A national profile of Australian Government funded Aboriginal and Torres Strait Islander Primary Health Care Services

Service Activity Reporting

2003-04 Key Results

Australian Government

Department of Health and Ageing

NACCHO

Results of a joint Office for Aboriginal and Torres Strait Islander Health (OATSIH) & National Aboriginal Community Controlled Health Organisation (NACCHO) initiative.

ISBN: 0 642 82902 0
Online ISBN: 0 642 82903 9

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Australian Government, Department of Health and Ageing
Publications approval number: 3825

ACKNOWLEDGEMENTS

We would like to thank all Aboriginal and Torres Strait Islander primary health care services that provided 2003-04 service Activity Reporting (SAR) data. The effort and resources involved in completing the SAR questionnaires makes the SAR database the most comprehensive data collection available describing Australian Government funded Aboriginal and Torres Strait Islander primary health care services. The contribution of each service to this achievement is greatly appreciated.

The work and support of the National Aboriginal Community Controlled Health Organisation (NACCHO), State affiliates of NACCHO and the Office for Aboriginal and Torres Strait Islander Health (OATSIH) State project officers in the SAR process is gratefully acknowledged.

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INTRODUCTION

This report contains a summary of key findings from the 2003-04 Service Activity Reporting (SAR) data collection. The SAR is a joint data collection project of the National Aboriginal Community Controlled Health Organisation (NACCHO) and the Office for Aboriginal and Torres Strait Islander Health (OATSIH). Service level data on health care and health related activities covering a twelve month period are collected by questionnaire from Australian Government funded Aboriginal and Torres Strait Islander primary health care services.

The 2003-04 SAR questionnaire is available on the OATSIH internet website at www.health.gov.au/oatsih/pubs/sar1.htm.

The 2003-04 SAR is the seventh annual SAR data collection. A summary of service participation in SAR since its inception in 1997 is provided at **Appendix 1**. Over this period SAR has provided unique and valuable information that NACCHO, OATSIH and the sector use in formulating policy, in planning, and in profiling the work of Aboriginal and Torres Strait Islander primary health care services.

Aboriginal and Torres Strait Islander primary health care services operate in ways that reflect the needs of the community and the availability of resources. Some services in the SAR provide the full range of comprehensive primary health care activities, while others focus on specific elements of primary health care eg health promotion. These factors must be borne in mind when interpreting the information in this report.

If additional information on SAR or further analysis of SAR data is required, contact information is provided at the end of the report.

RESPONSE RATE

The number of Aboriginal and Torres Strait Islander primary health care services that responded to the SAR in 2003-04 was 139 out of 140 services (99%). Of these, 138 services provided data that could be included in the database. Therefore, respondent services referred to in this report number 138 out of 140 services (99%).

Data for non-responding services were not estimated as these services may differ in important ways from other services.

SCOPE

The SAR only collects information from Aboriginal and Torres Strait Islander primary health care services that receive Australian Government funding. Many of these services also receive funds from other sources (eg State or Territory Governments). The data collected in the SAR relate to health-oriented activities, staffing, episodes and contacts resulting from all funding sources. A separate process is undertaken to gather information from Australian Government funded Aboriginal and Torres Strait Islander substance use specific services.

SECTION 1 – AUSTRALIAN GOVERNMENT FUNDED SERVICES 2003-04

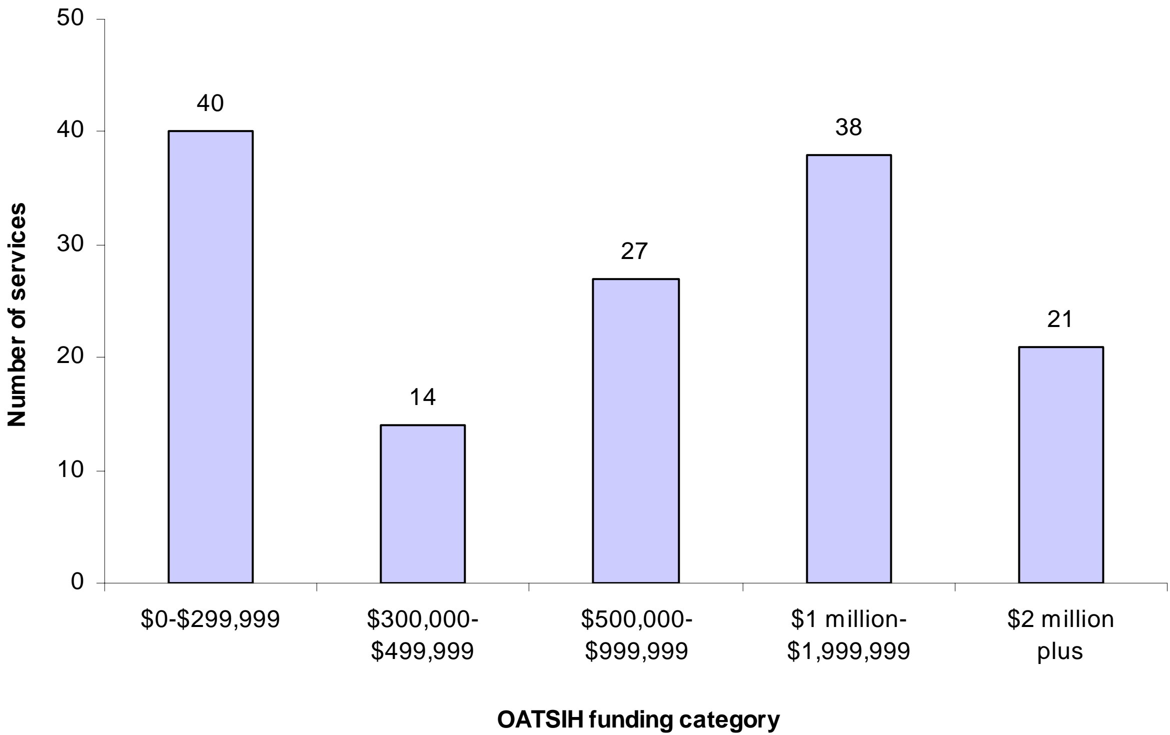
LEVEL OF OATSIH FUNDING OF SERVICES

For this report, services have been grouped into one of five categories based on total funding they receive from OATSIH: $0-299,999; $300,000-$499,999; $500,000-$999,999; $1,000,000-$1,999,999 and $2,000,000 and over. **(Figure 1.1)**. The department does not collect information on the total amount of funding services receive.

Of the 140 services eligible for SAR for 2003-04, 86 (61%) receive $500,000 or more a year from OATSIH.

The 140 services received a total of almost $163 million in OATSIH funding. This is an increase of approximately $20 million in OATSIH funding from 2002-03.

Figure 1.1: Number of Aboriginal and Torres Strait Islander primary health care services by OATSIH funding category 2003-04 (n=140)

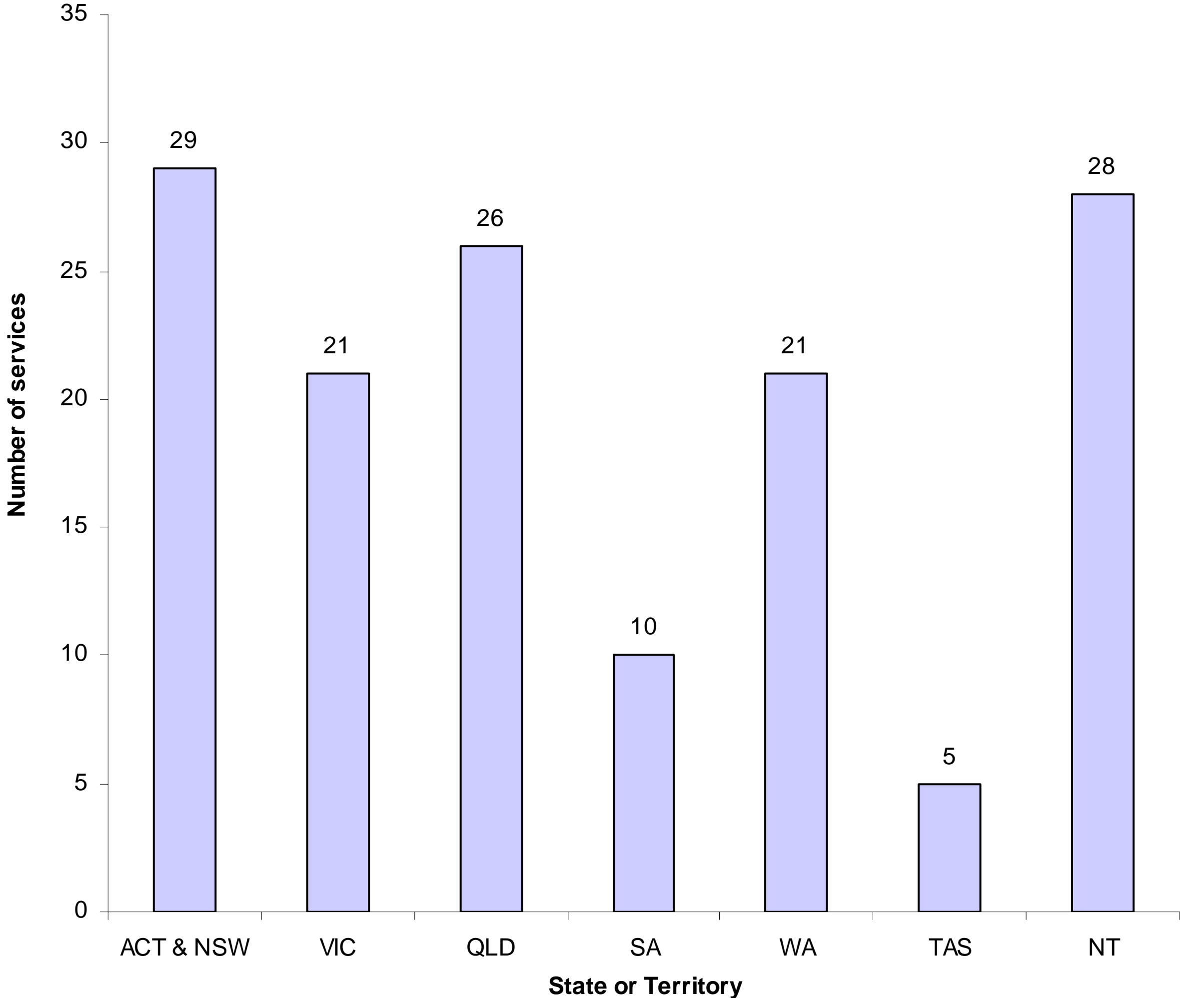


LOCATION OF SERVICES BY STATE AND TERRITORY

Figure 1.2 provides a breakdown of the number of Aboriginal and Torres Strait Islander primary health care services in each State or Territory.

Throughout this report data from the Australian Capital Territory are combined with data from New South Wales in order to prevent the identification of any individual service's data in the results.

Figure 1.2: Number of Aboriginal and Torres Strait Islander primary health care services by State/Territory 2003-04 (n=140)



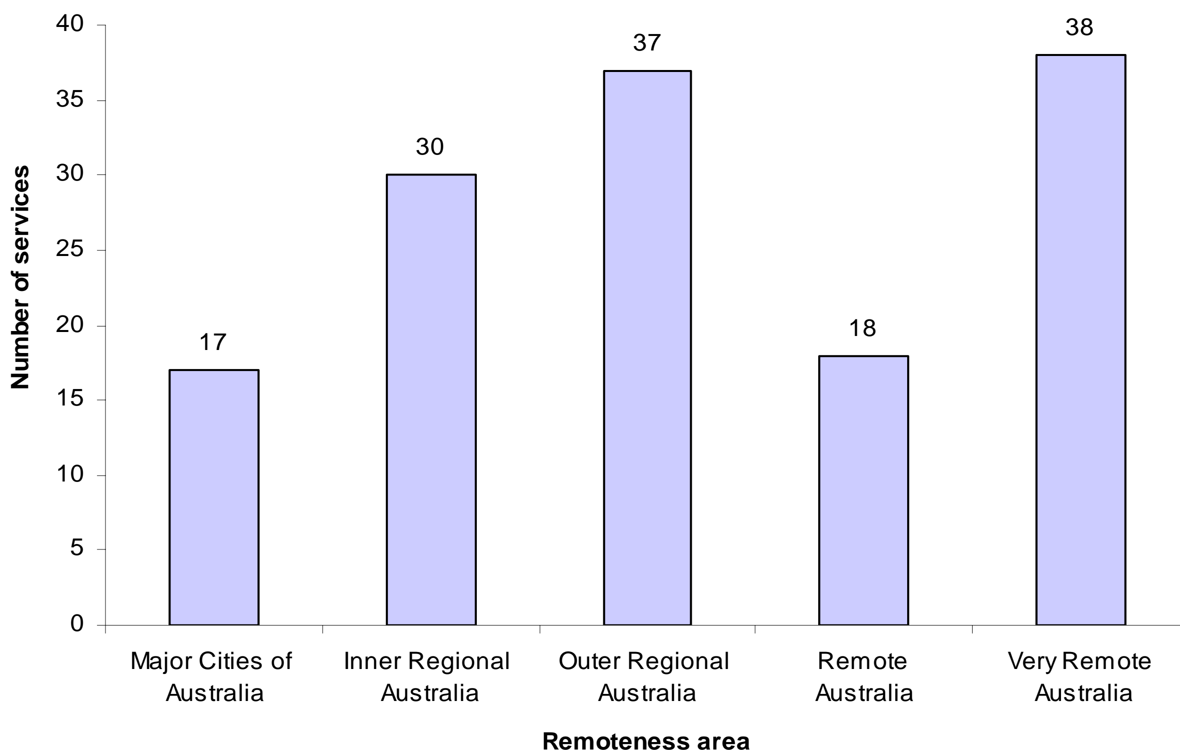
SERVICES BY REMOTENESS AREA

In 2001 the Australian Bureau of Statistics (ABS) added the Remoteness Area Structure (ASGC Remoteness Areas) to the Australian Standard Geographical Classification. ASGC Remoteness Areas are based on ARIA^{+} methodology rather than ARIA methodology. For consistent reporting with other agencies the SAR reports now analyse data according to the ASGC Remoteness Areas[1].

Remoteness area can be used to classify locations ranging from 'Major Cities of Australia' to 'Very Remote Australia'. Examples of locations that are considered 'Major Cities of Australia' include places like Newcastle and Geelong. Hobart and Tamworth are considered 'Inner Regional Australia', and places like Darwin and Whyalla are classified as 'Outer Regional Australia'. Esperance and Alice Springs are considered 'Remote Australia', and places like Long Reach and Coober Pedy are considered 'Very Remote Australia'. A map of Australia indicating remoteness areas is included at **Appendix 2**.

In **Figure 1.3** we have used remoteness area to describe the location of Aboriginal and Torres Strait Islander primary health care services in 2003-04. It is important to note that services are not evenly distributed and this will affect analysis of SAR data by remoteness area eg episodes of health care provided by services are clearly influenced by the number of services in each category (Figure 2.2).

Figure 1.3: Number of Aboriginal and Torres Strait Islander primary health care services by remoteness area 2003-04 (n=140)



[1] For more information refer to Statistical Geography Volume 1: Australian Standard Geographical Classification (ASGC) 2001 (cat. no. 1216.0).

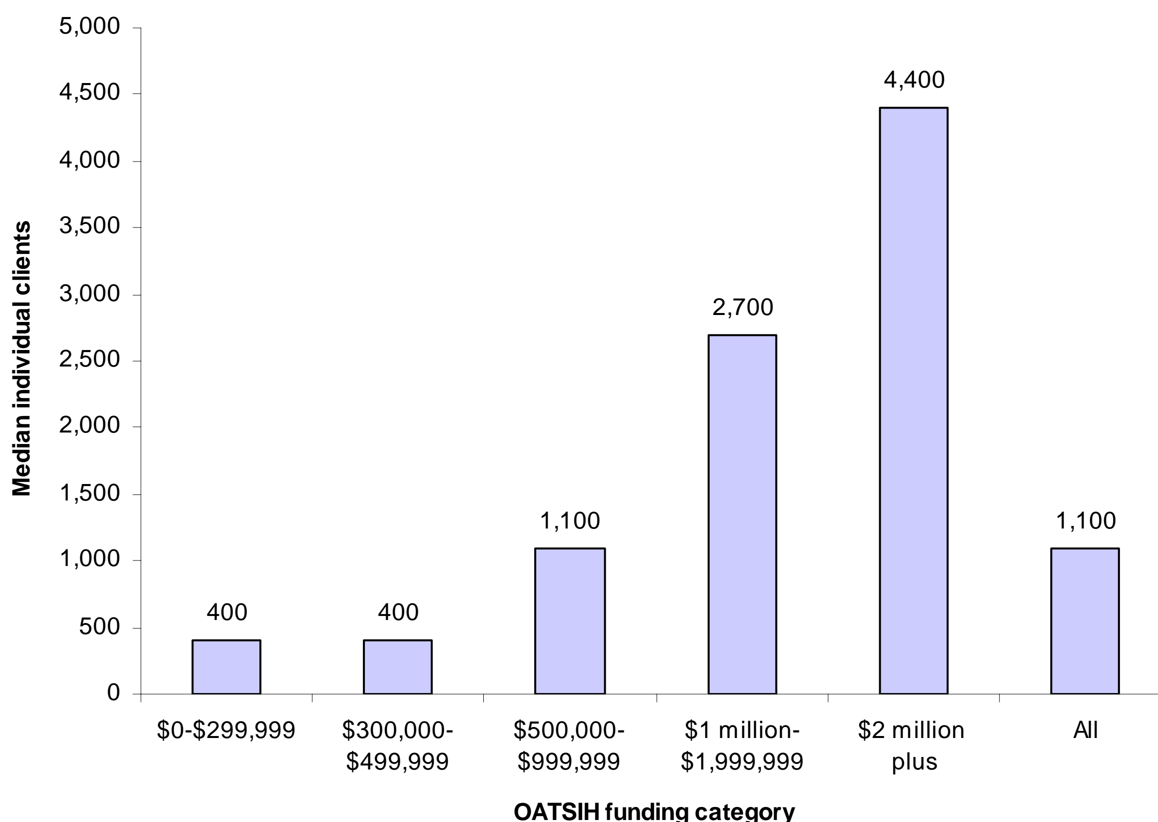
SECTION 2 – KEY SAR STATISTICS FOR 2003-04

INDIVIDUAL CLIENTS

Individual clients describe the total number of active Aboriginal and Torres Strait Islander and non-Indigenous clients of Aboriginal and Torres Strait Islander primary health care services. The total estimated number of individual clients seen by services in Australia was 326,000 in 2003-04.

Figure 2.1 shows the median[2] number of individual clients seen by health services for each funding category. The median individual client numbers for services nationally was 1,100 in 2003-04. The combined individual client numbers for services receiving less than $1 million in funding from OATSIH make up 24% of the national total for individual clients for 2003-04.

Figure 2.1: Median individual clients seen by respondent Aboriginal and Torres Strait Islander primary health care services by OATSIH funding category 2003-04 (rounded to the nearest 100) (n=131)



[2] The term 'median' is used to describe the middle number in a list of numbers that have been arranged in order from smallest to largest. For SAR client numbers and episode data, the median is a more appropriate statistic to use than the average.

MEASURES OF HEALTH CARE PROVISION

The SAR collects two types of data that reflect health care provision – episodes of health care and client contacts.

Episodes of health care are defined in the SAR data collection as 'contact between an individual client and a service by one or more staff to provide health care eg for sickness, injury, counselling, health education, or screening'. In contrast, *client contacts* are the number of individual client contacts that were made by each type of worker involving the provision of health care.

For example, a client going to the service is picked up by a driver and is seen by the Aboriginal and Torres Strait Islander health worker and a nurse. This represents one episode of care but three client contacts.

It should be noted that episodes of health care and client contacts are often estimated by services and the method of estimating these data may change from one year to the next.

Episodes of health care

As described above, an episode of health care involves contact between an individual client and a service by one or more staff to provide health care. Episodes of health care do not include group work or transport (unless it involves provision of health care/information by staff).

An estimated total of 1,610,000 episodes of health care were provided to Indigenous and non-Indigenous clients by respondent Aboriginal and Torres Strait Islander primary health care services in 2003-04.

Client profile

The client mix of Aboriginal and Torres Strait Islander primary health care services includes:

Aboriginal and Torres Strait Islander clients Approximately 88% of the estimated episodes of health care were provided to Aboriginal and Torres Strait Islander clients.

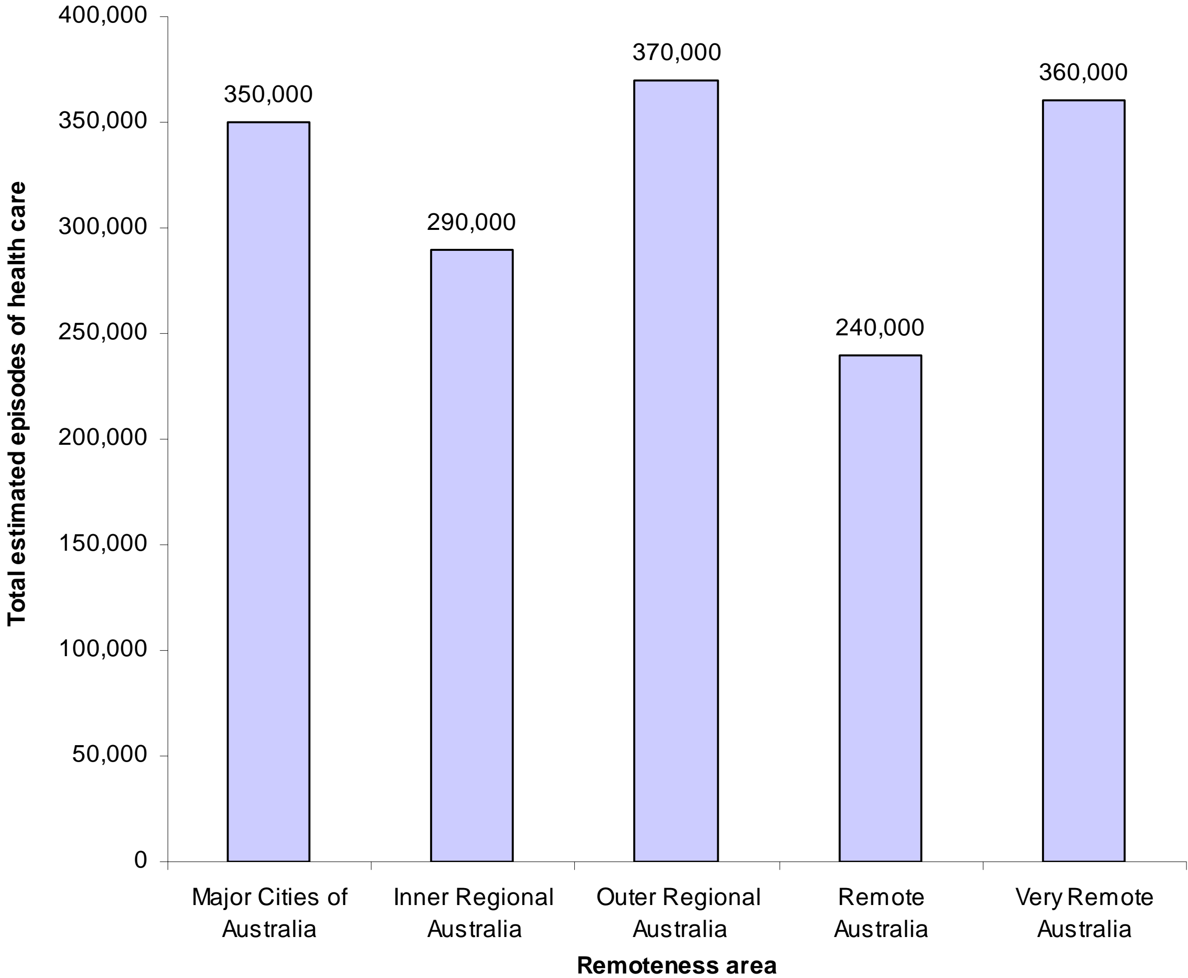
Torres Strait Islander clients Approximately 4% of the estimated episodes of health care were provided to Torres Strait Islander people. This proportion varied across Australia and peaked at 16% in Queensland.

Male and female clients Approximately 40% of all the estimated episodes of care were provided to men and around 60% to women.

Episodes of health care by remoteness area

Figure 2.2 shows a national breakdown by remoteness area[3] of the estimated 1,610,000 episodes of health care provided by respondent Aboriginal and Torres Strait Islander primary health care services.

Figure 2.2: Total estimated episodes of health care provided by respondent Aboriginal and Torres Strait Islander primary health care services by remoteness area 2003-04 (rounded to nearest 10,000) (n=133)



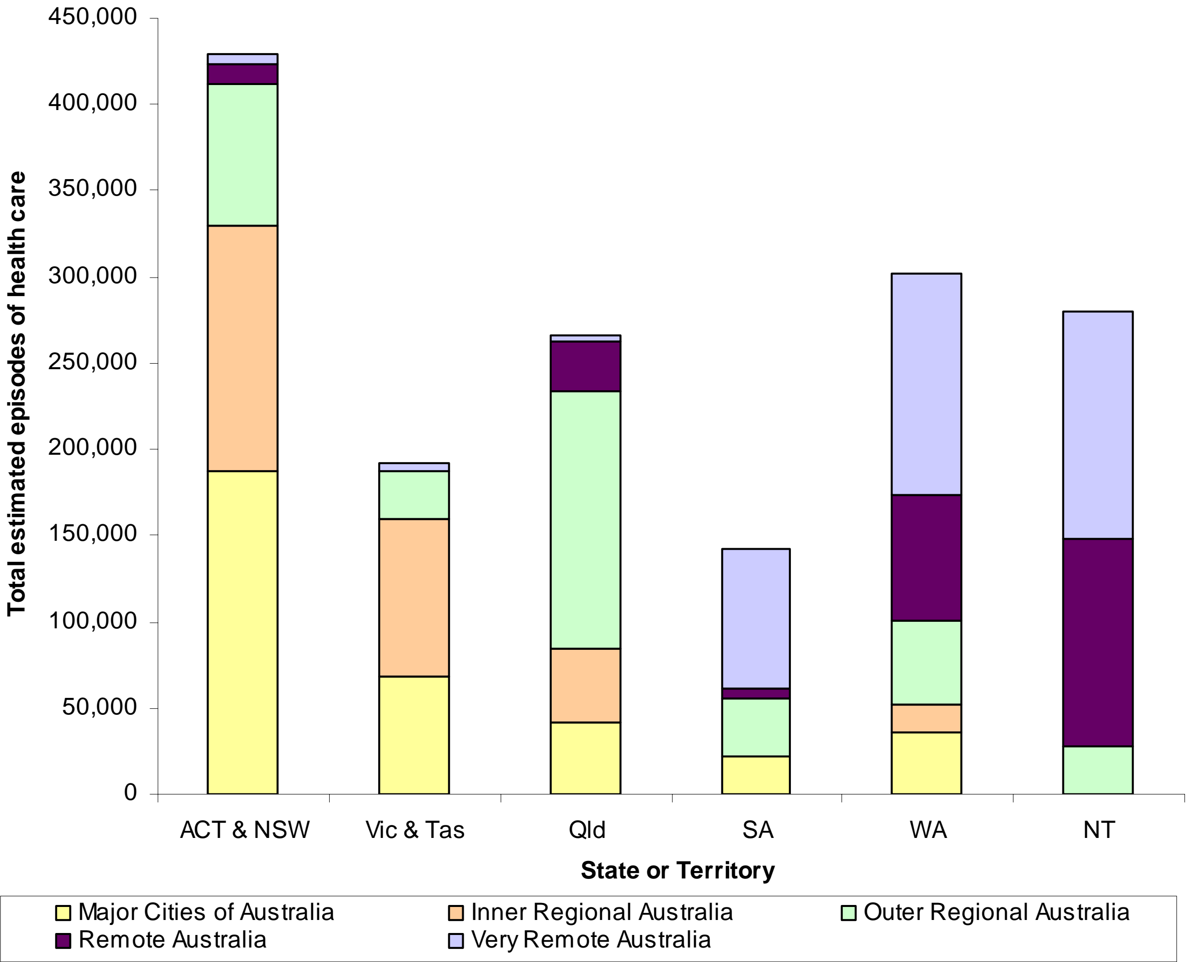
3 The ASGC (2001) Remoteness Area is explained on page 4.

Episodes of health care by State/Territory and remoteness area

Figure 2.3 shows the estimated total number of episodes of health care provided by respondent Aboriginal and Torres Strait Islander primary health care services by remoteness area[4] in each State or Territory.

There are considerable variations in episodes of health care provided across each State and Territory. The majority of estimated episodes of health care reported for South Australia, Northern Territory and Western Australia were provided in remote and very remote Australia.

Figure 2.3: Total estimated episodes of health care provided by respondent Aboriginal and Torres Strait Islander primary health care services by State/Territory and remoteness area 2003-04 (n=133)



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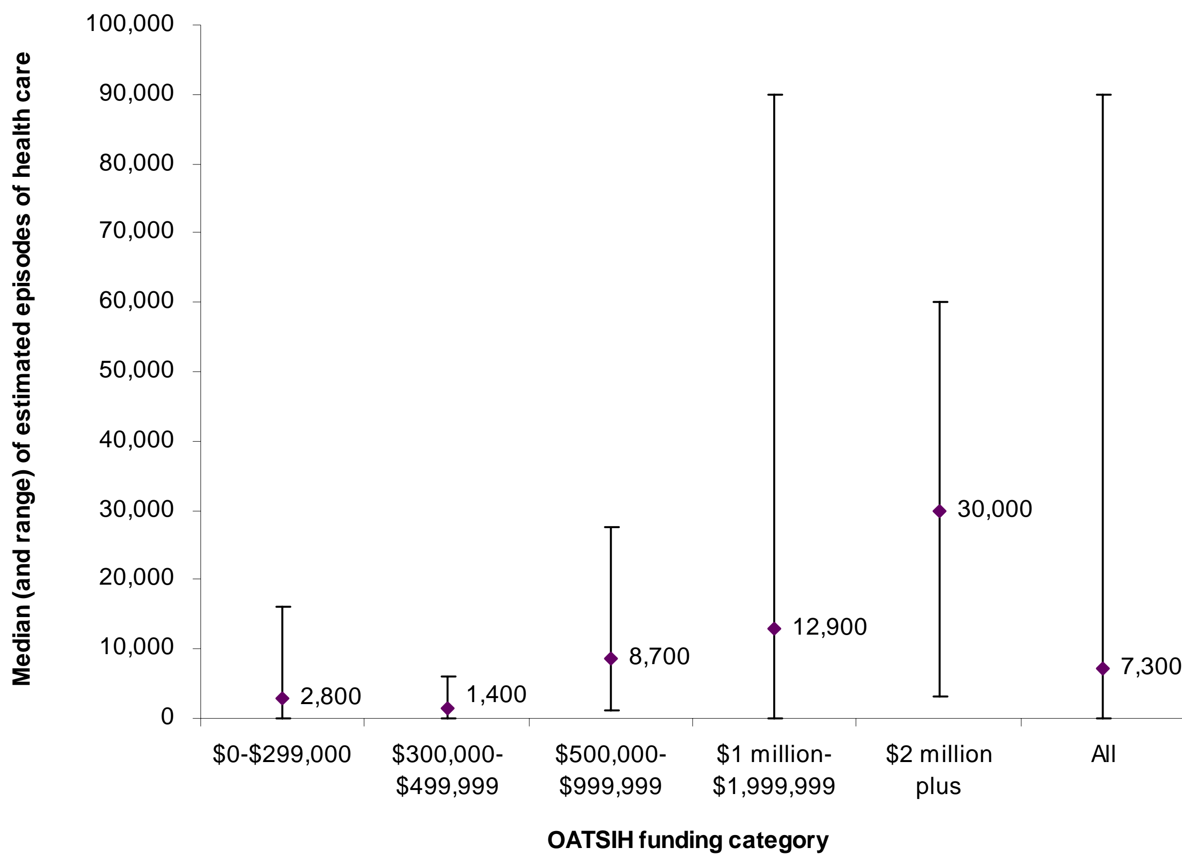
4 The ASGC (2001) Remoteness Area is explained on page 4.

EPISODES OF HEALTH CARE BY OATSIH FUNDING CATEGORY

The median[5] values for estimated number of episodes of health care in each OATSIH funding category are shown in **Figure 2.4**. The range in estimated episodes of health care that services within each funding category provide is also illustrated. Services that provided a small number of episodes of health care may not have been in operation for the full year or they may provide health care to clients mainly through group work. In addition a small number of services, such as those whose main function is health promotion, are not involved in the provision of individual health care.

Figure 2.4: Median (and range) of estimated episodes of health care provided by respondent Aboriginal and Torres Strait Islander primary health care services by OATSIH funding category 2003-04 (rounded to the nearest 100) (n=133)

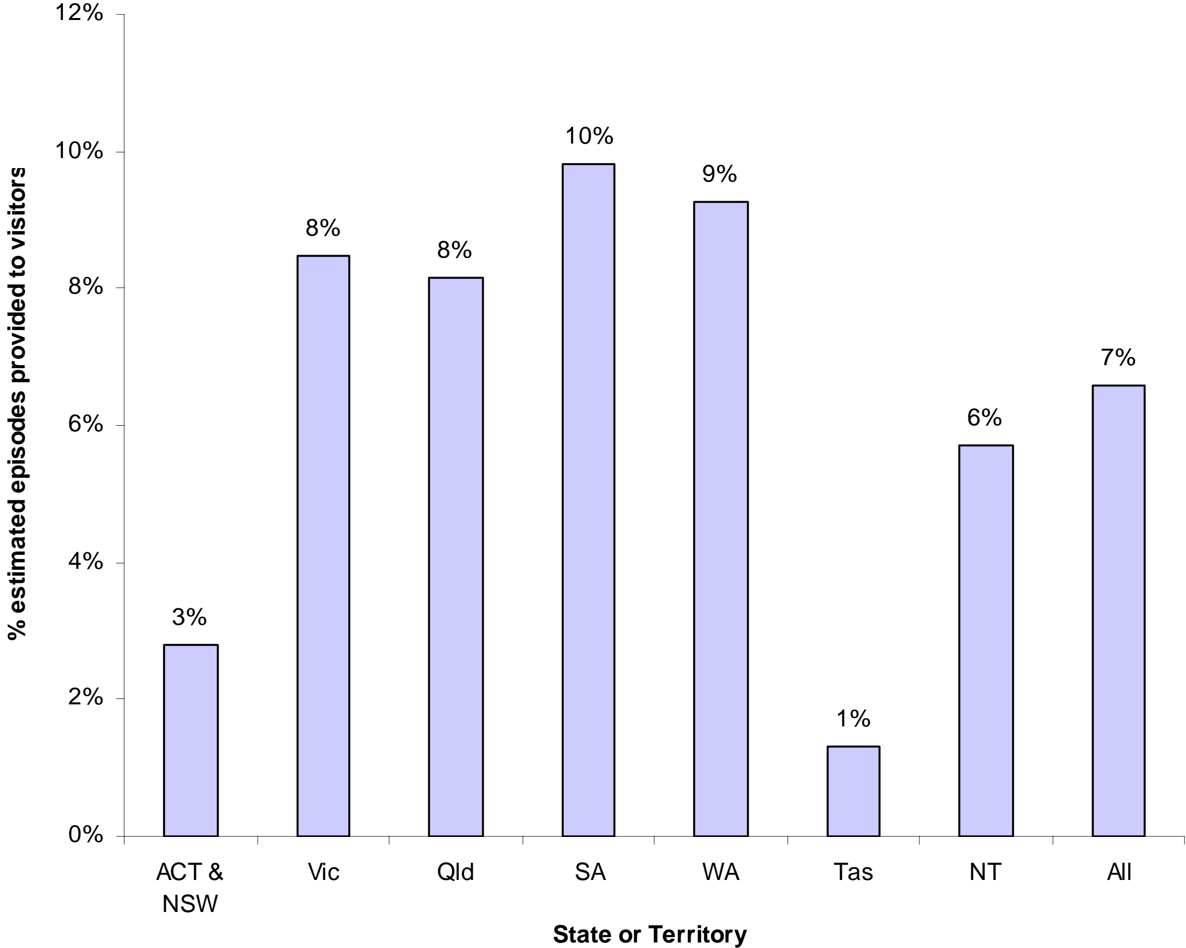


5 The term ‘median’ is used to describe the middle number in a list of numbers that have been arranged in order from smallest to largest. For SAR population and episode data, the median is a more appropriate statistic to use than the average.

EPISODES OF HEALTH CARE PROVIDED TO CLIENTS WHO WERE VISITING THE HEALTH SERVICE AREA

2003-04 SAR data show that approximately 7% of all estimated episodes of health care were provided to people who normally live outside the health service area (eg visitors to the community). South Australia had the highest percentage (10%) of episodes of care for visitors (**Figure 2.5**). Eighteen services did not have visiting clients, while eight services had 20% or more episodes of care for visitors.

Figure 2.5: Percentage of total estimated episodes of health care provided by respondent Aboriginal and Torres Strait Islander primary health care services to visitors to the health service area by State/Territory 2003-04 (n=133)

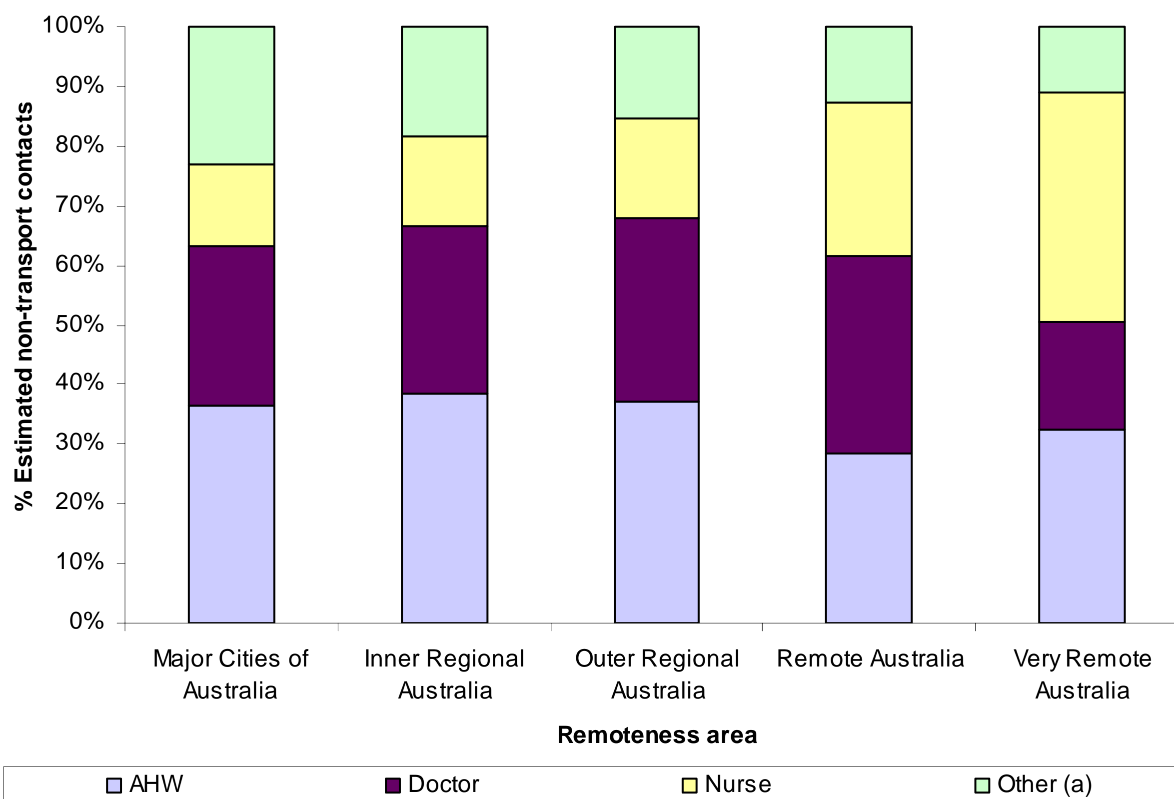


Client contacts

As described earlier, services report in the SAR on the number of individual client contacts that were made by each type of worker involving the provision of health care (eg for sickness, injury, counselling, health education, screening). Contacts include those made by all staff and visiting health professionals and contacts involving transport. Contacts involving groups of clients are not included.

An estimated total of 2,610,000 contacts were made by Aboriginal and Torres Strait Islander primary health care services in 2003-04. Of these, 144,000 contacts (6%) were made transporting clients to see health professionals who did not work for the service and 261,000 (10%) contacts were made transporting clients to see health professionals who did work for the service. This left an estimated total of 2,210,000 client contacts. **Figure 2.6** shows the percentage of these contacts (i.e. excluding transport contacts) made by different types of workers by remoteness area[6].

Figure 2.6: Percentage of estimated non-transport contacts made by types of workers at respondent Aboriginal and Torres Strait Islander primary health care services by remoteness area 2003-04 (n=134)



(a) Other – includes emotional and social well being staff (including counsellors, social workers and psychologists), substance use workers, medical specialists/other allied health professionals, dentists/dental therapists, dental support eg dental assistants and technicians, traditional healers, other staff and not stated staff members. Transport contacts have not been included.

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6 The ASGC (2001) Remoteness Area is explained on page 4.

STAFF

The 2003-04 SAR asked Aboriginal and Torres Strait Islander primary health care services to record the number of 'full time equivalent'[7] positions funded through all sources of funding as at 30 June, 2004.

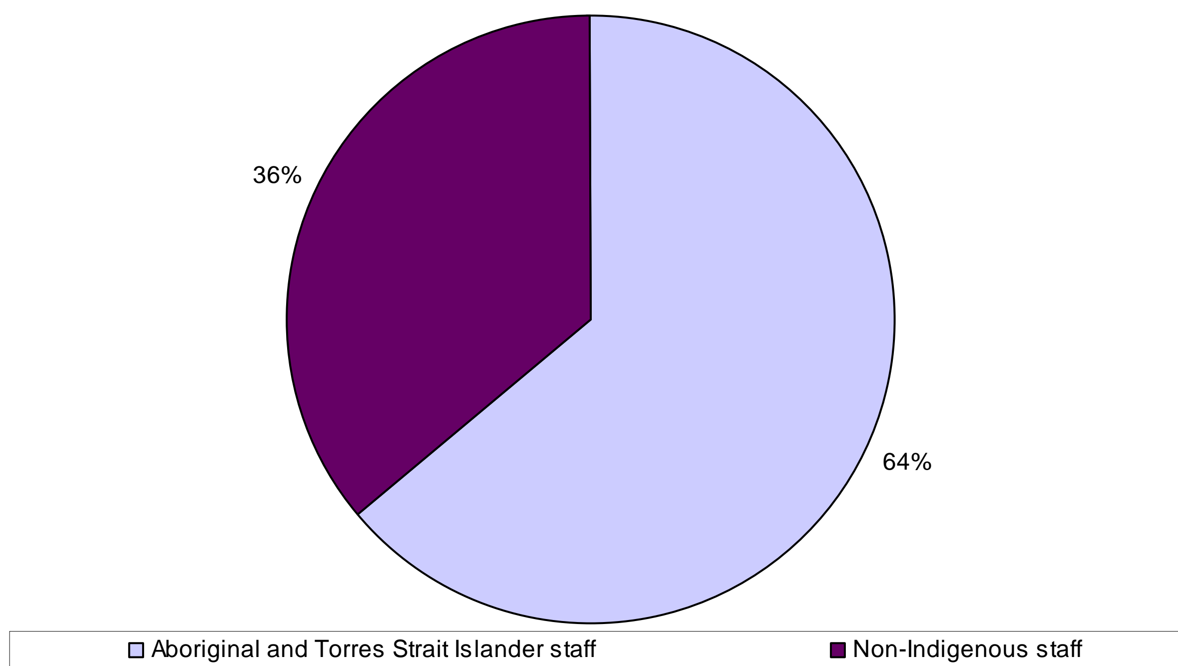
Respondent services had a total of 2900 'full time equivalent' staff. This included:

- 2700 'full time equivalent' positions funded by the services. These staff were paid wages/salaries or fees by the respondent service.
- 200 'full time equivalent' staff who worked at the services but were paid wages/salaries or fees by another organisation.

Most services (76%) had access to medical specialists/allied health professionals who were not paid by the service.

Of the 2700 'full time equivalent' health service funded positions, 1700 (64%) of them were held by Aboriginal or Torres Strait Islander people (**Figure 2.7**). Over half of the services (60%) had ten or more 'full time equivalent' positions paid by the service.

Figure 2.7: Indigenous status of staff employed by respondent Aboriginal and Torres Strait Islander primary health care services as at 30 June 2004 (n=138)



[7] As many services employ a mix of part time and full time staff, it is difficult to compare staffing across services. The SAR collects data on staffing in terms of 'full time equivalent' positions as a way of measuring staff on a consistent basis across services. For example, a service may have three Aboriginal and Torres Strait Islander health workers, one who works full time and two who work mornings only. The total number of 'full time equivalent' Aboriginal and Torres Strait Islander health workers positions would be 2 i.e. (1 + 0.5 + 0.5 = 2).

Positions funded by services

The 2003-04 SAR asked Aboriginal and Torres Strait Islander primary health care services to record the number of ‘full time equivalent’ positions for which the service paid wages, salaries or fees.

Health staff

Figure 2.8 shows the total number of ‘full time equivalent’ positions for health staff employed by Aboriginal and Torres Strait Islander primary health care services divided according to whether they were Aboriginal and Torres Strait Islander or non-Indigenous. A total of 197 ‘full time equivalent’ doctors were employed by respondent Aboriginal and Torres Strait Islander primary health care services. Most doctors, nurses, allied health professionals and dentists were non-Indigenous. Most traditional healers and environmental health workers, Aboriginal and Torres Strait Islander health workers (AHW), substance use workers and drivers/field officers were Aboriginal and Torres Strait Islander Australians.

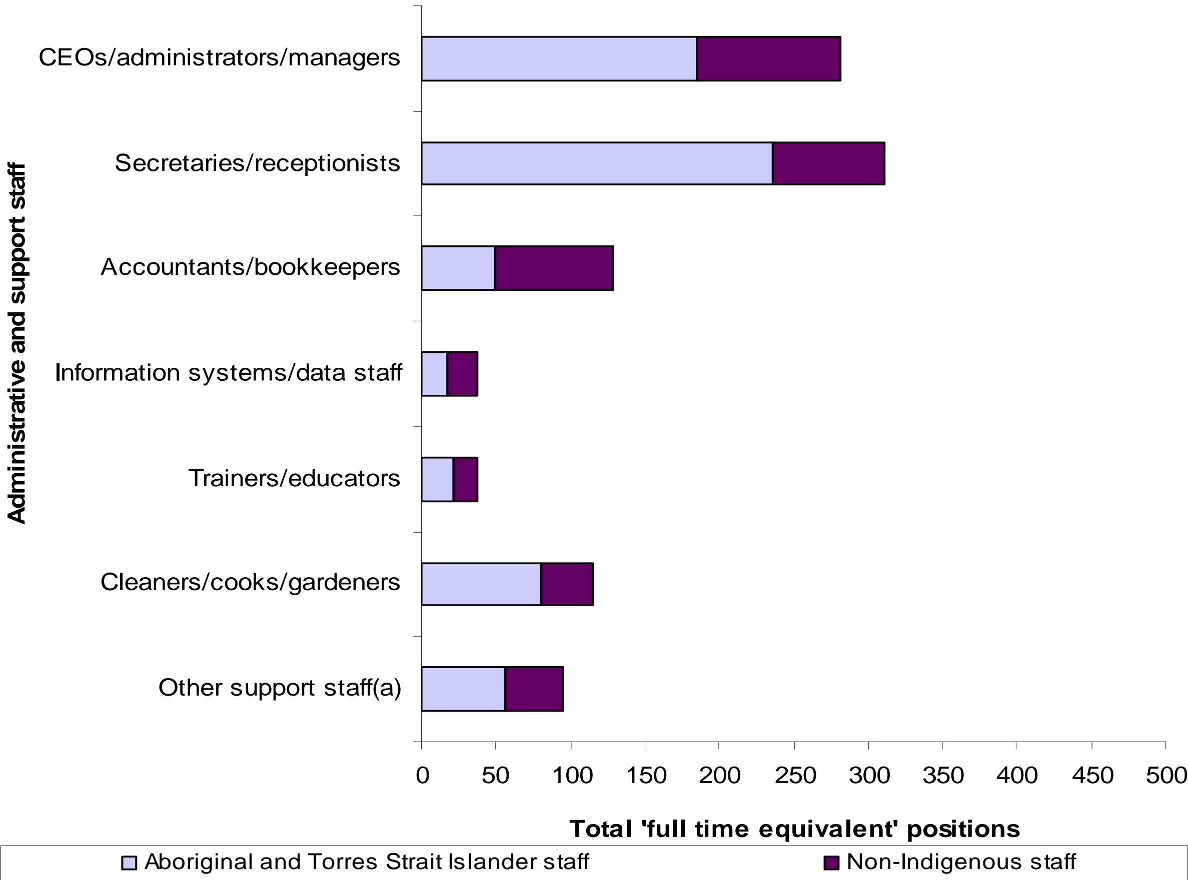
Figure 2.8: Number of ‘full time equivalent’ health staff employed by respondent Aboriginal and Torres Strait Islander primary health care services as at 30 June 2004 by Indigenous status (n=138)

(a) ESWB – Emotional and social well being staff (including counsellors, social workers and psychologists)
(b) AHP – Allied health professionals
(c) EHW – Environmental health workers
(d) Other health staff – includes eye health coordinator, hearing program coordinator, nutrition worker, antenatal support, family health worker, sobering up unit, life skills support workers

Administrative and support staff

Figure 2.9 shows a breakdown of the number of 'full time equivalent' administrative and support staff employed by respondent Aboriginal and Torres Strait Islander primary health care services divided according to whether they were Aboriginal and Torres Strait Islander or non-Indigenous.

Figure 2.9: Number of 'full time equivalent' administrative and support staff employed by respondent Aboriginal and Torres Strait Islander primary health care services as at 30 June 2004 by Indigenous status (n=138)



(a) Other support staff – includes project officer, research and development officer, house mother, maintenance officer, family support worker, security guards, resource centre librarian, program coordinator

Positions not funded by services

The 2003-04 SAR asked Aboriginal and Torres Strait Islander primary health care services to record the number of other 'full time equivalent' positions that were not funded by the service. These positions may be funded by State/Territory health departments or through programs such as More Allied Health services and Community Development Employment Projects (CDEP).

Visiting Health staff

Figure 2.10 shows a breakdown of the number of 'full time equivalent' health staff, visiting or resident, who worked at but were not paid by the services. The number of 'full time equivalent' positions for these health staff is small as they usually visit fortnightly, monthly or quarterly and spend 1-2 days at the service. This equates to a small proportion of a 'full time equivalent' position. A very small proportion of the 'full time equivalent' AHW positions is held by non-Indigenous staff and a very small proportion of 'full time equivalent' medical specialist/allied health professional, doctor and nurse positions is held by Aboriginal and Torres Strait Islander staff. 49% of the Aboriginal and Torres Strait Islander health workers were paid through CDEP, whereas 77% of drivers/field officers were paid through CDEP.

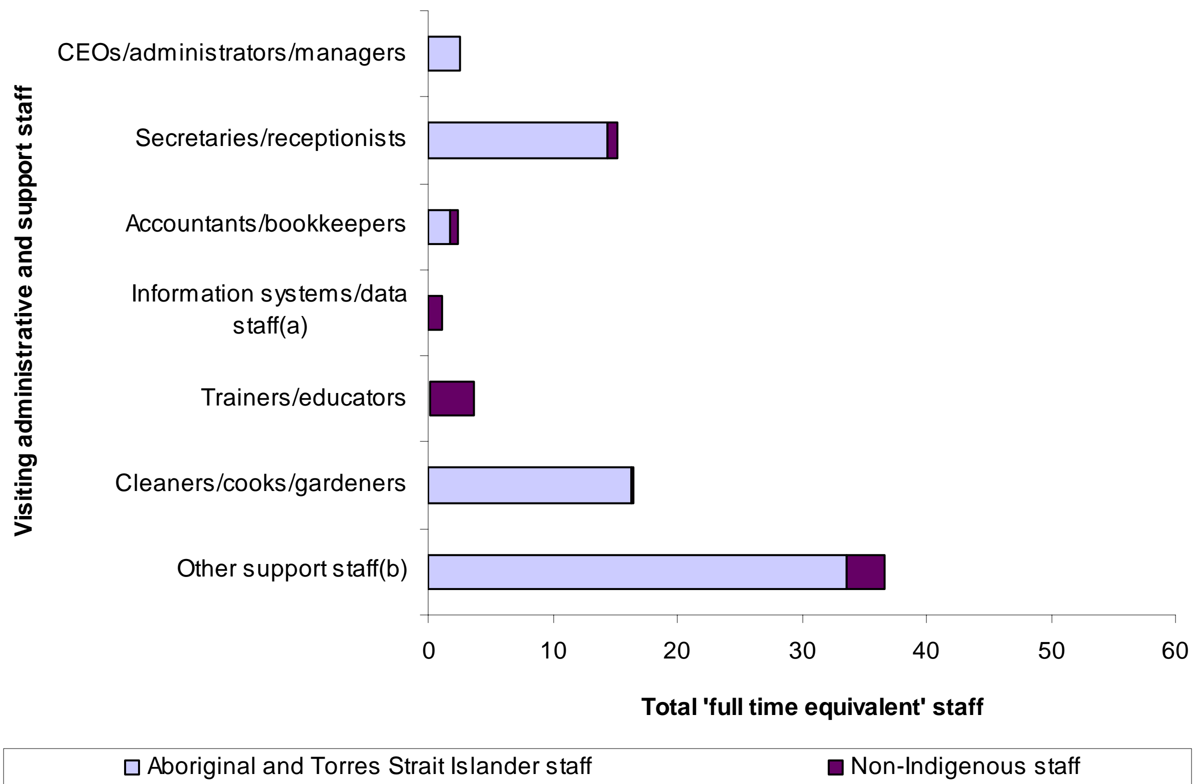
Figure 2.10: Number of 'full time equivalent' health staff not paid by services by Indigenous status at respondent Aboriginal and Torres Strait Islander primary health care services (1 July 2003 to 30 June 2004) (n=138)

(a) AHW – Aboriginal and Torres Strait Islander health worker
(b) ESWB – Emotional and social well being staff (includes counsellors, social workers and psychologists)
(c) Spec/AHP – Specialists/allied health professionals
(d) Dentists & assistants – Dentists/dental therapists, and dental assistants/technicians
(e) EHW – Environmental health workers
(f) Other Health Staff – Includes traditional healers, substance use workers and other health staff

Visiting administrative and support staff

Figure 2.11 shows the number of 'full time equivalent' administrative and support staff who worked at, but were not paid by, the services. Sixty two per cent of these staff were CDEP staff.

Figure 2.11: Number of 'full time equivalent' administrative and support staff not paid by services by Indigenous status at respondent Aboriginal and Torres Strait Islander primary health care services (1 July 2003 to 30 June 2004) (n=138)



(a) Due to the scale of the above figure, the entry for 'information systems/data staff' is not identifiable. There are nil Aboriginal and Torres Strait Islander staff and 1.11 'full time equivalent' non-Indigenous staff in this category.

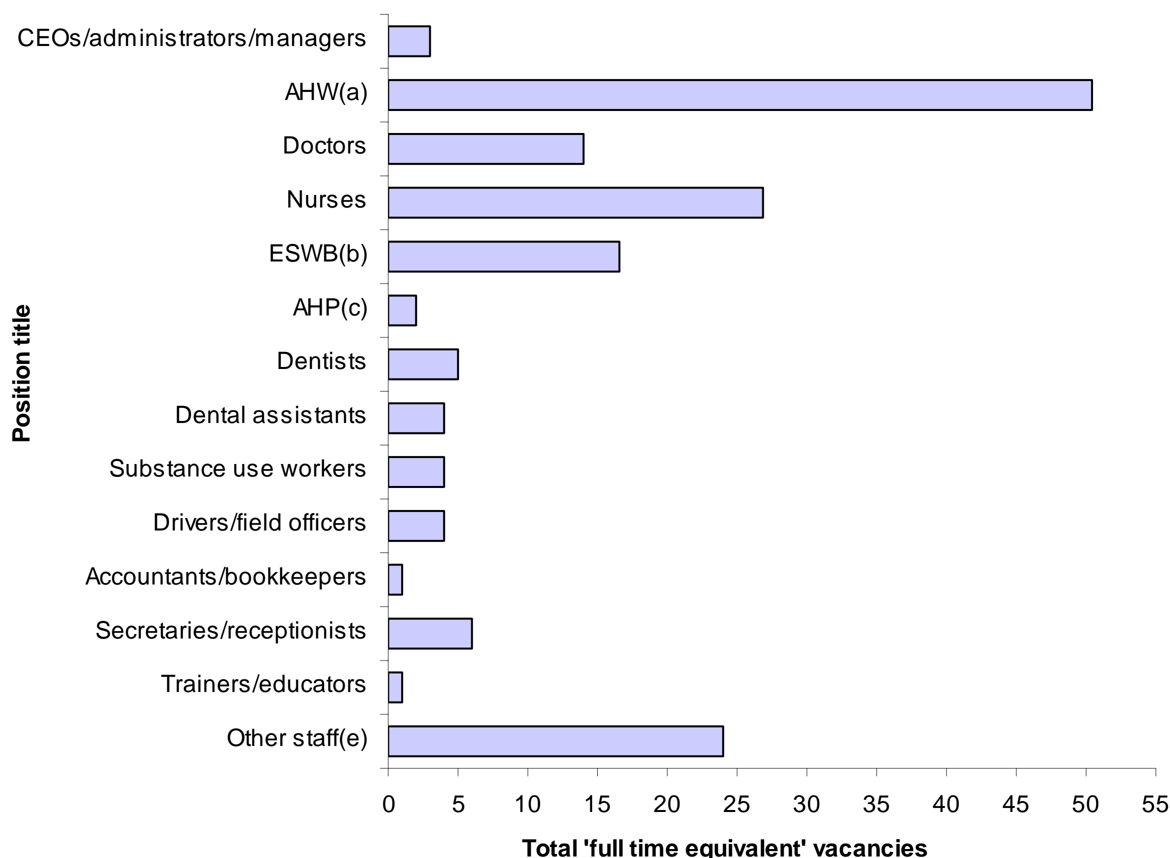
(b) Other support staff – includes community services coordinator, casual labourer, youth worker, clinic coordinator, home help and clinical training support

Staff vacancies

As at 30 June 2004, 46% of respondent services had at least one vacant staff position and 6% of all positions were vacant. It should be noted that a service's vacant staff positions may not fully reflect the need for staff.

Figure 2.12 shows the number of 'full time equivalent' vacancies for each position title. It should be noted that services require a greater number of some positions (eg nurses) compared to others (eg environmental health workers). Taking the number of positions filled (see Figure 2.8 and 2.9) into account, the percentage of CEO, AHW, doctor and nurse positions that were vacant were 1%, 7%, 7% and 9% respectively. There were no reported vacancies for information system/data staff or environmental health workers.

Figure 2.12: Number of 'full time equivalent' vacancies by position title at respondent Aboriginal and Torres Strait Islander primary health care services as at 30 June 2004 (n=138)



(a) AHW – Aboriginal and Torres Strait Islander health worker
(b) ESWB – Emotional and social well being staff (includes counsellors, social workers and psychologists
(c) AHP – Allied health professionals
(d) EHW – Environmental health workers
(e) Other staff – Includes various positions such as eye health coordinator, strategic planning and evaluation officer, sexual health worker, health youth worker, child protection training and education workers, support workers, chronic disease worker and family violence project worker.

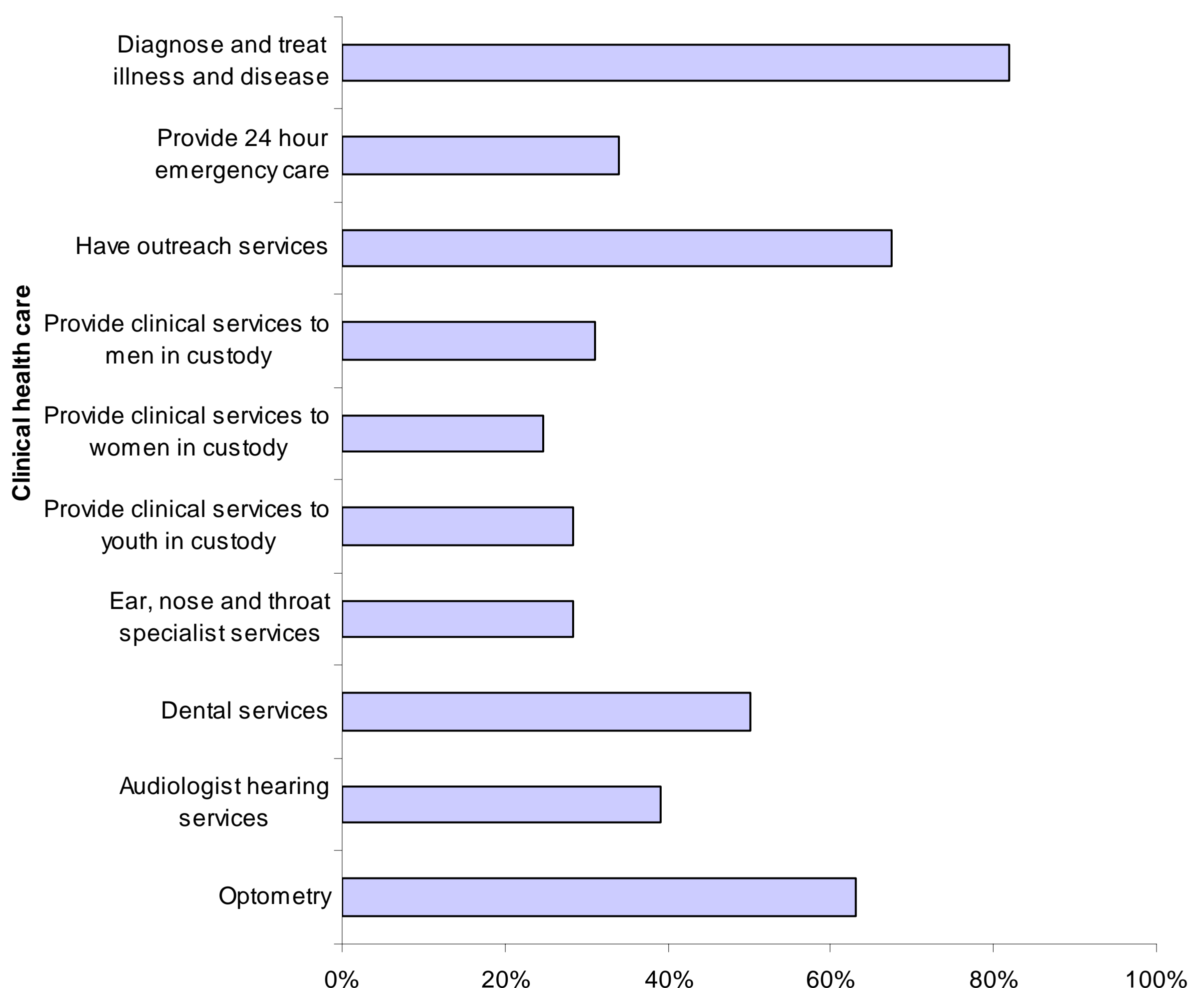
EXTENDED CARE ROLES

All Aboriginal and Torres Strait Islander primary health care services undertake a number of extended care roles to support their communities. However, it should be noted that a small proportion of services provide specific programs only: such as dental; health promotion; or, counselling. Also, some smaller services do not have a doctor or a nurse and their main activities involve arranging or facilitating access to health professionals. The results in this section on extended care roles refers to the percentage of services that undertake these roles and activities but not the extent to which they are undertaken or the amount of resources used to carry out these activities.

Clinical health care

Aboriginal and Torres Strait Islander primary health care services undertake a wide range of clinical health care services and some of these are shown in **Figure 2.13**. Eighty two percent of services diagnose and treat illness and disease. A more comprehensive list of clinical health care provided by services can be found in **Appendix 3**.

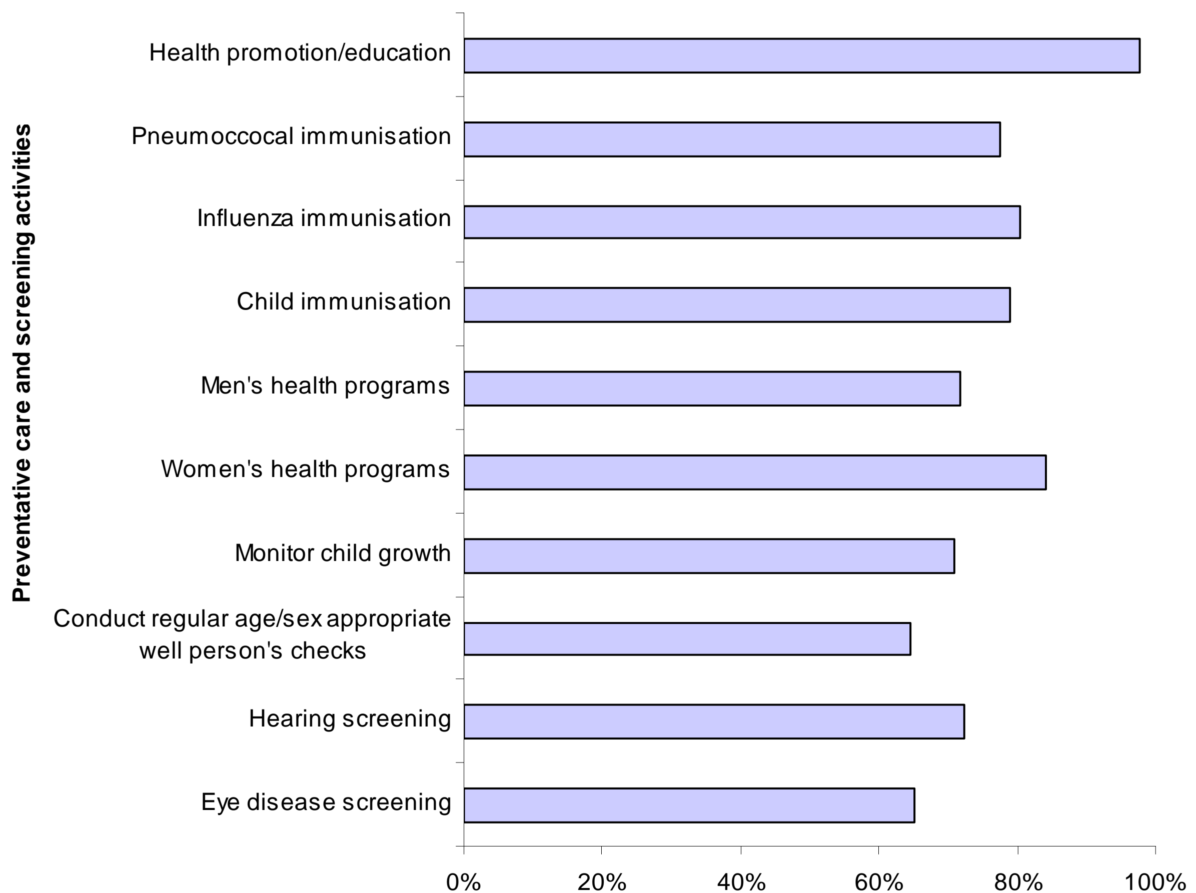
Figure 2.13: Types of clinical health care provided by respondent Aboriginal and Torres Strait Islander primary health care services 2003-04 (n=138)



PREVENTATIVE HEALTH CARE

Aboriginal and Torres Strait Islander primary health care services undertake a wide range of preventative health care programs and activities. These include health promotion, immunisation and screening as well as programs targeting specific gender or age groups. **Figure 2.14** shows that a high proportion of respondent Aboriginal and Torres Strait Islander primary health care services are undertaking each of these activities.

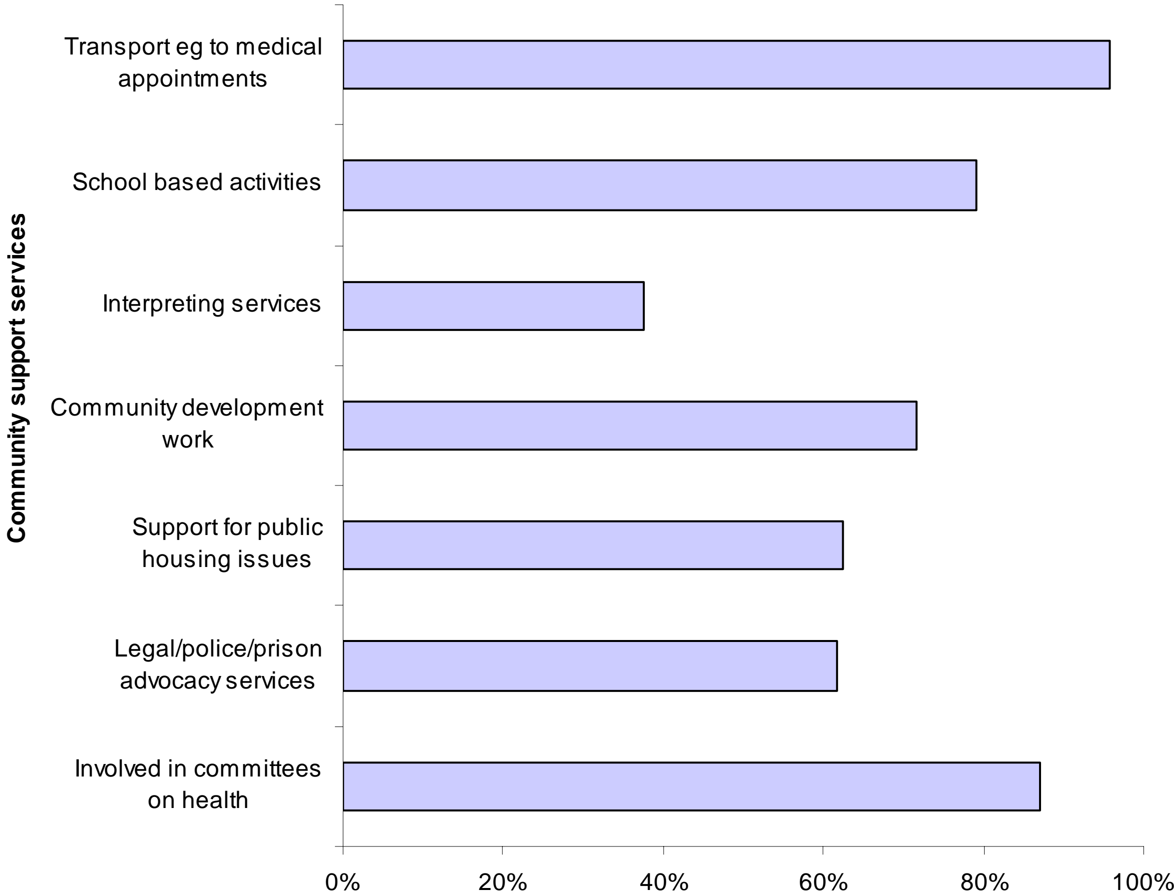
Figure 2.14: Percentage of respondent Aboriginal and Torres Strait Islander primary health care services that undertake preventative care and screening activities 2003-04 (n=138)



Health related community support roles

In accordance with a definition of health as ‘not just the physical wellbeing of the individual but the social, emotional and cultural wellbeing of the whole community’, Aboriginal and Torres Strait Islander primary health care services provide a wide range of health related community support services. The SAR questionnaire collects data on health related community and support services. The proportion of services providing these kinds of services is shown in **Figure 2.15**.

Figure 2.15: Percentage of respondent Aboriginal and Torres Strait Islander primary health care services that provide health related community support services 2003-04 (n=138)



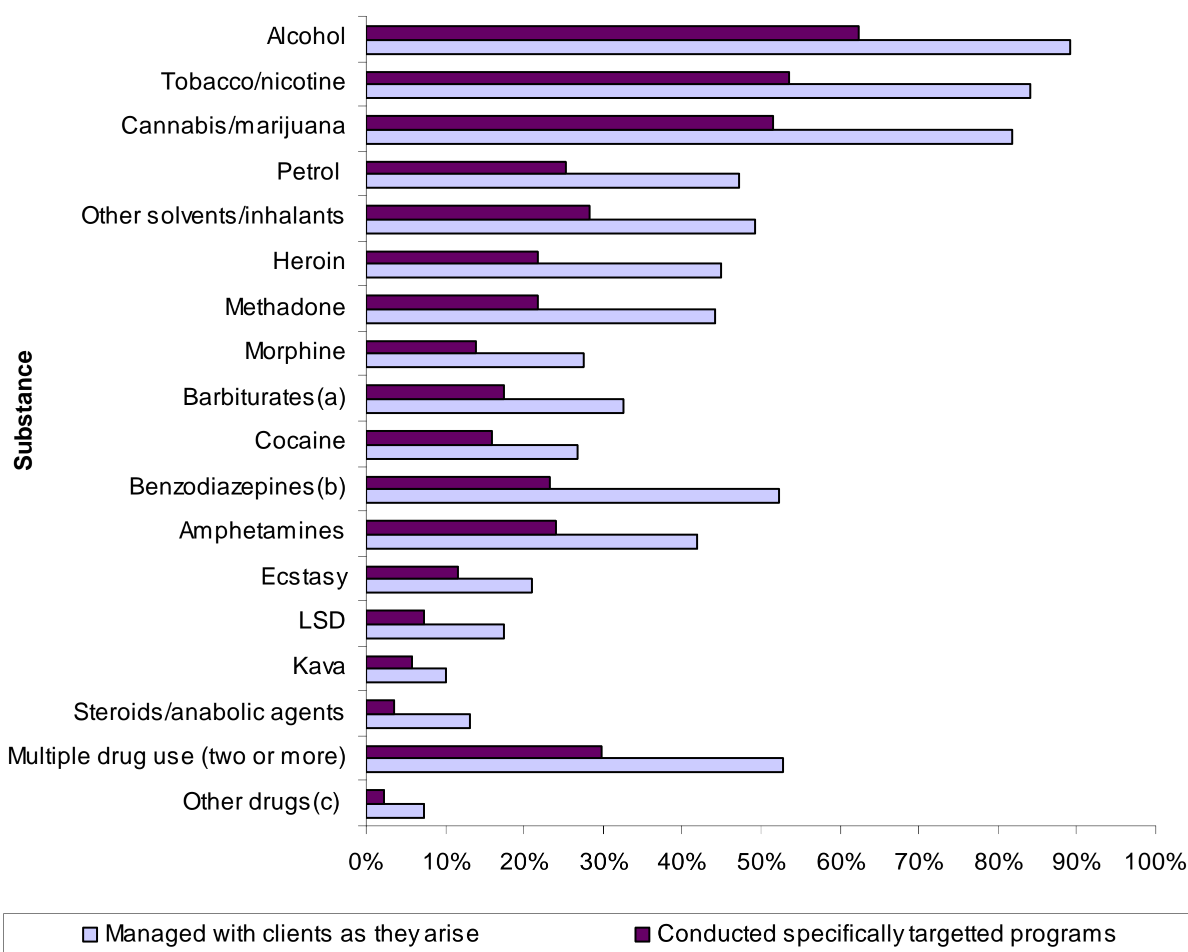
SUBSTANCE USE

Appendix 4 shows the percentage of respondent Aboriginal and Torres Strait Islander primary health care services that provide substance use services.

Substance use issues addressed by services

Aboriginal and Torres Strait Islander primary health care services address a range of substance use issues. In many cases, substance use issues are covered on an individual client basis as they arise during client care. In addition, some services conduct specifically targeted programs for substance use issues. **Figure 2.16** shows the proportions of respondent services that address substance use issues using these two methods of approach.

Figure 2.16: Percentage of respondent Aboriginal and Torres Strait Islander primary health care services that address substance use issues 2003-04 (n=138)



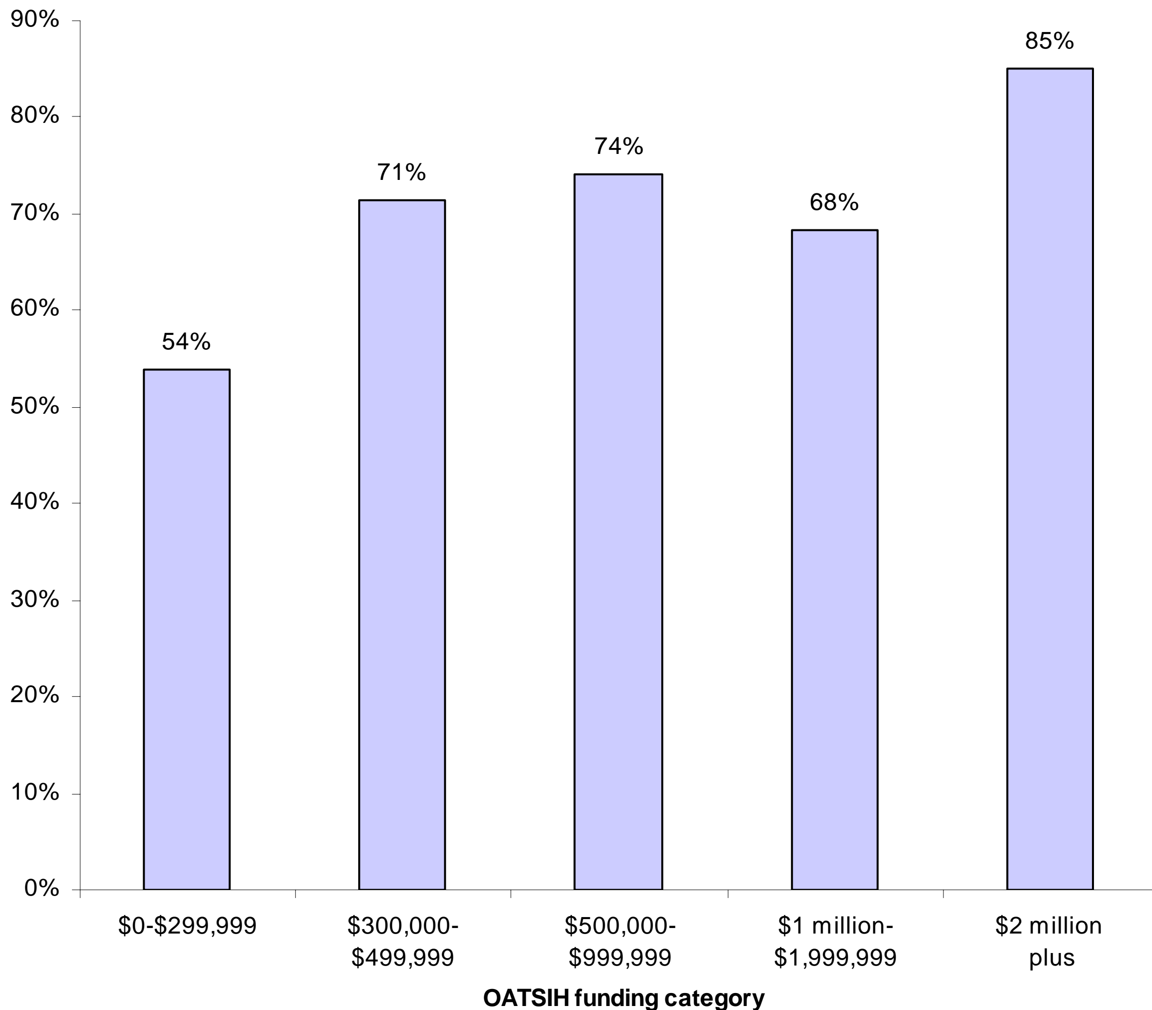
(a) Barbiturates (eg downers, Phenobarbital, Amytal)
(b) Benzodiazepines (eg sleeping pills, Valium, Serepax, Mogadon, Rohypnol, Temazepam)
(c) Other drugs – Includes Panadeine Forte, analgesics, designer drugs, anti-depressants

Note: The list of substance use issues contained within the questionnaire has been expanded from previous SAR questionnaires.

Services that conduct substance use programs by funding

2003-04 SAR data show that 68% of services conducted one or more specifically targeted substance use program. **Figure 2.17** shows how the percentage of services with specific targeted programs varies by funding category.

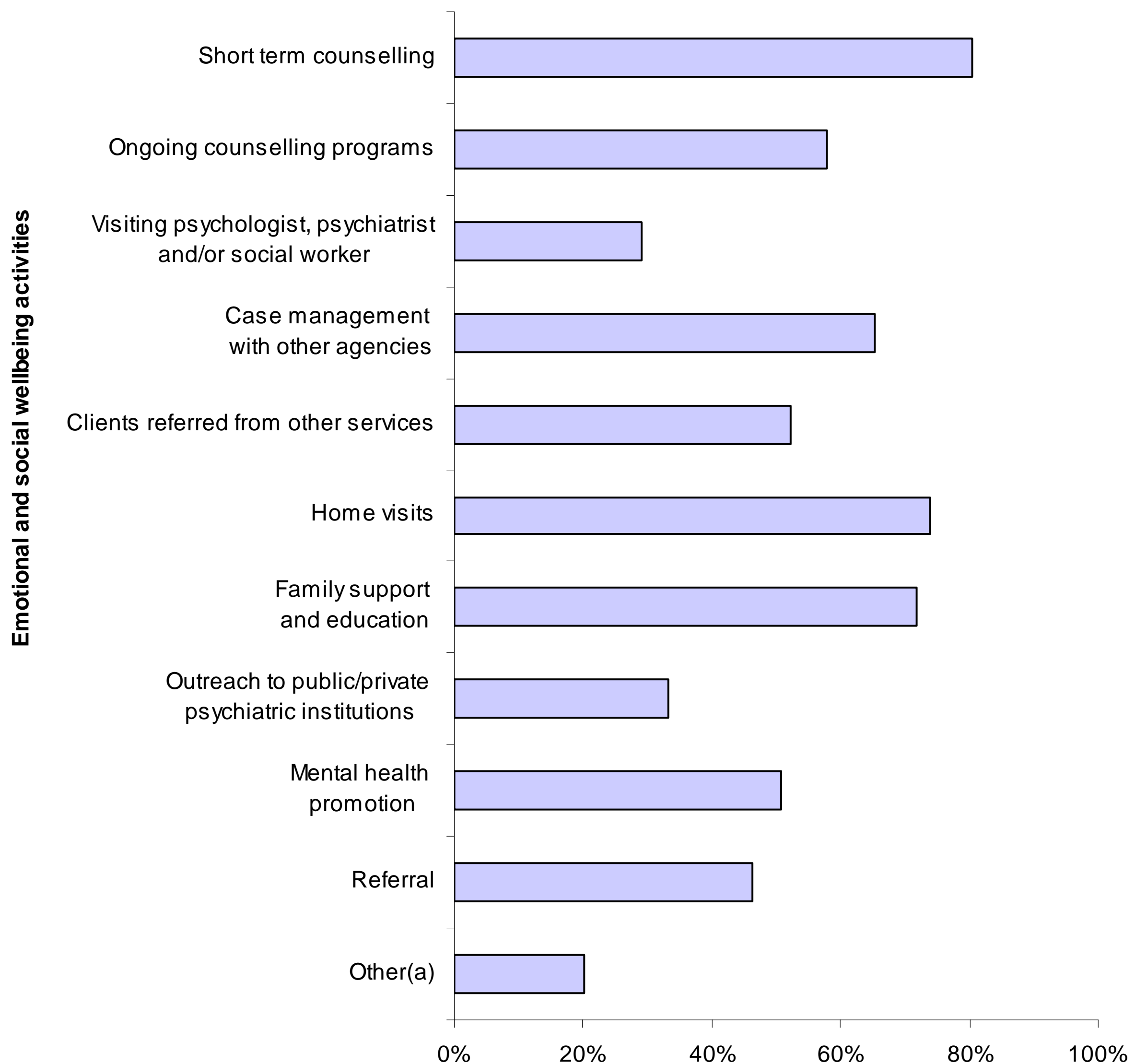
Figure 2.17: Percentage of respondent Aboriginal and Torres Strait Islander primary health care services that conducted specifically targeted programs for substance use issues 2003-04 by OATSIH funding category (n=138)



EMOTIONAL AND SOCIAL WELL BEING

Aboriginal and Torres Strait Islander community controlled health organisations aim to treat health holistically, recognising and treating emotional and social well being as integral to good health. 2003-04 SAR data provide a selection of information on the activities of Aboriginal and Torres Strait Islander primary health care services in the area of emotional and social well being (**Figure 2.18**). The data show that 80% of respondent Aboriginal and Torres Strait Islander primary health care services provide short term counselling, 58% have ongoing counselling programs within their services and 29% have visiting psychologists, psychiatrists and/or social workers providing care at their service. All three of these activities are provided by 20% of services.

Figure 2.18: Percentage of respondent Aboriginal and Torres Strait Islander primary health care services that provide emotional and social well being activities 2003-04



(a) Other – Includes facilitation of groups of parents affected by their teenagers' drug use, health workers assisting mental health workers when seeing some Indigenous community members, visiting psychologist nurse, transport clients to appointments to above services, grief and loss workshops, mental health program development to cover priority issues

SECTION 3 – TRENDS IN DATA

NOTES ON TIME SERIES ANALYSIS

The SAR commenced in respect of the 1997-1998 financial year and has been conducted annually since then. By comparing suitable data from these seven years, it is possible to identify trends in service level data on health care and health related activities.

Note: The time series analysis now includes all services that responded to the SAR in each year for graphs where percentages are calculated as these figures are comparable. This shows change over time in service delivery across the whole sector. For analysis where only numbers are used, analysis continues to be done only on those services who have participated in all years. This shows change over time in service delivery in the existing services. In all cases, the number of services included in each chart is shown as 'n'.

Care has been taken to ensure that only comparable data are included in time series analysis. Some of the questions presented to services have changed over the years so that it is not always possible to compare data for all years.

RESPONSE RATES

The number of Aboriginal and Torres Strait Islander primary health care services that responded to the SAR was:

a. 1997-98 - 105 out of 108 services (97%);

b. 1998-99 - 110 out of 113 services (97%);

c. 1999-00 - 117 out of 120 services (98%);

d. 2000-01 - 124 out of 129 services (96%);

e. 2001-02 - 130 out of 134 services (97%);

f. 2002-03 - 135 out of 137 services (99%); and

g. 2003-04 – 139 out of 140 services (99%).

As previously reported 138 of the 139 respondents to the 2003-04 SAR are used in the database. Refer to **Appendix 1** for summary of SAR participation.

There has been a steady rise in the number of services included in the SAR each year. This change is due to new Australian Government funded primary health care services opening and existing services gaining Australian Government funding. These services may previously have been excluded from the SAR because of the type of service that they provided or because there may have been a change to their reporting arrangements (as for services involved in Coordinated Care Trials).

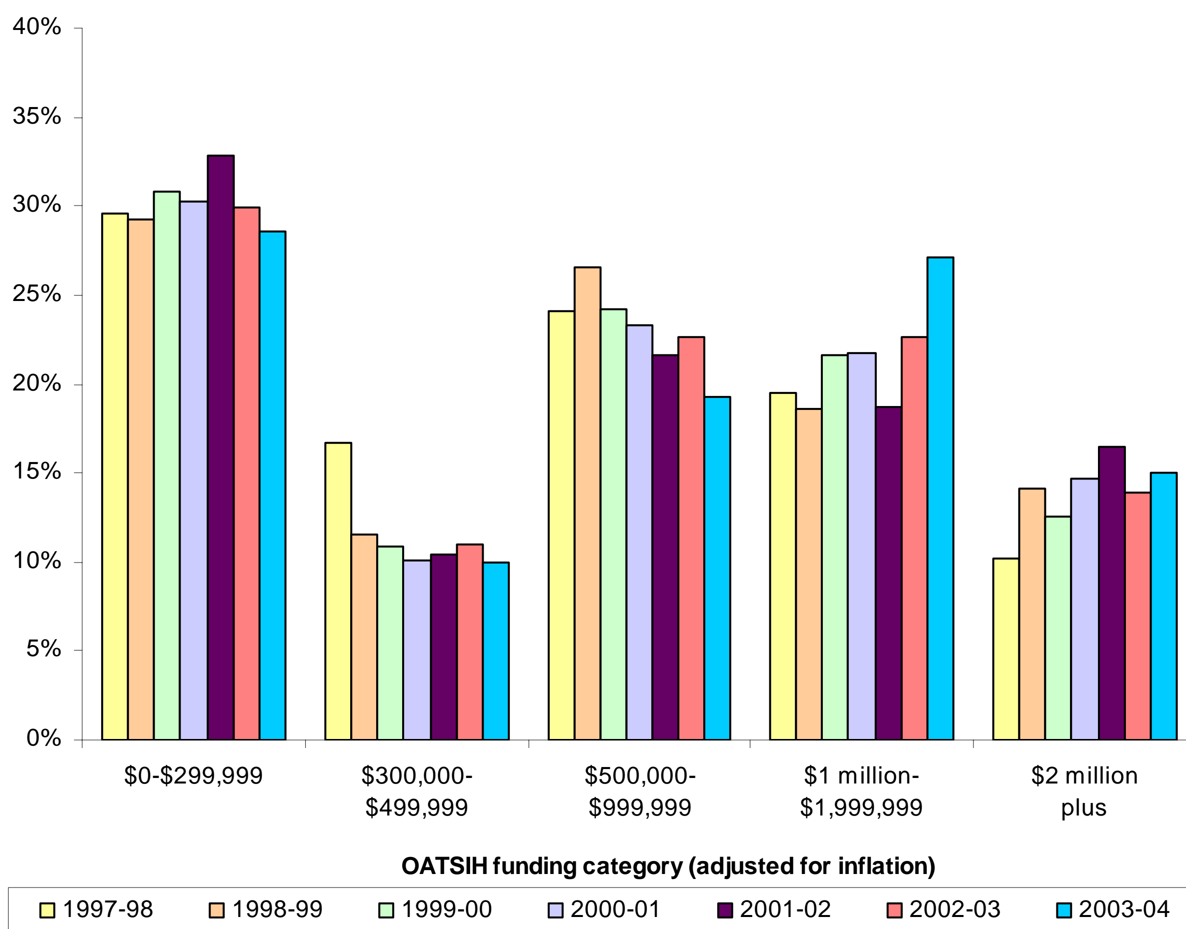
LEVEL OF OATSIH FUNDING OF SERVICES

The total OATSIH funding to SAR services increased from $84 million (for 108 services) in 1997-98 to $163 million (for 140 services) in 2003-04. Part of this increase is due to more services being included in the SAR. In addition, the recurrent funding that OATSIH provides to services is increased annually using a Wage Cost Index (WCI) to allow for inflation.

For **Figure 3.1** below, years 1997-98, 1998-99, 1999-00, 2000-01, 2001-02 and 2002-03 have been adjusted using the WCI, as if 2003-04 is the base year.

Figure 3.1 shows that even when service funding is adjusted to allow for this WCI increase there is still a shift in the percentage of services from the lower to the higher funding categories.

Figure 3.1: Percentage of Aboriginal and Torres Strait Islander primary health care services by OATSIH funding category (where funding has been adjusted for inflation using the WCI) (n=108, 113, 120, 129, 134, 137 and140)



EPISODES OF HEALTH CARE

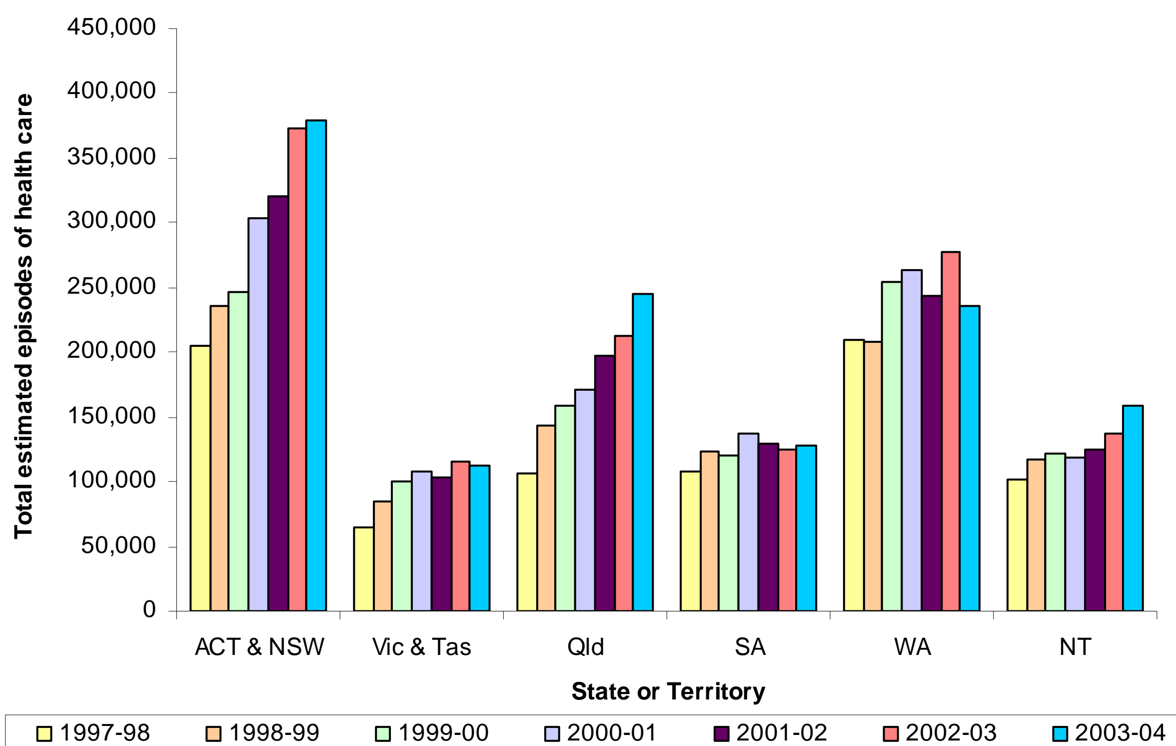
In order to observe trends in episodes of health care, only the 85 services that provided valid episodes data for all seven years are included in this analysis. This is because numbers are compared, rather than percentages.

SAR data show that there was a steady increase in total estimated episodes of health care provided to Indigenous and non-Indigenous clients by these 85 services. It has risen nationally from 795,000 episodes of care in 1997-98 to 913,000 in 1998-99, 1,004,000 in 1999-00, 1,102,000 in 2000-01, 1,119,000 in 2001-02, 1,240,000 in 2002-03 and 1,260,000 in 2003-04.

Episodes of health care by State/Territory

Figure 3.2 shows the increase in episodes of health care provided by Aboriginal and Torres Strait Islander primary health care services by State/Territory. The greatest percentage increase was shown by services in Queensland, where total episodes of health care increased by 130% between 1997-98 and 2003-04.

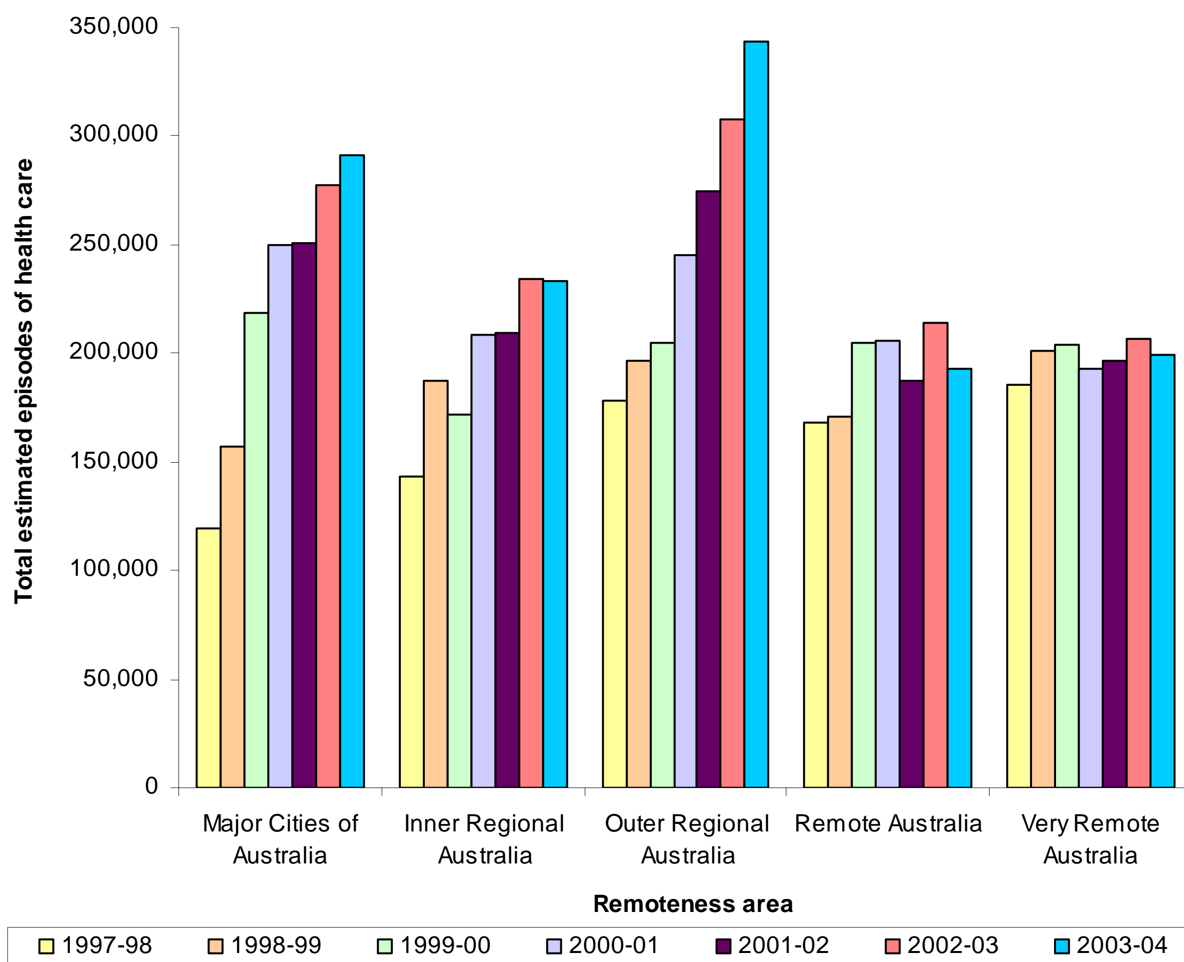
Figure 3.2: Total estimated episodes of health care provided by respondent Aboriginal and Torres Strait Islander primary health care services by State/Territory (n=85)



EPISODES OF HEALTH CARE BY REMOTENESS AREA

The total estimated episodes of health care provided in each remoteness area[8] are shown in **Figure 3.3**. The data shows an increase in estimated episodes of health care in all remoteness areas between 1997-98 and 2003-04. Since 1997-98, there has been a 143% increase in episodes of health care in services in 'Major Cities of Australia' locations compared to services in 'Very Remote' locations where the data shows an increase of 7%.

Figure 3.3: Total estimated episodes of health care provided by respondent Aboriginal and Torres Strait Islander primary health care services by remoteness area (n=85)



[8] The ASGC 2001 Remoteness Area is explained on page 4.

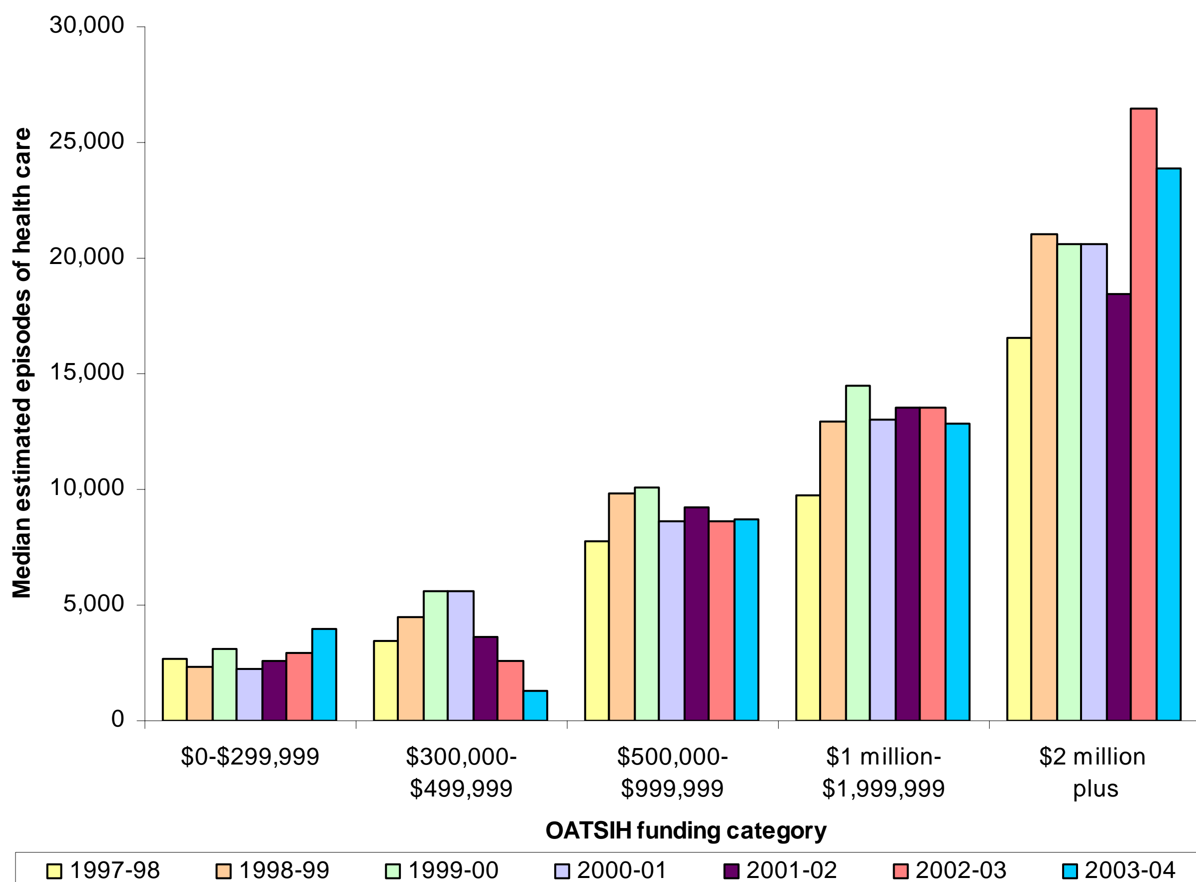
Episodes of health care by funding category

Nationally, the median[9] of estimated episodes of health care increased from 6,100 in 1997-98 to 10,600 in 2003-04.

The median values for estimated episodes of health care in each OATSIH funding category over the seven SAR years are shown in **Figure 3.4**. The OATSIH funding used in this figure has not been adjusted for inflation. The general trend is that the median episodes of health care have increased over time, with the largest increases being reported by the larger funded services. However, there are exceptions to this trend in individual funding categories for each year.

Nationally, there has been a 74% increase in median episodes of health care reported in SAR between 1997-98 and 2003-04.

Figure 3.4: Median of episodes of health care provided by respondent Aboriginal and Torres Strait Islander primary health care services by OATSIH funding category (n=85)



9 The term 'median' is used to describe the middle number in a list of numbers that have been arranged in order from smallest to largest. For SAR episode data, the median is a more appropriate statistic to use than the average.

STAFF

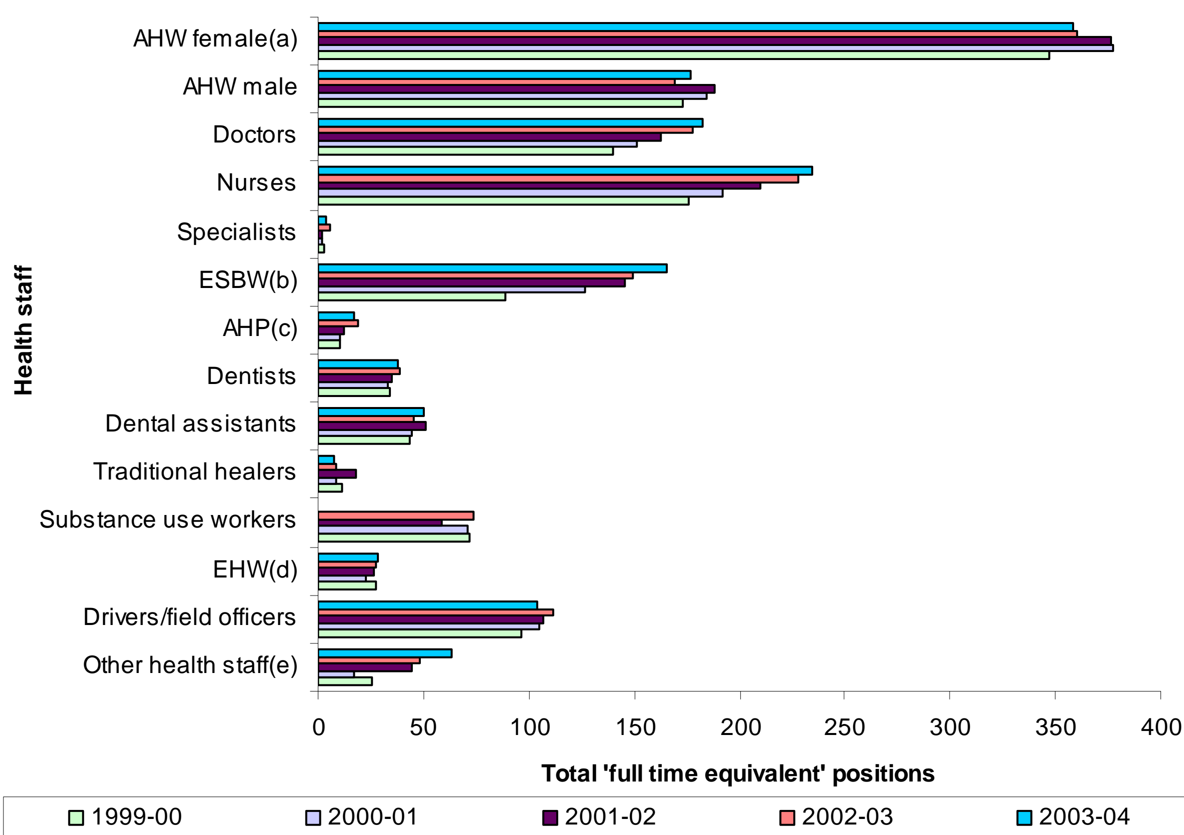
In order to observe trends in staff numbers, only the 107 services that provided valid staff data for all five years are included in this analysis. This is because numbers are compared, rather than percentages.

Changes to questions asked on staffing mean that comparable data are only available from 1999-00. Data from the 107 Aboriginal and Torres Strait Islander primary health care services that provided SAR data for all four years are reported here. There was an increase in the total number of ‘full time equivalent’ staff employed by these services between 1999-00 (2,000) and 2003-04 (2,400).

Health staff

Figure 3.5 shows the number of ‘full time equivalent’ health staff employed by respondent Aboriginal and Torres Strait Islander primary health care services in 1999-00, 2000-01, 2001-02, 2002-03 and 2003-04.

Figure 3.5: Number of ‘full time equivalent’ health staff employed by respondent Aboriginal and Torres Strait Islander primary health care services (n=107)

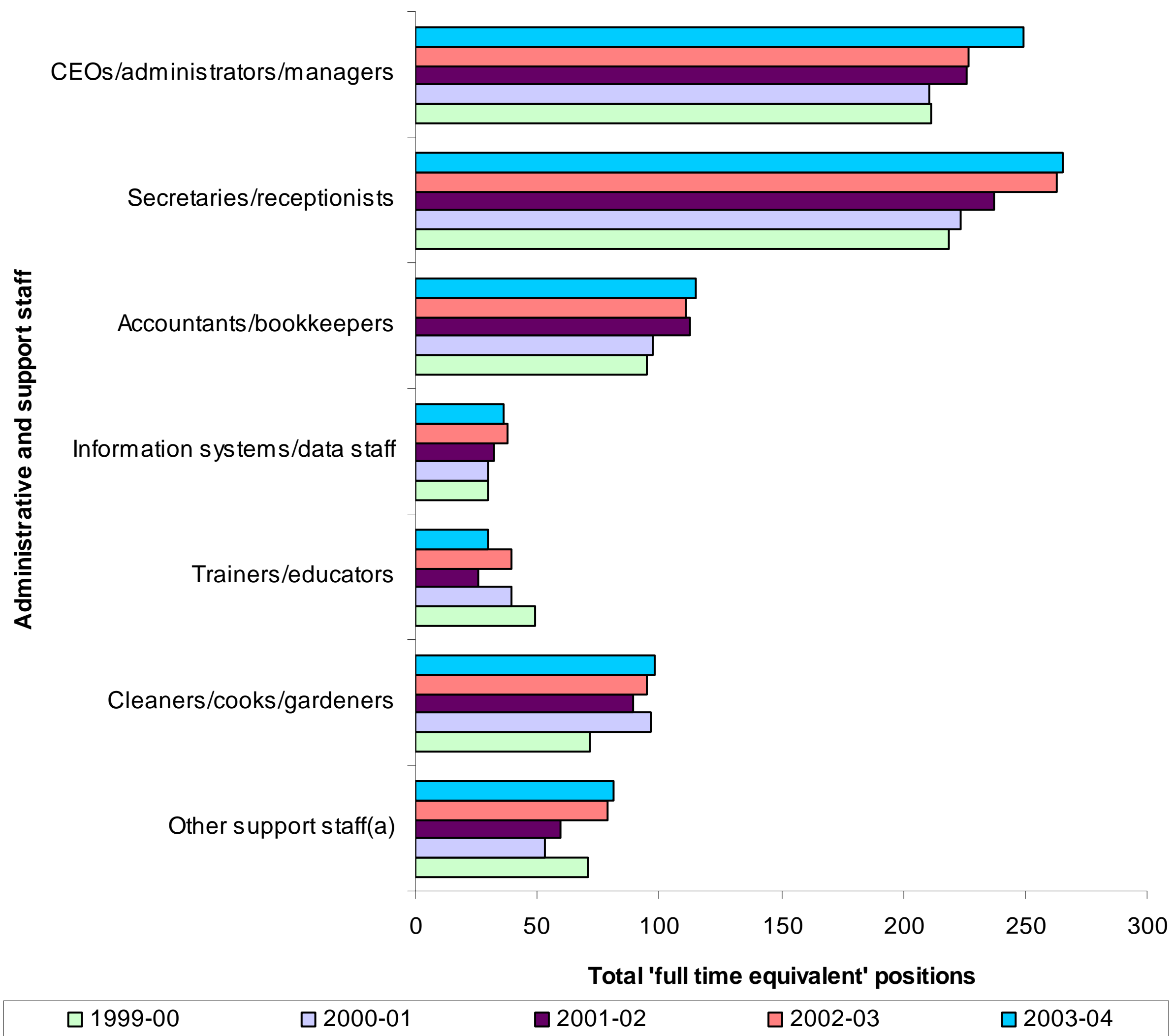


(a) AHW – Aboriginal and Torres Strait Islander health worker
(b) ESWB – Emotional and social well being staff (including counsellors, social workers and psychologists)
(c) AHP – Allied health professionals
(d) EHW – Environmental health workers
(e) Other health staff – Includes dieticians, eye health coordinators, hearing coordinators, hearing officers, health program officers, ante-natal workers and family preservation officers.

Administrative and support staff

Figure 3.6 shows the number of 'full time equivalent' administrative and support staff employed by Aboriginal and Torres Strait Islander primary health care services in 1999-00, 2000-01, 2001-02, 2002-03 and 2003-04.

Figure 3.6: Number of 'full time equivalent' administrative and support staff employed by respondent Aboriginal and Torres Strait Islander primary health care services (n=107)



(a) Other support staff – Includes policy/research workers, property/security officers, public relations officers, project workers, maintenance officers, labourers, staff development officers, graphic artists, health/patient liaison, consultants & media officers.

Note: The scale used in this figure is different to the scale used in Figure 3.5 "number of 'full time equivalent' health staff".

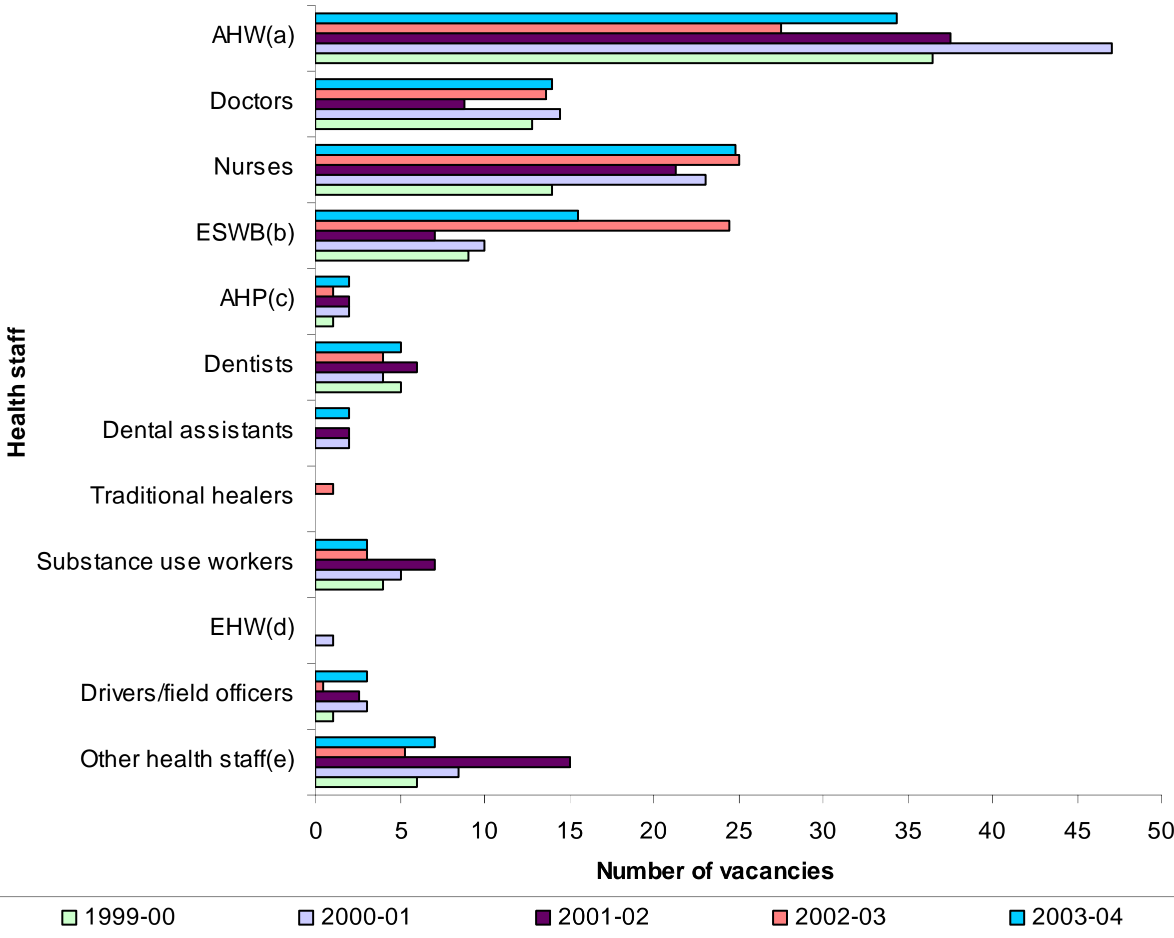
Staff vacancies

As with the questions on staffing, data on staff vacancies are only available for 1999-00, 2000-01, 2001-02, 2002-03 and 2003-04. Only the 105 services that responded to questions on staff vacancies in all five SAR years are included.

Health staff vacancies

Figure 3.7 shows the number of health positions vacant at respondent Aboriginal and Torres Strait Islander primary health care services in 1999-00, 2000-01, 2001-02, 2002-03 and 2003-04. Taking the number of positions filled into account, the percentage of dental assistants, nurses and drivers/field officer positions that were vacant increased by 4.2%, 2.4% and 1.7% respectively.

Figure 3.7: Number of 'full time equivalent' health staff vacancies by position title at respondent Aboriginal and Torres Strait Islander primary health care services (n=105)



(a) AHW – Aboriginal and Torres Strait Islander health worker
(b) ESWB – Emotional and social well being staff (including counsellors, social workers and psychologists)
(c) AHP – Allied health professionals
(e) EHW – Environmental health workers
(f) Other health staff – Includes youth workers, audiologists, eye health coordinator, visual impairment worker, family future worker, mental health worker, sexual health worker and nutrition worker

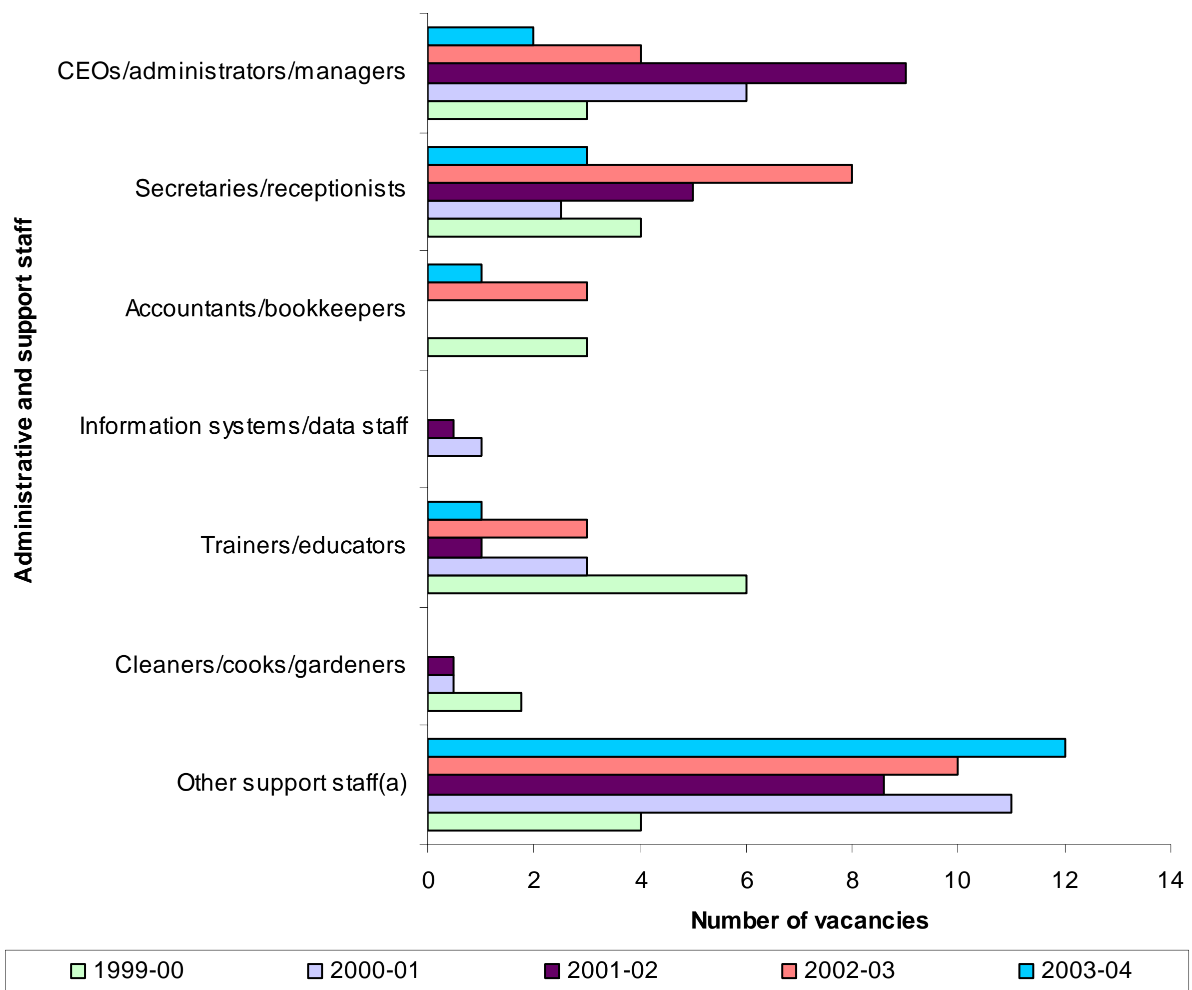
Note: Specialists are not displayed as they have had zero vacancies over the five reporting years.

Administrative and support staff vacancies

Data on administrative and support staff vacancies are only available for 1999-00, 2000-01, 2001-02, 2002-03 and 2003-04. Only the 105 services that responded to questions on staff vacancies in all four SAR years are included.

Figure 3.8 shows the number of administrative and support staff positions vacant at respondent Aboriginal and Torres Strait Islander primary health care services in 1999-00, 2000-01, 2001-02, 2002-03 and 2003-04.

Figure 3.8: Number of 'full time equivalent' administrative and support staff vacancies by position title at respondent Aboriginal and Torres Strait Islander primary health care services (n=105)



(a) Other support staff – Includes policy and planning staff, record clerks, regional Indigenous project officers, women's coordinator, arts and craft manager, mental health development officer, program officers, human resource manager, strategic planning and evaluation officer, child protection training and education officer and men's coordinator.

Note: The scale used in this figure is different to the scale used in Figure 3.7 'number of 'full time equivalent' health staff vacancies'.

EXTENDED CARE ROLES

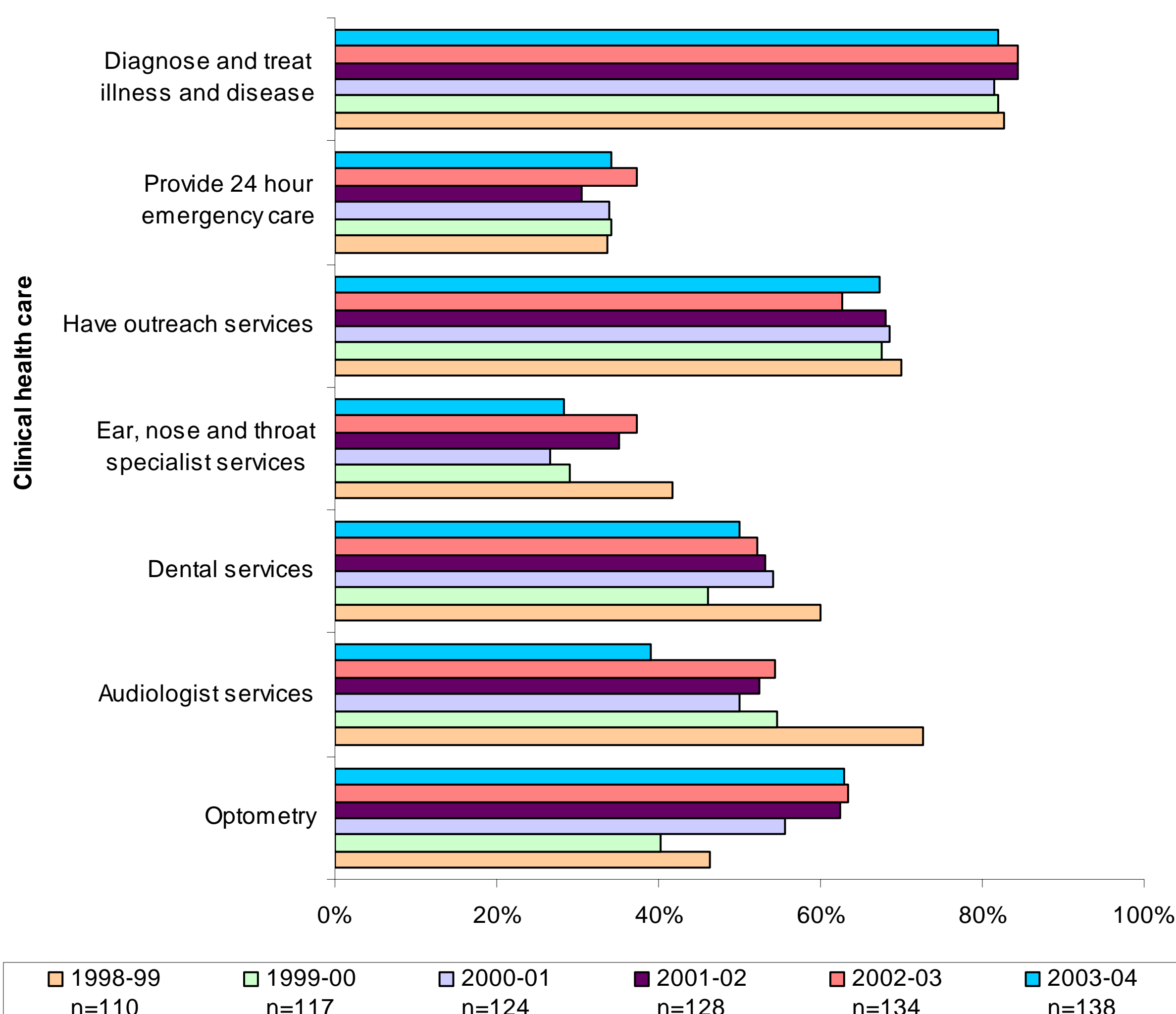
Health related activities

The following three figures show trends in the percentage of services which undertake health related activities. Comparable data was only available for 1998-99, 1999-00, 2000-01, 2001-02, 2002-03 and 2003-04.

Clinical health care

Figure 3.9 shows the percentage of Aboriginal and Torres Strait Islander primary health care services that provide clinical health services.

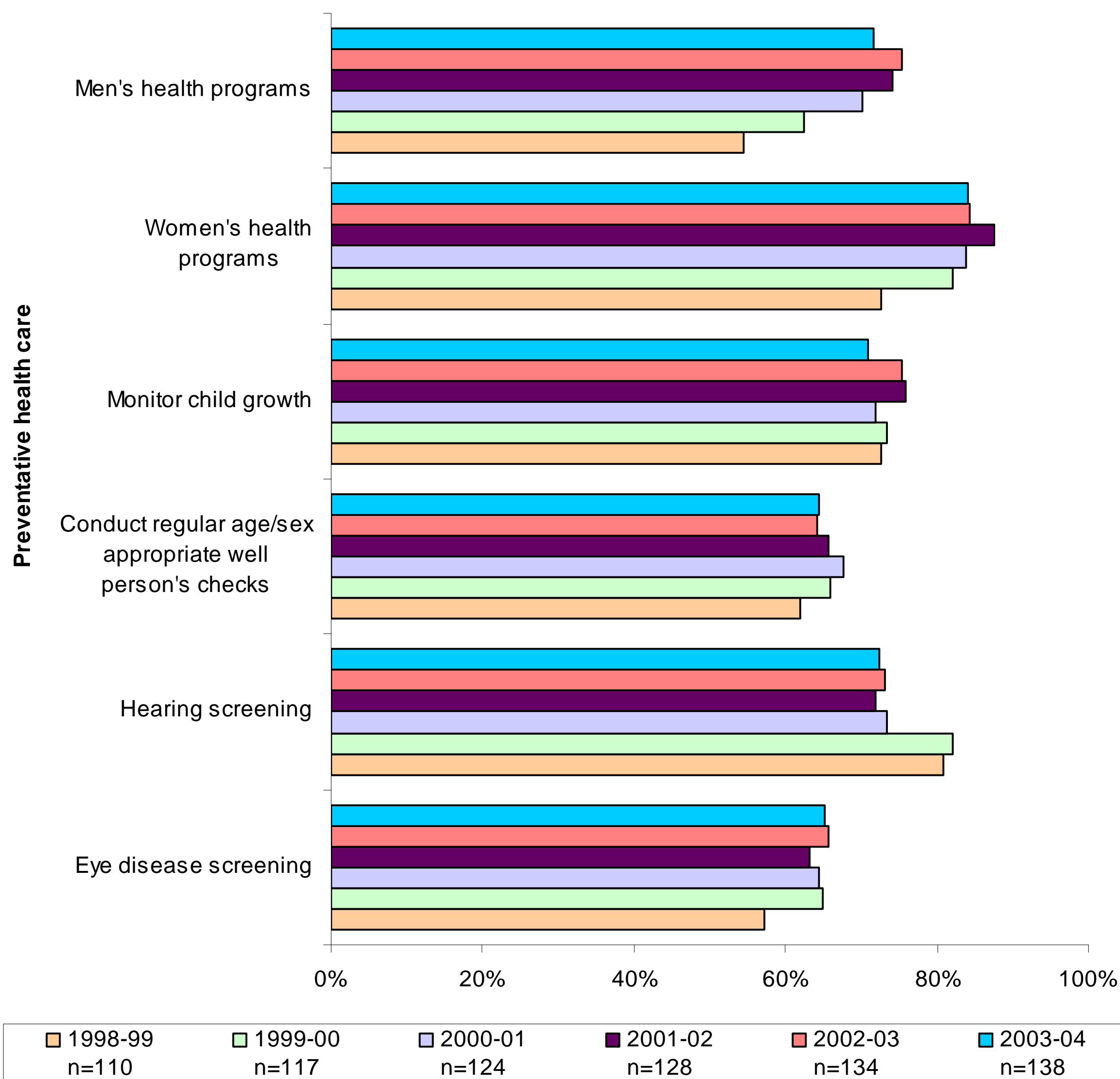
Figure 3.9: Percentage of respondent Aboriginal and Torres Strait Islander primary health care services that provide clinical health services (n=110, 117, 124, 128, 134 and 138)



Preventative health care

Figure 3.10 shows the percentage of Aboriginal and Torres Strait Islander primary health care services that undertake preventative care and screening activities.

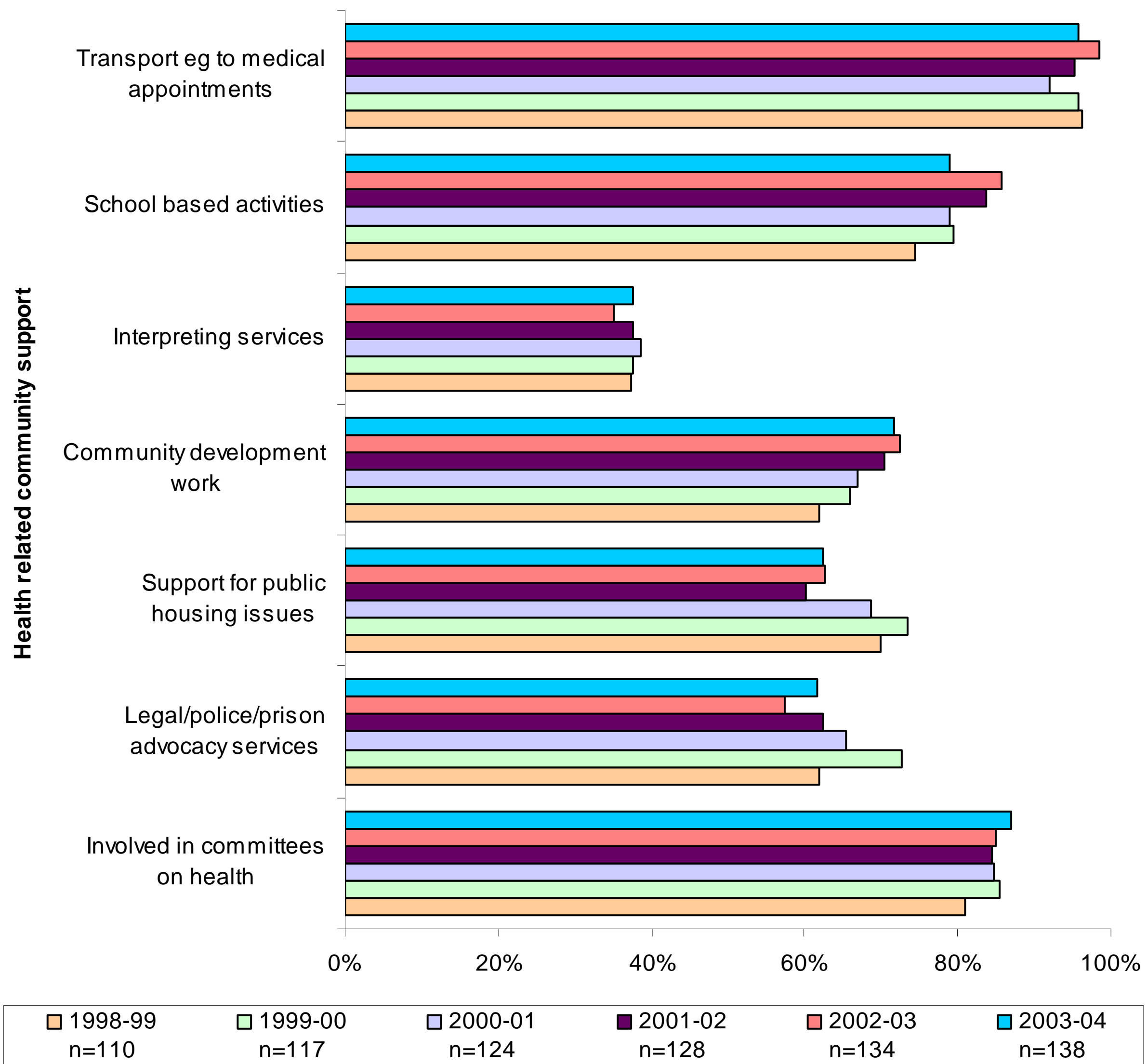
Figure 3.10: Percentage of respondent Aboriginal and Torres Strait Islander primary health care services that undertake preventative care and screening activities (n=110, 117, 124, 128, 134 and 138)



Health related community support roles

Figure 3.11 shows the percentage of Aboriginal and Torres Strait Islander primary health care services that provide health related community support services.

Figure 3.11: Percentage of respondent Aboriginal and Torres Strait Islander primary health care services that provide health related community support services (n=110, 117, 124, 128, 134 and 138)



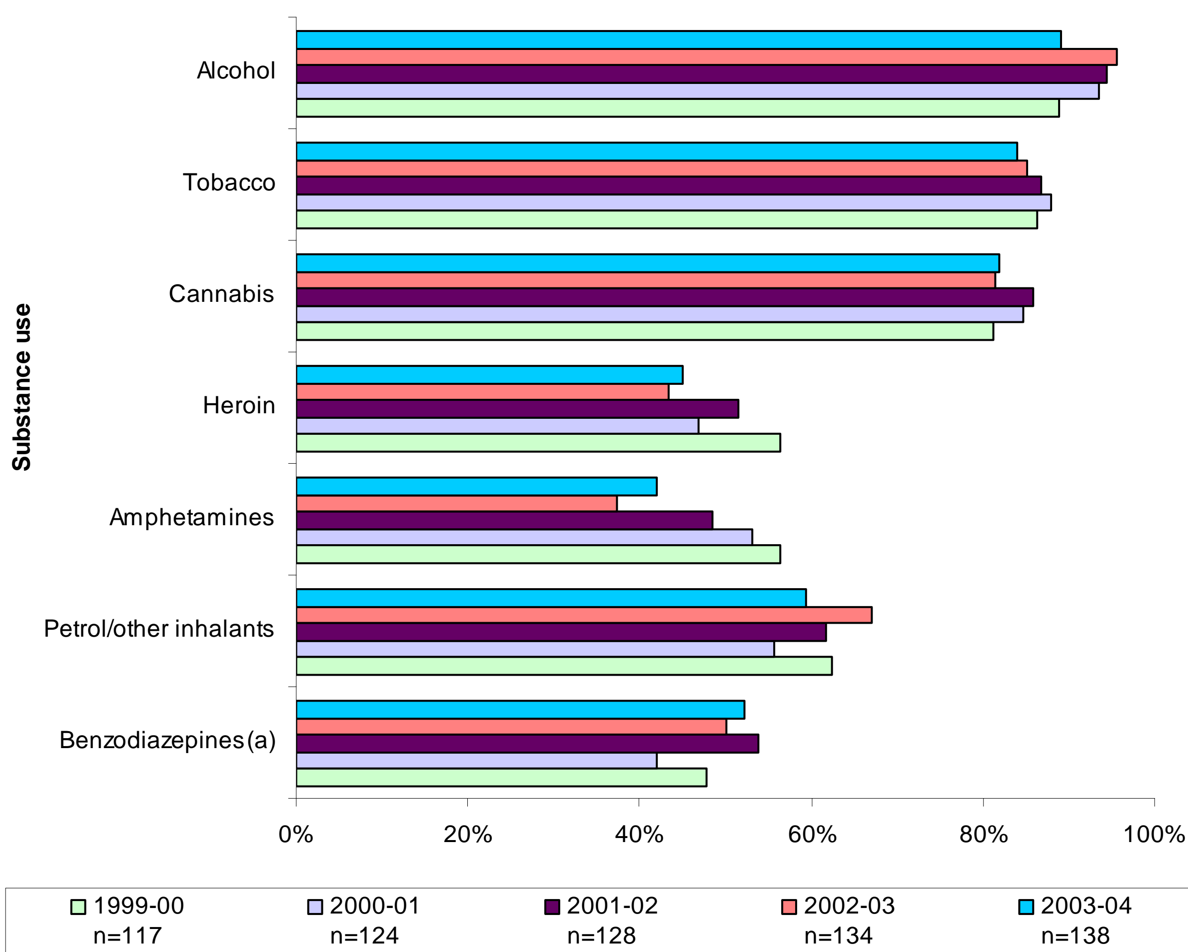
SUBSTANCE USE

Changes to questions on substance use mean that comparable data is only available for 1999-00, 2000-01, 2001-02, 2002-03 and 2003-04. The following two figures compare data from the services that responded to the substance use questions in these five SAR years.

Substance use issues addressed on an individual client basis

Figure 3.12 shows the percentage of Aboriginal and Torres Strait Islander primary health care services that address issues on an individual client basis as they arise.

Figure 3.12: Percentage of respondent Aboriginal and Torres Strait Islander primary health care services that address substance use issues on an individual client basis (n=117, 124, 128, 134 and 138)



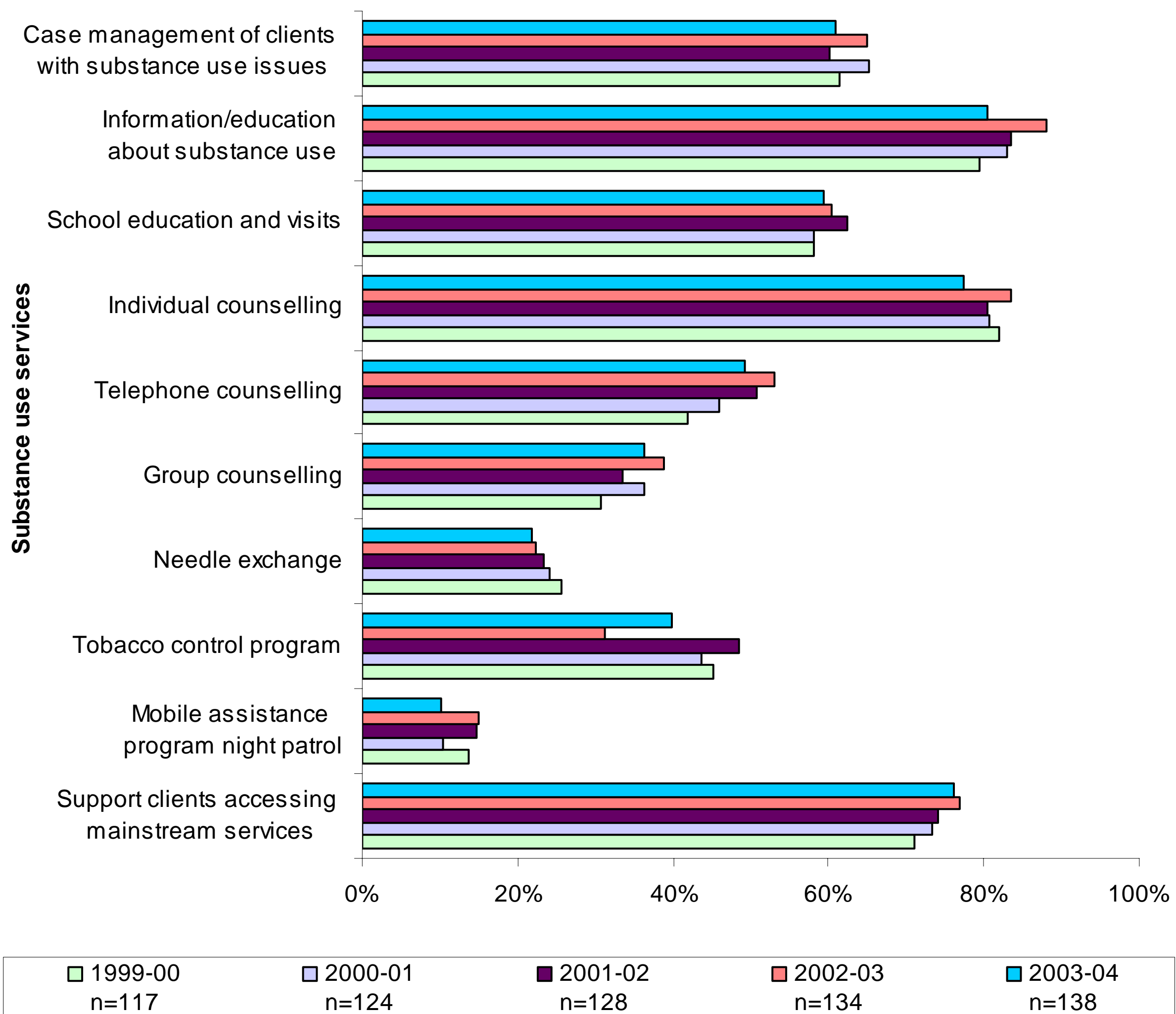
(a) Benzodiazepines (eg sleeping pills, Valium, Serepax, Mogadon, Rohypnol, Temazepam)

Note: The wording of the question relating to substance use issues changed in 2002-03. In this question, individual/specific substance use has been expanded to include more categories. These categories may have previously been reported by respondent services as either legal other or illegal other. Due to the change in the substance use issue question, it is no longer possible to report on legal other or illegal other substances. Further, in the question relating to substance use issues, it is no longer possible to compare substance use issues addressed through programs with previous SAR reporting years.

Substance use services

Figure 3.13 shows the percentage of Aboriginal and Torres Strait Islander primary health care services that provide substance use services.

Figure 3.13: Percentage of respondent Aboriginal and Torres Strait Islander primary health care services that provide substance use services (n=117, 124, 128, 134 and 138)

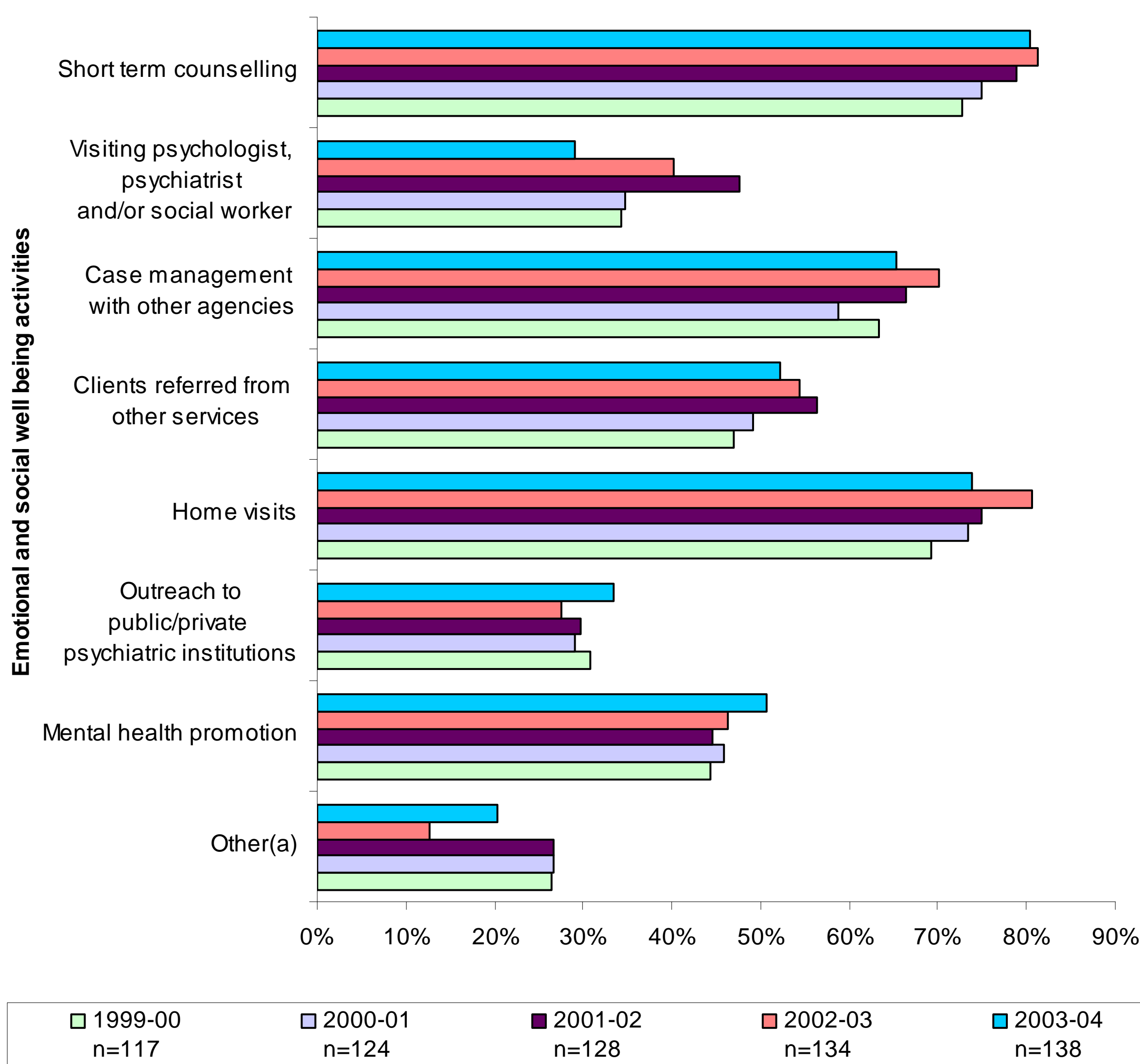


EMOTIONAL AND SOCIAL WELL BEING

Changes to questions on emotional and social well being mean that comparable data is only available for 1999-00, 2000-01, 2001-02, 2002-03 and 2003-04. The following figure compares data from the services that responded to the substance use questions in these five SAR years.

Figure 3.14 shows the percentage of services that provide emotional and social well being activities.

Figure 3.14: Percentage of respondent Aboriginal and Torres Strait Islander primary health care services that provide emotional and social well being activities (n=117, 124, 128, 134 and 138)



(a) Other – Includes contracted service providers, mental health promotion activities (men's camp), facilitated ongoing group of parents affected by their teenager's drug use, grief and loss workshops

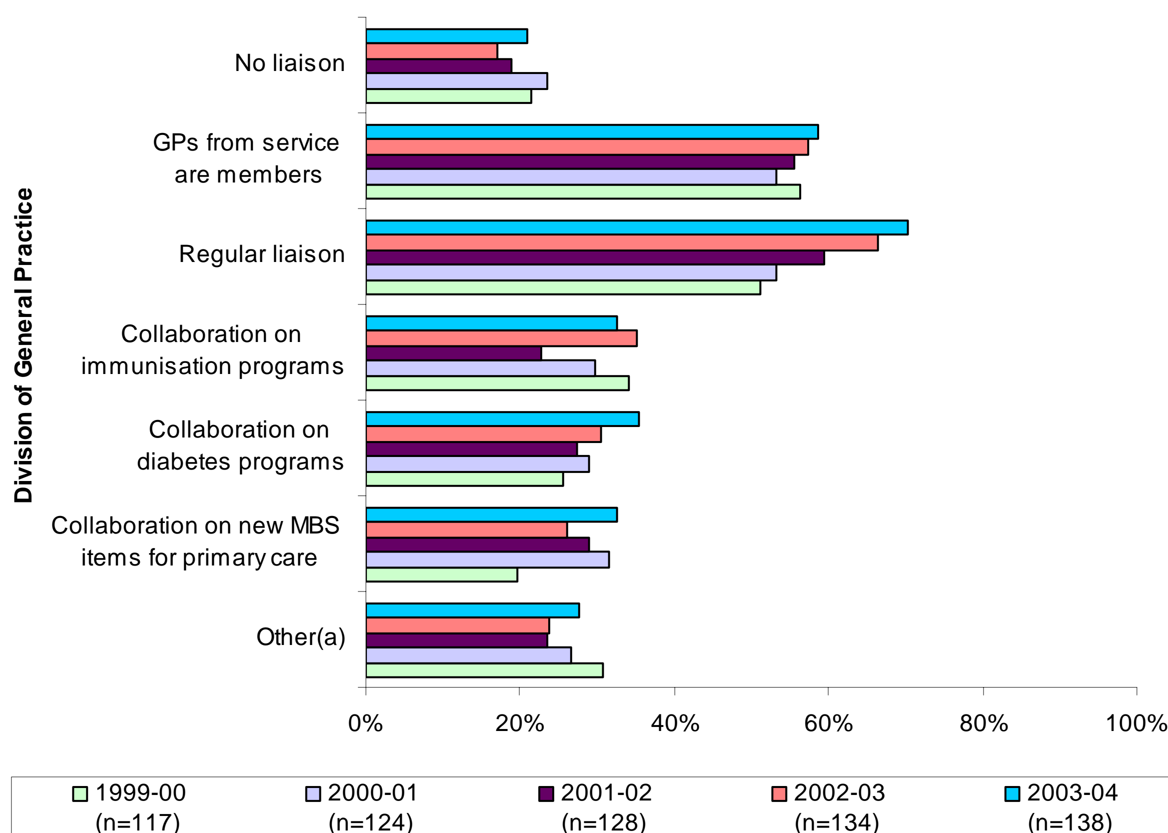
Note: From 2003-04, services were asked what ongoing counselling programs were provided by each service. In this year, 51% of services indicated that they provided ongoing counselling programs.

CONTACT WITH LOCAL DIVISION OF GENERAL PRACTICE

A question on the nature of links between Aboriginal and Torres Strait Islander primary health care services and local Divisions of General Practice only appeared in the 1999-00, 2000-01, 2001-02, 2002-03 and 2003-04 SAR. The following figure compares data from the services that responded to the substance use questions in these five SAR years.

Figure 3.15 shows an increase in percentage of regular liaison between Aboriginal and Torres Strait Islander primary health care services and local Division of General Practice since 1999-00.

Figure 3.15: Percentage of respondent Aboriginal and Torres Strait Islander primary health care services in contact with their local Division of General Practice (n=117, 124, 128, 134 and 138)



In addition, from 2001-02, services have been asked what contact each service has with their local Division of General Practice on programs for local health priorities. In 2003-04, 43% of Aboriginal and Torres Strait Islander primary health care services indicated they had contact with their local Division of General Practice for local health priorities.

(a) Other – Includes Indigenous health information access scheme, use of locums, local health priorities with all local Australian College of Rural & Remote Medicine (ACRRM), attend locally arranged forums, monitoring patients with chronic diseases and developing appropriate care plans, placement of medical students with the health service, accreditation working with division of GP, training in first aid, monthly lecture topics for AHWs, mental health issues, cross cultural training, GP Division works with services on odd chain & sterilisation audits, provision of generalist counsellors and other health staff.

COMPUTING

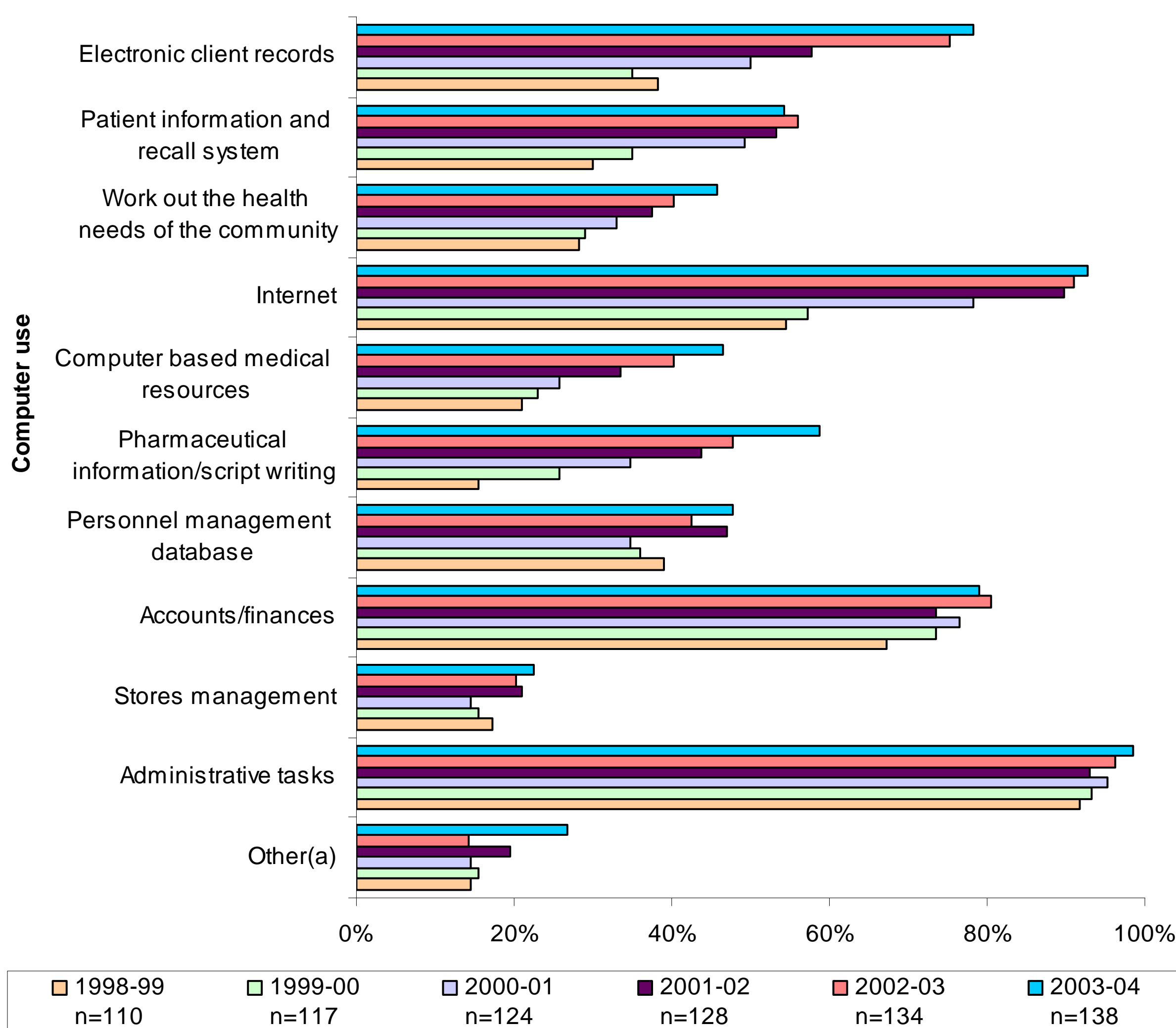
Comparable data on computing were only available for 1998-99, 1999-00, 2000-01, 2001-02, 2002-03 and 2003-04. The following two figures compare data from the services that responded to the substance use questions in these six SAR years.

Computer use

The percentage of services that used computers varied from 95% in 1998-99, 94% in 1999-00, 97% in 2000-01, 98% in 2001-02 and 99% in 2002-03 and 2003-04.

Figure 3.16 shows changes in the way that these computers are used. The greatest increase is in pharmaceutical information/script writing, which increased by 43 percent between 1998-99 and 2003-04. The use of computers for patient information recall systems, use of the internet and client records each increased by 24, 38 and 40 percent respectively over the same period.

Figure 3.16: Type of computer use in respondent Aboriginal and Torres Strait Islander primary health care services (n=110, 117, 124, 128, 134, 138)



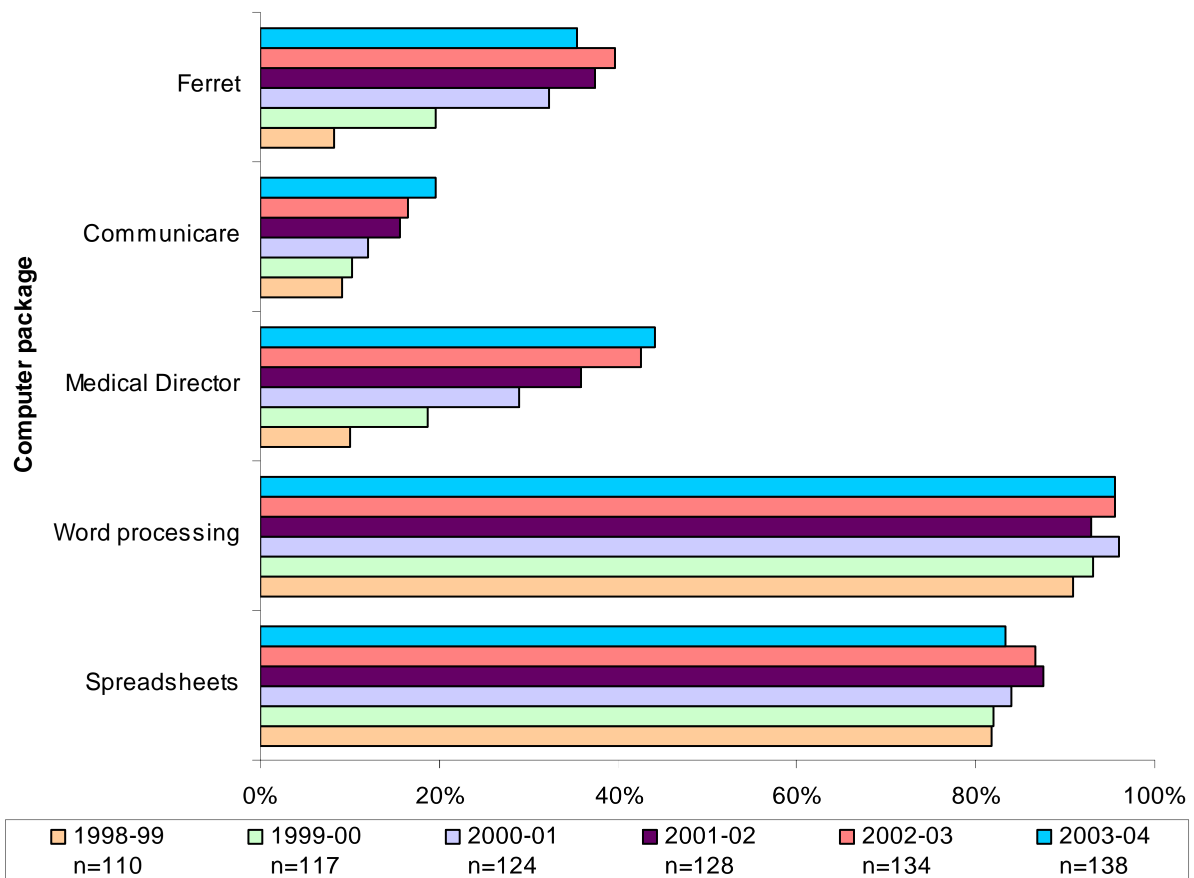
(a) Other – Includes photography, publications, newsletters, intranet, Medicare claims, pathology reports, monthly reports

Computer packages

A number of different computer software packages[10] are used by Aboriginal and Torres Strait Islander primary health care services. **Figure 3.17** shows which computer packages were used in Aboriginal and Torres Strait Islander primary health care services between 1998-99 and 2003-04. In this reporting period, the greatest increase has been in the use of Medical Director and the use of Ferret.

Since 2000-01, Aboriginal and Torres Strait Islander primary health care services have been asked to indicate whether financial and/or payroll software packages (such as MYOB, Quicken and Quickbooks) are used within their service. In 2000-01, 2001-02, 2002-03 and 2003-04, 40%, 73%, 78%, and 74% (respectively) of Aboriginal and Torres Strait Islander primary health care services used financial and/or payroll software packages.

Figure 3.17: Computer packages used in respondent Aboriginal and Torres Strait Islander primary health care services (n=110, 117, 124, 128, 134, 138)



10 OATSIH provides funding for implementation of Patient Information and Recall Systems (PIRS) in Australian Government funded primary health care services. Current data (source: DoHA, April 2005) shows that a total of 96 Australian Government funded primary health care services have a system either in place or under installation. This represents about 71% of all Australian Government funded primary health care services considered likely to benefit from the use of these systems.

CAVEATS FOR THE 2003-04 SERVICE ACTIVITY REPORTING

The 2003-04 service Activity Reporting (SAR) is the seventh annual collection of service data from Australian Government funded Aboriginal and Torres Strait Islander primary health care services. Service level data on health care and health related activities covering a twelve month period are collected by questionnaire from Australian Government funded Aboriginal and Torres Strait Islander primary health care services. While this data collection provides valuable information, it needs to be recognised that there are limitations that have to be considered when using these data. Particular issues include:

- The SAR only includes Aboriginal and Torres Strait Islander health organisations that receive at least some Australian Government funds to facilitate access to primary health care. This also includes health promotion, dental and counselling services.

- A separate process is undertaken to gather information from Australian Government funded Aboriginal and Torres Strait Islander substance use specific services.

- The 2003-04 SAR questionnaire collected a set of broad indicators for the services and did not aim to provide a comprehensive set of statistics on the activities of the services or their needs.

- Episodes of care, contacts, and client figures were often estimates and while these are thought to be reasonable, there has been no 'audit' to check the accuracy of these figures.

- An episode of health care involves contact between an individual client and a service. Group work is not included. Residential care is not included. Transport is only included if it involves provision of health care/information by staff.

Statistical considerations

- The number of Aboriginal and Torres Strait Islander primary health care services that responded to the SAR in 2003-04 was 139 out of 140 services. However, information from only 138 services out of 139 responding services have been included in the database. Data for non-responding services were not estimated as these services may differ in important ways from the services that did respond.

- The presence of a few low or high values in the client and episodes data skews their distribution to the extent that arithmetic averages do not describe the central trend of the data. The appropriate statistic to describe such data is the median (i.e. the 'middle' value when data values are arranged from the smallest to the largest). Therefore, medians are used to describe SAR data on individual clients and episodes data in this report.

- Possible over counting of clients because they may be a client of more than one service.

- Total funding is not collected. While OATSIH funding data are included in some analyses, this may not fully represent a service's total funding and thus caution should be used in its interpretation.

- The denominator for the formula to calculate ‘full time equivalent’ for staff changed in 2002-03 from 260 working days per year to 230 working days per year.

FURTHER INFORMATION

Further information on the report or SAR data is available from:

SAR Contact Officer Analysis and Reporting Section OATSIH	1800 678 445

or

John Hendry Policy Officer NACCHO	(02) 9869 4283 0437 266 630

Further information about the substance use activities of Australian Government funded Aboriginal and Torres Strait Islander substance use specific services is provided in:

Office for Aboriginal and Torres Strait Islander Health, *Drug and Alcohol service Reporting 2003-04 Key Results*, OATSIH, Canberra, 2005.

Also available on the internet at www.health.gov.au/oatsih/pubs/dasr.htm

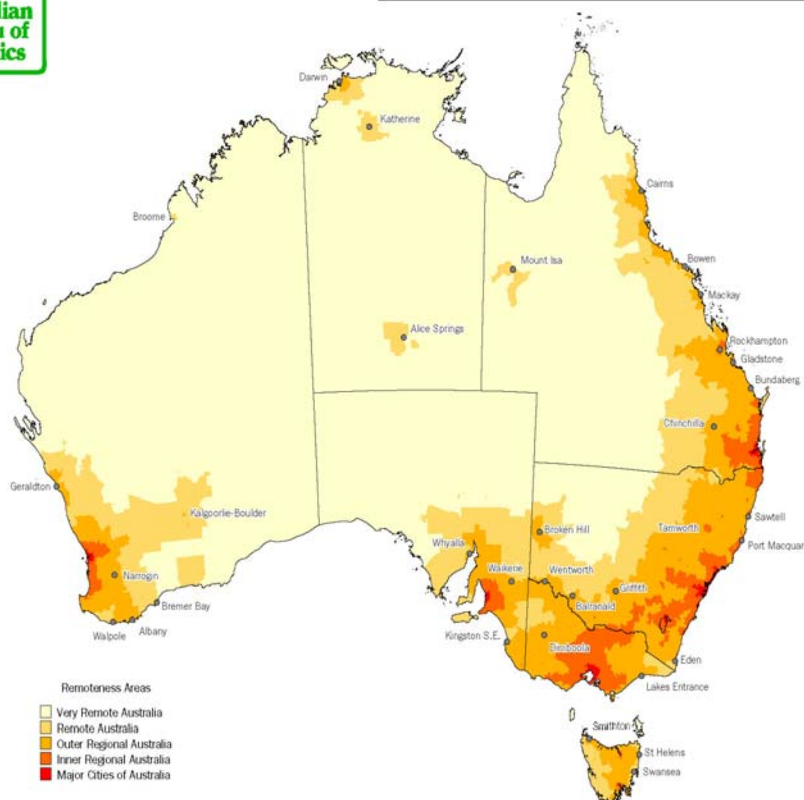
APPENDIX 1

Summary of SAR participation

	97-98	98-99	99-00	00-01	01-02	02-03	03-04
Services eligible for the SAR	108	113	120	129	134	137	140
Respondent services	105	110	117	124	130	135	139
Non-respondent services	3	3	3	5	4	2	1
New services to SAR	-	7	11	10	6	4	6
Services no longer included in SAR	-	2	4	1	1	1	2
Services used in database	105	110	117	124	128	134	138

APPENDIX 2

ASGC (2001) Remoteness Areas of Australia



Major Cities	'CDs with an average ARIA index value of 0 to 0.2'. This category includes most capital cities, as well as major urban areas such as Newcastle, Geelong and the Gold Coast.
Inner Regional	'CDs with an average ARIA index value greater than 0.2 and less than or equal to 2.4'. This category includes towns such as Hobart, Launceston, Noosa and Tamworth.
Outer Regional	'CDs with an average ARIA index value greater than 2.4 and less than or equal to 5.92'. This category includes towns and cities such as Darwin, Whyalla, Cairns and Gunnedah.
Remote	'CDs with an average ARIA index value greater than 5.92 and less than or equal to 10.53'. This category includes Alice Springs, Mount Isa and Esperance.
Very Remote	'CDs with an average ARIA index value greater than 10.53'. This category represents much of central and western Australia and includes towns such as Tennant Creek, Longreach and Coober Pedy.

APPENDIX 3

Percentage of Aboriginal and Torres Strait Islander primary health care services providing health related activities during the period 1 July 2003 to 30 June 2004[11]

Health related and community support services

Transport (eg to medical appointments)	96%
School based activities	79%
Attending medical appointments with patients to provide support	91%
Organising accommodation for visiting patients	62%
Medical evacuation services (eg ambulance, Royal Flying Doctor Service)	42%
Hospital inpatient visits and support	75%
Interpreting services	38%
Palliative Care (looking after people who are dying)	50%
Funeral assistance and arrangements	70%
Deceased transportation	22%
Community development work (eg assisting with formation of other Aboriginal organisations, capacity building etc)	72%
Cultural promotion activities	80%
Legal/police/prison advocacy services	62%
Homelessness support	53%
Temporary shelter services	31%
Support for public housing issues	62%
Welfare services and food provision	58%
Services for people with disability	71%
Parenting programs	57%
Breakfast programs	18%
Youth camps	46%
Aged Care	68%
Centrelink advocacy and liaison	71%
Representation on external Boards (eg Hospital)	58%
Participation in Regional Planning Forums (eg under the Framework Agreements)	70%
Submission writing for Community organisations	49%
Involvement in committees on health (eg steering groups)	87%

Clinical health care provided by your service

Diagnosis and treatment of illness/disease	82%
Management of chronic illness	78%
24 hour emergency care	34%
Clinical consultations in the home	76%
Outreach clinic services eg health care at outstation visits, park clinics, satellite clinics etc	67%
Links with Royal Flying Doctor Service	33%
Minor surgical procedures	62%
Dialysis services on site	9%
Specialist ear, nose and throat services provided by the service	28%
Dental care provided by the service (eg dentist/dental therapist, education)	50%
Audiologist specialist hearing services	39%

[11] Please note that these results refer to the percentage of services that undertake these roles and activities but not the extent to which they are undertaken or the amount of resources used to carry out these activities.

Audiometrist hearing services	34%
Optometrist specialist eye testing	63%
Ophthalmologist specialist eye services	39%
Podiatrist specialist feet services	53%
Dental radiology provided by the service	22%
Clinical radiology provided by the service	10%
Physiotherapy provided by the service	29%
Referral to hospital and other specialist services off-site	89%
Clinical services to men in custody	31%
Clinical services to women in custody	25%
Clinical services to youth in custody/remand	28%

Traditional health care

Traditional healing	22%
Bush tucker nutrition programs	19%
Bush medicine	18%
Other traditional health care	12%

Preventative care programs

Health promotion/education	98%
Routinely organise pneumococcal immunisation	78%
Routinely organise influenza immunisation	80%
Child immunisation	79%
Infectious diseases programs/education	66%
Injury/accident prevention (eg domestic violence, road safety, safety in the home)	55%
Sexually transmissible infection (STI) contact tracing	70%
Free condoms supplied	88%
Men's health programs	72%
Women's health programs	84%
Antenatal/maternal programs	70%
Child growth monitoring	71%
Dietary and nutrition programs	73%
Physical activity programs	61%
Healthy weight programs	57%
Working with food stores in the community to encourage healthy eating	29%
Advice and advocacy in relation to environmental health issues (eg safe water, sanitation, dog health)	51%
Outreach health promotion	57%

Screening programs

Regular age/sex appropriate well person's checks	64%
PAP smears/cervical screening	79%
Sexually transmissible infection (STI) screening	64%
Hearing screening	72%
Eye disease screening	65%
Renal disease screening	50%
Diabetic screening	82%
Cardiovascular (CVD) screening	57%

Pharmaceutical services

Arrange for free provision of medical supplies/pharmaceuticals	67%
Write scripts for pharmaceuticals	64%

Medical records and health information

Card system patient files	45%
Keep track of clients needing follow-up (eg through monitoring sheets/follow-up files)	63%
Computerised medical record system	72%
Immunisation and vaccination registers	70%
Service provides details of childhood immunisations for the Australian childhood Immunisation Register (ACIR)	69%
Service maintains health registers eg chronic disease register	51%
Collection of additional data for clinical population analysis	44%
Clinical practice guidelines utilised (eg CARPA, diabetes guidelines)	57%
A system for formal client feedback	48%

APPENDIX 4

Percentage of Aboriginal and Torres Strait Islander primary health care services providing substance use services during the period 1 July 2003 to 30 June 2004[12]

Services providing substance use services	Number	Percentage
Case management of clients with substance use issues	84	61%
Management of Hepatitis C	53	38%
Information/education about substance use	111	80%
School education and visits	82	59%
Community education/activities	97	70%
Support groups	58	42%
Individual counselling	107	78%
Telephone counselling	68	49%
Group counselling	50	36%
Crisis intervention	84	61%
General living skills	67	49%
Relationship/social skills training	61	44%
Cultural activities	71	51%
Needle exchange	30	22%
Methadone management	21	15%
Detoxification support and referral	65	47%
Medicated detoxification	33	24%
Non-medicated detoxification	31	22%
Tobacco control program	55	40%
Mobile assistance program/night patrol	14	10%
Welfare/emergency relief	62	45%
Support for clients accessing mainstream services	105	76%
Referral	78	57%

[12] Please note that these results refer to the percentage of services that undertake these roles and activities but not the extent to which they are undertaken or the amount of resources used to carry out these activities.

ABBREVIATIONS

ABS	Australian Bureau of Statistics
ACIR	Australian Childhood Immunisation Register
ACRRM	Australian College of Rural and Remote Medicine
AHW	Aboriginal and Torres Strait Islander health worker
ARIA	Accessibility/Remoteness Index of Australia
ASGC	Australian Standard Geographical Classification
CARPA	Central Australian Rural Practitioners Association
CD	Collection District
CDEP	Community Development Employment Projects
CEO	Chief Executive Officer
CVD	Cardiovascular Disease
DoHA	Department of Health and Ageing
GP	General Practitioner
MBS	Medical Benefits Scheme
NACCHO	National Aboriginal Community Controlled Health Organisation
OATSIH	Office for Aboriginal and Torres Strait Islander Health
PIRS	Patient Information and Recall Systems
SAR	Service Activity Reporting
STI	Sexually Transmissible Infection
WCI	Wage Cost Index

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Change Number: 5
Last Saved On: 27/03/2006 10:46:00
Last Saved By: papade
Total Editing Time: 1 Minute
Last Printed On: 18/04/2006 9:11:00
As of Last Complete Printing
Number of Pages: 59
Number of Words: 10,462 (approx.)
Number of Characters: 59,640 (approx.)