<i>5,928</i>	<i>28,778</i>
Total number Indigenous women aged 50–69	12,719	7,924	8,679	29,323	3,143	5,348	8,491	37,814
	Per cent							
Whether ever had a mammogram								
Yes	79.0	79.6	82.1	80.1	85.8	68.4	75.0	79.0
No	21.0	20.4†	17.9†	19.9	14.2†	31.6	25.0	21.0
<i>Total^(a)</i>	<i>12,376</i>	<i>7,601</i>	<i>8,550</i>	<i>28,527</i>	<i>3,010</i>	<i>4,892</i>	<i>7,902</i>	<i>36,429</i>
Whether had regular mammograms								
Yes	57.0	70.7	83.1	68.6	71.6	74.8	73.4	69.6
No	43.0	29.3	16.9†	31.4	28.4	25.2	26.6	30.4

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

(a) Total excludes 'form not answered'.

Note: Percentages add within columns. Estimates have been rounded and discrepancies may occur between sums of the component items and totals.

Source: ABS Australian Aboriginal and Torres Strait Islander Health Survey 2012–13 (2012–13 NATSIHS component).

Table 3.04.14: Age-standardised participation rates^(a) (per cent) in BreastScreen Australia programs of women aged 40+ and 50–69, Indigenous and other women, 1999–2000 to 2011–2012

	Indigenous women	LCL 95% ^(b)	UCL 95% ^(c)	Other women	LCL 95% ^(b)	UCL 95% ^(c)
Women 40+ years						
1999–2000	22.0	21.6	22.5	36.8	36.7	36.8
2000–2001	22.5	22.1	22.9	37.4	37.3	37.5
2001–2002	22.8	22.4	23.3	37.4	37.3	37.5
2002–2003	23.2	22.8	23.7	36.6	36.5	36.7
2003–2004	22.4	21.9	22.8	35.9	35.9	36.0
2004–2005	21.7	21.3	22.1	34.8	34.8	34.9
2005–2006	21.4	21.1	21.8	34.2	34.1	34.2
2006–2007	21.3	20.9	21.7	33.7	33.7	33.8
2007–2008	21.6	21.2	21.9	32.9	32.8	32.9
2008–2009	21.5	21.2	21.9	32.9	32.9	33.0
2009–2010	21.3	20.9	21.6	32.6	32.6	32.7
2010–2011	21.3	20.9	21.6	32.1	32.1	32.2
2011–2012	22.4	22.1	22.8	32.4	32.4	32.5
Annual change^(d)	–0.1*	..	..	–0.5*	..	..
% change^(e)	–5.0*	..	..	–15.8*	..	..
Women 50–69 years						
1999–2000	30.5	29.7	31.2	56.6	56.5	56.7
2000–2001	31.5	30.8	32.3	57.6	57.5	57.8
2001–2002	32.1	31.4	32.9	57.9	57.8	58.0
2002–2003	32.6	31.8	33.3	56.9	56.8	57.0
2003–2004	31.5	30.8	32.2	56.5	56.4	56.6
2004–2005	31.6	31.6	31.6	57.0	57.0	57.0
2005–2006	32.4	32.4	32.4	57.9	57.9	57.9
2006–2007	32.1	31.5	32.8	57.1	57.0	57.2
2007–2008	32.3	31.7	32.9	55.9	55.8	56.0
2008–2009	32.3	31.7	33.0	56.2	56.1	56.3
2009–2010	32.0	31.4	32.6	56.0	55.9	56.0
2010–2011	31.9	31.3	32.5	55.2	55.1	55.3
2011–2012	33.3	32.7	33.8	54.9	54.8	55.0
Annual change^(d)	0.1*	..	..	–0.2*	..	..
% change^(e)	4.1*	..	..	–3.8*	..	..

(continued)

Table 3.04.14 (continued): Age-standardised participation rates^(a) (per cent) in BreastScreen Australia programs of women aged 40+ and 50–69, Indigenous and other women, 1999–2000 to 2011–2012

* Represents results with statistically significant increases or declines at the $p < 0.05$ level over the period 1999–2000 to 2011–2012.

(a) Rates are directly age-standardised to the Australian 2001 standard population in 5-year age groups up to 65+ for women 40+ years, and up to 69 for women 50–69.

(b) LCL = lower confidence limit.

(c) UCL = upper confidence limit.

(d) Annual change determined using linear regression analysis.

(e) Per cent change based on the annual change over the period.

Notes

1. Other women includes women in the 'not stated' category for Aboriginal and Torres Strait Islander status.

2. Includes all women screened in each jurisdiction regardless of their state of residence.

Source: AIHW analysis of BreastScreen Australia data.

Table 3.04.15: Indigenous women aged 20–69 reporting whether had a pap smear test, by state and territory, 2012–13 (%)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Whether ever had a pap smear test									
Yes	92.0	93.2	90.4	91.6	90.2	92.7	87.7	89.2	91.2
No	8.0	6.8†	9.6	8.4	9.8†	7.3†	12.3†	10.8	8.8
<i>Total^(a)</i>	<i>51,567</i>	<i>11,284</i>	<i>44,276</i>	<i>19,754</i>	<i>9,169</i>	<i>6,084</i>	<i>1,607</i>	<i>15,133</i>	<i>158,874</i>
Whether have regular pap smear tests									
Yes	67.0	75.8	69.2	68.8	73.0	68.5	72.6	78.9	70.0
No, only one	5.7†	2.8‡	5.7	5.7†	3.7†	5.9†	9.3‡	7.5†	5.6
No, more than one but not regular	27.3	21.4	25.1	25.5	23.3	25.6	18.2†	13.6	24.4
<i>Total number who have had pap smear test^(a)</i>	<i>47,416</i>	<i>10,515</i>	<i>40,022</i>	<i>18,099</i>	<i>8,267</i>	<i>5,640</i>	<i>1,410</i>	<i>13,502</i>	<i>144,873</i>
Time between regular pap smear tests									
At least annually	26.9	14.5	28.3	17.8	22.4	11.2†	22.0†	36.9	25.3
More than 1 year, up to and including 2 years	61.8	76.0	62.5	72.1	72.3	77.4	64.4	54.4	64.8
More than 2 years apart	11.3	9.5†	9.2	10.1	5.4†	11.4†	13.6†	8.7†	9.9
<i>Total number who have regular pap smear test^(a)</i>	<i>31,767</i>	<i>7,972</i>	<i>27,715</i>	<i>12,454</i>	<i>6,033</i>	<i>3,864</i>	<i>1,023</i>	<i>10,655</i>	<i>101,483</i>
<i>Total % having at least 2 yearly pap smear test^(b)</i>	<i>54.6</i>	<i>63.9</i>	<i>56.8</i>	<i>56.7</i>	<i>62.3</i>	<i>56.3</i>	<i>55.0</i>	<i>64.3</i>	<i>57.6</i>
Total number	52,243	11,776	46,323	22,160	9,539	6,168	1,651	17,974	167,835

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

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

(a) Data excludes not stated responses and 'form not answered'.

(b) Total who had a pap smear test at least annually plus more than 1 year, up to and including 2 years, divided by total stating whether they had ever had a pap smear test.

Note: Percentages add within columns. Estimates have been rounded and discrepancies may occur between sums of the component items and totals.

Source: ABS and AIHW analysis of 2012–13 Australian Aboriginal and Torres Strait Islander Health Survey.

Table 3.04.16: Indigenous women aged 20–69 reporting whether had a pap smear test, by state and territory, 2012–13 (number)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Whether ever had a pap smear test									
Yes	47,416	10,515	40,022	18,099	8,267	5,640	1,410	13,502	144,873
No	4,151	768†	4,253	1,654	902†	444†	197†	1,631	14,001
<i>Total^(a)</i>	<i>51,567</i>	<i>11,284</i>	<i>44,276</i>	<i>19,754</i>	<i>9,169</i>	<i>6,084</i>	<i>1,607</i>	<i>15,133</i>	<i>158,874</i>
Whether have regular pap smear tests									
Yes	31,767	7,972	27,715	12,454	6,033	3,864	1,023	10,655	101,483
No, only one	2,720†	292‡	2,272	1,026†	304†	332†	131‡	1,013†	8,090
No, more than one but not regular	12,929	2,252	10,035	4,620	1,930	1,444	256†	1,835	35,301
<i>Total number who have had pap smear test^(a)</i>	<i>47,416</i>	<i>10,515</i>	<i>40,022</i>	<i>18,099</i>	<i>8,267</i>	<i>5,640</i>	<i>1,410</i>	<i>13,502</i>	<i>144,873</i>
Time between regular pap smear tests									
At least annually	8,542	1,158	7,838	2,212	1,349	434†	225†	3,934	25,692
More than 1 year, up to and including 2 years	19,622	6,056	17,322	8,979	4,360	2,990	659	5,798	65,785
More than 2 years apart	3,603	758†	2,555	1,263	325†	440†	139†	923†	10,006
<i>Total number who have regular pap smear test^(a)</i>	<i>31,767</i>	<i>7,972</i>	<i>27,715</i>	<i>12,454</i>	<i>6,033</i>	<i>3,864</i>	<i>1,023</i>	<i>10,655</i>	<i>101,483</i>
Total number having at least 2 yearly pap smear test ^(b)	28,164	7,214	25,160	11,191	5,709	3,424	884	9,732	91,477
Total number	52,243	11,776	46,323	22,160	9,539	6,168	1,651	17,974	167,835

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

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

(a) Data excludes not stated responses and 'form not answered'.

(b) Total who had a pap smear test at least annually plus more than 1 year, up to and including 2 years.

Note: Estimates have been rounded and discrepancies may occur between sums of the component items and totals.

Source: ABS and AIHW analysis of 2012–13 Australian Aboriginal and Torres Strait Islander Health Survey.

Table 3.04.17: Indigenous women aged 20–69 reporting whether had a pap smear test, by remoteness, 2012–13 (%)

	Major cities	Inner regional	Outer regional	Total non-remote	Remote	Very remote	Total remote	Australia
Whether ever had a pap smear test								
Yes	91.6	92.6	90.6	91.6	90.9	89.0	89.7	91.2
No	8.4	7.4	9.4	8.4	9.1	11.0	10.3	8.8
<i>Total^(a)</i>	<i>58,207</i>	<i>33,293</i>	<i>34,809</i>	<i>126,308</i>	<i>12,078</i>	<i>20,488</i>	<i>32,566</i>	<i>158,874</i>
Whether have regular pap smear tests								
Yes	65.5	70.6	72.1	68.7	72.7	77.2*	75.5*	70.0
No, only one	4.6	4.3†	6.5†	5.0	7.1†	8.2	7.8	5.6
No, more than one but not regular	29.9	25.1	21.4*	26.3	20.2*	14.6*	16.7*	24.4*
<i>Total number who have had pap smear test^(a)</i>	<i>53,289</i>	<i>30,840</i>	<i>31,526</i>	<i>115,655</i>	<i>10,984</i>	<i>18,233</i>	<i>29,218</i>	<i>144,873</i>
Time between regular pap smear tests								
At least annually	26.9	24.0	20.8	24.3	28.5	29.0	28.8	25.3
More than 1 year, up to and including 2 years	63.1	66.8	67.9	65.5	65.2	61.0	62.5	64.8
More than 2 years apart	10.1	9.2	11.3	10.2	6.3†	10.0†	8.7	9.9
<i>Total number who have regular pap smear test^(a)</i>	<i>34,908</i>	<i>21,773</i>	<i>22,732</i>	<i>79,413</i>	<i>7,987</i>	<i>14,083</i>	<i>22,070</i>	<i>101,483</i>
<i>Total % having at least 2 yearly pap smear test^(b)</i>	<i>53.9</i>	<i>59.4*</i>	<i>57.9*</i>	<i>56.5*</i>	<i>61.9*</i>	<i>61.9*</i>	<i>61.9*</i>	<i>57.6*</i>
Total number	59,575	34,346	35,573	129,495	13,388	24,952	38,340	167,835

* Represents statistically significant differences to major cities proportion at the $p < 0.05$ level.

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

(a) Data excludes not stated responses and 'form not answered'.

(b) Total who had a pap smear test at least annually plus more than 1 year, up to and including 2 years, divided by total stating whether they had ever had a pap smear test.

Note: Percentages add within columns. Estimates have been rounded and discrepancies may occur between sums of the component items and totals.

Source: ABS and AIHW analysis of 2012–13 Australian Aboriginal and Torres Strait Islander Health Survey.

Table 3.04.18: Indigenous women aged 20–69 reporting whether had a pap smear test, by remoteness, 2012–13 (number)

	Major cities	Inner regional	Outer regional	Total non-remote	Remote	Very remote	Total remote	Australia
Whether ever had a pap smear test								
Yes	53,289	30,840	31,526	115,655	10,984	18,233	29,218	144,873
No	4,917	2,453	3,283	10,653	1,094	2,255	3,348	14,001
<i>Total^(a)</i>	<i>58,207</i>	<i>33,293</i>	<i>34,809</i>	<i>126,308</i>	<i>12,078</i>	<i>20,488</i>	<i>32,566</i>	<i>158,874</i>
Whether have regular pap smear tests								
Yes	34,908	21,773	22,732	79,413	7,987	14,083	22,070	101,483
No, only one	2,437	1,328†	2,044†	5,809	783†	1,497	2,281	8,090
No, more than one but not regular	15,945	7,738	6,750	30,433	2,214	2,653	4,868	35,301
<i>Total number who have had pap smear test^(a)</i>	<i>53,289</i>	<i>30,840</i>	<i>31,526</i>	<i>115,655</i>	<i>10,984</i>	<i>18,233</i>	<i>29,218</i>	<i>144,873</i>
Time between regular pap smear tests								
At least annually	9,375	5,224	4,727	19,325	2,277	4,090	6,367	25,692
More than 1 year, up to and including 2 years	22,019	14,537	15,437	51,993	5,204	8,589	13,793	65,785
More than 2 years apart	3,514	2,013	2,568	8,095	506†	1,404†	1,910	10,006
<i>Total number who have regular pap smear test^(a)</i>	<i>34,908</i>	<i>21,773</i>	<i>22,732</i>	<i>79,413</i>	<i>7,987</i>	<i>14,083</i>	<i>22,070</i>	<i>101,483</i>
Total number having at least 2 yearly pap smear test ^(b)	31,394	19,761	20,164	71,318	7,481	12,679	20,160	91,477
Total number	59,575	34,346	35,573	129,495	13,388	24,952	38,340	167,835

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

(a) Data excludes not stated responses and 'form not answered'.

(b) Total who had a pap smear test at least annually plus more than 1 year, up to and including 2 years.

Note: Estimates have been rounded and discrepancies may occur between sums of the component items and totals.

Source: ABS and AIHW analysis of 2012–13 Australian Aboriginal and Torres Strait Islander Health Survey.

Table 3.04.19: People responding to the National Bowel Cancer screening invitations, by age, sex and Indigenous status, 2012–13^(a)

	National Bowel Cancer Screening Program participants					2011 Census	
	Indigenous		Non-Indigenous		Total number ^(b)	Indigenous	Non-Indigenous
	Number	Per cent	Number	Per cent		Per cent	
Males							
50 years	301	0.7	40,172	99.3	40,473	1.8	98.2
55 years	429	0.7	56,802	99.3	57,231	1.6	98.4
65 years	236	0.5	46,346	99.5	46,582	1.0	99.0
Total	966	0.7	143,320	99.3	144,286	1.5	98.5
Females							
50 years	351	0.8	46,106	99.2	46,457	2.0	98.0
55 years	462	0.7	68,162	99.3	68,624	1.6	98.4
65 years	239	0.5	51,383	99.5	51,622	1.2	98.8
Total	1,052	0.6	165,651	99.4	166,703	1.6	98.4
Persons							
50 years	652	0.8	86,278	99.2	86,930	1.9	98.1
55 years	891	0.7	124,964	99.3	125,855	1.6	98.4
65 years	475	0.5	97,729	99.5	98,204	1.1	98.9
Total	2,018	0.6	308,971	99.4	310,989	1.6	98.4

(continued)

Table 3.04.19 (continued): People responding to the National Bowel Cancer screening invitations, by age, sex and Indigenous status, 2012–13^(a)

(a) The 2012 edition of the Health Performance framework refers to a three year monitoring period. This data is a one year update of this data.

(b) Total excludes Indigenous status not stated.

Notes

1. National Bowel Cancer Screening Program (NBCSP) percentages equal the number of people returning a completed FOBT who indicated their Aboriginal and Torres Strait Islander status as a proportion of all participants who returned an FOBT (regardless of whether they were correctly completed) and indicated their Aboriginal and Torres Strait Islander status.
2. Participants who did not indicate Aboriginal and Torres Strait Islander status were recorded as 'Not stated', these participants have been excluded from this analysis.
3. The total number of not stated were 5700 male, 4724 female, 10424 persons.
4. Indigenous status proportions as recorded at the 2011 Australian Census of Population and Housing are included for comparative purposes.
5. There were 37,086 people (4.5%) who did not indicate their Indigenous status on the Census, these have been excluded from the 2011 Census columns.

Source: National Bowel Cancer Screening Program Register as at 31 December 2013.

Table 3.04.20: Faecal Occult Blood Test (FOBT) positivity rates from national bowel screening, by age, sex and Indigenous status, 2012–13^(a)

		Indigenous	Non-Indigenous	Rate ratio ^(b)	Rate difference ^(c)
Males					
50 years	Positive results	22	2,673		
	Per cent	7.5	6.8	1.1	0.7
55 years	Positive results	57	4,135		
	Per cent	14	7.4	1.9*	6.6*
65 years	Positive results	32	4,795		
	Per cent	13.9	10.5	1.3	3.4
Total positive	Positive results	111	11,603		
	Per cent	11.9	8.2	1.5*	3.7*
Colonoscopies reported following a positive FOBT result	Number	59	8,224		
	Per cent	53.2	70.9	0.8*	-17.7*
Females					
50 years	Positive results	23	2,762		
	Per cent	6.8	6.1	1.1	0.7
55 years	Positive results	43	4,150		
	Per cent	9.6	6.2	1.5*	3.4*
65 years	Positive results	29	4,012		
	Per cent	12.5	7.9	1.6*	4.6*
Total positive	Positive results	95	10,924		
	Per cent	9.3	6.7	1.4*	2.6*
Colonoscopies reported following a positive FOBT result	Number	62	7,851		
	Per cent	65.3	71.9	0.9	-6.6
Persons					
50 years	Positive results	45	5,435		
	Per cent	7.2	6.4	1.1	0.8
55 years	Positive results	100	8,285		
	Per cent	11.7	6.7	1.7*	5.0*
65 years	Positive results	61	8,807		
	Per cent	13.2	9.1	1.5*	4.1*
Total positive	Positive results	206	22,527		
	Per cent	10.6	7.4	1.4	3.2*
Total colonoscopies reported following a positive FOBT result	Number	121	16,075		
	Per cent	58.7	71.4	0.8*	-12.7*

(continued)

Table 3.04.20 (continued): Faecal Occult Blood Test (FOBT) positivity rates from national bowel screening, by age, sex and Indigenous status, 2012–13^(a)

* Represents results with statistically significant differences in the Indigenous/other comparisons at the $p < 0.05$ level.

(a) The 2012 edition of the Health Performance framework refers to a three year monitoring period. This data is a one year update of this data.

(b) Rate ratio is equal to the Indigenous rate divided by the non-Indigenous rate.

(c) Rate difference is equal to the Indigenous rate minus the non-Indigenous rate.

Notes

1. Indigenous status was defined by the participant on the Participant Details form.
2. There were 474 recorded colonoscopies and 938 positive FOBT results where Indigenous status was not stated. These are regarded as missing data and are excluded from this table.
3. Positivity rate equals the number of participants with positive FOBT results as a percentage of the total number of participants with valid results, in each age-group. A valid result was either positive or negative; inconclusive results were excluded.
4. Percentages of colonoscopies performed equal the number of people who have had a colonoscopy recorded following a positive FOBT as a proportion of the total number of people with positive FOBT results.
5. As progression through the pathway to the colonoscopy stage may take some time, some participants may not have had sufficient time to undergo a colonoscopy. Additionally, reporting of colonoscopy follow-up is not mandatory. Therefore, actual numbers of participant colonoscopies may be underestimated.

Source: National Bowel Cancer Screening Program Register as at 31 December 2013.

Table 3.04.21: Whether ever participated in bowel cancer screening tests, Indigenous persons aged 50–74, by state and territory, 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Per cent									
Male									
Ever tested	20.1	24.1	18.5†	14.8†	13.0†	21.7†	22.4‡	6.8†	17.8
Never tested ^(a)	79.9	75.9	81.5	85.2	87.0	78.3	77.6	93.2	82.2
<i>Total number</i>	<i>13,007</i>	<i>2,812</i>	<i>9,794</i>	<i>4,440</i>	<i>2,038</i>	<i>1,644</i>	<i>295</i>	<i>3,644</i>	<i>37,676</i>
Female									
Ever tested	17.3†	9.0†	6.6†	9.4†	3.0‡	13.9†	21.6‡	4.9†	10.8
Never tested ^(a)	82.7	91.0	93.4	90.6	97.0	86.1	78.4	95.1	89.2
<i>Total number</i>	<i>14,220</i>	<i>2,862</i>	<i>11,153</i>	<i>5,314</i>	<i>2,264</i>	<i>1,645</i>	<i>282</i>	<i>3,926</i>	<i>41,665</i>
Total number persons	27,227	5,674	20,947	9,754	4,302	3,289	577	7,570	79,340
Number									
Male									
Ever tested	2,617	677	1,807†	659†	264†	356†	66‡	249†	6,697
Never tested ^(a)	10,390	2,135	7,987	3,781	1,774	1,288	229	3,395	30,979
<i>Total</i>	<i>13,007</i>	<i>2,812</i>	<i>9,794</i>	<i>4,440</i>	<i>2,038</i>	<i>1,644</i>	<i>295</i>	<i>3,644</i>	<i>37,676</i>
Female									
Ever tested	2,463†	257†	732†	502†	68‡	229†	61‡	192†	4,503
Never tested ^(a)	11,756	2,605	10,421	4,812	2,196	1,416	221	3,733	37,161
<i>Total</i>	<i>14,220</i>	<i>2,862</i>	<i>11,153</i>	<i>5,314</i>	<i>2,264</i>	<i>1,645</i>	<i>282</i>	<i>3,926</i>	<i>41,665</i>
Total number persons	27,227	5,674	20,947	9,754	4,302	3,289	577	7,570	79,340

(continued)

Table 3.04.21 (continued): Whether ever participated in bowel cancer screening tests, Indigenous persons aged 50–74, by state and territory, 2012–13

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

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

(a) Includes not known if ever participated in cancer screening test.

Note: Percentages add within columns. Estimates have been rounded and discrepancies may occur between sums of the component items and totals.

Source: ABS and AIHW analysis of 2012–13 Australian Aboriginal and Torres Strait Islander Health Survey.

Table 3.04.22: Whether ever participated in cancer screening tests, Indigenous persons aged 18 and over, by state and territory, 2012–13

Type of cancer screening	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Per cent									
Skin									
Ever tested	4.2	4.2	3.3	2.7†	3.9†	4.4†	7.3†	1.0†	3.4
Never tested ^(a)	95.8	95.8	96.7	97.3	96.1	95.6	92.7	99.0	96.6
Lung									
Ever tested	1.2†	2.5†	0.5†	0.6‡	1.1‡	1.6†	n.p.	n.p.	0.9
Never tested ^(a)	98.8	97.5	99.5	99.4	98.9	98.4	n.p.	n.p.	99.1
Total number persons	113,740	26,376	100,672	47,729	20,774	13,554	3,580	39,443	365,868
Number									
Skin									
Ever tested	4,775	1,110	3,328	1,270†	811†	601†	263†	395†	12,553
Never tested ^(a)	108,965	25,266	97,344	46,459	19,963	12,953	3,317	39,048	353,315
Lung									
Ever tested	1,413†	657†	474†	291‡	220‡	223†	n.p.	n.p.	3,406
Never tested ^(a)	112,327	25,719	100,198	47,438	20,554	13,331	n.p.	n.p.	362,462
Total number persons	113,740	26,376	100,672	47,729	20,774	13,554	3,580	39,443	365,868

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

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

(a) Includes not known if ever participated in cancer screening test.

Note: Percentages add within columns. Estimates have been rounded and discrepancies may occur between sums of the component items and totals.

Source: ABS and AIHW analysis of 2012–13 Australian Aboriginal and Torres Strait Islander Health Survey.

Table 3.04.23: Whether ever participated in prostate cancer screening tests, Indigenous males aged 50 and over, by state and territory, 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Per cent									
Ever tested	70.8	77.0	58.7	55.3	49.3	77.3	74.2	51.1	63.5
Never tested ^(a)	29.2	23.0	41.3	44.7	50.7	22.7†	25.8†	48.9	36.5
Number									
Ever tested	9,735	2,215	6,044	2,593	1,062	1,366	219	1,946	25,180
Never tested ^(a)	4,023	661	4,250	2,097	1,090	401†	76†	1,860	14,458
Total number persons	13,758	2,876	10,294	4,690	2,152	1,767	295	3,806	39,638

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

(a) Includes not known if ever participated in cancer screening test.

Note: Percentages add within columns. Estimates have been rounded and discrepancies may occur between sums of the component items and totals.

Source: ABS and AIHW analysis of 2012–13 Australian Aboriginal and Torres Strait Islander Health Survey.

Data sources and quality

Medicare data

Standard Indigenous status question

Medicare seeks Indigenous status information in its enrolment forms, including the general enrolment application form and the Aboriginal and Torres Strait Islander Medicare enrolment form. These forms include the national standard Indigenous identification question. Indigenous Australians can also complete a specific Voluntary Indigenous Identification form. Indigenous status information is held in Medicare records as the Voluntary Indigenous Identifier (VII).

Under-identification

The coverage of Indigenous Australians in the VII database is not complete. There were around 415,730 people who had identified as Aboriginal and/or Torres Strait Islander in this database at June 2014; around 58% of the estimated Indigenous population. There has been a rapid expansion in the number of enrollees who identified as Indigenous, from 47,200 people in August 2004.

Readers should note the following caveats to the Medicare Voluntary Indigenous Identifier (VII) adjustment methodology:

- Estimates generated by the adjustment methodology for a given period will vary according to the point in time at which they are calculated, as the adjustment factors will be updated regularly to account for the ongoing change in the population coverage of the VII sample.
- There are inherent uncertainties in the current ABS Indigenous population estimates, and they are therefore described by the ABS as 'experimental estimates and projections'. The ABS Indigenous population estimates after 2011 are experimental projections, based on a number of assumptions about future levels of fertility, mortality and migration. The projections are not predictions or forecasts, but are illustrations of the growth and change in population that would occur if these assumptions were to prevail over the projection period. There can be no certainty that any particular outcome will be realised, or that future outcomes will necessarily fall within the projected ranges.
- The propensity to identify as Indigenous is influenced by numerous factors including the context, how the question is asked and by whom, motivations of the individual and perceived uses of the data in question. For example, it is possible that there are some Indigenous Australians who are registered with the VII but who do not identify as Indigenous for the purposes of the Census, or vice versa.
- PBS and MBS data do not give a comprehensive picture of actual service delivery for Indigenous Australians, as some service delivery (especially in *Remote* areas) is not part of these systems. For example, s.100 medication delivery in *Remote* locations takes place outside of, and is not recorded by, the PBS. Likewise state and territory primary health care providers are generally not eligible to bill Medicare.
- In some areas, particularly *Remote and very remote* areas, there is a portion of the Indigenous population that does not ever use the Medicare system. It is therefore possible that the adjustment methodology could overestimate Medicare use by the Indigenous population.

- As participation in the VII sample is voluntary, 100% coverage is unlikely. There could be biases in the data that are not addressed by the adjustment methodology.

BreastScreen Australia

State and territory BreastScreen registers collect information on all breast cancer screening undertaken as part of BreastScreen Australia.

Women who attend for a screening mammogram at a BreastScreen Australia service are asked to complete a form that includes personal and demographic details, as well as personal and family history of breast cancer. The form also includes a question on Indigenous status where women are able to identify as 'Aboriginal', 'Torres Strait Islander', 'both Aboriginal and Torres Strait Islander', or 'neither Aboriginal or Torres Strait Islander'. There is an additional 'not stated' category for women who choose not to answer this question. These responses are aggregated into the categories of 'Aboriginal and Torres Strait Islander', 'non-Indigenous' and 'not stated'. Although self-reported data are generally a robust source of data on Indigenous status (AIHW 2011), a significant cause of concern with the accuracy of these data is that some jurisdictions do not allow for the 'not stated' category. For this reason, the comparator group is referred to as 'other Australian' women. Further, some Indigenous women may choose not to identify when presenting to a BreastScreen Australia service. Thus, some Indigenous women may be incorrectly assigned to the 'other Australian' group. Indigenous status disaggregated by jurisdiction leads to very small numbers, resulting in issues of maintaining confidentiality and comparability.

Estimated resident populations and Indigenous experimental estimates and projections are provided by the ABS.

National Bowel Cancer Screening Register

Data on bowel cancer screening are available from the NBCSR by Indigenous status. Data are collected about participants and their screening outcomes from a variety of sources and stored in the Register. The data are collected on questionnaires completed by participants, GPs, colonoscopists, pathologists and other specialists.

Details of an invitee's Indigenous status is not known at the time of invitation – these details are only collected if a person becomes a participant in the NBCSP and completes the relevant section of their Participant Details form. Hence, as the number of people invited into the NBCSP of these subgroups is not known, it is not possible to accurately determine their subsequent participation levels. Instead, the proportion of participants who reported their status within these subgroups is shown, along with the corresponding population proportions derived from those reported in the 2011 Census of Population and Housing. As the relevant subgroup questions on the NBCSP Participant Details form are worded identically to those in the Census, basic comparisons can be made. While it should be noted that proportions may have changed since the 2011 Census, these data allow 2 things to be determined:

- Comparing the percentage of people who did not answer these questions (that is, those counted in the 'not stated' columns) between the NBCSP participation data and the 2011 Census data provides an indication of the data quality.
- If the data quality compared with the 2011 Census appears reasonable, an estimation of the level of participation of those within the subgroup can be made.

As the 'not stated' percentages for questions related to Indigenous status and disability status were similar between NBCSP participation data and the 2011 Census, it can be assumed that these questions were answered thoroughly for NBCSP participants (AIHW 2014). The proportion of participants who identified as Indigenous in the NBCSP was consistently lower than the comparable proportion who identified as Indigenous in the 2011 Census. This may have been due to:

- The proportions of Indigenous and non-Indigenous Australians in the Australian population having changed slightly since the 2011 Census.
- The eligible population who were Indigenous having participated at a lower rate than the eligible population who were non-Indigenous. That is, 0.6% of the eligible population who participated were reported as Indigenous, compared with 1.5% of the eligible population reporting as Indigenous at the time of the 2011 Census.

However, it should be noted that the proportion who did not respond to this question in the NBCSP was also consistently lower than in the 2011 Census.

Australian Aboriginal and Torres Strait Islander Health Survey

The 2012–13 Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS) included a sample of 12,000 Indigenous Australians for the core sample and sub-samples for various components of the survey such as voluntary biomedical data for adults. The AATSIHS sample was specifically designed to select a representative sample of Indigenous Australians and therefore overcome the problem inherent in most national surveys (that is, small and unrepresentative Indigenous samples).

Survey results are subject to sampling errors as only a small proportion of the population is used to produce estimates that represent the whole population. Non-sampling errors may occur where there is non-response to the survey or questions in the survey, misunderstanding of questions or errors in recording, coding or processing the survey. Information recorded in this survey is 'as reported' by respondents. Responses may be affected by imperfect recall or individual interpretation of survey questions. Any data that are self-reported are also likely to under-estimate circumstances about which the respondent is unaware, or may be reluctant to report (for example, certain health conditions, weight, drug use).

Selected non-Indigenous comparisons are available from the 2011–13 Australian Health Survey (AHS). The AHS was conducted in *Major cities, Regional and Remote areas*, but *Very remote areas* were excluded from the sample.

Further information on AATSIHS data quality issues can be found in the user guide for the survey (ABS 2013). Time series comparisons for some indicators are available from the 2004–05 NATSIHS, 2008 NATSISS, 2002 NATSISS, 2001 NHS and the 1994 National Aboriginal and Torres Strait Islander Survey (NATSIS).

Australian Health Survey

The Australian Health Survey (AHS) combines the existing ABS National Health Survey (NHS) and the National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) together with 2 new elements: a National Nutrition and Physical Activity Survey (NNPAS) and a National Health Measures Survey (NHMS).

For more information see:

- National Health Survey
<<http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4363.0.55.001Main+Features12011-13?OpenDocument>>.
- National Aboriginal and Torres Strait Islander Health Survey
<<http://www.abs.gov.au/ausstats/abs@.nsf/mf/4715.0/>>.
- National Nutrition and Physical Activity Survey
<<http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4364.0.55.007~2011-12~Main%20Features~About%20the%20National%20Nutrition%20and%20Physical%20Activity%20Survey~731>>.
- National Health Measures Survey
<<http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4364.0.55.005Chapter1102011-12>>.

List of symbols used in tables

- .. not applicable
- n.p. not available for publication but included in totals where applicable, unless otherwise indicated
- * represents results with statistically significant differences at the $p < 0.05$ level, between the categories specified in table footnotes
- † estimate has a relative standard error between 25% and 50% and should be used with caution
- ‡ estimate has a relative standard error greater than 50% and is considered too unreliable for general use

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References

- ABS (Australian Bureau of Statistics) 2013. Australian Aboriginal and Torres Strait Islander Health Survey: users' guide, 2012–13. ABS cat. no. 4727.0.55.002. Canberra: ABS.
- AIHW (Australian Institute of Health and Welfare) 2011. BreastScreen Australia Monitoring Report 2008–2009. Cancer series no. 63. Cat. no. CAN 60. Canberra: AIHW.
- AIHW 2014. National Bowel Cancer Screening Program: monitoring report: 2012–2013. Cancer series no. 84. Cat. no. CAN 81. Canberra: AIHW.

Other related information

- AIHW 2014. Analysis of bowel cancer outcomes for the National Bowel Cancer Screening Program. Cat. no. CAN 87. Canberra: AIHW.
- AIHW 2014. BreastScreen Australia monitoring report 2011–2012. Cancer series no. 86. Cat. no. CAN 83. Canberra: AIHW.
- AIHW 2014. Cancer in Australia: an overview 2014. Cancer series no. 90. Cat. no. CAN 88. Canberra: AIHW.
- AIHW 2014. National Bowel Cancer Screening Program monitoring report: 2012–13. Cancer series No. 84. Cat. no. CAN 81. Canberra: AIHW.
- AIHW 2014. National Key Performance Indicators for Aboriginal and Torres Strait Islander primary health care: First national results June 2012 to June 2013. National key performance indicators for Aboriginal and Torres Strait Islander primary health care no. 1. Cat. no. IHW 123. Canberra: AIHW.
- AIHW 2014. National Key Performance Indicators for Aboriginal and Torres Strait Islander primary health care: results from December 2013. National key performance indicators for Aboriginal and Torres Strait Islander primary health care no. Cat. no. IHW 146. Canberra: AIHW.
- Christou A, Katzenellenbogen J & Thompson S 2010. Australia's national bowel cancer screening program: does it work for Indigenous Australians? BMC Public Health 10:21.

DoHA (Department of Health and Ageing (Australian Government)) 2009. Evaluation of the BreastScreen Australia Program – Evaluation Final Report. Canberra: DoHA.

Pignone MP, Flitcroft KL, Howard K, Trevena LJ, Salkeld GP & St John DJB 2011. Costs and cost-effectiveness of full implementation of a biennial faecal occult blood test screening program for bowel cancer in Australia. *The Medical journal of Australia* 194:180.

Reath J & Carey M 2008. Breast and cervical cancer in indigenous women. *Australian Family Physician* 37:178–82.

The image shows the top section of a report cover. On the left is a vertical rectangular area with a traditional Aboriginal dot painting pattern in red, white, and yellow. To the right of this pattern is a solid dark red background. The title 'Aboriginal and Torres Strait Islander Health Performance Framework 2014 report' is written in white text on the red background. Below the title, there are two horizontal bars: a light yellow one on the left containing the text 'Measure 51 of 68' and a darker yellow one on the right containing the text 'Detailed analyses' in bold.

Aboriginal and Torres Strait Islander Health Performance Framework 2014 report

Measure 51 of 68

Detailed analyses

3.05 Chronic disease management

This measure reports on the management of chronic disease among the Aboriginal and Torres Strait Islander population

Introduction

This is no. 51 of 68 measures in the *Aboriginal and Torres Strait Islander Health Performance Framework 2014 report: detailed analyses*. This report provides information on a range of measures of health status, determinants of health and the health system performance relating to Aboriginal and Torres Strait Islander people.

The Framework comprises 3 tiers:

Tier 1 – Health status and outcomes

Tier 2 – Determinants of health

Tier 3 – Health system performance.

The full report, including a comprehensive description of all data sources used in the report, and notes about the data quality is available from

<<http://www.aihw.gov.au/publication-detail/?id=60129550779>>.

Tables referenced are available from

<<http://www.aihw.gov.au/indigenous-data/health-performance-framework/>>.

Data sources

- Medicare data
- Online Services Report data collection
- National Key Performance Indicators for Aboriginal and Torres Strait Islander primary health care data collection
- Healthy for Life data collection
- Australian Aboriginal and Torres Strait Islander Health Survey
- Australian Health Survey.

For more information, see 'Data sources and quality' at the end of this measure.

Data analyses

General Practitioner Management Plans (GPMPs) (MBS item 721) are for patients with a chronic or terminal medical condition who will benefit from a structured approach to management of their care needs. A rebate can be claimed once the patient's GP has prepared the GP management plan. The recommended frequency of GP management plans is once every 2 years. The GP may be assisted by their practice nurse, Aboriginal health worker or other health professional in the GP's medical practice or health service. The service must include a personal attendance by the GP with the patient.

Team Care Arrangements (TCAs) (MBS item 723) provide a rebate for a GP to coordinate the preparation of team care arrangements for a patient with a chronic or terminal medical condition who also requires ongoing care from a multidisciplinary team of at least three health care providers. The recommended frequency is once every two years, supported by regular review services.

For more information related to chronic disease, see measures 1.02 (top reasons for hospitalisation) and 1.23 (leading causes of mortality) and for more information on chronic disease management, see measure 3.18 (care planning for chronic disease). See also 'Other related information' at the end of this measure.

The following data are presented for this measure:

- MBS services provided and claimed see tables 3.05.1–3
- Aboriginal and Torres Strait Islander primary health care services, see tables 3.05.4–13 and Table 3.18.1
- Self-reported chronic disease management, see tables 3.05.14–16.

MBS services claimed

Current period

In 2013–14:

- There were around 53,600 GP management plan claims (76 claims per 1,000 population). After adjusting for age, the rate for Indigenous Australians was 1.6 times as high as for non-Indigenous Australians. The rate difference was 42 claims per 1,000 population.

- There were around 44,400 team care arrangement claims for Indigenous Australians (63 claims per 1,000 population). After adjusting for age, the rate for Indigenous Australians was 1.7 times as high as for non-Indigenous Australians. The rate difference was 38 claims per 1,000 population (Table 3.05.1).

Trend

Between 2009–10 and 2013–14:

- The age-standardised rate of GP management plans claimed for Indigenous Australians increased significantly by 98% from 55 per 1,000 to 114 per 1,000. The rate difference increased significantly (Table 3.05.1).
- The age-standardised rate of services for team care arrangements claimed for Indigenous Australians increased significantly by 106% from 44 per 1,000 to 96 per 1,000. The rate difference increased significantly (Table 3.05.1, Figure 3.05.1).

Aboriginal and Torres Strait Islander primary health care services

Current period

- As at December 2013, 47% of Indigenous clients of Indigenous primary health care services had GP management plans for Type 2 diabetes and 44% had team care arrangements for Type 2 diabetes within the last 2 years (Table 3.18.1).
- In 2012–13, 95% of Indigenous primary health care services kept track of clients needing follow-up, and 97% used a patient information and recall system (PIRS) that provides reminders for follow-up and health checks (Table 3.05.4).
- Between June 2013 and December 2013, among Indigenous clients of Indigenous primary health care services with Type 2 diabetes:
 - 49% had their blood glucose levels tested, with 33% reporting a blood sugar result in the recommended range
 - 64% had their blood pressure assessed, with 44% reporting a result in the recommended range (AIHW 2014).
- From 1 January–30 June 2011, among Indigenous clients of Indigenous primary health care services with coronary heart disease:
 - 66% had their blood pressure tested within the previous 6 months, 52% of whom had results in the recommended range (tables 3.05.11–12).

Trend

Between December 2012 and December 2013:

- The proportion of Indigenous clients of Indigenous primary health care services with Type 2 diabetes who had a GP management plan increased from 41% to 47% and the proportion who had a team care arrangement increased from 37% to 44% (Table 3.18.1).

Between 2001–02 and 2012–13:

- The proportion of Indigenous primary health care services that kept track of clients needing follow-up increased from 70% to 95%.
- The proportion of Indigenous primary health care services that used a patient information and recall system (PIRS) that provides reminders for follow-up and health

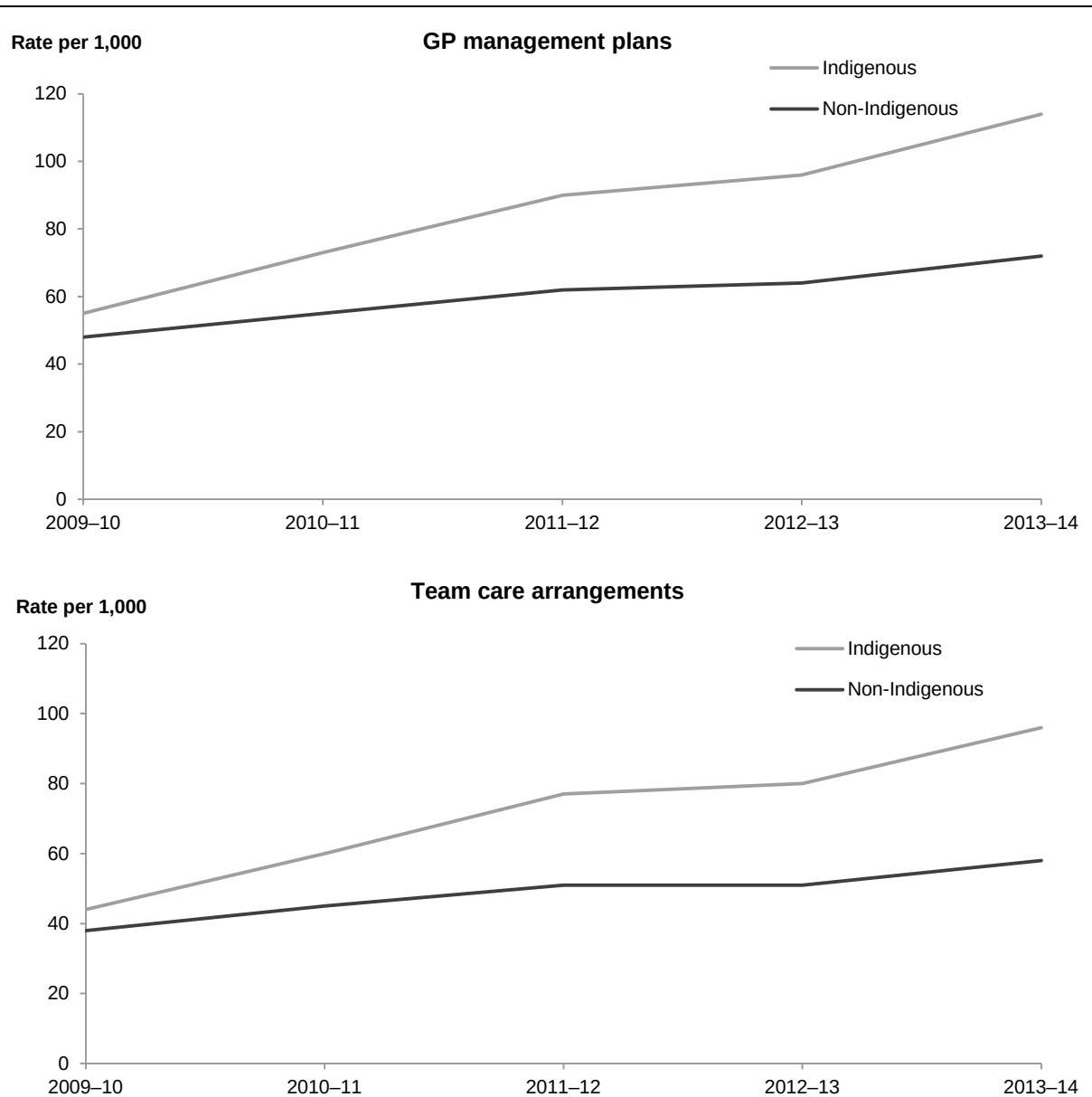
checks increased from 53% to 97%. This represents a significant increase of 73% over the period (Table 3.05.4).

Self-reported chronic disease management

Current period

In 2012–13:

- In the previous 12 months, among people with diagnosed current and long term diabetes or high sugar levels:
 - HbA1C tests were conducted to check diabetes control in 69% of Indigenous Australians compared with 72% of non-Indigenous Australians.
 - Feet were checked in 68% of Indigenous Australians compared with 74% of non-Indigenous Australians (Table 3.05.14).
- In the previous 12 months, among people with diagnosed current and long-term heart and circulatory conditions:
 - Blood pressure was checked for 86% of Indigenous Australians aged 18–44 years compared with 82% of non-Indigenous Australians – a gap of over 3 percentage points. Among those aged 45 years and over, a similar proportion of Indigenous and non-Indigenous Australians had their blood pressure checked (95% and 96%, respectively).
 - Cholesterol levels were assessed for 56% of Indigenous Australians aged 18–44 years compared with 48% of non-Indigenous Australians – a gap of over 7 percentage points. Among those aged 45 years and over, 78% of Indigenous Australians and 81% of non-Indigenous Australians had their cholesterol levels assessed – a gap of 3 percentage points (Table 3.05.15).



Source: Table 3.05.1.

Figure 3.05.1: Age-standardised rates of MBS services claimed for GP management plans and team care arrangements, by Indigenous status, Australia, 2009-10 to 2013-14

Table 3.05.1a: VII adjusted, MBS services claimed, GP management plan (GPMP) by Indigenous status, Australia, 2003–04 to 2013–14^(a)

	Indigenous Australians			Non-Indigenous Australians		Rate ratio ^(c)	Rate difference ^(d)
	Number	Crude rate per 1,000	Age std. rate per 1,000 ^(b)	Number	Age std. rate per 1,000 ^(b)		
2003–04	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
2004–05	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
2005–06	9,489	16	25	636,393	31	0.8	–5.5
2006–07	11,730	19	30	666,948	32	0.9	–1.9
2007–08	14,523	23	37	816,905	38	1.0	–0.9
2008–09	18,039	28	45	993,285	45	1.0	0.3
2009–10	22,600	35	55	1,089,599	48	1.2	7.2
2010–11	31,199	47	73	1,280,651	55	1.3	18.0
2011–12	40,087	59	90	1,460,968	62	1.5	28.5
2012–13	44,148	64	96	1,549,717	64	1.5	32.1
2013–14	53,623	76	114	1,779,097	72	1.6	41.7
Annual change ^(e) 2005–06 to 2008–09	2,844.3*	4.0*	6.7*	122,063.3*	4.8*	n.p.	1.9*
% change over time ^(f) 2005–06 to 2008–09	93.0*	77.4*	83.1*	61.5*	49.1*	n.p.	n.p. ^(g)
Annual change ^(e) 2009–10 to 2013–14	7,499.5*	9.9*	14.1*	164,806.2*	5.7*	n.p.	8.3*
% change over time ^(f) 2009–10 to 2013–14	128.6*	108.8*	98.3*	59.8*	46.7*	n.p.	372.8*
Annual change ^(e) 2005–06 to 2013–14	5,634.6*	7.8*	11.5*	146,576.9*	5.3*	n.p.	6.1*
% change over time ^(f) 2005–06 to 2013–14	952.5*	639.8*	542.4*	211.2*	148.9*	n.p.	n.p. ^(g)

* Represents results with statistically significant differences at the $p < 0.05$ level.

(a) Numbers and rates have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database.

(b) Directly age-standardised using the 2001 Australian standard population, by 5-year age group up to 75+.

(c) Rate ratio is the rate for Indigenous Australians divided by the rate for non-Indigenous Australians.

(d) Rate difference is the rate for Indigenous Australians minus the rate for non-Indigenous Australians.

(e) Annual change determined using linear regression analysis.

(f) Per cent change based on the annual change over the period.

(g) Regression line crosses zero, so per cent change could not be calculated.

Source: Analysis of Medicare Data by AIHW and Medicare Benefit Division, Department of Health.

Table 3.05.1b: VII adjusted, MBS services claimed, Team care arrangements (TCA) by Indigenous status, Australia, 2003–04 to 2013–14^(a)

	Indigenous Australians			Non-Indigenous Australians		Rate ratio ^(c)	Rate difference ^(d)
	Number	Crude rate per 1,000	Age std. rate per 1,000 ^(b)	Number	Age std. rate per 1,000 ^(b)		
2003–04	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
2004–05	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
2005–06	3,982	7	11	250,199	12	0.9	–1.2
2006–07	7,097	12	18	391,955	19	1.0	–0.1
2007–08	9,810	16	25	541,794	25	1.0	0.2
2008–09	13,339	21	34	752,609	34	1.0	–0.4
2009–10	17,642	27	44	868,202	38	1.1	5.5
2010–11	25,374	38	60	1,050,356	45	1.3	14.8
2011–12	33,885	50	77	1,212,557	51	1.5	25.7
2012–13	36,566	53	80	1,249,374	51	1.6	28.8
2013–14	44,360	63	96	1,441,514	58	1.7	37.7
Annual change ^(e) 2005–06 to 2008–09	3,078.4*	4.6*	7.6*	165,706.9*	7.2*	n.p.	0.3
% change over time ^(f) 2005–06 to 2008–09	234.4*	194.4*	215.1*	211.0*	184.6*	n.p.	n.p. ^(g)
Annual change ^(e) 2009–10 to 2013–14	6,462.8*	8.7*	12.4*	134,564.2*	4.6*	n.p.	7.8*
% change over time ^(f) 2009–10 to 2013–14	138.7*	120.8*	106.4*	60.1*	46.7*	n.p.	462.0*
Annual change ^(e) 2005–06 to 2013–14	5,168.4*	7.2*	10.9*	149,613.2*	5.7*	n.p.	5.1*
% change over time ^(f) 2005–06 to 2013–14	Significant increase ^(h)	Significant increase ^(h)	Significant increase ^(h)	454.0*	323.6*	n.p.	n.p. ^(g)

* Represents results with statistically significant differences at the $p < 0.05$ level.

(a) Numbers and rates have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database.

(b) Directly age-standardised using the 2001 Australian standard population, by 5-year age group up to 75+.

(c) Rate ratio is the rate for Indigenous Australians divided by the rate for non-Indigenous Australians.

(d) Rate difference is the rate for Indigenous Australians minus the rate for non-Indigenous Australians.

(e) Annual change determined using linear regression analysis.

(f) Per cent change based on the annual change over the period.

(g) Regression line crosses zero, so per cent change could not be calculated.

(h) Per cent change more than 1,000 per cent.

Source: Analysis of Medicare Data by AIHW and Medicare Benefit Division, Department of Health.

Table 3.05.2: VII adjusted, MBS, Chronic Disease Management Package (CDMP) services provided to Indigenous patients (15+)^(a)

	Prepare GP Management Plan (721)	Coordinate Team Care Arrangements (723)	Aboriginal Health Worker Service (linked to CDM items 721 and 723) (10950)	Monitoring and support for a person with a Chronic Disease Care Plan (10997)	Aboriginal Health Worker Service (linked to Health Assessments) (81300)
2003–04	..	..	..	..	..
2004–05	..	..	..	..	..
2005–06	8,680	3,695	n.p.	..	..
2006–07	10,720	6,552	n.p.	..	..
2007–08	13,400	9,041	51	1,651	..
2008–09	16,717	12,413	225	2,476	27
2009–10	20,940	16,433	226	4,941	280
2010–11	29,121	23,829	532	10,186	905
2011–12	37,313	31,774	802	13,301	1,058
2012–13	40,365	33,757	2,906	20,495	2,198
2013–14	48,465	40,583	2,878	27,927	4,235
Annual change ^(b) 2005–06 to 2008–09	2,679.1*	2,864.3*	..	..	..
% change over time ^(c) 2005–06 to 2008–09	96.1*	236.8*	..	..	..
Annual change ^(b) 2009–10 to 2013–14	6,633.4*	5,822.8*	767.8*	5,628.1*	920.3*
% change over time ^(c) 2009–10 to 2013–14	88.4*	132.1*	n.p. ^(d)	547.2*	n.p. ^(d)
Annual change ^(b) 2007–08 to 2013–14	..	..	515.0*	4,400.9*	..
% change over time ^(c) 2007–08 to 2013–14	..	..	n.p. ^(d)	n.p. ^(d)	..
Annual change ^(b) 2008–09 to 2013–14	..	..	..	..	769.9*
% change over time ^(c) 2008–09 to 2013–14	..	..	..	..	n.p. ^(d)
Annual change ^(b) 2005–06 to 2013–14	5,138.4*	4,767.5*	..	..	..
% change over time ^(c) 2005–06 to 2013–14	908.2*	n.p. ^(d)	..	..	..

* Represents results with statistically significant differences at the $p < 0.05$ level.

(a) Numbers and rates have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database.

(b) Annual change determined using linear regression analysis.

(c) Per cent change based on the annual change over the period.

(d) Regression line crosses zero, so per cent change could not be calculated.

Note: Excludes Immunisation (10988), and wound management (10989).

Source: Analysis of Medicare Data by AIHW and Medicare Benefit Division, Department of Health.

Table 3.05.3: VII adjusted, MBS, CDMP Indigenous patient counts (15+)^(a)

	Prepare GP Management Plan (721)	Coordinate Team Care Arrangements (723)	Aboriginal Health Worker Service (linked to CDM items 721 and 723) (10950)	Monitoring and support for a person with a Chronic Disease Care Plan (10997)	Aboriginal Health Worker Service (linked to Health Assessments) (81300)
2003–04	..	..	..	..	..
2004–05	..	..	..	..	..
2005–06	8,651	3,689	n.p.	..	..
2006–07	10,682	6,531	n.p.	..	..
2007–08	13,303	8,996	29	1,021	..
2008–09	16,645	12,361	127	1,611	16
2009–10	20,794	16,331	114	3,106	225
2010–11	28,906	23,661	193	6,180	474
2011–12	37,045	31,523	334	8,089	565
2012–13	39,997	33,435	1,063	11,297	1,247
2013–14	48,064	40,282	1,249	15,463	2,419
Annual change ^(b) 2005–06 to 2008–09	2,660.3*	2,848.1*	..	..	..
% change over time ^(c) 2005–06 to 2008–09	95.8*	235.9*	..	..	..
Annual change ^(b) 2009–10 to 2013–14	6,567.1*	5,767.6*	314.0*	2,983.1*	516.1*
% change over time ^(c) 2009–10 to 2013–14	87.9*	131.7*	n.p. ^(e)	417.1*	n.p. ^(e)
Annual change ^(b) 2007–08 to 2013–14	..	..	205.4*	2,417.2*	..
% change over time ^(c) 2007–08 to 2013–14	..	..	n.p. ^(e)	n.p. ^(e)	..
Annual change ^(b) 2008–09 to 2013–14	..	..	..	..	433.5*
% change over time ^(c) 2008–09 to 2013–14	..	..	..	..	n.p. ^(e)
Annual change ^(b) 2005–06 to 2013–14	5,089.0*	4,724.0*	..	..	..
% change over time ^(c) 2005–06 to 2013–14	896.3*	Significant increase ^(d)	..	..	..

* Represents results with statistically significant differences at the $p < 0.05$ level.

(a) Numbers and rates have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database.

(b) Annual change determined using linear regression analysis.

(c) Per cent change based on the annual change over the period.

(d) Per cent change more than 1,000 per cent.

(e) Regression line crosses zero, so per cent change could not be calculated.

Source: Analysis of Medicare Data by AIHW and Medicare Benefit Division, Department of Health.

Table 3.05.4: Proportion of Indigenous primary health-care services providing chronic disease management activities, 2001–02 to 2012–13

	2001–02	2002–03	2003–04	2004–05	2005–06	2006–07	2007–08	2008–09	2009–10	2010–11	2011–12	2012–13	Annual change ^(a)	Per cent change ^(b)
Management of chronic illness ^(c)	74.0	76.0	78.0	79.0	80.0	88.0	88.0	89.0	87.0	85.0	86.2	n.a.	1.4 ^{*(d)}	18.2 ^{*(d)}
Keep track of clients needing follow-up	70.0	69.0	63.0	70.0	57.0	62.0	57.0	70.6	70.9	69.7	74.1	94.6	1.4 ^(e)	25.3 ^(e)
Service maintains health registers	50.0	50.0	51.0	53.0	51.0	62.0	63.0	72.6	73.1	74.4	77.7	n.a.	3.2 ^{*(d)}	70.5 ^{*(d)}
Clinical practice guidelines utilised	56.0	52.0	57.0	59.0	55.0	61.0	64.0	74.1	73.1	75.2	73.7	n.a.	2.4 ^{*(d)}	47.5 ^{*(d)}
Patient information and recall system (PIRS)	53.0	56.0	54.0	n.a.	53.0	62.0	60.0	63.5	71.6	71.9	76.8	96.6	3.1 ^{*(e)}	72.7 ^{*(e)}

* Represents results with statistically significant increases or declines at the $p < 0.05$ level over the period.

(a) Average annual change determined using linear regression analysis over the period.

(b) Per cent change over the period based on the average annual change over the period.

(c) From 2006–07 the SAR response category 'Management of chronic illness' was replaced by the three categories 'Management of diabetes', 'Management of cardiovascular disease' and 'Management of other chronic illness'. 'Management of chronic illness' represents the percentage of services that provided or facilitated access to any one of those three categories.

(d) Per cent change and annual change calculated over the period 2001–02 to 2011–12.

(e) Per cent change and annual change calculated over the period 2001–02 to 2012–13.

Note: Since 2008–09 OSR data counts all auspice services individually when calculating rates, therefore caution should be exercised when comparing rates with earlier data collection periods.

Source: DoHA Service Activity Report 2007–08, 2006–07, 2005–06, 2004–05, 2003–04, 2002–03, 2001–02, AIHW OSR 2008–09, 2009–10, 2010–11, 2011–12, 2012–13 data collection.

Table 3.05.5: Indigenous regular clients with Type 2 diabetes receiving recommended care from Indigenous primary health care services, by remoteness, December 2013

	Major cities	Inner regional	Outer regional	Remote	Very remote	Australia
<i>HbA1c result recorded in the last 6 months</i>						
Remoteness proportion	43.2	49.2	46.8	50.7	52.1	48.9
Organisation median	44.3	47.8	46.7	55.4	73.5	53.1
Upper quartile boundary	55.6	63.6	54.0	62.8	85.5	68.4
Lower quartile boundary	39.5	34.5	33.3	50.7	56.7	39.6
<i>Blood pressure recorded in the last 6 months</i>						
Remoteness proportion	64.1	64.6	62.4	65.4	64.9	64.4
Organisation median	66.2	67.7	63.6	71.7	83.5	71.7
Upper quartile boundary	79.8	78.6	71.9	82.1	92.1	83.6
Lower quartile boundary	60.0	53.4	51.7	60.7	72.3	59.6
<i>Kidney function test recorded in the last 6 months</i>						
Remoteness proportion	59.1	59.4	60.8	66.6	61.1	61.7
Organisation median	65.4	65.7	60.4	66.3	66.0	64.9
Upper quartile boundary	74.6	73.8	74.2	77.5	83.3	76.6
Lower quartile boundary	50.0	44.3	32.7	58.2	53.8	50.0

Source: AIHW National Key Performance Indicators for Aboriginal and Torres Strait Islander primary health care data collection.

Table 3.05.6: Chronic disease: management, reporting periods ending 30 June 2009, 2010 and 2011

HfL services had strategies for chronic disease management^(a) for their clients with chronic disease that included:	June 2009			June 2010			June 2011		
	% Yes	% No	% No response	% Yes	% No	% No response	% Yes	% No	% No response
1. A population based approach									
a. A condition register used for recall and reminder	81.1	8.1	10.8	86.1	6.3	7.6	82.4	8.2	9.4
b. Use of recognised guidelines	85.1	4.1	10.8	88.6	2.5	8.9	88.2	1.2	10.6
2. A team-based approach	86.5	2.7	10.8	89.9	1.3	8.9	87.1	3.5	9.4
3. Clinical review, behavioural, social and environmental risk assessment									
a. Systematic	74.3	14.9	10.8	79.7	11.4	8.9	82.4	8.2	9.4
b. Opportunistic	81.1	5.4	13.5	87.3	3.8	8.9	82.4	4.7	12.9
4. Behavioural risk reduction									
a. Smoking									
– Brief intervention	85.1	4.1	10.8	88.6	2.5	8.9	83.5	7.1	9.4
– Other advice	83.8	5.4	10.8	87.3	3.8	8.9	85.9	4.7	9.4
b. Nutrition	83.8	4.1	12.2	89.9	1.3	8.9	88.2	0.0	11.8
c. Alcohol									
– Brief intervention	85.1	4.1	10.8	88.6	2.5	8.9	81.2	9.4	9.4
– Other advice	81.1	8.1	10.8	83.5	6.3	10.1	77.6	12.9	9.4
d. Physical activity	87.8	1.4	10.8	89.9	1.3	8.9	89.4	0.0	10.6
e. Emotional wellbeing	89.2	0.0	10.8	87.3	1.3	11.4	85.9	3.5	10.6
f. Other	21.6	44.6	33.8	22.8	41.8	35.4	23.5	49.4	27.1

(continued)

Table 3.05.6 (continued): Chronic disease: management, reporting periods ending 30 June 2009, 2010 and 2011

HfL services had strategies for chronic disease management^(a) for their clients with chronic disease that included:	June 2009			June 2010			June 2011		
	% Yes	% No	% No response	% Yes	% No	% No response	% Yes	% No	% No response
5. Care planning	(b)	(b)	(b)	(b)	(b)	(b)	0.0	0.0	100.0
6. Routine clinical reviews	78.4	6.8	14.9	79.7	10.1	10.1	77.6	9.4	12.9
7. Follow-up of abnormal results									
a. Systematic	78.4	8.1	13.5	86.1	5.1	8.9	83.5	3.5	12.9
b. Opportunistic	68.9	14.9	16.2	72.2	15.2	12.7	71.8	12.9	15.3
8. Immunisation									
a. Systematic	73.0	12.2	14.9	79.7	10.1	10.1	70.6	16.5	12.9
b. Opportunistic	75.7	6.8	17.6	82.3	5.1	12.7	78.8	7.1	14.1
9. Systematic approach to client self-management									
a. Staff training	71.6	13.5	14.9	78.5	12.7	8.9	74.1	12.9	12.9
b. Goal setting	74.3	12.2	13.5	81.0	10.1	8.9	78.8	8.2	12.9
c. Client education	79.7	6.8	13.5	84.8	6.3	8.9	82.4	4.7	12.9
d. Hand held records	37.8	47.3	14.9	45.6	44.3	10.1	49.4	37.6	12.9
e. Support for involvement of family	70.3	13.5	16.2	70.9	16.5	12.7	72.9	10.6	16.5
f. Peer support	41.9	31.1	27.0	59.5	22.8	17.7	54.1	27.1	18.8
10. Health service linkages									
a. Hospital admission communication	70.3	14.9	14.9	77.2	12.7	10.1	76.5	8.2	15.3
b. Hospital discharge communication	71.6	13.5	14.9	77.2	12.7	10.1	78.8	5.9	15.3

(continued)

Table 3.05.6 (continued): Chronic disease: management, reporting periods ending 30 June 2009, 2010 and 2011

HfL services had strategies for chronic disease management ^(a) for their clients with chronic disease that included:	June 2009			June 2010			June 2011		
	% Yes	% No	% No response	% Yes	% No	% No response	% Yes	% No	% No response
c. Care provided in residential aged care services	43.2	41.9	14.9	53.2	36.7	10.1	49.4	34.1	16.5
11. Social service linkages, referrals and client advocacy									
a. Social services	74.3	10.8	14.9	77.2	11.4	11.4	76.5	7.1	16.5
b. Housing	62.2	21.6	16.2	73.4	13.9	12.7	78.8	7.1	14.1
c. Employment	56.8	28.4	14.9	68.4	19.0	12.7	58.8	25.9	15.3
d. Income support	63.5	21.6	14.9	65.8	21.5	12.7	60.0	24.7	15.3
e. Domestic violence	74.3	10.8	14.9	82.3	5.1	12.7	74.1	11.8	14.1
f. Legal aid	60.8	24.3	14.9	70.9	16.5	12.7	64.7	21.2	14.1
g. Other	14.9	40.5	44.6	15.2	46.8	38.0	5.9	55.3	38.8

(a) 'Management' includes health promotion, prevention of complications, clinical care and advocacy.

(b) Not collected.

Source: AIHW Healthy for Life data collection.

Table 3.05.7: Number and proportion of Indigenous regular clients^(a) who are diagnosed with Type 2 diabetes and HbA1c test in the last 6 months, by remoteness, 1 January–30 June 2011

	Major cities	Inner regional	Outer regional	Remote	Very remote	Total
	Per cent					
Indigenous regular clients with Type 2 diabetes who had an HbA1c test	39.0	54.0	56.9	54.9	60.9	53.9
Number of Indigenous regular clients with Type 2 diabetes	2,327	1,614	4,593	2,603	2,640	13,777

(a) Indigenous regular clients aged 15 years and over.

Notes

1. Valid data for this indicator were provided by 83 services (11 in *Major cities* of Australia, 16 in *Inner regional* Australia, 28 in *Outer regional* Australia, 13 in *Remote* Australia and 15 in *Very remote* Australia).
2. Services used their own definition of regular client.

Source: AIHW Healthy for Life data collection.

Table 3.05.8: Average HbA1c result for Indigenous regular clients^(a) diagnosed with Type 2 diabetes who had an HbA1c test in the last 6 months, by remoteness 1 January–30 June 2011

	Major cities	Inner regional	Outer regional	Remote	Very remote	Total
Average HbA1c result (%)	8.6	7.9	8.6	8.6	9.0	8.6
Number of Indigenous regular clients with Type 2 diabetes who had an HbA1c test in the last six months	682	788	2,521	1,430	1,607	7,028

(a) Indigenous regular clients aged 15 years and over.

Notes

1. Valid data for this indicator were provided by 77 services (10 in *Major cities* of Australia, 15 in *Inner regional* Australia, 24 in *Outer regional* Australia, 13 in *Remote* Australia and 15 in *Very remote* Australia).
2. Services used their own definition of regular client.

Source: AIHW Healthy for Life data collection.

Table 3.05.9: Number and proportion of Indigenous regular clients^(a) with Type 2 diabetes who had a blood pressure test in the last six months, by remoteness, 1 January–30 June 2011

	Major cities	Inner regional	Outer regional	Remote	Very remote	Total
Indigenous regular clients with Type 2 diabetes who had a blood pressure test (%)	53.9	70.3	62.2	70.5	72.8	65.4
Number of Indigenous regular clients with Type 2 diabetes	2,327	1,614	4,593	2,603	2,640	13,777

(a) Indigenous regular clients aged 15 years and over.

Notes

1. Valid data for this indicator were provided by 83 services (11 in *Major cities* of Australia, 16 in *Inner regional* Australia, 28 in *Outer regional* Australia, 13 in *Remote* Australia and 15 in *Very remote* Australia).
2. Services used their own definition of regular client.

Source: AIHW Healthy for Life data collection.

Table 3.05.10: Number and proportion of Indigenous regular clients^(a) with Type 2 diabetes who had a blood pressure test in the last six months with a result less than or equal to 130/80mmHg, by remoteness, 1 January–30 June 2011

Major cities		Inner regional		Outer regional		Remote		Very remote		Total	
%	N/D ^(b)	%	N/D ^(b)	%	N/D ^(b)	%	N/D ^(b)	%	N/D ^(b)	%	N/D ^(b)
37.3	468/1,254	36.6	415/1,134	40.2	1,148/2,858	49.1	901/1,836	44.4	853/1,922	42.0	3,785/9,004

(a) Indigenous regular clients aged 15 years and over.

(b) N (numerator) is the number of Indigenous regular clients with Type 2 diabetes who had a blood pressure test in the last six months with a result less than or equal to 130/80mmHg. D (denominator) is the total number of Indigenous regular clients with Type 2 diabetes who had a blood pressure test in the last six months.

Notes

- Valid data for this indicator were provided by 83 services (11 in major cities of Australia, 16 in inner regional Australia, 28 in outer regional Australia, 13 in remote Australia and 15 in very remote Australia).
- Services used their own definition of regular client.

Source: AIHW, Healthy for Life data collection.

Table 3.05.11: Number and proportion of Indigenous regular clients^(a) with coronary heart disease who had a blood pressure test in the last six months, by remoteness, 1 January–30 June 2011

Major cities		Inner regional		Outer regional		Remote		Very remote		Total	
%	N/D ^(b)	%	N/D ^(b)	%	N/D ^(b)	%	N/D ^(b)	%	N/D ^(b)	%	N/D ^(b)
56.1	577/1,029	74.8	514/687	66.4	808/1,216	65.3	543/832	77.1	364/472	66.2	2,806/4,236

(a) Indigenous regular clients aged 15 years and over.

(b) N (numerator) is the number of Indigenous regular clients with coronary heart disease who had a blood pressure test in the last six months. D (denominator) is the total number of Indigenous regular clients with coronary heart disease who had a blood pressure test.

Notes

- Valid data for this indicator were provided by 82 services (10 in major cities of Australia, 16 in inner regional Australia, 28 in outer regional Australia, 13 in remote Australia and 15 in very remote Australia).
- Services used their own definition of regular client.

Source: AIHW, Healthy for Life data collection.

Table 3.05.12: Number and proportion of Indigenous regular clients^(a) with coronary heart disease who had a blood pressure test in the last six months with a result less than 140/90mmHg, by remoteness, 1 January–30 June 2011

Major cities		Inner regional		Outer regional		Remote		Very remote		Total	
%	N/D ^(b)	%	N/D ^(b)	%	N/D ^(b)	%	N/D ^(b)	%	N/D ^(b)	%	N/D ^(b)
59.8	153/256	37.6	158/420	54.8	324/591	54.1	133/246	65.2	92/141	52	860/1,654

(a) Indigenous regular clients aged 15 years and over.

(b) N (numerator) is the number of Indigenous regular clients with coronary heart disease who had a blood pressure test in the last six months with a result less than 140/90mmHg. D (denominator) is the total number of Indigenous regular clients with coronary heart disease who had a blood pressure test in the last six months.

Notes

- Valid data for this indicator were provided by 49 services (5 in major cities of Australia, 11 in inner regional Australia, 18 in outer regional Australia, 7 in remote Australia and 8 in very remote Australia).
- Services used their own definition of regular client.

Source: AIHW Healthy for Life data collection.

Table 3.05.13: Number and proportion of Indigenous regular clients^(a) with Type 2 diabetes who had an HbA1c test in the last 6 months, by HbA1c result and remoteness, 1 January–30 June 2011

HbA1c result	Major cities		Inner regional		Outer regional		Remote		Very remote		Total	
	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number
≤7%	27.3	186	41.8	329	30.6	771	29.9	427	27.3	439	30.6	2,152
>7% to ≤8%	21.0	143	21.4	169	20.2	509	20.0	286	16.6	266	19.5	1,373
>8% to <10%	27.1	185	23.5	185	23.5	592	23.6	337	22.7	364	23.7	1,663
≥10%	24.6	168	13.3	105	25.7	649	26.6	380	33.5	538	26.2	1,840
Total	100.0	682	100.0	788	100.0	2,521	100.0	1,430	100.0	1,607	100.0	7,028

(a) Indigenous regular clients aged 15 years and over.

(b) HbA1c results in the last six months.

Notes

1. Valid data for this indicator were provided by 77 services (15 in major cities of Australia, 10 in inner regional Australia, 24 in outer regional Australia, 13 in remote Australia and 15 in very remote Australia).
2. Services used their own definition of regular client.
3. Numerator is the number of Indigenous regular clients with Type 2 diabetes who had an HbA1c test in the last six months by HbA1c result and Denominator is the total number of Indigenous regular clients with Type 2 diabetes who had an HbA1c test in the last six months.

Source: AIHW Healthy for Life data collection.

Table 3.05.14: Health actions for persons with diagnosed, current and long term diabetes or high sugar levels^(a), by Indigenous status and state/territory, 2012–13

	NSW			Vic			Qld		
	Indigenous	Non-Indigenous	Rate ratio ^(b)	Indigenous	Non-Indigenous	Rate ratio ^(b)	Indigenous	Non-Indigenous	Rate ratio ^(b)
Per cent									
Actions taken to manage diabetes/HSL in last 2 weeks									
Currently using insulin	34.4	..	..	35.1	..	..	31.9	..	..
Taken medicine/tablets ^(c)	66.8	..	..	59.5	..	..	61.1	..	..
Lifestyle action: diet/weight loss/exercise	84.9	..	..	74.1	..	..	77.7	..	..
No action taken ^(d)	5.9†	..	..	8.0‡	..	..	7.6†	..	..
<i>Total number persons with current diabetes/HSL^{(e)(f)(g)}</i>	<i>15,834</i>	<i>..</i>	<i>..</i>	<i>2,781</i>	<i>..</i>	<i>..</i>	<i>12,576</i>	<i>..</i>	<i>..</i>
Feet checked in last 12 months^(h)									
Yes	68.7	75.0	0.9	65.1	71.6	0.9	63.9	72.5	0.9
No ⁽ⁱ⁾	31.3	25.0	1.3	34.9	28.4	1.2	36.1	27.5	1.3
<i>Total number persons with current diabetes/HSL in non-remote areas^{(f)(g)}</i>	<i>14,433</i>	<i>309,036</i>	<i>..</i>	<i>2,781</i>	<i>239,349</i>	<i>..</i>	<i>8,912</i>	<i>153,641</i>	<i>..</i>
Blood glucose checked in last 12 months^(h)									
Yes	96.4	99.7	1.0	97.6	94.2	1.0	95.4	97.2	1.0
<i>Total number persons with current diabetes/HSL in non-remote areas^{(f)(g)}</i>	<i>14,433</i>	<i>309,036</i>	<i>..</i>	<i>2,781</i>	<i>239,349</i>	<i>..</i>	<i>8,912</i>	<i>153,641</i>	<i>..</i>
Had HbA1C test in last 12 months^(h)									
Yes	70.7	77.7	0.9	71.5	57.8	1.2	65.2	78.0	0.8
No ⁽ⁱ⁾	29.3	22.3	1.3	28.5†	42.2	0.7	34.8	22.0	1.6
<i>Total number persons with current diabetes/HSL in non-remote areas^{(f)(g)}</i>	<i>14,433</i>	<i>309,036</i>	<i>..</i>	<i>2,781</i>	<i>239,349</i>	<i>..</i>	<i>8,912</i>	<i>153,641</i>	<i>..</i>
Total number of persons with current diabetes or HSL^(a)	15,834	309,036	..	2,781	239,349	..	12,576	159,561	..

(continued)

Table 3.05.14 (continued): Health actions for persons with diagnosed, current and long term diabetes or high sugar levels^(a), by Indigenous status and state/territory, 2012–13

	WA			SA			Tas		
	Indigenous	Non-Indigenous	Rate ratio ^(b)	Indigenous	Non-Indigenous	Rate ratio ^(b)	Indigenous	Non-Indigenous	Rate ratio ^(b)
Per cent									
Actions taken to manage diabetes/HSL in last 2 weeks									
Currently using insulin	27.6	..	..	15.8†	..	..	15.0‡	..	..
Taken medicine/tablets ^(c)	66.6	..	..	64.4	..	..	48.4	..	..
Lifestyle action: diet/weight loss/exercise	75.8	..	..	77.1	..	..	81.1	..	..
No action taken ^(d)	10.4†	..	..	6.8†	..	..	10.5‡	..	..
<i>Total number persons with current diabetes/HSL^{(e)(f)(g)}</i>	7,375	..	..	2,647	..	..	n.p.	..	..
Feet checked in last 12 months^(h)									
Yes	78.9	73.0	1.1	76.2	76.2	1.0	64.6	80.5	0.8
No ⁽ⁱ⁾	21.1†	27.0	0.8	23.8†	23.8	1.0	35.4†	19.5†	1.8
<i>Total number persons with current diabetes/HSL in non-remote areas^{(f)(g)}</i>	3,468	88,972	..	2,044	77,680	..	n.p.	22,135	..
Blood glucose checked in last 12 months^(h)									
Yes	86.6	95.2	0.9	96.9	98.7	1.0	94.3	98.9	1.0
<i>Total number persons with current diabetes/HSL in non-remote areas^{(f)(g)}</i>	3,468	88,972	..	2,044	77,680	..	n.p.	22,135	..
Had HbA1C test in last 12 months^(h)									
Yes	69.4	74.6	0.9	60.2	76.9	0.8	67.0	83.1	0.8
No ⁽ⁱ⁾	30.6	25.4	1.2	39.8	23.1	1.7	33.0†	16.9†	2.0
<i>Total number persons with current diabetes/HSL in non-remote areas^{(f)(g)}</i>	3,468	88,972	..	2,044	77,680	..	n.p.	22,135	..
Total number of persons with current diabetes or HSL^(a)	7,375	91,734	..	2,647	80,343	..	n.p.	22,398	..

(continued)

Table 3.05.14 (continued): Health actions for persons with diagnosed, current and long term diabetes or high sugar levels^(a), by Indigenous status and state/territory, 2012–13

	ACT			NT			Australia		
	Indigenous	Non-Indigenous	Rate ratio ^(b)	Indigenous	Non-Indigenous	Rate ratio ^(b)	Indigenous	Non-Indigenous	Rate ratio ^(b)
Per cent									
Actions taken to manage diabetes/HSL in last 2 weeks									
Currently using insulin	10.6‡	..	..	23.9	..	..	30.0	..	..
Taken medicine/tablets ^(c)	48.8†	..	..	66.2	..	..	64.2	..	..
Lifestyle action: diet/weight loss/exercise	89.9	..	..	82.8	..	..	80.3	..	..
No action taken ^(d)	7.9‡	..	..	3.6†	..	..	7.0	..	..
<i>Total number persons with current diabetes/HSL^{(e)(f)(g)}</i>	<i>n.p.</i>	..	..	5,852	..	..	48,062	..	..
Feet checked in last 12 months^(h)									
Yes	72.8	71.5	1.0	51.2	62.4	0.8	68.0	73.6	0.9
No ⁽ⁱ⁾	27.2†	28.5	1.0	48.8	37.6†	1.3	32.0	26.4	1.2
<i>Total number persons with current diabetes/HSL in non-remote areas^{(f)(g)}</i>	<i>n.p.</i>	14,091	..	1,210†	3,375	..	33,810	908,278	..
Blood glucose checked in last 12 months^(h)									
Yes	100.0	92.6	1.1	95.3	100.0	1.0	95.2	97.2	1.0
<i>Total number persons with current diabetes/HSL in non-remote areas^{(f)(g)}</i>	<i>n.p.</i>	14,091	..	1,210†	3,375	..	33,810	908,278	..
Had HbA1C test in last 12 months^(h)									
Yes	82.1	67.8	1.2	73.5	77.8	0.9	68.7	72.1	1.0
No ⁽ⁱ⁾	17.9‡	32.2	0.6	26.5	22.2†	1.2	31.3	27.9	1.1
<i>Total number persons with current diabetes/HSL in non-remote areas^{(f)(g)}</i>	<i>n.p.</i>	14,091	..	1,210†	3,375	..	33,810	908,278	..
Total number of persons with current diabetes or HSL^(a)	n.p.	14,091	..	5,852	5,254	..	48,062	921,766	..

(continued)

Table 3.05.14 (continued): Health actions for persons with diagnosed, current and long term diabetes or high sugar levels^(a), by Indigenous status and state/territory, 2012–13

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

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

- (a) Health actions for diabetes or high sugar levels data has been limited to persons who reported that they had been told by a doctor or nurse that they have diabetes or high sugar levels and that it was current and long term.
- (b) Rate ratio is calculated by dividing the crude rate for Aboriginal and Torres Strait Islander people by the crude rate for non-Indigenous people.
- (c) Excludes insulin, vitamins or herbal medicines.
- (d) Includes 'not known if action taken'.
- (e) Includes 'Taken vitamin/mineral supplements', 'Taken natural/herbal/bush medicine', and 'Other actions taken'.
- (f) Excludes persons who stated their diabetes was not current and those with gestational diabetes.
- (g) Multiple response item, sum of components may be greater than total.
- (h) Non-remote only.
- (i) Includes 'don't know'.

Notes

1. Per cent calculated within columns. Estimates have been rounded and discrepancies may occur between sums of the component items and totals.
2. Data excludes 'not stated' responses.
3. Populations identified for condition specific data items collected within the condition modules are based on responses as reported to the questions in the module. As respondents may identify conditions in some modules which are not later coded as an applicable condition to that module, or may identify conditions relevant to that module in other sections of the survey, the data populations achieved in the items may not match those identified using the ICD10 coded condition responses.

Source: ABS and AIHW analysis of 2012–13 Australian Aboriginal and Torres Strait Islander Health Survey (NATSIHS component) and 2011–12 Australian Health Survey (National Health Survey component).

Table 3.05.15: Health actions for persons with diagnosed, current and long-term heart and circulatory conditions^(a), by Indigenous status, persons aged 18 years and over, 2012–13

	Indigenous			Non-Indigenous			Rate ratio ^(b)		Rate difference ^(c)	
	18–44 years	45+ years	Total	18–44 years	45+ years	Total	18–44 years	45+ years	18–44 years	45+ years
Whether had cholesterol checked in last 5 years^(d)										
Yes	73.3	91.3	84.5	..	..	..	..	..	..	..
No	26.7	8.7	15.5	..	..	..	..	..	..	..
Total^(e)	17,198	28,232	45,429	..	..	..	..	..	..	..
Whether had cholesterol checked in last 12 months										
Yes	55.5	77.9	68.3	48.1	81.1	75.9	1.2	1.0	7.4	–3.2
No ^(f)	44.5	22.1	31.7	51.9	18.9	24.1	0.9	1.2	–7.4	3.2
Total^(e)	25,498	34,256	59,754	529,327	2,798,442	3,327,769	..	..	..	..
Whether had blood pressure checked in last 2 years^(d)										
Yes	94.7	97.8	96.5	..	..	..	..	..	..	..
No	4.7†	1.9†	3.0†	..	..	..	..	..	..	..
Total^(g)	20,240	28,647	48,888	..	..	..	..	..	..	..
Whether had blood pressure checked in last 12 months										
Yes	85.5	95.3	91.1	82.3	96.4	94.1	1.0	1.0	3.2	–1.1
No ^(h)	12.4	4.3†	7.8	16.9	2.9	5.1	0.7	1.5	–4.5	1.4
Total^(g)	26,770	35,424	62,195	552,807	2,867,525	3,420,332	..	..	..	..
Whether used aspirin daily for heart or circulatory condition										
Yes	14.1	36.0	26.7	6.4	32.5	28.3	2.2	1.1	7.7	3.5
No	85.9	64.0	73.3	93.6	67.5	71.7	0.9	0.9	–7.7	–3.5
Total^(e)	26,286	35,396	61,681	552,496	2,844,889	3,397,385	..	..	..	..

(continued)

Table 3.05.15 (continued): Health actions for persons with diagnosed, current and long-term heart and circulatory conditions^(a), by Indigenous status, persons aged 18 years and over, 2012–13

	Indigenous			Non-Indigenous			Rate ratio ^(b)		Rate difference ^(c)	
	18–44 years	45+ years	Total	18–44 years	45+ years	Total	18–44 years	45+ years	18–44 years	45+ years
Whether taken any medicine or tablets for heart or circulatory condition in last 2 weeks										
Yes	36.6	69.1	55.3	..	..	..	..	..	..	..
No	63.4	30.9	44.7	..	..	..	..	..	..	..
Total	26,286	35,396	61,681	..	..	..	..	..	..	..

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

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

(a) Health actions for heart and circulatory conditions data has been limited to persons who reported they had been told by a doctor or nurse that they had a heart or circulatory condition, and that it was current and long-term.

(b) Rate ratio is calculated by dividing the crude rate for Aboriginal and Torres Strait Islander people by the crude rate for non-Indigenous people.

(c) Rate difference is calculated by subtracting the crude rate for non-Indigenous people from the crude rate for Aboriginal and Torres Strait Islander people.

(d) Persons living in non-remote areas.

(e) Total excludes 'don't know' responses.

(f) Includes non-remote persons with current heart/circulatory conditions who reported that they did not have their cholesterol checked in the last 5 years.

(g) Total includes 'don't know' responses.

(h) Includes non-remote persons with current heart/circulatory conditions who reported that they did not have their blood pressure checked in the last 5 years.

Notes

1. Per cent calculated within columns. Estimates have been rounded and discrepancies may occur between sums of the component items and totals.

2. Data excludes 'not stated' responses.

3. Populations identified for condition specific data items collected within the condition modules are based on responses as reported to the questions in the module. As respondents may identify conditions in some modules which are not later coded as an applicable condition to that module, or may identify conditions relevant to that module in other sections of the survey, the data populations achieved in the items may not match those identified using the ICD10 coded condition responses.

Source: ABS and AIHW analysis of 2012–13 Australian Aboriginal and Torres Strait Islander Health Survey (NATSIHS component) and 2011–12 Australian Health Survey (National Health Survey component).

Table 3.05.16: Health actions for persons not reporting diabetes or high sugar levels, by age group, by Indigenous status, 2012–13^(a)

	Age-group (years)							50+ years		Rate ratio ^(b)
	0–14	15–24	25–34	35–44	45–54	55+	Total	Indigenous	Non-Indigenous	
	Per cent									
Whether tested for diabetes/high sugar levels in the last 3 years										
Yes	10.2	23.8	44.3	48.4	56.7	70.1	29.3	66.7	54.6	1.2*
No ^(c)	89.8	76.2	55.7	51.6	43.3	29.9	70.7	33.3	45.4	0.7
Total number of persons not reporting diabetes or high sugar levels	227,133	122,226	78,981	64,791	43,697	33,058	569,885	51,286	5,733,309	..

* Represents statistically significant differences at the $p < 0.05$ level. Comparison was between Indigenous and non-Indigenous for 50+ years, for 'Yes'.

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

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

(a) Data relates to persons who did not report having diabetes or high sugar levels.

(b) Rate ratio is calculated by dividing the crude rate for Aboriginal and Torres Strait Islander people by the crude rate for non-Indigenous people.

(c) Includes 'not known' responses.

Notes

1. Percentages add within columns. Estimates have been rounded and discrepancies may occur between sums of the component items and totals.

2. Data excludes 'not stated' responses.

Source: ABS and AIHW analysis of 2012–13 Australian Aboriginal and Torres Strait Islander Health Survey (NATSIHS component) and 2011–12 Australian Health Survey (National Health Survey component).

Data sources and quality

Medicare data

Standard Indigenous status question

Medicare seeks Indigenous status information in its enrolment forms, including the general enrolment application form and the Aboriginal and Torres Strait Islander Medicare enrolment form. These forms include the national standard Indigenous identification question. Indigenous Australians can also complete a specific Voluntary Indigenous Identification form. Indigenous status information is held in Medicare records as the Voluntary Indigenous Identifier (VII).

Under-identification

The coverage of Indigenous Australians in the VII database is not complete. There were around 415,730 people who had identified as Aboriginal and/or Torres Strait Islander in this database at June 2014; around 58% of the estimated Indigenous population. There has been a rapid expansion in the number of enrollees who identified as Indigenous, from 47,200 people in August 2004.

Readers should note the following caveats to the Medicare Voluntary Indigenous Identifier (VII) adjustment methodology:

- Estimates generated by the adjustment methodology for a given period will vary according to the point in time at which they are calculated, as the adjustment factors will be updated regularly to account for the ongoing change in the population coverage of the VII sample.
- There are inherent uncertainties in the current ABS Indigenous population estimates, and they are therefore described by the ABS as 'experimental estimates and projections'. The ABS Indigenous population estimates after 2011 are experimental projections, based on a number of assumptions about future levels of fertility, mortality and migration. The projections are not predictions or forecasts, but are illustrations of the growth and change in population that would occur if these assumptions were to prevail over the projection period. There can be no certainty that any particular outcome will be realised, or that future outcomes will necessarily fall within the projected ranges.
- The propensity to identify as Indigenous is influenced by numerous factors including the context, how the question is asked and by whom, motivations of the individual and perceived uses of the data in question. For example, it is possible that there are some Indigenous Australians who are registered with the VII but who do not identify as Indigenous for the purposes of the Census, or vice versa.
- PBS and MBS data do not give a comprehensive picture of actual service delivery for Indigenous Australians, as some service delivery (especially in *Remote* areas) is not part of these systems. For example, s.100 medication delivery in *Remote* locations takes place outside of, and is not recorded by, the PBS. Likewise state and territory primary health care providers are generally not eligible to bill Medicare.
- In some areas, particularly *Remote* and *Very remote* areas, there is a portion of the Indigenous population that does not ever use the Medicare system. It is therefore

possible that the adjustment methodology could overestimate Medicare use by the Indigenous population.

- As participation in the VII sample is voluntary, 100% coverage is unlikely. There could be biases in the data that are not addressed by the adjustment methodology.

Online Services Report data collection

The OSR collects organisation-level information from Aboriginal and Torres Strait Islander health organisations that received Australian Government funding in 2012–13.

Data were collected using a web-based reporting tool designed specifically to capture information on inputs and health processes at primary health-care organisations funded to deliver care to Indigenous Australians.

AIHW examined all data submissions to identify missing data and data quality issues. The most common data quality issues were inaccurate recording (for example, staff were reported in terms of their total number rather than in full-time equivalent positions), and discrepancies between 2 or more questions (for example, the number of clients exceeded the number of episodes of care).

Where needed, AIHW staff contacted the relevant health organisation to follow up on data quality issues and to request additional or corrected data. The AIHW detected at least 1 issue for follow-up in around 239 (92%) of organisations. Of these, 207 (87%) resubmitted data. Data with remaining significant quality issues were excluded from national analyses.

From 2012–13 a new online questionnaire started. Major questions (for example, around episodes of care, clients and contacts) remained the same. Some other questions were revised or restructured.

For more information see

<<http://meteor.aihw.gov.au/content/index.phtml/itemId/561251>>.

Healthy for Life data collection

For the July 2010 to June 2011 reporting period, 85 services submitted data as part of the Healthy for Life (HfL) Program.

Services started submitting their data through an electronic interface (OSCAR) for the February 2008 reporting period. This has improved the quality of data submitted.

Not all of the services were able to provide data for all of the essential indicators and service profile questions included in the HfL data collection. The number of services that were able to provide data varies across the qualitative and quantitative indicators.

There has been an upward trend in the proportion of services that reported on each of the indicators over time, particularly compared with the first reporting period ending June 2007.

In general, the data quality improved noticeably between the periods ending in June 2008 and June 2009. The overall level of data quality remained similar in the period ending in June 2010, while further improvements occurred in the period ending in June 2011. In the period ending in June 2011, the most common data quality issues were related to missing data (20% of services) and data out of the expected range (11% of services).

The Healthy for Life data collection was discontinued at the end of June 2011.

Australian Aboriginal and Torres Strait Islander Health Survey

The 2012–13 Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS) included a sample of 12,000 Indigenous Australians for the core sample and sub-samples for various components of the survey such as voluntary biomedical data for adults. The AATSIHS sample was specifically designed to select a representative sample of Indigenous Australians and therefore overcome the problem inherent in most national surveys (that is, small and unrepresentative Indigenous samples).

Survey results are subject to sampling errors as only a small proportion of the population is used to produce estimates that represent the whole population. Non-sampling errors may occur where there is non-response to the survey or questions in the survey, misunderstanding of questions or errors in recording, coding or processing the survey. Information recorded in this survey is 'as reported' by respondents. Responses may be affected by imperfect recall or individual interpretation of survey questions. Any data that are self-reported are also likely to under-estimate circumstances about which the respondent is unaware, or may be reluctant to report (for example, certain health conditions, weight, drug use).

Selected non-Indigenous comparisons are available from the 2011–13 Australian Health Survey (AHS). The AHS was conducted in *Major cities, Regional and Remote areas*, but *Very remote* areas were excluded from the sample.

Further information on AATSIHS data quality issues can be found in the user guide for the survey (ABS 2013). Time series comparisons for some indicators are available from the 2004–05 NATSIHS, 2008 NATSISS, 2002 NATSISS, 2001 NHS and the 1994 National Aboriginal and Torres Strait Islander Survey (NATSIS).

Australian Health Survey

The Australian Health Survey (AHS) combines the existing ABS National Health Survey (NHS) and the National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) together with 2 new elements: a National Nutrition and Physical Activity Survey (NNPAS) and a National Health Measures Survey (NHMS).

For more information see:

- National Health Survey
<<http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4363.0.55.001Main+Features12011-13?OpenDocument>>.
- National Aboriginal and Torres Strait Islander Health Survey
<<http://www.abs.gov.au/ausstats/abs@.nsf/mf/4715.0/>>.
- National Nutrition and Physical Activity Survey
<<http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4364.0.55.007~2011-12~Main%20Features~About%20the%20National%20Nutrition%20and%20Physical%20Activity%20Survey~731>>.
- National Health Measures Survey
<<http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4364.0.55.005Chapter1102011-12>>.

National Key Performance Indicators for Aboriginal and Torres Strait Islander primary health care data collection

The nKPI data are collected from over 200 primary health-care organisations that receive funding from the Australian Government Department of Health to provide services primarily to Indigenous Australians.

The quality and completeness of the data submitted by organisations are important determinations of the quality of the national analyses. Data may be incomplete for a number of reasons:

- Internal inconsistency (numerator is greater than denominator, numbers not matching between linked indicators, subgroup totals not adding up to the total, and so on).
- Organisations commenting when submitting data that their data are incomplete or incorrect and could not be corrected.
- Organisations indicating that they did not provide a particular service so no data are available (for example, health assessments were not part of an organisation's regular service).
- An organisation sharing an information recording system with another organisation and hence unable to separate its clients from all clients of the combined organisations.
- Auspiced organisations that collect data from a number of organisations often sharing a single patient information recall system and a single governance body. The data for individual organisations are combined and include duplicate clients.

This means that data for some indicators must be excluded for organisations if unresolved data quality issues remain. This results in different numbers of organisations with valid data for different indicators. For example, if 200 organisations submitted data for all reporting periods and all organisations provided valid data for PI01, PI01 will have 200 organisations contributing data. Some of the same 200 organisations may not have valid data for PI03 and this will result in fewer organisations contributing data to that indicator (see AIHW 2014, Table A3.1 for the number of organisations contributing valid data for each indicator for the December 2013 collection period).

In addition, when analysing and presenting data at the national level:

- There are some paired indicators where the numerator for 1 is the denominator for the other (for example, PI05 and PI06, PI09 and PI10, and PI23 and PI24); if data for 1 indicator in a pair are excluded due to data quality issues, data from the other indicator in the pair are also excluded.
- Some jurisdictions have an insufficient number of organisations to perform meaningful analysis. Therefore, Tasmanian data are combined with Victorian data, and data from the Australian Capital Territory are combined with data from New South Wales.
- It should be noted that some organisations (like the Queensland Aboriginal and Islander Health Council) use nKPI data to issue their own reports. These data may be reported differently because of different data 'cleaning' processes.

More information on nKPI data quality can be found on the AIHW's METeOR website <<http://meteor.aihw.gov.au/content/index.phtml/itemId/593841>>.

List of symbols used in tables

n.a.	not available
..	not applicable
n.p.	not available for publication but included in totals where applicable, unless otherwise indicated
*	represents results with statistically significant differences at the $p < 0.05$ level, between the categories specified in table footnotes
†	estimate has a relative standard error between 25% and 50% and should be used with caution
‡	estimate has a relative standard error greater than 50% and is considered too unreliable for general use

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References

ABS (Australian Bureau of Statistics) 2013. Australian Aboriginal and Torres Strait Islander Health Survey: users' guide, 2012–13. ABS cat no. 4727.0.55.002. Canberra: ABS.

AIHW (Australian Institute of Health and Welfare) 2014. National Key Performance Indicators for Aboriginal and Torres Strait Islander primary health care: results from December 2013. National key performance indicators for Aboriginal and Torres Strait Islander primary health care. Cat. no. IHW 146. Canberra: AIHW.

Other related information

ABS 2015. Australian Aboriginal and Torres Strait Islander Health Survey: Biomedical Results, 2012–13 (cat. no. 4727.0.55.003) Table no. 14.3. Viewed 31 March 2015 <<http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4727.0.55.0032012-13?OpenDocument>>.

AIHW 2014. National Key Performance Indicators for Aboriginal and Torres Strait Islander primary health care: results from December 2013. National key performance indicators for Aboriginal and Torres Strait Islander primary health care. Cat. no. IHW 146. Canberra: AIHW.

AIHW 2015. Healthy Futures – Aboriginal Community Controlled Health Services: report card. Cat. no. IHW 150. Canberra: AIHW.

Bailie RS, Si D, Robinson GW, Togni SJ & d'Abbs PH 2004. A multifaceted health-service intervention in remote Aboriginal communities: 3-year follow-up of the impact on diabetes care. Medical Journal of Australia 181:195–200.

Bailie R, Si D, Dowden M & Lonergan K 2007. Audit and Best Practice for Chronic Disease Project: Final Report. Darwin: Menzies School of Health Research.

Bodenheimer T, Lorig K, Holman H & Grumbach K 2002. Patient self-management of chronic disease in primary care. JAMA: the Journal of the American Medical Association 288:2469.

Hoy W, Kelly A, Jacups S, McKendry K, Baker P, MacDonald S et al. 1999. Stemming the tide: reducing cardiovascular disease and renal failure in Australian Aborigines*. Internal Medicine Journal 29:480–3.

Hoy W, Baker P, Kelly A & Wang Z 2000. Reducing premature death and renal failure in Australian Aborigines. Medical Journal of Australia 172:473–8.

McDermott R, Tulip F, Schmidt B & Sinha A 2003. Sustaining better diabetes care in remote indigenous Australian communities. British Medical Journal 327:428–30.

National Health Priority Action Council 2006. National Chronic Disease Strategy. Canberra: Commonwealth Department of Health and Ageing.

Panaretto K, Gardner K, Button S, Carson A, Schibasaki R, Wason G et al. 2013. Prevention and management of chronic disease in aboriginal and islander community controlled health services in Queensland: a quality improvement study assessing change in selected clinical performance indicators over time in a cohort of services. *BMJ open* 3.

Panaretto KS, Wenitong M, Button S & Ring IT 2014. Aboriginal community controlled health services: leading the way in primary care. *The Medical Journal of Australia* 200:649–52.

Peiris DP, Patel AA, Cass A, Howard MP, Tchan ML, Brady JP et al. 2009. Cardiovascular disease risk management for Aboriginal and Torres Strait Islander peoples in primary health care settings: findings from the Kanyini Audit. *Medical Journal of Australia* 191:304–9.

Rowley KG, Gault A, McDermott R, Knight S, McLeay T & O'Dea K 2000. Reduced prevalence of impaired glucose tolerance no change in prevalence of diabetes despite increasing BMI among Aboriginal people from a group of remote homeland communities. *Diabetes Care* 23:898–904.

Schierhout G, Brands J & Bailie R 2010. Audit and Best Practice for Chronic Disease Extension Project 2005–2009: Final Report. Menzies School of Health Research and The Lowitja Institute.

Thomas SL, Zhao Y, Guthridge SL & Wakerman J 2014. The cost-effectiveness of primary care for Indigenous Australians with diabetes living in remote Northern Territory communities. *The Medical Journal of Australia* 200:658–62.

Urbis Pty Ltd 2009. Evaluation of the healthy for life program: Final report 30 June 2009.

Vos T, Barker B, Stanley L & Lopez AD 2007. The burden of disease and injury in Aboriginal and Torres Strait Islander peoples 2003. Brisbane: School of Population Health, University of Queensland.

Wagner EH, Austin BT & Von Korff M 1996. Organizing care for patients with chronic illness. *The Milbank Quarterly* 74:511–44.

Webster RJ, Heeley EL, Peiris DP, Bayram C, Cass A & Patel AA 2009. Gaps in cardiovascular disease risk management in Australian general practice. *Medical Journal of Australia* 191:324–9.

The cover of the report features a red background with a white and yellow geometric pattern on the left side. The title is in white text on the right.

Aboriginal and Torres Strait Islander Health Performance Framework 2014 report

Measure 52 of 68

Detailed analyses

3.06 Access to hospital procedures

This measure reports on key hospital procedure differentials between Aboriginal and Torres Strait Islander people and other Australians as measured through age-standardised rates, ratios and rate differences in hospital separations with the same principal diagnosis

Introduction

This is no. 52 of 68 measures in the *Aboriginal and Torres Strait Islander Health Performance Framework 2014 report: detailed analyses*. This report provides information on a range of measures of health status, determinants of health and the health system performance relating to Aboriginal and Torres Strait Islander people.

The Framework comprises 3 tiers:

Tier 1 – Health status and outcomes

Tier 2 – Determinants of health

Tier 3 – Health system performance.

The full report, including a comprehensive description of all data sources used in the report, and notes about the data quality is available from

<<http://www.aihw.gov.au/publication-detail/?id=60129550779>>.

Tables referenced are available from

<<http://www.aihw.gov.au/indigenous-data/health-performance-framework/>>.

Data source

National Hospital Morbidity Database.

For more information, see 'Data sources and quality' at the end of this measure

Analyses

There are many factors associated with the likelihood of receiving a procedure when admitted to hospital. The percentages of hospitalisations with a procedure recorded by selected factors (Indigenous status, age, sex, state/territory of usual residence, remoteness of usual residence, sector of hospital, principal diagnosis, same day admission etc.) for the period July 2011 to June 2013 are presented in tables 3.06.1–12.

To study the combined impact of a range of factors, multivariate logistic regression analysis was performed. The factors considered are listed below (in order of contribution to the model, see Table 3.06.13):

- whether the hospital was a public or private hospital
- the number of additional diagnoses recorded for a patient
- the principal diagnosis for which a person is admitted
- Indigenous status
- state/territory of usual residence
- age
- remoteness of usual residence
- sex.

The significance of the regression models were tested by the probability of the difference between the deviances of the null model and the full model. The results are presented in Table 3.06.16. Table 3.06.14 presents the odds ratio of the likelihood of a patient receiving a procedure in hospital for each variable in consideration. Odds ratios (Indigenous to non-Indigenous) of the likelihood of receiving a procedure in hospital for selected principal diagnoses are presented in Table 3.06.15.

To study the likelihood of receiving a corresponding procedure for hospitalisations involving diagnoses of the digestive tract, a separate multivariate logistic regression analysis was performed. The results are presented in Table 3.06.16.

For more information related to hospitalisations, see measure 1.05 and 1.10. See also 'Other related information' at the end of this measure.

Time series analyses may be affected by changes in the quality of Indigenous identification over time.

The following data are presented for this measure:

- Percentages of hospitalisations with a procedure recorded, by selected factors, see tables 3.06.1–12.
- Multivariate logistic regression analyses of receiving hospital procedures, see tables 3.06.13–16.
- Multivariate logistic regression analysis of receiving a corresponding hospital procedure for hospitalisations involving the digestive tract, see Table 3.06.17.

Current period

Overview

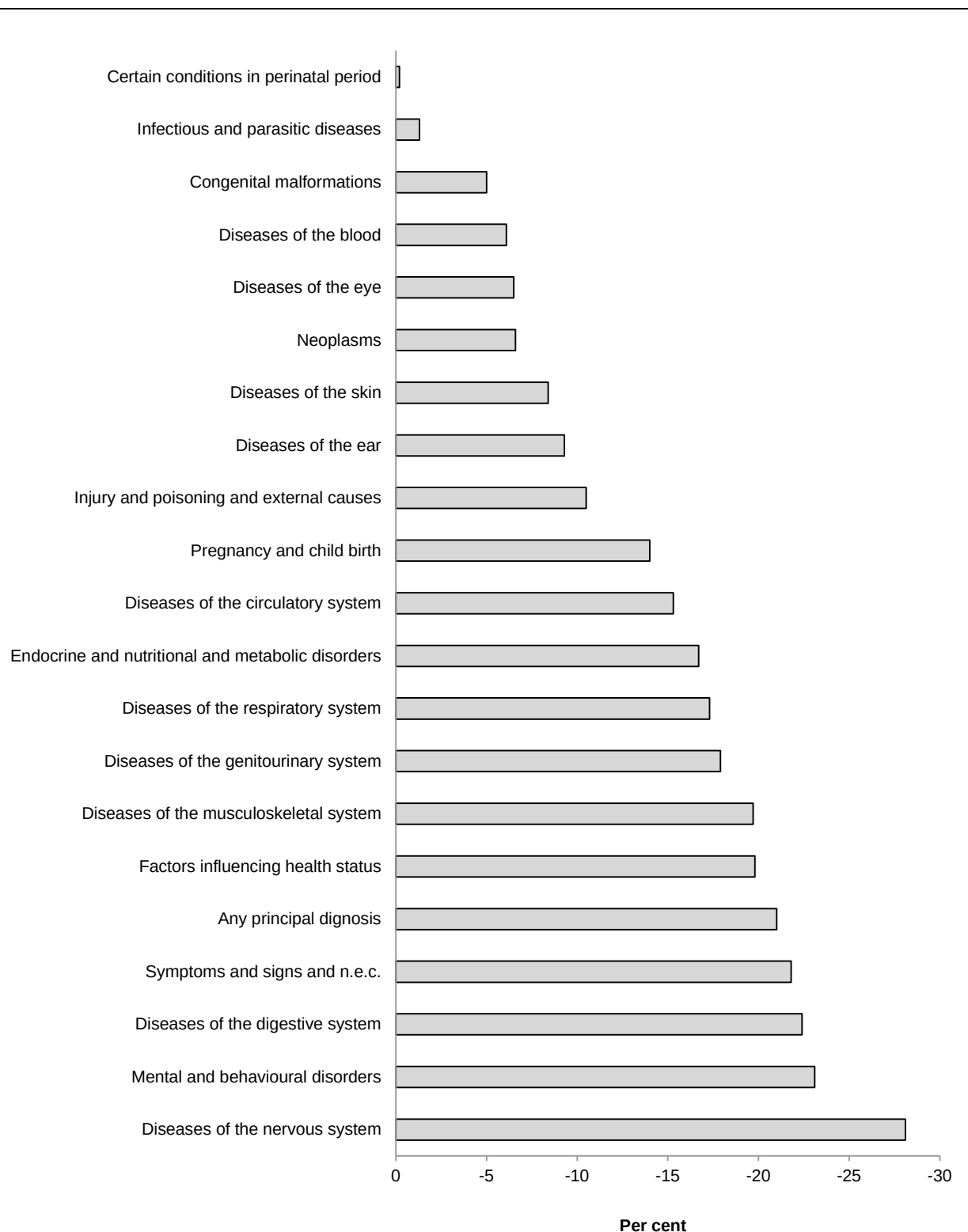
- In July 2011 to June 2013, excluding hospitalisations for care involving dialysis, 59% of hospitalisations for Indigenous Australians had a procedure recorded, compared with 80% of hospitalisations for non-Indigenous Australians. The rate difference was 21 percentage points.
- For Indigenous Australians, 7% (16,711) of hospitalisations with a procedure recorded occurred in private hospitals, compared with 53% (about 6.4 million) for non-Indigenous Australians.
- The rate difference between the proportions of Indigenous and non-Indigenous Australians who received a hospital procedure was highest in *Remote* areas (19%) and lowest in *Very remote* areas (13%) (Table 3.06.1).

By principal diagnosis

- In July 2011 to June 2013, Indigenous patients with diseases of the eye had the highest proportion receiving a procedure (92%). The largest rate difference between Indigenous and non-Indigenous patients was for diseases of the nervous system (28 percentage points) (Table 3.06.2).
- After adjusting for differences in the age structure, among those hospitalised with coronary heart disease, 34% of Indigenous patients had coronary angiography and 19% had revascularisation procedures, compared with 53% and 31% respectively for non-Indigenous patients. The rate difference was 20 percentage points for coronary angiography and 12 percentage points for revascularisation procedures (Table 3.06.9).
- Indigenous patients hospitalised for diseases of the nervous system were least likely to receive a procedure in hospital compared with non-Indigenous patients, with an odds ratio of 0.45. There was no significant difference between Indigenous and non-Indigenous Australians in the likelihood of receiving a procedure in hospital for patients with diseases of the eye and adnexa and diseases of the ear and mastoid process (Table 3.06.15).
- For hospitalisations related to diseases of the digestive tract, the odds of Indigenous patients receiving a corresponding procedure were significantly lower than non-Indigenous patients when the principal diagnosis was appendicitis, complicated or uncomplicated hernias, diseases of the extrahepatic biliary tree, and neoplastic diseases of the anus or rectum. There was no significant difference where the principal diagnosis was malignant neoplasms of the large intestine/rectum (Table 3.06.17).

Time trend

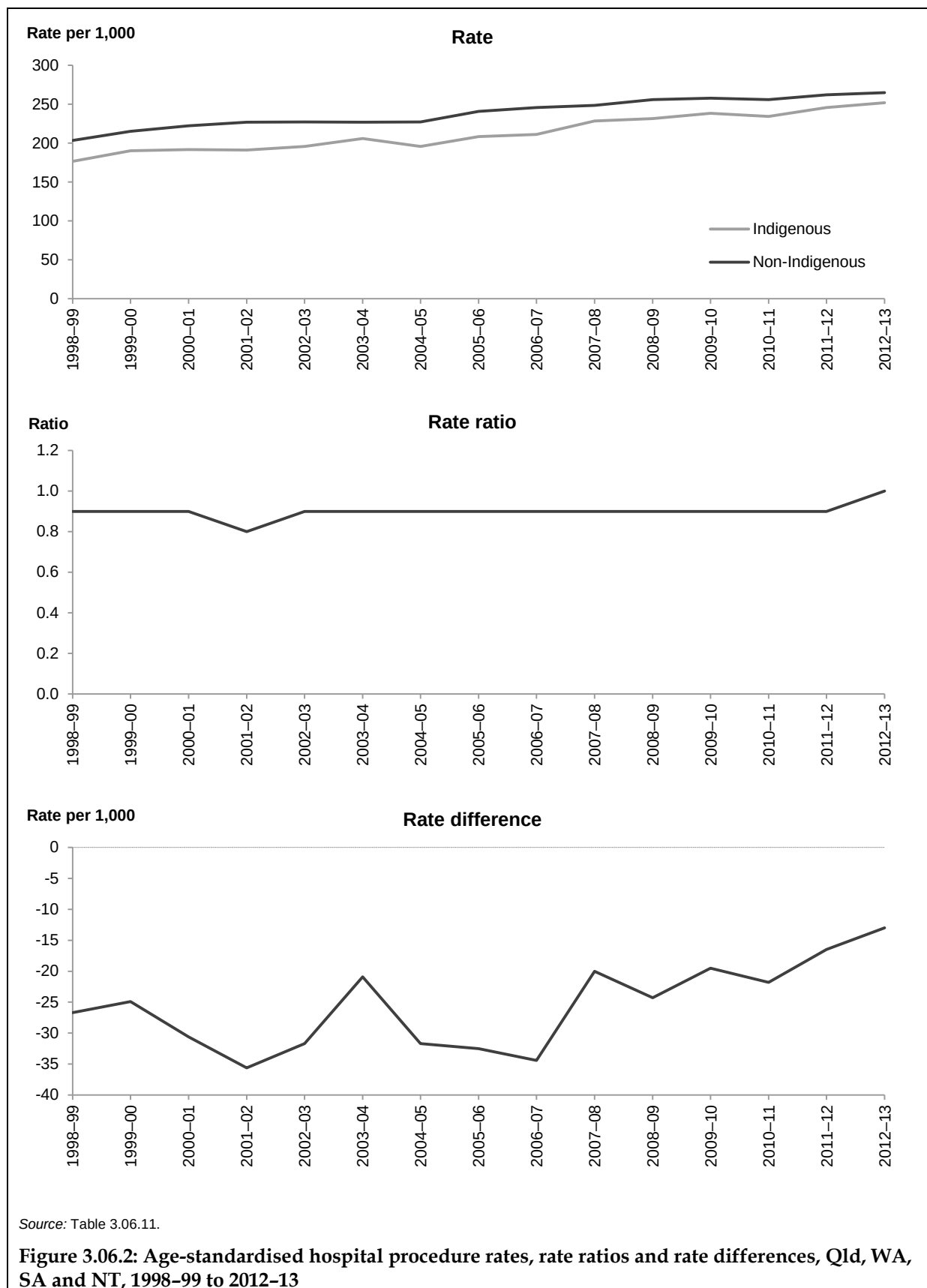
- From 1998–00 to 2012–13 in 4 jurisdictions combined (Queensland, Western Australia, South Australia and the Northern Territory), the rate of hospitalisation with a procedure recorded increased by 40% for Indigenous Australians. The rate for non-Indigenous Australians increased at a slower pace. The rate difference between Indigenous and non-Indigenous Australians narrowed by 43%. The rate difference was largest in 2006–07 (34 per 1,000) and smallest in 2012–13 (13 per 1,000) (Table 3.06.11, Figure 3.06.2).
- From 2004–05 to 2012–13 in New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory combined, the rate of hospitalisation with a procedure recorded increased by 39% for Indigenous Australians. The rate for non-Indigenous Australians increased at a lower rate. The rate difference between Indigenous and non-Indigenous Australians narrowed by 58%, from 65 per 1,000 in 2004–05 to 24 per 1,000 in 2012–13 (Table 3.06.12, Figure 3.06.3).



Note: Rate difference is calculated as the Indigenous proportion minus the non-Indigenous proportion.

Source: Table 3.06.2.

Figure 3.06.1: Rate difference of hospitalisations with a procedure reported, by principal diagnosis, Australia, 2011-12 to 2012-13



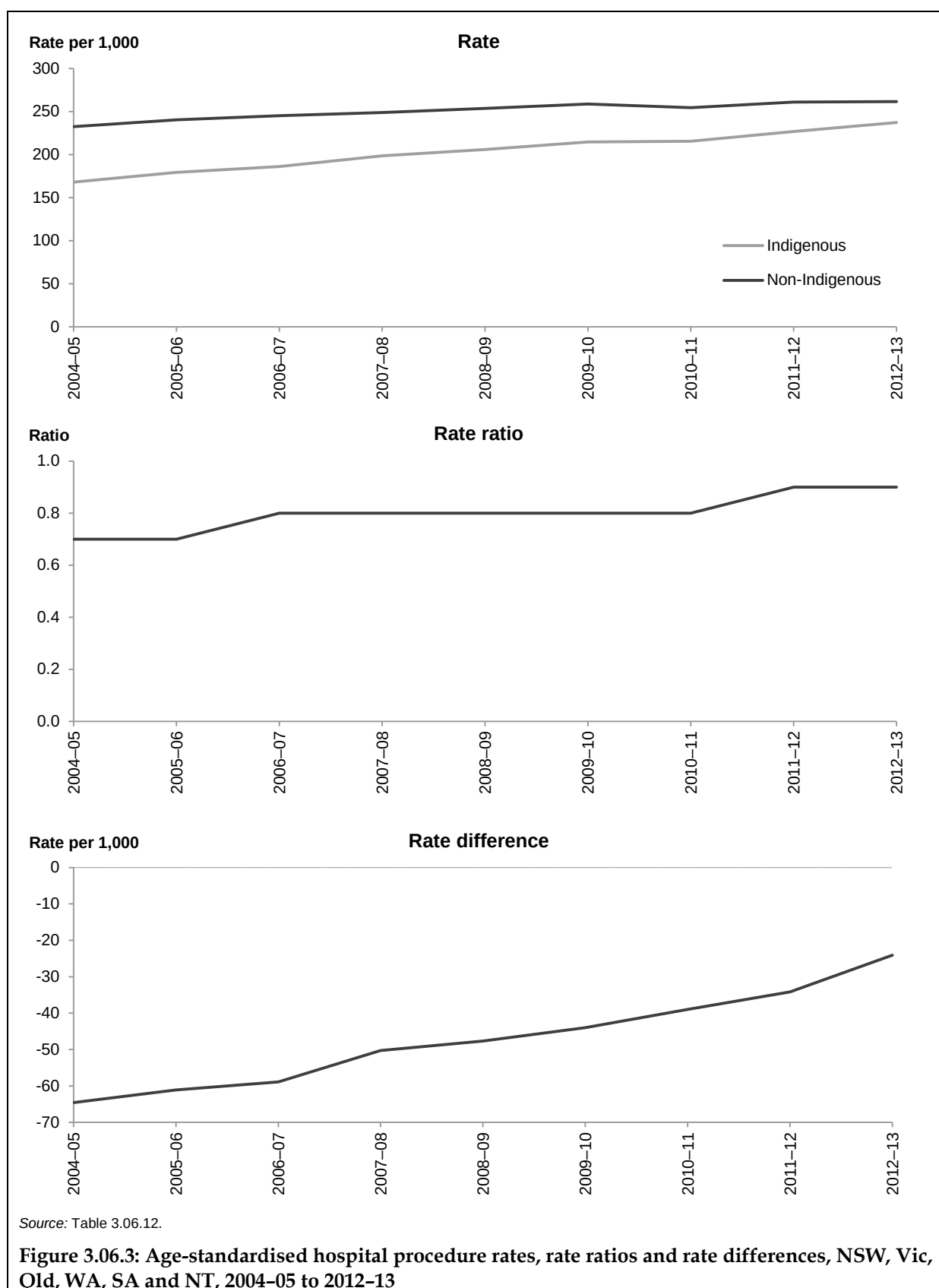


Table 3.06.1: Number and proportion of hospitalisations with a procedure recorded, by Indigenous status, Australia, 2011–12 to 2012–13^{(a)(b)}

	Indigenous		Non-Indigenous		Ratio ^(c)	Difference ^(d)
	No.	Per cent	No.	Per cent		
Overall	229,626	58.8	12,245,556	79.9	0.7	–21.1
Sex						
Males	98,506	58.8	5,578,639	79.7	0.7	–20.9
Females	131,119	59.0	6,666,844	80.2	0.7	–21.2
Age group (years)						
Under 1	10,795	43.2	151,240	48.2	0.9	–5.0
1–14	29,737	53.8	536,382	66.1	0.8	–12.3
15–34	69,927	52.6	1,917,180	73.1	0.7	–20.6
35–54	66,750	54.7	2,777,862	80.6	0.7	–26.0
55–64	27,258	64.3	2,009,698	85.2	0.8	–21.0
65+	25,159	67.2	4,853,188	84.2	0.8	–17.0
State/territory of residence						
NSW	61,853	58.5	3,752,647	79.0	0.7	–20.5
Vic	16,274	70.8	3,340,368	82.2	0.9	–11.4
Qld	56,828	54.3	2,403,736	77.1	0.7	–22.8
WA	14,681	60.0	893,618	79.9	0.8	–19.9
SA	38,622	58.8	1,372,041	83.1	0.7	–24.2
Tas	n.p.	78.1	n.p.	83.6	0.9	–5.5
NT	n.p.	58.8	n.p.	69.8	0.8	–11.0
ACT	n.p.	69.1	n.p.	78.4	0.9	–9.3
Other territories	247	53.4	8,005	80.7	0.7	–27.3
Remoteness of residence						
Major cities	70,779	66.8	8,616,636	81.5	0.8	–14.6
Inner regional	45,654	62.6	2,428,540	78.6	0.8	–16.0
Outer regional	49,833	55.5	1,000,657	73.9	0.8	–18.4
Remote	25,746	49.8	118,598	68.9	0.7	–19.1
Very remote	36,250	51.4	38,517	64.2	0.8	–12.9
Sector						
Public	212,915	57.3	5,796,287	68.4	0.8	–11.1
Private	16,711	92.7	6,449,269	94.2	1.0	–1.5
Same-day admission						
Yes	69,188	55.1	6,744,900	85.2	0.7	–30.1
No	160,438	60.5	5,500,656	74.3	0.8	–13.8
Patient accommodation						
Public	205,518	57.4	4,788,765	68.1	0.8	–10.7
Private	23,508	79.2	7,442,631	90.1	0.9	–10.9

(continued)

Table 3.06.1 (continued): Number and proportion of hospitalisations with a procedure recorded, by Indigenous status, Australia, 2011–12 to 2012–13^{(a)(b)}

- (a) Data include public and private hospitals in all jurisdictions. Number of hospitalisations in NT, ACT and TAS are not published for privacy reasons.
- (b) Hospitalisations with a principal diagnosis of care involving dialysis (Z49) have been excluded.
- (c) Rate ratio is the percentage for Indigenous Australians divided by the percentage for non-Indigenous.
- (d) Rate difference is the percentage for Indigenous Australians minus the percentage for non-Indigenous.

Notes

1. Except for data by age, the data in this table were indirectly age-standardised using the non-Indigenous hospital separations during 2011–12 and 2012–13.
2. Excludes separations with care types 7.3, 9 and 10 (newborn, unqualified days only; organ procurement; and hospital boarder).

Source: AIHW analysis of National Hospital Morbidity Database.

Table 3.06.2: Proportion of hospitalisations with a procedure reported^{(a)(b)}, by principal diagnosis and Indigenous status, Australia, 2011–12 to 2012–13

Principal diagnosis chapter (excluding dialysis)	Indigenous	Non-Indigenous	Difference ^(c)
	Per cent		
Diseases of the nervous system (G00–G99)	54.1	82.1	–28.1
Factors influencing health status (Z00–Z99)	72.9	92.6	–19.8
Symptoms and signs and n.e.c. (R00–R99)	32.0	53.8	–21.8
Diseases of the digestive system (K00–K93)	65.4	87.9	–22.4
Diseases of the musculoskeletal system (M00–M99)	71.6	91.3	–19.7
Diseases of the respiratory system (J00–J99)	44.5	61.7	–17.3
Diseases of the genitourinary system (N00–N99)	61.5	79.4	–17.9
Diseases of the circulatory system (I00–I99)	58.6	73.9	–15.3
Endocrine and nutritional and metabolic disorders (E00–E89)	65.0	81.7	–16.7
Pregnancy and child birth (O00–O99)	66.9	81.0	–14.0
Mental and behavioural disorders (F00–F99)	36.8	60.0	–23.1
Diseases of the skin (L00–L99)	62.4	70.8	–8.4
Injury and poisoning and certain other consequences of external causes (S00–T98)	59.5	70.0	–10.5
Diseases of the eye (H00–H59)	92.0	98.5	–6.5
Diseases of the ear (H60–H99)	75.3	84.5	–9.3
Neoplasms (C00–D48)	89.2	95.8	–6.6
Diseases of the blood (D50–D89)	88.0	94.1	–6.1
Congenital malformations (Q00–Q99)	85.6	90.6	–5.0
Infectious and parasitic diseases (A00–B99)	41.7	42.9	–1.3
Certain conditions in perinatal period (P00–P96)	72.6	72.8	–0.2
Any principal diagnosis^{(a)(b)}	59.1	80.1	–21

(a) Hospitalisations with a principal diagnosis of care involving dialysis (Z49) have been excluded.

(b) Hospitalisations with a principal diagnosis not stated have been excluded.

(c) Difference—Indigenous minus non-Indigenous.

Notes

1. Excludes separations with care types 7.3, 9 and 10 (newborn, unqualified days only; organ procurement; and hospital boarder).
2. Data includes public and private hospitals in all jurisdictions.
3. Principal diagnosis code used unless specified otherwise.
4. Categories are based on the ICD-10-AM seventh edition (National Centre for Classification in Health 2010).
5. Indirectly age-standardised using the non-Indigenous hospital separations during 2011–12 and 2012–13.

Source: AIHW analysis of National Hospital Morbidity Database.

Table 3.06.3: Principal diagnosis chapters with the largest gap between Indigenous and non-Indigenous hospitalisations receiving a procedure^(a), by remoteness category, 2011–12 to 2012–13

Remoteness category	Largest rate difference		Second largest rate difference		Third largest rate difference	
	Principal diagnosis chapter	Rate difference (%)	Principal diagnosis chapter	Rate difference (%)	Principal diagnosis chapter	Rate difference (%)
Major cities	Symptoms and signs and n.e.c.	–17.7	Diseases of the nervous system	–16.8	Diseases of the digestive system	–15.5
Inner regional	Diseases of the nervous system	–18.6	Symptoms and signs and n.e.c.	–17.7	Diseases of the digestive system	–15.3
Outer regional	Diseases of the nervous system	–28.5	Factors influencing health status	–26.2	Diseases of the digestive system	–21.9
Remote	Diseases of the nervous system	–37.3	Diseases of the musculoskeletal system	–24.8	Diseases of the digestive system	–23.8
Very remote	Diseases of the nervous system	–34.2	Factors influencing health status	–25.1	Diseases of the musculoskeletal system	–24.8

(a) Hospitalisations with a principal diagnosis of care involving dialysis (Z49) have been excluded.

Notes

1. Indirectly age-standardised using the non-Indigenous hospital separations during 2011–12 and 2012–13.
2. Excludes separations with care types 7.3, 9 and 10 (newborn, unqualified days only; organ procurement; and hospital boarder).
3. Data includes public and private hospitals in all jurisdictions.
4. Principal diagnosis code used unless specified otherwise.
5. Data are reported by remoteness of usual residence of the patient hospitalised.

Source: AIHW analysis of National Hospital Morbidity Database.

Table 3.06.4: Proportion of hospitalisations with a procedure reported^(a), by Indigenous status and age group, Australia, 2011–12 to 2012–13

Age groups (years)	Indigenous	Non-Indigenous
Per cent		
0–4	44.5	53.5
5–14	59.7	71.8
15–24	51.8	70.4
25–34	52.7	74.9
35–44	52.4	79.1
45–54	56.9	82.0
55–64	64.3	85.2
65+	67.2	84.2
Total age-standardised^(b)	55.1	79.9

(a) Hospitalisations with a principal diagnosis of care involving dialysis (Z49) have been excluded.

(b) Indirectly age-standardised using the non-Indigenous hospital separations during 2011–12 to 2012–13.

Notes

1. Excludes separations with care types 7.3, 9 and 10 (newborn, unqualified days only; organ procurement; and hospital boarder).
2. Data includes public and private hospitals in all jurisdictions.

Source: AIHW analysis of National Hospital Morbidity Database.

Table 3.06.5: Proportion of hospitalisations with a procedure reported^(a), by Indigenous status and sector of hospital, Australia, 2011–12 to 2012–13

Sector	Indigenous	Non-Indigenous
Per cent		
Public hospital excluding psychiatric	57.2	68.4
Public psychiatric hospital	91.5	92.9
Private hospital	76.6	61.8
Private free standing day hospital facility	99.7	99.6

(a) Hospitalisations with a principal diagnosis of care involving dialysis (Z49) have been excluded.

Notes

1. Excludes separations with care types 7.3, 9 and 10 (newborn, unqualified days only; organ procurement; and hospital boarder).
2. Data includes public and private hospitals in all jurisdictions.
3. Indirectly age-standardised using the non-Indigenous hospital separations during 2011–12 and 2012–13.

Source: AIHW analysis of National Hospital Morbidity Database.

Table 3.06.6: Proportion of procedures^(a) performed by sector of hospital and Indigenous status, Australia, 2011–12 to 2012–13

Sector	Indigenous	Non-Indigenous
Per cent		
Public hospital excluding psychiatric	94.6	60.4
Public psychiatric hospital	0.6	0.2
Private hospital	4.1	31.5
Private free standing day hospital facility	0.7	7.9
Total	100.0	100.0

(a) Hospitalisations with a principal diagnosis of care involving dialysis (Z49) have been excluded.

Notes

1. Excludes separations with care types 7.3, 9 and 10 (newborn, unqualified days only; organ procurement; and hospital boarder).
2. Data includes public and private hospitals in all jurisdictions.

Source: AIHW analysis of National Hospital Morbidity Database.

Table 3.06.7: Proportion of hospitalisations with a procedure reported^(a), by Indigenous status and number of procedures reported, Australia, 2011–2012 to 2012–2013

No. of procedures	Indigenous	Non-Indigenous
Per cent		
0	17.3	4.2
1	48.9	56.8
2	15.6	17.9
3	9.7	11.2
4	4.1	4.7
5–9	4.0	4.6
10+	0.4	0.5
Total	100.0	100.0

(a) Hospitalisations with a principal diagnosis of care involving dialysis (Z49) have been excluded.

Notes

1. Directly age-standardised using the 2001 Australian standard population
2. Excludes separations with care types 7.3, 9 and 10 (newborn, unqualified days only; organ procurement; and hospital boarder).
3. Data includes public and private hospitals in all jurisdictions.

Source: AIHW analysis of National Hospital Morbidity Database.

Table 3.06.8: Hospital procedures, by type of procedure reported and Indigenous status, Australia, 2011–12 to 2012–13^(a)

	Number		Per cent		Age standardised % ^(b)	
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous
Non-invasive and cognitive and other interventions, n.e.c.(1820–1922)	353,113	17,906,659	36.8	52.7	38.9	52.7
Procedure on urinary system(1040–1129)	350,386	2,894,478	36.5	8.5	39.1	8.5
Haemodialysis(1060)	340,679	2,188,832	35.5	6.4	37.9	6.4
Obstetric procedures(1330–1347)	37,660	1,095,345	3.9	3.2	2.6	3.2
Procedures on digestive system(850–1011)	37,583	3,350,965	3.9	9.9	4.0	9.9
Procedures on musculoskeletal system(1360–1579)	33,581	1,703,072	3.5	5.0	2.9	5.0
Dermatological and plastic procedures(1600–1718)	31,328	1,256,204	3.3	3.7	2.5	3.7
Dental services(450–490)	27,002	624,796	2.8	1.8	1.4	1.8
Procedures on cardiovascular system(600–777)	19,393	991,767	2.0	2.9	2.2	2.9
Gynaecological procedures(1240–1299)	17,552	1,077,135	1.8	3.2	1.4	3.2
Procedures on respiratory system(520–570)	13,255	359,076	1.4	1.1	1.2	1.1
Procedures on nose and mouth and pharynx(370–422)	8,258	505,587	0.9	1.5	0.5	1.5
Procedures on eye and adnexa(160–256)	7,033	728,644	0.7	2.1	1.3	2.1
Procedures on nervous system(1–86)	6,765	578,053	0.7	1.7	0.6	1.7
Procedures on ear and mastoid process(300–333)	6,282	131,132	0.7	0.4	0.3	0.4
Imaging services(1940–2016)	3,957	184,807	0.4	0.5	0.4	0.5
Procedures on male genital organs(1160–1203)	2,556	233,724	0.3	0.7	0.2	0.7
Procedures on blood and blood-forming organs(800–817)	1,542	125,450	0.2	0.4	0.2	0.4
Procedures on breast(1740–1759)	1,506	143,854	0.2	0.4	0.1	0.4

(continued)

Table 3.06.8 (continued): Hospital procedures, by type of procedure reported and Indigenous status, Australia, 2011–12 to 2012–13^(a)

	Number		Per cent		Age standardised % ^(b)	
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous
Radiation oncology procedures(1786–1799)	486	33,234	0.1	0.1	0.1	0.1
Procedures on endocrine system(110–129)	456	35,302	0.0	0.1	0.0	0.1
Total (excluding haemodialysis)	619,015	31,770,452	64.5	93.6	62.1	93.6
Total (including haemodialysis)	959,694	33,959,284	100.0	100.0	100.0	100.0

(a) Data includes public and private hospitals in all jurisdictions.

(b) Indirectly age-standardised using non-Indigenous hospital separations during 2011–12 and 2012–13.

Note: Excludes separations with care types 7.3, 9 and 10 (newborn, unqualified days only; organ procurement; and hospital boarder).

Source: AIHW analysis of National Hospital Morbidity Database.

Table 3.06.9: Use of coronary procedures for those hospitalised with coronary heart disease^(a), by Indigenous status, Australia, 2011–12 to 2012–13

Age group	Indigenous Australians		Non-Indigenous Australians		Rate ratio ^(c)	Rate difference ^(d)
	Number	Per cent ^(b)	Number	Per cent ^(b)		
25–34	116	36.0	398	41.4	0.9	–5.4
35–44	618	38.6	4,462	50.9	0.8	–12.3
45–54	1,065	38.4	18,055	55.7	0.7	–17.3
55–64	977	39.7	38,276	59.9	0.7	–20.2
65+	596	33.3	91,754	50.5	0.7	–17.2
All ages^(e)						
Crude	3,381	37.7	152,980	53.1	0.7	–15.4
ASR^(f)		33.5		53.1	0.6	–19.6
Revascularisation (PCI and CABG)						
25–34	60	18.6	220	22.9	0.8	–4.3
35–44	358	22.4	2,850	32.5	0.7	–10.2
45–54	622	22.5	11,626	35.9	0.6	–13.4
55–64	561	22.8	23,272	36.4	0.6	–13.6
65+	328	18.3	49,726	27.4	0.7	–9.1
All ages^(e)						
Crude	1,933	21.6	87,701	30.5	0.7	–8.9
ASR^(f)		18.7		30.5	0.6	–11.7

(a) Categories are based on the ICD-10-AM seventh edition (National Centre for Classification in Health 2010): ICD-10-AM code I20–I25.

(b) Per cent refers to the proportion of hospitalisations with coronary heart disease as the principal diagnosis receiving either coronary angiography or coronary revascularisation.

(c) Per cent for Indigenous Australians divided by per cent for Non-Indigenous Australians.

(d) Per cent for Indigenous Australians minus per cent for Non-Indigenous Australians.

(e) Includes those aged less than 25 years and age not stated.

(f) Indirectly age-standardised rate using non-Indigenous hospital separation during 2011–12 and 2012–13.

Notes

1. Excludes separations with care types 7.3, 9 and 10 (newborn, unqualified days only; organ procurement; and hospital boarder).
2. Data includes public and private hospitals in all jurisdictions.
3. Principal diagnosis code used unless specified otherwise.

Source: AIHW analysis of National Hospital Morbidity Database.

Table 3.06.10: Variation in the use of PCI and CABG procedures for those hospitalised with a principal diagnosis of coronary heart disease^(a), Australia, 2011–12 to 2012–13

	Age group (years)					All ages ^(b)	
	25–34	35–44	45–54	55–64	65+	Crude	ASR ^(c)
PCI							
Ratio ^(d)	0.7	0.6	0.5	0.5	0.6	0.6	0.5
Difference ^(e)	–5.4	–11.4	–14.1	–12.9	–9.3	–8.7	–11.3
CABG							
Ratio ^(d)	1.5	1.3	1.1	0.9	1.0	1.0	0.9
Difference ^(e)	1.1	1.2	0.7	–0.7	0.2	–0.3	–0.5

(a) Categories are based on the ICD-10-AM seventh edition (National Centre for Classification in Health 2010): ICD-10-AM code I20–I25. Principal diagnosis code used unless specified otherwise.

(b) Includes those aged less than 25 years and age not stated.

(c) Indirectly age-standardised rate using non-Indigenous hospital separations during 2011–12 and 2012–13.

(d) Per cent for Indigenous Australians divided by per cent for Non-Indigenous Australians.

(e) Per cent for Indigenous Australians minus per cent for Non-Indigenous Australians.

Notes

1. Excludes separations with care types 7.3, 9 and 10 (newborn, unqualified days only; organ procurement; and hospital boarder).
2. Rates are calculated using ABS backcast population estimates and projections based on the 2011 Census.
3. Data includes public and private hospitals in all jurisdictions.

Source: AIHW analysis of National Hospital Morbidity Database.

Table 3.06.11a: Age-standardised hospital separations with a procedure reported, Qld, WA, SA and NT^{(a)(b)}, 1998–99 to 2012–13

	Indigenous separations with reported procedure			Non-Indigenous separations with reported procedure		
	Males	Females	Persons ^(c)	Males	Females	Persons ^(c)
1998–99	15,990	22,340	38,330	604,716	729,336	1,334,061
1999–00	17,145	24,458	41,604	656,410	778,836	1,435,255
2000–01	17,689	25,378	43,069	691,147	820,681	1,511,834
2001–02	18,197	25,853	44,057	717,810	857,118	1,574,937
2002–03	18,747	26,321	45,069	733,755	879,534	1,613,305
2003–04	19,800	27,486	47,286	748,177	897,744	1,645,922
2004–05	19,989	27,823	47,813	771,115	914,384	1,685,503
2005–06	21,464	29,517	50,981	837,918	989,982	1,827,903
2006–07	21,956	31,181	53,137	877,162	1,034,354	1,911,522
2007–08	24,482	32,687	57,169	916,600	1,068,380	1,984,992
2008–09	25,855	34,717	60,574	958,999	1,138,600	2,097,611
2009–10	27,288	36,153	63,441	989,242	1,178,042	2,167,299
2010–11	27,744	37,767	65,511	1,013,041	1,192,022	2,205,070
2011–12	30,090	39,733	69,823	1,061,663	1,252,886	2,314,566
2012–13	31,003	41,980	72,983	1,101,427	1,297,105	2,398,542
Annual change ^(d)	1,079	1,326	2,404	34,723	39,991	74,714
Per cent change over period ^(e)	101.1	85.9	92.1	80.7	77.5	79.0

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

(b) Data are reported for Qld, WA, SA and NT only. Hospitalisation data for these jurisdictions should not be assumed to represent the hospitalisation experience in the other jurisdictions.

(c) Persons data includes sex not stated and indeterminate.

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

(e) Per cent change between 1998–99 and 2012–13 based on the average annual change over the period.

Note: Excludes separations with episode types 5.3 and 7 for 1998–99 and 1999–00; separations with care types 7.3, 9 and 10 for 2001 onward (newborn, unqualified days only; organ procurement; and hospital boarder); and hospitalisations with a principal diagnosis of care involving dialysis (Z49).

Source: AIHW analysis of National Hospital Morbidity Database.

Table 3.06.11b: Age-standardised rates of hospital separations with a procedure reported, Qld, WA, SA and NT^{(a)(b)}, 1998–99 to 2012–13

	Indigenous procedure rate per 1,000			Non-Indigenous procedure rate per 1,000		
	Males	Females	Persons ^(c)	Males	Females	Persons ^(c)
1998–99	153.0	200.3	176.7	193.3	216.5	203.5
1999–00	165.4	214.4	190.3	206.3	227.2	215.2
2000–01	167.8	215.0	191.8	212.7	234.9	222.4
2001–02	167.2	214.3	191.3	215.7	240.8	226.9
2002–03	173.1	217.5	195.7	215.2	242.2	227.4
2003–04	188.7	223.8	206.1	214.2	242.3	227.0
2004–05	178.4	213.2	195.7	215.3	242.0	227.4
2005–06	192.3	225.1	208.4	227.7	256.7	240.9
2006–07	189.1	233.3	211.3	231.9	262.1	245.7
2007–08	213.1	244.5	228.4	235.5	264.0	248.4
2008–09	213.9	249.7	231.6	240.2	274.2	255.8
2009–10	223.8	254.1	238.3	241.5	276.7	257.8
2010–11	215.5	254.0	234.2	241.3	273.6	256.0
2011–12	233.1	260.7	245.7	246.4	280.7	262.2
2012–13	230.6	273.4	251.8	248.8	283.3	264.8
Annual change ^(d)	5.7	4.6	5.1	3.6	4.6	4.1
Per cent change over period ^(e)	51.9	32.5	40.1	25.2	28.9	27.4

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

(b) Data are reported for Qld, WA, SA and NT only. Hospitalisation data for these jurisdictions should not be assumed to represent the hospitalisation experience in the other jurisdictions.

(c) Persons data includes sex not stated and indeterminate.

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

(e) Per cent change between 1998–99 and 2012–13 based on the average annual change over the period.

Notes

1. Directly age-standardised using the Australian 2001 standard population.
2. Excludes: separations with episode types 5.3 and 7 for 1998–99 and 1999–00; separations with care types 7.3, 9 and 10 for 2001 onward (newborn, unqualified days only; organ procurement; and hospital boarder); and hospitalisations with a principal diagnosis of care involving dialysis (Z49).

Source: AIHW analysis of National Hospital Morbidity Database.

Table 3.06.11c: Age-standardised rate ratios and rate differences of hospital separations with a procedure reported, Qld, WA, SA and NT^{(a)(b)}, 1998–99 to 2012–13

	Rate ratio ^(c)			Rate difference ^(d)		
	Males	Females	Persons ^(e)	Males	Females	Persons ^(e)
1998–99	0.8	0.9	0.9	–40.3	–16.2	–26.7
1999–00	0.8	0.9	0.9	–40.9	–12.8	–24.9
2000–01	0.8	0.9	0.9	–44.9	–19.9	–30.6
2001–02	0.8	0.9	0.8	–48.4	–26.5	–35.6
2002–03	0.8	0.9	0.9	–42.0	–24.7	–31.7
2003–04	0.9	0.9	0.9	–25.5	–18.5	–20.9
2004–05	0.8	0.9	0.9	–36.9	–28.7	–31.7
2005–06	0.8	0.9	0.9	–35.4	–31.6	–32.5
2006–07	0.8	0.9	0.9	–42.8	–28.8	–34.4
2007–08	0.9	0.9	0.9	–22.4	–19.5	–20.0
2008–09	0.9	0.9	0.9	–26.3	–24.5	–24.3
2009–10	0.9	0.9	0.9	–17.6	–22.6	–19.5
2010–11	0.9	0.9	0.9	–25.8	–19.6	–21.8
2011–12	0.9	0.9	0.9	–13.4	–20.0	–16.5
2012–13	0.9	1.0	1.0	–18.2	–9.9	–13.0
Annual change ^(f)	..	..	..	2.1	0.1	1.0
Per cent change over period ^(g)	..	..	..	–62.8	–3.8	–42.5

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

(b) Data are reported for Qld, WA, SA and NT only. Hospitalisation data for these jurisdictions should not be assumed to represent the hospitalisation experience in the other jurisdictions.

(c) Hospitalisation rates for Indigenous Australians divided by hospitalisation rates for non-Indigenous Australians.

(d) Hospitalisation rates for Indigenous Australians minus hospitalisation rates for non-Indigenous Australians.

(e) Persons data includes sex not stated and indeterminate.

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

(g) Per cent change between 1998–99 and 2012–13 based on the average annual change over the period.

Notes

1. Directly age-standardised using the Australian 2001 standard population.
2. Excludes separations with episode types 5.3 and 7 for 1998–99 and 1999–00; separations with care types 7.3, 9 and 10 for 2001 onward (newborn, unqualified days only; organ procurement; and hospital boarder); and hospitalisations with a principal diagnosis of care involving dialysis (Z49).

Source: AIHW analysis of National Hospital Morbidity Database.

Table 3.06.12: Age-standardised rates of hospitalisations with a procedure reported, rate ratios and rate differences, NSW, Vic, Qld, WA, SA and NT^{(a)(b)}, 2004–05 to 2012–13

	2004–05	2005–06	2006–07	2007–08	2008–09	2009–10	2010–11	2011–12	2012–13	Annual change ^(c)	Per cent change over period ^(d)
Indigenous separations with reported procedure											
Males	28,886	31,361	32,744	35,784	38,630	41,345	42,260	45,825	48,812	2,461.5	69.0
Females	39,943	42,604	45,831	48,112	51,581	54,417	57,156	61,045	65,251	3,091.8	62.8
Persons ^(e)	68,832	73,965	78,575	83,896	90,213	95,762	99,416	106,871	114,063	5,553.2	65.4
Non-Indigenous separations with reported procedure											
Males	2,032,919	2,141,300	2,228,430	2,321,103	2,414,732	2,517,663	2,536,753	2,654,595	2,719,685	85,002.6	33.1
Females	2,437,090	2,563,019	2,668,814	2,766,386	2,891,582	3,018,950	3,027,602	3,177,413	3,254,361	101,373.4	32.9
Persons ^(e)	4,470,043	4,704,333	4,897,259	5,087,505	5,306,342	5,536,685	5,564,399	5,832,038	5,974,076	186,378.5	33.0
Indigenous procedure rate per 1,000											
Males	152.3	164.9	165.8	181.9	188.9	200.6	196.9	211.6	218.6	8.1	42.0
Females	183.3	193.8	205.9	215.1	222.8	229.7	234.4	243.4	256.7	8.6	36.8
Persons ^(e)	167.9	179.2	186.2	198.5	205.9	214.7	215.4	226.9	237.3	8.3	38.7
Non-Indigenous procedure rate per 1,000											
Males	220.8	227.9	231.7	235.3	239.0	243.3	239.4	244.8	244.8	2.8	10.1
Females	246.4	255.2	260.9	264.7	270.6	276.4	271.6	279.5	280.1	4.0	12.8
Persons ^(e)	232.4	240.3	245.1	248.8	253.6	258.7	254.4	261.0	261.4	3.4	11.6
Rate ratio^(f)											
Males	0.7	0.7	0.7	0.8	0.8	0.8	0.8	0.9	0.9	..	..
Females	0.7	0.8	0.8	0.8	0.8	0.8	0.9	0.9	0.9	..	..
Persons ^(e)	0.7	0.7	0.8	0.8	0.8	0.8	0.8	0.9	0.9	..	..

(continued)

Table 3.06.12 (continued): Age-standardised rates of hospitalisations with a procedure reported, rate ratios and rate differences, NSW, Vic, Qld, WA, SA and NT^{(a)(b)}, 2004–05 to 2012–13

	2004–05	2005–06	2006–07	2007–08	2008–09	2009–10	2010–11	2011–12	2012–13	Annual change ^(c)	Per cent change over period ^(d)
Rate difference^(g)											
Males	–68.5	–62.9	–65.9	–53.4	–50.1	–42.6	–42.5	–33.3	–26.1	5.3	–59.7
Females	–63.2	–61.3	–54.9	–49.6	–47.8	–46.6	–37.3	–36.1	–23.5	4.5	–56.1
Persons ^(e)	–64.6	–61.1	–58.9	–50.3	–47.7	–44.0	–39.0	–34.2	–24.1	4.8	–58.0

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

(b) Data are reported for NSW, Vic, Qld, WA, SA and NT only. Hospitalisation data for these jurisdictions should not be assumed to represent the hospitalisation experience in the other jurisdictions.

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

(d) Per cent change between 2004–05 and 2012–13 based on the average annual change over the period.

(e) Persons data includes sex not stated and indeterminate

(f) Hospitalisation rates for Indigenous Australians divided by hospitalisation rates for non-Indigenous Australians.

(g) Hospitalisation rates for Indigenous Australians minus hospitalisation rates for non-Indigenous Australians.

Notes

1. Directly age-standardised using the Australian 2001 standard population.

2. Excludes: Care types 7.3, 9 and 10 (newborn, unqualified days only; organ procurement; and hospital boarder); and hospitalisations with a principal diagnosis of care involving dialysis (Z49).

Source: AIHW analysis of National Hospital Morbidity Database.

Table 3.06.13: Mean squared error (MSE) of variables in the logistic regression model of the likelihood of receiving a procedure in hospital, 2011–12 to 2012–13

Variable	Chi-squared ^(a)	Degrees of freedom ^(b)	MSE ^(c)	p-value
Hospital sector	1,149,494.7	1	1,149,494.7	<.0001
Additional diagnoses	392,354.9	1	392,354.9	<.0001
Principal diagnosis	579,251.5	14	41,375.1	<.0001
Indigenous status	10,847.4	1	10,847.4	<.0001
State of usual residence	71,822.1	7	10,260.3	<.0001
Age group	81,648.0	15	5,443.2	<.0001
Remoteness of usual residence	13,531.5	4	3,382.9	<.0001
Sex	185.2	1	185.2	<.0001

(a) Chi-squared: -2 times the difference between the log-likelihoods for the models with and without that particular variable.

(b) Degrees of freedom: number of parameters associated with that variable.

(c) Mean square error: chi-square statistic/degrees of freedom

Notes

1. Excludes separations with care types 7.3, 9 and 10 (newborn, unqualified days only; organ procurement; and hospital boarder).
2. Data includes public and private hospitals in all jurisdictions.

Source: AIHW analysis of National Hospital Morbidity Database.

Table 3.06.14: Odds ratios of variables in the logistic regression model of the likelihood of receiving a procedure in hospital, 2011–12 to 2012–13

Variable		Odds ratio	95% Confidence Interval ^(a)		p-value ^(b)
			Lower limit	Upper limit	
Hospital sector	Private	7.59	7.57	7.62	<.0001
	Public (reference category)	1.00	1.00	1.00	
Indigenous status	Indigenous	0.67	0.66	0.67	<.0001
	Non-Indigenous (reference category)	1.00	1.00	1.00	
Sex	Male	1.02	1.02	1.02	<.0001
	Female (reference category)	1.00	1.00	1.00	
Age group	0–4	0.58	0.58	0.59	<.0001
	5–9	1.26	1.24	1.27	<.0001
	10–14	1.24	1.23	1.26	<.0001
	15–19	0.82	0.82	0.83	<.0001
	20–24	0.77	0.77	0.78	<.0001
	25–29	0.82	0.82	0.83	<.0001
	30–34	0.85	0.85	0.86	<.0001
	35–39	0.94	0.93	0.94	<.0001
	40–44	1.00	0.99	1.00	0.2217
	45–49	1.04	1.03	1.04	<.0001
	50–54	1.12	1.11	1.13	<.0001
	55–59	1.19	1.18	1.20	<.0001
	60–64	1.24	1.23	1.24	<.0001
	65–70	1.28	1.27	1.28	<.0001
	70–74	1.25	1.24	1.26	<.0001
	75+ (reference category)	1.00	1.00	1.00	
State of usual residence	Vic	1.27	1.27	1.27	<.0001
	Qld	0.79	0.79	0.79	<.0001
	WA	1.35	1.34	1.36	<.0001
	SA	1.06	1.06	1.07	<.0001
	Tas	1.47	1.46	1.49	<.0001
	NT	1.18	1.16	1.20	<.0001
	ACT	1.10	1.09	1.12	<.0001
	NSW (reference category)	1.00	1.00	1.00	
Remoteness of usual residence	Inner regional	0.94	0.93	0.94	<.0001
	Outer regional	0.83	0.83	0.84	<.0001
	Remote	0.67	0.67	0.68	<.0001
	Very remote	0.60	0.59	0.61	<.0001
	Major cities (reference category)	1.00	1.00	1.00	

(continued)

Table 3.06.14 (continued): Odds ratios of variables in the logistic regression model of the likelihood of receiving a procedure in hospital, 2011–12 to 2012–13

		95% Confidence Interval ^(a)			
Variable		Odds ratio	Lower limit	Upper limit	p-value ^(b)
Principal diagnosis chapter	Neoplasms (C00–D48)	7.62	7.55	7.69	<.0001
	Diseases of the blood (D50–D89)	8.24	8.10	8.37	<.0001
	Endocrine, metabolic and nutritional disorders (E00–E89)	1.65	1.63	1.67	<.0001
	Diseases of the nervous system (G00–G99)	2.06	2.05	2.08	<.0001
	Diseases of the eye and adnexa (H00–H59)	20.39	19.98	20.80	<.0001
	Diseases of the ear and mastoid process (H60–H99)	2.99	2.94	3.04	<.0001
	Diseases of the circulatory system (I00–I99)	0.88	0.88	0.88	<.0001
	Diseases of the respiratory system (J00–J99)	0.76	0.76	0.77	<.0001
	Diseases of the digestive system (K00–K93)	2.53	2.52	2.54	<.0001
	Diseases of the skin (L00–L99)	1.17	1.16	1.18	<.0001
	Diseases of the musculoskeletal system (M00–M99)	3.19	3.16	3.21	<.0001
	Diseases of the genitourinary system (N00–N99)	1.52	1.51	1.53	<.0001
	Pregnancy and child birth (O00–O99)	1.63	1.62	1.64	<.0001
	Dialysis (Z49)	5,931.44	5,353.57	6,571.69	<.0001
	Other (Z00–Z48, Z50–Z99, R00–R99, F00–F99, S00–T98, Q00–Q99, A00–B99, P00–P96) (reference category)	1.00	1.00	1.00	
Additional diagnoses	Number of additional diagnoses (reference category = 0)	1.27	1.27	1.28	<.0001

(a) 95% confidence interval using the Wald method.

(b) Wald chi-squared test.

Notes

1. Excludes separations with care types 7.3, 9 and 10 (newborn, unqualified days only; organ procurement; and hospital boarder).
2. Data includes public and private hospitals in all jurisdictions.
3. The difference in the deviance of the full model (all variables) and the null model (no independent variables), was significant ($p < .0005$, degrees of freedom = 44).

Source: AIHW analysis of National Hospital Morbidity Database

Table 3.06.15: Odds ratios (Indigenous to non-Indigenous) of the likelihood of receiving a procedure in hospital, by principal diagnosis, 2011–12 to 2012–13

Models—any procedure by principal diagnosis chapter	Odds ratio	95% Confidence Interval ^(a)		p-value ^(b)
		Lower limit	Upper limit	
Neoplasms	0.68	0.63	0.72	<.0001
Diseases of the blood	0.80	0.72	0.89	<.0001
Endocrine, metabolic and nutritional disorders	0.59	0.56	0.62	<.0001
Diseases of the nervous system	0.45	0.43	0.48	<.0001
Diseases of the eye and adnexa	1.02	0.91	1.15	0.6829
Diseases of the ear and mastoid process	1.05	0.96	1.15	0.3055
Diseases of the circulatory system	0.67	0.65	0.69	<.0001
Diseases of the respiratory system	0.75	0.73	0.77	<.0001
Diseases of the digestive system	0.52	0.51	0.53	<.0001
Diseases of the skin	0.94	0.91	0.98	0.0043
Diseases of the musculoskeletal system	0.55	0.53	0.57	<.0001
Diseases of the genitourinary system	0.70	0.68	0.73	<.0001
Pregnancy and childbirth	0.58	0.57	0.6	<.0001
Dialysis	3.87	2.45	6.13	<.0001
Other	0.68	0.68	0.69	<.0001
Total (dialysis excluded)	0.65	0.65	0.66	<.0001
Total (dialysis included)	1.33	1.32	1.33	<.0001

(a) 95% confidence interval using the Wald method.

(b) Wald chi-squared test.

Notes

1. Excludes separations with care types 7.3, 9 and 10 (newborn, unqualified days only; organ procurement; and hospital boarder).
2. Data includes public and private hospitals in all jurisdictions.

Source: AIHW analysis of National Hospital Morbidity Database

Table 3.06.16: Significance testing of logistic regression models of the likelihood of receiving a procedure in hospital, 2011–12 to 2012–13

Models—Any procedure by principal diagnosis chapter	R² (Deviance) –null model	R² (Deviance) –full model	Difference	Degrees of freedom^(a)	p- value^(b)
Neoplasms (C00–D48)	67,647.9	41,784.2	25,863.7	30	<0.005
Diseases of the blood (D50–D89)	23,807.5	17,854.0	5,953.5	30	<0.005
Endocrine, metabolic and nutritional disorders (E00–E89)	64,589.7	37,395.0	27,194.7	30	<0.005
Diseases of the nervous system (G00–G99)	104,844.9	42,476.9	62,368.0	30	<0.005
Diseases of the eye and adnexa (H00–H59)	38,008.4	13,126.6	24,881.8	30	<0.005
Diseases of the ear and mastoid process (H60–H99)	36,851.3	13,656.8	23,194.5	30	<0.005
Diseases of the circulatory system (I00–I99)	218,608.8	49,698.3	168,910.5	30	<0.005
Diseases of the respiratory system (J00–J99)	298,774.3	63,904.2	234,870.1	30	<0.005
Diseases of the digestive system (K00–K93)	380,260.4	47,169.3	333,091.1	30	<0.005
Diseases of the skin (L00–L99)	67,184.9	34,088.7	33,096.2	30	<0.005
Diseases of the musculoskeletal system (M00–M99)	131,216.5	30,780.8	100,435.7	30	<0.005
Diseases of the genitourinary system (N00–N99)	209,718.6	68,234.9	141,483.7	30	<0.005
Pregnancy and child birth (O00–O99)	323,884.8	43,275.9	280,608.9	30	<0.005
Other (Z00–Z48, Z50–Z99, R00–R99, F00–F99, S00–T98, Q00–Q99, A00–B99, P00–P96)	1,654,542.1	333,071.3	1,321,470.8	30	<0.005
Dialysis (Z49)	3,602.4	2,927.2	675.2	30	<0.005
Total (dialysis excluded)	4,567,644.3	1,939,115.1	2,628,529.2	30	<0.005
Total (dialysis included)	5,622,543.7	3,424,363.6	2,198,180.1	30	<0.005

(a) Degrees of freedom: number of parameters associated with that variable.

(b) Wald chi-squared test.

Notes

1. Excludes separations with care types 7.3, 9 and 10 (newborn, unqualified days only; organ procurement; and hospital boarder).
2. Data includes public and private hospitals in all jurisdictions.

Source: AIHW analysis of National Hospital Morbidity Database

Table 3.06.17: Odds ratios (Indigenous to non-Indigenous) of the likelihood of receiving corresponding procedure for hospitalisations involving diagnoses of the digestive tract, Australia, 2011–12 to 2012–13

Principal diagnoses	Odds ratio	95% Confidence Interval		p-value
		Lower limit	Upper limit	
Appendicitis (K35–K37)	0.90	0.81	0.99	0.0322
Complicated and uncomplicated hernias (K40 – K46)	0.80	0.71	0.90	0.0001
Diseases of extrahepatic biliary tree (R17,C24,K80–K83)	0.81	0.76	0.87	<.0001
Non-neoplastic anorectal disease (I84, K60–K62)	0.90	0.82	1.00	0.0428
Malignant neoplasm of the large intestine/rectum (C18–C20)	0.95	0.77	1.18	0.6625

Notes

1. Excludes separations with care types 7.3, 9 and 10 (newborn, unqualified days only; organ procurement; and hospital boarder).
2. Data includes public and private hospitals in all jurisdictions.
3. Categories are based on the ICD-10-AM seventh edition (National Centre for Classification in Health 2010).

Source: AIHW analysis of National Hospital Morbidity Database.

Data sources and quality

National Hospital Morbidity Database

The scope of the NMDS is episodes of care for admitted patients in essentially all hospitals in Australia, including public and private acute and psychiatric hospitals, free-standing day hospital facilities, alcohol and drug treatment hospitals and dental hospitals. Hospitals operated by the Australian Defence Force, corrections authorities and in Australia's off-shore territories are not included. Hospitals specialising in ophthalmic aids and other specialised acute medical or surgical care are included. The NHMD does not include episodes of non-admitted patient care provided in outpatient clinics or emergency departments.

For 2012–13, almost all public hospitals provided data for the NHMD. The exception was a mothercraft hospital in the ACT. The great majority of private hospitals also provided data, the exceptions being the private free-standing day hospital facilities in the ACT, the single private free-standing day hospital in the Northern Territory, and a private free-standing day hospital in Victoria.

Hospitalisations

Data are a count of hospital separations (episodes of admitted patient care, which can be a total hospital stay or a portion of a hospital stay that begins or ends in a change of type of care) and not patients. Patients who separated from hospital more than once in the year will be counted more than once in the data set.

The number and pattern of hospitalisations can be affected by differing admission practices among the jurisdictions and from year to year, and differing levels and patterns of service delivery.

Records for newborn episodes that did not include qualified days, and records for hospital boarders and posthumous organ procurement have been excluded as these activities are not considered to be admitted patient care.

Indigenous status information

Approximately 2% of hospital records have Indigenous status of 'not stated', though this proportion varies across the jurisdictions (see Table 1.02.1). These records are excluded from analyses of hospital data in this report. Note that for hospitals in Western Australia, records with an unknown status are reported as non-Indigenous.

Under-identification

The incompleteness of Indigenous identification means the number of hospital separations recorded as Indigenous is an underestimate of hospitalisations involving Indigenous Australians.

The AIHW completed an assessment of the level of Indigenous under-identification in selected public hospitals in all states and territories in 2007–08. Results from this assessment indicate that New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory had adequate Indigenous identification (20% or less overall under-identification of Indigenous patients) in their hospital separations data (AIHW 2010). The study estimated that 89% of Indigenous patients were correctly identified in Australian public hospital admission records in 2007–08.

In 2011–12, the AIHW completed a second study to reassess the level of under-identification in public hospitals data, and found that all jurisdictions had sufficient quality Indigenous identification for reporting from 2010–11 (AIHW 2013). The study estimated that 88% of Indigenous patients were correctly identified in Australian public hospital admission records in 2011–12, and a correction factor of 1.09 is used at the national level to adjust for under-identification in hospital data. Interpretation of results should take into account the relative quality of the data from the jurisdictions.

Time series analysis may be affected by changes in the quality of Indigenous identification over time. The second AIHW study found no statistically significant change in identification rates at the national level, although there were some changes at the jurisdictional level. Time series presentations in this report include data from both public and private hospitals across several jurisdictions, so the overall effect of changes in Indigenous identification over time is unclear. This should be taken into account when interpreting the results of time series analysis.

Change in coding and coding practices

Between 2009–10 and 2010–11, there were significant changes in the coding of diagnoses for diabetes, obstetrics, and imaging procedures. There were also significant changes made to coding practices for diabetes and related conditions for the 2012–13 year, resulting in increased counts for these conditions. Caution should be used in comparing 2011–12 and 2012–13 data with data from previous Health Performance Framework reports.

For more information about the quality of the NHMD and emergency department care data, please refer to Database quality statement summaries in the report *Australian Hospital Statistics 2012–13*, available at <http://www.aihw.gov.au/publication-detail/?id=60129546922>.

List of symbols used in tables

- . . not applicable
- n.e.c. not elsewhere classified
- n.p. not available for publication but included in totals where applicable, unless otherwise indicated
- * represents results with statistically significant differences at the $p < 0.05$ level, between the categories specified in table footnotes

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References

AIHW (Australian Institute of Health and Welfare) 2010. Indigenous identification in hospital separations data: quality report. Health services series no. 35. Cat. no. HSE 85. Canberra: AIHW.

AIHW 2013. Indigenous identification in hospital separations data: quality report. Cat. no. IHW 90. Canberra: AIHW.

National Centre for Classification in Health 2010. International statistical classification of diseases and related health problems, 10th revision, Australian modification 7th edition. Sydney: National Centre for Classification in Health.

Other related information

Condon JR, Cunningham J, Barnes T, Armstrong BK & Selva-Nayagam S 2006. Cancer diagnosis and treatment in the Northern Territory: assessing health service performance for Indigenous Australians. *Internal Medicine Journal* 36:498–505.

Coory MD & Walsh WF 2005. Rates of percutaneous coronary interventions and bypass surgery after acute myocardial infarction in Indigenous patients. *Medical Journal of Australia* 182:507–12.

Fisher D & Weeramanthri T 2002. Hospital care for Aboriginals and Torres Strait Islanders: appropriateness and decision making. *Medical Journal of Australia* 176:49–50.

Hall SE, Bulsara CE, Bulsara MK, Leahy TG, Culbong MR, Hendrie D et al. 2004. Treatment patterns for cancer in Western Australia: does being Indigenous make a difference? *Medical Journal of Australia* 181:191–4.

Miller J, Knott V, Wilson C, Cunningham J, Condon J & Roder Dea 2010. Aboriginal and Torres Strait Islander Cancer Control Research Project. (ed., Australia C). Cancer Australia.

Shahid S, Finn L, Bessarab D & Thompson S 2009. Understanding, beliefs and perspectives of Aboriginal people in Western Australia about cancer and its impact on access to cancer services. *BMC Health Services Research* 9:132.

Valery PC, Coory M, Stirling J & Green AC 2006. Cancer diagnosis, treatment, and survival in Indigenous and non-Indigenous Australians: a matched cohort study. *The Lancet* 367:1842–8.

3.07 Selected potentially preventable hospital admissions

This measure reports on the number of hospital admissions for potentially preventable conditions for Aboriginal and Torres Strait Islander Australians expressed as a rate by age group, age-standardised rate and ratio

Introduction

This is no. 53 of 68 measures in the *Aboriginal and Torres Strait Islander Health Performance Framework 2014 report: detailed analyses*. This report provides information on a range of measures of health status, determinants of health and the health system performance relating to Aboriginal and Torres Strait Islander people.

The Framework comprises 3 tiers:

Tier 1 – Health status and outcomes

Tier 2 – Determinants of health

Tier 3 – Health system performance.

The full report, including a comprehensive description of all data sources used in the report, and notes about the data quality is available from
<<http://www.aihw.gov.au/publication-detail/?id=60129550779>>.

Tables referenced are available from
<<http://www.aihw.gov.au/indigenous-data/health-performance-framework/>>.

Data source

National Hospital Morbidity Database.

For more information, see 'Data sources and quality' at the end of this measure.

Data analyses

Hospitalisations for conditions that can be effectively treated in a non-hospital setting are referred to as potentially preventable hospitalisations. Potentially preventable conditions are usually grouped into three categories:

- vaccine-preventable conditions – including invasive pneumococcal disease, influenza, tetanus, measles, mumps, rubella, pertussis, and polio
- potentially preventable acute conditions – including dehydration/gastroenteritis, kidney infection, perforated ulcer, cellulitis, pelvic inflammatory disease, dental conditions, and ear, nose and throat infections
- potentially preventable chronic conditions – including diabetes, asthma, angina, hypertension, congestive heart failure, and chronic obstructive pulmonary disease (AHMAC 2015).

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

Time series analyses may be affected by changes in the quality of Indigenous identification over time.

Due to changes in coding since 2007–08, resulting in an apparent decline for diabetes complications and increase for gastroenteritis, time series data are not currently available for hospitalisation rates for chronic and acute conditions under this performance measure.

For more information related to selected potentially preventable hospitalisations, see measures 1.11, 1.15, 3.02 and 3.14. See also 'Other related information' at the end of this measure.

The following data are presented for this measure:

- Potentially preventable hospitalisations, see tables 3.07.1–3
- Potentially preventable hospitalisations by condition, see tables 3.07.4–8.

Potentially preventable hospitalisations

Current period

In 2011–12 to 2012–13:

- The age-standardised hospitalisation rate for potentially preventable conditions for Indigenous Australians was 97 per 1,000, compared with 29 per 1,000 for non-Indigenous Australians – a rate difference of 68 per 1,000.
- The potentially preventable hospitalisation rate for both Indigenous and non-Indigenous Australians was highest among people aged 65 and over (267 per 1,000 and 119 per

1,000, respectively). The rate difference, however, was highest for people aged 55–64 (rate difference of 198 per 1,000) (Table 3.07.1).

- Potentially preventable hospitalisation rates for Indigenous Australians were highest in *Remote* areas (254 per 1,000) and *Very remote* areas (118 per 1,000). The rate differences were also highest in *Remote* areas (220 per 1,000) and *Very remote* areas (84 per 1,000), as were the rate ratios (7.3 and 3.5, respectively) (Table 3.07.3).

Potentially preventable hospitalisations by condition

Current period

From 2011–12 to 2012–13:

- Indigenous Australians experienced higher rates of hospitalisation than non-Indigenous Australians across all three categories of potentially preventable conditions:
 - vaccine preventable conditions – 3 per 1,000 for Indigenous Australians compared with 1 per 1,000 for non-Indigenous Australians
 - potentially preventable acute conditions – 30 per 1,000 for Indigenous Australians compared with 14 per 1,000 for non-Indigenous Australians
 - potentially preventable chronic conditions – 65 per 1,000 for Indigenous Australians compared with 14 per 1,000 for non-Indigenous Australians (Table 3.07.4, Figure 3.07.1).
- The rate difference between Indigenous and non-Indigenous Australians for potentially preventable hospitalisations was largest for diabetes complications (rates of 41 per 1,000 and 5 per 1,000, respectively – a rate difference of 36 per 1,000) and chronic obstructive pulmonary disease (12 per 1,000 and 3 per 1,000, respectively – a rate difference of 9 per 1,000) (Table 3.07.5).

Trend

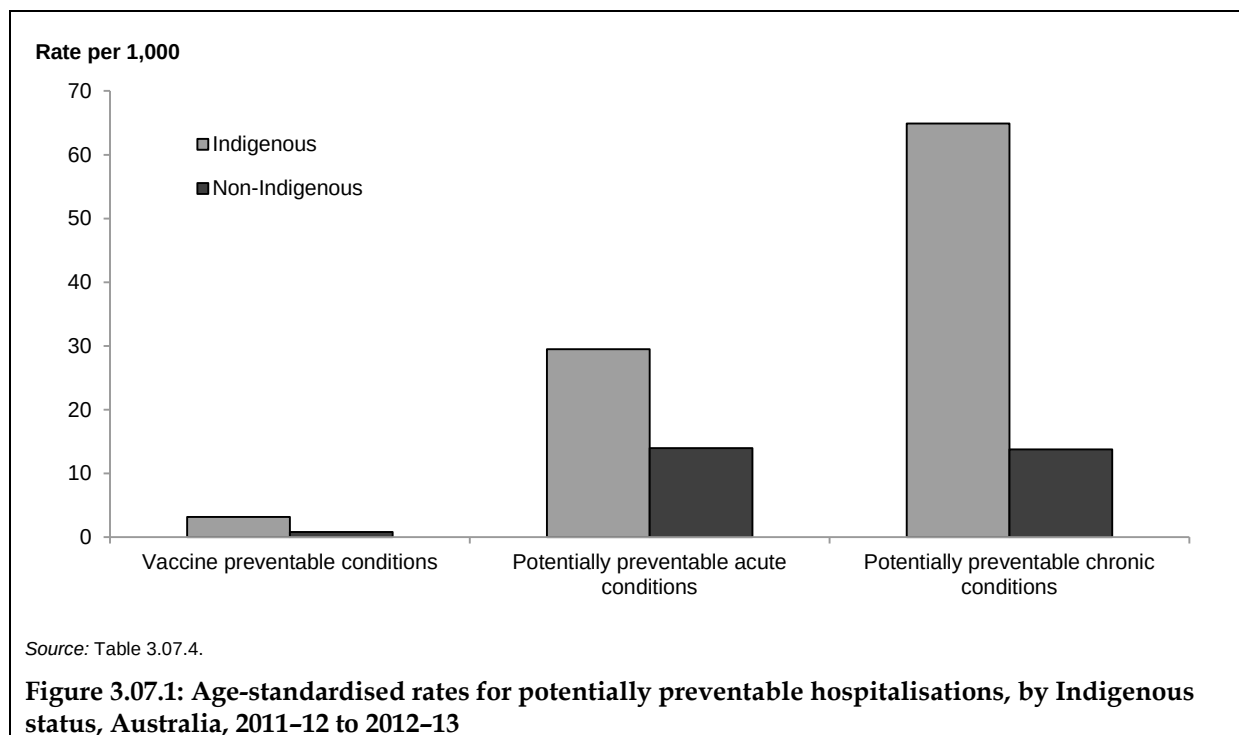
Time series analyses may be affected by changes in the quality of Indigenous identification over time.

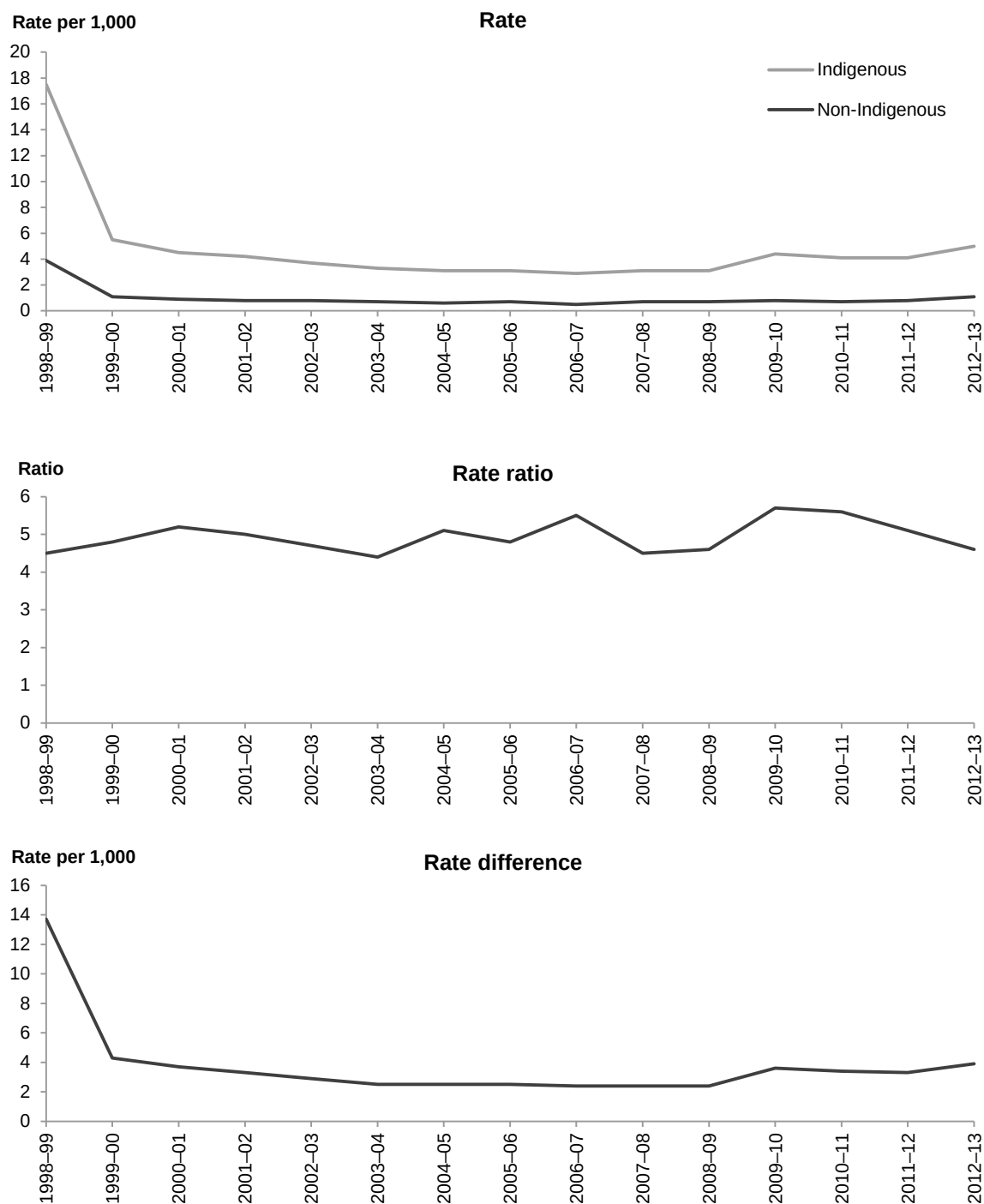
From 1998–99 to 2012–13, in Queensland, Western Australia, South Australia and the Northern Territory combined:

- Apart from a sharp decline between 1998–99 and 1999–00, there was little change in the rates of hospitalisations for vaccine preventable conditions among either Indigenous or non-Indigenous Australians and little change to the rate difference (Table 3.07.7, Figure 3.07.2)

From 2004–05 to 2012–13, in New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory combined:

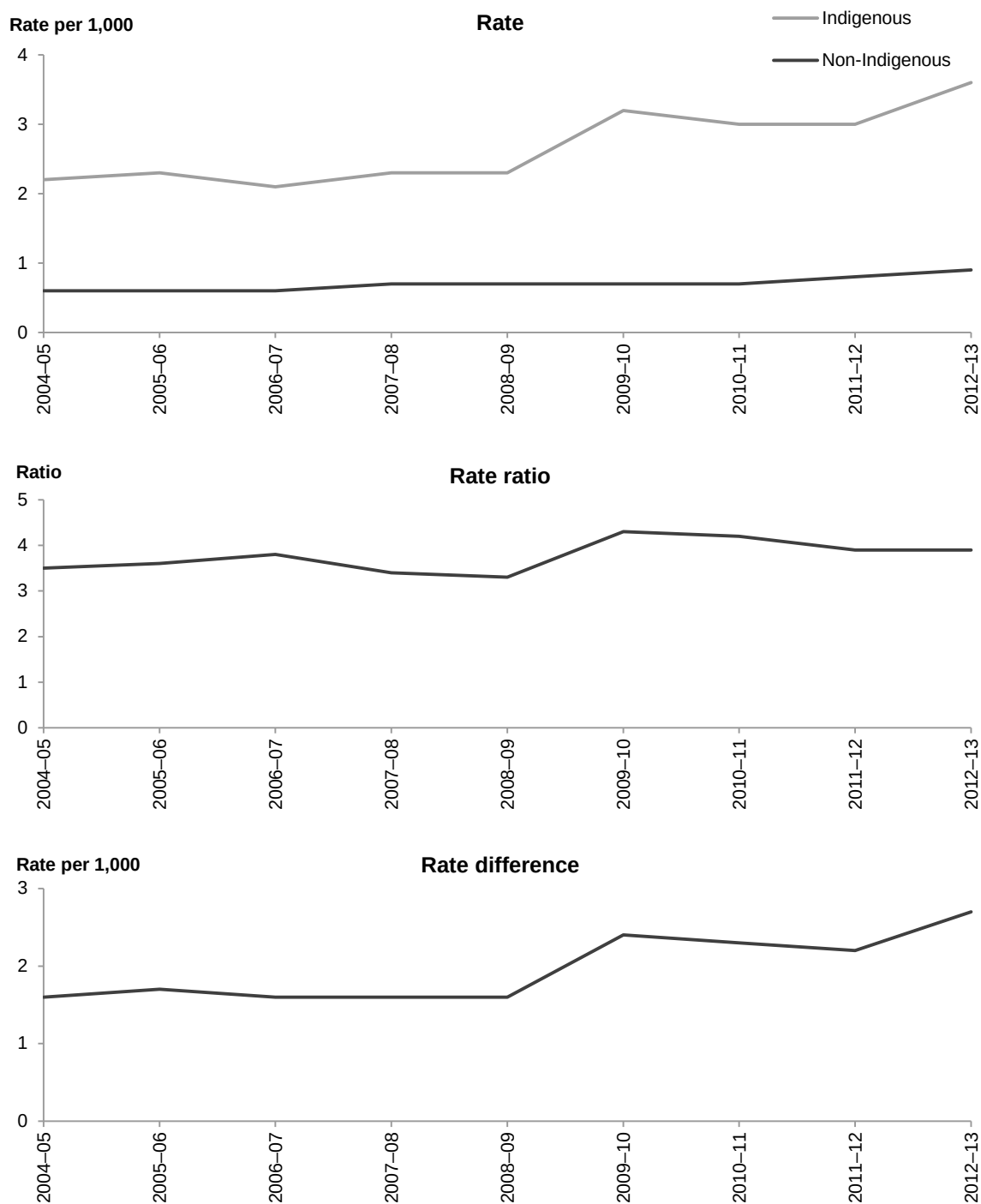
- There was a 76% increase in the rate difference between Indigenous and non-Indigenous Australians in the rate of hospitalisations for vaccine preventable conditions, from 1.6 per 1,000 separations in 2004–05 to 2.7 per 1,000 in 2012–13 (Table 3.07.8, Figure 3.07.3).
- There was a larger increase in the rate difference for males (83%) than females (69%) for hospitalisations for vaccine preventable conditions (Table 3.07.8).





Source: Table 3.07.7.

Figure 3.07.2: Age-standardised hospitalisation rates, rate ratios and rate differences between Indigenous and non-Indigenous Australians for vaccine-preventable conditions, Qld, WA, SA and NT combined, 1998-99 to 2012-13



Source: Table 3.07.8.

Figure 3.07.3: Age-standardised hospitalisation rates, rate ratios and rate differences between Indigenous and non-Indigenous Australians for vaccine preventable conditions, NSW, Vic, Qld, WA, SA and NT combined, 2004-05 to 2012-13

Table 3.07.1: Age-specific hospitalisation rates for potentially preventable hospitalisations (per 1,000 population), by Indigenous status and sex, Australia, 2011-12 to 2012-13^{(a)(b)(c)(d)}

									All ages	
	0–4	5–14	15–24	25–34	35–44	45–54	55–64	65+	Crude	Age std. ^(d)
Males										
Indigenous	65.4	22.8	15.8	26.6	58.9	129.9	168.4	241.5	56.0	89.7
Non-Indigenous	40.6	16.0	10.1	9.9	12.2	19.2	35.7	106.3	30.2	29.5
Rate ratio ^(e)	1.6	1.4	1.6	2.7	4.8	6.8	4.7	2.3	1.9	3.0
Rate difference ^(f)	24.8	6.9	5.7	16.7	46.7	110.7	132.7	135.2	25.8	60.2
Females										
Indigenous	57.0	23.9	27.9	43.7	73.8	128.9	241.8	290.7	71.0	103.8
Non-Indigenous	32.5	15.1	16.9	14.2	15.5	19.6	29.9	91.5	30.5	27.8
Rate ratio ^(e)	1.8	1.6	1.7	3.1	4.8	6.6	8.1	3.2	2.3	3.7
Rate difference ^(f)	24.5	8.8	11.1	29.6	58.4	109.3	211.9	199.2	40.5	76.0
Persons ^(g)										
Indigenous	61.3	23.4	21.7	35.2	66.7	129.4	206.3	268.8	63.5	96.6
Non-Indigenous	36.7	15.6	13.4	12.0	13.8	19.4	32.8	98.3	30.4	28.5
Rate ratio ^(e)	1.7	1.5	1.6	2.9	4.8	6.7	6.3	2.7	2.1	3.4
Rate difference ^(f)	24.6	7.8	8.3	23.2	52.8	109.9	173.5	170.5	33.2	68.0

(a) Data includes public and private hospitals in all jurisdictions.

(b) Categories are based on the ICD-10-AM seventh edition (National Centre for Classification in Health 2010): codes J10, J11, J13, J14, J153, J154, J157, J159, J168, J181, J188, A35, A36, A37, A80, B05, B06, B161, B169, B180, B181, B26, G000, M014, J45, J46, I50, I110, J81, E10-E14.9, J20, J41, J42, J43, J44, J47, I20, I240, I248, I249, D501, D508, D509, I00-I09, I10, I119, E40, E41, E42, E43, E550, E643, A099, E86, K522, K528, K529, N390, N10, N12, N11, N136, K250, K251, K252, K254, K255, K256, K260, K261, K262, K264, K265, K266, K270, K271, K272, K274, K275, K276, K280, K281, K282, K284, K285, K286, L03, L04, L08, L980, L88, L983, N70, N73, N74, H66, H67, J02, J03, J06, J312, K02, K03, K04, K05, K06, K08, K098, K099, K12, K13, K350, O15, G40, G41, R56, R02. Note some of these codes are for principal diagnosis only, some are for principal or additional diagnosis, and some are principal diagnosis with the exclusion of some procedure codes. The 2012 AIHW National Healthcare Agreement definitions were used for potentially preventable hospitalisations, available at <<http://meteor.aihw.gov.au/content/index.php/mlt/itmeld/443687>>.

(c) Financial year reporting.

(d) Directly age-standardised using the Australian 2001 standard population.

(e) Rate ratio Indigenous: non-Indigenous Australians.

(f) Rate difference Indigenous minus non-Indigenous Australians.

(g) Persons data includes sex not stated and indeterminate.

Notes

1. Population estimates based on the 2011 Census.
2. Excludes separations with care types 7.3, 9 and 10 (newborn, unqualified days only; organ procurement; and hospital boarder).

Source: AIHW analysis of National Hospital Morbidity Database.

Table 3.07.2: Potentially preventable hospitalisations, by Indigenous status and sex, Australia, 2011–12 to 2012–13^{(a)(b)(c)(d)}

	Indigenous		Non-Indigenous		Ratio ^(f)	Rate difference ^(g)
	Number	Rate per 1,000 ^(e)	Number	Rate per 1,000 ^(e)		
NSW						
Males	8,102	55.5	203,077	27.5	2.0	28.0
Females	9,552	64.7	205,085	25.5	2.5	39.2
Persons ^(h)	17,654	60.3	408,164	26.4	2.3	33.9
Vic						
Males	1,551	47.9	164,353	29.1	1.6	18.8
Females	1,812	51.3	175,155	28.2	1.8	23.1
Persons ^(h)	3,363	49.6	339,509	28.5	1.7	21.1
Qld						
Males	10,127	88.0	144,225	32.8	2.7	55.2
Females	11,589	89.6	143,142	30.8	2.9	58.8
Persons ^(h)	21,716	88.5	287,367	31.7	2.8	56.7
WA						
Males	9,986	221.8	72,531	32.1	6.9	189.8
Females	16,027	281.2	72,347	29.9	9.4	251.3
Persons ^(h)	26,013	249.9	144,878	30.8	8.1	219.1
SA						
Males	2,238	87.9	51,906	30.0	2.9	57.9
Females	2,249	77.1	53,312	28.2	2.7	48.9
Persons ^(h)	4,487	82.0	105,219	28.9	2.8	53.1
NT						
Males	n.p.	109.5	n.p.	31.4	3.5	78.1
Females	n.p.	126.2	n.p.	23.5	5.4	102.6
Persons ^(h)	n.p.	118.0	n.p.	27.8	4.2	90.2
ACT						
Males	n.p.	34.4	n.p.	21.9	1.6	12.6
Females	n.p.	45.9	n.p.	22.0	2.1	23.9
Persons ^(h)	n.p.	41.0	n.p.	20.8	2.0	20.2
Tas						
Males	n.p.	25.3	n.p.	23.0	1.1	2.3
Females	n.p.	24.1	n.p.	23.8	1.0	0.3
Persons ^(h)	n.p.	24.7	n.p.	22.3	1.1	2.4
Australia						
Males	38,204	89.7	662,990	29.5	3.0	60.0
Females	48,722	103.8	675,533	27.8	3.7	75.8
Persons ^(h)	86,926	96.6	1,338,527	28.5	3.4	68.0

(continued)

Table 3.07.2 (continued): Potentially preventable hospitalisations, by Indigenous status and sex, Australia, 2011–12 to 2012–13^{(a)(b)(c)(d)}

- (a) Data includes public and private hospitals in all jurisdictions.
- (b) Categories are based on the ICD-10-AM seventh edition (National Centre for Classification in Health 2010): codes J10, J11, J13, J14, J153, J154, J157, J159, J168, J181, J188, A35, A36, A37, A80, B05, B06, B161, B169, B180, B181, B26, G000, M014, J45, J46, I50, I110, J81, E10–E14.9, J20, J41, J42, J43, J44, J47, I20, I240, I248, I249, D501, D508, D509, I00–I09, I10, I119, E40, E41, E42, E43, E550, E643, A099, E86, K522, K528, K529, N390, N10, N12, N11, N136, K250, K251, K252, K254, K255, K256, K260, K261, K262, K264, K265, K266, K270, K271, K272, K274, K275, K276, K280, K281, K282, K284, K285, K286, L03, L04, L08, L980, L88, L983, N70, N73, N74, H66, H67, J02, J03, J06, J312, K02, K03, K04, K05, K06, K08, K098, K099, K12, K13, K350, O15, G40, G41, R56, R02. Note some of these codes are for principal diagnosis only, some are for principal or additional diagnosis, and some are principal diagnosis with the exclusion of some procedure codes. The 2012 AIHW National Healthcare Agreement definitions were used for potentially preventable hospitalisations, available at <<http://meteor.aihw.gov.au/content/index.phtml/itemId/443687>>.
- (c) Financial year reporting.
- (d) Data are reported by state/territory of usual residence of the patient hospitalised.
- (e) Directly age-standardised using the Australian 2001 standard population in five-year age groups to 75+ for NSW, Vic, Qld, WA, SA, NT and Australia. Directly age-standardised using the Australian 2001 standard population in five-year age groups to 65+ for Tasmania and the ACT.
- (f) Rate ratio—Indigenous: other.
- (g) Rate difference Indigenous minus non-Indigenous Australians.
- (h) Persons data includes sex not stated and indeterminate.

Notes

1. Population estimates based on the 2011 Census.
2. Excludes separations with care types 7.3, 9 and 10 (newborn, unqualified days only; organ procurement; and hospital boarder).

Source: AIHW analysis of National Hospital Morbidity Database.

Table 3.07.3: Potentially preventable hospitalisations by Indigenous status and remoteness, Australia, 2011–12 to 2012–13^{(a)(b)(c)(d)}

	Indigenous		Non-Indigenous		Ratio ^(f)	Difference ^(g)
	Number	No. per 1,000 ^(e)	Number	No. per 1,000 ^(e)		
Major cities	21,618	72.0	882,972	27.1	2.7	44.9
Inner regional	13,220	65.5	287,232	31.2	2.1	34.3
Outer regional ^(h)	18,300	90.9	136,035	32.1	2.8	58.8
Remote ⁽ⁱ⁾	17,366	254.2	18,269	34.6	7.3	219.6
Very remote	16,151	117.5	6,681	34.0	3.5	83.5
Total^(j)	86,926	96.6	1,338,527	28.5	3.4	68.0

(a) Data includes public and private hospitals in all jurisdictions.

(b) Categories are based on the ICD-10-AM seventh edition (National Centre for Classification in Health 2010): codes J10, J11, J13, J14, J153, J154, J157, J159, J168, J181, J188, A35, A36, A37, A80, B05, B06, B161, B169, B180, B181, B26, G000, M014, J45, J46, I50, I110, J81, E10–E14.9, J20, J41, J42, J43, J44, J47, I20, I240, I248, I249, D501, D508, D509, I00–I09, I10, I119, E40, E41, E42, E43, E550, E643, A099, E86, K522, K528, K529, N390, N10, N12, N11, N136, K250, K251, K252, K254, K255, K256, K260, K261, K262, K264, K265, K266, K270, K271, K272, K274, K275, K276, K280, K281, K282, K284, K285, K286, L03, L04, L08, L980, L88, L983, N70, N73, N74, H66, H67, J02, J03, J06, J312, K02, K03, K04, K05, K06, K08, K098, K099, K12, K13, K350, O15, G40, G41, R56, R02. Note some of these codes are for principal diagnosis only, some are for principal or additional diagnosis, and some are principal diagnosis with the exclusion of some procedure codes. The 2012 AIHW National Healthcare Agreement definitions were used for potentially preventable hospitalisations, available at <<http://meteor.aihw.gov.au/content/index.phtml/itemId/443687>>.

(c) Financial year reporting.

(d) Data are reported by state/territory and remoteness of usual residence of the patient hospitalised.

(e) Directly age-standardised using the Australian 2001 standard population, by 5 year age groups to 65+.

(f) Rate ratio Indigenous: non-Indigenous.

(g) Rate difference Indigenous- non-Indigenous.

(h) Includes remote Victoria.

(i) Excludes remote Victoria.

(j) Total includes hospitalisations where ASGC is missing.

Notes

1. Rates by remoteness are calculated using AIHW derived populations using ABS population estimates and projections based on the 2011 Census.
2. Excludes separations with care types 7.3, 9 and 10 (newborn, unqualified days only; organ procurement; and hospital boarder).

Source: AIHW analysis of National Hospital Morbidity Database.

Table 3.07.4: Age-standardised rates for potentially preventable hospitalisations, by Indigenous status, Australia, 2011–12 to 2012–13^{(a)(b)}

	Indigenous number	Indigenous number per 1,000 ^(c)	Non-Indigenous number	Non-Indigenous number per 1,000 ^(c)
Vaccine preventable conditions	3,263	3.2	39,145	0.8
Potentially preventable acute conditions	35,938	29.5	634,780	14.0
Potentially preventable chronic conditions	48,600	64.9	671,564	13.8
Total ambulatory care sensitive conditions	86,926	96.6	1,338,527	28.5

(a) Data includes public and private hospitals in all jurisdictions.

(b) Categories are based on the ICD-10-AM seventh edition (National Centre for Classification in Health 2010). The 2012 AIHW National Healthcare Agreement definitions were used for potentially preventable hospitalisations, available at <http://meteor.aihw.gov.au/content/index.php/ml/itmeld/443687>.

(c) Directly age-standardised using the Australian 2001 standard population.

Notes

1. Rates calculated using population estimates for 2011 and projections for 2012 and 2013 based on the 2011 Census.
2. Excludes separations with care types 7.3, 9 and 10 (newborn, unqualified days only; organ procurement; and hospital boarder).
3. Note that the sum of the number of hospitalisations for each type of condition may exceed the total because more than one ambulatory care sensitive condition can be diagnosed for each hospital separation.
4. Vaccine preventable conditions includes ICD-10-AM codes: J10, J11, J13, J14, J15.3, J15.4, J15.7, J15.9, J16.8, J18.1, J18.8, A35, A36, A37, A80, B05, B06, B16.1, B16.9, B18.0, B18.1, B26, G00.0, M01.4.
5. Potentially preventable chronic conditions includes ICD-10-AM codes: J45, J46, I50, I11.0, J81, E10–E14.9, J20, J41, J42, J43, J44, J47, I20, I24.0, I24.8, I24.9, D 50.1, D50.8, D50.9, I10, I11.9, E40, E41, E42, E43, E55.0, E64.3, I00 to I09.
6. Potentially preventable acute conditions includes ICD-10-AM codes: A09.9, E86, K52.2, K52.8, K52.9, N10, N11, N12, N13.6, N39.0, K25.0, K25.1, K25.2, K25.4, K25.5, K25.6, K26.0, K26.1, K26.2, K26.4, K26.5, K26.6, K27.0, K27.1, K27.2, K27.4, K27.5, K27.6, K28.0, K28.1, K28.2, K28.4, K28.5, K28.6, L03, L04, L08, L88, L98.0, L98.3, N70, N73, N74, H66, H67, J02, J03, J06, J31.2, K02, K03, K04, K05, K06, K08, K09.8, K09.9, K12, K13, K350, G40, G41, R56, R02.

Source: AIHW analysis of National Hospital Morbidity Database.

Table 3.07.5: Top 10 potentially preventable hospitalisations, by Indigenous status, Australia, 2011–12 to 2012–13^{(a)(b)(c)(d)}

	Separations					Average bed days		Total bed days	
	Number Indig.	Indig. no. per 1,000 ^(e)	Non-Indig. no. per 1,000 ^(e)	Ratio ^(f)	Difference ^(g)	Indig.	Non-Indig.	Indig.	Non-Indig.
Diabetes complications	29,753	41.0	5.2	7.9	35.8	3.2	4.7	95,076	1,195,807
Chronic Obstructive Pulmonary Disease	7,432	11.6	2.5	4.6	9.1	4.7	6.1	35,033	782,920
Convulsions and epilepsy	7,163	6.1	1.4	4.3	4.6	2.3	2.9	16,757	180,894
Oral health conditions	6,126	3.5	2.7	1.3	0.8	1.4	1.2	8,703	136,533
ENT infections	5,675	3.1	1.6	1.9	1.4	1.5	1.6	8,614	110,624
Pyelonephritis	5,371	6.1	2.7	2.3	3.4	3.2	4.2	16,942	526,681
Cellulitis	4,947	4.7	1.8	2.6	2.9	3.4	4.8	16,909	406,535
Asthma	4,429	3.1	1.7	1.9	1.4	1.9	2.1	8,343	148,363
Dehydration and Gastroenteritis	4,124	3.8	2.8	1.4	1.0	2.1	2.2	8,690	285,686
Congestive Heart Failure	3,254	5.3	2.0	2.6	3.3	5.3	7.0	17,350	703,060
Total^(h)	86,926	96.6	28.5	3.4	68.0	3.2	3.9	275,594	5,207,239

(continued)

Table 3.07.5 (continued): Top 10 potentially preventable hospitalisations, by Indigenous status, Australia, 2011–12 to 2012–13^{(a)(b)(c)(d)}

- (a) Data are from public and most private hospitals, excluding private hospitals in the Northern Territory, Tasmania and the Australian Capital Territory.
- (b) Categories are based on the ICD-10-AM seventh edition (National Centre for Classification in Health 2010): codes J10, J11, J13, J14, J153, J154, J157, J159, J168, J181, J188, A35, A36, A37, A80, B05, B06, B161, B169, B180, B181, B26, G000, M014, J45, J46, I50, I110, J81, E10–E14.9, J20, J41, J42, J43, J44, J47, I20, I240, I248, I249, D501, D508, D509, I00–I09, I10, I119, E40, E41, E42, E43, E550, E643, A099, E86, K522, K528, K529, N390, N10, N12, N11, N136, K250, K251, K252, K254, K255, K256, K260, K261, K262, K264, K265, K266, K270, K271, K272, K274, K275, K276, K280, K281, K282, K284, K285, K286, L03, L04, L08, L980, L88, L983, N70, N73, N74, H66, H67, J02, J03, J06, J312, K02, K03, K04, K05, K06, K08, K098, K099, K12, K13, K350, O15, G40, G41, R56, R02. Note some of these codes are for principal diagnosis only, some are for principal or additional diagnosis, and some are principal diagnosis with the exclusion of some procedure codes. The 2012 AIHW National Healthcare Agreement definitions were used for potentially preventable hospitalisations, available at <<http://meteor.aihw.gov.au/content/index.phtml/tmId/443687>>.
- (c) Financial year reporting.
- (d) Data are reported by state/territory of usual residence of the patient hospitalised and are for New South Wales, Victoria, Queensland, Western Australia, South Australia, and the Northern Territory only. These six jurisdictions are considered to have adequate levels of Indigenous identification, although the level of accuracy varies by jurisdiction and hospital. Hospitalisation data for these six jurisdictions should not be assumed to represent the hospitalisation experience in the other jurisdictions.
- (e) Directly age-standardised using the Australian 2001 standard population.
- (f) Rate ratio—Indigenous: non-Indigenous.
- (g) Rate difference—Indigenous minus non-Indigenous.
- (h) All potentially preventable hospital admissions. Note that the sum of the number of hospitalisations for each condition may exceed the total because more than one potentially preventable condition can be diagnosed for each hospitalisation.

Notes

1. Rates for Indigenous are calculated using population estimates based on the 2011 Census (SERIES B).
2. Excludes separations with care types 7.3, 9 and 10 (newborn, unqualified days only; organ procurement; and hospital boarder).

Source: AIHW analysis of National Hospital Morbidity Database.

Table 3.07.6: Major potentially preventable hospitalisations, by age group and Indigenous status, Australia, 2011-12 to 2012-13^{(a)(b)(c)}

Age group (years)	Condition	Indigenous		Non-Indigenous		Rate ratio ^(e)	Rate difference ^(f)
		Number	No. per 1,000 ^(d)	Number	No. per 1,000 ^(d)		
<1	Ear, nose and throat infections	1,016	30.4	6,906	12.1	2.5	18.4
	Dehydration and Gastroenteritis	473	14.2	2,818	4.9	2.9	9.2
	Pyelonephritis	304	9.1	5,295	9.2	1.0	-0.1
1-14	Oral health conditions	3,960	8.8	42,939	5.7	1.5	3.1
	Ear, nose and throat infections	2,879	6.4	31,097	4.1	1.6	2.3
	Asthma	2,330	5.2	39,358	5.2	1.0	0.0
15-24	Pyelonephritis	886	3.2	10,685	1.8	1.8	1.4
	Convulsions and epilepsy	714	2.6	6,921	1.2	2.2	1.4
	Ear, nose and throat infections	657	2.4	10,943	1.9	1.3	0.5
25-44	Diabetes complications ^(d)	4,437	12.6	14,595	1.2	10.9	11.4
	Convulsions and epilepsy	2,496	7.1	13,558	1.1	6.6	6.0
	Cellulitis	1,503	4.3	14,754	1.2	3.6	3.1
45-64	Diabetes complications ^(d)	17,978	86.6	67,920	6.1	14.2	80.5
	Chronic Obstructive Pulmonary Disease	3,725	18.0	26,053	2.3	7.6	15.6
	Convulsions and epilepsy	2,024	9.8	12,800	1.2	8.5	8.6
65+	Diabetes complications ^(d)	6,537	135.8	161,534	25.3	5.4	110.5
	Chronic Obstructive Pulmonary Disease	2,402	49.9	98,858	15.5	3.2	34.4
	Congestive Heart Failure	1,057	22.0	89,451	14.0	1.6	7.9

(a) Data includes public and private hospitals in all jurisdictions.

(b) Categories are based on the ICD-10-AM seventh edition (National Centre for Classification in Health 2010): codes J10, J11, J13, J14, J153, J154, J157, J159, J168, J181, J188, A35, A36, A37, A80, B05, B06, B161, B169, B180, B181, B26, G000, M014, J45, J46, I50, I110, J81, E10-E14.9, J20, J41, J42, J43, J44, J47, I20, I240, I248, I249, D501, D508, D509, I10, I119, E40, E41, E42, E43, E550, E643, I00-I09, A099, E86, K522, K528, K529, N10, N12, N11, N136, N390 K250, K251, K252, K254, K255, K256, K260, K261, K262, K264, K265, K266, K270, K271, K272, K274, K275, K276, K280, K281, K282, K284, K285, K286, L03, L04, L08, L88, L980, L983, N70, N73, N74, H66, H67, J02, J03, J06, J312, K02, K03, K04, K05, K06, K08, K098, K099, K12, K13, K352, K353, G40, G41, O15, R56, R02. Note some of these codes are for principal diagnosis only, some are for principal or additional diagnosis, and some are principal diagnosis with the exclusion of some procedure codes. The 2012 AIHW National Healthcare Agreement definitions were used for potentially preventable hospitalisations, available at <<http://meteor.aihw.gov.au/content/index.phtml/itemId/443687>>.

(c) Data are reported by state/territory of usual residence of the patient hospitalised.

(d) These data should be interpreted with caution due to changes to coding practices for diabetes mellitus and impaired glucose regulation between 2011-12 and 2012-13 (see Australian Hospital Statistics 2012-13 for more information).

(e) Rate ratio—hospitalisation rate for Indigenous Australians divided by hospitalisation rate for non-Indigenous Australians.

(f) Rate difference—Indigenous minus non-Indigenous.

Notes:

1. Rates are calculated using ABS backcast population estimates and projections based on the 2011 Census.
2. Excludes separations with care types 7.3, 9 and 10 (newborn, unqualified days only; organ procurement; and hospital boarder).

Source: AIHW analysis of National Hospital Morbidity Database.

Table 3.07.7a: Age-standardised hospitalisation separations for vaccine preventable conditions, Qld, WA, SA and NT, 1998–99 to 2012–13^{(a)(b)}

	Indigenous separations			Non-Indigenous separations		
	Males	Females	Persons ^(c)	Males	Females	Persons ^(c)
1998–99	1,911	1,691	3,602	13,715	11,188	24,903
1999–00	535	585	1,120	4,053	3,384	7,437
2000–01	526	463	989	3,168	2,674	5,842
2001–02	510	506	1,016	3,119	2,701	5,820
2002–03	420	384	804	2,972	2,512	5,484
2003–04	402	446	848	2,809	2,409	5,218
2004–05	375	356	731	2,394	1,972	4,366
2005–06	434	356	790	2,660	2,258	4,918
2006–07	345	370	715	2,262	1,748	4,010
2007–08	434	406	840	2,992	2,391	5,383
2008–09	430	415	845	2,874	2,565	5,439
2009–10	599	626	1,225	3,263	3,117	6,380
2010–11	564	602	1,166	3,374	2,819	6,193
2011–12	618	604	1,222	3,672	3,163	6,835
2012–13	697	690	1,387	4,938	4,717	9,655
Annual change ^(d)	–26.4	–20.3	–46.7	–222.1	–158.3	–380.4
Per cent change ^(e)	–47.9	–40.1	–44.2	–57.2	–50.2	–54.0

(a) Data are from public and most private hospitals and excludes private hospitals in the Northern Territory.

(b) Categories are based on the National Healthcare Agreement: PI 18-selected potentially preventable hospitalisation, 2013 and the ICD-10-AM seventh edition (National Centre for Classification in Health 2010) and previous editions: codes J10, J11, J13, J14, J153, J154, J157, J159, J168, J181, J188, A35, A36, A37, A80, B05, B06, B161, B169, B180, B181, B26, G000, M014. Note these codes are for any diagnosis field; excludes cases with additional diagnosis of D57, sickle-cell disorders and people under 2. The 2012 AIHW National Healthcare Agreement definitions were used for potentially preventable hospitalisations, available at <<http://meteor.aihw.gov.au/content/index.php/mlt/443687>>.

(c) Persons data includes sex not stated and indeterminate.

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

(e) Per cent change between 1998–99 and 2012–13 based on the average annual change over the period.

Notes

1. Data are reported by state/territory of usual residence of the patient hospitalised.
2. Excludes: separations with episode types 5.3 and 7 for 1998–99 and 1999–00; separations with care types 7.3, 9 and 10 for 2001 onward (newborn, unqualified days only; organ procurement; and hospital boarder).
3. Caution should be used in comparing these data over time as changes between the ICD-10-AM 5th edition (used in 2007–08) and ICD-10-AM 6th edition (used in 2008–09 and 2009–10) and the associated Australian Coding Standards resulted in decreased reporting of additional diagnoses for diabetes, and increased reporting of gastroenteritis (chronic and acute categories, respectively, affected). The changes also affected principal diagnosis of diabetes. The use of ICD-10-AM 7th edition from 2010–11 onward has resulted in another change in reporting which most significantly affects PPH results for diabetes. Please refer to Appendix A of Australian Hospital Statistics 2012–13 for more details.

Source: AIHW analysis of National Hospital Morbidity Database.

Table 3.07.7b: Age-standardised hospitalisation rate for vaccine preventable conditions, Qld, WA, SA and NT, 1998–99 to 2012–13^{(a)(b)}

	Indigenous rate per 1,000			Non-Indigenous rate per 1,000		
	Males	Females	Persons ^(c)	Males	Females	Persons ^(c)
1998–99	18.9	16.3	17.5	4.7	3.3	3.9
1999–00	5.3	5.6	5.5	1.3	1.0	1.1
2000–01	4.7	4.4	4.5	1.0	0.8	0.9
2001–02	4.3	4.1	4.2	1.0	0.8	0.8
2002–03	3.9	3.4	3.7	0.9	0.7	0.8
2003–04	3.6	3.0	3.3	0.8	0.7	0.7
2004–05	3.3	2.9	3.1	0.7	0.5	0.6
2005–06	3.6	2.7	3.1	0.7	0.6	0.7
2006–07	2.8	3.0	2.9	0.6	0.4	0.5
2007–08	3.3	2.9	3.1	0.8	0.6	0.7
2008–09	3.2	2.9	3.1	0.7	0.6	0.7
2009–10	4.4	4.3	4.4	0.8	0.7	0.8
2010–11	4.2	4.1	4.1	0.8	0.7	0.7
2011–12	4.3	3.9	4.1	0.9	0.7	0.8
2012–13	5.8	4.5	5.0	1.1	1.0	1.1
Annual change ^(d)	–0.4	–0.3	–0.4	–0.1	–0.1	–0.1
Per cent change ^(e)	–67.6	–68.8	–68.5	–80.4	–71.4	–73.2

(a) Data are from public and most private hospitals and excludes private hospitals in the Northern Territory.

(b) Categories are based on the National Healthcare Agreement: PI 18-selected potentially preventable hospitalisation, 2013 and the ICD-10-AM seventh edition (National Centre for Classification in Health 2010) and previous editions: codes J10, J11, J13, J14, J153, J154, J157, J159, J168, J181, J188, A35, A36, A37, A80, B05, B06, B161, B169, B180, B181, B26, G000, M014. Note these codes are for any diagnosis field; excludes cases with additional diagnosis of D57, sickle-cell disorders and people under 2. The 2012 AIHW National Healthcare Agreement definitions were used for potentially preventable hospitalisations, available at <<http://meteor.aihw.gov.au/content/index.phtml/itemId/443687>>.

(c) Persons data includes sex not stated and indeterminate.

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

(e) Per cent change between 1998–99 and 2012–13 based on the average annual change over the period.

Notes

1. Directly age-standardised using the 2001 Australian standard population.
2. Rates are calculated using ABS backcast population estimates and projections based on the 2011 Census.
3. Data are reported by state/territory of usual residence of the patient hospitalised.
4. Excludes: separations with episode types 5.3 and 7 for 1998–99 and 1999–00; separations with care types 7.3, 9 and 10 for 2001 onward (newborn, unqualified days only; organ procurement; and hospital boarder).
5. Caution should be used in comparing these data over time as changes between the ICD-10-AM 5th edition (used in 2007–08) and ICD-10-AM 6th edition (used in 2008–09 and 2009–10) and the associated Australian Coding Standards resulted in decreased reporting of additional diagnoses for diabetes, and increased reporting of gastroenteritis (chronic and acute categories, respectively, affected). The changes also affected principal diagnosis of diabetes. The use of ICD-10-AM 7th edition from 2010–11 onward has resulted in another change in reporting which most significantly affects PPH results for diabetes. Please refer to Appendix A of Australian Hospital Statistics 2012–13 for more details.

Source: AIHW analysis of National Hospital Morbidity Database.

Table 3.07.7c: Age-standardised hospitalisation rate ratio and rate difference for vaccine preventable conditions, Qld, WA, SA and NT, 1998–99 to 2012–13^{(a)(b)}

	Rate ratio ^(c)			Rate difference ^(d)		
	Males	Females	Persons ^(e)	Males	Females	Persons ^(e)
1998–99	4.0	5.0	4.5	14.2	13.1	13.7
1999–00	4.1	5.7	4.8	4.0	4.6	4.3
2000–01	4.8	5.7	5.2	3.7	3.6	3.7
2001–02	4.6	5.3	5.0	3.4	3.3	3.3
2002–03	4.4	5.0	4.7	3.0	2.8	2.9
2003–04	4.4	4.6	4.4	2.7	2.4	2.5
2004–05	4.8	5.5	5.1	2.6	2.4	2.5
2005–06	4.9	4.6	4.8	2.8	2.2	2.5
2006–07	4.5	6.7	5.5	2.2	2.5	2.4
2007–08	4.2	4.9	4.5	2.5	2.3	2.4
2008–09	4.3	4.8	4.6	2.4	2.3	2.4
2009–10	5.5	5.8	5.7	3.6	3.6	3.6
2010–11	5.1	6.2	5.6	3.4	3.4	3.4
2011–12	4.9	5.4	5.1	3.4	3.2	3.3
2012–13	5.0	4.4	4.6	4.6	3.5	3.9
Annual change ^(f)	n.a.	n.a.	n.a.	–0.3	–0.3	–0.3
Per cent change ^(g)	n.a.	n.a.	n.a.	–64.4	–68.7	–67.2

(a) Data are from public and most private hospitals and excludes private hospitals in the Northern Territory.

(b) Categories are based on the National Healthcare Agreement: PI 18-selected potentially preventable hospitalisation, 2013 and the ICD-10-AM seventh edition (National Centre for Classification in Health 2010) and previous editions: codes J10, J11, J13, J14, J153, J154, J157, J159, J168, J181, J188, A35, A36, A37, A80, B05, B06, B161, B169, B180, B181, B26, G000, M014. Note these codes are for any diagnosis field; excludes cases with additional diagnosis of D57, sickle-cell disorders and people under 2. The 2012 AIHW National Healthcare Agreement definitions were used for potentially preventable hospitalisations, available at <<http://meteor.aihw.gov.au/content/index.php/mlt/itmeld/443687>>.

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

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

(e) Persons data includes sex not stated and indeterminate.

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

(g) Per cent change between 1998–99 and 2012–13 based on the average annual change over the period.

Notes

1. Directly age-standardised using the 2001 Australian standard population.
2. Rates are calculated using ABS backcast population estimates and projections based on the 2011 Census.
3. Data are reported by state/territory of usual residence of the patient hospitalised.
4. Excludes: separations with episode types 5.3 and 7 for 1998–99 and 1999–00; separations with care types 7.3, 9 and 10 for 2001 onward (newborn, unqualified days only; organ procurement; and hospital boarder).
5. Caution should be used in comparing these data over time as changes between the ICD-10-AM 5th edition (used in 2007–08) and ICD-10-AM 6th edition (used in 2008–09 and 2009–10) and the associated Australian Coding Standards resulted in decreased reporting of additional diagnoses for diabetes, and increased reporting of gastroenteritis (chronic and acute categories, respectively, affected). The changes also affected principal diagnosis of diabetes. The use of ICD-10-AM 7th edition from 2010–11 onward has resulted in another change in reporting which most significantly affects PPH results for diabetes. Please refer to Appendix A of Australian Hospital Statistics 2012–13 for more details.

Source: AIHW analysis of National Hospital Morbidity Database.

Table 3.07.8: Age-standardised hospitalisation for vaccine preventable conditions, NSW, Vic, Qld, WA, SA and NT combined, 2004–05 to 2012–13^{(a)(b)}

	2004–05	2005–06	2006–07	2007–08	2008–09	2009–10	2010–11	2011–12	2012–13	Annual change ^(c)	Per cent change ^(d)
Indigenous separations											
Males	475	521	455	544	568	753	676	766	851	48.2	89.5
Females	449	454	464	521	557	781	751	773	840	55.9	112.6
Persons ^(e)	924	975	919	1,065	1,125	1,534	1,427	1,539	1,691	104.1	100.6
Non-Indigenous Australian separations											
Males	7,038	7,002	6,383	7,713	7,919	8,207	8,363	9,148	11,116	453.4	57.7
Females	5,302	5,490	4,733	6,094	6,573	7,364	6,885	7,718	9,886	509.9	88.1
Persons ^(e)	12,340	12,492	11,116	13,807	14,492	15,571	15,248	16,866	21,002	963.3	70.6
Indigenous rate (separations per 1,000)											
Males	2.4	2.6	2.2	2.4	2.4	3.2	3.0	3.1	4.0	0.2	64.6
Females	2.1	2.1	2.1	2.3	2.2	3.2	3.0	2.9	3.3	0.2	68.8
Persons ^(e)	2.2	2.3	2.1	2.3	2.3	3.2	3.0	3.0	3.6	0.2	70.3
Non-Indigenous Australian rate (separations per 1,000)											
Males	0.8	0.8	0.7	0.8	0.8	0.8	0.8	0.9	1.0	—	23.6
Females	0.5	0.5	0.5	0.6	0.6	0.7	0.6	0.7	0.8	—	59.4
Persons ^(e)	0.6	0.6	0.6	0.7	0.7	0.7	0.7	0.8	0.9	—	47.1
Rate ratio^(f)											
Males	3.1	3.5	3.2	3.0	3.0	4.0	3.7	3.6	4.0	n.a	n.a
Females	3.9	3.8	4.6	3.8	3.6	4.6	4.8	4.3	3.9	n.a	n.a
Persons ^(e)	3.5	3.6	3.8	3.4	3.3	4.3	4.2	3.9	3.9	n.a	n.a
Rate difference^(g)											
Males	1.6	1.9	1.5	1.6	1.6	2.4	2.1	2.3	3.0	0.1	83.0
Females	1.6	1.5	1.7	1.7	1.6	2.5	2.4	2.2	2.4	0.1	68.7
Persons ^(e)	1.6	1.7	1.6	1.6	1.6	2.4	2.3	2.2	2.7	0.1	75.7

(continued)

Table 3.07.8 (continued): Age-standardised hospitalisation for vaccine preventable conditions, NSW, Vic, Qld, WA, SA and NT combined, 2004–05 to 2012–13^{(a)(b)}

- (a) Data are from public and most private hospitals, and exclude private hospitals in the Northern Territory.
- (b) Categories are based on the National Healthcare Agreement: PI 18-selected potentially preventable hospitalisations, 2013 and the ICD-10-AM seventh edition (National Centre for Classification in Health 2010) and previous editions: codes J10, J11, J13, J14, J153, J154, J157, J159, J168, J181, J188, A35, A36, A37, A80, B05, B06, B161, B169, B180, B181, B26, G000, M014. Note these codes are for any diagnosis field; excludes cases with additional diagnosis of D57, sickle-cell disorders and people under 2. The 2012 AIHW National Healthcare Agreement definitions were used for potentially preventable hospitalisations, available at <<http://meteor.aihw.gov.au/content/index.phtml/itemId/443687>>.
- (c) Average annual change in rates, rate ratios and rate differences determined using linear regression analysis.
- (d) Per cent change between 1998–99 and 2012–13 based on the average annual change over the period.
- (e) Persons data includes sex not stated and indeterminate.
- (f) Hospitalisation rates for Indigenous Australians divided by the hospitalisation rates for non-Indigenous Australians.
- (g) Hospitalisation rates for Indigenous Australians minus the hospitalisation rates for non-Indigenous Australians.

Notes

1. Directly age-standardised using the 2001 Australian standard population.
2. Rates are calculated using ABS backcast population estimates and projections based on the 2011 Census.
3. Excludes separations with care types 7.3, 9 and 10 (newborn, unqualified days only; organ procurement; and hospital boarder).
4. Data are reported by state/territory of usual residence of the patient hospitalised.
5. Caution should be used in comparing these data over time as changes between the ICD-10-AM 5th edition (used in 2007–08) and ICD-10-AM 6th edition (used in 2008–09 and 2009–10) and the associated Australian Coding Standards resulted in decreased reporting of additional diagnoses for diabetes, and increased reporting of gastroenteritis (chronic and acute categories, respectively, affected). The changes also affected principal diagnosis of diabetes. The use of ICD-10-AM 7th edition from 2010–11 onward has resulted in another change in reporting which most significantly affects PPH results for diabetes. Please refer to Appendix A of Australian Hospital Statistics 2012–13 for more details.

Source: AIHW analysis of National Hospital Morbidity Database.

Data sources and quality

National Hospital Morbidity Database

The scope of the NMDS is episodes of care for admitted patients in essentially all hospitals in Australia, including public and private acute and psychiatric hospitals, free-standing day hospital facilities, alcohol and drug treatment hospitals and dental hospitals. Hospitals operated by the Australian Defence Force, corrections authorities and in Australia's off-shore territories are not included. Hospitals specialising in ophthalmic aids and other specialised acute medical or surgical care are included. The NHMD does not include episodes of non-admitted patient care provided in outpatient clinics or emergency departments.

For 2012–13, almost all public hospitals provided data for the NHMD. The exception was a mothercraft hospital in the ACT. The great majority of private hospitals also provided data, the exceptions being the private free-standing day hospital facilities in the ACT, the single private free-standing day hospital in the Northern Territory, and a private free-standing day hospital in Victoria.

Hospitalisations

Data are a count of hospital separations (episodes of admitted patient care, which can be a total hospital stay or a portion of a hospital stay that begins or ends in a change of type of care) and not patients. Patients who separated from hospital more than once in the year will be counted more than once in the data set.

The number and pattern of hospitalisations can be affected by differing admission practices among the jurisdictions and from year to year, and differing levels and patterns of service delivery.

Records for newborn episodes that did not include qualified days, and records for hospital boarders and posthumous organ procurement have been excluded as these activities are not considered to be admitted patient care.

Indigenous status information

Approximately 2% of hospital records have Indigenous status of 'not stated', though this proportion varies across the jurisdictions (see Table 1.02.1). These records are excluded from analyses of hospital data in this report. Note that for hospitals in Western Australia, records with an unknown status are reported as non-Indigenous.

Under-identification

The incompleteness of Indigenous identification means the number of hospital separations recorded as Indigenous is an underestimate of hospitalisations involving Indigenous Australians.

The AIHW completed an assessment of the level of Indigenous under-identification in selected public hospitals in all states and territories in 2007–08. Results from this assessment indicate that New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory had adequate Indigenous identification (20% or less overall under-identification of Indigenous patients) in their hospital separations data (AIHW 2010). The study estimated that 89% of Indigenous patients were correctly identified in Australian public hospital admission records in 2007–08.

In 2011–12, the AIHW completed a second study to reassess the level of under-identification in public hospitals data, and found that all jurisdictions had sufficient quality Indigenous identification for reporting from 2010–11 (AIHW 2013). The study estimated that 88% of Indigenous patients were correctly identified in Australian public hospital admission records in 2011–12, and a correction factor of 1.09 is used at the national level to adjust for under-identification in hospital data. Interpretation of results should take into account the relative quality of the data from the jurisdictions.

Time series analysis may be affected by changes in the quality of Indigenous identification over time. The second AIHW study found no statistically significant change in identification rates at the national level, although there were some changes at the jurisdictional level. Time series presentations in this report include data from both public and private hospitals across several jurisdictions, so the overall effect of changes in Indigenous identification over time is unclear. This should be taken into account when interpreting the results of time series analysis.

Change in coding and coding practices

Between 2009–10 and 2010–11, there were significant changes in the coding of diagnoses for diabetes, obstetrics, and imaging procedures. There were also significant changes made to coding practices for diabetes and related conditions for the 2012–13 year, resulting in increased counts for these conditions. Caution should be used in comparing 2011–12 and 2012–13 data with data from previous Health Performance Framework reports.

For more information about the quality of the NHMD and emergency department care data, please refer to Database quality statement summaries in the report *Australian Hospital Statistics 2012–13*, available at <http://www.aihw.gov.au/publication-detail/?id=60129546922>.

List of symbols used in tables

- n.p. not available for publication but included in totals where applicable, unless otherwise indicated
- rounded to zero (including null cells)
- n.a. not available

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References

ABS (Australian Bureau of Statistics) 2009. Experimental estimates and projections: Aboriginal and Torres Strait Islander Australians 1991 to 2021. ABS cat. no. 3238.0. Canberra: ABS.

AHMAC (Australian Health Minister's Advisory Council) 2015. Aboriginal and Torres Strait Islander health performance framework 2014 report. Canberra: AHMAC.

AIHW (Australian Institute of Health and Welfare) 2010. Indigenous identification in hospital separations data: quality report. Health services series no. 35. Cat. no. HSE 85. Canberra: AIHW.

AIHW 2013. Indigenous identification in hospital separations data: quality report. Cat. no. IHW 90. Canberra: AIHW.

AIHW 2014. Australian hospital statistics 2012–13. Health services series no. 54. Cat. no. HSE 145. Canberra: AIHW.

National Centre for Classification in Health 2010. International statistical classification of diseases and related health problems, 10th revision, Australian modification 7th edition. Sydney: National Centre for Classification in Health.

Other related information

AIHW 2015. Admitted patient care 2013–14: Australian hospital statistics. Health services series no. 60. Cat. no. HSE 156. Canberra: AIHW.

Gibson O & Segal L 2009. Avoidable hospitalisation in Aboriginal and non-Aboriginal people in the Northern Territory. *Medical Journal of Australia* 191:411.

Li SQ, Gray N, Guthridge S, Pircher S, Wang Z & Zhao Y 2009. Avoidable mortality trends in Aboriginal and non-Aboriginal populations in the Northern Territory, 1985–2004. *Australian and New Zealand Journal of Public Health* 33:544–50.

Page A, Ambrose S, Glover J & Hetzel D 2007. *Atlas of Avoidable Hospitalisations in Australia: ambulatory care-sensitive conditions*. Adelaide: Public Health Information Development Unit: University of Adelaide.

The cover of the report features a red background with a white and yellow geometric pattern on the left side. The title is in white text on the right.

Aboriginal and Torres Strait Islander Health Performance Framework 2014 report

Measure 54 of 68

Detailed analyses

3.08 Cultural competency

This measure reports on aspects of cultural competency of health services, including discrimination and barriers to accessing services for Indigenous Australians

Introduction

This is no. 54 of 68 measures in the *Aboriginal and Torres Strait Islander Health Performance Framework 2014 report: detailed analyses*. This report provides information on a range of measures of health status, determinants of health and the health system performance relating to Aboriginal and Torres Strait Islander people.

The Framework comprises 3 tiers:

Tier 1 – Health status and outcomes

Tier 2 – Determinants of health

Tier 3 – Health system performance.

The full report, including a comprehensive description of all data sources used in the report, and notes about the data quality is available from

<<http://www.aihw.gov.au/publication-detail/?id=60129550779>>.

Tables referenced are available from

<<http://www.aihw.gov.au/indigenous-data/health-performance-framework/>>.

Data sources

- Australian Aboriginal and Torres Strait Islander Health Survey
- National Aboriginal and Torres Strait Islander Social Survey
- National Aboriginal and Torres Strait Islander Health Survey
- National Hospital Morbidity Database
- Census of Population and Housing
- Online Services Report data collection.

For more information, see 'Data sources and quality' at the end of this measure.

Data analyses

For more information related to cultural competency, see measures 1.05, 1.11, 1.18, 1.23, 1.24, 3.03, 3.09, 3.10, 3.12, 3.13 and 3.22. See also 'Other related information' at the end of this measure.

The following data are presented for this measure:

- Self-reported data on cultural competency, see tables 3.08.1–13, 3.08.17, 3.13.8 and 3.13.9
- Discharge from hospital against medical advice, see Table 3.09.1
- Primary health care services, see tables 3.08.14, 3.03.12, 3.12.1 and 3.22.11
- Languages spoken at home, see tables 3.08.15–16.

Self-reported data on cultural competency

Current period

In 2012–13:

- An estimated 16% of Indigenous Australians felt they were treated badly in the last 12 months because they were Indigenous. Of these, 20% felt they were treated badly by doctors, nurses or other hospital staff (Table 3.08.1).
- An estimated 30% of those Indigenous Australians who needed to see a health professional in the last 12 months did not see a health provider when needed. The proportions were highest for those who did not see dentists when needed (21%) and doctors (14%) (Table 3.08.4, Figure 3.08.1).

In 2008, among Indigenous Australians aged 15 and over:

- 8% disagreed or strongly disagreed with the statement, 'Your doctor can be trusted' (Table 3.13.8).
- 17% disagreed or strongly disagreed with the statement, 'Hospitals can be trusted to do the right thing by you' (Table 3.13.9).

Discharges from hospital against medical advice

Current period

In the period July 2011 to June 2013:

- There were 17,494 hospitalisations for Indigenous Australians where the patient left hospital against medical advice or were discharged at their own risk (4.5% of all hospitalisations of Indigenous Australians).
- Indigenous patients were 8 times as likely as non-Indigenous patients to leave hospital against medical advice or be discharged at their own risk (3.6% compared with 0.5%), after taking into account differences in age. The gap was 3.1 percentage points (Table 3.09.1).

Primary health care services

Current period

In 2012–13:

- Of 205 Aboriginal and Torres Strait Islander primary health care services:
 - 95% had accessible and appropriate client and communication feedback mechanisms
 - 86% had a formal organisational commitment to achieving culturally safe health care
 - 84% had mechanisms for gaining high-level advice on cultural matters affecting service delivery
 - 45% included cultural competency in staff performance appraisal processes
 - 88% ran a cultural orientation for non-Indigenous staff members (Table 3.08.14).

As at 30 June 2013:

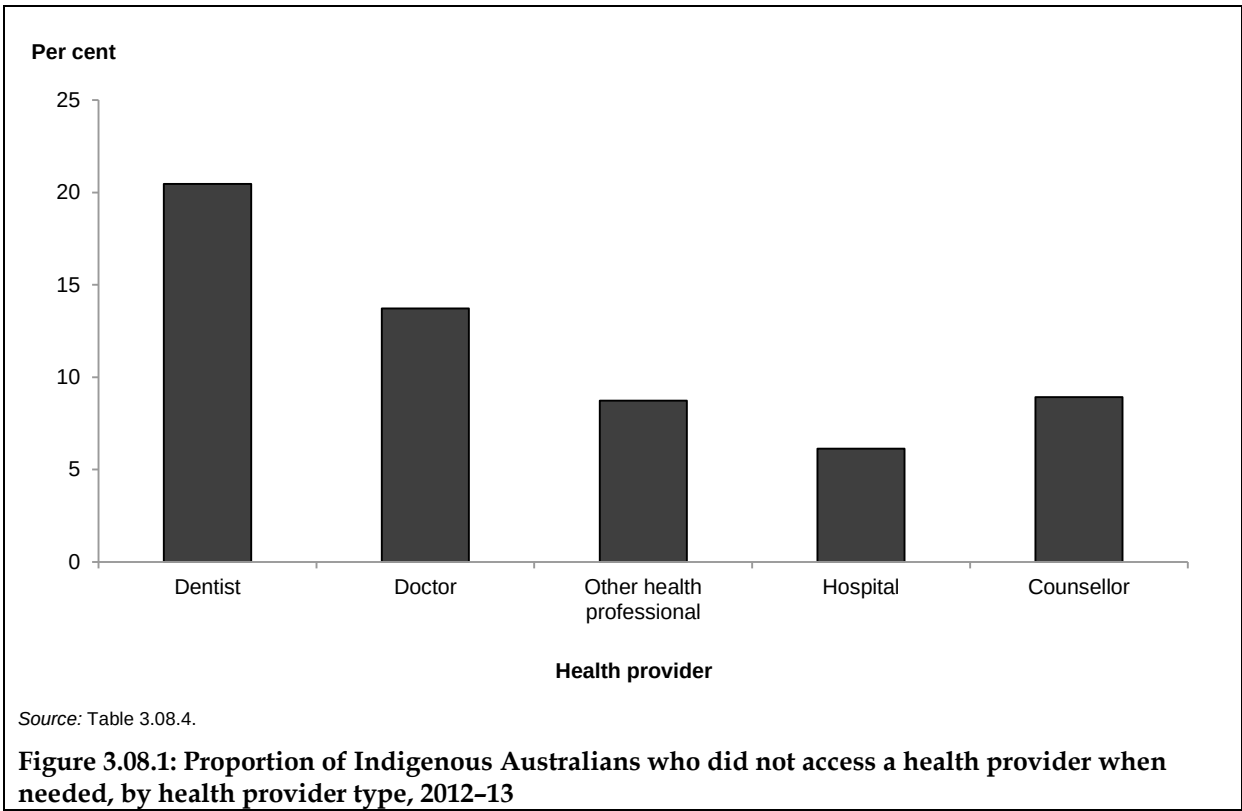
- 14% of all full-time equivalent (FTE) positions within Aboriginal and Torres Strait Islander primary health care services were Aboriginal health workers (Table 3.22.11).
- Indigenous Australians filled 54% of paid FTE positions in Australian Government-funded Aboriginal and Torres Strait Islander primary health care services (AIHW 2014).
- 57% of Aboriginal and Torres Strait Islander substance-use-specific services ran cultural groups (Table 3.03.12).

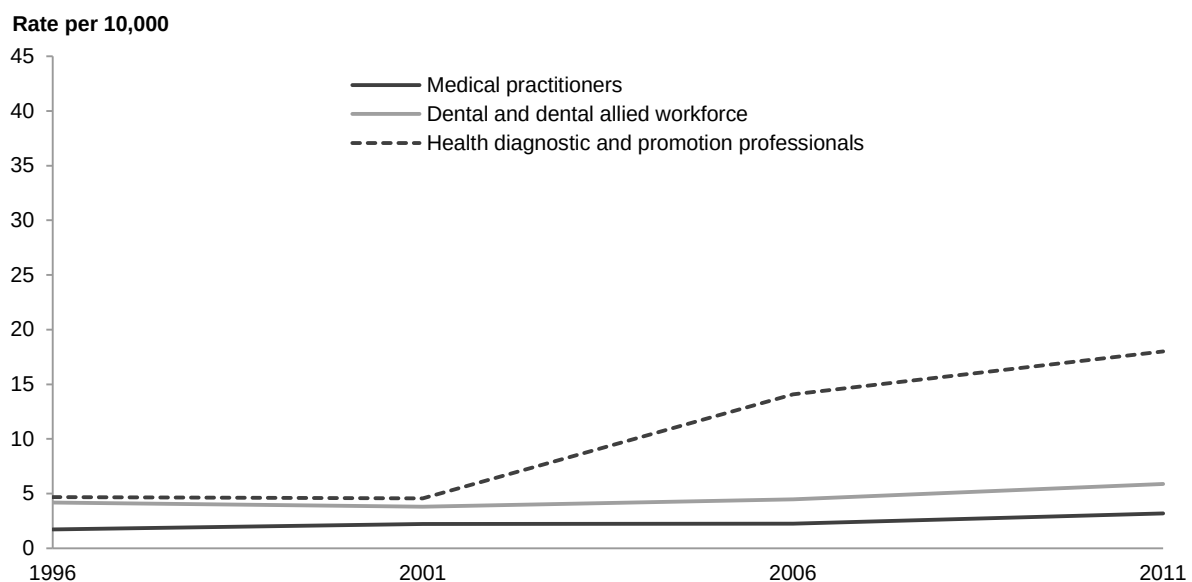
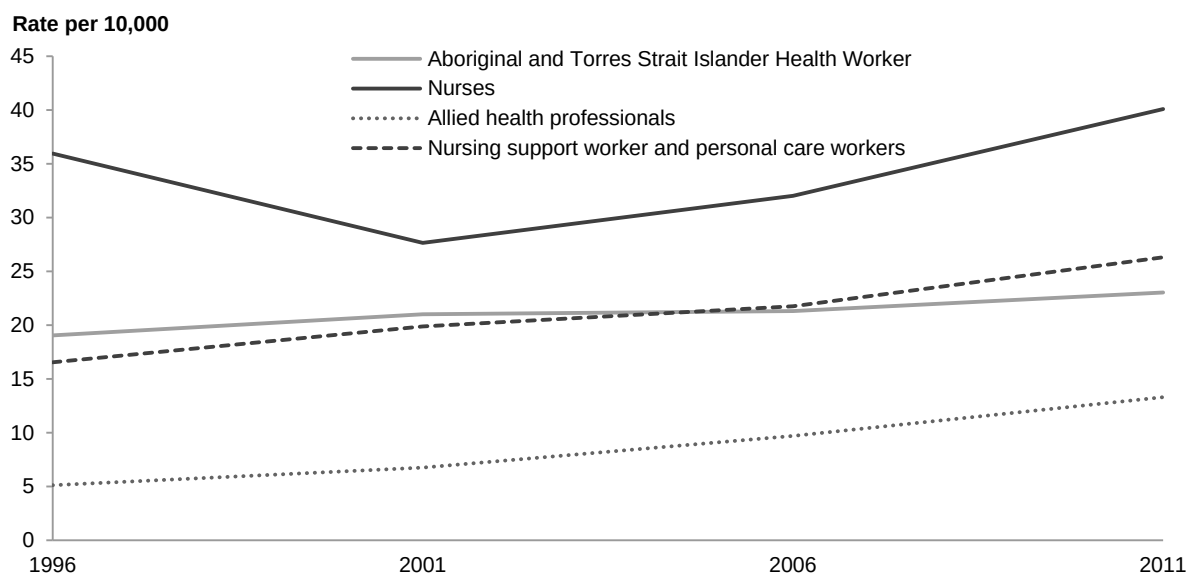
Trend

From 1996 to 2011:

- The rate of Indigenous Australians aged 15 and over employed in the health workforce increased from 96 per 10,000 in 1996 to 155 per 10,000 in 2011. This was a significant increase of 70% over the period.
- There was a significant increase in the rate of Indigenous Australians employed as an allied health professional, from 5 per 10,000 in 1996 to 13 per 10,000 in 2011. This was a significant increase of 180% over the period.
- There were also significant increases in the rate of Indigenous Australians employed as: medical practitioners (a 78% increase over the period, from 1.7 to 3.2 per 10,000); nursing

support workers and personal care workers (a 57% increase, from 17 to 26 per 10,000); and Aboriginal and Torres Strait Islander Health Workers (a 19% increase, from 19 to 23 per 10,000) (Table 3.12.1, Figure 3.08.2).





Source: Table 3.12.1.

Figure 3.08.2: Indigenous Australians aged 15 and over employed in selected health-related occupations (per 10,000), 1996, 2001, 2006 and 2011

Table 3.08.1: Discrimination toward Indigenous Australians aged 18 and over by sex, remoteness and age group, 2012–13

	Sex		Remoteness		Age group					Total
	Males	Females	Non-remote	Remote	18–24	25–34	35–44	45–54	55+	
Per cent										
Whether avoids seeking health care because been treated unfairly										
Yes	5.3	9.3	7.0	8.7	5.7	7.0	9.3	7.5	7.6	7.4
No	94.7	90.7	93.0	91.3	94.3	93.0	90.7	92.5	92.4	92.6
Total ^(a)	176,406	186,532	281,070	81,868	83,536	85,770	77,544	59,757	56,332	362,938
Whether felt treated badly because Aboriginal or Torres Strait Islander in last 12 months										
Yes	13.8	18.5	17.2	13.0	11.9	16.1	21.3	18.9	13.0	16.2
No	86.2	81.5	82.8	87.0	88.1	83.9	78.7	81.1	83.8	83.8
Total ^(a)	176,256	186,237	n.p.	81,610	83,297	85,770	n.p.	59,652	n.p.	362,494
How usually feel when treated badly ^(b)										
Angry	71.6	75.3	75.1	67.4	75.1	71.5	75.7	73.1	72.7	73.7
Sad	27.5	31.3	28.4	35.6	32.2	31.8	27.0	31.3	26.2	29.7
Sorry for the person who did it	36.4	27.7	33.6	20.8	24.1	39.2	28.6	34.3	27.6	31.3
Ashamed or worried about it	10.5	18.1	14.6	16.5	13.4†	19.3	15.0	11.7†	13.6†	14.9
Sick	8.3†	13.1	11.0	11.7†	14.5†	13.1	10.4†	7.3†	10.5†	11.1
Other feeling	10.0	12.6	11.7	10.7†	n.p.	n.p.	14.6	6.0†	14.4†	11.5
None of the above	2.1†	0.5‡	0.6†	3.7†	n.p.	n.p.	2.0†	0.6‡	2.4‡	1.2†
Total persons treated badly in last 12 months ^{(a)(c)}	24,383	34,445	48,228	10,600	9,908	13,806	16,526	11,284	7,304	58,828
What usually do when treated badly ^(b)										
Try to avoid the person or situation	31.2	38.1	35.0	36.7	31.4	39.0	39.7	27.2	35.8	35.3
Try to change the way you are or things that you do	2.7†	7.1	4.9†	6.9†	2.9‡	6.9†	6.9†	4.2†	3.3†	5.3

(continued)

Table 3.08.1 (continued): Discrimination toward Indigenous Australians aged 18 and over by sex, remoteness and age group, 2012–13

	Sex		Remoteness		Age group					Total
	Males	Females	Non-remote	Remote	18–24	25–34	35–44	45–54	55+	
Per cent										
Try to do something about the people who did it	27.3	24.0	26.0	22.3	15.5†	22.8	31.6	23.3	32.5	25.4
Talk to family and friends about it	28.5	36.8	31.7	41.0	27.4	38.8	37.8	27.0	30.8	33.3
Keep it to yourself	23.1	19.4	22.0	16.0	26.8	19.6	20.2	20.1†	18.1	20.9
Just forget about it	29.3	23.0	26.8	20.2	33.9	34.6	17.5	23.3†	19.2	25.6
Do anything else	8.1†	10.7	9.6	9.5	6.3†	n.p.	10.3†	9.8†	n.p.	9.6
None of the above	1.5†	0.6‡	0.5‡	2.9†	0.0	n.p.	1.1‡	1.8‡	n.p.	0.9†
Total persons treated badly in last 12 months	24,383	34,445	48,228	10,600	9,908	13,806	16,526	11,284	7,304	58,828
Whether treated unfairly because Aboriginal or Torres Strait Islander in last 12 months										
Yes	97.9	97.4	98.0	95.7	97.0	99.3	97.3	n.p.	92.8	97.6
No	2.1†	2.6†	2.0†	4.3†	3.0‡	0.7‡	2.7†	n.p.	7.2†	2.4†
Total persons treated badly in last 12 months	24,383	34,445	48,228	10,600	9,908	13,806	16,526	11,284	7,304	58,828
How often treated unfairly in last 12 months										
Daily	4.9†	5.1	5.0	5.4†	3.0‡	5.3†	5.9†	7.1†	2.2†	5.0
Two or three times a week	8.5†	7.8	8.5	6.5†	9.3†	10.6†	7.8†	4.2†	8.8†	8.1
About once a week	9.7†	5.1†	6.5†	9.6†	9.8‡	7.8†	6.9†	n.p.	3.1‡	7.0
About once a month	16.3	16.3	15.8	18.4	14.0†	14.9†	16.9	12.2†	26.9	16.3
Less than once a month	15.6	12.2	14.7	8.5	16.7†	10.2†	14.7†	15.9†	9.6†	13.6
A couple of times	42.8	50.9	47.6	47.2	44.3	50.4	45.1	54.0	42.2	47.6
Total persons treated badly in last 12 months	24,383	34,445	48,228	10,600	9,908	13,806	16,526	11,284	7,304	58,828
Types of situations where treated unfairly in last 12 months^(b)										
Applying for work, or when at work/on the job	37.0	23.1	29.4	26.4	38.2	29.0	26.6	29.9	19.4†	28.9

(continued)

Table 3.08.1 (continued): Discrimination toward Indigenous Australians aged 18 and over by sex, remoteness and age group, 2012–13

	Sex		Remoteness		Age group					Total
	Males	Females	Non-remote	Remote	18–24	25–34	35–44	45–54	55+	
At home, by neighbours or at somebody else's house	14.3	22.9	21.6	9.1†	19.8	30.9	13.0	11.1†	24.1†	19.4
At school, university, training course or other educational setting	5.6†	17.4	14.1	5.3†	21.2†	12.0†	10.3	13.8†	4.7†	12.5
While doing sport, recreational or leisure activities	12.2	8.1	10.3	7.5†	17.2†	11.4†	9.1†	6.0†	3.9†	9.8
By the police, security people, lawyers or in a court of law	31.4	19.1	23.8	25.9	24.1	23.0	29.4	21.2	19.5†	24.2
By doctors, nurses or other staff in hospitals or doctors' surgeries	14.0	23.4	18.8	22.7	13.6†	17.4	18.7	21.8	29.4	19.5
By staff of government agencies	24.7	19.7	23.6	13.3	13.4†	19.8	22.1	31.3	21.1†	21.7
When seeking any other services	11.7	13.7	11.9	17.5	9.1†	8.7†	17.3	13.3†	15.3†	12.9
By members of the public	43.8	45.3	46.5	36.2	45.2	48.6	45.1	46.5	32.8†	44.7
Other situations	5.8†	9.3	7.9	7.8†	4.8‡	6.5†	10.9†	n.p.	9.9†	7.9
Total persons treated badly in last 12 months	24,383	34,445	48,228	10,600	9,908	13,806	16,526	11,284	7,304	58,828
Total number of persons	178,787	187,081	283,035	82,833	84,649	86,720	77,855	60,002	56,642	365,868

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

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

(a) Total excludes 'not asked'.

(b) Multiple responses allowed. Components will not add to total.

(c) Total excludes 'refusal'.

Note: Percentages calculated within columns. Estimates have been rounded and discrepancies may occur between sums of the component items and totals.

Source: ABS and AIHW analysis of 2012–13 Australian Aboriginal and Torres Strait Islander Health Survey.

Table 3.08.2: Whether Indigenous people 18 and over felt discriminated against in last 12 months, by situations and places felt discriminated at, by remoteness, 2012–13

	Major cities	Inner regional	Outer regional	Remote	Very remote
	Number ('000)				
Felt discriminated against in last 12 months^(a)					
Applying for work or when at work	5.7	4.3	4.2	1.3	1.5
At home, by neighbours or at someone else's home	5.2	2.4	2.8	0.3	0.6
At school, university, training course or other educational setting	3.5	1.2	2.1	0.4	0.2
While doing any sporting, recreational or leisure activities	2.3	1.1	1.5	0.2	0.6
By the police, security people, lawyers or in a court of law	6.5	2.2	2.8	1.4	1.4
By doctors, nurses or other staff at hospitals/surgeries	3.8	1.7	3.6	1.0	1.4
By staff of Government agencies	6.7	2.2	2.5	0.5	0.9
When seeking any other services	2.0	1.1	2.5	0.9	1.0
By members of the public	11.6	3.6	7.3	1.9	1.9
Other situation	1.6	0.9	1.3	0.5	0.3
Total reporting discrimination in last 12 months^(a)	22.2	11.4	14.6	4.6	6.0
Total population aged 18 and over	129.2	76.7	77.1	29.4	53.4

(continued)

Table 3.08.2 (continued): Whether Indigenous people 18 and over felt discriminated against in last 12 months, by situations and places felt discriminated at, by remoteness, 2012–13

	Major cities	Inner regional	Outer regional	Remote	Very remote
	Per cent				
Felt discriminated against in last 12 months^(a)					
Applying for work or when at work	4.4	5.7	5.4	4.5	2.8†
At home, by neighbours or at someone else's home	4.1	3.1†	3.7	1.1†	1.2†
At school, university, training course or other educational setting	2.8	1.6†	2.7†	1.3†	0.4‡
While doing any sporting, recreational or leisure activities	1.8†	1.5†	2.0†	0.8‡	1.0†
By the police, security people, lawyers or in a court of law	5.1	2.9†	3.7	4.6†	2.7
By doctors, nurses or other staff at hospitals/surgeries	3.0	2.2†	4.6	3.3†	2.7
By staff of Government agencies	5.2	2.9†	3.3†	1.7†	1.7†
When seeking any other services	1.6†	1.5†	3.3	3.0†	1.8†
By members of the public	9.0	4.7	9.5	6.5	3.7
Other situation	1.2†	1.2†	1.7†	1.7†	0.6†
Total reporting discrimination in last 12 months^(a)	17.3	15.1	19.0	15.9	11.3
Total population aged 18 and over	100.0	100.0	100.0	100.0	100.0

† Estimate has a relative standard error between 25% and 50% and should be used with caution. Only percentages were assessed for RSE.

‡ Estimate has a relative standard error greater than 50% and is considered too unreliable for general use. Only percentages were assessed for RSE.

(a) Sum of components may be more than total as people may have reported having experienced discrimination in more than one situation.

Source: ABS Australian Aboriginal and Torres Strait Islander Health Survey 2012–13 (2012–13 NATSIHS component).

Table 3.08.3: Indigenous persons who did not access health services when needed and why, by remoteness, sex and age, 2012–13

	Remoteness		Sex		Age group			Total
	Non-remote	Remote	Male	Female	0–14	15–44	45+	
Per cent								
Whether needed to go to a dentist in last 12 months but didn't ^(a)								
Yes	22.0	14.7*	17.0	23.9	5.5	29.0	24.5	20.5*
No	78.0	85.3*	83.0	76.1	94.5	71.0	75.5	79.5*
Total	476,880	130,035	301,992	304,923	197,974	292,297	116,644	606,915
Reason(s) did not go to dentist ^{(a)(b)}								
Cost	46.7	24.6*	42.4	43.9	31.5†	43.8	46.3	43.3*
Logistical reasons								
Waiting time too long or not available at time required	19.5	24.0*	20.4	20.0	22.1†	19.6	21.1	20.2
Transport/distance	9.3	21.8*	9.7	12.2	9.2†	10.9	12.7	11.2
Service not available in area	4.9	31.1*	8.3	9.4	10.3†	8.6	9.4	8.9*
Sub-total	28.6	56.7*	32.7	33.0	37.0	32.4	32.8	32.9
Cultural appropriateness of service								
Discrimination/not culturally appropriate/language problems	1.9†	0.7‡	1.5‡	1.8†	2.4‡	1.4†	2.1‡	1.7†
Dislikes service/professional, embarrassed, afraid	19.0	16.0	16.3	20.1	11.7†	19.4	18.6	18.5*
Felt it would be inadequate	1.3†	0.7†	1.8†	0.7†	0.0	1.1†	2.1†	1.2*†
Does not trust service/provider	4.0	4.2†	3.1†	4.7	3.2‡	4.1	4.0†	4.0
Sub-total	24.1	19.9	20.7	25.3	12.7†	24.3	24.9	23.4
Personal reasons								
Too busy (including work, personal or family responsibilities)	21.4	18.8	21.7	20.5	16.5†	23.6	14.9	21.0*
Decided not to seek care	10.9	10.1	13.5	8.9	7.3†	11.8	9.4	10.8*
Sub-total	30.9	27.8	33.7	28.1	23.0	33.8	23.3	30.4*
Other	4.8	6.0†	4.9†	5.0	10.1†	4.7	3.8†	5.0
Total who needed to visit dentist, but didn't	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total number who needed to visit dentist, but didn't	105,093	19,051	51,225	72,919	10,863	84,746	28,534	124,144

(continued)

Table 3.08.3 (continued): Indigenous persons who did not access health services when needed and why, by remoteness, sex and age, 2012–13

	Remoteness		Sex		Age group			Total
	Non-remote	Remote	Male	Female	0–14	15–44	45+	
Per cent								
Whether needed to go to a doctor in last 12 months but didn't								
Yes	15.0	9.1*	12.0	15.4	2.5	19.2	22.1	13.7
No	85.0	90.9*	88.0	84.6	97.5	80.8	77.9	86.3
Total	502,291	136,033	317,958	320,366	229,383	292,297	116,644	638,324
Reason(s) did not go to doctor ^(b)								
Cost	14.5	3.6†*	9.6	15.6	8.2‡	13.7	12.4	13.0
Logistical reasons								
Waiting time too long or not available at time required	22.5	19.4*	16.8	26.1	27.0†	20.9	23.5	22.0
Transport/distance	13.9	16.8	11.2	16.7	15.1†	13.1	16.6	14.3
Service not available in area	4.3†	6.9†*	6.0†	3.7†	5.4‡	5.3†	3.2†	4.7
Sub-total	33.8	36.4*	29.0	38.1	42.7	32.1	36.6	34.1
Cultural appropriateness of service								
Discrimination/not culturally appropriate/language problems	2.9†	1.7‡	2.9†	2.7†	n.p.	2.0†	4.8†	2.8†
Dislikes service/professional, embarrassed, afraid	14.5	9.6	14.2	13.5	10.9†	15.4	10.9	13.8
Felt it would be inadequate	8.9	6.3†	7.4	9.4	8.8‡	8.4	8.7	8.5
Does not trust service/provider	6.0	3.8‡	4.4†	6.7	3.1‡	6.0	5.6†	5.7
Sub-total	24.0	18.4	22.8	23.5	20.1†	24.3	21.5	23.2
Personal reasons								
Too busy (including work, personal or family responsibilities)	30.7	25.0	23.5	34.9	16.6†	34.3	23.4	29.9
Decided not to seek care	34.0	33.8	39.0	30.1	40.2	31.8	37.4	34.0
Sub-total	57.8	54.7	58.6	56.5	50.6	59.2	55.0	57.4
Other	6.5	9.1†	7.5†	6.3	4.4‡	6.5	8.1	6.8
Total who needed to visit doctor, but didn't	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total number who needed to visit doctor, but didn't	75,241	12,365	38,126	49,480	5,711	56,117	25,778	87,606

(continued)

Table 3.08.3 (continued): Indigenous persons who did not access health services when needed and why, by remoteness, sex and age, 2012–13

	Remoteness		Sex		Age group			Total
	Non-remote	Remote	Male	Female	0–14	15–44	45+	
Per cent								
Whether needed to go to other health professional in last 12 months but didn't ^(c)								
Yes	9.9	4.3*	7.5	9.9	2.1	13.0	11.0	8.7*
No	90.1	95.7*	92.5	90.1	97.9	87.0	89.0	91.3*
Total	502,291	136,033	317,958	320,366	229,383	292,297	116,644	638,324
Reason(s) did not go to another health professional ^{(b)(c)}								
Cost	38.7	4.5‡*	28.3	40.2	23.7†	35.9	37	35.1*
Logistical reasons								
Waiting time too long or not available at time required	16.4	19.3†*	14.8	18.2	12.9†	15.7	21.2	16.7
Transport/distance	12.4	19.2†*	12.1	14.0	16.8†	11.4	16.8	13.2
Service not available in area	5.7†	8.6†*	8.5†	4.1†	10.4‡	5.6†	5.5†	6.0†
Sub-total	26.5	36.0*	25.4	29.1	30.6†	25.0	33.8	27.5*
Cultural appropriateness of service								
Discrimination/not culturally appropriate/language problems	2.5†	1.7‡	2.9‡	2.1†	n.p.	2.2‡	3.6‡	2.4†
Dislikes service/professional, embarrassed, afraid	13.1	7.5†	14.0	11.4	7.0†	13.8	10.8†	12.5
Felt it would be inadequate	5.1	3.7†	7.1†	3.3	3.4‡	4.9†	5.6‡	5.0*
Does not trust service/provider	3.2†	4.3‡	3.7†	2.9†	2.5‡	3.6†	2.7†	3.3
Sub-total	18.8	14.8	19.7	17.4	11.7†	19.7	16.9†	18.3
Personal reasons								
Too busy (including work, personal or family responsibilities)	32.1	35.6	31.6	33.1	17.5†	35.3	29.7	32.5
Decided not to seek care	19.4	23.5	26.1	15.0	16.5†	20.0	20.4†	19.8*
Sub-total	46.9	58.0	52.0	45.1	33.6†	51.7	42.7	48.1*
Other	5.8	6.4†	5.9†	5.8	18.1†	2.9†	10.1†	5.9
Total who needed to visit OHP but didn't	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total number who needed to visit OHP but didn't	49,813	5,907	23,936	31,785	4,908	37,971	12,841	55,721

(continued)

Table 3.08.3 (continued): Indigenous persons who did not access health services when needed and why, by remoteness, sex and age, 2012–13

	Remoteness		Sex		Age group			Total
	Non-remote	Remote	Male	Female	0–14	15–44	45+	
Per cent								
Whether needed to go to a hospital in last 12 months but didn't								
Yes	6.3	5.4*	5.0	7.3	1.1	8.5	10.2	6.1*
No	93.7	94.6*	95.0	92.7	98.9	91.5	89.8	93.9*
Total	502,291	136,033	317,958	320,366	229,383	292,297	116,644	638,324
Reason(s) did not go to hospital ^(b)								
Cost	7.9	5.9†	7.3†	7.7†	10.5‡	8.5†	4.8†	7.5*
Logistical reasons								
Waiting time too long or not available at time required	25.3	21.9*	19.5	28.2	21.3†	24.9	24.8	24.7
Transport/distance	16.4	19.0*	16.2†	17.3	18.3†	15.8	18.9	16.9
Service not available in area	1.5‡	8.0†*	3.2†	2.4†	n.p.	2.9†	2.8‡	2.7†
Sub-total	36.0	40.2*	32.8	39.5	39.2†	36.9	35.9	36.8
Cultural appropriateness of service								
Discrimination/not culturally appropriate/language problems	4.0†	3.1‡	2.7‡	4.6†	n.p.	3.7†	4.7‡	3.8†
Dislikes service/professional, embarrassed, afraid	15.7	8.1†	13.0	15.2	n.p.	14.8	15.3†	14.3
Felt it would be inadequate	9.8	7.6†	9.5†	9.4	13.1‡	9.2	9.1†	9.4
Does not trust service/provider	8.0	6.8†	2.2†	11.5	n.p.	7.4†	8.9†	7.7
Sub-total	28.0	22.4	23.1	29.6	23.6†	26.5	28.7	27.0
Personal reasons								
Too busy (including work, personal or family responsibilities)	24.3	17.5	16.4†	27.5	11.4†	26.9	17.4	23.0*
Decided not to seek care	36.8	31.1	43.2	30.8	42.4†	32.4	41.4	35.8
Sub-total	54.9	47.1	57.3	50.8	53.0	54.0	52.1	53.4
Other	5.4†	13.2†	6.0†	7.5	8.0‡	5.3†	9.9†	6.9
Total who needed to visit hospital, but didn't	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total number who needed to visit hospital, but didn't	31,808	7,322	15,762	23,368	2,517	24,741	11,873	39,130

(continued)

Table 3.08.3 (continued): Indigenous persons who did not access health services when needed and why, by remoteness, sex and age, 2012–13

	Remoteness		Sex		Age group			Total
	Non-remote	Remote	Male	Female	0–14	15–44	45+	
Per cent								
Whether needed to go to a counsellor in last 12 months but didn't ^{(d)(e)}								
Yes	10.3	4.2*	6.9	10.9	..	9.8	7.1	8.9*
No	89.7	95.8*	93.1	89.1	..	90.2	92.9	91.1*
Total	281,070	81,868	176,406	186,532	..	246,850	116,088	362,938
Reason(s) did not go to a counsellor ^(b)								
Cost	15.6	15.0†	7.0†	20.7	..	17.4	10.1†	15.6
Logistical reasons								
Waiting time too long or not available at time required	10.6	25.8†*	13.1†	11.7	..	9.2	21.2†	12.2*
Transport/distance	10.8	7.0†*	6.3†	12.9	..	10.7	9.5†	10.4
Service not available in area	5.3†	13.6†*	4.4†	7.2†	..	5.3†	8.7†	6.2
Sub-total	20.1	40.7*	19.5	23.9	..	19.8	29.6	22.3*
Cultural appropriateness of service								
Discrimination/not culturally appropriate/language problems	3.4†	7.8‡	6.5‡	2.4†	..	4.5†	n.p.	3.9†
Dislikes service/professional, embarrassed, afraid	27.6	18.3†	40.2	18.5	..	27.2	25.1†	26.6*
Felt it would be inadequate	18.7	12.4†	24.0†	14.5	..	16.4	23.0†	18.0*
Does not trust service/provider	11.5†	14.0†	15.8†	9.4†	..	12.1†	10.9‡	11.8*
Sub-total	46.1	33.6	61.5	34.8	..	45.3	43.1	44.8*
Personal reasons								
Too busy (including work, personal or family responsibilities)	34.7	28.8†	22.7†	40.8	..	35.8	28.8	34.0
Decided not to seek care	30.7	40.1	34.8	29.8	..	30.6	34.7	31.7
Sub-total	55.9	61.5	49.6	60.6	..	56.6	56.3	56.5
Other	8.1	5.8‡	2.7†	10.9†	..	6.5†	11.8†	7.9
Total who needed to visit a counsellor, but didn't	100.0	100.0	100.0	100.0	..	100	100	100.0
Total number who needed to visit a counsellor, but didn't	28,919	3,468	12,096	20,292	..	24,133	8,254	32,387

(continued)

Table 3.08.3 (continued): Indigenous persons who did not access health services when needed and why, by remoteness, sex and age, 2012–13

	Remoteness		Sex		Age group			Total
	Non-remote	Remote	Male	Female	0–14	15–44	45+	
Per cent								
Whether needed to go to a health provider in last 12 months but didn't ^(f)								
Yes	32.0	22.0*	26.2	33.5	8.1	42.4	41.0	29.8*
No	68.0	78.0*	73.8	66.5	91.9	57.6	59.0	70.2*
Total	502,291	136,033	317,958	320,366	229,383	292,297	116,644	638,324
Reason(s) did not go ^(b)								
Cost	38.9	18.6*	32.9	38	24.8	37.8	34.6	35.8*
Logistical reasons								
Waiting time too long or not available at time required	27.0	26.9*	23.5	29.7	23.9	26.9	28.4	27.0*
Transport/distance	14.7	22.2*	13.0	18.1	11.8	15.3	18.8	15.9
Service not available in area	6.2	24.5*	8.5	9.6	9.0†	9.4	8.5	9.1*
Sub-total	37.4	53.8*	35.7	43.3	38.8	39.4	41.9	40.0*
Cultural appropriateness of service								
Discrimination/not culturally appropriate/language problems	3.8	2.5†	3.4†	3.7	1.4‡	3.2	5.4†	3.6
Dislikes service/professional, embarrassed, afraid	22.8	16.9*	21.0	22.6	11.8	23.8	20.9	21.9*
Felt it would be inadequate	9.6	5.9*	9.3	8.8	5.0†	8.8	11.0	9.0
Does not trust service/provider	8.8	7.3	6.6	10.0	3.9†	9.0	9.3	8.5
Sub-total	32.7	26.0*	29.6	33.2	17.6	33.3	32.8	31.6*
Personal reasons								
Too busy (including work, personal or family responsibilities)	34.3	28.3	29.3	36.5	18.8	37.9	27.0	33.3
Decided not to seek care	29.1	26.0	31.1	26.7	20.6	28.3	32.7	28.6*
Sub-total	54.3	49.1	53.3	53.7	37.0	56.8	51.5	53.5
Other	9.1	10.5	8.7	9.9	12.5†	8.5	10.4	9.3
Total	100.0	100.0	100.0	100.0	..	100.0	100.0	100.0
Total number	160,549	29,903	83,203	107,249	18,565	124,042	47,846	190,453

(continued)

Table 3.08.3 (continued): Indigenous persons who did not access health services when needed and why, by remoteness, sex and age, 2012–13

* Represents statistically significant differences in proportions at the $p < 0.05$ level, for comparison between remote and non-remote (using non-remote as the reference category), and comparison of equivalent responses in total column between provider types with 'doctor' as reference category.

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

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

(a) Persons aged 2 and over.

(b) More than one response allowed, sum of components may exceed total.

(c) Other health professionals include: nurse, sister, and Aboriginal (and Torres Strait Islander) health worker.

(d) Persons aged 18 and over, present at interview and responding for self.

(e) Excludes 'not asked'.

(f) Includes persons who reported that they needed to go to a dentist (persons aged 2 and over), Doctor, Other Health Professional, Hospital or Counsellor (persons aged 18 and over) in the last 12 months, but did not go.

Notes

1. Estimates have been rounded and discrepancies may occur between sums of the component items and totals.

2. Data excludes 'not stated' responses.

Source: ABS and AIHW analysis of 2012–13 Australian Aboriginal and Torres Strait Islander Health Survey.

Table 3.08.4: Reasons for Indigenous Australians not accessing health services when needed, by state/territory, 2012–13 (%)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
	Per cent								
Whether needed to go to dentist in last 12 months, but didn't^(a)									
Yes	24.6	23.3	18.5	20.0	19.1	20.4	25.1	12.1	20.5
No	75.4	76.7	81.5	80.0	80.9	79.6	74.9	87.9	79.5
Total persons	190,852	43,400	171,081	77,832	33,809	22,531	5,596	61,814	606,915
Reasons didn't go to a dentist^(a)									
Cost	45.2	38.1	43.0	44.8	46.1	55.2	47.5	25.9	43.3
Logistical reasons									
Waiting time too long or not available at time required	20.5	11.8†	22.1	18.3	14.8	23.0	22.4†	27.2†	20.2
Transport/distance	8.3	4.7†	14.0	14.8	8.4†	13.5†	5.9†	20.5	11.2
[service] Not available in area	6.5†	3.5†	9.7†	14.3	5.3†	11.4†	–	20.9†	8.9
<i>Sub-total</i>	<i>29.4</i>	<i>18.0</i>	<i>37.5</i>	<i>38.0</i>	<i>24.0</i>	<i>34.4</i>	<i>28.3†</i>	<i>52.2</i>	<i>32.9</i>
Cultural appropriateness of service									
Discrimination/not culturally appropriate/language problems	3.3†	n.p.	–	1.3‡	n.p.	2.3‡	n.p.	n.p.	1.7†
Dislikes service/professional, embarrassed, afraid	17.8	23.6	19.2	14.2	23.9	21.7	22.7†	15.1†	18.6
Felt it would be inadequate	0.7‡	2.9†	1.2‡	1.0‡	1.9‡	1.5‡	n.p.	n.p.	1.2†
Does not trust dentist	3.2†	5.4†	4.9†	3.9†	3.7†	7.2†	3.8‡	2.0‡	4.0
<i>Sub-total</i>	<i>23.4</i>	<i>29.8</i>	<i>24.0</i>	<i>18.1</i>	<i>27.2</i>	<i>27.2</i>	<i>29.6</i>	<i>17.0†</i>	<i>23.4</i>
Personal reasons									
Too busy (including work, personal or family responsibilities)	18.9	24.5	22.0	21.6	17.1	27.5	32.9†	21.5	21.0
Decided not to seek care	7.1	14.3	11.2	15.1	18.6	9.2†	10.8†	12.7†	10.8
<i>Sub-total</i>	<i>26.0</i>	<i>35.7</i>	<i>31.2</i>	<i>33.1</i>	<i>34.1</i>	<i>36.0</i>	<i>39.8</i>	<i>34.2</i>	<i>30.4</i>
Other	4.6†	6.8†	6.4†	2.6†	5.0†	n.p.	n.p.	5.4†	5.0
Total who needed to visit dentist, but didn't^(b)	46,926	10,110	31,585	15,558	6,464	4,602	1,407	7,493	124,144

(continued)

Table 3.08.4 (continued): Reasons for Indigenous Australians not accessing health services when needed, by state/territory, 2012–13 (%)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
	Per cent								
Whether needed to visit doctor in last 12 months, but didn't									
Yes	15.7	19.6	11.8	12.2	14.3	17.2	20.9	8.4	13.7
No	84.3	80.4	88.2	87.8	85.7	82.8	79.1	91.6	86.3
Total persons	200,874	45,749	180,521	81,545	35,516	23,673	5,891	64,555	638,324
Reasons why didn't visit the doctor when needed to									
Cost	12.4	14.0†	13.4	13.0	7.7†	20.9	27.9†	8.3†	13.0
Logistical reasons									
Waiting time too long or not available at time required	26.0	18.2	17.1	21.5	22.0	27.3	27.4†	20.2	22.0
Transport/distance	15.0†	12.0†	14.5†	17.8	8.8†	13.2	12.3†	12.8†	14.3
[service] Not available in area	3.4†	4.5‡	7.7†	3.9†	2.3‡	7.4†	n.p.	n.p.	4.7
<i>Sub-total</i>	<i>36.1</i>	<i>26.1</i>	<i>34.3</i>	<i>36.3</i>	<i>30.5</i>	<i>38.7</i>	<i>33.4†</i>	<i>31.5</i>	<i>34.1</i>
Cultural appropriateness of service									
Discrimination/not culturally appropriate/language problems	4.5†	2.9‡	n.p.	2.5†	4.9†	—	n.p.	—	2.8†
Dislikes service/professional, embarrassed, afraid	14.4	13.4†	15.0	9.6†	8.8†	17.8†	14.4†	15.1†	13.8
Felt it would be inadequate	9.5†	10.8	9.3†	3.7†	9.8†	7.6†	12.7†	3.3‡	8.5
Does not trust doctor	8.2†	6.4†	5.1†	2.5†	3.5‡	6.9†	n.p.	n.p.	5.7
<i>Sub-total</i>	<i>26.2</i>	<i>24.3</i>	<i>22.1</i>	<i>15.6</i>	<i>21.8</i>	<i>28.2†</i>	<i>29.2†</i>	<i>17.9†</i>	<i>23.2</i>
Personal reasons									
Too busy (including work, personal or family responsibilities)	30.8	36.2	25.8	29.6	34.2	29.8	29.0	27.2	29.9
Decided not to seek care	33.0	34.9	35.6	36.2	33.5	30.7	31.1†	31.4	34.0
<i>Sub-total</i>	<i>55.2</i>	<i>63.0</i>	<i>58.4</i>	<i>60.6</i>	<i>60.7</i>	<i>51.5</i>	<i>47.5</i>	<i>54.8</i>	<i>57.4</i>
Other	7.6†	3.4†	7.0†	5.2†	7.0†	3.9†	4.3‡	13.3†	6.8
Total who needed to visit doctor, but didn't^(b)	31,505	8,953	21,374	9,983	5,075	4,079	1,232	5,407	87,606

(continued)

Table 3.08.4 (continued): Reasons for Indigenous Australians not accessing health services when needed, by state/territory, 2012–13 (%)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
	Per cent								
Whether needed to go to other health professional in last 12 months, but didn't^(c)									
Yes	10.5	13.8	7.8	7.3	8.4	8.2	13.0	4.0	8.7
No	89.5	86.2	92.2	92.7	91.6	91.8	87.0	96.0	91.3
Total persons^(b)	200,874	45,749	180,521	81,545	35,516	23,673	5,891	64,555	638,324
Why didn't go to other health professional (OHP)^(c)									
Cost	35.6	39.7	35.0	34.4	33.0	46.0	37.8†	15.2†	35.1
Logistical reasons									
Waiting time too long or not available at time required	16.6	17.0†	15.8†	17.7	17.6†	11.4†	28.9†	19.2†	16.7
Transport/distance	13.3†	11.2†	13.6†	15.8	8.1†	19.0†	7.9†	10.8†	13.2
[service] Not available in area	6.8†	3.6‡	7.0‡	4.8†	5.3‡	9.7†	n.p.	n.p.	6.0†
<i>Sub-total</i>	<i>27.0</i>	<i>24.6</i>	<i>27.0</i>	<i>31.4</i>	<i>28.1</i>	<i>32.1</i>	<i>33.1†</i>	<i>26.6†</i>	<i>27.5</i>
Cultural appropriateness of service									
Discrimination/not culturally appropriate/language problems	3.5‡	3.6‡	n.p.	n.p.	—	n.p.	n.p.	—	2.4†
Dislikes service/professional, embarrassed, afraid	11.8†	16.8†	11.4†	11.3†	10.3†	14.0†	38.4†	9.7†	12.5
Felt it would be inadequate	4.9†	7.0†	4.1‡	5.7†	5.4†	4.8†	n.p.	n.p.	5.0
Does not trust other health professional	3.2‡	5.4‡	n.p.	3.9†	n.p.	9.1†	—	n.p.	3.3
<i>Sub-total</i>	<i>16.6†</i>	<i>22.9</i>	<i>17.8</i>	<i>17.8†</i>	<i>15.9</i>	<i>21.1</i>	<i>41.5†</i>	<i>19.2†</i>	<i>18.3</i>
Personal reasons									
Too busy (including work, personal or family responsibilities)	34.2	31.9	25.7	36.8	36.2	33.9	33.2†	40.7	32.5
Decided not to seek care	22.3	19.3	19.3	15.5†	21.2	20.8	5.3†	15.0†	19.8
<i>Sub-total</i>	<i>49.5</i>	<i>48.0</i>	<i>44.8</i>	<i>49.2</i>	<i>52.9</i>	<i>40.9</i>	<i>38.5†</i>	<i>54.4</i>	<i>48.1</i>
Other	8.5†	2.7‡	4.0†	6.6†	n.p.	4.3‡	13.3‡	n.p.	5.9
Total who needed to visit OHP but didn't^(b)	21,115	6,305	14,100	5,922	2,971	1,933	768	2,607	55,721

(continued)

Table 3.08.4 (continued): Reasons for Indigenous Australians not accessing health services when needed, by state/territory, 2012–13 (%)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Whether needed to go to hospital in the last 12 months, but didn't									
Yes	6.1	7.7	6.3	5.9	6.4	7.1	7.1†	4.2	6.1
No	93.9	92.3	93.7	94.1	93.6	92.9	92.9	95.8	93.9
Total persons	200,874	45,749	180,521	81,545	35,516	23,673	5,891	64,555	638,324
Why didn't visit hospital									
Cost	3.9‡	10.8†	9.4†	14.1†	n.p.	8.7†	n.p.	3.8‡	7.5
Logistical reasons									
Waiting time too long or not available at time required	22.5	22.0†	28.5	24.4†	23.2†	26.8	24.9†	22.1†	24.7
Transport/distance	15.4†	20.7†	14.2†	22.2	19.4†	18.6†	n.p.	n.p.	16.9
[service] Not available in area	—	n.p.	2.3‡	7.5‡	n.p.	n.p.	n.p.	6.4‡	2.7†
<i>Sub-total</i>	<i>32.4</i>	<i>35.0</i>	<i>35.9</i>	<i>48.0</i>	<i>36.1</i>	<i>39.6</i>	<i>35.2†</i>	<i>41.8</i>	<i>36.8</i>
Cultural appropriateness of service									
Discrimination/not culturally appropriate/language problems	3.3‡	8.6‡	4.5‡	3.6‡	—	—	n.p.	n.p.	3.8†
Dislikes service/professional, embarrassed, afraid	11.0†	16.6†	21.3†	7.2†	9.0†	12.9†	30.1‡	12.1‡	14.3
Felt it would be inadequate	9.5†	10.1†	11.2†	4.2†	16.1‡	8.3†	n.p.	n.p.	9.4
Does not trust the hospital	5.3‡	7.1†	12.4†	5.2‡	n.p.	12.7‡	n.p.	4.3‡	7.7
<i>Sub-total</i>	<i>22.9</i>	<i>27.0</i>	<i>35.3</i>	<i>16.8</i>	<i>29.0†</i>	<i>30.2†</i>	<i>49.3†</i>	<i>21.5†</i>	<i>27.0</i>
Personal reasons									
Too busy (including work, personal or family responsibilities)	21.3	26.6†	27.3	19.6†	27.1†	18.4†	16.5‡	14.5†	23.0
Decided not to seek care	46.9	32.1	31.2	27.8	33.0	31.6	23.0†	30.4	35.8
<i>Sub-total</i>	<i>60.2</i>	<i>53.2</i>	<i>54.1</i>	<i>43.8</i>	<i>54.7</i>	<i>44.5</i>	<i>37.6†</i>	<i>43.6</i>	<i>53.4</i>
Other	4.0‡	n.p.	6.3†	10.9†	9.5‡	8.6†	n.p.	15.3†	6.9
Total who needed to visit hospital, but didn't^(b)	12,292	3,517	11,428	4,837	2,257	1,680	418†	2,701	39,130

(continued)

Table 3.08.4 (continued): Reasons for Indigenous Australians not accessing health services when needed, by state/territory, 2012–13 (%)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Whether needed to see a counsellor in last 12 months, but didn't ^(d)									
Yes	11.5	15.3	7.1	6.8	8.7	9.6	18.3	3.4	8.9
No	88.5	84.7	92.9	93.2	91.3	90.4	81.7	96.6	91.1
Total persons ^(e)	112,967	26,163	100,074	47,136	20,483	13,505	3,559	39,052	362,938
Reasons didn't go to counsellor ^(d)									
Cost	9.1†	18.5†	20.9†	31.4†	n.p.	19.6†	28.9†	n.p.	15.6
Logistical reasons									
Waiting time too long or not available at time required	13.2†	10.6†	6.5‡	27.2†	6.9‡	n.p.	23.7‡	n.p.	12.2
Transport/distance	5.8‡	9.5†	15.2†	24.4†	9.4‡	8.8†	n.p.	n.p.	10.4
[service] Not available in area	4.8‡	6.5‡	9.0†	5.9‡	6.0‡	6.0‡	n.p.	n.p.	6.2
<i>Sub-total</i>	<i>18.4</i>	<i>19.9†</i>	<i>21.7†</i>	<i>47.2</i>	<i>19.6†</i>	<i>12.6†</i>	<i>33.1†</i>	<i>16.9‡</i>	<i>22.3</i>
Cultural appropriateness of service									
Discrimination/not culturally appropriate/language problems	3.8‡	n.p.	n.p.	10.2‡	10.8‡	—	n.p.	—	3.9†
Dislikes service/professional, embarrassed, afraid	36.8	23.1†	16.5†	27.9†	n.p.	27.5†	n.p.	18.7†	26.6
Felt it would be inadequate	16.7†	19.7†	21.3†	15.0†	16.9†	18.1†	31.5‡	10.8‡	18.0
Does not trust the counsellor	17.5†	8.5†	4.5‡	11.9‡	11.3‡	9.1‡	n.p.	n.p.	11.8
<i>Sub-total</i>	<i>52.9</i>	<i>47.2</i>	<i>36.9</i>	<i>42.9</i>	<i>25.0†</i>	<i>44.8</i>	<i>53.3†</i>	<i>27.0†</i>	<i>44.8</i>
Personal reasons									
Too busy (including work, personal or family responsibilities)	27.2	42.8	37.6	32.8	45.3	34.3	48.1	36.0†	34.0
Decided not to seek care	34.1	30.1	26.2†	31.5	23.4†	38.0	36.3†	44.5	31.7
<i>Sub-total</i>	<i>50.7</i>	<i>60.4</i>	<i>59.0</i>	<i>57.9</i>	<i>56.7</i>	<i>58.4</i>	<i>80.4</i>	<i>70.2</i>	<i>56.5</i>
Other	9.5†	3.8‡	7.4†	6.6†	12.4‡	9.1†	n.p.	n.p.	7.9
Total who needed to see a counsellor in the last 12 months but didn't ^{(b)(d)(e)}	12,985	3,996	7,128	3,224	1,772	1,290	653	1,339	32,387

(continued)

Table 3.08.4 (continued): Reasons for Indigenous Australians not accessing health services when needed, by state/territory, 2012–13 (%)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Whether needed to go to a health provider in last 12 months but didn't^(f)									
Yes	34.7	36.6	26.7	28.2	29.5	32.9	37.7	19.2	29.8
No	65.3	63.4	73.3	71.8	70.5	67.1	62.3	80.8	70.2
Total persons	200,874	45,749	180,521	81,545	35,516	23,673	5,891	64,555	638,324
Reason(s) did not go^(b)									
Cost	36.7	35.3	36.6	38.2	35.0	43.5	43.8	17.5	35.8
Logistical reasons									
Waiting time too long or not available at time required	28.4	21.3	26.6	26.7	23.5	29.0	34.4	28.4	27.0
Transport/distance	14.5	11.3	17.4	20.1	13.0	15.9	11.8†	19.3	15.9
[service] Not available in area	6.8	6.1†	10.7†	12.5	6.6†	11.1	8.4‡	14.6†	9.1
<i>Sub-total</i>	<i>38.1</i>	<i>30.6</i>	<i>41.7</i>	<i>46.1</i>	<i>35.5</i>	<i>40.6</i>	<i>42.0</i>	<i>48.1</i>	<i>40.0</i>
Cultural appropriateness of service									
Discrimination/not culturally appropriate/language problems	5.2†	3.9†	1.9†	3.8†	4.1†	n.p.	7.2†	n.p.	3.6
Dislikes service/professional, embarrassed, afraid	20.8	28.9	23.2	17.6	22.6	23.9	36.0	17.6	21.9
Felt it would be inadequate	9.2	13.5	9.8	5.4†	10.1	7.6	17.4†	4.1†	9.0
Does not trust service/provider	9.9	10.1	7.8	6.9	6.6†	11.1†	10.4†	4.4†	8.5
<i>Sub-total</i>	<i>31.4</i>	<i>42.5</i>	<i>32.5</i>	<i>25.2</i>	<i>33.3</i>	<i>33.7</i>	<i>42.0</i>	<i>22.2</i>	<i>31.6</i>
Personal reasons									
Too busy (including work, personal or family responsibilities)	32.9	39.1	32.2	32.2	34.6	34.7	45.8	30.5	33.3
Decided not to seek care	26.3	33.5	29.0	30.7	30.1	31.0	34.3	25.9	28.6
<i>Sub-total</i>	<i>50.6</i>	<i>60.4</i>	<i>55.1</i>	<i>53.9</i>	<i>53.2</i>	<i>54.4</i>	<i>65.9</i>	<i>51.0</i>	<i>53.5</i>
Other	9.7	8.4	9.5	7.6	9.5	7.5	9.7†	12.0†	9.3
Total who needed to see a health provider in last 12 months but didn't	69,630	16,747	48,139	23,017	10,482	7,793	2,221	12,423	190,453

(continued)

Table 3.08.4 (continued): Reasons for Indigenous Australians not accessing health services when needed, by state/territory, 2012–13 (%)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Whether ever accessed/used health services for mental health condition^(d)									
Yes	32.7	42.4	21.5	20.8	25.7	31.5	36.7	11.1	26.1
No	67.3	57.6	78.5	79.2	74.3	68.5	63.3	88.9	73.9
Total persons^(e)	112,967	26,163	100,074	47,136	20,483	13,505	3,559	39,052	362,938
Whether been to counselling service for own health in last 12 months^(d)									
Yes	19.2	26.8	14.7	13.2	17.5	20.9	20.5	9.1	16.6
No	80.8	73.2	85.3	86.8	82.5	79.1	79.5	90.9	83.4
Total persons^(e)	112,967	26,163	100,074	47,136	20,483	13,505	3,559	39,052	362,938

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

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

(a) Persons aged 2 and over.

(b) More than one response allowed, sum of components may exceed total.

(c) Other health professionals include: nurse, sister, and Aboriginal (and Torres Strait Islander) health worker.

(d) Persons aged 18 and over, present at interview and responding for self.

(e) Excludes 'not asked'.

(f) Includes persons who reported they needed to go to a dentist (persons aged 2 and over), doctor, other health professional, hospital or counsellor (persons aged 18 and over) in the last 12 months, but did not go.

Notes

1. Percentages calculated within columns. Estimates have been rounded and discrepancies may occur between sums of the component items and totals.

2. Data excludes 'not stated' responses.

Source: ABS Australian Aboriginal and Torres Strait Islander Health Survey 2012–13 (2012–13 NATSIHS component).

Table 3.08.5: Reasons for Indigenous Australians not accessing health services when needed, by state/territory, 2012–13 (number)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
	Number								
Whether needed to go to dentist in last 12 months, but didn't^(a)									
Yes	46,926	10,110	31,585	15,558	6,464	4,602	1,407	7,493	124,144
No	143,926	33,290	139,496	62,274	27,345	17,929	4,189	54,321	482,771
Total persons	190,852	43,400	171,081	77,832	33,809	22,531	5,596	61,814	606,915
Reasons didn't go to a dentist^(a)									
Cost	21,231	3,853	13,567	6,964	2,982	2,542	668†	1,941	53,747
Logistical reasons									
Waiting time too long or not available at time required	9,625	1195†	6,993	2,852	957	1,060	315†	2,035†	25,030
Transport/distance	3,896	479†	4,418	2,309	545†	620†	83†	1,533	13,883
[service] Not available in area	3,030†	355†	3072†	2,222	341†	523†	—	1,569†	11,110
<i>Sub-total</i>	<i>13,799</i>	<i>1,821</i>	<i>11,856</i>	<i>5,907</i>	<i>1,552</i>	<i>1,584</i>	<i>398†</i>	<i>3,912</i>	<i>40,828</i>
Cultural appropriateness of service									
Discrimination/not culturally appropriate/language problems	1,569†	n.p.	—	202‡	n.p.	105‡	n.p.	n.p.	2,088†
Dislikes service/professional, embarrassed, afraid	8,365	2,383	6,069	2,212	1,545	999	319†	1,135†	23,029
Felt it would be inadequate	337‡	290†	371‡	150‡	122‡	68‡	n.p.	n.p.	1,482†
Does not trust dentist	1,508†	544†	1,558†	603†	241†	333†	53‡	153‡	4,992
<i>Sub-total</i>	<i>10,974</i>	<i>3,010</i>	<i>7,574</i>	<i>2,815</i>	<i>1,756</i>	<i>1,253</i>	<i>416†</i>	<i>1,276†</i>	<i>29,075</i>
Personal reasons									
Too busy (including work, personal or family responsibilities)	8,850	2,474	6,937	3,361	1,108	1,265	463†	1,608	26,066
Decided not to seek care	3,348	1,442	3,551	2354†	1,200	425†	152†	953†	13,425
<i>Sub-total</i>	<i>12,198</i>	<i>3,605</i>	<i>9,843</i>	<i>5,152</i>	<i>2,205</i>	<i>1,658</i>	<i>560†</i>	<i>2,561</i>	<i>37,783</i>
Other	2,158†	691†	2,007†	400†	322†	n.p.	n.p.	404†	6,170
Total who needed to visit dentist, but didn't^(b)	46,926	10,110	31,585	15,558	6,464	4,602	1,407	7,493	124,144

(continued)

Table 3.08.5 (continued): Reasons for Indigenous Australians not accessing health services when needed, by state/territory, 2012–13 (number)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
	Per cent								
Whether needed to visit doctor in last 12 months, but didn't									
Yes	31,505	8,953	21,374	9,983	5,075	4,079	1,232	5,407	87,606
No	169,369	36,796	159,147	71,562	30,441	19,594	4,659	59,148	550,718
Total persons	200,874	45,749	180,521	81,545	35,516	23,673	5,891	64,555	638,324
Reasons why didn't visit the doctor when needed to									
Cost	3,916	1,251†	2,871	1,300	391†	853	344†	451†	11,377
Logistical reasons									
Waiting time too long or not available at time required	8,197	1,632†	3,663	2,144	1,119	1,115	337†	1,093	19,301
Transport/distance	4,737†	1,075†	3,089†	1,780	446†	538	151†	691†	12,507
[service] Not available in area	1,084†	404‡	1,656†	386†	117‡	300†	n.p.	n.p.	4,099†
<i>Sub-total</i>	<i>11,383</i>	<i>2,339</i>	<i>7,332</i>	<i>3,623</i>	<i>1,547</i>	<i>1,578</i>	<i>411†</i>	<i>1,703</i>	<i>29,915</i>
Cultural appropriateness of service									
Discrimination/not culturally appropriate/language problems	1,420†	256‡	n.p.	245†	250†	—	n.p.	—	2,425†
Dislikes service/professional, embarrassed, afraid	4,535	1,196†	3,202†	962†	449†	727†	178†	817†	12,066
Felt it would be inadequate	2,987†	964†	1,986†	368†	497†	308†	156†	178‡	7,444
Does not trust doctor	2,574†	577†	1,089†	250†	179‡	282†	n.p.	n.p.	5,014
<i>Sub-total</i>	<i>8,268</i>	<i>2,176</i>	<i>4,714</i>	<i>1,559</i>	<i>1,104</i>	<i>1152†</i>	<i>360†</i>	<i>970†</i>	<i>20,303</i>
Personal reasons									
Too busy (including work, personal or family responsibilities)	9,710	3,238	5,519	2,959	1,738	1,216	357	1470†	26,207
Decided not to seek care	10,400	3,129	7,614	3,617	1,701	1,253	383†	1,697	29,794
<i>Sub-total</i>	<i>17,382</i>	<i>5,639</i>	<i>12,486</i>	<i>6,052</i>	<i>3,078</i>	<i>2,099</i>	<i>585</i>	<i>2,963</i>	<i>50,284</i>
Other	2,383†	305†	1,495†	524†	353†	160†	53‡	721†	5,993
Total who needed to visit doctor, but didn't^(b)	31,505	8,953	21,374	9,983	5,075	4,079	1,232	5,407	87,606

(continued)

Table 3.08.5 (continued): Reasons for Indigenous Australians not accessing health services when needed, by state/territory, 2012–13 (number)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
	Per cent								
Whether needed to go to other health professional in last 12 months, but didn't^(c)									
Yes	21,115	6,305	14,100	5,922	2,971	1,933	768	2,607	55,721
No	179,759	39,444	166,421	75,623	32,545	21,740	5,123	61,948	582,603
Total persons^(b)	200,874	45,749	180,521	81,545	35,516	23,673	5,891	64,555	638,324
Why didn't go to other health professional (OHP)^(c)									
Cost	7,516	2,503	4,942	2,036	980†	889	290†	396†	19,553
Logistical reasons									
Waiting time too long or not available at time required	3,505	1,071†	2,231†	1,046	522†	221†	222†	500†	9,319
Transport/distance	2,815†	706†	1,921†	936	241†	368†	61‡	281†	7,328
[service] Not available in area	1,432†	225‡	980‡	285†	157‡	187†	n.p.	n.p.	3,346†
<i>Sub-total</i>	<i>5,699</i>	<i>1,552</i>	<i>3,804</i>	<i>1,861</i>	<i>835†</i>	<i>620</i>	<i>254†</i>	<i>694†</i>	<i>15,319</i>
Cultural appropriateness of service									
Discrimination/not culturally appropriate/language problems	749‡	226‡	n.p.	n.p.	—	n.p.	n.p.	—	1,354†
Dislikes service/professional, embarrassed, afraid	2,500†	1,059†	1,611†	671†	305†	270†	295†	254‡	6,965
Felt it would be inadequate	1,037†	444†	582‡	338†	160†	93†	n.p.	n.p.	2,760
Does not trust other health professional	680‡	340‡	n.p.	229†	n.p.	175†	—	n.p.	1,822†
<i>Sub-total</i>	<i>3514†</i>	<i>1,442</i>	<i>2,515</i>	<i>1,052†</i>	<i>471†</i>	<i>408†</i>	<i>319†</i>	<i>500†</i>	<i>10,221</i>
Personal reasons									
Too busy (including work, personal or family responsibilities)	7,229	2,014	3,617	2,181	1,076†	655	255†	1,060†	18,087
Decided not to seek care	4,710	1,219†	2,715	919†	631†	403†	41†	392‡	11,030
<i>Sub-total</i>	<i>10,453</i>	<i>3,028</i>	<i>6,316</i>	<i>2,916</i>	<i>1,571</i>	<i>790</i>	<i>296†</i>	<i>1,418†</i>	<i>26,786</i>
Other	1,794†	169‡	557†	389†	n.p.	83‡	102‡	n.p.	3,269
Total who needed to visit OHP but didn't^(b)	21,115	6,305	14,100	5,922	2,971	1,933	768	2,607	55,721

(continued)

Table 3.08.5 (continued): Reasons for Indigenous Australians not accessing health services when needed, by state/territory, 2012–13 (number)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Whether needed to go to hospital in the last 12 months, but didn't									
Yes	12,292	3,517	11,428	4,837	2,257	1,680	418†	2,701	39,130
No	188,582	42,232	169,093	76,708	33,259	21,993	5,473	61,854	599,194
Total persons	200,874	45,749	180,521	81,545	35,516	23,673	5,891	64,555	638,324
Why didn't visit hospital									
Cost	481‡	381†	1,070†	684†	n.p.	146‡	n.p.	102‡	2,947
Logistical reasons									
Waiting time too long or not available at time required	2,763	774†	3,260	1,180†	523†	451†	104†	596†	9,650
Transport/distance	1,888†	729†	1,625†	1,076†	437†	313†	n.p.	n.p.	6,604
[service] Not available in area	—	n.p.	258‡	362‡	n.p.	n.p.	n.p.	172‡	1,070†
<i>Sub-total</i>	<i>3,977</i>	<i>1,232†</i>	<i>4,099</i>	<i>2,323</i>	<i>814†</i>	<i>665</i>	<i>147†</i>	<i>1,129</i>	<i>14,387</i>
Cultural appropriateness of service									
Discrimination/not culturally appropriate/language problems	404‡	303‡	516‡	175‡	—	—	n.p.	n.p.	1,500†
Dislikes service/professional, embarrassed, afraid	1,354†	583†	2,435†	350†	204†	216†	126‡	327‡	5,594
Felt it would be inadequate	1,172†	356†	1,284†	202†	363‡	140†	n.p.	n.p.	3,683
Does not trust the hospital	653‡	250‡	1,414†	253‡	n.p.	214‡	n.p.	117‡	3,031
<i>Sub-total</i>	<i>2,821†</i>	<i>951†</i>	<i>4,029</i>	<i>812†</i>	<i>655†</i>	<i>507†</i>	<i>206†</i>	<i>582†</i>	<i>10,563</i>
Personal reasons									
Too busy (including work, personal or family responsibilities)	2,621†	934†	3,115	949†	612†	309†	69‡	391‡	9,000
Decided not to seek care	5,762	1,130†	3,563	1,344†	745	531†	96†	821†	13,993
<i>Sub-total</i>	<i>7,402</i>	<i>1,872</i>	<i>6,187</i>	<i>2,118</i>	<i>1,234</i>	<i>748</i>	<i>157†</i>	<i>1,178†</i>	<i>20,895</i>
Other	496‡	n.p.	724†	526†	214‡	144†	n.p.	413‡	2,694
Total who needed to visit hospital, but didn't^(b)	12,292	3,517	11,428	4,837	2,257	1,680	418†	2,701	39,130

(continued)

Table 3.08.5 (continued): Reasons for Indigenous Australians not accessing health services when needed, by state/territory, 2012–13 (number)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Whether needed to see a counsellor in last 12 months, but didn't^(d)									
Yes	12,985	3,996	7,128	3,224	1,772	1,290	653	1,339	32,387
No	99,982	22,166	92,946	43,912	18,711	12,215	2,906	37,713	330,551
Total persons^(e)	112,967	26,163	100,074	47,136	20,483	13,505	3,559	39,052	362,938
Reasons didn't go to counsellor^(d)									
Cost	1,179†	739†	1,493†	1,013†	n.p.	253†	189‡	n.p.	5,045
Logistical reasons									
Waiting time too long or not available at time required	1,718†	425†	464‡	876†	123‡	n.p.	155‡	n.p.	3,963
Transport/distance	759‡	379†	1,081†	786†	166‡	113‡	n.p.	n.p.	3,369
[service] Not available in area	618‡	260‡	638†	189‡	107‡	78‡	n.p.	n.p.	1,996
<i>Sub-total</i>	<i>2,394†</i>	<i>794†</i>	<i>1,550†</i>	<i>1,523†</i>	<i>347†</i>	<i>162†</i>	<i>216‡</i>	<i>226‡</i>	<i>7,211</i>
Cultural appropriateness of service									
Discrimination/not culturally appropriate/language problems	489‡	n.p.	n.p.	330‡	191‡	—	n.p.	—	1,263†
Dislikes service/professional, embarrassed, afraid	4,772	924†	1,176†	900†	n.p.	355†	n.p.	251‡	8,625
Felt it would be inadequate	2,172†	786†	1,519†	485†	300‡	233†	206‡	144‡	5,844
Does not trust the counsellor	2,272†	339‡	319‡	384‡	200‡	117‡	n.p.	n.p.	3,814
<i>Sub-total</i>	<i>6,874</i>	<i>1,886</i>	<i>2,627†</i>	<i>1,384</i>	<i>443†</i>	<i>578†</i>	<i>348†</i>	<i>361†</i>	<i>14,500</i>
Personal reasons									
Too busy (including work, personal or family responsibilities)	3,533†	1,711	2,682	1,056†	803†	442†	314†	482†	11,023
Decided not to seek care	4,430	1,202	1,871†	1,015†	415†	490	237†	596†	10,256
<i>Sub-total</i>	<i>6,585</i>	<i>2,414</i>	<i>4,203</i>	<i>1,868</i>	<i>1,005</i>	<i>754</i>	<i>525</i>	<i>940</i>	<i>18,294</i>
Other	1,235†	151‡	530†	214†	219‡	117†	n.p.	n.p.	2,549
Total who needed to see a counsellor in the last 12 months but didn't^{(b)(d)(e)}	12,985	3,996	7,128	3,224	1,772	1,290	653	1,339	32,387

(continued)

Table 3.08.5 (continued): Reasons for Indigenous Australians not accessing health services when needed, by state/territory, 2012–13 (number)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Whether needed to go to a health provider in last 12 months but didn't^(f)									
Yes	69,630	16,747	48,139	23,017	10,482	7,793	2,221	12,423	190,453
No	131,244	29,002	132,382	58,528	25,034	15,880	3,670	52,132	447,871
Total persons	200,874	45,749	180,521	81,545	35,516	23,673	5,891	64,555	638,324
Reason(s) did not go^(b)									
Cost	25,588	5,904	17,601	8,790	3,670	3,389	972	2,179	68,091
Logistical reasons									
Waiting time too long or not available at time required	19,797	3,572	12,814	6,140	2,463	2,258	765	3,530	51,338
Transport/distance	10,073	1,890	8,366	4,629	1,359	1,238	262†	2,403	30,220
[service] Not available in area	4,710	1,025†	5,159†	2,888	695†	868	187‡	1,814†	17,346
<i>Sub-total</i>	<i>26,500</i>	<i>5,127</i>	<i>20,089</i>	<i>10,611</i>	<i>3,721</i>	<i>3,161</i>	<i>932</i>	<i>5,979</i>	<i>76,121</i>
Cultural appropriateness of service									
Discrimination/not culturally appropriate/language problems	3,617†	648†	914†	868†	425†	n.p.	161†	n.p.	6,825
Dislikes service/professional, embarrassed, afraid	14,450	4,835	11,177	4,056	2,366	1,861	799	2,186†	41,731
Felt it would be inadequate	6,378	2,262	4,741	1,243†	1,060	591	386†	508†	17,170
Does not trust service/provider	6,906	1,689	3,754	1,580	693†	866†	232‡	543†	16,263
<i>Sub-total</i>	<i>21,880</i>	<i>7,110</i>	<i>15,645</i>	<i>5,796</i>	<i>3,487</i>	<i>2,624</i>	<i>933</i>	<i>2,762</i>	<i>60,236</i>
Personal reasons									
Too busy (including work, personal or family responsibilities)	22,876	6,543	15,504	7,400	3,625	2,707	1,017	3,793	63,466
Decided not to seek care	18,342	5,618	13,972	7,061	3,151	2,415	761	3,214	54,533
<i>Sub-total</i>	<i>35,253</i>	<i>10,112</i>	<i>26,547</i>	<i>12,402</i>	<i>5,576</i>	<i>4,241</i>	<i>1,463</i>	<i>6,331</i>	<i>101,925</i>
Other	6,773	1,401	4,590	1,756	992	587	216†	1,491†	17,806
Total who needed to see a health provider in last 12 months but didn't	69,630	16,747	48,139	23,017	10,482	7,793	2,221	12,423	190,453

(continued)

Table 3.08.5 (continued): Reasons for Indigenous Australians not accessing health services when needed, by state/territory, 2012–13 (number)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Whether ever accessed/used health services for mental health condition^(d)									
Yes	36,993	11,082	21,530	9,795	5,262	4,257	1,305	4,352	94,576
No	75,974	15,080	78,544	37,341	15,221	9,249	2,254	34,700	268,362
Total persons^(e)	112,967	26,163	100,074	47,136	20,483	13,505	3,559	39,052	362,938
Whether been to counselling service for own health in last 12 months^(d)									
Yes	21,680	7,021	14,706	6,213	3,578	2,827	731	3,554	60,310
No	91,287	19,142	85,368	40,924	16,905	10,678	2,828	35,498	302,629
Total persons^(e)	112,967	26,163	100,074	47,136	20,483	13,505	3,559	39,052	362,938

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

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

(a) Persons aged 2 and over.

(b) More than one response allowed, sum of components may exceed total.

(c) Other health professionals include: nurse, sister, and Aboriginal (and Torres Strait Islander) health worker.

(d) Persons aged 18 and over, present at interview and responding for self.

(e) Excludes 'not asked'.

(f) Includes persons who reported they needed to go to a dentist (persons aged 2 and over), doctor, other health professional, hospital or counsellor (persons aged 18 and over) in the last 12 months, but did not go.

Notes

1. Percentages calculated within columns. Estimates have been rounded and discrepancies may occur between sums of the component items and totals.

2. Data excludes 'not stated' responses.

Source: ABS Australian Aboriginal and Torres Strait Islander Health Survey 2012–13 (2012–13 NATSIHS component).

Table 3.08.6: Patient experience in last 12 months, Indigenous Australians aged 15 and over, by sex and age group (*Non-remote*), 2012–13^(a)

	Sex		Age group					Total
	Males	Females	15–24	25–34	35–44	45–54	55+	
	Number							
How often doctor(s) listened								
Always/usually	111,108	127,040	71,102	49,394	43,576	35,644	38,433	238,148
Sometimes/never	11,723	17,890	7,006	5,843	7,040	5,769	3,955	29,613
Total	122,831	144,930	78,108	55,237	50,616	41,413	42,388	267,761
How often doctor(s) explained things in a way that could be understood								
Always/usually	108,857	123,240	67,308	47,584	43,507	36,063	37,634	232,097
Sometimes/never	13,974	21,690	10,800	7,653	7,108	5,349	4,754	35,664
Total	122,831	144,930	78,108	55,237	50,616	41,413	42,388	267,761
How often doctor(s) showed respect for what was said								
Always/usually	111,445	127,472	71,099	48,711	44,072	36,756	38,278	238,917
Sometimes/never	11,386	17,458	7,009	6,525	6,544	4,657	4,110	28,844
Total	122,831	144,930	78,108	55,237	50,616	41,413	42,388	267,761
How often doctor(s) spent enough time with patient								
Always/usually	108,059	119,423	67,013	47,003	41,905	33,804	37,756	227,482
Sometimes/never	14,772	25,507	11,095	8,234	8,710	7,608	4,632	40,279
Total	122,831	144,930	78,108	55,237	50,616	41,413	42,388	267,761
Overall rating of health care received in last 12 months								
Excellent/very good	88,695	99,185	57,674	36,808	33,183	28,296	31,919	187,880
Good	24,411	30,244	15,099	13,124	10,895	8,901	6,637	54,655
Fair/poor	9,725	15,501	5,335	5,305	6,538	4,216	3,832	25,226
Total	122,831	144,930	78,108	55,237	50,616	41,413	42,388	267,761
Total number of persons who saw a doctor in the last 12 months	124,517	145,084	78,891	55,737	50,914	41,600	42,460	269,601

(continued)

Table 3.08.6 (continued): Patient experience in last 12 months, Indigenous Australians aged 15 and over, by sex and age group (*Non-remote*), 2012–13^(a)

	Sex		Age group					Total
	Males	Females	15–24	25–34	35–44	45–54	55+	
	Per cent							
How often doctor(s) listened								
Always/usually	90.5	87.7	91.0	89.4	86.1	86.1	90.7	88.9
Sometimes/never	9.5	12.3	9.0	10.6	13.9	13.9	9.3	11.1
Total	122,831	144,930	78,108	55,237	50,616	41,413	42,388	267,761
How often doctor(s) explained things in a way that could be understood								
Always/usually	88.6	85.0	86.2	86.1	86.0	87.1	88.8	86.7
Sometimes/never	11.4	15.0	13.8	13.9	14.0	12.9	11.2	13.3
Total	122,831	144,930	78,108	55,237	50,616	41,413	42,388	267,761
How often doctor(s) showed respect for what was said								
Always/usually	90.7	88.0	91.0	88.2	87.1	88.8	90.3	89.2
Sometimes/never	9.3	12.0	9.0	11.8	12.9	11.2	9.7	10.8
Total	122,831	144,930	78,108	55,237	50,616	41,413	42,388	267,761
How often doctor(s) spent enough time with patient								
Always/usually	88.0	82.4	85.8	85.1	82.8	81.6	89.1	85.0
Sometimes/never	12.0	17.6	14.2	14.9	17.2	18.4	10.9	15.0
Total	122,831	144,930	78,108	55,237	50,616	41,413	42,388	267,761
Overall rating of health care received in last 12 months								
Excellent/very good	72.2	68.4	73.8	66.6	65.6	68.3	75.3	70.2
Good	19.9	20.9	19.3	23.8	21.5	21.5	15.7	20.4
Fair/poor	7.9	10.7	6.8	9.6	12.9	10.2	9.0	9.4
Total	122,831	144,930	78,108	55,237	50,616	41,413	42,388	267,761
Total number of persons who saw a doctor in the last 12 months	124,517	145,084	78,891	55,737	50,914	41,600	42,460	269,601

(continued)

Table 3.08.6 (continued): Patient experience in last 12 months, Indigenous Australians aged 15 and over, by sex and age group (*Non-remote*), 2012–13^(a)

(a) Self-reported data for people aged 15 and over in non-remote areas who consulted a doctor or specialist in the last 12 months. Data excludes a small number of people who were not present at interview for whom responses were provided by a proxy.

Note: Percentages add within columns. Estimates have been rounded and discrepancies may occur between sums of the component items and totals.

Source: ABS Australian Aboriginal and Torres Strait Islander Health Survey 2012–13 (2012–13 NATSIHS component).

Table 3.08.7: Patient experience, Indigenous persons aged 15 and over by state/territory (Non-remote), 2012–13^(a)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
	Number								
How often doctor(s) listened									
Always/usually	91,166	22,061	68,083	24,027	14,018	10,035	3,097	5,663	238,148
Sometimes/never	12,221	3,350	7,014	1,911	1,965	2,096	374	682†	29,613
Total	103,387	25,411	75,096	25,938	15,982	12,131	3,470	6,346	267,761
How often doctor(s) explained things in a way that could be understood									
Always/usually	87,361	22,244	66,204	23,617	13,721	10,309	3,100	5,540	232,097
Sometimes/never	16,025	3,167	8,892	2,320	2,261	1,822	370	806	35,664
Total	103,387	25,411	75,096	25,938	15,982	12,131	3,470	6,346	267,761
How often doctor(s) showed respect for what was said									
Always/usually	91,131	22,625	68,025	23,839	14,223	10,156	3,207	5,711	238,917
Sometimes/never	12,255	2,786	7,071	2,099	1,759	1,975	263†	635	28,844
Total	103,387	25,411	75,096	25,938	15,982	12,131	3,470	6,346	267,761
How often doctor(s) spent enough time with patient									
Always/usually	86,808	21,831	64,285	22,780	13,774	9,648	2,864	5,491	227,482
Sometimes/never	16,579	3,580	10,811	3,157	2,209	2,483	607	855	40,279
Total	103,387	25,411	75,096	25,938	15,982	12,131	3,470	6,346	267,761
Overall rating of health care received in last 12 months									
Excellent/very good	71,697	18,562	52,308	18,502	11,651	8,326	2,389	4,445	187,880
Good	20,790	4,570	17,007	5,245	2,940	2,083	859	1,159	54,655
Fair/poor	10,900	2,278	5,781	2,190	1,391	1,722	222†	742†	25,226
Total	103,387	25,411	75,096	25,938	15,982	12,131	3,470	6,346	267,761
Total number of persons asked patient experience questions	103,387	25,411	75,096	25,938	15,982	12,131	3,470	6,346	267,761

(continued)

Table 3.08.7 (continued): Patient experience, Indigenous persons aged 15 and over by state/territory (*Non-remote*), 2012–13^(a)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
	Per cent								
How often doctor(s) listened									
Always/usually	88.2	86.8	90.7	92.6	87.7	82.7	89.3	89.2	88.9
Sometimes/never	11.8	13.2	9.3	7.4	12.3	17.3	10.8	10.7†	11.1
How often doctor(s) explained things in a way that could be understood									
Always/usually	84.5	87.5	88.2	91.1	85.9	85.0	89.3	87.3	86.7
Sometimes/never	15.5	12.5	11.8	8.9	14.1	15.0	10.7	12.7	13.3
How often doctor(s) showed respect for what was said									
Always/usually	88.1	89.0	90.6	91.9	89.0	83.7	92.4	90.0	89.2
Sometimes/never	11.9	11.0	9.4	8.1	11.0	16.3	7.6†	10.0	10.8
How often doctor(s) spent enough time with patient									
Always/usually	84.0	85.9	85.6	87.8	86.2	79.5	82.5	86.5	85.0
Sometimes/never	16.0	14.1	14.4	12.2	13.8	20.5	17.5	13.5	15.0
Overall rating of health care received in last 12 months									
Excellent/very good	69.3	73.0	69.7	71.3	72.9	68.6	68.8	70.0	70.2
Good	20.1	18.0	22.6	20.2	18.4	17.2	24.8	18.3	20.4
Fair/poor	10.5	9.0	7.7	8.4	8.7	14.2	6.4†	11.7	9.4

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

(a) Self-reported data consisting of persons aged 15 and over in *Non-remote* areas who consulted a doctor or specialist in the last 12 months. Data excludes a small number of people who were not present at interview and for whom responses were provided by a proxy.

Note: Percentages calculated within columns. Estimates have been rounded and discrepancies may occur between sums of the component items and totals.

Source: ABS Australian Aboriginal and Torres Strait Islander Health Survey 2012–13 (2012–13 NATSIHS component).

Table 3.08.8: Type of regular health care used by patient experience, Indigenous people aged 15 and over in *Non-remote* areas who saw a doctor or specialist in the last 12 months, 2012–13

	Where usually go if problem with health					Total		Overall population distribution
	Aboriginal Medical Service/ community clinic	Hospital	Doctor/GP ^(a)	Other ^(b)	No usual GP/medical service			
	Per cent					Per cent	Number	Per cent
How often doctor(s) listened								
Always/usually	88.0	83.7	90.4	77.7	85.3	88.9	238,148	88.9
Sometimes/never	12.0	16.3†	9.6	22.3‡	14.7	11.1	29,613	11.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	267,761	100.0
How often doctor(s) explained things in a way that could be understood								
Always/usually	87.6	79.8	87.9	82.5	81.1	86.7	232,097	86.7
Sometimes/never	12.4	20.2†	12.1	17.5‡	18.9	13.3	35,664	13.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	267,761	100.0
How often doctor(s) showed respect for what was said								
Always/usually	89.7	80.1	90.4	81.2	85.5	89.2	238,917	89.2
Sometimes/never	10.3	19.9†	9.6	18.8‡	14.5	10.8	28,844	10.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	267,761	100.0
How often doctor(s) spent enough time with patient								
Always/usually	86.6	85.3	85.7	78.2	79.6	85.0	227,482	85.0
Sometimes/never	13.4	14.7†	14.3	21.8‡	20.4	15.0	40,279	15.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	267,761	100.0

(continued)

Table 3.08.8 (continued): Type of regular health care used by patient experience, Indigenous people aged 15 and over in *Non-remote* areas who saw a doctor or specialist in the last 12 months, 2012–13

	Where usually go if problem with health					Total		Overall population distribution
	Aboriginal Medical Service/ community clinic	Hospital	Doctor/GP ^(a)	Other ^(b)	No usual GP/medical service			
	Per cent					Per cent	Number	Per cent
Overall rating of health care received in last 12 months								
Excellent/very good	68.8	65.2	73.0	52.7†	60.9	70.2	187,880	70.2
Good	23.4	26.4†	18.2	15.6†	25.7	20.4	54,655	20.4
Fair/poor	7.8	8.4†	8.8	31.7†	13.4	9.4	25,226	9.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	267,761	100.0
Total persons asked patient experience questions	51,286	7,408	170,678	1,984†	36,405	..	267,761	..
Total number of <i>Non-remote</i> persons 15 and over who saw a doctor in the last 12 months	51,993	7,597	171,481	1,984†	36,547	..	269,601	..

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

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

(a) Of Aboriginal and Torres Strait Islander persons aged 15 and over reporting they usually go to a Doctor or GP when they were sick or needed health advice, 4.1% (8381) persons reported that they saw a doctor in an Aboriginal Medical Service.

(b) Includes Traditional healer, other health care provider and don't know.

Note: Percentages add within columns. Estimates have been rounded and discrepancies may occur between sums of the component items and totals.

Source: ABS Australian Aboriginal and Torres Strait Islander Health Survey 2012–13 (2012–13 NATSIHS component).

Table 3.08.9: Patient experience in last 12 months, Indigenous persons (15 and over) by selected socioeconomic characteristics (*Non-remote*) 2012–13^(a)

	Doctor listened		Doctor explained things so could be understood		Doctor showed respect for what was said		Doctor spent enough time with patient		Overall rating of health care received		Total ^(b)	Overall population distribution	
	Always/ usually	Sometimes/ never	Always/ usually	Sometimes /never	Always/ usually	Sometimes /never	Always/ usually	Sometimes /never	Excellent/ very good/good	Fair/ poor			
	Per cent ^(c)										Per cent ^(c)	Number	Per cent ^(d)
Equivalised household income ^(e)													
1st quintile (lowest)	87.3	12.7	83.5	16.5	87.2	12.8	82.8	17.2	88.6	11.4	100.0	88,439	39.5
4th/5th quintile (highest)	90.0	10.0	89.6	10.4	92.5	7.5	85.4	14.6	91.4	8.6	100.0	38,912	17.9
Ratio lowest/highest	1.0	1.3	0.9	1.6*	0.9*	1.7*	1.0	1.2	1.0	1.3	1.0	2.3	2.2
Total number	196,472	24,052	190,743	29,781	196,943	23,581	187,861	32,662	199,435	21,089	..	220,524	263,159
Financial stress — whether household could raise \$2,000 in an emergency ^(e)													
Yes	93.2	6.8	91.4	8.6	93.8	6.2	88.4	11.6	94.2	5.8	100.0	128,257	51.2
No	85.0	15.0	82.4	17.6	85.0	15.0	81.6	18.4	87.1	12.9	100.0	126,037	48.8
Ratio no/yes	1.1*	0.5*	1.1*	0.5*	1.1*	0.4*	1.1*	0.6*	1.1*	0.4*	1.0	1.0	1.0
Total number	226,599	27,695	220,992	33,302	227,433	26,862	216,198	38,097	230,493	23,801	..	254,294	301,814
Household had day/s without money for basic living expenses in last 12 months ^(f)													
Yes	84.9	15.1	81.6	18.4	85.2	14.8	80.1	19.9	86.4	13.6	100.0	105,501	39.5
No	91.5	8.5	90.0	10.0	91.8	8.2	88.0	12.0	93.3	6.7	100.0	161,525	60.5
Ratio yes/no	0.9	1.8*	0.9	1.8*	0.9	1.8*	0.9	1.7*	0.9	2.0*	1.0	0.7	0.7
Total number	237,413	29,613	231,361	35,664	238,181	28,844	226,746	40,279	241,799	25,226	..	267,025	316,732

(continued)

Table 3.08.9 (continued): Patient experience in last 12 months, Indigenous persons (15 and over) by selected socioeconomic characteristics (*Non-remote*) 2012–13^(a)

	Doctor listened		Doctor explained things so could be understood		Doctor showed respect for what was said		Doctor spent enough time with patient		Overall rating of health care received		Total ^(b)	Overall population distribution	
	Always/ usually	Sometimes/ never	Always/ usually	Sometimes /never	Always/ usually	Sometimes /never	Always/ usually	Sometimes /never	Excellent/ very good/good	Fair/ poor			
	Per cent ^(c)										Per cent ^(c)	Number	Per cent ^(d)
SEIFA ^(g)													
1st quintile (most disadvantaged)	87.2	12.8	84.8	15.2	87.9	12.1	82.7	17.3	89.6	10.4	100.0	120,567	44.7
5th quintile (most advantaged)	88.0	12.0†	89.8	10.2†	91.9	8.1†	84.0	16.0†	92.4	7.6†	100.0	12,001	4.3
Ratio most disadvantaged/ most advantaged	1.0	1.1	0.9	1.5	1.0	1.5	1.0	1.1	1.0	1.4	1.0	10.0	10.4
Employment													
Employed	89.9	10.1	88.6	11.4	90.9	9.1	85.8	14.2	91.6	8.4	100.0	122,537	46.9
Unemployed	89.3	10.7	87.8	12.2	90.9	9.1	86.6	13.4	91.8	8.2†	100.0	32,516	12.6
Not in the labour force	87.8	12.2	84.2	15.8	86.9	13.1	83.5	16.5	89.1	10.9	100.0	112,708	40.5
Ratio unemployed/employed	1.0	1.1	1.0	1.1	1.0	1.0	1.0	0.9	1.0	1.0	1.0	0.3	0.3
Has non-school qualification ^(h)													
Yes	89.4	10.6	88.4	11.6	89.5	10.5	85.5	14.5	91.6	8.4	100.0	118,132	42.8
No	88.6	11.4	85.3	14.7	89.0	11.0	84.5	15.5	89.7	10.3	100.0	149,629	57.2
Ratio no/yes	1.0	1.1	1.0	1.3	1.0	1.0	1.0	1.1	1.0	1.2	1.0	1.3	1.3

(continued)

Table 3.08.9 (continued): Patient experience in last 12 months, Indigenous persons (15 and over) by selected socioeconomic characteristics (*Non-remote*) 2012–13^(a)

	Doctor listened		Doctor explained things so could be understood		Doctor showed respect for what was said		Doctor spent enough time with patient		Overall rating of health care received		Total ^(b)	Overall population distribution	
	Always/ usually	Sometimes/ never	Always/ usually	Sometimes /never	Always/ usually	Sometimes /never	Always/ usually	Sometimes /never	Excellent/ very good/good	Fair/ poor			
	Per cent ^(c)										Per cent ^(c)	Number	Per cent ^(d)
Highest year of school completed													
Year 12	92.2	7.8	90.9	9.1	92.8	7.2	88.1	11.9	91.1	8.9	100.0	67,179	26.0
Year 9 or below ⁽ⁱ⁾	86.5	13.5	83.0	17.0	86.6	13.4	83.3	16.7	88.8	11.2	100.0	76,277	27.6
Ratio Year 9 or below/Year 12	0.9	1.7*	0.9	1.9*	0.9	1.9*	0.9	1.4*	1.0	1.3	1.0	1.1	1.1
Housing tenure type													
Owner	92.0	8.0	90.6	9.4	93.5	6.5	88.4	11.6	92.1	7.9	100.0	99,367	36.4
Renter	87.2	12.8	84.4	15.6	86.9	13.1	83.1	16.9	89.6	10.4	100.0	166,805	63.2
Ratio renter/owner	0.9	1.6*	0.9	1.7*	0.9	2.0*	0.9	1.5*	1.0	1.3	1.0	1.7	1.7
Total number ^{(f)(i)}	237,659	29,613	231,607	35,664	238,427	28,844	226,992	40,279	242,045	25,226	..	267,271	316,978
Has private health insurance													
Yes	92.5	7.5	92.6	7.4	93.5	6.5	91.1	8.9	94.9	5.1	100.0	54,586	20.0
No	87.9	12.1	85.1	14.9	88.0	12.0	83.3	16.7	89.5	10.5	100.0	211,479	79.2
Ratio yes/no	1.1	0.6*	1.1	0.5*	1.1	0.5*	1.1	0.5*	1.1	0.5*	1.0	0.3	0.3
Total	88.9	11.1	86.7	13.3	89.2	10.8	85.0	15.0	90.6	9.4	100.0	..	100.0
Total number of persons 15+	238,148	29,613	232,097	35,664	238,917	28,844	227,482	40,279	242,535	25,226	..	267,761	318,128

(continued)

Table 3.08.9 (continued): Patient experience in last 12 months, Indigenous persons (15 and over) by selected socioeconomic characteristics (*Non-remote*) 2012–13^(a)

* Represents statistically significant differences in proportions at the $p < 0.05$ level, for comparison between remote and non-remote, and comparison of equivalent responses in total column between provider types with 'doctor' as reference.

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

- (a) Self-reported data on respondents experience with a doctor in the last 12 months. Persons 15 and over living in non-remote areas.
- (b) Totals exclude a small number of people who were not present at interview and for whom responses were provided by a proxy.
- (c) Proportion across row.
- (d) Distribution of total Indigenous population.
- (e) Excludes 'not stated' and 'not known'.
- (f) Excludes 'not stated'.
- (g) Index of Relative Socio-Economic Advantage and Disadvantage 2011.
- (h) Non-school qualifications classified to the Australian Standard Classification of Education (ASCED)(includes e.g. Bachelor degree or higher, diploma, advanced diploma, certificate).
- (i) Year or below includes never attended school.
- (j) Total includes 'other' and 'life tenure scheme'.

Note: Percentages add within rows. Estimates have been rounded and discrepancies may occur between sums of the component items and totals.

Source: ABS Australian Aboriginal and Torres Strait Islander Health Survey 2012–13 (2012–13 NATSIHS component).

Table 3.08.10: Patient experience of Indigenous persons, 15 and over, by selected health outcomes (*Non-remote*), 2012–13^(a) (%)

	Doctor listened to you		Doctor explained things so you could understand		Doctor showed respect for what you had to say		Doctor spent enough time with you		How good healthcare was overall		Total
	Always/usually	Sometimes/never	Always/usually	Sometimes/never	Always/usually	Sometimes/never	Always/usually	Sometimes/never	Excellent/very good/good	Fair/poor	
	Per cent										Number
Disability status^(b)											
Has profound, severe or moderate core activity limitation ^(c)	80.7	19.3	79.5	20.5	83.2	16.8	77.7	22.3	85.7	14.3	37,842
Has schooling/employment restriction only ^(d)	82.0	18.0	77.7	22.3	83.1	16.9	74.8	25.2	84.8	15.2	33,463
Has unspecified limitation or restriction	87.7	12.3	85.6	14.4	89.1	10.9	83.7	16.3	90.3	9.7	59,956
Total disability/long-term health condition	84.2	15.8	81.8	18.2	85.8	14.2	79.7	20.3	87.6	12.4	131,261
No disability/long-term health condition	93.5	6.5	91.3	8.7	92.5	7.5	90.0	10.0	93.5	6.5	136,500
Ratio disability/no disability	0.9	2.4	0.9	2.1	0.9	1.9	0.9	2.0	0.9	1.9	1.0
Total number	88.9	11.1	86.7	13.3	89.2	10.8	85.0	15.0	90.6	9.4	267,761
Self-assessed health status											
Excellent/very good/good	90.9	9.1	88.5	11.5	90.4	9.6	86.3	13.7	93.0	7.0	191,590
Fair/poor	84.1	15.9	82.0	18.0	86.2	13.8	81.6	18.4	84.5	15.5	76,171
Ratio fair, poor/excellent, very good, good	0.9	1.7	0.9	1.6	1.0	1.4	0.9	1.3	0.9	2.2	0.4
Total number	88.9	11.1	86.7	13.3	89.2	10.8	85.0	15.0	90.6	9.4	267,761
Psychological distress (Kessler 5)^(e)											
Low/moderate	92.4	7.6	90.3	9.7	92.4	7.6	88.4	11.6	92.8	7.2	160,201
High/very high	80.3	19.7	79.2	20.8	81.2	18.8	76.5	23.5	84.8	15.2	80,105
Ratio high, very high/low moderate	0.9	2.6	0.9	2.2	0.9	2.5	0.9	2.0	0.9	2.1	0.5
Total number^(f)	88.4	11.6	86.6	13.4	88.7	11.3	84.4	15.6	90.1	9.9	240,306

(continued)

Table 3.08.10 (continued): Patient experience of Indigenous persons, 15 and over, by selected health outcomes (*Non-remote*), 2012–13^(a) (%)

	Doctor listened to you		Doctor explained things so you could understand		Doctor showed respect for what you had to say		Doctor spent enough time with you		How good healthcare was overall		
	Always/ usually	Sometimes /never	Always/ usually	Sometimes /never	Always/ usually	Sometimes /never	Always/ usually	Sometimes /never	Excellent/ very good/ good	Fair/ poor	Total
	Per cent										Number
Stressors experienced in last 12 months ^(g)											
No stressors	92.4	7.6	90.7	9.3	93.8	6.2	92.4	7.6	94.8	5.2†	62,884
Experienced one or more stressor	88.0	12.0	85.5	14.5	87.8	12.2	82.6	17.4	89.3	10.7	203,934
Ratio one or more/no stressors	1.0	1.6	0.9	1.6	0.9	2.0	0.9	2.3	0.9	2.0	3.2
Total number ^(h)	88.9	11.1	86.7	13.3	89.2	10.8	84.9	15.1	90.6	9.4	267,382
Long term health conditions ⁽ⁱ⁾											
No current long term health condition	94.7	5.3†	91.4	8.6	92.7	7.3†	88.9	11.1	94.3	5.7†	33,821
One	94.1	5.9	90.8	9.2	91.7	8.3	89.1	10.9	93.6	6.4	44,451
Two	88.3	11.7	87.3	12.7	91.0	9.0	86.6	13.4	90.9	9.1	41,913
Three or more	86.3	13.7	84.2	15.8	87.2	12.8	82.3	17.7	88.7	11.3	147,576
Total one or more conditions	88.1	11.9	86.0	14.0	88.7	11.3	84.4	15.6	90.0	10.0	233,939
Ratio one or more/no conditions	0.9	2.2	0.9	1.6	1.0	1.6	0.9	1.4	1.0	1.8	6.9
Total number	88.9	11.1	86.7	13.3	89.2	10.8	85.0	15.0	90.6	9.4	267,761
Total persons asked patient experience questions	88.9	11.1	86.7	13.3	89.2	10.8	85.0	15.0	90.6	9.4	267,761

(continued)

Table 3.08.10 (continued): Patient experience of Indigenous persons, 15 and over, by selected health outcomes (*Non-remote*), 2012–13^(a) (%)

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

- (a) Self-reported data for people aged 15 and over in *Non-remote* areas who consulted a doctor or specialist in the last 12 months. Data excludes a small number of people who were not present at interview for whom responses were provided by a proxy.
- (b) Self-reported data consisting of persons who report having a disability or restrictive long-term health condition where a limitation, restriction, impairment, disease or disorder has lasted, or is expected to last for six months or more, and restricts everyday activities.
- (c) Self-reported data consisting of persons who reported having a disability or restrictive long-term health condition where a limitation, restriction, impairment, disease or disorder has lasted, or is expected to last for six months or more, and restricts everyday activities. Levels of activity limitation (profound, severe, moderate, and school/employment restriction only) are based on whether, and how often, a person needs help, has difficulty, or uses aids or equipment with any core activities (self-care, mobility or communication). A person's overall level of core activity limitation is determined by their highest level of limitation in any of these activities.
- (d) Only current difficulties with education and/or employment were collected. Respondents aged 65 and over were not asked about employment restrictions and so some may be categorised as not having a specific limitation or restriction that would otherwise have been assigned 'schooling/employment restriction only' had they been asked the question.
- (e) Based on the Kessler-5 (K5) measure of psychological distress. Overall levels of distress are based on how often respondents reported experiencing each feeling. Low/moderate is a score of 5–11. High/very high is a score of 12–25. Total population is 18 and over.
- (f) Totals for Aboriginal and Torres Strait Islander people exclude a small number of people who were not present at interview and for whom responses were provided by a proxy, and persons for whom level of psychological distress was unable to be determined.
- (g) Stressors experienced by self, family or friends.
- (h) Total excludes 'refused'.
- (i) Self-reported data consisting of persons reporting a current medical condition which has lasted, or is expected to last, for 6 months or more.

Note: Percentages add within rows. Estimates have been rounded and discrepancies may occur between sums of the component items and totals.

Source: ABS Australian Aboriginal and Torres Strait Islander Health Survey 2012–13 (2012–13 NATSIHS component).

Table 3.08.11: Patient experience of Indigenous persons, 15 and over, by selected health outcomes (Non-remote), 2012–13^(a) (number)

	Doctor listened to you		Doctor explained things so you could understand		Doctor showed respect for what you had to say		Doctor spent enough time with you		How good healthcare was overall		Total
	Always/ usually	Sometimes /never	Always/ usually	Sometimes /never	Always/ usually	Sometimes /never	Always/ usually	Sometimes /never	Excellent/ very good/ good	Fair/ poor	
	Number										Number
Disability status ^(b)											
Has profound, severe or moderate core activity limitation ^(c)	30,531	7,311	30,103	7,739	31,466	6,376	29,421	8,421	32,413	5,429	37,842
Has schooling/employment restriction only ^(d)	27,445	6,018	26,006	7,457	27,794	5,669	25,026	8,437	28,393	5,070	33,463
Has unspecified limitation or restriction	52,610	7,346	51,313	8,643	53,417	6,538	50,156	9,800	54,144	5,812	59,956
Total disability/long-term health condition	110,585	20,675	107,422	23,839	112,678	18,583	104,603	26,658	114,950	16,311	131,261
No disability/long-term health condition	127,563	8,937	124,674	11,826	126,239	10,261	122,879	13,621	127,585	8,915	136,500
Ratio disability/no disability	0.9	2.3	0.9	2.0	0.9	1.8	0.9	2.0	0.9	1.8	1.0
Total number	238,148	29,613	232,097	35,664	238,917	28,844	227,482	40,279	242,535	25,226	267,761
Self-assessed health status											
Excellent/very good/good	174,120	17,470	169,609	21,981	173,252	18,338	165,338	26,252	178,161	13,429	191,590
Fair/poor	64,028	12,143	62,488	13,683	65,665	10,506	62,144	14,027	64,374	11,797	76,171
Ratio fair, poor/excellent, very good, good	0.4	0.7	0.4	0.6	0.4	0.6	0.4	0.5	0.4	0.9	0.4
Total number	238,148	29,613	232,097	35,664	238,917	28,844	227,482	40,279	242,535	25,226	267,761
Psychological distress (Kessler 5) ^(e)											
Low/moderate	148,097	12,104	144,732	15,469	148,048	12,152	141,543	18,658	148,676	11,525	160,201
High/very high	64,313	15,792	63,450	16,655	65,034	15,071	61,261	18,844	67,917	12,188	80,105
Ratio high, very high/low moderate	0.4	1.3	0.4	1.1	0.4	1.2	0.4	1.0	0.5	1.1	0.5
Total number ^(f)	212,410	27,896	208,182	32,124	213,082	27,224	202,804	37,502	216,593	23,713	240,306

(continued)

Table 3.08.11 (continued): Patient experience of Indigenous persons, 15 and over, by selected health outcomes (*Non-remote*), 2012–13^(a) (number)

	Doctor listened to you		Doctor explained things so you could understand		Doctor showed respect for what you had to say		Doctor spent enough time with you		How good healthcare was overall		Total
	Always/usually	Sometimes/never	Always/usually	Sometimes/never	Always/usually	Sometimes/never	Always/usually	Sometimes/never	Excellent/very good/good	Fair/poor	
	Number										Number
Stressors experienced in last 12 months^(g)											
No stressors	58,130	4,755	57,030	5,855	58,961	3,923	58,124	4,760	59,587	3298†	62,884
Experienced one or more stressor	179,390	24,543	174,389	29,544	179,063	24,871	168,415	35,519	182,025	21,909	203,934
Ratio one or more/no stressors	3.1	5.2	3.1	5.0	3.0	6.3	2.9	7.5	3.1	6.6	3.2
Total number^(h)	237,800	29,582	231,718	35,664	238,569	28,814	227,103	40,279	242,156	25,226	267,382
Long term health conditions⁽ⁱ⁾											
No current long term health condition	32,015	1807†	30,916	2,906	31,361	2460†	30,069	3,752	31,898	1923†	33,821
One	41,824	2,626	40,370	4,080	40,773	3,678	39,608	4,843	41,628	2,823	44,451
Two	37,021	4,892	36,580	5,333	38,147	3,766	36,287	5,626	38,086	3,827	41,913
Three or more	127,288	20,287	124,231	23,345	128,636	18,940	121,517	26,059	130,922	16,654	147,576
Total one or more conditions	206,133	27,806	201,181	32,758	207,555	26,384	197,412	36,527	210,636	23,303	233,939
Ratio one or more/no conditions	6.4	15.4	6.5	11.3	6.6	10.7	6.6	9.7	6.6	12.1	6.9
Total number	238,148	29,613	232,097	35,664	238,917	28,844	227,482	40,279	242,535	25,226	267,761
Total persons asked patient experience questions	238,148	29,613	232,097	35,664	238,917	28,844	227,482	40,279	242,535	25,226	267,761

(continued)

Table 3.08.11 (continued): Patient experience of Indigenous persons, 15 and over, by selected health outcomes (non-remote), 2012–13^(a) (number)

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

- (a) Self-reported data for people aged 15 and over in *Non-remote* areas who consulted a doctor or specialist in the last 12 months. Data excludes a small number of people who were not present at interview for whom responses were provided by a proxy.
- (b) Self-reported data consisting of persons who report having a disability or restrictive long-term health condition where a limitation, restriction, impairment, disease or disorder has lasted, or is expected to last for six months or more, and restricts everyday activities.
- (c) Self-reported data consisting of persons who reported having a disability or restrictive long-term health condition where a limitation, restriction, impairment, disease or disorder has lasted, or is expected to last for six months or more, and restricts everyday activities. Levels of activity limitation (profound, severe, moderate, and school/employment restriction only) are based on whether, and how often, a person needs help, has difficulty, or uses aids or equipment with any core activities (self-care, mobility or communication). A person's overall level of core activity limitation is determined by their highest level of limitation in any of these activities.
- (d) Only current difficulties with education and/or employment were collected. Respondents aged 65 and over were not asked about employment restrictions and so some may be categorised as not having a specific limitation or restriction that would otherwise have been assigned 'schooling/employment restriction only' had they been asked the question.
- (e) Based on the Kessler-5 (K5) measure of psychological distress. Overall levels of distress are based on how often respondents reported experiencing each feeling. Low/moderate is a score of 5–11. High/very high is a score of 12–25. Total population is 18 and over.
- (f) Totals for Aboriginal and Torres Strait Islander people exclude a small number of people who were not present at interview and for whom responses were provided by a proxy, and persons for whom level of psychological distress was unable to be determined.
- (g) Stressors experienced by self, family or friends.
- (h) Total excludes 'refused'.
- (i) Self-reported data consisting of persons reporting a current medical condition which has lasted, or is expected to last, for 6 months or more.

Note: Percentages add within rows. Estimates have been rounded and discrepancies may occur between sums of the component items and totals.

Source: ABS Australian Aboriginal and Torres Strait Islander Health Survey 2012–13 (2012–13 NATSIHS component).

Table 3.08.12: Treatment when seeking health care, by types of regular health care used, Indigenous Australians aged 18 and over, 2012–13 (%)

	Where usually go if problem with health					Total
	Aboriginal Medical Service/ community clinic	Hospital	Doctor/GP ^(a)	Other ^(b)	No usual GP/ medical service ^(c)	
	Per cent					
Whether avoids seeking health care because been treated unfairly						
Yes	9.9	12.4	5.8	21.1†	5.3	7.4
No	90.1	87.6	94.2	78.9	94.7	92.6
Total ^(d)	99,135	20,304	182,381	3,193	57,925	362,938
Whether felt treated badly because Aboriginal or Torres Strait Islander in last 12 months						
Yes	19.5	16.9	14.8	36.1†	13.9	16.2
No	80.5	83.1	85.2	63.9	86.1	83.8
Total ^{(d)(e)}	98,969	20,206	182,227	3,193	57,899	362,494
How usually feel when treated badly ^(f)						
Angry	75.9	73.6	70.4	83.4	78.5	73.7
Sad	35.8	26.9†	27.7	11.2‡	25.5†	29.7
Ashamed or worried about it	14.2	10.7†	15.5	37.8‡	13.4†	14.9
Other feeling ^(g)	41.2	36.4†	51.0	n.p.	n.p.	46.2
Total ^{(e)(h)}	19,270	3407†	26,953	1,152†	8,045	58,828
What usually do when treated badly ^(f)						
Try to avoid the person or situation	37.8	36.9	33.2	68.9†	30.5	35.3
Try to change the way you are or things that you do	4.7†	2.6‡	6.3†	0.0	5.1†	5.3
Talk to family and friends about it	39.3	23.9†	35.4	31.6‡	16.5†	33.3
Keep it to yourself	16.4	25.5†	21.6	35.7†	25.3†	20.9
Just forget about it	29.1	18.5†	23.8	38.7‡	24.5	25.6

(continued)

Table 3.08.12 (continued): Treatment when seeking health care, by types of regular health care used, Indigenous Australians aged 18 and over, 2012–13 (%)

	Where usually go if problem with health					Total
	Aboriginal Medical Service/ community clinic	Hospital	Doctor/GP ^(a)	Other ^(b)	No usual GP/ medical service ^(c)	
			Per cent			
Do anything else ⁽ⁱ⁾	29.9	30.8†	38.3	21.5‡	30.4	33.7
Total^(g)	19,270	3407†	26,953	1,152†	8,045	58,828
How often treated unfairly in last 12 months						
Daily/Two or three times a week	13.4	10.3‡	11.6	17.7‡	18.3†	13.2
About once a week/About once a month	27.5	16.6†	21.2	46.1†	20.0†	23.3
Less than once a month/A couple of times	55.9	65.6	66.0	36.2‡	58.9	61.1
Total⁽ⁱ⁾	19,270	3407†	26,953	1,152†	8,045	58,828
Types of situations where treated unfairly in last 12 months^(f)						
Applying for work, or when at work/on the job/at school/university, training course or other educational setting	35.2	18.6†	43.0	n.p.	n.p.	37.5
At home, by neighbours or at somebody else's house	17.9	2.2‡	21.9	62.1†	15.7†	19.4
By the police, security people, lawyers or in a court of law	25.8	29.3†	23.2	n.p.	n.p.	24.2
By doctors, nurses or other staff in hospitals or doctors' surgeries	21.3	22.9†	18.7	n.p.	n.p.	19.5
By staff of government agencies	22.3	18.4†	23.5	8.8‡	17.7†	21.7
By members of the public	41.7	34.9†	43.8	85.7	52.8	44.7
Other situation ^(k)	25.2	36.0†	27.7	24.7‡	32.6	28.0
Total⁽ⁱ⁾	19,270	3407†	26,953	1,152†	8,045	58,828
Total number of persons 18+	100,334	20,533	183,485	3,193	58,322	365,868

(continued)

Table 3.08.12 (continued): Treatment when seeking health care, by types of regular health care used, Indigenous Australians aged 18 and over, 2012–13 (%)

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

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

- (a) Of Aboriginal and Torres Strait Islander persons aged 18 and over reporting they usually go to a Doctor or GP when they were sick or needed health advice, 4.1% (7444) persons reported that they saw a doctor in an Aboriginal Medical Service.
- (b) Includes 'Traditional healer' and 'other health care'.
- (c) Includes 'don't know'.
- (d) Total excludes 'not asked'.
- (e) Total excludes 'refusal'.
- (f) Multiple responses allowed. Components will not add to total.
- (g) Includes 'feel sorry for the person who did it' and 'feel sick'.
- (h) Total includes 'None of the above'.
- (i) Includes 'try to do something about the people who did it'.
- (j) Total includes 'never'.
- (k) Includes 'while doing any sporting, recreational or leisure activities', 'when seeking any other services'.
- (l) Total includes 'did not feel unfairly treated'.

Notes

1. Percentages calculated within columns. Estimates have been rounded and discrepancies may occur between sums of the component items and totals.
2. Data excludes 'not stated' responses.

Source: ABS Australian Aboriginal and Torres Strait Islander Health Survey 2012–13 (2012–13 NATSIHS component).

Table 3.08.13: Treatment when seeking health care, by types of regular health care used, Indigenous Australians aged 18 and over, 2012–13 (number)

	Where usually go if problem with health					
	Aboriginal Medical Service/ community clinic	Hospital	Doctor/GP ^(a)	Other ^(b)	No usual GP/ medical service ^(c)	Total
	Number					
Whether avoids seeking health care because been treated unfairly						
Yes	9,837	2,527†	10,650	674†	3,043	26,730
No	89,299	17,777	171,731	2,519	54,882	336,208
Total ^(d)	99,135	20,304	182,381	3,193	57,925	362,938
Whether felt treated badly because Aboriginal or Torres Strait Islander in last 12 months						
Yes	19,270	3,407†	26,953	1,152†	8,045	58,828
No	79,699	16,798	155,274	2,041	49,854	303,666
Total ^{(d)(e)}	98,969	20,206	182,227	3,193	57,899	362,494
How usually feel when treated badly ^(f)						
Angry	14,630	2,507†	18,964	961†	6,318	43,379
Sad	6,906	917†	7,479	129‡	2,049†	17,480
Ashamed or worried about it	2,735	364†	4,180	435‡	1,079†	8,793
Other feeling ^(g)	7,941	1,239†	13,744	n.p	n.p	27,150
Total ^{(e)(h)}	19,270	3,407†	26,953	1,152†	8,045	58,828
What usually do when treated badly ^(f)						
Try to avoid the person or situation	7,282	1,256†	8,961	794†	2,452†	20,743
Try to change the way you are or things that you do	900†	90‡	1,697†	0	414‡	3,100
Talk to family and friends about it	7,573	815†	9,538	364‡	1,329†	19,618
Keep it to yourself	3,160	869‡	5,820	411‡	2,036†	12,295
Just forget about it	5,614	629†	6,410	446‡	1,974†	15,073

(continued)

Table 3.08.13 (continued): Treatment when seeking health care, by types of regular health care used, Indigenous Australians aged 18 and over, 2012–13 (number)

	Where usually go if problem with health					Total
	Aboriginal Medical Service/ community clinic	Hospital	Doctor/GP ^(a)	Other ^(b)	No usual GP/ medical service ^(c)	
			Number			
Do anything else ⁽ⁱ⁾	5,759	1,049†	10,316	248‡	2,442†	19,814
Total^(g)	19,270	3,407†	26,953	1,152†	8,045	58,828
How often treated unfairly in last 12 months						
Daily/Two or three times a week	2,583	352‡	3,132	204‡	1,476†	7,745
About once a week/About once a month	5,295	567†	5,719	531‡	1,605†	13,717
Less than once a month/A couple of times	10,764	2,236†	17,800	417‡	4,742	35,960
Total⁽ⁱ⁾	19,270	3,407†	26,953	1,152†	8,045	58,828
Types of situations where treated unfairly in last 12 months^(f)						
Applying for work, or when at work/on the job/at school/university, training course or other educational setting	6,777	635†	11,586	n.p	n.p	22,043
At home, by neighbours or at somebody else's house	3,441	74‡	5,897	715‡	1,265†	11,393
By the police, security people, lawyers or in a court of law	4,981	998†	6,247	n.p	n.p	14,241
By doctors, nurses or other staff in hospitals or doctors' surgeries	4,112	779†	5,033	n.p	n.p	11,462
By staff of government agencies	4,298	627†	6,338	101‡	1,426†	12,791
By members of the public	8,034	1,189†	11,813	987†	4,251	26,274
Other situation ^(k)	4,852	1,228†	7,476	284‡	2,623†	16,464
Total⁽ⁱ⁾	19,270	3,407†	26,953	1,152†	8,045	58,828
Total number of persons 18+	100,334	20,533	183,485	3,193	58,322	365,868

(continued)

Table 3.08.13 (continued): Treatment when seeking health care, by types of regular health care used, Indigenous Australians aged 18 and over, 2012–13 (number)

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

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

- (a) Of Aboriginal and Torres Strait Islander persons aged 18 and over reporting they usually go to a Doctor or GP when they were sick or needed health advice, 4.1% (7444) persons reported that they saw a doctor in an Aboriginal Medical Service.
- (b) Includes 'Traditional healer' and 'other health care'.
- (c) Includes 'don't know'.
- (d) Total excludes 'not asked'.
- (e) Total excludes 'refusal'.
- (f) Multiple responses allowed. Components will not add to total.
- (g) Includes 'feel sorry for the person who did it' and 'feel sick'.
- (h) Total includes 'None of the above'.
- (i) Includes 'try to do something about the people who did it'.
- (j) Total includes 'never'.
- (k) Includes 'while doing any sporting, recreational or leisure activities', 'when seeking any other services'.
- (l) Total includes 'did not feel unfairly treated'.

Notes

1. Estimates have been rounded and discrepancies may occur between sums of the component items and totals.
2. Data excludes 'not stated' responses.

Source: ABS Australian Aboriginal and Torres Strait Islander Health Survey 2012–13 (2012–13 NATSIHS component).

Table 3.08.14: Proportion^(a) of services with cultural safety policies or processes in place, 2012–13

Policies and processes	Number	Per cent of services
A formal organisational commitment to achieving culturally safe health care	177	86.3
Employment of local Aboriginal and Torres Strait Islander peoples	195	95.1
Cultural orientation for non-Aboriginal and Torres Strait Islander staff	180	87.8
Formal cultural safety policies developed in consultation with communities and Aboriginal and Torres Strait Islander staff	124	60.5
Inclusion of cultural competence as part of staff performance appraisal processes	92	44.9
Accessible and appropriate client and community feedback mechanisms	195	95.1
Mechanisms for gaining high level advice on cultural matters affecting service delivery ^(b)	172	83.9
Total number of services addressing cultural safety	205	100.0

(a) All of the 205 respondent Aboriginal and Torres Strait Islander primary health-care services provided valid data about cultural safety-related policies and processes provided by the service. The percentages in this figure are calculated as a proportion of these 205 services.

(b) Examples include: local cultural advisory body, Board sub-committee that includes Aboriginal staff/local community members and/or Board members.

Source: AIHW OSR data collection.

Table 3.08.15: Main language spoken at home, Indigenous Australians^(a), 2008

	Remote	Non-remote	Total
	Per cent		
English only	56.4	98.5	88.2
Australian Indigenous language	38.8	1.2	10.4
Other language	4.8	0.2	1.4
Total^(b)	100.0	100.0	100.0
Total number^(b)	117,936	362,536	480,472

(a) Persons aged three and over.

(b) Excludes those not currently speaking.

Source: Analysis of 2008 NATSISS.

Table 3.08.16: Difficulty communicating with English speakers, Indigenous persons aged 15 and over whose main language is Indigenous, by remoteness, 2008

	Non-remote	Remote	Total
	Per cent		
Difficulty understanding English speakers	5.2	6.8	6.7
Difficulty being understood by English speakers	4.0	3.8	3.8
Difficulty with both	5.8	18.4	17.2
No difficulty, assisted by others	2.1	3.3	3.2
No difficulty, not assisted by others	0.3	1.6	1.4
Can speak English	82.6	66.2	67.8
Total	100.0	100.0	100.0

Note: Proportions exclude 'not applicable' responses.

Source: AIHW analyses of 2008 NATSISS.

Table 3.08.17: Treatment of Indigenous Australians when seeking health care in the last 12 months, by remoteness, 2004–05

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

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

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

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

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

Data sources and quality

National Aboriginal and Torres Strait Islander Social Survey

The NATSISS is conducted in all states and territories and includes *Remote* and *Non-remote* areas. The 2008 survey was undertaken between August 2008 and April 2009, with a sample size of 13,300 persons (5,500 aged 0–14 and 7,800 aged 15 and over) in 6,900 households, and a response rate of 82% of households. Up to 3 randomly selected Indigenous Australians were chosen from selected households to participate in the survey. Trained ABS interviewers conducted the survey using face-to-face interviews. In *Non-remote* areas interviewers used a notebook computer to record responses, while in *Remote* areas a paper questionnaire was used. Interviewers obtained the consent of a parent or guardian before interviewing those aged 15–17. Indigenous persons usually resident in non-private dwellings, such as hotels, motels, hostels, hospitals, short-stay caravan parks, prisons and other correctional facilities were excluded.

The NATSISS uses the standard Indigenous status question. The NATSISS sample was specifically designed to select a representative sample of Indigenous Australians.

As with other surveys, the NATSISS is subject to sampling and non-sampling errors.

Care has been taken to ensure that the results of this survey are as accurate as possible. Trained ABS officers conducted all interviews. However, some factors may affect the reliability of the data.

Information recorded in this survey is 'as reported' by respondents, and therefore may differ from information available from other sources or collected using different methodologies.

Data on health-related indicators have been age-standardised to the 2001 total Australian population to account for differences in the age structures of the states and territories and the Indigenous and non-Indigenous population.

Time series comparisons for the 2008 survey are available through the 1994 National Aboriginal and Torres Strait Islander Survey and the 2002 NATSISS. However not all data elements align across the 3 (1994, 2001 and 2008) NATSISS surveys, hence care is required when reviewing results across the 3 surveys.

There are no strictly comparable non-Indigenous results available for the 2008 NATSISS. Where possible, the ABS has provided recommendations for non-Indigenous data comparisons (such as the 2007–08 National Health Survey) and these have been adopted in this report.

The 2008 NATSISS had a relatively large level of under-coverage when compared with other ABS surveys. There was also an increase in under-coverage compared to previous ABS Indigenous surveys. For example, the estimated under-coverage in the 2004–05 National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) was 42%. The overall under-coverage rate for the 2008 NATSISS was approximately 53% of the in-scope population at the national level. This rate varied across the states and territories (ABS 2010).

Further information on NATSISS data quality issues can be found in the *National Aboriginal and Torres Strait Islander Social Survey: User's guide, 2008* (ABS 2010).

Australian Aboriginal and Torres Strait Islander Health Survey

The 2012–13 Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS) included a sample of 12,000 Indigenous Australians for the core sample and sub-samples for various components of the survey such as voluntary biomedical data for adults. The AATSIHS sample was specifically designed to select a representative sample of Indigenous Australians and therefore overcome the problem inherent in most national surveys (that is, small and unrepresentative Indigenous samples).

Survey results are subject to sampling errors as only a small proportion of the population is used to produce estimates that represent the whole population. Non-sampling errors may occur where there is non-response to the survey or questions in the survey, misunderstanding of questions or errors in recording, coding or processing the survey. Information recorded in this survey is 'as reported' by respondents. Responses may be affected by imperfect recall or individual interpretation of survey questions. Any data that are self-reported are also likely to under-estimate circumstances about which the respondent is unaware, or may be reluctant to report (for example, certain health conditions, weight, drug use).

Selected non-Indigenous comparisons are available from the 2011–13 Australian Health Survey (AHS). The AHS was conducted in *Major cities, Regional and Remote areas*, but *Very remote* areas were excluded from the sample.

Further information on AATSIHS data quality issues can be found in the user guide for the survey (ABS 2013). Time series comparisons for some indicators are available from the 2004–05 NATSIHS, 2008 NATSISS, 2002 NATSISS, 2001 NHS and the 1994 National Aboriginal and Torres Strait Islander Survey (NATSIS).

Australian Health Survey

The Australian Health Survey (AHS) combines the existing ABS National Health Survey (NHS) and the National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) together with 2 new elements: a National Nutrition and Physical Activity Survey (NNPAS) and a National Health Measures Survey (NHMS).

For more information see:

- National Health Survey
<<http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4363.0.55.001Main+Features12011-13?OpenDocument>>.
- National Aboriginal and Torres Strait Islander Health Survey
<<http://www.abs.gov.au/ausstats/abs@.nsf/mf/4715.0/>>.
- National Nutrition and Physical Activity Survey
<<http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4364.0.55.007~2011-12~Main%20Features~About%20the%20National%20Nutrition%20and%20Physical%20Activity%20Survey~731>>.
- National Health Measures Survey
<<http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4364.0.55.005Chapter1102011-12>>.

National Hospital Morbidity Database

The scope of the NMDS is episodes of care for admitted patients in essentially all hospitals in Australia, including public and private acute and psychiatric hospitals, free-standing day hospital facilities, alcohol and drug treatment hospitals and dental hospitals. Hospitals operated by the Australian Defence Force, corrections authorities and in Australia's off-shore territories are not included. Hospitals specialising in ophthalmic aids and other specialised acute medical or surgical care are included. The NHMD does not include episodes of non-admitted patient care provided in outpatient clinics or emergency departments.

For 2012–13, almost all public hospitals provided data for the NHMD. The exception was a mothercraft hospital in the ACT. The great majority of private hospitals also provided data, the exceptions being the private free-standing day hospital facilities in the ACT, the single private free-standing day hospital in the Northern Territory, and a private free-standing day hospital in Victoria.

Hospitalisations

Data are a count of hospital separations (episodes of admitted patient care, which can be a total hospital stay or a portion of a hospital stay that begins or ends in a change of type of care) and not patients. Patients who separated from hospital more than once in the year will be counted more than once in the data set.

The number and pattern of hospitalisations can be affected by differing admission practices among the jurisdictions and from year to year, and differing levels and patterns of service delivery.

Records for newborn episodes that did not include qualified days, and records for hospital boarders and posthumous organ procurement have been excluded as these activities are not considered to be admitted patient care.

Indigenous status information

Approximately 2% of hospital records have Indigenous status of 'not stated', though this proportion varies across the jurisdictions (see Table 1.02.1). These records are excluded from analyses of hospital data in this report. Note that for hospitals in Western Australia, records with an unknown status are reported as non-Indigenous.

Under-identification

The incompleteness of Indigenous identification means the number of hospital separations recorded as Indigenous is an underestimate of hospitalisations involving Indigenous Australians.

The AIHW completed an assessment of the level of Indigenous under-identification in selected public hospitals in all states and territories in 2007–08. Results from this assessment indicate that New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory had adequate Indigenous identification (20% or less overall under-identification of Indigenous patients) in their hospital separations data (AIHW 2010). The study estimated that 89% of Indigenous patients were correctly identified in Australian public hospital admission records in 2007–08.

In 2011–12, the AIHW completed a second study to reassess the level of under-identification in public hospitals data, and found that all jurisdictions had sufficient quality Indigenous identification for reporting from 2010–11 (AIHW 2013). The study estimated that 88% of

Indigenous patients were correctly identified in Australian public hospital admission records in 2011–12, and a correction factor of 1.09 is used at the national level to adjust for under-identification in hospital data. Interpretation of results should take into account the relative quality of the data from the jurisdictions.

Time series analysis may be affected by changes in the quality of Indigenous identification over time. The second AIHW study found no statistically significant change in identification rates at the national level, although there were some changes at the jurisdictional level. Time series presentations in this report include data from both public and private hospitals across several jurisdictions, so the overall effect of changes in Indigenous identification over time is unclear. This should be taken into account when interpreting the results of time series analysis.

Change in coding and coding practices

Between 2009–10 and 2010–11, there were significant changes in the coding of diagnoses for diabetes, obstetrics, and imaging procedures. There were also significant changes made to coding practices for diabetes and related conditions for the 2012–13 year, resulting in increased counts for these conditions. Caution should be used in comparing 2011–12 and 2012–13 data with data from previous Health Performance Framework reports.

For more information about the quality of the NHMD and emergency department care data, please refer to Database quality statement summaries in the report *Australian Hospital Statistics 2012–13*, available at

<http://www.aihw.gov.au/publication-detail/?id=60129546922>.

Census of Population and Housing

The Census uses the standard Indigenous status question and it is asked for each household member. There are 4 principal sources of error in Census data: respondent error, processing error, partial response and undercount. Quality management of the Census program aims to reduce error as much as possible, and to provide a measure of the remaining error to data users, to allow them to use the data in an informed way.

The Census form may be completed by 1 household member on behalf of others. Incorrect answers can be introduced to the Census form if the respondent does not understand the question or does not know the correct information about other household members. Many of these errors remain in the final data.

The processing of information from Census forms is now mostly automated. Quality assurance procedures are used during Census processing to ensure processing errors are minimised. Sample checking is undertaken during coding operations, and corrections are made where necessary.

When completing their Census form, some people do not answer all the questions that apply to them. In these instances, a 'not stated' code is allocated during processing, with the exception of non-response to age, sex, marital status and place of usual residence. These variables are needed for population estimates, so they are imputed using other information on the Census form, as well as information from the previous Census.

Other Census data issues relate to the accuracy of the Census count itself, for example, whether people are counted more than once, or not at all.

The significant volatility in Indigenous Census counts and the variable quality of data on births, deaths and migration of Indigenous Australians do not support the use of the standard approach to population estimation. Due to the inherent uncertainties in estimating the Indigenous population, data that use these estimates should be interpreted with caution (for example, life-expectancy estimates and mortality rates). Given these uncertainties, changes in health outcomes such as mortality rates are difficult to assess.

Following each Census, assumptions are made about past levels of mortality to produce back cast population estimates.

In the 2011 Census, the ABS implemented improvements to the 2011 Census Indigenous enumeration procedures and enhanced the Census Post-Enumeration Survey. There was a 30% increase in the estimate of the Indigenous population between the 2006 and 2011 Censuses (ABS 2014). Population rates used in this edition of the Health Performance Framework were based on the updated population estimates.

Online Services Report data collection

The OSR collects organisation-level information from Aboriginal and Torres Strait Islander health organisations that received Australian Government funding in 2012–13.

Data were collected using a web-based reporting tool designed specifically to capture information on inputs and health processes at primary health-care organisations funded to deliver care to Indigenous Australians.

AIHW examined all data submissions to identify missing data and data quality issues. The most common data quality issues were inaccurate recording (for example, staff were reported in terms of their total number rather than in full-time equivalent positions), and discrepancies between 2 or more questions (for example, the number of clients exceeded the number of episodes of care).

Where needed, AIHW staff contacted the relevant health organisation to follow up on data quality issues and to request additional or corrected data. The AIHW detected at least 1 issue for follow-up in around 239 (92%) of organisations. Of these, 207 (87%) resubmitted data. Data with remaining significant quality issues were excluded from national analyses.

From 2012–13 a new online questionnaire started. Major questions (for example, around episodes of care, clients and contacts) remained the same. Some other questions were revised or restructured.

For more information see

<<http://meteor.aihw.gov.au/content/index.phtml/itemId/561251>>.

List of Symbols used in tables

—	rounded to zero (including null cells)
0	zero
..	not applicable
n.p.	not available for publication but included in totals where applicable, unless otherwise indicated
*	represents results with statistically significant differences at the $p < 0.05$ level, between the categories specified in table footnotes
†	estimate has a relative standard error between 25% and 50% and should be used with caution
‡	estimate has a relative standard error greater than 50% and is considered too unreliable for general use

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References

- ABS (Australian Bureau of Statistics) 2006. National Aboriginal and Torres Strait Islander Health Survey 2004–05. ABS cat. no. 4715.0. Canberra: ABS.
- ABS 2010. National Aboriginal and Torres Strait Islander Social Survey: Users' Guide, 2008. ABS cat. no. 4720.0. Canberra: ABS.
- ABS 2013. Australian Aboriginal and Torres Strait Islander Health Survey: users' guide, 2012–13. ABS cat. no. 4727.0.55.002. Canberra: ABS.
- ABS 2014. Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 2001 to 2026, May 2014. Viewed on 17 March 2015
<<http://www.abs.gov.au/ausstats/abs@.nsf/Products/6694405ADBF2B03BCA257CC9001439A6?opendocument>>.
- AIHW (Australian Institute of Health and Welfare) 2010. Indigenous identification in hospital separations data: quality report. Health services series no. 35. Cat. no. HSE 85. Canberra: AIHW.
- AIHW 2013. Indigenous identification in hospital separations data: quality report. Cat. no. IHW 90. Canberra: AIHW.

Other related information

- ABS 2014. Patient Experiences in Australia: Summary of Findings, 2013–14. ABS cat. No. 4839.0. Canberra: ABS.
- AIHW 2014. Aboriginal and Torres Strait Islander health organisations: Online Services Report – key results 2012–13. Cat. no. IHW 139. Canberra: AIHW.
- Dudgeon P, Wright M & Coffin J 2010. Talking It and Walking It: Cultural Competence. *Journal of Australian Indigenous Issues* 13:29–44.
- Freeman T, Edwards T, Baum F, Lawless A, Jolley G, Javanparast S et al. 2014. Cultural respect strategies in Australian Aboriginal primary health care services: beyond education and training of practitioners. *Australian and New Zealand journal of public health* 38:355–61.
- Johanson RP & Hill P 2011. Indigenous health: A role for private general practice. *Australian Family Physician* 40.
- Kelaher M, Ferdinand A & Paradies Y 2014. Experiencing racism in health care: The mental health impacts for Victorian Aboriginal communities. *Medical Journal of Australia* 201:44–7.
- Liaw ST, Lau P, Pyett P, Furler J, Burchill M, & Rowley K et al. 2011. Successful chronic disease care for Aboriginal Australians requires cultural competence. *Australian and New Zealand Journal of Public Health* 35:238–48.
- National Heart Foundation and Australian Health Care and Hospitals Association 2010. Better hospital care for Aboriginal and Torres Strait Islander people experiencing heart attack.
- Paradies Y, Truong M & Priest N 2014. A systematic review of the extent and measurement of healthcare provider racism. *Journal of general internal medicine* 29:364–87.

Taylor KP, Thompson SC, Wood MM, Ali M & Dimer L 2009. Exploring the impact of an Aboriginal Health Worker on hospitalised Aboriginal experiences: lessons from cardiology. *Australian Health Review* 33:549–57.

Thompson S, Shahid S, Greville H & Bessarab D 2011. 'A whispered sort of stuff' a community report on research around Aboriginal people's beliefs about cancer and experiences of cancer care in Western Australia. Perth: Cancer Council Western Australia.

Truong M, Paradies Y & Priest N 2014. Interventions to improve cultural competency in healthcare: a systematic review of reviews. *BMC (BioMed Central) health services research* 14:99

The image shows the top portion of a report cover. On the left is a vertical rectangular area with a traditional Aboriginal dot pattern in red and white. To the right of this pattern is a solid red background. The title 'Aboriginal and Torres Strait Islander Health Performance Framework 2014 report' is written in white text on the red background. Below the title, there are two horizontal bars: a yellow one on the left containing the text 'Measure 55 of 68' and a red one on the right containing the text 'Detailed analyses' in white.

Aboriginal and Torres Strait Islander Health Performance Framework 2014 report

Measure 55 of 68

Detailed analyses

3.09 Discharge against medical advice

This measure reports on the rate at which Aboriginal and Torres Strait Islander people leave hospital against medical advice or are discharged at their own risk

Introduction

This is no. 55 of 68 measures in the *Aboriginal and Torres Strait Islander Health Performance Framework 2014 report: detailed analyses*. This report provides information on a range of measures of health status, determinants of health and the health system performance relating to Aboriginal and Torres Strait Islander people.

The Framework comprises 3 tiers:

Tier 1 – Health status and outcomes

Tier 2 – Determinants of health

Tier 3 – Health system performance.

The full report, including a comprehensive description of all data sources used in the report, and notes about the data quality is available from

<<http://www.aihw.gov.au/publication-detail/?id=60129550779>>.

Tables referenced are available from

<<http://www.aihw.gov.au/indigenous-data/health-performance-framework/>>.

Data source

National Hospital Morbidity Database.

For more information, see 'Data sources and quality' at the end of this measure.

Data analyses

Age-standardised rates and ratios have been used as a measure of hospitalisations in the Indigenous population relative to non-Indigenous Australians. Ratios of this type illustrate differences between the rates of hospitalisations among Indigenous people and those of non-Indigenous Australians, taking into account differences in age distributions. All data presented exclude hospitalisations due to mental and behavioural disorders.

Note that changes in the level of accuracy of Indigenous identification in hospital records will result in changes in the level of reported hospitalisations for Indigenous Australians. Also, changes in access, hospital policies and practices all have an impact on the level of hospitalisation over time. Caution should be used in interpreting changes over time because it is not possible to ascertain whether a change in reported hospitalisation is due to changes in the accuracy of Indigenous identification or real changes in the rates at which Indigenous Australians are hospitalised. An increase in hospitalisation rates may reflect better access to hospitals, rather than a worsening of health.

For more information related to this measure, see measures 1.02, 3.06, 3.07 and 3.08. See also 'Other related information' at the end of this measure.

The following data are presented for this measure:

- Hospitalisations where individuals left hospital against medical advice or were discharged at their own risk – see tables 3.09.1–7
- The principal diagnosis for Indigenous Australians who left hospital against medical advice or were discharged at their own risk – see tables 3.09.8–9.

To analyse the relative impact of a range of factors which might have an impact on whether a patient would leave against medical advice/ discharge at own risk over the period July 2011 to June 2013, multivariate logistic regression was applied. The selected factors include Indigenous status, remoteness of hospital, sex, principal diagnosis, age group, state of hospital, remoteness of usual residence, and state of usual residence. The results of multivariate logistic regression are presented in tables 3.09.10 and 3.19.11.

Current period

Overview

In 2011–12 to 2012–13:

- There were 17,494 hospitalisations for Indigenous Australians where the patient left hospital against medical advice or was discharged at their own risk (5% of all Indigenous hospitalisations) (Table 3.09.1).
- After adjusting for age, Indigenous patients were 8 times as likely as non-Indigenous patients to leave hospital against medical advice or be discharged at their own risk (3.6% compared with 0.5%). The difference was 3.1 percentage points (Table 3.09.2).

- The percentage point difference increased with remoteness, from 2.2 in *Major cities* and 1.4 in *Inner regional* areas to 4.7 in *Remote* areas and 5.7 in *Very remote* areas (Table 3.09.4).

Hospitalisations by principal diagnosis

In 2011–12 to 2012–13:

- In relation to principal diagnosis chapter, *Injury, poisoning, and certain consequences of external causes* had the highest proportion of hospitalisations for Indigenous Australians where the patient left hospital against medical advice or was discharged at their own risk (7.4%).
- The principal diagnosis chapter that had the largest difference between the rates for Indigenous and non-Indigenous Australians (after adjusting for age) was *Endocrine, nutritional, and metabolic disorders* (5.6% percentage points).
- The principal diagnosis chapter that had the largest ratio between the rates for Indigenous and non-Indigenous Australians was *Diseases of the musculoskeletal system* (rate ratio of 13) (Table 3.09.8).

Multivariate analysis

- Results from multivariate logistic regression analysis show that Indigenous status contributed the most to the model of likelihood of a patient leaving hospital against medical advice or being discharged at their own risk, followed by remoteness of the hospital. The factor which contributed the least was state/territory of usual residence (Table 3.09.10).
- Excluding mental and behavioural disorders, hospitalisations with a principal diagnosis in the chapter *Endocrine, nutritional and metabolic disorders* had the greatest odds of leaving hospital against medical advice or being discharged at their own risk (an odds ratio of 10.97) compared to the reference category of *Factors influencing health status* (Table 3.09.11).

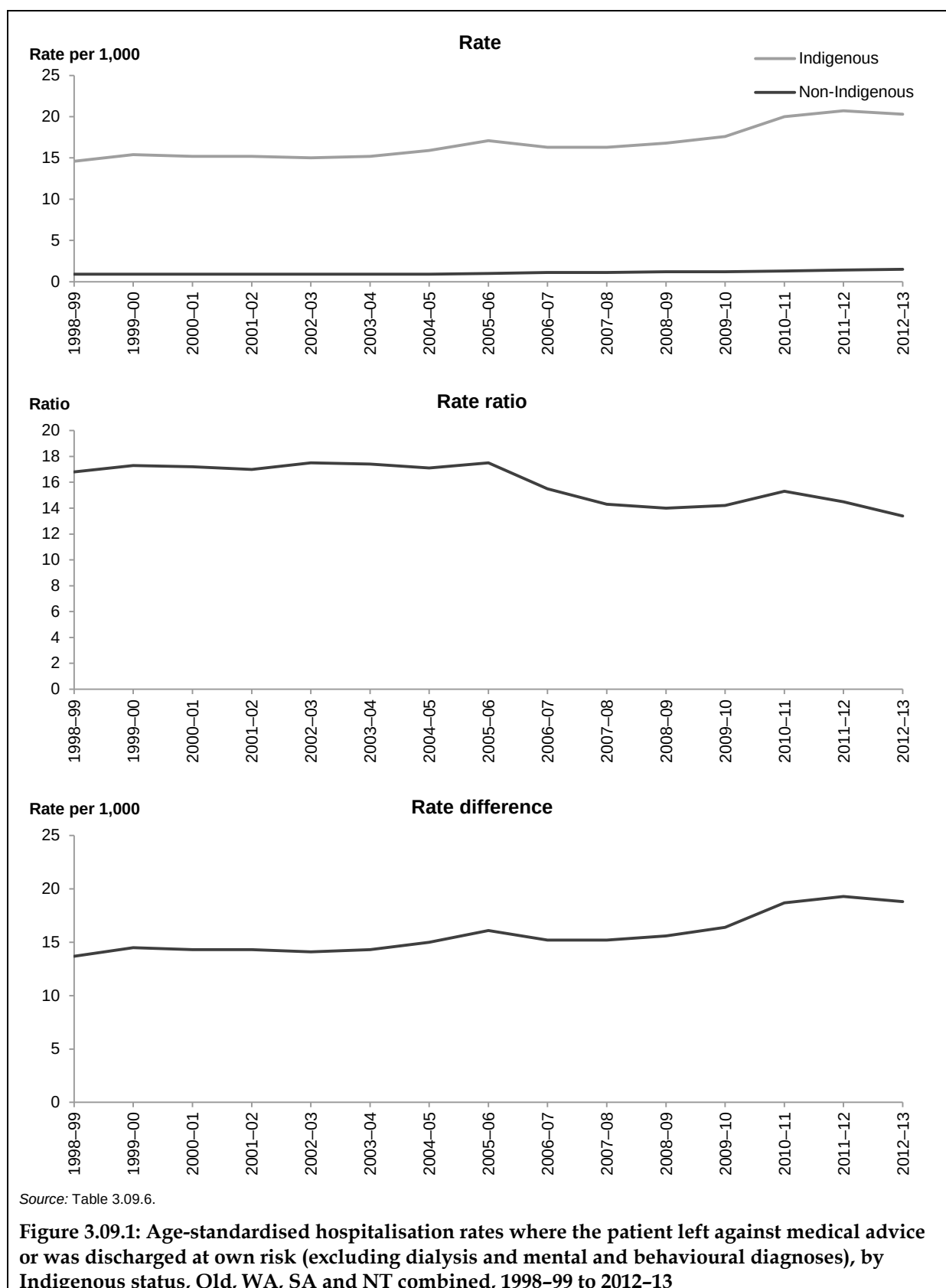
Trend

From 1998–99 to 2012–13, for Queensland, Western Australia, South Australia and the Northern Territory combined:

- The rate of hospitalisations for Indigenous Australians where the patient left hospital against medical advice or was discharged at their own risk increased 41% from 15 per 1,000 to 20 per 1,000. There was relatively larger increase in the rate for non-Indigenous Australians, however the actual rates were much lower (0.9 per 1,000 in 1998–99 up to 1.5 per 1,000 in 2012–13).
- The rate difference between Indigenous and non-Indigenous Australians increased 39% from 14 per 1,000 in 1998–99 to 19 per 1,000 in 2012–13 (Table 3.09.6, Figure 3.09.1).

From 2004–05 to 2012–13 for New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory combined:

- The rate of hospitalisations for Indigenous Australians where the patient left against medical advice or was discharged at their own risk increased 35% from 12 per 1,000 in 2004–05 to 16 per 1,000 in 2012–13.
- The rate difference between Indigenous and non-Indigenous Australians increased by 35%, from 11 per 1,000 in 2004–05 to 15 per 1,000 in 2012–13 (Table 3.09.7, Figure 3.09.2).



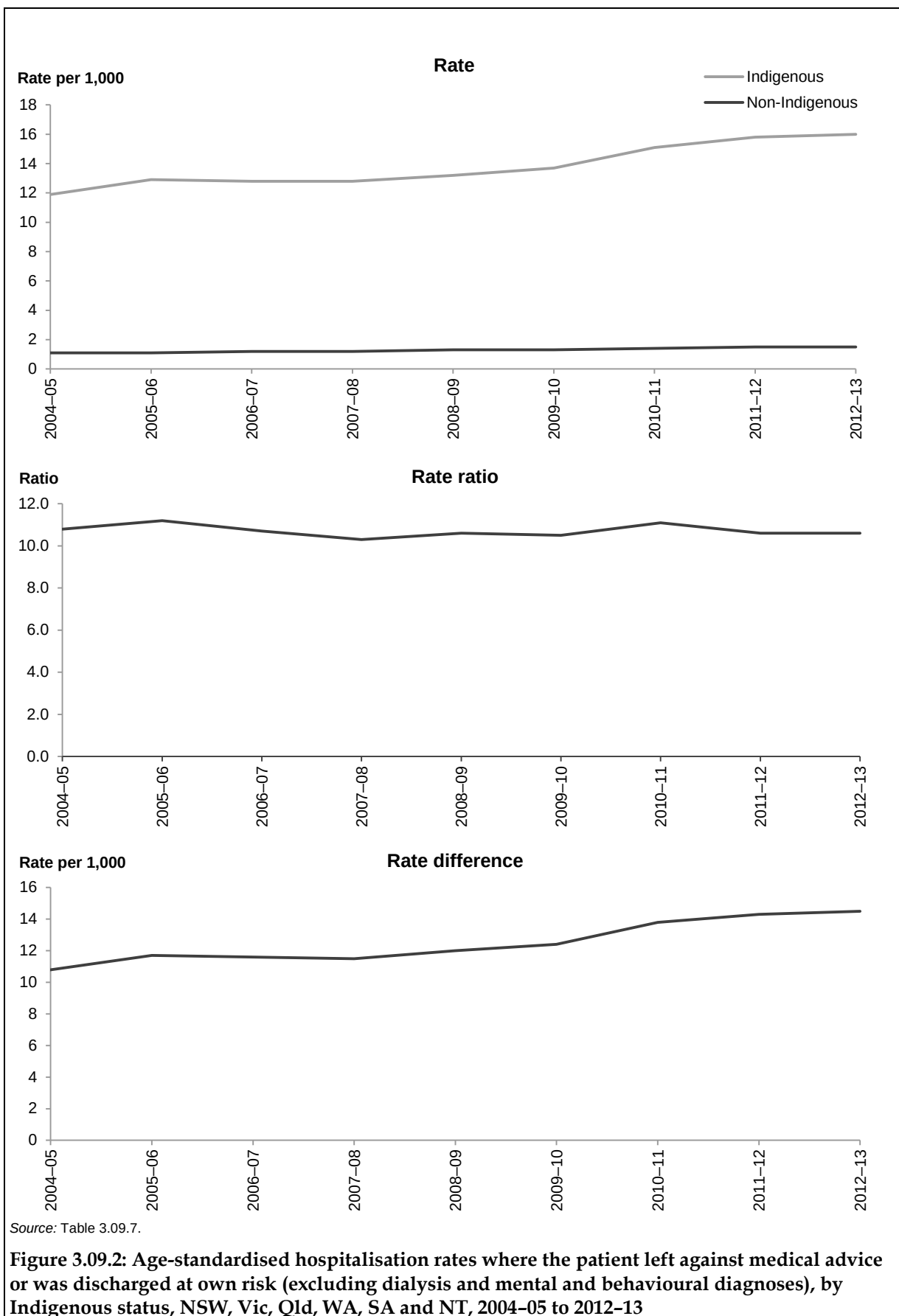


Table 3.09.1: Hospitalisations where patients left against medical advice/were discharged at own risk, by Indigenous status and age group (excluding dialysis and mental and behavioural disorders), Australia, 2011–12 to 2012–13^(a)

Age group (years)	Number		Per cent ^(b)		Rate ratio	Rate difference
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous		
0–4	832	2,110	1.3	0.2	5.4	1.0
5–14	1,328	3,536	3.3	0.6	5.7	2.8
15–24	3,793	11,915	5.6	0.9	5.9	4.7
25–34	4,096	11,369	7.7	0.7	10.4	7.0
35–44	4,290	11,160	7.4	0.7	10.1	6.7
45–54	2,244	9,689	4.6	0.5	9.4	4.1
55–64	709	7,544	2.2	0.3	7.4	1.9
65+	202	9,397	0.9	0.2	4.0	0.7
Total (crude)	17,494	66,720	4.5	0.5	10.0	4.1
Total (age-standardised)^(c)	17,494	66,720	3.6	0.5	7.8	3.1

(a) Data includes public and private hospitals in all jurisdictions.

(b) Percentage of hospitalisations for Indigenous and non-Indigenous respectively (excluding mental and behavioural disorders and dialysis) in the period 2011–12 to 2012–13.

(c) Indirectly age-standardised using the non-Indigenous hospitalisations in 2011–12 and 2012–13.

Notes

1. Excludes separations with care types 7.3, 9 and 10 (newborn, unqualified days only; organ procurement; and hospital boarder).
2. Includes hospitalisations for which no principal diagnosis was recorded.
3. Excludes principal diagnosis of dialysis (Z49) and mental and behavioural disorders (F00–F99, R44, R48, G30). Categories are based on the ICD-10-AM seventh edition (National Centre for Classification in Health 2010).

Source: AIHW analysis of National Hospital Morbidity Database.

Table 3.09.2: Hospitalisations where patients left against medical advice/were discharged at own risk, by Indigenous status and sex (excluding dialysis and mental and behavioural disorders), Australia, 2011–12 to 2012–13^(a)

	Number		Per cent of total separations ^(b)		Age-standardised rate ^(c)		Rate ratio ^(d)	Rate difference ^(e)
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous		
Males	8,702	38,839	5.3	0.6	4.1	0.6	7.1	3.5
Females	8,792	27,880	4.0	0.4	3.0	0.4	8.5	2.6
Persons ^(f)	17,494	66,720	4.5	0.5	3.6	0.5	7.8	3.1

(a) Data includes public and private hospitals in all jurisdictions.

(b) Percentage of hospitalisations for Indigenous and non-Indigenous respectively (excluding mental and behavioural disorders and dialysis) in the period 2011–12 to 2012–13.

(c) Indirectly age-standardised using the non-Indigenous hospitalisations in 2011–12 and 2012–13.

(d) Rate ratio is the age-standardised rate for Indigenous Australians divided by the age-standardised rate for non-Indigenous.

(e) Rate difference is the age-standardised rate for Indigenous Australians minus the age-standardised rate for non-Indigenous.

(f) Persons data includes sex not stated and indeterminate.

Notes

1. Excludes separations with care types 7.3, 9 and 10 (newborn, unqualified days only; organ procurement; and hospital boarder).
2. Includes hospitalisations for which no principal diagnosis was recorded.
3. Excludes principal diagnosis of dialysis (Z49) and mental and behavioural disorders (F00–F99, R44, R48, G30). Categories are based on the ICD-10-AM seventh edition (National Centre for Classification in Health 2010).

Source: AIHW National Hospital Morbidity Database.

Table 3.09.3: Hospitalisations where patients left against medical advice/were discharged at own risk, by Indigenous status and state/territory (excluding dialysis and mental and behavioural disorders), Australia, 2011–12 to 2012–13^(a)

	Number		Per cent	Age-standardised ^(b)		Rate ratio ^(c)	Rate difference ^(d)
	Indigenous	Non-Indigenous	Indigenous	Indigenous	Non-Indigenous		
New South Wales	3,249	27,043	3.1	2.5	0.6	4.1	1.9
Victoria	497	12,348	2.2	1.9	0.3	5.9	1.5
Queensland	3,130	14,203	3.0	2.3	0.5	4.7	1.8
Western Australia	3,121	6,169	4.9	3.9	0.4	10.1	3.5
South Australia	1,425	4,313	6.2	4.5	0.4	11.4	4.1
Tasmania	n.p.	n.p.	0.9	0.6	0.2	3.3	0.4
Australian Capital Territory	n.p.	n.p.	2.0	1.5	0.4	4.3	1.2
Northern Territory	n.p.	n.p.	10.5	10.5	1.1	9.3	9.3
Australia	17,494	66,720	4.5	3.6	0.5	7.8	3.1

(a) Data include public and private hospital in all jurisdictions. Number of hospitalisations in NT, ACT and Tas are not published for privacy reasons.

(b) Indirectly age-standardised using the non-Indigenous hospitalisations in 2011–12 and 2012–13.

(c) Rate ratio is the age-standardised rate for Indigenous Australians divided by the age-standardised rate for non-Indigenous.

(d) Rate difference is the age-standardised rate for Indigenous Australians minus the age-standardised rate for non-Indigenous.

Notes

1. Rates are calculated using ABS backcast population estimates and projections based on the 2011 Census.
2. Excludes principal diagnosis of dialysis (Z49) and mental and behavioural disorders (F00–F99, R44, R48, G30).

Source: AIHW National Hospital Morbidity Database.

Table 3.09.4: Hospitalisations where patients left against medical advice/were discharged at own risk, by Indigenous status and remoteness, (excluding dialysis and mental and behavioural disorders), Australia, 2011–12 to 2012–13^(a)

	Number		Per cent		Age-standardised ^(b)		Ratio ^(c)	Rate difference ^(d)
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous		
Major cities	3,252	44,297	3.2	0.4	2.6	0.4	5.9	2.2
Inner regional	1,765	12,400	2.4	0.4	1.8	0.4	4.3	1.4
Outer regional	3,890	7,339	4.4	0.6	3.2	0.6	5.8	2.7
Remote	3,286	1,181	6.5	0.7	5.4	0.7	7.7	4.7
Very remote	5,085	457	7.3	0.8	6.5	0.8	8.3	5.7
Missing	216	1,046	12.5	1.8	9.5	1.8	5.4	7.7
Total	17,494	66,720	4.5	0.5	3.6	0.5	7.8	3.1

(a) Data includes public and private hospitals in all jurisdictions.

(b) Indirectly age-standardised using the non-Indigenous hospitalisations in 2011–12 and 2012–13.

(c) Rate ratio is the age-standardised rate for Indigenous Australians divided by the age-standardised rate for non-Indigenous.

(d) Rate difference is the age-standardised rate for Indigenous Australians minus the age-standardised rate for non-Indigenous.

Notes

1. Excludes separations with care types 7.3, 9 and 10 (newborn, unqualified days only; organ procurement; and hospital boarder).
2. Excludes principal diagnosis of dialysis (Z49) and mental and behavioural disorders (F00–F99, R44, R48, G30). Categories are based on the ICD-10-AM seventh edition (National Centre for Classification in Health 2010).

Source: AIHW National Hospital Morbidity Database.

Table 3.09.5: Average length of stay of hospitalisations where patients left against medical advice/were discharged at own risk, by Indigenous status and sex (excluding dialysis and mental and behavioural disorders), Australia, 2011–12 to 2012–13

	Left at own risk/discharged against medical advice				Other separations			
	Number of patient days		Average length of stay		Number of patient days		Average length of stay	
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous
Males	28,663	118,262	3.3	3.0	636,045	20,643,011	4.1	3.1
Females	25,363	75,781	2.9	2.7	710,462	23,918,891	3.4	3.0
Persons	54,026	194,045	3.1	2.9	1,346,509	44,562,108	3.7	3.1

Notes

1. Data includes public and private hospitals in all jurisdictions.
2. Excludes separations with care types 7.3, 9 and 10 (newborn, unqualified days only; organ procurement; and hospital boarder).
3. Excludes principal diagnosis of dialysis (Z49) and mental and behavioural disorders (F00–F99, R44, R48, G30).

Source: AIHW analysis of National Hospital Morbidity Database.

Table 3.09.6: Hospitalisations where patients left against medical advice/were discharged at own risk, by Indigenous status (excluding dialysis and mental and behavioural disorders), Qld, WA, SA and NT, 1998–99 to 2012–13^{(a)(b)(c)(d)}

	Number		Indigenous	Non-Indigenous	Rate ratio ^(f)	Rate difference
	Indigenous	Non-Indigenous	No. per 1,000 ^(e)	No. per 1,000 ^(e)		
1998–99	3,677	5,825	14.6	0.9	16.8	13.7
1999–00	3,972	6,022	15.4	0.9	17.3	14.5
2000–01	3,990	6,056	15.2	0.9	17.2	14.3
2001–02	4,177	6,208	15.2	0.9	17.0	14.3
2002–03	4,130	6,010	15.0	0.9	17.5	14.1
2003–04	4,304	6,279	15.2	0.9	17.4	14.3
2004–05	4,551	6,824	15.9	0.9	17.1	15.0
2005–06	4,964	7,261	17.1	1.0	17.5	16.1
2006–07	4,851	8,063	16.3	1.1	15.5	15.2
2007–08	4,917	8,956	16.3	1.1	14.3	15.2
2008–09	5,198	9,624	16.8	1.2	14.0	15.6
2009–10	5,471	10,231	17.6	1.2	14.2	16.4
2010–11	6,404	10,981	20.0	1.3	15.3	18.7
2011–12	6,775	12,218	20.7	1.4	14.5	19.3
2012–13	6,767	13,304	20.3	1.5	13.4	18.8
Annual change ^(g)	215.8	527.4	0.4	0.05	..	0.4
% change ^(h)	88.0	161.7	40.9	87.1	..	38.5

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

(b) Data are reported for Qld, WA, SA and NT only. Hospitalisation data for these jurisdictions should not be assumed to represent the hospitalisation experience in the other jurisdictions.

(c) Categories are based on the ICD-10-AM seventh edition (National Centre for Classification in Health 2010) and previous editions.

(d) Data are reported by state/territory of usual residence of the patient hospitalised.

(e) Directly age-standardised using the Australian 2001 standard population.

(f) Hospitalisation rates for Indigenous Australians divided by the hospitalisation rates for non-Indigenous Australians.

(g) Annual change determined using linear regression analysis.

(h) Percentage change between 1998–99 and 2012–13 based on annual rate of change over the period.

Notes

1. Excludes separations with care types 7.3, 9 and 10 (newborn, unqualified days only; organ procurement; and hospital boarder).
2. Excludes: separations with episode types 5.3 and 7 for 1998–99 and 1999–00; separations with care types 7.3, 9 and 10 for 2001 onward (newborn, unqualified days only; organ procurement; and hospital boarder); principal diagnosis of dialysis (Z49) and mental and behavioural disorders (F00–F99, R44, R48, G30).

Source: AIHW analysis of National Hospital Morbidity Database.

Table 3.09.7: Hospitalisations where patients left against medical advice/were discharged at own risk, by Indigenous status (excluding dialysis and mental and behavioural disorders), NSW, Vic, Qld, WA, SA and NT, 2004–05 to 2012–13^{(a)(b)(c)(d)}

	Number		Indigenous	Non-Indigenous	Rate ratio ^(f)	Rate difference
	Indigenous	Non-Indigenous	No. per 1,000 ^(e)	No. per 1,000 ^(e)		
2004–05	5,608	20,740	11.9	1.1	10.8	10.8
2005–06	6,213	21,992	12.9	1.1	11.2	11.7
2006–07	6,222	23,387	12.8	1.2	10.7	11.6
2007–08	6,356	24,844	12.8	1.2	10.3	11.5
2008–09	6,712	25,592	13.2	1.3	10.6	12
2009–10	7,008	27,199	13.7	1.3	10.5	12.4
2010–11	7,986	28,832	15.1	1.4	11.1	13.8
2011–12	8,520	31,938	15.8	1.5	10.6	14.3
2012–13	8,768	32,975	16.0	1.5	10.6	14.5
Annual change ^(g)	395.7	1,533.7	0.5	0.1	..	0.5
% change ^(h)	58.0	60.6	34.8	36.9	..	34.6

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

(b) Data are reported for NSW, Vic, Qld, WA, SA and NT only. Hospitalisation data for these jurisdictions should not be assumed to represent the hospitalisation experience in the other jurisdictions.

(c) Categories are based on the ICD-10-AM seventh edition (National Centre for Classification in Health 2010) and previous editions.

(d) Data are reported by state/territory of usual residence of the patient hospitalised.

(e) Directly age-standardised using the Australian 2001 standard population.

(f) Hospitalisation rates for Indigenous Australians divided by the hospitalisation rates for non-Indigenous Australians.

(g) Annual change determined using linear regression analysis.

(h) Percentage change between 2004–05 and 2012–13 based on annual rate of change over the period.

Notes

1. Excludes separations with care types 7.3, 9 and 10 (newborn, unqualified days only; organ procurement; and hospital boarder).

2. Excludes principal diagnosis of dialysis (Z49) and mental and behavioural disorders (F00–F99, R44, R48, G30).

Source: AIHW analysis of National Hospital Morbidity Database.

Table 3.09.8: Hospitalisations where patients left against medical advice/were discharged at own risk, by Indigenous status and principal diagnosis (excluding dialysis and mental and behavioural disorders), Australia, 2011–12 to 2012–13^{(a)(b)}

	Number		Per cent ^(c)		Age-standardised proportion of separations ^(d)		Ratio ^(e)	Rate difference ^(f)
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous		
Injury, poisoning and certain consequences of external causes (S00–T98)	3,985	12,805	7.4	1.1	5.5	1.1	4.8	4.4
Diseases of the respiratory system (J00–J99)	2,154	4,509	5.1	0.6	4.3	0.6	7.2	3.7
Symptoms and signs and n.e.c. (R00–R99)	2,047	12,175	5.7	1.0	4.4	1.0	4.5	3.4
Diseases of the digestive system (K00–K93)	1,687	7,302	4.5	0.4	3.8	0.4	9.2	3.4
Pregnancy and child birth (O00–O99)	1,180	3,832	2.7	0.4	1.9	0.4	4.5	1.5
Diseases of the skin (L00–L99)	1,171	2,452	7.2	0.9	5.9	0.9	6.9	5.0
Diseases of the circulatory system (I00–I99)	1,050	4,989	4.7	0.5	3.2	0.5	6.4	2.7
Endocrine and nutritional and metabolic disorders (E00–E99)	802	2,300	7.3	0.9	6.5	0.9	7.0	5.6
Infectious and parasitic diseases (A00–B99)	671	1,913	5.3	0.7	5.2	0.7	7.2	4.5
Factors influencing health status (Z00–Z99)	578	3,449	2.1	0.1	1.5	0.1	10.5	1.3
Diseases of the genitourinary system (N00–N99)	735	2,566	3.7	0.3	3.2	0.3	10.2	2.9
Diseases of the nervous system (G00–G99)	468	2,625	4.9	0.6	4.2	0.6	7.3	3.6
Diseases of the musculoskeletal system (M00–M99)	564	2,485	4.0	0.3	3.4	0.3	13.0	3.1
Other (C00–D48,D50–D89,H00–H59,H60–H95, P00–P96,Q00–Q99) ^(g)	390	3,282	1.1	0.1	0.9	0.1	6.2	0.7
Total^(h)	17,494	66,720	4.5	0.5	3.6	0.5	7.8	3.1

(continued)

Table 3.09.8 (continued): Hospitalisations where patients left against medical advice/were discharged at own risk, by Indigenous status and principal diagnosis (excluding dialysis and mental and behavioural disorders), Australia, 2011–12 to 2012–13^{(a)(b)}

- (a) Data includes public and private hospitals in all jurisdictions.
- (b) Categories are based on the ICD-10-AM seventh edition (National Centre for Classification in Health 2010).
- (c) Percentage of hospitalisations in Indigenous and non-Indigenous separations respectively (excluding mental and behavioural disorders) in the period 2011–12 to 2012–13.
- (d) Indirectly age-standardised using the non-Indigenous hospitalisations in 2011–12 and 2012–13.
- (e) Rate ratio is the age-standardised rate for Indigenous Australians divided by the age-standardised rate for non-Indigenous.
- (f) Rate difference is the age-standardised rate for Indigenous Australians minus the age-standardised rate for non-Indigenous.
- (g) Includes: neoplasms, certain conditions originating in the perinatal period, diseases of the ear and mastoid process, diseases of the eye and adnexa, diseases of the genitourinary system, diseases of the musculoskeletal system, diseases of the blood and blood-forming organs and certain disorders involving the immune system, and congenital malformations and deformations and chromosomal abnormalities.
- (h) Includes hospitalisations for which no principal diagnosis was recorded. Excludes principal diagnosis of dialysis (Z49) and mental and behavioural disorders (F00–F99, R44, R48, G30).

Note: Excludes separations with care types 7.3, 9 and 10 (newborn, unqualified days only; organ procurement; and hospital boarder).

Source: AIHW analysis of National Hospital Morbidity Database.

Table 3.09.9: Diagnosis chapters with the highest percentage of Indigenous hospitalisations where patients left against medical advice/were discharged at own risk (excluding dialysis and mental and behavioural disorders), by remoteness, Australia, 2011–12 to 2012–13

Remoteness category	Highest		Second highest		Third highest	
	Diagnosis chapter	Per cent	Diagnosis chapter	Per cent	Diagnosis chapter	Per cent
Major cities	Injury, poisoning and certain consequences of external causes (S00–T98)	5.8	Diseases of the skin (L00–L99)	5.7	Endocrine, nutritional and metabolic disorders (E00–E99)	5.1
Inner regional	Injury, poisoning and certain consequences of external causes (S00–T98)	4.2	Endocrine, nutritional and metabolic disorders (E00–E99)	4.1	Symptoms, signs and abnormal findings n.e.c. (R00–R99)	3.8
Outer regional	Endocrine, nutritional and metabolic disorders (E00–E99)	7.4	Diseases of the nervous system (G00–G99)	7.1	Symptoms, signs and abnormal findings n.e.c. (R00–R99)	6.8
Remote	Injury, poisoning and certain consequences of external causes (S00–T98)	9.2	Endocrine, nutritional and metabolic disorders (E00–E99)	9.2	Diseases of the skin (L00–L99)	8.6
Very remote	Injury, poisoning and certain consequences of external causes (S00–T98)	11.1	Diseases of the skin (L00–L99)	9.9	Endocrine, nutritional and metabolic disorders (E00–E99)	9.4

Notes

1. Data includes public and private hospitals in all jurisdictions.
2. Excludes separations with care types 7.3, 9 and 10 (newborn, unqualified days only; organ procurement; and hospital boarder).
3. Proportion is the per cent of total Indigenous separations in 2011–12 and 2012–13.
4. Excludes principal diagnosis of dialysis (Z49) and mental and behavioural disorders (F00–F99, R44, R48, G30).

Source: AIHW analysis of National Hospital Morbidity Database.

Table 3.09.10: Mean Square Error (MSE) of variables in the logistic regression model of the likelihood of patients leaving against medical advice/being discharged at own risk, 2011–12 to 2012–13

Variable	Chi-squared ^(a)	Degrees of freedom ^(b)	MSE ^(c)	p-value
Indigenous status	11539.6	2	5769.8	<.0001
Remoteness of hospital	24758.7	5	4951.7	<.0001
Sex	3546.4	1	3546.4	<.0001
Principal diagnosis	38522.6	20	1926.1	<.0001
Age group	25091.2	15	1672.7	<.0001
State of hospital	696.4	7	99.5	<.0001
Remoteness of usual residence	232.8	4	58.2	<.0001
State of usual residence	59.1	7	8.4	<.0001

(a) Chi-squared: -2 times the difference between the log-likelihoods for the models with and without that particular variable.

(b) Degrees of freedom: number of parameters associated with that variable.

(c) Mean square error: chi-square statistic/degrees of freedom.

Notes

1. Excludes separations with care types 7.3, 9 and 10 (newborn, unqualified days only; organ procurement; and hospital boarder).
2. Data includes public and private hospitals in all jurisdictions.

Source: AIHW analysis of National Hospital Morbidity Database.

Table 3.09.11: Odds ratios of variables in the logistic regression model of the likelihood of patients leaving against medical advice/being discharged at own risk, 2011–12 to 2012–13

Variable		95% Confidence Interval ^(a)			p-value ^(b)
		Odds ratio	Lower limit	Upper limit	
Indigenous status	Not stated	1.03	0.97	1.09	0.3995
	Indigenous	3.03	2.97	3.09	<.0001
	Non-Indigenous (Reference category)	1			
Sex	Female	0.66	0.66	0.67	<.0001
	Male (Reference category)	1			
Age group	0–4	0.89	0.85	0.94	<.0001
	5–9	0.56	0.51	0.61	<.0001
	10–14	0.63	0.58	0.69	<.0001
	15–19	3.11	3	3.23	<.0001
	20–24	4.8	4.64	4.95	<.0001
	25–29	4.69	4.54	4.84	<.0001
	30–34	4.61	4.46	4.76	<.0001
	35–39	4.53	4.39	4.67	<.0001
	40–44	4.18	4.05	4.31	<.0001
	45–49	3.68	3.57	3.8	<.0001
	50–54	3.08	2.99	3.19	<.0001
	55–59	2.4	2.32	2.48	<.0001
	60–64	1.92	1.85	1.99	<.0001
	65–70	1.56	1.5	1.62	<.0001
	70–74	1.34	1.29	1.4	<.0001
	75+ (Reference category)	1			
Remoteness of hospital	Inner regional	0.95	0.92	0.97	0.0001
	Outer regional	1.43	1.38	1.49	<.0001
	Remote	1.73	1.64	1.82	<.0001
	Very remote	1.25	1.17	1.34	<.0001
	Not stated	0.09	0.09	0.09	<.0001
	Major cities (Reference category)	1			
State of hospital	Vic	0.5	0.46	0.55	<.0001
	Qld	0.63	0.58	0.67	<.0001
	WA	0.52	0.46	0.6	<.0001
	SA	0.5	0.44	0.56	<.0001
	Tas	0.41	0.3	0.57	<.0001
	NT	0.99	0.88	1.13	0.9337
	ACT	0.48	0.43	0.54	<.0001
	NSW (Reference category)	1			

(continued)

Table 3.09.11 (continued): Odd ratios of variables in the logistic regression model of the likelihood of patients leaving against medical advice/being discharged at own risk, 2011–12 to 2012–13

Variable		Odds ratio	95% Confidence Interval ^(a)		p-value ^(b)
			Lower limit	Upper limit	
Principal diagnosis chapter	Infectious and parasitic diseases (A00–B99)	7.64	7.28	8.02	<.0001
	Neoplasms (C00–D48)	2.5	2.36	2.63	<.0001
	Diseases of the blood (D50–D89)	3.95	3.67	4.24	<.0001
	Endocrine, nutritional and metabolic disorders (E00–E89)	10.97	10.48	11.47	<.0001
	Mental and behavioural disorders (F00–F99)	14.47	14	14.96	<.0001
	Diseases of the nervous system (G00–G99)	7.62	7.28	7.97	<.0001
	Diseases of the eye and adnexa (H00–H59)	1.8	1.62	2	<.0001
	Diseases of the ear and mastoid process (H60–H99)	3.27	2.88	3.71	<.0001
	Diseases of the circulatory system (I00–I99)	7	6.75	7.27	<.0001
	Diseases of the respiratory system (J00–J99)	8.41	8.1	8.72	<.0001
	Diseases of the digestive system (K00–K93)	6.02	5.82	6.23	<.0001
	Diseases of the skin (L00–L99)	8.7	8.33	9.08	<.0001
	Diseases of the musculoskeletal system (M00–M99)	4.88	4.67	5.11	<.0001
	Diseases of the genitourinary system (N00–N99)	4.04	3.86	4.22	<.0001
	Pregnancy and child birth (O00–O99)	2.97	2.85	3.1	<.0001
	Certain conditions in perinatal period (P00–P96)	3.64	3.17	4.18	<.0001
	Congenital malformations (Q00–Q99)	3.26	2.77	3.83	<.0001
	Symptoms, signs etc. (R00–R99)	10.51	10.18	10.85	<.0001
	Injury and poisoning and certain other consequences of external causes (S00–T98)	9.62	9.32	9.93	<.0001
	Missing	2.66	2.04	3.46	<.0001
	Factors influencing health status (Z00–Z99) (Reference category)	1			
Remoteness of usual residence	Inner regional	0.88	0.86	0.9	<.0001
	Outer regional	0.8	0.77	0.83	<.0001
	Remote	0.83	0.79	0.87	<.0001
	Very remote	0.96	0.91	1.01	0.1305
	Major cities (Reference category)	1			

(continued)

Table 3.09.11 (continued): Odd ratios of variables in the logistic regression model of the likelihood of patients leaving against medical advice/being discharged at own risk, 2011–12 to 2012–13

Variable		Odds ratio	95% Confidence Interval ^(a)		p-value ^(b)
			Lower limit	Upper limit	
State of usual residence	Vic	1	0.92	1.08	0.9125
	Qld	1.19	1.11	1.28	<.0001
	WA	1.32	1.15	1.51	<.0001
	SA	1.39	1.23	1.58	<.0001
	Tas	0.77	0.56	1.06	0.1055
	NT	1.24	1.09	1.4	0.0008
	ACT	0.87	0.76	0.99	0.0335
	NSW (Reference category)	1			

(a) 95% confidence interval using the Wald method.

(b) Wald chi-squared test.

Notes

1. Excludes separations with care types 7.3, 9 and 10 (newborn, unqualified days only; organ procurement; and hospital boarder).
2. Data includes public and private hospitals in all jurisdictions.
3. The difference in the deviance of the full model (all variables) and the null model (no independent variables), was significant ($p < .0005$, degrees of freedom = 61).

Source: AIHW analysis of National Hospital Morbidity Database.

Data sources and quality

National Hospital Morbidity Database

The scope of the NMDS is episodes of care for admitted patients in essentially all hospitals in Australia, including public and private acute and psychiatric hospitals, free-standing day hospital facilities, alcohol and drug treatment hospitals and dental hospitals. Hospitals operated by the Australian Defence Force, corrections authorities and in Australia's off-shore territories are not included. Hospitals specialising in ophthalmic aids and other specialised acute medical or surgical care are included. The NHMD does not include episodes of non-admitted patient care provided in outpatient clinics or emergency departments.

For 2012–13, almost all public hospitals provided data for the NHMD. The exception was a mothercraft hospital in the ACT. The great majority of private hospitals also provided data, the exceptions being the private free-standing day hospital facilities in the ACT, the single private free-standing day hospital in the Northern Territory, and a private free-standing day hospital in Victoria.

Hospitalisations

Data are a count of hospital separations (episodes of admitted patient care, which can be a total hospital stay or a portion of a hospital stay that begins or ends in a change of type of care) and not patients. Patients who separated from hospital more than once in the year will be counted more than once in the data set.

The number and pattern of hospitalisations can be affected by differing admission practices among the jurisdictions and from year to year, and differing levels and patterns of service delivery.

Records for newborn episodes that did not include qualified days, and records for hospital boarders and posthumous organ procurement have been excluded as these activities are not considered to be admitted patient care.

Indigenous status information

Approximately 2% of hospital records have Indigenous status of 'not stated', though this proportion varies across the jurisdictions (see Table 1.02.1). These records are excluded from analyses of hospital data in this report. Note that for hospitals in Western Australia, records with an unknown status are reported as non-Indigenous.

Under-identification

The incompleteness of Indigenous identification means the number of hospital separations recorded as Indigenous is an underestimate of hospitalisations involving Indigenous Australians.

The AIHW completed an assessment of the level of Indigenous under-identification in selected public hospitals in all states and territories in 2007–08. Results from this assessment indicate that New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory had adequate Indigenous identification (20% or less overall under-identification of Indigenous patients) in their hospital separations data (AIHW 2010). The study estimated that 89% of Indigenous patients were correctly identified in Australian public hospital admission records in 2007–08.

In 2011–12, the AIHW completed a second study to reassess the level of under-identification in public hospitals data, and found that all jurisdictions had sufficient quality Indigenous identification for reporting from 2010–11 (AIHW 2013). The study estimated that 88% of Indigenous patients were correctly identified in Australian public hospital admission records in 2011–12, and a correction factor of 1.09 is used at the national level to adjust for under-identification in hospital data. Interpretation of results should take into account the relative quality of the data from the jurisdictions.

Time series analysis may be affected by changes in the quality of Indigenous identification over time. The second AIHW study found no statistically significant change in identification rates at the national level, although there were some changes at the jurisdictional level. Time series presentations in this report include data from both public and private hospitals across several jurisdictions, so the overall effect of changes in Indigenous identification over time is unclear. This should be taken into account when interpreting the results of time series analysis.

Change in coding and coding practices

Between 2009–10 and 2010–11, there were significant changes in the coding of diagnoses for diabetes, obstetrics, and imaging procedures. There were also significant changes made to coding practices for diabetes and related conditions for the 2012–13 year, resulting in increased counts for these conditions. Caution should be used in comparing 2011–12 and 2012–13 data with data from previous Health Performance Framework reports.

For more information about the quality of the NHMD and emergency department care data, please refer to Database quality statement summaries in the report *Australian Hospital Statistics 2012–13*, available at <http://www.aihw.gov.au/publication-detail/?id=60129546922>.

List of symbols used in tables

- . . . not applicable
- n.e.c. not elsewhere classified
- n.p. not available for publication but included in totals where applicable, unless otherwise indicated

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References

AIHW (Australian Institute of Health and Welfare) 2010. Indigenous identification in hospital separations data: quality report. Health services series no. 35. Cat. no. HSE 85. Canberra: AIHW.

AIHW 2013. Indigenous identification in hospital separations data: quality report. Cat. no. IHW 90. Canberra: AIHW.

National Centre for Classification in Health 2010. International statistical classification of diseases and related health problems, 10th revision, Australian modification 7th edition. Sydney: National Centre for Classification in Health.

Other related information

Pearse J 2005. Review of patient satisfaction and experience surveys conducted for public hospitals in Australia: A Research Paper for the Steering Committee for the Review of Government Service Provision. Canberra: Productivity Commission

The cover of the report features a red background. On the left side, there is a vertical strip with a traditional Aboriginal dot pattern in white and yellow. The title 'Aboriginal and Torres Strait Islander Health Performance Framework 2014 report' is written in white text on the right. Below the title, there are two yellow rectangular boxes: the first contains 'Measure 56 of 68' and the second contains 'Detailed analyses'.

Aboriginal and Torres Strait Islander Health Performance Framework 2014 report

Measure 56 of 68

Detailed analyses

3.10 Access to mental health services

This measure reports on access to mental health care services such as hospitals, community mental health care, doctors and Aboriginal and Torres Strait Islander Primary health-care services, by Aboriginal and Torres Strait Islander people

Introduction

This is no. 56 of 68 measures in the *Aboriginal and Torres Strait Islander Health Performance Framework 2014 report: detailed analyses*. This report provides information on a range of measures of health status, determinants of health and the health system performance relating to Aboriginal and Torres Strait Islander people.

The Framework comprises 3 tiers:

Tier 1 – Health status and outcomes

Tier 2 – Determinants of health

Tier 3 – Health system performance.

The full report, including a comprehensive description of all data sources used in the report, and notes about the data quality is available from

<<http://www.aihw.gov.au/publication-detail/?id=60129550779>>.

Tables referenced are available from

<<http://www.aihw.gov.au/indigenous-data/health-performance-framework/>>.

Data sources

- Medicare data
- Bettering the Evaluation and Care of Health survey
- Australian Aboriginal and Torres Strait Islander Health Survey
- National Community Mental Health Care Database
- National Hospital Morbidity Database
- National Residential Mental Health Care Database
- National Health Workforce Data Set
- National Mental Health Establishments Database.

For more information, see 'Data sources and quality' at the end of this measure.

Data analyses

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

Mental health services can be provided in ambulatory or non-ambulatory settings. Ambulatory mental health care settings range from care provided in primary care settings through to ambulatory care, community-based mental health care and same day admitted patient mental health care in specialised psychiatric and general hospitals. Non-ambulatory mental health care settings include admitted patient mental health care in specialised psychiatric and general hospitals and residential mental health care.

Time series analyses may be affected by changes in the quality of Indigenous identification over time.

For more information related to access to mental health services, see measure 1.18. See also 'Other related information' at the end of this measure.

The following data are presented for this measure:

- Mental health services accessed, see tables 3.10.1–7
- Hospitalisations for mental health issues, see tables 3.10.8–13.

Mental health services accessed

Current period

- In 2012–13, 27% of Indigenous adults with reported high/very high levels of psychological distress had seen a health professional about their distress in the last 4 weeks. Proportions were higher in *Non-remote* areas (29%) than *Remote* areas (18%), and higher for Indigenous females (30%) than for Indigenous males (22%) (Table 3.10.1).
- In 2013–14, after adjusting for age, the rate of MBS services claimed for psychologists and psychiatrists among Indigenous Australians was 108 per 1,000 and 48 per 1,000, respectively. This was lower than the rates for non-Indigenous Australians for MBS services claimed for psychologists (172 per 1,000) and psychiatrists (94 per 1,000) (Table 3.10.2).

- In 2012–13, 8% of both Indigenous and non-Indigenous Australians accessed Medicare-subsidised clinical mental health care services (SCRGSP 2015).

In the period April 2008–March 2009 to April 2012–March 2013:

- About 11% of problems managed by GPs in encounters with Indigenous patients were mental health related problems, a management rate of 176 per 1,000 encounters. After adjusting for age, GPs managed mental health related problems in encounters with Indigenous patients at 1.3 times the rate for other Australians (Table 3.10.3).

In 2012–13:

- The majority of the 205 Australian Government-funded Indigenous primary health care organisations provided care in relation to social and emotional well-being and mental health issues. These organisations employed 533 full-time-equivalent social and emotional well-being staff, who provided 205,300 client contacts (AIHW 2014a).
- State and territory-based specialised community mental health services reported 597,275 service contacts for Indigenous clients. This accounted for 11% of total client contacts (Table 3.10.4).
 - The age-standardised rate for Indigenous Australians was 3.2 times the rate for non-Indigenous Australians (999 per 1,000 compared with 313 per 1,000) (Table 3.10.4).
- Residential mental health services reported 228 episodes for Indigenous Australians. The age-standardised rate of residential mental health care episodes was 1.5 times as high for Indigenous Australians (4 per 10,000) as non-Indigenous Australians (3 per 10,000) (Table 3.10.6).

Hospitalisations for mental health conditions

Current period

In the period 2011–12 to 2012–13:

- There were 32,383 hospitalisations for mental health-related conditions for Indigenous Australians. After adjusting for age, the hospitalisation rate for mental health-related conditions for Indigenous Australians was 1.9 times the rate for non-Indigenous Australians (28 per 1,000 compared with 15 per 1,000) (Table 3.10.8).
 - The hospitalisation rate for Indigenous men was 2.3 times the rate for non-Indigenous men. The rate for Indigenous women was 1.7 times the rate for non-Indigenous women (Table 3.10.8).
- The age-standardised hospitalisation rate for ambulatory-equivalent mental health-related conditions was 5 per 1,000 among Indigenous Australians compared with 5.5 per 1,000 for non-Indigenous Australians.
 - The rate of hospitalisations for ambulatory-equivalent mental health-related conditions with specialised psychiatric care for Indigenous Australians was 1.3 per 1,000, and 4.3 per 1,000 for non-Indigenous Australians.
 - The rate of hospitalisations for ambulatory-equivalent mental health-related conditions without specialised psychiatric care was 3.2 times as high for Indigenous Australians (3.7 per 1,000) than for non-Indigenous Australians (1.2 per 1,000) (Table 3.10.9).

- The age-standardised hospitalisation rate for non-ambulatory-equivalent mental health-related conditions among Indigenous Australians was 2.5 times as high as among non-Indigenous Australians (25 per 1,000 compared with 10 per 1,000).
 - The rate of hospitalisations with specialised psychiatric care was 2 times as high for Indigenous Australians (12 per 1,000) than for non-Indigenous Australians (6 per 1,000). The rate of hospitalisations without specialised psychiatric care was 3.3 times as high for Indigenous Australians (13 per 1,000) than for non-Indigenous Australians (4 per 1,000) (Table 3.10.9).

In the period 2011–12:

- The rate of available psychiatric beds in public psychiatric hospitals ranged from 10 per 100,000 in *Major cities* to 1.3 per 100,000 in *Outer regional* areas and none in *Remote or very remote* areas (Table 3.10.13).

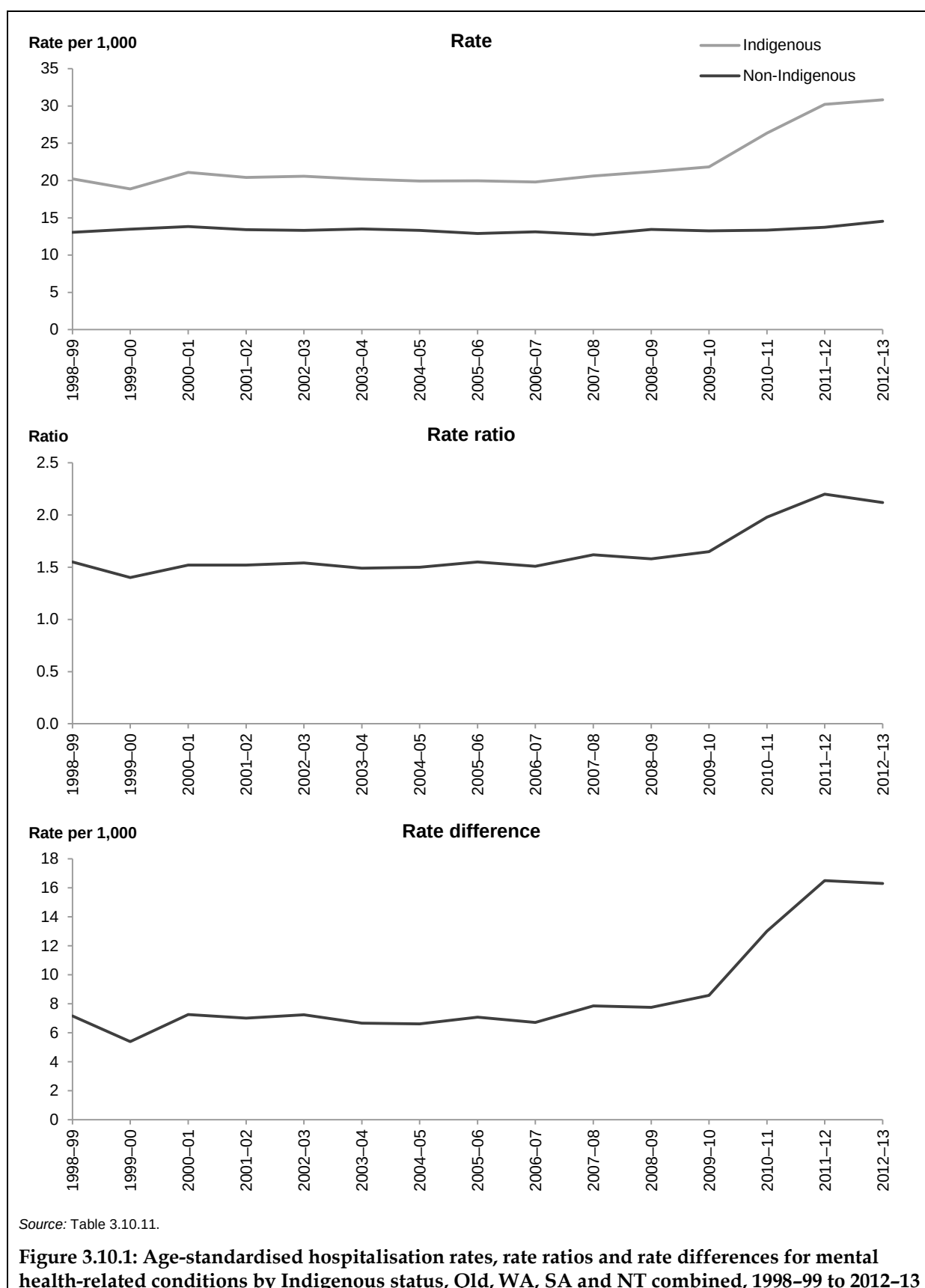
Trend

Between 1998–99 and 2012–13 in Queensland, Western Australia, South Australia and the Northern Territory:

- After adjusting for age, hospitalisation rates for mental health-related conditions for Indigenous Australians increased by 50%. The rate difference between Indigenous and non-Indigenous Australians increased by 188% (Table 3.10.11, Figure 3.10.1).
 - The rate difference increased by 107% for males and by 487% for females.

Between 2004–05 and 2012–13 in New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory:

- After adjusting for age, the hospitalisation rate for mental health-related conditions for Indigenous Australians increased by 40%. The rate difference between Indigenous and non-Indigenous Australians increased by 143% (Figure 3.10.2).
 - The rate difference increased by 81% for males and by 417% for females (Table 3.10.12).



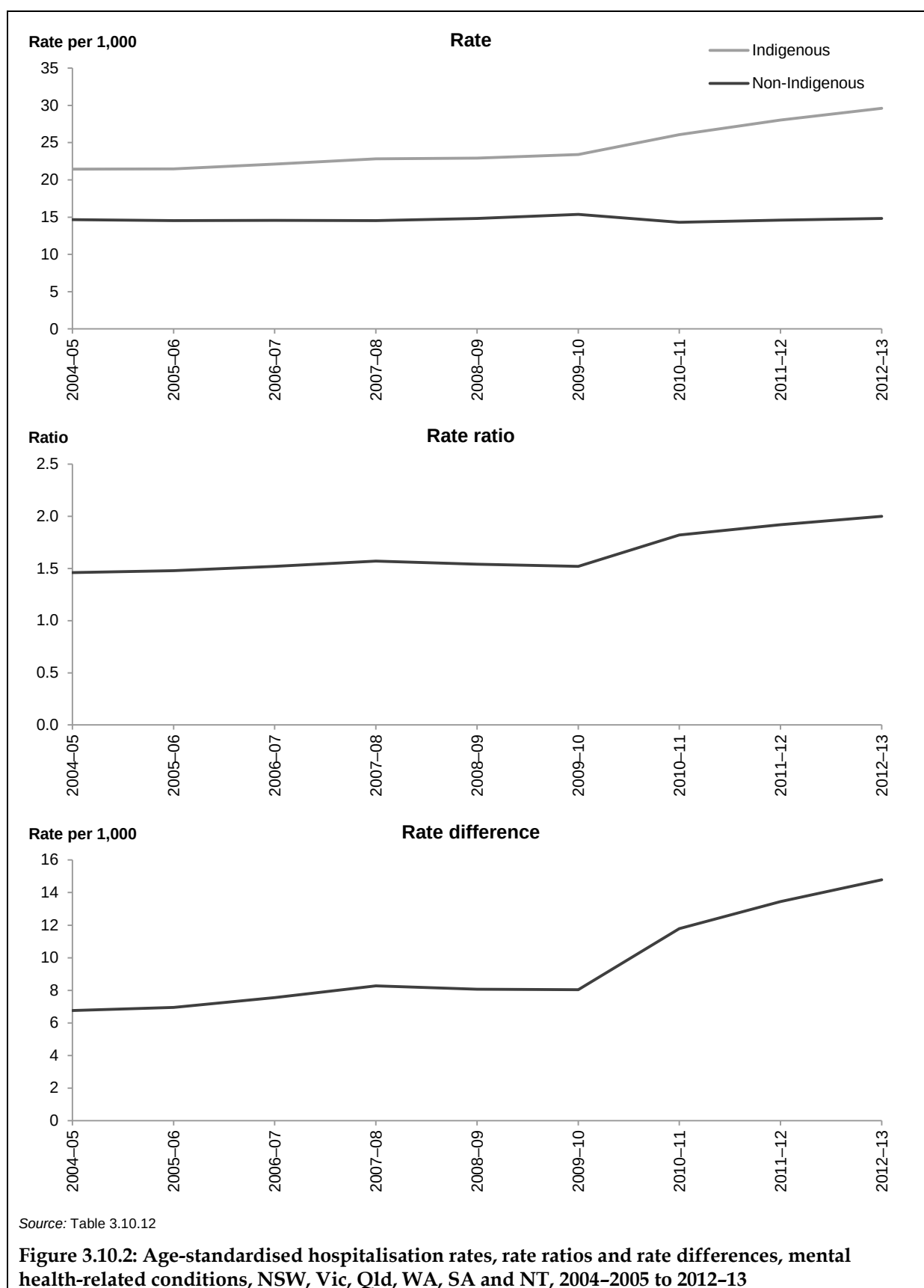


Table 3.10.1: Indigenous Australians aged 18 and over who reported high/very high levels of psychological distress^{(a)(b)}, by whether saw a health professional about feelings in the last 4 weeks, 2012–13

	Did not see a health professional		Saw a health professional (at least once)		Total number ^(c)	Average number of visits in last 4 weeks
	Number	Per cent	Number	Per cent		
Sex						
Males	33,190	78.3*	9,182	21.7*	42,372	2
Females	46,646	69.9	20,117	30.1	66,763	2
Age group						
18 to 24 years	19,519	77.3	5,734	22.7*	25,253	2
25 to 44 years	36,627	74.2	12,704	25.8*	49,331	2
45 to 54 years	13,635	65.7	7,119	34.3	20,755	2
55 years and over	10,055	72.9	3,742	27.1	13,797	3
Remoteness						
Major cities	27,840	67.6	13,355	32.4	41,195	2
Inner regional	16,451	71.5	6,568	28.5	23,019	2
Outer regional	19,688	77.0	5,866	23.0	25,554	3
<i>Total non-remote</i>	63,979	71.3*	25,790	28.7*	89,768	2
Remote	6,016	83.0	1,233	17.0	7,249	3
Very remote	9,841	81.2	2,276	18.8	12,117	2
<i>Total remote</i>	15,857	81.9	3,509	18.1	19,366	2
Total	79,836	73.2	29,298	26.8	109,134	2

(continued)

Table 3.10.1 (continued): Indigenous Australians aged 18 and over who reported high/very high levels of psychological distress^{(a)(b)}, by whether saw a health professional about feelings in the last 4 weeks, 2012–13

* Represents statistically significant differences in proportions at the $p < 0.05$ level, for comparison between 'Total remote' and 'Total non-remote' rows using 'Total remote' as the reference group, comparison between males and females using females as the reference category, and 45 to 54 years and other age groups using 45–54 as the reference category.

- (a) Based on the Kessler–5 (K5) measure of psychological distress. Overall levels of distress are based on how often respondents reported experiencing each feeling. Low/moderate is a score of 5–11. High/very high is a score of 12–25.
- (b) Totals exclude a small number of people who were not present at interview and for whom responses were provided by a proxy, and persons for whom level of psychological distress was unable to be determined.
- (c) Total excludes 'refused'.

Notes

1. Percentages add within rows. Estimates have been rounded and discrepancies may occur between sums of the component items and totals.
2. Data excludes 'not stated' responses and refusals.

Source: ABS and AIHW analysis of 2012–13 Australian Aboriginal and Torres Strait Islander Health Survey.

Table 3.10.2: VII adjusted, MBS services claimed for psychologists and psychiatrists, by Indigenous status, Australia, 2013–14

MBS services claimed	Number of services		Crude rate per 1,000		Age-standardised rate per 1,000 ^(a)			
	Indigenous ^(b)	Non-Indigenous	Indigenous ^(b)	Non-Indigenous	Indigenous ^(b)	Non-Indigenous	Age-standardised rate ratio ^(c)	Age-standardised rate difference ^(d)
Psychologist	74,602	3,799,250	106	168	108	172	0.6	–64.3
Psychiatrist	27,454	2,159,547	39	95	48	94	0.5	–46.1

(a) Directly age-standardised using the 2001 Australian standard population, by 5-year age group up to 75+.

(b) Numbers and rates have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database.

(c) Rate ratio is the age-standardised rate for Indigenous Australians divided by the age-standardised rate for non-Indigenous Australians.

(d) Rate difference is the age-standardised rate for Indigenous Australians minus the age-standardised rate for non-Indigenous Australians.

Source: Analysis of Medicare Data by AIHW and Medicare Benefit Division, Department of Health.

Table 3.10.3: Mental health-related problems^(a) managed by general practitioners, by Indigenous status of the patient, BEACH years April 2008–March 2009 to April 2012–March 2013^{(b)(c)}

Problem managed	Number		Per cent of total problems		Crude rate (no. per 1,000 encounters)			Age-standardised rate (no. per 1,000 encounters) ^(d)							
	Indig.	Other ^(e)	Indig.	Other ^(e)	Indig.	95% LCL ^(f)	95% UCL ^(g)	Indig.	95% LCL ^(f)	95% UCL ^(g)	Other ^(e)	95% LCL ^(f)	95% UCL ^(g)	Rate ratio ^(h)	Rate difference ⁽ⁱ⁾
Mental health-related conditions ^(j)	1,296	64,545	11.1	8.4	175.6	160.3	190.9	172.3*	156.5*	188.0*	133.2*	130.7*	135.7*	1.3*	39.1*

* Represents results with statistically significant differences in the Indigenous/non-Indigenous comparisons at the $p < 0.05$ level.

(a) Classified according to ICPC-2 codes (Classification Committee of the World Organization of Family Doctors (WICC) 2005).

(b) Data from five combined BEACH years April 2008–March 2009 to April 2012–March 2013 inclusive.

(c) Data for Indigenous and other Australians have not been weighted.

(d) Directly age-standardised rate (no. per 1,000 encounters) using total BEACH encounters in the period as the standard. Figures do not add to 100 as more than one problem can be managed at each encounter.

(e) Other includes encounters with non-Indigenous patients and those with patients for whom Indigenous status was not stated.

(f) LCL = lower confidence interval.

(g) UCL = upper confidence interval.

(h) Rate ratio Indigenous: Other.

(i) Rate difference Indigenous rate minus Other (non-Indigenous) rate.

(j) ICPC-2 codes: P01–P13, P15–P20, P22–P25, P27–P69, P70–P82, P85–P86, P98–P99.

Source: Analyses conducted by the Family Medicine Research Centre, University of Sydney, of BEACH data collected by that Centre.

Table 3.10.4: Community mental health care service contacts, by Indigenous status, sex and age group, 2012–13^{(a)(b)}

Sex and age group	Indigenous ^(c)			Non-Indigenous			Ratio ^(e)	Rate difference ^(f)
	No.	%	No. per 1,000 ^(d)	No.	%	No. per 1,000 ^(d)		
Males ^(g)								
Less than 15 years	36,937	10.2	322.4	191,682	7.1	122.6	2.6	199.8
15–24	80,106	22.1	1,215.2	402,214	14.9	358.8	3.4	856.4
25–34	119,312	32.9	2,738.0	631,729	23.5	530.3	5.2	2,207.7
35–44	79,015	21.8	2,162.1	612,231	22.7	531.4	4.1	1,630.7
45–54	33,464	9.2	1,157.4	429,182	15.9	384.6	3.0	772.8
55–64	8,773	2.4	501.6	219,129	8.1	228.8	2.2	272.7
65 and over	3,086	0.9	312.3	186,759	6.9	168.8	1.9	143.5
Total ^{(h)(i)}	362,477	100.0	1,219.3	2,692,556	100.0	331.9	3.7	887.4
Females ^(g)								
Less than 15 years	26,316	11.2	239.2	185,242	7.8	125.1	1.9	114.2
15–24	61,490	26.2	987.7	471,120	19.9	441.8	2.2	545.9
25–34	56,701	24.2	1,279.2	401,083	16.9	344.0	3.7	935.2
35–44	45,123	19.2	1,139.9	426,451	18.0	367.7	3.1	772.2
45–54	31,900	13.6	1,014.4	358,977	15.1	317.6	3.2	696.8
55–64	8,989	3.8	482.0	226,824	9.6	234.9	2.1	247.2
65 and over	3,373	1.4	273.1	294,571	12.4	230.2	1.2	42.9
Total ^{(h)(i)}	234,749	100.0	769.4	2,373,101	100.0	288.9	2.7	480.5
Persons ^(g)								
Less than 15 years	63,254	10.6	281.7	377,020	7.4	123.8	2.3	157.8
15–24	141,637	23.7	1,105.0	873,473	17.2	399.3	2.8	705.7
25–34	176,013	29.5	2,002.3	1,033,008	20.4	438.2	4.6	1,564.1
35–44	124,138	20.8	1,630.6	1,038,761	20.5	449.3	3.6	1,181.3
45–54	65,368	10.9	1,083.0	788,902	15.6	351.2	3.1	731.8
55–64	17,762	3.0	491.5	445,977	8.8	231.9	2.1	259.6
65 and over	6,459	1.1	290.5	482,961	9.5	202.4	1.4	88.1
Total ^{(h)(i)}	597,275	100.0	999.2	5,068,677	100.0	313.1	3.2	686.1

(continued)

Table 3.10.4 (continued): Community mental health care service contacts, by Indigenous status, sex and age group, 2012–13^{(a)(b)}

- (a) Data were not available for Victoria in 2012–13 due to service level collection gaps resulting from protected industrial action during this period. Victoria required that data for 2012–13 be excluded from all totals, with no proxy data to be included for Victoria when calculating national totals.
- (b) Industrial action in Tasmania in 2012–13 has affected the quality and quantity of Tasmania's data (see the online data source of the Community mental health care section).
- (c) These data should be interpreted with caution due to the varying quality of Indigenous identification across jurisdictions (see the online data source of the Community mental health care section).
- (d) Number per 1,000 population based on estimated resident population as at 30 June 2012.
- (e) Rate ratio—Indigenous: non-Indigenous.
- (f) Rate difference is equal to Indigenous rate minus non-Indigenous rate.
- (g) Totals include only those jurisdictions that provided data. Rates were calculated using a methodology which accounts for missing data, as detailed in the online technical information. Comparisons between jurisdictions and over time should be made with caution.
- (h) Includes service contacts for clients for whom age or sex was not stated.
- (i) Total rates have been directly age-standardised using the Australian 2001 standard population and methodology using the age groups shown.
- (j) Total rates have been directly age-standardised using the Australian 2001 standard population and methodology using 5 year age-groups up to 65+.

Source: AIHW analysis of National Community Mental Health Care Database.

Table 3.10.5: Community mental health care service contacts per 1,000 population, by Indigenous status and state and territory, 2012–13

	NSW	Vic ^(a)	Qld	WA	SA	Tas ^(b)	ACT	NT	Total ^(c)
	Number								
Indigenous ^(d)	289,321	n.a.	166,984	64,613	35,597	2,995	10,623	27,142	597,275
Non-Indigenous	2,138,992	n.a.	1,337,663	722,417	526,506	62,430	244,074	36,595	5,068,677
Not stated	496,371	n.a.	1,951	8,172	77,612	2,255	13,190	374	599,925
Total	2,924,684	..	1,506,598	795,202	639,715	67,680	267,887	64,111	6,265,877
	Number per 1,000 population^(e)								
Indigenous ^(d)	1,558.9	..	890.5	725.9	930.8	..	1,711.4	374.5	999.2
Non-Indigenous	306.6	..	312.1	309.6	335.3	..	652.2	214.9	313.1
Ratio ^(f)	5.1	..	2.9	2.3	2.8	..	2.6	1.7	3.2
Rate difference ^(g)	1252.3	..	578.4	416.3	595.4	..	1059.1	159.6	686.1
Total	406.8	..	334.2	324.6	398.2	..	698.5	255.1	371.1

(a) Data were not available for Victoria in 2012–13 due to service level collection gaps resulting from protected industrial action during this period. Victoria required that data for 2012–13 be excluded from all totals, with no proxy data to be included for Victoria when calculating national totals.

(b) Industrial action in Tasmania in 2012–13 has affected the quality and quantity of Tasmania's data (see the online data source of the Community mental health care section).

(c) Totals include only those jurisdictions that provided data. Rates were calculated using a methodology which accounts for missing data, as detailed in the Community mental health care online technical information. Comparisons between jurisdictions and over time should be made with caution.

(d) These data should be interpreted with caution due to the varying quality of Indigenous identification across jurisdictions (see the online data source of the Community mental health care section).

(e) Rates have been directly age-standardised using the Australian 2001 standard population and methodology using 5 year age-groups up to 65+.

(f) Rate ratio—Indigenous: non-Indigenous.

(g) Rate difference is equal to Indigenous rate minus non-Indigenous.

Source: AIHW analysis of National Community Mental Health Care Database.

Table 3.10.6: Residential mental health care episodes per 10,000 population, by Indigenous status and state and territory, 2012–13

	NSW	Vic	Qld ^(a)	WA	SA	Tas	ACT	NT	Total
Number									
Indigenous ^(b)	27	44	..	13	73	34	3	34	228
Non-Indigenous	271	2,912	..	255	1,518	1,024	64	70	6,114
Not stated	0	36	..	0	116	39	2	0	193
Total	298	2,992	..	268	1,707	1,097	69	104	6,535
Number per 10,000 population^(c)									
Indigenous ^(b)	1.6	12.5	..	1.9	21.7	19.1	8.2	5.2	4.1
Non-Indigenous	0.4	5.2	..	1.1	9.7	20.2	1.7	3.9	2.8
Ratio ^(d)	4.1	2.4	..	1.8	2.2	0.9	4.9	1.3	1.5
Rate difference ^(e)	1.2	7.3	..	0.8	12.0	–1.1	6.6	1.3	1.3
Total	0.4	5.3	..	1.1	10.7	20.9	1.8	4.3	2.9

(a) Queensland does not report any residential mental health services.

(b) These data should be interpreted with caution due to the varying quality of Indigenous identification across jurisdictions (see the online data source of the Residential mental health care section).

(c) Rates were directly age-standardised using the Australian 2001 standard population.

(d) Rate ratio—Indigenous: non-Indigenous.

(e) Rate difference is equal to Indigenous rate minus non-Indigenous.

Source: AIHW analysis of National Residential Mental Health Care Database.

Table 3.10.7: FTE employed psychologists per 100,000 population, by proportion of Indigenous population living in an area, 2013

Proportion of the population that is Indigenous	FTE number	FTE per 100,000 population
< 1%	9,450.7	111.5
1–<5%	7,608.4	70.5
5–<10%	1,362.0	64.2
10–<20%	337.2	57.8
20%+	166.2	48.5

Notes

1. FTE based on a standard working week of 38 hours.

2. Other territories excluded.

Sources: National Health Workforce Data Set: psychologists 2013; ABS 2011 Estimated Resident Population data, SA2 by Indigenous status.

Table 3.10.8: Hospitalisations for principal diagnosis of mental-health-related conditions, by Indigenous status, sex and state/territory, Australia, 2011–12 to 2012–13^{(a)(b)(c)(d)}

	Indigenous		Non-Indigenous		Ratio ^(f)	Rate difference ^(g)
	Number	No. per 1,000 ^(e)	Number	No. per 1,000 ^(e)		
NSW						
Males	5,169	29.5	105,084	14.8	2.0	14.7
Females	4,700	25.4	131,244	17.9	1.4	7.5
Persons ^(h)	9,869	27.3	236,330	16.4	1.7	11.0
Vic						
Males	858	22.5	63,233	11.3	2.0	11.2
Females	991	23.8	92,691	15.8	1.5	8.0
Persons ^(h)	1,849	23.0	155,937	13.6	1.7	9.5
Qld						
Males	3,884	25.1	65,847	14.8	1.7	10.3
Females	3,634	23.9	82,187	18.5	1.3	5.4
Persons ^(h)	7,518	24.6	148,034	16.6	1.5	8.0
WA						
Males	3,315	43.6	26,820	11.2	3.9	32.4
Females	3,116	37.7	32,424	13.8	2.7	24.0
Persons ^(h)	6,431	40.5	59,244	12.5	3.2	28.0
SA						
Males	1,303	43.2	16,673	10.3	4.2	33.0
Females	1,469	51.0	18,291	10.8	4.7	40.2
Persons ^(h)	2,772	48.4	34,964	10.5	4.6	37.8
Tas						
Males	n.p.	8.5	n.p.	12.5	0.7	−3.9
Females	n.p.	14.1	n.p.	20.7	0.7	−6.7
Persons ^(h)	n.p.	11.2	n.p.	16.6	0.7	−5.4
NT						
Males	n.p.	24.8	n.p.	7.7	3.2	17.1
Females	n.p.	20.8	n.p.	6.3	3.3	14.4
Persons ^(h)	n.p.	22.7	n.p.	7.1	3.2	15.6
ACT						
Males	n.p.	23.0	n.p.	8.1	2.8	14.9
Females	n.p.	19.7	n.p.	10.6	1.9	9.1
Persons ^(h)	n.p.	21.8	n.p.	9.4	2.3	12.4
Australia						
Males	16,633	29.5	291,014	13.1	2.3	16.4
Females	15,750	27.3	373,883	16.4	1.7	10.8
Persons ^(h)	32,383	28.4	664,912	14.8	1.9	13.7

(continued)

Table 3.10.8 (continued): Hospitalisations for principal diagnosis of mental-health-related conditions, by Indigenous status, sex and state/territory, Australia, 2011–12 to 2012–13^{(a)(b)(c)(d)}

- (a) Data include public and private hospitals in all jurisdictions. Number of hospitalisations in NT, ACT and TAS are not published for privacy reasons.
- (b) Categories are based on the ICD-10-AM seventh edition (National Centre for Classification in Health 2010): ICD-10-AM codes F00–F99, G30, G47.0, G47.1, G47.2, G47.8, G47.9, 099.3, R44, R45.0, R45.1, R45.4, R48, Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z50.2, Z50.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z71.4, Z71.5, Z76.0.
- (c) Age-standardised rates for New South Wales, Victoria, Queensland, Western Australia, South Australia, the Northern Territory and Australia have been calculated using the direct method, age-standardised by 5 year age groups to 75+. Age-standardised rates for Tasmania and the Australian Capital Territory have been calculated using the direct method, age-standardised by 5 year age group to 65+. As different age-groupings were used, rates for Tasmania and the Australian Capital Territory cannot be compared with the rates for New South Wales, Victoria, Queensland, Western Australia, South Australia, the Northern Territory and Australia.
- (d) Data are reported by state/territory of usual residence of the patient hospitalised.
- (e) Directly age-standardised using the Australian 2001 standard population.
- (f) Rate ratio is the age-standardised rate for Indigenous Australians divided by the age-standardised rate for non-Indigenous.
- (g) Rate difference is the age-standardised rate for Indigenous Australians minus the age-standardised rate for non-Indigenous.
- (h) Persons data includes sex not stated and indeterminate.

Notes

1. Rates are calculated using ABS backcast population estimates and projections based on the 2011 Census.
2. Excludes separations with care types 7.3, 9 and 10 (newborn, unqualified days only; organ procurement; and hospital boarder).
3. Principle diagnosis code used unless specified otherwise.

Source: AIHW analysis of National Hospital Morbidity Database.

Table 3.10.9: Ambulatory-equivalent and non-ambulatory-equivalent mental-health-related hospitalisations, by Indigenous status and sex, Australia, 2011–12 to 2012–13^{(a)(b)}

	Males			Females			Persons		
	No.	No. per 1,000 ^(c)	Ratio ^(d)	No.	No. per 1,000 ^(c)	Ratio ^(d)	No.	No. per 1,000 ^(c)	Ratio ^(d)
Ambulatory-equivalent									
With specialised psychiatric care									
Indigenous	673	1.0		801	1.5		1,474	1.3	
Non-Indigenous	74,729	3.3	0.3	123,394	5.4	0.3	198,123	4.3	0.3
Without specialised psychiatric care									
Indigenous	2,238	3.8		2,264	3.6		4,502	3.7	
Non-Indigenous	24,702	1.1	3.4	27,623	1.2	2.9	52,327	1.2	3.2
Total Indigenous	2,911	4.9		3,065	5.1		5,976	5.0	
Total non-Indigenous	99,431	4.4	1.1	151,017	6.6	0.8	250,450	5.5	0.9
Non-ambulatory-equivalent									
With specialised psychiatric care									
Indigenous	7,180	12.1		6,778	11.8		13,958	12.0	
Non-Indigenous	121,149	5.5	2.2	143,643	6.4	1.8	264,803	6.0	2.0
Without specialised psychiatric care									
Indigenous	7,203	13.7		6,516	11.3		13,719	12.5	
Non-Indigenous	79,896	3.6	3.8	89,541	3.8	2.9	169,439	3.7	3.3
Total Indigenous	14,383	25.8		13,294	23.1		27,677	24.5	
Total non-Indigenous	201,045	9.1	2.8	233,184	10.3	2.3	434,242	9.7	2.5

(continued)

Table 3.10.9 (continued): Ambulatory-equivalent and non-ambulatory-equivalent mental-health-related hospitalisations, by Indigenous status and sex, Australia, 2011–12 to 2012–13^{(a)(b)}

(a) Data exclude records with missing mental health flag and includes public and private hospitals in all jurisdictions.

(b) Categories are based on the ICD-10-AM seventh edition (National Centre for Classification in Health 2010); ICD-10-AM codes: Chapter IX Diseases of Mental, Behavioural Disorders (F00–F99) and other mental-health-related conditions: ICD-10-AM codes: G30, G47.0, G47.1, G47.2, G47.8, G47.9, O99.3, R44, R45.0, R45.1, R45.4, R48, Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z50.2, Z50.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z71.4, Z71.5, Z76.0.

(c) Directly age-standardised using the Australian 2001 standard population.

(d) Rate ratio is the age-standardised rate for Indigenous Australians divided by the age-standardised rate for non-Indigenous Australians.

Notes

1. Rates are calculated using ABS backcast population estimates and projections based on the 2011 Census.
2. Excludes separations with care types 7.3, 9 and 10 (newborn, unqualified days only; organ procurement; and hospital boarder).

Source: AIHW analysis of National Hospital Morbidity Database.

Table 3.10.10: Average length of stay for non-ambulatory-equivalent mental health-related hospitalisations, by Indigenous status and sex, Australia, 2011-12 to 2012-13^{(a)(b)(c)}

	Indigenous			Non-Indigenous			Total		
	Males	Females	Persons ^(d)	Males	Females	Persons ^(d)	Males	Females	Persons ^(d)
Patient days									
With specialised psychiatric care	200,116	113,910	314,026	2,628,155	2,454,527	5,082,756	2,828,271	2,568,437	5,396,782
Without specialised psychiatric care	19,308	19,620	38,928	420,615	522,333	942,956	439,923	541,953	981,884
Total	222,335	136,595	358,930	3,148,201	3,127,877	6,276,162	3,370,536	3,264,472	6,635,092
Average length of stay									
With specialised psychiatric care	27.9	16.8	22.5	21.7	17.1	19.2	22.0	17.1	19.4
Without specialised psychiatric care	2.7	3.0	2.8	5.3	5.8	5.6	5.1	5.6	5.4
Total	12.9	8.3	10.7	10.5	8.1	9.2	10.6	8.1	9.2

(a) Data includes public and private hospitals in all jurisdictions.

(b) Categories are based on the ICD-10-AM seventh edition (National Centre for Classification in Health 2010); ICD-10-AM codes: G30, G47.0, G47.1, G47.2, G47.8, G47.9, O99.3, R44, R45.0, R45.1, R45.4, R48, Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z50.2, Z50.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z71.4, Z71.5, Z76.0.

(c) Data are reported by state/territory of usual residence of the patient hospitalised.

(d) Persons data includes sex not stated and indeterminate.

Notes

1. Rates are calculated using ABS backcast population estimates and projections based on the 2011 Census.
2. Excludes separations with care types 7.3, 9 and 10 (newborn, unqualified days only; organ procurement; and hospital boarder).

Source: AIHW analysis of National Hospital Morbidity Database.

Table 3.10.11a: Hospitalisation separations from mental health related conditions, Qld, WA, SA and NT, 1998–99 to 2012–13^(a)

	Indigenous separations			Non-Indigenous separations		
	Males	Females	Persons ^(b)	Males	Females	Persons ^(b)
1998–99	2,552	2,200	4,752	41,375	45,572	86,949
1999–00	2,667	2,051	4,718	41,895	49,276	91,172
2000–01	2,863	2,433	5,296	43,947	50,880	94,829
2001–02	2,876	2,564	5,440	43,498	49,837	93,335
2002–03	2,888	2,731	5,620	42,071	52,372	94,445
2003–04	2,879	2,765	5,644	43,290	54,144	97,434
2004–05	2,864	2,855	5,719	42,544	55,252	97,796
2005–06	2,983	2,805	5,788	42,458	54,313	96,771
2006–07	3,187	2,822	6,009	46,615	54,291	100,906
2007–08	3,334	2,964	6,298	46,369	54,158	100,527
2008–09	3,511	3,136	6,647	48,575	60,083	108,658
2009–10	3,682	3,371	7,053	49,584	59,949	109,533
2010–11	4,396	4,033	8,429	51,688	60,380	112,068
2011–12	4,892	4,662	9,554	53,657	63,960	117,617
2012–13	5,181	4,909	10,090	57,051	69,895	126,946
Annual change ^(c)	163.4	169.4	332.8	975.3	1,316.1	2,291.3
Per cent change ^(d)	102.1	124.8	112.5	34.6	39.7	37.3

(a) Data are from public and most private hospitals and excludes private hospitals in the Northern Territory.

(b) Persons data includes sex not stated and indeterminate.

(c) Average annual change in separations determined using linear regression analysis.

(d) Per cent change between 1998–99 and 2012–13 based on the average annual change over the period.

Notes

1. Principal diagnosis code used unless specified otherwise.
2. Data are reported by state/territory of usual residence of the patient hospitalised.
3. Excludes: separations with episode types 5.3 and 7 for 1998–99 and 1999–00; separations with care types 7.3, 9 and 10 for 2001 onward (newborn, unqualified days only; organ procurement; and hospital boarder).

Source: AIHW analysis of National Hospital Morbidity Database.

Table 3.10.11b: Age-standardised hospitalisation rates from mental health related conditions, Qld, WA, SA and NT, 1998–99 to 2012–13^(a)

	Indigenous rate per 1,000			Non-Indigenous rate per 1,000		
	Males	Females	Persons ^(b)	Males	Females	Persons ^(b)
1998–99	22.0	18.6	20.2	12.7	13.5	13.1
1999–00	21.9	16.0	18.9	12.5	14.4	13.5
2000–01	23.3	19.0	21.1	13.0	14.7	13.8
2001–02	22.1	18.8	20.4	12.6	14.2	13.4
2002–03	21.6	19.6	20.6	12.0	14.6	13.3
2003–04	21.1	19.3	20.2	12.1	14.9	13.5
2004–05	20.6	19.3	19.9	11.7	15.0	13.3
2005–06	21.4	18.7	20.0	11.4	14.4	12.9
2006–07	21.8	18.0	19.8	12.1	14.1	13.1
2007–08	22.4	19.0	20.6	11.7	13.7	12.7
2008–09	22.9	19.6	21.2	12.0	14.9	13.4
2009–10	23.7	20.2	21.8	12.0	14.6	13.3
2010–11	27.4	25.1	26.4	12.3	14.4	13.3
2011–12	30.5	29.5	30.2	12.5	14.9	13.7
2012–13	31.8	29.7	30.8	13.1	16.0	14.5
Annual change ^(c)	0.6	0.7	0.6	—	0.1	—
Per cent change ^(d)	39.2	60.8	49.8	–1.4	6.5	2.5

(a) Data are from public and most private hospitals and excludes private hospitals in the Northern Territory.

(b) Persons data includes sex not stated and indeterminate.

(c) Average annual change in rates determined using linear regression analysis.

(d) Per cent change between 1998–99 and 2012–13 based on the average annual change over the period.

Notes

1. Directly age-standardised using the 2001 Australian standard population.
2. Rates are calculated using ABS backcast population estimates and projections based on the 2011 Census.
3. Categories are based on the ICD-10-AM seventh edition (National Centre for Classification in Health 2010) and previous editions: ICD-10-AM codes F00–F99, G30, G47.0, G47.1, G47.2, G47.8, G47.9, 099.3, R44, R45.0, R45.1, R45.4, R48, Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z50.2, Z50.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z71.4, Z71.5, Z76.0.
4. Principal diagnosis code used unless specified otherwise.
5. Data are reported by state/territory of usual residence of the patient hospitalised.
6. Excludes: separations with episode types 5.3 and 7 for 1998–99 and 1999–00; separations with care types 7.3, 9 and 10 for 2001 onward (newborn, unqualified days only; organ procurement; and hospital boarder).

Source: AIHW analysis of National Hospital Morbidity Database.

Table 3.10.11c: Age-standardised hospitalisation rate ratios and rate differences from mental health related conditions, Qld, WA, SA and NT, 1998–99 to 2012–13^(a)

	Rate ratio ^(b)			Rate difference ^(c)		
	Males	Females	Persons ^(d)	Males	Females	Persons ^(d)
1998–99	1.7	1.4	1.5	9.3	5.1	7.2
1999–00	1.7	1.1	1.4	9.4	1.6	5.4
2000–01	1.8	1.3	1.5	10.3	4.3	7.3
2001–02	1.8	1.3	1.5	9.5	4.7	7.0
2002–03	1.8	1.3	1.5	9.6	4.9	7.2
2003–04	1.7	1.3	1.5	9.0	4.4	6.7
2004–05	1.8	1.3	1.5	9.0	4.3	6.6
2005–06	1.9	1.3	1.5	10.0	4.3	7.1
2006–07	1.8	1.3	1.5	9.7	3.9	6.7
2007–08	1.9	1.4	1.6	10.6	5.2	7.9
2008–09	1.9	1.3	1.6	10.9	4.7	7.8
2009–10	2.0	1.4	1.6	11.8	5.6	8.6
2010–11	2.2	1.7	2.0	15.1	10.7	13.0
2011–12	2.4	2.0	2.2	18.0	14.5	16.5
2012–13	2.4	1.9	2.1	18.7	13.7	16.3
Annual change ^(e)	n.a.	n.a.	n.a.	0.6	0.6	0.6
Per cent change ^(f)	n.a.	n.a.	n.a.	106.5	487.0	187.7

(a) Data are from public and most private hospitals and excludes private hospitals in the Northern Territory.

(b) Hospitalisation rates for Indigenous Australians divided by the hospitalisation rates for non-Indigenous Australians.

(c) Hospitalisation rates for Indigenous Australians minus the hospitalisation rates for non-Indigenous Australians.

(d) Persons data includes sex not stated and indeterminate.

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

(f) Per cent change between 1998–99 and 2012–13 based on the average annual change over the period.

Notes

1. Directly age-standardised using the 2001 Australian standard population.
2. Rates are calculated using ABS backcast population estimates and projections based on the 2011 Census.
3. Categories are based on the ICD-10-AM seventh edition (National Centre for Classification in Health 2010) and previous editions: ICD-10-AM codes F00–F99, G30, G47.0, G47.1, G47.2, G47.8, G47.9, 099.3, R44, R45.0, R45.1, R45.4, R48, Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z50.2, Z50.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z71.4, Z71.5, Z76.0.
4. Principal diagnosis code used unless specified otherwise.
5. Data are reported by state/territory of usual residence of the patient hospitalised.
6. Excludes: separations with episode types 5.3 and 7 for 1998–99 and 1999–00; separations with care types 7.3, 9 and 10 for 2001 onward (newborn, unqualified days only; organ procurement; and hospital boarder).

Source: AIHW analysis of National Hospital Morbidity Database.

Table 3.10.12: Age-standardised hospitalisation rates for mental-health related conditions, rate ratios and rate differences, NSW, Vic, Qld, WA, SA and NT, 2004–05 to 2012–13^(a)

	2004–05	2005–06	2006–07	2007–08	2008–09	2009–10	2010–11	2011–12	2012–13	Annual change ^(b)	Per cent change ^(c)
Indigenous separations											
Males	5,160	5,600	5,923	6,168	6,244	6,634	7,515	7,719	8,381	381.5	60.2
Females	4,850	4,853	5,119	5,385	5,655	5,829	6,539	7,330	7,932	384.1	69.7
Persons ^(d)	10,010	10,453	11,042	11,553	11,899	12,463	14,054	15,049	16,313	765.6	64.6
Non-Indigenous separations											
Males	122,248	121,319	126,615	128,173	132,972	136,512	133,884	138,799	140,226	2,453.8	16.2
Females	155,038	157,639	158,494	162,048	169,813	182,816	168,172	174,374	183,416	3,397.4	17.6
Persons ^(d)	277,287	278,958	285,109	290,225	302,791	319,356	302,061	313,186	323,644	5,852.5	17.0
Indigenous rate per 1,000											
Males	22.7	23.9	24.6	25.0	24.7	25.5	28.0	29.0	30.9	0.9	33.1
Females	20.3	19.3	19.9	20.8	21.2	21.5	24.1	27.0	28.4	1.1	47.3
Persons ^(d)	21.4	21.5	22.1	22.8	22.9	23.4	26.1	28.0	29.6	1.0	40.3
Non-Indigenous rate per 1,000											
Males	13.2	12.8	13.1	13.0	13.2	13.3	12.8	13.1	13.0	—	–0.2
Females	16.2	16.2	16.0	16.1	16.5	17.5	15.8	16.1	16.7	—	2.2
Persons ^(d)	14.7	14.5	14.6	14.5	14.8	15.4	14.3	14.6	14.8	—	0.9
Rate ratio^(e)											
Males	1.7	1.9	1.9	1.9	1.9	1.9	2.2	2.2	2.4	n.a.	n.a.
Females	1.2	1.2	1.2	1.3	1.3	1.2	1.5	1.7	1.7	n.a.	n.a.
Persons ^(d)	1.5	1.5	1.5	1.6	1.5	1.5	1.8	1.9	2.0	n.a.	n.a.

(continued)

Table 3.10.12 (continued): Age-standardised hospitalisation rates for mental-health related conditions, rate ratios and rate differences, NSW, Vic, Qld, WA, SA and NT, 2004–05 to 2012–13^(a)

	2004–05	2005–06	2006–07	2007–08	2008–09	2009–10	2010–11	2011–12	2012–13	Annual change ^(b)	Per cent change ^(c)
Rate difference^(f)											
Males	9.5	11.1	11.4	12.0	11.4	12.2	15.2	15.9	17.9	0.9	80.6
Females	4.0	3.1	3.9	4.7	4.8	4.0	8.4	10.9	11.7	1.0	416.7
Persons ^(d)	6.8	7.0	7.5	8.3	8.1	8.0	11.8	13.4	14.8	1.0	142.8

(a) Data are from public and most private hospitals and excludes private hospitals in the Northern Territory.

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

(c) Per cent change between 2004-05 and 2012–13 based on the average annual change over the period.

(d) Persons data includes sex not stated and indeterminate.

(e) Hospitalisation rates for Indigenous Australians divided by hospitalisation rates for non-Indigenous Australians.

(f) Hospitalisation rates for Indigenous Australians minus hospitalisation rates for non-Indigenous Australians.

Notes

1. Directly age-standardised using the 2001 Australian standard population.
2. Rates are calculated using ABS backcast population estimates and projections based on the 2011 Census.
3. Categories are based on the ICD-10-AM seventh edition (National Centre for Classification in Health 2010) and previous editions: ICD-10-AM codes F00–F99, G30, G47.0, G47.1, G47.2, G47.8, G47.9, 099.3, R44, R45.0, R45.1, R45.4, R48, Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z50.2, Z50.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z71.4, Z71.5, Z76.0.
4. Excludes separations with care types 7.3, 9 and 10 (newborn, unqualified days only; organ procurement; and hospital boarder); Indigenous Status not stated and without mental health flag.
5. Principal diagnosis code used unless specified otherwise.
6. Data are reported by state/territory of usual residence of the patient hospitalised.

Source: AIHW analysis of National Hospital Morbidity Database.

Table 3.10.13: Public psychiatric hospitals^(a) and available beds, by remoteness area, states and territories, 2011–12

	NSW	Vic	Qld	WA ^(b)	SA	Tas	ACT	NT	Total
Public psychiatric hospitals^(c)									
Major cities	6	2	1	2	2	..	..	..	13
Inner regional	1	..	1	..	..	..	..	..	2
Outer regional	0	..	1	..	..	..	..	..	1
Remote and very remote	0	..	..	..	..	..	..	..	..
Total all regions	7	2	3	2	2	..	..	..	16
Available psychiatric beds^(d)									
Major cities	803	150	162	246	230	..	..	..	1,591
Inner regional	100	..	156	..	..	..	..	..	256
Outer regional	..	..	27	..	..	..	..	..	27
Remote and very remote	..	..	..	..	..	..	..	..	..
Total all regions	902	150	345	246	230	..	..	..	1,873
Available psychiatric beds per 100,000 population^(e)									
Major cities	14.9	3.5	5.7	13.2	18.9	..	..	..	10.0
Inner regional	7.1	..	16.8	..	..	..	..	..	6.1
Outer regional	..	..	4.0	..	..	..	..	..	1.3
Remote and very remote	..	..	..	..	..	..	..	..	..
Total all regions	12.4	2.7	7.6	10.1	13.9	..	..	..	8.2

(a) These figures differ from Australian hospital statistics 2011–12 due to differences in definitions and jurisdictional reporting.

(b) Caution should be used in interpreting Western Australia data for disaggregation by remoteness as service location does not necessarily reflect the catchment area for that service.

(c) Hospitals were allocated to a single remoteness category according to where the majority of their beds were reported. A different approach was taken to apportion beds (see Footnote d).

(d) Beds were allocated to remoteness by statistical local area (SLA) of the hospital. Where SLAs included multiple remoteness areas, beds were apportioned according to the proportion of the SLA population in each remoteness area. 'Available psychiatric beds' includes only those in public psychiatric hospitals, and not beds in specialised psychiatric units or wards in public acute hospitals.

(e) Crude rates based on the preliminary Australian estimated resident population of the remoteness area as at 31 December 2011.

Source: AIHW analysis of the National Mental Health Establishments Database.

Data sources and quality

Medicare data

Standard Indigenous status question

Medicare seeks Indigenous status information in its enrolment forms, including the general enrolment application form and the Aboriginal and Torres Strait Islander Medicare enrolment form. These forms include the national standard Indigenous identification question. Indigenous Australians can also complete a specific Voluntary Indigenous Identification form. Indigenous status information is held in Medicare records as the Voluntary Indigenous Identifier (VII).

Under-identification

The coverage of Indigenous Australians in the VII database is not complete. There were around 415,730 people who had identified as Aboriginal and/or Torres Strait Islander in this database at June 2014; around 58% of the estimated Indigenous population. There has been a rapid expansion in the number of enrollees who identified as Indigenous, from 47,200 people in August 2004.

Readers should note the following caveats to the Medicare Voluntary Indigenous Identifier (VII) adjustment methodology:

- Estimates generated by the adjustment methodology for a given period will vary according to the point in time at which they are calculated, as the adjustment factors will be updated regularly to account for the ongoing change in the population coverage of the VII sample.
- There are inherent uncertainties in the current ABS Indigenous population estimates, and they are therefore described by the ABS as 'experimental estimates and projections'. The ABS Indigenous population estimates after 2011 are experimental projections, based on a number of assumptions about future levels of fertility, mortality and migration. The projections are not predictions or forecasts, but are illustrations of the growth and change in population that would occur if these assumptions were to prevail over the projection period. There can be no certainty that any particular outcome will be realised, or that future outcomes will necessarily fall within the projected ranges.
- The propensity to identify as Indigenous is influenced by numerous factors including the context, how the question is asked and by whom, motivations of the individual and perceived uses of the data in question. For example, it is possible that there are some Indigenous Australians who are registered with the VII but who do not identify as Indigenous for the purposes of the Census, or vice versa.
- PBS and MBS data do not give a comprehensive picture of actual service delivery for Indigenous Australians, as some service delivery (especially in *Remote* areas) is not part of these systems. For example, s.100 medication delivery in *Remote* locations takes place outside of, and is not recorded by, the PBS. Likewise state and territory primary health care providers are generally not eligible to bill Medicare.
- In some areas, particularly *Remote* and *Very remote* areas, there is a portion of the Indigenous population that does not ever use the Medicare system. It is therefore possible that the adjustment methodology could overestimate Medicare use by the Indigenous population.

- As participation in the VII sample is voluntary, 100% coverage is unlikely. There could be biases in the data that are not addressed by the adjustment methodology.

Bettering the Evaluation and Care of Health survey

The Bettering the Evaluation and Care of Health (BEACH) survey collects information about encounters with general practitioners (GPs), including: GP and patient characteristics; patient reasons for the visit; problems managed; and treatments provided. The survey has been conducted annually since April 1998. Information is collected from a random sample of approximately 1,000 GPs from across Australia each year. Each participating GP provides details of 100 consecutive patient encounters. Although the questionnaire contains an Indigenous identifier, it is unknown whether all GPs ask their patients this question.

In a sub-study of approximately 9,000 patients, Supplementary Analysis of Nominated Data, it was found that if the question on Indigenous status was asked within the context of a series of questions about origin and cultural background, 1.3% identified as Aboriginal and Torres Strait Islander. This is twice the rate routinely recorded in BEACH, indicating that BEACH may under-estimate the number of encounters with Indigenous Australians.

Under the National Indigenous Reform Agreement, governments have agreed to the implementation of *National best practice guidelines for collecting Indigenous status in health data sets* (AIHW 2010a), which include recommended strategies for local service providers such as GPs and practice nurses to improve Indigenous identification data. General practices and Aboriginal and Torres Strait Islander health services that meet accreditation requirements are eligible for financial incentives when they do the following activities: sign on to the Practice Incentives Program – Indigenous Health Incentive (PIP IHI); obtain consent from their Indigenous clients to be registered for chronic disease management through the IHI; and provide a targeted level of care for each registered patient. Participation in the PIP IHI also provides eligibility for other initiatives under Medicare.

A Voluntary Indigenous Identifier was introduced into the Medicare database from November 2002. By July 2014, 415,730 people had identified as Aboriginal, Torres Strait Islander, or both.

National Community Mental Health Care Database

There is some variation in the types of service contacts included across jurisdictions in the National Community Mental Health Care Database. For example, some jurisdictions include written correspondence as service contacts while others do not. New South Wales, Queensland, Western Australia, South Australia, the Australian Capital Territory and the Northern Territory estimate that 94–100% of in-scope community mental health care services provided contact data to the collection. Overall service contact data coverage for these jurisdictions was estimated to be between 80–100%. New South Wales and the Northern Territory have encountered collection gaps that are being addressed. Victoria did not supply data in 2012–13 due to service level collection gaps arising from protected industrial action during this period.

The numerator includes people who receive a service in 1 jurisdiction but normally reside in another. There is some mismatch between numerator and denominator in areas with cross-border flows.

Indigenous under-identification

Data from the NCMHCD on Indigenous status should be interpreted with caution. Jurisdictional advice is that the data quality and completeness of Indigenous identification varies. The methodology for the identification of Indigenous status varies both between jurisdictions and between services within a jurisdiction. Subsequently, the identification process may result in a different status being recorded among multiple service contacts or between service providers. Indigenous status is missing for 9.6% of contacts in the 2012–13 NCMHCD (AIHW 2014b).

National Hospital Morbidity Database

The scope of the NMDS is episodes of care for admitted patients in essentially all hospitals in Australia, including public and private acute and psychiatric hospitals, free-standing day hospital facilities, alcohol and drug treatment hospitals and dental hospitals. Hospitals operated by the Australian Defence Force, corrections authorities and in Australia's off-shore territories are not included. Hospitals specialising in ophthalmic aids and other specialised acute medical or surgical care are included. The NHMD does not include episodes of non-admitted patient care provided in outpatient clinics or emergency departments.

For 2012–13, almost all public hospitals provided data for the NHMD. The exception was a mothercraft hospital in the ACT. The great majority of private hospitals also provided data, the exceptions being the private free-standing day hospital facilities in the ACT, the single private free-standing day hospital in the Northern Territory, and a private free-standing day hospital in Victoria.

Hospitalisations

Data are a count of hospital separations (episodes of admitted patient care, which can be a total hospital stay or a portion of a hospital stay that begins or ends in a change of type of care) and not patients. Patients who separated from hospital more than once in the year will be counted more than once in the data set.

The number and pattern of hospitalisations can be affected by differing admission practices among the jurisdictions and from year to year, and differing levels and patterns of service delivery.

Records for newborn episodes that did not include qualified days, and records for hospital boarders and posthumous organ procurement have been excluded as these activities are not considered to be admitted patient care.

Indigenous status information

Approximately 2% of hospital records have Indigenous status of 'not stated', though this proportion varies across the jurisdictions (see Table 1.02.1). These records are excluded from analyses of hospital data in this report. Note that for hospitals in Western Australia, records with an unknown status are reported as non-Indigenous.

Under-identification

The incompleteness of Indigenous identification means the number of hospital separations recorded as Indigenous is an underestimate of hospitalisations involving Indigenous Australians.

The AIHW completed an assessment of the level of Indigenous under-identification in selected public hospitals in all states and territories in 2007–08. Results from this assessment indicate that New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory had adequate Indigenous identification (20% or less overall under-identification of Indigenous patients) in their hospital separations data (AIHW 2010b). The study estimated that 89% of Indigenous patients were correctly identified in Australian public hospital admission records in 2007–08.

In 2011–12, the AIHW completed a second study to reassess the level of under-identification in public hospitals data, and found that all jurisdictions had sufficient quality Indigenous identification for reporting from 2010–11 (AIHW 2013). The study estimated that 88% of Indigenous patients were correctly identified in Australian public hospital admission records in 2011–12, and a correction factor of 1.09 is used at the national level to adjust for under-identification in hospital data. Interpretation of results should take into account the relative quality of the data from the jurisdictions.

Time series analysis may be affected by changes in the quality of Indigenous identification over time. The second AIHW study found no statistically significant change in identification rates at the national level, although there were some changes at the jurisdictional level. Time series presentations in this report include data from both public and private hospitals across several jurisdictions, so the overall effect of changes in Indigenous identification over time is unclear. This should be taken into account when interpreting the results of time series analysis.

Change in coding and coding practices

Between 2009–10 and 2010–11, there were significant changes in the coding of diagnoses for diabetes, obstetrics, and imaging procedures. There were also significant changes made to coding practices for diabetes and related conditions for the 2012–13 year, resulting in increased counts for these conditions. Caution should be used in comparing 2011–12 and 2012–13 data with data from previous Health Performance Framework reports.

For more information about the quality of the NHMD and emergency department care data, please refer to Database quality statement summaries in the report *Australian Hospital Statistics 2012–13*, available at <http://www.aihw.gov.au/publication-detail/?id=60129546922>.

National Residential Mental Health Care Database

The scope for this collection is all episodes of residential care for residents in all government-funded and operated residential mental health services in Australia, except those residential care services that are in receipt of funding under the *Aged Care Act 1997* and subject to Commonwealth reporting requirements (that is, they report to the System for the Payment of Aged Residential Care collection). The inclusion of government-funded, non-government-operated services and services that are not staffed for 24 hours a day is optional. Therefore, comparisons between jurisdictions should be made with caution.

For the 2012–13 data, of the 72 services included in the collection, all but 11 of the services reported had mental health trained staff on-site 24 hours a day. Data from 11 non-government services were included in the 2012–13 collection. Queensland does not have any in-scope government-operated residential mental health services and therefore does not report to this collection.

Indigenous status

Among the jurisdictions, the data quality and completeness of Indigenous identification varies or, in some cases, is unknown. Indigenous status is missing for 3% of episodes in the 2012–13 NRMHCD. States and territories provided information on the quality of the Indigenous status data for 2012–13 as follows:

- South Australia, the Northern Territory and the Australian Capital Territory considered the quality of their Indigenous status data to be acceptable.
- New South Wales, Victoria, Western Australia and Tasmania reported that the quality of Indigenous status data was acceptable. However, each jurisdiction cited areas for improvement in the collection of Indigenous status, including improvements based on the *National best practice guidelines for collecting Indigenous status in health data sets* (AIHW 2010a), increasing clinical compliance with the data collection process and the use of state-wide unique patient identifiers (AIHW 2014c).

For more information see

<<http://meteor.aihw.gov.au/content/index.phtml/itemId/584777>>.

National Health Workforce Data Set

The Australian Health Practitioner Regulation Agency (AHPRA), in conjunction with the national boards, is responsible for the national registration process for 14 health professions. The data from this annual registration process, together with data from a workforce survey that is voluntarily completed at the time of registration, forms the National Health Workforce Dataset (NHWDS). Data in the NHWDS includes demographic and employment information (for example labour force status, location of main job, area of practice, work setting) for registered health professionals.

Psychologists 2013

Data has previously been published by AIHW based on jurisdictional based board registration and survey data. Data collected through the NRAS (2011 onwards) is not directly comparable with data collected through the jurisdiction-based data collection.

In 2013 there was an improvement to the methodology for assigning clinical or non-clinical job roles for those reporting 'Other' to the corresponding survey question. There has been an increase in the proportion reported as working as clinicians, such that this should not be compared to the results for 2012. This increase seems to have been caused largely by a rewording of the survey form, resulting in fewer respondents selecting 'Other' (AIHW 2014d).

Australian Aboriginal and Torres Strait Islander Health Survey

The 2012–13 Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS) included a sample of 12,000 Indigenous Australians for the core sample and sub-samples for various components of the survey such as voluntary biomedical data for adults. The AATSIHS sample was specifically designed to select a representative sample of Indigenous Australians and therefore overcome the problem inherent in most national surveys (that is, small and unrepresentative Indigenous samples).

Survey results are subject to sampling errors as only a small proportion of the population is used to produce estimates that represent the whole population. Non-sampling errors may occur where there is non-response to the survey or questions in the survey,

misunderstanding of questions or errors in recording, coding or processing the survey. Information recorded in this survey is 'as reported' by respondents. Responses may be affected by imperfect recall or individual interpretation of survey questions. Any data that are self-reported are also likely to under-estimate circumstances about which the respondent is unaware, or may be reluctant to report (for example, certain health conditions, weight, drug use).

Selected non-Indigenous comparisons are available from the 2011–13 Australian Health Survey (AHS). The AHS was conducted in *Major cities, Regional and Remote areas*, but *very remote* areas were excluded from the sample.

Further information on AATSIHS data quality issues can be found in the user guide for the survey (ABS 2013). Time series comparisons for some indicators are available from the 2004–05 NATSIHS, 2008 NATSISS, 2002 NATSISS, 2001 NHS and the 1994 National Aboriginal and Torres Strait Islander Survey (NATSIS).

Australian Health Survey

The Australian Health Survey (AHS) combines the existing ABS National Health Survey (NHS) and the National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) together with 2 new elements: a National Nutrition and Physical Activity Survey (NNPAS) and a National Health Measures Survey (NHMS).

For more information see:

- National Health Survey
<<http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4363.0.55.001Main+Features12011-13?OpenDocument>>.
- National Aboriginal and Torres Strait Islander Health Survey
<<http://www.abs.gov.au/ausstats/abs@.nsf/mf/4715.0/>>.
- National Nutrition and Physical Activity Survey
<<http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4364.0.55.007~2011-12~Main%20Features~About%20the%20National%20Nutrition%20and%20Physical%20Activity%20Survey~731>>.
- National Health Measures Survey
<<http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4364.0.55.005Chapter1102011-12>>.

List of symbols used in tables

- n.a. not available
- rounded to zero (including null cells)
- 0 zero
- .. not applicable
- n.p. not available for publication but included in totals where applicable, unless otherwise indicated
- * represents results with statistically significant differences at the $p < 0.05$ level, between the categories specified in table footnotes

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References

- ABS (Australian Bureau of Statistics) 2011. Census of Population and Housing: Characteristics of Aboriginal and Torres Strait Islander Australians, 2011. Viewed 3 April 2011, <www.abs.gov.au>.
- ABS 2013. Australian Aboriginal and Torres Strait Islander Health Survey: users' guide, 2012–13. ABS cat no. 4727.0.55.002. Canberra: ABS.
- AIHW (Australian Institute of Health and Welfare) 2010a. National best practice guidelines for collecting Indigenous status in health data sets. Cat. no. IHW 29. Canberra: AIHW.
- AIHW 2010b. Indigenous identification in hospital separations data: quality report. Health services series no. 35. Cat. no. HSE 85. Canberra: AIHW.
- AIHW 2013. Indigenous identification in hospital separations data: quality report. Cat. no. IHW 90. Canberra: AIHW.
- AIHW 2014a. Aboriginal and Torres Strait Islander health organisations: Online Services Report – key results 2012–13. Cat. no. IHW 139. Canberra: AIHW.
- AIHW 2014b. Community mental health care NMDS 2012–13: National Community Mental Health Care Database, 2014; Quality Statement. Viewed on 9 July 2015 <<http://meteor.aihw.gov.au/content/index.phtml/itemId/593633>>.
- AIHW 2014c. Residential mental health care NMDS 2012–13: National Residential Mental Health Care Database, 2014; Quality Statement. Viewed on 9 July 2015 <<http://meteor.aihw.gov.au/content/index.phtml/itemId/584777>>.
- AIHW 2014d. AIHW National Health Workforce Data Set 2013. Viewed on 10 July 2015 <<http://meteor.aihw.gov.au/content/index.phtml/itemId/596359>>.
- National Centre for Classification in Health 2010. International statistical classification of diseases and related health problems, 10th revision, Australian modification 6th edition. Sydney: National Centre for Classification in Health.
- SCRGSP (Steering Committee for the Review of Government Service Provision) 2015. Report on Government Services 2015 Indigenous Compendium. Canberra: Productivity Commission.

Other related information

- ABS 2014. Australian Aboriginal and Torres Strait Islander Health Survey: Biomedical Results, 2012–13 Canberra: ABS.
- AIHW 2013. Allied health workforce 2012. National health workforce series 5. Cat. no. HWL 51. Canberra: AIHW.
- AIHW 2014. Mental health services provided in emergency departments. AIHW: Canberra. Viewed on 20 March 2015 <<http://mhsa.aihw.gov.au/services/emergency-departments/>>.
- Hunter E 2007. Disadvantage and discontent: A review of issues relevant to the mental health of rural and remote Indigenous Australians. Australian Journal of Rural Health 15:88–93.
- Steering Committee for the Review of Government Service Provision 2015. Report on Government Services 2015. Canberra: Productivity Commission.

Williamson AB, Raphael B, Redman S, Daniels J, Eades SJ & Mayers N 2010. Emerging themes in Aboriginal child and adolescent mental health: findings from a qualitative study in Sydney, New South Wales. *Medical Journal of Australia* 192:603–5.

The image shows the top section of a report cover. On the left is a vertical rectangular area with a traditional Aboriginal dot painting pattern in red, orange, and white. To the right of this pattern is a solid dark red background. The title 'Aboriginal and Torres Strait Islander Health Performance Framework 2014 report' is written in white text on the red background. Below the title, there are two horizontal bars: a light yellow one on the left containing the text 'Measure 57 of 68' and a darker yellow one on the right containing the text 'Detailed analyses' in bold.

Aboriginal and Torres Strait Islander Health Performance Framework 2014 report

Measure 57 of 68

Detailed analyses

3.11 Access to alcohol and drug services

This measure reports on access to alcohol and drug services by Aboriginal and Torres Strait Islander people, expressed as percentages, rates, rate ratios and rate differences

Introduction

This is no. 57 of 68 measures in the *Aboriginal and Torres Strait Islander Health Performance Framework 2014 report: detailed analyses*. This report provides information on a range of measures of health status, determinants of health and the health system performance relating to Aboriginal and Torres Strait Islander people.

The Framework comprises 3 tiers:

Tier 1 – Health status and outcomes

Tier 2 – Determinants of health

Tier 3 – Health system performance.

The full report, including a comprehensive description of all data sources used in the report, and notes about the data quality is available from

<<http://www.aihw.gov.au/publication-detail/?id=60129550779>>.

Tables referenced are available from

<<http://www.aihw.gov.au/indigenous-data/health-performance-framework/>>.

Data sources

- Online Services Report data collection
- Alcohol and Other Drug Treatment Services National Minimum Data Set
- National Hospital Morbidity Database
- Bettering the Evaluation and Care of Health survey
- National Opioid Pharmacotherapy Statistics Annual Data collection.

For more information, see 'Data sources and quality' at the end of this measure.

Data analyses

Alcohol and substance-use services provide a variety of interventions and support that seek to address harmful alcohol and other drug use, and restore the physical, social and emotional wellbeing of clients and their families (NIDAC 2014). The term 'other drugs' includes illegal drugs (for example, heroin and cannabis), misuse of medicines (for example, pain-killers), and use of psychoactive substances in a harmful way (for example, petrol inhalation) (AIHW 2014a). Services are delivered in residential and non-residential settings, in stand-alone facilities or as part of primary care services. Treatment types include detoxification and rehabilitation programs, information and education courses, counselling and pharmacotherapy (AIHW 2014a).

Data on Indigenous Australians receiving publicly funded general alcohol and other drug treatment services are available from the AODTS-NMDS. In addition to these services, the Australian Government also funds Indigenous specific substance-use services, available in the Online Services Report (OSR) data collection. (Note that 27 services are included in both collections).

Information on services provided by GPs in relation to use of alcohol and drugs are included in the BEACH survey data collection.

Hospitalisations with a principal diagnosis related to drug or alcohol use are included in the NHMD. Time series analyses of hospital data may be affected by changes in the quality of Indigenous identification over time.

For more information related to alcohol and drug use, see measures 2.16 and 2.17. See also 'Other related information' at the end of this measure.

The following data are presented for this measure:

- Alcohol and substance-use service clients and episodes of care, see tables 3.11.1–10 and 3.11.12
- Opioid pharmacotherapy clients, see Table 3.11.11.

Alcohol and substance-use service clients and episodes of care

Current period

In 2012–13, in alcohol and other drug treatment services:

- There were 22,746 treatment episodes for Indigenous clients. This represented 15% of all episodes where Indigenous status was stated (Table 3.11.1).

- Indigenous clients were generally younger on average than non-Indigenous clients. The proportion of episodes for Indigenous clients in the 10–19 and 20–29 age groups was 19% and 30% of all episodes respectively, compared with 12% and 27% for non-Indigenous clients. This may, in part, reflect the younger age structure of the Indigenous population (Table 3.11.1) (AIHW 2014b).

In 2012–13, in Australian Government funded Aboriginal and Torres Strait Islander substance-use services:

- Of the 272,027 episodes of care for Indigenous clients:
 - 2,132 episodes of care were residential treatment/rehabilitation, with more episodes of care for males (1,537) than for females (547)
 - 23,644 episodes of care were sobering up/residential respite, with more episodes of care for males (11,190) than for females (9,105)
 - 246,251 episodes of care were non-residential/follow-up/aftercare, with fewer episodes of care for males (98,291) than for females (137,836) (Table 3.11.2).
- The number of substance-use organisations varied with remoteness. Around 25% of substance-use organisations were in *Very remote* areas (Table 3.11.6).
- All substance-use organisations reported alcohol use in their 5 most important substance-use issues in terms of staff time and organisational resources. 97% also reported cannabis/marijuana and 64% reported tobacco/nicotine (Table 3.11.8).

Trend

- The percentage of *Very remote* clients of Aboriginal and Torres Strait Islander substance-use services increased each year from 3% in 2008–09 to 15% in 2012–13 (Table 3.11.3). Note that the trend may have been affected by new organisations with a large client base that began reporting in 2012–13.

Opioid pharmacotherapy clients

Current period

On a snapshot day in 2013, for jurisdictions where data on Indigenous status were available (New South Wales, Queensland, South Australia, Australian Capital Territory, Tasmania and the Northern Territory), there were 2,822 Indigenous Australian opioid pharmacotherapy clients (clients receiving methadone, buprenorphine, and buprenorphine/naloxone) (AIHW 2014).

Trend

- The number of Indigenous clients receiving pharmacotherapy for opioid dependence in New South Wales, Queensland, South Australia and the Australian Capital Territory combined, increased from 1,768 on a snapshot day in 2007 to 2,562 on a snapshot day in 2012 (Table 3.11.11).

Hospitalisations due to alcohol or drug use

Between July 2011 and June 2013 across Australia:

- There were 9,995 hospitalisations of Indigenous Australians for alcohol use (see measure 2.16, Table 2.16.11). Indigenous Australians were hospitalised for alcohol related

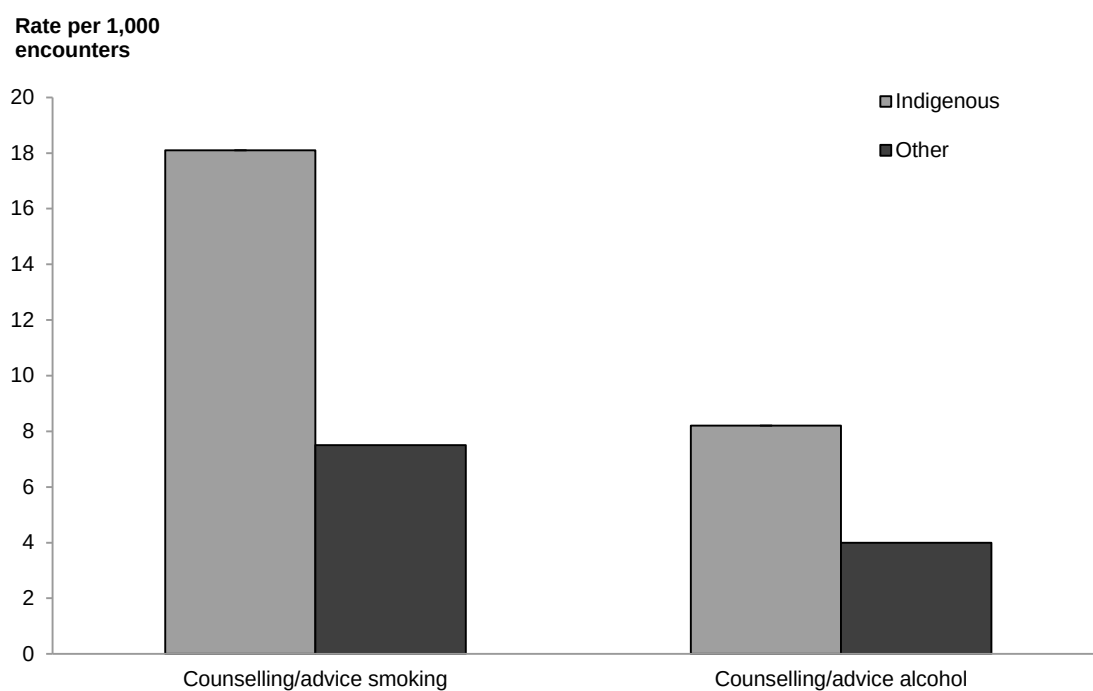
conditions at more than 4 times the rate of non-Indigenous Australians (9 compared with 2 per 1,000).

- There were 6,926 hospitalisations of Indigenous Australians for drug use (see measure 2.17, Table 2.17.12). Indigenous Australians were hospitalised for drug related conditions at 2.5 times the rate of non-Indigenous Australians (5 compared with 2 per 1,000).

Alcohol or drug issues managed by general practitioners

In the 5 year period from April 2008–March 2009 to April 2012–March 2013:

- The rate at which general practitioners provided alcohol advice or counselling in encounters with Indigenous Australians was twice that at encounters with other Australians (8 compared with 4 per 1,000 encounters).
- The rate at which general practitioners provided smoking advice or counselling at encounters with Indigenous Australians was more than twice that at encounters with other Australians (18 compared with 8 per 1,000 encounters respectively) (Figure 3.11.1, measure 3.03, Table 3.03.6).
- General practitioners managed drug abuse at an age-standardised rate of 10 per 1,000 encounters with Indigenous patients, alcohol abuse at a rate of 15 per 1,000 encounters, and tobacco abuse at a rate of 16 per 1,000 encounters. These rates are significantly higher than those for encounters with other Australians (see Table 1.18.23).



Source: Table 3.03.6.

Figure 3.11.1: Age-standardised rate of counselling/advice on smoking and alcohol provided by general practitioners, by Indigenous status, BEACH years April 2008–March 2009 to April 2012–March 2013

Table 3.11.1: Alcohol and other drug services treatment episodes by age group by Indigenous status and sex, 2012–13

	Indigenous			Non-Indigenous			Not stated			
Age group (years)	Males	Females	Total ^(a)	Males	Females	Total ^(a)	Males	Females	Total ^(a)	Total episodes ^(b)
Number										
10–19	2,963	1,381	4,345	10,493	4,615	15,111	1,340	554	1,897	21,353
20–29	4,347	2,490	6,839	24,677	10,346	35,044	1,910	739	2,660	44,543
30–39	3,758	2,421	6,181	24,506	11,731	36,266	1,653	691	2,359	44,806
40–49	2,544	1,439	3,983	17,026	9,363	26,396	1,104	517	1,624	32,003
50–59	754	371	1,128	7,502	4,722	12,230	517	227	747	14,105
60+	152	109	261	2,831	1,976	4,814	163	84	247	5,322
Not stated	8	1	9	77	52	129	54	37	92	230
Total	14,526	8,212	22,746	87,112	42,805	129,990	6,741	2,849	9,626	162,362
Per cent										
10–19	20.4	16.8	19.1	12.0	10.8	11.6	19.9	19.4	19.7	13.2
20–29	29.9	30.3	30.1	28.3	24.2	27.0	28.3	25.9	27.6	27.4
30–39	25.9	29.5	27.2	28.1	27.4	27.9	24.5	24.3	24.5	27.6
40–49	17.5	17.5	17.5	19.5	21.9	20.3	16.4	18.1	16.9	19.7
50–59	5.2	4.5	5.0	8.6	11.0	9.4	7.7	8.0	7.8	8.7
60+	1.0	1.3	1.1	3.2	4.6	3.7	2.4	2.9	2.6	3.3
Not stated	0.1	0.0	0.0	0.1	0.1	0.1	0.8	1.3	1.0	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Proportion of treatment episodes	8.9	5.1	14.0	53.7	26.4	80.1	4.2	1.8	5.9	100.0

(a) There were 8 episodes for Indigenous Australians where sex was not stated, 73 episodes for non-Indigenous Australians where sex was not stated and 36 episodes where Indigenous status and sex were not stated.

(b) Includes sex not stated.

Note: Data relate to government funded services reporting to the AODTS NMDS.

Source: AODTS NMDS.

Table 3.11.2: Episodes of care provided at Australian Government funded Aboriginal and Torres Strait Islander substance-use services by type, Indigenous status, age and sex, 2012–13

	0–18				19–35				36 years and over				Total ^(a)	
	Indigenous		Non-Indigenous		Indigenous		Non-Indigenous		Indigenous		Non-Indigenous		Indigenous	Non-Indigenous
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Total	Total
Residential treatment/ rehabilitation episodes of care	168	106	19	n.p.	797	247	201	37	572	194	190	47	2,132	n.p.
Sobering-up/residential respite episodes of care	24	16	0	n.p.	5,836	5,921	294	60	5,330	3,168	96	29	23,644	n.p.
Non-residential/follow-up/ aftercare episodes of care	26,293	27,554	1,932	2,041	25,176	43,513	3,770	4,729	46,822	66,769	9,242	7,544	246,251	29,258
Total	26,485	27,676	1,951	2,052	31,809	49,681	4,265	4,826	52,724	70,131	9,528	7,620	272,027	30,242

(a) Includes unknown sex.

Notes

- 27 of the 63 respondent Indigenous substance-use services provided valid data for the number of residential treatment/rehabilitation episodes of care. 15 services provided valid data for the number of sobering-up/residential respite episodes of care. 59 services provided valid data for the number of non-residential/follow-up/aftercare episodes of care.
- The total number of non-residential episodes of care has dramatically increased from approximately 76,000 in 2010–11 to approximately 278,000 in 2012–13. This is because new organisations with a large client base that began reporting in 2012–13 have affected the trend, especially for non-residential, follow-up and aftercare services. The increase was also partly due to improvements in data recording and management facilities at health organisations.
- Excludes 2,664 episodes of care that had unknown Indigenous status.

Source: AIHW analyses of OSR data collection 2012–13.

Table 3.11.3: Number of clients at Australian Government funded Aboriginal and Torres Strait Islander substance-use services by remoteness area, 2008–09 to 2012–13

Remoteness area	2008–09		2009–10		2010–11		2011–12		2012–13	
	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
Inner regional	958	4.1	872	3.3	1,759	6.2	727	2.2	3,578	7.2
Outer regional	2,673	11.5	2,554	9.7	1,736	6.1	4,780	14.7	13,263	26.7
Remote	7,835	33.8	9,008	34.2	5,353	18.7	10,922	33.5	14,822	29.8
Very remote	703	3.0	883	3.4	3,711	13.0	4,706	14.5	7,270	14.6
Total	23,178	100.0	26,311	100.0	28,552	100.0	32,565	100.0	49,686	100.0

Note: This time series is affected by a few organisations with a large client base, who did not report in 2011–12, reporting data from 2012–13.

Source: AIHW analyses of OSR data collection, 2012–13.

Table 3.11.4: Number of episodes of care at Australian Government funded Aboriginal and Torres Strait Islander substance-use services, by remoteness area, 2008–09 to 2012–13

Remoteness area	2008–09		2009–10		2010–11		2011–12		2012–13	
	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
Inner regional	2,113	3.1	1,975	2.6	3,256	3.5	1,224	1.7	19,089	6.3
Outer regional	2,755	4.0	2,812	3.7	2,752	2.9	10,276	13.9	55,500	18.2
Remote	24,947	36.6	24,445	32.3	16,580	17.6	12,871	17.4	145,657	47.8
Very remote	3,769	5.5	5,401	7.1	14,417	15.3	11,380	15.4	42,866	14.1
Total	68,100	100.0	75,740	100.0	94,207	100.0	74,086	100.0	304,933	100.0

Note: This time series is affected by a few organisations with a large client base, who did not report in 2011–12, reporting data from 2012–13.

Source: AIHW analyses of OSR data collection, 2012–13.

Table 3.11.5: Number of Australian Government funded Aboriginal and Torres Strait Islander substance-use services, by jurisdiction, 2012–13

	Number	Per cent
NSW	14	22.2
Vic	4	6.3
Qld	11	17.5
WA	10	15.9
SA	6	9.5
Tas	2	3.2
NT	16	25.4
Total	63	100.0

Source: AIHW analyses of OSR data collection, 2012–13.

Table 3.11.6: Number of Australian Government funded Aboriginal and Torres Strait Islander substance-use services, by remoteness area, 2012–13

	Number	Per cent
Major cities	12	19.0
Inner regional	11	17.5
Outer regional	13	20.6
Remote	11	17.5
Very remote	16	25.4
Total	63	100.0

Source: AIHW analyses of OSR data collection, 2012–13.

Table 3.11.7: Number of Australian Government funded Aboriginal and Torres Strait Islander substance-use services, by type of treatments used, 2012–13

Treatment type	Number	Per cent
Assessment only	27	42.9
Counselling	60	95.2
Information and education	62	98.4
Pharmacotherapy	11	17.5
Rehabilitation	31	49.2
Support and case management	59	93.7
Withdrawal management (detoxification)	17	27.0

Note: Organisations reported on all treatment types used.

Source: AIHW analyses of OSR data collection, 2012–13.

Table 3.11.8: All substance-use issues reported by Australian Government funded Aboriginal and Torres Strait Islander substance-use services, 2012–13

Substance-use issue	Number	Per Cent
Alcohol	63	100.0
Cannabis/marijuana	61	96.8
Tobacco/nicotine	40	63.5
Multiple drug use	34	54.0
Amphetamines	27	42.9
Benzodiazepines	14	22.2
Petrol	13	20.6
Other solvents/inhalants	13	20.6
Heroin	9	14.3
Morphine	4	6.3
Barbiturates	3	4.8
Cocaine	3	4.8
Kava	2	3.2
Ecstasy	1	1.6
Other	1	1.6

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, 2012–13.

Table 3.11.9: Most important social and emotional wellbeing issues reported at Australian Government funded Aboriginal and Torres Strait Islander substance-use services, by remoteness area, 2012–13

	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
Family/relationship issues	11	91.7	6	54.5	12	92.3	8	72.7	12	75.0	49	77.8
Anxiety/stress	10	83.3	8	72.7	9	69.2	7	63.6	9	56.3	43	68.3
Depression/hopelessness	10	83.3	9	81.8	11	84.6	9	81.8	15	93.8	54	85.7
Grief and loss issues	8	66.7	9	81.8	11	84.6	4	36.4	14	87.5	46	73.0
Family/community violence	6	50.0	4	36.4	4	30.8	5	45.5	11	68.8	30	47.6
Self-harm/suicide	5	41.7	3	27.3	6	46.2	6	54.5	8	50.0	28	44.4
Schizophrenia or other psychotic disorder	4	33.3	4	36.4	3	23.1	4	36.4	2	12.5	17	27.0
Trauma	3	25.0	5	45.5	4	30.8	1	9.1	1	6.3	14	22.2
Survivor of childhood sexual assault	1	8.3	—	—	1	7.7	1	9.1	—	—	3	4.8
Sexual assault	—	—	—	—	—	—	2	18.2	—	—	2	3.2
Removal from homelands/traditional country	1	8.3	1	9.1	—	—	1	9.1	—	—	3	4.8
Stolen generation issues	—	—	1	9.1	2	15.4	3	27.3	1	6.3	7	11.1
Loss of cultural identity	—	—	1	9.1	2	15.4	3	27.3	2	12.5	8	12.7
Other	—	—	—	—	—	—	1	9.1	1	6.3	2	3.2

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

Source: AIHW analyses of OSR data collection, 2012–13.

Table 3.11.10: Number of primary health-care organisations that reported substance-use issues, by type of issue, 2012–13

Issue	Number	Per cent
Tobacco/nicotine	183	89.3
Alcohol	178	86.8
Cannabis/marijuana	163	79.5
Multiple drug use	78	38.0
Amphetamines	57	27.8
Benzodiazepines	55	26.8
Other solvents/inhalants	35	17.1
Petrol	30	14.6
Heroin	9	4.4
Barbiturates	9	4.4
Morphine	8	3.9
Ecstasy	7	3.4
Kava	7	3.4
Steroids/anabolic agents	7	3.4
Other	7	3.4
Cocaine	2	1.0

Notes

1. n = 205.
2. 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, 2012–13.

Table 3.11.11: Number of pharmacotherapy clients^(a) on a 'snapshot' day by Indigenous status and jurisdiction, NSW, Qld, SA, ACT, Tas, and the NT 2006–2012^{(b)(c)(d)}

		2006 ^(e)	2007	2008	2009	2010	2011	2012
		Number						
NSW	Indigenous	1,469	1,521	1,653	1,843	2,092	2,041	1,954
	Non-Indigenous	11,898	12,216	13,049	13,766	14,859	14,723	14,746
	Not stated	2,988	2,611	2,466	2,259	2,163	2,067	2,015
Qld	Indigenous	146	99	152	128	162	208	244
	Non-Indigenous	3,713	3,384	3,984	4,279	4,826	4,869	4,974
	Not stated	778	826	763	709	700	625	601
SA	Indigenous	n.a.	113	234	224	268	270	274
	Non-Indigenous	n.a.	873	2,501	2,643	2,931	2,902	2,941
	Not stated	n.a.	1,848	317	284	11	11	0
ACT	Indigenous	47	35	47	57	69	79	90
	Non-Indigenous	743	730	739	718	700	727	779
	Not stated	0	0	0	17	42	19	24
NSW, Qld, SA and ACT ^(e)	Indigenous	1,662	1,768	2,086	2,252	2,591	2,598	2,562
	Non-Indigenous	16,354	17,203	20,273	21,406	23,316	23,221	23,440
	Not stated	3,766	5,285	3,546	3,269	2,916	2,722	2,640
Tas	Indigenous	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	20
	Non-Indigenous	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	554
	Not stated	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	52
NT	Indigenous	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	6
	Non-Indigenous	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	111
	Not stated	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	4
NSW, Qld, SA, ACT, Tas, NT ^(e)	Indigenous	1,662	1,768	2,086	2,252	2,591	2,598	2,588
	Non-Indigenous	16,354	17,203	20,273	21,406	23,316	23,221	24,105
	Not stated	3,766	5,285	3,546	3,269	2,916	2,722	2,696

(a) 'Pharmacotherapy client' includes those receiving methadone, buprenorphine, and buprenorphine/naloxone.

(b) Each state and territory uses a different method to collect data on pharmacotherapy prescription and dosing. These differences may result in minor discrepancies if directly comparing one jurisdiction with another jurisdiction. Please refer to the National Opioid Pharmacotherapy Statistics Annual Data (NOPSAD) collection 2010 (AIHW 2011) report for more information.

(c) Northern Territory and Tasmania are unable to report indigenous status prior to 2012. Victoria and Western Australia are unable to provide data on the Indigenous status of clients receiving pharmacotherapy services.

(d) In South Australia, where some clients identified as both Indigenous and non-Indigenous at different times, the most recent classification identified by the prescriber is used.

(e) Data in South Australia was not available for 2006.

Source: National Opioid Pharmacotherapy Statistics Annual Data (NOPSAD) statistical report 2006 to 2012.

Table 3.11.12: Number and proportion of treatment episodes for clients of alcohol and other drug treatment services, by state and territory, 2012–13

	NSW	Vic	Qld	SA	WA	Tas	ACT	NT	Australia
Number									
Indigenous	4,615	3,734	5,376	1,692	4,455	176	457	2,241	22,746
Non-Indigenous	29,812	47,002	23,487	6,677	16,117	1,932	3,632	1,331	129,990
Not stated	875	3,448	1,701	2,954	42	230	327	49	9,626
Total	35,302	54,184	30,564	11,323	20,614	2,338	4,416	3,621	162,362
Per cent									
Indigenous	13.1	6.9	17.6	14.9	21.6	7.5	10.3	61.9	14.0
Non-Indigenous	84.4	86.7	76.8	59.0	78.2	82.6	82.2	36.8	80.1
Not stated	2.5	6.4	5.6	26.1	0.2	9.8	7.4	1.4	5.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: AODTS NMDS.

Data sources and quality

Online Services Report data collection

The OSR collects organisation-level information from Aboriginal and Torres Strait Islander health organisations that received Australian Government funding in 2012–13.

Data were collected using a web-based reporting tool designed specifically to capture information on inputs and health processes at primary health-care organisations funded to deliver care to Indigenous Australians.

AIHW examined all data submissions to identify missing data and data quality issues. The most common data quality issues were inaccurate recording (for example, staff were reported in terms of their total number rather than in full-time equivalent positions), and discrepancies between 2 or more questions (for example, the number of clients exceeded the number of episodes of care).

Where needed, AIHW staff contacted the relevant health organisation to follow up on data quality issues and to request additional or corrected data. The AIHW detected at least 1 issue for follow-up in around 239 (92%) of organisations. Of these, 207 (87%) resubmitted data. Data with remaining significant quality issues were excluded from national analyses.

From 2012–13 a new online questionnaire started. Major questions (for example, around episodes of care, clients and contacts) remained the same. Some other questions were revised or restructured.

For more information see

<<http://meteor.aihw.gov.au/content/index.phtml/itemId/561251>>.

Alcohol and Other Drug Treatment Services National Minimum Data Set

Data are reported by each state and territory regardless of funding type. Although all services receive at least some of their funding through a state, territory or Australian government program, the actual funding program cannot be differentiated. National data are affected by variations in service structures and collection practices between states and territories and care should be taken when making comparisons between them. The AODTS NMDS has been implemented in stages, therefore comparisons across years, particularly the earlier years of the collection, need to be made with caution.

As a unit of measurement, the ‘closed treatment episode’ used in the AODTS NMDS cannot provide information on the number of clients who access publicly funded alcohol and other drug treatment, nor can it provide information on the extent of concurrent, sequential or recurrent service use. This is because it is possible for a single individual to access more than 1 service at a time, for different treatments and for different substance-use problems.

However, in 2012–13, the AODTS NMDS implemented a Statistical Linkage Key (SLK) for the first time. This linkage key enables the number of clients receiving treatment to be counted while continuing to ensure the privacy of these individuals, in addition to reporting on closed treatment episodes. The SLK would also enable client-based analyses and more complex analyses on patterns of drug use and pathways.

For more information about AODTS NMDS data quality issues, please refer to *Alcohol and other drug treatment services in Australia 2012–13* available at <<http://www.aihw.gov.au>> and <<http://meteor.aihw.gov.au/content/index.phtml/itemId/498901>>.

National Hospital Morbidity Database

The scope of the NMDS is episodes of care for admitted patients in essentially all hospitals in Australia, including public and private acute and psychiatric hospitals, free-standing day hospital facilities, alcohol and drug treatment hospitals and dental hospitals. Hospitals operated by the Australian Defence Force, corrections authorities and in Australia's off-shore territories are not included. Hospitals specialising in ophthalmic aids and other specialised acute medical or surgical care are included. The NHMD does not include episodes of non-admitted patient care provided in outpatient clinics or emergency departments.

For 2012–13, almost all public hospitals provided data for the NHMD. The exception was a mothercraft hospital in the ACT. The great majority of private hospitals also provided data, the exceptions being the private free-standing day hospital facilities in the ACT, the single private free-standing day hospital in the Northern Territory, and a private free-standing day hospital in Victoria.

Hospitalisations

Data are a count of hospital separations (episodes of admitted patient care, which can be a total hospital stay or a portion of a hospital stay that begins or ends in a change of type of care) and not patients. Patients who separated from hospital more than once in the year will be counted more than once in the data set.

The number and pattern of hospitalisations can be affected by differing admission practices among the jurisdictions and from year to year, and differing levels and patterns of service delivery.

Records for newborn episodes that did not include qualified days, and records for hospital boarders and posthumous organ procurement have been excluded as these activities are not considered to be admitted patient care.

Indigenous status information

Approximately 2% of hospital records have Indigenous status of 'not stated', though this proportion varies across the jurisdictions (see Table 1.02.1). These records are excluded from analyses of hospital data in this report. Note that for hospitals in Western Australia, records with an unknown status are reported as non-Indigenous.

Under-identification

The incompleteness of Indigenous identification means the number of hospital separations recorded as Indigenous is an underestimate of hospitalisations involving Indigenous Australians.

The AIHW completed an assessment of the level of Indigenous under-identification in selected public hospitals in all states and territories in 2007–08. Results from this assessment indicate that New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory had adequate Indigenous identification (20% or less overall under-identification of Indigenous patients) in their hospital separations data (AIHW 2010a). The study estimated that 89% of Indigenous patients were correctly identified in Australian public hospital admission records in 2007–08.

In 2011–12, the AIHW completed a second study to reassess the level of under-identification in public hospitals data, and found that all jurisdictions had sufficient quality Indigenous identification for reporting from 2010–11 (AIHW 2013). The study estimated that 88% of Indigenous patients were correctly identified in Australian public hospital admission records in 2011–12, and a correction factor of 1.09 is used at the national level to adjust for under-identification in hospital data. Interpretation of results should take into account the relative quality of the data from the jurisdictions.

Time series analysis may be affected by changes in the quality of Indigenous identification over time. The second AIHW study found no statistically significant change in identification rates at the national level, although there were some changes at the jurisdictional level. Time series presentations in this report include data from both public and private hospitals across several jurisdictions, so the overall effect of changes in Indigenous identification over time is unclear. This should be taken into account when interpreting the results of time series analysis.

Change in coding and coding practices

Between 2009–10 and 2010–11, there were significant changes in the coding of diagnoses for diabetes, obstetrics, and imaging procedures. There were also significant changes made to coding practices for diabetes and related conditions for the 2012–13 year, resulting in increased counts for these conditions. Caution should be used in comparing 2011–12 and 2012–13 data with data from previous Health Performance Framework reports.

For more information about the quality of the NHMD and emergency department care data, please refer to Database quality statement summaries in the report *Australian Hospital Statistics 2012–13*, available at <http://www.aihw.gov.au/publication-detail/?id=60129546922>.

Bettering the Evaluation and Care of Health survey

The Bettering the Evaluation and Care of Health (BEACH) survey collects information about encounters with general practitioners (GPs), including: GP and patient characteristics; patient reasons for the visit; problems managed; and treatments provided. The survey has been conducted annually since April 1998. Information is collected from a random sample of approximately 1,000 GPs from across Australia each year. Each participating GP provides details of 100 consecutive patient encounters. Although the questionnaire contains an Indigenous identifier, it is unknown whether all GPs ask their patients this question.

In a sub-study of approximately 9,000 patients, Supplementary Analysis of Nominated Data, it was found that if the question on Indigenous status was asked within the context of a series of questions about origin and cultural background, 1.3% identified as Aboriginal and Torres Strait Islander. This is twice the rate routinely recorded in BEACH, indicating that BEACH may under-estimate the number of encounters with Indigenous Australians.

Under the National Indigenous Reform Agreement, governments have agreed to the implementation of *National best practice guidelines for collecting Indigenous status in health data sets* (AIHW 2010b), which include recommended strategies for local service providers such as GPs and practice nurses to improve Indigenous identification data. General practices and Aboriginal and Torres Strait Islander health services that meet accreditation requirements are eligible for financial incentives when they do the following activities: sign on to the Practice Incentives Program – Indigenous Health Incentive (PIP IHI); obtain consent from their

Indigenous clients to be registered for chronic disease management through the IHI; and provide a targeted level of care for each registered patient. Participation in the PIP IHI also provides eligibility for other initiatives under Medicare.

A Voluntary Indigenous Identifier was introduced into the Medicare database from November 2002. By July 2014, 415,730 people had identified as Aboriginal, Torres Strait Islander, or both.

National Opioid Pharmacotherapy Statistics Annual Data collection

In 2005, the Department of Health and Ageing (DoHA) commissioned the Australian Institute of Health and Welfare (AIHW) to manage the NOPSAD collection, including the analysis and reporting of pharmacotherapy treatment data. Each state and territory uses a slightly different method to collect data about the pharmacotherapy used to treat those with opioid dependence. These differences are driven by differences between the states and territories in relation to legislation, information technology systems and resources. The differences may result in discrepancies when comparing 1 state or territory with another.

Since 2012, selected jurisdictions have provided the AIHW with unit record data in addition to aggregate data. The 2013 NOPSAD report includes unit record analyses for the first time. Unit record data were provided by 6 out of 8 jurisdictions (New South Wales, Western Australia, South Australia, Tasmania, the Australian Capital Territory and the Northern Territory), comprising 58% of total clients. Some data elements were not provided by all 6 jurisdictions (for example, the Indigenous status of clients was not provided by Western Australia).

For more information about NOPSAD data quality, please refer to Appendix B of *National opioid pharmacotherapy statistics 2013* (AIHW 2014a) and <http://meteor.aihw.gov.au/content/index.phtml/itemId/574019/pageDefinitionItemId/tag.MeteorPrinterFriendlyPage>.

List of symbols used in tables

n.a.	not available
—	rounded to zero (including null cells)
0	zero
n.p.	not available for publication but included in totals where applicable, unless otherwise indicated

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References

- AIHW (Australian Institute of Health and Welfare) 2010a. Indigenous identification in hospital separations data: quality report. Health services series no. 35. Cat. no. HSE 85. Canberra: AIHW.
- AIHW 2010b. National best practice guidelines for collecting Indigenous status in health data sets. Cat. no. IHW 29. Canberra: AIHW.
- AIHW 2011. National Opioid Pharmacotherapy Statistics Annual Data collection: 2010 report. Drug treatment series no. 12. Cat. no. HSE 109. Canberra: AIHW. Viewed 28 May 2015 <<http://www.aihw.gov.au/publication-detail/?id=10737419328>>.
- AIHW 2013. Indigenous identification in hospital separations data: quality report. Cat. no. IHW 90. Canberra: AIHW.
- AIHW 2014a. National opioid pharmacotherapy statistics 2013. Drug treatment series no. 23. Cat. no. HSE 147. Canberra: AIHW.
- AIHW 2014b. Alcohol and other drug treatment services in Australia 2012–13. Drug treatment series no. 24. Cat. no. HSE 150. Canberra: AIHW.
- NIDAC (National Indigenous Drug and Alcohol Committee) 2014. Alcohol and other drug treatment for Aboriginal and Torres Strait Islander peoples. Canberra: Australian National Council on Drugs.

Other related information

- AIHW 2013. Developing client-based analyses for reporting on alcohol and other drug treatment services. Drug treatment series 22. Cat. no. HSE 143. Canberra: AIHW.
- AIHW: Bonello MR, Hilder L & Sullivan EA 2014. Fetal alcohol spectrum disorders: strategies to address information gaps. Cat. no. PER 67. Canberra: AIHW.
- AIHW 2012. Aboriginal and Torres Strait Islander health services report, 2010–11: OATSIH Services Reporting—key results. Cat. no. IHW 79. Canberra: AIHW.
- AIHW 2012. National opioid pharmacotherapy statistics annual data collection: 2011 report. Cat. no. HSE 121. Canberra: AIHW.
- AIHW 2014. Alcohol and other drug treatment and diversion from the Australian criminal justice system: 2012–13. AIHW bulletin no. 125. Cat. no. AUS 186. Canberra: AIHW.
- AIHW 2014. Aboriginal and Torres Strait Islander health organisations: Online Services Report—key results 2012–13. Cat. no. IHW 139. Canberra: AIHW.
- AIHW 2014. National Opioid Pharmacotherapy Statistics 2013. Drug treatment series 23. Cat. no. HSE 147. Canberra: AIHW.

AIHW 2014. National Key Performance Indicators for Aboriginal and Torres Strait Islander primary health care: results from December 2013. National key performance indicators for Aboriginal and Torres Strait Islander primary health care. Cat. no. IHW 146. Canberra: AIHW.

AIHW 2014. Alcohol and other drug treatment services in Australia 2012–13. Drug treatment series no. 24. Cat. no. HSE 150. Canberra: AIHW.

Britt H & Miller GC (eds) 2009. General practice in Australia, health priorities and policy 1998 to 2008. General practice series No. 24. Cat. No. GEP 24. Canberra: AIHW.

Ministerial Council on Drug Strategy 2011. National Drug Strategy 2010–2015: a framework for action on alcohol, tobacco and other drugs. Canberra: Commonwealth of Australia.

The cover of the report features a red background with a white and yellow geometric pattern on the left side. The title is in white text on the right.

Aboriginal and Torres Strait Islander Health Performance Framework 2014 report

Measure 58 of 68

Detailed analyses

3.12 Aboriginal and Torres Strait Islander people in the health workforce

This measure reports on the number and proportion of Aboriginal and Torres Strait Islander Australians in the health workforce

Introduction

This is no. 58 of 68 measures in the *Aboriginal and Torres Strait Islander Health Performance Framework 2014 report: detailed analyses*. This report provides information on a range of measures of health status, determinants of health and the health system performance relating to Aboriginal and Torres Strait Islander people.

The Framework comprises 3 tiers:

Tier 1 – Health status and outcomes

Tier 2 – Determinants of health

Tier 3 – Health system performance.

The full report, including a comprehensive description of all data sources used in the report, and notes about the data quality is available from

<<http://www.aihw.gov.au/publication-detail/?id=60129550779>>.

Tables referenced are available from

<<http://www.aihw.gov.au/indigenous-data/health-performance-framework/>>.

Data source

Census of Population and Housing.

For more information, see 'Data sources and quality' at the end of this measure.

Data analyses

Data on the number and rate of Indigenous and non-Indigenous Australians employed in selected health-related occupations are presented below.

The Census of Population and Housing is conducted by the ABS at 5-yearly intervals, and is designed to include all Australian households. The Census uses the ABS standard Indigenous status question for each household member.

For more information about Aboriginal and Torres Strait Islander people in the health workforce, see measure 3.22, and 'Other related information' at the end of this measure.

The following data are presented for this measure:

- Health workforce by occupation, see tables 3.12.1–2
- Health workforce by sex, see Table 3.12.3.

Health workforce by occupation

Current period

In 2011:

- There were about 8,460 Indigenous Australians employed in selected health-related occupations (Table 3.12.1).
- In 2011, about 1.6% of the Indigenous population were employed in health-related occupations. This is less than the proportion of the non-Indigenous population employed in health related occupations (approximately 3.4%).
- Nursing (including midwives, nurse educators and researchers, and mothercraft nurses) had the largest number of Indigenous employees (2,189), followed by nursing support and personal care workers (1,435), and Aboriginal and Torres Strait Islander Health Workers (1,256) (Table 3.12.1).
- The largest gap between Indigenous and non-Indigenous Australians was for nurses: 40 per 10,000 compared with 129 per 10,000, a gap of 89 per 10,000 (Table 3.12.1).

Trend

- The rate of Indigenous Australians aged 15 and over employed in selected health-related occupations increased from 96 per 10,000 in 1996 to 155 per 10,000 in 2011, an increase of 70% over the period (Table 3.12.1).
 - There was a significant (78%) increase in the rate of those employed as an allied health professional (from 5 per 10,000 in 1996 to 13 per 10,000 in 2011), and as an Aboriginal and Torres Strait Islander Health Worker (from 19 per 10,000 to 23 per 10,000) (Figure 3.12.2).

- The gap between Indigenous and non-Indigenous Australians employed in selected health-related occupations widened from 179 per 10,000 in 2006 to 189 per 10,000 in 2011 (Table 3.12.2).

Health workforce by age and sex

Current period

In 2011:

- More than half (54% or 4,570 people) of the Indigenous health workforce were aged 35–54 (Table 3.12.3).
- Indigenous females represented a higher proportion of the Indigenous health workforce than Indigenous males across all age groups. Three-quarters (76%) of the Indigenous health workforce were female (Table 3.12.3).
- Indigenous females aged 45–54 had the highest proportion employed in the health workforce (Table 3.12.3, Figure 3.12.1).



Figure 3.12.1: Indigenous Australians employed in the health workforce, by age and sex, Australia, 2011

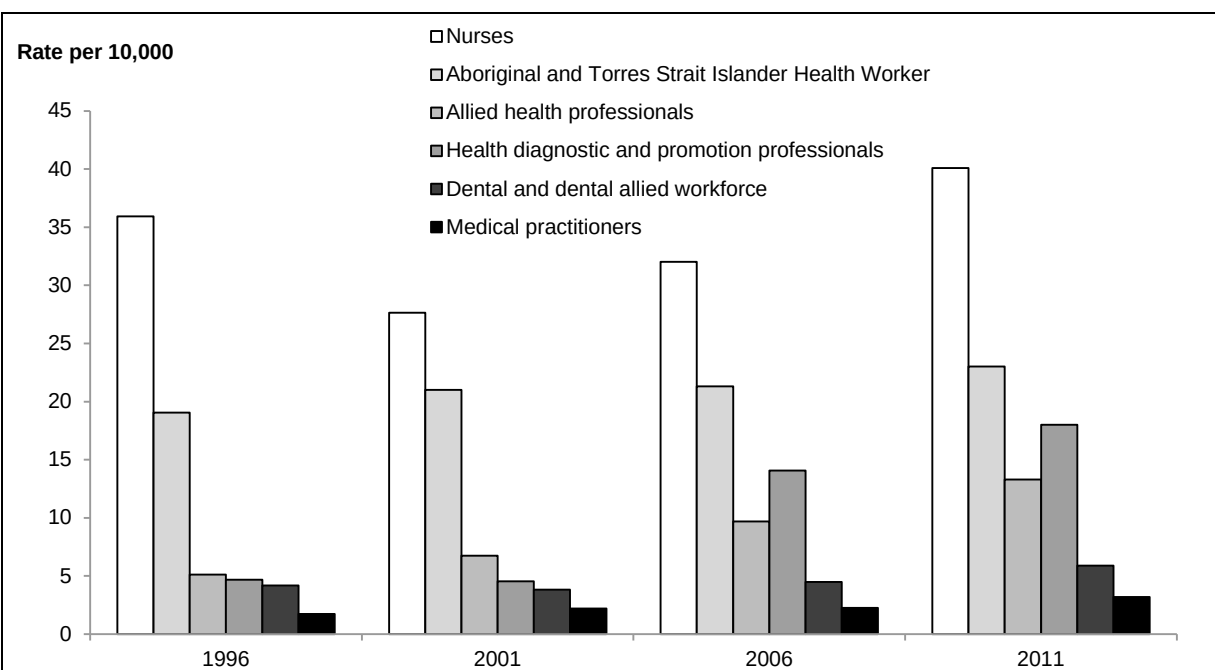


Figure 3.12.2: Indigenous Australians aged 15 and over employed in selected health-related occupations, Australia, 1996–2011

Table 3.12.1: Employed persons aged 15+, by health-related occupation^(a) by Indigenous status, Australia, 2011

Occupation	Number		Rate (per 10,000) ^(b)				Rate difference 2011 (per 10,000) ^(c)	Period linear % change
	2011	1996	2001	2006	2011	2011		
	Indig.	Indig.	Indig.	Indig.	Indig.	Non-Indig.		
Aboriginal and Torres Strait Islander Health Worker	1,256	19.1	21.0	21.3	23.0	0.1	-23.0	19.1*
Nurses	2,189	35.9	27.6	32.0	40.1	129.0	88.9	16.1
Registered nurses ^(d)	1,713	18.3	20.5	24.5	31.4	103.0	71.6	75.9*
Nurse managers and nursing clinical directors	94	0.6	0.9	1.3	1.7	7.5	5.7	204.2*
Midwives	76	0.8	1.0	1.1	1.4	7.0	5.7	77.2*
Enrolled and mothercraft nurses	284	16.1	5.0	4.8	5.2	8.8	3.6	-77.7
Nurse educators and researchers	22	0.2	0.3	0.4	0.4	2.6	2.2	104.6*
Medical practitioners	171	1.7	2.2	2.3	3.2	35.0	31.8	78.2*
Generalist medical practitioners	123	1.2	1.4	1.8	2.3	21.8	19.5	103.3*
General medical practitioner ^(e)	93	0.8	1.2	1.3	1.7	16.9	15.2	100.5*
Resident medical officer	30	0.3	0.2	0.5	0.6	4.9	4.3	112.1
Other medical practitioners ^(f)	48	0.6	0.8	0.4	0.9	13.2	12.3	31.3
Allied health professionals	724	5.1	6.7	9.7	13.3	43.9	30.6	179.9*
Dietitians	25	n.p.	0.4	0.2	0.5	1.8	1.4	n.a.
Optometrists	6	n.p.	n.p.	0.2	0.1	1.8	1.7	n.a.
Psychologists ^(g)	82	0.4	0.5	1.0	1.5	9.3	7.8	478.9*
Physiotherapist	75	0.5	0.7	1.2	1.4	8.0	6.6	215.3*
Podiatrist	6	0.2	0.2	0.1	0.1	1.4	1.3	-39.2
Speech professionals and audiologists	17	0.2	0.2	0.4	0.3	3.4	3.1	62.8*
Occupational therapist	24	n.p.	n.p.	0.3	0.4	4.6	4.2	n.a.

(continued)

Table 3.12.1 (continued): Employed persons aged 15+, by health-related occupation^(a) by Indigenous status, Australia, 2011

Occupation	Number		Rate (per 10,000) ^(b)				Rate difference 2011 (per 10,000) ^(c)	Period linear % change
	2011	1996	2001	2006	2011	2011		
	Indig.	Indig.	Indig.	Indig.	Indig.	Non-Indig.		
Social worker	463	3.2	4.1	5.9	8.5	8.3	-0.2	189.6*
Other health therapy professionals ^(h)	26	0.3	0.3	0.5	0.5	5.2	4.8	60.5
Dental and dental allied workforce	323	4.2	3.8	4.5	5.9	18.0	12.1	46.4
Dental practitioner	24	0.3	0.3	0.4	0.4	5.5	5.1	34.7*
Dental hygienists, technicians and therapists	32	0.5	0.4	0.3	0.6	3.2	2.6	7.4
Dental assistant	267	3.3	3.1	3.8	4.9	9.3	4.4	54.2*
Health diagnostic and promotion professionals	981	4.7	4.6	14.1	18.0	29.6	11.6	510.2
Medical imaging professionals	21	0.2	0.3	0.4	0.4	6.6	6.3	77.9*
Pharmacists	29	0.2	0.2	0.2	0.5	10.0	9.5	237.1*
Occupational health and safety adviser	193	0.6	0.6	1.1	3.5	7.6	4.0	Significant increase ⁽ⁱ⁾
Health promotion officers ^(j)	567	n.a.	n.a.	9.7	10.4	2.2	-8.2	n.a.
Environmental health officer	104	3.5	2.8	2.2	1.9	1.7	-0.2	-47.5*
Other health diagnostic and promotion professionals ^(k)	67	0.2	0.5	0.5	1.2	1.5	0.2	573.6*
Other	2,812	25.6	32.6	43.4	51.6	88.4	36.8	106.9*
Health service managers ^(l)	54	0.6	n.p.	0.4	1.0	1.3	0.3	n.a.
Nursing support worker and personal care workers ^(m)	1,435	16.5	19.9	21.7	26.3	34.5	8.2	56.9*
Ambulance officers and paramedics	216	1.4	2.0	3.4	4.0	5.9	1.9	201.6*
Drug and alcohol counsellor	156	2.3	2.4	2.6	2.9	0.7	-2.2	26.2*
Other ⁽ⁿ⁾	951	4.7	6.8	15.3	17.4	46.0	28.5	342.6*
Total health occupations^{(o)(p)(q)}	8,456	96.3	98.6	127.3	155.1	344.1	189.0	69.5*

(continued)

Table 3.12.1 (continued): Employed persons aged 15+, by health-related occupation^(a) by Indigenous status, Australia, 2011

* Represents results that are statistically significant at the $p = 0.05$ level.

- (a) Average period change of Indigenous health workforce numbers determined using regression analysis. Per cent change between the reporting periods 1996 and 2011 based on the average annual change over the period.
- (b) Rate per 10,000 measures the health workforce available (numerator) to service the population (denominator). Denominator used in rates is the 2011 Census count by Indigenous status minus those where occupation is not stated.
- (c) Rate difference is non-Indigenous rate minus the Indigenous rate.
- (d) Both 2001 and 2006 figures include midwifery and nursing Professionals n.f.d.
- (e) Generalist Medical Practitioners includes General Medical Practitioner and Resident Medical Practitioner, and Specialist Physician (General Medicine).
- (f) 2006 figure includes Anaesthetist, Pathologist, Psychologist, Neurosurgeon, Medical Practitioners n.f.d. 2001 figure includes Emergency Medical Specialist, Obstetrician and Gynaecologist, Pathologist, Radiologist, Psychiatrist, Surgeon (General), Medical Practitioners n.f.d., and 1996 figure includes Specialist Medical Practitioner.
- (g) 2006 figure includes Clinical Psychologist, Psychotherapist, Educational Psychologists, Organisational Psychologists, Psychologists, n.f.d. and Psychologists, n.e.c. However, both 1996 and 2001 figures are Clinical Psychologists and Psychotherapists combined.
- (h) 2006 figure includes Chiropractor, Osteopath, Homeopath, Naturopath, Complementary Health Therapists n.e.c. 2001 figure includes Chiropractor and Naturopath and 1996 figure includes Chiropractor and Natural Therapy Professionals.
- (i) Per cent change more than 1,000 per cent.
- (j) Health Promotion Officers could not be identified separately in 2001 and 1996 due to different occupation classifications. These were included in Community Workers in 2001 and 1996 and not included in the table.
- (k) Other Health Diagnostic and Promotion Professionals includes Health Diagnostic and Promotion Professionals, n.e.c. 2006 figure also includes Health Professionals, n.f.d. and Health Diagnostic and Promotion Professionals, n.f.d.
- (l) 2006 figure includes Medical Administrators only. Health and Welfare Services Managers, n.e.c and Health and Welfare Services Managers, n.f.d. were included in Other. 2001 figure is for Medical Administrators but not published separately due to quality issues and has been included in Other. 1996 figure is for Medical Administrators.
- (m) Nursing Support Worker and Personal Care Workers includes Therapy Aide, in 2006 includes Hospital Orderly, which in 2001 and 1996 was grouped with Nursing Assistants and Personal Care Assistants occupations because there was no such category.
- (n) 2006 figure includes Medical Laboratory Scientist, Counsellors n.e.c., Medical Laboratory Technician, Anaesthetic Technician, Cardiac Technician, Operating Theatre Technician, Pharmacy Technician, Medical Technicians n.e.c., Optical Dispenser, Optical Mechanic, Diversional Therapist, Massage Therapist, Personal Carers and Assistants n.f.d., Special Care Workers n.f.d., Natural Remedy Consultant.
- (o) 2001 figure includes Health Information Manager, Medical Laboratory Scientist, Medical Technical Officer, Primary Products Inspector, Anatomist or Physiologist, Safety Inspector, Admissions Clerk, Weight Loss Consultant, Massage Therapist, Natural Remedy Consultant.
- (p) 1996 figure includes Health Information Manager, Medical Laboratory Scientist, Medical Laboratory Technician, Medical Technicians n.e.c., Primary Products Inspector, Safety Inspector, Admissions Clerk, Weight Loss Consultant, Massage Therapist, Natural Remedy Consultant.
- (q) For some occupations, such as Nurses, Medical Practitioners, and Pharmacists, there are slight differences between the 2006 figures in this table and those in the *Health and community services labour force 2006*, and the *Aboriginal and Torres Strait Islander health labour force statistics and data quality assessment 2009* reports. These discrepancies are due to the impact of aggregating randomised data from data sets with different small cell distributions and the use of different occupation classifications (in the case of the second report).

Note: Numbers less than 10 are considered too unreliable for general use due to the impact of randomisation of small cell values to avoid the release of confidential data.

Source: AIHW analysis of ABS census data.

Table 3.12.2: Count and rate per 10,000 population of Indigenous and non-Indigenous persons in selected health-related occupations^(a), by state/territory and Australia, 2006 and 2011

State/territory of usual residence	2006				2011				% change in numbers 2006-2011	
	Numbers		Rate per 10,000 ^(b)		Numbers		Rate per 10,000 ^(b)		Indigenous	Non-Indigenous
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous		
NSW	2,017	176,947	146.3	295.1	3,058	210,206	177.9	329.6	51.6	18.8
Vic	469	145,031	156.6	314.1	703	175,708	186.1	348.0	49.9	21.2
Qld	1,593	105,242	125.6	297.4	2,418	136,521	156.0	346.7	51.8	29.7
SA	375	48,039	147.3	339.5	570	57,736	188.3	385.3	52.0	20.2
WA	590	54,929	101.1	310.9	806	69,667	116.5	342.9	36.6	26.8
TAS	222	13,165	133.0	302.4	307	15,930	157.0	350.1	38.3	21.0
NT	436	4,606	81.7	376.7	534	6,042	95.0	440.0	22.5	31.2
ACT	59	8,821	152.8	289.8	59	10,348	114.5	306.8	0.0	17.3
Australia ^(c)	5,764	556,814	127.4	306.0	8,455	682,206	155.0	344.1	46.7	22.5

(a) Occupation classification is based on 2009 Australian and New Zealand Standard Classification of Occupations (ANZSCO) codes. Classification codes for 2006 were mapped to fit that of 2011. See codes for breakdown of occupations included.

(b) Rate per 10,000 measures the health workforce available (numerator) to service the population (denominator). Denominators used in rates are the relevant Census total population counts by Indigenous status minus those where occupation is not stated.

(c) Australia total includes other territories.

Source: ABS and AIHW analysis of 2006 and 2011 Census data.

Table 3.12.3: Employed persons aged 15+, by health-related occupation^(a) Indigenous status, age and sex, Australia, 2011

	Age group						Total
	15–24	25–34	35–44	45–54	55–64	65+	
Indigenous health workforce ^(b)							
	Number						
Male	198	448	585	533	252	45	2,061
Female	718	1,346	1,741	1,711	808	72	6,396
Total	916	1,794	2,326	2,244	1,060	117	8,457
	Proportion of Indigenous health workforce (%) ^(c)						
Male	2.3	5.3	6.9	6.3	3.0	0.5	24.4
Female	8.5	15.9	20.6	20.2	9.6	0.9	75.6
Total	10.8	21.2	27.5	26.5	12.5	1.4	100.0
	Proportion of total health workforce (%) ^(d)						
Male	0.0	0.1	0.1	0.1	0.0	0.0	0.3
Female	0.1	0.2	0.3	0.2	0.1	0.0	0.9
Total	0.1	0.3	0.3	0.3	0.2	0.0	1.2
	Proportion of Indigenous population ^(e)						
Male	0.3	1.0	1.5	1.8	1.4	0.5	1.0
Female	1.1	2.9	4.1	5.2	4.2	0.6	2.9
Total	0.7	2.0	2.8	3.6	2.9	0.5	2.0
Total health workforce ^(f)							
	Number						
Male	9,514	36,982	42,982	42,698	30,352	9,507	172,035
Female	42,062	119,582	124,180	138,011	83,132	11,664	518,631
Total	51,576	156,564	167,162	180,709	113,484	21,171	690,666
	Proportion of total health workforce (%) ^(g)						
Male	1.4	5.4	6.2	6.2	4.4	1.4	24.9
Female	6.1	17.3	18.0	20.0	12.0	1.7	75.1
Total	7.5	22.7	24.2	26.2	16.4	3.1	100.0

(a) Occupation as defined by the Australian and New Zealand Classification of Occupations (ANZSCO).

(b) Includes Aboriginal, Torres Strait Islander, and both Aboriginal and Torres Strait Islander, employed in health related occupations.

(c) Age/sex as a proportion of total Indigenous health workforce.

(d) Age/sex of Indigenous health workforce as a proportion of total health workforce.

(e) Number in health workforce as a proportion of Indigenous persons of that age/sex, using the 2011 Indigenous Estimated Resident Population at 30 June 2011 based on the 2011 Census.

(f) Excludes persons where Indigenous status was not stated.

(g) Age/sex as a proportion of total health workforce.

Source: AIHW analysis of ABS census data.

Data sources and quality

Census of Population and Housing

The Census uses the standard Indigenous status question and it is asked for each household member. There are 4 principal sources of error in Census data: respondent error, processing error, partial response and undercount. Quality management of the Census program aims to reduce error as much as possible, and to provide a measure of the remaining error to data users, to allow them to use the data in an informed way.

The Census form may be completed by 1 household member on behalf of others. Incorrect answers can be introduced to the Census form if the respondent does not understand the question or does not know the correct information about other household members. Many of these errors remain in the final data.

The processing of information from Census forms is now mostly automated. Quality assurance procedures are used during Census processing to ensure processing errors are minimised. Sample checking is undertaken during coding operations, and corrections are made where necessary.

When completing their Census form, some people do not answer all the questions that apply to them. In these instances, a 'not stated' code is allocated during processing, with the exception of non-response to age, sex, marital status and place of usual residence. These variables are needed for population estimates, so they are imputed using other information on the Census form, as well as information from the previous Census.

Other Census data issues relate to the accuracy of the Census count itself, for example, whether people are counted more than once, or not at all.

The significant volatility in Indigenous Census counts and the variable quality of data on births, deaths and migration of Indigenous Australians do not support the use of the standard approach to population estimation. Due to the inherent uncertainties in estimating the Indigenous population, data that use these estimates should be interpreted with caution (for example, life-expectancy estimates and mortality rates). Given these uncertainties, changes in health outcomes such as mortality rates are difficult to assess.

Following each Census, assumptions are made about past levels of mortality to produce back cast population estimates.

In the 2011 Census, the ABS implemented improvements to the 2011 Census Indigenous enumeration procedures and enhanced the Census Post-Enumeration Survey. There was a 30% increase in the estimate of the Indigenous population between the 2006 and 2011 Censuses (ABS 2014). Population rates used in this edition of the Health Performance Framework were based on the updated population estimates.

List of symbols used in tables

n.a.	not available
n.p.	not available for publication but included in totals where applicable, unless otherwise indicated
n.e.c.	not elsewhere classified
n.f.d.	not further defined

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References

ABS (Australian Bureau of Statistics) 2014. Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 2001 to 2026, May 2014. Viewed on 17 March 2015
<<http://www.abs.gov.au/ausstats/abs@.nsf/Products/6694405ADBF2B03BCA257CC9001439A6?opendocument>>.

Other related information

AIHW (Australian Institute of Health and Welfare) 2009. Health and community services labour force. National health labour force series number 42. Cat. no. HWL 43. Canberra: AIHW.

AIHW 2009. Aboriginal and Torres Strait Islander health labour force statistics and data quality assessment. Cat. no. IHW 27. Canberra: AIHW.

AIHW 2013. Nursing and midwifery workforce 2012. National health workforce series no. 6. Cat. no. HWL 52. Canberra: AIHW.

AIHW 2013. Allied health workforce 2012. National health workforce series 5. Cat. no. HWL 51. Canberra: AIHW.

AIHW 2014. Medical workforce 2012. National health workforce series no. 8. Cat. no. HWL 54. Canberra: AIHW.

AIHW 2014. Dental workforce 2012. National health workforce series no.7. Cat. no. HWL 53. Canberra: AIHW.

AIHW 2014. Aboriginal and Torres Strait Islander health organisations: online services report – key results 2012–13. Cat. no. IHW 139. Canberra: AIHW.

Powe NR & Cooper LA 2004. Diversifying the racial and ethnic composition of the physician workforce. *Annals of Internal Medicine* 141:223–4.

Ware V-A 2013. Improving the accessibility of health services in urban and regional settings for Indigenous people. Resource sheet no. 27. Produced for the Closing the Gap Clearinghouse. Canberra: Australian Institute of Health and Welfare & Melbourne: Australian Institute of Family Studies.

West R, Usher K & Foster K 2010. Increased numbers of Australian Indigenous nurses would make a significant contribution to 'closing the gap' in Indigenous health: what is getting in the way? *Contemporary Nurse* 36:121–30.

The cover of the report features a red background with a white and yellow geometric pattern on the left side. The title is in white text on the right.

Aboriginal and Torres Strait Islander Health Performance Framework 2014 report

Measure 59 of 68

Detailed analyses

3.13 Competent governance

This measure reports on indicators of competent governance in mainstream and Indigenous-specific health services, including management of service delivery, compliance and accountability of services, and cultural responsiveness of service delivery for Indigenous clients

Introduction

This is no. 59 of 68 measures in the *Aboriginal and Torres Strait Islander Health Performance Framework 2014 report: detailed analyses*. This report provides information on a range of measures of health status, determinants of health and the health system performance relating to Aboriginal and Torres Strait Islander people.

The Framework comprises 3 tiers:

Tier 1 – Health status and outcomes

Tier 2 – Determinants of health

Tier 3 – Health system performance.

The full report, including a comprehensive description of all data sources used in the report, and notes about the data quality is available from

<http://www.aihw.gov.au/publication-detail/?id=60129550779>.

Tables referenced are available from

<http://www.aihw.gov.au/indigenous-data/health-performance-framework/>.

Data sources

- Office of the Registrar of Indigenous Corporations
- Online Services Report data collection
- Healthy for Life data collection
- Australian Aboriginal and Torres Strait Islander Health Survey
- National Aboriginal and Torres Strait Islander Social Survey.

For more information, see 'Data sources and quality' at the end of this measure.

Data analyses

The Office of the Registrar of Indigenous Corporations (ORIC) helps to administer the *Corporations (Aboriginal and Torres Strait Islander) (CATSI) Act 2006*. This Act supersedes the *Aboriginal Councils and Associations (ACA) Act 1976*. All corporations incorporated under the CATSI Act are required to submit certain documents to the Office of the Registrar of Indigenous Corporations, including a list of members and financial reports.

Indigenous primary health care services reporting to the Online Services Report data collection submit information about their governance and links to mainstream services. Those involved in the former Healthy for Life program provided information on management and quality improvement activities.

Self-reported data on Aboriginal and Torres Strait Islander peoples' experiences and perceptions of health services are included in the AATSIHS. See measure 3.08, in particular tables 3.08.3, 3.08.4 and 3.08.6.

For more information relating to competent governance, see also 'Other related information' at the end of this measure.

The following data are presented for this measure:

- Compliance of health corporations under the ACA Act or CATSI Act, see tables 3.13.1–2
- Governance, management and improvement activities for Indigenous primary health-care and substance-specific services, see tables 3.13.3–7
- Level of trust in health-service provider, see tables 3.13.8–9.

Compliance of health corporations under the ACA Act or CATSI Act

Current period

In 2012–13:

- 98% of health corporations incorporated under the CATSI Act were compliant (Table 3.13.1).

Trend

- The proportion of compliant health corporations has remained relatively consistent between 2000–01 and 2012–13. Compliance ranged from 94% to 99% (Table 3.13.2).

Indigenous primary health-care services

Current period

In 2012–13:

Governing committee/board composition

- 74% of governing committees or boards in primary health-care services surveyed had exclusively Aboriginal and/or Torres Strait Islander (Indigenous) members (Table 3.13.3, Figure 3.13.1).
- Of the substance-use services surveyed, 53% had exclusively Indigenous board or committee members (3.13.4, Figure 3.13.1).

Participation in mainstream processes

- 57% of Aboriginal and Torres Strait Islander primary health-care services had representation on external boards such as hospitals, while 87% of services participated in regional health planning processes (Table 3.13.5).

Trend

Quality improvement and feedback mechanisms

From 2009 to 2011 among services participating in the former Healthy for Life program:

- The proportion of services that had complaints mechanisms fluctuated between 78% and 86%. The proportion of services with suggestion boxes increased from 65% in 2009 to 75% in 2011.
- The proportion of services using client satisfaction surveys increased from 53% in 2009 to 79% in 2011 (Table 3.13.6, Figure 3.13.2).
- The proportion of services with quality improvement strategies included in their current business plan increased from 65% in 2009 to 79% in 2011 (Table 3.13.8).

Cultural responsiveness

The 2012–13 AATSIHS collected self-reported data on patient experiences and perceptions of the health system.

Current period

In 2012–13:

- 7% of Indigenous Australians reported that they avoided seeking health care because they had been treated unfairly (see measure 3.08, Table 3.08.1).
- 89% of Indigenous Australians aged 15 years and over living in *non-remote* areas that saw a GP or specialist in the previous 12 months reported that the doctor always or usually listened carefully to them and showed them respect (see measure 3.08 Table 3.08.6).

Level of trust in the health-care system

The 2008 NATSISS collected data on the level of trust by Indigenous Australians in their own doctor and in hospitals.

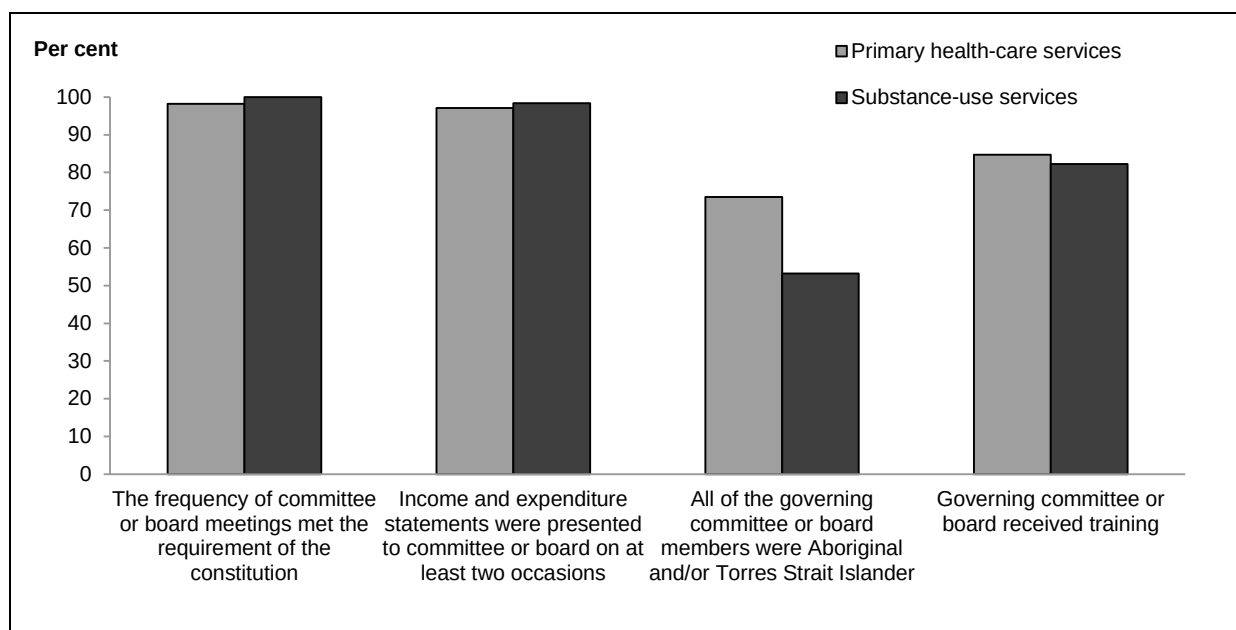
Current period

In 2008:

- The percentage of Indigenous Australians aged 15 and over who agreed or strongly agreed with the statement that 'Your doctor can be trusted' was higher in *Non-remote* areas (81%) compared with *Remote* areas (77%) (Table 3.13.8).
- The percentage of Indigenous Australians 15 and over who agreed or strongly agreed with the statement that 'Hospitals can be trusted to do the right thing by you' was higher in *Remote* areas (74%) compared with *Non-remote* areas (59%) (Table 3.13.9).

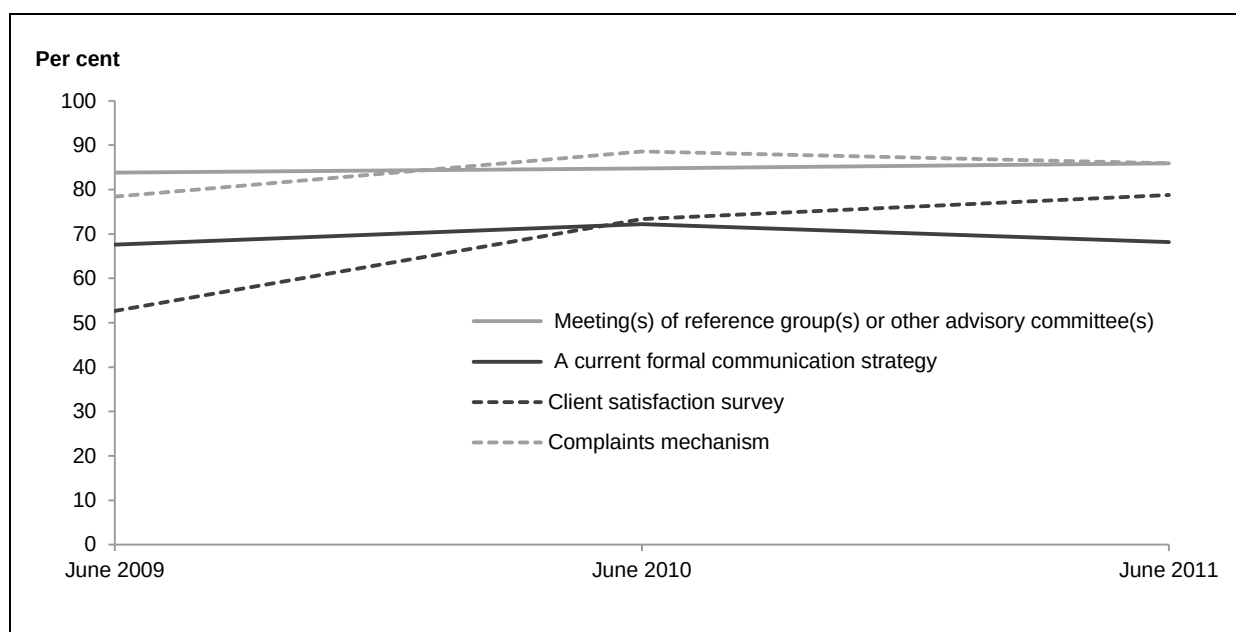
Trend

Trend data are not available for the level of trust in the health-care system.



Sources: Tables 3.13.3–4.

Figure 3.13.1: Governing committee/board use by organisations providing primary health care services and substance-use services to Aboriginal and Torres Strait Islander peoples, 2012-13



Source: Table 3.13.6.

Figure 3.13.2: Proportion of Healthy for Life services with selected service planning and feedback mechanisms, June 2009 to June 2011

Table 3.13.1: Number and proportion of health corporations incorporated under the CATSI Act 2006 by compliance, 2012–13

Status	Number	Proportion
Compliant	91	97.8
Not compliant	2	2.2
Total	93	100.0

Source: AIHW analysis of The Office of the Registrar of Indigenous Corporations unpublished data.

Table 3.13.2: Number and proportion of health corporations incorporated under the ACA or CATSI Act by compliance, 2000–01 to 2012–13

Year	Number of corporations	Fully or partially compliant		Not fully or partially compliant	
	Number	Number	Proportion	Number	Proportion
2000–01	77	74	96.1	3	3.9
2001–02	79	76	96.2	3	3.8
2002–03	80	75	93.8	5	6.3
2003–04	81	80	98.8	1	1.2
2004–05	82	77	93.9	5	6.1
2005–06	85	83	97.6	2	2.4
2006–07	86	85	98.8	1	1.2
2007–08	84	82	97.6	2	2.4
2008–09	84	81	96.4	3	3.6
2009–10	86	85	98.8	1	1.2
2010–11	86	82	95.3	4	4.7
2011–12	93	92	98.9	1	1.1
2012–13	93	91	97.8	2	2.2

Source: AIHW analysis of The Office of the Registrar of Indigenous Corporations unpublished data.

Table 3.13.3: Number and proportion of governing committee/board use, Aboriginal and Torres Strait Islander primary health-care services, 2012–13

Status	No.	Per cent
The frequency of committee or board meetings met the requirement of the constitution	167	98.2
Income and expenditure statements were presented to committee or board on at least 2 occasions	165	97.1
All of the governing committee or board members were Aboriginal and/or Torres Strait Islander	125	73.5
Governing committee or board received training	144	84.7
Total number of services	170	100.0

Note: Relevant questions were not applicable for all services. Percentage was calculated based on the number of services that have a governing committee or board.

Source: AIHW OSR data collection.

Table 3.13.4: Number and proportion of governing committee/board use, Aboriginal and Torres Strait Islander substance-use services, 2012–13

Status	No.	Per cent
The frequency of committee or board meetings met the requirement of the constitution	62	100.0
Income and expenditure statements were presented to committee or board on at least 2 occasions	61	98.4
All of the governing committee or board members were Aboriginal and/or Torres Strait Islander	35	53.2
Governing committee or board received training	51	82.3
Total number of services	62	100.0

Note: Relevant questions were not applicable for all services. Percentage was calculated based on the number of services that had a governing committee or board.

Source: AIHW OSR data collection.

Table 3.13.5: Number and proportion of Aboriginal and Torres Strait Islander primary health-care services participating in mainstream processes, 2012–13

Status	No.	Per cent
Representation on external boards (for example, hospitals)	117	57.1
Regional health planning processes	179	87.3
Total number of services	205	100.0

Source: AIHW OSR data collection.

Table 3.13.6: Service population involvement in service planning and feedback, reporting periods ending 30 June 2009 to 30 June 2011

HfL services had strategies to involve their service population in service planning and feedback that included:	June 2009			June 2010			June 2011		
	Yes	No	No response	Yes	No	No response	Yes	No	No response
Per cent									
1. Formal mechanisms for input into planning									
a. Meeting(s) of reference group(s) or other advisory committee(s)	83.8	4.1	12.2	84.8	6.3	8.9	85.9	3.5	10.6
b. Input received at an Annual General Meeting	67.6	17.6	14.9	74.7	13.9	11.4	68.2	22.4	9.4
c. Other	35.1	23.0	41.9	24.1	30.4	45.6	n.a.	n.a.	n.a.
2. Formal mechanisms for dissemination of health service performance information									
a. A current formal communication strategy	67.6	17.6	14.9	72.2	16.5	11.4	68.2	20.0	11.8
b. Verbal and/or written report(s) presented at an Annual General Meeting	71.6	10.8	17.6	73.4	11.4	15.2	70.6	12.9	16.5
c. Verbal and/or written reports(s) presented at other meeting(s)	79.9	5.4	14.9	73.4	13.9	12.7	78.8	11.8	9.4
d. Health service newsletter(s)	59.5	28.4	12.2	65.8	22.8	11.4	62.4	28.2	9.4
e. 'Column' in the newsletter(s) of other agencies	41.9	41.9	16.2	35.4	53.2	11.4	32.9	54.1	12.9
f. Ad hoc information on our health service website	43.2	41.9	14.9	53.2	36.7	10.1	48.2	40.0	11.8
g. Other	16.2	31.1	52.7	15.2	39.2	45.6	n.a.	n.a.	n.a.
3. Formal mechanisms for assessing client satisfaction									
a. Client satisfaction survey	52.7	31.1	16.2	73.4	17.7	8.9	78.8	11.8	9.4
b. Client focus group(s)	45.9	37.8	16.2	46.8	44.3	8.9	48.2	41.2	10.6
c. Suggestions box	64.9	18.9	16.2	70.9	20.3	8.9	75.3	15.3	9.4
d. Complaints mechanism	78.4	4.1	17.6	88.6	2.5	8.9	85.9	3.5	10.6

Source: AIHW Healthy for Life data collection.

Table 3.13.7: Quality improvement, reporting periods ending 30 June 2009 to 30 June 2011

HfL services undertook quality improvement activities in relation to maternal and child health and chronic disease prevention and care that included:	June 2009			June 2010			June 2011		
	Yes	No	No response	Yes	No	No response	Yes	No	No response
Per cent									
1. Participation in formal quality improvement processes that involve repeated cycles of Plan-Do-Study-Act (PDSA)									
a. Maternal health	67.1	23.3	9.6	67.1	24.1	8.9	68.2	24.7	7.1
b. Child health	70.3	20.3	9.5	72.2	20.3	7.6	78.8	14.1	7.1
c. Chronic disease	70.3	20.3	9.5	74.7	17.7	7.6	83.5	9.4	7.1
d. Other	39.2	33.8	27.0	43.0	26.6	30.4	n.a.	n.a.	n.a.
2. Quality improvement strategies included in current business plan	64.9	5.4	29.7	77.2	6.3	16.5	78.8	4.7	16.5
3. Health service data used to review quality									
a. Maternal health	67.6	8.1	24.3	84.8	7.6	7.6	78.8	12.9	8.2
b. Child health	68.9	8.1	23.0	87.3	5.1	7.6	83.5	8.2	8.2
c. Chronic disease	71.6	6.8	21.6	88.6	3.8	7.6	87.1	4.7	8.2
d. Other	31.1	28.4	40.5	39.2	29.1	31.6	n.a.	n.a.	n.a.
4. Staff participation in interpretation of health service data and service planning/goal setting									
a. Maternal health	75.7	5.4	18.9	81.0	11.4	7.6	80.0	12.9	7.1
b. Child health	74.3	6.8	18.9	87.3	5.1	7.6	85.9	7.1	7.1
c. Chronic disease	78.4	4.1	17.6	88.6	3.8	7.6	88.2	4.7	7.1
d. Other	40.5	25.7	33.8	39.2	26.6	34.2	n.a.	n.a.	n.a.

Source: AIHW Healthy for Life data collection.

Table 3.13.8: Level of trust in own doctor^(a), by remoteness, Indigenous Australians aged 15 and over, 2008

	Per cent		
	Non-remote ^(b)	Remote ^(c)	Total
Strongly agree	22.9	27.4	24.0
Agree	57.9	49.2	55.7
<i>Total agree or strongly agree</i>	<i>80.7</i>	<i>76.7</i>	<i>79.7</i>
Neither agree nor disagree	12.2	12.9	12.4
Disagree	5.8	8.6	6.5
Strongly disagree	1.2	1.8	1.4
Total	100.0	100.0	100.0
Total number	245,600	81,501	327,101

(a) Respondents were asked to indicate how strongly they agreed or disagreed with the statement 'Your doctor can be trusted'.

(b) Comprises *Major cities, inner regional* and *outer regional* areas.

(c) Comprises *Remote* and *very remote* areas.

Source: ABS analysis of 2008 NATSISS.

Table 3.13.9: Level of trust in hospitals^(a), by remoteness, Indigenous Australians aged 15 and over, 2008

	Per cent		
	Non-remote ^(b)	Remote ^(c)	Total
Strongly agree	9.5	26.7	13.8
Agree	49.2	47.0	48.7
<i>Total agree or strongly agree</i>	<i>58.7</i>	<i>73.6</i>	<i>62.4</i>
Neither agree nor disagree	22.8	14.8	20.8
Disagree	15.3	9.2	13.8
Strongly disagree	3.2	2.4	3.0
Total	100.0	100.0	100.0
Total number	245,600	81,501	327,101

(a) Respondents were asked to indicate how strongly they agreed or disagreed with the statement 'Hospitals can be trusted to do the right thing by you'.

(b) Comprises *Major cities, inner regional* and *outer regional* areas.

(c) Comprises *Remote* and *very remote* areas.

Source: ABS analysis of 2008 NATSISS.

Data sources and quality

Office of the Registrar of Indigenous Corporations

The *Aboriginal Councils and Associations Act 1976* was replaced by the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* Act on 1 July 2007.

In 2012–13, compliance analysis was able to be completed for 93 companies incorporated under the Act and registered with ORIC.

Over the period 2000–01 to 2012–13, the proportion of Indigenous health corporations incorporated under the Act registered with ORIC that were fully or partially compliant with providing the key documents required fluctuated between 96% and 98%.

Online Services Report data collection

The OSR collects organisation-level information from Aboriginal and Torres Strait Islander health organisations that received Australian Government funding in 2012–13.

Data were collected using a web-based reporting tool designed specifically to capture information on inputs and health processes at primary health-care organisations funded to deliver care to Indigenous Australians.

AIHW examined all data submissions to identify missing data and data quality issues. The most common data quality issues were inaccurate recording (for example, staff were reported in terms of their total number rather than in full-time equivalent positions), and discrepancies between 2 or more questions (for example, the number of clients exceeded the number of episodes of care).

Where needed, AIHW staff contacted the relevant health organisation to follow up on data quality issues and to request additional or corrected data. The AIHW detected at least 1 issue for follow-up in around 239 (92%) of organisations. Of these, 207 (87%) resubmitted data. Data with remaining significant quality issues were excluded from national analyses.

From 2012–13 a new online questionnaire started. Major questions (for example, around episodes of care, clients and contacts) remained the same. Some other questions were revised or restructured.

For more information see

<<http://meteor.aihw.gov.au/content/index.phtml/itemId/561251>>.

Australian Aboriginal and Torres Strait Islander Health Survey

The 2012–13 Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS) included a sample of 12,000 Indigenous Australians for the core sample and sub-samples for various components of the survey such as voluntary biomedical data for adults. The AATSIHS sample was specifically designed to select a representative sample of Indigenous Australians and therefore overcome the problem inherent in most national surveys (that is, small and unrepresentative Indigenous samples).

Survey results are subject to sampling errors as only a small proportion of the population is used to produce estimates that represent the whole population. Non-sampling errors may occur where there is non-response to the survey or questions in the survey,

misunderstanding of questions or errors in recording, coding or processing the survey. Information recorded in this survey is 'as reported' by respondents. Responses may be affected by imperfect recall or individual interpretation of survey questions. Any data that are self-reported are also likely to under-estimate circumstances about which the respondent is unaware, or may be reluctant to report (for example, certain health conditions, weight, drug use).

Selected non-Indigenous comparisons are available from the 2011–13 Australian Health Survey (AHS). The AHS was conducted in *Major cities, Regional and Remote areas*, but *Very remote* areas were excluded from the sample.

Further information on AATSIHS data quality issues can be found in the user guide for the survey (ABS 2013). Time series comparisons for some indicators are available from the 2004–05 NATSIHS, 2008 NATSISS, 2002 NATSISS, 2001 NHS and the 1994 National Aboriginal and Torres Strait Islander Survey (NATSIS).

Australian Health Survey

The Australian Health Survey (AHS) combines the existing ABS National Health Survey (NHS) and the National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) together with 2 new elements: a National Nutrition and Physical Activity Survey (NNPAS) and a National Health Measures Survey (NHMS).

For more information see:

- National Health Survey
<<http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4363.0.55.001Main+Features12011-13?OpenDocument>>.
- National Aboriginal and Torres Strait Islander Health Survey
<<http://www.abs.gov.au/ausstats/abs@.nsf/mf/4715.0/>>.
- National Nutrition and Physical Activity Survey
<<http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4364.0.55.007~2011-12~Main%20Features~About%20the%20National%20Nutrition%20and%20Physical%20Activity%20Survey~731>>.
- National Health Measures Survey
<<http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4364.0.55.005Chapter1102011-12>>.

National Aboriginal and Torres Strait Islander Social Survey

The NATSISS is conducted in all states and territories and includes *Remote* and *Non-remote* areas. The 2008 survey was undertaken between August 2008 and April 2009, with a sample size of 13,300 persons (5,500 aged 0–14 and 7,800 aged 15 and over) in 6,900 households, and a response rate of 82% of households. Up to 3 randomly selected Indigenous Australians were chosen from selected households to participate in the survey. Trained ABS interviewers conducted the survey using face-to-face interviews. In *Non-remote* areas interviewers used a notebook computer to record responses, while in *Remote* areas a paper questionnaire was used. Interviewers obtained the consent of a parent or guardian before interviewing those aged 15–17. Indigenous persons usually resident in non-private dwellings, such as hotels, motels, hostels, hospitals, short-stay caravan parks, prisons and other correctional facilities were excluded.

The NATSISS uses the standard Indigenous status question. The NATSISS sample was specifically designed to select a representative sample of Indigenous Australians.

As with other surveys, the NATSISS is subject to sampling and non-sampling errors.

Care has been taken to ensure that the results of this survey are as accurate as possible. Trained ABS officers conducted all interviews. However, some factors may affect the reliability of the data.

Information recorded in this survey is 'as reported' by respondents, and therefore may differ from information available from other sources or collected using different methodologies.

Data on health-related indicators have been age-standardised to the 2001 total Australian population to account for differences in the age structures of the states and territories and the Indigenous and non-Indigenous population.

Time series comparisons for the 2008 survey are available through the 1994 National Aboriginal and Torres Strait Islander Survey and the 2002 NATSISS. However not all data elements align across the 3 (1994, 2001 and 2008) NATSISS surveys, hence care is required when reviewing results across the 3 surveys.

There are no strictly comparable non-Indigenous results available for the 2008 NATSISS. Where possible, the ABS has provided recommendations for non-Indigenous data comparisons (such as the 2007–08 National Health Survey) and these have been adopted in this report.

The 2008 NATSISS had a relatively large level of under-coverage when compared with other ABS surveys. There was also an increase in under-coverage compared to previous ABS Indigenous surveys. For example, the estimated under-coverage in the 2004–05 National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) was 42%. The overall under-coverage rate for the 2008 NATSISS was approximately 53% of the in-scope population at the national level. This rate varied across the states and territories (ABS 2010).

Further information on NATSISS data quality issues can be found in the *National Aboriginal and Torres Strait Islander Social Survey: User's guide, 2008* (ABS 2010).

Healthy for Life data collection

For the July 2010 to June 2011 reporting period, 85 services submitted data as part of the Healthy for Life (HfL) Program.

Services started submitting their data through an electronic interface (OSCAR) for the February 2008 reporting period. This has improved the quality of data submitted.

Not all of the services were able to provide data for all of the essential indicators and service profile questions included in the HfL data collection. The number of services that were able to provide data varies across the qualitative and quantitative indicators.

There has been an upward trend in the proportion of services that reported on each of the indicators over time, particularly compared with the first reporting period ending June 2007.

In general, the data quality improved noticeably between the periods ending in June 2008 and June 2009. The overall level of data quality remained similar in the period ending in June 2010, while further improvements occurred in the period ending in June 2011. In the period ending in June 2011, the most common data quality issues were related to missing data (20% of services) and data out of the expected range (11% of services).

The Healthy for Life data collection was discontinued at the end of June 2011.

List of symbols used in tables

n.a. not available

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References

ABS (Australian Bureau of Statistics) 2010. National Aboriginal and Torres Strait Islander Social Survey: Users' Guide, 2008. ABS cat. no. 4720.0. Canberra: ABS.

ABS 2013. Australian Aboriginal and Torres Strait Islander Health Survey: users' guide, 2012–13. ABS cat no. 4727.0.55.002. Canberra: ABS.

Other related information

de Alcántara C 1998. Uses and abuses of the concept of governance. *International Social Science Journal* 50:105–13.

Dodson M & Smith D 2003. Governance for sustainable development: Strategic issues and principles for Indigenous Australian communities. Canberra: Centre for Aboriginal Economic Policy Research, Australian National University.

Hawkes DC 2001. Indigenous peoples: self-government and intergovernmental relations. *International Social Science Journal* 53:153–61.

Hunt J 2013. Engaging with Indigenous Australia – exploring the conditions for effective relationships with Aboriginal and Torres Strait Islander communities. Issues paper no. 5. Produced for the Closing the Gap Clearinghouse. Canberra: Australian Institute of Health and Welfare & Melbourne: Australian Institute of Family Studies. (October 2013).

Hunt J 2013. Engagement with Indigenous communities in key sectors. Resource sheet no. 23. Produced for the Closing the Gap Clearinghouse. Canberra: Australian Institute of Health and Welfare & Melbourne: Australian Institute of Family Studies.

Moran M, Porter D and Curth-Bibb J 2014. Funding Indigenous organisations: improving governance performance through innovations in public finance management in remote Australia. Issues paper no 11. Produced for the Closing the Gap Clearinghouse. Canberra: Australian Institute of Health and Welfare & Melbourne: Australian Institute of Family Studies (September 2014).

Westbury ND 2002. The importance of Indigenous governance and its relationship to social and economic development. Background issues paper. Canberra: Indigenous Governance Conference, 3–5 April.

The cover of the report features a red background with a white and yellow geometric pattern on the left side. The title is in white text on the right.

Aboriginal and Torres Strait Islander Health Performance Framework 2014 report

Measure 60 of 68

Detailed analyses

3.14 Access to services compared with need

This measure reports on the use of various types of health services (for example, primary care, hospital, dental and allied health and post-acute care and palliative care) and potential barriers to accessing these services.

Introduction

This is no. 60 of 68 measures in the *Aboriginal and Torres Strait Islander Health Performance Framework 2014 report: detailed analyses*. This report provides information on a range of measures of health status, determinants of health and the health system performance relating to Aboriginal and Torres Strait Islander people.

The Framework comprises 3 tiers:

Tier 1 – Health status and outcomes

Tier 2 – Determinants of health

Tier 3 – Health system performance.

The full report, including a comprehensive description of all data sources used in the report, and notes about the data quality is available from
<<http://www.aihw.gov.au/publication-detail/?id=60129550779>>.

Tables referenced are available from

<<http://www.aihw.gov.au/indigenous-data/health-performance-framework/>>.

Data sources

- Australian Aboriginal and Torres Strait Islander Health Survey
- National Aboriginal and Torres Strait Islander Social Survey
- National Aboriginal and Torres Strait Islander Health Survey
- Medicare data
- Online Services Report data collection
- National Hospital Morbidity Database
- Department of Health General Practice Statistics
- National Prisoner Health Data Collection
- AIHW Health Expenditure Database.

For more information, see 'Data sources and quality' at the end of this measure.

Data analysis

For more information related to access to services compared with need, see measures 1.02, 3.03–06, 3.08 and 3.22. See also 'Other related information' at the end of this measure.

The following data are presented for this measure:

- Self-reported use of services, barriers and patient experience, see tables 3.14.1–25
- Services claimed through Medicare, see tables 3.14.26–52
- Indigenous primary health care services, see Table 3.14.53
- Hospital care, see tables 3.14.54–56
- General practitioner availability, see Table 3.14.57
- Prisoners' use of health services, see tables 3.14.58–61
- Expenditure on health, see Table 3.14.62.

Self-reported use of services

Current period

In 2012–13:

- 44% of Indigenous Australians accessed health care in the 2 weeks before they were surveyed or had been admitted to hospital in the last 12 months (Table 3.14.1).
 - In the 2 weeks prior, 22% had consulted a doctor or specialist, 19% had consulted other health professionals, 5% had visited casualty/outpatient services and 5% had seen a dentist.
 - In the last 12 months, 18% had been admitted to hospital.
- Of Indigenous Australians with a disability/long-term health condition, 28% were admitted to hospital and 35% consulted a doctor compared with 16% and 18%, respectively of those without a disability/long-term health condition.
- Indigenous Australians with multiple long-term health conditions and/or those with high/very high psychological distress were more likely to have visited a doctor/hospital than those without these conditions (Table 3.14.10).

Services claimed through Medicare

Note that not all Indigenous primary health care services can be claimed through Medicare.

Current period

In 2013–14:

- Indigenous Australians had 7.6 million Medicare claims, of which 3.6 million were for non-referred GP services. After adjusting for age, the rate of total Medicare claims for Indigenous Australians was 13,710 per 1,000, lower than for non-Indigenous Australians (14,533 per 1,000). The rate difference was 824 per 1,000 (Table 3.14.26).
- Rates for chronic disease management items (GP management plan and team care arrangements) were higher for Indigenous Australians than for non-Indigenous Australians, with rate ratios of 1.6 and 1.7, respectively (Table 3.14.27).
- The age-standardised rate of claims for GP services was higher for Indigenous Australians (6,115 claims per 1,000) than non-Indigenous Australians (5,583 claims per 1,000). The rate difference was 532 per 1,000. Service claims for specialist, psychologist and dental services were lower for Indigenous Australians (581 per 1,000, 108 per 1,000 and 5 per 1,000 respectively) than for non-Indigenous Australians (1,022 per 1,000, 172 per 1,000 and 13 per 1,000 respectively) (Table 3.14.29).

Trend

Between 2003–04 and 2013–14:

- The age-standardised rate of total Medicare claims increased by 149% for Indigenous Australians. The rate difference between Indigenous and non-Indigenous Australians decreased significantly from –5,476 per 1,000 in 2003–04 to –824 per 1,000 in 2013–14.

- The age-standardised rate for non-referred GP Medicare items claimed by Indigenous Australians increased from 2,977 per 1,000 to 6,115 per 1,000. The rate difference between Indigenous and non-Indigenous Australians decreased from a gap of -1,950 per 1,000 in 2003–04 to a lead of 532 per 1,000 in 2013–14 (Table 3.14.26, Figure 3.14.1).

Indigenous primary health care services

Current period

In 2012–13, there were 205 Australian Government-funded Indigenous primary health care organisations and 3.1 million episodes of health care were provided by these organisations (Table 3.14.53).

Trend

Between 1999–00 and 2012–13:

- The number of Australian Government-funded Indigenous primary health care organisations increased significantly, from 108 in 1999–00 to 205 organisations in 2012–13 (Table 3.14.53).
- The number of episodes of health care provided to clients of these organisations increased significantly by 152% from 1.2 million to 3.1 million episodes. Full-time equivalent staff (both paid by the service and visiting) increased significantly by 238% from 2,300 to 6,990 (Table 3.14.53, Figure 3.14.2).

Hospital care

Current period

During the period July 2011 to June 2013:

- The hospitalisation rate for Indigenous Australians was 331 per 1,000 population, a total of about 453,000 hospitalisations (after being adjusted for Indigenous under-identification). Indigenous Australians were hospitalised at 1.3 times the rate of non-Indigenous Australians. The rate difference between Indigenous and non-Indigenous Australians was 94 hospitalisations per 1,000 over the 2 year period.
- Before being adjusted for Indigenous under-identification, Indigenous Australians were hospitalised at 1.2 times the rate of non-Indigenous Australians. The rate difference between Indigenous and non-Indigenous Australians was 66 hospitalisations per 1,000 (Table 1.02.1).
- Hospitalisation rates for Indigenous Australians were highest in *Remote* areas (622 per 1,000), followed by *Very remote* areas (471 per 1,000) and lowest in *Major cities* (319 per 1,000) (Table 1.02.4).
- For all age groups below 65, Indigenous Australians had higher hospitalisation rates than non-Indigenous Australians. Indigenous Australians aged 65 and over had a lower hospitalisation rate than non-Indigenous Australians (Table 3.14.54).

Palliative care

Current period

During the period July 2011 to June 2013:

- After adjusting for age, Indigenous Australians were hospitalised for palliative care at 1.5 times the rate of non-Indigenous Australians. Indigenous Australians accounted for 1.6% of all hospitalisations for palliative care (Table 3.14.55).
- For Indigenous Australians, the largest hospitalisation rate for palliative care occurred in *Outer regional* areas (2.9 per 1,000), followed by *Remote* areas (2.8 per 1,000). The lowest rate occurred in *Very remote* areas (1.6 per 1,000) (Table 3.14.56).

In 2012–13:

- Around 42% of the 205 Australian Government-funded Indigenous primary health care organisations provided palliative care (AIHW 2014a).

Elective surgery

Current period

In 2012–13:

- The overall rate of elective surgery for Indigenous Australians (59 per 1,000 persons) was lower than for other Australians (88 per 1,000 persons) (AIHW 2014c).

In 2013–14:

- There were 21,377 hospitalisations from public hospital waiting lists for elective surgery for patients identified as Indigenous Australians. Overall, the median waiting time for Indigenous Australians was greater than the median waiting time for non-Indigenous Australians (41 days and 36 days respectively) (AIHW 2014d).

Emergency care

Current period

In 2013–14:

- 73% of Indigenous Australians who presented to an emergency department were treated within national benchmarks for emergency department waiting times compared with 74% of other Australians.
- In terms of performance across triage categories, 100% of Indigenous Australians were treated within national benchmarks for triage category 1 (need for resuscitation) compared with 68% and 71% for triage categories 3 and 4 (urgent and semi-urgent) respectively (AIHW 2014e).

Self-reported barriers

Current period

In 2012–13:

- 30% of Indigenous Australians needed to, but did not see a health care provider in the previous 12 months. In particular, the percentages were 21% for not seeing a dentist, 14% for not seeing a doctor, 9% for not seeing a counsellor, 9% for not seeing other health professionals and 6% for not attending hospital.
- Indigenous Australians living in *Non-remote* areas were more likely to not seek care when needed than those living in *Remote* areas (32% compared with 22%).
- Reasons for not seeking health-care in the last 12 months varied according to the type of care needed.
 - Reasons for not going to a doctor when needed included: being too busy (30%); waiting time too long or service not available at time required (22%); transport/distance (14%); dislikes service/professional or is embarrassed/afraid (14%); cost (13%); and the respondent felt the service would be inadequate (9%).
 - Cost was a major barrier to accessing dentists (43% overall and 32% in relation to children aged 0–14) (Table 3.14.14).

Service/provider availability

Current period

In 2013:

- There was a decline in full-time equivalent (FTE) medical practitioners as remoteness increased, from 426 per 100,000 population in *Major cities* to 257 per 100,000 population in *Remote/very remote* areas (AIHW 2015a).
- For nurses, FTE per 100,000 population ranged from 1,265 in *Very remote* areas to 1,111 in *Outer regional* areas (AIHW 2015b).
- A geographic index of access and need developed by the AIHW showed that, for Indigenous Australians, access to GPs relative to need worsened with increasing remoteness (AIHW 2014b).

Private health insurance

Current period

In 2012–13:

- In *Non-remote* areas, 20% of Indigenous Australians were covered by private health insurance (Table 3.14.23).
- The most common reason for Indigenous Australians not having private health insurance was that they could not afford it (72%) (Table 3.14.23).

During the period July 2011 to June 2013:

- 7% of hospitalisations with a procedure recorded for Indigenous Australians occurred in private hospitals compared with 53% for non-Indigenous Australians (Table 3.06.1).

Patient experience

Current period

In 2012–13:

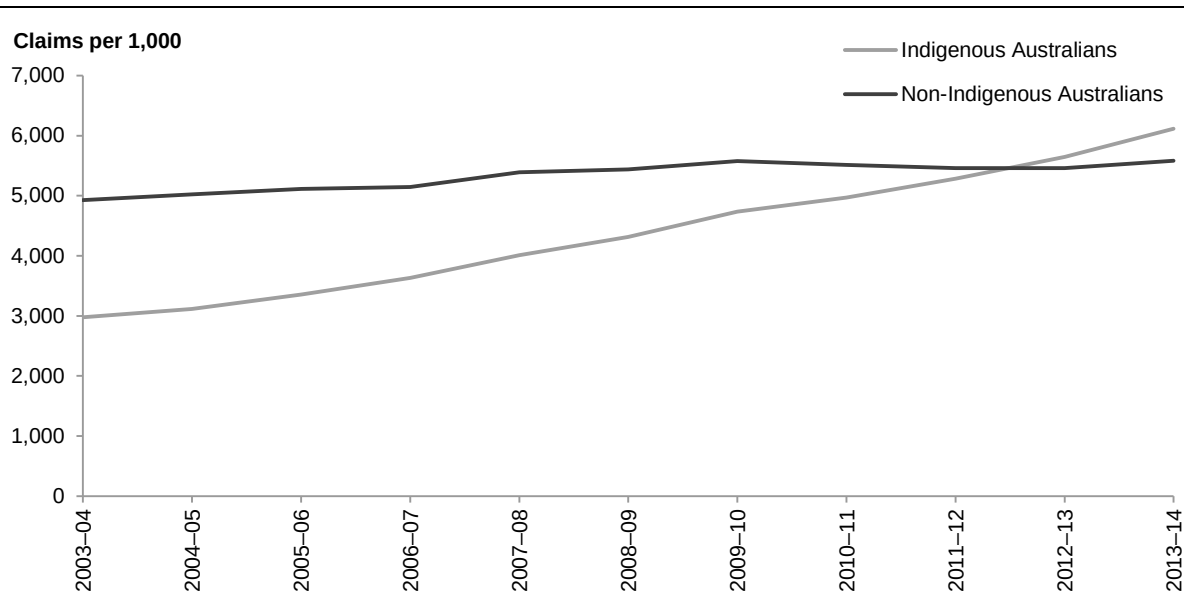
- An estimated 16% of Indigenous Australians reported that they had been treated badly in the previous 12 months because they are Aboriginal or Torres Strait Islander.
- Over 7% of Indigenous Australians avoided seeking health care because they had been treated unfairly (Table 3.08.1).
- Most Indigenous Australians aged 15 and over living in *Non-remote* areas that saw a GP or specialist in the previous 12 months, reported the doctor always or usually listened carefully to them (89%), showed respect for what was said (89%) and spent enough time with them (85%) (Table 3.08.6).

Prisoner's use of health services

Current period

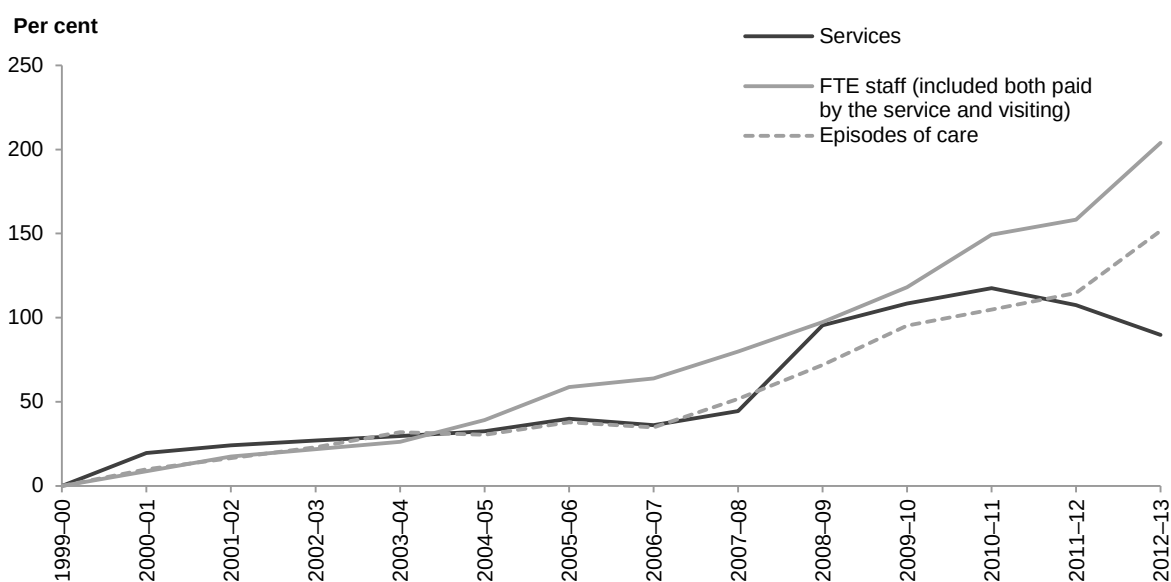
In 2012:

- 68% of Indigenous prison entrants had consulted a health professional in the community in the previous 12 months and 66% had consulted a health professional in prison. These rates were lower than for non-Indigenous prison entrants (78% and 69%, respectively) (Table 3.14.58).
- 34% of Indigenous prison entrants needed to but did not see a health professional in the community in the previous 12 months. This proportion was lower than for non-Indigenous prison entrants (40%) (Table 3.14.59).
- 72% of Indigenous prison dischargees reported that a Medicare card was available to them on release. This proportion was lower than for non-Indigenous dischargees (78%) (Table 3.14.61).



Source: Table 3.14.26.

Figure 3.14.1: Age-standardised rates of GP services claimed through Medicare, by Indigenous status, 2003-04 to 2013-14



Notes

1. 2008-09 OSR data counts all auspice services individually when calculating rates, therefore caution should be exercised when comparing rates with earlier data collection periods.
2. Eligible services only for 2007-08 services.

Source: Table 3.14.53.

Figure 3.14.2: Cumulative per cent changes to Aboriginal and Torres Strait Islander primary health care services, 1999-00 to 2012-13

Table 3.14.1: Indigenous persons accessing health care, by age, 2012–13

Health care accessed	0–4	5–14	15–24	25–34	35–44	45–54	55 years and over	Total
Number								
Admitted to hospital ^(a)	12,138	13,836	21,979	20,196	17,487	14,226	15,074	114,936
Visited casualty/outpatients ^(b)	4,216	3,628	7,644	5,232	3,323	2,588	3,840	30,470
Doctor consultation ^{(b)(c)}	17,953	18,261	24,979	19,838	19,148	18,035	21,506	139,721
Dental consultation ^{(b)(d)}	862†	8,294	6,000	3,609	3,613	3,242	3,328	28,947
Consultation with other health professionals ^{(b)(e)}	12,086	15,492	22,235	18,026	19,940	16,842	13,771	118,392
<i>Total accessing health care^{(f)(g)}</i>	<i>32,467</i>	<i>43,575</i>	<i>53,073</i>	<i>42,379</i>	<i>40,369</i>	<i>33,491</i>	<i>35,257</i>	<i>280,610</i>
Total not accessing health care	46,535	106,806	74,649	44,341	37,486	26,511	21,385	357,714
Total number of persons	79,002	150,381	127,722	86,720	77,855	60,002	56,642	638,324
Rate per 100								
Admitted to hospital ^(a)	15.4	9.2	17.2	23.3	22.5	23.7	26.6	18.0
Visited casualty/outpatients ^(b)	5.3	2.4	6.0	6.0	4.3	4.3	6.8	4.8
Doctor consultation ^{(b)(c)}	22.7	12.1	19.6	22.9	24.6	30.1	38.0	21.9
Dental consultation ^{(b)(d)}	1.1†	5.5	4.7	4.2	4.6	5.4	5.9	4.5
Consultation with other health professionals ^{(b)(e)}	15.3	10.3	17.4	20.8	25.6	28.1	24.3	18.5
<i>Total accessing health care^{(f)(g)}</i>	<i>41.1</i>	<i>29.0</i>	<i>41.6</i>	<i>48.9</i>	<i>51.9</i>	<i>55.8</i>	<i>62.2</i>	<i>44.0</i>
Total not accessing health care	58.9	71.0	58.4	51.1	48.1	44.2	37.8	56.0

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

(a) In last 12 months.

(b) In last 2 weeks.

(c) Includes 'specialist' for non-remote.

(d) Persons aged 2 years and over.

(e) Includes other health professional, nurse, social worker/welfare officer, traditional healer, Aboriginal health worker and alcohol and drug worker.

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

(g) Components will not add to total because persons may have reported more than one type of action.

Note: Percentages calculated within columns. Estimates have been rounded and discrepancies may occur between sums of the component items and totals.

Source: ABS Australian Aboriginal and Torres Strait Islander Health Survey 2012–13 (2012–13 NATSIHS component).

Table 3.14.2: Indigenous persons accessing health care, by sex, 2012–13

Health care accessed	Males	Females	Persons
Number			
Admitted to hospital ^(a)	49,148	65,788	114,936
Visited casualty/outpatients ^(b)	13,881	16,589	30,470
Doctor consultation ^{(b)(c)}	62,263	77,459	139,721
Dental consultation ^{(b)(d)}	10,915	18,032	28,947
Consultation with other health professionals ^{(b)(e)}	49,462	68,929	118,392
<i>Total accessing health care^{(f)(g)}</i>	<i>126,276</i>	<i>154,334</i>	<i>280,610</i>
Total not accessing health care	191,682	166,032	357,714
Total number of persons	317,958	320,366	638,324
Per cent			
Admitted to hospital ^(a)	38.9	42.6	41.0
Visited casualty/outpatients ^(b)	11.0	10.7	10.9
Doctor consultation ^{(b)(c)}	49.3	50.2	49.8
Dental consultation ^{(b)(d)}	8.6	11.7	10.3
Consultation with other health professionals ^{(b)(e)}	39.2	44.7	42.2
Total accessing health care ^{(f)(g)}	100.0	100.0	100.0
Rate per 100			
Admitted to hospital ^(a)	15.5	20.5	18.0
Visited casualty/outpatients ^(b)	4.4	5.2	4.8
Doctor consultation ^{(b)(c)}	19.6	24.2	21.9
Dental consultation ^{(b)(d)}	3.4	5.6	4.5
Consultation with other health professionals ^{(b)(e)}	15.6	21.5	18.5
Total accessing health care ^{(f)(g)}	39.7	48.2	44.0
Total not accessing health care	60.3	51.8	56.0

(a) In last 12 months.

(b) In last 2 weeks.

(c) Includes 'specialist' for non-remote.

(d) Persons aged 2 years and over.

(e) Includes other health professional, nurse, social worker/welfare officer, traditional healer, Aboriginal health worker and alcohol and drug worker.

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

(g) Components will not add to total because persons may have reported more than one type of action.

Note: Percentages calculated within columns. Estimates have been rounded and discrepancies may occur between sums of the component items and totals.

Source: ABS Australian Aboriginal and Torres Strait Islander Health Survey 2012–13 (2012–13 NATSIHS component).

Table 3.14.3: Accessing health care by state/territory, 2012–13

Health care accessed	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Australia
Number									
Admitted to hospital ^(a)	35,491	8,946	30,156	6,625	16,339	3,928	12,381	1,069	114,936
Visited casualty/outpatients ^(b)	9,477	2,213	9,019	1,505	4,575	849	2,621	210+	30,470
Doctor consultation ^{(b)(c)}	46,512	12,324	34,608	8,680	16,377	5,557	14,120	1,544	139,721
Dental consultation ^{(b)(d)}	8,093	2,509	7,362	1,999	3,291	815	4,642	237+	28,947
Consultation with other health professionals ^{(b)(e)}	34,879	10,744	28,592	7,160	15,784	4,397	15,482	1,353	118,392
<i>Total accessing health care^{(f)(g)}</i>	<i>87,200</i>	<i>22,566</i>	<i>74,282</i>	<i>17,040</i>	<i>36,230</i>	<i>10,489</i>	<i>30,011</i>	<i>2,791</i>	<i>280,610</i>
Total not accessing health care	113,674	23,183	106,239	18,476	45,315	13,184	34,544	3,100	357,714
Total number of persons	200,874	45,749	180,521	35,516	81,545	23,673	64,555	5,891	638,324
Per cent									
Admitted to hospital ^(a)	40.7	39.6	40.6	38.9	45.1	37.4	41.3	38.3	41.0
Visited casualty/outpatients ^(b)	10.9	9.8	12.1	8.8	12.6	8.1	8.7	7.5+	10.9
Doctor consultation ^{(b)(c)}	53.3	54.6	46.6	50.9	45.2	53.0	47.0	55.3	49.8
Dental consultation ^{(b)(d)}	9.3	11.1	9.9	11.7	9.1	7.8	15.5	8.5+	10.3
Consultation with other health professionals ^{(b)(e)}	40.0	47.6	38.5	42.0	43.6	41.9	51.6	48.5	42.2
<i>Total accessing health care^{(f)(g)}</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>
Rate per 100									
Admitted to hospital ^(a)	17.7	19.6	16.7	18.7	20.0	16.6	19.2	18.1	18.0
Visited casualty/outpatients ^(b)	4.7	4.8	5.0	4.2	5.6	3.6	4.1	3.6	4.8
Doctor consultation ^{(b)(c)}	23.2	26.9	19.2	24.4	20.1	23.5	21.9	26.2	21.9
Dental consultation ^{(b)(d)}	4.0	5.5	4.1	5.6	4.0	3.4	7.2	4.0	4.5
Consultation with other health professionals ^{(b)(e)}	17.4	23.5	15.8	20.2	19.4	18.6	24.0	23.0	18.5
<i>Total accessing health care^{(f)(g)}</i>	<i>43.4</i>	<i>49.3</i>	<i>41.1</i>	<i>48.0</i>	<i>44.4</i>	<i>44.3</i>	<i>46.5</i>	<i>47.4</i>	<i>44.0</i>
Total not accessing health care	56.6	50.7	58.9	52.0	55.6	55.7	53.5	52.6	56.0

(continued)

Table 3.14.3 (continued): Accessing health care by state/territory, 2012–13

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

- (a) In last 12 months.
- (b) In last 2 weeks.
- (c) Includes 'specialist' for non-remote.
- (d) Persons aged 2 years and over.
- (e) Includes other health professional, nurse, social worker/welfare officer, traditional healer, Aboriginal health worker and alcohol and drug worker.
- (f) Total who took at least one health-related action—those who were admitted to hospital in last 12 months, dental consultation in last 2 weeks, doctor consultation in last 2 weeks, visited casualty/outpatient in last 2 weeks or consulted with other health professional in last 2 weeks.
- (g) Components will not add to total because persons may have reported more than one type of action.

Note: Estimates have been rounded and discrepancies may occur between sums of the component items and totals.

Source: ABS Australian Aboriginal and Torres Strait Islander Health Survey 2012–13 (2012–13 NATSIHS component).

Table 3.14.4: Indigenous persons accessing health care, by remoteness, 2012–13

Health care accessed	Non-remote	Remote	Australia
Number			
Admitted to hospital ^(a)	88,035	26,902	114,936
Visited casualty/outpatients ^(b)	23,359	7,112	30,470
Doctor consultation ^{(b)(c)}	112,074	27,647	139,721
Dental consultation ^{(b)(d)}	21,271	7,676	28,947
Consultation with other health professionals ^{(b)(e)}	90,461	27,931	118,392
<i>Total accessing health care^{(f)(g)}</i>	<i>220,003</i>	<i>60,607</i>	<i>280,610</i>
Total not accessing health care	282,288	75,426	357,714
Total number of persons	502,291	136,033	638,324
Per cent^(h)			
Admitted to hospital ^(a)	17.5	19.8	18.0
Visited casualty/outpatients ^(b)	4.7	5.2	4.8
Doctor consultation ^{(b)(c)}	22.3	20.3	21.9
Dental consultation ^{(b)(d)}	4.2	5.6	4.5
Consultation with other health professionals ^{(b)(e)}	18.0	20.5	18.5
<i>Total accessing health care^{(f)(g)}</i>	<i>43.8</i>	<i>44.6</i>	<i>44.0</i>
Total not accessing health care	56.2	55.4	56.0
Rate per 100			
Admitted to hospital ^(a)	40.0	44.4	41.0
Visited casualty/outpatients ^(b)	10.6	11.7	10.9
Doctor consultation ^{(b)(c)}	50.9	45.6	49.8
Dental consultation ^{(b)(d)}	9.7	12.7	10.3
Consultation with other health professionals ^{(b)(e)}	41.1	46.1	42.2
<i>Total accessing health care^{(f)(g)}</i>	<i>43.8</i>	<i>44.6</i>	<i>44.0</i>
Total not accessing health care	56.2	55.4	56.0

(a) In last 12 months.

(b) In last 2 weeks.

(c) Includes 'specialist' for non-remote.

(d) Persons aged 2 years and over.

(e) Includes other health professional, nurse, social worker/welfare officer, traditional healer, Aboriginal health worker and alcohol and drug worker.

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

(g) Components will not add to total because persons may have reported more than one type of action.

(h) Percentages calculated within columns.

Note: Estimates have been rounded and discrepancies may occur between sums of the component items and totals.

Source: ABS Australian Aboriginal and Torres Strait Islander Health Survey 2012–13 (2012–13 NATSIHS component).

Table 3.14.5: Indigenous persons (15 years and over) who accessed health care, by selected socioeconomic characteristics, 2012–13^(a)

	Admitted to hospital	Visited casualty/ emergency/ outpatients	Consulted doctor	Consulted dentist	Consulted other health professionals ^(b)	Total accessing healthcare	Overall population distribution
	Per cent						
Equivalised household income^(c)							
1st quintile (lowest)	49.3	49.1	44.5	35.9	43.8	44.2	42.7
4th/5th quintile (highest)	15.6	8.6	14.4	15.7	16.4	15.7	17.0
Ratio lowest/highest	3.2*	5.7*	3.1*	2.3*	2.7*	2.8*	2.5
Total	71,743	19,172	84,748	15,346	72,393	164,664	328,690
Financial stress—whether household could raise \$2,000 in an emergency^(c)							
Yes	41.6	28.7	43.2	48.6	47.1	44.9	46.0
No	58.4	71.3	56.8	51.4	52.9	55.1	54.0
Ratio yes/no	0.7*	0.4*	0.8*	0.9	0.9	0.8*	0.9
Total	82,759	20,889	95,633	17,787	83,474	189,275	376,496
Household had day/s without money for basic living expenses in last 12 months^(d)							
Yes	44.3	55.1	44.4	44.4	44.8	42.4	40.5
No	55.7	44.9	55.6	55.6	55.2	57.6	59.5
Ratio yes/no	0.8*	1.2	0.8*	0.8	0.8*	0.7*	0.7
Total	88,310	22,238	102,936	19,700	90,344	203,554	406,696
SEIFA^(e)							
1st quintile (most disadvantaged)	57.3	56.8	52.8	46.9	53.2	52.7	51.8
5th quintile (most advantaged)	2.8†	3.1†	4.1	6.3†	5.4	4.1	3.7
Ratio most disadvantaged/most advantaged	20.5*	18.1*	13.0*	7.4*	9.8*	12.9*	14.1
Labour force status							
Employed	36.3	30.6	39.6	47.2	44.9	42.1	45.8

(continued)

Table 3.14.5 (continued): Indigenous persons (15 years and over) who accessed health care, by selected socioeconomic characteristics, 2012–13^(a)

	Admitted to hospital	Visited casualty/ emergency/ outpatients	Consulted doctor	Consulted dentist	Consulted other health professionals ^(b)	Total accessing healthcare	Overall population distribution
	Per cent						
Unemployed	12.2	17.2	10.5	14.1†	12.0	11.9	12.5
Not in the labour force	51.5	52.2	49.9	38.7	43.2	46.0	41.8
Ratio unemployed/employed	0.3*	0.6*	0.3*	0.3*	0.3*	0.3*	0.3
Has non-school qualification^(f)							
Yes	36.9	36.7	44.4	43.4	45.9	41.3	39.9
No	63.1	63.3	55.6	56.6	54.1	58.7	60.1
Ratio no/yes	1.7*	1.7*	1.3*	1.3*	1.2*	1.4*	1.5
Highest year of school completed							
Year 12	23.0	27.2	25.9	24.7	28.6	25.6	24.5
Year 9 or below ^(g)	30.4	29.6	31.9	31.0	28.5	30.4	29.2
Ratio Year 9 or below/Year 12	1.3*	1.1	1.2*	1.3	1.0	1.2*	1.2
Housing tenure type							
Owner	29.5	25.2	30.4	32.1	30.6	31.4	30.6
Renter	69.8	74.4	69.1	67.9	68.8	68.1	69.0
Ratio renter/owner	2.4*	3.0*	2.3*	2.1*	2.2*	2.2*	2.3
Total^(h)	88,380	22,238	102,936	19,700	90,344	203,623	407,011
Has private health insurance⁽ⁱ⁾							
Yes	18.5	5.8†	22.8	24.3	28.6	23.1	20.0
No	81.4	93.9	76.8	75.3	70.8	76.3	79.2
Ratio Yes/No	0.2*	0.1*	0.3*	0.3*	0.4*	0.3*	0.3
Total⁽ⁱ⁾	68,293	17,170	83,263	14,440	70,353	161,110	318,128
Total number of persons 15+	88,962	22,626	103,507	19,791	90,813	204,569	408,941

(continued)

Table 3.14.5 (continued): Indigenous persons (15 years and over) who accessed health care, by selected socioeconomic characteristics, 2012–13^(a)

* Represents statistically significant differences at the $p < 0.05$ level.

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

- (a) Self-reported data consisting of persons who took at least one health-related action (i.e. consulted a dentist, doctor or other health professional, or visited casualty/outpatients in last 2 weeks, or was admitted to hospital in last 12 months).
- (b) Includes other health professional, nurse, social worker/welfare officer, traditional healer, Aboriginal health worker and alcohol and drug worker.
- (c) Excludes 'not stated' and 'not known'.
- (d) Total excludes 'not stated'.
- (e) Index of Relative Socio-Economic Advantage and Disadvantage 2011.
- (f) Non-school qualifications classified to the Australian Standard Classification of Education (ASCED) (includes e.g. Bachelor degree or higher, diploma, advanced diploma, certificate).
- (g) Year 9 or below includes never attended school.
- (h) Total includes 'other' and 'life tenure scheme'.
- (i) Non-remote only.
- (j) Total includes 'not known'.

Note: Percentages add within columns. Estimates have been rounded and discrepancies may occur between sums of the component items and totals.

Source: ABS Australian Aboriginal and Torres Strait Islander Health Survey 2012–13 (2012–13 NATSIHS component).

Table 3.14.6: Indigenous persons 15 years and over, access to health care for selected socioeconomic characteristics, 2012–13^(a)

	Admitted to hospital	Visited casualty/ emergency/ outpatients	Consulted doctor	Consulted dentist	Consulted other health professionals ^(b)	Total accessing healthcare
	Rate (number per 100)					Number
Equivalised household income ^(c)						
1st quintile (lowest)	48.6	12.9	51.8	7.6	43.6	72,782
4th/5th quintile (highest)	43.3	6.4†	47.0	9.3	45.7	25,923
Ratio lowest/highest	1.1	2.0*	1.1	0.8	1.0	2.8
Total	43.6	11.6	51.5	9.3	44.0	164,664
Financial stress—whether household could raise \$2,000 in an emergency ^(c)						
Yes	40.6	7.0	48.2	10.3	46.4	86,401
No	45.9	14.2	51.8	8.8	42.8	105,634
Ratio yes/no	0.9	0.5*	0.9	1.2	1.1	0.8
Total	43.5	11.0	50.2	9.5	44.4	192,035
Household had day/s without money for basic living expenses in last 12 months ^(d)						
Yes	45.3	14.2	53.0	10.1	46.8	86,328
No	42.0	8.5	48.8	9.4	42.6	117,225
Ratio yes/no	1.1	1.7*	1.1	1.1	1.1	0.7
Total	43.4	10.9	50.6	9.7	44.4	203,554
SEIFA ^(e)						
1st quintile (most disadvantaged)	47.3	11.9	50.7	8.6	44.8	107,733
5th quintile (most advantaged)	29.7	8.5†	50.4	15.1†	58.9	8,344
Ratio most disadvantaged/most advantaged	1.6*	1.4	1.0	0.6	0.8	12.9
Labour force status						
Employed	37.4	8.0	47.5	10.8	47.3	86,200

(continued)

Table 3.14.6 (continued): Indigenous persons 15 years and over, access to health care for selected socioeconomic characteristics, 2012–13^(a)

	Admitted to hospital	Visited casualty/ emergency/ outpatients	Consulted doctor	Consulted dentist	Consulted other health professionals ^(b)	Total accessing healthcare
	Rate (number per 100)					Number
Unemployed	44.6	16.0	44.7	11.5†	44.6	24,342
Not in the labour force	48.7	12.6	54.9	8.1	41.7	94,026
Ratio unemployed/employed	1.2	2.0*	0.9	1.1	0.9	0.3
Has non-school qualification^(f)						
Yes	38.8	9.8	54.3	10.2	49.3	84,485
No	46.8	11.9	48.0	9.3	40.9	120,083
Ratio no/yes	1.2*	1.2	0.9*	0.9	0.8*	1.4
Highest year of school completed						
Year 12	39.1	11.8	51.2	9.3	49.5	52,385
Year 9 or below ^(g)	43.5	10.8	53.1	9.9	41.6	62,161
Ratio Year 9 or below/Year 12	1.1	0.9	1.0	1.1	0.8*	1.2
Housing tenure type						
Owner	40.7	8.8	48.9	9.9	43.3	63,939
Renter	44.5	11.9	51.3	9.6	44.8	138,675
Ratio renter/owner	1.1	1.4	1.0	1.0	1.0	2.2
Total^(h)	43.4	10.9	50.6	9.7	44.4	203,623
Has private health insurance⁽ⁱ⁾						
Yes	33.8	2.7†	50.9	9.4	54.0	37,282
No	45.2	13.1	52.0	8.8	40.5	122,972
Ratio yes/no	0.7*	0.2*	1.0	1.1	1.3*	0.3
Total^(j)	42.4	10.7	51.7	9.0	43.7	161,110
Total number of persons 15+	43.5	11.1	50.6	9.7	44.4	204,569

(continued)

Table 3.14.6 (continued): Indigenous persons 15 years and over, access to health care for selected socioeconomic characteristics, 2012–13^(a)

* Represents statistically significant differences in proportions accessing health care at the $p < 0.05$ level. Comparison between categories used for rate ratio for each characteristic. Total columns not tested.

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

- (a) Self-reported data consisting of persons who took at least one health-related action (i.e. consulted a dentist, doctor or other health professional, or visited casualty/outpatients in last 2 weeks, or was admitted to hospital in last 12 months).
- (b) Includes other health professional, nurse, social worker/welfare officer, traditional healer, Aboriginal health worker and alcohol and drug worker.
- (c) Excludes 'not stated' and 'not known'.
- (d) Total excludes 'not stated'.
- (e) Index of Relative Socio-Economic Advantage and Disadvantage 2011.
- (f) Non-school qualifications classified to the Australian Standard Classification of Education (ASCED) (includes e.g. Bachelor degree or higher, diploma, advanced diploma, certificate).
- (g) Year 9 or below includes never attended school.
- (h) Total includes 'other' and 'life tenure scheme'.
- (i) Non-remote only.
- (j) Total includes 'not known'.

Note: Rates calculated within rows, using 'total accessing healthcare' as denominator. Estimates have been rounded and discrepancies may occur between sums of the component items and totals.

Source: ABS Australian Aboriginal and Torres Strait Islander Health Survey 2012–13 (2012–13 NATSIHS component).

Table 3.14.7: Indigenous persons (15 years and over) who accessed health care, by selected socioeconomic characteristics, 2012–13^(a)

	Admitted to hospital	Visited casualty/emergency/outpatients	Consulted doctor	Consulted dentist	Consulted other health professionals ^(b)	Total accessing healthcare	Total population
	Number						
Equivalised household income^(c)							
1st quintile (lowest)	35,370	9,414	37,685	5,502	31,720	72,782	140,304
4th/5th quintile (highest)	11,217	1,652†	12,193	2,416	11,848	25,923	55,728
Ratio lowest/highest	3.2	5.7	3.1	2.3	2.7	2.8	2.5
Total	71,743	19,172	84,748	15,346	72,393	164,664	328,690
Financial stress—whether household could raise \$2,000 in an emergency^(c)							
Yes	35,109	6,032	41,641	8,910	40,108	86,401	177,097
No	48,479	15,020	54,706	9,256	45,206	105,634	206,614
Ratio yes/no	0.7	0.4	0.8	1.0	0.9	0.8	0.9
Total	83,588	21,052	96,347	18,166	85,314	192,035	383,711
Household had day/s without money for basic living expenses in last 12 months^(d)							
Yes	39,083	12,244	45,713	8,737	40,444	86,328	164,764
No	49,228	9,994	57,223	10,963	49,899	117,225	241,932
Ratio yes/no	0.8	1.2	0.8	0.8	0.8	0.7	0.7
Total	88,310	22,238	102,936	19,700	90,344	203,554	406,696
SEIFA^(e)							
1st quintile (most disadvantaged)	50,982	12,851	54,600	9,287	48,296	107,733	211,804
5th quintile (most advantaged)	2,482†	711†	4,209	1256†	4,916	8,344	15,072
Ratio most disadvantaged/most advantaged	20.5	18.1	13.0	7.4	9.8	12.9	14.1
Labour force status							
Employed	32,269	6,930	40,981	9,343	40,740	86,200	187,107

(continued)

Table 3.14.7 (continued): Indigenous persons (15 years and over) who accessed health care, by selected socioeconomic characteristics, 2012–13^(a)

	Admitted to hospital	Visited casualty/ emergency/ outpatients	Consulted doctor	Consulted dentist	Consulted other health professionals ^(b)	Total accessing healthcare	Total population
	Number						
Unemployed	10,868	3,883	10,869	2,795†	10,853	24,342	50,987
Not in the labour force	45,825	11,813	51,658	7,653	39,220	94,026	170,847
Ratio unemployed/employed	0.3	0.6	0.3	0.3	0.3	0.3	0.3
Has non-school qualification^(f)							
Yes	32,792	8,306	45,914	8,583	41,676	84,485	163,249
No	56,171	14,319	57,593	11,208	49,138	120,083	245,692
Ratio no/yes	1.7	1.7	1.3	1.3	1.2	1.4	1.5
Highest year of school completed							
Year 12	20,457	6,158	26,796	4,893	25,934	52,385	100,362
Year 9 or below ^(g)	27,057	6,686	32,981	6,143	25,839	62,161	119,529
Ratio Year 9 or below/Year 12	1.3	1.1	1.2	1.3	1.0	1.2	1.2
Housing tenure type							
Owner	26,054	5,601	31,266	6,326	27,655	63,939	124,490
Renter	61,650	16,537	71,078	13,374	62,137	138,675	281,001
Ratio renter/owner	2.4	3.0	2.3	2.1	2.2	2.2	2.3
Total^(h)	88,380	22,238	102,936	19,700	90,344	203,623	407,011
Has private health insurance⁽ⁱ⁾							
Yes	12,606	1002†	18,972	3,516	20,132	37,282	63,640
No	55,593	16,128	63,951	10,868	49,816	122,972	252,012
Ratio yes/no	0.2	0.1	0.3	0.3	0.4	0.3	0.3
Total⁽ⁱ⁾	68,293	17,170	83,263	14,440	70,353	161,110	318,128
Total number of persons 15+	88,962	22,626	103,507	19,791	90,813	204,569	408,941

(continued)

Table 3.14.7 (continued): Indigenous persons (15 years and over) who accessed health care, by selected socioeconomic characteristics, 2012–13^(a)

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

- (a) Self-reported data consisting of persons who took at least one health-related action (i.e. consulted a dentist, doctor or other health professional, or visited casualty/outpatients in last 2 weeks, or was admitted to hospital in last 12 months).
- (b) Includes other health professional, nurse, social worker/welfare officer, traditional healer, Aboriginal health worker and alcohol and drug worker.
- (c) Excludes 'not stated' and 'not known'.
- (d) Total excludes 'not stated'.
- (e) Index of Relative Socio-Economic Advantage and Disadvantage 2011.
- (f) Non-school qualifications classified to the Australian Standard Classification of Education (ASCED) (includes e.g. Bachelor degree or higher, diploma, advanced diploma, certificate).
- (g) Year 9 or below includes never attended school.
- (h) Total includes 'other' and 'life tenure scheme'.
- (i) Non-remote only.
- (j) Total includes 'not known'.

Note: Estimates have been rounded and discrepancies may occur between sums of the component items and totals.

Source: ABS Australian Aboriginal and Torres Strait Islander Health Survey 2012–13 (2012–13 NATSIHS component).

Table 3.14.8: Indigenous persons aged 15 years and over, selected health risk factors by type of health care accessed^(a), 2012–13

	Admitted to hospital	Visited casualty/ outpatients	Consulted doctor	Consulted dentist	Consulted other health professionals ^(b)	Total population
	Rate (number per 100)					Number
Smoker status						
Current smoker ^(c)	23.2	5.8	24.1	4.5	20.1	175,768
Non-smoker ^(d)	20.7	5.3	26.2	5.1	23.8	233,173
Ratio smoker/non-smoker	1.1	1.1	0.9	0.9	0.8	0.8
Alcohol consumption						
Abstained from alcohol in last 12 months ^(e)	21.7	6.0	27.6	6.1	25.1	108,024
Short-term/single occasion risk^(f)						
Yes	21.8	5.6	22.7	3.8	19.6	219,176
No	22.0	4.8	29.5	6.3	25.6	74,582
Ratio yes/no	1.0	1.2	0.8	0.6	0.8	2.9
Physical activity^(g)						
Met guidelines ^(h)	24.0	4.3	25.4	4.1	23.5	117,125
Did not meet guidelines ⁽ⁱ⁾	21.7	5.7	29.0	4.4	22.6	165,910
Ratio did not meet/met guidelines	0.9	1.3	1.1	1.1	1.0	1.4
Total number	22.7	5.2	27.5	4.3	23.0	283,035
Adequate daily vegetable intake^(j)						
Yes	26.6	6.6†	31.1	4.6†	23.0	20,158
No	21.5	5.5	25.0	4.8	22.2	388,783
Ratio no/yes	0.8	0.8	0.8	1.0	1.0	19.3

(continued)

Table 3.14.8 (continued): Indigenous persons aged 15 years and over, selected health risk factors by type of health care accessed^(a), 2012–13

	Admitted to hospital	Visited casualty/ outpatients	Consulted doctor	Consulted dentist	Consulted other health professionals ^(b)	Total population
	Rate (number per 100)					Number
Adequate daily fruit intake^(k)						
Yes	22.5	4.9	25.6	4.9	22.3	175,227
No	21.2	6.0	25.1	4.8	22.1	233,714
Ratio no/yes	0.9	1.2	1.0	1.0	1.0	1.3
Obese^{(l)(m)}						
Yes	23.7	4.7	28.9	4.2	26.9	124,997
No	21.6	6.1	22.4	5.3	20.3	212,509
Ratio yes/no	1.1	0.8	1.3	0.8	1.3	0.6
Total number	22.4	5.6	24.8	4.9	22.7	337,506
Total number of persons 15+	21.8	5.5	25.3	4.8	22.2	408,941

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

(a) Self-reported data consisting of persons who took at least one health-related action (i.e. consulted a dentist, doctor or other health professional, or visited casualty/outpatients in last 2 weeks, or was admitted to hospital in last 12 months).

(b) Includes other health professional, nurse, social worker/welfare officer, traditional healer, Aboriginal health worker and alcohol and drug worker.

(c) Current smoker includes persons who smoke daily, persons who smoke at least once a week but not daily, and those who smoked less than weekly.

(d) Includes ex-smoker and those who have never smoked.

(e) Abstainer includes those who have never consumed alcohol.

(f) Risk level calculated on exceeding the NHMRC Australian Alcohol Guidelines 2009. For short-term/single occasion risk this is 5 or more standard drinks on any day over last 12 months.

(g) Physical activity data collected from persons 18 years and over; and non-remote areas only.

(h) 150 minutes of moderate/vigorous physical activity from five or more sessions over a week.

(i) Includes 'don't know' responses.

(j) As the 2012–13 AATSIHS only collected information on whole serves of vegetables, the 2013 NHMRC Australian Dietary Guidelines have been applied as follows: 5 serves of vegetables for persons aged 9 years and over, with the exception of 18–49 year old males who eat 6 serves.

(k) According to 2013 NHMRC Australian Dietary Guidelines, which recommend 2 serves of fruit per day for persons aged 9 years and over.

(l) Body Mass Index greater than 30.0 for people aged 18 years and over. For information on the calculation of BMI scores for people aged 15–17 years, see the Glossary in AATSIHS First Results 2012–13 (4727.0.55.001) or AATSIHS Updated Results 2012–13 (4727.0.55.006).

(m) Excludes 'measurement not taken'.

Note: Rates calculated within rows, using 'total population' as denominator. Estimates have been rounded and discrepancies may occur between sums of the component items and totals.

Source: ABS Australian Aboriginal and Torres Strait Islander Health Survey 2012–13 (2012–13 NATSIHS component).

Table 3.14.9: Indigenous persons aged 15 years and over, selected health risk factors by type of health care accessed^(a), 2012–13

	Admitted to hospital	Visited casualty/ outpatients	Consulted doctor	Consulted dentist	Consulted other health professionals ^(b)	Total population
	Number					
Smoker status						
Current smoker ^(c)	40,773	10,229	42,310	7,936	35,268	175,768
Non-smoker ^(d)	48,190	12,397	61,197	11,855	55,545	233,173
Ratio smoker/non-smoker	0.8	0.8	0.7	0.7	0.6	0.8
Alcohol consumption						
Abstained from alcohol in last 12 months ^(e)	23,405	6,442	29,782	6,591	27,091	108,024
Short-term/single occasion risk^(f)						
Yes	47,835	12,297	49,677	8,331	43,007	219,176
No	16,414	3,552	21,977	4,693	19,103	74,582
Ratio yes/no	2.9	3.5	2.3	1.8	2.3	2.9
Physical activity^(g)						
Met guidelines ^(h)	28,110	5,093	29,767	4,791	27,526	117,125
Did not meet guidelines ⁽ⁱ⁾	36,021	9,510	48,178	7,351	37,457	165,910
Ratio did not meet/met guidelines	1.3	1.9	1.6	1.5	1.4	1.4
Total number	64,131	14,603	77,945	12,142	64,983	283,035
Adequate daily vegetable intake^(j)						
Yes	5,362	1,321+	6,271	937+	4,637	20,158
No	83,600	21,304	97,236	18,853	86,176	388,783
Ratio no/yes	15.6	16.1	15.5	20.1	18.6	19.3

(continued)

Table 3.14.9 (continued): Indigenous persons aged 15 years and over, selected health risk factors by type of health care accessed^(a), 2012–13

	Admitted to hospital	Visited casualty/ outpatients	Consulted doctor	Consulted dentist	Consulted other health professionals ^(b)	Total population
	Number					
Adequate daily fruit intake^(k)						
Yes	39,392	8,522	44,926	8,529	39,131	175,227
No	49,571	14,104	58,581	11,262	51,682	233,714
Ratio no/yes	1.3	1.7	1.3	1.3	1.3	1.3
Obese^{(l)(m)}						
Yes	29,632	5,913	36,118	5,265	33,651	124,997
No	45,935	12,923	47,553	11,290	43,068	212,509
Ratio yes/no	0.6	0.5	0.8	0.5	0.8	0.6
Total number	75,567	18,836	83,671	16,555	76,719	337,506
Total number of persons 15+	88,962	22,626	103,507	19,791	90,813	408,941

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

(a) Self-reported data consisting of persons who took at least one health-related action (i.e. consulted a dentist, doctor or other health professional, or visited casualty/outpatients in last 2 weeks, or was admitted to hospital in last 12 months).

(b) Includes other health professional, nurse, social worker/welfare officer, traditional healer, Aboriginal health worker and alcohol and drug worker.

(c) Current smoker includes persons who smoke daily, persons who smoke at least once a week but not daily, and those who smoked less than weekly.

(d) Includes ex-smoker and those who have never smoked.

(e) Abstainer includes those who have never consumed alcohol.

(f) Risk level calculated on exceeding the NHMRC Australian Alcohol Guidelines 2009. For short-term/single occasion risk this is 5 or more standard drinks on any day over last 12 months.

(g) Physical activity data collected from persons 18 years and over; and non-remote areas only.

(h) 150 minutes of moderate/vigorous physical activity from five or more sessions over a week.

(i) Includes 'don't know' responses.

(j) As the 2012–13 AATSIHS only collected information on whole serves of vegetables, the 2013 NHMRC Australian Dietary Guidelines have been applied as follows: 5 serves of vegetables for persons aged 9 years and over, with the exception of 18–49 year old males who eat 6 serves.

(k) According to 2013 NHMRC Australian Dietary Guidelines, which recommend 2 serves of fruit per day for persons aged 9 years and over.

(l) Body Mass Index greater than 30.0 for people aged 18 years and over. For information on the calculation of BMI scores for people aged 15–17 years, see the Glossary in AATSIHS First Results 2012–13 (4727.0.55.001) or AATSIHS Updated Results 2012–13 (4727.0.55.006).

(m) Excludes 'measurement not taken'.

Note: Estimates have been rounded and discrepancies may occur between sums of the component items and totals.

Source: ABS Australian Aboriginal and Torres Strait Islander Health Survey 2012–13 (2012–13 NATSIHS component).

Table 3.14.10: Indigenous persons (15 years and over) reporting whether they accessed health care^(a), by selected health outcomes, 2012–13

	Admitted to hospital	Visited casualty/ outpatients	Consulted doctor	Consulted dentist	Consulted other health professionals ^(b)	Overall population distribution	
	Rate (number per 100) ^(c)					Per cent ^(d)	Number
Disability status^(e)							
Has profound, severe or moderate core activity limitation	34.1	8.7	48.1	6.7	40.0	12.5	51,009
Has a schooling/employment restriction only ^(f)	30.4	8.4	32.1	4.6†	29.1	10.9	44,580
Has unspecified limitation or restriction	24.2	6.2	28.2	4.9	22.5	21.6	88,239
Total disability/long-term health condition	28.4	7.4	34.7	5.3	28.9	45.0	183,828
No disability/long-term health condition	16.3	4.0	17.7	4.5	16.7	55.0	225,113
Ratio disability/no disability	1.7*	1.9*	2.0*	1.2	1.7*	0.8	0.8
Self-assessed health status							
Excellent/very good/good	18.5	4.4	20.4	4.5	19.2	75.2	307,649
Fair/poor	31.5	9.1	40.1	5.8	31.3	24.8	101,292
Ratio fair, poor/excellent, very good, good	1.7*	2.1*	2.0*	1.3	1.6*	0.3	0.3
Psychological distress (Kessler 5)^{(g)(h)}							
Low/moderate	19.5	4.4	22.7	4.3	19.8	69.8	252,230
High/very high	30.8	7.9	35.2	5.2	30.6	30.2	109,134
Ratio high, very high/low moderate	1.6*	1.8*	1.6*	1.2	1.5*	0.4	0.4
Total number	82,879	19,689	95,690	16,608	83,352	361,364	361,364
Family stressors experienced in last 12 months^{(i)(j)}							
No stressors	15.1	3.7	18.7	5.6	14.9	26.3	107,171
Experienced one or more stressor	24.2	6.2	27.6	4.6	24.9	73.5	300,159
Ratio one or more/no stressors	1.6*	1.7*	1.5*	0.8	1.7*	2.8	2.8
Total number	88,883	22,569	103,174	19,785	90,716	408,220	408,220

(continued)

Table 3.14.10 (continued): Indigenous persons (15 years and over) reporting whether they accessed health care^(a), by selected health outcomes, 2012–13

	Admitted to hospital	Visited casualty/ outpatients	Consulted doctor	Consulted dentist	Consulted other health professionals ^(b)	Overall population distribution	
	Rate (number per 100) ^(c)					Per cent ^(d)	Number
Long term health conditions ^(k)							
No current long term health condition	14.5	2.5	11.0	3.6	10.2	19.5	79,908
One	18.5	5.1	15.7	4.4	16.6	18.6	76,185
Two	17.2	5.6	19.5	5.7	19.8	15.5	63,404
Three or more	27.6	6.9	37.2	5.3	30.3	46.3	189,444
Ratio three or more/no conditions	1.9*	2.8*	3.4*	1.5	3.0*	2.4	2.4
Co-morbidity of select conditions ^(l)							
No select condition	19.1	4.9	21.1	4.6	18.8	74.7	305,577
One select health condition	28.8	6.9	35.4	5.8	30.7	19.4	79,417
Two or more select health conditions	32.8	8.3	45.3	4.6†	38.1	5.9	23,947
Ratio two or more/no conditions	1.7*	1.7*	2.1*	1.0	2.0*	0.1	0.1
Total rate	21.8	5.5	25.3	4.8	22.2	100.0	..
Total number of persons 15+	88,962	22,626	103,507	19,791	90,813	408,941	408,941

(continued)

Table 3.14.10 (continued): Indigenous persons (15 years and over) reporting whether they accessed health care^(a), by selected health outcomes, 2012–13

* Represents statistically significant differences at the $p < 0.05$ level.

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

- (a) Self-reported data consisting of persons who took at least one health-related action (i.e. consulted a dentist, doctor or other health professional, or visited casualty/outpatients in last 2 weeks, or was admitted to hospital in last 12 months).
- (b) Includes other health professional, nurse, social worker/welfare officer, traditional healer, Aboriginal health worker and alcohol and drug worker.
- (c) Rates calculated within rows, using 'overall population distribution' as denominator.
- (d) Percentage calculated within column.
- (e) Self-reported data consisting of persons who reported having a disability or restrictive long-term health condition where a limitation, restriction, impairment, disease or disorder has lasted, or is expected to last for six months or more, and restricts everyday activities. Levels of activity limitation (profound, severe, moderate, and school/employment restriction only) are based on whether, and how often, a person needs help, has difficulty, or uses aids or equipment with any core activities (self-care, mobility or communication). A person's overall level of core activity limitation is determined by their highest level of limitation in any of these activities.
- (f) Only current difficulties with education and/or employment were collected. Respondents aged 65 years and over were not asked about employment restrictions and so some may be categorised as not having a specific limitation or restriction that would otherwise have been assigned 'schooling/employment restriction only' had they been asked the question.
- (g) People aged 18 years or over, based on the Kessler-5 (K5) measure of psychological distress. Overall levels of distress are based on how often respondents reported experiencing each feeling. Low/moderate is a score of 5–11. High/very high is a score of 12–25.
- (h) Totals for Aboriginal and Torres Strait Islander people exclude a small number of people who were not present at interview and for whom responses were provided by a proxy, and persons for whom level of psychological distress was unable to be determined.
- (i) Stressors experienced by self, family or friends.
- (j) Excludes 'refused'.
- (k) Self-reported data consisting of persons reporting a current medical condition which has lasted, or is expected to last, for six months or more.
- (l) Co-morbidity of diabetes, kidney disease and/or cardiovascular disease.

Notes

1. Estimates have been rounded and discrepancies may occur between sums of the component items and totals.
2. Data excludes 'not stated' responses and refusals.

Source: ABS Australian Aboriginal and Torres Strait Islander Health Survey 2012–13 (2012–13 NATSIHS component).

Table 3.14.11: Indigenous persons (15 years and over) who accessed health care^(a), by selected health outcomes, 2012–13

	Admitted to hospital	Visited casualty/ outpatients	Consulted doctor	Consulted dentist	Consulted other health professionals ^(b)	Overall population distribution	
	Per cent					Number	
Disability status^(c)							
Has profound, severe or moderate core activity limitation	19.6	19.5	23.7	17.4	22.4	12.5	51,009
Has a schooling/employment restriction only ^(d)	15.2	16.5	13.8	10.3	14.3	10.9	44,580
Has unspecified limitation or restriction	24.0	24.2	24.0	21.7	21.8	21.6	88,239
Total disability/long-term health condition	58.8	60.2	61.6	49.3	58.5	45.0	183,828
No disability/long-term health condition	41.2	39.8	38.4	50.7	41.5	55.0	225,113
Ratio disability/no disability	1.4	1.5	1.6	1.0	1.4	0.8	0.8
Self-assessed health status							
Excellent/very good/good	64.1	59.5	60.8	70.5	65.1	75.2	307,649
Fair/poor	35.9	40.5	39.2	29.5	34.9	24.8	101,292
Ratio fair, poor/excellent, very good, good	0.6	0.7	0.6	0.4	0.5	0.3	0.3
Psychological distress (Kessler 5)^{(e)(f)}							
Low/moderate	59.4	56.4	59.9	65.5	59.9	69.8	252,230
High/very high	40.6	43.6	40.1	34.5	40.1	30.2	109,134
Ratio high, very high/low moderate	0.7	0.8	0.7	0.5	0.7	0.4	0.4
Total number	82,879	19,689	95,690	16,608	83,352	..	361,364
Family stressors experienced in last 12 months^{(g)(h)}							
No stressors	18.3	17.4	19.4	30.6	17.6	26.3	107,171
Experienced one or more stressor	81.7	82.4	80.3	69.4	82.3	73.5	300,159
Ratio one or more/no stressors	4.5	4.7	4.1	2.3	4.7	2.8	2.8
Total number	88,883	22,569	103,174	19,785	90,716	..	408,220

(continued)

Table 3.14.11 (continued): Indigenous persons (15 years and over) who accessed health care^(a), by selected health outcomes, 2012–13

	Admitted to hospital	Visited casualty/ outpatients	Consulted doctor	Consulted dentist	Consulted other health professionals ^(b)	Overall population distribution	
	Per cent					Number	
Long term health conditions⁽ⁱ⁾							
No current long term health condition	13.0	9.0	8.5	14.6	9.0	19.5	79,908
One	15.8	17.2	11.5	16.8	14.0	18.6	76,185
Two	12.3	15.7	11.9	18.2	13.8	15.5	63,404
Three or more	58.8	58.1	68.1	50.5	63.3	46.3	189,444
Ratio three or more/no conditions	4.5	6.5	8.0	3.5	7.0	2.4	2.4
Co-morbidity of select conditions⁽ⁱ⁾							
No select condition	65.4	66.8	62.4	71.1	63.1	74.7	305,577
One select health condition	25.7	24.4	27.1	23.4	26.8	19.4	79,417
Two or more select health conditions	8.8	8.8	10.5	5.5†	10.0	5.9	23,947
Ratio two or more/no conditions	0.1	0.1	0.2	0.1	0.2	0.1	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	..
Total number of persons 15+	88,962	22,626	103,507	19,791	90,813	..	408,941

(continued)

Table 3.14.11 (continued): Indigenous persons (15 years and over) who accessed health care^(a), by selected health outcomes, 2012–13

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

- (a) Self-reported data consisting of persons who took at least one health-related action (i.e. consulted a dentist, doctor or other health professional, or visited casualty/outpatients in last 2 weeks, or was admitted to hospital in last 12 months).
- (b) Includes other health professional, nurse, social worker/welfare officer, traditional healer, Aboriginal health worker and alcohol and drug worker.
- (c) Self-reported data consisting of persons who reported having a disability or restrictive long-term health condition where a limitation, restriction, impairment, disease or disorder has lasted, or is expected to last for six months or more, and restricts everyday activities. Levels of activity limitation (profound, severe, moderate, and school/employment restriction only) are based on whether, and how often, a person needs help, has difficulty, or uses aids or equipment with any core activities (self-care, mobility or communication). A person's overall level of core activity limitation is determined by their highest level of limitation in any of these activities.
- (d) Only current difficulties with education and/or employment were collected. Respondents aged 65 years and over were not asked about employment restrictions and so some may be categorised as not having a specific limitation or restriction that would otherwise have been assigned 'schooling/employment restriction only' had they been asked the question.
- (e) People aged 18 years or over, based on the Kessler-5 (K5) measure of psychological distress. Overall levels of distress are based on how often respondents reported experiencing each feeling. Low/moderate is a score of 5–11. High/very high is a score of 12–25.
- (f) Totals for Aboriginal and Torres Strait Islander people exclude a small number of people who were not present at interview and for whom responses were provided by a proxy, and persons for whom level of psychological distress was unable to be determined.
- (g) Stressors experienced by self, family or friends.
- (h) Excludes 'refused'.
- (i) Self-reported data consisting of persons reporting a current medical condition which has lasted, or is expected to last, for six months or more.
- (j) Co-morbidity of diabetes, kidney disease and/or cardiovascular disease.

Notes

1. Percentages add within columns. Estimates have been rounded and discrepancies may occur between sums of the component items and totals.
2. Data excludes not stated responses.

Source: ABS and AIHW analysis of 2012–13 Australian Aboriginal and Torres Strait Islander Health Survey.

Table 3.14.12: Access to dental treatment, Indigenous Australians aged 2 years and over, by state and territory^(a), 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia ^(b)
	Number ('000)								
Place of last dental consultation									
Private dental clinic (including specialist)	70.6	15.0	41.6	19.5	10.7	7.7	2.9	6.6	174.3
Government dental clinic (including dental hospital)	51.4	13.6	44.5	18.1	6.8	7.9	1.1	14.4	157.4
School dental service	7.6	2.3	36.0	18.9	7.6	4.3	0.3†	8.7	85.8
Dentist at AMS/Community clinic	27.9	7.1	19.8	7.9	3.8	0.5†	0.7	15.9	83.7
Other site	4.4†	0.6†	1.3†	0.9†	0.6†	0.1‡	0.1‡	1.0‡	8.7
Don't know	6.2	1.2†	2.4†	1.2†	0.4‡	0.3†	0.1‡	0.8†	12.7
Total (who have seen a dental professional)	168.2	39.3	145.0	66.8	30.2	20.8	5.2	47.6	523.0
Time spent on waiting list for non-urgent treatment ^(a)									
<7 days (including saw dentist immediately)	17.4	6.2	39.5	15.0	7.1	4.8	0.4†	2.4	93.6
1 to <4 weeks	12.9	4.6	8.2	1.4†	1.6	2.6	0.3†	—	30.9
1 to <3 months	9.3	2.9	2.2†	0.4‡	1.3†	0.5	0.4†	0.7†	17.5
3 months or more	13.7	2.2	2.8†	0.9†	0.9†	0.7	0.3†	0.5†	22.4
Don't know	4.7	1.5†	7.5	3.1	1.4†	0.9	0.1‡	1.4	20.4
Total (who have seen a dental professional)	57.8	17.7	60.5	21.3	12.3	9.4	1.5	4.8	185.0
Usual reason for dental consultation									
Treatment	41.3	10.0	44.4	13.7	6.9	4.9	0.9	9.8	132.4
Check up	37.7	7.9	33.7	14.6	7.9	5.1	2.0	14.1	122.3
Both	79.4	17.1	58.7	34.3	13.7	9.3	2.2	19.5	234.2
Don't know	9.6	4.5	7.7	4.3	1.9	1.4†	0.2†	4.4	33.6
Total (who have seen a dental professional)	168.2	39.3	145.0	66.8	30.2	20.8	5.2	47.6	523.0

(continued)

Table 3.14.12 (continued): Access to dental treatment, Indigenous Australians aged 2 years and over, by state and territory^(a), 2012–13

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

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

(a) Non-remote only.

(b) Data excludes other territories.

Notes

1. Estimates have been rounded and discrepancies may occur between sums of the component items and totals.

2. Data excludes not stated responses.

Source: ABS and AIHW analysis of 2012–13 Australian Aboriginal and Torres Strait Islander Health Survey.

Table 3.14.13: Access to dental treatment, Indigenous Australians aged 2 years and over, by state and territory^(a), 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia ^(b)
	Per cent								
Place of last dental consultation									
Private dental clinic (including specialist)	42.0	38.2	28.7	29.2	35.4	37.0	55.8	13.9	33.3
Government dental clinic (including dental hospital)	30.6	34.6	30.7	27.1	22.5	38.0	21.2	30.3	30.1
School dental service	4.5	5.9	24.8	28.3	25.2	20.7	5.8†	18.3	16.4
Dentist at AMS/Community clinic	16.6	18.1	13.7	11.8	12.6	2.4†	13.5	33.4	16.0
Other site	2.6†	1.5†	0.9†	1.3†	2.0†	0.5†	1.9†	2.1	1.7
Don't know	3.7	3.1†	1.7†	1.8†	1.3†	1.4†	1.9†	1.7†	2.4
Total (who have seen a dental professional)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Time spent on waiting list for non-urgent treatment^(a)									
<7 days (including saw dentist immediately)	30.1	35.0	65.3	70.4	57.7	51.1	26.7†	50.0	50.6
1 to <4 weeks	22.3	26.0	13.6	6.6†	13.0	27.7	20.0†	—	16.7
1 to <3 months	16.1	16.4	3.6†	1.9†	10.6	5.3	26.7†	14.6†	9.5
3 months or more	23.7	12.4	4.6†	4.2†	7.3†	7.4	20.0†	10.4†	12.1
Don't know	8.1	8.5	12.4	14.6	11.4†	9.6	6.7†	29.2	11.0
Total (who have seen a dental professional)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total number ('000)	57.8	17.7	60.5	21.3	12.3	9.4	1.5	4.8	185.0
Usual reason for dental consultation									
Treatment	24.6	25.4	30.6	20.5	22.8	23.6	17.3	20.6	25.3
Check up	22.4	20.1	23.2	21.9	26.2	24.5	38.5	29.6	23.4
Both	47.2	43.5	40.5	51.3	45.4	44.7	42.3	41.0	44.8
Don't know	5.7	11.5	5.3	6.4	6.3	6.7†	3.8†	9.2	6.4
Total (who have seen a dental professional)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total number ('000)	168.2	39.3	145.0	66.8	30.2	20.8	5.2	47.6	523.0

(continued)

Table 3.14.13 (continued): Access to dental treatment, Indigenous Australians aged 2 years and over, by state and territory^(a), 2012–13

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

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

(a) Non-remote only.

(b) Data excludes other territories.

Notes

1. Percentages add within columns. Estimates have been rounded and discrepancies may occur between sums of the component items and totals.
2. Data excludes not stated responses.

Source: ABS and AIHW analysis of 2012–13 Australian Aboriginal and Torres Strait Islander Health Survey.

Table 3.14.14: Indigenous persons who did not access health services when needed and why, by remoteness, sex and age, 2012–13

	Remoteness		Sex		Age group			Total
	Non-remote	Remote	Male	Female	0–14	15–44	45+	
Per cent								
Whether needed to go to a dentist in last 12 months but didn't ^(a)								
Yes	22.0*	14.7	17.0	23.9	5.5	29.0	24.5	20.5*
No	78.0*	85.3	83.0	76.1	94.5	71.0	75.5	79.5*
Total	476,880	130,035	301,992	304,923	197,974	292,297	116,644	606,915
Reason(s) did not go to dentist ^{(a)(b)}								
Cost	46.7*	24.6	42.4	43.9	31.5†	43.8	46.3	43.3*
Logistical reasons								
Waiting time too long or not available at time required	19.5	24	20.4	20.0	22.1†	19.6	21.1	20.2
Transport/distance	9.3*	21.8	9.7	12.2	9.2†	10.9	12.7	11.2
Service not available in area	4.9*	31.1	8.3	9.4	10.3†	8.6	9.4	8.9*
Sub-total	28.6*	56.7	32.7	33.0	37.0	32.4	32.8	32.9
Cultural appropriateness of service								
Discrimination/not culturally appropriate/language problems	1.9†	0.7‡	1.5‡	1.8†	2.4‡	1.4†	2.1‡	1.7†
Dislikes service/professional, embarrassed, afraid	19.0	16.0	16.3	20.1	11.7†	19.4	18.6	18.5*
Felt it would be inadequate	1.3†	0.7†	1.8†	0.7†	0.0	1.1†	2.1†	1.2*†
Does not trust service/provider	4.0	4.2†	3.1†	4.7	3.2‡	4.1	4.0†	4.0
Sub-total	24.1	19.9	20.7	25.3	12.7†	24.3	24.9	23.4
Personal reasons								
Too busy (including work, personal or family responsibilities)	21.4	18.8	21.7	20.5	16.5†	23.6	14.9	21.0*
Decided not to seek care	10.9	10.1	13.5	8.9	7.3†	11.8	9.4	10.8*
Sub-total	30.9	27.8	33.7	28.1	23.0	33.8	23.3	30.4*
Other	4.8	6.0†	4.9†	5.0	10.1†	4.7	3.8†	5.0
Total who needed to visit dentist, but didn't	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total number who needed to visit dentist, but didn't	105,093	19,051	51,225	72,919	10,863	84,746	28,534	124,144

(continued)

Table 3.14.14 (continued): Indigenous persons who did not access health services when needed and why, by remoteness, sex and age, 2012–13

	Remoteness		Sex		Age group			Total
	Non-remote	Remote	Male	Female	0–14	15–44	45+	
Per cent								
Whether needed to go to a doctor in last 12 months but didn't								
Yes	15.0*	9.1	12.0	15.4	2.5	19.2	22.1	13.7
No	85.0*	90.9	88.0	84.6	97.5	80.8	77.9	86.3
Total	502,291	136,033	317,958	320,366	229,383	292,297	116,644	638,324
Reason(s) did not go to doctor ^(b)								
Cost	14.5*	3.6	9.6	15.6	8.2‡	13.7	12.4	13.0
Logistical reasons								
Waiting time too long or not available at time required	22.5	19.4	16.8	26.1	27.0†	20.9	23.5	22.0
Transport/distance	13.9	16.8	11.2	16.7	15.1†	13.1	16.6	14.3
Service not available in area	4.3†	6.9†	6.0†	3.7†	5.4‡	5.3†	3.2†	4.7
Sub-total	33.8	36.4	29.0	38.1	42.7	32.1	36.6	34.1
Cultural appropriateness of service								
Discrimination/not culturally appropriate/language problems	2.9†	1.7‡	2.9†	2.7†	n.p.	2.0†	4.8†	2.8†
Dislikes service/professional, embarrassed, afraid	14.5	9.6	14.2	13.5	10.9†	15.4	10.9	13.8
Felt it would be inadequate	8.9	6.3†	7.4	9.4	8.8‡	8.4	8.7	8.5
Does not trust service/provider	6.0	3.8‡	4.4†	6.7	3.1‡	6.0	5.6†	5.7
Sub-total	24.0	18.4	22.8	23.5	20.1†	24.3	21.5	23.2
Personal reasons								
Too busy (including work, personal or family responsibilities)	30.7	25.0	23.5	34.9	16.6†	34.3	23.4	29.9
Decided not to seek care	34.0	33.8	39.0	30.1	40.2	31.8	37.4	34.0
Sub-total	57.8	54.7	58.6	56.5	50.6	59.2	55.0	57.4
Other	6.5	9.1†	7.5†	6.3	4.4‡	6.5	8.1	6.8
Total who needed to visit doctor, but didn't	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total number who needed to visit doctor, but didn't	75,241	12,365	38,126	49,480	5,711	56,117	25,778	87,606

(continued)

Table 3.14.14 (continued): Indigenous persons who did not access health services when needed and why, by remoteness, sex and age, 2012–13

	Remoteness		Sex		Age group			Total
	Non-remote	Remote	Male	Female	0–14	15–44	45+	
Per cent								
Whether needed to go to other health professional in last 12 months but didn't ^(c)								
Yes	9.9*	4.3	7.5	9.9	2.1	13.0	11.0	8.7
No	90.1*	95.7	92.5	90.1	97.9	87.0	89.0	91.3*
Total	502,291	136,033	317,958	320,366	229,383	292,297	116,644	638,324
Reason(s) did not go to another health professional ^{(b)(c)}								
Cost	38.7*	4.5‡	28.3	40.2	23.7†	35.9	37	35.1*
Logistical reasons								
Waiting time too long or not available at time required	16.4	19.3†	14.8	18.2	12.9†	15.7	21.2	16.7
Transport/distance	12.4	19.2†	12.1	14.0	16.8†	11.4	16.8	13.2
Service not available in area	5.7†	8.6†	8.5†	4.1†	10.4‡	5.6†	5.5†	6.0†
Sub-total	26.5	36.0	25.4	29.1	30.6†	25.0	33.8	27.5*
Cultural appropriateness of service								
Discrimination/not culturally appropriate/language problems	2.5†	1.7‡	2.9‡	2.1†	n.p.	2.2‡	3.6‡	2.4†
Dislikes service/professional, embarrassed, afraid	13.1	7.5†	14.0	11.4	7.0†	13.8	10.8†	12.5
Felt it would be inadequate	5.1	3.7†	7.1†	3.3	3.4‡	4.9†	5.6‡	5.0*
Does not trust service/provider	3.2†	4.3‡	3.7†	2.9†	2.5‡	3.6†	2.7†	3.3
Sub-total	18.8	14.8	19.7	17.4	11.7†	19.7	16.9†	18.3
Personal reasons								
Too busy (including work, personal or family responsibilities)	32.1	35.6	31.6	33.1	17.5†	35.3	29.7	32.5
Decided not to seek care	19.4	23.5	26.1	15.0	16.5†	20.0	20.4†	19.8*
Sub-total	46.9	58.0	52.0	45.1	33.6†	51.7	42.7	48.1*
Other	5.8	6.4†	5.9†	5.8	18.1†	2.9†	10.1†	5.9
Total who needed to visit OHP but didn't	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total number who needed to visit OHP but didn't	49,813	5,907	23,936	31,785	4,908	37,971	12,841	55,721

(continued)

Table 3.14.14 (continued): Indigenous persons who did not access health services when needed and why, by remoteness, sex and age, 2012–13

	Remoteness		Sex		Age group			Total
	Non-remote	Remote	Male	Female	0–14	15–44	45+	
Per cent								
Whether needed to go to a hospital in last 12 months but didn't								
Yes	6.3	5.4	5.0	7.3	1.1	8.5	10.2	6.1*
No	93.7	94.6	95.0	92.7	98.9	91.5	89.8	93.9*
Total	502,291	136,033	317,958	320,366	229,383	292,297	116,644	638,324
Reason(s) did not go to hospital ^(b)								
Cost	7.9	5.9†	7.3†	7.7†	10.5‡	8.5†	4.8†	7.5*
Logistical reasons								
Waiting time too long or not available at time required	25.3	21.9	19.5	28.2	21.3†	24.9	24.8	24.7
Transport/distance	16.4	19.0	16.2†	17.3	18.3†	15.8	18.9	16.9
Service not available in area	1.5‡	8.0†	3.2†	2.4†	n.p.	2.9†	2.8‡	2.7†
Sub-total	36.0	40.2	32.8	39.5	39.2†	36.9	35.9	36.8
Cultural appropriateness of service								
Discrimination/not culturally appropriate/language problems	4.0†	3.1‡	2.7‡	4.6†	n.p.	3.7†	4.7‡	3.8†
Dislikes service/professional, embarrassed, afraid	15.7	8.1†	13.0	15.2	n.p.	14.8	15.3†	14.3
Felt it would be inadequate	9.8	7.6†	9.5†	9.4	13.1‡	9.2	9.1†	9.4
Does not trust service/provider	8.0	6.8†	2.2†	11.5	n.p.	7.4†	8.9†	7.7
Sub-total	28.0	22.4	23.1	29.6	23.6†	26.5	28.7	27.0
Personal reasons								
Too busy (including work, personal or family responsibilities)	24.3	17.5	16.4†	27.5	11.4†	26.9	17.4	23.0*
Decided not to seek care	36.8	31.1	43.2	30.8	42.4†	32.4	41.4	35.8
Sub-total	54.9	47.1	57.3	50.8	53.0	54.0	52.1	53.4
Other	5.4†	13.2†	6.0†	7.5	8.0‡	5.3†	9.9†	6.9
Total who needed to visit hospital, but didn't	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total number who needed to visit hospital, but didn't	31,808	7,322	15,762	23,368	2,517	24,741	11,873	39,130

(continued)

Table 3.14.14 (continued): Indigenous persons who did not access health services when needed and why, by remoteness, sex and age, 2012–13

	Remoteness		Sex		Age group			Total
	Non-remote	Remote	Male	Female	0–14	15–44	45+	
Per cent								
Whether needed to go to a counsellor in last 12 months but didn't ^{(d)(e)}								
Yes	10.3*	4.2	6.9	10.9	..	9.8	7.1	8.9*
No	89.7*	95.8	93.1	89.1	..	90.2	92.9	91.1*
Total	281,070	81,868	176,406	186,532	..	246,850	116,088	362,938
Reason(s) did not go to a counsellor ^(b)								
Cost	15.6	15.0†	7.0†	20.7	..	17.4	10.1†	15.6
Logistical reasons								
Waiting time too long or not available at time required	10.6*	25.8†	13.1†	11.7	..	9.2	21.2†	12.2*
Transport/distance	10.8	7.0†	6.3†	12.9	..	10.7	9.5†	10.4
Service not available in area	5.3†	13.6†	4.4†	7.2†	..	5.3†	8.7†	6.2
Sub-total	20.1*	40.7	19.5	23.9	..	19.8	29.6	22.3*
Cultural appropriateness of service								
Discrimination/not culturally appropriate/language problems	3.4†	7.8‡	6.5‡	2.4†	..	4.5†	n.p.	3.9†
Dislikes service/professional, embarrassed, afraid	27.6	18.3†	40.2	18.5	..	27.2	25.1†	26.6*
Felt it would be inadequate	18.7	12.4†	24.0†	14.5	..	16.4	23.0†	18.0*
Does not trust service/provider	11.5†	14.0†	15.8†	9.4†	..	12.1†	10.9‡	11.8*
Sub-total	46.1	33.6	61.5	34.8	..	45.3	43.1	44.8*
Personal reasons								
Too busy (including work, personal or family responsibilities)	34.7	28.8†	22.7†	40.8	..	35.8	28.8	34.0
Decided not to seek care	30.7	40.1	34.8	29.8	..	30.6	34.7	31.7
Sub-total	55.9	61.5	49.6	60.6	..	56.6	56.3	56.5
Other	8.1	5.8‡	2.7†	10.9†	..	6.5†	11.8†	7.9
Total who needed to visit a counsellor, but didn't	100.0	100.0	100.0	100.0	..	100.0	100.0	100.0
Total number who needed to visit a counsellor, but didn't	28,919	3,468	12,096	20,292	..	24,133	8,254	32,387

(continued)

Table 3.14.14 (continued): Indigenous persons who did not access health services when needed and why, by remoteness, sex and age, 2012–13

	Remoteness		Sex		Age group			Total
	Non-remote	Remote	Male	Female	0–14	15–44	45+	
Per cent								
Whether needed to go to a health provider in last 12 months but didn't ^(f)								
Yes	32.0*	22.0	26.2	33.5	8.1	42.4	41.0	29.8*
No	68.0*	78.0	73.8	66.5	91.9	57.6	59.0	70.2*
Total	502,291	136,033	317,958	320,366	229,383	292,297	116,644	638,324
Reason(s) did not go ^(b)								
Cost	38.9*	18.6	32.9	38	24.8	37.8	34.6	35.8*
Logistical reasons								
Waiting time too long or not available at time required	27.0	26.9	23.5	29.7	23.9	26.9	28.4	27.0*
Transport/distance	14.7*	22.2	13.0	18.1	11.8	15.3	18.8	15.9
Service not available in area	6.2*	24.5	8.5	9.6	9.0†	9.4	8.5	9.1*
Sub-total	37.4*	53.8	35.7	43.3	38.8	39.4	41.9	40.0*
Cultural appropriateness of service								
Discrimination/not culturally appropriate/language problems	3.8	2.5†	3.4†	3.7	1.4‡	3.2	5.4†	3.6
Dislikes service/professional, embarrassed, afraid	22.8*	16.9	21.0	22.6	11.8	23.8	20.9	21.9*
Felt it would be inadequate	9.6*	5.9	9.3	8.8	5.0†	8.8	11.0	9.0
Does not trust service/provider	8.8	7.3	6.6	10.0	3.9†	9.0	9.3	8.5
Sub-total	32.7*	26.0	29.6	33.2	17.6	33.3	32.8	31.6*
Personal reasons								
Too busy (including work, personal or family responsibilities)	34.3	28.3	29.3	36.5	18.8	37.9	27.0	33.3
Decided not to seek care	29.1	26.0	31.1	26.7	20.6	28.3	32.7	28.6*
Sub-total	54.3	49.1	53.3	53.7	37.0	56.8	51.5	53.5
Other	9.1	10.5	8.7	9.9	12.5†	8.5	10.4	9.3
Total	100.0	100.0	100.0	100.0	..	100.0	100.0	100.0
Total number	160,549	29,903	83,203	107,249	18,565	124,042	47,846	190,453

(continued)

Table 3.14.14 (continued): Indigenous persons who did not access health services when needed and why, by remoteness, sex and age, 2012–13

* Represents statistically significant differences in proportions at the $p < 0.05$ level, for comparison between remote and non-remote (using remote as the reference category), and comparison of equivalent responses in total column between provider types with 'doctor' as reference category.

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

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

- (a) Persons aged 2 years and over.
- (b) More than one response allowed, sum of components may exceed total.
- (c) Other health professionals include: nurse, sister, and Aboriginal (and Torres Strait Islander) health worker.
- (d) Persons aged 18 years and over, present at interview and responding for self.
- (e) Excludes 'not asked'.
- (f) Includes persons who reported that they needed to go to a dentist (persons aged 2 years and over), Doctor, Other Health Professional, Hospital or Counsellor (persons aged 18 years and over) in the last 12 months, but did not go.

Notes

1. Percentages calculated within columns. Estimates have been rounded and discrepancies may occur between sums of the component items and totals.
2. Data excludes 'not stated' responses.

Source: ABS and AIHW analysis of 2012–13 Australian Aboriginal and Torres Strait Islander Health Survey.

Table 3.14.15: Barriers to accessing health service providers, Indigenous Australians aged 15 years and over who had problems accessing health services, by type of services and remoteness, 2008

	Remote	Non remote	Australia	Remote	Non remote	Australia
	Per cent					
Aboriginal and Torres Strait Islander health workers				Dentists		
Total had problem accessing health services ^(a)	5.7	5.5	5.6	27.4	16.9	19.5
Types of selected services had problems accessing^(b)						
Transport/distance	53.7	42.2	45.1	47.6	25.2	33.0
Cost of service	27.2 ^(c)	36.7	34.3	19.8	48.4	38.4
No services in the area	70.9 ^(c)	46.5	52.7	62.0	33.2	43.2
Not enough services in the area	66.0	42.1	48.2	58.1	37.8	44.9
Waiting time too long or not available at time required	44.4	48.8	47.6	41.3	58.8	52.7
Services not culturally appropriate	12.3 ^(c)	13.5	13.2	6.1	7.0	6.7
Don't trust services	14.5 ^(c)	19.8	18.5	7.2	11.3	9.9
Hospitals				Mental health services		
Total had problem accessing health services ^(a)	14.5	4.0	6.6	5.5	2.8	3.5
Types of selected services had problems accessing^(b)						
Transport/distance	71.5	52.4	62.9	46.9	46.6	46.8
Cost of service	18.2	35.5	26.0	30.7	36.0	33.9
No services in the area	60.7	# 28.6	46.1	88.3	43.8	61.5
Not enough services in the area	41.6	32.6	37.5	63.2	54.3	57.8
Waiting time too long or not available at time required	39.3	59.6	48.5	61.4	59.4	60.2
Services not culturally appropriate	7.1 ^(c)	11.7	9.2	16.1	18.2 ^(c)	17.3
Don't trust services	8.8	20.2	14.0	17.9	25.1	22.2
Medicare				Total health services		
Total had problem accessing health services ^(a)	3.8	1.7	2.2	36.4	23.0	26.4
Types of selected services had problems accessing^(b)						
Transport/distance	55.9	68.6	63.2	47.8	25.1	33.5
Cost of service	22.2 ^(c)	36.6 ^(c)	30.4	17.5	39.7	32.0
No services in the area	77.4	23.4 ^(c)	46.7	57.4	30.1	39.5
Not enough services in the area	60.6 ^(c)	22.6 ^(c)	39.0	51.8	36.3	41.7
Waiting time too long or not available at time required	49.6 ^(c)	42.0 ^(c)	45.3	39.7	58.1	51.8
Services not culturally appropriate	7.2 ^(c)	12.1 ^(c)	10.0 ^(c)	6.1	7.4	7.0
Don't trust services	13.3 ^(c)	21.8 ^(c)	18.1 ^(c)	7.7	11.3	10.0

(a) Proportion of total population.

(b) Proportion of respondents who reported problems accessing health service by remoteness.

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

Source: AIHW analyses of 2008 NATSISS.

Table 3.14.16: Problems accessing services, Indigenous Australians aged 15 years and over, by state/territory, 2008

	NSW	Vic	Qld	WA	SA	Tas/ACT	NT	Total
Whether had problems accessing services	Per cent							
Had problems accessing services	30.3	27.2	25.9	32.4	23.6	26.8	40.4	29.9
Did not have problems accessing services	69.7	72.8	74.1	67.6	76.4	73.2	59.6	70.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Selected types of services had problems accessing								
Aboriginal and Torres Strait Islander health workers	6.4	6.3	5.2	6.5	5.1	4.9	3.7	5.6
Dentists	22.1	16.0	17.2	20.5	13.3	14.9	24.1	19.5
Doctors	10.9	8.3	6.1	11.1	8.7	12.9	12.0	9.5
Other health workers	3.0	2.8	1.4	2.4	1.4	3.0	4.5	2.6
Hospitals	5.5	4.5	4.1	8.4	3.3	5.7	15.6	6.6
Legal services	5.1	4.6	5.0	6.5	3.1	4.0	8.2	5.5
Employment services	4.3	2.6	2.7	3.0	2.3	2.9	6.1	3.6
Phone companies	2.4	3.9	2.5	4.7	1.7	4.4	6.4	3.4
Centrelink	6.2	5.7	4.6	5.9	5.9	6.4	8.5	6.0
Banks and other financial places	3.6	3.7	3.7	6.1	2.6	2.2	9.8	4.7
Medicare	1.8	2.1	2.0	2.6	1.0	2.5	3.3	2.2
Mental health services	3.8	3.2	2.3	4.1	2.9	2.6	5.5	3.5
Other services	0.3	0.8	0.7	0.7	0.0	0.8	0.8	0.6
No problems	69.7	72.8	74.1	67.6	76.4	73.2	59.6	70.1
Type of barrier to accessing any services								
Transport/distance	8.9	9.7	5.9	12.1	7.2	8.2	17.4	9.5
Cost of service	10.9	11.9	7.6	9.2	6.0	10.3	5.6	8.9
No services in the area	9.4	6.2	9.5	15.6	7.5	10.3	21.3	11.5
Not enough services in the area	11.8	7.4	9.3	15.0	9.0	10.6	16.7	11.7
Waiting time too long or not available at time required	16.8	14.4	12.8	14.5	13.2	15.6	15.3	14.8
Services not culturally appropriate	2.3	3.8	2.1	2.6	2.7	1.2	2.0	2.3
Don't trust services	4.4	4.1	1.5	3.4	4.2	4.5	1.8	3.1
Treated badly/discrimination	1.5	2.9	0.6	2.1	1.1	0.6	1.3	1.3
Other	3.7	4.9	3.1	3.7	3.2	4.0	1.4	3.3
Did not have problems accessing services	69.7	72.8	74.1	67.6	76.4	73.2	59.6	70.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total number	96,158	21,830	90,328	44,097	17,938	15,292	41,459	327,101

Source: 2008 NATSISS.

Table 3.14.17: Problems accessing services, Indigenous Australians aged 15 years and over, by remoteness, 2008

	Remote	Non-remote	Total
Whether had problems accessing services	Per cent		
Had problems accessing services	42.0	25.9	29.9
Did not have problems accessing services	58.0	74.1	70.1
Total	100.0	100.0	100.0
Selected types of services had problems accessing			
Aboriginal and Torres Strait Islander health workers	5.7	5.5	5.6
Dentists	27.4	16.9	19.5
Doctors	12.3	8.6	9.5
Other health workers	4.2	2.1	2.6
Hospitals	14.5	4.0	6.6
Legal services	9.0	4.3	5.5
Employment services	5.7	2.9	3.6
Phone companies	6.2	2.5	3.4
Centrelink	8.6	5.1	6.0
Banks and other financial places	11.3	2.4	4.7
Medicare	3.8	1.7	2.2
Mental health services	5.5	2.8	3.5
Other services	0.6	0.6	0.6
No problems	58.0	74.1	70.1
Type of barrier to accessing any services			
Transport/distance	18.7	6.5	9.5
Cost of service	6.6	9.6	8.9
No services in the area	23.7	7.4	11.5
Not enough services in the area	20.5	8.7	11.7
Waiting time too long or not available at time required	15.9	14.4	14.8
Services not culturally appropriate	2.5	2.3	2.3
Don't trust services	3.3	3.1	3.1
Treated badly/discrimination	1.4	1.3	1.3
Other	1.7	3.8	3.3
Did not have problems accessing services	58.0	74.1	70.1
Total	100.0	100.0	100.0
Total number	81,501	245,600	327,101

Source: 2008 NATSISS.

Table 3.14.18: Problems accessing services, Indigenous Australians aged 15 years and over, by sex, 2008

	Males	Females	Total
Whether had problems accessing services		Per cent	
Had problems accessing services	27.1	32.5	29.9
Did not have problems accessing services	72.9	67.5	70.1
Total	100.0	100.0	100.0
Selected types of services had problems accessing			
Aboriginal and Torres Strait Islander health workers	4.9	6.2	5.6
Dentists	17.4	21.6	19.5
Doctors	8.5	10.5	9.5
Other health workers	2.6	2.6	2.6
Hospitals	6.1	7.1	6.6
Legal services	5.3	5.7	5.5
Employment services	3.9	3.3	3.6
Phone companies	3.8	3.0	3.4
Centrelink	5.7	6.2	6.0
Banks and other financial places	5.0	4.3	4.7
Medicare	2.1	2.3	2.2
Mental health services	3.1	3.8	3.5
Other services	0.6	0.6	0.6
No problems	72.9	67.5	70.1
Type of barrier to accessing any services			
Transport/distance	8.4	10.5	9.5
Cost of service	7.8	9.9	8.9
No services in the area	10.6	12.3	11.5
Not enough services in the area	10.5	12.7	11.7
Waiting time too long or not available at time required	12.6	16.8	14.8
Services not culturally appropriate	1.8	2.8	2.3
Don't trust services	3.3	3.0	3.1
Treated badly/discrimination	1.2	1.4	1.3
Other	3.3	3.3	3.3
Did not have problems accessing services	72.9	67.5	70.1
Total	100.0	100.0	100.0
Total number	156,052	171,049	327,101

Source: 2008 NATSISS.

Table 3.14.19: Problems accessing services, Indigenous Australians aged 15 years and over, by age group, 2008

	15–24	25–34	35–44	45–54	55+	Total
Whether had problems accessing services	Per cent					
Had problems accessing services	22.7	33.9	34.8	33.3	30.2	29.9
Did not have problems accessing services	77.3	66.1	65.2	66.7	69.8	70.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Selected types of services had problems accessing						
Aboriginal and Torres Strait Islander health workers	3.4	5.9	6.8	8.4	5.5	5.6
Dentists	14.5	24.6	21.1	21.3	19.3	19.5
Doctors	6.7	10.0	11.8	11.6	10.1	9.5
Other health workers	1.8	2.4	2.7	3.3	3.9	2.6
Hospitals	4.9	7.8	6.8	7.7	7.2	6.6
Legal services	4.0	5.8	6.7	6.9	5.3	5.5
Employment services	3.4	4.3	4.1	4.5	1.5	3.6
Phone companies	2.4	3.6	4.0	4.2	3.8	3.4
Centrelink	5.8	7.0	6.3	5.4	4.7	6.0
Banks and other financial places	3.3	5.4	5.8	4.8	4.8	4.7
Medicare	2.0	2.7	1.8	3.0	1.5	2.2
Mental health services	2.5	3.1	4.8	4.3	3.7	3.5
Other services	0.3	0.5	0.9	0.4	1.1	0.6
No problems	77.3	66.1	65.2	66.7	69.8	70.1
Type of barrier to accessing any services						
Transport/distance	7.5	11.1	10.6	10.0	9.7	9.5
Cost of service	6.7	9.5	10.2	11.2	8.5	8.9
No services in the area	8.4	13.6	12.7	13.5	11.6	11.5
Not enough services in the area	8.5	14.8	12.8	12.8	11.1	11.7
Waiting time too long or not available at time required	10.0	17.8	15.7	18.7	15.8	14.8
Services not culturally appropriate	1.2	2.4	3.8	2.8	2.2	2.3
Don't trust services	2.2	3.4	3.8	4.4	2.4	3.1
Treated badly/discrimination	0.8	1.6	1.4	2.1	1.1	1.3
Other	1.5	3.8	4.8	5.0	2.7	3.3
Did not have problems accessing services	77.3	66.1	65.2	66.7	69.8	70.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Total number	103,780	69,931	63,851	46,912	42,627	327,101

Source: 2008 NATSISS.

Table 3.14.20: Transport access for persons aged 18 years and over, by Indigenous status, 2008

	Indigenous			Non-Indigenous		
	Remote	Non-remote	Total	Remote	Non-remote	Total
Per cent						
Difficulty with transport						
Can easily get to places needed	66.0	77.4*	74.4	..	84.4*	84.2
Cannot get, or often has difficulty getting, to places needed	18.3	8.2*	10.8	..	4.1*	4.2
Sometimes has difficulty getting to places needed	14.8	14.1*	14.3	..	11.4*	11.5
Total number^(a)	100.0	100.0	100.0	..	100.0	100.0
Number						
Difficulty with transport						
Can easily get to places needed	49,623	166,914	216,538	..	12,640,052	12,796,031
Cannot get, or often has difficulty getting, to places needed	13,747	17,755	31,502	..	608,764	635,927
Sometimes has difficulty getting to places needed	11,123	30,430	41,552	..	1,711,711	1,741,625
Total number^(a)	75,149	215,788	290,937	..	14,979,759	15,192,945

* Difference between rates for Indigenous and non-Indigenous Australians are statistically significant at the $p < 0.05$ level for these categories.

(a) Total includes those who never go out/housebound.

Source: 2008 NATSISS and 2006 GSS.

Table 3.14.21: Indigenous Australians requiring co-payment for last visit to GP/specialist or other health professional (*Non-remote*), 2012–13

Co-payment required ^(a)	Number ('000)	Per cent
GP^(b)		
Yes	13.1	13.3
No	84.7	86.3
Total	98.2	100.0
Specialist		
Yes	9.4	33.7
No	18.7	67.0
Total	27.9	100.0

(a) Whether co-payment was required for the last consultation in the two weeks before the interview.

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

Notes

1. Percentages add within columns. Estimates have been rounded and discrepancies may occur between sums of the component items and totals.
2. Data excludes not known and not stated responses.

Source: ABS and AIHW analysis of 2012–13 Australian Aboriginal and Torres Strait Islander Health Survey.

Table 3.14.22: Private health insurance, Indigenous persons 15 years and over by sex, (non-remote) 2012–13

	Males	Females	Persons
	Number		
Whether currently covered by private health insurance			
Yes	33,266	30,375	63,640
No	121,364	130,648	252,012
Total number ^(a)	156,316	161,812	318,128
Type of health insurance cover			
Hospital cover only	2574†	2,136	4,711
Ancillary cover only ('extras')	3,643	3,392	7,035
Both hospital and ancillary cover	26,428	23,489	49,917
Total number with private health insurance	33,266	30,375	63,640
Reason(s) for private health insurance cover ^(b)			
Security or protection or peace of mind	21,786	18,051	39,837
Lifetime cover or avoid age surcharge	4,737	4,682	9,419
Choice of doctor	8,482	9,268	17,750
Allows treatment as private patient in hospital	13,364	11,490	24,854
Provides benefits for ancillary services or extras	13,585	11,131	24,717
Shorter wait for treatment or concerned over public hospital waiting lists	11,371	10,902	22,273
Always had it or parents pay it or condition of job	8,267	7,930	16,197
To gain government benefits or avoid extra Medicare levy	5,819	6,549	12,368
Has condition that requires treatment	4,461	5,690	10,151
Elderly or getting older or likely to need treatment	3,434	3,989	7,423
Other reason	3,272	1832†	5,103
Total number with private health insurance	33,266	30,375	63,640
Reason(s) not covered by private health insurance ^(b)			
Cannot afford it/too expensive	86,888	95,306	182,194
High risk category	701†	709†	1409†
Lack of value for money/not worth it	11,352	11,581	22,932
Medicare cover sufficient	24,829	29,979	54,808
Do not need medical care/in good health/have no dependants	8,398	5,591	13,988
Will not pay Medicare levy and private health insurance premium	2605†	2,849	5,454
Disillusionment about having to pay out-of-pocket costs/gap fees	4,934	5,475	10,409
Prepared to pay cost of private treatment from own resources	1288†	2926†	4214†
Pensioner/Veteran's Affairs/health concession card	6,231	10,263	16,494
Not high priority/previously included in parents' cover	9,371	7,592	16,963
Other	4,238	3,705	7,943
Total number without private health insurance	121,364	130,648	252,012
Total number	156,316	161,812	318,128

(continued)

Table 3.14.22 (continued): Private health insurance, Indigenous persons 15 years and over by sex, (Non-remote) 2012–13

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

(a) Includes 'not known'.

(b) Multiple response item, sum of components may be greater than total.

Note: Estimates have been rounded and discrepancies may occur between sums of the component items and totals.

Source: ABS Australian Aboriginal and Torres Strait Islander Health Survey 2012–13 (2012–13 NATSIHS component).

Table 3.14.23: Private health insurance, Indigenous persons 15 years and over by sex, (Non-remote) 2012–13

	Males	Females	Persons
	Per cent		
Whether currently covered by private health insurance			
Yes	21.3	18.8	20.0*
No	77.6	80.7	79.2*
Total number ^(a)	156,316	161,812	318,128
Type of health insurance cover			
Hospital cover only	7.7	7.0	7.4 ^(c)
Ancillary cover only ('extras')	11.0	11.2	11.1 ^(c)
Both hospital and ancillary cover	79.4	77.3	78.4 ^(c)
Total number with private health insurance	33,266	30,375	63,640
Reason(s) for private health insurance cover ^(b)			
Security or protection or peace of mind	65.5	59.4	62.6*
Lifetime cover or avoid age surcharge	14.2	15.4	14.8*
Choice of doctor	25.5	30.5	27.9*
Allows treatment as private patient in hospital	40.2	37.8	39.1*
Provides benefits for ancillary services or extras	40.8	36.6	38.8*
Shorter wait for treatment or concerned over public hospital waiting lists	34.2	35.9	35.0*
Always had it or parents pay it or condition of job	24.9	26.1	25.5*
To gain government benefits or avoid extra Medicare levy	17.5	21.6	19.4*
Has condition that requires treatment	13.4	18.7	16.0*
Elderly or getting older or likely to need treatment	10.3	13.1	11.7
Other reason	9.8	6.0†	8.0 ^(c)
Total number with private health insurance	33,266	30,375	63,640
Reason(s) not covered by private health insurance ^(b)			
Cannot afford it/too expensive	71.6	72.9	72.3*
High risk category	0.6†	0.5†	0.6 ^(c) †
Lack of value for money/not worth it	9.4	8.9	9.1*
Medicare cover sufficient	20.5	22.9	21.7
Do not need medical care/in good health/have no dependants	6.9	4.3	5.6
Will not pay Medicare levy and private health insurance premium	2.1†	2.2	2.2*
Disillusionment about having to pay out-of-pocket costs/gap fees	4.1	4.2	4.1*
Prepared to pay cost of private treatment from own resources	1.1†	2.2†	1.7 ^(c) †
Pensioner/Veteran's Affairs/health concession card	5.1	7.9	6.5
Not high priority/previously included in parents' cover	7.7	5.8	6.7
Other	3.5	2.8	3.2*
Total number without private health insurance	121,364	130,648	252,012
Total number	156,316	161,812	318,128

(continued)

Table 3.14.23 (continued): Private health insurance, Indigenous persons 15 years and over by sex, (non-remote) 2012–13

* Represents statistically significant differences to persons results for 2004–05 at the $p < 0.05$ level.

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

(a) Includes 'not known'.

(b) Multiple response item, sum of components may be greater than total.

(c) Comparable data not available for 2004–05; significance testing not undertaken.

Note: Percentages calculated within columns. Estimates have been rounded and discrepancies may occur between sums of the component items and totals.

Source: ABS Australian Aboriginal and Torres Strait Islander Health Survey 2012–13 (2012–13 NATSIHS component).

Table 3.14.24: Private health insurance, Indigenous persons 15 years and over by sex, (Non-remote) 2012–13

	Males	Females	Persons
	Per cent		Number
Whether currently covered by private health insurance			
Yes	52.3	47.7	63,640
No	48.2	51.8	252,012
Total number^(a)	49.1	50.9	318,128
Type of health insurance cover			
Hospital cover only	54.6	45.3	4,711
Ancillary cover only ('extras')	51.8	48.2	7,035
Both hospital and ancillary cover	52.9	47.1	49,917
Total number with private health insurance	52.3	47.7	63,640
Reason(s) for private health insurance cover^(b)			
Security or protection or peace of mind	54.7	45.3	39,837
Lifetime cover or avoid age surcharge	50.3	49.7	9,419
Choice of doctor	47.8	52.2	17,750
Allows treatment as private patient in hospital	53.8	46.2	24,854
Provides benefits for ancillary services or extras	55.0	45.0	24,717
Shorter wait for treatment or concerned over public hospital waiting lists	51.1	48.9	22,273
Always had it or parents pay it or condition of job	51.0	49.0	16,197
To gain government benefits or avoid extra Medicare levy	47.0	53.0	12,368
Has condition that requires treatment	43.9	56.1	10,151
Elderly or getting older or likely to need treatment	46.3	53.7	7,423
Other reason	64.1	35.9	5,103
Total number with private health insurance	52.3	47.7	63,640
Reason(s) not covered by private health insurance^(b)			
Cannot afford it/too expensive	47.7	52.3	182,194
High risk category	49.8	50.3	1,409†
Lack of value for money/not worth it	49.5	50.5	22,932
Medicare cover sufficient	45.3	54.7	54,808
Do not need medical care/in good health/have no dependants	60.0	40.0	13,988
Will not pay Medicare levy and private health insurance premium	47.8	52.2	5,454
Disillusionment about having to pay out-of-pocket costs/gap fees	47.4	52.6	10,409
Prepared to pay cost of private treatment from own resources	30.6†	69.4†	4,214†
Pensioner/Veteran's Affairs/health concession card	37.8	62.2	16,494
Not high priority/previously included in parents' cover	55.2	44.8	16,963
Other	53.4	46.6	7,943
Total number without private health insurance	48.2	51.8	252,012
Total number	49.1	50.9	318,128

(continued)

Table 3.14.24 (continued): Private health insurance, Indigenous persons 15 years and over by sex, (Non-remote) 2012–13

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

(a) Includes 'not known'.

(b) Multiple response item, sum of components may be greater than total.

Note: Percentages add within columns. Estimates have been rounded and discrepancies may occur between sums of the component items and totals.

Source: ABS Australian Aboriginal and Torres Strait Islander Health Survey 2012–13 (2012–13 NATSIHS component).

Table 3.14.25: Private health insurance (non-remote areas only), by Indigenous status, 2004–05

	Indigenous	Non-Indigenous	Ratio	Rate difference
Per cent				
Whether currently covered by private health insurance				
With private health insurance	15	51	0.3*	–36
Without private health insurance	83	49	1.7*	34
Not stated/not known	2.0 ^(a)	—	—	2
Total^(b)	100	100	..	..
Total number	213,422	15,344,756	..	..
Reasons for private health insurance				
Security or protection or peace of mind	43	42	1.0	1
Shorter wait for treatment or concerned over public hospital waiting lists	20	22	0.9	–2
Provides benefits for ancillary services or extras	18	22	0.8	–4
Allows treatment as private patient in hospital	16	21	0.8	–5
Always had it or parents pay it or condition of job	16	23	0.7*	–7
Choice of doctor	14	20	0.7*	–6
Has condition that requires treatment	11	8	1.4	3
Elderly or getting older or likely to need treatment	8.0 ^(a)	6	1.3*	2
To gain government benefits or avoid extra Medicare levy	7	10	0.7	–3
Lifetime cover or avoid age surcharge	6.0 ^(a)	5	1.2	1
Other financial reasons	4.0 ^(a)	4	1.0	0
Other reason	7.0 ^(a)	6	1.2	1
Total^(b)	100	100	..	..
Total number	28,843	7,847,957	..	..
Reasons not covered by private health insurance				
Cannot afford it/too expensive	65	64	1.0	1
Medicare cover sufficient	19	14	1.4*	5
Pensioner/Veteran's Affairs/health concession card	8	6	1.3	2
Not high priority/previously included in parents' cover	6	7	0.9	–1
Lack of value for money/not worth it	6	11	0.5*	–5
Do not need medical care/in good health/have no dependants	5	12	0.4	–7

(continued)

Table 3.14.25 (continued): Private health insurance (non-remote areas only), by Indigenous status, 2004–05

	Indigenous	Non-Indigenous	Ratio	Rate difference
Per cent				
Disillusionment about having to pay out-of-pocket costs/gap fees	2	4	0.5*	–2
Prepared to pay cost of private treatment from own resources	— ^(a)	1	—	—
Will not pay Medicare levy and private health insurance premium	1.0 ^(a)	3	0.3*	–2
High risk category	— ^(a)	—	—	—
Other	7	7	1.0	0
Total^(b)	100	100	..	..
Total numbers	180,376	7,432,057	..	..

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

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

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

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

Table 3.14.26a: VII adjusted, total MBS services claimed, 2003–04 to 2013–14^{(a)(b)}

	Indigenous Australians			Non-Indigenous Australians		Rate ratio ^(d)	Rate difference ^(e)
	Number	Crude rate per 1,000	Age- std. rate per 1,000 ^(c)	Number	Age-std. rate per 1,000 ^(c)		
2003–04	2,802,519	4,939	5,920	223,579,632	11,396	0.5	–5,475.6
2004–05	3,039,847	5,234	6,316	233,276,064	11,705	0.5	–5,390.0
2005–06	3,408,543	5,734	6,927	243,958,333	12,043	0.6	–5,116.0
2006–07	3,758,417	6,178	7,538	254,133,972	12,299	0.6	–4,760.6
2007–08	4,290,118	6,895	8,432	274,428,199	12,991	0.7	–4,559.3
2008–09	4,800,817	7,547	9,327	289,208,071	13,385	0.7	–4,058.2
2009–10	5,321,546	8,188	10,213	303,079,370	13,724	0.7	–3,510.8
2010–11	5,799,480	8,743	10,940	313,342,487	13,905	0.8	–2,964.7
2011–12	6,453,773	9,534	11,970	326,155,958	14,179	0.8	–2,209.2
2012–13	7,026,285	10,164	12,883	336,944,275	14,330	0.9	–1,446.3
2013–14	7,629,759	10,806	13,710	348,736,210	14,533	0.9	–823.7
Annual change ^(f) 2003–04 to 2008–09	402,633.6*	527.6*	685.5*	13,193,549.7*	401.7*	n.p.	283.8*
% change over time ^(g) 2003–04 to 2008–09	75.2*	55.3*	60.2*	30.0*	17.8*	n.p.	n.p. ^(h)
Annual change ^(f) 2009–10 to 2013–14	584,323.1*	665.7*	893.7*	11,491,546.8*	204.3*	n.p.	689.3*
% change over time ^(g) 2009–10 to 2013–14	44.3*	32.6*	35.2*	15.2*	6.0*	n.p.	n.p. ^(h)
Annual change ^(f) 2003–04 to 2013–14	493,920.0*	608.0*	808.5*	13,037,425.5*	332.2*	n.p.	476.3*
% change over time ^(g) 2003–04 to 2013–14	200.0*	132.4*	148.9*	59.0*	28.9*	n.p.	n.p. ^(h)

(continued)

Table 3.14.26a (continued): VII adjusted, total MBS services claimed, 2003–04 to 2013–14^{(a)(b)}

* Represents results with statistically significant differences at the $p < 0.05$ level.

- (a) Numbers and rates have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database.
- (b) Indigenous health checks are not VII adjusted.
- (c) Directly age-standardised using the 2001 Australian standard population, by 5-year age group up to 75+.
- (d) Rate ratio is the rate for Indigenous Australians divided by the rate for non-Indigenous Australians.
- (e) Rate difference is the rate for Indigenous Australians minus the rate for non-Indigenous Australians.
- (f) Annual change determined using linear regression analysis.
- (g) Per cent change based on the annual change over the period.
- (h) Regression line crosses zero, so per cent change could not be calculated.

Source: Analysis of Medicare Data by AIHW and Medicare Benefit Division, Department of Health.

Table 3.14.26b: VII adjusted, selected MBS services claimed, non-referred GP (Total), 2003–04 to 2013–14^{(a)(b)}

	Indigenous Australians			Non-Indigenous Australians		Rate ratio ^(d)	Rate difference ^(e)
	Number	Crude rate per 1,000	Age-std. rate per 1,000 ^(c)	Number	Age-std. rate per 1,000 ^(c)		
2003–04	1,512,036	2,664	2,977	95,954,472	4,926	0.6	–1,949.8
2004–05	1,605,786	2,765	3,117	99,266,322	5,025	0.6	–1,907.9
2005–06	1,778,109	2,991	3,356	102,528,554	5,112	0.7	–1,756.4
2006–07	1,952,843	3,210	3,631	105,150,014	5,143	0.7	–1,511.5
2007–08	2,219,667	3,567	4,008	112,546,541	5,391	0.7	–1,382.4
2008–09	2,420,557	3,805	4,315	116,128,015	5,440	0.8	–1,124.6
2009–10	2,688,334	4,137	4,736	121,630,171	5,579	0.9	–843.0
2010–11	2,857,879	4,309	4,969	122,468,116	5,513	0.9	–544.2
2011–12	3,087,052	4,560	5,282	123,625,242	5,461	1.0	–179.7
2012–13	3,321,493	4,805	5,645	126,247,631	5,459	1.0	186.1
2013–14	3,646,985	5,165	6,115	131,708,336	5,583	1.1	532.3
Annual change ^(f) 2003–04 to 2008–09	187,399.5*	238.0*	275.4*	4,095,138.1*	105.7*	n.p.	169.9*
% change over time ^(g) 2003–04 to 2008–09	64.8*	46.3*	47.8*	21.5*	10.8*	n.p.	n.p. ^(h)
Annual change ^(f) 2009–10 to 2013–14	238,091.6*	255.2*	343.4*	2,393,584.5*	–4.6	n.p.	348.1*
% change over time ^(g) 2009–10 to 2013–14	36.0*	25.0*	29.5*	8.0*	–0.3	n.p.	n.p. ^(h)
Annual change ^(f) 2003–04 to 2013–14	215,846.7*	255.8*	318.0*	3,579,131.4*	63.6*	n.p.	254.5*
% change over time ^(g) 2003–04 to 2013–14	156.0*	100.8*	114.1*	37.1*	12.7*	n.p.	n.p. ^(h)

(continued)

Table 3.14.26b (continued): VII adjusted, selected MBS services claimed, non-referred GP (Total), 2003–04 to 2013–14^{(a)(b)}

* Represents results with statistically significant differences at the $p < 0.05$ level.

- (a) Numbers and rates have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database.
- (b) Indigenous health checks are not VII adjusted.
- (c) Directly age-standardised using the 2001 Australian standard population, by 5-year age group up to 75+.
- (d) Rate ratio is the rate for Indigenous Australians divided by the rate for non-Indigenous Australians.
- (e) Rate difference is the rate for Indigenous Australians minus the rate for non-Indigenous Australians.
- (f) Annual change determined using linear regression analysis.
- (g) Per cent change based on the annual change over the period.
- (h) Regression line crosses zero, so per cent change could not be calculated.

Source: Analysis of Medicare Data by AIHW and Medicare Benefit Division, Department of Health.

Table 3.14.26c: VII adjusted, selected MBS services claimed, Allied Health (Total), 2003–04 to 2013–14^{(a)(b)}

	Indigenous Australians			Non-Indigenous Australians		Rate ratio ^(d)	Rate difference ^(e)
	Number	Crude rate per 1,000	Age-std. rate per 1,000 ^(c)	Number	Age-std. rate per 1,000 ^(c)		
2003–04	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
2004–05	1,626	3	5	246,420	12	0.4	–7.1
2005–06	3,692	6	11	527,103	25	0.4	–14.4
2006–07	13,529	22	33	1,533,019	74	0.4	–41.2
2007–08	38,021	61	84	3,813,843	182	0.5	–97.7
2008–09	83,962	132	170	7,281,908	338	0.5	–168.4
2009–10	151,989	234	328	10,160,095	459	0.7	–131.2
2010–11	215,001	324	466	12,463,118	550	0.9	–84.6
2011–12	283,363	419	601	14,329,345	617	1.0	–15.8
2012–13	280,860	406	574	13,090,073	555	1.0	18.2
2013–14	177,911	252	334	9,118,492	386	0.9	–51.8
Annual change ^(f) 2004–05 to 2008–09	19,900.1*	31.3*	40.3*	1,735,771.6*	80.9*	n.p.	–40.6*
% change over time ^(g) 2004–05 to 2008–09	n.p. ^(h)	n.p. ^(h)	n.p. ^(h)	n.p. ^(h)	n.p. ^(h)	n.p.	Significant increase ⁽ⁱ⁾
Annual change ^(f) 2009–10 to 2013–14	11,770.3	11.8	12.0	–145,625.1	–14.1	n.p.	26.2
% change over time ^(g) 2009–10 to 2013–14	23.7	15.6	11.0	–4.8	–10.4	n.p.	n.p. ^(h)
Annual change ^(f) 2004–05 to 2013–14	33,181.1*	48.0*	66.9*	1,579,376.2*	66.8*	n.p.	0.2
% change over time ^(g) 2004–05 to 2013–14	Significant increase ⁽ⁱ⁾	Significant increase ⁽ⁱ⁾	Significant increase ⁽ⁱ⁾	Significant increase ⁽ⁱ⁾	Significant increase ⁽ⁱ⁾	n.p.	n.p. ^(h)

(continued)

Table 3.14.26c (continued): VII adjusted, selected MBS services claimed, Allied Health (Total), 2003–04 to 2013–14^{(a)(b)}

* Represents results with statistically significant differences at the $p < 0.05$ level.

- (a) Numbers and rates have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database.
- (b) Indigenous health checks are not VII adjusted.
- (c) Directly age-standardised using the 2001 Australian standard population, by 5-year age group up to 75+.
- (d) Rate ratio is the rate for Indigenous Australians divided by the rate for non-Indigenous Australians.
- (e) Rate difference is the rate for Indigenous Australians minus the rate for non-Indigenous Australians.
- (f) Annual change determined using linear regression analysis.
- (g) Per cent change based on the annual change over the period.
- (h) Regression line crosses zero, so per cent change could not be calculated.
- (i) Per cent change more than 1,000 per cent.

Note: The Chronic Disease Dental Scheme (CDDS) ceased on 1 Dec 2012. As the CDDS items were counted in the allied health items for this table until 2013, the 2013–14 figure appears substantially lower than the 2012–13 figure. The change may not reflect actual changes in service provision for the other allied health services.

Source: Analysis of Medicare Data by AIHW and Medicare Benefit Division, Department of Health.

Table 3.14.26d: VII adjusted, selected MBS services claimed, specialists (total), 2003–04 to 2013–14^{(a)(b)}

	Indigenous Australians			Non-Indigenous Australians		Rate ratio ^(d)	Rate difference ^(e)
	Number	Crude rate per 1,000	Age-std. rate per 1,000 ^(c)	Number	Age-std. rate per 1,000 ^(c)		
2003–04	135,069	238	306	18,661,239	947	0.3	–641.2
2004–05	140,691	242	313	19,103,503	954	0.3	–641.1
2005–06	152,726	257	336	19,543,216	959	0.4	–622.6
2006–07	158,628	261	348	19,781,092	950	0.4	–602.5
2007–08	166,651	268	363	20,172,237	946	0.4	–583.6
2008–09	183,557	289	401	20,905,637	958	0.4	–557.3
2009–10	198,212	305	430	21,512,072	963	0.5	–533.2
2010–11	207,469	313	441	21,995,416	963	0.5	–522.0
2011–12	230,645	341	483	23,042,461	986	0.5	–503.1
2012–13	259,106	375	532	23,999,070	1,002	0.5	–470.4
2013–14	286,470	406	581	25,040,176	1,022	0.6	–440.6
Annual change ^(f) 2003–04 to 2008–09	9,320.6*	9.6*	18.2*	419,030.5*	0.6	n.p.	17.5*
% change over time ^(g) 2003–04 to 2008–09	35.1*	20.5*	30.4*	11.2*	0.3	n.p.	n.p. ^(h)
Annual change ^(f) 2009–10 to 2013–14	22,815.3*	26.4*	39.3*	905,986.2*	15.7*	n.p.	23.7*
% change over time ^(g) 2009–10 to 2013–14	47.8*	35.8*	37.9*	17.0*	6.6*	n.p.	n.p. ^(h)
Annual change ^(f) 2003–04 to 2013–14	14,487.9*	16.0*	26.8*	615,847.0*	6.3*	n.p.	20.5*
% change over time ^(g) 2003–04 to 2013–14	120.5*	73.2*	96.2*	33.9*	6.7*	n.p.	n.p. ^(h)

(continued)

Table 3.14.26d (continued): VII adjusted, selected MBS services claimed, specialists (total), 2003–04 to 2013–14^{(a)(b)}

* Represents results with statistically significant differences at the $p < 0.05$ level.

- (a) Numbers and rates have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database.
- (b) Indigenous health checks are not VII adjusted.
- (c) Directly age-standardised using the 2001 Australian standard population, by 5-year age group up to 75+.
- (d) Rate ratio is the rate for Indigenous Australians divided by the rate for non-Indigenous Australians.
- (e) Rate difference is the rate for Indigenous Australians minus the rate for non-Indigenous Australians.
- (f) Annual change determined using linear regression analysis.
- (g) Per cent change based on the annual change over the period.
- (h) Regression line crosses zero, so per cent change could not be calculated.

Source: Analysis of Medicare Data by AIHW and Medicare Benefit Division, Department of Health.

Table 3.14.27a: VII adjusted, MBS services by selected categories claimed (GP management plan) by Indigenous status, Australia, 2003–04 to 2013–14^{(a)(b)}

	Indigenous Australians			Non-Indigenous Australians		Rate ratio ^(d)	Rate difference ^(e)
	Number	Crude rate per 1,000	Age-std. rate per 1,000 ^(c)	Number	Age-std. rate per 1,000 ^(c)		
2003–04	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
2004–05	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
2005–06	9,489	16	25	636,393	31	0.8	–5.5
2006–07	11,730	19	30	666,948	32	0.9	–1.9
2007–08	14,523	23	37	816,905	38	1.0	–0.9
2008–09	18,039	28	45	993,285	45	1.0	0.3
2009–10	22,600	35	55	1,089,599	48	1.2	7.2
2010–11	31,199	47	73	1,280,651	55	1.3	18.0
2011–12	40,087	59	90	1,460,968	62	1.5	28.5
2012–13	44,148	64	96	1,549,717	64	1.5	32.1
2013–14	53,623	76	114	1,779,097	72	1.6	41.7
Annual change ^(f) 2005–06 to 2008–09	2,844.3*	4.0*	6.7*	122,063.3*	4.8*	n.p.	1.9*
% change over time ^(g) 2005–06 to 2008–09	93.0*	77.4*	83.1*	61.5*	49.1*	n.p.	n.p. ^(h)
Annual change ^(f) 2009–10 to 2013–14	7,499.5*	9.9*	14.1*	164,806.2*	5.7*	n.p.	8.3*
% change over time ^(g) 2009–10 to 2013–14	128.6*	108.8*	98.3*	59.8*	46.7*	n.p.	372.8*
Annual change ^(f) 2005–06 to 2013–14	5,634.6*	7.8*	11.5*	146,576.9*	5.3*	n.p.	6.1*
% change over time ^(g) 2005–06 to 2013–14	952.5*	639.8*	542.4*	211.2*	148.9*	n.p.	n.p. ^(h)

(continued)

Table 3.14.27a (continued): VII adjusted, MBS services by selected categories claimed (GP management plan) by Indigenous status, Australia, 2003–04 to 2013–14^{(a)(b)}

* Represents results with statistically significant differences at the $p < 0.05$ level.

- (a) Numbers and rates have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database.
- (b) Indigenous health checks are not VII adjusted.
- (c) Directly age-standardised using the 2001 Australian standard population, by 5-year age group up to 75+.
- (d) Rate ratio is the rate for Indigenous Australians divided by the rate for non-Indigenous Australians.
- (e) Rate difference is the rate for Indigenous Australians minus the rate for non-Indigenous Australians.
- (f) Annual change determined using linear regression analysis.
- (g) Per cent change based on the annual change over the period.
- (h) Regression line crosses zero, so per cent change could not be calculated.

Source: Analysis of Medicare Data by AIHW and Medicare Benefit Division, Department of Health.

Table 3.14.27b: VII adjusted, MBS services by selected categories claimed (Team care arrangement), by Indigenous status, Australia, 2003–04 to 2013–14^{(a)(b)}

	Indigenous Australians			Non-Indigenous Australians		Rate ratio ^(d)	Rate difference ^(e)
	Number	Crude rate per 1,000	Age-std. rate per 1,000 ^(c)	Number	Age-std. rate per 1,000 ^(c)		
2003–04	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
2004–05	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
2005–06	3,982	7	11	250,199	12	0.9	–1.2
2006–07	7,097	12	18	391,955	19	1.0	–0.1
2007–08	9,810	16	25	541,794	25	1.0	0.2
2008–09	13,339	21	34	752,609	34	1.0	–0.4
2009–10	17,642	27	44	868,202	38	1.1	5.5
2010–11	25,374	38	60	1,050,356	45	1.3	14.8
2011–12	33,885	50	77	1,212,557	51	1.5	25.7
2012–13	36,566	53	80	1,249,374	51	1.6	28.8
2013–14	44,360	63	96	1,441,514	58	1.7	37.7
Annual change ^(f) 2005–06 to 2008–09	3,078.4*	4.6*	7.6*	165,706.9*	7.2*	n.p.	0.3
% change over time ^(g) 2005–06 to 2008–09	234.4*	194.4*	215.1*	211.0*	184.6*	n.p.	n.p. ^(h)
Annual change ^(f) 2009–10 to 2013–14	6,462.8*	8.7*	12.4*	134,564.2*	4.6*	n.p.	7.8
% change over time ^(g) 2009–10 to 2013–14	138.7*	120.8*	106.4*	60.1*	46.7*	n.p.	462.0*
Annual change ^(f) 2005–06 to 2013–14	5,168.4*	7.2*	10.9*	149,613.2*	5.7*	n.p.	5.1*
% change over time ^(g) 2005–06 to 2013–14	Significant increase ⁽ⁱ⁾	Significant increase ⁽ⁱ⁾	Significant increase ⁽ⁱ⁾	454.0*	323.6*	n.p.	n.p. ^(h)

(continued)

Table 3.14.27b (continued): VII adjusted, MBS services by selected categories claimed (Team care arrangement), by Indigenous status, Australia, 2003–04 to 2013–14^{(a)(b)}

* Represents results with statistically significant differences at the $p < 0.05$ level.

- (a) Numbers and rates have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database.
- (b) Indigenous health checks are not VII adjusted.
- (c) Directly age-standardised using the 2001 Australian standard population, by 5-year age group up to 75+.
- (d) Rate ratio is the rate for Indigenous Australians divided by the rate for non-Indigenous Australians.
- (e) Rate difference is the rate for Indigenous Australians minus the rate for non-Indigenous Australians.
- (f) Annual change determined using linear regression analysis.
- (g) Per cent change based on the annual change over the period.
- (h) Regression line crosses zero, so per cent change could not be calculated.
- (i) Per cent change more than 1,000 per cent.

Source: Analysis of Medicare Data by AIHW and Medicare Benefit Division, Department of Health.

Table 3.14.27c: VII adjusted, MBS services by selected categories claimed (Practice nurse/Aboriginal health worker), by Indigenous status, Australia, 2003–04 to 2013–14^{(a)(b)}

	Indigenous Australians			Non-Indigenous Australians		Rate ratio ^(d)	Rate difference ^(e)
	Number	Crude rate per 1,000	Age-std. rate per 1,000 ^(c)	Number	Age-std. rate per 1,000 ^(c)		
2003–04	19,250	34	42	1,116,950	57	0.7	–15.1
2004–05	59,161	102	109	2,632,497	133	0.8	–24.1
2005–06	80,707	136	146	3,131,132	155	0.9	–9.6
2006–07	103,313	170	180	3,566,432	173	1.0	6.9
2007–08	164,024	264	271	5,084,545	242	1.1	29.1
2008–09	179,604	282	290	5,324,149	247	1.2	42.8
2009–10	263,203	405	434	7,408,883	336	1.3	98.2
2010–11	234,372	353	387	5,869,561	259	1.5	128.4
2011–12	151,886	224	245	2,643,322	115	2.1	129.9
2012–13	93,994	136	179	770,537	31	5.8	148.0
2013–14	126,728	179	236	993,542	39	6.1	197.1
Annual change ^(f) 2003–04 to 2008–09	32,541.9*	50.3*	50.3*	823,641.1*	37.0*	n.p.	13.3*
% change over time ^(g) 2003–04 to 2008–09	827.8*	645.5*	531.7*	290.7*	245.6*	n.p.	n.p. ^(h)
Annual change ^(f) 2009–10 to 2013–14	–41,332.8*	–66.9*	–60.4*	–1,792,970.6*	–82.2*	n.p.	21.7*
% change over time ^(g) 2009–10 to 2013–14	–64.4*	–68.1*	–57.9*	n.p. ^(h)	n.p. ^(h)	n.p.	89.8*
Annual change ^(f) 2003–04 to 2013–14	11,377.8	14.8	19.3	–23,615.6	–3.2	n.p.	22.5*
% change over time ^(g) 2003–04 to 2013–14	147.2	111.1	145.8	–6.5	–17.9	n.p.	n.p. ^(h)

(continued)

Table 3.14.27c (continued): VII adjusted, MBS services by selected categories claimed (Practice nurse/Aboriginal health worker), by Indigenous status, Australia, 2003–04 to 2013–14^{(a)(b)}

* Represents results with statistically significant differences at the $p < 0.05$ level.

- (a) Numbers and rates have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database.
- (b) Indigenous health checks are not VII adjusted.
- (c) Directly age-standardised using the 2001 Australian standard population, by 5-year age group up to 75+.
- (d) Rate ratio is the rate for Indigenous Australians divided by the rate for non-Indigenous Australians.
- (e) Rate difference is the rate for Indigenous Australians minus the rate for non-Indigenous Australians.
- (f) Annual change determined using linear regression analysis.
- (g) Per cent change based on the annual change over the period.
- (h) Regression line crosses zero, so per cent change could not be calculated.

Source: Analysis of Medicare Data by AIHW and Medicare Benefit Division, Department of Health.

Table 3.14.27d: VII adjusted, MBS services by selected categories claimed (Allied health/Aboriginal health worker), by Indigenous status, Australia, 2003–04 to 2013–14^{(a)(b)}

	Indigenous Australians			Non-Indigenous Australians		Rate ratio ^(d)	Rate difference ^(e)
	Number	Crude rate per 1,000	Age-std. rate per 1,000 ^(c)	Number	Age-std. rate per 1,000 ^(c)		
2003–04	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
2004–05	40	—	—	n.a. ⁽ⁱ⁾	n.a. ⁽ⁱ⁾	n.a. ⁽ⁱ⁾	n.a. ⁽ⁱ⁾
2005–06	7	—	—	n.a. ⁽ⁱ⁾	n.a. ⁽ⁱ⁾	n.a. ⁽ⁱ⁾	n.a. ⁽ⁱ⁾
2006–07	5	—	—	n.a. ⁽ⁱ⁾	n.a. ⁽ⁱ⁾	n.a. ⁽ⁱ⁾	n.a. ⁽ⁱ⁾
2007–08	51	—	—	n.a. ⁽ⁱ⁾	n.a. ⁽ⁱ⁾	n.a. ⁽ⁱ⁾	n.a. ⁽ⁱ⁾
2008–09	255	1	1	n.a. ⁽ⁱ⁾	n.a. ⁽ⁱ⁾	n.a. ⁽ⁱ⁾	n.a. ⁽ⁱ⁾
2009–10	640	1	1	n.a. ⁽ⁱ⁾	n.a. ⁽ⁱ⁾	n.a. ⁽ⁱ⁾	n.a. ⁽ⁱ⁾
2010–11	1,660	3	4	n.a. ⁽ⁱ⁾	n.a. ⁽ⁱ⁾	n.a. ⁽ⁱ⁾	n.a. ⁽ⁱ⁾
2011–12	2,039	3	5	n.a. ⁽ⁱ⁾	n.a. ⁽ⁱ⁾	n.a. ⁽ⁱ⁾	n.a. ⁽ⁱ⁾
2012–13	6,204	9	12	n.a. ⁽ⁱ⁾	n.a. ⁽ⁱ⁾	n.a. ⁽ⁱ⁾	n.a. ⁽ⁱ⁾
2013–14	8,518	12	17	n.a. ⁽ⁱ⁾	n.a. ⁽ⁱ⁾	n.a. ⁽ⁱ⁾	n.a. ⁽ⁱ⁾
Annual change ^(f) 2004–05 to 2008–09	47.4	0.2	0.2	n.a. ⁽ⁱ⁾	n.a. ⁽ⁱ⁾	n.a. ⁽ⁱ⁾	n.a. ⁽ⁱ⁾
% change over time ^(g) 2004–05 to 2008–09	n.p. ^(h)	n.p. ^(h)	n.p. ^(h)	n.a. ⁽ⁱ⁾	n.a. ⁽ⁱ⁾	n.a. ⁽ⁱ⁾	n.a. ⁽ⁱ⁾
Annual change ^(f) 2009–10 to 2013–14	2,030.0*	2.8*	4.0*	n.a. ⁽ⁱ⁾	n.a. ⁽ⁱ⁾	n.a. ⁽ⁱ⁾	n.a. ⁽ⁱ⁾
% change over time ^(g) 2009–10 to 2013–14	n.p. ^(h)	n.a.	n.p. ^(h)	n.a. ⁽ⁱ⁾	n.a. ⁽ⁱ⁾	n.a. ⁽ⁱ⁾	n.a. ⁽ⁱ⁾
Annual change ^(f) 2004–05 to 2013–14	818.6*	1.2*	1.7*	n.a. ⁽ⁱ⁾	n.a. ⁽ⁱ⁾	n.a. ⁽ⁱ⁾	n.a. ⁽ⁱ⁾
% change over time ^(g) 2004–05 to 2013–14	n.p. ^(h)	n.p. ^(h)	n.p. ^(h)	n.a. ⁽ⁱ⁾	n.a. ⁽ⁱ⁾	n.a. ⁽ⁱ⁾	n.a. ⁽ⁱ⁾

(continued)

Table 3.14.27d (continued): VII adjusted, MBS services by selected categories claimed (Allied health/Aboriginal health worker), by Indigenous status, Australia, 2003–04 to 2013–14^{(a)(b)}

* Represents results with statistically significant differences at the $p < 0.05$ level.

- (a) Numbers and rates have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database.
- (b) Indigenous health checks are not VII adjusted.
- (c) Directly age-standardised using the 2001 Australian standard population, by 5-year age group up to 75+.
- (d) Rate ratio is the rate for Indigenous Australians divided by the rate for non-Indigenous Australians.
- (e) Rate difference is the rate for Indigenous Australians minus the rate for non-Indigenous Australians.
- (f) Annual change determined using linear regression analysis.
- (g) Per cent change based on the annual change over the period.
- (h) Regression line crosses zero, so per cent change could not be calculated.
- (i) Data on Allied Health AHW services to non-Indigenous people were not supplied.

Source: Analysis of Medicare Data by AIHW and Medicare Benefit Division, Department of Health.

Table 3.14.27e: VII adjusted, MBS services by selected categories claimed (Specialist), by Indigenous status, Australia, 2003–04 to 2013–14^{(a)(b)}

	Indigenous Australians			Non-Indigenous Australians		Rate ratio ^(d)	Rate difference ^(e)
	Number	Crude rate per 1,000	Age-std. rate per 1,000 ^(c)	Number	Age-std. rate per 1,000 ^(c)		
2003–04	61,562	108	152	9,281,749	470	0.3	–318.0
2004–05	63,066	109	152	9,459,355	471	0.3	–319.0
2005–06	67,273	113	160	9,558,704	468	0.3	–307.8
2006–07	69,180	114	165	9,470,456	454	0.4	–289.4
2007–08	71,677	115	168	9,479,900	444	0.4	–276.1
2008–09	79,144	124	184	9,766,960	447	0.4	–263.5
2009–10	83,530	129	191	9,906,199	443	0.4	–252.0
2010–11	87,245	132	195	9,983,617	436	0.5	–241.2
2011–12	97,344	144	215	10,385,811	444	0.5	–229.4
2012–13	106,130	154	231	10,681,639	446	0.5	–215.3
2013–14	114,817	163	247	11,011,086	449	0.6	–202.6
Annual change ^(f) 2003–04 to 2008–09	3,304.3*	2.8*	6.1*	68,555.5	–6.0*	n.p.	12.0*
% change over time ^(g) 2003–04 to 2008–09	27.4*	13.2*	20.5*	3.7	–6.3*	n.p.	–18.4*
Annual change ^(f) 2009–10 to 2013–14	8,145.9*	9.0*	14.8*	290,779.6*	2.2	n.p.	12.5*
% change over time ^(g) 2009–10 to 2013–14	40.0*	28.5*	31.8*	11.9*	2.0	n.p.	–19.7*
Annual change ^(f) 2003–04 to 2013–14	5,243.0*	5.4*	9.4*	158,816.0*	–2.9*	n.p.	12.2*
% change over time ^(g) 2003–04 to 2013–14	94.1*	54.1*	67.4*	17.4*	–6.1*	n.p.	–37.6*

(continued)

Table 3.14.27e (continued): VII adjusted, MBS services by selected categories claimed (Specialist), by Indigenous status, Australia, 2003–04 to 2013–14^{(a)(b)}

* Represents results with statistically significant differences at the $p < 0.05$ level.

- (a) Numbers and rates have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database.
- (b) Indigenous health checks are not VII adjusted.
- (c) Directly age-standardised using the 2001 Australian standard population, by 5-year age group up to 75+.
- (d) Rate ratio is the rate for Indigenous Australians divided by the rate for non-Indigenous Australians.
- (e) Rate difference is the rate for Indigenous Australians minus the rate for non-Indigenous Australians.
- (f) Annual change determined using linear regression analysis.
- (g) Per cent change based on the annual change over the period.

Source: Analysis of Medicare Data by AIHW and Medicare Benefit Division, Department of Health.

Table 3.14.28a: VII adjusted, MBS services claimed for psychologists, by Indigenous status, Australia, 2003–04 to 2013–14^{(a)(b)}

	Indigenous Australians			Non-Indigenous Australians		Rate ratio ^(c)	Rate difference ^(d)
	Number	Crude rate per 1,000	Age-std. rate per 1,000 ^(b)	Number	Age-std. rate per 1,000 ^(b)		
2003–04	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
2004–05	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
2005–06	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
2006–07	5,964	10	11	591,099	30	0.4	–18.8
2007–08	21,778	35	39	1,848,268	91	0.4	–52.3
2008–09	32,519	51	56	2,446,114	118	0.5	–62.5
2009–10	43,942	68	73	2,912,430	139	0.5	–66.3
2010–11	53,505	81	85	3,307,994	156	0.6	–70.8
2011–12	58,762	87	91	3,370,229	157	0.6	–65.9
2012–13	68,498	99	102	3,645,903	168	0.6	–65.0
2013–14	74,602	106	108	3,799,250	172	0.6	–64.3
Annual change ^(e) 2003–04 to 2008–09	..	..	..	..	..	..	..
% change over time ^(f) 2003–04 to 2008–09	..	..	..	..	..	..	..
Annual change ^(e) 2009–10 to 2013–14	7,631.3*	9.4*	8.7*	211,154.9*	7.8*	n.p.	1.0
% change over time ^(f) 2009–10 to 2013–14	68.4*	54.2*	46.8*	28.3*	21.8*	n.p.	–5.7
Annual change ^(e) 2006–07 to 2013–14	9,551.9*	13.3*	13.2*	412,061.2*	18.0*	n.p.	–4.7
% change over time ^(f) 2006–07 to 2013–14	580.7*	447.0*	380.5*	222.2*	191.5*	n.p.	79.2

(continued)

Table 3.14.28a (continued): VII adjusted, MBS services claimed for psychologists, by Indigenous status, Australia, 2003–04 to 2013–14^{(a)(b)}

* Represents results with statistically significant differences at the $p < 0.05$ level.

- (a) Numbers and rates have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database.
- (b) Directly age-standardised using the 2001 Australian standard population, by 5-year age group up to 75+.
- (c) Rate ratio is the rate for Indigenous Australians divided by the rate for non-Indigenous Australians.
- (d) Rate difference is the rate for Indigenous Australians minus the rate for non-Indigenous Australians.
- (e) Annual change determined using linear regression analysis.
- (f) Per cent change based on the annual change over the period.

Source: Analysis of Medicare Data by AIHW and Medicare Benefit Division, Department of Health.

Table 3.14.28b: VII adjusted, MBS services claimed for psychiatrists, by Indigenous status, Australia, 2003–04 to 2013–14^{(a)(b)}

	Indigenous Australians			Non-Indigenous Australians		Rate ratio ^(c)	Rate difference ^(d)
	Number	Crude rate per 1,000	Age-std. rate per 1,000 ^(b)	Number	Age-std. rate per 1,000 ^(b)		
2003–04	17,407	31	39	1,995,592	102	0.4	–63.3
2004–05	16,111	28	35	1,975,254	100	0.4	–64.7
2005–06	16,469	28	35	1,981,389	99	0.4	–63.4
2006–07	17,443	29	36	1,951,108	96	0.4	–59.7
2007–08	16,381	26	34	1,914,295	92	0.4	–58.4
2008–09	17,332	27	36	1,928,499	91	0.4	–55.1
2009–10	19,059	29	37	1,941,096	90	0.4	–52.5
2010–11	19,810	30	38	1,964,322	90	0.4	–52.0
2011–12	21,744	32	40	2,014,979	91	0.4	–50.6
2012–13	25,074	36	44	2,094,722	93	0.5	–48.9
2013–14	27,454	39	48	2,159,547	94	0.5	–46.1
Annual change ^(e) 2003–04 to 2008–09	40.3	–0.7	–0.5	–15,674.9*	–2.3*	n.p.	1.8*
% change over time ^(f) 2003–04 to 2008–09	1.2	–11.9	–6.6	–3.9*	–11.4*	n.p.	–13.8*
Annual change ^(e) 2009–10 to 2013–14	2,205.4*	2.6*	2.8*	56,730.2*	1.1*	n.p.	1.6*
% change over time ^(f) 2009–10 to 2013–14	48.4*	37.1*	31.3*	11.8*	4.9*	n.p.	–12.0*
Annual change ^(e) 2003–04 to 2013–14	993.9*	0.8*	0.9*	13,196.8	–1.0*	n.p.	1.9*
% change over time ^(f) 2003–04 to 2013–14	68.5*	30.6*	27.8*	6.8	–9.7*	n.p.	–29.0*

(continued)

Table 3.14.28b (continued): VII adjusted, MBS services claimed for psychiatrists, by Indigenous status, Australia, 2003–04 to 2013–14^{(a)(b)}

* Represents results with statistically significant differences at the $p < 0.05$ level.

(a) Numbers and rates have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database.

(b) Directly age-standardised using the 2001 Australian standard population, by 5-year age group up to 75+.

(c) Rate ratio is the rate for Indigenous Australians divided by the rate for non-Indigenous Australians.

(d) Rate difference is the rate for Indigenous Australians minus the rate for non-Indigenous Australians.

(e) Annual change determined using linear regression analysis.

(f) Per cent change based on the annual change over the period.

Source: Analysis of Medicare Data by AIHW and Medicare Benefit Division, Department of Health.

Table 3.14.29: VII adjusted, number of MBS services claimed by Indigenous status, Australia, 2013–14^(a)

MBS services claimed	Indigenous services	Non-Indigenous services	Total services	Indigenous crude rate per 1,000	Indigenous age-std. rate per 1,000 ^(b)	Non-Indigenous crude rate per 1,000	Non-Indigenous age-std. rate per 1,000 ^(b)	Age-std. rate ratio ^(c)	Age-std. rate difference ^(d)
Non-referred GP (total)^(e)	3,646,985	131,708,336	135,355,321	5,165	6,115	5,822	5,583	1.1	532.3
A level ^(f)	74,670	3,008,519	3,083,189	106	142	133	123	1.2	18.9
B level ^(f)	2,252,337	93,245,536	95,497,873	3,190	3,641	4,122	3,967	0.9	–326.0
C level ^(f)	468,460	14,324,953	14,793,413	663	851	633	599	1.4	251.9
D level ^(f)	67,675	1,345,347	1,413,022	96	127	59	56	2.3	70.3
Indigenous health check ^(g)	150,354	..	150,354	213	236	..	..	..	..
Other health assessment	10,914	786,130	797,044	15	18	35	32	0.6	–13.6
GPMP	53,623	1,779,097	1,832,720	76	114	79	72	1.6	41.7
TCA	44,360	1,441,514	1,485,874	63	96	64	58	1.7	37.7
After-hours	228,026	8,868,275	9,096,301	323	318	392	390	0.8	–71.8
Other (NRA)	169,839	5,915,422	6,085,261	241	336	261	246	1.4	90.1
Practice nurse/AHW	126,728	993,542	1,120,270	179	236	44	39	6.1	197.1
Allied health (total)	177,911	9,118,492	9,296,403	252	334	403	386	0.9	–51.8
Allied health	89,717	5,087,909	5,177,626	127	204	225	202	1.0	2.0
Allied health AHW	8,518	n.a. ^(h)	8,518	12	17	n.a. ^(h)	n.a. ^(h)	n.a. ^(h)	n.a. ^(h)
Dental	5,074	231,333	236,407	8	5	11	13	0.4	–7.5
Psychologist	74,602	3,799,250	3,873,852	106	108	168	172	0.6	–64.3
Specialists (total)	286,470	25,040,176	25,326,646	406	581	1,107	1,022	0.6	–440.6
<i>Specialists (total) in</i>	<i>23,764</i>	<i>4,811,655</i>	<i>4,835,419</i>	<i>34</i>	<i>61</i>	<i>213</i>	<i>189</i>	<i>0.3</i>	<i>–127.2</i>
<i>Specialists (total) out</i>	<i>262,707</i>	<i>20,228,520</i>	<i>20,491,227</i>	<i>372</i>	<i>520</i>	<i>894</i>	<i>833</i>	<i>0.6</i>	<i>–313.4</i>

(continued)

Table 3.14.29 (continued): VII adjusted, number of MBS services claimed by Indigenous status, Australia, 2013–14^(a)

MBS services claimed	Indigenous services	Non-Indigenous services	Total services	Indigenous crude rate per 1,000	Indigenous age-std. rate per 1,000 ^(b)	Non-Indigenous crude rate per 1,000	Non-Indigenous age-std. rate per 1,000 ^(b)	Age-std. rate ratio ^(c)	Age-std. rate difference ^(d)
<i>Specialist</i>	114,817	11,011,086	11,125,903	163	247	487	449	0.6	–202.6
Spec con in	4,427	698,699	703,126	6	11	31	28	0.4	–16.9
Spec con out	110,390	10,312,387	10,422,777	156	236	456	421	0.6	–185.7
<i>Consultant physician</i>	139,651	11,375,302	11,514,953	198	275	503	459	0.6	–183.1
Con phys in	15,206	3,583,091	3,598,297	22	42	158	139	0.3	–96.7
Con phys out	124,445	7,792,211	7,916,656	176	234	344	320	0.7	–86.4
<i>Psychiatrist</i>	27,454	2,159,547	2,187,001	39	48	95	94	0.5	–46.1
Psyc in	3,598	395,898	399,496	5	7	18	17	0.4	–10.2
Psyc out	23,856	1,763,649	1,787,505	34	41	78	77	0.5	–35.9
<i>Other specialist</i>	4,548	494,241	498,789	6	11	22	20	0.6	–8.9
Other spec in	533	133,967	134,500	1	2	6	5	0.3	–3.5
Other spec out	4,015	360,274	364,289	6	9	16	15	0.6	–5.4
Pathology	2,612,600	124,299,034	126,911,634	3,700	4,946	5,495	5,121	1.0	–174.8
Path in	74,505	13,823,915	13,898,420	106	194	611	544	0.4	–349.9
Path out	2,538,096	110,475,118	113,013,214	3,595	4,752	4,884	4,577	1.0	175.1
Misc diagnostics	97,901	6,224,545	6,322,446	139	215	275	249	0.9	–33.5
Misc diag in	3,379	619,242	622,621	5	9	27	24	0.4	–14.6
Misc diag out	94,522	5,605,303	5,699,825	134	206	248	225	0.9	–18.9
Imaging	428,723	22,375,655	22,804,378	607	787	989	934	0.8	–146.7
Imag in	9,202	1,723,175	1,732,377	13	25	76	67	0.4	–42.7
Imag out	419,521	20,652,480	21,072,001	594	763	913	867	0.9	–104.0

(continued)

Table 3.14.29 (continued): VII adjusted, number of MBS services claimed by Indigenous status, Australia, 2013–14^(a)

MBS services claimed	Indigenous services	Non-Indigenous services	Total services	Indigenous crude rate per 1,000	Indigenous age-std. rate per 1,000 ^(b)	Non-Indigenous crude rate per 1,000	Non-Indigenous age-std. rate per 1,000 ^(b)	Age-std. rate ratio ^(c)	Age-std. rate difference ^(d)
Other MBS items	379,169	29,969,972	30,349,141	537	731	1,325	1,240	0.6	–508.5
Other MBS in	68,662	10,538,348	10,607,010	97	156	466	429	0.4	–273.0
Other MBS out	310,507	19,431,624	19,742,131	440	576	859	811	0.7	–235.5
Total MBS in	182,169	31,985,970	32,168,139	258	452	1,414	1,271	0.4	–818.2
Total MBS out	7,447,590	316,750,240	324,197,830	10,548	13,257	14,002	13,263	1.0	–5.5
Total MBS	7,629,759	348,736,210	356,365,969	10,806	13,710	15,416	14,533	0.9	–823.7

(a) Numbers and rates have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database.

(b) Directly age-standardised using the 2001 Australian standard population, by 5-year age group up to 75+.

(c) Rate ratio is the age-standardised rate for Indigenous Australians divided by the age-standardised rate for non-Indigenous Australians.

(d) Rate difference is the age-standardised rate for Indigenous Australians minus the age-standardised rate for non-Indigenous Australians.

(e) Includes 4 year old health checks.

(f) Level A—consultations for cases that are obvious or straightforward; Level B—consultations lasting less than 20 minutes for cases that are not obvious or straightforward; Level C—consultations lasting at least 20 minutes; Level D—consultations lasting at least 40 minutes. To be counted as Level B, C, and D, consultations must involve one or more of the following tasks: taking a patient history, performing a clinical examination, arranging any necessary investigation, implementing a management plan, or providing appropriate preventive health care. For Level C, a patient history must be 'detailed' to count, and for level D, a patient history must be 'extensive' to count.

(g) Indigenous health checks are not VII adjusted.

(h) Data on Allied Health AHW services to non-Indigenous people were not supplied.

Note: In/Out refers to in and out of hospital.

Source: Analysis of Medicare Data by AIHW and Medicare Benefit Division, Department of Health.

Table 3.14.30: VII adjusted, cost of MBS services claimed by Indigenous status, Australia, 2013–14^(a)

MBS services claimed	Indigenous fee charged (\$)	Indigenous benefit paid (\$)	Non-Indigenous fee charged (\$)	Non-Indigenous benefit paid (\$)	Out of pocket Indigenous (\$)	Out of pocket non-Indigenous (\$)	Out of pocket Indigenous (%)	Out of pocket non-Indigenous (%)	Rate ratio (Out of pocket %) ^(b)	Rate difference (Out of pocket %) ^(c)
Non-referred GP (total)^(d)	203,232,711	197,944,366	6,841,507,764	6,154,016,103	5,288,345	687,491,661	2.6	10.0	0.3*	–7.4*
A level ^(e)	1,286,394	1,247,914	55,890,395	51,636,656	38,480	4,253,739	3.0	7.6	0.4*	–4.6*
B level ^(e)	84,513,077	80,359,101	3,918,796,445	3,394,762,488	4,153,976	524,033,957	4.9	13.4	0.4*	–8.5*
C level ^(e)	32,967,971	32,340,952	1,092,652,172	999,696,255	627,019	92,955,917	1.9	8.5	0.2*	–6.6*
D level ^(e)	7,001,782	6,864,525	160,779,009	138,724,062	137,257	22,054,947	2.0	13.7	0.1*	–11.8*
Indigenous health check ^(f)	31,288,110	31,287,397	..	..	713	..	—	..	..	..
Other health assessment	1,669,151	1,668,011	148,678,372	148,555,393	1,140	122,979	0.1	0.1	0.8*	0.0*
GPMP	7,583,514	7,581,932	251,798,480	251,578,457	1,582	220,023	0.0	0.1	0.2*	–0.1*
TCA	4,970,894	4,970,415	161,599,559	161,521,444	479	78,115	0.0	0.0	0.2*	0.0*
After hours	15,905,858	15,680,958	583,355,571	555,158,748	224,900	28,196,823	1.4	4.8	0.3*	–3.4*
Other (NRA)	13,437,854	13,338,883	453,948,363	438,745,670	98,971	15,202,693	0.7	3.3	0.2*	–2.6*
Practice nurse/AHW	2,608,106	2,604,276	14,009,399	13,636,932	3,830	372,467	0.1	2.7	0.1*	–2.5*
Allied health (total)	14,881,904	13,717,147	834,867,161	716,814,182	1,164,757	118,052,979	7.8	14.1	0.6*	–6.3*
Allied health	5,256,191	4,926,462	303,279,355	277,293,390	329,729	25,985,965	6.3	8.6	0.7*	–2.3*
Allied health AHW	451,017	451,017	n.a. ^(g)	n.a. ^(g)	0	n.a. ^(g)	—	n.a. ^(g)	n.a. ^(g)	n.a. ^(g)
Dental	856,807	849,887	37,642,603	37,508,571	6,920	134,032	0.8	0.4	2.3*	0.5*
Psychologist	8,317,890	7,489,781	493,945,203	402,012,222	828,109	91,932,981	10.0	18.6	0.5*	–8.7*
Specialists (total)	32,374,824	25,432,591	2,965,495,408	1,984,860,105	6,942,233	980,635,303	21.4	33.1	0.6*	–11.6*
<i>Specialists (total) in</i>	<i>2,611,090</i>	<i>1,618,401</i>	<i>525,231,455</i>	<i>318,453,023</i>	<i>992,689</i>	<i>206,778,432</i>	<i>38.0</i>	<i>39.4</i>	<i>1.0*</i>	<i>–1.4*</i>
<i>Specialists (total) out</i>	<i>29,763,734</i>	<i>23,814,190</i>	<i>2,440,263,954</i>	<i>1,666,407,082</i>	<i>5,949,544</i>	<i>773,856,872</i>	<i>20.0</i>	<i>31.7</i>	<i>0.6*</i>	<i>–11.7*</i>

(continued)

Table 3.14.30 (continued): VII adjusted, cost of MBS services claimed by Indigenous status, Australia, 2013–14^(a)

MBS services claimed	Indigenous fee charged (\$)	Indigenous benefit paid (\$)	Non-Indigenous fee charged (\$)	Non-Indigenous benefit paid (\$)	Out of pocket Indigenous (\$)	Out of pocket non- Indigenous (\$)	Out of pocket Indigenous (%)	Out of pocket non- Indigenous (%)	Rate ratio (Out of pocket %) ^(b)	Rate difference (Out of pocket %) ^(c)
<i>Specialist</i>	10,259,787	6,565,668	1,109,124,355	614,388,575	3,694,119	494,735,780	36.0	44.6	0.8*	–8.6*
Spec con in	319,244	180,208	51,246,699	28,898,762	139,036	22,347,937	43.6	43.6	1.0	–0.1
Spec con out	9,940,543	6,385,461	1,057,877,655	585,489,812	3,555,082	472,387,843	35.8	44.7	0.8*	–8.9*
<i>Consultant physician</i>	16,743,180	14,377,723	1,383,434,956	1,007,744,941	2,365,457	375,690,015	14.1	27.2	0.5*	–13.0*
Con phys in	1,694,238	1,056,716	403,441,383	244,732,986	637,522	158,708,397	37.6	39.3	1.0*	–1.7*
Con phys out	15,048,942	13,321,007	979,993,573	763,011,955	1,727,935	216,981,618	11.5	22.1	0.5*	–10.7*
<i>Psychiatrist</i>	4,768,879	4,071,424	396,317,020	314,703,221	697,455	81,613,799	14.6	20.6	0.7*	–6.0*
Psyc in	555,901	355,937	59,533,460	38,252,971	199,964	21,280,489	36.0	35.7	1.0*	0.2*
Psyc out	4,212,977	3,715,487	336,783,561	276,450,250	497,490	60,333,311	11.8	17.9	0.7*	–6.1*
<i>Other specialist</i>	602,978	417,775	76,619,077	48,023,368	185,203	28,595,709	30.7	37.3	0.8*	–6.6*
Other spec in	41,707	25,540	11,009,913	6,568,304	16,167	4,441,609	38.8	40.3	1.0*	–1.6*
Other spec out	561,271	392,235	65,609,165	41,455,064	169,036	24,154,101	30.1	36.8	0.8*	–6.7*
Pathology	52,466,898	51,525,998	2,675,889,614	2,468,965,809	940,900	206,923,805	1.8	7.7	0.2*	–5.9*
Path in	2,529,665	1,559,991	465,825,697	283,152,945	969,674	182,672,752	38.3	39.2	1.0*	–0.9*
Path out	49,937,232	49,966,007	2,210,063,917	2,185,812,864	–28,775	24,251,053	–0.1	1.1	–0.1*	–1.2*
Misc diagnostics	7,299,512	6,595,590	550,135,511	450,454,558	703,922	99,680,953	9.6	18.1	0.5*	–8.5*
Misc diag in	526,822	342,616	74,894,703	46,486,979	184,206	28,407,724	35.0	37.9	0.9*	–3.0*
Misc diag out	6,772,691	6,252,973	475,240,808	403,967,579	519,718	71,273,229	7.7	15.0	0.5*	–7.3*
Imaging	52,015,434	48,753,202	3,367,208,995	2,890,998,271	3,262,232	476,210,724	6.3	14.1	0.4*	–7.9*
Imag in	1,812,969	1,144,772	344,765,281	210,672,600	668,197	134,092,681	36.9	38.9	0.9*	–2.0*
Imag out	50,202,465	47,608,430	3,022,443,714	2,680,325,671	2,594,035	342,118,043	5.2	11.3	0.5*	–6.2*

(continued)

Table 3.14.30 (continued): VII adjusted, cost of MBS services claimed by Indigenous status, Australia, 2013–14^(a)

MBS services claimed	Indigenous fee charged (\$)	Indigenous benefit paid (\$)	Non-Indigenous fee charged (\$)	Non-Indigenous benefit paid (\$)	Out of pocket Indigenous (\$)	Out of pocket non-Indigenous (\$)	Out of pocket Indigenous (%)	Out of pocket non-Indigenous (%)	Rate ratio (Out of pocket %) ^(b)	Rate difference (Out of pocket %) ^(c)
Other MBS items	75,676,172	57,115,127	6,902,116,436	4,093,178,756	18,561,045	2,808,937,680	24.5	40.7	0.6*	–16.2*
Other MBS in	26,682,237	11,604,543	4,077,984,216	1,782,655,429	15,077,694	2,295,328,787	56.5	56.3	1.0*	0.2*
Other MBS out	48,993,935	45,510,584	2,824,132,220	2,310,523,327	3,483,351	513,608,893	7.1	18.2	0.4*	–11.1*
Total MBS in	34,355,856	16,391,008	5,524,749,448	2,663,098,244	17,964,848	2,861,651,204	52.3	51.8	1.0*	0.5*
Total MBS out	403,591,599	384,693,013	18,612,471,440	16,096,189,540	18,898,586	2,516,281,900	4.7	13.5	0.3*	–8.8*
Total MBS	437,947,455	401,084,021	24,137,220,889	18,759,287,784	36,863,434	5,377,933,105	8.4	22.3	0.4*	–13.9*

* Represents results with statistically significant differences in the Indigenous/non-Indigenous out of pocket comparisons at the $p < 0.05$ level.

(a) Numbers and rates have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database.

(b) Rate ratio is the percentage of fees paid out of pocket for Indigenous Australians divided by the percentage of fees paid out of pocket for non-Indigenous Australians.

(c) Rate difference is the percentage of fees paid out of pocket for Indigenous Australians minus the percentage of fees paid out of pocket for non-Indigenous Australians.

(d) Includes 4 year old health checks.

(e) Level A—consultations for cases that are obvious or straightforward; Level B—consultations lasting less than 20 minutes for cases that are not obvious or straightforward; Level C—consultations lasting at least 20 minutes; Level D—consultations lasting at least 40 minutes. To be counted as Level B, C, and D, consultations must involve one or more of the following tasks: taking a patient history, performing a clinical examination, arranging any necessary investigation, implementing a management plan, or providing appropriate preventive health care. For Level C, a patient history must be 'detailed' to count, and for level D, a patient history must be 'extensive' to count.

(f) Indigenous health checks are not VII adjusted.

(g) Data on Allied Health AHW services to non-Indigenous people were not supplied.

Note: In/Out refers to in and out of hospital.

Source: Analysis of Medicare Data by AIHW and Medicare Benefit Division, Department of Health.

Table 3.14.31: VII adjusted, people who claimed MBS services by Indigenous status, Australia, 2013–14^(a)

MBS services claimed	Indigenous patients	Non-Indigenous patients	Total patients	Indigenous crude rate per 1,000	Indigenous age-std. rate per 1,000 ^(b)	Non-Indigenous crude rate per 1,000	Non-Indigenous age-std. rate per 1,000 ^(b)	Age-std. rate ratio ^(c)	Age-std. rate difference ^(d)
Non-referred GP (total)^(e)	552,828	19,445,067	19,997,895	783	780	860	854	0.9	–73.4
A level ^(f)	51,417	1,879,412	1,930,829	73	88	83	78	1.1	10.0
B level ^(f)	498,447	18,496,842	18,995,289	706	710	818	811	0.9	–101.2
C level ^(f)	220,300	7,059,470	7,279,770	312	358	312	301	1.2	56.7
D level ^(f)	45,897	896,196	942,093	65	81	40	38	2.2	43.6
Indigenous health check ^(g)	146,311	..	146,311	207	229	..	..	..	..
Other health assessment	10,522	766,483	777,005	15	17	34	31	0.6	–13.7
GPMP	53,204	1,771,495	1,824,699	75	113	78	72	1.6	41.1
TCA	44,043	1,435,542	1,479,585	62	95	63	58	1.6	37.2
After hours	118,384	4,461,949	4,580,333	168	157	197	199	0.8	–41.7
Other (NRA)	85,132	2,810,983	2,896,115	121	157	124	119	1.3	38.7
Practice nurse/AHW	58,047	569,085	627,132	82	99	25	23	4.4	76.8
Allied health (total)	53,150	2,384,270	2,437,420	75	97	105	102	1.0	–4.6
Allied health	29,415	1,434,501	1,463,916	42	65	63	57	1.1	8.0
Allied health AHW	4,206	600	4,806	6	8	n.a.	n.a.	n.a.	n.a.
Dental	4,977	227,256	232,233	8	5	11	12	0.4	–7.5
Psychologist	18,726	834,050	852,776	27	27	37	38	0.7	–10.8
Specialists (total)	107,889	6,819,017	6,926,906	153	192	301	287	0.7	–94.7
<i>Specialists (total) in</i>	<i>5,473</i>	<i>873,822</i>	<i>879,295</i>	<i>8</i>	<i>13</i>	<i>39</i>	<i>35</i>	<i>0.4</i>	<i>–22.7</i>
<i>Specialists (total) out</i>	<i>106,676</i>	<i>6,651,960</i>	<i>6,758,637</i>	<i>151</i>	<i>190</i>	<i>294</i>	<i>280</i>	<i>0.7</i>	<i>–90.2</i>
<i>Specialist</i>	<i>60,290</i>	<i>4,738,558</i>	<i>4,798,848</i>	<i>85</i>	<i>118</i>	<i>209</i>	<i>197</i>	<i>0.6</i>	<i>–79.5</i>
<i>Spec con in</i>	<i>2,467</i>	<i>380,046</i>	<i>382,513</i>	<i>3</i>	<i>6</i>	<i>17</i>	<i>15</i>	<i>0.4</i>	<i>–9.9</i>

(continued)

Table 3.14.31 (continued): VII adjusted, people who claimed MBS services by Indigenous status, Australia, 2013–14^(a)

MBS services claimed	Indigenous patients	Non-Indigenous patients	Total patients	Indigenous crude rate per 1,000	Indigenous age-std. rate per 1,000 ^(b)	Non-Indigenous crude rate per 1,000	Non-Indigenous age-std. rate per 1,000 ^(b)	Age-std. rate ratio ^(c)	Age-std. rate difference ^(d)
Spec con out	59,636	4,643,676	4,703,312	84	116	205	193	0.6	–76.8
<i>Consultant physician</i>	<i>57,045</i>	<i>3,278,696</i>	<i>3,335,741</i>	<i>81</i>	<i>100</i>	<i>145</i>	<i>136</i>	<i>0.7</i>	<i>–35.7</i>
Con phys in	3,179	566,520	569,699	5	8	25	23	0.3	–14.8
Con phys out	55,823	3,073,236	3,129,059	79	98	136	128	0.8	–30.3
<i>Psychiatrist</i>	<i>6,584</i>	<i>338,493</i>	<i>345,077</i>	<i>9</i>	<i>11</i>	<i>15</i>	<i>15</i>	<i>0.7</i>	<i>–4.2</i>
Psyc in	281	26,971	27,252	—	1	1	1	0.5	–0.6
Psyc out	6,485	329,770	336,255	9	10	15	14	0.7	–4.0
<i>Other specialist</i>	<i>2,832</i>	<i>277,431</i>	<i>280,263</i>	<i>4</i>	<i>6</i>	<i>12</i>	<i>11</i>	<i>0.6</i>	<i>–4.7</i>
Other spec in	254	58,893	59,147	—	1	3	2	0.4	–1.5
Other spec out	2,675	236,762	239,437	4	6	10	10	0.6	–3.7
Pathology	308,281	12,295,625	12,603,906	437	507	544	523	1.0	–15.4
Path in	8,086	1,259,807	1,267,893	11	18	56	51	0.4	–33.2
Path out	307,281	12,150,423	12,457,704	435	506	537	516	1.0	–10.8
Misc diagnostics	58,645	3,285,427	3,344,072	83	123	145	133	0.9	–10.1
Misc diag in	1,992	305,767	307,759	3	5	14	12	0.4	–6.6
Misc diag out	57,788	3,167,978	3,225,766	82	121	140	128	0.9	–7.4
Imaging	189,372	8,468,302	8,657,674	268	315	374	363	0.9	–47.9
Imag in	3,773	566,456	570,229	5	9	25	23	0.4	–13.5
Imag out	188,527	8,355,761	8,544,288	267	313	369	358	0.9	–45.0
Other MBS items	163,294	9,140,743	9,304,037	231	278	404	390	0.7	–111.3
Other MBS in	14,988	2,059,781	2,074,769	21	31	91	85	0.4	–54.8
Other MBS out	157,564	8,406,155	8,563,719	223	268	372	358	0.8	–90.2

(continued)

Table 3.14.31 (continued): VII adjusted, people who claimed MBS services by Indigenous status, Australia, 2013–14^(a)

MBS services claimed	Indigenous patients	Non-Indigenous patients	Total patients	Indigenous crude rate per 1,000	Indigenous age-std. rate per 1,000^(b)	Non-Indigenous crude rate per 1,000	Non-Indigenous age-std. rate per 1,000^(b)	Age-std. rate ratio^(c)	Age-std. rate difference^(d)
Total MBS in	18,350	2,439,476	2,457,826	26	37	108	101	0.4	–64.1
Total MBS out	577,125	20,367,474	20,944,599	817	812	900	896	0.9	–84.1
Total MBS	577,260	20,395,517	20,972,777	818	812	902	897	0.9	–85.0

(a) Numbers and rates have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database.

(b) Directly age-standardised using the 2001 Australian standard population, by 5-year age group up to 75+.

(c) Rate ratio is the age-standardised rate for Indigenous Australians divided by the age-standardised rate for non-Indigenous Australians.

(d) Rate difference is the age-standardised rate for Indigenous Australians minus the age-standardised rate for non-Indigenous Australians.

(e) Includes 4 year old health checks.

(f) Level A—consultations for cases that are obvious or straightforward; Level B—consultations lasting less than 20 minutes for cases that are not obvious or straightforward; Level C—consultations lasting at least 20 minutes; Level D—consultations lasting at least 40 minutes. To be counted as Level B, C, and D, consultations must involve one or more of the following tasks: taking a patient history, performing a clinical examination, arranging any necessary investigation, implementing a management plan, or providing appropriate preventive health care. For Level C, a patient history must be 'detailed' to count, and for level D, a patient history must be 'extensive' to count.

(g) Indigenous health checks are not VII adjusted.

Note: In/Out refers to in and out of hospital.

Source: Analysis of Medicare Data by AIHW and Medicare Benefit Division, Department of Health.

Table 3.14.32: VII adjusted, number of MBS services claimed by age-group and by Indigenous status, 2013–14^(a)

MBS services claimed	0–4		5–9		10–14		15–19		20–24	
	Indig.	Non-Indig.	Indig.	Non-Indig.	Indig.	Non-Indig.	Indigenous	Non-Indig.	Indig.	Non-Indig.
Non-referred GP (total)^(b)	432,293	8,588,199	239,110	4,617,862	199,537	3,542,556	305,268	4,784,647	311,692	6,319,749
A level ^(c)	7,454	112,319	4,311	66,728	4,095	65,420	4,915	84,538	4,963	89,129
B level ^(c)	306,586	6,674,062	165,353	3,596,872	133,651	2,744,387	196,541	3,554,910	198,058	4,587,470
C level ^(c)	34,488	580,034	16,049	218,803	17,133	222,558	38,325	436,864	40,397	645,273
D level ^(c)	3,006	27,069	1,808	14,499	2,193	17,734	5,182	43,152	5,335	57,274
Indigenous health check ^(d)	19,976	..	15,133	..	12,626	..	12,341	..	11,457	..
Other health assessment	4,755	122,724	693	11,139	245	1,997	211	2,696	226	3,549
GPMP	1,367	26,562	2,106	37,798	1,685	24,022	2,260	24,908	2,448	33,910
TCA	967	20,271	1,569	28,689	1,242	17,065	1,711	18,432	1,823	25,897
After hours	40,945	971,414	22,069	544,311	15,313	338,586	22,330	410,892	23,843	598,882
Other (NRA)	1,652	28,722	4,738	91,807	6,452	106,822	12,992	202,828	13,414	263,264
Practice nurse/AHW	11,097	25,022	5,281	7,216	4,903	3,964	8,461	5,426	9,727	15,102
Allied health (total)	3,293	76,288	11,540	302,864	17,064	398,120	16,571	514,141	11,383	376,551
Allied health	2,148	58,872	5,182	120,205	4,357	61,072	3,921	59,948	3,293	64,520
Allied health AHW	625	n.a. ^(e)	424	n.a. ^(e)	356	n.a. ^(e)	356	n.a. ^(e)	468	n.a. ^(e)
Dental	n.a.	n.a.	—	13	2,122	94,053	2,801	131,778	n.p.	143
Psychologist	520	17,416	5,934	182,646	10,229	242,995	9,493	322,415	7,639	311,888
Specialists (total)	22,564	943,129	21,820	501,546	19,929	427,464	15,506	598,535	12,583	606,444
<i>Specialists (total) in</i>	<i>1,864</i>	<i>178,354</i>	<i>363</i>	<i>23,596</i>	<i>422</i>	<i>22,220</i>	<i>932</i>	<i>55,621</i>	<i>561</i>	<i>69,218</i>
<i>Specialists (total) out</i>	<i>20,699</i>	<i>764,776</i>	<i>21,457</i>	<i>477,950</i>	<i>19,506</i>	<i>405,245</i>	<i>14,574</i>	<i>542,914</i>	<i>12,022</i>	<i>537,226</i>
<i>Specialist</i>	<i>5,936</i>	<i>223,033</i>	<i>6,032</i>	<i>193,317</i>	<i>4,261</i>	<i>154,256</i>	<i>6,207</i>	<i>273,177</i>	<i>6,474</i>	<i>289,341</i>
Spec con in	113	8,530	98	6,625	97	7,246	184	12,764	174	14,650
Spec con out	5,823	214,503	5,934	186,692	4,164	147,010	6,023	260,413	6,300	274,691

(continued)

Table 3.14.32 (continued): VII adjusted, number of MBS services claimed by age-group and by Indigenous status, 2013–14^(a)

MBS services claimed	0–4		5–9		10–14		15–19		20–24	
	Indig.	Non-Indig.	Indig.	Non-Indig.	Indig.	Non-Indig.	Indigenous	Non-Indig.	Indig.	Non-Indig.
<i>Consultant physician</i>	16,419	712,908	15,171	293,735	14,436	237,981	6,332	200,209	3,400	160,966
Con phys in	1,750	169,583	253	16,798	306	14,171	234	22,815	150	21,479
Con phys out	14,669	543,325	14,918	276,937	14,130	223,810	6,097	177,395	3,249	139,488
<i>Psychiatrist</i>	20	839	509	10,573	1,144	30,901	2,794	118,044	2,489	147,838
Psync in	1	40	—	39	19	628	514	19,524	231	32,423
Psync out	19	799	509	10,534	1,125	30,273	2,280	98,520	2,257	115,416
<i>Other specialist</i>	189	6,349	109	3,920	88	4,326	174	7,104	221	8,298
Other spec in	1	200	12	134	—	175	—	518	5	667
Other spec out	188	6,149	97	3,786	88	4,151	174	6,586	216	7,631
Pathology	73,491	1,625,901	62,762	1,219,862	71,938	1,219,085	249,725	3,059,121	280,257	5,060,181
Path in	3,328	306,880	691	73,613	916	74,726	1,856	169,883	2,283	199,830
Path out	70,164	1,319,020	62,071	1,146,249	71,022	1,144,359	247,869	2,889,238	277,974	4,860,351
Misc diagnostics	4,194	164,311	4,705	141,044	3,717	78,712	4,530	92,939	4,237	102,555
Misc diag in	51	5,053	40	2,292	44	1,630	63	3,630	62	4,908
Misc diag out	4,144	159,257	4,666	138,751	3,673	77,082	4,467	89,309	4,175	97,647
Imaging	12,470	324,233	14,784	358,773	25,401	685,675	42,522	735,267	44,219	854,218
Imag in	370	35,325	135	11,239	147	12,532	206	20,513	193	21,157
Imag out	12,100	288,908	14,649	347,534	25,253	673,144	42,315	714,755	44,025	833,062
Other MBS items	9,410	374,940	19,497	642,052	17,899	565,931	33,579	739,414	36,922	996,484
Other MBS in	3,269	222,790	2,109	133,628	1,063	92,291	2,678	210,249	3,833	269,037
Other MBS out	6,140	152,151	17,388	508,424	16,836	473,640	30,901	529,165	33,089	727,447
Total MBS in	8,983	755,710	3,433	245,851	2,614	205,148	5,849	466,842	7,046	573,504
Total MBS out	548,731	11,341,292	370,786	7,538,151	352,870	6,712,396	661,851	10,057,223	694,248	13,742,677
Total MBS	557,715	12,097,001	374,219	7,784,002	355,485	6,917,543	667,700	10,524,065	701,294	14,316,181

(continued)

Table 3.14.32 (continued): VII adjusted, number of MBS services claimed by age-group and by Indigenous status, 2013–14^(a)

MBS services claimed	25–29		30–34		35–39		40–44		45–49	
	Indig.	Non-Indig.	Indig.	Non-Indig.	Indig.	Non-Indig.	Indigenous	Non-Indig.	Indig.	Non-Indig.
Non-referred GP (total)^(b)	268,429	7,035,802	242,097	7,725,006	234,284	7,490,343	272,704	8,134,870	264,377	8,061,138
A level ^(c)	4,437	97,110	4,401	119,642	5,137	129,471	5,932	150,240	5,620	153,973
B level ^(c)	165,872	5,031,588	147,202	5,488,848	138,431	5,314,534	157,693	5,744,359	149,449	5,615,835
C level ^(c)	36,439	766,513	33,739	860,890	33,125	842,669	41,191	944,476	42,529	952,581
D level ^(c)	5,407	69,165	5,223	81,857	5,420	85,270	6,818	98,508	6,790	101,461
Indigenous health check ^(d)	10,006	..	9,048	..	8,940	..	10,227	..	9,733	..
Other health assessment	218	4,441	143	4,680	191	4,591	559	21,924	1,329	90,094
GPMP	2,718	44,039	3,137	57,148	3,761	68,741	5,301	90,122	5,984	107,619
TCA	2,167	34,039	2,605	44,823	3,133	54,153	4,486	71,913	5,120	86,176
After hours	19,192	673,454	15,743	708,186	14,118	615,580	13,548	580,954	11,497	513,816
Other (NRA)	12,582	291,564	12,645	331,722	13,966	349,875	16,281	402,501	16,108	400,582
Practice nurse/AHW	9,390	23,890	8,213	27,208	8,062	25,459	10,668	29,873	10,218	39,001
Allied health (total)	11,243	428,121	10,547	491,554	10,979	518,021	13,773	578,931	14,846	560,270
Allied health	3,415	85,095	4,017	115,381	4,776	145,782	6,430	193,148	8,422	232,733
Allied health AHW	479	n.a. ^(e)	460	n.a. ^(e)	547	n.a. ^(e)	678	n.a. ^(e)	736	n.a. ^(e)
Dental	2	182	18	n.p.	52	n.p.	20	361	71	259
Psychologist	7,347	342,844	6,051	376,235	5,604	372,281	6,644	385,423	5,617	327,278
Specialists (total)	13,006	734,500	13,471	971,704	15,011	1,075,735	18,894	1,268,770	20,616	1,353,196
<i>Specialists (total) in</i>	<i>855</i>	<i>70,755</i>	<i>743</i>	<i>94,622</i>	<i>1,283</i>	<i>113,362</i>	<i>1,613</i>	<i>142,152</i>	<i>1,289</i>	<i>166,641</i>
<i>Specialists (total) out</i>	<i>12,152</i>	<i>663,744</i>	<i>12,728</i>	<i>877,082</i>	<i>13,728</i>	<i>962,373</i>	<i>17,281</i>	<i>1,126,618</i>	<i>19,327</i>	<i>1,186,555</i>
<i>Specialist</i>	<i>6,755</i>	<i>361,094</i>	<i>6,685</i>	<i>486,421</i>	<i>6,656</i>	<i>527,290</i>	<i>8,354</i>	<i>601,067</i>	<i>8,638</i>	<i>628,519</i>
Spec con in	236	14,738	233	21,929	199	25,268	458	30,632	247	35,094
Spec con out	6,519	346,356	6,452	464,492	6,457	502,022	7,896	570,435	8,391	593,425

(continued)

Table 3.14.32 (continued): VII adjusted, number of MBS services claimed by age-group and by Indigenous status, 2013–14^(a)

MBS services claimed	25–29		30–34		35–39		40–44		45–49	
	Indig.	Non-Indig.	Indig.	Non-Indig.	Indig.	Non-Indig.	Indigenous	Non-Indig.	Indig.	Non-Indig.
<i>Consultant physician</i>	3,675	204,725	4,104	283,070	5,182	326,821	7,314	406,968	8,883	477,186
Con phys in	254	23,383	236	36,624	616	50,936	879	68,410	762	90,238
Con phys out	3,421	181,342	3,868	246,446	4,566	275,885	6,435	338,558	8,122	386,947
<i>Psychiatrist</i>	2,379	158,954	2,485	188,958	2,909	204,690	2,852	237,997	2,646	220,893
Psysc in	360	31,757	270	34,672	441	35,140	252	40,093	255	37,409
Psysc out	2,019	127,197	2,216	154,285	2,468	169,550	2,600	197,904	2,392	183,483
<i>Other specialist</i>	198	9,726	197	13,255	264	16,934	375	22,737	448	26,599
Other spec in	4	878	4	1,397	28	2,017	25	3,016	26	3,899
Other spec out	193	8,849	193	11,858	237	14,916	350	19,721	423	22,699
Pathology	245,751	6,468,742	209,006	7,769,719	187,115	7,189,624	212,708	7,470,503	212,751	7,662,668
Path in	3,183	237,267	3,386	374,764	4,029	405,954	5,395	456,732	5,330	529,854
Path out	242,567	6,231,476	205,621	7,394,954	183,085	6,783,671	207,313	7,013,771	207,422	7,132,813
Misc diagnostics	3,986	117,486	4,364	149,022	5,245	182,131	7,889	255,741	9,477	316,134
Misc diag in	69	4,880	89	7,805	161	10,671	245	16,399	215	21,503
Misc diag out	3,917	112,606	4,275	141,217	5,084	171,460	7,644	239,342	9,262	294,631
Imaging	37,032	1,092,510	30,560	1,331,633	27,091	1,283,763	32,331	1,408,897	32,763	1,474,240
Imag in	223	20,955	292	30,764	433	38,465	651	49,917	563	62,612
Imag out	36,808	1,071,556	30,267	1,300,870	26,657	1,245,299	31,680	1,358,980	32,200	1,411,628
Other MBS items	32,962	1,377,879	26,294	1,913,766	22,868	1,723,830	23,949	1,710,932	25,509	1,814,210
Other MBS in	4,051	316,971	4,271	505,277	4,850	544,242	4,912	585,225	4,208	599,872
Other MBS out	28,911	1,060,908	22,022	1,408,490	18,018	1,179,588	19,037	1,125,707	21,302	1,214,337
Total MBS in	8,514	661,743	8,836	1,028,911	10,915	1,127,236	12,991	1,264,304	11,687	1,394,580
Total MBS out	603,894	16,593,298	527,504	19,323,492	491,677	18,336,212	569,257	19,564,340	568,652	19,847,276
Total MBS	612,408	17,255,041	536,339	20,352,404	502,592	19,463,448	582,248	20,828,644	580,340	21,241,855

(continued)

Table 3.14.32 (continued): VII adjusted, number of MBS services claimed by age-group and by Indigenous status, 2013–14^(a)

MBS services claimed	50–54		55–59		60–64		65 and over		Total	
	Indig.	Non-Indig.	Indig.	Non-Indig.	Indig.	Non-Indig.	Indigenous	Non-Indig.	Indig.	Non-Indig.
Non-referred GP (total)^(b)	245,646	8,895,929	210,115	8,942,018	165,241	9,163,692	256,192	38,406,520	3,646,985	131,708,336
A level ^(c)	5,532	179,972	4,668	195,458	4,206	225,141	8,999	1,339,378	74,670	3,008,519
B level ^(c)	139,163	6,233,362	118,938	6,260,885	90,785	6,404,950	144,614	25,993,470	2,252,337	93,245,536
C level ^(c)	38,538	1,089,302	32,076	1,091,104	26,588	1,118,828	37,844	4,555,057	468,460	14,324,953
D level ^(c)	6,089	115,401	4,967	110,843	4,057	107,349	5,379	415,766	67,675	1,345,347
Indigenous health check ^(d)	8,657	..	7,523	..	5,873	..	8,814	..	150,354	..
Other health assessment	382	13,950	294	6,320	268	6,276	1,398	491,751	10,914	786,130
GPMP	6,116	139,483	5,573	159,461	4,509	182,548	6,658	782,736	53,623	1,779,097
TCA	5,159	111,694	4,743	128,010	3,864	146,984	5,771	653,368	44,360	1,441,514
After hours	9,398	508,667	7,478	456,082	5,050	392,692	7,504	1,554,757	228,026	8,868,275
Other (NRA)	16,091	448,556	13,743	461,940	11,909	483,450	17,268	2,051,787	169,839	5,915,422
Practice nurse/AHW	10,520	55,543	10,111	71,916	8,133	95,473	11,944	568,449	126,728	993,542
Allied health (total)	14,348	607,542	12,789	621,767	11,023	646,304	18,513	2,998,017	177,911	9,118,492
Allied health	9,525	310,835	9,322	378,713	8,530	470,052	16,380	2,791,552	89,717	5,087,909
Allied health AHW	856	n.a. ^(e)	737	n.a. ^(e)	650	n.a. ^(e)	1,146	n.a. ^(e)	8,518	n.a. ^(e)
Dental	n.p.	390	1	852	19	1,012	12	2,393	5,074	231,333
Psychologist	3,995	296,316	2,729	242,202	1,824	175,240	976	204,071	74,602	3,799,250
Specialists (total)	23,747	1,698,435	23,239	1,942,202	24,266	2,259,005	41,820	10,659,505	286,470	25,040,176
<i>Specialists (total) in</i>	<i>1,983</i>	<i>232,687</i>	<i>1,859</i>	<i>301,092</i>	<i>3,503</i>	<i>399,061</i>	<i>6,494</i>	<i>2,942,274</i>	<i>23,764</i>	<i>4,811,655</i>
<i>Specialists (total) out</i>	<i>21,764</i>	<i>1,465,748</i>	<i>21,380</i>	<i>1,641,110</i>	<i>20,762</i>	<i>1,859,945</i>	<i>35,326</i>	<i>7,717,231</i>	<i>262,707</i>	<i>20,228,520</i>
<i>Specialist</i>	<i>10,024</i>	<i>777,725</i>	<i>10,022</i>	<i>880,731</i>	<i>9,958</i>	<i>1,035,300</i>	<i>18,816</i>	<i>4,579,812</i>	<i>114,817</i>	<i>11,011,086</i>
Spec con in	411	47,885	359	56,942	544	68,542	1,075	347,853	4,427	698,699
Spec con out	9,613	729,840	9,662	823,790	9,414	966,758	17,741	4,231,959	110,390	10,312,387

(continued)

Table 3.14.32 (continued): VII adjusted, number of MBS services claimed by age-group and by Indigenous status, 2013–14^(a)

MBS services claimed	50–54		55–59		60–64		65 and over		Total	
	Indig.	Non-Indig.	Indig.	Non-Indig.	Indig.	Non-Indig.	Indigenous	Non-Indig.	Indig.	Non-Indig.
<i>Consultant physician</i>	10,589	662,890	10,775	822,022	12,253	1,016,311	21,119	5,569,507	139,651	11,375,302
Con phys in	1,088	141,060	1,196	202,869	2,516	290,593	4,965	2,434,133	15,206	3,583,091
Con phys out	9,501	521,830	9,578	619,154	9,737	725,718	16,154	3,135,374	124,445	7,792,211
<i>Psychiatrist</i>	2,677	224,350	2,008	201,981	1,599	162,365	945	251,162	27,454	2,159,547
Psync in	415	38,130	251	33,928	343	29,187	246	62,928	3,598	395,898
Psync out	2,261	186,221	1,757	168,053	1,255	133,179	699	188,234	23,856	1,763,649
<i>Other specialist</i>	457	33,470	435	37,467	456	45,029	940	259,024	4,548	494,241
Other spec in	69	5,612	53	7,353	100	10,739	207	97,361	533	133,967
Other spec out	388	27,858	382	30,114	356	34,290	732	161,664	4,015	360,274
Pathology	206,012	9,079,727	186,522	9,790,021	160,754	10,694,615	253,808	45,989,258	2,612,600	124,299,034
Path in	5,896	728,794	7,674	954,729	11,107	1,231,383	19,432	8,079,505	74,505	13,823,915
Path out	200,116	8,350,933	178,848	8,835,292	149,647	9,463,232	234,376	37,909,753	2,538,096	110,475,118
Misc diagnostics	10,578	419,043	9,750	507,649	9,423	630,752	15,805	3,067,027	97,901	6,224,545
Misc diag in	365	34,450	460	47,509	552	68,693	963	389,819	3,379	619,242
Misc diag out	10,213	384,593	9,290	460,140	8,872	562,058	14,842	2,677,208	94,522	5,605,303
Imaging	33,211	1,754,084	30,928	1,838,311	26,609	1,969,603	38,804	7,264,446	428,723	22,375,655
Imag in	913	90,378	1,051	123,662	1,495	164,362	2,527	1,041,297	9,202	1,723,175
Imag out	32,298	1,663,706	29,877	1,714,649	25,114	1,805,241	36,277	6,223,149	419,521	20,652,480
Other MBS items	30,606	2,241,866	29,602	2,455,992	26,476	2,776,323	43,596	10,636,353	379,169	29,969,972
Other MBS in	6,659	787,373	6,931	927,007	7,714	1,103,777	12,113	4,240,610	68,662	10,538,348
Other MBS out	23,947	1,454,493	22,671	1,528,985	18,762	1,672,546	31,483	6,395,743	310,507	19,431,624
Total MBS in	15,962	1,891,855	18,112	2,376,878	24,687	2,997,184	42,539	16,996,225	182,169	31,985,970
Total MBS out	548,185	22,804,772	484,832	23,721,083	399,105	25,143,110	625,997	102,024,903	7,447,590	316,750,240
Total MBS	564,147	24,696,627	502,944	26,097,961	423,792	28,140,294	668,537	119,021,127	7,629,759	348,736,210

(continued)

Table 3.14.32 (continued): VII adjusted, number of MBS services claimed by age-group and by Indigenous status, 2013–14^(a)

- (a) Numbers and rates have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database.
- (b) Includes 4 year old health checks.
- (c) Level A—consultations for cases that are obvious or straightforward; Level B—consultations lasting less than 20 minutes for cases that are not obvious or straightforward; Level C—consultations lasting at least 20 minutes; Level D—consultations lasting at least 40 minutes. To be counted as Level B, C, and D, consultations must involve one or more of the following tasks: taking a patient history, performing a clinical examination, arranging any necessary investigation, implementing a management plan, or providing appropriate preventive health care. For Level C, a patient history must be 'detailed' to count, and for level D, a patient history must be 'extensive' to count.
- (d) Indigenous health checks are not VII adjusted.
- (e) Data on Allied Health AHW services to non-Indigenous people were not supplied.

Note: In/Out refers to in and out of hospital.

Source: Analysis of Medicare Data by AIHW and Medicare Benefit Division, Department of Health.

Table 3.14.33: VII adjusted, crude rate of MBS services claimed per 1000 population by age-group and Indigenous status, 2013–14^(a)

MBS services claimed	0–4		5–9		10–14		15–19		20–24	
	Indig. crude rate per 1,000	Non-Indig. crude rate per 1,000	Indig. crude rate per 1,000	Non-Indig. crude rate per 1,000	Indig. crude rate per 1,000	Non-Indig. crude rate per 1,000	Indig. crude rate per 1,000	Non-Indig. crude rate per 1,000	Indig. crude rate per 1,000	Non-Indig. crude rate per 1,000
Non-referred GP (total)^(c)	5,150	5,936	2,912	3,318	2,554	2,669	3,975	3,435	4,624	4,009
A level ^(d)	89	78	52	48	52	49	64	61	74	57
B level ^(d)	3,652	4,613	2,014	2,584	1,711	2,068	2,559	2,552	2,938	2,910
C level ^(d)	411	401	195	157	219	168	499	314	599	409
D level ^(d)	36	19	22	10	28	13	67	31	79	36
Indigenous health check ^(e)	238	..	184	..	162	..	161	..	170	..
Other health assessment	57	85	8	8	3	2	3	2	3	2
GPMP	16	18	26	27	22	18	29	18	36	22
TCA	12	14	19	21	16	13	22	13	27	16
After hours	488	671	269	391	196	255	291	295	354	380
Other (NRA)	20	20	58	66	83	80	169	146	199	167
Practice nurse/AHW	132	17	64	5	63	3	110	4	144	10
Allied health (total)	39	53	141	218	218	300	216	369	169	239
Allied health	26	41	63	86	56	46	51	43	49	41
Allied health AHW	7	n.a. ^(f)	5	n.a. ^(f)	5	n.a. ^(f)	5	n.a. ^(f)	7	n.a. ^(f)
Dental	n.a.	n.a.	—	—	27	71	36	95	n.p.	—
Psychologist	6	12	72	131	131	183	124	231	113	198
Specialists (total)	269	652	266	360	255	322	202	430	187	385
<i>Specialists (total) in</i>	<i>22</i>	<i>123</i>	<i>4</i>	<i>17</i>	<i>5</i>	<i>17</i>	<i>12</i>	<i>40</i>	<i>8</i>	<i>44</i>
<i>Specialists (total) out</i>	<i>247</i>	<i>529</i>	<i>261</i>	<i>343</i>	<i>250</i>	<i>305</i>	<i>190</i>	<i>390</i>	<i>178</i>	<i>341</i>
<i>Specialist</i>	<i>71</i>	<i>154</i>	<i>73</i>	<i>139</i>	<i>55</i>	<i>116</i>	<i>81</i>	<i>196</i>	<i>96</i>	<i>184</i>
Spec con in	1	6	1	5	1	5	2	9	3	9
Spec con out	69	148	72	134	53	111	78	187	93	174

(continued)

Table 3.14.33 (continued): VII adjusted, crude rate of MBS services claimed per 1000 population by age-group and Indigenous status, 2013–14^(a)

MBS services claimed	0–4		5–9		10–14		15–19		20–24	
	Indig. crude rate per 1,000	Non-Indig. crude rate per 1,000	Indig. crude rate per 1,000	Non-Indig. crude rate per 1,000	Indig. crude rate per 1,000	Non-Indig. crude rate per 1,000	Indig. crude rate per 1,000	Non-Indig. crude rate per 1,000	Indig. crude rate per 1,000	Non-Indig. crude rate per 1,000
<i>Consultant physician</i>	196	493	185	211	185	179	82	144	50	102
Con phys in	21	117	3	12	4	11	3	16	2	14
Con phys out	175	376	182	199	181	169	79	127	48	88
<i>Psychiatrist</i>	—	1	6	8	15	23	36	85	37	94
Psyc in	—	—	—	—	—	—	7	14	3	21
Psyc out	—	1	6	8	14	23	30	71	33	73
<i>Other specialist</i>	2	4	1	3	1	3	2	5	3	5
Other spec in	—	—	—	—	—	—	—	—	—	—
Other spec out	2	4	1	3	1	3	2	5	3	5
Pathology	875	1,124	764	876	921	919	3,252	2,196	4,158	3,210
Path in	40	212	8	53	12	56	24	122	34	127
Path out	836	912	756	824	909	862	3,228	2,074	4,124	3,083
Misc diagnostics	50	114	57	101	48	59	59	67	63	65
Misc diag in	1	3	—	2	1	1	1	3	1	3
Misc diag out	49	110	57	100	47	58	58	64	62	62
Imaging	149	224	180	258	325	517	554	528	656	542
Imag in	4	24	2	8	2	9	3	15	3	13
Imag out	144	200	178	250	323	507	551	513	653	528
Other MBS items	112	259	237	461	229	426	437	531	548	632
Other MBS in	39	154	26	96	14	70	35	151	57	171
Other MBS out	73	105	212	365	215	357	402	380	491	461
Total MBS in	107	522	42	177	33	155	76	335	105	364
Total MBS out	6,537	7,839	4,516	5,416	4,516	5,058	8,619	7,220	10,299	8,717
Total MBS	6,644	8,362	4,557	5,593	4,550	5,213	8,695	7,555	10,404	9,081

(continued)

Table 3.14.33 (continued): VII adjusted, crude rate of MBS services claimed per 1000 population by age-group and Indigenous status, 2013–14^(a)

MBS services claimed	25–29		30–34		35–39		40–44		45–49	
	Indig. crude rate per 1,000	Non-Indig. crude rate per 1,000	Indig. crude rate per 1,000	Non-Indig. crude rate per 1,000	Indig. crude rate per 1,000	Non-Indig. crude rate per 1,000	Indig. crude rate per 1,000	Non-Indig. crude rate per 1,000	Indig. crude rate per 1,000	Non-Indig. crude rate per 1,000
Non-referred GP (total)^(c)	4,894	4,178	5,380	4,706	5,998	4,927	6,416	5,002	7,315	5,369
A level ^(d)	81	58	98	73	132	85	140	92	155	103
B level ^(d)	3,024	2,988	3,271	3,344	3,544	3,496	3,710	3,532	4,135	3,740
C level ^(d)	664	455	750	524	848	554	969	581	1,177	634
D level ^(d)	99	41	116	50	139	56	160	61	188	68
Indigenous health check ^(e)	182	..	201	..	229	..	241	..	269	..
Other health assessment	4	3	3	3	5	3	13	13	37	60
GPMP	50	26	70	35	96	45	125	55	166	72
TCA	40	20	58	27	80	36	106	44	142	57
After hours	350	400	350	431	361	405	319	357	318	342
Other (NRA)	229	173	281	202	358	230	383	247	446	267
Practice nurse/AHW	171	14	183	17	206	17	251	18	283	26
Allied health (total)	205	254	234	299	281	341	324	356	411	373
Allied health	62	51	89	70	122	96	151	119	233	155
Allied health AHW	9	n.a. ^(f)	10	n.a. ^(f)	14	n.a. ^(f)	16	n.a. ^(f)	20	n.a. ^(f)
Dental	—	—	—	n.p.	1	n.p.	—	—	2	—
Psychologist	134	204	134	229	143	245	156	237	155	218
Specialists (total)	237	436	299	592	384	708	445	780	570	901
<i>Specialists (total) in</i>	<i>16</i>	<i>42</i>	<i>17</i>	<i>58</i>	<i>33</i>	<i>75</i>	<i>38</i>	<i>87</i>	<i>36</i>	<i>111</i>
<i>Specialists (total) out</i>	<i>222</i>	<i>394</i>	<i>283</i>	<i>534</i>	<i>351</i>	<i>633</i>	<i>407</i>	<i>693</i>	<i>535</i>	<i>790</i>
<i>Specialist</i>	<i>123</i>	<i>214</i>	<i>149</i>	<i>296</i>	<i>170</i>	<i>347</i>	<i>197</i>	<i>370</i>	<i>239</i>	<i>419</i>
Spec con in	4	9	5	13	5	17	11	19	7	23
Spec con out	119	206	143	283	165	330	186	351	232	395

(continued)

Table 3.14.33 (continued): VII adjusted, crude rate of MBS services claimed per 1000 population by age-group and Indigenous status, 2013–14^(a)

MBS services claimed	25–29		30–34		35–39		40–44		45–49	
	Indig. crude rate per 1,000	Non-Indig. crude rate per 1,000	Indig. crude rate per 1,000	Non-Indig. crude rate per 1,000	Indig. crude rate per 1,000	Non-Indig. crude rate per 1,000	Indig. crude rate per 1,000	Non-Indig. crude rate per 1,000	Indig. crude rate per 1,000	Non-Indig. crude rate per 1,000
<i>Consultant physician</i>	67	122	91	172	133	215	172	250	246	318
Con phys in	5	14	5	22	16	34	21	42	21	60
Con phys out	62	108	86	150	117	181	151	208	225	258
<i>Psychiatrist</i>	43	94	55	115	74	135	67	146	73	147
Psync in	7	19	6	21	11	23	6	25	7	25
Psync out	37	76	49	94	63	112	61	122	66	122
<i>Other specialist</i>	4	6	4	8	7	11	9	14	12	18
Other spec in	—	1	—	1	1	1	1	2	1	3
Other spec out	4	5	4	7	6	10	8	12	12	15
Pathology	4,480	3,841	4,645	4,733	4,790	4,729	5,004	4,594	5,886	5,104
Path in	58	141	75	228	103	267	127	281	147	353
Path out	4,422	3,700	4,570	4,505	4,687	4,462	4,878	4,313	5,739	4,751
Misc diagnostics	73	70	97	91	134	120	186	157	262	211
Misc diag in	1	3	2	5	4	7	6	10	6	14
Misc diag out	71	67	95	86	130	113	180	147	256	196
Imaging	675	649	679	811	694	844	761	866	906	982
Imag in	4	12	7	19	11	25	15	31	16	42
Imag out	671	636	673	793	682	819	745	836	891	940
Other MBS items	601	818	584	1,166	585	1,134	563	1,052	706	1,208
Other MBS in	74	188	95	308	124	358	116	360	116	400
Other MBS out	527	630	489	858	461	776	448	692	589	809
Total MBS in	155	393	196	627	279	741	306	777	323	929
Total MBS out	11,010	9,852	11,723	11,772	12,588	12,061	13,393	12,030	15,733	13,219
Total MBS	11,165	10,245	11,919	12,399	12,867	12,803	13,699	12,808	16,057	14,148

(continued)

Table 3.14.33 (continued): VII adjusted, crude rate of MBS services claimed per 1000 population by age-group and Indigenous status, 2013–14^(a)

MBS services claimed	50–54		55–59		60–64		65 and over		Total ^(b)	
	Indig. crude rate per 1,000	Non-Indig. crude rate per 1,000	Indig. crude rate per 1,000	Non-Indig. crude rate per 1,000	Indig. crude rate per 1,000	Non-Indig. crude rate per 1,000	Indig. crude rate per 1,000	Non-Indig. crude rate per 1,000	Indig. crude rate per 1,000	Non-Indig. crude rate per 1,000
Non-referred GP (total)^(c)	7,787	5,835	8,532	6,453	9,336	7,423	9,752	11,404	6,115	5,583
A level ^(d)	175	118	190	141	238	182	343	398	142	123
B level ^(d)	4,412	4,089	4,829	4,518	5,130	5,189	5,505	7,718	3,641	3,967
C level ^(d)	1,222	714	1,302	787	1,502	906	1,441	1,353	851	599
D level ^(d)	193	76	202	80	229	87	205	123	127	56
Indigenous health check ^(e)	274	..	305	..	332	..	336	..	236	..
Other health assessment	12	9	12	5	15	5	53	146	18	32
GPMP	194	91	226	115	255	148	253	232	114	72
TCA	164	73	193	92	218	119	220	194	96	58
After hours	298	334	304	329	285	318	286	462	318	390
Other (NRA)	510	294	558	333	673	392	657	609	336	246
Practice nurse/AHW	334	36	411	52	460	77	455	169	236	39
Allied health (total)	455	398	519	449	623	524	705	890	334	386
Allied health	302	204	379	273	482	381	623	829	204	202
Allied health AHW	27	n.a. ^(f)	30	n.a. ^(f)	37	n.a. ^(f)	44	n.a. ^(f)	17	n.a. ^(f)
Dental	n.p.	—	—	1	1	1	—	1	5	13
Psychologist	127	194	111	175	103	142	37	61	108	172
Specialists (total)	753	1,114	944	1,402	1,371	1,830	1,592	3,165	581	1,022
<i>Specialists (total) in</i>	63	153	75	217	198	323	247	874	61	189
<i>Specialists (total) out</i>	690	961	868	1,184	1,173	1,507	1,345	2,291	520	833
<i>Specialist</i>	318	510	407	636	563	839	716	1,360	247	449
Spec con in	13	31	15	41	31	56	41	103	11	28
Spec con out	305	479	392	594	532	783	675	1,257	236	421

(continued)

Table 3.14.33 (continued): VII adjusted, crude rate of MBS services claimed per 1000 population by age-group and Indigenous status, 2013–14^(a)

MBS services claimed	50–54		55–59		60–64		65 and over		Total ^(b)	
	Indig. crude rate per 1,000	Non-Indig. crude rate per 1,000	Indig. crude rate per 1,000	Non-Indig. crude rate per 1,000	Indig. crude rate per 1,000	Non-Indig. crude rate per 1,000	Indig. crude rate per 1,000	Non-Indig. crude rate per 1,000	Indig. crude rate per 1,000	Non-Indig. crude rate per 1,000
<i>Consultant physician</i>	336	435	438	593	692	823	804	1,654	275	459
Con phys in	34	93	49	146	142	235	189	723	42	139
Con phys out	301	342	389	447	550	588	615	931	234	320
<i>Psychiatrist</i>	85	147	82	146	90	132	36	75	48	94
Psyc in	13	25	10	24	19	24	9	19	7	17
Psyc out	72	122	71	121	71	108	27	56	41	77
<i>Other specialist</i>	14	22	18	27	26	36	36	77	11	20
Other spec in	2	4	2	5	6	9	8	29	2	5
Other spec out	12	18	16	22	20	28	28	48	9	15
Pathology	6,531	5,955	7,574	7,065	9,083	8,664	9,661	13,656	4,946	5,121
Path in	187	478	312	689	628	998	740	2,399	194	544
Path out	6,344	5,477	7,262	6,376	8,455	7,666	8,922	11,257	4,752	4,577
Misc diagnostics	335	275	396	366	532	511	602	911	215	249
Misc diag in	12	23	19	34	31	56	37	116	9	24
Misc diag out	324	252	377	332	501	455	565	795	206	225
Imaging	1,053	1,151	1,256	1,327	1,503	1,596	1,477	2,157	787	934
Imag in	29	59	43	89	84	133	96	309	25	67
Imag out	1,024	1,091	1,213	1,237	1,419	1,462	1,381	1,848	763	867
Other MBS items	970	1,470	1,202	1,772	1,496	2,249	1,659	3,158	731	1,240
Other MBS in	211	516	281	669	436	894	461	1,259	156	429
Other MBS out	759	954	921	1,103	1,060	1,355	1,198	1,899	576	811
Total MBS in	506	1,241	735	1,715	1,395	2,428	1,619	5,047	452	1,271
Total MBS out	17,378	14,958	19,687	17,118	22,550	20,368	23,829	30,294	13,257	13,263
Total MBS	17,884	16,199	20,422	18,833	23,945	22,796	25,448	35,341	13,710	14,533

(continued)

Table 3.14.33 (continued): VII adjusted, crude rate of MBS services claimed per 1000 population by age-group and Indigenous status, 2013–14^(a)

- (a) Numbers and rates have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database.
- (b) Total directly age-standardised using the 2001 Australian standard population, by 5-year age group up to 75+.
- (c) Includes 4 year old health checks.
- (d) Level A—consultations for cases that are obvious or straightforward; Level B—consultations lasting less than 20 minutes for cases that are not obvious or straightforward; Level C—consultations lasting at least 20 minutes; Level D—consultations lasting at least 40 minutes. To be counted as Level B, C, and D, consultations must involve one or more of the following tasks: taking a patient history, performing a clinical examination, arranging any necessary investigation, implementing a management plan, or providing appropriate preventive health care. For Level C, a patient history must be 'detailed' to count, and for level D, a patient history must be 'extensive' to count.
- (e) Indigenous health checks are not VII adjusted.
- (f) Data on Allied Health AHW services to non-Indigenous people were not supplied.

Note: In/Out refers to in and out of hospital.

Source: Analysis of Medicare Data by AIHW and Medicare Benefit Division, Department of Health.

Table 3.14.34: VII adjusted, rate ratio of MBS services claimed by age-group, 2013–14^{(a)(b)}

MBS services claimed	< 5	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65+	Total ^(c)
Non-referred GP (total)^(d)	0.9*	0.9*	1.0*	1.2*	1.2*	1.2*	1.1*	1.2*	1.3*	1.4*	1.3*	1.3*	1.3*	0.9*	1.1*
A level ^(e)	1.1*	1.1*	1.1*	1.0*	1.3*	1.4*	1.3*	1.6*	1.5*	1.5*	1.5*	1.3*	1.3*	0.9*	1.2*
B level ^(e)	0.8*	0.8*	0.8*	1.0	1.0*	1.0*	1.0*	1.0*	1.5*	1.1*	1.1*	1.1*	1.0*	0.7*	0.9*
C level ^(e)	1.0*	1.2*	1.3*	1.6*	1.5*	1.5*	1.4*	1.5*	1.7*	1.9*	1.7*	1.7*	1.7*	1.1*	1.4*
D level ^(e)	1.9*	2.2*	2.2*	2.2*	2.2*	2.4*	2.3*	2.5*	2.6*	2.8*	2.5*	2.5*	2.6*	1.7*	2.3*
Indigenous health check ^(f)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Other health assessment	0.7*	1.0	1.5*	1.5*	1.5*	1.3*	1.0	1.7*	1.0	0.6*	1.3*	2.4*	3.0*	0.4*	0.6*
GPMP	0.9*	1.0	1.2*	1.6*	1.6*	1.9*	2.0*	2.1*	2.3*	2.3*	2.1*	2.0*	1.7*	1.1*	1.6*
TCA	0.9*	0.9*	1.2*	1.7*	1.7*	2.0*	2.1*	2.2*	2.4*	2.5*	2.2*	2.1*	1.8*	1.1*	1.7*
After hours	0.7*	0.7*	0.8*	1.0*	0.9*	0.9*	0.8*	0.9*	0.9*	0.9*	0.9*	0.9*	0.9*	0.6*	0.8*
Other (NRA)	1.0	0.9*	1.0*	1.2*	1.2*	1.3*	1.4*	1.6*	1.6*	1.7*	1.7*	1.7*	1.7*	1.1*	1.4*
Practice nurse/AHW	7.8*	12.8*	21.0*	27.5*	14.4*	12.2*	10.8*	12.1*	13.9*	10.9*	9.3*	7.9*	6.0*	2.7*	6.1*
Allied health (total)	0.7*	0.6*	0.7*	0.6*	0.7*	0.8*	0.8*	0.8*	0.9*	1.1*	1.1*	1.2*	1.2*	0.8*	0.9*
Allied health	0.6*	0.7*	1.2*	1.2*	1.2*	1.2*	1.3*	1.3*	1.3*	1.5*	1.5*	1.4*	1.3*	0.8*	1.0*
Allied health AHW	n.a. ^(g)	n.a. ^(g)	n.a. ^(g)	n.a. ^(g)	n.a. ^(g)	n.a. ^(g)	n.a. ^(g)	n.a. ^(g)	n.a. ^(g)	n.a. ^(g)	n.a. ^(g)	n.a. ^(g)	n.a. ^(g)	n.a. ^(g)	n.a. ^(g)
Dental	n.a.	—	0.4*	0.4*	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	1.0	n.p.	0.4*
Psychologist	0.5*	0.5*	0.7*	0.5*	0.6*	0.7*	0.6*	0.6*	0.6*	0.7*	0.7*	0.6*	0.7*	0.6*	0.6*
Specialists (total)	0.4*	0.7*	0.8*	0.5*	0.5*	0.5*	0.5*	0.5*	0.6*	0.6*	0.7*	0.7*	0.7*	0.5*	0.6*
<i>Specialists (total) in</i>	<i>0.2*</i>	<i>0.2*</i>	<i>0.3*</i>	<i>0.3*</i>	<i>0.2*</i>	<i>0.4*</i>	<i>0.3*</i>	<i>0.4*</i>	<i>0.4*</i>	<i>0.3*</i>	<i>0.4*</i>	<i>0.3*</i>	<i>0.6*</i>	<i>0.3*</i>	<i>0.3*</i>
<i>Specialists (total) out</i>	<i>0.5*</i>	<i>0.8*</i>	<i>0.8*</i>	<i>0.5*</i>	<i>0.5*</i>	<i>0.6*</i>	<i>0.5*</i>	<i>0.6*</i>	<i>0.6*</i>	<i>0.7*</i>	<i>0.7*</i>	<i>0.7*</i>	<i>0.8*</i>	<i>0.6*</i>	<i>0.6*</i>
<i>Specialist</i>	<i>0.5*</i>	<i>0.5*</i>	<i>0.5*</i>	<i>0.4*</i>	<i>0.5*</i>	<i>0.6*</i>	<i>0.5*</i>	<i>0.5*</i>	<i>0.5*</i>	<i>0.6*</i>	<i>0.6*</i>	<i>0.6*</i>	<i>0.7*</i>	<i>0.5*</i>	<i>0.6*</i>
Spec con in	0.2*	0.2*	0.2*	0.2*	0.3*	0.4*	0.4*	0.3*	0.6*	0.3*	0.4*	0.4*	0.6*	0.4*	0.4*
Spec con out	0.5*	0.5*	0.5*	0.4*	0.5*	0.6*	0.5*	0.5*	0.5*	0.6*	0.6*	0.7*	0.7*	0.5*	0.6*

(continued)

Table 3.14.34 (continued): VII adjusted, rate ratio of MBS services claimed by age-group, 2013–14^{(a)(b)}

MBS services claimed	< 5	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65+	Total ^(c)
<i>Consultant physician</i>	0.4*	0.9*	1.0*	0.6*	0.5*	0.5*	0.5*	0.6*	0.7*	0.8*	0.8*	0.7*	0.8*	0.5*	0.6*
Con phys in	0.2*	0.3*	0.4*	0.2*	0.1*	0.4*	0.2*	0.5*	0.5*	0.4*	0.4*	0.3*	0.6*	0.3*	0.3*
Con phys out	0.5*	0.9*	1.1*	0.6*	0.5*	0.6*	0.6*	0.6*	0.7*	0.9*	0.9*	0.9*	0.9*	0.7*	0.7*
<i>Psychiatrist</i>	n.p.	0.8*	0.7*	0.4*	0.4*	0.5*	0.5*	0.5*	0.5*	0.5*	0.6*	0.6*	0.7*	0.5*	0.5*
Psyc in	n.p.	n.p.	n.p.	0.5*	0.1*	0.4*	0.3*	0.5*	0.2*	0.3*	0.5*	0.4*	0.8*	0.5*	0.4*
Psyc out	n.p.	0.8*	0.6*	0.4*	0.5*	0.5*	0.5*	0.6*	0.5*	0.5*	0.6*	0.6*	0.7*	0.5*	0.5*
<i>Other specialist</i>	0.5*	0.3*	0.3*	0.4*	0.6*	0.7*	0.5*	0.6*	0.6*	0.7*	0.6*	0.7*	0.7*	0.5*	0.6*
Other spec in	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	1.0	0.5*	0.3*	0.5*	0.4*	0.7*	0.3*	0.4*
Other spec out	0.5*	0.3*	0.3*	0.4*	0.6*	0.8*	0.6*	0.6*	0.7*	0.8*	0.7*	0.7*	0.7*	0.6*	0.6*
Pathology	0.8*	0.9*	1.0	1.5*	1.3*	1.2*	1.0*	1.1*	1.1*	1.2*	1.2*	1.1*	1.0*	0.7*	1.0*
Path in	0.2*	0.2*	0.2*	0.2*	0.3*	0.4*	0.3*	0.4*	0.5*	0.4*	0.4*	0.5*	0.6*	0.3*	0.4*
Path out	0.9*	0.9*	1.1*	1.6*	1.3*	1.2*	1.0*	1.1*	1.1*	1.2*	1.2*	1.1*	1.1*	0.8*	1.0*
Misc diagnostics	0.4*	0.6*	0.8*	0.9*	1.0*	1.0*	1.1*	1.1*	1.2*	1.2*	1.2*	1.1*	1.0*	0.7*	0.9*
Misc diag in	0.3*	n.p.	1.0	0.3*	0.3*	0.3*	0.4*	0.6*	0.6*	0.4*	0.5*	0.6*	0.6*	0.3*	0.4*
Misc diag out	0.4*	0.6*	0.8*	0.9*	1.0	1.1*	1.1*	1.2*	1.2*	1.3*	1.3*	1.1*	1.1*	0.7*	0.9*
Imaging	0.7*	0.7*	0.6*	1.0*	1.2*	1.0*	0.8*	0.8*	0.9*	0.9*	0.9*	0.9*	0.9*	0.7*	0.8*
Imag in	0.2*	0.3*	0.2*	0.2*	0.2*	0.3*	0.4*	0.4*	0.5*	0.4*	0.5*	0.5*	0.6*	0.3*	0.4*
Imag out	0.7*	0.7*	0.6*	1.1*	1.2*	1.1*	0.8*	0.8*	0.9*	0.9*	0.9*	1.0*	1.0*	0.7*	0.9*
Other MBS items	0.4*	0.5*	0.5*	0.8*	0.9*	0.7*	0.5*	0.5*	0.5*	0.6*	0.7*	0.7*	0.7*	0.5*	0.6*
Other MBS in	0.3*	0.3*	0.2*	0.2*	0.3*	0.4*	0.3*	0.3*	0.3*	0.3*	0.4*	0.4*	0.5*	0.4*	0.4*
Other MBS out	0.7*	0.6*	0.6*	1.1*	1.1*	0.8*	0.6*	0.6*	0.6*	0.7*	0.8*	0.8*	0.8*	0.6*	0.7*
Total MBS in	0.2*	0.2*	0.2*	0.2*	0.3*	0.4*	0.3*	0.4*	0.4*	0.3*	0.4*	0.4*	0.6*	0.3*	0.4*
Total MBS out	0.8*	0.8*	0.9*	1.2*	1.2*	1.1*	1.0*	1.0*	1.1*	1.2*	1.2*	1.2*	1.1*	0.8*	1.0*
Total MBS	0.8*	0.8*	0.9*	1.2*	1.1*	1.1*	1.0*	1.0*	1.1*	1.1*	1.1*	1.1*	1.1*	0.7*	0.9*

(continued)

Table 3.14.34 (continued): VII adjusted, rate ratio of MBS services claimed by age-group, 2013–14^{(a)(b)}

* Represents results with statistically significant differences in the Indigenous/non-Indigenous comparisons at the $p < 0.05$ level.

- (a) Numbers and rates have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database.
- (b) Rate ratio is the rate for Indigenous Australians divided by the rate for non-Indigenous Australians.
- (c) Total directly age-standardised using the 2001 Australian standard population, by 5-year age group up to 75+.
- (d) Includes 4 year old health checks.
- (e) Level A—consultations for cases that are obvious or straightforward; Level B—consultations lasting less than 20 minutes for cases that are not obvious or straightforward; Level C—consultations lasting at least 20 minutes; Level D—consultations lasting at least 40 minutes. To be counted as Level B, C, and D, consultations must involve one or more of the following tasks: taking a patient history, performing a clinical examination, arranging any necessary investigation, implementing a management plan, or providing appropriate preventive health care. For Level C, a patient history must be 'detailed' to count, and for level D, a patient history must be 'extensive' to count.
- (f) Indigenous health checks are not VII adjusted.
- (g) Data on Allied Health AHW services to non-Indigenous people were not supplied.

Note: In/Out refers to in and out of hospital.

Source: Analysis of Medicare Data by AIHW and Medicare Benefit Division, Department of Health.

Table 3.14.35: VII adjusted, rate difference of MBS services claimed per 1,000 population by age-group, 2013–14^{(a)(b)}

MBS services claimed	< 5	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65+	Total ^(c)
Non-referred GP (total)^(d)	–786*	–406*	–115*	540*	615*	716*	674*	1,071*	1,414*	1,946*	1,952*	2,079*	1,913*	–1,652*	532*
A level ^(e)	11*	4*	3*	3*	17*	23*	25*	47*	48*	52*	57*	49*	56*	–55*	19*
B level ^(e)	–961*	–570*	–357*	7	28*	36*	–73*	48*	178*	395*	323*	311*	–59*	–2,213*	–326*
C level ^(e)	10*	38*	51*	185*	190*	209*	226*	294*	388*	543*	508*	515*	596*	88*	252*
D level ^(e)	17*	12*	15*	36*	43*	58*	66*	83*	99*	120*	117*	122*	142*	82*	71*
Indigenous health check ^(f)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Other health assessment	–28*	—	1*	1*	1*	1*	—	2*	—	–23*	3*	7*	10*	–93*	–14*
GPMP	–2*	–1	4*	11*	14*	24*	35*	51*	70*	94*	103*	111*	107*	21*	42*
TCA	–2*	–2*	3*	9*	11*	20*	31*	44*	62*	85*	91*	101*	99*	26*	38*
After hours	–183*	–122*	–59*	–4*	–26*	–50*	–81*	–44*	–38*	–24*	–36*	–25*	–33*	–176*	–72*
Other (NRA)	—	–8*	3*	23*	32*	56*	79*	128*	136*	179*	216*	225*	281*	48*	90*
Practice nurse/AHW	115*	59*	60*	106*	134*	157*	166*	189*	233*	257*	298*	359*	383*	286*	197*
Allied health (total)	–14*	–77*	–82*	–153*	–70*	–49*	–65*	–60*	–32*	38*	57*	70*	99*	–185*	–52*
Allied health	–15*	–23*	10*	8*	8*	11*	19*	26*	32*	78*	98*	106*	101*	–206*	2*
Allied health AHW	n.a. ^(g)	n.a. ^(g)	n.a. ^(g)	n.a. ^(g)	n.a. ^(g)	n.a. ^(g)	n.a. ^(g)	n.a. ^(g)	n.a. ^(g)	n.a. ^(g)	n.a. ^(g)	n.a. ^(g)	n.a. ^(g)	n.a. ^(g)	n.a. ^(g)
Dental	n.a.	—	–44*	–59*	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	—	n.p.	–8*
Psychologist	–6*	–59*	–52*	–107*	–85*	–70*	–95*	–102*	–81*	–63*	–67*	–64*	–39*	–24*	–64*
Specialists (total)	–383*	–94*	–67*	–228*	–198*	–199*	–293*	–324*	–335*	–331*	–361*	–458*	–459*	–1,573*	–441*
<i>Specialists (total) in</i>	<i>–101*</i>	<i>–13*</i>	<i>–12*</i>	<i>–28*</i>	<i>–36*</i>	<i>–26*</i>	<i>–41*</i>	<i>–42*</i>	<i>–49*</i>	<i>–75*</i>	<i>–90*</i>	<i>–142*</i>	<i>–125*</i>	<i>–627*</i>	<i>–128*</i>
<i>Specialists (total) out</i>	<i>–282*</i>	<i>–82*</i>	<i>–55*</i>	<i>–200*</i>	<i>–163*</i>	<i>–172*</i>	<i>–251*</i>	<i>–282*</i>	<i>–286*</i>	<i>–255*</i>	<i>–271*</i>	<i>–316*</i>	<i>–334*</i>	<i>–946*</i>	<i>–313*</i>
<i>Specialist</i>	<i>–83*</i>	<i>–66*</i>	<i>–61*</i>	<i>–115*</i>	<i>–88*</i>	<i>–91*</i>	<i>–147*</i>	<i>–177*</i>	<i>–173*</i>	<i>–180*</i>	<i>–192*</i>	<i>–229*</i>	<i>–276*</i>	<i>–644*</i>	<i>–202*</i>
Spec con in	–5*	–4*	–4*	–7*	–6*	–5*	–8*	–12*	–8*	–16*	–18*	–26*	–25*	–62*	–17*
Spec con out	–79*	–62*	–58*	–109*	–81*	–87*	–140*	–165*	–165*	–163*	–174*	–202*	–251*	–582*	–185*

(continued)

Table 3.14.35 (continued): VII adjusted, rate difference of MBS services claimed per 1,000 population by age-group, 2013–14^{(a)(b)}

MBS services claimed	< 5	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65+	Total ^(c)
<i>Consultant physician</i>	–297*	–26*	6*	–62*	–52*	–55*	–81*	–82*	–78*	–72*	–99*	–155*	–131*	–850*	–184*
Con phys in	–96*	–9*	–7*	–13*	–12*	–9*	–17*	–18*	–21*	–39*	–59*	–97*	–93*	–534*	–97*
Con phys out	–201*	–17*	12*	–48*	–40*	–46*	–64*	–64*	–57*	–33*	–41*	–58*	–38*	–316*	–86*
<i>Psychiatrist</i>	–1*	–2*	–8*	–49*	–57*	–51*	–60*	–61*	–79*	–74*	–62*	–64*	–42*	–39*	–46*
Psync in	—	—	—	–7*	–18*	–12*	–15*	–12*	–19*	–18*	–12*	–14*	–5*	–10*	–10*
Psync out	–1*	–2*	–9*	–41*	–40*	–39*	–45*	–49*	–61*	–56*	–50*	–50*	–37*	–29*	–36*
<i>Other specialist</i>	–2*	–2*	–2*	–3*	–2*	–2*	–4*	–4*	–5*	–6*	–8*	–9*	–10*	–41*	–9*
Other spec in	n.p.	n.p.	n.p.	n.p.	n.p.	–1*	–1*	—	–1*	–2*	–2*	–3*	–3*	–21*	–3*
Other spec out	–2*	–2*	–2*	–3*	–2*	–1*	–3*	–4*	–4*	–3*	–6*	–6*	–8*	–20*	–6*
Pathology	–249*	–112*	2	1,056*	948*	639*	–88*	61*	410*	782*	576*	509*	419*	–3,995*	–175*
Path in	–172*	–45*	–44*	–98*	–93*	–83*	–153*	–164*	–154*	–206*	–291*	–377*	–370*	–1,659*	–350*
Path out	–76*	–68*	47*	1,154*	1041*	722*	65*	225*	565*	988*	867*	886*	789*	–2,335*	175*
Misc diagnostics	–64*	–44*	–11*	–8*	–2*	3*	6*	14*	29*	51*	60*	30*	21*	–309*	–34*
Misc diag in	–2*	–2*	—	–2*	–2*	–2*	–3*	–3*	–4*	–8*	–11*	–15*	–25*	–79*	–15*
Misc diag out	–61*	–43*	–11*	–6*	—	4*	9*	17*	33*	60*	72*	45*	46*	–230*	–19*
Imaging	–75*	–78*	–192*	26*	114*	26*	–132*	–150*	–105*	–76*	–98*	–71*	–93*	–680*	–147*
Imag in	–20*	–6*	–7*	–12*	–10*	–8*	–12*	–14*	–16*	–26*	–30*	–46*	–49*	–213*	–42*
Imag out	–56*	–72*	–184*	38*	125*	35*	–120*	–137*	–91*	–49*	–67*	–24*	–43*	–467*	–104*
Other MBS items	–147*	–224*	–197*	–94*	–84*	–217*	–582*	–549*	–489*	–502*	–500*	–570*	–753*	–1,499*	–509*
Other MBS in	–115*	–70*	–56*	–116*	–114*	–114*	–213*	–234*	–244*	–284*	–305*	–388*	–458*	–798*	–273*
Other MBS out	–32*	–153*	–142*	22*	30*	–103*	–369*	–315*	–244*	–220*	–195*	–182*	–295*	–701*	–235*
Total MBS in	–415*	–135*	–122*	–259*	–259*	–238*	–431*	–462*	–471*	–606*	–735*	–980*	–1,033*	–3,428*	–819*
Total MBS out	–1,302*	–900*	–542*	1,399*	1,582*	1,158*	–49*	527*	1,363*	2,514*	2,420*	2,569*	2,182*	–6,465*	–6
Total MBS	–1,718*	–1,036*	–663*	1,140*	1,323*	920*	–480*	64*	891*	1,909*	1,685*	1,589*	1,149*	–9,893*	–823*

(continued)

Table 3.14.35 (continued): VII adjusted, rate difference of MBS services claimed per 1,000 population by age-group, 2013–14^{(a)(b)}

* Represents results with statistically significant differences in the Indigenous/non-Indigenous comparisons at the $p < 0.05$ level.

(a) Numbers and rates have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database.

(b) Rate difference is the rate for Indigenous Australians minus the rate for non-Indigenous Australians.

(c) Total rates directly age-standardised using the 2001 Australian standard population, by 5-year age group up to 75+.

(d) Includes 4 year old health checks.

(e) Level A—consultations for cases that are obvious or straightforward; Level B—consultations lasting less than 20 minutes for cases that are not obvious or straightforward; Level C—consultations lasting at least 20 minutes; Level D—consultations lasting at least 40 minutes. To be counted as Level B, C, and D, consultations must involve one or more of the following tasks: taking a patient history, performing a clinical examination, arranging any necessary investigation, implementing a management plan, or providing appropriate preventive health care. For Level C, a patient history must be 'detailed' to count, and for level D, a patient history must be 'extensive' to count.

(f) Indigenous health checks are not VII adjusted.

(g) Data on Allied Health AHW services to non-Indigenous people were not supplied.

Note: In/Out refers to in and out of hospital.

Source: Analysis of Medicare Data by AIHW and Medicare Benefit Division, Department of Health.

Table 3.14.36: VII adjusted, number of MBS services claimed by state/territory, by Indigenous status, 2013–14^(a)

MBS services claimed	NSW		Vic		Qld		SA		WA	
	Indigenous services	Non-Indigenous services	Indigenous services	Non-Indigenous services	Indigenous services	Non-Indigenous services	Indigenous services	Non-Indigenous services	Indigenous services	Non-Indigenous services
Non-referred GP (total)^(b)	1,307,250	45,301,431	306,754	34,366,578	1,028,143	26,128,716	223,764	9,666,205	389,236	11,230,328
A level ^(c)	25,586	1,037,633	5,549	615,060	17,839	629,441	4,487	284,578	9,869	284,741
B level ^(c)	852,712	31,896,854	198,835	24,312,355	625,332	18,420,842	139,805	6,728,447	229,818	8,262,577
C level ^(c)	159,693	5,047,231	41,683	3,468,356	125,142	2,978,396	23,093	1,020,987	60,531	1,206,592
D level ^(c)	21,127	500,843	5,697	317,865	15,540	272,163	2,889	90,882	9,612	104,850
Indigenous health check ^(d)	41,947	..	6,515	..	53,788	..	6,115	..	19,539	..
Other health assessment	4,204	267,021	649	178,510	3,369	172,156	710	61,844	1,095	75,905
GPMP	19,496	688,659	3,259	444,836	15,101	337,594	2,395	116,249	5,903	135,353
TCA	16,293	556,681	2,554	369,609	12,743	276,646	2,016	96,000	4,490	100,155
After hours	69,602	2,913,404	23,331	2,871,605	74,966	1,619,128	26,504	720,963	21,785	535,693
Other (NRA)	66,086	2,074,908	14,722	1,579,678	47,970	1,199,988	8,400	430,215	15,266	439,795
Practice nurse/AHW	30,504	318,197	3,961	208,705	36,353	222,361	7,351	116,040	11,328	84,666
Allied health (total)	73,243	3,074,612	16,729	2,686,880	57,836	1,726,660	8,574	700,504	9,404	648,236
Allied health	37,903	1,783,661	6,879	1,479,571	30,246	929,858	4,302	439,880	4,421	329,168
Allied health AHW	1,216	n.a. ^(e)	257	n.a. ^(e)	5,115	n.a. ^(e)	552	n.a. ^(e)	1,117	n.a. ^(e)
Dental	1,922	86,669	402	63,282	1,377	40,653	421	17,183	347	15,691
Psychologist	32,201	1,204,283	9,192	1,144,027	21,097	756,149	3,299	243,440	3,519	303,377
Specialists (total)	138,025	8,976,783	30,501	7,028,019	63,118	4,483,311	16,304	1,876,447	13,703	1,805,219
<i>Specialists (total) in</i>	<i>8,595</i>	<i>1,258,569</i>	<i>3,322</i>	<i>1,551,436</i>	<i>7,739</i>	<i>1,197,771</i>	<i>1,393</i>	<i>313,591</i>	<i>978</i>	<i>335,796</i>
<i>Specialists (total) out</i>	<i>129,430</i>	<i>7,718,213</i>	<i>27,179</i>	<i>5,476,583</i>	<i>55,379</i>	<i>3,285,540</i>	<i>14,911</i>	<i>1,562,856</i>	<i>12,726</i>	<i>1,469,423</i>

(continued)

Table 3.14.36 (continued): VII adjusted, number of MBS services claimed by state/territory, by Indigenous status, 2013–14^(a)

MBS services claimed	NSW		Vic		Qld		SA		WA	
	Indigenous services	Non-Indigenous services	Indigenous services	Non-Indigenous services	Indigenous services	Non-Indigenous services	Indigenous services	Non-Indigenous services	Indigenous services	Non-Indigenous services
<i>Specialist</i>	54,904	4,133,719	11,248	2,823,077	23,605	1,852,899	6,966	886,756	7,119	904,540
Spec con in	1,855	207,345	481	205,779	1,269	165,034	307	52,527	181	45,006
Spec con out	53,049	3,926,375	10,767	2,617,298	22,336	1,687,864	6,659	834,229	6,938	859,534
<i>Consultant physician</i>	68,905	3,984,070	15,230	3,402,405	30,835	2,074,081	7,412	808,003	5,205	724,196
Con phys in	5,214	872,711	2,398	1,204,937	4,906	907,267	926	241,314	562	247,481
Con phys out	63,691	3,111,359	12,832	2,197,468	25,929	1,166,814	6,486	566,690	4,643	476,714
<i>Psychiatrist</i>	11,923	667,992	3,176	667,267	7,840	466,870	1,794	155,172	1,201	141,203
Psyc in	1,197	118,761	369	106,824	1,508	103,693	141	14,537	213	34,452
Psyc out	10,726	549,231	2,808	560,443	6,332	363,176	1,653	140,635	987	106,752
<i>Other specialist</i>	2,292	191,001	847	135,270	838	89,462	132	26,516	179	35,281
Other spec in	329	59,753	74	33,896	56	21,776	19	5,214	21	8,858
Other spec out	1,963	131,249	773	101,374	782	67,685	113	21,302	158	26,423
Pathology	860,266	42,923,902	196,459	31,739,478	654,371	24,734,967	152,792	8,820,134	319,248	11,185,734
Path in	33,074	5,202,411	8,961	3,513,373	17,847	2,798,149	4,133	806,928	5,247	1,093,481
Path out	827,192	37,721,491	187,498	28,226,105	636,524	21,936,819	148,659	8,013,205	314,001	10,092,253
Misc diagnostics	38,307	2,316,379	8,281	1,601,529	28,279	1,228,882	4,521	442,358	7,574	430,500
Misc diag in	1,295	192,686	321	153,051	1,062	184,002	180	39,635	180	35,577
Misc diag out	37,012	2,123,694	7,960	1,448,478	27,217	1,044,880	4,340	402,723	7,394	394,923
Imaging	174,353	8,032,949	37,149	5,654,484	114,610	4,514,911	23,270	1,551,590	38,119	1,800,885
Imag in	4,340	682,124	956	428,303	2,019	311,847	416	106,210	433	135,224
Imag out	170,013	7,350,825	36,194	5,226,181	112,590	4,203,063	22,854	1,445,381	37,685	1,665,661

(continued)

Table 3.14.36 (continued): VII adjusted, number of MBS services claimed by state/territory, by Indigenous status, 2013–14^(a)

MBS services claimed	NSW		Vic		Qld		SA		WA	
	Indigenous services	Non-Indigenous services	Indigenous services	Non-Indigenous services	Indigenous services	Non-Indigenous services	Indigenous services	Non-Indigenous services	Indigenous services	Non-Indigenous services
Other MBS items	143,628	9,913,753	33,098	7,193,957	104,782	6,696,173	18,715	2,075,751	35,908	2,877,219
Other MBS in	25,861	3,182,539	7,816	2,827,225	18,385	2,263,142	3,741	787,575	5,409	1,074,775
Other MBS out	117,767	6,731,215	25,282	4,366,732	86,396	4,433,031	14,974	1,288,175	30,499	1,802,443
Total MBS in	74,466	10,675,887	21,720	8,612,925	47,614	6,852,180	10,118	2,097,918	12,351	2,695,601
Total MBS out	2,660,606	109,863,923	607,253	81,658,000	2,003,523	62,661,440	437,823	23,035,070	800,842	27,282,521
Total MBS	2,735,072	120,539,810	628,973	90,270,925	2,051,138	69,513,620	447,941	25,132,988	813,193	29,978,121

(continued)

Table 3.14.36 (continued): VII adjusted, number of MBS services claimed by state/territory, by Indigenous status, 2013–14^(a)

MBS services claimed	Tas		NT		ACT		Australia	
	Indigenous services	Non-Indigenous services	Indigenous services	Non-Indigenous services	Indigenous services	Non-Indigenous services	Indigenous services	Non-Indigenous services
Non-referred GP (total)^(b)	129,813	2,643,238	227,805	691,606	34,219	1,680,235	3,646,985	131,708,336
A level ^(c)	5,420	111,993	5,402	11,583	519	33,489	74,670	3,008,519
B level ^(c)	93,520	1,873,060	90,178	500,125	22,136	1,251,276	2,252,337	93,245,536
C level ^(c)	14,907	334,527	38,016	84,209	5,395	184,655	468,460	14,324,953
D level ^(c)	1,332	31,144	10,010	10,128	1,468	17,472	67,675	1,345,347
Indigenous health check ^(d)	1,463	..	20,158	..	829	..	150,354	..
Other health assessment	479	20,198	333	2,240	76	8,256	10,914	786,130
GPMP	1,243	35,133	5,881	7,152	344	14,121	53,623	1,779,097
TCA	894	25,217	5,128	5,760	242	11,446	44,360	1,441,514
After hours	4,081	63,316	5,996	45,885	1,760	98,282	228,026	8,868,275
Other (NRA)	5,235	116,026	10,829	17,762	1,332	57,051	169,839	5,915,422
Practice nurse/AHW	1,239	32,624	35,873	6,762	119	4,186	126,728	993,542
Allied health (total)	6,887	176,574	3,691	21,803	1,546	83,223	177,911	9,118,492
Allied health	2,714	92,151	2,757	11,635	495	21,984	89,717	5,087,909
Allied health AHW	1	n.a. ^(e)	240	n.a. ^(e)	20	n.a. ^(e)	8,518	n.a. ^(e)
Dental	336	5,148	173	560	96	2,147	5,074	231,333
Psychologist	3,837	79,274	522	9,608	935	59,092	74,602	3,799,250
Specialists (total)	13,788	497,762	8,190	74,512	2,840	298,122	286,470	25,040,176
<i>Specialists (total) in</i>	<i>1,134</i>	<i>103,465</i>	<i>405</i>	<i>11,253</i>	<i>197</i>	<i>39,773</i>	<i>23,764</i>	<i>4,811,655</i>
<i>Specialists (total) out</i>	<i>12,655</i>	<i>394,296</i>	<i>7,784</i>	<i>63,259</i>	<i>2,643</i>	<i>258,350</i>	<i>262,707</i>	<i>20,228,520</i>

(continued)

Table 3.14.36 (continued): VII adjusted, number of MBS services claimed by state/territory, by Indigenous status, 2013–14^(a)

MBS services claimed	Tas		NT		ACT		Australia	
	Indigenous services	Non-Indigenous services	Indigenous services	Non-Indigenous services	Indigenous services	Non-Indigenous services	Indigenous services	Non-Indigenous services
<i>Specialist</i>	6,337	235,974	3,541	39,445	1,097	134,677	114,817	11,011,086
Spec con in	212	15,692	79	2,938	43	4,377	4,427	698,699
Spec con out	6,125	220,282	3,462	36,506	1,054	130,300	110,390	10,312,387
<i>Consultant physician</i>	6,228	212,048	4,494	31,385	1,341	139,113	139,651	11,375,302
Con phys in	774	71,267	323	7,417	102	30,697	15,206	3,583,091
Con phys out	5,454	140,781	4,171	23,968	1,240	108,417	124,445	7,792,211
<i>Psychiatrist</i>	1,075	40,500	102	2,767	343	17,776	27,454	2,159,547
Psync in	124	13,909	—	767	46	2,956	3,598	395,898
Psync out	951	26,591	102	2,000	297	14,820	23,856	1,763,649
<i>Other specialist</i>	148	9,240	53	916	59	6,556	4,548	494,241
Other spec in	24	2,597	3	131	6	1,743	533	133,967
Other spec out	125	6,642	49	784	53	4,813	4,015	360,274
Pathology	89,505	2,444,711	313,933	652,924	26,025	1,797,183	2,612,600	124,299,034
Path in	3,516	221,258	1,064	32,886	662	155,430	74,505	13,823,915
Path out	85,989	2,223,453	312,870	620,039	25,363	1,641,753	2,538,096	110,475,118
Misc diagnostics	3,358	114,281	6,902	20,955	678	69,661	97,901	6,224,545
Misc diag in	106	6,974	211	2,589	24	4,729	3,379	619,242
Misc diag out	3,252	107,307	6,691	18,366	654	64,933	94,522	5,605,303
Imaging	17,459	444,171	19,606	112,977	4,157	263,688	428,723	22,375,655
Imag in	637	39,697	245	4,440	155	15,331	9,202	1,723,175
Imag out	16,821	404,475	19,362	108,537	4,002	248,357	419,521	20,652,480

(continued)

Table 3.14.36 (continued): VII adjusted, number of MBS services claimed by state/territory, by Indigenous status, 2013–14^(a)

MBS services claimed	Tas		NT		ACT		Australia	
	Indigenous services	Non-Indigenous services	Indigenous services	Non-Indigenous services	Indigenous services	Non-Indigenous services	Indigenous services	Non-Indigenous services
Other MBS items	19,943	666,692	18,668	150,222	4,427	396,205	379,169	29,969,972
Other MBS in	4,792	230,245	1,583	41,790	1,074	131,057	68,662	10,538,348
Other MBS out	15,151	436,447	17,085	108,432	3,353	265,148	310,507	19,431,624
Total MBS in	10,263	610,681	3,516	93,426	2,121	347,353	182,169	31,985,970
Total MBS out	270,491	6,376,747	595,280	1,631,573	71,772	4,240,965	7,447,590	316,750,240
Total MBS	280,753	6,987,429	598,796	1,724,999	73,893	4,588,318	7,629,759	348,736,210

(a) Numbers and rates have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database.

(b) Includes 4 year old health checks.

(c) Level A—consultations for cases that are obvious or straightforward; Level B—consultations lasting less than 20 minutes for cases that are not obvious or straightforward; Level C—consultations lasting at least 20 minutes; Level D—consultations lasting at least 40 minutes. To be counted as Level B, C, and D, consultations must involve one or more of the following tasks: taking a patient history, performing a clinical examination, arranging any necessary investigation, implementing a management plan, or providing appropriate preventive health care. For Level C, a patient history must be 'detailed' to count, and for level D, a patient history must be 'extensive' to count.

(d) Indigenous health checks are not VII adjusted.

(e) Data on Allied Health AHW services to non-Indigenous people were not supplied.

Note: In/Out refers to in and out of hospital.

Source: Analysis of Medicare Data by AIHW and Medicare Benefit Division, Department of Health.

Table 3.14.37: VII adjusted, crude Indigenous rate of MBS services per 1000 population by state/territory, 2013–14^(a)

MBS services claimed	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Australia
Non-referred GP (total)^(b)	5,976	6,093	5,125	5,681	4,193	5,079	3,178	5,175	5,165
A level ^(c)	117	110	89	114	106	212	75	78	106
B level ^(c)	3,898	3,949	3,117	3,549	2,475	3,659	1,258	3,348	3,190
C level ^(c)	730	828	624	586	652	583	530	816	663
D level ^(c)	97	113	77	73	104	52	140	222	96
Indigenous health check ^(d)	192	129	268	155	210	57	281	125	213
Other health assessment	19	13	17	18	12	19	5	11	15
GPMP—prepare GP management plan (721)	89	65	75	61	64	49	82	52	76
TCA—coordinate team care arrangements (723)	74	51	64	51	48	35	72	37	63
After hours	318	463	374	673	235	160	84	266	323
Other (NRA)	302	292	239	213	164	205	151	201	241
Practice nurse/AHW	139	79	181	187	122	48	500	18	179
Allied health (total)	335	332	288	218	101	269	51	234	252
Allied health	173	137	151	109	48	106	38	75	127
Allied health AHW	6	5	25	14	12	—	3	4	12
Dental	10	9	8	14	4	20	8	22	8
Psychologist	147	183	105	84	38	150	7	141	106
Specialists (total)	631	606	315	414	148	540	114	430	406
<i>Specialists (total) in</i>	<i>39</i>	<i>66</i>	<i>39</i>	<i>35</i>	<i>11</i>	<i>44</i>	<i>6</i>	<i>30</i>	<i>34</i>
<i>Specialists (total) out</i>	<i>592</i>	<i>540</i>	<i>276</i>	<i>379</i>	<i>137</i>	<i>495</i>	<i>109</i>	<i>400</i>	<i>372</i>
<i>Specialist</i>	<i>251</i>	<i>223</i>	<i>118</i>	<i>177</i>	<i>77</i>	<i>248</i>	<i>49</i>	<i>166</i>	<i>163</i>
Spec con in	8	10	6	8	2	8	1	7	6
Spec con out	243	214	111	169	75	240	48	159	156

(continued)

Table 3.14.37 (continued): VII adjusted, crude Indigenous rate of MBS services per 1000 population by state/territory, 2013–14^(a)

MBS services claimed	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Australia
<i>Consultant physician</i>	315	302	154	188	56	244	63	203	198
Con phys in	24	48	24	24	6	30	5	15	22
Con phys out	291	255	129	165	50	213	58	187	176
<i>Psychiatrist</i>	55	63	39	46	13	42	2	52	39
Psyc in	5	7	8	5	3	6	—	10	5
Psyc out	49	56	32	42	11	37	2	45	34
<i>Other specialist</i>	10	17	4	3	2	6	1	9	6
Other spec in	2	1	—	1	—	1	—	1	1
Other spec out	9	15	4	3	2	5	1	8	6
Pathology	3,933	3,902	3,262	3,879	3,439	3,502	4,380	3,936	3,700
Path in	151	178	89	105	57	138	15	100	106
Path out	3,781	3,724	3,173	3,774	3,382	3,365	4,365	3,836	3,595
Misc diagnostics	175	164	141	115	82	131	96	103	139
Misc diag in	6	6	5	5	2	4	3	4	5
Misc diag out	169	158	136	110	80	127	93	99	134
Imaging	797	738	571	591	411	683	274	629	607
Imag in	20	19	10	11	5	25	3	23	13
Imag out	777	719	561	580	406	658	270	605	594
Other MBS items	657	657	522	475	387	780	260	670	537
Other MBS in	118	155	92	95	58	188	22	162	97
Other MBS out	538	502	431	380	329	593	238	507	440
Total MBS In	340	431	237	257	133	402	49	321	258
Total MBS Out	12,162	12,061	9,986	11,115	8,626	10,584	8,305	10,855	10,548
Total MBS	12,503	12,492	10,224	11,372	8,759	10,985	8,354	11,176	10,806

(continued)

Table 3.14.37 (continued): VII adjusted, crude Indigenous rate of MBS services per 1000 population by state/territory, 2013–14^(a)

(a) Numbers and rates have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database.

(b) Includes 4 year old health checks.

(c) Level A—consultations for cases that are obvious or straightforward; Level B—consultations lasting less than 20 minutes for cases that are not obvious or straightforward; Level C—consultations lasting at least 20 minutes; Level D—consultations lasting at least 40 minutes. To be counted as Level B, C, and D, consultations must involve one or more of the following tasks: taking a patient history, performing a clinical examination, arranging any necessary investigation, implementing a management plan, or providing appropriate preventive health care. For Level C, a patient history must be 'detailed' to count, and for level D, a patient history must be 'extensive' to count.

(d) Indigenous health checks are not VII adjusted.

Note: In/Out refers to in and out of hospital.

Source: Analysis of Medicare Data by AIHW and Medicare Benefit Division, Department of Health.

Table 3.14.38: VII adjusted, age-standardised rate of MBS services claimed per 1000 population by state/territory and by Indigenous status, 2013–14^{(a)(b)}

MBS services claimed	NSW		Vic		Qld		SA		WA	
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous
Non-referred GP (total)^(c)	7,065.2	5,950.6	7,063.6	5,774.9	6,108.3	5,604.0	6,613.8	5,466.4	5,026.3	4,483.4
A level ^(d)	155.2	130.3	154.2	99.7	124.6	131.7	151.4	150.3	144.1	113.4
B level ^(d)	4,462.6	4,210.3	4,477.4	4,097.8	3,557.7	3,961.5	4,072.5	3,831.7	2,812.7	3,304.1
C level ^(d)	925.5	654.8	1,030.9	574.0	830.4	632.6	753.5	565.8	851.7	477.6
D level ^(d)	127.3	64.9	148.2	52.8	106.6	57.8	95.2	50.6	137.3	41.4
Indigenous health check ^(e)	212.8	..	142.7	..	296.3	..	172.9	..	242.7	..
Other health assessment	21.8	33.0	17.3	28.3	18.2	35.9	21.9	31.8	15.1	30.4
GPMP—prepare GP management plan (721)	127.7	85.7	95.5	71.4	116.3	69.7	93.6	59.1	97.5	53.1
TCA—coordinate team care arrangements (723)	108.7	69.0	76.2	59.1	99.8	57.1	81.6	48.4	76.8	39.2
After hours	328.9	399.0	448.1	498.1	361.6	358.6	638.6	439.2	235.5	216.9
Other (NRA)	409.8	265.9	365.6	261.0	351.9	254.1	299.8	232.7	242.2	174.2
Practice nurse/AHW	184.8	37.8	107.4	32.7	245.0	45.1	232.9	56.8	170.6	33.0
Allied health (total)	432.6	402.0	399.5	450.8	397.2	370.9	302.4	383.0	144.0	260.3
Allied health	265.3	216.8	205.2	233.6	248.7	189.9	189.9	215.7	81.1	129.0
Allied health AHW	8.1	n.a. ^(f)	6.8	n.a. ^(f)	37.4	n.a. ^(f)	18.0	n.a. ^(f)	21.7	n.a. ^(f)
Dental	5.9	14.7	5.2	13.9	4.5	10.7	8.4	14.2	3.6	7.8
Psychologist	153.8	171.5	182.7	204.2	106.9	171.1	87.3	154.9	38.0	124.0
Specialists (total)	869.4	1,126.0	859.1	1,137.6	462.7	933.3	599.2	996.5	231.7	711.6
<i>Specialists (total) in</i>	<i>65.5</i>	<i>150.9</i>	<i>126.0</i>	<i>240.5</i>	<i>74.4</i>	<i>241.9</i>	<i>69.4</i>	<i>153.1</i>	<i>19.6</i>	<i>131.3</i>
<i>Specialists (total) out</i>	<i>803.9</i>	<i>975.0</i>	<i>733.1</i>	<i>897.1</i>	<i>388.3</i>	<i>691.5</i>	<i>529.8</i>	<i>843.4</i>	<i>212.1</i>	<i>580.4</i>

(continued)

Table 3.14.38 (continued): VII adjusted, age-standardised rate of MBS services claimed per 1000 population by state/territory and by Indigenous status, 2013–14^{(a)(b)}

MBS services claimed	NSW		Vic		Qld		SA		WA	
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous
<i>Specialist</i>	367.2	517.4	337.1	457.5	182.3	386.6	276.7	471.6	126.0	356.4
Spec con in	13.6	25.5	17.6	32.7	11.3	33.7	19.6	26.0	3.5	17.6
Spec con out	353.7	491.9	319.5	424.8	171.0	352.9	257.1	445.6	122.5	338.8
<i>Consultant physician</i>	415.4	494.5	421.6	544.2	226.4	425.3	256.4	419.5	87.0	285.2
Con phys in	40.4	102.5	98.4	184.7	52.9	181.2	42.7	116.2	13.0	96.5
Con phys out	375.0	391.9	323.2	359.5	173.5	244.1	213.6	303.3	74.0	188.7
<i>Psychiatrist</i>	68.7	91.2	76.9	114.4	47.5	102.9	59.1	91.8	15.4	56.2
Psyc in	8.4	16.1	7.3	18.0	9.6	22.6	7.0	10.5	3.0	14.7
Psyc out	60.4	75.2	69.5	96.4	37.9	80.2	53.6	83.4	12.6	42.5
<i>Other specialist</i>	18.0	22.8	23.6	21.5	6.5	18.6	7.1	13.6	3.2	13.8
Other spec in	3.2	6.9	2.8	5.1	0.6	4.4	2.0	3.1	0.3	3.5
Other spec out	14.8	16.0	20.8	16.3	5.8	14.2	5.5	11.1	2.9	10.3
Pathology	5,313.6	5,462.3	5,324.9	5,163.1	4,533.7	5,190.7	5,115.6	4,766.7	4,454.6	4,400.9
Path in	255.4	624.2	329.5	546.6	181.8	566.5	200.1	399.5	97.9	426.7
Path out	5,058.2	4,838.1	4,995.5	4,616.5	4,351.9	4,624.2	4,915.5	4,367.2	4,356.6	3,974.3
Misc diagnostics	269.0	281.5	239.9	256.9	222.5	251.4	187.7	225.0	130.9	168.8
Misc diag in	10.9	22.5	12.2	23.5	11.7	36.5	9.6	19.1	3.3	13.8
Misc diag out	258.1	259.0	227.7	233.4	210.9	215.0	178.1	205.9	127.5	155.0
Imaging	1,023.7	1,034.7	965.3	936.9	748.8	958.9	758.3	857.2	537.1	712.1
Imag in	34.2	81.2	36.7	66.3	20.6	62.8	22.5	51.8	9.7	52.5
Imag out	989.5	953.5	928.6	870.6	728.2	896.1	735.7	805.5	527.3	659.6

(continued)

Table 3.14.38 (continued): VII adjusted, age-standardised rate of MBS services claimed per 1000 population by state/territory and by Indigenous status, 2013–14^{(a)(b)}

MBS services claimed	NSW		Vic		Qld		SA		WA	
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous
Other MBS items	881.1	1,264.5	905.8	1,183.6	733.9	1,404.6	641.9	1,127.3	500.7	1,134.4
Other MBS in	179.3	398.4	257.7	456.1	151.6	468.7	158.6	415.1	91.4	421.8
Other MBS out	701.8	866.1	648.1	727.4	582.3	936.0	483.3	712.1	409.3	712.6
Total MBS in	556.9	1,296.0	776.5	1,354.8	445.7	1,396.1	472.7	1,059.8	223.4	1,054.2
Total MBS out	15,297.6	14,225.7	14,981.6	13,549.0	12,761.5	13,317.9	13,746.2	12,762.3	10,801.8	10,817.3
Total MBS	15,854.6	15,521.7	15,758.1	14,903.8	13,207.2	14,713.9	14,218.9	13,822.1	11,025.1	11,871.6

(continued)

Table 3.14.38 (continued): VII adjusted, age-standardised rate of MBS services claimed per 1000 population by state/territory and by Indigenous status, 2013–14^{(a)(b)}

MBS services claimed	Tas		NT		ACT		Australia	
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous
Non-referred GP (total)^(c)	6,026.1	4,914.9	3,771.7	4,242.4	5,795.2	4,432.9	6,115.1	5,582.8
A level ^(d)	266.2	198.9	93.1	74.6	99.2	90.0	142.1	123.2
B level ^(d)	4,227.3	3,524.0	1,383.8	3,045.6	3,636.3	3,299.9	3,641.3	3,967.4
C level ^(d)	739.5	612.5	653.6	533.3	980.7	487.0	851.1	599.2
D level ^(d)	64.1	58.4	179.4	64.2	263.5	46.1	126.6	56.3
Indigenous health check ^(e)	74.9	..	303.6	..	148.9	..	236.0	..
Other health assessment	19.8	33.5	8.0	15.0	16.4	22.9	18.2	31.8
GPMP—prepare GP management plan (721)	76.6	57.4	120.7	47.7	81.7	37.7	113.5	71.8
TCA—coordinate team care arrangements (723)	55.5	40.9	105.9	38.6	61.5	30.5	95.7	58.0
After hours	152.3	127.7	77.5	269.3	245.9	257.9	318.4	390.1
Other (NRA)	269.8	210.7	230.1	110.1	235.1	149.6	336.1	246.0
Practice nurse/AHW	80.0	50.9	616.2	44.2	26.0	11.3	236.1	39.0
Allied health (total)	341.0	331.2	74.7	140.2	302.7	220.3	333.8	385.6
Allied health	177.0	145.1	61.2	81.2	122.6	59.4	203.8	201.9
Allied health AHW	0.4	n.a. ^(f)	5.1	n.a. ^(f)	7.2	n.a. ^(f)	17.5	n.a. ^(f)
Dental	11.0	15.0	4.9	12.1	23.6	9.4	5.1	12.6
Psychologist	155.1	174.1	6.8	54.8	158.3	154.2	107.7	172.0
Specialists (total)	711.9	868.2	154.2	489.7	612.5	797.7	581.0	1,021.6
<i>Specialists (total) in</i>	<i>77.3</i>	<i>169.6</i>	<i>8.6</i>	<i>79.4</i>	<i>32.8</i>	<i>108.6</i>	<i>61.4</i>	<i>188.6</i>
<i>Specialists (total) out</i>	<i>634.6</i>	<i>698.6</i>	<i>145.6</i>	<i>410.3</i>	<i>579.7</i>	<i>689.1</i>	<i>519.6</i>	<i>833.1</i>

(continued)

Table 3.14.38 (continued): VII adjusted, age-standardised rate of MBS services claimed per 1000 population by state/territory and by Indigenous status, 2013–14^{(a)(b)}

MBS services claimed	Tas		NT		ACT		Australia	
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous
<i>Specialist</i>	346.2	407.7	66.9	254.8	250.5	358.3	246.7	449.3
Spec con in	11.8	26.3	1.9	20.1	10.1	11.7	11.1	27.9
Spec con out	334.4	381.4	65.0	234.8	240.4	346.6	235.7	421.4
<i>Consultant physician</i>	305.2	362.9	84.2	213.6	292.2	375.8	275.4	458.6
Con phys in	56.8	111.4	6.7	54.2	17.4	84.5	41.8	138.5
Con phys out	248.4	251.5	77.6	159.3	274.7	291.3	233.7	320.1
<i>Psychiatrist</i>	51.3	82.1	1.7	16.4	56.9	45.8	48.0	94.1
Psyc in	7.8	29.8	—	4.8	5.6	9.6	6.9	17.0
Psyc out	44.0	54.2	1.7	11.9	52.5	38.2	41.2	77.0
<i>Other specialist</i>	9.2	15.5	1.5	6.0	13.0	17.8	10.8	19.7
Other spec in	1.5	4.3	0.1	1.2	0.9	5.2	1.7	5.1
Other spec out	7.7	11.5	1.4	5.1	12.1	13.0	9.2	14.6
Pathology	4,676.0	4,348.5	5,145.2	4,030.1	5,223.4	4,726.0	4,945.7	5,120.5
Path in	252.3	354.2	21.0	221.5	139.3	418.9	193.9	543.8
Path out	4,423.7	3,994.2	5,124.2	3,808.7	5,084.1	4,307.2	4,751.9	4,576.8
Misc diagnostics	198.4	187.9	129.3	141.4	170.0	186.9	215.4	248.9
Misc diag in	7.3	11.0	3.7	17.4	7.4	12.8	9.3	23.9
Misc diag out	191.1	177.0	125.6	124.0	162.7	174.1	206.1	225.0
Imaging	866.7	814.3	331.8	699.5	762.9	696.6	787.3	934.0
Imag in	45.1	62.9	4.9	30.5	42.0	41.5	24.6	67.3
Imag out	821.6	751.4	326.9	669.0	720.9	655.1	762.7	866.7

(continued)

Table 3.14.38 (continued): VII adjusted, age-standardised rate of MBS services claimed per 1000 population by state/territory and by Indigenous status, 2013–14^{(a)(b)}

MBS services claimed	Tas		NT		ACT		Australia	
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous
Other MBS items	1,062.6	1,190.4	323.6	938.0	1,045.5	1,047.5	731.2	1,239.7
Other MBS in	308.3	393.9	30.6	259.3	251.5	347.2	155.6	428.7
Other MBS out	754.3	796.5	292.9	678.7	794.0	700.3	575.5	811.0
Total MBS in	695.5	1,006.8	69.1	611.2	474.4	931.8	452.5	1,270.6
Total MBS out	13,187.1	11,648.6	9,861.3	10,070.2	13,437.9	11,176.2	13,257.1	13,262.6
Total MBS	13,882.6	12,655.4	9,930.4	10,681.3	13,912.3	12,108.0	13,709.5	14,533.2

(a) Numbers and rates have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database.

(b) Directly age-standardised using the 2001 Australian standard population, by 5-year age group up to 75+.

(c) Includes 4 year old health checks.

(d) Level A—consultations for cases that are obvious or straightforward; Level B—consultations lasting less than 20 minutes for cases that are not obvious or straightforward; Level C—consultations lasting at least 20 minutes; Level D—consultations lasting at least 40 minutes. To be counted as Level B, C, and D, consultations must involve one or more of the following tasks: taking a patient history, performing a clinical examination, arranging any necessary investigation, implementing a management plan, or providing appropriate preventive health care. For Level C, a patient history must be 'detailed' to count, and for level D, a patient history must be 'extensive' to count.

(e) Indigenous health checks are not VII adjusted.

(f) Data on Allied Health AHW services to non-Indigenous people were not supplied.

Note: In/Out refers to in and out of hospital.

Source: Analysis of Medicare Data by AIHW and Medicare Benefit Division, Department of Health.

Table 3.14.39: VII adjusted, age-standardised rate ratios of MBS services claimed by state/territory, 2013–14^{(a)(b)}

MBS services claimed	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Australia
Non-referred GP (total)^(c)	1.2*	1.2*	1.1*	1.2*	1.1*	1.2*	0.9*	1.3*	1.1*
A level ^(d)	1.2*	1.5*	0.9*	1.0	1.3*	1.3*	1.2*	1.1*	1.2*
B level ^(d)	1.1*	1.1*	0.9*	1.1*	0.9*	1.2*	0.5*	1.1*	0.9*
C level ^(d)	1.4*	1.8*	1.3*	1.3*	1.8*	1.2*	1.2*	2.0*	1.4*
D level ^(d)	2.0*	2.8*	1.8*	1.9*	3.3*	1.1*	2.8*	5.7*	2.2*
Indigenous health check ^(e)	..	..	..	..	..	..	..	..	..
Other health assessment	0.7*	0.6*	0.5*	0.7*	0.5*	0.6*	0.5*	0.7*	0.6*
GPMP	1.5*	1.3*	1.7*	1.6*	1.8*	1.3*	2.5*	2.2*	1.6*
TCA	1.6*	1.3*	1.7*	1.7*	2.0*	1.4*	2.7*	2.0*	1.6*
After hours	0.8*	0.9*	1.0*	1.5*	1.1*	1.2*	0.3*	1.0	0.8*
Other (NRA)	1.5*	1.4*	1.4*	1.3*	1.4*	1.3*	2.1*	1.6*	1.4*
Practice nurse/AHW	4.9*	3.3*	5.4*	4.1*	5.2*	1.6*	13.9*	2.3*	6.1*
Allied health (total)	1.1*	0.9*	1.1*	0.8*	0.6*	1.0*	0.5*	1.4*	0.9*
Allied health	1.2*	0.9*	1.3*	0.9*	0.6*	1.2*	0.8*	2.1*	1.0*
Allied health AHW	n.a. ^(f)	n.a. ^(f)	n.a. ^(f)	n.a. ^(f)	n.a. ^(f)	n.a. ^(f)	n.a. ^(f)	n.a. ^(f)	n.a. ^(f)
Dental	0.4*	0.4*	0.4*	0.6*	0.5*	0.7*	0.4*	2.5*	0.4*
Psychologist	0.9*	0.9*	0.6*	0.6*	0.3*	0.9*	0.1*	1.0	0.6*
Specialists (total)	0.8*	0.8*	0.5*	0.6*	0.3*	0.8*	0.3*	0.8*	0.6*
<i>Specialists (total) in</i>	<i>0.4*</i>	<i>0.5*</i>	<i>0.3*</i>	<i>0.5*</i>	<i>0.1*</i>	<i>0.5*</i>	<i>0.1*</i>	<i>0.3*</i>	<i>0.3*</i>
<i>Specialists (total) out</i>	<i>0.8*</i>	<i>0.8*</i>	<i>0.6*</i>	<i>0.6*</i>	<i>0.4*</i>	<i>0.9*</i>	<i>0.4*</i>	<i>0.8*</i>	<i>0.6*</i>

(continued)

Table 3.14.39 (continued): VII adjusted, age-standardised rate ratios of MBS services claimed by state/territory, 2013–14^{(a)(b)}

MBS services claimed	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Australia
<i>Specialist</i>	0.7*	0.7*	0.5*	0.6*	0.4*	0.8*	0.3*	0.7*	0.5*
Spec con in	0.5*	0.5*	0.3*	0.8*	0.2*	0.4*	0.1*	0.9	0.4*
Spec con out	0.7*	0.8*	0.5*	0.6*	0.4*	0.9*	0.3*	0.7*	0.6*
<i>Consultant physician</i>	0.8*	0.8*	0.5*	0.6*	0.3*	0.8*	0.4*	0.8*	0.6*
Con phys in	0.4*	0.5*	0.3*	0.4*	0.1*	0.5*	0.1*	0.2*	0.3*
Con phys out	1.0*	0.9*	0.7*	0.7*	0.4*	1.0	0.5*	0.9*	0.7*
<i>Psychiatrist</i>	0.8*	0.7*	0.5*	0.6*	0.3*	0.6*	0.1*	1.2*	0.5*
Psyc in	0.5*	0.4*	0.4*	0.7*	0.2*	0.3*	—	0.6*	0.4*
Psyc out	0.8*	0.7*	0.5*	0.6*	0.3*	0.8*	0.1*	1.4*	0.5*
<i>Other specialist</i>	0.8*	1.1*	0.3*	0.5*	0.2*	0.6*	0.2*	0.7*	0.5*
Other spec in	0.5*	0.5*	0.1*	0.6	0.1*	0.4*	0.1	0.2*	0.3*
Other spec out	0.9*	1.3*	0.4*	0.5*	0.3*	0.7*	0.3*	0.9	0.6*
Pathology	1.0*	1.0*	0.9*	1.1*	1.0*	1.1*	1.3*	1.1*	1.0*
Path in	0.4*	0.6*	0.3*	0.5*	0.2*	0.7*	0.1*	0.3*	0.4*
Path out	1.0*	1.1*	0.9*	1.1*	1.1*	1.1*	1.3*	1.2*	1.0*
Misc diagnostics	1.0*	0.9*	0.9*	0.8*	0.8*	1.1*	0.9*	0.9*	0.9*
Misc diag in	0.5*	0.5*	0.3*	0.5*	0.2*	0.7*	0.2*	0.6*	0.4*
Misc diag out	1.0	1.0*	1.0*	0.9*	0.8*	1.1*	1.0	0.9	0.9*
Imaging	1.0*	1.0*	0.8*	0.9*	0.8*	1.1*	0.5*	1.1*	0.8*
Imag in	0.4*	0.6*	0.3*	0.4*	0.2*	0.7*	0.2*	1.0	0.4*
Imag out	1.0*	1.1*	0.8*	0.9*	0.8*	1.1*	0.5*	1.1*	0.9*

(continued)

Table 3.14.39 (continued): VII adjusted, age-standardised rate ratios of MBS services claimed by state/territory, 2013–14^{(a)(b)}

MBS services claimed	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Australia
Other MBS items	0.7*	0.8*	0.5*	0.6*	0.4*	0.9*	0.3*	1.0	0.6*
Other MBS in	0.5*	0.6*	0.3*	0.4*	0.2*	0.8*	0.1*	0.7*	0.4*
Other MBS out	0.8*	0.9*	0.6*	0.7*	0.6*	0.9*	0.4*	1.1*	0.7*
Total MBS in	0.4*	0.6*	0.3*	0.4*	0.2*	0.7*	0.1*	0.5*	0.4*
Total MBS out	1.1*	1.1*	1.0*	1.1*	1.0	1.1*	1.0*	1.2*	1.0
Total MBS	1.0*	1.1*	0.9*	1.0*	0.9*	1.1*	0.9*	1.1*	0.9*

* Represents results with statistically significant differences in the Indigenous/non-Indigenous comparisons at the $p < 0.05$ level.

(a) Indigenous numbers and rates have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database.

(b) Rate ratio is the age-standardised rate for Indigenous Australians divided by the age-standardised rate for non-Indigenous Australians. Directly age-standardised using the 2001 Australian standard population, by 5-year age group up to 75+.

(c) Includes 4 year old health checks.

(d) Level A—consultations for cases that are obvious or straightforward; Level B—consultations lasting less than 20 minutes for cases that are not obvious or straightforward; Level C—consultations lasting at least 20 minutes; Level D—consultations lasting at least 40 minutes. To be counted as Level B, C, and D, consultations must involve one or more of the following tasks: taking a patient history, performing a clinical examination, arranging any necessary investigation, implementing a management plan, or providing appropriate preventive health care. For Level C, a patient history must be 'detailed' to count, and for level D, a patient history must be 'extensive' to count.

(e) Indigenous health checks are not VII adjusted.

(f) Data on Allied Health AHW services to non-Indigenous people were not supplied.

Note: In/Out refers to in and out of hospital.

Source: Analysis of Medicare Data by AIHW and Medicare Benefit Division, Department of Health.

Table 3.14.40: VII adjusted, age-standardised rate difference of MBS services claimed per 1,000 population by state/territory, 2013–14^{(a)(b)}

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Australia
Non-referred GP (total)^(c)	1,114.5*	1,288.6*	504.4*	1,147.4*	542.8*	1,111.2*	–470.7*	1,362.3*	532.3*
A level ^(d)	24.9*	54.5*	–7.2*	1.1	30.7*	67.4*	18.5*	9.2*	18.9*
B level ^(d)	252.3*	379.6*	–403.7*	240.8*	–491.4*	703.3*	–1,661.8*	336.4*	–326.0*
C level ^(d)	270.6*	456.9*	197.8*	187.7*	374.1*	127.0*	120.3*	493.8*	251.9*
D level ^(d)	62.5*	95.4*	48.9*	44.6*	95.9*	5.7*	115.2*	217.4*	70.3*
Indigenous health check ^(e)	..	..	..	..	..	..	..	..	..
Other health assessment	–11.2*	–11.0*	–17.7*	–9.9*	–15.3*	–13.7*	–7.0*	–6.6*	–13.6*
GPMP	42.0*	24.1*	46.7*	34.5*	44.4*	19.2*	73.0*	44.0*	41.7*
TCA	39.7*	17.1*	42.8*	33.1*	37.6*	14.6*	67.3*	31.0*	37.7*
After hours	–70.1*	–50.0*	3.0*	199.4*	18.6*	24.6*	–191.8*	–11.9*	–71.8*
Other (NRA)	143.9*	104.6*	97.8*	67.1*	68.1*	59.2*	120.0*	85.5*	90.1*
Practice nurse/AHW	147.0*	74.7*	199.8*	176.1*	137.6*	29.1*	572.0*	14.7*	197.1*
Allied health (total)	30.6*	–51.3*	26.3*	–80.5*	–116.3*	9.8*	–65.5*	82.4*	–51.8*
Allied health	48.5*	–28.4*	58.9*	–25.9*	–47.9*	31.9*	–20.0*	63.1*	2.0*
Allied health AHW	n.a. ^(f)	n.a. ^(f)	n.a. ^(f)	n.a. ^(f)	n.a. ^(f)	n.a. ^(f)	n.a. ^(f)	n.a. ^(f)	n.a. ^(f)
Dental	–8.8*	–8.7*	–6.2*	–5.8*	–4.3*	–4.0*	–7.2*	14.3*	–7.5*
Psychologist	–17.7*	–21.6*	–64.2*	–67.6*	–86.0*	–19.0*	–48.0*	4.1	–64.3*
Specialists (total)	–256.6*	–278.5*	–470.6*	–397.2*	–480.0*	–156.3*	–335.5*	–185.2*	–440.6*
<i>Specialists (total) in</i>	<i>–85.4*</i>	<i>–114.5*</i>	<i>–167.5*</i>	<i>–83.7*</i>	<i>–111.7*</i>	<i>–92.3*</i>	<i>–70.7*</i>	<i>–75.8*</i>	<i>–127.2*</i>
<i>Specialists (total) out</i>	<i>–171.1*</i>	<i>–164.0*</i>	<i>–303.2*</i>	<i>–313.6*</i>	<i>–368.3*</i>	<i>–64.0*</i>	<i>–264.8*</i>	<i>–109.4*</i>	<i>–313.4*</i>
<i>Specialist</i>	<i>–150.2*</i>	<i>–120.4*</i>	<i>–204.3*</i>	<i>–194.9*</i>	<i>–230.4*</i>	<i>–61.5*</i>	<i>–187.9*</i>	<i>–107.8*</i>	<i>–202.6*</i>
Spec con in	–11.9*	–15.1*	–22.4*	–6.4*	–14.1*	–14.5*	–18.2*	–1.6	–16.8*
Spec con out	–138.3*	–105.3*	–182.0*	–188.5*	–216.3*	–47.0*	–169.7*	–106.2*	–185.7*

(continued)

Table 3.14.40 (continued): VII adjusted, age-standardised rate difference of MBS services claimed per 1,000 population by state/territory, 2013–14^{(a)(b)}

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Australia
<i>Consultant physician</i>	–79.1*	–122.7*	–198.9*	–163.1*	–198.2*	–57.6*	–129.4*	–83.7*	–183.1*
Con phys in	–62.2*	–86.3*	–128.3*	–73.5*	–83.5*	–54.6*	–47.6*	–67.1*	–96.7*
Con phys out	–16.9*	–36.3*	–70.6*	–89.6*	–114.7*	–3.0	–81.8*	–16.6*	–86.4*
<i>Psychiatrist</i>	–22.5*	–37.5*	–55.4*	–32.6*	–40.8*	–30.7*	–14.7*	11.1*	–46.1*
Psyc in	–7.7*	–10.7*	–13.0*	–3.6*	–11.6*	–22.0*	–4.8 ^(e)	–4.0*	–10.2*
Psyc out	–14.8*	–26.9*	–42.3*	–29.8*	–30.0*	–10.2*	–10.2*	14.2*	–35.9*
<i>Other specialist</i>	–4.8*	2.1*	–12.1*	–6.5*	–10.5*	–6.3*	–4.5*	–4.8*	–8.9*
Other spec in	–3.7*	–2.4*	–3.7*	–1.1*	–3.2*	–2.7*	–1.1*	–4.3*	–3.5*
Other spec out	–1.2*	4.5*	–8.4*	–5.6*	–7.4*	–3.8*	–3.8*	–0.9	–5.4*
Pathology	–148.8*	161.8*	–657.0*	349.0*	53.7*	327.5*	1115.1*	497.4*	–174.8*
Path in	–368.8*	–217.1*	–384.7*	–199.4*	–328.7*	–101.9*	–200.5*	–279.6*	–349.9*
Path out	220.1*	379.0*	–272.3*	548.4*	382.4*	429.5*	1315.5*	777.0*	175.1*
Misc diagnostics	–12.4*	–17.0*	–28.9*	–37.3*	–38.0*	10.5*	–12.1*	–16.9*	–33.5*
Misc diag in	–11.6*	–11.3*	–24.8*	–9.6*	–10.5*	–3.7*	–13.7*	–5.5*	–14.6*
Misc diag out	–0.8	–5.7*	–4.1*	–27.8*	–27.5*	14.1*	1.6	–11.4	–18.9*
Imaging	–11.0*	28.4*	–210.1*	–99.0*	–175.0*	52.4*	–367.7*	66.4*	–146.7*
Imag in	–47.1*	–29.6*	–42.2*	–29.2*	–42.7*	–17.9*	–25.6*	0.5	–42.7*
Imag out	36.0*	58.0*	–167.8*	–69.7*	–132.2*	70.2*	–342.1*	65.9*	–104.0*
Other MBS items	–383.4*	–277.8*	–670.8*	–485.4*	–633.7*	–127.8*	–614.5*	–2.0	–508.5*
Other MBS in	–219.1*	–198.4*	–317.1*	–256.5*	–330.4*	–85.6*	–228.7*	–95.7*	–273.0*
Other MBS out	–164.4*	–79.4*	–353.7*	–228.8*	–303.3*	–42.2*	–385.8*	93.7*	–235.5*
Total MBS in	–739.1*	–578.4*	–950.4*	–587.1*	–830.9*	–311.3*	–542.1*	–457.3*	–818.2*
Total MBS out	1,071.9*	1,432.6*	–556.4*	983.9*	–15.6	1,538.5*	–208.9*	2,261.6*	–5.5
Total MBS	332.9*	854.3*	–1,506.8*	396.8*	–846.4*	1,227.3*	–750.9*	1,804.3*	–823.7*

(continued)

Table 3.14.40 (continued): VII adjusted, age-standardised rate difference of MBS services claimed per 1,000 population by state/territory, 2013–14^{(a)(b)}

* Represents results with statistically significant differences in the Indigenous/non-Indigenous comparisons at the $p < 0.05$ level.

- (a) Numbers and rates have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database.
- (b) Rate difference is the age-standardised rate for Indigenous Australians minus the age-standardised rate for non-Indigenous Australians. Directly age-standardised using the 2001 Australian standard population, by 5-year age group up to 75+.
- (c) Includes 4 year old health checks.
- (d) Level A—consultations for cases that are obvious or straightforward; Level B—consultations lasting less than 20 minutes for cases that are not obvious or straightforward; Level C—consultations lasting at least 20 minutes; Level D—consultations lasting at least 40 minutes. To be counted as Level B, C, and D, consultations must involve one or more of the following tasks: taking a patient history, performing a clinical examination, arranging any necessary investigation, implementing a management plan, or providing appropriate preventive health care. For Level C, a patient history must be 'detailed' to count, and for level D, a patient history must be 'extensive' to count.
- (e) Indigenous health checks are not VII adjusted.

Note: In/Out refers to in and out of hospital.

Source: Analysis of Medicare Data by AIHW and Medicare Benefit Division, Department of Health.

Table 3.14.41: VII adjusted, percentage of fees charged paid as MBS benefits by state/territory, 2013–14^{(a)(b)}

	NSW (\$)	Vic (\$)	Qld (\$)	WA (\$)	SA (\$)	Tas (\$)	ACT (\$)	NT (\$)	Total (\$)
Indigenous									
Benefit paid	147,928,266	33,389,351	110,858,176	40,197,811	23,061,616	14,698,451	3,840,037	27,404,470	401,378,178
Fee charged	163,435,719	37,192,190	119,503,717	43,540,822	24,749,768	16,997,293	4,740,937	28,085,426	438,245,871
Bulk billing per cent	90.5	89.8	92.8	92.3	93.2	86.5	81.0	97.6	91.6
Total									
Benefit paid	6,712,552,915	4,855,921,999	3,860,491,479	1,624,203,383	1,359,357,319	391,164,738	241,706,014	114,973,958	19,160,371,805
Fee charged	8,534,251,078	6,174,962,954	4,949,868,908	2,224,053,360	1,696,331,286	496,410,205	357,203,136	142,087,418	24,575,168,343
Bulk billing per cent	78.7	78.6	78.0	73.0	80.1	78.8	67.7	80.9	78.0

(a) Numbers and rates have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database.

(b) Totals in this table may differ from other Medicare tables in this publication because the data were extracted at different times.

Source: Analysis of Medicare Data by AIHW and Medicare Benefit Division, Department of Health.

Table 3.14.42: VII adjusted, number of MBS services claimed by remoteness area and by Indigenous status, 2013–14^(a)

MBS services claimed	Major cities		Inner regional		Outer regional		Total non-remote	
	Indigenous services	Non-Indigenous services	Indigenous services	Non-Indigenous services	Indigenous services	Non-Indigenous services	Indigenous services	Non-Indigenous services
Non-referred GP (total)^(b)	1,485,582	95,159,016	854,282	23,531,996	761,342	10,253,809	3,101,207	128,944,821
A level ^(c)	22,427	1,771,913	20,032	776,810	18,252	375,745	60,710	2,924,468
B level ^(c)	969,649	67,360,751	555,443	16,652,748	466,800	7,296,248	1,991,892	91,309,747
C level ^(c)	170,669	10,021,166	107,826	2,770,590	97,358	1,174,295	375,853	13,966,051
D level ^(c)	23,467	950,580	12,043	244,347	12,454	107,233	47,964	1,302,160
Indigenous health check ^(d)	36,734	..	32,551	..	42,499	..	111,784	..
Other health assessment	4,896	541,894	2,752	158,956	2,119	67,955	9,767	768,805
GPMP—prepare GP management plan (721)	17,518	1,213,712	12,288	376,165	11,728	154,501	41,534	1,744,378
TCA—coordinate team care arrangements (723)	14,447	1,003,886	10,167	293,922	9,634	118,709	34,248	1,416,518
After hours	131,742	7,596,052	33,993	747,314	41,520	392,754	207,256	8,736,120
Other (NRA)	69,666	4,140,389	43,597	1,228,569	32,544	439,525	145,807	5,808,483
Practice nurse/AHW	24,368	558,672	23,590	282,575	26,433	126,844	74,391	968,091
Allied health (total)	87,306	6,779,100	49,854	1,693,885	29,978	526,078	167,139	8,999,062
Allied health	39,549	3,692,913	25,289	996,543	17,873	333,257	82,711	5,022,713
Allied Health AHW	2,816	n.a. ^(e)	1,228	n.a. ^(e)	2,474	n.a. ^(e)	6,518	n.a. ^(e)
Dental	2,197	157,988	1,554	49,218	1,010	20,386	4,761	227,592
Psychologist	42,744	2,928,199	21,784	648,123	8,620	172,434	73,148	3,748,757
Specialists (total)	134,511	18,674,774	81,111	4,353,147	49,062	1,556,700	264,685	24,584,621
<i>Specialists (total) in</i>	<i>14,290</i>	<i>3,585,855</i>	<i>6,262</i>	<i>876,415</i>	<i>2,524</i>	<i>264,306</i>	<i>23,077</i>	<i>4,726,576</i>
<i>Specialists (total) out</i>	<i>120,221</i>	<i>15,088,920</i>	<i>74,849</i>	<i>3,476,731</i>	<i>46,538</i>	<i>1,292,394</i>	<i>241,608</i>	<i>19,858,045</i>

(continued)

Table 3.14.42 (continued): VII adjusted, number of MBS services claimed by remoteness area and by Indigenous status, 2013–14^(a)

MBS services claimed	Major cities		Inner regional		Outer regional		Total non-remote	
	Indigenous services	Non-Indigenous services	Indigenous services	Non-Indigenous services	Indigenous services	Non-Indigenous services	Indigenous services	Non-Indigenous services
<i>Specialist</i>	50,312	7,898,187	33,605	2,091,034	20,785	804,354	104,702	10,793,576
Spec con in	2,511	473,238	1,275	160,396	482	51,171	4,268	684,805
Spec con out	47,800	7,424,949	32,329	1,930,638	20,303	753,183	100,433	10,108,770
<i>Consultant physician</i>	63,923	8,614,575	40,032	1,917,186	24,884	654,863	128,839	11,186,624
Con phys in	8,988	2,694,911	4,018	634,951	1,732	192,277	14,738	3,522,139
Con phys out	54,935	5,919,664	36,014	1,282,235	23,152	462,586	114,101	7,664,484
<i>Psychiatrist</i>	18,160	1,788,438	6,356	262,361	2,272	68,102	26,788	2,118,902
Psync in	2,471	313,138	836	58,777	238	15,766	3,546	387,681
Psync out	15,689	1,475,301	5,520	203,584	2,033	52,336	23,242	1,731,220
<i>Other specialist</i>	2,117	373,574	1,118	82,566	1,122	29,380	4,357	485,520
Other spec in	320	104,568	133	22,291	72	5,091	525	131,950
Other spec out	1,797	269,006	985	60,275	1,050	24,289	3,832	353,570
Pathology	944,729	88,761,716	559,555	23,002,864	521,466	9,766,384	2,025,750	121,530,964
Path in	45,876	10,265,049	16,773	2,444,148	8,992	841,552	71,640	13,550,749
Path out	898,854	78,496,667	542,782	20,558,716	512,474	8,924,833	1,954,110	107,980,215
Misc diagnostics	38,666	4,402,711	24,083	1,212,462	19,440	492,032	82,188	6,107,204
Misc diag in	1,767	424,059	937	131,740	419	50,652	3,123	606,451
Misc diag out	36,899	3,978,651	23,146	1,080,722	19,021	441,380	79,066	5,500,753
Imaging	180,913	15,915,968	112,218	4,243,921	84,523	1,754,353	377,654	21,914,242
Imag in	5,265	1,229,637	2,325	338,604	1,204	118,801	8,793	1,687,042
Imag out	175,648	14,686,331	109,894	3,905,317	83,319	1,635,552	368,861	20,227,200

(continued)

Table 3.14.42 (continued): VII adjusted, number of MBS services claimed by remoteness area and by Indigenous status, 2013–14^(a)

MBS services claimed	Major cities		Inner regional		Outer regional		Total non-remote	
	Indigenous services	Non-Indigenous services	Indigenous services	Non-Indigenous services	Indigenous services	Non-Indigenous services	Indigenous services	Non-Indigenous services
Other MBS items	158,928	21,162,676	95,935	5,759,914	76,829	2,379,806	331,692	29,302,396
Other MBS in	38,100	7,665,769	16,672	1,919,424	10,297	719,243	65,069	10,304,435
Other MBS out	120,828	13,496,907	79,263	3,840,491	66,532	1,660,563	266,622	18,997,961
Total MBS in	106,238	23,394,857	43,966	5,858,809	24,017	2,074,293	174,221	31,327,959
Total MBS out	2,924,398	227,461,104	1,733,074	57,939,379	1,518,623	24,654,869	6,176,094	310,055,352
Total MBS	3,030,636	250,855,961	1,777,039	63,798,188	1,542,640	26,729,161	6,350,315	341,383,311

(continued)

Table 3.14.42 (continued): VII adjusted, number of MBS services claimed by remoteness area and by Indigenous status, 2013–14^(a)

MBS services claimed	Remote		Very remote		Total remote		Unknown		Australia	
	Indigenous services	Non-Indigenous services	Indigenous services	Non-Indigenous services	Indigenous services	Non-Indigenous services	Indigenous services	Non-Indigenous services	Indigenous services	Non-Indigenous services
Non-referred GP (total)^(b)	210,482	1,078,119	268,541	323,865	479,022	1,401,984	66,756	1,361,531	3,646,985	131,708,336
A level ^(c)	4,547	38,515	7,505	10,536	12,051	49,051	1,908	35,000	74,670	3,008,519
B level ^(c)	105,351	760,637	125,583	237,574	230,934	998,210	29,511	937,579	2,252,337	93,245,536
C level ^(c)	36,325	147,782	45,673	49,956	81,998	197,739	10,609	161,163	468,460	14,324,953
D level ^(c)	7,563	17,022	9,378	6,002	16,942	23,024	2,769	20,163	67,675	1,345,347
Indigenous health check ^(d)	15,752	..	16,711	..	32,463	..	6,107	..	150,354	..
Other health assessment	588	6,803	348	1,374	936	8,177	211	9,148	10,914	786,130
GPMP—prepare GP management plan (721)	4,591	15,304	6,260	2,885	10,851	18,188	1,238	16,531	53,623	1,779,097
TCA—coordinate team care arrangements (723)	3,715	10,164	5,375	1,894	9,090	12,058	1,023	12,938	44,360	1,441,514
After hours	6,215	27,884	12,477	7,973	18,692	35,857	2,078	96,298	228,026	8,868,275
Other (NRA)	10,318	40,045	10,717	7,229	21,034	47,275	2,997	59,665	169,839	5,915,422
Practice nurse/AHW	15,517	13,962	28,515	n.p.	44,032	12,404	8,305	13,046	126,728	993,542
Allied health (total)	5,063	30,046	4,087	4,920	9,150	34,966	1,622	84,464	177,911	9,118,492
Allied health	3,081	18,277	2,819	2,315	5,900	20,592	1,106	44,604	89,717	5,087,909
Allied health AHW	1,080	n.a. ^(e)	804	n.a. ^(e)	1,884	n.a. ^(e)	116	n.a. ^(e)	8,518	n.a. ^(e)
Dental	124	1,693	141	366	265	2,059	48	1,682	5,074	231,333
Psychologist	778	10,076	323	2,239	1,102	12,315	352	38,178	74,602	3,799,250
Specialists (total)	8,418	143,676	10,017	42,962	18,435	186,638	3,351	268,917	286,470	25,040,176
<i>Specialists (total) in</i>	<i>293</i>	<i>27,802</i>	<i>259</i>	<i>9,881</i>	<i>552</i>	<i>37,683</i>	<i>135</i>	<i>47,397</i>	<i>23,764</i>	<i>4,811,655</i>
<i>Specialists (total) out</i>	<i>8,124</i>	<i>115,875</i>	<i>9,758</i>	<i>33,081</i>	<i>17,883</i>	<i>148,955</i>	<i>3,216</i>	<i>221,520</i>	<i>262,707</i>	<i>20,228,520</i>

(continued)

Table 3.14.42 (continued): VII adjusted, number of MBS services claimed by remoteness area and by Indigenous status, 2013–14^(a)

MBS services claimed	Remote		Very remote		Total remote		Unknown		Australia	
	Indigenous services	Non-Indigenous services	Indigenous services	Non-Indigenous services	Indigenous services	Non-Indigenous services	Indigenous services	Non-Indigenous services	Indigenous services	Non-Indigenous services
<i>Specialist</i>	4,124	75,727	4,676	21,218	8,799	96,945	1,316	120,565	114,817	11,011,086
Spec con in	84	5,497	61	1,665	145	7,161	14	6,732	4,427	698,699
Spec con out	4,039	70,230	4,615	19,554	8,655	89,784	1,302	113,833	110,390	10,312,387
<i>Consultant physician</i>	3,917	58,892	5,064	18,690	8,981	77,582	1,831	111,096	139,651	11,375,302
Con phys in	158	19,972	193	7,051	351	27,023	117	33,929	15,206	3,583,091
Con phys out	3,759	38,920	4,871	11,639	8,631	50,559	1,714	77,167	124,445	7,792,211
<i>Psychiatrist</i>	298	6,526	202	2,329	500	8,854	166	31,791	27,454	2,159,547
Psyc in	47	1,780	2	988	49	2,768	3	5,448	3,598	395,898
Psyc out	251	4,745	200	1,341	451	6,086	163	26,343	23,856	1,763,649
<i>Other specialist</i>	79	2,532	75	724	154	3,256	38	5,465	4,548	494,241
Other spec in	4	553	3	177	7	729	1	1,288	533	133,967
Other spec out	75	1,979	72	547	147	2,526	37	4,177	4,015	360,274
Pathology	190,565	1,066,240	329,404	303,769	519,969	1,370,009	66,881	1,398,061	2,612,600	124,299,034
Path in	1,393	89,348	852	30,750	2,244	120,098	620	153,069	74,505	13,823,915
Path out	189,172	976,892	328,553	273,020	517,725	1,249,911	66,261	1,244,992	2,538,096	110,475,118
Misc diagnostics	5,521	44,332	8,471	12,820	13,993	57,153	1,720	60,188	97,901	6,224,545
Misc diag in	89	4,815	113	1,626	203	6,441	54	6,349	3,379	619,242
Misc diag out	5,432	39,517	8,358	11,194	13,790	50,711	1,666	53,839	94,522	5,605,303
Imaging	19,847	179,600	26,054	54,685	45,901	234,284	5,168	227,129	428,723	22,375,655
Imag in	156	12,702	173	3,899	329	16,600	80	19,533	9,202	1,723,175
Imag out	19,691	166,898	25,881	50,786	45,572	217,684	5,088	207,596	419,521	20,652,480

(continued)

Table 3.14.42 (continued): VII adjusted, number of MBS services claimed by remoteness area and by Indigenous status, 2013–14^(a)

MBS services claimed	Remote		Very remote		Total remote		Unknown		Australia	
	Indigenous services	Non-Indigenous services	Indigenous services	Non-Indigenous services	Indigenous services	Non-Indigenous services	Indigenous services	Non-Indigenous services	Indigenous services	Non-Indigenous services
Other MBS items	16,966	259,891	25,487	81,896	42,453	341,787	5,024	325,789	379,169	29,969,972
Other MBS in	1,217	82,962	1,763	27,640	2,980	110,602	612	123,311	68,662	10,538,348
Other MBS out	15,749	176,929	23,724	54,256	39,473	231,185	4,412	202,478	310,507	19,431,624
Total MBS in	3,189	227,706	3,174	75,468	6,363	303,175	1,585	354,837	182,169	31,985,970
Total MBS out	453,672	2,574,198	668,887	749,448	1,122,559	3,323,646	148,937	3,371,242	7,447,590	316,750,240
Total MBS	456,860	2,801,904	672,061	824,917	1,128,922	3,626,820	150,522	3,726,079	7,629,759	348,736,210

(a) Numbers and rates have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database.

(b) Includes 4 year old health checks.

(c) Level A—consultations for cases that are obvious or straightforward; Level B—consultations lasting less than 20 minutes for cases that are not obvious or straightforward; Level C—consultations lasting at least 20 minutes; Level D—consultations lasting at least 40 minutes. To be counted as Level B, C, and D, consultations must involve one or more of the following tasks: taking a patient history, performing a clinical examination, arranging any necessary investigation, implementing a management plan, or providing appropriate preventive health care. For Level C, a patient history must be 'detailed' to count, and for level D, a patient history must be 'extensive' to count.

(d) Indigenous health checks are not VII adjusted.

(e) Data on Allied Health AHW services to non-Indigenous people were not supplied.

Note: In/Out refers to in and out of hospital.

Source: Analysis of Medicare Data by AIHW and Medicare Benefit Division, Department of Health.

Table 3.14.43: VII adjusted, crude Indigenous rate of MBS services claimed per 1000 population by remoteness area, 2013–14^(a)

MBS services claimed	Major cities	Inner regional	Outer regional	Total non-remote	Remote	Very remote	Total remote
Non-referred GP (total)^(b)	5,997	5,422	4,865	5,521	3,982	2,889	3,281
A level ^(c)	91	127	117	108	87	80	82
B level ^(c)	3,924	3,532	3,000	3,557	2,009	1,340	1,580
C level ^(c)	691	686	626	671	693	487	561
D level ^(c)	95	77	80	86	144	100	116
Indigenous health check ^(d)	149	207	273	200	300	178	222
Other health assessment	20	17	14	17	11	4	6
GPMP—prepare GP management plan (721)	71	78	75	74	88	67	74
TCA—coordinate team care arrangements (723)	58	65	62	61	71	57	62
After hours	533	216	267	370	119	133	128
Other (NRA)	282	277	209	260	197	114	144
Practice nurse/AHW	99	150	170	133	296	304	301
Allied health (total)	350	317	192	297	96	46	64
Allied health	160	161	115	148	59	30	40
Allied health AHW	8	7	15	10	20	11	14
Dental	10	11	9	10	3	3	3
Psychologist	173	139	55	131	15	3	8
Specialists (total)	544	516	315	473	161	107	126
<i>Specialists (total) in</i>	<i>58</i>	<i>40</i>	<i>16</i>	<i>41</i>	<i>6</i>	<i>3</i>	<i>4</i>
<i>Specialists (total) out</i>	<i>486</i>	<i>476</i>	<i>299</i>	<i>431</i>	<i>155</i>	<i>104</i>	<i>122</i>
<i>Specialist</i>	<i>204</i>	<i>214</i>	<i>134</i>	<i>187</i>	<i>79</i>	<i>50</i>	<i>60</i>
Spec con in	10	8	3	8	2	1	1
Spec con out	193	206	130	179	77	49	59

(continued)

Table 3.14.43 (continued): VII adjusted, crude Indigenous rate of MBS services claimed per 1000 population by remoteness area, 2013–14^(a)

MBS services claimed	Major cities	Inner regional	Outer regional	Total non-remote	Remote	Very remote	Total remote
<i>Consultant physician</i>	259	255	160	230	75	54	61
Con phys in	36	26	11	26	3	2	2
Con phys out	222	229	149	204	72	52	59
<i>Psychiatrist</i>	73	40	15	48	6	2	3
Psyc in	10	5	2	6	1	—	—
Psyc out	63	35	13	42	5	2	3
<i>Other specialist</i>	9	7	7	8	2	1	1
Other spec in	1	1	—	1	—	—	—
Other spec out	7	6	7	7	1	1	1
Pathology	3,823	3,558	3,352	3,618	3,635	3,515	3,558
Path in	186	107	58	128	27	9	15
Path out	3,637	3,452	3,294	3,490	3,608	3,506	3,543
Misc diagnostics	156	153	125	147	105	90	96
Misc diag in	7	6	3	6	2	1	1
Misc diag out	149	147	122	141	104	89	94
Imaging	732	714	543	674	379	278	314
Imag in	21	15	8	16	3	2	2
Imag out	711	699	536	659	376	276	312
Other MBS items	643	610	494	592	324	272	291
Other MBS in	154	106	66	116	23	19	20
Other MBS out	489	504	428	476	300	253	270
Total MBS in	430	280	154	311	61	34	44
Total MBS out	11,816	11,010	9,731	11,010	8,619	7,163	7,686
Total MBS	12,246	11,289	9,885	11,321	8,680	7,197	7,729

(continued)

Table 3.14.43 (continued): VII adjusted, crude Indigenous rate of MBS services claimed per 1000 population by remoteness area, 2013–14^(a)

(a) Numbers and rates have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database.

(b) Includes 4 year old health checks.

(c) Level A—consultations for cases that are obvious or straightforward; Level B—consultations lasting less than 20 minutes for cases that are not obvious or straightforward; Level C—consultations lasting at least 20 minutes; Level D—consultations lasting at least 40 minutes. To be counted as Level B, C, and D, consultations must involve one or more of the following tasks: taking a patient history, performing a clinical examination, arranging any necessary investigation, implementing a management plan, or providing appropriate preventive health care. For Level C, a patient history must be 'detailed' to count, and for level D, a patient history must be 'extensive' to count.

(d) Indigenous health checks are not VII adjusted.

Note: In/Out refers to in and out of hospital.

Source: Analysis of Medicare Data by AIHW and Medicare Benefit Division, Department of Health.

Table 3.14.44: VII adjusted, age-standardised rate of MBS services per 1000 population by remoteness area and Indigenous status, 2013–14^{(a)(b)}

MBS services claimed	Major cities		Inner regional		Outer regional		Total non-remote	
	Indigenous age-std. rate per 1,000	Non-Indigenous age-std. rate per 1,000	Indigenous age-std. rate per 1,000	Non-Indigenous age-std. rate per 1,000	Indigenous age-std. rate per 1,000	Non-Indigenous age-std. rate per 1,000	Indigenous age-std. rate per 1,000	Non-Indigenous age-std. rate per 1,000
Non-referred GP (total)^(c)	7,560	6,946	7,197	6,261	6,330	5,744	7,112	6,689
A level ^(d)	138	139	192	208	184	214	167	161
B level ^(d)	4,788	4,893	4,486	4,429	3,734	4,083	4,405	4,717
C level ^(d)	960	739	980	734	881	655	943	728
D level ^(d)	134	70	116	64	116	60	124	68
Indigenous health check ^(e)	168	..	232	..	295	..	222	..
Other health assessment	27	47	23	45	18	41	23	46
GPMP—prepare GP management plan (721)	118	95	136	98	126	85	125	95
TCA—coordinate team care arrangements (723)	100	79	115	77	106	66	106	77
After hours	546	528	234	203	272	223	381	437
Other (NRA)	411	309	435	326	334	246	397	306
Practice nurse/AHW	157	47	232	76	244	72	203	55
Allied health (total)	514	509	461	451	305	297	439	476
Allied health	307	306	299	266	216	189	277	285
Allied health AHW	17	n.a. ^(f)	13	n.a. ^(f)	26	n.a. ^(f)	19	n.a. ^(f)
Dental	6	12	7	14	5	14	6	13
Psychologist	183	191	143	172	59	96	137	179
Specialists (total)	957	1,460	831	1,149	487	867	783	1,335
<i>Specialists (total) in</i>	<i>138</i>	<i>308</i>	<i>87</i>	<i>235</i>	<i>32</i>	<i>150</i>	<i>92</i>	<i>275</i>
<i>Specialists (total) out</i>	<i>819</i>	<i>1,153</i>	<i>744</i>	<i>914</i>	<i>455</i>	<i>718</i>	<i>691</i>	<i>1,059</i>

(continued)

Table 3.14.44 (continued): VII adjusted, age-standardised rate of MBS services per 1000 population by remoteness area and Indigenous status, 2013–14^{(a)(b)}

MBS services claimed	Major cities		Inner regional		Outer regional		Total non-remote	
	Indigenous age-std. rate per 1,000	Non-Indigenous age-std. rate per 1,000	Indigenous age-std. rate per 1,000	Non-Indigenous age-std. rate per 1,000	Indigenous age-std. rate per 1,000	Non-Indigenous age-std. rate per 1,000	Indigenous age-std. rate per 1,000	Non-Indigenous age-std. rate per 1,000
<i>Specialist</i>	379	612	376	552	222	449	332	583
Spec con in	24	38	17	42	5	28	16	38
Spec con out	355	574	360	510	217	420	315	545
<i>Consultant physician</i>	462	699	386	506	235	365	373	623
Con phys in	96	239	59	172	24	110	64	210
Con phys out	366	460	327	335	211	255	309	413
<i>Psychiatrist</i>	97	119	53	69	19	37	63	101
Psync in	14	21	10	16	2	9	9	19
Psync out	84	97	44	53	17	29	53	83
<i>Other specialist</i>	18	31	16	22	11	16	15	27
Other spec in	4	9	2	6	1	3	3	8
Other spec out	14	21	13	16	11	13	13	19
Pathology	5,879	6,706	5,581	6,098	4,891	5,446	5,505	6,445
Path in	433	867	253	654	114	477	287	780
Path out	5,445	5,839	5,328	5,444	4,777	4,970	5,218	5,665
Misc diagnostics	296	354	281	319	216	275	268	339
Misc diag in	18	36	15	35	5	28	14	35
Misc diag out	278	318	266	284	211	247	254	303
Imaging	1,079	1,182	1,049	1,118	753	972	975	1,145
Imag in	52	105	35	90	15	67	36	98
Imag out	1,027	1,077	1,013	1,027	737	905	938	1,047

(continued)

Table 3.14.44 (continued): VII adjusted, age-standardised rate of MBS services per 1000 population by remoteness area and Indigenous status, 2013–14^{(a)(b)}

	Major cities		Inner regional		Outer regional		<i>Total non-remote</i>	
	Indigenous age-std. rate per 1,000	Non-Indigenous age-std. rate per 1,000	Indigenous age-std. rate per 1,000	Non-Indigenous age-std. rate per 1,000	Indigenous age-std. rate per 1,000	Non-Indigenous age-std. rate per 1,000	Indigenous age-std. rate per 1,000	Non-Indigenous age-std. rate per 1,000
MBS services claimed								
Other MBS items	1,027	1,587	968	1,519	721	1,322	919	1,546
Other MBS in	297	589	211	501	113	396	218	551
Other MBS out	730	998	757	1,018	608	926	701	995
Total MBS in	947	1,923	623	1,557	288	1,166	659	1,765
Total MBS out	16,364	16,821	15,745	15,358	13,414	13,759	15,341	16,208
Total MBS	17,312	18,744	16,368	16,915	13,702	14,924	16,000	17,973

(continued)

Table 3.14.44 (continued): VII adjusted, age-standardised rate of MBS services per 1000 population by remoteness area and Indigenous status, 2013–14^{(a)(b)}

MBS services claimed	Remote		Very remote		Total remote	
	Indigenous age-std. rate per 1,000	Non-Indigenous age-std. rate per 1,000	Indigenous age-std. rate per 1,000	Non-Indigenous age-std. rate per 1,000	Indigenous age-std. rate per 1,000	Non-Indigenous age-std. rate per 1,000
Non-referred GP (total)^(c)	5,150	4,535	3,696	3,389	4,236	4,192
A level ^(d)	121	168	111	119	114	154
B level ^(d)	2,452	3,170	1,642	2,447	1,941	2,952
C level ^(d)	937	624	663	526	765	593
D level ^(d)	202	72	134	65	160	70
Indigenous health check ^(e)	323	..	196	..	242	..
Other health assessment	17	33	7	18	10	29
GPMP—prepare GP management plan (721)	133	67	108	35	118	58
TCA—coordinate team care arrangements (723)	109	45	94	24	100	39
After hours	131	116	146	82	141	106
Other (NRA)	320	176	194	82	242	150
Practice nurse/AHW	383	63	385	n.p.	385	43
Allied health (total)	160	132	72	55	105	110
Allied health	107	85	54	29	74	70
Allied health AHW	35	n.a. ^(f)	14	n.a. ^(f)	22	n.a. ^(f)
Dental	2	10	2	9	2	10
Psychologist	16	39	4	20	8	33
Specialists (total)	245	624	168	467	197	579
<i>Specialists (total) in</i>	<i>10</i>	<i>127</i>	<i>6</i>	<i>113</i>	<i>8</i>	<i>123</i>
<i>Specialists (total) out</i>	<i>235</i>	<i>497</i>	<i>162</i>	<i>354</i>	<i>189</i>	<i>456</i>

(continued)

Table 3.14.44 (continued): VII adjusted, age-standardised rate of MBS services per 1000 population by remoteness area and Indigenous status, 2013–14^{(a)(b)}

MBS services claimed	Remote		Very remote		Total remote	
	Indigenous age-std. rate per 1,000	Non-Indigenous age-std. rate per 1,000	Indigenous age-std. rate per 1,000	Non-Indigenous age-std. rate per 1,000	Indigenous age-std. rate per 1,000	Non-Indigenous age-std. rate per 1,000
<i>Specialist</i>	123	328	81	227	97	299
Spec con in	4	24	1	18	2	22
Spec con out	120	304	81	209	95	277
<i>Consultant physician</i>	113	260	82	212	93	247
Con phys in	5	93	5	84	5	91
Con phys out	107	167	77	128	88	156
<i>Psychiatrist</i>	6	25	2	21	4	23
Psync in	1	8	—	11	—	8
Psync out	5	18	2	12	3	16
<i>Other specialist</i>	3	11	2	8	3	10
Other spec in	—	3	—	3	—	3
Other spec out	3	8	2	6	2	8
Pathology	4,800	4,495	4,517	3,150	4,626	4,093
Path in	45	406	18	342	28	388
Path out	4,754	4,089	4,499	2,807	4,598	3,705
Misc diagnostics	165	200	141	151	150	186
Misc diag in	3	22	2	19	2	22
Misc diag out	162	178	140	132	148	165
Imaging	509	745	358	552	414	688
Imag in	5	58	3	45	4	54
Imag out	503	687	356	507	411	633

(continued)

Table 3.14.44 (continued): VII adjusted, age-standardised rate of MBS services per 1000 population by remoteness area and Indigenous status, 2013–14^{(a)(b)}

	Remote		Very remote		Total remote	
	Indigenous age-std. rate per 1,000	Non-Indigenous age-std. rate per 1,000	Indigenous age-std. rate per 1,000	Non-Indigenous age-std. rate per 1,000	Indigenous age-std. rate per 1,000	Non-Indigenous age-std. rate per 1,000
MBS services claimed						
Other MBS items	440	1,095	377	839	400	1,019
Other MBS in	35	349	33	280	34	329
Other MBS out	404	746	344	559	366	690
Total MBS in	100	1,012	62	821	77	959
Total MBS out	11,369	10,813	9,267	7,783	10,052	9,908
Total MBS	11,469	11,826	9,329	8,603	10,128	10,867

(a) Numbers and rates have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database.

(b) Directly age-standardised using the 2001 Australian standard population, by 5-year age group up to 75+.

(c) Includes 4 year old health checks.

(d) Level A—consultations for cases that are obvious or straightforward; Level B—consultations lasting less than 20 minutes for cases that are not obvious or straightforward; Level C—consultations lasting at least 20 minutes; Level D—consultations lasting at least 40 minutes. To be counted as Level B, C, and D, consultations must involve one or more of the following tasks: taking a patient history, performing a clinical examination, arranging any necessary investigation, implementing a management plan, or providing appropriate preventive health care. For Level C, a patient history must be 'detailed' to count, and for level D, a patient history must be 'extensive' to count.

(e) Indigenous health checks are not VII adjusted.

(f) Data on Allied Health AHW services to non-Indigenous people were not supplied.

Note: In/Out refers to in and out of hospital.

Source: Analysis of Medicare Data by AIHW and Medicare Benefit Division, Department of Health.

Table 3.14.45: VII adjusted, age-standardised rate ratio MBS services claimed by remoteness, 2013–14^{(a)(b)}

	Major cities	Inner regional	Outer regional	Total non-remote	Remote	Very remote	Total remote	Australia
Non-referred GP (total)^(c)	1.1*	1.1*	1.1*	1.1*	1.1*	1.1*	1.0*	1.0*
A level ^(d)	1.0	0.9*	0.9*	1.0*	0.7*	0.9*	0.7*	1.0*
B level ^(d)	1.0*	0.9*	0.9*	0.9*	0.8*	0.7*	0.7*	0.8*
C level ^(d)	1.3*	1.3*	1.3*	1.3*	1.5*	1.3*	1.3*	1.3*
D level ^(d)	1.9*	1.8*	1.9*	1.8*	2.8*	2.1*	2.3*	2.0*
Indigenous health check ^(e)	..	..	..	..	..	..	..	..
Other health assessment	0.6*	0.5*	0.4*	0.5*	0.5*	0.4*	0.4*	0.5*
GPMP	1.2*	1.4*	1.5*	1.3*	2.0*	3.1*	2.0*	1.3*
TCA	1.3*	1.5*	1.6*	1.4*	2.4*	4.0*	2.6*	1.4*
After hours	1.0*	1.2*	1.2*	0.9*	1.1*	1.8*	1.3*	0.8*
Other	1.3*	1.3*	1.4*	1.3*	1.8*	2.4*	1.6*	1.2*
Practice nurse/AHW	3.3*	3.0*	3.4*	3.7*	6.0*	-51.7*	9.0*	4.7*
Allied health (total)	1.0*	1.0*	1.0*	0.9*	1.2*	1.3*	1.0*	0.8*
Allied health	1.0	1.1*	1.1*	1.0*	1.3*	1.8*	1.1*	0.8*
Allied health AHW	n.a. ^(f)	n.a. ^(f)	n.a. ^(f)	n.a. ^(f)	n.a. ^(f)	n.a. ^(f)	n.a. ^(f)	n.a. ^(f)
Dental	0.5*	0.5*	0.3*	0.5*	0.2*	0.2*	0.2*	0.4*
Psychologist	1.0*	0.8*	0.6*	0.8*	0.4*	0.2*	0.2*	0.6*
Specialists (total)	0.7*	0.7*	0.6*	0.6*	0.4*	0.4*	0.3*	0.5*
<i>Specialists (total) in</i>	<i>0.4*</i>	<i>0.4*</i>	<i>0.2*</i>	<i>0.3*</i>	<i>0.1*</i>	<i>0.1*</i>	<i>0.1*</i>	<i>0.3*</i>
<i>Specialists (total) out</i>	<i>0.7*</i>	<i>0.8*</i>	<i>0.6*</i>	<i>0.7*</i>	<i>0.5*</i>	<i>0.5*</i>	<i>0.4*</i>	<i>0.6*</i>

(continued)

Table 3.14.45 (continued): VII adjusted, age-standardised rate ratio MBS services claimed by remoteness, 2013–14^{(a)(b)}

	Major cities	Inner regional	Outer regional	Total non-remote	Remote	Very remote	Total remote	Australia
<i>Specialist</i>	0.6*	0.7*	0.5*	0.6*	0.4*	0.4*	0.3*	0.5*
Spec con in	0.6*	0.4*	0.2*	0.4*	0.1*	0.1*	0.1*	0.3*
Spec con out	0.6*	0.7*	0.5*	0.6*	0.4*	0.4*	0.3*	0.5*
<i>Consultant physician</i>	0.7*	0.8*	0.6*	0.6*	0.4*	0.4*	0.4*	0.5*
Con phys in	0.4*	0.3*	0.2*	0.3*	0.1*	0.1*	0.1*	0.2*
Con phys out	0.8*	1.0*	0.8*	0.7*	0.6*	0.6*	0.6*	0.6*
<i>Psychiatrist</i>	0.8*	0.8*	0.5*	0.6*	0.2*	0.1*	0.2*	0.5*
Psyc in	0.7*	0.6*	0.2*	0.5*	0.1*	—	0.1*	0.4*
Psyc out	0.9*	0.8*	0.6*	0.6*	0.3*	0.2*	0.2*	0.5*
<i>Other specialist</i>	0.6*	0.7*	0.7*	0.6*	0.3*	0.3*	0.3*	0.5*
Other spec in	0.4*	0.4*	0.3*	0.3*	0.1	0.1	0.1*	0.3*
Other spec out	0.7*	0.8*	0.8*	0.6*	0.3*	0.4*	0.3*	0.5*
Pathology	0.9*	0.9*	0.9*	0.9*	1.1*	1.4*	1.1*	0.8*
Path in	0.5*	0.4*	0.2*	0.4*	0.1*	0.1*	0.1*	0.3*
Path out	0.9*	1.0*	1.0*	0.9*	1.2*	1.6*	1.2*	0.9*
Misc diagnostics	0.8*	0.9*	0.8*	0.8*	0.8*	0.9*	0.8*	0.7*
Misc diag in	0.5*	0.4*	0.2*	0.4*	0.1*	0.1*	0.1*	0.3*
Misc diag out	0.9*	0.9*	0.9*	0.8*	0.9*	1.1*	0.9*	0.8*
Imaging	0.9*	0.9*	0.8*	0.9*	0.7*	0.6*	0.6*	0.8*
Imag in	0.5*	0.4*	0.2*	0.4*	0.1*	0.1*	0.1*	0.3*
Imag out	1.0*	1.0*	0.8*	0.9*	0.7*	0.7*	0.6*	0.8*

(continued)

Table 3.14.45 (continued): VII adjusted, age-standardised rate ratio MBS services claimed by remoteness, 2013–14^{(a)(b)}

	Major cities	Inner regional	Outer regional	Total non-remote	Remote	Very remote	Total remote	Australia
Other MBS items	0.6*	0.6*	0.5*	0.6*	0.4*	0.4*	0.4*	0.5*
Other MBS in	0.5*	0.4*	0.3*	0.4*	0.1*	0.1*	0.1*	0.3*
Other MBS out	0.7*	0.7*	0.7*	0.7*	0.5*	0.6*	0.5*	0.6*
Total MBS in	0.5*	0.4*	0.2*	0.4*	1.0*	0.1*	0.1*	0.3*
Total MBS out	1.0*	1.0*	1.0*	0.9*	1.1*	1.2*	1.0*	0.9*
Total MBS	0.9*	1.0*	0.9*	0.9*	1.0*	1.1*	0.9*	0.8*

* Represents results with statistically significant differences in the Indigenous/non-Indigenous comparisons at the $p < 0.05$ level.

(a) Indigenous numbers and rates have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database.

(b) Rate ratio is the age-standardised rate for Indigenous Australians divided by the age-standardised rate for non-Indigenous Australians. Directly age-standardised using the 2001 Australian standard population, by 5-year age group up to 75+.

(c) Includes 4 year old health checks.

(d) Level A—consultations for cases that are obvious or straightforward; Level B—consultations lasting less than 20 minutes for cases that are not obvious or straightforward; Level C—consultations lasting at least 20 minutes; Level D—consultations lasting at least 40 minutes. To be counted as Level B, C, and D, consultations must involve one or more of the following tasks: taking a patient history, performing a clinical examination, arranging any necessary investigation, implementing a management plan, or providing appropriate preventive health care. For Level C, a patient history must be 'detailed' to count, and for level D, a patient history must be 'extensive' to count.

(e) Indigenous health checks are not VII adjusted.

(f) Data on Allied Health AHW services to non-Indigenous people were not supplied.

Note: In/Out refers to in and out of hospital.

Source: Analysis of Medicare Data by AIHW and Medicare Benefit Division, Department of Health.

Table 3.14.46: VII adjusted, age-standardised rate difference of MBS services claimed per 1,000 population by remoteness, 2013–14^{(a)(b)}

	Major cities	Inner regional	Outer regional	Total non-remote	Remote	Very remote	Total remote	Australia
Non-referred GP (total)^(c)	613.9*	935.9*	585.7*	422.6*	615.5*	306.4*	43.7*	–92.1*
A level ^(d)	–1.4	–16.3*	–30.0*	5.8*	–47.9*	–8.0*	–39.4*	–2.8*
B level ^(d)	–104.2*	56.8*	–348.8*	–312.3*	–717.9*	–804.7*	–1,010.6*	–805.5*
C level ^(d)	221.1*	246.5*	226.1*	215.8*	313.2*	137.4*	171.5*	192.6*
D level ^(d)	64.0*	51.1*	55.9*	56.3*	129.2*	69.8*	89.8*	68.7*
Indigenous health check ^(e)	..	..	..	..	..	..	..	..
Other health assessment	–20.3*	–22.1*	–23.2*	–23.1*	–16.3*	–10.8*	–18.2*	–25.3*
GPMP	22.9*	37.4*	41.0*	30.7*	66.6*	73.2*	60.0*	31.8*
TCA	20.5*	38.0*	40.5*	28.6*	64.5*	70.4*	61.1*	29.8*
After hours	18.6*	31.7*	48.6*	–55.5*	15.0*	64.7*	35.3*	–102.7*
Other	101.4*	108.5*	88.0*	90.6*	144.2*	111.5*	92.2*	63.8*
Practice nurse/AHW	110.0*	155.4*	171.9*	147.4*	319.9*	392.4*	342.2*	204.0*
Allied health (total)	4.9*	10.1*	8.0*	–36.9*	28.0*	16.6*	–5.5*	–103.5*
Allied health	0.6	32.6*	26.6*	–7.8*	21.7*	24.2*	3.7*	–47.9*
Allied health AHW	n.a. ^(f)	n.a. ^(f)	n.a. ^(f)	n.a. ^(f)	n.a. ^(f)	n.a. ^(f)	n.a. ^(f)	n.a. ^(f)
Dental	–6.0*	–7.0*	–8.9*	–6.7*	–8.3*	–7.4*	–7.8*	–7.5*
Psychologist	–7.4*	–29.0*	–37.3*	–41.6*	–22.6*	–16.8*	–24.9*	–68.4*
Specialists (total)	–503.1*	–317.9*	–380.0*	–551.8*	–378.9*	–299.2*	–382.5*	–671.8*
<i>Specialists (total) in</i>	<i>–169.6*</i>	<i>–148.0*</i>	<i>–117.3*</i>	<i>–183.0*</i>	<i>–116.5*</i>	<i>–107.1*</i>	<i>–115.4*</i>	<i>–201.0*</i>
<i>Specialists (total) out</i>	<i>–333.5*</i>	<i>–169.9*</i>	<i>–262.7*</i>	<i>–368.8*</i>	<i>–262.4*</i>	<i>–192.1*</i>	<i>–267.0*</i>	<i>–470.8*</i>

(continued)

Table 3.14.46 (continued): VII adjusted, age-standardised rate difference of MBS services claimed per 1,000 population by remoteness, 2013–14^{(a)(b)}

	Major cities	Inner regional	Outer regional	Total non-remote	Remote	Very remote	Total remote	Australia
<i>Specialist</i>	–232.9*	–176.0*	–226.5*	–251.2*	–204.5*	–145.5*	–202.2*	–300.2*
Spec con in	–14.4*	–25.7*	–23.1*	–21.8*	–20.5*	–17.0*	–20.4*	–25.0*
Spec con out	–218.6*	–150.3*	–203.4*	–229.4*	–184.0*	–128.6*	–181.8*	–275.3*
<i>Consultant physician</i>	–236.2*	–120.3*	–129.9*	–249.8*	–147.8*	–129.9*	–153.3*	–305.4*
Con phys in	–142.4*	–112.9*	–85.5*	–146.3*	–87.9*	–79.1*	–85.8*	–158.6
Con phys out	–93.8*	–7.4*	–44.4*	–103.6*	–59.9*	–50.8*	–67.5*	–146.8*
<i>Psychiatrist</i>	–21.1*	–15.5*	–18.8*	–38.8*	–18.6*	–18.3*	–19.5*	–51.6*
Psyc in	–7.3*	–5.9*	–7.1*	–9.5*	–6.7*	–11.2*	–8.1*	–11.6*
Psyc out	–13.9*	–9.6*	–12.2*	–29.2*	–12.8*	–9.3*	–12.5*	–40.0*
<i>Other specialist</i>	–12.8*	–6.1*	–4.8*	–11.9*	–8.0*	–5.5*	–7.5*	–14.6*
Other spec in	–5.5*	–3.5*	–2.0*	–5.4*	–2.7*	–2.4*	–2.4*	–5.9*
Other spec out	–7.3*	–2.6*	–2.8*	–6.5*	–5.6*	–3.4*	–5.3*	–8.7*
Pathology	–826.9*	–517.2*	–555.8*	–940.2*	305.0*	1,367.6*	533.7*	–1,027.2*
Path in	–433.2*	–401.2*	–363.2*	–492.8*	–360.0*	–324.1*	–359.9	–549.4*
Path out	–393.7*	–116.1*	–192.6*	–447.3*	665.1*	1,691.7*	893.5*	–477.8*
Misc diagnostics	–58.0*	–37.7*	–59.4*	–70.7*	–34.9*	–9.8*	–35.7*	–92.5*
Misc diag in	–17.9*	–19.8*	–23.1*	–21.7*	–19.7*	–17.4*	–19.4*	–24.1*
Misc diag out	–40.2*	–17.8*	–36.3*	–49.0*	–15.3*	7.6*	–16.3*	–68.4*
Imaging	–103.2*	–69.1*	–219.4*	–169.8*	–236.7*	–193.7*	–273.3*	–283.9*
Imag in	–52.5*	–54.9*	–51.8*	–61.2*	–52.7*	–41.8*	–50.6*	–68.4*
Imag out	–50.6*	–14.2*	–167.6*	–108.6*	–183.9*	–151.9*	–222.8*	–215.5*

(continued)

Table 3.14.46 (continued): VII adjusted, age-standardised rate difference of MBS services claimed per 1,000 population by remoteness, 2013–14^{(a)(b)}

	Major cities	Inner regional	Outer regional	Total non-remote	Remote	Very remote	Total remote	Australia
Other MBS items	–560.0*	–551.6*	–601.7*	–626.4*	–654.8*	–462.0*	–619.2*	–735.6*
Other MBS in	–292.0*	–290.4*	–283.4*	–333.0*	–313.2*	–247.0*	–295.0	–373.9*
Other MBS out	–268.0*	–261.1*	–318.3*	–293.4*	–341.6*	–214.9*	–324.2*	–361.6*
Total MBS in	–975.7*	–934.1*	–878.2*	–1,106.5*	–912.2*	–758.4*	–882.5*	–1,234.6*
Total MBS out	–456.7*	386.6*	–344.3*	–866.5*	555.5*	1,484.2*	143.8*	–1,772.1*
Total MBS	–1,432.3*	–547.5*	–1,222.5*	–1,973.1*	–356.8*	725.9*	–738.7*	–3,006.7*

* Represents results with statistically significant differences in the Indigenous/non-Indigenous comparisons at the $p < 0.05$ level.

(a) Numbers and rates have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database.

(b) Rate difference is the rate for Indigenous Australians minus the rate for non-Indigenous Australians. Directly age-standardised using the 2001 Australian standard population, by 5-year age group up to 75+.

(c) Includes 4 year old health checks.

(d) Level A—consultations for cases that are obvious or straightforward; Level B—consultations lasting less than 20 minutes for cases that are not obvious or straightforward; Level C—consultations lasting at least 20 minutes; Level D—consultations lasting at least 40 minutes. To be counted as Level B, C, and D, consultations must involve one or more of the following tasks: taking a patient history, performing a clinical examination, arranging any necessary investigation, implementing a management plan, or providing appropriate preventive health care. For Level C, a patient history must be 'detailed' to count, and for level D, a patient history must be 'extensive' to count.

(e) Indigenous health checks are not VII adjusted.

(f) Data on Allied Health AHW services to non-Indigenous people were not supplied.

Note: In/Out refers to in and out of hospital.

Source: Analysis of Medicare Data by AIHW and Medicare Benefit Division, Department of Health.

Table 3.14.47: VII adjusted, number of MBS services claimed by sex and Indigenous status, 2013–14^(a)

MBS services claimed	Female		Male	
	Indigenous services	Non-Indigenous services	Indigenous services	Non-Indigenous services
Non-referred GP (total)^(b)	2,164,727	75,322,015	1,482,258	56,386,321
A level ^(c)	42,936	1,700,670	31,734	1,307,849
B level ^(c)	1,322,066	52,719,400	930,271	40,526,136
C level ^(c)	297,511	8,830,373	170,949	5,494,580
D level ^(c)	42,992	836,160	24,683	509,187
Indigenous health check ^(d)	81,977	..	68,377	..
Other health assessment	5,893	429,756	5,020	356,375
GPMP—prepare GP management plan (721)	30,512	978,862	23,111	800,235
TCA—coordinate team care arrangements (723)	25,610	813,766	18,750	627,748
After hours	131,838	4,867,932	96,187	4,000,344
Other (NRA)	103,632	3,580,285	66,207	2,335,137
Practice nurse/AHW	79,760	564,811	46,968	428,731
Allied health (total)	104,500	5,628,639	73,411	3,489,853
Allied health	52,917	3,096,120	36,800	1,991,789
Allied health AHW	4,827	n.a. ^(e)	3,691	n.a. ^(e)
Dental	2,698	114,525	2,376	116,808
Psychologist	44,058	2,417,994	30,543	1,381,257
Specialists (total)	161,306	13,902,016	125,165	11,138,159
<i>Specialists (total) in</i>	<i>14,166</i>	<i>2,628,523</i>	<i>9,597</i>	<i>2,183,133</i>
<i>Specialists (total) out</i>	<i>147,139</i>	<i>11,273,494</i>	<i>115,567</i>	<i>8,955,027</i>
<i>Specialist</i>	<i>70,961</i>	<i>6,320,515</i>	<i>43,856</i>	<i>4,690,571</i>
Spec con in	2,552	349,846	1,875	348,853
Spec con out	68,409	5,970,669	41,981	4,341,718
<i>Consultant physician</i>	<i>72,230</i>	<i>5,985,403</i>	<i>67,421</i>	<i>5,389,899</i>
Con phys in	8,762	1,920,800	6,444	1,662,291
Con phys out	63,468	4,064,603	60,977	3,727,608
<i>Psychiatrist</i>	<i>15,545</i>	<i>1,316,893</i>	<i>11,909</i>	<i>842,654</i>
Psyc in	2,562	278,441	1,036	117,457
Psyc out	12,983	1,038,452	10,873	725,197
<i>Other specialist</i>	<i>2,570</i>	<i>279,205</i>	<i>1,978</i>	<i>215,036</i>
Other spec in	291	79,435	242	54,532
Other spec out	2,279	199,770	1,736	160,504
Pathology	1,744,335	73,663,633	868,266	50,635,400
Path in	44,450	7,159,711	30,054	6,664,205
Path out	1,699,884	66,503,923	838,211	43,971,196

(continued)

Table 3.14.47 (continued): VII adjusted, number of MBS services claimed by sex and Indigenous status, 2013–14^(a)

MBS services claimed	Female		Male	
	Indigenous services	Non-Indigenous services	Indigenous services	Non-Indigenous services
Misc Diagnostics	54,369	3,160,302	43,532	3,064,243
Misc Diag in	1,794	276,841	1,585	342,401
Misc Diag out	52,575	2,883,461	41,947	2,721,842
Imaging	276,615	13,475,949	152,107	8,899,707
Imag in	4,993	856,200	4,208	866,976
Imag out	271,622	12,619,749	147,899	8,032,731
Other MBS items	252,472	17,018,275	126,697	12,951,697
Other MBS in	42,217	5,743,200	26,445	4,795,148
Other MBS out	210,255	11,275,075	100,252	8,156,549
Total MBS in	109,326	16,945,444	72,843	15,040,526
Total MBS out	4,648,997	185,225,386	2,798,593	131,524,854
Total MBS	4,758,323	202,170,830	2,871,435	146,565,381

(a) Numbers and rates have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database.

(b) Includes 4 year old health checks.

(c) Level A—consultations for cases that are obvious or straightforward; Level B—consultations lasting less than 20 minutes for cases that are not obvious or straightforward; Level C—consultations lasting at least 20 minutes; Level D—consultations lasting at least 40 minutes. To be counted as Level B, C, and D, consultations must involve one or more of the following tasks: taking a patient history, performing a clinical examination, arranging any necessary investigation, implementing a management plan, or providing appropriate preventive health care. For Level C, a patient history must be 'detailed' to count, and for level D, a patient history must be 'extensive' to count.

(d) Indigenous health checks are not VII adjusted.

(e) Data on Allied Health AHW services to non-Indigenous people were not supplied.

Note: In/Out refers to in and out of hospital.

Source: Analysis of Medicare Data by AIHW and Medicare Benefit Division, Department of Health.

Table 3.14.48: VII adjusted, crude rate of MBS services per 1,000 population by sex and Indigenous status, 2013–14^(a)

MBS services claimed	Indigenous crude rate per 1,000		Rate ratio ^(b)		Rate difference ^(c)	
	Female	Male	Indigenous services	Non-Indigenous services	Indigenous services	Non-Indigenous services
Non-referred GP (total)^(d)	6,125	4,203	1.5*	1.3*	1,922*	1,623*
A level ^(e)	121	90	1.3*	1.3*	31*	34*
B level ^(e)	3,741	2,638	1.4*	1.3*	1,103*	1,041*
C level ^(e)	842	485	1.7*	1.6*	357*	289*
D level ^(e)	122	70	1.7*	1.6*	52*	29*
Indigenous health check ^(f)	232	194	1.2*	. .	38*	. .
Other health assessment	17	14	1.2*	1.2*	3*	6*
GPMP—prepare GP management plan (721)	86	66	1.3*	1.2*	20*	15*
TCA—coordinate team care arrangements (723)	72	53	1.4*	1.3*	19*	16*
After hours	373	273	1.4*	1.2*	100*	73*
Other (NRA)	293	188	1.6*	1.5*	105*	108*
Practice nurse/AHW	226	133	1.7*	1.3*	93*	12*
Allied health (total)	296	208	1.4*	1.6*	88*	185*
Allied health	150	104	1.4*	1.5*	46*	96*
Allied health AHW	14	10	1.4*	n.a. ^(g)	4*	n.a. ^(g)
Dental	9	8	1.1*	1.0	1*	—
Psychologist	125	87	1.4*	1.7*	38*	90*
Specialists (total)	456	355	1.3*	1.2*	101*	235*
<i>Specialists (total) in</i>	<i>40</i>	<i>27</i>	<i>1.5*</i>	<i>1.2*</i>	<i>13*</i>	<i>37*</i>
<i>Specialists (total) out</i>	<i>416</i>	<i>328</i>	<i>1.3*</i>	<i>1.2*</i>	<i>88*</i>	<i>197*</i>
<i>Specialist</i>	<i>201</i>	<i>124</i>	<i>1.6*</i>	<i>1.3*</i>	<i>77*</i>	<i>139*</i>
Spec con in	7	5	1.4*	1.0	2*	—
Spec con out	194	119	1.6*	1.4*	75*	140*
<i>Consultant physician</i>	<i>204</i>	<i>191</i>	<i>1.1*</i>	<i>1.1*</i>	<i>13*</i>	<i>48*</i>
Con phys in	25	18	1.4*	1.1*	7*	21*
Con phys out	180	173	1.0*	1.1*	7*	27*
<i>Psychiatrist</i>	<i>44</i>	<i>34</i>	<i>1.3*</i>	<i>1.5*</i>	<i>10*</i>	<i>41*</i>
Psyc in	7	3	2.3*	2.5*	4*	15*
Psyc out	37	31	1.2*	1.4*	6*	27*
<i>Other specialist</i>	<i>7</i>	<i>6</i>	<i>1.2*</i>	<i>1.3*</i>	<i>1*</i>	<i>6*</i>
Other spec in	1	1	1.0	1.4*	—	2*
Other spec out	6	5	1.2*	1.3*	1*	4*

(continued)

Table 3.14.48 (continued): VII adjusted, crude rate of MBS services per 1,000 population by sex and Indigenous status, 2013–14^(a)

MBS services claimed	Indigenous crude rate per 1,000		Rate ratio ^(b)		Rate difference ^(c)	
	Female	Male	Indigenous services	Non-Indigenous services	Indigenous services	Non-Indigenous services
Pathology	4,936	2,462	2.0*	1.4*	2,474*	1,987*
Path in	126	85	1.5*	1.1*	41*	38*
Path out	4,810	2,377	2.0*	1.5*	2,433*	1,949*
Misc diagnostics	154	123	1.3*	1.0*	31*	6*
Misc diag in	5	4	1.3*	0.8*	1*	–6*
Misc diag out	149	119	1.3*	1.0*	30*	12*
Imaging	783	431	1.8*	1.5*	352*	396*
Imag in	14	12	1.2*	1.0*	2*	–2*
Imag out	769	419	1.8*	1.6*	350*	398*
Other MBS items	714	359	2.0*	1.3*	355*	348*
Other MBS in	119	75	1.6*	1.2*	44*	80*
Other MBS out	595	284	2.1*	1.4*	311*	268*
Total MBS in	309	207	1.5*	1.1*	102*	156*
Total MBS out	13,154	7,936	1.7*	1.4*	5,218*	4,624*
Total MBS	13,463	8,142	1.7*	1.4*	5,321*	4,779*

* Represents results with statistically significant differences in the Indigenous/non-Indigenous comparisons at the $p < 0.05$ level.

(a) Numbers and rates have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database.

(b) Rate ratio is the female rate divided by male rate.

(c) Rate difference is the female rate minus the male rate.

(d) Includes 4 year old health checks.

(e) Level A—consultations for cases that are obvious or straightforward; Level B—consultations lasting less than 20 minutes for cases that are not obvious or straightforward; Level C—consultations lasting at least 20 minutes; Level D—consultations lasting at least 40 minutes. To be counted as Level B, C, and D, consultations must involve one or more of the following tasks: taking a patient history, performing a clinical examination, arranging any necessary investigation, implementing a management plan, or providing appropriate preventive health care. For Level C, a patient history must be 'detailed' to count, and for level D, a patient history must be 'extensive' to count.

(f) Indigenous health checks are not VII adjusted.

(g) Data on Allied Health AHW services to non-Indigenous people were not supplied.

Note: In/Out refers to in and out of hospital.

Source: Analysis of Medicare Data by AIHW and Medicare Benefit Division, Department of Health.

Table 3.14.49: VII adjusted, age-standardised rate of MBS services claimed per 1000 population by sex and Indigenous status, 2013–14^{(a)(b)}

MBS services claimed	Female		Male		Persons	
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous
Non-referred GP (total)^(c)	7,190	6,403	5,000	4,759	6,115	5,583
A level ^(d)	161	141	122	106	142	123
B level ^(d)	4,238	4,497	3,023	3,434	3,641	3,967
C level ^(d)	1,058	744	636	454	851	599
D level ^(d)	157	70	95	42	127	56
Indigenous health check ^(e)	258	..	214	..	236	..
Other health assessment	20	35	16	29	18	32
GPMP—prepare GP management plan (721)	129	79	98	64	114	72
TCA—coordinate team care arrangements (723)	110	66	80	50	96	58
After hours	368	427	266	353	318	390
Other (NRA)	402	299	267	193	336	246
Practice nurse/AHW	287	45	183	33	236	39
Allied health (total)	399	475	266	296	334	386
Allied health	245	247	161	157	204	202
Allied health AHW	20	n.a. ^(f)	15	n.a. ^(f)	17	n.a. ^(f)
Dental	5	12	5	13	5	13
Psychologist	130	217	84	127	108	172
Specialists (total)	659	1,145	498	895	581	1,022
<i>Specialists (total) in</i>	<i>69</i>	<i>210</i>	<i>53</i>	<i>167</i>	<i>61</i>	<i>189</i>
<i>Specialists (total) out</i>	<i>590</i>	<i>936</i>	<i>445</i>	<i>728</i>	<i>520</i>	<i>833</i>
<i>Specialist</i>	<i>295</i>	<i>522</i>	<i>195</i>	<i>375</i>	<i>247</i>	<i>449</i>
Spec con in	12	28	10	27	11	28
Spec con out	284	494	185	348	236	421
<i>Consultant physician</i>	<i>297</i>	<i>487</i>	<i>253</i>	<i>429</i>	<i>275</i>	<i>459</i>
Con phys in	46	151	37	125	42	139
Con phys out	250	336	216	304	234	320
<i>Psychiatrist</i>	<i>55</i>	<i>114</i>	<i>41</i>	<i>74</i>	<i>48</i>	<i>94</i>
Psyc in	9	24	4	10	7	17
Psyc out	45	90	37	64	41	77
<i>Other specialist</i>	<i>12</i>	<i>22</i>	<i>9</i>	<i>17</i>	<i>11</i>	<i>20</i>
Other spec in	2	6	2	4	2	5
Other spec out	11	16	8	13	9	15
Pathology	6,243	6,171	3,604	4,058	4,946	5,121
Path in	216	576	171	509	194	544
Path out	6,027	5,595	3,434	3,549	4,752	4,577

(continued)

Table 3.14.49 (continued): VII adjusted, age-standardised rate of MBS services claimed per 1000 population by sex and Indigenous status, 2013–14^{(a)(b)}

MBS services claimed	Female		Male		Persons	
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous
Misc diagnostics	236	255	194	242	215	249
Misc diag in	10	22	9	26	9	24
Misc diag out	226	233	185	216	206	225
Imaging	991	1,133	575	734	787	934
Imag in	25	68	24	66	25	67
Imag out	966	1,065	552	667	763	867
Other MBS items	909	1,434	547	1,041	731	1,240
Other MBS in	183	475	127	380	156	429
Other MBS out	725	958	421	661	576	811
Total MBS in	512	1,373	389	1,163	452	1,271
Total MBS out	16,114	15,642	10,295	10,862	13,257	13,263
Total MBS	16,626	17,016	10,684	12,025	13,710	14,533

(a) Numbers and rates have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database.

(b) Directly age-standardised using the 2001 Australian standard population, by 5-year age group up to 75+.

(c) Includes 4 year old health checks.

(d) Level A—consultations for cases that are obvious or straightforward; Level B—consultations lasting less than 20 minutes for cases that are not obvious or straightforward; Level C—consultations lasting at least 20 minutes; Level D—consultations lasting at least 40 minutes. To be counted as Level B, C, and D, consultations must involve one or more of the following tasks: taking a patient history, performing a clinical examination, arranging any necessary investigation, implementing a management plan, or providing appropriate preventive health care. For Level C, a patient history must be 'detailed' to count, and for level D, a patient history must be 'extensive' to count.

(e) Indigenous health checks are not VII adjusted.

(f) Data on Allied Health AHW services to non-Indigenous people were not supplied.

Note: In/Out refers to in and out of hospital.

Source: Analysis of Medicare Data by AIHW and Medicare Benefit Division, Department of Health.

Table 3.14.50: VII adjusted, age-standardised rate ratio and rate difference of MBS services claimed per 1,000 population by sex, 2013–14^{(a)(b)}

MBS services claimed	Rate ratio			Rate difference		
	Female	Male	Persons	Female	Male	Persons
Non-referred GP (total)^(c)	1.1*	1.1*	1.1*	786.3*	241.2*	532.3*
A level ^(d)	1.1*	1.2*	1.2*	20.8*	16.4*	18.9*
B level ^(d)	0.9*	0.9*	0.9*	–259.1*	–412.0*	–326.0*
C level ^(d)	1.4*	1.4*	1.4*	314.2*	182.1*	251.9*
D level ^(d)	2.2*	2.3*	2.2*	86.3*	53.1*	70.3*
Indigenous health check ^(e)	..	..	..	..	..	..
Other health assessment	0.6*	0.6*	0.6*	–14.7*	–12.7*	–13.6*
GPMP	1.6*	1.5*	1.6*	49.5*	33.3*	41.7*
TCA	1.7*	1.6*	1.6*	44.6*	30.1*	37.7*
After hours	0.9*	0.8*	0.8*	–58.6*	–87.1*	–71.8*
Other (NRA)	1.3*	1.4*	1.4*	103.4*	74.2*	90.1*
Practice nurse/AHW	6.4*	5.6*	6.1*	242.3*	150.1*	197.1*
Allied health (total)	0.8*	0.9*	0.9*	–76.4*	–30.3*	–51.8*
Allied health	1.0*	1.0*	1.0*	–2.6*	4.2*	2.0*
Allied health AHW	n.a. ^(f)	n.a. ^(f)	n.a. ^(f)	n.a. ^(f)	n.a. ^(f)	n.a. ^(f)
Dental	0.4*	0.4*	0.4*	–7.1*	–7.9*	–7.5*
Psychologist	0.6*	0.7*	0.6*	–86.8*	–42.5*	–64.3*
Specialists (total)	0.6*	0.6*	0.6*	–486.3*	–396.9*	–440.6*
<i>Specialists (total) in</i>	<i>0.3*</i>	<i>0.3*</i>	<i>0.3*</i>	<i>–140.7*</i>	<i>–114.1*</i>	<i>–127.2*</i>
<i>Specialists (total) out</i>	<i>0.6*</i>	<i>0.6*</i>	<i>0.6*</i>	<i>–345.6*</i>	<i>–282.9*</i>	<i>–313.4*</i>
<i>Specialist</i>	<i>0.6*</i>	<i>0.5*</i>	<i>0.5*</i>	<i>–226.7*</i>	<i>–179.7*</i>	<i>–202.6*</i>
Spec con in	0.4*	0.4*	0.4*	–16.5*	–17.2*	–16.8*
Spec con out	0.6*	0.5*	0.6*	–210.3*	–162.4*	–185.7*
<i>Consultant physician</i>	<i>0.6*</i>	<i>0.6*</i>	<i>0.6*</i>	<i>–190.2*</i>	<i>–176.3*</i>	<i>–183.1*</i>
Con phys in	0.3*	0.3*	0.3*	–104.9*	–88.6*	–96.7*
Con phys out	0.7*	0.7*	0.7*	–85.2*	–87.7*	–86.4*
<i>Psychiatrist</i>	<i>0.5*</i>	<i>0.6*</i>	<i>0.5*</i>	<i>–59.4*</i>	<i>–33.1*</i>	<i>–46.1*</i>
Psyc in	0.4*	0.4*	0.4*	–14.8*	–5.8*	–10.2*
Psyc out	0.5*	0.6*	0.5*	–44.6*	–27.4*	–35.9*
<i>Other specialist</i>	<i>0.6*</i>	<i>0.5*</i>	<i>0.5*</i>	<i>–10.0*</i>	<i>–7.8*</i>	<i>–8.9*</i>
Other spec in	0.3*	0.4*	0.3*	–4.5*	–2.5*	–3.5*
Other spec out	0.7*	0.6*	0.6*	–5.5*	–5.3*	–5.4*
Pathology	1.0*	0.9*	1.0*	72.4*	–453.9*	–174.8
Path in	0.4*	0.3*	0.4*	–360.3*	–338.1*	–350.0*
Path out	1.1*	1.0*	1.0*	432.7*	–115.8*	175.1*

(continued)

Table 3.14.50 (continued): VII adjusted, age-standardised rate ratio and rate difference of MBS services claimed per 1,000 population by sex, 2013–14^{(a)(b)}

MBS services claimed	Rate ratio			Rate difference		
	Female	Male	Persons	Female	Male	Persons
Misc diagnostics	0.9*	0.8*	0.9*	-18.8*	-48.6*	-33.5*
Misc diag in	0.4*	0.4*	0.4*	-12.2*	-16.8*	-14.6*
Misc diag out	1.0*	0.9*	0.9*	-6.5*	-31.8*	-18.9*
Imaging	0.9*	0.8*	0.8*	-141.4*	-158.1*	-146.7*
Imag in	0.4*	0.4*	0.4*	-42.8*	-42.5*	-42.7*
Imag out	0.9*	0.8*	0.9*	-98.7*	-115.6*	-104.0*
Other MBS items	0.6*	0.5*	0.6*	-525.0*	-493.9*	-508.5*
Other MBS in	0.4*	0.3*	0.4*	-292.0*	-253.7*	-273.0*
Other MBS out	0.8*	0.6*	0.7*	-233.0*	-240.2*	-235.5*
Total MBS in	0.4*	0.3*	0.4*	-861.4*	-773.6*	-818.3*
Total MBS out	1.0*	0.9*	1.0	472.2*	-567.0*	-5.5
Total MBS	1.0*	0.9*	0.9*	-389.2*	-1,340.6*	-823.7*

* Represents results with statistically significant differences in the Indigenous/non-Indigenous comparisons at the $p < 0.05$ level.

(a) Numbers and rates have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database.

(b) Rate ratio is the age-standardised rate for Indigenous Australians divided by the age-standardised rate for non-Indigenous Australians. Rate difference is the age-standardised rate for Indigenous Australians minus the age-standardised rate for non-Indigenous Australians. Rates directly age-standardised using the 2001 Australian standard population, by 5-year age group up to 75+.

(c) Includes 4 year old health checks.

(d) Level A—consultations for cases that are obvious or straightforward; Level B—consultations lasting less than 20 minutes for cases that are not obvious or straightforward; Level C—consultations lasting at least 20 minutes; Level D—consultations lasting at least 40 minutes. To be counted as Level B, C, and D, consultations must involve one or more of the following tasks: taking a patient history, performing a clinical examination, arranging any necessary investigation, implementing a management plan, or providing appropriate preventive health care. For Level C, a patient history must be 'detailed' to count, and for level D, a patient history must be 'extensive' to count.

(e) Indigenous health checks are not VII adjusted.

(f) Data on Allied Health AHW services to non-Indigenous people were not supplied.

Note: In/Out refers to in and out of hospital.

Source: Analysis of Medicare Data by AIHW and Medicare Benefit Division, Department of Health.

Table 3.14.51: PIP-IHI Indigenous^(a) patient services – selected MBS services claimed (15 years and over), 2003–04 to 2013–14^(b)

	Number of services	Services per patient		Patients per 1,000 population ^(c)	Services per 1,000 population ^(c)	Number of services	Services per patient		Patients per 1,000 population ^(c)	Services per 1,000 population ^(c)
		Mean	Median				Mean	Median		
	2003–04 ^(d)					2004–05 ^(d)				
Non-referred GP	628,478	7	5	837	6,150	659,924	8	5	841	6,341
Allied health ^(e)	n.a.	n.a.	n.a.	n.a.	n.a.	1,352	2	2	6	13
Specialists	48,292	3	2	182	473	50,716	3	2	188	487
Other	555,955	8	6	674	5,441	607,005	8	6	692	5,833
Total MBS	1,232,725	14	9	871	12,064	1,318,997	14	10	875	12,674
	2005–06 ^(d)					2006–07 ^(d)				
Non-referred GP	700,875	8	5	850	6,615	743,971	8	6	862	6,895
Allied health ^(e)	2,632	2	2	10	25	6,583	3	2	22	61
Specialists	52,677	3	2	193	497	53,672	3	2	193	497
Other	656,857	9	6	704	6,199	723,574	9	7	722	6,706
Total MBS	1,413,041	15	11	882	13,336	1,527,800	16	11	892	14,159
	2007–08 ^(d)					2008–09 ^(d)				
Non-referred GP	817,154	8	6	877	7,438	870,159	9	6	889	7,782
Allied health ^(e)	16,258	4	2	40	148	28,675	4	2	67	256
Specialists	56,696	3	2	198	516	61,345	3	2	210	549
Other	808,352	10	7	737	7,358	890,993	11	8	756	7,968
Total MBS	1,698,460	17	12	904	15,461	1,851,172	18	13	914	16,556

(continued)

Table 3.14.51 (continued): PIP-IHI Indigenous^(a) patient services – selected MBS services claimed (15 years and over), 2003–04 to 2013–14^(b)

	Number of services	Services per patient		Patients per 1,000 population ^(c)	Services per 1,000 population ^(c)	Number of services	Services per patient		Patients per 1,000 population ^(c)	Services per 1,000 population ^(c)
		Mean	Median				Mean	Median		
	2009–10 ^(d)					2010–11 ^(d)				
Non-referred GP	956,966	9	7	907	8,412	1,041,826	10	7	921	9,010
Allied health ^(e)	56,747	5	3	99	499	94,236	6	4	145	815
Specialists	66,730	3	2	221	587	71,332	3	2	229	617
Other	929,705	11	8	769	8,173	1,043,819	11	8	801	9,027
Total MBS	2,010,148	19	14	925	17,671	2,251,213	21	15	938	19,468
	2011–12 ^(d)					2012–13 ^(d)				
Non-referred GP	1,116,437	10	8	932	9,529	1,194,614	11	8	936	10,099
Allied health ^(e)	133,188	6	4	192	1,137	120,630	5	3	203	1,020
Specialists	80,270	3	2	249	685	87,193	3	2	262	737
Other	1,145,232	12	9	821	9,774	1,224,614	12	9	829	10,352
Total MBS	2,475,127	22	17	947	21,125	2,627,051	23	18	948	22,208
	2013–14 ^(d)									
Non-referred GP	1,257,781	11	9	925	10,581					
Allied health ^(e)	75,202	3	2	191	633					
Specialists	91,659	3	2	270	771					
Other	1,284,947	13	9	827	10,810					
Total MBS	2,709,589	24	19	937	22,795					

(continued)

Table 3.14.51 (continued): PIP-IHI Indigenous^(a) patient services – selected MBS services claimed (15 years and over), 2003–04 to 2013–14^(b)

	Services per 1,000 annual change ^(f) 2004–05 to 2008–09	Services per 1,000 % change over time ^(g) 2004–05 to 2008–09	Services per 1,000 annual change ^(f) 2009–10 to 2013–14	Services per 1,000 % change over time ^(g) 2009–10 to 2013–14	Services per 1,000 annual change ^(f) 2004–05 to 2013–14	Services per 1,000 % change over time ^(g) 2004–05 to 2013–14
Non-referred GP	370.5*	23.6*	542.7*	25.7*	491.3*	73.0*
Allied health ^(e)	60.9*	n.p. ^(h)	47.3	26.1	122.2*	n.p. ^(h)
Specialists	14.3*	11.9*	48.8*	33.6*	33.4*	67.8*
Other	542.9*	37.9*	659.9*	31.8*	572.2*	91.2*
Total MBS	988.9*	31.7*	1,298.8*	28.8*	1,219.1*	91.0*

* Represents results with statistically significant increases or declines at the $p < 0.05$ level over the period 2003–04 to 2013–14.

(a) Indigenous identification not adjusted using Voluntary Indigenous Identifier (VII) data.

(b) Financial year reporting.

(c) Persons 15 years and over using ABS backcast population estimates and projections based on the 2011 Census.

(d) Data relate to patients who ever registered for PIP IHI, regardless of whether it was their first or last registration. While PIP IHI commenced in May 2010, data presented here relate to services these registrants accessed both before and after registration commenced. Data prior to commencement relate to patients who registered for PIP IHI once it commenced.

(e) The Chronic Disease Dental Scheme (CDDS) ceased on 1 Dec 2012. As the CDDS items were counted in the allied health items for this table until 2013, the 2013–14 figure appears substantially lower than the 2012–13 figure. The change may not reflect actual changes in service provision for the other allied health services.

(f) Annual change determined using linear regression analysis.

(g) Per cent change based on the annual change over the period.

(h) Regression line crosses zero, so per cent change could not be calculated.

Source: Analysis of Medicare Data by AIHW and Medicare Benefit Division, Department of Health.

Table 3.14.52: PIP-IHI Indigenous^(a) patient services – MBS follow-up items claimed (15 years and over), 2003–04 to 2013–14^(b)

Item	Item No.	Number of services	Services per patient		Patients per 1,000 population ^(d)	Services per 1,000 population ^(d)	Number of services	Services per patient		Patients per 1,000 population ^(d)	Services per 1,000 population ^(d)
			Mean	Median				Mean	Median		
			2003–04 ^(c)				2004–05 ^(c)				
Health assessments											
Aboriginal and Torres Strait Islander peoples health assessment	715	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Follow-up allied health items for people of Aboriginal and Torres Strait Islander decent (linked to health assessments)											
Aboriginal and Torres Strait Islander health service	81300	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Diabetes education service	81305	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Audiology service	81310	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Exercise physiology service	81315	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Dietetics service	81320	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Mental health service	81325	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Occupational therapy service	81330	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Physiotherapy service	81335	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Podiatry service	81340	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Chiropractic service	81345	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Osteopathy service	81350	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Psychology service	81355	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Speech pathology service	81360	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Sub-total—follow up items linked to health assessments		n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.

(continued)

Table 3.14.52 (continued): PIP-IHI Indigenous^(a) patient services - MBS follow-up items claimed (15 years and over), 2003–04 to 2013–14^(b)

Item	Item No.	Number of services	Services per patient		Patients per 1,000 population ^(d)	Services per 1,000 population ^(d)	Number of services	Services per patient		Patients per 1,000 population ^(d)	Services per 1,000 population ^(d)
			Mean	Median				Mean	Median		
2003–04 ^(c)						2004–05 ^(c)					
Practice nurse and Aboriginal and Torres Strait Islander health practitioner items											
Follow up for a patient who has received an Aboriginal & Torres Strait Islander peoples health assessment (Max 10 services per calendar year)	10987	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Chronic disease management (CDM) items											
Prepare GP management plan	721	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Coordinate team care arrangements	723	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Sub-total—CDM items		n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Follow-up allied health Items for people with a chronic condition and complex care needs (linked to CDM items 721 and 723)											
Aboriginal and Torres Strait Islander health service	10950	n.a.	n.a.	n.a.	n.a.	n.a.	18	2	2	0	0
Diabetes education service	10951	n.a.	n.a.	n.a.	n.a.	n.a.	12	1	1	0	0
Audiology service	10952	n.a.	n.a.	n.a.	n.a.	n.a.	n.p.	n.p.	n.p.	n.p.	n.p.
Exercise physiology service	10953	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Dietetics service	10954	n.a.	n.a.	n.a.	n.a.	n.a.	288	2	1	2	3
Mental health service	10956	n.a.	n.a.	n.a.	n.a.	n.a.	19	2	2	0	0
Occupational therapy service	10958	n.a.	n.a.	n.a.	n.a.	n.a.	11	2	2	0	0
Physiotherapy service	10960	n.a.	n.a.	n.a.	n.a.	n.a.	497	3	2	2	5
Podiatry service	10962	n.a.	n.a.	n.a.	n.a.	n.a.	324	2	1	2	3
Chiropractic service	10964	n.a.	n.a.	n.a.	n.a.	n.a.	59	3	3	0	1
Osteopathy service	10966	n.a.	n.a.	n.a.	n.a.	n.a.	15	4	4	0	0
Psychology service	10968	n.a.	n.a.	n.a.	n.a.	n.a.	108	3	2	0	1

(continued)

Table 3.14.52 (continued): PIP-IHI Indigenous^(a) patient services – MBS follow-up items claimed (15 years and over), 2003–04 to 2013–14^(b)

Item	Item No.	Number of services	Services per patient		Patients per 1,000 population ^(d)	Services per 1,000 population ^(d)	Number of services	Services per patient		Patients per 1,000 population ^(d)	Services per 1,000 population ^(d)
			Mean	Median				Mean	Median		
			2003–04 ^(c)				2004–05 ^(c)				
Speech pathology service	10970	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Sub-total—follow up items linked to CDM items		n.a.	n.a.	n.a.	n.a.	n.a.	1,351	2	2	6	13
Practice nurse and Aboriginal and Torres Strait Islander health practitioner items											
Monitoring and support for a person with a chronic disease care plan (Max 5 services per calendar year, practice nurse or Aboriginal and Torres Strait Islander health practitioner)	10997	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Chronic disease management case conferences (CC) for review of CDM care plans											
Contribution to a multidisciplinary care plan or a review of a multidisciplinary care plan prepared by another provider	729	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Participation in review, prepared by residential aged care facility	731	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Review of GP management plan or coordinate a review of team care arrangements	732	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Organise and coordinate CC 20–40 min	739	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Organise and coordinate discharge CC more than 40 min	743	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Member of CC team 15–20 min	747	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Participate in CC team 20–40 min	750	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Member of CC team, more than 40 min	758	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Sub-total—items linked to review of CDM		n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Other		1,232,725	14	9	871	12,064	1,317,645	14	10	875	12,661
Total MBS		1,232,725	14	9	871	12,064	1,318,996	14	10	875	12,674

Table 3.14.52 (continued): PIP-IHI Indigenous^(a) patient services – MBS follow-up items claimed (15 years and over), 2003–04 to 2013–14^(b)

Item	Item No.	Number of services	Services per patient		Patients per 1,000 population ^(d)	Services per 1,000 population ^(d)	Number of services	Services per patient		Patients per 1,000 population ^(d)	Services per 1,000 population ^(d)
			Mean	Median				Mean	Median		
			2005–06 ^(c)					2006–07 ^(c)			
Health assessments											
Aboriginal and Torres Strait Islander peoples health assessment	715	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Follow-up allied health items for people of Aboriginal and Torres Strait Islander decent (linked to health assessments)											
Aboriginal and Torres Strait Islander health service	81300	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Diabetes education service	81305	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Audiology service	81310	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Exercise physiology service	81315	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Dietetics service	81320	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Mental health service	81325	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Occupational therapy service	81330	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Physiotherapy service	81335	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Podiatry service	81340	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Chiropractic service	81345	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Osteopathy service	81350	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Psychology service	81355	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Speech pathology service	81360	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Sub-total—follow up items linked to health assessments		n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.

(continued)

Table 3.14.52 (continued): PIP-IHI Indigenous^(a) patient services – MBS follow-up items claimed (15 years and over), 2003–04 to 2013–14^(b)

Item	Item No.	Number of services	Services per patient		Patients per 1,000 population ^(d)	Services per 1,000 population ^(d)	Number of services	Services per patient		Patients per 1,000 population ^(d)	Services per 1,000 population ^(d)
			Mean	Median				Mean	Median		
2005–06 ^(c)						2006–07 ^(c)					
Practice nurse and Aboriginal and Torres Strait Islander health practitioner items											
Follow up for a patient who has received an Aboriginal and Torres Strait Islander peoples health assessment (Max 10 services per calendar year)	10987	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Chronic disease management (CDM) items											
Prepare GP management plan	721	6,772	1	1	64	64	7,866	1	1	73	73
Coordinate team care arrangements	723	2,996	1	1	28	28	4,829	1	1	45	45
Sub-total—CDM items		9,768	1	1	66	92	12,695	2	2	78	118
Follow-up allied health items for people with a chronic condition and complex care needs (linked to CDM items 721 and 723)											
Aboriginal and Torres Strait Islander health service	10950	n.a.	n.a.	n.a.	n.a.	n.a.	14	2	1	—	—
Diabetes education service	10951	73	2	1	—	1	222	1	1	1	2
Audiology service	10952	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Exercise physiology service	10953	46	1	1	—	—	664	2	1	2	3
Dietetics service	10954	481	2	1	3	5		2	1	4	6
Mental health service	10956	49	3	3	—	—	18	2	1	—	—
Occupational therapy service	10958	20	3	2	—	—	6	2	2	—	—
Physiotherapy service	10960	891	3	3	3	8	1,522	3	3	5	14
Podiatry service	10962	748	2	1	4	7	1,514	2	1	7	14
Chiropractic service	10964	70	2	2	—	1	142	3	3	—	1
Osteopathy service	10966	40	3	4	—	—	95	3	2	—	1
Psychology service	10968	213	2	2	1	2	152	2	2	1	1

(continued)

Table 3.14.52 (continued): PIP-IHI Indigenous^(a) patient services – MBS follow-up items claimed (15 years and over), 2003–04 to 2013–14^(b)

Item	Item No.	Number of services	Services per patient		Patients per 1,000 population ^(d)	Services per 1,000 population ^(d)	Number of services	Services per patient		Patients per 1,000 population ^(d)	Services per 1,000 population ^(d)
			Mean	Median				Mean	Median		
2005–06 ^(c)						2006–07 ^(c)					
Speech pathology service	10970	1	1	1	—	—	2	2	2	—	—
Sub-total—follow up items linked to CDM items		2,632	2	2	10	25	4,679	3	2	17	43
Practice nurse and Aboriginal and Torres Strait Islander health practitioner items											
Monitoring and support for a person with a chronic disease care plan (Max 5 services per calendar year, practice nurse or Aboriginal and Torres Strait Islander health practitioner)	10997	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Chronic disease management case conferences (CC) for review of CDM care plans											
Contribution to a multidisciplinary care plan or a review of a multidisciplinary care plan prepared by another provider	729	21	1	1	—	—	6	1	1	—	—
Participation in review, prepared by residential aged care facility	731	26	1	1	—	—	4	1	1	—	—
Review of GP management plan or coordinate a review of team care arrangements	732	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Organise and coordinate CC 20–40 min	739	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Organise and coordinate discharge CC more than 40 min	743	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Member of CC team 15–20 min	747	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Participate in CC team 20–40 min	750	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Member of CC team, more than 40 min	758	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Sub-total—items linked to review of CDM		47	1	1	—	—	10	1	1	—	—
Other		1,400,594	15	10	882	13,218	1,510,416	16	11	892	13,998
Total MBS		1,413,041	15	11	882	13,336	1,527,800	16	11	892	14,159

(continued)

Table 3.14.52 (continued): PIP-IHI Indigenous^(a) patient services – MBS follow-up items claimed (15 years and over), 2003–04 to 2013–14^(b)

Item	Item No.	Number of services	Services per patient		Patients per 1,000 population ^(d)	Services per 1,000 population ^(d)	Number of services	Services per patient		Patients per 1,000 population ^(d)	Services per 1,000 population ^(d)
			Mean	Median				Mean	Median		
2007–08 ^(c)							2008–09 ^(c)				
Health assessments											
Aboriginal and Torres Strait Islander peoples health assessment	715	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Follow-up allied health items for people of Aboriginal and Torres Strait Islander decent (linked to health assessments)											
Aboriginal and Torres Strait Islander health service	81300	n.a.	n.a.	n.a.	n.a.	n.a.	29	1	1	—	—
Diabetes education service	81305	n.a.	n.a.	n.a.	n.a.	n.a.	n.p.	n.p.	n.p.	n.p.	n.p.
Audiology service	81310	n.a.	n.a.	n.a.	n.a.	n.a.	n.p.	n.p.	n.p.	n.p.	n.p.
Exercise physiology service	81315	n.a.	n.a.	n.a.	n.a.	n.a.	35	2	1	—	—
Dietetics service	81320	n.a.	n.a.	n.a.	n.a.	n.a.	42	2	1	—	—
Mental health service	81325	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Occupational therapy service	81330	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Physiotherapy service	81335	n.a.	n.a.	n.a.	n.a.	n.a.	50	3	3	—	—
Podiatry service	81340	n.a.	n.a.	n.a.	n.a.	n.a.	31	1	1	—	—
Chiropractic service	81345	n.a.	n.a.	n.a.	n.a.	n.a.	n.p.	n.p.	n.p.	n.p.	n.p.
Osteopathy service	81350	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Psychology service	81355	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Speech pathology service	81360	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Sub-total—follow up items linked to health assessments		n.a.	n.a.	n.a.	n.a.	n.a.	187	2	1	1	2

(continued)

Table 3.14.52 (continued): PIP-IHI Indigenous^(a) patient services – MBS follow-up items claimed (15 years and over), 2003–04 to 2013–14^(b)

Item	Item No.	Number of services	Services per patient		Patients per 1,000 population ^(d)	Services per 1,000 population ^(d)	Number of services	Services per patient		Patients per 1,000 population ^(d)	Services per 1,000 population ^(d)
			Mean	Median				Mean	Median		
2007–08 ^(c)						2008–09 ^(c)					
Practice nurse and Aboriginal and Torres Strait Islander health practitioner items											
Follow up for a patient who has received an Aboriginal and Torres Strait Islander peoples health assessment (Max 10 services per calendar year)	10987	n.a.	n.a.	n.a.	n.a.	n.a.	415	2	1	2	4
Chronic disease management (CDM) items											
Prepare GP management plan	721	9,818	1	1	89	89	11,947	1	1	106	107
Coordinate team care arrangements	723	6,672	1	1	60	61	8,854	1	1	79	79
Sub-total—CDM items		16,490	2	2	95	150	20,801	2	2	112	186
Follow-up allied health items for people with a chronic condition and complex care needs (linked to CDM items 721 and 723)											
Aboriginal and Torres Strait Islander health service	10950	61	2	1	—	1	160	1	1	1	1
Diabetes education service	10951	488	2	1	3	4	629	2	1	4	6
Audiology service	10952	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Exercise physiology service	10953	351	2	1	2	3	448	2	1	2	4
Dietetics service	10954	838	2	1	5	8	1,266	2	1	7	11
Mental health service	10956	22	3	3	—	—	8	2	2	—	—
Occupational therapy service	10958	21	2	1	—	—	34	2	2	—	—
Physiotherapy service	10960	1,739	3	3	5	16	2,207	3	2	7	20
Podiatry service	10962	2,537	2	1	12	23	3,784	2	1	17	34
Chiropractic service	10964	234	3	3	1	2	364	3	3	1	3
Osteopathy service	10966	92	3	2	—	1	116	3	3	—	1
Psychology service	10968	25	2	1	—	—	19	2	1	—	—

(continued)

Table 3.14.52 (continued): PIP-IHI Indigenous^(a) patient services – MBS follow-up items claimed (15 years and over), 2003–04 to 2013–14^(b)

Item	Item No.	Number of services	Services per patient		Patients per 1,000 population ^(d)	Services per 1,000 population ^(d)	Services per patient		Patients per 1,000 population ^(d)	Services per 1,000 population ^(d)	
			Mean	Median			Mean	Median			
2007–08 ^(c)						2008–09 ^(c)					
Speech pathology service	10970	17	3	2	—	—	23	3	1	—	—
Sub-total—follow up items linked to CDM items		6,425	2	2	24	59	9,058	2	2	33	81
Practice nurse and Aboriginal and Torres Strait Islander health practitioner items											
Monitoring and support for a person with a chronic disease care plan (Max 5 services per calendar year, practice nurse or Aboriginal and Torres Strait Islander health practitioner)	10997	1,478	2	1	8	13	2,084	2	1	12	19
Chronic disease management case conferences (CC) for review of CDM care plans											
Contribution to a multidisciplinary care plan or a review of a multidisciplinary care plan prepared by another provider	729	11	1	1	—	—	20	1	1	—	—
Participation in review, prepared by residential aged care facility	731	71	2	2	—	1	87	2	1	—	1
Review of gp management plan or coordinate a review of team care arrangements	732	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Organise and coordinate CC 20–40 min	739	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Organise and coordinate discharge CC more than 40 min	743	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Member of CC team 15–20 min	747	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Participate in CC team 20–40 min	750	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Member of CC team, more than 40 min	758	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Sub-total—items linked to review of CDM		82	2	1	—	1	107	1	1	1	1
Other		1,675,461	17	12	903	15,252	1,821,007	18	13	913	16,286
Total MBS		1,698,458	17	12	904	15,461	1,851,160	18	13	914	16,556

(continued)

Table 3.14.52 (continued): PIP-IHI Indigenous^(a) patient services – MBS follow-up items claimed (15 years and over), 2003–04 to 2013–14^(b)

Item	Item No.	Number of services	Services per patient		Patients per 1,000 population ^(d)	Services per 1,000 population ^(d)	Number of services	Services per patient		Patients per 1,000 population ^(d)	Services per 1,000 population ^(d)
			Mean	Median				Mean	Median		
			2009–10 ^(c)					2010–11 ^(c)			
Health assessments											
Aboriginal and Torres Strait Islander peoples health assessment	715	4,293	1	1	38	38	28,667	1	1	244	248
Follow-up allied health items for people of Aboriginal and Torres Strait Islander decent (linked to health assessments)											
Aboriginal and Torres Strait Islander health service	81300	197	1	1	1	2	756	2	1	4	7
Diabetes education service	81305	88	1	1	1	1	285	2	1	1	2
Audiology service	81310	6	1	1	—	—	n.p.	n.p.	n.p.	n.p.	n.p.
Exercise physiology service	81315	87	1	1	1	1	76	2	1	—	1
Dietetics service	81320	109	1	1	1	1	291	1	1	2	3
Mental health service	81325	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Occupational therapy service	81330	n.a.	n.a.	n.a.	n.a.	n.a.	13	1	1	0	0
Physiotherapy service	81335	279	3	2	1	2	477	2	2	2	4
Podiatry service	81340	304	2	1	2	3	586	2	1	3	5
Chiropractic service	81345	21	4	4	—	—	51	3	3	—	—
Osteopathy service	81350	n.a.	n.a.	n.a.	n.a.	n.a.	20	3	4	—	—
Psychology service	81355	13	1	1	—	—	11	1	1	—	—
Speech pathology service	81360	n.a.	n.a.	n.a.	n.a.	n.a.	n.p.	n.p.	n.p.	n.p.	n.p.
Sub-total—follow up items linked to health assessments		1,104	2	1	5	10	2,566	2	1	12	22

(continued)

Table 3.14.52 (continued): PIP-IHI Indigenous^(a) patient services – MBS follow-up items claimed (15 years and over), 2003–04 to 2013–14^(b)

Item	Item No.	Number of services	Services per patient		Patients per 1,000 population ^(d)	Services per 1,000 population ^(d)	Number of services	Services per patient		Patients per 1,000 population ^(d)	Services per 1,000 population ^(d)
			Mean	Median				Mean	Median		
2009–10 ^(c)						2010–11 ^(c)					
Practice nurse and Aboriginal and Torres Strait Islander health practitioner items											
Follow up for a patient who has received an Aboriginal and Torres Strait Islander peoples health assessment (Max 10 services per calendar year)	10987	2,164	2	1	10	19	9,126	2	1	38	79
Chronic disease management (CDM) items											
Prepare GP management plan	721	14,741	1	1	129	130	21,815	1	1	187	189
Coordinate team care arrangements	723	11,792	1	1	103	104	18,019	1	1	155	156
Sub-total—CDM items		26,533	2	2	135	233	39,834	2	2	193	344
Follow-up allied health items for people with a chronic condition and complex care needs (linked to CDM items 721 and 723)											
Aboriginal and Torres Strait Islander health service	10950	194	2	1	1	2	424	2	1	2	4
Diabetes education service	10951	920	2	1	5	8	1,331	2	1	7	12
Audiology service	10952	n.p.	n.p.	n.p.	n.p.	n.p.	9	1	1	0	0
Exercise physiology service	10953	619	2	1	3	5	1,004	2	1	5	9
Dietetics service	10954	1,674	2	1	9	15	2,610	2	1	15	23
Mental health service	10956	16	2	1	—	—	11	2	2	—	—
Occupational therapy service	10958	32	2	2	—	—	51	2	1	—	—
Physiotherapy service	10960	3,369	3	3	10	30	4,886	3	3	15	42
Podiatry service	10962	5,351	2	2	23	47	7,613	2	1	32	66
Chiropractic service	10964	458	3	3	1	4	758	3	3	2	7
Osteopathy service	10966	149	3	3	—	1	239	3	3	1	2
Psychology service	10968	38	2	1	—	—	76	3	2	—	1

(continued)

Table 3.14.52 (continued): PIP-IHI Indigenous^(a) patient services – MBS follow-up items claimed (15 years and over), 2003–04 to 2013–14^(b)

Item	Item No.	Number of services	Services per patient		Patients per 1,000 population ^(d)	Services per 1,000 population ^(d)	Number of services	Services per patient		Patients per 1,000 population ^(d)	Services per 1,000 population ^(d)
			Mean	Median				Mean	Median		
2009–10 ^(c)						2010–11 ^(c)					
Speech pathology service	10970	15	2	2	—	—	28	3	3	—	—
Sub-total—follow up items linked to CDM items		12,835	2	2	45	113	19,040	3	2	66	165
Practice nurse and Aboriginal and Torres Strait Islander health practitioner items											
Monitoring and support for a person with a Chronic Disease Care Plan (Max 5 services per calendar year, practice nurse or Aboriginal and Torres Strait Islander health practitioner)	10997	3,939	2	1	21	35	7,903	2	1	41	68
Chronic disease management case conferences (CC) for review of CDM care plans											
Contribution to a multidisciplinary care plan or a review of a multidisciplinary care plan prepared by another provider	729	18	1	1	—	—	11	1	1	—	—
Participation in review, prepared by residential aged care facility	731	144	1	1	1	1	159	1	1	1	1
Review of GP management plan or coordinate a review of team care arrangements	732	1,812	1	1	16	16	13,380	1	1	87	116
Organise and coordinate CC 20–40 min	739	26	1	1	—	—	341	1	1	2	3
Organise and coordinate discharge CC more than 40 min	743	18	1	1	—	—	125	1	1	1	1
Member of CC team 15–20 min	747	32	1	1	—	—	214	1	1	1	2
Participate in CC team 20–40 min	750	n.p.	n.p.	n.p.	n.p.	n.p.	83	1	1	1	1
Member of CC team, more than 40 min	758	8	1	1	—	—	48	1	1	—	—
Sub-total—items linked to review of CDM		2,058	1	1	17	18	14,361	1	1	92	124
Other		1,967,606	19	14	925	17,297	2,175,405	20	15	937	18,813
Total MBS		2,010,136	19	14	925	17,671	2,251,206	21	15	938	19,468

(continued)

Table 3.14.52 (continued): PIP-IHI Indigenous^(a) patient services – MBS follow-up items claimed (15 years and over), 2003–04 to 2013–14^(b)

Item	Item No.	Number of services	Services per patient		Patients per 1,000 population ^(d)	Services per 1,000 population ^(d)	Number of services	Services per patient		Patients per 1,000 population ^(d)	Services per 1,000 population ^(d)
			Mean	Median				Mean	Median		
			2011–12 ^(c)				2012–13 ^(c)				
Health assessments											
Aboriginal and Torres Strait Islander peoples health assessment	715	38,423	1	1	319	328	46,945	1	1	385	397
Follow-up allied health Items for people of Aboriginal and Torres Strait Islander decent (linked to health assessments)											
Aboriginal and Torres Strait Islander health service	81300	1,020	2	1	5	9	1,807	2	1	9	15
Diabetes education service	81305	653	1	1	4	6	1,287	2	1	6	11
Audiology service	81310	10	1	1	—	—	8	1	1	—	—
Exercise physiology service	81315	205	2	1	1	2	506	2	1	2	4
Dietetics service	81320	646	1	1	4	6	964	1	1	6	8
Mental health service	81325	37	2	1	—	—	127	2	1	1	1
Occupational therapy service	81330	12	2	1	—	—	20	1	1	—	—
Physiotherapy service	81335	1,370	3	2	5	12	2,067	2	2	7	17
Podiatry service	81340	1,462	2	1	8	12	2,645	2	1	13	22
Chiropractic service	81345	142	3	3	—	1	256	3	3	1	2
Osteopathy service	81350	32	3	3	—	—	42	3	1	—	—
Psychology service	81355	60	2	1	—	—	61	2	1	—	1
Speech pathology service	81360	16	3	3	—	—	15	3	2	—	—
Sub-total—follow up items linked to health assessments		5,665	2	1	24	48	9,805	2	2	38	83

(continued)

Table 3.14.52 (continued): PIP-IHI Indigenous^(a) patient services – MBS follow-up items claimed (15 years and over), 2003–04 to 2013–14^(b)

Item	Item No.	Number of services	Services per patient		Patients per 1,000 population ^(d)	Services per 1,000 population ^(d)	Number of services	Services per patient		Patients per 1,000 population ^(d)	Services per 1,000 population ^(d)
			Mean	Median				Mean	Median		
2011–12 ^(c)						2012–13 ^(c)					
Practice nurse and Aboriginal and Torres Strait Islander health practitioner items											
Follow up for a patient who has received an Aboriginal and Torres Strait Islander peoples health assessment (Max 10 services per calendar year)	10987	18,048	2	1	66	154	33,324	2	1	118	282
Chronic disease management (CDM) items											
Prepare GP management plan	721	26,690	1	1	226	228	28,360	1	1	237	240
Coordinate team care arrangements	723	23,307	1	1	197	199	24,188	1	1	203	204
Sub-total—CDM items		49,997	2	2	234	427	52,548	2	2	245	444
Follow-up allied health items for people with a chronic condition and complex care needs (linked to CDM items 721 and 723)											
Aboriginal and Torres Strait Islander health service	10950	700	2	1	3	6	1,873	2	1	8	16
Diabetes education service	10951	1,738	2	1	9	15	2,373	2	1	13	20
Audiology service	10952	n.p.	n.p.	n.p.	n.p.	n.p.	8	1	1	—	—
Exercise physiology service	10953	1,454	2	1	7	12	1,825	2	1	8	15
Dietetics service	10954	3,529	2	1	19	30	3,458	2	1	19	29
Mental health service	10956	27	3	2	—	—	269	2	1	1	2
Occupational therapy service	10958	53	2	1	—	—	114	2	1	1	1
Physiotherapy service	10960	6,423	3	2	20	55	8,048	3	2	24	68
Podiatry service	10962	10,143	2	1	42	87	12,387	2	1	50	105
Chiropractic service	10964	1,115	3	3	3	10	1,378	3	3	4	12
Osteopathy service	10966	278	3	3	1	2	236	3	3	1	2
Psychology service	10968	125	2	2	—	1	214	2	2	1	2

(continued)

Table 3.14.52 (continued): PIP-IHI Indigenous^(a) patient services – MBS follow-up items claimed (15 years and over), 2003–04 to 2013–14^(b)

Item	Item No.	Number of services	Services per patient		Patients per 1,000 population ^(d)	Services per 1,000 population ^(d)	Number of services	Services per patient		Patients per 1,000 population ^(d)	Services per 1,000 population ^(d)
			Mean	Median				Mean	Median		
2011–12 ^(c)						2012–13 ^(c)					
Speech pathology service	10970	50	3	2	—	—	68	4	4	—	1
Sub-total—follow up items linked to CDM items		25,635	3	2	86	219	32,251	3	2	106	273
Practice nurse and Aboriginal and Torres Strait Islander health practitioner items											
Monitoring and support for a person with a Chronic Disease Care Plan (Max 5 services per calendar year, practice nurse or Aboriginal and Torres Strait Islander health practitioner)	10997	10,165	2	1	52	87	15,985	2	1	73	135
Chronic disease management case conferences (CC) for review of CDM care plans											
Contribution to a multidisciplinary care plan or a review of a multidisciplinary care plan prepared by another provider	729	23	1	1	—	—	37	1	1	—	—
Participation in review, prepared by residential aged care facility	731	238	1	1	2	2	279	1	1	2	2
Review of gp management plan or coordinate a review of team care arrangements	732	18,987	1	1	119	162	25,194	1	1	154	213
Organise and coordinate CC 20–40 min	739	278	1	1	2	2	520	1	1	3	4
Organise and coordinate discharge CC more than 40 min	743	159	1	1	1	1	302	1	1	2	3
Member of CC team 15–20 min	747	229	1	1	2	2	296	1	1	2	3
Participate in CC team 20–40 min	750	59	1	1	—	1	220	1	1	2	2
Member of CC team, more than 40 min	758	154	1	1	1	1	136	1	1	1	1
Sub-total—items linked to review of CDM		20,127	1	1	124	172	26,984	1	1	160	228
Other		2,373,698	21	16	946	20,259	2,505,463	22	17	948	21,180
Total MBS		2,475,122	22	17	947	21,125	2,627,051	23	18	948	22,208

(continued)

Table 3.14.52 (continued): PIP-IHI Indigenous^(a) patient services – MBS follow-up items claimed (15 years and over), 2003–04 to 2013–14^(b)

Item	Item No.	Number of services	Services per patient		Patients per 1,000 population ^(d)	Services per 1,000 population ^(d)
			Mean	Median		
2013–14 ^(c)						
Health assessments						
Aboriginal and Torres Strait Islander peoples health assessment	715	52,917	1	1	430	445
Aboriginal and Torres Strait Islander health service	81300	3,310	2	1	16	28
Diabetes education service	81305	1,373	2	1	7	12
Audiology service	81310	n.p.	n.p.	n.p.	n.p.	n.p.
Exercise physiology service	81315	1,055	2	1	5	9
Dietetics service	81320	1,188	1	1	7	10
Mental health service	81325	299	2	2	1	3
Occupational therapy service	81330	62	2	1	—	1
Physiotherapy service	81335	2,883	2	2	10	24
Podiatry service	81340	3,808	2	1	18	32
Chiropractic service	81345	409	3	3	1	3
Osteopathy service	81350	48	3	2	—	—
Psychology service	81355	146	2	1	1	1
Speech pathology service	81360	12	2	1	—	—
Sub-total—follow up items linked to health assessments		14,593	2	2	55	123

(continued)

Table 3.14.52 (continued): PIP-IHI Indigenous^(a) patient services – MBS follow-up items claimed (15 years and over), 2003–04 to 2013–14^(b)

Item	Item No.	Number of services	Services per patient		Patients per 1,000 population ^(d)	Services per 1,000 population ^(d)
			Mean	Median		
2013–14 ^(c)						
Practice nurse and Aboriginal and Torres Strait Islander health practitioner items						
Follow up for a patient who has received an Aboriginal and Torres Strait Islander peoples health assessment (Max 10 services per calendar year)	10987	41,574	2	1	149	350
Chronic disease management (CDM) items						
Prepare GP management plan	721	31,558	1	1	263	265
Coordinate team care arrangements	723	27,003	1	1	226	227
Sub-total - CDM items		58,561	2	2	271	493
Aboriginal and Torres Strait Islander health service	10950	2,092	2	1	10	18
Diabetes education service	10951	2,518	2	1	13	21
Audiology service	10952	12	1	1	—	—
Exercise physiology service	10953	2,637	2	1	12	22
Dietetics service	10954	4,124	2	1	23	35
Mental health service	10956	450	3	2	1	4
Occupational therapy service	10958	158	2	1	1	1
Physiotherapy service	10960	9,521	3	2	29	80
Podiatry service	10962	15,222	2	2	61	128
Chiropractic service	10964	1,627	3	3	4	14
Osteopathy service	10966	354	3	2	1	3
Psychology service	10968	138	2	1	1	1

(continued)

Table 3.14.52 (continued): PIP-IHI Indigenous^(a) patient services – MBS follow-up items claimed (15 years and over), 2003–04 to 2013–14^(b)

Item	Item No.	Number of services	Services per patient		Patients per 1,000 population ^(d)	Services per 1,000 population ^(d)
			Mean	Median		
2013–14 ^(c)						
Speech pathology service	10970	20	2	1	—	—
Sub-total—follow up items linked to CDM items		38,873	3	2	127	327
Practice nurse and Aboriginal and Torres Strait Islander health practitioner items						
Monitoring and support for a person with a chronic disease care plan (Max 5 services per calendar year, practice nurse or Aboriginal and Torres Strait Islander health practitioner)	10997	20,875	2	1	94	176
Chronic disease management case conferences (CC) for review of CDM care plans						
Contribution to a multidisciplinary care plan or a review of a multidisciplinary care plan prepared by another provider	729	33	1	1	—	—
Participation in review, prepared by residential aged care facility	731	324	1	1	2	3
Review of GP management plan or coordinate a review of team care arrangements	732	30,729	1	1	180	259
Organise and coordinate CC 20–40 min	739	598	1	1	4	5
Organise and coordinate discharge CC more than 40 min	743	354	1	1	3	3
Member of CC team 15–20 min	747	493	1	1	3	4
Participate in CC team 20–40 min	750	126	1	1	1	1
Member of CC team, more than 40 min	758	112	2	1	1	1
Sub-total—items linked to review of CDM		32,769	1	1	187	276
Other		2,564,788	23	18	936	21,576
Total MBS		2,709,584	24	19	937	22,795

(continued)

Table 3.14.52 (continued): PIP-IHI Indigenous^(a) patient services – MBS follow-up items claimed (15 years and over), 2003–04 to 2013–14^(b)

(a) Indigenous identification not adjusted using Voluntary Indigenous Identifier (VII) data.

(b) Financial year reporting.

(c) Data relate to patients who ever registered for PIP IHI, regardless of whether it was their first or last registration. While PIP IHI commenced in May 2010, data presented here relate to services these registrants accessed both before and after registration commenced. Data prior to commencement relate to patients who registered for PIP IHI once it commenced.

(d) Persons 15 years and over using ABS backcast population estimates and projections based on the 2011 Census.

Notes

1. The health assessment items for Aboriginal and Torres Strait Islander people were included in the Medicare Benefits Schedule at different times.
2. The assessment for older Aboriginal and Torres Strait islander people aged 55 and over was introduced in the 2002 as MBS items 702 and 704 (depending on whether they were provided at the GP practice or in a residential care facility) and could be provided annually.
3. The adult health assessment for Aboriginal and Torres Strait islander people aged 15 to 54 years was introduced in 2004 as MBS item 710 and could be provided biennially.
4. In 2010 these items numbers were combined into a single MBS item number 715 and all health assessments could be provided annually.

Source: Analysis of Medicare Data by AIHW and Medicare Benefit Division, Department of Health.

Table 3.14.53: Number of services, FTE staff and episodes of care in Aboriginal and Torres Strait Islander primary health-care services, 1999–00 to 2012–13

	1999–00	2000–01	2001–02	2002–03	2003–04	2004–05	2005–06	2006–07	2007–08	2008–09	2009–10	2010–11	2011–12	2012–13	Annual change	Per cent change
Services	108	129	134	137	140	143	151	147	156	211	225	235	224	205	9.3*	112.5*
FTE staff (included both paid by the service and visiting)	2,300	2,500	2,700	2,800	2,900	3,200	3,650	3,770	4,135	4,540	5,017	5,732	5,938	6,990	335.6*	238.4*
Episodes of care	1,220,000	1,340,000	1,420,000	1,500,000	1,610,000	1,590,000	1,680,000	1,644,000	1,850,000	2,095,915	2,382,887	2,498,067	2,619,979	3,068,438	125,639*	151.6*

* Represents results with statistically significant increases or declines at the p < 0.05 level over the period.

Notes

1. Average period change determined using regression analysis.
2. Per cent change between 1999–00 and 2012–13 based on the average annual change over the period.
3. 2008–09 OSR data counts all auspice services individually when calculating rates, therefore caution should be exercised when comparing rates with earlier data collection periods.
4. Eligible services only for 2007–08 services.

Source: SAR and AIHW OSR data collections.

Table 3.14.54: Age-specific hospitalisation rates (excluding dialysis), by Indigenous status and age group, Australia, 2011–12 to 2012–13^{(a)(b)}

Age group	Indigenous		Non-Indigenous Australians		Ratio ^(c)	Rate difference ^(d)
	Number	Number per 1,000	Number	Number per 1,000		
0–4	48,917	294.4	656,590	233.6	1.3	60.9
5–14	31,437	99.0	468,537	88.3	1.1	10.8
15–24	67,769	245.0	1,042,126	176.9	1.4	68.1
25–34	65,817	348.4	1,577,462	247.0	1.4	101.5
35–44	63,396	387.8	1,628,006	261.9	1.5	125.9
45–54	58,689	452.5	1,815,098	303.3	1.5	149.1
55–64	42,411	545.0	2,356,887	461.2	1.2	83.8
65+	37,110	770.8	5,765,371	903.4	0.9	–132.5

(a) Data includes public and private hospitals in all jurisdictions.

(b) Data are reported by state/territory of usual residence of the patient hospitalised.

(c) Rate ratio Indigenous: non-Indigenous Australians.

(d) Rate difference Indigenous minus non-Indigenous Australians.

Notes

1. Rates calculated using population estimates for 2011 and projections for 2012 and 2013 based on the 2011 Census.

2. Excludes separations with care types 7.3, 9 and 10 (newborn, unqualified days only; organ procurement; and hospital boarder).

Source: AIHW analysis of National Hospital Morbidity Database.

Table 3.14.55: Hospitalisations for palliative care, by Indigenous status, sex and state/territory, Australia, 2011–12 to 2012–13^{(a)(b)(c)}

	Indigenous			Non-Indigenous			Ratio ^(e)	Difference ^(f)
	Number	Crude rate per 1,000	ASR rate per 1,000 ^(d)	Number	Crude rate per 1,000	ASR rate per 1,000 ^(d)		
NSW								
Males	178	0.8	2.1	13,667	1.9	1.8	1.2	0.3
Females	207	1.0	2.2	12,042	1.7	1.3	1.6	0.9
Persons ^(g)	385	0.9	2.2	25,709	1.8	1.5	1.4	0.6
Vic								
Males	30	0.6	2.1	8,455	1.5	1.5	1.4	0.6
Females	36	0.7	1.6	7,292	1.3	1.1	1.5	0.5
Persons ^(g)	66	0.7	1.8	15,747	1.4	1.2	1.4	0.5
Qld								
Males	224	1.2	3.5	10,589	2.4	2.4	1.4	1.0
Females	176	0.9	2.2	8,194	1.9	1.7	1.4	0.6
Persons ^(g)	400	1.0	2.8	18,783	2.2	2.0	1.4	0.8
WA								
Males	94	1.1	3.1	4,143	1.8	1.9	1.6	1.2
Females	91	1.0	2.3	3,656	1.6	1.4	1.6	0.9
Persons ^(g)	185	1.0	2.7	7,799	1.7	1.7	1.6	1.0
SA								
Males	14	0.4	0.7	1,711	1.1	0.9	0.7	−0.2
Females	23	0.6	1.2	1,457	0.9	0.7	1.9	0.6
Persons ^(g)	37	0.5	1.0	3,168	1.0	0.8	1.3	0.2
Tas								
Males	n.p.	0.5	1.2	n.p.	1.4	1.1	1.04	0
Females	n.p.	0.6	1.2	n.p.	1.1	0.8	1.5	0.4
Persons ^(g)	n.p.	0.6	1.2	n.p.	1.3	1.0	1.2	0.2
NT								
Males	n.p.	0.7	1.6	n.p.	1.8	3.1	0.5	−1.5
Females	n.p.	0.8	1.7	n.p.	1.1	1.7	0.99	0
Persons ^(g)	n.p.	0.8	1.7	n.p.	1.5	2.5	0.7	−0.8
ACT								
Males	n.p.	0.6	1.0	n.p.	1.4	1.7	0.6	−0.7
Females	n.p.	0.7	3.6	n.p.	1.5	1.5	2.4	2.1
Persons ^(g)	n.p.	0.6	2.5	n.p.	1.5	1.6	1.6	1.0

(continued)

Table 3.14.55 (continued): Hospitalisations for palliative care, by Indigenous status, sex and state/territory, Australia, 2011–12 to 2012–13^{(a)(b)(c)}

	Indigenous			Non-Indigenous			Ratio ^(e)	Difference ^(f)
	Number	Crude rate per 1,000	ASR rate per 1,000 ^(d)	Number	Crude rate per 1,000	ASR rate per 1,000 ^(d)		
Australia								
Males	607	0.9	2.4	40,148	1.8	1.8	1.4	0.6
Females	609	0.9	2.0	33,960	1.5	1.3	1.6	0.8
Persons^(g)	1,216	0.9	2.2	74,108	1.7	1.5	1.5	0.7

(a) Data include public and private hospitals in all jurisdictions. Number of hospitalisations in NT, ACT and Tas are not published for privacy reasons.

(b) Data are reported by state/territory of usual residence of the patient hospitalised.

(c) Age-standardised rates for New South Wales, Victoria, Queensland, Western Australia, South Australia, the Northern Territory and Australia have been calculated using the direct method, age-standardised by 5 year age groups to 75+. Age-standardised rates for Tasmania and the Australian Capital Territory have been calculated using the direct method, age-standardised by 5 year age group to 65+. As different age-groupings were used, rates for Tasmania and the Australian Capital Territory cannot be compared with the rates for New South Wales, Victoria, Queensland, Western Australia, South Australia, the Northern Territory and Australia.

(d) Directly age-standardised using the Australian 2001 standard population.

(e) Rate ratio is the age-standardised rate for Indigenous Australians divided by the age-standardised rate for non-Indigenous.

(f) Rate difference is the age-standardised rate for Indigenous Australians minus the age-standardised rate for non-Indigenous.

(g) Persons data includes sex not stated and indeterminate.

Notes

1. Rates are calculated using ABS backcast population estimates and projections based on the 2011 Census.
2. Excludes separations with care types 7.3, 9 and 10 (newborn, unqualified days only; organ procurement; and hospital boarder).
3. Palliative care data include care type 3.0; 3.1; 3.2 and 3.3 as classified in the national hospital morbidity data user guide.

Source: AIHW analysis of National Hospital Morbidity Database.

Table 3.14.56: Hospitalisations for palliative care, by Indigenous status and remoteness, Australia, 2011–12 to 2012–13^{(a)(b)(c)(d)}

	Indigenous		Non-Indigenous		Rate ratio ^(f)	Rate difference ^(g)
	Number	No. per 1,000 ^(e)	Number	No. per 1,000 ^(e)		
Major cities	361	1.96	48,034	1.42	1.4	0.5
Inner regional	253	2.01	17,228	1.62	1.2	0.4
Outer regional ^(h)	350	2.86	7,881	1.65	1.7	1.2
Remote ⁽ⁱ⁾	137	2.78	186	0.35	7.9	2.4
Very remote	115	1.55	640	3.81	0.4	–2.3
Total^(j)	1,216	2.19	74,108	1.48	1.5	0.7

(a) Data includes public and private hospitals in all jurisdictions.

(b) Financial year reporting.

(c) Data are reported by state/territory of usual residence of the patient hospitalised.

(d) Age-standardised by five year age group to 75+.

(e) Directly age-standardised using the Australian 2001 standard population

(f) Rate ratio Indigenous: non-Indigenous Australians.

(g) Rate difference Indigenous minus non-Indigenous.

(h) Includes remote Victoria.

(i) Excludes remote Victoria.

(j) Disaggregation by remoteness area is based on the ABS 2011 Australian Statistical Geography Standard (ASGS) and relates to the patient's usual residence. Total includes hospitalisations where remoteness area of residence is unknown.

Notes

1. Rates by remoteness are calculated using AIHW derived populations using ABS population estimates and projections based on the 2011 Census.
2. Excludes separations with care types 7.3, 9 and 10 (newborn, unqualified days only; organ procurement; and hospital boarder).

Source: AIHW analysis of National Hospital Morbidity Database.

Table 3.14.57: Number of FTE GPs, and number per 100,000 population, by remoteness, 2012–13

	Major cities	Inner regional	Outer regional	Remote/ Very remote	Australia
Number of FTE GPs	12,891	3,665	1,529	314	18,399
GPs per 100,000	79.8	87.5	74.3	59.4	80.2

Source: AIHW analysis of Department of Health General Practice statistics.

Table 3.14.58: Proportion of prison entrants who reported having consulted a health professional in the previous 12 months, in the community or in prison, by health professional and Indigenous status, 2012

Health Professional	Indigenous		Non-Indigenous		Rate ratio		Rate difference	
	Community	Prison	Community	Prison	Community	Prison	Community	Prison
Doctor/general practitioner	56	50	68	51	0.8	1.0	–12	–1
Nurse	36	59	27	61	1.3	1.0	9	–2
Alcohol/drug worker	23	11	25	15	0.9	0.7	–2	–4
Aboriginal health worker	21	11	1	n.p.	21.0	n.p.	20	n.p.
Social worker/welfare officer	14	12	15	14	0.9	0.9	–1	–2
Dentist	13	13	19	18	0.7	0.7	–6	–5
Psychologist	12	10	22	19	0.5	0.5	–10	–9
Mental health nurse/team	12	12	15	18	0.8	0.7	–3	–6
Psychiatrist	10	13	15	16	0.7	0.8	–5	–3
Radiographer	8	3	12	5	0.7	0.6	–4	–2
Physiotherapist	4	2	5	3	0.8	0.7	–1	–1
Total consulted with any health professional	68	66	78	69	0.9	1.0	–10	–3
Total number consulted with any health professional	185	87	388	137	n.a.	n.a.	n.a.	n.a.

Note: Totals may not sum to 100% due to rounding or unknowns, or because individuals may appear in more than one row.

Source: AIHW analysis of the 2012 National Prisoner Health Data Collection.

Table 3.14.59: Proportion of prison entrants who reported having needed to see a health professional in the community in the previous 12 months but did not, by health professional and Indigenous status, 2012

Health professional	Indigenous	Non-Indigenous	Rate ratio	Rate difference
	Per cent			
Doctor/general practitioner	19	21	0.9	–2
Nurse	5	5	1.0	0
Alcohol/drug worker	10	11	0.9	–1
Aboriginal health worker	0	0	n.a.	n.a.
Social worker/welfare officer	5	4	1.3	1
Dentist	14	18	0.8	–4
Psychologist	5	8	0.6	–3
Mental health nurse/team	5	6	0.8	–1
Psychiatrist	4	9	0.4	–5
Radiographer	2	3	0.7	–1
Physiotherapist	1	3	0.3	–2
Total failed to see any health professional when needed	34	40	0.9	–6
Total number failed to see any health professional when needed	94	200	n.a.	n.a.
Total number	273	496	n.a.	n.a.

Note: Totals may not sum to 100% due to rounding or unknowns, or because individuals may appear in more than one row.

Source: AIHW analysis of the 2012 National Prisoner Health Data Collection.

Table 3.14.60: Proportion of prison entrants who reported that in the previous 12 months they had not consulted a health professional in the community when they needed to by reason, 2012

Reason did not consult health professional	Indigenous	Non-Indigenous	Rate ratio	Rate difference
	Per cent			
Felt I didn't need/want to, couldn't be bothered	30	38	0.8	-7.2
Cost	16	25	0.6	-9.1
Affected by alcohol or drugs (including from prescribed drugs)	25	21	1.2	3.9
Too busy (including work, personal, family responsibilities)	20	19	1.0	0.9
Transport/distance	24	15	1.5	8.4
Waiting time too long or not available at time required	18	14	1.3	4.3
Legal issues	15	14	1.0	0.4
Not available in area	10	6	1.8	4.5
Unable to access at time required (lock down)	4	3	1.8	2.0
Other	13	15	0.9	-1.7
Total number of prison entrants who gave reasons for failing to consult a health professional	89	197	n.a.	n.a.

Notes

1. Columns will not sum to 100% because individual prison entrants could appear in more than one row.
2. Denominator for per cent is number of prison entrants, rather than the total number of reasons.
3. Apparent errors in rate differences are due to rounding.

Source: AIHW analysis of the 2012 National Prisoner Health Data Collection.

Table 3.14.61: Proportion of prison discharges, by whether Medicare card is available on release by Indigenous status, 2012

Availability of Medicare Card	Indigenous	Non-Indigenous	Rate ratio	Rate difference
	Per cent			
Available	72	78	0.9	-6
Not available	17	10	1.7	7
Don't know	11	10	1.1	1
Total number of prison discharges	121	260	n.a.	n.a.

Note: Totals may not sum to 100% due to rounding or unknowns.

Source: AIHW analysis of the 2012 National Prisoner Health Data Collection.

Table 3.14.62: Expenditure on health for Indigenous and non-Indigenous Australians, by area of expenditure, 2010–11

Area of expenditure	Expenditure (\$ million)			Expenditure (\$) per person					
	Indigenous	Non-Indigenous	Indigenous share (%)	Indigenous	Proportion of total Indigenous health expenditure (%)	Non-Indigenous	Proportion of total non-Indigenous health expenditure (%)	Ratio (Indigenous to non-Indigenous expenditure)	Rate difference (Indigenous to non-Indigenous expenditure)
Total hospitals	2,178.0	47,527.6	4.4	3,825.6	47.8	2,169.4	39.9	1.8	1,656.2
Public hospital services ^(a)	2,067.4	36,870.4	5.3	3,631.3	45.4	1,683.0	31.0	2.2	1,948.3
Admitted patient services ^(b)	1,748.7	31,106.6	5.3	3,071.6	38.4	1,419.9	26.1	2.2	1,651.7
Non-admitted patient services	333.0	5,749.4	5.5	584.9	7.3	262.4	4.8	2.2	322.5
Private hospitals ^(c)	110.7	10,657.3	1.0	194.4	2.4	486.5	8.9	0.4	–292.1
Patient transport services	183.4	2,601.4	6.6	322.1	4.0	118.7	2.2	2.7	203.4
Medical services	376.3	22,148.2	1.7	660.9	8.3	1,011.0	18.6	0.7	–350.1
Medicare services	286.0	17,380.7	1.6	502.4	6.3	793.3	14.6	0.6	–290.9
Other	90.2	4,767.5	1.9	158.5	2.0	217.6	4.0	0.7	–59.1
Dental services	84.8	7,780.8	1.1	148.9	1.9	355.2	6.5	0.4	–206.3
Community health services ^(d)	1,119.6	5,172.0	17.8	1,966.5	24.6	236.1	4.3	8.3	1,730.4
Other professional services	43.8	4,053.4	1.1	77.0	1.0	185.0	3.4	0.4	–108.0
Public health ^(d)	185.7	1,810.3	9.3	326.2	4.1	82.6	1.5	3.9	243.6
Medications	209.9	18,215.2	1.1	368.7	4.6	831.4	15.3	0.4	–462.7
Aids and appliances	15.2	3,616.6	0.4	26.7	0.3	165.1	3.0	0.2	–138.4
Research	124.2	4,158.5	2.9	218.2	2.7	189.8	3.5	1.1	28.4
Health administration	31.1	2,020.1	1.5	54.6	0.7	92.2	1.7	0.6	–37.6
Total health	4,552.0	119,104.1	3.7	7,995.4	100.0	5,436.5	100.0	1.5	2,558.9

(continued)

Table 3.14.62 (continued): Expenditure on health for Indigenous and non-Indigenous Australians, by area of expenditure, 2010–11

- (a) Excludes dental services, patient transport services, community health services, public health and health research undertaken by the hospital.
- (b) Admitted patient expenditure estimates adjust for Aboriginal and Torres Strait Islander under-identification.
- (c) Includes state/territory government expenditure for services provided for public patients in private hospitals. The estimates are not comparable to previous estimates due to improved methodology.
- (d) Includes other recurrent expenditure on health not elsewhere classified, such as family planning previously reported under 'Other health services (n.e.c.)'. State and territory expenditure on Closing the Gap initiatives have been allocated to this category for the first time.

Notes

1. 'Health funding' refers to money provided by an entity for a particular area of expenditure, regardless of who provides that service.
2. 'Health expenditure' refers to money spent on health-related goods and services by the entity responsible for delivering the service.

Source: AIHW 2013a. Expenditure on health for Aboriginal and Torres Strait Islander people 2010–11.

Data sources and quality

Medicare data

Standard Indigenous status question

Medicare seeks Indigenous status information in its enrolment forms, including the general enrolment application form and the Aboriginal and Torres Strait Islander Medicare enrolment form. These forms include the national standard Indigenous identification question. Indigenous Australians can also complete a specific Voluntary Indigenous Identification form. Indigenous status information is held in Medicare records as the Voluntary Indigenous Identifier (VII).

Under-identification

The coverage of Indigenous Australians in the VII database is not complete. There were around 415,730 people who had identified as Aboriginal and/or Torres Strait Islander in this database at June 2014; around 58% of the estimated Indigenous population. There has been a rapid expansion in the number of enrollees who identified as Indigenous, from 47,200 people in August 2004.

Readers should note the following caveats to the Medicare Voluntary Indigenous Identifier (VII) adjustment methodology:

- Estimates generated by the adjustment methodology for a given period will vary according to the point in time at which they are calculated, as the adjustment factors will be updated regularly to account for the ongoing change in the population coverage of the VII sample.
- There are inherent uncertainties in the current ABS Indigenous population estimates, and they are therefore described by the ABS as 'experimental estimates and projections'. The ABS Indigenous population estimates after 2011 are experimental projections, based on a number of assumptions about future levels of fertility, mortality and migration. The projections are not predictions or forecasts, but are illustrations of the growth and change in population that would occur if these assumptions were to prevail over the projection period. There can be no certainty that any particular outcome will be realised, or that future outcomes will necessarily fall within the projected ranges.
- The propensity to identify as Indigenous is influenced by numerous factors including the context, how the question is asked and by whom, motivations of the individual and perceived uses of the data in question. For example, it is possible that there are some Indigenous Australians who are registered with the VII but who do not identify as Indigenous for the purposes of the Census, or vice versa.
- PBS and MBS data do not give a comprehensive picture of actual service delivery for Indigenous Australians, as some service delivery (especially in *Remote* areas) is not part of these systems. For example, s.100 medication delivery in *Remote* locations takes place outside of, and is not recorded by, the PBS. Likewise state and territory primary health care providers are generally not eligible to bill Medicare.

- In some areas, particularly *Remote and very remote* areas, there is a portion of the Indigenous population that does not ever use the Medicare system. It is therefore possible that the adjustment methodology could overestimate Medicare use by the Indigenous population.
- As participation in the VII sample is voluntary, 100% coverage is unlikely. There could be biases in the data that are not addressed by the adjustment methodology.

Department of Health General Practice Statistics

Care must be taken in using and interpreting the data provided. There are 2 issues to note that have an effect on the quality of the data. First, the data include only those services claimed through the Medicare system. Consequently the full-time equivalent for doctors in *Remote* areas, which are more likely to have high proportions of Indigenous population, will be understated. This is because some services are provided in rural hospitals and through the Royal Flying Doctor Service. There is also anecdotal information that services provided in Aboriginal Medical Services are often not claimed through the Medicare system. This results in further understating the full-time equivalent for doctors in areas with high Indigenous populations.

The data at the grouped SLA level can hide variability in data at the individual SLA level. For example, although 1 group of SLAs may have fewer people per doctor overall than a second group of SLAs, there will be a number of individual SLAs in the first group with far more people per doctor than in some individual SLAs in the second group.

Online Services Report data collection

The OSR collects organisation-level information from Aboriginal and Torres Strait Islander health organisations that received Australian Government funding in 2012–13.

Data were collected using a web-based reporting tool designed specifically to capture information on inputs and health processes at primary health-care organisations funded to deliver care to Indigenous Australians.

AIHW examined all data submissions to identify missing data and data quality issues. The most common data quality issues were inaccurate recording (for example, staff were reported in terms of their total number rather than in full-time equivalent positions), and discrepancies between 2 or more questions (for example, the number of clients exceeded the number of episodes of care).

Where needed, AIHW staff contacted the relevant health organisation to follow up on data quality issues and to request additional or corrected data. The AIHW detected at least 1 issue for follow-up in around 239 (92%) of organisations. Of these, 207 (87%) resubmitted data. Data with remaining significant quality issues were excluded from national analyses.

From 2012–13 a new online questionnaire started. Major questions (for example, around episodes of care, clients and contacts) remained the same. Some other questions were revised or restructured.

For more information see

<<http://meteor.aihw.gov.au/content/index.phtml/itemId/561251>>.

National Hospital Morbidity Database

The scope of the NMDS is episodes of care for admitted patients in essentially all hospitals in Australia, including public and private acute and psychiatric hospitals, free-standing day hospital facilities, alcohol and drug treatment hospitals and dental hospitals. Hospitals operated by the Australian Defence Force, corrections authorities and in Australia's off-shore territories are not included. Hospitals specialising in ophthalmic aids and other specialised acute medical or surgical care are included. The NHMD does not include episodes of non-admitted patient care provided in outpatient clinics or emergency departments.

For 2012–13, almost all public hospitals provided data for the NHMD. The exception was a mothercraft hospital in the ACT. The great majority of private hospitals also provided data, the exceptions being the private free-standing day hospital facilities in the ACT, the single private free-standing day hospital in the Northern Territory, and a private free-standing day hospital in Victoria.

Hospitalisations

Data are a count of hospital separations (episodes of admitted patient care, which can be a total hospital stay or a portion of a hospital stay that begins or ends in a change of type of care) and not patients. Patients who separated from hospital more than once in the year will be counted more than once in the data set.

The number and pattern of hospitalisations can be affected by differing admission practices among the jurisdictions and from year to year, and differing levels and patterns of service delivery.

Records for newborn episodes that did not include qualified days, and records for hospital boarders and posthumous organ procurement have been excluded as these activities are not considered to be admitted patient care.

Indigenous status information

Approximately 2% of hospital records have Indigenous status of 'not stated', though this proportion varies across the jurisdictions (see Table 1.02.1). These records are excluded from analyses of hospital data in this report. Note that for hospitals in Western Australia, records with an unknown status are reported as non-Indigenous.

Under-identification

The incompleteness of Indigenous identification means the number of hospital separations recorded as Indigenous is an underestimate of hospitalisations involving Indigenous Australians.

The AIHW completed an assessment of the level of Indigenous under-identification in selected public hospitals in all states and territories in 2007–08. Results from this assessment indicate that New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory had adequate Indigenous identification (20% or less overall under-identification of Indigenous patients) in their hospital separations data (AIHW 2010). The study estimated that 89% of Indigenous patients were correctly identified in Australian public hospital admission records in 2007–08.

In 2011–12, the AIHW completed a second study to reassess the level of under-identification in public hospitals data, and found that all jurisdictions had sufficient quality Indigenous identification for reporting from 2010–11 (AIHW 2013). The study estimated that 88% of

Indigenous patients were correctly identified in Australian public hospital admission records in 2011–12, and a correction factor of 1.09 is used at the national level to adjust for under-identification in hospital data. Interpretation of results should take into account the relative quality of the data from the jurisdictions.

Time series analysis may be affected by changes in the quality of Indigenous identification over time. The second AIHW study found no statistically significant change in identification rates at the national level, although there were some changes at the jurisdictional level. Time series presentations in this report include data from both public and private hospitals across several jurisdictions, so the overall effect of changes in Indigenous identification over time is unclear. This should be taken into account when interpreting the results of time series analysis.

Change in coding and coding practices

Between 2009–10 and 2010–11, there were significant changes in the coding of diagnoses for diabetes, obstetrics, and imaging procedures. There were also significant changes made to coding practices for diabetes and related conditions for the 2012–13 year, resulting in increased counts for these conditions. Caution should be used in comparing 2011–12 and 2012–13 data with data from previous Health Performance Framework reports.

For more information about the quality of the NHMD and emergency department care data, please refer to Database quality statement summaries in the report *Australian Hospital Statistics 2012–13*, available at

<http://www.aihw.gov.au/publication-detail/?id=60129546922>.

Australian Aboriginal and Torres Strait Islander Health Survey

The 2012–13 Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS) included a sample of 12,000 Indigenous Australians for the core sample and sub-samples for various components of the survey such as voluntary biomedical data for adults. The AATSIHS sample was specifically designed to select a representative sample of Indigenous Australians and therefore overcome the problem inherent in most national surveys (that is, small and unrepresentative Indigenous samples).

Survey results are subject to sampling errors as only a small proportion of the population is used to produce estimates that represent the whole population. Non-sampling errors may occur where there is non-response to the survey or questions in the survey, misunderstanding of questions or errors in recording, coding or processing the survey. Information recorded in this survey is ‘as reported’ by respondents. Responses may be affected by imperfect recall or individual interpretation of survey questions. Any data that are self-reported are also likely to under-estimate circumstances about which the respondent is unaware, or may be reluctant to report (for example, certain health conditions, weight, drug use).

Selected non-Indigenous comparisons are available from the 2011–13 Australian Health Survey (AHS). The AHS was conducted in *Major cities, Regional and Remote areas*, but *Very remote* areas were excluded from the sample.

Further information on AATSIHS data quality issues can be found in the user guide for the survey (ABS 2013). Time series comparisons for some indicators are available from the 2004–05 NATSIHS, 2008 NATSISS, 2002 NATSISS, 2001 NHS and the 1994 National Aboriginal and Torres Strait Islander Survey (NATSIS).

Australian Health Survey

The Australian Health Survey (AHS) combines the existing ABS National Health Survey (NHS) and the National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) together with 2 new elements: a National Nutrition and Physical Activity Survey (NNPAS) and a National Health Measures Survey (NHMS).

For more information see:

- National Health Survey
<<http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4363.0.55.001Main+Features12011-13?OpenDocument>>.
- National Aboriginal and Torres Strait Islander Health Survey
<<http://www.abs.gov.au/ausstats/abs@.nsf/mf/4715.0/>>.
- National Nutrition and Physical Activity Survey
<<http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4364.0.55.007~2011-12~Main%20Features~About%20the%20National%20Nutrition%20and%20Physical%20Activity%20Survey~731>>.
- National Health Measures Survey
<<http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4364.0.55.005Chapter1102011-12>>.

National Aboriginal and Torres Strait Islander Social Survey

The NATSISS is conducted in all states and territories and includes *Remote and non-remote* areas. The 2008 survey was undertaken between August 2008 and April 2009, with a sample size of 13,300 persons (5,500 aged 0–14 and 7,800 aged 15 and over) in 6,900 households, and a response rate of 82% of households. Up to 3 randomly selected Indigenous Australians were chosen from selected households to participate in the survey. Trained ABS interviewers conducted the survey using face-to-face interviews. In *Non-remote* areas interviewers used a notebook computer to record responses, while in *Remote* areas a paper questionnaire was used. Interviewers obtained the consent of a parent or guardian before interviewing those aged 15–17. Indigenous persons usually resident in non-private dwellings, such as hotels, motels, hostels, hospitals, short-stay caravan parks, prisons and other correctional facilities were excluded.

The NATSISS uses the standard Indigenous status question. The NATSISS sample was specifically designed to select a representative sample of Indigenous Australians.

As with other surveys, the NATSISS is subject to sampling and non-sampling errors.

Care has been taken to ensure that the results of this survey are as accurate as possible. Trained ABS officers conducted all interviews. However, some factors may affect the reliability of the data.

Information recorded in this survey is 'as reported' by respondents, and therefore may differ from information available from other sources or collected using different methodologies.

Data on health-related indicators have been age-standardised to the 2001 total Australian population to account for differences in the age structures of the states and territories and the Indigenous and non-Indigenous population.

Time series comparisons for the 2008 survey are available through the 1994 National Aboriginal and Torres Strait Islander Survey and the 2002 NATSISS. However not all data

elements align across the 3 (1994, 2001 and 2008) NATSISS surveys, hence care is required when reviewing results across the 3 surveys.

There are no strictly comparable non-Indigenous results available for the 2008 NATSISS. Where possible, the ABS has provided recommendations for non-Indigenous data comparisons (such as the 2007–08 National Health Survey) and these have been adopted in this report.

The 2008 NATSISS had a relatively large level of under-coverage when compared with other ABS surveys. There was also an increase in under-coverage compared to previous ABS Indigenous surveys. For example, the estimated under-coverage in the 2004–05 National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) was 42%. The overall under-coverage rate for the 2008 NATSISS was approximately 53% of the in-scope population at the national level. This rate varied across the states and territories (ABS 2010).

Further information on NATSISS data quality issues can be found in the *National Aboriginal and Torres Strait Islander Social Survey: User's guide, 2008* (ABS 2010).

Medical practitioners

The NHWDS: medical practitioners contains information sourced from registration data and workforce survey data.

The 2010 data collection is the first data release from the new national registration scheme. The data set is comprised of registration (including demographic) information provided by the Australian Health Practitioner Regulation Agency (AHPRA) and workforce details obtained by the Medical Workforce Survey. The survey instrument varies significantly in some areas from previous years, however, is now nationally consistent.

The 2010 collection excludes the workforce survey records of medical practitioners whose principal state of practice was Queensland and Western Australia, because not all registrations in Queensland and Western Australia expired on 30 September 2010, the date prescribed by AHPRA as the official closing data for registration renewal.

Estimates published from the Medical Workforce Survey 2010 are not directly comparable with estimates derived from the earlier AIHW Medical Labour Force Survey data. This is due to a change in the data collection methodology; including the survey design and questionnaire. For further information, refer to the Data Quality Statement and the online User guide for the NHWDS: medical practitioners 2010, available from the AIHW website.

AIHW Health Expenditure Database

The AIHW draws upon both expenditure data and service use data to prepare Indigenous health expenditure estimates.

The quality of Indigenous service use data is of varying quality, as there is widespread non-reporting of Indigenous status or under-identification in administration records. Although the quality of Indigenous service use data such as admitted patient data is improving, under-identification of Aboriginal and Torres Strait Islander Australians in these data sets remains a major issue.

The source of data used to estimate health expenditure for Indigenous and non-Indigenous Australians through Aboriginal Community Controlled Health Organisations (ACCHOs) has changed slightly since 2008–09. Past estimates used information from the Service Activity

Report database, which was a joint project of the Office for Aboriginal and Torres Strait Islander Health (OATSIH) and the National Aboriginal Community Controlled Health Organisation. The database collected service level data on health care through an annual questionnaire completed by every Australian Government-funded Aboriginal and Torres Strait Islander primary health care service. From 2008–09, however, it was replaced with the new OATSIH Service Report database (now known as the Online Services Report (OSR) data collection), which also includes data previously collected under the Drug and Alcohol Service Report, and Bringing Them Home and Link Up Counsellors data collections.

Under-identification

Estimates of the level of Indigenous under-identification were used to adjust admitted patient expenditure estimates for New South Wales, Victoria, Queensland, South Australia, Western Australia and the Northern Territory (public hospitals only). In some states and territories, a single state-wide average under-identification adjustment factor was applied. In others, differential under-identification factors were used, depending on the region in which particular service(s) were located (AIHW 2011).

As the AIHW studies on Indigenous identification in hospitalisation data did not include private hospitals, an adjustment factor of 54% for private hospitals was derived from the analysis of linked hospital morbidity data from New South Wales.

Expenditure estimates

Some of the expenditure patterns in this report may be influenced by variations in the completeness of Indigenous identification, despite the adjustments made for under-identification. The use of scaled up MBS and PBS data based on the level of VII enrolment is 1 such example. It is possible that health expenditure estimates for Indigenous Australians may slightly overestimate or underestimate the actual level of health expenditure. As a result, estimating health expenditure for Indigenous Australians is an evolving field, and conclusions should be drawn with caution.

In addition, while every effort has been made to ensure consistent reporting and categorisation of expenditure on health goods and services, in some cases there are inconsistencies across expenditure data providers. These result from limitations of financial reporting systems and/or different reporting mechanisms.

Time series estimate comparisons

The definition of health expenditure changed in 2007 to exclude high-care residential aged care, which was instead classified as welfare expenditure.

For the purpose of comparison, high-care residential aged care expenditure has been omitted from all of the previous years' estimates to allow for the comparison of health expenditure estimates over time.

In the AIHW health and welfare expenditure report series, there was a change in the method for estimating MBS and PBS expenditure since 2006–07. The revised method involves the use of Medicare VII data to estimate expenditure on medical services, such as general practitioner, specialist services, pathologist services, imaging services, and prescription pharmaceuticals provided to Indigenous Australians. Before this, data from the Bettering the Evaluation and Care of Health (BEACH) survey data were used in these estimates. This change may have contributed to the increase in MBS and PBS expenditure estimates since 2006–07 compared with those in 2001–02 and 2004–05 (AIHW 2011).

National Prisoner Health Data Collection

The National Prisoner Health Data Collection (NPHDC) contains data relating to people entering prison (prison entrants), people about to be released from prison (prison discharges), clinic visits and services, and medications taken by prisoners. Data are collected over a 2-week period, and sent to the AIHW for collation, analysis and reporting.

Although ideally an administrative by-product data collection, the NPHDC is currently a standalone paper-based collection. Participation rates vary among states and territories, with prison entrants having higher participation rates than discharges. This is partly due to the difficulties in identifying exact release dates in advance for prisoners, especially where they are on remand (awaiting trial or sentence).

The relatively small population of discharges captured in the data collection creates issues with reporting data when disaggregated by jurisdiction due to increased potential for attribute disclosure. For some indicators, this meant that some tables are unable to be published, and for other instances small numbers were suppressed.

Identification of Indigenous status was generally good in each state and territory, with unknown rates under 10%. The proportion of Indigenous participants in the entrants and discharge data were slightly higher than the reported proportion of the prisoner population on 30 June 2012.

For more information see

<<http://meteor.aihw.gov.au/content/index.phtml/itemId/534531>>.

National Aboriginal and Torres Strait Islander Social Survey

The NATSISS is conducted in all states and territories and includes *Remote* and *Non-remote* areas. The 2008 survey was undertaken between August 2008 and April 2009, with a sample size of 13,300 persons (5,500 aged 0–14 and 7,800 aged 15 and over) in 6,900 households, and a response rate of 82% of households. Up to 3 randomly selected Indigenous Australians were chosen from selected households to participate in the survey. Trained ABS interviewers conducted the survey using face-to-face interviews. In *Non-remote* areas interviewers used a notebook computer to record responses, while in *Remote* areas a paper questionnaire was used. Interviewers obtained the consent of a parent or guardian before interviewing those aged 15–17. Indigenous persons usually resident in non-private dwellings, such as hotels, motels, hostels, hospitals, short-stay caravan parks, prisons and other correctional facilities were excluded.

The NATSISS uses the standard Indigenous status question. The NATSISS sample was specifically designed to select a representative sample of Indigenous Australians.

As with other surveys, the NATSISS is subject to sampling and non-sampling errors.

Care has been taken to ensure that the results of this survey are as accurate as possible. Trained ABS officers conducted all interviews. However, some factors may affect the reliability of the data.

Information recorded in this survey is 'as reported' by respondents, and therefore may differ from information available from other sources or collected using different methodologies.

Data on health-related indicators have been age-standardised to the 2001 total Australian population to account for differences in the age structures of the states and territories and the Indigenous and non-Indigenous population.

Time series comparisons for the 2008 survey are available through the 1994 National Aboriginal and Torres Strait Islander Survey and the 2002 NATSISS. However not all data elements align across the 3 (1994, 2001 and 2008) NATSISS surveys, hence care is required when reviewing results across the 3 surveys.

There are no strictly comparable non-Indigenous results available for the 2008 NATSISS. Where possible, the ABS has provided recommendations for non-Indigenous data comparisons (such as the 2007–08 National Health Survey) and these have been adopted in this report.

The 2008 NATSISS had a relatively large level of under-coverage when compared with other ABS surveys. There was also an increase in under-coverage compared to previous ABS Indigenous surveys. For example, the estimated under-coverage in the 2004–05 National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) was 42%. The overall under-coverage rate for the 2008 NATSISS was approximately 53% of the in-scope population at the national level. This rate varied across the states and territories (ABS 2010).

Further information on NATSISS data quality issues can be found in the *National Aboriginal and Torres Strait Islander Social Survey: User's guide, 2008* (ABS 2010).

List of symbols used in tables

n.a.	not available
—	rounded to zero (including null cells)
0	zero
..	not applicable
n.e.c.	not elsewhere classified
n.p.	not available for publication but included in totals where applicable, unless otherwise indicated
*	represents results with statistically significant differences at the $p < 0.05$ level, between the categories specified in table footnotes
†	estimate has a relative standard error between 25% and 50% and should be used with caution
‡	estimate has a relative standard error greater than 50% and is considered too unreliable for general use

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References

- ABS (Australian Bureau of Statistics) 2010. National Aboriginal and Torres Strait Islander Social Survey: Users' Guide, 2008. ABS cat. no. 4720.0. Canberra: ABS.
- ABS 2013. Australian Aboriginal and Torres Strait Islander Health Survey: users' guide, 2012–13. ABS cat no. 4727.0.55.002. Canberra: ABS.
- AIHW (Australian Institute of Health and Welfare) 2010. Indigenous identification in hospital separations data: quality report. Health services series no. 35. Cat. no. HSE 85. Canberra: AIHW.
- AIHW 2011. Expenditure on health for Aboriginal and Torres Strait Islander people 2008–09. Health and welfare expenditure series no. 44. Cat. no. HWE 53. Canberra: AIHW.
- AIHW 2013. Indigenous identification in hospital separations data: quality report. Cat. no. IHW 90. Canberra: AIHW.
- AIHW 2014a. Aboriginal and Torres Strait Islander health organisations: Online Services Report – key results 2012–13. Cat. no. IHW 139. Canberra: AIHW.
- AIHW 2014b. Access to primary health care relative to need for Indigenous Australians. Cat. no. IHW 128. Canberra: AIHW.

AIHW 2014c. Australian hospital statistics 2012–13. Health services series no. 54. Cat. no. HSE 145. Canberra: AIHW.

AIHW 2014d. Australian hospital statistics 2013–14: elective surgery waiting times. Health services series no. 56. Cat. no. HSE 151. Canberra: AIHW.

AIHW 2014e. Australian hospital statistics 2013–14: emergency department care. Health services series no. 58. Cat. no. HSE 153. Canberra: AIHW.

AIHW 2015a. Medical workforce 2013 data and additional material. Canberra: AIHW. Viewed 16 April 2015, < <http://www.aihw.gov.au/workforce/medical/additional/>>.

AIHW 2015b. Nursing and midwifery workforce data and additional material. Canberra: AIHW. Viewed 16 April 2015, < <http://www.aihw.gov.au/workforce/nursing-and-midwifery/additional/>>.

DoHA (Australian Government Department of Health and Ageing) 2010. General Practice Workforce Statistics, June 2010. Viewed March 2013. <<http://www.health.gov.au/internet/main/publishing.nsf/Content/General+Practice+Statistics-1>>.

Other related information

AIHW 2014. OECD health-care quality indicators for Australia 2011–12. Cat. no. PHE 174. Canberra: AIHW.

AIHW 2014. Oral health and dental care in Australia: key facts and figures trends 2014. Cat. no. DEN 228. Canberra: AIHW.

AIHW 2014. Palliative care services in Australia 2014. Cat. no. HWI 128. Canberra: AIHW.

AIHW 2014. Stronger Futures in the Northern Territory: oral health services July 2012–December 2013. Cat. no. IHW 144. Canberra: AIHW.

AIHW 2014. The measurement of patient experience in non-GP primary health care settings. AIHW Working paper no. 66. Cat. no. WP 66. Canberra: AIHW.

AIHW 2015. Admitted patient care 2013–14: Australian hospital statistics. Health services series no. 60. Cat. no. HSE 156. Canberra: AIHW.

Dwyer J, Silburn K & Wilson G 2004. National Strategies for Improving Indigenous Health and Health Care. Canberra: Aboriginal and Torres Strait Islander Primary Health Care Review: Consultant Report no.1, Office for Aboriginal and Torres Strait Islander Health.

Griew R 2008. The link between primary health care and health outcomes for Aboriginal and Torres Strait Islander Australians.

OECD (Organisation for Economic Co-operation and Development) 2009. Measuring disparities in health status and in access and use of health care in OECD countries.

The cover of the report features a red background with a white and yellow geometric pattern on the left side. The title is in white text on the right.

Aboriginal and Torres Strait Islander Health Performance Framework 2014 report

Measure 61 of 68

Detailed analyses

3.15 Access to prescription medicines

This measure reports on two components of access to prescription medicines for Aboriginal and Torres Strait Islander people:

- Pharmaceutical Benefits Scheme (PBS) expenditure per capita for Indigenous Australians
- Pharmacy labour force

Introduction

This is no. 61 of 68 measures in the *Aboriginal and Torres Strait Islander Health Performance Framework 2014 report: detailed analyses*. This report provides information on a range of measures of health status, determinants of health and the health system performance relating to Aboriginal and Torres Strait Islander people.

The Framework comprises 3 tiers:

Tier 1 – Health status and outcomes

Tier 2 – Determinants of health

Tier 3 – Health system performance.

The full report, including a comprehensive description of all data sources used in the report, and notes about the data quality is available from
<<http://www.aihw.gov.au/publication-detail/?id=60129550779>>.

Tables referenced are available from
<<http://www.aihw.gov.au/indigenous-data/health-performance-framework/>>.

Data sources

- AIHW Health Expenditure Database
- National Health Workforce Data Set
- Australian Aboriginal and Torres Strait Islander Health Survey.

For more information, see 'Data sources and quality' at the end of this measure.

Data analyses

The data on pharmaceuticals expenditure and PBS expenditure were mainly obtained from the AIHW's reports on health expenditure for Aboriginal and Torres Strait Islander people published in 2013 (AIHW 2013a; AIHW 2013b). The AIHW draws on both expenditure data and service use data to prepare Indigenous health expenditure estimates. The total expenditure and revenue data used to generate the tables are mainly administrative by-products of the accounting process, and are, as much as possible, produced on an accrual basis.

For data on the pharmacy labour force, the Australian Health Practitioner Regulation Agency conducts an annual renewal of registration and during this process pharmacists are asked to complete a workforce survey. It covers all pharmacists who renewed their registration in a given year in each state and territory, but may exclude pharmacists who registered for the first time in the survey year.

Special provisions were introduced under Section 100 of the *National Health Act 1953* for Indigenous Australians in remote areas where access to private pharmacies was poor. Clients of approved remote area Aboriginal Health Services (AHS) were able to receive PBS medicines directly from the AHS at the time of medical consultation without the need for a normal prescription form, and without charge.

The PBS Co-payment Measure under the Indigenous Chronic Disease Package was introduced on 1 July 2010 to help address the financial barriers Indigenous people may face in accessing PBS medicines in non-remote locations.

For more information about access to prescription medicines, see 'Other related information' at the end of this measure.

The following data are presented for this measure:

- Pharmaceuticals expenditure, see Table 3.15.1
- PBS expenditure, see tables 3.15.2–4
- Pharmacy labour force, see tables 3.15.5
- Reasons for not accessing prescription medicines, see Table 3.15.6.

Pharmaceuticals expenditure

Current period

In 2010–11:

- Expenditure on pharmaceuticals provided by the Australian Government for Indigenous people was estimated at \$174 million, which represented 2% of total expenditure on pharmaceuticals in Australia by the Australian Government.

- Total expenditure on pharmaceuticals per Indigenous person was around 44% of the amount spent per non-Indigenous person (\$369 compared with \$832).
- Among Indigenous Australians, the Australian Government spent more per person on pharmaceuticals than did non-government organisations and individuals (\$305 and \$64, respectively), while the opposite was true for non-Indigenous Australians. The average expenditure by the Australian Government on pharmaceuticals for Indigenous Australians was 0.8 times that of non-Indigenous Australians, compared with a ratio of 0.1 for non-government organisations and individuals (Table 3.15.1).

PBS expenditure

Current period

In 2010–11:

- Total PBS benefits to Indigenous Australians were estimated at \$166 million. The average PBS expenditure per Indigenous Australian (\$291) was 0.8 times that per non-Indigenous Australians (\$366) (Table 3.15.2).
- The estimated expenditure on pharmaceutical benefits for Indigenous Australians in remote areas supplied under Section 100 of the *National Health Act 1953* was \$60 million (Table 3.15.2).
- The gap between Indigenous and non-Indigenous Australians in pharmaceutical expenditure was smaller in *Remote* and *Very Remote* areas than in other areas. Per person expenditure was higher in remote areas (\$349) than in other areas (\$236 to \$296) (Table 3.15.3).

Trend

The trends presented here should be interpreted with caution due to differences in the methodologies used to estimate Indigenous expenditure for different financial years. The following estimates are presented in constant 2010–11 dollars.

From 2001–02 to 2010–11:

- There was a narrowing of the gap between Indigenous and non-Indigenous Australians in the average PBS health expenditure per person by the Australian Government. In 2001–02, there was a gap in expenditure between Indigenous and non-Indigenous Australians of \$153 per person (\$75 and \$228, respectively). In 2010–11 this decreased to a gap of \$74 per person (\$291 and \$366, respectively) (Table 3.15.4).

Pharmacy labour force

Current period

In 2013:

- The number and rate of full-time equivalent employed pharmacists decreased as the proportion of the Indigenous population increased:
 - from 9,532 FTE pharmacists in areas where less than 1% of the population was Indigenous to 174 in areas where 20% or more of the population was Indigenous

- from 105 per 100,000 population in areas where less than 1% of the population was Indigenous to 55 per 100,000 where 20% or more of the population was Indigenous (Table 3.15.5, Figure 3.15.1).

Reasons for not accessing prescription medicines

Current period

In 2012–13, according to the Australian Aboriginal and Torres Strait Islander Health Survey, among Indigenous Australians aged 15 and over in *Non-remote* areas:

- 19% had prescriptions that they did not fill in the last 12 months.
- 35% did not have a prescription filled in the last 12 months because they decided they did not need it, 34% because of the cost, 14% did not want to have prescriptions filled, and 11% were too busy.
- People in younger age groups were more likely than those in older age groups to not have their prescription filled because they decided they did not need it (38% of those aged 15–24 compared with 33% aged 55 and over). Those aged 45–54 were more likely than those in younger or older age groups to not have their prescription filled because of the cost (44% compared with 30%–35%) (Table 3.15.6).

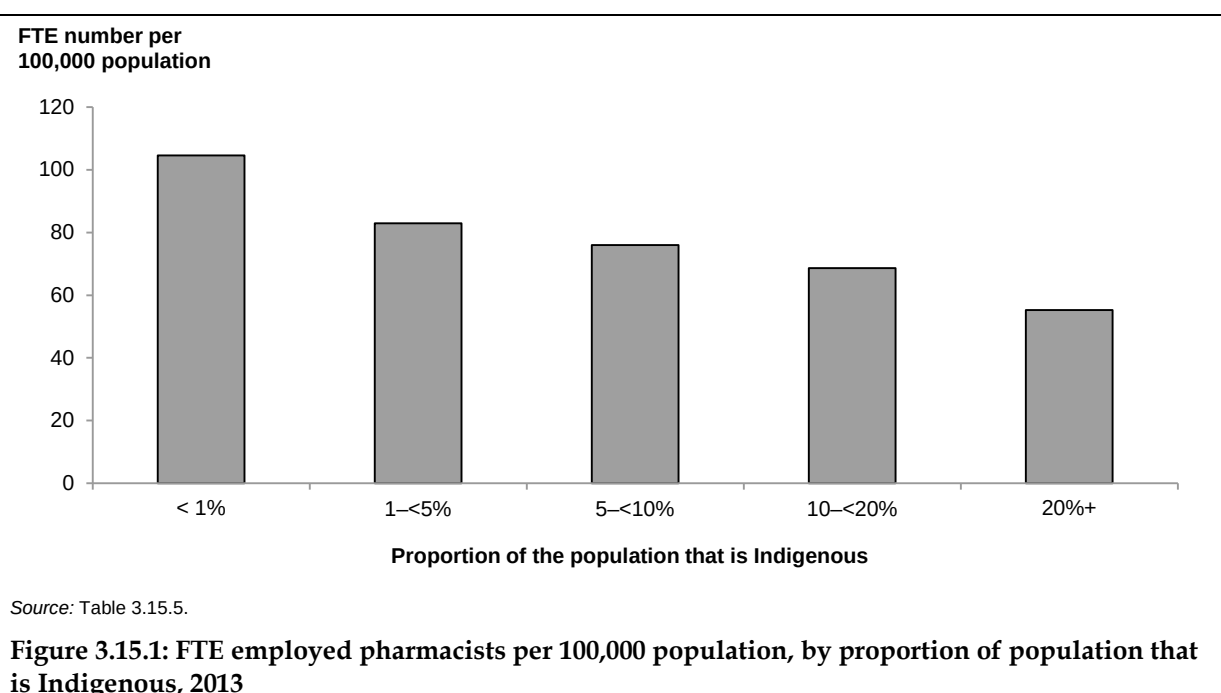


Table 3.15.1: Directly administered expenditure^(a) by the Australian Government and non-government organisations on health for Indigenous and non-Indigenous Australians, by area of expenditure, 2010–11

PBS	Total expenditure (\$ million) ^(a)			Expenditure per person (\$) ^(a)		
	Indigenous	Non-Indigenous	Indigenous share (%)	Indigenous	Non-Indigenous	Ratio ^(b)
Australian Government						
Benefit-paid pharmaceuticals	150.4	7,699.6	1.9	264.2	351.4	0.8
Other pharmaceuticals	23.1	825.4	2.7	40.5	37.7	1.1
Total pharmaceuticals	173.5	8,525.0	2.0	304.7	389.1	0.8
Non-government						
Benefit-paid pharmaceuticals	5.8	1,568.10	0.4	10.1	71.6	0.1
Other pharmaceuticals	30.6	8,122.10	0.4	53.8	370.8	0.2
Total pharmaceuticals	36.4	9,690.2	0.4	63.9	442.4	0.1
Total						
Benefit-paid pharmaceuticals	156.2	9,267.7	1.7	274.3	423.0	0.6
Other pharmaceuticals	53.7	8,947.5	0.6	94.3	408.5	0.2
Total pharmaceuticals	209.9	18,215.2	1.1	368.6	831.5	0.4

(a) Only includes expenditure on goods and services that were directly administered by the Australian Government and non-government organisations.

(b) Ratio of Indigenous to non-Indigenous per person expenditure.

Notes

1. 'Health funding' refers to money provided by an entity for a particular area of expenditure, regardless of who provides that service.
2. 'Health expenditure' refers to money spent on health-related goods and services by the entity responsible for delivering the service.

Source: AIHW 2013a. Expenditure on health for Aboriginal and Torres Strait Islander people 2010–11 (Tables 2.2 and 2.9).

Table 3.15.2: Total and per person expenditures through the Pharmaceutical Benefits Scheme, by Indigenous status, 2010–11^{(a)(b)}

Pharmaceutical benefits	Total expenditure (\$ million)			Expenditure per person (\$) ^(a)		
	Indigenous	Non-Indigenous	Indigenous share (%)	Indigenous	Non-Indigenous	Ratio
Mainstream PBS	109.9	7,228.1	1.5	193.0	330.0	0.6
Section 100 ^(c)	34.3	5.0	87.4	60.2	0.2	266.0
Other PBS special supply	21.7	774.1	2.7	38.2	35.3	1.1
Total PBS	165.9	8,007.2	2.0	291.3	365.5	0.8

(a) Includes Australian Government Department of Health and Ageing expenditure only.

(b) Excludes highly specialised drugs dispensed from public and private hospitals.

(c) In this report the expenditure estimates for Section 100 are restricted to medicines provided through ACCHSs, whereas in AIHW's Health Expenditure Australia reports, expenditure for all medicines provided under Section 100 is included. For this reason, the total expenditure estimate for Section 100 in this report is lower than that reported in Health Expenditure Australia.

Notes

1. 'Health funding' refers to money provided by an entity for a particular area of expenditure, regardless of who provides that service.
2. 'Health expenditure' refers to money spent on health-related goods and services by the entity responsible for delivering the service.

Source: AIHW 2013a. Expenditure on health for Aboriginal and Torres Strait Islander people 2010–11 (Table 2.3).

Table 3.15.3: Health expenditure per person on pharmaceutical benefits, for Aboriginal and Torres Strait Islander people, by remoteness, 2010–11

	Expenditure per person (\$)				
	Major cities	Inner regional	Outer regional	Remote and very remote	All regions
PBS pharmaceuticals	285.2	296.2	236.4	348.6	291.3

Notes

1. Excludes highly specialised drugs dispensed from public and private hospitals.
2. 'Health funding' refers to money provided by an entity for a particular area of expenditure, regardless of who provides that service.
3. 'Health expenditure' refers to money spent on health-related goods and services by the entity responsible for delivering the service.

Source: AIHW 2013b. *Expenditure on health for Aboriginal and Torres Strait Islander people 2010–11—An analysis by remoteness and disease* (Table 2.1).

Table 3.15.4: Average PBS health expenditure (constant prices^(a)) per person by the Australian Government, by Indigenous status, 2001–02 to 2010–11^(b)

	Indigenous ^(c)	Non-Indigenous	Ratio	Rate difference
2001–02	74.5	227.8	0.3	–153.3
2004–05	138.5	277.0	0.5	–138.5
2006–07	177.3	293.9	0.6	–116.6
2008–09	251.4	339.4	0.7	–88.0
2010–11	291.3	365.5	0.8	–74.2
Average annual growth (%)	16.4	5.4	..	..
Growth 2001–02 to 2010–11 (%)	290.8	60.4	..	..

(a) Constant price health expenditure for 2001–02 to 2010–11 is expressed in terms of 2010–11 prices.

(b) Estimates for 2001–02 and 2004–05 exclude depreciation, but those for 2006–07, 2008–09 and 2010–11 include depreciation. This reduces the 2004–05 state/territory government numbers by about 5%, but has minimal impact on the Australian Government numbers.

(c) Indigenous population estimates used to estimate the expenditure figures are all derived from 2006 Census base.

Notes

1. 'Health funding' refers to money provided by an entity for a particular area of expenditure, regardless of who provides that service.
2. 'Health expenditure' refers to money spent on health-related goods and services by the entity responsible for delivering the service.

Source: AIHW 2013a; AIHW Health Expenditure Database (unpublished data) 2010–11. Indigenous data from AIHW 2013a *Expenditure on health for Aboriginal and Torres Strait Islander people 2010–11* (Table 5.1).

Table 3.15.5: FTE employed pharmacists per 100,000 population, by areas of low through to high proportions of Indigenous population, 2013

Proportion of the population that is Indigenous	FTE number	FTE per 100,000 population
< 1%	9,532.4	104.6
1–<5%	9,434.8	82.9
5–<10%	1,654.0	76.0
10–<20%	403.5	68.6
20%+	173.8	55.2

Notes

1. FTE based on a standard working week of 38 hours.
2. Other territories excluded.

Sources: National Health Workforce Data Set: pharmacists 2013; ABS 2011 Estimated Resident Population data, SA2 by Indigenous status.

Table 3.15.6: Reasons for not filling prescription medicines, by sex, age group and state/territory (non remote only), Indigenous Australians aged 15 years and over, 2012–13

	Sex		Age group					State/territory								Total
	Males	Females	15–24	25–34	35–44	45–54	55+	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	
Number																
Whether had prescriptions that didn't get filled in last 12 months																
Yes	20,402	38,727	10,984	16,829	15,033	10,629	5,653	24,038	6,235	15,874	5,207	3,547	2,560	858	810	59,129
No	135,914	123,085	91,001	49,006	44,904	35,921	38,167	97,634	23,141	74,848	26,091	15,615	11,973	3,115	6,582	258,999
Total	156,316	161,812	101,985	65,835	59,937	46,550	43,820	121,672	29,376	90,722	31,298	19,161	14,533	3,973	7,393	318,128
Reason(s) did not go to get prescription filled in last 12 months ^(a)																
Cost	6,180	13,885	3,632	5,220	4,538	4,705	1,970†	6,097	1,967	6,770	2,152	1,391	1,149	223†	316†	20,065
Decided didn't need it	6,995	13,529	4,142	6,124	5,225	3,184	1,848	9,229	2,564	4,978	1,425	794†	865	496†	173†	20,524
Didn't want to	3,600†	4,517	1,653†	1,957†	1,480†	1,783†	1,244†	3,403†	961†	2,018†	622†	580†	299†	n.p.	n.p.	8,118
Too busy	2,848†	3,871	1,289†	1,991†	2,041†	972†	426‡	3,475	681†	1,220†	660†	362†	124‡	85‡	112‡	6,719
Other ^(b)	2,957	8,279	1,615†	3,011	3,198	2,370†	1,044†	4,381	1,072†	3,132	940†	775	547	147†	243†	11,236
Total number of persons	156,316	161,812	101,985	65,835	59,937	46,550	43,820	121,672	29,376	90,722	31,298	19,161	14,533	3,973	7,393	318,128

(continued)

Table 3.15.6 (continued): Reasons for not filling prescription medicines, by sex, age group and state/territory (non remote only), Indigenous Australians aged 15 years and over, 2012–13

	Sex		Age group					State/territory								Total
	Males	Females	15–24	25–34	35–44	45–54	55+	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	
Per cent																
Whether had prescriptions that didn't get filled in last 12 months																
Yes	13.1	23.9	10.8	25.6	25.1	22.8	12.9	19.8	21.2	17.5	16.6	18.5	17.6	21.6	11.0	18.6
No	86.9	76.1	89.2	74.4	74.9	77.2	87.1	80.2	78.8	82.5	83.4	81.5	82.4	78.4	89.0	81.4
Total	156,316	161,812	101,985	65,835	59,937	46,550	43,820	121,672	29,376	90,722	31,298	19,161	14,533	3,973	7,393	318,128
Reason(s) did not go to get prescription filled in last 12 months ^(a)																
Cost	30.3	35.9	33.1	31.0	30.2	44.3	34.8	25.4	31.5	42.6	41.3	39.2	44.9	26.0	39.0	33.9
Decided didn't need it	34.3	34.9	37.7	36.4	34.8	30.0	32.7	38.4	41.1	31.4	27.4	22.4	33.8	57.8	21.4†	34.7
Didn't want to	17.6	11.7	15.0	11.6	9.8	16.8	22.0	14.2	15.4	12.7	11.9	16.4	11.7	n.p.	n.p.	13.7
Too busy	14.0	10.0	11.7†	11.8†	13.6†	9.1†	7.5†	14.5†	10.9†	7.7†	12.7†	10.2†	4.8†	9.9‡	13.8‡	11.4
Other ^(b)	14.5	21.4	14.7†	17.9†	21.3†	22.3†	18.5‡	18.2	17.2†	19.7†	18.1†	21.8†	21.4‡	17.1‡	30.0‡	19.0
Total who did not get prescription filled in last 12 months	20,402	38,727	10,984	16,829	15,033	10,629	5653†	24,038	6235†	15,874	5207†	3,547	2,560	858†	810†	59,129

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

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

(a) Components may not add to total as this is a multiple response item.

(b) Includes 'Transport issues', 'Lost the prescription' and 'Other'.

Note: Percentages calculated within columns. Estimates have been rounded and discrepancies may occur between sums of the component items and totals.

Source: ABS Australian Aboriginal and Torres Strait Islander Health Survey 2012–13 (2012–13 NATSIHS component).

Data sources and quality

AIHW Health Expenditure Database

The AIHW draws upon both expenditure data and service use data to prepare Indigenous health expenditure estimates.

The quality of Indigenous service use data is of varying quality, as there is widespread non-reporting of Indigenous status or under-identification in administration records. Although the quality of Indigenous service use data such as admitted patient data is improving, under-identification of Aboriginal and Torres Strait Islander Australians in these data sets remains a major issue.

The source of data used to estimate health expenditure for Indigenous and non-Indigenous Australians through Aboriginal Community Controlled Health Organisations (ACCHOs) has changed slightly since 2008–09. Past estimates used information from the Service Activity Report database, which was a joint project of the Office for Aboriginal and Torres Strait Islander Health (OATSIH) and the National Aboriginal Community Controlled Health Organisation. The database collected service level data on health care through an annual questionnaire completed by every Australian Government-funded Aboriginal and Torres Strait Islander primary health care service. From 2008–09, however, it was replaced with the new OATSIH Service Report database (now known as the Online Services Report (OSR) data collection), which also includes data previously collected under the Drug and Alcohol Service Report, and Bringing Them Home and Link Up Counsellors data collections.

Under-identification

Estimates of the level of Indigenous under-identification were used to adjust admitted patient expenditure estimates for New South Wales, Victoria, Queensland, South Australia, Western Australia and the Northern Territory (public hospitals only). In some states and territories, a single state-wide average under-identification adjustment factor was applied. In others, differential under-identification factors were used, depending on the region in which particular service(s) were located (AIHW 2011).

As the AIHW studies on Indigenous identification in hospitalisation data did not include private hospitals, an adjustment factor of 54% for private hospitals was derived from the analysis of linked hospital morbidity data from New South Wales.

Expenditure estimates

Some of the expenditure patterns in this report may be influenced by variations in the completeness of Indigenous identification, despite the adjustments made for under-identification. The use of scaled up MBS and PBS data based on the level of VII enrolment is 1 such example. It is possible that health expenditure estimates for Indigenous Australians may slightly overestimate or underestimate the actual level of health expenditure. As a result, estimating health expenditure for Indigenous Australians is an evolving field, and conclusions should be drawn with caution.

In addition, while every effort has been made to ensure consistent reporting and categorisation of expenditure on health goods and services, in some cases there are inconsistencies across expenditure data providers. These result from limitations of financial reporting systems and/or different reporting mechanisms.

Time series estimate comparisons

The definition of health expenditure changed in 2007 to exclude high-care residential aged care, which was instead classified as welfare expenditure.

For the purpose of comparison, high-care residential aged care expenditure has been omitted from all of the previous years' estimates to allow for the comparison of health expenditure estimates over time.

In the AIHW health and welfare expenditure report series, there was a change in the method for estimating MBS and PBS expenditure since 2006–07. The revised method involves the use of Medicare VII data to estimate expenditure on medical services, such as general practitioner, specialist services, pathologist services, imaging services, and prescription pharmaceuticals provided to Indigenous Australians. Before this, data from the Bettering the Evaluation and Care of Health (BEACH) survey data were used in these estimates. This change may have contributed to the increase in MBS and PBS expenditure estimates since 2006–07 compared with those in 2001–02 and 2004–05 (AIHW 2011).

Pharmacists Labour Force Survey

The estimated number and characteristics of currently employed pharmacists in each state and territory was based on data collected through the National Registration and Accreditation Scheme (NRAS), which is administered by the Australian Health Practitioner Regulation Agency. The NRAS replaced the state and territory-based system in 2010. Data collected under the NRAS is not necessarily comparable with earlier collections.

For more information see

<<http://meteor.aihw.gov.au/content/index.phtml/itemId/395380>>.

National Health Workforce Data Set

The Australian Health Practitioner Regulation Agency (AHPRA), in conjunction with the national boards, is responsible for the national registration process for 14 health professions. The data from this annual registration process, together with data from a workforce survey that is voluntarily completed at the time of registration, forms the National Health Workforce Dataset (NHWDS). Data in the NHWDS includes demographic and employment information (for example labour force status, location of main job, area of practice, work setting) for registered health professionals.

Medical practitioners 2013

This is the fourth data set for medical practitioners from the new national registration scheme. The Medical Workforce survey tool varies significantly in some aspects from previous years, but is now nationally consistent. The NHWDS: medical practitioners 2013 is also more complete than the NHWDS: medical practitioners 2010.

The major issues with data quality for the NHWDS: medical practitioners 2013 include:

- The data are not directly comparable to those collected in the previous (2009 and earlier) AIHW Medical Labour Force Surveys due to changes in methods and scope, including the change in the method of determining the state or territory of practitioners' main job in medicine.
- Methodological changes, and in particular the inclusion of registration type and an updated specialty classification, mean that some estimates may be affected by changes to

the methodology between the NHWDS: medical practitioners 2011 derivation and the NHWDS: medical practitioners 2012 derivation and 2013 derivation (AIHW 2014a).

Allied health practitioners 2012

This is the first data published for allied health practitioners from a new national registration scheme. It includes psychologists, pharmacists, physiotherapists, occupational therapists, medical radiation practitioners, optometrists, chiropractors, Chinese medicine practitioners, podiatrists, osteopaths and Aboriginal and Torres Strait Islander health practitioners.

Due to transition arrangements between pre-existing state and territory-based registration systems and the National Registration and Accreditation Scheme (NRAS), people previously registered as medical radiation practitioners in Queensland, Western Australia and Tasmania or occupational therapists previously registered in Queensland, Western Australia and South Australia may not have been required to renew their registration in 2012 and hence did not receive a survey. Registration data for these people was migrated from pre-existing state-based systems. As a result, the survey data for these professions excludes these jurisdictions as there were very few surveys received.

This is the first time data on medical radiation practitioners, chiropractors, Chinese medicine practitioners, osteopaths and Aboriginal and Torres Strait Islander health practitioners has been produced. For psychologists, pharmacists, physiotherapists, occupational therapists, optometrists and podiatrists, data has previously been published by the AIHW based on jurisdictional based board registration and survey data. Data in this report collected through the NRAS are not directly comparable with data collected through the jurisdiction-based data collection (AIHW 2013c).

Dental practitioners 2012

Data has previously been published by AIHW based on jurisdictional based board registration and survey data. Data collected through the NRAS (2011 onwards) is not directly comparable with data collected through the jurisdiction-based data collection.

Comparisons with 2011 data for oral health therapists, dental therapists, dental hygienists and dental prosthetists should be made with caution. Dental practitioners registered in more than 1 division of general registration are assigned a primary (or main) division. The methodology to assign a primary dental division of general registration changed from 2011 to 2012. In 2011, oral health therapists included those with both dental therapy and dental hygienist registrations. In 2012, practitioners with both dental hygiene and dental therapy registrations were treated as either a dental therapist or dental hygienist depending on other eligibility criteria (for example, principal area of main job, whether worked more hours in private or public sector and geographic location) (AIHW 2014b).

Nurses and midwives 2013

This is the third data set published for nurses and midwives from the new national registration scheme. Between 2012 and 2013, there was a drop in midwife registrations, from 35,632 to 33,969. This was due to a drop in dual midwife/nurse registrations.

Data collected for NHWDS: nurses and midwives 2013 is comparable with 2012 data for most variables as the survey structure was largely comparable, with some new categories and questions introduced and some categories collapsed. Due to the differences in data collection methods, including differences in the design of surveys and questionnaires, comparisons between workforce data in the NHWDS: nurses and midwives 2011 to 2013 and

previous AIHW Nursing and Midwifery Labour Force Survey data be made with caution (AIHW 2014c).

Psychologists 2013

Data has previously been published by AIHW based on jurisdictional based board registration and survey data. Data collected through the NRAS (2011 onwards) is not directly comparable with data collected through the jurisdiction-based data collection.

In 2013 there was an improvement to the methodology for assigning clinical or non-clinical job roles for those reporting 'other' to the corresponding survey question. There has been an increase in the proportion reported as working as clinicians, such that this should not be compared to the results for 2012. This increase seems to have been caused largely by a rewording of the survey form, resulting in fewer respondents selecting 'other' (AIHW 2014b).

Pharmacists 2013

Data has previously been published by AIHW based on jurisdictional based board registration and survey data. Data collected through the NRAS (2011 onwards) is not directly comparable with data collected through the jurisdiction-based data collection.

In 2013 there was an improvement to the methodology for assigning clinical or non-clinical job roles for those reporting 'other' to the corresponding survey question. There has been an increase in the proportion reported as working as clinicians, such that this should not be compared to the results for 2012. In the case of pharmacists, this is a result of recoding 'other' responses to 1 of the standard job roles (predominantly 'clinician'), based on further information provided by an additional free text field (AIHW 2014b).

Australian Aboriginal and Torres Strait Islander Health Survey

The 2012–13 Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS) included a sample of 12,000 Indigenous Australians for the core sample and sub-samples for various components of the survey such as voluntary biomedical data for adults. The AATSIHS sample was specifically designed to select a representative sample of Indigenous Australians and therefore overcome the problem inherent in most national surveys (that is, small and unrepresentative Indigenous samples).

Survey results are subject to sampling errors as only a small proportion of the population is used to produce estimates that represent the whole population. Non-sampling errors may occur where there is non-response to the survey or questions in the survey, misunderstanding of questions or errors in recording, coding or processing the survey. Information recorded in this survey is 'as reported' by respondents. Responses may be affected by imperfect recall or individual interpretation of survey questions. Any data that are self-reported are also likely to under-estimate circumstances about which the respondent is unaware, or may be reluctant to report (for example, certain health conditions, weight, drug use).

Selected non-Indigenous comparisons are available from the 2011–13 Australian Health Survey (AHS). The AHS was conducted in *Major cities, Regional and Remote areas*, but *Very remote areas* were excluded from the sample.

Further information on AATSIHS data quality issues can be found in the user guide for the survey (ABS 2013). Time series comparisons for some indicators are available from the

2004–05 NATSIHS, 2008 NATSISS, 2002 NATSISS, 2001 NHS and the 1994 National Aboriginal and Torres Strait Islander Survey (NATSIS).

Australian Health Survey

The Australian Health Survey (AHS) combines the existing ABS National Health Survey (NHS) and the National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) together with 2 new elements: a National Nutrition and Physical Activity Survey (NNPAS) and a National Health Measures Survey (NHMS).

For more information see:

- National Health Survey
<<http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4363.0.55.001Main+Features12011-13?OpenDocument>>.
- National Aboriginal and Torres Strait Islander Health Survey
<<http://www.abs.gov.au/ausstats/abs@.nsf/mf/4715.0/>>.
- National Nutrition and Physical Activity Survey
<<http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4364.0.55.007~2011-12~Main%20Features~About%20the%20National%20Nutrition%20and%20Physical%20Activity%20Survey~731>>.
- National Health Measures Survey
<<http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4364.0.55.005Chapter1102011-12>>.

List of symbols used in tables

..	not applicable
n.p.	not available for publication but included in totals where applicable, unless otherwise indicated
†	estimate has a relative standard error between 25% and 50% and should be used with caution
‡	estimate has a relative standard error greater than 50% and is considered too unreliable for general use

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References

- ABS (Australian Bureau of Statistics) 2013. Australian Aboriginal and Torres Strait Islander Health Survey: users' guide, 2012–13. ABS cat no. 4727.0.55.002. Canberra: ABS.
- AIHW (Australian Institute of Health and Welfare) 2011. Expenditure on health for Aboriginal and Torres Strait Islander people 2008–09. Health and welfare expenditure series no. 44. Cat. no. HWE 53. Canberra: AIHW.
- AIHW 2013a. Expenditure on health for Aboriginal and Torres Strait Islander people 2010–11. Health and welfare expenditure series no. 48. Cat. no. HWE 57. Canberra: AIHW.
- AIHW 2013b. Expenditure on health for Aboriginal and Torres Strait Islander people 2010–11: an analysis by remoteness and disease. Health and welfare expenditure series no. 49. Cat. no. HWE 58. Canberra: AIHW.
- AIHW 2013c. Allied health workforce 2012. National health workforce series no. 5. Cat. no. HWL 51. Canberra: AIHW.
- AIHW 2014a. National Health Workforce Data Set: medical practitioners 2013: National Health Workforce Data Set, 2013: Data Quality Statement. Viewed on 10 July 2015 <<http://meteor.aihw.gov.au/content/index.phtml/itemId/586763>>.
- AIHW 2014b. AIHW National Health Workforce Data Set 2013. Viewed on 10 July 2015 <<http://meteor.aihw.gov.au/content/index.phtml/itemId/596359>>.
- AIHW 2014c. National Health Workforce Data Set: nurses and midwives 2013: National Health Workforce Data Set, 2013: Data Quality Statement. Viewed on 10 July 2015 <<http://meteor.aihw.gov.au/content/index.phtml/itemId/586921>>.

Other related information

AIHW 2013. Allied health workforce 2012. National health workforce series 5. Cat. no. HWL 51. Canberra: AIHW.

AIHW 2013. Nursing and midwifery workforce 2012. National health workforce series no. 6. Cat. no. HWL 52. Canberra: AIHW.

AIHW 2014. Medical workforce 2012. National health workforce series no. 8. Cat. no. HWL 54. Canberra: AIHW.

AIHW 2014. Dental workforce 2012. National health workforce series no.7. Cat. no. HWL 53. Canberra: AIHW.

KPMG 2014. National Monitoring and Evaluation of the Indigenous Chronic Disease Package: Summary report 2009–2013. Canberra: Department of Health (Australian Government).

World Health Organization 2004. WHO Policy Perspectives on Medicines. Geneva: WHO.

3.16 Access to after-hours primary health care

This measure reports on access to and use of after-hours primary health care by Aboriginal and Torres Strait Islander people

Introduction

This is no. 62 of 68 measures in the *Aboriginal and Torres Strait Islander Health Performance Framework 2014 report: detailed analyses*. This report provides information on a range of measures of health status, determinants of health and the health system performance relating to Aboriginal and Torres Strait Islander people.

The Framework comprises 3 tiers:

Tier 1 – Health status and outcomes

Tier 2 – Determinants of health

Tier 3 – Health system performance.

The full report, including a comprehensive description of all data sources used in the report, and notes about the data quality is available from

<<http://www.aihw.gov.au/publication-detail/?id=60129550779>>.

Tables referenced are available from

<<http://www.aihw.gov.au/indigenous-data/health-performance-framework/>>.

Data sources

- Australian Aboriginal and Torres Strait Islander Health Survey
- Medicare data
- Bettering the Evaluation and Care of Health survey
- Online Services Report data collection
- National Non-admitted Patient Emergency Department Care Database.

For more information, see 'Data sources and quality' at the end of this measure.

Data analyses

See also 'Other related information' at the end of this measure.

The following data are presented for this measure:

- Access to a doctor after-hours and available services, see tables 3.16.1–5
- After-hours hospital access, see tables 3.16.6–11.

Access to a doctor after-hours

Current period

In the period from July 2012 to June 2013:

- An estimated 9% of Indigenous Australians living in *Non-remote* areas reported visiting a doctor/GP outside of normal business hours in the previous 12 months (Table 3.16.1).

In 2013–14:

- After adjusting for age, the rate of Medicare Benefit Schedule services claimed for after-hours care items was significantly lower for Indigenous Australians (318 per 1,000 population) than for non-Indigenous Australians (390 per 1,000 population).
- The gap between Indigenous and non-Indigenous Australians was 72 per 1,000 population. The gap was 26 per 1,000 population in *Non-remote* areas, but Indigenous Australians had a lead of 40 per 1,000 population in *Remote* areas (Table 3.16.3).
- Note that not all care delivered through Indigenous primary health care services can be claimed through Medicare.

In the period from April 2008–March 2009 to April 2012–March 2013:

- The rate of GP encounters with Indigenous Australians which were at practices with no after-hours arrangements was significantly higher than the rate for encounters with other Australians (134 per 1,000 compared with 28 per 1,000, respectively) (Table 3.16.4, Figure 3.16.1).

In 2012–13:

- 45% of Aboriginal and Torres Strait Islander primary health care services provided after-hours services. Of these, 53% provided emotional and social wellbeing/mental health services, 52% provided after-hours diagnosis and treatment of infectious disease/illness and 60% provided treatment of injury (Table 3.16.5).

After-hours hospital emergency department access

Data on services provided by emergency departments are limited to large public hospitals, mainly located in major cities.

Current period

In the period from July 2011 to June 2013:

- 59% of emergency department presentations by Indigenous Australians occurred after-hours compared with 56% of presentations by non-Indigenous Australians. The proportion of after-hours presentations that was on weekdays was 32% for Indigenous Australians and 29% for non-Indigenous Australians (Table 3.16.8).

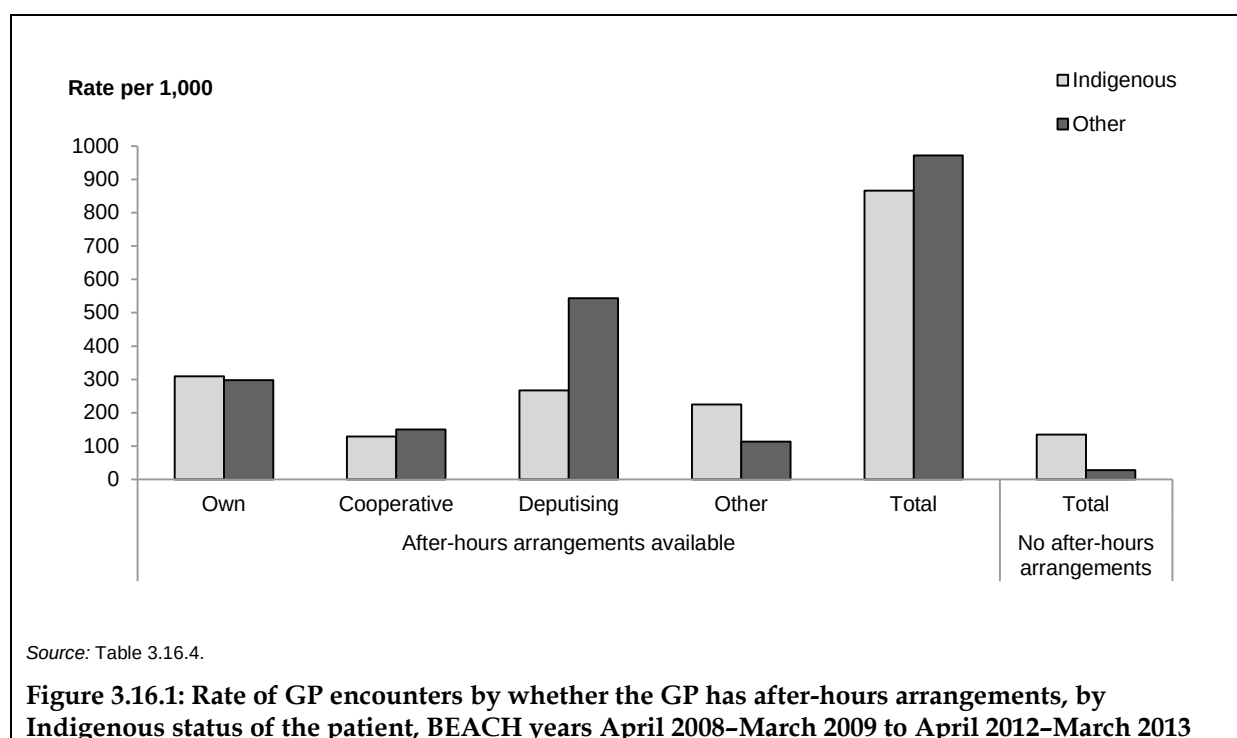


Table 3.16.1: Indigenous Australians reporting access to urgent and after-hours doctor/GP by sex, age and state/territory (*Non-remote*), 2012–13^(a)

	Whether any doctor visits were for urgent medical care ^(b)			Whether waiting time for urgent medical care was within 24 hours ^(c)			Whether saw doctor/GP outside normal business hours in last 12 months ^{(b)(d)}			Total
	Yes	No	Total	Yes	No	Total	Yes	No	Total	
	Per cent		Number	Per cent		Number	Per cent		Number	
Sex										
Males	10.5	89.1	250,215	91.2	8.8†	26,416	7.3	92.3	250,215	250,215
Females	12.1	87.6	252,076	90.6	9.4†	30,708	10.4	89.4	252,076	252,076
Age group										
0–14	11.3	88.5	184,163	94.3	5.7‡	20,772	9.5	90.3	184,163	184,163
15–24	11.1	88.8	101,985	96.9	3.1‡	11,348	6.6	93.0	101,985	101,985
25–34	10.7	89.3	65,835	87.2	12.7†	7,054	9.5	90.3	65,835	65,835
35–44	14.3	84.6	59,937	83.8	16.2†	8,653	8.2	91.3	59,937	59,937
45–54	8.5	90.9	46,550	77.6	22.4†	4,117	10.0	88.8	46,550	46,550
55+	11.8	87.7	43,820	91.6	8.4†	5,180	9.8	90.0	43,820	43,820
State/territory										
NSW	11.7	88.1	191,816	88.4	11.6†	22,673	8.5	91.0	191,816	191,816
Vic	12.0	88.0	45,749	87.4	12.6†	5,483	10.2	89.7	45,749	45,749
Qld	11.9	87.6	146,295	92.8	7.2†	17,340	8.7	91.1	146,295	146,295
WA	8.1	91.9	48,819	96.3	3.7‡	3,970	6.4	93.6	48,819	48,819
SA	11.3	88.2	29,484	93.1	6.9‡	3,336	13.3	85.4	29,484	29,484
Tas	11.2	88.2	22,904	93.1	6.9†	2,561	7.6	92.1	22,904	22,904
ACT	9.8	90.2	5,891	n.p.	n.p.	n.p.	10.1	89.9	5,891	5,891
NT	10.4	89.2	11,333	n.p.	n.p.	n.p.	12.7	87.3	11,333	11,333
Total	11.3	88.4	502,291	90.9	9.1	57,124	8.8	90.8	502,291	502,291

(continued)

Table 3.16.1 (continued): Indigenous Australians reporting access to urgent and after-hours doctor/GP by sex, age and state/territory (*Non-remote*), 2012–13^(a)

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

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

- (a) Doctor includes general practitioners and specialists such as surgeons, pathologists, gynaecologists, radiologists, psychiatrists etc. This item includes all consultations with a doctor in the reference period, regardless of the type of treatment/service provided.
- (b) Excludes consultations during a visit to a casualty/emergency ward or outpatient section at a hospital or during a stay in hospital, or during a visit to a day clinic.
- (c) Yes = those seen within 4 hours, 4+ hours but same day, and next day, but within 24 hours of needing. No = next day, outside of 24 hours of needing, responses with wait time of 2–5 days, 6+ days and don't know.
- (d) Normal business hours are from 8am to 8pm on weekdays and from 8am to 1pm on Saturday.

Note: Percentages calculated within rows. Estimates have been rounded and discrepancies may occur between sums of the component items and totals.

Source: ABS Australian Aboriginal and Torres Strait Islander Health Survey 2012–13 (2012–13 NATSIHS component).

Table 3.16.2: Indigenous Australians reporting access to urgent and after-hours doctor/GP by sex, age and state/territory (*Non-remote*), 2012–13^(a)

	Whether any doctor visits were for urgent medical care ^(b)			Whether waiting time for urgent medical care was within 24 hours ^(c)			Whether saw doctor/GP outside normal business hours in last 12 months ^{(b)(d)}			Total
	Yes	No	Total	Yes	No	Total	Yes	No	Total	
Sex										
Males	26,261	223,024	250,215	24,101	2,315†	26,416	18,141	230,827	250,215	250,215
Females	30,613	220,812	252,076	27,815	2,893†	30,708	26,285	225,340	252,076	252,076
Age group										
0–14	20,772	163,038	184,163	19,578	1,194‡	20,772	17,571	166,369	184,163	184,163
15–24	11,348	90,528	101,985	10,991	357‡	11,348	6,739	94,846	101,985	101,985
25–34	7,054	58,782	65,835	6,154	899†	7,054	6,253	59,444	65,835	65,835
35–44	8,559	50,722	59,937	7,251	1,403†	8,653	4,913	54,722	59,937	59,937
45–54	3,963	42,329	46,550	3,196	921†	4,117	4,662	41,351	46,550	46,550
55+	5,180	38,436	43,820	4,746	434†	5,180	4,288	39,435	43,820	43,820
State/territory										
NSW	22,424	168,939	191,816	20,054	2,619†	22,673	16,216	174,587	191,816	191,816
Vic	5,483	40,266	45,749	4,794	689†	5,483	4,656	41,055	45,749	45,749
Qld	17,340	128,162	146,295	16,091	1,249†	17,340	12,740	133,347	146,295	146,295
WA	3,970	44,849	48,819	3,824	145‡	3,970	3,122	45,697	48,819	48,819
SA	3,336	25,994	29,484	3,107	229‡	3,336‡	3,917	25,188	29,484	29,484
Tas	2,561	20,205	22,904	2,384	177†	2,561‡	1,740	21,101	22,904	22,904
ACT	577	5,314	5,891	554	n.p.	n.p.	597	5,294	5,891	5,891
NT	1,183	10,107	11,333	1,109	n.p.	n.p.	1,437	9,896	11,333	11,333
Total	56,875	443,836	502,291	51,916	5,208	57,124	44,426	456,167	502,291	502,291

(continued)

Table 3.16.2 (continued): Indigenous Australians reporting access to urgent and after-hours doctor/GP by sex, age and state/territory (*Non-remote*), 2012–13^(a)

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

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

- (a) Doctor includes general practitioners and specialists such as surgeons, pathologists, gynaecologists, radiologists, psychiatrists etc. This item includes all consultations with a doctor in the reference period, regardless of the type of treatment/service provided.
- (b) Excludes consultations during a visit to a casualty/emergency ward or outpatient section at a hospital or during a stay in hospital, or during a visit to a day clinic.
- (c) Yes = those seen within 4 hours, 4+ hours but same day, and next day, but within 24 hours of needing. No = next day, outside of 24 hours of needing, responses with wait time of 2–5 days, 6+ days and don't know.
- (d) Normal business hours are from 8am to 8pm on weekdays and from 8am to 1pm on Saturday.

Note: Estimates have been rounded and discrepancies may occur between sums of the component items and totals.

Source: ABS Australian Aboriginal and Torres Strait Islander Health Survey 2012–13 (2012–13 NATSIHS component).

Table 3.16.3: VII adjusted, MBS services claimed for after-hours care, by Indigenous status, remoteness, and state/territory, Australia, 2013–14^{(a)(b)(c)(d)}

	Indigenous services	Non-Indigenous services	Total services	Indigenous crude rate per 1,000	Non-Indigenous crude rate per 1,000	Indigenous age-std. ^(e) rate per 1,000	Non-Indigenous age-std. ^(e) rate per 1,000	Age-std. rate ratio ^(f)	Age-std. rate difference ^(g)
Remoteness Area									
Major cities	131,740	7,596,054	7,727,795	533	471	522	468	1.1*	53.4*
Inner regional	33,993	747,314	781,307	216	181	222	182	1.2*	39.7*
Outer regional	41,519	392,756	434,275	267	200	262	206	1.3*	56.2*
<i>Total non-remote</i>	<i>207,252</i>	<i>8,736,124</i>	<i>8,943,376</i>	<i>370</i>	<i>393</i>	<i>365</i>	<i>391</i>	<i>0.9*</i>	<i>–26.4*</i>
Remote	6,215	27,884	34,099	119	101	124	102	1.2*	22.2*
Very remote	12,477	7,973	20,450	133	67	138	72	1.9*	65.5*
<i>Total remote</i>	<i>18,692</i>	<i>35,857</i>	<i>54,549</i>	<i>128</i>	<i>91</i>	<i>133</i>	<i>93</i>	<i>1.4*</i>	<i>40.2*</i>
Unknown	2,078	96,298	98,376	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
State									
NSW	69,601	2,913,404	2,983,005	318	403	329	399	0.8*	–70.1*
VIC	23,330	2,871,605	2,894,935	463	501	448	498	0.9*	–50.0*
QLD	74,965	1,619,129	1,694,094	374	359	362	359	1.0*	3.0*
SA	26,504	720,963	747,467	673	439	639	439	1.5*	199.4*
WA	21,785	535,693	557,479	235	217	236	217	1.1*	18.6*
TAS	4,081	63,316	67,397	160	130	152	128	1.2*	24.6*
NT	5,996	45,885	51,882	84	270	77	269	0.3*	–191.8*
ACT	1,759	98,283	100,042	266	259	246	258	1.0	–11.4
Australia	228,022	8,868,279	9,096,301	323	392	318	390	0.8*	–71.8*

(continued)

Table 3.16.3 (continued): VII adjusted, MBS services claimed for after-hours care, by Indigenous status, remoteness, and state/territory, Australia, 2013–14^{(a)(b)(c)(d)}

* Represents results with statistically significant differences in the Indigenous/non-Indigenous comparisons at the $p < 0.05$ level.

- (a) Numbers and rates have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database.
- (b) MBS items for after-hours care: 597, 598, 599, 600, 5200–5267.
- (c) These data may double count after-hours care provided in selected emergency departments claiming Medicare through Section 19.2.
- (d) Totals in this table may differ from other Medicare tables in this publication because the data were extracted at different times.
- (e) Directly age-standardised using the 2001 Australian standard population, by 5-year age group up to 75+.
- (f) Rate ratio is the age-standardised rate for Indigenous Australians divided by the age-standardised rate for non-Indigenous Australians.
- (g) Rate difference is the rate for Indigenous Australians minus the rate for non-Indigenous Australians.

Source: Analysis of Medicare Data by AIHW and Medicare Benefit Division, Department of Health.

Table 3.16.4: GP encounters by whether the GP has after-hours arrangements, by Indigenous status, BEACH years April 2008–March 2009 to April 2012–March 2013^(a)

After-hours arrangements	Number		Crude rate (no. per 1,000 encounters)							
	Indig.	Other ^(b)	Indig.	95% LCL ^(c)	95% UCL ^(d)	Other ^(b)	95% LCL ^(c)	95% UCL ^(d)	Rate ratio ^(e)	Rate difference ^(f)
Practice does its own	2,239	143,661	309.6	253.2	366.1	297.9	285.0	310.7	1.0	11.8
Cooperative with other practices	930	72,070	128.6	89.7	167.5	149.4	139.4	159.5	0.9	–20.8
Deputising service	1,932	262,068	267.2*	212.9*	321.5*	543.4*	529.4*	557.4*	0.5*	–276.2*
Other arrangement ^(g)	1,622	54,878	224.3*	165.2*	283.4*	113.8*	104.9*	122.7*	2.0*	110.5*
<i>Total after-hours arrangements^(h)</i>	<i>6,262</i>	<i>468,638</i>	<i>866.0*</i>	<i>802.1*</i>	<i>929.9*</i>	<i>971.7*</i>	<i>967.1*</i>	<i>976.4*</i>	<i>0.9*</i>	<i>–105.7*</i>
No after-hours arrangements	969	13,631	134.0*	70.1*	197.9*	28.3*	23.6*	32.9*	4.7*	105.7*
Total encounters⁽ⁱ⁾	7,231	482,269	..	..	..	..	..	..	..	..

* Represents results with statistically significant differences in the Indigenous/non-Indigenous comparisons at the $p < 0.05$ level.

(a) Data from five combined BEACH years April 2008–March 2009 to April 2012–March 2013 inclusive.

(b) Other includes encounters with non-Indigenous patients and those with patients for whom Indigenous status was not stated.

(c) LCL = lower confidence interval.

(d) UCL = upper confidence interval.

(e) Rate ratio Indigenous:Other.

(f) Rate difference Indigenous rate minus Other (non-Indigenous) rate.

(g) Other arrangements also includes 'Referral to other services' which was removed as an option from April 2009 onwards.

(h) Subtotal is less than the sum of the components as GPs can have more than one type of after-hours arrangement.

(i) There were 2,100 encounters with after-hours arrangements missing (13 with Indigenous patients and 2,087 with Other patients).

Source: Analyses conducted by the Family Medicine Research Centre, University of Sydney, of BEACH data collected by that Centre.

Table 3.16.5: Number and proportion of Aboriginal and Torres Strait Islander primary health care services that provided care outside of normal operating hours, by type of service, 2012–13

Provider of after-hours services	No. services	Per cent ^(a)
Type of after-hours service^(b)		
Transport	65	69.9
Transmission/admission to hospital	n.a.	n.a.
Emotional and social wellbeing/mental health	49	52.7
Diagnosis and treatment of illness/disease	n.a.	n.a.
Diagnosis and treatment of chronic illness/disease	46	49.5
Diagnosis and treatment of infectious illness/disease	48	51.6
Treatment of injury	56	60.2
Antenatal/maternal care	n.a.	n.a.
Antenatal care	39	41.9
Maternal and child health care	21	22.6
Hospital inpatient/outpatient care	14	15.1
Care in police station/lock-up/prison	39	41.9
Other	7	7.5
<i>Provided after-hours services</i>	93	45.4
<i>Did not provide after-hours services^(c)</i>	112	54.6
Total primary health care services	205	100.0

(a) As services could give multiple responses, percentages do not add to 100%.

(b) Ninety-three of the 205 respondent Aboriginal and Torres Strait Islander primary health-care services provided information on the type of after-hours care their service provided. These percentages are calculated as a proportion of these 93 services.

(c) All of the 205 respondent Aboriginal and Torres Strait Islander primary health-care services provided information on whether they provided after-hours care.

Source: AIHW OSR data collection.

Table 3.16.6: Emergency department presentations, by time of day and Indigenous status, Australia, 2011–12 to 2012–13

Time	Number			Per cent		
	Indig.	Non-Indig.	Not stated	Indig.	Non-Indig.	Not stated
0:00	20,366	290,224	17,286	2.9	2.4	3.0
1:00	16,926	239,310	14,574	2.4	2.0	2.5
2:00	13,813	202,139	12,057	2.0	1.7	2.1
3:00	11,601	178,575	10,315	1.7	1.5	1.8
4:00	9,601	160,901	9,266	1.4	1.3	1.6
5:00	8,211	157,923	8,708	1.2	1.3	1.5
6:00	8,833	195,468	9,894	1.3	1.6	1.7
7:00	13,590	315,117	13,799	2.0	2.6	2.4
8:00	23,664	516,015	20,544	3.4	4.3	3.6
9:00	33,877	695,615	27,824	4.9	5.8	4.8
10:00	39,563	770,838	32,743	5.7	6.4	5.7
11:00	42,209	773,685	34,773	6.1	6.5	6.1
12:00	40,568	735,443	33,829	5.8	6.1	5.9
13:00	39,902	717,981	33,446	5.7	6.0	5.8
14:00	38,824	697,735	32,674	5.6	5.8	5.7
15:00	38,897	679,223	31,158	5.6	5.7	5.4
16:00	39,885	684,744	31,441	5.7	5.7	5.5
17:00	40,774	676,749	31,123	5.9	5.6	5.4
18:00	41,505	675,967	32,269	6.0	5.6	5.6
19:00	41,450	661,139	31,362	6.0	5.5	5.5
20:00	40,062	618,021	30,959	5.8	5.2	5.4
21:00	36,222	532,372	27,865	5.2	4.4	4.9
22:00	30,820	451,612	24,940	4.4	3.8	4.3
23:00	25,424	362,600	20,867	3.6	3.0	3.6
Total	696,587	11,989,396	573,716	100.0	100.0	100.0

Notes

1. As the scope of the NNAPEDCD is limited to public hospitals in peer groups A and B, most of the data relates to hospitals within major cities (though some states and territories also provided data for public hospitals that were classified in peer groups other than A or B). Consequently, the NNAPEDCD may not include areas where the proportion of Indigenous people (compared with other Australians) may be higher than average.
2. The coverage of the NNAPEDCD (for peer group A and B hospitals) was 100% and it provided detailed information for about 84% of all public hospital emergency occasions of service in 2011–12 and 85% in 2012–13.
3. The quality of the identification of Indigenous patients in the NNAPEDCD has not been assessed. Identification of Indigenous patients is not considered to be complete, and completeness may vary among the states and territories.

Source: AIHW analysis of National Non-admitted Patient Emergency Department Care Database.

Table 3.16.7: Emergency department presentations for triage categories 4 (semi-urgent) and 5 (non-urgent), by time of day and Indigenous status, Australia, 2011–12 to 2012–13

Time	Number			Per cent		
	Indig.	Non-Indig.	Not stated	Indig.	Non-Indig.	Not stated
0:00	10,656	139,449	8,085	2.6	2.1	2.8
1:00	8,536	112,333	6,631	2.1	1.7	2.3
2:00	6,782	92,931	5,445	1.6	1.4	1.9
3:00	5,770	81,476	4,508	1.4	1.2	1.5
4:00	4,707	72,586	4,036	1.1	1.1	1.4
5:00	4,008	72,636	3,871	1.0	1.1	1.3
6:00	4,761	98,350	4,550	1.2	1.5	1.6
7:00	8,488	189,875	7,818	2.1	2.9	2.7
8:00	16,066	334,132	12,160	3.9	5.1	4.2
9:00	23,137	438,161	15,804	5.6	6.7	5.4
10:00	26,038	461,980	18,000	6.3	7.0	6.2
11:00	26,911	443,867	18,250	6.5	6.7	6.2
12:00	24,893	407,238	17,228	6.0	6.2	5.9
13:00	24,286	396,466	17,119	5.9	6.0	5.9
14:00	23,206	387,041	16,735	5.6	5.9	5.7
15:00	23,436	378,364	15,853	5.7	5.7	5.4
16:00	23,516	377,579	15,959	5.7	5.7	5.5
17:00	24,100	368,641	15,619	5.9	5.6	5.3
18:00	24,285	363,384	16,047	5.9	5.5	5.5
19:00	24,228	356,072	16,055	5.9	5.4	5.5
20:00	22,891	325,718	15,720	5.6	4.9	5.4
21:00	20,495	275,594	14,159	5.0	4.2	4.8
22:00	16,999	228,486	12,223	4.1	3.5	4.2
23:00	13,742	179,377	10,139	3.3	2.7	3.5
Total	411,937	6,581,736	292,014	100.0	100.0	100.0

Notes

1. As the scope of the NNAPEDCD is limited to public hospitals in peer groups A and B, most of the data relates to hospitals within major cities (though some states and territories also provided data for public hospitals that were classified in peer groups other than A or B). Consequently, the NNAPEDCD may not include areas where the proportion of Indigenous people (compared with other Australians) may be higher than average.
2. The coverage of the NNAPEDCD (for peer group A and B hospitals) was 100% and it provided detailed information for about 84% of all public hospital emergency occasions of service in 2011–12 and 85% in 2012–13.
3. The quality of the identification of Indigenous patients in the NNAPEDCD has not been assessed. Identification of Indigenous patients is not considered to be complete, and completeness may vary among the states and territories.

Source: AIHW analysis of National Non-admitted Patient Emergency Department Care Database.

Table 3.16.8: Emergency department presentations after-hours^(a), by Indigenous status, 2011–12 to 2012–13

Time of presentation	Number				Per cent			
	Indig.	Non-Indig.	Not stated	Total	Indig.	Non-Indig.	Not stated	Total
On Sunday	102,270	1,842,576	88,876	2,033,722	14.7	15.4	15.5	15.3
Before 8am or after 12pm on Saturday	82,045	1,345,650	67,595	1,495,290	11.8	11.2	11.8	11.3
After-hours weekday	224,391	3,530,795	182,689	3,937,875	32.2	29.4	31.8	29.7
<i>Total after-hours</i>	<i>408,706</i>	<i>6,719,021</i>	<i>339,160</i>	<i>7,466,887</i>	<i>58.7</i>	<i>56.0</i>	<i>59.1</i>	<i>56.3</i>
Between 8am and 12pm on Saturday	18,537	374,513	15,672	408,722	2.7	3.1	2.7	3.1
Between 8am and 6pm weekdays	269,344	4,895,862	218,884	5,384,090	38.7	40.8	38.2	40.6
<i>Not after-hours</i>	<i>287,881</i>	<i>5,270,375</i>	<i>234,556</i>	<i>5,792,812</i>	<i>41.3</i>	<i>44.0</i>	<i>40.9</i>	<i>43.7</i>
Total	696,587	11,989,396	573,716	13,259,699	100.0	100.0	100.0	100.0

(a) After-hours is defined by the MBS definition for GP services (excluding consideration of public holidays): on Sunday, before 8am or after 12pm on a Saturday, or at any time other than 8am to 6pm on a weekday.

Notes

1. As the scope of the NNAPEDCD is limited to public hospitals in peer groups A and B, most of the data relates to hospitals within major cities (though some states and territories also provided data for public hospitals that were classified in peer groups other than A or B). Consequently, the NNAPEDCD may not include areas where the proportion of Indigenous people (compared with other Australians) may be higher than average.
2. The coverage of the NNAPEDCD (for peer group A and B hospitals) was 100% and it provided detailed information for about 84% of all public hospital emergency occasions of service in 2011–12 and 85% in 2012–13.
3. The quality of the identification of Indigenous patients in the NNAPEDCD has not been assessed. Identification of Indigenous patients is not considered to be complete, and completeness may vary among the states and territories.

Source: AIHW analysis of National Non-admitted Patient Emergency Department Care Database.

Table 3.16.9: Emergency department presentations after-hours^(a) for triage categories 4 (semi-urgent) and 5 (non-urgent), by Indigenous status, 2011–12 to 2012–13

Time of presentation	Number				Per cent			
	Indig.	Non-Indig.	Not stated	Total	Indig.	Non-Indig.	Not stated	Total
On Sunday	61,939	1,048,984	47,637	1,158,560	15.0	15.9	16.3	15.9
Before 8am or after 12pm on Saturday	47,612	727,496	34,529	809,637	11.6	11.1	11.8	11.1
After-hours weekday	124,319	1,805,777	89,145	2,019,241	30.2	27.4	30.5	27.7
<i>Total after-hours</i>	<i>233,870</i>	<i>3,582,257</i>	<i>171,311</i>	<i>3,987,438</i>	<i>56.8</i>	<i>54.4</i>	<i>58.7</i>	<i>54.7</i>
Between 8am and 12pm on Saturday	12,393	231,723	8,927	253,043	3.0	3.5	3.1	3.5
Between 8am and 6pm weekdays	165,674	2,767,756	111,776	3,045,206	40.2	42.1	38.3	41.8
<i>Not after-hours</i>	<i>178,067</i>	<i>2,999,479</i>	<i>120,703</i>	<i>3,298,249</i>	<i>43.2</i>	<i>45.6</i>	<i>41.3</i>	<i>45.3</i>
Total	411,937	6,581,736	292,014	7,285,687	100.0	100.0	100.0	100.0

(a) After-hours is defined by the MBS definition for GP services (excluding consideration of public holidays): on Sunday, before 8am or after 12pm on a Saturday, or at any time other than 8am to 6pm on a weekday.

Notes

1. As the scope of the NNAPEDCD is limited to public hospitals in peer groups A and B, most of the data relates to hospitals within major cities (though some states and territories also provided data for public hospitals that were classified in peer groups other than A or B). Consequently, the NNAPEDCD may not include areas where the proportion of Indigenous people (compared with other Australians) may be higher than average.
2. The coverage of the NNAPEDCD (for peer group A and B hospitals) was 100% and it provided detailed information for about 84% of all public hospital emergency occasions of service in 2011–12 and 85% in 2012–13.
3. The quality of the identification of Indigenous patients in the NNAPEDCD has not been assessed. Identification of Indigenous patients is not considered to be complete, and completeness may vary among the states and territories.

Source: AIHW analysis of National Non-admitted Patient Emergency Department Care Database.

Table 3.16.10: Emergency department presentations, by after-hour status^(a), Indigenous status of the patient and state/territory, 2011–12 to 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
After-hours presentations	Number								
Indigenous	120,032	25,861	86,129	66,243	24,576	7,123	3,424	75,318	408,706
Non-Indigenous	2,175,762	1,674,796	1,297,943	750,261	464,682	146,494	127,274	81,809	6,719,021
Not stated	277,093	11,482	18,876	3,981	23,064	2,851	1,689	124	339,160
Total	2,572,887	1,712,139	1,402,948	820,485	512,322	156,468	132,387	157,251	7,466,887
Total emergency department presentations	Number								
Indigenous	203,744	43,997	151,535	114,146	37,405	12,760	5,908	127,092	696,587
Non-Indigenous	3,840,593	2,974,520	2,338,709	1,365,976	807,386	270,786	228,364	163,062	11,989,396
Not stated	469,709	19,157	32,436	6,481	37,440	5,218	3,055	220	573,716
Total	4,514,046	3,037,674	2,522,680	1,486,603	882,231	288,764	237,327	290,374	13,259,699
Proportion of after-hours presentations out of all presentations to ED									
Indigenous	58.9	58.8	56.8	58.0	65.7	55.8	58.0	59.3	58.7
Non-Indigenous	56.7	56.3	55.5	54.9	57.6	54.1	55.7	50.2	56.0
Not stated	59.0	59.9	58.2	61.4	61.6	54.6	55.3	56.4	59.1
Total	57.0	56.4	55.6	55.2	58.1	54.2	55.8	54.2	56.3

(a) After-hours is defined by the MBS definition for GP services (excluding consideration of public holidays): on Sunday, before 8am or after 12pm on a Saturday, or at any time other than 8am to 6pm on a weekday.

Notes

1. As the scope of the NNAPEDCD is limited to public hospitals in peer groups A and B, most of the data relates to hospitals within major cities (though some states and territories also provided data for public hospitals that were classified in peer groups other than A or B). Consequently, the NNAPEDCD may not include areas where the proportion of Indigenous people (compared with other Australians) may be higher than average.
2. The coverage of the NNAPEDCD (for peer group A and B hospitals) was 100% and it provided detailed information for about 84% of all public hospital emergency occasions of service in 2011–12 and 85% in 2012–13.
3. The quality of the identification of Indigenous patients in the NNAPEDCD has not been assessed. Identification of Indigenous patients is not considered to be complete, and completeness may vary among the states and territories.

Source: AIHW analysis of National Non-admitted Patient Emergency Department Care Database.

Table 3.16.11: Emergency department presentations for triage categories 4 (semi-urgent) and 5 (non-urgent), by after-hour status^(a), by Indigenous status and state/territory, 2011–12 to 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
After-hours presentations	Number								
Indigenous	74,165	15,049	39,836	38,097	14,019	4,225	1,855	46,624	233,870
Non-Indigenous	1,248,289	928,357	575,360	397,653	232,031	82,689	68,608	49,270	3,582,257
Not stated	146,464	4,680	6,048	1,819	9,804	1,612	821	63	171,311
Total	1,468,918	948,086	621,244	437,569	255,854	88,526	71,284	95,957	3,987,438
Total emergency department presentations	Number								
Indigenous	127,979	26,473	75,188	68,688	21,164	7,805	3,305	81,335	411,937
Non-Indigenous	2,246,242	1,706,124	1,077,221	754,923	408,931	158,003	125,814	104,478	6,581,736
Not stated	248,865	8,364	10,799	3,094	16,205	3,061	1,495	131	292,014
Total	2,623,086	1,740,961	1,163,208	826,705	446,300	168,869	130,614	185,944	7,285,687
Proportion of after-hours presentations out of all presentations to ED									
Indigenous	58.0	56.8	53.0	55.5	66.2	54.1	56.1	57.3	56.8
Non-Indigenous	55.6	54.4	53.4	52.7	56.7	52.3	54.5	47.2	54.4
Not stated	58.9	56.0	56.0	58.8	60.5	52.7	54.9	48.1	58.7
Total	56.0	54.5	53.4	52.9	57.3	52.4	54.6	51.6	54.7

(a) After-hours is defined by the MBS definition for GP services (excluding consideration of public holidays): on Sunday, before 8am or after 12pm on a Saturday, or at any time other than 8am to 6pm on a weekday.

Notes

1. As the scope of the NNAPEDCD is limited to public hospitals in peer groups A and B, most of the data relates to hospitals within major cities (though some states and territories also provided data for public hospitals that were classified in peer groups other than A or B). Consequently, the NNAPEDCD may not include areas where the proportion of Indigenous people (compared with other Australians) may be higher than average.
2. The coverage of the NNAPEDCD (for peer group A and B hospitals) was 100% and it provided detailed information for about 84% of all public hospital emergency occasions of service in 2011–12 and 85% in 2012–13.
3. The quality of the identification of Indigenous patients in the NNAPEDCD has not been assessed. Identification of Indigenous patients is not considered to be complete, and completeness may vary among the states and territories.

Source: AIHW analysis of National Non-admitted Patient Emergency Department Care Database.

Data sources and quality

Bettering the Evaluation and Care of Health survey

The Bettering the Evaluation and Care of Health (BEACH) survey collects information about encounters with general practitioners (GPs), including: GP and patient characteristics; patient reasons for the visit; problems managed; and treatments provided. The survey has been conducted annually since April 1998. Information is collected from a random sample of approximately 1,000 GPs from across Australia each year. Each participating GP provides details of 100 consecutive patient encounters. Although the questionnaire contains an Indigenous identifier, it is unknown whether all GPs ask their patients this question.

In a sub-study of approximately 9,000 patients, Supplementary Analysis of Nominated Data, it was found that if the question on Indigenous status was asked within the context of a series of questions about origin and cultural background, 1.3% identified as Aboriginal and Torres Strait Islander. This is twice the rate routinely recorded in BEACH, indicating that BEACH may under-estimate the number of encounters with Indigenous Australians.

Under the National Indigenous Reform Agreement, governments have agreed to the implementation of *National best practice guidelines for collecting Indigenous status in health data sets* (AIHW 2010), which include recommended strategies for local service providers such as GPs and practice nurses to improve Indigenous identification data. General practices and Aboriginal and Torres Strait Islander health services that meet accreditation requirements are eligible for financial incentives when they do the following activities: sign on to the Practice Incentives Program – Indigenous Health Incentive (PIP IHI); obtain consent from their Indigenous clients to be registered for chronic disease management through the IHI; and provide a targeted level of care for each registered patient. Participation in the PIP IHI also provides eligibility for other initiatives under Medicare.

A Voluntary Indigenous Identifier was introduced into the Medicare database from November 2002. By July 2014, 415,730 people had identified as Aboriginal, Torres Strait Islander, or both.

Online Services Report data collection

The OSR collects organisation-level information from Aboriginal and Torres Strait Islander health organisations that received Australian Government funding in 2012–13.

Data were collected using a web-based reporting tool designed specifically to capture information on inputs and health processes at primary health-care organisations funded to deliver care to Indigenous Australians.

AIHW examined all data submissions to identify missing data and data quality issues. The most common data quality issues were inaccurate recording (for example, staff were reported in terms of their total number rather than in full-time equivalent positions), and discrepancies between 2 or more questions (for example, the number of clients exceeded the number of episodes of care).

Where needed, AIHW staff contacted the relevant health organisation to follow up on data quality issues and to request additional or corrected data. The AIHW detected at least 1 issue for follow-up in around 239 (92%) of organisations. Of these, 207 (87%) resubmitted data. Data with remaining significant quality issues were excluded from national analyses.

From 2012–13 a new online questionnaire started. Major questions (for example, around episodes of care, clients and contacts) remained the same. Some other questions were revised or restructured.

For more information see

<<http://meteor.aihw.gov.au/content/index.phtml/itemId/561251>>.

Medicare data

Standard Indigenous status question

Medicare seeks Indigenous status information in its enrolment forms, including the general enrolment application form and the Aboriginal and Torres Strait Islander Medicare enrolment form. These forms include the national standard Indigenous identification question. Indigenous Australians can also complete a specific Voluntary Indigenous Identification form. Indigenous status information is held in Medicare records as the Voluntary Indigenous Identifier (VII).

Under-identification

The coverage of Indigenous Australians in the VII database is not complete. There were around 415,730 people who had identified as Aboriginal and/or Torres Strait Islander in this database at June 2014; around 58% of the estimated Indigenous population. There has been a rapid expansion in the number of enrollees who identified as Indigenous, from 47,200 people in August 2004.

Readers should note the following caveats to the Medicare Voluntary Indigenous Identifier (VII) adjustment methodology:

- Estimates generated by the adjustment methodology for a given period will vary according to the point in time at which they are calculated, as the adjustment factors will be updated regularly to account for the ongoing change in the population coverage of the VII sample.
- There are inherent uncertainties in the current ABS Indigenous population estimates, and they are therefore described by the ABS as ‘experimental estimates and projections’. The ABS Indigenous population estimates after 2011 are experimental projections, based on a number of assumptions about future levels of fertility, mortality and migration. The projections are not predictions or forecasts, but are illustrations of the growth and change in population that would occur if these assumptions were to prevail over the projection period. There can be no certainty that any particular outcome will be realised, or that future outcomes will necessarily fall within the projected ranges.
- The propensity to identify as Indigenous is influenced by numerous factors including the context, how the question is asked and by whom, motivations of the individual and perceived uses of the data in question. For example, it is possible that there are some Indigenous Australians who are registered with the VII but who do not identify as Indigenous for the purposes of the Census, or vice versa.
- PBS and MBS data do not give a comprehensive picture of actual service delivery for Indigenous Australians, as some service delivery (especially in *Remote* areas) is not part of these systems. For example, s.100 medication delivery in *Remote* locations takes place outside of, and is not recorded by, the PBS. Likewise state and territory primary health care providers are generally not eligible to bill Medicare.

- In some areas, particularly *Remote and very remote* areas, there is a portion of the Indigenous population that does not ever use the Medicare system. It is therefore possible that the adjustment methodology could overestimate Medicare use by the Indigenous population.
- As participation in the VII sample is voluntary, 100% coverage is unlikely. There could be biases in the data that are not addressed by the adjustment methodology.

National Non-admitted Patient Emergency Department Care Database

The NNAPEDCD is a national collection of de-identified data on emergency department episodes based on the Non-admitted Emergency Department Care National Minimum Data Set. The non-admitted patient emergency department care data are required to be reported for public hospitals categorised as peer group A (principal referral hospitals or specialist women's and children's hospitals) or B (large hospitals) in the previous year's *Australian hospital statistics* report. In addition, data are provided for some other hospitals by some states and territories.

For 2012–13, all states and territories provided episode-level data to the NNAPEDCD for all public hospitals in peer groups A and B that had emergency departments (that is 100% of hospitals that were required to report episode-level data). Data excludes patients who were admitted or arrived at the hospital by ambulance.

Indigenous status question

This data set includes the standard Indigenous status question.

Under-identification

Identification of Indigenous patients in the NNAPEDCD is not considered to be complete. The quality of the data provided for Indigenous status in 2012–13 for emergency department presentations varied by jurisdiction and have not been formally addressed. It is recommended that these data should be interpreted with caution.

For more information see

<http://meteor.aihw.gov.au/content/index.phtml/itemId/497269>.

Australian Aboriginal and Torres Strait Islander Health Survey

The 2012–13 Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS) included a sample of 12,000 Indigenous Australians for the core sample and sub-samples for various components of the survey such as voluntary biomedical data for adults. The AATSIHS sample was specifically designed to select a representative sample of Indigenous Australians and therefore overcome the problem inherent in most national surveys (that is, small and unrepresentative Indigenous samples).

Survey results are subject to sampling errors as only a small proportion of the population is used to produce estimates that represent the whole population. Non-sampling errors may occur where there is non-response to the survey or questions in the survey, misunderstanding of questions or errors in recording, coding or processing the survey. Information recorded in this survey is 'as reported' by respondents. Responses may be affected by imperfect recall or individual interpretation of survey questions. Any data that are self-reported are also likely to under-estimate circumstances about which the respondent

is unaware, or may be reluctant to report (for example, certain health conditions, weight, drug use).

Selected non-Indigenous comparisons are available from the 2011–13 Australian Health Survey (AHS). The AHS was conducted in *Major cities, Regional and Remote areas*, but *Very remote* areas were excluded from the sample.

Further information on AATSIHS data quality issues can be found in the user guide for the survey (ABS 2013). Time series comparisons for some indicators are available from the 2004–05 NATSIHS, 2008 NATSISS, 2002 NATSISS, 2001 NHS and the 1994 National Aboriginal and Torres Strait Islander Survey (NATSIS).

Australian Health Survey

The Australian Health Survey (AHS) combines the existing ABS National Health Survey (NHS) and the National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) together with 2 new elements: a National Nutrition and Physical Activity Survey (NNPAS) and a National Health Measures Survey (NHMS).

For more information see:

- National Health Survey
<<http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4363.0.55.001Main+Features12011-13?OpenDocument>>.
- National Aboriginal and Torres Strait Islander Health Survey
<<http://www.abs.gov.au/ausstats/abs@.nsf/mf/4715.0/>>.
- National Nutrition and Physical Activity Survey
<<http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4364.0.55.007~2011-12~Main%20Features~About%20the%20National%20Nutrition%20and%20Physical%20Activity%20Survey~731>>.
- National Health Measures Survey
<<http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4364.0.55.005Chapter1102011-12>>.

List of symbols used in tables

- n.a. not available
- .. not applicable
- n.p. not available for publication but included in totals where applicable, unless otherwise indicated
- * represents results with statistically significant differences at the $p < 0.05$ level, between the categories specified in table footnotes
- † estimate has a relative standard error between 25% and 50% and should be used with caution
- ‡ estimate has a relative standard error greater than 50% and is considered too unreliable for general use

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References

ABS (Australian Bureau of Statistics) 2013. Australian Aboriginal and Torres Strait Islander Health Survey: users' guide, 2012–13. ABS cat. no. 4727.0.55.002. Canberra: ABS.

AIHW (Australian Institute of Health and Welfare) 2010. National best practice guidelines for collecting Indigenous status in health data sets. Cat. no. IHW 29. Canberra: AIHW.

Other related information

AIHW 2014. Access to primary health care relative to need for Indigenous Australians. Cat. no. IHW 128. Canberra: AIHW.

The cover of the report features a red background with a white and yellow geometric pattern on the left side. The title is in white text on the right.

Aboriginal and Torres Strait Islander Health Performance Framework 2014 report

Measure 63 of 68

Detailed analyses

3.17 Regular GP or health service

This measure reports on the number and proportion of Aboriginal and Torres Strait Islander people who have a regular general practitioner (GP) or health service

Introduction

This is no. 63 of 68 measures in the *Aboriginal and Torres Strait Islander Health Performance Framework 2014 report: detailed analyses*. This report provides information on a range of measures of health status, determinants of health and the health system performance relating to Aboriginal and Torres Strait Islander people.

The Framework comprises 3 tiers:

Tier 1 – Health status and outcomes

Tier 2 – Determinants of health

Tier 3 – Health system performance.

The full report, including a comprehensive description of all data sources used in the report, and notes about the data quality is available from

<<http://www.aihw.gov.au/publication-detail/?id=60129550779>>.

Tables referenced are available from

<<http://www.aihw.gov.au/indigenous-data/health-performance-framework/>>.

Data sources

- Australian Aboriginal and Torres Strait Islander Health Survey
- National Aboriginal and Torres Strait Islander Social Survey.

For more information, see 'Data sources and quality' at the end of this measure.

Data analyses

For more information related to regular GP or health service, see measure 3.07, 3.08 and 3.13. See also 'Other related information' at the end of this measure.

The following data are presented for this measure:

- Usual, preferred and available doctor or health service, see tables 3.17.1–11
- Patient experience, see tables 3.08.1 and 3.08.3.

Usual doctor or health service

Current period

In 2012–13:

- 86% of Indigenous Australians had a usual place to go for health problems and advice, with similar proportions in *Non-remote* (86%) and *Remote* areas (88%). Indigenous Australians usually visited a doctor for health problems and advice (54%), followed by AMS (17%), community clinics (10%) and hospitals (5%) (Table 3.17.2).
- The use of doctors/GPs by Indigenous Australians was highest in *Major cities* and lowest in *Very remote* areas (81% and 8% respectively). The opposite was true for AMS or community clinics, where use by Indigenous Australians increased with remoteness, from 16% in *Major cities* to 73% in *Very remote* areas (Table 3.17.2, Figure 3.17.1).
- An estimated 53% of Indigenous Australians reported that they would prefer to go to a doctor/GP for health problems and advice, 26% to an AMS and 9% to a community clinic (Table 3.17.1).
- The proportion of Indigenous Australians who preferred to go to a doctor/GP was higher in *Major cities* (68%) than in *Very remote* areas (10%). The proportion of Indigenous Australians who preferred to go to an AMS or community clinic was higher in *Very remote* areas (50%) than in *Major cities* (2%) (Table 3.17.2).

Availability of health services

Current period

In 2012–13:

- An estimated 95% of Indigenous Australians living in *Major cities* reported that a doctor/GP was locally available, compared with 31% in *Very remote* areas.
- Aboriginal Medical Services (AMS) were reported as being locally available by 61% of Indigenous Australians living in *Outer regional* areas and 26% of those living in *Very remote* areas.

- An estimated 77% of Indigenous Australians living in *Very remote* areas reported that community clinics were available, compared to 33% of those living in *Major cities* (Table 3.17.2).

Patient experience

Current period

In 2012–13:

- Indigenous Australians with a regular GP reported higher rates of satisfaction with health care received in the last 12 months than those with no usual GP/medical service (73% reporting excellent/very good compared with 61% respectively) (Table 3.08.8).
- 16% of Indigenous Australians reported being treated badly in the previous 12 months because of their Indigenous status. Of those, 20% reported being unfairly treated by doctors, nurses or other staff in hospitals or doctors' surgeries (Table 3.08.1).

In 2008:

- 80% of Indigenous Australians aged 15 and over agreed or strongly agreed with the statement, 'Your doctor can be trusted' (Table 3.13.8).

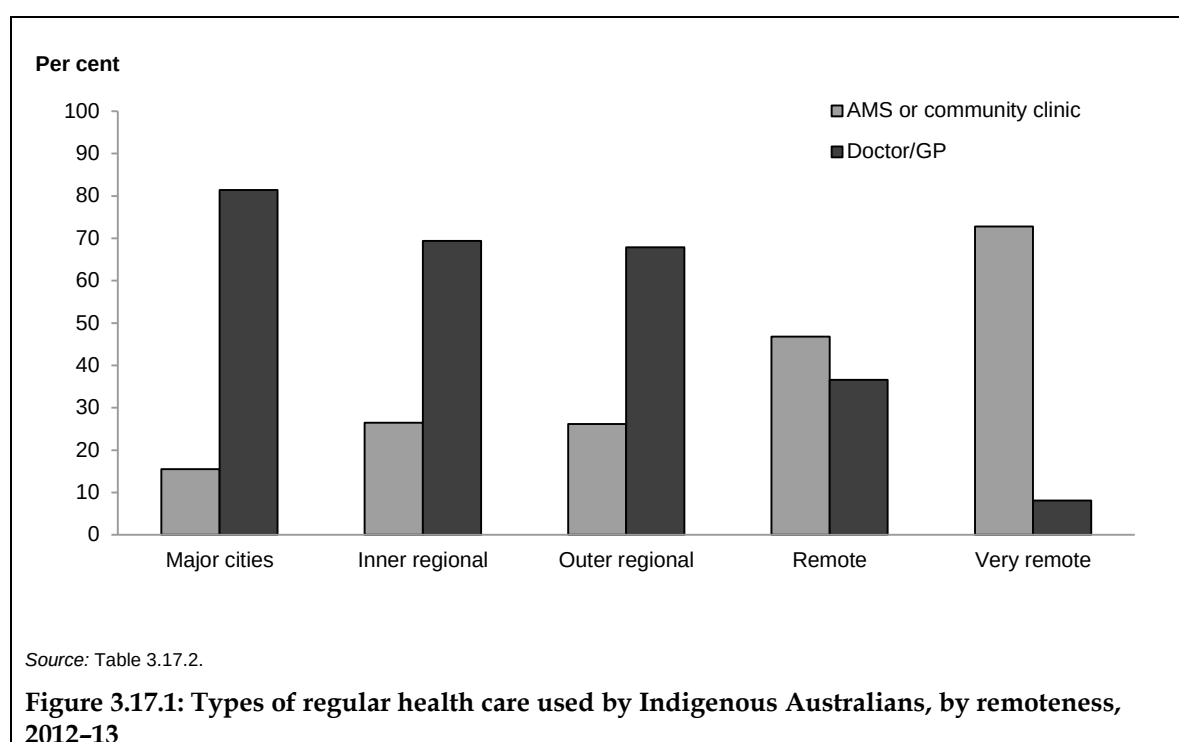


Table 3.17.1: Types of regular health care used by Indigenous Australians, by state and territory, 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
	Per cent								
Whether has a usual place to go for health problems/advice									
Yes	84.6	88.2	86.7	88.4	89.1	87.1	86.0	86.4	86.5
No	15.4	11.8	13.3	11.6	10.9	12.9	14.0	13.6	13.5
Total^(a)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Where usually go for health problems/advice (for people who had a usual place to go for health care)^(b)									
Aboriginal Medical Service	20.1	18.2*	17.7*	28.8	16.9*	9.8*	18.8†	16.8*	19.5*
Community clinic	2.4†*	4.4	6.4	9.9†	9.4†	7.0†	3.7†	62.7*	11.3
AMS and community clinic	22.6*	22.5*	24.0*	38.7	26.3*	16.8*	22.5*	79.5*	30.8
Hospital	3.1*	1.9†*	11.3	11.7†	2.8†*	1.4†*	n.p.	3.1†*	6.3
Doctor/GP ^(c)	74.0*	74.6*	64.1*	47.3	69.3*	81.1*	76.6*	16.5*	62.0*
Other health care incl. traditional healer	0.4†*	0.9†	0.6†*	2.4†	1.5†	0.6†	n.p.	1.0†	0.9
Total (with usual place to go for health problems/advice)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total number^{(a)(d)}	169,520	40,370	155,808	71,850	31,576	20,572	5,069	55,450	550,215
Where usually go for health problems/advice (for all people)^(e)									
Doctor/GP ^(c)	62.6*	65.8*	55.6*	41.8	61.7*	70.6*	65.9*	14.3*	53.6*
Aboriginal Medical Service	17.0*	16.1*	15.3*	25.5	15.1*	8.5*	16.2†*	14.5*	16.9*
Community clinic	2.0†*	3.9	5.5	8.8†	8.4†	6.1†	3.2†*	54.2*	9.8
AMS and community clinic ^(f)	19.1	19.8	20.8	34.2	23.4	14.6	19.4	68.7	26.6
Hospital	2.6*	1.7†*	9.8	10.3†	2.5†*	1.2†*	n.p.	2.7†	5.4*
Other health care incl. traditional healer ^(f)	0.3	0.8	0.5	2.1	1.3	0.5	n.p.	0.9	0.8
<i>Total with regular source of health care</i>	<i>84.6</i>	<i>88.2</i>	<i>86.7</i>	<i>88.4</i>	<i>89.1</i>	<i>87.1</i>	<i>86.0</i>	<i>86.4</i>	<i>86.5</i>

(continued)

Table 3.17.1 (continued): Types of regular health care used by Indigenous Australians, by state and territory, 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
	Per cent								
No regular source of health care	15.4	11.8	13.3	11.6	10.9	12.9	14.0	13.6	13.5
Total^(a)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Services available in local area^(g)									
Aboriginal Medical Service	50.1	48.3	52.3	53.8	52.8	26.3	41.6	31.6	48.4
Community clinic	44.9	52.1	27.0	33.7	44.4	36.7	35.7	75.4	41.6
Hospital	80.5	77.4	72.4	66.0	82.2	61.0	83.5	33.6	70.8
Doctor/GP (other than AMS or hospital)	93.1	95.0	81.1	79.7	88.4	87.7	93.2	42.7	82.6
Other health care incl. traditional healer	4.6	8.8	10.6	11.5	14.1	3.9	6.8†	17.5†	9.3
No services available	0.4‡	0.7‡	3.0†	0.2‡	0.4‡	2.5†	n.p.	n.p.	1.2†
Where would like to go									
Aboriginal Medical Service	31.7	23.9	23.7	29.0	23.4	17.6	27.6	19.4	26.3
Community clinic	1.8†	4.1	4.9	5.9†	7.8†	7.5†	3.2†	53.9	9.2
AMS and community clinic	33.5	28.0	28.6	35.0	31.2	25.1	30.8	73.3	35.5
Hospital	4.0†	5.5	16.9	13.8	7.0	6.3	3.8†	7.1	9.6
Doctor/GP (other than AMS or hospital)	61.4	64.2	52.7	49.1	58.5	65.5	63.2	17.9	53.2
Other health care incl. traditional healer	1.1†	2.3	1.7	2.1	3.4	3.1†	2.2†	1.7†	1.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total number	200,874	45,749	180,521	81,545	35,516	23,673	5,891	64,555	638,324

(continued)

Table 3.17.1 (continued): Types of regular health care used by Indigenous Australians, by state and territory, 2012–13

* Represents statistically significant differences at the $p < 0.05$ level. Only 'Where usually go for health problems/advice' sections were tested, with WA as the reference.

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

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

(a) Total excludes 'don't know'.

(b) Calculated as proportion of those who reported having a usual place to go for health care.

(c) Of Aboriginal and Torres Strait Islander persons reporting they usually go to a doctor or GP when they were sick or needed health advice, 3.4% (11,546) persons reported that they saw a doctor in an Aboriginal Medical Service.

(d) Total excludes 'No usual place'.

(e) Calculated as a proportion of total respondents, excluding 'don't know'.

(f) This row not assessed for RSE or significant differences.

(g) Multiple response item; sum of components may exceed total.

Notes

1. Percentages calculated within columns. Estimates have been rounded and discrepancies may occur between sums of the component items and totals.

2. Data excludes 'not stated' responses.

Source: ABS Australian Aboriginal and Torres Strait Islander Health Survey 2012–13 (2012–13 NATSIHS component).

Table 3.17.2: Types of regular health care used by Indigenous Australians, by remoteness, 2012–13

	Major cities	Inner regional	Outer regional	Total non-remote	Remote	Very remote	Total remote	Australia
	Per cent							
Whether has a usual place to go for health problems/advice								
Yes	83.8	87.4	88.5*	86.1	83.6	90.3*	87.9*	86.5
No	16.2	12.6	11.5*	13.9	16.4	9.7*	12.1*	13.5
Total^(a)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Where usually go for health problems/advice^(b)								
Aboriginal Medical Service	13.7	24.1*	23.3*	19.3*	34.5*	12.7†	20.1*	19.5*
Community clinic	1.8	2.4†	2.9†	2.3	12.3†*	60.2*	43.9*	11.3*
AMS and community clinic	15.5	26.5*	26.2*	21.7*	46.8*	72.8*	64.0*	30.8*
Hospital	2.2	3.3†	5.2*	3.4	15.5*	18.0*	17.1*	6.3*
Doctor/GP ^(b)	81.4	69.4*	67.9*	74.2*	36.6*	8.1†*	17.7*	62.0*
Other health care incl. traditional healer	0.9†	0.8†	0.8†	0.8	1.1†	1.1†	1.1†	0.9
Total (with usual place to go for health problems/advice)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total number^{(a)(d)}	187,121	123,054	120,973	431,148	40,366	78,701	119,067	550,215
Where usually go for health problems/advice								
Doctor/GP ^(c)	68.2	60.7*	60.1*	63.9	30.6*	7.3†*	15.6	53.6*
Aboriginal Medical Service	11.5	21.1*	20.6*	16.6	28.8*	11.5†	17.7	16.9*
Community clinic	1.5	2.1†	2.6†	2.0	10.3†*	54.4*	38.6	9.8*
AMS and community clinic ^(f)	13.0	23.2	23.2	18.7	39.1	65.7	56.3	26.6
Hospital	1.8	2.9†	4.6*	2.9	13.0*	16.3*	15.0	5.4*
Other health care incl. traditional healer ^(f)	0.8	0.7	0.7	0.7	0.9	1.0	1.0	0.8
<i>Total with regular source of health care</i>	<i>83.8</i>	<i>87.4</i>	<i>88.6</i>	<i>86.1</i>	<i>83.6</i>	<i>90.4</i>	<i>87.8</i>	<i>86.5</i>
No regular source of health care	16.2	12.6	11.4*	13.9	16.4	9.6*	12.2	13.5
Total^(a)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

(continued)

Table 3.17.2 (continued): Types of regular health care used by Indigenous Australians, by remoteness, 2012–13

	Major cities	Inner regional	Outer regional	Total non-remote	Remote	Very remote	Total remote	Australia
	Per cent							
Whether always go to the same GP/medical service								
Yes	92.3	92.5	95.2*	93.1	89.5	92.8	91.7	92.8
No	7.7	7.5	4.8*	6.9	10.5	7.2	8.3	7.2
Total (with usual place to go for health problems/advice) ^(a)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Services available in local area ^(g)								
Aboriginal Medical Service	41.2	58.2*	61.1*	51.4*	57.5*	26.2*	37.3	48.4*
Community clinic	33.0	40.0	37.1	36.1	35.5	76.5*	61.9*	41.6*
Hospital	70.1	81.5*	77.3	75.3	75.5	42.4*	54.2*	70.8
Doctor/GP ^(c)	94.5	94.2	88.3	92.7	70.6*	30.9*	45.1*	82.6*
Other health care incl. traditional healer	5.1	6.3	13.1*	7.7*	11.2†*	17.6†*	15.4*	9.3*
No services available	0.6†	1.4‡	1.8‡	1.2†	3.3‡	0.3‡	1.4‡	1.2†
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Where would like to go								
Aboriginal Medical Service	23.3	31.1*	29.1	27.1	36.2*	16.1*	23.3	26.3
Community clinic	1.8	2.5	2.5†	2.2	9.1†*	49.5*	35.1*	9.2*
AMS and community clinic	25.1	33.6*	31.7	29.3*	45.4*	65.6*	58.4*	35.5*
Hospital	4.7	5.4	9.9*	6.3	19.7†*	22.7*	21.6*	9.6*
Doctor/ GP (other than AMS hospital)	68.3	59.4*	56.9*	62.7*	32.2*	10.1*	18.0*	53.2*
Other health care incl. traditional healer	2.0	1.6†	1.5†	1.7	2.7†	1.7†	2.0	1.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total number	224,027	141,040	137,224	502,291	48,451	87,582	136,033	638,324

(continued)

Table 3.17.2 (continued): Types of regular health care used by Indigenous Australians, by remoteness, 2012–13

* Represents statistically significant differences at the $p < 0.05$ level, with 'Major cities' as the reference. 'Total remote' and 'Total non-remote' columns under 'Where usually go for health problems/advice' as proportion of total respondents were not tested.

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

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

(a) Total excludes 'don't know'.

(b) Calculated as proportion of those who reported having a usual place to go for health care.

(c) Of Aboriginal and Torres Strait Islander persons reporting they usually go to a doctor or GP when they were sick or needed health advice, 3.4% (11,546) persons reported that they saw a doctor in an Aboriginal Medical Service.

(d) Total excludes 'No usual place'.

(e) Calculated as a proportion of total respondents, excluding 'don't know'.

(f) This row not assessed for RSE or significant differences.

(g) Multiple response item; sum of components may exceed total.

Notes

1. Percentages calculated within columns. Estimates have been rounded and discrepancies may occur between sums of the component items and totals.

2. Data excludes 'not stated' responses.

Source: ABS Australian Aboriginal and Torres Strait Islander Health Survey 2012–13 (2012–13 NATSIHS component).

Table 3.17.3: Type of regular health care used by Aboriginal and Torres Strait Islander persons (aged 15 and over), by selected socioeconomic characteristics, 2012–13 (rate)

	Where usually go if problem with health				No usual GP/medical service	Total
	Aboriginal Medical Service/ community clinic	Hospital	Doctor/GP ^(a)	Other ^(b)		
	Rate (number per 100)					Number
Equivalised household income^(c)						
1st quintile (lowest)	33.3	7.5	42.4	1.0†	15.8	139,669
4th/5th quintile (highest)	18.7	3.3†	60.0	1.6†	16.4	55,469
Ratio lowest/highest	4.5	5.7	1.8	1.6	2.4	2.5
Total number	26.2	5.6	51.5	1.0	15.6	327,435
Financial stress — whether household able to raise \$2,000 in an emergency^(c)						
Yes	16.5	2.9	64.5	0.8	15.3	172,628
No	34.5	7.9	40.2	1.0	16.4	202,808
Ratio no/yes	0.5	0.4	1.6	0.7	0.9	0.9
Total number	26.2	5.6	51.4	0.9	15.8	375,436
Household had day/s without money for basic living expenses in past 12 months						
Yes	32.4	6.7	42.9	1.0†	17.0	164,343
No	23.4	4.7	56.2	0.8†	14.9	241,036
Ratio yes/no	0.9	1.0	0.5	0.9	0.8	0.7
Total number	27.1	5.5	50.8	0.9	15.7	405,379
SEIFA^(d)						
1st quintile (most disadvantaged)	33.7	7.3	42.7	0.9	15.3	211,068
5th quintile (least disadvantaged)	14.4	4.2‡	63.3	1.5‡	16.7	15,072
Ratio most/least disadvantaged	32.8	24.4	9.4	9.1	12.9	14.0

(continued)

Table 3.17.3 (continued): Type of regular health care used by Aboriginal and Torres Strait Islander persons (aged 15 and over), by selected socioeconomic characteristics, 2012–13 (rate)

	Where usually go if problem with health				No usual GP/medical service	Total
	Aboriginal Medical Service/ community clinic	Hospital	Doctor/GP ^(a)	Other ^(b)		
	Rate (number per 100)					Number
Labour force status						
Employed	22.4	4.1	56.5	0.9†	16.1	186,114
Unemployed	32.0	7.6	41.0	0.8‡	18.7	50,937
Not in the labour force	30.6	6.5	47.2	1.0†	14.7	170,327
Ratio unemployed/employed	0.4	0.5	0.2	0.2	0.3	0.3
Has non-school qualification ^(e)						
Yes	22.0	3.9	58.3	0.7†	15.1	162,678
No	30.3	6.7	45.6	1.1	16.4	244,700
Ratio no/yes	2.1	2.6	1.2	2.3	1.6	1.5
Highest year of school completed						
Year 12	21.6	3.9	55.4	0.9†	18.2	100,086
Year 9 or below ^(f)	32.9	6.4	46.2	0.7†	13.8	119,120
Ratio Year 9 or below/Year 12	1.8	2.0	1.0	0.9	0.9	1.2
Housing tenure type						
Owner	12.2	2.2	71.7	0.6†	13.3	123,957
Renter	33.6	7.0	41.7	1.0	16.8	280,047
Ratio renter/owner	6.2	7.3	1.3	3.9	2.9	2.3
Total number ^(g)	27.1	5.5	50.8	0.9	15.7	405,448

(continued)

Table 3.17.3 (continued): Type of regular health care used by Aboriginal and Torres Strait Islander persons (aged 15 and over), by selected socioeconomic characteristics, 2012–13 (rate)

	Where usually go if problem with health					Total
	Aboriginal Medical Service/ community clinic	Hospital	Doctor/GP ^(a)	Other ^(b)	No usual GP/medical service	
	Rate (number per 100)					Number
Has private health insurance						
Yes	9.9	0.3‡	79.0	0.7‡	10.1	63,403
No	21.0	3.7	56.5	0.8†	18.1	251,278
Ratio yes/no	0.1	0.0	0.4	0.2	0.1	0.3
Total number^(h)	18.9	3.0	60.8	0.8	16.5	316,960
Total number of persons 15+	27.0	5.6	50.7	0.9	15.9	407,378

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

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

(a) Of Aboriginal and Torres Strait Islander persons aged 15 years and over reporting they usually go to a doctor or GP when they were sick or needed health advice, 4.1% (8381) persons reported that they saw a doctor in an Aboriginal Medical Service.

(b) Includes traditional healer and 'other' health care.

(c) Excludes 'not known'.

(d) Index of Relative Socio-Economic Advantage and Disadvantage 2011.

(e) Non-school qualifications classified according to the Australian Standard Classification of Education (ASCED) (includes eg. Bachelor degree or higher, diploma, advanced diploma, certificate).

(f) Year 9 or below includes never attended school.

(g) Total includes 'other' and 'life tenure scheme'.

(h) Includes 'not known'.

Notes

1. Rates calculated within rows, with 'total' as denominator. Estimates have been rounded and discrepancies may occur between sums of the component items and totals.

2. Data excludes 'not stated' responses.

Source: ABS Australian Aboriginal and Torres Strait Islander Health Survey 2012–13 (2012–13 NATSIHS component).

Table 3.17.4: Type of regular health care used by Aboriginal and Torres Strait Islander persons (aged 15 and over), by selected socioeconomic characteristics, 2012–13 (number)

	Where usually go if problem with health				No usual GP/medical service	Total
	Aboriginal Medical Service/ community clinic	Hospital	Doctor/GP ^(a)	Other ^(b)		
			Number			
Equivalised household income ^(c)						
1st quintile (lowest)	46,446	10,543	59,178	1,417+	22,085	139,669
4th/5th quintile (highest)	10,375	1,835†	33,266	910†	9,082	55,469
Ratio lowest/highest	4.5	5.7	1.8	1.6	2.4	2.5
Total number	85,714	18,346	168,770	3,426	51,179	327,435
Financial stress — whether household able to raise \$2,000 in an emergency ^(c)						
Yes	29,201	5,169	113,844	1,335	26,926	176,474
No	71,159	16,353	82,703	2,078	33,687	205,981
Ratio no/yes	0.4	0.3	1.4	0.6	0.8	0.9
Total number	100,360	21,521	196,548	3,413	60,613	382,455
Household had day/s without money for basic living expenses in past 12 months						
Yes	53,228	11,013	70,480	1,689†	27,933	164,343
No	56,513	11,371	135,463	1,815†	35,874	241,036
Ratio yes/no	0.9	1.0	0.5	0.9	0.8	0.7
Total number	109,741	22,383	205,944	3,504	63,807	405,379
SEIFA ^(d)						
1st quintile (most disadvantaged)	71,208	15,322	90,183	1,994	32,360	211,068
5th quintile (least disadvantaged)	2170†	628‡	9,545	219‡	2,510	15,072
Ratio most/least disadvantaged	32.8	24.4	9.4	9.1	12.9	14.0

(continued)

Table 3.17.4 (continued): Type of regular health care used by Aboriginal and Torres Strait Islander persons (aged 15 and over), by selected socioeconomic characteristics, 2012–13 (number)

	Where usually go if problem with health				No usual GP/medical service	Total
	Aboriginal Medical Service/ community clinic	Hospital	Doctor/GP ^(a)	Other ^(b)		
	Number					
Labour force status						
Employed	41,652	7,676	105,170	1,632†	29,983	186,114
Unemployed	16,297	3,853	20,885	389‡	9,513	50,937
Not in the labour force	52,102	11,094	80,323	1,708†	25,099	170,327
Ratio unemployed/employed	0.4	0.5	0.2	0.2	0.3	0.3
Has non-school qualification ^(e)						
Yes	35,807	6,290	94,868	1,139†	24,573	162,678
No	74,244	16,333	111,510	2,591	40,022	244,700
Ratio no/yes	2.1	2.6	1.2	2.3	1.6	1.5
Highest year of school completed						
Year 12	21,595	3,871	55,475	938†	18,207	100,086
Year 9 or below ^(f)	39,192	7,609	55,052	821†	16,445	119,120
Ratio Year 9 or below/Year 12	1.8	2.0	1.0	0.9	0.9	1.2
Housing tenure type						
Owner	15,173	2,691	88,917	720†	16,455	123,957
Renter	94,009	19,587	116,681	2,784	46,986	280,047
Ratio renter/owner	6.2	7.3	1.3	3.9	2.9	2.3
Total number ^(g)	109,741	22,383	206,013	3,504	63,807	405,448

(continued)

Table 3.17.4 (continued): Type of regular health care used by Aboriginal and Torres Strait Islander persons (aged 15 and over), by selected socioeconomic characteristics, 2012–13 (number)

	Where usually go if problem with health				No usual GP/medical service	Total
	Aboriginal Medical Service/ community clinic	Hospital	Doctor/GP ^(a)	Other ^(b)		
	Number					
Has private health insurance						
Yes	6,253	181‡	50,105	468‡	6,397	63,403
No	52,833	9,210	141,849	1,987†	45,399	251,278
Ratio yes/no	0.1	0.0	0.4	0.2	0.1	0.3
Total number^(h)	59,807	9,636	192,865	2,455	52,197	316,960
Total number of persons 15+	110,051	22,623	206,379	3,730	64,595	407,378

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

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

(a) Of Aboriginal and Torres Strait Islander persons aged 15 years and over reporting they usually go to a doctor or GP when they were sick or needed health advice, 4.1% (8381) persons reported that they saw a doctor in an Aboriginal Medical Service.

(b) Includes traditional healer and 'other' health care.

(c) Excludes 'not known'.

(d) Index of Relative Socio-Economic Advantage and Disadvantage 2011.

(e) Non-school qualifications classified according to the Australian Standard Classification of Education (ASCED) (includes eg. Bachelor degree or higher, diploma, advanced diploma, certificate).

(f) Year 9 or below includes never attended school.

(g) Total includes 'other' and 'life tenure scheme'.

(h) Includes 'not known'.

Notes

1. Estimates have been rounded and discrepancies may occur between sums of the component items and totals.

2. Data excludes 'not stated' responses.

Source: ABS Australian Aboriginal and Torres Strait Islander Health Survey 2012–13 (2012–13 NATSIHS component).

Table 3.17.5: Type of regular health care used by Indigenous Australians aged 15 and over, by selected health risk factors, 2012–13

	Where usually go if problem with health				No usual GP/medical service	Total responding to question	Total population
	Aboriginal Medical Service/community clinic	Hospital	Doctor/GP ^(a)	Other ^(b)			
	Per cent					Number	
Smoker status							
Current smoker ^(c)	31.3	7.7	42.0	0.9†	18.0	175,411	175,768
Non-smoker ^(d)	23.8	3.9	57.2	0.9	14.2	231,967	233,173
Ratio smoker/non-smoker	1.3	2.0	0.7	1.0	1.3	0.8	0.8
Alcohol consumption							
Abstained from alcohol in last 12 months ^(e)	35.9	6.6	43.8	1.1†	12.6	107,437	108,024
Short-term/single occasion risk^(f)							
Yes	25.0	5.8	49.6	0.8†	18.7	218,575	219,176
No	19.0	3.1	64.7	1.0†	12.3	74,259	74,582
Ratio yes/no	1.3	1.9	0.8	0.8	1.5	2.9	2.9
Physical activity^(g)							
Met guidelines ^(h)	18.8	3.3	60.5	0.7†	16.7	116,724	117,125
Did not meet guidelines ⁽ⁱ⁾	19.5	2.8	60.9	0.7†	16.2	165,585	165,910
Ratio met/did not meet guidelines	1.0	1.2	1.0	1.0	1.0	0.7	0.7
Total number	19.2	3.0	60.7	0.7	16.4	282,309	283,035
Adequate daily vegetable intake^(j)							
Yes	23.0	4.5†	57.7	2.5‡	12.3	20,158	20,158
No	27.2	5.6	50.3	0.8	16.0	387,220	388,783
Ratio no/yes	1.2	1.2	0.9	0.3	1.3	19.2	19.3

(continued)

Table 3.17.5 (continued): Type of regular health care used by Indigenous Australians aged 15 and over, by selected health risk factors, 2012–13

	Where usually go if problem with health				No usual GP/medical service	Total responding to question	Total population
	Aboriginal Medical Service/community clinic	Hospital	Doctor/GP ^(a)	Other ^(b)			
	Per cent					Number	
Adequate daily fruit intake^(k)							
Yes	29.6	5.9	49.6	1.1†	13.8	174,451	175,227
No	25.0	5.3	51.4	0.8†	17.4	232,927	233,714
Ratio no/yes	0.8	0.9	1.0	0.7	1.3	1.3	1.3
Obese^(l)							
Yes	27.3	5.1	52.3	0.6†	14.7	124,886	124,997
No	27.4	6.3	49.0	1.0	16.3	211,199	212,509
Ratio yes/no	1.0	0.8	1.1	0.6	0.9	0.6	0.6
Total number^(m)	27.4	5.9	50.2	0.9	15.7	336,085	337,506
Total number of persons 15+	27.0	5.6	50.7	0.9	15.9	407,378	408,941

(continued)

Table 3.17.5 (continued): Type of regular health care used by Indigenous Australians aged 15 and over, by selected health risk factors, 2012–13

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

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

- (a) Of Aboriginal and Torres Strait Islander persons aged 15 years and over reporting they usually go to a doctor or GP when they were sick or needed health advice, 4.1% (8381) persons reported that they saw a doctor in an Aboriginal Medical Service.
- (b) Includes Traditional Healer and other health care.
- (c) Current smoker includes persons who smoke daily, persons who smoke at least once a week but not daily, and those who smoked less than weekly.
- (d) Includes ex-smoker and those who have never smoked.
- (e) Abstainer includes those who have never consumed alcohol.
- (f) Risk level calculated on exceeding the NHMRC Australian Alcohol Guidelines 2009. For short-term/single occasion risk this is 5 or more standard drinks on any day over last 12 months.
- (g) Physical activity data collected from persons 18 years and over; and non-remote areas only.
- (h) 150 minutes of moderate/vigorous physical activity from five or more sessions over a week.
- (i) Includes not known.
- (j) As the 2012–13 AATSIHS only collected information on whole serves of vegetables, the 2013 NHMRC Australian Dietary Guidelines have been applied as follows: 5 serves of vegetables for persons aged 9 years and over, with the exception of 18–49 year-old males who eat 6 serves.
- (k) According to 2013 NHMRC Australian Dietary Guidelines, which recommend 2 serves of fruit per day for persons aged 9 and over.
- (l) Body Mass Index greater than 30.0 for people aged 18 and over. For information on the calculation of BMI scores for people aged 15–17, see the Glossary in AATSIHS First Results 2012–13 (4727.0.55.001) or AATSIHS Updated Results 2012–13 (4727.0.55.006).
- (m) Totals exclude measurement not taken.

Note: Percentages add within rows. Estimates have been rounded and discrepancies may occur between sums of the component items and totals.

Source: ABS and AIHW analysis of 2012–13 Australian Aboriginal and Torres Strait Islander Health Survey (NATSIHS component).

Table 3.17.6: Type of regular health care used by Indigenous Australians aged 15 and over, by selected health risk factors, 2012–13

	Where usually go if problem with health				No usual GP/medical service	Total responding to question	Total population
	Aboriginal Medical Service/community clinic	Hospital	Doctor/GP ^(a)	Other ^(b)			
	Per cent						
Smoker status							
Current smoker ^(c)	49.9	60.0	35.7	42.2	48.9	43.1	43.0
Non-smoker ^(d)	50.1	40.0	64.3	57.8	51.1	56.9	57.0
Ratio smoker/non-smoker	1.0	1.5	0.6	0.7	1.0	0.8	0.8
Alcohol consumption							
Abstained from alcohol in last 12 months ^(e)	35.0	31.3	22.8	32.7†	20.9	26.4	26.4
Short-term/single occasion risk^(f)							
Yes	49.6	56.3	52.6	47.7	63.4	53.7	53.6
No	12.8	10.3	23.3	19.6†	14.1	18.2	18.2
Ratio yes/no	3.9	5.5	2.3	2.4	4.5	2.9	2.9
Physical activity^(g)							
Met guidelines ^(h)	40.5	45.9	41.2	41.3†	42.1	41.3	41.4
Did not meet guidelines ⁽ⁱ⁾	59.5	54.1	58.8	58.7	57.9	58.7	58.6
Ratio met/did not meet guidelines	0.7	0.8	0.7	0.7	0.7	0.7	0.7
Total number	54,186	8,484	171,438	1,974	46,226	282,309	283,035
Adequate daily vegetable intake^(j)							
Yes	4.2	4.0†	5.6	13.5‡	3.8	4.9	4.9
No	95.8	96.0	94.4	86.5	96.2	95.1	95.1
Ratio no/yes	22.8	23.8	16.7	6.4	25.0	19.2	19.3

(continued)

Table 3.17.6 (continued): Type of regular health care used by Indigenous Australians aged 15 and over, by selected health risk factors, 2012–13

	Where usually go if problem with health				No usual GP/medical service	Total responding to question	Total population
	Aboriginal Medical Service/community clinic	Hospital	Doctor/GP ^(a)	Other ^(b)			
	Per cent						
Adequate daily fruit intake^(k)							
Yes	47.0	45.2	41.9	50.3	37.3	42.8	42.8
No	53.0	54.8	58.1	49.7	62.7	57.2	57.2
Ratio no/yes	1.1	1.2	1.4	1.0	1.7	1.3	1.3
Obese^(l)							
Yes	37.1	32.4	38.7	25.3†	34.8	37.2	37.0
No	62.9	67.6	61.3	74.7	65.2	62.8	63.0
Ratio yes/no	0.6	0.5	0.6	0.3	0.5	0.6	0.6
Total number^(m)	91,997	19,668	168,792	2,941	52,688	336,085	337,506
Total number of persons 15+	110,051	22,623	206,379	3,730	64,595	407,378	408,941

(continued)

Table 3.17.6 (continued): Type of regular health care used by Indigenous Australians aged 15 and over, by selected health risk factors, 2012–13

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

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

- (a) Of Aboriginal and Torres Strait Islander persons aged 15 years and over reporting they usually go to a doctor or GP when they were sick or needed health advice, 4.1% (8381) persons reported that they saw a doctor in an Aboriginal Medical Service.
- (b) Includes Traditional Healer and other health care.
- (c) Current smoker includes persons who smoke daily, persons who smoke at least once a week but not daily, and those who smoked less than weekly.
- (d) Includes ex-smoker and those who have never smoked.
- (e) Abstainer includes those who have never consumed alcohol.
- (f) Risk level calculated on exceeding the NHMRC Australian Alcohol Guidelines 2009. For short-term/single occasion risk this is 5 or more standard drinks on any day over last 12 months.
- (g) Physical activity data collected from persons 18 years and over; and non-remote areas only.
- (h) 150 minutes of moderate/vigorous physical activity from five or more sessions over a week.
- (i) Includes not known.
- (j) As the 2012–13 AATSIHS only collected information on whole serves of vegetables, the 2013 NHMRC Australian Dietary Guidelines have been applied as follows: 5 serves of vegetables for persons aged 9 years and over, with the exception of 18–49 year-old males who eat 6 serves.
- (k) According to 2013 NHMRC Australian Dietary Guidelines, which recommend 2 serves of fruit per day for persons aged 9 and over.
- (l) Body Mass Index greater than 30.0 for people aged 18 and over. For information on the calculation of BMI scores for people aged 15–17, see the Glossary in AATSIHS First Results 2012–13 (4727.0.55.001) or AATSIHS Updated Results 2012–13 (4727.0.55.006).
- (m) Totals exclude measurement not taken.

Note: Percentages add within columns. Estimates have been rounded and discrepancies may occur between sums of the component items and totals.

Source: ABS and AIHW analysis of 2012–13 Australian Aboriginal and Torres Strait Islander Health Survey (NATSIHS component).

Table 3.17.7: Type of regular health care used by Indigenous Australians aged 15 and over, by selected health risk factors, 2012–13

	Where usually go if problem with health				No usual GP/medical service	Total responding to question	Total population
	Aboriginal Medical Service/community clinic	Hospital	Doctor/GP ^(a)	Other ^(b)			
	Number						
Smoker status							
Current smoker ^(c)	54,940	13,568	73,721	1,573†	31,610	175,411	175,768
Non-smoker ^(d)	55,111	9,055	132,658	2,157	32,985	231,967	233,173
Ratio smoker/non-smoker	1.0	1.5	0.6	0.7	1.0	0.8	0.8
Alcohol consumption							
Abstained from alcohol in last 12 months ^(e)	38,544	7,090	47,068	1,218†	13,516	107,437	108,024
Short-term/single occasion risk^(f)							
Yes	54,628	12,727	108,511	1,780†	40,928	218,575	219,176
No	14,086	2331†	48,014	731†	9,097	74,259	74,582
Ratio yes/no	3.9	5.5	2.3	2.4	4.5	2.9	2.9
Physical activity^(g)							
Met guidelines ^(h)	21,936	3,897	70,600	815†	19,475	116,724	117,125
Did not meet guidelines ⁽ⁱ⁾	32,250	4,587	100,839	1,159†	26,750	165,585	165,910
Ratio met/did not meet guidelines	0.7	0.8	0.7	0.7	0.7	0.7	0.7
Total number	54,186	8,484	171,438	1,974	46,226	282,309	283,035
Adequate daily vegetable intake^(j)							
Yes	4,631	912†	11,629	505†	2,482	20,158	20,158
No	105,421	21,711	194,750	3,225	62,113	387,220	388,783
Ratio no/yes	22.8	23.8	16.7	6.4	25.0	19.2	19.3

(continued)

Table 3.17.7 (continued): Type of regular health care used by Indigenous Australians aged 15 and over, by selected health risk factors, 2012–13

	Where usually go if problem with health				No usual GP/medical service	Total responding to question	Total population
	Aboriginal Medical Service/community clinic	Hospital	Doctor/GP ^(a)	Other ^(b)			
	Number						
Adequate daily fruit intake^(k)							
Yes	51,723	10,232	86,545	1,878†	24,073	174,451	175,227
No	58,328	12,392	119,833	1,852†	40,522	232,927	233,714
Ratio no/yes	1.1	1.2	1.4	1.0	1.7	1.3	1.3
Obese^(l)							
Yes	34,130	6,378	65,321	745†	18,312	124,886	124,997
No	57,867	13,290	103,470	2,196	34,376	211,199	212,509
Ratio yes/no	0.6	0.5	0.6	0.3	0.5	0.6	0.6
Total number^(m)	91,997	19,668	168,792	2,941	52,688	336,085	337,506
Total number of persons 15+	110,051	22,623	206,379	3,730	64,595	407,378	408,941

(continued)

Table 3.17.7 (continued): Type of regular health care used by Indigenous Australians aged 15 and over, by selected health risk factors, 2012–13

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

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

- (a) Of Aboriginal and Torres Strait Islander persons aged 15 years and over reporting they usually go to a doctor or GP when they were sick or needed health advice, 4.1% (8381) persons reported that they saw a doctor in an Aboriginal Medical Service.
- (b) Includes Traditional Healer and other health care.
- (c) Current smoker includes persons who smoke daily, persons who smoke at least once a week but not daily, and those who smoked less than weekly.
- (d) Includes ex-smoker and those who have never smoked.
- (e) Abstainer includes those who have never consumed alcohol.
- (f) Risk level calculated on exceeding the NHMRC Australian Alcohol Guidelines 2009. For short-term/single occasion risk this is 5 or more standard drinks on any day over last 12 months.
- (g) Physical activity data collected from persons 18 years and over; and non-remote areas only.
- (h) 150 minutes of moderate/vigorous physical activity from five or more sessions over a week.
- (i) Includes not known.
- (j) As the 2012–13 AATSIHS only collected information on whole serves of vegetables, the 2013 NHMRC Australian Dietary Guidelines have been applied as follows: 5 serves of vegetables for persons aged 9 and over, with the exception of 18–49 year-old males who eat 6 serves.
- (k) According to 2013 NHMRC Australian Dietary Guidelines, which recommend 2 serves of fruit per day for persons aged 9 and over.
- (l) Body Mass Index greater than 30.0 for people aged 18 and over. For information on the calculation of BMI scores for people aged 15–17, see the Glossary in AATSIHS First Results 2012–13 (4727.0.55.001) or AATSIHS Updated Results 2012–13 (4727.0.55.006).
- (m) Totals exclude measurement not taken.

Note: Estimates have been rounded and discrepancies may occur between sums of the component items and totals.

Source: ABS and AIHW analysis of 2012–13 Australian Aboriginal and Torres Strait Islander Health Survey (NATSIHS component).

Table 3.17.8: Type of regular health care used by Indigenous Australians aged 15 and over, by selected health outcomes, 2012–13

	Where usually go if problem with health					Total
	Aboriginal Medical Service/ community clinic	Hospital	Doctor/GP ^(a)	Other ^(b)	No usual GP/ medical service	
	Per cent					
Disability status^(c)						
Has profound, severe or moderate core activity limitation ^(d)	27.0	5.5	55.8	1.3†	10.4	50,820
Has schooling/employment restriction only ^(e)	23.2	7.2†	51.8	1.6†	16.2	44,580
Has unspecified limitation or restriction	29.9	5.9	47.9	0.9†	15.4	88,156
Total disability/long-term health condition	27.5	6.1	51.1	1.2	14.2	183,556
No disability/long-term health condition	26.6	5.1	50.3	0.7	17.2	223,822
Ratio disability/no disability	0.8	1.0	0.8	1.4	0.7	0.8
Self-assessed health status						
Excellent/very good/good	26.3	5.4	50.2	1.0	17.2	306,276
Fair/poor	29.2	6.1	52.2	0.8†	11.7	101,102
Ratio fair, poor/excellent, very good, good	0.4	0.4	0.3	0.3	0.2	0.3
Psychological distress (Kessler 5)^(f)						
Low/moderate	26.1	5.2	52.1	0.7†	15.9	251,321
High/very high	30.3	6.5	46.9	1.2†	15.1	108,963
Ratio high, very high/low moderate	0.5	0.5	0.4	0.7	0.4	0.4
Total number^{(g)(h)(i)}	27.4	5.6	50.5	0.9	15.7	360,285

(continued)

Table 3.17.8 (continued): Type of regular health care used by Indigenous Australians aged 15 and over, by selected health outcomes, 2012–13

	Where usually go if problem with health					Total
	Aboriginal Medical Service/ community clinic	Hospital	Doctor/GP ^(a)	Other ^(b)	No usual GP/ medical service	
	Per cent					
Stressors experienced in last 12 months^(j)						
No stressors	26.9	4.8	50.9	0.4‡	16.9	106,835
Experienced one or more stressor	27.1	5.8	50.6	1.1	15.4	298,933
Ratio one or more/no stressors	2.8	3.4	2.8	7.1	2.5	2.8
Total number	27.0	5.5	50.7	0.9	15.9	406,657
Long term health conditions^(k)						
No current long term health condition	34.5	7.2	37.1	1.0†	20.2	79,112
One	27.2	7.8	42.3	1.1†	21.5	75,838
Two	26.6	4.6	50.1	0.7†	18.0	63,404
Three or more	23.9	4.3	59.9	0.9†	11.1	189,024
Total one or more conditions	25.2	5.2	53.9	0.9	14.8	328,266
Ratio three or more/no conditions	1.7	1.4	3.9	2.1	1.3	2.4
High blood pressure^(l)						
Yes	29.1	5.9	51.6	1.1†	12.2	63,226
No	27.0	5.6	50.4	0.9	16.1	247,931
Ratio yes/no	0.3	0.3	0.3	0.3	0.2	0.3
Total number^(m)	27.5	5.7	50.7	0.9	15.3	311,157
Total number of persons 15+	27.0	5.6	50.7	0.9	15.9	407,378

(continued)

Table 3.17.8 (continued): Type of regular health care used by Indigenous Australians aged 15 and over, by selected health outcomes, 2012–13

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

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

- (a) Of Aboriginal and Torres Strait Islander persons aged 15 years and over reporting they usually go to a doctor or GP when they were sick or needed health advice, 4.1% (8381) persons reported that they saw a doctor in an Aboriginal Medical Service.
- (b) Includes traditional healer and 'other' health care.
- (c) Self-reported data consisting of persons who report having a disability or restrictive long-term health condition where a limitation, restriction, impairment, disease or disorder has lasted, or is expected to last for six months or more, and restricts everyday activities.
- (d) Self-reported data consisting of persons who reported having a disability or restrictive long-term health condition where a limitation, restriction, impairment, disease or disorder has lasted, or is expected to last for six months or more, and restricts everyday activities. Levels of activity limitation (profound, severe, moderate, and school/employment restriction only) are based on whether, and how often, a person needs help, has difficulty, or uses aids or equipment with any core activities (self-care, mobility or communication). A person's overall level of core activity limitation is determined by their highest level of limitation in any of these activities.
- (e) Only current difficulties with education and/or employment were collected. Respondents aged 65 and over were not asked about employment restrictions and so some may be categorised as not having a specific limitation or restriction that would otherwise have been assigned 'schooling/employment restriction only' had they been asked the question.
- (f) For people 19 years and over, based on the Kessler-5 (K5) measure of psychological distress. Overall levels of distress are based on how often respondents reported experiencing each feeling. Low/moderate is a score of 5–11. High/very high is a score of 12–25.
- (g) Totals for Aboriginal and Torres Strait Islander people exclude a small number of people who were not present at interview and for whom responses were provided by a proxy, and persons for whom level of psychological distress was unable to be determined.
- (h) Stressors experienced by self, family or friends.
- (i) Excludes 'refused'.
- (j) Self-reported data consisting of persons reporting a current medical condition which has lasted, or is expected to last, for six months or more.
- (k) Measured blood pressure data collected for persons 18 years and over. High blood pressure is a measurement of 140/90 mmHg or higher.
- (l) Excludes measurement not taken and valid reading not obtained.
- (m) Totals exclude measurement not taken.

Note: Percentages add within rows. Estimates have been rounded and discrepancies may occur between sums of the component items and totals.

Source: ABS and AIHW analysis of 2012–13 Australian Aboriginal and Torres Strait Islander Health Survey (NATSIHS component).

Table 3.17.9: Type of regular health care used by Indigenous Australians aged 15 and over, by selected health outcomes, 2012–13

	Where usually go if problem with health				No usual GP/medical service	Total
	Aboriginal Medical Service/ community clinic	Hospital	Doctor/GP ^(a)	Other ^(b)		
	Number					
Disability status^(c)						
Has profound, severe or moderate core activity limitation ^(d)	13,741	2,803	28,357	646†	5,272	50,820
Has schooling/employment restriction only ^(e)	10,356	3221†	23,109	691‡	7,202	44,580
Has unspecified limitation or restriction	26,320	5,163	42,261	825†	13,587	88,156
Total disability/long-term health condition	50,418	11,187	93,727	2,163†	26,062	183,556
No disability/long-term health condition	59,634	11,437	112,651	1,567	38,533	223,822
Ratio disability/no disability	0.8	1.0	0.8	1.4	0.7	0.8
Self-assessed health status						
Excellent/very good/good	80,531	16,434	153,620	2,952	52,739	306,276
Fair/poor	29,520	6,189	52,759	777†	11,856	101,102
Ratio fair, poor/excellent, very good, good	0.4	0.4	0.3	0.3	0.2	0.3
Psychological distress (Kessler 5)^(f)						
Low/moderate	65,567	13,020	130,821	1,860†	40,054	251,321
High/very high	32,994	7,109	51,056	1,333†	16,472	108,963
Ratio high, very high/low moderate	0.5	0.5	0.4	0.7	0.4	0.4
Total number^{(g)(h)(i)}	98,561	20,129	181,876	3,193	56,526	360,285
Stressors experienced in last 12 months^(j)						
No stressors	28,727	5,176	54,365	462‡	18,106	106,835
Experienced one or more stressor	80,932	17,347	151,314	3,268	46,072	298,933
Ratio one or more/no stressors	2.8	3.4	2.8	7.1	2.5	2.8
Total number	109,896	22,568	206,000	3,730	64,463	406,657

(continued)

Table 3.17.9 (continued): Type of regular health care used by Indigenous Australians aged 15 and over, by selected health outcomes, 2012–13

	Where usually go if problem with health				No usual GP/medical service	Total
	Aboriginal Medical Service/ community clinic	Hospital	Doctor/GP ^(a)	Other ^(b)		
	Number					
Long term health conditions^(k)						
No current long term health condition	27,274	5,680	29,380	797†	15,982	79,112
One	20,658	5,953	32,070	819†	16,338	75,838
Two	16,866	2,894	31,783	474†	11,388	63,404
Three or more	45,254	8,097	113,146	1,640†	20,888	189,024
Total one or more conditions	82,778	16,944	176,998	2,933	48,613	328,266
Ratio three or more/no conditions	1.7	1.4	3.9	2.1	1.3	2.4
High blood pressure^(l)						
Yes	18,426	3,750	32,640	701†	7,708	63,226
No	67,045	13,969	124,994	2,116	39,807	247,931
Ratio yes/no	0.3	0.3	0.3	0.3	0.2	0.3
Total number^(m)	85,471	17,719	157,635	2,817	47,515	311,157
Total number of persons 15+	110,051	22,623	206,379	3,730	64,595	407,378

(continued)

Table 3.17.9 (continued): Type of regular health care used by Indigenous Australians aged 15 and over, by selected health outcomes, 2012–13

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

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

- (a) Of Aboriginal and Torres Strait Islander persons aged 15 years and over reporting they usually go to a doctor or GP when they were sick or needed health advice, 4.1% (8381) persons reported that they saw a doctor in an Aboriginal Medical Service.
- (b) Includes traditional healer and 'other' health care.
- (c) Self-reported data consisting of persons who report having a disability or restrictive long-term health condition where a limitation, restriction, impairment, disease or disorder has lasted, or is expected to last for six months or more, and restricts everyday activities.
- (d) Self-reported data consisting of persons who reported having a disability or restrictive long-term health condition where a limitation, restriction, impairment, disease or disorder has lasted, or is expected to last for six months or more, and restricts everyday activities. Levels of activity limitation (profound, severe, moderate, and school/employment restriction only) are based on whether, and how often, a person needs help, has difficulty, or uses aids or equipment with any core activities (self-care, mobility or communication). A person's overall level of core activity limitation is determined by their highest level of limitation in any of these activities.
- (e) Only current difficulties with education and/or employment were collected. Respondents aged 65 and over were not asked about employment restrictions and so some may be categorised as not having a specific limitation or restriction that would otherwise have been assigned 'schooling/employment restriction only' had they been asked the question.
- (f) For people 19 years and over, based on the Kessler-5 (K5) measure of psychological distress. Overall levels of distress are based on how often respondents reported experiencing each feeling. Low/moderate is a score of 5–11. High/very high is a score of 12–25.
- (g) Totals for Aboriginal and Torres Strait Islander people exclude a small number of people who were not present at interview and for whom responses were provided by a proxy, and persons for whom level of psychological distress was unable to be determined.
- (h) Stressors experienced by self, family or friends.
- (i) Excludes 'refused'.
- (j) Self-reported data consisting of persons reporting a current medical condition which has lasted, or is expected to last, for six months or more.
- (k) Measured blood pressure data collected for persons 18 years and over. High blood pressure is a measurement of 140/90 mmHg or higher.
- (l) Excludes measurement not taken and valid reading not obtained.
- (m) Totals exclude measurement not taken.

Note: Estimates have been rounded and discrepancies may occur between sums of the component items and totals.

Source: ABS and AIHW analysis of 2012–13 Australian Aboriginal and Torres Strait Islander Health Survey (NATSIHS component).

Table 3.17.10: Services available by preferred services, Indigenous Australians, 2012–13

	Where would like to go for health problems/advice						Total
	Aboriginal Medical Service	Community Clinic	Subtotal AMS & community clinic	Hospital	Doctor/GP (not AMS/hospital)	Other health care ^(a)	
	Number						
Services available in local area^(b)							
Aboriginal Medical Service	121,924	7,891	129,815	27,224	147,561	4,303	308,904
Community clinic	63,054	54,587	117,641	25,670	117,075	5,180	265,566
<i>Subtotal AMS and community clinic</i>	<i>142,282</i>	<i>55,444</i>	<i>197,726</i>	<i>43,187</i>	<i>198,045</i>	<i>7,877</i>	<i>446,835</i>
Hospital	124,935	15,524	140,460	50,591	252,687	8,051	451,789
Doctor/GP (other than AMS or hospital)	138,653	15,917	154,570	37,135	325,627	9,710	527,042
Other health care ^(a)	14,530	8,656†	23,186	6,715†	26,368	3,071	59,339
No services available	2,409‡	1,034‡	3,444†	1,461†	2,329†	504‡	7,737†
Total	167,631	58,699	226,330	61,142	339,480	11,372	638,324
	Per cent ^(c)						
Services available in local area^(b)							
Aboriginal Medical Service	72.7	13.4	57.4	44.5	43.5	37.8	48.4
Community clinic	37.6	93.0	52.0	42.0	34.5	45.6	41.6
<i>Subtotal AMS and community clinic</i>	<i>84.9</i>	<i>94.5</i>	<i>87.4</i>	<i>70.6</i>	<i>58.3</i>	<i>69.3</i>	<i>70.0</i>
Hospital	74.5	26.4	62.1	82.7	74.4	70.8	70.8
Doctor/GP (other than AMS or hospital)	82.7	27.1	68.3	60.7	95.9	85.4	82.6
Other health care ^(a)	8.7	14.7†	10.2	11.0†	7.8	27.0	9.3
No services available	1.4‡	1.8‡	1.5†	2.4†	0.7†	4.4‡	1.2†
Total	167,631	58,699	226,330	61,142	339,480	11,372	638,324

(continued)

Table 3.17.10 (continued): Services available by preferred services, Indigenous Australians, 2012–13

	Where would like to go for health problems/advice						Total
	Aboriginal Medical Service	Community Clinic	Subtotal AMS & community clinic	Hospital	Doctor/GP (not AMS/hospital)	Other health care ^(a)	
	Per cent ^(d)						
Services available in local area^(b)							
Aboriginal Medical Service	39.5	2.6	42.0	8.8	47.8	1.4	308,904
Community clinic	23.7	20.6	44.3	9.7	44.1	2.0	265,566
<i>Subtotal AMS and community clinic</i>	<i>31.8</i>	<i>12.4</i>	<i>44.3</i>	<i>9.7</i>	<i>44.3</i>	<i>1.8</i>	<i>446,835</i>
Hospital	27.7	3.4	31.1	11.2	55.9	1.8	451,789
Doctor/GP (other than AMS or hospital)	26.3	3.0	29.3	7.0	61.8	1.8	527,042
Other health care ^(a)	24.5	14.6†	39.1	11.3	44.4	5.2	59,339
No services available	31.1†	13.4‡	44.5	18.9†	30.1†	6.5†	7,737†
Total	26.3	9.2	35.5	9.6	53.2	1.8	638,324

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

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

(a) Includes Traditional healer and other health care.

(b) Multiple response item, sum of components may be greater than total.

(c) Percentages calculated within columns.

(d) Percentages calculated across rows.

Note: Estimates have been rounded and discrepancies may occur between sums of the component items and totals.

Source: ABS and AIHW analysis of 2012–13 Australian Aboriginal and Torres Strait Islander Health Survey (NATSIHS component).

Table 3.17.11: Preferred sources of health care by usual sources of health care used by Indigenous Australians, 2012–13

Where would like to go for health problems/advice	Where usually go for health problems/advice						Total with a Usual Place	No usual place	Total
	Aboriginal Medical Service	Community Clinic	Subtotal AMS & Community Clinic	Hospital	Doctor/GP ^(a)	Other health care ^(b)			
	Number								Number
Aboriginal Medical Service ^(c)	91,349	3,839	95,188	3,836	48,919	625‡	148,568	18,775	167,631
Community clinic	1,191†	45,959	47,150	502†	2,657†	439‡	50,748	7,736	58,699
<i>Subtotal AMS and community clinic</i>	<i>92,540</i>	<i>49,798</i>	<i>142,338</i>	<i>4,338</i>	<i>51,576</i>	<i>1,064†</i>	<i>199,317</i>	<i>26,511</i>	<i>226,330</i>
Hospital	6,001	6,651	12,652	26,448	11,302	363‡	50,765	9,649	61,142
Doctor/GP (other than AMS or hospital)	8,000	5,014	13,014	3,767†	272,591	1,675†	291,047	47,481	339,480
Other health care ^(b)	781†	806†	1,587†	322†	5,431	1,745†	9,086	2,271†	11,372
Total number	107,323	62,268	169,591	34,876	340,900	4,848	550,215	85,912	638,324
	Per cent ^(d)								Per cent ^(d)
Aboriginal Medical Service ^(c)	85.1	6.2	56.1	11.0	14.3	12.9†	27.0	21.9	26.3
Community clinic	1.1†	73.8	27.8	1.4†	0.8†	9.1‡	9.2	9.0	9.2
<i>Subtotal AMS and community clinic</i>	<i>86.2</i>	<i>80.0</i>	<i>83.9</i>	<i>12.4</i>	<i>15.1</i>	<i>21.9†</i>	<i>36.2</i>	<i>30.9</i>	<i>35.5</i>
Hospital	5.6	10.7	7.5	75.8	3.3	7.5†	9.2	11.2	9.6
Doctor/GP (other than AMS or hospital)	7.5	8.1	7.7	10.8	80.0	34.6	52.9	55.3	53.2
Other health care ^(b)	0.7†	1.3†	0.9†	0.9†	1.6	36.0	1.7	2.6†	1.8

(continued)

Table 3.17.11 (continued): Preferred sources of health care by usual sources of health care used by Indigenous Australians, 2012–13

Where would like to go for health problems/advice	Where usually go for health problems/advice						Total with a Usual Place	No usual place	Total
	Aboriginal Medical Service	Community Clinic	Subtotal AMS & Community Clinic	Hospital	Doctor/GP ^(a)	Other health care ^(b)			
	Per cent ^(e)								Number
Aboriginal Medical Service ^(c)	54.5	2.3	56.8	2.3	29.2	0.4‡	88.6	11.2	167,631
Community clinic	2.0†	78.3	80.3	0.9†	4.5†	0.7‡	86.5	13.2	58,699
<i>Subtotal AMS and community clinic</i>	<i>40.9</i>	<i>22.0</i>	<i>62.9</i>	<i>1.9</i>	<i>22.8</i>	<i>0.5†</i>	<i>88.1</i>	<i>11.7</i>	<i>226,330</i>
Hospital	9.8	10.9	20.7	43.3	18.5	0.6‡	83.0	15.8	61,142
Doctor/GP (other than AMS or hospital)	2.4	1.5	3.8	1.1†	80.3	0.5†	85.7	14.0	339,480
Other health care ^(b)	6.9†	7.1†	14.0	2.8†	47.8	15.3	79.9	20.0†	11,372
Total number	16.8	9.8	26.6	5.5	53.4	0.8	86.2	13.5	638,324

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

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

(a) Of Aboriginal and Torres Strait Islander persons reporting they usually go to a doctor or GP when they were sick or needed health advice, 3.4% (11,546) persons reported that they saw a doctor in an Aboriginal Medical Service.

(b) Includes traditional healer and 'other' health care.

(c) Includes respondents who answered would prefer to see an Aboriginal Medical Services doctor.

(d) Percentages calculated within columns.

(e) Percentages calculated across rows.

Note: Estimates have been rounded and discrepancies may occur between sums of the component items and totals.

Source: ABS and AIHW analysis of 2012–13 Australian Aboriginal and Torres Strait Islander Health Survey (NATSIHS component).

Data sources and quality

Australian Aboriginal and Torres Strait Islander Health Survey

The 2012–13 Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS) included a sample of 12,000 Indigenous Australians for the core sample and sub-samples for various components of the survey such as voluntary biomedical data for adults. The AATSIHS sample was specifically designed to select a representative sample of Indigenous Australians and therefore overcome the problem inherent in most national surveys (that is, small and unrepresentative Indigenous samples).

Survey results are subject to sampling errors as only a small proportion of the population is used to produce estimates that represent the whole population. Non-sampling errors may occur where there is non-response to the survey or questions in the survey, misunderstanding of questions or errors in recording, coding or processing the survey. Information recorded in this survey is 'as reported' by respondents. Responses may be affected by imperfect recall or individual interpretation of survey questions. Any data that are self-reported are also likely to under-estimate circumstances about which the respondent is unaware, or may be reluctant to report (for example, certain health conditions, weight, drug use).

Selected non-Indigenous comparisons are available from the 2011–13 Australian Health Survey (AHS). The AHS was conducted in *Major cities, regional and remote areas*, but *Very remote areas* were excluded from the sample.

Further information on AATSIHS data quality issues can be found in the user guide for the survey (ABS 2013). Time series comparisons for some indicators are available from the 2004–05 NATSIHS, 2008 NATSISS, 2002 NATSISS, 2001 NHS and the 1994 National Aboriginal and Torres Strait Islander Survey (NATSIS).

Australian Health Survey

The Australian Health Survey (AHS) combines the existing ABS National Health Survey (NHS) and the National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) together with 2 new elements: a National Nutrition and Physical Activity Survey (NNPAS) and a National Health Measures Survey (NHMS).

For more information see:

- National Health Survey
<<http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4363.0.55.001Main+Features12011-13?OpenDocument>>.
- National Aboriginal and Torres Strait Islander Health Survey
<<http://www.abs.gov.au/ausstats/abs@.nsf/mf/4715.0/>>.
- National Nutrition and Physical Activity Survey
<<http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4364.0.55.007~2011-12~Main%20Features~About%20the%20National%20Nutrition%20and%20Physical%20Activity%20Survey~731>>.
- National Health Measures Survey
<<http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4364.0.55.005Chapter1102011-12>>.

National Aboriginal and Torres Strait Islander Social Survey

The NATSISS is conducted in all states and territories and includes *Remote and Non-remote* areas. The 2008 survey was undertaken between August 2008 and April 2009, with a sample size of 13,300 persons (5,500 aged 0–14 and 7,800 aged 15 and over) in 6,900 households, and a response rate of 82% of households. Up to 3 randomly selected Indigenous Australians were chosen from selected households to participate in the survey. Trained ABS interviewers conducted the survey using face-to-face interviews. In *Non-remote* areas interviewers used a notebook computer to record responses, while in *Remote* areas a paper questionnaire was used. Interviewers obtained the consent of a parent or guardian before interviewing those aged 15–17. Indigenous persons usually resident in non-private dwellings, such as hotels, motels, hostels, hospitals, short-stay caravan parks, prisons and other correctional facilities were excluded.

The NATSISS uses the standard Indigenous status question. The NATSISS sample was specifically designed to select a representative sample of Indigenous Australians.

As with other surveys, the NATSISS is subject to sampling and non-sampling errors.

Care has been taken to ensure that the results of this survey are as accurate as possible. Trained ABS officers conducted all interviews. However, some factors may affect the reliability of the data.

Information recorded in this survey is ‘as reported’ by respondents, and therefore may differ from information available from other sources or collected using different methodologies.

Data on health-related indicators have been age-standardised to the 2001 total Australian population to account for differences in the age structures of the states and territories and the Indigenous and non-Indigenous population.

Time series comparisons for the 2008 survey are available through the 1994 National Aboriginal and Torres Strait Islander Survey and the 2002 NATSISS. However not all data elements align across the 3 (1994, 2001 and 2008) NATSISS surveys, hence care is required when reviewing results across the 3 surveys.

There are no strictly comparable non-Indigenous results available for the 2008 NATSISS. Where possible, the ABS has provided recommendations for non-Indigenous data comparisons (such as the 2007–08 National Health Survey) and these have been adopted in this report.

The 2008 NATSISS had a relatively large level of under-coverage when compared with other ABS surveys. There was also an increase in under-coverage compared to previous ABS Indigenous surveys. For example, the estimated under-coverage in the 2004–05 National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) was 42%. The overall under-coverage rate for the 2008 NATSISS was approximately 53% of the in-scope population at the national level. This rate varied across the states and territories (ABS 2010).

Further information on NATSISS data quality issues can be found in the *National Aboriginal and Torres Strait Islander Social Survey: User’s guide, 2008* (ABS 2010).

List of symbols used in tables

- n.p. not available for publication but included in totals where applicable, unless otherwise indicated
- * represents results with statistically significant differences at the $p < 0.05$ level, between the categories specified in table footnotes
- † estimate has a relative standard error between 25% and 50% and should be used with caution
- ‡ estimate has a relative standard error greater than 50% and is considered too unreliable for general use

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References

ABS (Australian Bureau of Statistics) 2010. National Aboriginal and Torres Strait Islander Social Survey: Users' Guide, 2008. ABS cat. no. 4720.0. Canberra: ABS.

ABS 2013. Australian Aboriginal and Torres Strait Islander Health Survey: users' guide, 2012–13. ABS cat no. 4727.0.55.002. Canberra: ABS.

Other related information

ABS 2013. Australian Aboriginal and Torres Strait Islander Health Survey: Users' Guide, 2012–13. ABS cat. no. 4727.0.55.002. Canberra: ABS.

Atlas SJ, Grant RW, Ferris TG, Chang Y & Barry MJ 2009. Patient–physician connectedness and quality of primary care. *Annals of Internal Medicine* 150(5):325–35.

Forrest CB & Starfield B 1996. The effect of first-contact care with primary care clinicians on ambulatory health care expenditures. *Journal of Family Practice* 43:40–8.

Hayman NE, White NE & Spurling GK 2009. Improving Indigenous patients' access to mainstream health services: the Inala experience. *Medical Journal of Australia* 190:604–6.

Hollander M, Kadlec H, Hamdi R & Tessaro A 2009. Increasing value for money in the Canadian health-care system: new findings on the contribution of primary care services. *Health-care quarterly* (Toronto, Ont.) 12(4):32.

Mainous AG, Baker R, Love MM, Gray DP & Gill JM 2001. Continuity of care and trust in one's physician: evidence from primary care in the United States and the United Kingdom. *Family Medicine* 33:22–7.

Schers H, van den Hoogen H, Bor H, Grol R & van den Bosch W 2005. Familiarity with a GP and patients' evaluations of care. A cross-sectional study, *Family practice* 22(1):15–9.

SCRGSP (Steering Committee for the Review of Government Service Provision) 2013. National Agreement performance information 2012–13: National Health-care Agreement. Canberra: Productivity Commission.

Spurling G, Hayman NE & Cooney AL 2009. Adult health checks for Indigenous Australians: the first year's experience from the Inala Indigenous Health Service. *Medical Journal of Australia* 190:562–4.

Starfield B 1998. *Primary Care: Balancing Health Needs, Services and Technology*. New York: Oxford University Press.

Starfield B & Shi L 2004. The medical home, access to care, and insurance: a review of evidence. *Pediatrics* 113:1493–8.

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Aboriginal and Torres Strait Islander Health Performance Framework 2014 report

Measure 64 of 68

Detailed analyses

3.18 Care planning for chronic diseases

This measure reports on the use of care planning for the management of chronic disease among the Aboriginal and Torres Strait Islander population

Introduction

This is no. 64 of 68 measures in the *Aboriginal and Torres Strait Islander Health Performance Framework 2014 report: detailed analyses*. This report provides information on a range of measures of health status, determinants of health and the health system performance relating to Aboriginal and Torres Strait Islander people.

The Framework comprises 3 tiers:

Tier 1 – Health status and outcomes

Tier 2 – Determinants of health

Tier 3 – Health system performance.

The full report, including a comprehensive description of all data sources used in the report, and notes about the data quality is available from

<http://www.aihw.gov.au/publication-detail/?id=60129550779>.

Tables referenced are available from

<http://www.aihw.gov.au/indigenous-data/health-performance-framework/>.

Data sources

- National Key Performance Indicators for Aboriginal and Torres Strait Islander primary health care data collection
- Healthy for Life data collection
- Online Services Report data collection
- Australian Aboriginal and Torres Strait Islander Health Survey
- National Prisoner Health Data Collection
- Australian Health Survey
- Medicare data.

For more information, see 'Data sources and quality' at the end of this measure.

Data analyses

General Practitioner Management Plans (GPMPs) (MBS item 721) are for patients with a chronic or terminal medical condition who will benefit from a structured approach to management of their care needs. A rebate can be claimed once the patient's GP has prepared the GPMP. The recommended frequency of GPMPs is once every 2 years. The GP may be assisted by their practice nurse, Aboriginal health worker or other health professional in the GP's medical practice or health service. The service must include a personal attendance by the GP with the patient.

Chronic disease management plans Team Care Arrangement (TCA) (MBS item 723) provide a rebate for a GP to coordinate the preparation of TCAs for a patient with a chronic or terminal medical condition who also requires ongoing care from a multidisciplinary team of at least 3 health care providers. The recommended frequency is once every 2 years, supported by regular review services.

The following data are presented for this measure:

- Medicare claims for care planning (tables 3.05.1–3, 3.14.1a)
- Care planning in Aboriginal and Torres Strait Islander primary health care services (tables 3.18.1–7)
- Self-reported data on asthma care planning (tables 3.18.8–9)
- Prison discharges with both health conditions and care plans (Table 3.18.10).

For more information related to chronic diseases management, see measure 3.05. For more information on morbidity and mortality due to chronic diseases, see measures 1.02 and 1.23. For more information about the specific diseases mentioned see measures 1.04, 1.05 and 1.09. For information about access to services see measures 3.14 and 3.17. See also 'Other related information' at the end of this measure.

Medicare claims for care planning

Current period

In 2013–14:

- There were around 53,600 MBS GP management plan claims. After adjusting for age, the rate for Indigenous Australians (114 claims per 1,000 population) was higher than for non-Indigenous Australians (72 claims per 1,000 population). This was a difference of 42 claims per 1,000 population (Table 3.05.1, Figure 3.18.1).
- There were around 44,400 MBS Team Care Arrangement claims for Indigenous Australians. After adjusting for age, the rate for Indigenous Australians (96 claims per 1,000 population) was higher than for non-Indigenous Australians (58 claims per 1,000 population). This is a difference of 38 claims per 1,000 population (Table 3.05.1, Figure 3.18.1).

Trend

Between 2009–10 and 2013–14:

- The age-standardised rate of services for GP management plans claimed by Indigenous Australians increased significantly by 98%, from 55 per 1,000 to 114 per 1,000. The rate difference increased significantly (Table 3.05.1).
- The age-standardised rate of services for team care arrangements claimed by Indigenous Australians increased significantly by 106%, from 44 per 1,000 to 96 per 1,000. The rate difference increased significantly (Table 3.05.1).

Aboriginal and Torres Strait Islander primary health care services

Current period

- As at December 2013, 47% of Indigenous clients of Indigenous primary health care services who had type 2 diabetes had general practitioner management plans for their diabetes and 44% had team care arrangements within the last 2 years (Table 3.18.1).
- As at June 2011, 34% of Indigenous clients of Indigenous primary health care services who had coronary heart disease had a general practitioner management plan for their condition (Table 3.18.4).
- In 2012–13, about 98% of Indigenous primary health care services provided care planning. Of those, 63% reported that discharge planning was well coordinated between the hospital and the organisation and 62% provided or facilitated shared-care arrangements for managing people with chronic conditions (Table 3.18.7).

Trend

Between December 2012 and December 2013:

- The proportion of Indigenous clients of Indigenous primary health-care services who had type 2 diabetes and who had a GP management plan, increased from 41% to 47% and the proportion who had a team care arrangement increased from 37% to 44% (Table 3.18.1).

Between June 2009 and June 2011:

- The proportion Indigenous clients of these services, who had coronary heart disease and who had a GP management plan, and for whom trend data were available, increased from 20% to 33% (Table 3.18.5).

Self-reported chronic disease care planning

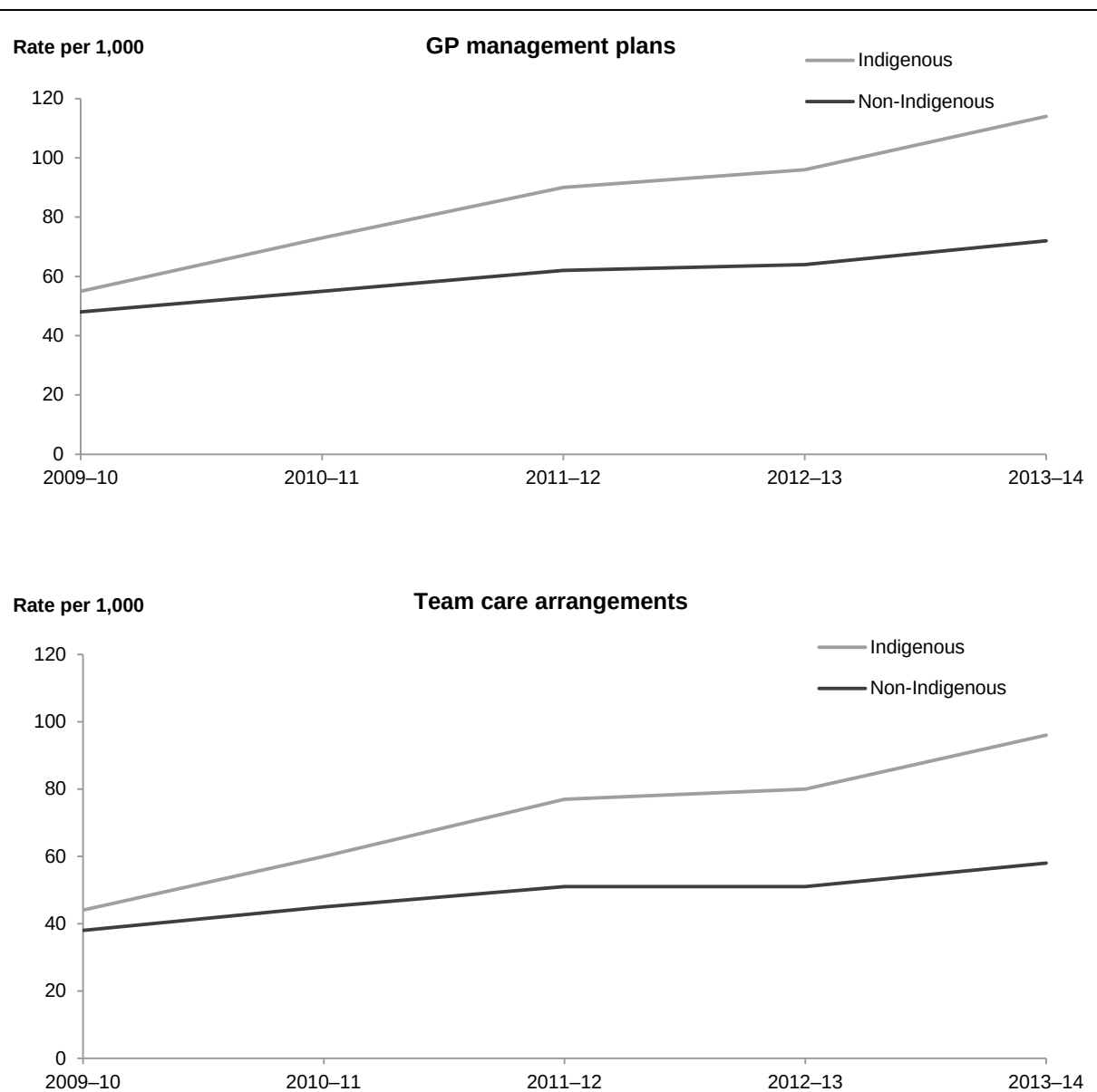
Current period

In 2012–13:

- Similar proportions of Indigenous and non-Indigenous Australians in *Non-remote* areas who reported having asthma, had a written asthma action plan (27% and 24% respectively), after adjusting for age (Table 3.18.8).

In 2012:

- 100% of Indigenous prison dischargees who received treatment or were prescribed medication for diabetes in prison, had a plan to continue care after prison, compared with 89% of their non-Indigenous counterparts (Table 3.18.10).



Source: Table 3.05.1.

Figure 3.18.1: Age-standardised rates of MBS services claimed for GP management plans and team care arrangements, by Indigenous status, Australia, 2009-10 to 2013-14

Table 3.18.1: Indigenous regular clients with Type 2 diabetes who had a GPMP and TCA in the last 2 years, Indigenous primary health care services by jurisdiction, December 2012, June 2013 and December 2013

	NSW and ACT	Vic and Tas	Qld	WA	SA	NT	Australia
December 2012							
<i>GP management plans</i>							
Jurisdiction proportion	46.1	36.6	44.7	34.4	24.7	46.8	40.7
Organisation median	45.8	41.3	51.2	26.5	17.8	58.0	43.8
Upper quartile boundary	66.7	60.7	63.9	40.4	43.8	66.0	61.8
Lower quartile boundary	21.8	15.4	29.4	15.0	15.1	46.5	19.1
<i>Team care arrangements</i>							
Jurisdiction proportion	44.0	35.1	44.1	28.7	21.4	38.3	36.5
Organisation median	45.3	37.3	50.0	18.5	14.5	51.4	38.5
Upper quartile boundary	57.6	55.5	63.4	36.8	40.3	61.7	57.6
Lower quartile boundary	23.1	1.0	29.4	6.3	12.5	29.5	14.6
June 2013							
<i>GP management plans</i>							
Jurisdiction proportion	49.3	37.8	49.6	31.7	23.7	50.1	42.8
Organisation median	53.3	40.4	47.3	23.2	17.4	65.4	48.7
Upper quartile boundary	62.9	58.8	64.8	37.7	42.6	78.3	68.4
Lower quartile boundary	35.7	4.1	32.2	6.7	14.8	52.3	27.3
<i>Team care arrangements</i>							
Jurisdiction proportion	46.0	36.0	44.5	28.1	20.5	46.1	39.0
Organisation median	51.1	39.3	46.7	20.0	14.2	69.2	46.9
Upper quartile boundary	60.0	56.5	64.8	32.1	34.6	78.6	66.0
Lower quartile boundary	30.2	0.0	27.3	6.0	11.8	48.0	20.0
December 2013							
<i>GP management plans</i>							
Jurisdiction proportion	49.0	40.6	54.8	37.1	31.7	52.7	46.6
Organisation median	49.3	41.2	53.5	31.9	30.1	71.1	51.0
Upper quartile boundary	66.4	64.0	70.2	48.6	43.9	81.5	70.3
Lower quartile boundary	26.6	5.6	37.6	10.3	22.6	51.0	30.2
<i>Team care arrangements</i>							
Jurisdiction proportion	45.8	39.3	53.2	32.8	27.7	50.0	43.6
Organisation median	42.2	33.3	51.0	28.2	24.6	74.2	47.6
Upper quartile boundary	63.1	59.2	70.3	44.7	34.3	83.6	68.8
Lower quartile boundary	23.9	0.0	35.0	10.3	14.7	51.3	24.1

Source: AIHW National Key Performance Indicators for Aboriginal and Torres Strait Islander primary health care data collection.

Table 3.18.2: Indigenous regular clients with Type 2 diabetes who had a GPMP and TCA in the last 2 years, Indigenous primary health care services by remoteness area, December 2012, June 2013 and December 2013

	Major cities	Inner regional	Outer regional	Remote	Very remote	Australia
December 2012						
<i>GP management plans</i>						
Remoteness proportion	39.6	48.7	43.5	41.0	32.4	40.7
Organisation median	39.1	48.5	42.4	39.4	50.9	43.8
Upper quartile boundary	56.4	61.2	61.3	57.7	77.1	61.8
Lower quartile boundary	15.8	23.9	13.8	29.0	23.9	19.1
<i>Team care arrangements</i>						
Remoteness proportion	36.0	46.4	41.0	34.6	27.0	36.5
Organisation median	33.9	48.0	41.2	30.1	45.3	38.5
Upper quartile boundary	54.5	57.5	61.6	43.6	65.9	57.6
Lower quartile boundary	15.2	23.2	11.9	15.8	12.8	14.6
June 2013						
<i>GP management plans</i>						
Remoteness proportion	41.2	55.0	41.2	41.6	40.1	42.8
Organisation median	40.5	52.0	35.6	46.9	57.6	48.7
Upper quartile boundary	53.3	63.6	56.8	59.6	76.9	68.4
Lower quartile boundary	17.2	44.0	4.1	27.7	37.1	27.3
<i>Team care arrangements</i>						
Remoteness proportion	39.1	52.0	38.6	36.5	35.0	39.0
Organisation median	37.2	50.7	33.3	29.6	63.0	46.9
Upper quartile boundary	53.3	61.2	50.1	55.8	77.4	66.0
Lower quartile boundary	16.6	41.9	2.0	17.0	31.4	20.0
December 2013						
<i>GP management plans</i>						
Remoteness proportion	41.7	56.9	42.0	42.5	51.6	46.6
Organisation median	39.9	54.2	35.0	47.6	67.7	51.0
Upper quartile boundary	52.0	68.8	61.7	61.2	80.9	70.3
Lower quartile boundary	15.0	37.9	3.6	31.9	42.6	30.2
<i>Team care arrangements</i>						
Remoteness proportion	39.6	53.5	40.0	37.8	49.4	43.6
Organisation median	35.7	51.3	33.3	36.7	66.7	47.6
Upper quartile boundary	50.0	65.5	59.3	58.0	80.8	68.8
Lower quartile boundary	6.5	36.0	3.6	22.9	32.0	24.1

Source: AIHW National Key Performance Indicators for Aboriginal and Torres Strait Islander primary health care data collection.

Table 3.18.3: Number and proportion of Indigenous regular clients of services funded through the Healthy for Life Program with Type 2 diabetes^(a) who had a current GPMP, by remoteness, at 30 June 2011

Type of GPMP	Major cities		Inner regional		Outer regional		Remote		Very remote		Total	
	%	N/D ^(b)	%	N/D ^(b)	%	N/D ^(b)	%	N/D ^(b)	%	N/D ^(b)	%	N/D ^(b)
MBS GPMP	24.6	563/2,292	40.6	656/1,614	28.7	1,022/3,556	37.8	952/2,518	32.0	845/2,640	32.0	4,038/12,620

(a) Indigenous regular clients aged 15 and over.

(b) N (numerator) is the number of Indigenous regular clients with Type 2 diabetes who had a current GPMP. D (denominator) is the total number of Indigenous regular clients with Type 2 diabetes.

Notes

1. Valid data for this indicator were provided by 76 services (10 in *Major cities* of Australia, 16 in *Inner regional* Australia, 23 in *Outer regional* Australia, 12 in *Remote* Australia and 15 in *Very remote* Australia).

2. Services used their own definition of regular client.

Source: AIHW, Healthy for Life data collection.

Table 3.18.4: Number and proportion of Indigenous regular clients of services funded through the Healthy for Life Program with coronary heart disease^(a) who had a current GPMP by type of GPMP and remoteness, at 30 June 2011

Type of GPMP	Major cities		Inner regional		Outer regional		Remote		Very remote		Total	
	%	N/D ^(b)	%	N/D ^(b)	%	N/D ^(b)	%	N/D ^(b)	%	N/D ^(b)	%	N/D ^(b)
MBS GPMP	25.3	261/1,032	39.3	270/687	32.6	336/1,032	40.8	331/811	38.6	177/458	34.2	1,375/4,020

(a) Indigenous regular clients aged 15 and over.

(b) N (numerator) is the number of Indigenous regular clients with coronary heart disease who had a current GPMP. D (denominator) is the total number of Indigenous regular clients with coronary heart disease.

Notes

1. Valid data for this indicator were provided by 83 services (11 in *Major cities* of Australia, 16 in *Inner regional* Australia, 28 in *Outer regional* Australia, 13 in *Remote* Australia and 15 in *Very remote* Australia).

2. Services used their own definition of regular client.

Source: AIHW, Healthy for Life data collection.

Table 3.18.5: Proportion and number of Indigenous regular clients^(a) of services funded through the Healthy for Life Program who had a current and complete GPMP (MBS Item 721) for the subset of services that provided valid data for the indicator part for each reporting period since the period ending June 2010, by type of chronic disease at 30 June 2009, 30 June 2010 and 30 June 2011

Chronic disease	June 2009		June 2010		June 2011	
	%	N/D ^(b)	%	N/D ^(b)	%	N/D ^(b)
Type 2 diabetes	22.5	1,429/6,352	24.2	1,712/7,074	31.6	2,191/6,937
Coronary heart disease	20.3	373/1,835	25.4	499/1,964	33.4	761/2,278

(a) Indigenous regular clients aged 15 and over.

(b) N (numerator) is the number of Indigenous regular clients with Type 2 diabetes or coronary heart disease who had a current GPMP. D (denominator) is the total number of Indigenous regular clients with Type 2 diabetes or coronary heart disease.

Notes

- Valid data for this indicator were provided by 34 services.
- Services used their own definition of regular client.

Source: AIHW, Healthy for Life data collection.

Table 3.18.6: Proportion of services funded through the Healthy for Life Program that had care planning and health service linkages for their clients with chronic disease, reporting periods ending 30 June 2009, 30 June 2010 and 30 June 2011

HfL services had strategies for chronic disease management ^(a) for their clients with chronic disease that included:	June 2009			June 2010			June 2011		
	Yes	No	No response	Yes	No	No response	Yes	No	No response
	Per cent								
Care planning	Not collected	Not collected	Not collected	Not collected	Not collected	Not collected	Not collected	Not collected	Not collected
Health service linkages									
Hospital admission communication	70.3	14.9	14.9	77.2	12.7	10.1	76.5	8.2	15.3
Hospital discharge communication	71.6	13.5	14.9	77.2	12.7	10.1	78.8	5.9	15.3
Care provided in residential aged care services	43.2	41.9	14.9	53.2	36.7	10.1	49.4	34.1	16.5

(a) 'Management' includes health promotion, prevention of complications, clinical care and advocacy.

Source: AIHW, Healthy for Life data collection.

Table 3.18.7: Number and proportion of respondent Aboriginal and Torres Strait Islander primary health-care services that provide care planning, 2012–13

	Number	Per cent
Services that provide or facilitate shared care arrangements for the management of people with chronic conditions	124	61.7
Discharge planning for Aboriginal and Torres Strait Islander patients is well coordinated between the hospital and the service (e.g. provision of medicines, arrangements for transport, liaison with GP and family)	126	62.7
Services that provide or facilitate antenatal shared-care arrangements	135	67.2
Services that keep track of clients needing follow-up (e.g. through monitoring sheets/ follow-up files)	194	96.5
Services that maintain a health register (not specific to chronic diseases)	n.a.	n.a.
Services that use clinical practice guidelines (not specific to chronic diseases)	n.a.	n.a.
Services that use Patient Information Recall Systems (PIRS), which automatically provide reminders for follow-up and routine health checks	198	98.5
Total services that provide care planning^(a)	201	98.0
Total services	205	. .

(a) Total services that provide at least one of the activities listed.

Note: 201 of the 205 respondent Aboriginal and Torres Strait Islander primary health-care services provided valid data about care-planning activities provided by the service for 2012–13. Percentages are calculated as a proportion of these 201 services.

Source: AIHW OSR data collection.

Table 3.18.8: Whether persons with asthma in non-remote areas have a written asthma action plan, by Indigenous status and age group, 2012–13

	Has a written asthma action plan	Does not have a written asthma action plan	Never heard of a written asthma action plan	Asthma got worse/out of control in last 12 months	Went to hospital or emergency dept. due to asthma	Total persons with asthma ^(a)
	Rate (number per 100)					Number
0–4						
Indigenous	44.3	53.5	n.p.	34.2	24.7†	7,328
Non-Indigenous	37.8	60.8	n.p.	50.1	26.6	87,995
5–14						
Indigenous	52.9	42.0	n.p.	31.9	19.6	23,304
Non-Indigenous	41.1*	57.3	1.3†	27.0	12.3	284,862
<i>Total 0–14</i>						
<i>Indigenous</i>	<i>50.9</i>	<i>44.7</i>	<i>n.p.</i>	<i>32.5</i>	<i>20.8</i>	<i>30,632</i>
<i>Non-Indigenous</i>	<i>40.3</i>	<i>58.1</i>	<i>1.3†</i>	<i>32.4</i>	<i>15.7</i>	<i>372,857</i>
15–24						
Indigenous	18.4*	72.0	9.2	26.4	11.2*	20,248
Non-Indigenous	18.6	75.9	4.0†	28.0	11.8	313,960
25–34						
Indigenous	13.4*	78.9	n.p.	39.2	21.9	14,886
Non-Indigenous	16.1	81.4	2.5†	25.5*	4.2*†	336,159
35–44						
Indigenous	18.1*	75.0	n.p.	46.4	18.8	11,649
Non-Indigenous	17.2	80.3	2.2†	23.4*	4.7*†	294,124
45–54						
Indigenous	24.4*	65.6	n.p.	39.6	24.4	10,747
Non-Indigenous	23.1	74.6	2.3†	25.4*	7.3*†	284,878
55 and over						
Indigenous	28.6*	55.8	12.1†	33.0	16.0†	10,213
Non-Indigenous	23.8	71.2	4.7	22.7	5.6*	572,212
Total crude rate						
Indigenous	29.4*	62.5	7.3	34.7	18.7	98,376
All ages^(b)						
Indigenous	27.3	63.4	8.1	35.9	18.8	98,376
Non-Indigenous	24.2	72.5	2.9	26.3*	8.4*	2,174,190
Rate ratio ^(c)	1.1	0.9	2.8	1.4	2.2	..
Rate difference ^(d)	3.1	–9.1	5.2	9.6	10.4	..

(continued)

Table 3.18.8 (continued): Whether persons with asthma in non-remote areas have a written asthma action plan, by Indigenous status and age group, 2012–13

* Represents statistically significant differences at the $p < 0.05$ level. Comparisons were made between age groups (excluding age-standardised values) for Indigenous persons, with 'Total 0–14 years' as the reference (starring on Indigenous percentages). Comparisons were also made between Indigenous and non-Indigenous percentages (starring on non-Indigenous percentages). Only columns 'Has a written asthma action plan', 'Asthma got worse/out of control in last 12 months' and 'Went to hospital or emergency dept due to asthma' were tested.

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

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

(a) Includes 'not known if has a written asthma action plan'.

(b) Directly age-standardised to the 2001 Australian Estimated Resident Population based on the 2001 Census, using 10 year age groups up to 55+.

(c) Rate ratio is calculated by dividing the age-standardised rate for Indigenous people by the age-standardised rate for non-Indigenous people.

(d) Rate difference is calculated by subtracting the age-standardised rate for non-Indigenous people from the age-standardised rate for Indigenous people.

Note: Rates calculated within rows, with 'total persons with asthma' as denominator. Estimates have been rounded and discrepancies may occur between sums of the component items and totals.

Source: ABS and AIHW analysis of 2012–13 Australian Aboriginal and Torres Strait Islander Health Survey (NATSIHS component) and 2011–12 Australian Health Survey (National Health Survey component).

Table 3.18.9: Whether persons with asthma in non-remote areas have a written asthma action plan, by Indigenous status and state/territory, 2012–13

		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
		Per cent ^{(a)(b)}								
Written asthma plans										
Does have a written asthma action plan	Indigenous	26.6	34.8	23.4	22.9	34.0	22.6	21.6	36.9	27.3
	Non-Indigenous	26.5	25.1	18.4	24.6	29.0	22.4	23.5	23.2	24.2
	Rate ratio ^(c)	1.0	1.4	1.3	0.9	1.2	1.0	0.9	1.6	1.1
Does not have a written asthma action plan	Indigenous	62.0	59.4	67.4	68.6	61.7	72.3	72.1	63.1	63.4
	Non-Indigenous	71.9	71.8	77.9	68.1	68.2	68.3	73.3	69.0	72.5
	Rate ratio ^(c)	0.9	0.8	0.9	1.0	0.9	1.1	1.0	0.9	0.9
Never heard of a written asthma action plan	Indigenous	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	8.1
	Non-Indigenous	1.6†	2.2†	3.6†	6.9†	2.3†	8.3†	2.9†	7.9†	2.9
	Rate ratio ^(c)	..	..	..	..	..	..	..	..	..
		Number								
Total persons with asthma^(d)	Indigenous	43,946	9,833	22,659	8,091	6,242	4,297	1,378	1,929	98,376
	Non-Indigenous	665,262	599,525	433,610	209,258	167,381	54,381	35,121	9,652	2,174,190

* Represents statistically significant differences at the $p < 0.05$ level. Comparisons were between jurisdictions, with NT as the reference. Only 'Does have a written asthma action plan' was tested.

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

(a) Directly age-standardised to the 2001 Australian Estimated Resident Population based on the 2001 Census, using 10 year age groups up to 55+.

(b) Percentages calculated by Indigenous status within columns.

(c) Rate ratio is calculated by dividing the age-standardised rate for Indigenous people by the age-standardised rate for non-Indigenous people.

(d) Includes 'not known if has a written asthma action plan'.

Note: Estimates have been rounded and discrepancies may occur between sums of the component items and totals.

Source: ABS and AIHW analysis of 2012–13 Australian Aboriginal and Torres Strait Islander Health Survey (NATSIHS component) and 2011–12 Australian Health Survey (National Health Survey component).

Table 3.18.10: Proportion of prison dischargees who received treatment or were prescribed medication for a health condition in prison and have a plan to continue care after prison, by selected health condition and Indigenous status, 2012

Health condition	Indigenous		Non-Indigenous		Rate ratio	Rate difference
	Number	Per cent	Number	Per cent		
Dental	10	56	22	40	1.4	16
Musculoskeletal injury	3	20	18	55	0.4	–35
Skin condition	3	30	21	66	0.5	–36
Psychological/mental health	19	86	52	83	1.0	3
Drug and alcohol issue	11	65	30	77	0.8	–12
Sensory (including ear and eye conditions)	4	57	11	69	0.8	–12
Respiratory conditions	n.p.	n.p.	6	60	n.p.	n.p.
Communicable disease	n.p.	n.p.	4	80	n.p.	n.p.
Cardiovascular disease	3	60	12	86	0.7	–26
Asthma	8	73	28	82	0.9	–9
Digestive condition	n.p.	n.p.	9	82	n.p.	n.p.
Arthritis	n.p.	n.p.	9	64	n.p.	n.p.
Diabetes	9	100	8	89	1.1	11
Musculoskeletal condition	n.p.	n.p.	6	67	n.p.	n.p.
Neurological condition	—	0	6	86	0.0	–86
Women's health conditions	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Cancer	—	0	n.p.	n.p.	n.p.	n.p.
Total any health condition	42	100	135	56	1.8	44
Total prison dischargees	100	100	242	100	n.a.	n.a.

Note: Totals may not sum to 100% due to rounding or unknowns, or because individuals may appear in more than one row.

Source: AIHW analysis of the 2012 National Prisoner Health Data Collection.

Data sources and quality

Medicare data

Standard Indigenous status question

Medicare seeks Indigenous status information in its enrolment forms, including the general enrolment application form and the Aboriginal and Torres Strait Islander Medicare enrolment form. These forms include the national standard Indigenous identification question. Indigenous Australians can also complete a specific Voluntary Indigenous Identification form. Indigenous status information is held in Medicare records as the Voluntary Indigenous Identifier (VII).

Under-identification

The coverage of Indigenous Australians in the VII database is not complete. There were around 415,730 people who had identified as Aboriginal and/or Torres Strait Islander in this database at June 2014; around 58% of the estimated Indigenous population. There has been a rapid expansion in the number of enrollees who identified as Indigenous, from 47,200 people in August 2004.

Readers should note the following caveats to the Medicare Voluntary Indigenous Identifier (VII) adjustment methodology:

- Estimates generated by the adjustment methodology for a given period will vary according to the point in time at which they are calculated, as the adjustment factors will be updated regularly to account for the ongoing change in the population coverage of the VII sample.
- There are inherent uncertainties in the current ABS Indigenous population estimates, and they are therefore described by the ABS as 'experimental estimates and projections'. The ABS Indigenous population estimates after 2011 are experimental projections, based on a number of assumptions about future levels of fertility, mortality and migration. The projections are not predictions or forecasts, but are illustrations of the growth and change in population that would occur if these assumptions were to prevail over the projection period. There can be no certainty that any particular outcome will be realised, or that future outcomes will necessarily fall within the projected ranges.
- The propensity to identify as Indigenous is influenced by numerous factors including the context, how the question is asked and by whom, motivations of the individual and perceived uses of the data in question. For example, it is possible that there are some Indigenous Australians who are registered with the VII but who do not identify as Indigenous for the purposes of the Census, or vice versa.
- PBS and MBS data do not give a comprehensive picture of actual service delivery for Indigenous Australians, as some service delivery (especially in *Remote* areas) is not part of these systems. For example, s.100 medication delivery in *Remote* locations takes place outside of, and is not recorded by, the PBS. Likewise state and territory primary health care providers are generally not eligible to bill Medicare.
- In some areas, particularly *Remote* and *very remote* areas, there is a portion of the Indigenous population that does not ever use the Medicare system. It is therefore

possible that the adjustment methodology could overestimate Medicare use by the Indigenous population.

- As participation in the VII sample is voluntary, 100% coverage is unlikely. There could be biases in the data that are not addressed by the adjustment methodology.

Healthy for Life data collection

For the July 2010 to June 2011 reporting period, 85 services submitted data as part of the Healthy for Life (HfL) Program.

Services started submitting their data through an electronic interface (OSCAR) for the February 2008 reporting period. This has improved the quality of data submitted.

Not all of the services were able to provide data for all of the essential indicators and service profile questions included in the HfL data collection. The number of services that were able to provide data varies across the qualitative and quantitative indicators.

There has been an upward trend in the proportion of services that reported on each of the indicators over time, particularly compared with the first reporting period ending June 2007.

In general, the data quality improved noticeably between the periods ending in June 2008 and June 2009. The overall level of data quality remained similar in the period ending in June 2010, while further improvements occurred in the period ending in June 2011. In the period ending in June 2011, the most common data quality issues were related to missing data (20% of services) and data out of the expected range (11% of services).

The Healthy for Life data collection was discontinued at the end of June 2011.

Online Services Report data collection

The OSR collects organisation-level information from Aboriginal and Torres Strait Islander health organisations that received Australian Government funding in 2012–13.

Data were collected using a web-based reporting tool designed specifically to capture information on inputs and health processes at primary health-care organisations funded to deliver care to Indigenous Australians.

AIHW examined all data submissions to identify missing data and data quality issues. The most common data quality issues were inaccurate recording (for example, staff were reported in terms of their total number rather than in full-time equivalent positions), and discrepancies between 2 or more questions (for example, the number of clients exceeded the number of episodes of care).

Where needed, AIHW staff contacted the relevant health organisation to follow up on data quality issues and to request additional or corrected data. The AIHW detected at least 1 issue for follow-up in around 239 (92%) of organisations. Of these, 207 (87%) resubmitted data. Data with remaining significant quality issues were excluded from national analyses.

From 2012–13 a new online questionnaire started. Major questions (for example, around episodes of care, clients and contacts) remained the same. Some other questions were revised or restructured.

For more information see

<<http://meteor.aihw.gov.au/content/index.phtml/itemId/561251>>.

Australian Aboriginal and Torres Strait Islander Health Survey

The 2012–13 Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS) included a sample of 12,000 Indigenous Australians for the core sample and sub-samples for various components of the survey such as voluntary biomedical data for adults. The AATSIHS sample was specifically designed to select a representative sample of Indigenous Australians and therefore overcome the problem inherent in most national surveys (that is, small and unrepresentative Indigenous samples).

Survey results are subject to sampling errors as only a small proportion of the population is used to produce estimates that represent the whole population. Non-sampling errors may occur where there is non-response to the survey or questions in the survey, misunderstanding of questions or errors in recording, coding or processing the survey. Information recorded in this survey is 'as reported' by respondents. Responses may be affected by imperfect recall or individual interpretation of survey questions. Any data that are self-reported are also likely to under-estimate circumstances about which the respondent is unaware, or may be reluctant to report (for example, certain health conditions, weight, drug use).

Selected non-Indigenous comparisons are available from the 2011–13 Australian Health Survey (AHS). The AHS was conducted in *Major cities, Regional and Remote areas*, but *Very remote* areas were excluded from the sample.

Further information on AATSIHS data quality issues can be found in the user guide for the survey (ABS 2013). Time series comparisons for some indicators are available from the 2004–05 NATSIHS, 2008 NATSISS, 2002 NATSISS, 2001 NHS and the 1994 National Aboriginal and Torres Strait Islander Survey (NATSIS).

Australian Health Survey

The Australian Health Survey (AHS) combines the existing ABS National Health Survey (NHS) and the National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) together with 2 new elements: a National Nutrition and Physical Activity Survey (NNPAS) and a National Health Measures Survey (NHMS).

For more information see:

- National Health Survey
<<http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4363.0.55.001Main+Features12011-13?OpenDocument>>.
- National Aboriginal and Torres Strait Islander Health Survey
<<http://www.abs.gov.au/ausstats/abs@.nsf/mf/4715.0/>>.
- National Nutrition and Physical Activity Survey
<<http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4364.0.55.007~2011-12~Main%20Features~About%20the%20National%20Nutrition%20and%20Physical%20Activity%20Survey~731>>.
- National Health Measures Survey
<<http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4364.0.55.005Chapter1102011-12>>.

National Key Performance Indicators for Aboriginal and Torres Strait Islander primary health care data collection

The nKPI data are collected from over 200 primary health-care organisations that receive funding from the Australian Government Department of Health to provide services primarily to Indigenous Australians.

The quality and completeness of the data submitted by organisations are important determinations of the quality of the national analyses. Data may be incomplete for a number of reasons:

- Internal inconsistency (numerator is greater than denominator, numbers not matching between linked indicators, subgroup totals not adding up to the total, and so on).
- Organisations commenting when submitting data that their data are incomplete or incorrect and could not be corrected.
- Organisations indicating that they did not provide a particular service so no data are available (for example, health assessments were not part of an organisation's regular service).
- An organisation sharing an information recording system with another organisation and hence unable to separate its clients from all clients of the combined organisations.
- Auspiced organisations that collect data from a number of organisations often sharing a single patient information recall system and a single governance body. The data for individual organisations are combined and include duplicate clients.

This means that data for some indicators must be excluded for organisations if unresolved data quality issues remain. This results in different numbers of organisations with valid data for different indicators. For example, if 200 organisations submitted data for all reporting periods and all organisations provided valid data for PI01, PI01 will have 200 organisations contributing data. Some of the same 200 organisations may not have valid data for PI03 and this will result in fewer organisations contributing data to that indicator (see AIHW 2014, Table A3.1 for the number of organisations contributing valid data for each indicator for the December 2013 collection period).

In addition, when analysing and presenting data at the national level:

- There are some paired indicators where the numerator for 1 is the denominator for the other (for example, PI05 and PI06, PI09 and PI10, and PI23 and PI24); if data for 1 indicator in a pair are excluded due to data quality issues, data from the other indicator in the pair are also excluded.
- Some jurisdictions have an insufficient number of organisations to perform meaningful analysis. Therefore, Tasmanian data are combined with Victorian data, and data from the Australian Capital Territory are combined with data from New South Wales.
- It should be noted that some organisations (like the Queensland Aboriginal and Islander Health Council) use nKPI data to issue their own reports. These data may be reported differently because of different data 'cleaning' processes.

More information on nKPI data quality can be found on the AIHW's METeOR website <<http://meteor.aihw.gov.au/content/index.phtml/itemId/593841>>.

National Prisoner Health Data Collection

The National Prisoner Health Data Collection (NPHDC) contains data relating to people entering prison (prison entrants), people about to be released from prison (prison discharges), clinic visits and services, and medications taken by prisoners. Data are collected over a 2-week period, and sent to the AIHW for collation, analysis and reporting.

Although ideally an administrative by-product data collection, the NPHDC is currently a standalone paper-based collection. Participation rates vary among states and territories, with prison entrants having higher participation rates than discharges. This is partly due to the difficulties in identifying exact release dates in advance for prisoners, especially where they are on remand (awaiting trial or sentence).

The relatively small population of discharges captured in the data collection creates issues with reporting data when disaggregated by jurisdiction due to increased potential for attribute disclosure. For some indicators, this meant that some tables are unable to be published, and for other instances small numbers were suppressed.

Identification of Indigenous status was generally good in each state and territory, with unknown rates under 10%. The proportion of Indigenous participants in the entrants and discharge data were slightly higher than the reported proportion of the prisoner population on 30 June 2012.

For more information see

<<http://meteor.aihw.gov.au/content/index.phtml/itemId/534531>>.

List of symbols used in tables

n.a.	not available
—	rounded to zero (including null cells)
0	zero
. .	not applicable
n.p.	not available for publication but included in totals where applicable, unless otherwise indicated
*	represents results with statistically significant differences at the $p < 0.05$ level, between the categories specified in table footnotes
†	estimate has a relative standard error between 25% and 50% and should be used with caution
‡	estimate has a relative standard error greater than 50% and is considered too unreliable for general use

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References

ABS (Australian Bureau of Statistics) 2013. Australian Aboriginal and Torres Strait Islander Health Survey: users' guide, 2012–13. ABS cat no. 4727.0.55.002. Canberra: ABS.

AIHW (Australian Institute of Health and Welfare) 2014. National Key Performance Indicators for Aboriginal and Torres Strait Islander primary health care: results from December 2013. National key performance indicators for Aboriginal and Torres Strait Islander primary health care. Cat. no. IHW 146. Canberra: AIHW.

Other related information

ABS 2015. Australian Aboriginal and Torres Strait Islander Health Survey: first results, Australia, 2012–13 (4727.0.55.001). Table nos. 1.1, 5.3. Viewed on 31 March 2015 <<http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4727.0.55.0012012-13?OpenDocument>>.

AIHW 2011. Asthma in Australia 2011. AIHW Asthma Series no. 4. Cat. no. ACM 22. Canberra: AIHW.

AIHW 2014. Coronary heart disease and chronic obstructive pulmonary disease in Indigenous Australians. Cat. no. IHW 126. Canberra: AIHW.

AIHW 2014. National Key Performance Indicators for Aboriginal and Torres Strait Islander primary health care: First national results from December 2013. National key performance indicators for Aboriginal and Torres Strait Islander primary health care series. Canberra: AIHW.

Bailie R, Si D, Dowden M & Loneragan K 2007. Audit and Best Practice for Chronic Disease Project: Final Report. Darwin: Menzies School of Health Research.

Dennis SM, Zwar N, Griffiths R, Roland M, Hasan I, Davies GP et al. 2008. Chronic disease management in primary care: from evidence to policy. *Medical Journal of Australia* 188:53.

Griew R, Tilton E, Stewart J, Eades S, Lea T, Peltola C et al. 2007. Family Centred Primary Health Care.

Hoy W, Baker P, Kelly A & Wang Z 2000. Reducing premature death and renal failure in Australian Aboriginals. *Medical Journal of Australia* 172:473–8.

Hoy W, Kelly A, Jacups S, McKendry K, Baker P, MacDonald S et al. 1999. Stemming the tide: reducing cardiovascular disease and renal failure in Australian Aborigines*. *Internal Medicine Journal* 29:480–3.

Kowanko I 2012. Chronic condition management strategies in Aboriginal communities: final report 2011. Flinders University and the Aboriginal Health Council of South Australia.

McDermott R, Tulip F, Schmidt B & Sinha A 2003. Sustaining better diabetes care in remote indigenous Australian communities. *British Medical Journal* 327:428–30.

Rowley KG, Gault A, McDermott R, Knight S, McLeay T & O'Dea K 2000. Reduced prevalence of impaired glucose tolerance no change in prevalence of diabetes despite increasing BMI among Aboriginal people from a group of remote homeland communities. *Diabetes Care* 23:898–904.

Zwar NA, Hermiz O, Comino EJ, Shortus T, Burns J & Harris M 2007. Do multidisciplinary care plans result in better care for patients with type 2 diabetes? *Australian Family Physician* 36:85–9.

The cover of the report features a red background with a white and yellow geometric pattern on the left side. The title is in white text on the right.

Aboriginal and Torres Strait Islander Health Performance Framework 2014 report

Measure 65 of 68

Detailed analyses

3.19 Accreditation

This measure reports on the proportion of:

- accredited public hospital Aboriginal and Torres Strait Islander separations and patient days as a percentage of all Aboriginal and Torres Strait Islander separations and patient days in public hospitals
- accredited general medical practice service establishments by proportion of Medicare Local population that is Indigenous.

Introduction

This is no. 65 of 68 measures in the *Aboriginal and Torres Strait Islander Health Performance Framework 2014 report: detailed analyses*. This report provides information on a range of measures of health status, determinants of health and the health system performance relating to Aboriginal and Torres Strait Islander people.

The Framework comprises 3 tiers:

Tier 1 – Health status and outcomes

Tier 2 – Determinants of health

Tier 3 – Health system performance.

The full report, including a comprehensive description of all data sources used in the report, and notes about the data quality is available from
<<http://www.aihw.gov.au/publication-detail/?id=60129550779>>.

Tables referenced are available from
<<http://www.aihw.gov.au/indigenous-data/health-performance-framework/>>.

Data sources

- National Hospital Morbidity database
- National Public Hospitals Establishment Database
- Australian General Practice Accreditation Limited
- GPA Accreditation Plus
- Healthy for Life data collection.

For more information, see 'Data sources and quality' at the end of this measure.

Data analyses

Accreditation is a process, usually voluntary, through which a recognised external body assesses the extent to which a health-care organisation meets applicable quality standards. Quality standards typically address issues such as governance of the organisation, management of safety issues such as infection control, handling of care processes such as discharge planning, general management issues such as human resource management, quality of the physical infrastructure, and issues such as handling of patient complaints.

In Australia, there are accreditation systems for both hospitals and general practices. All health-care organisations can undergo accreditation.

Accreditation is provided by a number of bodies, including the Australian Council on Healthcare Standards' Evaluation and Quality Improvement Program, Business Excellence Australia, and the Quality Improvement Council. Hospitals can also be certified as compliant with the International Organization for Standardization's (ISO) 9000 quality family.

For data from Australian General Practice Accreditation Limited (AGPAL) and General Practice Accreditation Plus (GPA+), the denominator was only those practices registered with these organisations to go through accreditation. The numerator was those practices which were registered with AGPAL/GPA+ to go through accreditation and had been accredited at the time of data extraction.

Hospital records are for 'separations' and not individuals, as there can be multiple admissions for the same individual. An aggregate of 2 years of data has been used, because the number of hospitalisations for some conditions is likely to be small for a single year. Time series analyses of hospital records may be affected by changes in the quality of Indigenous identification over time.

For more information about accreditation see 'Other related information' at the end of this measure.

The following data are presented for this measure:

- Public hospital accreditation, see tables 3.19.1–5
- Accreditation of services participating in the Healthy for Life program, see Table 3.19.7.

Public hospital accreditation

Current period

In the period 2011–12 to 2012–13:

- 99% of public hospital separations for Indigenous Australians occurred in accredited hospitals, as did 99% of public hospital separations for non-Indigenous Australians (Table 3.19.1).
- The rates of public hospital separations for Indigenous Australians that occurred in accredited hospitals were similar across remoteness areas (Table 3.19.3).

Trend

From 1998–99 to 2012–13 in Queensland, Western Australia, South Australia and the Northern Territory combined:

- The proportion of hospital separations provided to Indigenous Australians in accredited public hospitals increased significantly by 59%, from 59% in 1998–99 to almost all hospital separations (99%) in 2012–13.
- The rate difference between Indigenous and other Australians in the proportion of hospital separations provided in accredited public hospitals decreased, dropping from 20% to 0.2% (Table 3.19.5, Figure 3.19.1).

General practice accreditation

Current period

In 2012–13:

- Around 94% of general practices registered for accreditation through AGPAL or GPA+ had been accredited (Table 3.19.6).
- The proportions of general practices registered for accreditation through AGPAL or GPA+ that had been accredited were generally similar between areas with different proportions of the population that were Indigenous. They ranged from 92% of practices in areas where 10% or more of the population was Indigenous to 95% of practices in areas where 4 to less than 10% of the population was Indigenous (Table 3.19.6).

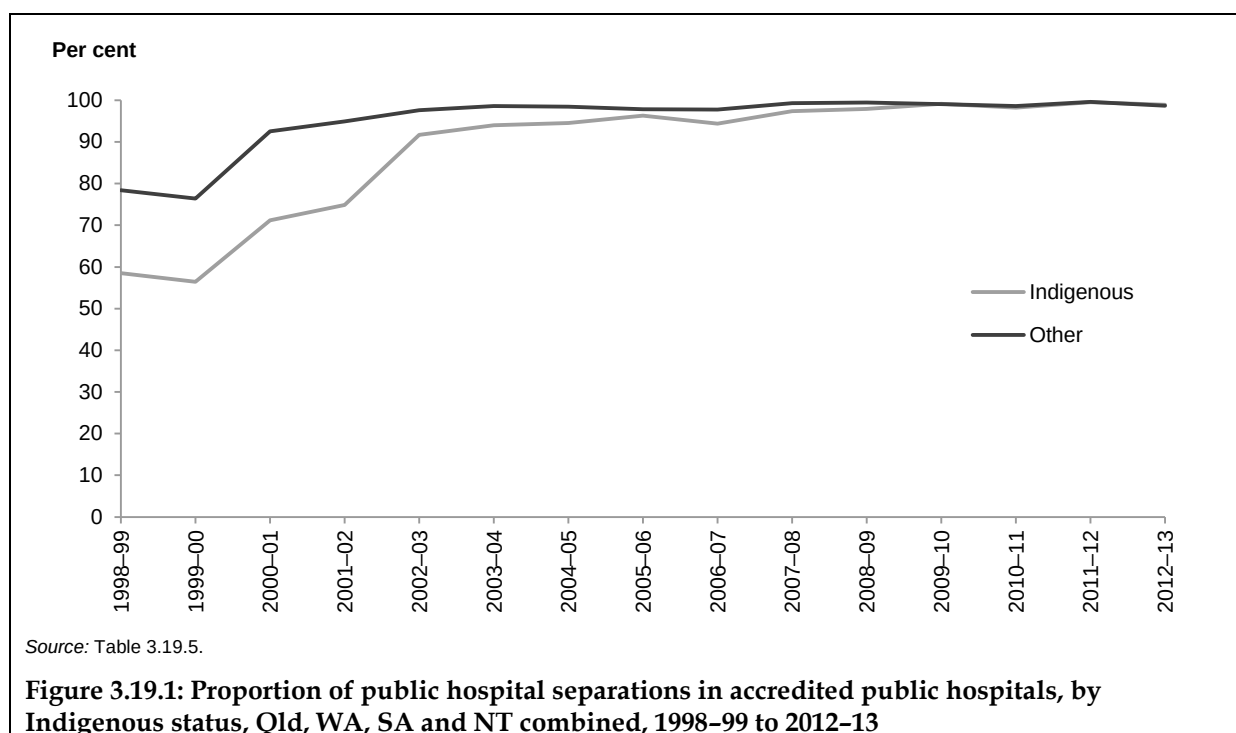


Table 3.19.1: Public hospital separations, by Indigenous status, accreditation status and jurisdiction, Australia, 2011-12 to 2012-13^{(a)(b)}

	Indigenous			Non-Indigenous		
	Number separations in accredited hospitals	Number separations in non-accredited hospitals	Per cent separations in accredited hospitals	Number separations in accredited hospitals	Number separations in non-accredited hospitals	Per cent separations in accredited hospitals
NSW	143,195	2,114	98.5	3,173,664	29,514	99.1
Vic	36,476	—	100.0	2,909,888	20	100.0
Qld	172,022	3,172	98.2	1,800,107	47,756	97.4
WA	112,509	—	100.0	1,082,436	—	100.0
SA	46,323	—	100.0	739,363	—	100.0
Tas	n.p.	n.p.	95.7	n.p.	n.p.	95.1
NT	n.p.	n.p.	100.0	n.p.	n.p.	100.0
ACT	n.p.	n.p.	100.0	n.p.	n.p.	100.0
Australia	684,140	5,583	99.2	10,144,920	86,859	99.2

(a) Data are from public hospitals only.

(b) Jurisdiction based on location of hospital.

Note: The proportion is the number of separations in accredited hospitals by Indigenous status and state/territory divided by the total number of separations in public hospitals by Indigenous status and state/territory.

Source: AIHW analysis of National Hospital Morbidity Database and National Public Hospitals Establishment Database.

Table 3.19.2: Public hospital patient days, by Indigenous status, accreditation status and jurisdiction, Australia, 2011–12 to 2012–13^{(a)(b)}

	Indigenous			Non-Indigenous		
	Number patient days in accredited hospitals	Number patient days in non-accredited hospitals	Per cent patient days in accredited hospitals	Number patient days in accredited hospitals	Number patient days in non-accredited hospitals	Per cent patient days in accredited hospitals
NSW	421,464	28,465	93.7	11,990,894	207,889	98.3
Vic	97,946	—	100.0	9,218,005	225	100.0
Qld	471,955	8,664	98.2	5,856,468	132,106	97.8
WA	298,256	—	100.0	3,478,808	—	100.0
SA	167,842	—	100.0	2,958,222	—	100.0
Tas	n.p.	n.p.	92.1	n.p.	n.p.	87.9
ACT	n.p.	n.p.	100.0	n.p.	n.p.	100.0
NT	n.p.	n.p.	100.0	n.p.	n.p.	100.0
Australia	1,861,525	38,880	98.0	34,955,059	422,859	98.8

(a) Data are from public hospitals only.

(b) Jurisdiction based on location of hospital.

Note: The proportion is the number of separations in accredited hospitals by Indigenous status and state/territory divided by the total number of separations in public hospitals by Indigenous status and state/territory.

Source: AIHW analysis of National Hospital Morbidity Database and National Public Hospitals Establishment Database.

Table 3.19.3: Public hospital separations, by Indigenous status, accreditation status and remoteness, Australia, 2011–12 to 2012–13^{(a)(b)}

	Indigenous			Non-Indigenous		
	Number separations in accredited hospitals	Number separations in non-accredited hospitals	Per cent separations in accredited hospitals	Number separations in accredited hospitals	Number separations in non-accredited hospitals	Per cent separations in accredited hospitals
Major cities	193,182	3,845	98.0	7,286,879	76,433	99.0
Inner regional	117,937	70	99.9	1,979,977	2,009	99.9
Outer regional	208,864	250	99.9	755,194	6,846	99.1
Remote	125,776	577	99.5	93,282	690	99.3
Very remote	38,346	841	97.9	22,092	881	96.2
Total^(c)	684,140	5,583	99.2	10,144,920	86,859	99.2

(a) Data are from public hospitals only.

(b) Remoteness category based on location of hospital.

(c) Total includes 7,532 separations from hospitals where remoteness area of patients' usual residence was unknown/not stated.

Note: The proportion is the number of separations in accredited hospitals by Indigenous status and remoteness category divided by the total number of separations by Indigenous status and remoteness category.

Source: AIHW analysis of National Hospital Morbidity Database and National Public Hospitals Establishment Database.

Table 3.19.4: Public hospital separations, by Indigenous status, accreditation status and public hospital peer groups, Australia, 2011–12 and 2012–13^{(a)(b)(c)}

	Indigenous			Non-Indigenous		
	Number separations in accredited hospitals	Number separations in non-accredited hospitals	Per cent separations in accredited hospitals	Number separations in accredited hospitals	Number separations in non-accredited hospitals	Per cent separations in accredited hospitals
Principal referral and specialist women's and children's hospitals						
Principal referral	435,954	690	99.8	6,861,296	21,108	99.7
Specialist women's and children's	16,926	1,383	92.4	437,916	26,544	94.3
Large hospitals						
Major cities	16,401	387	97.7	802,501	19,567	97.6
Regional and remote	38,090	0	100.0	419,047	0	100.0
Medium hospitals						
Group 1	40,781	1,278	97.0	480,621	3,904	99.2
Group 2	26,212	0	100.0	502,262	0	100.0
Regional	16,175	192	98.8	241,161	4,875	98.0
Remote	73,556	16	100.0	64,316	508	99.2
Sub-acute and non-acute hospitals						
Small non-acute	5,010	11	99.8	113,020	1,060	99.1
Multi-purpose services	9,267	247	97.4	43,229	70	99.8
Rehabilitations	616	0	100.0	17,817	0	100.0
Mothercraft	310	106	74.5	25,434	4,747	84.3
Other non-acute	133	0	100.0	22,361	64	99.7
Other hospitals						
Psychiatric hospitals	1,913	64	96.8	15,320	1,929	88.8
Un-peered and other hospitals	2,796	1,209	69.8	98,619	2,483	97.5
Total	684,140	5,583	99.2	10,144,920	86,859	99.2

(a) Data are from public hospitals only and from all jurisdictions.

(b) Excludes separations with care types 7.3, 9 and 10 (newborn, unqualified days only; organ procurement; and hospital boarder).

(c) Peer groups are classified according to peer group classification, 1999 to 2013, Table C1, page 305, *Australian Hospital Statistics 2012–13* (AIHW 2014).

Notes

1. The proportion is the number of separations in accredited hospitals by Indigenous status and peer group divided by the total number of separations by Indigenous status and peer group.

Source: AIHW analysis of National Hospital Morbidity Database and National Public Hospitals Establishment Database.

Table 3.19.5: Proportion of public hospital separations in accredited public hospitals, by Indigenous status, Qld, WA, SA and NT combined, 1998–99 to 2012–13^{(a)(b)(c)(d)}

	Indigenous	Other ^(e)	Rate ratio ^(f)	Rate difference
1998–99	58.5	78.4	0.7	–19.9
1999–00	56.4	76.4	0.7	–20.0
2000–01	71.2	92.5	0.8	–21.3
2001–02	74.9	94.9	0.8	–20.0
2002–03	91.7	97.6	0.9	–5.9
2003–04	94.0	98.6	1.0	–4.6
2004–05	94.5	98.5	1.0	–3.9
2005–06	96.3	97.8	1.0	–1.5
2006–07	94.4	97.8	1.0	–3.4
2007–08	97.4	99.3	1.0	–2.0
2008–09	97.9	99.5	1.0	–1.5
2009–10	99.2	99.1	1.0	0.1
2010–11	98.2	98.6	1.0	–0.4
2011–12	99.5	99.6	1.0	–0.1
2012–13	98.9	98.7	1.0	0.2
Annual change ^(g)	2.9	1.2	. .	1.7
Percentage change ^(h)	58.5	19.3	. .	–125.1

(a) Data are from public hospitals only.

(b) Jurisdiction based on location of hospital.

(c) Data are reported for Qld, WA, SA and NT only. These four jurisdictions are considered to have adequate levels of Indigenous identification over the time period reported, although the level of accuracy varies by jurisdiction and hospital. Hospitalisation data for these jurisdictions should not be assumed to represent the hospitalisation experiences in the other jurisdictions.

(d) Excludes separations with care types 7.3, 9 and 10 (newborn, unqualified days only; organ procurement; and hospital boarder).

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

(f) Hospitalisation rates for Indigenous Australians divided by the hospitalisation rates for Other Australians.

(g) Annual change determined using linear regression analysis.

(h) Percentage change between 1998–99 and 2012–13 based on annual rate of change over the period.

Notes

1. The proportion is the number of separations in accredited hospitals by Indigenous status and state/territory divided by the total number of separations by Indigenous status and state/territory.
2. Hospitals' accreditation status may change over time. Interpretation of changes in hospital separations in accredited hospitals over time need to be cautious.

Source: AIHW analysis of National Hospital Morbidity Database and National Public Hospitals Establishment Database.

Table 3.19.6: Number of general practices registered for accreditation through AGPAL or GPA+ that had been accredited, by per cent of the population that is Indigenous^(a), 2012–13^(b)

Per cent Indigenous ^(a)	Registered but not yet accredited	Number of accredited practices	Total practices	Per cent accredited
<1%	82	1,207	1,289	93.6
1–<2%	117	1,511	1,628	92.8
2–<3%	57	787	844	93.2
3–<4%	29	474	503	94.2
4–<10%	56	961	1,017	94.5
10%+	23	276	299	92.3
Total	364	5,216	5,580	93.5

(a) Based on Medicare Local populations.

(b) GPA+ data is for the period 2013 whilst AGPAL data is financial year 2012–13.

Source: AIHW analysis of AGPAL and GPA+ data.

Table 3.19.7: Number and proportion of services, by accreditation status, by recognised provider, at 30 June 2011

Accreditation status	Recognised provider				Total
	AGPAL	QIC	Other	Provider not stated	
Number of services					
Accredited	42	2	3	2	49
Undergoing accreditation	11	0	2	0	13
Provisionally accredited	2	0	0	0	2
None of the above	0	0	1	6	7
Accreditation status not stated	0	0	0	4	4
Total	55	2	6	12	75
Proportion of services (%)					
Accredited	76.4	100.0	50.0	16.7	65.3
Undergoing accreditation	20.0	0.0	33.3	0.0	17.3
Provisionally accredited	3.6	0.0	0.0	0.0	2.7
None of the above	0.0	0.0	16.7	50.0	9.3
Accreditation status not stated	0.0	0.0	0.0	33.3	5.3
Total	100.0	100.0	100.0	100.0	100.0

Note: Data were provided by 75 services.

Source: AIHW Healthy for Life data collection.

Data sources and quality

National Hospital Morbidity Database

The scope of the NMDS is episodes of care for admitted patients in essentially all hospitals in Australia, including public and private acute and psychiatric hospitals, free-standing day hospital facilities, alcohol and drug treatment hospitals and dental hospitals. Hospitals operated by the Australian Defence Force, corrections authorities and in Australia's off-shore territories are not included. Hospitals specialising in ophthalmic aids and other specialised acute medical or surgical care are included. The NHMD does not include episodes of non-admitted patient care provided in outpatient clinics or emergency departments.

For 2012–13, almost all public hospitals provided data for the NHMD. The exception was a mothercraft hospital in the ACT. The great majority of private hospitals also provided data, the exceptions being the private free-standing day hospital facilities in the ACT, the single private free-standing day hospital in the Northern Territory, and a private free-standing day hospital in Victoria.

Hospitalisations

Data are a count of hospital separations (episodes of admitted patient care, which can be a total hospital stay or a portion of a hospital stay that begins or ends in a change of type of care) and not patients. Patients who separated from hospital more than once in the year will be counted more than once in the data set.

The number and pattern of hospitalisations can be affected by differing admission practices among the jurisdictions and from year to year, and differing levels and patterns of service delivery.

Records for newborn episodes that did not include qualified days, and records for hospital boarders and posthumous organ procurement have been excluded as these activities are not considered to be admitted patient care.

Indigenous status information

Approximately 2% of hospital records have Indigenous status of 'not stated', though this proportion varies across the jurisdictions (see Table 1.02.1). These records are excluded from analyses of hospital data in this report. Note that for hospitals in Western Australia, records with an unknown status are reported as non-Indigenous.

Under-identification

The incompleteness of Indigenous identification means the number of hospital separations recorded as Indigenous is an underestimate of hospitalisations involving Indigenous Australians.

The AIHW completed an assessment of the level of Indigenous under-identification in selected public hospitals in all states and territories in 2007–08. Results from this assessment indicate that New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory had adequate Indigenous identification (20% or less overall under-identification of Indigenous patients) in their hospital separations data (AIHW 2010). The study estimated that 89% of Indigenous patients were correctly identified in Australian public hospital admission records in 2007–08.

In 2011–12, the AIHW completed a second study to reassess the level of under-identification in public hospitals data, and found that all jurisdictions had sufficient quality Indigenous identification for reporting from 2010–11 (AIHW 2013). The study estimated that 88% of Indigenous patients were correctly identified in Australian public hospital admission records in 2011–12, and a correction factor of 1.09 is used at the national level to adjust for under-identification in hospital data. Interpretation of results should take into account the relative quality of the data from the jurisdictions.

Time series analysis may be affected by changes in the quality of Indigenous identification over time. The second AIHW study found no statistically significant change in identification rates at the national level, although there were some changes at the jurisdictional level. Time series presentations in this report include data from both public and private hospitals across several jurisdictions, so the overall effect of changes in Indigenous identification over time is unclear. This should be taken into account when interpreting the results of time series analysis.

Change in coding and coding practices

Between 2009–10 and 2010–11, there were significant changes in the coding of diagnoses for diabetes, obstetrics, and imaging procedures. There were also significant changes made to coding practices for diabetes and related conditions for the 2012–13 year, resulting in increased counts for these conditions. Caution should be used in comparing 2011–12 and 2012–13 data with data from previous Health Performance Framework reports.

For more information about the quality of the NHMD and emergency department care data, please refer to Database quality statement summaries in the report *Australian Hospital Statistics 2012–13*, available at <http://www.aihw.gov.au/publication-detail/?id=60129546922>.

National Public Hospitals Establishment Database

In 2012–13, the National Public Hospital Establishments Database (NPHEd) included essentially all public hospitals with the exception of 3 Mater hospitals in Queensland. The number of hospitals reported can be affected by administrative and/or reporting arrangements and is not necessarily a measure of the number of physical hospital buildings or campuses.

Differences in accounting, counting and classification practices across jurisdictions and over time may affect the comparability of these data. There was variation between states and territories in the reporting of expenditure, depreciation, revenue, available beds, staffing categories and outpatient occasions of service.

Comparability of bed numbers can be affected by the range and types of patients treated by a hospital (casemix), with for example, different proportions of beds being available for special and more general purposes.

A small number of establishments in 2012–13 did not report any financial data, or reported incomplete financial data. The collection of data by staffing category is not consistent among states and territories.

For more information see

<http://meteor.aihw.gov.au/content/index.phtml/itemId/395090>.

Australian General Practice Accreditation Limited and GPA Accreditation Plus

AGPAL and GPA Accreditation *plus* are the two providers of formal accreditation services to general practices. Accreditation is based on meeting requirements of the Standards developed by the Royal Australian College of General Practitioners. Although general practice accreditation is voluntary, most Australian general practices are accredited. Accreditation is an eligibility requirement for certain Australian Government programs, such as the Practice Incentives Program.

Data reported on practices accredited by the proportion of Indigenous persons in the population are based on Medicare Local populations.

There is double counting of some services where general practices are on the border of 2 Medicare Local areas. In such cases, 2 Medicare Local areas may service the same practice.

Healthy for Life data collection

For the July 2010 to June 2011 reporting period, 85 services submitted data as part of the Healthy for Life (HfL) Program.

Services started submitting their data through an electronic interface (OSCAR) for the February 2008 reporting period. This has improved the quality of data submitted.

Not all of the services were able to provide data for all of the essential indicators and service profile questions included in the HfL data collection. The number of services that were able to provide data varies across the qualitative and quantitative indicators.

There has been an upward trend in the proportion of services that reported on each of the indicators over time, particularly compared with the first reporting period ending June 2007.

In general, the data quality improved noticeably between the periods ending in June 2008 and June 2009. The overall level of data quality remained similar in the period ending in June 2010, while further improvements occurred in the period ending in June 2011. In the period ending in June 2011, the most common data quality issues were related to missing data (20% of services) and data out of the expected range (11% of services).

The Healthy for Life data collection was discontinued at the end of June 2011.

List of symbols used in tables

- rounded to zero (including null cells)
- 0 zero
- .. not applicable
- n.p. not available for publication but included in totals where applicable, unless otherwise indicated

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References

AIHW (Australian Institute of Health and Welfare) 2010. Indigenous identification in hospital separations data: quality report. Health services series no. 35. Cat. no. HSE 85. Canberra: AIHW.

AIHW 2013. Indigenous identification in hospital separations data: quality report. Cat. no. IHW 90. Canberra: AIHW.

AIHW 2014. Australian hospital statistics 2012–13. Health services series no. 54. Cat. no. HSE 145. Canberra: AIHW.

Other related information

Royal Australian College of General Practitioners 2010. RACGP Standards for general practices (fourth edition). RACGP.

The cover of the report features a red background with a white and yellow geometric pattern on the left side. The title is in white text on the right.

Aboriginal and Torres Strait Islander Health Performance Framework 2014 report

Measure 66 of 68

Detailed analyses

3.20 Aboriginal and Torres Strait Islander peoples training for health-related disciplines

This measure reports on the number of Aboriginal and Torres Strait Islander Australians enrolled in and completing courses in tertiary education for health-related disciplines

Introduction

This is no. 66 of 68 measures in the *Aboriginal and Torres Strait Islander Health Performance Framework 2014 report: detailed analyses*. This report provides information on a range of measures of health status, determinants of health and the health system performance relating to Aboriginal and Torres Strait Islander people.

The Framework comprises 3 tiers:

Tier 1 – Health status and outcomes

Tier 2 – Determinants of health

Tier 3 – Health system performance.

The full report, including a comprehensive description of all data sources used in the report, and notes about the data quality is available from
<<http://www.aihw.gov.au/publication-detail/?id=60129550779>>.

Tables referenced are available from

<<http://www.aihw.gov.au/indigenous-data/health-performance-framework/>>.

Data sources

- Department of Education Higher Education Student Statistics Collection
- National Centre for Vocational Education Research data.
- For more information, see 'Data sources and quality' at the end of this measure.

Data analyses

The progress rate for higher educational institutions is based on the proportion of units passed within a year compared with the total number of units enrolled.

VET load pass rates are calculated as the number of nominal hours supervised in assessable modules or units of competency completed with a pass assessment divided by the total nominal hours supervised in assessable modules or units of competency.

For more information about Aboriginal and Torres Strait Islander Australians training for health-related disciplines and health workforce, see measures 2.05 and 3.12 and 'Other related information' at the end of this measure.

The following data are presented for this measure:

- Higher education sector course enrolments and completions, see tables 3.20.1–8
- Vocational education and training (VET) sector enrolments and completions, see tables 3.20.9–20.

Higher education sector course enrolments and completions

Current period

In 2012:

- There were 2,037 enrolments in health-related courses for Indigenous students (46 per 10,000), compared with 140,645 non-Indigenous students (78 per 10,000). The gap was 32 per 10,000 (Table 3.20.2).
- There were 353 completions of health-related courses for Indigenous students (8 per 10,000), compared with 33,776 non-Indigenous students (19 per 10,000). The gap was 11 per 10,000 (Table 3.20.4).
- For both Indigenous Australians and other Australians, enrolment rates in undergraduate domestic health-related courses were highest for those aged 15–24. For both Indigenous Australians and other Australians, completion rates were also highest for those aged 15–24 (Table 3.20.1, Table 3.20.5, Figures 3.20.1–2).
- The progress rate in health-related undergraduate courses was 77% for Indigenous students, compared with 92% of other Australian students (Table 3.20.6, Figure 3.20.4).

Trend

From 2001 to 2012:

- There was a significant 75% increase in the rate of Indigenous students enrolled in health-related undergraduate courses, from 29 per 10,000 in 2001 to 46 per 10,000 in 2012. This is compared with a significant 67% increase in the enrolment rate for non-Indigenous students, from 49 per 10,000 to 78 per 10,000. The gap increased 56%.

- Completion rates for Indigenous students increased significantly, from 6 per 10,000 to 8 per 10,000, while completion rates for non-Indigenous students also increased significantly, from 13 per 10,000 to 19 per 10,000. The gap increased 48% (Table 3.20.7).

Vocational education and training (VET) sector enrolments and completions

Current period

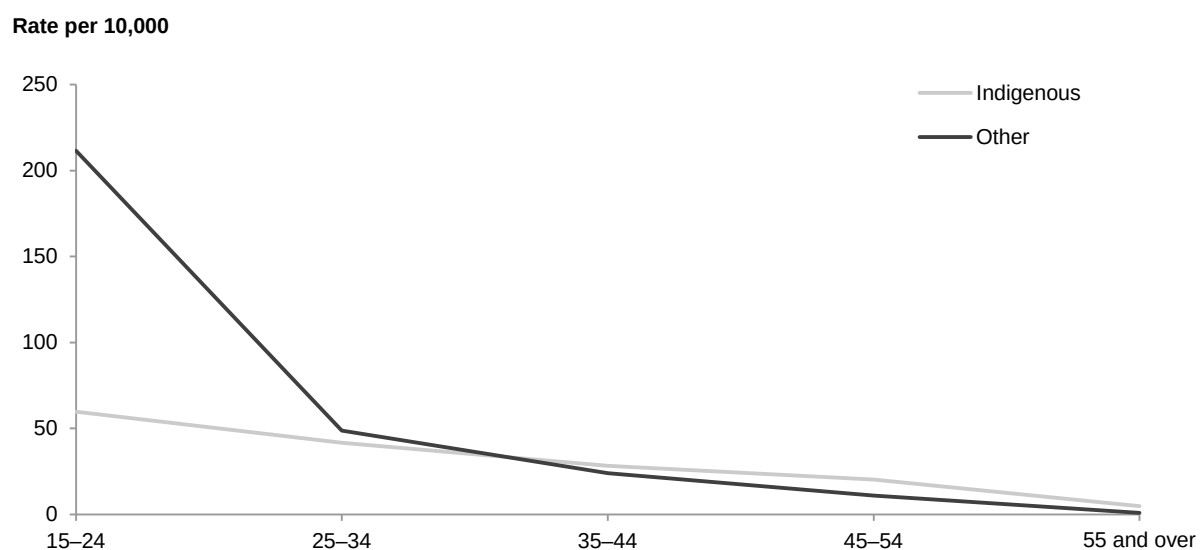
In 2012:

- There were 5,078 enrolments for Indigenous students aged 15–64 in vocational health-related courses, a rate of 121 per 10,000. There were 100,808 enrolments for other Australians aged 15–64 in vocational health-related courses, a rate of 68 per 10,000. The rate difference was 53 per 10,000 (Table 3.20.9).
- There were 901 completions for Indigenous students aged 15–64 in vocational health-related courses, a rate of 22 per 10,000. There were 21,970 completions for other Australians aged 15–64 in vocational health-related courses, a rate of 15 per 10,000. The rate difference was 7 per 10,000 (Table 3.20.11).
- Indigenous students had lower load pass rates in health related courses than other Australian students (75% compared with 83% respectively), a gap of 9% (Table 3.20.13, Figure 3.20.6).

Trend

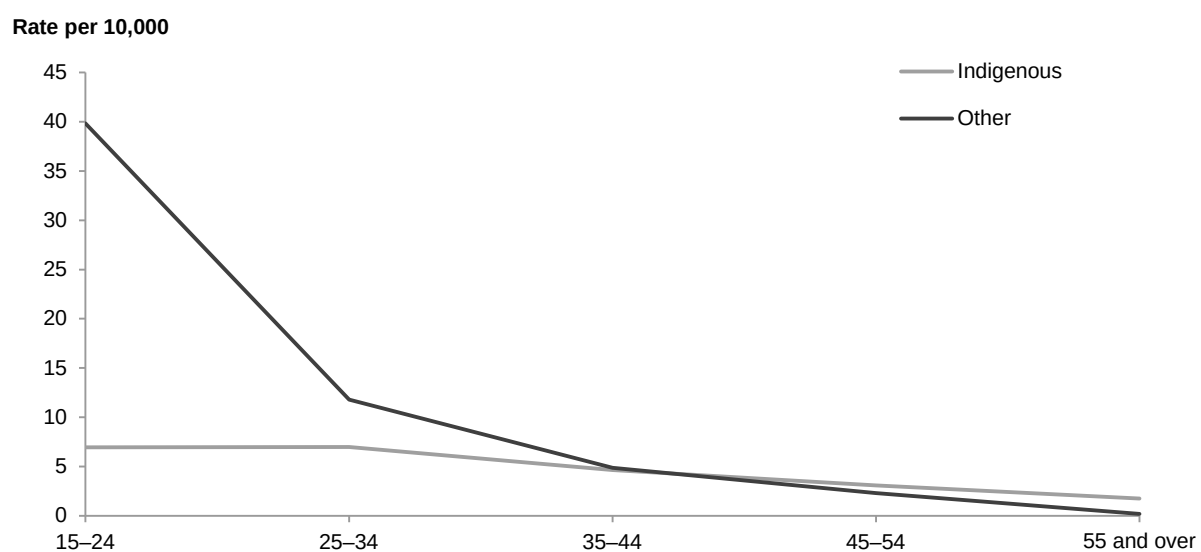
From 2003 to 2012:

- The rate of enrolments in vocational health-related courses by Indigenous Australians declined significantly by 8%, from 145 per 10,000 to 117 per 10,000. There was a significant 24% decline for other Australian students, from 82 per 10,000 to 57 per 10,000. The rate difference increased (Table 3.20.16–17).
- Completion rates for Indigenous students increased significantly by 298%, from 8 per 10,000 to 21 per 10,000. Completion rates for other Australian students increased significantly by 223%, from 5 per 10,000 to 12 per 10,000. The rate difference increased (Table 3.20.18–19).



Source: Table 3.20.1.

Figure 3.20.1: Undergraduate domestic university health-related course enrolments by Indigenous status and age group, 2012



Source: Table 3.20.5.

Figure 3.20.2: Rate of undergraduate domestic university health-related course completions by Indigenous status and age group, 2012

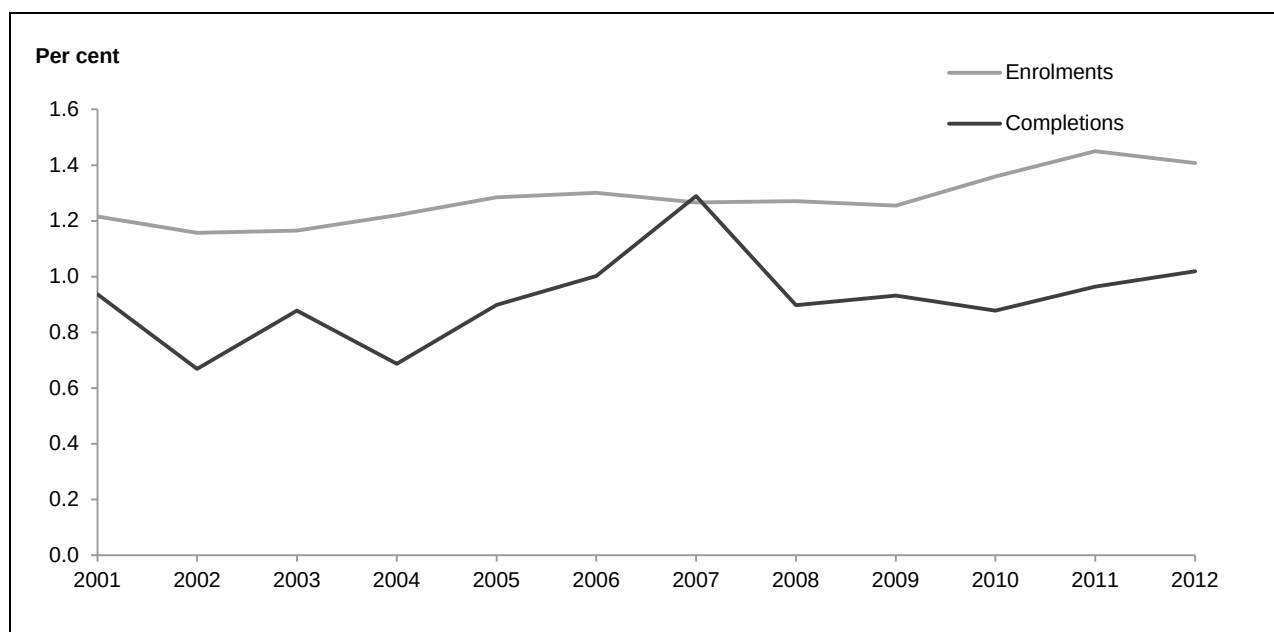


Figure 3.20.3: Proportion of university students enrolled in, and who completed health-related courses who identified as Aboriginal and/or Torres Strait Islander, 2001 to 2012

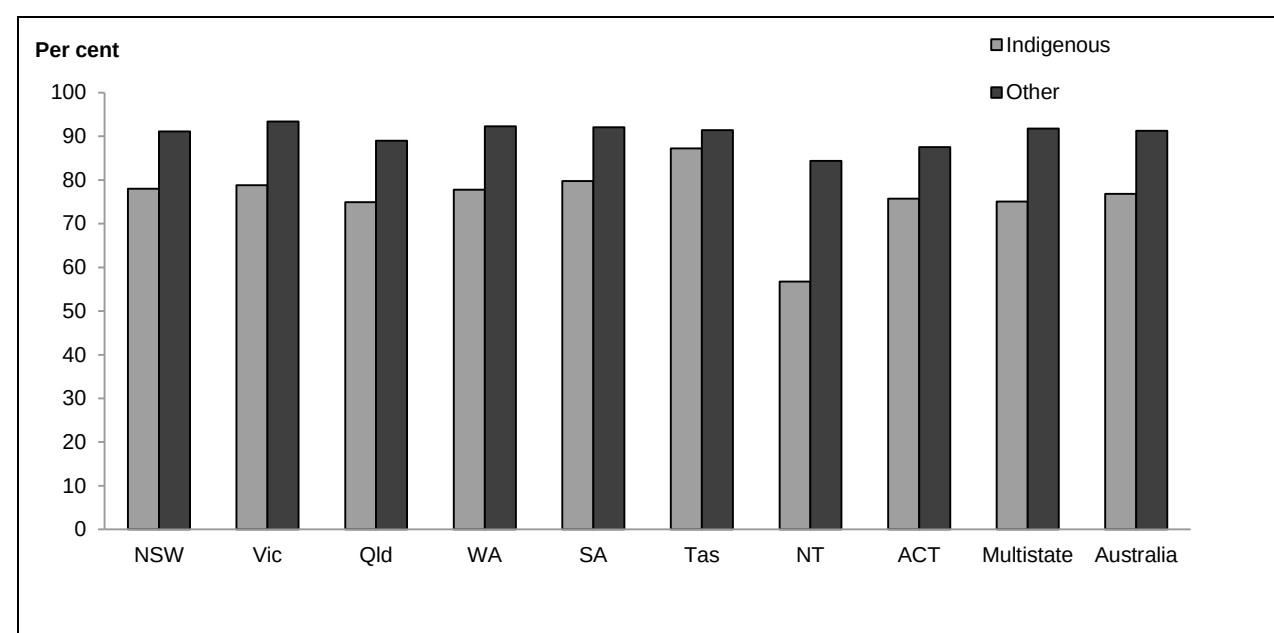
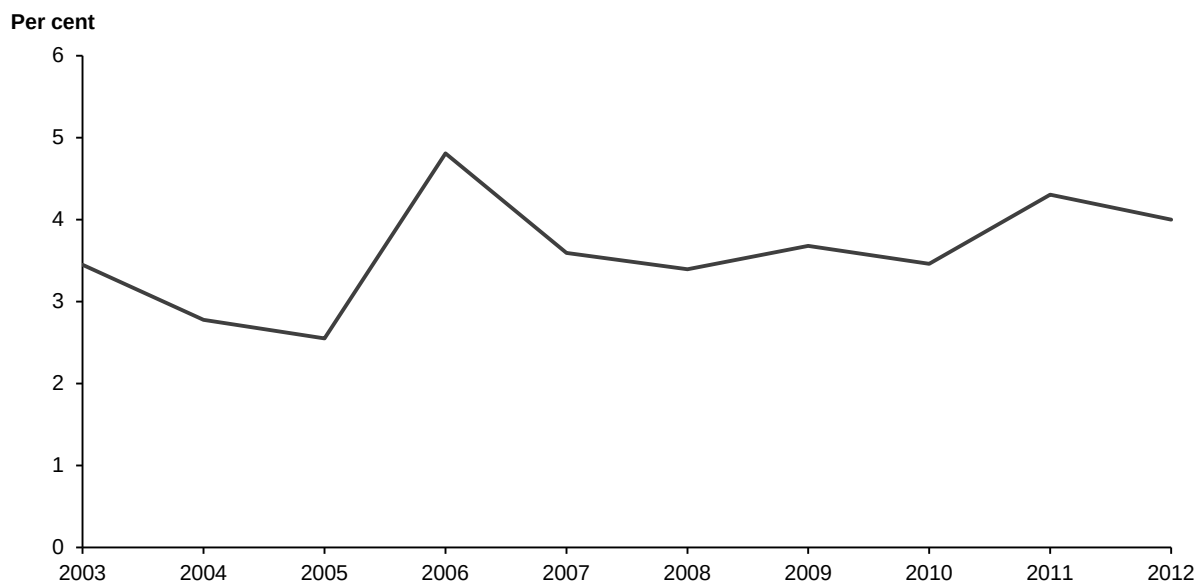
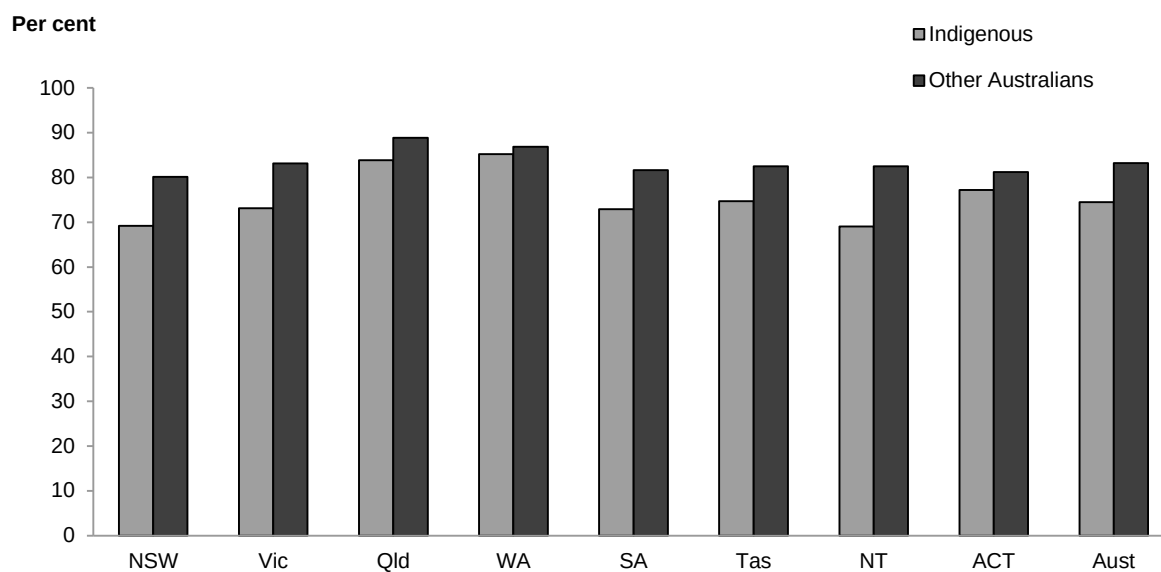


Figure 3.20.4: Higher education progress rates for undergraduate domestic university students studying health-related courses, by state/territory and Indigenous status, 2012



Source: Table 3.20.20.

Figure 3.20.5: Proportion of vocational education and training sector health-related courses completed by Indigenous students, 2003 to 2012



Source: Table 3.20.13.

Figure 3.20.6: Load pass rate for VET sector students studying health-related courses, by Indigenous status and state/territory, 2012

Table 3.20.1: Undergraduate domestic university health-related course enrolments^(a) by age group and Indigenous status, 2012

Age group	Indigenous			Other ^(b)		
	Number	Per cent	Rate (per 10,000)	Number	Per cent	Rate (per 10,000)
15–24	828	40.6	59.8	62,264	43.6	211.5
25–34	393	19.3	41.6	15,577	10.9	48.8
35–44	231	11.3	28.3	7,451	5.2	24.0
45–54	132	6.5	20.4	3,270	2.3	10.9
55 and over	30	1.5	4.8	475	0.3	0.8
Total domestic students	1,614	79.2	36.5	89,037	62.4	49.5
Total domestic enrolments^(c)	2,036	99.95	46.0	122,152	85.6	67.9
Total enrolments^(d)	2,037	100.0	46.0	142,701	100.0	79.4

(a) Includes medical studies, nursing, pharmacy, dental studies, optical science, public health, radiography, rehabilitation therapies.

(b) Other includes those whose Indigenous status is unknown.

(c) The total undergraduate domestic enrolments include some double counts of students who enrolled in more than one health-related course.

(d) Includes undergraduate, postgraduate, domestic and international students.

Notes

1. Includes students aged 15 years and over.

2. Excludes unknown age group.

Source: AIHW analysis of Selected Higher Education Statistics (Department of Education).

Table 3.20.2: Undergraduate domestic students^(a) enrolled in health-related courses^(b), Indigenous and non-Indigenous students, 2012

Field of education	Indigenous		Non-Indigenous		Rate difference ^(c)
	Number	Rate (per 10,000)	Number	Rate (per 10,000)	
Nursing	943	21.3	42,164	23.4	–2.1
Public health	208	4.7	8,009	4.5	0.2
Indigenous health	142	3.2	35	0.0	3.2
Medical studies	249	5.6	15,109	8.4	–2.8
Rehabilitation therapies	126	2.8	14,575	8.1	–5.3
Dental studies	43	1.0	2,719	1.5	–0.5
Pharmacy	23	0.5	5,116	2.8	–2.3
Radiography	26	0.6	2,278	1.3	–0.7
Optical science	<5	n.p.	712	0.4	n.p.
Total undergraduate domestic students	1,614	36.5	88,092	49.0	–12.5
Total enrolments^(d)	2,037	46.0	140,645	78.2	–32.2

(a) The total undergraduate domestic students take into account the coding of Combined Courses to two fields of education. As a consequence, counting both fields of education for Combined Courses means that the total undergraduate domestic enrolment in this table is less than the sum of detailed fields of education.

(b) Medical studies, nursing, pharmacy, dental studies, optical science, public health, radiography, rehabilitation therapies.

(c) Rate difference is Indigenous students rate minus the non-Indigenous rate.

(d) Includes undergraduate, postgraduate, domestic and international students.

Source: AIHW analysis of Selected Higher Education Statistics (Department of Education).

Table 3.20.3: Proportion and number of undergraduate domestic university students enrolled in health-related^(a) courses, by state/territory and Indigenous status, 2012

State/territory ^(b)	Indigenous students	Other students	Total students	Indigenous students as a proportion of total
New South Wales	559	21,746	22,305	2.5
Victoria	153	18,360	18,513	0.8
Queensland	442	19,537	19,979	2.2
Western Australia	146	11,691	11,837	1.2
South Australia	122	8,603	8,725	1.4
Tasmania	38	2,139	2,177	1.7
Northern Territory	82	1,540	1,622	5.1
Australian Capital Territory	12	1,000	1,012	1.2
Multi-state	60	4,421	4,481	1.3
Total undergraduate domestic students^(c)	1,614	89,037	90,651	1.8
Total enrolments^(d)	2,037	142,701	144,738	1.4

(a) Medical studies, nursing, pharmacy, dental studies, optical science, public health, radiography, rehabilitation therapies.

(b) State/territory classification is based on state of institution.

(c) The total undergraduate domestic students take into account the coding of Combined Courses to two fields of education. As a consequence, counting both fields of education for Combined Courses means that the total undergraduate domestic enrolment in this table is less than the sum of detailed fields of education.

(d) Includes undergraduate, postgraduate, domestic and international students.

Source: AIHW analysis of Selected Higher Education Statistics (Department of Education).

Table 3.20.4: Undergraduate domestic health-related course^(a) completions, Indigenous and non-Indigenous students, 2012

Field of education	Indigenous		Non-Indigenous		Rate difference ^(b)
	Number	Rate (per 10,000)	Number	Rate (per 10,000)	
Nursing	115	2.6	8,714	4.8	-2.2
Public health	65	1.5	1,237	0.7	0.8
Indigenous health	51	1.2	6	0.0	1.1
Medical studies	17	0.4	2,889	1.6	-1.2
Rehabilitation therapies	17	0.4	2,519	1.4	-1.0
Dental studies	10	0.2	555	0.3	-0.1
Pharmacy	<5	n.p.	1,082	0.6	n.p.
Radiography	<5	n.p.	572	0.3	n.p.
Optical science	0	0.0	132	0.1	-0.1
Total undergraduate domestic students^(c)	230	5.2	17,337	9.6	-4.4
Total completions^{(c)(d)}	353	8.0	33,776	18.8	-10.8

(a) Includes medical studies, nursing, pharmacy, dental studies, optical science, public health, radiography, rehabilitation therapies courses.

(b) Rate difference is Indigenous students rate minus the non-Indigenous rate.

(c) The data takes into account the coding of Combined Courses to two fields of education. As a consequence, counting both fields of education for Combined Courses means that the total undergraduate domestic student reported in this table is less than the sum of detailed fields of education.

(d) Includes undergraduate, postgraduate, domestic and international students.

Source: AIHW analysis of Selected Higher Education Statistics (Department of Education).

Table 3.20.5: Undergraduate domestic health-related course^(a) completions by age group and Indigenous status, 2012

Age group	Indigenous			Other ^(b)		
	Number	Per cent	Rate (per 10,000) ^(c)	Number	Per cent	Rate (per 10,000) ^(c)
15-24	96	27.2	6.9	11,728	34.2	39.8
25-34	66	18.7	7.0	3,762	11.0	11.8
35-44	38	10.8	4.6	1,508	4.4	4.8
45-54	20	5.7	3.1	687	2.0	2.3
55 and over	11	3.1	1.7	105	0.3	0.2
Total undergraduate domestic completions	230	65.2	5.2	17,427	50.8	9.7
Total completions^(d)	353	100.0	8.0	34,302	100.0	19.1

(a) Includes medical studies, nursing, pharmacy, dental studies, optical science, public health, radiography, rehabilitation therapies.

(b) Other includes those whose Indigenous status is unknown.

(c) Rates determined using 2011 Australian population aged 15 years and over.

(d) Includes undergraduate, postgraduate, domestic and international students.

Notes

1. Excludes unknown age group.
2. Data published in corresponding tables in previous cycles incorrectly described completions for all courses rather than health-related courses only. Data published in this table cannot be compared with data published in corresponding tables in previous reporting cycles.

Source: AIHW analysis of Selected Higher Education Statistics (Department of Education).

Table 3.20.6: Higher education progress rates for university students studying health-related courses, by state/territory and Indigenous status, 2012

State/territory	Certified		Passed		Progress rate (%)	
	Indigenous	Other ^(a)	Indigenous	Other ^(a)	Indigenous	Other ^(a)
New South Wales	488	24,125	380	21,978	78.0	91.1
Victoria	143	20,903	113	19,518	78.8	93.4
Queensland	445	23,776	333	21,158	74.9	89.0
Western Australia	128	11,295	100	10,420	77.8	92.3
South Australia	111	8,860	88	8,159	79.7	92.1
Tasmania	42	2,490	37	2,276	87.2	91.4
Northern Territory	38	899	22	758	56.7	84.4
Australian Capital Territory	13	1,187	10	1,039	75.7	87.5
Multistate	55	4,944	41	4,536	75.1	91.8
Total undergraduate domestic certified	1,463	98,479	1,124	89,844	76.8	91.2
Total certified^(b)	1,687	132,134	1,297	121,449	76.9	91.9

(a) Other includes those whose Indigenous status is unknown.

(b) Includes undergraduate, postgraduate, domestic and overseas students.

Notes

1. Includes all health courses.

2. State/territory classification is based on state of institution.

Source: AIHW analysis of Selected Higher Education Statistics (Department of Education).

Table 3.20.7: University students enrolling in and completing health-related courses^(a), by Indigenous status, per 10,000, 2001 to 2012^(b)

Year	Enrolments						Completions					
	Indigenous			Non-Indigenous			Indigenous			Non-Indigenous		
	Number	Rate (per 10,000)	Number	Rate (per 10,000)	Rate ratio	Rate difference	Number	Rate (per 10,000)	Number	Rate (per 10,000)	Rate ratio	Rate difference
2001	932	29.0	73,875	49.3	0.6	−20.3	181	5.6	18,894	12.6	0.4	−7.0
2002	929	28.1	76,885	50.6	0.6	−22.5	135	4.1	19,806	13.0	0.3	−8.9
2003	964	28.4	79,320	51.5	0.6	−23.1	182	5.4	20,216	13.1	0.4	−7.8
2004	1,040	29.8	82,333	52.7	0.6	−23.0	152	4.4	21,238	13.6	0.3	−9.3
2005	1,148	31.9	86,451	54.6	0.6	−22.7	200	5.6	21,428	13.5	0.4	−8.0
2006	1,251	33.8	93,094	57.9	0.6	−24.1	236	6.4	22,767	14.2	0.4	−7.8
2007	1,329	34.8	102,247	62.3	0.6	−27.5	329	8.6	24,960	15.2	0.6	−6.6
2008	1,428	36.3	109,624	65.4	0.6	−29.1	248	6.3	27,151	16.2	0.4	−9.9
2009	1,520	37.6	117,921	68.8	0.5	−31.3	274	6.8	28,563	16.7	0.4	−9.9
2010	1,766	42.4	126,124	72.4	0.6	−30.1	278	6.7	30,840	17.7	0.4	−11.0
2011	1,982	46.2	131,848	74.6	0.6	−28.4	323	7.5	32,437	18.3	0.4	−10.8
2012	2,037	46.0	140,645	78.2	0.6	−32.2	353	8.0	33,776	18.8	0.4	−10.8
Annual change^(c)	106.9*	1.8*	6,340.5*	2.8*	0.0	−1.0*	17.8*	0.3*	1,425.7*	0.6*	0.0	−0.3*
Per cent change^(d)	152.1*	75.0*	104.4*	66.5*	4.2	55.8*	137.5*	67.9*	90.5*	55.6*	8.7	47.6*

* Represents results with statistically significant differences at the $p < 0.05$ level.

(a) Include medical studies, nursing, pharmacy, dental studies, optical science, public health, radiography, rehabilitation therapies courses.

(b) Includes undergraduate, postgraduate, domestic and international students.

(c) Average period change determined using regression analysis.

(d) Per cent change based on the annual change over the period.

Source: AIHW analysis of Selected Higher Education Statistics (Department of Education).

Table 3.20.8: University students enrolling in and completing health-related courses^(a), by Indigenous status, 2001 to 2012^(b)

Year	Enrolments				Completions			
	Indigenous	Non-Indigenous	Total students	Indigenous as a proportion of total	Indigenous	Non-Indigenous	Total students	Indigenous as a proportion of total
2001	932	73,875	76,676	1.2	181	18,894	19,327	0.9
2002	929	76,885	80,270	1.2	135	19,806	20,206	0.7
2003	964	79,320	82,766	1.2	182	20,216	20,740	0.9
2004	1,040	82,333	85,223	1.2	152	21,238	22,124	0.7
2005	1,148	86,451	89,376	1.3	200	21,428	22,252	0.9
2006	1,251	93,094	96,158	1.3	236	22,767	23,546	1.0
2007	1,329	102,247	104,931	1.3	329	24,960	25,530	1.3
2008	1,428	109,624	112,415	1.3	248	27,151	27,630	0.9
2009	1,520	117,921	121,134	1.3	274	28,563	29,406	0.9
2010	1,766	126,124	129,919	1.4	278	30,840	31,652	0.9
2011	1,982	131,848	136,705	1.4	323	32,437	33,513	1.0
2012	2,037	140,645	144,738	1.4	353	33,776	34,655	1.0
Annual change^(c)	106.9*	6,340.5*	6,447.9*	0.0*	17.8*	1,425.7*	1466.0*	0.0
Per cent change^(d)	152.1*	104.4*	102.0*	20.6*	137.5*	90.5*	90.5*	23.7

* Represents results with statistically significant differences in the Indigenous/Other Australian comparisons at the p < 0.05 level.

(a) Medical studies, nursing, pharmacy, dental studies, optical science, public health, radiography, rehabilitation therapies.

(b) Includes undergraduate, postgraduate, domestic and international students.

(c) Average period change determined using regression analysis.

(d) Per cent change based on the annual change over the period.

Source: AIHW analysis of Selected Higher Education Statistics (Department of Education).

Table 3.20.9: VET course enrolments^(a) by students aged 15–64, Indigenous status, in health-related courses, rates and rate differences, Australia 2012

Field of education	Indigenous		Other Australians ^(b)		Rate ratio	Rate difference ^(e) per 10,000
	Number	Rate (per 10,000) ^(c)	Number	Rate (per 10,000) ^(d)		
0601 Medical studies	32	0.8	647	0.4	1.7	0.3*
0603 Nursing	482	11.5	25,137	17.0	0.7	–5.5*
0605 Pharmacy	0	0.0	121	0.1	n.a.	n.a.
0607 Dental studies	86	2.1	4,920	3.3	0.6	–1.3*
0609 Optical science	10	0.2	686	0.5	0.5	–0.2*
0613 Public health	2,494	59.6	27,693	18.7	3.2	40.9*
0617 Rehabilitation therapies	39	0.9	258	0.2	5.3	0.8*
0619 Complementary therapies	56	1.3	5,888	4.0	0.3	–2.6*
0699 Other health	1,879	44.9	35,458	24.0	1.9	20.9*
Total	5,078	121.4	100,808	68.2	1.8	53.2*

* Represents results with statistically significant differences in the Indigenous/Other Australians comparisons at the $p < 0.05$ level.

(a) Represents number of enrolments, students may enrol in more than one course.

(b) Other includes those whose Indigenous status is unknown.

(c) Using Indigenous 2012 population projections based on the 2011 census for ages 15–64.

(d) Using other Australian 2012 population projections based on the 2011 census for ages 15–64.

(e) Rate difference is Indigenous rate minus the Other Australians rate.

Source: AIHW analysis of NCVER, National VET Provider Collection, 2012.

Table 3.20.10: Proportion of vocational education and training sector students enrolled^(a) in health-related courses who were Indigenous, by state/territory, 2012

State/territory	Number	Per cent ^(b)
NSW	1,720	5.4
Vic	323	0.9
Qld	1,639	10.1
WA	389	6.9
SA	570	5.4
Tas	59	2.7
NT	343	43.8
ACT	35	3.9
Australia	5,078	4.8

(a) Represents number of enrolments, students may enrol in more than one course.

(b) Using Indigenous 2012 population projections based on the 2011 census for ages 15–64.

Source: AIHW analysis of NCVER, National VET Provider Collection, 2012.

Table 3.20.11: Vocational course completions^(a) by students aged 15–64 years in health-related courses, rates and rate differences, Australia 2012

Field of education	Indigenous		Other Australians ^(b)		Rate ratio ^(d)	Rate difference ^(e)
	Number	Rate (per 10,000) ^(c)	Number	Rate (per 10,000) ^(c)		
0601 Medical studies	0	0.0	71	0.0	0.0	0.0
0603 Nursing	87	2.1	6,396	4.3	0.5*	–2.2*
0605 Pharmacy	0	0.0	24	0.0	0.0	0.0
0607 Dental studies	26	0.6	1,908	1.3	0.5*	–0.7*
0609 Optical science	2	n.p.	117	0.1	n.a.	n.a.
0613 Public health	609	14.6	6,353	4.3	3.4*	10.3*
0617 Rehabilitation therapies	14	0.3	32	0.0	15.5*	0.3*
0619 Complementary therapies	18	0.4	2,179	1.5	0.3*	–1.0*
0699 Other health	145	3.5	4,890	3.3	1.0	0.2
Total	901	21.5	21,970	14.9	1.4*	6.7*

* Represents results with statistically significant differences in the Indigenous/Other Australian comparisons at the $p < 0.05$ level.

(a) Represents number of completions, students may complete more than one course.

(b) Other includes those whose Indigenous status is unknown.

(c) Rates calculated using 2012 population projections based on the 2011 census for ages 15–64.

(d) Rate ratio is the Indigenous rate divided by the Other Australians rate.

(e) Rate difference is the Indigenous rate minus the Other Australians rate.

Source: AIHW analysis of NCVER, National VET Provider Collection, 2012

Table 3.20.12: Vocational education and training sector students enrolled and qualifications completed in health-related courses^(a), 2012

Field of education	Enrolled ^(b)			Completed ^(c)		
	Indigenous	Indigenous as a proportion of total		Indigenous	Indigenous as a proportion of total	
		Total	%		Total	%
	No.	No.	%	No.	No.	%
0613 Public health	2,538	31,027	8.2	609	6,962	8.7
0699 Other health	1,911	37,987	5.0	145	5,035	2.9
0603 Nursing	483	25,673	1.9	87	6,483	1.3
0607 Dental studies	86	5,007	1.7	26	1,934	1.3
0619 Complementary therapies	58	6,000	1.0	18	2,197	0.8
0617 Rehabilitation therapies	40	304	13.2	14	46	30.4
0601 Medical studies	32	687	4.7	0	71	0.0
0609 Optical science	10	698	1.4	2	119	1.7
0605 Pharmacy	0	121	0.0	0	24	0.0
Total	5,158	107,504	4.8	901	22,871	3.9

(a) Qualification field of education classification.

(b) Represents number of enrolments, students may be enrolled in more than one course.

(c) Represents number of completions, students may complete more than one course.

Source: AIHW analysis of NCVER, National VET Provider Collection, 2012.

Table 3.20.13: VET load pass rate in health-related courses, by Indigenous status and state/territory, 2012

	Indigenous ^(a)	Other Australians ^(b)
	Per cent	
NSW	69.2	80.2
Vic	73.1	83.2
Qld	83.8	88.9
WA	85.2	86.8
SA	72.9	81.7
Tas	74.7	82.5
NT	69.0	82.5
ACT	77.2	81.2
Australia	74.5	83.2

(a) Load pass rate = number of nominal hours supervised in assessable modules or units of competency with a pass assessment divided by total nominal hours supervised in assessable modules or units of competency.

(b) Other includes those whose Indigenous status is unknown.

Source: AIHW analysis of NCVER, National VET Provider Collection, 2012.

Table 3.20.14: Number of vocational education and training qualifications completed in Aboriginal and Torres Strait Islander health worker occupations^(a), by qualification type and state/territory, 2012

Qualification	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Certificate I	0	0	0	0	0	0	0	0	0
Certificate II	0	0	0	0	3	0	2	0	5
Certificate III	12	6	80	50	22	0	8	0	178
Certificate IV	32	2	216	43	5	0	21	0	319
Diploma or higher	0	0	19	0	0	0	0	0	19
Total	44	8	315	93	30	0	31	0	521

(a) An Australian Standard Classification of Occupations code assigned to the courses indicates the most likely occupation associated with this. Based on ANZSCO code 4115 Indigenous Health Workers course. Students may enrol in more than one course.

Source: AIHW analysis of NCVER, National VET Provider Collection, 2012.

Table 3.20.15: Number of vocational education and training sector qualifications completed in Aboriginal and Torres Strait Islander health worker occupations^(a), by qualification type and sex, 2012

Qualification	Males	Females	Persons
Certificate I	0	0	0
Certificate II	2	3	5
Certificate III	43	135	178
Certificate IV	65	254	319
Diploma or higher	6	13	19
Total	116	405	521

(a) An Australian Standard Classification of Occupations code assigned to the courses indicates the most likely occupation associated with this course. Based on ANZSCO 4115: Indigenous Health Workers. Students may enrol in more than one course.

Source: AIHW analysis of NCVER, National VET Provider Collection, 2012.

Table 3.20.16: Vocational education and training (VET) course enrolments^(a) by Indigenous students in health-related courses, 2003 to 2012

Field of education	Year										Annual change ^(b)	Per cent change ^(c)
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012		
0601 Medical studies	91	62	2	130	1	2	3	0	1	32	-8.2	-106.3
0603 Nursing	192	172	245	357	405	421	393	464	457	483	35.4	159.2*
0605 Pharmacy	1	0	0	0	0	0	0	0	0	0	-0.1	-142.1
0607 Dental studies	47	54	50	46	51	70	70	71	80	86	4.4	93.3*
0609 Optical science	3	5	6	5	4	3	4	7	7	10	0.5	130.0*
0613 Public health	3,192	2,136	2,436	2,856	3,661	4,094	3,199	2,791	2,992	2,538	20.4	6.3
0617 Rehabilitation therapies	30	18	15	56	73	11	8	0	2	40	-1.8	-49.2
0619 Complementary therapies	24	33	27	26	61	59	60	85	80	58	6.2	239.5*
0699 Other health	1,340	1,587	1,716	1,673	1,583	1,483	1,734	1,677	1,820	1,911	40.4	24.7*
Total	4,920	4,067	4,497	5,149	5,839	6,143	5,471	5,100	5,439	5,158	97.2	18.4
Rate per 10,000 population	144.9	116.4	125.0	138.9	153.1	156.3	135.2	122.3	126.7	116.6	-1.2	-8.0*

* Represents results with statistically significant increases or declines at the $p < 0.05$ level.

(a) Represents number of enrolments, students may enrol in more than one course.

(b) Annual change determined using regression analysis.

(c) Per cent change based on the annual change over the period.

Note: Rates calculated using 2003 to 2012 backcast population estimates and projections based on the 2011 census for ages 15+.

Source: AIHW analysis of NCVER, National VET Provider Collection, 2012.

Table 3.20.17: Vocational education and training (VET) course enrolments^(a), by Other Australians^(b) in health-related courses, 2003 to 2012

Field of education	Year										Annual change ^(c)	Per cent change ^(d)
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012		
0601 Medical studies	1,793	1,157	673	456	716	505	655	290	346	655	−105.8*	−79.3*
0603 Nursing	10,810	12,968	15,398	17,274	19,210	19,082	18,905	21,638	25,085	25,190	1516.4*	116.3*
0605 Pharmacy	112	23	20	30	200	68	123	78	165	121	9.2	156.3
0607 Dental studies	3,193	3,232	3,623	3,616	3,428	3,816	4,211	4,614	4,765	4,921	202.5*	60.1*
0609 Optical science	889	905	965	1,063	869	966	1,185	1,095	632	688	−15.8	−14.3
0613 Public health	66,801	44,201	37,528	37,101	33,662	33,951	38,367	41,414	33,749	28,489	−2390.6*	−42.8*
0617 Rehabilitation therapies	1,788	1,152	807	773	1,054	650	633	227	253	264	−143.8*	−92.0*
0619 Complementary therapies	2,800	3,675	3,101	3,178	3,286	3,162	3,646	4,461	5,276	5,942	288.3*	101.5*
0699 Other health	38,645	31,626	37,048	33,753	38,222	28,251	27,760	28,842	33,248	36,076	−489.4*	−12.4*
Total	126,831	98,939	99,163	97,244	100,647	90,451	95,485	102,659	103,519	102,346	−1,129.1	−9.5
Rate per 10,000 population	82.3	63.4	62.6	60.5	61.4	54.0	55.7	58.9	58.6	56.9	−1.8*	−23.7*

* Represents results with statistically significant increases or declines at the $p < 0.05$ level over the period.

(a) Represents number of enrolments, students may enrol in more than one course.

(b) Other includes those whose Indigenous status is unknown.

(c) Annual change determined using regression analysis.

(d) Per cent change based on the annual change over the period.

Note: Rates calculated using 2003 to 2012 backcast population estimates and projections based on the 2011 census for ages 15+.

Source: AIHW analysis of NCVER, National VET Provider Collection, 2012.

Table 3.20.18: Vocational education and training (VET) course completions by Indigenous students in health-related courses, by course^(a), 2003 to 2012

Field of education	Year										Annual change ^(b)	Per cent change ^(c)
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012		
0601 Medical studies	0	1	0	104	0	0	0	0	0	0	–1.9	–90.6
0603 Nursing	34	46	51	52	105	125	74	56	79	87	5.0	92.0
0605 Pharmacy	0	0	0	0	0	0	0	0	0	0	..	..
0607 Dental studies	9	16	11	12	21	14	30	23	23	26	1.9*	167.3*
0609 Optical science	1	0	1	0	3	0	0	0	2	2	0.1	166.7
0613 Public health	185	118	144	212	239	216	345	427	594	621	54.8*	778.8*
0617 Rehabilitation therapies	11	0	5	1	1	3	0	1	0	15	0.1	24.9
0619 Complementary therapies	2	6	7	5	13	7	16	15	21	18	1.9*	723.7*
0699 Other health	14	11	11	69	23	94	68	104	179	147	17.6*	n.p. ^(d)
Total	256	198	230	455	405	459	533	626	898	916	79.4*	510.3*
Rate per 10,000 population	7.5	5.7	6.4	12.3	10.6	11.7	13.2	15.0	20.9	20.7	1.6*	298.2*

* Represents results with statistically significant increases or declines at the $p < 0.05$ level over the period.

(a) Represents number of completions, students may complete more than one course.

(b) Annual change determined using regression analysis.

(c) Per cent change based on the annual change over the period.

(d) Per cent change is difficult to interpret as the regression line crosses zero.

Note: Rates calculated using 2003 to 2012 backcast estimates and projections based on the 2011 census for ages 15+.

Source: AIHW analysis of NCVER, National VET Provider Collection, 2012.

Table 3.20.19: Vocational Education and Training (VET) course completions^(a) by Other Australian students^(b) in health-related courses, 2003 to 2012

Field of education	Year										Annual change ^(c)	Per cent change ^(d)
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012		
0601 Medical studies	180	50	20	26	16	34	36	30	42	71	−5.7	−67.3
0603 Nursing	2,718	2,493	4,151	3,691	4,791	4,584	4,347	4,836	5,381	6,406	355.1*	116.6*
0605 Pharmacy	79	9	3	5	2	1	9	3	24	24	−2.3	−78.8
0607 Dental studies	986	972	1,338	1,352	1,397	1,563	1,768	1,788	1,846	1,908	109.6*	98.7*
0609 Optical science	109	120	120	129	173	113	156	270	178	117	7.6	59.5
0613 Public health	1,452	1,391	1,372	1,894	2,072	3,107	3,146	5,012	5,864	6,402	599.1*	n.p. ^(e)
0617 Rehabilitation therapies	441	169	91	109	169	163	45	48	78	32	−28.7*	−97.9*
0619 Complementary therapies	566	811	799	982	927	1,082	1,130	1,251	1,710	2,190	144.1*	261.1*
0699 Other health	640	923	896	821	1,319	2,412	3,319	4,239	4,849	4,915	553.1*	n.p. ^(f)
Total	7,171	6,938	8,790	9,009	10,866	13,059	13,956	17,477	19,972	22,065	1731.8*	303.4*
Rate per 10,000 population	4.7	4.4	5.6	5.6	6.6	7.8	8.1	10.0	11.3	12.3	0.9*	223.1*

* Represents results with statistically significant increases or declines at the $p < 0.05$ level over the period.

(a) Represents number of completions, students may complete more than one course.

(b) Other includes those whose Indigenous status is unknown.

(c) Annual change determined using regression analysis.

(d) Per cent change based on the annual change over the period.

(e) Per cent change more than 1,000 per cent.

(f) Per cent change is difficult to interpret as the regression line crosses zero.

Note: Rates calculated using 2003 to 2012 backcast population estimates and projections based on the 2011 census for ages 15+.

Source: AIHW analysis of NCVER, National VET Provider Collection, 2012.

Table 3.20.20: Proportion of vocational education and training (VET) qualifications completed in health-related courses (field of education) by Indigenous students, 2003 to 2012^(a)

2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	Annual change ^(b)	Per cent change ^(c)
3.4	2.8	2.5	4.8	3.6	3.4	3.7	3.5	4.3	4.0	0.1	28.8

* Represents results with statistically significant increases or declines at the $p < 0.05$ level over the period.

(a) Represents number of completions, students may complete more than one course.

(b) Annual change determined using regression analysis.

(c) Per cent change based on the annual change over the period.

Note: Rates calculated using 2003 to 2012 backcast estimates and projections based on the 2011 census for ages 15+.

Source: AIHW analysis of NCVER, National VET Provider Collection, 2012.

Data sources and quality

Department of Education Higher Education Student Statistics collection

The Higher Education Student Statistics Collection comprises information on enrolments and award completions from public and private higher education institutions that are required to report to the Department of Education.

Institutions receive detailed written documentation about what information is required to be furnished in the form of an electronic help file. Universities design and produce their own statistical information (enrolment) forms. These are designed to be used by institutions to collect the required information from students.

Less than 2% of students in the 2014 Higher Education Student Statistics collection have a 'not stated' Indigenous status.

National Centre for Vocational Education Research data

This collection gathers information from providers (in receipt of public VET funding) about activity of the VET system in Australia. The collection encompasses all delivery funded wholly or in part from public funds.

NCVER maintains a database of information on persons undertaking vocational education and training. Each state and territory collates data from their training providers on a student, course and module/unit of competency basis. These data are compiled into Australian Vocational Education and Training Management Information Statistical Standard (AVETMISS) format and validated by each training organisation before being submitted to NCVER. The data are then further validated and quality checked for inconsistencies before being used for the production of statistical reports.

Non-identification rates for Indigenous students in these data are high. Care also needs to be taken when comparing data across jurisdictions for load pass rates, as average module durations vary across jurisdictions (SCRGSP 2005).

List of symbols used in tables

- n.a. not available
- n.p. not available for publication but included in totals where applicable, unless otherwise indicated
- * represents results with statistically significant differences at the $p < 0.05$ level, between the categories specified in table footnotes
- .. not applicable

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References

SCRGSP (Steering Committee for the Review of Government Services) 2005. Report on government services 2005. Canberra: Productivity Commission.

Other related information

AIHW (Australian Institute of Health and Welfare) 2013. Nursing and midwifery workforce 2012. National health workforce series no. 6. Cat. no. HWL 52. Canberra: AIHW.

AIHW 2013. Allied health workforce 2012. National health workforce series no. 5. Cat. no. HWL 51. Canberra: AIHW.

AIHW 2014. Medical workforce 2012. National health workforce series no. 8. Cat. no. HWL 54. Canberra: AIHW.

AIHW 2014. Dental workforce 2012. National health workforce series no. 7. Cat. no. HWL 53. Canberra: AIHW.

AIHW 2014. Aboriginal and Torres Strait Islander health organisations: Online services report – key results 2012–13. Cat. no. IHW 139. Canberra: AIHW.

Minniecon D & Kong K 2005. Healthy Futures: Defining best practice in the recruitment and retention on Indigenous medical students. Canberra: Australian Indigenous Doctors' Association (AIDA).



Aboriginal and Torres Strait Islander Health Performance Framework 2014 report

Measure 67 of 68

Detailed analyses

3.21 Expenditure on Aboriginal and Torres Strait Islander health compared to need

This measure reports on expenditure on health for Aboriginal and Torres Strait Islander Australians. Data are presented on both a total population and per capita basis, and disaggregated to reflect expenditure on acute health care, primary health care and population health.

Introduction

This is no. 67 of 68 measures in the *Aboriginal and Torres Strait Islander Health Performance Framework 2014 report: detailed analyses*. This report provides information on a range of measures of health status, determinants of health and the health system performance relating to Aboriginal and Torres Strait Islander people.

The Framework comprises 3 tiers:

Tier 1 – Health status and outcomes

Tier 2 – Determinants of health

Tier 3 – Health system performance.

The full report, including a comprehensive description of all data sources used in the report, and notes about the data quality is available from
<<http://www.aihw.gov.au/publication-detail/?id=60129550779>>.

Tables referenced are available from
<<http://www.aihw.gov.au/indigenous-data/health-performance-framework/>>.

Data sources

- AIHW Health Expenditure Database
- Department of Health data.

For more information, see 'Data sources and quality' at the end of this measure.

Data analyses

There are a number of difficulties in reporting on Indigenous health expenditure, including limitations in the scope and definition of health expenditure, as well as inconsistencies in reporting expenditure on health goods and services across data providers.

Under-identification (where Indigenous people are not identified as such) and under-coverage (where the sample does not reflect the true population structure) of Indigenous Australians in health data collections (such as hospital separations) are further issues that affect data quality. Although under-identification adjustments are made to the data, the adjusted estimates may overestimate or under-estimate actual health service use and expenditure by Indigenous people. The allocation of expenditure to Indigenous people either on an overall population or per capita basis should also be treated with caution, as Indigenous population estimates have similar issues of under-coverage and under-identification (AIHW 2009).

The term 'health expenditure' refers to the amount of money spent by the entity responsible for administering the program. For example, state or territory government expenditure on public hospital services has multiple funding sources, including the Australian Government, private health insurance organisations, and the state or territory government itself. The term 'health funding' refers to all funds provided by the entity for a particular area of expenditure, regardless of who provides that service.

Primary care is defined as those services that are provided to the whole population (for example, public health and community health services), and services initiated by a patient such as those provided by general practitioners. Secondary and tertiary services are defined as those generated within the health system through a referral, such as; specialist consultations; specialist procedures; diagnostic investigations/prescribed drugs ordered by specialists and all admitted patient treatment in hospitals.

For more information related to expenditure on prescription medications, see measure 3.15.

The following data are presented for this measure:

- Total expenditure and funding source, see tables 3.21.1–4
- Type of service, see tables 3.21.5–11.

Total expenditure and funding source

Current period

In 2010–11:

- Total recurrent health expenditure on Indigenous Australians was \$4,552 million. Per person health expenditure on Indigenous Australians was 1.5 times expenditure for non-Indigenous Australians (\$7,995 and \$5,437 respectively) (Table 3.21.1).

- For Indigenous Australians, Australian and state/territory governments funded 91.4% of health expenditure and non-government expenditure (including out-of pocket expenses by users and payments by private health insurers and injury compensation insurers) contributed 8.6%. In contrast, for non-Indigenous Australians, governments funded 68.1% of health expenditure, and non-government expenditure contributed nearly a third (31.9%). The Australian Government funded similar proportions of health expenditure for Indigenous and non-Indigenous Australians (44.8% and 44.5% respectively) (Table 3.21.2).

Trend

Note that some of the change seen over time may be due to improvements in data collection and methodology rather than actual change.

Between 2001–02 and 2010–11:

- After adjusting for inflation, the ratio between per person Indigenous and non-Indigenous health expenditure increased from 1.2 times as high to 1.5 (AIHW 2013a; Table 3.21.1).
- After adjusting for inflation, government per person Indigenous health expenditure has increased 65% (Table 3.21.4).

Type of service

Current period

In 2010–11:

- Publicly provided services such as public hospital services and community health services were the areas of greatest health expenditure for Indigenous Australians (45% and 25% respectively). Per person expenditure on public hospital services was \$3,631 for Indigenous Australians compared with \$1,683 for non-Indigenous Australians. Similarly, per person expenditure on community health services was \$1,967 for Indigenous Australians compared with \$236 for non-Indigenous Australians (Table 3.21.1).
- For health services with greater out of pocket expenses per person expenditure was generally lower for Indigenous Australians compared with non-Indigenous Australians. For example, per person expenditure for dental services was \$149 for Indigenous Australians, compared with \$355 for non-Indigenous Australians. Similarly, per person expenditure for pharmaceuticals was \$369 for Indigenous Australians, compared with \$831 for non-Indigenous Australians (Table 3.21.1).
- Per person primary services expenditure was \$3,602 for Indigenous Australians compared with \$2,447 for non-Indigenous Australians. However, per person expenditure on primary medical services (including those paid through the MBS) was \$406 for Indigenous Australians, compared with \$626 for non-Indigenous Australians (Table 3.21.6).
- Per person expenditure for secondary/tertiary services (excluding high-level residential care) was \$4,113 for Indigenous Australians compared with \$2,339 for non-Indigenous Australians. However, per person expenditure on secondary/tertiary medical services (mainly specialist care) was estimated to be \$255 for Indigenous Australians compared with \$385 for non-Indigenous Australians (Table 3.21.6).

Trend

Between 1995–96 and 2012–13:

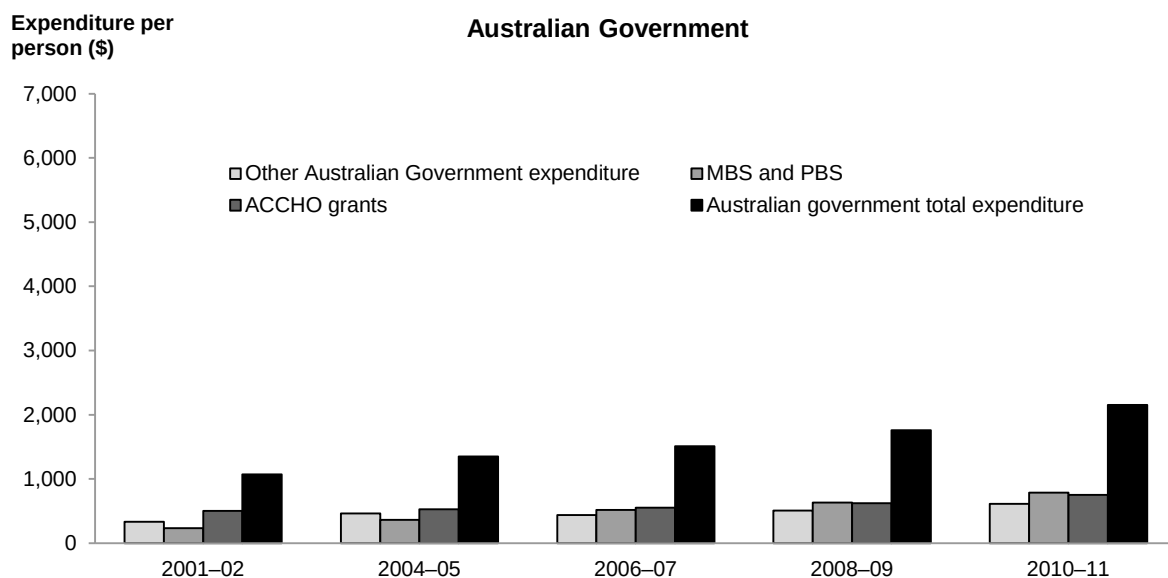
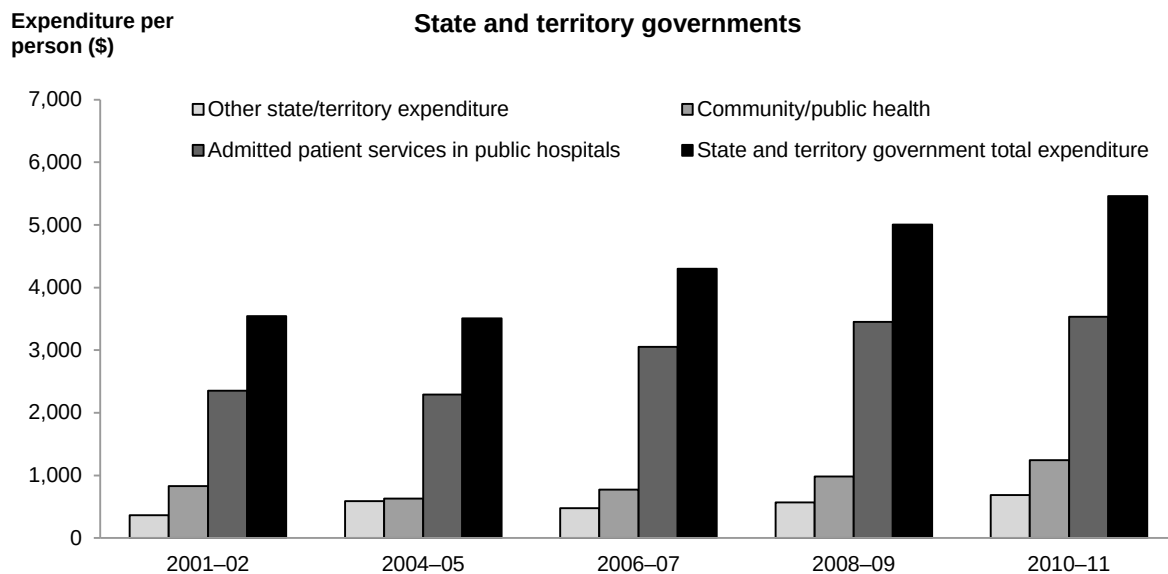
- Expenditure by the Australian Government on Indigenous-specific health programs has increased from \$115 million in 1995–96 to \$693 million in 2012–13, a growth in real terms of 292% (Table 3.21.9).

Remoteness

Current period

In 2010–11:

- For the main health programs, expenditure per Indigenous person was \$6,616 in *Remote/very remote* areas, \$4,460 in *Outer regional*, \$3,835 in *Inner regional*, and \$3,899 in *Major cities* (Table 3.21.7).
- MBS expenditure was lower for Indigenous Australians compared with non-Indigenous Australians across all remoteness areas, with the gap greatest in *Outer regional* areas (\$293) and *Remote/very remote* areas (\$266) (Table 3.21.7).
- PBS expenditure was lower for Indigenous Australians compared with non-Indigenous Australians in all *Non-remote* areas, with the greatest gap in *Outer regional* areas (\$169). In *Remote* areas PBS expenditure was higher for Indigenous than non-Indigenous Australians mainly due to provisions under section 100 of the National Health Act 1953, which allow clients of approved remote area Aboriginal Health Services to receive PBS medicines directly from the service at the time of medical consultation, without the need for a normal prescription and without charge (Table 3.21.7).



Source: Table 3.21.4.

Figure 3.21.1: Government health expenditure per person for Aboriginal and Torres Strait Islander Australians, constant prices, 2001-02 to 2010-11

Table 3.21.1: Expenditure on health for Indigenous and non-Indigenous Australians, by area of expenditure, 2010–11

Area of expenditure	Expenditure (\$ million)				Expenditure (\$) per person					
	Indigenous	Non-Indigenous	Total	Indigenous share (per cent)	Indigenous	Proportion of total Indigenous health expenditure (%)	Non-Indigenous	Proportion of total non-Indigenous health expenditure (%)	Ratio (Indigenous to non-Indigenous expenditure)	Rate difference (Indigenous to non-Indigenous expenditure)
Total hospitals	2,178.0	47,527.6	49,705.7	4.4	3,825.6	47.8	2,169.4	39.9	1.8	1,656.2
Public hospital services ^(a)	2,067.4	36,870.4	38,937.8	5.3	3,631.3	45.4	1,683.0	31.0	2.2	1,948.3
Admitted patient services ^(b)	1,748.7	31,106.6	32,855.4	5.3	3,071.6	38.4	1,419.9	26.1	2.2	1,651.7
Non-admitted patient services	333.0	5,749.4	6,082.4	5.5	584.9	7.3	262.4	4.8	2.2	322.5
Private hospitals ^(c)	110.7	10,657.3	10,767.9	1.0	194.4	2.4	486.5	8.9	0.4	–292.1
Patient transport services	183.4	2,601.4	2,784.7	6.6	322.1	4.0	118.7	2.2	2.7	203.4
Medical services	376.3	22,148.2	22,524.5	1.7	660.9	8.3	1,011.0	18.6	0.7	–350.1
Medicare services	286.0	17,380.7	17,666.8	1.6	502.4	6.3	793.3	14.6	0.6	–290.9
Other	90.2	4,767.5	4,857.7	1.9	158.5	2.0	217.6	4.0	0.7	–59.1
Dental services	84.8	7,780.8	7,865.5	1.1	148.9	1.9	355.2	6.5	0.4	–206.3
Community health services ^(d)	1,119.6	5,172.0	6,291.6	17.8	1,966.5	24.6	236.1	4.3	8.3	1,730.4
Other professional services	43.8	4,053.4	4,097.2	1.1	77.0	1.0	185.0	3.4	0.4	–108.0
Public health ^(d)	185.7	1,810.3	1,996.1	9.3	326.2	4.1	82.6	1.5	3.9	243.6
Medications	209.9	18,215.2	18,425.0	1.1	368.7	4.6	831.4	15.3	0.4	–462.7
Aids and appliances	15.2	3,616.6	3,631.8	0.4	26.7	0.3	165.1	3.0	0.2	–138.4
Research	124.2	4,158.5	4,282.7	2.9	218.2	2.7	189.8	3.5	1.1	28.4
Health administration	31.1	2,020.1	2,051.2	1.5	54.6	0.7	92.2	1.7	0.6	–37.6
Total health	4,552.0	119,104.1	123,656.1	3.7	7,995.4	100.0	5,436.5	100.0	1.5	2,558.9

(continued)

Table 3.21.1 (continued): Expenditure on health for Indigenous and non-Indigenous Australians, by area of expenditure, 2010–11

- (a) Excludes dental services, patient transport services, community health services, public health and health research undertaken by the hospital.
- (b) Admitted patient expenditure estimates adjust for Aboriginal and Torres Strait Islander under-identification.
- (c) Includes state/territory government expenditure for services provided for public patients in private hospitals. The estimates are not comparable to previous estimates due to improved methodology.
- (d) Includes other recurrent expenditure on health not elsewhere classified, such as family planning previously reported under 'Other health services (n.e.c.)'. State and territory expenditure on Closing the Gap initiatives have been allocated to this category for the first time.

Notes

1. 'Health funding' refers to money provided by an entity for a particular area of expenditure, regardless of who provides that service.
2. 'Health expenditure' refers to money spent on health-related goods and services by the entity responsible for delivering the service.

Source: AIHW 2013a. Expenditure on health for Aboriginal and Torres Strait Islander people 2010–11.

Table 3.21.2: Total health funding for Indigenous and non-Indigenous Australians, by area of funding and source of funds, 2010–11 (\$ million)

Area of funding	Australian Government		State/territory government		Non-government		Total funding	
	Indig.	Non-Indig.	Indig.	Non-Indig.	Indig.	Non-Indig.	Indig.	Non-Indig.
Total hospitals	810.3	18,106.3	1,189.7	19,479.9	178.0	9,941.4	2,178.0	47,527.6
Public hospital services ^(a)	796.3	14,643.6	1,118.1	19,102.8	153.0	3,124.0	2,067.4	36,870.4
Private hospital services	14.0	3,462.7	71.6	377.2	25.1	6,817.4	110.7	10,657.3
Patient transport services	37.4	246.2	120.9	1,750.9	25.1	604.3	183.4	2,601.4
Medical services	337.0	17,262.6	—	—	39.3	4,885.6	376.3	22,148.2
Dental services	10.4	1,426.4	45.4	662.7	29.0	5,691.6	84.8	7,780.8
Other professional services	14.9	1,418.0	—	—	29.0	2,635.4	43.8	4,053.4
Community health services ^(b)	448.8	558.5	634.4	4,344.6	36.4	269.0	1,119.6	5,172.0
Public health services ^(b)	101.6	959.3	82.7	806.1	1.4	44.9	185.7	1,810.3
Medications	173.6	8,547.4	—	—	36.3	9,667.7	209.9	18,215.2
Aids and appliances	7.9	597.7	—	—	7.4	3,018.9	15.2	3,616.6
Research	89.8	3,206.7	27.9	699.1	6.6	252.7	124.2	4,158.5
Health administration	9.3	638.0	18.2	428.7	3.6	953.4	31.1	2,020.1
Total health	2,040.7	52,967.2	2,119.2	28,172.0	392.1	37,964.9	4,552.0	119,104.1

(a) Excludes any dental services, patient transport services, community health services, public health and health research done by the hospital.

(b) Includes other recurrent expenditure on health not elsewhere classified, such as family planning previously reported under 'Other health services (n.e.c.)'. State and territory expenditure on Closing the Gap initiatives have been allocated to this category for the first time.

Notes

1. 'Health funding' refers to money provided by an entity for a particular area of expenditure, regardless of who provides that service.
2. 'Health expenditure' refers to money spent on health-related goods and services by the entity responsible for delivering the service.

Source: AIHW 2013a. Expenditure on health for Aboriginal and Torres Strait Islander people 2010–11.

Table 3.21.3: State and territory^(a) health expenditure per person for Indigenous and non-Indigenous Australians, by area of expenditure, 2010–11

Area of expenditure	Expenditure per person (\$)							
	NSW	Vic	Qld	WA	SA	Tas	NT	Aust
	\$ per person							
Public hospital services								
Indigenous	2,741.9	2,918.5	3,048.0	5,183.4	4,957.4	1,382.4	4,826.7	3,533.3
Non-Indigenous	1,677.2	1,703.1	1,522.5	1,505.5	1,752.0	1,712.5	1,639.3	1,649.7
Ratio	1.6	1.7	2.0	3.4	2.8	0.8	2.9	2.1
Difference	1,064.7	1,215.4	1,525.5	3,677.9	3,205.4	–330.1	3,187.4	1,883.6
Admitted patients ^(b)								
Indigenous	1,891.9	2,035.5	2,103.1	3,472.9	3,266.5	910.9	3,764.8	2,468.4
Non-Indigenous	1,192.1	1,175.0	1,083.3	1,008.7	1,193.4	1,165.7	1,278.6	1,153.4
Ratio	1.6	1.7	1.9	3.4	2.7	0.8	2.9	2.1
Difference	699.8	860.5	1,019.8	2,464.2	2,073.1	–254.8	2,486.2	1,315.0
Non-admitted patients								
Indigenous	850.0	850.0	944.9	1,710.5	1,690.9	471.5	1,061.9	1,065.0
Non-Indigenous	485.1	528.1	439.3	496.8	558.7	546.8	360.6	496.4
Ratio	1.8	1.6	2.2	3.4	3.0	0.9	2.9	2.2
Difference	364.9	321.9	505.6	1,213.7	1,132.2	–75.3	701.3	568.6
Private hospital services								
Indigenous	—	23.3	5.2	874.2	6.0	99.9	5.8	125.8
Non-Indigenous	—	14.0	5.8	115.5	2.8	18.0	5.8	17.2
Ratio	—	1.7	0.9	7.6	2.2	5.5	1.0	7.3
Difference	—	9.3	–0.6	758.7	3.2	81.9	—	108.6

(continued)

Table 3.21.3 (continued): State and territory^(a) health expenditure per person for Indigenous and non-Indigenous Australians, by area of expenditure, 2010–11

Area of expenditure	Expenditure per person (\$)							
	NSW	Vic	Qld	WA	SA	Tas	NT	Aust
	\$ per person							
Patient transport services								
Indigenous	150.2	103.3	346.5	257.9	381.1	83.1	237.3	238.2
Non-Indigenous	98.3	103.2	130.6	57.8	120.2	130.7	71.4	103.8
Ratio	1.5	1.0	2.7	4.5	3.2	0.6	3.3	2.3
Difference	51.9	0.1	215.9	200.1	260.9	−47.6	165.9	134.4
Dental services								
Indigenous	126.2	78.4	57.0	31.8	93.7	70.3	133.2	86.8
Non-Indigenous	25.9	27.4	42.3	33.3	38.6	50.4	44.6	32.0
Ratio	4.9	2.9	1.4	1.0	2.4	1.4	3.0	2.7
Difference	100.3	51.0	14.7	−1.5	55.1	19.9	88.6	54.8
Community health services^(c)								
Indigenous	847.3	2,200.0	1,138.3	878.3	1,900.7	364.4	2,210.1	1,240.7
Non-Indigenous	189.4	88.0	296.9	232.2	347.8	228.6	669.3	208.7
Ratio	4.5	25.0	3.8	3.8	5.5	1.6	3.3	6.0
Difference	657.9	2,112.0	841.4	646.1	1,552.9	135.8	1,540.8	1,032.0
Public health services								
Indigenous	94.2	353.3	77.3	75.0	200.8	72.3	1,016.8	220.9
Non-Indigenous	58.7	60.5	67.8	83.1	72.9	77.6	210.4	67.0
Ratio	1.6	5.8	1.1	0.9	2.8	0.9	4.8	3.3
Difference	35.5	292.8	9.5	−8.1	127.9	−5.3	806.4	153.9

(continued)

Table 3.21.3 (continued): State and territory^(a) health expenditure per person for Indigenous and non-Indigenous Australians, by area of expenditure, 2010–11

Area of expenditure	Expenditure per person (\$)							
	NSW	Vic	Qld	WA	SA	Tas	NT	Aust
	\$ per person							
Research								
Indigenous	16.1	81.7	48.5	30.1	64.7	13.4	67.6	41.4
Non-Indigenous	17.4	27.5	47.1	30.2	24.3	13.4	17.1	28.9
Ratio	0.9	3.0	1.0	1.0	2.7	1.0	4.0	1.4
Difference	–1.3	54.2	1.4	–0.1	40.4	—	50.5	12.5
Health administration^(d)								
Indigenous	1.5	0.0	63.1	37.2	161.8	0.0	0.0	32.2
Non-Indigenous	1.5	0.0	28.3	39.1	131.1	0.0	0.0	19.9
Ratio	1.0	..	2.2	1.0	1.2	..	..	1.6
Difference	—	..	34.8	–1.9	30.7	..	..	12.3
Total health expenditure								
Indigenous	3,977.4	4,855.8	4,784.0	7,368.0	7,766.1	2,085.9	8,497.6	5,460.4
Non-Indigenous	2,068.4	2,029.8	2,141.4	2,096.8	2,489.7	2,231.1	2,657.9	2,128.8
Ratio	1.9	2.4	2.2	3.5	3.1	0.9	3.2	2.6
Difference	1,909.0	2,826.0	2,642.6	5,271.2	5,276.4	–145.2	5,839.7	3,331.6

(continued)

Table 3.21.3 (continued): State and territory^(a) health expenditure per person for Indigenous and non-Indigenous Australians, by area of expenditure, 2010–11

- (a) Australian Capital Territory per person expenditure estimates are not calculated because estimates for the Australian Capital Territory include substantial expenditures for New South Wales residents. As a result, the Australian Capital Territory population is not an appropriate denominator.
- (b) Admitted patient expenditure adjusted for Aboriginal and Torres Strait Islander under-identification.
- (c) Includes other recurrent expenditure on health not elsewhere classified, such as family planning previously reported under 'Other health services (n.e.c.)'. State and territory expenditure on Closing the Gap initiatives have been allocated to this category for the first time.
- (d) Health administration costs for Victoria, Tasmania and the Northern Territory are zero, as these jurisdictions have allocated administrative expenses into the functional expenditure categories in the table.

Notes

- 1. 'Health funding' refers to money provided by an entity for a particular area of expenditure, regardless of who provides that service.
- 2. 'Health expenditure' refers to money spent on health-related goods and services by the entity responsible for delivering the service.

Source: AIHW 2013a. Expenditure on health for Aboriginal and Torres Strait Islander people 2010–11.

Table 3.21.4: Government health expenditure per person for Aboriginal and Torres Strait Islander people, constant prices^(a), 2001–02 to 2010–11^{(b)(c)}

	Expenditure per person (\$)					Change 2001–02 to 2010–11		Change 2008–09 to 2010–11	
	2001–02	2004–05	2006–07	2008–09	2010–11	Growth 2001–02 to 2010–11 (%)	Average annual growth (%)	Growth 2008–09 to 2010–11 (%)	Average annual growth (%)
Australian Government	1,068.7	1,350.0	1,509.1	1,760.1	2,151.2	101.3	8.1	22.2	10.6
ACCHO grants	504.6	527.3	554.0	622.1	752.8	49.2	4.5	21.0	10.0
MBS and PBS	233.8	360.6	515.3	631.9	784.3	235.5	14.4	24.1	11.4
MBS	159.2	222.1	338.0	380.5	492.9	209.6	13.4	29.6	13.8
PBS	74.5	138.5	177.3	251.4	291.3	290.8	16.4	15.9	7.6
Other	330.4	462.1	439.8	506.1	614.1	85.9	7.1	21.3	10.2
State/territory governments	3,541.7	3,508.4	4,299.7	5,004.7	5,460.4	54.2	4.9	9.1	4.5
Admitted patient services in public hospitals	2,351.1	2,289.1	3,050.2	3,453.5	3,533.3	50.3	4.6	2.3	1.1
Community/public health	828.5	630.0	771.9	980.6	1,240.7	49.8	4.6	26.5	12.5
Other	362.2	589.3	477.7	570.6	686.4	89.5	7.4	20.3	9.7
Total governments	4,610.4	4,858.4	5,808.8	6,764.7	7,611.6	65.1	5.7	12.5	6.1

(a) Constant price health expenditure for 2001–02 to 2010–11 is expressed in terms of 2010–11 prices.

(b) Indigenous population estimates used to estimate the expenditure figures are all derived from 2006 Census base.

(c) Estimates for 2001–02 and 2004–05 exclude depreciation, but those for 2006–07, 2008–09 and 2010–11 include depreciation. This reduces the 2004–05 state/territory government numbers by about 5%, but has minimal impact on the Australian Government numbers.

Notes

1. 'Health funding' refers to money provided by an entity for a particular area of expenditure, regardless of who provides that service.
2. 'Health expenditure' refers to money spent on health-related goods and services by the entity responsible for delivering the service.

Source: AIHW 2013a. Expenditure on health for Aboriginal and Torres Strait Islander people 2010–11.

Table 3.21.5: Health expenditure on primary and secondary/tertiary health services, 2010–11

Area of expenditure	Primary expenditure (\$ million)				Secondary/tertiary expenditure (\$ million)			
	Indigenous	Non-Indigenous	Indigenous share (per cent)	Difference	Indigenous	Non-Indigenous	Indigenous share (per cent)	Difference
Total hospitals	166.5	2,874.7	5.5	–2,708.2	2,006.9	36,582.7	5.2	–34,575.8
Admitted patient services	—	—	..	..	1,840.4	33,708.0	5.2	–31,867.6
Non-admitted patient services	166.5	2,874.7	5.5	–2,708.2	166.5	2,874.7	5.5	–2,708.2
Patient transport services	91.7	520.3	15.0	–428.6	91.7	2,081.1	4.2	–1,989.4
Medical services	231.4	19,785.9	1.2	–19,554.5	144.9	2,362.3	5.8	–2,217.4
Dental services	84.8	7,780.8	1.1	–7,696.0	—	—	..	..
Other professional services	21.9	2,026.7	1.1	–2,004.8	21.9	2,026.7	1.1	–2,004.8
Community health services	1,119.6	5,172.0	17.8	–4,052.4	—	—	..	..
Public health services	185.7	1,810.3	9.3	–1,624.6	—	—	..	..
Medications	139.0	16,442.8	0.8	–16,303.8	70.8	1,772.3	3.8	–1,701.5
Aids and appliances	10.1	3,264.7	0.3	–3,254.6	5.1	351.9	1.4	–346.8
Total health^(a)	2,050.7	59,678.2	3.3	–57,627.5	2,341.4	45,177.0	4.9	–42,835.6

(a) Excludes expenditure on research and health administration.

Notes

1. 'Health funding' refers to money provided by an entity for a particular area of expenditure, regardless of who provides that service.
2. 'Health expenditure' refers to money spent on health-related goods and services by the entity responsible for delivering the service.

Source: AIHW 2013a. Expenditure on health for Aboriginal and Torres Strait Islander people 2010–11.

Table 3.21.6: Health expenditure per person on primary and secondary/tertiary health services for Indigenous and non-Indigenous Australians, 2010–11

Area of expenditure	Primary expenditure per person (\$)				Secondary/tertiary expenditure per person (\$)			
	Indigenous	Non-Indigenous	Ratio	Difference	Indigenous	Non-Indigenous	Ratio	Difference
Total hospitals	292.5	131.2	2.2	161.3	3,525.1	1,670.0	2.1	1,855.1
Admitted patient services	—	—	..	..	3,232.6	1,538.8	2.1	1,693.8
Non-admitted patient services	292.5	131.2	2.2	161.3	292.5	131.2	2.2	161.3
Patient transport services	161.0	23.8	6.8	137.2	161.0	95.0	1.7	66.0
Medical services	406.4	626.2	0.7	–219.8	254.5	384.9	0.7	–130.4
Dental services	148.9	355.2	0.4	–206.3	—	—	..	..
Other professional services	38.5	92.5	0.4	–54.0	38.5	92.5	0.4	–54.0
Community health services	1,966.5	236.1	8.3	1,730.4	—	—	..	..
Public health services	326.2	82.6	4.0	243.6	—	—	..	..
Medications	244.2	750.6	0.3	–506.4	124.4	80.9	1.5	43.5
Aids and appliances	17.7	149.0	0.1	–131.3	9.0	16.1	0.6	–7.1
Total health^(a)	3,601.9	2,447.2	1.5	1,154.7	4,112.5	2,339.4	1.8	1,773.1

(a) Excludes expenditure on research and health administration.

Notes

1. 'Health funding' refers to money provided by an entity for a particular area of expenditure, regardless of who provides that service.
2. 'Health expenditure' refers to money spent on health-related goods and services by the entity responsible for delivering the service.

Source: AIHW 2013a. Expenditure on health for Aboriginal and Torres Strait Islander people 2010–11.

Table 3.21.7: Health expenditure per person on selected health services^(a), Indigenous and non-Indigenous Australians, by remoteness area of patient's residence, 2010–11 (\$)

Area of expenditure		Major cities	Inner regional	Outer regional	Remote/ Very remote	Total
Admitted patient services						
Public hospital services	Indigenous	2,342.3	2,358.6	3,149.2	4,683.0	3,071.6
	Non-Indigenous	1,313.4	1,604.6	1,778.2	1,745.2	1,419.9
	Ratio	1.8	1.5	1.8	2.7	2.2
	Difference ^(b)	1,028.9	754.0	1,371.0	2,937.8	1,651.7
Private hospitals	Indigenous	336.4	197.9	84.7	96.7	194.4
	Non-Indigenous	508.5	482.8	359.0	301.1	486.5
	Ratio	0.7	0.4	0.2	0.3	0.4
	Difference ^(b)	–172.1	–284.9	–274.3	–204.4	–292.1
OATSIH grants to ACCHOs	Indigenous	329.6	435.0	569.1	1,255.8	621.5
	Non-Indigenous	0.6	1.8	5.3	64.7	2.3
	Ratio	564.3	243.8	106.6	19.4	266.0
	Difference ^(b)	329.0	433.2	563.8	1,191.1	619.2
MBS ^(c)	Indigenous	567.6	514.0	396.6	224.3	467.6
	Non-Indigenous	753.4	726.0	689.8	490.1	665.8
	Ratio	0.8	0.7	0.6	0.5	0.7
	Difference ^(b)	–185.8	–212.0	–293.2	–265.8	–198.2
PBS ^(d)	Indigenous	285.2	296.2	236.4	348.6	291.3
	Non-Indigenous	351.5	403.6	405.8	283.8	365.5
	Ratio	0.8	0.7	0.6	1.2	0.8
	Difference ^(b)	–66.3	–107.4	–169.4	64.8	–74.2
Total selected health services						
	Indigenous	3,899.0	3,835.3	4,459.5	6,615.8	4,675.0
	Non-Indigenous	3,072.0	3,358.3	3,370.6	2,979.1	3,067.7
	Ratio	1.3	1.1	1.3	2.2	1.5
	Difference^(b)	827.0	477.0	1,088.9	3,636.7	1,607.3

(a) Excludes health expenditure on non-admitted patient services, patient transport, dental services, community health services other than ACCHOs, other professional services, public health, aids and appliances, research and health administration.

(b) Difference is equal to Indigenous minus non-Indigenous.

(c) Excludes allied health services, optometry and dental services.

(d) Excludes highly specialised drugs dispensed from public and private hospitals.

Notes

1. 'Health funding' refers to money provided by an entity for a particular area of expenditure, regardless of who provides that service.

2. 'Health expenditure' refers to money spent on health-related goods and services by the entity responsible for delivering the service.

Source: AIHW 2013b. Expenditure on health for Aboriginal and Torres Strait Islander people 2010–11—an analysis by remoteness and disease.

Table 3.21.8: MBS and PBS expenditure per person, Indigenous and non-Indigenous Australians, by remoteness areas of patient's residence, 2010–11(\$)

	Major cities	Inner regional	Outer regional	Remote/ Very remote	All regions
MBS categories^(a)					
<i>Unreferred services</i>					
General practitioner ^(b)					
Indigenous	224.8	178.4	155.1	84.4	173.9
Non-Indigenous	220.2	199.1	201.8	157.3	192.5
Ratio	1.0	0.9	0.8	0.5	0.9
Difference ^(c)	4.6	–20.7	–46.7	–72.9	–18.6
Other unreferred ^(d)					
Indigenous	69.8	74.5	58.0	31.0	62.0
Non-Indigenous	50.1	52.1	49.5	32.9	45.2
Ratio	1.4	1.4	1.2	0.9	1.4
Difference ^(c)	19.7	22.4	8.5	–1.9	16.8
<i>Referred services</i>					
Pathology					
Indigenous	75.0	67.2	58.8	47.2	68.3
Non-Indigenous	106.0	103.3	100.6	77.8	94.3
Ratio	0.7	0.7	0.6	0.6	0.7
Difference ^(c)	–31.0	–36.1	–41.8	–30.6	–26.0
Imaging					
Indigenous	74.3	69.2	47.1	21.1	56.6
Non-Indigenous	115.5	117.6	107.8	71.2	103.2
Ratio	0.6	0.6	0.4	0.3	0.6
Difference ^(c)	–41.2	–48.4	–60.7	–50.1	–46.6
Specialist					
Indigenous	48.6	42.9	23.4	7.9	33.0
Non-Indigenous	93.1	75.1	60.2	35.1	77.4
Ratio	0.5	0.6	0.4	0.2	0.4
Difference ^(c)	–44.5	–32.2	–36.8	–27.2	–44.4
Operations and other					
Indigenous	75.2	81.7	54.3	32.7	73.6
Non-Indigenous	168.4	178.9	169.8	115.8	153.0
Ratio	0.5	0.5	0.3	0.3	0.5
Difference ^(c)	–93.2	–97.2	–115.5	–83.1	–79.4
Total MBS					
Indigenous	567.6	514.0	396.6	224.3	467.4
Non-Indigenous	753.4	726.0	689.8	490.1	665.7
Ratio	0.8	0.7	0.6	0.5	0.7
Difference^(c)	–185.8	–212.0	–293.2	–265.8	–198.3

(continued)

Table 3.21.8 (continued): MBS and PBS expenditure per person, Indigenous and non-Indigenous Australians, by remoteness areas of patient's residence, 2010–11(\$)

	Major cities	Inner regional	Outer regional	Remote/ Very remote	All regions
PBS^(e)					
Mainstream PBS benefits					
Indigenous	238.1	247.3	197.4	75.0	193.0
Non-Indigenous	317.5	364.6	366.5	244.3	330.0
Ratio	0.8	0.7	0.5	0.3	0.6
Difference ^(c)	–79.4	–117.3	–169.1	–169.3	–137.0
Section 100					
Indigenous	—	—	—	258.8	60.2
Non-Indigenous	—	—	—	13.3	0.2
Ratio ^(f)	—	—	—	19.4	266.0
Difference ^{(c)(f)}				245.5	60.0
Other PBS special supply					
Indigenous	47.1	48.9	39.0	14.8	38.2
Non-Indigenous	34.0	39.0	39.3	26.2	35.3
Ratio	1.4	1.3	1.0	0.6	1.1
Difference ^(c)	13.1	9.9	–0.3	–11.4	2.9
Total PBS					
Indigenous	285.2	296.2	236.4	348.6	291.3
Non-Indigenous	351.5	403.6	405.8	283.8	365.5
Ratio	0.8	0.7	0.6	1.2	0.8
Difference^(c)	–66.3	–107.4	–169.4	64.8	–74.2
Total MBS and PBS					
Indigenous	852.9	810.1	633.1	572.8	758.8
Non-Indigenous	1,104.9	1,129.6	1,095.6	773.9	1,031.2
Ratio	0.8	0.7	0.6	0.7	0.7
Difference^(c)	–252.0	–319.5	–462.5	–201.1	–272.4

(a) Excludes allied health services, optometry and dental services.

(b) Includes general practitioners and vocationally registered general practitioners.

(c) Difference is equal to Indigenous minus non-Indigenous

(d) Includes enhanced primary care, practice nurses and other unreferral services.

(e) Excludes highly specialised drugs dispensed from public and private hospitals.

(f) Per person expenditure in *Remote/Very remote* & *All regions* varies due to the different populations in these regions. Expenditure per person in *All regions* is based on the Australia-wide population.

Notes

1. 'Health funding' refers to money provided by an entity for a particular area of expenditure, regardless of who provides that service.
2. 'Health expenditure' refers to money spent on health-related goods and services by the entity responsible for delivering the service.

Source: AIHW 2013b. Expenditure on health for Aboriginal and Torres Strait Islander people 2010–11—an analysis by remoteness and disease.

Table 3.21.9: Expenditure by the Australian Government on Indigenous-specific health programs 1995–96 to 2012–13

	1995– 96	1996– 97	1997– 98	1998– 99	1999– 2000	2000– 01	2001– 02	2002– 03	2003– 04	2004– 05	2005– 06	2006– 07	2007– 08	2008– 09	2009– 10	2010– 11	2011– 12	2012– 13
Nominal \$m	114.8	112.6	130.6	155.3	162.0	185.4	201.7	209.5	245.1	265.5	297.9	371.5	472.0	513.8	585.8	623.8	682.1	693.1
Real \$m (according to annual index)	157.7	154.2	177.5	208.8	211.4	228.0	241.2	244.2	278.5	294.4	317.7	388.0	472.0	506.6	560.1	576.0	622.3	617.5
Real cumulative growth (% from base year 1996)	n.a.	–2.2	12.6	32.4	34.1	44.6	53.0	54.8	76.6	86.7	101.4	146.0	199.3	221.2	255.1	265.2	294.6	291.6

Source: AIHW analysis of Department of Health data.

Table 3.21.10: Expenditure on hospital separations^{(a)(b)}, by disease group and Indigenous status^(c) in public and private hospitals, 2010–11

Disease group	Expenditure (\$ million)			Indigenous share (%)	Expenditure (\$) per person		Ratio	Difference
	Indigenous	Non-Indigenous	Total		Indigenous	Non-Indigenous		
1. Communicable diseases, maternal and neonatal conditions	392.9	5,902.4	6,295.4	6.2	690.5	299.4	2.3	391.1
Infectious and parasitic diseases	62.4	906.7	969.1	6.4	109.6	46.0	2.4	63.6
Acute respiratory infections	104.8	1,169.4	1,274.2	8.2	184.1	59.3	3.1	124.8
Maternal conditions	144.2	2,682.8	2,827.0	5.1	253.4	136.1	1.9	117.3
Neonatal causes	71.9	763.2	835.1	8.6	126.3	38.7	3.3	87.6
Nutritional deficiencies	9.8	380.3	390.0	2.5	17.2	19.3	0.9	–2.1
2. Non-communicable diseases	1,024.9	27,511.7	28,536.6	3.6	1,801.1	1,395.6	1.3	405.5
Malignant neoplasms	48.7	3,448.0	3,496.7	1.4	85.6	174.9	0.5	–89.3
Other neoplasms	11.6	699.7	711.3	1.6	20.3	35.5	0.6	–15.2
Diabetes mellitus	34.6	360.0	394.6	8.8	60.8	18.3	3.3	42.5
Endocrine and metabolic disorders	19.5	606.7	626.2	3.1	34.3	30.8	1.1	3.5
Mental and behavioural disorders	191.0	2,473.8	2,664.9	7.2	335.7	125.5	2.7	210.2
Nervous system and sense organ disorders	45.9	1,833.7	1,879.7	2.4	80.7	93.0	0.9	–12.3
Cardiovascular disease	131.0	5,170.8	5,301.8	2.5	230.1	262.3	0.9	–32.2
Chronic respiratory disease	70.8	1,557.2	1,628.0	4.3	124.3	79.0	1.6	45.3
Diseases of the digestive system	105.8	3,239.4	3,345.2	3.2	186.0	164.3	1.1	21.7
Genitourinary diseases	195.2	2,659.8	2,855.0	6.8	343.0	134.9	2.5	208.1
Diseases of the skin and subcutaneous tissue	70.3	775.3	845.6	8.3	123.6	39.3	3.1	84.3
Musculoskeletal and connective tissue diseases	65.8	3,994.7	4,060.5	1.6	115.7	202.6	0.6	–86.9
Congenital anomalies	18.9	400.3	419.2	4.5	33.3	20.3	1.6	13.0
Oral conditions	15.8	292.2	307.9	5.1	27.7	14.8	1.9	12.9

(continued)

Table 3.21.10 (continued): Expenditure on hospital separations^{(a)(b)}, by disease group and Indigenous status^(c) in public and private hospitals, 2010–11

Disease group	Expenditure (\$ million)			Indigenous share (%)	Expenditure (\$) per person		Ratio	Difference
	Indigenous	Non-Indigenous	Total		Indigenous	Non-Indigenous		
3. Injuries^(d)	198.2	4,531.0	4,729.2	4.2	348.3	229.8	1.5	118.5
Unintentional injuries	149.1	4,270.8	4,419.9	3.4	262.0	216.6	1.2	45.4
Intentional injuries	49.1	260.2	309.3	15.9	86.2	13.2	6.5	73.0
4. Signs, symptoms and ill-defined conditions, and other contact with health services^(e)	182.2	5,790.4	5,972.7	3.1	320.2	293.7	1.1	26.5
Total	1,798.3	43,735.5	45,533.9	3.9	3,160.1	2,218.5	1.4	941.6

(a) Includes hospital separation data for all states/territories.

(b) Excludes hospital separations for which care type was reported as Newborn with no qualified days, and records for Hospital boarders and Posthumous organ procurement.

(c) Admitted patient rates have been adjusted for Indigenous under-identification.

(d) Hospital separations resulting from external cause events treated during hospitalisations.

(e) 'Signs, symptoms and ill-defined conditions' include diagnostic and other services for signs, symptoms and ill-defined conditions where the cause of the problem is unknown. 'Other contact with the health system' includes fertility control, reproduction and development; elective cosmetic surgery; general prevention, screening and health examination; and treatment and after-care for unspecified disease.

Notes

1. 'Health funding' refers to money provided by an entity for a particular area of expenditure, regardless of who provides that service.

2. 'Health expenditure' refers to money spent on health-related goods and services by the entity responsible for delivering the service.

Source: AIHW 2013b. Expenditure on health for Aboriginal and Torres Strait Islander people 2010–11—an analysis by remoteness and disease.

Table 3.21.11: Expenditure on potentially preventable hospital separations^(a) by Indigenous status in public and private hospitals, 2010–11

Potentially preventable hospital separations category	Total expenditure (\$ million)			Indigenous share (per cent)	Expenditure per person (\$)		Ratio	Difference ^(b)
	Indigenous	Non-Indigenous	Total		Indigenous	Non-Indigenous		
Chronic conditions								
Chronic obstructive pulmonary disease	35.9	619.6	655.5	5.5	63.1	31.4	2.0	31.7
Diabetes complications	34.5	359.1	393.6	8.8	60.6	18.2	3.3	42.4
Congestive heart failure	16.9	510.5	527.4	3.2	29.7	25.9	1.2	3.8
Asthma	9.8	143.8	153.6	6.4	17.2	7.3	2.4	9.9
Rheumatic heart disease	8.0	66.7	74.7	10.7	14.0	3.4	4.2	10.6
Angina	5.2	112.2	117.3	4.4	9.1	5.7	1.6	3.4
Iron deficiency anaemia	2.2	77.5	79.7	2.8	3.9	3.9	1.0	—
Hypertension	1.8	32.4	34.2	5.2	3.1	1.6	1.9	1.5
Nutritional deficiencies ^(c)	0.5	5.6	6.1	8.5	0.9	0.3	3.2	0.6
<i>Total chronic conditions</i>	<i>114.8</i>	<i>1,927.4</i>	<i>2,042.2</i>	<i>5.6</i>	<i>201.8</i>	<i>97.8</i>	<i>2.1</i>	<i>104.0</i>
Acute conditions								
Cellulitis	20.2	289.5	309.7	6.5	35.5	14.7	2.4	20.8
Convulsions and epilepsy	19.7	176.1	195.7	10.0	34.5	8.9	3.9	25.6
Pyelonephritis	14.9	362.6	377.6	4.0	26.3	18.4	1.4	7.9
Dental conditions	13.1	135.9	149.0	8.8	23.1	6.9	3.4	16.2
Ear, nose and throat infections	10.9	108.8	119.7	9.1	19.2	5.5	3.5	13.7
Dehydration and gastroenteritis	8.7	226.2	234.9	3.7	15.3	11.5	1.3	3.8
Pelvic inflammatory disease	2.5	18.9	21.4	11.6	4.4	1.0	4.6	3.4
Perforated/bleeding ulcer	1.7	69.6	71.3	2.4	3.1	3.5	0.9	-0.4
Gangrene	0.6	7.2	7.8	8.1	1.1	0.4	3.0	0.7
Appendicitis with generalised peritonitis	—	—	—	—	—	—	—	—
<i>Total acute conditions</i>	<i>92.5</i>	<i>1,394.7</i>	<i>1,487.1</i>	<i>6.2</i>	<i>162.5</i>	<i>70.7</i>	<i>2.3</i>	<i>91.8</i>

(continued)

Table 3.21.11 (continued): Expenditure on potentially preventable hospital separations^(a) by Indigenous status in public and private hospitals, 2010–11

Potentially preventable hospital separations category	Total expenditure (\$ million)			Indigenous share (per cent)	Expenditure per person (\$)		Ratio	Difference ^(b)
	Indigenous	Non-Indigenous	Total		Indigenous	Non-Indigenous		
Vaccine-preventable conditions								
Influenza and pneumonia	11.0	85.0	95.9	11.4	19.3	4.3	4.5	15.0
Other vaccine-preventable conditions	0.9	13.4	14.3	6.5	1.6	0.7	2.4	0.9
<i>Total vaccine-preventable conditions</i>	<i>11.9</i>	<i>98.3</i>	<i>110.2</i>	<i>10.8</i>	<i>20.9</i>	<i>5.0</i>	<i>4.2</i>	<i>15.9</i>
Total	219.2	3,420.4	3,639.5	6.0	385.1	173.5	2.2	211.6

(a) Includes hospital separations data for all states/territories. Hospital separation rates differ from those published in Australian hospital statistics: 2010–11 (AIHW 2012) because the estimates in the table above relate to principal diagnoses only, have been adjusted for Indigenous under-identification, and are crude rates (rather than age-standardised rates).

(b) Difference is equal to Indigenous minus non-Indigenous

(c) This condition is a subset of the burden of disease and injury group 'Nutritional deficiencies' and cannot be compared with data in Table 3.21.10.

Notes

1. 'Health funding' refers to money provided by an entity for a particular area of expenditure, regardless of who provides that service.

2. 'Health expenditure' refers to money spent on health-related goods and services by the entity responsible for delivering the service.

Source: AIHW 2013b. Expenditure on health for Aboriginal and Torres Strait Islander people 2010–11—an analysis by remoteness and disease.

Data sources and quality

AIHW Health Expenditure Database

The AIHW draws upon both expenditure data and service use data to prepare Indigenous health expenditure estimates.

The quality of Indigenous service use data is of varying quality, as there is widespread non-reporting of Indigenous status or under-identification in administration records. Although the quality of Indigenous service use data such as admitted patient data is improving, under-identification of Aboriginal and Torres Strait Islander Australians in these data sets remains a major issue.

The source of data used to estimate health expenditure for Indigenous and non-Indigenous Australians through Aboriginal Community Controlled Health Organisations (ACCHOs) has changed slightly since 2008–09. Past estimates used information from the Service Activity Report database, which was a joint project of the Office for Aboriginal and Torres Strait Islander Health (OATSIH) and the National Aboriginal Community Controlled Health Organisation. The database collected service level data on health care through an annual questionnaire completed by every Australian Government-funded Aboriginal and Torres Strait Islander primary health care service. From 2008–09, however, it was replaced with the new OATSIH Service Report database (now known as the Online Services Report (OSR) data collection), which also includes data previously collected under the Drug and Alcohol Service Report, and Bringing Them Home and Link Up Counsellors data collections.

Under-identification

Estimates of the level of Indigenous under-identification were used to adjust admitted patient expenditure estimates for New South Wales, Victoria, Queensland, South Australia, Western Australia and the Northern Territory (public hospitals only). In some states and territories, a single state-wide average under-identification adjustment factor was applied. In others, differential under-identification factors were used, depending on the region in which particular service(s) were located (AIHW 2011).

As the AIHW studies on Indigenous identification in hospitalisation data did not include private hospitals, an adjustment factor of 54% for private hospitals was derived from the analysis of linked hospital morbidity data from New South Wales.

Expenditure estimates

Some of the expenditure patterns in this report may be influenced by variations in the completeness of Indigenous identification, despite the adjustments made for under-identification. The use of scaled up MBS and PBS data based on the level of VII enrolment is 1 such example. It is possible that health expenditure estimates for Indigenous Australians may slightly overestimate or underestimate the actual level of health expenditure. As a result, estimating health expenditure for Indigenous Australians is an evolving field, and conclusions should be drawn with caution.

In addition, while every effort has been made to ensure consistent reporting and categorisation of expenditure on health goods and services, in some cases there are inconsistencies across expenditure data providers. These result from limitations of financial reporting systems and/or different reporting mechanisms.

Time series estimate comparisons

The definition of health expenditure changed in 2007 to exclude high-care residential aged care, which was instead classified as welfare expenditure.

For the purpose of comparison, high-care residential aged care expenditure has been omitted from all of the previous years' estimates to allow for the comparison of health expenditure estimates over time.

In the AIHW health and welfare expenditure report series, there was a change in the method for estimating MBS and PBS expenditure since 2006–07. The revised method involves the use of Medicare VII data to estimate expenditure on medical services, such as general practitioner, specialist services, pathologist services, imaging services, and prescription pharmaceuticals provided to Indigenous Australians. Before this, data from the Bettering the Evaluation and Care of Health (BEACH) survey data were used in these estimates. This change may have contributed to the increase in MBS and PBS expenditure estimates since 2006–07 compared with those in 2001–02 and 2004–05 (AIHW 2011).

List of symbols used in tables

- n.a. not available
- rounded to zero (including null cells)
- 0 zero
- . . not applicable
- n.e.c. not elsewhere classified

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References

- AIHW (Australian Institute of Health and Welfare) 2009. Expenditure on health for Aboriginal and Torres Strait Islander people 2006–07. Health and welfare expenditure series no. 39. Cat. no. HWE 48. Canberra: AIHW.
- AIHW 2011. Expenditure on health for Aboriginal and Torres Strait Islander people 2008–09. Health and welfare expenditure series no. 44. Cat. no. HWE 53. Canberra: AIHW.
- AIHW 2012. Australian hospital statistics 2010–11. Health Services Series no. 43. Cat. no. HSE 117. Canberra: AIHW.
- AIHW 2013a. Expenditure on health for Aboriginal and Torres Strait Islander people 2010–11. Health and welfare expenditure series no. 48. Cat. no. HWE 57. Canberra: AIHW.
- AIHW 2013b. Expenditure on health for Aboriginal and Torres Strait Islander people 2010–11: an analysis by remoteness and disease. Health and welfare expenditure series no. 49. Cat. no. HWE 58. Canberra: AIHW.

The cover of the report features a red background with a white and yellow geometric pattern on the left side. The title is in white text on the right.

Aboriginal and Torres Strait Islander Health Performance Framework 2014 report

Measure 68 of 68

Detailed analyses

3.22 Recruitment and retention of staff

This measure reports on the recruitment and retention of qualified clinical and management staff to provide effective health care to meet Aboriginal and Torres Strait Islander health-care needs

Introduction

This is no. 68 of 68 measures in the *Aboriginal and Torres Strait Islander Health Performance Framework 2014 report: detailed analyses*. This report provides information on a range of measures of health status, determinants of health and the health system performance relating to Aboriginal and Torres Strait Islander people.

The Framework comprises 3 tiers:

Tier 1 – Health status and outcomes

Tier 2 – Determinants of health

Tier 3 – Health system performance.

The full report, including a comprehensive description of all data sources used in the report, and notes about the data quality is available from

<<http://www.aihw.gov.au/publication-detail/?id=60129550779>>.

Tables referenced are available from

<<http://www.aihw.gov.au/indigenous-data/health-performance-framework/>>.

Data sources

- National Health Workforce Data Set
- Department of Health General Practice Statistics
- Online Services Report Data collection
- Rural Workforce Agencies National Minimum Data Set.

For more information, see 'Data sources and quality' at the end of this measure.

Data analyses

National data for broad measures of recruitment and retention are not available from existing national administrative health or workforce databases. However, there are a small number of limited collections that are relevant to this measure, as listed above. Data on the supply of health professionals are available from the NHWDS: medical practitioners 2013, nurses and midwives 2013, allied health practitioners 2012 and dental practitioners 2012.

See also 'Other related information' at the end of this measure.

The following data are presented for this measure:

- Medical practitioners, see tables 3.22.1–4
- Other health professionals, see tables 3.22.5–10
- Australian Government funded Aboriginal and Torres Strait Islander primary health-care organisations, see tables 3.22.11–13.

Medical practitioners

Current period

In 2013:

- There were 91,467 medical practitioners registered in Australia, with 90% of these employed in medicine (Table 3.22.1).
- The supply of employed medical practitioners was greater in *Major cities* (426 FTE per 100,000) than in *Remote/very remote* areas (257 FTE per 100,000) (AIHW 2014a).
- The number of full-time equivalent (FTE) General Practitioners (GPs) in Australia was generally similar between populations with different proportions of Indigenous Australians. It ranged from 107 GPs per 100,000 in areas with 1% to less than 5% and 10% to less than 20% of Indigenous Australians, to 142 per 100,000 in areas with 20% or more Indigenous Australians in the population (Table 3.22.2).

At 30 November 2013:

- There were a total of 7,638 GPs working in regional and remote areas of Australia. Nearly a quarter (24%) reported that they had stayed in their current practice for less than 12 months and 16% had stayed in their practice between 5 to less than 10 years (Table 3.22.4, Figure 3.22.1).
- GPs in regional areas were more likely to stay in their current practice for a longer time than GPs in remote areas. For example, the proportion of GPs who had stayed at their

current practice for 10 or more years in *Inner regional* areas was 27%, compared with 13% in *Very remote* areas (Table 3.22.4, Figure 3.22.1).

Other health professionals

Current period

In 2013:

- There were 344,190 registered or enrolled nurses and midwives in Australia and 86% (or 296,029) were employed in their field (Table 3.22.10, AIHW 2014b).
- The rate of employed FTE psychologists and pharmacists was lowest in areas with higher proportions of Indigenous Australians in the population. There were 49 psychologists and 55 pharmacists per 100,000 in areas with 20% or more Indigenous Australians compared with 112 psychologists and 105 pharmacists per 100,000 in areas with less than 1% Indigenous Australians (tables 3.10.7 and 3.15.5).

In 2012:

- The number of a selection of other registered health professionals and percentage of those employed in Australia in their respective fields were as follows:
 - 23,934 physiotherapists (84%) (Table 3.22.5)
 - 3,783 podiatrists (92%) (Table 3.22.6)
 - 25,650 psychologists (87%) (Table 3.22.7)
 - 2,014 dental therapists and oral health therapists (89%) (Table 3.22.8).
- In New South Wales, Victoria, Tasmania, the Australian Capital Territory and the Northern Territory combined, there were 7,825 registered occupational therapists, 92% of whom were employed in occupational therapy (Table 3.22.9).

Australian Government funded Aboriginal and Torres Strait Islander primary health-care organisations

Current period

As at 30 June 2013:

- There were approximately 4,282 FTE health/clinical positions and about 263 (or 6%) of these were vacant. The highest vacancy rates were for health promotion/prevention workers (15%) and Aboriginal health practitioners (12%) (Table 3.22.11).
- There were approximately 2,690 FTE administrative and support staff positions and about 52 (or 2%) of these were vacant. The highest vacancy rates were for financial and accounting staff, for which the vacancy rate was 8% (Table 3.22.11).

In 2012–13, around half (49%) of the 315 vacant FTE positions in Aboriginal and Torres Strait Islander primary health-care organisations were for health staff in *Outer regional* areas (27%) or *Remote* areas (22%) (Table 3.22.12).

Trend

- Between 1999–00 and 2012–13, there was a significant increase of 238% in the number of FTE staff at Australian Government funded Aboriginal and Torres Strait Islander health-care services (Table 3.14.53).

- Between 1999–00 and 2012–13, there was no significant change in the proportion of FTE health/clinical and administrative/support staff vacancies in Aboriginal and Torres Strait Islander primary health-care organisations (Table 3.22.13).

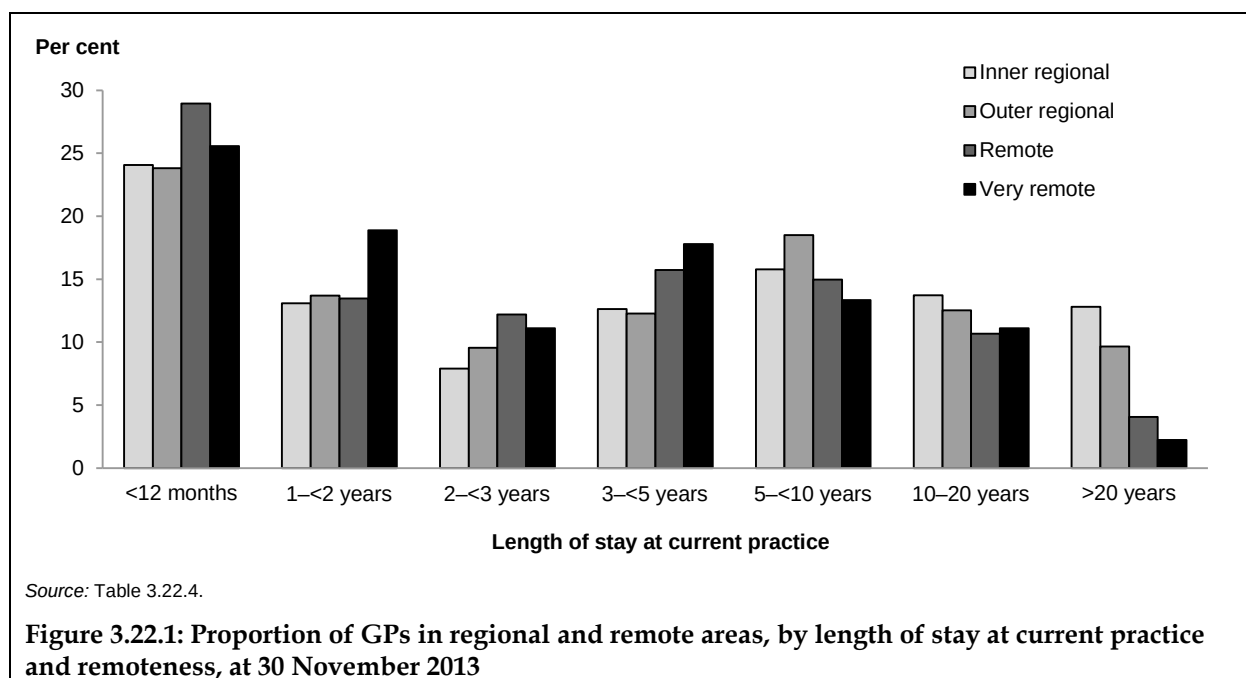


Table 3.22.1: Registered medical practitioners: workforce status and role in main job, state and territory^(a), 2013^(b)

Workforce status/Role in main job	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia ^(c)
In the medical workforce	27,514	20,744	16,588	8,489	6,581	1,899	1,695	1,041	84,613
<i>Employed in medicine</i>	26,854	20,200	16,196	8,263	6,428	1,847	1,661	1,009	82,498
Clinician	25,496	19,087	15,615	7,904	6,157	1,756	1,516	948	78,514
<i>Non-clinician</i>	1,358	1,113	581	359	271	91	145	61	3,984
Administration	507	343	221	155	69	35	82	30	1,444
Teacher/educator	360	249	184	97	83	34	32	12	1,051
Researcher	440	491	169	99	107	21	24	18	1,372
Other	51	30	7	8	12	1	7	1	117
On extended leave of 3 months or more	483	407	305	172	110	38	21	24	1,563
<i>Looking for work in medicine</i>	177	137	87	54	43	14	13	8	552
Employed elsewhere	11	14	4	3	6	n.p.	n.p.	n.p.	42
Not employed	166	123	83	51	37	n.p.	n.p.	n.p.	510
Not in the medical workforce	1,552	1,168	789	626	329	121	87	39	6,854
Overseas	448	366	218	139	89	29	34	17	3,322
<i>Not looking for work in medicine</i>	554	403	253	182	106	45	33	18	1,713
Employed elsewhere	163	99	39	44	25	9	12	2	438
Not employed	391	304	214	138	81	36	21	16	1,275
Retired from regular work	550	399	318	305	134	47	20	4	1,819
Total registered medical practitioners	29,066	21,912	17,377	9,115	6,910	2,020	1,782	1,080	91,467
Percentage of registered medical practitioners employed in medicine	92.4	92.2	93.2	90.7	93.0	91.4	93.2	93.4	90.2

(a) Derived from state and territory of main job where available; otherwise, state and territory of principal practice is used as a proxy. If principal practice details are unavailable, state and territory of residence is used. Records with no information on all three locations are coded to 'Not stated'.

(b) From 2012, data exclude provisional registrants.

(c) Data include employed medical practitioners who did not state or adequately describe their state or territory, and medical practitioners who reside overseas. Therefore, state and territory totals may not sum to the national total. In particular, the total for working overseas is noticeably higher than the sum of the state and territory figures.

Note: Data not published due to quality issues or confidentiality are denoted by 'n.p.' in the table.

Source: National Health Workforce Data Set: medical practitioners 2013.

Table 3.22.2: Number of full-time equivalent GPs per 100,000 population, by areas of low through to high proportions of Indigenous populations, 2013

Proportion of the population that is Indigenous	FTE number	FTE per 100,000 population
< 1%	9,791.1	115.5
1–<5%	11,554.1	107.0
5–<10%	2,441.7	115.1
10–<20%	625.1	107.1
20%+	486.0	141.7

Notes

1. FTE based on a standard working week of 40 hours.
2. Other territories excluded.

Sources: National Health Workforce Data Set: medical practitioners 2013; ABS 2011 Estimated Resident Population data, SA2 by Indigenous status.

Table 3.22.3: Number and proportion of full-time equivalent GPs by remoteness categories, 2012–13

Remoteness	Number of FTE GPs	Per cent
Major cities	12,891	70.1
Inner regional	3,665	19.9
Outer regional	1,529	8.3
Remote	213	1.2
Very remote	101	0.5
Total	18,399	100.0

Source: AIHW analysis of Department of Health, General Practice statistics.

Table 3.22.4: Number and proportion of GPs in regional and remote areas^(a), by length of stay in current practice and remoteness, 30 November 2013

Remoteness ^(b)	Duration							Total
	<12 months	1–<2 years	2–<3 years	3–<5 years	5–<10 years	10–20 years	>20 years	
Number								
Inner regional	1,206	656	396	633	791	688	641	5,011
Outer regional	489	281	196	252	380	257	198	2,053
Remote	114	53	48	62	59	42	16	394
Very remote	46	34	20	32	24	20	4	180
Total	1,855	1,024	660	979	1,254	1,007	859	7,638
Per cent								
Inner regional	24.1	13.1	7.9	12.6	15.8	13.7	12.8	100.0
Outer regional	23.8	13.7	9.5	12.3	18.5	12.5	9.6	100.0
Remote	28.9	13.5	12.2	15.7	15.0	10.7	4.1	100.0
Very remote	25.6	18.9	11.1	17.8	13.3	11.1	2.2	100.0
Total	24.3	13.4	8.6	12.8	16.4	13.2	11.2	100.0

(a) Excludes 337 GPs for which remoteness category was unknown.

(b) Based on 2006 Census data. ASGC-RA includes five categories: *Major cities*, *Inner regional*, *Outer regional*, *Remote* and *Very remote*.

Source: Rural Workforce Agencies National Minimum data set.

Table 3.22.5: Registered physiotherapists: labour force status and field of physiotherapy by state/territory^(a), 2012

Labour force status/field	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia ^(b)
<i>Physiotherapy labour force</i>	6,200	5,458	4,145	2,700	1,855	374	433	148	21,320
<i>Total working in physiotherapy</i>	5,859	5,133	3,907	2,501	1,774	361	402	141	20,081
Clinical physiotherapist ^(c)	5,275	4,627	3,492	2,191	1,588	337	338	131	17,980
Non-clinical physiotherapist	584	506	416	310	186	24	64	10	2,101
<i>Total not working in physiotherapy</i>	341	325	238	199	81	13	31	7	1,240
On extended leave	280	270	201	158	74	13	28	5	1,031
Looking for work in physiotherapy	61	55	37	41	7	—	3	2	209
<i>Not in physiotherapy labour force</i>	651	513	360	269	106	27	41	14	2,614
Overseas	170	156	113	73	39	n.p.	n.p.	5	1,168
Not looking for work in physiotherapy	392	298	212	178	62	15	29	9	1,232
Total registered physiotherapists	6,851	5,972	4,505	2,969	1,961	401	474	162	23,934
Percentage of physiotherapists employed in physiotherapy	85.5	86.0	86.7	84.2	90.5	90.0	84.8	87.0	83.9

(a) Derived from state and territory of main job where available; otherwise, state and territory of principal practice is used as a proxy. If principal practice details are unavailable, state and territory of residence is used. Records with no information on all three locations are coded to 'not stated'.

(b) Includes physiotherapists who did not state or adequately describe their state or territory, and those who were overseas. Therefore, state and territory totals may not sum to the national total. In particular, the total for 'Not in the physiotherapy labour force' is higher than the sum of the state and territory figures due to physiotherapists working overseas.

(c) A clinical physiotherapist is a practitioner who spends the majority of his or her time working in the area of clinical practice.

Note: Workforce status components are derived from weighted survey data and are rounded to whole numbers. Columns therefore may not add to the total number of registered professionals obtained from national registration data.

Source: Allied health workforce 2012 (AIHW 2013).

Table 3.22.6: Labour force status of registered podiatrists by state/territory^(a), 2012

Labour force status	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia ^(b)
<i>Podiatry labour force</i>	943	1,171	623	382	362	90	47	14	3,634
Working in podiatry	919	1,123	584	366	349	89	46	13	3,491
Clinical podiatrist ^(c)	883	1,053	549	345	332	85	43	13	3,305
Non-clinical podiatrist	36	71	35	20	17	4	3	—	185
<i>Not working in podiatry</i>	<i>n.p.</i>	48	40	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	144
On extended leave	22	38	33	12	n.p.	n.p.	n.p.	n.p.	120
Looking for work in podiatry	n.p.	10	7	n.p.	n.p.	—	—	—	24
<i>Not in podiatry labour force</i>	23	51	25	13	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	—	149
Overseas	7	7	11	n.p.	n.p.	—	n.p.	—	51
Not looking for work in podiatry	12	42	14	10	n.p.	n.p.	—	—	93
Total registered podiatrists	966	1,222	649	395	376	92	48	14	3,783
Percentage of podiatrists employed in podiatry	95.1	91.9	90.0	92.7	92.8	96.7	95.8	92.9	92.3

(a) Derived from state and territory of main job where available; otherwise, state and territory of principal practice is used as a proxy. If principal practice details are unavailable, state and territory of residence is used. Records with no information on all three locations are coded to 'not stated'.

(b) Includes podiatrists who did not state or adequately describe their state or territory, and those who were overseas. Therefore, state and territory totals may not sum to the national total. In particular, the total for 'Not in the podiatry workforce' is higher than the sum of the state and territory figures due to podiatrists working overseas.

(c) A clinical podiatrist is a practitioner who spends the majority of his or her time working in the area of clinical practice.

Note: Workforce status components are derived from weighted survey data and are rounded to whole numbers. Columns therefore may not add to the total number of registered professionals obtained from national registration data.

Source: Allied health workforce 2012 (AIHW 2013).

Table 3.22.7: Labour force status of registered psychologists (excluding provisional registrants), by state/territory^(a), 2012

Labour force status	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia ^(b)
<i>Psychology labour force</i>	8,152	6,285	4,212	2,523	1,193	420	621	198	23,614
<i>Total working in psychology</i>	7,700	5,964	4,001	2,404	1,145	404	592	195	22,404
Clinical psychologist ^(c)	6,378	4,851	3,152	1,974	962	339	464	153	18,275
Non-clinical psychologist	1,322	1,113	848	430	182	65	128	41	4,129
<i>Total not working in psychology</i>	452	320	211	118	n.p.	n.p.	n.p.	3	1210
On extended leave	369	268	164	103	n.p.	n.p.	n.p.	3	994
Looking for work in psychology	83	52	47	15	n.p.	n.p.	n.p.	—	216
<i>Not in psychology labour force</i>	784	390	244	145	103	31	50	11	2,036
Overseas	114	61	29	16	16	4	9	2	480
Not looking for work in psychology	521	284	184	118	62	17	33	9	1,271
Retired from regular work	150	45	31	11	25	10	7	—	285
Total registered psychologists	8,937	6,675	4,456	2,668	1,296	451	670	209	25,650
Percentage of psychologists employed in psychology	86.2	89.3	89.8	90.1	88.3	89.6	88.4	93.3	87.3

(a) Derived from state and territory of main job where available; otherwise, state and territory of principal practice is used as a proxy. If principal practice details are unavailable, state and territory of residence is used. Records with no information on all three locations are coded to 'not stated'.

(b) Includes psychologists who did not state or adequately describe their state or territory, and those who were overseas. Therefore, state and territory totals may not sum to the national total. In particular, the total for 'Not in the psychology workforce' is higher than the sum of the state and territory figures due to psychologists working overseas.

(c) A clinical psychologist is a practitioner who spends the majority of his or her time working in the area of clinical practice.

Note: Workforce status components are derived from weighted survey data and are rounded to whole numbers. Columns therefore may not add to the total number of registered professionals obtained from national registration data.

Source: Allied health workforce 2012 (AIHW 2013).

Table 3.22.8: Practice status of dental therapists and oral health therapists, by state/territory^(a), 2012

Workforce status	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia^(b)
<i>In the dental or oral health therapy workforce</i>	421	346	495	358	193	56	23	23	1,915
Employed in dental therapy	216	178	202	337	101	49	15	18	1,117
Employed in oral health therapy	174	145	254	4	80	4	8	5	675
Looking for work in dental therapy/oral health therapy	14	8	11	n.p.	n.p.	n.p.	—	—	37
On extended leave of 3 months or more from dental therapy/oral health therapy workforce	18	16	27	15	n.p.	n.p.	—	—	87
<i>Not in dental or oral health therapy workforce</i>	25	9	21	31	5	n.p.	n.p.	n.p.	99
Overseas	n.p.	n.p.	n.p.	n.p.	—	—	n.p.	—	10
Not looking for work in dental therapy/oral health therapy	20	8	n.p.	28	5	n.p.	—	n.p.	80
Retired from regular work	n.p.	n.p.	—	n.p.	—	n.p.	—	—	10
Total registered dental therapists/oral health therapists	446	355	516	389	198	58	24	24	2,014
Percentage of dental therapists/oral health therapists employed in dental therapy/oral health therapy workforce	92.6	93.4	92.1	95.3	93.8	94.6	100.0	100.0	93.6
Percentage of registered dental therapists/oral health therapists employed in dental therapy/oral health therapy	87.4	91.0	88.4	87.7	91.4	91.4	95.8	95.8	89.0

(a) Derived from state and territory of main job where available; otherwise, state and territory of principal practice is used as a proxy. If principal practice details are unavailable, state and territory of residence is used. Records with no information on all 3 locations are coded to 'not stated'.

(b) Includes dental therapists and oral health therapists who did not state or adequately describe their location, and those who were overseas.

Notes

1. Workforce status components are derived from weighted survey data and are rounded to whole numbers. Columns therefore may not add to the total number of registered professionals obtained from national registration data.
2. Oral health therapists (OHTs) are dual registered hygienist and therapist.

Source: National Health Workforce Data Set: dental practitioners 2012.

Table 3.22.9: Occupational therapist respondents: labour force status and role, NSW, Vic, Tas, ACT, and NT^{(a)(b)}, 2012

Labour force status	Total
Occupational therapy labour force	7,643
<i>Employed in occupational therapy</i>	7,231
Clinical occupational therapy	6,310
Non-clinical occupational therapy	921
<i>Not working in occupational therapy</i>	412
On extended leave	325
Looking for work in occupational therapy	87
Not in occupational therapy labour force	182
Overseas	25
Not looking for work in occupational therapy	151
Retired from regular work	6
Total registered occupational therapists	7,825
Percentage of occupational therapists employed in occupational therapy	92.4

(a) Due to transitional arrangements, many occupational therapists in Queensland, Western Australia and South Australia were not required to renew their registrations and, as a result did not complete a workforce survey. As a consequence, data for Queensland, Western Australia and South Australia are excluded.

(b) Derived from state and territory of principal practice; if principal practice details are unavailable, state and territory of residence is used as a proxy. Otherwise, state and territory of main job is used. Records with no information on all three locations are coded to 'not stated'.

Note: Workforce status components are derived from weighted survey data and are rounded to whole numbers. Columns therefore may not add to the total number of registered professionals obtained from national registration data.

Source: Allied health workforce 2012 (AIHW 2013).

Table 3.22.10: Nurses and midwives: workforce status and principal role of main job, state and territory^(a), 2013

Workforce status/Principal role of main job	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia^(b)
In the nursing and midwifery workforce	89,579	86,340	61,973	33,090	29,843	7,729	5,215	4,091	317,988
Employed in nursing or midwifery	84,263	80,070	57,201	30,590	27,890	7,332	4,856	3,792	296,029
Clinician	75,469	71,690	52,209	27,727	25,200	6,645	4,230	3,306	266,509
Administration	4,174	3,783	2,077	1,136	1,173	299	367	219	13,230
Teacher/educator	3,020	2,840	1,874	1,134	847	249	150	189	10,303
Researcher	774	807	514	305	275	75	67	40	2,857
Other	826	950	527	288	395	64	42	38	3,130
On extended leave	3,481	4,121	2,791	1,509	1,174	256	263	200	13,808
Looking for work in nursing or midwifery	1,835	2,149	1,981	991	779	141	96	99	8,151
Employed elsewhere	613	784	674	308	303	48	39	35	2,828
Not employed	1,222	1,365	1,307	683	476	93	57	64	5,323
Not in the nursing or midwifery workforce	6,296	4,764	3,694	2,400	1,410	411	476	290	26,202
Overseas	1,105	1,079	877	633	263	84	170	116	10,448
Not looking for work in nursing or midwifery	4,022	3,047	2,237	1,465	880	234	256	154	12,609
Employed elsewhere	2,386	1,429	1,013	637	389	121	155	89	6,311
Not employed	1,636	1,618	1,224	828	491	113	101	65	6,298
Retired from regular work	1,169	638	580	302	267	93	50	20	3,145
Total nurses and midwives	95,875	91,104	65,667	35,490	31,253	8,140	5,691	4,381	344,190

(a) Derived from 'state and territory of main job' where available; otherwise, 'state and territory of principal practice' is used as a proxy. If principal practice details unavailable, 'state and territory of residence' is used. Records with no information on all three locations are coded to 'not stated'.

(b) Data include employed nurses and midwives who did not state or adequately describe their state or territory, and nurses and midwives who reside overseas. Therefore, state and territory totals may not sum to the national total. In particular, the total for working overseas is noticeably higher than the sum of the state and territory figures.

Source: National Health Workforce Data Set: nurses and midwives 2013.

Table 3.22.11: Number and proportion of health (clinical) staff and administrative and support (management) staff vacancies in Aboriginal and Torres Strait Islander primary health-care organisations, as at 30 June 2013

Staff category	Vacant FTEs	Occupied FTEs	Per cent vacant FTEs ^(a)
Health staff			
Aboriginal health workers	58.3	910.1	6.0
Aboriginal health practitioners	10.0	76.0	11.6
Doctors	27.1	374.6	6.7
Nurses	29.9	741.9	3.9
Midwives	7.0	89.5	7.3
Substance misuse/drug and alcohol workers	0.0	149.7	0.0
Tobacco workers/coordinators	0.0	91.9	0.0
Dentists/dental therapists	1.1	67.5	1.6
Dental support workers	3.0	83.3	3.5
Sexual health workers	0.0	46.6	0.0
Outreach workers	0.0	123.1	0.0
Traditional healers	0.0	12.0	0.0
Environmental health workers/officers	0.0	39.0	0.0
Medical Specialists	0.0	16.9	0.0
Emotional and social wellbeing workers	35.1	533.0	6.2
Allied health professionals	8.7	121.9	6.7
Health promotion/prevention workers	25.9	146.2	15.1
Training/trainees	4.0	88.3	4.3
Other health staff	52.6	308.1	14.6
<i>Total health/clinical</i>	<i>262.7</i>	<i>4,019.4</i>	<i>6.1</i>
Administrative and support staff			
CEO	2.0	133.5	1.5
Managers/supervisors	15.0	701.6	2.1
Drivers/field officers	6.0	321.2	1.8
Financial and accounting staff	21.4	246.2	8.0
Administrative and clerical staff	2.0	723.5	0.3
IT and data management staff	2.0	106.5	1.8
Cleaner/security/other support staff	2.0	228.4	0.9
Administrative/support trainees	2.0	118.6	1.7
Other administrative/support staff	0.0	58.3	0.0
<i>Total administrative and support staff</i>	<i>52.4</i>	<i>2,637.8</i>	<i>1.9</i>
Total	315.1	6,657.2	4.5

(a) Number of funded FTE vacancies divided by the total FTE positions (both occupied and vacant) multiplied by 100.

Source: AIHW OSR data collection.

Table 3.22.12: Number and proportion^(a) of health (clinical) staff and administrative and support (management) staff vacancies of total positions (FTE) in Aboriginal and Torres Strait Islander primary health-care organisations, by remoteness, 2012–13

Staff category	Major cities	Inner regional	Outer regional	Remote	Very remote	Total
Number						
Health	33.6	38.0	85.3	67.9	37.9	262.7
Administrative and support	9.8	9.0	7.5	17.0	9.1	52.4
Total	43.4	47.0	92.8	84.9	47.0	315.1
Per cent						
Health	10.8	12.1	27.0	21.5	12.1	83.5
Administrative and support	3.2	2.9	2.5	5.4	2.9	16.5
Total	13.7	14.9	29.5	27.0	14.9	100.0

(a) Number of funded FTE vacancies divided by the total vacant FTE positions multiplied by 100.

Source: AIHW OSR data collection.

Table 3.22.13: Percent full-time equivalent health/clinical and support/management staff vacancies in Aboriginal and Torres Strait Islander primary health-care organisations, year ending 30 June 2000 to 30 June 2013^(a)

	Proportion of health/clinical staff	Proportion of administrative and support staff
2000	6.5	2.9
2001	8.0	2.9
2002	6.9	3.1
2003	7.2	3.1
2004	7.4	2.3
2005	8.2	2.7
2006	9.7	3.9
2007	9.9	4.0
2008	9.0	4.0
2009	7.2	3.3
2010	6.9	3.5
2011	8.4	3.1
2012	7.0	3.7
2013	6.1	1.9
Annual change^(b)	0.0	0.0
Per cent change^(c)	-1.2	7.1

(a) Number of funded FTE vacancies divided by the total FTE positions (both occupied and vacant) multiplied by 100.

(b) Average annual change determined using linear regression analysis over the period.

(c) Per cent change over the period based on the average annual change over the period.

Note: Since 2008–09 OSR data counts all auspice services individually when calculating rates, therefore caution should be exercised when comparing rates with earlier data collection periods.

Sources: SAR, DSR and AIHW OSR data collections.

Data sources and quality

National Health Workforce Data Set

The Australian Health Practitioner Regulation Agency (AHPRA), in conjunction with the national boards, is responsible for the national registration process for 14 health professions. The data from this annual registration process, together with data from a workforce survey that is voluntarily completed at the time of registration, forms the National Health Workforce Dataset (NHWDS). Data in the NHWDS includes demographic and employment information (for example labour force status, location of main job, area of practice, work setting) for registered health professionals.

Medical practitioners 2013

This is the fourth data set for medical practitioners from the new national registration scheme. The Medical Workforce survey tool varies significantly in some aspects from previous years, but is now nationally consistent. The NHWDS: medical practitioners 2013 is also more complete than the NHWDS: medical practitioners 2010.

The major issues with data quality for the NHWDS: medical practitioners 2013 include:

- The data are not directly comparable to those collected in the previous (2009 and earlier) AIHW Medical Labour Force Surveys due to changes in methods and scope, including the change in the method of determining the state or territory of practitioners' main job in medicine.
- Methodological changes, and in particular the inclusion of registration type and an updated specialty classification, mean that some estimates may be affected by changes to the methodology between the NHWDS: medical practitioners 2011 derivation and the NHWDS: medical practitioners 2012 derivation and 2013 derivation (AIHW 2014c).

Allied health practitioners 2012

This is the first data published for allied health practitioners from a new national registration scheme. It includes psychologists, pharmacists, physiotherapists, occupational therapists, medical radiation practitioners, optometrists, chiropractors, Chinese medicine practitioners, podiatrists, osteopaths and Aboriginal and Torres Strait Islander health practitioners.

Due to transition arrangements between pre-existing state and territory-based registration systems and the National Registration and Accreditation Scheme (NRAS), people previously registered as medical radiation practitioners in Queensland, Western Australia and Tasmania or occupational therapists previously registered in Queensland, Western Australia and South Australia may not have been required to renew their registration in 2012 and hence did not receive a survey. Registration data for these people was migrated from pre-existing state-based systems. As a result, the survey data for these professions excludes these jurisdictions as there were very few surveys received.

This is the first time data on medical radiation practitioners, chiropractors, Chinese medicine practitioners, osteopaths and Aboriginal and Torres Strait Islander health practitioners has been produced. For psychologists, pharmacists, physiotherapists, occupational therapists, optometrists and podiatrists, data has previously been published by the AIHW based on jurisdictional based board registration and survey data. Data in this report collected through

the NRAS are not directly comparable with data collected through the jurisdiction-based data collection (AIHW 2013).

Dental practitioners 2012

Data has previously been published by AIHW based on jurisdictional based board registration and survey data. Data collected through the NRAS (2011 onwards) is not directly comparable with data collected through the jurisdiction-based data collection.

Comparisons with 2011 data for oral health therapists, dental therapists, dental hygienists and dental prosthetists should be made with caution. Dental practitioners registered in more than 1 division of general registration are assigned a primary (or main) division. The methodology to assign a primary dental division of general registration changed from 2011 to 2012. In 2011, oral health therapists included those with both dental therapy and dental hygienist registrations. In 2012, practitioners with both dental hygiene and dental therapy registrations were treated as either a dental therapist or dental hygienist depending on other eligibility criteria (for example, principal area of main job, whether worked more hours in private or public sector and geographic location) (AIHW 2014d).

Nurses and midwives 2013

This is the third data set published for nurses and midwives from the new national registration scheme. Between 2012 and 2013, there was a drop in midwife registrations, from 35,632 to 33,969. This was due to a drop in dual midwife/nurse registrations.

Data collected for NHWDS: nurses and midwives 2013 is comparable with 2012 data for most variables as the survey structure was largely comparable, with some new categories and questions introduced and some categories collapsed. Due to the differences in data collection methods, including differences in the design of surveys and questionnaires, comparisons between workforce data in the NHWDS: nurses and midwives 2011 to 2013 and previous AIHW Nursing and Midwifery Labour Force Survey data be made with caution (AIHW 2014e).

Psychologists 2013

Data has previously been published by AIHW based on jurisdictional based board registration and survey data. Data collected through the NRAS (2011 onwards) is not directly comparable with data collected through the jurisdiction-based data collection.

In 2013 there was an improvement to the methodology for assigning clinical or non-clinical job roles for those reporting 'other' to the corresponding survey question. There has been an increase in the proportion reported as working as clinicians, such that this should not be compared to the results for 2012. This increase seems to have been caused largely by a rewording of the survey form, resulting in fewer respondents selecting 'other' (AIHW 2014d).

Pharmacists 2013

Data has previously been published by AIHW based on jurisdictional based board registration and survey data. Data collected through the NRAS (2011 onwards) is not directly comparable with data collected through the jurisdiction-based data collection.

In 2013 there was an improvement to the methodology for assigning clinical or non-clinical job roles for those reporting 'other' to the corresponding survey question. There has been an increase in the proportion reported as working as clinicians, such that this should not be

compared to the results for 2012. In the case of pharmacists, this is a result of recoding 'other' responses to 1 of the standard job roles (predominantly 'clinician'), based on further information provided by an additional free text field (AIHW 2014d).

Department of Health General Practice Statistics

Care must be taken in using and interpreting the data provided. There are 2 issues to note that have an effect on the quality of the data. First, the data include only those services claimed through the Medicare system. Consequently the full-time equivalent for doctors in *Remote* areas, which are more likely to have high proportions of Indigenous population, will be understated. This is because some services are provided in rural hospitals and through the Royal Flying Doctor Service. There is also anecdotal information that services provided in Aboriginal Medical Services are often not claimed through the Medicare system. This results in further understating the full-time equivalent for doctors in areas with high Indigenous populations.

The data at the grouped SLA level can hide variability in data at the individual SLA level. For example, although 1 group of SLAs may have fewer people per doctor overall than a second group of SLAs, there will be a number of individual SLAs in the first group with far more people per doctor than in some individual SLAs in the second group.

Online Services Report data collection

The OSR collects organisation-level information from Aboriginal and Torres Strait Islander health organisations that received Australian Government funding in 2012–13.

Data were collected using a web-based reporting tool designed specifically to capture information on inputs and health processes at primary health-care organisations funded to deliver care to Indigenous Australians.

AIHW examined all data submissions to identify missing data and data quality issues. The most common data quality issues were inaccurate recording (for example, staff were reported in terms of their total number rather than in full-time equivalent positions), and discrepancies between 2 or more questions (for example, the number of clients exceeded the number of episodes of care).

Where needed, AIHW staff contacted the relevant health organisation to follow up on data quality issues and to request additional or corrected data. The AIHW detected at least 1 issue for follow-up in around 239 (92%) of organisations. Of these, 207 (87%) resubmitted data. Data with remaining significant quality issues were excluded from national analyses.

From 2012–13 a new online questionnaire started. Major questions (for example, around episodes of care, clients and contacts) remained the same. Some other questions were revised or restructured.

For more information see

<<http://meteor.aihw.gov.au/content/index.phtml/itemId/561251>>.

Rural Workforce Agencies National Minimum Data Set

The Rural Workforce Agency National Minimum Data Set is a national data set based on annual surveys conducted by each state and territory Rural Workforce Agency and compiled through the Australian Rural and Remote Workforce Agencies Group (Health Workforce Queensland and New South Wales Rural Doctors Network 2009). The data are collected in accordance with an agreed national minimum data set and data dictionary.

List of symbols used in tables

- rounded to zero (including null cells)
- n.p. not available for publication but included in totals where applicable, unless otherwise indicated

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References

- AIHW (Australian Institute of Health and Welfare) 2013. Allied health workforce 2012. National health workforce series no. 5. Cat. no. HWL 51. Canberra: AIHW.
- AIHW 2014a. Medical practitioner workforce 2013: data and additional material. Canberra: AIHW. Viewed 20 January 2015, <<http://www.aihw.gov.au/workforce/medical/additional/>>.
- AIHW 2014b. Nursing and midwifery workforce 2013: data and additional material. Canberra: AIHW. Viewed 20 January 2015, <<http://www.aihw.gov.au/workforce/nursing-and-midwifery/additional/>>.
- AIHW 2014c. National Health Workforce Data Set: medical practitioners 2013: National Health Workforce Data Set, 2013: Data Quality Statement. Viewed on 10 July 2015 <<http://meteor.aihw.gov.au/content/index.phtml/itemId/586763>>.
- AIHW 2014d. AIHW National Health Workforce Data Set 2013. Viewed on 10 July 2015 <<http://meteor.aihw.gov.au/content/index.phtml/itemId/596359>>.
- AIHW 2014e. National Health Workforce Data Set: nurses and midwives 2013: National Health Workforce Data Set, 2013: Data Quality Statement. Viewed on 10 July 2015 <<http://meteor.aihw.gov.au/content/index.phtml/itemId/586921>>.
- Health Workforce Queensland and New South Wales Rural Doctors Network (2009). Medical practice in rural and remote Australia: Combined Rural Workforce Agencies National Minimum Data Set report as at 30th November 2008. Brisbane: HWQ.

Other related information

- AIHW 2013. Nursing and midwifery workforce 2012. National health workforce series no. 6. Cat. no. HWL 52. Canberra: AIHW.
- AIHW 2014. Medical workforce 2012. National health workforce series no. 8. Cat. no. HWL 54. Canberra: AIHW.
- AIHW 2014. Dental workforce 2012. National health workforce series no.7. Cat. no. HWL 53. Canberra: AIHW.
- Alexander C & Fraser J 2007. Education, training and support needs of Australian trained doctors and international medical graduates in rural Australia: a case of special needs. Rural and Remote Health 7:681.
- Campbell N, McAllister L & Eley D 2012. The influence of motivation in recruitment and retention of rural and remote allied health professionals: a literature review. Rural and Remote Health 12.

Roche AM, Duraisingam V, Trifonoff A & Tovell A 2012. The health and well-being of Indigenous drug and alcohol workers: Results from a national Australian survey. *Journal of Substance Abuse Treatment* 44:17–26.

Schoo A, Stagnitti K, Mercer C & Dunbar J 2005. A conceptual model for recruitment and retention: allied health workforce enhancement in Western Victoria, Australia. *Rural and remote health* 5:1–18.

Senate Community Affairs References Committee 2012. The factors affecting the supply of health services and medical professionals in rural areas. Canberra: Senate Community Affairs Committee Secretariat.

Appendix 1: Data sources and quality

The Aboriginal and Torres Strait Islander Health Performance Framework (HPF) 2014 sourced data from 54 different national and jurisdictional data collections. This Appendix provides detailed information on each individual data collection used in the HPF 2014, including data quality, Indigenous identification and other technical notes.

For details see

<<http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129553440>>.



This report gives the latest information on how Aboriginal and Torres Strait Islander people in Australia are faring according to a range of measures of health status and outcomes, determinants of health and health system performance. Indicators are based on the Aboriginal and Torres Strait Islander Health Performance Framework. The report highlights the main areas of improvement and continuing concern.