Introduction

Aboriginal and Torres Strait Islander Australians experience significantly shorter life expectancy than non-Aboriginal and Torres Strait Islander Australians. Current estimates place this gap at 11.5 years for males (67.2 compared to 78.7 years) and 9.7 years for females (72.9 compared to 82.6 years). This shortened life expectancy is largely due to chronic conditions, including cardiovascular disease, diabetes, and respiratory disease.

In response to this, the Australian Government developed a number of Medicare items aimed at providing preventive primary health care services to limit the development of chronic disease, which included:

- 55+ health assessments (HAs) (55+ years)
- Adult health checks (AHCs) (15-54 years)
- Child health checks (CHCs) (0-14 years)
- Individuals are eligible for these assessments every 9, 18 and 12 months respectively.

The Divisions Performance Indicator (DPI) report examines the use of these items in Division catchment areas to improve the health of Aboriginal and Torres Strait Islander Australians.

Key findings of the DPI report 2008–2009

The Primary Health Care Research and Information Service (PHC RIS) collects and manages data from Divisions of General Practice 6 and 12 monthly reports, and the Annual Survey of Divisions (ASD). One hundred and thirteen Divisions completed 12 month reports against National Performance Indicators for the 2008-09 reporting period. What follows is a summary of the report’s key findings.

Overall health checks & population coverage

- Health checks increased in 2008-09, in line with population growth: there were 13,577 CHCs (13% increase), 17,658 AHCs (17% increase) and 4,932 HAs (25% increase) (Fig 1)
- A higher proportion of the eligible population received 55+ HAs (13%) than CHCs (7%) or AHCs (7%)
- Population coverage by health checks was greatest in the Northern Territory Divisions network, with 29% coverage by 55+ HAs, 12% by CHCs, and 10% by AHCs
- Tasmanian Divisions reported the lowest population coverage (1%), partly due to Aboriginal Medical Services not claiming the health checks through Medicare
- Divisions in remote areas reported the largest proportions of eligible patients receiving health checks (13% CHCs, 11% AHCs, 21% 55+ HAs) compared to Metropolitan areas (CHCs 5%, AHCs 5%, 55+ HAs 9%)

Figure 1  Proportion of eligible persons receiving service by jurisdiction

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Divisions’ activities related to improving access

Divisions with large Aboriginal and Torres Strait Islander populations were more likely to deliver programs aimed at increasing access compared to those with smaller populations. The activities reported by the highest proportions of Divisions were:

- Promotion of Indigenous health issues
- Participation in Indigenous communities (Fig 2).

However, higher population coverage by health checks was observed in the relatively small proportion of Divisions that were engaged in:

- Recruitment of Indigenous staff
- Professional development for Indigenous staff (Fig 3).

Barriers to enhancing access

In their explanations of this national performance indicator, Divisions identified the following barriers to improving access to Health Checks:

- Inadequate identification of Aboriginal and Torres Strait Islander status. This may be due to:
  - Limited understanding in general practice of the importance of identifying status
  - Hesitation among general practice staff to ask patients about status
  - Aboriginal and Torres Strait Islander people not self-identifying
  - Limitations of medical software to capture status information
- Workforce shortages hindered delivery of health checks
- Lack of awareness/acknowledgement of the need for preventive care services among Aboriginal and Torres Strait Islanders
- High mobility within the Aboriginal and Torres Strait Islander population
- Lack of patient transport to services.

Figure 2 Proportion of Divisions engaged in activities to improve Aboriginal and Torres Strait Islander access to services (n=113)

Enablers to enhancing access

Divisions identified the following enablers for improving access to Health Checks:

- Enhance identification of Aboriginal and Torres Strait Islander status
  - Use of practice visits, educational activities and distribution of resources to increase awareness and understanding of the importance of identifying Aboriginal and Torres Strait Islander status
  - Training in data management and extraction systems (e.g. PEN CAT) to prompt identification of status
- Allocation of practice nurses to areas of high need; and collaboration with Aboriginal Health Workers/Medical Services
- Enhancing connection with local Aboriginal and Torres Strait Islander communities
  - Training general practice in delivery of culturally appropriate services
  - Engaging trained Aboriginal Health Workers and liaison workers
  - Taking services into communities.

Figure 3 Effect of Division activities relating to recruitment and professional development of Indigenous staff on population coverage by Aboriginal and Torres Strait Islander health checks