

Appendix A: Technical notes

Public health activity definitions

Table A1: Definitions of core public health activities used to compile *Public health expenditure in Australia, 2007–08*

Public health activity category	Definition
Communicable disease control	<p>This category includes all activities associated with the development and implementation of programs to prevent the spread of communicable diseases.</p> <p>Expenditure on <i>Communicable disease control</i> is recorded using three subcategories:</p> <ul style="list-style-type: none"> • HIV/AIDS, hepatitis C and sexually transmitted infections • NSPs • Other communicable disease control. <p>The public health component of the HIV/AIDS, hepatitis C and sexually transmitted infections strategies includes all activities associated with the development and implementation of prevention and education programs to prevent the spread of HIV/AIDS, hepatitis C and sexually transmitted infections.</p>
Selected health promotion	<p>This category includes activities that are delivered on a population-wide basis that foster healthy lifestyle and a healthy social environment, and health promotion activities that address health risk factors such as sun exposure, poor nutrition and physical inactivity. The underlying criterion for the inclusion of health promotion programs within this category is that they are population health programs promoting health and wellbeing.</p> <p>The following health promotion programs delineate the boundaries for <i>Selected health promotion</i>:</p> <ul style="list-style-type: none"> • healthy settings (such as municipal health planning) • encouraging healthy weight through nutrition and physical activity • personal hygiene • mental health awareness • sun exposure and protection • injury prevention (including suicide prevention and prevention of female genital mutilation) • organised population health screening of heart disease risk factors.
Organised immunisation	<p>This category includes immunisation clinics, school immunisation programs, immunisation education, public awareness, immunisation databases and information systems.</p> <p>Expenditure on <i>Organised immunisation</i> is reported for each of the following three subcategories:</p> <ul style="list-style-type: none"> • Organised childhood immunisation as defined under the Australian Government's National Immunisation Program (see www.immunise.health.gov.au/internet/immunise/publishing.nsf/content/nips) • Organised pneumococcal and influenza immunisation • All other organised immunisation programs (excluding ad hoc or opportunistic immunisation).

(continued)

Table A1 (continued): Definition of core public health activities used to compile *Public health expenditure in Australia, 2007–08*

Public health activity category	Definition
Environmental health	This category relates to health protection education (for example safe chemical storage and water pollutants), expert advice on specific issues, development of standards, risk management and public health aspects of environmental health protection. The costs of monitoring and regulating are to be included where costs are borne by a regulatory agency and principally have a public health focus (for example, radiation safety, and pharmaceutical regulation and safety).
Food standards and hygiene	This category includes all activities relating to the development, review and implementation of food standards, regulations and legislation, as well as the testing of food by regulatory agencies.
Screening programs	This category includes all related activities for the three national population based screening programs including BreastScreen Australia, the National Cervical Screening Program and the National Bowel Cancer Screening Program
Prevention of hazardous and harmful drug use	<p>This category includes activities targeted at the general population to reduce and prevent the overuse or abuse of alcohol, tobacco, illicit and other drugs of dependence.</p> <p>Expenditure is reported for each of the following subcategories:</p> <ul style="list-style-type: none"> • Alcohol • Tobacco • Illicit and other drugs of dependence • Mixed.
Public health research	<p>The definition of research and development (R and D) is as follows (ABS 2008):</p> <p>'R and D' is defined according to the OECD standard as comprising creative work undertaken on a systematic basis in order to increase the stock of knowledge, including knowledge of man, culture and society, and the use of this stock of knowledge to devise new applications.</p> <p>An 'R and D' activity is characterised by originality. It has investigation as a primary objective, the outcome of which is new knowledge, with or without a specific application, or new or improved materials, product, devices, processes or services. 'R and D' ends when work is no longer primarily investigative.</p> <p>Thus the basic criterion for distinguishing 'R and D' from other public health activities is the presence of an appreciable element of novelty and resolution of scientific and/or technical uncertainty.</p> <p>Expenditure on general 'R and D' work relating to the running of ongoing public health programs is included under the other relevant public health activities.</p>

Jurisdictions' technical notes

Care must be exercised when comparing estimates of expenditure on public health across jurisdictions because different jurisdictions often need to direct more effort and resources to particular activities to meet needs that are of primary concern to their populations. These are sometimes determined by factors outside their control, such as their geographic location in relation to known or perceived risks to public health.

In addition, the relevance and levels of expenditure on public health activities by individual states and territories are also influenced by 'non-public health' factors, such as:

- location and population demographics (for example, age–sex structure and geographic distribution)
- relative economies of scale in the delivery of particular activities
- the need to cater for some populations who are residents of other states and territories
- the roles assigned to other agencies, such as local government authorities (LGAs), within jurisdictions.

Furthermore, while every effort has been taken to minimise differences in the methods used to estimate expenditure, there remain some methodological differences that render comparisons across jurisdictions a little problematic. These include:

- some differences arising from the different data collection processes across jurisdictions
- differences in the treatment of some overheads in the health expenditure estimates.

Role of Local Government Authorities within each jurisdiction

As stated elsewhere in this report, funding for public health activities provided by local governments is outside the scope of this project. However, the type and number of public health services funded by local governments within each jurisdiction will affect the need for similar services to be funded by higher levels of government.

For example, councils provide near half of all preschool childhood immunisations in Victoria.

While local government involvement in public health activities varies greatly between states and territories (Table A2), it is possible to recognise some functions that are common to the majority of local governments in Australia. These include waste and sanitation management, food safety, water quality control, prevention of *Legionella* disease and vector-borne disease control (NPHP 2002).

Table A2: Level of local government involvement^(a) in provision of public health activities, by jurisdiction^(b)

	NSW	Vic	Qld	WA	SA	Tas	NT
Communicable disease control	1	1	2	1	1	2	1
Selected health promotion	2	1	1	1	2	2	1
Organised immunisation	2	3	3	2	3	3	2
Environmental health	3	3	3	3	3	3	3
Food standards and hygiene	3	3	2	2	2	3	2
Screening programs	1	1	1	1	1	1	1
Prevention of hazardous and harmful drug use	2	3	2	1	1	1	1
Public health research	1	1	1	1	1	1	1
Other activities related to public health	3	3	3	3	3	3	3

(a) The level of local government involvement is denoted by a number where '1' represents little or no involvement, '2' represents minor involvement, and '3' represents major involvement.

(b) The Australian Capital Territory is a self-governing territory without local government. Traditional local government services are provided by the Territory government.

Sources: NPHP 2002, LGSA 2005, Municipal Association of Victoria 2007, Queensland Government Department of Local Government, Planning, Sport and Recreation 2007, Western Australian Local Government Association 2007, Local Government Association of South Australia 2008, Local Government Association of Tasmania 2007, Local Government Association of the Northern Territory 2008.

Method for allocating Australian Government expenditure by state/territory

In order to estimate the overall levels of public health expenditure in each state and territory, it is necessary to allocate the Australian Government funding in supporting public health programs on a state and territory basis. The Australian Government funds expenditure on public health activities through:

- the provision of SPPs to states and territories
- its own direct expenditure in supporting public health programs.

The Australian Government's SPPs can readily be allocated on a state and territory basis. Because its direct expenditures are generally not available on this basis, other methods need to be used to allocate these expenditures.

Except for the purchases of essential vaccines by the Australian Government on behalf of the state and territory governments, direct expenditure by the Australian Government has been apportioned across state and territories using population measures that directly relate to the recipients or the people that are direct beneficiaries of the expenditure. For example, direct expenditure on breast cancer screening has been split according to the relative share of specific target populations in each state and territory – in this case women aged 50–69 years. Alternatively, where the specific populations are not readily identifiable, then the total populations for each state and territory have been used (Table A3).

Table A3: Population groups used in apportioning direct expenditure by the Australia Government across state and territories

Public health activity categories	Population groups
Communicable disease control	
HIV/AIDS, hepatitis C and STIs	Total state/territory population numbers
NSPs	Total state/territory population numbers
Other communicable disease control	Total state/territory population numbers
Selected health promotion	Total state/territory population numbers
Organised immunisation	
Organised childhood immunisation	
General Practice Immunisation Incentives (GPII)	Children aged 0–9 years by state/territory
Other	Children and adolescents aged 0–19 years by state/territory
Organised pneumococcal and influenza immunisation	Adult population aged 65 and over by state/territory
All other organised immunisation	Total state/territory population numbers
Environmental health	Total state/territory population numbers
Foods standards and hygiene	Total state/territory population numbers
Screening programs	
Breast cancer screening	Females aged 50–69 years by state/territory
Cervical screening	
Medicare benefit payments	Recipients by state of location
Other expenditure	Females aged 20–69 years by state/territory
Bowel cancer screening	Adult population aged 55–64 years by state/territory
Prevention of hazardous and harmful drug use	
Alcohol	Total state/territory population numbers
Tobacco	Total state/territory population numbers
Illicit and other drugs of dependence	Total state/territory population numbers
Mixed	Total state/territory population numbers
Public health research	Total state/territory population numbers

Deflators

The real value of money is diminished over time by rises in prices (inflation). In order to measure real changes in expenditure on public health activities, it is necessary to adjust the estimates of expenditure to remove the effects of inflation. In this report, this is achieved by expressing the estimates of expenditure for all periods in terms of the purchasing power of money in 2007–08. This is referred to throughout the report as ‘expenditure as constant prices’. This has been achieved by deflating or inflating the current price expenditure estimates for all periods using the chain price indexes for government final consumption expenditure on hospitals and nursing home services derived by the ABS (Table A4).

The index used is an annually re-weighted Laspeyres chain price index and is calculated at such a detailed level that the ABS considers it equivalent to measures of pure price change. Although the index used relates primarily to consumption of hospital and nursing home services, it is heavily weighted towards health staff costs. As such it is also considered to be a reasonable indicator of price movements in relation to public health activities.

Table A4: Government final consumption expenditure on 'Hospital and nursing home services' – chain price index referenced to 2007–08

State and local hospital and nursing home services	1999–00	2000–01	2001–02	2002–03	2003–04	2004–05	2005–06	2006–07	2007–08
New South Wales	75.18	77.66	80.11	82.85	85.86	89.03	92.85	96.51	100.00
Victoria	74.56	76.99	79.49	82.29	85.53	88.94	92.77	96.38	100.00
Queensland	75.27	77.78	80.36	83.07	86.04	89.17	92.84	96.60	100.00
Western Australia	76.05	78.54	81.12	83.86	86.66	89.47	93.28	96.69	100.00
South Australia	75.39	77.86	80.18	82.85	85.81	89.00	92.95	96.43	100.00
Tasmania	75.39	78.01	80.17	83.03	85.87	88.92	92.90	96.48	100.00
Australian Capital Territory	75.24	77.76	80.24	83.38	86.58	89.59	93.11	96.73	100.00
Northern Territory	76.22	78.64	80.96	83.52	86.26	89.15	93.01	96.62	100.00
Australia	75.35	77.70	80.20	82.98	85.94	89.01	92.90	96.52	100.00

Note: These are annually re-weighted Laspeyres chain price indexes.

Source: Unpublished ABS data.

Appendix B: Other activities related to public health

Introduction

While this report focuses on expenditure and funding within eight core public health categories adopted by the National Public Health Expenditure Project there are programs and activities that either fall wholly outside the scope of this report, or have only a portion of the overall program classified as within scope for this report. But these activities and/or programs are important in understanding the context of public health activities in Australia.

In the case of the latter group of activities, only that part of the overall expenditure that has been classified as public health has been reported in the relevant chapter(s) of this report. For the former, none of the associated expenditure and funding has been included in the estimates of expenditure on public health.

These programs and activities are referred to as *other activities related to public health*. A selection is described here to provide some additional contextual information regarding expenditure on public health in Australia. They are:

- *Cervical screening*
- *Innovative Health Services for Homeless Youth*
- *Non-Government Organisation Treatment Grants Program*
- *The 45–49 year old health check program.*

Programs partially excluded from public health expenditure

Cervical screening

Chapter eight presented estimates of public health expenditure through the *National Cervical Screening Program* (see page 67). Such expenditure relates to Pap tests undertaken in respect of asymptomatic women to enable early detection of possible abnormalities in the cervix so that early medical intervention can avert the possible progression to cervical cancer.

Many of these Pap tests occur during the course of routine GP consultations or specialist consultations related to other health issues. The duration of the consultations during which the Pap tests are conducted vary, and the Pap tests themselves, on average, account for only an estimated 63% of the consultation. Therefore, only 63% of the Medicare benefits paid in respect of consultations that involve a Pap test are included in the estimates of expenditure on public health in this report. The remaining 37% of the Medicare benefits are assumed to relate to the 'non-Pap test' portion of these consultations and this is excluded from the public health expenditure estimates. That excluded portion was estimated to be \$19.8 million in 2007–08.

Innovative Health Services for Homeless Youth

The *Innovative Health Services for Homeless Youth Program* is jointly funded between the Australian Government and the state and territory governments. The aim of the program is to improve the health outcomes of homeless and otherwise at-risk youth aged 12–24 years, and their dependants, through the provision of specialised health services and improved access to mainstream health services.

The program provides funding for innovative health-related services for homeless and otherwise at-risk young people and their dependants. These include community and youth health services, services for homeless youth, health promotion, detox services, Aboriginal health services, a sexual assault centre, and a young parent's program.

While the program plays an important role in facilitating access to health services for marginalised young people, only half of the expenditure on the program was categorised as core public health and included in the estimates of expenditure on *Prevention of hazardous and harmful drug use*. The remaining half, \$1.3 million, was considered to be treatment costs and as such has not been included in the estimates of expenditure on public health activities.

Non-Government Organisation Treatment Grants Program

Under the *Non-Government Organisation (NGO) Treatment Grants Program*, the Australian Government provided \$34.2 million during 2007–08 to a range of NGOs to deliver tailored services to assist people with their drug addictions. These services include flexible family therapies and detoxification arrangements for individuals and their families who are trying to fight drug addiction. The program is also designed to meet the particular needs of young people in drug and alcohol treatment by providing additional treatment and residential places for them.

While the *NGO Treatment Grants Program* plays an important role in facilitating access to health services by marginalised young people, only half of the expenditure related to this program is categorised as core public health and is included in the expenditure for *Prevention of hazardous and harmful drug use*. The remaining half, \$17.6 million is considered to be treatment costs and as such has not been included in the estimates of expenditure on public health activities.

Programs wholly excluded from public health expenditure

The 45–49 year-old health check

The 45–49 year-old health check is part of the Australian Better Health Initiative (ABHI) announced by the COAG in February 2006. It aims to enhance the capacity of the health system to promote good health and reduce the burden of chronic disease.

A health check for individuals aged between 45 and 49 can assist these individuals to make the necessary lifestyle changes to prevent or delay the onset of chronic disease.

Eligible patients must be aged 45 to 49 years (inclusive) and at risk of developing chronic disease(s). At least one risk factor for developing a chronic disease must be identified. These include, but are not limited to:

- Lifestyle risk factors such as smoking, physical inactivity, poor nutrition or alcohol misuse
- Biomedical risk factors such as high cholesterol, high blood pressure, impaired glucose metabolism or excess weight
- Family history of a chronic disease.

The health check includes taking a patient's history and undertaking relevant examinations, making an overall assessment of the patient's health, before initiating interventions and providing advice and information to the patient – including strategies to achieve lifestyle and behaviour changes.

Appendix C: Developments in public health funding

There are developments within Australia that are relevant to the discussion of public health funding, but which fall outside of the 2007–08 timeframe on which this report focuses. For example, the new federal financial relations that began on 1 January 2009 changed the manner in which funding for government services are to be provided, including in relation to public health services.

Intergovernmental Agreement (IGA) on Federal Financial Relations

In December 2008, a new financial framework was agreed by the Council of Australian Governments. The changes in Australia's federal financial relations are aimed at improving the quality and effectiveness of government services by reducing Commonwealth prescriptions on service delivery by the states and territories, providing them with increased flexibility in the way they deliver services (COAG 2009a). The new framework, which is embodied in a single *Intergovernmental Agreement on Federal Financial Relations* between the Commonwealth and all the state and territory governments, reduced the number of payments to the states and territories from the Australian Government to five new national SPPs covering:

- Healthcare
- Schools
- Skills & Workforce Development
- Disability Services
- Affordable Housing.

The National Healthcare Agreement, which is part of the Intergovernmental Agreement, replaced the eight 2003–08 Australian Health Care Agreements between the Commonwealth and each of the state and territory governments. It affirmed that Australia's health system should:

- be shaped around the health needs of individual patients, their families and communities
- focus on the prevention of disease and injury and the maintenance of health, not simply the treatment of illness
- support an integrated approach to the promotion of healthy lifestyles, prevention of illness and injury, and diagnosis and treatment of illness across the continuum of care
- provide all Australians with timely access to quality health services based on their needs, not ability to pay, regardless of where they live in the country.

The National Healthcare Agreement specified a number of performance indicators covering the responsibilities of the Commonwealth and the state and territory governments in relation to health. These include:

- immunisation rates
- cancer screening rates
- access to GPs

- the number of mental health services
- waiting times for services
- the number of aged care assessments conducted and
- the allocation of health and aged care expenditure.

The National Healthcare Agreement indicators and the detailed specifications for them are yet to be reported. However, the analysis in chapter three may be relevant to the last indicator in the above list.

The new financial arrangements also included a new form of payment - National Partnership (NP) payments - to fund specific projects and to facilitate and/or reward states and territories that deliver on nationally-significant reforms. A NP agreement on preventative health has been established through which jurisdictions will commit to:

- support all Australians in reducing their risk of chronic disease by embedding healthy behaviours in the settings of their pre-schools, schools, workplaces and communities
- work with the food supply and the food service sectors towards offering healthy choices and minimising choices high in fat, sugar or salt, and with the sport, recreation and commercial fitness sectors in efforts towards increasing physical activity in the community
- support behavioural change with public education by placing on a sustained and adequately resourced footing the national *MeasureUP* or other agreed social marketing campaigns that will be initiated until 2010 under the ABHI, and administering this from a dedicated national preventive health agency
- similarly supporting behavioural change with a national anti-smoking campaign
- invest in the evidence base necessary for effective prevention by instituting national programs in chronic disease risk factor surveillance, translational research, evaluation, a national collaboration in eating disorders, and a workforce audit, and establishing a national preventive health agency to inform best practice.

The financial arrangements of this NP will include facilitation and incentive payments to reward performance which may total up to \$642.94 million - with the actual incentive payment funding to be decided at a later date (COAG 2009a).

Appendix D: International definitions for Public health expenditure reporting

There are international discussions currently taking place in relation to the definition of public health. The outcomes of these discussions may influence the definition of public health that future reports in this series will use.

In 2000, the OECD approved the release of its first manual outlining the standard framework to be adopted by member countries for producing comprehensive, consistent and internationally comparable accounts. The SHA manual includes guidelines to aid in classifying expenditure on prevention and public health services. These are activities that are designed to enhance the health status of the broader population, as distinct from those activities that provide curative services to individuals. An example of an activity that would be classified as 'prevention and public health services' is a measles vaccination campaign.

At the time of its release, there were a number of activities that appear to have a specific public health focus, but which could not be agreed on for inclusion in the SHA. These included expenditure on some activities with a public health focus, such as:

- monitoring the environment and of environmental control
- inspection and regulation of some industries, such as water supply.

These expenditures are reported as 'health related' activities, but are not included in the national estimates of expenditure on health.

The release of the SHA manual has led to considerable improvement in the comparability of international health accounts – particularly within the OECD member states. The SHA has also been adopted by the WHO and is gradually being implemented in reporting expenditure on health in developing economies – particularly in the Asia/Pacific region.

There is currently a proposal by the WHO to revise the SHA including making changes to the definition of 'public health and prevention'. The proposed definition covers a wider range of activities such as promoting health through environmental sanitation and the development of the social machinery to ensure standards of living that are adequate for the maintenance of good health.

Such a broadening of the definition of 'public health and prevention' may mean that, in the future, Australia could consider similarly broadening the scope used for public health expenditure reporting to include other activities that are outside the eight core public health activities used in this report but also have an impact on the health of populations.

Appendix E: Information on jurisdictional public health activities

Chapters 4-11 include selected summary information on state and territory public health activities. More detail is available in the following websites.

Communicable disease control

HIV/AIDS, hepatitis C, sexually transmitted infections

Campaign – AHMRC (NSW)

<www.health.nsw.gov.au/policies/pd/2006/PD2006_072.html>

Peer education (NSW)

<www.health.nsw.gov.au/policies/pd/2007/PD2007_093.html>

Prevention effectiveness (NSW)

<www.health.nsw.gov.au/resources/publichealth/sexualhealth/impactstatement_pdf.asp>

HIV/AIDS (VIC)

<www.health.vic.gov.au/ideas/diseases/hiv_strategy>

Hepatitis C (VIC)

<www.health.vic.gov.au/ideas/diseases/hepc_strategy>

STIs (VIC)

<www.health.vic.gov.au/ideas/home/sti-strategy>

Other (VIC)

<www.health.vic.gov.au/ideas/diseases/something_borrowed>

State Action Plan (WA)

<www.public.health.wa.gov.au/3/466/3/reports_and_pub.pm>

The Sexual Health and Blood-borne Virus Program (WA)

<www.public.health.wa.gov.au>

HIV/AIDS (SA)

<www.acsa.org.au/gmh_resources.html>

Hepatitis C (NT)

<www.health.nt.gov.au/Centre_for_Disease_Control>

STIs (NT)

<www.safesexnoregrets.nt.gov.au/>

Other (NT)

<www.ntahc.org.au/>

Needle and syringe programs

NSP (VIC)

<www.health.vic.gov.au/drugservices/services/needle.htm>

NSP (QLD)

<www.health.qld.gov.au/qnsp/pdf/QNSP_Policy.pdf> >

NSP (NT)

<www.health.nt.gov.au/Centre_for_Disease_Control>

<www.NTAHC.org.au>

Other communicable disease control

Range of notifiable infections (VIC)

<www.health.vic.gov.au/ideas>

Other communicable disease control (SA)

<www.dh.sa.gov.au/pehs/notifiable-diseases-summary/introduction-to-summary.htm>

<www.health.sa.gov.au/INFECTIONCONTROL/Default.aspx?tabid=175>

Rheumatic Heart Disease Program (NT)

<www.health.nt.gov.au/Rheumatic_Heart_Disease/index.aspx>

Illegal Fisherpersons (screening for tuberculosis) (NT)

<http://www.health.nt.gov.au/Publications/Corporate_Publications/Annual_Report_2007-2008/index.aspx>

Selected health promotion

Selected Health Promotion – Aged Care (VIC)

<www.health.vic.gov.au/agedcare/maintaining/wellforlife.htm>

<www.health.vic.gov.au/agedcare/publications/wellforlife_eval.htm>

<www.health.vic.gov.au/agedcare/maintaining/wellforlife_ph.htm>

<www.health.vic.gov.au/agedcare/downloads/wellforlife_ph_evaluation.pdf>

<www.health.vic.gov.au/agedcare/downloads/wellforlife_ph_collection_stories.pdf>

Falls Prevention (VIC)

<www.health.vic.gov.au/agedcare/maintaining/falls/index.htm>

VicHealth (VIC)

<www.vichealth.vic.gov.au/>

Kids – ‘Go for your life’ (VIC)

<www.goforyourlife.vic.gov.au/hav/articles.nsf/pracpages/Kids_Go_for_your_life?open>

VicHealth Mental Health and Wellbeing promotion. (VIC)

<www.vichealth.vic.gov.au/~media/About%20Us/Annual%20Report/Attachments/AnnualReport_WEB.ashx>

Skin cancer prevention (QLD)

<www.health.qld.gov.au/qphf/documents/qld_sun_strat_plan.pdf>

<www.health.qld.gov.au/sunsafety/campaigns/radio.asp>

<www.health.qld.gov.au/sunsafety>

Injury prevention (QLD)

<www.health.qld.gov.au/chipp>

<www.health.qld.gov.au/stayonyourfeet>

<www.health.qld.gov.au/PoisonsInformationCentre/default.asp>

Go for 2&5® (WA)

<www.gofor2and5.com.au/>

Crunch&Sip® (WA)

<www.crunchandsip.com.au>

Parental Guidance Recommended (WA)

<www.cancerwa.asn.au/prevention/nutrition/pgr>

Find Thirty® (WA)

<www.findthirtyeveryday.com.au>

Mental health promotion (QLD)

<www.health.qld.gov.au/bekindtoyourmind>

NAPMH (SA)

<www.Headroom.net.au>

Mental Health Week (NT)

<<http://www.ntcoss.org.au/gallery/mental-health-week>>

Go for 2 and 5 – campaign (NT)

<www.health.nt.gov.au/Nutrition_and_Physical_Activity/Publications/index.aspx>

GoNT (NT)

<www.health.nt.gov.au/Nutrition_and_Physical_Activity/Publications/index.aspx>

Suicide prevention (NT)

<http://www.lifeline.org.au/learn_more/media_centre/media_releases/2007/nt_government_funding_supports_lifelines_role_in_central_australia>

<www.anglicare-nt.org.au/pages/Top-End-Suicide-Intervention-%26amp%3B-Awareness-Training-Project.html>

MHACA (Life Promotion activities in Central Australia. Expansion to Tennant Creek) (NT)

<www.mhaca.org.au/programsLPP.html>

Organised immunisation

Immunisation strategy (NSW)

<www.health.nsw.gov.au/pubs/2008/pdf/immun_strategy2008.pdf>

Health care worker vaccination (NSW)

<www.health.nsw.gov.au/publichealth/immunisation/ohs/>

State Vaccination Program (VIC)

<www.health.vic.gov.au/immunisation/>

Statewide School Based Vaccination Program (QLD)

<www.health.qld.gov.au/school_vaccination/>

New Arrival Refugee Immunisation program (SA)

<www.dh.sa.gov.au/pehs/publications/NARI-Immunisation-A4-Poster-2008.pdf>

Health Care Worker Immunisation program (SA)

<www.dh.sa.gov.au/pehs/Immunisation/09-P6-access-fluvacc-dh.pdf>

Environmental health

Environmental Health (NSW)

<www.health.nsw.gov.au/publichealth/environment/index.asp>

Water Fluoridation (VIC)

<www.health.vic.gov.au/environment/climate/index.htm>

Climate Change (VIC)

<www.health.vic.gov.au/environment/climate/index.htm>

Asbestos Awareness Campaign (QLD)

<www.health.qld.gov.au/asbestos/>

No Germs on Me (NT)

<www.health.nt.gov.au/Environmental_Health/No_Germs_on_Me_Campaign/index.aspx>

Food standards and hygiene

Food Safety & Hygiene (VIC)

<www.health.vic.gov.au/foodsafety/>

Introduction of the food safety supervisor requirement (QLD)

<www.health.qld.gov.au/ph/documents/ehu/33147.pdf>

<www.health.qld.gov.au/ph/documents/ehu/33262.pdf>

<www.health.qld.gov.au/ph/documents/ehu/fs_guideline.pdf>

<www.health.qld.gov.au/ph/documents/ehu/qhfss_crtransmatrix.pdf>

Requirement for high risk food handling activities and food safety programs (QLD)

<www.health.qld.gov.au/ph/documents/ehu/food_safety_programs.pdf>

<www.health.qld.gov.au/ph/documents/ehu/30373.pdf>

<www.health.qld.gov.au/ph/documents/ehu/33320.pdf>

<www.health.qld.gov.au/ph/documents/ehu/child_care_fsp.pdf>

Queensland Health approval of auditors from Population Health Units, Local Governments and industry to undertake the auditing of food safety programs (QLD)

<www.health.qld.gov.au/ph/ehu/auditors.asp>

<www.health.qld.gov.au/ph/documents/ehu/food_auditor_fs.pdf>

<www.health.qld.gov.au/ph/documents/ehu/food_codeconduct.pdf>

Food standards compliance surveys (SA)

<www.health.sa.gov.au/pehs>

Food Sampling (NT)

<www.health.nt.gov.au/Environmental_Health/Food_Safety/index.aspx>

Screening programs

Breast cancer screening

<www.cancerscreening.gov.au/>

Breast screening (VIC)

<www.breastscreen.org.au/>

Cervical screening

Campaign (NSW)

<www.cancerinstitute.org.au/cancer_inst/publications/pdfs/ir-2008-01_annualreport2008.pdf>

Victorian Cytology Services (VIC)

<www.vcs.org.au/>

<vccr.org/>

PapScreen Victoria (VIC)

<www.papscreen.org.au/>

<www.papscreen.org.au/browse.asp?ContainerID=d2>

Mobile Women's Health Service (QLD)

<www.health.qld.gov.au/cervicalscreening/women/mobile.asp>

Queensland Cervical Screening Program (QCSP) (QLD)

<www.health.qld.gov.au/cervicalscreening/women/register.asp>

Cervical screening (WA)

<www.health.wa.gov.au/cervical>

Cervical screening (SA)

<www.health.sa.gov.au/pehs/cervix-screening-index.htm>

Cervical screening (NT)

<www.health.nt.gov.au/Womens_Health/index.aspx>

Prevention of hazardous and harmful drug use

Alcohol

Community Drug Action Teams (NSW)

<www.communitybuilders.nsw.gov.au/drugs_action/>

Controlled Drinking Program (NSW)

<www.acar.net.au/mail01.html>

Alcohol -related action plan (VIC)

<www.health.vic.gov.au/drugservices/pubs/action_plan.htm>

Alcohol -related action plan, Queensland Drug Strategy> (QLD)

<www.health.qld.gov.au/atods/documents/pdu/phstratdir_chronic.pdf>

WA Alcohol Plan 2006-2009 (WA)

<www.dao.health.wa.gov.au/SiteList/PolicyDiscussionPapers/tabid/178/Default.aspx>

Rethink Drink Alcohol Education Program (WA)

<www.rethinkdrink.com.au>

Good Sports (SA)

<www.goodsports.com.au>

Community Sector Organisations funding (TAS)

<www.den.org.au/>

Liquor Licensing Act 1990 (TAS)

<www.thelaw.tas.gov.au/tocview/index.w3p;cond=;doc_id=44%2B%2B1990%2BAT%40EN%2B20090320100000;histon=;prompt=;rec=;term>

Just like that media campaign (TAS)

<www.rstf.tas.gov.au/>

Alcohol Management Plans under the Department of Justice (NT)

<www.asb.nt.gov.au/alcohol.html>

<www.nt.gov.au/justice/alcohol.shtml>

Tobacco

Tobacco Campaign (NSW)

Tobacco Campaign (NSW)

<www.cancerinstitute.org.au/cancer_inst/publications/pdfs/ir-2008-01_annualreport2008.pdf>

Tobacco Social Marketing and Cessation Services (VIC)

<www.quit.org.au/browse.asp?ContainerID=1640>

Tobacco -related programs (WA)

<www.cancerwa.asn.au/prevention/tobacco/makesmokinghistory>

<www.smokefreebaby.org.au/>

Tobacco Control (SA)

<www.quitsa.org.au>

<www.tobaccolaws.sa.gov.au>

Media campaigns (TAS)

<www.quittas.org.au/campaigns/sponge/>

Illicit and mixed drugs programs

Community Drug Action Teams (NSW)

<www.communitybuilders.nsw.gov.au/drugs_action/>

Play Now Act Now (NSW)

<www.pnan.com.au/>

Drug Aware Amphetamine Education Campaign (WA)

<www.amphets.com.au>

Night Venues and Entertainment Events Project (NVEEP) (WA)

<www.dao.health.wa.gov.au>

Public health research

Public health research programs

Capacity Building Infrastructure Grants program (NSW)

<www.health.nsw.gov.au/ethics/research/cbigp.asp>

Core funding for Sax Institute (NSW)

<www.saxinstitute.org.au/aboutus/Ourorganisation.cfm?objid=123>

Strategic Health Research Program (SA)

Equity of bowel screening, an epidemiological and qualitative study: (SA)

<www.health.sa.gov.au/SHRP/Portals/0/SHRP%20HLE-11612%20Ward.pdf>

Psychosocial, demographic and program variables associated with bowel cancer screening (SA)

<www.health.sa.gov.au/SHRP/Portals/0/SHRP%20HLE-11632%20Cole.pdf>

Managing System and Patient Sequelae to the National Bowel Screening Program (SA)

<www.health.sa.gov.au/SHRP/Portals/0/SHRP%20HSR-11635%20Young.pdf>

Exploring resilience and coping in relation to smoking 'at risk' populations (SA)

<www.health.sa.gov.au/SHRP/Portals/0/SHRP%20ST1-9869%20Tsourtos.pdf>

Indigenous Smoking Scoping Study (SA)

<www.health.sa.gov.au/SHRP/Portals/0/Urban%20report%20Oct%202008.pdf>

Population Health Research – Chronic Disease (SA)

<www.health.sa.gov.au/pros/Default.aspx?tabid=76>

Population Health Research – Risk Factors (SA)

<www.health.sa.gov.au/pros/Default.aspx?tabid=68>

IDRS/EDRS (Illicit Drug Reporting System (IDRS) and the Ecstasy and Related Drugs Reporting System (EDRS)) (SA)

<ndarc.med.unsw.edu.au/NDARCWeb.nsf/page/Drug%20Trends>

Public health research programs (NT)

<www.health.nt.gov.au/Publications/Corporate_Publications/Annual_Report_2007-2008/index.aspx>

Menzies School of Health Research Funding (NT)

<www.menzies.edu.au>

Menzies School of Health Research also has partnerships with DHF programs funded separately. (NT)

<www.health.nt.gov.au/Publications/Corporate_Publications/Annual_Report_2007-2008/index.aspx>

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