

6 Expenditure by the Western Australian Department of Health

6.1 Introduction

Western Australia, with over 32% of the land area of Australia and a total population of 1.9 million, is the largest and most sparsely populated of the Australian States. About 73% of its total population is located within the Perth metropolitan area (1.4 million). The next largest urban areas, Mandurah and Kalgoorlie-Boulder, each have populations of less than 50,000. About 10% of Western Australia's population live in regions that are classified as remote.

The agencies with primary responsibility for the purchase and delivery of public health services for Western Australians are the Western Australian Department of Health and the Western Australian Health Promotion Foundation (Healthway).

The Western Australian Department of Health is the State's principal health authority, with overall responsibility for public health policy development and implementation throughout the State. Within the department the main areas with responsibility for public health activities in 1999-00 were the Public Health Division, the regional public health units and the Office of Aboriginal Health.

The Office of Aboriginal Health works in partnership with Aboriginal communities and health service providers to ensure that Aboriginal people receive culturally appropriate health care that meets their needs. The office's primary contribution to public health in Western Australia is through the Aboriginal Environmental Health Program, and health promotion programs delivered through Aboriginal community controlled health organisations. The office also contracts with community-based organisations for the supply of drug and alcohol education and counselling services.

Healthway is a statutory organisation that provides grants to health and research organisations, as well as sponsorships to sport, arts, racing and community groups that encourage healthy lifestyles and advance health promotion programs. The sponsorship program operates in partnership with government and non-government agencies to promote health in new and diverse ways.

Public health expenditure for the Western Australian Department of Health and Healthway is reported in this chapter.

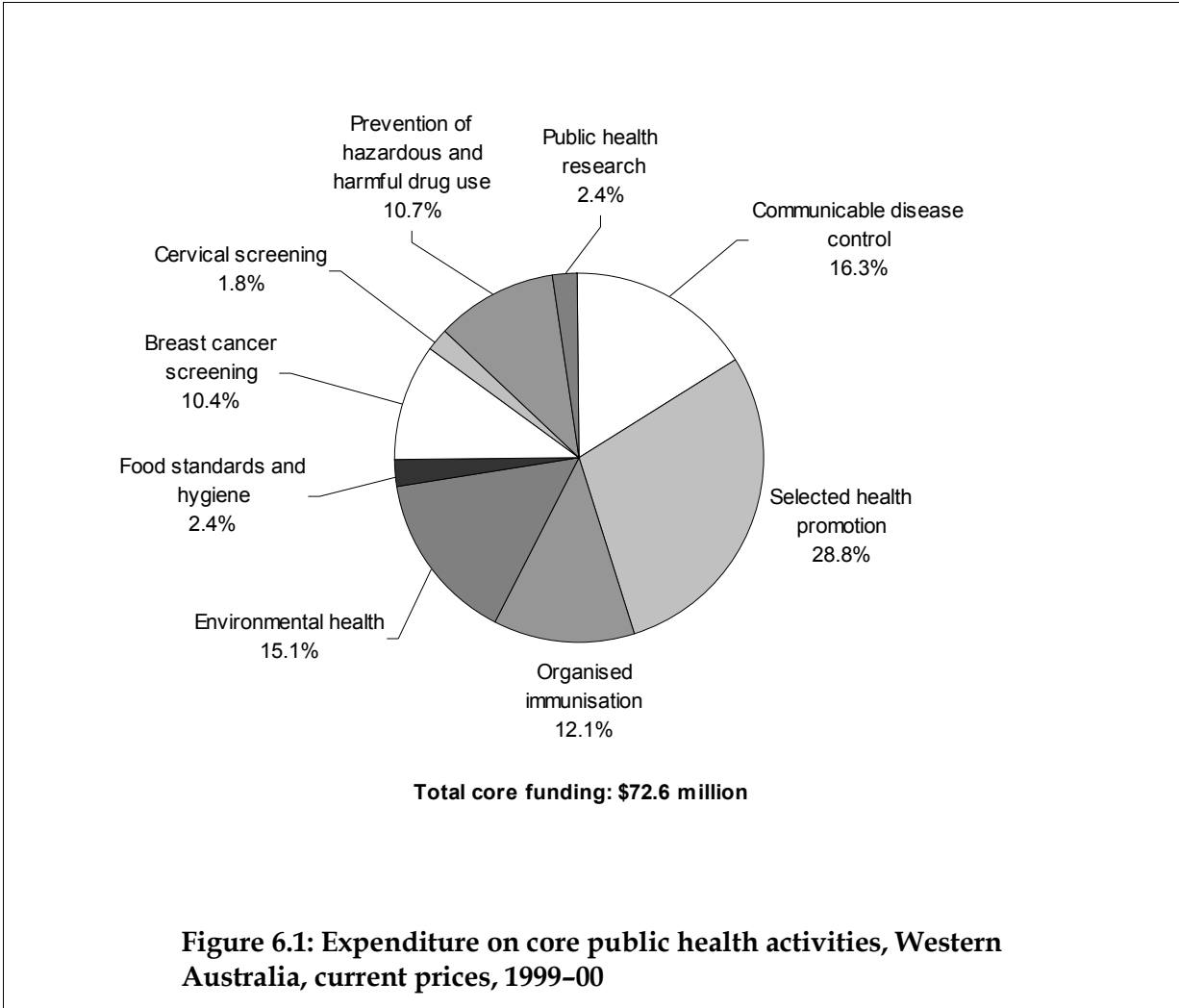
Public health services in rural Western Australia are delivered through regional public health units based in the Kimberley, Pilbara, Gascoyne, Mid-West, Goldfields, Wheatbelt-Coastal and Great Southern regions of the State. A further two units are based in the metropolitan area. Regional units deliver services across all of the public health categories, but often with a focus on issues of particular concern in their region. Government health services also undertake some public health activity outside the regional public health units, primarily through community health services.

6.2 Overview of results

Table 6.1: Expenditure^(a) on core public health activities, Western Australia, current prices, 1999–00

Category	Total expenditure (\$ million)	Proportion of total core public health expenditure (%)
Communicable disease control	11.9	16.3
Selected health promotion	20.9	28.8
Organised immunisation	8.8	12.1
Environmental health	10.9	15.1
Food standards and hygiene	1.7	2.4
Breast cancer screening	7.6	10.4
Cervical screening	1.3	1.8
Prevention of hazardous and harmful drug use	7.8	10.7
Public health research	1.7	2.4
Total core public health	72.6	100.0

(a) Corporate/central office overheads not included. Other overhead and program-wide costs allocated to public health categories.



6.2.1 Public health expenditure by categories

Communicable disease control

The total expenditure for *Communicable disease control* by the Western Australian Department of Health in 1999–00 was \$11.9 million (Table 6.1). This was 16.3% of the total core public health expenditure.

The majority of expenditure associated with this category is coordinated through the Communicable Disease Control Branch. It is responsible for State-wide surveillance, coordination of public awareness and education, development of policy and strategies for control and prevention, direct response to outbreaks in the metropolitan area and coordination of control activities across the State.

Expenditure in this category included:

- disease surveillance
- case and outbreak investigation and management
- management of communicable disease issues, including information and advice
- management of the State-wide tuberculosis control program
- NGO expenditure associated with provision of sexual health services
- migrant health screening.

Significant progress was made in a number of areas, including a substantial growth in the number of Aboriginal sexual health programs funded, and enhancement of the systems for tracking notifiable diseases, ensuring better surveillance.

Selected health promotion

The total expenditure for *Selected health promotion* by the Western Australian Department of Health and Healthway in 1999–00 was \$20.9 million. This was 28.8% of the total core public health expenditure.

The majority of expenditure associated with this category is undertaken by Healthway through its Health Promotion and Sponsorship Programs.

Features of the 1999–00 Health Promotion Program include support of Mental Health Promotion projects and projects aimed specifically at children and/or adolescents. Major campaigns for the Sponsorship Program include:

- Eat More Fruit 'n' veg
- Be Active Every Day
- Play it Safe
- Sport Safe
- SunSmart
- Ride Safe.

The Health Enhancement Branch worked closely with Healthway on many of these programs in addition to many other priority health promotion programs.

Expenditure for the Health Enhancement Branch in this category included the development and distribution of a wide range of health education and promotional resources to health professionals, teachers, students and the general public.

The Health Enhancement Branch was involved in several campaigns and programs to promote health and prevent disease including nutrition, physical activity and injury prevention programs. Regional public health units and the Office of Aboriginal Health were also involved in the development and delivery of health promotion programs covering issues specific to their regions and client groups.

Organised immunisation

The total expenditure for *Organised immunisation* by the Western Australian Department of Health in 1999–00 was \$8.8 million (Table 6.2). This was 12.1% of total core public health expenditure.

The majority of expenditure associated with this category relates to programs conducted by the State Immunisation Clinic, including:

- distribution, packaging and reporting of vaccines for the State
- provision of a clinical and advisory immunisation service
- provision of immunisation and travel consultation services
- enhanced measles program
- provision of lectures and training to immunisation providers.

In addition to childhood vaccinations, *Organised pneumococcal and influenza immunisation* includes the Immunise Australia Program for adults over the age of 65, as well as the National Indigenous Pneumococcal and Influenza Immunisation Program.

It is important to note that expenditure associated with immunisation services provided by GPs and community nurses in regional areas is not represented in these data.

Table 6.2: Expenditure on *Organised immunisation*, Western Australia, current prices, 1999–00 (\$ million)

Sub-category	Expenditure
Organised childhood immunisation	5.1
Organised pneumococcal and influenza immunisation	2.5
All other organised immunisation	1.2
Total	8.8

Environmental health

The total expenditure for *Environmental health* by the Western Australian Department of Health in 1999–00 was \$10.9 million. This was 15.1% of total core public health expenditure (Table 6.1).

The majority of expenditure associated with this category is coordinated through the Environmental Health Branch. It is responsible for delivering many State-wide programs to ensure that trends and developments in environmental health occurring in the community are monitored. Trends and developments that are monitored include food safety, land management, public building safety, public events, use of radiation, pesticides and chemical waste-water utilisation, use of drugs and medicine, and protection from mosquitoes.

Expenditure in this category included:

- improvement of environmental health in remote communities

- monitoring and assessing the safety of drinking water, recreational water facilities and natural water bodies
- drugs, poisons and therapeutic goods control
- mosquito-borne disease control including surveillance, education and advice
- pesticide safety including issue of licences
- radiation health including monitoring, compliance and advice
- assessment and management of contaminated land
- waste-water management, including administering policy and legislation.

Expenditure on environmental health services for Aboriginal and Torres Strait Islander people received a substantial boost with the expansion of the Aboriginal Environmental Health Program to provide coordinated services in all regions of Western Australia. This program is coordinated by the Office of Aboriginal Health in partnership with the Environmental Health Branch, regional public health units and LGAs. These figures are gross figures and do not take into account the revenue received in relation to the delivery of these services.

Local government authorities also incur expenditure that is public health related. This has not been included in these data.

Food standards and hygiene

The total expenditure for *Food standards and hygiene* by the Western Australian Department of Health in 1999–00 was \$1.7 million, or 2.4% of the total core public health expenditure.

This includes expenditure on:

- food monitoring (including meat)
- food-related infectious disease surveillance
- food hygiene legislation review, monitoring and education
- investigations associated with defective labelling
- food safety promotion.

Innovations for this program in 1999–00 included the development of FoodSafe training materials and guides in languages other than English, and the development of food safety plans for public hospitals.

Some Aboriginal and Torres Strait Islander health expenditure related to *Food standards and hygiene* was unable to be separated from *Environmental health* expenditure and has been shown against *Environmental health*.

Breast cancer screening

The total expenditure for *Breast cancer screening* by the Western Australian Department of Health in 1999–00 was \$7.6 million. This was 10.4% of total core public health expenditure.

The majority of expenditure associated with this category is coordinated through BreastScreen WA. BreastScreen WA forms part of the national program. It performs State-wide screening using fixed and mobile units, as well as dedicated assessment sites at metropolitan teaching hospitals. The cost associated with open biopsy services has not been included in the 1999–00 data although it was included in the 1989–99 data.

Cervical screening

The total expenditure for *Cervical screening* by the Western Australian Department of Health in 1999–00 was \$1.3 million. This was 1.8% of total core public health expenditure.

Most of the expenditure associated with this category is coordinated through the Western Australian Cervical Cancer Prevention Program. This program aims to achieve optimal reduction in the incidence of, and morbidity and mortality attributed to, cervical disease, at an acceptable cost to the community. Major aspects of this program include the maintenance of a cervical cytology register and the development of primary recruitment programs, including support of national education campaigns. A key element of the program in 1999–00 was the development of a program in collaboration with four Divisions of General Practice aimed at increasing the involvement of GPs in cervical screening.

It is important to note that Pap smear expenditure by GPs is not represented in these data. It is included, however, in national estimates in the Commonwealth section of the report.

Prevention of hazardous and harmful drug use

The total expenditure for *Prevention of hazardous and harmful drug use* by the Western Australian Department of Health and Healthway in 1999–00 was \$7.8 million (Table 6.3). This was 10.7% of total expenditure on core public health activities.

Healthway and the Health Enhancement Branch were the primary contributors to expenditure on activities relating to alcohol and other drugs. The majority of expenditure was incurred on:

- State-wide alcohol and other drugs community education campaigns, such as Drug Aware, Be a Good Host, Respect Yourself/100% Control, and Drinking – Where are Your Choices Taking You? Other partners involved in the development of these projects included the WA Drug Abuse Strategy Office, the WA Police Service, the Office of Road Safety, the Office of Racing Gaming and Liquor, and the Liquor Industry Council
- smoking and health campaigns such as Quit and Smarter than Smoking.

The high proportion of expenditure for Aboriginal and Torres Strait Islander people attributed to *Mixed* is a recognition of the social determinants of ill health and reflects the holistic approach undertaken by community-based organisations funded to deliver substance misuse services to this population group.

Table 6.3: Expenditure on *Prevention of hazardous and harmful drug use*, Western Australia^(a), current prices, 1999–00 (\$ million)

Sub-category	Expenditure
Alcohol	1.6
Tobacco	3.7
Illicit and other drugs of dependence	1.0
Mixed	1.5
Total	7.8

(a) Includes expenditure by the Department of Health and Healthway.

Public health research

The total expenditure for *Public health research* by the Western Australian Department of Health in 1999–00 was \$1.7 million, or 2.4% of total expenditure on core public health activities (Table 6.1).

This expenditure includes research on issues related to childhood diseases, and maternal, child and youth health.