

9 Public health expenditure by the South Australian Department of Human Services

9.1 Introduction

The State public health system in South Australia consists of numerous health units, community health centres and other related organisations, all reporting to, and under the administration of, the Department of Human Services (DHS). DHS comprises six divisions: Aboriginal Services, Country, Metropolitan, Statewide, Strategic Finance and Corporate Services and Strategic Planning and Policy, as well as other service providers (refer to Figure 9.1). The majority of information for this collection has come from Statewide Division, which is responsible for the planning and coordination of South Australia’s eight largest hospitals and incorporates Public and Environmental Health (refer to Figure 9.2).

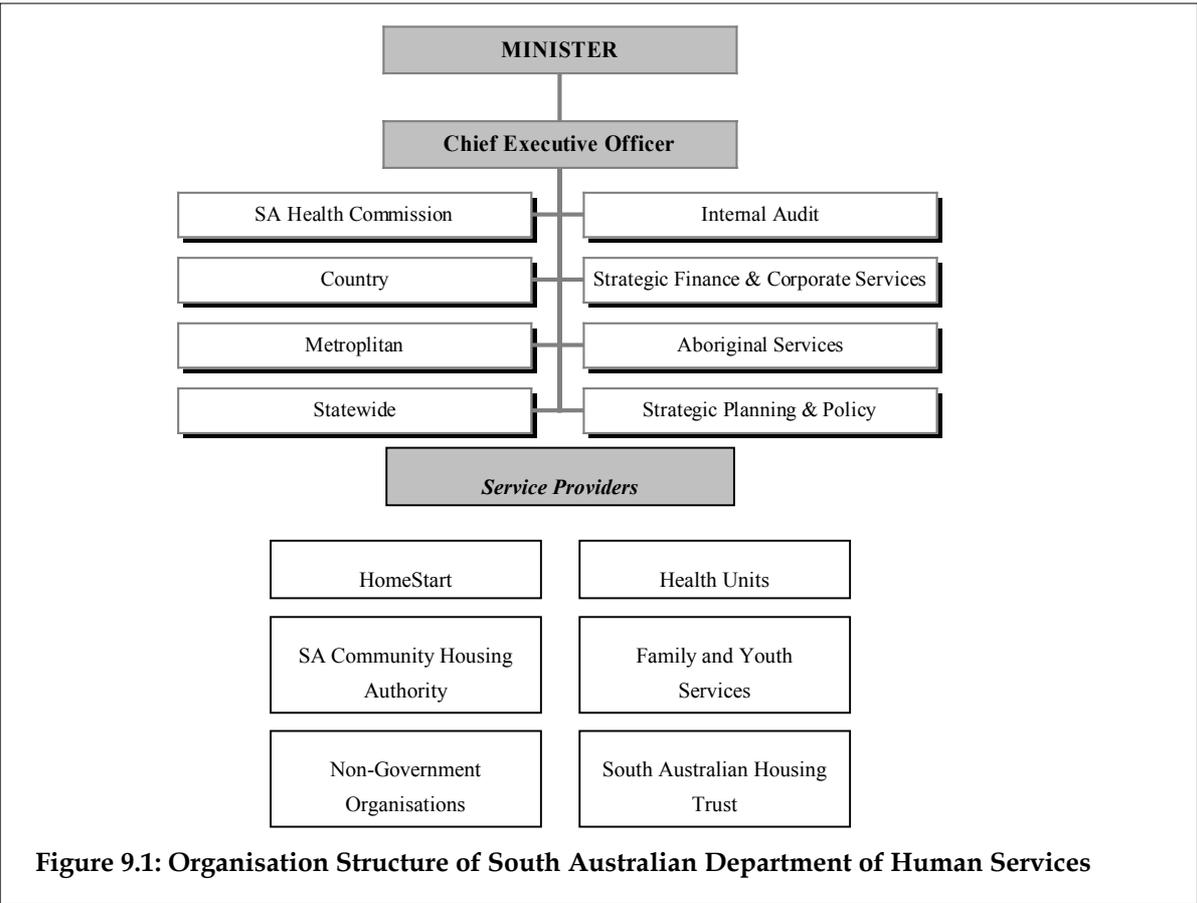


Figure 9.1: Organisation Structure of South Australian Department of Human Services

In addition to the core public health system, other State Government organisations, local government and NGOs contribute to public health delivery within the State. Local government plays a particularly significant role in the areas of *Environmental health*, health promotion and *Immunisation*. There are 67 local councils (18 metropolitan, 49 country) and it is estimated that they contribute 60–70% of the total *Environmental health* expenditure for the State.

The South Australian data include expenditure by other State Government departments separately presented in the core public health areas as defined by this collection. In most cases, expenditure in these areas is not primarily aimed at public health; however, the outcomes include a significant public health aspect. For instance, the Department of Primary Industries’ main aim is to safeguard the agricultural and farming industries by employing hygienic handling practices and controlling animal and plant disease. A major outcome of these practices is safe meat, plant and dairy produce, which is essentially a public health concern.

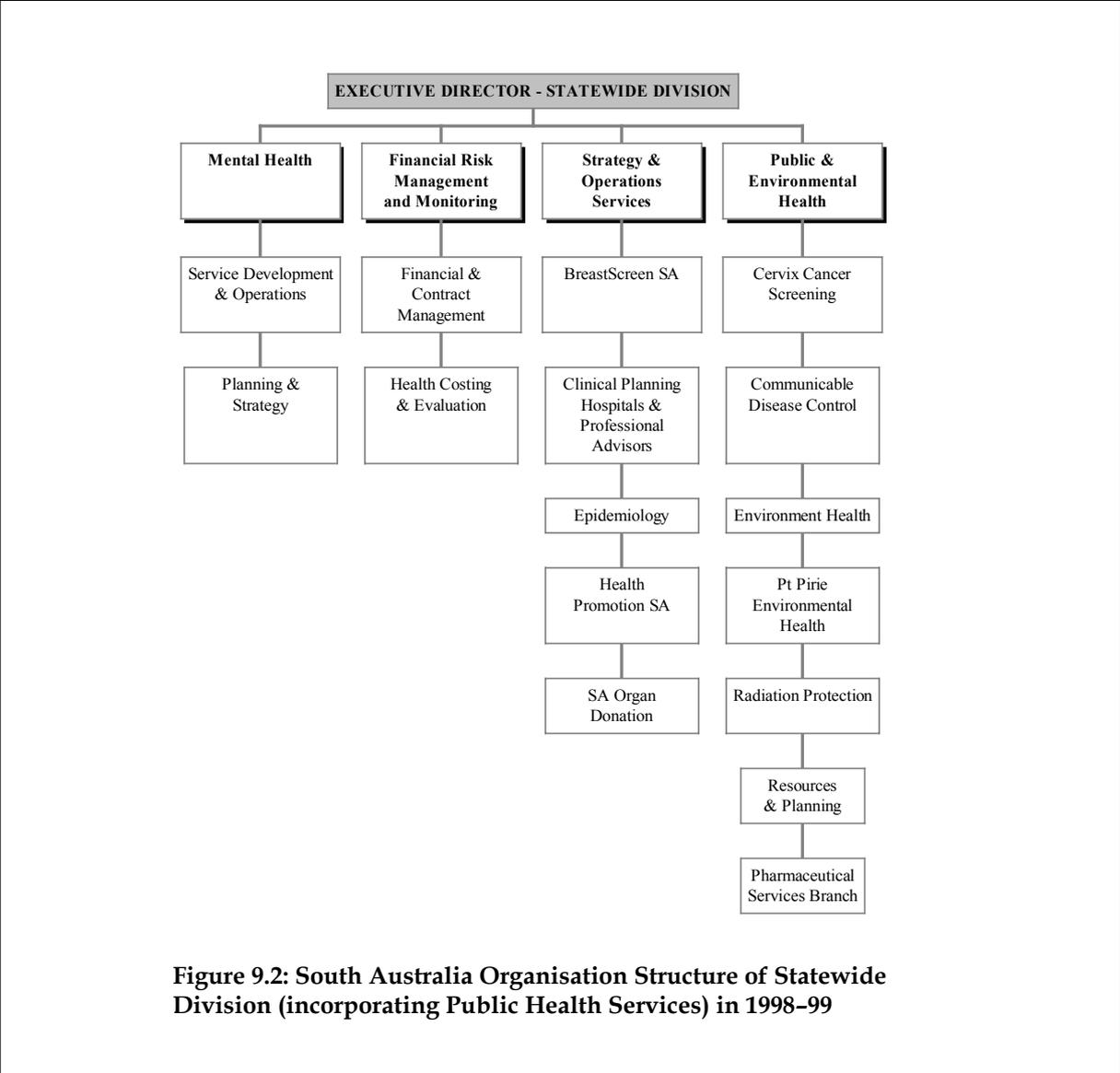


Figure 9.2: South Australia Organisation Structure of Statewide Division (incorporating Public Health Services) in 1998–99

9.2 Data collection methodology

Information for this collection was sought from all State Government departments, the metropolitan and country health units and other related organisations. A total of 97 individual agencies and organisations and seven regional health services were included in the collection. Only 12 organisations did not respond, making the response rate 88%.

Initial written correspondence, detailing the aims and expectations of the project and endorsed by the Executive Director of Statewide Division, was the starting point of contact. It was requested that a contact person be nominated from each area or organisation. Further correspondence with the contact person was generally by email. The collection spreadsheet was provided to contacts with explanatory instructions regarding the content and type of information requested. Meetings were also arranged where necessary, usually with the larger organisations and health units. This type of 'face-to-face' contact often saved a significant amount of time and confusion.

All organisations involved in the collection were asked to report their financial data on an accrual basis. The costs associated with program-wide functions have been allocated to the relevant core categories as part of direct expenditure. Corporate overhead costs such as finance, human resources and information technology were not included in the Stage 2 collection.

Assessment

Most organisations required additional clarification of the aims and details of the project and guidance with what information to include and exclude. The Excel spreadsheet provided for the collection of expenditure information proved to be quite cumbersome for many people.

The major difficulty for most organisations was aligning their cost centre information with the nominated categories for core public health. In particular, most community health centres and smaller organisations found it difficult to separate treatment or welfare based services from 'public health' strategies. Additionally, the budgets of these smaller organisations often comprised one allocation of money to be distributed amongst various services. In many cases, estimations for each category have been made based on salaried time commitment and/or allocation of materials and space.

Expenditure was reported twice in some cases (where grant money is provided to a health unit or smaller organisation from a major provider, such as SA Cervix Cancer Screening). However, double counting was avoided where possible.

A major difficulty for South Australia was that all agencies utilise and administer their own financial systems, as opposed to having a standard financial system with a unique cost centre structure.

General reasons for variances

One of the major difficulties with the project occurred when attempting to limit and differentiate the various categories. Programs that included public health strategies and screening/treatment for specific diseases (e.g. HIV/AIDS) were particularly difficult to separate, as were programs pertaining to sexual health and the avoidance of sexual violence. Community health programs, such as those aimed at ethnic, Aboriginal or disadvantaged groups, are often based on holistic lifestyle changes and therefore include public health aspects, such as mental health promotion, as well as welfare aspects such as domestic and sexual violence education. Depending on the main objective of these programs, this

expenditure was either partially or wholly included. In the case of HIV/AIDS, the proportion of purely public health expenditure was estimated from the various programs and funding.

Overhead and program-wide costs were dealt with in various ways. Legislative development costs were assigned to the appropriate categories. Corporate/central office overhead costs such as strategic development, financial, IT, human resources and legal services have not been included in the final numbers for this collection. Public health research and workforce development expenditure was not specifically collected, although some expenditure on training and education was inherent to the programs operating within categories and was therefore included in the collection. Epidemiology has been included under the *All other core public health* category, rather than distributing the costs across all core public health areas.

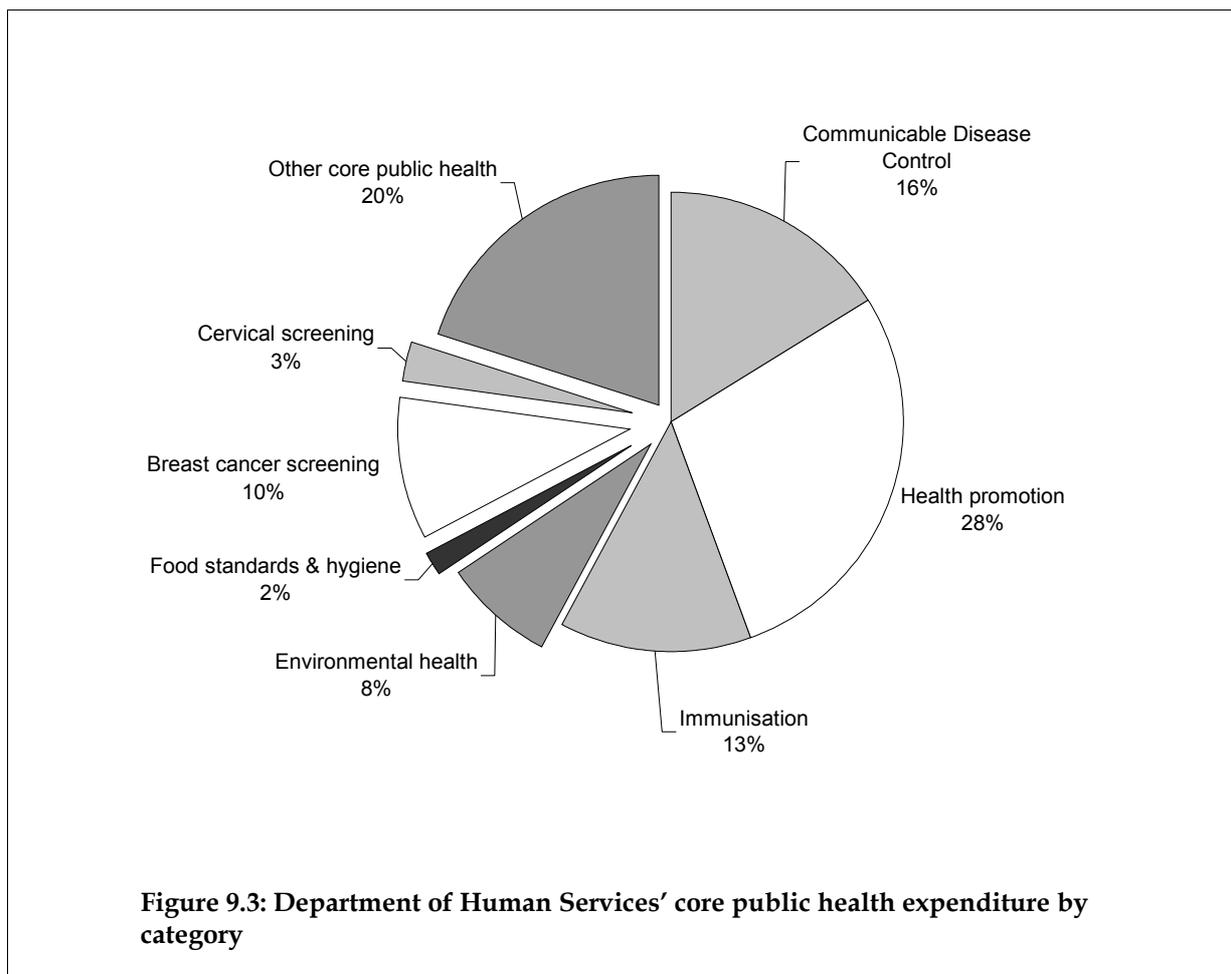
9.3 Overview of results

Total core public health expenditure by DHS in 1998–99 was \$62.9m. Table 9.1 summarises public health expenditure by the Department of Human Services for 1998–99 by the core categories.

Table 9.1: Expenditure for total core public health, SA Department of Human Services, 1998–99 (\$)

	Total core public health expenditure	
	Recurrent expenditure	% of expenditure
Communicable disease control	10,208,480	16.2
Selected health promotion	17,779,171	28.3
Immunisation	8,457,870	13.4
Environmental health	4,842,388	7.7
Food standards & hygiene	1,059,017	1.7
Breast cancer screening	6,263,003	10.0
Cervical screening	1,806,176	2.9
All other core public health	12,512,996	19.9
Total	62,929,101	100.0

Note: Central overhead expenses not included. Other overhead and program-wide costs allocated to public health categories in various ways.



9.4 Public health expenditure by categories

Communicable disease control

Communicable disease control aims at reducing the transmission of communicable diseases and minimising the personal and social impact of these diseases. In South Australia, the majority of this work is conducted via the Communicable Disease Control Branch (CDCB), within DHS. The Branch meets its responsibility through surveillance and investigation of communicable diseases, coordination of immunisation across the State, and programs focusing on HIV and hepatitis C control.

HIV/AIDS, hepatitis C and sexually transmitted infection programs expenditure

The major areas of expenditure in this sub-category comprise programs and funding provided by HIV, Hepatitis C and Related Programs (HHARP), a section of the CDCB. Other significant expenditure is connected with the testing of blood products and an Aboriginal Services HIV program (partially funded by the Commonwealth and State).

HHARP provides funding to the AIDS Council of SA, Centre for Personal Education, Hepatitis C Council, Offenders Rehabilitation Service and the Heroin Users Project as well as a variety of other organisations. A significant amount of expenditure goes towards training and development and hepatitis C prevention. The Care and Prevention Practice is a

HHARP funded project based in a general practice, aimed at collecting health status information on gay men and connecting that information to their HIV status. The funding for this project includes treatment, education and data collection costs since these elements are not easily distinguished in this program.

Sexual Health Information and Education (SHine SA) is funded by DHS and contributes to HIV/AIDS/hepatitis C prevention as integrated into all professional education. This training is funded by the Commonwealth through the PHOFA (70%) and DHS (30%). The figure attributed to this training is based on 10% of the total program expenditure of SHine SA.

Needle exchange programs

Expenditure in this area was primarily by the Drug and Alcohol Services Council (DASC) who provide funding and kits for needle and syringe programs to health units and community health services.

Other communicable disease control

Expenditure in this sub-category was primarily within the CDCB, with an extraordinary expenditure included in the collection for the Kosovar refugees. Other areas of expenditure for this category were in the control of sexually transmitted diseases. The Sexually Transmitted Diseases Service provides the majority of public health services in this area and expenditure includes clinic time, data management, research, education and surveillance. Also included in this category was SHine SA, which provides prevention and education programs for school age children and early school leavers on substance use, relationships and self-esteem. All these programs are sourced from State and PHOFA funding.

Total Communicable disease control

Total expenditure for *Communicable disease control* by DHS in 1998–99 was \$10.2m. This was 16% of total core public health expenditure.

Table 9.2: Expenditure for *Communicable disease control*, SA Department of Human Services, 1998–99 (\$)

	HIV/AIDS, hepatitis C & STI programs	Needle and syringe programs	Other communicable disease control	Total
Expenditure	3,218,350	735,800	6,254,330	10,208,480

Note: Central overhead expenses not included.

Selected health promotion activities

Total expenditure for *Selected health promotion activities* by DHS in 1998–99 was \$17.8m (see Table 9.1). This was 28% of total core public health expenditure.

Within South Australia, health promotion is coordinated by Health Promotion SA (part of DHS). Health Promotion SA brings together Living Health, which was previously a separate government authority, and the Health Promotion Unit of the department. This new unit, formed in September 1998, provides leadership and aims to develop a whole-of-government approach to health promotion in South Australia.

Health Promotion SA undertakes programs aimed at mental health, heart health, smoking, schools, workplaces, hospitals, local government, the elderly, farm safety and gambling. The

Living Health Budget includes sponsorship of the Asthma Foundation, Mental Health Project, Nutrition Project, Community Projects, Anti-Smoking Initiative (\$1,400,000), and Skin Cancer and Alcohol Abuse programs.

Significant expenditure for this category was reported for many cost centres including the metropolitan community health services, the Drug and Alcohol Services Council (via the Alcohol and Drug Information Service), the Child Health Development Foundation and Women’s Health Statewide. The Adelaide Central Community Health Service and the Northern Metropolitan Community Health Service identified health promotion activities throughout all programs. The budgets for these community health services do not maintain separate costing for programs; therefore, figures were calculated as an estimate of worker time spent on health promotion.

Immunisation

Total expenditure for *Immunisation* by DHS in 1998–99 was \$8.5m, which is 13% of its total core public health expenditure.

Expenditure for Childhood immunisation

Expenditure in this category includes the cost of purchasing and administering immunisation within SA. The SA Immunisation Coordination Unit of the CDCB, which coordinates the purchase, distribution, packaging and reporting of vaccines for the State, reported the bulk of the expenditure for South Australia in this category. Other significant expenditure for this category within CDCB included specialist support, research activities and administration.

Other expenditure was recorded against the major health units, Child and Youth Health, community health services and the Royal District Nursing Services of SA Inc.

Expenditure for Pneumococcal and influenza immunisation

The majority of expenditure for this category was for staff vaccinations and the cost of providing vaccines to ‘at-risk’ populations. Expenditure in this category was reported by the Inner Southern Community Health Service and the Intellectual Disability Services Council, and included influenza and adult diphtheria tetanus programs for clients and staff. The SA St John Ambulance Service showed expenditure for immunisations and staff vaccinations.

All other immunisation expenditure

The major source of expenditure in this area was for the provision of staff hepatitis B vaccinations by various health services. Other sources of expenditure included Sexually Transmitted Disease Control services and the Intellectual Disability Services Council Inc.

Table 9.3: Expenditure for *Immunisation*, SA Department of Human Services, 1998–99 (\$)

Expenditure	Childhood immunisation	Pneumococcal/ influenza immunisation	Other immunisation	Total immunisation
Direct	6,389,138	1,887,273	181,459	8,457,870

Note: Central overhead expenses not included.

Environmental health

Total expenditure for *Environmental health* by DHS in 1998–99 was \$4.8m (see Table 9.1). This was 8% of total core public health expenditure. The majority of *Environmental health* expenditure in South Australia is based in the Environmental Health Branch of the department. The Branch is responsible for the assessment, correction, control and prevention of environmental factors arising from a range of chemical, microbiological and physical agents that can adversely affect health. It is also involved in the enhancement of environmental factors that can improve health. Its activities address acute and chronic hazards affecting food, water, soil and air through processes including: the development and implementation of strategies, standards, guidelines and legislation; environmental surveillance and monitoring; and the provision of advice to government agencies and the public.

Expenditure on the Port Pirie Environmental Health Centre was also part of this category. The Centre is responsible for lead abatement issues arising from smelters located in the town. This involves health promotion, screening for blood lead levels in infants and lead abatement activities in homes and the community.

Expenditure for the water environment includes environmental testing of shellfish growing areas and management of algal blooms.

Other areas where major expenditure occurs in the *Environmental health* category are in monitoring contaminated sites and water quality testing.

The Radiation Protection Branch of DHS has responsibilities in the surveillance and management of radiation risks. It is responsible for protecting South Australians from the harmful effects of radiation by controlling activities related to radioactive substances and apparatus, which produce ionising or non-ionising radiation.

Food standards and hygiene

Total expenditure for *Food standards and hygiene* by DHS in 1998–99 was \$1.1m (see Table 9.1). This was 2% of total core public health expenditure.

Expenditure on Food standards and hygiene

In South Australia, the majority of food standards and hygiene regulation is undertaken by the Food Standards Section and Food Legislation Section within the Environmental Health Branch of DHS. The Food Standards Section is responsible for the surveillance of food products and undertakes projects related to food and nutrition. Other areas of expenditure in this category are resources, planning, legislative review and the cost of formal training for food handlers.

Due to the structure of the central organisation, costs associated with management and senior committees are divided equally between *Food standards and hygiene* and *Environmental health* categories.

Breast cancer screening

Total expenditure for *Breast cancer screening* by DHS in 1998–99 was \$6.3m (see Table 9.1). This was 10% of total core public health expenditure.

BreastScreen SA, within DHS, aims to reduce mortality and morbidity attributable to breast cancer through a free government screening mammography service to asymptomatic women in the target group on a state-wide basis.

Recurrent expenditure

All breast cancer screening done by government in South Australia is coordinated through BreastScreen SA. Other expenditure is by country health units and Aboriginal health services, mainly attributable to transportation costs.

Cervical screening

Total expenditure for *Cervical screening* by the Department of Human Services in 1998–99 was \$1.8m (see Table 9.1). This was 3% of total core public health expenditure.

Cervical screening in South Australia is part of the National Cervical Screening 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. The program increases the proportion of women who are screened at appropriate intervals and promotes high-quality screening and follow-up services.

Expenditure on Cervical screening

Cervical screening is undertaken by a number of health services, with the majority of these programs funded by SA Cervix Screening, which administers the program on behalf of DHS. Areas of expenditure include central strategic planning, data management, promotion, cost of screening and reporting (public laboratory), staff wages and information literature.

All other core public health expenditure

Total expenditure for *All other core public health* by DHS in 1998–99 was \$12.5m (see Table 9.1). This was 20% of total core public health expenditure.

Expenditure was recorded in this category by a number of cost centres, including the Epidemiology Branch within DHS. The Branch incorporates the Cancer Registry, injury prevention, population health surveillance and studies, clinical epidemiology, pregnancy and health outcomes, diabetes clearing-house, and health statistics. The AIDS Council of SA also reported some expenditure in this category. The Therapeutic Goods Section of DHS reported public health expenditure in processing poisons and pest control licences and dealing with contaminated land issues. Expenditure was also reported in this category by the methadone program, which provides the prescription and administration of methadone to clients. The aim of this program is to provide assistance in reducing or abstaining from the use of illicit opioids. The Independent Living Centre promotes independent living for people with a psychiatric disability. The Centre's budget is included in this category due to its significant mental health and 'quality of life' components.

Public health related activities expenditure

Two areas reported 'Public health related activities' expenditure.

The Office of the Public Advocate is funded by DHS and undertakes a general advocacy role on behalf of people with a psychiatric disability, including the provision of information regarding the Mental Health Act. Although this activity is not part of core public health, it incorporates public health advocacy and communication.

A small cost was noted for dog control (de-sexing and vaccination) by the Pika Wiya Health Service, an Aboriginal health service in the far north of the State. It is included as a non-core public health measure due to the diseases that dogs spread in remote Aboriginal communities.

Public health expenditure in other State Government departments

The South Australian collection of core public expenditure included government departments other than DHS. These departments also fund and undertake public health activities. This information is presented separately, as most other jurisdictions did not collect these data in Stage 2.

Department of Correctional Services

The Department of Correctional Services reported on a number of public health categories, including *Cervical screening*, *Immunisation* and *All other core public health*, which included a methadone program run by this department. The amount of expenditure was estimated, as the information is not collected routinely in this way.

Department of the Premier and Cabinet

The Department of the Premier and Cabinet reported expenditure in *Selected health promotion activities*, which involved funding for the Men's Contact and Resource Centre for the maintenance of services for disadvantaged men.

Department of Primary Industries and Resources

This department plays a major role in the provision of public health. Their activities are summarised here:

- Primary Production Processing Standard – Includes advice to operators on food handling and safety, and aid in developing industry's role in maintaining food quality (*Food standards and hygiene*).
- Occupational health education, such as the farm chemical users course (*All other core public health*).
- Animal health surveillance and control – Surveillance and control of specific animal diseases of public health importance where the affected animal products are intended for human consumption (*Food standards and hygiene*).
- Management of compliance for the Primary Production Processing Standard through the enforcement of the Meat Hygiene Act and the accreditation of meat processing facilities and also by the testing of milk and dairy products (*Food standards and hygiene*).
- Regulatory control of agricultural and veterinary chemicals. This includes the monitoring of chemicals in foods and fibres. Although the primary rationale is not human health, health and injury risk to handlers is considerable (*All other core public health*).
- Monitoring which includes environmental testing of shellfish growing areas and the management of algal blooms. Management of potential public health risks associated with widespread fish kills through the public health disaster management plan (*Environmental health*).

Environment Protection Authority

Expenditure on public health by this department is in the area of *Environmental health* via the development and enforcement of environment protection policies, monitoring of contaminated sites, water quality, and air and noise pollution.

Office for Recreation and Sport

This department reported expenditure in the *Selected health promotion activities* category via the funding of sports programs with health promotion messages.

Work Cover Corporation

Work Cover reported expenditure against *Selected health promotion activities for injury prevention* activity through the provision of information, advice and support to workers. The whole of Work Cover's budget has been included here since the main purpose of the organisation is to promote health and injury prevention in the workplace.

Australian Red Cross

The Australian Red Cross is an NGO which is funded by the State (60%) and the Commonwealth (40%). It has a significant role in the screening of blood products for communicable diseases. As the main aim of screening is to provide a safe blood supply so that the spread of blood communicable diseases is prevented, it can be argued that this cost is a public health activity. It can also be argued that this testing is a necessary part of ensuring that blood products are not dangerous, and so is a compliance cost. Compliance costs are not included in the National Public Health Expenditure Collection.

Expenditure for the testing of blood products for HIV/AIDS and hepatitis C and for staff immunisation, which includes hepatitis B staff vaccination, was recorded. Also included was the cost involved in the training of food handlers working in the donors' cafeteria.

Expenditure reported by the organisation for the Therapeutic Goods Administration Licence Audit costs, general quality control and cost of compliance was not included.

The total expenditure by the Australian Red Cross for public health was \$1,652,848.

Table 9.4 shows the totals reported by all the other State Government departments on core public health activities.

Table 9.4: Expenditure for core public health by other (non-health) government departments, for South Australia, 1998-99 (\$)

Public health category/sub-category	Amount (\$)
HIV/AIDS	1,747,566
Needle and syringe programs	—
Other communicable disease control	31,500
Health promotion	12,623,505
Childhood immunisation	500
Pneumococcal and influenza immunisation	2,835
All other immunisation	3,113
Environmental health	1,193,704
Food standards and hygiene	738,677
Breast cancer screening	—
Cervical screening	—
All other core public health	759,336
Total core public health	17,100,736
Public health related activities	646,303

10 Public health expenditure by the Tasmanian Department of Health and Human Services

10.1 Introduction

In Tasmania, the Department of Health and Human Services (DHHS) is involved in a wide range of population based health activities that support the promotion and protection of the health and wellbeing of Tasmanians. Generally, the State’s public health activities comprise monitoring and implementing legislative requirements, whilst actual service provision occurs at the local government level. The Department’s public health role incorporates monitoring quality and performance, development of public health policy and provision of advice to other levels of government and the community, as well as surveillance of social, economic and environmental health indicators.

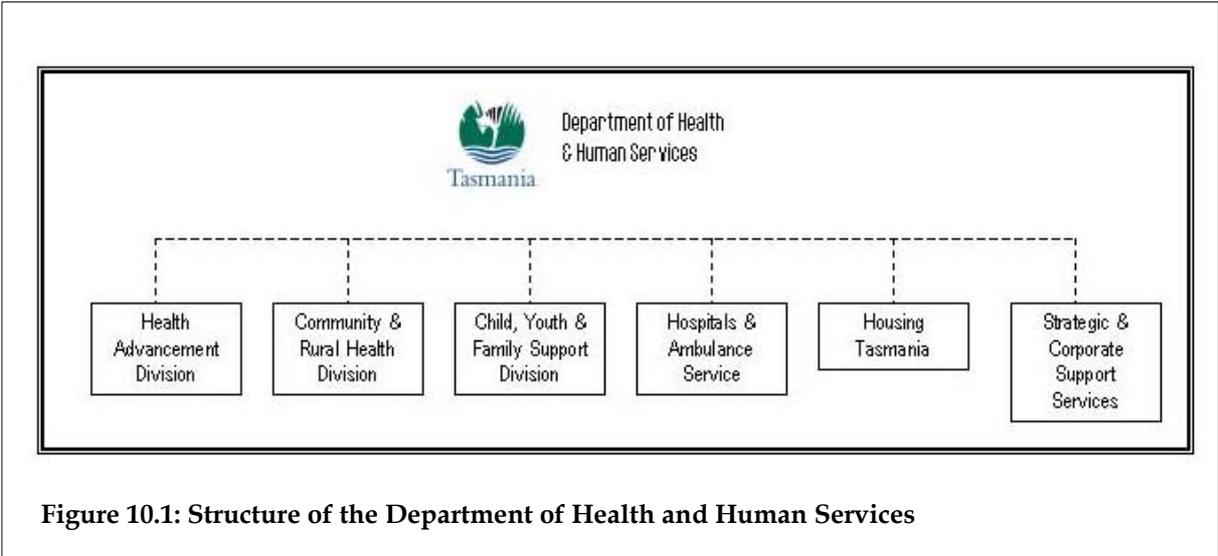
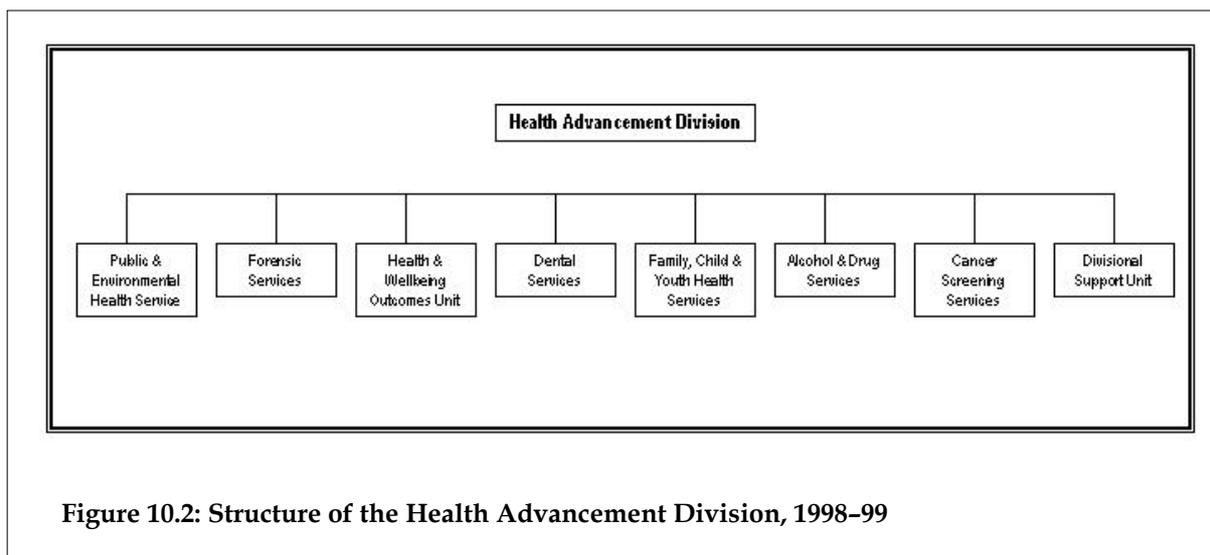


Figure 10.1: Structure of the Department of Health and Human Services

The Health Advancement Division is the main administrative unit for public health activities in DHHS. However, other DHHS divisions, as well as other State Government departments and local government jurisdictions, also provide a range of public health services, which are not included in this phase of data collection.



The key areas of the Health Advancement Division that provide public health outputs according to the criteria for this stage of data collection for the NPHEP are:

- The Public and Environmental Health Service that incorporates areas such as communicable disease, sexual health, food and water safety, pharmaceutical services and radiation monitoring.
- The Health and Wellbeing Outcomes Unit that analyses population health and wellbeing among specifically targeted population groups such as young people, men and women as specific groups, Aboriginal and Torres Strait Islanders, migrants and the elderly. The Unit also provides policy and planning advice in these areas.
- Alcohol and Drug Services, which supply services, information and support to people with substance abuse problems and their families, together with preventive community education.
- Cancer Screening and Control Services that provide breast and cervical cancer screening and prevention programs.

Tasmania's Stage 2 involvement in the NPHEP has specifically focused on the above output areas for this project stage, in order to develop a systematic basis from which to develop wider data collection mechanisms for Stage 3.

10.2 Data collection methodology

The DHHS uses a centralised financial reporting system. Financial data for this report were assimilated from the Department's main financial data collection by matching DHHS cost centres to public health categories, as far as possible. However, as departmental finance data are administratively focused rather than activity-directed, data collection according to NPHEP guidelines was problematic. For example, some aspects of Tasmania's needle and syringe programs are delivered as part of sexual health related services. Therefore, some administrative expenses are costed, and accounted for, under sexual health based expenditure and not as separate or specific activities. Hence delineation between these two types of activity was difficult, and the expenditure estimates presented in this section may not be a true reflection of actual expenditure on these activities.

The data supplied for Tasmania should be interpreted with the following caveats:

- The data supplied for Tasmania are from cash based accounting systems.
- Public health expenditure associated with community health or child health centres has not been included in these estimates.
- Expenditure by local government is not included.
- Expenditure estimates are total expenditure, not net expenditure.
- Program-wide and corporate overheads have been allocated proportionately across NPHEP categories and may not reflect actual indirect expenditure.
- Costs per person are based on total number of persons residing in Tasmania.

10.3 Overview of results

The total expenditure on core public health by DHHS for 1998–99 was estimated at \$15.33m using the agreed categories. Of this total, \$12.6m was direct public health expenditure, and \$1.9m could be attributed to program-wide expenses, such as information systems, and policy and legislation development within the Health Advancement Division. A further \$0.7m was estimated for corporate overheads, which is a proportion of the total departmental expenditure on centralised corporate services such as human resources, finance and executive services.

Table 10.1 summarises the total core public health expenditure by DHHS for 1998–99. It provides a breakdown of national public health categories to illustrate direct expenditure on services, and program-wide and corporate overheads.

Table 10.1: Expenditure for total core public health, Tasmanian Department of Health and Human Services, 1998–99

Category	Direct expenditure	Program-wide & overhead expenditure	Total	Proportion
	\$	\$	\$	%
Communicable disease	906,714	171,955	1,078,669	7.04
Selected health promotion	1,267,044	240,291	1,507,335	9.83
Immunisation	1,743,524	330,653	2,074,177	13.53
Environmental health	1,241,104	497,805	1,738,909	11.34
Food standards & hygiene	152,660	61,232	213,892	1.39
Breast cancer screening	2,512,671	476,520	2,989,191	19.50
Cervical screening	479,174	90,874	570,048	3.72
All other core public health	4,336,398	822,383	5,158,781	33.65
Total	12,639,289	2,691,713	15,331,002	100.00

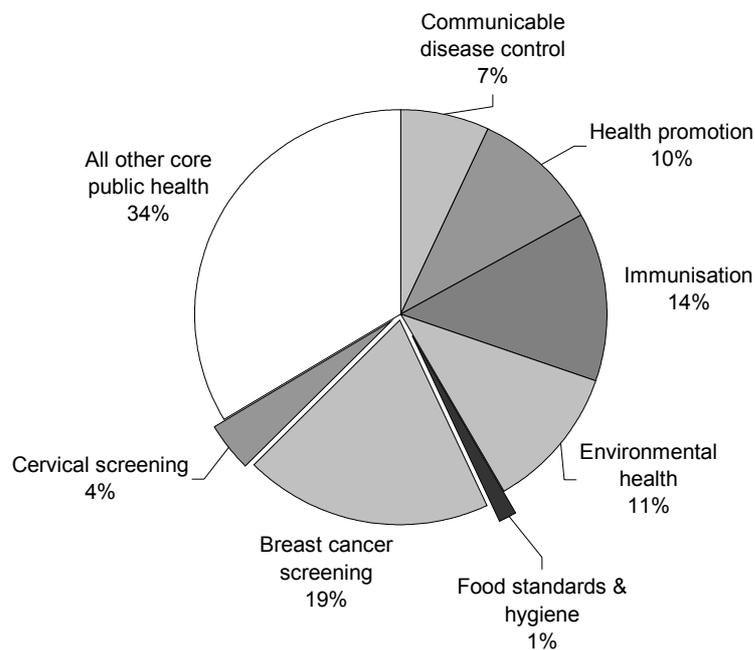


Figure 10.3: Tasmanian core public health expenditure by category

10.4 Public health expenditure by categories

Communicable disease control

Total expenditure for *Communicable disease control* by DHHS in 1998–99 was \$1,078,669. This was 7% of total core public health expenditure. Total expenditure for *Communicable disease control* consisted of \$906,714 for direct expenditure and \$171,955 for corporate expenditure and program-wide allocations.

HIV/AIDS, hepatitis C and sexually transmitted infection programs

Expenditure in this category occurred mainly in the areas of education, prevention and administration. The Public and Environmental Health Service's Sexual Health Branch administered this expenditure.

Needle and syringe program

Expenditure in this area comprised funding of the Tasmanian AIDS Council and a new policy initiative. The needle and syringe program includes a one-off \$70,000 expenditure.

Other communicable disease control

Surveillance and contact tracing of notifiable diseases provided the main expenditure in this area. The Public and Environmental Health Service's Environmental Health Branch administered this expenditure.

Table 10.2: Expenditure for *Communicable disease control*, Tasmanian Department of Health and Human Services, 1998–99 (\$)

Expenditure	HIV/AIDS, hep. C and STI programs	Needle and syringe programs	Other communicable disease control	Total communicable disease control
Direct	570,714	220,000	116,000	906,714
Program-wide functions	76,320	29,420	15,512	121,252
Overheads	31,914	12,302	6,487	50,703
Total	678,948	261,722	137,999	1,078,669

Selected health promotion activities

Total expenditure for *Selected health promotion activities* by DHHS in 1998–99 was \$1.5m. This was 10% of total core public health expenditure.

Total expenditure for *Selected health promotion activities* consisted of \$1,267,044 for direct expenditure and \$240,291 for corporate expenditure and program-wide allocations.

Expenditure in this category was allocated to the areas of tobacco control, child safety and youth suicide. Healthy ageing was also included here as a significant area of expenditure for the International Year of Older Persons. The main areas of expenditure for health promotion include women's health, tobacco control, injury prevention, and national youth suicide prevention.

Table 10.3: Expenditure for *Selected health promotion activities*, Tasmanian Department of Health and Human Services, 1998–99 (\$)

Expenditure	Selected health promotion activities
Direct	1,267,044
Program-wide functions	169,439
Overheads	70,852
Total	1,507,335

Immunisation

Total expenditure for *Immunisation* provided by DHHS in 1998–99 was \$2.1m. This was 13.5% of total core public health expenditure.

Total expenditure for *Immunisation* consisted of \$1,743,524 for direct expenditure and \$330,653 for corporate expenditure and program-wide allocations.

Expenditure on *Childhood immunisation*

Expenditure for *Childhood immunisation* was reported in the following areas: DTPA (Vaccine Booster), Haemophilus influenzae type b, Triple Antigen, 2nd Dose MMR, ACIR, Vaccination Program, Polio and ADT.

Expenditure on *Pneumococcal and influenza immunisation*

The influenza vaccine program for people aged 65 and over was a major component of expenditure in this area, as was the National Indigenous Pneumococcal and Influenza Program.

Expenditure on *Other organised immunisation*

The main expenditure for this category was for the Enhanced Measles Control Program. This was a one-off expenditure.

Table 10.4: Expenditure for *Immunisation*, Tasmanian Department of Health and Human Services, 1998–99 (\$)

Expenditure	Childhood immunisation	Pneumococcal immunisation	Influenza immunisation	Total immunisation
Direct	860,607	411,443	471,474	1,743,524
Program-wide functions	115,087	55,021	63,049	233,157
Overheads	48,124	23,008	26,364	97,496
Total	1,023,818	489,472	560,887	2,074,177

Environmental health

Expenditure on *Environmental health*

Major expenditure in this category was performance monitoring of water quality – for example, fluoridation and contamination, and supervising Legionella and radiation safety.

Total expenditure for *Environmental health* by DHHS in 1998–99 was \$1.7m. This was 11% of total core public health expenditure.

Total expenditure for *Environmental health* consisted of \$1,241,104 for direct expenditure and \$497,805 for corporate expenditure and program-wide allocations.

Table 10.5: Expenditure for *Environmental health*, Tasmanian Department of Health and Human Services, 1998–99 (\$)

Expenditure	Environmental health
Direct	1,241,104
Program-wide functions	428,404
Overheads	69,401
Total	1,738,909

Food standards and hygiene

The Public and Environmental Health Service's Environmental Health Branch recorded expenditure on *Food standards and hygiene*.

Total expenditure for *Food standards and hygiene* by DHHS in 1998–99 was \$213,892. This was 1% of total core public health expenditure.

Total expenditure for *Food standards and hygiene* consisted of \$152,660 for direct expenditure and \$61,232 for corporate expenditure and program-wide allocations.

Table 10.6: Expenditure for *Food standards and hygiene*, Tasmanian Department of Health and Human Services, 1998–99 (\$)

Expenditure	Food standards and hygiene
Direct	152,660
Program-wide functions	52,695
Overheads	8,537
Total	213,892

Breast cancer screening

Total expenditure for *Breast cancer screening* by DHHS in 1998–99 was \$3m. This was 20% of total core public health expenditure.

Total expenditure for *Breast cancer screening* consisted of \$2,512,671 for direct expenditure and \$476,519 for corporate expenditure and program-wide allocations.

Activities for breast cancer screening were conducted by the BreastScreen program throughout Tasmania, which included a mobile unit and other offices. Some of the expenditure in this category was for services for screening and assessment, training and data management.

Table 10.7: Expenditure for *Breast cancer screening*, Tasmanian Department of Health and Human Services, 1998–99 (\$)

Expenditure	Breast cancer screening
Direct	2,512,671
Program-wide functions	336,013
Overheads	140,506
Total	2,989,190

Cervical screening

Total expenditure for *Cervical screening* by the Department of Health and Human Services in 1998–99 was \$570,048. This was 4% of total core public health expenditure.

Total expenditure for *Cervical screening* consisted of \$479,174 for direct expenditure and \$90,874 for corporate expenditure and program-wide allocations.

Major areas of expenditure for *Cervical screening* were the maintenance of the cytology register, unit coordination, education, promotion and recruitment. There were other areas of expenditure reported in this category for quality assurance and special screening services.

Table 10.8: Expenditure for *Cervical screening*, Tasmanian Department of Health and Human Services, 1998–99 (\$)

Expenditure	Cervical screening
Direct	479,174
Program-wide functions	64,079
Overheads	26,795
Total	570,048

All other core public health expenditure

Total expenditure for *All other core public health* by DHHS in 1998–99 was \$5.2m. This was 34% of total core public health expenditure.

Total expenditure for *All other core public health* consisted of \$4,336,398 for direct expenditure and \$822,383 for corporate expenditure and program-wide allocations.

Total revenue reported for this category was \$7,276.

This section includes other public health activities not covered in the previous core public health categories, but considered core public health activities in Tasmania. It includes public health activities and public health funding to non-DHHS service providers, supported by the Health Advancement Division.

Other core public health activities include a number of major functions performed by DHHS. These include:

- administration of compliance measures with regards to regulations governing narcotics and other drugs;
- education, training and support of people with substance abuse problems;
- tobacco regulation; and
- breast-feeding support programs.

Table 10.9: Expenditure on *All other core public health*, Tasmanian Department of Health and Human Services, 1998–99 (\$)

Expenditure	All other core public health
Direct	4,336,398
Program-wide functions	579,896
Overheads	242,487
Total	5,158,781

The expenditure data by DHHS in 1998–99 reflect the trial status of this phase in data collection. The public health expenditure figures for Tasmania do not include data for public health activities conducted by other areas of DHHS, notably the Community and Rural Health and Housing Divisions. These programs supply public health services that are difficult to quantify with respect to the NPHEP, as they are provided in conjunction with other health programs that are focused on different functional outcomes. For example, community based nursing is functionally directed towards improving community health outcomes. However, a number of activities performed by community nurses reflect public health initiatives, such as advice on immunisation, personal hygiene, nutrition and injury prevention. These initiatives are defined as public health activities but form only part of broader services provided within a different strategic framework. Estimates on expenditure in these areas will be targeted in Stage 3 of the NPHEP, which will collect expenditure data for 1999–00.