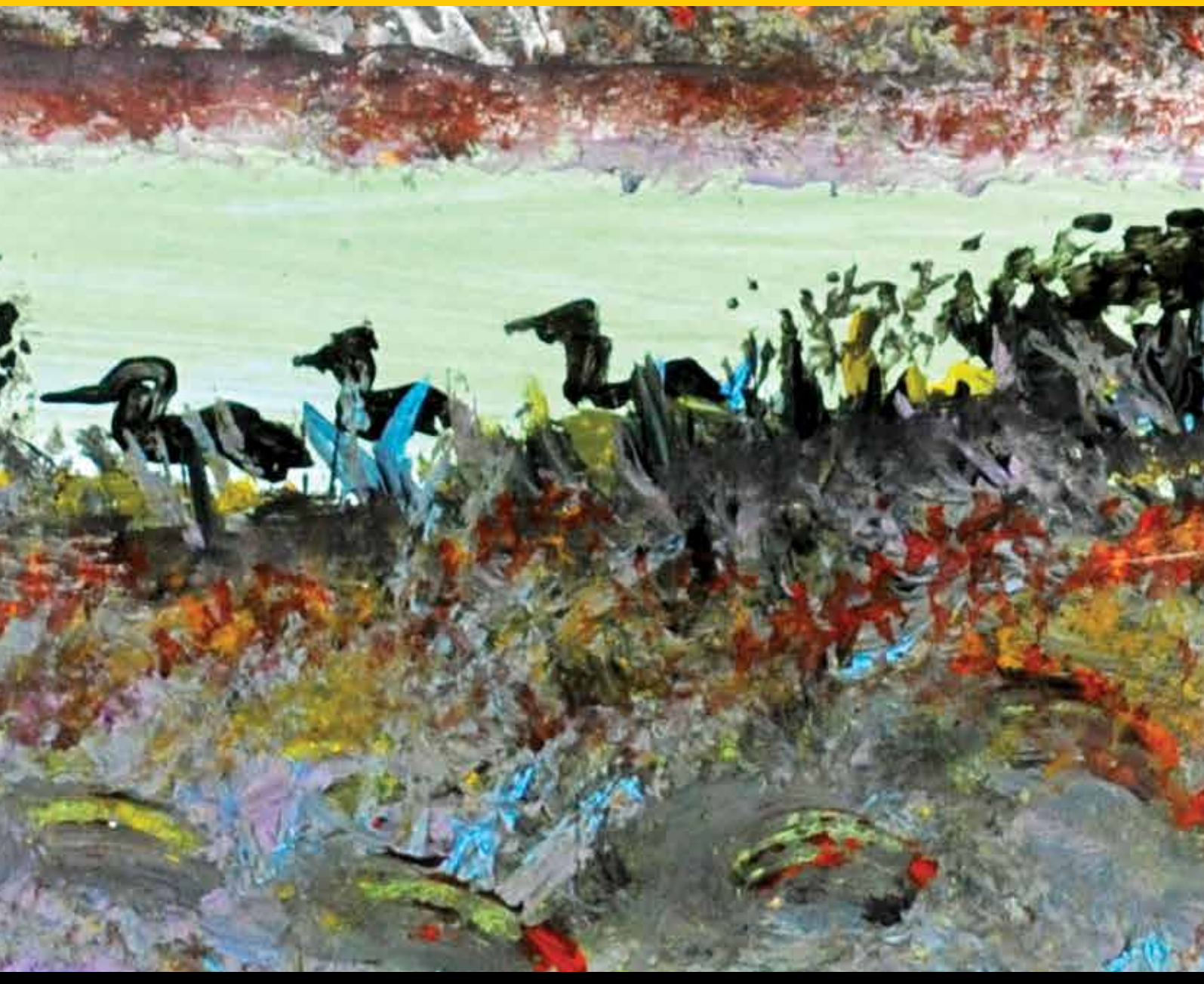
Australian Government
Australian Institute of Health and Welfare

Aboriginal and Torres Strait Islander health organisations

Online Services Report—key results **2012–13**



Aboriginal and Torres Strait Islander health services report No. 5

Aboriginal and Torres Strait Islander health organisations

Online Services Report—key results **2012–13**

The Australian Institute of Health and Welfare is a major national agency which provides reliable, regular and relevant information and statistics on Australia's health and welfare. The Institute's mission is *authoritative information and statistics to promote better health and wellbeing.*

This publication is part of the Australian Institute of Health and Welfare's National key performance indicators for Aboriginal and Torres Strait Islander primary health care series. A complete list of the Institute's publications is available from the Institute's website <www.aihw.gov.au>.

ISBN 978-1-74249-607-8

Suggested citation

Australian Institute of Health and Welfare 2014. Aboriginal and Torres Strait Islander health organisations: Online Services Report—key results 2012–13. IHW 139. Canberra: AIHW.

Any enquiries about or comments on this publication should be directed to:

Digital and Media Communications Unit
Australian Institute of Health and Welfare
GPO Box 570
Canberra ACT 2601
Tel: (02) 6244 1032
Email: info@aihw.gov.au

Published by the Australian Institute of Health and Welfare

Please note that there is the potential for minor revisions of data in this report. Please check the online version at <www.aihw.gov.au> for any amendments.

Contents

Acknowledgments

This report was prepared by Rebecca Rodgers, Xiaomu Zhang and Richard Tuttle of the Indigenous Community and Health Service Reporting Unit at the Australian Institute of Health and Welfare (AIHW). The authors especially thank Corinna Schultz and Xiang Wang for their dedication in working with services to address data quality issues. Fadwa Al-Yaman, Devin Bowles and Indrani Pieris-Caldwell are gratefully acknowledged for their guidance and invaluable comments throughout this project.

The AIHW would also like to acknowledge the Aboriginal and Torres Strait Islander organisations that provided data for this report. These include primary health-care, substance-use and social and emotional wellbeing (SEWB) or Link Up counselling organisations. The Online Services Report (OSR) database is the most comprehensive data collection available for Australian Government-funded Aboriginal and Torres Strait Islander primary health-care, substance-use and SEWB or Link Up counselling organisations. The contribution of each organisation to this achievement is greatly appreciated.

Abbreviations

ABS	Australian Bureau of Statistics
ACCHO	Aboriginal Community Controlled Health Organisation
ACT	Australian Capital Territory
AHP	Aboriginal and Torres Strait Islander health practitioner
AHW	Aboriginal and Torres Strait Islander health worker
AIHW	Australian Institute of Health and Welfare
AOD	alcohol and other drugs
CEO	Chief Executive Officer
CSHISC	Community Services and Health Industry Skills Council
ENT	ear, nose and throat
ERP	estimated resident population
FTE	full-time equivalent
GP	general practitioner
NSW	New South Wales
NT	Northern Territory
OATSIH	Office for Aboriginal and Torres Strait Islander Health
OSR	Online Services Report
PIRS	patient information recall system
Qld	Queensland
RACGP	Royal Australian College of General Practitioners
SA	South Australia
SEWB	social and emotional wellbeing
STI	sexually transmitted infection
Tas	Tasmania
Vic	Victoria
WA	Western Australia

Symbols

—	nil or rounded to zero
. .	not applicable
n.p.	not publishable because of small numbers, confidentiality or other concerns about the quality of the data
<	less than

Summary

This fifth national report provides an overview of 260 Australian Government-funded organisations that aim to improve health outcomes for Aboriginal and Torres Strait Islander people. It presents findings from the 2012–13 data collection on health services and activities provided, clients seen, staffing levels and challenges faced by these organisations.

In 2012–13, most (83%) organisations delivered health services through one site, while 17% reported two or more delivery sites. Two-thirds of organisations (67%) were Aboriginal Community Controlled Health Organisations (ACCHOs), 15% were other non-government organisations and 18% were government-run. Most organisations (70%) were accredited against either the Royal Australian College of General Practitioners (RACGP) or organisational standards. This was higher compared with 2011–12 (64%).

Staffing increased in primary health-care services

In 2012–13, 205 (79%) organisations provided primary health-care services to Aboriginal and Torres Strait Islander people, and there were 21 fewer primary health-care organisations in the data collection than in 2011–12 due to rationalisation of reporting requirements. Nevertheless, the number of full-time equivalent (FTE) staff employed increased by over 20%, from about 5,500 as at 30 June 2012 to around 6,700 FTE staff as at 30 June 2013. This increase may be due to additional Australian Government funding for new positions. These organisations were also assisted by 330 FTE visiting health professionals, paid for by other organisations.

The primary health-care organisations served around 417,000 clients in around 4.1 million contacts. The number of clients decreased by 6% compared with 2011–12 (445,000), partly due to the lower number of organisations in the data collection. Combined with increasing staff numbers, this led to an increased staff to client ratio in every remoteness area.

Most counsellors in social and emotional wellbeing or Link Up counselling services were Indigenous

In 2012–13, 98 (38%) organisations provided social and emotional wellbeing or Link Up counselling services. These organisations employed 186 counsellors and nearly two-thirds of these (64%) were Indigenous. Around 17,700 clients had around 89,100 contacts in total.

New substance-use organisations increased client numbers and episodes of care

In 2012–13, 63 (24%) organisations provided substance-use services. These included new organisations with large client bases. As a result, both episodes of care (around 305,000) and client numbers (around 50,000) were much higher compared with 2011–12 (74,000 and 32,600 respectively). Most episodes of care (91%) were for non-residential, follow-up or after care services.

Key gaps and challenges

Sixty-two percent of all organisations reported mental health and social and emotional health and wellbeing as a service delivery gap in their communities.

Recruitment, training and support of Aboriginal and Torres Strait Islander staff (70%) and staffing levels (58%) were reported as key challenges to providing quality services.

1. Introduction

The Australian Government provides funding to around 260 organisations to deliver primary health-care, substance-use rehabilitation and treatment services and social and emotional wellbeing (SEWB) or Link Up counselling services to Aboriginal and Torres Strait Islander people. In 2012–13, all of these 260 organisations contributed to the Online Services Report (OSR) data collection managed by AIHW.

Primary health-care is delivered outside of hospitals in the community, by a range of providers and is the first point of call for access to health services. It plays a key role in improving Indigenous health outcomes through activities including health promotion, disease prevention, referral and treatment. Aboriginal and Torres Strait Islander primary health-care organisations generally provide access to doctors, nurses, allied health professionals, social and emotional wellbeing staff and medical specialists. Some do not provide comprehensive health-care but focus on specific activities such as health promotion programs, maternal and child health and social and emotional wellbeing (Department of Health 2013a).

Tobacco, alcohol and substance misuse are major risk factors for chronic disease and have a significant effect on the safety, health and wellbeing of individuals, families and communities. They contribute significantly to the gap between Indigenous and non-Indigenous Australians in life expectancy and other health outcomes. Indigenous substance-use services are delivered in a range of settings including residential and non-residential treatment and rehabilitation services, primary health-care services, sobering up shelters and transitional after-care programs.

SEWB or Link Up counsellors help individuals, families and communities affected by past practices of the forced removal of children from Aboriginal and Torres Strait Islander families to reunite with their families, culture and community. They aim to restore social and emotional wellbeing.

1.1 Scope of the collection

The OSR collection is made up of data from 3 types of Australian Government-funded services: Indigenous specific primary health-care services, substance-use services and SEWB or Link Up counselling services. Some organisations provide a combination of services, such as primary health-care and substance-use services, or primary health-care, substance-use and SEWB or Link Up services. OSR collects information on the health services and activities provided by these organisations, the number of clients seen and contacts made, staffing levels and vacancies and service gaps and challenges faced.

Data have been collected annually since the 2008–09 financial year. The total number of organisations contributing to OSR has changed from year to year for a range of reasons; for example, there were changes to funding, auspicing or reporting arrangements at the local level. In 2012–13, the introduction of a revised report led to the rationalisation of reporting requirements and resulted in fewer organisations being required to report.

This report presents the main findings from the 2012–13 OSR data collection with some time series analyses.

The data support:

- evidence-based policy development and planning
- improved understanding of health service needs
- accountability for policy implementation of service delivery
- the assessment of access and levels of activity over time
- quality improvement, at the service level and nationally.

For individual organisations, OSR data support:

- evidence-based practice
- continuous quality improvement of service delivery
- benchmarking against national data
- an opportunity to provide feedback on key service gaps and health service delivery challenges to policy makers.

1.2 Data submission and quality

From 2008–09 to 2010–11, the data collection was known as the Office of Aboriginal and Torres Strait Islander Health (OATSIH) Services Reporting data collection and used a paper-based questionnaire. It became a web-based online form in 2011–12 and was renamed the Online Services Report (OSR) data collection. The online form underwent some revisions for the 2012–13 collection. This resulted in a break in time series for some data items collected. A list of affected data items are in Table F1, Appendix F.

Further enhancements made in 2012–13 to improve data quality enabled some data items to be extracted and pre-populated automatically. This improved reporting response times. Some questions such as episodes of care and client contacts were pre-populated directly from an organisation's patient information recall system (PIRS). This was expected to improve the accuracy of data collected. However, organisations could overwrite any pre-populated information and it is currently not known when this was done in the data submitted to AIHW.

As noted earlier, the total number of organisations contributing to OSR may change from year to year. This may impact time series data. In 2012–13, substance-use episodes of care and client numbers were affected by organisations with large client bases reporting for the first time in 2012–13.

The AIHW examined the quality of data submitted and, if needed, contacted services to clarify issues and request additional or corrected data. The main issues that may impact on data quality or interpretation were the inaccurate recording of data and inconsistent data between 2 or more questions. Data with significant quality issues were not included in this report. For more information on data quality, see Appendix F and the Data Quality Statement at: <http://meteor.aihw.gov.au/content/index.phtml/itemId/561251>.

Data presented in the commentary are rounded. In some cases, owing to this rounding, the components may not add up to 100%. Figures and tables present actual numbers without rounding.

1.3 Structure of the report

Chapter 2 presents general information about the organisations in the OSR collection and their operation.

Chapter 3 presents the main findings for Aboriginal and Torres Strait Islander primary health-care services.

Chapter 4 presents a comparison of primary health-care services by governance arrangement. The 2 governance arrangements compared are Aboriginal Community Controlled Health Organisations (ACCHOs) and other health services (both government and non-government).

Chapter 5 presents the main findings for social and emotional wellbeing or Link Up counselling services.

Chapter 6 presents the main findings for substance-use services.

Appendices A to **E** present statistical tables for Chapters 2 to 6.

Appendix F presents additional information on data quality issues in the OSR collection.

Appendix G presents additional information on regression analyses done.

Appendix H presents a list of all positions, both general and health professional/worker positions that data were collected for.

Appendix I presents additional maps for each jurisdiction.

2. Organisation profile

This chapter presents general information about the organisations in the OSR collection. In 2012–13, all 260 organisations that received funding from the Australian Government to provide health services to Aboriginal and Torres Strait Islander people contributed to the OSR collection. A number of organisations provided more than 1 type of service:

- Over three-quarters (205 or 79%) of organisations provided primary health-care services. Of these, 114 (56%) provided primary health-care only and 91 (44%) were also funded to provide substance-use and/or SEWB or Link Up counselling services.
- Around one-quarter (63 or 24%) of organisations provided substance-use services. Of these, 60% were substance-use only services and 35% were also funded for primary health-care.
- Over one-third (98 or 38%) of organisations provided SEWB or Link Up counselling services. Of these, 14 (14%) were SEWB or Link Up only services and 84% were also funded to provide primary health-care or substance-use services (see Table 2.1).

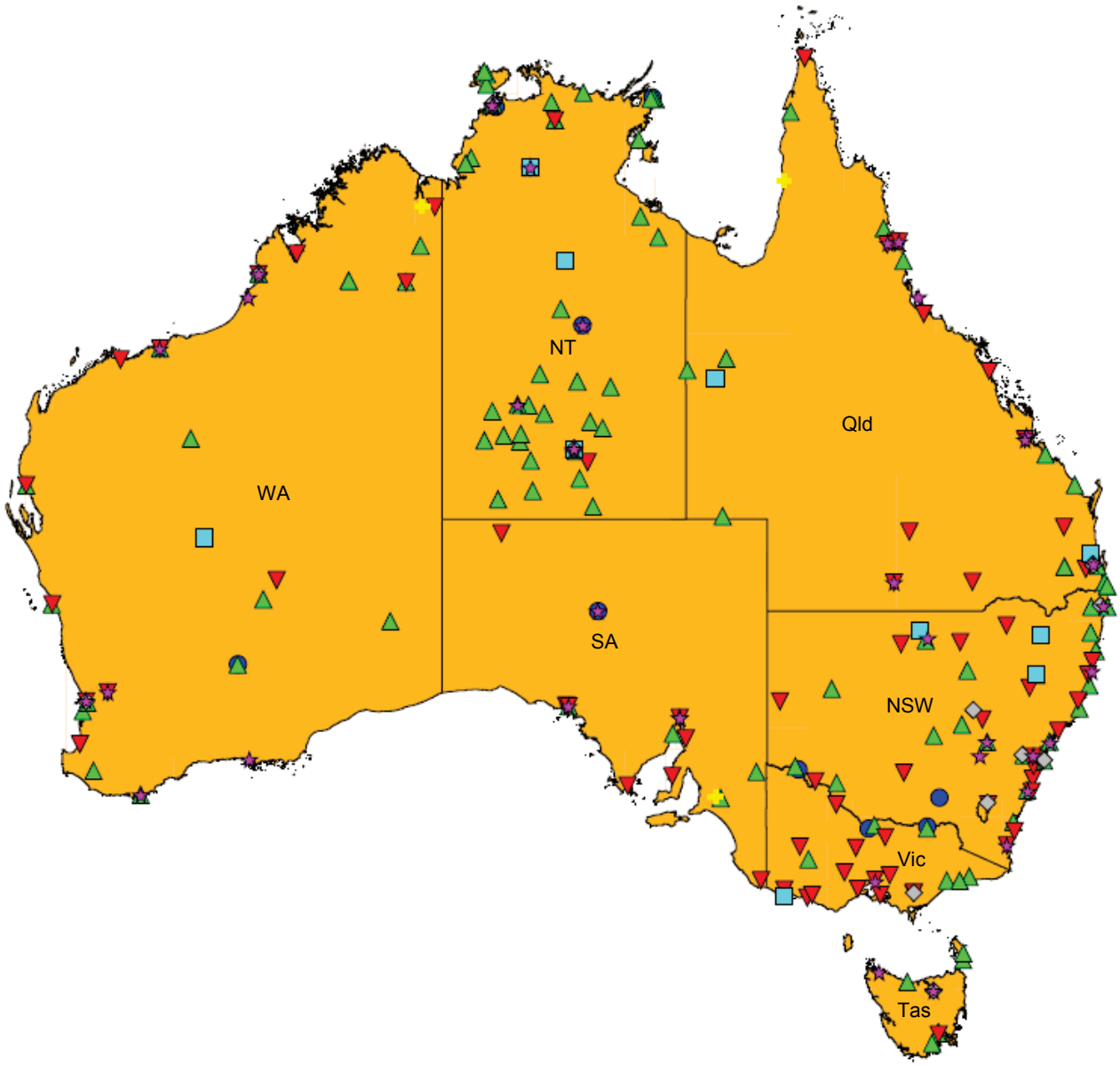
Table 2.1: Number and percentage of organisations, by type of funding received, 2012–13

Type of funding	Number	Per cent
Primary health-care	**205**	**78.8**
Primary health only	114	43.8
Primary health and SEWB or Link Up	69	26.5
Primary health and substance-use	10	3.8
Primary health, substance-use and SEWB or Link Up	12	4.6
Substance-use	**63**	**24.2**
Substance-use only	38	14.6
Substance-use and SEWB or Link Up	3	1.2
SEWB or Link Up	**98**	**37.7**
SEWB or Link Up only	14	5.4
Total	**260**	**100.0**

Source: AIHW OSR data collection.

2.1 Location

In 2012–13, the 260 organisations providing primary health-care, substance-use services and SEWB or Link Up counselling services were spread across all jurisdictions (see Figure 2.1 and Table A1). Maps for jurisdictions are provided in Appendix I.



Source: AIHW OSR data collection.

Figure 2.1: Distribution of all organisations, 2012–13

Of the 260 organisations, nearly half (48%) were located in either the Northern Territory (25%) or in New South Wales and the Australian Capital Territory combined (23%). It should be noted that nearly half (46% or 30) of the organisations in the Northern Territory were small government-run clinics. These were counted as separate organisations (see Figure 2.2).

There were 111 (43%) organisations in *Remote* and *Very remote* areas. Of these, over half (54%) were located in the Northern Territory. A further 108 (42%) organisations were located in *Inner regional* and *Outer regional* areas. Of these, over one-third (36%) were located in New South Wales and the Australian Capital Territory. There were 41 (16%) organisations located in *Major cities*. Of these, over one-third (37%) were located in New South Wales and the Australian Capital Territory.

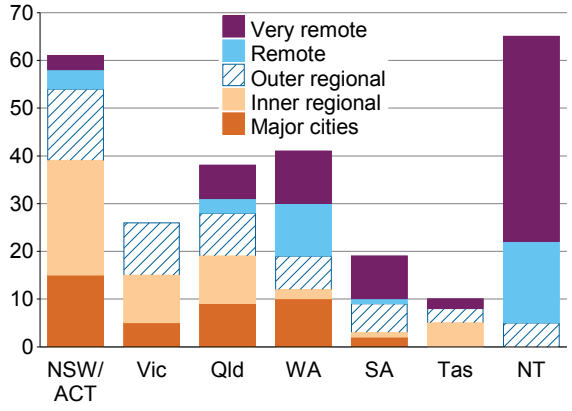


Figure 2.2: Number of organisations, by jurisdiction and remoteness area, 2012–13

2.2 Service delivery sites

Some organisations delivered services from a single geographic location or site while others had multiple sites. In 2012–13, the 260 organisations provided health services through 384 delivery sites. Most (83%) delivered services through 1 site. Around 9% reported 2 delivery sites and a further 8% reported 3 or more sites (see Table A2). Of the 384 sites:

- Most (91%) operated 5 days or more per week, 6% operated 1–4 days per week and 2% less than 1 day per week.
- Most (83%) provided clinical services. This includes for example diagnosis and treatment of chronic diseases (66%), antenatal care (62%), maternal and child health-care (64%), substance-use and drug and alcohol programs (48%) and SEWB and mental health-care services (66%).
- One in 5 (21%) offered 24-hour emergency care.

2.3 Governance arrangements

Around two-thirds (67% or 175) of organisations identified themselves as being Aboriginal Community Controlled Health Organisations (ACCHOs). ACCHOs are non-government organisations operated by local Indigenous communities to deliver health-care to the communities that control them through an elected board of management (NACCHO 2012). The number of organisations identifying as ACCHOs ranged from 48% of organisations in the Northern Territory to 96% of organisations in Victoria. Over three-quarters of organisations in New South Wales and the Australian Capital Territory (80%) were ACCHOs. There were also 38 other non-government run organisations and of these, one-third (34%) were located in Western Australia. Nearly 1 in 5 (18% or 47) organisations were government-run organisations. Of these, nearly two-thirds (64%) were located in the Northern Territory (see Figure 2.3 and Table A3).

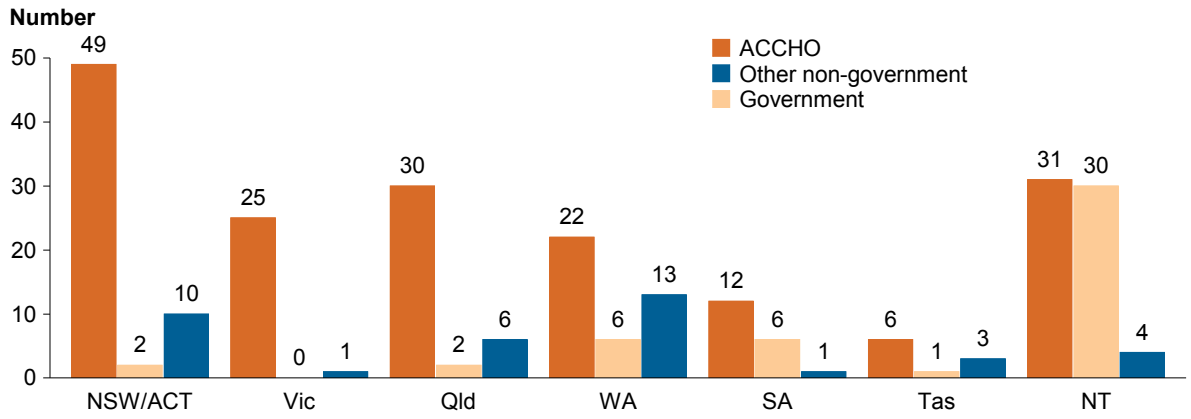


Figure 2.3: Number of organisations, by type of governance arrangement and jurisdiction, 2012–13

Forty-three (25%) ACCHOs were located in *Outer regional* areas, 39 (22%) in *Very remote* areas and 38 (22%) in *Inner regional* areas (see Figure 2.4 and Table A4).

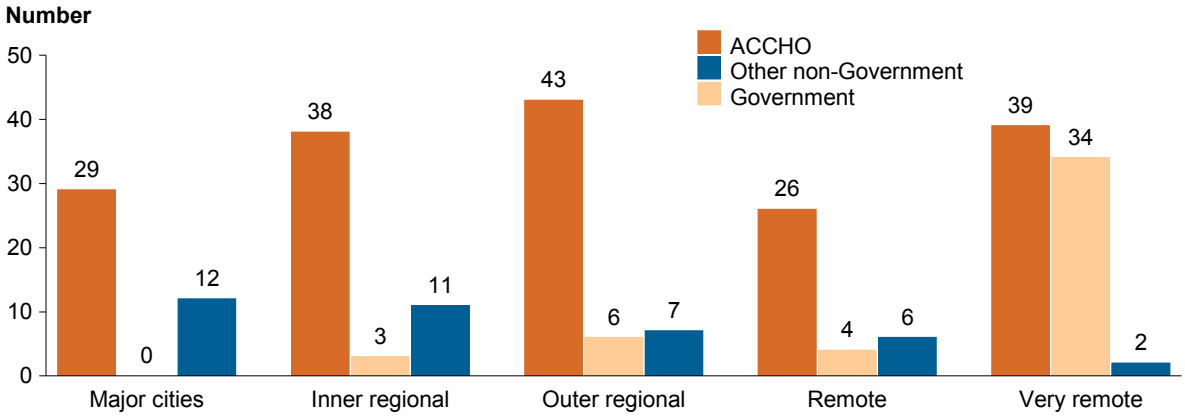


Figure 2.4: Number of organisations, by type of governance arrangement and remoteness area, 2012–13

2.4 Accreditation

In 2012–13, 70% of organisations were accredited with the Royal Australian College of General Practitioners (RACGP) and/or organisational standards; for example, the Quality Improvement Council (QIC), the International Organisation for Standardisation (ISO) or the Australian Council on Healthcare Standards (ACHS) (Department of Health 2013b). This figure was higher than for 2011–12 (64%). The proportion accredited varied by jurisdiction and remoteness area. In Victoria, all organisations were accredited against either RACGP or organisational standards (see Figure 2.5 and Table A5). In the Northern Territory, 27 (42%) organisations were accredited with 1 or both accreditation types and in Tasmania it was around one-third of organisations (30%).

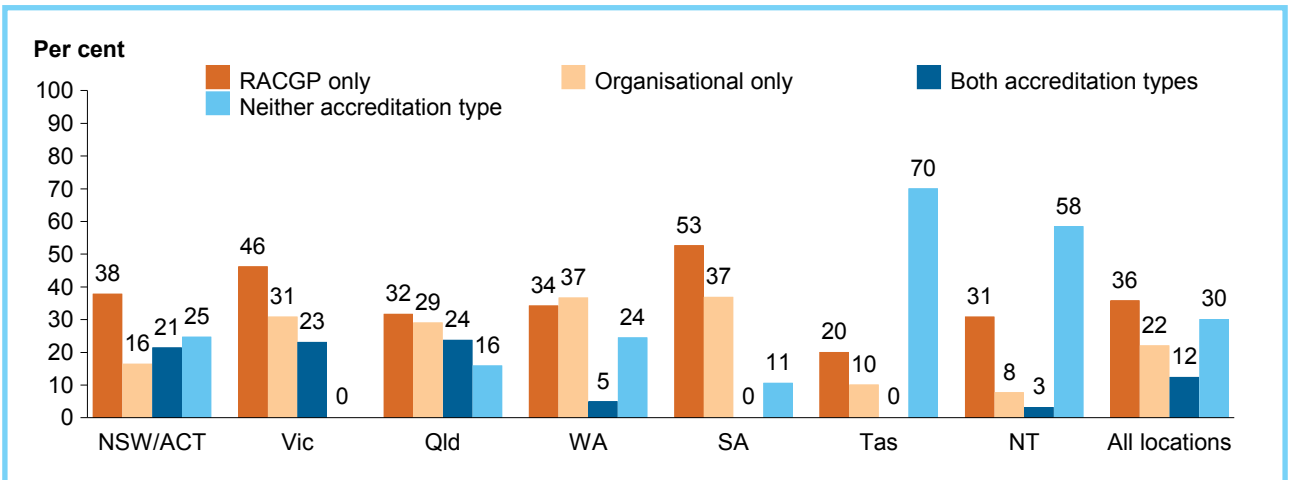


Figure 2.5: Percentage of organisations, by type of accreditation and jurisdiction, 2012–13

Most (84%) organisations in *Outer regional* areas were accredited with RACGP and/or organisational standards (see Figure 2.6 and Table A6). However, just over half (56%) of the organisations in *Very remote* areas were accredited with RACGP and/or organisational standards.

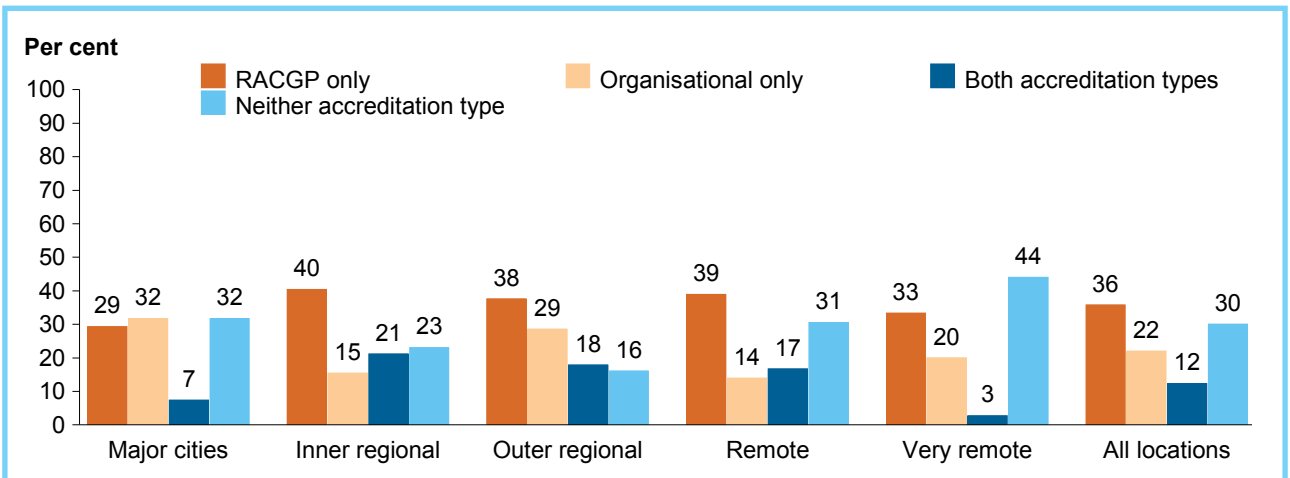


Figure 2.6: Percentage of organisations, by type of accreditation and remoteness area, 2012–13

2.5 Advocacy, knowledge and research

Organisations were asked about advocacy activities they were routinely involved in for both individual clients and at the community level. For individual clients this may include advocacy to access health services and on other issues affecting their health and their rights within and beyond the health system. At the community level this may include identifying factors contributing to illness or risk in the community and working with other organisations to develop strategies to reduce health risk. Most organisations provided advocacy for housing for individual clients (80%) and the community as a whole (73%). Centrelink access advocacy was provided to clients by 70% of organisations (see Figure 2.7 and Table A7).

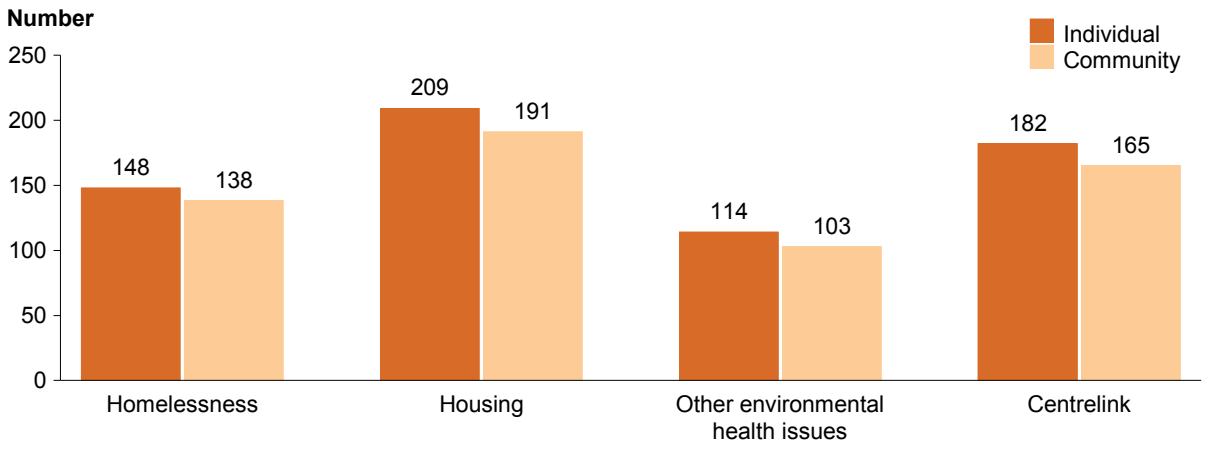


Figure 2.7: Number of organisations, by type of advocacy activities provided for individual clients and at the community level, 2012–13

In total, 180 (69%) organisations supported research projects being led by universities or government agencies, and 112 (43%) conducted or commissioned research projects to meet local or service needs (see Figure 2.8 and Table A8).

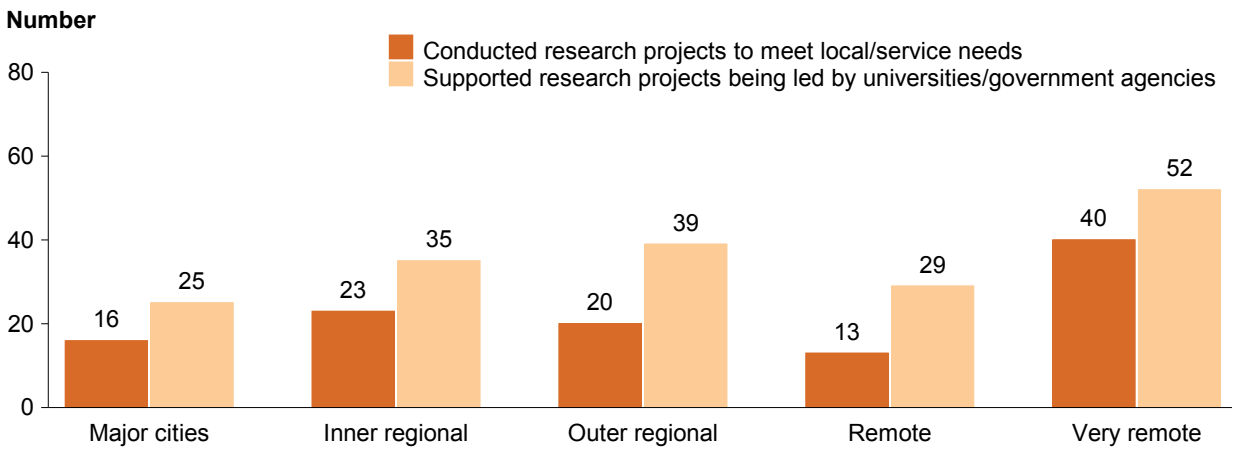
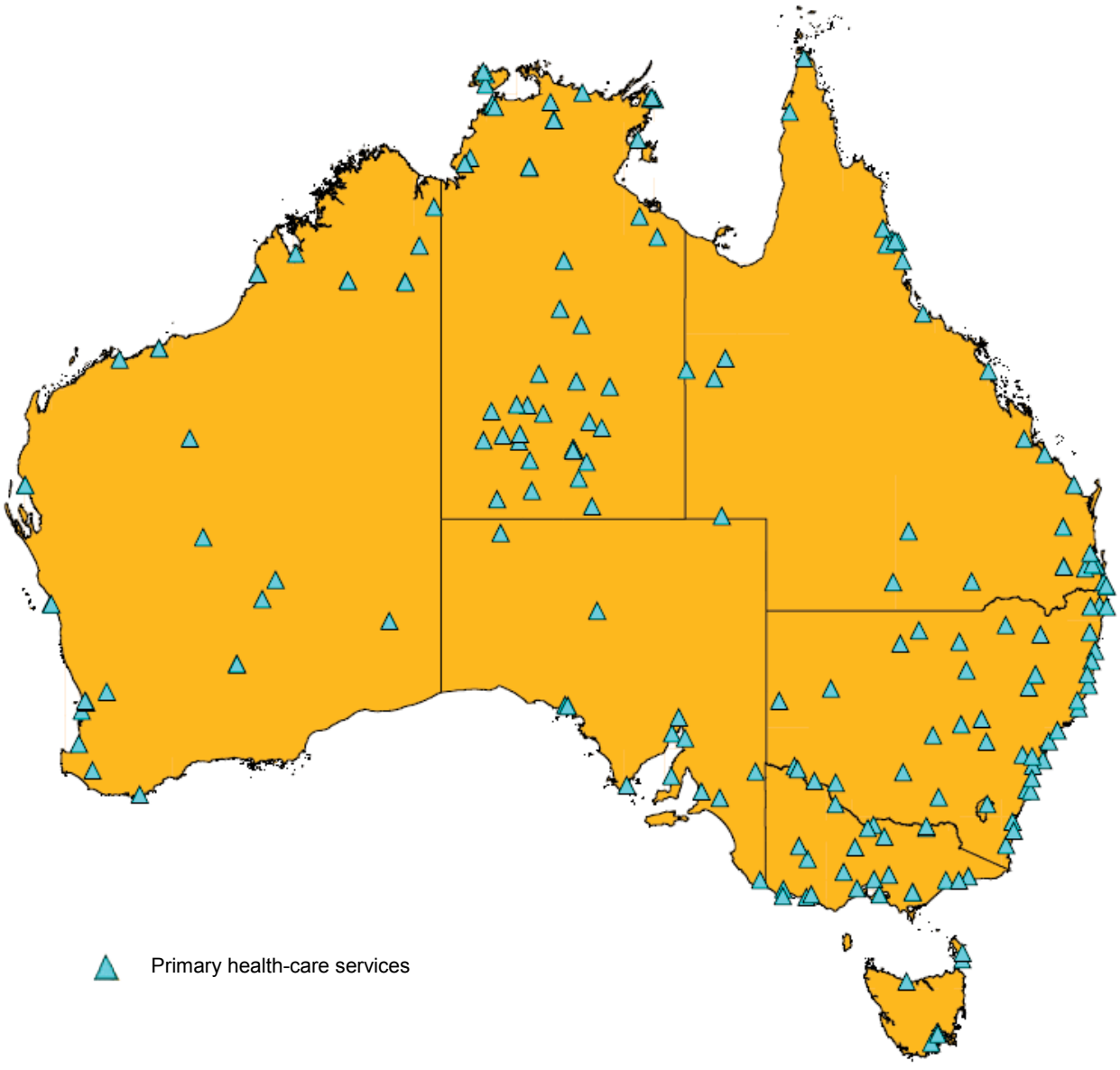


Figure 2.8: Number of organisations, by research program involvement and remoteness area, 2012–13

3. Primary health-care organisations

This chapter reports on Australian Government-funded Indigenous-specific primary health-care organisations. It includes information on staffing; vacancies; client numbers, episodes of care and contacts; and the types of services they provided. In 2012–13, 205 organisations were funded to provide primary health-care services to Aboriginal and Torres Islander people (see Figure 3.1). This was lower than in 2011–12 (226 services). The number of organisations contributing to OSR change from year to year for a range of reasons; for example, when there are changes to funding, auspicing or reporting arrangements at the local level. In 2012–13, the introduction of a revised report led to the rationalisation of reporting requirements and resulted in fewer organisations being required to report.



Source: AIHW OSR data collection.

Figure 3.1: Distribution of organisations providing primary health-care, 2012–13

Around one-third (32% or 65) of primary health-care organisations were located in *Very remote* areas, nearly one-quarter (23% or 47) were in *Outer regional* areas and one-fifth (21% or 43) were in *Inner regional* areas. Just over 10% were located in *Remote* areas (13% or 27) and *Major cities* (11% or 23).

Three-quarters (75%) of primary health-care organisations in the Northern Territory were in *Very remote* locations, as were 43% of organisations in South Australia. Around 41% of organisations in New South Wales and the Australian Capital Territory were in *Inner regional* areas, as were 42% of services in Victoria (see Figure 3.2 and Table B1).

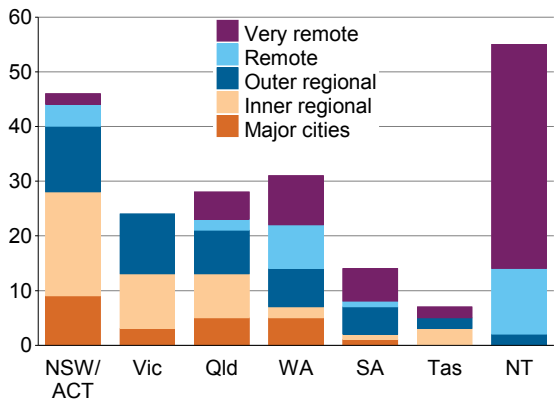


Figure 3.2: Primary health-care organisations, by jurisdiction and remoteness area, 2012–13

3.1 Staffing

As at 30 June 2013, the 205 primary health-care organisations employed 6,657 full-time equivalent (FTE) staff. Around 6 in 10 (61% or 4,090 FTE) were health staff and 4 in 10 (39% or 2,567 FTE) were managerial, administrative, support and other staff. Just over half (54%) of all FTE staff were Indigenous, slightly lower than in 2011–12 (57%). While relatively few doctors and nurses were Indigenous (7% and 15% respectively), nearly all Aboriginal and Torres Strait Islander health workers (AHWs) were Indigenous (99%), as were most drivers and field officers (86%) and around two-thirds (69%) of other health positions (see Table B2). Primary health-care organisations were also assisted by an additional 333 FTE visiting staff who worked for these organisations but were paid for by other organisations (see Table B3).

The distribution of staff varied by remoteness area. In general, *Major cities* had a higher proportion of all medical specialists (39%), dentists (41%) and SEWB staff (45%) and a lower proportion of nurses (13%) than other areas (see Table B4). *Outer regional* areas had a higher proportion of AHWs (28%), doctors (23%) and allied health professionals (36%) than other areas. *Remote* and *Very remote* areas had lower proportions of SEWB staff (10% and 12% respectively), but a higher proportion of nurses (26% and 32% respectively). As at 30 June 2013:

- AHWs represented 14% of all FTE positions. Of the 910 FTE AHWs employed nationally, 28% (255 FTE) were in *Outer regional* areas and 23% (206 FTE) in *Inner regional* areas.
- Nurses represented 13% of all FTE positions. Of the 835 FTE nurses employed nationally, 32% (264 FTE) were in *Very remote* and 26% (217 FTE) in *Remote* areas.
- Doctors represented 6% of all FTE positions. Of the 375 FTE doctors employed nationally, 23% (86 FTE) were in *Outer regional* areas and only 16% (58 FTE) in *Very remote* areas.
- SEWB staff represented 8% of all FTE positions. Of the 533 FTE SEWB staff employed nationally, 45% (240 FTE) were in *Major cities*.
- Allied health professionals represented 2% of all FTE positions. Among the 122 FTE allied health professionals employed nationally, 36% (43 FTE) were in *Outer regional* and 26% (32 FTE) in *Remote* areas (see Figure 3.3).

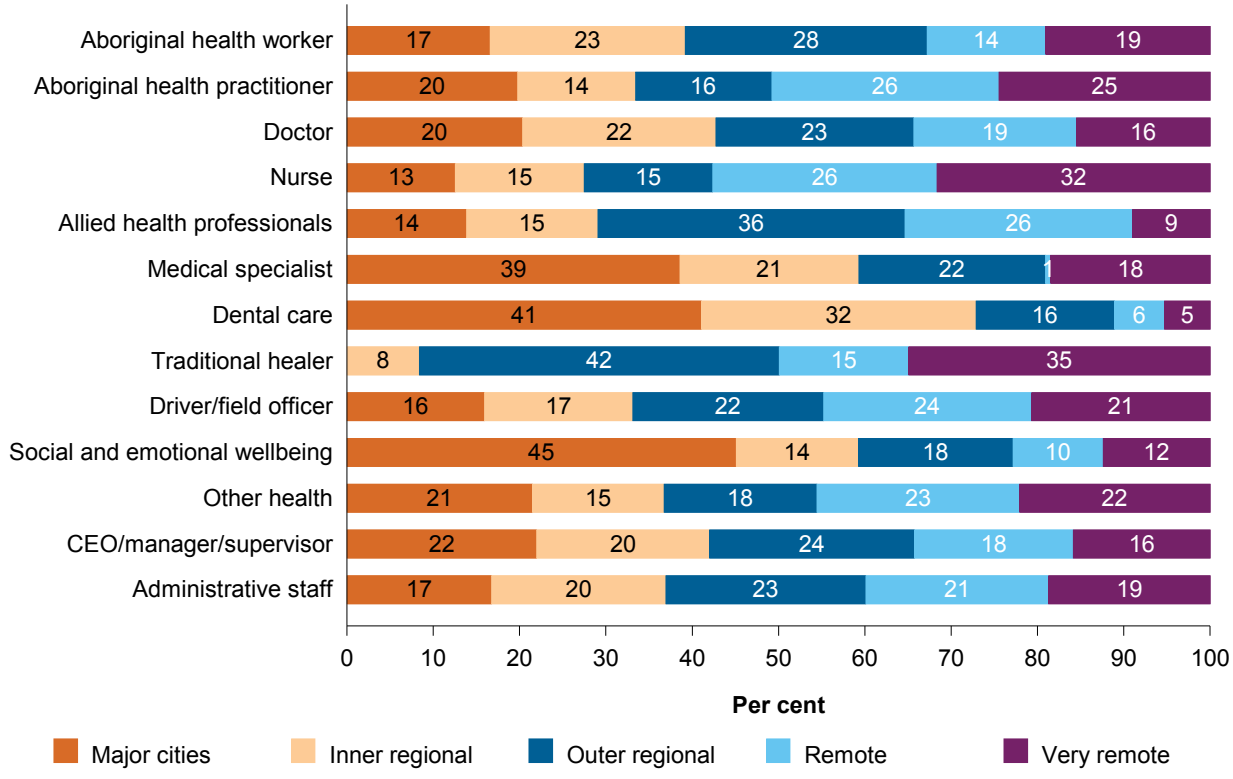


Figure 3.3: Percentage of FTE staff employed by primary health-care organisations, by position type and remoteness area, as at 30 June 2013

The distribution of staff also varied by jurisdiction (see Figure 3.4 and Table B5).

- While the Northern Territory had 20% of all staff, more than half (57% or 43 FTE) of all Aboriginal and Torres Strait Islander health practitioners and 30% (253 FTE) of all nurses were employed there. Nurses represented 19% of all FTE positions in the Northern Territory compared with 13% nationally.
- While New South Wales and the Australian Capital Territory had 19% of all staff, one-quarter (26%) of doctors, 33% of medical specialists and 41% of dental care professionals were employed there.
- While Western Australia had 23% of all staff, over one-third (37% or 199 FTE) of SEWB positions were employed there.

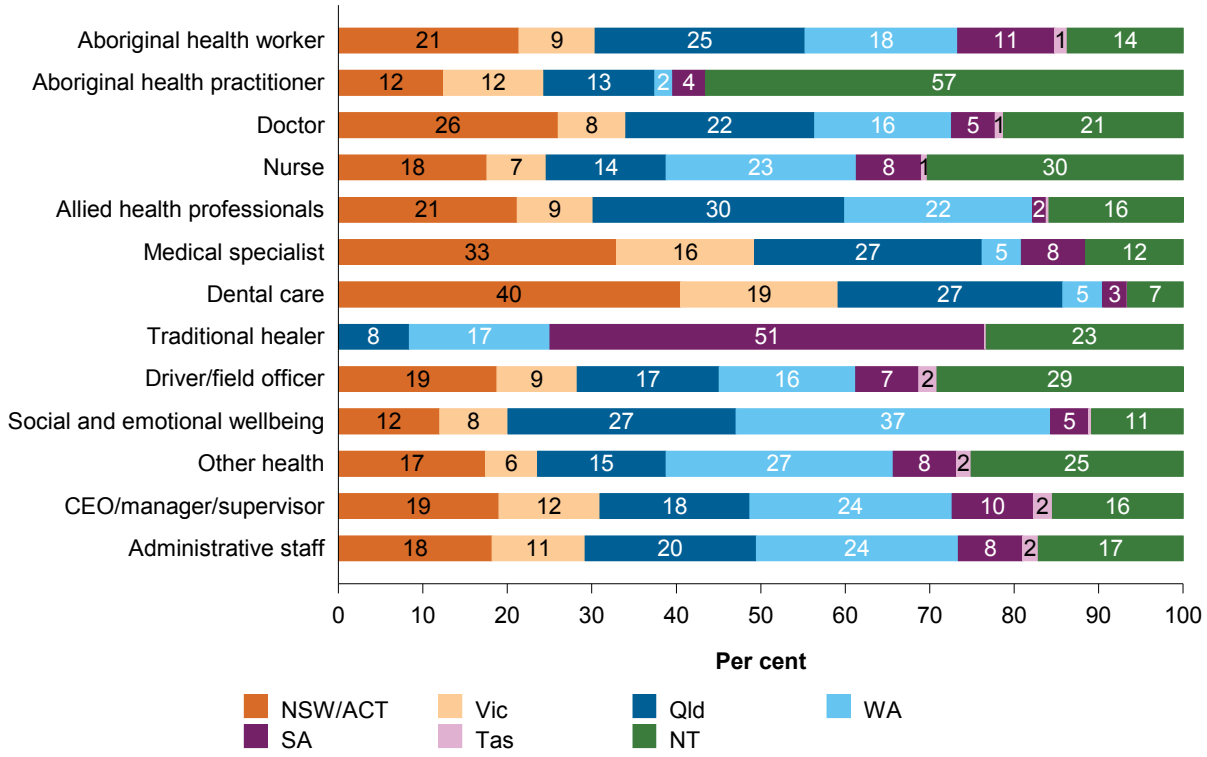
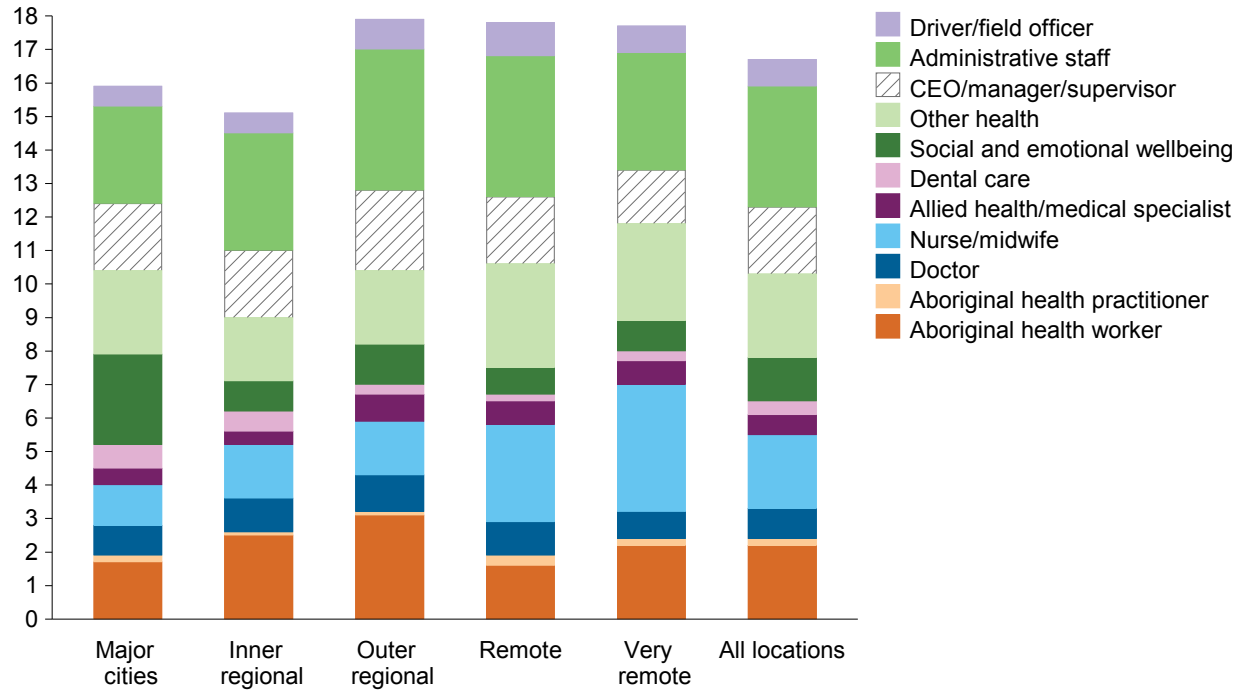


Figure 3.4: Percentage of FTE staff employed by primary health-care organisations, by position type and jurisdiction, as at 30 June 2013

The total number of staff per 1,000 clients was highest in *Outer Regional*, *Remote* and *Very remote* areas (18 per 1,000 clients each) and lowest in *Inner regional* areas (15 per 1,000 clients). The ratio of staff to clients also varied by position type (see Figure 3.5):

- There were 3.8 FTE nurses per 1,000 clients in *Very remote* areas and 2.9 per 1,000 clients in *Remote* areas—higher than the national average of 2.2.
- Organisations in *Outer regional* areas had more AHWs (3.1 FTE per 1,000 clients) than the national average of 2.2 FTE.
- Organisations in *Major cities* had more dental care staff (0.7 FTE) and organisations in *Remote* areas less dental care staff (0.2 FTE) than the national average of 0.4 FTE.
- There were more SEWB staff in *Major cities* (2.7 per 1,000 clients), but fewer in *Remote* (0.8) and *Very remote* (0.9) areas than the national average of 1.3.
- Nationally there were 0.9 doctors (GPs) per 1,000 clients. This ratio did not vary markedly by remoteness area, ranging from 0.8 in *Very remote* areas to 1.1 in *Outer regional* areas (see Table B3).

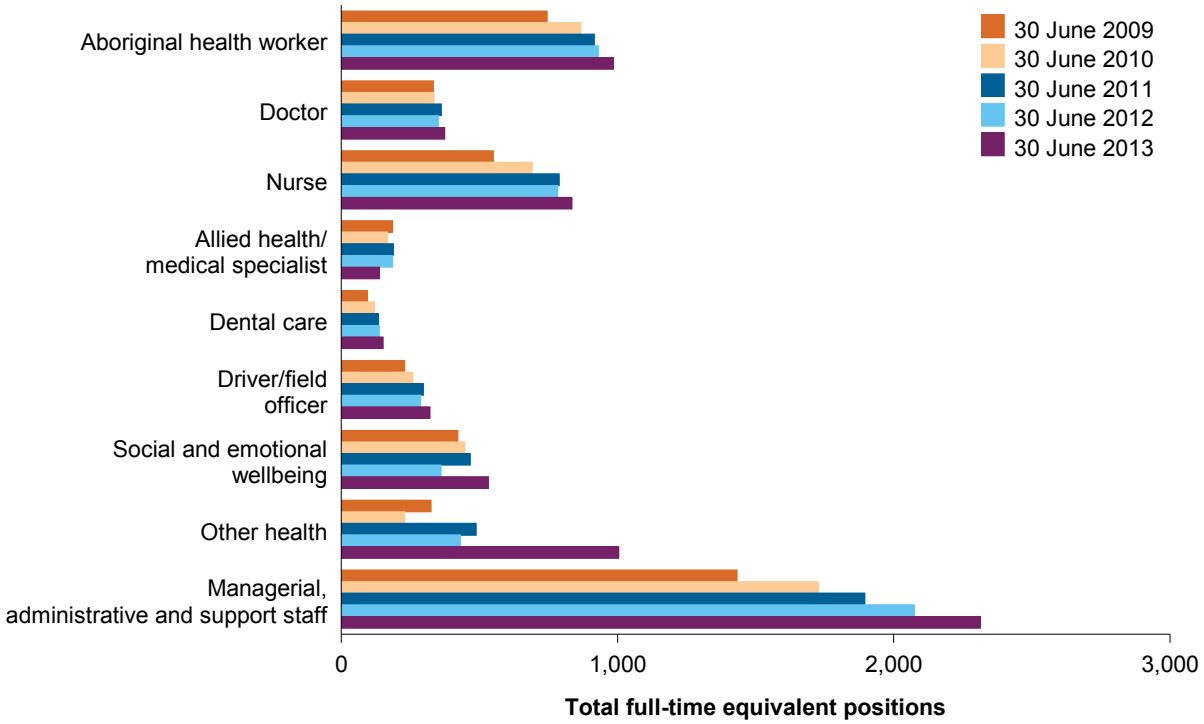


Notes

1. 'Other health' positions include substance misuse/drug and alcohol workers, tobacco workers, sexual health workers, outreach workers, traditional healers, environmental health workers, health promotion workers, trainee positions and other health/clinical staff.
2. Also includes visiting staff not paid for by the organisations themselves.

Figure 3.5: Number of FTE staff per 1,000 clients, by position type and remoteness area, 2012–13

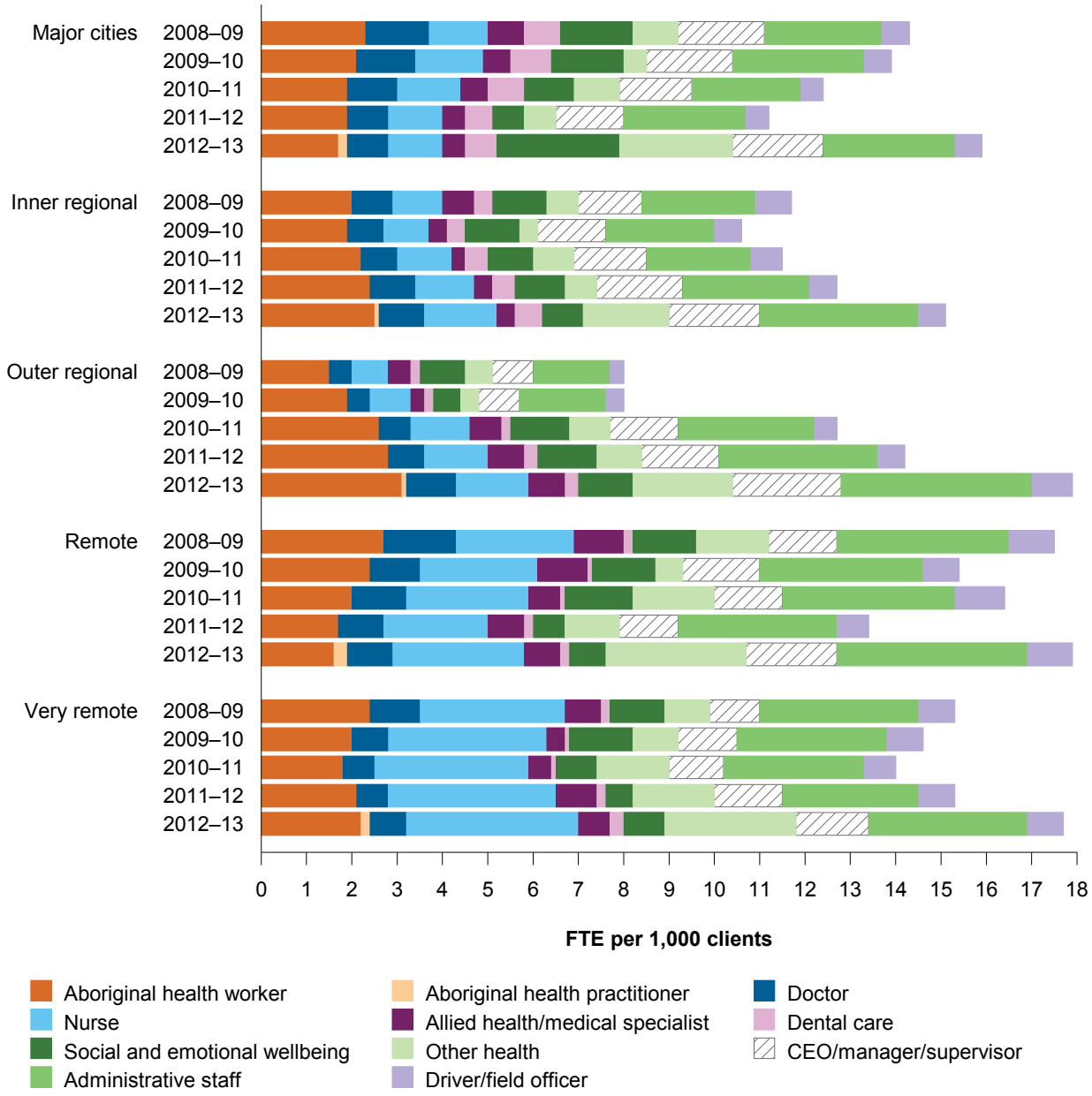
The total number of FTE positions (6,657) was higher compared with previous years. There was an increase of 20% compared with 2011–12 (5,543 FTE). There were increases across all position types except allied health and medical specialists (see Table B6). The increase in SEWB staff is mainly due to 1 organisation employing a large number of counsellors who began reporting data in 2012–13. The largest increase was for 'other health' staff. Examples of these positions include substance misuse workers, case support workers, outreach workers, health promotion workers and tobacco workers (see Figure 3.6).



Note: The total number of Aboriginal health workers in June 2013 also includes a small number of Aboriginal health practitioner positions.

Figure 3.6: Number of FTE staff employed by primary health-care organisations, by position type as at 30 June 2009 to 30 June 2013

The total number of FTE positions per 1,000 clients was higher in 2012–13 compared with previous years (see Figure 3.7). Again, this was due to increases across most position types, but in particular 'other health' staff (see Table B7).



Notes

1. Aboriginal and Torres Strait Islander health practitioner (AHP) positions were new in 2012–13.

2. In 2012–13, 'Other health' positions included substance misuse/drug and alcohol workers, tobacco workers, sexual health workers, outreach workers, traditional healers, environmental health workers, health promotion workers, trainee positions and 'other' health staff. Prior to 2012–13, 'Other health' positions included substance misuse/drug and alcohol workers, sexual health workers, traditional healers, environmental health workers, and 'other' health staff.

3. Includes visiting staff not paid for by the organisations themselves.

Figure 3.7: Number of FTE staff per 1,000 clients, by position type and remoteness area, 2008–09 to 2012–13

Aboriginal health workers

AHWs have an important role in improving the health of Indigenous people. In 2013, the Community Services and Health Industry Skills Council (CSHISC) released new health training packages. This contained a suite of updated AHW qualifications, skill sets and units of competency in first aid, workplace health and safety (WHS) and tele-health (CSHISC 2013).

As at 30 June 2013, 913 AHW positions were reported. Of these, 189 (21%) held a Certificate IV—community stream and 368 (40%) held a Certificate IV—practice stream qualification. The proportion with a Certificate IV was higher in *Major cities* (70%) and *Remote* areas (67%) (see Figure 3.8 and Table B8).

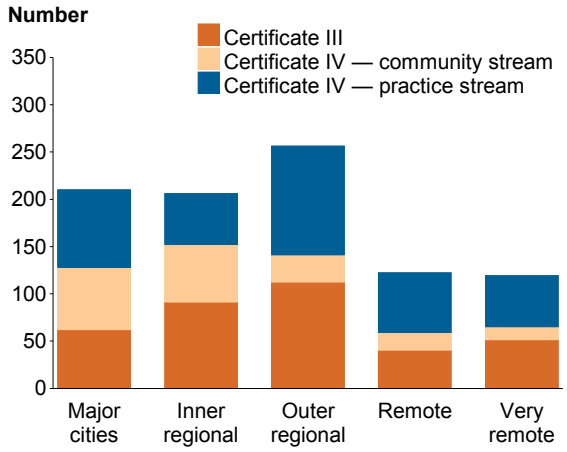


Figure 3.8: Number of Aboriginal and Torres Strait Islander health workers, by highest qualification held and remoteness area, as at 30 June 2013

Vacancies

Primary health-care organisations reported a total of 315 FTE vacant positions as at 30 June 2013. This included 263 health positions and 52 administrative, managerial and support positions (see Table B9). *Outer regional* areas reported more health vacancies (1.0 per 1,000 clients) than other areas (see Figure 3.9). They also had a higher ratio of health-related vacancies to total positions (9% compared to 6% for all organisations) (see Table B10).

Exploratory regression analysis suggests the number of service delivery sites and the number of clients may be 2 factors that have an impact on the number of health vacancies. As the number of clients seen by an organisation increases, the number of vacant FTE positions also increases. Similarly, when an organisation has more than 1 service delivery site, the number of vacant FTE positions increases. See Appendix G for more information.

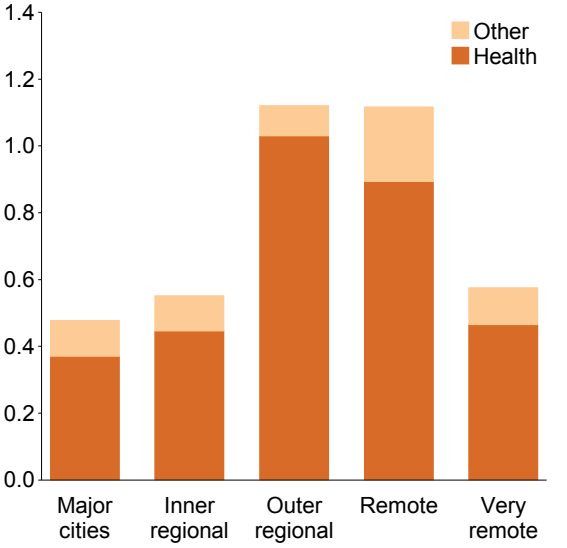


Figure 3.9: Number of FTE vacant positions per 1,000 clients, by position type and remoteness area, as at 30 June 2013

3.2 Clients

It should be noted that some organisations have difficulty in providing accurate client numbers and may have provided an estimate. Individuals may also be clients at more than 1 organisation and the aggregated count is likely to overestimate the total number of individual clients seen. In 2012–13, most (96%) primary health-care organisations reported their individual client numbers. These organisations saw around 417,000 clients. This is 6% lower than the number reported in 2011–12 (445,000 clients) and may reflect the decreased number of primary health-care organisations compared with the previous year (197 organisations compared with 211 in 2011–12).

Three-quarters of clients (75% or 314,000) identified as Indigenous, compared with 79% in 2011–12. If these individual clients were unique (that is, they only visited 1 organisation), this would represent around half (47%) the total Indigenous population, estimated by the Australian Bureau of Statistics (ABS) to be around 670,000 in June 2011 (ABS 2014). Organisations in New South Wales and the Australian Capital Territory, the Northern Territory and Western Australia had the highest numbers of Indigenous clients:

- Around one-quarter (26%) of Indigenous clients visited organisations in New South Wales and the Australian Capital Territory (see Figure 3.10).
- One in 5 (22%) Indigenous clients visited organisations in the Northern Territory.
- One in 5 (20% or 62,000) Indigenous clients visited organisations in Western Australia (see Table B11).

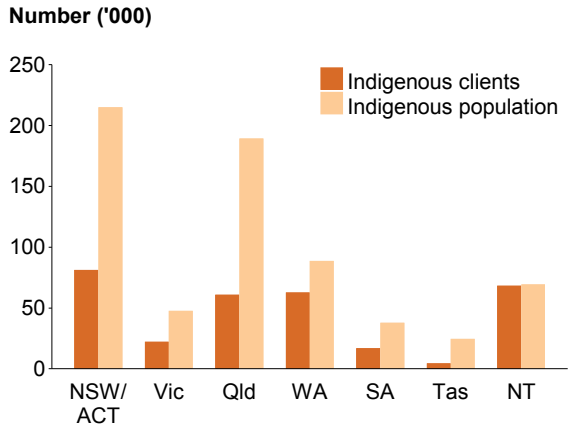


Figure 3.10: Indigenous clients reported and estimated resident population, by jurisdiction, 2012–13

Episodes of care

It should be noted that some organisations have difficulty in providing accurate numbers for episodes of care and may have provided an estimate. In 2012–13, most (95%) primary health-care organisations provided data on episodes of care. They reported nearly 3.1 million episodes of care, which is an average of 7 episodes of care per client (see Table B12). Episodes of care were fairly evenly distributed by remoteness area, although, as in previous years there were more in *Very remote* areas (24%) (see Figure 3.11).

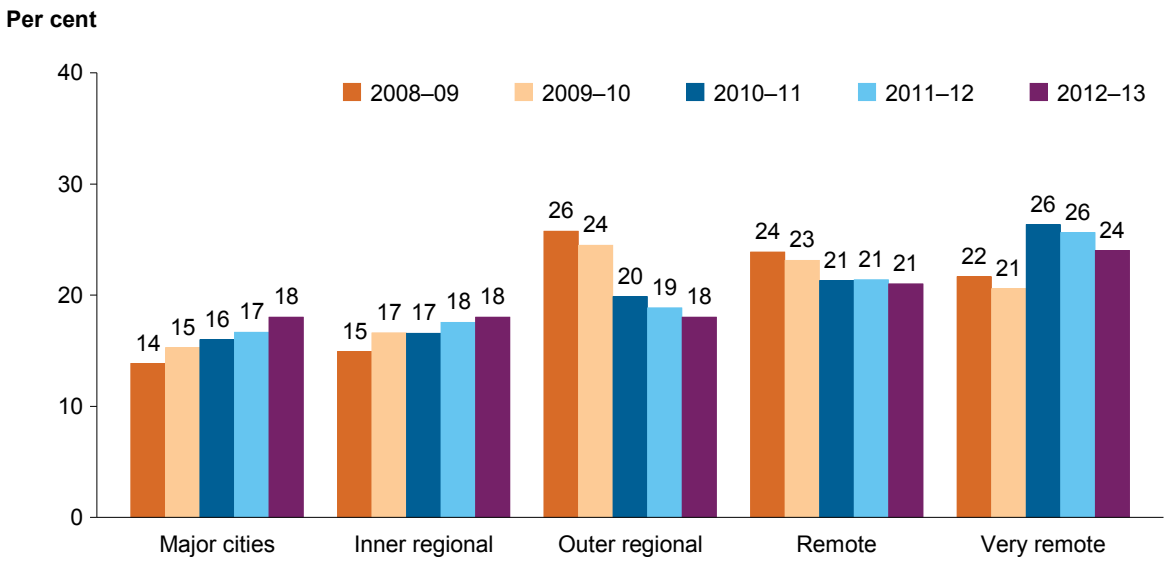


Figure 3.11: Percentage of primary health-care episodes of care, by remoteness area, 2008–09 to 2012–13

Client contacts

Client contacts are the number of individual contacts with clients made by each type of worker involved in the provision of health-care. They include contacts made by visiting health professionals and those providing transport. If more than 1 worker (for example, a nurse and a driver) see a client, then 1 episode of care may result in more than 1 contact.

In 2012–13, the 205 primary health-care organisations reported around 4.1 million contacts. Of these 23% were in *Outer regional* and 21% in *Remote* areas (see Figure 3.12 and Table B13).

- Doctors made 1.2 million or 30% of all contacts. Of these, about half were in organisations in *Inner regional* (24% or 296,000) and *Outer regional* (24% or 295,000) areas. Contacts by doctors represented a higher proportion of all contacts in *Inner regional* areas (37%) and a lower proportion of all contacts in *Very remote* areas (23%).
- Nurses (including midwives) made 1.1 million or 26% of all contacts. Of these, just over one-quarter (28% or 298,000) were in organisations in *Remote* areas and one-quarter (25% or 272,000) in *Very remote* areas. Contacts by nurses represented a higher proportion of all contacts in *Very remote* (38%) and *Remote* areas (35%) and a lower proportion of all contacts in *Outer* regional areas (17%).
- AHWs made 575,000 or 14% of all contacts. Of these, one-third (34% or 196,000) were in organisations in *Outer regional* areas. Aboriginal health practitioners who were reported on for the first time in 2012–13 made 1% of all contacts.
- Drivers made 339,000 or 8% of all contacts. Of these, about half were in organisations in *Outer regional* (26% or 87,000) and *Very remote* (25% or 85,000) areas. Contacts by drivers represented a higher proportion of all contacts in *Very remote* areas (12%).

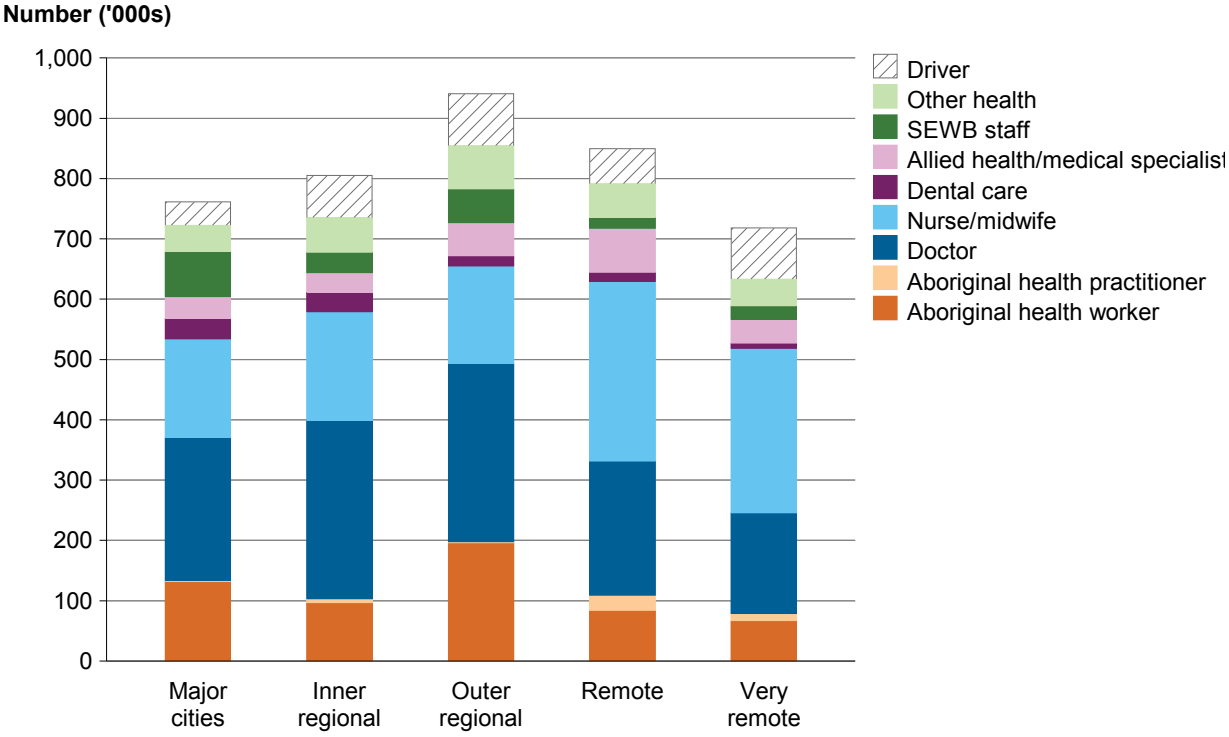
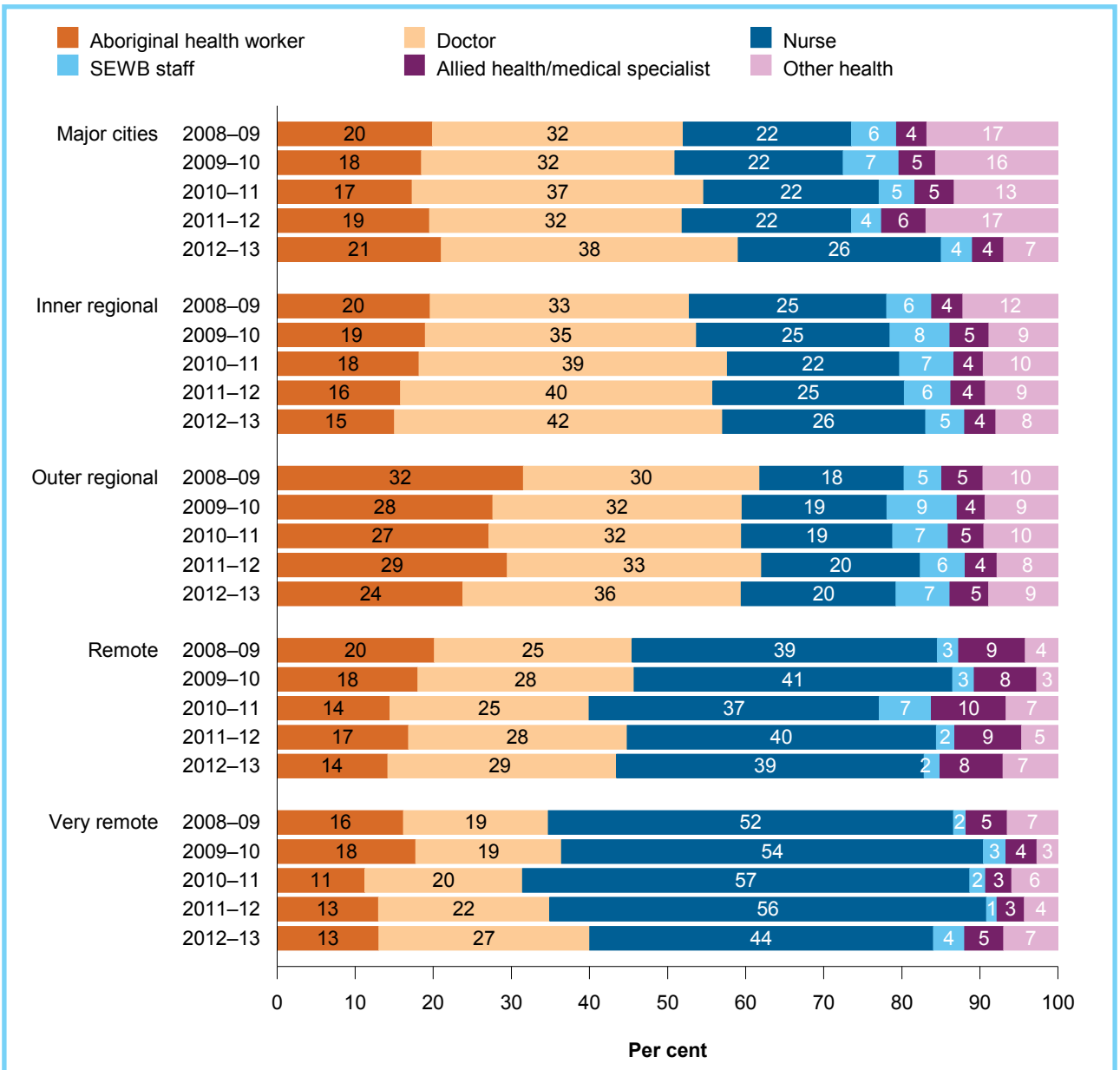


Figure 3.12: Client contacts, by position type and remoteness area, 2012–13

In 2012–13, there was an increase in the proportion of all client contacts made by doctors. The proportion of contacts made by AHWs declined in most areas (see Figure 3.13 and Table B14).



Notes

1. Transport contacts were excluded.
2. The total number of Aboriginal health workers in 2012–13 also includes a small number of Aboriginal health practitioner positions.

Figure 3.13: Percentage of client contacts, by type of health position and remoteness area, 2008–09 to 2012–13

Exploratory regression analysis suggests that position type may have an impact on client contacts. Generally, the number of FTE staff per 1,000 clients had a positive relationship with the number of contacts per client. The main types of positions that influenced the number of contacts provided were doctors, drivers and AHWs. The regression analysis suggested that:

- When a primary health-care organisation had a GP, the organisation was likely to have more client contacts. This may be because doctors provide services that cannot be provided by other health workers and, once a patient attends a health service to see a GP, they are more likely to see other health workers at the same practice, thus increasing the number of contacts at that organisation. For each increase of 1 GP FTE per 1,000 clients, each client would have on average 1.8 more contacts in a 12-month period.

- Having a driver also increased the number of transport contacts provided and accessibility to other health services. For each increase of 1 driver FTE per 1,000 clients, each client would have on average 1.5 more contacts in a 12-month period.
- The availability of AHWs also had a small but significant influence on the number of contacts. For each increase of 1 AHW FTE per 1,000 clients, each client would have on average 0.3 more contacts in a 12-month period.

For more information, see Appendix G.

3.3 Services provided

Health promotion

In 2012–13, primary health-care organisations provided a range of health promotion programs and activities. Most promoted immunisation services to children (81%) and adults (78%). In *Very remote* areas, 91% of organisations promoted child immunisation, 88% adult immunisation and 71% healthy lifestyle programs (see Figure 3.14 and Table B15).

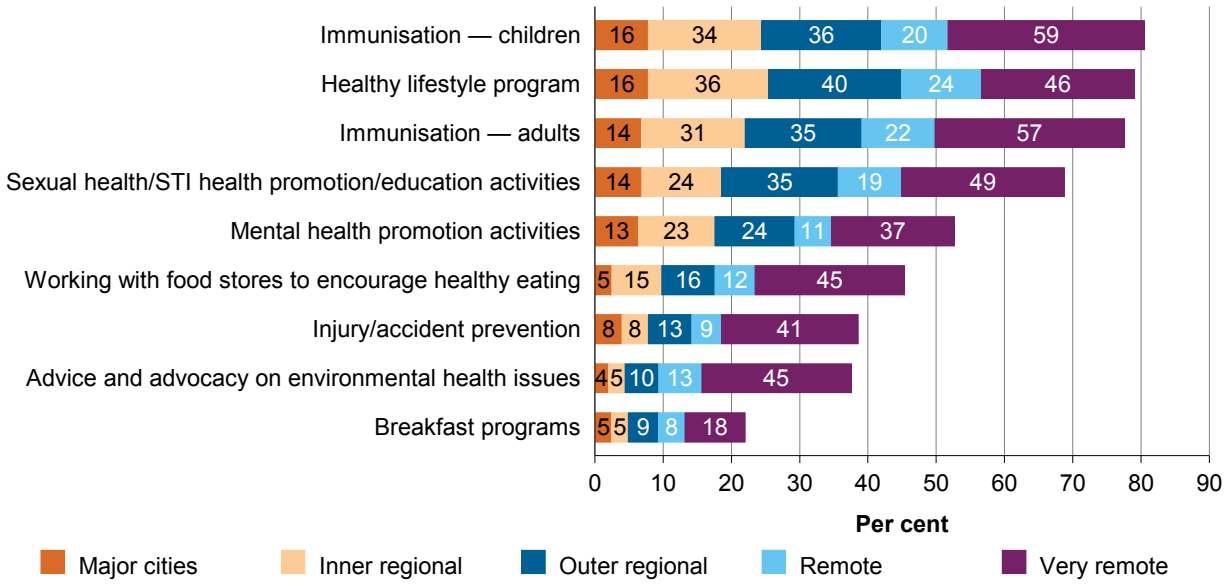


Figure 3.14: Number (as labelled) and percentage (in scale) of primary health-care organisations, by type of health promotion programs provided and remoteness area, 2012–13

Primary health-care organisations in *Very remote* areas provided a higher average number of physical activity and healthy weight programs (113), and group sessions on tobacco use treatment and prevention (41) than other areas (see Figure 3.15). *Outer regional* areas had a lower average number of sessions for tobacco use treatment and prevention (18), physical activity and healthy weight programs (37) and chronic disease support groups (15) than other areas.

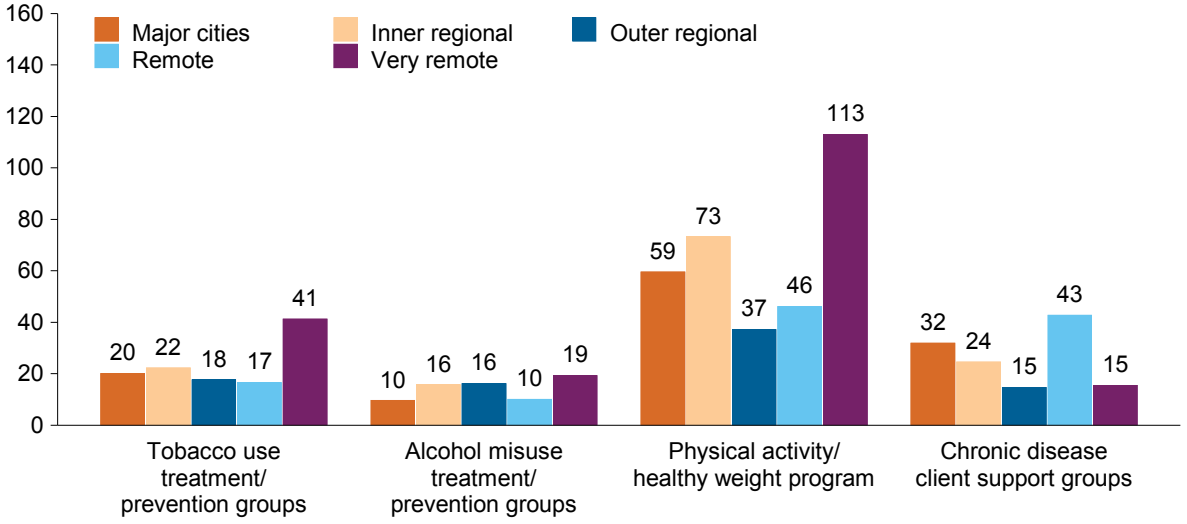


Figure 3.15: Average number of selected group activity sessions conducted, by type of group activities and remoteness area, 2012–13

Clinical services

Most (95%) of primary health-care organisations kept track of clients who needed follow-up and provided child immunisation (85%), free medical supplies and pharmaceuticals (83%) and routine screening for sexually transmitted infections (STIs) (78%) to the local community. Around half (53%) provided services for people with a disability (see Figure 3.16 and Table B16).

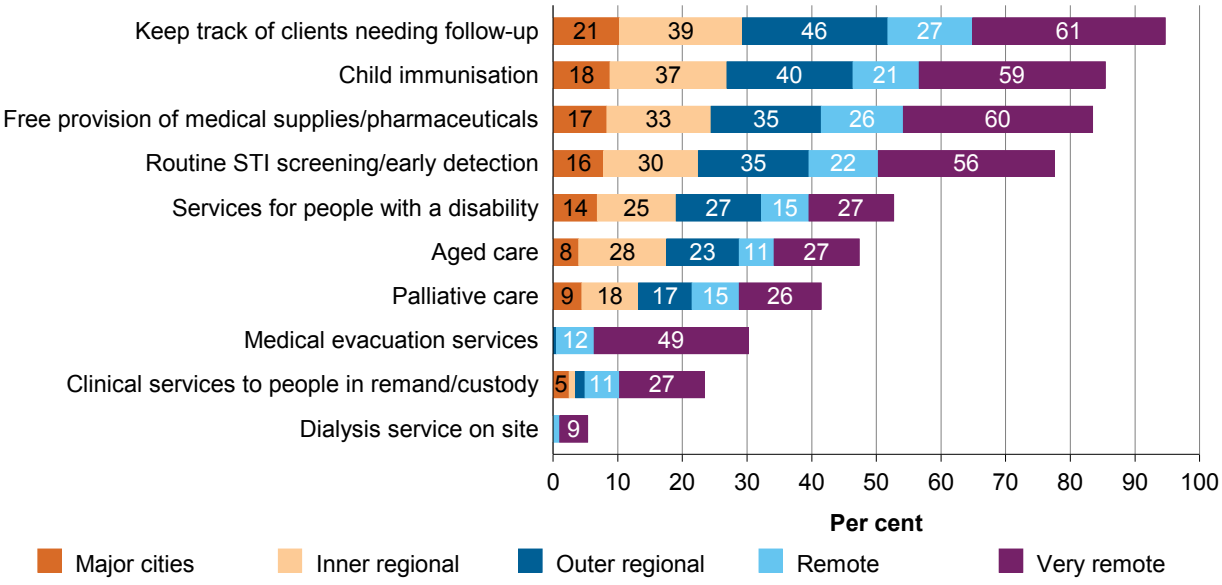


Figure 3.16: Number (as labelled) and percentage (in scale) of primary health-care organisations providing selected clinical or health-related services, by remoteness area, 2012–13

Three-quarters (74%) of primary health-care organisations had established relationships with Aboriginal liaison officers at the local hospital(s) and 60% had shared care arrangements for chronic disease management with local hospitals. Of these, 32 or 26% were in both *Very remote* and *Outer regional* areas (see Figure 3.17 and Table B17).

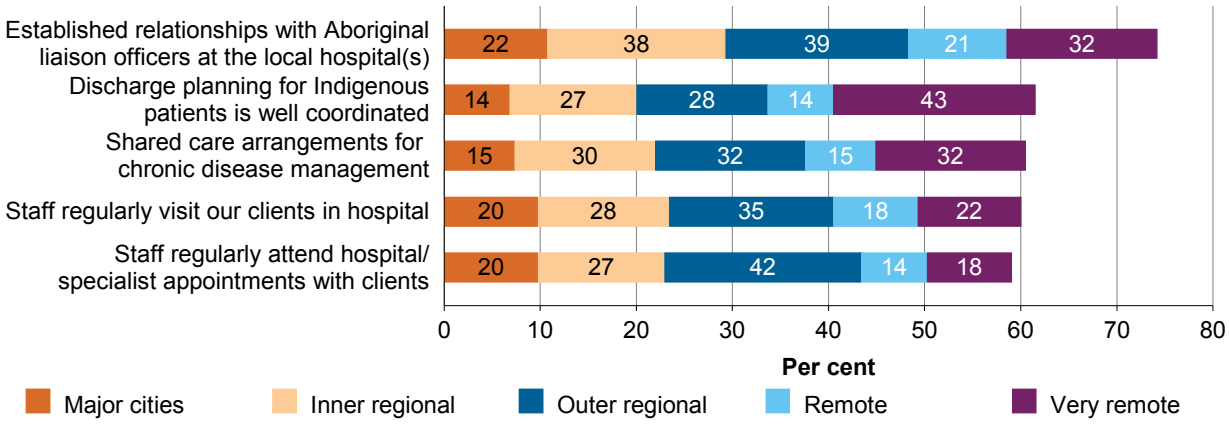


Figure 3.17: Number (as labelled) and percentage (in scale) of primary health-care organisations providing continuity of care with local hospitals, by remoteness area, 2012–13

Nearly half (47%) of primary health-care organisations provided on site paediatrician services and over half (58%) provided off site services. Just over half (54%) provided off site diabetes specialist services and 45% provided on site services. Nearly three-quarters (73%) provided on site podiatrist services and 33% provided off site services. Half (51%) provided on site dental services (see Figure 3.18 and Table B18).

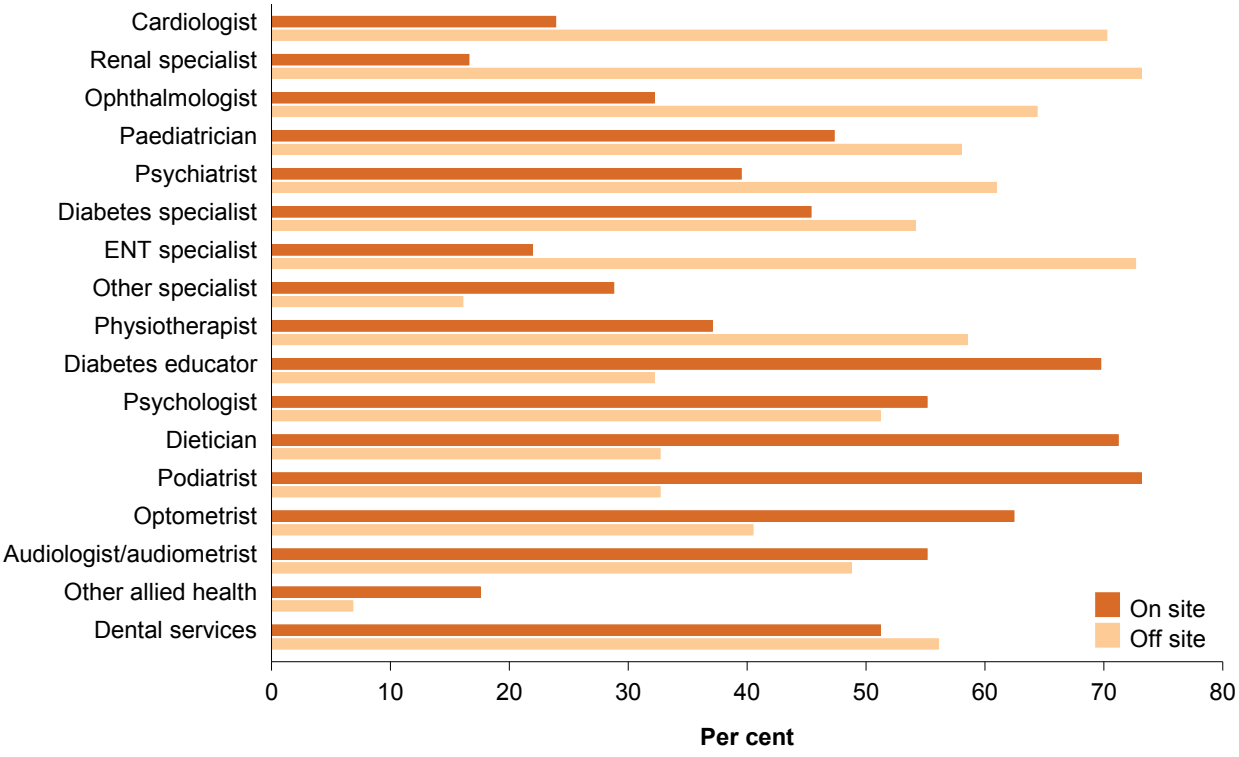
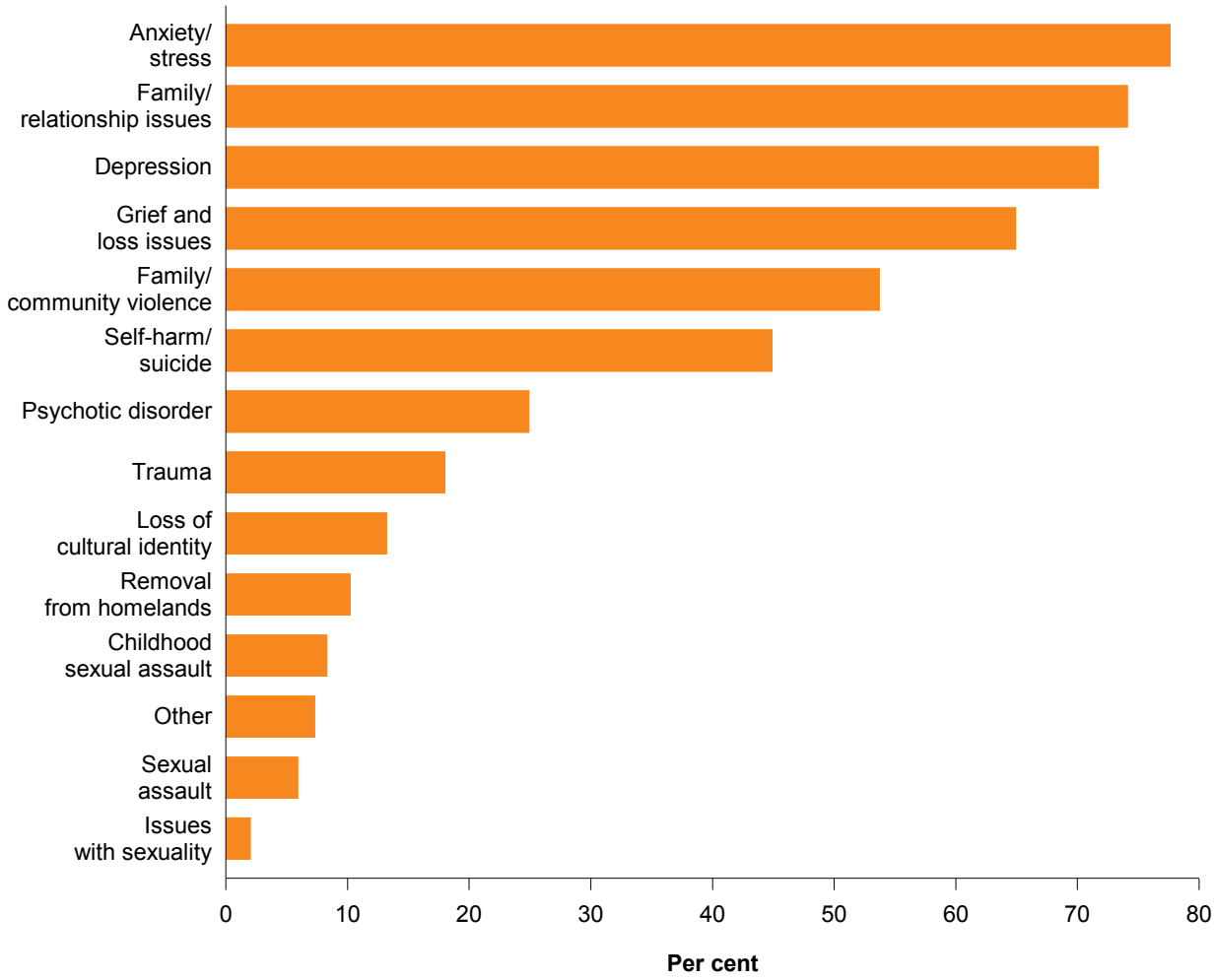


Figure 3.18: Percentage of primary health-care organisations offering access to specialist, allied health and dental services, by type of service and site location, 2012–13

Social and emotional wellbeing

Anxiety and stress, family or relationship issues, depression, grief and loss issues, and family or community violence were the 5 most common SEWB issues reported by primary health-care organisations in terms of staff time and organisational resources (see Figure 3.19 and Table B19).

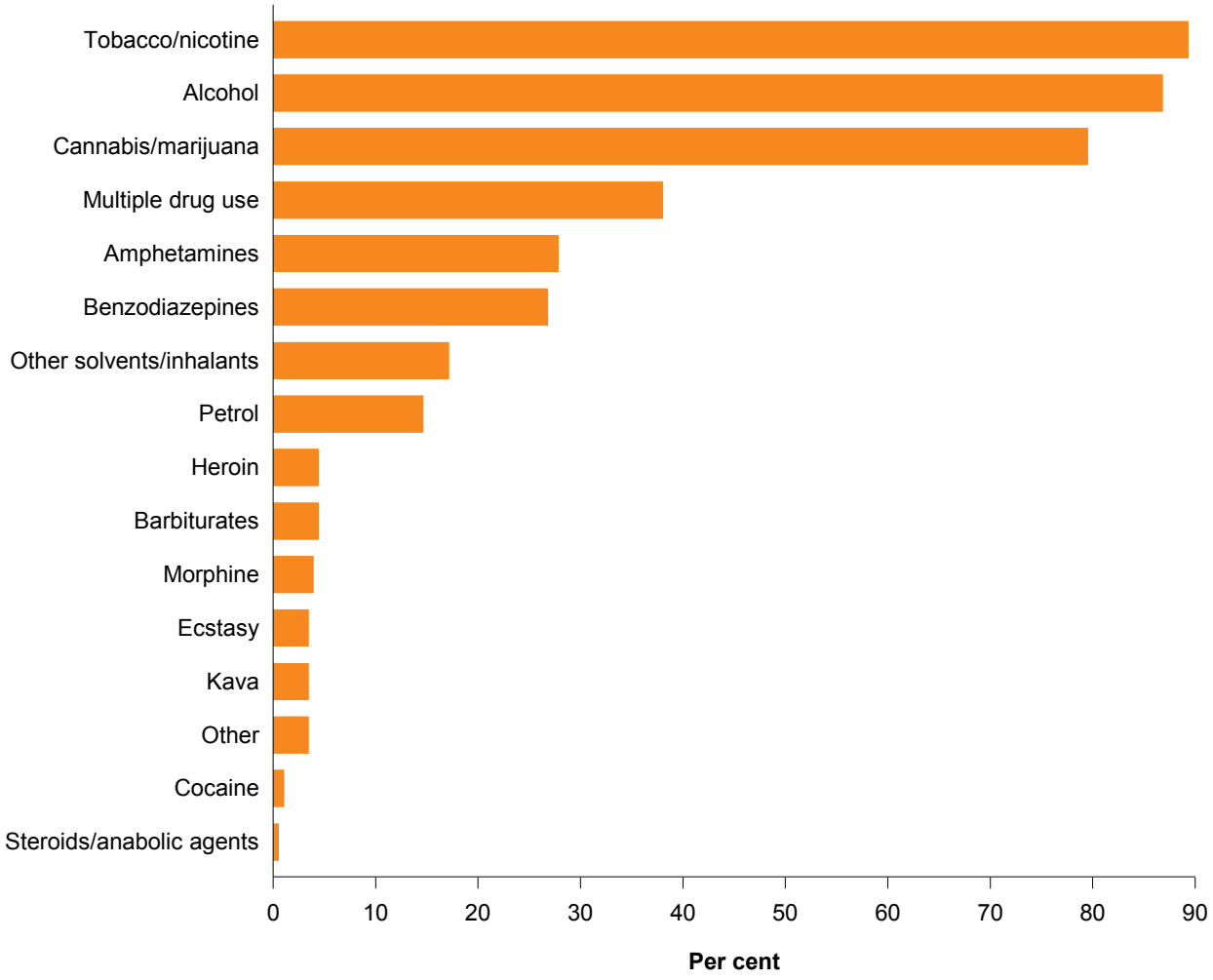


Note: Organisations were asked to select the most important SEWB issues in terms of staff time and organisational resources. Up to 5 issues could be selected.

Figure 3.19: Most important SEWB issues reported by primary health-care organisations, by type of issue, 2012–13

Substance-use

Tobacco or nicotine, alcohol, cannabis or marijuana, multiple drug use and amphetamines were the 5 most common substance-use issues reported by primary health-care organisations in terms of staff time and organisational resources (see Figure 3.20 and Table B20).



Note: Organisations were asked to select the most important substance-use issues in terms of staff time and organisational resources. Up to 5 issues could be selected.

Figure 3.20: Substance-use issues reported by primary health-care organisations, by type of issue, 2012–13

In dealing with substance-use issues, most organisations (162 or 79%) provided community education programs, three-quarters (75%) provided individual counselling and just under half (46%) provided tobacco control programs (see Figure 3.21 and Table B21).

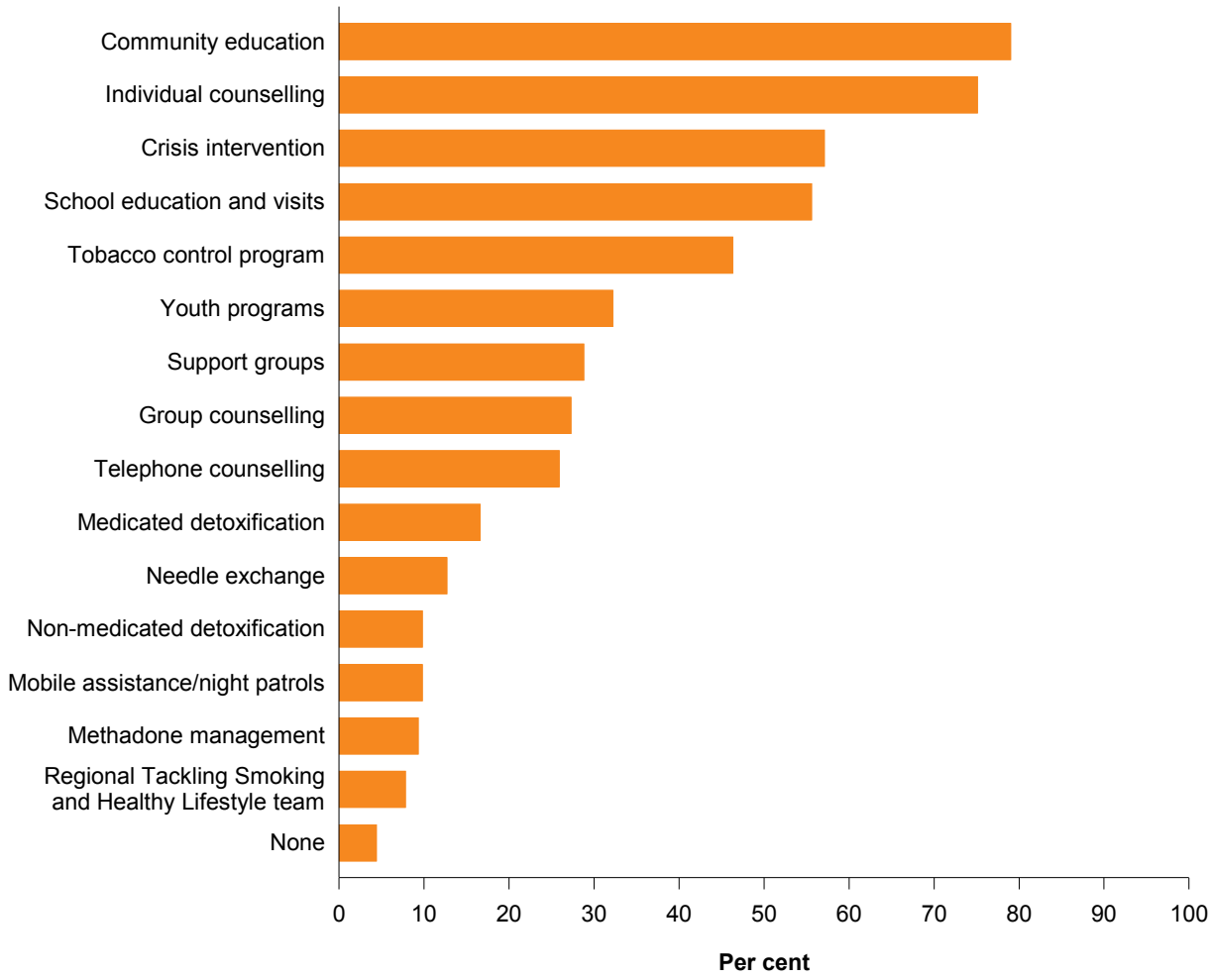


Figure 3.21: Substance-use programs and activities provided by primary health-care organisations, by type of program, 2012–13

Maternal and child health

In 2012–13, around 6,500 women were reported to have attended at least 1 routine antenatal care visit, of which 86% (5,600) were Indigenous women (see Figure 3.22 and Table B22). Around 1,700 (26%) women attended routine antenatal care visits at organisations in *Outer regional* areas and 1,400 (21%) at organisations in *Remote* areas.

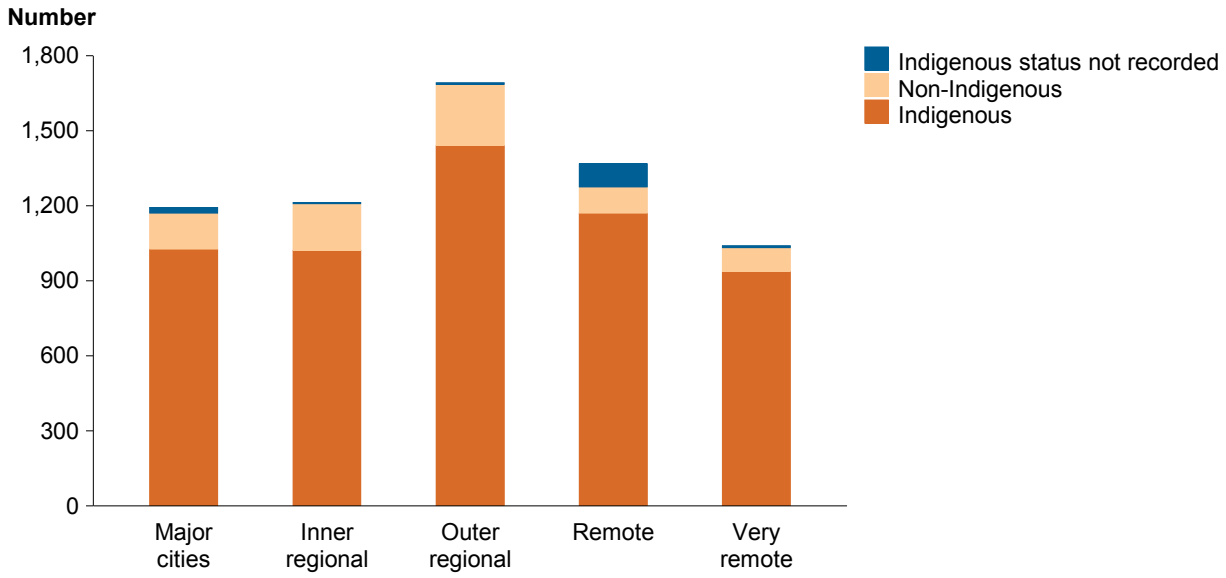


Figure 3.22: Women who attended at least 1 routine antenatal care visit, by Indigenous status and remoteness area, 2012–13

Around 28,700 routine antenatal care visits were reported, an average of just over 4 visits per woman. Of these, around 25,000 (86%) were visits made by Indigenous women, an average of 4.5 visits per woman. The highest number of visits were recorded at organisations in *Inner regional* areas (6,700 or 23%). Organisations in *Very remote* areas reported 5,000 (18%) visits, and of these, 94% were by Indigenous women (see Figure 3.23 and Table B23).

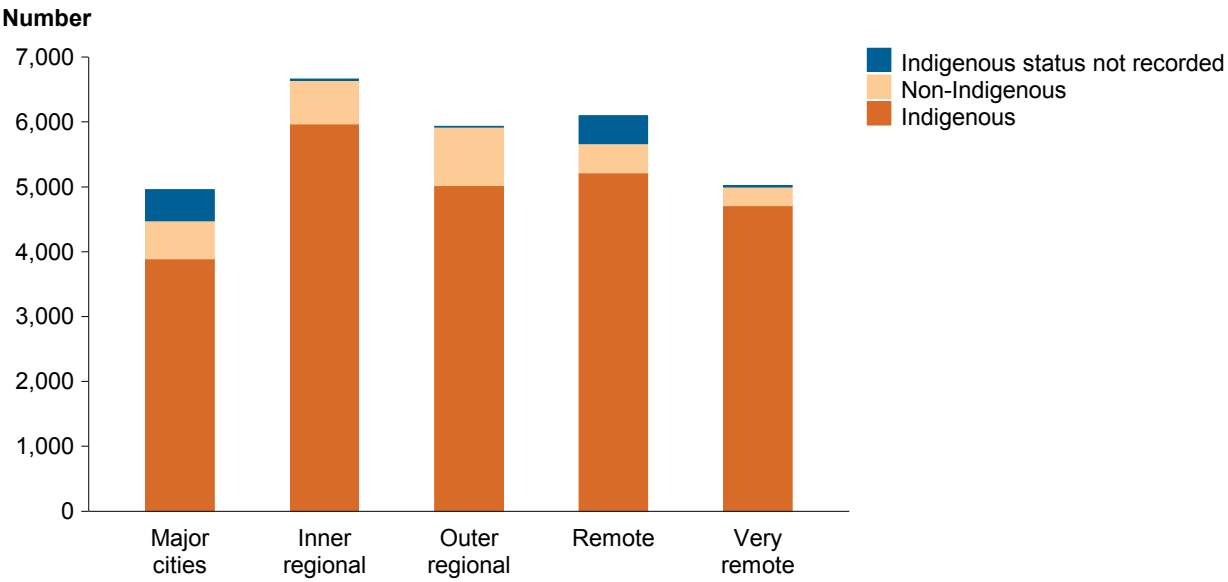


Figure 3.23 Number of routine antenatal care visits, by Indigenous status and remoteness area, 2012–13

4. Primary health-care sector analysis

As noted in Chapter 2, there are 3 types of governance arrangements: Aboriginal Community Controlled Health Organisations (ACCHOs), other non-government organisations and government organisations. In 2012–13, 141 (69%) primary health-care organisations identified as being ACCHOs, 20 (10%) were run by other non-government organisations, and 44 (21%) were government-run organisations. This chapter compares two types of governance arrangements—ACCHOs with 'Other' organisations. 'Other' organisations include both other non-government organisations and government-run organisations. These were combined due to the small number of other non-government organisations involved.

In 2012–13, most (170 or 83%) primary health-care organisations had a governing committee or board. Of these, most (87%) ACCHOs had board members who were all Indigenous. In around 17% of 'Other' organisations, more than 50% of board members were Indigenous; however 40% had no Indigenous board members (see Figure 4.1 and Table C1). The number of organisations accredited with either RACGP or organisational standards was higher for ACCHOs (91%) than 'Other' organisations (44%) (see Table C2).

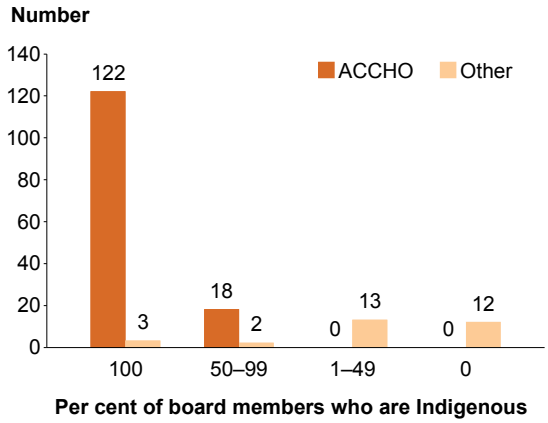


Figure 4.1 Primary health-care organisations, by sector and proportion of Indigenous board members, 2012–13

4.1 Service size

ACCHOs were generally larger than 'Other' organisations. For example, a higher proportion of ACCHOs (72%) had 1,000 or more clients compared with 'Other' organisations (40%). Just over one-third of 'Other' organisations had less than 500 clients compared with 15% of ACCHOs (see Figure 4.2 and Table C3).

ACCHOs were also more likely to have a doctor, and more likely to have more than one doctor. Just over one-third (37%) of 'Other' organisations did not have a doctor in 2012–13 compared with 5% of ACCHOs. Over half (57%) of 'Other' organisations had less than 1 FTE doctor compared with 42% of ACCHOs. Over half (53%) of ACCHOs had 1–<2 or 2 or more FTE doctors compared with 6% of 'Other' organisations (see Figure 4.3 and Table C4).

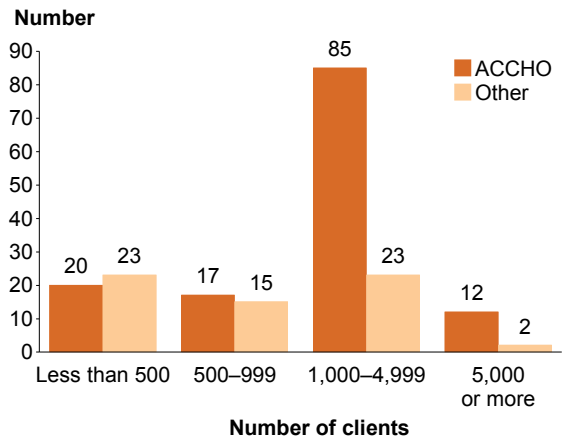


Figure 4.2: Primary health-care organisations, by service size (clients) and sector, 2012–13

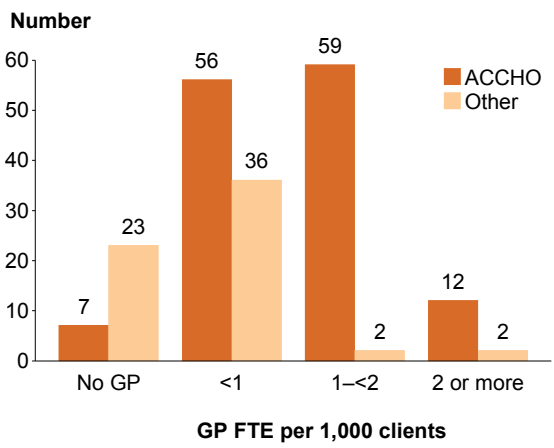


Figure 4.3: Primary health-care organisations, by GPs FTE per 1,000 clients and sector, 2012–13

4.2 Clients

There were more ACCHOs than 'Other' organisations in all remoteness areas except *Very remote* areas and in all jurisdictions except the Northern Territory (see Figure 4.4 and 4.6). This reflects the higher number of government-run organisations in the Northern Territory than in other jurisdictions. In 2012–13, 134 (95%) of ACCHOs reported client numbers and nearly all (63 or 98%) 'Other' organisations reported client numbers. ACCHOs provided primary health-care to around 316,000 clients and 'Other' organisations reported around 101,000 clients. Clients in *Inner regional* areas represented nearly one-quarter (23%) of all ACCHO clients and 11% of 'Other' organisations' clients, while clients in *Very remote* areas represented 15% of ACCHO clients and just over one-third (35%) of 'Other' organisations' clients (see Figure 4.5 and Table C5).

Most clients seen by both sectors were Indigenous. The proportion of non-Indigenous clients to Indigenous clients was higher in *Major cities* and lower in *Remote* and *Very remote* areas.

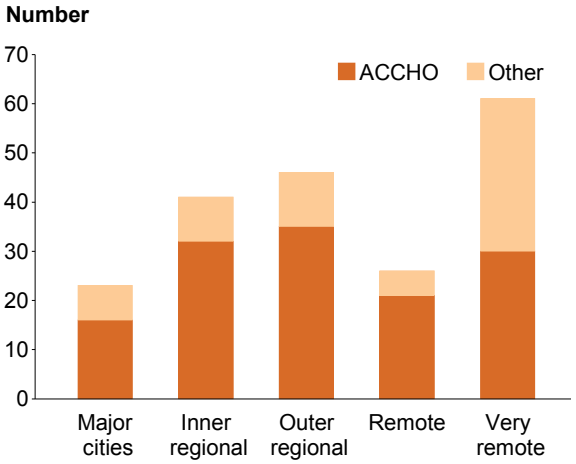


Figure 4.4: Primary health-care organisations, by sector and remoteness area, 2012–13

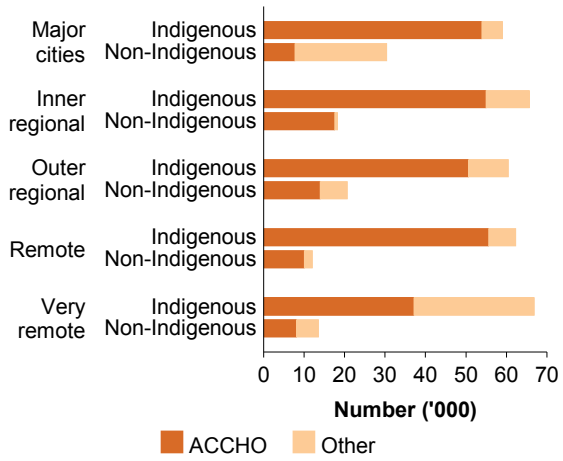


Figure 4.5: Primary health-care clients, by Indigenous status, sector and remoteness area, 2012–13

New South Wales and the Australian Capital Territory had the highest number of ACCHOs (see Table C6). They provided services to around 90,000 clients. Half (49%) of 'Other' organisations were in the Northern Territory and they reported around 31,000 clients. ACCHOs saw more Indigenous clients than 'Other' organisations in all jurisdictions. They also saw more non-Indigenous clients in most jurisdictions except in Western Australia, where most non-Indigenous clients were seen by 'Other' organisations (see Figure 4.6 and 4.7).

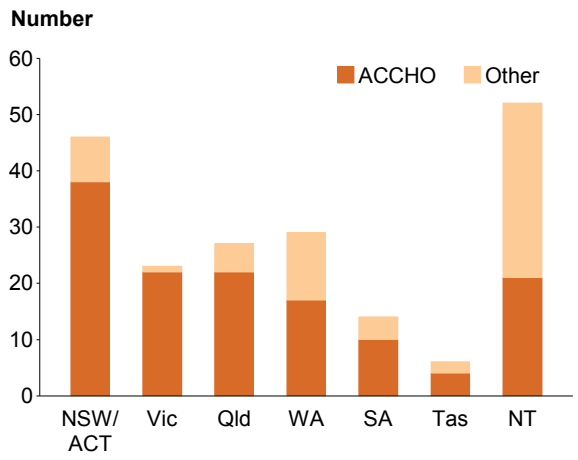


Figure 4.6: Primary health-care organisations, by sector and jurisdiction, 2012–13

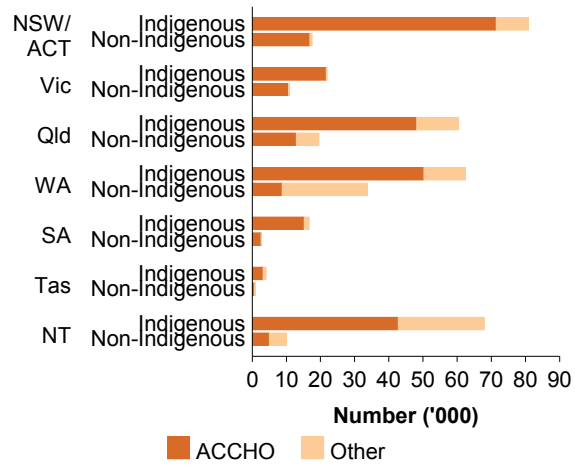


Figure 4.7: Primary health-care clients, by Indigenous status, sector and jurisdiction, 2012–13

Episodes of care

In 2012–13, ACCHOs provided around 2.4 million episodes of care and 'Other' organisations around 643,000 episodes of care. The distribution of episodes of care by remoteness area among ACCHOs was fairly even. Half (50%) of 'Other' organisations episodes of care were provided in *Very remote* areas (see Figure 4.8 and Table C7).

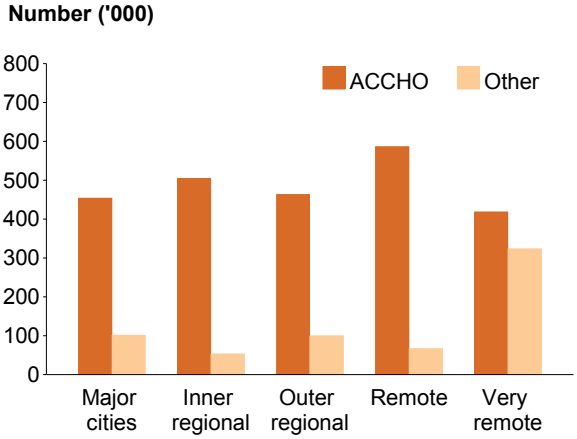
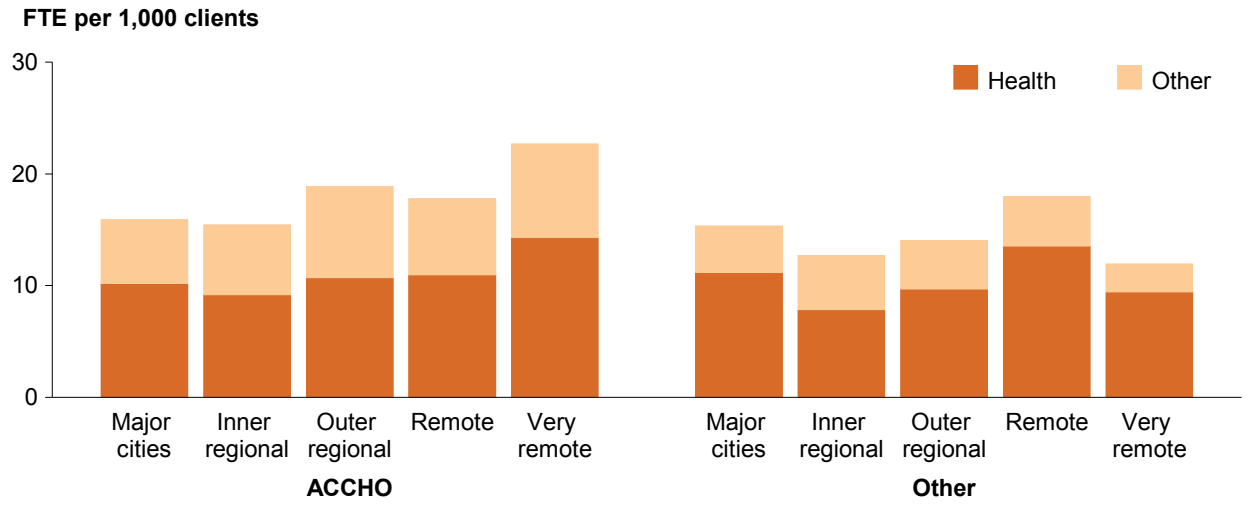


Figure 4.8: Primary health-care organisations episodes of care, by sector and remoteness area, 2012–13

4.3 Staffing

In 2012–13, ACCHOs had more staff compared with 'Other' organisations. In *Very remote* areas, ACCHOs had around 22 FTE staff per 1,000 clients, while 'Other' organisations had around 12 FTE per 1,000 clients. ACCHOs in *Outer regional* areas had around 19 FTE staff per 1,000 clients, while 'Other' organisations had around 14 FTE staff (see Figure 4.9 and Table C8). This may in part reflect differences in administrative arrangements between ACCHOs and 'Other' organisations. Individual ACCHOs may have more staff related to the management of their human resources, financial systems and board, while government-run organisations may be more centrally supported.



Note: See Appendix H for a list of positions included for health and other roles.

Figure 4.9: Number of FTE staff per 1,000 clients, by position type, sector and remoteness area, 2012–13

ACCHOs had more doctors (ranging from 1.0 FTE to 1.2 FTE per 1,000 clients) by remoteness area than 'Other' organisations (ranging from zero FTE to 0.7 FTE per 1,000 clients) (see Figure 4.10 and Table C9).

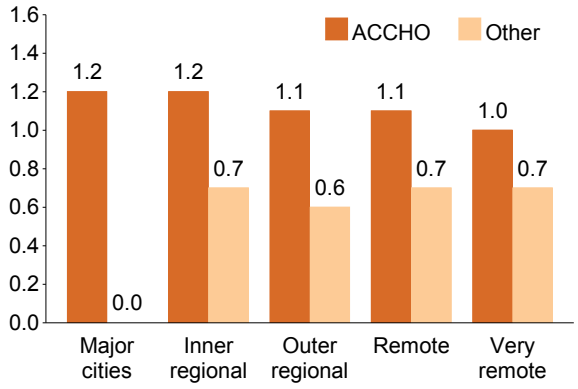


Figure 4.10: Number of FTE doctors per 1,000 clients, by sector and remoteness area, 2012–13

ACCHOs reported more staff vacancies than 'Other' organisations in all areas except *Outer regional* areas. Around 2.1 FTE vacancies per 1,000 clients were reported by ACCHOs in *Very remote* areas and 1.5 in *Remote* areas. 'Other' organisations reported 1.6 FTE and 1.2 FTE vacancies per 1,000 clients in these areas respectively (see Figure 4.11 and Table C10). The ratio of health vacancies to filled health positions was also higher for ACCHOs (6.8%) than for 'Other' organisations (3.6%) (see Table C11).

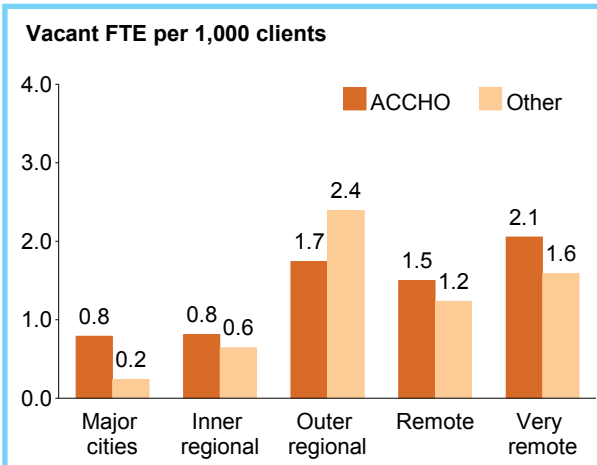
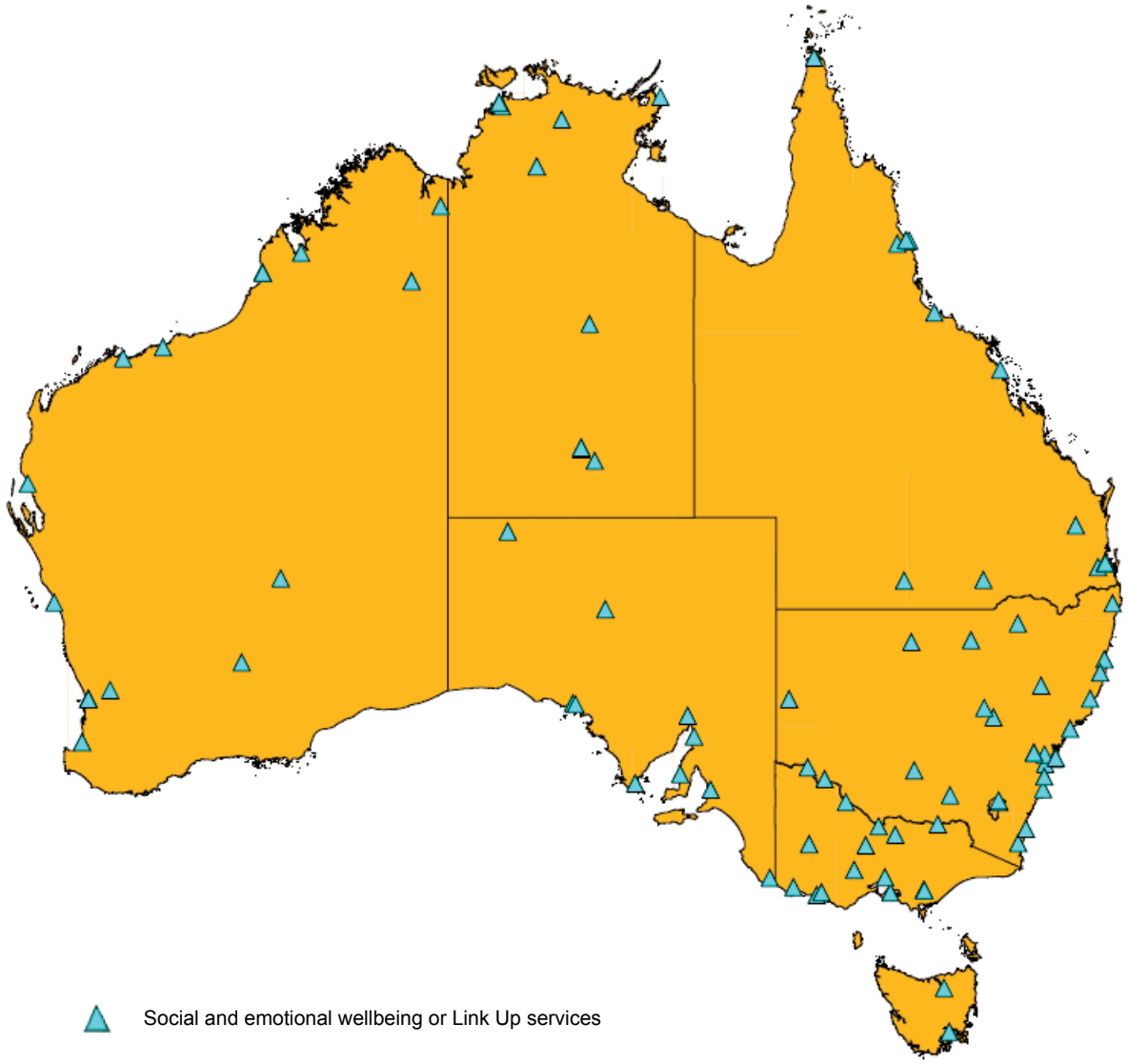


Figure 4.11: Staff vacancies per 1,000 clients, by sector and remoteness area, 2012–13

5. Social and emotional wellbeing or Link Up counselling organisations

This chapter reports on Australian Government-funded Indigenous-specific organisations providing social and emotional wellbeing (SEWB) or Link Up counselling services. It includes information on the number of counsellors involved and their qualifications, client numbers and contacts, and the types of services provided. In 2012–13, there were 98 organisations funded by the Australian Government to provide SEWB or Link Up counselling services. These organisations were located across all jurisdictions (see Figure 5.1). Just over one-quarter (27%) of organisations were in New South Wales and the Australian Capital Territory, and 17% were in both Victoria and Queensland (see Table D1).



Source: AIHW OSR data collection.

Figure 5.1: Distribution of organisations providing SEWB or Link Up counselling services, 2012–13

Organisations in *Major cities*, *Inner regional* and *Outer regional* areas made up 70% of organisations providing SEWB or Link Up counselling services (see Figure 5.2 and Table D2).

All SEWB or Link Up services had a board and most (85%) had all Indigenous board members (see Table D3).

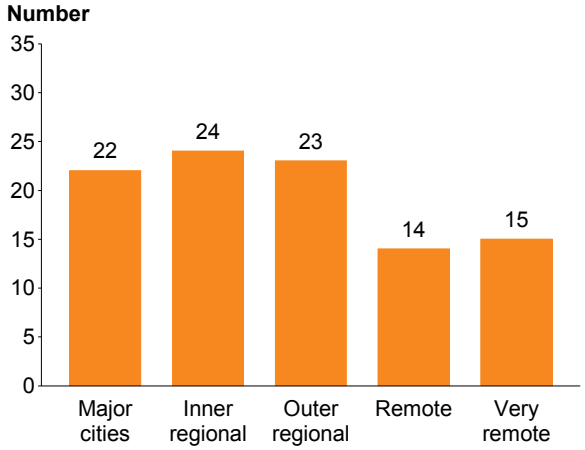


Figure 5.2: Number of SEWB or Link Up counselling organisations, by remoteness area, 2012–13

5.1 Counsellors

There were 186 counsellors providing SEWB or Link Up counselling services. Nearly two-thirds of these (64% or 119) were Indigenous (see Figure 5.3 and Table D4). One-third of Indigenous counsellors (33%) worked in *Inner regional* areas and one-quarter (25%) in *Major cities*.

One-quarter (24%) of counsellor positions were in New South Wales and the Australian Capital Territory combined (see Table D5). Over half the organisations providing SEWB or Link Up counselling services had 1 counsellor position (59%), and around 1 in 5 had 2 (19%) or 3 or more (22%) positions (see Table D6).

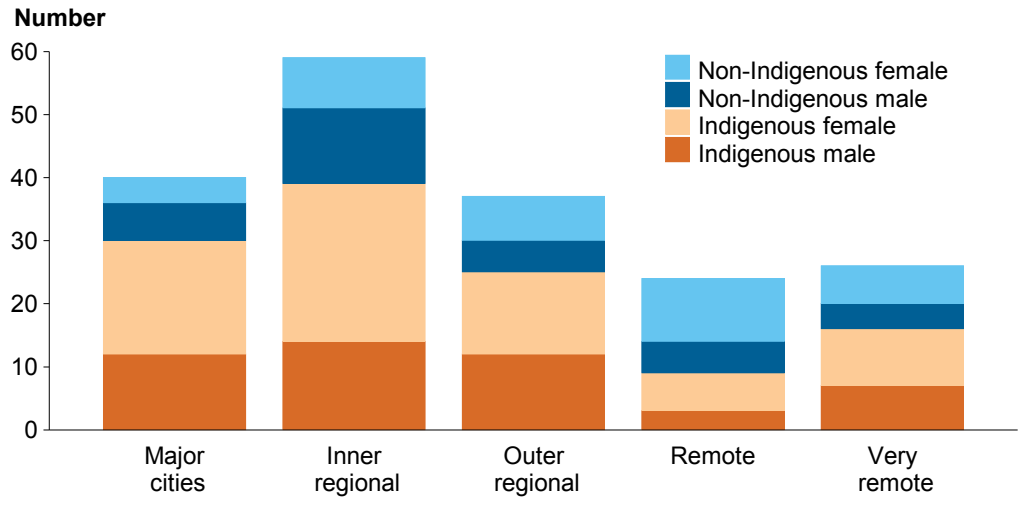


Figure 5.3: Number of counsellors, by Indigenous status, sex and remoteness area, as at 30 June 2013

Most counsellors (85%) had a certificate level qualification or higher. Over one-third (38%) had a bachelor's degree or higher qualification and one-quarter (24%) a diploma-level qualification. Most counsellors in *Outer regional* (95%) and *Very remote* areas (92%) had a certificate-level qualification or higher (see Figure 5.4 and Table D7). Psychology and social work were the most common fields of study for a bachelor's degree or higher qualification. Aboriginal and Torres Strait Islander studies and counselling were the 2 most common subjects for counsellors with a diploma-level qualification.

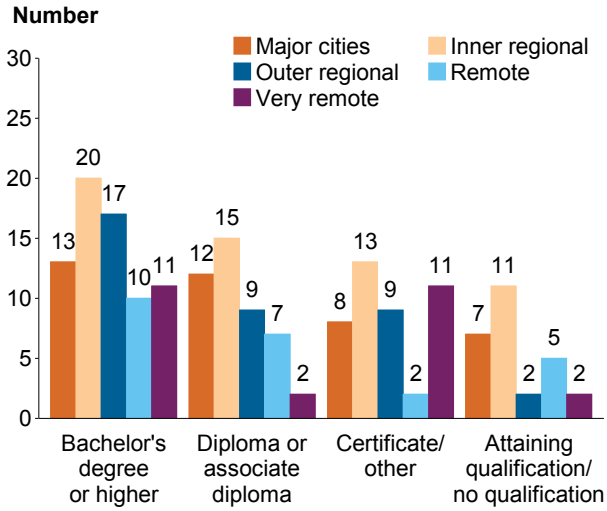


Figure 5.4: Number of counsellors, by highest level of qualification and remoteness area, as at 30 June 2013

Half (52%) of all organisations had counsellors who undertook a total of 104 formal training courses in 2012–13 (see Figure 5.5 and Table D8). Most organisations (72%) provided professional supervision to counsellors (see Table D9). In two-thirds of these organisations (66%) supervision was for less than half an hour per week (see Table D10 and D11). Most organisations provided various kinds of support to counsellors, with the most common including case counselling, debriefing, peer support (through work colleagues), counsellor network meetings and telephone support (see Table D12 and D13).

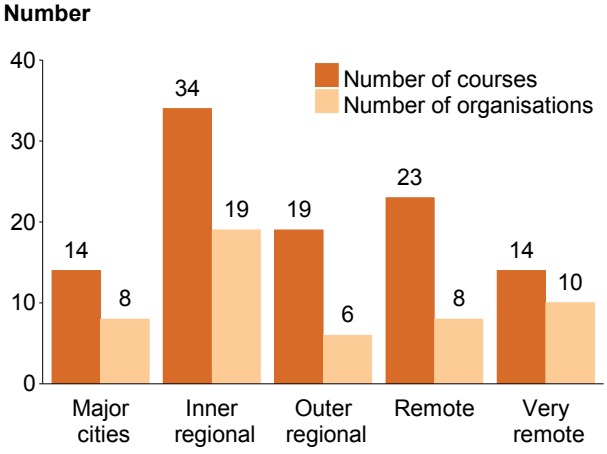


Figure 5.5: Number of formal training courses undertaken by counsellors, by remoteness area, 2012–13

SEWB or Link Up organisations reported 32 vacant counsellor positions. Of these, 10 (31%) were in *Major cities*, 8 (25%) in *Remote* areas and 7 (22%) in *Outer regional* areas (see Figure 5.6 and Table D14).

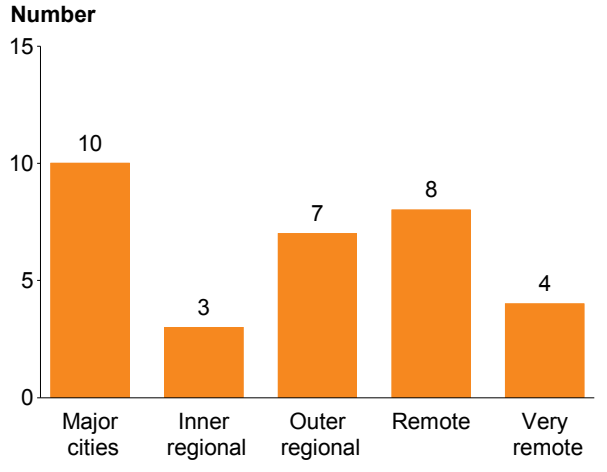
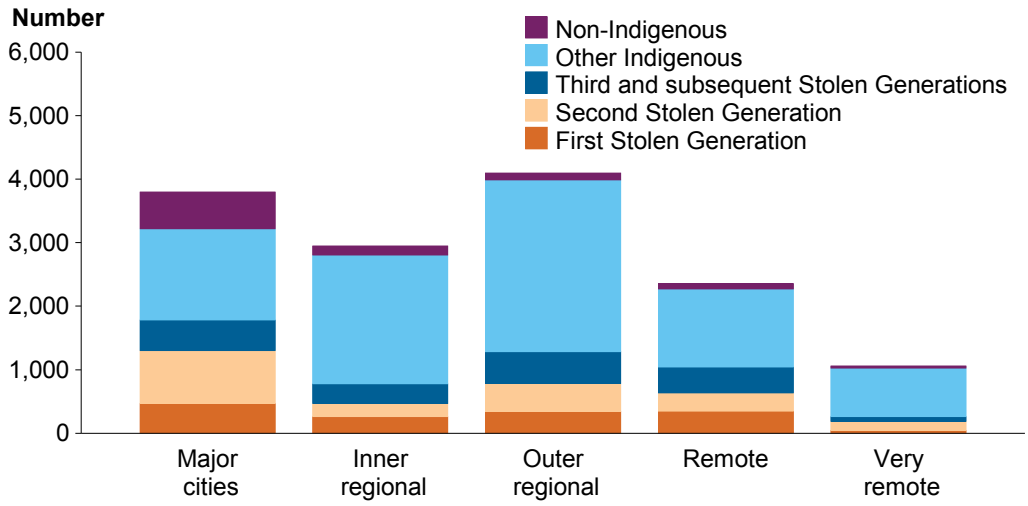


Figure 5.6: Number of vacant counsellor positions, by remoteness area, as at 30 June 2013

5.2 Clients

In 2012–13, around 17,700 clients received SEWB or Link Up counselling services. Of these, 1,500 (8%) were first Stolen Generation clients (those who were removed from their families and communities) and 2,200 (13%) were second Stolen Generation clients (those whose parents were first Stolen Generation members). Nearly half (47%) of clients were Indigenous clients other than first, second, third or subsequent Stolen Generation clients. There were also a small number (5%) of non-Indigenous clients (see Figure 5.7 and Table D15).

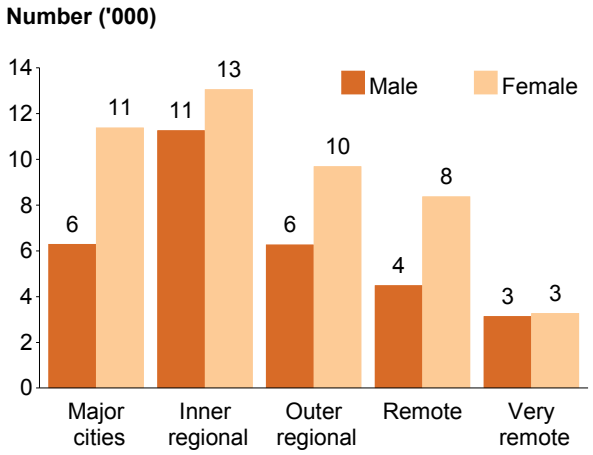


Note: Excludes clients whose Indigenous status was unknown.

Figure 5.7: Clients, by Indigenous status, Stolen Generation and remoteness area, 2012–13

Client contacts

SEWB or Link Up counselling organisations provided around 89,100 contacts to clients, an average of 5 contacts for each client. One-quarter of contacts (21,300 or 24%) were in *Major cities* and 26,400 (27%) in *Inner regional* areas (see Figure 5.8 and Table D16).



Note: Excludes contacts where the sex of the client was unknown.

Figure 5.8: Client contacts, by sex and remoteness area, 2012–13

5.3 Services provided

In 2012–13, 64 organisations funded for SEWB services ran group activities. Of these, 49 (77%) ran community-based education and prevention groups, 42 (66%) ran cultural groups and 36 (56%) ran counselling groups (see Figure 5.9 and Table D17).

SEWB counsellors spent on average around half (52%) of their work time working directly with individual clients providing counselling, support and advocacy. Other work time was spent doing administration (13%), working with groups (12%) and with outreach and travel (11%) (see Table D18).

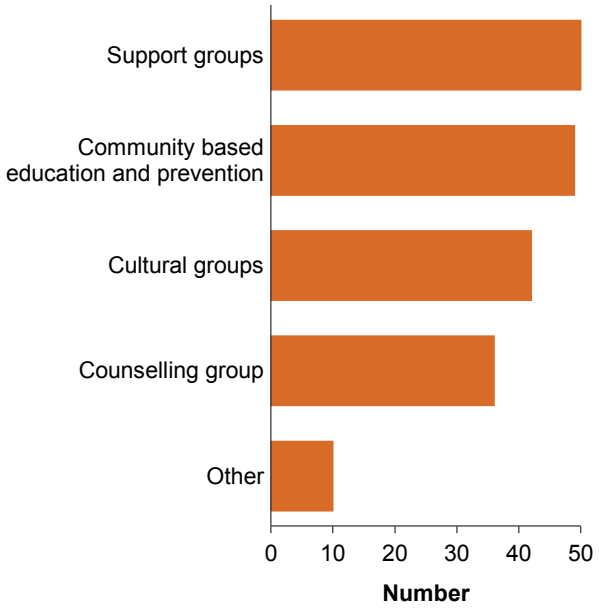
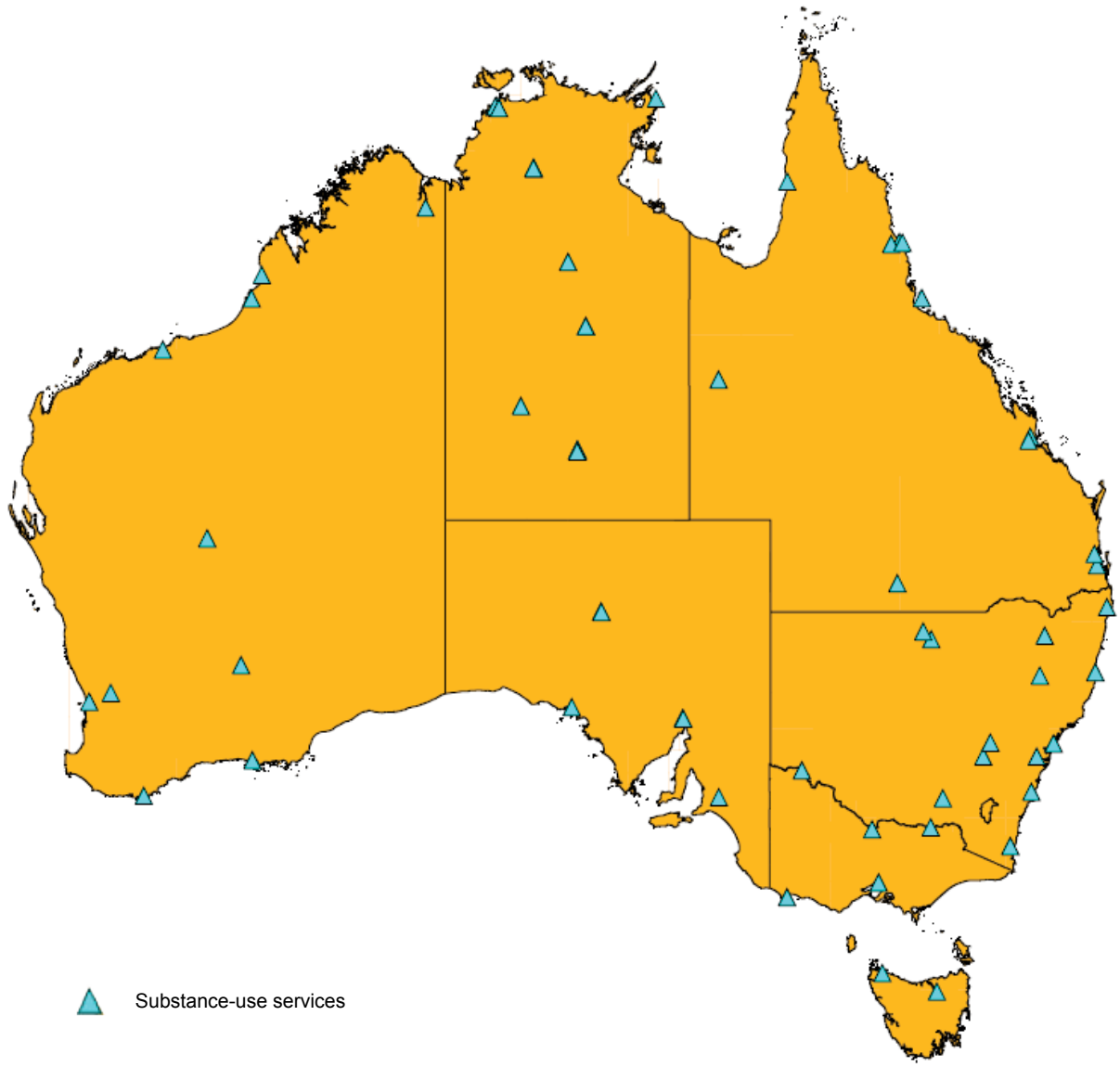


Figure 5.9: Number of SEWB organisations providing selected group activities, 2012–13

6. Substance-use organisations

This chapter reports on Australian Government-funded Indigenous-specific organisations providing substance-use services. It includes information on the types of substance-use issues dealt with; treatment and assistance programs provided; and client numbers, episodes of care and referral sources. In 2012–13, there were 63 organisations funded by the Australian Government to provide substance-use services to Aboriginal and Torres Strait Islander people. One-quarter (25% or 16) of organisations were located in the Northern Territory and just over one-fifth (22% or 14) in New South Wales (see Figure 6.1 and Table E1).



Source: AIHW OSR data collection.

Figure 6.1: Distribution of organisations providing substance-use services, 2012–13

The distribution of organisations by remoteness area was fairly even, although a higher number of organisations (16 or 25%) were located in *Very remote* areas (see Figure 6.2 and Table E2).

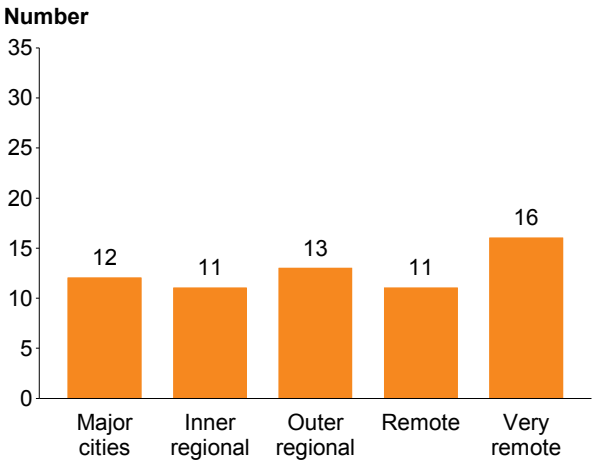


Figure 6.2: Number of substance-use organisations, by remoteness area, 2012–13

6.1 Substance-use issues

Alcohol, cannabis or marijuana, tobacco or nicotine, multiple drug use and amphetamines were the 5 most common substance-use issues reported by substance-use services in terms of staff time and resources (see Figure 6.3 and Table E3).

All organisations reported alcohol as one of the most common substance-use issues and nearly all (97% or 61) reported cannabis and marijuana (Table E4).

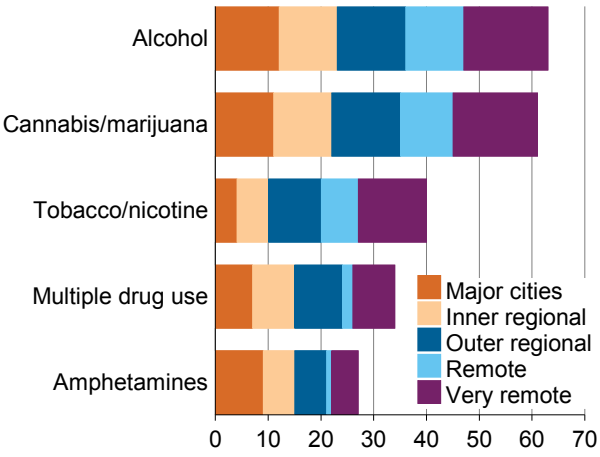


Figure 6.3: Number of substance-use organisations, by common substance-use issues reported and remoteness area, 2012–13

Depression and hopelessness was reported by most (86% or 54) organisations as a common SEWB issue in terms of staff time and organisational resources. Most (78% or 49) organisations also reported family or relationship issues as 1 of the most important issues (see Figure 6.4 and Table E5).

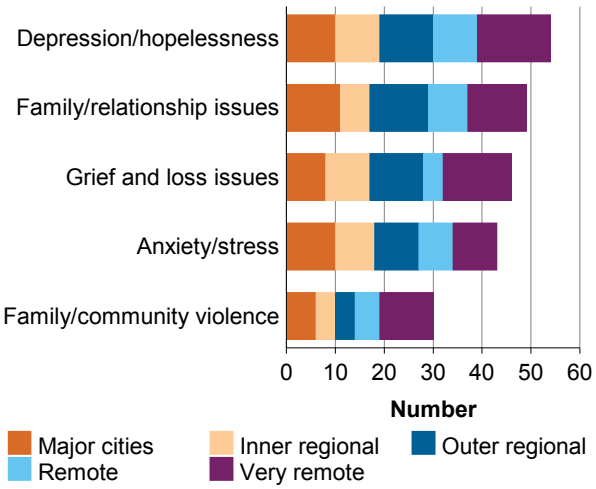


Figure 6.4: Number of substance-use organisations, by common SEWB issues reported and remoteness area, 2012–13

6.2 Services provided

Substance-use services provide treatment and assistance though residential treatment and rehabilitation programs, sobering up, residential respite or short-term care and non-residential counselling and rehabilitation programs. A residential service offers temporary live-in accommodation for clients requiring formal substance-use treatment and rehabilitation. Sobering up, residential respite or short-term care provide overnight and short-term (1–7 days) care in residential settings, however clients do not receive formal rehabilitation. A non-residential service offers treatment, rehabilitation and education without the option of residing in-house.

In 2012–13, most (59 or 94%) substance-use services provided non-residential, follow-up or after-care services (including mobile/night patrol, after-care and outreach services). Twenty-seven (43%) provided residential treatment services and one-quarter (15 or 24%) provided sobering up or residential respite services (see Figure 6.5 and Table E6).

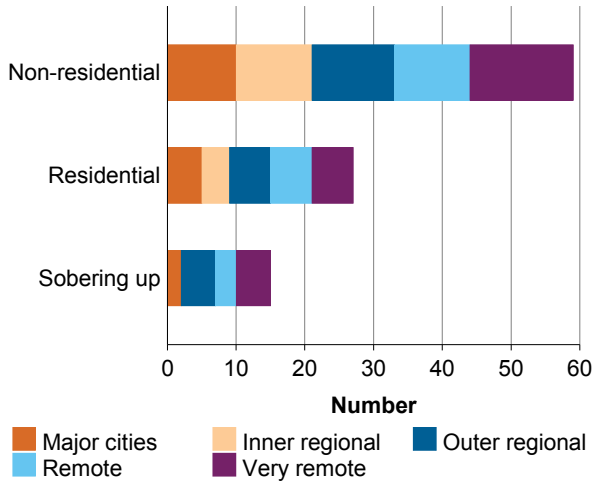


Figure 6.5: Number of substance-use organisations, by type of service provided and remoteness area, 2012–13

Various primary treatment models were used by alcohol and drug counsellors. The 3 main methods were harm reduction (33%), controlled or minimise substance misuse (30%) and abstinence from substances altogether (16%) (see Table E8). Information and education (98%), counselling (95%) and support and case management (94%) were the most common treatment types used (see Figure 6.6 and Table E9).

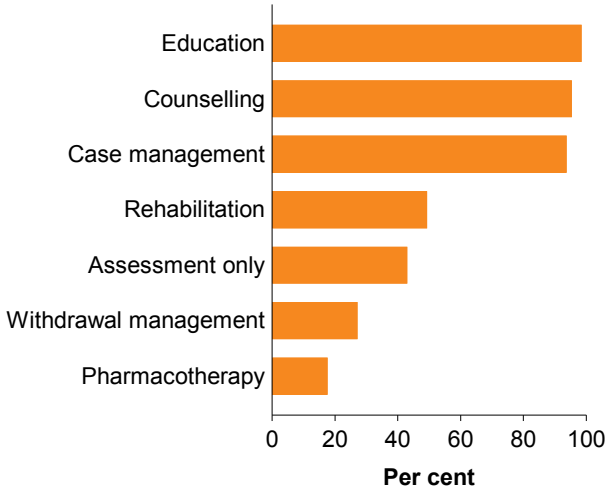


Figure 6.6: Percentage of substance-use organisations, by type of treatments used, 2012–13

6.3 Clients

In 2012–13, 60 (95%) organisations providing substance-use services reported around 50,000 clients across all locations and types of services (see Figure 6.7). This is a large (53%) increase from 2011–12 (around 33,000 clients) and is mainly due to a few organisations with a large client base, who did not report in 2011–12, reporting data from 2012–13.

Organisations in *Remote* areas provided substance-use services to around 15,000 (30%) clients. Around 13,000 (27%) clients were reported by organisations in *Outer regional* areas (see Figure 6.7 and Table E10).

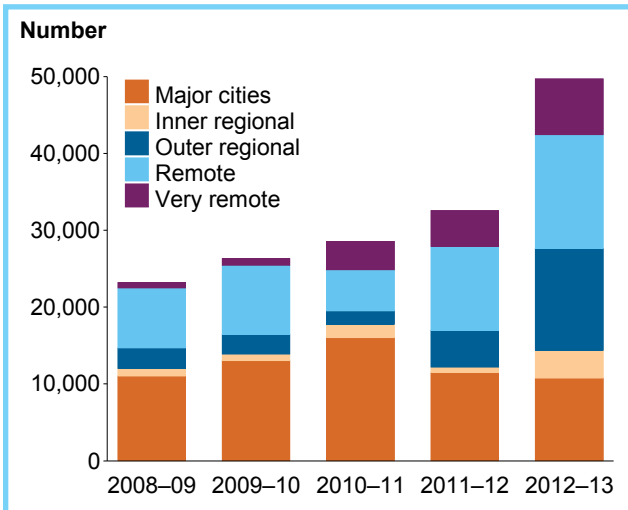


Figure 6.7: Number of substance-use clients, by remoteness area, 2008–09 to 2012–13

The 27 (43%) organisations providing residential treatment and rehabilitation services reported around 2,700 clients. Three-quarters of these services (74%) had a waiting list and a total of 614 people were reported to be waiting for services as at 30 June 2013. The 9 (14%) organisations providing sobering up, residential respite or short-term care reported around 5,100 clients; and the 50 (79%) organisations providing non-residential, follow-up or after care reported around 39,000 clients (see Figure 6.8 and Table E11).

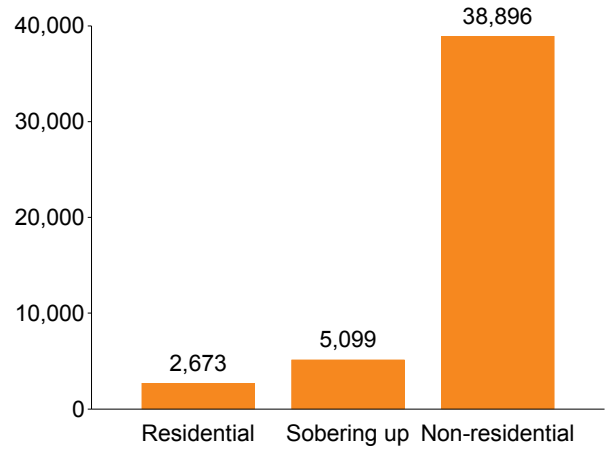


Figure 6.8: Number of substance-use clients, by type of service, 2012–13

Episodes of care

In 2012–13, around 305,000 substance-use episodes of care were reported. This is a large increase from previous years. There were 5 organisations with a large client base that began reporting in 2012–13 that dramatically affected this trend in episodes of care, especially for non-residential, follow-up and after-care services. Non-residential services often involve multiple episodes of care, which may increase the total count significantly. If episodes of care for these 5 organisations were excluded, the total episodes of care would be around 113,300, much closer to the numbers reported in previous years (68,000 in 2008–09, 76,000 in 2009–10, 94,000 in 2010–11 and 74,000 in 2011–12). The increase may also be partly due to improvements in data recording and management (see Figure 6.9 and Table E12).

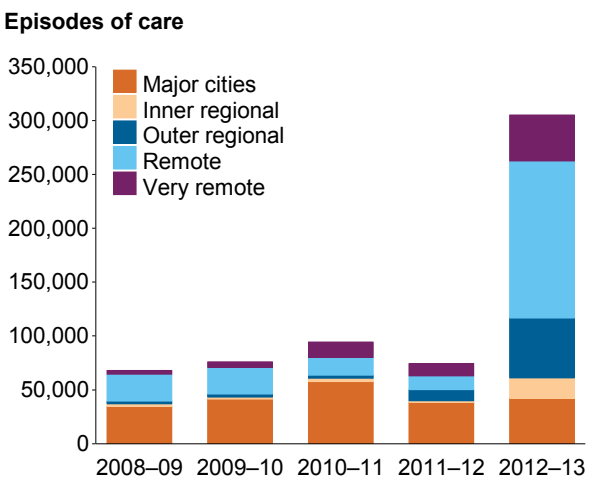


Figure 6.9: Substance-use episodes of care, by remoteness area, 2008–09 to 2012–13

Of the 27 organisations providing residential treatment and rehabilitation services, 23 (85%) provided episodes of care data. These organisations reported just over 2,600 episode of care (see Figure 6.10).

Of the 15 organisations providing sobering up, residential respite or short-term care, 9 (60%) provided episodes of care data. These organisations provided around 24,000 episodes of care. On average, each client received around 5 episodes of care.

Of the 59 organisations providing non-residential, follow-up or after-care services, 49 (83%) provided episodes of care data. These organisations reported around 278,000 episodes of care. On average, each client received 7 episodes of care (see Table E13).

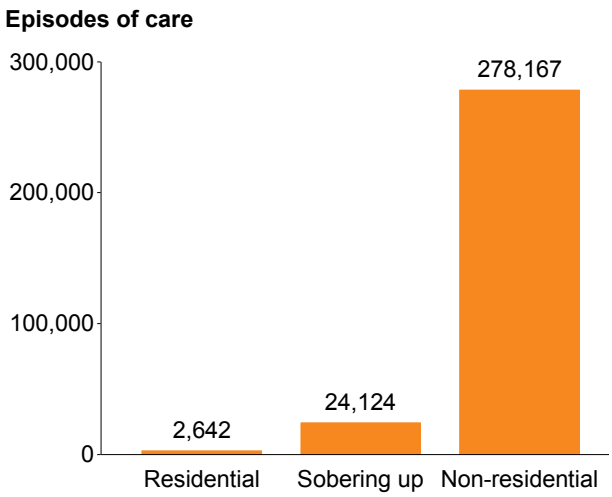


Figure 6.10: Substance-use episodes of care, by type of service, 2012–13

Referrals

Substance-use clients are referred from a variety of sources. In 2012–13, most (92%) organisations had clients who walked in or referred themselves, or were referred by a family member, elder or friend. Many also had clients referred by mental health services (81%) and Aboriginal medical services (79%) (see Figure 6.11 and Table E14).

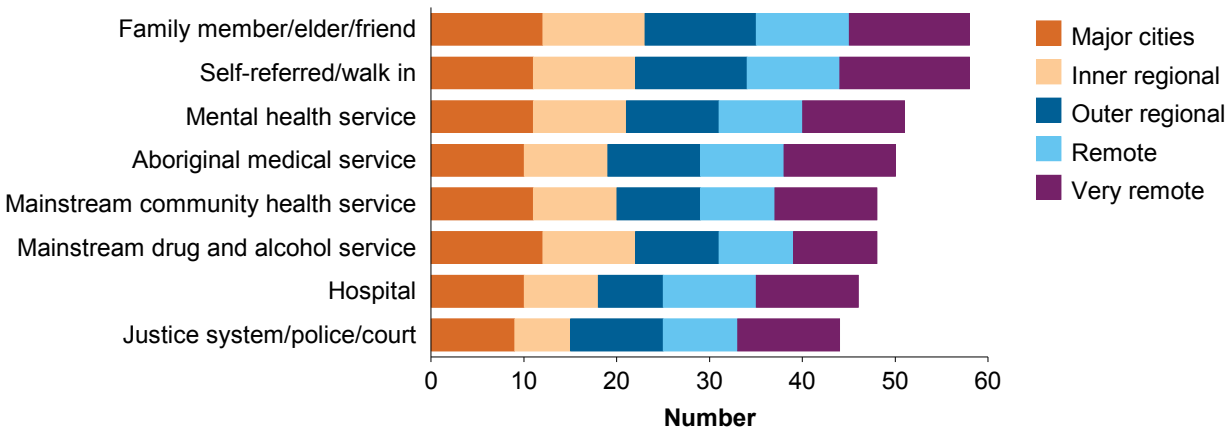


Figure 6.11: Number of substance-use organisations receiving referred clients, by referral source and remoteness area, 2012–13

7. Service gaps and challenges

This chapter discusses the service gaps and challenges reported by organisations. Organisations could identify up to 5 health service gaps and 5 health service challenges faced by the Aboriginal and Torres Strait Islander communities they serve.

7.1 Health service gaps

The most common service gap reported by all organisations was around mental health and social and emotional health and wellbeing (62% of organisations). This was higher in substance-use only (76%) and SEWB or Link Up only services (100%). Nearly half of all organisations reported alcohol, tobacco and other drugs (48%) and youth services (47%) as a service gap (see Table 7.1). Prevention and early detection of chronic disease was reported as a gap by 45% of organisations and dental services by 43%. Environmental health services (including housing) were reported by 41% of organisations. This was higher in substance-use only (58%) and SEWB or Link Up only services (50%), as well as in primary health-care services located in *Remote* areas (48%) (see Table B24). Access to health services (including transport) was reported by nearly one-third of organisations (30%), but again was higher in substance-use only (53%) and SEWB or Link Up only services (50%). Services to support healthy ageing were reported as a gap by nearly one-third (32%) of primary health-care organisations, but by nearly half of primary health-care organisations in *Very remote* areas (46%).

Table 7.1: Health service gaps, by type of organisation, 2012–13

Service gaps	Primary health only	Primary health and SEWB or Link Up	All primary health	Substance-use only	All substance-use	SEWB or Link Up only	All SEWB or Link Up	All services
				Per cent				
Mental health/social and emotional health and wellbeing	56.1	56.5	56.6	76.3	69.8	100.0	62.2	61.9
Alcohol, tobacco and other drugs	50.9	43.5	47.3	52.6	47.6	50.0	44.9	48.1
Youth services	47.4	53.6	50.2	31.6	42.9	35.7	53.1	47.3
Prevention/early detection of chronic disease	46.5	50.7	45.4	50.0	38.1	42.9	44.9	45.4
Dental services	43.9	43.5	46.3	36.8	46.0	21.4	40.8	43.1
Environmental health services (including housing)	41.2	31.9	37.6	57.9	47.6	50.0	35.7	40.8
Early childhood development and family support	32.5	27.5	29.8	23.7	27.0	35.7	29.6	30.0
Services to support healthy ageing	33.3	24.6	32.2	15.8	28.6	28.6	28.6	29.6
Access to health services (including transport)	28.9	21.7	24.4	52.6	34.9	50.0	24.5	29.6
Nutrition services (including lack of access to affordable healthy food)	23.7	24.6	24.4	42.1	34.9	21.4	24.5	26.5
Maternal and child health	22.8	27.5	23.4	15.8	15.9	14.3	23.5	21.9
Disability services	20.2	24.6	22.0	21.1	22.2	14.3	22.4	21.5
Palliative care	13.2	30.4	21.0	5.3	15.9	7.1	26.5	18.1
Treatment of injury and illness	14.0	8.7	10.7	5.3	3.2	7.1	7.1	9.6
Pharmacy services	7.9	8.7	8.3	5.3	6.3	—	7.1	7.3
Other	6.1	8.7	7.8	—	4.8	7.1	8.2	6.5
Total (number)	**114**	**69**	**205**	**38**	**63**	**14**	**98**	**260**

Note: Organisations were asked to select the top 5 health service gaps faced by the community they served.

Source: AIHW OSR data collection, 2012–13.

7.2 Key challenges

Issues around staffing, rather than access to services or organisation administration, were the most common challenges reported by organisations in providing quality care to their clients. Over two-thirds (70%) of organisations reported the recruitment, training and support of Aboriginal and Torres Strait Islander staff as a key challenge (see Table 7.2). This was higher in substance-use only services (87%) and in primary health-care organisations in *Remote* areas (78%).

The overall number of staff (staffing levels) was also seen as a challenge by a large number of organisations (58%). This was higher in SEWB or Link Up only services (86%). Around half (52%) of organisations reported staff retention and turnover as a challenge. This was higher in primary health-care organisations in *Very remote* areas (70%) (see Table B25).

Table 7.2: Key challenges to providing quality health services, by type of organisation, 2012–13

	Primary health only	Primary health and SEWB or Link Up	All primary health-care	Substance-use only	All substance-use	SEWB or Link Up only	All SEWB or Link Up	All services
Health service challenges				**Per cent**				
Recruitment, training and support of Aboriginal and Torres Strait Islander staff	69.3	66.7	68.3	86.8	77.8	64.3	66.3	70.4
Staffing levels	62.3	52.2	56.6	52.6	49.2	85.7	57.1	57.7
Staff retention/ turnover	55.3	47.8	52.2	47.4	47.6	57.1	49.0	51.5
Appropriate health service infrastructure	45.6	50.7	47.3	26.3	31.7	—	41.8	41.2
Coordination of clinical care with other providers (e.g. hospitals)	42.1	39.1	40.5	50.0	44.4	21.4	36.7	40.8
Access to specialist medical services	41.2	37.7	39.0	44.7	39.7	14.3	32.7	38.5
Staff housing	37.7	30.4	36.6	31.6	39.7	21.4	32.7	35.4
Information technology	32.5	37.7	34.6	21.1	27.0	28.6	36.7	32.3
Access to allied health services	36.0	30.4	33.7	18.4	22.2	28.6	29.6	30.8
Provision of care in a cross-cultural environment	19.3	17.4	17.6	23.7	17.5	14.3	16.3	18.1
Corporate services/ administration	8.8	10.1	9.8	10.5	14.3	28.6	16.3	11.5
Availability/ maintenance of equipment	8.8	10.1	9.3	23.7	17.5	7.1	9.2	11.2
Financial management	9.6	13.0	11.2	—	6.3	—	11.2	9.2
Total (number)	**114**	**69**	**205**	**38**	**63**	**14**	**98**	**260**

Note: Organisations were asked to select the top 5 challenges they faced in delivering quality health services.

Source: AIHW OSR data collection, 2012–13.

Appendix A: Tables for Chapter 2—organisation profile

This appendix provides statistical tables for the organisation profile analysis in Chapter 2.

Table A1: Number of organisations, by jurisdiction and remoteness area, 2012–13

	Major cities	Inner regional	Outer regional	Remote	Very remote	Total
NSW/ACT	15	24	15	4	3	61
Vic	5	10	11	0	0	26
Qld	9	10	9	3	7	38
WA	10	2	7	11	11	41
SA	2	1	6	1	9	19
Tas	0	5	3	0	2	10
NT	0	0	5	17	43	65
Total	**41**	**52**	**56**	**36**	**75**	**260**

Source: AIHW analyses of OSR data collection, 2012–13.

Table A2: Number of organisations, by number of sites, 2012–13

Sites	Number	Per cent
1	216	83.1
2	22	8.5
3	7	2.7
4	4	1.5
5 or more	11	4.2
Total	**260**	**100.0**

Source: AIHW analyses of OSR data collection, 2012–13.

Table A3: Number of organisations, by type of governance arrangement and jurisdiction, 2012–13

Governance arrangement	NSW/ACT	Vic	Qld	WA	SA	Tas	NT	Total
Aboriginal Community Controlled Health Organisation	49	25	30	22	12	6	31	175
Other non-government	10	1	6	13	1	3	4	38
Government	2	0	2	6	6	1	30	47
Total	**61**	**26**	**38**	**41**	**19**	**10**	**65**	**260**

Source: AIHW analyses of OSR data collection, 2012–13.

Table A4: Number of organisations, by type of governance arrangement and remoteness area, 2012–13

Governance arrangement	Major cities	Inner regional	Outer regional	Remote	Very remote	Total
Aboriginal Community Controlled Health Organisation	29	38	43	26	39	175
Government	0	3	6	4	34	47
Other non-government	12	11	7	6	2	38
Total	**41**	**52**	**56**	**36**	**75**	**260**

Source: AIHW analyses of OSR data collection, 2012–13.

Table A5: Number of organisations, by type of accreditation and jurisdiction, 2012–13

Accreditation	NSW/ACT	Vic	Qld	WA	SA	Tas	NT	Total
RACGP accreditation only	23	12	12	14	10	2	20	93
Organisational accreditation only	10	8	11	15	7	1	5	57
Both accreditation types	13	6	9	2	0	0	2	32
Neither accreditation type	15	0	6	10	2	7	38	78
Total	**61**	**26**	**38**	**41**	**19**	**10**	**65**	**260**

Source: AIHW analyses of OSR data collection, 2012–13.

Table A6: Number of organisations, by type of accreditation and remoteness area, 2012–13

Accreditation	Major cities	Inner regional	Outer regional	Remote	Very remote	Total
RACGP accreditation only	12	21	21	14	25	93
Organisational accreditation only	13	8	16	5	15	57
Both accreditation types	3	11	10	6	2	32
Neither accreditation type	13	12	9	11	33	78
Total	**41**	**52**	**56**	**36**	**75**	**260**

Source: AIHW analyses of OSR data collection, 2012–13.

Table A7: Number of organisations, by type of advocacy activities provided for individual clients and for the community, 2012–13

Type of advocacy activities	Individual	Community
Homelessness	148	138
Housing	209	191
Other environmental health issues	114	103
Centrelink	182	165
Other	164	159

Source: AIHW analyses of OSR data collection, 2012–13.

Table A8: Number of organisations, by research program involvement and remoteness area, 2012–13

Contributed to research and knowledge by	Major cities	Inner regional	Outer regional	Remote	Very remote	Total
Conducting research projects to meet local/ service needs	16	23	20	13	40	112
Supporting research projects being led by universities/government agencies	25	35	39	29	52	180

Source: AIHW analyses of OSR data collection, 2012–13.

Appendix B: Tables for Chapter 3—primary health-care organisations

This appendix provides statistical tables for the primary health-care analysis in Chapter 3.

Table B1: Number of primary health-care organisations, by jurisdiction and remoteness area, 2012–13

	Major cities	Inner regional	Outer regional	Remote	Very remote	Total
NSW/ACT	9	19	12	4	2	46
Vic	3	10	11	0	0	24
Qld	5	8	8	2	5	28
WA	5	2	7	8	9	31
SA	1	1	5	1	6	14
Tas	0	3	2	0	2	7
NT	0	0	2	12	41	55
Total	**23**	**43**	**47**	**27**	**65**	**205**

Source: AIHW analyses of OSR data collection, 2012–13.

Table B2: Number of FTE staff, by position type and Indigenous status, 2012–13

	Indigenous FTE		Non-Indigenous FTE		Total FTE
Position type	**Number**	**Per cent**	**Number**	**Per cent**	**Number**
Aboriginal health worker/Aboriginal health practitioner	973	98.6	14	1.4	986
Doctor	27	7.2	348	92.8	375
Nurse	122	14.6	713	85.4	835
Allied health/medical specialist	6	4.4	133	95.6	139
Dental care	59	39.3	92	60.7	151
Driver/field officer	275	85.5	47	14.5	321
Social and emotional wellbeing	234	43.9	299	56.1	533
Other health	691	68.8	314	31.2	1,005
Managerial, administrative and support staff	1,225	53.0	1,088	47.0	2,313
Total	**3,611**	**54.2**	**3,046**	**45.8**	**6,657**

Note: Excludes visiting staff.

Source: AIHW analyses of OSR data collection, 2012–13.

Table B3: Number of FTE staff per 1,000 clients, by position type and remoteness area, 2012–13

Position type	Major cities		Inner regional		Outer regional		Remote		Very remote		Total	
	FTE	Staff per 1,000 clients	FTE	Staff per 1,000 clients	FTE	Staff per 1,000 clients	FTE	Staff per 1,000 clients	FTE	Staff per 1,000 clients	FTE	Staff per 1,000 clients
Aboriginal health worker	152.5	1.7	209.4	2.5	256.5	3.1	125.1	1.6	176.6	2.2	920.1	2.2
Aboriginal health practitioner	15.0	0.2	11.4	0.1	12.0	0.1	20.0	0.3	18.6	0.2	77.1	0.2
Doctor	77.9	0.9	85.9	1.0	87.2	1.1	76.3	1.0	67.1	0.8	394.4	0.9
Nurse/midwife	108.2	1.2	133.5	1.6	131.1	1.6	221.6	2.9	306.4	3.8	900.8	2.2
Allied health/medical specialist	41.5	0.5	32.0	0.4	66.2	0.8	53.0	0.7	58.3	0.7	251.0	0.6
Dental care	62.5	0.7	51.6	0.6	28.7	0.3	12.6	0.2	21.8	0.3	177.2	0.4
Social and emotional wellbeing	243.0	2.7	77.4	0.9	100.6	1.2	57.1	0.8	70.6	0.9	548.6	1.3
Other health	231.4	2.5	159.0	1.9	182.4	2.2	239.5	3.1	236.7	2.9	1,049.0	2.5
CEO/manager/supervisor	183.4	2.0	168.5	2.0	201.7	2.4	153.6	2.0	132.8	1.6	840.0	2.0
Administrative staff	265.3	2.9	298.7	3.5	344.0	4.2	316.6	4.2	284.5	3.5	1,509.0	3.6
Driver/field officer	51.1	0.6	55.2	0.6	71.0	0.9	77.5	1.0	68.0	0.8	322.7	0.8
Total	**1,431.7**	**15.9**	**1,282.6**	**15.1**	**1,481.3**	**17.9**	**1,352.8**	**17.8**	**1,441.4**	**17.7**	**6,989.8**	**16.7**

Note: Includes visiting staff not paid for by the organisation.

Source: AIHW analyses of OSR data collection, 2012–13.

Table B4: Number and percentage of FTE staff employed by primary health-care organisations, by position type and remoteness area, as at 30 June 2013

	Major cities		Inner regional		Outer regional		Remote		Very remote		Total	
Position type	**FTE**	**Per cent**	**FTE**	**Per cent**	**FTE**	**Per cent**	**FTE**	**Per cent**	**FTE**	**Per cent**	**FTE**	**Per cent**
Aboriginal health worker	151	16.6	206	22.6	255	28.0	125	13.7	174	19.1	910	100.0
Aboriginal health practitioner	15	19.7	10	13.7	12	15.8	20	26.3	19	24.5	76	100.0
Doctor	76	20.3	84	22.4	86	22.9	71	18.9	58	15.5	375	100.0
Nurse	105	12.5	124	14.9	124	14.9	217	26.0	264	31.7	835	100.0
Allied health professionals	17	13.8	19	15.2	43	35.6	32	26.3	11	9.0	122	100.0
Medical specialist	7	38.5	4	20.7	4	21.6	0	0.6	3	18.5	17	100.0
Dental care	62	41.1	48	31.8	24	16.0	9	5.8	8	5.3	151	100.0
Traditional healer	–	–	1	8.3	5	41.7	2	15.0	4	34.9	12	100.0
Driver/field officer	51	15.9	55	17.2	71	22.1	77	24.1	67	20.7	321	100.0
Social and emotional wellbeing	240	45.1	75	14.2	95	17.9	56	10.4	66	12.4	533	100.0
Other health	213	21.5	151	15.3	176	17.7	233	23.5	219	22.1	993	100.0
CEO/manager/supervisor	183	21.9	167	20.1	198	23.7	154	18.4	133	15.9	835	100.0
Administrative staff	247	16.7	299	20.2	342	23.2	313	21.2	277	18.7	1,478	100.0
Total	**1,367**	**20.5**	**1,244**	**18.7**	**1,436**	**21.6**	**1,308**	**19.6**	**1,303**	**19.6**	**6,657**	**100.0**

Note: Excludes visiting staff not paid for by the organisation.

Source: AIHW analyses of OSR data collection, 2012–13.

Table B5: Number and percentage of FTE staff employed by primary health-care organisations, by position type and jurisdiction, as at 30 June 2013

	NSW/ACT		Vic		Qld		WA		SA		Tas		NT		Total	
Position type	**FTE**	**Per cent**	**FTE**	**Per cent**	**FTE**	**Per cent**	**FTE**	**Per cent**	**FTE**	**Per cent**	**FTE**	**Per cent**	**FTE**	**Per cent**	**FTE**	**Per cent**
Aboriginal health worker	194	21.4	82	9.0	226	24.8	165	18.1	105	11.5	13	1.5	125	13.8	910	100.0
Aboriginal health practitioner	9	12.4	9	11.8	10	13.2	2	2.1	3	3.9	–	–	43	56.5	76	100.0
Doctor	97	26.0	30	8.0	84	22.4	61	16.3	19	5.1	4	1.0	80	21.3	375	100.0
Nurse	146	17.5	59	7.0	118	14.2	188	22.5	65	7.7	6	0.7	253	30.3	835	100.0
Allied health professionals	26	21.1	11	9.0	36	29.8	27	22.3	2	1.6	–	0.3	19	15.9	122	100.0
Medical specialist	6	32.9	3	16.4	5	26.9	1	4.7	1	7.6	–	–	2	11.6	17	100.0
Dental care	61	40.5	28	18.6	40	26.6	7	4.8	4	2.9	–	0.1	10	6.6	151	100.0
Traditional healer	–	–	–	–	1	8.3	2	16.7	6	51.5	–	0.2	3	23.4	12	100.0
Driver/field officer	60	18.7	30	9.5	54	16.8	52	16.2	24	7.5	7	2.2	94	29.2	321	100.0
Social and emotional wellbeing	64	11.9	43	8.1	144	27.0	199	37.2	24	4.5	2	0.3	58	10.9	533	100.0
Other health	173	17.4	61	6.2	151	15.2	267	26.9	75	7.5	17	1.7	250	25.1	993	100.0
CEO/manager/supervisor	158	19.0	100	12.0	148	17.8	200	23.9	81	9.6	19	2.2	130	15.5	835	100.0
Administrative staff	268	18.1	163	11.0	299	20.3	354	23.9	113	7.6	27	1.8	254	17.2	1,478	100.0
Total	**1,262**	**19.0**	**619**	**9.3**	**1,317**	**19.8**	**1,523**	**22.9**	**521**	**7.8**	**95**	**1.4**	**1,321**	**19.8**	**6,657**	**100.0**

Note: Excludes visiting staff not paid for by the organisation.

Source: AIHW analyses of OSR data collection, 2012–13.

Table B6: Number of FTE staff employed by primary health-care organisations, by position type, as at 30 June 2009, 2010, 2011, 2012 and 2013

	30 June 2009		30 June 2010		30 June 2011		30 June 2012		30 June 2013	
Position type	**FTE**	**Per cent**	**FTE**	**Per cent**	**FTE**	**Per cent**	**FTE**	**Per cent**	**FTE**	**Per cent**
Aboriginal health worker	745	17	867	18	916	17	931	17	986	15
Doctor	333	7.7	335	6.9	362	6.5	353	6.4	375	5.6
Nurse	550	13	691	14	789	14	783	14	835	13
Allied health/medical specialist	187	4.3	168	3.5	189	3.4	186	3.4	139	2.1
Dental care	94	2.2	120	2.5	135	2.4	138	2.5	151	2.3
Driver/field officer	230	5.3	258	5.3	297	5.4	287	5.2	321	4.8
Social and emotional wellbeing	422	9.8	446	9.2	467	8.4	360	6.5	533	8.0
Other health related	324	7.5	230	4.7	488	8.8	432	7.8	1,005	15
Managerial, administrative and support staff	1,432	33	1,727	36	1,895	34	2,074	37	2,313	35
Total	**4,318**	**100.0**	**4,842**	**100.0**	**5,539**	**100.0**	**5,543**	**100.0**	**6,657**	**100.0**

Note: The total number of Aboriginal health workers in June 2013 also includes a small number of Aboriginal health practitioner positions.

Source: AIHW analyses of OSR data collections, 2008–13.

Table B7: Number of FTE staff, by position type and remoteness area, as at 30 June 2009, 2010, 2011, 2012 and 2013

		Major cities		Inner regional		Outer regional		Remote		Very remote	
Position		FTE	FTE per 1,000 clients	FTE	FTE per 1,000 clients	FTE	FTE per 1,000 clients	FTE	FTE per 1,000 clients	FTE	FTE per 1,000 clients
Aboriginal health worker	2008–09	108	2.3	120	2.0	213	1.5	191	2.7	128	2.4
	2009–10	121	2.1	157	1.9	283	1.9	192	2.4	127	2.0
	2010–11	139	1.9	198	2.2	294	2.6	158	2.0	137	1.8
	2011–12	159	1.9	218	2.4	275	2.8	157	1.7	165	2.1
	2012–13	153	1.7	209	2.5	256	3.1	125	1.6	177	2.2
Aboriginal health practitioner	2012–13	15	0.2	11	0.1	12	0.1	20	0.3	19	0.2
Doctor	2008–09	65	1.4	55	0.9	75	0.5	114	1.6	56	1.1
	2009–10	72	1.3	66	0.8	77	0.5	88	1.1	52	0.8
	2010–11	82	1.1	75	0.8	84	0.7	91	1.2	55	0.7
	2011–12	80	0.9	88	1.0	82	0.8	97	1.0	53	0.7
	2012–13	78	0.9	86	1.0	87	1.1	76	1.0	67	0.8
Nurse	2008–09	61	1.3	62	1.1	108	0.8	190	2.6	173	3.2
	2009–10	86	1.5	86	1.0	134	0.9	209	2.6	216	3.5
	2010–11	103	1.4	104	1.2	141	1.3	211	2.7	257	3.4
	2011–12	101	1.2	117	1.3	140	1.4	219	2.3	290	3.7
	2012–13	108	1.2	134	1.6	131	1.6	222	2.9	306	3.8
Allied health/ medical specialist	2008–09	38	0.8	43	0.7	65	0.5	77	1.1	42	0.8
	2009–10	37	0.6	30	0.4	45	0.3	85	1.1	22	0.4
	2010–11	44	0.6	29	0.3	79	0.7	52	0.7	40	0.5
	2011–12	43	0.5	38	0.4	76	0.8	79	0.8	73	0.9
	2012–13	41	0.5	32	0.4	66	0.8	60	0.8	58	0.7
Dental care	2008–09	40	0.8	23	0.4	23	0.2	15	0.2	9	0.2
	2009–10	50	0.9	36	0.4	29	0.2	11	0.1	7	0.1
	2010–11	58	0.8	43	0.5	24	0.2	11	0.1	11	0.1
	2011–12	55	0.6	47	0.5	25	0.3	15	0.2	18	0.2
	2012–13	63	0.7	52	0.6	29	0.3	13	0.2	22	0.3
Social and emotional wellbeing	2008–09	77	1.6	72	1.2	134	1.0	99	1.4	62	1.2
	2009–10	92	1.6	99	1.2	86	0.6	109	1.4	87	1.4
	2010–11	79	1.1	86	1.0	144	1.3	115	1.5	70	0.9
	2011–12	61	0.7	94	1.1	128	1.3	65	0.7	50	0.6
	2012–13	243	2.7	77	0.9	101	1.2	57	0.8	71	0.9

(Continued)

Table B7 (continued): Number of FTE staff, by position type and remoteness area, as at 30 June 2009, 2010, 2011, 2012 and 2013

		Major cities		Inner regional		Outer regional		Remote		Very remote	
Position		FTE	FTE per 1,000 clients	FTE	FTE per 1,000 clients	FTE	FTE per 1,000 clients	FTE	FTE per 1,000 clients	FTE	FTE per 1,000 clients
Other health	2008–09	49	1.0	42	0.7	79	0.6	113	1.6	55	1.0
	2009–10	31	0.5	31	0.4	62	0.4	50	0.6	61	1.0
	2010–11	72	1.0	80	0.9	106	0.9	145	1.8	123	1.6
	2011–12	64	0.7	58	0.7	97	1.0	109	1.2	139	1.8
	2012–13	231	2.5	159	1.9	182	2.2	239	3.1	237	2.9
CEO/manager/ supervisor	2008–09	91	1.9	84	1.4	127	0.9	109	1.5	59	1.1
	2009–10	111	1.9	121	1.5	139	0.9	137	1.7	79	1.3
	2010–11	118	1.6	146	1.6	165	1.5	122	1.5	91	1.2
	2011–12	129	1.5	167	1.9	164	1.7	121	1.3	115	1.5
	2012–13	183	2.0	168	2.0	202	2.4	154	2.0	133	1.6
Administrative staff	2008–09	126	2.6	149	2.5	231	1.7	273	3.8	184	3.5
	2009–10	164	2.9	201	2.4	281	1.9	293	3.6	206	3.3
	2010–11	175	2.4	207	2.3	331	3.0	303	3.8	237	3.1
	2011–12	231	2.7	248	2.8	343	3.5	325	3.5	235	3.0
	2012–13	265	2.9	299	3.5	344	4.2	317	4.2	284	3.5
Driver/field officer	2008–09	28	0.6	45	0.8	47	0.3	70	1.0	40	0.8
	2009–10	34	0.6	51	0.6	61	0.4	64	0.8	48	0.8
	2010–11	39	0.5	62	0.7	56	0.5	90	1.1	51	0.7
	2011–12	46	0.5	58	0.6	54	0.6	68	0.7	62	0.8
	2012–13	51	0.6	55	0.6	71	0.9	77	1.0	68	0.8

Note: Includes visiting staff.

Source: AIHW analyses of OSR data collection, 2012–13.

Table B8: Number of Aboriginal and Torres Strait Islander health workers, by highest qualification held and remoteness area, as at 30 June 2013

Highest qualification	Major cities	Inner regional	Outer regional	Remote	Very remote	Total
Certificate III	62	91	112	40	51	356
Certificate IV—community stream	66	61	29	19	14	189
Certificate IV—practice stream	82	54	115	63	54	368
Total	**210**	**206**	**256**	**122**	**119**	**913**

Source: AIHW analyses of OSR data collection, 2012–13.

Table B9: Number of FTE vacant positions per 1,000 clients, by position type and remoteness area, 2012–13

	Major cities		Inner regional		Outer regional		Remote		Very remote		Total	
Position type	**FTE**	**Per 1,000 clients**	**FTE**	**Per 1,000 clients**	**FTE**	**Per 1,000 clients**	**FTE**	**Per 1,000 clients**	**FTE**	**Per 1,000 clients**	**FTE**	**Per 1,000 clients**
Health	34	0.37	38	0.45	85	1.03	68	0.89	38	0.46	263	3.20
Other	10	0.11	9	0.11	8	0.09	17	0.22	9	0.11	52	0.64
Total	**43**	**0.48**	**47**	**0.55**	**93**	**1.12**	**85**	**1.12**	**47**	**0.58**	**315**	**3.84**

Source: AIHW analyses of OSR data collection, 2012–13.

Table B10: Vacancies as a proportion of all positions, by position type and remoteness area, as at 30 June 2013

Position type		**Major cities**	**Inner regional**	**Outer regional**	**Remote**	**Very remote**	**Total**
Health	Vacant FTE	34	38	85	68	38	263
	Employed FTE	885	722	824	764	827	4,023
	Proportion of vacant to total	3.7	5.0	9.4	8.2	4.4	6.1
Other	Vacant FTE	10	9	8	17	9	52
	Employed FTE	482	521	612	544	476	2,635
	Proportion of vacant to total	2.0	1.7	1.2	3.0	1.9	1.9

Source: AIHW analyses of OSR data collection, 2012–13.

Table B11: Number of clients reported and estimated resident population (ERP), by jurisdiction, 2012–13

	NSW/ACT	**Vic**	**Qld**	**WA**	**SA**	**Tas**	**NT**	**Total**
Total clients	100,540	33,582	82,548	97,217	19,416	4,831	78,837	416,971
Indigenous clients	80,891	21,893	60,374	62,353	16,607	3,960	67,902	313,980
Indigenous population[(a)]	214,636	47,333	188,954	88,270	37,408	24,165	68,850	669,616

(a) ABS estimated resident population, June 2011.

Source: AIHW analyses of OSR data collection, 2012–13.

Table B12: Episodes of care, by remoteness area, 2008–09 to 2012–13

	2008–09		2009–10		2010–11		2011–12		2012–13	
Remoteness area	**Number**	**Per cent**	**Number**	**Per cent**	**Number**	**Per cent**	**Number**	**Per cent**	**Number**	**Per cent**
Major cities	289,955	13.8	363,823	15.3	399,003	16.0	436,483	16.7	554,725	18.1
Inner regional	312,960	14.9	395,027	16.6	413,332	16.5	460,072	17.6	557,435	18.2
Outer regional	539,318	25.7	583,324	24.5	495,653	19.8	493,340	18.8	562,709	18.3
Remote	499,835	23.8	550,907	23.1	532,361	21.3	560,008	21.4	652,144	21.3
Very remote	453,847	21.7	489,806	20.6	657,718	26.3	670,936	25.6	741,425	24.2
Total	**2,095,915**	**100.0**	**2,382,887**	**100.0**	**2,498,067**	**100.0**	**2,620,839**	**100.0**	**3,068,438**	**100.0**

Source: AIHW analyses of OSR data collections, 2008–13.

Table B13: Number of client contacts, by position type and remoteness area, 2012–13

	Major cities		Inner regional		Outer regional		Remote		Very remote		Total	
Position type	**Number**	**Contacts per client**	**Number**	**Contacts per client**	**Number**	**Contacts per client**	**Number**	**Contacts per client**	**Number**	**Contacts per client**	**Number**	**Contacts per client**
Aboriginal health worker	132,617	1.5	96,151	1.1	195,775	2.0	83,400	1.1	66,742	0.8	574,685	1.3
Aboriginal health practitioner	449	0.0	6,800	0.1	1,360	0.0	25,151	0.3	11,559	0.1	45,319	0.1
Doctor	237,076	2.6	295,758	3.3	295,472	3.1	222,307	2.9	167,078	2.0	1,217,691	2.8
Nurse/midwife	163,480	1.8	179,771	2.0	162,126	1.7	298,206	3.9	272,358	3.3	1,075,941	2.5
Dental care	34,405	0.4	32,678	0.4	16,935	0.2	15,148	0.2	9,065	0.1	108,231	0.2
Allied health/medical specialist	35,628	0.4	32,109	0.4	54,555	0.6	72,644	1.0	39,787	0.5	234,723	0.5
SEWB staff	74,566	0.8	34,013	0.4	56,270	0.6	18,490	0.2	21,990	0.3	205,329	0.5
Other health related	44,261	0.5	58,011	0.6	71,388	0.7	55,932	0.7	44,240	0.5	273,832	0.6
Driver	38,817	0.4	69,880	0.8	86,801	0.9	58,492	0.8	85,388	1.0	339,378	0.8
Total	**761,299**	**8.4**	**805,171**	**8.9**	**940,682**	**9.7**	**849,770**	**11.2**	**718,207**	**8.8**	**4,075,129**	**9.3**

Source: AIHW analyses of OSR data collection, 2012–13.

Table B14: Client contacts ('000), by health position type and remoteness area, 2008–09 to 2012–13

		Major cities		Inner regional		Outer regional		Remote		Very remote		Total	
	Position type	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
2008–09	Aboriginal health worker	73	19.9	86	19.5	223	31.5	132	20.1	80	16.2	593	22.3
	Doctor	117	32.1	146	33.2	214	30.3	166	25.3	92	18.5	735	27.6
	Nurse	79	21.5	111	25.3	131	18.5	256	39.1	256	51.9	832	31.3
	SEWB staff	21	5.7	25	5.8	34	4.9	18	2.7	8	1.6	106	4.0
	Allied health/ medical specialist	14	3.9	18	4.0	37	5.3	56	8.5	26	5.3	151	5.7
	Other health	61	16.8	54	12.2	68	9.7	28	4.2	32	6.5	244	9.2
Total		**365**	**100.0**	**439**	**100.0**	**709**	**100.0**	**655**	**100.0**	**493**	**100.0**	**2,661**	**100.0**
2009–10	Aboriginal health worker	83	18.5	96	19.0	209	27.7	127	18.1	107	17.7	622	20.6
	Doctor	145	32.5	176	34.7	241	32.0	196	27.8	113	18.7	871	28.9
	Nurse	96	21.6	126	24.8	140	18.6	289	41.0	327	54.1	978	32.4
	SEWB staff	32	7.1	39	7.7	68	9.0	20	2.8	17	2.9	176	5.8
	Allied health/ medical specialist	21	4.7	25	5.0	27	3.6	57	8.0	24	4.0	154	5.1
	Other health	70	15.7	44	8.8	69	9.1	16	2.3	16	2.7	216	7.1
Total		**447**	**100.0**	**506**	**100.0**	**755**	**100.0**	**704**	**100.0**	**605**	**100.0**	**3,017**	**100.0**
2010–11	Aboriginal health worker	93	17.2	96	18.1	205	27.1	104	14.4	97	11.2	596	17.4
	Doctor	202	37.4	209	39.5	245	32.3	184	25.5	174	20.1	1,014	29.7
	Nurse	121	22.5	117	22.0	147	19.4	269	37.2	495	57.3	1,149	33.6
	SEWB staff	25	4.6	37	7.0	54	7.1	48	6.6	18	2.0	181	5.3
	Allied health/ medical specialist	27	5.0	20	3.7	35	4.6	69	9.6	29	3.3	180	5.3
	Other health	72	13.3	51	9.6	72	9.5	48	6.7	52	6.0	295	8.6
Total		**541**	**100.0**	**529**	**100.0**	**758**	**100.0**	**723**	**100.0**	**865**	**100.0**	**3,415**	**100.0**

(Continued)

Table B14 (continued): Client contacts ('000), by health position type and remoteness area, 2008–09 to 2012–13

		Major cities		Inner regional		Outer regional		Remote		Very remote		Total	
	Position type	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
2011–12	Aboriginal health worker	118	19.5	106	15.8	213	29.4	119	16.8	106	13.0	662	18.8
	Doctor	197	32.4	270	40.0	236	32.6	198	28.0	178	21.9	1,079	30.6
	Nurse	132	21.7	165	24.5	147	20.3	280	39.6	456	55.9	1,180	33.4
	SEWB staff	23	3.8	40	6.0	42	5.7	17	2.3	11	1.3	132	3.8
	Allied health/ medical specialist	35	5.7	30	4.4	30	4.1	61	8.6	28	3.5	183	5.2
	Other health	103	16.9	63	9.3	57	7.9	33	4.7	36	4.4	292	8.3
Total		**608**	**100.0**	**673**	**100.0**	**725**	**100.0**	**707**	**100.0**	**814**	**100.0**	**3,527**	**100.0**
2012–13	Aboriginal health worker	133	21.3	103	14.8	197	24.0	109	14.2	78	12.8	620	17.6
	Doctor	237	37.9	296	42.4	296	35.9	222	29.0	167	27.2	1,218	34.5
	Nurse	164	26.1	180	25.8	162	19.7	298	38.9	272	44.4	1,076	30.5
	SEWB staff	25	3.9	34	4.9	56	6.8	19	2.4	22	3.6	155	4.4
	Allied health/ medical specialist	24	3.8	27	3.8	41	4.9	64	8.3	30	4.9	185	5.2
	Other health	44	7.1	58	8.3	71	8.7	56	7.3	44	7.2	274	7.8
Total		**626**	**100.0**	**697**	**100.0**	**823**	**100.0**	**767**	**100.0**	**614**	**100.0**	**3,528**	**100.0**

Note: Numbers and percentages are for health contacts only. Transport contacts were excluded.

Source: AIHW analyses of OSR data collections, 2008–13.

Table B15: Number of primary health-care organisations providing health promotion programs, by type of program and remoteness area, 2012–13

	Major cities		Inner regional		Outer regional		Remote		Very remote		Total	
Health promotion program	**Number**	**Per cent**	**Number**	**Per cent**	**Number**	**Per cent**	**Number**	**Per cent**	**Number**	**Per cent**	**Number**	**Per cent**
Immunisation — children	16	69.6	34	79.1	36	76.6	20	74.1	59	90.8	165	80.5
Immunisation — adults	14	60.9	31	72.1	35	74.5	22	81.5	57	87.7	159	77.6
Working with food stores to encourage healthy eating	5	21.7	15	34.9	16	34.0	12	44.4	45	69.2	93	45.4
Breakfast programs	5	21.7	5	11.6	9	19.1	8	29.6	18	27.7	45	22.0
Healthy lifestyle program	16	69.6	36	83.7	40	85.1	24	88.9	46	70.8	162	79.0
Sexual health/STI health promotion/education activities	14	60.9	24	55.8	35	74.5	19	70.4	49	75.4	141	68.8
Advice and advocacy on environmental health issues	4	17.4	5	11.6	10	21.3	13	48.1	45	69.2	77	37.6
Mental health promotion activities	13	56.5	23	53.5	24	51.1	11	40.7	37	56.9	108	52.7
Injury/accident prevention	8	34.8	8	18.6	13	27.7	9	33.3	41	63.1	79	38.5

Note: For *Major cities* $n = 23$, for *Inner regional* $n = 43$, for *Outer regional* $n = 47$, for *Remote* $n = 27$ and for *Very remote* $n = 65$.

Source: AIHW analyses of OSR data collection, 2012–13.

Table B16: Number of primary health-care organisations providing selected clinical or health-related services, by type of service and remoteness area, 2012–13

	Major cities		Inner regional		Outer regional		Remote		Very remote		Total	
Clinical/health-related services	**Number**	**Per cent**	**Number**	**Per cent**	**Number**	**Per cent**	**Number**	**Per cent**	**Number**	**Per cent**	**Number**	**Per cent**
Free provision of medical supplies/pharmaceuticals	17	73.9	33	76.7	35	74.5	26	96.3	60	92.3	171	83.4
Child immunisation	18	78.3	37	86.0	40	85.1	21	77.8	59	90.8	175	85.4
Keep track of clients needing follow-up	21	91.3	39	90.7	46	97.9	27	100	61	93.8	194	94.6
Routine STI screening/ early detection	16	69.6	30	69.8	35	74.5	22	81.5	56	86.2	159	77.6
Dialysis service on site	0	0	0	0	0	0	2	7.4	9	13.8	11	5.4
Clinical services to people in remand/custody	5	21.7	2	4.7	3	6.4	11	40.7	27	41.5	48	23.4
Aged care	8	34.8	28	65.1	23	48.9	11	40.7	27	41.5	97	47.3
Services for people with a disability	14	60.9	25	58.1	27	57.4	15	55.6	27	41.5	108	52.7
Palliative care	9	39.1	18	41.9	17	36.2	15	55.6	26	40.0	85	41.5
Medical evacuation services	0	0	0	0	1	2.1	12	44.4	49	75.4	62	30.2

Note: For *Major cities* $n = 23$, for *Inner regional* $n = 43$, for *Outer regional* $n = 47$, for *Remote* $n = 27$ and for *Very remote* $n = 65$.

Source: AIHW analyses of OSR data collection, 2012–13.

Table B17: Number of primary health-care organisations providing continuity of care, by care type and remoteness area, 2012–13

	Major cities		Inner regional		Outer regional		Remote		Very remote	
Care type	**Number**	**Per cent**	**Number**	**Per cent**	**Number**	**Per cent**	**Number**	**Per cent**	**Number**	**Per cent**
Established relationships with Aboriginal liaison officers at the local hospital(s)	22	95.7	38	88.4	39	83.0	21	77.8	32	49.2
Staff regularly visit our clients in hospital	20	87.0	28	65.1	35	74.5	18	66.7	22	33.8
Discharge planning for Indigenous patients is well coordinated	14	60.9	27	62.8	28	59.6	14	51.9	43	66.2
Staff regularly attend hospital/specialist appointments with clients	20	87.0	27	62.8	42	89.4	14	51.9	18	27.7
Shared care arrangements for chronic disease management	15	65.2	30	69.8	32	68.1	15	55.6	32	49.2

Note: For *Major cities* $n = 23$, for *Inner regional* $n = 43$, for *Outer regional* $n = 47$, for *Remote* $n = 27$ and for *Very remote* $n = 65$.

Source: AIHW analyses of OSR data collection, 2012–13.

Table B18: Number of primary health-care organisations offering access to specialist health, allied health and dental services, by type of service and site location, 2012–13

	On site		Off site	
Type of service	**Number**	**Percent**	**Number**	**Percent**
Cardiologist	49	23.9	144	70.2
Renal specialist	34	16.6	150	73.2
Ophthalmologist	66	32.2	132	64.4
Paediatrician	97	47.3	119	58.0
Psychiatrist	81	39.5	125	61.0
Diabetes specialist	93	45.4	111	54.1
ENT specialist	45	22.0	149	72.7
Other specialist	59	28.8	33	16.1
Physiotherapist	76	37.1	120	58.5
Diabetes educator	143	69.8	66	32.2
Psychologist	113	55.1	105	51.2
Dietician	146	71.2	67	32.7
Podiatrist	150	73.2	67	32.7
Optometrist	128	62.4	83	40.5
Audiologist/audiometrist	113	55.1	100	48.8
Other allied health	36	17.6	14	6.8
Dental services	105	51.2	115	56.1

Note: $n = 205$.

Source: AIHW analyses of OSR data collection, 2012–13.

Table B19: Number of primary health-care organisations that reported SEWB issues, by type of issue, 2012–13

Issue	**Number**	**Per cent**
Anxiety/stress	159	77.6
Depression	147	71.7
Self-harm/suicide	92	44.9
Schizophrenia or other psychotic disorder	51	24.9
Grief and loss issues	133	64.9
Survivor of childhood sexual assault	17	8.3
Sexual assault	12	5.9
Issues with sexuality	4	2.0
Family/relationship issues	152	74.1
Family/community violence	110	53.7
Removal from homelands/traditional country	21	10.2
Loss of cultural identity	27	13.2
Trauma	37	18.0
Other	15	7.3

Notes

1. $n = 205$.
2. Organisations were asked to report on their 5 most important SEWB issues in terms of staff time and organisational resources.

Source: AIHW analyses of OSR data collection, 2012–13.

Table B20: Number of primary health-care organisations that reported substance-use issues, by type of issue, 2012–13

Issue	Number	Per cent
Alcohol	178	86.8
Tobacco/nicotine	183	89.3
Cannabis/marijuana	163	79.5
Petrol	30	14.6
Other solvents/inhalants	35	17.1
Heroin	9	4.4
Morphine	8	3.9
Barbiturates	9	4.4
Cocaine	2	1.0
Benzodiazepines	55	26.8
Amphetamines	57	27.8
Ecstasy	7	3.4
Kava	7	3.4
Steroids/anabolic agents	1	0.5
Multiple drug use	78	38.0
Other	7	3.4

Notes
1. *n* = 205.
2. Organisations were asked to report on their 5 most important substance-use issues in terms of staff time and organisational resources.

Source: AIHW analyses of OSR data collection, 2012–13.

Table B21: Number of primary health-care organisations that reported substance-use programs and activities, by type of program, 2012–13

Program type	Number	Per cent
Community education	162	79.0
Individual counselling	154	75.1
Crisis intervention	117	57.1
School education and visits	114	55.6
Tobacco control program	95	46.3
Youth programs	66	32.2
Support groups	59	28.8
Group counselling	56	27.3
Telephone counselling	53	25.9
Medicated detoxification	34	16.6
Needle exchange	26	12.7
Non-medicated detoxification	20	9.8
Mobile assistance/night patrols	20	9.8
Methadone management	19	9.3
Regional Tackling Smoking and Healthy Lifestyle team	16	7.8
None	9	4.4

Note: n = 205.

Source: AIHW analyses of OSR data collection, 2012–13.

Table B22: Number of women who attended at least 1 antenatal care visit, by Indigenous status and remoteness area, 2012–13

Indigenous status	Major cities	Inner regional	Outer regional	Remote	Very remote	Total
Indigenous	1,026	1,021	1,440	1,169	936	5,592
Non-Indigenous	143	186	245	105	95	774
Indigenous status not recorded	24	6	7	94	8	139
Total	**1,193**	**1,213**	**1,692**	**1,368**	**1,039**	**6,505**

Source: AIHW analyses of OSR data collection, 2012–13.

Table B23: Number of routine antenatal care visits, by Indigenous status and remoteness area, 2012–13

	Major cities	Inner regional	Outer regional	Remote	Very remote	Total
Indigenous	3,886	5,962	5,013	5,212	4,703	24,776
Non-Indigenous	584	674	903	450	291	2,902
Indigenous status not recorded	482	21	17	434	26	980
Total	**4,952**	**6,657**	**5,933**	**6,096**	**5,020**	**28,658**

Note: For 2012–13, $n = 145$.

Source: AIHW analyses of OSR data collection, 2012–13.

Table B24: Primary health-care service gaps, by remoteness area, 2012–13

Health service gaps	Major cities		Inner regional		Outer regional		Remote		Very remote		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Access to health services (including transport)	5	21.7	11	25.6	18	38.3	6	22.2	10	15.4	50	24.4
Alcohol, tobacco and other drugs	10	43.5	21	48.8	27	57.4	12	44.4	27	41.5	97	47.3
Dental services	10	43.5	20	46.5	21	44.7	11	40.7	33	50.8	95	46.3
Disability services	9	39.1	6	14.0	4	8.5	5	18.5	21	32.3	45	22.0
Early childhood development and family support	8	34.8	13	30.2	8	17.0	10	37.0	22	33.8	61	29.8
Environmental health services (including housing)	10	43.5	15	34.9	12	25.5	13	48.1	27	41.5	77	37.6
Maternal and child health	9	39.1	12	27.9	12	25.5	7	25.9	8	12.3	48	23.4
Mental health/social and emotional health and wellbeing	15	65.2	32	74.4	27	57.4	15	55.6	27	41.5	116	56.6
Nutrition services (including lack of access to affordable healthy food)	4	17.4	6	14.0	10	21.3	8	29.6	22	33.8	50	24.4
Other	1	4.3	5	11.6	6	12.8	1	3.7	3	4.6	16	7.8
Palliative care	6	26.1	6	14.0	9	19.1	7	25.9	15	23.1	43	21.0
Pharmacy services	2	8.7	4	9.3	4	8.5	1	3.7	6	9.2	17	8.3
Prevention/early detection of chronic disease	10	43.5	20	46.5	26	55.3	12	44.4	25	38.5	93	45.4
Services to support healthy ageing	6	26.1	11	25.6	10	21.3	9	33.3	30	46.2	66	32.2
Treatment of injury and illness	–	–	4	9.3	8	17.0	2	7.4	8	12.3	22	10.7
Youth services	9	39.1	22	51.2	27	57.4	13	48.1	32	49.2	103	50.2

Note: Organisations were asked to select the top health service gaps faced by the community they served. They could select up to 5 gaps.

Source: AIHW analyses of OSR data collection, 2012–13.

Table B25: Primary health-care service challenges, by remoteness area, 2012–13

	Major cities		Inner regional		Outer regional		Remote		Very remote		Total	
Health service challenges	**Number**	**Per cent**	**Number**	**Per cent**	**Number**	**Per cent**	**Number**	**Per cent**	**Number**	**Per cent**	**Number**	**Per cent**
Access to allied health services	5	21.7	14	32.6	14	29.8	5	18.5	31	47.7	69	33.7
Access to specialist medical services	8	34.8	22	51.2	24	51.1	10	37.0	16	24.6	80	39.0
Appropriate health service infrastructure	12	52.2	19	44.2	25	53.2	11	40.7	30	46.2	97	47.3
Availability/maintenance of equipment	2	8.7	6	14.0	4	8.5	–	–	7	10.8	19	9.3
Coordination of clinical care with other providers (e.g. hospitals)	13	56.5	17	39.5	21	44.7	12	44.4	20	30.8	83	40.5
Corporate services/administration	5	21.7	5	11.6	5	10.6	2	7.4	3	4.6	20	9.8
Financial management	3	13.0	8	18.6	6	12.8	1	3.7	5	7.7	23	11.2
Information technology	8	34.8	14	32.6	20	42.6	9	33.3	20	30.8	71	34.6
Other	3	13.0	5	11.6	1	2.1	3	11.1	1	1.5	13	6.3
Provision of care in a cross-cultural environment	6	26.1	7	16.3	10	21.3	4	14.8	9	13.8	36	17.6
Recruitment, training and support of Aboriginal and Torres Strait Islander staff	14	60.9	28	65.1	31	66.0	21	77.8	46	70.8	140	68.3
Staff housing	4	17.4	8	18.6	7	14.9	18	66.7	38	58.5	75	36.6
Staff retention/turnover	11	47.8	17	39.5	19	40.4	15	55.6	45	69.2	107	52.2
Staffing levels	11	47.8	21	48.8	24	51.1	17	63.0	43	66.2	116	56.6

Note: Organisations were asked to select the top health service challenges they faced in delivering quality health services. They could select up to 5 challenges.

Source: AIHW analyses of OSR data collection, 2012–13.

Appendix C: Tables for Chapter 4—Primary health-care sector analysis

This appendix provides statistical tables for the sector analysis in Chapter 4.

Table C1: Number of primary health-care organisations, by sector and proportion of Indigenous board members, 2012–13

Per cent of board members that were Indigenous	ACCHO		Other		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
100	122	87.1	3	10.0	125	73.5
50–99	18	12.9	2	6.7	20	11.8
1–49	0	0	13	43.3	13	7.6
0	0	0	12	40.0	12	7.1
Total	**140**	**100.0**	**30**	**100.0**	**170**	**100.0**

Note: There were 140 ACCHOs and 30 other organisations that had a board.

Source: AIHW analyses of OSR data collection, 2012–13.

Table C2: Number of primary health-care organisations, by type of accreditation and sector, 2012–13

Accreditation	ACCHO		Other	
	Number	Per cent	Number	Per cent
RACGP accreditation only	86	61.0	7	10.9
Organisational accreditation only	12	8.5	19	29.7
Both accreditation types	30	21.3	2	3.1
Neither accreditation type	13	9.2	36	56.3
Total	**141**	**100.0**	**64**	**100.0**

Source: AIHW analyses of OSR data collection, 2012–13.

Table C3: Number of primary health-care organisations, by service size (clients) and sector, 2012–13

	ACCHO		Other		Total	
Service size	**Number**	**Per cent**	**Number**	**Per cent**	**Number**	**Per cent**
Less than 500	20	14.9	23	36.5	43	21.8
500–999	17	12.7	15	23.8	32	16.2
1,000–4,999	85	63.4	23	36.5	108	54.8
5,000 or more	12	9.0	2	3.2	14	7.1
Total	**134**	**100.0**	**63**	**100.0**	**197**	**100.0**

Source: AIHW analyses of OSR data collection, 2012–13.

Table C4: Number of primary health-care organisations, by number of GPs and sector, 2012–13

	ACCHO		Other	
Number of GPs per 1,000 clients	**Number**	**Per cent**	**Number**	**Per cent**
No GP	7	5.2	23	36.5
<1	56	41.8	36	57.1
1–<2	59	44.0	2	3.2
2 or more	12	9.0	2	3.2
Total	**134**	**100.0**	**63**	**100.0**

Note: GP FTE includes those paid by the organisation directly and those paid by other organisations.

Source: AIHW analyses of OSR data collection, 2012–13.

Table C5: Number of primary health-care organisations and clients, by sector and remoteness area, 2012–13

	ACCHO		Other		Total	
Remoteness area	**Clients**	**Number**	**Clients**	**Number**	**Clients**	**Number**
Major cities	63,261	16	27,800	7	91,061	23
Inner regional	73,729	32	11,561	9	85,290	41
Outer regional	65,947	35	16,941	11	82,888	46
Remote	67,301	21	8,772	5	76,073	26
Very remote	46,031	30	35,628	31	81,659	61
Total	**316,269**	**134**	**100,702**	**63**	**416,971**	**197**

Source: AIHW analyses of OSR data collection, 2012–13.

Table C6: Number of primary health-care organisations and clients, by sector and jurisdiction, 2012–13

	ACCHO		Other		Total	
Jurisdiction	**Clients**	**Number**	**Clients**	**Number**	**Clients**	**Number**
NSW/ACT	90,247	38	10,293	8	100,540	46
Vic	33,170	22	412	1	33,582	23
Qld	62,910	22	19,638	5	82,548	27
WA	59,991	17	37,226	12	97,217	29
SA	17,880	10	1,536	4	19,416	14
Tas	3,872	4	959	2	4,831	6
NT	48,199	21	30,638	31	78,837	52
Total	**316,269**	**134**	**100,702**	**63**	**416,971**	**197**

Note: Totals include primary health-care organisations that provided valid client data only.

Source: AIHW analyses of OSR data collection, 2012–13.

Table C7: Primary health-care episodes of care, by sector and remoteness area, 2012–13

Remoteness area	ACCHO	Other	Total
Major cities	453,650	101,075	554,725
Inner regional	504,472	52,963	557,435
Outer regional	463,216	99,493	562,709
Remote	585,940	66,204	652,144
Very remote	418,290	323,135	741,425
Total	**2,425,568**	**642,870**	**3,068,438**

Note: There were 134 ACCHOs and 63 other organisations that provided valid data.

Source: AIHW analyses of OSR data collection, 2012–13.

Table C8: Number of FTE staff per 1,000 clients at primary health-care organisations, by position type, sector and remoteness area, 2012–13

	ACCHO		Other		
Remoteness area	**Health**	**Other**	**Health**	**Other**	**Total**
Major cities	10.2	5.7	11.2	4.2	15.7
Inner regional	9.1	6.3	7.8	4.9	15.0
Outer regional	10.7	8.2	9.7	4.4	17.9
Remote	10.9	6.8	13.5	4.5	17.8
Very remote	13.7	8.4	9.4	2.5	17.7
Total	**10.7**	**7.0**	**10.1**	**3.7**	**16.8**

Notes

1. Includes visiting staff.
2. There were 134 ACCHO services and 63 'Other' organisations that provided valid client data.

Source: AIHW analyses of OSR data collection, 2012–13.

Table C9: Ratio of GPs per 1,000 clients, by sector and remoteness area, 2012–13

	ACCHO		Other	
Remoteness area	**Number**	**GP FTE per 1,000 Clients**	**Number**	**GP FTE per 1,000 Clients**
Major cities	16	1.2	0	0
Inner regional	30	1.2	3	0.7
Outer regional	33	1.1	6	0.6
Remote	20	1.1	3	0.7
Very remote	28	1.0	28	0.7
Total	**127**	**1.1**	**40**	**0.7**

Note: GP FTE includes those paid by the service directly and by other organisations.

Source: AIHW analyses of OSR data collection, 2012–13.

Table C10: Staff vacancies per 1,000 clients at primary health-care organisations, by sector and remoteness area, 2012–13

	ACCHO		Other	
Remoteness area	**FTE vacant positions**	**Vacant FTEs per 1,000 clients**	**FTE vacant positions**	**Vacant FTEs per 1,000 clients**
Major cities	37.4	0.8	6.0	0.2
Inner regional	42.2	0.8	4.8	0.6
Outer regional	74.9	1.7	17.9	2.4
Remote	81.9	1.5	3.0	1.2
Very remote	45.0	2.1	2.0	1.6

Note: There were 81 ACCHOs and 17 other organisations that provided valid data and had a vacancy.

Source: AIHW analyses of OSR data collection, 2012–13.

Table C11: Ratio of vacancies to filled positions, by position type and sector, 2012–13

Position type		**ACCHO**	**Other**	**Total**
Health	Vacant FTE	231	32	263
	Employed FTE	3,166	856	4,023
	Ratio of vacant to filled	6.8	3.6	6.1
Other	Vacant FTE	50	2	52
	Employed FTE	2,250	385	2,635
	Ratio of vacant to filled	2.2	0.5	1.9

Source: AIHW analyses of OSR data collection, 2012–13.

Appendix D: Tables for Chapter 5—social and emotional wellbeing or Link Up organisations

This appendix provides statistical tables for the SEWB or Link Up counselling analysis in Chapter 5.

Table D1: Number of SEWB or Link Up organisations, by jurisdiction, 2012–13

Jurisdiction	Number	Per cent
NSW/ACT	26	26.5
Vic	17	17.3
Qld	17	17.3
WA	16	16.3
SA	11	11.2
Tas	2	2.0
NT	9	9.2
Total	**98**	**100.0**

Source: AIHW analyses of OSR data collection, 2012–13.

Table D2: Number of SEWB or Link Up organisations, by remoteness area, 2012–13

Remoteness area	Number	Per cent
Major cities	22	22.4
Inner regional	24	24.5
Outer regional	23	23.5
Remote	14	14.3
Very remote	15	15.3
Total	**98**	**100.0**

Source: AIHW analyses of OSR data collection, 2012–13.

Table D3: Organisations with governing committees or boards, by proportion of board members who were Indigenous, 2012–13

Percentage of governing committee or board who were Aboriginal or Torres Strait Islander	Number	Per cent
100	83	84.6
50–99	8	8.2
1–49	4	4.1
0	3	3.1
Total	**98**	**100.0**

Source: AIHW analyses of OSR data collection, 2012–13.

Table D4: Number of counsellors, by Indigenous status, sex and remoteness area, as at 30 June 2013

Indigenous status	Major cities	Inner regional	Outer regional	Remote	Very remote	Total
Indigenous male	12	14	12	3	7	48
Indigenous female	18	25	13	6	9	71
Non-Indigenous male	6	12	5	5	4	32
Non-Indigenous female	4	8	7	10	6	35
Total	**40**	**59**	**37**	**24**	**26**	**186**

Note: The number of organisations that employed a counsellor = 95 (*Major cites n* = 21, *Inner regional n* = 24, *Outer regional n* = 22, *Remote n* = 14 and *Very remote n* = 14).

Source: AIHW analyses of OSR data collection, 2012–13.

Table D5: Number and percentage of counsellor positions, by jurisdiction, as at 30 June 2013

Jurisdiction	Number	Per cent
NSW/ACT	45	24.2
Vic	35	18.8
Qld	26	14.0
WA	30	16.1
SA	14	7.5
Tas	9	4.8
NT	27	14.5
Total	**186**	**100.0**

Note: Number of organisations that employed a counsellor and provided valid data = 95 (NSW/ACT *n* = 26, Vic *n* = 16, Qld *n* = 16, WA *n* = 16, SA *n* = 10, Tas *n* = 2 and NT *n* = 9).

Source: AIHW analyses of OSR data collection, 2012–13.

Table D6: Organisations employing counsellors, by number of counsellors, as at 30 June 2013

Number of counsellor positions	Number	Per cent
1	56	58.9
2	18	18.9
3 or more	21	22.1
Total	**95**	**100.0**

Note: The number of organisations that employed a counsellor and provided valid data = 95.

Source: AIHW analyses of OSR data collection, 2012–13.

Table D7: Number of counsellors, by highest level of qualification and remoteness area, as at 30 June 2013

	Major cities		Inner regional		Outer regional		Remote		Very remote		Total	
Highest qualification	**Number**	**Per cent**	**Number**	**Per cent**	**Number**	**Per cent**	**Number**	**Per cent**	**Number**	**Per cent**	**Number**	**Per cent**
Bachelor's degree or higher	13	32.5	20	33.9	17	45.9	10	41.7	11	42.3	71	38.2
Diploma or associate diploma	12	30.0	15	25.4	9	24.3	7	29.2	2	7.7	45	24.2
Certificate/other	8	20.0	13	22.0	9	24.3	2	8.3	11	42.3	43	23.1
Attaining qualification/no qualification	7	17.5	11	18.6	2	5.4	5	20.8	2	7.7	27	14.5
Total	**40**	**100.0**	**59**	**100.0**	**37**	**100.0**	**24**	**100.0**	**26**	**100.0**	**186**	**100.0**

Source: AIHW analyses of OSR data collection, 2012–13.

Table D8: Number of formal training courses undertaken by counsellors, by remoteness area, 2012–13

Major cities	Inner regional	Outer regional	Remote	Very remote	Total
14	34	19	23	14	104

Note: The number of organisations that undertook training = 51 (*Major cites n* = 8, *Inner regional n* = 19, *Outer regional n* = 6, *Remote n* = 8 and *Very remote n* = 10).

Source: AIHW analyses of OSR data collection, 2012–13.

Table D9: Organisations providing professional supervision, by provider of supervision, 2012–13

Provider of supervision	Number	Per cent
Internal supervisor	21	29.6
External supervisor	31	43.6
Both	19	26.7
Total	**71**	**100.0**

Source: AIHW analyses of OSR data collection, 2012–13.

Table D10: Organisations providing professional supervision, by length of supervision per counsellor per week and remoteness area, 2012–13

Hours of counsellor supervision per week	Major cities	Inner regional	Outer regional	Remote	Very remote	Total
Less than half an hour	11	13	12	5	6	47
Between half and 1 hour	0	3	1	2	1	7
Between 1 and 2 hours	2	0	2	1	3	8
Between 2 and 5 hours	2	0	0	0	2	4
5 hours or more	2	1	0	1	1	5
Total	**17**	**17**	**15**	**9**	**13**	**71**

Source: AIHW analyses of OSR data collection, 2012–13.

Table D11: Organisations providing professional supervision, by length of supervision per counsellor per week and jurisdiction, 2012–13

Hours of counsellor supervision per week	NSW/ACT	Vic	Qld	WA	SA	Tas	NT	Total
Less than half an hour	12	9	8	9	5	1	3	47
Between half and 1 hour	1	0	1	2	0	1	2	7
Between 1 and 2 hours	2	1	1	1	1	0	2	8
Between 2 and 5 hours	0	1	2	1	0	0	0	4
5 hours or more	1	0	2	1	1	0	0	5
Total	**16**	**11**	**14**	**14**	**7**	**2**	**7**	**71**

Source: AIHW analyses of OSR data collection, 2012–13.

Table D12: Organisations providing SEWB services, by type of support provided to staff, 2012–13

Support available	Number	Per cent
Debriefing (counsellor receives personal support in working through difficult cases)	78	87.6
Case counselling (liaison with other workers in relation to care for the client)	80	89.9
Counsellor network meetings	55	61.8
Regular meeting with clinical supervisor mentor—senior counsellor from this organisation	41	46.1
Regular meeting with clinical supervisor mentor —senior counsellor based at another organisation	35	39.3
Regular meeting with clinical supervisor mentor—general practitioner	19	21.3
Regular meeting with clinical supervisor mentor—psychiatrist	15	16.9
Telephone support available through counsellor/supervisor/mentor	55	61.8
Cultural mentoring/support	57	64.0
Peer support (work colleagues)	77	86.5
Other	6	6.7

Note: 89 SEWB organisations employed at least 1 counsellor.

Source: AIHW analyses of OSR data collection, 2012–13.

Table D13: Organisations providing Link Up services by type of support provided to staff, 2012–13

Support available	Number	Per cent
Debriefing (counsellor receives individual support in working through difficult cases)	9	100.0
Debriefing (caseworker receives individual support in working through difficult cases)	8	88.9
Casework assistance (liaison with others in relation to the client)	9	100.0
Link Up network meetings	8	88.9
Cultural mentoring	5	55.6
Cultural supervision	6	66.7
Telephone support available through counsellors/supervisor/mentor	8	88.9
Peer support (work colleagues)	9	100.0
Other	5	55.6

Note: 9 Link Up organisations (all staff types included).

Source: AIHW analyses of OSR data collection, 2012–13.

Table D14: Number of vacant counsellor positions, by remoteness area, as at 30 June 2013

Remoteness area	Number	Per cent
Major cities	10	31.3
Inner regional	3	9.4
Outer regional	7	21.9
Remote	8	25.0
Very remote	4	12.5
Total	**32**	**100.0**

Source: AIHW analyses of OSR data collection, 2012–13.

Table D15: Number of clients, by Indigenous status, Stolen Generation, sex and remoteness area, 2012–13

Remoteness area		First Stolen Generation	Second Stolen Generation	Third and subsequent Stolen Generations	Other Indigenous	Non-Indigenous	Indigenous status unknown	Total
Major cities	Male	184	495	270	496	215	68	1,728
	Female	278	337	217	935	366	131	2,264
	Not recorded	4	36	48	25	0	14	127
Inner regional	Male	109	86	172	658	62	18	1,105
	Female	150	121	133	1,372	82	47	1,905
	Not recorded	0	160	600	0	0	1,928	2,688
Outer regional	Male	110	135	149	1,215	68	9	1,686
	Female	229	303	351	1,489	41	4	2,417
	Not recorded	n.p.	n.p.	n.p.	60	n.p.	n.p.	63
Remote	Male	119	114	154	483	25	9	904
	Female	224	172	253	747	61	28	1,485
	Not recorded	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	2
Very remote	Male	11	54	31	423	5	0	524
	Female	28	89	46	337	31	1	532
	Not recorded	40	127	5	120	3	0	295
Total		**1,487**	**2,229**	**2,430**	**8,361**	**959**	**2,259**	**17,725**

Note: Number of organisations = 97 (*Major cites n* = 22, *Inner regional n* = 24, *Outer regional n* = 23, *Remote n* = 13 and *Very remote n* = 15).

Source: AIHW analyses of OSR data collection, 2012–13.

Table D16: Number of client contacts, by sex and remoteness area, 2012–13

	Male		Female		Not recorded		Total	
Remoteness area	**Number**	**Per cent**	**Number**	**Per cent**	**Number**	**Per cent**	**Number**	**Per cent**
Major cities	6,283	20.0	11,362	24.9	3,652	30.3	21,297	23.9
Inner regional	11,248	35.8	13,042	28.5	2,102	17.4	26,392	29.6
Outer regional	6,244	19.9	9,676	21.2	75	0.6	15,995	17.9
Remote	4,473	14.3	8,361	18.3	2	0.0	12,836	14.4
Very remote	3,128	10.0	3,253	7.1	6,219	51.6	12,600	14.1
Total	**31,376**	**100.0**	**45,694**	**100.0**	**12,050**	**100.0**	**89,120**	**100.0**

Note: Number of organisations = 97 (*Major cites n* = 22, *Inner regional n* = 24, *Outer regional n* = 23, *Remote n* = 13 and *Very remote n* = 15).

Source: AIHW analyses of OSR data collection, 2012–13.

Table D17: SEWB organisations providing group activities, by type of activity, 2012–13

Type of activity	**Number**	**Per cent**
Counselling group	36	56.3
Support groups	50	78.1
Community-based education and prevention	49	77.6
Cultural groups	42	65.6
Other	**10**	**15.6**

Notes

1. There were 64 SEWB organisations that ran group activities.
2. Organisations can provide more than 1 type of activity.

Source: AIHW analyses of OSR data collection, 2012–13.

Table D18: Proportion of counsellors' work time, by type of activity, 2012–13

	Proportion of work time spent	
Type of activity	**Link Up**	**SEWB**
Working directly with individual clients providing counselling/support/advocacy	36.0	52.0
Service promotion	9.7	7.5
Working with groups (e.g. support groups, specific therapy groups)	. .	12.0
Administration	11.0	13.0
Outreach and/or travel	7.0	11
Researching family history*	19.0	. .
Reunion related activities including organisation and conduct of reunions*	16.0	. .
Other	1.2	3.7
Total	**100.0**	**100.0**

* These activities were only conducted by Link Up organisations.

Note: There were 89 SEWB organisations and 9 Link Up organisations.

Source: AIHW analyses of OSR data collection, 2012–13.

Appendix E: Tables for Chapter 6—substance-use organisations

This appendix provides statistical tables for the substance-use analysis in Chapter 6.

Table E1: Number of substance-use organisations, by jurisdiction, 2012–13

	Number	Per cent
NSW	14	22.2
Vic	4	6.3
Qld	11	17.5
WA	10	15.9
SA	6	9.5
Tas	2	3.2
NT	16	25.4
Total	**63**	**100.0**

Source: AIHW analyses of OSR data collection, 2012–13.

Table E2: Number of substance-use organisations, by remoteness area, 2012–13

	Number	Per cent
Major cities	12	19.0
Inner regional	11	17.5
Outer regional	13	20.6
Remote	11	17.5
Very remote	16	25.4
Total	**63**	**100.0**

Source: AIHW analyses of OSR data collection, 2012–13.

Table E3: Number of substance-use organisations, by common substance-use issues reported and remoteness area, 2012–13

Substance-use issue	Major cities	Inner regional	Outer regional	Remote	Very remote	Total
Alcohol	12	11	13	11	16	**63**
Cannabis/marijuana	11	11	13	10	16	**61**
Tobacco/nicotine	4	6	10	7	13	**40**
Multiple drug use	7	8	9	2	8	**34**
Amphetamines	9	6	6	1	5	**27**

Note: Organisations were asked to report on their 5 most important substance-use issues in terms of staff time and organisational resources.
Source: AIHW analyses of OSR data collection, 2012–13.

Table E4: All substance-use issues reported by organisations, 2012–13

Substance-use issue	Number	Per cent
Alcohol	63	100.0
Cannabis/marijuana	61	96.8
Tobacco/nicotine	40	63.5
Multiple drug use	34	54.0
Amphetamines	27	42.9
Benzodiazepines	14	22.2
Petrol	13	20.6
Other solvents/inhalants	13	20.6
Heroin	9	14.3
Morphine	4	6.3
Barbiturates	3	4.8
Cocaine	3	4.8
Kava	2	3.2
Ecstasy	1	1.6
Other	1	1.6

Note: Organisations were asked to report on their 5 most important substance-use issues in terms of staff time and organisational resources.
Source: AIHW analyses of OSR data collection, 2012–13.

Table E5: Most important SEWB issues reported, by remoteness area, 2012–13

	Major cities		Inner regional		Outer regional		Remote		Very remote		Total	
SEWB issue	**Number**	**Per cent**	**Number**	**Per cent**	**Number**	**Per cent**	**Number**	**Per cent**	**Number**	**Per cent**	**Number**	**Per cent**
Family/relationship issues	11	91.7	6	54.5	12	92.3	8	72.7	12	75.0	49	77.8
Anxiety/stress	10	83.3	8	72.7	9	69.2	7	63.6	9	56.3	43	68.3
Depression/hopelessness	10	83.3	9	81.8	11	84.6	9	81.8	15	93.8	54	85.7
Grief and loss issues	8	66.7	9	81.8	11	84.6	4	36.4	14	87.5	46	73.0
Family/community violence	6	50.0	4	36.4	4	30.8	5	45.5	11	68.8	30	47.6
Self-harm/suicide	5	41.7	3	27.3	6	46.2	6	54.5	8	50.0	28	44.4
Schizophrenia or other psychotic disorder	4	33.3	4	36.4	3	23.1	4	36.4	2	12.5	17	27.0
Trauma	3	25.0	5	45.5	4	30.8	1	9.1	1	6.3	14	22.2
Survivor of childhood sexual assault	1	8.3	–	–	1	7.7	1	9.1	–	–	3	4.8
Sexual assault	–	–	–	–	–	–	2	18.2	–	–	2	3.2
Removal from homelands/traditional country	1	8.3	1	9.1	–	–	1	9.1	–	–	3	4.8
Stolen generation issues	–	–	1	9.1	2	15.4	3	27.3	1	6.3	7	11.1
Loss of cultural identity	–	–	1	9.1	2	15.4	3	27.3	2	12.5	8	12.7
Other	–	–	–	–	–	–	1	9.1	1	6.3	2	3.2

Note: Organisations were asked to report on their 5 most important SEWB issues in terms of staff time and organisational resources.

Source: AIHW analyses of OSR data collection, 2012–13.

Table E6: Number of substance-use organisations, by type of service provided and remoteness area, 2012–13

Service type	Major cities	Inner regional	Outer regional	Remote	Very remote	Total
Residential	5	4	6	6	6	27
Sobering up	2	0	5	3	5	15
Non-residential	10	11	12	11	15	59

Note: Sobering up includes sobering up, residential respite and short-term care services. Non-residential includes non-residential/day centre, mobile/night patrol, and after-care and outreach services. A service could provide more than 1 type of service.

Source: AIHW analyses of OSR data collection, 2012–13.

Table E7: Number of substance-use organisations, by all types of services provided, 2012–13

Substance-use service	Number	Per cent
Residential treatment/rehabilitation	27	42.9
Residential respite	4	6.3
Sobering up centre/program	11	17.5
Non-residential counselling/rehabilitation	36	57.1
Mobile assistance patrol/night patrol	10	15.9
Transitional after-care service	22	34.9
Outreach AOD service	49	77.8

Note: A service could provide more than 1 type of service.

Source: AIHW analyses of OSR data collection, 2012–13.

Table E8: Number of substance-use organisations, by primary treatment model, 2012–13

Primary treatment model	Number	Per cent
Controlled substance misuse	19	30.2
Abstinence	10	15.9
Indigenous healing	1	1.6
Harm reduction	21	33.3
Other	12	19.0
Total	**63**	**100.0**

Source: AIHW analyses of OSR data collection, 2012–13.

Table E9: Number of substance-use organisations, by type of treatments used, 2012–13

Treatment type	Number	Per cent
Assessment only	27	42.9
Counselling	60	95.2
Information and education	62	98.4
Pharmacotherapy	11	17.5
Rehabilitation	31	49.2
Support and case management	59	93.7
Withdrawal management (detoxification)	17	27.0

Note: Organisations reported on all treatment types used.
Source: AIHW analyses of OSR data collection, 2012–13.

Table E10: Number of substance-use clients, by remoteness area, 2008–09 to 2012–13

	2008–09		2009–10		2010–11		2011–12		2012–13	
Remoteness area	**Number**	**Per cent**	**Number**	**Per cent**	**Number**	**Per cent**	**Number**	**Per cent**	**Number**	**Per cent**
Major cities	11,009	47.5	12,994	49.4	15,993	56.0	11,430	35.1	10,753	21.6
Inner regional	958	4.1	872	3.3	1,759	6.2	727	2.2	3,578	7.2
Outer regional	2,673	11.5	2,554	9.7	1,736	6.1	4,780	14.7	13,263	26.7
Remote	7,835	33.8	9,008	34.2	5,353	18.7	10,922	33.5	14,822	29.8
Very remote	703	3.0	883	3.4	3,711	13.0	4,706	14.5	7,270	14.6
Total	**23,178**	**100.0**	**26,311**	**100.0**	**28,552**	**100.0**	**32,565**	**100.0**	**49,686**	**100.0**

Note: This time series is affected by a few organisations with a large client base, who did not report in 2011–12, reporting data from 2012–13.
Source: AIHW analyses of OSR data collection, 2012–13.

Table E11: Number of substance-use clients, by type of service, 2012–13

Type	Client number
Residential	2,673
Sobering up	5,099
Non-residential	38,896

Note: A client might receive more than 1 type of service.
Source: AIHW analyses of OSR data collection, 2012–13.

Table E12: Number of substance-use episodes of care, by remoteness area, 2008–09 to 2012–13

	2008–09		2009–10		2010–11		2011–12		2012–13	
Remoteness area	**Number**	**Per cent**	**Number**	**Per cent**	**Number**	**Per cent**	**Number**	**Per cent**	**Number**	**Per cent**
Major cities	34,516	50.7	41,107	54.3	57,202	60.7	38,335	51.7	41,821	13.7
Inner regional	2,113	3.1	1,975	2.6	3,256	3.5	1,224	1.7	19,089	6.3
Outer regional	2,755	4.0	2,812	3.7	2,752	2.9	10,276	13.9	55,500	18.2
Remote	24,947	36.6	24,445	32.3	16,580	17.6	12,871	17.4	145,657	47.8
Very remote	3,769	5.5	5,401	7.1	14,417	15.3	11,380	15.4	42,866	14.1
Total	**68,100**	**100.0**	**75,740**	**100.0**	**94,207**	**100.0**	**74,086**	**100.0**	**304,933**	**100.0**

Source: AIHW analyses of OSR data collection, 2012–13.

Table E13: Number of substance-use episodes of care, by type of service, 2012–13

Type	Episodes of care
Residential	2,642
Sobering up	24,124
Non-residential	278,167

Source: AIHW analyses of OSR data collection, 2012–13.

Table E14: Number of substance-use organisations receiving referred clients, by referral source and remoteness area, 2012–13

	Major cities		Inner regional		Outer regional		Remote		Very remote		Total	
Referral sources	**Number**	**Per cent**	**Number**	**Per cent**	**Number**	**Per cent**	**Number**	**Per cent**	**Number**	**Per cent**	**Number**	**Per cent**
Aboriginal medical service	10	83.3	9	81.8	10	76.9	9	81.8	12	75.0	50	79.4
Mental health service	11	91.7	10	90.9	10	76.9	9	81.8	11	68.8	51	81.0
Hospital	10	83.3	8	72.7	7	53.8	10	90.9	11	68.8	46	73.0
Mainstream community health service	11	91.7	9	81.8	9	69.2	8	72.7	11	68.8	48	76.2
Mainstream drug and alcohol service	12	100	10	90.9	9	69.2	8	72.7	9	56.3	48	76.2
Family member/elder/ friend	12	100	11	100	12	92.3	10	90.9	13	81.3	58	92.1
Self-referred/walk in	11	91.7	11	100	12	92.3	10	90.9	14	87.5	58	92.1
Justice system/ police/court	9	75.0	6	54.5	10	76.9	8	72.7	11	68.8	44	69.8

Source: AIHW analyses of OSR data collection, 2012–13.

Appendix F: Data quality

The Online Services Report (OSR) database collects organisational level information from Aboriginal and Torres Strait Islander health organisations that are funded by the Australian Government. The number of organisations submitting data is likely to change each year depending on whether they receive funding. In 2012–13, 260 organisations submitted data to OSR.

The AIHW annually compiles OSR data submitted by health organisation to monitor service activities at a national level. Where needed, AIHW staff contact relevant organisations to clarify data issues and request additional or corrected data. Common data quality problems identified in the 2012–13 OSR collection were inaccurate data and divergence of data among 2 or more questions. Reasons for these issues were the lack of complete records of data, insufficient data management resources to support the data collection or incorrect use of Patient Information and Recall System (PIRS), PEN-CAT audit tool and OCHREStreams online reporting facilities.

Some data presented in this report, particularly around client numbers, episodes of care and client contacts may be estimates of actual figures and should be used and interpreted with caution. Some organisations were unable to provide accurate data. The AIHW assessed that some of these estimates were likely to either underestimate or overestimate actual figures and were therefore excluded from analyses.

From 2012–13, a revised instrument was introduced which sub-divided the questionnaire into modules for ease of completion. The wording and response categories of some existing questions also changed which resulted in a break in time series data for some questions (see Table F1). From 2012–13, some questions were pre-populated from PIRS. This may improve data quality; however there may also be some differences in numbers for some services as a result of this.

More information on data quality can be found on the AIHW's METeOR website <http://meteor.aihw.gov.au/content/index.phtml/itemId/561251>.

Table F1: Changes to the OSR questionnaire

Items	Details	Notes
Accreditation	The category of 'not accredited' was no longer collected.	The 2012–13 questionnaire asked whether a health organisation was accredited with RACGP or organisational standards. It did not ask whether an organisation was accredited with other standards or did not have accreditation.
Clinical health activities	A few types of activities were no longer collected, such as: • Outreach clinic services • Interpreting services • Immunisation and vaccination registers • Maintains health registers.	
Population health programs	A few types of programs were no longer collected, such as: • regularly organise pneumococcal immunisations • routinely organise influenza immunisation • dietary and nutrition programs • child growth monitoring.	The 2012–13 questionnaire collected data on population health programs at the organisational level, which previously were collected only for primary health organisations.
Screening programs	Most programs were no longer collected, for example, eye screening and renal screening.	
Community services	A few types of services were no longer collected, such as: • school-based activities • medical evacuation services • youth camps.	The 2012–13 questionnaire collected data on advocacy, planning and policy, research and cultural promotion activities at the organisational level, which previously were collected only for primary health-care organisations.

Appendix G: Statistical analysis

A linear regression model was used to predict the number of FTE health vacancies at primary health-care organisations by examining a number of variables such as location, organisation type, service delivery purpose and number of clients.

Data from 197 organisations were included in this analysis. The number of service delivery sites and clients ('000) were 2 of the factors that had a significant influence at $p<0.05$ level. Results are shown in Table G1. The R^2 values indicate that factors other than those used as explanatory variables in the model also influence the number of vacancies

Table G1: Linear regression model to predict number of FTE health vacancies

Variable	DF	Parameter Estimate	Standard Error	t Value	Pr > |t|
Intercept	1	−1.37897	0.55386	−2.49	0.0136
Number of service delivery sites	1	0.60691	0.10184	5.96	<.0001
Remoteness area	1	0.11741	0.11768	1.00	0.3197
ACCHO or not	1	0.46826	0.47530	0.99	0.3258
Provided substance-use services or not	1	1.10889	0.53006	2.09	0.0378
Provided SEWB or Link Up services or not	1	0.64121	0.37014	1.73	0.0848
RACGP accreditation	1	0.15423	0.45966	0.34	0.7376
Number of clients ('000)	1	0.26085	0.06834	3.82	0.0002

Notes

1. $n = 197$ $R^2 = 0.36$.
2. DF refers to Degrees of Freedom; Pr > |t| estimates the probability that there is no association between the dependant and independent variables.

Linear regression was used to examine the relationship between the number of staff per 1,000 clients and the number of contacts per client. The regression analysis predicted whether a health organisation with more staff and particular types of staff would provide more primary health-care contacts to clients.

Data from 156 organisations were included in the analysis. This model includes all types of contacts and uses number of contacts per client as the predicted variable. Numbers of FTE doctors, AHWs and drivers were 3 of the factors that had a significant influence on the number of contacts provided for each client at $p<0.05$ level. The number of contacts per client is predicted to increase by 1.8 when increasing the number of FTE doctors per 1,000 clients by 1. The R^2 values indicate that factors other than those used as explanatory variables in the model also influence the number of contacts (see Table G2).

Table G2: Linear regression model to predict number of primary health contacts per client

Variable	DF	Parameter Estimate	Standard Error	t Value	Pr > |t|
Intercept	1	5.00974	0.95711	5.23	<.0001
Doctor (FTE) per 1,000 clients	1	1.76261	0.61835	2.85	0.0050
Nurse (FTE) per 1,000 clients	1	0.32600	0.18982	1.72	0.0880
AHW (FTE) per 1,000 clients	1	0.28316	0.13924	2.03	0.0438
Other health staff (FTE) per 1,000 clients	1	–0.01218	0.09691	–0.13	0.9002
Driver (FTE) per 1,000 clients	1	1.54302	0.32342	4.77	<.0001

Notes

1. $n = 156$ $R^2 = 0.30$.
2. DF refers to Degrees of Freedom; Pr > |t| estimates the probability that there is no association between the dependant and independent variables.

Table G3 shows a further regression model after excluding transport contacts. Numbers of FTE doctors, nurses and AHWs have a significant influence on the number of non-transport contacts per client at $p<0.05$ level.

Table G3: Linear regression model to predict number of primary health contacts per client (excluding transport)

Variable	DF	Parameter Estimate	Standard Error	t Value	Pr > |t|
Intercept	1	5.18980	0.89556	5.80	<.0001
Doctor (FTE) per 1,000 clients	1	2.14522	0.55058	3.90	0.0001
Nurse (FTE) per 1,000 clients	1	0.40614	0.17690	2.30	0.0231
AHW (FTE) per 1,000 clients	1	0.26568	0.12989	2.05	0.0426
Other health staff (FTE) per 1,000 clients	1	–0.01585	0.09073	–0.17	0.8615

Note: $n = 156$ $R^2 = 0.18$.

Appendix H: Workforce

This appendix provides a list of staff included in the OSR collection.

General and other staff

Chief Executive Officer (CEO)

Manager/supervisor

Driver/field officer

Finance and accounting staff

Administrative and clerical staff

IT and data management staff

Cleaner/security/other support staff

Administrative/support trainee

Health professionals/workers

Aboriginal and Torres Strait Islander health worker (AHW)

Aboriginal and Torres Strait Islander health practitioner (AHP)

Doctor/general practitioner (GP)

Nurse

Midwife

Substance misuse/drug and alcohol worker

Tobacco worker/coordinator

Dentists/dental therapist

Dental support (for example, dental assistant, dental technician)

Sexual health worker

Outreach worker

Traditional healer

Environmental health worker/officer

Medical specialist (for example, paediatrician; endocrinologist; ophthalmologist; obstetrician/gynaecologist; ear, nose and throat specialist; cardiologist; renal medicine specialist; psychiatrist; dermatologist; surgeon)

Social and emotional wellbeing staff/counsellor (for example, psychologist, counsellor, social worker, welfare worker, Link Up caseworker)

Allied health professional (for example, audiologist/audiometrist, diabetes educator, dietician, optometrist, pharmacist, physiotherapist, podiatrist, speech pathologist)

Health promotion/prevention worker

Training/trainee position

Appendix I: Maps of organisations for jurisdictions

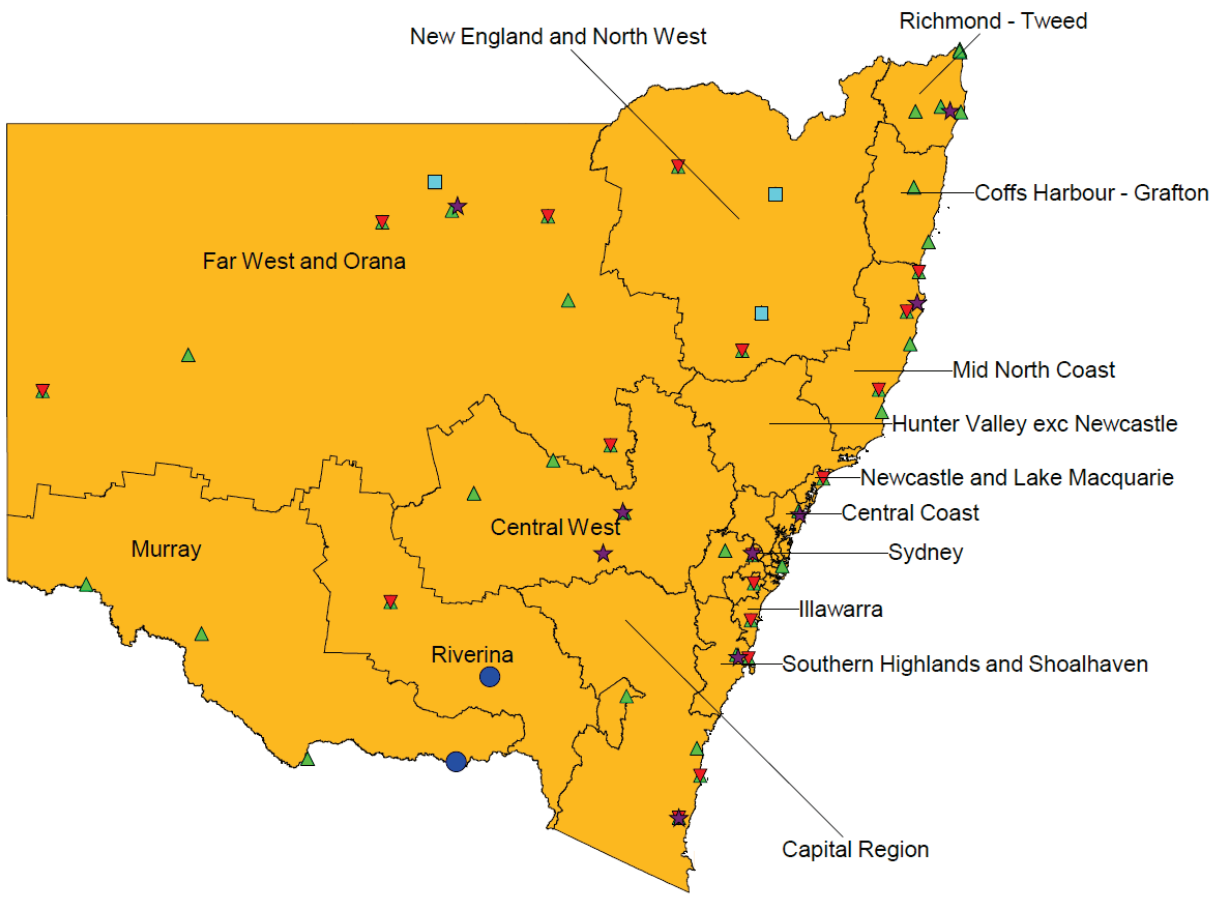
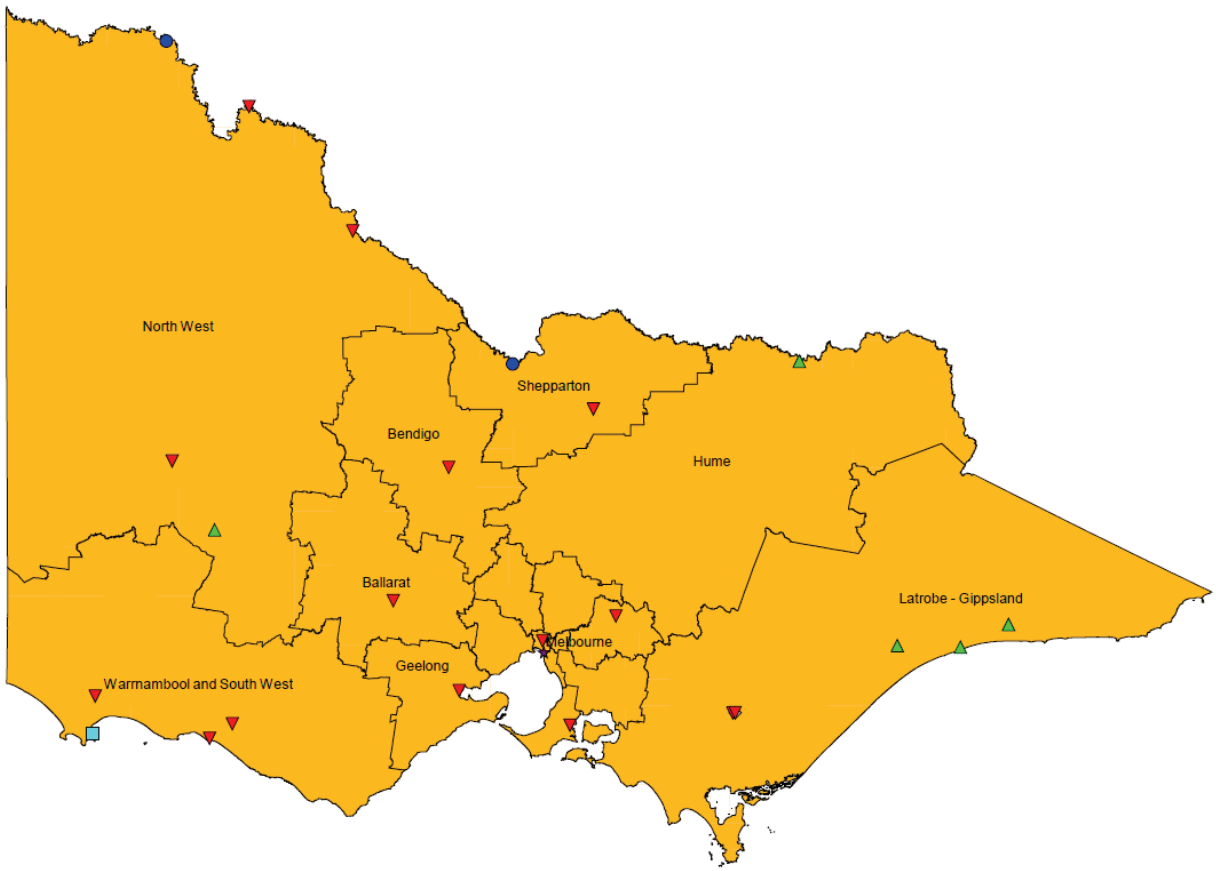


Figure I1: Distribution of organisations, New South Wales and the Australian Capital Territory



Primary health-care services only

Primary health-care and SEWB or Link Up services

Primary health-care and substance-use services

Primary health-care, substance-use and SEWB or Link Up services

Substance-use services only

Substance-use and SEWB or Link Up services

SEWB or Link Up services only

Figure I2: Distribution of organisations, Victoria

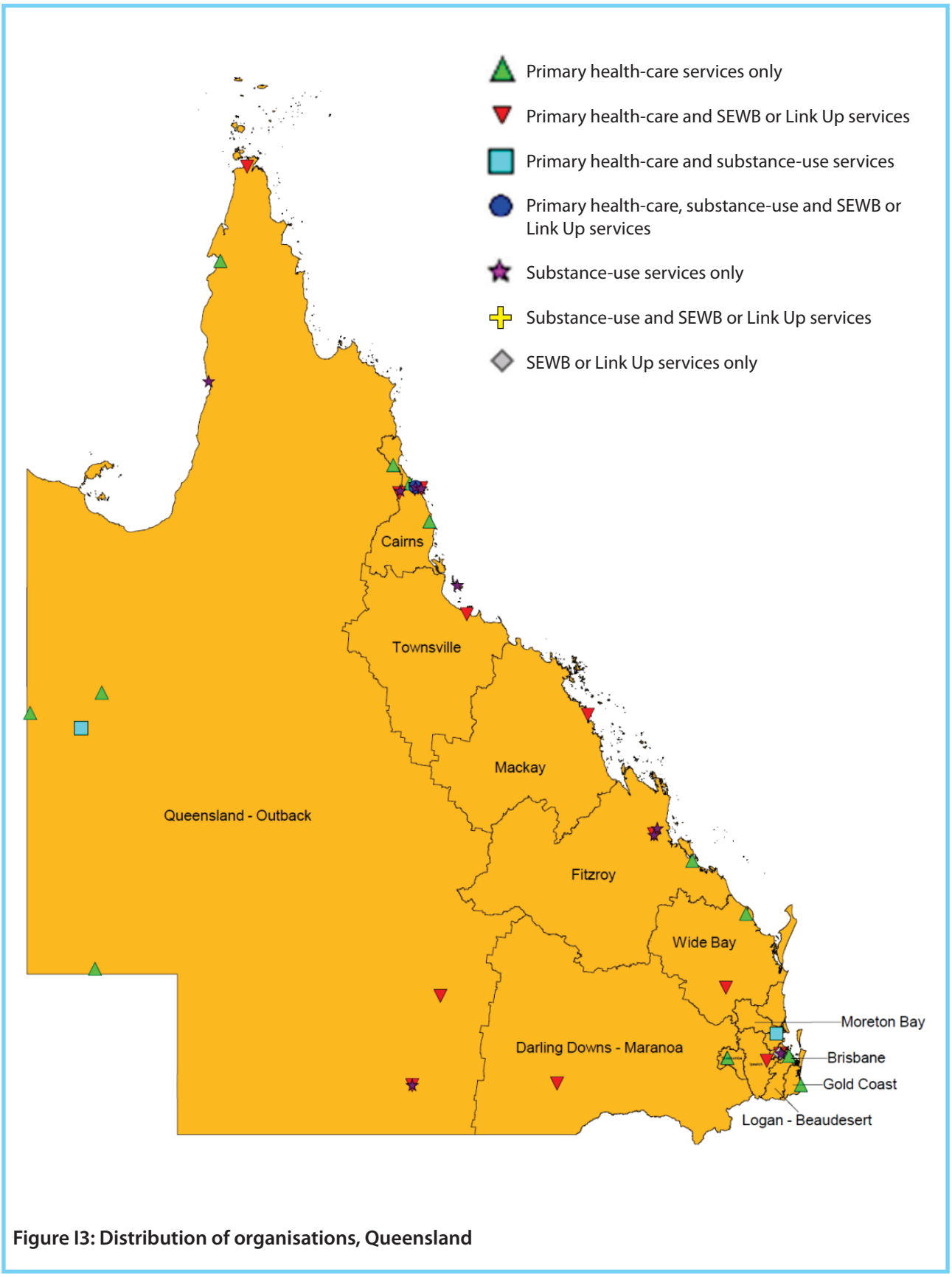


Figure I3: Distribution of organisations, Queensland

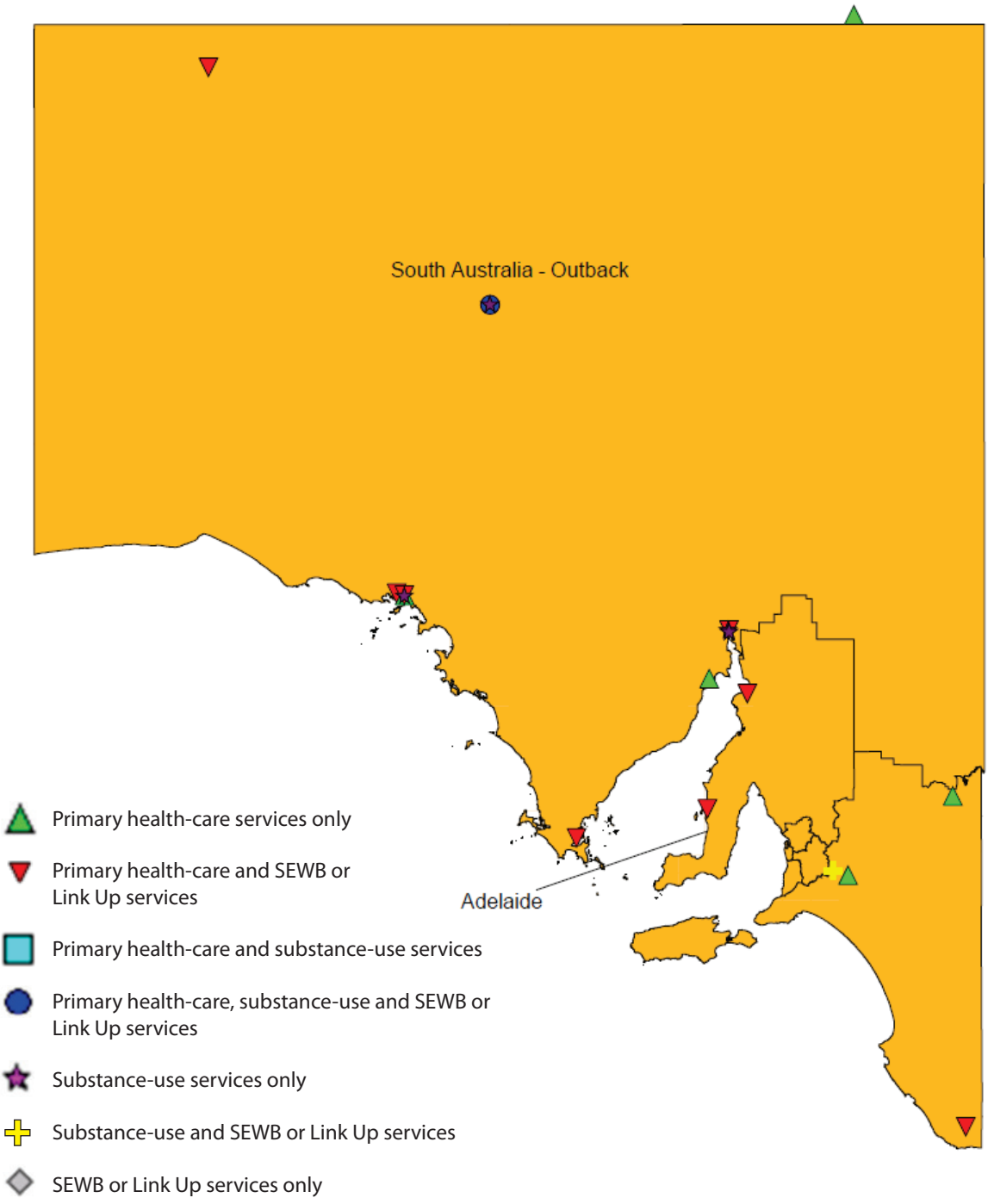


Figure I4: Distribution of organisations, South Australia

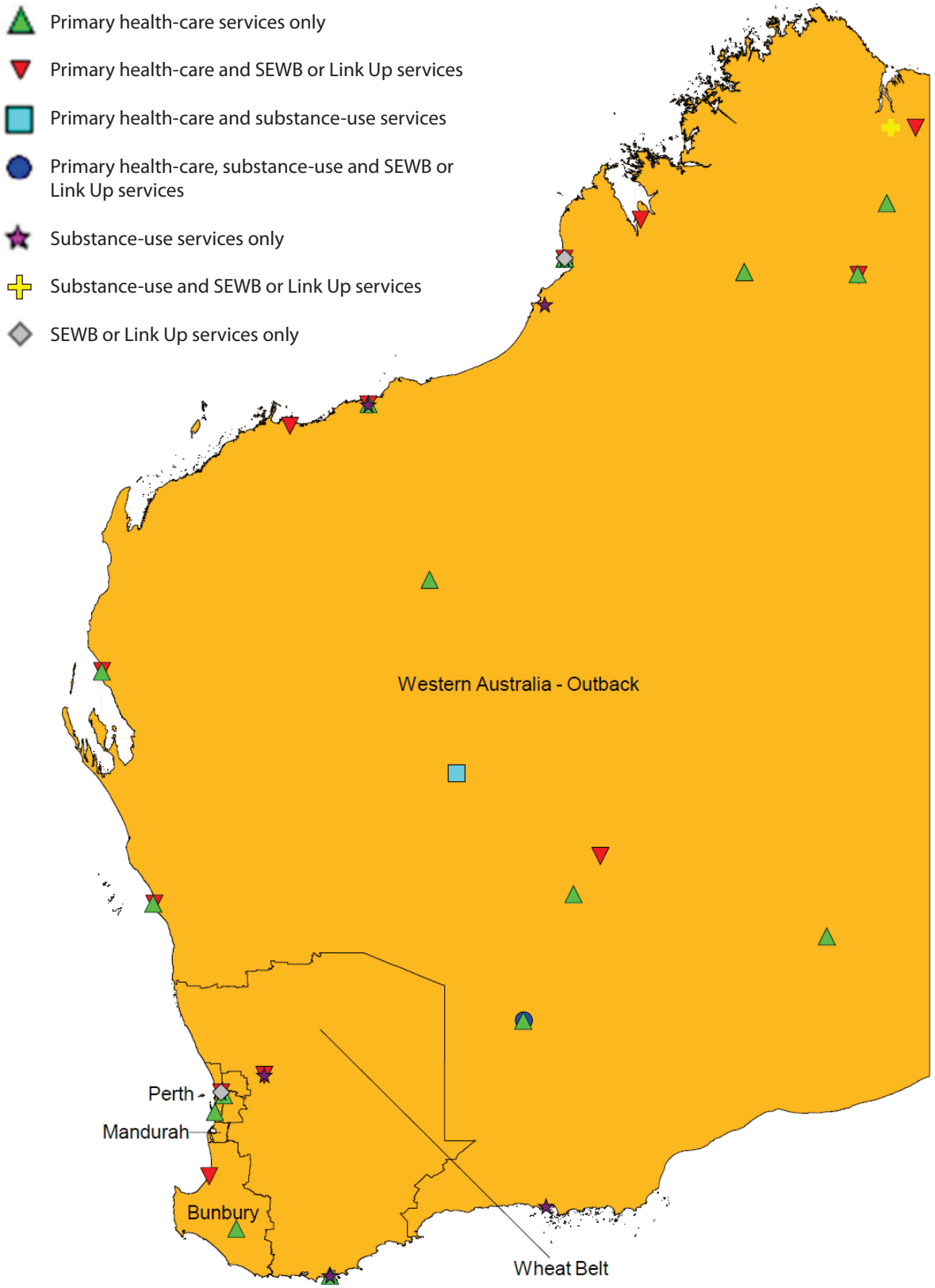


Figure I5: Distribution of organisations, Western Australia

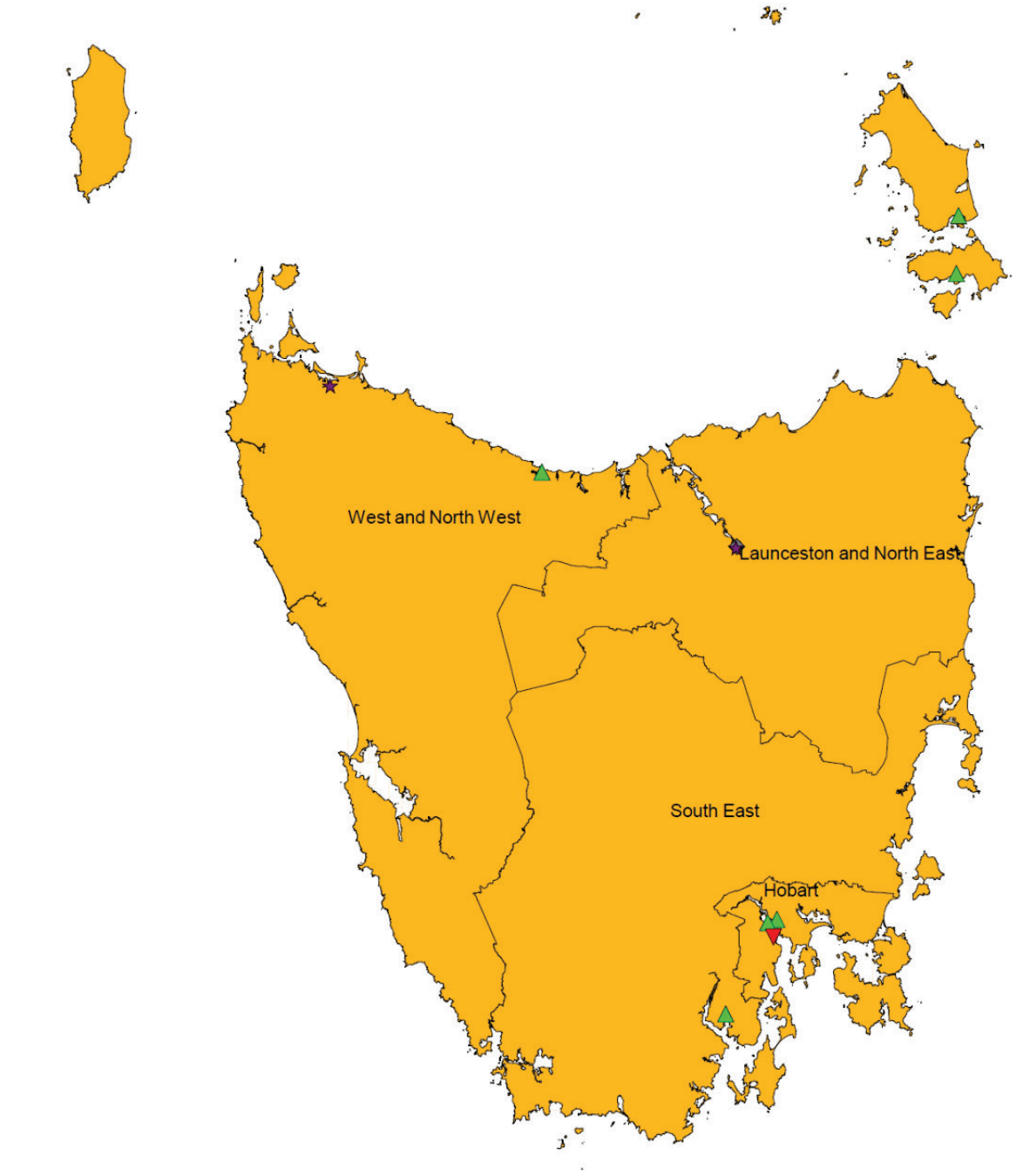
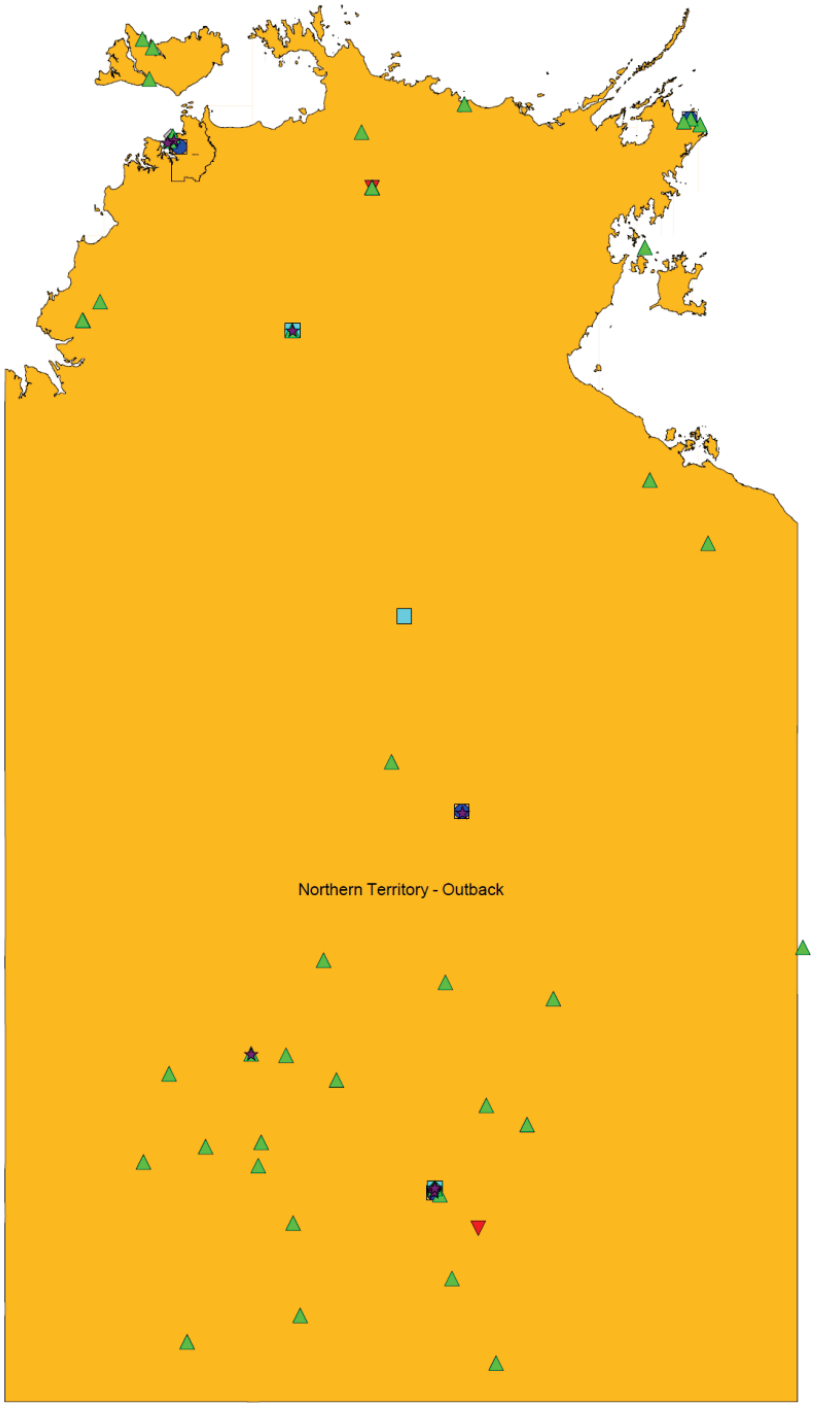


Figure I6: Distribution of organisations, Tasmania



Primary health-care services only

Primary health-care and SEWB or Link Up services

Primary health-care and substance-use services

Primary health-care, substance-use and SEWB or Link Up services

Substance-use services only

Substance-use and SEWB or Link Up services

SEWB or Link Up services only

Figure I7: Distribution of organisations, Northern Territory

Glossary

Aboriginal Community Controlled Health Organisations (ACCHOs): Health-care services operated by local Indigenous communities to deliver comprehensive, holistic and culturally appropriate health-care to the communities and controlled through a locally elected board of management. They range from large services with several medical practitioners who provide a range of services, to small services that rely on nurses and/or Aboriginal health workers to provide most services. For more information see <www.naccho.org.au>.

Aboriginal and Torres Strait Islander health worker (AHW): an Aboriginal and/or Torres Strait Islander person with a minimum qualification in the fields of primary health-care work or clinical practice. This includes Aboriginal and Torres Strait Islander health practitioners (AHP) who are 1 speciality stream of health worker. AHWs liaise with patients, clients and visitors to hospitals and health clinics and work as a team member to arrange, coordinate and provide health-care delivery in community health clinics.

Aboriginal and Torres Strait Islander health practitioner (AHP): An AHP has completed a Certificate IV Aboriginal and Torres Strait Islander Primary Health-Care (Practice) and is registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia. An AHP may undertake higher levels of clinical assessment and care within their agreed scope of practice. This role became nationally registered from 1 July 2012 under the National Registration and Accreditation Scheme for health professions.

Accessibility/Remoteness Index of Australia (ARIA): ARIA measures the remoteness of a point based on the physical road distances to the nearest urban centre in each of 5 size classes. Therefore, not all remoteness areas are represented in each state or territory.

There are 6 remoteness areas in this structure:

- *Major cities*—collection districts (CDs) with an average ARIA index value of 0–0.2
- *Inner regional* areas—CDs with an average ARIA index value greater than 0.2 and less than or equal to 2.4
- *Outer regional* areas—CDs with an average ARIA index value greater than 2.4 and less than or equal to 5.92
- *Remote* areas—CDs with an average ARIA index value greater than 5.92 and less than or equal to 10.53
- *Very remote* areas—CDs with an average ARIA index value greater than 10.53
- *Migratory*—composed of offshore, shipping and migratory CDs.

For more information, see ABS 2006.

allied health professionals: Health professionals who are registered under the National Registration Accreditation Scheme. They include professionals working in psychology, pharmacy, physiotherapy, occupational therapy, radiography, optometry, chiropractic, podiatry and osteopathy.

Australian Standard Geographical Classification: The Australian Standard Geographical Classification (ASGC) was used from 1984 to 2011 by the Australian Bureau of Statistics (ABS) for the collection and dissemination of geographically classified statistics. The ASGC provided a common framework of statistical geography which enabled the production of statistics that were comparable and could be spatially integrated.

client contacts: A summation of the individual client contacts that were made by each type of worker involved in the provision of health-care by the service.

episode of care: Contact between an individual client and a service by 1 or more staff to provide health-care.

first Stolen Generation clients: Clients who were moved from their families and communities.

full-time equivalent (FTE): An equivalent ratio that represents the number of hours a staff member works; that is, a service having 2 nurses, 1 working full-time and 1 working half-days, would indicate 1.5 FTE for both nursing positions combined.

Indigenous: A person of Australian Aboriginal and/or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander.

medical specialists: Medical practitioners who are registered as specialists under a law of state or territory or recognised as specialists or consultant physicians by a specialist recognition advisory committee, such as paediatricians; ophthalmologists; cardiologists; ear, nose and throat specialists; obstetricians and surgeons.

non-Indigenous: People who have declared they are not of Aboriginal and/or Torres Strait Islander descent.

non-residential service: Substance-use services that offer substance-use treatment/rehabilitation/education for clients predominately without the option of residing in-house.

non-residential/follow-up/after-care episode of care: Care provided to a client not in residential care, such as substance-use counselling, assessment, treatment, education, support or follow-up from residential services.

program: A planned, regular activity organised by the service.

remoteness structure: One of 7 geographical structures listed in the Australian Standard Geographic Classification (ASGC). Its purpose is to classify collection districts (CDs) that share common characteristics of remoteness into broad geographical regions called remoteness areas. Within a state or territory, each remoteness area represents an aggregation of CDs that share common characteristics of remoteness, determined in the context of Australia as a whole. It includes all CDs, so in aggregate covers the whole of Australia. Characteristics of remoteness are based on the Accessibility/Remoteness Index of Australia (ARIA).

residential service: Drug and alcohol services that offer temporary, live-in accommodation for clients requiring substance-use treatment and rehabilitation.

residential treatment/rehabilitation episode of care: Commences at admission into residential treatment or rehabilitation and ends at discharge.

second Stolen Generation clients: Those clients whose parent(s) are first Stolen Generation members.

shared-care: Where care is shared between practitioners and/or services in a formalised arrangement with an agreed plan to manage the patient. Details surrounding this arrangement depend on the practitioner involved, patient need and the health-care context.

Sobering up/residential respite clients: Clients who are in residential care overnight to sober up, or those who stay in residential care for 1–7 days for respite, and who do not receive formal rehabilitation.

Sobering up/residential respite/short-term episode of care: Commences at admission into a sobering up/residential respite/short-term care program and ends at discharge. One episode of care can last from 1–7 days.

social and emotional wellbeing (SEWB) or Link Up counsellors: Counsellors who provide a support service to Aboriginal and Torres Strait Islander communities, prioritising members of the Stolen Generations who have been directly or indirectly affected by the removal and separation of children from their families, and those going through the process of being reunited.

social and emotional wellbeing staff: These include (but are not limited to) psychologists, counsellors, mental health workers, social workers and welfare workers.

Tackling Smoking and Healthy Lifestyle program: this program is funded by the Australian Government and focuses on health promotion around smoking and healthy lifestyles to help close the gap in Aboriginal health and reduce chronic disease in Aboriginal people. The team is made up of regional tobacco action workers and Healthy Lifestyle workers, and are all trained outreach Aboriginal health workers.

third and subsequent Stolen Generation clients: Those clients whose grandparent(s) are first Stolen Generation members or who are directly descended from people who were moved from their families and communities in subsequent Stolen Generations.

List of tables

List of figures

Related publications

Australian Institute of Health and Welfare 2010. Aboriginal and Torres Strait Islander health services report 2008–09: OATSIH Services Reporting—key results.

Australian Institute of Health and Welfare 2011. Aboriginal and Torres Strait Islander health services report 2009–10: OATSIH Services Reporting—key results.

Australian Institute of Health and Welfare 2012. Aboriginal and Torres Strait Islander health services report 2010–11: OATSIH Services Reporting—key results.

Australian Institute of Health and Welfare 2013. Aboriginal and Torres Strait Islander health services report 2011–12: Online Services Report—key results.

References

ABS (Australian Bureau of Statistics) 2006. Statistical geography volume 1—Australian Standard Geographical Classification (ASGC) (Cat. no. 1216.0). Canberra: ABS.

ABS 2014. Estimates of Aboriginal and Torres Strait Islander Australians, June 2011 (Cat. no. 3238.0.55.001). Canberra: ABS. Viewed 25 February 2014, <http://www.abs.gov.au/ausstats/abs@.nsf/mf/3238.0.55.001>.

CSHISC (Community Services & Health Industry Skills Council) 2013. Implementation guide for HLT Health Training Package. CSHISC.

DOH (Department of Health) 2013a. Aboriginal and Torres Strait Islander Health Services. Viewed 26 February 2014, <http://www.health.gov.au/internet/main/publishing.nsf/Content/healthservicesaccreditation>.

DOH 2013b. Health Service Accreditation/Certification. Viewed 26 February 2014, <http://www.health.gov.au/internet/main/publishing.nsf/Content/healthservicesaccreditation>.

NACCHO (National Aboriginal Community Controlled Health Organisation) 2012. About us. Viewed 4 March 2014, <http://www.naccho.org.au/about-us/>.

This is the fifth national report on Aboriginal and Torres Strait Islander health organisations, funded by the Australian Government, Department of Health. In 2012–13:

- primary health-care organisations served around 417,000 clients in around 4.1 million contacts
- 186 counsellors in social and emotional wellbeing or Link Up counselling organisations provided 89,100 contacts to 17,700 clients; two-thirds of these counsellors were Indigenous
- substance-use rehabilitation and treatment services were provided to around 50,000 clients through more than 300,000 episodes of care.