

**SUPPLEMENTARY MATERIAL**

Doi:10.1071/AH20299\_AC

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*Australian Health Review* 2021

**Developing economic measures for Aboriginal and Torres Strait Islander families on out-of-pocket healthcare expenditure**

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Fig. S1: Knowledge Interface for Research in this manuscript.

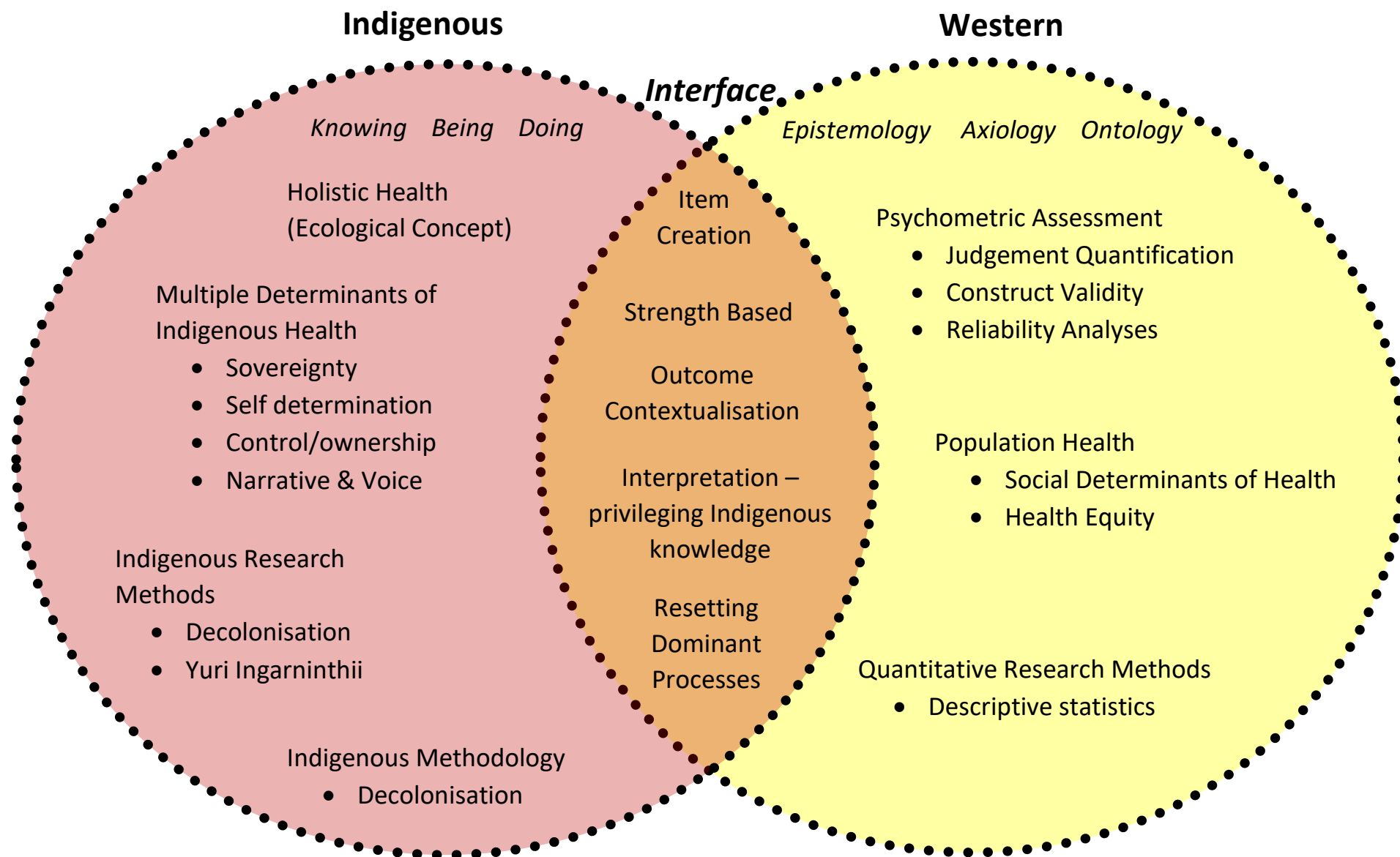
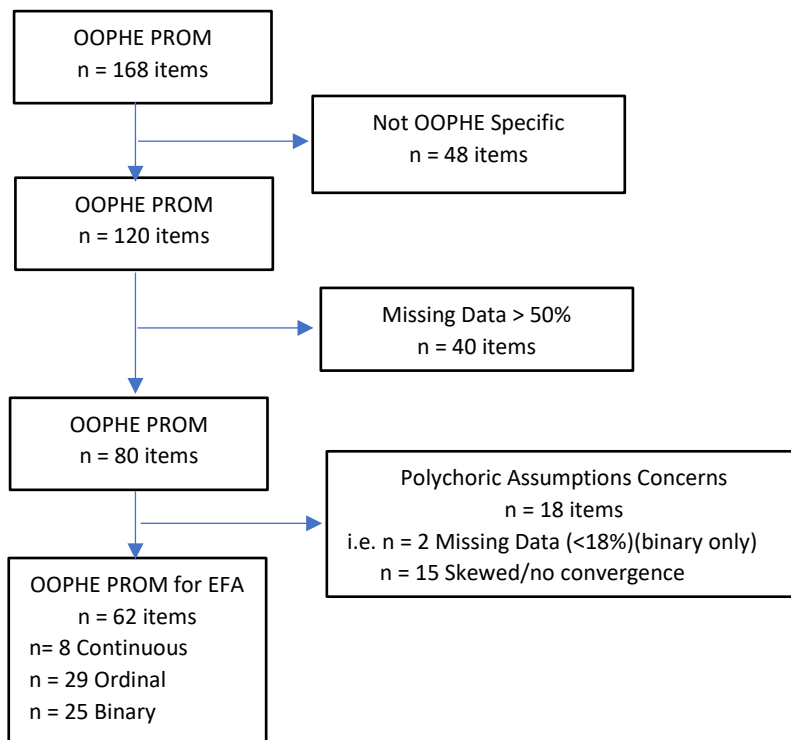


Fig. S2: Item refinement for EFA



**Table S1: Items and their scales for each Factor which were included in the correlation matrix.**

<b>Factor 1</b>	<b>Financial Strain/Impacts</b>	
<i>Item</i>	<i>Item Wording</i>	<i>Item Scale</i>
Injury11	When your child was in hospital for their injury, was it easy for the family member who stayed in hospital to get reasonable meals and snacks?	Yes, the hospital provided this Yes, there were local shops close by Yes, from the hospital café/cafeteria Yes, Other No, why not (expensive/availability)
[first_name], when you need to purchase supplies or attend medical appointments for your child's injury how long does it usually take you to get to the following places? (Select the usual time in duration/length [first_name]) – TreatmentSupport 3,6.		
TreatmentSupport3	Small Grocery Shop (IGA)	5mins 15mins 30mins 45mins 60mins 1hr
TreatmentSupport6	Smaller Mall (only one of Big W/Kmart/Target)	5mins 15mins 30mins 45mins 60mins 1hr
Government1	[first_name] are Aboriginal and/Torres Strait family members in your house signed up for Close the Gap?	Yes No Don't know what this is?
Government4	[first_name] are you on a healthcare card?	Yes No Don't know
Since your child's injury, has your immediate family needed to do any of the following things, because you needed money for living expenses [first_name]? – Finances 2-5, 9,10,12, 13, 15,16,18,20.		
Finances2	Could not pay house utilities, such as gas, electricity or water on time?	Yes No
Finances3	Could not pay mortgage or rent on time?	Yes No
Finances4	Could not make minimum payment on credit card(s)?	Yes No Don't have one
Finances5	Could not pay car registration or insurance?	Yes No Don't own a car
Finances9	Could not pay for childcare or out of hours school care?	Yes No My children do not attend childcare or out of hours car
Finances10	Could not pay school or kindy fees?	Yes No
Finances12	Could not make monthly private health insurance payment?	Yes No I do not have private health
Finances13	Could not pay for prescription or non-prescription medications?	Yes No
Finances15	Did not fill prescriptions?	Yes No
Finances16	Could not pay for medical appointments or tests (including GP or specialists)?	Yes No
Finances18	Could not pay for dental appointments?	Yes No
Finances20	Went without meals?	Yes No
[first_name] since your child's injury, has your immediate family needed to do any of the following things because you needed money for living expenses – Finances 21,22,24-28.		
Finances21	Reduced home loan payments ?	Yes No I do not have a home loan
Finances22	Drew on savings set aside for other things (such as schooling, holiday)?	Yes No I do not have savings
Finances24	Borrowed money off of family and/or friends?	Yes No
Finances25	Sought assistance from welfare and/or community organisations?	Yes No
Finances26	Entered a loan agreement with family and/or friends?	Yes No

Finances27	Took out a personal loan?	Yes No
Finances28	Sold assets (such as household goods, toys, jewellery)?	Yes No
Does anyone who lives at your house receive any of the following [first_name]? – Remaining Items		
Finances30	Age pension	Yes No
Finances31	Pensioner Card	Yes No
Finances32	Service Pension (DVA)	Yes No
Finances33	Disability Support Pension	Yes No
Finances34	Sickness Allowance	Yes No
Finances35	NewStart Allowance (unemployment benefit)	Yes No
Finances36	Carer Payment and/or Allowance	Yes No
Finances37	Abstudy	Yes No
Finances38	Childcare Benefit and/or Subsidy	Yes No
Finances39	Youth Allowance	Yes No

<b>Factor 2</b>		
<b>Family Income &amp; Support</b>		
<i>Item</i>	<i>Item Wording</i>	<i>Item Scale</i>
Injury27	[first_name], when your child was discharged, you may have needed things such as medication, bandages or equipment to treat your child's injury at home. [first_name] did the hospital give you this, or did you have to pay for it out of your own pocket?	Yes - they provided everything (such as medication, bandages, and equipment) Yes - they provided mostly things (such as medication) but we still had to buy things No - we had to buy out of our own pocket everything to treat our child's injury at home No - my child did not need any extra treatment at home after leaving hospital
Injury30	[first_name], do you feel that your child's injury influences or impacts on their day-to-day activities?	Yes No
Injury 34	[first_name], have you found that you have been impacted emotionally, by your child's injury?	Nothing at all A little Sometimes A fair amount All the time Don't know
Government7	[first_name] has your household reached the Medicare Safety net threshold?	Yes No Don't know
[first_name], when you need to purchase supplies or attend medical appointments for your child's injury how long does it usually take you to get to the following places? (Select the usual time in duration/length [first_name]) – TreatmentSupport 1,2,4,5,6, 8.		
TreatmentSupport1	Pharmacy/Chemist	5mins 15mins 30mins 45mins 60mins 1hr
TreatmentSupport2	Large Grocery Shop (Coles, Woolworths, Aldi)	5mins 15mins 30mins 45mins 60mins 1hr
TreatmentSupport4	Petrol Station	5mins 15mins 30mins 45mins 60mins 1hr
TreatmentSupport5	Big Mall (with Big W, Kmart, Target)	5mins 15mins 30mins 45mins 60mins

TreatmentSupport7	Local general practitioner	1hr 5mins 15mins 30mins 45mins 60mins 1hr
TreatmentSupport8	Local health centre which your family attends	5mins 15mins 30mins 45mins 60mins 1hr
Financial1	[first_name] do you feel that the treatment and care that your child has needed for their injury, has impacted your family financially?	Definitely impacted It has been impacted Somewhat impacted Not really impacted Not impacted at all
Finances1	[first_name], if you or someone in your immediate family had to pay for something important, how much money could be obtained within a week?	No money \$0-\$200 \$201-\$500 \$501-\$1000 \$1001-\$1500 \$1501-\$2000 \$2001-\$300
[first_name] since your child's injury, has your immediate family needed to do any of the following things because you needed money for living expenses – Finances 8,11.		
Finances8	Cancelled extra home entertainment, such as Foxtel, Netflix, Stan, Spotify?	Yes No Could not afford these in the first place
Finances11	Cancelled school excursions or camp, out of school sports or activities?	Yes No
Finances43	[first_name] what is your family's annual income before tax each year, from all sources (i.e government payments, superannuation, allowances, etc)	Under \$20,000 per year (Under \$379 per week) \$20,000-\$29,999 per year (\$380-\$579 per week) \$30,000-\$39,999 per year (\$580-\$769 per week) \$40,000-\$49,999 per year (\$770-\$959 per week) \$50,000-\$59,999 per year (\$960-\$1,150 per week) 60,000-\$69,999 per year (\$1,150-\$1,339 per week) \$70,000-\$79,999 per year (\$1,340-\$1,529 per week) \$80,000-\$89,999 per year (\$1,530-\$1,729 per week) \$90,000-\$99,999 per year (\$1,730-\$1,919 per week) \$100,000 or more per year (\$1,920 or more per week) Don't know I would rather not say

Finances 3		Injury/Condition Impacts
Item	Item Question	Item Scale
Injury3	How many nights did you have to stay [first_name]?	Enter Number
Followup1	[first_name], did you have follow up treatment for your child's injury?	Enter Number
Followup2	How many times has your child had to be hospitalised for follow treatment of their injury?	Enter Number
Followup15	[first_name], for these rehospitalisations, what is the max amount of nights you have needed to stay?	Enter Number
Followup16	What was the smallest amount of nights your child had to stay in hospital during rehospitalisation?	Enter Number
Followup17	[first_name], how many day surgery rehospitalisations has your child had? (this is where they are not required to stay overnight in hospital)	Enter Number
Outpatients1	How many outpatient appointments has your child attended [first_name]?	Enter Number
Outpatients2	How many outpatient appointments does your child have scheduled (in the future)?	Enter Number
Government3	Since your child's injury have they accessed the NDIS (National Disability Insurance Scheme) for their injury?	Yes Currently undertaking assessment No Don't know what this is
[first_name] since your child's injury, has your immediate family needed to do any of the following things because you needed money for living expenses – Finances 14.		
Finances14	Cancelled a family holiday?	Yes No