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Indigenous patients

In the BEACH program (Bettering the Evaluation and Care of Health) between 2000 and 2008, Aboriginal people and/or Torres Strait Islanders accounted for approximately 1.1% of total BEACH encounters. We compare these encounters with all BEACH encounters.

Figure 1. Age distribution comparison

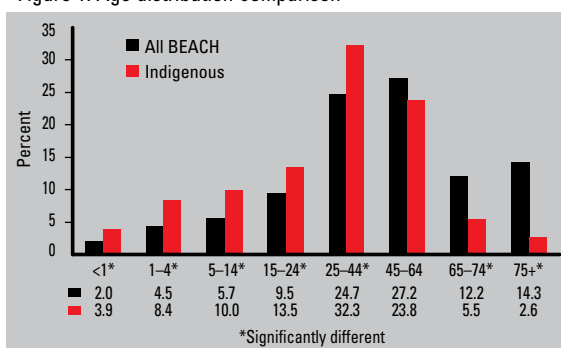
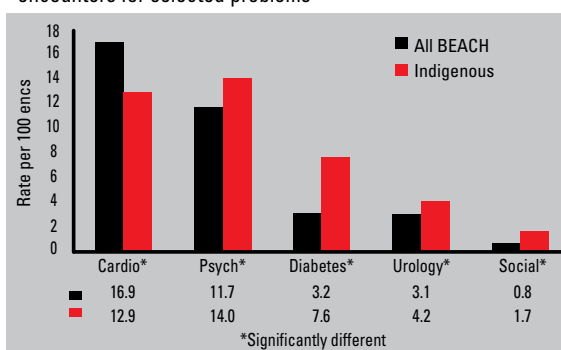


Figure 2. Comparison of all BEACH encounters and indigenous encounters for selected problems



■ Of all encounters with indigenous patients, almost 70% were with patients under 45 years of age. This vastly differs from all BEACH encounters, where 46% of patients were aged less than 45 years (Figure 1). In contrast, patients over 65 years of age made up 8% of indigenous encounters, but 27% of all BEACH encounters. The gender distribution was similar for both groups.

We selected four types of problems to compare between the two groups: cardiovascular, psychological, urological and social, and we examined diabetes on its own (Figure 2). Cardiovascular problems were the only group managed less often at indigenous encounters (12.9 per 100 encounters compared with 16.9 in all BEACH encounters), and this was mainly due to the significantly lower management rates of hypertension, blood pressure checks and atrial fibrillation. However, rheumatic fever/heart disease and cardiomyopathy were managed significantly more often at indigenous patient encounters.

The other three groups of problems, and diabetes, were managed at a significantly higher rate at indigenous encounters. Of psychological problems, drug abuse was managed significantly more at encounters with indigenous patients than at all BEACH encounters (1.8 cf. 0.5), together with alcohol and tobacco abuse (2.0 cf. 0.7) and schizophrenia (0.9 cf. 0.5). Diabetes was managed at indigenous encounters (7.6) at more than double the usual rate (3.2). Urological problems were also managed at a significantly higher rate at indigenous encounters at 4.2 per 100 encounters compared with 3.1 in total BEACH. Specifically, renal failure was significantly higher in encounters with indigenous patients, at 0.7 per 100 encounters, compared with 0.2 at all BEACH encounters. Social problems were managed at double the rate at encounters with indigenous patients (1.7 per 100 encounters) than at all BEACH encounters (0.8). Assault/harmful event, housing/neighbourhood problem and social administrative procedures were managed significantly more often among indigenous patients.

Conflict of interest: none declared.

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