

5 Public health expenditure by New South Wales Department of Health

5.1 Introduction

New South Wales Department of Health overall structure

The NSW Department of Health, through health services and other stakeholders, is responsible for providing the people of New South Wales with better health and good health care. It provides advice and leadership on health issues while being responsive to the health concerns of the community and fulfilling its overarching responsibilities for the performance of NSW Health. Accordingly, the Department has major state-wide responsibilities for policy development, system-wide planning and performance monitoring and management of health issues.

The *Health Services Act July 1997* describes the 'public health organisations' collectively making up the New South Wales Public Health System. These include:

- seventeen Area Health Services (AHSs), covering the whole of New South Wales;
- Ambulance Service;
- Corrections Health Service; and
- The New Children's Hospital.

A number of affiliated health organisations run by religious or charitable bodies also provide services and facilities that are formally recognised under the *Health Services Act July 1997* as part of the New South Wales Public Health System.

AHSs operate within specific geographic areas of the State. They each play major roles in planning, delivering and coordinating local services, managing resources, and setting and maintaining the balance between treatment and preventive services within their geographic area. They are responsible for providing services such as public health, community health, public hospitals, psychiatric hospitals and nursing homes, community support services, domiciliary nursing and other outreach programs. The distribution of funding to the AHSs is aimed at enabling residents in all areas to have comparable and comprehensive access to services that are necessary to meet their health needs. At the same time it is recognised that some high-cost and specialised services can only be provided efficiently and effectively in a limited number of locations and that some people may need to travel in order to have access to these services. Therefore, some AHSs also have state-wide roles in provision of special services.

The Department uses a planning tool known as the resource distribution formula (RDF) to guide the allocation of funding to AHSs. That same tool is used to monitor progress towards the achievement of fairness in health funding. At its core, the RDF attempts to quantify the health needs of the resident population of each of the AHSs.

However, the annual funding allocation to AHSs takes into account a range of other factors as well as the population based funding needs indicated by the RDF. These include the

recurrent requirements of new facilities as they come into operation and changes in funding arrangements between the Commonwealth and State Governments.

New South Wales public health system

Legislated responsibility for public health in New South Wales rests with the NSW Department of Health, with AHSs and with local councils. However, the public health system in New South Wales extends beyond the sphere of activity of NSW Health and local government. The public health roles and responsibilities of the NSW Department of Health, the AHSs and local government are detailed below.

NSW Department of Health

The Department's primary responsibilities in public health are to:

- provide timely information about health status and health risks in New South Wales;
- establish public health priorities and develop policies to address these;
- allocate resources for public health;
- develop and administer public health legislation;
- develop and disseminate information about the evidence base for public health action, including funding research into public health problems as appropriate;
- provide guidance to AHSs about the implementation of public health programs;
- monitor the performance of public health programs and services against agreed indicators;
- ensure that the public health workforce is adequately trained and has opportunities for continuous learning; and
- integrate and coordinate the public health effort across government and non-government agencies.

Area Health Services

Under the *Health Services Act July 1997*, AHSs have a general responsibility 'to promote, protect and maintain the health of the community'. More specifically, AHSs are required to:

- investigate and assess health needs in the area;
- plan the future development of health services in the area;
- establish and maintain an appropriate balance in the provision and use of resources for health protection, health promotion, health education and treatment services;
- provide training and education relevant to the provision of health services;
- undertake research and development relevant to the provision of health services; and
- make available to the public information and advice concerning public health and the health services available within the area.

Most AHSs have established Divisions of Population Health to draw together a range of activities that reflect a comprehensive approach to the protection and promotion of health and to the planning and delivery of health services. Divisions of Population Health are variously structured but all include Public Health Units and Health Promotion Units, and most have a health services planning and development role.

Public Health Units

Public Health Units generally have the following roles:

- monitoring and investigating health status trends in the population, and the factors influencing these;
- investigating and responding to identified public health risks and potential health hazards;
- developing and implementing strategies to maximise population health gains and reduce health inequities; and
- developing the capacity of health services, other sectors and the community to implement strategies to address priority public health issues.

Health Promotion Units

Health Promotion Units generally have the following roles:

- assessing the health needs of their local population;
- establishing and maintaining partnerships with other sectors to design and deliver health promotion;
- providing incentives and training for all health professionals (including those in general practice and community health) to promote the health of their clients, patients and the wider community; and
- providing incentives and training for community members and personnel from sectors other than health to engage in activities which promote health.

Local Councils

Local government plays an important role in protecting and promoting health in New South Wales. The *Local Government Act 1993* sets out clear and comprehensive responsibilities for Councils in relation to environment protection and sustainable development, and states that Councils are 'to promote and to provide and plan for the needs of children'. Councils have public health responsibilities under various other Acts such as:

- The *Food Act 1989* (inspection of food, inspection and closure of food premises);
- The *Public Health Act 1991* (inspection of systems for the purposes of microbial control such as the maintenance and use of air-conditioning systems);
- The *Noise Control Act 1975* (noise control); and
- The *Swimming Pool Act 1992* (restriction of access to swimming pools).

Councils also have a general power to require someone to cease an activity if the activity constitutes a threat to public health.

Specific areas of partnership with local councils include immunisation, food safety, and control of arboviruses and legionnaire's disease.

It should be noted that expenditure by local councils on public health was not captured in the 1998–99 public health expenditure collection and is not reported here.

5.2 Data collection methodology

Details of expenditure on public health in 1998–99 were collected in a supplementary survey to the New South Wales Hospital Cost Data Collection. This survey used various public health sub-programs, which were mapped to the eight public health core categories defined by AIHW.

All AHSs, The New Children’s Hospital and the NSW Department of Health provided data that made up the 1998–99 public health data collection. A total of \$187.2m was spent on public health in New South Wales, which represents 2.7% of the \$6.9 billion spent in the New South Wales Health System (*NSW Health Annual Report 1998–99*).

The expenditure reported is based on accrual accounting. New South Wales reported direct expenditure, program-wide function expenditure and overhead expenditure separately. The overhead component includes expenditure reported by the AHSs and The New Children’s Hospital. It excludes corporate overheads. But note that most of the head office expenditure was included in the core categories, either as direct expenditure or ‘program-wide function’ expenditure, which includes expenditure on public health information systems, disease surveillance and epidemiological analysis, public health communication and advocacy, policy, program and legislation development and public health research and workforce development, and public and environmental health laboratory services (Table 5.10).

Discussion of variances

New South Wales recognises that there are variations in the way that data are collected across the States and Territories. Comparability of data will be achieved when States and Territories have had further experience with the collection of the data, and strategies to standardise the approach and increase quality are developed and implemented.

5.3 Overview of results

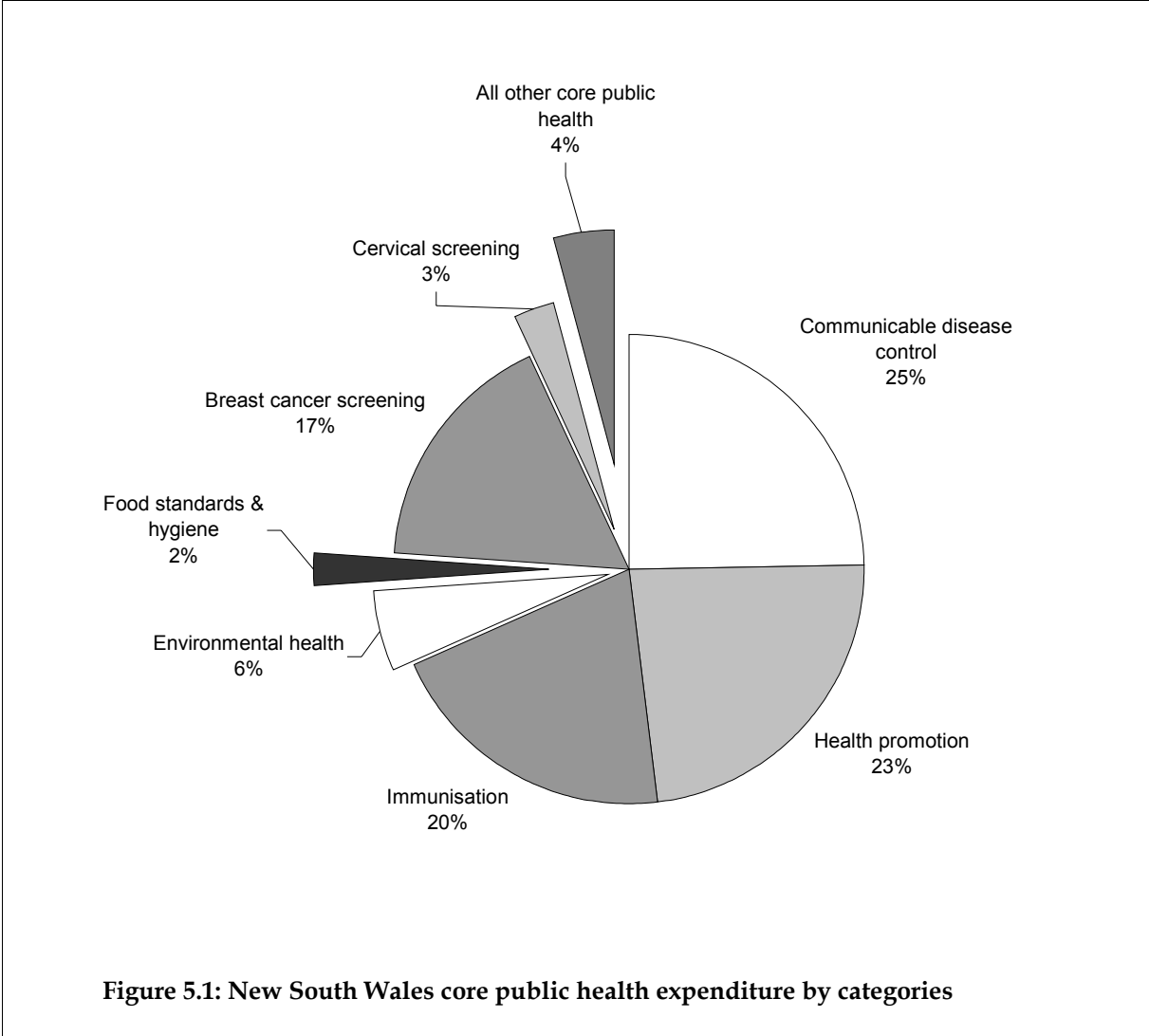
New South Wales public health expenditure

Total expenditure on public health reported in 1998–99 includes direct expenditure, program-wide functions expenditure and overheads. Of the \$187.2m reported: direct expenditure was \$153.2m; program-wide functions expenditure was \$28.7m; and overheads were \$5.2m. These are 81.8%, 15.4% and 2.8% of total expenditure.

Table 5.1 and Figure 5.1 display the distribution of this expenditure across the eight public health expenditure categories.

Table 5.1: Expenditure for total core public health, NSW Department of Health, 1998–99 (\$)

Category	Direct expenditure	Program-wide expenses	Overheads	Total	Proportion
	\$	\$	\$	\$	%
Communicable disease control	37,848,209	7,101,859	1,297,041	46,247,109	24.7
Selected health promotion	35,649,819	6,689,353	1,221,703	43,560,875	23.3
Immunisation	31,035,082	5,823,441	1,063,559	37,922,082	20.3
Environmental health	8,607,575	1,615,130	294,978	10,517,683	5.6
Food standards and hygiene	3,402,433	638,435	116,600	4,157,468	2.2
Breast cancer screening	26,130,350	4,903,114	895,475	31,928,939	17.1
Cervical screening	4,122,359	773,522	141,271	5,037,152	2.7
All other core public health	6,397,852	1,200,497	219,252	7,817,601	4.2
Total core public health	153,193,679	28,745,351	5,249,879	187,188,909	100.0
Proportions	81.8%	15.4%	2.8%	100.0%	



5.4 Public health expenditure by categories

The following sub-sections outline the results found for each of the defined public health core categories.

Communicable disease control

Total expenditure by the NSW Department of Health on *Communicable disease control* during 1998–99 was \$46.2m (Table 5.2). This was 25% of the State’s total expenditure on public health during 1998–99.

This core public health category has three major components:

- *HIV/AIDS, hepatitis C and sexually transmitted infection programs;*
- *Needle and syringe programs; and*
- *Other communicable disease control.*

The HIV/ AIDS component did not include expenditure related to treatment services. However, the *Other communicable disease control* sub-category did include expenditure incurred in the promotion of safe sexual health activities.

Table 5.2: State Government expenditure on components of *Communicable disease control*, NSW Department of Health, current prices, 1998–99 (\$)

Expenditure	HIV/AIDS, hep.C & STI programs	Needle & syringe programs	Other communicable disease control	Total communicable disease control
Direct	20,664,064	9,141,782	8,042,363	37,848,209
Program-wide functions	3,877,417	1,715,369	1,509,073	7,101,859
Overhead	708,148	313,285	275,608	1,297,041
Total expenditure	25,249,629	11,170,436	9,827,044	46,247,109

Selected health promotion activities

Total expenditure by the NSW Department of Health reported for the core public health category *Selected health promotion activities* was \$43.5m (Table 5.3). This is 23% of the total expenditure on public health during 1998–99.

The main activities reported under the *Selected health promotion activities* were:

- injury prevention;
- health promotion related to drugs of dependence;
- general health promotion and education; and
- other disease prevention, detection and control.

Table 5.3: State Government expenditure on components of *Selected health promotion activities*, NSW Department of Health, current prices, 1998–99 (\$)

Expenditure	Injury prevention	Health promotion for drugs of dependence	General health promotion and education	Other disease prevention, detection and control	Total Selected public health activities
Direct	1,035,058	9,377,343	22,324,161	2,913,257	35,649,819
Program-wide functions	194,219	1,759,570	4,188,919	546,645	6,689,353
Overheads	35,471	321,357	765,039	99,836	1,221,703
Total expenditure	1,264,748	11,458,270	27,278,119	3,559,738	43,560,876

Immunisation

Total expenditure by the NSW Department of Health on *Immunisation* was \$37.9m (Table 5.4). This was 20% of total expenditure on public health during 1998–99.

There were two classes of *Immunisation* reported in the New South Wales public health survey. They were:

- *Childhood immunisation*, and
- *Other immunisation*.

The major expenditures related to the *Other immunisation* component were for *Pneumococcal and influenza immunisation*.

In almost all cases, staff costs related to AHSs' community health personnel who were involved in delivering the immunisation services have not been included in this expenditure.

Table 5.4: State Government expenditure on *Immunisation*, NSW Department of Health, current prices, 1998–99 (\$)

Expenditure	Childhood immunisation	Other immunisation	Total
Direct	15,649,774	15,385,308	31,035,082
Program-wide functions	2,936,533	2,886,908	5,823,441
Overhead	536,311	527,248	1,063,559
Total expenditure	19,122,618	18,799,464	37,922,082

Environmental health

Total expenditure by the NSW Department of Health on *Environmental health* was \$10.5m (Table 5.5). This was 6% of the total expenditure on public health during 1998–99.

It should be noted that some AHSs capture expenditure for *Food standards and hygiene* together with expenditure for *Environmental health*. Some of these AHSs experienced problems when splitting up expenditure between the two categories. Consequently, it is believed that *Environmental health* may be slightly over-estimated and *Food standards and hygiene* may be slightly under-estimated.

Table 5.5: State Government expenditure on *Environmental health*, NSW Department of Health, current prices, 1998–99 (\$)

Expenditure category	Amount
Direct	8,607,575
Program-wide functions	1,615,130
Overheads	294,978
Total expenditure	10,517,683

Food standards and hygiene

Total expenditure for *Food standards and hygiene* by the NSW Department of Health in 1998–99 was \$4.1m (Table 5.6). This was 2% of the public health expenditure reported in 1998–99.

Table 5.6: State Government expenditure on *Food standards and hygiene*, NSW Department of Health, current prices, 1998–99 (\$)

Expenditure category	Amount
Direct	3,402,433
Program-wide functions	638,435
Overheads	116,600
Total expenditure	4,157,468

Breast cancer screening

Expenditure on *Breast cancer screening* by the NSW Department of Health was \$32m in 1998–99 (Table 5.7). This is 17% of its total public health expenditure reported in 1998–99.

BreastScreen NSW is a joint initiative funded by the New South Wales and Commonwealth Governments under the PHOFA. Its aim is to reduce morbidity and mortality resulting from breast cancer and it is managed by the Western Sydney AHS on behalf of the NSW Department of Health under a performance and funding agreement.

The program involves ten screening and assessment services across the State with 36 fixed screening locations and 14 mobile/relocatable units. While most of the screening and assessment services come under the jurisdiction of particular AHSs, BreastScreen NSW has performance and funding agreements with each of them. In 1998–99 they carried out 268,848 mammography screens throughout New South Wales.

The main activities of BreastScreen NSW reflected in the expenditure reported in the survey were:

- recruitment;
- screen taking;
- assessment;
- biopsies (open and core);
- training and education;
- data management;
- quality improvement;
- monitoring, evaluation and research;
- resources, reports and publications;
- service administration and management; and
- program coordination and management.

Table 5.7: State Government expenditure on *Breast cancer screening*, NSW Department of Health, current prices, 1998–99 (\$)

Expenditure category	Amount
Direct	26,130,350
Program-wide function	4,903,114
Overhead	895,475
Total expenditure	31,928,939

Cervical screening

Total expenditure on *Cervical screening* by the NSW Department of Health during 1998–99, was \$5m (Table 5.8). This was 3% of the total public health expenditure reported in 1998–99.

The Cervical Screening Program is a joint initiative funded by the Commonwealth and the New South Wales Governments under the PHOFA. Its main objective is to reduce morbidity and mortality resulting from cervical cancer.

The Program supports state-wide and AHS activities that encourage women to have regular Pap smears every two years; ensure appropriate follow-up of women with screen-detected abnormalities and ensure the optimal quality of Pap smear taking and reporting. The New South Wales Pap Test Register, which is managed and operated by the New South Wales Cancer Council, is an important part of the Program.

The State coordination unit for the Program is managed by the Western Sydney AHS under a performance and funding agreement with the NSW Department of Health. The New South Wales Pap Test Register comes under a separate performance and funding agreement between NSW Health and the New South Wales Cancer Council.

The main functions of the New South Wales Cervical Screening Program, which are reflected in the reported expenditure, are:

- recruitment initiatives – state-wide and local AHS projects;
- community and medical practitioner information and education;
- monitoring, evaluation and research;
- quality improvement initiatives;
- resources, reports and publications; and
- program coordination.

Table 5.8: State Government expenditure on *Cervical screening*, NSW Department of Health, current prices, 1998–99 (\$)

Expenditure category	Amount
Direct	4,122,359
Program-wide functions	773,522
Overheads	141,271
Total expenditure	5,037,152

All other core public health expenditure

The expenditure reported for this category by the NSW Department of Health was \$7.8m (Table 5.9). This was 4% of the total public health expenditure reported in 1998–99.

The expenditure reported in this category represented public health initiatives that could not be readily identified as falling into one or more of the core categories described earlier in this chapter.

The main activities that come within *All other core public health* expenditure are:

- health related aspects of alcohol regulation;
- tobacco control;
- illicit drugs/substance control;
- cost of regulation and enforcement of occupational health and safety, excluding cost of compliance and compensation payouts;
- poison registers and poison information systems;
- product safety and product recalls;
- cost of regulating pharmaceuticals;
- therapeutic goods;
- control of dangerous animals;
- quarantine; and
- public health orders.

Table 5.9: State Government expenditure on *All other core public health*, NSW Department of Health, current prices, 1998–99 (\$)

Expenditure category	Amount
Direct	6,397,852
Program-wide functions	1,200,497
Overheads	219,252
Total Expenditure	7,817,601

Public health program-wide functions

The expenditure reported for public health program-wide functions was \$28.7m. This expenditure has been apportioned to the eight core categories (Tables 5.1 to 5.9).

The public health workforce development expenditure presented in Table 5.10 represents the expenditure incurred at the NSW Department of Health level only. AHSs did not report this type of expenditure separately.

As the National Public Health Expenditure Project – Stage 2 (collection of public health expenditure for 1998–99) was at a developmental stage, both the reporting of expenditure on program-wide functions and the apportionment of these at a core category level was optional.

NSW Department of Health reported discrete expenditure for the various program-wide functions and allocated expenditure at a core category level using one of the recommended methodologies in the AIHW collection manual; that is, the proportion of direct expenditure in each of the public health sub-programs defined in the collection, compared with the total direct expenditure reported. The same methodology was also applied to apportion the overhead expenditure to the core categories.

A consistent methodology is expected to be defined by the TAG for the 1999–00 public health expenditure collection that will be used across all States and Territories.

Table 5.10: Expenditure in program-wide functions, NSW Department of Health, 1998-99 (\$)

Program-wide functions	Total expenditure
Public health information systems, disease surveillance and epidemiological analysis, public health communication and advocacy and public health policy, program and legislation development	12,140,811
Public health workforce development	1,501,000
Public and environmental health laboratory services	5,012,870
Public health research and development	10,090,671
Total	28,745,352

6 Public health expenditure by Victorian health authorities

6.1 Introduction

Overview

The Department of Human Services covers the responsibilities of the Ministers for Health, Aged Care, Youth and Community Services, Housing, and Aboriginal Affairs. The Department funds or directly delivers a diverse range of services within this broad portfolio, whose mission is to ensure that the people of Victoria have access to services that protect and enhance their social wellbeing and to best allocate available resources to meet their needs.

Most services are provided by agencies under funding and service agreements or contracts with the Department. These include government-related agencies such as public hospitals, health care networks, public nursing homes, local government, community health centres, ambulance services, and a range of NGOs providing mainly community services. The Department also provides some services directly – in particular, public rental housing, intellectual disability accommodation, child protection and some mental health services.

The principal responsibilities of the Department of Human Services cover:

- high-quality, efficient health care services through the public hospital system;
- residential and rehabilitation care to older and disabled persons, and funding to enable older persons to continue to live at home;
- adequate and affordable housing assistance to those Victorians most in need of housing;
- a wide range of other human services programs which concentrate on the provision of services to the vulnerable;
- promotion and protection of the health and wellbeing of all Victorians by providing leadership, support and services, in partnership with key stakeholders and the community;
- programs to promote the economic and social development of Aboriginal communities and their cultural heritage; and
- government concessions designed to ensure that low-income groups are not denied reasonable access to essential services.

Public Health & Development Division

The structure of the Public Health & Development Division is underpinned by the following three functions:

- **Strategy and capacity building**

This function integrates the core business areas of public health services as well as system development. It provides strategic development, legislative review, business processes, budget and finance, human resources management, information technology and communication services. This function also includes cemeteries and crematoria, nursing, allied health and public health workforce development.

- **Health intelligence and disease control**

This function addresses the prevention of premature death, disability, disease and other adverse health outcomes. The commitment to controlling disease and improving the health system is being strengthened through evidence based planning, ethical and efficient responses to need, and intelligent resource allocation.

- **Social and environmental health**

This function focuses on food hygiene, nutrition and physical activity. Other target areas also include reducing the misuse of tobacco, alcohol and other drugs including pharmaceutical drugs, protection of the community from other environmental dangers arising from air, land or water, radiation and other poisonous substances. Some of the major priorities in this function comprise improvement of Koori health and delivery of culturally appropriate services.

Victoria's health will be challenged in a number of new and significant ways over the next two decades. The Public Health & Development Division initiated a strategic planning process in 1998 to develop partnerships across the State to meet those challenges. The first stage of the process involved working with key stakeholders to determine the future strategic directions for public health in Victoria. The aim was to create a shared strategic framework over the next five to ten years.

6.2 Data collection methodology

The Public Health & Development Division is responsible for programs that support the health and wellbeing of all Victorians. Non-government agencies and local government authorities also perform some of the services on behalf of the Division. As most of the public health outputs are delivered by agencies funded by the Division, the collection of information on the core public health expenditure categories defined for the purposes of this document was performed within the Division.

The first step towards the data collection was to download raw figures from the Department's general ledger on Oracle Financials, followed by a verification process which was performed to ensure the integrity of data collected. The flexible structure of the general ledger enables the data to be sorted against activities, or outputs, which in turn facilitates the further classification of these data into the eight core public health expenditure categories. Manual categorisation was then performed by way of sorting each activity against its description.

A reconciliation process was carried out to ensure that reliable data were included in this report. It was determined that only functions that were funded or provided directly by the Public Health & Development Division were to be included in the data collection. As a consequence, public health activities that were carried out by the Department's Acute Health Services have been excluded. Also excluded from the report was expenditure in areas such as corporate overheads allocated by the Department; Information Technology; Research and Development; Alcohol and Drug Services; and Workforce and Infrastructure Development. These exclusions amounted to \$40.5m and a breakdown is provided in Table 6.10.

6.3 Overview of results

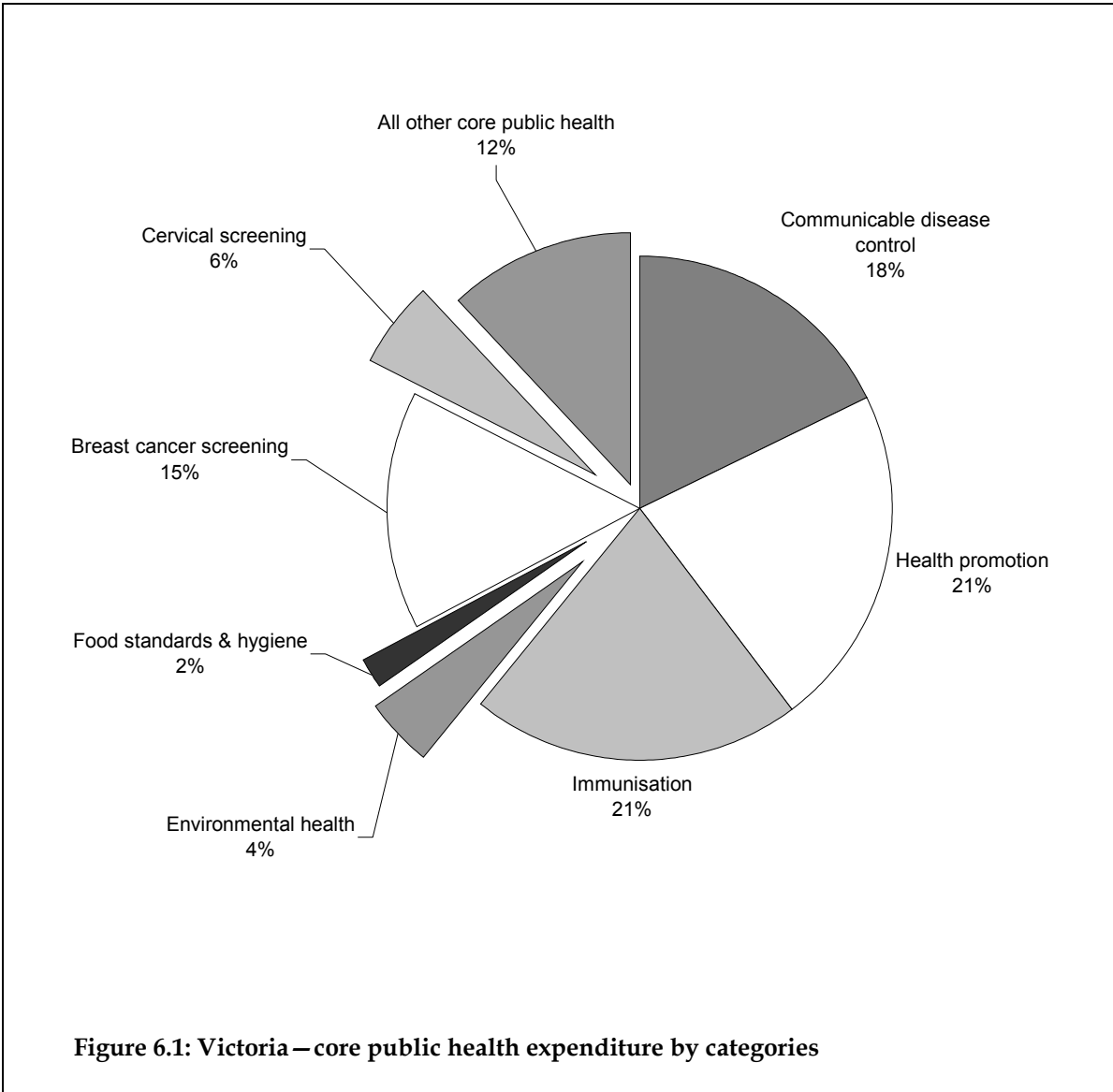
Table 6.1: Expenditure for total core public health, Victorian health authorities, 1998–99

Expenditure category	Direct expenditure	Overhead	Total expenditure	Proportion of total
	\$'000	\$'000	\$'000	%
Communicable disease control	20,877.2	1,313.1	22,190.2	17.9
Selected health promotion	26,113.2	434.3	26,547.5	21.4
Immunisation	24,677.4	1,552.1	26,229.5	21.1
Environmental health	5,140.0	323.3	5,463.3	4.4
Food standards and hygiene	2,546.0	160.1	2,706.2	2.2
Breast cancer screening	17,751.0	1,116.4	18,867.4	15.2
Cervical screening	6,550.2	412.0	6,962.2	5.6
All other core public health	14,244.9	895.9	15,140.8	12.2
Total expenditure	117,899.9	6,207.2	124,107.1	100.0

Total expenditure by the Public Health & Development Division in the core expenditure categories during 1998–99 was \$124.1m. The Department's 1998–99 annual report shows an overall operating expense of \$164.6m (including the \$40.5m that was excluded from the core categories) by the public health output groups, which agrees with the total amount summarised by this report.

The \$6.2m Divisional overhead that comprises mainly output management expenditure has been allocated across the eight core categories. This is done through apportionment. Direct expenditure in each category was firstly proportioned against total expenditure to get the percentage; this percentage was then multiplied by the total overhead to get the relevant portion for each category. It is important to note that the \$24.0m funding to the Victoria Health Promotion Foundation (VicHealth), which performs the majority of health promotion activities for the Department, has been excluded from this exercise as VicHealth does not consume any material overhead from the Division.

Since the State Government has adopted an accrual accounting concept, data collected for this report were based on an accrual method. Accordingly, depreciation charged to the Public Health & Development Division amounting to \$842,151 has been included, which represents 0.68% of the total reported expenditure.



6.4 Public health expenditure by categories

Communicable disease control

HIV/AIDS, hepatitis C and sexually transmitted infection programs

This component includes the provision of HIV and associated testing, and the provision of counselling and support services for HIV/AIDS and hepatitis C patients. These services are provided by a range of agencies, including Melbourne Sexual Health Centre, which is managed and staffed by Public Health & Development Division, some non-government agencies and various research laboratories.

The needle exchange program

The needle exchange program ensures the provision of sterile injecting equipment for injecting drug users. This is undertaken solely by non-government agencies funded by the Public Health & Development Division.

Other communicable disease control services

This incorporates the collection, collating and reporting on data relating to notifiable infectious diseases, the provision of advice to health care professionals and the public on infectious diseases, the coordination of outbreak investigations, and the provision of tracing, counselling and testing of contact cases of tuberculosis. Also included in this sub-category is the expenditure on the Vector Borne Virus Program, which associates with the Virology and Entomology Services. Expenditure on monitoring and controlling of vector mosquito species during November to April in high-risk local government areas has also been taken into account.

Total direct expenditure for *Communicable disease control* by Victorian health authorities in 1998–99 was \$22.2m (Table 6.2). This was 17.9% of total core public health expenditure.

Table 6.2: State Government expenditure on *Communicable disease control*, Victorian health authorities, current prices, 1998–99 (\$)

Expenditure category	HIV/AIDS, hep.C and STI programs	Needle exchange programs	Other communicable disease control	Total
Direct	9,229,782	2,811,600	8,835,774	20,877,156
Overheads	580,506	176,835	555,724	1,313,065
Total	9,810,288	2,988,435	9,391,498	22,190,221

Selected health promotion activities

The promotion of healthy lifestyles in Victoria is undertaken jointly by the Department of Human Services and the Victorian Health Promotion Foundation (VicHealth). VicHealth is funded directly by the Public Health & Development Division to promote health to all Victorians through programs such as Quit. Total funding for VicHealth in 1998–99 was \$24.0m, including \$4.8m for research and development which, pertaining to the collection methodology, has been excluded from this category. Programs that are exclusively run by the Department support developmental projects, which enhance health promotion in health and community agencies, schools and local government.

Public Health & Development Division also provides grants for projects which will improve health promotion practice and increase awareness and knowledge of physical activity in the general community and in vulnerable groups. This funding is also to increase the skills of health professionals and other workers in the promotion of physical activity, and to develop coherent strategies to reduce differentials in health status between rural and metropolitan areas of Victoria, with particular emphasis on the prevention of non-communicable diseases in general and cardiovascular disease. Major promotions undertaken in 1998–99 were Rural Men's Health Promotion and Regional Health Promotion.

Total reported expenditure on *Selected health promotion activities* by Victorian health authorities was \$26.5m (Table 6.3). This was 21.4% of total core public health expenditure.

Table 6.3: State Government expenditure on *Selected health promotion activities*, Victorian health authorities, current prices, 1998–99 (\$)

Expenditure category	Total
Direct	26,113,222
Overheads	434,303
Total	26,547,525

Immunisation

Childhood immunisation

Expenditure in this sub-category includes the purchase of vaccines and the provision of immunisation services to children according to the National Health & Medical Research Council (NHMRC) schedule. This program is carried out with the assistance of private general practitioners and local government. During 1998–99 about 88% of children turning 12 months of age and 75% of children turning 24 months of age were fully immunised. These figures were sourced from the Australian Childhood Immunisation Register.

Pneumococcal and influenza immunisation

Expenditure on influenza immunisation includes costs associated with the purchase of influenza vaccines. This program is a national program for persons over 65 years of age, for Indigenous people over 50 years of age, and for those aged 15–49 at high risk. In 1998–99, 560,000 vaccines were distributed in Victoria, with 75.8% of persons aged 65 and over being immunised.

Pneumococcal pneumonia immunisation includes the purchase of pneumococcal vaccine for immunisation of persons aged 65 and over and for Indigenous people aged over 50 years, and those aged 15–49 at high risk. The service is solely provided through general practitioners. Victoria is the only State in Australia that provides pneumococcal pneumonia immunisation to people aged 65 and over. The pneumococcal pneumonia immunisation for Indigenous people is part of the national campaign. In 1998–99, 27.3% of persons aged 65 and over received pneumococcal immunisation, giving Victoria a cumulative coverage rate of nearly 50%.

Other immunisation

Other Immunisation expenditure includes: the purchase of vaccines, the provision of other immunisation services according to the NHMRC schedule, the Australian Childhood Immunisation Register, issuing school entry immunisation certificates, provision of hepatitis B immunisation to eligible Human Services staff and clients, and the provision of funding for several pilot projects including mobile immunisation services.

The funding made available for immunisation comes from State Appropriations and the Commonwealth PHOFA.

Total expenditure on *Immunisation* in 1998–99 by Victorian health authorities was \$26.2m (Table 6.4). This was 21.1% of total core public health expenditure.

Table 6.4: State Government expenditure on *Immunisation*, Victorian health authorities, current prices, 1998–99 (\$)

Expenditure category	Childhood immunisation	Pneumococcal and influenza immunisation	Other immunisation	Total
Direct	10,858,500	10,996,200	2,822,700	24,677,400
Overheads	682,943	691,604	177,533	1,552,080
Total	11,541,443	11,687,804	3,000,233	26,229,480

Environmental health

Expenditure on *Environmental health* comprises mainly the funding for development and employment of environmental health officers within regions. Other areas include:

- investigation of the effects and public health risk of environmental contaminants;
- radiation safety and adverse events surveillance;
- maintenance of emergency plan, protocols and procedures;
- maintenance of emergency response capability and provision of a coordinated approach when a major health risk is detected;
- laboratory testing of cooling towers, pools, spas and water treatment plants in response to public health risks;
- licensing to persons with appropriate qualifications and training, and registering of appropriate radiation equipment;
- provision of information and advice to home department, community, other Government Departments, pest control industry and radiation users; and
- provision of appropriate training and advice to persons who are applying registered chemicals for commercial pest control.

Total direct expenditure on *Environmental health* by Victorian health authorities was \$5.5m (Table 6.5). This was 4.4% of total expenditure on core public health during 1998–99.

Table 6.5: State Government expenditure on *Environmental health*, Victorian health authorities, current prices, 1998–99 (\$)

Expenditure category	Total
Direct	5,140,026
Overheads	323,281
Total	5,463,307

Food standards and hygiene

Expenditure on this category is related to the following areas:

- food recall and emergency response;
- food-borne illness investigation;
- representation on national forums and committees;
- collection, collation and reporting on non-compliance of foods against food standards code;

- food surveillance microbiology to facilitate the collection, analysis and interpretation of population based information;
- food hygiene surveillance;
- food safety and hygiene strategy research;
- analysis and report on possible unsafe contaminated food;
- surveillance of food premises on crown land; and
- provision to the community, stakeholders and government of information and advice on food safety issues legislation and implementation of new legislation.

Total expenditure for *Food standards and hygiene* during 1998–99 by Victorian health authorities was \$2.7m (Table 6.6). This was 2.2% of total core public health expenditure.

Table 6.6: State Government expenditure on *Food standards and hygiene*, Victorian health authorities, current prices, 1998–99 (\$)

Expenditure category	Total
Direct	2,546,036
Overheads	160,132
Total	2,706,168

Breast cancer screening

The provision of a breast cancer screening service is achieved through the funding of BreastScreen Victoria. The funding for breast cancer screening is provided under a joint Commonwealth/State arrangement via the PHOFA. In 1998–99 some 171,000 women were screened, approximately 57% of the target population over a two-year period.

BreastScreen Victoria is a free breast cancer screening service for women without breast cancer related symptoms or breast problems. Through early detection, the program aims to reduce the morbidity and mortality associated with breast cancer. Although women aged 40–49 and older than 69 are able to attend, BreastScreen Victoria is specifically targeted at women aged 50–69 years. This is because breast X-ray screening has been found to be most effective among women in this age group. If an abnormality is found on screening, BreastScreen Victoria provides women with assessment of the screen-detected abnormality to the point of definite diagnosis.

BreastScreen Victoria has a network of services around the State. These include eight assessment centres and 31 screening centres. All of these sites are specially designated centres operating under strict controls and standards. The program also employs a relocatable mammography machine in the western region of Melbourne and a mobile van in rural Victoria to ensure that the service reaches women in all areas.

BreastScreen Victoria manages a breast screen registry that keeps data on the number of women screened and the cancers detected. There is also a comprehensive recruitment and education strategy in place for the BreastScreen program.

Total expenditure on *Breast cancer screening* during 1998–99 by Victorian health authorities was \$18.9m (Table 6.7). This was 15.2% of total core public health expenditure.

Table 6.7: State Government expenditure on *Breast cancer screening*, Victorian health authorities, current prices, 1998–99 (\$)

Expenditure category	Total
Direct	17,750,984
Overheads	1,116,445
Total	18,867,429

Cervical screening

The provision of a cervical testing service, a state-wide database and individual reminder system for Pap screens are included in this service. Also included was expenditure on strategies to encourage women to have regular Pap smears.

Funding for this service is provided under a joint State/Commonwealth arrangement via the PHOFA. About 609,000 screens were performed during 1998–99. This was about 68% of the target population. The main goal of the Victorian Cervical Screening Program is to achieve optimal reductions in the incidence, morbidity and mortality associated with cervical cancer at an acceptable cost through an organised approach.

In accordance with the Commonwealth/State Agreement, the program mainly deals with the following areas:

- recruitment and education of all population groups according to need;
- work with consumers and NGOs in planning, operating, monitoring and evaluating the Pap screen recruitment program;
- development and support of strategies to promote best practice and standard setting; and
- improvement wherever possible of information collection and analysis, workforce development and research.

Total direct expenditure on *Cervical screening* by Victorian health authorities during 1998–99 was \$7.0m (Table 6.8). This represented 5.6% of total core public health expenditure.

Table 6.8: State Government expenditure on *Cervical screening*, Victorian health authorities, current prices, 1998–99 (\$)

Expenditure category	Total
Direct	6,550,221
Overheads	411,975
Total	6,962,196

All other core public health expenditure

Expenditure related to public health which could not be readily classified into one or more of the above core categories is reported as *All other core public health* expenditure. This category is made up of the following major components:

- Education and training (\$3.1m),
- Information and advice (\$2.4m),
- Cancer surveillance (\$1.7m),
- Other genetic related services (\$0.2m),
- Laboratory testing (\$5.2m), and
- Licensing and regulation (\$1.7m).

Total expenditure for *All other core public health* by Victorian health authorities in 1998–99 was \$15.1m (Table 6.9). This was equivalent to 12.2% of total core public health expenditure.

Table 6.9: State Government expenditure on *All other core public health*, Victorian health authorities, current prices, 1998–99 (\$)

Expenditure category	Total
Direct	14,244,861
Overheads	895,928
Total	15,140,789

Table 6.10: Expenses excluded from all expenditure on core public health categories by Victorian health authorities (\$m)

Type of expenditure	Total
Corporate overheads	6.0
Professional development	4.7
Information and advice	1.0
Other	28.8
Total	40.5