National public health expenditure report 2000–01

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Contents

List of tables viii

List of figures xiii

Preface xiv

Acknowledgments xv

Notes and symbols xvi

1 Expenditure on public health services in Australia, 2000–01 1

1.1 Background 1

1.2 Structure of report 2

1.3 Introduction 2

1.4 Summary of results 5

1.5 Government funding of public health services 5

1.6 Expenditure on core public health services 6

1.7 Expenditure by jurisdictions 8

1.8 Comparison with 1999–00 results 10

2 Expenditure by the Australian Government Health and Ageing portfolio 12

2.1 Introduction 12

2.2 Overview of results 13

2.3 Australian Government funding for individual public health activities 16

2.4 Revision of 1999–00 data 27

2.5 Comparison of 2000–01 with revised 1999–00 estimates 29

3 Expenditure by New South Wales health authorities 33

3.1 Introduction 33

3.2 Overview of results 33

3.3 Revision of 1999–00 data 35

3.4 Comparison with 1999–00 results 35

3.5 Expenditure on public health activities 37

4 Expenditure by Victorian health authorities 41

4.1 Introduction 41

4.2 Overview of results 41

4.3 Comparison with 1999–00 results....43
4.4 Expenditure on public health activities....44
5 Expenditure by Queensland Health....51
5.1 Introduction....51
5.2 Overview of results....51
5.3 Revision of 1999–00 data....53
5.4 Comparison with 1999–00 results....53
5.5 Expenditure on public health activities....55
6 Expenditure by Western Australian Health....63
6.1 Introduction....63
6.2 Overview of results....63
6.3 Revision of 1999–00 data....65
6.4 Comparison with 1999–00 results....65
6.5 Expenditure on public health activities....67
7 Expenditure by South Australian Department of Human Services....71
7.1 Introduction....71
7.2 Overview of results....71
7.3 Comparison with 1999–00 results....73
7.4 Expenditure on public health activities....74
7.5 Public health expenditure by non-health government departments....83
8 Expenditure by Tasmanian health authorities....86
8.1 Introduction....86
8.2 Overview of results....86
8.3 Comparison with 1999–00 results....88
8.4 Expenditure on public health activities....89
9 Expenditure by Australian Capital Territory health authorities....94
9.1 Introduction....94
9.2 Overview of results....94
9.3 Comparison with 1999–00 results....96
9.4 Expenditure on public health activities....97
10 Expenditure by Northern Territory Health Services....104
10.1 Introduction....104
10.2 Overview of results....105

10.3 Comparison with 1999–00 results......106
10.4 Expenditure on public health activities......108
11 Technical notes 116
11.1 Definitions used in the 2000–01 collection 116
11.2 Deflators......127
11.3 Jurisdictions' technical notes......128
Appendix A: Additional tables......134
Appendix B: Technical Advisory Group membership details 141
Abbreviations......142
Glossary......144
References......147

List of tables

Table 1.1: National expenditure by the Australian Government and state and territory governments on public health activities, and total recurrent health expenditure (all sources), Australia, 2000–01 ($ million) 5

Table 1.2: Funding of public health expenditure by source of funds, 2000–01....6

Table 1.3: National expenditure by the Australian Government and states and territories on core public health activities, 2000–01 ($ million) 7

Table 1.4: Total expenditure incurred by the Australian Government and states and territories on core public health activities, 2000–01 ($ million) 9

Table 1.5: Total expenditure by states and territories and the Australian Government, by core public health activity, as a percentage of total public health expenditure for each jurisdiction, 2000–01 (per cent) 10

Table 1.6: National expenditure on core public health activities, constant (2000–01) prices and change between 1999–00 and 2000–01 11

Table 2.1: Total funding by the Australian Government for expenditure on public health activities, 2000–01 ($ million) 14

Table 2.2: Expenditure incurred by the Australian Government on core public health activities, 2000–01 ($ million) 15

Table 2.3: Specific purpose payments to states and territories for public health by the Australian Government Health and Ageing portfolio, 2000–01 ($ million) 15

Table 2.4: Australian Government funding of expenditure on *Communicable disease control,* 2000–01 ($ million)....17

Table 2.5: Specific purpose payments to states and territories for *Communicable disease control*, by state and territory, 2000–01 ($ million)....18

Table 2.6: Expenditure on *Selected health promotion* by the Australian Government, 2000–01 ($ million) 19

Table 2.7: Australian Government funding of expenditure on *Organised immunisation,* 2000–01 ($ million) 19

Table 2.8: Expenditure by the Australian Government on *Organised immunisation*, 2000–01 ($ million) 20

Table 2.9: Specific purpose payments to states and territories for *Organised immunisation* by the Australian Government, 2000–01 ($ million) 21

Table 2.10: Expenditure on *Environmental health* by the Australian Government, 2000–01 ($ million) 22

Table 2.11: Expenditure on *Food standards and hygiene* by the Australian Government Health and Ageing portfolio, 2000–01 ($ million) 23

Table 2.12: Expenditure on *Breast cancer screening* by the Australian Government, 2000–01 ($ million) 23

Table 2.13: Expenditure on *Cervical screening* by the Australian Government, 2000–01 ($ million) 24

Table 2.14: Australian Government funding of expenditure on *Prevention of hazardous and harmful drug use*, 2000–01 ($ million) 25

Table 2.15: Expenditure on *Prevention of hazardous and harmful drug use* by the Australian Government, 2000–01 ($ million) 26

Table 2.16: Specific purpose payments to states and territories for *Prevention of hazardous and harmful drug use* by the Australian Government, 2000–01 ($ million) 26

Table 2.17: Expenditure on *Public health research* by the Australian Government, 2000–01 ($ million) 27

Table 2.18: Expenditure on 'Public health-related activities' by the Australian Government, 2000–01 ($ million) 27

Table 2.19: Total funding by the Australian Government for expenditure on public health activities, 1999–00 ($ million) 28

Table 2.20: Expenditure incurred by the Australian Government on core public health activities, 1999–00 ($ million) 29

Table 2.21: Funding of core public health activities by the Australian Government, constant (2000–01) prices 30

Table 2.22: Expenditure on core public health activities by the Australian Government, constant (2000–01) prices 32

Table 3.1: Expenditure on core public health activities, New South Wales, 2000–01 34

Table 3 2: Expenditure on core public health activities, New South Wales, 1999–00 ($ million) 35

Table 3.3: Expenditure on core public health activities, New South Wales, constant (2000–01) prices 36

Table 3.4: Expenditure on *Communicable disease control*, New South Wales, 2000–01 ($ million) 38

Table 3.5: Expenditure on *Organised immunisation*, New South Wales, 2000–01 ($ million) 38

Table 3.6: Expenditure on *Prevention of hazardous and harmful drug use*, New South Wales, 2000–01 ($ million) 40

Table 3.7: Expenditure on 'Public health-related activities', New South Wales, 2000–01 ($ million) 40

Table 4.1: Expenditure on public health activities, Victoria, 2000–01 41

Table 4.2: Expenditure on core public health activities, Victoria, constant (2000–01) prices 44

Table 4.3: Expenditure on *Communicable disease control*, Victoria, 2000–01 ($ million) 45

Table 4.4: Expenditure on *Organised immunisation*, Victoria, 2000–01 ($ million) 47

Table 4.5: Expenditure on *Prevention of hazardous and harmful drug use*, Victoria, 2000–01 ($ million) 49

Table 5.1: Expenditure on public health activities, Queensland, 2000–01 52

Table 5.2: Expenditure on core public health activities, Queensland, 1999–00 ($ million) 53

Table 5.3: Expenditure on core public health activities, Queensland Health, constant (2000–01) prices 54

Table 5.4: Expenditure on *Communicable disease control*, Queensland, 2000–01 ($ million) ...56

Table 5.5: Expenditure on *Organised immunisation*, Queensland, 2000–01 ($ million) 57

Table 5.6: Expenditure on *Prevention of hazardous and harmful drug use*, Queensland, 2000–01 ($ million) 60

Table 5.7: Expenditure on 'Public health-related activities', Queensland, 2000–01 ($ million) 62

Table 6.1: Expenditure on core public health activities, Western Australia, 2000–01 64

Table 6.2: Expenditure on core public health activities, Western Australia, 1999–00 65

Table 6.3: Expenditure on core public health activities, Western Australia, constant (2000–01) prices 66

Table 6.4: Expenditure on *Communicable disease control*, Western Australia, 2000–01 ($ million) 67

Table 6.5: Expenditure on *Organised immunisation*, Western Australia, 2000–01 ($ million) 68

Table 6.6: Expenditure on *Prevention of hazardous and harmful drug use*, Western Australia, 2000–01 ($ million) 70

Table 7.1: Expenditure on core public health activities, South Australia, 2000–01 72

Table 7.2: Expenditure on core public health activities, South Australia, constant (2000–01) prices 73

Table 7.3: Expenditure on *Communicable disease control*, South Australia, 2000–01 ($ million) 76

Table 7.4: Expenditure on *Organised immunisation*, South Australia, 2000–01 ($ million) 77

Table 7.5: Expenditure on *Prevention of hazardous and harmful drug use*, South Australia, 2000–01 ($ million) 81

Table 7.6: Expenditure on *Public health research*, South Australia, 2000–01 ($'000) 82

Table 7.7: Expenditure on core public health activities by other (non-health) government departments and authorities, South Australia, 2000–01 ($ million) 83

Table 8.1: Expenditure on core public health activities, Tasmania, 2000–01 87

Table 8.2: Expenditure on core public health activities, Tasmania, constant (2000–01) prices 88

Table 8.3: Expenditure on *Communicable disease control*, Tasmania, 2000–01 ($ million) 90

Table 8.4: Expenditure on *Organised immunisation*, Tasmania, 2000–01 ($ million) 91

Table 8.5: Expenditure on *Prevention of hazardous and harmful drug use*, Tasmania, 2000–01 ($ million) 92

Table 9.1: Expenditure on core public health activities, Australian Capital Territory, 2000–01 95

Table 9.2: Expenditure on core public health activities, Australian Capital Territory, constant 2000–01 prices 96

Table 9.3: Expenditure on *Communicable disease control*, Australian Capital Territory, 2000–01 ($ million) 98

Table 9.4: Expenditure on *Organised immunisation*, Australian Capital Territory, 2000–01 ($ million) 100

Table 9.5: Expenditure on *Prevention of hazardous and harmful drug use*, Australian Capital Territory, 2000–01 ($ million) 103

Table 10.1: Expenditure on public health activities, Northern Territory, 2000–01 105

Table 10.2: Expenditure on core public health activities, Northern Territory, constant (2000–01) prices 107

Table 10.3: Expenditure on *Communicable disease control*, Northern Territory, 2000–01 ($ million) 109

Table 10.4: Expenditure for *Organised immunisation*, Northern Territory Health Services 2000–01, ($ million) 111

Table 10.5: Expenditure on *Prevention of hazardous and harmful drug use*, Northern Territory, 2000–01 ($ million) 115

Table 11.1: General government final consumption expenditure—chain price index referenced to 2000–01 127

Table A1: National expenditure by the Australian Government and state and territory governments on core public health activities, 1999–00 ($ million) 134

Table A2: Total funding by the Australian Government for expenditure on public health activities, 1999–00 ($ million) 135

Table A3: Expenditure incurred by the Australian Government on core public health activities, 1999–00 ($ million) 136

Table A4: Expenditure on public health activities, New South Wales, 1999–00 136

Table A5: Expenditure on public health activities, Victoria, 1999–00 137

Table A6: Expenditure on public health activities, Queensland, 1999–00 137

Table A7: Expenditure on public health activities, Western Australia, 1999–00 138

Table A8: Expenditure on public health activities, South Australia, 1999–00 138

Table A9: Expenditure on public health activities, Tasmania, 1999–00 139

Table A10: Expenditure on public health activities, Australian Capital Territory, 1999–00 139

Table A11: Expenditure on public health activities, Northern Territory, 1999–00 140

Table A12: Specific purpose payments to states and territories for public health by the Australian Government Health and Ageing portfolio, 2000–01 ($ million) 140

Table B1: Membership of the Technical Advisory Group 141

List of figures

Figure 1.1: Funding and expenditure on public health services in Australia, 2000–01……...4

Figure 1.2: Total expenditure on core public health activities, all jurisdictions, by activity, 2000–01 8

Figure 2.1: Australian Government funding of public health expenditure, 2000–01............13

Figure 2.2: Total funding of core public health activities by the Australian Government, constant (2000–01) prices 31

Figure 2.3: Total expenditure of core public health activities by the Australian Government, constant (2000–01) prices 32

Figure 3.1: Expenditure on core public health activities, New South Wales, 2000–01..........34

Figure 3.2: Expenditure on core public health activities, New South Wales, constant (2000–01) prices....................37

Figure 4.1: Expenditure on core public health activities, Victoria, 2000–01 42

Figure 4.2: Expenditure on core public health activities, Victoria, constant (2000–01) prices 44

Figure 5.1: Expenditure on core public health activities, Queensland, 2000–01 52

Figure 5.2: Expenditure on core public health activities, Queensland, constant (2000–01) prices 54

Figure 6.1: Expenditure on core public health activities, Western Australia, 2000–01 64

Figure 6.2: Expenditure on core public health activities, Western Australia, constant (2000–01) prices....................66

Figure 7.1: Expenditure on core public health activities, South Australia, 2000–01..............72

Figure 7.2: Expenditure on core public health activities, South Australia, constant (2000–01) prices....................74

Figure 8.1: Expenditure on core public health activities, Tasmania, 2000–01 87

Figure 8.2: Expenditure on core public health activities, Tasmania, constant (2000–01) prices 89

Figure 9.1: Expenditure on core public health activities, Australian Capital Territory, 2000–01 95

Figure 9.2: Expenditure on core public health activities, Australian Capital Territory, constant (2000–01) prices 97

Figure 10.1: Expenditure on core public health activities, Northern Territory, 2000–01.......106

Figure 10.2: Expenditure on core public health activities, Northern Territory, constant (2000–01) prices....................107

Preface

The funding of public health activities by governments is an important aspect of the Australian health care system. Most public health activities are aimed at preventing illness and enhancing the wellbeing and quality of life of a nation's population. That is, what is spent now on public health services is an investment that should result in fewer demands on health services, and better health for the population as a whole, over time.

This report is the third report on public health expenditure by the Australian Government, state and territory health departments.

The first report, *National Public Health Expenditure Report 1998–99*, estimated public health expenditure based on eight core public health expenditure activities.

In the second report, *National Public Health Expenditure Report 1999–00*, the number of core public health activities was expanded to nine by the inclusion of two new categories—*Prevention of hazardous and harmful drug use* and *Public health research*—and the removal of the A*ll other core public health* category. That report also included estimates of expenditure on public health-related activities by local governments and non-government organisations.

In this 2000–01 report, public health expenditure data have been collected for the same public health activities as in the 1999–00 data collection. Therefore, it is possible to make direct comparisons between expenditures in 1999–00 and 2000–01. However, there have been some revisions to the 1999–00 public health expenditure estimates published in *National Public Health Expenditure Report 1999–00*. Comparisons with 1999–00 data should, therefore, be based on the 1999–00 expenditure information provided in this publication.

An enhancement to this report is the inclusion of constant price estimates at the national, state and territory levels. The inclusion of these data enables users to make comparisons, in real terms, between reported health activity expenditures for 1999–00 and 2000–01 within each jurisdiction.

Richard Madden
Director
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Thanks are extended to the Australian, state and territory governments and members of the Technical Advisory Group (TAG). Members of the TAG have worked with the project team in providing these annual public health estimates and the supporting information on public health programs in their jurisdictions. Members of the TAG and additional contributors to this report are listed below.

In addition, thanks are extended to the individual jurisdictions for compiling the public health expenditure estimates and to the Australian Government Department of Health and Ageing for funding the Public Health Expenditure Project.

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Notes and symbols

(a) Figures in tables and the text have sometimes been rounded. Discrepancies between totals and sums of components are due to rounding.

(b) The following symbols are used in tables:

Not available	n.a.
Nil or rounded down to zero	—
Not applicable	. .

1 Expenditure on public health services in Australia, 2000–01

1.1 Background

Government-funded public health activity is an important part of the Australian health care system. Public health activities generally represent the organised response of society to protect and promote the current and future health of the whole population or of specific subgroups of the population and can be viewed as a form of investment in the overall health status of the nation.

The National Public Health Partnership (NPHP) defines public health as:

> the organised response by society to protect and promote health, and to prevent illness, injury and disability. The starting point for identifying public health issues, problems and priorities, and for designing and implementing interventions, is the population as a whole, or population subgroups (NPHP 1998).

Public health is characterised by planning and intervening for better health in populations rather than focusing on the health of the individual. These efforts are usually aimed at addressing the factors that determine health, and the causes of illness rather than its consequences, with the aim of protecting or promoting health, or preventing illness.

This is the third comprehensive report on expenditure on public health services in Australia. The first, published in 2001, covered the financial year 1998–99 and examined expenditure based on eight core public health activities. The second report, published in 2002, covered financial year 1999–00 and examined expenditure on nine core public health activities, as for this report.

When examining how much is spent on health and who provides the funds for that spending, two concepts are used—funding and expenditure. These concepts, while related, are quite distinct (see Box 1). When discussing expenditure on public health activities, it is important to include some discussion of the particular funding arrangements.

This report shows estimates of funding and expenditure by the Australian Government, but in the case of other jurisdictions only expenditure is reported. Estimates of net funding by individual states and territories can be calculated by deducting estimated funding by the Australian Government through its public health specific purpose payments to the state/territory concerned.

Box 1: Defining health funding and expenditure

Health funding

Health funding is reported on the basis of who provides the funds that are used to pay for health expenditure. In the case of public health, although states and territories incur around 70% of the total expenditure through programs for which they are primarily responsible, they provide less than half of all funding for public health from their own resources.

The Australian Government, on the other hand, as well as funding all expenditures incurred through its own programs, provides specific purpose payments to states and territories. Those payments help fund programs for which the states and territories are primarily responsible. As a consequence, the Australian Government's contribution represents around 55% of total funding of public health activities in Australia.

Health expenditure

Health expenditure is reported in terms of who incurs the expenditure, rather than who ultimately pays for that expenditure. In the case of public health services for which the states and territories are primarily responsible, all related expenditure is incurred by the state and territory governments although a considerable proportion of the funding for those expenditures is provided by the Australian Government through specific purpose payments to the states and territories for public health (most notably payments under the public health outcome funding agreements (PHOFAs)).

1.2 Structure of report

In this report, expenditure on public health services during 2000–01 is analysed for each jurisdiction (the Australian Government, previously known as the Commonwealth, and the eight state and territory governments) through a separate chapter for each.

Each jurisdiction's chapter reports expenditure against the core public health activities. Detailed information is provided about particular programs within core activities, where it is considered important in understanding the composition of expenditure. In addition, jurisdictions have provided, on a voluntary basis, further information on expenditure for public health-related activities.

Some details of the methods and concepts used in developing the public health expenditure estimates are described in 'Technical notes' (Chapter 11), which also provide information on exclusions and inclusions for each health activity. In addition, a glossary gives definitions of concepts that may not be familiar to some readers.

1.3 Introduction

The core public health expenditure activities used in the 2000–01 collection are:

- *Communicable disease control*
- *Selected health promotion*
- *Organised immunisation*
- *Environmental health*
- *Food standards and hygiene*
- *Breast cancer screening*
- *Cervical screening*

- *Prevention of hazardous and harmful drug use*
- *Public health research*.

Jurisdictions were required to report on these nine core activities. An explanation of each of these activities is provided in the 'Technical notes' (see Chapter 11, Section 11.1).

As well as the expenditure information collected under the core public health activities, most jurisdictions collected information on other activities related to public health. This information enabled the jurisdictions to report on activities that, while not falling within the agreed definition of public health activities, they were considered to be important in explaining their overall expenditure. Such expenditures are reported separately and are not included in the estimates of expenditure on public health.

Total expenditure recorded by each state and territory for the core public health activities comprises three components: activity-specific, program-wide and agency-wide expenditure (refer to 'Glossary' for details). For the Australian Government both total expenditure and specific purpose payments to the states and territories have been recorded, with funding by the Australian Government being the sum of its own expenditures and the specific purpose payments it makes to states and territories. The Australian Government's own expenditure has been separated into two components 'administered expenses' and 'departmental expenses' (refer to 'Glossary' for details). The expenditures reported for this collection include only those incurred by the key health departments and agencies of the Australian Government and the states and territories (Figure 1.1).

This report includes only that part of expenditure on core public health activities by local government authorities (LGAs) and non-government organisations (NGOs) that was covered by funding provided by state and territory and/or Australian Government health departments.

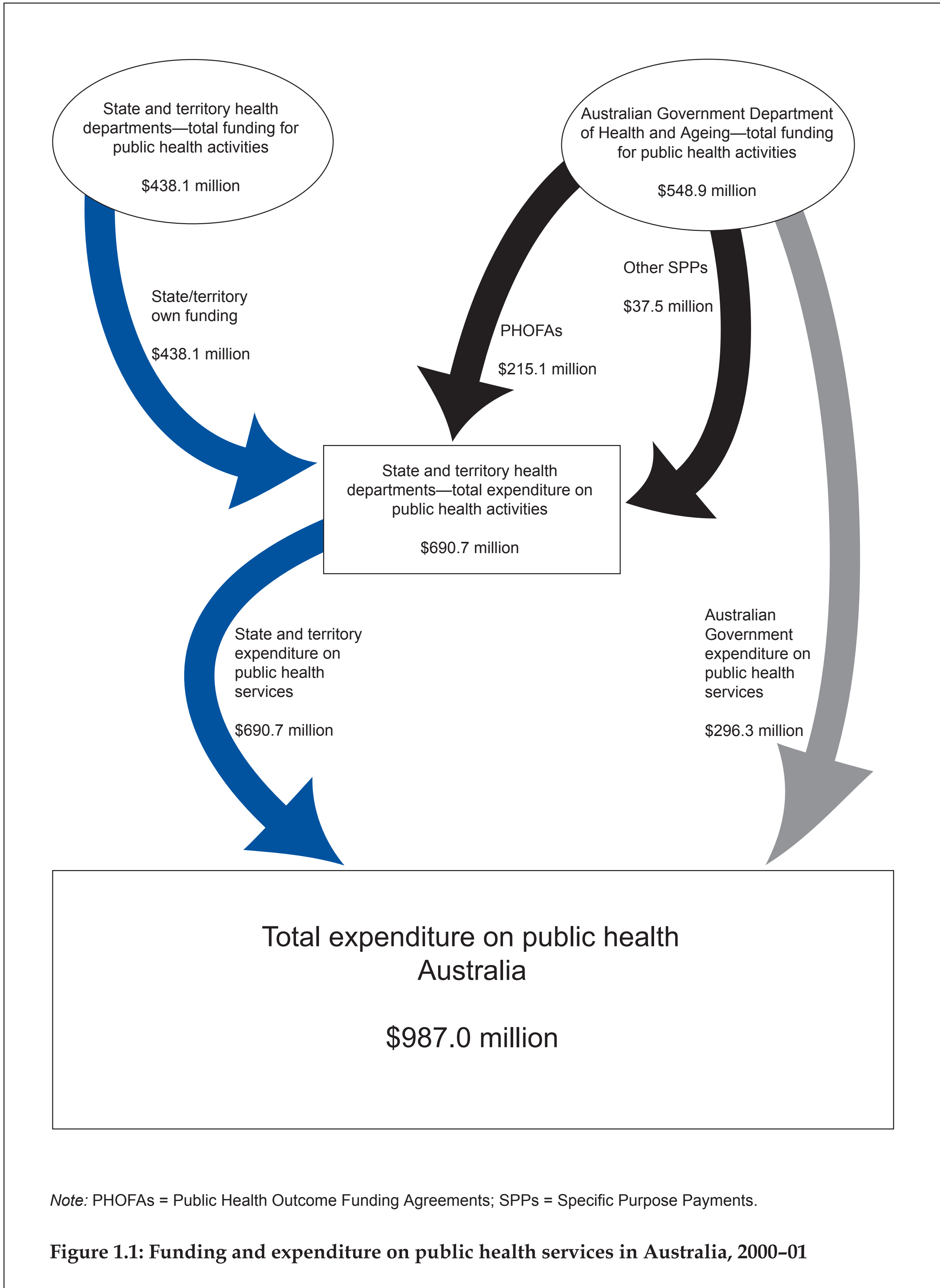
The report does not include expenditures incurred in complying with regulations within the general community, nor does it include the contribution made by households in preventing injury and illness and promoting healthy environments within the family and the larger community. These are, nonetheless, important contributions to public health.

As previously noted spending on public health is examined from two aspects:

- who incurs the expenditure (expenditure)
- who provides the funds for that expenditure (funding).

While state and territory governments are the major providers of public health services and therefore incur most of the related expenditure, the responsibility for funding those services is shared between the Australian Government and the state and territory governments.

The core public health activities used for the 2000–01 data collection are consistent with those used in the 1999–00 collection. This makes possible, for the first time, some limited comparison between estimates for 1999–00 and 2000–01.



Note: PHOFAs = Public Health Outcome Funding Agreements; SPPs = Specific Purpose Payments.

Figure 1.1: Funding and expenditure on public health services in Australia, 2000–01

1.4 Summary of results

- Total national expenditure on core public health activities during 2000–01 was estimated at $987 million. This represents 1.7% of total recurrent expenditure on all health services in Australia, which is equivalent to that in 1990–00 (Table 1.1).
- The Australian Government funded $548.9 million (55.6%) of the total expenditure. Of this, $296.3 million was spent directly by the Australian Government and $252.6 million as **specific purpose** payments to states and territories (Table 1.2).
- The state and territory governments funded $438.1 million (44.4%) of the total expenditure (Table 1.2).
- Of the total $987.0 million expenditure on core public health activities during 2000–01, the state and territory governments spent $690.7 million or 70%, and the Australian Government $296.3 million (30%) (Table 1.3).
- The four core public health activities attracting the highest levels of expenditure were (Table 1.3):
  - *Organised immunisation*—$169.0 million (17.1%)
  - *Communicable disease control*—$163.6 million (16.6%)
  - *Selected health promotion*—$155.3 million (15.7%)
  - *Prevention of hazardous and harmful drug use*—$146.2 million (14.8%).
- After allowing for inflation, real growth in public health expenditure between 1999–00 and 2000–01 was estimated at 8.0% (Table 1.6).
- In real terms, expenditure on all core public health activities increased between 1999–00 and 2000–01 except for *Breast cancer screening*, which showed a small decline (Table 1.6).

Table 1.1: National expenditure by the Australian Government and state and territory governments on public health activities, and total recurrent health expenditure (all sources), Australia, 2000–01 ($ million)

Expenditure type	1999–00	2000–01
Total core public health expenditure	884	987
Estimated recurrent health expenditure	52,389	57,297
Public health as a proportion of total recurrent health expenditure	1.7%	1.7%

Source: AIHW 2003.

1.5 Government funding of public health services

The Australian Government funded $548.9 million (55.6%) of the expenditure on public health activities during 2000–01. State and territory governments provided the balance of $438.1 million.

Over half of the Australian Government's funding ($296.3 million) was for expenditure that it incurred through public health programs or activities for which it is primarily responsible. The remaining $252.6 million was provided to states and territories by way of the specific

purpose payments (Table 1.2). Of the total Australian Government specific purpose payments to state and territories, $215.1 million or 85% was provided under the PHOFAs (Figure 2.1).

Table 1.2: Funding of public health expenditure by source of funds, 2000–01

Source of funds	Amount ($ million)	Proportion of total public health expenditure (%)
Funding by the Australian Government		
Australian Government's expenditure	296.3	30.0
Payments to the states and territories	252.6	25.6
Total Australian Government funding	*548.9*	*55.6*
Funding by the states and territories	438.1	44.4
Total funding of core public health activities	**987.0**	**100.0**

1.6 Expenditure on core public health services

Total expenditure incurred by states and territories on public health activities during 2000–01 was $690.7 million or approximately 70% of all public health expenditure (Table 1.3). The remaining 30% ($296.3 million) was expenditure incurred by the Australian Government.

At the national level, *Organised immunisation* accounted for $169.0 million or 17.1% of all expenditure on core public health activities by all jurisdictions during 2000–01 (Table 1.3) and reflected the most significant area of public health expenditure.

Other significant areas of expenditure were:

- *Communicable disease control*—$163.6 million (16.6% of total expenditure on core public health activities)
- *Selected health promotion*—$155.3 million (15.7% of total expenditure on core public health activities)
- *Prevention of hazardous and harmful drug use*—$146.2 million (14.8% of the total expenditure on core public health activities.

Table 1.3: National expenditure by the Australian Government and states and territories on core public health activities, 2000–01 ($ million)

Activity	Australian Government[(a)]	States and territories[(b)]	Total	Proportion of total core public health expenditure (%)
Communicable disease control	21.3	142.3	163.6	16.6
Selected health promotion	30.9	124.4	155.3	15.7
Organised immunisation	50.9	118.1	169.0	17.1
Environmental health	14.5	50.7	65.2	6.6
Food standards and hygiene	16.6	18.4	35.1	3.6
Breast cancer screening	3.3	92.7	96.1	9.7
Cervical screening	61.8	26.4	88.2	8.9
Prevention of hazardous and harmful drug use	41.2	105.0	146.2	14.8
Public health research	55.4	12.7	68.0	6.9
PHOFA administration[(c)]	0.3	—	0.3	—
Total expenditure	**296.3**	**690.7**	**987.0**	**100.0**
Proportion of total core public health expenditure (%)	30.0	70.0	100.0	. .

(a) Australian Government expenditure does not include its funding of state/territory expenditures through specific purpose payments to states and territories (see Glossary for an explanation of this term).

(b) Activity-specific, program-wide and agency-wide expenditure incurred by state and territory governments, including expenditure that are wholly or partly funded through Australian Government specific purpose payments to states and territories (see Glossary for an explanation of these terms).

(c) Relates to expenditure incurred by the Australian Government in administering funding under the PHOFAs.

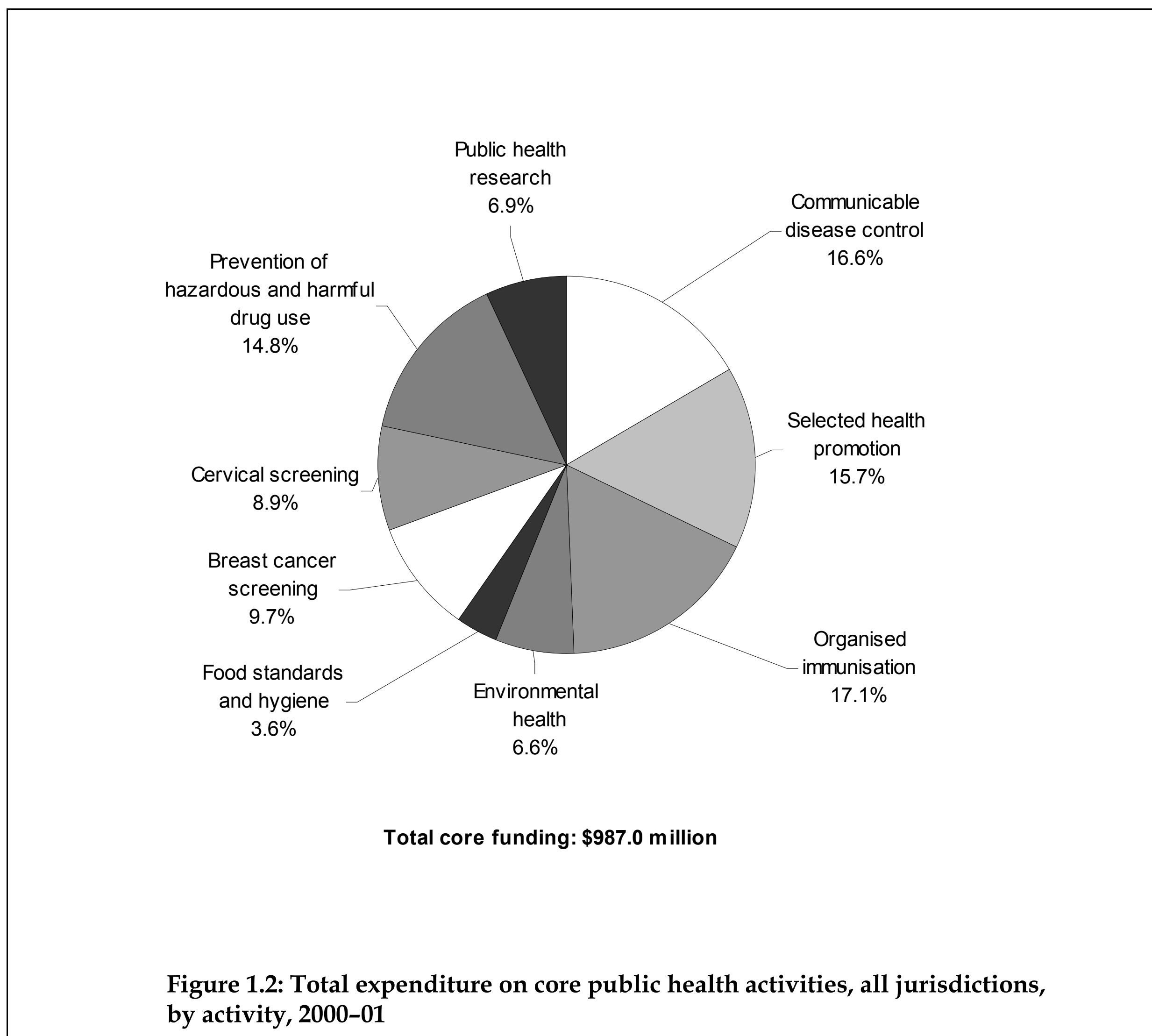


Figure 1.2: Total expenditure on core public health activities, all jurisdictions, by activity, 2000–01

1.7 Expenditure by jurisdictions

Care should be taken when comparing public health expenditure estimates across jurisdictions. There are a range of economic, social and demographic factors which impact on public health expenditures within jurisdictions.

In addition, there are a number of data collection differences which make comparability between jurisdictions difficult. These include:

- some jurisdictions (Tasmania and the Northern Territory) report their expenditure data on a cash accounting basis and therefore include capital expenditure if incurred during the reporting year. Other jurisdictions report their expenditure on an accrual accounting basis
- expenditure estimates may be apportioned differently across health activities due to differences in data collection methods across jurisdictions
- central corporate costs have been excluded by some jurisdictions from their health expenditure estimates.

In the case of aggregated expenditure, the largest states, in terms of population, had the highest level of expenditure in most areas. As for proportions of expenditure across public health activities, different patterns of expenditure emerge across jurisdictions. For example, New South Wales and Victoria, the two most populous states, allocated the highest proportion of their expenditure to *Communicable disease control* (27.0% and 20.0% respectively), this was not the case for other jurisdictions. In Queensland *Breast cancer screening* (17.9%) attracted the highest share of the expenditure, while in South Australia and the Australian Capital Territory it was the *Prevention of hazardous and harmful drug use* (22.6% and 30.3% respectively). In Western Australia, Tasmania and the Northern Territory, *Selected health promotion* had the highest level of expenditure.

Table 1.4: Total expenditure incurred by the Australian Government and states and territories on core public health activities, 2000–01 ($ million)

Activity	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	All states and territories[(a)]	Australian Government[(b)]
Communicable disease control	54.0	31.0	17.4	12.2	12.5	2.5	3.7	9.1	142.3	21.3
Selected health promotion	36.1	28.3	18.7	15.8	6.8	4.5	4.6	9.6	124.4	30.9
Organised immunisation	38.0	27.0	18.9	10.3	9.1	3.6	4.0	7.2	118.1	50.9
Environmental health	10.8	3.2	11.6	11.0	6.0	2.6	2.0	3.6	50.7	14.5
Food standards and hygiene	7.3	3.1	1.9	1.8	1.5	0.1	1.8	1.0	18.5	16.6
Breast cancer screening	32.1	19.4	19.6	7.5	7.8	3.1	2.3	0.9	92.7	3.3
Cervical screening	3.8	11.0	3.6	1.5	3.2	0.7	0.6	2.0	26.4	61.8
Prevention of hazardous and harmful drug use	17.2	25.3	17.9	14.5	13.9	4.4	8.3	3.6	105.1	41.2
Public health research	0.6	7.0	0.1	3.2	0.7	0.4	0.1	0.6	12.6	55.4
PHOFA administration[(c)]	. .	. .	. .	. .	. .	. .	. .	. .	. .	0.3
Total[(d)]	**199.9**	**155.2**	**109.7**	**77.8**	**61.4**	**21.9**	**27.3**	**37.6**	**690.7**	**296.3**

(a) Includes expenditures incurred by state and territory governments that are wholly or partly funded by Australian Government specific purpose payments to states and territories.

(b) Does not include Australian Government specific purpose government payments to states and territories.

(c) Relates to expenditure incurred by the Australian Government in administering the PHOFAs.

(d) Refer to the individual jurisdictional chapters for more information on the expenditures incurred on the public health activities above.

Table 1.5: Total expenditure by states and territories and the Australian Government, by core public health activity, as a percentage of total public health expenditure for each jurisdiction, 2000–01 (per cent)

Activity	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	All states/ territories[(a)]	Australian Govern-ment[(b)]
Communicable disease control	27.0	20.0	15.8	15.7	20.3	11.5	13.6	24.1	20.6	7.2
Selected health promotion	18.1	18.2	17.1	20.3	11.1	20.4	16.8	25.6	18.0	10.4
Organised immunisation	19.0	17.4	17.2	13.3	14.9	16.4	14.8	19.0	17.1	17.2
Environmental health	5.4	2.0	10.6	14.2	9.8	11.7	7.2	9.5	7.3	4.9
Food standards and hygiene	3.6	2.0	1.7	2.3	2.4	0.7	6.6	2.7	2.7	5.6
Breast cancer screening	16.1	12.5	17.9	9.6	12.7	14.3	8.3	2.5	13.4	1.1
Cervical screening	1.9	7.1	3.3	2.0	5.2	3.2	2.1	5.4	3.8	20.9
Prevention of hazardous and harmful drug use	8.6	16.3	16.3	18.6	22.6	20.1	30.3	9.7	15.2	13.9
Public health research	0.3	4.5	0.1	4.1	1.1	1.7	0.4	1.5	1.8	18.7
PHOFA administration[(c)]	. .	. .	. .	. .	. .	. .	. .	. .	. .	0.1
Total[(d)]	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) Includes expenditures incurred by state and territory governments that are wholly or partly funded by Australian Government specific purpose payments to states and territories.

(b) Does not include Australian Government specific purpose payments to states and territories.

(c) Relates to expenditure incurred by the Australian Government in administering the PHOFAs.

(d) Refer to the individual jurisdictional chapters for more information on the expenditures incurred on the public health activities above.

1.8 Comparison with 1999–00 results

In order to compare the 1999–00 estimates of funding and expenditure with those in this report, it is necessary to express the expenditures in both periods in constant price terms. This has been achieved (Table 1.6 below) by inflating the 1999–00 estimates to 2000–01 values. Because there are no readily available deflators for government expenditure on public health, the ABS chain price indexes for final consumption expenditure by the Australian, state and local governments on 'Hospital and home nursing services' has been used to calculate constant price estimates (see Section 11.2).

However, please note that the public health current expenditure estimates have been updated since the release of the 1999–00 report. The updated data are presented in 'Appendix A, Additional tables'.

Total expenditure on core public health activities in 2000–01 was $987 million. This was an increase in real terms of 8% over the previous year. The main contributor to this increase was

the growth in expenditure on the *Prevention of hazardous and harmful drug use*, which rose by 26.8%.

All other health activities showed smaller increases in real terms, except *Breast cancer screening*, which showed a small decline of 2.8%.

Table 1.6: National expenditure on core public health activities, constant (2000–01) prices[(a)(b)] and change between 1999–00 and 2000–01

Activity	1999–00 ($ million)[(c)]	2000–01 ($ million)	Growth rate (%)
Communicable disease control	156.9	163.6	4.3
Selected health promotion	147.5	155.3	5.3
Organised immunisation	155.8	169.0	8.5
Environmental health	60.2	65.2	8.3
Food standards and hygiene	25.9	35.1	35.5
Breast cancer screening	98.9	96.1	–2.8
Cervical screening	85.6	88.2	3.0
Prevention of hazardous and harmful drug use	115.4	146.3	26.8
Public health research	67.7	68.0	0.4
PHOFA administration[(d)]	0.3	0.3	—
Total core public health	**914.0**	**987.0**	**8.0**

(a) Expenditure for 1999–00 is expressed in terms of 2000–01 prices using the ABS chain price index for hospital and nursing home services (see Section 11.2).

(b) Refer to the individual jurisdictional chapters for more information in relation to the changes in expenditures on the public health activities in this table.

(c) Expenditure estimates have been revised from those published in the *National Public health Expenditure Report 1999–00*.

(d) Relates to expenditure incurred by the Australian Government in administering the PHOFAs.

2 Expenditure by the Australian Government Health and Ageing portfolio

2.1 Introduction

In this chapter, funding and expenditure by the Australian Government relate only to activities and responsibilities of the Department of Health and Ageing and other agencies within the Health and Ageing portfolio.

The Australian Government funds public health activities in two ways, through:

- expenditures incurred by the Australian Government in supporting public health programs; and
- specific purpose payments to states and territories (Figure 2.1).

Total funding on core public health services by the portfolio in 2000–01 was estimated at $548.9 million. Of this, $252.6 million was in the form of specific purpose payments to the states and territories—including $215.1 million under the broadbanded Public Health Outcome Funding Agreements (PHOFAs).

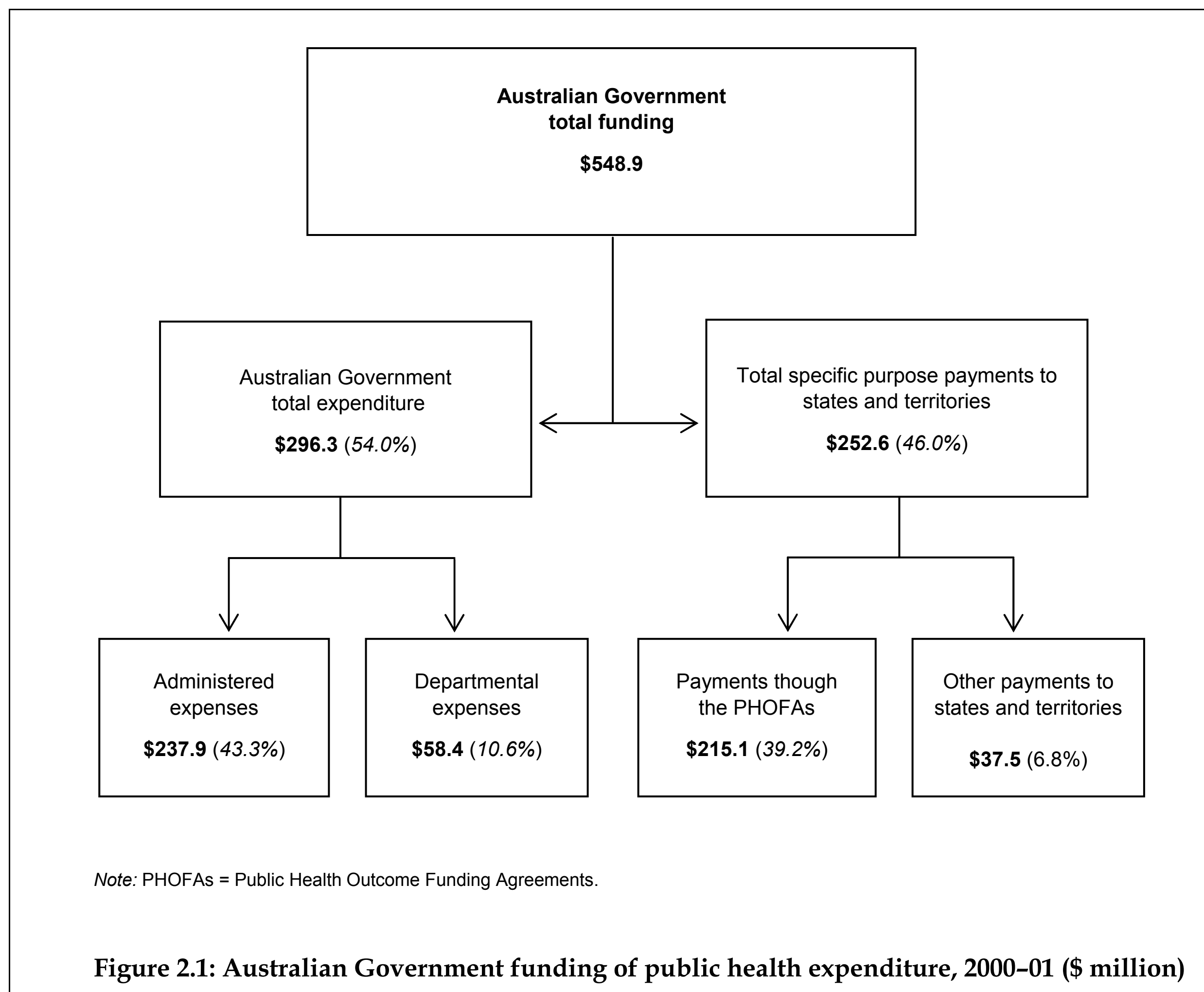
Throughout this publication it is assumed that specific purpose payments to the states and territories, other than the broadbanded PHOFA (see page 16 for details of funding under PHOFAs), are used to fund the public health activities for which they are provided. Funding under the PHOFAs is provided to support the achievement of specified public health outcomes and some of that funding can be used across the whole range of public health activities. PHOFAs can also be used by states and territories to support non-public health activities that achieve the agreed public health outcomes.

Over 70% of all public health funding within the portfolio was administered by the Population Health Division of the Department of Health and Ageing. Other areas involved in the provision of funding for public health activities were:

- Health Access and Financing Division
- Health Services Division
- Health Industry Investment Division
- Office of Aboriginal and Torres Strait Islander Health (OATSIH)
- Therapeutic Goods Administration.

The major agencies that contributed to expenditure on public health were:

- Food Standards Australia and New Zealand (FSANZ)(formerly Australia New Zealand Food Authority)
- Australian Radiation Protection and Nuclear Safety Agency (ARPANSA)
- Australian Institute of Health and Welfare (AIHW).



Note: PHOFAs = Public Health Outcome Funding Agreements.

Figure 2.1: Australian Government funding of public health expenditure, 2000–01 ($ million)

2.2 Overview of results

Total funding of public health activities by the Australian Government

Total portfolio funding of core public health activities in 2000–01 was $548.9 million. Of this, $252.6 million was funding, through specific purpose payments, to states and territories. (Table 2.1). Approximately 85% ($215.1 million) of the funding through specific purpose payments was made under the PHOFAs (Figure 2.1). The remaining $296.3 million was funding for expenditure incurred by the Australian Government, including expenditure incurred in administering the PHOFAs.

Table 2.1: Total funding by the Australian Government for expenditure on public health activities, 2000–01 ($ million)

	Funding by the Australian Government			
Activity	Australian Government expenditure	Payments to states and territories[(a)]	Total	Proportion of total funding on core public health (%)
Communicable disease control	21.3	13.7	35.0	6.4
Selected health promotion	30.9	. .	30.9	5.6
Organised immunisation	50.9	96.1	147.0	26.8
Environmental health	14.5	. .	14.5	2.6
Food standards and hygiene	16.6	. .	16.6	3.0
Breast cancer screening	3.3	. .	3.3	0.6
Cervical screening[(b)]	61.8	. .	61.8	11.3
Prevention of hazardous and harmful drug use	41.2	21.0	62.1	11.3
Public health research	55.4	0.2	55.5	10.1
PHOFAs	[(c)]0.3	[(d)]121.6	121.9	22.2
Total core public health	**296.3**	**252.6**	**548.9**	**100.0**
Public health-related activities	30.9	. .	30.9	. .

(a) Includes all public health specific purpose payments to states and territories.

(b) Includes Medicare expenditure that has a public health purpose.

(c) Relates to expenditure incurred by the Australian Government associated in the administrating of the PHOFAs.

(d) Excludes specific purpose payments to states and territories of $93.9 million, which have been included under the public health activity *Organised immunisation*.

Australian Government expenditure on public health activities

All expenditure incurred by the Australian Government on core public health activities is assumed to be funded by the Australian Government. In 2000–01 Australian Government expenditure on public health activities was estimated at $296.3 million (Table 2.2). This included:

- expenditure administered by the Health and Ageing portfolio on public health activities and programs for which it is primarily responsible ($237.9 million)
- departmental expenses associated with both those activities and programs and with the public health specific purpose payments to states and territories ($58.4 million).

Table 2.2: Expenditure incurred by the Australian Government on core public health activities, 2000–01 ($ million)

Activity	Australian Government expenditure[(a)]			Proportion (%)
	Administered expenses[(a)]	Departmental expenses	Total	
Communicable disease control	16.0	5.3	21.3	7.2
Selected health promotion[(b)]	22.7	8.2	30.9	10.4
Organised immunisation	49.3	1.6	50.9	17.2
Environmental health[(b)]	1.5	13.0	14.5	4.9
Food standards and hygiene[(b)]	2.8	13.9	16.6	5.6
Breast cancer screening	2.6	0.7	3.3	1.1
Cervical screening	61.1	0.7	61.8	20.9
Prevention of hazardous and harmful drug use[(b)]	27.4	13.8	41.2	13.9
Public health research	54.5	0.9	55.4	18.7
PHOFA administration[(c)]	—	0.3	0.3	0.1
Total core public health	**237.9**	**58.4**	**296.3**	**100.0**

(a) Does not include administered specific purpose payments to states and territories.

(b) Departmental expenditure on *Environmental health* and *Food standards and hygiene* are relatively higher than for other categories because they include operational expenditure for ARPANSA and FSANZ, respectively. Departmental expenditure for *Selected health promotion* and *Prevention of hazardous and harmful drug use* are relatively higher because they contain social marketing campaigns.

(c) Relates to expenditure incurred by the Australian Government in administering the PHOFAs.

Australian Government specific purpose payments to states and territories

Of the $252.6 million public health specific purpose payments to states and territories during 2000–01, approximately 85% ($215.1 million) was allocated under the PHOFAs. The broadbanded component of the PHOFAs funding ($121.6 million) cannot be allocated to specific public health activities. The remaining specific purpose payments to states and territories have been allocated to particular public health activities (Table 2.3).

Table 2.3: Specific purpose payments to states and territories for public health by the Australian Government Health and Ageing portfolio, 2000–01 ($ million)

Category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
PHOFAs[(a)]	41.0	26.9	20.9	11.0	10.8	4.7	3.1	3.1	121.6
Communicable disease control	4.3	2.0	2.8	1.5	0.8	0.4	0.3	1.6	13.7
Organised immunisation[(a)]	32.6	23.1	18.2	9.6	7.4	2.3	1.4	1.5	96.1
Prevention of hazardous and harmful drug use	7.3	5.3	4.4	2.7	—	0.8	0.5	—	21.0
Public health research	—	—	—	—	0.2	—	—	—	0.2
Total payments	**85.2**	**57.3**	**46.3**	**24.8**	**19.1**	**8.2**	**5.3**	**6.2**	**252.6**

(a) $93.9 million funding for essential vaccines provided under the PHOFAs, has been included under *Organised immunisation*.

The nature of this funding between the Australian Government and the states and territories is discussed further in the following sections.

PHOFA payments (PHOFAs)

The PHOFAs are a set of bilateral funding agreements between the Australian Government and each state and territory government. Under the current framework, the Australian Government provides broadbanded and specific-purpose assistance to states and territories for the period 1 July 1999 to 30 June 2004.

The PHOFAs are structured to provide an umbrella agreement for three components of funding:

- broadbanded or pooled funding for eight programs. These programs were:
  - National Drug Strategy
  - National HIV/AIDS Strategy
  - National Immunisation Program
  - BreastScreen Australia
  - National Cervical Screening Program
  - National Women's Health Program
  - National Education Program on Female Genital Mutilation
  - Alternative Birthing Program
- program-specific (non-broadbanded) funding for two programs in three jurisdictions
- specific funding for vaccines in all jurisdictions.

Linked to this funding is a range of outcome/output indicators for each program that state and territory governments are required to report against annually.

State and territory governments have flexibility in the way they use the broadbanded component of the PHOFA funding. They decide how to combine the Australian Government's and their own funds and apply them to local activities to achieve nationally agreed outcomes.

The PHOFAs are designed to promote administrative consistency and efficiency by introducing a single funding and reporting process across a range of public health initiatives. For this reason, it is not possible to disaggregate the broadbanded component of the Australian Government's PHOFA funding to individual public health activities.

Payments to state and territory governments by the Australian Government through the PHOFAs amounted to $215.1 million in 2000–01. Of this funding, $93.9 million was directly allocated to *Organised immunisation* (see Table 2.3 and Table 2.8).

2.3 Australian Government funding for individual public health activities

Communicable disease control

The Australian Government funds communicable disease control through its own expenditure and by way of specific purpose payments to states and territories. Total funding for *Communicable disease control* in 2000–01 was $35.0 million (Table 2.4).

Table 2.4: Australian Government funding of expenditure on *Communicable disease control,* 2000–01 ($ million)

Expenditure category	HIV/AIDS and hepatitis C	Other communicable disease control	Total communicable disease control
Australian Government expenditure	8.0	13.3	21.3
Specific purpose payments to the states and territories[(a)]	2.1	11.6	13.7
Total funding by the Australian Government	**10.1**	**24.9**	**35.0**

(a) Does not include SPP funding under PHOFAs. For details see Table 2.5.

Australian Government expenditure

Total expenditure by the Australian Government on *Communicable disease control* in 2000–01 was $21.3 million (Table 2.4). This represented 7.2% of total expenditure on core public health activities (Table 2.2).

HIV/AIDS, hepatitis C and sexually transmitted infections

The Australian Government provides funding to peak community and professional bodies for a wide range of research, health promotion programs and policy developments addressing HIV/AIDS, hepatitis C and related diseases. Expenditure by the Australian Government totalled $8.0 million in 2000–01.

Other communicable disease control

Expenditure on *Other communicable disease control* amounted to $13.3 million in 2000–01. This included $8.9 million spent on surveillance, management and provision of information and referral services and $4.4 million spent on the National Indigenous Australians Sexual Health Strategy by the Office of Aboriginal and Torres Strait Islander Health (OATSIH).

Australian Government specific purpose payments to the states and territories

The Australian Government's specific purpose payments to states and territories for *Communicable disease control* amounted to $13.7 million in 2000–01 (Table 2.5). These included the Council of Australian Governments (COAG) illicit drug diversion package supporting measures relating to the needle and syringe programs ($8.3 million), National Indigenous Australian Sexual Health Strategy ($3.1 million) and the Hepatitis C Education Program ($2.1 million).

The COAG Supporting Measures for Needle and Syringe Programs (NSPs) were first funded in 1999–00. Funding to states and territories increased from $3.7 million in the first year to $8.3 million in 2000–01. This increase was due to an approach agreed between the Australian Government and the states and territories of progressively increasing funding and program over the four year period of the program. The program supports two specific initiatives:

- increased education, counselling and referral services through NSPs
- the diversification of NSPs through pharmacies and other outlets.

Table 2.5: Specific purpose payments to states and territories for *Communicable disease control*, by state and territory, 2000–01 ($ million)[(a)]

Category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
COAG needle and syringe program[(b)]	2.0	1.5	1.2	1.2	0.6	0.3	0.2	1.2	8.3
National Indigenous Australians sexual health strategy	1.6	—	1.2	0.1	—	—	—	0.2	3.1
Hepatitis C education and prevention program	0.6	0.4	0.3	0.2	0.2	0.1	0.1	0.2	2.1
Total	**4.3**	**2.0**	**2.8**	**1.5**	**0.8**	**0.4**	**0.3**	**1.6**	**13.7**

(a) Excludes any funding provided through the broadbanded component of the PHOFAs that was used to support state and territory public health programs.

(b) The management of the needle and syringe programs (NSPs) is a state and territory responsibility and there are no direct activities by the Australian Government in relation to NSP service delivery.

Selected health promotion

All funding by the Australian Government for *Selected health promotion* relates to its own expenditure. There are no specific purpose payments by the Australian Government targeted at this public health activity (Table 2.6).

Australian Government expenditure

Total expenditure by the Australian Government in 2000–01 for *Selected health promotion* activities was $30.9 million (Table 2.6). This represented 10.4% of total expenditure on core public health activities (Table 2.2). This expenditure included programs targeting:

- falls and injury prevention
- mental health promotion and prevention of mental illness
- nutrition awareness
- the promotion of increased physical activity.

Expenditure by the Health Services Division included $6.9 million funding for the National Mental Health Program, and $4.7 million for the National Suicide Prevention Program.

Table 2.6: Expenditure on *Selected health promotion* by the Australian Government, 2000–01 ($ million)

Category	Expenditure
Administered expenses	
Population Health Division	9.8
Health Improvement and Investment Division	0.5
OATSIH	0.7
Health Services Division	11.7
Total administered expenses	*22.7*
Departmental expenses	8.2
Total expenditure	**30.9**

Organised immunisation

The Australian Government funds *Organised immunisation* through its own expenditure and specific purpose payments to states and territories. Total funding for *Organised immunisation* in 2000–01 was $147.0 million (Table 2.7).

Table 2.7: Australian Government funding of expenditure on *Organised immunisation,* 2000–01 ($ million)

	Funding			
Expenditure category	**Organised childhood immunisation**	**Organised pneumococcal and influenza immunisation**	**All other organised immunisation**	**Total organised immunisation**
Australian Government expenditure [(a)]	50.2	0.5	0.2	50.9
Specific purpose payments to the states and territories [(b)]	—	—	96.1	96.1
Total funding by the Australian Government	**50.2**	**0.5**	**96.3**	**147.0**

(a) Excludes any funding provided through the broadbanded component of the PHOFAs that is used to support state and territory governments' organised immunisation programs. For details see Table 2.8.

(b) Funded through SPPs. For details see Table 2.9.

Australian Government expenditure

Expenditure on *Organised immunisation* by the Australian Government Health and Ageing portfolio in 2000–01 was $50.9 million (Table 2.8). This represented 17.1% of total expenditure on core public health activities (Table 2.2).

The majority of the expenditure under this activity was for the General Practice Immunisation Incentive (GPII) scheme. The GPII scheme provides financial incentives to general practitioners (GPs) to monitor, promote and provide age-appropriate immunisation services to children under the age of seven.

The GPII payment is made up of three components:

- a service incentive payment

- an outcome payment
- funding to the Divisions of General Practice.

The service incentive payment is a payment of $18.50 to GPs who notify the Australian Childhood Immunisation Register of an immunisation event that completes one of the six immunisation schedules for children under the age of seven. Payments commenced from 1 July 1998 and a total of $20 million was distributed in 2000–01.

The outcome payment assists general practices to meet infrastructure costs associated with immunisation (reminder recall systems, computer software, etc.). The outcome payment was made to practices that achieved a 70%, 80% or 90% proportion of age-appropriate immunisation in the first year of the scheme (1998–99), and 80% or 90% in the second year (1999–00). This tiered system provided an incentive for practices to improve coverage over time. A total of $16.0 million was provided to practices under the outcome payment component of the GPII scheme in 2000–01.

Immunisation infrastructure funding aims to help Divisions of General Practice in their role as promoters of quality service. Divisions are provided with immunisation statements, reporting the proportion of age-appropriate immunisation of children who reside in postcodes covered by their Division. In return they are asked to list child immunisation as a core activity in their strategic/business plans. This funding also supports state-based organisations undertaking immunisation activities. Indicators for measuring progress are to be negotiated as part of the Divisions' business planning processes. A total of $3.5 million was provided to Divisions in 2000–01.

Table 2.8: Expenditure by the Australian Government on *Organised immunisation*, 2000–01 ($ million)

	Expenditure			
Category	Organised childhood immunisation	Organised pneumococcal and influenza immunisation	All other organised immunisation	Total organised immunisation
Administered expenses				
Population Health Division	6.3	—	0.1	6.5
OATSIH	—	0.3	—	0.3
Health Access and Financing Division	42.6	—	—	42.6
Total administered expenses	*48.9*	*0.3*	*0.1*	*49.3*
Departmental expenses	1.3	0.2	0.1	1.6
Total expenditure	**50.2**	**0.5**	**0.2**	**50. 9**

Australian Government specific purpose payments to the states and territories

Total Australian Government specific purpose payments to states and territories for *Organised immunisation* in 2000–01 was $96.1 million (Table 2.9).

Immunise Australia Program

The Immunise Australia Program aims to reduce the incidence of vaccine-preventable diseases and their associated mortality and morbidity by increasing and maintaining high immunisation coverage in Australia. The program is a joint initiative between the Australian

Government and state and territory governments, with the involvement of immunisation providers.

The Australian Government's role is to provide national leadership and policy direction for the program. Its major financial role is to provide funds to state and territory governments to purchase essential vaccines through the PHOFAs. State and territory governments are responsible for the service delivery components of the program, including the purchase and distribution of vaccines to immunisation providers.

Some of the achievements under the Immunise Australia Program have included:

- free provision of influenza vaccine for all Australians aged 65 years and over
- payments to state and territory governments for the purchase of diphtheria, tetanus and pertussis acellular vaccine for the primary childhood course of vaccinations
- establishment of the National Q Fever Management Program to reduce the incidence of disease caused by Q fever in regional Australia
- funding for the Young Adult MMR Vaccination program. This funding of $19.8 million was provided as a one-off initiative in the 2000–01 financial year to enable the catch-up of this cohort.

National Indigenous Pneumococcal and Influenza Immunisation Program

The Australian Government provided $2.3 million to state and territory governments under the National Indigenous Pneumococcal and Influenza Immunisation Program, administered through OATSIH. This funding enabled free influenza and pneumococcal vaccines to be made available to Aboriginal and Torres Strait Islander people. The target groups for the vaccination program were all Indigenous people aged over 50 years and Indigenous people in the 15–50 year age group who were in high-risk groups according to the National Health and Medical Research Council recommendations.

Table 2.9: Specific purpose payments to states and territories for *Organised immunisation* by the Australian Government, 2000–01 ($ million)[(a)]

Category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Immunisation program									
Essential vaccine purchases[(b)]	18.1	12.6	10.2	5.5	3.8	1.3	0.8	0.7	53.0
Influenza vaccine purchases for people 65 and over[(b)]	7.4	5.4	3.6	1.8	1.9	0.6	0.2	—	21.0
Young adult measles program[(b)]	6.5	5.0	3.8	2.1	1.4	0.4	0.4	0.3	19.8
National Indigenous Pneumococcal and Influenza Immunisation Program	0.5	0.2	0.6	0.2	0.2	—	—	0.5	2.3
Total	**32.6**	**23.1**	**18.2**	**9.6**	**7.4**	**2.3**	**1.4**	**1.5**	**96.1**

(a) Excludes any funding provided through the broadbanded component of the PHOFAs that is used to support state and territory governments' *Organised immunisation* programs.

(b) Funded through non-broadbanded component of the PHOFAs.

Environmental health

All funding by the Australian Government in respect of *Environmental health* relates to its own expenditure. There were no specific purpose payments by the Australian Government for this particular public health activity (Table 2.10).

Australian Government expenditure

The Department's expenditure on *Environmental health* in 2000–01 totalled $14.5 million (Table 2.10). This constituted 4.9% of total Australian Government expenditure on core public health activities (Table 2.2). The most significant item of expenditure under this health activity related to the operations of the Australian Radiation Protection and Nuclear Safety Agency (ARPANSA), which totalled $10.5 million. ARPANSA is an Australian Government agency responsible for protecting the health and safety of people and the environment from the harmful effects of ionising and non-ionising radiation. Major activities include:

- leading the development of standards, codes of practice, guidelines and other relevant material to support radiation protection and nuclear safety, including regulation, throughout Australia
- using its licensing powers and working with Australian Government entities to ensure the safety of their radiation facilities and sources
- advising the government and other stakeholders on issues related to radiation protection and nuclear safety
- undertaking research and development in radiation protection and nuclear safety.

Table 2.10: Expenditure on *Environmental health* by the Australian Government, 2000–01 ($ million)

Category	Expenditure
Administered expenses	1.5
Departmental expenses	
Population Health Division	2.4
ARPANSA	10.5
Therapeutic Goods Administration	0.1
Total departmental expenses	*13.0*
Total expenditure	**14.5**

Food standards and hygiene

All funding by the Australian Government on *Food standards and hygiene* relates to expenditure incurred by the Australian Government.

Australian Government expenditure

Total expenditure on *Food standards and hygiene* by the Australian Government Health and Ageing portfolio in 2000–01 was $16.6 million (Table 2.11) which represented 5.6% of total expenditure on core public health activities (Table 2.2). The key expenditure under this activity related to the operations of the Food Standards Australia and New Zealand (FSANZ) (formerly Australia New Zealand Food Authority), which totalled $12.3 million. FSANZ

operates under the *Australia New Zealand Act 1991*. It provides a focus for cooperation between governments, industry and the community to ensure a safe and nutritious food supply. In this study, all FSANZ expenditure is considered to be within the 'departmental' category in that all expenditure by FSANZ was directly incurred by FSANZ.

The remaining expenditure of $4.4 million by the Department covered areas such as food regularity reform, safety, surveillance and other food management activities.

Table 2.11: Expenditure on *Food standards and hygiene* by the Australian Government Health and Ageing portfolio, 2000–01 ($ million)

Category	Expenditure
Administered expenses	2.8
Departmental expenses	
Population Health Division	1.6
FSANZ	12.3
Total departmental expenses	*13.9*
Total expenditure	**16.6**

Breast cancer screening

All funding by the Australian Government that is attributed to *Breast cancer screening* is in respect of its own expenditure (Table 2.12). Although funding provided to states and territories for this purpose has been rolled-up into the broadbanded component of the PHOFAs funding, the proportion of the PHOFAs funding that is attributable to that particular public health activity is not able to be separately identified.

Australian Government expenditure

Total expenditure for *Breast cancer screening* by the Australian Government Health and Ageing portfolio in 2000–01 was $3.3 million (Table 2.12) or approximately 1% of total expenditure on core public health activities (Table 2.2). Most expenditure reported under this activity was for the national administration of the BreastScreen Australia program and also the screening-related functions of the National Breast Cancer Centre. It does not include any funding to the state and territory governments through the PHOFAs that may have been used to fund breast cancer screening activities (see Table 2.3).

Table 2.12: Expenditure[(a)] on *Breast cancer screening* by the Australian Government, 2000–01 ($ million)

Category	Expenditure
Administered expenses	2.6
Departmental expenses	0.7
Total expenditure	**3.3**

(a) Excludes payments to state and territory governments to support their public health programs through the PHOFAs.

Cervical screening

All funding by the Australian Government on *Cervical screening* relates to its own expenditure (Table 2.13). Although funding provided to states and territories for this purpose has been rolled-up into the broadbanded component of the PHOFA funding, the proportion of the PHOFA funding that is attributable to that particular public health activity is not able to be identified.

Australian Government expenditure

Total expenditure on *Cervical screening* by the Australian Government Health and Ageing portfolio in 2000–01 was $61.8 million (Table 2.13). This was about 21% of total expenditure on core public health activities and was the most significant area of expenditure (Table 2.2). The majority of this expenditure was provided through Medicare ($57.1 million).

The Medicare component of estimated expenditure under *Cervical screening* was made up of $26.2 million for GP consultations, $21.3 million for pathology testing, $6.9 million for the cost of collecting samples and $2.6 million in payments to the Health Insurance Commission (see Chapter 11, '*Technical notes*').

Please note that only expenditure on cervical screening for asymptomatic women is reported here. A further $118 million was provided through Medicare to screen symptomatic women.

Table 2.13: Expenditure on *Cervical screening* by the Australian Government, 2000–01 ($ million)

Category	Expenditure
Administered expenses	
Population Health Division	0.3
Health Access and Financing Division (including Medicare benefits)	60.7
Total administered expenses	*61.1*
Departmental expenses	0.7
Total expenditure	**61.8**

Prevention of hazardous and harmful drug use

The Australian Government funds expenditure on *Prevention of hazardous and harmful drug use* through its own expenditure and through specific purpose payments to states and territories (Table 2.14).

Table 2.14: Australian Government funding of expenditure on *Prevention of hazardous and harmful drug use*, 2000–01 ($ million)

	Funding			
Expenditure category	**Alcohol**	**Tobacco**	**Illicit and other drugs of dependence**	**Total**
Australian Government expenditure	2.9	3.6	34.6	41.2
Specific purpose payments to the states and territories[(a)(b)]	n.a.	n.a.	n.a.	21.0
Total funding	**n.a.**	**n.a.**	**n.a.**	**63.2**

(a) For details see Table 2.16.

(b) Excludes any funding provided through the broadbanded component of the PHOFAs that is used to support state and territory governments' public health programs.

Australian Government expenditure

Total Australian Government Health and Ageing portfolio expenditure for *Prevention of hazardous and harmful drug use* in 2000–01 was $41.2 million (Table 2.15). This represented approximately 14% of the Government's expenditure on core public health activities (Table 2.2).

Alcohol

An estimated $9.2 million was spent on alcohol-related programs in 2000–01. The majority of the expenditure was associated with the National Alcohol Campaign, which targeted teenagers aged 15–17 years, parents of 12–17 year olds, and adults aged 18–24 years.

Tobacco

An estimated $3.6 million was spent on tobacco-related programs in 2001–01. The majority of this expenditure was on the National Tobacco Campaign (targeting 18–40 year olds), on the development of its underlying strategy together with the review of tobacco health warnings.

Illicit and other drugs of dependence

An estimated $34.6 million was spent on illicit and other drugs of dependence programs. The majority of this expenditure was on the National Illicit Drugs Campaign which aimed to reduce demand for illicit drugs, through treatment, prevention and early intervention. In addition, funding was also allocated for the NGO Treatments Grants Program ($5 million) and the Community Partnership Initiative ($2 million). It was estimated that half of the total funds provided through the NGO Treatments Grants Program were prevention activities with the remainder associated with 'Public health-related activities'.

Table 2.15: Expenditure on *Prevention of hazardous and harmful drug use* by the Australian Government, 2000–01 ($ million)

Category	Alcohol	Tobacco	Illicit and other drugs of dependence	Total
Administered expenses	2.9	3.6	20.8	27.4
Departmental expenses	—	—	13.8	13.8
Total expenditure	**2.9**	**3.6**	**34.6**	**41.2**

Australian Government specific purpose payments to the states and territories

Australian Government specific purpose payments to states and territories for *Prevention of hazardous and harmful drug use* during 2000–01 amounted to $21.0 million (Table 2.16).

Table 2.16: Specific purpose payments to states and territories for *Prevention of hazardous and harmful drug use* by the Australian Government, 2000–01 ($ million)[(a)]

Category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Illicit drug diversion initiative	6.1	5.3	4.4	2.7	—	0.8	0.5	—	19.8
NGO treatment grants	1.2	—	—	—	—	—	—	—	1.2
Total	**7.3**	**5.3**	**4.4**	**2.7**	**—**	**0.8**	**0.5**	**—**	**21.0**

(a) Excludes any funding through the broadbanded component of the PHOFAs that was used to support the state and territory governments' public health programs.

Public health research

The majority of the funding by the Australian Government on *Public health research* relates to expenditure incurred by the Australian Government. There was only funding of $0.2 million to South Australia through specific purpose payments by the Australian Government targeted at this public health activity (Table A12).

Australian Government expenditure

Total expenditure for *Public health research* by the Australian Government Health and Ageing portfolio for 2000–01 was $55.4 million (Table 2.17) or 18.7% of its total expenditure on core public health activities (Table 2.2). This category represented the second most significant area of expenditure by the Australian Government on core public health activities.

Expenditure on *Public health research* included ongoing expenditure under the Public Health Education and Research Program of $34 million, almost $12 million for research into HIV/AIDS, and illicit and other drugs of dependence. Other significant items included $6 million for research on *Prevention of hazardous and harmful drug use* and $2 million on research relating to immunisation.

Table 2.17: Expenditure on *Public health research* by the Australian Government, 2000–01 ($ million)

Category	Expenditure
Administered expenses	54.5
Departmental expenses	0.9
Total expenditure	**55.4**

Australian Government funding of expenditure on 'Public health-related activities'

Total expenditure by the Australian Government Department of Health and Ageing for 'Public health-related activities' in 2000–01 was $30.9 million (Table 2.18). This expenditure is not included in aggregate public health expenditure as it is not within the scope of 'core public health' (see Chapter 11, '*Technical notes*' for more information).

Expenditure under this activity included:

- Family Planning ($11.8 million)
- cervical examinations for symptomatic patients ($11.8 million)
- National Drug Strategy initiatives, including treatment grants for services provided by NGOs ($10 million). It was estimated that half this expenditure was for treatment and therefore included in the 'Public health-related activities' category. The remainder ($5 million) is included in *Prevention of hazardous and harmful drug use.*

Table 2.18: Expenditure on 'Public health-related activities' by the Australian Government, 2000–01 ($ million)

Category	Expenditure
Administered expenses	30.2
Departmental expenses	0.7
Total expenditure	**30.9**

2.4 Revision of 1999–00 data

The Department has updated its 1999–00 public health current expenditure estimates since the publication of *National Public Health Expenditure Report 1999–00*. The revised estimate of total funding by the Australian Government during 1999–00 is $447.8 million (Table 2.19).

Total expenditure incurred by the Australian Government during 1999–00 has been revised to $262.1 million (Table 2.20).

Table 2.19: Total funding by the Australian Government for expenditure on public health activities, 1999–00 ($ million)

Activity	Funding by the Australian Government: Australian Government expenditure	Payments to states and territories[(a)]	Total	Proportion of total core public health funding (%)
Communicable disease control	20.9	4.9	25.8	5.8
Selected health promotion	19.7	. .	19.7	4.4
Organised immunisation	49.1	61.8	110.8	24.8
Environmental health	14.1	. .	14.0	3.1
Food standards and hygiene	11.1	. .	11.1	2.5
Breast cancer screening	2.1	. .	2.1	0.5
Cervical screening[(b)]	59.5	. .	59.5	13.3
Prevention of hazardous and harmful drug use	28.1	2.7	30.8	6.9
Public health research	57.4	. .	57.4	12.8
PHOFAs	[(c)]0.3	[(d)]116.3	116.6	26.0
Total core public health	**262.1**	**185.7**	**447.8**	**100.0**
Public health-related activities	45.2	. .	45.2	. .

(a) Includes all specific purpose payments to states and territories, including vaccine purchases for the *Organised immunisation* public health programs.

(b) Includes Medicare expenditure that has a public health purpose.

(c) Relates to expenditure incurred by the Australian Government associated in the administrating of the PHOFAs.

(d) Excludes specific purpose payments to states and territories of $93.9 million, which have been included under the public health activity *Organised immunisation*.

Table 2.20: Expenditure incurred by the Australian Government on core public health activities, 1999–00 ($ million)

	Australian Government expenditure[a]			
Activity	Administered expenses	Departmental expenses	Total	Proportion of total core public health funding (%)
Communicable disease control	16.3	4.6	20.9	8.0
Selected health promotion[b]	14.1	5.6	19.7	7.5
Organised immunisation	47.2	1.8	49.1	18.7
Environmental health[b]	1.1	12.9	14.0	5.3
Food standards and hygiene[b]	1.5	9.7	11.1	4.2
Breast cancer screening	0.7	1.4	2.1	0.8
Cervical screening	58.2	1.3	59.5	22.7
Prevention of hazardous and harmful drug use[b]	22.7	5.3	28.1	10.7
Public health research	55.7	1.7	57.4	21.9
PHOFAs[c]	—	0.3	0.3	0.1
Total core public health	**217.5**	**44.6**	**262.1**	**100.0**

(a) Does not include specific purpose payments to states and territories.

(b) Departmental expenditure on *Environmental health* and *Food standards and hygiene* are relatively higher than for other categories because they include operational expenditure for ARPANSA and FSANZ respectively. Departmental expenditure for *Selected health promotion* and *Prevention of hazardous and harmful drug use* is relatively higher because they contain social marketing campaigns.

(c) Relates to expenditure incurred by the Australian Government in the administering the PHOFAs.

2.5 Comparison of 2000–01 with revised 1999–00 estimates

In order to compare the revised 1999–00 estimates of funding and expenditure published in the National Public Health Expenditure Report 1999–00 with those for 2000–01 in this report, it is necessary to express the estimates in both periods in constant price terms. In the absence of a specific deflator for government expenditure on public health, this has been achieved by revaluing the 1999–00 expenditure estimates in 2000–01 prices using the ABS chain price index for government final consumption expenditure on 'Hospital and home nursing home services' as a proxy (see Section 11.2).

Total Australian Government funding

Total funding on core public health activities by the Australian Government increased, in real terms, by 18.6% between 1999–00 and 2000–01 (Table 2.21). Funding increased across all public health activities except for Public health research (down 7.4%) and Environmental health which showed no change.

The increase in funding for *Organised immunisation* reflects the increase in the number of fully immunised children under the Immunise Australia program. At 30 June 2001, 91.5% of children aged 12–15 months (an increase of 3.1 percentage points from 30 June 2000) and 86.6% of children aged 24 months (an increase of 4.9 percentage points from 30 June 2000) were fully immunised. Additional funding was also provided to state and territory

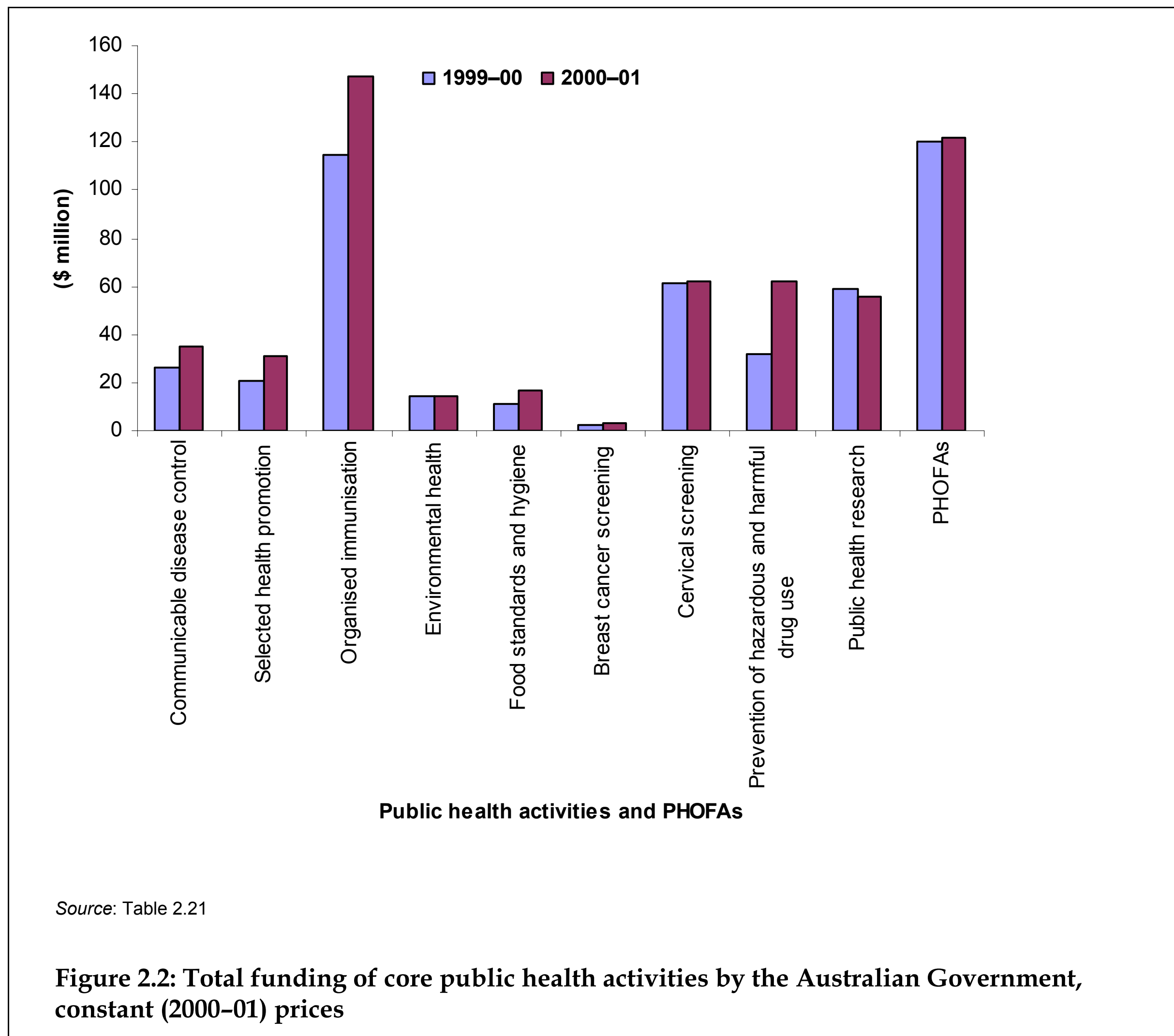
governments for the purchase of vaccine for young adults aged 18–30 years under the Measles Mumps Rubella Initiative.

The increase in funding for *Prevention of hazardous and harmful drug use* reflects the additional funding required for both the National Illicit Drugs Campaign and the Illicit Drug Diversion Initiative. These initiatives were aimed to reduce demand for illicit drugs, through treatment, prevention and early intervention.

Table 2.21: Funding of core public health activities by the Australian Government, constant (2000–01) prices[(a)]

Activity	1999–00 ($ million)	2000–01 ($ million)	Growth rate (%)
Communicable disease control	26.6	35.0	31.6
Selected health promotion	20.4	30.9	51.5
Organised immunisation	114.6	147.0	28.3
Environmental health	14.5	14.5	—
Food standards and hygiene	11.5	16.6	44.3
Breast cancer screening	2.2	3.3	50.0
Cervical screening	61.5	61.8	0.5
Prevention of hazardous and harmful drug use	31.9	62.1	94.7
Public health research	59.3	55.5	–6.4
PHOFAs	120.5	121.9	1.2
Total core public health	**462.8**	**548.9**	**18.6**

(a) Expenditure for 1999–00 is revalued in 2000–01 prices using an ABS chain price index at the national level for government final domestic expenditure on 'Hospital and nursing home services' (see Section 11.2).



Source: Table 2.21

Figure 2.2: Total funding of core public health activities by the Australian Government, constant (2000–01) prices

Australian Government expenditure

The Australian Government's expenditure on core public health activities rose, in real terms, by 9.4% between 1999–00 and 2000–01 (Table 2.22). The public health activities which showed the largest real growth were:

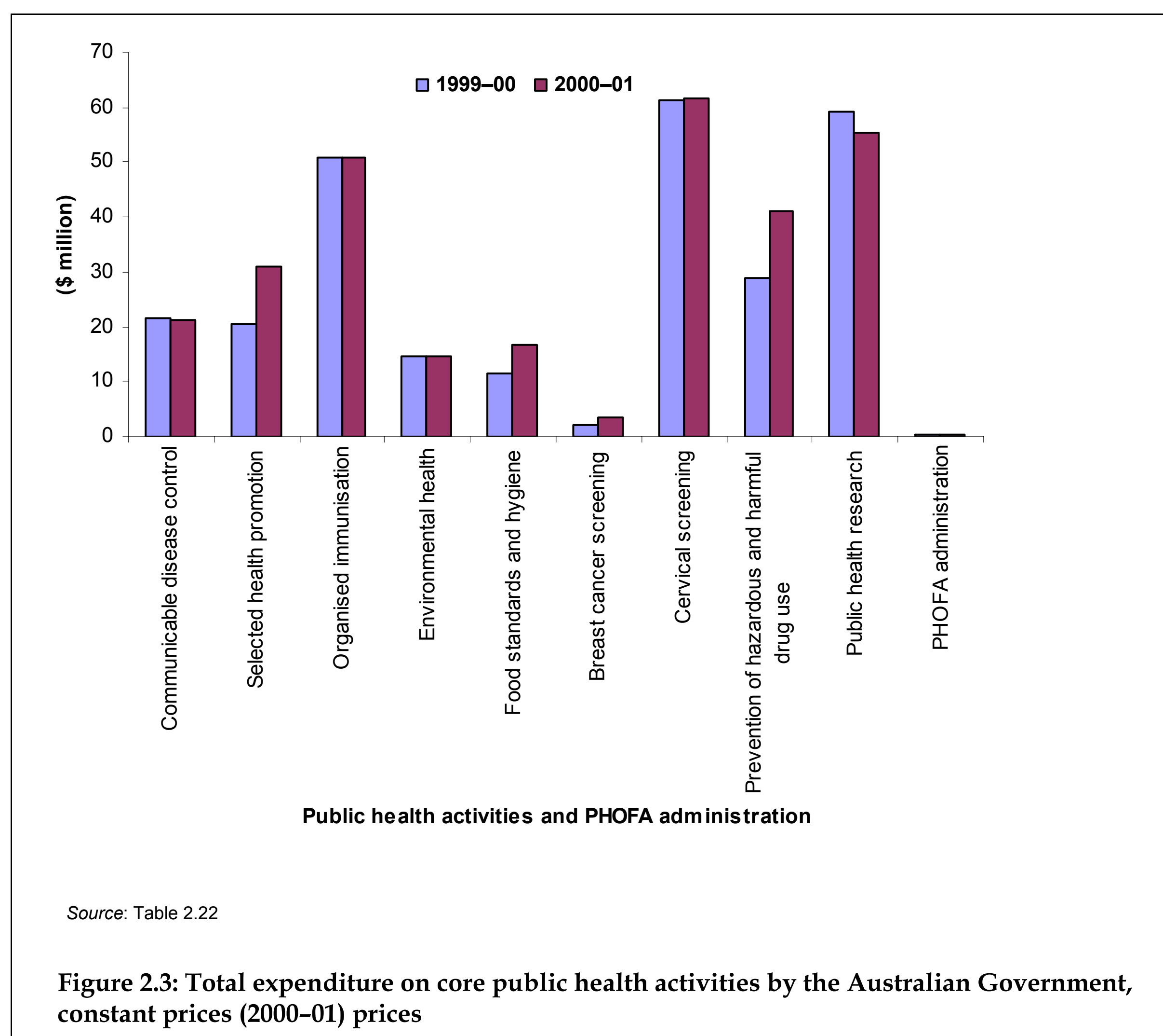
- *Selected health promotion* (51.5%)
- *Breast cancer screening* (50.0%)
- *Food standards and hygiene* (44.3%)
- *Prevention of hazardous and harmful drug use* (42.1%).

Table 2.22: Expenditure on core public health activities by the Australian Government, constant (2000–01) prices[(a)]

Activity	1999–00 ($ million)	2000–01 ($ million)	Growth rate (%)
Communicable disease control	21.6	21.3	–1.4
Selected health promotion	20.4	30.9	51.5
Organised immunisation	50.7	50.9	0.4
Environmental health	14.5	14.5	—
Food standards and hygiene	11.5	16.6	44.3
Breast cancer screening	2.2	3.3	50.0
Cervical screening	61.5	61.8	0.5
Prevention of hazardous and harmful drug use	29.0	41.2	42.1
Public health research	59.3	55.4	–6.6
PHOFA administration[(b)]	0.3	0.3	—
Total core public health	**270.9**	**296.3**	**9.4**

(a) Expenditure for 1999–00 is expressed in 2000–01 prices using a chain price index at the national level for government final domestic expenditure on 'Hospital and nursing home services' (see Section 11.2).

(b) Relates to expenditure incurred by the Australian Government in administering the PHOFAs.



Source: Table 2.22

Figure 2.3: Total expenditure on core public health activities by the Australian Government, constant prices (2000–01) prices

3 Expenditure by New South Wales health authorities

3.1 Introduction

New South Wales is the most populous of Australia's states and territories, with, at 6.6 million at 30 June 2001, one-third of the total Australian population. Most of the state's population is located around the three major urban centres of Newcastle, Sydney and Wollongong.

State government health services in New South Wales are arranged into 17 relatively autonomous metropolitan and rural area health services, each covering a distinct geographic region of the state. Each area health service is responsible for, among other things, the provision of major public health services within its region. The New South Wales Department of Health (NSW Health), on the other hand, has major state-wide responsibilities for:

- policy development
- system-wide planning
- health and health system performance monitoring
- management of public health issues.

Local government authorities (LGAs) in New South Wales also deliver many public health services.

While legislative responsibility for public health rests with NSW Health, the area health services and LGAs, the state's public health system extends to all organisations and groups whose activities contribute to the achievement of the state's public health goals.

3.2 Overview of results

Estimated expenditure by New South Wales on core public health activities during 2000–01 was $199.9 million (Table 3.1). This is equivalent to 2.7% of the total NSW Health recurrent expenditure. An additional $12.0 million was reported as 'Public health-related activities'.

Over 80% of the core public health expenditure was directed towards four public health activities:

- *Communicable disease control* (27.0%)
- *Organised immunisation* (18.1%)
- *Selected health promotion* (19.0%)
- *Breast cancer screening* (16.1%).

Table 3.1: Expenditure on core public health activities, New South Wales, 2000–01

Activity	Total expenditure ($ million)	Proportion of total core public health expenditure (%)
Communicable disease control	54.0	27.0
Selected health promotion	36.1	18.1
Organised immunisation	38.0	19.0
Environmental health	10.8	5.4
Food standards and hygiene	7.3	3.6
Breast cancer screening	32.1	16.1
Cervical screening	3.8	1.9
Prevention of hazardous and harmful drug use	17.2	8.6
Public health research	0.6	0.3
Total core public health	**199.9**	**100.0**
Public health-related activities	12.0	. .

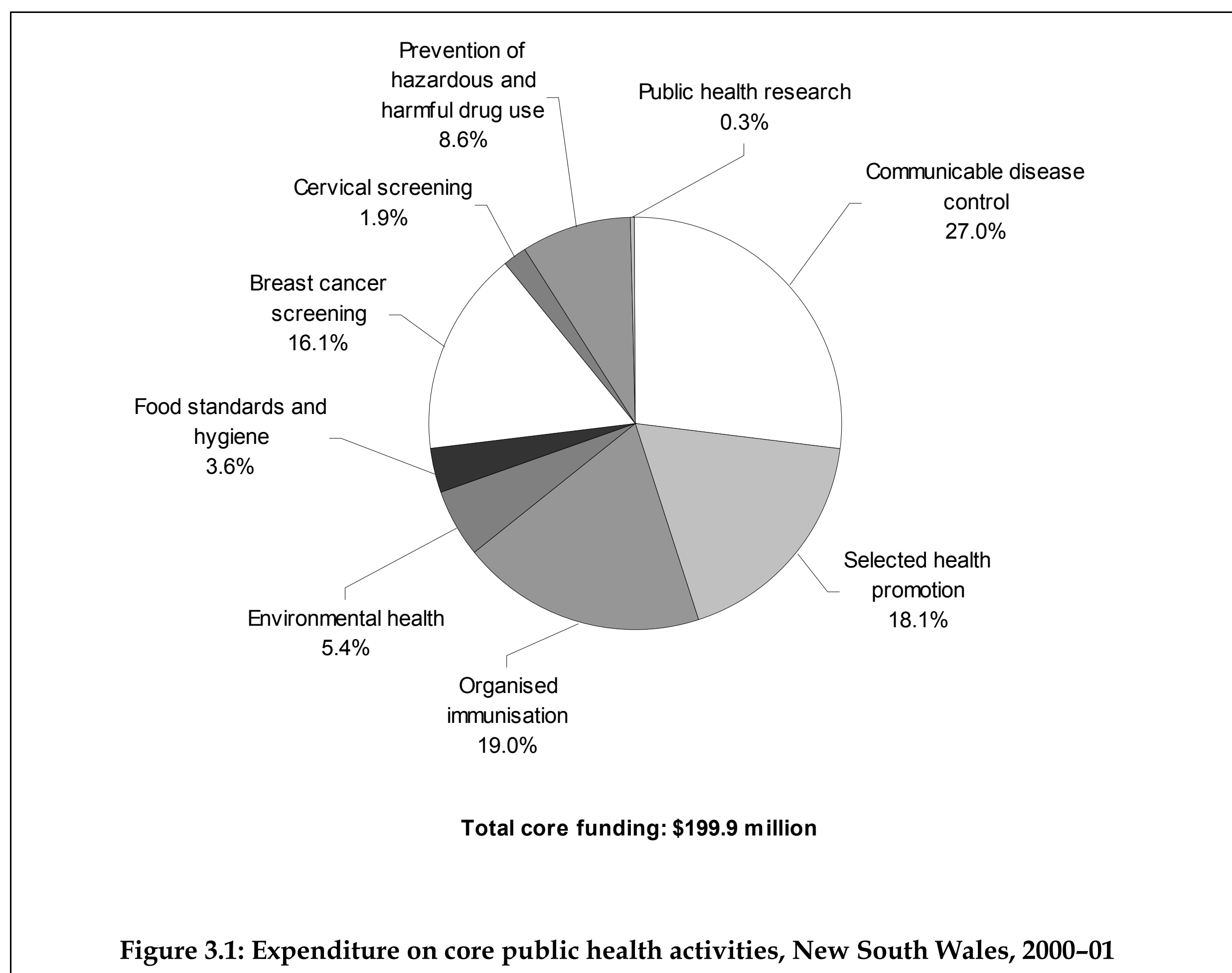


Figure 3.1: Expenditure on core public health activities, New South Wales, 2000–01

The level of expenditure incurred in 2000–01 reflects important achievements during this period. Some of these achievements are highlighted under the relevant core public health activities; however, the following have an impact across public health:

- publication of the *1997–1998 NSW Health Survey*, the *NSW Older People's Survey Report 1999* and the *NSW Mothers and Babies Report*
- provision of health services and health surveillance for the 2000 Olympic and Paralympic Games, which were held in Sydney between 14 September and 2 November 2000. The Games necessitated increased emphasis on public health services and facilities, not only in the Sydney metropolitan region but throughout the state.

3.3 Revision of 1999–00 data

NSW Health has revised its 1999–00 public health current expenditure figures since the publication of *National Public Health Expenditure Report 1999–00*. The updated data are presented in the table below.

Table 3 2: Expenditure on core public health activities, New South Wales, 1999–00 ($ million)

Activity	1999–00[(a)]
Communicable disease control	54.3
Selected health promotion	28.7
Organised immunisation	32.1
Environmental health	7.3
Food standards and hygiene	4.4
Breast cancer screening	35.7
Cervical screening	5.0
Prevention of hazardous and harmful drug use	19.3
Public health research	2.4
Total core public health	**189.3**
Public health-related activities	18.3

(a) 1999–00 expenditure figures have been revised since the publication of the *National Public Health Expenditure Report 1999–00*.

3.4 Comparison with 1999–00 results

In order to compare the 1999–00 estimates of funding and expenditure with those in this report, it is necessary to express the expenditures in both periods in constant price terms. This has been achieved (Table 3.3 below) by revaluing the 1999–00 estimates in 2000–01 prices using an ABS chain price index for final consumption expenditure by NSW state and local governments on 'Hospital and nursing home services' (see Section 11.2).

Expenditure by NSW Health during 2000–01 was $199.9. This was an increase in real terms of approximately 2% over 1999–00. The growth was concentrated in four areas of expenditure:

- *Selected health promotion* (21.5 %)
- *Organised immunisation* (14.8%)
- *Environmental health* (42.1%)
- *Food standards and hygiene* (58.7%).

These remaining public health activities showed decreases in expenditure in real terms.

Table 3.3: Expenditure on core public health activities, New South Wales, constant (2000–01) prices[(a)]

Activity	1999–00 ($ million)	2000–01 ($ million)	Growth rate (%)
Communicable disease	56.1	54.0	–3.7
Selected health promotion	29.7	36.1	21.5
Organised immunisation	33.1	38.0	14.8
Environmental health	7.6	10.8	42.1
Food standards and hygiene	4.6	7.3	58.7
Breast cancer screening	36.9	32.1	–13.0
Cervical screening	5.1	3.8	–25.5
Prevention of hazardous and harmful drug use	19.9	17.2	–13.6
Public health research	2.5	0.6	–76.0
Total core public health	**195.6**	**199.9**	**2.2**

(a) Expenditure for 1999–00 has been revalued in 2000–01 prices using an ABS chain priced index for final domestic expenditure by New South Wales state and local governments on 'Hospital and nursing home services' (see Section 11.2).

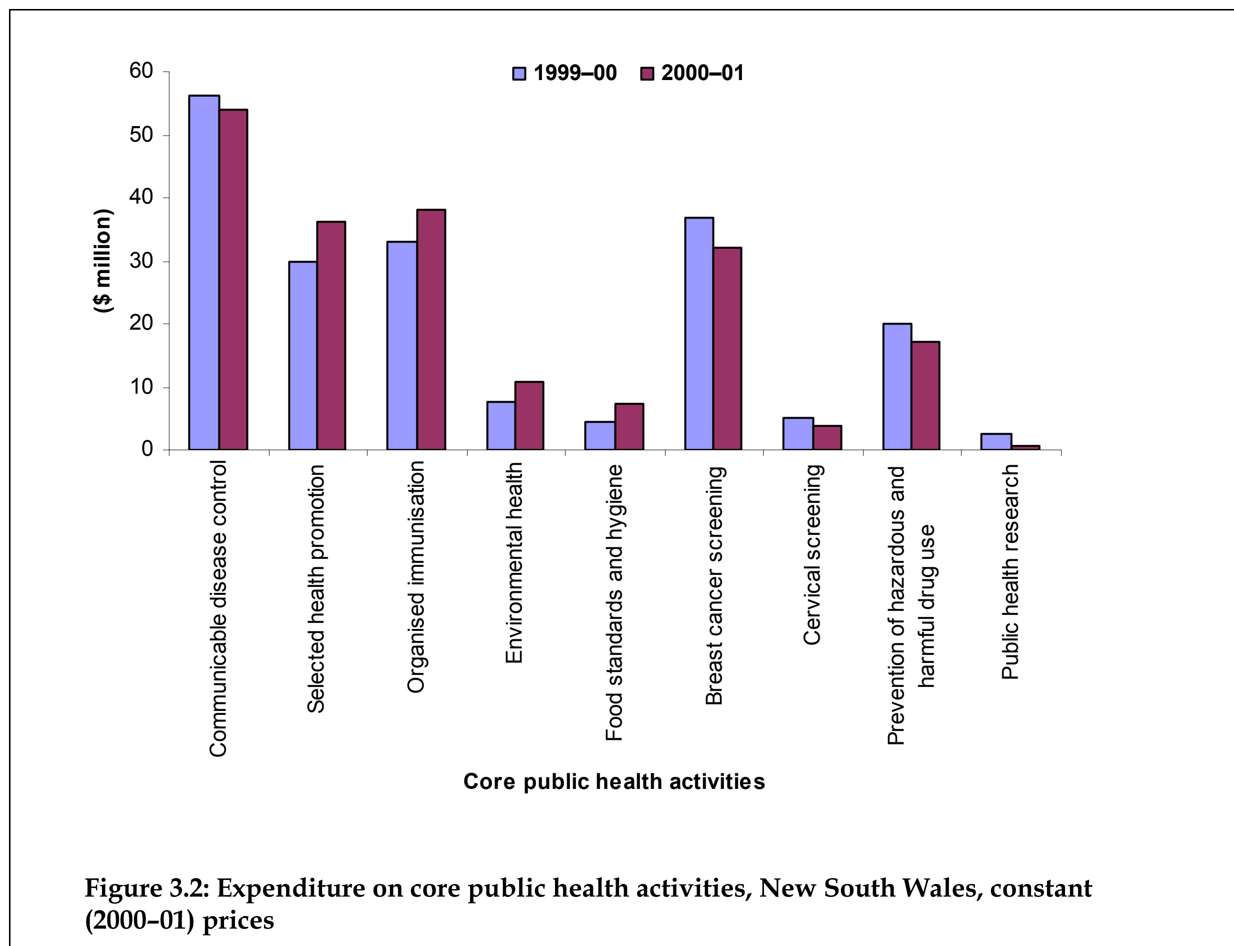


Figure 3.2: Expenditure on core public health activities, New South Wales, constant (2000–01) prices

3.5 Expenditure on public health activities

This section of the report looks at New South Wales' level of activity in relation to each of the core public health categories and the 'Public health-related activity'. It discusses in more detail the particular programs within each of the health activities and their related expenditure.

Communicable disease control

Expenditure on *Communicable disease control* of $54.0 million was the most significant area of expenditure on core public health activities by NSW Health during 2000–01 (Table 3.1). It accounted for 27% of total core public health expenditure in the state.

The major components of this activity are *HIV/AIDS, hepatitis C and STI programs*, *Needle and syringe programs* and *Other communicable disease control*, which accounted for $35.0 million, $11.4 million and $7.6 million of the expenditure respectively (Table 3.4).

One of the highlights under this activity relates to the release of the first NSW Hepatitis C Strategy 2000–2003 which established the Hepatitis C Workforce Development Project along with the hepatitis C health promotion program.

Table 3.4: Expenditure on *Communicable disease control*, New South Wales, 2000–01 ($ million)

Category	Expenditure
HIV/AIDS, hepatitis C and STI programs	35.0
Needle and syringe programs	11.4
Other communicable disease control	7.6
Total	**54.0**

Selected health promotion

In 2000–01 the public health expenditure reported for *Selected health promotion* was $36.1 million. This represents 18.1% of total expenditure on core public health activities reported in the period (Table 3.1).

The major areas of expenditure reported under this activity were:

- general health promotion and education, and
- injury prevention.

Some of the major achievements by NSW Health under this activity included:

- coordinating the 'Winter Campaign', which outlined to the community the importance of taking health care measures during winter
- promoting the NSW health message 'Better Health Care' through participating in campaign-planning groups and sponsoring events such as the 'Rock Eisteddfod Challenge' and 'Croc Eisteddfod Festival', 'Walk to Work and Walk Safely to School Day'
- launching 'Health promotion with schools: a policy for the health system' in collaboration with the NSW Department of Education.

Organised immunisation

The expenditure reported for this activity during 2000–01 was $38 million (Table 3.5). This constituted 19.0% of the total expenditure on core public health activities during the year (Table 3.1).

One of the key achievements under the *Organised immunisation* activity during the course of the year included the implementation of the new Australian Childhood Immunisation Schedule. This program achieved 91% full immunisation coverage of all children less than 15 months of age and 84% of all children less than 27 months of age. In addition, the influenza immunisation program achieved 74% coverage for all people aged 65 years and over.

Table 3.5: Expenditure on *Organised immunisation*, New South Wales, 2000–01 ($ million)

Category	Expenditure
Organised childhood immunisation	23.8
All other organised immunisation[(a)]	14.2
Total	**38.0**

(a) Includes $9.0 million for expenditure on pneumococcal and influenza immunisation.

Environmental health

Total expenditure for *Environmental health* in 2000–01 was $10.8 million, which was equivalent to 5.4% of the total core public health expenditure incurred during the financial year (Table 3.1).

Considerable resources were devoted to environmental health safety during the Sydney Olympic Games, including the implementation of a Vessel Inspection Program to prevent disease outbreaks on visiting passenger ships.

Food standards and hygiene

The expenditure incurred for the *Food standards and hygiene* category during 2000–01 was $7.3 million, which was equivalent to 3.6% of the total expenditure on core public health activities during the period (Table 3.1).

This expenditure encompassed the food safety program for the Olympic Games.

Breast cancer screening

The expenditure incurred for *Breast cancer screening* during 2000–01 was $32.1 million. This constituted 16.0% of the total core public health expenditure incurred during the financial year (Table 3.1).

The provision of a breast cancer screening service is achieved through NSW Health's funding of BreastScreen New South Wales. Funding for this program is provided under a joint arrangement with the Australian Government via the PHOFA.

In this period the NSW BreastScreen program performed 297,372 screenings.

Cervical screening

The expenditure on cervical cancer screening during 2000–01 was $3.8 million, which was equivalent to 1.9% of the total core public health expenditure reported during the period (Table 3.1).

As the NSW Pap Test Register is an important component of the Cervical Screening Program in New South Wales, its expenditure was included in this category.

It should be noted that the majority of cervical screening is undertaken by GPs and funded through Medicare. This expenditure is recorded by the Australian Government and is included in the national and Australian Government estimates of expenditure on *Cervical screening*.

Prevention of hazardous and harmful drug use

Expenditure on the prevention of hazardous and harmful drug use by NSW Health was $17.2 million, which was equal to 8.6% of the total expenditure incurred on core public health activities during the financial year (Table 3.6).

Achievements in this area included:

- implementing the Smoke Free Workplace Policy, which aims to prohibit smoking in all health service buildings

- introducing the NSW Heroin Overdose Prevention Strategy
- creating 1,542 new methadone treatment places
- introducing state-wide monitoring and an expenditure reporting system for drug and alcohol programs.

Table 3.6: Expenditure on *Prevention of hazardous and harmful drug use*, New South Wales, 2000–01 ($ million)

Category	Expenditure
Alcohol	0.7
Tobacco	6.8
Illicit and other drugs of dependence	1.3
Mixed	8.5
Total	**17.2**

Public health research

Total expenditure reported for research in public health was $0.6 million. This represented less than 0.5% of the total expenditure incurred on public health activities during the year (Table 3.1).

Expenditure on 'Public health-related activities'

Total expenditure for 'Public health-related activities' was $12.0 million in 2000–01 (Table 3.7).

Table 3.7: Expenditure on 'Public health-related activities', New South Wales, 2000–01 ($ million)

Category	Expenditure
Health service regulation—professional registration	—
Health service regulation—other regulation	1.5
Other public health-related activities	10.5
Total	**12.0**

4 Expenditure by Victorian health authorities

4.1 Introduction

Victoria is the second largest, in terms of population, and the second smallest geographically, of the six Australian states. Consequently, Victoria is the most densely populated of the states. In 2000–01 its total population was approximately 4.8 million.

The Public Health and Drugs Division of the Department of Human Services (DHS) controls most public health activities in Victoria.

During 2000–01 approximately 72% of the Department's public health expenditure was on services provided by agencies under service agreements with the Department. These include both NGOs and government-related agencies, such as public hospitals, metropolitan health services, kindergartens, LGAs, community health centres, and ambulance services.

4.2 Overview of results

Total expenditure on core public health activities during 2000–01 was $155.2 million (Table 4.1) or approximately 2% of the total operating expenses by DHS. Nearly 70% of the expenditure was directed towards four health activities:

- *Communicable disease control* (20.0%)
- *Selected health promotion* (18.2%)
- *Organised immunisation* (17.4%)
- *Prevention of hazardous and harmful drug use* (16.3%).

Table 4.1: Expenditure on public health activities, Victoria, 2000–01

Activity	Total expenditure ($ million)	Proportion of total core public health expenditure (%)
Communicable disease control	31.0	20.0
Selected health promotion	28.3	18.2
Organised immunisation	27.0	17.4
Environmental health	3.2	2.0
Food standards and hygiene	3.1	2.0
Breast cancer screening	19.4	12.5
Cervical screening	11.0	7.1
Prevention of hazardous and harmful drug use	25.3	16.3
Public health research	7.0	4.5
Total core public health	**155.2**	**100.0**
Public health-related activities	97.9	. .

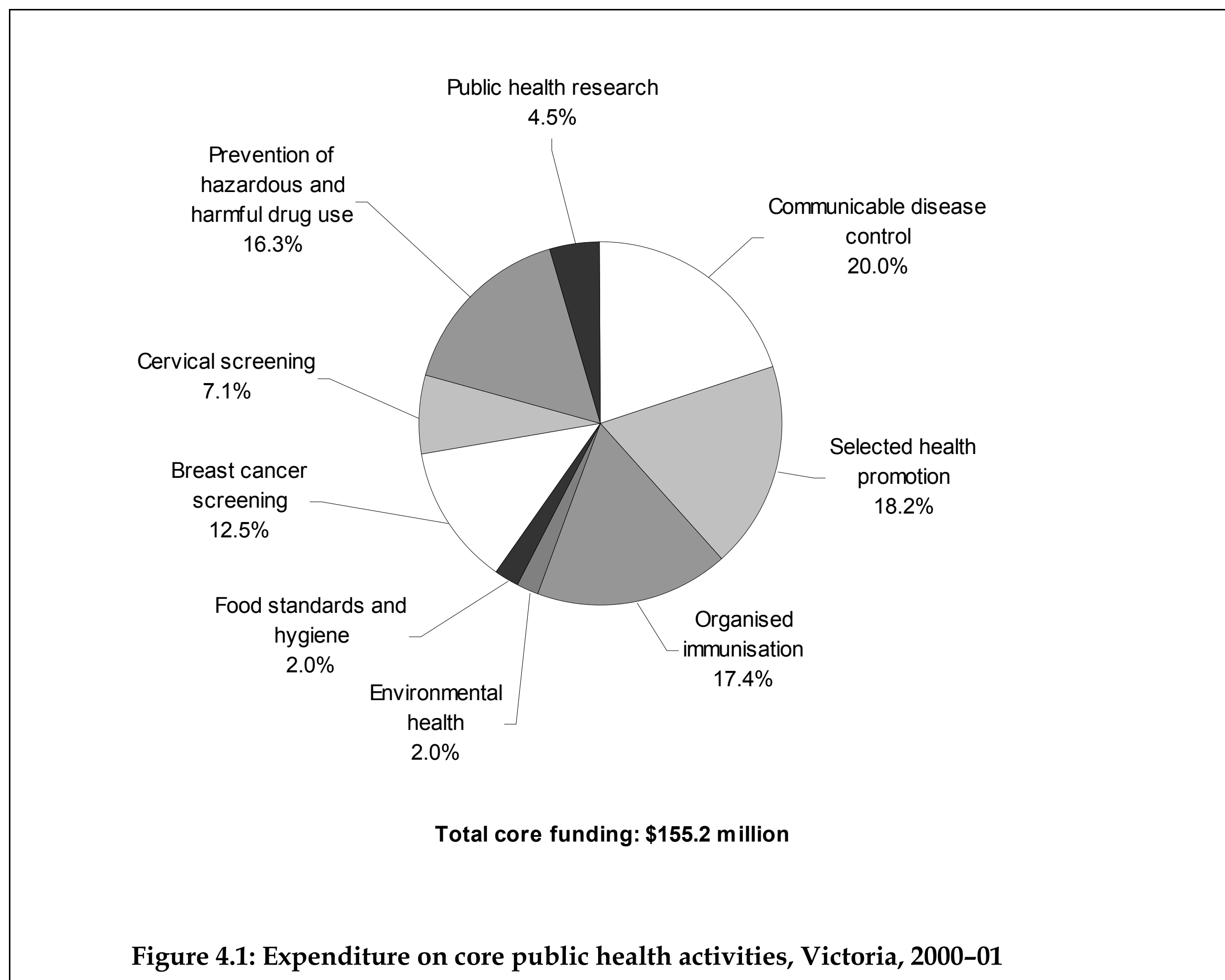


Figure 4.1: Expenditure on core public health activities, Victoria, 2000–01

The key public health goals addressed by the DHS during 2000–01 were to:

- develop partnerships with key stakeholders, including community groups
- implement drug strategies to prevent uptake of drug use, minimise the harmful effects of drug use, and provide early intervention and accessible drug treatment
- implement strategies to prevent and control outbreaks of disease, such as legionnaire's disease
- increase immunisation rates of children and adults to prevent life-threatening and disabling illness
- conduct research and develop strategies and programs to minimise the transmission of blood-borne viruses, such as HIV/AIDS, hepatitis C and related diseases
- develop policies to deal with the increased complexity of and rapid advances in technology, such as assisted reproductive technology and gene technology
- systematically track indicators and monitor demographic gradients and differentials in health and socioeconomic wellbeing, to identify and address disparities in health outcomes
- promote healthy lifestyles through improved nutrition and increased physical activity
- improve safe food handling to reduce the occurrence of food poisoning

- encourage research collaborations, and promote research excellence, in order to achieve the Victorian Government's objective of making Victoria one of the top five centres in the world for biotechnology.

4.3 Comparison with 1999–00 results

In order to compare the 1999–00 estimates of funding and expenditure with those in this report, it is necessary to express the expenditures in both periods in constant price terms. This has been achieved (Table 4.2 below) by revaluing the 1999–00 expenditure estimates in 2000–01 values using an ABS chain price index for final consumption expenditure by Victorian state and local governments on 'Hospital and nursing home services' (see Section 11.2).

Expenditure by DHS for 2000–01 in real terms was $155.2 million. This was an increase of 24.6% over 1999–00. The only health activities to show a decline in expenditure, in real terms, were *Selected health promotion* (down 2.1%) and *Breast cancer screening* (down 1.0%).

Expenditure on *Communicable disease control* in 2000–01 was up 26.5% in real terms over 1999–00. The increase in expenditure reflected.

- additional funding from COAG for the needle and syringe program
- carry forward of unexpended 1999–00 funding for the prevention of the spread of AIDS
- redistribution by DHS of departmental management costs
- indexation of funding by the Australian Government.

The increase in expenditure on *Prevention of hazardous and harmful drug use,* which more than doubled in real terms between 1999–0 and 2000–01, was due to new funding from the Victorian State Government to support new drug initiatives.

The increase in expenditure in real terms on *Public health research* can largely be attributed to an increase in funding for breast cancer research.

Expenditure on *Cervical screening* in 2000–01 increased by 44.7%, due to funding of NGOs for capital purposes.

Table 4.2: Expenditure on core public health activities, Victoria, constant (2000–01) prices(a)

Activity	1999–00 ($ million)	2000–01 ($ million)	Growth rate (%)
Communicable disease	24.5	31.0	26.5
Selected health promotion	28.9	28.3	–2.1
Organised immunisation	24.1	27.0	12.0
Environmental health	3.0	3.2	6.7
Food standards and hygiene	2.4	3.1	29.2
Breast cancer screening	19.6	19.4	–1.0
Cervical screening	7.6	11.0	44.7
Prevention of hazardous and harmful drug use	12.3	25.3	105.7
Public health research	2.3	7.0	204.3
Total core public health	**124.6**	**155.2**	**24.6**

(a) Expenditure for 1999–00 has been revalued in 2000–01 prices using an ABS chain priced index for final domestic expenditure by Victoria state and local governments on 'Hospital and nursing home services' (see Section 11.2).

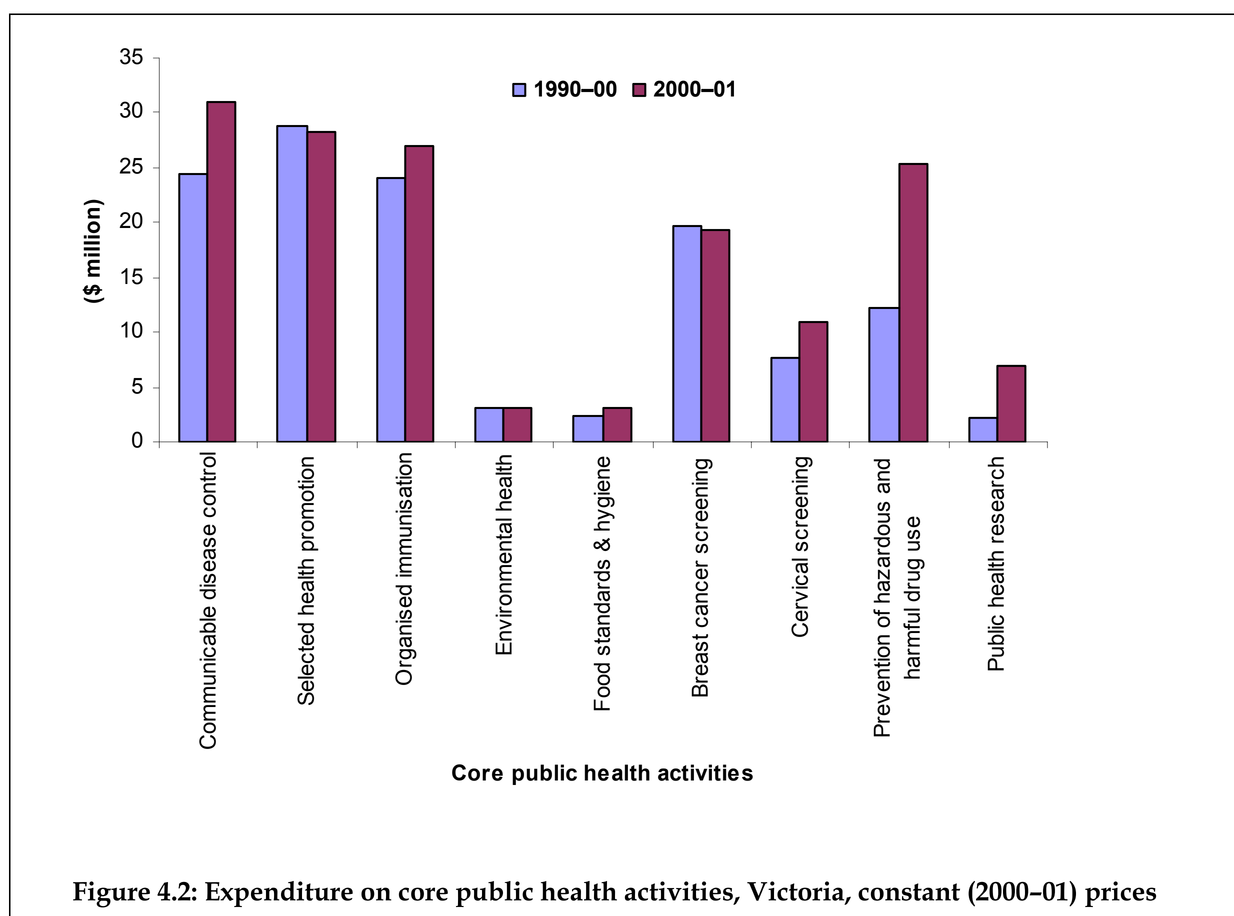


Figure 4.2: Expenditure on core public health activities, Victoria, constant (2000–01) prices

4.4 Expenditure on public health activities

This section of the report looks at Victoria's level of activity in relation to each of the core public health categories and the 'Public health-related activity'. It discusses in more detail the particular programs within each of the health activities and their related expenditure.

Communicable disease control

DHS focuses on prevention and early intervention to minimise the incidence and impact of communicable diseases in Victoria.

Expenditure on *Communicable disease control* ($31.0 million) was the most significant area of expenditure on core public health activities during 2000–01 (Table 4.3). It accounted for 20.0% of total core public health expenditure in the state (Table 4.1). The major activities contributing to this expenditure are outlined below.

HIV/AIDS, hepatitis C and STIs

Funding is provided to a range of agencies, including Melbourne Sexual Health Centre (which is managed and staffed by Public Health Division), some non-government agencies and various research laboratories, to provide HIV and associated testing, and counselling and support.

Needle and syringe programs

The Needle Exchange Program ensures the provision of sterile injecting equipment for injecting drug users. This is undertaken solely by non-government agencies funded by the DHS.

Other communicable disease control

This category of expenditure incorporates:

- collection, collating and reporting on data relating to notifiable infectious diseases
- provision of advice to health care professionals and the public on infectious diseases
- coordination of outbreak investigations
- provision of tracing, counselling and testing of contact cases of tuberculosis
- Vector Borne Virus Program (associated with Virology and Entomology Services).

Table 4.3: Expenditure on *Communicable disease control*, Victoria, 2000–01 ($ million)

Category	Expenditure
HIV/AIDS, hepatitis C and sexually transmitted infections	9.5
Needle and syringe programs	5.4
Other communicable disease control	16.1
Total	**31.0**

Selected health promotion

Total reported expenditure on *Selected health promotion* during 2000–01 was $28.3 million. This represents 18.2% of total expenditure on core public health activities in 2000–01 (Table 4.1).

DHS and the Victorian Health Promotion Foundation (VicHealth) jointly undertake the promotion of healthy lifestyles in Victoria. Programs exclusively administered by the DHS

support developmental projects that enhance health promotion in health and community agencies, schools and LGAs.

DHS also provides grants for projects that aim to improve health promotion practice and increase awareness and knowledge of physical activity in the general community and in vulnerable groups. The funding was also aimed at:

- increasing the skills of health professionals and other workers in promoting physical activity
- developing coherent strategies to reduce differentials in health status between rural and metropolitan areas of Victoria, with particular emphasis on the prevention of non-communicable diseases in general and cardiovascular disease.

Organised immunisation

Total expenditure on *Organised immunisation* in 2000–01 was $27.0 million (Table 4.4). This was 17.4% of total core public health expenditure (Table 4.1).

This expenditure includes spending on interventions delivered or purchased by DHS that are aimed at preventing disease or responding to disease outbreaks. Funding comes from a combination of state appropriations and the Australian Government PHOFAs.

Organised childhood immunisation

Expenditure on *Organised childhood immunisation* includes the purchase of vaccines and the provision of immunisation services to children and adolescents according to the National Health and Medical Research Council (NHMRC) schedule. This program is carried out with the assistance of local government and private GPs. During 2000–01 full immunisation coverage of two-year-old children increased to 87%.

Influenza immunisation

Expenditure on *Influenza immunisation* includes the purchase of influenza vaccines. It is part of the national program for persons over 65 years of age, for Indigenous people over 50 years of age, and those aged 15–49 at high risk.

Pneumococcal immunisation

Expenditure on *Pneumococcal immunisation* includes the purchase of vaccines for those aged 65 years and over. Victoria is the only state that funds such a program, and achieved an estimated coverage of 65% in this age group in 2000-01. It also includes the Australian Government program of immunisation for Indigenous people aged 50 and over, or aged 15-49 with risk factors. The majority of vaccines under these programs are provided through general practitioners. Non-Indigenous persons aged less than 65 years with risk factors are eligible to receive the vaccine free through Victoria's hospital based immunisation program.

All other organised immunisation

This sub-category of expenditure includes:

- provision of a notification payment to immunisation providers through the Australian Childhood Immunisation Register (ACIR)
- issuing of school entry immunisation certificates

- provision of hepatitis B immunisation to eligible departmental staff and clients
- funding for special projects, for example regional data quality officers to enable follow up of over due children
- funding of the provision of school immunisation services through local government.

Table 4.4: Expenditure on *Organised immunisation*, Victoria, 2000–01 ($ million)

Category	Expenditure
Organised childhood immunisation	15.3
Organised pneumococcal and influenza immunisation	9.0
All other organised immunisation	2.7
Total	**27.0**

Environmental health

Total expenditure on *Environmental health* was $3.2 million in 2000–01 (Table 4.1). This was 2.0% of total expenditure on core public health.

Environmental health focuses upon the protection of the community from environmental dangers arising from air, land or water, as well as radiation and other poisonous substances.

The expenditure under this activity is related to the following areas:

- development of statewide environmental health policies
- effective regulatory control
- emergency response
- information and advice to consumers
- research into emerging environmental health issues.

Food standards and hygiene

Total expenditure on *Food standards and hygiene* during 2000–01 was $3.1 million (Table 4.1). This was 2.0% of total core public health expenditure.

Expenditure under this activity is related to the following areas:

- surveillance of food and associated premises
- implementation of new legislation provided to the community, stakeholders and government
- representation on national forums and committees
- information and advice on food safety issues and legislation
- food recall and emergency response.

Breast cancer screening

Total expenditure on *Breast cancer screening* during 2000–01 was $19.4 million, or 12.5% of total core public health expenditure (Table 4.1).

The provision of a breast cancer screening service is achieved through DHS's funding of BreastScreen Victoria. Funding for this program is provided under a joint arrangement with the Australian Government via the PHOFA.

BreastScreen Victoria provides a free breast cancer screening service for women without breast cancer related symptoms or breast problems. It specifically targets women in the age group 50–69 years, although women aged 40–49 and over 69 years can utilise the service. In 2000–01, 58% of the target population was screened for breast cancer (2% above the target rate).

The program has a network of services across the state, involving eight assessment centres and 31 screening centres. These sites are specially designated centres and operate to strictly controlled standards. The program also employs a relocatable mammography machine in the Western region of Melbourne and a mobile van in rural Victoria to ensure that the service reaches women in all metropolitan and rural areas.

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

Cervical screening

Total expenditure on *Cervical screening* by DHS during 2000–01 was $11.0 million, which was equivalent to 7.1% of total expenditure on core public health activities for the same period (Table 4.1).

Cervical screening expenditure includes the costs associated with the provision of a cervical smear testing service, a state-wide database and strategies aimed to encourage Victorian women to have regular Pap smears.

Funding for the Victorian Cervical Screening Program is provided under a joint arrangement with the Australian Government via the PHOFA.

The main goal of the Victorian Cervical Screening Program is to achieve optimal reductions in the incidence, morbidity and mortality associated with cervical cancer at an acceptable cost through an organised approach. In 2000–01, the participation rate for two yearly screening was approximately 67% in the target age group.

In accordance with the Australian Government–State Agreement, the program mainly deals with:

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

It should be noted that the majority of cervical screening is undertaken by GPs and funded through Medicare. This expenditure is recorded by the Australian Government and included in the national and Australian Government estimates of expenditure on *Cervical screening*.

Prevention of hazardous and harmful drug use

Total expenditure for the *Prevention of hazardous and harmful drug use* by DHS in 2000–01 was $25.3 million (Table 4.5). This was 16.3% of total core public health expenditure (Table 4.1).

Alcohol

This category included expenditure on:

- a range of counselling, consultancy and continuing care services
- Koori-specific alcohol and drug withdrawal workers and resource centres
- accreditation of drink-driver education programs for people convicted of drink-driving.

Tobacco

Expenditure under this category was associated with prevention campaigns aimed at raising awareness of the harms associated with tobacco.

Illicit and other drugs of dependence

This program funded a range of prevention and health protection activities including:

- community drug education aimed at raising awareness of the harmful effects of drugs
- public information services on drugs and poisons
- training of professionals, including medical practitioners and pharmacists
- targeted prevention initiatives and early intervention programs
- effective regulatory control of drugs and poisons governing their distribution.

All these programs are aimed at enhancing community awareness of the harmful effects of licit and illicit drugs, providing appropriate support and training for health care workers and minimising harm associated with drug use.

Table 4.5: Expenditure on *Prevention of hazardous and harmful drug use*, Victoria, 2000–01 ($ million)

Category	Expenditure
Alcohol	8.5
Tobacco	4.5
Illicit and other drugs of dependence	12.3
Mixed	—
Total	**25.3**

Public health research

Total expenditure on *Public health research* during 2000–01 was $7.0 million. This represented 4.5% of total core public health expenditure (Table 4.1). Expenditure under this activity mainly included:

- targeted research projects in the priority areas of injury prevention, environmental health, communicable and non-communicable diseases, Aboriginal and Torres Strait Islander health, and rural health

- public health research capacity-building in public health organisations, which includes provision of operational assistance, grants-in-aid and funding for public health research fellowships
- support for public health events which have a significant research basis
- Victorian representation on state and national forums and committees, with ongoing program-wide development in other core public health categories.

Expenditure on 'Public health-related activities'

Total expenditure on 'Public health-related activities' in 2000–01 was $97.9 million, which included:

- drug treatment
- drug welfare and support
- biomedical research
- research infrastructure
- neonatal and genetic screening.

5 Expenditure by Queensland Health

5.1 Introduction

Queensland, with a population of approximately 3.6 million, is Australia's third most populated state and the fastest growing. In addition, the proportion of people aged 65 years and over grew by 3.1% during 2000–01 compared to the national average of 2.4%.

The ageing population and its needs for and expectations of high quality health services are significant in driving expenditure on health services. There are also particular implications for expenditure in ensuring access to appropriate services for people in rural and remote areas, with 41.6% of the state's population living outside the metropolitan areas. Furthermore much of Queensland lies within the tropics and this, with its international border, introduces special public health issues that are not necessarily found in most other Australian states.

Queensland Health is the largest provider of public health services in the state. The public health programs are provided through Public Health Services, 39 Health Service Districts, and through funding non-government and community organisations.

Public Health Services coordinates and provides leadership for state-wide public health planning, strategy development, implementation, monitoring and evaluation. It implements, coordinates and supports public health programs for priority health issues of state-wide and local significance, undertakes health surveillance and disease control initiatives including response to disease outbreaks, and implements or oversees the implementation of public health legislation.

Within health service districts, public health programs are coordinated through hospital-based services, community-based health services and primary health centres, and include sexual health services, alcohol and drug services, immunisation, school oral health, BreastScreen Queensland services and cervical screening services.

In addition to the direct service providers, Queensland Health Pathology and Scientific Services provide essential support in the delivery of public health activities, including specimen collection, analytical testing, results interpretation, clinical consultation, teaching and research.

5.2 Overview of results

Expenditure for total core public health by Queensland Health for 2000–01 was estimated at $109.7 million. Approximately 85% of the expenditure was directed towards the following core public health activities:

- *Breast cancer screening* (17.9%)
- *Organised immunisation* (17.2%)
- *Selected health promotion* (17.1%)
- *Prevention of hazardous and harmful drug use* (16.3%)
- *Communicable disease control* (15.8%).

An additional $114.9 million was spent on 'Public health-related activities'.

Table 5.1: Expenditure on public health activities, Queensland, 2000–01

Category	Total expenditure ($ million)	Proportion of total core public health expenditure (%)
Communicable disease	17.4	15.8
Selected health promotion	18.7	17.1
Organised immunisation	18.9	17.2
Environmental health	11.6	10.6
Food standards and hygiene	1.9	1.7
Breast cancer screening	19.6	17.9
Cervical screening	3.6	3.3
Prevention of hazardous and harmful drug use	17.9	16.3
Public health research	0.1	0.1
Total core public health	**109.7**	**100.0**
Public health-related activities	114.9	. .

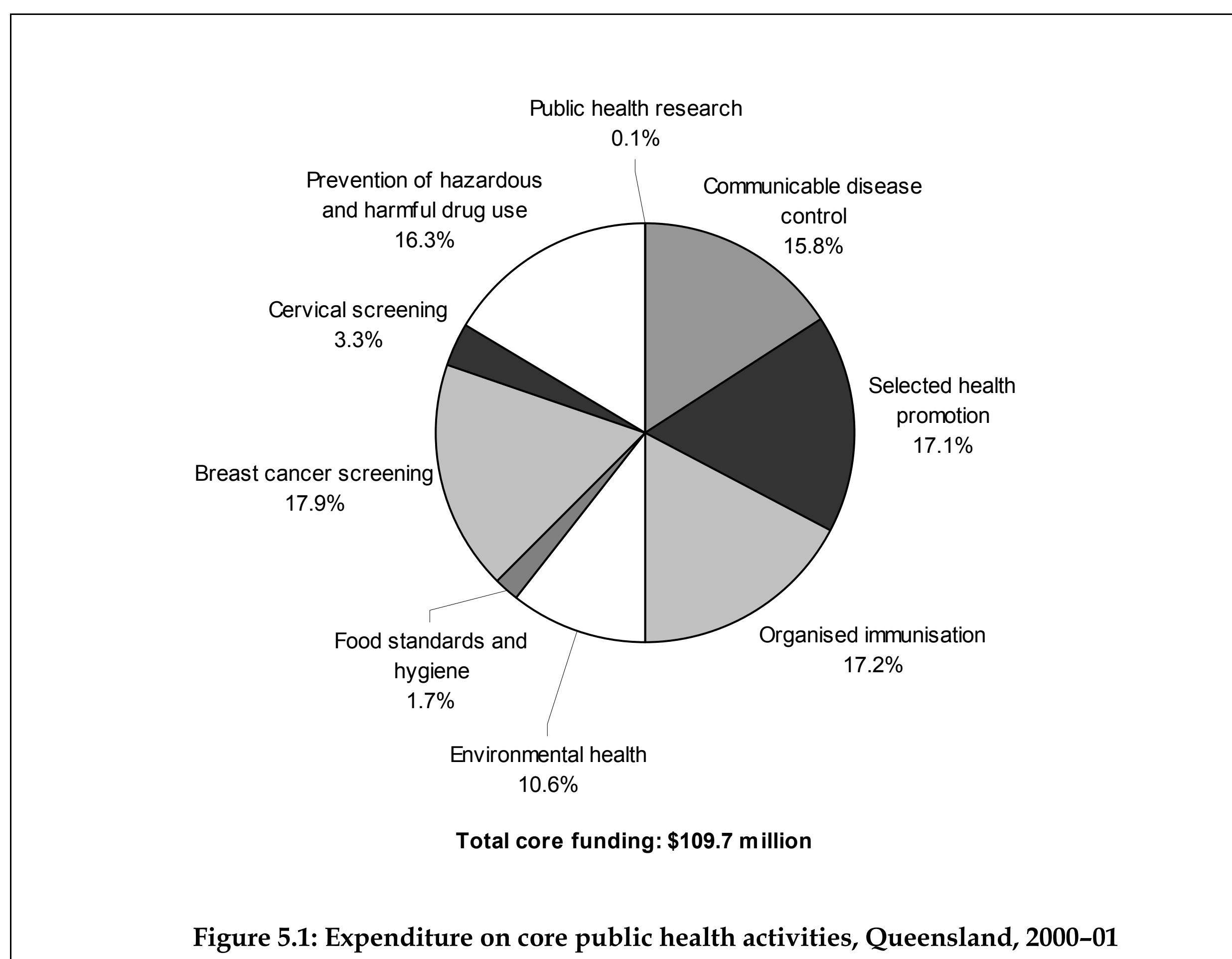


Figure 5.1: Expenditure on core public health activities, Queensland, 2000–01

5.3 Revision of 1999–00 data

Queensland Health has revised its 1999–00 public health current expenditure figures since the publication of *National Public Health Expenditure Report 1999–00*. The updated data are presented in the following table.

Table 5.2: Expenditure on core public health activities, Queensland, 1999–00 ($ million)

Activity	1999–00
Communicable disease control	16.0
Selected health promotion	18.0
Organised immunisation	16.2
Environmental health	9.9
Food standards and hygiene	1.5
Breast cancer screening	18.6
Cervical screening	3.4
Prevention of hazardous and harmful drug use	15.4
Public health research	0.4
Total core public health	**99.5**
Public health-related activities	105.5

5.4 Comparison with 1999–00 results

In order to compare the 1999–00 estimates of funding and expenditure with those in this report, it is necessary to express the expenditures in both periods in constant price terms. This has been achieved (Table 5.3 below) by revaluing the 1999–00 expenditure estimates in 2000–01 prices using an ABS chain price index for final consumption expenditure by Queensland state and local governments on 'Hospital and nursing home services' (see Section 11.2).

Expenditure by Queensland Health increased in real terms by 6.7% between 1999–00 and 2000–01. All public health activities recorded real growth, except *Public health research* which showed a small decline in dollar terms and *Cervical screening* which showed no change.

Table 5.3: Expenditure on core public health activities, Queensland Health, constant (2000–01) prices[(a)]

Activity	1999–00 ($ million)	2000–01 ($ million)	Growth rate (%)
Communicable disease	16.6	17.4	4.8
Selected health promotion	18.6	18.7	0.5
Organised immunisation	16.7	18.9	13.2
Environmental health	10.2	11.6	13.7
Food standards and hygiene	1.6	1.9	18.8
Breast cancer screening	19.2	19.6	2.1
Cervical screening	3.6	3.6	—
Prevention of hazardous and harmful drug use	15.9	17.9	12.6
Public health research	0.4	0.1	–75.0
Total core public health	**102.8**	**109.7**	**6.7**

(a) Expenditure for 1999–00 has been revalued in 2000–01 prices using an ABS chain priced index for final domestic expenditure by Queensland state and local governments on 'Hospital and nursing home services' (see Section 11.2).

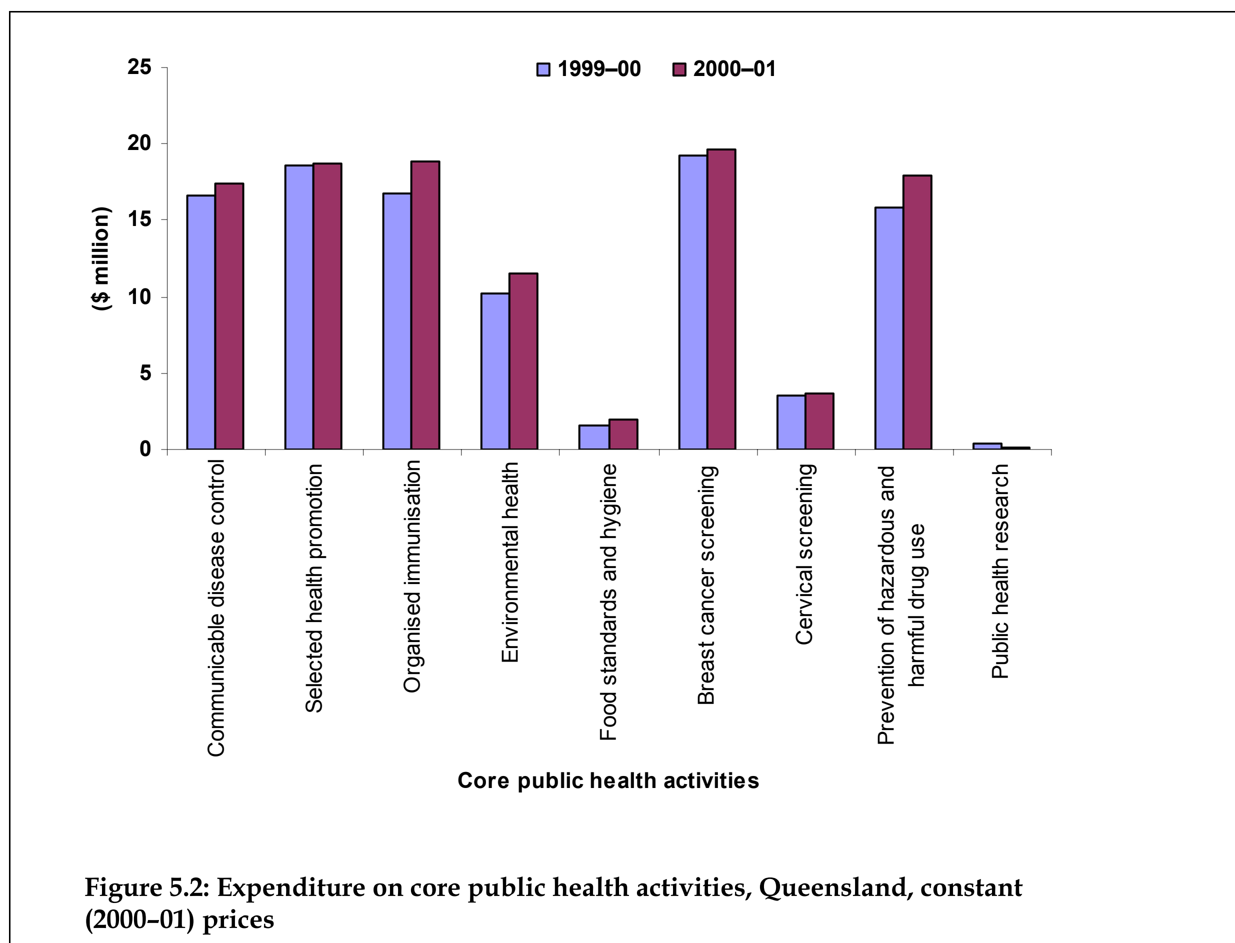


Figure 5.2: Expenditure on core public health activities, Queensland, constant (2000–01) prices

5.5 Expenditure on public health activities

This section of the report looks at Queensland level of activity in relation to each of the core public health categories and the 'Public health-related activity'. It discusses in more detail the particular programs within each of the health activities and their related expenditure.

Communicable disease control

Total expenditure for *Communicable disease control* by Queensland Health in 2000–01 was $17.4 million (Table 5.4). This was 15.8% of total core public health expenditure (Table 5.1).

Queensland Health provides the leadership in state-wide strategy development, service planning and implementation in relation to:

- surveillance, notification, prevention and control of communicable diseases
- immunisation
- hepatitis C
- infection control and sterilisation.

HIV/AIDS, hepatitis C and sexually transmitted infections

The strategies to address prevention of the transmission of HIV, hepatitis C and STIs include models such as community development, health promotion, policy development, supportive legislation, awareness strategies and health surveillance. Targeted education and prevention strategies are aimed at gay men, people living with HIV/AIDS, injecting drug users, sex workers, Indigenous people and prisoners. Large proportions of the programs are delivered by NGOs on behalf of the government.

Some key achievements during the course of the year included:

- the establishment of the Indigenous gonorrhoea and chlamydia screening program
- the establishment of a comprehensive sexual health, HIV/AIDS and hepatitis C web site for the general public and service providers
- the completion of a health check program focusing on the early detection and treatment of STIs in a high-risk group, covering 3,500 people.

Needle and syringe programs

The Queensland Needle and Syringe Program includes programs located in a variety of agencies such as community health centres, hospitals, injecting drug user organisations and Aboriginal and Torres Strait Islander and sexual health services. Some programs provide mobile services via health vans or outreach workers. A significant number of Queensland pharmacies also sell injecting equipment.

Other communicable disease control

Queensland's expenditure on communicable diseases is different from that of other states largely as a result of its geography, close proximity to Papua New Guinea and Asia and its decentralised population. Preventing the spread of mosquito-borne diseases is a

characteristic of *Communicable disease control* particular to Queensland. The tropical and subtropical climate, and the vast stretch of coastline, leave Queensland vulnerable to the spread of mosquito-borne disease. This is illustrated by Queensland having the highest number of reported cases of Ross River virus infections in Australia and being the only state or territory to have reported cases of dengue fever and Japanese encephalitis transmission. Imported cases of malaria have occurred in the Torres Strait Islands due to their proximity to mainland Papua New Guinea.

The reported expenditure on *Communicable disease control* included a substantial investment in research aimed at managing communicable diseases, including investigating diseases such as Hendra virus, Australian bat lyssa virus and Japanese encephalitis.

In addition, expenditure on *Communicable disease control* included a substantial investment in the development and upgrade of surveillance and monitoring systems for notifiable diseases. Some of the key achievements in this area included:

- a new database for notifiable diseases was developed and implemented
- the minimisation of health care related infection within Queensland Health facilities was promoted through the implementation of monitoring processes
- development work associated with improved surveillance of a range of notifiable conditions (meningococcal disease, Q fever and others) continued.

Table 5.4: Expenditure on *Communicable disease control*, Queensland, 2000–01 ($ million)

Category	Expenditure
HIV/AIDS, hepatitis C and sexually transmitted infections	5.0
Needle and syringe programs	2.5
Other communicable disease control	9.9
Total	**17.4**

Selected health promotion

Total reported expenditure on *Selected health promotion* during 2000–01 was $18.7 million (Table 5.1). This represents 17.1% of total expenditure on core public health.

Across Queensland, a wide range of professional staff participate in health promotion initiatives. Expert advice and coordination of the health promotion activities is provided by Public Health Services in collaboration with other health agencies, local government authorities and other sectors to address priority health issues. The following groups of expenditure are examples of health promotion activities within Queensland Health:

- health promotion strategies and capacity building programs
- community public health planning
- mental health promotion
- women’s health
- School Based Youth Health Nurse Program, including a placement of a further 35 nurses in locations throughout Queensland
- nutrition and physical activity
- skin cancer prevention

- collaborative injury prevention strategies and projects, including the prevention of poisoning in children aged 0–4 years and development of safe playground environments
- state-wide implementation of oral health promotion strategies and projects.

Organised immunisation

Expenditure on *Organised immunisation* during 2000–01 was $18.9 million (Table 5.5), or 17.2% of total core public health expenditure (Table 5.1).

The expenditure included the establishment and maintenance of collaborative policy advice, planning and coordination of vaccine distribution, development and implementation of information systems and strategy implementation mechanisms. Other major stakeholders in the provision and promotion of immunisation services were general practitioners, health service districts, private and non-government service providers, Divisions of General Practice, LGAs and community-based organisations.

Services that administered the vaccines included general practitioners, councils, child and community health centres, hospitals, and Aboriginal medical services.

Some of the changes to the *Organised immunisation* program during the course of the year included:

- introduction of a new immunisation schedule for children born on or after 30 May 2000
- introduction of hepatitis B vaccination for all newborn Queensland children
- introduction of a free measles and mumps vaccine for young adults aged 18–30 years
- implementation of immunisation outreach programs for following up high-risk groups
- establishment of systems to identify children who are overdue for vaccination.

Table 5.5: Expenditure on *Organised immunisation*, Queensland, 2000–01 ($ million)

Category	Expenditure
Organised childhood immunisation	10.8
Organised pneumococcal and influenza immunisation	5.0
All other organised immunisation	3.1
Total	**18.9**

Environmental health

Total expenditure on *Environmental health* in Queensland during 2000–01 was $11.6 million, or 10.6% of total expenditure on core public health activities in the state (Table 5.1).

Public Health Services undertakes a wide range of environmental health activities, including an advisory or support role to LGAs and other state departments, for example water management and water quality.

It has the leading role in state-wide environmental health policy, environmental health surveillance and law enforcement, waste management, research into emerging environmental health issues and the provision of advice to the community. Within Queensland Health, Public Health Services has responsibility for the following areas:

- control of poisons
- therapeutic goods
- pest control
- fumigation
- toxicology
- radiation health.

Some of the key achievements under the *Environmental health* activity during the course of the year included:

- development of the Queensland Indigenous Environmental Health Strategy
- development of strategies to enhance the capacity and resources of community and local councils to address Indigenous environmental health issues.

Food standards and hygiene

Total expenditure on *Food standards and hygiene* in 2000–01 was $1.9 million. This was 1.7% of total expenditure on core public health activities (Table 5.1).

Expenditure on *Food standards and hygiene* covered a range of activities such as:

- assistance and support/coordination on state-wide food matters
- advice on food legislation and other food issues
- coordination of the food recall process in Queensland
- development and communication of policies, guidelines and procedures on food issues
- participation in, and coordination of, strategies to improve food safety (such as training, seminars, community awareness, mass media and working with schools)
- development, amendment, implementation and review of food safety, food standards and other food legislation.

One of the key achievements under this program was the implementation of the national food safety reforms through seminars, FoodSafe educational material and consultative forums.

Breast cancer screening

Total expenditure on *Breast cancer screening* during 2000–01 was $19.6 million. This accounted for 17.9% of total core public health expenditure in the state activities and reflects the most significant area of core public health expenditure (Table 5.1).

Breast cancer screening services are provided through BreastScreen Queensland, the state component of BreastScreen Australia. Funding for this program is provided under a joint arrangement with the Australian Government via the PHOFA. The services were provided at a local level through the Health Service Districts.

The key aims of the BreastScreen Queensland Program in 2000–01 were:

- establishing the capital, equipment and infrastructure to screen almost 169,000 women
- implementing the BreastScreen Queensland Policy and Protocol Manual in order to achieve consistent, high quality practices within BreastScreen Queensland services

- implementing the state-level Communication and Education Plan to assist with increasing participation rates for women aged 50–69 years
- accrediting BreastScreen Queensland services in accordance with the BreastScreen Australia National Accreditation Standards
- establishing and maintaining the BreastScreen Queensland quality management system
- completing data collation and reporting in accordance with the Australian Government and state government requirements, including calculation of interval cancer data and production of the BreastScreen Queensland 1999 Statistical Report
- developing a central BreastScreen Queensland Registry.

Cervical screening

Total expenditure on *Cervical screening* during 2000–01 was $3.6 million. This was equivalent to 3.3% of total expenditure on core public health activities (Table 5.1).

The Queensland Cervical Screening Program (QCSP) is a component of the Australian Government-funded National Cervical Screening Program. Approximately 35% of the funding under the QCSP is provided to Health Service Districts to implement the Mobile Women's Health Service, which provides outreach screening services to women in rural and remote areas. An additional 41% of expenditure for the QCSP is incurred in the maintenance and operation of the Pap Smear Register.

Expenditure through the QSCP represents only a small part of total expenditure on C*ervical screening* within Queensland. The majority of cervical screening is undertaken in the private sector by GPs and funded through Medicare; this is recorded by the Australian Government and included in the national and Australian Government estimates of expenditure on *Cervical screening*. Many non-QCSP screening and follow-up services captured in the data are provided through Health Service District facilities (that is, hospitals, community health services, primary health centres and sexual health services). In addition, the Queensland Cytology Service, a fully state government-funded laboratory, is the major public provider of cytology and pathology services associated with cervical screening in Queensland.

It should be noted that the identified funding for some cervical screening services provided by NGOs might not include all the costs associated with those services. The Rural and Remote Women's Health Program, managed by the Royal Flying Doctor Service, is jointly funded by Queensland Health and the Australian Government Department of Health and Ageing, who contributed 34% and 66% respectively of the funding for this service.

Some key achievements for 2000–01 were:

- developing the Queensland Indigenous Women's Cervical Screening Strategy 2000–2004, including the training of Indigenous health workers as peer educators, the development of service guidelines for Pap smear providers (continuing in 2001–02) and the development of a specific Indigenous Women's Health Worker position description
- enhancing cervical screening services in rural and remote areas through the Mobile Women's Health Service and Royal Flying Doctor Service's Rural & Remote Women's Health Program
- implementing the Pap Smear Register and promoting it to women and health providers.

Prevention of hazardous and harmful drug use

Estimated expenditure on *Prevention of hazardous and harmful drug use* in 2000–01 was $17.9 million (Table 5.6). This was 16.3% of total expenditure on core public health (Table 5.1).

Queensland Health offers a comprehensive range of alcohol, tobacco and other drug services to the people of Queensland through Public Health Services, community health centres and hospitals and funding to the non-government sector. Queensland Health supports a range of evidenced-based interventions that reduce the health, social and economic harms associated with the use of alcohol, tobacco and other drugs, including supporting people to make informed choices about alcohol, tobacco and other drug use. Services and programs are provided in collaboration with other state government departments, the Australian Government, LGAs, NGOs, industry, and specialist and generalist health workers.

Alcohol, tobacco and other drug services target:

- hazardous and harmful alcohol consumption by young people, adults and Indigenous people
- tobacco use by young people, adults and Indigenous people
- prescription drug misuse
- harmful illicit drug use.

Some of the key achievements during the course of the year included:

- implementing the Queensland Tobacco Action Plan 2000–01 to 2003–04
- enhancing the Indigenous alcohol and drug services
- enhancing strategies to develop youth participation in decision making about local alcohol and other drug services
- Queensland Drug Summit—development of guidelines for drug prevention.

Table 5.6: Expenditure on *Prevention of hazardous and harmful drug use*, Queensland, 2000–01 ($ million)

Category	Expenditure
Alcohol and tobacco programs	6.2
Illicit drugs and methadone program	5.0
Other drugs-related programs	6.7
Total	**17.9**

Public health research

Total expenditure on *Public health research* during 2000–01 was approximately $126,000. This constituted 0.1% of total core public health expenditure (Table 5.1). This expenditure related to the funding provided to universities for cancer prevention research.

Only expenditures on activities that were primarily investigative have been included under this category. Thus, expenditures on research and/or investigative activities associated with the ongoing planning or management of public health activities have been excluded. For example, the reported expenditure under *Communicable disease control* included substantial investment in research aimed at managing communicable diseases, such as investigating diseases such as Hendra virus, Australian bat lyssa virus and Japanese encephalitis.

Expenditure on ‘Public health-related activities’

Total expenditure on ‘Public health-related activities’ during 2000–01 was $114.9 million (Table 5.7). While this expenditure is public health-related it is not within the scope of core public health.

Pathology and Scientific Services

Expenditure under this category amounted to $24.4 million in 2000–01 (Table 5.7). The expenditure related mainly to the provision of forensic science and the administration of information services and building costs that could not be attributed to core public health functions.

School dental services

‘School dental services’ was a significant contributor to Public Health Services’ output in Queensland: $39.9 million during 2000–01 (Table 5.7).

Expenditure covers the oral health services offered to all children from age 4 up to and including Year 10 school students and the associated health promotional programs. In addition, the above expenditure included the commissioning of 15 new mobile dental clinics and two additional mobile dental vans as part of the improved oral health services.

Primary health centres and outpatient services

In 2000–01, primary health centres and outpatient services contributed $5.4 million to the public health services output (Table 5.7). Primary health centres and outpatient services are managed by health service districts and are located in urban, rural and remote areas of Queensland. The range of health services include general practice medicine, child health, oral health, mental health, drug and alcohol services, HIV/AIDS services, palliative care, home care, rehabilitation, prevention and treatment of infectious diseases, and health promotion activities.

Other public health-related activities

The expenditure of $45.2 million on other public health-related activities (Table 5.7) included:

- Sexual Assault Support and Prevention program
- government medical officers
- Aboriginal and Torres Strait Islander health initiatives
- some aspects of Home and Community Care services.

Table 5.7: Expenditure on 'Public health-related activities', Queensland, 2000–01 ($ million)

Category	Expenditure
Pathology and scientific services	24.4
School dental	39.9
Primary health centres/outpatients	5.4
Other public health	45.2
Total	**114.9**

6 Expenditure by Western Australian Health

6.1 Introduction

Western Australia, with over 32% of the land area of Australia and a total population of 1.9 million, is the largest and most sparsely populated of the Australian states. About 73% of its total population is located within the Perth metropolitan area (1.4 million). The next largest urban areas, Mandurah and Kalgoorlie–Boulder, each have populations of less than 50,000. Approximately, 10% of Western Australians live in regions that are classified as remote.

The agencies with primary responsibility for the purchase and delivery of public health services for Western Australians are the Western Australian Department of Health (DOH) and the Western Australian Health Promotion Foundation (Healthway). Public health expenditure for both these organisations is reported in this chapter.

DOH is the state's principal health authority, with overall responsibility for public health policy development and implementation throughout the state. Within the department the main areas with responsibility for public health activities in 2000–01 were the Public Health Division (now Population Health Division), the regional public health units and the Office of Aboriginal Health.

Healthway is a statutory organisation that provides grants to health and research organisations, as well as sponsorships to sport, arts, racing and community groups that encourage healthy lifestyles and advance health promotion programs. The sponsorship program operates in partnership with government and non-government agencies to promote health in new and diverse ways.

Public health services in rural Western Australia in 2000–01 were delivered through regional public health units based in the Kimberley, Pilbara, Gascoyne, Mid-West, Goldfields, Wheatbelt-Coastal and Great Southern regions of the state. A further two units are based in the metropolitan area. Regional units deliver services across all of the public health categories, but often with a focus on issues of particular concern in their region. Government health services also undertake some public health activity outside the regional public health units, primarily through community health services.

6.2 Overview of results

Estimated expenditure on core public health activities by DOH and Healthway during 2000–01 was $77.8 million (Table 6.1). Over 80% of the expenditure was directed towards the following core public health activities:

- *Selected health promotion* (20.3%)
- *Prevention of hazardous and harmful drug use* (18.6%)
- *Communicable disease control* (15.7%)

- *Environmental health* (14.2%)
- *Organised immunisation* (13.3%).

Table 6.1: Expenditure[(a)] on core public health activities, Western Australia, 2000–01

Activity	Total expenditure ($ million)	Proportion of total core public health expenditure (%)
Communicable disease control	12.2	15.7
Selected health promotion	15.8	20.3
Organised immunisation	10.3	13.3
Environmental health	11.0	14.2
Food standards and hygiene	1.8	2.3
Breast cancer screening	7.5	9.6
Cervical screening	1.5	2.0
Prevention of hazardous and harmful drug use	14.5	18.6
Public health research	3.2	4.1
Total core public health	**77.8**	**100.0**

(a) Corporate/central office overheads not included. Other overhead and program-wide costs allocated to public health activities.

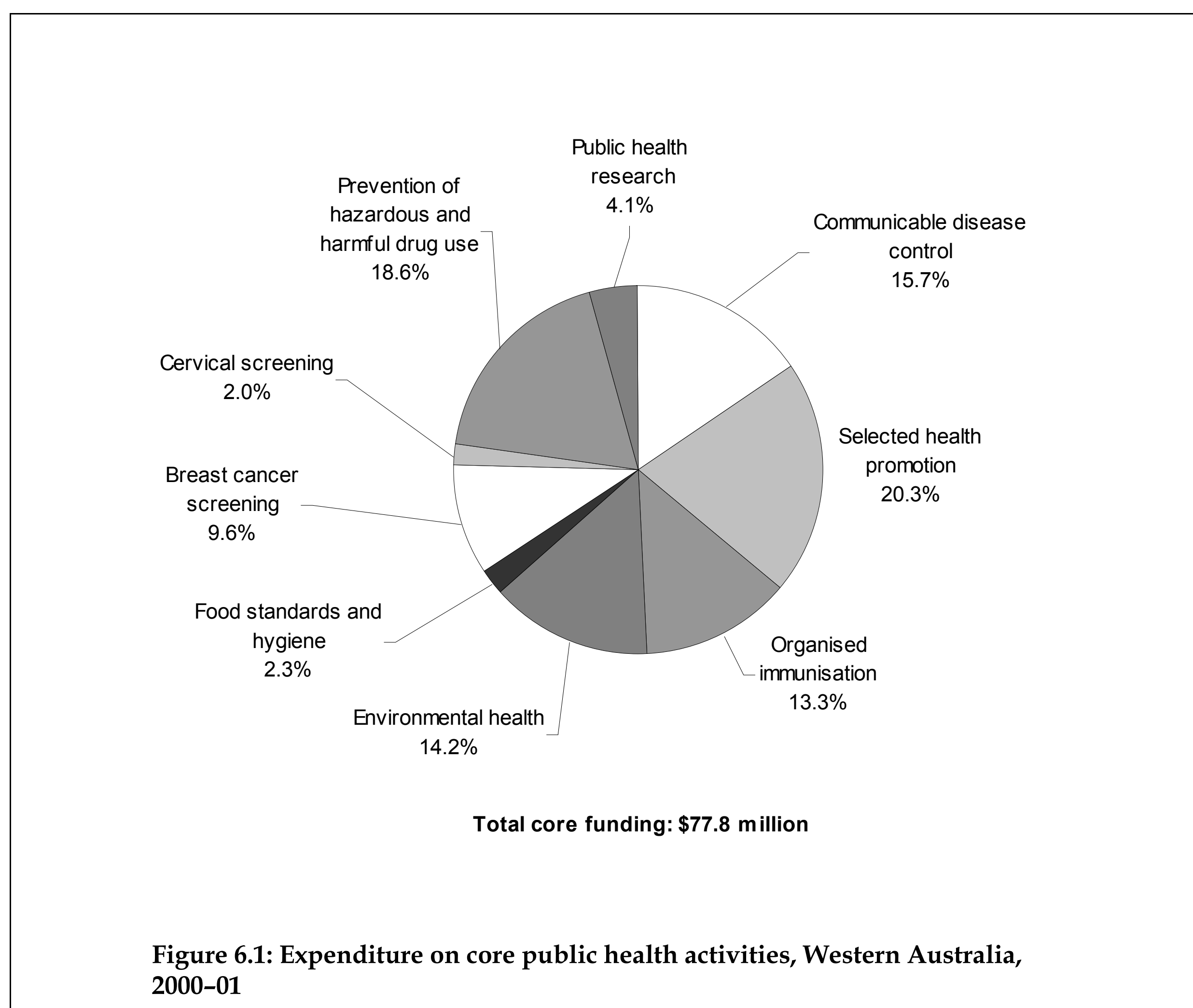


Figure 6.1: Expenditure on core public health activities, Western Australia, 2000–01

6.3 Revision of 1999–00 data

DOH has revised its 1999–00 public health current expenditure figures since the publication of *National Public Health Expenditure Report 1999–00*. The updated data are presented in the table below.

Improved definitions of expenditure for 2000–01 have enabled a review of the 1999–00 data to ensure that data categorisation is consistent across both financial years.

Table 6.2: Expenditure on core public health activities, Western Australia, 1999–00

Activity	1999–00[(a)] ($ million)
Communicable disease control	11.5
Selected health promotion	15.0
Organised immunisation	8.8
Environmental health	10.4
Food standards and hygiene	1.6
Breast cancer screening	7.2
Cervical screening	1.3
Prevention of hazardous and harmful drug use	13.9
Public health research	1.7
Total core public health	**71.5**
Public health-related activities	1.0

(a) 1999–00 expenditure figures have been revised since the publication of *National Public Health Expenditure Report 1999–00*.

6.4 Comparison with 1999–00 results

In order to compare the 1999–00 estimates of funding and expenditure with those in this report, it is necessary to express the expenditures in both periods in constant price terms. This has been achieved (Table 6.3 below) by revaluing the 1999–00 estimates in 2000–01 prices using an ABS chain price index for final consumption expenditure by Western Australian state and local governments on 'Hospital and nursing home services' (see Section 11.2).

Expenditure for 2000–01 increased in real terms by 5.1% over 1999–00. All public health activities showed recorded increases in real growth, except *Food standards & hygiene* and *Breast cancer screening* which showed little or no change in expenditure between the two financial years.

Table 6.3: Expenditure on core public health activities, Western Australia, constant (2000–01) prices[(a)]

Activity	1999–00 ($ million)	2000–01 ($ million)	Growth rate (%)
Communicable disease control	11.9	12.2	2.5
Selected health promotion	15.6	15.8	1.3
Organised immunisation	9.1	10.3	13.2
Environmental health	10.7	11.0	2.8
Food standards and hygiene	1.7	1.7	—
Breast cancer screening	7.5	7.5	—
Cervical screening	1.4	1.5	7.1
Prevention of hazardous and harmful drug use	14.4	14.5	0.7
Public health research	1.8	3.2	77.8
Total core public health	**74.0**	**77.8**	**5.1**

(a) Expenditure for 1999–00 has been revalued in 2000–01 prices using an ABS chain price index for final domestic expenditure by Western Australian state and local governments on 'Hospital and nursing homes services' (see Section 11.2).

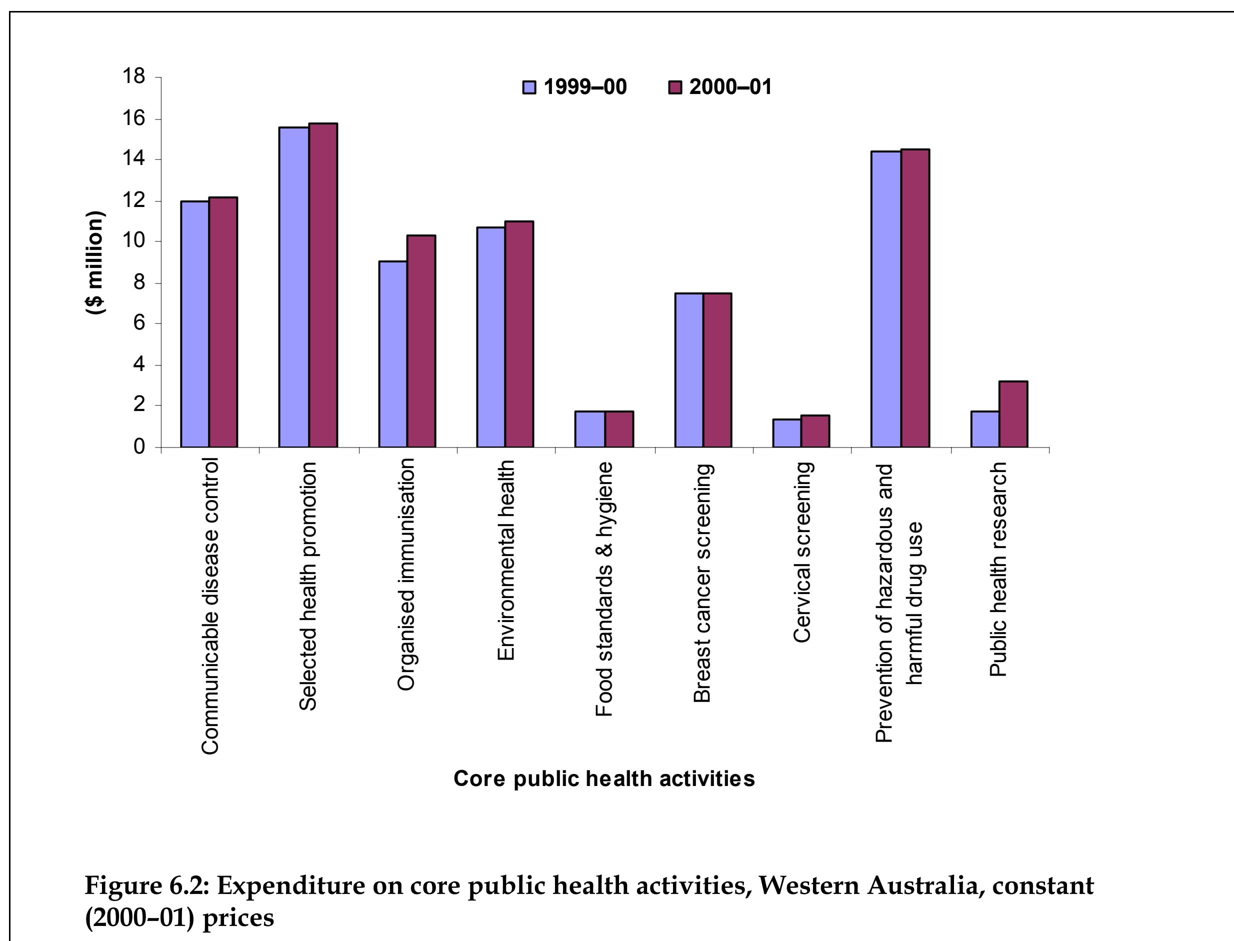


Figure 6.2: Expenditure on core public health activities, Western Australia, constant (2000–01) prices

6.5 Expenditure on public health activities

This section of the report looks at Western Australia's level of activity in relation to each of the core public health categories and the 'Public health-related activity'. It discusses in more detail the particular programs within each of the health activities and their related expenditure.

Communicable disease control

The total expenditure for *Communicable disease control* by DOH in 2000–01 was $12.2 million (Table 6.4). This was 15.7% of the total core public health expenditure (Table 6.1).

The majority of expenditure associated with this category is coordinated through the Communicable Disease Control Branch. Expenditure on this activity involved:

- disease surveillance
- case and outbreak investigation and management
- management of communicable disease issues, including information and advice
- management of the state-wide tuberculosis control program
- NGO expenditure associated with provision of sexual health services
- refugee/humanitarian migrant health screening.

Significant progress was made in a number of areas, including a substantial growth in the number of Indigenous sexual health programs funded, and enhancement of the systems for tracking notifiable diseases, ensuring better surveillance.

Table 6.4: Expenditure on *Communicable disease control*, Western Australia, 2000–01 ($ million)

Category	Expenditure
HIV/AIDS, hepatitis C and sexually transmitted infections	5.9
Needle and syringe programs	1.0
Other communicable disease control	5.3
Total	**12.2**

Selected health promotion

The total expenditure for *Selected health promotion* by DOH and Healthway in 2000–01 was $15.8 million. This was 20.3% of the total core public health expenditure (Table 6.1).

Features of the 2000–01 Health Promotion Program include support of Mental Health Promotion projects, and projects aimed specifically at children and/or adolescents. Some of the major health promotion programs included:

- Stay On Your Feet
- Start Right—Eat Right
- Eat More Fruit 'n' veg
- Be Active Every Day
- Play it Safe

- Sport Safe
- SunSmart
- Ride Safe.

Organised immunisation

The total expenditure for *Organised immunisation* by DOH in 2000–01 was $10.3 million (Table 6.5). This was 13.3% of total core public health expenditure (Table 6.1). The majority of expenditure associated with this category relates to programs conducted by the State Immunisation Clinic, including:

- distribution, packaging and reporting of vaccines for the state
- provision of a clinical and advisory immunisation service
- provision of immunisation and travel consultation services
- enhanced measles program
- provision of lectures and training to immunisation providers.

Table 6.5: Expenditure on *Organised immunisation*, Western Australia, 2000–01 ($ million)

Category	Expenditure
Organised childhood immunisation	5.8
Organised pneumococcal and influenza immunisation	1.7
All other organised immunisation	2.8
Total	**10.3**

Environmental health

Total expenditure on *Environmental health* by DOH during 2000–01 was $11.0 million. This was 14.2% of total core public health expenditure (Table 6.1).

The majority of expenditure associated with this activity is coordinated through the Environmental Health Branch. It is responsible for monitoring many of the state-wide programs in environmental health.

Expenditures under this activity during the course of the year related to:

- improvement of environmental health in remote communities
- monitoring and assessment of the safety of drinking water, recreational water facilities and natural water bodies
- drugs, poisons and therapeutic goods control
- mosquito-borne disease control, including environmental surveillance and control
- pesticide safety including issue of licences
- radiation health including monitoring, compliance and advice
- assessment and management of contaminated land
- waste-water management, including administering policy and legislation
- establishment of an air quality program.

Food standards and hygiene

The total expenditure for *Food standards and hygiene* by DOH in 2000–01 was $1.8 million, or 2.3% of the total core public health expenditure (Table 6.1).

Expenditure under this activity related to:

- food monitoring (including meat)
- food-related infectious disease surveillance
- food hygiene legislation review, monitoring and education
- investigations associated with defective labelling
- food safety promotion.

Innovations for this program in 2000–01 included establishing a state position on the labelling and safety assessment of foods derived from gene technology and the development of food safety plans for childcare centres.

Breast cancer screening

The total expenditure for *Breast cancer screening* by DOH in 2000–01 was $7.5 million. This was 9.6% of total core public health expenditure (Table 6.1).

The majority of expenditure associated with this category is coordinated through BreastScreen WA. BreastScreen WA forms part of the national program, which is funded under a joint arrangement with the Australian Government through the PHOFAs. It performs state-wide screening using fixed and mobile units, as well as dedicated assessment sites at metropolitan teaching hospitals.

Cervical screening

The total expenditure for *Cervical screening* by DOH in 2000–01 was $1.5 million. This was 2.0% of total core public health expenditure (Table 6.1).

Most of the expenditure associated with this category is coordinated through the Western Australian Cervical Cancer Prevention 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. Major aspects of this program include the maintenance of a cervical cytology register and the development of primary recruitment programs, including support of national education campaigns. A key element of the program in 2000–01 was enhancement of the cervical cytology registry to enhance the diagnosis and management of screen-detected abnormalities.

It should be noted that the majority of cervical screening is undertaken by GPs and funded through Medicare. This expenditure is recorded by the Australian Government and included in the national and Australian Government estimates of expenditure on *Cervical screening*.

Prevention of hazardous and harmful drug use

The total expenditure for *Prevention of hazardous and harmful drug use* by DOH and Healthway in 2000–01 was $14.5 million (Table 6.6). This was 18.6% of total expenditure on core public health activities and was one of the more significant areas of expenditure during 2000–01 (Table 6.1).

Healthway and the Health Enhancement Branch (now the Health Promotions Branch) were the primary contributors to expenditure on activities relating to alcohol and other drugs. The majority of the expenditure was incurred on:

- state-wide alcohol and other drugs community education programs, such as the Youth Illicit Drug Education Project, the Marijuana Education Campaign, the Psychostimulants Campaign, the Youth Drug Driving Education Project along with the development of a Night Venues Project to implement educational and environmental strategies at entertainment events
- smoking and health campaigns which focused on the benefits of quitting smoking.

Table 6.6: Expenditure on *Prevention of hazardous and harmful drug use*, Western Australia[(a)], 2000–01 ($ million)

Category	Expenditure
Alcohol	2.5
Tobacco	5.1
Illicit and other drugs of dependence	4.4
Mixed	2.4
Total	**14.5**

(a) Includes expenditure by the Department of Health and Healthway.

Public health research

The total expenditure for *Public health research* by DOH in 2000–01 was $3.2 million, or 4.1% of total expenditure on core public health activities (Table 6.1).

This expenditure included research on issues related to childhood diseases, and maternal, child and youth health. In addition, it included expenditure on research activities associated with Healthway.

Expenditure on 'Public health-related activities'

Total expenditure for 'Public health-related activities' was $2.7 million in 2000–01. Aspects included in this category were health information and epidemiological expenditure related to public health.

7 Expenditure by South Australian Department of Human Services

7.1 Introduction

South Australia's population in 2000–01 was 1.5 million, of which 0.2 million or 14.6% were aged 65 years and over. This is higher than the national population average of 12.5% for persons aged 65 years and over.

The state public health system consists of numerous health units, community health centres and other related organisations, all under the administration of the Department of Human Services (DHS).

Expenditures, including funding, by DHS on public health activities have been included in this report. In addition, expenditures by non-health government departments have also been separately collected and reported.

7.2 Overview of results

Total core public health expenditure by DHS in 2000–01 was $61.4 million (Table 7.1). Nearly 70% of the expenditure was directed towards five health activities:

- *Prevention of hazardous and harmful drug use* (22.6%)
- *Communicable disease control* (20.3%)
- *Organised immunisation* (14.9%)
- *Breast cancer screening* (12.7%)
- *Selected health promotion* (11.1%).

Table 7.1: Expenditure on core public health activities, South Australia, 2000–01

Activity	Total expenditure ($ million)	Proportion of total core public health expenditure (%)
Communicable disease control	12.5	20.3
Selected health promotion	6.8	11.1
Organised immunisation	9.1	14.9
Environmental health	6.0	9.8
Food standards and hygiene	1.5	2.4
Breast cancer screening	7.8	12.7
Cervical screening	3.2	5.2
Prevention of hazardous and harmful drug use	13.9	22.6
Public health research	0.7	1.1
Total core public health	**61.4**	**100.0**
Public health-related activities	52.4	. .

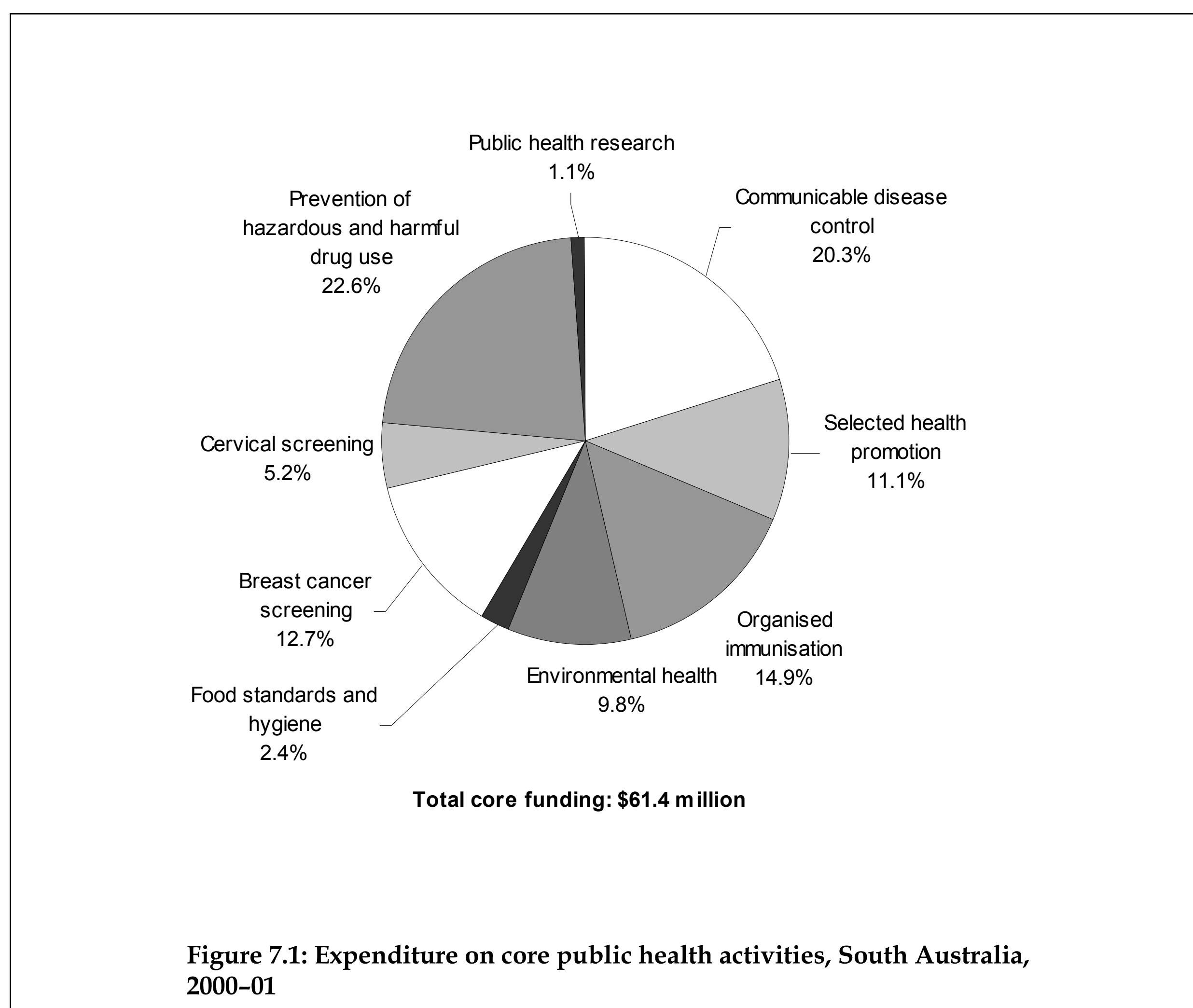


Figure 7.1: Expenditure on core public health activities, South Australia, 2000–01

7.3 Comparison with 1999–00 results

In order to compare the 1999–00 estimates of funding and expenditure with those in this report, it is necessary to express the expenditures in both periods in constant price terms. This has been achieved (Table 7.2 below) by revaluing the 1999–00 estimates in 2000–01 prices using an ABS chain price for final consumption demand by South Australian state and local governments on 'Hospital and nursing home services' (see Section 11.2).

Expenditure by DHS for 2000–01 increased in real terms by 2.7% between 1999–00 and 2000–01. All core public health activities showed small increases in real growth except *Selected health promotion*, which showed a decline of in expenditure of 23.4% between the two financial years. A significant part of this decline was due to a shift in health promotion expenditure to other health activities, which are not included under this category.

Table 7.2: Expenditure on core public health activities, South Australia, constant (2000–01) prices(a)

Activity	1999–00 ($ million)	2000–01 ($ million)	Growth rate (%)
Communicable disease control	11.9	12.5	5.0
Selected health promotion	8.9	6.8	–23.6
Organised immunisation	8.9	9.1	2.2
Environmental health	5.7	6.0	5.3
Food standards and hygiene	1.2	1.5	25.0
Breast cancer screening	7.3	7.8	6.8
Cervical screening	2.9	3.2	10.3
Prevention of hazardous and harmful drug use	12.4	13.9	12.1
Public health research	0.6	0.7	16.7
Total core public health	**59.8**	**61.4**	**2.7**

(a) Expenditure for 1999–00 has been revalued in 2000–01 prices using an ABS chain price index for final domestic expenditure by South Australian state and local governments on 'Hospital and nursing homes services' (see Section 11.2).

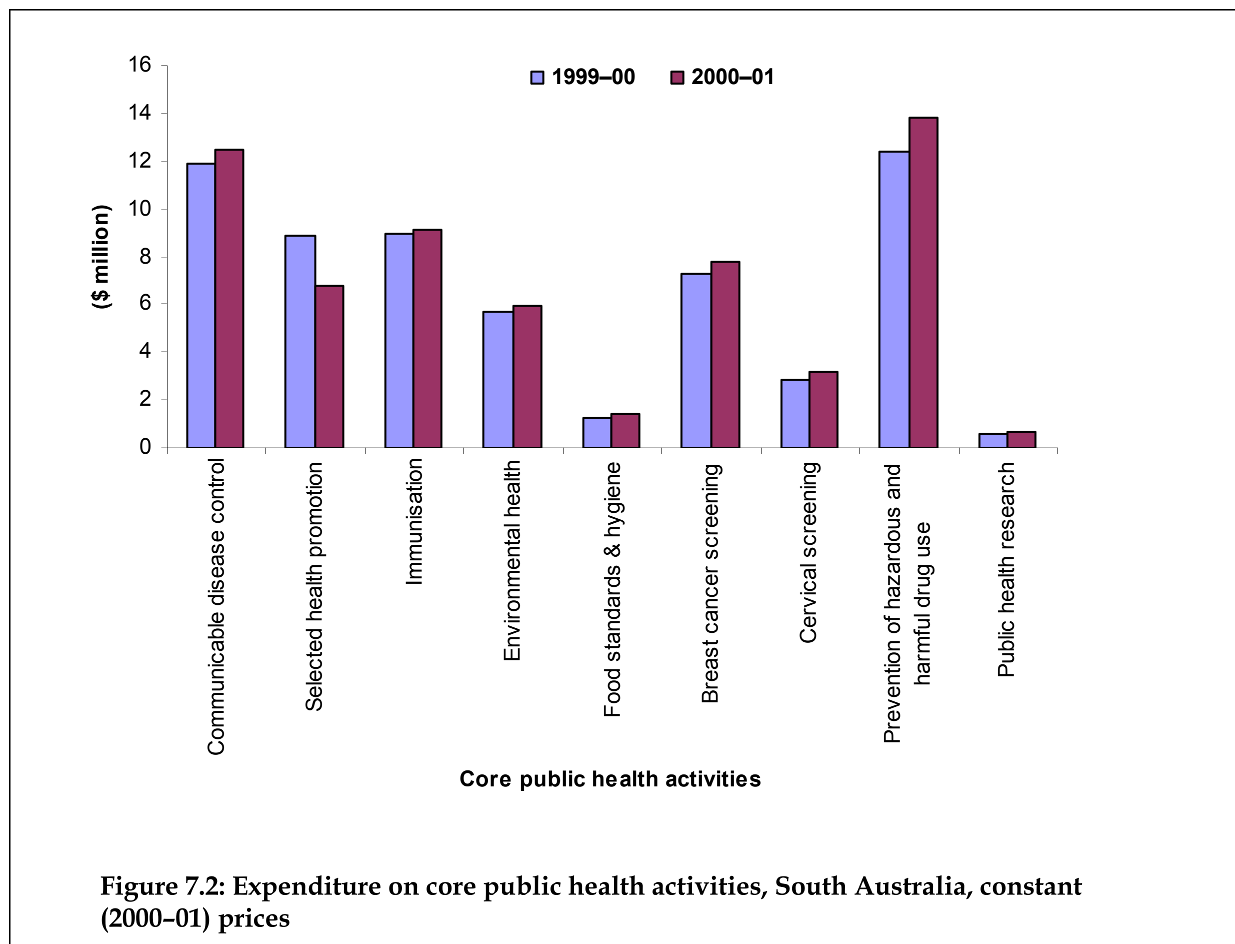


Figure 7.2: Expenditure on core public health activities, South Australia, constant (2000–01) prices

7.4 Expenditure on public health activities

This section of the report looks at South Australia's level of activity in relation to each of the core public health categories and the 'Public health-related activity'. It discusses in more detail the particular programs within each of the health activities and their related expenditure.

Communicable disease control

Total expenditure for *Communicable disease control* by DHS in 2000–01 was $12.5 million (Table 7.3). This constituted 20.3% of the total core public health expenditure by DHS and was one of the more significant areas of expenditure during 2000–01 (Table 7.1).

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 Communicable Disease Control Branch within DHS conducts the majority of this work. The branch meets its responsibilities through surveillance and investigation of communicable diseases, coordination of immunisation across the state, and programs focusing on HIV/AIDS, hepatitis C and sexually transmitted infection (STI) control.

HIV/AIDS, hepatitis C and sexually transmitted infections

The major contributor of programs and funding in this area is HHARP (HIV, Hepatitis C and Related Programs), a unit of the Communicable Disease Control Branch.

HHARP provides funding to 21 government, non-government and community-based agencies undertaking HIV and hepatitis C programs, and works in partnership across government to support joint programs in mental health, prisons and school-based education. Program planning has been structured to provide responses across each of the priority target groups. The service mix includes:

- primary prevention services, such as those provided by the Drug and Alcohol Services Council's Clean Needle Program (refer to the *Needle and syringe programs* category below) and the AIDS Council of SA Gay Men's Health Unit
- community-based support and care, including those services provided by People Living with HIV/AIDS, the SA Positive Living Centre, and the Hepatitis C Council of South Australia
- primary hepatitis C and HIV care, and specialist HIV and hepatitis C treatment (which is outside the scope of this category)
- workforce training and capacity development, including provision for vocational education training for undergraduate community services students, and in-service training for both HIV- and hepatitis C-funded workers and mainstream workers in health and community services.

The Sexually Transmitted Diseases Service at the Royal Adelaide Hospital is the other major contributor of services in this area. Costs include clinic time, data management, research, education and surveillance.

Sexual Health Information Networking and Education SA (Shine SA) also incurred significant expenditure in this category. This unit, funded by DHS, provides counselling and educational programs on preventing the spread of HIV/AIDS, hepatitis C and STIs.

Needle and syringe programs

The Drug and Alcohol Services Council coordinates the Clean Needle Program in South Australia. This service provides sterile injecting equipment and prevention education resources to health units, community health and housing services, and community pharmacies through the public and pharmacy-based arms of the Clean Needle Program. This program includes strategies to:

- extend the reach of the Clean Needle Program to isolated injecting drug users
- improve the quality of prevention education interventions
- increase the return rate of used needles and syringes
- reduce the number of publicly discarded needles and syringes
- alleviate health issues and concerns relating to injecting drug use.

Other communicable disease control

Expenditure under this category primarily includes:

- the Disease Surveillance Unit of the Communicable Disease Control Branch, which is responsible for the surveillance and investigation of notifiable diseases in South Australia
- laboratory services provided by the Institute of Medical and Veterinary Science, including the cost of providing reference facilities, screening, sub-typing and detection services
- contact investigations in the Tuberculosis Unit at the Royal Adelaide Hospital.

Table 7.3: Expenditure on *Communicable disease control*, South Australia, 2000–01 ($ million)

Category	Expenditure
HIV/AIDS, hepatitis C and sexually transmitted infections	7.7
Needle and syringe programs	1.2
Other communicable disease control	3.6
Total	**12.5**

Selected health promotion

Total reported expenditure on *Selected health promotion* during 2000–01 was $6.8 million. This represents 11.1% of total expenditure on core public health activities (Table 7.1).

Within South Australia, health promotion is coordinated by Health Promotion SA (part of DHS). This unit provides leadership and aims to develop a whole-of-government approach to health promotion in South Australia.

The programs undertaken by Health Promotion SA that fall within the *Selected health promotion* category include:

- injury prevention (covering farm safety and programs aimed at older people)
- physical activity
- Sunsmart
- mental health promotion
- public health nutrition
- health-promoting schools programs.

The Epidemiology Branch of DHS also contributed to the expenditure in this area. In addition, the public hospitals and community health services also recorded expenditure on a range of health promotion activities.

Organised immunisation

Total expenditure for *Organised immunisation* by DHS in 2000–01 was $9.1 million (Table 7.4). This was 14.9% of total core public health expenditure (Table 7.1).

Organised childhood immunisation

The Immunisation Coordination Unit within the Communicable Disease Control Branch coordinates the purchase, distribution, packaging and reporting of vaccines for the state.

Under the public health program the service delivery aspect of immunisation for children is carried out by:

- major public hospitals
- Child and Youth Health
- community health services.

During 2000–01 the level of immunisation for children has increased to 92% for one-year-olds and to 88% for two-year-olds.

Organised pneumococcal and influenza immunisation

The majority of expenditure for this category was incurred by the Immunisation Coordination Unit in providing vaccines to at-risk populations. It is part of the national program for persons aged 65 years and over where flu vaccine coverage increased by 3.4% to 80.5% during 2000–01.

All other organised immunisation

Expenditure in this category is related to:

- the staff influenza vaccination program
- the hepatitis B vaccination program for gay men.

Table 7.4: Expenditure on *Organised immunisation*, South Australia, 2000–01 ($ million)

Category	Expenditure
Organised childhood immunisation	5.3
Organised pneumococcal and influenza immunisation	2.8
All other organised immunisation	1.0
Total	**9.1**

Environmental health

Total expenditure for *Environmental health* by DHS in 2000–01 was $6.0 million, which represents approximately 10% of public health expenditure during 2000–01 (Table 7.1).

The major provider of environmental health services in South Australia (outside of LGAs) is the Environmental Health Branch of DHS. The branch is responsible for:

- assessment, correction, control and prevention of environmental factors arising from a range of chemical, microbiological and physical agents that can adversely affect health
- enhancement of environmental factors that can improve health
- addressing 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
- provision of advice to government agencies and the public.

Expenditure in this category relates to:

- the Port Pirie Environmental Health Centre, which is responsible for lead abatement issues arising from smelters located in the town. Costs involve health promotion, screening for blood lead levels in infants, and lead abatement activities in homes and the community
- environmental testing of shellfish growing areas and management of algal blooms
- monitoring of contaminated sites and water quality testing
- development of policy and legislation pertaining to the access and safe use of pharmaceuticals and other chemicals
- surveillance and management of radiation risks, including responsibility 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 2000–01 was $1.5 million, or 2.4% of total core public health expenditure (Table 7.1).

In South Australia, the Food Standards and Food Legislation Units of the Food Section within the Environmental Health Branch of DHS are the major contributors to *Food standards and hygiene* regulation. Expenditure in this category relates to:

- surveillance of food products
- projects related to food
- planning and legislative review—particularly in regard to development of and consultation on the Food Act 2001
- food poisoning investigations.

Due to the centralised structure of the Environmental Health Branch, costs associated with management and senior committees have been divided equally between the *Food standards and hygiene* and *Environmental health* categories.

Breast cancer screening

Total expenditure for *Breast cancer screening* by DHS in 2000–01 was $7.8 million. This was 12.7% of total core public health expenditure (Table 7.1).

BreastScreen SA, within DHS, aims to reduce mortality and morbidity attributable to breast cancer through a free government screening mammography service. The service is provided primarily to asymptomatic women in the target group (women aged 50 to 69 years), on a state-wide basis. However, women 40 years and over are eligible to attend. BreastScreen SA provides the free government breast cancer screening program on behalf of the government in South Australia, as part of the national program. Funding is provided under a joint arrangement with the Australian Government through the PHOFAs.

In addition to the breast cancer screening program, costs were incurred on:

- maintenance of the cancer registry in the Epidemiology Branch of DHS
- breast cancer cytological screens through the Institute of Medical and Veterinary Science.

Cervical screening

Total expenditure for *Cervical screening* by DHS for 2000–01 was $3.2 million, which was 5.2% of total core public health expenditure for the same period (Table 7.1).

Cervical screening in South Australia is part of the National Cervical Screening Program, funded jointly under the PHOFAs. The SA Cervical Screening Unit manages the program.

The 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.

The majority of Pap smears in South Australia are carried out in the private sector by GPs and funded through Medicare. This expenditure is recorded by the Australian Government and included in the national and Australian Government estimates of expenditure on *Cervical screening*.

In addition, Public hospitals and community health centres provide some screening, treatment and follow-up services (including colposcopy) and a small number of grants are provided by the state to Aboriginal communities where there are no clinical services. Also, the state government funds public health laboratory services associated with cervical screening.

Prevention of hazardous and harmful drug use

Total expenditure for *Prevention of hazardous and harmful drug use* by DHS in 2000–01 was $13.9 million (Table 7.5) This was 22.6% of total core public health expenditure and reflects the most significant area of expenditure on core public health activities.

The Drug and Alcohol Services Council is the major funder of programs aimed at reducing the overuse and abuse of alcohol and drugs of dependence, whereas tobacco control in South Australia is predominantly funded by the Tobacco Control Unit of DHS.

Tobacco

The major contributor to expenditure under this category was the Tobacco Control Unit of DHS. The Anti-Tobacco Ministerial Advisory Taskforce was formed in 1998 to build the foundations for a smoke-free culture in South Australia and to advise on the funding of many initiatives.

The goal of the 1998–2003 SA Tobacco Control State Strategy is to reduce the prevalence of smoking by 20% or more over the five years, particularly among young people, and to reduce involuntary exposure to tobacco smoke.

To further the aim of reducing smoking prevalence, South Australia is working on three strategic directions:

- encouraging people to stop smoking
- reducing the uptake of smoking
- promoting a smoke-free culture and environment.

The Tobacco Control Unit ran a number of anti-smoking campaigns during the course of the year. Major campaigns included:

- the Smoke-free Home and Cars project which featured a strong media campaign

- the BREATHE Easy! campaign, in collaboration with Quit SA and Chemplus, which aimed to increase the number of smoke-free workplaces, particularly those with 50 or fewer employees.

Illicit and other drugs of dependence

The Drug and Alcohol Services Council ran a number of programs aimed at illicit drug control and harm minimisation. Major programs included:

- Maintenance Pharmacotherapies Program—prescribes and administers methadone, and provides assistance to clients to reduce or abstain from the use of illicit opiates and to improve their general health status and social functioning.
- Drug Assessment and Aid Panel—provides assessment and aid for adults diverted from courts on drug-related, simple possession offences.
- General Practitioner Program—aims to create an accessible, supportive and effective link between the Drug and Alcohol Services Council and GPs. It also aims to increase both the knowledge and skills of the GPs and the number of GPs registering as private methadone prescribers. Training focused on:
  - managing adolescent drug use,
  - brief intervention for cannabis dependence,
  - management of opioid-dependent patients, and
  - responding to hepatitis C.

Smaller substance abuse programs were also run by a number of community health centres.

In addition to the programs funded by the Drug and Alcohol Services Council, the Pharmaceutical Services branch within DHS provides an oversight of the use of drugs of dependence within South Australia.

Mixed

Major programs funded by the Drug and Alcohol Services Council that could not be classified into the above categories included:

- Metropolitan Community Services and Country Outreach Services—provides outpatient counselling, assessment and referral for people with alcohol and other drug problems
- Alcohol and Drug Information Service—'frontline' or central contact point for anyone needing assistance and/or information related to alcohol and other drugs
- resource production—development and production of public information, promotional, clinical and corporate materials
- Life Education SA Inc.—provides community-supported drug education programs to primary and secondary schools.

Other major areas of expenditure in this category included:

- biochemical screens for drugs and alcohol, performed by the Institute of Medical and Veterinary Science laboratory
- mobile assistance patrol operations, coordinated by the Aboriginal Services Division of DHS.

Table 7.5: Expenditure on *Prevention of hazardous and harmful drug use*, South Australia, 2000–01 ($ million)

Category	Expenditure
Alcohol	0.3
Tobacco	4.2
Illicit and other drugs of dependence	4.8
Mixed	4.6
Total	**13.9**

Public health research

Total expenditure for *Public health research* by DHS in 2000–01 was $0.7 million (Table 7.6). This was 1.1% of total core public health expenditure (Table 7.1).

The Australian Government funds the majority of research undertaken in South Australia, in the form of National Health and Medical Research Council and other grants. Expenditure reported by the State includes:

Public health research on Alcohol

The Drug and Alcohol Services Council provided funds to Flinders University to support a research project on the causes of liver damage and approaches to its prevention.

Public health research on Illicit and other drugs of dependence

A number of research projects were funded by the Drug and Alcohol Service Council including:

- Methadone Prescribers—Trial of a New Funding Model
- Randomised Controlled Trial of Rapid Heroin Detoxification under Anaesthetic for Induction into Oral Naltrexone Maintenance Therapy (treatment component 50% reported under 'Public health-related activities')
- Benzodiazepine Withdrawal Trial: A Comparison of a Standard Taper and a Symptom-triggered Model (treatment component 50% reported under 'Public health-related activities').

Public health research not allocated to previous categories

Expenditure that was unable to be allocated mainly includes research undertaken by the Epidemiology Branch in the areas of:

- health outcomes
- health statistics
- the cancer registry.

Table 7.6: Expenditure on *Public health research*, South Australia, 2000–01 ($'000)

Category	Total
Prevention of hazardous and harmful drug use	
Alcohol	20.8
Illicit and other drugs of dependence	167.2
Mixed	. .
Research not allocated to previous categories	477.4
Total	**665.4**

Expenditure on 'Public health-related activities'

Total expenditure on 'Public health-related activities' in 2000–01 was $52.4 million. The following major programs have been reported as 'Public health-related activities' by South Australia:

- dental health services including the school dental screening program ($34.4 million)
- drug and alcohol treatment and welfare-related programs ($10.1 million). Major programs included:
  - detoxification and rehabilitation services
  - Salvation Army Sobering-up Unit
  - Woolshed residential drug-free programs
  - Education and Development Unit
- young mothers program, well baby clinics and other maternal and child health ($2.6 million)
- epidemiology programs, or components thereof, that were not considered to be core public health for the purposes of this project ($1.5 million), including:
  - population health survey
  - smoking and diabetes
  - Centre for Population Studies in Epidemiology
  - pregnancy outcome
  - clinical epidemiology
- anger management and sexual abuse programs ($1 million)
- mobile bone densitometry unit.

7.5 Public health expenditure by non-health government departments

Total expenditure on core public health activities by non-health government departments in South Australia during 2000–01 was estimated at $27.6 million (Table 7.7). Similar data were collected in 1999–00 and included in the previous report.

The inclusion of these data provide a broader picture of the extent of the total investment in public health by the South Australian Government.

Table 7.7: Expenditure on core public health activities by other (non-health) government departments and authorities, South Australia, 2000–01 ($ million)

Category	Total
Communicable disease control	
HIV/AIDS, hepatitis C and sexually transmitted infections	0.1
Needle and syringe program	—
Other communicable disease control	—
Selected health promotion	18.8
Organised immunisation	
Organised childhood immunisation	—
Organised pneumococcal and influenza immunisation	—
All other organised immunisation	—
Environmental health	7.0
Food standards and hygiene	1.1
Breast cancer screening	—
Cervical screening	—
Prevention of hazardous and harmful drug use	
Alcohol	0.1
Tobacco	—
Illicit and other drugs of dependence	—
Mixed	0.4
Public health research	—
Total core public health	**27.6**

Department of Correctional Services

The department reported public health expenditure of $0.3 million. This expenditure is an estimate based on staff time, as data are not routinely collected in these categories. Public health programs undertaken by the department included:

- HIV/AIDS, hepatitis C and STI program
- minor expenditure on childhood immunisation
- methadone and alcohol program.

Department of Education, Training and Employment

Total expenditure reported by this Department was $11.3 million. Of this, $10.9 million was spent on supporting and enhancing physical education and sport programs in schools. In addition, a drug strategy program funded by the Department was also run in schools dealing with drug issues at the local level within a harm minimisation framework ($0.4 million).

Department of Industry and Trade

The Department of Industry and Trade incurred minor public health expenditure on *Environmental health* and in providing assistance to the health and food industries.

Department of the Premier and Cabinet

The Department of the Premier and Cabinet reported minor expenditure in *Selected health promotion*, relating to a Skate Healthy for Life competition.

Department of Primary Industries and Resources

This Department plays a key role in the provision of public health in *Food standards and hygiene* and *Environmental health*. Its activities relate to:

- *Food standards and hygiene* ($1.0 million)
  - Primary Production Processing Standard—includes advice to operators on food handling and safety, and aids in developing industry's role in maintaining food quality
  - 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
  - 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.
- *Environmental health* ($0.3 million)
  - occupational health education, such as the farm chemical users' course
  - regulatory control of agricultural and veterinary chemicals including monitoring of chemicals in foods and fibres. Although the primary rationale is not human health, health and injury risk to handlers is considerable.
  - monitoring activities, which include environmental testing of shellfish-growing areas, and the management of algal blooms and the potential public health risks associated with their spread.

Total public health expenditure reported by the Department was approximately $1.3 million.

Environment Protection Authority

The Environment Protection Authority contributes to public health in South Australia in the following areas:

- monitoring of air quality
- noise pollution control
- management and control of waste.

Public health expenditure reported by the Environment Protection Authority totalled $0.8 million.

Office for Recreation and Sport

Total expenditure on core public health activities by the Office was $7.9 million in 2000–01. This included the funding of recreation and sport programs promoting health and wellbeing.

SA Water

In providing water and waste water services to South Australia, SA Water spends significantly on *Environmental health*, particularly in the areas of water quality testing, sampling and fluoridation. Public health expenditure incurred was $5.9 million.

Work Cover Corporation

Work Cover reported minor expenditure for information sheets and guidelines in the areas of HIV/AIDS, hepatitis C and sexually transmitted infections, and alcohol awareness programs.

8 Expenditure by Tasmanian health authorities

8.1 Introduction

Tasmania, with a population of 0.5 million, is Australia's smallest state, in both its geographic area and its total population. Some 13.7% of Tasmania's population are aged 65 years and over, which is higher than the national average of 12.5%.

The Department of Health and Human Services (DHHS) is involved in a wide range of population-based activities that support the promotion and protection of the health and wellbeing of Tasmanians. Its public health role incorporates monitoring quality and performance, developing public health policy and providing advice, as well as undertaking ongoing surveillance of social, economic and environmental health indicators.

Within the department, the Division of Community, Population and Rural Health has the primary responsibility for public health, through the key areas of:

- public and environmental health
- health and wellbeing outcomes
- alcohol and drug services
- cancer screening and control services.

8.2 Overview of results

Estimated expenditure on core public health activities in Tasmania during 2000–01 was $21.9 million (Table 8.1). Over 70% of this was directed towards the following core public health activities:

- *Selected health promotion* (20.4%)
- *Prevention of hazardous and harmful drug use* (20.1%)
- *Organised immunisation* (16.4%)
- *Breast cancer screening* (14.3%).

An additional $24.2 million was spent on 'Public health-related activities'.

Table 8.1: Expenditure on core public health activities, Tasmania, 2000–01

Activity	Total expenditure ($ million)	Proportion of total core public health expenditure (%)
Communicable disease control	2.5	11.5
Selected health promotion	4.5	20.4
Organised immunisation	3.6	16.4
Environmental health	2.6	11.7
Food standards and hygiene	0.1	0.7
Breast cancer screening	3.1	14.3
Cervical screening	0.7	3.2
Prevention of hazardous and harmful drug use	4.4	20.1
Public health research	0.4	1.7
Total core public health	**21.9**	**100.0**
Public health-related activities	24.2	. .

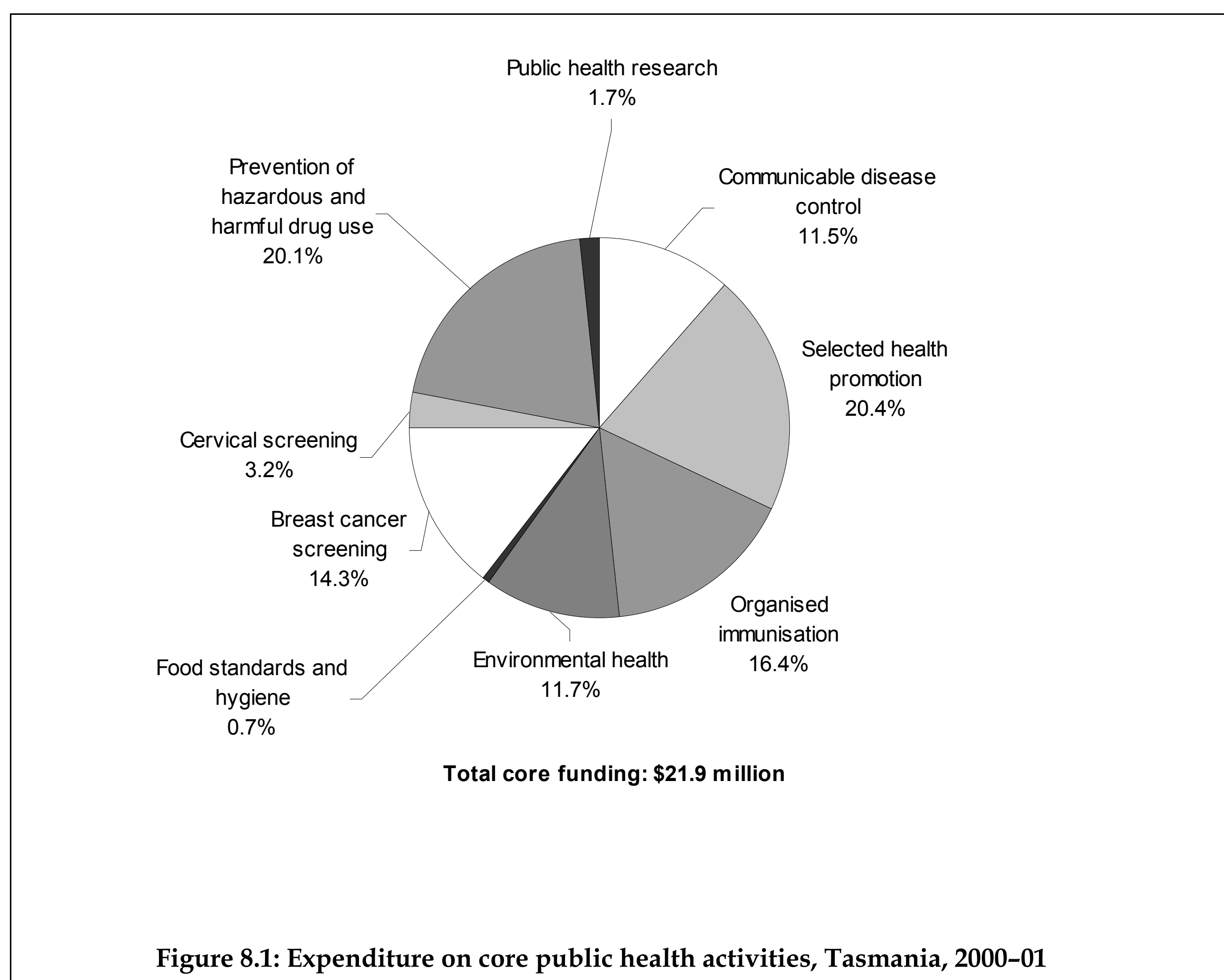


Figure 8.1: Expenditure on core public health activities, Tasmania, 2000–01

8.3 Comparison with 1999–00 results

In order to compare the 1999–00 estimates of funding and expenditure with those in this report, it is necessary to express the expenditures in both periods in constant price terms. This has been achieved (Table 8.2 below) by revaluing the 1999–00 estimates in 2000–01 prices using an ABS chain price index for final consumption expenditure by Tasmanian state and local governments on 'Hospital and nursing home services' (see Section 11.2). The table provides such a comparison, in constant price terms, of expenditure on core public health activities in 1999–00 and 2000–01.

Expenditure by DHHS grew in real terms by 7% between 1999–00 and 2000–01. Most core public health categories showed increases in real expenditure between the two financial years.

Table 8.2: Expenditure on core public health activities, Tasmania, constant (2000–01) prices[(a)]

Activity	1999–00 ($'000)	2000–01 ($'000)	Growth rate (%)
Communicable disease control	2,420.2	2,506.8	3.6
Selected health promotion	4,080.1	4,455.9	9.2
Organised immunisation	3,142.9	3,590.7	14.2
Environmental health	2,618.5	2,555.1	–2.4
Food standards and hygiene	72.3	143.8	98.9
Breast cancer screening	2,644.6	3,119.7	18.0
Cervical screening	716.5	706.7	–1.4
Prevention of hazardous and harmful drug use	4,517.3	4,403.3	–2.5
Public health research	309.6	375.7	21.4
Total core public health	**20,521.9**	**21,857.6**	**6.5**

(a) Expenditure for 1999–00 has been revalued in 2000–01 prices using an ABS chain price index for final domestic expenditure by Tasmania state and local governments on 'Hospital and nursing homes services (see Section 11.2)).

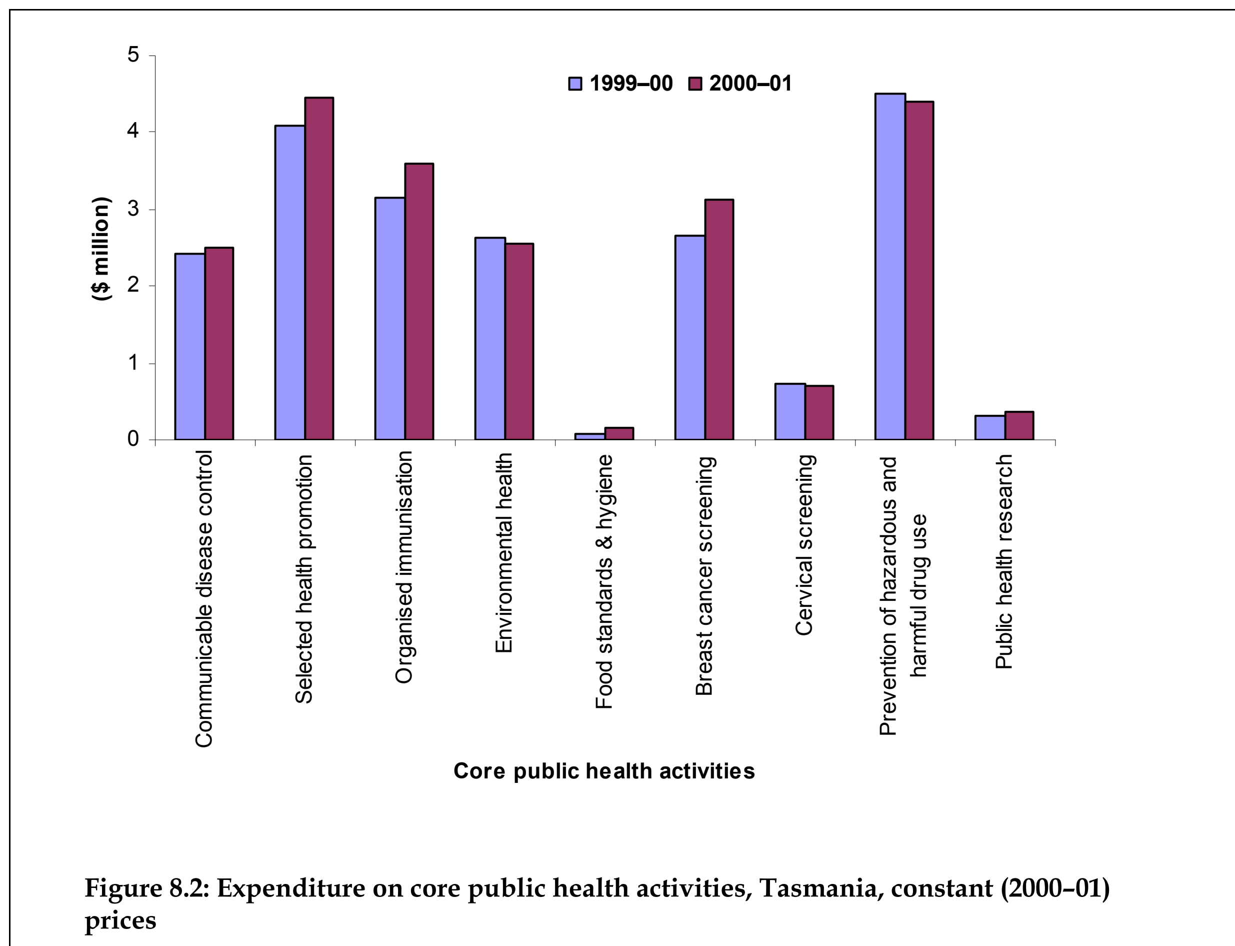


Figure 8.2: Expenditure on core public health activities, Tasmania, constant (2000–01) prices

8.4 Expenditure on public health activities

This section of the report looks at Tasmania's level of activity in relation to each of the core public health categories and the 'Public health-related activity'. It discusses in more detail the particular programs within each of the health activities and their related expenditure.

Communicable disease control

Tasmania spent $2.5 million on *Communicable disease control* during 2000–01 (Table 8.3). This represented 11.5% of total expenditure on core public health activities in the state (Table 8.1).

HIV/AIDS, hepatitis C and sexually transmitted infections

The expenditure of $1.3 million in this area related mainly to education, prevention and administration. The Public and Environmental Health Service's Sexual Health Branch administered this expenditure.

Needle and syringe programs

Expenditure on needle exchange activities was included in the Needle and syringe programs category. Total expenditure on this category was $0.5 million, marginally up on the expenditure for 1999–00. This was due to a continued rise in demand for this service.

Other communicable disease control

Expenditure reported for 2000–01 was $0.6 million. Surveillance and contact tracing of notifiable diseases contributed to the main expenditure in this area.

Table 8.3: Expenditure on *Communicable disease control*, Tasmania, 2000–01 ($ million)

Category	Expenditure
HIV/AIDS, hepatitis C and sexually transmitted infections	1.3
Needle and syringe programs	0.5
Other communicable disease control	0.6
Total	**2.5**

Selected health promotion

Total reported expenditure on *Selected health promotion* during 2000–01 was $4.5 million (Table 8.1). This was the most significant area of expenditure by DHHS on core public health activities and constituted 20.4% of the total expenditure.

The Division of Community, Population and Rural Health Services employs dedicated regional health promotion officers who undertake a wide range of health promotional activities including:

- oral health
- nutrition
- injury prevention
- healthy ageing
- mental health.

In addition, grants were provided to a number of NGOs for nutrition and sexual health promotion.

Organised immunisation

Total expenditure on *Organised immunisation* in 2000–01 was $3.6 million (Table 8.4) or 16.4% of total expenditure on core public health activities in the year (Table 8.1).

Organised childhood immunisation

Expenditure for *Organised childhood immunisation* was reported for DTPa (vaccine booster), *Haemophilus influenzae* type B (Hib), 2nd dose MMR, ACIR, Vaccination Program, polio and ADT, Comvax and Hep. B.

Organised pneumococcal and influenza immunisation

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

All other organised immunisation

The main expenditure for this category was for the MMR Young Adult initiative, a time-defined program due to end in 2002–03.

Table 8.4: Expenditure on *Organised immunisation*, Tasmania, 2000–01 ($ million)

Category	Expenditure
Organised childhood immunisation	2.4
Organised pneumococcal and influenza immunisation	0.8
All other organised immunisation	0.4
Total	**3.6**

Environmental health

Total expenditure on *Environmental health* during the year was $2.6 million or 11.7% of total core public health expenditure (Table 8.1).

The major expenditure under this activity was performance monitoring of water quality (for example fluoridation and contamination), shellfish quality assurance, and supervising *Legionella* control measures and radiation safety.

Food standards and hygiene

Tasmania spent $0.1 million on *Food standards and hygiene* activities during 2000–01, or 0.7% of total core public health expenditure (Table 8.1).

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

Breast cancer screening

Expenditure on *Breast cancer screening* was $3.1 million or 14.3% of total expenditure on core public health activities (Table 8.1).

Breast cancer screening was conducted by the BreastScreen Tasmania program, which included a mobile unit and other offices. It provides a free government breast cancer screening program for women aged 50 to 69 years throughout Tasmania. Funding is provided under a joint arrangement with the Australian Government through the PHOFAs.

In addition to the screening program, costs were incurred on services for screening and assessment, training and data management.

Cervical screening

Total expenditure during 2000–01 was $0.7 million or 3.2% of total core public health expenditure (Table 8.1).

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

It should be noted that the majority of cervical screening is undertaken by GPs and funded through Medicare. This expenditure is recorded by the Australian Government and included in the national and Australian Government estimates of expenditure on *Cervical screening*.

Prevention of hazardous and harmful drug use

Total expenditure for *Prevention of hazardous and harmful drug use* in 2000–01 was $4.4 million (Table 8.5). This constituted 20.1% of total core public health expenditure by DHHS and was the second most significant area of expenditure on public health activities during 2000–01 (Table 8.1). This expenditure also includes grants to NGOs of $0.6 million.

Work undertaken in this area comes under the administration of the Alcohol and Drug Services Expenditure Unit and includes the National Drug Strategy and Tobacco Control programs. Expenditure under this activity mainly related to:

- diversion programs
- tobacco control
- methadone program
- GP advisory service.

Table 8.5: Expenditure on *Prevention of hazardous and harmful drug use*, Tasmania, 2000–01 ($ million)

Category	Expenditure
Alcohol	1.3
Tobacco	0.6
Illicit and other drugs of dependence	1.0
Mixed	1.6
Total	**4.4**

Public health research

Total expenditure during 2000–01 was $0.4 million or 1.7% of total core public health expenditure (Table 8.1).

The expenditure reported under *Public health research* is for grants to the Menzies Centre for Population Health.

Expenditure on 'Public health-related activities'

A total of $24.2 million was spent on 'Public health-related activities' in Tasmania during 2000–01 (Table 8.1).

The types of programs and activities included as public health-related activities were:

- Tasmanian Vision Impairment Project
- Diabetes Policy Development
- family planning
- breastfeeding
- early childhood screening
- child dental screening
- Child Assessment and Protection Service.

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 New South Wales. The functions of the ACT Government incorporate many that would be undertaken by either state governments or local government agencies in other jurisdictions. Its 'state-level' functions include education, health and community services, road traffic services (motor registration, driving licences, etc.), and police and corrective services. Its 'local government-level' services include, among others, sanitation services, library services and city parks maintenance. None of the Australian Capital Territory's population of 0.3 million people resides in a remote area.

As well as providing for the needs of its own population, many of the ACT's health services also 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. Approximately one-quarter of acute hospital services provided by public hospitals in the ACT during 2000–01 were supplied to persons who were not residents of the ACT.

During 2000–01 health services within the ACT were the responsibility of the then Department of Health, Housing and Community Care (DHHCC). Health services were provided within a purchaser provider model, with the DHHCC acting primarily as a purchaser of health services from government and non-government agencies. The DHHCC's public health role was predominantly undertaken by the Population Health Division, which was responsible for assessing population-based health outcomes, communicable disease surveillance and health protection. In addition, during 2000–01 Healthpact and Healthy City Canberra worked with communities to identify and prioritise health concerns, and facilitate whole-of-government and whole-of-community responses to those needs.

DHHCC also purchased services from government and non-government service providers to meet the public health needs of specific population groups. For example, the then ACT Community Care provided a range of community health services covering health promotion, immunisation, breast cancer and cervical screening, communicable disease control and alcohol and other drug services.

9.2 Overview of results

Total expenditure on core public health activities during 2000–01 was $27.3 million (Table 9.1). Over 75% of the expenditure was directed towards four health activities:

- *Prevention of hazardous and harmful drug use* (30.3% or $8.3 million)
- *Selected health promotion* (16.8% or $4.6 million)

- *Organised immunisation* (14.8% or $4.0 million)
- *Communicable disease control* (13.6% or $3.7 million).

Table 9.1: Expenditure on core public health activities, Australian Capital Territory, 2000–01

Activity	Total expenditure ($'000)	Proportion of total core public health expenditure (%)
Communicable disease control	3,718.8	13.6
Selected health promotion	4,574.4	16.8
Organised immunisation	4,026.6	14.8
Environmental health	1,972.7	7.2
Food standards and hygiene	1,797.6	6.6
Breast cancer screening	2,263.9	8.3
Cervical screening	580.5	2.1
Prevention of hazardous and harmful drug use	8,257.4	30.3
Public health research	104.2	0.4
Total core public health	**27,295.9**	**100.0**

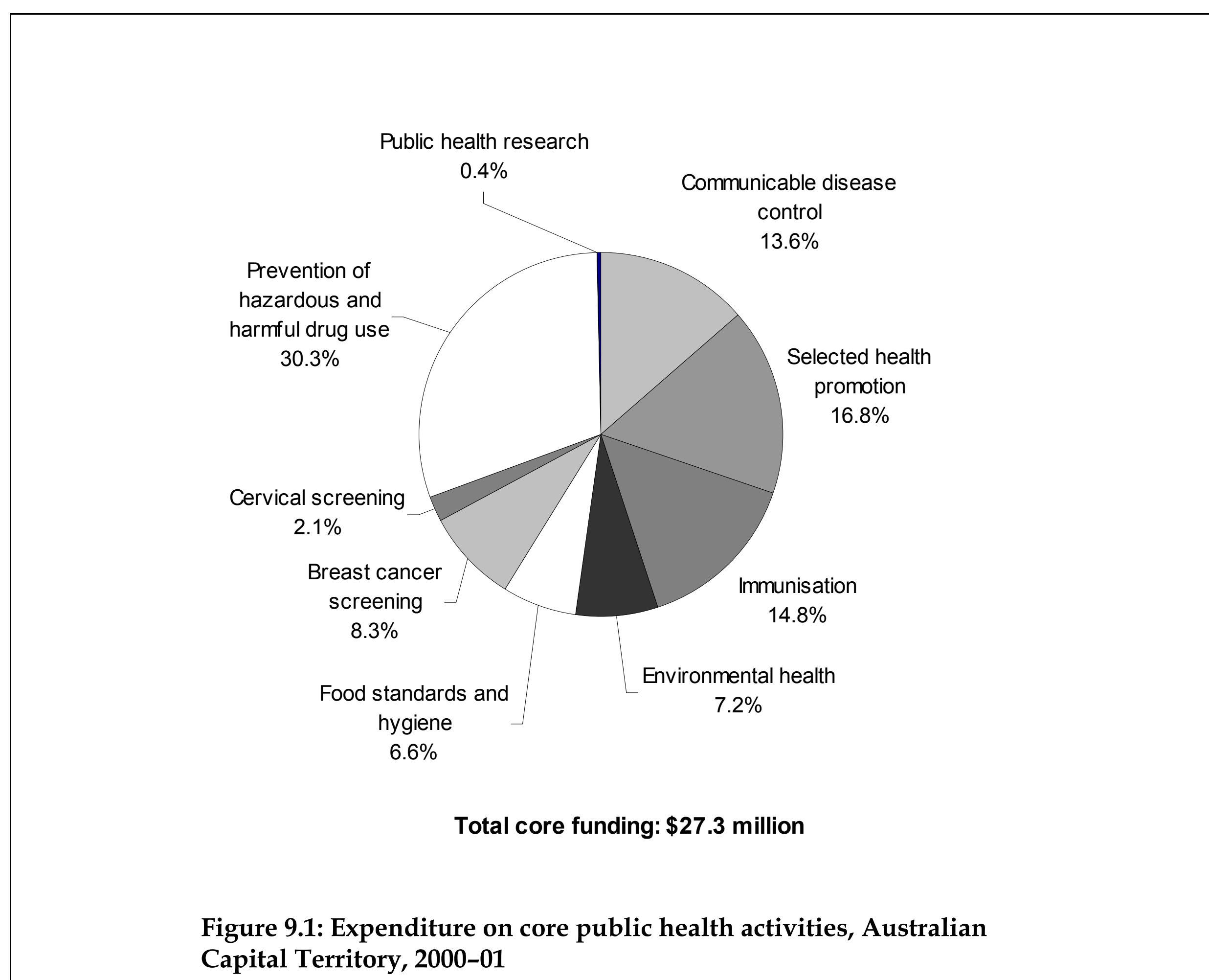


Figure 9.1: Expenditure on core public health activities, Australian Capital Territory, 2000–01

The key public health goals of DHHCC during 2000–01 were to:

- implement strategies to prevent the uptake of drug use through a range of promotion and education initiatives and accessible drug treatment services, including the expansion of some existing services such as the methadone program
- conduct promotional and educational campaigns to increase awareness of communicable diseases and prevent their spread
- develop and implement strategies to promote health and wellbeing
- fund a range of health programs such as SmokeFree, Nutrition and SunSmart.

9.3 Comparison with 1999–00 results

In order to compare the 1999–00 estimates of funding and expenditure with those in this report, it is necessary to express the expenditures in both periods in constant price terms. This has been achieved (Table 9.2 below) by revaluing the 1999–00 estimates in 2000–01 prices using an ABS chain price index for final consumption expenditure by the ACT Government on 'Hospital and nursing home services' (see Section 11.2). The table provides such a comparison, in constant price terms, of expenditure on core public health activities in 1999–00 and 2000–01.

Total expenditure core public health expenditure in 2000–01 was $27.3 million. This was an increase in real terms of 15.7%. All health activities recorded real growth in expenditure except *Selected heath promotion*.

Table 9.2: Expenditure on core public health activities, Australian Capital Territory, constant 2000–01 prices(a)

Activity	1999–00 ($'000)	2000–01 ($'000)	Growth rate (%)
Communicable disease control	2,664.4	3,718.8	39.6
Selected health promotion	5,102.0	4,574.4	–10.3
Organised immunisation	3,375.3	4,026.6	19.3
Environmental health	1,503.7	1,972.7	31.2
Food standards and hygiene	1,677.9	1,797.6	7.1
Breast cancer screening	2,080.9	2,263.9	8.8
Cervical screening	568.5	580.5	2.1
Prevention of hazardous and harmful drug use	6,584.9	8257.4	25.4
Public health research	26.5	104.2	293.2
Total core public health	**23,584.1**	**27,295.9**	**15.7**

(a) Expenditure for 1999–00 has been revalued in 2000–01 prices by using the ABS chain price index for final domestic expenditure by the Australian Capital Territory Government on 'Hospital and nursing homes services' (see Section 11.2).

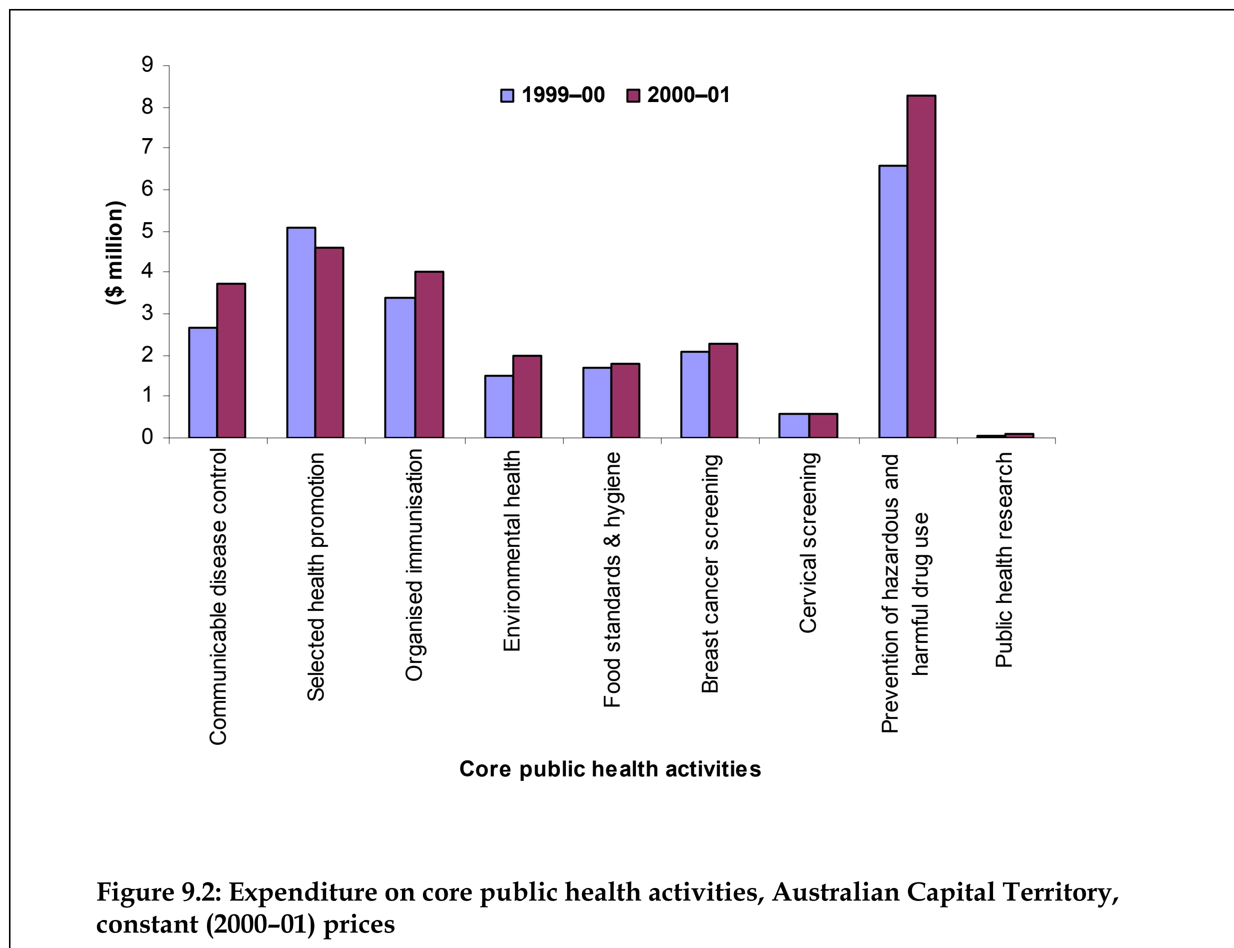


Figure 9.2: Expenditure on core public health activities, Australian Capital Territory, constant (2000–01) prices

9.4 Expenditure on public health activities

This section of the report looks at the Australian Capital Territory's level of activity in relation to each of the core public health categories. It discusses in more detail the particular programs within each of the health activities and their related expenditure.

Communicable disease control

The Communicable Disease Control unit is responsible for the surveillance, investigation and public health management of notifiable diseases and the licensing and inspection of businesses which conduct skin penetration procedures, such as tattooists.

Total reported expenditure for *Communicable disease control* in 2000–01 was $3.7 million (Table 9.3). This accounted for 13.6% of total core public health expenditure (Table 9.1). 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.

A number of initiatives in communicable disease control were taken during 2000–01. These included:

- an updated tuberculosis notification protocol which allows a more timely notification of tuberculosis and collection of data according to national requirements. Information and training was also provided to public and private providers of Mantoux testing

- a new investigation procedure for the follow-up of campylobacter infections to facilitate identification of common links and sources of infection
- implementation of the new national guidelines for the control of measles outbreaks.

HIV/AIDS, hepatitis C and sexually transmitted infections

Expenditure on HIV/AIDS in the ACT was directed towards providing surveillance and investigation, as well as providing education, support and counselling to people affected by HIV/AIDS and hepatitis C. The ACT Health Protection Service provided a hepatitis C 'look back' program for both donor-triggered and recipient-triggered investigations.

Needle and syringe programs

The Needle and Syringe Program aims to reduce the risk to injecting drug users of transmission of the HIV virus and other blood-borne diseases by providing sterile injecting equipment and education. Needle and syringe funding went to both government and non-government needle and syringe outlets. Non-government providers were key partners in the needle and syringe programs.

Other communicable disease control

Expenditure on other communicable disease control in the ACT was on vaccines, surveillance, outbreaks and infection control. Activities included:

- communicable disease surveillance, including improved monitoring, notification and follow-up procedures
- 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, 2000–01 ($ million)

Category	Expenditure
HIV/AIDS, hepatitis C and sexually transmitted infections	2.3
Needle and syringe programs	0.7
Other communicable disease control	0.8
Total	**3.7**

Selected health promotion

Total reported expenditure on *Selected health promotion* was $4.6 million. This represented 16.8% of total expenditure on core public health activities in 2000–01 (Table 9.1). Expenditure included that of Healthpact, the Healthy City Canberra program and a range of educational activities undertaken by DHHCC.

Healthy City Canberra (HCC) facilitated, funded and/or supported numerous successful cross-sectoral projects and other initiatives. Highlights included:

- Healthy City Canberra Community Gardens project—HCC provided funding for the establishment or refurbishment of ten community gardens
- Healthy Schools Awards—support and promotion for school initiatives that promoted health and wellbeing. Ten schools received over $30,000 in prizes for health-promoting projects
- launch of the Health Promoting Health Services Network, a regional network of health services
- provision of nutrition training to school canteen managers through the Canteens Coalition
- Physical Activity Taskforce, a cross-sectoral taskforce supporting and advocating increased physical activity levels in the ACT community
- support for the Residents of Childers and Kingsley Streets group in developing a community development plan for their precinct.

In 2000–01, Healthpact distributed $1.6 million to ACT sports, arts and community organisations for 113 health-promotion projects under health categories entitled:

- Smokefree
- SunSmart
- Physical Activity
- Nutrition
- Injury Prevention
- Community Wellbeing
- Healthy Lifestyle Program.

Healthpact also provided support funding for research in the areas of social capital and injury prevention (prevention of self-harm).

Organised immunisation

Total expenditure for *Organised immunisation* by DHHCC in 2000–01 was $4.0 million (Table 9.4). This was 14.8% of total core public health expenditure (Table 9.1).

Organised childhood immunisation

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

- coordination of the ACT Immunisation Program
- development of strategies to maintain immunisation performance
- provision of advice and education to vaccine providers and the public
- maintenance and management of the ACT Immunisation Register
- provision of data to the Australian Childhood Immunisation Register
- follow-up of children overdue for immunisation
- adverse events surveillance and management.

There has been continued success in immunisation coverage, with coverage data at 30 June 2001 showing 91.5% of ACT children at one year of age and 89.7% of ACT children at two years of age are fully immunised.

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. This has proved to be a popular program with demand for the vaccine indicating high uptake in the at-risk groups.

Table 9.4: Expenditure on *Organised immunisation*, Australian Capital Territory, 2000–01 ($ million)

Category	Expenditure
Organised childhood immunisation	3.3
Organised pneumococcal and influenza immunisation	0.4
All other organised immunisation	0.3
Total	**4.0**

Environmental health

Total expenditure for *Environmental health* by Australian Capital Territory health authorities in 2000–01 was $2.0 million or 7.2% of the total core public health expenditure (Table 9.1).

Expenditure included policy and legislation development, auditing and monitoring, and scientific services performed by the ACT Government Analytical Laboratories. Auditing and monitoring activities were 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 included:

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

During 2000–01, the Health Protection Service played an important role in assessing and addressing potential health issues related to high levels of bacteriological contamination in recreational waterways in the ACT.

Food standards and hygiene

Total expenditure for *Food standards and hygiene* by Australian Capital Territory health authorities in 2000–01 was $1.8 million (Table 9.1). This was 6.6% of total core public health expenditure.

Expenditure under this health activity covered standardisation, regulatory and safety issues 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 included:

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

During this reporting period, new ACT food legislation was developed to reflect new national regulatory reforms. A particular focus for 2000–01 was increasing the food safety monitoring program through more visits to food businesses in general and also targeting high-risk premises and foods.

Breast cancer screening

As part of a national funded program, BreastScreen ACT provides free screening services to all women aged over 50 years in the ACT. The target group is women who are not symptomatic or being treated for breast cancer and who are in the age group 50 to 69 years. In addition, women aged 70 years and over are able to attend the BreastScreen Clinic upon request for free breast screening.

Total expenditure on this activity was $2.3 million in 2000–01 or 8.3% of the total core public health expenditure (Table 9.1).

Cervical screening

Total expenditure on *Cervical screening* during 2000–01 was $0.6 million (Table 9.1) or 2.1% of total core public health expenditure. This included expenditure on the Cervical Screening Program and the cervical register.

The ACT Cervical Screening Program is a jointly funded ACT program that aims to reduce the death rate and ill effects from cervical cancer among ACT women. The program consists of a Cervical Cytology Register (Pap Smear Register) and health promotion and education services.

The Cervical Cytology Register aims to:

- provide a back-up reminder service (the Pap Smear Register) for women who are overdue for a Pap smear

- provide a back-up system to ensure that women are appropriately followed up when significant abnormalities are detected
- provide comprehensive and accurate information about all aspects of cervical screening for women and their health practitioners
- provide data to research project and cervical screening stakeholders
- promote recruitment to the screening program.

The health promotion and education services aim to increase community awareness of the importance of regular Pap smears and provide comprehensive and accurate information about all aspects of cervical screening for women and their health practitioners.

It should be noted that the majority of cervical screening is undertaken by GPs and funded through Medicare. This expenditure is recorded by the Australian Government and included in the national and Australian Government estimates of expenditure on *Cervical screening*.

Prevention of hazardous and harmful drug use

Expenditure on the prevention of hazardous and harmful drug use included 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. Expenditure on programs to control specific drugs, counselling programs and health promotion programs that target the use of these substances was included but expenditure on treatment services, other than the public methadone program, was not.

The total expenditure on *Prevention of hazardous and harmful drug use* was $8.3 million in 2000–01 (Table 9.5). This represented 30.3% of the total core public health expenditure. Almost $3 million was dispersed to non-government organisations to provide programs aimed at preventing the harmful use of alcohol and other drugs.

The expenditure was directed towards a wide range of activities targeting the prevention of harmful drug use such as:

- providing accurate information, support, and referral to the community, individuals and groups
- promoting community awareness through health promotion activities
- training programs provided to health professionals
- regulatory control of illicit and other drugs of dependence such as monitoring of legislated controls in the sale of tobacco products to minors, laboratory services and pharmaceutical regulatory services
- amendments to existing, and development of new, legislation relating to the control of illicit drugs and other drugs of dependence.

Table 9.5: Expenditure on *Prevention of hazardous and harmful drug use*, Australian Capital Territory, 2000–01 ($ million)

Category	Expenditure
Alcohol	2.9
Tobacco	0.3
Illicit and other drugs of dependence	1.0
Mixed	4.1
Total	**8.3**

Public health research

Expenditure on *Public health research* in the Australian Capital Territory in 2000–01 was approximately $0.1 million (Table 9.1) or 0.4% of the total core public health expenditure. Almost 60% of this expenditure was directed to research into health promotion and the remainder to research into the prevention of hazardous and harmful drug use.

10 Expenditure by Northern Territory Health Services

10.1 Introduction

The Northern Territory (NT) constitutes a very large land mass, approximately 17% of the nation, with a small, widely dispersed population which is only 1% of the national population. Of the NT population, 29% identify as Aboriginal and/or Torres Strait Islander, 70% of whom live in remote and very remote communities. Average life expectancy for Indigenous Territorians is approximately 20 years less than for other Territory citizens. Furthermore, the burden of disease experienced by Indigenous Territorians is significantly higher than that experienced by other Territory citizens. The NT population is younger than the total Australian population, with approximately 4% being aged over 65 years. The Indigenous population is particularly young, with 38% being aged under 15 years. This presents Territory Health Services (THS) with a unique challenge in the delivery of effective health services.

Public health services within the NT are known as Health Development. Health Development works to focus the health system on strategies that increase people's capacity for healthy living through prevention, promotion and protection strategies against disease. This is achieved by working with individuals and communities in the development and delivery of services and by changing attitudes and behaviours harmful to health.

Health Development services include:

- Alcohol and Other Drugs
- Disease Control
- Environmental Health
- Health Promotion.

Health services in the Territory are delivered through two networks.

Top End Service Network provides health services to a population in excess of 152,000 across an area totalling 614,000 square kilometres. Public health programs are delivered by the Health Development team, along with health teams that operate through 52 service outlets. These service outlets comprise Community Health Centres and hospitals located in and around Darwin, East Arnhem and Katherine.

Central Australian Service Network provides health services to about 45,000 residents, including an Indigenous population of 15,000, across an area totalling in excess of 1.1 million square kilometres. Health services are also extended to people who live in adjoining areas of Western Australia and South Australia. Health Development, along with the health teams that operate through 43 service outlets, deliver the public health programs. The service outlets comprise Community Health Centres and hospitals located in the Alice Springs Urban, Alice Springs Rural and Barkly districts.

Due to the unique circumstances of the Northern Territory, including a relative lack of general practitioners in rural and remote areas, public health programs are often delivered

by health centre workers. These include district medical officers, community health nurses and Indigenous health workers, as well as specialised public health workers whose role is then to support these generalist community health teams.

10.2 Overview of results

Total expenditure on core public health activities by THS for 2000–01 was estimated as $37.6 million (Table 10.1), or approximately 8.4% of total health expenditure by THS. Nearly 70% of the expenditure was directed towards three health activities. These were:

- *Selected health promotion* (25.6%)
- *Communicable disease control* (24.1)
- *Organised immunisation* (19.0%).

In addition, the NT allocated $13.4 million to 'Public health-related activities' (Table 10.1).

The NT faces the unique challenge of delivering effective public health programs to populations as small as 50 people located in remote and very remote communities. The high costs attributed to the provision of public health programs in the NT include the high cost of transporting health professionals to the many rural and remote communities. Some communities are only accessible by air or rely on the existing infrastructure and resources provided by Community Health to provide public health programs, hence their inclusion.

Other contributing factors to the high cost of public health programs is that the widely dispersed population in the NT includes 29% of Territorians who identify as Indigenous. This group experiences a significantly increased burden of disease, and decreased life expectancy rates; approximately 70% live in remote areas. These challenging circumstances along with the age structure of the NT population do not allow for economies of scale to be utilised.

Table 10.1: Expenditure on public health activities, Northern Territory, 2000–01

Activity	Total expenditure ($ million)	Proportion of total core public health expenditure (%)
Communicable disease control	9.1	24.1
Selected health promotion	9.6	25.6
Organised immunisation	7.2	19.0
Environmental health	3.6	9.5
Food standards and hygiene	1.0	2.7
Breast cancer screening	0.9	2.5
Cervical screening	2.0	5.4
Prevention of hazardous and harmful drug use	3.6	9.7
Public health research	0.6	1.5
Total core public health	**37.6**	**100.0**
Public health-related activities	13.4	..

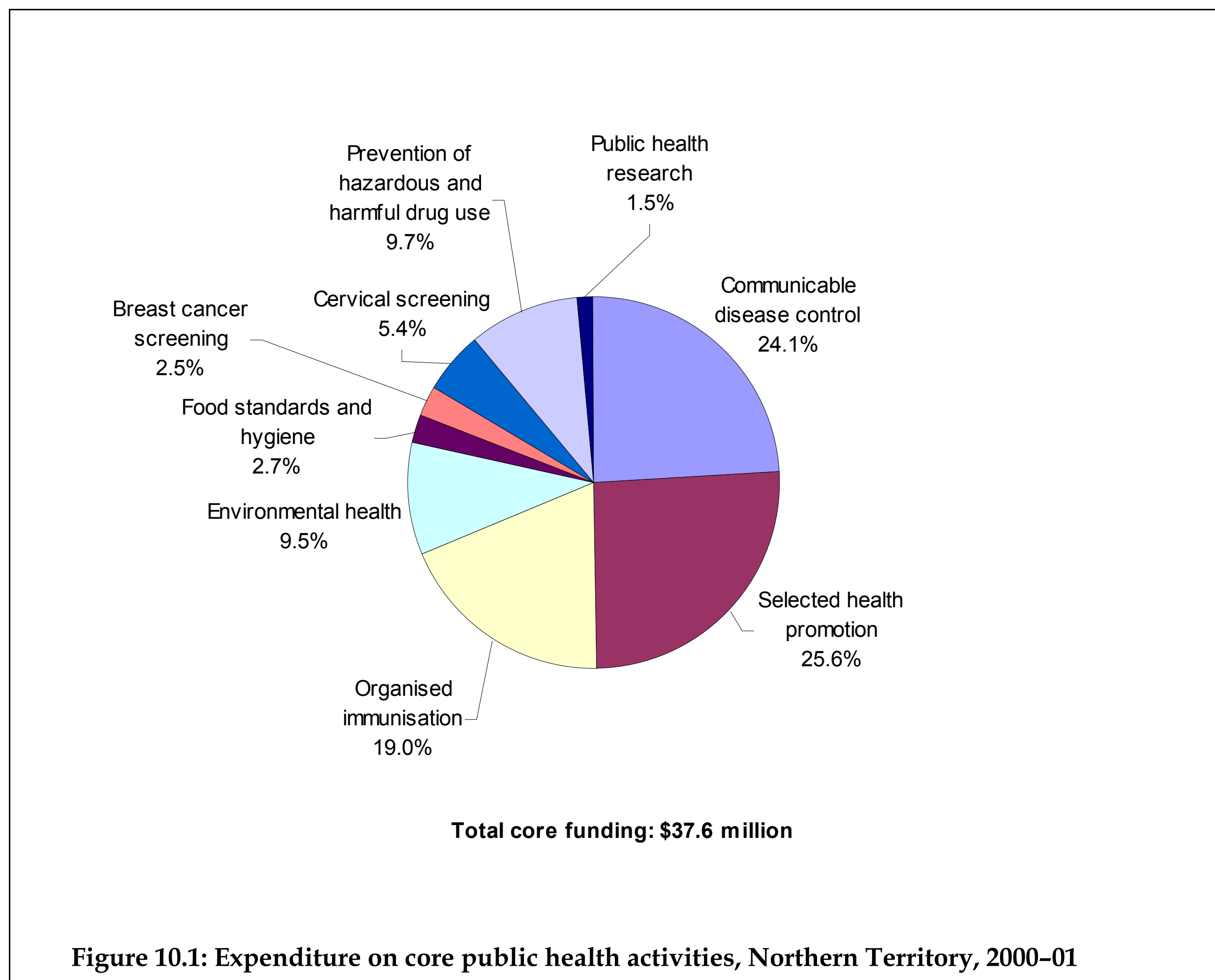


Figure 10.1: Expenditure on core public health activities, Northern Territory, 2000–01

10.3 Comparison with 1999–00 results

In order to compare the 1999–00 estimates of funding and expenditure with those in this report, it is necessary to express the expenditures in both periods in constant price terms. This has been achieved (Table 10.2 below) by revaluing the 1999–00 expenditure estimates in 2000–01 prices by using an ABS chain price index for final consumption expenditure by the Northern Territory Government and local authorities on 'Hospital and nursing home services' (see Section 11.2).

Total core public health expenditure was $37.6 million in 2000–01. This was a decrease of 8.1% in real terms. This downturn in expenditure was largely due to a decline in the reported expenditure on *Prevention of hazardous and harmful drug use*, which declined in constant price terms from $6.7 million in 1999–00 to $3.1 million in 2000–01. This decline was due to a change in government funding arrangements. During 2000–01 the NT Government changed the funding arrangements for the *Prevention of hazardous and harmful drugs use* services. Rather than funds being channelled through the Health Department, other government departments were directly funded to provide services. Consequently, this variation reflects the decrease in funding to the Health Department, and not an actual decrease in expenditure on this vital service.

Table 10.2: Expenditure on core public health activities, Northern Territory, constant (2000–01) prices[(a)]

Activity	1999–00 ($ million)	2000–01 ($ million)	Growth rate (%)
Communicable disease control	8.9	9.1	2.2
Selected health promotion	10.2	9.6	–5.9
Organised immunisation	6.5	7.2	10.8
Environmental health	3.8	3.6	–5.3
Food standards and hygiene	1.0	1.0	—
Breast cancer screening	1.1	0.9	–18.2
Cervical screening	2.2	2.0	–9.1
Prevention of hazardous and harmful drug use	6.7	3.6	–46.3
Public health research	0.4	0.6	50.0
Total core public health	**40.9**	**37.6**	**–8.1**

(a) Expenditure for 1999–00 has been revalued in 2000–01 prices using an ABS chain price index for final domestic expenditure by the Northern Territory Government and local government authorities on 'Hospital and nursing homes services' (see Section 11.2).

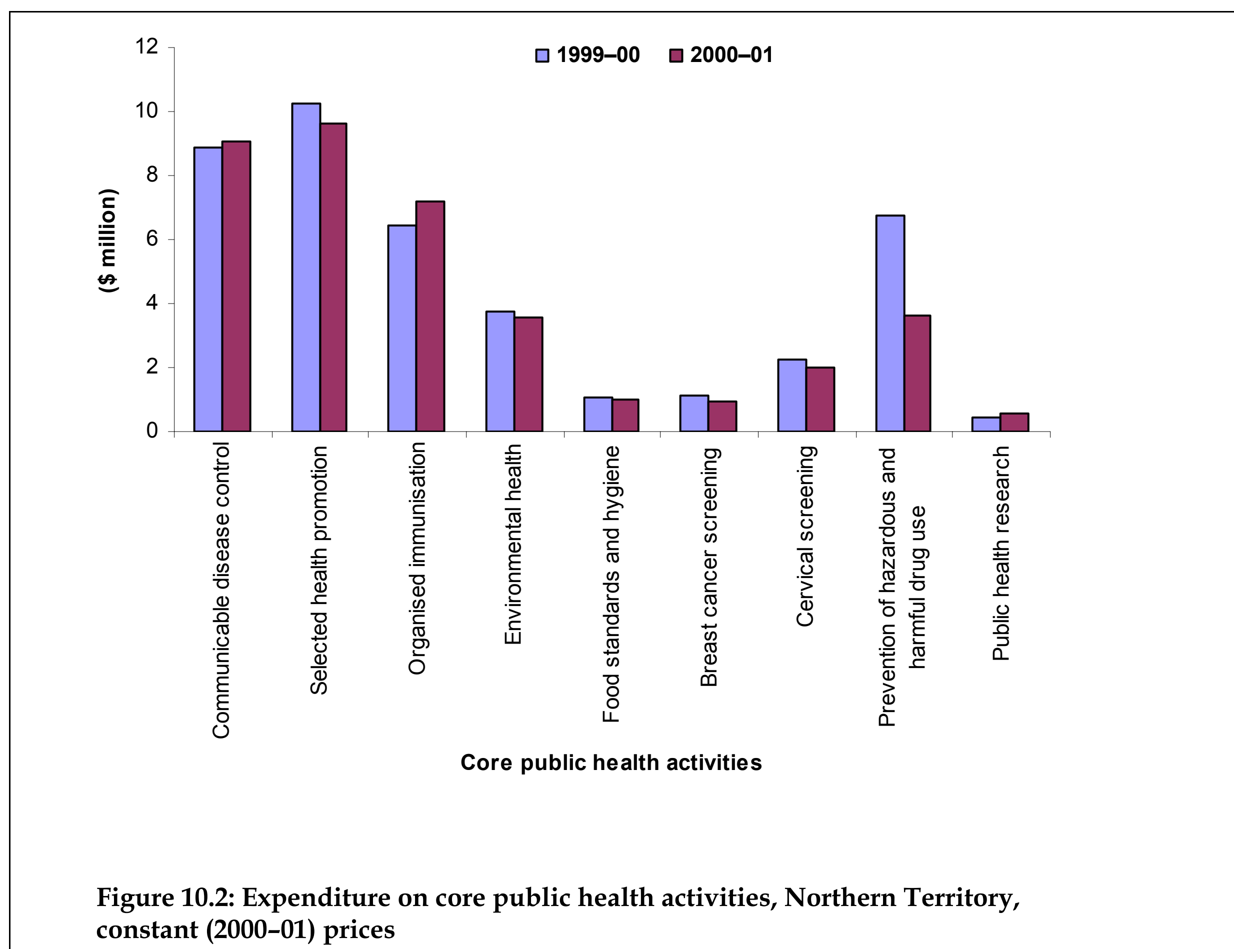


Figure 10.2: Expenditure on core public health activities, Northern Territory, constant (2000–01) prices

10.4 Expenditure on public health activities

This section of the report looks at the Northern Territory's level of activity in relation to each of the core public health categories and the 'Public health-related activity'. It discusses in more detail the particular programs within each of the health activities and their related expenditure.

Communicable disease control

The Centre for Disease Control (CDC) provides services to prevent, monitor and control communicable diseases in the Northern Territory. Program activities are coordinated through disease control units in each health district. Regional CDC units work with urban and remote primary health care providers to enhance the provision of clinical services, contact tracing, community screening and professional education.

Total expenditure for *Communicable disease control* by THS in 2000–01 was $9.1 million (Table 10.3). This was 24.1% of total core public health expenditure (Table 10.1). The major components are discussed below.

HIV/AIDS, hepatitis C and STIs

Funding is provided for a range of program activities. The AIDS/STD Program works towards the prevention of STIs and blood-borne viruses such as HIV and hepatitis C. In urban areas, Clinic 34 provides specialised clinical services in these areas. Screening and clinical services are provided for tuberculosis (TB), leprosy and STIs, including human HIV and hepatitis C.

Needle and syringe programs

The Needle and Syringe Program (NSP) provides sterile injecting equipment to minimise the risk of the transmission of blood-borne viruses through injection drug use. Information and referrals are provided through most centres. Equipment is distributed through community based organisations which are funded by THS, Clinic 34, district disease control units and some public hospitals.

Where possible, expenditure was separately identified for the Needle and Syringe Program and was estimated at $97,000 (Table 10.3). However, this reported amount does not fully reflect all expenditure for these programs as the majority of expenditure for the Program is recorded as *Other communicable disease control*.

Other communicable disease control services

A community paediatric unit develops and evaluates policies for paediatric communicable and non-communicable diseases, focusing on prevention and early detection. It provides specialist paediatric input into disease control policies as well as paediatric expertise in education, training and research for CDC.

In addition, during 2000–01 the CDC organised the formal health screening of and disease control measures for 1,863 East Timorese evacuees brought to Australia for safe haven, including the provision of TB diagnosis and management. Staff also participated in an assessment of the TB situation in East Timor in October, and subsequently in provision of intensive technical support for the National TB Program in East Timor (funded by AusAID).

Table 10.3: Expenditure on *Communicable disease control*, Northern Territory, 2000–01 ($ million)

Category	Expenditure
HIV/AIDS, hepatitis C and sexually transmitted infections	3.8
Needle and syringe programs	0.1
Other communicable disease control	5.1
Total	**9.1**

Selected health promotion

Total expenditure for *Selected health promotion* by THS in 2000–01 was $9.6 million (Table 10.1). This was 25.6% of total core public health expenditure. Community-initiated health-promotion projects, some supported by incentive funds, focused on nutrition, mental health, health promotion activities, screening and male health programs.

Nutrition

Food and nutrition services focus on maternal and child health, food supply and healthy lifestyle through Remote Stores Project, Community Nutrition Worker Program, Growth Assessment and Action Program, nutrition education in schools and food and nutrition monitoring.

Mental health awareness and suicide prevention

This included expenditure for the implementation of activities associated with the NT Youth Suicide Prevention Strategy. The Life Promotion Program employs Life Promotion Officers in both the Top End and Central Australia.

The Life Promotion Program focuses on support for individuals, families and communities to empower them to reduce self-harm and suicide in their community. It is establishing and consolidating a comprehensive life-promoting community network as an essential infrastructure to prevent and reduce suicide.

Using a community development model and collaborative partnerships, it promotes the physical, emotional, spiritual and socio-cultural wellbeing of individuals, families and communities through community responsibility. It promotes community responsibility through community initiatives. This builds community capacity to maintain ownership of life-promoting initiatives.

Other health promotion

Within THS there are a number of programs that provide health promotion type activities that cover a range of health issues, which are not specific to one existing category but promote a range of health care services. These programs include Aboriginal Hearing Health, Women and Men's Health, Child Health, and Growth Action and Assessment. Women's health promotion programs promote the delivery of sensitive, relevant and holistic programs to ensure the health and wellbeing of Territory women. Programs provide advice on the provision of medical, counselling and support services for women.

Screening programs

THS provides screening programs such as the Well Women's Check, Healthy School Aged Kids Services, Growth Assessment and Action, Child Health Screening, Aboriginal Hearing Health, Men's Health and school dental screenings.

Male Health Policy Unit

This unit provides a central coordinating role across THS programs and with non-government organisations in terms of prioritising needs in male health, determining strategy directions, providing policy advice, and monitoring and evaluating male health programs. It seeks to foster a better understanding by:

- the identification, analysis and research of key male health issues
- providing policy advice, analysis and information and
- contributing to a male health research agenda.

The Male Health Policy Unit is involved in developing data and resources on male health, communicating knowledge and promoting further discussion on male health through publications and various other media, and through workshops and conferences, as well as training and professional development. It works to build and strengthen networks of individuals and organisations concerned with researching male health.

Organised immunisation

Total expenditure for *Organised immunisation* by THS in 2000–01 was $7.2 million (Table 10.4). This was 19% of total core public health expenditure (Table 10.1).

The Centre for Disease Control (CDC) provides oversight of immunisation programs in the Northern Territory. Program activities are coordinated through Disease Control Units in each health district.

The immunisation unit within CDC seeks to:

- improve immunisation coverage rates for adults and children
- develop sustainable processes for the timely generation of high quality data for transmission to the Australian Childhood Immunisation Register
- implement the new NT Childhood and Adult Vaccination Schedules in line with the new Australian Standard Vaccination Schedule.

The regional CDC units work with urban and remote primary health care providers to enhance the provision of clinical services, contact tracing, community screening and professional education. Special surveillance programs monitor invasive Hib disease, enteric disease, measles, malaria, TB, influenza, invasive pneumococcal disease, adverse reactions following immunisation and vaccine use.

Table 10.4: Expenditure for *Organised immunisation*, Northern Territory Health Services 2000–01, ($ million)

Category	Expenditure
Organised childhood immunisation	1.0
Organised pneumococcal and influenza immunisation	0.5
All other organised immunisation	5.6
Total	**7.2**

Environmental health

Total expenditure for *Environmental health* by THS in 2000–01 was $3.6 million (Table 10.1). This was 9.5% of total core public health expenditure.

Environmental health is comprised of several discrete services:

- Aboriginal and General Community Environmental Health
- Environmental Health Standards
- Environmental Planning, Sanitation and Waste Management
- Food Safety
- Radiation Health
- Poisons.

A centralised policy unit in Darwin is responsible for legislative and policy development activities for all of the above service areas.

Environmental Health Operational Units

These units provide a range of environmental health services and programs and are located in all regional centres. These units provide services for the enhancement of environmental health standards in urban and rural areas and remote Indigenous communities. This includes responding to environmental health complaints as well as the provision of education and expert advice on:

- food safety
- disease control
- effluent disposal
- water surveillance
- inspection of public accommodation
- environmental health assessments of remote communities
- environmental planning
- waste management.

Radiation Health

Radiation Health services are provided to minimise the health impact of radiation on the population. These services ensure that radioactive materials and devices are used in a responsible manner according to sound scientific practice and appropriate legislative controls.

Medical Entomology

Services provided by Medical Entomology aim to reduce the impact of biting insects on the people of the Northern Territory. Activities include:

- insecticide and engineering programs for mosquito control
- mosquito surveillance programs in the major towns
- guidelines and advice on both large- and small-scale developments
- a public inquiry service
- a public mosquito awareness service
- incidental research on biting insects and mosquito-borne viruses.

Medical Entomology works with:

- the Disease Control Branch on mosquito-borne disease surveillance
- the Darwin City Council in a mosquito engineering program
- the Parks and Wildlife Commission in rectifying mosquito breeding sites on its land
- LGAs and environmental health officers in the various towns throughout the Territory on mosquito surveillance and control
- the general public for inquiries
- the Department of Lands, Planning and Environment on land development comment
- consultants and developers for development and planning advice to prevent new mosquito problems. The main community link is through mosquito public awareness programs and the Mosquito Control Advisory Committee which provides public feedback and information dissemination.

Food standards and hygiene

Total expenditure on *Food standards and hygiene* by THS in 2000–01 was $1.0 million (Table 10.1). This was 2.7% of total core public health expenditure.

Environmental Health has a policy unit that is responsible for legislative and policy development activities related to food safety issues.

Operational environmental health units are located in all major town centres. By means of these units, food safety services are provided for the enhancement of environmental health standards in urban and rural areas and remote Indigenous communities.

The delivery of *Food standards and hygiene* services within the Territory included:

- the FoodSafe Food Handler Program
- the Healthy Choices Award. This award recognises premises that:
  - undertake food safety training and hygienic practices
  - provide non-smoking areas
  - encourage responsible drinking
  - offer nutritionally sound meal choices.

Breast cancer screening

Total expenditure for *Breast cancer screening* by THS in 2000–01 was $0.9 million (Table 10.1), or 2.5% of total core public health expenditure.

BreastScreen NT provides breast screening services and assessment of screen-detected abnormalities for women 40 years and over. This is part of a national program funded under the Territory/Australian Government PHOFA. The target group is women aged 50 to 69 years. Screening and assessment centres are located in Darwin and Alice Springs, and a relocatable screening unit visits Katherine, Tennant Creek and Nhulunbuy.

Small population numbers, combined with the remoteness of the Northern Territory, do not permit economies of scale to be achieved. The Northern Territory does not have a resident radiologist with the necessary expertise to read these X-rays. Throughout the year a radiologist is flown in to perform assessments and to read X-rays. This results in considerably higher screening costs per capita than for other jurisdictions.

Cervical screening

Total expenditure for *Cervical screening* by THS in 2000–01 was $2.0 million (Table 10.1). This was 5.4% of total core public health expenditure.

The Women's Cancer Prevention Program provides public health cervical screening services, administers the Pap Smear Register and works with culturally and linguistically diverse women through the bilingual educator program. This program is part of a national program funded under the PHOFAs. The Remote Areas Well Women's Screening Program provides cervical screening coverage in remote and rural areas within the Territory.

The NT Cervical Screening Program:

- encourages all eligible women in the target age group of 20–69 years to enter and remain in the screening program
- provides information to women from culturally and linguistically diverse backgrounds
- provides recall and reminder systems to ensure adequate follow-up of screen-detected abnormalities
- ensures optimal quality of Pap smears by adequate training of Pap smear takers
- operates the Pap Smear Register.

It should be noted that the majority of cervical screening is undertaken by GPs and funded through Medicare. This expenditure is recorded by the Australian Government and included in the national and Australian Government estimates of expenditure on *Cervical screening*.

Prevention of hazardous and harmful drug use

Total expenditure for the *Prevention of hazardous and harmful drug use* by THS in 2000–01 was $3.6 million (Table 10.5). This was 9.6% of total core public health expenditure (Table 10.1).

The Alcohol and Other Drugs Program (AODP) develops and coordinates strategies to address the harmful effects of substance use in the Territory. AODP incorporates Tobacco Action Project, Public Behaviours Program, National Drug Strategy and Living With Alcohol and is responsible for policy and program development, research and evaluation for the whole of the Territory.

The program aims to:

- minimise the incidence and prevalence of substance misuse through community education
- minimise rates of antisocial behaviour, related to alcohol and other substance misuse
- minimise the rates of premature death, disease and injury resulting from alcohol, tobacco and other substance misuse
- increase the capacity among individuals, families, communities and services to cope with substance issues.

Alcohol

AODP incorporates the Living With Alcohol Program, a Territory initiative designed specifically to reduce alcohol-related harm.

Program expenditure included:

- 'living with alcohol' projects providing diversionary and education options
- the completion of a report on alcohol usage by Indigenous people
- the commencement of the Public Behaviour Program which includes night patrols and wardens' schemes. The Public Behaviour Program supports local activities aimed at reducing antisocial behaviour resulting from public drinking and substance use.

Tobacco

The Tobacco Action Project (TAP) operates as part of AODP and addresses smoking issues. Project priorities are young people, Indigenous people, smokers and protecting people from environmental tobacco smoke.

Program expenditure covered a range of activities including:

- a 24-hour counselling service
- health promotion grants covering 28 schools
- distribution of Choose Yourself campaign kits containing activity plans to supplement the magazine, video and web site promotions
- public education including local materials to address Indigenous smoking, including support for health workers working on 'no smoking' initiatives.

Mixed

AODP administers a special allocation that supports local activities aimed at reducing antisocial behaviours resulting from public drinking and substance abuse. The program is responsible for the National Drug Strategy component of the PHOFA with the Australian Government. This focuses largely on issues related to tobacco, cannabis and petrol sniffing.

Table 10.5: Expenditure on *Prevention of hazardous and harmful drug use*, Northern Territory, 2000–01 ($ million)

Category	Expenditure
Alcohol	1.5
Tobacco	0.5
Illicit and other drugs of dependence	0.6
Mixed	1.1
Total	**3.6**

Public health research

Total expenditure for *Public health research* by THS in 2000–01 was estimated at $0.6 million (Table 10.1). This represents 1.5% of total core public health expenditure.

Expenditure on 'Public health-related activities'

Total expenditure for 'Public health-related activities' by THS in 2000–01 was estimated at $13.4 million (Table 10.1).

Public health-related activities for the Northern Territory included:

- drug and alcohol activities that were designated as treatment services
- drug and alcohol supply reduction
- services primarily of a welfare nature (e.g. night shelters)
- sexual and domestic violence programs
- reproductive health and family planning programs
- other maternal and child health services
- public health activities associated with East Timorese evacuees.

11 Technical notes

11.1 Definitions used in the 2000–01 collection

Communicable disease control

This category includes all activities associated with the development and implementation of programs to prevent the spread of communicable diseases.

Expenditure on *Communicable disease control* is recorded using three sub-categories:

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

The public health component of the HIV/AIDS, hepatitis C and STI 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.

HIV/AIDS, hepatitis C and sexually transmitted infections

Inclusions

- implementation of health-promotion strategies aimed at increasing safe behaviour among at-risk populations including people living with HIV/AIDS (including through community sector agencies)
- provision of sexual health services to at-risk populations to reduce prevalence of sexually transmitted infections, including testing for sexually transmitted infections (including HIV and hepatitis C), pre-test counselling for all sexually transmitted infections (including HIV), broad-based screening programs and contact tracing
- sexually transmitted infections, including genital herpes, hepatitis B and C, human papilloma virus, chlamydia, gonorrhoea and syphilis
- reorientation of Indigenous health programs
- consultation with community sector agencies regarding program priorities and delivery
- promotion of access to culturally appropriate services
- minimisation of the risk of transmission through occupational and non-occupational exposure through prophylaxis
- support of targeted training to ensure provision of best practice sexual health services for at-risk populations
- surveillance
- development of and participation in relevant committees

- counselling and peer support programs immediately following diagnosis which promote safe sex practices and inform patients and carers about how to live with HIV/AIDS, hepatitis C and sexually transmitted infections
- provision of high-quality data to health professionals to improve service delivery
- participation in or initiation of research to establish data to inform service provision
- funding to NGOs (for example hepatitis councils, HIV/AIDS councils)
- support of volunteer programs through access to training
- diagnostic services.

Exclusions

- treatment for sexually transmitted infections
- pharmaceuticals
- HIV testing following diagnosis
- specialist GPs 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
- admitted patient services
- mental health services including care for people with dementia
- community and home-based care services
- palliative and respite care services
- maternity services.

Needle and syringe programs

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, education, consultation and referral processes.

Inclusions

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

Other communicable disease control

This sub-category includes all other communicable disease control activities not assigned to the *HIV/AIDS, hepatitis C and sexually transmitted infections* or *Needle and syringe programs* sub-categories as defined above.

Inclusions

- surveillance systems, screenings, recording, notification and reporting systems
- case response, contact tracing, investigation and disease outbreak planning and management
- policy and support services specifically related to communicable disease control programs (within programs)
- provision and administration of vaccines for the management of disease outbreaks
- provision of advice and education on all other communicable diseases
- initial counselling for people tested
- funding to NGOs for the provision of operating prevention programs
- human quarantine-related services.

Exclusions

- clinical and treatment services for communicable disease infections including sexually transmitted infections
- provision and administration of vaccines for immunisation programs as defined in the *Organised immunisation* activity
- referral, treatment and associated counselling for communicable disease infections
- staff screening programs, staff immunisation and staff education
- infection control activities in hospitals
- funding to NGOs for the provision of treatment-based programs.

Selected health promotion

This category includes those activities fostering healthy lifestyle and a healthy social environment overall, and health promotion activities targeted at health risk factors which lead to injuries, skin cancer and cardiovascular disease (for example diet, inactivity) that are delivered on a population-wide basis. The underlying criterion for the inclusion of health promotion programs within this category was that they are population health programs promoting health and wellbeing.

The *Selected health promotion* programs are:

- healthy settings (for example municipal health planning)
- public health nutrition
- exercise and physical activity
- personal hygiene
- mental health awareness promotion
- sun exposure and protection

- injury prevention including suicide prevention and female genital mutilation.

Inclusions

- state government funding for health promotion councils or NGOs (for example skin cancer foundations)
- organised population programs, or programs with a population focus (for example Healthy Cities and Healthy Schools programs)
- 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
- health sector input to cross-sector health education
- organised population health screening of heart disease risk factors.

Exclusions

- opportunistic screening activities for heart disease risk factors (stress, blood pressure, cholesterol)
- information programs on management of specific diseases post-diagnosis (for example asthma, diabetes)
- community nurse activity (for example ad hoc talking to schools about nutrition)
- individual counselling including health education on an ad hoc basis
- compliance with safety codes and maintenance of healthy environments
- treatment for stress or other mental health disorders (for example anxiety)
- school education ad hoc and school dental services
- well baby clinics, domiciliary care and home nursing services
- neighbourhood watch programs
- occupational health and safety education (included under 'Public health-related activities')
- population health programs directed at domestic, family and general violence
- population health programs providing a safe sexual health message—these are included in the *Communicable disease control* category
- public health education campaigns and school health education programs funded outside the health sector
- health promotion activities that are associated with core public health categories—these are classified in the relevant categories (for example safe drinking programs should be classified in the *Prevention of hazardous and harmful drug use* category).

Organised immunisation

This category includes immunisation clinics, school immunisation programs, immunisation education, public awareness, immunisation databases and information systems.

Expenditure on *Organised immunisation* was recorded using three sub-categories:

- *Organised childhood immunisation* (as defined by the National Health and Medical Research Council Schedule/Australian Standard Vaccination Schedule)
- *Organised pneumococcal and influenza immunisation*—the target groups for pneumococcal immunisation are Indigenous people over 50 years and high-risk Indigenous younger people aged 15–49 years. Influenza vaccine is available free to all Australians 65 years of age and over, Indigenous people over 50 years and high-risk Indigenous younger people aged 15–19 years.
- *All other organised immunisation* (for example tetanus)—as opposed to ad hoc or opportunistic immunisation.

Inclusions

- promotion, distribution, provision and administration of vaccines as listed
- immunisation clinics and school immunisation programs
- immunisation education and public awareness
- immunisation databases and information systems
- staff vaccination programs where part of *Organised immunisation* and
- NHMRC schedule for all tetanus immunisation.

Exclusions

- immunisation after possible infection or on detection of illness (for example rabies vaccine)—this expenditure should be included in the *Communicable disease control* expenditure category.

Environmental health

This category relates to health protection education (for example safe chemical storage, 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).

Environmental health includes the following characteristics:

- vector/rodent control
- chemical regulation and safety
- radiation safety and control
- public health aspects of water quality control and fluoridation
- Legionella control
- public health input to contaminated sites and unhealthy land
- public health aspects of water environment control
- public health input to hazardous materials management
- public health aspects of waste water and solid waste
- public health input to disaster management

- public health contribution to environmental sampling, health impact statements and risk assessment.

Inclusions

- development, review and administration of legislation, policy and/or regulations
- health protection education (for example safe chemical storage, water pollutants) and expert advice on specific issues
- response to health complaints and investigation of breaches of legislation and disease outbreaks
- surveillance, inspections and investigations to maintain standards (for example water quality testing, sampling)
- expert advice and provision of professional and technical support services on specific issues
- administration of relevant legislation, such as the licensing of operators or conducting pest control examinations
- maintenance of related databases (for example issuing radiation licenses, and national notification of agricultural, veterinary and industrial chemicals and pesticides)
- regulation and management of water fluoridation (includes addition of fluoride to water supplies)
- public health component of assessment, remediation and management of contaminated land
- public health input to land development applications
- public health input to emergency management and disaster response management, including planning and emergency response teams
- public health contribution to environmental sampling, health impact statements and risk assessment
- public health input to control activities for vectors/rodents (for example landfill, spraying, baiting, eradication)—to be included only if undertaken by regulatory agency
- poisons regulation
- pharmaceutical and therapeutic goods regulation
- human remains regulation
- public health input to air and noise pollution control
- training of environmental health workers.

Exclusions

- costs borne by private or government industry in complying with regulations and legislation such as public health and environmental health acts
- hospital infection control
- treatment for infections (for example Ross River fever or encephalitis treatment)
- workplace testing or monitoring

- installation and maintenance of systems (for example waste disposal, storm water pollution and air-conditioning units)
- management of land development applications
- compliance with regulation which protects water courses and national parks
- recycling programs
- infectious waste control (for example medical wastes and sharps) and disposal
- environmental health protection research (included under *Public health research*).

Food standards and hygiene

This category includes the development, review and implementation of food standards, regulations and legislation as well as the testing of food by the regulatory agency.

Inclusions

- 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 for suppliers and/or consumers
- training and education for food handlers (including LGAs)
- education and advice on food standards/requirements (for example for food premises).

Exclusions

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

Breast cancer screening

This category relates to expenditure for *Breast cancer screening* and includes expenditure for the complete breast cancer screening pathway through organised programs.

The breast cancer screening pathway includes the following characteristics:

- recruitment
- screen taking
- screen reading
- assessment (this includes fine needle biopsy)
- core biopsy
- open biopsy
- service management
- program management.

Inclusions

- organised breast cancer screening programs (for example state BreastScreen programs, rural access 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
- state government funding to NGOs (for example cancer councils) for breast screening services
- education and risk awareness for women and target groups on benefits of screening
- counselling before diagnosis.

Exclusions

- follow-up counselling and/or treatment after diagnosis
- public health laboratory services (if not a result of breast cancer screening program)
- diagnosis costs if lump not detected as part of organised breast cancer screening programs
- workforce development and training if administered outside breast cancer screening programs
- breast cancer screening research (included under *Public health research*).

Cervical screening

This category relates to organised cervical screening programs.

Inclusions

- organised cervical screening programs (for example state cervical screening programs, rural access programs), including coordination, provision of screens and assessment services
- management of cervical/Pap smear registers (for example cervical cytology register)
- development, review and implementation of cervical screening policy, and program management (monitoring and evaluation)
- education and risk awareness for women and target groups on the benefits of screening
- initial counselling before Pap smear
- counselling and/or treatment for screen-detected abnormalities
- public health laboratory services (collection, cytology of smears and reporting)
- cervical screening financed by Medicare (this includes the GP consultation, the collection of the sample and the cytology of smears)—data provided by the Australian Government.

Exclusions

- public health workforce education and training (if administered elsewhere)
- counselling and/or treatment for patients diagnosed with malignant carcinoma (the differences between abnormalities and malignant carcinomas are described in Appendix A of *Cervical Screening in Australia 1997–98* (AIHW 2000).

Prevention of hazardous and harmful drug use

This category includes activities targeted at the general population with the aim of reducing the overuse or abuse of alcohol, tobacco, illicit and other drugs of dependence, and mixed drugs. The Australian Standard Classification of Drugs of Concern includes analgesics, sedatives and hypnotics, stimulants and hallucinogens, anabolic agents and selected hormones, antidepressants and antipsychotics, and also miscellaneous drugs of concern.

Expenditure is to be reported for each sub-category as below, the aggregate of which will be total expenditure on *Prevention of hazardous and harmful drug use*:

- Alcohol
- Tobacco
- Illicit and other drugs of dependence
- Mixed.

Alcohol

Inclusions

- alcohol regulation, labelling, control and licensing (including policing the regulation of alcohol in communities)
- health promotion strategies to encourage appropriate use of alcohol
- counselling of individuals where public health advice is given rather than the treatment of an addiction.

Exclusions

- any anti-alcohol programs with treatment of individuals as the major focus
- activities designated as treatment services
- services considered primarily of a welfare services nature (for example night shelters)
- services considered to be almost entirely providing accommodation and food services (for example halfway houses).

Tobacco

Inclusions

- tobacco control in the workplace and enclosed places
- policies relating to smoke-free eating places and other public facilities
- labelling of warnings on cigarette packets, advertising bans
- quit smoking programs

- counselling of individuals where public health advice is given rather than the treatment of an addiction
- smoking prevention strategies for children and youth
- prevention of tobacco sales to children and youth.

Exclusions

- activities designated as treatment services.

Illicit and other drugs of dependence

Inclusions

- illicit drugs/substances control; harm minimisation; methadone treatment; public health input to prohibition, enforcement and legislation activities; control of misuse of prescription drugs and other drugs of dependence
- counselling of individuals with problems with illicit or other drugs of dependence such as prescription drugs or glue sniffing, where public health advice is given rather than the treatment of an addiction.

Exclusions

- any anti-drug and alcohol programs with treatment of individuals as the major focus
- activities designated as treatment services
- services considered primarily of a welfare services nature (for example night shelters)
- services considered to be almost entirely providing accommodation and food services (for example halfway houses).

Mixed

Inclusions

- counselling of individuals where public health advice is given rather than the treatment of an addiction
- health promotion strategies to improve behaviour
- public health activities with regard to poly drug use.

Exclusions

- any anti-drug and alcohol programs with treatment of individuals as the major focus
- activities designated as treatment services
- services considered primarily of a welfare services nature (for example night shelters)
- services considered to be almost entirely providing accommodation and food services (for example halfway houses).

Public health research

Definition of research and development:

> 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.
>
> 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 (ABS 1998:4).

Inclusions

- *Communicable disease control* research
- *Selected health promotion* research
- *Organised immunisation* research
- *Environmental health* research
- *Food standards and hygiene* research
- *Breast cancer screening* research
- *Cervical screening* research
- *Prevention of hazardous and harmful drug use* research
- research which cannot be allocated to one of the above categories.

Exclusions

- public health evaluations.

'Public health-related activities'

This is not a core public health category and therefore the figures reported under this heading were not included in the aggregate figures for 1999–00 and 2000–01. The collection and reporting of this type of expenditure information is voluntary for each jurisdiction. This enables jurisdictions to include those expenditure items which are not part of core public health but are considered to be public health-related and important to that jurisdiction.

Examples of 'Public health-related activities':

- drug and alcohol activities that are designated as treatment services
- reduction of the drug and alcohol supply
- those services primarily relating to the welfare services nature of drug and alcohol expenditure (for example night shelters)
- occupational health and safety regulation and education
- regulation of health facilities and services
- control of dangerous animals and licensing of pets
- sexual and domestic violence programs

- dental health services
- well baby clinics
- reproductive health and family planning
- other maternal and child health services.

11.2 Deflators

Deflation of current price estimates of public health expenditure to constant prices shows changes in volumes of public health services. These measures are expressed in dollar values, using the values of the reference year (in this publication 2000–01). This process is undertaken using chain price indexes derived by the Australian Bureau of Statistics.

The chain price indexes published in the ABS national accounts are annually re-weighted Laspeyres chain price indexes and are calculated at such a detailed level, that the ABS considers them analogous to measures of pure price change. For this publication, chain price indexes for general governmental final consumption expenditure on 'Hospital and nursing home care' by state/territory and local governments have been used to revalue the 1999–00 expenditure estimates in 2000–01 prices and derive constant price estimates of public health expenditure. These price indexes have been used as there are no specific deflators available for public health expenditure.

The index numbers used in deriving the constant price estimates of expenditure for each jurisdiction are set out in the table below.

Table 11.1: General government final consumption expenditure—chain price index referenced to 2000–01

State and local—hospitals and nursing homes	1999–00	2000–01
New South Wales	96.79	100.00
Victoria	96.75	100.00
Queensland	96.76	100.00
Western Australia	96.62	100.00
South Australia	96.79	100.00
Tasmania	96.89	100.00
Australian Capital Territory	96.92	100.00
Northern Territory	96.68	100.00
Australia	96.76	100.00

Note: These are annually-reweighted Laspeyres chain price indexes.

Source: Unpublished ABS data.

11.3 Jurisdictions’ technical notes

Australian Government

Methodology used to estimate the Medicare component of cervical screening

Cervical screening expenditure funded through Medicare is provided for both screening and diagnostic

purposes. It is allocated to either *Cervical screening* or ‘Public health-related activities’. The method used to estimate these expenditures is outlined below.

Cervical screening

The methodology used to estimate the Medicare component of *Cervical screening* is consistent with that used in the two previous reports and is derived using the following assumptions:

- of the three cervical cytology items listed in the Medicare Benefits Schedule (73053, 73055 and 73057), only item 73053 (women showing no symptoms, signs or recent history suggestive of cervical neoplasia) relates to core public health expenditures
- benefits paid for 73055 and 73057 are related to ‘Public health-related activities’
- where a consultation that involved the taking of a Pap smear also involved one or more other medical procedures, the related benefits should be apportioned equally across all the procedures involved and only that proportion related to the taking of the smear should be allocated to the public health activity category.

The third assumption is based on information provided by the Bettering the Evaluation and Care of Health (BEACH) study. That study showed that there were often other issues that were dealt with during the course of a consultation where a Pap smear was taken. Consequently, a factor of 0.68 was applied to the total benefits paid relating to GP consultations where a Pap smear was performed. This factor was based on BEACH data relating to consultations where a Pap smear was the primary reason of encounter.

‘Public health-related activities’

‘Public health-related’ expenditure on cervical pathology is made up of:

- the two excluded Medicare cervical cytology items (items 73055 and 73057)
- the full benefit paid for the GP consultations associated with the excluded items
- those parts of the GP consultations associated with item 73053 that were not included in the estimate of expenditure on the core public health activity *Cervical screening*.

New South Wales health authorities

Data collection methods

Health services in New South Wales operate within specific geographic areas of the state. They each play major roles in:

- planning, delivering and coordinating local services
- managing resources
- setting and maintaining the balance between treatment and prevention services within their geographic area.

Consequently, the recording of expenditure is not centralised as each health service has a separate budget and its own information and accounting systems.

In 1999–00 the public health expenditure collection was incorporated in the New South Wales Program and Product Data Collection. This is a major collection that also includes the Hospital Cost Data Collection, the Unaudited Annual Return and the National Mental Health Survey.

Seventeen health services, the New South Wales Health Department and the Children's Hospital at Westmead reported data using a set of 24 public health sub-programs. The data were then aggregated centrally and analysed at state level. The sub-programs were later mapped to the core categories required for this publication. The public health expenditure included activity-specific, program-wide and agency wide expenditures. These were distributed to individual health activities according to their levels of direct expenditure, except for a few activities, which received no agency-wide expenditure.

As for 1999–00, the expenditure for the 2000–01 financial year was reported on an accrual accounting basis.

Victorian health authorities

Data collection methods

As most of the public health outputs are delivered by agencies funded by the Department of Human Services (DHS), the collection of the health expenditure data was sourced from the department's centralised generalised ledger.

The steps involved in the data collection are summarised below:

- downloading of expenditure on health activities from the department's general ledger. The flexible structure of the ledger enabled data to be sorted by activities or outputs, which in turn facilitated further classification into nine core public health activities and the 'Public health-related activity'
- manual categorisation, sorting each activity against its description
- verification to ensure the integrity of data collected
- reconciliation to ensure that reliable data were included in this report. It was determined that only functions that were funded or provided directly by the Public Health Division would be included in the data collection.

As for 1999–00, the expenditure for the 2000–01 financial year was reported on an accrual accounting basis. The relevant share of the DHS central corporate expenditure was apportioned across the ten health activities based on the proportion of activity expenditure.

Queensland Health

Since the 1999–00 Budget, Queensland Health has been required to report financial information to Queensland Treasury under the Managing for Outcomes framework, which identified the total cost of outputs. In order to provide this information, all Queensland Health's cost centres were allocated by percentage across outputs. Queensland Health uses a state-wide decision support system to produce output operating reports that identify total public health expenditure for Queensland Health.

The Managing for Outcomes framework is a process that Queensland Health uses to report total public health expenditure. However, additional analysis using cost centre service types is required to allocate the total public health output expenditure to the National Public Health Expenditure Project (NPHEP) activities. Any service types that do not match to the NPHEP categories are included under 'Public health-related activities'.

During a review of the expenditure collected through the above process, minor adjustments were required to be made to the expenditure reported. The adjustments were required mainly because of inappropriate mapping to service types. A review of the service types will be conducted to avoid this requirement in future collections.

As for 1999–00, expenditure for the 2000–01 financial year was reported on an accrual accounting basis.

Western Australian Health

Data collection methods

The primary source of public health expenditure data is the Western Australian Department of Health's Oracle financial system. Oracle supports a hierarchical cost centre structure that allows the mapping of expenditure against each of the core public health activities. For most of the state-wide public health programs each of the cost centres is matched to one of the core public health categories. Where cost centres relate to more than one category the expenditure was allocated across the relevant categories on the basis of advice from the cost centre manager. Overhead expenses for the Public Health Division were apportioned across the public health activities based on a model incorporating both staffing levels and expenditure.

A collection instrument was sent to each of the 32 metropolitan and rural health services for completion. The collection instrument consisted of a collection manual, based on the NPHEP Collection Manual, and a spreadsheet for completion by the health service. The completed spreadsheets were reviewed for consistency and the results used to compile the separate expenditure listings for public health units and for health services.

Public health expenditure data for the Office of Aboriginal Health was extracted from the Office's contract management system. Contract expenditure was allocated across the public health activities on the basis of the contracted service description.

The Western Australian expenditure estimates do not include:

- expenditure by LGAs (though payments to LGAs for public health activities from the Health portfolio are included)
- general pathology testing, dental health or Red Cross Blood Transfusion Service expenditure.

South Australian Department of Human Services

Data collection methods

Information was provided by state government departments, metropolitan and regional health units and other health-related government-funded organisations.

Data were collected using a combination of automated and manual processes.

Expenditure was extracted from the centralised DHS general ledger, the major source being the Public and Environmental Health cost centres. The DHS cost centres were mapped to the core public health categories as defined for this project. This accounted for $35 million or 58% of the total core public health expenditure collected from within the health sector.

The second part of the collection involved writing to external organisations (including public hospitals, community health centres and non-health state government departments that undertake public health activities), detailing the aims and expectations for the 2000–01 collection. A total of 45 metropolitan organisations and 7 regional health services were included in the collection.

A collection spreadsheet and instructions were then emailed to contact people from these external organisations. Meetings were arranged where necessary, usually with the larger organisations. This type of face-to-face contact often saved a significant amount of time and confusion.

As for 1999–00, all organisations involved in the collection were asked to report their 2000–01 financial data on an accrual accounting basis.

Tasmanian health authorities

Data collection methods

All expenditures by the Tasmanian Department of Health and Human Resources (DHHS) that fit within the definitions of core public health activities have been included. However, this report does not include expenditure by other state government agencies and LGAs that is attributable to public health.

While the DHHS' finance reporting system is centralised and this enables the smooth collection of expenditure data, the following should be noted:

- the 2000–01 data supplied for Tasmania are from cash-based accounting systems, creating the possibility of carry-over expenditure between reporting periods; however, this is likely to be of minimal impact
- expenditures by LGAs are not included
- expenditure estimates are total expenditure, not net expenditure

- program-wide and agency-wide expenditures have been allocated proportionately across NPHEP categories using the proportion of expenditure by cost centre.

The Department's finance system cost centre structure is such that in most cases the core public health categories are easily identified; however, some cost centres contained two or more categories, or only a proportion of the total expenditure was attributable to public and environmental health. In such cases, consultation with the cost centre managers was undertaken to obtain the portion of cost centre expenditure attributable to the core public health categories.

As for 1999–00, expenditure by DHHS for 2000–01 was recorded on a cash accounting basis and therefore includes any capital outlays in the reporting period.

Australian Capital Territory health authorities

Data collection methods

The ACT Department of Health and Community Care has a central accounting function that operates on a full accrual accounting basis.

The broad steps involved in collecting and processing the 2000–01 data are summarised below:

- initially, those cost centres that were within the department's chart of accounts and showed expenditure on public health activities were identified
- managers of cost centres included in the collection were advised of the core public health definitions and were asked to allocate their costs to each of the public health expenditure activities
- expenditure of the Healthpact statutory authority was then combined with the above.

Information technology expenditure was allocated on a cost centre basis under the public health activity. Agency-wide expenditure such as costs relating to finance and human resources was allocated across the nine core public health activities on the basis of full-time equivalent staff numbers.

As for 1999–00, expenditure for the 2000–01 financial year was reported on an accrual accounting basis.

Northern Territory Health Services

Data collection methods

Territory Health Services (THS) stores all available health information in a central repository known as SHILO (data warehouse). Business Objects provided an annual expenditure universe which was then converted into the statistical analytical software package SAS for analysis, comparison and storage.

Total expenditure by cost centre code for each public health program area was identified and input into a data collection module. Expenditure information for each cost centre code was provided in the collection tool to the relevant program directors according to the methodology recorded for the 1999–00 collection. Program directors advised of any changes

to allocations across the core public health categories, comments and final validation of expenditure and program description information.

As for 1999–00, expenditure by THS is recorded on a cash basis and includes capital outlays in the reporting period.

Appendix A: Additional tables

Table A1: National expenditure by the Australian Government and state and territory governments on core public health activities, 1999–00 ($ million)

Activity	Australian Government[(a)]	States and territories[(b)]	Total	Proportion of total core public health expenditure (%)
Communicable disease control	20.9	130.9	151.8	17.2
Selected health promotion	19.7	123.0	142.7	16.1
Organised immunisation	49.1	101.6	150.7	17.0
Environmental health	14.0	44.2	58.3	6.6
Food standards and hygiene	11.1	14.0	25.1	2.8
Breast cancer screening	2.1	93.6	95.7	10.8
Cervical screening	59.5	23.3	82.8	9.4
Prevention of hazardous and harmful drug use	28.1	83.6	111.7	12.6
Public health research	57.4	8.1	65.5	7.4
PHOFAs and other general public health grants[(c)]	0.3	. .	0.3	—
Total expenditure	**262.1**	**622.2**	**884.3**	**100.0**
Percentage of total	29.6	70.4	100.0	. .

(a) Australian Government expenditure does not include its funding of state/territory expenditures through specific purpose payments to states and territories (see Glossary for an explanation of this term).

(b) Activity-specific, program-wide and agency-wide expenditure incurred by state and territory governments, including expenditure that are wholly or partly funded through Australian Government specific purpose payments to states and territories (see Glossary for an explanation of these terms).

(c) Relates to expenditure incurred by the Australian Government associated with the administration of PHOFAs.

Table A2: Total funding by the Australian Government for expenditure on public health activities, 1999–00 ($ million)

Activity	Funding by the Australian Government			Proportion of total funding on core public health(%)
	Australian Government expenditure	Specific purpose payments to states and territories[(a)]	Total	
Communicable disease control	20.9	4.9	25.8	5.8
Selected health promotion	19.7	. .	19.7	4.4
Organised immunisation	49.1	61.8	110.8	24.8
Environmental health	14.0	. .	14.0	3.1
Food standards and hygiene	11.1	. .	11.1	2.5
Breast cancer screening	2.1	. .	2.1	0.5
Cervical screening[(b)]	59.5	. .	59.5	13.3
Prevention of hazardous and harmful drug use	28.1	2.7	30.8	6.9
Public health research	57.4	. .	57.4	12.8
PHOFAs	[(c)]0.3	[(d)]116.3	116.6	26.0
Total core public health	**262.1**	**185.7**	**447.8**	**100.0**
Public health-related activities	45.2	. .	45.2	. .

(a) Includes all public health specific purpose payments to states and territories.

(b) Includes Medicare expenditure that has a public health.

(c) Relates to expenditure incurred by the Australian Government in administering of the PHOFAs.

(d) Excludes specific purpose payments to states and territories of $93.9 million, which have been included under the public health activity *Organised immunisation*.

Table A3: Expenditure incurred by the Australian Government on core public health activities, 1999–00 ($ million)

Activity	Australian Government expenditure[a]			Proportion (%)
	Administered expenses	Departmental expenses	Total	
Communicable disease control	16.3	4.6	20.9	8.0
Selected health promotion[b]	14.1	5.6	19.7	7.5
Organised immunisation	47.2	1.8	49.1	18.7
Environmental health[b]	1.1	12.9	14.0	5.3
Food standards and hygiene[b]	1.5	9.7	11.1	4.2
Breast cancer screening	0.7	1.4	2.1	0.8
Cervical screening	58.2	1.3	59.5	22.7
Prevention of hazardous and harmful drug use[b]	22.7	5.3	28.1	10.7
Public health research	55.7	1.7	57.4	21.9
PHOFA administration[c]	—	0.3	0.3	0.1
Total core public health	**217.5**	**44.6**	**262.1**	**100.0**

(a) Does not include administered specific purpose payments to states and territories.

(b) Departmental expenditure on *Environmental health* and *Food standards and hygiene* are relatively higher than for other categories because they include operational expenditure for ARPANSA and FSANZ, respectively. Departmental expenditure for *Selected health promotion* and *Prevention of hazardous and harmful drug use* are relatively higher because they contain social marketing campaigns.

(c) Relates to expenditure incurred by the Australian Government associated in administering the PHOFAs.

Table A4: Expenditure on public health activities, New South Wales, 1999–00

Activity	Total expenditure ($ million)	Proportion of total core public health expenditure (%)
Communicable disease	54.3	28.7
Selected health promotion	28.7	15.2
Organised immunisation	32.1	16.9
Environmental health	7.3	3.9
Food standards and hygiene	4.4	2.3
Breast cancer screening	35.7	18.9
Cervical screening	5.0	2.6
Prevention of hazardous and harmful drug use	19.3	10.2
Public health research	2.4	1.3
Total core public health	**189.3**	**100.0**
Public health-related activities	18.3	. .

Table A5: Expenditure on public health activities, Victoria, 1999–00

Activity	Total expenditure ($ million)	Proportion of total core public health expenditure (%)
Communicable disease	23.7	19.6
Selected health promotion	27.9	23.1
Organised immunisation	23.4	19.4
Environmental health	2.9	2.4
Food standards and hygiene	2.3	1.9
Breast cancer screening	19.0	15.8
Cervical screening	7.3	6.1
Prevention of hazardous and harmful drug use	11.9	9.8
Public health research	2.2	1.8
Total core public health	**120.6**	**100.0**
Public health-related activities	96.8	. .

Table A6: Expenditure on public health activities, Queensland, 1999–00

Activity	Total expenditure ($ million)	Proportion of total core public health expenditure (%)
Communicable disease	16.0	16.1
Selected health promotion	18.0	18.1
Organised immunisation	16.2	16.3
Environmental health	9.9	9.9
Food standards and hygiene	1.5	1.5
Breast cancer screening	18.6	18.7
Cervical screening	3.4	3.5
Prevention of hazardous and harmful drug use	15.4	15.4
Public health research	0.4	0.4
Total core public health	**99.5**	**100.0**
Public health-related activities	105.5	. .

Table A7: Expenditure on public health activities, Western Australia, 1999–00

Activity	Total expenditure ($ million)	Proportion of total core public health expenditure (%)
Communicable disease	11.5	16.1
Selected health promotion	15.0	21.0
Organised immunisation	8.8	12.3
Environmental health	10.4	14.5
Food standards and hygiene	1.6	2.3
Breast cancer screening	7.2	10.1
Cervical screening	1.3	1.9
Prevention of hazardous and harmful drug use	13.9	19.5
Public health research	1.7	2.4
Total core public health	**71.5**	**100.0**
Public health-related activities	—	. .

Table A8: Expenditure on public health activities, South Australia, 1999–00

Activity	Total expenditure ($ million)	Proportion of total core public health expenditure (%)
Communicable disease	11.5	19.8
Selected health promotion	8.6	14.8
Organised immunisation	8.6	14.9
Environmental health	5.5	9.6
Food standards and hygiene	1.2	2.1
Breast cancer screening	7.1	12.2
Cervical screening	2.8	4.8
Prevention of hazardous and harmful drug use	12.0	20.7
Public health research	0.6	1.0
Total core public health	**57.9**	**100.0**
Public health-related activities	58.5	. .

Table A9: Expenditure on public health activities, Tasmania, 1999–00

Activity	Total expenditure ($ million)	Proportion of total core public health expenditure (%)
Communicable disease	2.3	11.8
Selected health promotion	4.0	19.9
Organised immunisation	3.0	15.3
Environmental health	2.5	12.8
Food standards and hygiene	0.1	0.4
Breast cancer screening	2.6	12.9
Cervical screening	0.7	3.5
Prevention of hazardous and harmful drug use	4.4	22.0
Public health research	0.3	1.5
Total core public health	**19.9**	**100.0**
Public health-related activities	23.0	. .

Table A10: Expenditure on public health activities, Australian Capital Territory, 1999–00

Activity	Total expenditure ($'000)	Proportion of total core public health expenditure (%)
Communicable disease	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
Total core public health	**22,857.7**	**100.0**
Public health-related activities	n.a.	. .

Table A11: Expenditure on public health activities, Northern Territory, 1999–00

Activity	Total expenditure ($ million)	Proportion of total core public health expenditure (%)
Communicable disease	8.6	21.7
Selected health promotion	9.9	25.0
Organised immunisation	6.2	15.8
Environmental health	3.6	9.2
Food standards and hygiene	1.0	2.6
Breast cancer screening	1.1	2.7
Cervical screening	2.2	5.5
Prevention of hazardous and harmful drug use	6.5	16.4
Public health research	0.4	1.1
Total core public health	**39.6**	**100.0**
Public health-related activities	14.3	. .

Table A12: Specific purpose payments to states and territories for public health by the Australian Government Health and Ageing portfolio, 2000–01 ($ million)

Category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Total communicable disease control	*4.3*	*2.0*	*2.8*	*1.5*	*0.8*	*0.4*	*0.3*	*1.6*	*13.7*
COAG needle and syringe program[(a)]	2.0	1.5	1.2	1.2	0.6	0.3	0.2	1.2	8.3
National Indigenous Australians sexual health strategy	1.6	—	1.2	0.1	—	—	—	0.2	3.1
Hepatitis C education and prevention program	0.6	0.4	0.3	0.2	0.2	0.1	0.1	0.2	2.1
Total organised immunisation	*32.6*	*23.1*	*18.2*	*9.6*	*7.4*	*2.3*	*1.4*	*1.5*	*96.1*
Essential vaccine purchases	18.1	12.6	10.2	5.5	3.8	1.3	0.8	0.7	53.0
Influenza vaccine purchases for people 65 years and over	7.4	5.4	3.6	1.8	1.9	0.6	0.2	—	21.0
Young adult measles program	6.5	5.0	3.8	2.1	1.4	0.4	0.4	0.3	19.8
National Indigenous pneumococcal and influenza immunisation program	0.5	0.2	0.6	0.2	0.2	—	—	0.5	2.3
Prevention of hazardous and harmful drug use	*7.3*	*5.3*	*4.4*	*2.7*	—	*0.8*	*0.5*	—	*21.0*
Illicit drug diversion initiative	6.1	5.3	4.4	2.7	—	0.8	0.5	—	19.8
NGO treatment grants	1.2	—	—	—	—	—	—	—	1.2
Public health research	—	—	—	—	0.2	—	—	—	0.2
PHOFAs[(a)]	41.0	26.9	20.9	11.0	10.8	4.7	3.1	3.1	121.6
Total payments	**85.2**	**57.3**	**46.3**	**24.8**	**19.1**	**8.2**	**5.3**	**6.2**	**252.6**

(a) Excludes specific purpose payments to states and territories of $93.9 million, which has been included under the public health activity *Organised immunisation*.

Appendix B: Technical Advisory Group membership details

Table B1: Membership of the Technical Advisory Group

Jurisdiction	Membership
Australian Government	Brian Harrison, Alexis Mohay
New South Wales	Deniza Mazevska, Durham Bennett
Victoria	Jenny McKinnar
Queensland	Graham Jarvis
Western Australia	Clive Mulroy
South Australia	Tony Woollacott
Tasmania	Darren Turner
Australian Capital Territory	Louise Freebairn
Northern Territory	Heather Moyle
AIHW	Tony Hynes, Justine Boland, Daniel Aherne

Abbreviations

ABS	Australian Bureau of Statistics
ACT	Australian Capital Territory
ACIR	Australian Childhood Immunisation Register
AIDS	acquired immune deficiency syndrome
AIHW	Australian Institute of Health and Welfare
AODP	Alcohol and Other Drugs Program (Northern Territory)
ARPANSA	Australian Radiation Protection and Nuclear Safety Agency
BEACH	Bettering the Evaluation and Care of Health (Survey)
CDC	Centre for Disease Control (Northern Territory)
COAG	Council of Australian Governments
DHAC	Department of Health and Aged Care (now known as Australian Government Department of Health and Ageing)
DHHCC	Department of Health, Housing and Community Care (ACT)
DHHS	Department of Health and Human Services (Tasmania)
DHS	Department of Human Services (Victoria, South Australia)
DHS	Department of Human Services (Victoria)
DOH	Western Australia Department of Health
FSANZ	Food Standards Australia and New Zealand (formerly Australia New Zealand Food Authority)
GP	general practitioner
GPC	Government Purpose Classification
GPII	General Practice Immunisation Incentive scheme
HHARP	HIV, Hepatitis C and Related Programs (South Australia)
Hib	haemophilus influenzae type B
HIV	human immunodeficiency virus
LGA	local government authority
NGO	non-government organisation
NHMRC	National Health and Medical Research Council
NPHEP	National Public Health Expenditure Project
NPHP	National Public Health Partnership
NSP	needle and syringe programs
NSW	New South Wales
NT	Northern Territory
OATSIH	Office of Aboriginal and Torres Strait Islander Health
OECD	Organisation for Economic Cooperation and Development

PHD	Population Health Division (of the Australian Government Department of Health and Ageing)
PHOFA	Public Health Outcome Funding Agreement
QCSP	Queensland Cervical Screening Program
SA	South Australia
SPPs	Specific Purpose Payments
STI	sexually transmitted infection
TAG	Technical Advisory Group to the National Public Health Expenditure Project
TB	tuberculosis
THS	(Northern) Territory Health Services
WA	Western Australia
WHO	World Health Organization

Glossary

Term	Definition
Accrual accounting	The method of accounting most commonly used by governments in Australia. Relates expenses, revenues and accruals to the period in which they are incurred (see also *Cash accounting*).
Activity-specific expenditure	Expenditures undertaken by cost centres that are specific to the core public health activity categories. Examples include expenditure by the immunisation cost centre or the radiation safety cost centre. These expenditures include salary costs; staff on-costs; non-labour support costs such as office space, electricity, stationery, administrative and IT support; and program running costs such as travel, meetings, conferences and training.
Agency-wide expenditure	Expenditures of a corporate nature that support all the programs (core and non-core public health programs) undertaken by the agency concerned. Includes human resource management, staff development, finance, legal and industrial relations activities.
Arbovirus	One of a group of RNA-containing viruses that are transmitted from animals to man by insects (…arthropod-borne viruses) and cause diseases resulting in encephalitis or serious fever, such as dengue … (*Oxford Concise Medical Dictionary 2000*)
Australian Government administered expenses	Expenses incurred by Department of Health and Ageing in administering resources on behalf of the government to contribute to the specified outcome (for example most grants in which the grantee has some control over how, when and to whom funds can be expended, including PHOFA payments and specific purpose payments to state and territory governments) (see also *Australian Government departmental expenses*).
Australian Government departmental expenses	Those expenses incurred by the Department of Health and Ageing in the production of the Department's outputs (mostly consisting of the cost of employees but also including suppliers of goods and services, particularly those where the Australian Government retains full control of how, when and to whom funds are to be provided).

Australian Government expenditure	Total expenditure actually incurred by the Australian Government on its own public health programs. It does not include the funding provided by the Australian Government to the states and territories by way of grants under Section 96 of the Constitution.
Australian Government funding	The sum of Australian Government expenditure and Section 96 grants to states and territories.
Cash accounting	Relates receipts and payments to the period in which the cash transfer actually occurred. Does not have the capacity to reflect non-cash transactions, such as depreciation (see also *Accrual accounting*).
Centralised corporate services	Includes human resource management, staff development, finance and industrial relations.
Collection manual	A document agreed to by all jurisdictions that provides guidance on what activities constitute the nine core public health activities and the procedures to be adopted in collecting and compiling the associated expenditure information.
Core public health activities	Nine types of activities undertaken or funded by the key jurisdictional health departments that address issues related to populations, rather than individuals. Does not include treatment services.
General Practice Immunisation Incentive scheme	An Australian Government initiative designed to boost the level of childhood immunisation by emphasising the role of GPs.
Government Purpose Classification	Classifies current outlays, capital outlays and selected other transactions of the non-financial public sector in terms of the purposes for which the transactions are made.
Indirect expenditure	Includes public or population health program-wide services that are less specific, such as epidemiology units, or public health policy and strategy units. It also usually includes agency-wide services such as corporate services or the office of the Chief Health Officer. Public health program-wide services and agency-wide services need to be apportioned across categories to estimate the overall expenditure required to deliver a particular public health expenditure output.
Jurisdictions	Australian, state and territory governments.
Koori	A term often preferred by Aboriginal people of South-east Australia when referring to themselves.
PHOFA administration	This is expenditure incurred by the Australian Government in the administering of the PHOFAs

PHOFAs	Payments made by the Australian Government to state and territory governments to support their public health programs through the public health outcome funding agreements.
Program-wide expenditures	Public health expenditures associated with functions that support a number of core public health activities. These include expenditure on information systems, disease surveillance and epidemiology, public health policy, program and legislation development, public health communication and advocacy, public and environmental health laboratory services, and public health research and development.
Public health	Organised response by society to protect and promote health, and to prevent illness, injury and disability. The starting point for identifying public health issues, problems and priorities, and for designing and implementing interventions is the population as a whole, or population subgroups (NPHP 1998).
Specific Purpose Payments	Australian Government payments to the states and territories under the provisions of Section 96 of the Constitution, to be used for purposes specified in agreements between the Australian Government and individual state and territory governments. Some are conditional on states and territories incurring a specified level or proportion of expenditure from their own resources (CGC 1998:466). PHOFA grants and grants to the states and territories for essential vaccines are examples of specific purpose payments .
Recurrent expenditure	Expenditure incurred by organisations on a recurring basis, for the provision of health services, excluding capital expenditure, but including indirect expenditure.

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