



Expenditure and workforce

8



Key points

Health expenditure and funding

- In 2010–11, health care expenditure for Indigenous people was estimated to be \$4.6 billion, accounting for 3.7% of total recurrent health expenditure by government and non-government sources (including out-of-pocket payments by individuals).
- On average, health care expenditure was \$7,995 per Indigenous Australian, compared with \$5,437 per non-Indigenous Australian in 2010–11—thus \$1.47 was spent on health care per Indigenous person for every \$1.00 spent per non-Indigenous person.
- Between 2008–09 and 2010–11, government health expenditure for Indigenous people increased by \$847 per person (adjusted for inflation)—an average annual growth rate of 6.1%. The corresponding growth rate for non-Indigenous people was 2.6%.
- In 2010–11, the health conditions that accounted for the largest proportion of admitted patient expenditure for Indigenous people were genitourinary diseases (which includes expenditure on dialysis), and mental and behavioural disorders (both 11% of admitted patient expenditure).
- In 2010–11, average per person expenditure for:
 - Medicare Benefits Schedule benefits was lower for Indigenous Australians (\$493 per person) than for non-Indigenous Australians (\$737) (a ratio of 0.7)
 - Pharmaceutical Benefits Scheme benefits was also lower for Indigenous Australians (\$291) than for non-Indigenous Australians (\$366) (a ratio of 0.8).
- The Australian Government funded 45% of health expenditure for Indigenous people, state and territory governments funded 47%, and non-government sources funded 8.6% in 2010–11. This compares with 44%, 24% and 32%, respectively, of health expenditure for non-Indigenous people.
- Among people in non-remote areas, 20% of Indigenous adults had private health insurance in 2012–13, compared with 57% of all Australian adults.

Welfare expenditure

- In 2012–13, government expenditure on welfare for Indigenous Australians was an estimated \$9.8 billion—accounting for 6.7% of total government welfare expenditure.
- On a per person basis, government welfare expenditure was \$13,968 per Indigenous Australian, compared with \$6,019 per non-Indigenous Australian in 2012–13— this equates to expenditure of \$2.32 per Indigenous person for every \$1.00 spent per non-Indigenous person.
- Between 2008–09 and 2012–13, government welfare expenditure for Indigenous people increased by 13% per Indigenous person (adjusted for inflation), while it decreased by 8.2% per non-Indigenous person.
- In 2012–13:
 - just under half (46%) of government welfare expenditure for Indigenous people was for social security payments, followed by 42% for community support and welfare services, and 12% for housing and homelessness assistance
 - of the \$4.5 billion spent on social security payments for Indigenous people, nearly half (48%) was in the form of cash payments to assist families and children (compared with 26% for non-Indigenous people)
 - of the \$4.1 billion spent on community support and welfare services for Indigenous people, the largest proportion (29%) was spent on child protection and out-of-home care services (compared with 6.5% for non-Indigenous people)
 - of the \$1.1 billion spent on housing and homelessness assistance for Indigenous people, 74% was spent on social housing, 15% on rental market assistance and 12% on assistance for homeless people (compared with 34%, 59% and 6.7%, respectively, for non-Indigenous people).



Indigenous people employed in health and welfare sectors

- According to the 2011 Census, there were around 8,500 Indigenous people employed in health-related occupations, representing 5.7% of all employed Indigenous people aged 15 and over. Of these, one-quarter (26%) were nurses or midwives, and 15% were Indigenous health workers.
- In 2011, 1.6% of the Indigenous population were employed in health-related occupations compared with 3.4% of the non-Indigenous population.
- In 2012, there were 221 Indigenous employed medical practitioners in Australia—accounting for 0.3% of employed medical practitioners who indicated their Indigenous status.
- In 2011, there were 16,114 Indigenous people aged 15 and over employed in community services occupations—accounting for 3.7% of all community services workers.
- Among Indigenous people in the community services workforce in 2011, the largest occupational groups were education aides (3,998 workers), welfare support workers (3,573 workers), and aged and disabled carers (2,672 workers).
- In 2011, 2.9% of the Indigenous population were employed in the community services workforce, compared with 2.2% of the non-Indigenous population.

Comparison by remoteness

- In 2010–11, per person health expenditure for Indigenous people generally increased with remoteness. For the areas of health services for which expenditure data by remoteness were available:
 - expenditure was \$3,899 per Indigenous person in *Major cities*, compared with \$6,616 per Indigenous person in *Remote and very remote* areas
 - in contrast, per person health expenditure for non-Indigenous people was more similar across the remoteness areas (ranging from \$2,979 to \$3,371 per person).
- In 2010–11, average per person health expenditure for Indigenous people was higher than for non-Indigenous people in each remoteness area, with the ratio highest in *Remote and very remote* areas (\$2.22 was spent for Indigenous Australians for every dollar spent for non-Indigenous Australians) and lowest in *Inner regional* areas (\$1.14).

8.1 Introduction

Regular reporting of health and welfare expenditure for Indigenous people is central to understanding the needs of the Indigenous population and how they are being met. This chapter presents estimates of expenditure on health and welfare for Indigenous Australians, including comparisons with non-Indigenous Australians. Differences in expenditure between these 2 groups reflect a number of complex and inter-related factors, including the differing age structures and geographic distribution of the 2 populations, and greater levels of disadvantage among the Indigenous population (AIHW 2013d; SCRGSP 2014a). This chapter also presents information on employment of Indigenous people in the health and welfare sectors.

The health expenditure estimates in this chapter were sourced from the AIHW's health expenditure database (AIHW 2013d, 2013e), while estimates of welfare expenditure were sourced from the Productivity Commission's 2014 *Indigenous expenditure report* (SCRGSP 2014a). See Appendix A.5 for further information about these data sources.

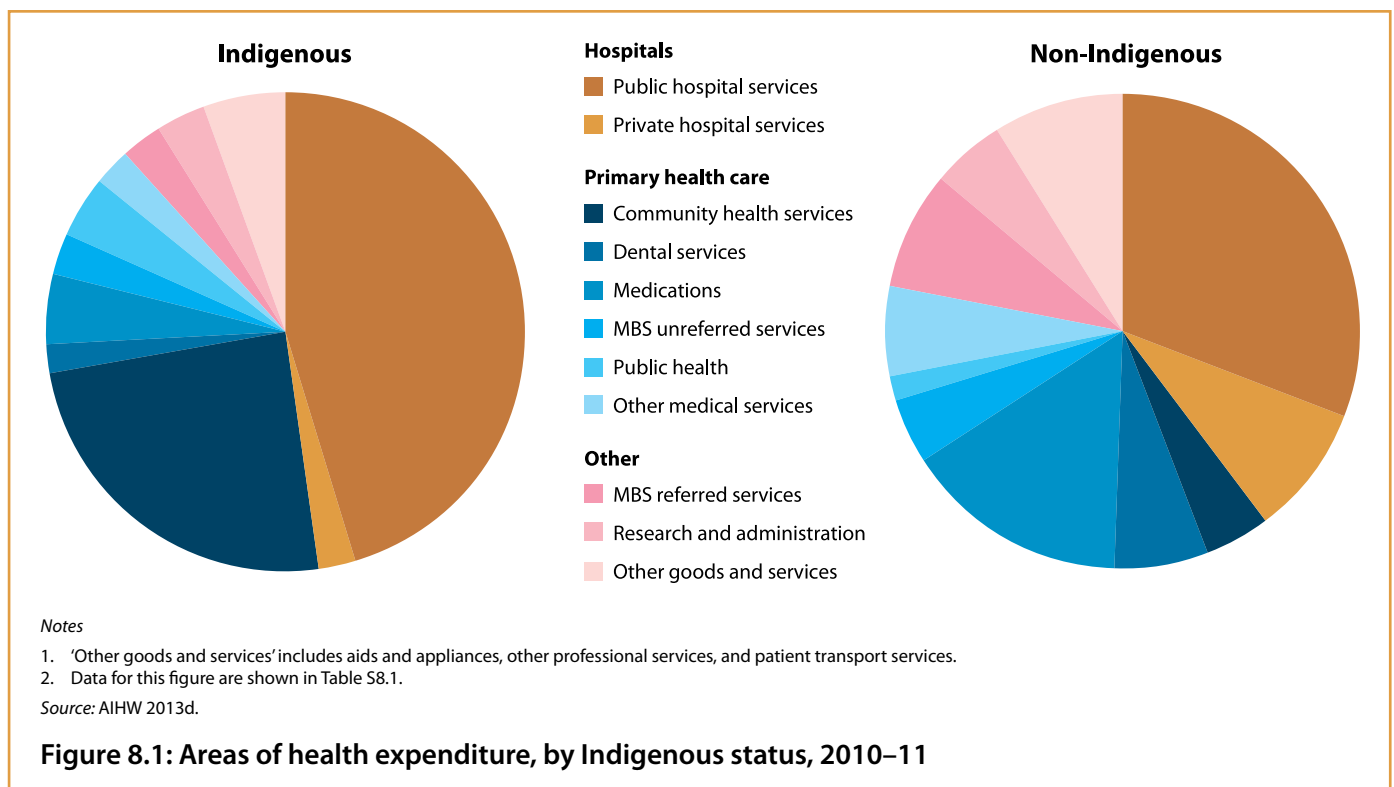
8.2 Health expenditure and funding

Health expenditure

Health expenditure occurs where money is spent on health goods and services. The health expenditure estimates in this section include expenditure by governments, out-of-pocket payments by individuals and expenditure by other non-government sources, such as private health insurers.

In 2010–11:

- health expenditure was estimated to be \$4.6 billion for Indigenous people, or 3.7% of Australia's total recurrent health expenditure (AIHW 2013d)
- larger proportions of health expenditure for Indigenous Australians were on public hospital and community health services than for non-Indigenous Australians (Figure 8.1).

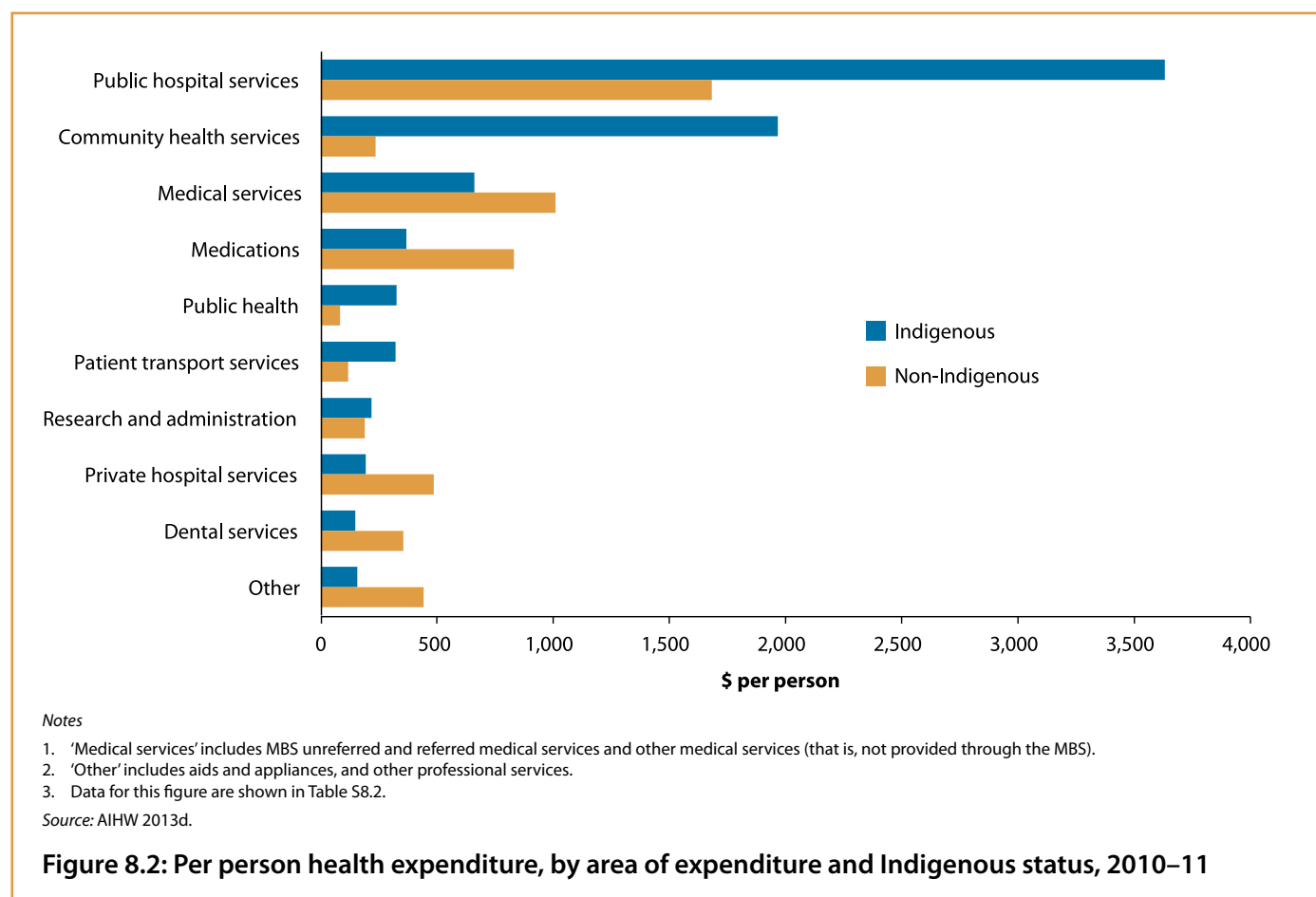




On average, health care expenditure was \$7,995 per Indigenous person, compared with \$5,437 per non-Indigenous person in 2010–11; thus \$1.47 was spent on health care per Indigenous person for every \$1.00 spent per non-Indigenous person (Table S8.2).

In terms of specific areas of health expenditure:

- publicly-provided services, such as public hospital services and community health services, were the areas of highest expenditure for Indigenous people
- average per person expenditure on public hospital services for Indigenous Australians (\$3,631) was more than twice that for non-Indigenous Australians (\$1,683)
- average per person expenditure on community health services for Indigenous people was more than 8 times that for non-Indigenous people (\$1,967 versus \$236)
- for health services that have greater out-of-pocket expenses, such as medications and dental services, expenditure for Indigenous people was generally lower than for non-Indigenous people (Figure 8.2).



In 2010–11, expenditure on health by governments comprised most (\$4.3 billion or 95%) of total health expenditure for Indigenous Australians—\$1.2 billion on programs and services directly administered by the Australian Government and \$3.1 billion on programs and services administered by state and territory governments. Government health expenditure for Indigenous Australians comprised 5.1% of total government health expenditure.

Between 2008–09 and 2010–11:

- health expenditure by Australian and state and territory governments for Indigenous people increased by \$847 per person (adjusted for inflation)—representing an average annual growth rate of 6.1%
- the corresponding rate of growth for non-Indigenous people was lower (2.6% or an increase of \$182 per person).

Some of the observed increase in government health expenditure for Indigenous people may be due to improvements in the accuracy and quality of the expenditure estimates (AIHW 2013d).

Expenditure by remoteness

Economies of scale and the relative geographic isolation of some Indigenous populations can affect the costs of both producing and delivering health goods and services. Estimates of expenditure by remoteness for 2010–11 can be derived for 4 areas of health services: admitted patient services (public and private), Medicare Benefits Schedule, Pharmaceutical Benefits Scheme, and grants to Aboriginal Community Controlled Health Services by the then Office for Aboriginal and Torres Strait Islander Health. Together, these 4 areas accounted for 61% of health expenditure for Indigenous Australians in 2010–11 (AIHW 2013e).

In 2010–11, for the 4 areas of health expenditure collectively:

- average per person health expenditure for Indigenous people generally increased with remoteness—in *Major cities*, expenditure was \$3,899 per Indigenous person while in *Remote and very remote* areas it was \$6,616 per Indigenous person
- in contrast, per person health expenditure for non-Indigenous people was more similar across the remoteness areas (ranging from \$2,979 per person in *Remote and very remote* areas to \$3,371 per person in *Outer regional* areas)
- for each remoteness area, average per person health expenditure for Indigenous people was higher than for non-Indigenous people, with the ratio highest in *Remote and very remote* areas (for every dollar spent for non-Indigenous Australians, \$2.22 was spent for Indigenous Australians) and lowest in *Inner regional* areas (\$1.14) (Table 8.1).

Table 8.1: Health expenditure on selected health services^(a), by remoteness^(b) and Indigenous status, 2010–11 (\$ per person)

Remoteness area	Indigenous	Non-Indigenous	Ratio
Major cities	3,899.0	3,072.0	1.27
Inner regional	3,835.3	3,358.3	1.14
Outer regional	4,459.5	3,370.6	1.32
Remote and very remote	6,615.8	2,979.1	2.22
Total	4,675.0	3,067.7	1.52

(a) Estimates of expenditure by remoteness can be derived for 4 areas of health services: admitted patient services (public and private), Medicare Benefits Schedule, Pharmaceutical Benefits Scheme, and grants to Aboriginal Community Controlled Health Services by the then Office for Aboriginal and Torres Strait Islander Health.

(b) Remoteness area refers to patient's residence. Remoteness was classified according to the ABS Australian Standard Geographical Classification remoteness areas. Source: AIHW 2013e.

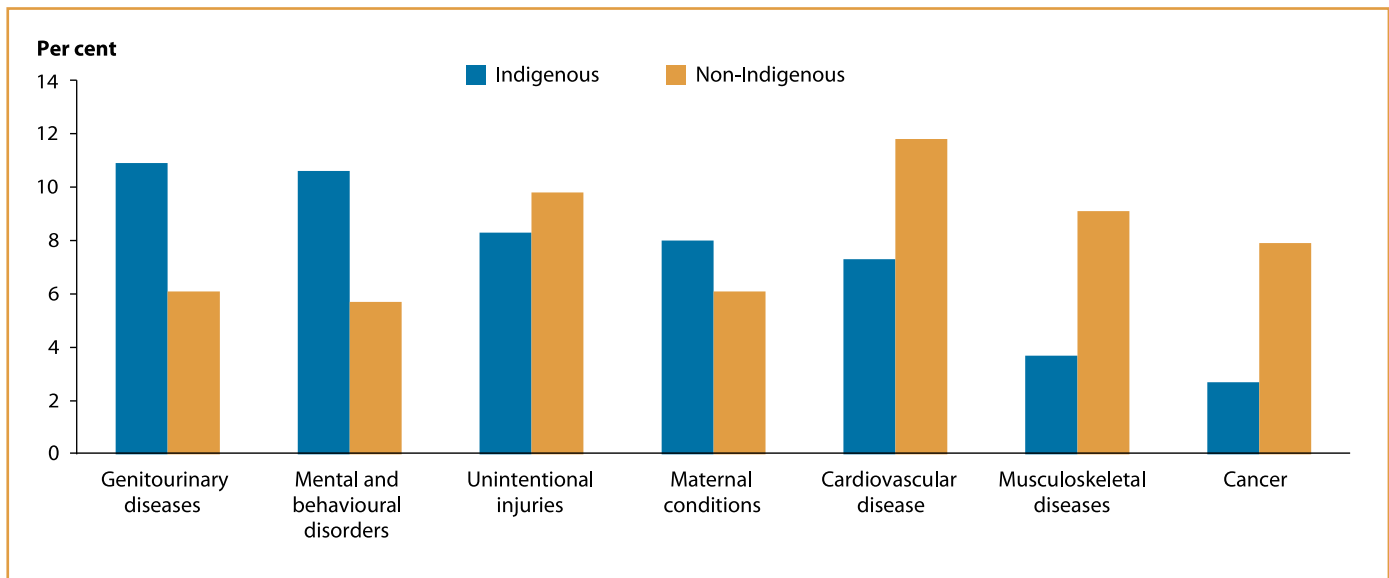
The higher expenditure for Indigenous people in remote areas was mainly due to greater per person expenditure on public admitted patient services and Aboriginal Community Controlled Health Services (AIHW 2013e).

Expenditure by health condition

Expenditure estimates by health condition (based on the principal diagnosis) are available for admitted patient services in public and private hospitals. Together, admitted patient services accounted for 40% of total Indigenous health expenditure in 2010–11.

In 2010–11, the health conditions that accounted for the largest proportion of admitted patient expenditure for Indigenous people were:

- genitourinary diseases (which includes expenditure on dialysis)—\$195 million or 11% of admitted patient expenditure; by comparison, these diseases accounted for 6.1% of admitted patient expenditure for non-Indigenous people
- mental and behavioural disorders—\$191 million or 11%; this compares with 5.7% for non-Indigenous people
- unintentional injuries—\$149 million or 8.3%; this compares with 9.8% for non-Indigenous people
- maternal conditions—\$144 million or 8.0%; this compares with 6.1% for non-Indigenous people
- cardiovascular disease—\$131 million or 7.3%; this compares with 12% for non-Indigenous people, making it the leading area of admitted patient expenditure for non-Indigenous people (Figure 8.3).



Note: Data for this figure, as well as for other conditions, are shown in Table S8.3.
 Source: AIHW 2013e.

Figure 8.3: Expenditure on hospitalisations for selected conditions, by Indigenous status, 2010–11

The conditions with the largest difference in average per person admitted patient expenditure between Indigenous and non-Indigenous people were:

- intentional injuries (ratio of 6.5 to 1)
- diabetes (ratio of 3.3)
- neonatal causes, such as birth trauma and asphyxia, low birthweight and neonatal infections (ratio of 3.3)
- skin and subcutaneous tissue diseases (ratio of 3.1)
- acute respiratory infections (ratio of 3.1) (AIHW 2013e).

Medicare

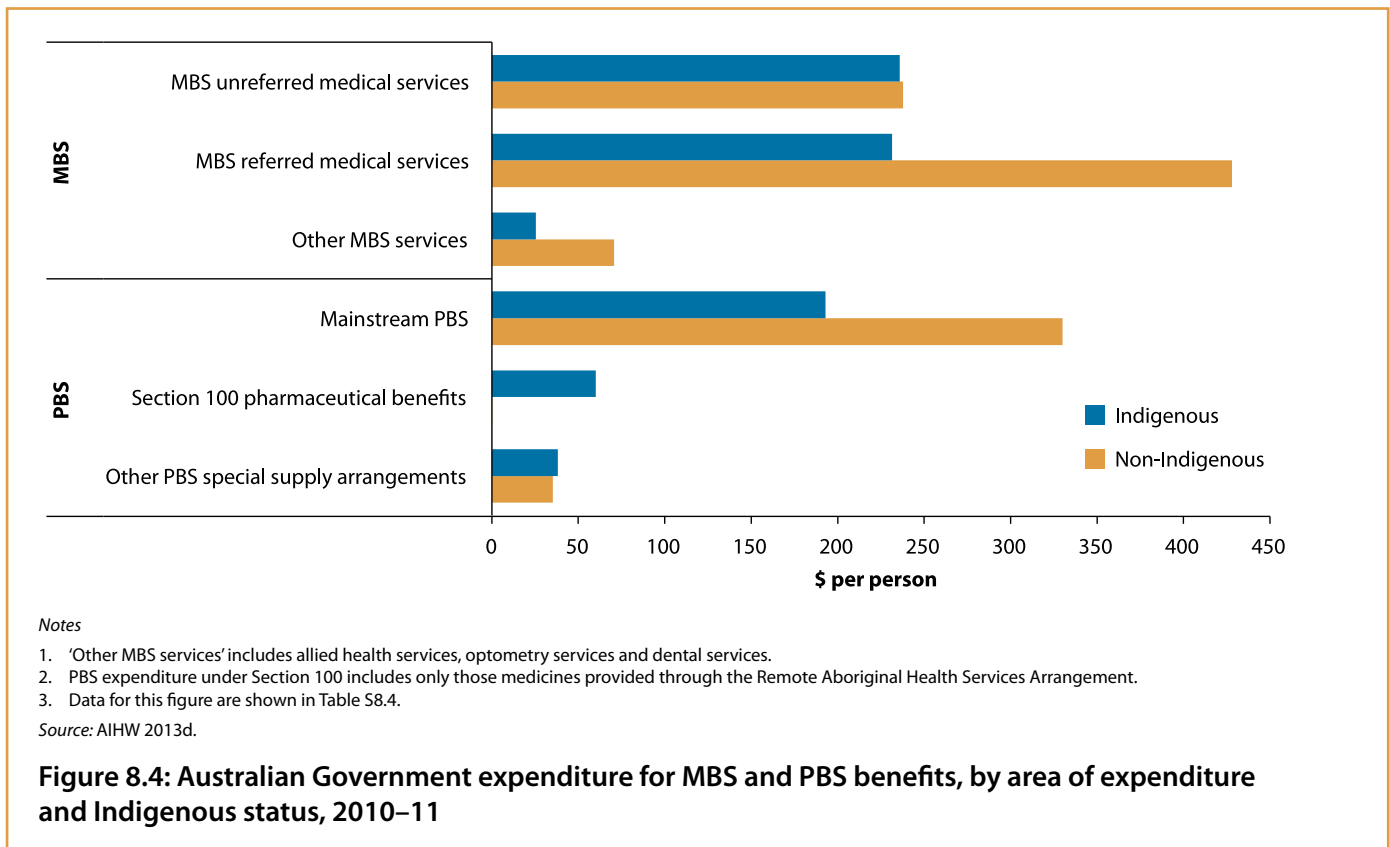
Medicare is Australia’s universal health insurance scheme. The major elements of Medicare include free treatment for public patients in public hospitals, the payment of benefits or rebates for professional health services listed on the Medicare Benefits Schedule, and subsidisation of the costs of a wide range of prescription medicines under the Pharmaceutical Benefits Scheme (AIHW 2014c).

Medicare Benefits Schedule

Benefits paid under the MBS include medical services, such as visits to GPs and other health practitioners, and services delivered to patients receiving private hospital care. In-hospital services covered by the MBS include pathology and imaging for private patients in both private and public hospitals (Department of Health 2013b).

In 2010–11:

- the Australian Government spent an estimated \$281 million on MBS benefits for Indigenous Australians
- average per person expenditure for MBS benefits was lower for Indigenous Australians (\$493) than for non-Indigenous Australians (\$737)—a ratio of 0.7 (Table S8.4)
- per person expenditure for Indigenous Australians on MBS unreferred medical services (such as GP consultations) was similar to that for non-Indigenous Australians (ratio of 1.0)
- in contrast, per person expenditure for Indigenous people on MBS referred medical services (such as specialist consultations, pathology, imaging and operations) and on other MBS services (comprising allied health services, optometry services and dental services) was substantially lower than for non-Indigenous people (ratios of 0.5 and 0.4, respectively) (Figure 8.4).



Pharmaceutical Benefits Scheme

Under the Pharmaceutical Benefits Scheme (PBS), Australians are subsidised for a high proportion of prescription medicines bought from pharmacies, with individuals contributing out-of-pocket payments as well. While most of the medicines listed on the PBS Schedule are dispensed by pharmacists and are used by patients in their home, some are accessible only through special arrangements and are supplied under Section 100 of the *National Health Act 1953*. PBS expenditure under Section 100 shown in this report is restricted to medicines provided through the Remote Aboriginal Health Services Arrangement. These medicines may be dispensed to patients at no cost by approved health professionals without the need for a prescription. These arrangements reduce access barriers in remote areas such as the delays associated with the standard prescription-based supply chain, difficulties demonstrating eligibility for concessional PBS benefits and affordability (Department of Health 2012).

In 2010–11:

- the Australian Government spent an estimated \$166 million on PBS benefits for Indigenous Australians
- as with MBS services, average per person expenditure on PBS benefits was lower for Indigenous Australians (\$291) than for non-Indigenous Australians (\$366)—an Indigenous to non-Indigenous expenditure ratio of 0.8
- the largest proportion of PBS benefits paid to Indigenous people was for mainstream PBS benefits (66%); per person expenditure for Indigenous people for such benefits was lower than for non-Indigenous people (ratio of 0.6) (Figure 8.4)
- expenditure for Indigenous Australians under Section 100 arrangements was \$34 million (or an average of \$60 per person), accounting for 21% of total PBS expenditure for Indigenous Australians (Table S8.4).



According to the 2012–13 AATSIHS, 13% of Indigenous people living in non-remote areas who had received a prescription in the previous 12 months did not get the prescription filled. Of those people, the most common reasons for not filling the prescription were:

- they decided they did not need it (35%)
- cost (33%)
- they did not want to (13%) (AIHW analysis of 2012–13 AATSIHS).

Health funding

Health funding and health expenditure are distinct but related concepts. Health funding refers to who provides the funds that are used to pay for health expenditure. Health expenditure refers to what is spent, and is reported in terms of who incurs the expenditure, rather than who ultimately provides the funding.

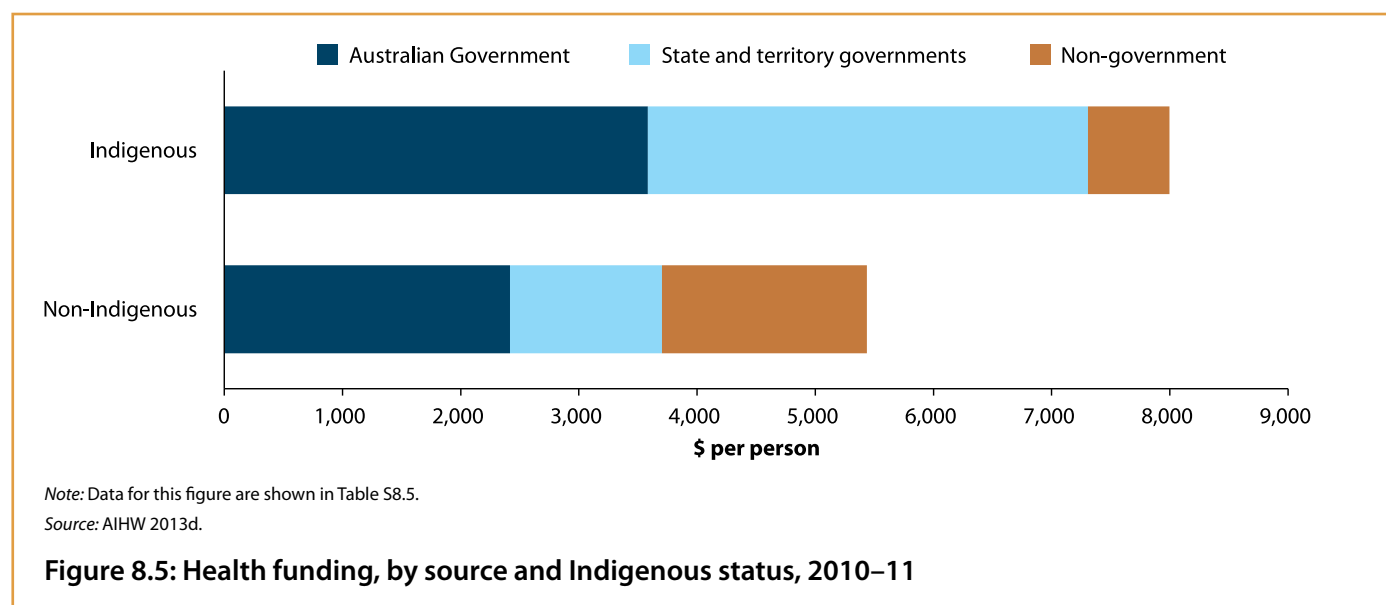
Funding for health goods and services comes from a range of sources, including the Australian Government, state, territory and local governments, and non-government sources, such as private health insurers, out-of-pocket payments by individuals, and injury compensation insurers.

In 2010–11, total health expenditure for Indigenous Australians was funded as follows:

- 45% by the Australian Government (similar to the 44% of expenditure for non-Indigenous Australians)
- 47% by state and territory governments (compared with 24% of expenditure for non-Indigenous Australians)
- 8.6% by non-government sources (including out-of-pocket payments by individuals) (compared with 32% for non-Indigenous Australians) (Table S8.5).

In terms of average health funding per person:

- Australian Government funding for Indigenous Australians was 1.5 times as high as for non-Indigenous Australians (\$3,584 compared with \$2,418 per person)
- state and territory government funding for Indigenous Australians (\$3,722 per person) was nearly 3 times as high as for non-Indigenous Australians (\$1,286 per person)
- non-government health funding for Indigenous Australians was less than half the funding for non-Indigenous Australians (\$689 compared with \$1,733 per person) (Figure 8.5).





Private health insurance

Private health insurance fully or partly covers the costs of being admitted to hospital as a private patient and/or the costs of other ancillary health services (AIHW 2014c). According to the 2012–13 AATSIHS, among Indigenous Australians aged 15 and over in non-remote areas:

- 1 in 5 (20%) were covered by private health insurance; this compares with 15% in 2004–05
- the majority (78%) of those with private health insurance had both hospital and ancillary cover
- private health insurance coverage was higher among those in full-time or part-time employment (32%) than among those who were unemployed (6.9%) or not in the labour force (10%)
- those aged 55–64 were most likely to have private health insurance (29%) followed by those aged 35–44, 45–54, and 65 and over (23% in each group)
- around two-thirds (63%) of those with private health insurance reported ‘security, protection or peace of mind’ as a reason for their private health insurance coverage
- among those without private health insurance, the main reasons reported for not having such insurance were:
 - ‘can’t afford it or too expensive’ (72% of those without private health insurance)
 - ‘Medicare cover is sufficient’ (22%) (AIHW analysis of 2012–13 AATSIHS).

Indigenous people were less likely to have private health insurance than the general population. More than half (57%) of Australians aged 18 and over in non-remote areas had private health insurance coverage in 2011–12 (AIHW analysis of 2011–12 AHS). The equivalent proportion for Indigenous adults was 20% (AIHW analysis of 2012–13 AATSIHS).

8.3 Welfare expenditure

Welfare expenditure broadly comprises spending on both social security (that is, cash payments to people) and welfare services. This section provides estimates of government expenditure on services and payments provided directly to individuals, non-government service providers or local governments, with the data sourced from the Productivity Commission’s *2014 Indigenous expenditure report* (SCRGSP 2014a). Unlike the health expenditure estimates, the welfare expenditure estimates do not include expenditure by individuals and other non-government sources.

The specific categories of welfare expenditure included in the estimates presented in this section comprise 3 broad areas of government spending:

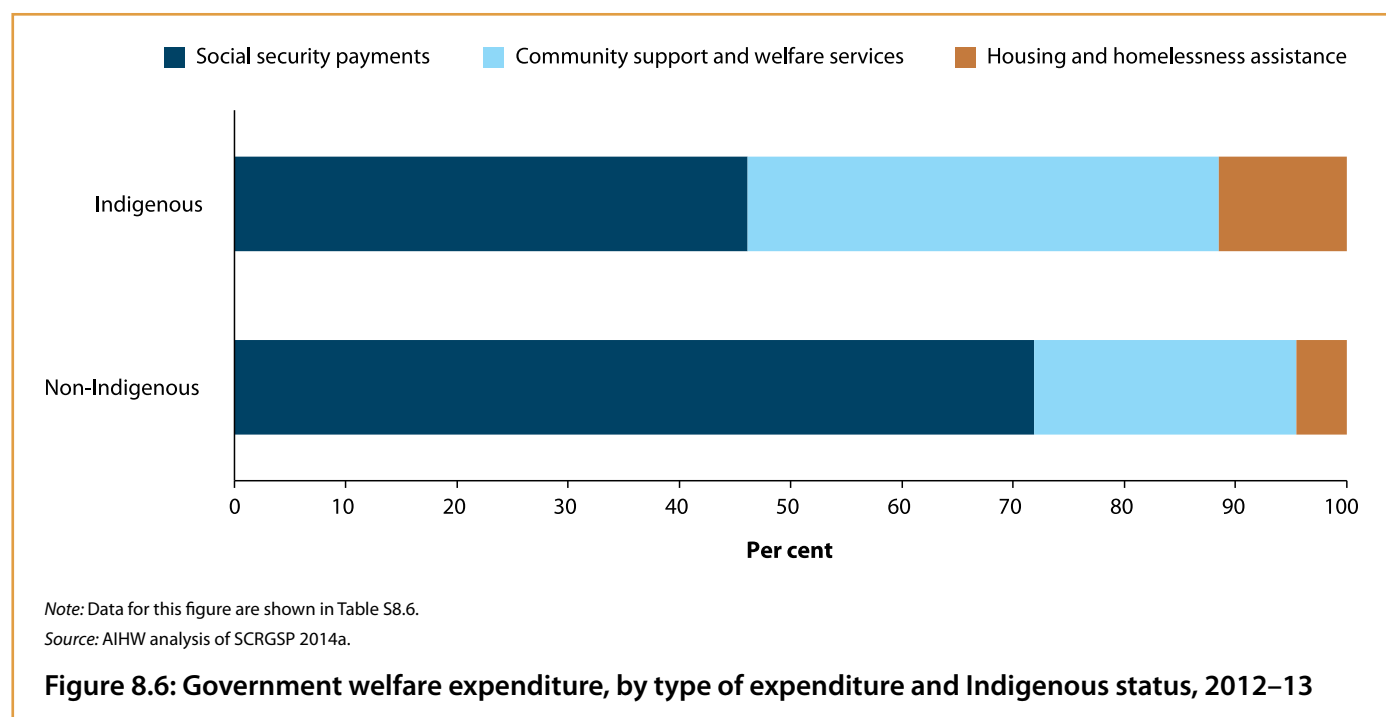
- social security payments—such payments provide a safety net for those who are unable to support themselves fully through paid work or other income sources
- community support and welfare services—encompasses a range of services and programs to support and assist people and the broader community (for example, services for people with disability, protection and support services, and general family and support services)
- housing and homelessness assistance—includes outlays on social housing, rental assistance and homelessness services (SCRGSP 2012, 2014a); note that expenditure on home purchase assistance (which was \$67 million in 2012–13) was not included in the estimates of housing and homelessness expenditure shown in this chapter because it was considered to be less closely related to the concept of welfare expenditure than the other categories.

Further information about these 3 areas of spending can be found in Appendix A.5.



In 2012–13, government expenditure on welfare for Indigenous Australians was an estimated \$9.8 billion (6.7% of total government welfare expenditure) (AIHW analysis of SCRGSP 2014a). Of this:

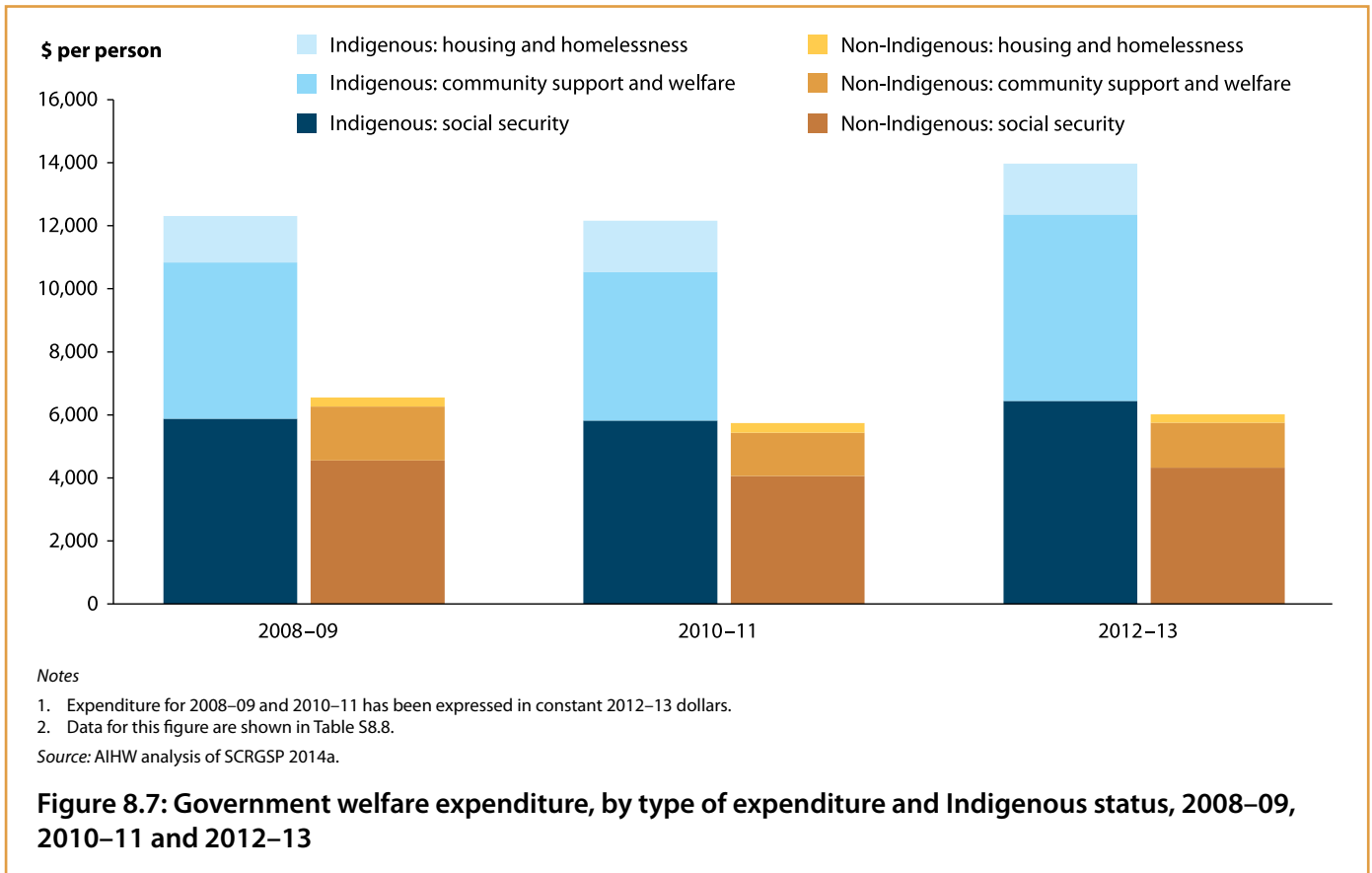
- 46% (\$4.5 billion) was for social security payments; this compares with 72% of welfare expenditure for non-Indigenous Australians
- 42% (\$4.1 billion) was for community support and welfare services; this compares with 24% for non-Indigenous Australians
- 12% (\$1.1 billion) was for housing and homelessness assistance; this compares with 4.5% for non-Indigenous Australians (Figure 8.6).



In 2012–13:

- on average, government welfare expenditure was \$13,968 per Indigenous person, compared with \$6,019 per non-Indigenous person—thus, \$2.32 was spent per Indigenous person for every \$1.00 spent per non-Indigenous person
- over half (57%) of the per person difference in welfare expenditure was attributable to spending on community support and welfare services (Table S8.7).

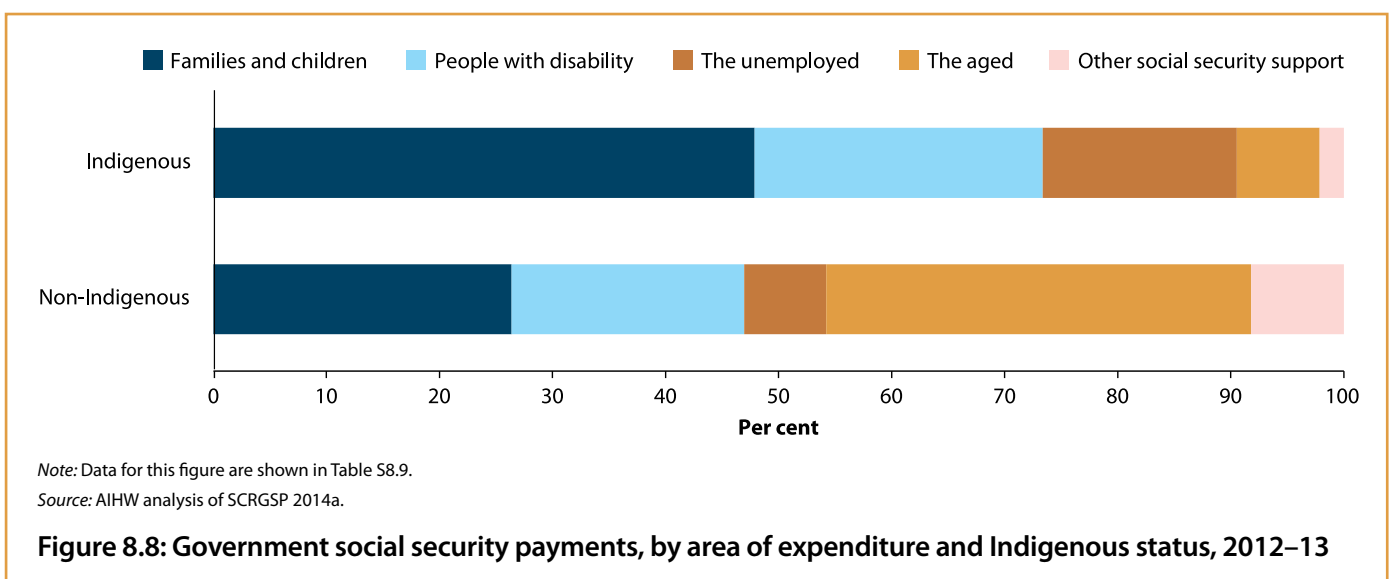
Between 2008–09 and 2012–13, government welfare expenditure per Indigenous person increased by 13% (adjusted for inflation), while it decreased by 8.2% per non-Indigenous person (Figure 8.7). Longer-term trends for total government welfare expenditure indicate that welfare spending was unusually high in 2008–09, due in large part to the Australian Government’s response to the global financial crisis (AIHW 2013c).



Social security payments

Of the \$4.5 billion spent by governments on social security payments for Indigenous people in 2012-13:

- nearly half (48%) was in the form of cash payments to assist families and children; this compares with 26% for non-Indigenous people
- 25% was to assist people with disability; this compares with 21% for non-Indigenous people
- 17% was to assist the unemployed; this compares with 7.3% for non-Indigenous people
- 7.3% was to assist the aged; this was substantially lower than the 38% for non-Indigenous people (Figure 8.8).



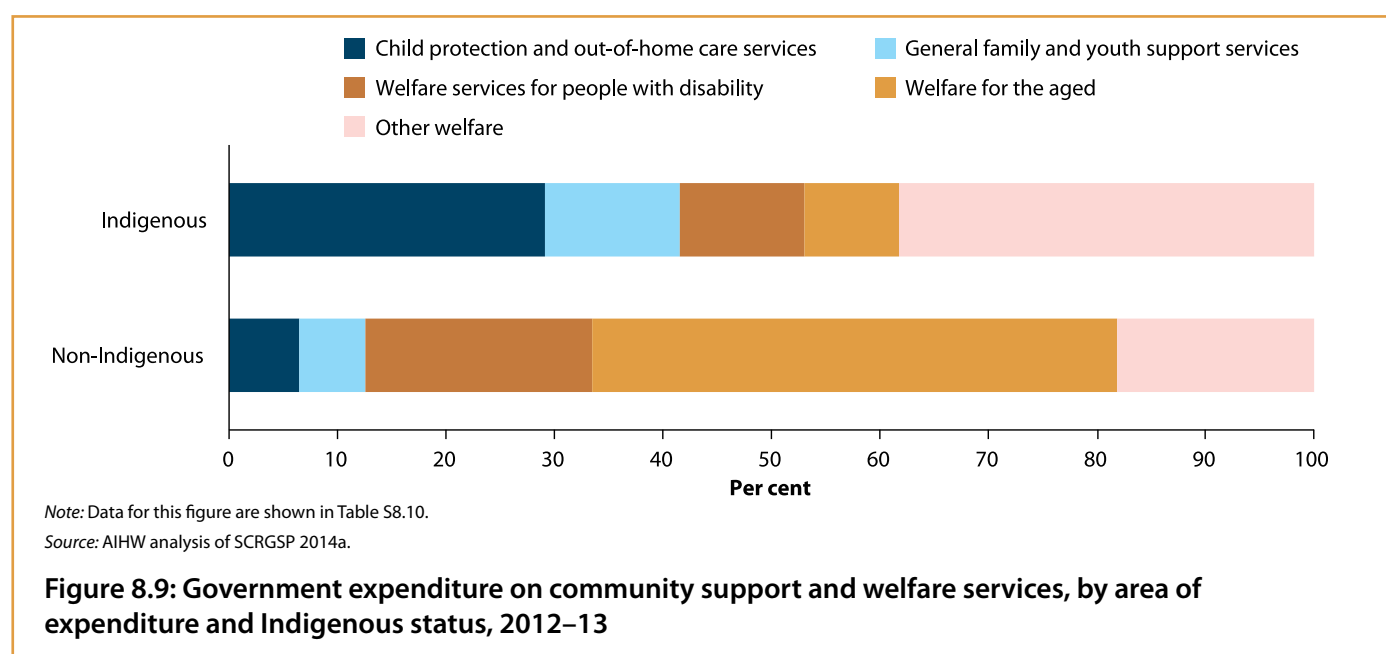


In 2012–13, average per person expenditure on social security was estimated to be \$6,443 for Indigenous people, compared with \$4,325 for non-Indigenous people (Table S8.9). The difference mainly reflects greater assistance to families and children (\$3,086 per Indigenous person, compared with \$1,141 per non-Indigenous person; ratio of 2.7). Average per person spending on the unemployed and those with disability were also higher for Indigenous than non-Indigenous people (ratios of 3.5 and 1.8, respectively), while per person spending for Indigenous older people was lower than for non-Indigenous older people (ratio of 0.3).

Community support and welfare services

Of the \$4.1 billion spent by governments on community support and welfare services for Indigenous people in 2012–13:

- 29% was spent on child protection and out-of-home care services (this compares with 6.5% for non-Indigenous people)
- 12% was spent on general family and youth support services (6.1% for non-Indigenous people)
- 12% was spent on people with disability (21% for non-Indigenous people)
- 8.7% was spent on the aged (48% for non-Indigenous people) (Figure 8.9).



Community support and welfare services are provided to Indigenous people through a combination of mainstream services (that is, services available to all eligible Australians) and Indigenous-specific services (services that are explicitly targeted to Indigenous people). In 2012–13:

- Indigenous-specific services accounted for one-fifth (20%) of expenditure on community support and welfare services for Indigenous people
- the proportion of such expenditure that was Indigenous-specific ranged from 7.4% for child protection and out-of-home care services to 33% for general family and youth support services (Table S8.11).

Estimates of average per person expenditure in 2012–13 indicate that:

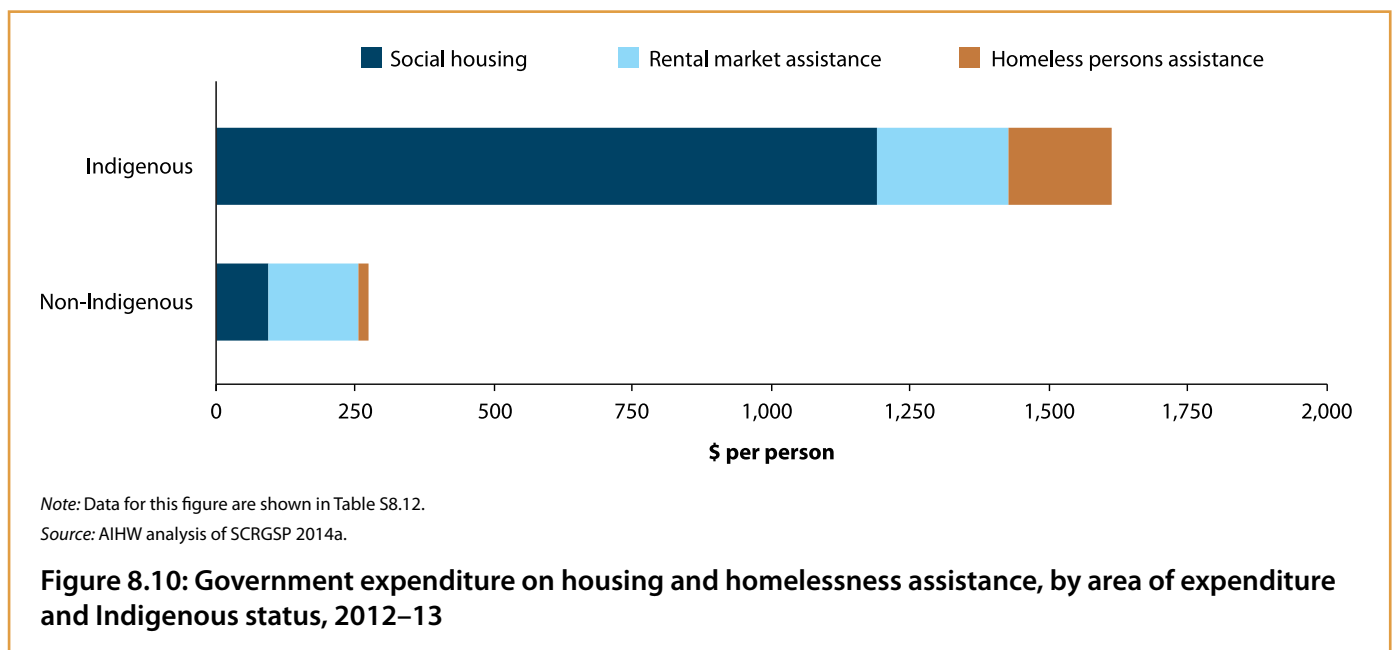
- \$4.16 was spent per Indigenous person for every \$1.00 spent per non-Indigenous person on community support and welfare services
- for each area of community support and welfare services expenditure, with the exception of welfare for the aged, average per person expenditure for Indigenous people was higher than for non-Indigenous people
- the largest difference was in child protection and out-of-home care services—expenditure in this area was 19 times as high for Indigenous people as for non-Indigenous people (\$1,720 and \$92 per person, respectively) (Table S8.7).

Housing and homelessness assistance

Of the \$1.1 billion spent by governments on housing and homelessness assistance for Indigenous people in 2012–13:

- 74% was spent on social housing, 15% on rental market assistance and 12% on assistance for homeless people (the corresponding proportions for non-Indigenous people were 34%, 59% and 6.7%) (Table S8.12)
- just under half (46%) was for assistance provided through Indigenous-specific services and programs (Table S8.11).

An average of \$1,612 was spent on housing and homelessness assistance per Indigenous person, compared with \$273 per non-Indigenous person in 2012–13. The difference mainly reflects differences in expenditure on social housing—expenditure in this area was 13 times as high for Indigenous people as for non-Indigenous people (\$1,189 and \$93 per person, respectively) (Figure 8.10).



8.4 Indigenous participation in the health and community services workforces

In this section, details about the occupations held by Indigenous people in the health workforce and in the community services workforce are provided. Occupations are defined by the activities of the workers.

Health workforce

The Australian Government's National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework (2011–2015) seeks to achieve equitable health outcomes for Indigenous people through a competent health workforce that delivers culturally appropriate health services. One of the key priority areas of the framework is to increase the participation of Indigenous people in the health workforce to 2.6% by 2015 (AHMAC 2011).

According to the 2011 Census, there were around 8,500 Indigenous people employed in health-related occupations (Table 8.2), representing 5.7% of all employed Indigenous people aged 15 and over. Of these, one-quarter (26%; 2,189 people) were nurses or midwives, and 15% (1,256) were Indigenous health workers.



Among these Indigenous health workers:

- the majority were women (72%)
- 62% were employed in New South Wales, Queensland and Western Australia (AIHW analysis of 2011 Census), which are the 3 most populous states in terms of the Indigenous population (see Table 2.2).

Table 8.2: People aged 15 and over employed in health-related occupations, by Indigenous status, 2011

Occupation	Number	Rate ^(a)		Rate difference
	Indigenous	Indigenous	Non-Indigenous	
Nurses and midwives	2,189	40.1	129.0	88.9
Indigenous health workers	1,256	23.0	0.1	-23.0
Allied health professionals	724	13.3	43.9	30.6
Health diagnostic and promotion professionals	981	18.0	29.6	11.6
Dental and dental allied workforce	323	5.9	18.0	12.1
Medical practitioners	171	3.2	35.0	31.8
Other ^(b)	2,812	51.6	88.4	36.8
Total health occupations	8,456	155.1	344.1	189.0

(a) Rates were calculated as number of workers per 10,000 population; this provides a measure of the health workforce available to service the population.

(b) Includes health service managers, nursing support worker and personal care workers, ambulance officers and paramedics, drug and alcohol counsellors, and other health professionals.

Source: AHMAC 2015.

In 2012, 265 Indigenous health practitioners were registered with the Aboriginal and Torres Strait Islander Health Practice Board (AIHW 2013b). This number is quite different from the 1,256 Indigenous health workers reported in 2011 Census data because Indigenous health workers only need to be registered with the Board if their employer requires them to use the term 'health practitioner' in their title, rather than 'health worker'.

Based on 2011 Census data, a smaller proportion of the Indigenous population (1.6%) was employed in health-related occupations than the non-Indigenous population (3.4%). The occupations with the largest gap between rates of Indigenous and non-Indigenous employed persons were nurses and midwives, medical practitioners and allied health professionals.

Medical practitioners

Medical practitioners are commonly referred to as 'doctors' and include general practitioners, as well as surgeons, anaesthetists and other medical specialists. According to data on Indigenous medical practitioners from the Australian Health Practitioner Regulation Agency, there were 221 medical practitioners employed in Australia in 2012 who identified as being of Aboriginal and/or Torres Strait Islander origin, representing 0.3% of employed medical practitioners who provided their Indigenous status.

In 2012:

- the Northern Territory had the highest proportion of Indigenous medical practitioners, at 1.4% of employed medical practitioners
- 42% of Indigenous medical practitioners were women; this compares with 38% of non-Indigenous medical practitioners
- the average age of Indigenous medical practitioners was 42.7, which was 3.3 years younger than the average age of non-Indigenous medical practitioners (46.0)
- Indigenous medical practitioners worked an average of 3.3 hours more per week than non-Indigenous medical practitioners (46.0 hours compared with 42.7 hours) (AIHW 2014t).

Community services workforce

The provision of community services depends on the existence of an adequate, accessible, and skilled workforce. The community services workforce comprises people in paid employment who provide community services such as personal and social support, child care, and corrective services. Family members and other informal carers complement the assistance provided by this workforce, as do volunteers.

There is no agreed definition of which occupations comprise the community services workforce. This chapter uses the definition outlined in *Australia's welfare 2013* (AIHW 2013c), which was agreed to in consultation with relevant Australian Government departments.

According to the 2011 Census:

- 16,114 Indigenous people aged 15 and over worked in community services occupations
- Indigenous Australians accounted for 3.5% of all community services workers who stated their Indigenous status
- the majority (78%) of Indigenous community services workers were female
- within the community services workforce, the largest occupational group for Indigenous people was education aides (3,998 workers), followed by welfare support workers (3,573 workers), and aged and disabled carers (2,672 workers) (Figure 8.11).

Indigenous Australians were more likely to be employed in the community services workforce than non-Indigenous Australians—in 2011, 2.9% of the Indigenous population was employed in these occupations, compared with 2.2% of the non-Indigenous population.

