

6 Expenditure by Western Australian health authorities

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). Bunbury is the only regional centre with a population greater than 50,000. Approximately 10% of Western Australians live in regions that are classified as remote.

The agencies with primary responsibility for 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.

The DOH is the state's principal health authority, with overall responsibility for public health policy development through its Population Health Division and the Office of Aboriginal Health. Public and population health services are delivered through area health services or NGOs such as community-controlled Aboriginal Medical Services.

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 NGOs to promote health in new and diverse ways.

Population health services in rural Western Australia are delivered through the WA Country Health Service with population health units based in the Kimberley, Pilbara Gascoyne, Midwest Murchison, Goldfields South East, Wheatbelt and Great Southern regions and through the South West Area Health Service. A further two population health units are based in the metropolitan area health services. Population health units, together with community health services, deliver services across all of the population health categories, but often with a focus on issues of particular concern in their region.

6.2 Overview of results

Total expenditure on public health activities by DOH and Healthway for 2003–04 was estimated as \$101.8 million, compared to \$97.4 million in 2002–03 and \$86.2 in 2001–02 (Table 6.1).

Overall, expenditure on public health in 2003–04 was up \$4.4 million or 4.5% on that incurred the previous financial year. There was an increase in expenditure across all public health activities, with expenditure on *Selected health promotion* (up \$1.4 million) and *Prevention of hazardous and harmful drug use* (up \$0.9 million) being the largest in absolute terms. Over 70% of the expenditure was directed towards four public health activities:

- *Organised immunisation* (20.3%)

- *Selected health promotion* (18.6%)
- *Prevention of hazardous and harmful drug use* (17.8%)
- *Communicable disease control* (13.4%).

Table 6.1: State government expenditure on public health activities, current prices, Western Australia, 1999–00 to 2002–03

Activity	1999–00	2000–01	2001–02	2002–03	2003–04
	Expenditure (\$ million)				
Communicable disease control	11.5	12.2	12.8	13.0	13.6
Selected health promotion	15.0	15.8	16.5	17.5	18.9
Organised immunisation	8.8	10.3	13.3	20.7	20.7
Environmental health	10.4	11.0	12.1	12.2	12.4
Food standards and hygiene	1.6	1.7	1.9	2.0	2.1
Breast cancer screening	7.2	7.5	8.5	9.0	9.7
Cervical screening	1.3	1.5	1.7	1.7	1.8
Prevention of hazardous and harmful drug use	13.9	14.5	16.1	17.2	18.1
Public health research	1.7	3.2	3.3	4.1	4.5
Total public health	71.4	77.7	86.2	97.4	101.8
	Proportion of public health expenditure ^(a) (%)				
Communicable disease control	16.1	15.7	14.8	13.3	13.4
Selected health promotion	21.0	20.3	19.1	18.0	18.6
Organised immunisation	12.3	13.3	15.4	21.3	20.3
Environmental health	14.6	14.2	14.0	12.5	12.2
Food standards and hygiene	2.2	2.2	2.2	2.1	2.1
Breast cancer screening	10.1	9.7	9.9	9.2	9.5
Cervical screening	1.8	1.9	2.0	1.7	1.8
Prevention of hazardous and harmful drug use	19.5	18.7	18.7	17.7	17.8
Public health research	2.4	4.1	3.8	4.2	4.4
Total public health	100.0	100.0	100.0	100.0	100.0

(a) Estimates are based on expenditure data expressed in \$ million and rounded to one decimal place.

Note: Components may not add to totals due to rounding.

6.3 Expenditure on public health activities

This section of the report looks at Western Australia's level of spending on each of the public health activities. It discusses in more detail the particular programs within each health activity and their related expenditure.

Communicable disease control

The total expenditure for *Communicable disease control* by DOH in 2003–04 was \$13.6 million compared with \$13.0 million in 2002–03 and \$12.8 million in 2001–02 (Table 6.1).

The 2003–04 expenditure constituted 13.4 % of the total public health expenditure incurred during 2003–04. (Table 6.1). It comprised of \$8.4 million on HIV/ AIDS, hepatitis C and sexually transmitted infections control programs, \$1.8 million on the needle and syringe programs and \$3.4 million on other communicable disease control (Table 6.2).

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.

Progress included an increased focus on Indigenous sexual health programs, and enhancement of the systems for tracking notifiable diseases, ensuring better surveillance.

Table 6.2: State government expenditure on *Communicable disease control*, current prices, Western Australia, 2001–02 to 2003–04 (\$ million)

Category	2001–02	2002–03	2003–04
HIV/AIDS, hepatitis C and sexually transmitted infections	8.0	8.1	8.4
Needle and syringe programs	1.5	1.6	1.8
Other communicable disease control	3.3	3.3	3.4
Total	12.8	13.0	13.6

Selected health promotion

The total expenditure for *Selected health promotion* by DOH and Healthway in 2003–04 was \$18.9 million, compared to \$17.5 million in 2002–03 and \$16.5 million in 2001–02 (Table 6.1).

The 2003–04 expenditure in 2003–04 was 18.6% of the total public health expenditure and reflected the second most significant area of expenditure by DOH.

Features of the *Selected Health Promotion* activity over the period 2001–02 to 2003–04 include support of projects addressing preventable chronic disease. Some of the major health promotion programs were:

- Quit
- Go for 2&5
- Find 30
- Stay On Your Feet.

Organised immunisation

The total expenditure for *Organised immunisation* by DOH in 2003–04 was \$20.7 million, the same level of expenditure as recorded for 2002–03 but up \$7.4 million on that incurred in 2001–02 (Table 6.1).

The 2003–04 expenditure represented 20.3% of total public health expenditure and reflected the most significant area of expenditure incurred by DOH). It comprised \$12.9 million on organised childhood immunisation, \$3.8 million on pneumococcal and influenza immunisation and \$3.9 million on all other organised immunisation (Table 6.3).

Overall, expenditure in 2002–03 and 2003–04 was significantly up (approximately \$7.4 million) on that incurred in 2001–02. This increase was largely due to increased expenditure on organised childhood immunisation due to the introduction of the National Meningococcal C Vaccination Program for all children aged 1 to 19 years old.

Most of the expenditure associated with this activity related 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
- enhancement of the measles program; and
- provision of lectures and training to immunisation providers.

Funding for this activity comes from a combination of state appropriations and PHOFA grants from the Australian Government.

Table 6.3: State government expenditure on *Organised immunisation*, current prices, Western Australia, 2001–02 to 2003–04 (\$ million)

Category	2001–02	2002–03	2003–04
Organised childhood immunisation	8.1	14.4	12.9
Organised pneumococcal and influenza immunisation	2.4	3.7	3.8
All other organised immunisation	2.7	2.6	3.9
Total	13.3	20.7	20.7

Note: Components may not add to totals due to rounding.

Environmental health

Total expenditure on *Environmental health* during 2003–04 was \$12.4 million, which was similar to the level of expenditure incurred in 2002–03 (\$12.2 million) and in 2001–02 (\$12.1 million). The 2003–04 expenditure represented 2.1% of total public health expenditure by DOH, which was similar to its proportion for previous years (Table 6.1).

Most of the 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* in 2003–04 was \$2.1 million, compared with \$2.0 million in 2002–03 and \$1.9 million in 2001–02. The 2003–04 expenditure constituted 2.1% of the total public health expenditure by DOH for that year (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.

Breast cancer screening

The total expenditure for *Breast cancer screening* in 2003–04 was \$9.7 million, compared with \$9.0 million in 2002–03 and \$8.5 million in 2001–02. The 2003–04 expenditure constituted 9.5% of total public health expenditure by DOH for that year (Table 6.1).

Most of the 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 2003–04 was \$1.8 million, which is comparable to that incurred the previous financial year. This expenditure represented 1.8% of total public health expenditure incurred in 2003–04 (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.

Prevention of hazardous and harmful drug use

The total expenditure for *Prevention of hazardous and harmful drug use* by DOH and Healthway in 2003–04 was \$18.1 million, compared to \$17.2 million in 2002–03 and \$16.1 million the previous financial year (Table 6.1).

The 2003–04 expenditure represented 17.8% of total expenditure on public health activities and was one of the more significant areas of expenditure during the course of that year. It comprised \$10.0 million on alcohol and tobacco programs, \$5.0 million on the illicit drugs and methadone program and \$3.1 million on other related drug programs (Table 6.4).

Overall, expenditure was marginally up across all categories when compared to the expenditure incurred in 2002–03 and 2001–02.

Healthway, the Drug and Alcohol Office and the Health Promotions Directorate 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 program
- drug and alcohol campaigns which focused on the benefits of harm reduction and responsible drinking.

Table 6.4: State government expenditure on *Prevention of hazardous and harmful drug use*, current prices, Western Australia, 2001–02 to 2003–04 (\$ million)

Category	2001–02 ^(a)	2002–03 ^(a)	2003–04
Alcohol	3.1	3.5	3.6
Tobacco	5.3	5.9	6.4
Illicit and other drugs of dependence	4.6	4.8	5.0
Mixed	3.0	3.0	3.1
Total	16.1	17.2	18.1

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

Note: Components may not add to totals due to rounding.

Public health research

The total expenditure for *Public health research* by DOH in 2003–04 was \$4.5 million, compared to \$4.1 million in 2002–03 and \$3.3 million in 2001–02.

The 2003–04 expenditure represented 4.4% of total expenditure on public health activities for that year (Table 6.1). It included expenditure on research on issues related to childhood diseases, and maternal, child and youth health. In addition, it included expenditure on research activities associated with Healthway.

6.4 Growth in expenditure on public health activities

Total public health expenditure, in constant price terms, increased from \$97.4 million in 2002–03 to \$98.5 million in 2003–04. This represented an increase of 1.1% in real terms

(Table 6.5). Expenditure on *Cervical screening* and *Food standards and hygiene* recorded the highest growth rates (5.9% and 5.0% respectively).

Table 6.5: State government expenditure on public health activities, constant (2002–03) prices^(a), Western Australia, 1999–00 to 2003–04

Activity	Expenditure (\$ million)					5-year average
	1999–00	2000–01	2001–02	2002–03	2003–04	
Communicable disease control	12.7	13.0	13.2	13.0	13.2	13.0
Selected health promotion	16.6	16.8	17.1	17.5	18.2	17.2
Organised immunisation	9.7	11.0	13.7	20.7	20.0	15.0
Environmental health	11.4	11.7	12.6	12.2	12.0	12.0
Food standards and hygiene	1.8	1.9	2.0	2.0	2.1	2.0
Breast cancer screening	7.9	7.9	8.8	9.0	9.4	8.6
Cervical screening	1.5	1.6	1.7	1.7	1.8	1.7
Prevention of hazardous and harmful drug use	15.4	15.4	16.7	17.2	17.5	16.4
Public health research	1.9	3.4	3.4	4.1	4.3	3.4
Total public health	78.9	82.7	89.2	97.4	98.5	89.3

Activity	Growth ^(b) (%)				
	1999–00 to 2000–01	2000–01 to 2001–02	2001–02 to 2002–03	2002–03 to 2003–04	1999–00 to 2003–04 ^(c)
Communicable disease control	2.4	1.5	–1.5	1.5	1.0
Selected health promotion	1.2	1.8	2.3	4.0	2.3
Organised immunisation	13.4	24.5	51.1	–3.4	19.8
Environmental health	2.6	7.7	–3.2	–1.6	1.3
Food standards and hygiene	5.6	5.3	—	5.0	3.9
Breast cancer screening	—	11.4	2.3	4.4	4.4
Cervical screening	6.7	6.2	—	5.9	4.7
Prevention of hazardous and harmful drug use	—	8.4	3.0	1.7	3.2
Public health research	78.9	—	20.6	4.9	22.7
Total public health	4.8	7.9	9.2	1.1	5.7

(a) Constant price expenditure has been expressed in 2002–03 prices (see Chapter 11, Section 11.1).

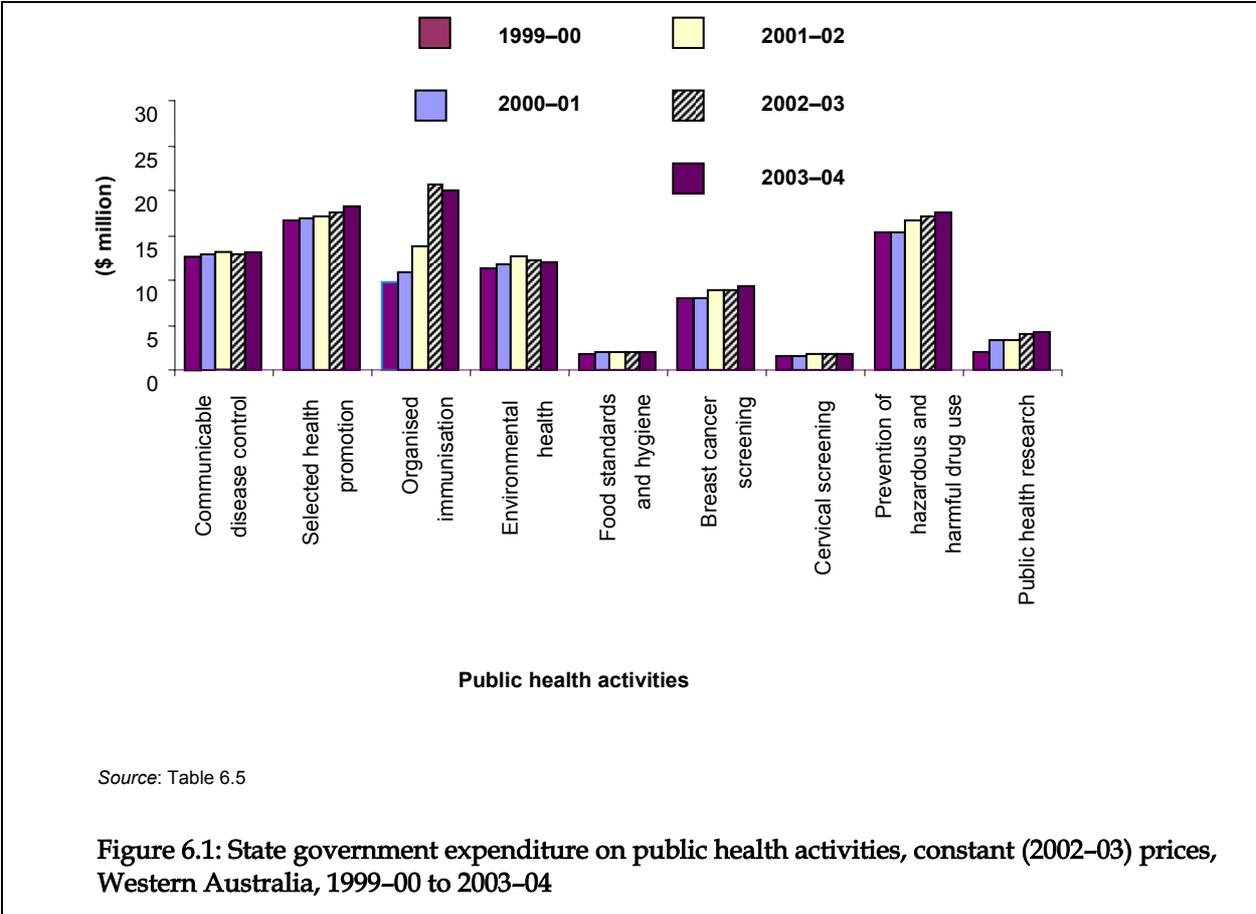
(b) Estimates are based on expenditure expressed in \$ million and rounded to one decimal place.

(c) Average annual growth rate.

Note: Components may not add to totals due to rounding.

Estimates of expenditure on public health activities increased, in real terms, by 24.8% between 1999–00 and 2003–04, at an annual average of 5.7% over the five years. All public health activities recorded an increase in their average annual expenditure over this period, with expenditure on *Public health research* and *Organised immunisation* recording the highest average annual growth rates of 22.7% and 19.8% respectively (Table 6.3). The growth rates in *Organised immunisation* relate largely to the introduction of the National Meningococcal C Vaccination Program and the increase in *Public health research* represents a movement from a low base figure. Over the period that the present public health expenditure series has been compiled, that is, from 1999–00 to 2003–04, the public health

activities which have recorded the highest average annual expenditure were *Selected health promotion* (\$17.2 million), *Prevention of hazardous and harmful drug use* (\$16.4 million) and *Organised immunisation* (\$15.0 million) (Table 6.5; Figure 6.1).



6.5 Expenditure on ‘Public health-related activities’

Total expenditure on ‘Public health-related activities’ in 2003-04 was estimated at \$3.0 million, compared with \$2.0 million in 2002-03 and \$3.0 million in 2001-02. Included under this activity were health information and epidemiological expenditure related to public health.

7 Expenditure by South Australian health authorities

7.1 Introduction

South Australia's population in June 2004 was estimated at approximately 1.5 million and is Australia's fifth largest state in terms of population. Approximately 0.2 million or 15% of the population were aged 65 years and over. This is higher than the national population average of 13% for persons aged 65 years and over.

The state public health system consists of numerous health units, community health centres and other related organisations, which were under the administration of the Department of Human Services (DHS) during the periods covered in this report.

Expenditures, including funding, by DHS on public health activities have been included in this report.

7.2 Overview of results

Total public health expenditure by DHS in 2003–04 was estimated, in current price terms, at \$77.2 million, compared with \$79.8 million in 2002–03. Expenditure in 2002–03 and 2003–04 was substantially up on that incurred in 2001–02 (\$66.7 million) (Table 7.1).

In 2003–04, over 70% of the expenditure was directed towards four health activities (Table 7.1):

- *Communicable disease control* (20.3%)
- *Organised immunisation* (18.1%)
- *Prevention of hazardous and harmful drug use* (17.2%)
- *Selected health promotion* (16.6%).

Expenditure on public health in 2003–04 was \$2.6 million down on that incurred the previous financial year. The main contributor to this decrease was a reduction in expenditure on *Organised immunisation* (down \$3.4 million) as the second year of the National Meningococcal C Vaccination Program had significantly fewer children eligible due to targeting of different age groups.

Table 7.1: State government expenditure on public health activities, current prices, South Australia, 1999–00 to 2003–04

Activity	1999–00	2000–01	2001–02	2002–03	2003–04
Expenditure (\$ million)					
Communicable disease control	11.5	12.5	13.6	15.4	15.7
Selected health promotion	8.6	8.6	11.2	11.8	12.8
Organised immunisation	8.6	9.1	9.7	17.4	14.0
Environmental health	5.5	6.0	6.4	6.6	5.8
Food standards and hygiene	1.2	1.5	1.2	1.8	1.4
Breast cancer screening	7.1	7.8	7.3	7.5	8.1
Cervical screening	2.8	3.2	2.1	2.2	2.1
Prevention of hazardous and harmful drug use	12.0	13.9	12.8	13.5	13.3
Public health research	0.6	0.7	2.4	3.6	4.0
Total public health	57.9	63.3	66.7	79.8	77.2
Proportion of public health expenditure^(a) (%)					
Communicable disease control	19.9	19.7	20.4	19.3	20.3
Selected health promotion	14.9	13.6	16.8	14.8	16.6
Organised immunisation	14.9	14.4	14.5	21.8	18.1
Environmental health	9.5	9.5	9.6	8.3	7.5
Food standards and hygiene	2.1	2.4	1.8	2.3	1.8
Breast cancer screening	12.3	12.3	10.9	9.4	10.5
Cervical screening	4.8	5.1	3.1	2.8	2.7
Prevention of hazardous and harmful drug use	20.7	22.0	19.2	16.9	17.2
Public health research	1.0	1.1	3.6	4.5	5.2
Total public health	100.0	100.0	100.0	100.0	100.0

(a) Estimates are based on expenditure data expressed in \$ millions and rounded to one decimal place.

Note: Components may not add to totals due to rounding.

7.3 Expenditure on public health activities

This section of the report looks at South Australia's level of activity in relation to each of the public health activities. 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 2003–04 was \$15.7 million, compared with \$15.4 million in 2002–03 and \$13.6 million in 2001–02 (Table 7.1).

The 2003–04 expenditure accounted for 20.3% of the total expenditure on public health activities and reflected the most significant area of expenditure by DHS during that year. It comprised \$10.1 million on HIV/AIDS, hepatitis C and sexually transmitted infections

control programs, \$1.5 million on needle and syringe programs and \$4.1 million on other communicable disease control (Table 7.2).

Expenditure, in nominal terms, has increased each year between 2001–02 and 2003–04. The growth was largely due to the increased expenditure on HIV/AIDS, hepatitis C and sexually transmitted infections control programs, which accounted for approximately 60% of the total expenditure on average per year.

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 control.

Table 7.2: State government expenditure on *Communicable disease control*, current prices, South Australia, 2001–02 to 2003–04 (\$ million)

Category	2001–02	2002–03	2003–04
HIV/AIDS, hepatitis C and sexually transmitted infections	7.9	8.8	10.1
Needle and syringe programs	2.0	2.2	1.5
Other communicable disease control	3.8	4.3	4.1
Total	13.6	15.4	15.7

Note: Components may not add to totals, due to rounding.

Selected health promotion

Total reported expenditure on *Selected health promotion* during 2003–04 was \$12.8 million, compared with \$11.8 million in 2002–03 and \$11.2 million for the previous financial year. This represented 16.6% of total expenditure on public health activities in 2003–04 (Table 7.1).

Expenditure, in nominal terms, has grown for most years, from \$8.6 million in 1999–00 to \$12.8 million in 2003–04.

Within South Australia, health promotion is coordinated by Health Promotion SA (part of DHS). Some of the promotional expenditure undertaken was aimed at injury prevention, physical activity, mental health, nutrition and healthy lifestyles in schools. In addition, the Epidemiology Branch of DHS, public hospitals and community health services also recorded expenditure on a range of health promotion activities.

Organised immunisation

Expenditure on *Organised immunisation* by DHS in 2003–04 was \$14.0 million, compared with \$17.4 million in 2002–03 and \$9.7 million in 2001–02 (Table 7.1).

The 2003–04 expenditure represented 18.1% of total expenditure on public health activities and was the second most significant area of expenditure incurred by DHS during that year. It comprised \$10.6 million on organised childhood immunisation, \$2.7 million on pneumococcal and influenza immunisation and \$0.7 million on all other organised immunisation (Table 7.3).

Overall, expenditure in 2002–03 and 2003–04 was significantly up on that incurred in previous years. The higher expenditure reflects the increased spending on organised childhood immunisation with the introduction of the National Meningococcal C Vaccination Program in January 2003. Meningococcal C vaccine is now on the SA Childhood Vaccination Schedule for children turning 12 months of age. In addition, the program provides free meningococcal C vaccine to the 1–19 year-old age group.

The decrease in expenditure from 2002–03 to 2003–04 was due to the targeting of different age groups in the Meningococcal C program. In 2002–03 (the first year of the program) those age groups considered most at risk, 1–5 year-olds and 15–19 year-olds, were initially targeted. The remaining 6–14 year-olds were targeted over two years, with 50% of this group targeted in 2003–04. In addition, the diphtheria, tetanus and pertussis booster, delivered at 18 months of age, was dropped from the funded schedule in September 2003.

During 2001–02 the percentage of 1 year-olds fully immunised was maintained at 92% and for 2 year-olds it increased to 90%. In 2002–03 the percentage of 1 year-olds fully immunised remained at 92% and for 2 year-olds increased to 91%. During 2003–04 the percentage of 1 year-olds remained at 92% and the percentage of 2 year-olds increased to 93%.

Funding for *Organised immunisation* comes from a combination of state appropriations and the Australian Government via the PHOFAs.

Table 7.3: State government expenditure on *Organised immunisation*, current prices, South Australia, 2001–02 to 2003–04 (\$ million)

Category	2001–02	2002–03	2003–04
Organised childhood immunisation	5.9	10.9	10.6
Organised pneumococcal and influenza immunisation	2.5	2.6	2.7
All other organised immunisation	1.2	3.8	0.7
Total	9.7	17.4	14.0

Note: Components may not add to totals due to rounding.

Environmental health

Total expenditure for *Environmental health* by DHS in 2003–04 was \$5.8 million, compared with \$6.6 million in 2002–03 and \$6.4 million in 2001–02. This constituted 7.5% of the total expenditure on public health activities by DHS in 2003–04 (Table 7.1).

The transfer of the Radiation Protection Branch from DHS to the Environment Protection Authority on 1 July 2002 was the main contributor to the decreased expenditure on this activity over the past two years. This transfer of responsibilities resulted in DHS's *Environmental health* core function expenditure being reduced annually by about \$1.3 million (2001–02 expenditure on radiation protection).

Some of the major activities covered by spending in this area were lead level assessments by the Port Pirie Environmental Health Centre, monitoring of contaminated sites and water quality testing, and development of policy and legislation pertaining to the access and safe use of pharmaceuticals and other chemicals.

Food standards and hygiene

Total expenditure for *Food standards and hygiene* by DHS in 2003–04 was \$1.4 million, compared with \$1.8 million in 2002–03 and \$1.2 million the previous financial year. The 2003–04 expenditure constituted 1.8% of total expenditure on public health activities by DHS during that year (Table 7.1).

Expenditure under this activity mainly related to surveillance of food products, food poisoning investigations, and the development and planning of related legislation.

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* activities.

Breast cancer screening

Total expenditure for *Breast cancer screening* by DHS in 2003–04 was \$8.1 million, compared with \$7.5 million in 2002–03 and \$7.3 million in 2001–02. This represented 10.5% of the total public health expenditure (Table 7.1) during 2003–04.

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 2003–04 was \$2.1 million, approximately the same level of expenditure as incurred in 2002–03 and 2001–02. This accounted for 2.7% of total expenditure on public health activities during 2003–04 (Table 7.1).

Cervical screening in South Australia is part of the National Cervical Screening 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.

Prevention of hazardous and harmful drug use

Total expenditure for *Prevention of hazardous and harmful drug use* by DHS in 2003–04 was \$13.3 million, compared with \$13.5 million in 2002–03 and \$12.8 million in 2001–02 (Table 7.1).

The 2003–04 expenditure constituted 17.2% of total public health expenditure and was one of the significant areas of expenditure on public health activities by DHS during that year. It comprised \$3.7 million on alcohol and tobacco programs, \$5.8 million on the illicit and other

drugs of dependence programs and \$3.8 million on mixed programs (that is, those that could not be classified to the previous categories) (Table 7.4).

Over the years 2001–02 and 2002–03 responsibility for providing funds for programs that aim to reduce the overuse and abuse of alcohol and drugs was transferred from the Drug and Alcohol Services Council to the DHS. Tobacco control in South Australia is predominantly funded by the Tobacco Control Unit of DHS.

Some of the major activities covered by spending in this area were, anti-smoking initiatives and a range of programs aimed at illicit and other drug control, and harm minimisation.

Table 7.4: State government expenditure on *Prevention of hazardous and harmful drug use*, current prices, South Australia, 2001–02 to 2003–04 (\$ million)

Category	2001–02	2002–03	2003–04
Alcohol	0.9	0.8	0.2
Tobacco	3.7	4.3	3.5
Illicit and other drugs of dependence	3.8	4.4	5.8
Mixed	4.4	4.1	3.8
Total	12.8	13.5	13.3

Note: Components may not add to totals due to rounding.

Public health research

Total expenditure for *Public health research* by DHS in 2003–04 was \$4.0 million, compared to \$3.6 million in 2002–03 and \$2.4 million in 2001–02. This constituted 5.2% of total expenditure on public health activities during 2003–04 (Table 7.1).

The expenditure mainly related to funding by the Drug and Alcohol Services Council to support research in areas relating to alcohol and drug use and prevention. Also included is public health research funding by the Human Services Research and Innovation Program (HSRIP), the Women’s and Children’s Hospital and community health research funded by DHS.

HSRIP is a strategic priority-driven program which supports research and innovation opportunities through competitive project grants and research leverage funds.

7.4 Revision to previously published estimates for 2000-01

The DHS has revised its 2000–01 expenditure on public health activities since the publication of the *National Public Health Expenditure Report 2000–01* (AIHW 2004). The updated data has been included in Table 7.1.

7.5 Growth in expenditure on public health activities

Total expenditure on public health activities by DHS decreased, in real terms, by 6.1% between 2002–03 and 2003–04. However, over the longer period, 1999–00 to 2003–04, expenditure has grown at an average of 4.1% per year (Table 7.5).

The fastest growth was in expenditure on *Public health research*, which was estimated to have grown at an annual average rate of 59.7%. This was largely due to the inclusion after 2000–01 of some research activities that had not been reported earlier (Table 7.5; Figure 7.1).

The second fastest growth was in expenditure on *Organised immunisation*, which averaged 9.4% over the period.

There were only three activities which showed declines in their average annual growth rates over the period 1999–00 to 2003–04. These were *Cervical screening* (-10.4%), *Environmental health* (-2.1%) and *Prevention of hazardous and harmful drug use* (-0.6%). In the case of *Cervical screening* there was a fall in expenditure of 35.3% in 2001–02 that largely contributed to the decrease.

Table 7.5: State government expenditure on public health activities, constant (2002–03) prices^(a), South Australia, 1999–00 to 2003–04

Activity	Expenditure (\$ million)					5-year average
	1999–00	2000–01	2001–02	2002–03	2003–04	
Communicable disease control	12.7	13.3	14.1	15.4	15.2	14.1
Selected health promotion	9.5	9.2	11.5	11.8	12.4	10.9
Organised immunisation	9.5	9.8	10.0	17.4	13.6	12.1
Environmental health	6.1	6.4	6.6	6.6	5.6	6.3
Food standards and hygiene	1.3	1.6	1.2	1.8	1.4	1.5
Breast cancer screening	7.8	8.4	7.5	7.5	7.9	7.8
Cervical screening	3.1	3.4	2.2	2.2	2.0	2.6
Prevention of hazardous and harmful drug use	13.2	14.8	13.3	13.5	12.9	13.5
Public health research	0.6	0.7	2.4	3.6	3.9	2.2
Total public health	63.8	67.6	68.8	79.8	74.9	71.0

Activity	Growth ^(b) (%)				
	1999–00 to 2000–01	2000–01 to 2001–02	2001–02 to 2002–03	2002–03 to 2003–04	1999–00 to 2003–04 ^(c)
Communicable disease control	4.7	6.0	9.2	–1.3	4.6
Selected health promotion	–3.2	25.0	2.6	5.1	6.9
Organised immunisation	3.2	2.0	74.0	–21.8	9.4
Environmental health	4.9	3.1	—	–15.2	–2.1
Food standards and hygiene	23.1	–25.0	50.0	–22.2	1.9
Breast cancer screening	7.7	–10.7	—	5.3	0.3
Cervical screening	9.7	–35.3	—	–9.1	–10.4
Prevention of hazardous and harmful drug use	12.1	–10.1	1.5	–4.4	–0.6
Public health research	16.7	242.9	50.0	8.3	59.7
Total public health	6.0	1.8	16.0	–6.1	4.1

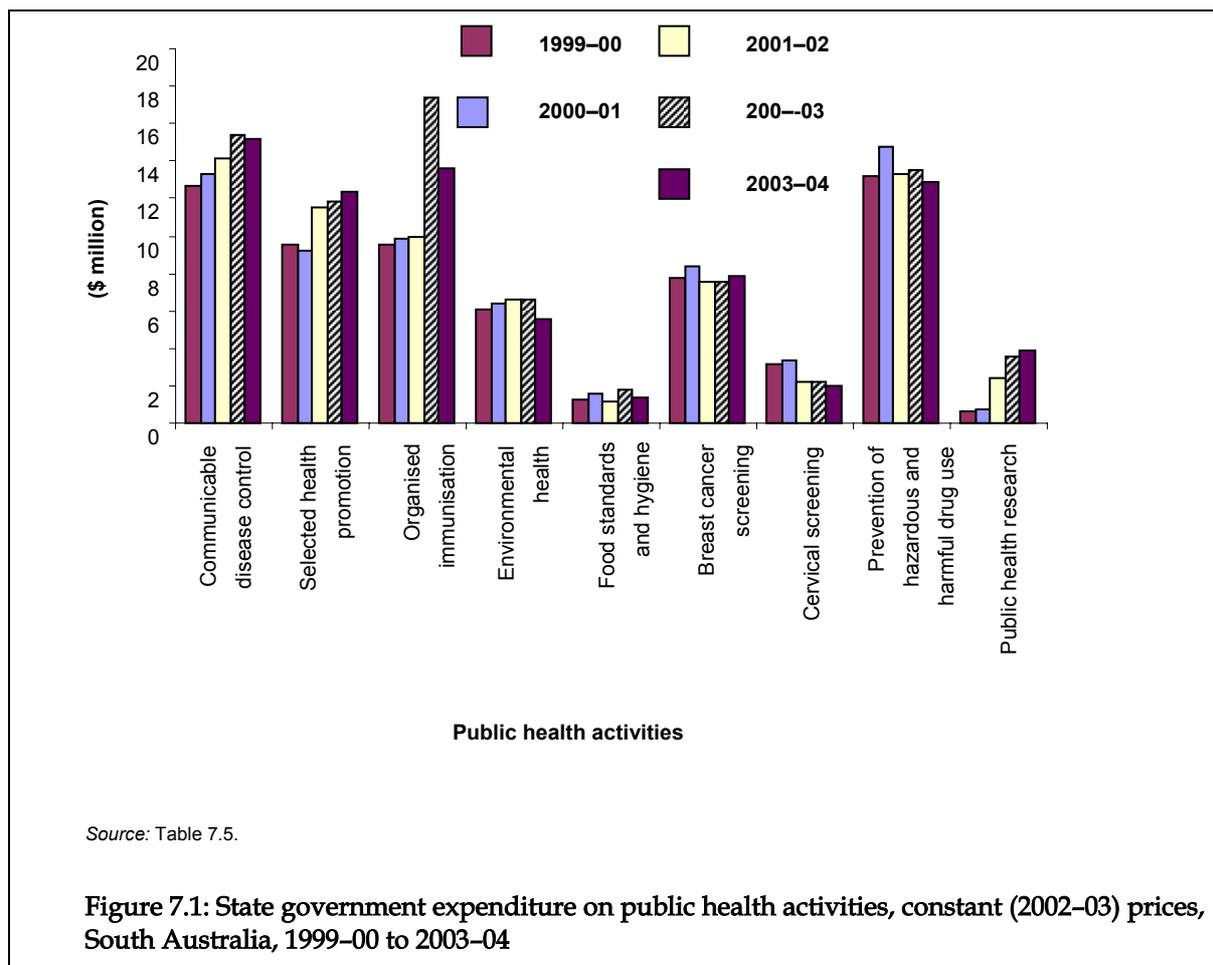
(a) Constant price expenditure has been expressed in 2002–03 prices (see Chapter 11, Section 11.1).

(b) Estimates are based on expenditure expressed in \$ million and rounded to one decimal place.

(c) Average annual growth rate.

Note: Components may not add to totals due to rounding.

Over the period the current public health expenditure series has been compiled, that is, from 1999–00 to 2002–03, *Communicable disease control* (\$14.1 million) recorded the highest average annual expenditure in real terms, followed by *Prevention of hazardous and harmful drug use* (\$13.5 million) and *Organised immunisation* (12.1 million) (Table 7.5; Figure 7.1).



7.6 Expenditure on ‘Public health-related activities’

Total expenditure on ‘Public health-related activities’ in 2003-04 was \$67.5 million, compared with \$60.8 million in 2002-03 and \$57.2 million the previous year.

The major programs included as ‘Public health-related activities’ for 2003-04 were:

- dental health services, including the school dental screening program (\$46.3 million)
- community health programs, which included projects relating to violence and abuse, women’s health, Aboriginal health and youth health (\$8.1 million)
- alcohol and other drug treatment and welfare-related programs (\$7.2 million).