

# 9 Expenditure by Australian Capital Territory health authorities

## 9.1 Introduction

The Australian Capital Territory (ACT) is a small self-governing Territory that is located wholly within the boundaries of the State of New South Wales. The functions of the ACT Government incorporate many that would be undertaken by either State Governments or LGAs in other jurisdictions. Its 'State-type' functions include education, health and community services, road traffic services (motor registration, driving licences, etc.), and police and corrective services. Its 'local government-type' services include, among others, sanitation services, library services and city parks maintenance. No one in the Australian Capital Territory's population of 0.3 million people resides in remote areas.

As well as providing for the needs of its own population, many of the ACT's health services cater for the needs of the surrounding regions of New South Wales. For example, as well as being the ACT's principal hospital, The Canberra Hospital is the major regional hospital serving the Far South Coast, Southern Tablelands and South-West Slopes of New South Wales.

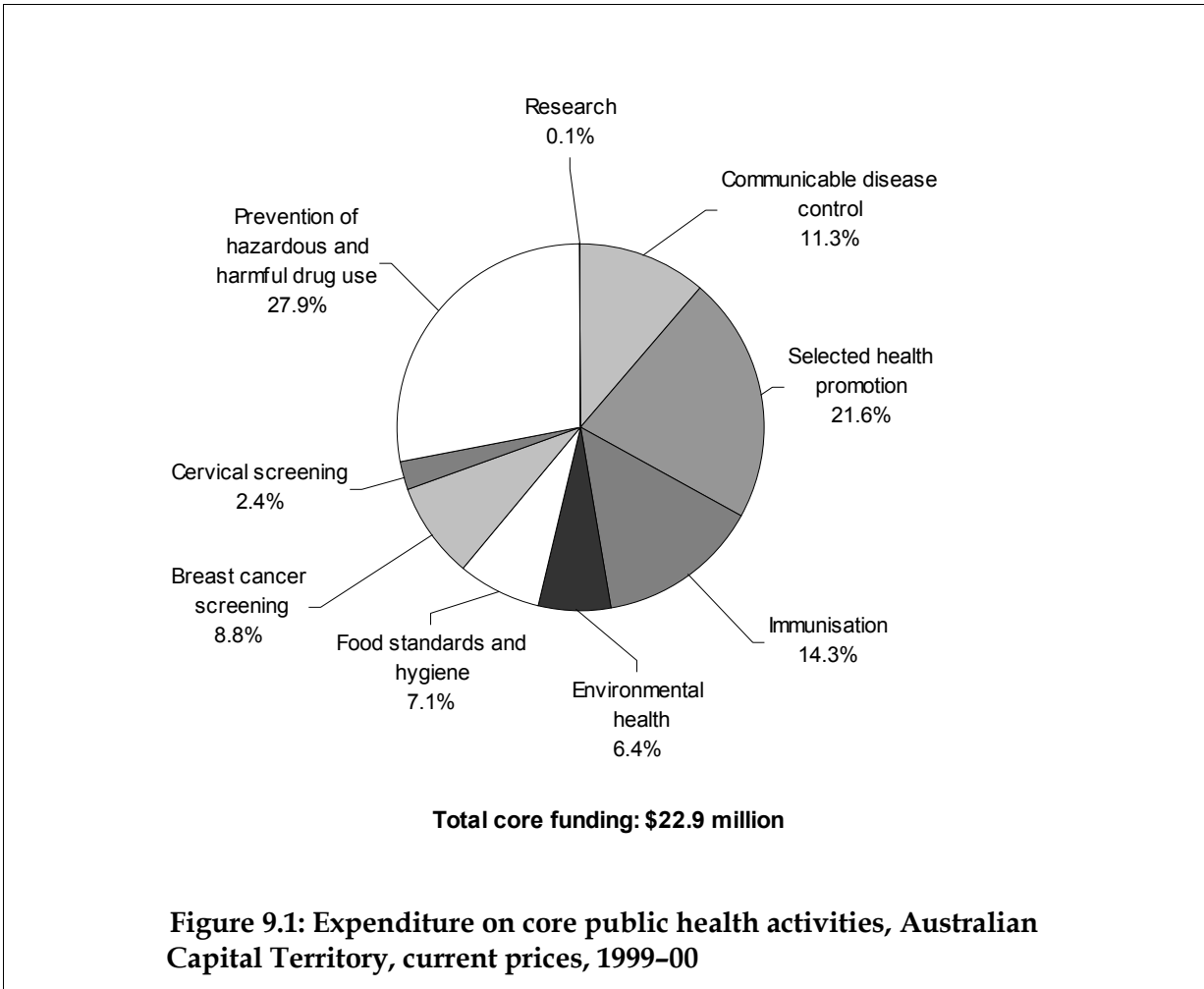
Health services within the Australian Capital Territory are the responsibility of the Department of Health and Community Care.

The department's public health role is predominantly undertaken by the Population Health Group, which is responsible for assessing population-based health outcomes, communicable disease surveillance and health protection. Some public health services are also purchased from government and non-government healthcare providers through purchase contracts. In addition, in 1995 the ACT Government created a statutory authority called Healthpact to promote health in the Australian Capital Territory community. Healthpact was joined in 1999 by the newly created Healthy City Canberra project whose aim is to work with communities to identify and prioritise health concerns, then facilitate whole-of-government and whole-of-community responses to those needs.

## 9.2 Overview of results

**Table 9.1: Expenditure on core public health activities, Australian Capital Territory, current prices, 1999-00**

Category	Total expenditure (\$'000)	Proportion of total core public health expenditure (%)
Communicable disease control	2,582.3	11.3
Selected health promotion	4,944.9	21.6
Organised immunisation	3,271.3	14.3
Environmental health	1,457.4	6.4
Food standards and hygiene	1,626.2	7.1
Breast cancer screening	2,016.8	8.8
Cervical screening	551.0	2.4
Prevention of hazardous and harmful drug use	6,382.1	27.9
Public health research	25.6	0.1
<b>Total core public health</b>	<b>22,857.7</b>	<b>100.0</b>



**Table 9.2: Expenditure on core public health activities by major cost centre, Australian Capital Territory, current prices, 1999–00 (\$'000)**

Category	Population health	Community care	Healthpact	Payments to NGOs	Overheads	Total
Communicable disease control	740.6	93.1	—	1,697.0	51.6	2,582.3
Selected health promotion	707.2	2,012.2	2,129.4	—	96.1	4,944.9
Organised immunisation	2,083.1	1,150.5	—	—	37.8	3,271.3
Environmental health	1,435.6	—	—	15.2	6.6	1,457.4
Food standards and hygiene	1,623.7	—	—	—	2.5	1,626.2
Breast cancer screening	63.6	1,903.8	—	—	49.5	2,016.8
Cervical screening	67.7	467.5	—	—	15.7	551.0
Prevention of hazardous and harmful drug use	806.8	3,403.4	—	1,777.2	394.6	6,382.1
Public health research	—	—	25.6	—	—	25.6
<b>Total</b>	<b>7,528.2</b>	<b>9,030.6</b>	<b>2,155.0</b>	<b>3,489.4</b>	<b>654.5</b>	<b>22,857.7</b>
Proportions (%)	32.9	39.5	9.4	15.3	2.9	100.0

## 9.2.1 Public health expenditure by categories

### *Communicable disease control*

Total expenditure for *Communicable disease control* by health authorities in 1999–00 was \$2.6 million (Table 9.3). This accounted for 11.3% of total core public health expenditure. The bulk of expenditure was on payments to government and NGOs for the provision of education and support services to the Australian Capital Territory community for HIV/AIDS, hepatitis C and the Needle and Syringe Program.

### *HIV/AIDS, hepatitis C and sexually transmitted infections*

Expenditure on HIV/AIDS in the Australian Capital Territory was toward providing education, support and counselling to people affected by HIV/AIDS and hepatitis C.

### *Needle and syringe programs*

Needle and syringe funding goes to both government and non-government needle and syringe outlets.

### *Other communicable disease control*

Expenditure on *Other communicable disease control* in the Australian Capital Territory was on vaccines, surveillance, outbreaks and infection control. Activities included:

- communicable disease surveillance
- investigation and management of vaccine-preventable diseases

- provision of education and advice on infection control
- inspection and licensing of premises which undertake skin penetration for practices such as piercing and tattooing.

**Table 9.3: Expenditure on *Communicable disease control*, Australian Capital Territory, current prices, 1999–00 (\$ million)**

<b>Sub-category</b>	<b>Expenditure</b>
HIV/AIDS, hepatitis C and sexually transmitted infections	1.5
Needle and syringe programs	0.4
Other communicable disease control	0.7
<b>Total</b>	<b>2.6</b>

### ***Selected health promotion***

Total expenditure for *Selected health promotion* by health authorities in 1999–00 was \$4.9 million or 21.6 % of total core public health expenditure (Table 9.1). Expenditure includes that of Healthpact, the Healthy City Canberra program and a range of educational activities undertaken by the department.

Healthpact is a statutory authority established through the *Health Promotion Act 1995* with responsibilities in the area of health promotion. The three main areas of activity are grants and sponsorships, direct health promotion, and development and training. The areas where expenditure was recorded to promote health were Smoke-free, Sun-Smart, Physical Activity, and Good Nutrition. Other areas of expenditure by Healthpact were for mental health, community wellbeing, and safe behaviours and injury prevention.

In addition to Healthpact’s activities the department also established Healthy City Canberra in 1999–00. This project conducted a successful international Healthy Cities conference, obtained World Health Organization (WHO) recognition of Canberra as a Healthy City, conducted a Healthy Schools Rewards initiative and supported the work of both major hospitals in the Australian Capital Territory toward WHO accreditation as Health Promoting Hospitals.

### ***Organised immunisation***

Total expenditure for *Organised immunisation* by health authorities was \$3.3 million (Table 9.4). This represents 14.3 % of the total core public health expenditure.

#### ***Organised childhood immunisation***

Expenditure for *Organised childhood immunisation* in the Australian Capital Territory includes:

- coordination of the ACT Immunisation Program
- providing advice and education to vaccine providers and the public
- maintaining and managing the ACT Immunisation Register
- providing data to the ACIR
- follow-up of children overdue for immunisation
- adverse events surveillance and management
- implementation of Australian Capital Territory school entry legislation.

### ***Organised pneumococcal and influenza immunisation***

Expenditure in this category was mostly in the areas of vaccinations and immunisation seminars. Pneumococcal vaccine was provided free through the National Indigenous Pneumococcal and Influenza Immunisation Program. For the second year, influenza vaccine was provided free to adults 65 years of age and over and to Indigenous Australians over 50 years of age.

**Table 9.4: Expenditure on *Organised immunisation*, Australian Capital Territory, current prices, 1999–00 (\$ million)**

<b>Sub-category</b>	<b>Expenditure</b>
Organised childhood immunisation	2.8
Organised pneumococcal and influenza immunisation	
Pneumococcal immunisation	0.1
Influenza immunisation	0.4
<b>Total</b>	<b>3.3</b>

### ***Environmental health***

Total expenditure for *Environmental health* by Australian Capital Territory health authorities in 1999–00 was \$1.5 million or 6.4% of the total core public health expenditure (Table 9.1).

Expenditure includes policy and legislation development, auditing and monitoring, and scientific services performed by the ACT Government Analytical Laboratories. Auditing and monitoring activities are carried out on:

- cooling towers and warm water systems for presence of *Legionella*
- swimming and spa pools
- accommodation facilities
- hairdressing establishments.

Scientific service activities in this category include:

- air quality monitoring
- recreational water testing for microbiological quality (lakes, streams, pools, spas)
- water quality testing
- regulatory testing of ionising radiation emitting devices (for example X-ray machines).

### ***Food standards and hygiene***

Total expenditure for *Food standards and hygiene* by Australian Capital Territory health authorities in 1999–00 was \$1.6 million (7.1% of total core public health expenditure).

Expenditure for this category includes standardisation, regulatory and safety activities including:

- food safety surveillance
- food premises fit-out approval
- food handler education
- food safety enforcement
- policy and legislation development.

Scientific safety and sampling activities undertaken by ACT Government Analytical Laboratories include:

- food testing programs for microbiological and chemical compliance and safety
- testing of complaint samples
- commercial testing of food quality and safety.

### ***Breast cancer screening***

Expenditure in this category was for breast cancer screening services and the Cancer Registry. Total expenditure for this category was \$2.0 million in 1999–00. This represents 8.8% of the total core public health expenditure (Table 9.1).

### ***Cervical screening***

Expenditure in this category was for cervical screening services and the Cancer Registry. Total expenditure in this category for 1999–00 was \$0.6 million or 2.4% of total core public health expenditure.

### ***Prevention of hazardous and harmful drug use***

Expenditure in this category is for activities targeted at the general population with the aim of reducing the over-use or abuse of alcohol, tobacco, illicit and other drugs of dependence, and mixed drugs. Expenditure on programs to control specific drugs, counselling programs and health promotion programs that target the use of these substances is included but expenditure on treatment services is not.

The total expenditure on *Prevention of hazardous and harmful drug use* was \$6.4 million in 1999–00 (Table 9.5). This represents 27.9% of the total core public health expenditure.

**Table 9.5: Expenditure on *Prevention of hazardous and harmful drug use*, Australian Capital Territory, current prices, 1999–00 (\$ million)**

<b>Sub-category</b>	<b>Expenditure</b>
Alcohol	1.9
Tobacco	0.1
Illicit and other drugs of dependence	0.9
Mixed	3.5
<b>Total</b>	<b>6.4</b>

### ***Public health research***

Expenditure on *Public health research* in the Australian Capital Territory in 1999–00 was \$25,637 (Table 9.1). This represents 0.1% of the total core public health expenditure. The need for increased attention to this category has been recognised within the department and a departmental research strategy is being developed.

## 9.3 Revision of 1998–99 data

The 1998–99 public health expenditure figures have been revised by the Australian Capital Territory and are presented below.

**Table 9.6: Expenditure on core public health activities, Australian Capital Territory, current prices, 1998–99**

<b>Category</b>	<b>1998–99<sup>(a)</sup> (\$'000)</b>
Communicable disease control	2,614.5
Selected health promotion	5,150.9
Organised immunisation	3,171.1
Environmental health	1,378.2
Food standards and hygiene	1,502.6
Breast cancer screening	1,958.2
Cervical screening	560.2
Prevention of hazardous and harmful drug use	..
Public health research	..
All other core public health	5,623.6
<b>Total core public health</b>	<b>21,959.3</b>

(a): 1998–99 expenditure figures have been revised since the publication of *National Public Health Expenditure Report 1998–99*.