

Appendices

Appendix 1: Definitions of priority core public health categories used in the 1998–99 collection

A1.1 Communicable disease control

- *HIV/AIDS, hepatitis C and sexually transmitted infection programs*
- *Needle and syringe programs* (formerly called 'Needle exchange programs')
- *Other communicable disease control.*

The public health component of the HIV/AIDS and hepatitis C strategies should include all activities associated with the development and implementation of prevention and education programs to prevent the spread of HIV/AIDS and hepatitis C. This includes those activities which aim to reduce the prevalence of sexually transmitted infections (STIs) among at-risk populations.

Public health expenditure in each sub-category should be identified. In some cases this will mean delineating between preventive expenditure and expenditure on treatment or diagnostic services. If it is not possible to delineate, it may be possible to estimate expenditure on prevention.

Expenditure on treatment or diagnostic services is not required.

HIV/AIDS, hepatitis C and sexually transmitted infection programs

Types of activities to be included:

- developing relevant policies and participating in relevant committees;
- consulting with community sector agencies regarding program priorities and delivery;
- promoting access to culturally appropriate services;
- implementing health promotion strategies aimed at increasing safe behaviour amongst at-risk populations including people living with HIV/AIDS (including through community sector agencies);
- providing sexual health services to at-risk populations to reduce prevalence of STIs, including testing for STIs (including HIV and hepatitis C), pre-test counselling for all STIs (including HIV), broad-based screening programs, and contact tracing;
- reorienting Indigenous health programs;
- minimising risk of transmission through occupational and non-occupational exposure through prophylaxis;
- supporting targeted training to ensure provision of best practice sexual health services for at-risk populations;
- surveillance;
- providing high-quality data to health professionals to improve service delivery;
- participating in initiating research to establish data to inform service provision; and

- funding to NGOs (for example, hepatitis councils, HIV/ AIDS councils).

Types of activities to be excluded:

- all activities associated with the provision of a continuum of care for people living with HIV/ AIDS and/or hepatitis C;
- counselling following diagnosis;
- treatment for sexually transmitted infections;
- specialist general practitioners for primary management of HIV/ AIDS;
- access to HIV treatments and viral load testing;
- outpatient and ambulatory services;
- dental health services;
- welfare and housing referral services;
- peer support programs;
- in-patient services;
- diagnostic services;
- mental health services including care for people with dementia;
- community and home based care services;
- palliative and respite care services;
- maternity services; and
- ensuring viability of volunteer programs through access to training and support.

Needle and syringe programs (formerly called ‘Needle exchange programs’)

Generally, needle and syringe programs aim to reduce and prevent the transmission and spread of infectious diseases to individuals and the broader community through the provision of sterile injecting and disposal equipment.

To be included:

- education and training to needle and syringe labour force;
- provision of safe injecting equipment to needle and syringe sites throughout the State, including the cost of equipment, transport, and staff to deliver the service;
- administration of the program, including identifying new needle and syringe sites, negotiating services costs, addressing public concerns, and policy development;
- negotiation with pharmacies to support needle and syringe initiatives; and
- consultation with community agencies operating needle and syringe sites.

Other communicable disease control

Types of activities to be included:

- surveillance systems, screening, recording, notification and reporting systems;
- case response, contact tracing, investigation, disease outbreak planning and management;
- policy and support services specifically related to, or within, the CDC programs;
- provision and administration of vaccines with respect to disease outbreak management;

- provision of advice, education and training;
- funding for NGOs (for instance, hepatitis councils); and
- initial counselling for those tested.

Types of activities to be excluded:

- clinical and treatment services for CDC infections (including sexually transmitted infections);
- provision and administration of vaccines for immunisation programs (see *Immunisation*);
- referral, treatment and counselling for communicable disease infections;
- staff screening programs, staff immunisation and staff education;
- infection control practices in hospitals; and
- funding to non-government agencies for the provision of treatment based programs. (If possible, this should include discrete funding for each NGO in each category and a description of known services.)

A1.2 Selected health promotion activities

This information should be confined to expenditure on designated population health programs aimed at promoting healthy lifestyles, regardless of where the activity is carried out – for example, expenditure in hospitals or in community health centres which are part of the population health program should be included.

Where population health programs have a multipurpose health message, they should be allocated to the most appropriate category depending on their main objective.

Programs administered by non-health agencies or other expenditure such as ad hoc education provided in hospitals or community health centres are not to be included.

Programs may involve the following activities:

- healthy settings;
- nutrition;
- exercise and physical activity;
- personal hygiene and obesity;
- mental health;
- sun exposure and protection;
- school health;
- suicide prevention;
- injury prevention (excluding domestic violence);
- female genital mutilation;
- drugs of dependence (including alcohol and anti-smoking programs); and
- other multi-purpose health promotion.

Types of activities to be included:

- organised population programs – for example, healthy cities;
- health promotion and life promotion officers, public health nutritionists, where they perform duties within population health programs;
- funding for health promotion councils;
- development, administration, implementation and evaluation of policy, programs, guidelines and legislation;
- development and maintenance of health promotion databases (including data collection) where they can be separated from non-public health databases; and
- health sector input to cross-sector health education.

Types of activities to be excluded (only if not part of designated population health programs):

- information programs on specific diseases;
- screening for heart disease risk factors;
- community nurse activity;
- individual counselling and health education;
- research activities (for example, injury surveys);
- compliance with safety codes;
- treatment for stress or other mental health disorders;
- sexual health (see *Communicable disease control*);
- small-scale school education, dental services and baby clinics;
- domiciliary care and home nursing services;
- staff training, occupational health and safety education; and
- other campaigns funded outside of the health sector (*please note*: these campaigns should be described but no expenditure information is necessary).

A1.3 Immunisation

Childhood immunisation

This sub-category is organised childhood immunisation, as defined by the NHMRC schedule.

Pneumococcal and influenza immunisation

This sub-category is organised pneumococcal and influenza immunisation, as defined by the NHMRC schedule.

Other immunisation

This sub-category is other organised immunisation, as defined by the NHMRC schedule.

If possible, expenditure should be provided for each of the above sub-categories. If this is not possible, an aggregate of expenditure is acceptable.

Types of activities to be included are:

- promotion, distribution, provision and administration of vaccines listed above;
- immunisation clinics and school immunisation programs;
- immunisation education and awareness;
- immunisation databases and information systems; and
- staff vaccinations, where part of an organised immunisation program.

Types of activities to be excluded are:

- immunisation on detection of illness (this would be included in the *Communicable disease control* category).

Note: Commonwealth grants associated with essential vaccines will be reported separately.

A1.4 Environmental health

The definition includes the following programs:

- vector/rodent control (for example, mosquitoes, rats, fleas, ticks and mites);
- chemical regulation (excluding drugs and poisons, therapeutic/pharmaceutical goods regulation and licensing);
- water quality control and water fluoridation;
- Legionella control;
- contaminated sites (public health aspects);
- water environment – natural (public health aspects – for example, algal blooms);
- hazardous materials management (public health aspects);
- disaster management (public health aspects);
- environmental sampling/risk assessment (public health aspects);
- radiation safety and control; and
- solid waste and waste-water management.

Types of activities to be included are:

- development, review and administration of legislation, policy and/or regulations (within programs);
- health protection education (for example, safe chemical storage, water pollutants) and expert advice on specific issues;
- response to complaints, investigation of breaches of legislation and disease outbreaks;
- environmental health/surveillance officers (training and employment);
- surveillance, inspections, investigations to maintain standards (for example, water quality testing, sampling);
- provision of professional and technical support services (for example, vector control);
- administration of relevant legislation (for example, licensing of operators);
- maintenance of related databases (for example, issuing radiation licenses, national notifications);
- regulation and management of water fluoridation;

- public health components of assessment, remediation and management of contaminated land;
- public health components of assessing land development applications;
- health aspects of emergency management and disaster response;
- environmental sampling and risk assessment; and
- control activities for vectors/rodents (for example, land fill, spraying and baiting programs) undertaken by regulatory agency.

Types of activities to be excluded are:

- cost of complying with regulations and legislation;
- hospital infection control;
- treatment for infections;
- workforce testing or monitoring;
- installation and maintenance of systems (for example, waste disposal, storm water, air-conditioning systems);
- assessment of land development applications;
- protection of water courses and National Parks;
- recycling programs;
- infectious waste control (for example, public syringe disposal units); and
- environmental health protection research (if outside *Environmental health* programs).

Note: Local government involvement/administration of the above activities will be reflected descriptively.

A1.5 Food standards and hygiene

Includes total expenditure on *Food standards and hygiene*. Qualitative information should also be provided to describe services funded by State Government agencies but administered elsewhere – for example, local government.

Types of activities to be included:

- development, review and implementation of food standards, regulations and legislation;
- surveillance (including inspections), monitoring and enforcement of food standards (including food premises registers);
- testing of food by regulatory agency;
- education such as food safety awareness campaigns (suppliers and consumers);
- training and education for food handlers (including local government); and
- education and advice on food standards/requirements (for example, for food premises).

Types of activities to be excluded:

- compliance costs of industry associated with food regulations (for example, labelling and safe food handling practices); and
- testing of food by industry.

A1.6 Breast cancer screening

An aggregate figure is acceptable. Expenditures should be complemented with descriptive information, as necessary.

Types of activities to be included:

- organised breast cancer screening programs, including coordination, provision of screens and assessment services;
- development, review and implementation of breast screening policy and program management;
- management of breast cancer/screening registers;
- funding to non-government agencies for screening services;
- education and risk awareness for women and target groups on benefit of screening; and
- initial counselling prior to mammography.

Types of activities to be excluded:

- follow-up counselling and/or treatment for those diagnosed with breast cancer;
- public health laboratory services;
- workforce development and training if conducted outside programs; and
- breast cancer research if administered outside screening programs.

Note: For the purposes of this project, *Breast cancer screening* only includes: recruitment, screen taking, screen reading and elements for service management and program management. Assessment and fine needle biopsy are interpreted as diagnostic rather than screening services.

A1.7 Cervical screening

An aggregate figure is acceptable in this category. Descriptive information should accompany each estimate – for example, the percentage of screening undertaken by general practitioners.

Types of activities to be included:

- organised cervical screening programs, including coordination, provision of screens and assessment services;
- management of cervical cancer/Pap smear registers;
- development, review and implementation of cervical screening policy and programs;
- management (monitoring and evaluation);
- education and risk awareness for women, and target groups on the benefits of screening; and
- initial counselling prior to Pap smear.

Types of activities to be excluded:

- public health workforce education and training (if administered elsewhere);
- counselling and/or treatment for diagnosed patients; and
- public health laboratory services (if administered elsewhere).

A1.8 All other core public health

This category may include, but is not limited to, the following public health activities. Please include expenditure information relating to any other public health related activity in which your organisation is involved and which is not included in the core categories listed above. An aggregate figure is acceptable for this category.

- Poisons – regulation;
- Pharmaceuticals and therapeutic goods;
- Alcohol regulation;
- Tobacco control;
- Illicit drugs/substances control (for example, methadone program);
- Quarantine;
- Public Health Orders;
- Non-population health program health promotion;
- Human remains regulation;
- Air and noise pollution control;
- Laboratory regulation and quality control services; and
- Regulation of health facilities and services.

Appendix 2: National public health revenue for jurisdictions by category

Category	NSW	Qld	WA	SA	Tas	ACT	NT
Communicable disease control	888,452	19,694	41,037	89,654	10,359	—	—
Selected health promotion	822,661	47,533	553,344	94,739	—	—	—
Immunisation	117,515	60,617	41,138	81,433	—	—	—
Environmental health	189,236	574,360	1,032,988	936,790	24,849	300,000	64,486
Food standards & hygiene	18,418	—	—	3,241	—	100,000	—
Breast cancer screening	—	22,958	—	20,088	—	9,800	—
Cervical screening	67	—	—	5,989	—	—	—
All other core public health	—	3,507	—	815,425	—	524,990	—
Total	2,036,349	728,669	1,168,507	2,047,359	35,208	934,790	64,486

Appendix 3: Estimated resident population figures for the financial year 1998–99

New South Wales	6,376,185
Victoria	4,685,196
Queensland	3,483,373
Western Australia	1,846,233
South Australia	1,489,918
Tasmania	470,946
Australian Capital Territory	308,766
Northern Territory	191,471
Australia*	18,852,352
State total	18,852,088

* Includes Jervis Bay and other Territories.

Sources: ABS Cats. 3231.0, 3101.0 June qtr 99.

Appendix 4: Technical Advisory Group (TAG) membership

A4.1 Membership

Commonwealth	Ms Wilawan Kanjanapan, Mr Peter Woodley, Mr Brian Harrison, Mr Paul Currall
NSW	Mr Jim Pearse, Ms Teresa Kresevic
Vic	Mr Guy Nicholson, Mr Bill Vassiliadis
Qld	Mr Graham Jarvis
WA	Mr Alan Philip, Mr Clive Mulroy, Mr Ian Leslie
SA	Ms Joanne Cammans, Ms Barbara Hutchins
Tas	Mr Peter Bobrowski, Mr Craig Knight, Mr Ian Jordan
ACT	Mr Simon Lalor, Mr Andrew Hewat, Mr Raju Mahen
NT	Ms Heather Moyle
AIHW	Mr John Goss, Mr Cid Mateo, Ms Robyn Kingham Edwards, Ms Angelique Jerga, Ms Lucy Tylman

A4.2 TAG meetings

TAG 1	17 February 1999	Sydney
TAG 2	24 June 1999	Sydney
TAG 3	7 October 1999	Sydney
TAG 4	30 March 2000	Hobart
TAG 5	9 June 2000	Darwin
TAG 6	21 August 2000	Adelaide
TAG 7	18-19 April 2001	Perth

A4.3 TAG Teleconferences

17 December 1999
4 May 2000
4 July 2000
30 October 2000
13 November 2000
14 February 2001