



6.6 Indigenous Australians' access to health services

Access to health services is an important contributor to health and wellbeing. It is a particularly important influence on the health status of Aboriginal and Torres Strait Islander people, given their overall poorer health and the greater need for health care compared with the non-Indigenous population.

Measuring access to health care is complex, due to its inherently multidimensional nature. 'Access' incorporates measures of physical proximity to services, such as distance or drive time (availability); financial aspects (affordability); and cultural aspects (acceptability). Ideally, assessment of access also includes consideration of need for care. In practice, however, much of the available data on usage of health services by different populations does not fully account for differences in health care needs. Services may be mainstream or targeted to a specific population group (such as specialist Indigenous services). Access to primary health care services is key because it is usually an individual's first point of contact with the health system.

Although three-quarters of the Indigenous population live in *Major cities* and regional areas where mainstream health services are typically located, these services are not always accessible, for geographic, social and cultural reasons (AIHW 2014b). Indigenous-specific health services are therefore important providers of comprehensive primary health services for Indigenous Australians.

Medicare data provide information on general practitioner (GP) and specialist services claimed for Indigenous Australians. These services can be delivered through mainstream or Indigenous-specific health services, but not all services delivered by Indigenous primary health care services can be claimed through Medicare.

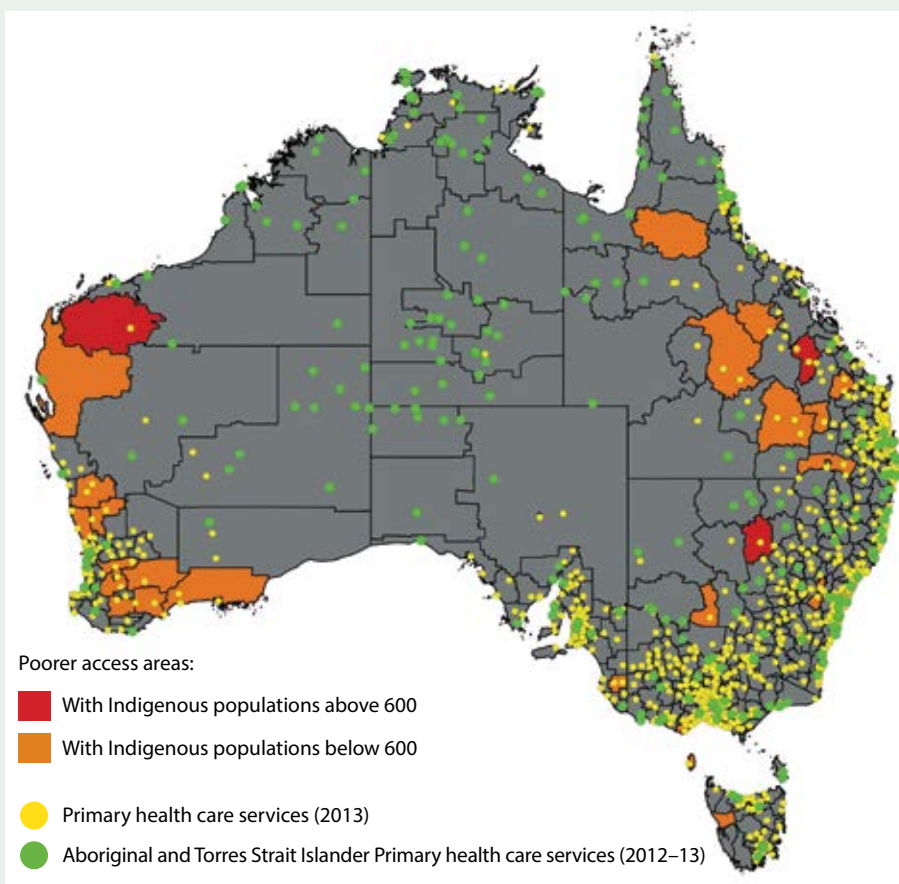
As there are currently no comprehensive data on Indigenous Australians accessing health services, this chapter reviews four selected aspects related to access: (i) an AIHW-developed small-area-level measure of access to primary health care services relative to the distribution of the Indigenous population (ii) health services provided as Indigenous-specific primary health care services, funded by the Australian Government; (iii) health services for Indigenous Australians claimed through Medicare, including selected specialist services; and (iv) hospital services used by Indigenous Australians.

Access to primary health care services relative to population distribution

Identifying areas where access is poor can help to inform policy decisions and planning of health services. The AIHW has mapped access to primary health care services (Indigenous-specific primary health care services and other GP-based primary health services) relative to the distribution of the Indigenous population (AIHW 2015b). This has revealed areas where critical primary health care service gaps exist for the Indigenous population (Figure 6.6.1).



Figure 6.6.1: Areas where Indigenous Australians have poor access to primary health care services, by SA2, and location of services, 2012–13 and 2013



Source: AIHW 2015b.

Access to services was measured in terms of: (a) physical access to Indigenous-specific primary health care services based on drive time to services; and (b) physical access to GP services in general, relative to the per capita need for primary health care. The need for primary health care was estimated using demographic and socioeconomic characteristics of the local population (AIHW 2014a).

This work shows that, overall, Australian Government-funded Indigenous-specific primary health care services appear to be well positioned relative to the geographic distribution of the Indigenous population, and relative to the distribution of other GP services. There are, however, several areas where the Indigenous population has very limited access to both Indigenous-specific services and GP services in general.

In total, 37 Statistical Areas Level 2 (SA2—medium-sized areas) were identified as service-gap areas, with no Indigenous-specific primary health care services within one hour's drive and with poor access to GP services in general. These service-gap areas are highlighted in red and orange in Figure 6.6.1 (with other areas shown in grey).



- Many of these areas are in *Remote* and *Very remote* areas of Queensland and Western Australia.
- Ten of these service-gap areas have an Indigenous population of 600 or more, which are areas shaded in red in the map. (Only three of these red areas are large enough to be clearly seen. Of the remaining seven small areas, six are in Queensland and one is in New South Wales. See AIHW 2015b for details of these locations).

See also 'Chapter 6.7 Spatial variation in Indigenous women's access to maternal health services', which presents more detailed analyses of access to that sub-category of health services.

Use of Indigenous-specific primary health care services

A growing network of Indigenous-specific primary health care services is administered and run by a combination of Aboriginal Community Controlled Health Organisations, Primary Health Network services, other non-government organisations, and state/territory local health services. The clients of these services are predominantly, but not exclusively, Aboriginal and Torres Strait Islander people.

In 2014–15, there were 203 Indigenous-specific primary health care organisations that reported data on their total clients, contacts made, and episodes of care. They provided services to 434,600 clients through over 5 million contacts—an average of 12 contacts per client. Over three-quarters (79%) of these clients identified as Aboriginal and Torres Strait Islander people. Over time, the episodes of health care provided to clients of these organisations have almost tripled, from 1.2 million in 1999–2000 to 3.5 million in 2014–15 (AIHW 2016b).

These services provided clinical health care; population health programs; child and maternal health services; screening programs and health checks; access to allied health and specialist services; group activities; health-related community services; and substance-use treatment and assistance.

The national key performance indicators (nKPIs) for Aboriginal and Torres Strait Islander primary health care provide information on the process-of-care and health outcomes for clients attending Indigenous-specific primary health care organisations funded by the Australian and state and territory governments. Altogether 24 nKPIs have received in-principle approval from the Australian Health Ministers' Advisory Council for regular reporting, and data on 22 nKPIs were reported by 233 primary health care organisations for the December 2014 period. These indicators focus on maternal and child health, preventative health and chronic disease management. See also 'Chapter 6.5 Using data to improve the quality of Indigenous health care'.

Use of selected health services claimed through Medicare

Medicare data for 2013–14 showed that over 3.6 million GP services had been claimed through Medicare for Indigenous Australians in that year, at an average rate of 6,115 GP services per 1,000 population.

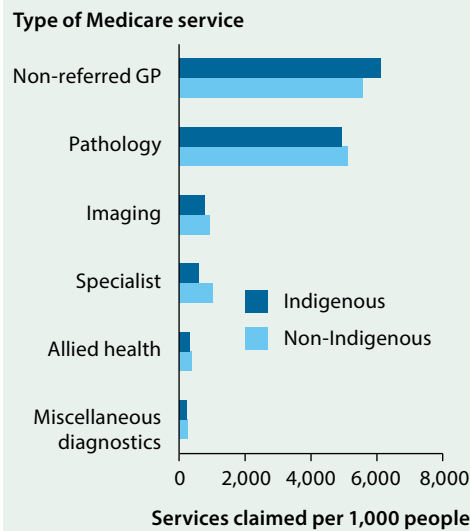


The number of GP services claimed per 1,000 Indigenous Australians was 10% higher than that for non-Indigenous Australians, but claim rates for specialist services were 43% lower for Indigenous Australians (Figure 6.6.2). The lower claim rates for specialist services may be explained partly by the differences in the relative population distributions of the Indigenous and non-Indigenous populations across urban, regional and remote areas. Access to specialist services is generally lower in more remote areas, and since a greater proportion of the population of remote areas are Indigenous (compared with other areas) this difference affects their overall access to specialist services.

The uptake of the Medicare Benefits Schedule (MBS) item for annual health assessments of Indigenous Australians has increased significantly over time (Figure 6.6.3). In 2013–14, primary health care providers carried out:

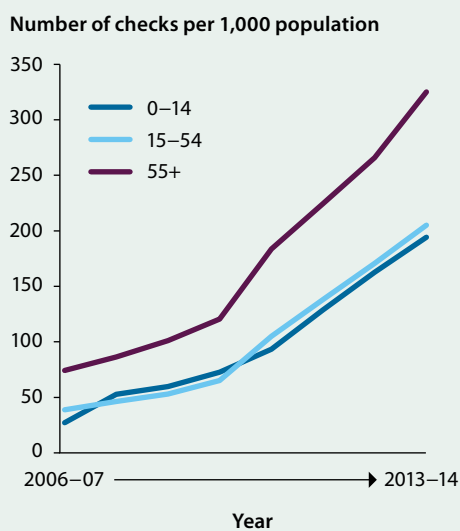
- 47,400 Indigenous child health checks—a rate of 194 checks per 1,000 Indigenous children aged 0–14
- 80,600 Indigenous adult health checks—a rate of 205 checks per 1,000 Indigenous Australians aged 15–54
- 22,300 Indigenous older-person health checks—a rate of 325 checks per 1,000 Indigenous Australians aged 55 and over.

Figure 6.6.2: Age-standardised rate of Medicare services claimed per 1,000 people, by Indigenous status, 2013–14



Source: AIHW 2015a.

Figure 6.6.3: MBS health checks, Indigenous Australians, by age, 2006–07 to 2013–14



Source: AIHW 2015a.



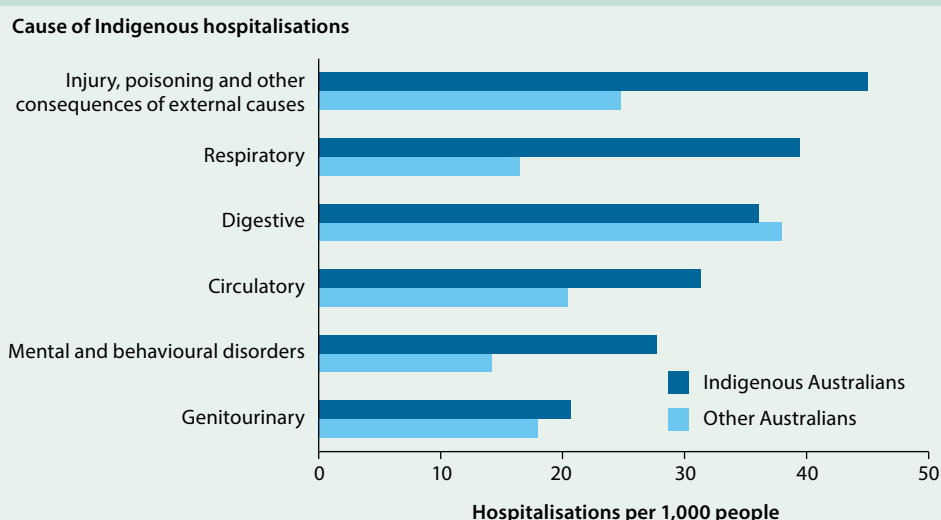
Hospital services

Indigenous Australians are relatively high users of hospital services, the majority of which are accessed via public hospitals.

- In 2013–14, there were about 408,000 hospitalisations reported for Indigenous Australians, accounting for 4.2% of all hospitalisations.
- After adjusting for differences in age structure, Indigenous Australians were 2.3 times as likely as other Australians to be hospitalised (rates of 896 and 384 per 1,000 population, respectively). Much of this difference (86%) was due to the substantially higher rate of hospitalisations for dialysis among Indigenous Australians (with individuals typically undergoing dialysis treatment multiple times a week).
- Excluding dialysis, Indigenous Australians were hospitalised at 1.2 times the rate of other Australians.

More detailed data on the main causes of hospitalisation for Indigenous Australians in 2013–14, and comparative cause-specific hospitalisation rates (age-standardised) with other Australians, are in Figure 6.6.4.

Figure 6.6.4: Age-standardised rates of the leading causes of Indigenous hospitalisation (excluding dialysis and pregnancy/childbirth), and comparative rates for other Australians, 2013–14



Source: AIHW 2016a based on analysis of National Hospital Morbidity Database.

- In 2013–14, the leading cause of hospitalisation for Indigenous Australians was injury and poisoning (external causes) (46 hospitalisations per 1,000 people).
- The largest relative difference in hospitalisation rates between Indigenous and other Australians was for respiratory system diseases (2.2 times as high for Indigenous as for other Australians).
- The hospitalisation rate for digestive system diseases was higher for other Australians.



What is missing from the picture?

Comprehensive and complete information on the use of primary health care services or specialist health services by Aboriginal and Torres Strait Islander people is not currently available. For example, primary health care services funded only by the state and territory governments do not report regularly on their activities and on the number of their Indigenous clients (apart from the Northern Territory). There is incomplete information on outreach services (which supplement other primary and specialist health services) operating in some parts of Australia. Complete details on Indigenous Australians' use of mainstream health services are also affected by incomplete identification of Indigenous status in the service records. It is therefore not possible to report reliably on the full range of Indigenous patient journeys through the health system.

Australia's emerging e-health system may provide an additional source of data to improve our understanding of the use of primary health care services by both the Indigenous and total Australian populations—however, the extent of e-health records contributing to secondary analyses of data is not yet clear.

Where do I go for more information?

More information on Indigenous people's access to health services can be found on the AIHW's [Indigenous Observatory](#).

More information on geographical variation in Indigenous peoples access to primary health care services can be found in these two AIHW reports: [Spatial variation in Aboriginal and Torres Strait Islander people's access to primary health care](#), and [Access to primary health care relative to need for Indigenous Australians](#).

References

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