



Australian Government
Department of Health and Ageing

CLOSING THE GAP
tackling
Indigenous
chronic
disease

Sentinel Sites Evaluation Interim Report -Appendices

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Abbreviations

The following abbreviations are used in this document:

ABS	Australian Bureau of Statistics
ACCHS	Aboriginal Community Controlled Health Service
ACR	Albumin Creatinine Ratio
AGPN	Australian General Practice Network
AHS	Aboriginal Health Service
AHW	Aboriginal Health Worker
AMSANT	Aboriginal Medical Services Alliance of the Northern Territory
ASGC-RA	Australian Standard Geographical Classification—Remoteness Area
BMI	Body Mass Index
CCSS	Care Coordination & Supplementary Services
CHD	Coronary Heart Disease
CS	Clinician Interview
DGP	Division of General Practice
DoHA	Department of Health and Ageing
FTE	Full-time Equivalent
GEGAC	Gippsland and East Gippsland Aboriginal Coop Ltd
GP	General Practitioner
GPET	GP Education and Training
HACC	Health and Community Care
HLW	Healthy Lifestyle Workers
ICDP	Indigenous Chronic Disease Package
IHPO	Indigenous Health Project Officer
JAHS	Jurragk Aboriginal Health Service
MBS	Medicare Benefits Schedule
MS	Managers Interview
MSOAP-ICD	Medical Specialist Outreach Assistance Program – Indigenous Chronic Disease
NACCHO	National Aboriginal Community Controlled Health Organisation
OATSIH	Office for Aboriginal and Torres Strait Islander Health
OW	Outreach Worker

PBS	Pharmaceuticals Benefit Scheme
PIP	Practice Incentives Program
PM	Practice Manager
PS	Pharmacist
QUMAX	Quality Use of Medicines Maximised for Aboriginal and Torres Strait Islander People Program
RC	Rurality Classification
RTC	Regional Tobacco Coordinator
RTO	Registered Training Organisation
SBO	State Based Organisations
SLA	Statistical Local Area
SSE	Sentinel Sites Evaluation
TAW	Tobacco Action Worker
USOAP	Urban Specialist Outreach Assistance Program
VACCHO	Victorian Aboriginal Community Controlled Health Organisation

Appendix A. National Monitoring and Evaluation Framework

Program logic—ICDP wide

Table A1: Program logic—ICDP wide

Closing the Gap ultimate outcome		<ul style="list-style-type: none"> The gap in life expectancy between Indigenous and non-Indigenous Australians is closed within a generation.
ICDP Long term outcome (year10+)		<ul style="list-style-type: none"> The rates of chronic disease morbidity and mortality among Indigenous Australians are reduced. The disparities in chronic disease morbidity and mortality between Indigenous and non-Indigenous Australians are reduced. There is continuing reduction in the incidence of preventable chronic disease risk factors among Indigenous Australians.
Medium term results	Late-medium term (years 5-10)	<ul style="list-style-type: none"> There is a reduction in the incidence of preventable chronic disease risk factors among Indigenous Australians. Smoking rates amongst Indigenous Australians are reduced. More Indigenous Australians with or at risk of chronic disease adopt healthy lifestyle choices relating to smoking, nutrition and exercise.
	Early-medium term (year 4+)	<ul style="list-style-type: none"> ICDP-funded health care services deliver a comprehensive and coordinated approach to chronic disease management, including increased and earlier access to primary health care, specialist and allied health services, affordable care and medicines. More Indigenous Australians with or at risk of chronic disease actively participate in their own health care. Health outcomes are improved amongst Indigenous Australians with or at risk of chronic disease who participate in ICDP measures. More health care providers are equipped to assist Indigenous Australians with or at risk of chronic disease to make healthy lifestyle choices and to manage their condition. More health care providers are accessed by and provide quality care to Indigenous Australians with or at risk of chronic disease. There is an increase in the workforce providing primary health care and other health services to Indigenous Australians.
Early results (years 2-4)		<ul style="list-style-type: none"> Resources for designing and delivering health promotion campaigns for Indigenous Australians with or at risk of chronic disease are accessible, effective and evidence-based. Indigenous Australians who have had contact with the ICDP have a better knowledge and understanding of the impact of preventable chronic disease risk factors on their wellbeing. Indigenous Australians who have had contact with the ICDP are more aware of and utilise (according to their need) the expanded range of health services and supports available to them to adopt healthy lifestyle choices and reduce smoking. Indigenous Australians who have had contact with the ICDP make positive decisions about their health and lifestyle. ICDP-funded health system supports, incentives and subsidies are operating to facilitate the provision of quality primary health care for Indigenous Australians with chronic disease. Financial and other barriers to accessing health care and medicines are reduced. Health services funded under the ICDP demonstrate cultural awareness and commitment.

	<ul style="list-style-type: none"> • Care coordination within ICDP-funded services is improved for Indigenous Australians with or at risk of chronic disease. • Indigenous Australians with chronic disease or associated risk factors have more services and supports available to help them manage their condition. • The number of Indigenous Australians with or at risk of chronic disease who access primary health care services is increased. • Indigenous Australians in contact with ICDP measures value the enhanced services. • The number of Indigenous Australians with or at risk of chronic disease who access specialist and multi-disciplinary follow-up care is increased. • Health care providers demonstrate increased knowledge and improved practice in relation to the prevention, early identification and management of chronic disease for Indigenous Australians. • The ICDP workforce is retained and developed within funded services. • Marketing, training and recruitment strategies are successful in encouraging more people to work in primary health care and other services available to Indigenous Australians.
Outputs (year 1 and ongoing)	<ul style="list-style-type: none"> • The workforce required to implement the ICDP is recruited, oriented and trained. • Package measures are implemented in accordance with agreed guidelines and timelines. • Monitoring and reporting requirements are met. • Internal and external stakeholders, Sentinel Sites and service-providers consider the implementation of the Package to be addressing identified needs and enhancing the existing service system.
Aims	<ul style="list-style-type: none"> • To reduce preventable chronic disease risk factors among Indigenous Australians. • To improve chronic disease management and follow-up care for Indigenous Australians. • To increase the size and capacity of the primary care workforce in Indigenous and mainstream health services in order to increase the uptake of health services by Indigenous Australians with or at risk of chronic disease.

Program logic—tackling chronic disease risk factors

Table A2: Program logic A1—National action to reduce Indigenous smoking rates

Medium term results	Late-medium term (years 5-10)	<ul style="list-style-type: none"> • Key predictors of quitting smoking have increased among Indigenous Australians. • Smoking rates are reduced among key target groups.
	Early-medium term (year 4+)	<ul style="list-style-type: none"> • Demand for Indigenous smoking cessation programs and support services are strong. • The health workforce is better informed and resourced to promote smoking cessation among Indigenous Australians.
Early results (years 2-4)		<ul style="list-style-type: none"> • Individuals and communities in contact with A1 activities are: <ul style="list-style-type: none"> ○ more aware of the health risks associated with smoking ○ more aware of the resources available to help them quit or cut back ○ more inclined to seek assistance as part of quit attempts. • Smoking cessation communication activities, resources and programs are accessed and valued by Indigenous Australians. • Australia has a growing tobacco control workforce (at national, state, regional and local levels) available to assist Indigenous Australians, that is well trained and strengthens overall Indigenous health workforce. • Primary health care services demonstrate increased capacity to: <ul style="list-style-type: none"> ○ deliver smoking cessation messages and support to Indigenous Australians ○ develop partnerships to support cessation attempts by Indigenous Australians. • Health professionals have better access to smoking cessation resources, services and materials to support their own cessation attempts. • Participating services are smoke-free workplaces and/or implementing smoke-free policies. • Evidence that research, monitoring and evaluation is being used to inform future smoking cessation communication activities and program development.
Outputs (year 1 and ongoing)		<ul style="list-style-type: none"> • RTCs and TAWs are recruited and trained. • The training for health workers is well received and well regarded. • Communication activities (including at the local level and by Quitlines) are designed and delivered. • Enhanced or new smoking cessation services and programs (local and Quitline) are designed and delivered. • Measure-specific evaluation activities are planned and implemented.

Activities	<ul style="list-style-type: none"> • PART A: Tobacco control campaign activities <ul style="list-style-type: none"> ○ Establish a national network of 57 Regional Tobacco Coordinators (RTCs) to work with communities and health services. ○ RTCs to design and deliver locally-owned tobacco control communication activities based on market research and consultations, with a focus on awareness-raising, education and promoting use of the available support services. ○ Enhance existing (state/territory) Quitline services to improve the service provided to Indigenous Australians. ○ Establish networks to share best practice and innovation. ○ Evaluation of the above. • PART B: Workforce, training, services and programs <ul style="list-style-type: none"> ○ Recruit, train and support approximately 170 Tobacco Action Workers (TAWs) (up to 3 per site x 57 regions, staged introduction over time). These are community awareness and development roles that work in conjunction with smoking cessation practitioners. ○ Train up to 1000 other workers (including health workers; youth, drug and alcohol workers; social and emotional wellbeing workers; and community educators specialising in smoking cessation) in brief interventions. ○ Work with local communities to develop quit-smoking services and education programs for children, young parents (including pregnant women and their partners) and families. ○ Develop and disseminate education kits and training resources. ○ Evaluation of the above.
Aims	<ul style="list-style-type: none"> • To reduce smoking rates for key groups within Indigenous communities such as young people, health workers and pregnant women. • To develop a national, regional and local tobacco control workforce capable of delivering smoking cessation programs and communication activities in Indigenous communities.

Table A3: Program logic A2—Helping Indigenous people reduce their risk of chronic disease

Medium-term results	Late-medium term (years 5-10)	<ul style="list-style-type: none"> Preventable chronic disease lifestyle risk factors are reduced in the lives of those individuals and communities that have had contact with A2 activities. Increased number of Indigenous Australians to participate in healthy lifestyle activities and make more healthy lifestyle choices (improved nutritional choices, appropriate physical activity).
	Early-medium term (year 4+)	<ul style="list-style-type: none"> Health services participating in A2 are able to provide increased options and tailored support for Indigenous Australians with or at risk of chronic disease seeking to improve or manage their health condition.
Early results (years 2-4)		<ul style="list-style-type: none"> Participants in A2 activities: have an improved understanding of their risk of developing chronic disease and what having a chronic disease would mean. Primary health care services involved in A2 are able to offer more support for Indigenous Australians with or at risk of chronic disease. The workforce implementing A2 is adequately trained and resourced to deliver the measure.
Outputs (year 1 and ongoing)		<ul style="list-style-type: none"> There are strong participation rates for A2 activities. The occupancy rate for healthy lifestyle worker positions is high. Training provides the necessary skills and information to deliver A2.
Activities		<ul style="list-style-type: none"> Employ 105 healthy lifestyle workers in Indigenous Health Services (includes ACCHSs, state and territory health services) and Divisions of GP over 3 years. Provide on the job training through employers and accredited training through RTOs for the healthy lifestyle workers. Deliver lifestyle modification sessions or activities to Indigenous Australians at risk of, or with a chronic disease.
Aim		<ul style="list-style-type: none"> To prevent the development of chronic disease for those at risk of chronic disease and to slow the progression of disease for those who already have chronic disease. To increase the capacity of the health workforce and system to support Indigenous Australians to make healthy lifestyle choices.

Table A4: Program logic A3—Local Indigenous community campaigns to promote better health

Medium-term results	Late-medium term (years 5-10)	<ul style="list-style-type: none"> In communities in which A3 activities have taken place, more Indigenous Australians are adopting healthy lifestyle choices.
	Early-medium term (year 4+)	<ul style="list-style-type: none"> The evaluation of the local/regional campaigns provides a clear evidence base for the development and implementation of future local community campaigns.
Early results (years 2-4)		<ul style="list-style-type: none"> The central coordinating function and support structures are used by and useful to the people developing and running the local/regional campaigns. Individuals in contact with A3 activities are more aware of risk factors for chronic disease and the role of healthy lifestyle behaviours in preventing and managing chronic disease, including accessing primary care. Campaign activities achieve their immediate outcomes (such as recall and understanding of key messages) and campaign funds are spent efficiently.
Outputs (year 1 and ongoing)		<ul style="list-style-type: none"> The measure is implemented in accordance with agreed timelines: <ul style="list-style-type: none"> the research is completed and presented in a usable form in Year 1 a national coordination structure is established by the end of Year 1 local and regional campaigns are initiated and implemented in Year 2 the campaigns are evaluated in Years 3/4. Partnerships and cohesive relationships are established between the central coordinating function and local/regional media and health organisations.
Activities		<ul style="list-style-type: none"> Undertake a comprehensive national research project (literature review, consumer research and consultation) to develop understanding of barriers and motivators to lifestyle change, levels of knowledge and awareness, communications gaps, key messages and appropriate channels. Use this research to develop a coordinated national communications strategy that includes local and regional campaigns. These campaigns will target people at risk of chronic disease either through lifestyle or lack of engagement with the health sector. Fund and oversee local or regional health promotion campaigns across Australia, using the evidence base from the research and involving local Indigenous media organisations and community groups. Evaluate the effectiveness of these campaigns and the resources developed to support them.
Aim		<ul style="list-style-type: none"> To deliver locally generated and relevant health promotion initiatives that target Indigenous Australians at risk of chronic disease, including groups who have low engagement with health services.

Program logic—earlier detection, management and follow-up of chronic disease

Table A5: Program logic B1—Subsidising PBS Medicine Co-payments

Medium-term results (year 4+)	<ul style="list-style-type: none"> The utilisation of Pharmaceutical Benefits Scheme (PBS) medicines by Indigenous Australians with or at risk of chronic disease is increased.
Early results (years 2-4)	<ul style="list-style-type: none"> The financial barrier to using PBS medicines is reduced or removed for eligible Indigenous Australians with or at risk of chronic disease who participate in the program.
Outputs (year 1 and ongoing)	<ul style="list-style-type: none"> Indigenous Health Services participate in the program. General practices participate in the program (after first satisfying the requirements of the Practice Incentives Program and Indigenous Health Incentive Program). Eligible Indigenous Australians with or at risk of chronic disease participate in the program. Updated prescriber and pharmacy software products are used by prescribers and dispensers.
Activities	<ul style="list-style-type: none"> Reduce or eliminate co-payments for eligible patients when purchasing PBS medicines at community pharmacies and other PBS access points (reflected in legislation). Consult with stakeholders and provide information on the measure to Indigenous Health Services, General Practices, community pharmacies and other PBS access points. Provide incentive payments to providers of pharmacy and prescriber software to update software products to accommodate the measure.
Aim	<ul style="list-style-type: none"> To improve access to PBS medicines for eligible Indigenous Australians with or at risk of chronic disease.

Table A6: Program logic B3 (part A)—supporting primary care providers to coordinate chronic disease management

Medium-term results (year 4+)	<ul style="list-style-type: none"> Registered practices (General Practices and Indigenous Health Services) are better equipped to provide an enhanced standard of care for Indigenous Australians with chronic disease. Participating patients are more satisfied with their care.
Early results (years 2-4)	<ul style="list-style-type: none"> Participating patients receive the target level of care. Practices offer care management plans and team care coordination as per the requirements of the measure. General Practice staff to demonstrate increased knowledge and cultural awareness. Participating patients receive additional and complementary health services. Participating patients value the enhanced services.
Outputs (year 1 and ongoing)	<ul style="list-style-type: none"> Eligible practices (General Practices and Indigenous Health Services) are aware of the Practice Incentives Program (PIP) Indigenous Health Incentive (IHI) and the level of care they are to provide. Eligible practices (General Practices and Indigenous Health Services) register for the measure (i.e. access one-off payment). Registered practices have measures in place to encourage the registration of eligible Indigenous Australians. Eligible Indigenous Australians consent to participate. Registered General Practices attend cultural awareness training within 12 months.
Activities	<ul style="list-style-type: none"> Introduce an Indigenous Health Incentive under the Practice Incentives Program (PIP): <ul style="list-style-type: none"> A one-off payment to eligible practices (General Practices and Indigenous Health Services) that agree to undertake specified activities to improve provision of care for Indigenous Australians with a chronic disease, including establishing and using a mechanism to follow-up their Indigenous patients, and undertaking cultural awareness training (Sign-on payment). Practice payments for every eligible Indigenous Australian aged 15 years and over registered with the practice for chronic disease management each calendar year (Patient registration payment) Practice payment for each registered patient for whom a target level of care is provided by the practice in a calendar year (Tier 1 outcome payment). Payment to practices for providing the majority of care for a registered patient in a calendar year (Tier 2 outcome payment). Communicate the intent of the measure and the availability of practice payments.
Aim	<ul style="list-style-type: none"> To support General Practices and Indigenous Health Services to provide better health care for Indigenous Australians, including best practice management of chronic disease.

Table A7: Program logic B3 (part B)—Supporting primary care providers to coordinate chronic disease management

Medium-term results (year 4+)	<ul style="list-style-type: none"> • The barriers to accessing services necessary in the management of chronic diseases are overcome. • There is increased capacity in local networks of health professionals to provide coordinated care for Indigenous Australians with chronic disease.
Early results (years 2-4)	<ul style="list-style-type: none"> • Indigenous Australians with chronic disease are able to obtain the health services recommended in care plans. • Appropriate referral to the Care Coordination and Supplementary Services becomes normal practice in the management of chronic disease by General Practitioners.
Outputs (year 1 and ongoing)	<ul style="list-style-type: none"> • There is collaborative development of local CCSS arrangements (including funds management), strengthening linkages between General Practices, Indigenous Health Services, Divisions, specialists and allied health services. • Care Coordinators are trained and established in their roles. • Effective local CCSS referral mechanisms are established (and appropriate referrals are made by GP clinics and Indigenous Health Services). • Assistance is provided by the CCSS in line with measure guidelines.
Activities	<ul style="list-style-type: none"> • Employ new care coordinators and augment existing care coordination structures to: <ul style="list-style-type: none"> ○ arrange the services identified in care plans ○ ensure there are arrangements in place for patients to get to appointments ○ transfer and update patients' medical records ○ assist patients to participate in regular reviews by their primary care provider. • Assist Indigenous Australians referred to the Program to: <ul style="list-style-type: none"> ○ access services in accordance with their care plans and in consultation with their home practice ○ adhere to treatment regimens ○ develop chronic condition self management skills ○ connect with appropriate community based services. • Provide a flexible pool of funds to assist patients in the CCSS to access medical specialist and allied health services in accordance with their care plan. • Provide guidelines for the development and negotiation of local arrangements for implementing the CCSS.
Aims	<ul style="list-style-type: none"> • To support General Practices, Indigenous Health Services and allied health professionals to provide coordinated, quality health care for Indigenous Australians with chronic disease. • To improve the patient journey through improved coordination between and within health organisations. • To remove or reduce barriers to meeting the aims of chronic disease care plans.

Table A8: Program logic B4—Helping Indigenous people self-manage their chronic disease

Medium-term results (year 4+)	<ul style="list-style-type: none"> Indigenous Australians with chronic disease in contact with B4 activities are better able to self-manage their health condition. Participating health services have more information, staff, and resources available to support Indigenous Australians with chronic disease to self-manage their condition.
Early results (years 2-4)	<ul style="list-style-type: none"> Participants in B4 activities have an improved understanding of their health condition and of chronic disease. Participants in B4 activities are better able to plan for and implement personal health goals. Primary health care services involved in B4 are able to offer more support services for Indigenous Australians with chronic disease. The workforce implementing B4 is adequately trained and resourced to deliver the measure.
Outputs (year 1 and ongoing)	<ul style="list-style-type: none"> There are strong participation rates for B4 activities. Accredited courses successfully provide the necessary skills and information to deliver B4.
Activities	<ul style="list-style-type: none"> Train 400 existing health professionals, over 4 years, (e.g. nurses and Aboriginal Health Workers) to deliver Chronic Disease Self-Management programs to Indigenous Australians who have an established chronic disease. Support health services to address a greater range of health needs, assist them to better manage specific Indigenous needs at a local level and increase collaboration between health services.
Aims	<ul style="list-style-type: none"> To slow the progression of chronic disease for those with established chronic disease. To support individuals with chronic disease to self-manage their condition more effectively.

Table A9: Program logic B5 (part A)—Increasing access to specialist and multidisciplinary team care

Medium-term results (year 4+)	<ul style="list-style-type: none"> Indigenous Australians with or at risk of chronic disease are able to access a wider range of on-going specialist care in urban locations. The care coordination for patients that benefit from B5 services is improved.
Early results (years 2-4)	<ul style="list-style-type: none"> Indigenous Australians with chronic disease who are in contact with B5 services utilise and value the enhanced services. An increasing number of specialists are able to provide services for Indigenous Australians with or at risk of chronic disease in urban primary health care locations.
Outputs (year 1 and ongoing)	<ul style="list-style-type: none"> Effective fund-holding arrangements are in place in priority locations (as per work plan). Potential outreach service host organisations are informed about the Urban Specialist Outreach Assistance Program (USOAP). Medical specialists are identified who are able to provide services in underserviced urban areas. Participating medical specialists demonstrate increased cultural awareness. Increased specialist services are available to urban communities.
Activities	<ul style="list-style-type: none"> Establish new medical specialist outreach services for Indigenous Australians living in urban locations, particularly those with or at risk of chronic disease. Increase access to specialist medical care in urban primary care settings for the management and treatment of chronic disease. Ensure that all participating clinicians have undertaken appropriate cultural awareness training.
Aim	<ul style="list-style-type: none"> To contribute to better health outcomes for Indigenous Australians through increasing access to medical specialist services in urban areas.

Table A10: Program logic B5 (part B)—Increasing access to specialist and multidisciplinary team care

Medium-term results (year 4+)	<ul style="list-style-type: none"> Indigenous Australians with or at risk of chronic disease are able to access on-going specialist and multi-disciplinary care in rural and remote locations. Care coordination for patients that benefit from B5 services is improved.
Early results (years 2-4)	<ul style="list-style-type: none"> Indigenous Australians with chronic disease who are in contact with B5 services utilise and value the enhanced services. An increasing number of specialists and allied health professionals provide services for Indigenous Australians in rural and remote locations. Care coordination systems and relationships between specialists, allied health professionals and primary health providers are strengthened.
Outputs (year 1 and ongoing)	<ul style="list-style-type: none"> Effective fund-holding arrangements are in place in each state and the Northern Territory. Advisory Forums have allied health and Indigenous health representation. Potential outreach service hosts and the broader medical community are informed of the MSOAP-ICD. Medical specialists and allied health professionals are identified who are able to provide services in underserved rural and remote areas. Participating health professionals demonstrate cultural awareness. More specialist and allied health professionals are available to deliver services to rural and remote communities.
Activities	<ul style="list-style-type: none"> Expand provision of medical specialist outreach services for Indigenous Australians living in rural and remote locations, particularly those with or at risk of chronic disease. Encourage multi-disciplinary working arrangements and skill sharing with rural and remote health professionals. Ensure that all participating clinicians have undertaken cultural awareness training.
Aim	<ul style="list-style-type: none"> To increase access to a range of health services, including expanded primary health care, provided to people in rural and remote Indigenous communities for the treatment and management of chronic disease.

Program logic—workforce expansion and support

Table A11: Program logic C1—Workforce support, education and training

Medium-term results (year 4+)	<ul style="list-style-type: none"> • There are more people working in the health workforce who are trained to provide quality primary health care to Indigenous Australians. • Participants in C1 activities intend to continue working in primary health care and other services assisting Indigenous Australians. • Primary health care services improve their capacity to identify and provide quality care for Indigenous Australians with or at risk of chronic disease.
Early results (years 2-4)	<ul style="list-style-type: none"> • Participants in C1 activities are effectively oriented, trained and supported to provide quality care to Indigenous Australians. • Participants in C1 activities value and benefit from the training and the placements.
Outputs (year 1 and ongoing)	<ul style="list-style-type: none"> • The measure is implemented in accordance with the workplan: <ul style="list-style-type: none"> ○ the workforce required to implement C1, C2 and C3 is oriented and trained ○ 38 additional GP registrar training posts in Indigenous Health Services are allocated ○ 50 additional nursing scholarships per year and 50 additional nursing placement scholarships per year are allocated.
Activities	<ul style="list-style-type: none"> • Provide orientation and training to Aboriginal and Torres Strait Islander Outreach Workers (ATSIOWs) including: <ul style="list-style-type: none"> ○ orientation and training of 166 ATSIOWs appointed through C2 and C3 measures ○ support and monitoring of the ATSIOWs through collaborative networks ○ two national ATSIOW workshops/conferences. • Fund additional GP registrar training posts in Indigenous Health Services, building on and managed by the GP Education and Training (GPET) Program. • Fund 50 additional nursing scholarships per year and 50 additional nursing placement scholarships per year administered through the Nursing Scholarship and Placement Program.
Aims	<ul style="list-style-type: none"> • To expand the primary health care workforce assisting Indigenous Australians, through employment, education and training initiatives. • To increase the capacity of Indigenous and mainstream health organisations to provide continuity of care for Indigenous Australians with chronic and complex health conditions. • To encourage trainee health professionals to work in primary health care services assisting Indigenous Australians.

Table A12: Program logic C2—Expanding the outreach and service capacity of Indigenous Health Services

Medium-term results (year 4+)	<ul style="list-style-type: none"> • Access to Aboriginal Community Controlled Health Services (ACCHSs) for Indigenous Australians with or at risk of chronic disease is improved. • ACCHSs enhance their system and workforce capacity to respond to increased service demand. • Aboriginal and Torres Strait Islander Outreach Workers (ATSIOWs) have established effective community links to increase access to ACCHSs and other health services by Indigenous Australians.
Early results (years 2-4)	<ul style="list-style-type: none"> • Practice managers have developed or enhanced practice systems to ensure effective recall, referral and follow-up for Indigenous Australians with or at risk of chronic disease. • Stronger links are forged between ACCHSs and other health service providers to improve continuity of care for Indigenous Australians with or at risk of chronic disease. • Collaboration is improved between participating ACCHSs and other health providers to identify and address barriers to the provision of primary health care to Indigenous Australians. • Indigenous Australians in contact with participating primary health care providers utilise and value the enhanced services.
Outputs (year 1 and ongoing)	<ul style="list-style-type: none"> • The measure is implemented in accordance with the workplan, e.g.: <ul style="list-style-type: none"> ○ 86 ATSIOWs, 43 practice managers and 33 additional health workforce positions are recruited and retained ○ capital infrastructure works relevant to this measure are undertaken.
Activities	<ul style="list-style-type: none"> • Fund 86 full-time equivalent ATSIOW positions to be filled by local Indigenous Australians in Aboriginal Community Controlled Health Services. • Fund 43 practice managers. • Fund 33 additional health workforce positions to support rural and remote services meet expected increase in service demand. • Fund capital infrastructure to house/accommodate expanded workforce and fund clinic upgrades due to service expansion.
Aims	<ul style="list-style-type: none"> • To increase the service capacity of ACCHSs to provide care for Indigenous Australians with chronic disease. • To improve the accessibility of ACCHSs for the communities they service. • To generate interest and encourage more people to work in primary health care services assisting Indigenous Australians.

Table A13: Program logic C3—Engaging Divisions of General Practice to improve Indigenous access to mainstream primary care

Medium term results (year 4+)	<ul style="list-style-type: none"> • Access to mainstream primary health care for Indigenous Australians with or at risk of chronic disease is increased. • General practices deliver better quality primary health care to Indigenous Australians. • Aboriginal and Torres Strait Islander Outreach Workers (ATSIOWs) have established effective community links to increase access to mainstream primary health care by Indigenous Australians.
Early results (years 2—4)	<ul style="list-style-type: none"> • Stronger links are forged between primary health care services to assist Indigenous Australians. • Collaboration is improved between participating General Practice networks and Indigenous Health Services to identify and address barriers to the provision of primary health care to Indigenous Australians. • General practices have a greater understanding of Indigenous Australians' health needs and improved capacity to provide quality care. • The State Based Organisations (SBOs) and the Australian General Practice Network (AGPN) provide effective leadership and coordination on Indigenous health activities within the Divisions' network. • Specific initiatives addressing the needs of local Indigenous people are developed and implemented. • Indigenous Australians in contact with participating primary health care providers value the enhanced services.
Outputs (year 1 and ongoing)	<ul style="list-style-type: none"> • The measure is implemented in accordance with the workplan: <ul style="list-style-type: none"> ○ 80 ATSIOWs and 80 IHPOs positions are recruited and retained.
Activities	<ul style="list-style-type: none"> • Funding for over 80 full-time equivalent ATSIOW positions to be filled by local Indigenous Australians, spread across Divisions of General Practice. • Funding for 80 full-time equivalent Indigenous Health Project Officers (IHPOs) in SBOs and the AGPN.¹ • Funding for the AGPN and SBOs to provide state/territory and national leadership and coordination of the ATSIOWs and IHPOs.
Aims	<ul style="list-style-type: none"> • To generate interest and encourage more people to work in primary health care services assisting Indigenous Australians. • To enhance the service capacity of mainstream primary health care providers to provide care for Indigenous Australians with chronic disease. • To improve the accessibility and quality of General Practice for Indigenous Australians.

¹ This is an error in the framework and it should read 'funding for 80 FTE IHPOs in Divisions of General Practice'.

Table A14: Program logic C5—Clinical practice and decision support guidelines

Early results (year 2 and ongoing)	<ul style="list-style-type: none">• Primary health care providers have easy access to a comprehensive and useful resource which contributes to the provision of quality clinical care for Indigenous Australians with or at risk of chronic disease.• Sustainable mechanisms for maintaining resources are in place.• The web-based platform for the resource is developed.• The resource is piloted and adapted as required for wider dissemination.• An implementation strategy is developed and applied.
Outputs (year 1)	<ul style="list-style-type: none">• Processes for ongoing review and updating of publicly available resources have been explored.• Inclusion/exclusion criteria are developed and applied, and a body of appropriate resources approved.
Activities	<ul style="list-style-type: none">• Review the literature and current resources, and identify guidelines, tools and resources which are available.• Employ a contractor to develop the web-based platform for the resource.• Conduct ongoing consultation with stakeholders, including focus groups during development and piloting of the resource.
Aim	<ul style="list-style-type: none">• To support and promote individual primary health care providers to prevent and manage chronic disease in Indigenous Australians in an appropriate and timely manner.

Appendix B. Sentinel Site description and maps

Geographic Notes for Sentinel Sites:

The Sentinel Sites Evaluation used data available on the Australian Bureau of Statistics (ABS) website for this report. ABS 2006 Statistical Local Area (SLA) boundaries and population census data were used to determine Sentinel Sites boundaries and population data. The Australian Standard Geographical Classification – Remoteness Areas (ASGC-RA) was utilised as the basis to classify Sentinel Sites by rurality (Appendix C). The concordance data for ABS 2009 SLAs was used to identify remoteness categories for the Sentinel Sites which are 2006 SLAs (unless otherwise indicated in footnotes). This was recommended by ABS as it would be the most relevant remoteness category for the area and it could be broken down by postal area allowing us to exclude postcodes from the 2009 data that were outside the site boundaries as determined by the 2006 SLAs. Postal areas were also required as a base unit for PBS data. 2009 SLAs had the most up to date postal areas (new suburbs etc).

Challenges:

Between 2006 and 2011 there were a number of changes to the Statistical Districts, Statistical Local Areas, Statistical Subdivisions, and Statistical Divisions in regards to the name changes, location code changes, and approximate changes in net land mass areas.² Also, the Australian Statistical Geography Standard (ASGS) is the new statistical geography that replaced the Australian Standard Geographical Classification (ASGC) from July 2011. For one year from July 2011 the ASGC and the ASGS will operate in tandem. From July 2012 the ASGS will be the sole ABS statistical geography. Remoteness Areas, Section of State and Urban Centres and Localities which are part of the ASGC will also be part of the ASGS, but will be built from Statistical Areas Level 1 (SA1s) rather than Census Collection Districts.^{3,4} SLAs are the smallest unit we have used for our boundary definition (the exception is for Brisbane South where one suburb was incorporated into the boundary).

Due to the changes mentioned above some of the SLA boundaries we present in the report and that we use for the population data for our analyses do not match exactly for all sites with the current SLA boundaries that are on the ABS website. The data on the percentage of the population who are Aboriginal and Torres Strait Islander in each site was derived from ABS 2006 population percentage available on the ABS website.⁵

² [Australian Standard Geographical Classification \(ASGC\) - Appendix 2: Changes to Geographical Areas 2006-2011](#) [website] (accessed 10 November 2011).

³ [Transition from ASGC to ASGS: Frequently Asked Questions](#) [website] (accessed 10 November 2011).

⁴ [Statistical Geography Fact Sheets](#) [website] (accessed 10 November 2011).

⁵ [ABS Census data](#) [website] (accessed 2 December 2011).

Reference list for Sentinel Sites description tables

Common references to the site characteristics tables are listed here. These are the source documents for the tables unless otherwise stated in the footnotes.

Reference Item	Source
Site boundary (Statistical Local Area)	Australian Bureau of Statistics, Statistical Local Area (SLA) 2006.
Rurality	The Australian Standard Geographical Classification—RemotenessAreas (ASGC-RA) definitions. RA1 = Urban, RA2 and 3 = Regional, RA4 and 5 = Remote.
Geographic area	Australian Bureau of Statistics, National Regional Profile 2005–2010 [website] (accessed 30 November 2011)
Population characteristics	Australian Bureau of Statistics, Census 2006.
Report 3 - ICDP workforce allocation and recruitment that cover the Sentinel Site	DoHA, Report on workforce allocation and recruitment in Sentinel Sites, 30 June 2011. While the allocated ICDP positions may include responsibility for the Sentinel Site, they generally cover an area which extends beyond the Sentinel Site boundaries.
Report 2 workforce allocation per 10 000 Aboriginal and Torres Strait Islander people within the boundary of the DGP	Population data refer to Aboriginal and Torres Strait Islander population for the whole DGP using ABS Census 2006 data. Data are based on the whole DGP as this is the coverage of the OW and IHPO workers based in the DGP. Workforce allocation/recruitment data are based on information provided by DoHA for OWs based in the AHS and IHPO and OW based in the DGP for reporting period 2 (these data are for a period up to 25 February 2011). Report 2 workforce data are used as these are more aligned with the period covered by the administration data [MBS, PBS and PIP] for this report.
General Practitioner characteristics	GP characteristics are for the whole of the Division of General Practice 2009 – 2010. There are no similarly comprehensive data available for each of the specific areas covered by the Sentinel Sites. GP statistics [website], (accessed 1 November 2011).
Fulltime Working Equivalent GPs	FWE (Fulltime working equivalent) is a measure of GP workforce supply that takes into account the differing working patterns of GPs. FWE reported in place of Fulltime Equivalence (FTE) as the former is considered to be a more accurate measure. This measure PHCRIS, Divisions Characteristics. GP statistics [website],(accessed 1 November 2011).
Healthy for Life Program	DoHA, Healthy for Life [website] (accessed 3 November 2011).
Quality use of Medicines Maximised Program (QUMAX)	DoHA, B1 QUMAX report, 4 October 2011.
Medicare Local Tranche	Medicare Locals Profiles [website] (accessed 3 November 2011). The first of Australia's new network of primary health care organisations – Medicare Locals – commenced from 1 July 2011.
Section 100	DoHA, PBS-alternative arrangements for medicines- S100 information sheet [website] (accessed 6 November 2011)

Note: Full-time Equivalent (FTE).

Bairnsdale

Bairnsdale site characteristics

Bairnsdale, Victoria; case study site, stage 2

Key stakeholder organisations:

- Gippsland and East Gippsland Aboriginal Co-operative Ltd
- East Gippsland Primary Health Alliance

Complementary programs within site:

- Healthy for Life
- QUMAX
- Medicare Local tranche 3

Geographical characteristics

Site boundary	The Bairnsdale Sentinel Site consists of 1 SLA. For a full listing of the SLA please see Rurality Classification table in Appendix C. Community focus groups were held in Bairnsdale township.
Rurality	Regional
Geographic area	627.7 km ²

Population characteristics

Total population	25 368
Aboriginal and Torres Strait Islander population	764
% of total population identified as Aboriginal or Torres Strait Islander	3.0%

Workforce expansion

ICDP Workforce	Role	Total FTE allocated	Total FTE recruited
Report 3 ICDP workforce allocation and recruitment—positions with responsibility of covering the Sentinel Site. Actual area of responsibility may be substantially larger than the Sentinel Site.	Indigenous Health Project Officer	0.75	0.75
	Outreach Worker	2	1
	Additional Health Staff	0.80	0.80
Report 2 ICDP workforce allocation and recruitment per 10 000 Aboriginal and Torres Strait Islander population within the boundary of the DGP.	-	18.2	18.2

General Practitioner characteristics for the whole Division of General Practice

Total number of General Practices	31
Proportion of practices which are solo GP practices	42%
Full-time Working Equivalent GP: population 2009 ratio	1203

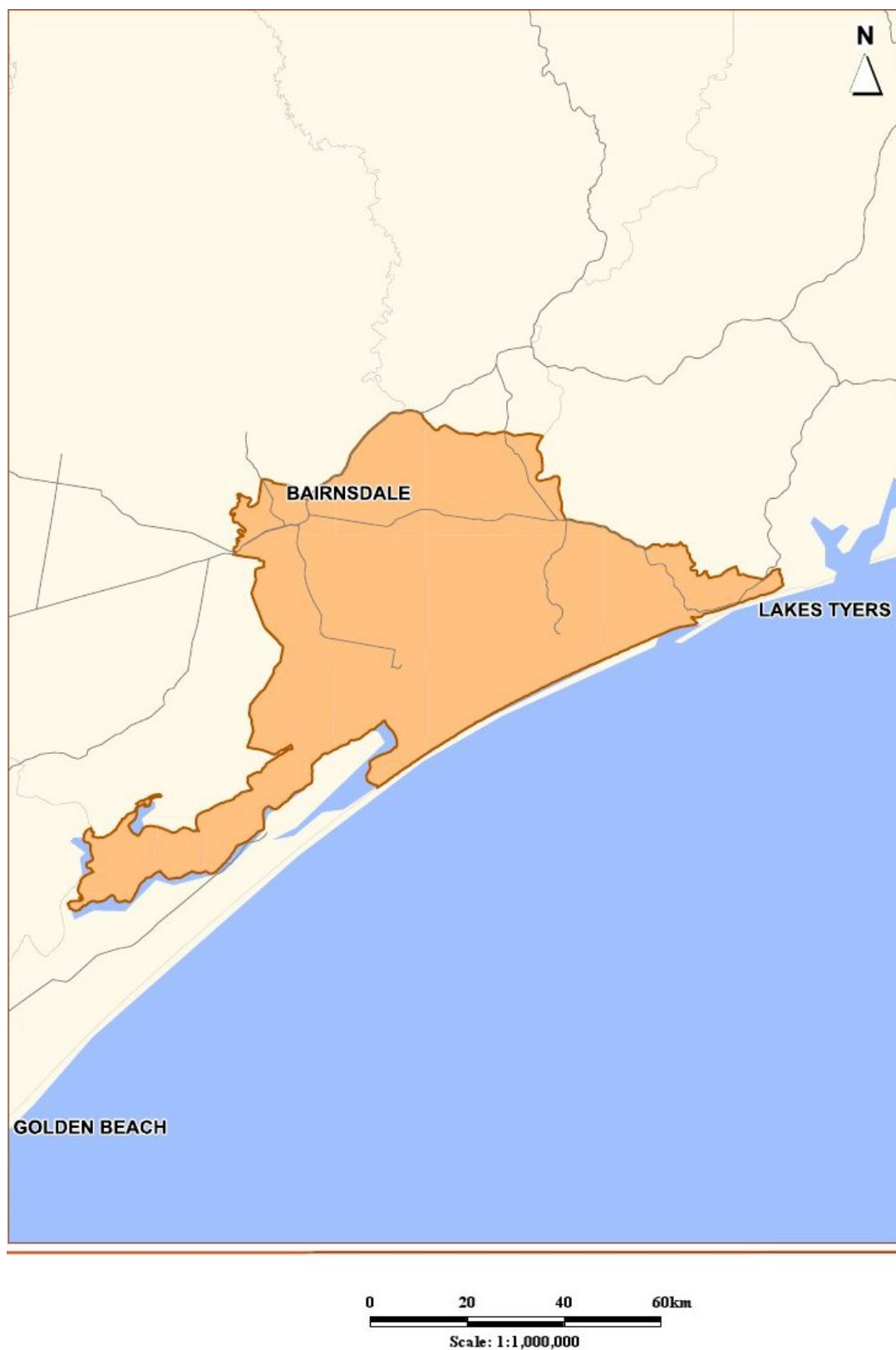


Figure B1: Bairnsdale site boundary map

Barkly

Barkly site characteristics

Barkly, Northern Territory; enhanced tracking site, stage 2

Key stakeholder organisations:

- Anyinginyi Health Aboriginal Corporation
- General Practice Network NT

Complementary programs within the site:

- Healthy for Life
- S100 supply arrangements (S100)
- Medicare Local tranche 3

Geographical characteristics

Site boundary	Barkly Sentinel Site consists of 2 SLAs. For a full listing of the SLAs please see Rurality Classification table in Appendix C.
Rurality	Remote
Geographic area	47.6 km ²

Population characteristics

Total population	3333
Aboriginal and Torres Strait Islander population	1770
% of total population identified as Aboriginal or Torres Strait Islander	53.1%

Workforce expansion

ICDP Workforce	Role	Total FTE allocated	Total FTE recruited as at 30 June 2011
Report 3 ICDP workforce allocation and recruitment – positions with responsibility of covering the Sentinel Site. Actual area of responsibility may be substantially larger than the Sentinel Site.	Indigenous Health Project Officers ^a	2	2
	Outreach Workers ^a	3	2
Report 2 ICDP workforce allocation and recruitment per 10 000 Aboriginal and Torres Strait Islander population within the boundary of the DGP ^b .	-	0.9	0.9

General Practitioner characteristics for the whole Division of General Practice

Total number of General Practices	120
Proportion of practices which are solo GP practices	63%
Full-time Working Equivalent GP: population 2009 ratio	1802

^a No workforce allocated to Aboriginal Health Service. The General Practice Network covers the whole of NT. The ICDP roles have been allocated to certain regions according to the 6 month DGP reporting to the DoHA. At this stage it is unclear whether Barkly region has coverage by these workers. This will be identifiable in the next reporting round. The whole workforce allocation for the NT has been listed in this section.

^b ICDP workforce allocation and recruitment per 10 000 Aboriginal and Torres Strait Islander population within the Sentinel Site is based on workforce allocated to and recruited for General Practice Network NT and divided by the whole of the NT Aboriginal and Torres Strait Islander population.

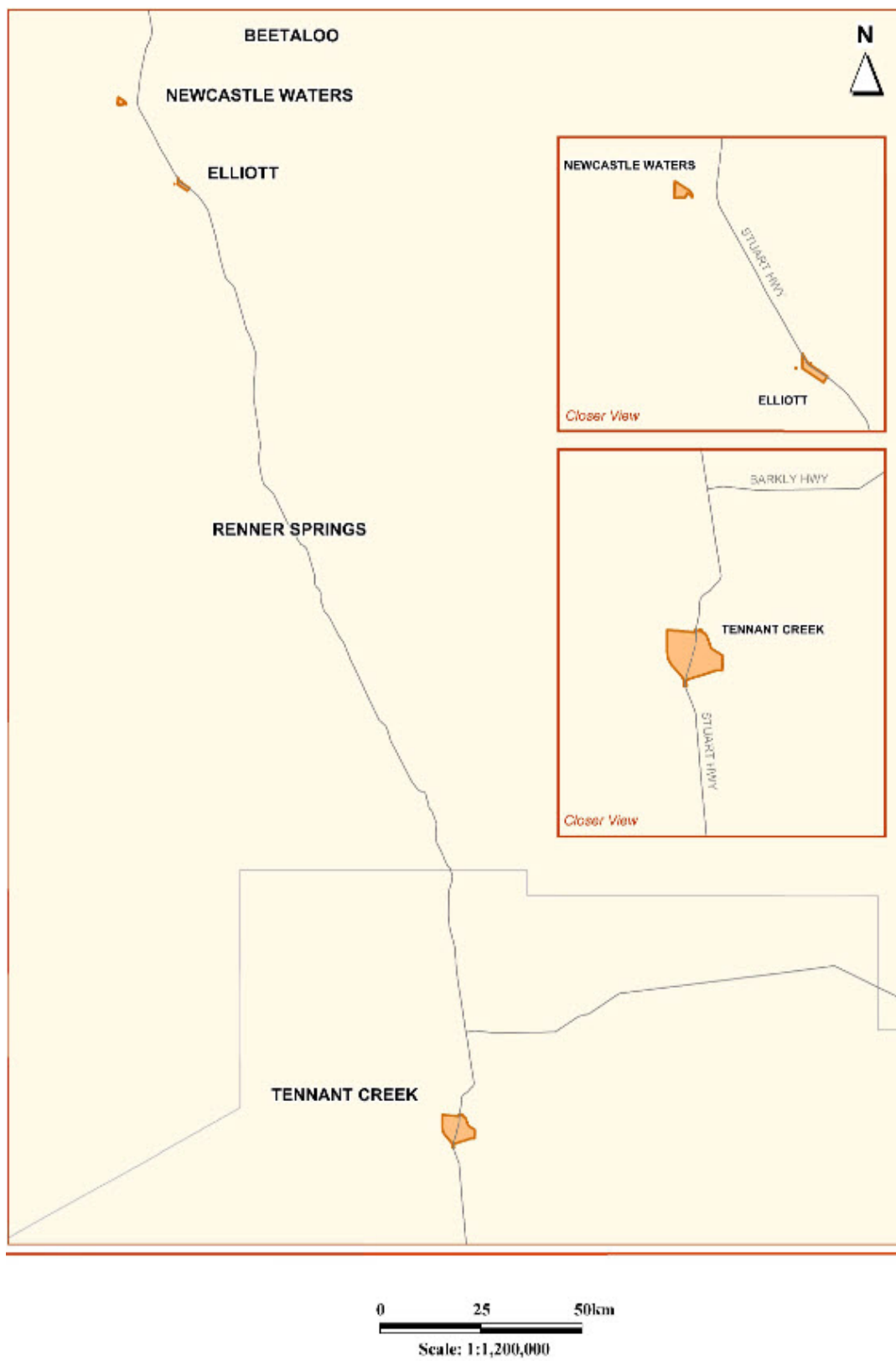


Figure B2: Barkly site boundary map

Brisbane South

Brisbane South site characteristics

Brisbane South, Queensland; case study site, stage 1

Key stakeholder organisations:

- Inala Indigenous Health Service
- Brisbane South Division of General Practice

Complementary programs within the site:

- Healthy for Life
- Medicare Local tranche 1⁶

Geographical characteristics

Site boundary	The Brisbane South Sentinel Site closely maps the boundaries of Brisbane South Division of General Practice. There are 45 SLAs and 1 state suburb. For a full listing of the SLAs please see Ruralty Classification table in Appendix C. Community focus groups were held in Inala.
Rurality	Urban
Geographic area	242 km ²

Population characteristics

Total population	302 382
Aboriginal and Torres Strait Islander population	4768
% of total population identified as Aboriginal or Torres Strait Islander	1.6%

Workforce expansion

ICDP Workforce	Role	Total FTE allocated	Total FTE recruited
Report 3 ICDP workforce allocation and recruitment – positions with responsibility of covering the Sentinel Site. Actual area of responsibility may be substantially larger than the Sentinel Site.	Indigenous Health Project Officer	1	1
	Outreach Worker	1	1
	Regional Tobacco Coordinator	1	1
	Tobacco Action Worker	1	1
	Healthy Lifestyle Worker	2	2
	Care Coordinators ^a	2.5	2.5
Report 2 ICDP workforce allocation and recruitment per 10 000 Aboriginal and Torres Strait Islander population within the boundary of the DGP.	-	4.5	4.5

⁶ There are 2 Medicare Locals covering the Brisbane South site boundary

General Practitioner characteristics for the whole Division of General practice

Total number of General Practices	88
Proportion of practices which are solo GP practices	31%
Full-time Working Equivalent GP: population 2009 ratio	1087

^a The Institute for Urban Indigenous Health has 2.5 FTE Care Coordinators allocated. They will be covering areas other than Brisbane South as it has coverage by a state funded Care Coordination program.

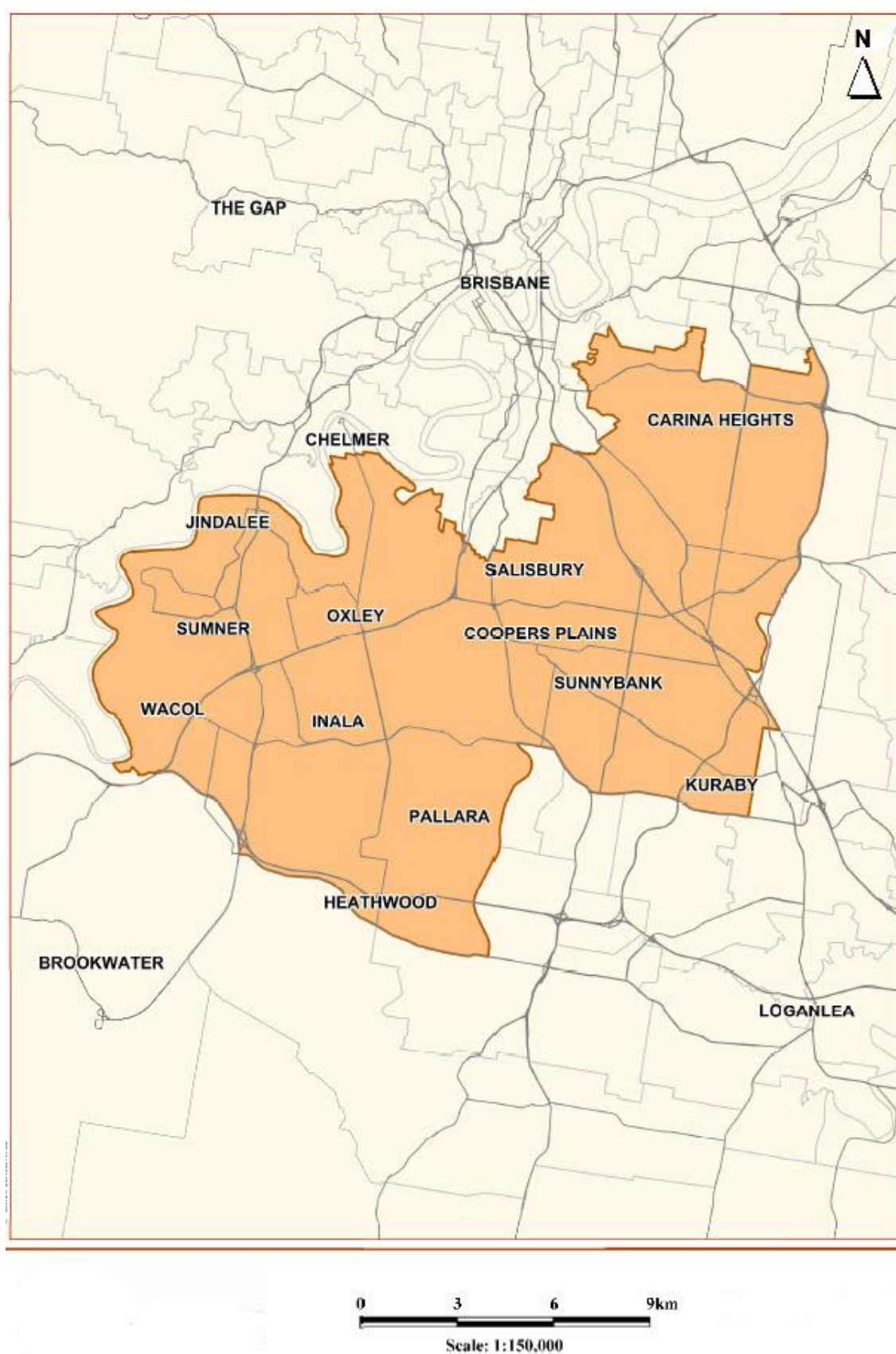


Figure B3: Brisbane South site boundary map

Cairns

Cairns site characteristics

Cairns, Queensland; enhanced tracking site, stage 1

Key stakeholder organisations:

- Wuchopperen Health Service Limited
- Far North Queensland Rural Division of General Practice

Complementary programs within the site:

- Healthy for Life
- QUMAX
- Medicare Local tranche 3

Geographical characteristics

Site boundary	Cairns site boundary covers 1 Statistical Subdivision comprising 7 SLAs. A change was required to the Cairns Trinity SLA. East Trinity needed to be excluded (postcode 4871) as this postcode covers a large area of inland Far North Queensland and would not be representative of the Cairns city region. For a full listing of the SLAs please see Ruralty Classification table in Appendix C.
Rurality	Regional
Geographic area	489.9 km ²

Population characteristics

Total population	122 234
Aboriginal and Torres Strait Islander population	9558
% of total population identified as Aboriginal or Torres Strait Islander	7.8%

Workforce expansion

ICDP Workforce	Role	Total FTE allocated	Total FTE recruited
Report 3 ICDP workforce allocation and recruitment – positions with responsibility of covering the Sentinel Site. Actual area of responsibility may be substantially larger than the Sentinel Site.	Indigenous Health Project Officer	1	1
	Outreach Worker	3	3
	Regional Tobacco Coordinator	1	1
	Tobacco Action Worker	1	1
	Healthy Lifestyle Worker	2	2
	Practice Manager	1	1
Report 2 ICDP workforce allocation and recruitment per 10 000 Aboriginal and Torres Strait Islander population within the boundary of the DGP.	-	1.2	1.2

General Practitioner characteristics for the whole Division of General Practice

Total number of General Practices	67
Proportion of practices which are solo GP practices	28%
Full-time Working Equivalent GP: population 2009 ratio	1281

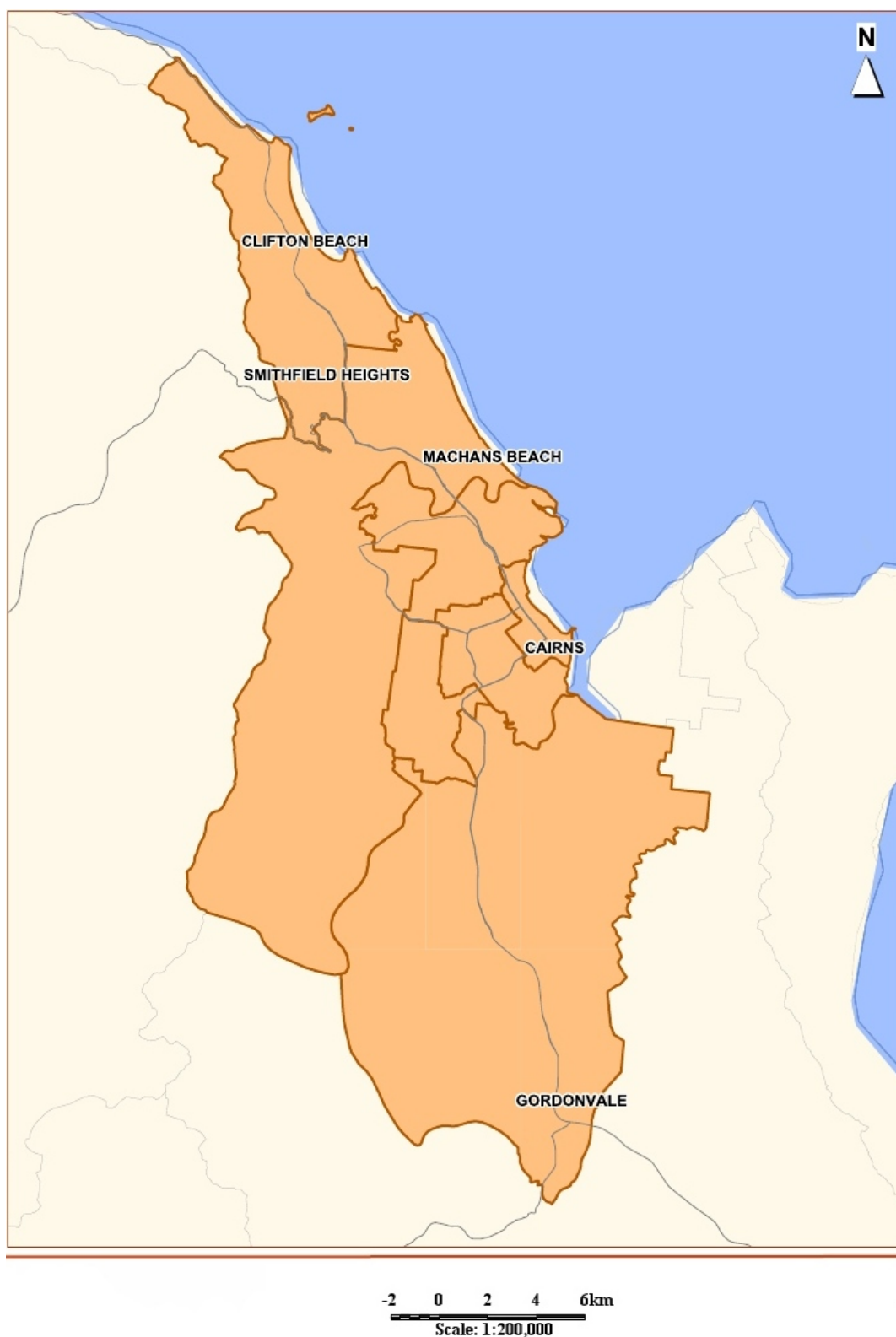


Figure B4: Cairns site boundary map

Campbelltown

Campbelltown site characteristics

Campbelltown, New South Wales; case study site, stage 2

Key stakeholder organisations:

- Tharawal Aboriginal Corporation
- Sydney South West GP Link Ltd (formerly known as Macarthur Division of General Practice Ltd)

Complementary program within the site:

- QUMAX
- Medicare Local tranche 3

Geographical characteristics

Site boundary	There are 2 SLAs within the Campbelltown site. For a full listing of the SLAs please see Ruralness Classification table in Appendix C.
Ruralness	Urban
Geographic area	312.3 km ²

Population characteristics

Total population	143 076
Aboriginal and Torres Strait Islander population	3834
% of total population identified as Aboriginal or Torres Strait Islander	2.7%

Workforce expansion

ICDP Workforce	Role	Total FTE allocated	Total FTE recruited
Report 3 ICDP workforce allocation and recruitment – positions with responsibility of covering the Sentinel Site. Actual area of responsibility may be substantially larger than the Sentinel Site.	Indigenous Health Project Officer	1	1
	Outreach Worker	3	3
	Regional Tobacco Coordinator	1	1
	Tobacco Action Worker ^a	1	0
	Healthy Lifestyle Worker	2	2
	Care Coordinator	1	1

ICDP Workforce	Role	Total FTE allocated	Total FTE recruited
Report 2 ICDP workforce allocation and recruitment per 10 000 Aboriginal and Torres Strait Islander population within the boundary of the DGP.	-	7.9	5.9

General Practitioner characteristics for the whole Division of General Practice^b

Total number of General Practices	88
Proportion of practices which are solo GP practices	58%
Full-time Working Equivalent GP: population 2009 ratio	967

^a DoHA advised that the TAW position was filled as of 30 June 2011. However at the evaluation visit it was apparent that the position was recently vacant.

^b Division 215 MacArthur Division of GPs has become Sydney South West GP Link that now amalgamated another Division 210 Macarthur Division of General Practice Ltd – Fairfield Liverpool region. For Sentinel Sites boundary purposes the Division 215 data is more reflective for Campbelltown and has been used.



Figure B5: Campbelltown site boundary map

Canberra

Canberra site characteristics

Canberra, Australian Capital Territory; tracking site, stage 2

Key stakeholder organisations:

- Winnunga Nimmityjah Aboriginal Health Service
- ACT Division of General Practice

Complementary programs within the site:

- Healthy for Life
- QUMAX
- Medicare Local tranche 1

Geographical characteristics

Site boundary	Canberra Sentinel Sites include 8 Statistical Sub Divisions comprising 114 SLAs. For a full listing of the Sub-Divisions and SLAs please see Ruralness Classification table in Appendix C.
Ruralness	Urban
Geographic area	2351.7 km ²

Population characteristics

Total population	323 326
Aboriginal and Torres Strait Islander population	3847
% of total population identified as Aboriginal or Torres Strait Islander	1.2%

Workforce expansion

ICDP Workforce	Role	Total FTE allocated	Total FTE recruited
Report 3 ICDP workforce allocation and recruitment – positions with responsibility of covering the Sentinel Site. Actual area of responsibility may be substantially larger than the Sentinel Site.	Indigenous Health Project Officer	1	1
	Outreach Worker	2	2
	Tobacco Action Worker	1	1
	Healthy Lifestyle Worker	1	1
	Care Coordinator	1	1
Report 2 ICDP workforce allocation and recruitment per 10 000 Aboriginal and Torres Strait Islander population within the boundary of the DGP.	-	7.8	5.2

General Practitioner characteristics for the whole Division of General Practice

Total number of General Practices	91
Proportion of practices which are solo GP practices	23%
Full-time Working Equivalent GP: population 2009 ratio	1501

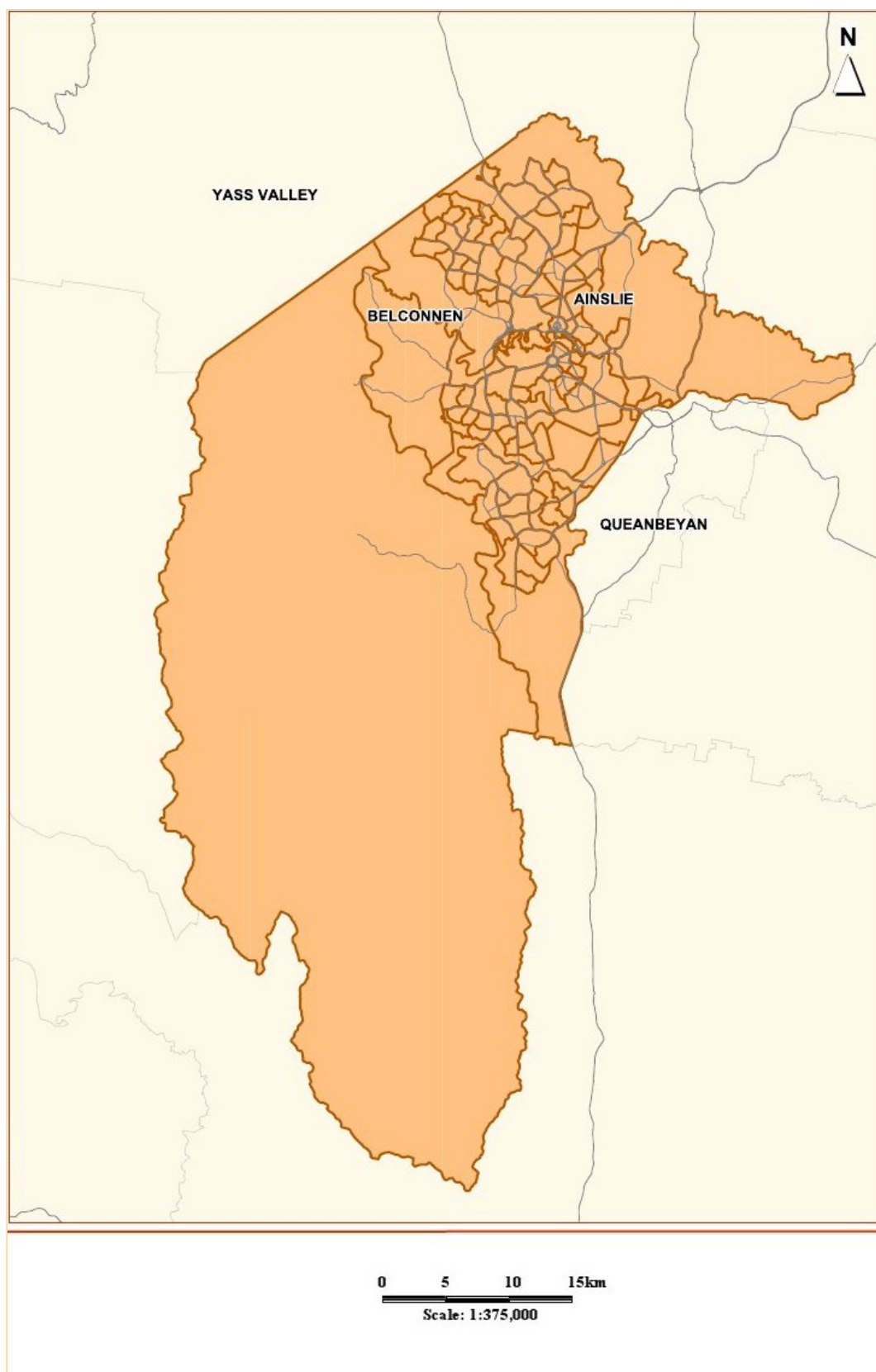


Figure B6: Canberra site boundary map

Dandenong

Dandenong site characteristics

Dandenong, Victoria; tracking site, stage 2

Key stakeholder organisations:

- Dandenong and District Aboriginal Co-operative Ltd
- Dandenong Casey General Practice Association
- Peninsula GP Network

Complementary programs within the site:

- Two Medicare Locals tranche 2

Geographical characteristics

Site boundary	There are 10 SLAs within the Sentinel Site. For a full listing of the SLAs please see Ruralness Classification table in Appendix C.
Ruralness	Urban
Geographic area	1189.9 km ²

Population characteristics

Total population	581 191
Aboriginal and Torres Strait Islander population	2996
% of total population identified as Aboriginal or Torres Strait Islander	0.5%

Workforce expansion

ICDP Workforce	Role	Total FTE allocated	Total FTE recruited
Report 3 ICDP workforce allocation and recruitment – positions with responsibility of covering the Sentinel Site. Actual area of responsibility may be substantially larger than the Sentinel Site. ^a	Indigenous Health Project Officer	1.5	1.5
	Outreach Worker	2	2
	Regional Tobacco Coordinator	1	1
	Tobacco Action Worker	1	1
	Healthy Lifestyle Worker	2	2
Report 2 ICDP workforce allocation and recruitment per 10 000 Aboriginal and Torres Strait Islander population within the boundary of the DGP.	-	11.7	11.7

General Practitioner characteristics for the whole Division of General Practice^b

Total number of General Practices	165
Proportion of practices which are solo GP practices	32%
Full-time Working Equivalent GP: population 2009 ratio	1116

^a A stakeholder interview indicated there was a Care Coordinator position allocated in 2010 to Dandenong site but it had not been successfully recruited. There is no DoHA FTE information so the position has not been included in this table.

^b This includes both DGPs.

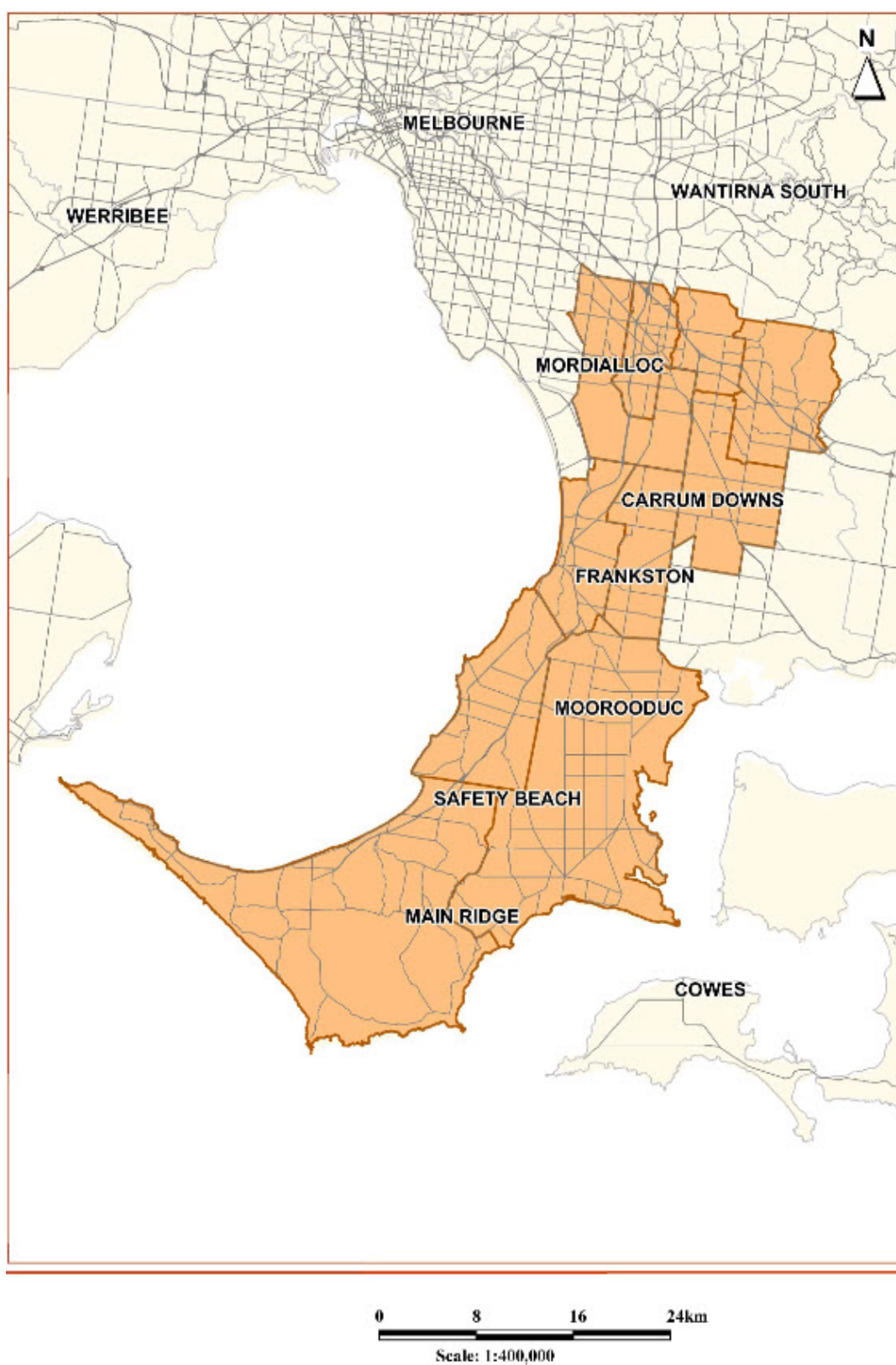


Figure B7: Dandenong site boundary map

Darwin

Darwin site characteristics

Darwin, Northern Territory; enhanced tracking, stage 2

Key stakeholder organisations:

- Danila Dilba Health Service
- General Practice Network NT

Complementary programs within the site:

- Healthy for Life
- QUMAX
- Section 100 supply arrangements (S100)
- Medicare Local tranche 3

Geographical characteristics

Site boundary	Darwin site covers 1 Statistical Subdivision which consists of 30 SLAs within the site. For a full listing of the SLAs please see Rurality Classification table in Appendix C.
Rurality	Regional
Geographic area	111.9 km ²

Population characteristics

Total population	66 291
Aboriginal and Torres Strait Islander population	6233
% of total population identified as Aboriginal or Torres Strait Islander	9.4%

Workforce expansion

ICDP Workforce	Role	Total FTE allocated	Total FTE recruited
Report 3 ICDP workforce allocation and recruitment – positions with responsibility of covering the Sentinel Site. Actual area of responsibility may be substantially larger than the Sentinel Site. ^a	Indigenous Health Project Officer	1	1
	Outreach Worker	3.5	3
	Regional Tobacco Coordinator	1	1
	Tobacco Action Worker	1	1
	Healthy Life Style Worker	2	2
	Practice Manager	0.80	0.80
	Additional Health Staff	1.60	1.60
Report 2 ICDP workforce allocation and recruitment per 10 000 Aboriginal and Torres Strait Islander population within the boundary of the DGP. ^b	-	7.2	6.4

General Practitioner characteristics for the whole Division of General Practice

Total number of General Practices	120
Proportion of practices which are solo GP practices	63%
Full-time Working Equivalent GP: population 2009 ratio	1802

^a DoHA report the General Practice Network NT workforce allocation for both Darwin and Alice Springs. Only the Darwin allocation has been included in this table.

^b ICDP workforce allocation and recruitment per 10 000 Aboriginal and Torres Strait Islander population within the Sentinel Site is based on workforce allocated to and recruited for Danila Dilba and General Practice Network NT for Darwin only and is based on site level Aboriginal and Torres Strait Islander population for Darwin only.



Figure B8: Darwin site boundary map

Derby

Derby site characteristics

Derby, Western Australia; enhanced tracking, stage 1

Key stakeholder organisations:

- Derby Aboriginal Health Service
- Boab Health Services (formerly known as Kimberley Division of General Practice)

Complementary programs within the site:

- Healthy for Life
- Section 100 supply arrangements (S100)

Geographical characteristics

Site boundary	Derby Sentinel site boundary consists of 1 SLA. For a full listing of the SLA please see Ruralness Classification table in Appendix C.
Ruralness	Remote
Geographic area	120 227.2 km ²

Population characteristics

Total population	6507
Aboriginal and Torres Strait Islander population	4031
% of total population identified as Aboriginal or Torres Strait Islander	61.9%

Workforce expansion^a

ICDP Workforce	Role	Total FTE allocated	Total FTE recruited
Report 3 ICDP workforce allocation and recruitment – positions with responsibility of covering the Sentinel Site. Actual area of responsibility may be substantially larger than the Sentinel Site.	Indigenous Health Project Officer	1	1
	Outreach Worker	2	1.80
	Regional Tobacco Coordinator	1	1
	Tobacco Action Worker	1	1
	Healthy Lifestyle Worker	2	2
	Additional Health Staff	1	1
Report 2 ICDP workforce allocation and recruitment per 10 000 Aboriginal and Torres Strait Islander population within the boundary of the DGP.	-	2.4	2.3

General Practitioner characteristics for the whole Division of General Practice

Total number of General Practices	9
Proportion of practices which are solo GP practices	22%
Full-time Working Equivalent GP: population 2009 ratio	1911

^a Kimberley Aboriginal Medical Services Council (KAMSC) have ICDP funded workforce for the Regional Tackling Smoking and Healthy Lifestyle team for the West Kimberley Region. The whole team have been included above as they may have some responsibility to cover Derby site. KAMSC is based outside the site. .

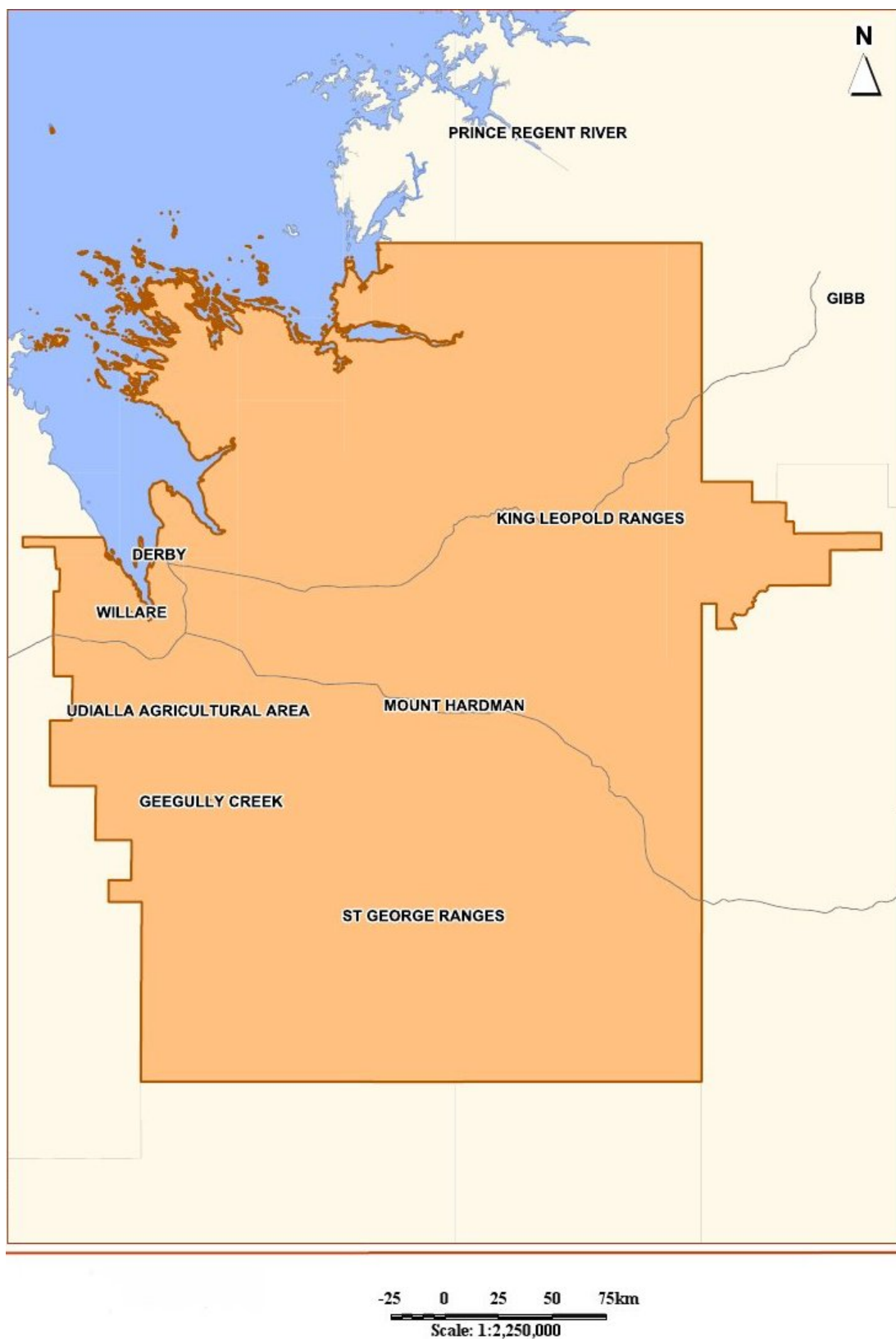


Figure B9: Derby Site boundary map

Dubbo

Dubbo site characteristics

Dubbo, New South Wales; enhanced tracking site, stage 1

Key stakeholder organisations:

- Thubbo Aboriginal Medical Co-operative
- Wellington Aboriginal Corporation Health Service
- Dubbo Plains Division of General Practice

Complementary programs within the site:

- Healthy for Life
- QUMAX
- Medicare Local tranche 2

Geographical characteristics

Site boundary	A total of 3 SLAs cover the Sentinel Site boundaries of Dubbo. For a full listing of the SLAs please see Ruralty Classification table in Appendix C.
Ruralty	Regional
Geographic area	7540.9 km ²

Population characteristics

Total population	45 964
Aboriginal and Torres Strait Islander population	5147
% of total population identified as Aboriginal or Torres Strait Islander	11.2%

Workforce expansion

ICDP Workforce	Role	Total FTE allocated	Total FTE recruited
Report 3 ICDP workforce allocation and recruitment – positions with responsibility of covering the Sentinel Site. Actual area of responsibility may be substantially larger than the Sentinel Site.	Indigenous Health Project Officer	1	1
	Outreach Worker	1	1
Report 2 ICDP workforce allocation and recruitment per 10 000 Aboriginal and Torres Strait Islander population within the boundary of the DGP.	-	2.0	2.0

General characteristics for the whole Division of General Practice

Total number of General Practices	36
Proportion of practices which are solo GP practices	53%
Full-time Working Equivalent GP: population 2009 ratio	1259

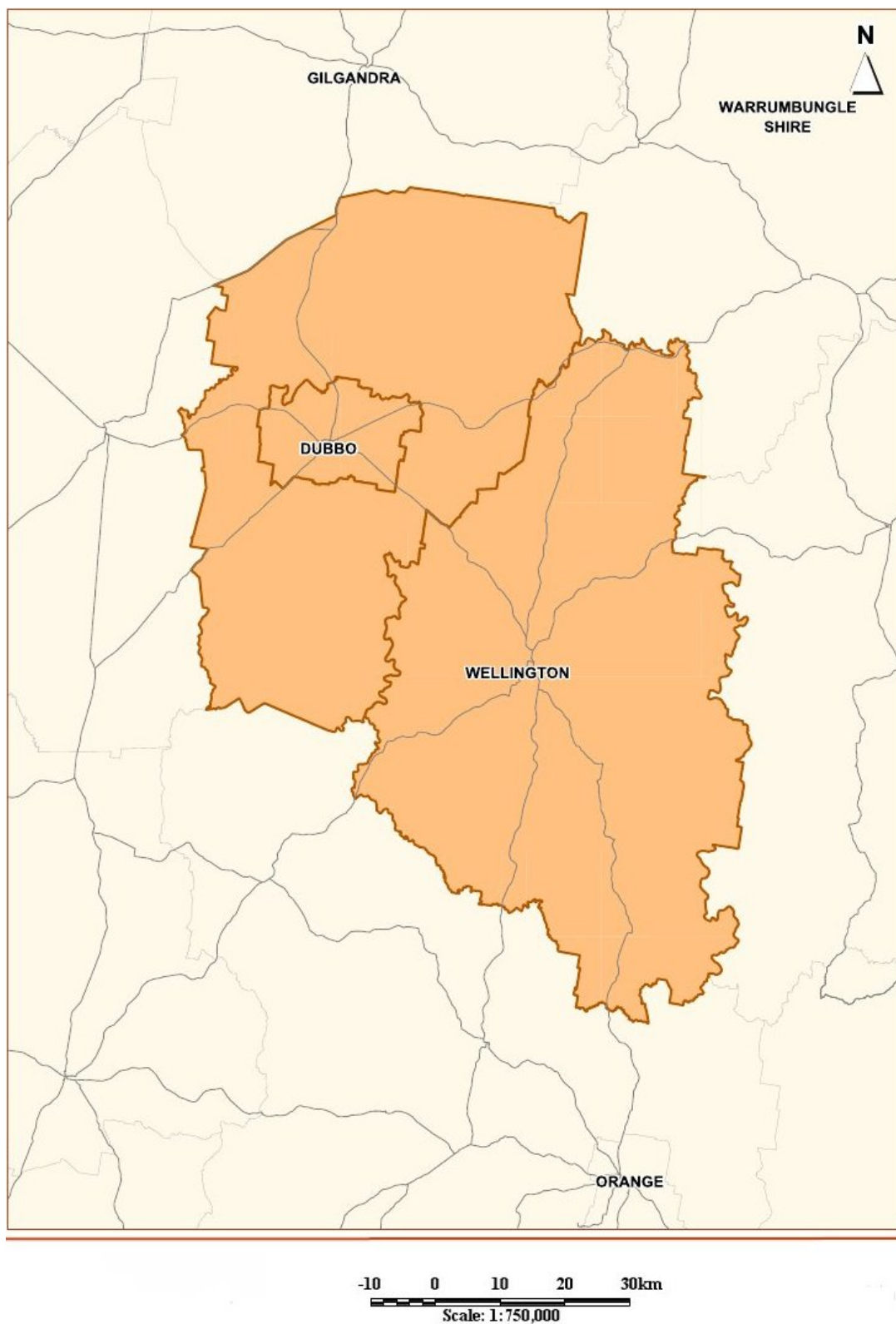


Figure B10: Dubbo site boundary map

East Pilbara

East Pilbara site characteristics

East Pilbara, Western Australia; case study, stage 2

Key stakeholder organisations:

- Puntukurnu Aboriginal Medical Service
- Pilbara Health Network

Complementary programs within the site:

- S100 supply arrangements (S100)
- Medicare Local ⁷

Geographical characteristics

Site boundary	The East Pilbara Sentinel Site consists of 1 SLA. For a full listing of the SLA please see Ruralness Classification table in Appendix C.
Ruralness	Remote
Geographic area	371 603.9 km ²

Population characteristics

Total population	6543
Aboriginal and Torres Strait Islander population	1429
% of total population identified as Aboriginal or Torres Strait Islander	21.8%

Workforce expansion

ICDP Workforce	Role	Total FTE allocated	Total FTE recruited
Report 3 ICDP workforce allocation and recruitment – positions with responsibility of covering the Sentinel Site. Actual area of responsibility may be substantially larger than the Sentinel Site.	Indigenous Health Project Officer	1	1
	Outreach Worker	2	2
	Regional Tobacco Coordinator ^a	1	1
	Tobacco Action Worker ^a	1	1
	Healthy Lifestyle Worker ^a	2	2
Report 2 ICDP workforce allocation and recruitment per 10 000 Aboriginal and Torres Strait Islander population within the boundary of the DGP.	-	5.3	5.3

⁷ [The Hon. Nicola Roxon MP – Media Release](#) [website], (accessed 16 December, 2011). Kimberly – Pilbara Medicare Local are confirming arrangements with DoHA.

General Practitioner characteristics for the whole Division of General Practice

Total number of General Practices	13
Proportion of practices which are solo GP practices	38%
Full-time Working Equivalent GP: population 2009 ratio	1978

^a DoHA advised that the positions were filled as of 30 June 2011. However at the evaluation visit it was apparent that the RTC and TAW position and one HLW position were recently vacant.

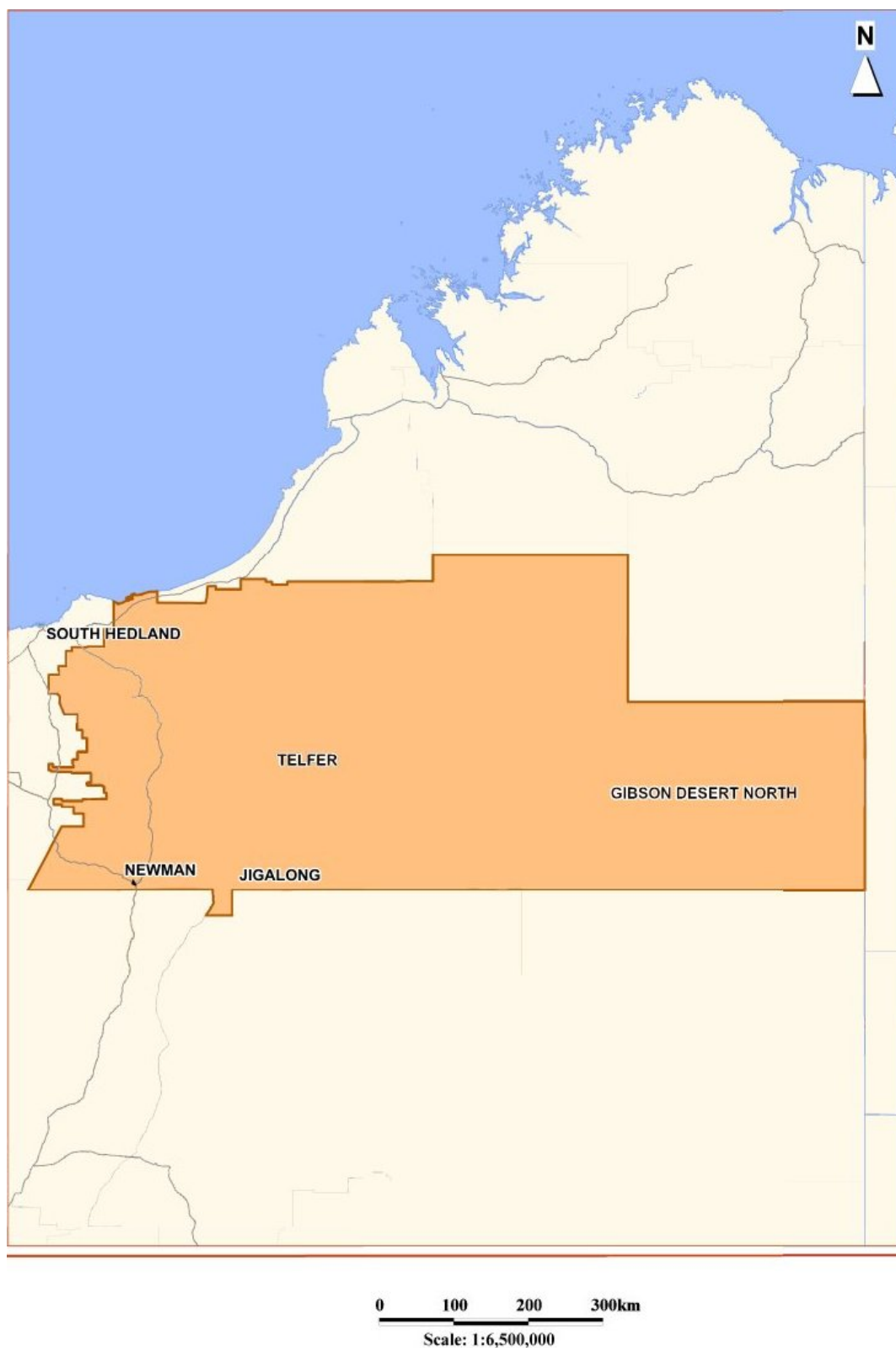


Figure B11: East Pilbara site boundary map

Elizabeth

Elizabeth site characteristics

Elizabeth, South Australia; enhanced tracking, stage 2

Key stakeholder organisations:

- Nunkuwarrin Yunti of South Australia Inc
- Adelaide Northern Division of General Practice

Complementary programs within the site:

- Healthy for Life
- QUMAX
- Medicare Local tranche 2

Geographical characteristics

Site boundary	There are 8 SLAs within the site. For a full listing of the SLAs please see Ruralty Classification table in Appendix C.
Ruralty	Urban
Geographic area	461.3 km ²

Population characteristics

Total population	126 717
Aboriginal and Torres Strait Islander population	2777
% of total population identified as Aboriginal or Torres Strait Islander	2.2%

Workforce expansion

ICDP Workforce	Role	Total FTE allocated	Total FTE recruited
Report 3 ICDP workforce allocation and recruitment – positions with responsibility of covering the Sentinel Site. Actual area of responsibility may be substantially larger than the Sentinel Site.	Indigenous Health Project Officer	1	1
	Outreach Worker	2	3 ^a
Report 2 ICDP workforce allocation and recruitment per 10 000 Aboriginal and Torres Strait Islander population within the boundary of the DGP.	-	7.7	7.7

General Practitioner characteristics for the whole Division of General Practice

Total number of General Practices	61
Proportion of practices which are solo GP practices	33%
Full-time Working Equivalent GP: population 2009 ratio	1014

^a DOHA reports 1 OW allocation funded under measure C2 but 2 positions filled. The organisation stated that they have used other funding to top up to 2 FTE as they felt it important to have one male and one female OW.

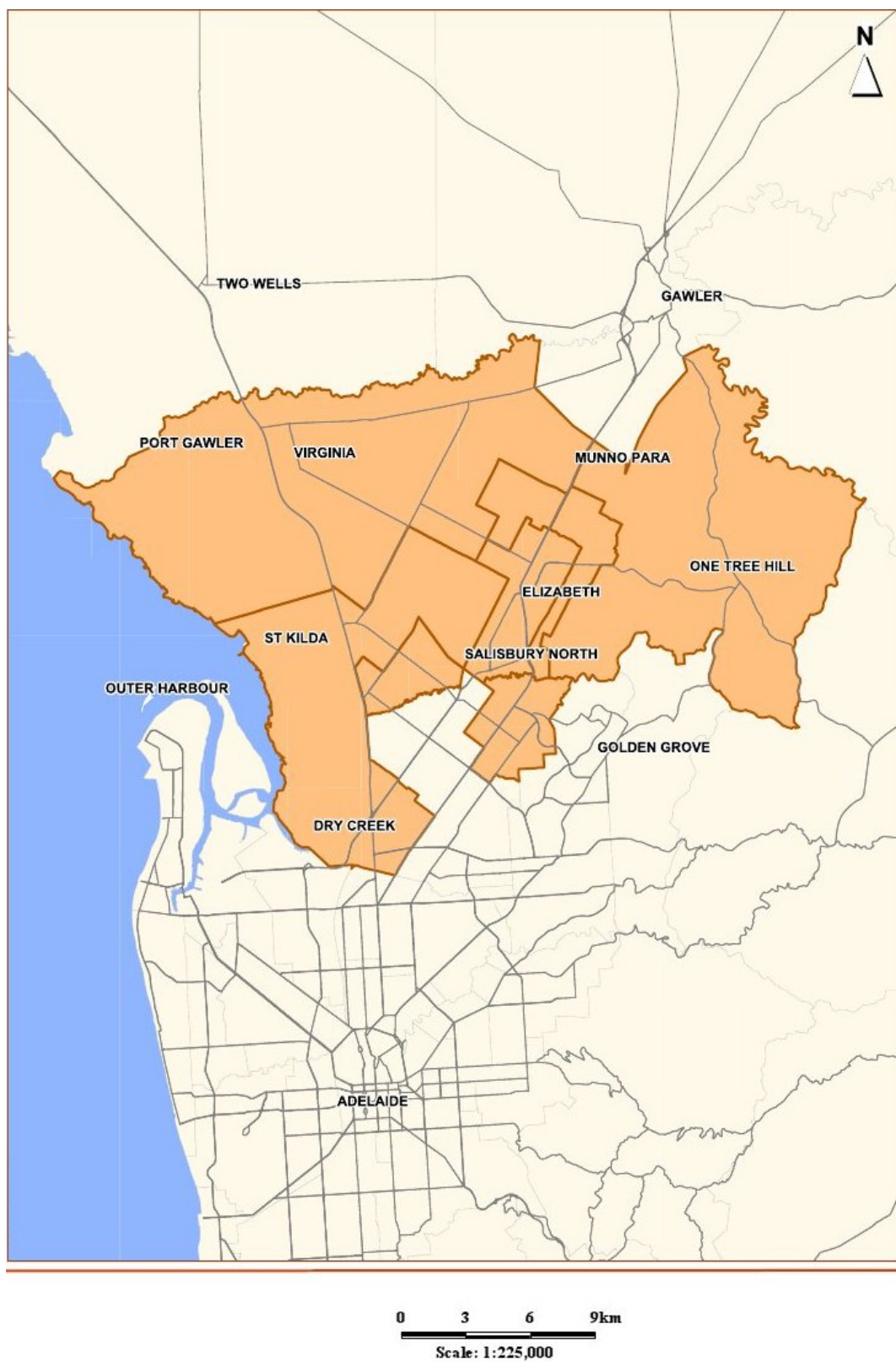


Figure B12: Elizabeth site boundary map

Geraldton

Geraldton site characteristics

Geraldton, Western Australia; tracking, stage 2

Key stakeholder organisations:

- Geraldton Regional Aboriginal Medical Service
- Mid West General Practice Network

Complementary programs within the site:

- Healthy for Life
- QUMAX
- Medicare Local tranche 2

Geographical characteristics

Site boundary	Geraldton Sentinel Site consists of 1 SLA. For a full listing of the SLA please see Rurality Classification table in Appendix C.
Rurality	Regional
Geographic area	29.5 km ²

Population characteristics

Total population	18 916
Aboriginal and Torres Strait Islander population	1836
% of total population identified as Aboriginal or Torres Strait Islander	9.7%

Workforce expansion

ICDP Workforce	Role	Total FTE allocated	Total FTE recruited
Report 3 ICDP workforce allocation and recruitment – positions with responsibility of covering the Sentinel Site. Actual area of responsibility may be substantially larger than the Sentinel Site.	Indigenous Health Project Officer	1	1
	Outreach Worker	2	2
	Care Coordinator	0.8	0.8
Report 2 ICDP workforce allocation and recruitment per 10 000 Aboriginal and Torres Strait Islander population within the boundary of the DGP.	-	5.3	5.3

General Practitioner characteristics for the whole Division of General Practice

Total number of General Practices	21
Proportion of practices which are solo GP practices	43%
Full-time Working Equivalent GP: population 2009 ratio	1375



Figure B13: Geraldton site boundary map

Gladstone

Gladstone site characteristics

Gladstone, Queensland; tracking site, stage 2

Key stakeholder organisations:

- Nhulundu Wooribah Indigenous Health Organisation
- Capricornia Division of General Practice

Complementary programs within the site:

- QUMAX
- Medicare Local tranche 3

Geographical characteristics

Site boundary	Gladstone Sentinel Site consists of 3 SLAs. For a full listing of the SLAs please see Rurality Classification table in Appendix C.
Rurality	Regional
Geographic area	6711.4 km ²

Population characteristics

Total population	45 626
Aboriginal and Torres Strait Islander population	1481
% of total population identified as Aboriginal or Torres Strait Islander	3.2%

Workforce expansion

ICDP Workforce	Role	Total FTE allocated	Total FTE recruited
Report 3 ICDP workforce allocation and recruitment – positions with responsibility of covering the Sentinel Site. Actual area of responsibility may be substantially larger than the Sentinel Site.	Indigenous Health Project Officer	1	1
	Outreach Worker	2	2
	Regional Tobacco Coordinator	1	1
	Tobacco Action Worker	1	1
	Healthy Lifestyle Worker	2	2
	Practice Manager	1	1
Report 2 ICDP workforce allocation and recruitment per 10 000 Aboriginal and Torres Strait Islander population within the boundary of the DGP.	-	4.6	4.6

General Practitioner characteristics for the whole Division of General Practice

Total number of General Practices	41
Proportion of practices which are solo GP practices	22%
Full-time Working Equivalent GP: population 2009 ratio	1104



Figure B14: Gladstone site boundary map

Grafton

Grafton site characteristics

Grafton, New South Wales; tracking site, stage 2

Key stakeholder organisations:

- Bulgarr Ngaru Medical Aboriginal Corporation
- Mid North Coast Division of General Practice

Complementary programs within the site:

- Healthy for Life
- QUMAX
- Medicare Local tranche 2

Geographical characteristics

Site boundary	Grafton Sentinel Site consists of 1 SLA. For a full listing of the SLA please see Rurality Classification table in Appendix C.
Rurality	Regional
Geographic area	487.9 km ²

Population characteristics

Total population	22 812
Aboriginal and Torres Strait Islander population	1238
% of total population identified as Aboriginal or Torres Strait Islander	5.4%

Workforce expansion

ICDP Workforce	Role	Total FTE allocated	Total FTE recruited
Report 3 ICDP workforce allocation and recruitment – positions with responsibility of covering the Sentinel Site. Actual area of responsibility may be substantially larger than the Sentinel Site.	Indigenous Health Project Officer	1	1
	Outreach Worker	2	2
	Practice Manager	1	1
	Care Coordinator	1	1
Report 2 ICDP workforce allocation and recruitment per 10 000 Aboriginal and Torres Strait Islander population within the boundary of the DGP.	-	5.5	5.5

General Practitioner characteristics for the whole Division of General Practice

Total number of General Practices	44
Proportion of practices which are solo GP practices	25%
Full-time Working Equivalent GP: population 2009 ratio	1107



Figure B15: Grafton site boundary map

Hobart

Hobart site characteristics

Hobart, Tasmania; tracking, stage 2

Key stakeholder organisations:

- Tasmania Aboriginal Centre Inc
- General Practice South

Complementary programs within the site:

- Healthy for Life
- QUMAX
- Medicare Local tranche 1

Geographical characteristics

Site boundary	There are 7 SLAs within the Hobart Sentinel Site. For a full listing of the SLAs please see Rurality Classification table in Appendix C.
Rurality	Regional
Geographic area	1100.4 km ²

Population characteristics

Total population	189 637
Aboriginal and Torres Strait Islander population	5413
% of total population identified as Aboriginal or Torres Strait Islander	2.9%

Workforce expansion

ICDP Workforce	Role	Total FTE allocated	Total FTE recruited
Report 3 ICDP workforce allocation and recruitment – positions with responsibility of covering the Sentinel Site. Actual area of responsibility may be substantially larger than the Sentinel Site. ^b	Indigenous Health Project Officer ^a	1	1
	Outreach Worker	1.5	1.5
Report 2 ICDP workforce allocation and recruitment per 10 000 Aboriginal and Torres Strait Islander population within the boundary of the DGP.	-	3.2	3.2

General Practitioner characteristics for the whole Division of General Practice

Total number of General Practices	85
Proportion of practices which are solo GP practices	25%
Full-time Working Equivalent GP: population 2009 ratio	1149

^a The IHPO allocation to Tasmania Aboriginal Centre is as the NACCHO affiliate and is not included in the workforce allocation for the site.

^b TAC have an allocation for a practice manager however this is in a service outside the site boundary

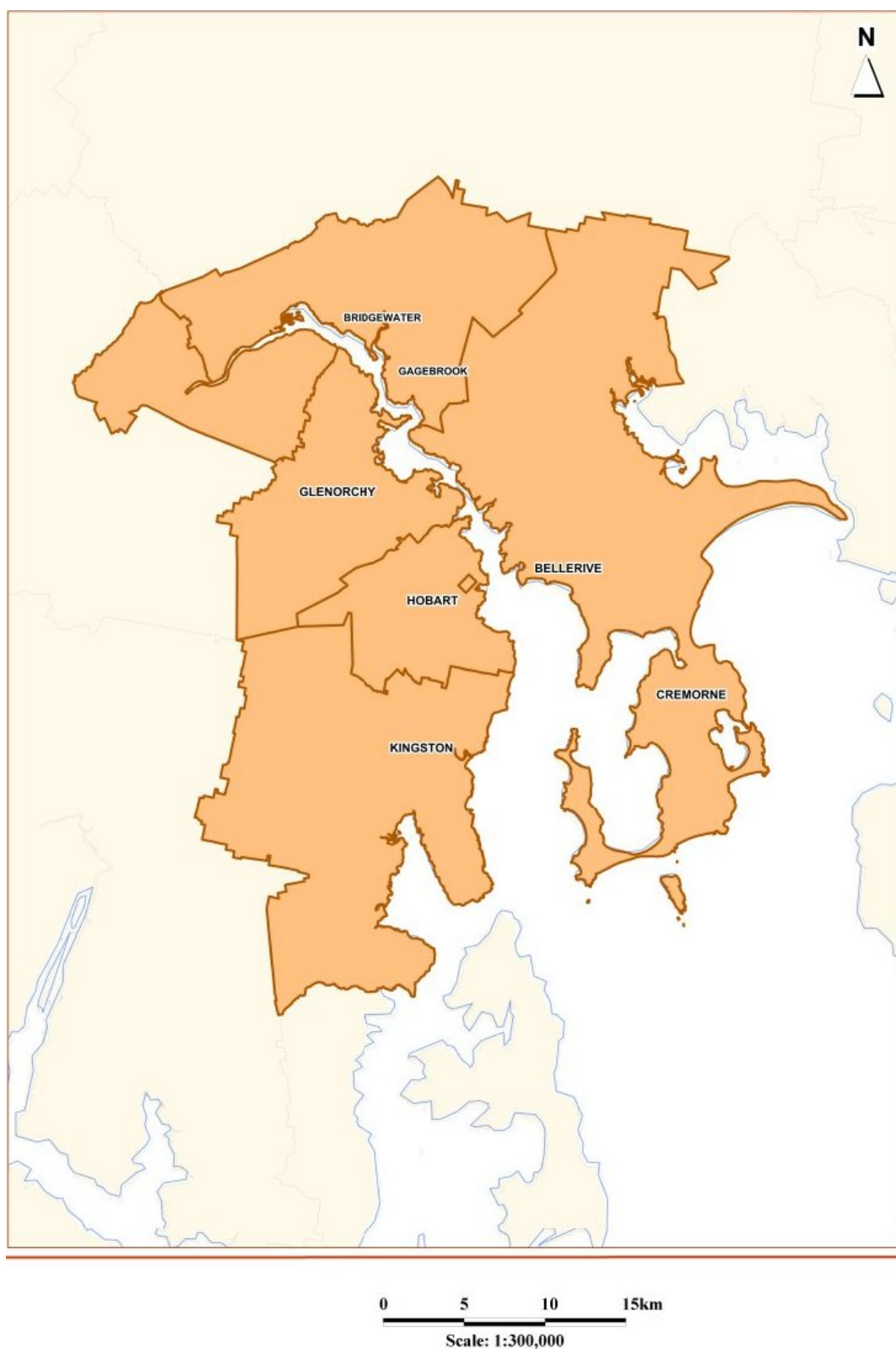


Figure B16: Hobart site boundary map

Kalgoorlie

Kalgoorlie site characteristics

Kalgoorlie, Western Australia; tracking, stage 2

Key stakeholder organisations:

- Bega Garnbirringu Health Services Aboriginal Corporation
- Goldfields Esperance General Practice Network

Complementary programs within the site:

- Healthy for Life
- Medicare Local tranche 2

Geographical characteristics

Site boundary	Kalgoorlie Sentinel Site consists of 2 SLAs. For a full listing of the SLAs please see Rurality Classification table in Appendix C.
Rurality	Regional
Geographic area	95 575.9 km ²

Population characteristics

Total population	28 423
Aboriginal and Torres Strait Islander population	2135
% of total population identified as Aboriginal or Torres Strait Islander	7.5%

Workforce expansion

ICDP Workforce	Role	Total FTE allocated	Total FTE recruited
Report 3 ICDP workforce allocation and recruitment – positions with responsibility of covering the Sentinel Site. Actual area of responsibility may be substantially larger than the Sentinel Site.	Indigenous Health Project Officer	1	1
	Outreach Worker	1	1
	Regional Tobacco Coordinator	1	1
	Tobacco Action Worker	1	1
	Healthy Lifestyle Worker	2	2
	Additional Health Staff	1	1
	Care Coordinator	0.50	0.50
	Practice Manager	1	1
Report 2 ICDP workforce allocation and recruitment per 10 000 Aboriginal and Torres Strait Islander population within the boundary of the DGP.	-	3.8	3.8

General Practitioner characteristics for the whole Division of General Practice

Total number of General Practices	19
Proportion of practices which are solo GP practices	26%
Full-time Working Equivalent GP: population 2009 ratio	1873

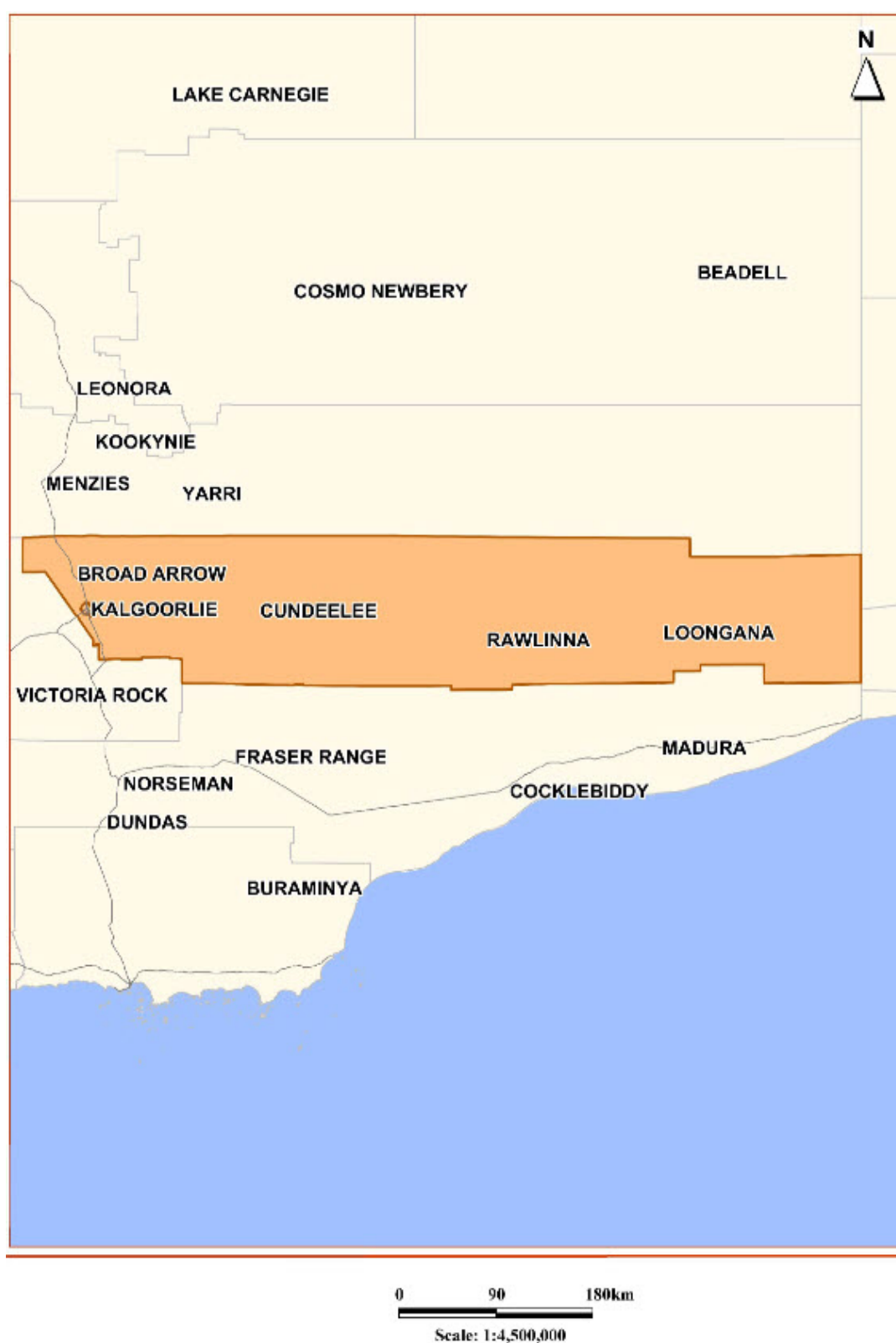


Figure B17: Kalgoorlie site boundary map

Katherine West

Katherine West site characteristics

Katherine West, Northern Territory; case study, stage 1

Key stakeholder organisations:

- Katherine West Health Board

Complementary programs within the site:

- Healthy for Life
- Section 100 supply arrangements (S100)
- Medicare Local tranche 3

Geographical characteristics

Site boundary	The Sentinel Site boundary consists of 5 SLAs and follows the Katherine West Health Board's region and the health centres of Lajamanu, Kalkarindji, Timber Creek, Yarralin, Pigeon Hole, Bulla and Mialuni that come under KWHB management. For a full listing of the SLAs please see Rurality Classification table in Appendix C. The community focus groups were held in Lajamanu.
Rurality	Remote
Geographic area^a	162 000 km ²

Population characteristics

Total population	2795
Aboriginal and Torres Strait Islander population	2126
% of total population identified as Aboriginal or Torres Strait Islander	76.1%

Workforce expansion

ICDP Workforce	Role	Total FTE allocated	Total FTE recruited
Report 3 ICDP workforce allocation and recruitment – positions with responsibility of covering the Sentinel Site. Actual area of responsibility may be substantially larger than the Sentinel Site.	Outreach Worker	2	2
	Additional Health Staff ^b	1.60	1.60
	Practice Manager	0.80	0.80
	Regional Tobacco Coordinator ^c	1	1
	Tobacco Action Worker	1	0
	Healthy Lifestyle Worker	2	0
Report 2 ICDP workforce allocation and recruitment per 10 000 Aboriginal and Torres Strait Islander population within the boundary of the DGP ^d .	-	9.4	9.4

^a [Katherine West Health Board](#), [website] (accessed 3 November 2011).

^b DoHA advised that the position was filled as of 30 June 2011. However at the evaluation visit the positions were not identifiable.

^c DoHA advised the position was vacant as of 30 June 2011. However the RTC position was filled from August 2011.

^d ICDP workforce allocation and recruitment per 10 000 Aboriginal and Torres Strait Islander population within the Sentinel Site is based on workforce allocated to and recruited by KWHB only and the population for Katherine West site only.

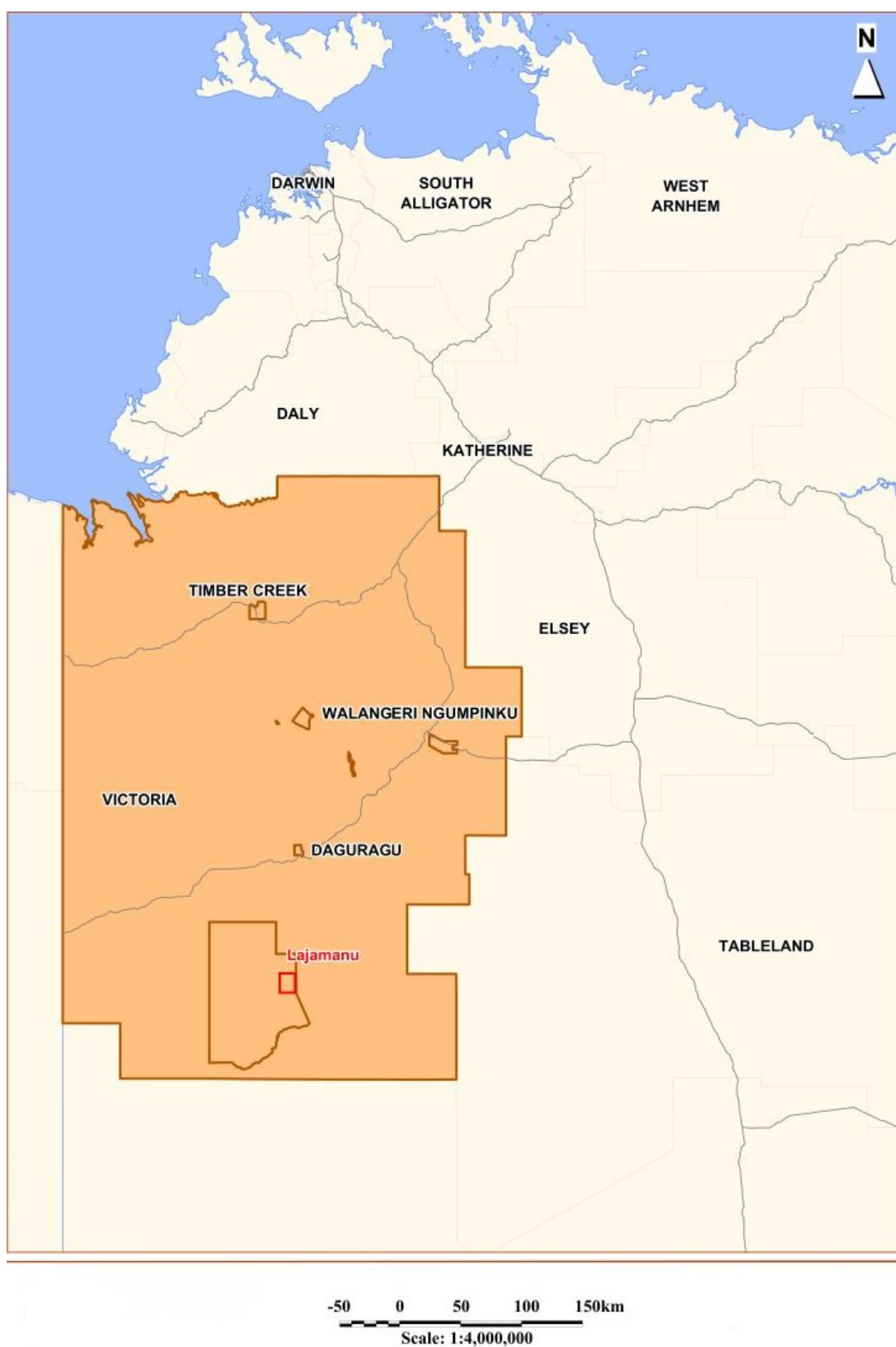


Figure B18: Katherine West site boundary map

Logan/Woodridge

Logan/Woodridge site characteristics

Logan/Woodridge, Queensland; case study site, stage 2

Key stakeholder organisations

- Aboriginal & Torres Strait Islander Community Health Services
- South East Primary Health Care Network
- Institute for Urban Indigenous Health

Complementary programs within the site

- Healthy for Life
- QUMAX
- Medicare Local tranche 1

Geographical characteristics

Site boundary	There are 17 SLAs within the Sentinel Site. For a full listing of the SLAs please see Rurality Classification table in Appendix C. Community focus groups were held in Woodridge.
Rurality	Urban
Geographic area	251.4 km ²

Population characteristics

Total population	173 269
Aboriginal and Torres Strait Islander population	4376
% of total population identified as Aboriginal or Torres Strait Islander	2.5%

Workforce expansion

ICDP Workforce	Role	Total FTE allocated	Total FTE recruited
Report 3 ICDP workforce allocation and recruitment – positions with responsibility of covering the Sentinel Site. Actual area of responsibility may be substantially larger than the Sentinel Site.	Indigenous Health Project Officer	1	1
	Outreach Worker	3	3
	Regional Tobacco Coordinator	1	1
	Tobacco Action Worker	1	1
	Healthy Lifestyle Worker	2	2
	Care Coordinator ^a	2.5	2.5
	Practice Manager	1	1
Report 2 ICDP workforce allocation and recruitment per 10 000 Aboriginal and Torres Strait Islander population within the boundary of the DGP.	-	9.9	9.9

General Practitioner characteristics for the whole Division of General Practice

Total number of General Practices	83
Proportion of practices which are solo GP practices	16%
Full-time Working Equivalent GP: population 2009 ratio	992

^a The 2.5 FTE Care Coordinators at the Institute for Urban Indigenous Health were covering areas other than Logan/Woodridge as it had coverage by a state funded care coordination program.



Figure B19: Logan/Woodridge site boundary map

Newcastle

Newcastle site characteristics

Newcastle, New South Wales; enhanced tracking, stage 1

Key stakeholder organisations:

- Awabakal Newcastle Aboriginal Cooperative Ltd
- GP Access (previously known as Hunter Urban Division of General Practice)

Complementary programs within the site:

- QUMAX
- Medicare Local tranche 1

Geographical characteristics

Site boundary	Newcastle site covers 1 Statistical Subdivision comprising a total of 9 SLAs cover the Sentinel Site boundaries for Newcastle. For a full listing of the SLAs please see Rurality Classification table in Appendix C.
Rurality	Urban
Geographic area	4052.3 km ²

Population characteristics

Total population	493 466
Aboriginal and Torres Strait Islander population	12 285
% of total population identified as Aboriginal or Torres Strait Islander	2.5%

Workforce expansion

ICDP Workforce	Role	Total FTE allocated	Total FTE recruited
Report 3 ICDP workforce allocation and recruitment – positions with responsibility of covering the Sentinel Site. Actual area of responsibility may be substantially larger than the Sentinel Site.	Indigenous Health Project Officer	1	1
	Outreach Worker ^a	2	2
	Regional Tobacco Coordinator	1	1
	Tobacco Action Worker	1	1
	Health Lifestyle Worker	2	0
	Care Coordinator ^b	1	1
Report 2 ICDP workforce allocation and recruitment per 10 000 Aboriginal and Torres Strait Islander population within the boundary of the DGP	-	2.9	2.9

General Practitioner characteristics for the whole Division of General Practice

Total number of General Practices	139
Proportion of practices which are solo GP practices	40%
Full-time Working Equivalent GP: population 2009 ratio	1166

^a DoHA advised that both positions were filled as of 30 June 2011. However at the evaluation visit it was apparent that one position was recently vacant.

^b DoHA advised that position was filled as of 30 June 2011. However at the evaluation visit it was apparent that one position was still being recruited.



Figure B20: Newcastle site boundary map

North Lakes/Caboolture

North Lakes/Caboolture site characteristics

North Lakes/Caboolture, Queensland; tracking, stage 2

- Key stakeholder organisations:
- Institute for Urban Indigenous Health
- Moreton Bay General Practice Network
- GP Partners

Complementary programs within the site:

- Medicare Local tranche 1

Geographical characteristics

Site boundary	There are 15 SLAs within the Sentinel Site. For a full listing of the SLAs please see Rurality Classification table in Appendix C.
Rurality	Urban
Geographic area	459.4 km ²

Population characteristics

Total population	216 349
Aboriginal and Torres Strait Islander population	4682
% of total population identified as Aboriginal or Torres Strait Islander	2.2%

Workforce expansion

ICDP Workforce	Role	Total FTE allocated	Total FTE recruited
Report 3 ICDP workforce allocation and recruitment – positions with responsibility of covering the Sentinel Site. Actual area of responsibility may be substantially larger than the Sentinel Site.	Indigenous Health Project Officer	2	2
	Outreach Worker	2	2
	Regional Tobacco Coordinator	1	1
	Tobacco Action Worker	1	1
	Healthy Lifestyle Worker	2	2
Report 2 ICDP workforce allocation and recruitment per 10 000 Aboriginal and Torres Strait Islander population within the boundary of the DGP.	-	3.6	2.7

General Practitioner characteristics for the whole Division of General Practice^a

Total number of General Practices	268
Proportion of practices which are solo GP practices	26%
Full-time Working Equivalent GP: population 2009 ratio	1131

^a Includes both DGPs.



Figure B21: North Lakes/Caboolture site boundary map

Port Augusta

Port Augusta site characteristics

Port Augusta, South Australia; case study, stage 1

Key stakeholder organisations:

- Pika Wiya Health Service Aboriginal Corporation
- Flinders and Far North Division of General Practice

Complementary programs within the site:

- Healthy for Life
- QUMAX
- Medicare Local tranche 1

Geographical characteristics

Site boundary	The Sentinel Site boundary consists of 1 SLA. For a full listing of the SLA please see Rurality Classification table in Appendix C. The community focus groups are held in Port Augusta township.
Rurality	Regional
Geographic area	1153 km ²

Population characteristics

Total population	13 874
Aboriginal and Torres Strait Islander population	2303
% of total population identified as Aboriginal or Torres Strait Islander	16.6%

Workforce expansion

ICDP Workforce	Role	Total FTE allocated	Total FTE recruited
Report 3 ICDP workforce allocation and recruitment – positions with responsibility of covering the Sentinel Site. Actual area of responsibility may be substantially larger than the Sentinel Site.	Indigenous Health Project Officer	1	1
	Outreach Worker	2	1
	Care Coordinator	1	1
	Regional Tobacco Coordinator	1	Not yet recruited
	Tobacco Action Worker	1	Not yet recruited
	Healthy Lifestyle Worker ^a	2	0
Report 2 ICDP workforce allocation and recruitment per 10 000 Aboriginal and Torres Strait Islander population within the boundary of the DGP.	-	8.1	2.7

General Practice characteristics for the whole Division of General Practice

Total number of General Practices	15
Proportion of practices which are solo GP practices	53%
Full-time Working Equivalent GP: population 2009 ratio	1124

^a DoHA advised that one HLW position was filled as of 30 June 2011. However at the evaluation visit it was apparent that the position was vacant.

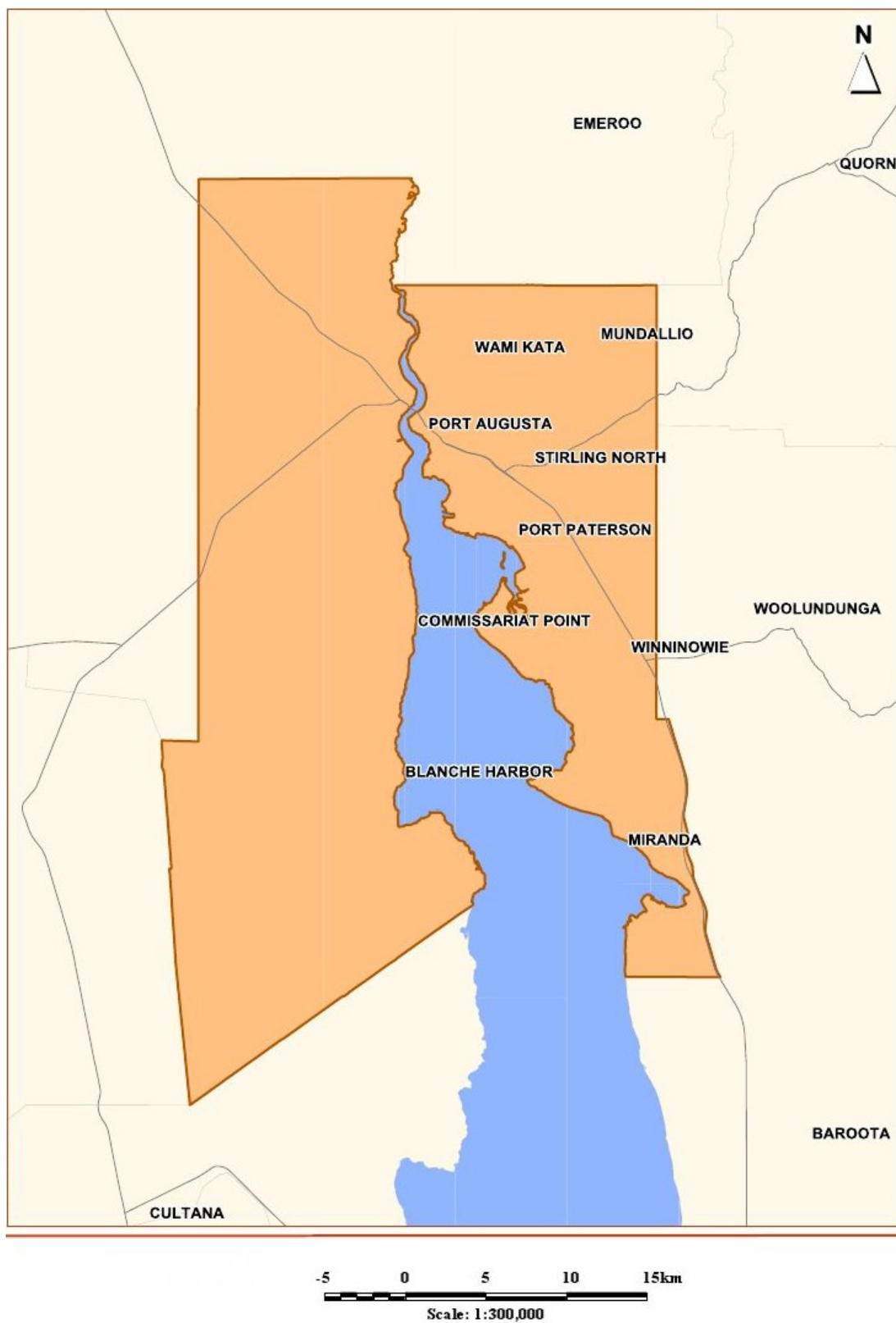


Figure B22: Port Augusta site boundary map

Swan Hill/Mildura

Swan Hill/Mildura site characteristics

Swan Hill/Mildura, Victoria; enhanced tracking, stage 1

Key stakeholder organisations:

- Swan Hill Aboriginal Health Service
- Mildura Aboriginal Corporation Inc
- Mallee Health Care Network (formerly known as Mallee Division of General Practice)

Complementary programs within the site:

- Healthy for Life
- QUMAX
- Medicare Local tranche 2

Geographical characteristics

Site boundary	Swan Hill/Mildura Sentinel site boundary consists of 5 SLAs. For a full listing of the SLAs please see Rurality Classification table in Appendix C.
Rurality	Regional
Geographic area	28 203.3 km ²

Population characteristics

Total population	70 452
Aboriginal and Torres Strait Islander population	2238
% of total population identified as Aboriginal or Torres Strait Islander	3.2%

Workforce expansion

ICDP Workforce	Role	Total FTE allocated	Total FTE recruited
Report 3 ICDP workforce allocation and recruitment – positions with responsibility of covering the Sentinel Site. Actual area of responsibility may be substantially larger than the Sentinel Site.	Indigenous Health Project Officer	1	1
	Outreach Worker	2	2
	Regional Tobacco Coordinator	1	1
	Tobacco Action Worker	1	1
	Healthy Lifestyle Worker	2	2
	Practice Manager ^a	0.70	0.70
Report 2 ICDP workforce allocation and recruitment per 10 000 Aboriginal and Torres Strait Islander population within the boundary of the DGP.	-	9.5	9.5

General characteristics for the whole Division of General Practice

Total number of General Practices	27
Proportion of practices which are solo GP practices	63%
Full-time Working Equivalent GP: population 2009 ratio	1241

^a The practice manager is placed at an AHS within the site which is different to the stakeholder organisations listed.

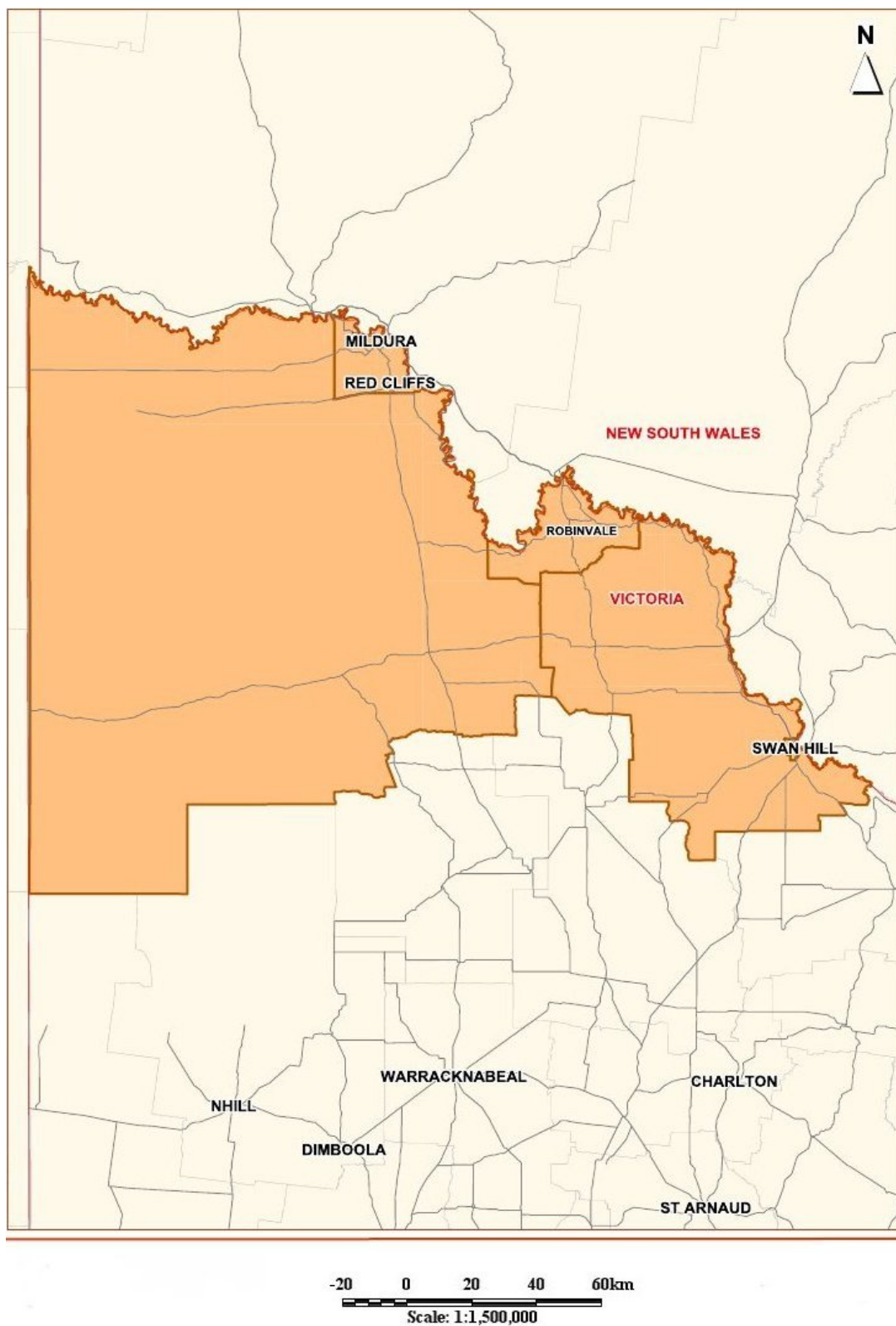


Figure B23: Swan Hill/Mildura site boundary map

Tamworth

Tamworth site characteristics

Tamworth, New South Wales; case study, stage 2

Key stakeholder organisations:

- Tamworth Aboriginal Medical Service
- North West Slopes Division of General Practice

Complementary programs within the site:

- Healthy for Life
- QUMAX
- Medicare Local tranche 1

Geographical characteristics

Site boundary	There are 2 SLAs within the Tamworth site. For a full listing of the SLAs please see Ruralty Classification table in Appendix C.
Rurality	Regional
Geographic area	9892.3 km ²

Population characteristics

Total population	53 595
Aboriginal and Torres Strait Islander population	3710
% of total population identified as Aboriginal or Torres Strait Islander	6.9%

Workforce expansion

ICDP Workforce	Role	Total FTE allocated	Total FTE recruited
Report 3 ICDP workforce allocation and recruitment – positions with responsibility of covering the Sentinel Site. Actual area of responsibility may be substantially larger than the Sentinel Site.	Indigenous Health Project Officer	1	1
	Outreach Worker	1	1
	Regional Tobacco Coordinator	1	1
	Tobacco Action Worker	1	0
	Healthy Lifestyle Worker	2	0
Report 2 ICDP workforce allocation and recruitment per 10 000 Aboriginal and Torres Strait Islander population within the boundary of the DGP.	-	4.5	2.2

General Practice characteristics for the whole Division of General Practice

Total number of General Practices	20
Proportion of practices which are solo GP practices	70%
Full-time Working Equivalent GP: population 2009 ratio	1831

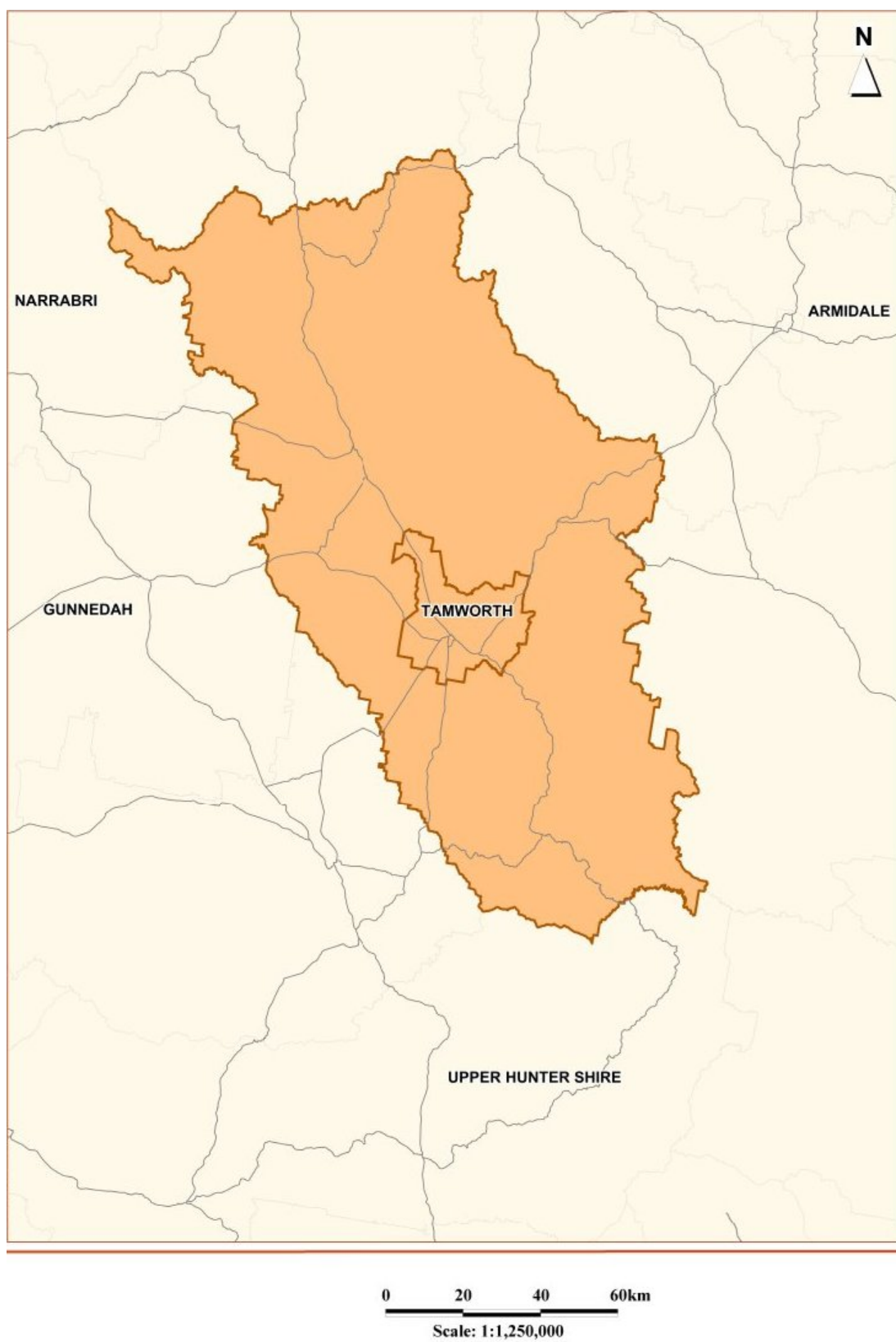


Figure B24: Tamworth site boundary map

Appendix C. Rurality classifications

The Australian Standard Geographical Classification – Remoteness Areas (ASGC-RA) is utilised as the basis to classify Sentinel Sites by rurality.

The ASGC-RA classifications are:

RA1 Major Cities of Australia

RA2 Inner Regional Australia

RA3 Outer Regional Australia

RA4 Remote Australia

RA5 Very Remote Australia

Due to the limited number of Sentinel Sites these rurality categories are aligned with the rurality categories of: urban, regional or remote. The rule that we apply to determine the rurality of the Sentinel Site is 'the remotest category provided that category is the majority of the area'.

These rurality categories will be aggregated as follows:

RA1 = urban

RA2 and 3 = regional

RA4 and 5 = remote

Table C1: Conversion table for AGSC-RA classification for Sentinel Sites

Sentinel site name	Rurality category for SSE	Dominant ASGC remoteness category for the boundary	Site boundary (SLAs)	Location Code	Highest ratio/percentage of land area attributed to an ASGC category in the boundary ^a
Katherine West ^b	Remote	RA5 Very Remote Australia	Lajamanu (CGC)	710302270	1.0/100.0
			Timber Creek (CGC)	710304030	1.0/100.0
			Walangeri Ngumpinku (CGC)	710304600	1.0/100.0
			Daguragu (CGC)	710300790	1.0/100.0
			Victoria	710304409	1.0/100.0
Port Augusta	Regional	RA3 Outer Regional Australia	Port Augusta (C) (SLA)	435206090	1.0/100.0
Brisbane South	Urban	RA1 Major Cities of Australia	Rocklea	305111498	1.0/100.0
			Salisbury	305111511	1.0/100.0
			Archerfield	305111023	1.0/100.0
			Coopers Plains	305111154	1.0/100.0
			Macgregor	305111356	1.0/100.0
			Robertson	305111492	1.0/100.0
			Sunnybank	305111547	1.0/100.0
			Sunnybank Hills	305111552	1.0/100.0
			Acacia Ridge	305111001	1.0/100.0
			Willawong	305111615	1.0/100.0
			Pallara-Heathwood-Larapinta	305111456	1.0/100.0
			Coorparoo	305091157	1.0/100.0
			Nathan	305111416	1.0/100.0
			Kuraby	305111331	1.0/100.0
			Eight Mile Plains	305111198	1.0/100.0

Sentinel site name	Rurality category for SSE	Dominant ASGC remoteness category for the boundary	Site boundary (SLAs)	Location Code	Highest ratio/percentage of land area attributed to an ASGC category in the boundary ^a
			Runcorn	305111503	1.0/100.0
			Holland Park	305091282	1.0/100.0
			Holland Park West	305091285	1.0/100.0
			Tarragindi	305091563	1.0/100.0
			Mansfield	305111372	1.0/100.0
			Mount Gravatt	305111402	1.0/100.0
			Upper Mount Gravatt	305111588	1.0/100.0
			Mount Gravatt East	305111405	1.0/100.0
			Wishart	305111626	1.0/100.0
			Camp Hill	305091097	1.0/100.0
			Carina Heights	305091116	1.0/100.0
			Carindale	305091108	1.0/100.0
			Seventeen Mile Rocks	305071517	1.0/100.0
			Sinnamon Park (state suburb)	SSC31487	1.0/100.0
			Jamboree Heights	305071296	1.0/100.0
			Jindalee	305071301	1.0/100.0
			Middle Park	305071375	1.0/100.0
			Mt Ommaney	305071408	1.0/100.0
			Riverhills	305071487	1.0/100.0
			Westlake	305071612	1.0/100.0
			Corinda	305031162	1.0/100.0
			Graceville	305031241	1.0/100.0
			Oxley	305071451	1.0/100.0
			Sherwood	305031522	1.0/100.0

Sentinel site name	Rurality category for SSE	Dominant ASGC remoteness category for the boundary	Site boundary (SLAs)	Location Code	Highest ratio/percentage of land area attributed to an ASGC category in the boundary ^a
			Darra-Sumner	305071167	1.0/100.0
			Wacol	305071596	1.0/100.0
			Doolandella-Forest Lake	305071176	1.0/100.0
			Durack	305071184	1.0/100.0
			Inala	305071288	1.0/100.0
			Richlands	305071484	1.0/100.0
			Ellen Grove	305071203	1.0/100.0
Cairns	Regional	RA3 Outer Regional Australia	Cairns City Part A SSD	35005	-
			Cairns (R) Northern Suburbs	350052072	1.0/100.0
			Cairns (R) Baron	350052062	1.0/100.0
			Cairns (R) City	350052066	1.0/100.0
			Cairns (R) Mt Whitfield	350052068	1.0/100.0
			Cairns (R) Western Suburbs	350052076	1.0/100.0
			Cairns (R) Central Suburbs	350052065	1.0/100.0
			Cairns (R) Trinity	350052074	0.991284/99.9128441
Derby	Remote	RA5 Very Remote Australia	Derby-West Kimberly (S) SLA	545102800	1.0/100.0
Dubbo	Regional	RA2 Inner Regional Australia	Dubbo (C) Pt A	135012601	0.9989981/99.8998072
		RA3 Outer Regional Australia	Dubbo (C) Pt B	135052604	0.9597652/95.9765201
			Wellington (A)	135058150	0.9999961/99.9996148
Swan Hill/ Mildura	Regional	RA3 Outer Regional Australia	Swan Hill (RC) Central	230156611	0.9988872/99.8887179

Sentinel site name	Rurality category for SSE	Dominant ASGC remoteness category for the boundary	Site boundary (SLAs)	Location Code	Highest ratio/percentage of land area attributed to an ASGC category in the boundary ^a
			Swan Hill (RC) - Robinvale	230156614	1.0/100.0
			Swan Hill (RC) -BAL	230156616	0.9999994/99.9999414
			Mildura (RC) Part A	230054781	0.9999994/99.9999395
			Mildura (RC) Part B	230054782	0.7363096/73.6309563
Newcastle	Urban	RA1 Major Cities of Australia	Newcastle SSD	11005	-
			Newcastle (C) - Inner City	11055903	0.9996239/99.9623906
			Newcastle (C) - Outer West	11055904	1.0/100.0
			Newcastle (C) - Throsby	11055905	1.0/100.0
			Lake Macquarie (C) - North	11054653	0.9999999/99.9999887
			Lake Macquarie (C) - East	11054651	0.9999999/99.9999929
	Regional	RA2 Inner Regional Australia	Lake Macquarie (C) - West	11054655	0.7254452/72.5445225
			Cessnock (C)	11051720	0.7331873/73.3187258
			Maitland (C)	11055050	0.5564702/55.6470231
			Port Stephens (A)	11056400	0.8655891/86.5589083
Campbelltown	Urban	RA1 Major Cities of Australia	Campbelltown (C) North	105301501	1.0/100.0
			Campbelltown (C) South	105301504	1.0/100.0
Tamworth	Regional	RA2 Inner Regional Australia	Tamworth Regional (A) - Pt A	130057311	0.9978672/99.7867193
			Tamworth Regional (A) - Pt B	130107314	0.1016272/10.1627211
East Pilbara	Remote	RA5 Very Remote Australia	East Pilbara (S)	540053220	1.0/99.9999966
Bairnsdale	Regional	RA3 Outer Regional Australia	East Gippsland (S) – Bairnsdale (SLA)	250052111	1.0/100.0
Darwin	Regional	RA3 Outer Regional Australia	Darwin City SSD	70505	-
			Alawa	705051004	1.0/100.0

Sentinel site name	Rurality category for SSE	Dominant ASGC remoteness category for the boundary	Site boundary (SLAs)	Location Code	Highest ratio/percentage of land area attributed to an ASGC category in the boundary ^a
			Anula	705051008	1.0/100.0
			Bayview-Woolner	705051011	1.0/100.0
			Brinkin	705051014	1.0/100.0
			City - Inner	705051018	1.0/100.0
			City - Remainder	705051138	1.0/100.0
			Coconut Grove	705051024	1.0/100.0
			Fannie Bay	705051028	1.0/100.0
			Jingili	705051034	1.0/100.0
			Karama	705051038	1.0/100.0
			Larrakeyah	705051044	1.0/99.9999969
			Leanyer	705051048	1.0/100.0
			Lee Point-Leanyer Swamp	705051052	1.0/100.0
			Ludmilla	705051054	1.0/100.0
			Malak	705051058	1.0/100.0
			Marrara	705051064	1.0/100.0
			Millner	705051068	1.0/100.0
			Moil	705051074	1.0/100.0
			Nakara	705051078	1.0/100.0
			Narrows	705051084	1.0/100.0
			Nightcliff	705051088	1.0/100.0
			Parap	705051094	1.0/100.0
			Rapid Creek	705051098	1.0/100.0
			Stuart Park	705051104	1.0/100.0
			The Gardens	705051108	1.0/100.0

Sentinel site name	Rurality category for SSE	Dominant ASGC remoteness category for the boundary	Site boundary (SLAs)	Location Code	Highest ratio/percentage of land area attributed to an ASGC category in the boundary ^a
			Tiwi	705051114	1.0/100.0
			Wagaman	705051118	1.0/100.0
			Wanguri	705051124	1.0/100.0
			Winnellie	705051128	1.0/100.0
			Wulagi	705051134	1.0/100.0
Elizabethc	Urban	All SLAs RA1 Major Cities of Australia, except Playford (C) West which is RA2 Inner Regional Australia	Playford (C) - Elizabeth	405055683	1.0/100.0
			Playford (C) - West Central	405055688	1.0/100.0
			Playford (C) – West	405055686	0.5402903/54.0290305
			Playford (C) - Hills	405055684	0.5655629/56.5562873
			Playford (C) - East Central	405055681	1.0/100.0
			Salisbury (C) - Inner North	405057143	1.0/100.0
			Salisbury (C) - North East	405057144	1.0/100.0
			Salisbury (C) - Bal	405057148	1.0/100.0
Canberra	Urban	RA1 Major Cities of Australia	North Canberra SSD	80505	-
			Acton	805050089	1.0/100.0
			Ainslie	805050189	1.0/100.0
			Braddon	805050639	1.0/100.0
			Campbell	805050909	1.0/100.0
			City	805051449	1.0/100.0
			Dickson	805051889	1.0/100.0
			Downer	805051989	1.0/100.0
			Duntroon	805052169	1.0/100.0
			Hackett	805053609	1.0/100.0
			Kowen	805055049	1.0/100.0

Sentinel site name	Rurality category for SSE	Dominant ASGC remoteness category for the boundary	Site boundary (SLAs)	Location Code	Highest ratio/percentage of land area attributed to an ASGC category in the boundary ^a
			Lyneham	805055229	1.0/100.0
			Majura	805055769	1.0/100.0
			O'Connor	805056389	1.0/100.0
			Reid	805057209	1.0/100.0
			Russell	805057479	1.0/100.0
			Turner	805058289	1.0/100.0
			Watson	805058559	1.0/100.0
			South Canberra SSD	80535	-
			Barton	805350369	1.0/100.0
			Deakin	805351809	1.0/100.0
			Forrest	805352789	1.0/100.0
			Fyshwick	805352979	0.9999996/99.9999644
			Griffith	805353429	1.0/100.0
			Harman	805353789	1.0/100.0
			Hume	805354329	0.8904993/89.0499267
			Jerrabomberra	805354589	0.9999996/99.9999619
			Kingston	805354959	0.9374392/93.7439214
			Narrabundah	805356219	1.0/100.0
			Oaks Estate	805356309	0.9995528/99.95528370
			Parkes	805356759	1.0/100.0
			Pialligo	805357029	1.0/100.0
			Red Hill	805357119	1.0/100.0
			Symonston	805357929	1.0/100.0
			Yarralumla	805358919	1.0/100.0

Sentinel site name	Rurality category for SSE	Dominant ASGC remoteness category for the boundary	Site boundary (SLAs)	Location Code	Highest ratio/percentage of land area attributed to an ASGC category in the boundary ^a
			Woden Valley SSD	80515	-
			Chifley	805151269	1.0/100.0
			Curtin	805151719	1.0/100.0
			Farrer	805152439	1.0/100.0
			Garran	805153069	1.0/100.0
			Hughes	805154239	1.0/100.0
			Isaacs	805154419	1.0/100.0
			Lyons	805155319	1.0/100.0
			Mawson	805155859	1.0/100.0
			O'Malley	805156489	1.0/100.0
			Pearce	805156849	1.0/100.0
			Phillip	805156939	1.0/100.0
			Torrens	805158109	1.0/100.0
			Weston Creek-Stromlo SSD	80520	-
			Chapman	805201089	1.0/100.0
			Duffy	805202079	1.0/100.0
			Fisher	805202529	1.0/100.0
			Holder	805204059	1.0/100.0
			Rivett	805207389	1.0/100.0
			Stirling	805207749	1.0/100.0
			Stromlo	805207839	1.0/100.0
			Waramanga	805208469	1.0/100.0
			Weston	805208739	1.0/100.0

Sentinel site name	Rurality category for SSE	Dominant ASGC remoteness category for the boundary	Site boundary (SLAs)	Location Code	Highest ratio/percentage of land area attributed to an ASGC category in the boundary ^a
			Weston Creek-Stromlo - SSD Bal	805208829	1.0/100.0
			Tuggeranong SSD	80525	-
			Banks	805250339	1.0/100.0
			Bonython	805250609	0.9999998/99.9999806
			Calwell	805250819	1.0/100.0
			Chisholm	805251359	1.0/100.0
			Conder	805251549	1.0/100.0
			Fadden	805252349	1.0/100.0
			Gilmore	805253159	1.0/100.0
			Gordon	805253289	1.0/100.0
			Gowrie	805253339	1.0/100.0
			Greenway	805253379	1.0/100.0
			Isabella Plains	805254509	1.0/100.0
			Kambah	805254869	1.0/100.0
			Macarthur	805255489	1.0/100.0
			Monash	805256129	1.0/100.0
			Oxley	805256579	1.0/100.0
			Richardson	805257289	1.0/100.0
			Theodore	805258019	1.0/100.0
			Tuggeranong - SSD Bal	805258189	1.0/100.0
			Wanniassa	805258379	1.0/100.0
			Gungahlin-Hall SSD	80540	-
			Amaroo	805400239	1.0/100.0

Sentinel site name	Rurality category for SSE	Dominant ASGC remoteness category for the boundary	Site boundary (SLAs)	Location Code	Highest ratio/percentage of land area attributed to an ASGC category in the boundary ^a
			Bonner	805400589	1.0/100.0
			Casey	805400939	1.0/100.0
			Crace	805401649	1.0/100.0
			Forde	805402779	1.0/100.0
			Franklin	805402849	1.0/100.0
			Gungahlin	805403519	1.0/100.0
			Gungahlin-Hall - SSD Bal	805403529	1.0/100.0
			Hall	805403689	1.0/100.0
			Harrison	805403819	1.0/100.0
			Mitchell	805406039	1.0/100.0
			Ngunnawal	805406249	1.0/100.0
			Nicholls	805406279	1.0/100.0
			Palmerston	805406719	1.0/100.0
			Belconnen SSD	80510	-
			Aranda	805100279	1.0/100.0
			Belconnen Town Centre	805100459	1.0/100.0
			Belconnen - SSD Bal	805100549	1.0/100.0
			Bruce	805100729	1.0/100.0
			Charnwood	805101179	1.0/100.0
			Cook	805101629	1.0/100.0
			Dunlop	805102139	1.0/100.0
			Evatt	805102259	1.0/100.0
			Florey	805102619	1.0/100.0
			Flynn	805102709	1.0/100.0

Sentinel site name	Rurality category for SSE	Dominant ASGC remoteness category for the boundary	Site boundary (SLAs)	Location Code	Highest ratio/percentage of land area attributed to an ASGC category in the boundary ^a
			Fraser	805102889	1.0/100.0
			Giralang	805103249	1.0/100.0
			Hawker	805103879	1.0/100.0
			Higgins	805103969	1.0/100.0
			Holt	805104149	1.0/100.0
			Kaleen	805104779	1.0/100.0
			Latham	805105139	1.0/100.0
			McKellar	805105409	1.0/100.0
			Macgregor	805105589	1.0/100.0
			Macquarie	805105679	1.0/100.0
			Melba	805105949	1.0/100.0
			Page	805106669	1.0/100.0
			Scullin	805107569	1.0/100.0
			Spence	805107659	1.0/100.0
			Weetangera	805108649	1.0/100.0
			ACT BAL SSD	81005	-
			Remainder of ACT (SLA under ACT BAL SSD)	810059009	1.0/100.0
Grafton	Regional	RA2 Inner Regional Australia	Clarence Valley (A) - Grafton (SLA)	125051737	0.9172168/91.7216802
Geraldton	Regional	RA3 Outer Regional Australia	Geraldton (C) (SLA)	535033500	1.0/100.0
Hobart	Regional	RA2 Inner Regional Australia	Hobart (C) - Remainder	605052812	0.9999709/99.9970879
			Hobart (C) - Inner	605052811	0.9999998/99.9999848

Sentinel site name	Rurality category for SSE	Dominant ASGC remoteness category for the boundary	Site boundary (SLAs)	Location Code	Highest ratio/percentage of land area attributed to an ASGC category in the boundary ^a
			Glenorchy (C)	605052610	1.0/99.9999961
			Brighton (M)	605050410	1.0/100.0
			Clarence (C)	605051410	0.7660967/76.6096681
			Derwent Valley (M) - Pt A	605051511	1.0/100.0
			Kingborough (M) - Pt A	605053611	0.8880444/88.8044414
Logan/Woodridge	Urban	All SLAs are RA1 Major Cities of Australia	Browns Plain	305304601	1.0/100.0
			Carbrook – Cornubia	305304603	1.0/100.0
			Daisy Hill – Priestdale	305304605	1.0/100.0
			Greenbank – Boronia Heights	305304608	1.0/100.0
			Kingston	305304612	1.0/100.0
			Loganholme	305304615	1.0/100.0
			Marsden	305304623	1.0/100.0
			Rochedale South	305304631	1.0/100.0
			Shailer Park	305304634	1.0/100.0
			Slacks Creek	305304637	1.0/100.0
			Springwood	305304642	1.0/100.0
			Tanah Merah	305304645	1.0/100.0
			Underwood	305304651	1.0/100.0
			Waterford West	305304654	1.0/100.0
			Woodridge	305304656	1.0/100.0
			Loganlea	305304618	1.0/100.0
			Logan (C) Balb	305304663	1.0/100.0
Barkly ^b	Remote	RA5 Very Remote Australia	Tennant Creek (T)	710353800	1.0/100.0

Sentinel site name	Rurality category for SSE	Dominant ASGC remoteness category for the boundary	Site boundary (SLAs)	Location Code	Highest ratio/percentage of land area attributed to an ASGC category in the boundary ^a
			Elliott District (CGC)	710351350	1.0/100.0
Gladstone	Regional	Gladstone (C) & Calliope (S) – Part A: RA2 Inner Regional Australia Calliope (S) - Part B: RA3 Outer Regional Australia	Gladstone (C)	330103350	0.7337897/73.3789726
			Calliope (S) – Part A	330102101	0.9999947/99.9994668
			Calliope (S) – Part B	330152104	0.8523144/85.2314425
Kalgoorlie ^d	Regional	Kalgoorlie/Boulder (C) – Part A: RA3 Outer Regional Australia Kalgoorlie/Boulder (C) – Part B: RA5 Very Remote Australia	Kalgoorlie/Boulder (C) – Part A	530014281	0.9997965/99.979653
			Kalgoorlie/Boulder (C) – Part B	530054284	0.8423841/84.2384142
North Lakes/Caboolture ^c	Urban	All SLAs are RA1 Major Cities of Australia except Caboolture (S) East SLA which is RA2 Inner Regional Australia	Caboolture (S) Central	305202008	0.99999/99.9989956
			Caboolture (S) East	305202013	0.5795493/57.9549268
			Morayfield	305202018	0.9995222/99.9522159
			Burpengary-Narangba	305202005	1.0/100.0
			Deception Bay	305202016	1.0/100.0
			Griffin-Mango Hill	305405963	0.9975596/99.7559626
			Rothwell-Kippa-Ring	305456208	1.0/100.0
			Clontarf	305456201	1.0/100.0
			Margate-Woody Point	305456204	0.9984876/99.8487601
			Redcliffe-Scarborough	305456206	1.0/100.0
			Bray Park	305405957	1.0/100.0
			Dakabin-Kallangur-M. Downs	305405961	1.0/100.0
			Lawnton	305405973	1.0/100.0

Sentinel site name	Rurality category for SSE	Dominant ASGC remoteness category for the boundary	Site boundary (SLAs)	Location Code	Highest ratio/percentage of land area attributed to an ASGC category in the boundary ^a
			Petrie	305405974	1.0/100.0
			Strathpine-Brendale	305405978	1.0/100.0
Dandenong	Urban	All SLAs RA1 Major Cities of Australia	Casey (C) - Berwick	205801612	1.0/100.0
			Casey (C) - Cranbourne	205801613	1.0/100.0
			Casey (C) - Hallam	205801616	1.0/100.0
			Gr. Dandenong (C) - Dandenong	205752671	1.0/100.0
			Gr. Dandenong (C) - Bal	205752674	1.0/100.0
			Frankston (C) - East	205852171	1.0/100.0
			Frankston (C) - West	205852174	1.0/100.0
			Mornington Peninsula (S) - East	205905341	0.9481433/94.8143319
			Mornington Peninsula (S) - West	205905345	1.0/100.0
			Mornington Peninsula (S) - South	205905344	0.5604297/56.0429735

Note: Statistical Local Area (SLA), Statistical Subdivision (SSD).

SLA Naming Conventions: CGC = Community Government Council, C = City, R = Regional Council, RC = Rural City, A = Area, M = Municipality, S = Shire, [Australian Standard Geographical Classifications](#), [website] (accessed 4 November 2011).

The ABS has developed several correspondence products (concordance files) that enable users to convert data for one type of geographic area to another. An area based correspondence file has been used to map the ratio and percentage of ASGC remoteness categories within the Sentinel Site boundaries. The concordance data for 2009 SLAs was used to identify remoteness categories for the Sentinel Sites which are 2006 SLAs (see footnote b for exemptions). This was recommended by ABS as it would be the most relevant remoteness category for the area and it could be broken down by postal area allowing us to exclude postcodes from the 2009 data that were outside the site boundaries as determined by the 2006 SLAs.

^a Each SLA is provided with the dominant ASGC remoteness category by ratio and percentage of the landmass. The rule used for determining remoteness in the site boundaries is that the aggregate dominant category for the site SLAs is selected. In the case of a 50/50 division, then the remotest category would be selected.

^b Australian Bureau of Statistics 2006 SLA boundaries were used for remoteness concordance for Katherine West and Barkly only as there was too great a difference in the 2009 SLA area. There has been no significant change in the remoteness categorisation over the 3 years for the region. For remoteness category identification Australian Bureau of Statistics 2006 SLA boundaries was also used for Logan (C) Bal SLA.

^c Newcastle, Elizabeth, and North Lakes/Caboolture have the majority of landmass classified as urban and listed as urban for this evaluation. Within the boundary, however, they do represent a proportion of regional area SLAs.

^e Kalgoorlie is listed as regional for this evaluation. Within the boundary, however, it does represent a large landmass classified as very remote Australia. Almost all the population including the Aboriginal and Torres Strait Islander population are in the regional area.

Source:

[Remoteness Structure: Australian Bureau of Statistics](#) [website] (accessed 7 November 2011). Correspondence files for the purposes of identifying remoteness categories of the Sentinel Sites have been used that was received from the Geography Section of the Australian Bureau of Statistics.

Australian Bureau of Statistics SLA and Location Code data for 2006. [Census Data](#) [website] (accessed 7 November 2011).

Appendix D. Stakeholder interviews type and number of respondents

A number of different interview forms were used in interviews, with each form being tailored to cover the topics of relevance to specific groups of interviewees. There was however substantial overlap in content between most interview forms. This allowed us to obtain responses to the same standard questions from the range of interviewees for whom specific questions were relevant. Table D1 provides a list of the different types of interview forms used for the purposes of the SSE and the acronyms used to describe each form. Table D2 describes the respondents for each type of interview form. Table D3-D8 details the number of respondents by site type, interviewee type and sector.

Table D1: Types of stakeholder interview

Name of interview form [describes type(s) of respondent]	Acronym
Clinician	CS
Manager and Project Officer	MS
Pharmacist	PS
Practice Manager	PM
Regional Tobacco Coordinator	RTC
Tobacco Action Worker	TAW
Healthy Lifestyle Worker	HLW
Care Coordinator	CC
Outreach Worker	OW
MSOAP-ICD	MSOAP
USOAP	USOAP

Table D2: Respondents for each type of stakeholder interview

Name of interview form	Respondents
Clinician	General Practitioner/Medical Officer
	Senior Aboriginal Health Worker
	Nursing Staff
Manager and Project Officer	Indigenous Health Project Officer
	Chief Executive Officer
	Deputy Chief Executive Officer
	Program Manager

Note: Respondents are from a variety of stakeholder organisations such as Aboriginal Health Services, General Practice, Divisions of General Practice, NACCHO state and territory affiliates and Divisions State Based Organisations.

Table D3: Number of interviews held in case study and enhanced tracking sites, overall, by interview type and by site type

Interview	Case Study Sites	Enhanced Tracking Sites	Total
Managers and Project Officer (total)	53	20	83
IHPO	20	5	25
Clinicians (total)	33	8	41
GP	20	1	21
Nurse	13	6	19
AHW	-	1	1
Outreach Worker	8	3	11
Regional Tobacco Coordinator ^a	4	1	5
Tobacco Action Worker	2	-	2
Healthy Lifestyle Worker ^a	9	1	10
Care Coordinator	2	-	2
Practice Manager	19	12	31
Pharmacist	13	3	16
MSOAP provider	3	-	3
Total number of interviews completed	146	49	195

^a This count includes workers who were interviewed twice in relation to work in different sites.

Table D4: Number of respondents to stakeholder interviews in case study sites, by overall, rurality, interview type and position

Interview	Overall	Urban	Regional	Remote
Managers and Project Officer (total)	53	20	18	15
IHPO	20	8	8	4
Clinicians (total)	33	14	11	8
GP	20	8	7	5
Nurse	13	6	4	3
AHW	-	-	-	-
Outreach Worker	8	4	3	1
Regional Tobacco Coordinator	4	2	1	1
Tobacco Action Worker	2	2	-	-
Healthy Lifestyle Worker	9	7	-	2
Care Coordinator	2	1	1	-
Practice Manager	19	8	9	2
Pharmacist	13	7	4	2
MSOAP-ICD provider	3	-	-	-
Total number of interviews completed	146	65	50	37

Table D5: Trend in number of interviews held in case study site, by rurality

Rurality	Report 1	Report 2	Report 3
Overall	46	102	146
Urban	17	35	65
Regional	18	49	50
Remote	11	18	37

Note: Report 1 there were three case study sites, Report 2 there were seven case study sites and for Report 3 there were eight case study sites.

Table D6: Interview implementation methods in case study sites

Name of interview form	Face-to-face	Over the phone	Self-administered
Report 2	82	3	17
Report 3	106	39	2

Table D7: Number of respondents to stakeholder interviews in case study sites, by organisation type and respondent role

Interview type	Division of General Practice	Workforce Agency	NACCHO State / Territory Affiliate	Division State Based Organisation	General Practice	Aboriginal Health Service
Managers and Project Officer (total)	14	5	6	14	0	14
Clinician (total)	0	0	0	0	18	15
• GP	0	0	0	0	12	8
• Nurse	0	0	0	0	6	7
• AHW	0	0	0	0	0	0
Outreach Worker	5	0	0	0	0	3
Regional Tobacco Coordinator	0	0	0	0	0	4
Tobacco Action Worker	0	0	0	0	0	2
Healthy Lifestyle Worker	0	0	0	0	0	9
Care Coordinator	2	0	0	0	0	0
Practice Manager	0	0	0	0	12	7
MSOAP provider	0	0	0	0	0	3

Note: Aboriginal Health Service includes Aboriginal Community Controlled Health Organisations and State /Territory managed Indigenous Health Services. Some counts include workers who were interviewed twice in relation to work in different sites.

Table D8: Number of key informants consulted at enhanced tracking sites, by site

Enhanced tracking sites	No. of individuals consulted	No. involved in group feedback	No. involved in single or group interviews ^a
Total	49	31	26
Cairns	17	7	13
Derby	7	6	1
Dubbo	11	8	8
Newcastle	5	4	1
Swan Hill/Mildura	9	6	3

^a Stakeholders were interviewed singular or generally as two people [so small group]. Some may have also been involved in the group feedback sessions.

Appendix E. Focus group profile and numbers

Table E1: Number of focus groups, overall and by rurality

Number of focus group/participants	Overall	Remote	Regional	Urban
Number of focus groups held	17	3	8	6
Total participants	161	28	67	66
Number of male participants	46	6	27	13
Number of female participants	115	22	40	53

Table E2: Focus group by case study Sentinel Site, attendee numbers and gender

Sentinel Site	Number of focus groups	Number of participants	Male	Female
Brisbane South	1	8	1	7
Logan/Woodridge	3	39	9	30
Campbelltown	2	19	3	16
Port Augusta	2	20	11	9
Bairnsdale	3	29	10	19
Tamworth	3	18	6	12
Katherine West	0	0	0	0
East Pilbara	3	28	6	22
Total	17	161	46	115

Table E3: Number of focus groups for each domain/ICDP measure, by rurality

Focus group domains	Urban Sites (n=6)	Regional Sites (n=8)	Remote Sites (n=3)	Total (n=17)
Access to Health Services (measures C1, C2 and C3)	6	8	3	17
Tackling smoking (measure A1)	6	5	3	14
Lifestyle modification (measure A2 and A3)	6	3	3	12
Self-manage Chronic Conditions (measure B4)	4	0	2	6
Patient Registration at GPs (measure B3 part A)	6	7	3	16
Access to Medications (measure B1)	6	7	3	16
Access to Specialists (measure B5 Part A and B)	6	7	2	15
Care coordination (measure B3 Part B)	5	2	0	7
Total	45	39	19	103

Description of community focus groups

Port Augusta

Two focus groups were held in Port Augusta. One was a pre-existing art group run through Urramunja Arts Centre. The second group was organised through the Division of General Practice and Pika Wiya Health Service Aboriginal Corporation and was conducted at the AHS premises. Both were mixed groups with fourteen women and six men in total. Each group ran for an hour and a half.

Brisbane South

Inala Indigenous Health Service organised the single focus group held on their premises. There were eight participants in total, one man and seven women. Most participants had an existing chronic disease and were current clients of the Inala Indigenous Health Service. Focus group discussion ran for one hour. Efforts were made to organise further focus groups through the Brisbane South DGP, Inala Elders group and the Institute for Urban Indigenous Health, however the groups did not eventuate this cycle.

Campbelltown

Two community focus groups were held in Campbelltown. Both were coordinated by the ICDP Outreach Worker, who works four days a week at Tharawal Aboriginal Medical Service and one day a week at the DGP. Most of the three men and sixteen women who participated were community Elders and several Tharawal AMS staff attended in a community member capacity. Many participants were clients of mainstream health services as well as Tharawal AMS. Both groups ran for one and a half to two hours.

Bairnsdale

Three community focus groups were held in Bairnsdale on consecutive days. Two focus groups were held at the HACC centre within the grounds of the Gippsland and East Gippsland

Aboriginal Coop Ltd (GEGAC). The majority of participants were community Elders, randomly selected to attend the focus groups. The first focus group was attended by eight women and seven men, the second by eight women and one man. The third focus group, which was held at the East Gippsland Aboriginal Arts Cooperation during a work session, comprised four women and one man. While participants in all three groups were clients of GEGAC and regular users of the Home and Community Care (HACC) Centre, some were also clients of private General Practices and specialist services. Each focus group lasted approximately two hours.

Tamworth

Three community focus groups were held in Tamworth with pre-existing Elders, Chronic Disease and Youth Groups who were consulted in the previous report round. In total there were eighteen participants, six men and twelve women. Two groups were held at the Tamworth Aboriginal Medical Service and one group was held at a community based youth centre. All groups ran for one and a half hours.

Logan/Woodridge

There were three mixed community focus groups held at Logan/Woodridge with a total of 29 women and 10 men. Most participants were Elders in the community, living with a chronic disease. All participants were current clients of the Aboriginal and Torres Strait Islander Community Health Service's (ATSICHS) Logan Clinic, and the groups were held on ATSICHS premises. Participants also accessed other health service providers including mainstream services.

Two of the three focus groups were organised and held in a follow up visit to the site. In all cases the AHS assisted in organising the groups. The Indigenous Health Project Officer based at the local DGP attended two of the groups. Each of the three focus groups ran for approximately one and a half hours.

East Pilbara

Three community focus groups were held in East Pilbara. One mixed community focus group was held at Jigalong attended by eight women and two men, all Jigalong residents. Participants were randomly approached by the Outreach Worker to participate, and an elderly female participant acted as interpreter for the group. All were clients of Puntukurnu Aboriginal Services Clinic and also accessed mainstream and Aboriginal Health Services elsewhere. The focus group ran for approximately one and a half hours.

Two mixed focus groups were held at Parnpajinya Community in Newman. The first group was attended by seven women and three men, the second by six women and two men. Both focus groups were organised by the Puntukurnu Aboriginal Medical Service Outreach Worker based in Newman. Participants were randomly selected with assistance from an Aboriginal Elder and were clients of mainstream health services in Newman and of Puntukurnu Aboriginal Medical Service Clinics at Jigalong, Parnngurr, Punmu and/or Kunawarritji. Most participants also accessed other AHS and mainstream services outside the East Pilbara site. These two groups each ran for approximately one and a half to two hours.

Katherine West

No focus groups were held in Katherine West during this report round due to a death in the community when the visit was scheduled. The key stakeholder reported that there had been no observed change 'on the ground' since focus groups were held in the last reporting period.

Appendix F. Other programs and policies

QUMAX funded sites

Table F1: AHSs within Sentinel Sites currently participating in the QUMAX program

Site Type	Sentinel Site	Service
Case study sites	Bairnsdale	Gippsland and East Gippsland Aboriginal Co-op Ltd
	Campbelltown	Tharawal Aboriginal Corporation
	Logan/Woodridge	Aboriginal & Torres Strait Islander Community Health Service Brisbane
	Port Augusta	Pika Wiya Health Service Aboriginal Corporation
	Tamworth	Tamworth Aboriginal Medical Service
Enhanced tracking sites	Cairns	Wuchopperen Health Service Ltd
	Darwin	Danila Dilba Health Service
	Dubbo	Thubbo Aboriginal Medical Co-operative
		Wellington Aboriginal Corporation Health Service
	Elizabeth	Nunkuwarrin Yunti of South Australia Inc
	Newcastle	Awabakal Aboriginal Co-operative
	Swan Hill/Mildura	Mildura Aboriginal Corporation Inc Murray Valley Aboriginal Corporation
Tracking sites	Canberra	Winnunga Nimmityjah Aboriginal Health Service
	Dandenong	Bunurong Health Service – Dandenong & District Aboriginal Co-op Limited
	Geraldton	Geraldton Regional Aboriginal Medical Service
	Gladstone	Nhulundu Wooribah Indigenous Health Organisation Incorporated
	Grafton	Bulgarr Ngaru Medical Aboriginal Corporation
	Hobart	Tasmanian Aboriginal Centre Inc

Source: DoHA, B1 QUMAX 4 October 2011.

Healthy for Life services within Sentinel Sites

Table F2: Healthy for Life services within the Sentinel Sites boundaries

Site Type	Sentinel Site	Healthy for Life services
Case study sites	Brisbane South	Inala Indigenous Health Service
	Katherine West	Katherine West Health Board
	Port Augusta	Pika Wiya Health Service Aboriginal Corporation
	Bairnsdale	Gippsland and East Gippsland Aboriginal Co-operative Ltd
	Tamworth	North West Slopes Division of General Practice Ltd
	Logan/Woodridge	Aboriginal and Torres Strait Islander Community Health Service
Enhanced tracking sites	Derby	Derby Aboriginal Health Service
	Swan Hill/Mildura	Swan Hill Aboriginal Health Service
		Mildura Aboriginal Corporation
	Dubbo	Thubbo Aboriginal Medical Corporation
		Wellington Aboriginal Corporation Health Service
	Cairns	Wuchopperen Health Service
	Elizabeth	Nunkuwarrin Yunti of South Australia Inc
	Darwin	Danila Dilba Health Service
Tracking sites	Barkly	Anyinginyi Health Aboriginal Corporation
	Grafton	Bulgarr Ngaru Medical Aboriginal Corporation
	Geraldton	Geraldton Regional Aboriginal Medical Service
	Hobart	Tasmanian Aboriginal Centre Inc.
	Canberra	Winnunga Nimmityjah Aboriginal Health Service
	Kalgoorlie	Bega Garnbirringu Health Services Aboriginal Corporation

Source: DoHA, [Healthy for Life](#) [website] (accessed 1 November 2011).

Appendix G. Clinical indicators

Table G1: Clinical indicator data for commonly reported indicators and for selected* services

Indicator	AHS Mean	AHS n	AHS Min	AHS Max	GP Mean	GP n	GP Min	GP Max
Proportion of clients with type 2 diabetes who have a current GP Management Plan (MBS 721)	47.5%	8	14.9%	73.0%	na	0	na	na
Proportion of clients with type 2 diabetes who have a current Team Care Arrangement (MBS 723)	43.6%	6	14.0%	70.1%	na	0	na	na
Proportion of clients with type 2 diabetes who have had a HbA1c test recorded in the past 12 months	75.0%	1	na	na	100.0%	4	100.0%	100.0%
Proportion of clients with type 2 diabetes who have had a HbA1c test in the past 12 months and have a reading of $\leq 7\%$	29.6%	1	na	na	21.0%	4	11.1%	34.8%
Proportion of clients with type 2 diabetes who have had a HbA1c test in the past 12 months and have a reading of $\geq 10\%$	14.9%	1	na	na	7.5%	3	5.9%	8.7%
Proportion of clients with type 2 diabetes who have had a HbA1c test recorded in the past 6 months	61.2%	7	24.3%	79.5%	na	0	na	na
Proportion of clients with type 2 diabetes who have had a HbA1c test in the past 6 months and have a reading of $\leq 7\%$	26.3%	7	20.7%	31.9%	na	0	na	na
Proportion of clients with type 2 diabetes who have had a HbA1c test in the past 6 months and have a reading of $\geq 10\%$	26.0%	6	14.2%	38.5%	na	0	na	na
Proportion of clients with type 2 diabetes who have had a blood pressure recorded in the past 12 months	85.1%	1	na	na	57.0%	4	34.9%	88.2%
Proportion of clients with type 2 diabetes who have had a blood pressure test in the last 12 months who had a reading of $\leq 130 / 80$	41.6%	1	na	na	12.5%	3	11.8%	13.0%
Proportion of clients with type 2 diabetes who have had a blood pressure recorded in the past 6 months	73.9%	6	42.9%	95.9%	na	0	na	na
Proportion of clients with type 2 diabetes who have had a blood pressure test in the last 6 months who had a reading of $< 130 / 80$	26.4%	1	na	na	na	0	na	na

Indicator	AHS Mean	AHS n	AHS Min	AHS Max	GP Mean	GP n	GP Min	GP Max
Proportion of clients with type 2 diabetes who have had a blood pressure test in the last 6 months who had a reading of $\leq 130 / 80$	50.0%	6	39.0%	73.7%	na	0	na	na
Proportion of clients with type 2 diabetes who have had a Albumin Creatinine Ratio (ACR) test recorded in the past 12 months	57.5%	2	55.5%	59.4%	38.6%	4	9.5%	64.7%
Proportion of clients with type 2 diabetes who have had an Estimated Glomerular Filtration Rate (eGFR) recorded in the past 12 months	56.6%	2	40.1%	73.0%	38.6%	4	9.5%	64.7%
Proportion of clients with type 2 diabetes who have had their waist circumference recorded in the past 6 months	18.3%	1	na	na	38.2%	4	11.8%	78.6%
Proportion of clients with type 2 diabetes who have had their smoking status recorded in the past 12 months	53.1%	1	na	na	100.0%	4	100.0%	100.0%
Proportion of clients with type 2 diabetes who have had their smoking status recorded in the past 12 months and are recorded as 'smoker'	18.0%	1	na	na	34.2%	4	17.7%	47.8%
Proportion of clients with type 2 diabetes who have had their alcohol status recorded in the past twelve months	na	0	na	na	na	0	na	na
Proportion of clients with type 2 diabetes who have had their Body Mass Index (BMI) recorded in the past 12 months	57.3%	2	40.2%	74.4%	65.6%	3	55.6%	82.6%
Proportion of clients with type 2 diabetes who have had their Body Mass Index (BMI) recorded in the past 12 months and are recorded as 25 – 29.9 (overweight)	15.6%	2	7.5%	23.7%	na	0	na	na
Proportion of clients with type 2 diabetes who have had their Body Mass Index (BMI) recorded in the past 12 months and are recorded as ≥ 30 (obese)	23.3%	2	21.6%	25.0%	na	0	na	na
Proportion of clients with CHD who have a current GP Management Plan (MBS 721)	45.3%	8	18.5%	78.6%	na	0	na	na
Proportion of clients with CHD who have a current Team Care Arrangement (MBS 723)	44.6%	6	18.5%	78.6%	na	0	na	na
Proportion of clients with CHD who have had a blood pressure recorded in the past 12 months	85.0%	1	na	na	66.1%	4	42.1%	100.0%
Proportion of clients with CHD who have had a blood pressure test in	43.3%	1	na	na	19.8%	4	10.0%	28.6%

Indicator	AHS Mean	AHS n	AHS Min	AHS Max	GP Mean	GP n	GP Min	GP Max
the last 12 months who had a reading of $\leq 130 / 80$								
Proportion of clients with CHD who have had their smoking status recorded in the past 12 months	58.8%	1	na	na	100.0%	4	100.0%	100.0%
Proportion of clients with CHD who have had their smoking status recorded in the past 12 months and are recorded as 'smoker'	28.3%	1	na	na	38.9%	4	10.0%	62.5%
Proportion of all clients with a current and complete health check MBS 715	23.4%	8	7.5%	48.0%	28.7%	4	18.9%	38.9%
Proportion of all clients who have had their smoking status recorded in the past 12 months	75.5%	3	46.0%	100.0%	86.2%	4	66.3%	100.0%
Proportion of all clients who have had their smoking status recorded in the past 12 months and are recorded as 'smoker'	41.1%	3	15.6%	55.4%	40.8%	4	27.5%	57.1%
Proportion of all clients who have had their Body Mass Index (BMI) recorded in the past 12 months	43.4%	4	6.7%	77.4%	47.6%	4	25.0%	68.8%
Proportion of all clients who have had their Body Mass Index (BMI) recorded in the past 12 months and are recorded as 25 – 29.9 (overweight)	21.2%	4	6.1%	31.7%	na	0	na	na
Proportion of all clients who have had their Body Mass Index (BMI) recorded in the past 12 months and are recorded as ≥ 30 (obese)	24.9%	4	9.4%	40.2%	na	0	na	na
Proportion of all clients who have had their waist circumference recorded	9.6%	3	4.6%	19.1%	15.7%	4	7.1%	36.2%

Note: n = number of services that provided clinical indicators.

AHS = Aboriginal Health Services

GP = General Practices

* Data are based on services with at least 100 regular clients identified as Aboriginal and/or Torres Strait Islander, and for diabetes/CHD indicators with at least 10 regular clients on the diabetes/Coronary Heart Disease register.

Appendix H. Medicare Benefits Schedule data

Adult Health Assessments

Table H1: Adult health assessments (MBS items 704, 706, 710 to 1 May 2010 thereafter 715) claimed per 100 Aboriginal and Torres Strait Islander people aged ≥15 years for Sentinel Sites and the rest of Australia, by gender, age, rurality and quarter, March 2009 - May 2011

Sentinel Sites/ rest of Australia by Rurality	Gender	Age group	Mar - May 2009	Jun – Aug 2009	Sept – Nov 2009	Dec 2009 – Feb 2010	Mar – May 2010	Jun – Aug 2010	Sept – Nov 2010	Dec 2010 – Feb 2011	Mar – May 2011
Urban Sentinel Sites	F	15-54	1.7	1.5	1.8	1.3	2.4	3.1	2.9	2.6	3.5
	M	15-54	1.0	1.3	1.3	1.2	1.6	2.2	2.3	1.9	2.2
	F	≥55	3.1	3.4	3.9	2.8	4.1	5.1	6.8	6.1	8.1
	M	≥55	2.1	2.1	2.7	1.9	4.1	4.7	4.7	3.5	5.8
	Total	≥15	1.5	1.5	1.8	1.4	2.2	2.9	3.0	2.6	3.3
Rest of urban Australia	F	15-54	1.2	1.4	1.3	1.3	1.5	2.4	2.6	2.0	2.6
	M	15-54	0.9	1.0	1.0	0.9	1.3	1.8	1.8	1.6	1.8
	F	≥55	2.4	2.6	2.9	3.0	3.6	5.3	6.1	5.0	5.9
	M	≥55	2.5	1.8	2.4	1.9	2.6	4.8	4.1	3.9	3.7
	Total	≥15	1.2	1.3	1.3	1.3	1.6	2.5	2.5	2.1	2.5
Regional Sentinel Sites	F	15-54	2.3	1.8	1.8	2.2	2.8	4.3	5.3	4.4	6.8
	M	15-54	1.6	1.6	1.5	1.7	2.0	3.2	3.5	3.0	4.6
	F	≥55	4.0	3.7	4.4	5.4	5.8	9.5	10.5	8.4	14.7
	M	≥55	2.8	2.3	2.5	2.1	3.6	7.8	8.1	6.3	9.9
	Total	≥15	2.1	1.9	1.8	2.2	2.7	4.4	5.0	4.2	6.5
Rest of regional Australia	F	15-54	2.5	2.4	2.7	2.2	3.0	3.8	4.3	4.0	5.4
	M	15-54	1.9	1.8	2.2	1.7	2.3	2.9	3.1	3.1	3.6
	F	≥55	4.3	4.0	4.4	3.4	5.7	6.3	7.5	6.6	8.1
	M	≥55	3.6	3.0	3.7	3.1	4.0	5.1	5.5	5.4	6.6
	Total	≥15	2.4	2.3	2.7	2.2	2.9	3.7	4.1	3.9	4.9
Remote Sentinel Sites	F	15-54	2.0	2.3	2.8	2.5	2.4	6.4	5.7	1.4	4.5
	M	15-54	2.8	1.7	1.8	3.5	2.1	6.2	5.5	1.0	4.4
	F	≥55	4.4	7.6	2.5	5.3	6.9	7.5	9.2	3.1	10.4
	M	≥55	4.9	3.5	3.5	2.8	5.3	7.4	4.9	1.3	6.0
	Total	≥15	2.7	2.5	2.4	3.1	2.8	6.5	5.7	1.3	4.9
Rest of remote Australia	F	15-54	3.1	3.3	3.5	3.1	4.4	4.6	5.6	4.5	5.7
	M	15-54	2.8	2.6	2.6	2.2	3.6	4.1	4.1	3.1	4.5
	F	≥55	5.4	6.9	6.6	6.3	7.9	9.2	10.1	7.4	9.5
	M	≥55	4.2	4.9	4.5	4.0	6.0	6.8	6.4	4.6	7.3
	Total	≥15	3.2	3.3	3.4	3.0	4.3	4.8	5.3	4.1	5.5

Table H2: Number of adult health assessments (MBS items 704, 706, 710 to 1 May 2010 thereafter 715) claimed for Aboriginal and Torres Strait Islander people aged ≥15 years, for Sentinel Site and the rest of Australia by, gender, age, rurality and quarter, March 2009 - May 2011

Sentinel Sites/ rest of Australia and Rurality	Gender	Age group	Mar - May 2009	Jun - Aug 2009	Sep - Nov 2009	Dec 2009 - Feb 2010	Mar - May 2010	Jun - Aug 2010	Sep - Nov 2010	Dec 2010 - Feb 2011	Mar - May 2011
Urban Sentinel Sites	F	15-54	180	156	194	142	258	341	320	286	389
	M	15-54	104	133	141	122	167	236	249	200	240
	F	≥55	45	50	57	40	60	75	100	90	122
	M	≥55	27	26	34	24	53	60	60	45	76
	Total	≥15	356	365	426	328	538	712	729	621	827
Rest of urban Australia	F	15-54	398	454	432	414	508	798	866	679	881
	M	15-54	301	317	324	301	415	601	583	522	611
	F	≥55	118	129	144	147	182	266	306	248	300
	M	≥55	105	78	100	81	111	209	178	170	165
	Total	≥15	922	978	1000	943	1216	1874	1933	1619	1957
Regional Sentinel Sites	F	15-54	273	217	213	271	343	529	645	538	848
	M	15-54	193	196	176	197	238	391	424	366	571
	F	≥55	67	62	74	91	99	163	180	145	256
	M	≥55	46	38	41	35	60	130	136	106	169
	Total	≥15	579	513	504	594	740	1213	1385	1155	1844
Rest of regional Australia	F	15-54	1087	1054	1176	980	1322	1678	1900	1777	2471
	M	15-54	832	762	943	745	1003	1266	1386	1362	1618
	F	≥55	306	287	315	247	419	463	550	481	602
	M	≥55	246	208	256	216	279	359	382	375	472
	Total	≥15	2471	2311	2690	2188	3023	3766	4218	3995	5163
Remote Sentinel Sites	F	15-54	64	75	90	82	81	211	188	45	150
	M	15-54	94	59	60	119	71	215	189	33	153
	F	≥55	21	36	12	25	33	36	44	15	51
	M	≥55	30	21	21	17	33	46	30	8	38
	Total	≥15	209	191	183	243	218	508	451	101	392
Rest of remote Australia	F	15-54	862	916	978	870	1245	1319	1586	1279	1655
	M	15-54	839	766	776	668	1088	1250	1253	947	1381
	F	≥55	217	276	267	254	324	378	414	302	398
	M	≥55	201	232	216	189	290	330	312	225	361
	Total	≥15	2119	2190	2237	1981	2947	3277	3565	2753	3795

Table H3: Follow-up by a practice nurse or registered Aboriginal Health Worker (MBS item 10987) per 100 Aboriginal and Torres Strait Islander people aged ≥15 years, for Sentinel Site and the rest of Australia by, gender, age, rurality and quarter, March 2009 - May 2011

Sentinel Sites/ rest of Australia and Rurality	Gender	Age group	Mar - May 2009	Jun - Aug 2009	Sep - Nov 2009	Dec 2009 - Feb 2010	Mar - May 2010	Jun - Aug 2010	Sep - Nov 2010	Dec 2010 - Feb 2011	Mar - May 2011
Urban Sentinel Sites	F	15-54	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.2
	M	15-54	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1
	F	≥55	0.3	0.0	0.0	0.0	0.1	0.0	0.1	0.1	0.4
	M	≥55	0.0	0.0	0.0	0.0	0.1	0.0	0.2	0.1	0.3
	Total	≥15	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2
Rest of urban Australia	F	15-54	0.0	0.0	0.1	0.0	0.0	0.0	0.2	0.3	0.3
	M	15-54	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.2	0.1
	F	≥55	0.3	0.1	0.1	0.1	0.2	0.3	0.7	0.7	1.4
	M	≥55	0.0	0.1	0.1	0.1	0.0	0.0	0.5	0.9	1.0
	Total	≥15	0.0	0.0	0.1	0.0	0.0	0.0	0.2	0.3	0.3
Regional Sentinel Sites	F	15-54	0.0	0.1	0.0	0.0	0.1	0.3	0.4	0.5	0.9
	M	15-54	0.1	0.1	0.1	0.0	0.0	0.2	0.4	0.3	0.3
	F	≥55	0.9	0.8	0.5	0.1	0.7	2.0	2.7	3.2	2.8
	M	≥55	0.2	0.5	0.2	0.0	0.1	0.8	0.8	1.3	1.8
	Total	≥15	0.1	0.2	0.1	0.0	0.1	0.4	0.6	0.6	0.8
Rest of regional Australia	F	15-54	0.1	0.1	0.1	0.4	0.5	0.6	0.6	0.8	1.3
	M	15-54	0.1	0.1	0.1	0.2	0.3	0.4	0.3	0.4	0.8
	F	≥55	0.3	0.2	0.2	0.8	1.2	1.5	1.3	1.6	2.9
	M	≥55	0.2	0.2	0.2	0.6	0.8	1.0	1.3	1.4	2.7
	Total	≥15	0.1	0.1	0.1	0.3	0.5	0.6	0.6	0.7	1.3
Remote Sentinel Sites	F	15-54	0.0	0.1	0.1	0.0	0.6	0.6	0.2	0.1	1.8
	M	15-54	0.3	0.4	0.1	0.0	1.9	2.7	1.1	1.0	3.0
	F	≥55	0.0	0.0	0.2	0.0	1.7	1.7	0.0	0.2	3.9
	M	≥55	1.3	1.0	0.5	0.5	5.2	7.6	2.8	3.9	10.0
	Total	≥15	0.2	0.3	0.1	0.1	1.6	2.1	0.8	0.8	3.1
Rest of remote Australia	F	15-54	0.2	0.4	0.6	0.6	0.8	1.3	1.7	2.2	2.2
	M	15-54	0.1	0.2	0.2	0.3	0.4	0.5	1.0	1.3	1.1
	F	≥55	0.4	0.9	1.3	2.1	2.3	3.0	4.9	5.2	6.4
	M	≥55	0.4	0.6	1.2	1.4	2.0	2.3	2.7	3.4	3.9
	Total	≥15	0.2	0.3	0.5	0.6	0.8	1.1	1.7	2.1	2.1

Table H4: Numbers of follow-up by a practice nurse or registered Aboriginal Health Worker (MBS item 10987), claimed for Aboriginal and Torres Strait Islander people aged ≥15 years, for Sentinel Site and the rest of Australia by, gender, age, rurality and quarter, March 2009 - May 2011

Sentinel Sites/ rest of Australia and Rurality	Gender	Age group	Mar - May 2009	Jun - Aug 2009	Sep - Nov 2009	Dec 2009 -Feb 2010	Mar - May 2010	Jun - Aug 2010	Sep - Nov 2010	Dec 2010 - Feb 2011	Mar - May 2011
Urban Sentinel Sites	F	15-54	<5	<5	<5	<5	<5	<5	6	<5	18
	M	15-54	<5	<5	<5	<5	<5	<5	<5	<5	12
	F	≥55	<5	<5	<5	<5	<5	<5	<5	<5	6
	M	≥55	<5	<5	<5	<5	<5	<5	<5	<5	<5
	Total	≥15	<5	<5	<5	<5	<5	<5	10	10	40
Rest of urban Australia	F	15-54	11	11	19	13	10	16	67	89	98
	M	15-54	<5	<5	11	5	5	7	42	65	39
	F	≥55	13	<5	6	7	8	13	34	36	72
	M	≥55	<5	<5	6	<5	<5	<5	22	37	44
	Total	≥15	27	21	42	28	25	38	165	227	253
Regional Sentinel Sites	F	15-54	6	12	5	<5	13	41	52	58	108
	M	15-54	10	15	6	<5	<5	21	43	39	41
	F	≥55	16	14	8	<5	12	34	46	55	49
	M	≥55	<5	9	<5	<5	<5	13	14	22	30
	Total	≥15	36	50	22	<5	31	109	155	174	228
Rest of regional Australia	F	15-54	30	36	54	165	242	289	284	349	583
	M	15-54	32	32	36	67	143	166	155	182	369
	F	≥55	24	16	13	56	88	106	97	116	215
	M	≥55	13	15	15	44	55	70	88	101	196
	Total	≥15	99	99	118	332	528	631	624	748	1363
Remote Sentinel Sites	F	15-54	<5	<5	<5	<5	21	19	8	<5	61
	M	15-54	9	12	<5	<5	65	93	37	35	104
	F	≥55	<5	<5	<5	<5	8	8	<5	<5	19
	M	≥55	8	6	<5	<5	32	47	17	24	63
	Total	≥15	17	21	10	<5	126	167	62	62	247
Rest of remote Australia	F	15-54	67	105	168	160	235	365	492	639	626
	M	15-54	18	46	74	76	122	142	309	397	349
	F	≥55	16	37	53	86	96	123	202	215	268
	M	≥55	17	30	56	67	96	114	129	163	191
	Total	≥15	118	218	351	389	549	744	1132	1414	1434

Note: <5 means that there were less than five claims and for confidentially reasons the data are not presented.

Table H5: Follow-up by allied health professionals (MBS items 81300-81360) per 100 Aboriginal and Torres Strait Islander people aged ≥ 15 years, for Sentinel Site and the rest of Australia by gender, age, rurality and quarter, March 2009 - May 2011

Sentinel Sites/rest of Australia and Rurality	Gender	Age group	Mar - May 2009	Jun - Aug 2009	Sep - Nov 2009	Dec 2009 - Feb 2010	Mar - May 2010	Jun - Aug 2010	Sep - Nov 2010	Dec 2010 - Feb 2011	Mar - May 2011
Urban Sentinel Sites	F	15-54	0.0	0.0	0.0	0.0	0.0	0.2	0.2	0.1	0.2
	M	15-54	0.0	0.0	0.1	0.0	0.1	0.2	0.1	0.1	0.1
	F	≥ 55	0.6	0.1	0.1	0.1	0.1	0.7	0.7	0.3	0.5
	M	≥ 55	0.2	0.0	0.2	0.0	0.0	0.1	0.3	0.5	0.2
	Total	≥ 15	0.1	0.0	0.1	0.0	0.1	0.2	0.2	0.1	0.2
Rest of urban Australia	F	15-54	0.0	0.1	0.1	0.1	0.1	0.1	0.2	0.2	0.2
	M	15-54	0.0	0.1	0.0	0.1	0.1	0.0	0.1	0.2	0.2
	F	≥ 55	0.3	0.4	0.6	0.5	1.0	0.6	0.6	0.5	1.0
	M	≥ 55	0.1	0.1	0.4	0.3	0.6	0.2	0.7	0.3	0.7
	Total	≥ 15	0.1	0.1	0.1	0.1	0.2	0.1	0.2	0.2	0.3
Regional Sentinel Sites	F	15-54	0.1	0.0	0.1	0.1	0.4	0.1	0.2	0.3	0.7
	M	15-54	0.0	0.0	0.0	0.1	0.1	0.1	0.1	0.2	0.4
	F	≥ 55	0.1	0.6	0.6	0.5	1.3	0.9	0.6	1.6	2.8
	M	≥ 55	0.0	0.4	0.2	0.2	0.7	0.4	0.6	1.1	1.9
	Total	≥ 15	0.1	0.1	0.1	0.1	0.3	0.2	0.2	0.4	0.8
Rest of regional Australia	F	15-54	0.1	0.1	0.2	0.3	0.2	0.3	0.5	0.3	0.5
	M	15-54	0.0	0.1	0.1	0.1	0.1	0.1	0.3	0.2	0.3
	F	≥ 55	0.2	0.3	0.5	0.7	1.0	1.1	2.0	2.1	2.3
	M	≥ 55	0.1	0.2	0.3	0.7	0.6	0.7	1.4	1.5	1.6
	Total	≥ 15	0.1	0.1	0.2	0.3	0.2	0.3	0.6	0.5	0.6
Remote Sentinel Sites	F	15-54	0.0	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.0
	M	15-54	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0
	F	≥ 55	0.0	0.0	0.0	0.0	0.6	0.2	0.0	0.0	0.0
	M	≥ 55	0.0	0.0	0.0	0.0	0.3	0.0	0.0	0.0	0.0
	Total	≥ 15	0.0	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.0
Rest of remote Australia	F	15-54	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1
	M	15-54	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	F	≥ 55	0.0	0.0	0.0	0.1	0.0	0.1	0.3	0.1	0.1
	M	≥ 55	0.1	0.0	0.0	0.0	0.0	0.0	0.2	0.1	0.1
	Total	≥ 15	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1

Table H6: Number of follow-up by allied health professionals (MBS items 81300-81360), claimed for Aboriginal and Torres Strait Islander people aged ≥15 years, for Sentinel Site and the rest of Australia by, gender, age, rurality and quarter, March 2009 - May 2011

Sentinel Sites/ rest of Australia and rurality	Gender	Age group	Mar - May 2009	Jun - Aug 2009	Sep - Nov 2009	Dec 2009 - Feb 2010	Mar - May 2010	Jun - Aug 2010	Sep - Nov 2010	Dec 2010 - Feb 2011	Mar - May 2011
Urban Sentinel Sites	F	15-54	5	<5	5	<5	<5	20	18	10	18
	M	15-54	<5	<5	7	5	10	21	12	9	15
	F	≥55	9	<5	<5	<5	<5	10	11	5	8
	M	≥55	<5	<5	<5	<5	<5	<5	<5	6	<5
	Total	≥15	17	5	15	8	14	52	45	30	44
Rest of urban Australia	F	15-54	12	22	20	22	43	46	63	54	66
	M	15-54	12	21	14	22	24	11	32	52	55
	F	≥55	15	19	27	25	51	31	30	23	53
	M	≥55	6	5	17	12	24	8	30	14	33
	Total	≥15	45	67	78	81	142	96	155	143	207
Regional Sentinel Sites	F	15-54	11	5	8	17	46	11	26	35	85
	M	15-54	<5	5	<5	11	15	11	12	25	52
	F	≥55	<5	10	10	8	22	16	11	28	49
	M	≥55	<5	6	<5	<5	11	7	10	18	32
	Total	≥15	16	26	25	39	94	45	59	106	218
Rest of regional Australia	F	15-54	38	43	90	114	78	134	219	145	237
	M	15-54	19	22	31	58	32	62	134	95	137
	F	≥55	15	24	37	48	72	77	148	150	171
	M	≥55	6	11	24	45	41	50	101	102	115
	Total	≥15	78	100	182	265	223	323	602	492	660
Remote Sentinel Sites	F	15-54	<5	<5	<5	<5	7	<5	<5	<5	<5
	M	15-54	<5	<5	<5	<5	<5	<5	<5	<5	<5
	F	≥55	<5	<5	<5	<5	<5	<5	<5	<5	<5
	M	≥55	<5	<5	<5	<5	<5	<5	<5	<5	<5
	Total	≥15	<5	<5	<5	<5	15	<5	<5	<5	<5
Rest of remote Australia	F	15-54	<5	<5	<5	<5	<5	<5	5	<5	18
	M	15-54	<5	<5	<5	<5	<5	<5	<5	<5	9
	F	≥55	<5	<5	<5	<5	<5	<5	14	<5	5
	M	≥55	5	<5	<5	<5	<5	<5	9	<5	7
	Total	≥15	7	<5	7	8	5	7	29	12	39

Note: <5 means that there were less than five claims and for confidentially reasons the data are not presented.

GP providers who claimed Adult Health Assessments

Table H7: Number of GP providers who claimed an adult health assessment (MBS items 704, 706, 710 to 1 May 2010 thereafter 715) per 100 Aboriginal and Torres Strait Islander people aged ≥15 years for Sentinel Sites and the rest of Australia, by quarter, March 2009 - May 2011

Location of provider	Mar - May 2009	Jun - Aug 2009	Sep - Nov 2009	Dec 2009 – Feb 2010	Mar - May 2010	Jun - Aug 2010	Sep - Nov 2010	Dec 2010 - Feb 2011	Mar - May 2011
Sentinel Sites	0.3	0.3	0.3	0.4	0.4	0.5	0.6	0.5	0.7
Rest of Australia	0.4	0.4	0.4	0.4	0.5	0.6	0.6	0.6	0.7

Table H8: Number of GP providers who claimed an adult health assessment (MBS items 704, 706, 710 to 1 May 2010 thereafter 715) per 100 Aboriginal and Torres Strait Islander people aged ≥15 years for urban Sentinel Sites and the rest of urban Australia, by quarter, March 2009 - May 2011

Location of provider	Mar - May 2009	Jun - Aug 2009	Sep - Nov 2009	Dec 2009 – Feb 2010	Mar - May 2010	Jun - Aug 2010	Sep - Nov 2010	Dec 2010 - Feb 2011	Mar - May 2011
Urban Sentinel Sites	0.3	0.3	0.3	0.3	0.4	0.6	0.7	0.6	0.8
Rest of urban Australia	0.3	0.3	0.3	0.3	0.4	0.6	0.6	0.5	0.7

Table H9: Number of GP providers who claimed an adult health assessment (MBS items 704, 706, 710 to 1 May 2010 thereafter 715) per 100 Aboriginal and Torres Strait Islander people aged ≥15 years for regional Sentinel Sites and the rest of regional Australia, by quarter, March 2009 - May 2011

Location of provider	Mar - May 2009	Jun - Aug 2009	Sep - Nov 2009	Dec 2009 – Feb 2010	Mar - May 2010	Jun - Aug 2010	Sep - Nov 2010	Dec 2010 - Feb 2011	Mar - May 2011
Regional Sentinel Sites	0.3	0.4	0.3	0.4	0.4	0.5	0.5	0.5	0.6
Rest of regional Australia	0.4	0.4	0.4	0.4	0.5	0.6	0.7	0.7	0.8

Table H10: Number of GP providers who claimed an adult health assessment (MBS items 704, 706, 710 to 1 May 2010 thereafter 715) per 100 Aboriginal and Torres Strait Islander people aged ≥15 years for remote Sentinel Sites and the rest of remote Australia, by quarter, March 2009 - May 2011

Location of provider	Mar - May 2009	Jun - Aug 2009	Sep - Nov 2009	Dec 2009 – Feb 2010	Mar - May 2010	Jun - Aug 2010	Sep - Nov 2010	Dec 2010 - Feb 2011	Mar - May 2011
Remote Sentinel Sites	0.3	0.4	0.3	0.3	0.3	0.4	0.4	0.3	0.4
Rest of remote Australia	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.5

Table H11: Average number of adult health assessments (MBS items 704, 706, 710 to 1 May 2010 thereafter 715) claimed per GP provider in Sentinel Sites and the rest of Australia, by quarter, March 2009 - May 2011

Location of provider	Mar - May 2009	Jun - Aug 2009	Sep - Nov 2009	Dec 2009 – Feb 2010	Mar - May 2010	Jun - Aug 2010	Sep - Nov 2010	Dec 2010 - Feb 2011	Mar - May 2011
Sentinel Sites	6.4	5.2	6.1	5.5	5.8	7.5	7.3	5.8	7.5
Rest of Australia	6.0	6.0	6.4	5.5	6.4	6.5	6.8	5.9	6.4

Table H12: Average number of adult health assessments (MBS items 704, 706, 710 to 1 May 2010 thereafter 715) claimed per GP provider in urban Sentinel Sites and the rest of urban Australia, by quarter, March 2009 - May 2011

Location of provider	Mar - May 2009	Jun - Aug 2009	Sep - Nov 2009	Dec 2009 – Feb 2010	Mar - May 2010	Jun - Aug 2010	Sep - Nov 2010	Dec 2010 - Feb 2011	Mar - May 2011
Urban Sentinel Sites	4.9	4.7	6.1	4.2	4.9	5.1	4.3	4.2	4.3
Rest of urban Australia	3.9	4.1	4.2	3.7	3.6	4.1	4.3	3.9	3.6

Table H13: Average number of adult health assessments (MBS items 704, 706, 710 to 1 May 2010 thereafter 715) claimed per GP provider in regional Sentinel Sites and the rest of regional Australia, by quarter, March 2009 - May 2011

Location of provider	Mar - May 2009	Jun - Aug 2009	Sep - Nov 2009	Dec 2009 – Feb 2010	Mar - May 2010	Jun - Aug 2010	Sep - Nov 2010	Dec 2010 - Feb 2011	Mar - May 2011
Regional Sentinel Sites	6.7	5.3	5.9	5.6	6.0	8.1	9.4	7.9	10.2
Rest of regional Australia	5.5	5.5	6.3	5.0	5.7	6.1	6.3	5.7	6.2

Table H14: Average number of adult health assessments (MBS items 704, 706, 710 to 1 May 2010 thereafter 715) claimed per GP provider in remote Sentinel Sites and the rest of remote Australia, by quarter, March 2009 - May 2011

Location of provider	Mar - May 2009	Jun - Aug 2009	Sep - Nov 2009	Dec 2009 – Feb 2010	Mar - May 2010	Jun - Aug 2010	Sep - Nov 2010	Dec 2010 - Feb 2011	Mar - May 2011
Remote Sentinel Sites	10.0	6.2	7.0	9.7	8.7	14.5	13.7	3.9	11.9
Rest of remote Australia	9.0	8.6	8.6	8.0	11.2	11.3	11.8	9.2	11.2

Appendix I PIP Indigenous Health Incentive data tables

Table I1: Number of Health Services receiving the PIP Indigenous Health Incentive sign-on payment per 1000 Aboriginal and Torres Strait Islander people aged ≥15 years people in Sentinel Sites and the rest of Australia, by sector, rurality and quarter March 2010 - May 2011

Rurality	Sentinel Sites/ Rest of Australia	Health Services	Mar - May 2010	Jun - Aug 2010	Sep - Nov 2010	Dec 2010 - Feb 2011	Mar - May 2011	Total
Urban	Sentinel Sites	General Practice	3.49	1.73	1.27	1.36	1.37	9.22
		AHS	0.16	0.04	0.00	0.00	0.00	0.21
		Both	3.66	1.77	1.27	1.36	1.37	9.42
	Rest of Australia	General Practice	4.81	2.94	1.84	1.30	1.28	12.17
		AHS	0.09	0.01	0.01	0.01	0.00	0.13
		Both	4.90	2.96	1.85	1.31	1.28	12.31
Regional	Sentinel Sites	General Practice	1.30	0.61	0.86	0.40	0.50	3.66
		AHS	0.40	0.07	0.04	0.04	0.00	0.54
		Both	1.69	0.68	0.90	0.43	0.50	4.20
	Rest of Australia	General Practice	2.35	1.56	1.13	0.73	0.71	6.48
		AHS	0.34	0.04	0.04	0.04	0.01	0.47
		Both	2.69	1.60	1.17	0.77	0.72	6.95
Remote	Sentinel Sites	General Practice	0.64	0.00	0.00	0.00	0.00	0.64
		AHS	0.00	0.13	0.13	0.00	0.00	0.25
		Both	0.64	0.13	0.13	0.00	0.00	0.89
	Rest of Australia	General Practice	0.72	0.09	0.21	0.12	0.07	1.21
		AHS	0.19	0.19	0.09	0.06	0.00	0.53
		Both	0.91	0.28	0.29	0.18	0.07	1.74

Table 12: Number of patients registered (PIP Indigenous Health Incentive patient registration payment) in the Sentinel Sites and the rest of Australia by sector, rurality and quarter, March 2010 - May 2011

Rurality	Sentinel Sites/ Rest of Australia	Health Services	Mar - May 2010	Jun - Aug 2010	Sep - Nov 2010	Dec 2010 - Feb 2011	Mar - May 2011	Total
Urban	Sentinel Sites	General Practice	64	121	200	200	386	971
		AHS	61	702	518	423	532	2236
		Both	125	823	718	623	918	3207
	Rest of Australia	General Practice	86	1052	1701	1078	1588	5505
		AHS	194	919	1619	883	1287	4902
		Both	280	1971	3320	1961	2875	10 407
Regional	Sentinel Sites	General Practice	32	488	566	470	677	2233
		AHS	331	1297	1485	1418	1532	6063
		Both	363	1785	2051	1888	2209	8296
	Rest of Australia	General Practice	491	2086	2622	2419	3360	10 978
		AHS	1183	2433	1657	1898	1961	9132
		Both	1674	4519	4279	4317	5321	20 110
Remote	Sentinel Sites	General Practice	169	0	3	69	40	281
		AHS	0	0	120	37	18	175
		Both	169	0	123	106	58	456
	Rest of Australia	General Practice	228	508	628	888	608	2860
		AHS	88	624	1561	1198	934	4405
		Both	316	1132	2189	2086	1542	7265

Table 13: People registered (PIP Indigenous Health Incentive patient registration payment) per 100 Aboriginal and Torres Strait Islander people aged ≥15 years in the Sentinel Sites and the rest of Australia by sector, rurality and quarter, March 2010 - May 2011

Rurality	Sentinel Sites/ Rest of Australia	Health Services	Mar - May 2010	Jun - Aug 2010	Sep - Nov 2010	Dec 2010 - Feb 2011	Mar - May 2011
Urban	Sentinel Sites	General Practice	0.26	0.76	1.58	0.82	2.38
		AHS	0.25	3.13	5.26	1.74	3.88
		Both	0.51	3.89	6.84	2.56	6.26
	Rest of Australia	General Practice	0.11	1.50	3.73	1.42	3.46
		AHS	0.26	1.46	3.59	1.16	2.82
		Both	0.37	2.96	7.32	2.58	6.28
Regional	Sentinel Sites	General Practice	0.12	1.87	3.91	1.69	4.09
		AHS	1.19	5.86	11.21	5.10	10.52
		Both	1.31	7.73	15.12	6.80	14.61
	Rest of Australia	General Practice	0.48	2.50	5.04	2.34	5.54
		AHS	1.15	3.51	5.11	1.84	3.70
		Both	1.62	6.00	10.15	4.18	9.24
Remote	Sentinel Sites	General Practice	2.15	2.15	2.19	0.88	1.38
		AHS	0.00	0.00	1.53	0.47	0.70
		Both	2.15	2.15	3.71	1.35	2.07
	Rest of Australia	General Practice	0.34	1.08	2.01	1.31	2.19
		AHS	0.13	1.05	3.35	1.77	3.12
		Both	0.47	2.13	5.36	3.07	5.31

Table I4: Patients reaching a target level of care for Tier 1 payments in Sentinel Sites and rest of Australia by type of patient services, rurality and quarter, June 2010 - May 2011

Rurality	Sentinel Sites/ Rest of Australia	Health Services	Jun - Aug 2010	Sep - Nov 2010	Dec 2010 -Feb 2011	Mar - May 2011
Urban	Sentinel Sites	General Practice	13	14	16	11
		AHS	35	19	5	6
		Both	48	33	21	17
	Rest of Australia	General Practice	36	120	58	19
		AHS	27	35	15	10
		Both	63	155	73	29
Regional	Sentinel Sites	General Practice	11	43	21	10
		AHS	21	60	17	18
		Both	32	103	38	28
	Rest of Australia	General Practice	155	193	85	41
		AHS	190	69	58	24
		Both	345	262	143	65
Remote	Sentinel Sites	General Practice	13	1	7	0
		AHS	0	8	5	0
		Both	13	9	12	0
	Rest of Australia	General Practice	104	66	63	27
		AHS	71	150	45	31
		Both	175	216	108	58

Table 15: Tier 1 payments per 100 eligible Aboriginal and Torres Strait Islander people ≥15 years in Sentinel Sites and rest of Australia by rurality, type of services, quarter, June 2010 - May 2011

Rurality	Sentinel Sites/ Rest of Australia	Health Services	End Aug 2010	End Nov 2010	End Feb 2011	End May 2011
Urban	Sentinel Sites	General Practice	0.05	0.06	0.07	0.04
		AHS	0.14	0.08	0.02	0.02
		Both	0.20	0.14	0.09	0.07
	Rest of Australia	General Practice	0.05	0.16	0.08	0.02
		AHS	0.04	0.05	0.02	0.01
		Both	0.08	0.20	0.10	0.04
Regional	Sentinel Sites	General Practice	0.04	0.15	0.08	0.04
		AHS	0.08	0.22	0.06	0.06
		Both	0.12	0.37	0.14	0.10
	Rest of Australia	General Practice	0.15	0.19	0.08	0.04
		AHS	0.18	0.07	0.06	0.02
		Both	0.33	0.25	0.14	0.06
Remote	Sentinel Sites	General Practice	0.17	0.01	0.09	0.00
		AHS	0.00	0.10	0.06	0.00
		Both	0.17	0.11	0.15	0.00
	Rest of Australia	General Practice	0.15	0.10	0.09	0.04
		AHS	0.10	0.22	0.07	0.04
		Both	0.26	0.32	0.16	0.08

Table 16: Tier 2 payments per 100 Aboriginal and Torres Strait Islander people ≥15 years in Sentinel Sites and rest of Australia by rurality, type of services, 2010

Rurality	Sentinel Sites/ Rest of Australia	Patient Services	Tier 2 payments	Tier 2 payment per 100 Aboriginal and Torres Strait Islander people
Urban	Sentinel Sites	General Practice	568	2.33
		AHS	1040	4.27
		Both	1608	6.61
	Rest of Australia	General Practice	3019	3.97
		AHS	2374	3.12
		Both	5393	7.09
Regional	Sentinel Sites	General Practice	1461	5.26
		AHS	2637	9.49
		Both	4098	14.75
	Rest of Australia	General Practice	5563	5.39
		AHS	4327	4.19
		Both	9890	9.59
Remote	Sentinel Sites	General Practice	155	1.97
		AHS	130	1.65
		Both	285	3.62
	Rest of Australia	General Practice	1457	2.15
		AHS	2065	3.04
		Both	3522	5.19
Total	Sentinel Sites	General Practice	2184	3.64
		AHS	3807	6.35
	Rest of Australia	General Practice	10 039	4.06
		AHS	8766	3.55