

## **3.12 Access to services by types of service compared with need**

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

Indigenous Australians have poorer health status (measured in terms of life expectancy, mortality rates and morbidity) than non-Indigenous Australians, and therefore have a greater need for healthcare.

### **Data sources**

#### **National Aboriginal and Torres Strait Islander Health Survey (NATSIHS)**

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

#### **National Aboriginal and Torres Strait Islander Social Survey (NATSISS)**

The Australian Bureau of Statistics (ABS) conducted the 2002 National Aboriginal and Torres Strait Islander Social Survey (NATSISS) between August 2002 and April 2003. The 2008 NATSISS was conducted between August 2008 and April 2009. The survey provides information about the Aboriginal and Torres Strait Islander populations of Australia for a wide range of areas of social concern, including health, education, culture and labour force participation. The 2008 NATSISS included for the first time children aged under 15. The NATSISS will be conducted every 6 years, with the next survey planned for 2013.

The 2008 NATSISS collected information by personal interview from 13,300 Indigenous Australians across all states and territories of Australia, including those living in remote areas. The sample covered persons aged 15 years and over who are usual residents in selected private dwellings. It collected information on a wide range of subjects, including family and culture, health, education, employment, income, financial stress, housing, and law and justice.

#### **Community Housing and Infrastructure Needs Survey (CHINS)**

The CHINS collects data from all Aboriginal and Torres Strait Islander housing organisations and discrete Aboriginal and Torres Strait Islander communities in Australia. The latest CHINS was enumerated from 1 March to 30 June 2006. The data were collected through personal interviews with key community and Indigenous Housing Organisation (IHO) representatives

knowledgeable about housing and infrastructure issues. In addition to the survey instrument and methodology testing conducted prior to the 2006 CHINS, aggregate data from the 2006 CHINS have been compared with that collected in 2001 CHINS. The survey collected information on all Aboriginal and Torres Strait Islander communities throughout Australia. The ABS conducted the 2006 CHINS on behalf of, and with full funding from, the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA). Information collected includes:

- details of current housing stock, dwelling management practices and selected income and expenditure arrangements of Indigenous organisations that provide housing to Aboriginal and Torres Strait Islander people
- details of housing and related infrastructure, such as water, electricity, sewerage, drainage, rubbish collection and disposal, as well as other facilities such as transport, communication, education, sport and health services, available in discrete Aboriginal and Torres Strait Islander communities.

The 2006 information was collected on 496 Indigenous housing organisations that managed a total of 21,854 permanent dwellings. Information was also collected on 1,187 discrete Indigenous communities with a combined population of 92,960. Most of these communities were in *Very remote* regions of Australia, with 73% (865) having a population of fewer than 50 people.

In the 2006 CHINS, a community questionnaire collected detailed infrastructure information from all discrete Indigenous communities with a reported usual population of 50 persons or more, as well as for communities that had a reported usual population of fewer than 50 persons but which were not administered by a larger discrete Indigenous community or Resource Agency (375 communities). The 812 other communities had reported usual populations of fewer than 50 persons and were asked a subset of questions from the community questionnaire form, the short community questionnaire (ABS 2007).

Results from this survey were published in August 2007. FaHCSIA and the ABS jointly hold the CHINS data.

## **Census of Population and Housing**

The ABS Census of Population and Housing is conducted by the ABS at five-yearly intervals, with 2006 being the most recent, and is designed to include all Australian households. The Census uses the ABS standard Indigenous status question and it is asked for each household member.

Although the Census data are adjusted for under-count at the person level to arrive at the estimated resident population, no such adjustment is done at the household level. This affects the accuracy of the person counts at the household level to provide adjusted household estimates.

The 1996 and 2001 Census used the Australian Standard Classification of Occupations, but this was replaced by the Australian and New Zealand Standard Classification of Occupations for the 2006 Census.

## **National Hospital Morbidity Database**

The National Hospital Morbidity Database is a compilation of episode-level records from admitted patient morbidity data collection systems in Australian hospitals in each state and

territory. Information on the characteristics, diagnoses and care of admitted patients in public and private hospitals is provided annually to the Australian Institute of Health and Welfare (AIHW) by state and territory health departments.

Data are presented for the six jurisdictions that have been assessed by the AIHW as having adequate identification of Indigenous hospitalisations in 2006–08: New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory. These six jurisdictions represent approximately 96% of the Indigenous population of Australia. Data are presented by state/territory of usual residence of the patient.

In the period 2006–08, there were 276,000 hospital separations (episodes of care for admitted patients) for Aboriginal and Torres Strait Islander patients: around 3.5% of all separations. The proportion of separations of Aboriginal and Torres Strait Islander persons was higher in public hospitals (5.4% or 256,425 separations) compared with private hospitals (0.6% or 20,015 separations). Of all Aboriginal and Torres Strait Islander separations, nearly 93% occurred in public hospitals (AIHW 2009a).

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

Hospitalisation data are presented for the two-year period from July 2006 to June 2008. An aggregate of two years of data has been used, as the number of hospitalisations for some conditions is likely to be small for a single year.

The principal diagnosis is the diagnosis established to be the problem that was chiefly responsible for the patient's episode of care in hospital. The additional diagnosis is a condition or complaint either coexisting with the principal diagnosis or arising during the episode of care. The term 'hospitalisation' has been used to refer to a separation, which is an episode of admitted patient care. This can include a total hospital stay (from admission to discharge, transfer or death) or a portion of a hospital stay beginning or ending in the change in the type of care (for example, from acute to rehabilitation). 'Separation' also means the process by which an admitted patient completes an episode of care by being discharged, dying, transferring to another hospital or changing type of care.

## **General practitioner data**

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

Care must be taken in using and interpreting the data provided. There are two issues to note 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 (FTE) for doctors in remote areas, which are more likely to have high proportions of Indigenous populations, 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 understatement of the number of FTEs for doctors in areas with high Indigenous populations.

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

## **Medicare database**

Medicare enrolment application forms are lodged by persons wishing to enrol with Medicare at Medicare offices in each state/territory or by mail. Information from these forms is entered directly into the Medicare database, which is held by the Medicare Australia.

In November 2002, the ABS standard question on Indigenous identification was included on this form. The question is asked in relation to the cardholder and any other family member named on the card. Responding to the question is voluntary and there is an explanation of the reasons for the question and the use of the data included on the form. This is referred to as the Voluntary Indigenous Identifier.

Because the Voluntary Indigenous Identifier was only introduced in 2002, the coverage of Aboriginal and Torres Strait Islander Australians in this database is not complete. There were 210,351 people who had identified as Aboriginal and/or Torres Strait Islander in this database at January 2009: around 41% of the estimated Aboriginal and Torres Strait Islander population (AIHW 2010c). The number of people who have identified as Aboriginal and/or Torres Strait Islander has steadily increased from 47,200 people in August 2004.

To date, the database has not been analysed to estimate the numbers of people who have identified themselves as non-Indigenous, or those who have either not responded to the question or have not been presented with an opportunity to respond to the question.

## **AIHW Medical Labour Force surveys**

The AIHW runs a number of surveys of the health labour force, including the Pharmacy Labour Force Survey. The AIHW is the data custodian of this collection. The survey is of registered pharmacists and is drawn from the registration files maintained by each state and territory pharmacy registration board. Each pharmacy board conducts an annual renewal of registration and, in some years, questionnaires are sent to pharmacists on renewal of their registration. In 2003, the survey was conducted in all jurisdictions except the Northern Territory. The response rate to the survey was 76.3%

There is currently no data source for statistics on not filling prescriptions because of cost for Indigenous Australians. This will be recommended for inclusion in the next NATSIHS.

## **OATSIH Services Reporting (OSR) Data Collection**

In 2008–09, the AIHW collected the data from the Aboriginal and Torres Strait Islander primary health-care, substance use, and Bringing Them Home and Link Up counselling services funded by the Australian Government through the Office for Aboriginal and Torres Strait Islander Health (OATSIH). OATSIH-funded services include both Indigenous Community Controlled Health Organisations and non-community controlled health organisations. Note that the OSR only includes Aboriginal and Torres Strait Islander health organisations that receive at least some Australian Government funding to facilitate access to primary health care.

This collection, referred to as the OSR data collection replaces the Service Activity Reporting (SAR), Drug and Alcohol Services Reporting (DASR), and Bringing Them Home and Link Up counselling data collections previously collected by the OATSIH. The OSR data collection, which was established in 2008–09, uses a new set of counting rules that treat all auspice services as individual services, which yields a larger numerator and denominator on which the rates are based. Although this change affects the aggregate rates only marginally, caution should be exercised when comparing rates based on earlier data collection periods.

The OSR data collection included 211 Australian Government-funded Aboriginal and Torres Strait Islander primary health-care services. Service-level data on health care and health-related activities were collected by survey questionnaire for the 2008–09 financial year reporting period and provided data on episodes of care, service population, clients and staffing. Response rates to the OSR questionnaire by Aboriginal and Torres Strait Islander primary health-care services in 2008–09 were around 97%.

Of the 86 Bringing Them Home and Link Up counselling services, 81 (94%) responded to the OSR questionnaire, as well as five auspiced services. Many services providing Bringing Them Home and Link Up counselling are part of existing primary health-care or substance use service.

Forty-five (90%) out of 50 stand-alone substance use services, as well as three auspiced services, responded to the OSR questionnaire.

## Health expenditure data

The report on expenditures on health services for Aboriginal and Torres Strait Islander people is produced every three years. The latest report covers expenditure for the 2006–07 financial year and was published in the AIHW report *Expenditures on health for Aboriginal and Torres Strait Islander people 2006–07* (AIHW 2009a).

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

Expenditure on care for Aboriginal and Torres Strait Islander people amounted to \$2,910 million in 2006–07. This was equivalent to 3.3% of the national expenditure on health care. In 2006–07, the average expenditure per person on health care was \$5,569 for Aboriginal and Torres Strait Islander people. For non-Indigenous people, the average expenditure per person was \$4,247. The ratio of Indigenous to non-Indigenous expenditure per person was 1.3. For the Australian Government schemes of Medicare and the Pharmaceutical Benefits Scheme (PBS), total benefits paid per Aboriginal and Torres Strait Islander person were 59% of the amount spent on non-Indigenous people.

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

The attribution of expenditure to Indigenous people, either on an overall population or per capita basis, should be treated with caution because it is an estimate (AIHW 2009a).

Expenditure is a measure of met need. Indigenous Australians have a significantly poorer health status (measured in terms of life expectancy, mortality rates and morbidity) than non-

Indigenous Australians. It could therefore be expected that per capita investment of health resources to achieve equality for Aboriginal and Torres Strait Islanders should be higher than for other Australians.

## **Palliative care data**

Data on palliative care are sourced from the Admitted Patient Palliative Care National Minimum Data Set, which is a component of the National Hospital Morbidity Data Collection (see hospitalisations section above).

There is currently no national data source on palliative care that occurs in the community (that is non-admitted care). However, a national minimum data set for community based palliative care is currently being explored by the AIHW.

## **Analyses**

Age-standardised rates and ratios have been used to measure health care access in the Indigenous population relative to other Australians. Age-standardisation takes into account differences in age distributions between populations.

## **National Aboriginal and Torres Strait Islander Social Survey data**

Data from the 2008 NATSISS is presented in Tables 3.12.1 to 3.12.4.

- 30% of Indigenous persons aged 15 years and over reported they had a problem accessing services. The greatest problem was with accessing dentists (20% reported problems accessing), followed by accessing doctors (10%). The greatest barriers to accessing services were that the waiting time was too long or that the service was not available at the time required (15%).
- Table 3.12.1 shows that the Indigenous people in the Northern Territory (40%) had the highest rate of problems accessing services. The rate was lowest in South Australia (24%).
- Table 3.12.2 reports data on problems accessing services for Indigenous persons aged 15 years and over by the remote and non-remote categories. Respondents in remote areas had greater problems accessing services (42%) than their non-remote counterparts (26%), and reported greater problems accessing every type of service identified in Table 3.12.2 except for other services. The largest disparities regarding the barriers to accessing these services was with 'no services in the area', 'not enough services in the area' or 'transport/distance'.
- A difference was also evident when problems accessing services for Indigenous males aged 15 years and over was compared with their female counterparts. 33% of females reported they had problems accessing services, compared with 27% of males (Table 3.12.3).
- Of Indigenous persons aged 15 years and over, the age group with the greatest percentage reporting problems accessing services was those aged 35–44 years (35%), while the lowest was for 15–24 year olds (23%) (Table 3.12.4).

**Table 3.12.1: Problems accessing services, Indigenous persons aged 15 years and over, by state/territory, 2008**

	NSW	Vic	Qld	WA	SA	Tas/ACT	NT	Total
<b>Whether had problems accessing services</b>	<b>Per cent</b>							
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
<b>Selected types of services had problems accessing</b>								
ATSI 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
<b>Type of barrier to accessing any services</b>								
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
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Total number	96,158	21,830	90,328	44,097	17,938	15,292	41,459	327,101

Source: 2008 NATSISS.

**Table 3.12.2: Problems accessing services, Indigenous persons aged 15 years and over, by remoteness, 2008**

	Remote	Non-remote	Total
<b>Whether had problems accessing services</b>		<b>Per cent</b>	
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
<b>Selected types of services had problems accessing</b>			
ATSI 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
<b>Type of barrier to accessing any services</b>			
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
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Total number	81,501	245,600	327,101

Source: 2008 NATSISS.



**Table 3.12.3: Problems accessing services, Indigenous persons aged 15 years and over, by sex, 2008**

	<b>Males</b>	<b>Females</b>	<b>Total</b>
<b>Whether had problems accessing services</b>		<b>Per cent</b>	
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
<b>Selected types of services had problems accessing</b>			
ATSI 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
<b>Type of barrier to accessing any services</b>			
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
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Total number	156,052	171,049	327,101

Source: 2008 NATSISS.

**Table 3.12.4 Problems accessing services, Indigenous persons aged 15 years and over, by age group, 2008**

	15–24	25–34	35–44	45–54	55+	Total
<b>Whether had problems accessing services</b>						
	<b>Per cent</b>					
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
<b>Selected types of services had problems accessing</b>						
ATSI 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
<b>Type of barrier to accessing any services</b>						
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
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Total number	103,780	69,931	63,851	46,912	42,627	327,101

Source: 2008 NATSISS.

## National Aboriginal and Torres Strait Islander Health Survey—access to health care

The 2004–05 NATSIHS collected information on Indigenous Australians' access to health services. These data are presented in Tables 3.12.5–3.12.13.

- In 2004–05, approximately 42% of Indigenous Australians had accessed health care in the last 12 months (Table 3.12.5).
- After adjusting for differences in age structure, approximately 47% of Indigenous Australians reported they had accessed health care in the last two weeks or were admitted to hospital in the last 12 months, compared with 42% of non-Indigenous Australians.
- Approximately 25% of Indigenous Australians reported they had visited a doctor or specialist in the last two weeks, 20% had been admitted to hospital in the last 12 months and 20% had consulted with other health professionals in the last two weeks.
- Indigenous Australians were twice as likely to have visited casualty or consulted with another health professional than non-Indigenous Australians.
- Indigenous and non-Indigenous Australians aged 55 years and over were most likely to have accessed health care in the last two weeks (66% and 57%, respectively) (Table 3.12.5).
- In 2004–05, a higher proportion of Indigenous females had accessed health care in the last two weeks (45%) than Indigenous males (38%) (Table 3.12.8).
- In 2004–05, approximately 42% of Indigenous Australians reported they had accessed some type of health care in the last two weeks. The proportion who had accessed health care ranged from 35% in the Australian Capital Territory to 52% in the Northern Territory (Table 3.12.9).
- Indigenous Australians living in *Very remote* areas of Australia were more likely to have accessed health services than Indigenous Australians in *Major cities* (55% compared with 44%) (Table 3.12.10).
- In non-remote areas of Australia, Indigenous Australians accessed health care at similar rates to non-Indigenous Australians (46% compared with 43%) (Table 3.12.11).
- Between 2001 and 2004–05, there was little change in the proportion of Indigenous and non-Indigenous Australians accessing health care (Table 3.12.12).

### Access to health care by selected health characteristics

- A higher proportion of Indigenous Australians aged 15 years and over with reported fair/poor health status accessed health care in the last 12 months than Indigenous Australians with excellent/very good or good health status (64% compared with 44%) (Table 3.12.6).
- Indigenous Australians aged 15 years and over with fair/poor health status were twice as likely as non-Indigenous Australians to have visited casualty in the last 12 months.
- Approximately 60% of Indigenous Australians and 56% of non-Indigenous Australians with three or more long-term health conditions reported they accessed health care in the last 12 months (Table 3.12.7).

### **Access to health care by selected population characteristics**

- In 2004–05, approximately 62% of Indigenous Australians who spoke a language other than English at home accessed health services compared with 51% of Indigenous Australians who spoke English at home (Table 3.12.13).
- Indigenous Australians in the lowest quintile of equivalent household income were more likely to have accessed health care than those in the highest quintile (48% compared with 41%). These proportions were similar for non-Indigenous Australians.
- A higher proportion of Indigenous Australians with private health insurance accessed health services than Indigenous Australians without private health cover (54% compared with 48%). This was particularly the case with consulting a dentist (9% compared with 3%), and consulting other health professionals (24% compared with 17%).
- A higher proportion of Indigenous Australians who accessed health care felt they were treated worse than non-Indigenous people (67%) than those who felt they were treated the same or better than non-Indigenous people (50%).

**Table 3.12.5: Accessing health care, by Indigenous status and age group, 2004–05**

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

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

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

(b) Persons aged two years and over.

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

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

(e) Totals are directly age-standardised.

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

**Table 3.12.6: Persons aged 15 years and over accessing health care, by self-assessed health status and Indigenous status, 2004–05**

Accessing health care <sup>(a)</sup>	Excellent/very good/good			Fair/poor			Total		
	Indig.	Non-Indig.	Rate ratio	Indig.	Non-Indig.	Rate ratio	Indig.	Non-Indig.	Rate ratio
	Per cent								
Admitted to hospital	17	14	1.2*	30	27	1.1	22	16	1.3*
Visited casualty/outpatients	4	2	2.1*	11	6	2.0*	6	3	2.5*
Doctor consultation (GP and/or specialist)	22	21	1.0	40	42	0.9	27	24	1.1*
Dental consultation	3	6	0.6*	4 <sup>(b)</sup>	6	0.7	3	6	0.6*
Consultation with other health professional	20	13	1.5*	28	22	1.3*	22	15	1.5*
<b>Total accessing health care<sup>(c)</sup></b>	<b>44</b>	<b>41</b>	<b>1.1</b>	<b>64</b>	<b>62</b>	<b>1.0</b>	<b>51</b>	<b>45</b>	<b>1.1*</b>
<b>Total not accessing health care</b>	<b>56</b>	<b>59</b>	<b>0.9</b>	<b>36</b>	<b>38</b>	<b>1.0</b>	<b>49</b>	<b>55</b>	<b>0.9*</b>
Total number	229,335	13,079,626	..	64,236	2,452,751	..	293,641	15,532,377	..

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

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

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

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

Note: Data are age-standardised.

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

Table 3.12.7: Accessing health care, by number of long-term conditions and Indigenous status, 2004–05

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

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

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

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

(c) Persons aged two years and over.

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

Note: Data are age-standardised.

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

**Table 3.12.8: Indigenous Australians accessing health care, by sex, 2004–05**

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

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

(b) Persons aged two years and over.

(c) 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.



**Table 3.12.9: Indigenous Australians accessing health care, by state/territory, 2004–05**

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

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

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

(c) Persons aged two years and over.

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

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

Source: ABS and AIHW analysis of 2004–05 NATSIHS

**Table 3.12.10: Accessing health care, by Indigenous status and remoteness, 2004–05**

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

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

(a) The 2004–05 NHS did not collect data in *Very remote* areas.

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

(c) Persons aged two years and over.

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

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

Note: Data have been age-standardised.

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

**Table 3.12.11: Accessing health care, by Indigenous status (non-remote only), 2004–05**

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

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

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

(b) Persons aged two years and over.

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

Note: Data have been age-standardised.

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

**Table 3.12.12: Accessing health care, by Indigenous status, 2001 and 2004–05**

Accessing health care <sup>(a)</sup>	2001			2004–05		
	Indigenous	Non-Indigenous	Rate ratio	Indigenous	Non-Indigenous	Rate ratio
	%	%		%	%	
Admitted to hospital	19	12	1.6*	20	15	1.3*
Visited casualty/outpatients	6	3	2.2*	6	3	2.3*
Doctor consultation (GP and/or specialist)	26	25	1.1	25	23	1.1*
Dental consultation <sup>(b)</sup>	5	6	0.7*	4	6	0.6*
Consultation with other health professional	15	13	1.2	20	13	1.5*
<b>Total accessing health care<sup>(c)</sup></b>	<b>46</b>	<b>42</b>	<b>1.1*</b>	<b>47</b>	<b>42</b>	<b>1.1*</b>
<b>Did not access health care</b>	<b>54</b>	<b>58</b>	<b>0.9*</b>	<b>53</b>	<b>58</b>	<b>0.9*</b>
Total number	374,354	18,545,583	..	474,310	19,292,387	..

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

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

(b) Persons aged two years and over.

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

Note: Data are age-standardised.

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

Table 3.12.13: Accessing health care, by selected population characteristics and Indigenous status, 2004–05

Accessing health care <sup>(d)</sup>	Language spoken at home <sup>(a)</sup>		Equivalent income of household		Index of disparity		Location		Private health insurance <sup>(b)</sup>		Treatment when seeking health care <sup>(c)</sup>			Total
	English	Other than English	1st quintile	5th quintile	1st quintile	5th quintile	Remote	Non-remote	With private cover	Without private cover	Worse	The same or better	Other <sup>(e)</sup>	
<b>Per cent</b>														
<b>Indigenous</b>														
Admitted to hospital	22*	28*	24*	14	22*	18 <sup>(f)</sup>	23*	19*	19	21*	40	21	14	20*
Casualty, outpatients	7*	6 <sup>(f)</sup>	8*	3	6*	4 <sup>(g)</sup>	8*	5*	3 <sup>(f)</sup>	6*	13 <sup>(f)</sup>	6	3 <sup>(f)</sup>	6*
Consulted GP/specialist	29*	30*	22*	21	25	25 <sup>(f)</sup>	23*	26*	28	28	31	26	18	25
Consulted dentist <sup>(h)</sup>	4*	3*	2 <sup>(f)</sup>	4*	3	10 <sup>(g)</sup>	3	4*	9 <sup>(f)</sup>	3	3 <sup>(g)</sup>	3	3 <sup>(f)</sup>	4*
Consulted OHP <sup>(i)</sup>	19*	42*	19*	17	22*	21 <sup>(f)</sup>	30*	16*	24	17*	40	22	17	20*
Total accessing services <sup>(j)</sup>	51*	62*	48	41	50*	51	53*	45*	54	48*	67	50	37	47*
Did not access services	49*	38*	52	59	50*	49	47*	55*	46*	52*	33	50	63	53*
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>
<b>Non-Indigenous</b>														
Admitted to hospital	17*	14*	17*	15	15*	15	13*	n.a.	16	17*	n.a.	n.a.	n.a.	15*
Casualty, outpatients	3*	3*	4*	2	3*	2	3 <sup>(f)</sup> *	n.a.	2	3*	n.a.	n.a.	n.a.	3*
Consulted GP/specialist	25*	29*	28*	19	26	21	17*	n.a.	23	26	n.a.	n.a.	n.a.	23*
Consulted dentist <sup>(h)</sup>	6*	6*	5*	8*	5	8	6 <sup>(f)</sup>	n.a.	7	4	n.a.	n.a.	n.a.	6*
Consulted OHP <sup>(i)</sup>	15*	9*	13*	14	12*	15	13*	n.a.	16	13*	n.a.	n.a.	n.a.	13*
Total accessing services <sup>(j)</sup>	45*	45*	46	41	43*	43	39*	n.a.	46	43*	n.a.	n.a.	n.a.	42*
Did not access services	55*	55*	54	59	57*	57	61*	n.a.	54*	57*	n.a.	n.a.	n.a.	58*
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>n.a.</b>	<b>100</b>	<b>100</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>100</b>

(continued)

**Table 3.12.13 (continued): Accessing health care, by selected population characteristics and Indigenous status, 2004–05**

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

- (a) Persons aged 18 years and over.
- (b) Persons aged 15 years and over in non-remote areas.
- (c) Includes 'not stated' responses.
- (d) Health-related actions in last two weeks except hospital admissions (in last 12 months).
- (e) 'Other' includes 'only encountered Indigenous people', 'did not seek health care in the last 12 months', refusal, not stated, 'don't know/not sure'.
- (f) Estimate has a relative standard error of between 25% and 50% and should be used with caution.
- (g) Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.
- (h) Persons aged two years and over.
- (i) OHP: other health professional.
- (j) Components may not add to total because persons may have reported more than one type of action.

*Note:* Data are age-standardised.

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

### Time since last consulted a doctor or dentist

- In 2004–05, after adjusting for differences in age structure, approximately 36% of Indigenous people reported that it had been two years or more since their last dental consultation. This compared with 29% of non-Indigenous people (Table 3.12.14).
- Approximately 25% of Indigenous people reported it had been two weeks or less since their last visit to a doctor (GP or specialist) compared with 23% of non-Indigenous people, and for 26% of Indigenous people it had been two weeks to three months since their last doctor consultation compared with 28% of non-Indigenous people.
- There was little change in the time since last doctor consultation for Indigenous and non-Indigenous Australians between 2001 and 2004–05. For dental visits, there was a reduction in the two years or more categories over this time period.

**Table 3.12.14: Time since last consulted a dentist or doctor, by Indigenous status, 2001 and 2004–05**

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

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

Note: Data are age-standardised.

Source: ABS 2006.

### **Indigenous persons who did not access health care when needed and why**

Table 3.12.15 presents data on whether Indigenous Australians needed to access a dentist, doctor, other health professional or hospital in the last 12 months, but didn't, and the reasons why they didn't access these health services.

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

**Table 3.12.15: Indigenous persons who did not access health services when needed, and why, by remoteness, sex and age, 2004–05**

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

(continued)



**Table 3.12.15 (continued): Indigenous persons who did not access health services when needed, and why, by remoteness, sex and age, 2004–05**

	Remoteness		Sex		Age group			Total
	Non-remote	Remote	Male	Female	0–14	15–44	45+	
	Per cent							
<b>Total who needed to visit doctor, but didn't<sup>(b)</sup></b>	<b>57,653</b>	<b>12,012</b>	<b>29,428</b>	<b>40,237</b>	<b>7,010</b>	<b>47,054</b>	<b>15,601</b>	<b>69,665</b>
<b>Whether needed to go to other health professional in last 12 months, but didn't</b>								
Yes	9	5	7	8	2	11	10	8
No	91	95	93	92	97	89	90	92
Total persons <sup>(b)</sup>	348,315	125,995	232,362	241,948	180,669	220,896	72,745	474,310
<b>Why didn't go to other health professional (OHP)</b>								
Cost	33	5 <sup>(d)</sup>	26	30	22 <sup>(c)</sup>	31	24	28
Too busy (including work, personal or family responsibilities)	27	20	24	26	14 <sup>(c)</sup>	29	21 <sup>(c)</sup>	26
Dislikes (service/professional/afraid/embarrassed)	12	11 <sup>(c)</sup>	14	11	11 <sup>(c)</sup>	14	7 <sup>(c)</sup>	12
Waiting time too long or not available at time required	7 <sup>(c)</sup>	19	9 <sup>(c)</sup>	9	24 <sup>(c)</sup>	6	9	9
Decided not to seek care	18	16	19	16	13 <sup>(c)</sup>	16	23	17
Transport/distance	7 <sup>(c)</sup>	15 <sup>(c)</sup>	7 <sup>(c)</sup>	9	7 <sup>(c)</sup>	8 <sup>(c)</sup>	8 <sup>(c)</sup>	8
Not available in area	2 <sup>(c)</sup>	30	7	7	9 <sup>(c)</sup>	6	10 <sup>(c)</sup>	7
Felt it would be inadequate	5 <sup>(c)</sup>	5 <sup>(d)</sup>	5 <sup>(c)</sup>	5 <sup>(c)</sup>	10 <sup>(d)</sup>	4 <sup>(c)</sup>	7 <sup>(c)</sup>	5
Discrimination/not culturally appropriate/language problems	2 <sup>(d)</sup>	2 <sup>(d)</sup>	2 <sup>(d)</sup>	1 <sup>(d)</sup>	0 <sup>(d)</sup>	2 <sup>(c)</sup>	n.p.	2
Other	11	10 <sup>(c)</sup>	11	10	14 <sup>(c)</sup>	10	11 <sup>(c)</sup>	11
<b>Total who needed to visit OHP but didn't<sup>(b)</sup></b>	<b>29,699</b>	<b>5,971</b>	<b>15,968</b>	<b>19,702</b>	<b>4,200</b>	<b>24,085</b>	<b>7,385</b>	<b>35,670</b>
<b>Whether needed to go to hospital in the last 12 months, but didn't</b>								
Yes	7	7	7	7	2	9	12	7
No	93	93	93	93	98	91	88	93
Total persons <sup>(b)</sup>	348,315	125,995	232,362	241,948	180,669	220,896	72,745	474,310
<b>Why didn't visit hospital</b>								
Cost	5 <sup>(c)</sup>	3 <sup>(c)</sup>	4 <sup>(c)</sup>	5 <sup>(c)</sup>	4 <sup>(d)</sup>	4 <sup>(c)</sup>	5 <sup>(c)</sup>	4
Too busy (including work, personal or family responsibilities)	17	16	12 <sup>(c)</sup>	20	8 <sup>(d)</sup>	20	12	16
Dislikes (service/professional/afraid/embarrassed)	18	9 <sup>(c)</sup>	20	11	6 <sup>(d)</sup>	17	17	16
Waiting time too long or not available at time required	18	10 <sup>(c)</sup>	17	15	16 <sup>(c)</sup>	16	15 <sup>(c)</sup>	16
Decided not to seek care	25	26	28	23	22 <sup>(c)</sup>	22	34	25
Transport/distance	13	34	14	23	27	17	20	19
Not available in area	2 <sup>(c)</sup>	8 <sup>(c)</sup>	3 <sup>(c)</sup>	4 <sup>(c)</sup>	4 <sup>(d)</sup>	3 <sup>(c)</sup>	6 <sup>(c)</sup>	4 <sup>(c)</sup>
Felt it would be inadequate	6	7 <sup>(c)</sup>	6 <sup>(c)</sup>	7 <sup>(c)</sup>	14 <sup>(c)</sup>	4 <sup>(c)</sup>	8 <sup>(c)</sup>	6
Discrimination/not culturally appropriate/language problems	2 <sup>(c)</sup>	2 <sup>(d)</sup>	1 <sup>(d)</sup>	2 <sup>(c)</sup>	1 <sup>(d)</sup>	2 <sup>(c)</sup>	1 <sup>(d)</sup>	2 <sup>(c)</sup>

(continued)

**Table 3.12.15 (continued): Indigenous persons who did not access health services when needed and why, by remoteness, sex and age, 2004–05**

	Remoteness		Sex		Age group			Total
	Non-remote	Remote	Male	Female	0–14	15–44	45+	
	Per cent							
Other	15	9	15 <sup>(c)</sup>	12	17 <sup>(c)</sup>	15	8 <sup>(c)</sup>	14
<b>Total who needed to visit hospital, but didn't<sup>(b)</sup></b>	<b>22,982</b>	<b>8,840</b>	<b>15,430</b>	<b>16,392</b>	<b>3,873</b>	<b>19,382</b>	<b>8,567</b>	<b>31,822</b>

(a) Persons aged two years and over.

(b) Total includes 'not stated'.

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

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

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

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

### Co-payment and private health insurance

Information on co-payment and private health insurance was collected in non-remote areas of Australia only, and is presented in Tables 3.12.16 and 3.12.17.

- In 2004–05, approximately 15% of Indigenous persons in non-remote areas required co-payment for their last visit to the doctor, 37% required co-payment for their last visit to a specialist and 17% required co-payment for their last visit to other health professionals (Table 3.12.16).
- In 2004–05, a much higher proportion of Indigenous Australians in non-remote areas reported they were not currently covered by private health insurance than non-Indigenous Australians (83% compared with 49%) (Table 3.12.17).
- The most common reasons for why Indigenous Australians had private health insurance were security, protection or peace of mind (43%), a shorter wait for treatment or concern over public hospital waiting lists (20%), and provision of benefits for ancillary services or extras (18%). Similar proportions of non-Indigenous Australians reported these reasons for also having private health insurance.
- The most common reasons for Indigenous Australians not having private health insurance were that they could not afford it (65%), and that they felt that Medicare cover was sufficient (19%).

**Table 3.12.16: Indigenous persons in non-remote areas requiring co-payment for last visit to GP/specialist or other health professional, 2004–05**

Co-payment required <sup>(a)</sup>	Proportion (%)
<b>GP<sup>(b)</sup></b>	
Yes	15.0
No	82.0
Not stated/not known	3.0 <sup>(c)</sup>
Total	100.0
<b>Total number</b>	<b>72,801</b>
<b>Specialist<sup>(b)</sup></b>	
Yes	37.0
No	62.0
Not stated/not known	1.0 <sup>(c)</sup>
Total	100.0
<b>Total number</b>	<b>13,724</b>
<b>Other health professional<sup>(d)</sup></b>	
Yes	17.0
No	80.0
Not stated/not known	2.0 <sup>(c)</sup>
Total <sup>(e)</sup>	100.0
<b>Total number</b>	<b>54,327</b>

(a) Last consultation in the two weeks before interview.

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

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

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

(e) Total may not add up to 100% because of rounding effects.

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

**Table 3.12.17: Private health insurance (non-remote areas only), by Indigenous status, 2004–05**

	Indigenous	Non-Indigenous	Ratio
	Per cent		
<b>Whether currently covered by private health insurance</b>			
With private health insurance	15.0	51.0	0.3*
Without private health insurance	83.0	49.0	1.7*
Not stated/not known	2.0 <sup>(a)</sup>	—	—
<b>Total<sup>(b)</sup></b>	<b>100.0</b>	<b>100.0</b>	<b>..</b>
<b>Total number</b>	<b>213,422</b>	<b>15,344,756</b>	<b>..</b>
<b>Reasons for private health insurance</b>			
Security or protection or peace of mind	43.0	42.0	1.0
Shorter wait for treatment or concerned over public hospital waiting lists	20.0	22.0	0.9
Provides benefits for ancillary services or extras	18.0	22.0	0.8
Allows treatment as private patient in hospital	16.0	21.0	0.8
Always had it or parents pay it or condition of job	16.0	23.0	0.7*
Choice of doctor	14.0	20.0	0.7*
Has condition that requires treatment	11.0	8.0	1.4
Elderly or getting older or likely to need treatment	8.0 <sup>(a)</sup>	6.0	1.3*
To gain government benefits or avoid extra Medicare levy	7.0	10.0	0.7
Lifetime cover or avoid age surcharge	6.0 <sup>(a)</sup>	5.0	1.2
Other financial reasons	4.0 <sup>(a)</sup>	4.0	1.0
Other reason	7.0 <sup>(a)</sup>	6.0	1.2
<b>Total<sup>(b)</sup></b>	<b>100.0</b>	<b>100.0</b>	<b>..</b>
<b>Total number</b>	<b>28,843</b>	<b>7,847,957</b>	<b>..</b>
<b>Reasons not covered by private health insurance</b>			
Cannot afford it/too expensive	65.0	64.0	1.0
Medicare cover sufficient	19.0	14.0	1.4*
Pensioner/Veteran's Affairs/health concession card	8.0	6.0	1.3
Not high priority/previously included in parents' cover	6.0	7.0	0.9
Lack of value for money/not worth it	6.0	11.0	0.5*
Do not need medical care/in good health/have no dependants	5.0	12.0	0.4
Disillusionment about having to pay out-of-pocket costs/gap fees	2.0	4.0	0.5*
Prepared to pay cost of private treatment from own resources	— <sup>(a)</sup>	1.0	—
Will not pay Medicare levy and private health insurance premium	1.0 <sup>(a)</sup>	3.0	0.3*
High risk category	— <sup>(a)</sup>	—	—
Other	7.0	7.0	1.0
<b>Total<sup>(b)</sup></b>	<b>100.0</b>	<b>100.0</b>	<b>..</b>
<b>Total numbers</b>	<b>180,376</b>	<b>7,432,057</b>	<b>..</b>

\* Represents results with 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.

## **Treatment when seeking health care**

- In 2004–05, about 4% of Indigenous people reported that when they sought health care in the last 12 months they were treated worse than non-Indigenous people, 77% reported they were treated the same as non-Indigenous people, and 5% reported they were treated better than non-Indigenous people (Table 3.12.18).
- A higher proportion of Indigenous people in remote areas reported they were treated better than non-Indigenous people (11% compared with 3%).
- Approximately 16% of Indigenous people felt that they were treated badly when they sought health care because they were Indigenous.
- The most common feeling felt when Indigenous people thought they had been treated badly when seeking health care was anger (67%). Approximately 31% of Indigenous people reported they felt sorry for the persons who had treated them badly and 28% of Indigenous people felt sad as a result of being treated badly.
- Approximately 38% of Indigenous people who reported being treated badly when seeking health care reported that they talked to friends or family about the situation, 33% reported they try to avoid the situation or person involved and 30% try to do something about the people involved.

**Table 3.12.18: Treatment of Indigenous Australians when seeking health care in the last 12 months, by remoteness, 2004–05**

	Remote	Non-remote	Total
	Per cent		
<b>Treatment when seeking health care</b>			
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 <sup>(b)</sup>	2
Did not seek health care in last 12 months	4	6	5
Don't know/not sure	7	7	7
<b>Total persons<sup>(a)</sup></b>	<b>185,515</b>	<b>72,782</b>	<b>258,297</b>
<b>Whether felt treated badly because Aboriginal or Torres Strait Islander</b>			
Yes	16	15	16
No	83	84	84
<b>Total persons<sup>(a)</sup></b>	<b>185,515</b>	<b>72,782</b>	<b>258,297</b>
<b>How usually feel when treated badly</b>			
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 <sup>(b)</sup>	6 <sup>(b)</sup>	6
<b>Total persons<sup>(a)</sup></b>	<b>28,723</b>	<b>11,650</b>	<b>40,373</b>
<b>What usually do when treated badly</b>			
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 <sup>(b)</sup>	6	5
No action	3 <sup>(b)</sup>	5 <sup>(b)</sup>	4
<b>Total persons<sup>(a)</sup></b>	<b>28,723</b>	<b>11,650</b>	<b>40,373</b>

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

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

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

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

## Community housing

The 2006 CHINS collected information on health services from 1,187 discrete Indigenous communities. Information on distance to the nearest health facility, health professionals working within communities and access to medical emergency air services is presented below.

### Distance to nearest health facility

- Of the 1,078 discrete Indigenous communities in 2006 that reported distance to the nearest health facility, 755 (70%) were located 100 kilometres or more from the nearest hospital (Table 3.12.19), compared with 841 (69%) in 2001. In 2006, these communities represented 56% of the reported population living in these discrete Indigenous communities compared with 53% in 2001.
- Aboriginal primary health-care centres and other (state-funded) community health centres were more likely to be located near or within Indigenous communities than were hospitals. In addition to the 9% of communities located with a hospital either in or within 10 kilometres of the community, 211 (20%) had an Aboriginal primary health-care centre located either in or within 10 kilometres of the community, and 217 (21%) had other (state-funded) community health centre.
- Over half (56%) of the reported population living in discrete Indigenous communities that reported distance to the nearest health facility had an Aboriginal primary health-care centre in or within 10 kilometres of their community.

**Table 3.12.19: Discrete Indigenous communities access to medical facilities, by reported usual population, 2006**

Distance to nearest health facility	Hospital				Aboriginal Primary health-care centre				Other (state-funded) community health centre			
	Communities		Reported usual population		Communities		Reported usual population		Communities		Reported usual population	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Located within community	10	0.9	14,090	15.3	107	10.2	41,450	47.0	104	9.9	35,737	42.9
Less than 10 km	89	8.3	7,743	8.4	104	9.9	7,743	8.8	113	10.7	8,101	9.7
10–24 km	69	6.4	5,634	6.1	110	10.4	3,402	3.9	125	11.9	6,358	7.6
25–49 km	72	6.7	4,766	5.2	156	14.8	3,572	4.1	173	16.4	4,442	5.3
50–99 km	83	7.7	7,968	8.6	160	15.2	6,464	7.3	165	15.7	5,441	6.5
100–249 km	308	28.6	21,080	22.9	268	25.4	12,552	14.2	171	16.3	8,505	10.2
250 km or more	447	41.5	30,912	33.5	149	14.1	12,934	14.7	201	19.1	14,803	17.8
<b>Total no. of communities<sup>(a)</sup></b>	<b>1,078</b>	<b>100.0</b>	<b>92,193</b>	<b>100.0</b>	<b>1,054</b>	<b>100.0</b>	<b>88,117</b>	<b>100.0</b>	<b>1,052</b>	<b>100.0</b>	<b>83,387</b>	<b>100.0</b>
<b>Total no. of communities<sup>(b)</sup></b>	<b>1,187</b>	<b>..</b>	<b>92,960</b>	<b>..</b>	<b>1,187</b>	<b>..</b>	<b>92,960</b>	<b>..</b>	<b>1,187</b>	<b>..</b>	<b>92,960</b>	<b>..</b>

(a) Excludes 'distance to nearest health facility' not stated.

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

Source: ABS 2007 (2006 Community housing and infrastructure needs survey).



### **Health professionals within communities**

- In 2006, over half (56%) of people living in discrete Indigenous communities located 10 kilometres or more from a hospital who completed the long community questionnaire had a male Indigenous health worker visit or work in their community on a daily basis, and almost three quarters (74%) had a female Indigenous health worker visit or work in their community on a daily basis (Table 3.12.20).
- Approximately 55,723 (91%) of these people had a registered nurse visiting or working in their community and 53,201 (87%) had a doctor visiting or working in their community (Table 3.12.20).
- Almost three quarters (73%) of these people had a registered nurse visit or work in the community on a daily basis and 19% had a doctor visit or work in the community on a daily basis (Table 3.12.20).
- Of the people living in discrete Indigenous communities with a population of fewer than 50 that are not self-administered, 32% had a male Indigenous health worker, 30% had a female Indigenous health worker, 32% had a registered nurse and 23% had a doctor visiting or working in their community.

**Table 3.12.20: Selected medical professionals working in the community: discrete Indigenous communities who completed the long community questionnaire<sup>(a)</sup>, located 10 kilometres or more from a hospital, 2006**

Type of health professional and frequency of visit or work	Communities		Reported usual population	
	Number	Per cent	Number	Per cent
<b>Male Indigenous health worker</b>				
Daily	75	26.0	34,300	56.0
Weekly or fortnightly	47	16.3	4,991	8.1
Monthly	10	3.5	1,331	2.2
Three monthly	5	1.7	448	0.7
Less than three monthly	11	3.8	1,906	3.1
<i>Total with male Indigenous health worker visiting or working in community</i>	<i>148</i>	<i>51.4</i>	<i>42,976</i>	<i>70.2</i>
<b>Female Indigenous health worker</b>				
Daily	121	42.0	45,587	74.4
Weekly or fortnightly	38	13.2	3,256	5.3
Monthly	14	4.9	1,355	2.2
Three monthly	4	1.4	119	0.2
Less than three monthly	3	1.0	820	1.3
<i>Total with female Indigenous health worker visiting or working in community</i>	<i>180</i>	<i>62.5</i>	<i>51,137</i>	<i>83.5</i>
<i>Total with no Indigenous health worker visiting or working in community</i>	<i>95</i>	<i>33.0</i>	<i>8,463</i>	<i>13.8</i>
<b>Registered nurse</b>				
Daily	120	41.7	44,923	73.3
Weekly or fortnightly	64	22.2	8,054	13.1
Monthly	17	5.9	1,663	2.7
Three monthly	2	0.7	150	0.2
Less than three monthly	8	2.8	933	1.5
<i>Total with registered nurse visiting or working in community</i>	<i>211</i>	<i>73.3</i>	<i>55,723</i>	<i>91.0</i>
<i>No registered nurse visiting or working in community</i>	<i>77</i>	<i>26.7</i>	<i>5,525</i>	<i>9.0</i>
<b>Doctor</b>				
Daily	14	4.9	11,344	18.5
Weekly or fortnightly	104	36.1	25,969	42.4
Monthly	58	20.1	11,478	18.7
Three monthly	6	2.1	2,550	4.2
Less than three monthly	10	3.5	1,860	3.0
<i>Total with doctor working in community</i>	<i>192</i>	<i>66.7</i>	<i>53,201</i>	<i>86.9</i>
<i>No doctor visiting or working in community</i>	<i>96</i>	<i>33.3</i>	<i>8,047</i>	<i>13.1</i>
<b>Total communities<sup>(a)</sup></b>	<b>288</b>	<b>100.0</b>	<b>61,248</b>	<b>100.0</b>

(a) All discrete Indigenous communities with a reported usual population of 50 persons or more, or which have a reported usual population of fewer than 50 persons, but which are not administered by a larger discrete Indigenous community or resource agency, and are located 10 kilometres or more from a hospital.

Source: AIHW analysis of 2006 CHINS.

### **Access to medical emergency air service**

- In 2006, 316 (27%) discrete Indigenous communities had access to a medical emergency air service, accounting for 57% (52,936) of people living in discrete Indigenous communities (Table 3.12.21).
- Approximately half (49%) of communities with access to a medical emergency air service were located 250 kilometres or more from the nearest hospital.

**Table 3.12.21: Discrete Indigenous communities: access to medical emergency air services, by number of communities and reported usual population, 2006**

Distance to nearest hospital	Access to medical emergency air service				No access to medical emergency air service				Total			
	Communities		Reported usual population		Communities		Reported usual population		Communities		Reported usual population	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
10–24 km	10	3.2	1,789	3.4	59	8.9	3,845	22.1	69	7.0	5,634	8.0
25–49 km	9	2.8	1,857	3.5	63	9.5	2,909	16.7	72	7.4	4,766	6.8
50–99 km	29	9.2	6,635	12.5	54	8.1	1,333	7.7	83	8.5	7,968	11.3
100–249 km	114	36.1	15,932	30.1	194	29.3	5,148	29.5	308	31.5	21,080	30.0
250 km or more	154	48.7	26,723	50.5	293	44.2	4,189	24.0	447	45.7	30,912	43.9
<b>All communities 10 km or more from nearest hospital<sup>(a)</sup></b>	<b>316</b>	<b>100.0</b>	<b>52,936</b>	<b>100.0</b>	<b>663</b>	<b>100.0</b>	<b>17,424</b>	<b>100.0</b>	<b>979</b>	<b>100.0</b>	<b>70,360</b>	<b>100.0</b>
<b>All communities<sup>(b)</sup></b>	<b>316</b>	<b>..</b>	<b>52,936</b>	<b>..</b>	<b>871</b>	<b>..</b>	<b>40,024</b>	<b>..</b>	<b>1,187</b>	<b>..</b>	<b>92,960</b>	<b>..</b>

(a) Excludes 'Distance to nearest hospital not stated'.

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

Source: ABS 2007 (ABS 2006 CHINS).

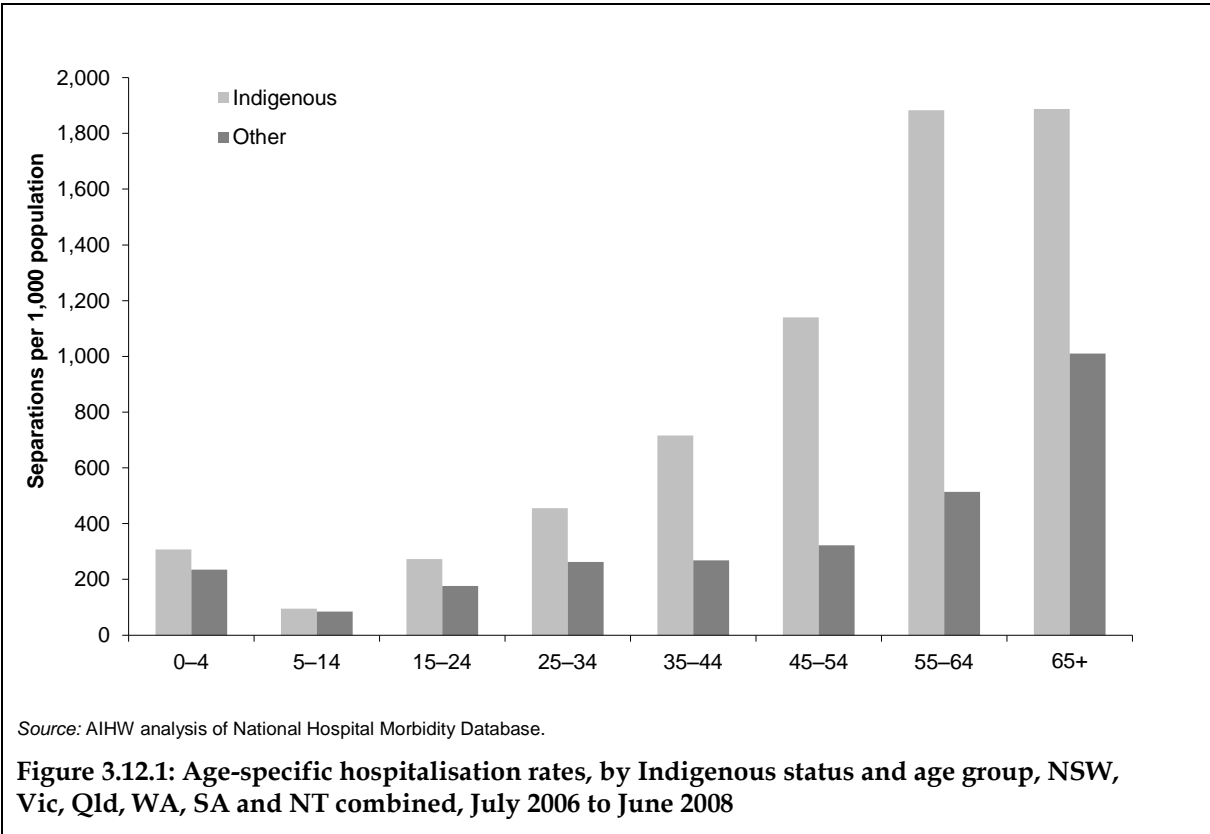
# Hospitalisations

- In the 2-year period July 2006 to June 2008 there were a total of 14,870,671 hospitalisations in New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory. Of these, 524,469 or 3.5% were hospitalisations of Indigenous Australians.

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

## Hospitalisations by age group

- For the period 2006–07 to 2007–08, Indigenous Australians in New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory combined had higher hospitalisation rates than other Australians across all age groups (Figure 3.12.1; Tables 3.12.22a and 22b).
- The greatest difference in rates occurred in the 45–54 and 55–64 year age groups, where Indigenous Australians were hospitalised at almost four times the rate of other Australians in these age groups.



**Table 3.12.22a: Age-specific hospitalisation rates, by Indigenous status and age group, NSW, Vic, Qld, WA, SA and NT combined, July 2006 to June 2008**

Age group	Indigenous		Other Australians		Ratio
	Number	Number per 1,000	Number	Number per 1,000	
0–4	38,233	307.1	574,738	234.5	1.3
5–14	23,701	95.3	425,401	84.6	1.1
15–24	54,049	272.4	965,105	176.7	1.5
25–34	64,459	455.9	1,443,149	262.1	1.7
35–44	91,027	716.0	1,558,267	268.1	2.7
45–54	101,311	1,139.9	1,768,214	322.1	3.5
55–64	91,988	1,883.6	2,277,025	514.4	3.7
65+	59,701	1,887.6	5,334,303	1,009.9	1.9

Source: AIHW analysis of National Hospital Morbidity Database.

**Table 3.12.22b: Age-specific hospitalisation rates (excluding dialysis), by Indigenous status and age group, NSW, Vic, Qld, WA, SA and NT combined, July 2006 to June 2008**

Age group	Indigenous		Other Australians		Ratio
	Number	Number per 1,000	Number	Number per 1,000	
0–4	38,227	307.0	574,160	234.3	1.3
5–14	23,591	94.9	423,898	84.3	1.1
15–24	51,653	260.4	945,893	173.2	1.5
25–34	51,515	364.4	1,390,970	252.6	1.4
35–44	49,740	391.3	1,442,132	248.1	1.6
45–54	38,208	429.9	1,562,803	284.7	1.5
55–64	26,556	543.8	1,951,446	440.9	1.2
65+	24,161	763.9	4,399,983	833.0	0.9

Source: AIHW analysis of National Hospital Morbidity Database.

### Hospitalisations by state/territory

Tables 3.12.23a and 23b presents hospitalisations for all diagnoses for the two-year period July 2006 to June 2008 for New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory.

- Over the period July 2006 to June 2008, Indigenous Australians in New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory combined were hospitalised at more than twice the rate of other Australians.
- In the period July 2006 to June 2008, Indigenous Australians in Victoria were hospitalised at a slightly higher rate (1.3) than other Australians. Indigenous Australians in New South Wales and Queensland were hospitalised at 1.6 times and 2.1 times the rate of other Australians. In Western Australia and South Australia, Indigenous Australians were hospitalised at around three times the rate of other Australians, although in the Northern Territory, Indigenous Australians were hospitalised at six times the rate of other Australians (Table 3.12.23a, 23b).

**Table 3.12.23a: Hospitalisations, by Indigenous status, sex and state/territory, Australia, July 2006 to June 2008<sup>(a)(b)(c)(d)(e)</sup>**

	Indigenous				Other Australians <sup>(f)</sup>				Ratio <sup>(j)</sup>
	Number	No. per 1,000 <sup>(g)</sup>	LCL 95% <sup>(h)</sup>	UCL 95% <sup>(i)</sup>	Number	No. per 1,000 <sup>(g)</sup>	LCL 95% <sup>(h)</sup>	UCL 95% <sup>(i)</sup>	
<b>NSW</b>									
Males	50,994	519.8	514.1	525.4	2,158,660	318.2	317.8	318.7	1.6*
Females	57,945	502.0	497.2	506.7	2,408,457	330.1	329.7	330.5	1.5*
Persons	108,939	507.3	503.7	510.9	4,567,161	322.4	322.1	322.7	1.6*
<b>Vic</b>									
Males	8,121	333.4	324.6	342.3	1,961,755	381.3	380.8	381.9	0.9*
Females	14,435	642.1	630.2	653.9	2,208,562	397.6	397.1	398.1	1.6*
Persons	22,556	497.3	489.7	504.8	4,170,334	386.5	386.1	386.9	1.3*
<b>Qld</b>									
Males	59,027	756.2	748.1	764.4	1,397,985	349.5	348.9	350.1	2.2*
Females	73,303	767.4	760.7	774.1	1,555,371	372.3	371.7	372.9	2.1*
Persons	132,330	757.4	752.3	762.5	2,953,359	359.0	358.6	359.4	2.1*
<b>WA</b>									
Males	46,166	1,114.2	1,101.0	1,127.4	676,745	337.2	336.4	338.0	3.3*
Females	62,379	1,237.6	1,226.7	1,248.5	738,912	355.2	354.4	356.1	3.5*
Persons	108,545	1,161.7	1,153.5	1,169.8	1,415,658	343.8	343.2	344.3	3.4*
<b>SA</b>									
Males	17,404	1,023.8	1,006.0	1,041.6	564,029	346.2	345.2	347.1	3.0*
Females	22,345	1,136.1	1,119.7	1,152.6	618,504	357.8	356.9	358.7	3.2*
Persons	39,749	1,079.3	1,067.3	1,091.3	1,182,550	349.1	348.4	349.7	3.1*
<b>NT</b>									
Males	47,019	1,275.4	1,261.1	1,289.7	29,149	231.9	228.8	235.1	5.5*
Females	65,331	1,525.8	1,512.6	1,539.0	28,005	227.3	224.3	230.4	6.7*
Persons	112,350	1,409.9	1,400.3	1,419.5	57,155	229.5	227.3	231.7	6.1*
<b>NSW, Vic, Qld, WA, SA and NT combined<sup>(k)</sup></b>									
<b>Males</b>	<b>228,731</b>	<b>774.2</b>	<b>770.2</b>	<b>778.2</b>	<b>6,788,323</b>	<b>344.5</b>	<b>344.3</b>	<b>344.8</b>	<b>2.2*</b>
<b>Females</b>	<b>295,738</b>	<b>857.8</b>	<b>854.3</b>	<b>861.4</b>	<b>7,557,811</b>	<b>360.5</b>	<b>360.3</b>	<b>360.8</b>	<b>2.4*</b>
<b>Persons</b>	<b>524,469</b>	<b>813.7</b>	<b>811.1</b>	<b>816.4</b>	<b>14,346,217</b>	<b>350.2</b>	<b>350.1</b>	<b>350.4</b>	<b>2.3*</b>
<b>Persons Adjusted<sup>(l)</sup></b>	<b>587,405</b>	<b>870.7</b>	<b>868.1</b>	<b>873.4</b>	<b>14,283,281</b>	<b>335.0</b>	<b>334.8</b>	<b>335.1</b>	<b>2.6*</b>
<b>Tas</b>									
Males	2,322	244.5	232.1	256.8	92,054	186.0	184.7	187.2	1.3*
Females	3,096	213.0	204.2	221.8	98,125	192.8	191.5	194.0	1.1*
Persons	5,418	226.2	218.8	233.5	190,181	188.7	187.8	189.6	1.2*

(continued)

**Table 3.12.23a (continued): Hospitalisations, by Indigenous status, sex and state/territory, NSW, Vic, Qld, WA, SA and NT, Tas and ACT, July 2006 to June 2008<sup>(a)(b)(c)(d)(e)</sup>**

	Indigenous				Other Australians <sup>(f)</sup>				Ratio <sup>(j)</sup>
	Number	No. per 1,000 <sup>(g)</sup>	LCL 95% <sup>(h)</sup>	UCL 95% <sup>(i)</sup>	Number	No. per 1,000 <sup>(g)</sup>	LCL 95% <sup>(h)</sup>	UCL 95% <sup>(i)</sup>	
<b>ACT</b>									
Males	1,448	881.8	815.0	948.5	62,019	209.4	207.7	211.1	4.2*
Females	1,054	360.5	330.4	390.5	60,487	183.4	181.9	184.9	2.0*
Persons	2,502	599.1	565.0	633.3	122,506	194.7	193.6	195.8	3.1*
<b>Australia<sup>(l)</sup></b>									
<b>Males</b>	<b>233,864</b>	<b>756.6</b>	<b>752.7</b>	<b>760.5</b>	<b>7,072,074</b>	<b>344.9</b>	<b>344.6</b>	<b>345.1</b>	<b>2.2*</b>
<b>Females</b>	<b>301,187</b>	<b>834.4</b>	<b>830.9</b>	<b>837.8</b>	<b>7,869,122</b>	<b>360.6</b>	<b>360.3</b>	<b>360.9</b>	<b>2.3*</b>
<b>Persons</b>	<b>535,051</b>	<b>792.9</b>	<b>790.3</b>	<b>795.4</b>	<b>14,941,812</b>	<b>350.5</b>	<b>350.3</b>	<b>350.6</b>	<b>2.3*</b>

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

- (a) Data are from public and most private hospitals. Jurisdictional data excludes private hospitals in the Northern Territory, Tasmania and the Australian Capital Territory.
- (b) Categories are based on the ICD-10-AM fifth edition (National Centre for Classification in Health 2006).
- (c) Financial year reporting.
- (d) Data are reported by state/territory of usual residence of the patient hospitalised.
- (e) 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 five year age group to 75+. Age standardised rates for Tasmania and the Australian Capital Territory have been calculated using the direct method, age standardised by five year age group to 65+.
- (f) 'Other' includes hospitalisations of non-Indigenous people and those for whom Indigenous status was not stated.
- (g) Directly age-standardised using the Australian 2001 standard population.
- (h) LCL = lower confidence limit.
- (i) UCL = upper confidence limit.
- (j) Rate ratio = Indigenous:other.
- (k) New South Wales, Victoria, Western Australia, South Australia, the Northern Territory and Queensland 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.
- (l) These jurisdictions hospitalisation numbers and rates have been adjusted for Indigenous under-identification using a national adjustment factor of 1.12. This factor was derived from a study undertaken by the AIHW between 2006 and 2008 which assessed the level of Indigenous under-identification in hospital data in all states and territories by comparing information gathered from face-to face interviews in public hospitals with results from hospital records. The national adjustment factor excludes Tasmania and the Australian Capital Territory, as the levels of Indigenous identification in these jurisdictions were not considered acceptable for analysis purposes. By applying this factor, the number of Indigenous hospitalisations was increased by 12% and these additional hospitalisations then subtracted from the number of hospitalisations for Other Australians.
- (m) Includes all separations in all eight states and territories, including the Australian Capital Territory and Tasmania; Other Territories and where residence state is not applicable (e.g. overseas, at sea, no fixed address).

**Notes**

1. Population estimates based on the 2006 Census.
2. Care types 7.3, 9 and 10 (newborn – unqualified days only; organ procurement; hospital boarder) are excluded from the analysis.

Source: AIHW analysis of National Hospital Morbidity Database.



**Table 3.12.23b: Hospitalisations (excluding dialysis), by Indigenous status, sex and jurisdiction, July 2006 to June 2008<sup>(a)(b)(c)(d)(e)</sup>**

	Indigenous				Other Australians <sup>(f)</sup>				Ratio <sup>(j)</sup>
	Number	No. per 1,000 <sup>(g)</sup>	LCL 95% <sup>(h)</sup>	UCL 95% <sup>(i)</sup>	Number	No. per 1,000 <sup>(g)</sup>	LCL 95% <sup>(h)</sup>	UCL 95% <sup>(i)</sup>	
<b>NSW</b>									
Males	35,052	305.4	301.2	309.6	1,844,989	272.3	271.9	272.7	1.1*
Females	45,051	358.0	354.1	362.0	2,192,140	302.2	301.8	302.6	1.2*
Persons	80,103	331.5	328.6	334.4	4,037,167	286.2	285.9	286.5	1.2*
<b>Vic</b>									
Males	6,461	249.3	241.7	257.0	1,622,650	315.3	314.8	315.8	0.8*
Females	9,456	345.6	337.6	353.5	2,018,106	364.8	364.3	365.3	0.9*
Persons	15,917	298.3	292.8	303.8	3,640,773	338.6	338.2	338.9	0.9*
<b>Qld</b>									
Males	34,901	363.7	358.4	369.1	1,225,357	305.5	304.9	306.0	1.2*
Females	48,794	431.7	426.8	436.5	1,434,670	344.2	343.6	344.7	1.3*
Persons	83,695	397.4	393.8	400.9	2,660,030	323.6	323.2	324.0	1.2*
<b>WA</b>									
Males	23,343	442.3	434.7	450.0	573,703	285.0	284.3	285.7	1.6*
Females	31,396	530.2	523.2	537.2	675,894	326.0	325.2	326.8	1.6*
Persons	54,739	484.1	479.0	489.1	1,249,598	303.7	303.2	304.3	1.6*
<b>SA</b>									
Males	9,050	448.7	437.0	460.5	482,559	297.5	296.7	298.3	1.5*
Females	12,209	521.7	511.0	532.4	569,016	331.7	330.8	332.6	1.6*
Persons	21,259	484.8	477.0	492.7	1,051,592	312.7	312.1	313.3	1.6*
<b>NT</b>									
Males	20,197	414.7	406.9	422.5	26,476	206.7	203.8	209.7	2.0*
Females	27,741	480.2	473.5	486.8	25,657	204.8	202.0	207.7	2.3*
Persons	47,938	445.8	440.9	450.8	52,134	206.8	204.8	208.9	2.2*
<b>NSW, Vic, Qld, WA, SA and NT<sup>(k)</sup></b>									
<b>Males</b>	<b>129,004</b>	<b>358.0</b>	<b>355.4</b>	<b>360.7</b>	<b>5,775,734</b>	<b>293.1</b>	<b>292.8</b>	<b>293.3</b>	<b>1.2*</b>
<b>Females</b>	<b>174,647</b>	<b>427.1</b>	<b>424.7</b>	<b>429.5</b>	<b>6,915,483</b>	<b>331.4</b>	<b>331.2</b>	<b>331.7</b>	<b>1.3*</b>
<b>Persons</b>	<b>303,651</b>	<b>392.3</b>	<b>390.5</b>	<b>394.0</b>	<b>12,691,294</b>	<b>310.9</b>	<b>310.7</b>	<b>311.0</b>	<b>1.3*</b>
<b>Persons Adjusted<sup>(l)</sup></b>									
<b>Adjusted<sup>(l)</sup></b>	<b>340,089</b>	<b>420.0</b>	<b>418.3</b>	<b>421.8</b>	<b>12,654,856</b>	<b>297.7</b>	<b>297.6</b>	<b>297.9</b>	<b>1.4*</b>

(continued)

**Table 3.12.23b (continued): Hospitalisations (excluding dialysis), by Indigenous status, sex and jurisdiction, July 2006 to June 2008<sup>(a)(b)(c)(d)(e)</sup>**

<b>Tas</b>									
Males	1,708	129.0	121.3	136.8	77,416	157.1	156.0	158.2	0.8*
Females	2,776	185.1	176.9	193.39	86,743	172.8	171.6	174.0	1.1*
Persons	4,484	158.0	152.3	163.67	164,161	164.6	163.8	165.4	1.0*
<b>ACT</b>									
Males	597	205.4	179.0	231.7	42,400	140.2	138.9	141.6	1.5*
Females	715	242.5	215.2	269.8	50,565	152.4	151.0	153.7	1.6*
Persons	1,312	224.5	205.4	243.7	92,965	146.0	145.0	146.9	1.5*
<b>Australia unadjusted<sup>(m)</sup></b>									
Males	132,522	351.7	349.1	354.2	6,022,754	293.6	293.4	293.8	1.2*
Females	179,413	419.9	417.6	422.2	7,203,197	331.6	331.3	331.8	1.3*
Persons	311,935	385.6	383.9	387.3	13,226,546	311.2	311.1	311.4	1.2*

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

(a) Data are from public and most private hospitals. Jurisdictional data excludes private hospitals in the Northern Territory, Tasmania and the Australian Capital Territory.

(b) Categories are based on the ICD-10-AM fifth edition (National Centre for Classification in Health 2006).

(c) Financial year reporting.

(d) Data are reported by state/territory of usual residence of the patient hospitalised.

(e) 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 group 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+.

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

(g) Directly age-standardised using the Australian 2001 standard population.

(h) LCL = lower confidence limit.

(i) UCL = upper confidence limit.

(j) Rate ratio Indigenous: other.

(k) New South Wales, Victoria, Western Australia, South Australia, the Northern Territory and Queensland 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.

(l) These jurisdictions hospitalisation numbers and rates have been adjusted for Indigenous under-identification using a national adjustment factor of 1.12. This factor was derived from a study undertaken by the AIHW between 2006 and 2008 that assessed the level of Indigenous under-identification in hospital data in all states and territories by comparing information gathered from face-to face interviews in public hospitals with results from hospital records. The national adjustment factor excludes Tasmania and the Australian Capital Territory, because the levels of Indigenous identification in these jurisdictions were not considered acceptable for analysis purposes. By applying this factor, the number of Indigenous hospitalisations was increased by 12% and these additional hospitalisations then subtracted from the number of hospitalisations for Other Australians.

(m) Includes all separations in all eight states and territories, including the Australian Capital Territory and Tasmania; Other Territories and where residence state is not applicable (e.g. overseas, at sea, no fixed address).

**Notes**

1. Population estimates based on the 2006 Census.

2. Care types 7.3, 9 and 10 (newborn – unqualified days only; organ procurement; hospital boarder) are excluded from the analysis.

Source: AIHW analysis of National Hospital Morbidity Database.

## Hospitalisations by remoteness

Hospitalisation rates for hospitalisations with a primary diagnosis related to alcohol abuse in New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory combined are presented by Australian Standard Geographical Classification (ASGC) in Tables 3.12.24a and 3.12.24b, covering the period July 2007 to June 2009.

- Indigenous Australians in all remoteness areas were more likely to be hospitalised for these conditions than other Australians. The ratio of hospitalisations of Indigenous people compared with other Australians was higher and the difference was statistically significant for all ASGC areas.
- Rates of hospitalisations per 1,000 population were highest for Indigenous people living in *Remote* areas, at 1503 per 1,000. The rate was highest for other Australians who lived in *Major cities*, at 376 per 1,000. The lowest rates were observed in *Major cities* for Indigenous people (618 per 1,000) and *Remote* areas for other Australians (321 per 1,000).
- Indigenous people were hospitalised for these conditions at a rate of 4.7 times that of other Australians in *Remote* areas of Australia. In *Major cities*, where the lowest ratio was observed, Indigenous Australians were hospitalised at a rate of 1.6 times that of other Australians. Nationally, the rate was 2.5 times.

**Table 3.12.24a: Age-standardised hospitalisations by Indigenous status and remoteness, NSW, Vic, Qld, WA, SA and NT combined, July 2007 to June 2009<sup>(a)(b)(c)(d)(e)(f)</sup>**

	Indigenous				Other Australians <sup>(g)</sup>				Ratio <sup>(k)</sup>
	Number	No. per 1,000 <sup>(h)</sup>	LCL 95% <sup>(i)</sup>	UCL 95% <sup>(i)</sup>	Number	No. per 1,000 <sup>(h)</sup>	LCL 95% <sup>(i)</sup>	UCL 95% <sup>(i)</sup>	
Major cities	122,280	617.7	613.5	621.9	10,449,880	375.9	375.7	376.1	1.6*
Inner regional	81,638	657.0	651.6	662.4	2,913,425	369.0	368.6	369.4	1.8*
Outer regional <sup>(l)</sup>	149,526	1203.5	1196.4	1210.6	1,269,506	355.1	354.4	355.7	3.4*
Remote	92,156	1502.5	1491.3	1513.7	158,417	321.1	319.5	322.7	4.7*
Very remote	110,248	1043.8	1043.8	1043.8	52,392	332.9	332.9	332.9	3.1*
<b>Total<sup>(m)</sup></b>	<b>556,554</b>	<b>912.5</b>	<b>909.7</b>	<b>915.3</b>	<b>14,853,403</b>	<b>370.8</b>	<b>370.7</b>	<b>371.0</b>	<b>2.5*</b>

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

(a) Data are from public and most private hospitals. Jurisdictional data excludes private hospitals in the Northern Territory.

(b) Categories are based on the ICD-10-AM fifth edition (National Centre for Classification in Health 2006).

(c) Financial year reporting.

(d) Data are reported by state/territory of usual residence of the patient hospitalised.

(e) 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 five-year age group to 65+.

(f) New South Wales, Victoria, Western Australia, South Australia, the Northern Territory and Queensland 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.

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

(h) Directly age-standardised using the Australian 2001 standard population.

(i) LCL = lower confidence limit.

(j) UCL = upper confidence limit.

(k) Rate ratio—Indigenous: other.

(l) Includes remote Victoria.

(m) Total includes hospitalisations where ASGC is missing.

#### Notes

1. Population estimates based on the 2006 Census.

2. Care types 7.3, 9 and 10 (newborn – unqualified days only; organ procurement; hospital boarder) are excluded from the analysis.

Source: AIHW analysis of National Hospital Morbidity Database.

**Table 3.12.24b: Hospitalisations (excluding dialysis), by Indigenous status and remoteness, NSW, Vic, Qld, WA, SA and NT, July 2007 to June 2009<sup>(a)(b)(c)(d)(e)(f)</sup>**

	Indigenous				Other Australians <sup>(g)</sup>				Ratio <sup>(k)</sup>
	Number	No. per 1,000 <sup>(h)</sup>	LCL 95% <sup>(i)</sup>	UCL 95% <sup>(i)</sup>	Number	No. per 1,000 <sup>(h)</sup>	LCL 95% <sup>(i)</sup>	UCL 95% <sup>(i)</sup>	
Major cities	75,935	323.6	320.7	326.6	9,120,768	328.5	328.3	328.7	0.99
Inner regional	58,105	397.7	393.7	401.7	2,622,335	335.2	334.8	335.6	1.2*
Outer regional <sup>(l)</sup>	73,634	468.1	464.0	472.2	1,162,367	326.9	326.3	327.5	1.4*
Remote <sup>(m)</sup>	48,192	641.4	634.5	648.3	152,883	310.3	308.7	311.9	2.1*
Very remote	60,714	461.9	454.5	469.3	50,785	323.6	322.7	324.5	1.4*
<b>Total<sup>(n)</sup></b>	<b>317,285</b>	<b>424.2</b>	<b>422.4</b>	<b>426.0</b>	<b>13,118,754</b>	<b>328.7</b>	<b>328.5</b>	<b>328.9</b>	<b>1.3*</b>

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

(a) Data are from public and most private hospitals. Jurisdictional data excludes private hospitals in the Northern Territory.

(b) Categories are based on the ICD-10-AM fifth edition (National Centre for Classification in Health 2006).

(c) Financial year reporting.

(d) Data are reported by state/territory of usual residence of the patient hospitalised.

(e) Age standardised rates have been calculated using the direct method, age standardised by five-year age group to 65+.

(f) New South Wales, Victoria, Western Australia, South Australia, the Northern Territory and Queensland 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.

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

(h) Directly age-standardised using the Australian 2001 standard population.

(i) LCL = lower confidence limit.

(j) UCL = upper confidence limit.

(k) Rate ratio Indigenous: other.

(l) Includes remote Victoria.

(m) Excludes remote Victoria.

(n) Total includes hospitalisations where ASGC is missing.

#### Notes

1. Population estimates based on the 2006 Census.

2. Care types 7.3, 9 and 10 (newborn – unqualified days only; organ procurement; hospital boarder) are excluded from the analysis.

3. Data are age standardised.

Source: AIHW analysis of National Hospital Morbidity Database.

## Time series analyses

Time series data are presented for the four jurisdictions that have been assessed as having adequate identification of Indigenous hospitalisations for all years from 2001–02 to 2007–08: Queensland, Western Australia, South Australia and the Northern Territory. These four jurisdictions represent approximately 60% of the Indigenous Australian population. New South Wales and Victoria were identified as having adequate identification of Indigenous hospitalisations from 2004–05 onwards; therefore, they were included as part of the current period analysis (2006–07 to 2007–08), and as a separate time series analyses.

Hospitalisation rates, rate ratios and rate differences between Indigenous and other Australians over the period 2001–02 to 2007–08 are presented in Tables 3.12.25 and 3.12.25b and Figures 3.12.2a and 3.12.2b.

- In Queensland, Western Australia, South Australia and the Northern Territory combined, there were significant increases in hospitalisation rates among Indigenous

Australians during the 7-year period from 2001-02 to 2007-08. The fitted trend implies an average yearly increase in the rate of around 37 per 1,000 which is equivalent to a 26% increase in the rate over this period.

- There were also significant increases in hospitalisation rates among other Australians during the same period, with an average yearly increase in the rate of 3.0 per 1,000 for other Australian persons. This is equivalent to a 5.1% increase in the rate over this period.
- There were significant increases in the hospitalisation rate ratios and rate differences between Indigenous and other Australians. The fitted trend implies an average yearly increase of 0.1 in the rate ratio (20% increase over the period) and 34 per 1,000 in the hospitalisation rate differences between Indigenous and other Australians over this period (40% increase). This indicates a relative and absolute increase in the gap between hospitalisation rates for Indigenous and other Australians.
- Note that changes in the level of accuracy of Indigenous identification in hospital records will result in changes in the level of reported hospital separations for Indigenous Australians. Also, changes in access, hospital policies and practices all 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 rate at which Indigenous Australians are hospitalised. An increase in hospitalisation rates may also reflect better access to hospitals, rather than a worsening of health.

**Table 3.12.25a: Age-standardised hospitalisation rates, rate ratios and rate differences, Qld, WA, SA and NT combined, 2001–02 to 2007–08<sup>(a)</sup>**

	2001–02	2002–03	2003–04	2004–05	2005–06	2006–07	2007–08	Annual change <sup>(b)</sup>	Per cent change over period <sup>(c)</sup>
<b>Indigenous separations</b>									
Persons	143,537	150,555	161,735	171,102	183,514	189,538	203,436	9,980*	41.7*
<b>Other Australian<sup>(d)</sup> separations</b>									
Persons	2,158,072	2,404,634	2,476,359	2,550,026	2,641,338	2,750,101	2,858,621	105,627*	29.4*
<b>Indigenous number per 1,000</b>									
Persons	864.4	896.9	945.5	973.2	1,027.7	1,038.4	1,087.6	37.0*	25.7*
<b>Other Australian<sup>(d)</sup> number per 1,000</b>									
Persons	349.6	350.3	352.9	353.4	357.5	362.8	367.6	3.0*	5.1*
<b>Rate ratio<sup>(e)</sup></b>									
Persons	2.5	2.6	2.7	2.8	2.9	2.9	3.0	0.1*	19.6*
<b>Rate difference<sup>(f)</sup></b>									
Persons	514.8	546.5	592.7	619.8	670.2	675.5	719.9	34.0*	39.6*

\* Represents results with statistically significant increases or declines at the  $p < 0.05$  level over the period 2001–02 to 2007–08.

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

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

(c) Per cent change between 2001–02 and 2007–08 were based on the average annual change over the period.

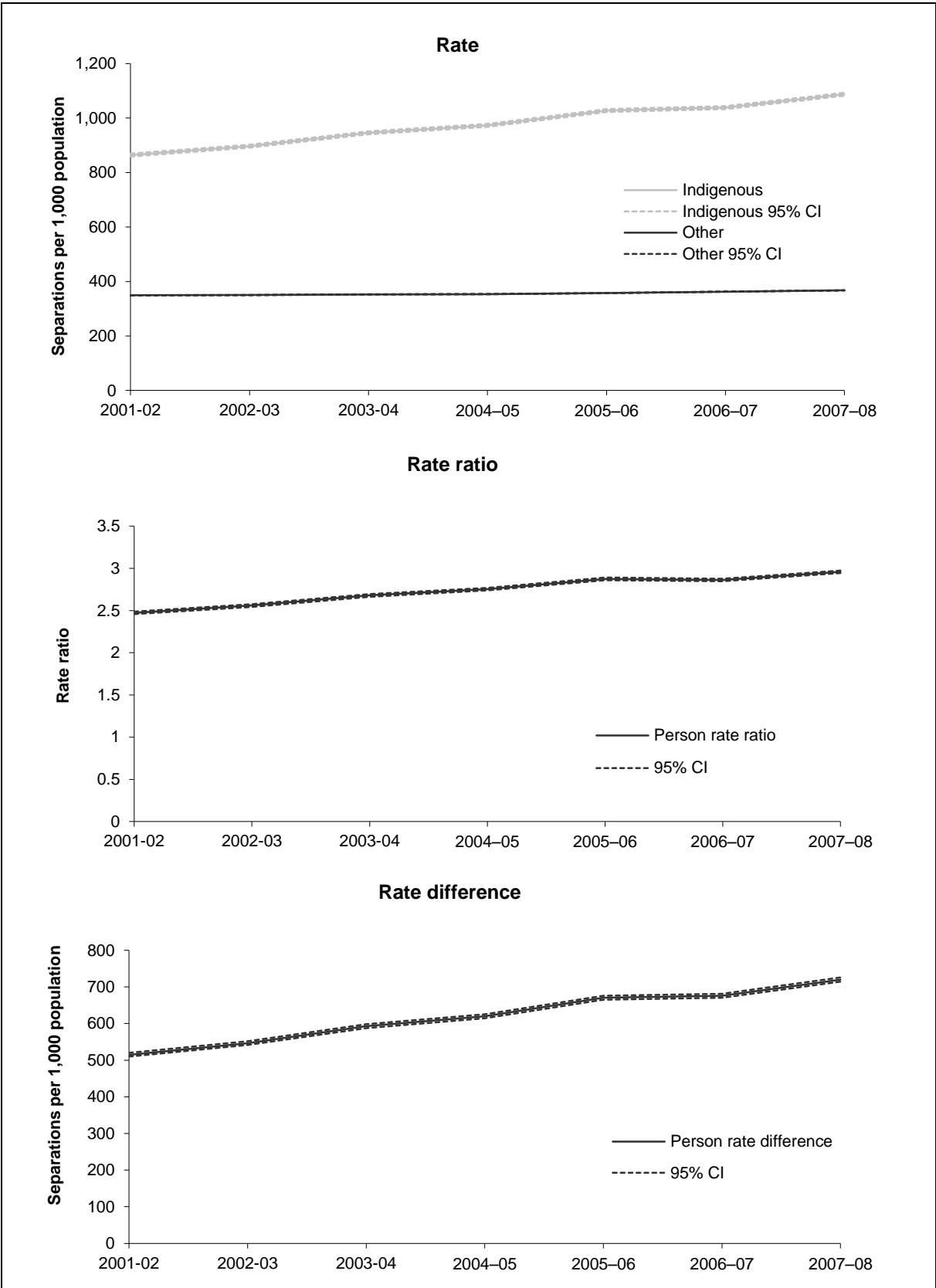
(d) 'Other Australian' includes hospitalisations of non-Indigenous people and those for whom Indigenous status was not stated.

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

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

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

Source: AIHW analysis of National Hospital Morbidity Database.



Source: AIHW analysis of National Hospital Morbidity Database.

**Figure 3.12.2a: Hospitalisation rates, rate ratios and rate differences between Indigenous and other Australians, Qld, WA, SA and NT combined, 2001-02 to 2007-08**



**Table 3.12.25b: Age-standardised hospitalisation rates, rate ratios and rate differences (excluding dialysis), Qld, WA, SA and NT, 2001–02 to 2007–08<sup>(a)</sup>**

	2001–02	2002–03	2003–04	2004–05	2005–06	2006–07	2007–08	Annual change <sup>(b)</sup>	Per cent change over period <sup>(c)</sup>
<b>Indigenous separations</b>									
Persons	90,406	90,347	93,259	94,132	98,934	100,932	106,699	2,704.4*	17.9
<b>Other Australian separations</b>									
Persons	2,158,072	2,185,931	2,234,881	2,286,922	2,358,447	2,460,922	2,552,467	66,311.9*	18.4
<b>Indigenous rate (separations per 1,000)</b>									
Persons	422.3	418.3	427.5	415.4	430.6	425.1	445.3	3.1*	4.3
<b>Other Australian<sup>(d)</sup> rate (separations per 1,000)</b>									
Persons	307.7	304.8	304.7	304.8	306.8	312.1	315.5	1.4*	2.8
<b>Rate ratio<sup>(e)</sup></b>									
Persons	1.4	1.4	1.4	1.4	1.4	1.4	1.4	0.0	1.5
<b>Rate difference<sup>(f)</sup></b>									
Persons	114.7	113.6	122.8	110.6	123.8	113.0	129.8	1.6	8.5

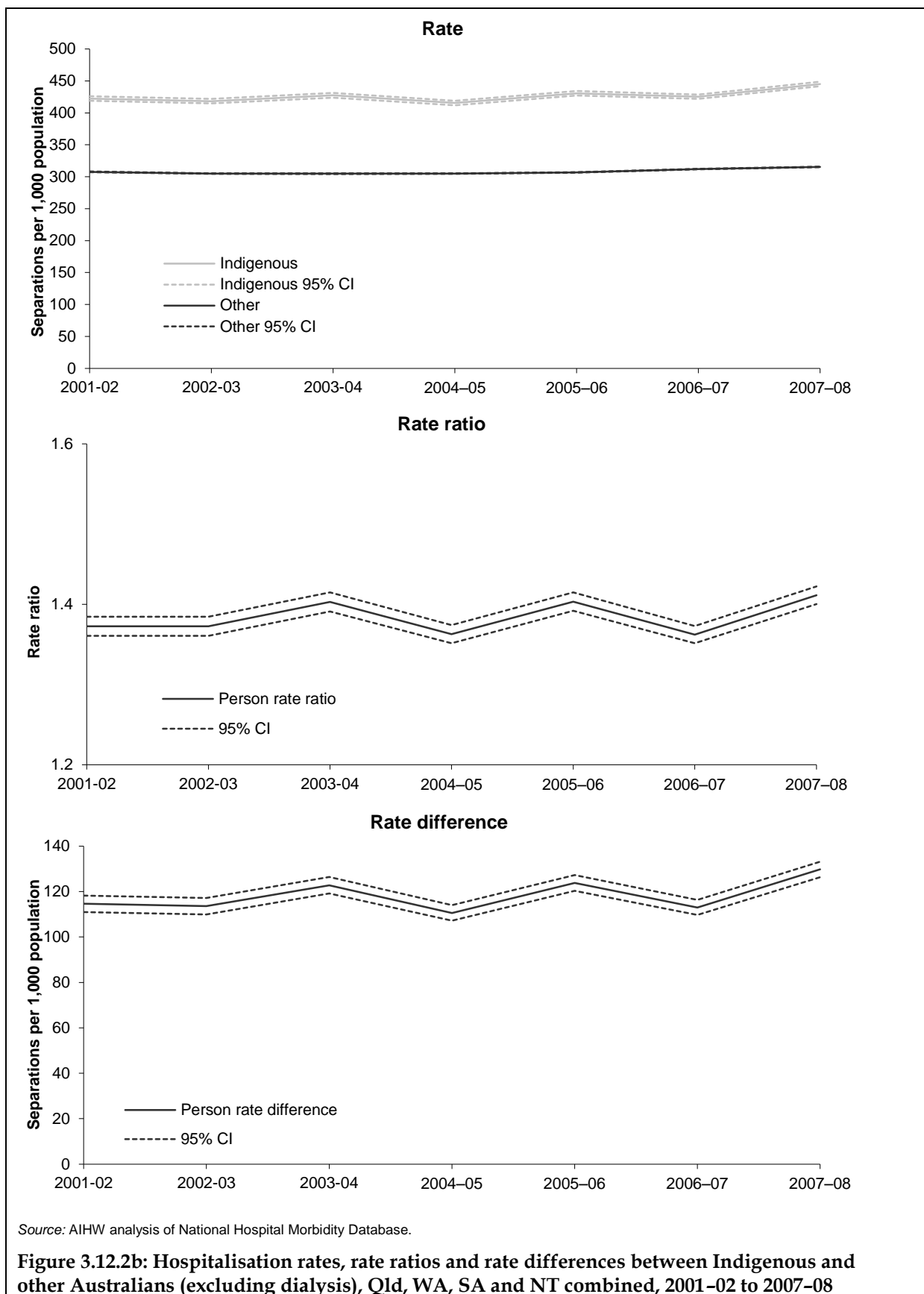
\* Represents results with statistically significant increases or declines at the  $p < 0.05$  level over the period 1998–99 to 2007–08.

- (a) Data are from public and most private hospitals. Data exclude private hospitals in the Northern Territory.
- (b) Average annual change in rates, rate ratios and rate differences were determined using linear regression analysis.
- (c) Per cent change between 1998–99 and 2007–08 were based on the average annual change over the period.
- (d) 'Other Australian' includes hospitalisations of non-Indigenous people and those for whom Indigenous status was not stated.
- (e) Hospitalisation rates for Indigenous Australians divided by the hospitalisation rates for other Australians.
- (f) Hospitalisation rates for Indigenous Australians minus the hospitalisation rates for other Australians.

*Notes*

1. Rates have been directly age-standardised using the 2001 Australian standard population.
2. Population estimates are based on the 2006 Census.
3. Care types 7.3, 9 and 10 (newborn – unqualified days only; organ procurement; hospital boarder) are included in analysis because of changes in coding since earlier years.

Source: AIHW analysis of National Hospital Morbidity Database.



**Table 3.12.26a: Age-standardised hospitalisation rates, rate ratios and rate differences, NSW, Vic, Qld, WA, SA and NT combined, 2004–05 to 2007–08<sup>(a)</sup>**

	2004–05	2005–06	2006–07	2007–08	Annual change <sup>(b)</sup>	Per cent change over period <sup>(c)</sup>
<b>Indigenous separations</b>						
Persons	224,716	243,106	253,175	271,294	14,980*	20.0*
<b>Other Australian<sup>(d)</sup> separations</b>						
Persons	6,533,363	6,782,353	7,050,063	7,296,154	255,608*	11.7*
<b>Indigenous number per 1,000</b>						
Persons	729.7	778.4	795.4	831.5	32.2*	13.2*
<b>Other Australian<sup>(d)</sup> number per 1,000</b>						
Persons	335.7	342.0	348.1	352.4	5.6*	5.0*
<b>Rate ratio<sup>(e)</sup></b>						
Persons	2.2	2.3	2.3	2.4	0.1*	7.8*
<b>Rate difference<sup>(f)</sup></b>						
Persons	394.0	436.3	447.3	479.1	26.6*	20.3*

\* Represents results with statistically significant increases or declines at the  $p < 0.05$  level over the period 2004–05 to 2007–08.

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

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

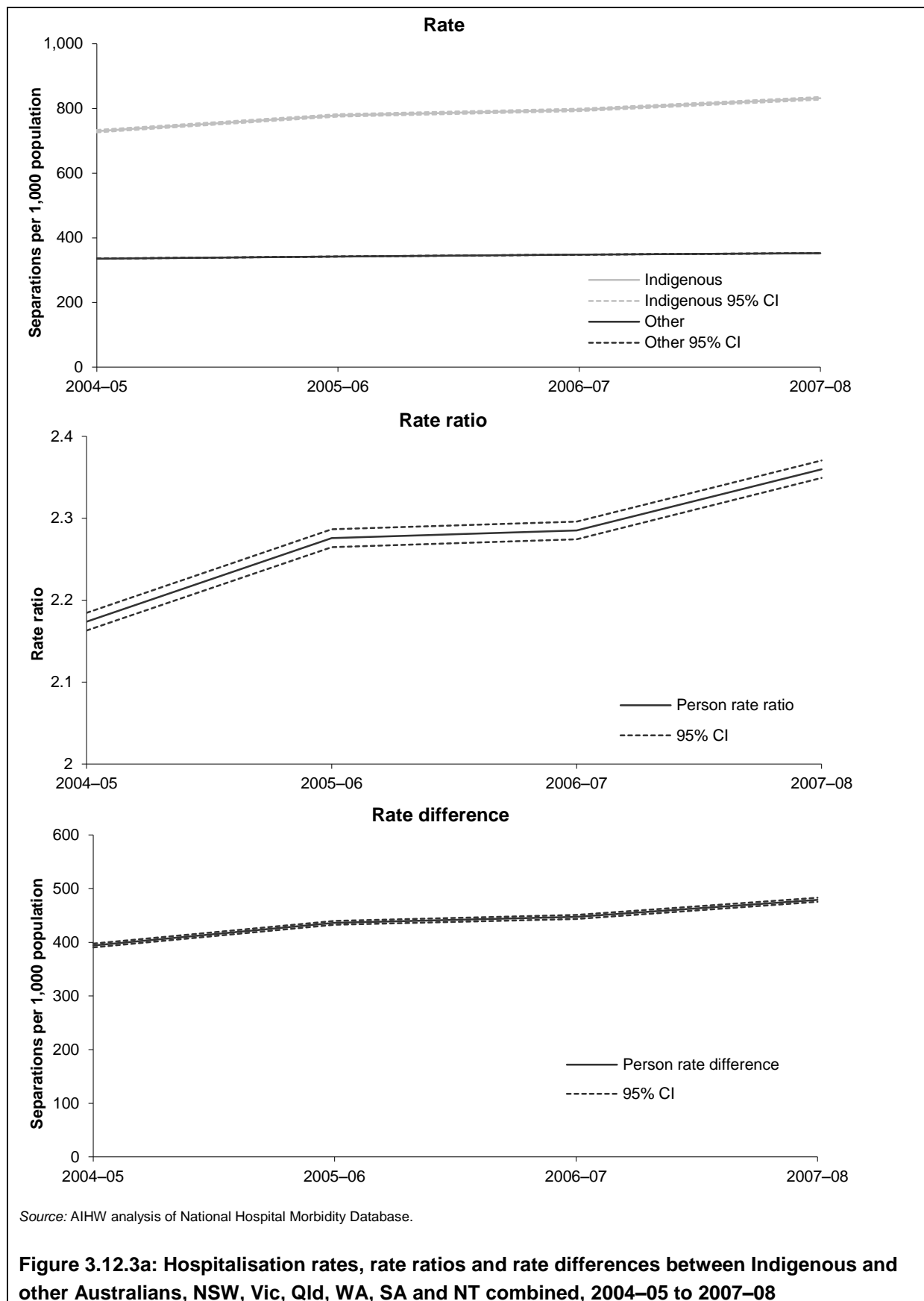
(c) Per cent change between 2004–05 and 2007–08 were based on the average annual change over the period.

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

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

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

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



**Table 3.12.26b: Age-standardised hospitalisation rates, rate ratios and rate differences (excluding dialysis), NSW, Vic, Qld, WA, SA and NT combined, 2004–05 to 2007–08<sup>(a)</sup>**

	2004–05	2005–06	2006–07	2007–08	Annual change <sup>(b)</sup>	Per cent change over period <sup>(c)</sup>
<b>Indigenous separations</b>						
Persons	134,380	142,953	147,876	155,830	6,927.3*	15.5
<b>Other Australian separations</b>						
Persons	5,833,321	6,020,478	6,248,098	6,452,856	208,622.5*	10.7
<b>Indigenous rate (separations per 1,000)</b>						
Persons	366.0	381.5	384.2	400.4	10.6*	8.7
<b>Other Australian<sup>(d)</sup> rate (separations per 1,000)</b>						
Persons	300.4	304.4	309.4	312.7	4.2*	4.2
<b>Rate ratio<sup>(e)</sup></b>						
Persons	1.2	1.3	1.2	1.3	0*	4.3
<b>Rate difference<sup>(f)</sup></b>						
Persons	65.6	77.1	74.8	87.6	6.4*	29.1

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

(a) Data are from public and most private hospitals. Data exclude 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 1998–99 and 2007–08 based on the average annual change over the period.

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

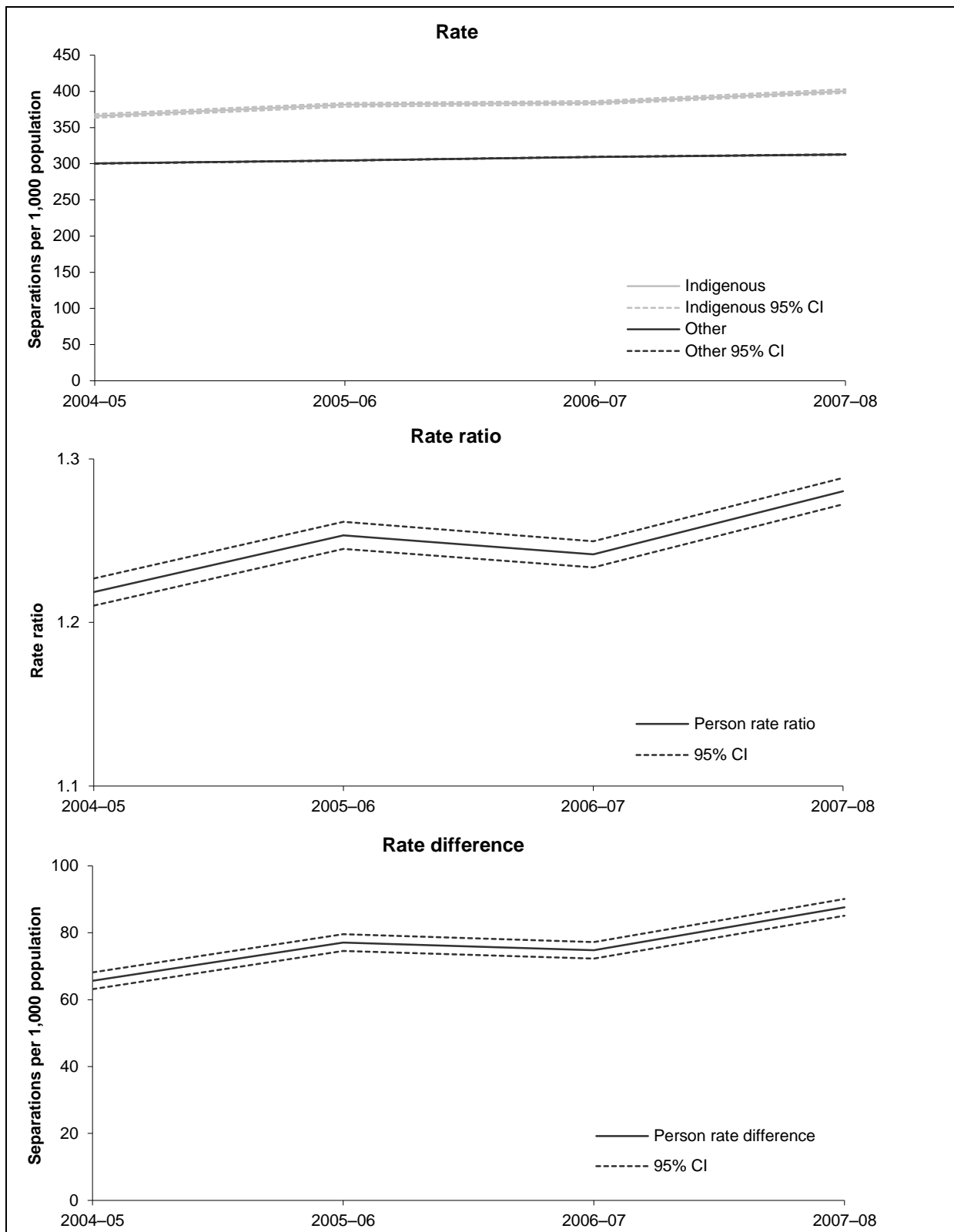
(e) Hospitalisation rates for Indigenous Australians divided by the hospitalisation rates for other Australians.

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

*Notes*

1. Rates have been directly age-standardised using the 2001 Australian standard population.
2. Population estimates are based on 2006 census.
3. Care types 7.3, 9 & 10 (Newborn – unqualified days only; organ procurement; hospital boarder) included in analysis because of changes in coding since earlier years.

Source: AIHW analysis of National Hospital Morbidity Database.



Source: AIHW analysis of National Hospital Morbidity Database.

**Figure 3.12.3b: Hospitalisation rates, rate ratios and rate differences (excluding dialysis) between Indigenous and other Australians, NSW, Vic, Qld, WA, SA and NT, 2004-05 to 2007-08**

## Hospitalisations for palliative care data

Data on palliative care are sourced from the Admitted Patient Palliative Care National Minimum Data Set, which is a component of the National Hospital Morbidity Data Collection.

Information on hospitalisations for palliative care is presented in Table 3.12.27 and 3.12.28.

Hospitalisations for the two-year period July 2006 to June 2008 are presented for New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory. Over this period, Indigenous Australians in these jurisdictions combined were hospitalised for palliative care at around 1.4 times the rate of other Australians.

- Over the period July 2006 to June 2008, Indigenous Australians in Western Australia were hospitalised for palliative care at about twice the rate of other Australians. In Victoria, Indigenous females were hospitalised for palliative care at higher rates than other females although Indigenous males were hospitalised at lower rates than other males. In the Northern Territory, Indigenous Australians were hospitalised for palliative care at lower rates than other Australians. The number of hospitalisations for palliative care for Indigenous persons in most jurisdictions was very small and thus the rates should be interpreted with caution (Table 3.12.27).

Hospitalisation rates for palliative care in New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory are presented by Australian Standard Geographical Classification (ASGC) in Table 3.06.28, covering the period July 2007 to June 2009. Due to the small numbers of hospitalisations of Indigenous people recorded in these jurisdictions, however, caution should be exercised when interpreting these rates.

- Indigenous Australians in all ASGC areas were more likely to be hospitalised for palliative care than other Australians. The ratio of hospitalisations of Indigenous people compared with other Australians was higher and the difference was statistically significant for all ASGC areas except for *Major cities*.
- Rates of hospitalisations for palliative care per 1,000 population were highest for Indigenous people living in *Inner regional* areas, at 1.0 per 1,000. The rate was highest for other Australians who lived in *Major cities*, at 0.6 per 1,000. The lowest rates were observed in *Very remote* areas for Indigenous people (0.5 per 1,000) and *Remote* and *Very remote* areas for other Australians (both 0.3 per 1,000).
- Indigenous people were hospitalised for palliative care at a rate of 2.1 times that of other Australians in *Remote* and *Very remote* areas of Australia. In *Major cities*, where the lowest ratio was observed, Indigenous Australians were hospitalised at a similar rate to that of other Australians. For all ASGC areas combined, the rate was significantly higher, at 1.3 times.

**Table 3.12.27: Hospitalisations for palliative care, by Indigenous status, sex and state/territory, NSW, Vic, Qld, WA, SA, and NT, July 2006 to June 2008<sup>(a)(b)(c)(d)</sup>**

	Indigenous				Other Australians <sup>(e)</sup>				
	Number <sup>(e)</sup>	No. per 1,000 <sup>(f)</sup>	LCL 95% <sup>(g)</sup>	UCL 95% <sup>(h)</sup>	Number <sup>(e)</sup>	No. per 1,000 <sup>(f)</sup>	LCL 95% <sup>(g)</sup>	UCL 95% <sup>(h)</sup>	Ratio <sup>(i)</sup>
<b>NSW</b>									
Males	79	1.5	1.1	1.9	9,867	1.5	1.4	1.5	1.0
Females	60	0.8	0.6	1.1	8,220	1.0	1.0	1.0	0.8
Persons	139	1.1	0.9	1.3	18,087	1.2	1.2	1.2	0.9
<b>Vic</b>									
Males	6	0.4	0.1	0.7	6,130	1.2	1.2	1.2	0.3*
Females	21	1.2	0.7	1.8	5,200	0.8	0.8	0.9	1.5
Persons	27	0.8	0.5	1.2	11,330	1.0	1.0	1.0	0.8
<b>Qld</b>									
Males	65	1.5	1.0	1.9	4,638	1.2	1.2	1.2	1.2
Females	80	1.3	1.0	1.6	3,513	0.8	0.8	0.8	1.6*
Persons	145	1.4	1.1	1.6	8,151	1.0	1.0	1.0	1.4*
<b>WA</b>									
Males	124	4.6	3.6	5.6	3,909	2.1	2	2.2	2.2*
Females	81	2.3	1.7	2.9	3,140	1.4	1.4	1.5	1.6*
Persons	205	3.3	2.8	3.8	7,049	1.7	1.7	1.8	1.9*
<b>SA</b>									
Males	20	1.4	0.6	2.1	1,672	1.0	0.9	1.0	1.4
Females	12	0.7	0.3	1.2	1,325	0.7	0.6	0.7	1.1
Persons	32	1.0	0.6	1.4	2,997	0.8	0.8	0.8	1.3
<b>NT</b>									
Males	52	2.2	1.4	2.9	310	3.7	3.2	4.2	0.6*
Females	52	1.5	1.0	1.9	163	2.3	1.9	2.7	0.7*
Persons	104	1.8	1.4	2.2	473	3.1	2.7	3.4	0.6*
<b>NSW, Vic, Qld, WA, SA and NT</b>									
<b>Males</b>	<b>346</b>	<b>1.9</b>	<b>1.6</b>	<b>2.1</b>	<b>26,526</b>	<b>1.4</b>	<b>1.4</b>	<b>1.4</b>	<b>1.4*</b>
<b>Females</b>	<b>306</b>	<b>1.3</b>	<b>1.1</b>	<b>1.4</b>	<b>21,561</b>	<b>0.9</b>	<b>0.9</b>	<b>0.9</b>	<b>1.4*</b>
<b>Persons</b>	<b>652</b>	<b>1.5</b>	<b>1.4</b>	<b>1.7</b>	<b>48,087</b>	<b>1.1</b>	<b>1.1</b>	<b>1.1</b>	<b>1.4*</b>
<b>Tas</b>									
Males	n.p.	n.p.	n.p.	n.p.	319	0.6	0.5	0.7	n.p.
Females	n.p.	n.p.	n.p.	n.p.	303	0.5	0.4	0.6	n.p.
Persons	7	0.4	0.1	0.8	622	0.5	0.5	0.6	0.8
<b>ACT</b>									
Males	n.p.	n.p.	n.p.	n.p.	369	1.4	1.3	1.5	n.p.
Females	n.p.	n.p.	n.p.	n.p.	263	0.8	0.7	0.9	n.p.
Persons	n.p.	n.p.	n.p.	n.p.	632	1.1	1.0	1.2	n.p.

(continued)



**Table 3.12.27 (continued): Hospitalisations for palliative care, by Indigenous status, sex and state/territory, NSW, Vic, Qld, WA, SA, and NT, July 2006 to June 2008**

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

- (a) Data are from public and most private hospitals. Data exclude private hospitals in the Northern Territory, Tasmania and the Australian Capital Territory.
- (b) Categories are based on the (ICD-10-AM) fifth edition (National Centre for Classification in Health 2006).
- (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. Data for these six jurisdictions over-represent Indigenous populations in less urbanised and more remote locations. Hospitalisation data for these six jurisdictions should not be assumed to represent the hospitalisation experience in the other jurisdictions.
- (e) 'Other Australians' includes hospitalisations of non-Indigenous people and those for whom Indigenous status was not stated.
- (f) Directly age-standardised using the Australian 2001 standard population.
- (g) LCL = lower confidence limit.
- (h) UCL = upper confidence limit.
- (i) Rate ratio—Indigenous:other.

Source: AIHW analysis of National Hospital Morbidity Database.

**Table 3.12.28: Hospitalisations for palliative care, per 1,000 population by Indigenous status and remoteness, NSW, Vic, Qld, WA, SA and NT, July 2007 to June 2009<sup>(a)(b)(c)(d)(e)(f)</sup>**

	Indigenous				Other Australians <sup>(g)</sup>				Ratio <sup>(k)</sup>
	Number	No. per 1,000 <sup>(h)</sup>	LCL 95% <sup>(i)</sup>	UCL 95% <sup>(j)</sup>	Number	No. per 1,000 <sup>(h)</sup>	LCL 95% <sup>(i)</sup>	UCL 95% <sup>(j)</sup>	
Major cities	83	0.7	0.5	0.8	16,704	0.6	0.6	0.6	1.1
Inner regional	91	1.0	0.8	1.3	4,844	0.5	0.5	0.6	1.9*
Outer regional <sup>(l)</sup>	81	0.9	0.7	1.1	2,023	0.5	0.5	0.5	1.7*
Remote <sup>(m)</sup>	29	0.7	0.4	1.0	161	0.3	0.3	0.4	2.1*
Very remote	47	0.5	0.3	0.8	34	0.3	0.2	0.3	2.1*
Missing	0	..	..	..	8	..	..	..	..
<b>Total<sup>(n)</sup></b>	<b>331</b>	<b>0.8</b>	<b>0.7</b>	<b>0.9</b>	<b>23,774</b>	<b>0.6</b>	<b>0.6</b>	<b>0.6</b>	<b>1.3*</b>

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

- (a) Data are from public and most private hospitals. Jurisdictional data excludes private hospitals in the Northern Territory.
- (b) Categories are based on the ICD-10-AM fifth edition (National Centre for Classification in Health 2006).
- (c) Financial year reporting.
- (d) Data are reported by state/territory of usual residence of the patient hospitalised.
- (e) 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 five year age group to 65+.
- (f) New South Wales, Victoria, Western Australia, South Australia, the Northern Territory and Queensland 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.
- (g) 'Other Australians' includes hospitalisations of non-Indigenous people and those for whom Indigenous status was not stated.
- (h) Directly age-standardised using the Australian 2001 standard population.
- (i) LCL = lower confidence limit.
- (j) UCL = upper confidence limit.
- (k) Rate ratio—Indigenous: other.
- (l) Includes remote Victoria.
- (m) Excludes remote Victoria.
- (n) Total includes hospitalisations where ASGC is missing.

#### Notes

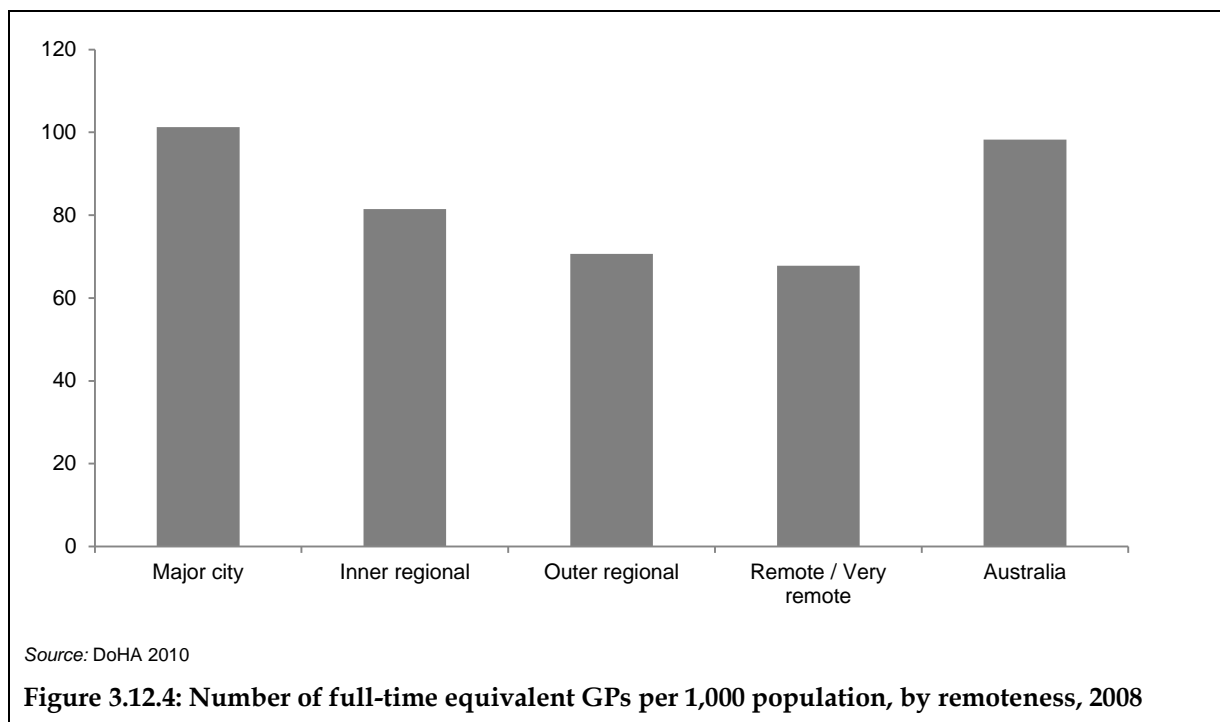
- Rates for Indigenous are calculated using the 2006 population estimates based on the 2006 Census (Series B).
- Care types 7.3, 9 and 10 (newborn – unqualified days only; organ procurement; hospital boarder) are excluded from the analysis.

Source: AIHW analysis of National Hospital Morbidity Database.

## General practitioners

Information on the number of GPs working in Australia is available from the DoHA. Data in Table 3.12.29 and Figure 3.12.4 present the number of full-time equivalent GPs per 100,000 population by ASGC remoteness areas.

- In 2008, there were 20,334 GPs registered and working in Australia. 71% of these GPs practiced in *Major cities*, where approximately 68% of the population resided. Around 332, or 1.6%, practiced in *Remote* and *Very remote* areas, where 2.4% of the Australian population resided.
- The number of GPs per 100,000 head of population was greatest in *Major cities* (101 per 100,000) and lowest in *Remote* and *Very remote* areas (68 per 100,000).



**Table 3.12.29: Number of FTE GPs, and number per 100,000 population, by remoteness, 2008**

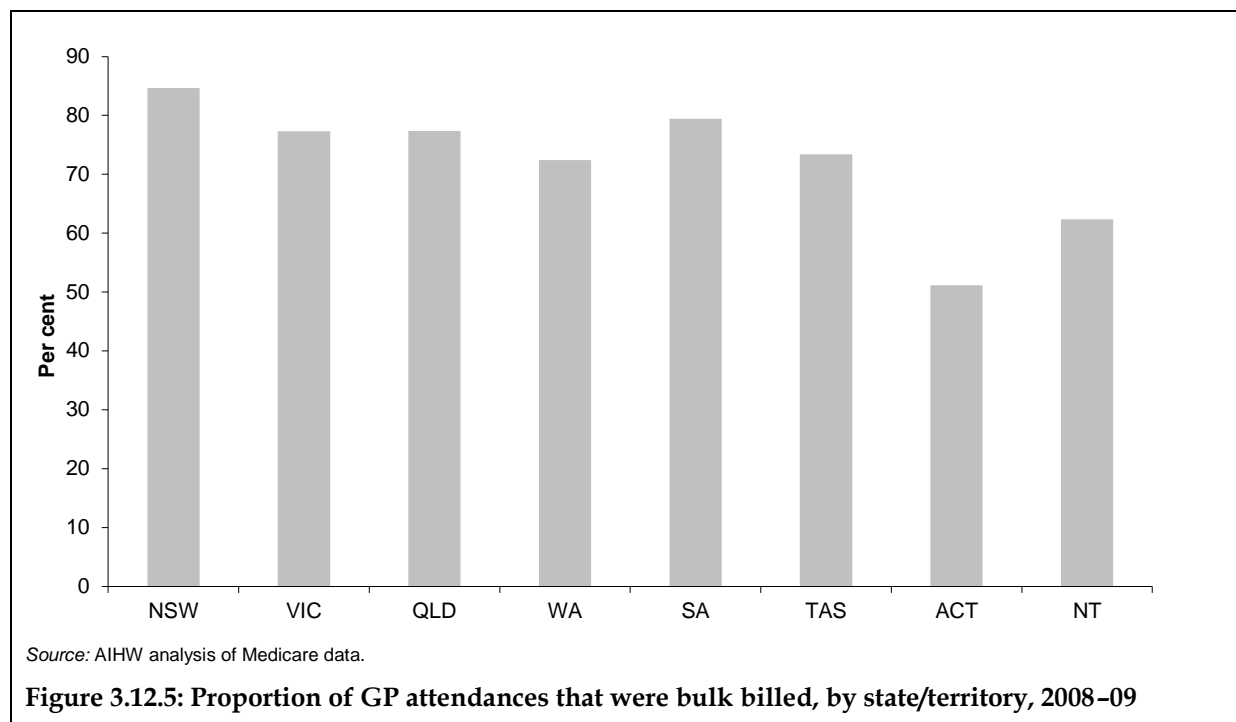
	Major cities	Inner regional	Outer regional	Remote / Very remote	Not stated	Australia
Number of GPs	14,347	3,326	1,386	332	942	20,334
GPs per 100,000	101.3	81.5	70.7	67.8	..	98.2

Source: DoHA 2010

### GPs who bulk bill

No data are currently available on the number of GPs who bulk bill by remoteness area. Data on the proportion of medical services that bulk bill are available by electoral roll and state and territory. State and territory data are presented below.

- In 2008–09, approximately 79% of general practitioner attendances were bulk billed. This ranged from 51% in the Australian Capital Territory to 85% in New South Wales (Table 3.12.30; Figure 3.12.5).



**Table 3.12.30: Proportion of GP attendances that were bulk billed, by state/territory, 2008-09**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Per cent bulk billed	84.7	77.3	77.3	72.4	79.4	73.4	51.1	62.3	79.2

Source: AIHW analysis of Medicare data.

## Health labour force

Information on the health labour force is available from the AIHW labour force surveys, which collect data on health-related occupations including medical practitioners, nurses and midwives, psychologists, physiotherapists, podiatrists, pharmacists, dentists and occupational therapists. In the absence of centralised national mailing lists for each profession, most of these surveys rely on the various state and territory registration boards to administer survey questionnaires as part of the registration renewal process.

The AIHW uses the data collected in each of these surveys to derive estimates of the total health labour force for each occupation. Survey responses are weighted to match available registration data provided by state/territory registration boards to account for non-response. Weighted data were not available from the Occupational Therapy Labour Force Survey and thus are not presented here. Data from the Pharmacists Labour Force Survey are presented in measure 3.13 – Access to prescription medicines.

## Clinical medical practitioners

Information on medical practitioners in Australia is collected through the AIHW Medical Labour Force Survey of which the most recently published data are for 2008. The survey includes all practitioners registered with the medical board in each state and territory, but excludes those practitioners who registered for the first time in the survey year. The response to the Medical Labour Force Survey in 2008 represented an estimated 69.9% of the medical registrations in all jurisdictions.

- In 2008, there were 64,117 employed clinical medical practitioners in Australia. The rate of FTE employed clinical medical practitioners in Australia was 341 per 100,000. Clinical medical practitioners are comprised of primary care practitioners (38%), specialists (35%), specialists-in-training (14%) and hospital non-specialists (12%) (Table 3.12.31; Figure 3.12.6; AIHW 2010a).
- The greatest disparity among one group of clinicians was observed among specialists, where there were five times the rate of specialists present in *Major cities* than in *Remote* and *Very remote* areas (132 and 23 per 100,000, respectively). *Major cities* had double the rate of specialists as *Inner regional* areas (64 per 100,000), which had the second highest rate.
- The rate of primary care clinicians was greater in *Remote* and *Very remote* areas than in *Major cities* (112 and 105 per 100,000), and was also greater than the Australian rate (108 per 100,000). Rates for all other occupations were greater in *Major cities* than in *Remote* and *Very remote* areas.

**Table 3.12.31: Full-time employed medical practitioners by main occupation and geographic region of main job, 2008**

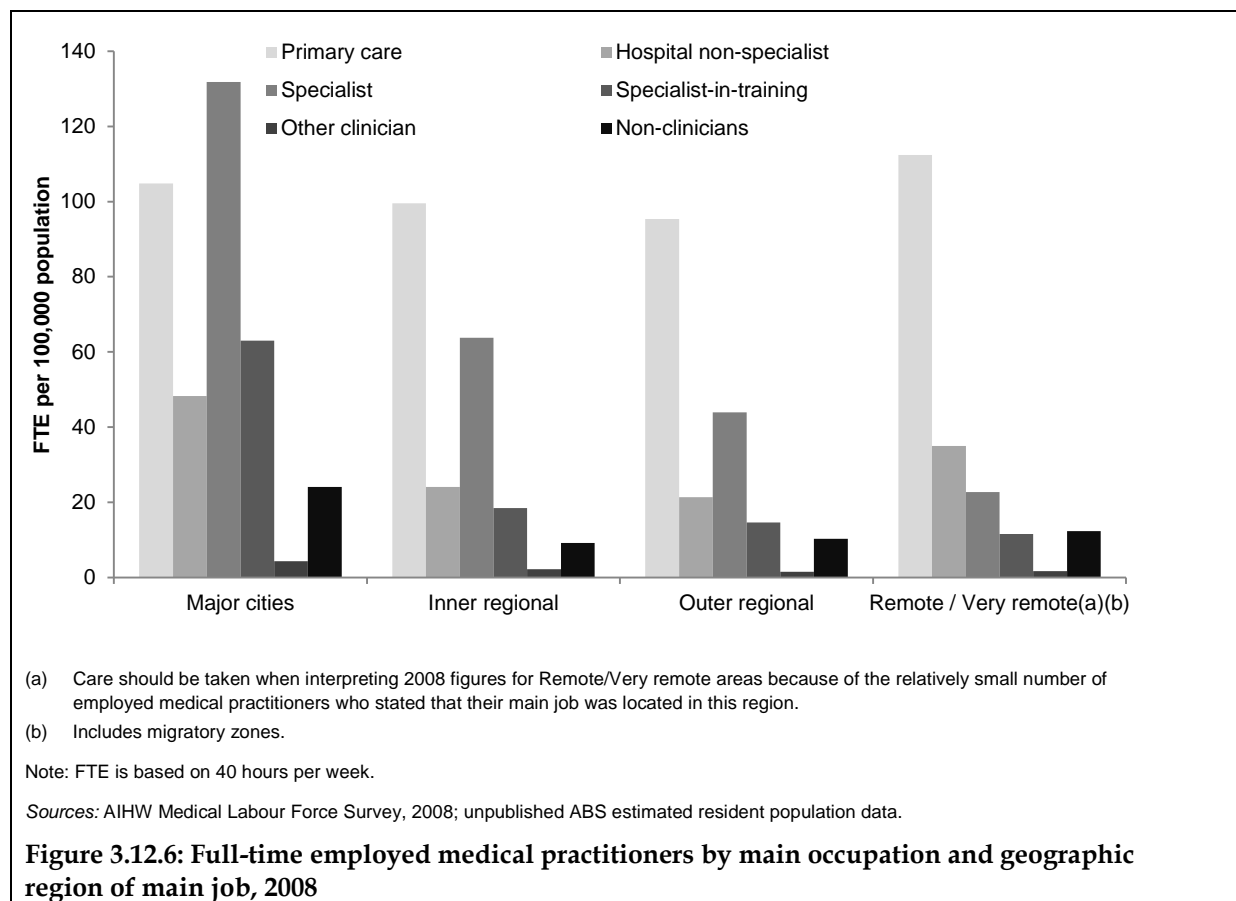
Main occupation	Region of main job				Not stated	Australia
	Major cities	Inner regional	Outer regional	Remote / Very remote <sup>(a)(b)</sup>		
Full-time equivalent number per 100,000 population						
Persons						
Clinicians	352.5	208.0	176.8	183.4	..	320.6
<i>Primary care</i>	104.8	99.5	95.4	112.4	..	107.9
<i>Hospital non-specialist</i>	48.3	24.1	21.4	35.0	..	43.3
<i>Specialist</i>	131.8	63.8	43.9	22.7	..	114.5
<i>Specialist-in-training</i>	63.0	18.5	14.6	11.6	..	50.7
<i>Other clinician</i>	4.3	2.2	1.5	1.7	..	3.9
Non-clinicians	24.1	9.2	10.3	12.3	..	20.7
<b>Total</b>	<b>376.2</b>	<b>217.4</b>	<b>186.9</b>	<b>195.5</b>	..	<b>341.1</b>

(a) Care should be taken when interpreting 2008 figures for Remote/Very remote areas because of the relatively small number of employed medical practitioners who stated that their main job was located in this region.

(b) Includes migratory zones.

Note: FTE is based on 40 hours per week.

Sources: AIHW Medical Labour Force Survey, 2008; unpublished ABS estimated resident population data.



### Nurses and midwives

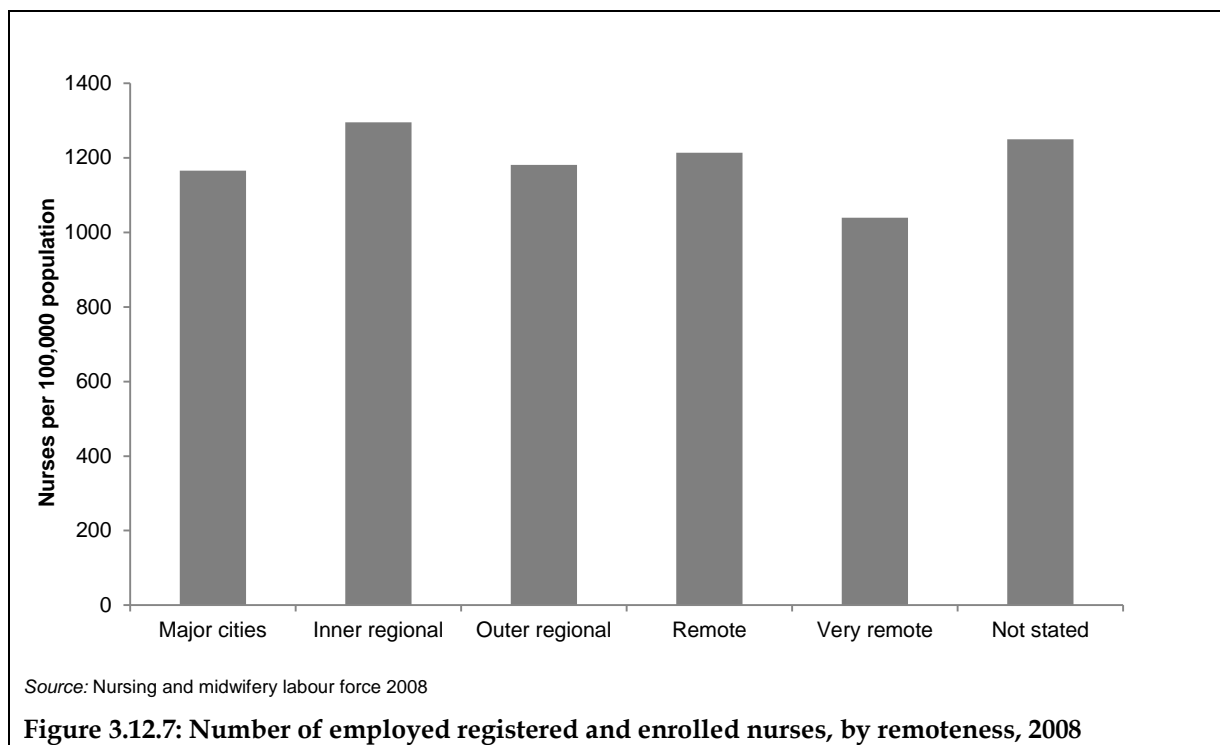
Information on nurses and midwives in Australia is available from the AIHW Nursing and Midwifery Labour Force Survey. The latest survey was conducted in 2008. The scope of the survey is all nurses who were registered or enrolled with the nursing/midwifery board in each state or territory at the time of the survey. Coverage excludes nurses who registered or enrolled for the first time in the 12 months before the survey. Response to the Nursing and Midwifery Labour Force Survey in 2008 represented an estimated 46.6% of the nursing registrations and enrolments in all jurisdictions. Estimates for some jurisdictions should be interpreted with caution because of the low response rates.

- There were more nurses per 100,000 population in *Inner regional* areas than any other remoteness area (1,295 per 100,000). *Very remote* areas had the lowest rate of nurses per 100,000 population, followed by *Major cities* (1,039 and 1166 per 100,000, respectively) (Table 3.12.32; Figure 3.12.7).

**Table 3.12.32: Number of employed registered and enrolled nurses, by remoteness, 2008**

	Major cities	Inner regional	Outer regional	Remote	Very remote	Not stated	Australia
Number	168,261	53,811	23,545	3,856	1,739	12,120	263,331
Nurses per 100,000 population	1166	1295	1181	1214	1039	..	1250

Source: Nursing and Midwifery Labour Force Survey 2008



## Aboriginal and Torres Strait Islander health services

Data on Indigenous primary health-care services are available from the OSR data collection, collected by the AIHW.

### Primary health-care services

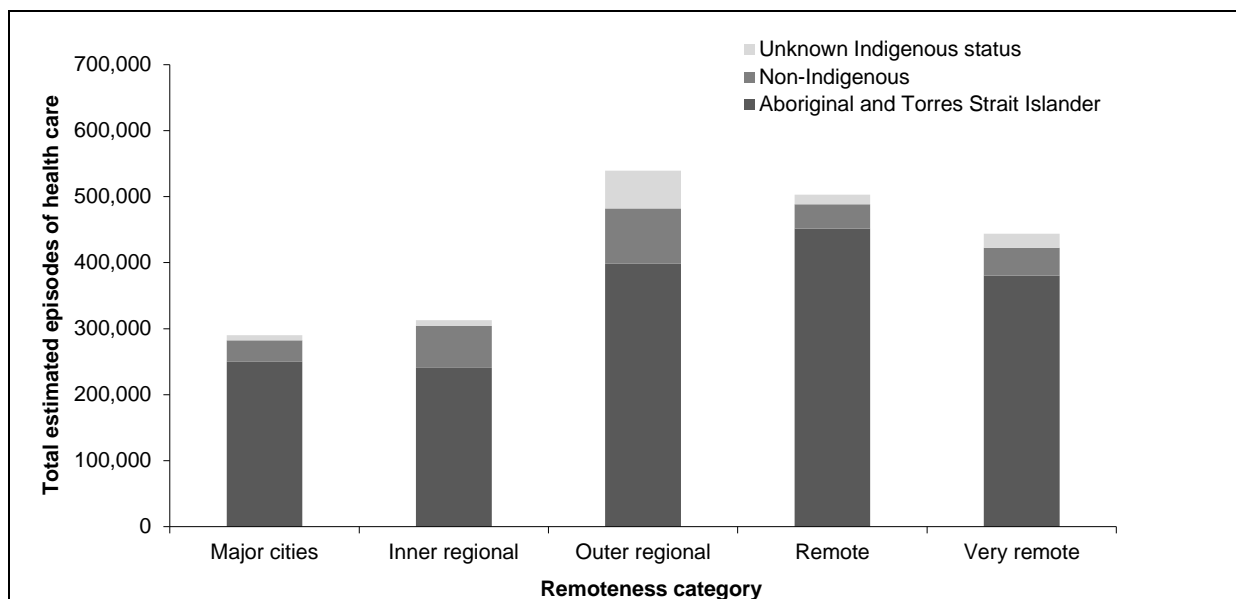
#### Episodes of health care

Episodes of health care are defined in the OSR data collection as 'contact between an individual client and a service by one or more staff to provide health care, such as for sickness, injury, counselling, health education or screening'. Episodes of care data includes:

- health care provided to clients through all sources of funding
- outreach visits (e.g. homelands/outstation visits, park clinics and satellite clinics)
- health care provided to clients over the telephone
- visitors/transients episodes of care.

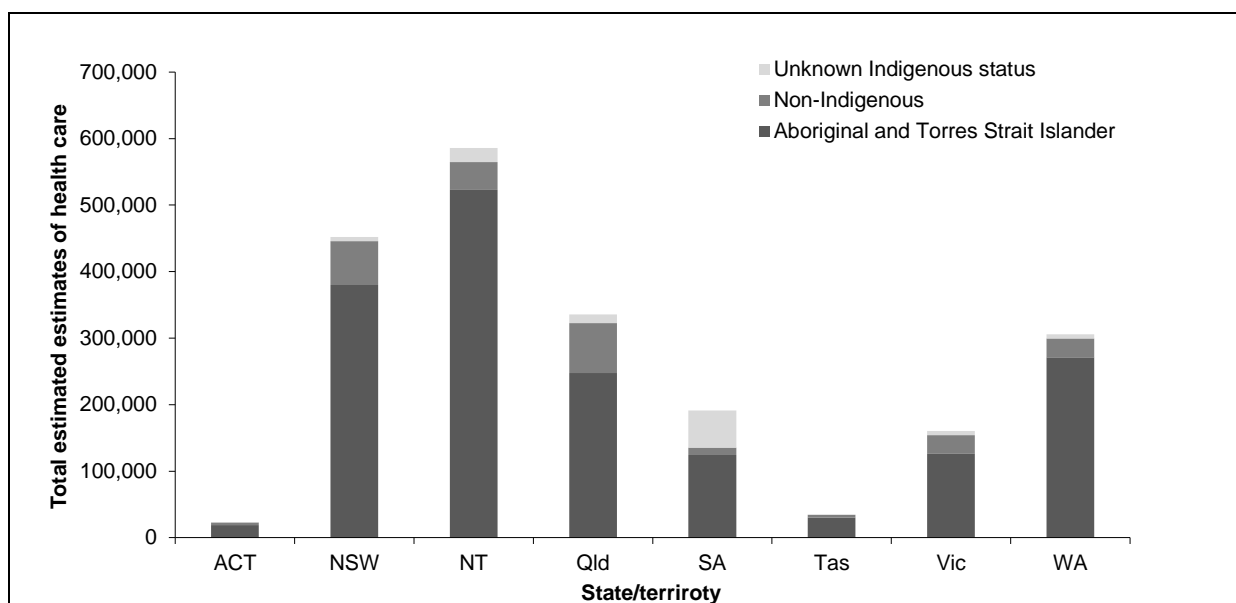
Figures 3.12.8 and 3.12.9 and Tables 3.12.33 and 3.12.34 show the total estimated number of episodes of health care provided by respondent Indigenous primary health-care services by remoteness area in each state and territory.

- In 2008–09, the number of episodes of health care provided across each state and territory varied. The majority of the estimated episodes of health care reported were provided in *Remote* and *Outer regional* areas.



Source: AIHW OSR data collection.

**Figure 3.12.8: Total episodes of health care provided by respondent primary health-care services, by remoteness and Indigenous status, 2008-09**



Source: AIHW OSR data collection.

**Figure 3.12.9: Total episodes of health care provided by respondent primary health-care services, by state/territory and Indigenous status, 2008-09**



**Table 3.12.33: Total episodes of health care provided by respondent Aboriginal and Torres Strait Islander primary health-care services, by remoteness and Indigenous status, 2008–09**

	Major cities	Inner regional	Outer regional	Remote	Very remote	Total
Aboriginal and Torres Strait Islander	249,716	240,863	398,804	451,778	380,535	1,721,696
Non-Indigenous	32,491	63,606	83,299	36,691	41,779	257,866
Unknown Indigenous status	7,748	8,491	57,215	14,350	21,528	109,332
<b>Total</b>	<b>289,955</b>	<b>312,960</b>	<b>539,318</b>	<b>502,819</b>	<b>443,842</b>	<b>2,088,894</b>

Source: AIHW OSR data collection.

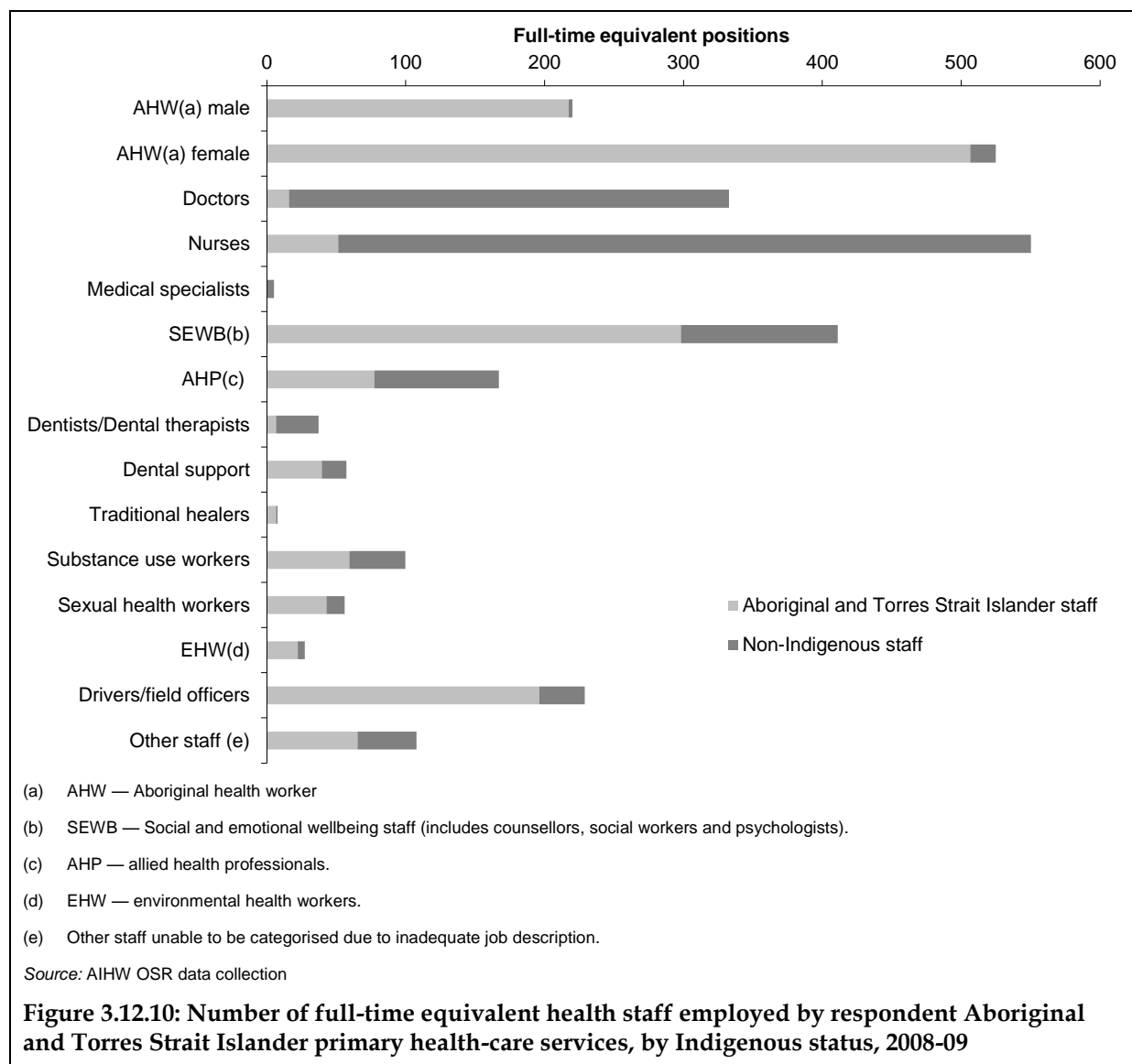
**Table 3.12.34: Total episodes of health care provided by respondent Aboriginal and Torres Strait Islander primary health-care services, by state/territory and Indigenous status, 2008–09**

	ACT	NSW	NT	Qld	SA	Tas	Vic	WA	Total
Aboriginal and Torres Strait Islander	19,120	379,972	522,802	247,542	124,546	29,849	126,702	271,163	1,721,696
Non-Indigenous	3,882	65,934	41,676	74,945	10,893	4,667	27,517	28,352	257,866
Unknown Indigenous status	214	6,241	21,536	13,177	55,830	179	5,958	6,197	109,332
<b>Total</b>	<b>23,216</b>	<b>452,147</b>	<b>586,014</b>	<b>335,664</b>	<b>191,269</b>	<b>34,695</b>	<b>160,177</b>	<b>305,712</b>	<b>2,088,894</b>

Source: AIHW OSR data collection.

## Health staff

- At June 2009, a total of 333 FTE doctors and 550 FTE nurses were employed by Indigenous primary health-care services. The majority of doctors, nurses, allied health professionals and dentists were non-Indigenous (95%, 91%, 50% and 83%, respectively). The majority of Indigenous health workers, social and emotional wellbeing staff, traditional healers, environmental health workers, substance-use workers, sexual health workers, dental support workers and drivers/field officers were Aboriginal and Torres Strait Islander Australians (Figure 3.12.10; Table 3.12.35).



**Table 3.12.35: Number of full-time equivalent health staff employed by respondent Aboriginal and Torres Strait Islander primary health-care services, by Indigenous status, 2008-09**

	Aboriginal and Torres Strait Islander staff	Non-Indigenous staff	Unknown status	Total FTE
AHW <sup>(a)</sup> male	217.4	2.7	0.0	220.1
AHW <sup>(a)</sup> female	506.5	18.4	0.0	524.9
Doctors	15.8	317.0	0.0	332.8
Nurses	51.3	498.9	0.0	550.2
Medical specialists	0.0	5.2	0.0	5.2
SEWB <sup>(b)</sup>	298.1	113.1	11.2	422.4
AHP <sup>(c)</sup>	77.3	89.8	14.2	181.4
Dentists/Dental therapists	6.5	30.8	0.0	37.3
Dental support	39.5	17.7	0.0	57.2
Traditional healers	6.6	1.0	0.0	7.6
Substance use workers	59.4	40.2	0.0	99.6
Sexual health workers	42.8	13.2	0.0	56.0
EHW <sup>(d)</sup>	22.3	5.0	0.0	27.3
Drivers/field officers	196.1	32.9	1.0	230.0
Other staff <sup>(e)</sup>	65.2	42.6	13.3	121.2

(a) AHW — Aboriginal health worker.

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

(c) AHP — allied health professionals.

(d) EHW — environmental health workers.

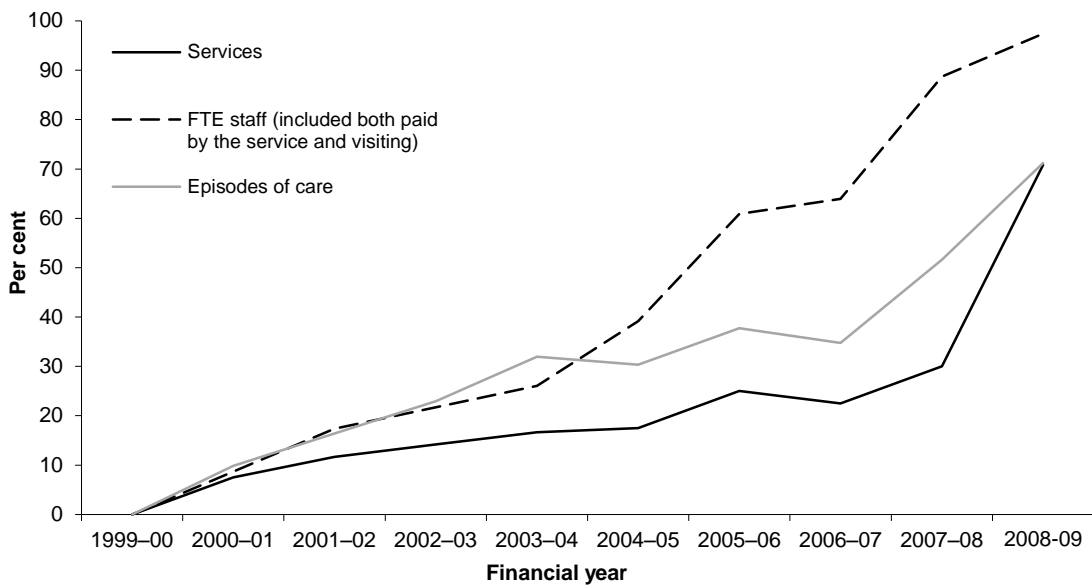
(e) Other staff unable to be categorised because of inadequate job description.

Source: AIHW OSR data collection.

### Episodes of health care and health staff – time series analyses

Data presented below include those services that have been included in the data collections, first SAR then OSR, in any year in the period 1999–00 to 2008–09.

- Over the period 1999–00 to 2008–09, there has been a rise of 71% in the number of Aboriginal and Torres Strait Islander primary health-care services (Figure 3.12.11; Table 3.12.36).
- Over the same period, there was a steady increase of 71% in the total estimated episodes of health care provided to Indigenous and non-Indigenous.
- There was a 97% rise in full-time equivalent staff employed by Indigenous primary health-care services between 1999–00 and 2008–09.



*Notes*

1. Eligible services only for 2007-08 services.
2. The 2008-09 OSR data counts all auspice services individually, therefore caution should be exercised when comparing rates with earlier data collection periods.

Source: AIHW OSR data collection.

**Figure 3.12.11: Cumulative per cent changes to Aboriginal and Torres Strait Islander primary health-care services, 1999-00 to 2008-09**

**Table 3.12.36: Cumulative per cent changes to Aboriginal and Torres Strait Islander primary health-care services, 1999-00 to 2008-09**

	1999-00	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09
Services	0.0	7.5	11.7	14.2	16.7	17.5	25.0	22.5	30	70.8
FTE staff (included both paid by the service and visiting)	0.0	8.7	17.4	21.7	26.1	39.1	60.9	63.9	88.7	97.4
Episodes of care	0.0	9.8	16.4	23.0	32.0	30.3	37.7	34.8	51.6	71.2

*Note:* Only eligible services were included for 2007-08 collection. The 2008-09 OSR data counts all auspice services individually, therefore caution should be exercised when comparing rates with earlier data collection periods

*Source:* AIHW OSR data collection.

## Programs/activities provided

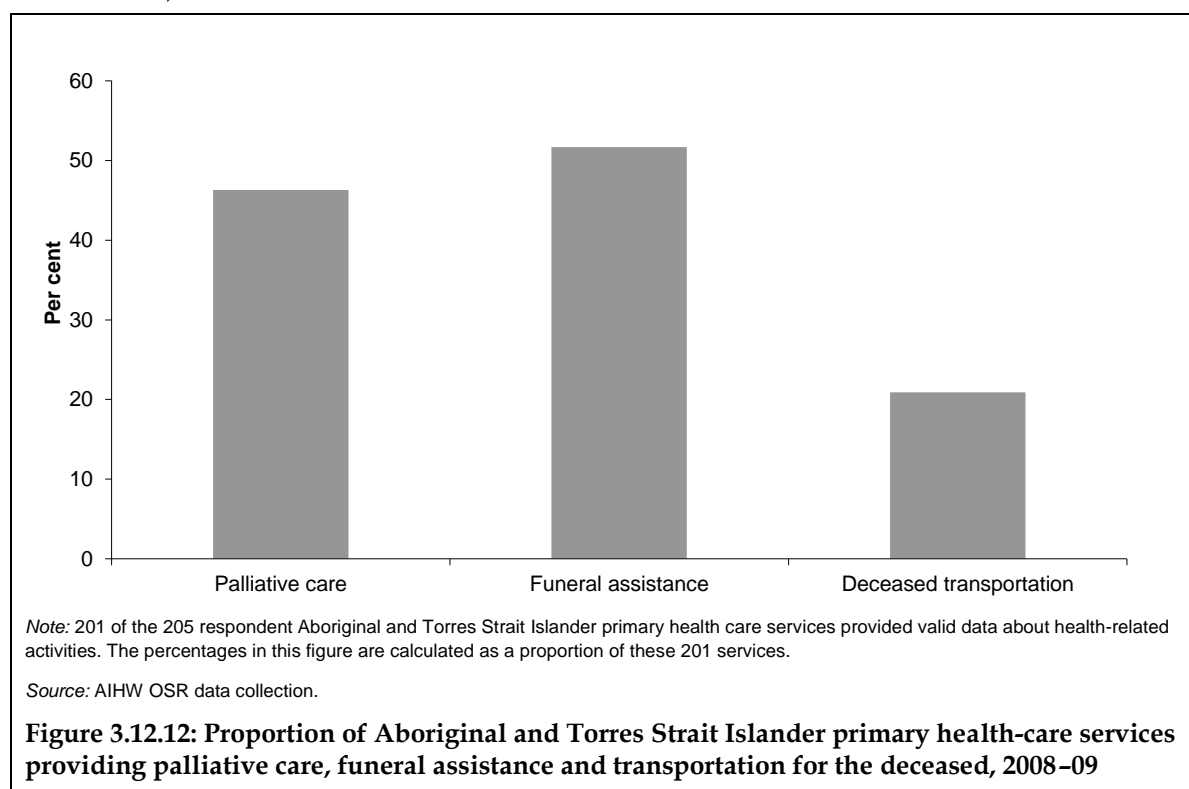
Aboriginal and Torres Strait Islander primary health-care services offer a range of programs and activities to support their communities.

### *Drug and alcohol programs*

- In 2008–09, 89% (183) of the 205 services that reported in the OSR provided alcohol and other drug programs.

### *Palliative care, funeral assistance and deceased transportation*

- In 2008–09, the majority (52%) of Indigenous primary health-care services reported in the OSR provided funeral assistance, although just under half (46%) provided palliative care and one in five (21%) provided transportation for the deceased (Figure 3.12.12; Table 3.12.37).



**Table 3.12.37: Proportion of Aboriginal and Torres Strait Islander primary health-care services providing palliative care, funeral assistance and transportation for the deceased, 2008–09**

Services	Per cent <sup>(a)</sup>
Palliative care	46.3
Funeral assistance	51.7
Deceased transportation	20.9

(a) 201 of the 205 respondent Aboriginal and Torres Strait Islander primary health care services provided valid data about health-related activities. The percentages in this table are calculated as a proportion of these 201 services.

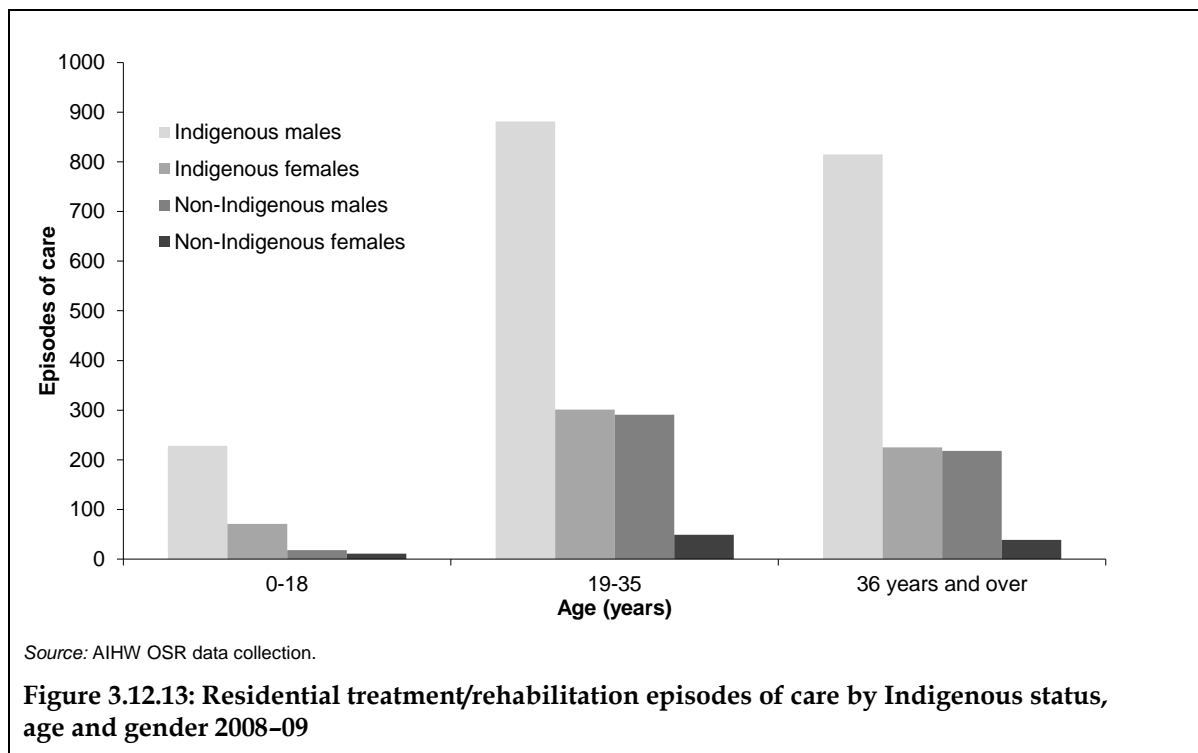
*Source:* AIHW OSR data collection.

## Drug and alcohol services

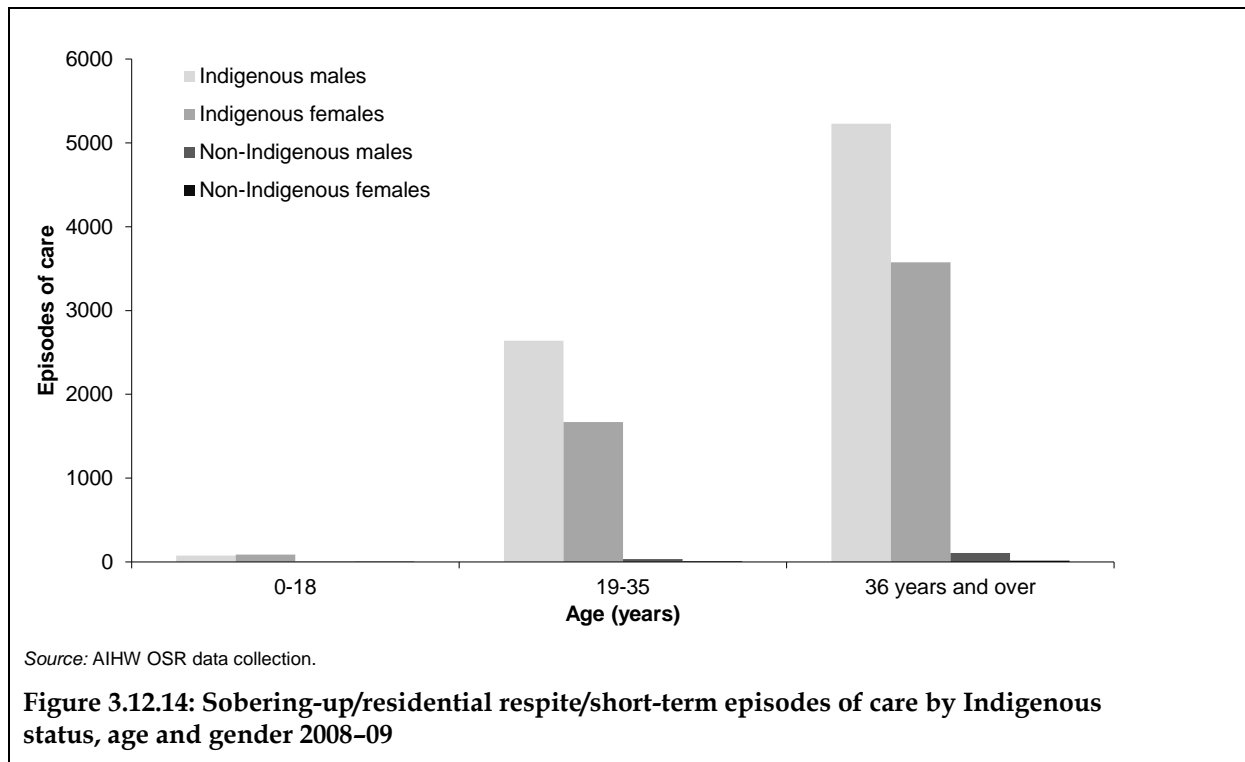
### Episodes of care

Data on the type of episodes of care provided by services reporting to the OSR collection are presented below.

- In 2008–09, 3,409 residential treatment/rehabilitation episodes of care were provided to Indigenous and non-Indigenous clients by Aboriginal and Torres Strait Islander substance-use disorder specific services. Approximately 82% (2,781) of these episodes were provided to Indigenous clients.
- Three out of four (72%) of the residential treatment/rehabilitation episodes of care in 2008–09 were provided to males. Indigenous males aged 19 years and over represented just over half (57 %) of recipients of residential treatment/rehabilitation episodes of care (Figure 3.12.13).

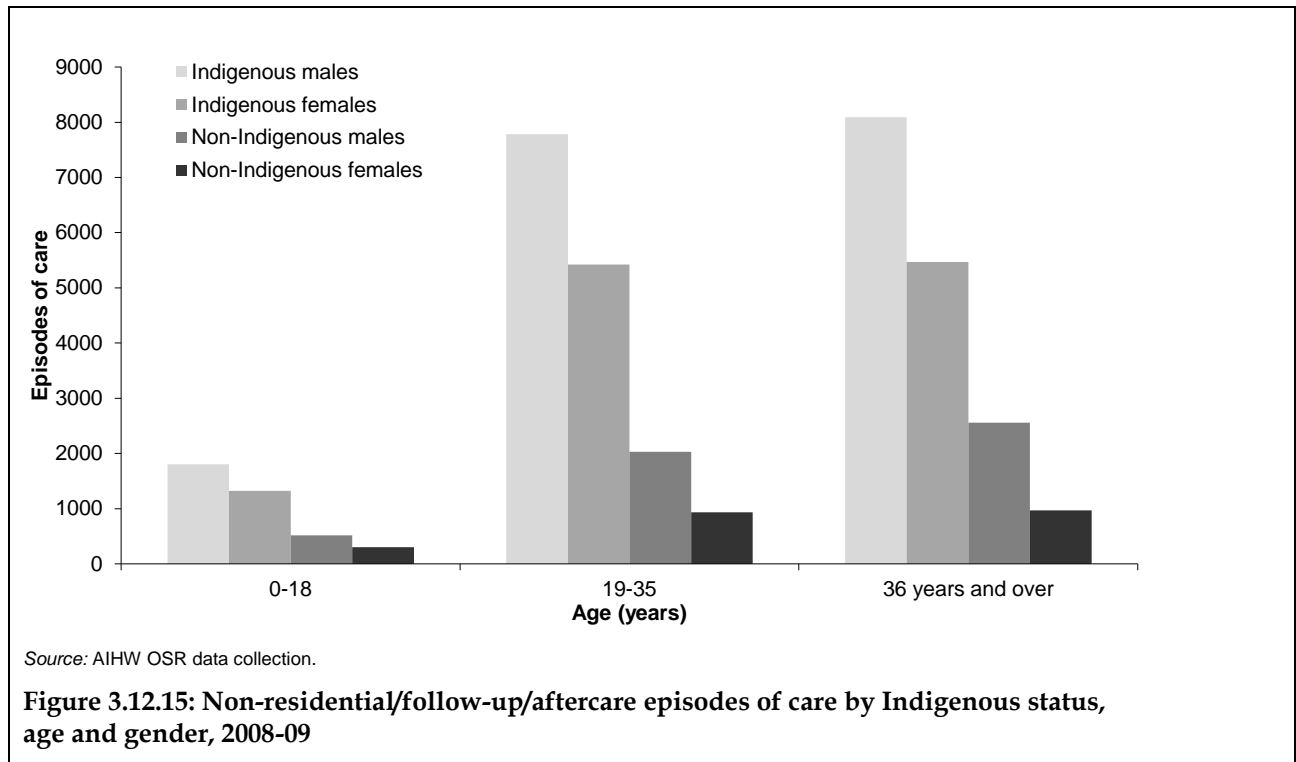


- In 2008–09, there were approximately 14,278 sobering-up/residential respite/short-term care episodes of care provided to Indigenous and non-Indigenous clients by Aboriginal and Torres Strait Islander substance-use disorder specific services. Almost all (99%, 14,096) of these episodes were provided to Indigenous clients.
- Across all age groups, the majority of sobering-up/residential respite/short-term episodes of care were provided to males. Indigenous males aged 36 years and over represented the largest group (37%, 5,230) of recipients of sobering-up/residential respite/short-term episodes of care (Figure 3.12.14).





- In 2008-09, 44,712 other episodes of care, such as non-residential care, were provided to Indigenous and non-Indigenous clients by Aboriginal and Torres Strait Islander substance-use disorder specific services. Over three-quarters (84%, 37,409) of these episodes were provided to Indigenous clients.
- Across all age groups the majority of other episodes of care were provided to males. Indigenous males aged 19 years and over represented the largest group (36%, 15,872) of recipients of other care episodes of care (Figure 3.12.15; Table 3.12.38).



**Table 3.12.38: Residential treatment/rehabilitation, sobering-up/residential respite and other episodes of care at DASR services by Indigenous status, age and gender, 2008–09**

	0–18				19–35				36 years and over				Unknown age		Unknown Indigenous status
	Indigenous		Non-Indigenous		Indigenous		Non-Indigenous		Indigenous		Non-Indigenous		Indigenous	Non-Indigenous	Total
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Total	Total	
Residential treatment/rehabilitation episodes of care	228	71	18	11	881	301	291	49	815	225	218	39	260	2	224
Sobering-up/residential respite episodes of care	77	89	2	3	2640	1670	35	8	5230	3574	107	15	816	12	0
Non-residential/follow-up/aftercare episodes of care	1,805	1,322	514	299	7,784	5,421	2,031	931	8,088	5,471	2,560	968	7,371	147	5,466

*Note:* Thirty of the 45 respondent Aboriginal and Torres Strait Islander substance use services provided valid data for the number of residential treatment/rehabilitation episodes of care. Thirteen services provided valid data for the number of sobering-up/residential respite episodes of care. Twenty-nine services provided valid data for the number of non-residential/follow-up/aftercare episodes of care.

*Source:* AIHW OSR data collection.

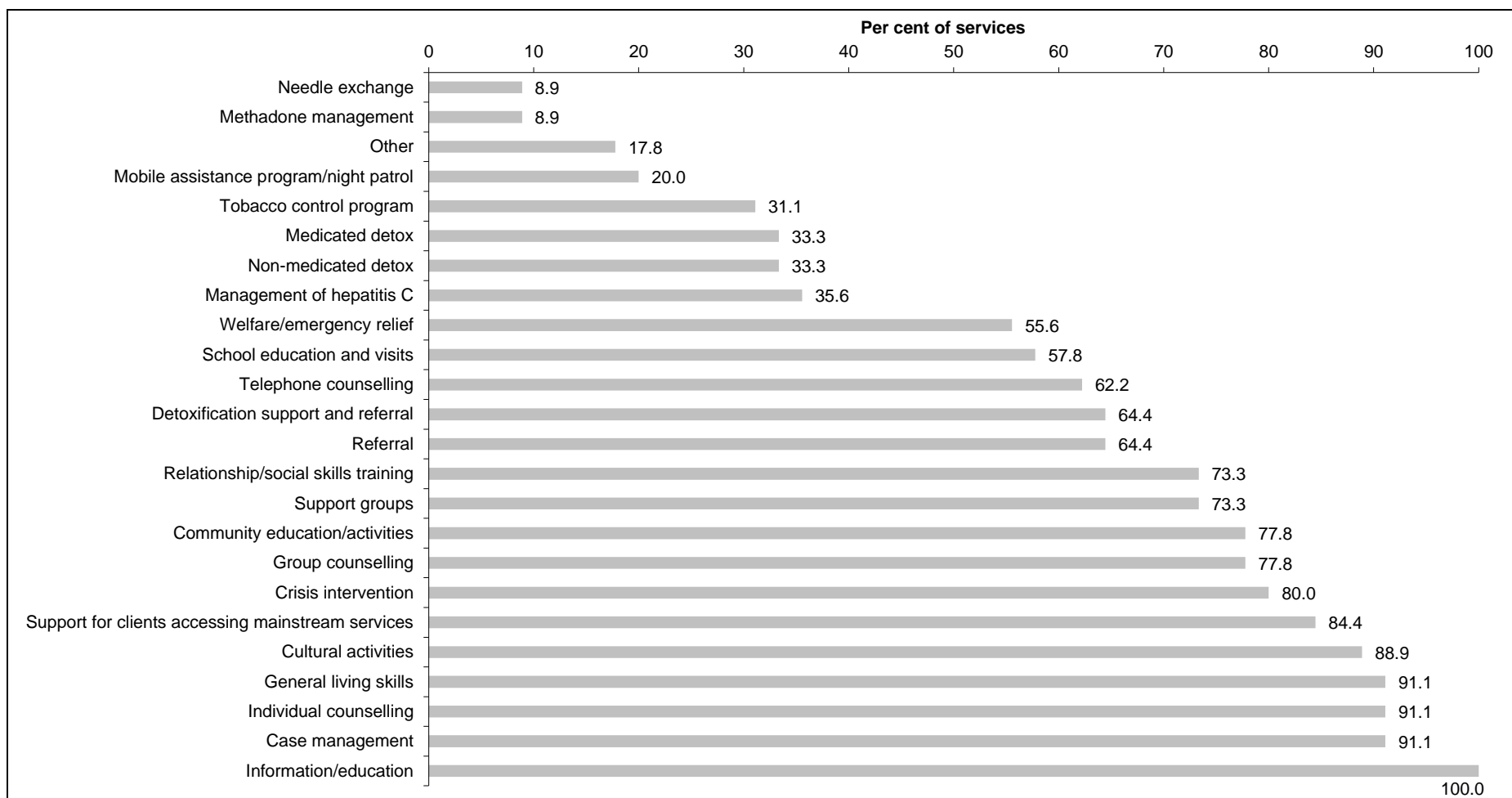
### **Programs/activities provided**

Aboriginal and Torres Strait Islander substance-use disorder specific services offer a range of programs and activities to support their communities. Information from the OSR on selected programs and activities provided is presented below.

#### *Programs and activities*

Figure 3.12.16 presents the proportion of services reported in the OSR data collection that provided selected programs and activities in 2008–09.

- In 2008–09, information/education was the most common type of program or activity provided by services (100%), followed by general living skills, individual counselling and case management (all 91%). The least common types of program or activity provided were needle exchange and methadone maintenance, which were both offered by 9% of services.



(a) All of the 45 respondent Aboriginal and Torres Strait Islander substance use services provided valid data about activities the service provided to address substance use disorders.

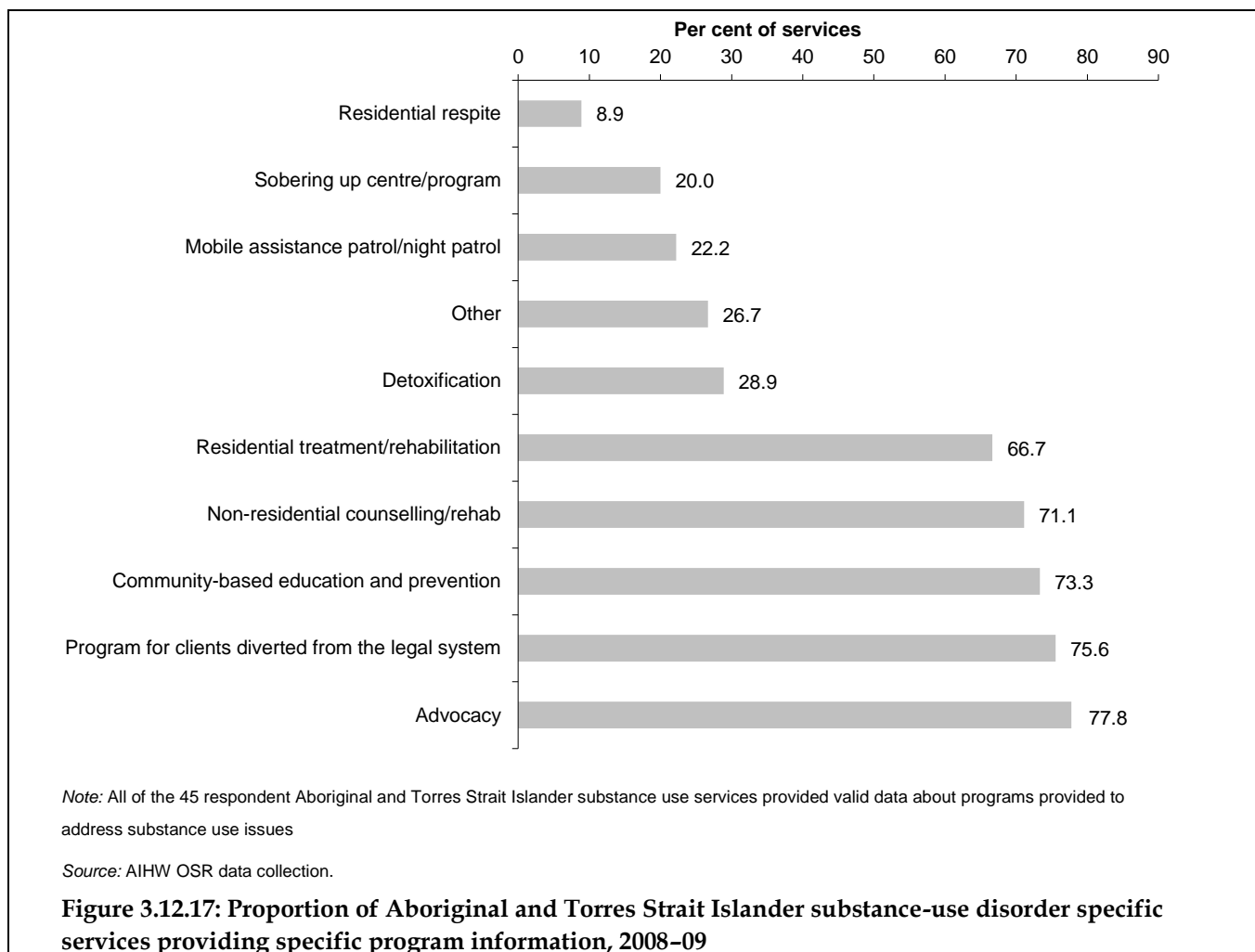
Source: AIHW OSR data collection.

**Figure 3.12.16: Proportion<sup>(a)</sup> of Aboriginal and Torres Strait Islander substance-use disorder specific services providing specific programs/activities, 2008-09**

## Program information

The OSR collection also collected information on program information delivered by Aboriginal and Torres Strait Islander substance-use disorder specific services.

- In 2008–09, the most common types of program information provided by Indigenous substance-use disorder specific services were advocacy (78%) and program information for clients diverted from the legal system (76%) (Figure 3.12.17).
- Information on mobile assistance patrols (22%), sobering up centres and programs (20%) and residential respite (9%) was the least likely to be provided.



## Expenditure on health services

- It should be noted that the definition of health expenditure has changed from the 2008 HPF report and now excludes high-care residential aged care expenditure, which is instead classified as welfare expenditure (AIHW 2009a). However, for the purposes of comparison information on high-care residential aged care is also presented.
- Expenditure on health and high-care residential aged care goods and services for Aboriginal and Torres Strait Islander people in 2006–07 was estimated at \$2,976 million (Table 3.12.39). About 59% of this was for two areas of expenditure – services provided to admitted patients in public hospitals (\$1,124 million) and community health services (\$620 million).

- On a per person basis, estimated expenditure on health and high care aged care for Aboriginal and Torres Strait Islander people averaged \$5,696, compared with \$4,557 for non-Indigenous people – a ratio of 1.25:1.
- Per person expenditure on community health services for Indigenous Australians was over six and a half times that for non-Indigenous Australians. The per person ratio of Indigenous to non-Indigenous expenditure was also much higher for both patient transport and public health. Conversely, per person expenditure on Indigenous high-care residential aged care was 41% of non-Indigenous per person expenditure, and 27% for aids and appliances. Expenditure on medications for Indigenous Australians was less than half that for non-Indigenous people.

**Table 3.12.39: Total expenditure on health and residential aged care for Indigenous and non-Indigenous people, by type of health good or service, current prices, 2006–07**

Health good or service type	Total expenditure (\$ million)			Expenditure per person (\$)		
	Indigenous	Non-Indigenous	Indigenous share (%)	Indigenous	Non-Indigenous	Ratio
Hospitals	1,483.1	33,687.6	4.2	2,838.3	1,654.6	1.72
Public hospital services <sup>(a)</sup>	1,450.9	26,565.3	5.2	2,776.6	1,304.8	2.13
Admitted patient services <sup>(b)</sup>	1,123.5	20,817.0	5.1	2,150.0	1,022.4	2.10
Non-admitted patient services	327.4	5,748.3	5.4	626.5	282.3	2.22
Private hospitals <sup>(c)</sup>	32.3	7,122.3	0.5	61.7	349.8	0.18
Patient transport	115.9	1,672.4	6.5	221.8	82.1	2.70
Medical services	220.8	16,544.5	1.3	422.6	812.6	0.52
Community health services	620.1	3,706.3	14.3	1,186.7	182.0	6.52
Other professional services	22.3	3,250.8	0.7	42.8	159.7	0.27
Dental services	72.9	7,676.2	1.3	139.5	278.8	0.50
Medications	129.4	12,481.0	1.0	247.5	613.0	0.40
Aids and appliances	21.0	3,004.6	0.7	40.3	147.6	0.27
Public health	110.9	1,700.2	6.1	212.2	83.5	2.54
Research	32.1	2,317.0	1.4	61.5	113.8	0.54
Health administration	75.7	2,294.0	3.2	144.8	112.7	1.29
Other health services (n.e.c.) <sup>(d)</sup>	5.5	141.9	3.7	10.5	7.0	1.51
<b>Total health</b>	<b>2,909.7</b>	<b>86,476.4</b>	<b>3.3</b>	<b>5,568.5</b>	<b>4,247.3</b>	<b>1.31</b>
High-care residential aged care	66.7	6,305.1	1.0	127.6	309.7	0.41
<b>Total health and high-care residential aged care</b>	<b>2,976.4</b>	<b>92,781.5</b>	<b>3.1</b>	<b>5,696.1</b>	<b>4,557.0</b>	<b>1.25</b>

(a) Excludes dental services, community health services, patient transport services, public health and health research undertaken by the hospital.

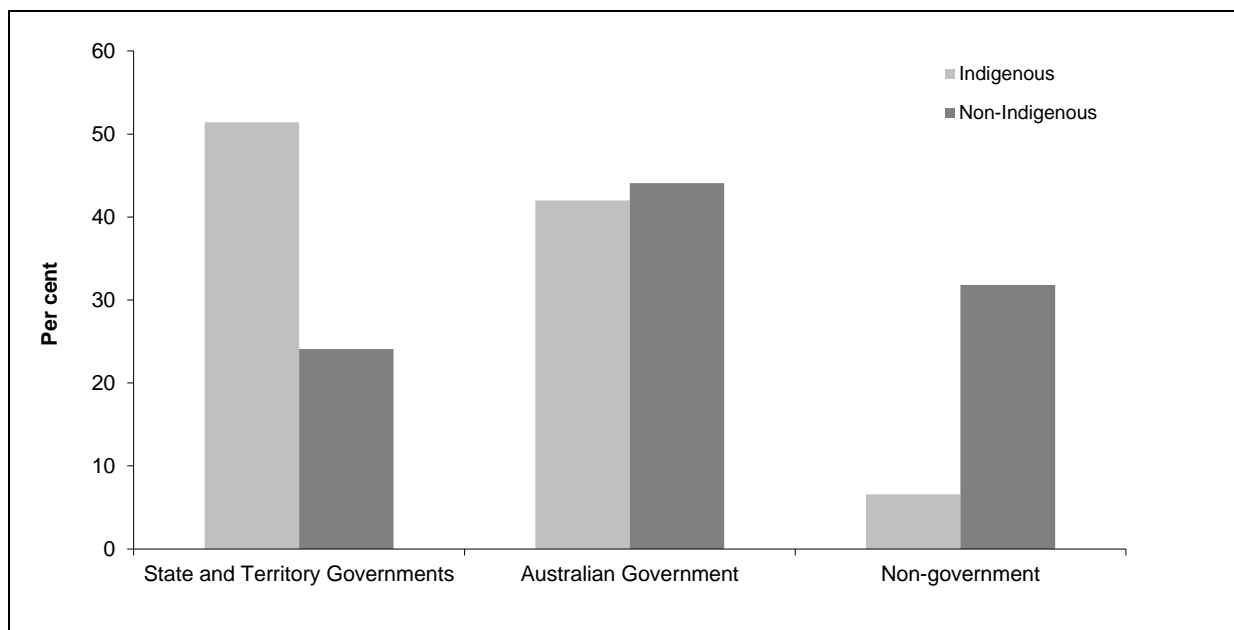
(b) Admitted patient expenditure estimates allow for Aboriginal and Torres Strait Islander under-identification, except for Tasmania.

(c) Includes state/territory government expenditure for services provided for public patients in private hospitals (\$249.5 million).

(d) Other health services (not elsewhere classified) include expenditure on health services such as family planning.

Source: AIHW 2009a (Health expenditure database).

- Governments provided an estimated 93% of the funding used to pay for Aboriginal and Torres Strait Islander health care during 2006–07 (Figure 3.12.18; Table 3.12.40).
- The share of funding provided by both the state and territory governments and the non-government sector for Indigenous Australians was quite different from their respective shares for non-Indigenous people. The states and territories provided over half (51%) of the funding for Indigenous people, compared with 24% for non-Indigenous Australians. Non-government sources, on the other hand, provided a much lower share (6.6%) of the funding for services for Indigenous people than for non-Indigenous people (32%). The Australian Government's funding was similar for both groups – 42% for Indigenous Australians and 44% for non-Indigenous people.
- The share of the three main funding sources of Indigenous health services expenditure has varied little from 1995–96 to 2004–05 (Figure 3.12.19).



Source: AIHW 2009a.

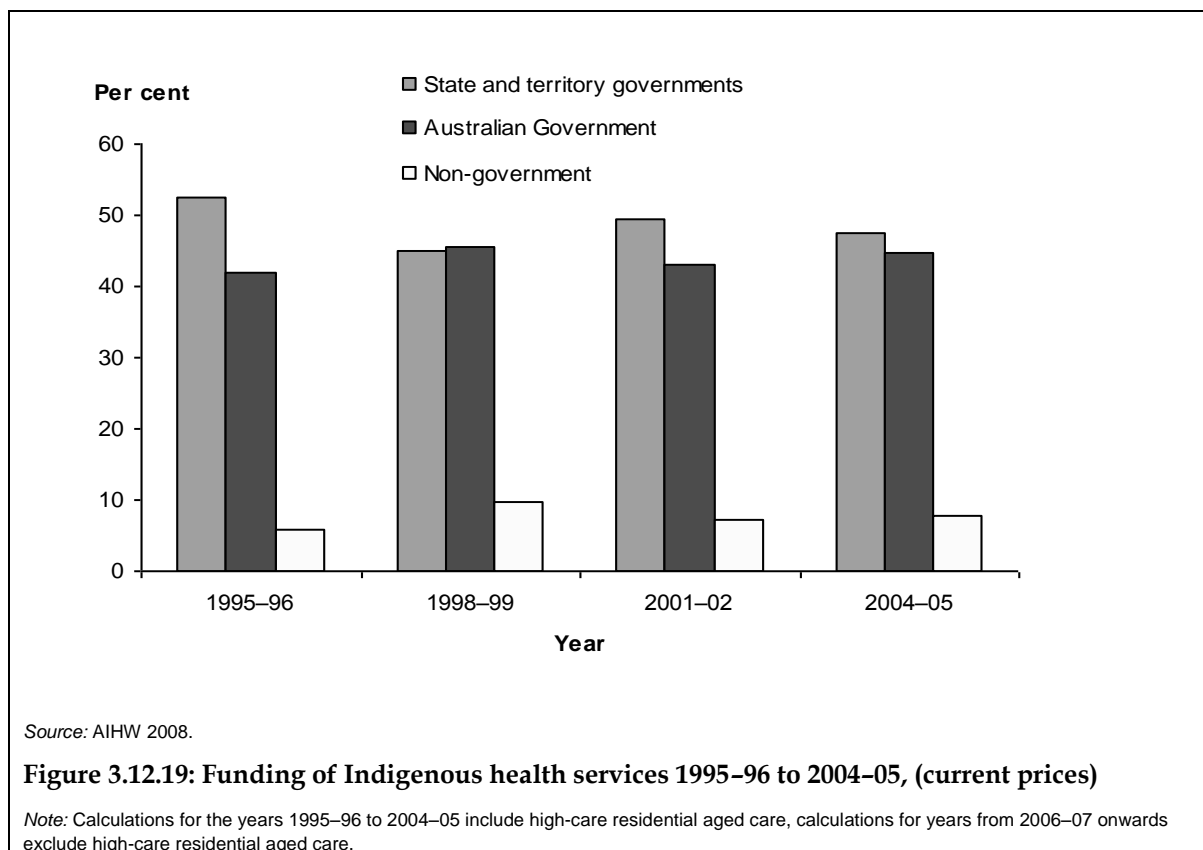
**Figure 3.12.18: Funding of expenditure on health for Indigenous and non-Indigenous people, by broad source of funds, 2006-07**

**Table 3.12.40: Funding of expenditure on health for Indigenous and non-Indigenous people, by broad source of funds, 2006-07**

	Indigenous	Non-Indigenous
State and territory governments	51.4	24.1
Australian Government	42.0	44.1
Non-government	6.6	31.8

Source: AIHW 2009a.





## **Additional information**

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

### **Transport**

Although distance to various health services provides one measure of access, lack of transport can often mean that comparatively short distances are an impediment to service use. Data are available from the 2006 Census and the 2008 NATSISS on access to motor vehicles and difficulties with transport.

- In 2008, households with Indigenous persons were less likely than non-Indigenous households to have at least one motor vehicle. Approximately 78% of Indigenous and 86% of non-Indigenous households had at least one motor vehicle.
- In 2008, Indigenous Australians in every state and territory, apart from Tasmania, were less likely to report having access to a motor vehicle(s) than other Australians. The Northern Territory had the lowest proportion of Indigenous households with access to at least one motor vehicle (68%) and Tasmania had the highest proportion (89%) (see Table 2.16.7).
- In 2008, around 11% of Indigenous Australians reported that they could not get, or often had difficulty getting, to places needed, compared with only 4.2% of other Australians (Table 3.12.41).

**Table 3.12.41: Transport access for persons aged 18 years and over, by Indigenous status, 2008**

	Indigenous			Non-Indigenous		
	Remote	Non-remote	Total	Remote	Non-remote	Total
<b>Per cent</b>						
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
<b>Total number<sup>(a)</sup></b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>..</b>	<b>100.0</b>	<b>100.0</b>
<b>Number</b>						
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
<b>Total number<sup>(a)</sup></b>	<b>75,149</b>	<b>215,788</b>	<b>290,937</b>	<b>..</b>	<b>14,979,759</b>	<b>15,192,945</b>

\* Difference between rates for Indigenous and non-Indigenous persons are statistically significant for these categories.

(a) Total includes those who never go out/housebound

Sources: 2008 NATSISS and 2006 GSS

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

For more information on transport see Indicator 2.16 – Transport.

### **Affordability**

Data on the financial stress of Indigenous Australians were collected in the 2008 NATSISS.

- In 2008, about half (46%) of all Indigenous persons aged 15 years and over reported they were living in households in which they could not raise \$2,000 within a week in a time of crisis.
- Indigenous Australians living in remote areas of Australia were more likely to have financial difficulties, with 51% unable to raise \$2,000 compared with 31% in non-remote areas.

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

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

Medical services subsidised under Medicare can attract copayments if they are not bulk-billed. In the June quarter 2010, 74% of medical services were bulk-billed (DoHA 2010). Patients who are not bulk billed are usually required to pay the full fee at the time of service and can then seek a refund from Medicare. This, however, means that they must first be able to pay for the service. This difficulty is further exacerbated by the fact that some practitioners charge fees above the Medicare Benefits Schedule fee, requiring larger gap payments, which are generally borne by the patients. Medicare benefits are payable for services provided by Aboriginal Community Controlled Health Services and patients of these services are bulk billed.

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

## Cultural barriers

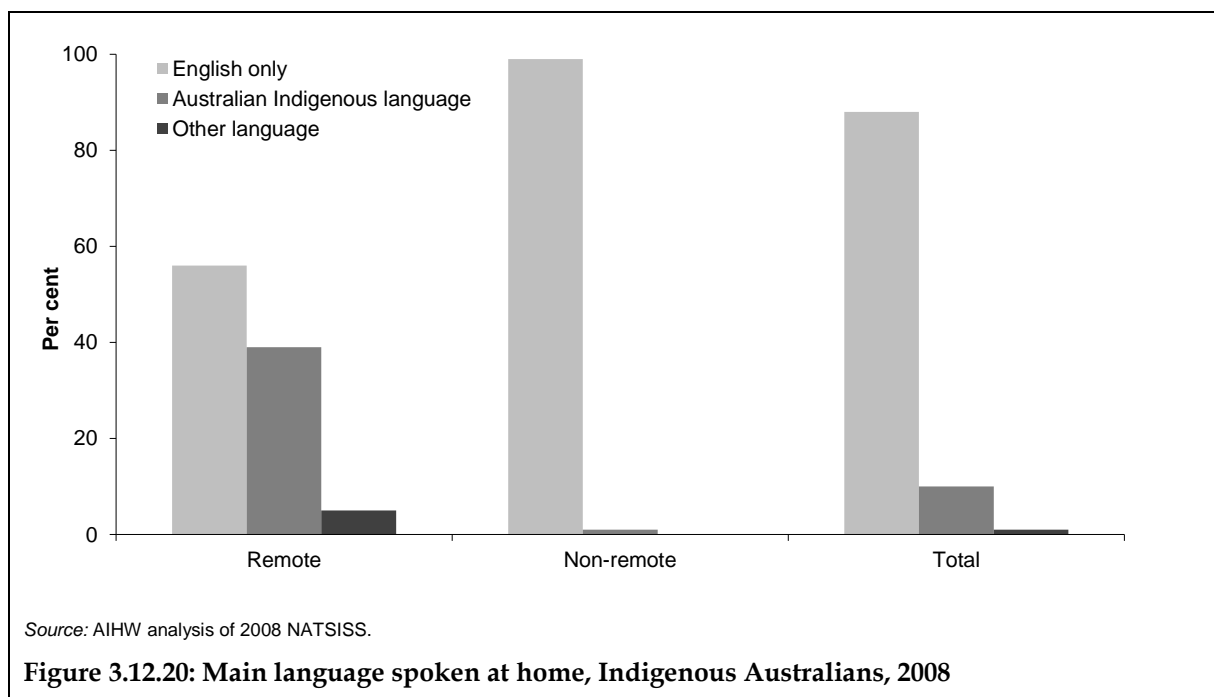
Measurement of the accessibility of health services involves factors other than the distance people must travel and the financial costs incurred (Ivers et al. 1997). Many Indigenous persons or communities do not have adequate access to either culturally appropriate services or to other suitable arrangements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

Information on language and other cultural barriers comes from the 2002 and 2008 NATSISS.

### Language

- In 2008, about 12% of Indigenous people reported that they spoke a language other than English at home. This figure includes 10.4% who said they spoke an Indigenous language at home and 1.4% who said they spoke another language. Indigenous persons living in remote areas of Australia were much more likely to report speaking an Australian Indigenous language at home (38.8%) than those living in non-remote areas (1.2%) (Figure 3.12.20; Table 3.12.42).

Not being able to speak, read and write English proficiently can mean that some Indigenous Australians find it difficult to approach services such as health and welfare services. They may therefore miss out on important information and entitlements and may have difficulty reading and completing forms (House of Representatives Standing Committee on Aboriginal and Torres Strait Islander Affairs 1993).



**Table 3.12.42: Main language spoken at home, Indigenous Australians<sup>(a)</sup>, 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 <sup>(b)</sup>	100.0	100.0	100.0
Total number <sup>(b)</sup>	117,936	36,2536	480,472

(a) Persons aged three years and over

(b) Excludes those not currently speaking

Source: Analysis of 2008 NATSISS.

### Communicating with service providers

The 2008 NATSISS collected information on whether Indigenous Australians had difficulty communicating with English speakers.

- Approximately 17% of males and females aged 15 years and over who speak an Indigenous language reported that they had difficulty understanding English speakers, being understood by English speakers or both (Table 3.12.43).
- Indigenous persons living in remote areas were more likely to report experiencing difficulty (18%) than those in non-remote areas of Australia (6%) (Table 3.12.43).
- 83% of people in non-remote areas whose main language was an Indigenous language could also speak English. In remote areas, 66% could also speak English.

**Table 3.12.43: Difficulty communicating with English speakers, Indigenous persons aged 15 years 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
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

Note: Proportions exclude 'not applicable' responses.

Source: AIHW analyses of 2008 NATSISS

### Discrimination

The 2008 NATSISS collected information about feelings of discrimination experienced by Indigenous people when contacting service providers and in other situations. In total, 73% of Indigenous people did not feel they had been discriminated against in the 12 months preceding the survey (Table 3.12.44).

- Indigenous people were most likely to report feelings of discrimination when in contact with 'members of the public' and when in contact with 'police, security people and lawyers or while in a court of law' (both 11%) (Table 3.12.44).
- Apart from other situations (0.4%), feelings of discrimination were least likely to be reported by Indigenous people while participating in sporting, recreational or leisure activities (3.0%) and while at school, university, a training course or another educational setting (4.0%).

**Table 3.12.44: Situations or places felt discriminated against, Indigenous persons aged 15 years and over, 2008**

Situations or places felt discriminated against	No	Per cent
Applying for work or when at work	26,351	8.1
At home, by neighbours or at someone else's home	16,351	5.0
At school, university, training course or other educational setting	12,061	3.7
While doing any sporting, recreational or leisure activities	9,837	3.0
By the police, security people, lawyers or in a court of law	35,739	10.9
By doctors, nurses or other staff at hospitals / surgeries	13,102	4.0
By staff of government agencies	17,156	5.2
When seeking any other services	12,650	3.9
By members of the public	36,766	11.2
Other situation	1,157	0.4
<i>Total felt discriminated against in last 12 months<sup>(a)</sup></i>	<i>89,289</i>	<i>27.3</i>
<i>Total did not feel discriminated against in last 12 months</i>	<i>237,812</i>	<i>72.7</i>
<b>Total</b>	<b>327,101</b>	<b>100.0</b>

(a) Sum of components may exceed total because persons may have reported more than one situation or place.

Source: AIHW analyses of 2008 NATSISS.

## Telephone and Internet use

Access to a working telephone in the home is often considered a necessity in cases of emergency so that health services, such as hospitals, ambulances and doctors, can be contacted quickly. People without a working telephone in the home are less equipped to seek medical help when required. Internet access is becoming an increasingly important vector of communication, and a means of transacting with government and non-government agencies, as well as being a source of information and opinion.

The 2008 NATSISS collected information on whether Indigenous Australians had access to the internet in their household, as well as data on the types of telephones used by household members in the past month.

- In 2008, 98% of households had a member who had used a telephone in the last month. The most common types of telephone used in the past month were pre-paid mobile phones and landlines in the home (68% and 67%), followed by contract mobiles (39%). Landlines in neighbours houses and other phones were the least likely to have been used (6.1% and 1.3%).
- That same year, 62% of households had at least one computer in working order. Of those households with a working computer, 77% also had an internet connection.

## **Additional MBS Analysis**

### **MBS services claimed**

- During 2009-10 a similar rates of service claims were made by Indigenous (13,220 per 1,000 people) and non-Indigenous (13,358 per 1,000) Australians. The largest number of claims for both Indigenous and non-Indigenous Australians were made for non-referred GP (6,059 and 5,402 per 1,000 population respectively) (Table 3.12.45a).
- In 2009-10 there was a 8.9% difference between fees charged and benefits paid for all MBS services claimed among Indigenous Australians. This compares to a 21% difference between all fees charged and benefits paid by non-Indigenous Australians for all MBS services claimed (Table 3.12.45b).
- The largest difference between fees charged and benefits paid, during the same period, for both Indigenous and non-Indigenous Australians was for other MBS items (equal to a 23% and 38% difference respectively). This was followed by specialist's claims where the difference between fees charged and benefits paid was 20% for Indigenous Australians and 31% for non-Indigenous Australians (Table 3.12.45b).



**Table 3.12.45a: MBS services by selected categories claimed, by Indigenous status, Australia, 2009–10**

MBS Services Claimed	No. of Services		Age standardised services per 1,000 Population		Rate difference
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	
<b>Non-Referred GP</b>	<b>2,738,411</b>	<b>121,002,775</b>	<b>6,059.38</b>	<b>5,401.63</b>	<b>657.75</b>
A Level	66,961	3,311,943	163.69	146.28	17.41
B Level	1,787,808	87,392,850	3,861.03	3,911.58	-50.55
C Level	276,484	10,022,494	701.47	441.65	259.82
D Level	36,170	949,241	96.08	41.86	54.22
Indigenous Health Check	47,162	..	92.71	..	..
4 yr Health Chk**	682	19,911	—	—	—
Other Health Assessment	2,441	492,578	10.68	21.15	-10.47
GPMP	23,927	1,088,272	75.63	46.74	28.89
TCA	18,680	867,164	59.67	37.24	22.43
Other	200,566	9,463,766	420.84	428.87	-8.03
Practice Nurse/AHW	277,530	7,394,556	577.58	326.26	251.32
<b>Allied Health</b>	<b>145,567</b>	<b>10,166,257</b>	<b>404.02</b>	<b>447.47</b>	<b>-43.45</b>
Allied Health	25,961	2,628,937	91.42	113.05	-21.63
Allied Health AHW	640	..	1.53	..	..
Dental	77,343	4,622,571	230.20	199.24	30.96
Psychologist	41,623	2,914,749	80.87	135.18	-54.31
<b>Specialist</b>	<b>201,118</b>	<b>21,534,930</b>	<b>561.96</b>	<b>939.43</b>	<b>-377.47</b>
<i>Specialist In</i>	<i>16,046</i>	<i>3,597,363</i>	<i>61.14</i>	<i>153.54</i>	<i>-92.40</i>
<i>Specialist Out</i>	<i>185,072</i>	<i>17,937,567</i>	<i>500.82</i>	<i>785.89</i>	<i>-285.07</i>
Specialist consult (A3)	83,650	9,906,079	248.29	431.65	-183.36
Spec Con In	2,822	538,745	n.a.	n.a.	n.a.
Spec Con Out	80,828	9,367,334	n.a.	n.a.	n.a.
<i>Consult Physician</i>	<i>93,453</i>	<i>9,278,076</i>	<i>257.06</i>	<i>402.30</i>	<i>-145.24</i>
Con Phys In	10,617	2,726,336	n.a.	n.a.	n.a.
Con Phys Out	82,836	6,551,740	n.a.	n.a.	n.a.
<i>Psychiatrist</i>	<i>18,780</i>	<i>1,939,941</i>	<i>44.62</i>	<i>87.38</i>	<i>-42.76</i>
Psyc In	2,482	295,667	n.a.	n.a.	n.a.
Psyc Out	16,299	1,644,273	n.a.	n.a.	n.a.
<i>Other Specialist</i>	<i>5,234</i>	<i>410,835</i>	<i>11.99</i>	<i>18.10</i>	<i>-6.11</i>
Other Spec In	125	36,615	n.a.	n.a.	n.a.
Other Spec Out	5,109	374,220	n.a.	n.a.	n.a.

(continued)

**Table 3.12.45a (continued): MBS services by selected categories claimed, by Indigenous status, Australia, 2009–10**

MBS Services Claimed	No. of Services		Age standardised services per 1,000 Population		Rate difference
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	
<b>Pathology</b>	<b>1,757,572</b>	<b>101,960,543</b>	<b>4,667.43</b>	<b>4,449.46</b>	<b>217.97</b>
Path In	41,124	10,133,355	163.80	431.47	-267.67
Path Out	1,716,448	91,827,188	4,503.63	4,017.99	485.64
<b>Misc Diagnostics</b>	<b>58,287</b>	<b>4,980,013</b>	<b>187.03</b>	<b>214.21</b>	<b>-27.18</b>
Misc Diag In	1,804	411,597	8.06	17.25	-9.19
Misc Diag Out	56,483	4,568,416	178.97	196.96	-17.99
<b>Imaging</b>	<b>265,866</b>	<b>17,887,280</b>	<b>674.77</b>	<b>789.03</b>	<b>-114.26</b>
Imag In	5,797	1,295,098	25.20	54.82	-29.62
Imag Out	260,068	16,592,183	649.57	734.21	-84.64
<b>Other MBS items</b>	<b>249,612</b>	<b>25,452,685</b>	<b>665.37</b>	<b>1,116.82</b>	<b>-451.45</b>
Other MBS In	45,317	8,939,595	141.46	388.07	-246.61
Other MBs Out	204,295	16,513,090	523.91	728.75	-204.84
<b>Total</b>	<b>5,416,433</b>	<b>302,984,483</b>	<b>13,219.96</b>	<b>13,358.05</b>	<b>-138.09</b>

\* Indigenous rates should be interpreted with caution due to small population numbers in some jurisdictions. This also impacts on comparisons between jurisdictions and over time. Medicare data presented by Indigenous status have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database. The methodology for this adjustment was developed and verified by the AIHW and the Department of Health and Ageing for assessment of MBS and PBS service use and expenditure for Indigenous Australians (For an explanation of the methodology, see *Expenditure on health for Aboriginal and Torres Strait Islander people 2006-07*).

\*\* Category F: 4 yr Health Chk does not have a population to do calculations with as no 4-5 year old population available

Note: Rates are age standardised to Australian population as at 30 June 2001

Source: Medicare Financing & Analysis Branch, Department of Health & Ageing.

Table 3.12.45b: MBS services by selected categories claimed, fees charged and benefits paid, by Indigenous status, Australia, 2009–10

MBS Services Claimed	Indigenous			Non-Indigenous		
	Fees charged	Benefits paid	Per cent difference	Fees charged	Benefits paid	Per cent difference
<b>Non-Referred GP</b>	<b>118,559,723</b>	<b>114,463,286</b>	<b>3.5</b>	<b>5,397,918,259</b>	<b>4,831,489,517</b>	<b>10.5</b>
A Level	1,076,189	1,049,334	2.5	55,891,416	52,652,084	5.8
B Level	63,103,879	59,772,003	5.3	3,436,441,760	2,989,109,020	13
C Level	17,905,403	17,567,472	1.9	706,365,799	645,637,780	8.6
D Level	3,430,428	3,363,905	1.9	105,344,815	89,234,898	15.3
Indigenous Health Check	9,192,665	9,192,199	0	..	..	..
4 yr Health Chk**	35,586	35,586	0	1,098,385	1,092,914	0.5
Other Health Assessment	373,105	372,630	0.1	92,035,021	91,914,898	0.1
GPMP	3,174,063	3,172,948	0	144,564,354	144,345,335	0.2
TCA	1,963,087	1,962,575	0	91,215,520	91,131,505	0.1
Other	14,812,724	14,490,640	2.2	678,379,536	640,887,326	5.5
Practice Nurse/AHW	3,373,264	3,364,409	0.3	86,700,984	85,603,342	1.3
<b>Allied Health</b>	<b>15,418,924</b>	<b>14,661,435</b>	<b>4.9</b>	<b>1,143,383,460</b>	<b>1,047,872,937</b>	<b>8.4</b>
Allied Health	1,468,657	1,351,119	8	148,250,087	135,619,211	8.5
Allied Health AHW	31,906	31,906	0	..	..	..
Dental	9,611,977	9,446,124	1.7	650,667,255	630,478,408	3.1
Psychologist	4,306,384	3,832,287	11	344,466,117	281,775,319	18.2
<b>Specialist</b>	<b>19,867,024</b>	<b>15,833,432</b>	<b>20.3</b>	<b>2,237,147,536</b>	<b>1,546,071,005</b>	<b>30.9</b>
Specialist consult (A3)	6,616,450	4,444,264	32.8	871,005,824	511,646,319	41.3
Spec Con In	189,506	112,188	40.8	36,775,836	20,812,902	43.4
Spec Con Out	6,426,944	4,332,076	32.6	834,229,988	490,833,416	41.2

(continued)

Table 3.12.45b (continued): MBS services by selected categories claimed, fees charged and benefits paid, by Indigenous status, Australia, 2009–10

MBS Services Claimed	Indigenous			Non-Indigenous		
	Fees charged	Benefits paid	Per cent difference	Fees charged	Benefits paid	Per cent difference
Consult Physician	9,969,463	8,625,858	13.5	997,998,236	744,350,130	25.4
Con Phys In	1,092,330	673,058	38.4	275,450,102	169,020,000	38.6
Con Phys Out	8,877,133	7,952,800	10.4	722,548,134	575,330,130	20.4
Psychiatrist	2,782,408	2,389,388	14.1	312,012,827	255,268,559	18.2
Psyc In	337,081	219,632	34.8	39,687,040	25,828,060	34.9
Psch Out	2,445,327	2,169,757	11.3	272,325,788	229,440,500	15.7
Other Specialist	498,704	373,922	25	56,130,649	34,805,998	38
Other Spec In	15,350	8,152	46.9	3,889,089	2,088,021	46.3
Other Spec Out	483,354	365,770	24.3	52,241,561	32,717,977	37.4
<b>Pathology</b>	<b>34,185,288</b>	<b>33,348,073</b>	<b>2.4</b>	<b>2,184,854,521</b>	<b>1,979,340,542</b>	<b>9.4</b>
Path In	1,431,623	875,083	38.9	348,784,162	216,670,807	37.9
Path Out	32,753,665	32,472,989	0.9	1,836,070,359	1,762,669,735	4
<b>Misc Diagnostics</b>	<b>3,962,733</b>	<b>3,566,517</b>	<b>10</b>	<b>404,531,117</b>	<b>332,496,076</b>	<b>17.8</b>
Misc Diag In	268,212	180,331	32.8	50,075,424	31,572,152	37
Misc Diag Out	3,694,521	3,386,186	8.3	354,455,694	300,923,923	15.1
<b>Imaging</b>	<b>29,819,885</b>	<b>27,290,712</b>	<b>8.5</b>	<b>2,520,452,391</b>	<b>2,123,389,959</b>	<b>15.8</b>
Imag In	1,105,202	671,252	39.3	251,164,635	155,193,334	38.2
Imag Out	28,714,683	26,619,460	7.3	2,269,287,757	1,968,196,626	13.3
<b>Other MBS items</b>	<b>50,169,423</b>	<b>38,706,712</b>	<b>22.8</b>	<b>5,462,030,094</b>	<b>3,368,610,326</b>	<b>38.3</b>
Other MBS In	16,791,324	7,321,538	56.4	3,186,414,102	1,410,315,325	55.7
Other MBs Out	33,378,098	31,385,174	6	2,275,615,993	1,958,295,001	13.9
<b>Total</b>	<b>271,863,669</b>	<b>247,750,580</b>	<b>8.9</b>	<b>19,350,436,710</b>	<b>15,229,389,947</b>	<b>21.3</b>

Source: Medicare Financing & Analysis Branch, Department of Health & Ageing.

### **MBS services by age**

- During 2009-10 for all MBS services claimed the greatest number of claims among Indigenous Australians was for those 55 years and over (age-standardised rate of 24,436 per 1,000 population). This was the equivalent of 56.2 million in fees charged and 49.6 million in benefits paid (Table 3.12.46b).
- Further, during the same period among non-Indigenous Australians, the greatest number of MBS claims were also made among those 55 years and over (age standardised rate of 26,933 per 1,000 population). This was equivalent to 9.404 million in fees charged and 7,476 million in benefits paid (Table 3.12.46b).
- Within the age ranges of 15-24 and 25-54 Indigenous Australians made a greater number of MBS claims than non-Indigenous Australians, however in age groups outside of this, 0-14 years and 55 years and over, a higher number of non-Indigenous claims were made than Indigenous (Table 3.12.46b).

Table 3.12.46a: MBS services by selected categories claimed, by Indigenous status and age group, 2009–10

MBS Services Claimed	0–14		15–24		25–54		55 and over		Total	
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous
<b>Non-Referral GP</b>	<b>743,233</b>	<b>16,690,706</b>	<b>441,897</b>	<b>10,585,791</b>	<b>1,150,106</b>	<b>43,429,708</b>	<b>403,174</b>	<b>50,296,568</b>	<b>2,738,410</b>	<b>121,002,776</b>
<b>Allied Health</b>	<b>16,414</b>	<b>594,948</b>	<b>16,451</b>	<b>751,146</b>	<b>76,370</b>	<b>3,637,440</b>	<b>36,331</b>	<b>5,182,724</b>	<b>145,567</b>	<b>10,166,257</b>
<b>Specialist</b>	<b>48,669</b>	<b>1,730,102</b>	<b>18,796</b>	<b>1,068,687</b>	<b>77,384</b>	<b>6,654,355</b>	<b>56,270</b>	<b>12,081,784</b>	<b>201,119</b>	<b>21,534,929</b>
Specialist – In	1,827	206,684	920	94,437	5,575	685,567	7,723	2,610,676	16,046	3,597,363
Specialist - Out	46,842	1,523,418	17,876	974,250	71,809	5,968,788	48,547	9,471,108	185,073	17,937,566
<b>Pathology</b>	<b>142,433</b>	<b>3,221,854</b>	<b>343,578</b>	<b>6,531,560</b>	<b>896,852</b>	<b>37,976,358</b>	<b>374,709</b>	<b>54,230,771</b>	<b>1,757,572</b>	<b>101,960,543</b>
Pathology - In	2,476	360,608	2,727	256,332	16,812	2,157,116	19,109	7,359,299	41,124	10,133,355
Pathology - Out	139,957	2,861,246	340,851	6,275,228	880,040	35,819,242	355,600	46,871,472	1,716,448	91,827,188
<b>Misc Diagnostics</b>	<b>8,323</b>	<b>349,013</b>	<b>4,436</b>	<b>158,012</b>	<b>25,662</b>	<b>1,228,772</b>	<b>19,866</b>	<b>3,244,216</b>	<b>58,287</b>	<b>4,980,013</b>
Misc Diagnostics - In	53	6,307	19	4,622	715	67,425	1,018	333,242	1,804	411,597
Misc Diagnostics - Out	8,270	342,706	4,417	153,390	24,947	1,161,347	18,848	2,910,974	56,483	4,568,416
<b>Imaging</b>	<b>32,487</b>	<b>1,113,544</b>	<b>52,384</b>	<b>1,368,859</b>	<b>127,199</b>	<b>6,969,401</b>	<b>53,795</b>	<b>8,435,477</b>	<b>265,865</b>	<b>17,887,281</b>
Imaging - In	272	46,506	367	32,080	1,783	235,653	3,375	980,859	5,797	1,295,098
Imaging - Out	32,215	1,067,038	52,017	1,336,779	125,416	6,733,748	50,420	7,454,618	260,068	16,592,183
<b>Other MBS</b>	<b>30,493</b>	<b>1,280,547</b>	<b>44,925</b>	<b>1,528,962</b>	<b>114,848</b>	<b>9,762,479</b>	<b>59,347</b>	<b>12,880,696</b>	<b>249,612</b>	<b>25,452,685</b>
Other MBS - In	3,506	384,431	5,382	452,772	21,240	3,078,584	15,189	5,023,808	45,317	8,939,595
Other MBS - Out	26,987	896,116	39,543	1,076,190	93,608	6,683,895	44,158	7,856,888	204,295	16,513,090
<b>Total</b>	<b>1,022,052</b>	<b>24,980,714</b>	<b>922,468</b>	<b>21,993,016</b>	<b>2,468,420</b>	<b>109,658,514</b>	<b>1,003,491</b>	<b>146,352,237</b>	<b>5,416,431</b>	<b>302,984,485</b>

\* Indigenous rates should be interpreted with caution due to small population numbers in some jurisdictions. This also impacts on comparisons between jurisdictions and over time. Medicare data presented by Indigenous status have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database. The methodology for this adjustment was developed and verified by the AIHW and the Department of Health and Ageing for assessment of MBS and PBS service use and expenditure for Indigenous Australians (For an explanation of the methodology, see *Expenditure on health for Aboriginal and Torres Strait Islander people 2006-07*).

Source: Medicare Financing & Analysis Branch, Department of Health & Ageing.

**Table 3.12.46b: MBS services by selected categories claimed, by Indigenous status and age group, age- standardised per 1,000 population, 2009–10**

MBS Services Claimed	0–14		15–24		25–54		55 and over		Total	
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous
<b>Non-Referred GP</b>	<b>3,522.5</b>	<b>4,059.1</b>	<b>4,230.4</b>	<b>3,432.2</b>	<b>5,991.6</b>	<b>4,707.7</b>	<b>9,706.6</b>	<b>9,269.7</b>	<b>6,060.0</b>	<b>5,402.6</b>
<b>Allied Health</b>	<b>79.5</b>	<b>151.3</b>	<b>156.8</b>	<b>249.6</b>	<b>416.6</b>	<b>394.0</b>	<b>836.2</b>	<b>953.9</b>	<b>404.0</b>	<b>447.5</b>
<b>Specialist</b>	<b>230.7</b>	<b>420.0</b>	<b>179.8</b>	<b>348.4</b>	<b>413.1</b>	<b>721.3</b>	<b>1,406.2</b>	<b>2,227.5</b>	<b>562.0</b>	<b>939.4</b>
Specialist – In	8.6	48.4	8.7	30.6	30.5	74.1	204.0	486.7	61.1	153.5
Specialist - Out	222.1	371.6	171.1	317.9	382.6	647.2	1,202.2	1,740.8	500.8	785.9
<b>Pathology</b>	<b>683.2</b>	<b>792.4</b>	<b>3,283.6</b>	<b>2,106.3</b>	<b>4,666.7</b>	<b>4,121.0</b>	<b>9,253.6</b>	<b>9,980.2</b>	<b>4,667.4</b>	<b>4,449.5</b>
Pathology - In	11.7	85.7	25.6	83.1	89.1	233.7	540.9	1,365.7	163.8	431.5
Pathology - Out	671.5	706.6	3,257.9	2,023.3	4,577.7	3,887.4	8,712.7	8,614.5	4,503.6	4,018.0
<b>Misc Diagnostics</b>	<b>39.8</b>	<b>85.9</b>	<b>42.9</b>	<b>51.4</b>	<b>146.4</b>	<b>132.4</b>	<b>495.3</b>	<b>598.5</b>	<b>187.0</b>	<b>214.2</b>
Misc Diagnostics - In	0.3	1.5	0.2	1.5	4.1	7.3	28.1	61.7	8.1	17.3
Misc Diagnostics - Out	39.5	84.4	42.7	50.0	142.3	125.2	467.2	536.8	179.0	197.0
<b>Imaging</b>	<b>157.2</b>	<b>278.3</b>	<b>498.9</b>	<b>445.5</b>	<b>663.0</b>	<b>755.8</b>	<b>1,291.4</b>	<b>1,546.3</b>	<b>674.8</b>	<b>789.0</b>
Imaging - In	1.3	11.1	3.4	10.4	10.1	25.4	91.2	181.9	25.2	54.8
Imaging - Out	155.9	267.2	495.6	435.0	652.9	730.4	1,200.2	1,364.4	649.6	734.2
<b>Other MBS</b>	<b>146.5</b>	<b>321.6</b>	<b>429.7</b>	<b>495.1</b>	<b>590.0</b>	<b>1,061.5</b>	<b>1,447.3</b>	<b>2,357.1</b>	<b>665.4</b>	<b>1,116.8</b>
Other MBS - In	16.6	93.9	52.0	146.6	108.8	334.7	379.0	919.6	141.5	388.1
Other MBS - Out	129.8	227.6	377.8	348.5	481.2	726.8	1,068.3	1,437.5	523.9	728.8
<b>Total</b>	<b>4,859.3</b>	<b>6,108.7</b>	<b>8,822.0</b>	<b>7,128.4</b>	<b>12,887.3</b>	<b>11,893.9</b>	<b>24,436.6</b>	<b>26,933.2</b>	<b>13,220.6</b>	<b>13,359.0</b>

\* Indigenous rates should be interpreted with caution due to small population numbers in some jurisdictions. This also impacts on comparisons between jurisdictions and over time. Medicare data presented by Indigenous status have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database. The methodology for this adjustment was developed and verified by the AIHW and the Department of Health and Ageing for assessment of MBS and PBS service use and expenditure for Indigenous Australians (For an explanation of the methodology, see *Expenditure on health for Aboriginal and Torres Strait Islander people 2006-07*).

Note: Rates are age standardised to Australian population as at 30 June 2001.

Source: Medicare Financing & Analysis Branch, Department of Health & Ageing.

Table 3.12.46c: MBS services by selected categories claimed, by Indigenous status and age group, fees charged (\$ million), 2009–10

MBS Services Claimed	0–14		15–24		25–54		55 and over		Total	
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous
<b>Non-Referred GP</b>	<b>28.7</b>	<b>639.3</b>	<b>18.7</b>	<b>459.5</b>	<b>52.2</b>	<b>2,037.4</b>	<b>18.8</b>	<b>2,261.8</b>	<b>118.4</b>	<b>5,398.0</b>
<b>Allied Health</b>	<b>1.8</b>	<b>73.0</b>	<b>1.8</b>	<b>94.4</b>	<b>7.9</b>	<b>412.3</b>	<b>3.9</b>	<b>563.7</b>	<b>15.4</b>	<b>1,143.4</b>
<b>Specialist</b>	<b>5.0</b>	<b>203.7</b>	<b>1.9</b>	<b>125.7</b>	<b>7.8</b>	<b>764.0</b>	<b>5.2</b>	<b>1,143.7</b>	<b>19.9</b>	<b>2,237.1</b>
Specialist – In	0.2	19.5	0.1	10.2	0.6	71.5	0.8	254.6	1.6	355.8
Specialist - Out	4.8	184.2	1.8	115.4	7.2	692.6	4.4	889.1	18.2	1,881.3
<b>Pathology</b>	<b>2.8</b>	<b>68.7</b>	<b>6.9</b>	<b>141.3</b>	<b>17.7</b>	<b>872.5</b>	<b>6.8</b>	<b>1,102.3</b>	<b>34.2</b>	<b>2,184.9</b>
Pathology - In	0.1	9.5	0.1	9.7	0.6	93.9	0.7	235.6	1.4	348.8
Pathology - Out	2.7	59.2	6.8	131.6	17.1	778.6	6.2	866.7	32.8	1,836.1
<b>Misc Diagnostics</b>	<b>0.5</b>	<b>20.2</b>	<b>0.2</b>	<b>11.6</b>	<b>1.8</b>	<b>116.9</b>	<b>1.4</b>	<b>255.8</b>	<b>4.0</b>	<b>404.5</b>
Misc Diagnostics - In	0.0	2.6	0.0	1.0	0.1	15.7	0.1	30.7	0.3	50.1
Misc Diagnostics - Out	0.4	17.6	0.2	10.6	1.7	101.2	1.3	225.1	3.7	354.5
<b>Imaging</b>	<b>2.5</b>	<b>89.7</b>	<b>4.7</b>	<b>139.4</b>	<b>14.8</b>	<b>967.7</b>	<b>7.8</b>	<b>1,323.7</b>	<b>29.8</b>	<b>2,520.5</b>
Imaging - In	0.0	5.3	0.1	5.1	0.4	47.8	0.7	192.9	1.1	251.2
Imaging - Out	2.5	84.3	4.6	134.3	14.5	919.8	7.2	1,130.8	28.7	2,269.3
<b>Other MBS</b>	<b>8.0</b>	<b>259.2</b>	<b>6.2</b>	<b>256.2</b>	<b>23.7</b>	<b>2,193.5</b>	<b>12.2</b>	<b>2,753.1</b>	<b>50.2</b>	<b>5,462.0</b>
Other MBS - In	1.0	103.5	1.7	154.3	8.3	1,138.5	5.9	1,790.1	16.8	3,186.4
Other MBS - Out	7.0	155.6	4.5	101.8	15.4	1,055.1	6.4	963.0	33.4	2,275.6
<b>Total</b>	<b>49.3</b>	<b>1,353.9</b>	<b>40.4</b>	<b>1,228.0</b>	<b>126.0</b>	<b>7,364.4</b>	<b>56.2</b>	<b>9,404.1</b>	<b>271.9</b>	<b>19,350.4</b>

\* Indigenous rates should be interpreted with caution due to small population numbers in some jurisdictions. This also impacts on comparisons between jurisdictions and over time. Medicare data presented by Indigenous status have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database. The methodology for this adjustment was developed and verified by the AIHW and the Department of Health and Ageing for assessment of MBS and PBS service use and expenditure for Indigenous Australians (For an explanation of the methodology, see *Expenditure on health for Aboriginal and Torres Strait Islander people 2006-07*).

Source: Medicare Financing & Analysis Branch, Department of Health & Ageing.



Table 3.12.46d: MBS services by selected categories claimed, by Indigenous status and age group, benefits paid (\$ million), 2009–10

MBS Services Claimed	0–14		15–24		25–54		55 and over		Total	
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous
<b>Non-Referred GP</b>	<b>28.2</b>	<b>594.3</b>	<b>18.0</b>	<b>405.8</b>	<b>50.0</b>	<b>1,749.4</b>	<b>18.1</b>	<b>2,082.2</b>	<b>114.3</b>	<b>4,831.6</b>
<b>Allied Health</b>	<b>1.7</b>	<b>63.0</b>	<b>1.7</b>	<b>84.1</b>	<b>7.5</b>	<b>363.3</b>	<b>3.8</b>	<b>537.6</b>	<b>14.7</b>	<b>1,047.9</b>
<b>Specialist</b>	<b>4.3</b>	<b>147.9</b>	<b>1.5</b>	<b>85.8</b>	<b>6.1</b>	<b>520.7</b>	<b>4.0</b>	<b>791.8</b>	<b>15.8</b>	<b>1,546.1</b>
Specialist – In	0.1	12.2	0.1	6.4	0.4	44.3	0.5	154.8	1.0	217.7
Specialist - Out	4.2	135.7	1.4	79.4	5.7	476.3	3.5	636.9	14.8	1,328.3
<b>Pathology</b>	<b>2.7</b>	<b>63.3</b>	<b>6.8</b>	<b>133.0</b>	<b>17.3</b>	<b>795.5</b>	<b>6.5</b>	<b>987.5</b>	<b>33.3</b>	<b>1,979.3</b>
Pathology - In	0.0	6.4	0.1	6.1	0.4	57.1	0.4	147.0	0.9	216.7
Pathology - Out	2.7	56.9	6.8	126.9	16.9	738.5	6.1	840.4	32.5	1,762.7
<b>Misc Diagnostics</b>	<b>0.4</b>	<b>16.1</b>	<b>0.2</b>	<b>9.8</b>	<b>1.6</b>	<b>95.8</b>	<b>1.3</b>	<b>210.9</b>	<b>3.6</b>	<b>332.5</b>
Misc Diagnostics - In	0.0	1.6	0.0	0.6	0.1	10.0	0.1	19.4	0.2	31.6
Misc Diagnostics - Out	0.4	14.6	0.2	9.1	1.5	85.7	1.2	191.5	3.4	300.9
<b>Imaging</b>	<b>2.4</b>	<b>78.0</b>	<b>4.3</b>	<b>118.3</b>	<b>13.4</b>	<b>778.0</b>	<b>7.2</b>	<b>1,149.0</b>	<b>27.3</b>	<b>2,123.4</b>
Imaging - In	0.0	3.6	0.0	3.1	0.2	28.5	0.4	120.0	0.7	155.2
Imaging - Out	2.4	74.4	4.3	115.2	13.2	749.5	6.8	1,029.0	26.6	1,968.2
<b>Other MBS</b>	<b>7.4</b>	<b>193.5</b>	<b>5.1</b>	<b>153.0</b>	<b>17.4</b>	<b>1,304.4</b>	<b>8.8</b>	<b>1,717.7</b>	<b>38.7</b>	<b>3,368.6</b>
Other MBS - In	0.5	44.8	0.8	61.9	3.5	480.5	2.6	823.1	7.3	1,410.3
Other MBS - Out	6.9	148.7	4.4	91.1	13.9	823.9	6.2	894.6	31.4	1,958.3
<b>Total</b>	<b>47.0</b>	<b>1,156.1</b>	<b>37.7</b>	<b>989.8</b>	<b>113.4</b>	<b>5,606.9</b>	<b>49.6</b>	<b>7,476.6</b>	<b>247.8</b>	<b>15,229.4</b>

\* Indigenous rates should be interpreted with caution due to small population numbers in some jurisdictions. This also impacts on comparisons between jurisdictions and over time. Medicare data presented by Indigenous status have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database. The methodology for this adjustment was developed and verified by the AIHW and the Department of Health and Ageing for assessment of MBS and PBS service use and expenditure for Indigenous Australians (For an explanation of the methodology, see *Expenditure on health for Aboriginal and Torres Strait Islander people 2006-07*).

Source: Medicare Financing & Analysis Branch, Department of Health & Ageing.

## **MBS services by ASGC**

- The total number of MBS service claims among Indigenous people decreased with remoteness, such that the largest number of claims were within *Major Cities* (16,178 per 1,000 population) and the smallest number of claims were within *Very Remote* areas (9,549 per 1,000 population) (Table 3.12.47c).
- During 2009-10 the total number of MBS claims made by Indigenous people in *Major Cities* (16,178 per 1,000 population) was the equivalent of 116.6 million in fees charged and 103.1 million in benefits paid. This was compared to non-Indigenous people (14,105 per 1,000 population) whose claims in *Major Cities* were equal to 14,141.3 million in fees charged and 11,122.6 million in benefits paid (Table 3.12.47c).
- Within *Very Remote* areas the total number of MBS claims made by Indigenous people was 9,549 per 1,000 population, equivalent of 23.5 million in fees charged and 23.2 million in benefits paid. This was compared to non-Indigenous people (8,755 per 1,000 population) whose claims in *Very Remote* areas were equal to 50.0 million in fees charged and 37.8 million in benefits paid (Table 3.12.47c).
- Despite that in *Remote* areas Indigenous people made more MBS claims (10,157 per 1,000 population) than in *Very Remote* areas (9,549 per 1,000 population) there was a smaller amount of fees charged (15.6 million) and benefits paid (15.1 million) in *Remote* areas (Table 3.12.47c).

**Table 3.12.47a: Indigenous MBS services by selected categories claimed by ASGC Remoteness, 2009–10**

<b>MBS Services Claimed</b>	<b>Major cities</b>	<b>Inner regional</b>	<b>Outer regional</b>	<b>Remote</b>	<b>Very remote</b>	<b>Australia</b>
<b>Non-Referred GP</b>	<b>1,113,511</b>	<b>620,187</b>	<b>562,295</b>	<b>177,628</b>	<b>264,639</b>	<b>2,738,260</b>
<b>Allied Health</b>	<b>79,636</b>	<b>41,609</b>	<b>20,452</b>	<b>2,306</b>	<b>1,548</b>	<b>145,551</b>
<b>Specialist</b>	<b>93,046</b>	<b>55,271</b>	<b>36,191</b>	<b>6,073</b>	<b>10,527</b>	<b>201,108</b>
Specialist – In	8,912	4,754	2,058	166	155	16,045
Specialist - Out	84,134	50,517	34,133	5,907	10,372	185,063
<b>Pathology</b>	<b>616,873</b>	<b>354,804</b>	<b>342,013</b>	<b>145,180</b>	<b>298,579</b>	<b>1,757,449</b>
Pathology - In	23,860	10,590	5,587	594	482	41,113
Pathology - Out	593,013	344,214	336,426	144,586	298,097	1,716,336
<b>Misc Diagnostics</b>	<b>23,867</b>	<b>14,492</b>	<b>11,171</b>	<b>3,414</b>	<b>5,333</b>	<b>58,277</b>
Misc Diagnostics - In	911	461	359	41	31	1,803
Misc Diagnostics - Out	22,956	14,031	10,812	3,373	5,302	56,474
<b>Imaging</b>	<b>115,258</b>	<b>67,403</b>	<b>52,784</b>	<b>13,604</b>	<b>16,794</b>	<b>265,843</b>
Imaging - In	3,229	1,661	755	95	58	5,798
Imaging - Out	112,029	65,742	52,029	13,509	16,736	260,045
<b>Other MBS</b>	<b>104,384</b>	<b>64,588</b>	<b>48,784</b>	<b>12,424</b>	<b>19,416</b>	<b>249,596</b>
Other MBS - In	25,238	11,940	6,344	801	991	45,314
Other MBS - Out	79,146	52,648	42,440	11,623	18,425	204,282
<b>Total</b>	<b>2,146,575</b>	<b>1,218,354</b>	<b>1,073,690</b>	<b>360,629</b>	<b>616,836</b>	<b>5,416,084</b>

\* Indigenous rates should be interpreted with caution due to small population numbers in some jurisdictions. This also impacts on comparisons between jurisdictions and over time. Medicare data presented by Indigenous status have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database. The methodology for this adjustment was developed and verified by the AIHW and the Department of Health and Ageing for assessment of MBS and PBS service use and expenditure for Indigenous Australians (For an explanation of the methodology, see *Expenditure on health for Aboriginal and Torres Strait Islander people 2006-07*).

Source: Medicare Financing & Analysis Branch, Department of Health & Ageing.

**Table 3.12.47b: Non-Indigenous MBS services by selected categories claimed by ASGC Remoteness, 2009–10**

<b>MBS Services Claimed</b>	<b>Major cities</b>	<b>Inner regional</b>	<b>Outer regional</b>	<b>Remote</b>	<b>Very remote</b>	<b>Australia</b>
<b>Non-Referred GP</b>	<b>86,952,144</b>	<b>22,739,049</b>	<b>9,789,314</b>	<b>1,151,517</b>	<b>325,654</b>	<b>120,957,678</b>
<b>Allied Health</b>	<b>8,030,422</b>	<b>1,623,304</b>	<b>467,953</b>	<b>33,881</b>	<b>7,421</b>	<b>10,162,981</b>
<b>Specialist</b>	<b>16,215,885</b>	<b>3,786,963</b>	<b>1,358,843</b>	<b>123,961</b>	<b>37,701</b>	<b>21,523,353</b>
Specialist – In	2,694,825	658,458	210,477	23,653	6,931	3,594,344
Specialist - Out	13,521,060	3,128,505	1,148,366	100,308	30,770	17,929,009
<b>Pathology</b>	<b>72,762,027</b>	<b>19,608,994</b>	<b>8,283,601</b>	<b>976,431</b>	<b>286,112</b>	<b>101,917,165</b>
Pathology - In	7,576,248	1,822,530	635,610	70,811	21,935	10,127,134
Pathology - Out	65,185,779	17,786,464	7,647,991	905,620	264,177	91,790,031
<b>Misc Diagnostics</b>	<b>3,575,955</b>	<b>973,400</b>	<b>380,774</b>	<b>37,035</b>	<b>10,671</b>	<b>4,977,835</b>
Misc Diagnostics - In	282,139	86,829	37,052	3,959	1,292	411,271
Misc Diagnostics - Out	3,293,816	886,571	343,722	33,076	9,379	4,566,564
<b>Imaging</b>	<b>12,794,126</b>	<b>3,455,577</b>	<b>1,425,776</b>	<b>158,601</b>	<b>45,522</b>	<b>17,879,602</b>
Imaging - In	927,318	258,516	94,252	10,686	3,496	1,294,268
Imaging - Out	11,866,808	3,197,061	1,331,524	147,915	42,026	16,585,334
<b>Other MBS</b>	<b>17,977,437</b>	<b>5,061,736</b>	<b>2,079,349</b>	<b>241,066</b>	<b>78,648</b>	<b>25,438,236</b>
Other MBS - In	6,518,451	1,671,179	642,881	75,581	25,504	8,933,596
Other MBS - Out	11,458,986	3,390,557	1,436,468	165,485	53,144	16,504,640
<b>Total</b>	<b>218,307,996</b>	<b>57,249,023</b>	<b>23,785,610</b>	<b>2,722,492</b>	<b>791,729</b>	<b>302,856,850</b>

Source: Medicare Financing & Analysis Branch, Department of Health & Ageing.

**Table 3.12.47c: Indigenous MBS services by selected categories claimed, age-standardised per 1,000 population state and territory, 2009–10**

MBS Services Claimed	Major Cities		Inner Regional		Outer Regional		Remote		Very Remote		Australia	
	Indig.	Non-Indig.	Indig.	Non-Indig.	Indig.	Non-Indig.	Indig.	Non-Indig.	Indig.	Non-Indig.	Indig.	Non-Indig.
<b>Non-Referred GP</b>	<b>7,354.3</b>	<b>5,660.3</b>	<b>6,590.3</b>	<b>4,965.3</b>	<b>5,672.9</b>	<b>4,715.7</b>	<b>4,752.9</b>	<b>4,135.1</b>	<b>3,971.8</b>	<b>3,732.0</b>	<b>6,060.0</b>	<b>5,402.6</b>
<b>Allied Health</b>	<b>666.1</b>	<b>519.3</b>	<b>568.9</b>	<b>348.6</b>	<b>264.1</b>	<b>222.6</b>	<b>93.8</b>	<b>123.7</b>	<b>28.9</b>	<b>94.8</b>	<b>404.0</b>	<b>447.5</b>
<b>Specialist</b>	<b>861.2</b>	<b>1,044.9</b>	<b>713.3</b>	<b>782.0</b>	<b>426.2</b>	<b>623.2</b>	<b>189.9</b>	<b>439.2</b>	<b>185.4</b>	<b>426.0</b>	<b>562.0</b>	<b>939.4</b>
Specialist - In	121.7	172.3	79.4	128.2	28.8	92.2	5.1**	83.2	2.7**	78.3	61.1	153.5
Specialist - Out	739.5	872.6	633.9	653.8	397.4	531.0	184.8	356.0	182.7	347.7	500.8	785.9
<b>Pathology</b>	<b>5,228.6</b>	<b>4,665.5</b>	<b>4,665.2</b>	<b>4,110.3</b>	<b>4,087.8</b>	<b>3,868.8</b>	<b>4,242.2</b>	<b>3,464.5</b>	<b>4,681.3</b>	<b>3,001.6</b>	<b>4,667.4</b>	<b>4,449.5</b>
Pathology - In	327.4	483.8	190.8	353.4	90.8	276.8	18.7	246.7	9.1	239.1	163.8	431.5
Pathology - Out	4,901.2	4,181.7	4,474.5	3,757.0	3,997.0	3,592.0	4,223.6	3,217.8	4,672.1	2,762.4	4,503.6	4,018.0
<b>Misc Diagnostics</b>	<b>250.0</b>	<b>229.9</b>	<b>220.5</b>	<b>192.7</b>	<b>158.3</b>	<b>167.9</b>	<b>119.0</b>	<b>128.9</b>	<b>102.8</b>	<b>115.8</b>	<b>187.0</b>	<b>214.2</b>
Misc Diagnostics - In	15.9	17.9	8.3	16.2	5.4	15.5	1.8**	13.4	0.8**	13.9	8.1	17.3
Misc Diagnostics - Out	234.1	212.0	212.2	176.6	152.9	152.3	117.2	115.5	101.9	101.9	179.0	197.0
<b>Imaging</b>	<b>913.8</b>	<b>826.1</b>	<b>835.7</b>	<b>741.5</b>	<b>594.7</b>	<b>679.8</b>	<b>397.5</b>	<b>567.6</b>	<b>258.1</b>	<b>515.3</b>	<b>674.8</b>	<b>789.0</b>
Imaging - In	50.2	59.1	30.3	49.5	14.0	40.6	2.7**	36.9	1.2**	38.5	25.2	54.8
Imaging - Out	863.6	767.0	805.5	692.0	580.8	639.2	394.9	530.6	257.0	476.8	649.6	734.2
<b>Other MBS</b>	<b>904.4</b>	<b>1,159.0</b>	<b>827.7</b>	<b>1,066.1</b>	<b>554.4</b>	<b>976.0</b>	<b>362.0</b>	<b>851.7</b>	<b>321.0</b>	<b>869.3</b>	<b>665.4</b>	<b>1,116.8</b>
Other MBS - In	261.7	418.0	171.3	342.3	86.8	294.3	21.5**	264.6	16.4	282.9	141.5	388.1
Other MBS - Out	642.7	741.0	656.4	723.8	467.6	681.7	340.5	587.1	304.6	586.4	523.9	728.8
<b>Total</b>	<b>16,178.1</b>	<b>14,104.9</b>	<b>14,421.6</b>	<b>12,206.5</b>	<b>11,758.4</b>	<b>11,253.9</b>	<b>10,157.2</b>	<b>9,710.7</b>	<b>9,549.2</b>	<b>8,754.8</b>	<b>13,220.6</b>	<b>13,359.0</b>

\* Indigenous rates should be interpreted with caution due to small population numbers in some jurisdictions. This also impacts on comparisons between jurisdictions and over time. Medicare data presented by Indigenous status have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database. The methodology for this adjustment was developed and verified by the AIHW and the Department of Health and Ageing for assessment of MBS and PBS service use and expenditure for Indigenous Australians (For an explanation of the methodology, see *Expenditure on health for Aboriginal and Torres Strait Islander people 2006-07*).

\*\* Number is rounded to one decimal place.

Note: Rates are age-standardised to Australian 2001 population.

Source: Medicare Financing & Analysis Branch, Department of Health & Ageing.

**Table 3.12.47d: Indigenous MBS services by selected categories claimed, fees charged (\$ million), ASGC Remoteness, 2009-10**

<b>MBS Services Claimed</b>	<b>Major cities</b>	<b>Inner regional</b>	<b>Outer regional</b>	<b>Remote</b>	<b>Very remote</b>	<b>Australia</b>
<b>Non-Referred GP</b>	<b>47.8</b>	<b>26.3</b>	<b>24.3</b>	<b>8.3</b>	<b>11.7</b>	<b>118.4</b>
<b>Allied Health</b>	<b>8.7</b>	<b>4.2</b>	<b>2.1</b>	<b>0.2</b>	<b>0.2</b>	<b>15.4</b>
<b>Specialist</b>	<b>9.9</b>	<b>5.3</b>	<b>3.2</b>	<b>0.5</b>	<b>0.9</b>	<b>19.9</b>
Specialist – In	0.9	0.5	0.2	0.0	0.0	1.6
Specialist - Out	9.0	4.8	3.0	0.5	0.9	18.2
<b>Pathology</b>	<b>12.6</b>	<b>7.1</b>	<b>6.5</b>	<b>2.6</b>	<b>5.3</b>	<b>34.2</b>
Pathology - In	0.8	0.4	0.2	0.0	0.0	1.4
Pathology - Out	11.8	6.8	6.3	2.6	5.3	32.8
<b>Misc Diagnostics</b>	<b>1.8</b>	<b>1.0</b>	<b>0.7</b>	<b>0.2</b>	<b>0.2</b>	<b>4.0</b>
Misc Diagnostics - In	0.1	0.1	0.1	0.0	0.0	0.3
Misc Diagnostics - Out	1.7	1.0	0.6	0.2	0.2	3.7
<b>Imaging</b>	<b>13.1</b>	<b>7.8</b>	<b>5.8</b>	<b>1.4</b>	<b>1.8</b>	<b>29.8</b>
Imaging - In	0.6	0.3	0.2	0.0	0.0	1.1
Imaging - Out	12.5	7.5	5.6	1.4	1.7	28.7
<b>Other MBS</b>	<b>22.5</b>	<b>12.5</b>	<b>9.4</b>	<b>2.3</b>	<b>3.4</b>	<b>50.2</b>
Other MBS - In	9.5	4.2	2.4	0.3	0.3	16.8
Other MBS - Out	13.0	8.3	7.0	2.0	3.1	33.4
<b>Total</b>	<b>116.5</b>	<b>64.3</b>	<b>51.9</b>	<b>15.6</b>	<b>23.5</b>	<b>271.8</b>

\* Indigenous rates should be interpreted with caution due to small population numbers in some jurisdictions. This also impacts on comparisons between jurisdictions and over time. Medicare data presented by Indigenous status have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database. The methodology for this adjustment was developed and verified by the AIHW and the Department of Health and Ageing for assessment of MBS and PBS service use and expenditure for Indigenous Australians (For an explanation of the methodology, see *Expenditure on health for Aboriginal and Torres Strait Islander people 2006-07*).

Source: Medicare Financing & Analysis Branch, Department of Health & Ageing.

**Table 3.12.47f: Non-Indigenous MBS services by selected categories claimed fees charged (\$ million), state and territory, 2009–10**

<b>MBS Services Claimed</b>	<b>Major cities</b>	<b>Inner regional</b>	<b>Outer regional</b>	<b>Remote</b>	<b>Very remote</b>	<b>Australia</b>
<b>Non-Referred GP</b>	<b>3,900.0</b>	<b>1,002.7</b>	<b>426.5</b>	<b>51.4</b>	<b>15.3</b>	<b>5,395.8</b>
<b>Allied Health</b>	<b>923.4</b>	<b>166.9</b>	<b>48.1</b>	<b>3.8</b>	<b>0.9</b>	<b>1,143.0</b>
<b>Specialist</b>	<b>1,721.9</b>	<b>368.7</b>	<b>129.1</b>	<b>12.3</b>	<b>3.8</b>	<b>2,235.8</b>
Specialist – In	270.1	62.9	19.7	2.2	0.7	355.5
Specialist - Out	1,451.9	305.8	109.4	10.1	3.1	1,880.3
<b>Pathology</b>	<b>1,571.3</b>	<b>413.7</b>	<b>172.5</b>	<b>20.3</b>	<b>6.0</b>	<b>2,183.8</b>
Pathology - In	259.8	62.6	22.8	2.6	0.8	348.5
Pathology - Out	1,311.5	351.2	149.7	17.6	5.2	1,835.2
<b>Misc Diagnostics</b>	<b>293.6</b>	<b>77.4</b>	<b>29.5</b>	<b>2.9</b>	<b>0.9</b>	<b>404.3</b>
Misc Diagnostics - In	35.3	9.6	4.5	0.5	0.2	50.0
Misc Diagnostics - Out	258.3	67.8	25.1	2.4	0.7	354.3
<b>Imaging</b>	<b>1,802.9</b>	<b>490.4</b>	<b>197.3</b>	<b>22.2</b>	<b>6.6</b>	<b>2,519.3</b>
Imaging - In	180.9	48.8	18.4	2.2	0.7	251.0
Imaging - Out	1,621.9	441.6	179.0	20.0	5.8	2,268.3
<b>Other MBS</b>	<b>3,928.4</b>	<b>1,034.7</b>	<b>427.7</b>	<b>51.4</b>	<b>16.6</b>	<b>5,458.7</b>
Other MBS - In	2,303.9	598.5	242.4	29.5	9.9	3,184.3
Other MBS - Out	1,624.4	436.2	185.3	21.8	6.7	2,274.4
<b>Total</b>	<b>14,141.3</b>	<b>3,554.5</b>	<b>1,430.7</b>	<b>164.2</b>	<b>50.0</b>	<b>19,340.7</b>

Source: Medicare Financing & Analysis Branch, Department of Health & Ageing.

**Table 3.12.47g: Indigenous MBS services by selected categories claimed, benefits paid (\$ million), ASGC Remoteness, 2009–10**

<b>MBS Services Claimed</b>	<b>Major cities</b>	<b>Inner regional</b>	<b>Outer regional</b>	<b>Remote</b>	<b>Very remote</b>	<b>Australia</b>
<b>Non-Referred GP</b>	<b>46.0</b>	<b>25.0</b>	<b>23.5</b>	<b>8.2</b>	<b>11.7</b>	<b>114.3</b>
<b>Allied Health</b>	<b>8.2</b>	<b>4.1</b>	<b>2.0</b>	<b>0.2</b>	<b>0.1</b>	<b>14.7</b>
<b>Specialist</b>	<b>7.5</b>	<b>4.2</b>	<b>2.7</b>	<b>0.5</b>	<b>0.9</b>	<b>15.8</b>
Specialist – In	0.6	0.3	0.1	0.0	0.0	1.0
Specialist - Out	6.9	3.9	2.6	0.5	0.9	14.8
<b>Pathology</b>	<b>12.1</b>	<b>6.9</b>	<b>6.4</b>	<b>2.6</b>	<b>5.3</b>	<b>33.3</b>
Pathology - In	0.5	0.2	0.1	0.0	0.0	0.9
Pathology - Out	11.6	6.6	6.3	2.6	5.3	32.5
<b>Misc Diagnostics</b>	<b>1.6</b>	<b>0.9</b>	<b>0.6</b>	<b>0.1</b>	<b>0.2</b>	<b>3.6</b>
Misc Diagnostics - In	0.1	0.1	0.1	0.0	0.0	0.2
Misc Diagnostics - Out	1.6	0.9	0.6	0.1	0.2	3.4
<b>Imaging</b>	<b>11.8</b>	<b>7.1</b>	<b>5.3</b>	<b>1.3</b>	<b>1.7</b>	<b>27.3</b>
Imaging - In	0.4	0.2	0.1	0.0	0.0	0.7
Imaging - Out	11.4	6.9	5.2	1.3	1.7	26.6
<b>Other MBS</b>	<b>15.8</b>	<b>9.8</b>	<b>7.8</b>	<b>2.1</b>	<b>3.3</b>	<b>38.7</b>
Other MBS - In	4.0	1.9	1.1	0.1	0.2	7.3
Other MBS - Out	11.8	7.9	6.7	1.9	3.1	31.4
<b>Total</b>	<b>103.1</b>	<b>58.0</b>	<b>48.3</b>	<b>15.1</b>	<b>23.2</b>	<b>247.7</b>

\* Indigenous rates should be interpreted with caution due to small population numbers in some jurisdictions. This also impacts on comparisons between jurisdictions and over time. Medicare data presented by Indigenous status have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database. The methodology for this adjustment was developed and verified by the AIHW and the Department of Health and Ageing for assessment of MBS and PBS service use and expenditure for Indigenous Australians (For an explanation of the methodology, see *Expenditure on health for Aboriginal and Torres Strait Islander people 2006-07*).

Source: Medicare Financing & Analysis Branch, Department of Health & Ageing.



Table 3.12.47h: Non-Indigenous MBS services by selected categories claimed benefits paid (\$ million), state and territory, 2009-10

MBS Services Claimed	Major cities	Inner regional	Outer regional	Remote	Very remote	Australia
<b>Non-Referred GP</b>	<b>3,511.2</b>	<b>886.0</b>	<b>374.8</b>	<b>44.9</b>	<b>13.0</b>	<b>4,829.8</b>
<b>Allied Health</b>	<b>846.1</b>	<b>153.2</b>	<b>44.0</b>	<b>3.5</b>	<b>0.8</b>	<b>1,047.5</b>
<b>Specialist</b>	<b>1,191.4</b>	<b>253.4</b>	<b>89.4</b>	<b>8.4</b>	<b>2.6</b>	<b>1,545.2</b>
Specialist – In	165.3	38.5	12.0	1.4	0.4	217.6
Specialist - Out	1,026.0	215.0	77.4	7.0	2.2	1,327.6
<b>Pathology</b>	<b>1,423.6</b>	<b>373.5</b>	<b>157.2</b>	<b>18.7</b>	<b>5.5</b>	<b>1,978.4</b>
Pathology - In	162.1	38.6	13.8	1.6	0.5	216.5
Pathology - Out	1,261.5	334.9	143.4	17.1	5.0	1,761.9
<b>Misc Diagnostics</b>	<b>242.1</b>	<b>63.5</b>	<b>23.7</b>	<b>2.3</b>	<b>0.7</b>	<b>332.4</b>
Misc Diagnostics - In	22.0	6.2	2.9	0.3	0.1	31.6
Misc Diagnostics - Out	220.1	57.3	20.8	2.0	0.6	300.8
<b>Imaging</b>	<b>1,518.5</b>	<b>415.1</b>	<b>165.7</b>	<b>18.0</b>	<b>5.2</b>	<b>2,122.5</b>
Imaging - In	111.4	30.7	11.3	1.3	0.4	155.1
Imaging - Out	1,407.1	384.5	154.4	16.7	4.8	1,967.4
<b>Other MBS</b>	<b>2,389.8</b>	<b>662.1</b>	<b>272.8</b>	<b>32.0</b>	<b>10.1</b>	<b>3,366.7</b>
Other MBS - In	1,015.3	270.3	106.8	12.7	4.3	1,409.4
Other MBS - Out	1,374.5	391.8	166.0	19.2	5.8	1,957.3
<b>Total</b>	<b>11,122.6</b>	<b>2,806.9</b>	<b>1,127.6</b>	<b>127.6</b>	<b>37.8</b>	<b>15,222.5</b>

Source: Medicare Financing & Analysis Branch, Department of Health & Ageing.

### **MBS services by gender**

- During 2009-10 a comparable number of MBS claims were made among Indigenous (15,970 per 1,000 population) and non-Indigenous (15,563 per 1,000 population) females. This was equal to 168 million in fees charged and 152 million in benefits paid among Indigenous females, and 11,338 million in fees charged and 8,881 in benefits paid among non-Indigenous females (Table 3.12.48b).
- During the same period there was also a comparable number of MBS claims made among Indigenous (10,428 per 1,000 population) and non-Indigenous (11,121 per 1,000 population) males, however these claims were substantially lower than for females. This was equal to 104 million in fees charged and 95 million in benefits paid among Indigenous males, and 8,013 million in fees charges and 6,348 million in benefits paid among non-Indigenous males (Table 3.12.48b).

Table 3.12.48a: MBS services by selected categories claimed by Indigenous status, gender, 2009–10

MBS Services Claimed	Males		Females		Persons	
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous
<b>Non-Referred GP</b>	<b>1,115,360</b>	<b>51,585,617</b>	<b>1,623,050</b>	<b>69,417,159</b>	<b>2,738,410</b>	<b>121,002,776</b>
<b>Allied Health</b>	<b>58,829</b>	<b>4,217,765</b>	<b>86,738</b>	<b>5,948,492</b>	<b>145,567</b>	<b>10,166,257</b>
<b>Specialist</b>	<b>87,830</b>	<b>9,443,082</b>	<b>113,288</b>	<b>12,091,848</b>	<b>201,119</b>	<b>21,534,929</b>
Specialist – In	6,275	1,618,878	9,770	1,978,486	16,046	3,597,363
Specialist - Out	81,555	7,824,204	103,518	10,113,362	185,073	17,937,566
<b>Pathology</b>	<b>572,002</b>	<b>41,485,063</b>	<b>1,185,570</b>	<b>60,475,480</b>	<b>1,757,572</b>	<b>101,960,543</b>
Pathology - In	16,533	4,845,470	24,591	5,287,885	41,124	10,133,355
Pathology - Out	555,469	36,639,593	1,160,979	55,187,595	1,716,448	91,827,188
<b>Misc Diagnostics</b>	<b>26,297.00</b>	<b>2,428,728.00</b>	<b>31,989.00</b>	<b>2,551,286.00</b>	<b>58,287.00</b>	<b>4,980,013.00</b>
Misc Diagnostics - In	921	230,490	883	181,107	1,804	411,597
Misc Diagnostics - Out	25,376	2,198,238	31,106	2,370,179	56,483	4,568,416
<b>Imaging</b>	<b>93,615</b>	<b>7,079,922</b>	<b>172,250</b>	<b>10,807,359</b>	<b>265,865</b>	<b>17,887,281</b>
Imaging - In	2,418	655,149	3,379	639,949	5,797	1,295,098
Imaging - Out	91,197	6,424,773	168,871	10,167,410	260,068	16,592,183
<b>Other MBS</b>	<b>82,776</b>	<b>10,901,947</b>	<b>166,836</b>	<b>14,550,738</b>	<b>249,612</b>	<b>25,452,685</b>
Other MBS - In	15,880	4,018,879	29,437	4,920,716	45,317	8,939,595
Other MBS - Out	66,896	6,883,068	137,399	9,630,022	204,295	16,513,090
<b>Total</b>	<b>2,036,710</b>	<b>127,142,123</b>	<b>3,379,722</b>	<b>175,842,361</b>	<b>5,416,431</b>	<b>302,984,485</b>

\* Indigenous rates should be interpreted with caution due to small population numbers in some jurisdictions. This also impacts on comparisons between jurisdictions and over time. Medicare data presented by Indigenous status have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database. The methodology for this adjustment was developed and verified by the AIHW and the Department of Health and Ageing for assessment of MBS and PBS service use and expenditure for Indigenous Australians (For an explanation of the methodology, see *Expenditure on health for Aboriginal and Torres Strait Islander people 2006-07*).

Source: Medicare Financing & Analysis Branch, Department of Health & Ageing.

Table 3.12.48b: MBS services by selected categories claimed by Indigenous status, age-standardised per 1,000 population, gender, 2009-10

MBS Services claimed	Males		Females		Persons	
	Indig.	Non-Indig.	Indig.	Non-Indig.	Indig.	Non-Indig.
<b>Non-Referred GP</b>	<b>4,973.3</b>	<b>4,602.1</b>	<b>7,129.9</b>	<b>6,190.6</b>	<b>6,060.0</b>	<b>5,402.6</b>
<b>Allied Health</b>	<b>335.6</b>	<b>371.0</b>	<b>471.4</b>	<b>522.7</b>	<b>404.0</b>	<b>447.5</b>
<b>Specialist</b>	<b>483.9</b>	<b>817.9</b>	<b>638.9</b>	<b>1,059.1</b>	<b>562.0</b>	<b>939.4</b>
Specialist - In	48.1	136.3	74.0	170.6	61.1	153.5
Specialist - Out	435.8	681.6	564.8	888.6	500.8	785.9
<b>Pathology</b>	<b>3,451.1</b>	<b>3,560.7</b>	<b>5,864.9</b>	<b>5,324.5</b>	<b>4,667.4</b>	<b>4,449.5</b>
Pathology - In	148.1	405.6	179.2	456.9	163.8	431.5
Pathology - Out	3,302.9	3,155.1	5,685.7	4,867.5	4,503.6	4,018.0
<b>Misc Diagnostics</b>	<b>171.0</b>	<b>208.3</b>	<b>202.8</b>	<b>220.0</b>	<b>187.0</b>	<b>214.2</b>
Misc Diagnostics - In	8.0	19.2	8.1	15.4	8.1	17.3
Misc Diagnostics - Out	163.0	189.2	194.7	204.6	179.0	197.0
<b>Imaging</b>	<b>496.1</b>	<b>620.1</b>	<b>850.7</b>	<b>955.4</b>	<b>674.8</b>	<b>789.0</b>
Imaging - In	21.3	54.8	29.1	54.8	25.2	54.8
Imaging - Out	474.8	565.3	821.6	900.6	649.6	734.2
<b>Other MBS</b>	<b>516.6</b>	<b>940.5</b>	<b>811.8</b>	<b>1,290.4</b>	<b>665.4</b>	<b>1,116.8</b>
Other MBS - In	112.0	343.6	170.5	431.9	141.5	388.1
Other MBS - Out	404.7	596.9	641.3	858.5	523.9	728.8
<b>Total</b>	<b>10,427.5</b>	<b>11,120.6</b>	<b>15,970.3</b>	<b>15,562.7</b>	<b>13,220.6</b>	<b>13,359.0</b>

\* Indigenous rates should be interpreted with caution due to small population numbers in some jurisdictions. This also impacts on comparisons between jurisdictions and over time. Medicare data presented by Indigenous status have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database. The methodology for this adjustment was developed and verified by the AIHW and the Department of Health and Ageing for assessment of MBS and PBS service use and expenditure for Indigenous Australians (For an explanation of the methodology, see *Expenditure on health for Aboriginal and Torres Strait Islander people 2006-07*).

Note: Rates are age standardised to Australian population as at 30 June 2001.

Source: Medicare Financing & Analysis Branch, Department of Health & Ageing.

Table 3.12.48c: MBS services by selected categories claimed by Indigenous status, gender, fees charged (\$ million), 2009–10

MBS Services Claimed	Males		Females		Persons	
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous
<b>Non-Referral GP</b>	<b>47.9</b>	<b>2,252.8</b>	<b>70.6</b>	<b>3,145.3</b>	<b>118.4</b>	<b>5,398.0</b>
<b>Allied Health</b>	<b>6.3</b>	<b>480.6</b>	<b>9.1</b>	<b>662.7</b>	<b>15.4</b>	<b>1,143.4</b>
<b>Specialist</b>	<b>8.8</b>	<b>970.1</b>	<b>11.1</b>	<b>1,267.1</b>	<b>19.9</b>	<b>2,237.1</b>
Specialist – In	0.6	157.7	1.0	198.1	1.6	355.8
Specialist - Out	8.2	812.3	10.1	1,069.0	18.2	1,881.3
<b>Pathology</b>	<b>10.9</b>	<b>872.3</b>	<b>23.3</b>	<b>1,312.5</b>	<b>34.2</b>	<b>2,184.9</b>
Pathology - In	0.6	161.7	0.9	187.1	1.4	348.8
Pathology - Out	10.4	710.6	22.4	1,125.5	32.8	1,836.1
<b>Misc Diagnostics</b>	<b>1.8</b>	<b>198.1</b>	<b>2.2</b>	<b>206.5</b>	<b>4.0</b>	<b>404.5</b>
Misc Diagnostics - In	0.1	29.3	0.1	20.8	0.3	50.1
Misc Diagnostics - Out	1.6	168.8	2.0	185.7	3.7	354.5
<b>Imaging</b>	<b>10.7</b>	<b>1,046.3</b>	<b>19.1</b>	<b>1,474.2</b>	<b>29.8</b>	<b>2,520.5</b>
Imaging - In	0.5	129.7	0.6	121.4	1.1	251.2
Imaging - Out	10.2	916.5	18.5	1,352.7	28.7	2,269.3
<b>Other MBS</b>	<b>17.4</b>	<b>2,192.4</b>	<b>32.8</b>	<b>3,269.6</b>	<b>50.2</b>	<b>5,462.0</b>
Other MBS - In	6.0	1,406.9	10.8	1,779.5	16.8	3,186.4
Other MBS - Out	11.5	785.5	21.9	1,490.2	33.4	2,275.6
<b>Total</b>	<b>103.8</b>	<b>8,012.5</b>	<b>168.0</b>	<b>11,337.9</b>	<b>271.9</b>	<b>19,350.4</b>

\* Indigenous rates should be interpreted with caution due to small population numbers in some jurisdictions. This also impacts on comparisons between jurisdictions and over time. Medicare data presented by Indigenous status have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database. The methodology for this adjustment was developed and verified by the AIHW and the Department of Health and Ageing for assessment of MBS and PBS service use and expenditure for Indigenous Australians (For an explanation of the methodology, see *Expenditure on health for Aboriginal and Torres Strait Islander people 2006-07*).

Source: Medicare Financing & Analysis Branch, Department of Health & Ageing.

Table 3.12.48d: MBS services by selected categories claimed by Indigenous status, gender, Benefits paid (\$ million), 2009–10

MBS Services Claimed	Males		Females		Persons	
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous
<b>Non-Referral GP</b>	<b>46.3</b>	<b>2,025.3</b>	<b>68.1</b>	<b>2,806.3</b>	<b>114.3</b>	<b>4,831.6</b>
<b>Allied Health</b>	<b>6.0</b>	<b>445.2</b>	<b>8.7</b>	<b>602.7</b>	<b>14.7</b>	<b>1,047.9</b>
<b>Specialist</b>	<b>7.1</b>	<b>675.2</b>	<b>8.7</b>	<b>870.9</b>	<b>15.8</b>	<b>1,546.1</b>
Specialist – In	0.4	96.0	0.6	121.7	1.0	217.7
Specialist - Out	6.8	579.1	8.1	749.2	14.8	1,328.3
<b>Pathology</b>	<b>10.6</b>	<b>784.4</b>	<b>22.7</b>	<b>1,194.9</b>	<b>33.3</b>	<b>1,979.3</b>
Pathology - In	0.3	100.7	0.5	116.0	0.9	216.7
Pathology - Out	10.3	683.7	22.2	1,078.9	32.5	1,762.7
<b>Misc Diagnostics</b>	<b>1.6</b>	<b>161.3</b>	<b>2.0</b>	<b>171.2</b>	<b>3.6</b>	<b>332.5</b>
Misc Diagnostics - In	0.1	18.5	0.1	13.0	0.2	31.6
Misc Diagnostics - Out	1.5	142.8	1.9	158.1	3.4	300.9
<b>Imaging</b>	<b>9.9</b>	<b>897.1</b>	<b>17.3</b>	<b>1,226.3</b>	<b>27.3</b>	<b>2,123.4</b>
Imaging - In	0.3	79.8	0.4	75.4	0.7	155.2
Imaging - Out	9.6	817.3	17.0	1,150.9	26.6	1,968.2
<b>Other MBS</b>	<b>13.8</b>	<b>1,359.4</b>	<b>24.9</b>	<b>2,009.3</b>	<b>38.7</b>	<b>3,368.6</b>
Other MBS - In	2.6	632.7	4.7	777.6	7.3	1,410.3
Other MBS - Out	11.2	726.7	20.2	1,231.6	31.4	1,958.3
<b>Total</b>	<b>95.3</b>	<b>6,347.8</b>	<b>152.4</b>	<b>8,881.6</b>	<b>247.8</b>	<b>15,229.4</b>

\* Indigenous rates should be interpreted with caution due to small population numbers in some jurisdictions. This also impacts on comparisons between jurisdictions and over time. Medicare data presented by Indigenous status have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database. The methodology for this adjustment was developed and verified by the AIHW and the Department of Health and Ageing for assessment of MBS and PBS service use and expenditure for Indigenous Australians (For an explanation of the methodology, see *Expenditure on health for Aboriginal and Torres Strait Islander people 2006-07*).

Source: Medicare Financing & Analysis Branch, Department of Health & Ageing.

## **MBS services by State**

- During 2009-10 the largest number of all MBS service claims made among Indigenous Australians (age standardised rate of 16,059 per 1,000 population) and non-Indigenous Australians (age standardised rate of 14,419 per 1,000 population) was in New South Wales (Table 3.12.49c).
- During the same period, this was equal to 103 million in fees charged and 93 million in benefits paid among Indigenous Australians in New South Wales. For non-Indigenous Australians, this was equal to 6,946 million in fees charged and New South Wales and 5,553 million in benefits paid, also in New South Wales.
- During 2009-10 the smallest number of all MBS service claims made among Indigenous Australians (age standardised rate of 10,654 per 1,000 population) was in the Western Australia. This was equal to 26 million in fees charged and 24 million in benefits paid (Table 3.12.49c).
- During the same period, the smallest number of all MBS service claims made among non-Indigenous Australians (age standardised rate of 8,312 per 1,000 population) was in the Northern Territory. This was equal to 81 million in fees charged and 60 million in benefits paid (Table 3.12.49d).

**Table 3.12.49a: Indigenous MBS services by selected categories claimed, state and territory, 2009–10**

<b>MBS Services Claimed</b>	<b>NSW</b>	<b>Vic</b>	<b>Qld</b>	<b>WA</b>	<b>SA</b>	<b>Tas</b>	<b>ACT</b>	<b>NT</b>	<b>AUS</b>
<b>Non-Referred GP</b>	<b>940,147</b>	<b>223,567</b>	<b>759,118</b>	<b>291,349</b>	<b>172,808</b>	<b>104,010</b>	<b>23,455</b>	<b>223,806</b>	<b>2,738,260</b>
<b>Allied Health</b>	<b>78,084</b>	<b>14,135</b>	<b>33,125</b>	<b>6,116</b>	<b>6,713</b>	<b>4,710</b>	<b>784</b>	<b>1,884</b>	<b>145,551</b>
<b>Specialist</b>	<b>94,917</b>	<b>22,010</b>	<b>38,022</b>	<b>9,858</b>	<b>12,463</b>	<b>11,714</b>	<b>2,207</b>	<b>9,916</b>	<b>201,107</b>
Specialist – In	6,010	2,368	4,003	901	1,218	916	82	546	16,044
Specialist - Out	88,907	19,642	34,019	8,957	11,245	10,798	2,125	9,370	185,063
<b>Pathology</b>	<b>557,394</b>	<b>125,850</b>	<b>389,419</b>	<b>235,242</b>	<b>95,698</b>	<b>56,904</b>	<b>14,449</b>	<b>282,493</b>	<b>1,757,449</b>
Pathology - In	18,486	5,460	8,226	3,704	2,813	1,544	261	619	41,113
Pathology - Out	538,908	120,390	381,193	231,538	92,885	55,360	14,188	281,874	1,716,336
<b>Misc Diagnostics</b>	<b>24,009</b>	<b>5,671</b>	<b>14,123</b>	<b>4,588</b>	<b>2,870</b>	<b>2,019</b>	<b>490</b>	<b>4,506</b>	<b>58,276</b>
Misc Diagnostics - In	588	225	628	91	115	74	41	41	1,803
Misc Diagnostics - Out	23,421	5,446	13,495	4,497	2,755	1,945	449	4,465	56,473
<b>Imaging</b>	<b>109,750</b>	<b>23,949</b>	<b>62,211</b>	<b>23,656</b>	<b>15,232</b>	<b>12,682</b>	<b>2,312</b>	<b>16,050</b>	<b>265,842</b>
Imaging - In	2,772	654	1,021	433	449	333	44	90	5,796
Imaging - Out	106,978	23,295	61,190	23,223	14,783	12,349	2,268	15,960	260,046
<b>Other MBS</b>	<b>90,741</b>	<b>23,994</b>	<b>64,561</b>	<b>22,319</b>	<b>13,993</b>	<b>14,844</b>	<b>2,221</b>	<b>16,923</b>	<b>249,596</b>
Other MBS - In	15,785	5,837	11,918	3,900	2,982	2,928	641	1,323	45,314
Other MBS - Out	74,956	18,157	52,643	18,419	11,011	11,916	1,580	15,600	204,282
<b>Total</b>	<b>1,895,042</b>	<b>439,175</b>	<b>1,360,580</b>	<b>593,128</b>	<b>319,775</b>	<b>206,884</b>	<b>45,919</b>	<b>555,579</b>	<b>5,416,082</b>

\* Indigenous rates should be interpreted with caution due to small population numbers in some jurisdictions. This also impacts on comparisons between jurisdictions and over time. Medicare data presented by Indigenous status have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VI) database. The methodology for this adjustment was developed and verified by the AIHW and the Department of Health and Ageing for assessment of MBS and PBS service use and expenditure for Indigenous Australians (For an explanation of the methodology, see *Expenditure on health for Aboriginal and Torres Strait Islander people 2006-07*).

Source: Medicare Financing & Analysis Branch, Department of Health & Ageing.



Table 3.12.49b: Non-Indigenous MBS services by selected categories claimed, state and territory, 2009–10

MBS Services Claimed	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	AUS
<b>Non-Referred GP</b>	<b>42,164,882</b>	<b>30,272,669</b>	<b>24,364,581</b>	<b>10,196,257</b>	<b>9,316,811</b>	<b>2,636,424</b>	<b>1,507,114</b>	<b>498,941</b>	<b>120,957,679</b>
<b>Allied Health</b>	<b>4,383,630</b>	<b>2,857,255</b>	<b>1,426,793</b>	<b>489,454</b>	<b>775,474</b>	<b>137,814</b>	<b>76,315</b>	<b>16,248</b>	<b>10,162,983</b>
<b>Specialist</b>	<b>7,769,859</b>	<b>5,962,692</b>	<b>3,644,969</b>	<b>1,577,922</b>	<b>1,778,038</b>	<b>461,357</b>	<b>265,503</b>	<b>63,015</b>	<b>21,523,355</b>
Specialist – In	878,050	1,146,440	903,730	259,669	289,432	81,238	28,473	7312	3,594,344
Specialist - Out	6,891,809	4,816,252	2,741,239	1,318,253	1,488,606	380,119	237,030	55,703	17,929,011
<b>Pathology</b>	<b>35,886,068</b>	<b>25,830,895</b>	<b>19,190,180</b>	<b>9,360,044</b>	<b>7,643,440</b>	<b>2,036,711</b>	<b>1,489,090</b>	<b>480,738</b>	<b>101,917,166</b>
Pathology - In	3,798,930	2,608,939	1,843,963	866,907	720,210	159,922	109,820	18443	10,127,134
Pathology - Out	32,087,138	23,221,956	17,346,217	8,493,137	6,923,230	1,876,789	1,379,270	462,295	91,790,032
<b>Misc Diagnostics</b>	<b>1,926,273</b>	<b>1,287,616</b>	<b>895,630</b>	<b>338,836</b>	<b>369,062</b>	<b>90,582</b>	<b>56,095</b>	<b>13,741</b>	<b>4,977,835</b>
Misc Diagnostics - In	110,545	106,810	124,186	23,985	34,497	6,733	3,659	856	411,271
Misc Diagnostics - Out	1,815,728	1,180,806	771,444	314,851	334,565	83,849	52,436	12,885	4,566,564
<b>Imaging</b>	<b>6,535,038</b>	<b>4,564,063</b>	<b>3,311,532</b>	<b>1,498,298</b>	<b>1,313,666</b>	<b>376,095</b>	<b>219,194</b>	<b>61,717</b>	<b>17,879,603</b>
Imaging - In	474,102	344,735	225,615	109,504	98,721	26,870	12,219	2,503	1,294,269
Imaging - Out	6,060,936	4,219,328	3,085,917	1,388,794	1,214,945	349,225	206,975	59,214	16,585,334
<b>Other MBS</b>	<b>8,487,480</b>	<b>6,168,557</b>	<b>5,506,422</b>	<b>2,362,006</b>	<b>1,865,619</b>	<b>592,081</b>	<b>332,358</b>	<b>123,714</b>	<b>25,438,237</b>
Other MBS - In	2,709,674	2,378,392	1,936,845	871,116	694,360	192,145	118,016	33,048	8,933,596
Other MBS - Out	5,777,806	3,790,165	3,569,577	1,490,890	1,171,259	399,936	214,342	90,666	16,504,641
<b>Total</b>	<b>107,153,228</b>	<b>76,943,747</b>	<b>58,340,107</b>	<b>25,822,816</b>	<b>23,062,111</b>	<b>6,331,063</b>	<b>3,945,668</b>	<b>1,258,114</b>	<b>302,856,854</b>

Source: Medicare Financing & Analysis Branch, Department of Health & Ageing.

**Table 3.12.49c: Indigenous MBS services by selected categories claimed, age-standardised per 1,000 population state and territory, 2009–10**

<b>MBS Services Claimed</b>	<b>NSW</b>	<b>Vic</b>	<b>Qld</b>	<b>WA</b>	<b>SA</b>	<b>Tas</b>	<b>ACT</b>	<b>NT</b>	<b>AUS</b>
<b>Non-Referred GP</b>	<b>7,166.3</b>	<b>7,222.5</b>	<b>5,770.0</b>	<b>4,822.7</b>	<b>6,845.8</b>	<b>6,572.6</b>	<b>5,905.2</b>	<b>4,217.4</b>	<b>6,060.0</b>
<b>Allied Health</b>	<b>741.1</b>	<b>522.9</b>	<b>325.0</b>	<b>117.3</b>	<b>351.6</b>	<b>315.0</b>	<b>207.1</b>	<b>47.8</b>	<b>404.0</b>
<b>Specialist</b>	<b>885.6</b>	<b>851.6</b>	<b>377.7</b>	<b>210.5</b>	<b>683.6</b>	<b>837.2</b>	<b>804.8</b>	<b>212.1</b>	<b>562.0</b>
Specialist – In	77.6	127.6	53.5	30.3	97.2	59.6	36.2	9.2	61.1
Specialist - Out	808.0	724.0	324.2	180.2	586.4	777.6	768.6	202.9	500.8
<b>Pathology</b>	<b>5,202.5</b>	<b>4,900.5</b>	<b>3,677.5</b>	<b>4,557.6</b>	<b>4,671.0</b>	<b>4,308.1</b>	<b>4,666.0</b>	<b>5,527.8</b>	<b>4,667.4</b>
Pathology - In	244.2	296.7	117.8	98.5	229.8	151.1	113.2	14.0	163.8
Pathology - Out	4,958.3	4,603.8	3,559.7	4,459.1	4,441.2	4,157.0	4,552.8	5,513.8	4,503.6
<b>Misc Diagnostics</b>	<b>263.6</b>	<b>237.8</b>	<b>159.6</b>	<b>104.1</b>	<b>179.9</b>	<b>185.6</b>	<b>219.5</b>	<b>111.0</b>	<b>187.0</b>
Misc Diagnostics - In	8.2	15.7	11.1	2.7	9.3	6.8	16.8	1.0	8.1
Misc Diagnostics - Out	255.4	222.1	148.5	101.4	170.6	178.8	202.6	110.0	179.0
<b>Imaging</b>	<b>969.4</b>	<b>874.4</b>	<b>537.0</b>	<b>429.1</b>	<b>697.0</b>	<b>930.6</b>	<b>681.2</b>	<b>318.0</b>	<b>674.8</b>
Imaging - In	41.8	37.1	15.7	11.9	34.7	35.7	13.8	1.8	25.2
Imaging - Out	927.6	837.3	521.3	417.2	662.3	895.0	667.5	316.2	649.6
<b>Other MBS</b>	<b>830.4</b>	<b>906.0</b>	<b>608.1</b>	<b>412.3</b>	<b>709.2</b>	<b>1,092.2</b>	<b>746.8</b>	<b>359.3</b>	<b>665.4</b>
Other MBS - In	173.2	258.8	123.5	79.4	191.4	265.6	252.6	25.6	141.5
Other MBS - Out	657.1	647.2	484.7	332.9	517.8	826.6	494.3	333.8	523.9
<b>Total</b>	<b>16,059.0</b>	<b>15,515.6</b>	<b>11,454.9</b>	<b>10,653.5</b>	<b>14,138.0</b>	<b>14,241.3</b>	<b>13,230.5</b>	<b>10,793.4</b>	<b>13,220.6</b>

\* Indigenous rates should be interpreted with caution due to small population numbers in some jurisdictions. This also impacts on comparisons between jurisdictions and over time. Medicare data presented by Indigenous status have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database. The methodology for this adjustment was developed and verified by the AIHW and the Department of Health and Ageing for assessment of MBS and PBS service use and expenditure for Indigenous Australians (For an explanation of the methodology, see *Expenditure on health for Aboriginal and Torres Strait Islander people 2006-07*).

Note: Rates are age-standardised to Australian 2001 population.

Source: Medicare Financing & Analysis Branch, Department of Health & Ageing.

Table 3.12.49d: Non-Indigenous MBS services by selected categories claimed, age-standardised per 1,000 population state and territory, 2009–10

MBS Services Claimed	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	AUS
<b>Non-Referred GP</b>	<b>5,765.7</b>	<b>5,356.2</b>	<b>5,477.3</b>	<b>4,541.7</b>	<b>5,468.2</b>	<b>5,057.7</b>	<b>4,337.4</b>	<b>3,278.1</b>	<b>5,402.6</b>
<b>Allied Health</b>	<b>583.6</b>	<b>499.2</b>	<b>321.5</b>	<b>219.9</b>	<b>431.4</b>	<b>271.3</b>	<b>217.3</b>	<b>110.8</b>	<b>447.5</b>
<b>Specialist</b>	<b>1,031.6</b>	<b>1,033.2</b>	<b>808.3</b>	<b>696.2</b>	<b>990.8</b>	<b>848.0</b>	<b>776.4</b>	<b>435.2</b>	<b>939.4</b>
Specialist – In	113.9	193.6	198.4	114.8	151.4	141.7	86.9	55.4	153.5
Specialist - Out	917.7	839.5	609.9	581.4	839.4	706.3	689.5	379.9	785.9
<b>Pathology</b>	<b>4,773.7</b>	<b>4,462.1</b>	<b>4,257.2</b>	<b>4,126.0</b>	<b>4,295.0</b>	<b>3,741.5</b>	<b>4,278.9</b>	<b>3,163.9</b>	<b>4,449.5</b>
Pathology - In	489.6	440.5	403.4	380.3	378.7	273.0	325.3	135.2	431.5
Pathology - Out	4,284.1	4,021.6	3,853.8	3,745.7	3,916.3	3,468.5	3,953.6	3,028.7	4,018.0
<b>Misc Diagnostics</b>	<b>250.5</b>	<b>222.3</b>	<b>196.7</b>	<b>148.6</b>	<b>198.2</b>	<b>158.1</b>	<b>166.3</b>	<b>99.9</b>	<b>214.2</b>
Misc Diagnostics - In	14.0	17.8	26.9	10.4	17.8	11.3	11.1	6.6	17.3
Misc Diagnostics - Out	236.5	204.5	169.8	138.2	180.4	146.8	155.1	93.2	197.0
<b>Imaging</b>	<b>879.0</b>	<b>799.6</b>	<b>740.4</b>	<b>662.0</b>	<b>752.0</b>	<b>711.8</b>	<b>629.3</b>	<b>412.9</b>	<b>789.0</b>
Imaging - In	60.7	58.0	49.2	47.7	51.5	45.6	36.4	18.3	54.8
Imaging - Out	818.3	741.7	691.3	614.3	700.4	666.3	592.9	394.5	734.2
<b>Other MBS</b>	<b>1,134.6</b>	<b>1,077.2</b>	<b>1,222.4</b>	<b>1,041.2</b>	<b>1,060.9</b>	<b>1,097.8</b>	<b>954.5</b>	<b>811.5</b>	<b>1,116.8</b>
Other MBS - In	358.4	409.8	427.0	381.9	387.3	345.6	338.6	215.7	388.1
Other MBS - Out	776.2	667.5	795.4	659.2	673.6	752.2	615.9	595.8	728.8
<b>Total</b>	<b>14,418.7</b>	<b>13,449.7</b>	<b>13,023.7</b>	<b>11,435.6</b>	<b>13,196.4</b>	<b>11,886.1</b>	<b>11,360.1</b>	<b>8,312.3</b>	<b>13,359.0</b>

Note: Rates are age-standardised to Australian 2001 population.

Source: Medicare Financing & Analysis Branch, Department of Health & Ageing.

**Table 3.12.49e: Indigenous MBS services by selected categories claimed, fees charged (\$ million), state and territory, 2009–10**

<b>MBS Services Claimed</b>	<b>NSW</b>	<b>Vic</b>	<b>Qld</b>	<b>WA</b>	<b>SA</b>	<b>Tas</b>	<b>ACT</b>	<b>NT</b>	<b>AUS</b>
<b>Non-Referred GP</b>	<b>40.6</b>	<b>9.9</b>	<b>31.8</b>	<b>12.7</b>	<b>7.5</b>	<b>4.2</b>	<b>1.1</b>	<b>10.7</b>	<b>118.4</b>
<b>Allied Health</b>	<b>8.5</b>	<b>1.4</b>	<b>3.3</b>	<b>0.6</b>	<b>0.7</b>	<b>0.5</b>	<b>0.1</b>	<b>0.2</b>	<b>15.4</b>
<b>Specialist</b>	<b>9.6</b>	<b>2.2</b>	<b>3.7</b>	<b>1.0</b>	<b>1.2</b>	<b>1.0</b>	<b>0.3</b>	<b>0.9</b>	<b>19.9</b>
Specialist – In	0.6	0.2	0.4	0.1	0.1	0.1	0.0	0.0	1.6
Specialist - Out	8.9	2.0	3.3	0.9	1.0	0.9	0.2	0.9	18.2
<b>Pathology</b>	<b>11.2</b>	<b>2.5</b>	<b>7.8</b>	<b>4.3</b>	<b>1.8</b>	<b>1.2</b>	<b>0.3</b>	<b>5.1</b>	<b>34.2</b>
Pathology - In	0.6	0.2	0.4	0.1	0.1	0.1	0.0	0.0	1.4
Pathology - Out	10.6	2.3	7.4	4.2	1.7	1.2	0.3	5.1	32.8
<b>Misc Diagnostics</b>	<b>1.9</b>	<b>0.4</b>	<b>0.9</b>	<b>0.3</b>	<b>0.2</b>	<b>0.1</b>	<b>0.1</b>	<b>0.2</b>	<b>4.0</b>
Misc Diagnostics - In	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.3
Misc Diagnostics - Out	1.8	0.3	0.8	0.3	0.2	0.1	0.1	0.2	3.7
<b>Imaging</b>	<b>12.6</b>	<b>2.8</b>	<b>6.7</b>	<b>2.6</b>	<b>1.6</b>	<b>1.5</b>	<b>0.3</b>	<b>1.8</b>	<b>29.8</b>
Imaging - In	0.5	0.1	0.2	0.1	0.1	0.1	0.0	0.0	1.1
Imaging - Out	12.1	2.6	6.4	2.5	1.5	1.5	0.3	1.7	28.7
<b>Other MBS</b>	<b>18.2</b>	<b>4.7</b>	<b>12.8</b>	<b>4.8</b>	<b>3.0</b>	<b>2.8</b>	<b>0.6</b>	<b>3.3</b>	<b>50.2</b>
Other MBS - In	6.4	1.8	4.2	1.5	1.0	1.1	0.3	0.5	16.8
Other MBS - Out	11.7	2.9	8.6	3.3	2.0	1.7	0.3	2.8	33.4
<b>Total</b>	<b>102.5</b>	<b>23.9</b>	<b>67.0</b>	<b>26.3</b>	<b>15.9</b>	<b>11.4</b>	<b>2.7</b>	<b>22.1</b>	<b>271.8</b>

\* Indigenous rates should be interpreted with caution due to small population numbers in some jurisdictions. This also impacts on comparisons between jurisdictions and over time. Medicare data presented by Indigenous status have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database. The methodology for this adjustment was developed and verified by the AIHW and the Department of Health and Ageing for assessment of MBS and PBS service use and expenditure for Indigenous Australians (For an explanation of the methodology, see *Expenditure on health for Aboriginal and Torres Strait Islander people 2006-07*).

Source: Medicare Financing & Analysis Branch, Department of Health & Ageing.

Table 3.12.49f: Non-Indigenous MBS services by selected categories claimed fees charged (\$ million), state and territory, 2009–10

MBS Services Claimed	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	AUS
<b>Non-Referred GP</b>	<b>1,862.8</b>	<b>1,381.9</b>	<b>1,053.1</b>	<b>458.7</b>	<b>417.1</b>	<b>115.4</b>	<b>80.1</b>	<b>26.7</b>	<b>5,395.8</b>
<b>Allied Health</b>	<b>521.0</b>	<b>313.1</b>	<b>148.9</b>	<b>53.0</b>	<b>81.0</b>	<b>14.3</b>	<b>9.8</b>	<b>1.8</b>	<b>1,143.0</b>
<b>Specialist</b>	<b>830.0</b>	<b>608.2</b>	<b>385.6</b>	<b>168.5</b>	<b>166.0</b>	<b>41.3</b>	<b>30.2</b>	<b>5.9</b>	<b>2,235.8</b>
Specialist – In	87.2	115.9	86.4	26.5	28.5	7.7	2.8	0.7	355.5
Specialist - Out	742.8	492.3	299.2	142.0	137.6	33.6	27.5	5.3	1,880.3
<b>Pathology</b>	<b>765.8</b>	<b>543.3</b>	<b>438.8</b>	<b>202.0</b>	<b>147.3</b>	<b>44.4</b>	<b>32.4</b>	<b>9.7</b>	<b>2,183.8</b>
Pathology - In	118.5	89.3	71.9	35.0	22.5	6.2	4.3	0.8	348.5
Pathology - Out	647.3	454.0	366.9	166.9	124.9	38.2	28.1	8.9	1,835.2
<b>Misc Diagnostics</b>	<b>157.7</b>	<b>97.0</b>	<b>76.4</b>	<b>31.3</b>	<b>28.5</b>	<b>7.0</b>	<b>5.3</b>	<b>1.2</b>	<b>404.3</b>
Misc Diagnostics - In	13.3	13.2	13.5	4.0	4.6	0.9	0.3	0.2	50.0
Misc Diagnostics - Out	144.4	83.8	62.9	27.3	23.8	6.1	5.0	1.0	354.3
<b>Imaging</b>	<b>919.3</b>	<b>636.7</b>	<b>455.5</b>	<b>231.3</b>	<b>179.6</b>	<b>50.7</b>	<b>36.3</b>	<b>9.9</b>	<b>2,519.3</b>
Imaging - In	84.6	66.9	48.4	25.2	18.0	5.0	2.5	0.5	251.0
Imaging - Out	834.8	569.8	407.1	206.0	161.6	45.8	33.8	9.4	2,268.3
<b>Other MBS</b>	<b>1,888.9</b>	<b>1,307.7</b>	<b>1,122.4</b>	<b>522.8</b>	<b>387.1</b>	<b>120.6</b>	<b>83.8</b>	<b>25.4</b>	<b>5,458.7</b>
Other MBS - In	1,079.6	761.9	665.6	319.9	222.6	69.6	51.8	13.3	3,184.3
Other MBS - Out	809.3	545.8	456.8	202.9	164.5	51.1	32.0	12.1	2,274.4
<b>Total</b>	<b>6,945.6</b>	<b>4,887.9</b>	<b>3,680.7</b>	<b>1,667.6</b>	<b>1,406.6</b>	<b>393.8</b>	<b>277.9</b>	<b>80.6</b>	<b>19,340.7</b>

Source: Medicare Financing & Analysis Branch, Department of Health & Ageing.

**Table 3.12.49g: Indigenous MBS services by selected categories claimed, benefits paid (\$ million), state and territory, 2009-10**

<b>MBS Services Claimed</b>	<b>NSW</b>	<b>Vic</b>	<b>Qld</b>	<b>WA</b>	<b>SA</b>	<b>Tas</b>	<b>ACT</b>	<b>NT</b>	<b>AUS</b>
<b>Non-Referred GP</b>	<b>39.4</b>	<b>9.5</b>	<b>30.7</b>	<b>12.3</b>	<b>7.3</b>	<b>3.8</b>	<b>0.9</b>	<b>10.4</b>	<b>114.3</b>
<b>Allied Health</b>	<b>8.2</b>	<b>1.3</b>	<b>3.1</b>	<b>0.6</b>	<b>0.7</b>	<b>0.5</b>	<b>0.1</b>	<b>0.2</b>	<b>14.7</b>
<b>Specialist</b>	<b>7.6</b>	<b>1.8</b>	<b>2.9</b>	<b>0.7</b>	<b>1.0</b>	<b>0.8</b>	<b>0.2</b>	<b>0.9</b>	<b>15.8</b>
Specialist – In	0.4	0.1	0.2	0.1	0.1	0.1	0.0	0.0	1.0
Specialist - Out	7.2	1.6	2.6	0.7	0.9	0.8	0.2	0.8	14.8
<b>Pathology</b>	<b>10.9</b>	<b>2.4</b>	<b>7.4</b>	<b>4.3</b>	<b>1.7</b>	<b>1.1</b>	<b>0.3</b>	<b>5.2</b>	<b>33.3</b>
Pathology - In	0.4	0.1	0.2	0.1	0.1	0.0	0.0	0.0	0.9
Pathology - Out	10.5	2.3	7.2	4.2	1.7	1.1	0.3	5.2	32.5
<b>Misc Diagnostics</b>	<b>1.7</b>	<b>0.3</b>	<b>0.8</b>	<b>0.2</b>	<b>0.2</b>	<b>0.1</b>	<b>0.0</b>	<b>0.2</b>	<b>3.6</b>
Misc Diagnostics - In	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.2
Misc Diagnostics - Out	1.6	0.3	0.7	0.2	0.2	0.1	0.0	0.2	3.4
<b>Imaging</b>	<b>11.6</b>	<b>2.5</b>	<b>6.1</b>	<b>2.3</b>	<b>1.5</b>	<b>1.3</b>	<b>0.2</b>	<b>1.7</b>	<b>27.3</b>
Imaging - In	0.3	0.1	0.1	0.1	0.0	0.0	0.0	0.0	0.7
Imaging - Out	11.3	2.4	6.0	2.3	1.4	1.3	0.2	1.7	26.6
<b>Other MBS</b>	<b>13.6</b>	<b>3.5</b>	<b>10.0</b>	<b>3.8</b>	<b>2.3</b>	<b>2.1</b>	<b>0.4</b>	<b>3.0</b>	<b>38.7</b>
Other MBS - In	2.7	0.8	1.9	0.6	0.5	0.5	0.1	0.3	7.3
Other MBS - Out	11.0	2.7	8.1	3.2	1.9	1.6	0.3	2.7	31.4
<b>Total</b>	<b>93.1</b>	<b>21.3</b>	<b>61.1</b>	<b>24.2</b>	<b>14.6</b>	<b>9.8</b>	<b>2.1</b>	<b>21.5</b>	<b>247.7</b>

\* Indigenous rates should be interpreted with caution due to small population numbers in some jurisdictions. This also impacts on comparisons between jurisdictions and over time. Medicare data presented by Indigenous status have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database. The methodology for this adjustment was developed and verified by the AIHW and the Department of Health and Ageing for assessment of MBS and PBS service use and expenditure for Indigenous Australians (For an explanation of the methodology, see *Expenditure on health for Aboriginal and Torres Strait Islander people 2006-07*).

Source: Medicare Financing & Analysis Branch, Department of Health & Ageing.

Table 3.12.49h: Non-Indigenous MBS services by selected categories claimed, benefits paid (\$ million), state and territory, 2009-10

MBS Services Claimed	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	AUS
<b>Non-Referred GP</b>	<b>1,715.7</b>	<b>1,232.7</b>	<b>933.3</b>	<b>390.9</b>	<b>377.8</b>	<b>100.7</b>	<b>58.8</b>	<b>19.9</b>	<b>4,829.8</b>
<b>Allied Health</b>	<b>485.4</b>	<b>284.0</b>	<b>134.5</b>	<b>44.9</b>	<b>76.4</b>	<b>13.1</b>	<b>7.8</b>	<b>1.4</b>	<b>1,047.5</b>
<b>Specialist</b>	<b>572.4</b>	<b>429.6</b>	<b>256.7</b>	<b>110.0</b>	<b>123.1</b>	<b>29.6</b>	<b>19.4</b>	<b>4.3</b>	<b>1,545.2</b>
Specialist – In	54.3	70.3	53.0	16.2	17.0	4.8	1.7	0.4	217.6
Specialist - Out	518.1	359.3	203.7	93.9	106.2	24.8	17.7	3.9	1,327.6
<b>Pathology</b>	<b>702.3</b>	<b>492.1</b>	<b>386.7</b>	<b>181.3</b>	<b>138.4</b>	<b>38.4</b>	<b>29.8</b>	<b>9.4</b>	<b>1,978.4</b>
Pathology - In	75.9	56.5	42.4	19.7	15.1	3.8	2.7	0.5	216.5
Pathology - Out	626.4	435.6	344.3	161.6	123.3	34.6	27.1	8.9	1,761.9
<b>Misc Diagnostics</b>	<b>132.9</b>	<b>82.1</b>	<b>59.3</b>	<b>23.0</b>	<b>24.3</b>	<b>5.7</b>	<b>4.1</b>	<b>1.0</b>	<b>332.4</b>
Misc Diagnostics - In	8.4	8.4	8.7	2.4	2.8	0.6	0.2	0.1	31.6
Misc Diagnostics - Out	124.5	73.7	50.7	20.7	21.4	5.1	3.9	0.8	300.8
<b>Imaging</b>	<b>800.0</b>	<b>536.2</b>	<b>385.4</b>	<b>174.1</b>	<b>150.4</b>	<b>43.1</b>	<b>26.0</b>	<b>7.3</b>	<b>2,122.5</b>
Imaging - In	54.6	42.5	27.9	13.5	11.6	3.1	1.5	0.3	155.1
Imaging - Out	745.4	493.7	357.5	160.6	138.8	40.0	24.5	7.0	1,967.4
<b>Other MBS</b>	<b>1,143.9</b>	<b>832.4</b>	<b>687.6</b>	<b>311.4</b>	<b>252.5</b>	<b>78.5</b>	<b>44.7</b>	<b>15.7</b>	<b>3,366.7</b>
Other MBS - In	447.5	365.1	291.3	140.2	108.5	31.8	19.1	5.8	1,409.4
Other MBS - Out	696.4	467.3	396.3	171.2	144.0	46.7	25.6	9.9	1,957.3
<b>Total</b>	<b>5,552.6</b>	<b>3,889.2</b>	<b>2,843.5</b>	<b>1,235.7</b>	<b>1,142.8</b>	<b>309.2</b>	<b>190.5</b>	<b>58.9</b>	<b>15,222.5</b>

Source: Medicare Financing & Analysis Branch, Department of Health & Ageing.

## **Data quality issues**

### **National Aboriginal and Torres Strait Islander Health Survey (NATSIHS)**

The NATSIHS uses the standard Indigenous status question. The NATSIHS sample was specifically designed to select a representative sample of Aboriginal and Torres Strait Islander Australians. It has therefore overcome the problem inherent in most national surveys with small and unrepresentative Indigenous samples. As with other surveys, the NATSIHS is subject to sampling and non-sampling errors. Calculations of standard errors and significance testing help to identify the accuracy of the estimates and differences.

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

Non-Indigenous comparisons are available through the National Health Survey (NHS). The NHS was conducted in *Major cities, Inner regional, Outer regional* and *Remote* areas, but *Very remote* areas were excluded from the sample. Time series comparisons are available through the 1995 and 2001 National Health Surveys.

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

Further information on NATSIHS data quality issues can be found in the NATSIHS 2004–05 publication (ABS 2006).

### **National Aboriginal and Torres Strait Islander Social Survey (NATSISS)**

The NATSISS is conducted in all states and territories and includes remote and non-remote areas. The 2008 sample was 13,300 persons in 6900 households, with a response rate of 82% of households. Up to three randomly selected Indigenous people 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 to 17 years. 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 Aboriginal and Torres Strait Islander 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. All interviews were conducted by trained ABS officers. 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 three (1994, 2001 and 2008) NATSISS surveys, so care is required when reviewing results across the three surveys. There are no strictly comparable non-Indigenous results available for the 2008 NATSISS because the latest General Social Survey (which has been used in the past to compare with Indigenous results from the NATSISS) was run in 2006, with the next being run in 2010. Data from other ABS surveys run in 2008 may, however, be used to obtain rough non-Indigenous comparisons for some data items. Where possible, the ABS has provided recommendations for non-Indigenous data comparisons and these have been adopted in this report.

The 2008 NATSISS has a relatively large level of under-coverage when compared with other ABS surveys. There was also an increase in under-coverage compared with previous ABS Indigenous surveys. For example, the estimated under-coverage in the 2004-05 National Aboriginal and Torres Strait Islander Health Survey was 42%. The overall under-coverage rate for the 2008 NATSISS is approximately 53% of the in-scope population at the national level. This rate varies across the states and territories (ABS 2010).

Further information on NATSISS data quality issues can be found in the *2008 NATSISS user's guide* (ABS 2010).

### **Community Housing and Infrastructure Needs Survey (CHINS)**

The 2006 CHINS collected information on a variety of topics from discrete Aboriginal and Torres Strait Islander communities throughout Australia and on Indigenous organisations that provide rental housing to Indigenous people. In 2006, CHINS information was collected on 496 Indigenous organisations, which managed a total of 21,854 permanent dwellings. The majority of those dwellings were located in the Northern Territory (6,448), Queensland (6,230), New South Wales (4,176) and Western Australia (3,462) (ABS 2007).

The CHINS survey covers only discrete Indigenous communities. In 2006, the CHINS collected information from 1,187 discrete indigenous communities. This included approximately 92,960 Aboriginal and Torres Strait Islanders or 18% of the total Indigenous population. CHINS data are collected every five years. The data are collected from key personnel in Indigenous communities and housing organisations that are knowledgeable about housing and infrastructure issues.

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

Further information on the CHINS can be found in the publication *Housing and infrastructure in Aboriginal and Torres Strait Islander communities, Australia 2006* (ABS 2007).

### **Census of Population and Housing**

The Census uses the National health data dictionary standard Indigenous status question and it is asked for each household member. Measures that are drawn from Census data are subject to broad data concerns relating to the unexplainable growth in the Aboriginal and Torres Strait Islander population since the 1991 Census, and the limitations of self-identification. Other Census data issues relate to the accuracy of the Census count itself, such as whether people are counted more than once, or are under-counted (ABS 1996).

For the 2002 NATSISS, it was estimated that there were 165,700 Indigenous households, compared with 144,700 enumerated in the 2001 Census. Although the Census data are adjusted for under-counts at the person level to arrive at the estimated resident population,

no such adjustment is done at the household level. This affects the accuracy of the person counts at the household level to provide adjusted household estimates.

### **Medicare data**

#### **MBS items**

The MBS items included in this measure have been introduced over the last few years, with the child health check item commencing in May 2006. The take-up of new MBS items is influenced by the speed at which practitioners and the population become aware of the new items and how to use them. Also, take-up can be influenced by administrative processes and the time taken to change computer systems to incorporate these new items. Analysis of monthly statistics on Items 704 and 706 suggest that it took several years for these statistics to stabilise into a fairly regular pattern. Item 710 was introduced in May 2004 and monthly statistics have become relatively stable within 12 months.

#### **Standard Indigenous status question**

In November 2002, the ABS standard question on Indigenous identification was included on Medicare enrolment forms. The question is asked in relation to the cardholder and any other family member named on the card. Responding to the question is voluntary and there is an explanation of the reasons for the question and the use of the data included on the form. This is referred to as the Voluntary Indigenous Identifier.

#### **Under-identification**

Because the Voluntary Indigenous Identifier was only introduced recently, the coverage of Aboriginal and Torres Strait Islander Australians in this database is not complete. There were 210,351 people who had identified as Aboriginal and/or Torres Strait Islander in this database at January 2009: around 41% of the estimated Aboriginal and Torres Strait Islander population (AIHW 2010c). The number of people who have identified as Aboriginal and/or Torres Strait Islander has steadily increased from 47,200 people since 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, because 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 2006–07 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 Aboriginal and/or Torres Strait Islander varies according to the motivations of the individual and the perceived uses of the data in question. For example, it is possible that there are some Aboriginal and Torres Strait Islander people who are registered with the VII but who do not identify as Indigenous for the purposes of the Census, or vice versa.
- 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.

- Because the VII sample is generated voluntarily, it is not truly random and cannot be perfectly representative of the Indigenous population until full coverage is achieved. There could be biases in the data that are not covered by the adjustment methodology.

### **National Hospital Morbidity data**

#### **Hospital separations data**

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.

The proportion of Aboriginal and Torres Strait Islander separations in public hospitals increased over the 11-year period 1996–97 to 2007–08, from 3.7% to 5.4%. In private hospitals, it stayed around 0.2% to 0.3% until 2003–04, when there was a modest increase to 0.5%.

#### **Indigenous status question**

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

‘Not stated’ responses to the Indigenous status question were around 1% in public hospitals and 4% in private hospitals in 2007–08. This is a reduction from 1998–99 when 2% of responses in public hospitals and 8% of responses in private hospitals had a ‘not stated’ Indigenous status (AIHW 2009a).

#### **Under-identification**

The incompleteness of Indigenous identification means the number of hospital separations recorded as Indigenous is an underestimate of hospitalisations involving Aboriginal and Torres Strait Islander people. An estimated 89% of Indigenous patients were correctly identified in Australian public hospital admission records in 2007–08. In other words, 11% of Indigenous patients were not identified, and the ‘true’ number of hospital admissions for Indigenous persons was about 12% higher than reported.

For several years, Queensland, South Australia, Western Australia and the Northern Territory reported that Indigenous status in their hospital separations data was of acceptable quality (AIHW 2007a). The AIHW, however, has recently completed an assessment of the level of Indigenous under-identification in hospital data in all states and territories. Results from this assessment indicate that New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory have adequate Indigenous identification (80% or higher overall levels of Indigenous identification in public hospitals only) in their hospital separations data. For Tasmania and the Australian Capital Territory, the levels of Indigenous identification were not considered acceptable for analysis purposes. It has therefore been recommended that reporting of Indigenous hospital separations data be limited to information from New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory, individually or in aggregate. The proportion of the Indigenous population covered by these six jurisdictions is 96%. The following caveats have also been recommended for analysis of hospitalisation data from selected jurisdictions (AIHW 2010d):

- Interpretation of results should take into account the relative quality of the data from the jurisdictions included (currently there is a small degree of Indigenous under-identification in data from New South Wales and South Australia, and relatively marked Indigenous under-identification in data from Queensland and Victoria).

- Interpretation of time series analysis should take into account the possible contribution of changes over time in ascertainment of Indigenous status. This will be reflected in Indigenous patient changes in hospitalisation rates for Indigenous people.
- Data for these six jurisdictions over-represent Indigenous populations in less urbanised and more remote locations.
- Hospitalisation data for these six jurisdictions are not necessarily representative of the jurisdictions not included.

From the AIHW study, it was possible to produce correction factors for the level of Indigenous under-identification in hospital data for each jurisdiction and at the national level.

### **Remoteness areas**

There were acceptable levels of Indigenous identification for all remoteness areas, ranging from 80% in *Major cities* to 97% in *Remote* and *Very remote* areas. The quality of data supports analyses by remoteness areas, in aggregate, across states and territories. However, the sample size was insufficient to allow assessment of the quality of Indigenous identification by remoteness area within jurisdictions.

### **Numerator and denominator**

Rate and ratio calculations rely on good numerator and denominator data. There are changes in the completeness of identification of Indigenous people in hospital records. These may take place at different rates from changes in the identification of Indigenous people in other administrative collections and population censuses. Denominators used in this analysis are sourced from *Experimental estimates and projections: Aboriginal and Torres Strait Islander Australians 1991 to 2010* (ABS 2009).

### **Data sources for injury emergency episodes**

The National Non-admitted Patient Emergency Department Care Database is a national collection of de-identified data on emergency department episodes based on the Non-admitted Emergency Department Care National Minimum Data Set. This data set includes the standard Indigenous status question but does not include injury coding (for example, ICD-10). The Injury Surveillance National Minimum Data Set includes injury coding (components of ICD-10) but does not include demographic details such as Indigenous status. Therefore, there is currently no national minimum data set containing both Indigenous status and injury coding.

### **General Practitioner data**

Care must be taken in using and interpreting the data provided. There are two 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 (FTE) 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 FTE for doctors in areas with high Indigenous populations.

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

### **AIHW Medical Labour Force Survey**

The AIHW Medical Labour Force Survey is conducted on an annual basis. Survey responses are weighted by state, age and sex to produce state and territory and national estimates of the total medical labour force. Benchmarks for weighting come from registration information provided by state and territory registration boards.

The response rates to this survey can vary from year to year and across jurisdictions, but have stayed fairly stable over the five years to 2004. Note that the questionnaires have varied over time and across jurisdictions. Mapping of data items has been undertaken to provide time series data. However, because of this, and the variation in response rates, some caution should be used in interpreting change over time and differences across jurisdictions.

More detailed information about how these surveys were conducted is available from the *Medical labour force 2007* (AIHW 2009b).

### **OATSIH Services Reporting (OSR) Data Collection**

The data were collected using the OSR questionnaire, which combined previously separate questionnaires for primary health, substance use, and Bringing Them Home and Link up counselling services.

OATSIH sent a paper copy of the 2008–09 OSR questionnaire to each participating service and asked the service to complete the relevant sections. The participating services sent their completed OSR questionnaires directly to the AIHW.

The AIHW examined all completed questionnaires received to identify any missing data and data quality issues. Where needed, AIHW staff contacted the relevant services to follow up and obtain additional or corrected data. After manually entering the data on the data repository system, staff conducted further data quality checks.

The AIHW identified three major problems with the data quality: missing data, inappropriate data provided for the question, and divergence of data from two or more questions. The majority of 2008–09 OSR questionnaires received had one or more of these data quality issues.

Further information can be found in the data quality statement in *the Aboriginal and Torres Strait Islander Health Services Report, 2008-09* (AIHW 2010e).

### **Health Expenditure Data**

Health expenditure data are affected by most of the reservations about data relating to Aboriginal and Torres Strait Islander people. The issue of poor Indigenous identification means that the attribution of expenditure to Indigenous people either on a population or per capita basis must be treated with caution. This single factor is arguably the major important data quality issue, affecting as it does nearly all health- and population-based measures. Reliable Indigenous status data is a major requirement to produce reliable, consistent and valid information on most aspects of Indigenous health. The 'completeness of identification of Indigenous Australians varies significantly across states and territories' and in administrative health data collections (SCRGSP 2006).

### **Quality of data on Indigenous service use**

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

### **Expenditure estimates**

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

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

Furthermore, although every effort has been made to ensure consistent reporting and categorisation of expenditure on health goods and services, in some cases there may be inconsistencies across data providers. These may result from limitations of financial reporting systems, and/or different reporting mechanisms (AIHW 2009a).

### **Under-identification**

Estimates of the level of Indigenous under-identification were used to adjust some reported expenditure. 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 the particular service(s) were located. In some jurisdictions, no Indigenous under-identification adjustment was considered necessary.

### **Comparison with estimates for 2004–05**

This report provides separate estimates of expenditure for health, and for health and high-care residential aged care services.

This allows comparison with estimates with health and high-care residential aged care expenditure in the 2004–05 report as well as presentation of estimates that relate more directly to estimates in the AIHW's Expenditure on health for Aboriginal and Torres Strait Islander people 2006–07 (AIHW 2009a).

There has also been a change in the method for estimating MBS and PBS expenditure. The method involves the use of Medicare Voluntary Indigenous Identifier (VII) data to estimate expenditure on medical services. Services include general practitioner (GP), specialist, pathologist and imaging services, and prescription pharmaceuticals provided to Aboriginal and Torres Strait Islander people (see Appendix B for more details).

This change may have contributed to the increase in estimated MBS and PBS expenditure reported in 2006–07 compared with 2004–05.

### **Palliative care data**

Data on palliative care are sourced from the Admitted Patient Palliative Care National Minimum Data Set (NMDS). This includes Aboriginal and or Torres Strait Islander status and allows all the items within the data set to be analysed against this status. The NMDS is a component of the hospitals morbidity collection. Hospital data on palliative care is likely to include similar data quality problems to those outlined in the hospital separations data section above.

Sourcing data from an admitted patient NMDS means that there is a lack of national data on palliative care that occurs in the community (that is, non-admitted care). This is an obvious gap given the emphasis within palliative care on providing patients and their families with choices about their settings of care (AIHW 2007b). Also, and similar to other health sectors and services provided through hospitals, palliative care has a number of data quality issues, including a lack of consistency around definitions.

For example the term 'palliative' – what it is and who provides it. In response to this, the Australian Government funds:

- the AIHW to manage palliative care data development issues. This work has had a number of outcomes, including the development and piloting of a palliative care community data set specification that contained Aboriginal and Torres Strait Islander status. The recommendations from this work are being considered by the Palliative Care Intergovernmental Forum. Definitions agreed from the work will be provided to the Health Data Standards Committee for inclusion in the National Health Data Dictionary.
- the University of Wollongong to head a collaboration of four universities to develop and manage a voluntary, service level, quality improvement initiative called the Palliative Care Outcomes Collaboration (PCOC). This initiative has developed a data set including clinical assessment items, and a methodology that allows routine collection and reporting of the data set to support the quality initiative. At this stage, it is estimated that around 50% of services submit data to the PCOC database. There is an Indigenous data item included in the data set that allows analysis across all the data set variables but, to date, the numbers of Indigenous clients in the limited sample are negligible.

## 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.f.d. not further defined

n.p. not available for publication but included in totals where applicable, unless otherwise indicated

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