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 approximately 2.0 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 Department of Health Western Australia (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 Health Policy and Clinical Reform Division, the Office of Aboriginal Health, and the Drug and Alcohol Division. Public 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.

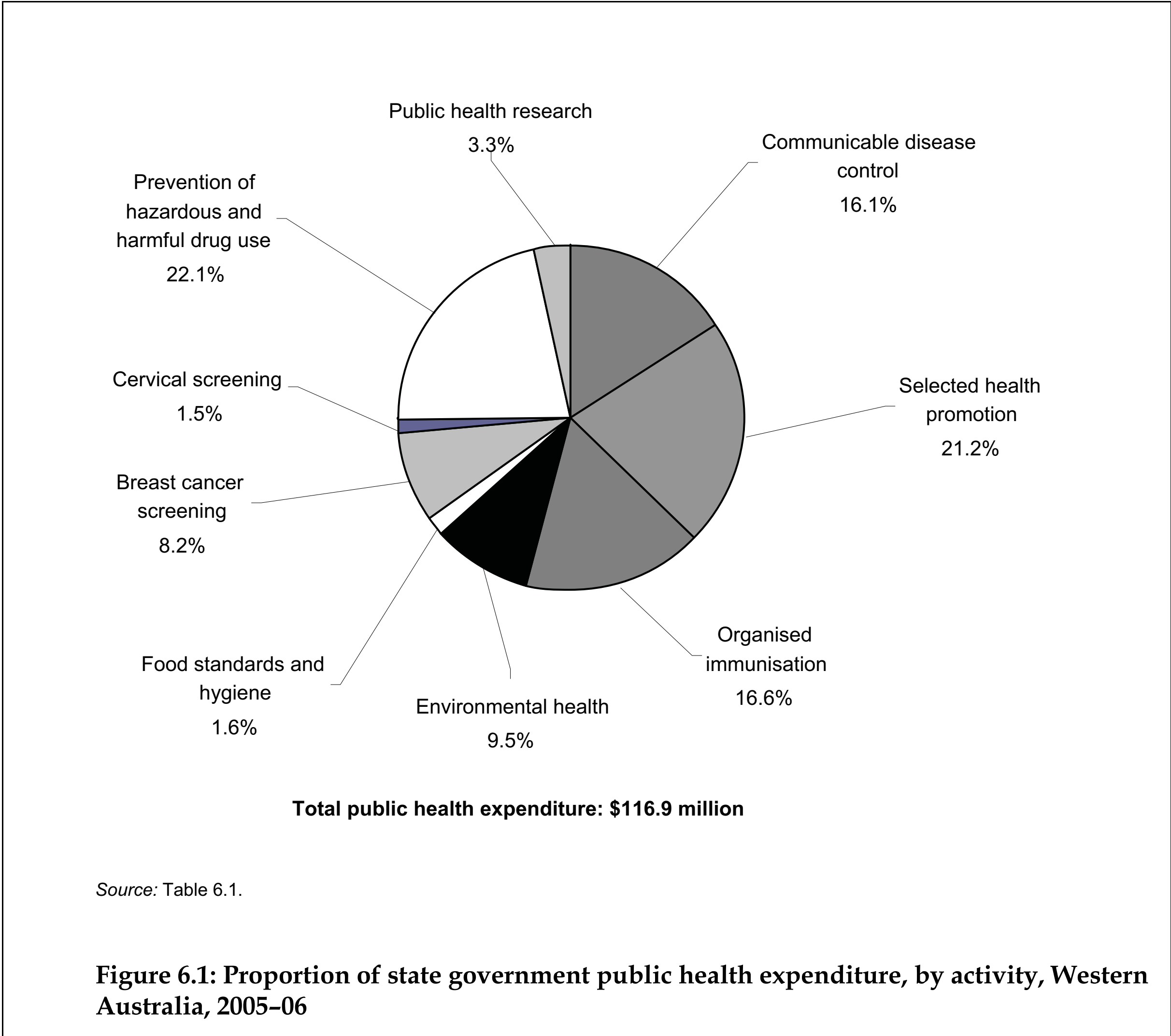
Public health services in rural Western Australia are delivered through the WA Country Health Service with population health units based in the Kimberley, Pilbara Gascoyne, Midwest Murchison, Goldfields South East, Wheatbelt and Great Southern regions and through the South West Area Health Service. A 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 2005–06, in current price terms, was estimated as $116.9 million, up $13.0 million on the previous financial year (Table 6.1).

In 2005–06, approximately 76% of the expenditure was directed towards four public health activities:

- *Prevention of hazardous and harmful drug use* (22.1%)
- *Selected health promotion* (21.2%)
- *Organised immunisation* (16.6%)
- *Communicable disease contro*l (16.1%).



Source: Table 6.1.

Figure 6.1: Proportion of state government public health expenditure, by activity, Western Australia, 2005–06

Table 6.1: State government expenditure on public health activities, current prices, Western Australia, 1999–00 to 2005–06

Year	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	Total public health
				Amount ($ million)						
1999–00	11.5	15.0	8.8	10.4	1.6	7.2	1.3	13.9	1.7	**71.4**
2000–01	12.2	15.8	10.3	11.0	1.7	7.5	1.5	14.5	3.2	**77.7**
2001–02	12.8	16.5	13.3	12.1	1.9	8.5	1.7	16.1	3.3	**86.2**
2002–03	13.0	17.5	20.7	12.2	2.0	9.0	1.7	17.2	4.1	**97.4**
2003–04	13.6	18.9	20.7	12.4	2.1	9.7	1.8	18.1	4.5	**101.8**
2004–05	15.8	24.1	15.6	11.5	2.2	9.9	1.5	19.2	4.1	**103.9**
2005–06	18.8	24.8	19.4	11.1	1.9	9.6	1.7	25.8	3.8	**116.9**
				Proportion of public health expenditure[(a)] (per cent)						
1999–00	16.1	21.0	12.3	14.6	2.2	10.1	1.8	19.5	2.4	**100.0**
2000–01	15.7	20.3	13.3	14.2	2.2	9.7	1.9	18.7	4.1	**100.0**
2001–02	14.8	19.1	15.4	14.0	2.2	9.9	2.0	18.7	3.8	**100.0**
2002–03	13.3	18.0	21.3	12.5	2.1	9.2	1.7	17.7	4.2	**100.0**
2003–04	13.4	18.6	20.3	12.2	2.1	9.5	1.8	17.8	4.4	**100.0**
2004–05	15.2	23.2	15.0	11.1	2.1	9.5	1.4	18.5	3.9	**100.0**
2005–06	16.1	21.2	16.6	9.5	1.6	8.2	1.5	22.1	3.3	**100.0**

(a) The proportions are calculated using public health 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

Total expenditure on *Communicable disease control* by DOH in 2005–06 was estimated at $18.8 million, up $3.0 million or 19.0% on the previous financial year (Table 6.1). It constituted 16.1% of the total public health expenditure by DOH in that year.

The major elements of the expenditure for 2005–06 are shown in Table 6.2.

Table 6.2: State government expenditure on *Communicable disease control*, current prices, Western Australia, 2005–06 ($ million)

Category	Expenditure
HIV/AIDS, hepatitis C and STI programs	4.6
Needle and syringe programs	5.3
Other communicable disease control	8.9
Total	**18.8**

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, and ensuring better surveillance.

Selected health promotion

The total expenditure for *Selected health promotion* by DOH and Healthway in 2005–06 was $24.8 million, up $0.7 million or 2.9% on expenditure during 2004–05 (Table 6.1).

The 2005–06 expenditure represented 21.2% of the total expenditure on public health activities and was the second most significant area of expenditure incurred by DOH during that year (Figure 6.1). Features of the *Selected health promotion* activity over the year included a range of training initiatives to improve the knowledge and skills of health promotion workers, along with support of projects and media campaigns publicising preventable

chronic disease in the priority areas of smoking, nutrition and physical activity. 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 2005–06 was $19.4 million. This expenditure represented 16.6% of total public health expenditure and was one of the more significant areas of expenditure during 2005–06 (Table 6.1; Figure 6.1).

The major elements of the expenditure for 2005–06 are shown in Table 6.3.

Table 6.3: State government expenditure on *Organised immunisation*, current prices, Western Australia, 2005–06 ($ million)

Category	Expenditure
Organised childhood immunisation[(a)]	12.0
Organised pneumococcal and influenza immunisation	3.8
All other organised immunisation	3.6
Total	**19.4**

(a) Reported expenditure does not include purchases of essential vaccine for the Universal Childhood Pneumococcal Vaccination Program which is included under direct expenditure by the Australian Government.

Overall, expenditure in 2005–06 was up (approximately $3.8 million) on that incurred in 2004–05. 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
- provision of lectures and training to immunisation providers.

Expenditure patterns for *Organised immunisation* are in line with the funding provided by the Australian Government through the PHOFAs (prior to 30 June 2004) and the AIA from 1 July 2004 (see Table 6.1). Changes in the funding for the purchase of essential vaccines along with the implementation of new national immunisation programs can vary the amount of expenditure from year to year. For example, the higher levels of expenditures in 2002–03 and subsequent years reflect the introduction of the National Meningococcal C Vaccination Program by the Australian Government in January 2003, involving immunisation of all those aged 1 to 19 years in Western Australia. In addition, two new programs were introduced in January 2005—the National Childhood Pneumococcal Vaccination Program and the National Pneumococcal Vaccination Program for older Australians.

Funding for this activity in 2005–06 came from a combination of state appropriations and the Australian Government through the AIAs.

Environmental health

Total expenditure on *Environmental health* during 2005–06 was estimated at $11.1 million, down $0.4 million or 3.5% on expenditure in the previous financial year (Table 6.1). The 2005–06 expenditure represented 9.5% of total public health expenditure by DOH (Figure 6.1; 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
- wastewater 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 2005–06 was $1.9 million, which was down $0.3 million or 13.6% on expenditure in the previous financial year. The 2005–06 expenditure constituted 1.6% of total DOH public health expenditure for that year (Figure 6.1; 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 2005–06 was estimated at $9.6 million. The 2005–06 expenditure constituted 8.2% of total DOH public health expenditure for that year (Table 6.1; Figure 6.1). Overall, expenditure in 2005–06 was down $0.3 million or 3.0% on expenditure in the previous financial year. Some of this reduction is explained by the establishment of a permanent clinic in Rockingham to replace the mobile service that previously provided screening in the area.

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 2005–06 was $1.7 million, up $0.2 million or 13.3% on the previous financial year. The 2005–06 expenditure represented 1.5% of total public health expenditure incurred during that year (Table 6.1; Figure 6.1).

Most of the expenditure associated with this category is coordinated through the Western Australian Cervical Cancer Prevention Program. This program aims at achieving the best possible 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 2005–06 was estimated at $25.8 million (Table 6.1).

The 2005–06 expenditure represented 22.1% of total expenditure on public health activities and was most significant area of expenditure incurred by DOH during the course of that year (Figure 6.1).

The major elements of the expenditure are shown in Table 6.4.

Table 6.4: State government expenditure on *Prevention of hazardous and harmful drug use*, current prices, Western Australia, 2005–06 ($ million)

Category	Expenditure
Alcohol	4.9
Tobacco	7.1
Illicit and other drugs of dependence	8.2
Mixed	5.5
Total	**25.8**

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

Overall, expenditure in 2005–06 was up $6.6 million or 34.4% on the previous financial year. The increase in expenditure was due to the inclusion of funding for non-government alcohol and drug agencies funded by the Drug and Alcohol Office, which was not included in previous reports.

Healthway, the Drug and Alcohol Office and the Health Promotions Directorate were the main contributors to expenditure on activities relating to alcohol and other drugs. The majority of the expenditure was incurred on:

- state-wide drug and alcohol campaigns and community education programs
- metropolitan and regional drug and alcohol treatment services
- school drug education and community-based local action to prevent and reduce drug and alcohol misuse and harm.

Public health research

The total expenditure for *Public health research* by DOH in 2005–06 was $3.8 million, down $0.3 million or 7.3% on 2004–05 (Table 6.1).

The 2005–06 expenditure represented 3.3% of total expenditure on public health activities for that year (Figure 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 $103.9 million in 2004–05 to $112.0 million in 2005–06, an increase of 7.8% (Table 6.5; Figure 6.2). Over the same period, the highest real growth rates were recorded in *Prevention of hazardous and harmful drug use* (up 28.6%), *Organised immunisation* (up 19.2%) and *Communicable disease control* (up 13.9%).

From 1999–00 to 2005–06, expenditure grew at an average rate of 4.9% per annum. The highest average annual real growth rates were in *Organised immunisation* (10.4%), *Public health research* (10.3%), and *Prevention of hazardous and harmful drug use* (up 7.1%).

Over the period 1999–00 to 2005–06, the public health activities that recorded the highest average annual expenditure in real terms were *Selected health promotion* ($20.0 million), *Prevention of hazardous and harmful drug use* ($18.8 million) and *Organised immunisation* ($16.3 million) (Table 6.5; Figure 6.3).

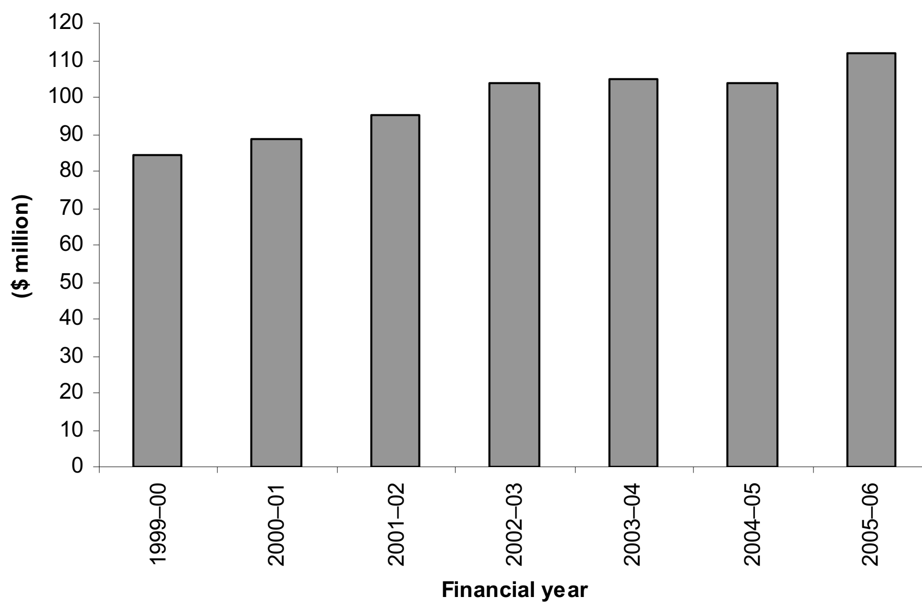
Table 6.5: State government expenditure on public health activities, constant prices[(a)], Western Australia, 1999–00 to 2005–06

Year	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	Total public health
				Amount ($ million)						
1999–00	13.6	17.7	10.3	12.2	1.9	8.5	1.6	16.4	2.0	**84.2**
2000–01	13.9	18.0	11.7	12.5	2.0	8.5	1.8	16.5	3.7	**88.6**
2001–02	14.1	18.2	14.6	13.4	2.1	9.4	1.8	17.8	3.7	**95.1**
2002–03	13.9	18.7	22.1	13.0	2.1	9.6	1.8	18.4	4.4	**104.0**
2003–04	14.1	19.5	21.3	12.8	2.2	10.0	1.9	18.7	4.6	**105.1**
2004–05	15.8	24.1	15.6	11.5	2.2	9.9	1.5	19.2	4.1	**103.9**
2005–06	18.0	23.8	18.6	10.7	1.9	9.2	1.6	24.7	3.6	**112.0**
Average annual expenditure ($ million)										
1999–00 to 2005–06	14.8	20.0	16.3	12.3	2.1	9.3	1.7	18.8	3.7	**99.0**
Annual growth rate[(b)] (per cent)										
2004–05 to 2005–06	13.9	–1.2	19.2	–7.0	–13.6	–7.1	6.7	28.6	–12.2	**7.8**
Average annual growth rate[(b)] (per cent)										
1999–00 to 2005–06	4.8	5.1	10.4	–2.2	—	1.3	—	7.1	10.3	**4.9**

(a) Constant price expenditure has been expressed in 2004–05 prices (see Section 11.1).

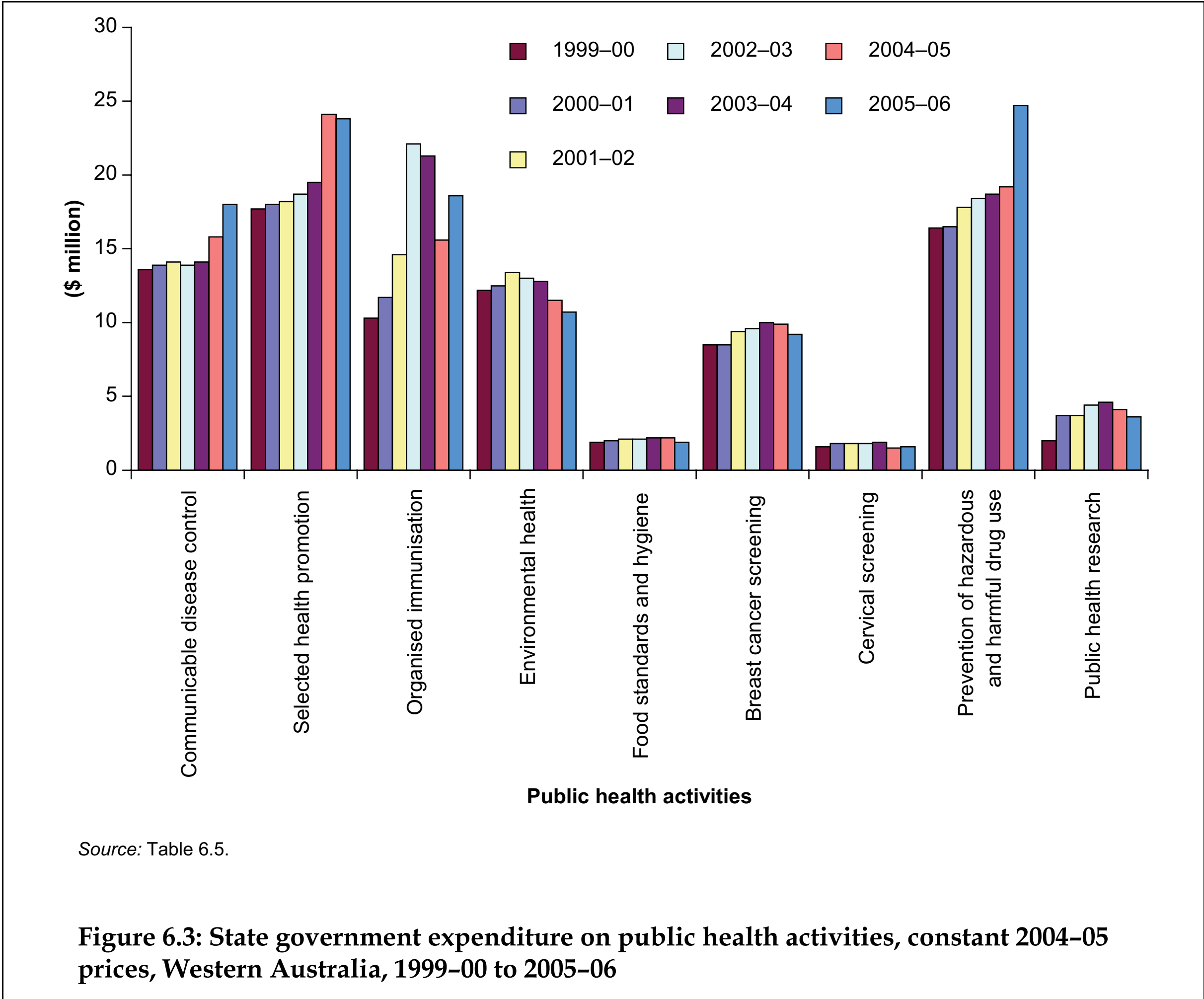
(b) The proportions are calculated using public health expenditure data expressed in $ million and rounded to one decimal place.

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



Source: Table 6.5.

Figure 6.2: State government expenditure on public health activities, constant 2004–05 prices, Western Australia, 1999–00 to 2005–06



Source: Table 6.5.

Figure 6.3: State government expenditure on public health activities, constant 2004–05 prices, Western Australia, 1999–00 to 2005–06

6.5 Expenditure on other activities related to public health

Total expenditure on other activities related to public health in 2005–06 was estimated at $23.8 million, compared with $31.9 million in 2004–05. Included in this category were health information and epidemiological expenditure related to public health.

7 Expenditure by the South Australian Department of Health

7.1 Introduction

South Australia is Australia's fifth largest state in terms of population. In June 2006 its population was estimated at 1.6 million, of whom approximately 0.2 million or 15.3% of the population were aged 65 years and over. This is higher than the national population average of 13.3% for this age group.

The South Australian Department of Health (DH) is involved in a wide range of activities which support the promotion and protection of the health of the population. These public health activities are funded through DH and administered either directly by DH, mainly by the Public Health and Clinical Coordination Division, or through the health regions. South Australia has the following health regions which all report to DH: two metropolitan health regions, Central Northern Adelaide Health Service and Southern Adelaide Health Service; a country region, Country Health SA; and Children, Youth and Women's Health Service, which has a state-wide responsibility.

7.2 Overview of results

Total public health expenditure by DH in 2005–06 was estimated, in current price terms, at $83.1 million, up $1.2 million or 1.5% on the previous financial year (Table 7.1). In absolute terms, the largest increases in expenditure were recorded for *Prevention of hazardous and harmful drug use* ($1.5 million), *Communicable disease control* ($0.5 million) and *Breast cancer screening* ($0.5 million).

In 2005–06, approximately 73% of the expenditure was directed towards four health activities (Table 7.1):

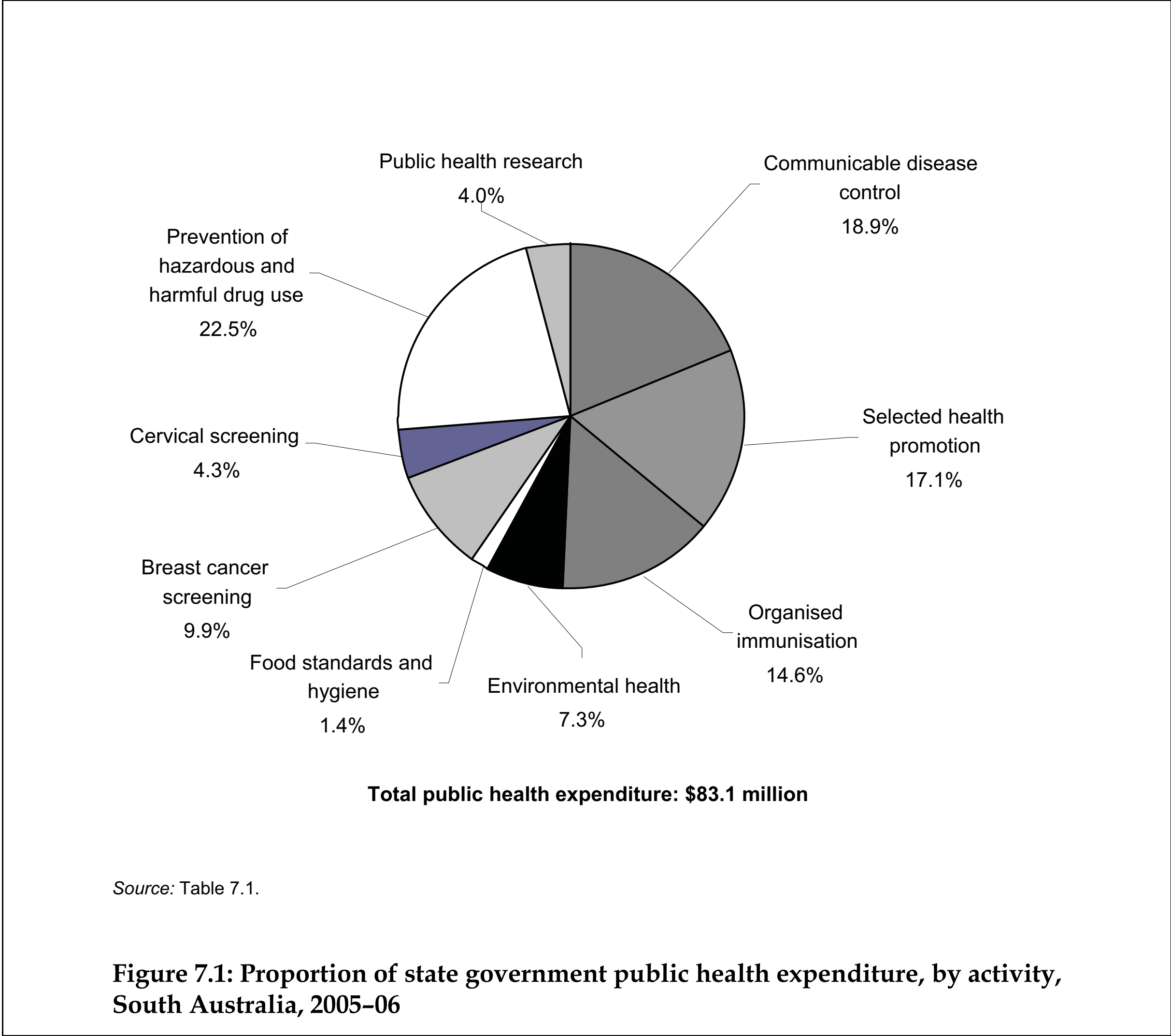
- *Prevention of hazardous and harmful drug use* (22.5%)
- *Communicable disease control* (18.9 %)
- *Selected health promotion* (17.1%)
- *Organised immunisation* (14.6%).

Table 7.1: State government expenditure on public health activities, current prices, South Australia, 1999–00 to 2005–06

Year	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	Total public health
					Amount ($ million)					
1999–00	11.5	9.7	8.6	5.5	1.2	7.1	2.8	12.0	0.6	**59.0**
2000–01	12.5	9.8	9.1	6.0	1.5	7.8	3.2	13.9	0.7	**64.5**
2001–02	13.6	12.4	9.7	6.4	1.2	7.3	2.1	12.8	2.4	**67.9**
2002–03	15.4	13.1	17.4	6.6	1.8	7.5	2.2	14.4	3.6	**82.0**
2003–04	14.8	14.2	14.0	5.8	1.4	8.1	2.1	14.6	4.0	**79.0**
2004–05	15.2	13.9	13.5	6.0	1.3	7.7	r3.3	17.2	3.8	r**81.9**
2005–06	15.7	14.2	12.1	6.1	1.2	8.2	3.6	18.7	3.3	**83.1**
					Proportion of public health expenditure[(a)] (per cent)					
1999–00	19.5	16.4	14.6	9.3	2.0	12.0	4.7	20.3	1.0	**100.0**
2000–01	19.4	15.2	14.1	9.3	2.3	12.1	5.0	21.6	1.1	**100.0**
2001–02	20.0	18.3	14.3	9.4	1.8	10.8	3.1	18.9	3.5	**100.0**
2002–03	18.8	16.0	21.2	8.0	2.2	9.1	2.7	17.6	4.4	**100.0**
2003–04	18.7	18.0	17.7	7.3	1.8	10.3	2.7	18.5	5.1	**100.0**
2004–05	r18.6	r17.0	r16.5	r7.3	1.6	r9.4	r4.0	r21.0	r4.6	**100.0**
2005–06	18.9	17.1	14.6	7.3	1.4	9.9	4.3	22.5	4.0	**100.0**

(a) The proportions are calculated using public health expenditure data expressed in $ million and rounded to one decimal place.

Note: Components may not add to totals due to rounding. 'r' indicates that the data were revised since the last report.



Source: Table 7.1.

Figure 7.1: Proportion of state government public health expenditure, by activity, South Australia, 2005–06

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 DH in 2005–06 was $15.7 million. It accounted for 18.9% of the total expenditure on public health activities and was the second most significant area of expenditure by DH during the year (Table 7.1; Figure 7.1).

Overall, expenditure, in nominal terms, was up $0.5 million or 3.3% on the previous financial year. The major elements of the expenditure for 2005–06 are shown in Table 7.2.

Table 7.2: State government expenditure on *Communicable disease control*, current prices, South Australia, 2005–06 ($ million)

Category	Expenditure
HIV/AIDS, hepatitis C and STI programs	9.3
Needle and syringe programs	1.9
Other communicable disease control	4.6
Total	**15.7**

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

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 DH is responsible for 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.

Other significant expenditure was reported for the Central Northern Adelaide Health Service for HIV/AIDS and tuberculosis; Drug and Alcohol Services SA for clean needle programs; and the Institute of Medical and Veterinary Science.

Selected health promotion

Total reported expenditure on *Selected health promotion* during 2005–06 was estimated at $14.2 million, up $0.3 million or 2.2% on the previous financial year. This represented 17.1% of total expenditure on public health activities in 2005–06 and was one of the more significant areas of expenditure by DH during that year (Table 7.1; Figure 7.1).

Within South Australia, health promotion is coordinated by the Health Promotion Branch of DH. Some of the expenditure was aimed at overweight and obesity prevention, physical activity, nutrition and mental health. In addition, metropolitan and country regional health services, public hospitals and community health services also recorded expenditure on a range of health promotion activities.

Organised immunisation

Expenditure on *Organised immunisation* by DH in 2005–06 was $12.1 million, down $1.4 million or 10.4% on 2004–05. This represented 14.6% of total expenditure on public health activities by DH during that year (Table 7.1; Figure 7.1). The major elements of the expenditure are shown in Table 7.3.

Expenditure patterns for *Organised immunisation* are in line with the funding provided by the Australian Government through the PHOFAs (prior to 30 June 2004) and the AIA from 1 July 2004 (see Table 7.1). Changes in the funding for the purchase of essential vaccines along with the implementation of new national immunisation programs can vary the amount of expenditure from year to year. For example, the higher expenditures in 2002–03 and subsequent years reflect the introduction of the National Meningococcal C Vaccination Program by the Australian Government in January 2003, involving immunisation of all those aged 1 to 19 years in South Australia. In addition, two new programs were introduced in

January 2005—the National Childhood Pneumococcal Vaccination Program and the National Pneumococcal Vaccination Program for older Australians.

Funding for this activity in 2005–06 came from a combination of state appropriations and the Australian Government through the AIAs.

Table 7.3: State government expenditure on *Organised immunisation*, current prices, South Australia, 2005–06 ($ million)

Category	Expenditure
Organised childhood immunisation[(a)]	8.9
Organised pneumococcal and influenza immunisation	2.9
All other organised immunisation	0.4
Total	**12.1**

(a) Reported expenditure does not include purchases of essential vaccine for the Universal Childhood Pneumococcal Vaccination Program which is included under direct expenditure by the Australian Government.

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

Environmental health

Total expenditure for *Environmental health* by DH in 2005–06 was estimated at $6.1 million, up $0.1 million or 1.7% on 2004–05. This constituted 7.3% of the total expenditure on public health activities incurred by DH during the year (Table 7.1; Figure 7.1).

Some of the major activities covered by spending in this area were in prevention and management strategies for infants with elevated lead levels by the Port Pirie Environmental Health Centre; monitoring of contaminated sites and water-quality testing; environmental health service delivery to outback communities; and development of policy and legislation pertaining to a range of health-related matters including access to and safe use of pharmaceuticals and other chemicals, wastewater management and public health pests.

Food standards and hygiene

Total expenditure for *Food standards and hygiene* by DH in 2005–06 was estimated at $1.2 million, compared with $1.3 million in the previous financial year. The 2005–06 expenditure constituted 1.4% of total expenditure on public health activities by DH during that year (Table 7.1; Figure 7.1).

Expenditure under this activity related mainly to surveillance of food products, food poisoning investigations, and the development and planning of related policy and legislation. The year 2005–06 saw the completion of the roll-out of Stage 1 of the national food safety reform which had received New Initiative Funds over the previous 4 years.

The majority of the activities reported for this area are the responsibility of the Food Programs Branch in DH; however, expenditure was also reported by the Institute of Medical and Veterinary Science and regional and Aboriginal health services.

Breast cancer screening

Total expenditure for *Breast cancer screening* by DH in 2005–06 was $8.2 million, up $0.5 million or 6.5% on the previous financial year. This represented 9.9% of the total public health expenditure during 2005–06 (Table 7.1; Figure 7.1).

BreastScreen SA, within Central Northern Adelaide Health Service, aims at reducing mortality and morbidity attributable to breast cancer through a free government screening mammography service. The service is provided mainly 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 for:

- breast cancer cytological screens through the Institute of Medical and Veterinary Science
- preliminary breast checks by community health nurses in regional health services.

Cervical screening

Total expenditure for *Cervical screening* by DH for 2005–06 was $3.6 million, up $0.3 million or 9.1% on the previous financial year. This accounted for 4.3% of total expenditure on public health activities during 2005–06 (Table 7.1; Figure 7.1).

The SA Cervix Screening Program, part of the National Cervical Screening Program, aims at achieving the best possible reduction in the incidence of, and morbidity and mortality attributed to, cervical cancer, at an acceptable cost to the community. The Institute of Medical and Veterinary Science, and regional and community health services also recorded expenditure on cervical screening.

Prevention of hazardous and harmful drug use

Total expenditure for *Prevention of hazardous and harmful drug use* by DH in 2005–06 was estimated at $18.7 million, up $1.5 million or 8.7% on 2004–05 (Table 7.1).

The 2005–06 expenditure constituted 22.5% of total public health expenditure and was the most significant area of expenditure on public health activities by DH during that year (Figure 7.1). The major elements of the expenditure are shown in Table 7.4.

Table 7.4: State government expenditure on *Prevention of hazardous and harmful drug use*, current prices, South Australia, 2005–06 ($ million)

Category	Expenditure
Alcohol	0.4
Tobacco	4.2
Illicit and other drugs of dependence	9.7
Mixed	4.4
Total	**18.7**

DH is responsible for providing funds for programs that aim at reducing the overuse and abuse of alcohol and drugs in South Australia. Drug and Alcohol Services SA (DASSA) is responsible for coordinating and developing those programs to provide the best outcomes for individuals and the community. DASSA was responsible for the majority of the activities reported in this area; however, expenditure was also recorded by regional, Aboriginal and mental health services.

Some of the major activities covered by expenditure in this area during the course of the year were tobacco control initiatives and a range of programs aimed at alcohol, illicit and other drug issues.

Public health research

Total expenditure for *Public health research* by DH in 2005–06 was estimated at $3.3 million, down $0.5 million on the previous year. This constituted 4.0% of total expenditure on public health activities during 2005–06 (Table 7.1; Figure 7.1).

A significant proportion of the expenditure related to funding by DASSA to support research in areas relating to alcohol and drug use and prevention. Also included is public health research funding by DH for population health research and epidemiology; community health research; and public health research undertaken in public hospitals and regional health services.

In part, the decrease in funding for *Public health research* is the result of one research program funded by DH being revised. Most projects funded through the original program were completed in 2004–05, and the revised program—which is aligned to the priorities of the SA Strategic Plan—will begin funding research in 2006–07.

7.4 Growth in expenditure on public health activities

Total expenditure on public health activities by DH decreased, in real terms, from $81.9 million in 2004–05 to $79.7 million in 2005–06, a decrease of 2.7% (Table 7.5; Figure 7.2).

On an activity basis, the largest decreases in real growth between 2004–05 and 2005–06 were recorded by *Public health research* (down 15.8%), *Organised immunisation* (down 14.1%) and *Food standards and hygiene* (down 7.7%).

However, estimates of expenditure on public health activities increased, in real terms, between 1999–00 to 2005–06, an average annual rate of 2.2%. Over this period, expenditure on *Public health research* (up 28.8%), *Prevention of hazardous and harmful drug use* (up 3.9%) and *Selected health promotion* (up 2.8%) recorded the highest increases in average annual real expenditure.

Over the period 1999–00 to 2005–06, *Prevention of hazardous and harmful drug use* ($15.7 million) recorded the highest average annual expenditure in real terms, followed by *Communicable disease control* ($15.0 million) and *Selected health promotion* ($13.2 million) (Table 7.5; Figure 7.3).

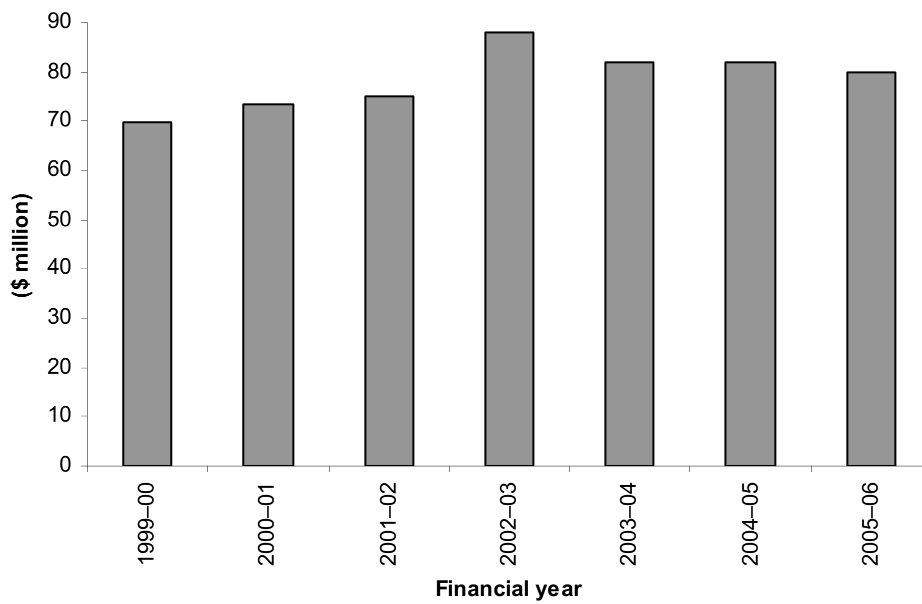
Table 7.5: State government expenditure on public health activities, constant prices[(a)], South Australia, 1999–00 to 2005–06

Year	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	Total public health
					Amount ($ million)					
1999–00	13.6	11.5	10.2	6.5	1.4	8.4	3.3	14.2	0.7	**69.8**
2000–01	14.2	11.2	10.5	6.8	1.7	8.9	3.6	15.8	0.8	**73.5**
2001–02	15.1	13.8	10.7	7.1	1.3	8.1	2.3	14.2	2.6	**75.2**
2002–03	16.5	14.0	18.6	7.1	1.9	8.1	2.3	15.5	3.9	**87.9**
2003–04	15.3	14.7	14.5	6.0	1.5	8.4	2.2	15.1	4.2	**81.9**
2004–05	15.2	13.9	13.5	6.0	1.3	7.7	3.3	17.2	3.8	**81.9**
2005–06	15.1	13.6	11.6	5.8	1.2	7.8	3.5	17.9	3.2	**79.7**
Average annual expenditure ($ million)										
1999–00 to 2005–06	15.0	13.2	12.8	6.5	1.5	8.2	2.9	15.7	2.7	**78.6**
Annual growth rate[(b)] (per cent)										
2004–05 to 2005–06	–0.7	–2.2	–14.1	–3.3	–7.7	1.3	6.1	4.1	–15.8	**–2.7**
Average annual growth rate[(b)] (per cent)										
1999–00 to 2005–06	1.8	2.8	2.2	–1.9	–2.5	–1.2	1.0	3.9	28.8	**2.2**

(a) Constant price expenditure has been expressed in 2004–05 prices (see Section 11.1).

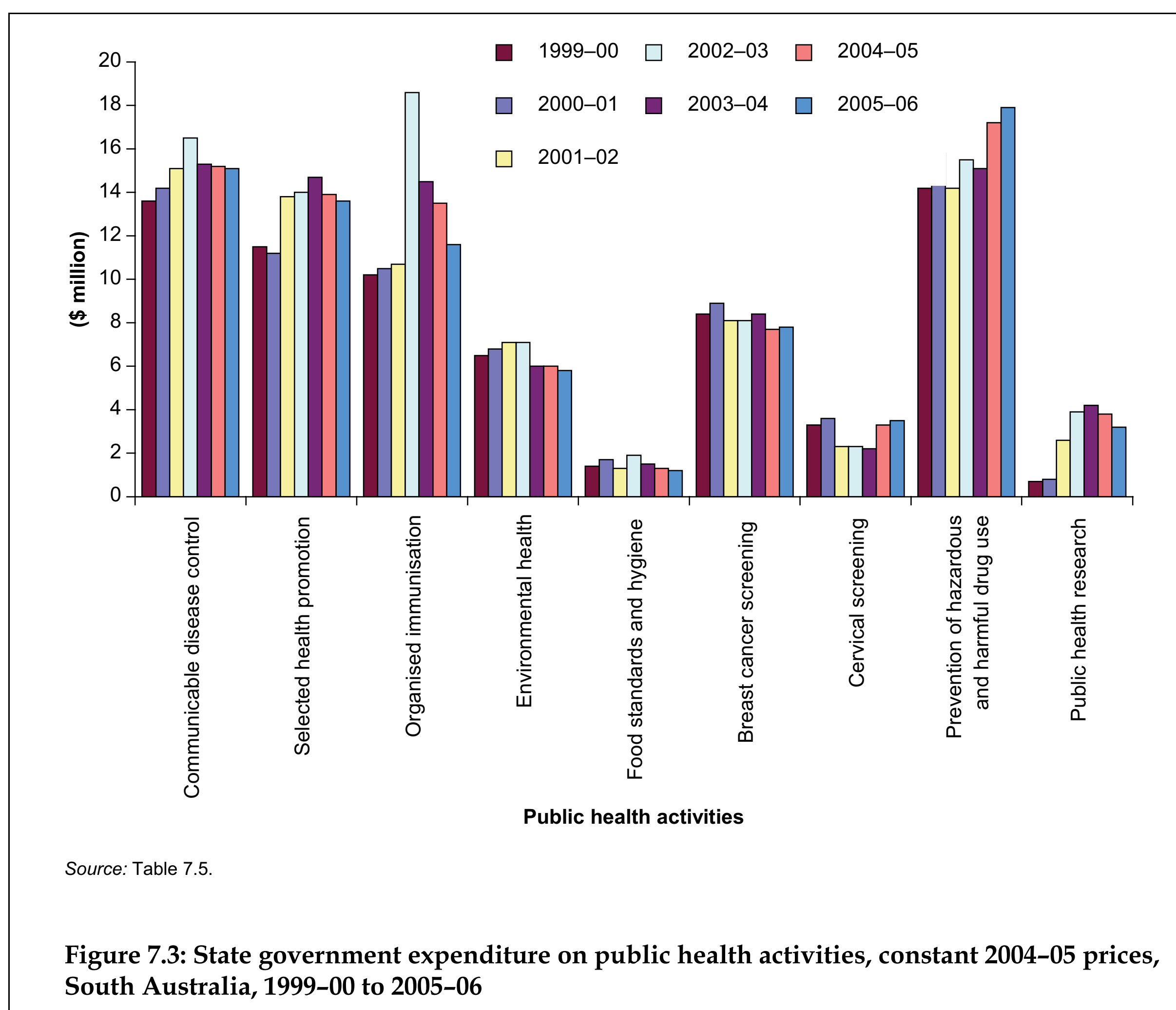
(b) Growth rates are calculated using public health expenditure data expressed in $ million and rounded to one decimal place.

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



Source: Table 7.5.

Figure 7.2: State government expenditure on public health activities, constant 2004–05 prices, South Australia, 1999–00 to 2005–06



Source: Table 7.5.

Figure 7.3: State government expenditure on public health activities, constant 2004–05 prices, South Australia, 1999–00 to 2005–06

7.5 Expenditure on other activities related to public health

Total expenditure on other activities related to public health in 2005–06 was estimated at $89.0 million, up approximately $6.7 million or 8.1% on the previous year.

The major programs included for 2005–06 were:

- dental health services, including school, community and public dental programs ($52.2 million)
- primary health care programs providing generic health services, as well as projects relating to migrant health, women's health, youth health, Aboriginal health and violence and abuse ($19.5 million)
- alcohol and other drug treatment programs ($8.3 million)
- epidemiology and population health research ($3.2 million)
- sexual health programs ($1.1 million).

8 Expenditure by the Tasmanian Department of Health and Human Services

8.1 Introduction

Tasmania, with an estimated population of 488,948 at June 2006, is Australia's smallest state, in both its geographic area and its total population. However, its population is greater than both the Territories. Some 14.7% of Tasmania's population are aged 65 years and over, which is higher than the national average of 13.3%.

The Department of Health and Human Services (DHHS) is Tasmania's largest government department and is involved in a wide range of activities that support the promotion and protection of the health and wellbeing of Tasmanians. Its public health role incorporates monitoring quality and performance in key areas of health protection, and chronic and communicable disease prevention; developing public health policy; providing advice on public health issues; and undertaking ongoing surveillance of social, economic, public and environmental health indicators.

Within the department, the Division of Community, Population & Rural Health (CPRH) has the main responsibility for public health, through the key areas of:

- public and environmental health
- population and health priorities
- alcohol and drug services
- cancer screening and control services.

8.2 Overview of results

Total expenditure by the DHHS on public health activities in Tasmania during 2005–06, in current price terms, was estimated at $30.1 million, up $3.8 million or 14.6% on the previous financial year (Table 8.1). Note however, that this figure includes expenditure on programs that was not reported before 2005–06 (see Chapter 11).

In 2005–06, 87% of public health expenditure was directed towards the following public health activities:

- *Prevention of hazardous and harmful drug use* (21.6%)
- *Organised immunisation* (19.1%)
- *Selected health promotion* (18.8%)
- *Breast cancer screening* (14.5%)
- *Communicable disease control* (13.0%).

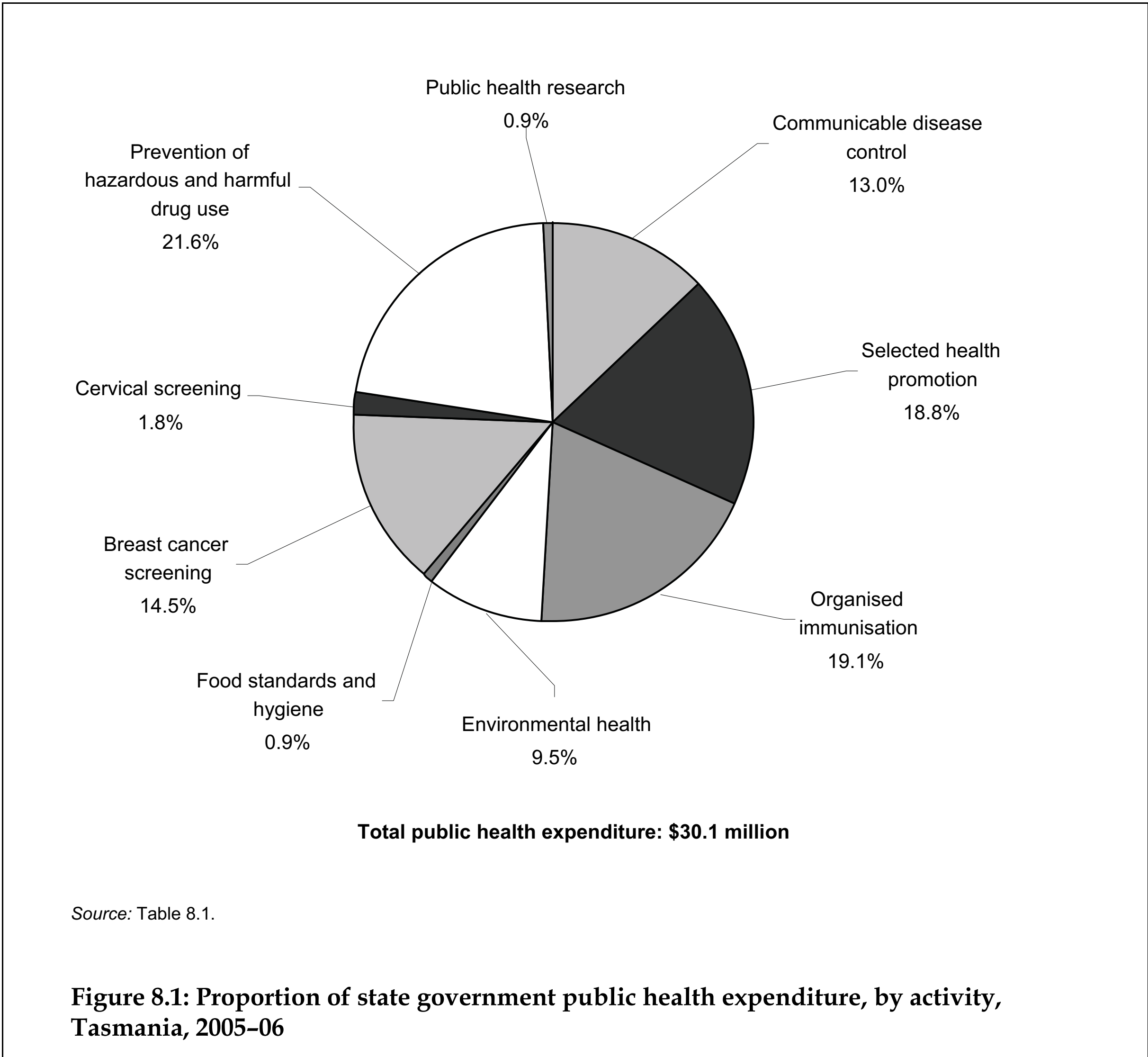
Table 8.1 shows expenditure for financial years 1999–00 to 2005–06. Care should be used in interpreting the expenditure because of the continual refinement of Tasmania's collection methods.

Table 8.1: State government expenditure on public health activities, current prices, Tasmania, 1999–00 to 2005–06

Year	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	Total public health
					Amount ($ million)					
1999–00	2.3	4.0	3.0	2.5	0.1	2.6	0.7	4.4	0.3	**19.9**
2000–01	2.5	4.5	3.6	2.6	0.1	3.1	0.7	4.4	0.4	**21.9**
2001–02	2.5	6.7	2.6	2.9	0.3	2.7	0.5	5.4	0.2	**23.8**
2002–03	3.2	6.4	4.7	3.1	0.3	3.8	0.5	5.7	0.2	**27.9**
2003–04	2.4	6.1	4.3	4.0	0.2	3.7	0.5	5.5	0.3	**27.0**
2004–05	3.0	3.9	4.9	4.8	0.2	4.1	0.6	4.4	0.3	**26.2**
2005–06	3.9	5.6	5.7	2.9	0.3	4.4	0.5	6.5	0.3	**30.1**
					Proportion of public health expenditure[a] (per cent)					
1999–00	11.8	19.9	15.3	12.8	0.4	12.9	3.5	22.0	1.5	**100.0**
2000–01	11.5	20.4	16.4	11.7	0.7	14.3	3.2	20.1	1.7	**100.0**
2001–02	10.7	28.3	10.8	12.1	1.1	11.4	2.2	22.5	0.9	**100.0**
2002–03	11.5	22.8	17.0	11.0	1.0	13.6	1.7	20.6	0.9	**100.0**
2003–04	8.8	22.6	16.1	14.7	0.6	13.8	1.9	20.4	1.2	**100.0**
2004–05	11.3	15.0	18.6	18.2	0.9	15.5	2.3	16.9	1.2	**100.0**
2005–06	13.0	18.8	19.1	9.5	0.9	14.5	1.8	21.6	0.9	**100.0**

(a) The proportions are calculated using public health expenditure data expressed in $ million and rounded to one decimal place.

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



Source: Table 8.1.

Figure 8.1: Proportion of state government public health expenditure, by activity, Tasmania, 2005–06

8.3 Expenditure on public health activities

This section of the report examines Tasmania's expenditure on each of the public health activities. It discusses in more detail particular programs within each of the health activities and their related expenditure.

Communicable disease control

Total reported expenditure for *Communicable disease control* in 2005–06 was $3.9 million, an increase of $0.9 million or 31.3% on the previous financial year (Table 8.1). This increase is partly due to the reallocation of expenditure previously reported in *Environmental health* ($0.6 million), and the inclusion of Population Health grants ($0.5 million) that were not previously reported.

The major elements of the expenditure are shown in Table 8.2.

Table 8.2: State government expenditure on *Communicable disease control*, current prices, Tasmania, 2005–06 ($ million)

Category	Expenditure
HIV/AIDS, hepatitis C and STI programs	1.4
Needle and syringe programs	1.1
Other communicable disease control	1.4
Total	**3.9**

The HIV/AIDS section of *Communicable disease control* is located within the Hospital and Ambulance Division (HAS)—Diagnostic and Pharmacy Services. The balance of expenditure under this category is within CPRH and a small portion in Corporate Services Grants and Contracts.

Activities funded include voluntary counselling and testing for HIV, provision of advocacy and supportive counselling for those infected and affected with HIV, policy development, needle and syringe program services, communicable disease education and prevention initiatives, monitoring and surveillance activities, and the investigation of notifiable diseases.

Selected health promotion

Total reported expenditure on *Selected health promotion* during 2005–06 was estimated at $5.6 million, up $1.7 million or 43.2% on the previous financial year. It constituted 18.8% of the total expenditure by DHHS during the year (Table 8.1; Figure 8.1).

The increase in expenditure for 2005–06 is largely due to a change in the method used in compiling these estimates. A review of health expenditure to be included under this category was undertaken to better align these expenditures with the 2005–06 public health categories. This review resulted in a difference in how reporting occurs for this category and thus 2005–06 estimates are not directly comparable with the data reported for previous years. In particular, $1.4 million for the activities listed below has been reallocated from 'Expenditure on other activities related to public health' to this category. Population Health grants totalling $0.8 million have also been included.

Activities funded include provision of services in the areas of community nutrition, women's health, chronic disease self-management, physical activity health promotion, and policy and project activities for multicultural health, Aboriginal and Torres Strait Islander health, men's health, injury, diabetes and cardiovascular disease and youth health.

Organised immunisation

Expenditure by DHHS on *Organised immunisation* in 2005–06 was estimated at $5.7 million, up $0.9 million or 17.5% on the previous year (Table 8.1; Figure 8.1). This increase is due to a refinement in the procedure for reporting expenditure on *Organised immunisation* —stock on hand ($1.7 million) has been included but was not reported in previous years.

The 2005–06 expenditure constituted 19.1% of total expenditure on public health activities and reflected the second most significant area of expenditure by DHHS during that year. The major elements of the expenditure are shown in Table 8.3.

Table 8.3: State government expenditure on *Organised immunisation*, current prices, Tasmania, 2005–06 ($ million)

Category	Expenditure
Organised childhood immunisation[(a)]	4.0
Organised pneumococcal and influenza immunisation	0.8
All other organised immunisation	1.0
Total	**5.7**

(a) Reported expenditure does not include purchases of essential vaccine for the Universal Childhood Pneumococcal Vaccination Program which is included under direct expenditure by the Australian Government.

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

Expenditure patterns for *Organised immunisation* are in line with the funding provided by the Australian Government through the PHOFAs (prior to 30 June 2004) and the AIAs from 1 July 2004 (see Table 8.1). Changes in the funding for the purchase of essential vaccines along with the implementation of new national immunisation programs can vary the amount of expenditure from year to year.

Funding for this activity in 2005–06 came from a combination of state appropriations and the Australian Government through the AIAs.

Environmental health

Total expenditure on *Environmental health* during 2005–06 was estimated at $2.9 million, down $1.9 million or 40.4% on the previous financial year. This was 9.5% of the total expenditure on public health activities during 2005–06.

Expenditures incurred under this activity related mainly to ongoing provision of environmental health advice and support, performance monitoring of drinking and recreational water quality, shellfish quality assurance, fluoridation plant and chemicals, and supervising Legionella control measures and radiation safety.

The decrease in 2005–06 expenditure was largely due to the reallocation of selected expenditures from this category to *Communicable disease control* and the reclassification of pharmaceutical services expenditure ($0.4 million) to the *Prevention of hazardous and harmful drug use* category. Consequently, the 2005–06 estimates are not strictly comparable with those for previous years.

Food standards and hygiene

Tasmania spent approximately $0.3 million on *Food standards and hygiene* activities during 2005–06. This constituted 0.9% of the total expenditure on public health activities in 2005–06 (Table 8.1; Figure 8.1).

The Public and Environmental Health Service's Environmental Health Branch recorded expenditure on food standards and hygiene regulation. In addition, other expenditures included:

- continued support to the Eat Well Tasmania education strategy
- provision of expertise, training and support to non-government and community sector providers to implement a series of projects to improve nutrition for young children in Tasmania under the National Child Nutrition Program.

Breast cancer screening

Total expenditure on *Breast cancer screening* by DHHS during 2005–06 was estimated at $4.4 million, up $0.3 million or 7.2% on 2004–05. This constituted 14.5% of total expenditure on public health activities during the year (Table 8.1).

Breast cancer screening is conducted by the BreastScreen Tasmania program, which includes a mobile unit and other fixed sites. It provides a free government breast cancer screening and assessment program for women aged 40 years and over throughout Tasmania. Funding is provided under a joint arrangement with the Australian Government through the PHOFAs.

Tasmania's ageing population is seeing an increased number of women in the target age range, causing continued increased demand on the program.

Tasmania continues to experience difficulties in recruiting radiographers and radiologists and is consistently incurring interstate locum costs which add to the cost of service provision.

BreastScreen Tasmania includes in its reporting, the costs of transporting and accommodating women recalled to Hobart for further assessment of screen detected abnormalities.

Cervical screening

Total expenditure on *Cervical screening* during 2005–06 was approximately $0.5 million, down approximately $0.1 million on the previous year. This constituted 1.8% of the total expenditure on public health activities during 2005–06 (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.

Prevention of hazardous and harmful drug use

Total expenditure for *Prevention of hazardous and harmful drug use* in 2005–06 was $6.5 million, up $2.1 million or 46.6% on the previous year (Table 8.1).

The 2005–06 expenditure was 21.6% of the total expenditure on public health activities. The major elements of the expenditure are shown in Table 8.4.

Table 8.4: State government expenditure on *Prevention of hazardous and harmful drug use*, current prices, Tasmania, 2005–06 ($ million)

Category	Expenditure
Alcohol	0.5
Tobacco	0.7
Illicit and other drugs of dependence	1.6
Mixed	3.7
Total	**6.5**

Expenditure under this activity related mainly to:

- diversion programs
- tobacco control
- methadone program
- GP advisory service
- pharmaceutical services, including regulation of prescribing for drugs of dependence.

The increase in this category is attributable mainly to the reclassification of pharmaceutical services expenditure of $0.4 million from *Environmental health* to this activity and the inclusion of grants to non-government organisations ($1.3 million) that were not previously reported.

Public health research

Total expenditure during 2005–06 was estimated at approximately $0.3 million, which was similar to the level of expenditure in 2004–05. This was 0.9% of total public health expenditure during 2005–06 (Table 8.1; Figure 8.1).

The expenditure reported under *Public health research* was for grants to the Menzies Centre for selected population health research into such areas as physical activity, obesity and the effects of parental smoking and environmental tobacco exposure on childhood asthma.

8.4 Growth in expenditure on public health activities

Total public health expenditure reported here by DHHS increased, in real terms, from $26.2 million in 2004–05 to $28.8 million in 2005–06, an increase of 9.6% (Table 8.5; Figure 8.3).

From 1999–00 to 2005–06, expenditure grew at an average rate of 3.5% per annum (Table 8.5). The highest annual real growth was in expenditure on *Food standards and hygiene* (21.1%) and *Organised immunisation* (7.3%).

Over the period 1999–00 to 2005–06, *Selected health promotion* ($5.7 million) and *Prevention of hazardous and harmful drug use* ($5.5 million) reflected the highest average real expenditure (Table 8.5; Figure 8.3), followed by *Organised immunisation* ($4.3 million).

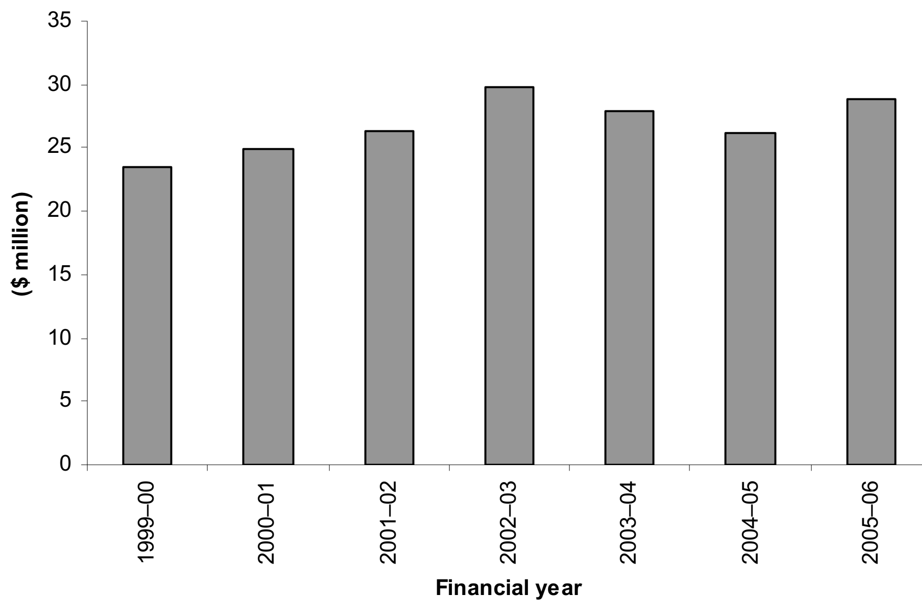
Table 8.5: State government expenditure on public health activities, constant prices[(a)], Tasmania, 1999–00 to 2005–06

Year	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	Total public health
				Amount ($ million)						
1999–00	2.8	4.7	3.6	3.0	0.1	3.0	0.8	5.2	0.4	**23.5**
2000–01	2.9	5.1	4.1	2.9	0.2	3.6	0.8	5.0	0.4	**24.9**
2001–02	2.8	7.5	2.8	3.2	0.3	3.0	0.6	5.9	0.2	**26.4**
2002–03	3.4	6.8	5.1	3.3	0.3	4.1	0.5	6.1	0.3	**29.9**
2003–04	2.5	6.3	4.5	4.1	0.2	3.8	0.5	5.7	0.3	**27.9**
2004–05	3.0	3.9	4.9	4.8	0.2	4.1	0.6	4.4	0.3	**26.2**
2005–06	3.7	5.4	5.5	2.7	0.3	4.2	0.5	6.2	0.3	**28.8**
Average annual expenditure ($ million)										
1999–00 to 2005–06	3.0	5.7	4.3	3.4	0.2	3.7	0.6	5.5	0.3	**26.8**
Annual growth rate[(b)] (per cent)										
2004–05 to 2005–06	25.6	37.1	12.5	–43.0	6.4	2.6	–17.5	40.3	–14.5	**9.6**
Average annual growth rate[(b)] (per cent)										
1999–00 to 2005–06	5.1	2.5	7.3	–1.5	21.1	5.5	–7.6	3.2	–4.9	**3.5**

(a) Constant price expenditure has been expressed in 2004–05 prices (see Section 11.1).

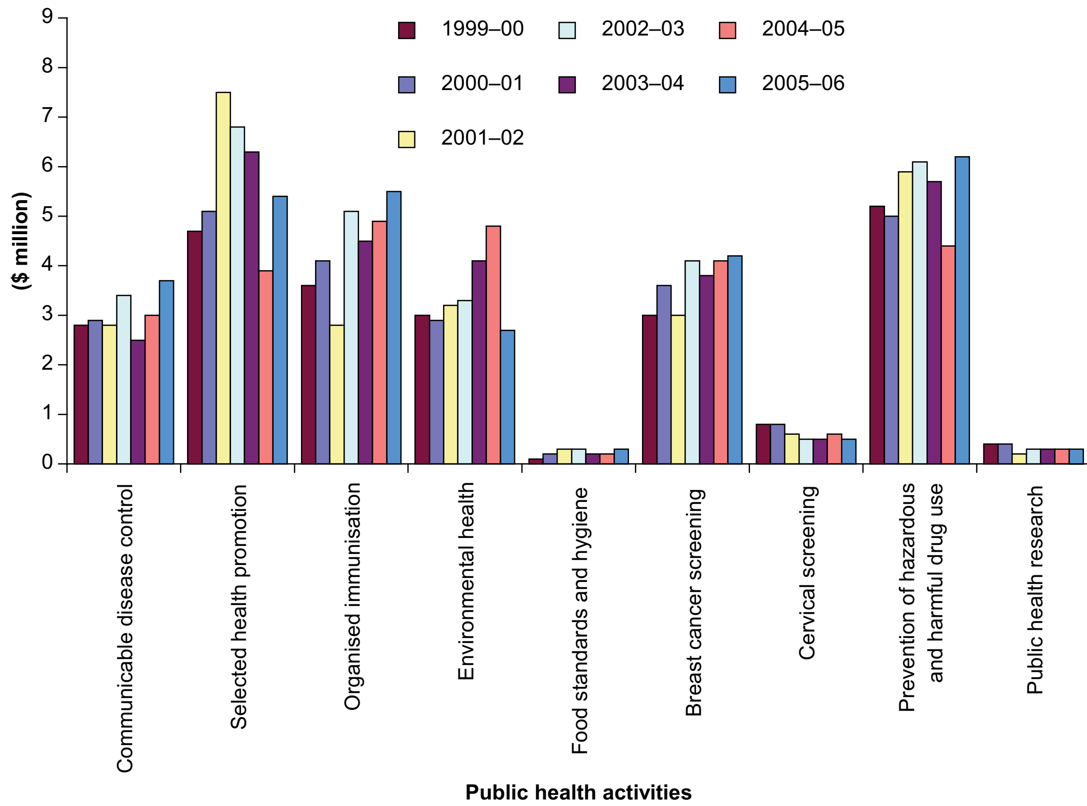
(b) The proportions are calculated using public health expenditure data expressed in $ million and rounded to one decimal place.

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



Source: Table 8.5.

Figure 8.2: State government expenditure on public health activities, constant 2004–05 prices, Tasmania, 1999–00 to 2005–06



Source: Table 8.5.

Figure 8.3: State government expenditure on public health activities, constant 2004–05 prices, Tasmania, 1999–00 to 2005–06

9 Expenditure by Australian Capital Territory health authorities

9.1 Introduction

The Australian Capital Territory is a self-governing territory that is located wholly within the boundaries of New South Wales. It has a population of approximately 329,000. None of the population resides in a remote area.

As well as providing for the needs of its own population, many of the territory's health services also cater for the needs of the surrounding regions of New South Wales. For example, as well as being the territory'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 Australian Capital Territory were supplied to persons who were not residents there.

ACT Health is the territory's principal health authority, with overall responsibility for public health policy and planning. Within ACT Health, the Population Health Division is responsible for delivering public health services and for assessing population-based health outcomes, communicable disease surveillance and health protection. In addition, population health services are provided by other areas of ACT Health such as community, cancer and mental health services.

Healthpact is a statutory authority with responsibility for providing grants to health and research organisations. Healthpact works with communities to identify and rank health promotion and prevention concerns, and facilitate whole-of-government and whole-of-community responses to those needs.

9.2 Overview of results

Total expenditure on public health activities by ACT Health for 2005–06 was estimated at $28.0 million (Table 9.1). This was a decrease of $0.4 million (or 1.4%) on the previous financial year.

Approximately 63% of the expenditure was directed towards three health activities (Figure 9.1). These were:

- *Selected health promotion* (26.0%)
- *Communicable disease control* (21.3%)
- *Organised immunisation* (15.8%).

Table 9.1: Territory government expenditure on public health activities, current prices, Australian Capital Territory, 1999–00 to 2005–06

Year	Communicable disease control	Selected health promotion[a]	Organised immunisation	Environmental health	Food standards and hygiene	Breast cancer screening	Cervical screening	Prevention of hazardous and harmful drug use[b]	Public health research	Total public health
				Amount ($ million)						
1999–00[c]	2.6	4.9	3.3	1.5	1.6	2.0	0.6	6.4	—	**22.9**
2000–01	3.7	3.4	4.0	2.0	1.8	2.1	0.6	4.6	0.1	**22.2**
2001–02	4.0	2.9	3.7	2.1	1.9	1.8	0.2	6.0	0.1	**22.7**
2002–03	4.0	3.3	4.3	2.4	2.3	1.7	0.2	6.3	0.1	**24.6**
2003–04	5.1	4.0	5.5	2.9	2.4	1.7	0.3	3.4	0.2	**25.5**
2004–05	5.7	6.4	5.2	2.8	2.4	1.7	0.4	3.8	0.1	**28.4**
2005–06	6.0	7.3	4.4	2.7	2.3	1.9	0.4	2.9	0.1	**28.0**
				Proportion of public health expenditure[d] (per cent)						
1999–00	11.3	21.6	14.3	6.4	7.1	8.8	2.4	27.9	0.1	**100.0**
2000–01	16.6	15.2	18.2	8.9	8.1	9.4	2.6	20.6	0.5	**100.0**
2001–02	17.6	12.8	16.3	9.2	8.5	7.9	0.9	26.5	0.3	**100.0**
2002–03	16.2	13.6	17.5	9.8	9.3	6.8	0.9	25.4	0.6	**100.0**
2003–04	20.2	15.7	21.6	11.2	9.6	6.5	1.2	13.2	1.0	**100.0**
2004–05	20.0	22.5	18.4	9.7	8.5	5.8	1.4	13.3	0.5	**100.0**
2005–06	21.3	26.0	15.8	9.7	8.1	7.0	1.3	10.4	0.5	**100.0**

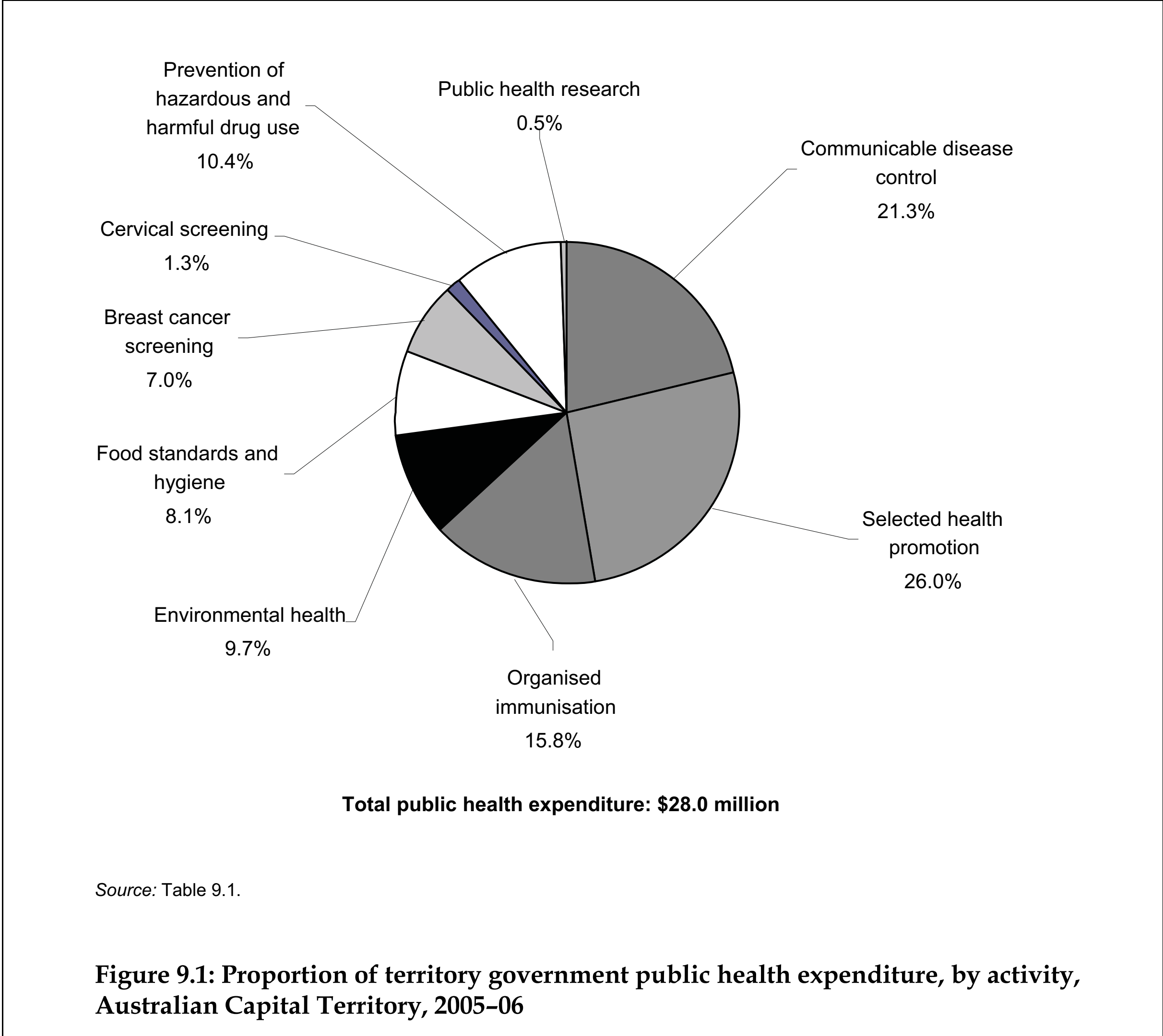
(a) Expenditure on mental health promotion has been included from 2004–05.

(b) Prior to 2004–05 the expenditure estimates included some treatment services.

(c) The 1999–00 data are compiled using a different methodology from that used for 2000–01 onwards. Therefore, the 1999–00 data are not strictly comparable with those for subsequent years.

(d) The proportions are calculated using public expenditure data expressed in $ million and rounded to one decimal place.

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



Source: Table 9.1.

Figure 9.1: Proportion of territory government public health expenditure, by activity, Australian Capital Territory, 2005–06

9.3 Expenditure on public health activities

This section of the report looks at the Australian Capital Territory's level of spending on 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 reported expenditure for *Communicable disease control* in 2005–06 was $6.0 million. This accounted for 21.3% of total expenditure on public health activities in 2005–06 and was the second most significant area of expenditure by ACT Health in that year (Table 9.1; Figure 9.1).

The major elements of the 2005–06 expenditure are shown in Table 9.2. Overall, expenditure was up $0.3 million or 4.6% on the previous year.

Table 9.2: Territory government expenditure on *Communicable disease control*, current prices, Australian Capital Territory, 2005–06 ($ million)

Category	Expenditure
HIV/AIDS, hepatitis C and STI programs	2.5
Needle and syringe programs	1.1
Other communicable disease control	2.3
Total	**6.0**

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

Some of the key achievements over the year included:

- provision of sexual health promotion and education through the non-government and community sector (including expanded cinema advertising) and further expansion of outreach sexual health information and testing programs in non-clinical settings
- provision of support programs and education and awareness-raising for those affected by and at risk of hepatitis C through the non-government and community sector
- continued support of treatment and care programs for people with HIV/AIDS through the non-government and community sector
- provision of secretariat support to ACT Health and Medical Research Council, ACT Health and Medical Research Support Program, and Ministerial Advisory Council on Sexual Health, HIV/AIDS, Hepatitis C and Related Diseases.

Selected health promotion

Total reported expenditure on *Selected health promotion* was $7.3 million, up $0.9 million (or 14.0%) on the previous financial year. This represented 26.0% of total expenditure on public health activities during 2005–06 (Table 9.1; Figure 9.1) and was the most significant area of expenditure by ACT Health.

Expenditure over the year included health promotion in a range of activities, notably the implementation of the national fruit and vegetable campaign 'Go for 2 & 5' across the territory.

Healthpact Secretariat continued supporting innovative, health-promoting outcomes through the ACT Health Promotion Board including:

- SunSmart
- physical activity
- nutrition
- falls prevention in older persons
- community wellbeing (including mental health)
- Healthy Lifestyle Program.

Organised immunisation

Total expenditure for *Organised immunisation* by ACT Health in 2005–06 was estimated at $4.4 million. This represented 15.8% of total expenditure on public health activities and was

the third most significant area of expenditure by ACT Health during that year (Table 9.1; Figure 9.1).

The major elements of the expenditure for 2005–06 are shown in Table 9.3. Overall, expenditure was down $0.8 million or 15.2% on the previous year. The drop in expenditure reflects the completion of the Meningococcal C and Pneumococcal Vaccination catch-up programs by 2005–06.

Table 9.3: Territory government expenditure on *Organised immunisation*, current prices, Australian Capital Territory, 2005–06 ($ million)

Category	Expenditure
Organised childhood immunisation[(a)]	3.3
Organised pneumococcal and influenza immunisation	0.7
All other organised immunisation	0.4
Total	**4.4**

(a) Reported expenditure does not include purchases of essential vaccine for the Universal Childhood Pneumococcal Vaccination Program which is included under direct expenditure by the Australian Government.

Expenditure patterns for *Organised immunisation* are in line with the funding provided by the Australian Government through the PHOFAs (prior to 30 June 2004) and the AIAs from 1 July 2004 (see Table 9.1). Changes in funding along with the implementation of new national immunisation programs can vary the amount of expenditure from year to year. For example, the higher expenditure in 2003–04 and 2004–05 reflects the introduction of the National Meningococcal C Vaccination Program by the Australian Government in August 2003, involving immunisation of all those aged 1 to 19 years. In addition, two new programs were introduced in January 2005—the National Childhood Pneumococcal Vaccination Program and the National Pneumococcal Vaccination Program for older Australians.

Funding for this activity in 2005–06 comes from a combination of state appropriations and the Australian Government through the AIAs.

Environmental health

Total expenditure for *Environmental health* by ACT Health in 2005–06 was estimated at $2.7 million, down marginally on that incurred in 2004–05 (Table 9.1).

The expenditure in 2005–06 constituted 9.7% of the total expenditure on public health activities (Figure 9.1). Expenditure included mainly policy and legislation development, auditing and monitoring, and scientific services performed by the ACT Government Laboratory and Radiation Safety Section.

Food standards and hygiene

Total expenditure for *Food standards and hygiene* by ACT Health in 2005–06 was $2.3 million, which was down marginally on the previous year. It constituted 8.1% of total expenditure on public health activities in 2005–06 (Table 9.1; Figure 9.1).

Expenditure under this activity was related mainly to standardisation and regulatory and safety issues such as food safety surveillance, food premises fit-out approval, food handler

education, food safety enforcement, and policy and legislation development. A range of safety and sampling activities, such as food testing, was also undertaken.

Breast cancer screening

Total expenditure on *Breast cancer screening* was $1.9 million in 2005–06, which was up $0.3 million or 17.6% on 2004–05. The 2005–06 expenditure constituted 7.0% of the total expenditure on public health activities by ACT Health during that year (Table 9.1; Figure 9.1). The higher expenditure reflects the increased number of women screened during the course of 2005–06 as a result of recruitment activities.

As part of a national funded program, BreastScreen ACT provides free screening services to all women aged over 50 years. Funding for the program is provided under a joint arrangement with the Australia Government through the PHOFAs.

Cervical screening

Total expenditure on *Cervical screening* during 2005–06 was estimated at $0.4 million. This constituted 1.3% of total public health expenditure by ACT Health during the year (Table 9.1; Figure 9.1).

Expenditure was largely on promotion and education services and the maintenance and upgrading of the Cervical Cytology Register to comply with 2006 NHMRC guidelines.

Prevention of hazardous and harmful drug use

The total expenditure on *Prevention of hazardous and harmful drug use* was $2.9 million in 2005–06 (Table 9.1). The 2005–06 expenditure represented 10.4% of the total expenditure on public health activities (Figure 9.1). The major elements of the expenditure are shown in Table 9.4.

Table 9.4: Territory government expenditure on *Prevention of hazardous and harmful drug use*, current prices, Australian Capital Territory, 2005–06 ($ million)

Category	Expenditure
Alcohol	0.2
Tobacco	0.5
Illicit and other drugs of dependence	0.7
Mixed	1.5
Total	**2.9**

There was a decrease of $0.9 million (or 22.6%) on the previous year's expenditure. This was largely due to a decrease in expenditure on the mixed drugs programs, down from $2.3 million in 2004–05 to $1.5 in 2005–06. This decrease was due to the rechannelling of grants from the Australian Government directly to non-government organisations.

Expenditure was directed towards a wide range of activities aimed at the prevention of harmful drug use, such as:

- provision of accurate information, support and referral to the community, individuals and groups
- promotion of 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
- improved access to hepatitis B vaccinations for injecting drug users.

Public health research

Expenditure on *Public health research* in the Australian Capital Territory in 2005–06 was approximately $0.1 million. This constituted 0.5% of the total public health expenditure by ACT Health for that year and was directed mainly towards research into health promotion (Table 9.1; Figure 9.1).

9.4 Growth in expenditure on public health activities

Total public health expenditure by the ACT Government decreased, in real terms, from $28.4 million in 2004–05 to $26.9 million in 2005–06, a decrease of 5.1% (Table 9.5; Figure 9.2). Over this period only three public health activities recorded increases in real expenditure, *Breast cancer screening* (up 13.1%), *Selected health promotion* (up 9.7%) and *Communicable disease control* (up 0.7%).

Estimates of expenditure on public health activities decreased, in real terms, between 1999–00 and 2005–06, at an average annual rate of 0.2% (Table 9.5) with expenditure on *Prevention of hazardous and harmful drug use* and *Cervical screening* recording the highest average decreases (15.3% and 9.7% respectively).

Over the period 1990–00 to 2005–06, the public health activities which recorded the highest average annual expenditure in real terms were *Prevention of hazardous and harmful drug use* ($5.2 million), *Selected health promotion* ($4.9 million*), Communicable disease control* ($4.7 million) and *Organised immunisatio*n ($4.6 million) (Table 9.5; Figure 9.3).

Table 9.5: Territory government expenditure on public health activities, constant prices[(a)], Australian Capital Territory, 1999–00 to 2005–06

Year	Communicable disease control	Selected health promotion[(b)]	Organised immunisation	Environmental health	Food standards and hygiene	Breast cancer screening	Cervical screening	Prevention of hazardous and harmful drug use[(c)]	Public health research	Total public health
				Amount ($ million)						
1999–00[(d)]	3.1	5.9	3.9	1.7	1.9	2.4	0.7	7.6	—	**27.2**
2000–01	4.2	3.9	4.6	2.3	2.1	2.4	0.7	5.2	0.1	**25.5**
2001–02	4.5	3.2	4.1	2.3	2.2	2.0	0.2	6.7	0.1	**25.3**
2002–03	4.3	3.6	4.6	2.6	2.5	1.8	0.2	6.7	0.1	**26.5**
2003–04	5.3	4.1	5.7	3.0	2.5	1.7	0.3	3.5	0.3	**26.4**
2004–05	5.7	6.4	5.2	2.8	2.4	1.7	0.4	3.8	0.1	**28.4**
2005–06	5.7	7.0	4.3	2.6	2.2	1.9	0.4	2.8	0.1	**26.9**
Average annual expenditure ($ million)										
1999–00 to 2005–06	4.7	4.9	4.6	2.5	2.2	2.0	0.4	5.2	0.1	**26.6**
Annual growth rate[(e)] (per cent)										
2004–05 to 2005–06	0.7	9.7	–18.4	–5.2	–8.9	13.1	–10.9	–25.6	–0.2	**–5.1**
Average annual growth rate[(e)] (per cent)										
1999–00 to 2005–06	10.9	2.9	1.5	7.1	2.0	–4.1	–9.7	–15.3	27.4	**–0.2**

(a) Constant price expenditure has been expressed in 2004–05 prices (see Section 11.1).

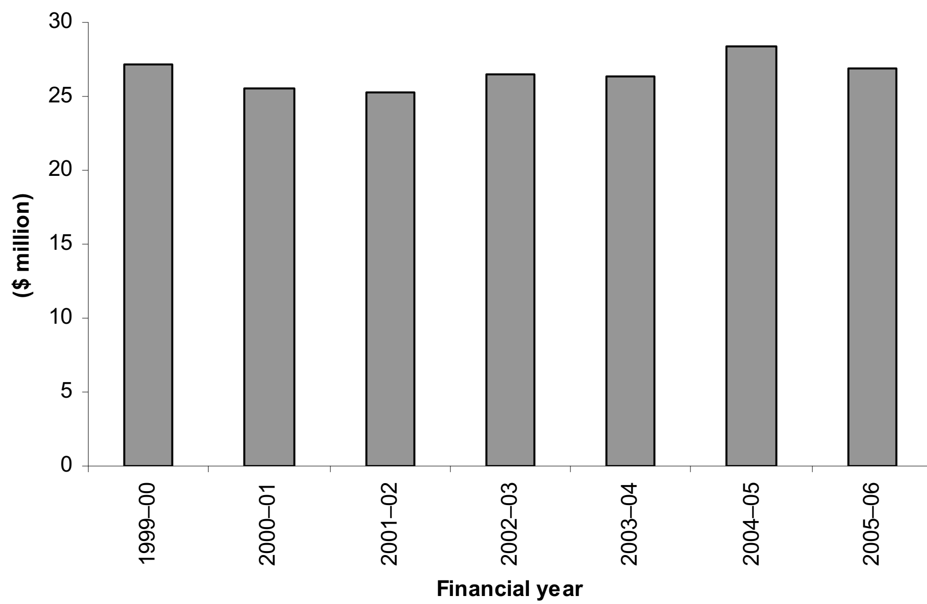
(b) Expenditure on mental health promotion has been included from 2004–05.

(c) Before 2004–05 the expenditure estimates included some treatment services.

(d) The 1999–00 data are compiled using a different method from that used for 2000–01 onwards. Therefore, the 1999–00 data are not strictly comparable with those for subsequent years.

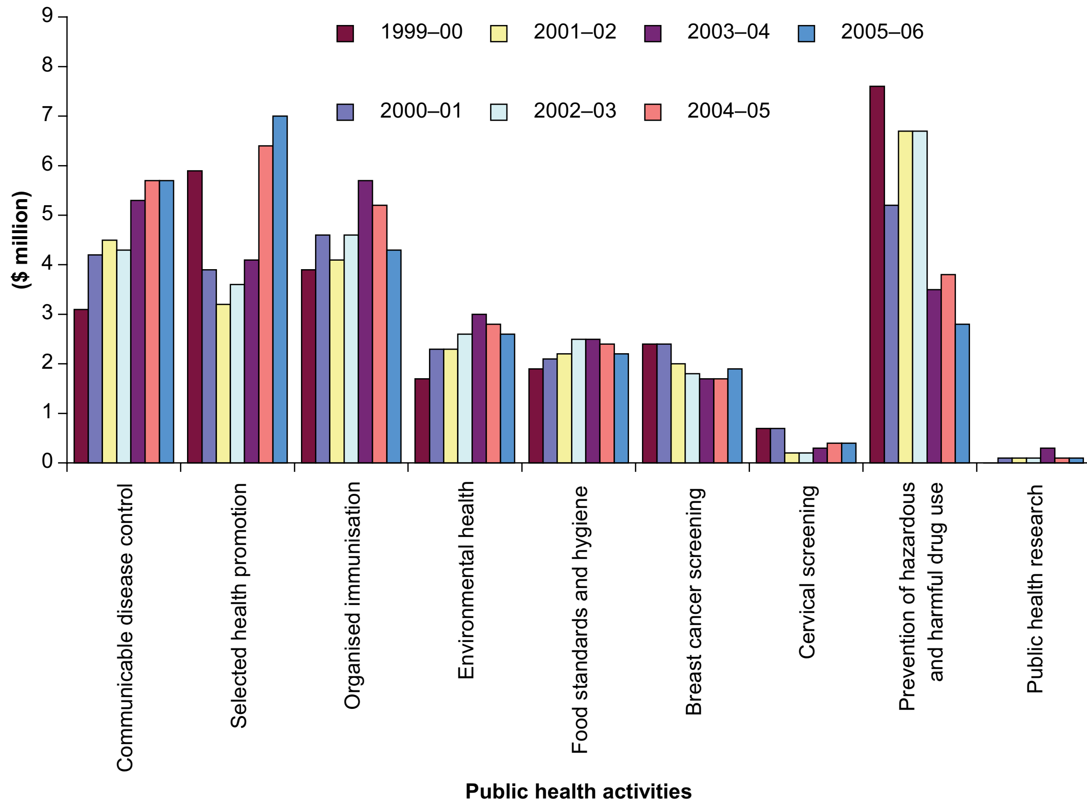
(e) Growth rates are calculated using public health expenditure data expressed in $ million and rounded to one decimal place.

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



Source: Table 9.5.

Figure 9.2: Territory government expenditure on public health activities, constant 2004–05 prices, Australian Capital Territory, 1999–00 to 2005–06



Source: Table 9.5.

Figure 9.3: Territory government expenditure on public health activities, constant 2004–05 prices, Australian Capital Territory, 1999–00 to 2005–06

10 Expenditure by the Northern Territory Department of Health and Community Services

10.1 Introduction

The Northern Territory covers approximately 17% of the nation, but has a small, widely dispersed population which is only 1% of the total national figure. Within the Territory, most public health programs are provided by the Health Services Division of the NT Department of Health and Community Services (NT DHCS). The NT DHCS also provides some public health services to people who live in adjoining areas of Western Australia and South Australia.

Public health programs are delivered through more than 90 service outlets, which include widely dispersed community health centres as well as the five public hospitals in Darwin, Nhulunbuy, Katherine, Alice Springs and Tennant Creek. Within this distinctive work environment, public health programs are often delivered by generalist health centre workers including district medical officers, community health nurses and Aboriginal health workers. A key role for specialised public health workers is to support the generalist health centre teams.

An important feature of health expenditure is the combined influence of remoteness and the comparatively poor health of the Aboriginal population on the average costs of providing health goods and services. Indigenous people constitute 29.8% of the Territory's population, compared with 2.4% of the total Australian population, and 70% live in remote or very remote localities.

10.2 Overview of results

Total NT DHCS expenditure on public health activities for 2005–06 was estimated at $55.2 million (Table 10.1). Overall, expenditure on public health in 2005–06, in current prices, was up $0.5 million or 0.9% on the previous financial year.

Expenditure in 2005–06 was directed mainly towards five public health activities (Figure 10.1). These were:

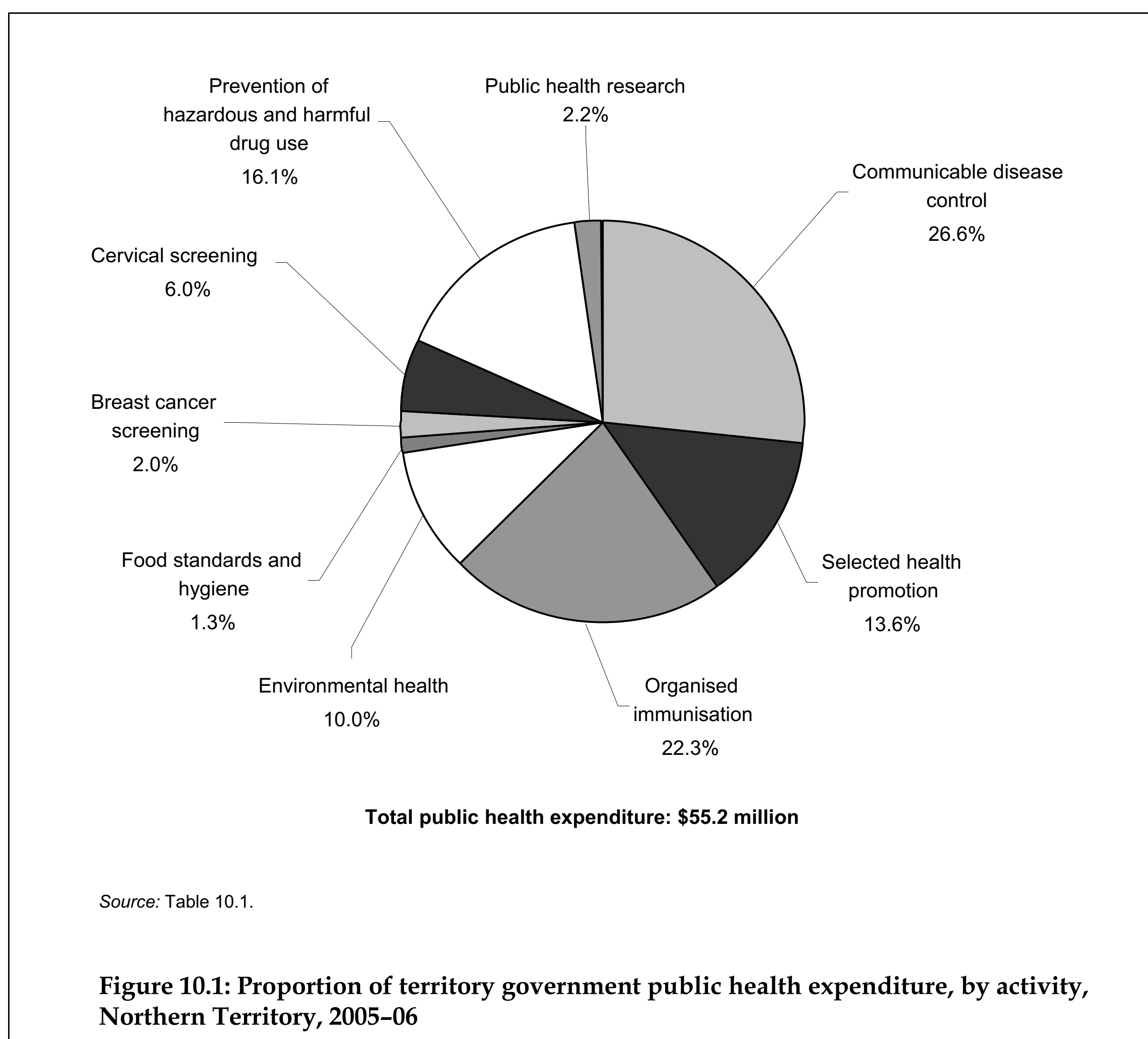
- *Communicable disease control* (26.6%)
- *Organised immunisation* (22.3%)
- *Prevention of hazardous and harmful drug use* (16.1%)
- *Selected health promotion* (13.6%)
- *Environmental health* (10.0%).

Table 10.1: Territory government expenditure on public health activities, current prices, Northern Territory, 1999–00 to 2005–06

Year	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	Total public health
					Amount ($ million)					
1999–00	8.6	9.9	6.2	3.6	1.0	1.1	2.2	6.5	0.4	**39.5**
2000–01	9.1	9.6	7.2	3.6	1.0	0.9	2.0	3.6	0.6	**37.6**
2001–02	9.0	9.0	8.6	3.6	0.8	0.9	2.1	3.7	0.6	**38.3**
2002–03	13.8	1.9	7.2	4.4	0.7	0.9	1.8	6.1	0.5	**37.3**
2003–04	15.9	2.4	8.1	5.3	0.8	1.1	2.2	8.1	0.6	**44.5**
2004–05	17.8	3.1	10.3	7.1	0.9	1.2	2.9	10.5	0.9	**54.7**
2005–06	14.7	7.5	12.3	5.5	0.7	1.1	3.3	8.9	1.2	**55.2**
					Proportion of public health expenditure[a] (per cent)					
1999–00	21.8	25.1	15.7	9.1	2.5	2.8	5.6	16.5	1.0	**100.0**
2000–01	24.2	25.5	19.1	9.6	2.7	2.4	5.3	9.6	1.6	**100.0**
2001–02	23.5	23.5	22.5	9.4	2.1	2.3	5.5	9.7	1.6	**100.0**
2002–03	37.0	5.1	19.3	11.8	1.9	2.4	4.8	16.4	1.3	**100.0**
2003–04	35.7	5.4	18.2	11.9	1.8	2.5	4.9	18.2	1.3	**100.0**
2004–05	32.5	5.7	18.8	13.0	1.6	2.2	5.3	19.2	1.6	**100.0**
2005–06	26.6	13.6	22.3	10.0	1.3	2.0	6.0	16.1	2.2	**100.0**

(a) The proportions are calculated using public health expenditure data expressed in $ million and rounded to one decimal place.

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



Source: Table 10.1.

Figure 10.1: Proportion of territory government public health expenditure, by activity, Northern Territory, 2005–06

10.3 Expenditure on public health activities

This section of the report looks at the level of Northern Territory spending on each of the public health activities. It also provides some detail of the programs within each of the health activities and their related expenditure.

Communicable disease control

Total NT DHCS expenditure for *Communicable disease control* in 2005–06 was $14.7 million, down $3.1 million or 17.4% on 2004-05. This accounted for 26.6% of total public health expenditure in 2005–06 and was the most significant area of public health expenditure by NT DHCS in that year (Table 10.1; Figure 10.1).

The major elements of the expenditure are shown in Table 10.2.

Table 10.2: Territory government expenditure on *Communicable disease control*, current prices, Northern Territory, 2005–06 ($ million)

Category	Expenditure
HIV/AIDS, hepatitis C and STI programs	3.8
Needle and syringe programs	0.1
Other communicable disease control	10.9
Total	**14.7**

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

Some of the major expenditures related to:

- policy development
- surveillance activities for selected communicable diseases
- outbreak investigations and appropriate control measures
- development, coordination, promotion and monitoring of preventive programs
- involvement in research, education and health promotion activities
- provision of screening and clinical services for tuberculosis, leprosy, sexually transmitted infections including HIV and hepatitis, and Australian bat lyssavirus immunisation.

Selected health promotion

Total NT DHCS expenditure for *Selected health promotion* in 2005–06 was $7.5 million, up $4.4 million or 141.9% on 2004–05. This constituted 13.6% of total public health expenditure in 2005–06 (Table 10.1; Figure 10.1).

In 2002–03 there was a change in the way health promotion was organised and delivered in the Territory —it was no longer a separate health program but integrated into the core business of all programs. A small team was established to work with the key focus areas of mental health, alcohol and other drugs, child and maternal health and preventable chronic disease to ensure health promotion action is evidence-based, measurable and coordinated to maximise effectiveness and reduce duplication.

During 2005-06, expenditure attributed to *Selected health promotion* was investigated across the Health Services Division. This review resulted in a significant increase in expenditure, owing to both additional funding and a shift from a historical emphasis on communicable disease and environmental health to activities associated with preventable chronic disease and the maternal/child/youth program. Also, more areas associated with the mental health program have now been included.

Organised immunisation

Total NT DHCS expenditure for *Organised immunisation* in 2005–06 was estimated at $12.3 million. This was 22.3% of the total public health expenditure and was the second most significant area of expenditure (Table 10.1; Figure 10.1).

The major elements of the 2005–06 expenditure are shown in Table 10.3.

Table 10.3: Territory government expenditure on *Organised immunisation*, current prices, Northern Territory, 2005–06 ($ million)

Category	Expenditure
Organised childhood immunisation[(a)]	3.7
Organised pneumococcal and influenza immunisation	0.9
All other organised immunisation	7.7
Total	**12.3**

(a) Reported expenditure does not include purchases of essential vaccine for the Universal Childhood Pneumococcal Vaccination Program which is included under direct expenditure by the Australian Government.

Overall, expenditure was up $2.0 million or 19.4% on the previous year. Further details of the various organised immunisation programs are available from NT DHCS.

Expenditure patterns for *Organised immunisation* are in line with the funding provided by the Australian Government through the PHOFAs (prior to 30 June 2004) and the AIAs from 1 July 2004 (see Table 10.1). Changes in funding along with the implementation of new national immunisation programs can vary the amount of expenditure from year to year. For example, the higher expenditure since 2003–04 reflects the introduction of the National Meningococcal C Vaccination Program by the Australian Government in August 2003, involving immunisation of all those aged 1 to 19 years. In addition, two new programs were introduced in January 2005—the National Childhood Pneumococcal Vaccination Program and the National Pneumococcal Vaccination Program for older Australians.

Environmental health

Total NT DHCS expenditure for *Environmental health* in 2005–06 was $5.5 million, down $1.6 million or 22.5% on 2004–05. This was 10.0% of total public health expenditure (Table 10.1; Figure 10.1). The decrease is associated with the shift in the emphasis of *Selected health promotion* away from environmental issues towards activities associated with preventable chronic disease and the maternal/child/youth program.

Some of the major activities covered by spending in this area were education; statutory surveillance and monitoring; complaint resolution relating to physical, chemical, biological and radiological agents in the environment; managing environmental health standards; and environmental planning.

Food standards and hygiene

Total NT DHCS expenditure on *Food standards and hygiene* in 2005–06 was $0.7 million, compared with $0.9 million in the previous year. The 2005–06 expenditure constituted 1.3% of the total expenditure on public health activities in that year (Table 10.1; Figure 10.1).

The NT DHCS Environmental Health program has a policy unit that is responsible for food safety legislation, policy development and regulatory activities, which include food sampling, food recalls and food safety activities.

Breast cancer screening

Total NT DHCS expenditure for *Breast cancer screening* in 2005–06 was $1.1 million, down $0.1 million on 2004–05. This constituted 2.0% of total expenditure on public health activities during 2005–06 (Table 10.1; Figure 10.1).

The Well Women's Cancer Screening Program consists of three public health screening programs: the NT Cervical Cancer Screening Program, BreastScreen NT and the Remote Area Well Women Screening (RAWWS) Program. BreastScreen NT is part of a national program funded jointly with the Australian Government. It provides breast screening and assessment services for women aged 40 years and over with no symptoms of breast cancer. It particularly focuses on women aged 50 to 69 years. The RAWWS Program provides holistic screening for women in the rural and remote communities who do not have access to BreastScreen services.

Cervical screening

Total NT DHCS expenditure for *Cervical screening* in 2005–06 was $3.3 million, up $0.4 million or 13.8% on the previous year. This constituted 6.0% of total expenditure on public health activities (Table 10.1; Figure 10.1).

The Well Women's Cancer Screening Program supports cervical screening services through the NT Cervical Cancer Screening Program. This program is part of the National Cervical Cancer Screening Program and is also funded under a joint arrangement with the Australian Government.

The majority of cervical screening in the Northern Territory 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 NT DHCS expenditure for the *Prevention of hazardous and harmful drug use* in 2005–06 was $8.9 million, down $1.6 or 15.2% on the previous year (Table 10.1; Figure 10.1).

The 2005–06 expenditure accounted for 16.1% of total public health expenditure and was the third most significant area of public health expenditure by NT DHCS. The major program elements of the 2005–06 expenditure are shown in Table 10.4. The decline in expenditure is a result of a review of the public health component of the total expenditure within this activity. This resulted in some shift of attribution from the core public health component to 'Expenditure on other activities related to public health'.

Table 10.4: Territory government expenditure on *Prevention of hazardous and harmful drug use*, current prices, Northern Territory, 2005–06 ($ million)

Category	Expenditure
Alcohol	1.1
Tobacco	1.2
Illicit and other drugs of dependence	0.7
Mixed	5.8
Total	**8.9**

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

The Alcohol and Other Drugs Program (AODP) funds a range of education, community development, treatment and care services for people with substance misuse problems. These services are funded mainly through non-government service providers.

Public health research

NT DHCS expenditure for *Public health research* during 2005–06 was estimated at $1.2 million, compared with $0.9 million in 2004–05. It constituted 2.2% of total public health expenditure (Table 10.1; Figure 10.1).

In addition, NT DHCS provided funding to the Menzies School of Health Research and in-kind support to the Cooperative Research Centre for Aboriginal and Tropical Health. The public health-related components of these expenditures are not included in this report.

10.4 Growth in expenditure on public health activities

Expenditure on public health activities by NT DHCS during 2005–06, in constant price terms, was estimated at $52.8 million, compared with $54.7 million in 2004–05. This was a decrease, in real terms, of 3.5% on the previous financial year. In the preparation of the expenditure estimates for the 2005-06 report there was an extensive review of the attribution of public health activities within both the activity-specific component and program-wide activities. This has resulted in significant shifts between the core components and some shift from the core components to 'Expenditure on other activities related to public health'.

From 1999–00 to 2005–06, average real expenditure grew by 2.2% per annum (Table 10.5). The highest annual real growth was in expenditure on *Public health research* (14.0%), and *Organised immunisation* (8.3%).

Over the period 1999–00 to 2005–06, the public health activities which recorded the highest average annual expenditure, in real terms, were *Communicable disease control* ($13.3 million) *Organised immunisation* ($9.0 million) and *Prevention of hazardous and harmful drug use* ($7.1 million) (Table 10.5; Figure 10.2).

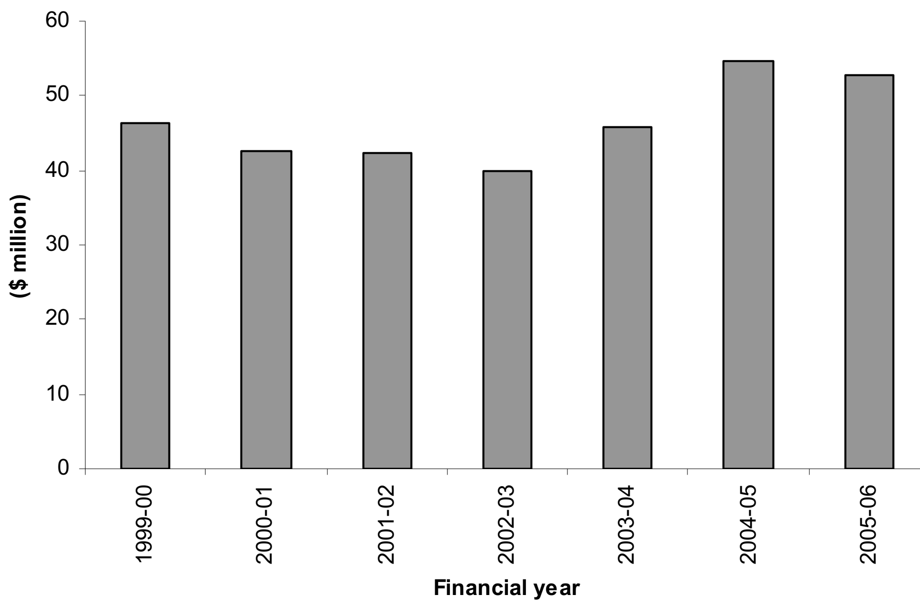
Table 10.5: Territory government expenditure on public health activities, constant prices[(a)], Northern Territory, 1999–00 to 2005–06

Year	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	Total public health
				Amount ($ million)						
1999–00	10.1	11.6	7.3	4.3	1.2	1.3	2.5	7.6	0.5	**46.4**
2000–01	10.3	10.9	8.1	4.1	1.1	1.1	2.3	4.1	0.6	**42.6**
2001–02	9.9	9.9	9.4	4.0	0.9	1.0	2.3	4.1	0.7	**42.2**
2002–03	14.7	2.0	7.7	4.7	0.8	0.9	1.9	6.5	0.6	**39.8**
2003–04	16.4	2.5	8.4	5.4	0.8	1.1	2.2	8.3	0.6	**45.7**
2004–05	17.8	3.1	10.3	7.1	0.9	1.2	2.9	10.5	0.9	**54.7**
2005–06	14.1	7.2	11.8	5.2	0.6	1.1	3.2	8.5	1.1	**52.8**
Average annual expenditure ($ million)										
1999–00 to 2005–06	13.3	6.7	9.0	5.0	0.9	1.1	2.5	7.1	0.7	**46.3**
Annual growth rate[(b)] (per cent)										
2004–05 to 2005–06	–20.8	132.3	14.6	–26.8	–33.3	–8.3	10.3	–19.0	22.2	**–3.5**
Average annual growth rate[(b)] (per cent)										
1999–00 to 2005–06	5.7	–7.6	8.3	3.2	–10.9	–2.7	4.2	1.9	14.0	**2.2**

(a) Constant price expenditure has been expressed in 2004–05 prices (see Section 11.1).

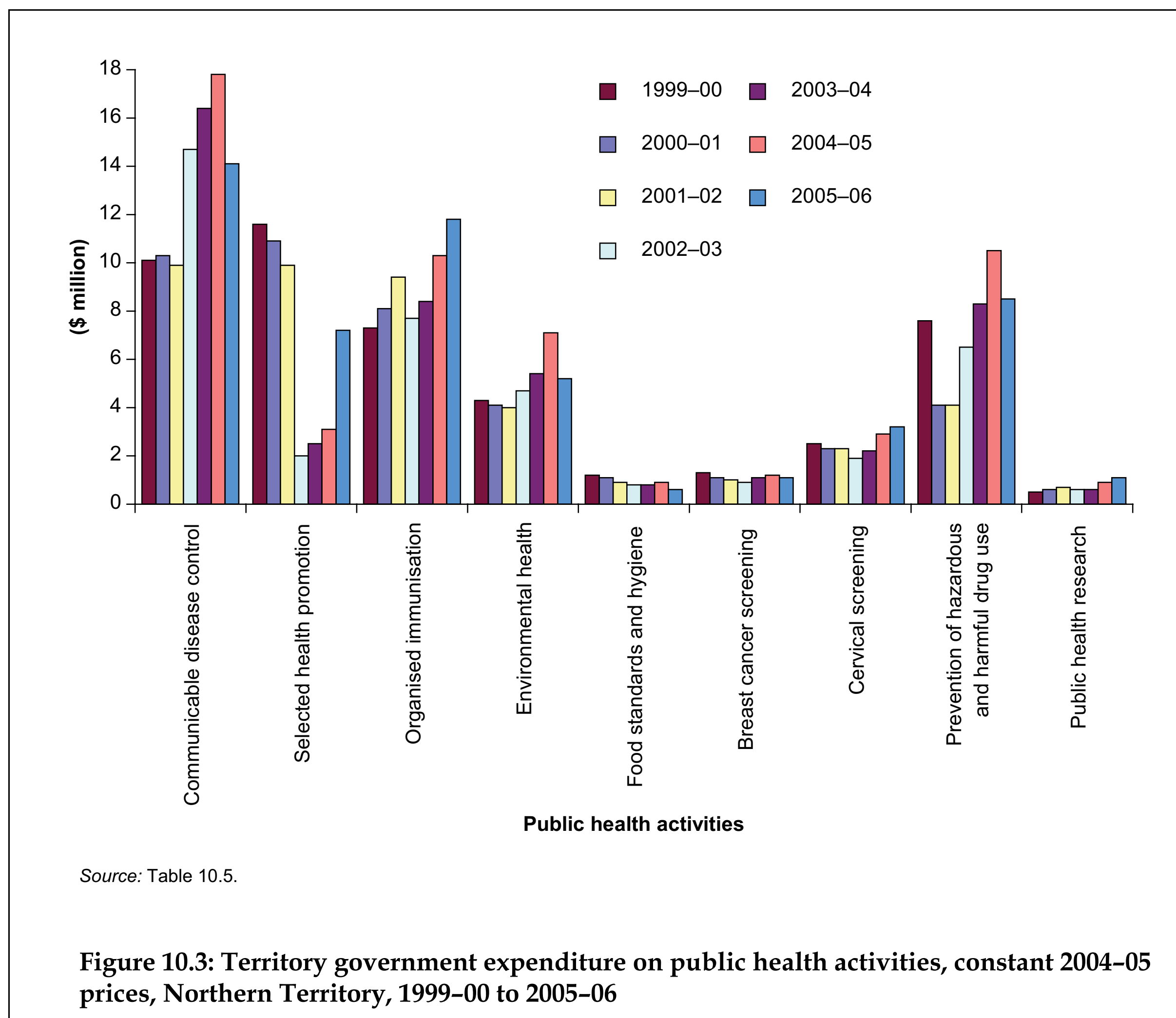
(b) The proportions are calculated using public health expenditure data expressed in $ million and rounded to one decimal place.

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



Source: Table 10.5

Figure 10.2: Territory government expenditure on public health activities, constant 2004–05 prices, Northern territory, 1999–00 to 2005–06



Source: Table 10.5.

Figure 10.3: Territory government expenditure on public health activities, constant 2004–05 prices, Northern Territory, 1999–00 to 2005–06

10.5 Expenditure on other activities related to public health

Total expenditure on other activities related to public health in 2005–06 was estimated at $17.5 million compared with $13.8 million in the previous financial year. Expenditures by NT DHCS cover a range of health-related activities such as:

- drug and alcohol treatment services
- services considered primarily of a welfare service nature (for example, night shelters) or almost entirely providing accommodation and food services (for example, halfway houses)
- other clinical services provided by the NT Communicable Disease Program, including the clinical management of leprosy and tuberculosis
- the public health component of the work of remote area health centre staff.

The AODP provides funding for community-based agencies to deliver treatment services throughout the Territory, including counselling, outpatient and residential treatments, and detoxification services. The AODP works with the government sector and community agencies to implement strategies and provide support through training, professional development, community education and research. The AODP is a key partner in the Community Harmony Strategy that aimed at reducing the problems of itinerants in the community. Similarly, specialised staff within the Communicable Disease Program provide a more comprehensive service than that covered within core public health expenditure.

11 Technical notes

11.1 Deflators

The real value of money is diminished over time by rises in prices (inflation). In order to measure real changes in expenditure on public health activities it is necessary to adjust the estimates of expenditure to remove the effects of inflation. In this report this is achieved by expressing the estimates of expenditure for all periods in terms of the purchasing power of money in 2004–05. This is referred to throughout the report as expenditure in constant prices. This has been achieved by deflating or inflating the current price expenditure estimates for all periods using chain price indexes derived by the Australian Bureau of Statistics (ABS).

The chain price indexes published in the ABS national accounts are annually reweighted 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 government final consumption expenditure on 'Hospital and nursing home services' by state/territory and local governments have been used to revalue the expenditure estimates in 2004–05 prices and derive constant price estimates of public health expenditure. Although these indexes are not ideal measures for deflating prices for public health activities, they are considered to be the most relevant of the deflators that are available for this particular purpose.

The index numbers used in deriving the constant price estimates of expenditure for each jurisdiction are set out in Table 11.1.

Table 11.1: Government final consumption expenditure on 'Hospital and nursing home services'— chain price index referenced to 2004–05

State and local hospitals and nursing homes	1999–00	2000–01	2001–02	2002–03	2003–04	2004–05	2005–06
New South Wales	84.44	87.23	89.98	93.06	96.44	100.00	104.29
Victoria	83.84	86.57	89.38	92.53	96.17	100.00	104.31
Queensland	84.41	87.22	90.12	93.16	96.49	100.00	104.11
Western Australia	85.00	87.78	90.67	93.73	96.86	100.00	104.26
South Australia	84.71	87.49	90.10	93.09	96.42	100.00	104.44
Tasmania	84.78	87.73	90.16	93.37	96.57	100.00	104.48
Australian Capital Territory	83.98	86.80	89.56	93.07	96.64	100.00	103.93
Northern Territory	85.50	88.22	90.82	93.69	96.76	100.00	104.34
Australia	**84.66**	**87.30**	**90.11**	**93.23**	**96.55**	**100.00**	**104.38**

Note: These are annually reweighted Laspeyres chain price indexes.

Source: Unpublished ABS data.

11.2 Jurisdictions' technical notes

Data collection methods differ between jurisdictions. The following technical notes, provided by each jurisdiction, broadly describe the methods they have used to collect data and estimate agency-wide expenditure.

Australian Government

Method used to estimate the Medicare component of cervical screening

Cervical screening expenditure, funded through Medicare, is provided for both screening and diagnostic purposes. These expenditures may be allocated to either *Cervical screening* or 'Expenditure on other activities related to public health'. The method used is outlined below.

Cervical screening

The method used to estimate the Medicare component of *Cervical screening* is consistent with that used in 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 public health expenditures
- benefits paid for 73055 and 73057 are related to 'Expenditure on other activities related to public health'
- where a consultation that involved the taking of a Pap smear also involved one or more other medical procedures, the related benefits (under MBS item 73901) 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 annual Bettering the Evaluation and Care of Health (BEACH) survey of general practice activity. These studies 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 was applied to the total benefits paid relating to GP consultations where a Pap smear was performed.

Expenditure on other activities related to public health

Expenditure on activities related to public health for 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 public health activity *Cervical screening*.

New South Wales

Data collection methods

Health services in New South Wales operate within specific geographic areas of the state. These Area Health Services play a major role in the planning and delivery of local services.

Consequently, the recording of expenditure is not centralised because each health service has a separate budget and its own information and accounting systems.

From 1999–00 the public health expenditure data collection has been 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.

The eight Area Health Services, NSW Health and the Children's Hospital at Westmead report data using a set of 24 public health sub-programs. The data are aggregated centrally and analysed at state level. The sub-programs are mapped to the health activities covered by the data collection.

Expenditure on public health activities includes agency-wide corporate expenditure to support program provision. This expenditure has been allocated to the public health categories according to that category's proportion of total expenditure, except for a few activities that are not supported by agency-wide expenditure.

Expenditure data for financial years 1999–00 to 2005–06 has been reported on an accrual accounting basis.

Victoria

Data collection methods

Because public health services in Victoria are predominantly delivered by agencies funded by the DHS, the collection of the health expenditure data is sourced from the DHS's centralised generalised ledger.

The broad steps involved in the data collection are summarised below:

- Expenditure on health activities from the department's general ledger is downloaded. The flexible structure of the ledger enables data to be sorted by activities or outputs, which in turn facilitate further classification into the nine public health activities and 'Expenditure on other activities related to public health'.
- The items of expenditure are manually allocated to the public health categories according to the description of each program.
- The data are then reconciled against the general ledger to ensure the reliability of the included figures.

Only overhead expenditure by the Public Health and Drugs Services' output groups is included. This expenditure has been subjected to the same method as above.

Expenditure data for financial years 1999–00 to 2005–06 have been reported on an accrual accounting basis.

Other public health activities undertaken in Victoria

Only functions that were funded or provided directly by the Victorian DHS are included in the data collection. In Victoria, local governments are the registration authorities for various public health-related premises such as food, prescribed accommodation and personal care (e.g. body piercing, tattooing). Their primary responsibility is about enforcing health, food hygiene and cleanliness standards. Local governments set and collect registration fees which aim at offsetting regulatory costs.

Local governments also undertake Municipal Public Health Plans that are a requirement of the local government strategic planning process as specified in the Health Act. The plans outline action to prevent or minimise public health dangers and enable people in the municipality to achieve maximum health and wellbeing.

Queensland

Data collection methods

Queensland Health allocates each cost centre's expenditure by percentage across outputs. A state-wide decision support system is used to produce output operating reports that identify total public health expenditure for Queensland Health.

Analysis of the public health output expenditure is conducted using cost centre service types to allocate the cost centre expenditure to the core public health categories. Any services types classified as public health which can't be matched to the core categories are included under 'Expenditure on other activities related to public health'.

A review of the expenditure collected through the above process is conducted, during which minor adjustments are made where the data is inconsistent with other data collections or inconsistent with the knowledge of program coordinators. Other adjustments are required where errors in the mapping to service types are identified.

Agency-wide expenditure on overheads to support the provision of public health activities are included and allocated across the core categories using the proportion of direct expenditure for each core category.

Expenditure data for financial years 1999–00 to 2005–06 have been reported on an accrual accounting basis.

Other public health activities undertaken in Queensland

Expenditure on public health activities and services funded through local government authorities is outside the scope of this data collection. In Queensland, local governments undertake a range of public health activities including the administration and enforcement of devolved responsibilities under public health legislation, such as food safety, mosquito and other vector control, provision of a safe potable water supply, sewerage, waste management, and protecting health in disasters and emergencies. Other public health activities undertaken by local government include immunisation and other communicable disease control. Local governments are also increasingly involved in the social, economic and cultural development of their communities and in improving local living environments.

Western Australian

Data collection methods

The main source of public health expenditure data is DOH's Oracle financial system. Oracle supports a hierarchical cost centre structure that allows the mapping of expenditure against each of the public health activities. For most of the state-wide public health programs each of the cost centres is matched to one of the public health activities. 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 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 were used to compile the separate expenditure listings for public health units and health services.

Public health expenditure data for the Office of Aboriginal Health were 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 Australia

Data collection methods

The recording of expenditure is not centralised in DH, as health services in South Australia operate within regions, based either on a population or a geographic basis.

The collection of data involved contacting internal branches of DH, as well as external organisations funded by DH, including health regions, public hospitals and community health centres.

A total of 28 metropolitan organisations and 7 country regional health services, as well as internal branches of DH, completed the collection spreadsheet and their data were included in the collection.

Responses were collated by DH and analysed for consistency with previous year's expenditure. Significant variations were followed up with relevant organisations for explanation.

A percentage of agency-wide expenditure on overheads to support the provision of public health activities has been estimated and calculated across all public health categories.

Expenditure data for financial years 1999–00 to 2005–06 have been reported on an accrual accounting basis.

Other public health activities undertaken in South Australia

Expenditure on public health activities and services funded through local government authorities is outside the scope of this data collection. In South Australia local governments undertake a range of public health activities including enforcing public health legislation, immunisation and other communicable disease control, wastewater management, food premises inspection, waste management, management of hazardous materials, environmental surveillance, health impact assessments in local planning, health promotion, needle and syringe collection and pest control.

Tasmania

Data collection methods

The data collected for the NPHEP in Tasmania are compiled by the Population Health Sub-Division.

The expenditure data is drawn from Division of Community, Population and Rural Health (of which Population Health is a Sub-Division), Hospitals and Ambulance Division and Corporate Services, as these are the areas that undertake public health activities as defined by the project guidelines. Expenditure by the Division of Housing and Division of Children and Families has been excluded based on the same principle.

DHHS has a centralised finance reporting system that records all expenditure for the Department. There are subsidiary systems in some Divisions that feed into the centralised system. The data from the central and subsidiary finance systems are exported into a spreadsheet to calculate and allocate the NPHEP component. The Business Unit structure is such that in most cases the public health activities are easily identified; however, some Business Units contain two or more categories, or only a proportion of the total expenditure is attributable to public health. In such cases, consultation with the relevant manager is undertaken to obtain the portion of cost centre expenditure attributable to public health activities.

DHHS has Corporate and Divisional overhead expenses that are apportioned to public health activity categories. The proportion of these overheads that support public health activities is estimated by applying the same percentage as expenditure on public health as a proportion of total DHHS expenditure on all programs.

This report excludes expenditure on public health activities that is funded by other state government agencies, local GPs and LGAs.

Changes to data collection methods

Prior to 2003–04 the data was reported on a cash accounting basis and therefore includes any capital outlays in the reporting period. Data for 2003–04 onwards is reported on an accrual accounting basis.

With regard to collection of 2005–06 data, a number of significant changes were made to previous data collection procedures and readers should bear this in mind when comparing Tasmanian time series data.

Refinement of data collection methods has resulted in reallocation of expenditure data. In particular:

- some expenditure previously reported under *Environmental health* has been reallocated to the *Communicable disease control* category
- some previously reported expenditure on other activities related to public health has been reallocated to the *Selected health promotion* category
- expenditure on pharmaceutical services previously reported under *Environmental health* has been reallocated to the *Prevention of hazardous and harmful drug use* category.
- stock on hand for *Organised immunisation* has been included for the first time.

In addition, Population Health grants totalling approximately $2.6 million have been included across the *Communicable disease control*, *Selected health promotion* and *Prevention of hazardous and harmful drug use* categories.

The cost of delivering immunisation from Health Centres, Hospitals (Major and District) and the Prison Hospital have not been included in this report. This will be investigated for 2006–07 data collection.

Australian Capital Territory

Data collection methods

ACT Health has a central accounting function that operates on a full accrual accounting basis.

The broad steps involved in collecting and processing the expenditure data are:

- initially, those cost centres that are within the department's chart of accounts and showed expenditure on public health activities are identified
- managers of cost centres included in the collection are advised of the public health definitions and are asked to allocate their costs to each of the public health expenditure activities
- expenditure of the Healthpact statutory authority is combined with the figures obtained in the previous steps of the process.

One per cent of the total population health division expenditure is distributed across the core public health activities on the basis of full-time equivalent staff numbers to account for indirect and overhead costs.

Other public health activities undertaken in the Australian Capital Territory

Expenditure on public health activities and services funded through local government authorities is outside the scope of this data collection. In the Australian Capital Territory, there are no local governments; consequently all functions carried out in other states by local government areas are carried out by the ACT Government. The work done by the Health Protection Services area of ACT Health includes environmental health and food standards functions.

Northern Territory

Data collection methods

The NT DHCS stores all available health information in a central data repository. Total expenditure by cost centre code for each public health program area is identified and disaggregated according to the public health expenditure data collection methods. The expenditure information is then provided to the relevant program directors, who review the allocations and advise of any changes across the public health activities, and provide general comments on changes in their program. The program directors later provide final validation of expenditure and program description information.

Other public health activities undertaken in the Northern Territory

Departmental expenditure provided through grants to NGOs is included in this report; however, other public health activities and services funded by NGOs and local government authorities is outside the scope of this data collection. In the Territory, local governments do not administer organised public health activities.

Changes to data collection methods for previous years

In 2005-06, changes in departmental structure have led to the following modifications:

- inclusion of additional cost centre codes with a public health component from 'Community Health' and 'Health Development and Oral Health'
- re-allocation of the public health categories across 'Remote Health' and 'Tiwi Health Services' cost-centres
- review of the proportion of the total public health component.

Expenditure estimates by NT DHCS for financial years 1999–00 to 2002–03 were reported on a cash accounting basis and therefore include any capital outlays in the reporting period. Data for 2003–04 onwards have been reported on an accrual accounting basis.

During the 6 years of public health expenditure reporting there have been a number of significant structural changes that have affected the reported expenditures, without corresponding changes in services. Two significant examples are the shift of funding, in 2000–01, for alcohol harm reduction programs from the health department to another government department. A second change was the redistribution, in 2002–03, of health promotion funding which was discussed in Chapter 10. Since 2004–05, departmental structure changes have resulted in the inclusion of public health components within the costs codes for 'Health Service Executive & Directorates', 'Tiwi Health Services', and 'Remote Health Directorate'.

Total government expenditure on public health in each state and territory

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

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

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

Except for the purchases of essential vaccines by the Australian Government on behalf of the state and territory governments, direct expenditure by the Australian Government has been apportioned across state and territories in this report, using population measures which directly relate to the recipients or the people that are direct beneficiaries of the expenditure. For example, direct expenditure on *Organised immunisation* has been split according to the specific target populations in each state and territory (e.g. childhood, adults). Alternatively, where the specific populations are not readily identifiable, then the total populations for each

state and territory have been used. Table 11.2 illustrates how direct expenditure was allocated by target populations for all public health activity categories.

The estimated Australian Government direct expenditure per person for each state and territory, using this method, is shown in Table 11.3.

Table 11.2: Population groups used in apportioning direct expenditure by the Australia Government across state and territories

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

(a) Excludes purchases of essential vaccines under the Universal Childhood Pneumococcal Vaccination Program. These purchases are allocated directly to the relevant states and territories.

Table 11.3: Estimated average Australian Government direct expenditure[(a)] per person on public health activities, current prices, by state and territory, 2005–06 ($)

Activity	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Communicable disease control	1.74	1.74	1.74	1.74	1.74	1.74	1.74	1.74
Selected health promotion	2.02	2.02	2.02	2.02	2.02	2.02	2.02	2.02
Organised immunisation	7.16	6.73	6.07	5.61	4.79	6.26	5.33	6.30
Environmental health	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73
Food standards and hygiene	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73
Breast cancer screening	0.09	0.09	0.09	0.09	0.09	0.09	0.10	0.09
Cervical screening	4.06	2.42	4.24	4.24	4.29	4.85	4.10	3.36
Prevention of hazardous and harmful drug use	1.34	1.34	1.34	1.34	1.34	1.34	1.34	1.34
Public health research	4.51	4.51	4.51	4.51	4.51	4.51	4.51	4.51
Total for the nine activities	**22.40**	**20.34**	**21.49**	**21.02**	**20.25**	**22.29**	**20.61**	**20.83**

(a) Direct expenditure have been apportioned across states and territories according to population groups set out in Table 11.2.

Note: Estimates and comparisons across states and territories need to be interpreted with care. Components may not add to totals due to rounding.