

Detailed state and territory tables and methodology

Tables and Methods

Detailed state and territory expenditure tables and methodology

Introduction

The state and territories provided responses to a questionnaire seeking estimates of Aboriginal and Torres Strait Islander health expenditure for the financial year 2004–05 based on the Australian Institute of Health and Welfare’s (AIHW) health expenditure database. This appendix includes notes provided by jurisdictions that accompanied data returns and the methods jurisdictions used to derive the Indigenous proportions for those estimates. Wherever possible, the AIHW has grouped the state and territory data into its major expenditure categories for reporting health expenditure (Table A3.1). In some instances the estimates originally provided by the states and territories were adjusted following discussions with the relevant jurisdiction(s). Jurisdictions were asked to provide details on the methods used to estimate the Aboriginal and Torres Strait Islander proportion of expenditure for each area that they reported. The amount of detail provided varied from jurisdiction to jurisdiction. Where the AIHW used alternate methods in consultation with jurisdictions to calculate expenditure these have been detailed.

Expenditure estimates for admitted patient services in were derived using AIHW’s Hospital Morbidity Costing Model. A detailed description of the model can be found in Appendix 3 of the publication.

In the case of expenditure on public health, states and territories reported in terms of the core public health activities defined under the National Public Health Expenditure Project (NPHEP) (Table A3.1).

Estimates of expenditure on community health services were also split into three types of community health expenditures (Table A3.1).

State and territory government expenditure

Table A2.4: State and territory government health expenditure, for Indigenous and non-Indigenous people, by service, 2004–05

Service	Expenditure (\$ million)			Expenditure per person (\$)		
	Indigenous	Non-Indigenous	Indigenous share (%)	Indigenous	Non-Indigenous	Ratio
Public hospital services ^(a)	1,035.9	20,635.7	4.8	2,121	1,046	2.03
Admitted patient services ^(b)	786.7	15,819.9	4.7	1,611	802	2.01
Non-admitted patient services	249.2	4,815.8	4.9	510	244	2.09
Emergency department services	69.5	847.7	7.6	142	43	3.31
Other non-admitted patient services	179.7	3,968.1	4.3	368	201	1.83
Ambulance and other	89.1	1,221.3	6.8	183	62	2.95
<i>Total institutional</i>	<i>1,125.0</i>	<i>21,857.0</i>	<i>4.9</i>	<i>2,304</i>	<i>1,108</i>	<i>2.08</i>
Community health	280.9	2,900.2	8.8	575	147	3.91
Alcohol and drug treatment services	39.3	184.6	17.6	81	9	8.60
Community mental health services	48.0	1,129.0	4.1	98	57	1.72
Other community health	193.6	1,586.5	10.9	396	80	4.93
Public health	67.9	900.1	7.0	139	46	3.05
Communicable disease control	21.1	172.1	10.9	43	9	4.95
Selected health promotion	8.3	182.9	4.3	17	9	1.83
Organised immunisation	11.8	190.2	5.9	24	10	2.51
Environmental health	5.8	60.6	8.7	12	3	3.85
Food standards and hygiene	0.9	17.8	5.0	2	1	2.11
Breast cancer screening	1.9	114.6	1.7	4	6	0.68
Cervical screening	3.5	23.0	13.1	7	1	6.06
Prevention of hazardous and harmful drug use	13.3	112.8	10.5	27	6	4.75
Public health research	1.3	26.0	4.9	3	1	2.08
Dental services	27.8	505.7	5.2	57	26	2.22
Research	6.0	201.7	2.9	12	10	1.20
Health administration n.e.c. ^(c)	29.5	479.4	5.8	60	24	2.49
<i>Total non-institutional</i>	<i>412.1</i>	<i>4,987.1</i>	<i>7.6</i>	<i>844</i>	<i>253</i>	<i>3.34</i>
Total	1,537.1	26,844.1	5.4	3,148	1,361	2.31

(a) Public hospital services excludes, where possible any dental services, community health services, patient transport services, public health and health research undertaken by the hospital.

(b) Admitted patient expenditure adjusted for Aboriginal and Torres Strait Islander under-identification, except for Tasmania. See Table A3.3 Appendix 3.

(c) New South Wales and Victoria have allocated all administrative and head office expenses across the functional health expenditure categories, other jurisdictions have allocated some of their administrative expenses across the functional health expenditure categories, so health administration n.e.c. expenditure cannot be compared across jurisdictions.

Source: AIHW Health expenditure database.

New South Wales

The New South Wales Department of Health (NSW Health) provided some data in response to the AIHW questionnaire on Aboriginal and Torres Strait Islander health expenditure. Where there was a lack of data, AIHW estimated Aboriginal and Torres Strait Islander peoples health expenditure using data from NSW Health's Annual report 2004–05 (NSW Health 2005) and the AIHW's health expenditure database with approval from NSW Health. The Annual report provided data about specific Aboriginal and Torres Strait Islander expenditure.

Estimated expenditure on admitted patient services for both public and private hospitals was derived from the AIHW's Hospital Morbidity Cost Model. Appendix 3 provides a description of the model and Table A3.3 provides the under-identification adjustment for admitted patient services in New South Wales was 1.13.

For service categories where there was a paucity of data, Aboriginal and Torres Strait Islander expenditure was estimated by AIHW using the following method. Expenditure for 2004–05 was calculated by multiplying the ratio of Indigenous to total per capita expenditure for 2001–02 by the total per capita expenditure 2004–05 and then by the Indigenous population estimated for 2004–05. Data for expenditure on health services for Aboriginal and Torres Strait Islander peoples can be sourced in the third report on *Expenditures on health for Aboriginal and Torres Strait Islander people 2001–02* (AIHW 2005) and for total Australian health expenditure in *Health expenditure Australia 2005–06* (AIHW 2007).

Table A2.5: New South Wales Government health expenditure, for Indigenous and non-Indigenous people, by service^(a), 2004–05

Service	Expenditure (\$ million)			Expenditure per person (\$)		
	Indigenous	Non-Indigenous	Indigenous share (%)	Indigenous	Non-Indigenous	Ratio
Public hospital services ^(b)	255.9	7,926.5	3.1	1,794	1,200	1.50
Admitted patient services ^(c)	174.4	5,808.3	2.9	1,223	879	1.39
Non-admitted patient services	81.5	2,118.1	3.7	571	321	1.78
Emergency department services	14.9	394.1	3.6	104	60	1.75
Other non-admitted patient services	66.6	1,724.0	3.7	467	261	1.79
Ambulance and other	12.5	380.1	3.2	88	58	1.53
<i>Total institutional</i>	<i>268.5</i>	<i>8,306.5</i>	<i>3.1</i>	<i>1,882</i>	<i>1,257</i>	<i>1.50</i>
Community health	79.4	841.0	8.6	556	127	4.37
Alcohol and drug treatment services	25.3	67.5	27.2	177	10	17.32
Community mental health services	7.7	273.2	2.7	54	41	1.30
Other community health	46.5	500.4	8.5	326	76	4.30
Public health	10.5	269.7	3.7	73	41	1.80
Communicable disease control	7.1	63.8	10.0	50	10	5.14
Selected health promotion	0.8	42.2	2.0	6	6	0.92
Organised immunisation	1.5	77.6	2.0	11	12	0.92
Environmental health	0.3	14.1	2.0	2	2	0.92
Food standards and hygiene	0.1	4.8	2.0	1	1	0.92
Breast cancer screening	0.2	43.0	0.4	1	7	0.17
Cervical screening	0.1	3.3	1.7	—	—	0.79
Prevention of hazardous and harmful drug use	0.3	14.4	2.0	2	2	0.92
Public health research	0.1	6.4	2.0	1	1	0.92
Dental services	13.9	133.5	9.5	98	20	4.84
Research	1.3	65.3	2.0	9	10	0.92
<i>Total non-institutional</i>	<i>105.1</i>	<i>1,309.6</i>	<i>7.4</i>	<i>737</i>	<i>198</i>	<i>3.72</i>
Total	373.6	9,616.1	3.7	2,618	1,456	1.80

(a) All health administration n.e.c. expenditure has been apportioned across the expenditure categories.

(b) Public hospital services excludes, where possible any dental services, community health services, patient transport services, public health and health research undertaken by the hospital.

(c) Admitted patient expenditure adjusted for Aboriginal and Torres Strait Islander under-identification. See Table A3.3 Appendix 3.

Source: AIHW Health expenditure database.

Victoria

The Victorian Department of Human Services (DHS) provided expenditure data for Aboriginal and Torres Strait Islander peoples in response to the questionnaire.

In expenditure areas where Aboriginal and Torres Strait Islander service utilisation proportions were known these were applied to those areas of expenditure to estimate Indigenous expenditure.

Where there was no data on service use and no method of determining the Aboriginal and Torres Strait Islander use of the service, the Indigenous population proportion (0.6%) was applied to total expenditure of the service to calculate Indigenous expenditure.

Where service use was known to be high but no data were available on exact Aboriginal and Torres Strait Islander service use, 1.0% was applied to the total to estimate the expenditure.

All health administration n.e.c. expenditure was apportioned across all service categories.

Estimated expenditure on admitted patient services for both public and private hospitals was derived from the AIHW's Hospital Morbidity Cost Model. Appendix 3 provides a description of the model and Table A3.3 provides the under-identification adjustment for Victorian public hospital admitted patient services (1.20).

The AIHW estimated expenditure on research using the average proportion of Aboriginal and Torres Strait Islander expenditure over the following service areas, public hospital admitted and non-admitted patient services, ambulance and other, community health, public health and dental services (1.7%).

The AIHW excluded \$1.2 million of expenditure on Aboriginal and Torres Strait Islander peoples in the public health area of selected health promotion as this is categorised as health related welfare expenditure. This expenditure was for programs such as the Victorian Aboriginal Youth Sport & Recreation Co-op Ltd, The Torch Project and Onemda. A footnote to Table A2.6 selected health promotion notes this exclusion.

Table A2.6: Victorian Government health expenditure, for Indigenous and non-Indigenous people, by service^(a), 2004–05

Service	Expenditure (\$ million)			Expenditure per person (\$)		
	Indigenous	Non-Indigenous	Indigenous share (%)	Indigenous	Non-Indigenous	Ratio
Public hospital services ^(b)	51.4	5,335.3	1.0	1,712	1,075	1.59
Admitted patient services ^(c)	39.4	4,315.8	0.9	1,315	870	1.51
Non-admitted patient services	11.9	1,019.5	1.2	397	205	1.93
Emergency department services	2.3	218.7	1.1	78	44	1.77
Other non-admitted patient services	9.6	800.8	1.2	319	161	1.98
Ambulance and other	1.8	302.9	0.6	61	61	1.00
<i>Total institutional</i>	<i>53.2</i>	<i>5,638.2</i>	<i>0.9</i>	<i>1,773</i>	<i>1,136</i>	<i>1.56</i>
Community health	18.6	543.7	3.3	621	110	5.66
Alcohol and drug treatment services	9.5	66.3	12.5	315	13	23.62
Community mental health services	7.6	379.4	2.0	253	76	3.31
Other community health	1.6	98.0	1.6	52	20	2.65
Public health	7.0	219.5	3.1	233	44	5.27
Communicable disease control	0.5	41.1	1.3	18	8	2.12
Selected health promotion ^(d)	1.0	66.1	1.4	32	13	2.42
Organised immunisation	0.4	37.2	1.0	13	7	1.67
Environmental health	—	5.5	0.6	1	1	1.00
Food standards and hygiene	—	3.0	0.6	1	1	1.00
Breast cancer screening	0.1	25.3	0.2	2	5	0.33
Cervical screening	0.1	10.6	0.8	3	2	1.34
Prevention of hazardous and harmful drug use	4.7	19.9	19.2	157	4	39.33
Public health research	0.2	10.8	1.9	7	2	3.25
Dental services	1.0	106.2	0.9	32	21	1.49
Research	1.3	76.9	1.7	43	15	2.79
<i>Total non-institutional</i>	<i>27.9</i>	<i>946.4</i>	<i>2.9</i>	<i>929</i>	<i>191</i>	<i>4.87</i>
Total	81.1	6,584.5	1.2	2,701	1,327	2.04

(a) All health administration expenditure has been apportioned across the expenditure categories.

(b) Public hospital services excludes, where possible any dental services, community health services, patient transport services, public health and health research undertaken by the hospital.

(c) Admitted patient expenditure adjusted for Aboriginal and Torres Strait Islander under-identification. See Table A3.3 Appendix 3.

(d) Excludes \$1.2 million Indigenous health related welfare expenditure.

Source: AIHW Health expenditure database.

Queensland

Queensland Health provided estimates of Aboriginal and Torres Strait Islander health expenditure in response to the questionnaire sent by AIHW. Queensland Health also provided detailed notes on the methods used to apportion expenditure between Aboriginal and Torres Strait Islander peoples and other Australians.

Summary of Methodologies

The total expenditure reported in each category is that previously reported by Queensland Treasury to the Australian Bureau of Statistics (ABS) using the standard General Purpose Classification (GPC), except for public health where the classifications and amounts reported under the National Public Health Expenditure Project (NPHEP) have been used. Where possible, the determination of the Aboriginal and Torres Strait Islander peoples fraction of expenditure in a category was estimated from the fraction of service use (e.g. hospital episodes of care) for that category.

Admitted patient services

Estimated expenditure on admitted patient services for both public and private hospitals was derived from the AIHW's Hospital Morbidity Cost Model. Appendix 3 provides a description of the model and Table A3.3 provides the under-identification adjustment for Queensland public hospital admitted patient services (1.12).

Non-admitted patient services in public acute-care hospitals

Separate estimates of Aboriginal and Torres Strait Islander peoples expenditure for emergency departments and other non-admitted patient services could not be determined. Estimates of Aboriginal and Torres Strait Islander peoples expenditure were based on the rates of unweighted separations for each hospital, relative to district expenditure for non-admitted patient services and estimated resident populations. The expenditure proportion was estimated at 8.9%.

This proportion was also used to estimate Aboriginal and Torres Strait Islander peoples expenditure for community health activities (excluding dental services), but including community-based mental health care.

Estimated Aboriginal and Torres Strait Islander peoples under-identification

For mental health services, 20% under-identification has also been provided for hospitals and community based, however this is based on admitted patient data estimates, not from studies specific to these services.

Community-based mental health care

The proportion derived from non-admitted patient services in acute care hospitals (8.9%) was used to estimate the Aboriginal and Torres Strait Islander peoples component of expenditure for community based mental health care.

Community Health Services – Alcohol and other drug treatment services, and other community health

In the absence of reliable Aboriginal and Torres Strait Islander identification data from information systems, the estimated Aboriginal and Torres Strait Islander component of community health service expenditure was calculated based on rates of unweighted separations for each hospital, relative to district expenditure for non-admitted patient services and estimated resident populations (8.9%).

Dental services

Estimates of Aboriginal and Torres Strait Islander expenditure for school dental programs are based on the population proportion of all 5–14 year olds, using estimated resident population at 2001 (5.85%). Estimates of expenditure for dental services n.e.c. are based on the Aboriginal and Torres Strait Islander population proportion of the Queensland population aged 15 and over (3.0%).

Ambulance and other

Estimates of Aboriginal and Torres Strait Islander expenditure are based on the population proportion of all public hospital episodes with a discharge status of “transfer to another hospital” (8.7%). No adjustment for under-identification was made.

Public health activities

Communicable disease control activities

For HIV, Hepatitis C and STI programs estimates of Aboriginal and Torres Strait Islander expenditure are based on certain cost centres, relative to estimated resident populations (5.8%).

Estimated Aboriginal and Torres Strait Islander expenditure on needle & syringe programs are based on the Aboriginal and Torres Strait Islander population proportion of all people aged 10 and over, relative to the estimated resident population (2.7%). Specific expenditure for Aboriginal and Torres Strait Islander peoples has been included.

For other communicable disease control activities estimated Aboriginal and Torres Strait Islander peoples expenditure were based on certain cost centres, relative to estimated resident populations (2.8%).

Selected health promotion activities

Estimates of Aboriginal and Torres Strait Islander expenditure were based on certain cost centres, relative to district expenditure and estimated resident populations (8.4%).

Organised immunisation activities

Organised childhood immunisation expenditure estimates have been based on the Aboriginal and Torres Strait Islander population proportion of all people in the specific immunisation schedule ages (5.7%). Other organised immunisation activities expenditure estimates were based on the Aboriginal and Torres Strait Islander proportion of the Queensland population (3.2%) and identified specific amounts.

Environmental health activities

Estimates of Aboriginal and Torres Strait Islander expenditure were based on the Aboriginal and Torres Strait Islander proportion of the Queensland population (3.2%) and identified specific amounts.

Food standards & hygiene

Estimates of Aboriginal and Torres Strait Islander expenditure were based on the Aboriginal and Torres Strait Islander proportion of the Queensland population (3.2%).

Breast cancer screening

Estimates of Aboriginal and Torres Strait Islander expenditure were based on the Aboriginal and Torres Strait Islander peoples proportion of females aged 50–65, using estimated resident population at 2001 (1.5%), and identified specific amounts.

Cervical screening

Estimates of Aboriginal and Torres Strait Islander expenditure were based solely on identified specific amounts (19.8% of total).

Prevention of hazardous and harmful drug use activities

Estimates of Aboriginal and Torres Strait Islander expenditure were based on certain cost centre expenditure, relative to estimated resident populations (3.4%), and identified specific amounts.

Public health research activities

The Aboriginal and Torres Strait Islander population proportion of Queensland (3.4%) was used to derive the expenditure proportion.

Health Administration n.e.c.

This was calculated after expenditure from all other categories had been estimated. The Aboriginal and Torres Strait Islander proportion of all other expenditures was calculated and then applied to total health administration expenditure (7.42%).

Health Research

Estimates of Aboriginal and Torres Strait Islander expenditure was based on the Aboriginal and Torres Strait Islander proportion of the Queensland population (3.2%).

Table A2.7: Queensland Government health expenditure, for Indigenous and non-Indigenous people, by service, 2004–05

Service	Expenditure (\$ million)			Expenditure per person (\$)		
	Indigenous	Non-Indigenous	Indigenous share (%)	Indigenous	Non-Indigenous	Ratio
Public hospital services ^(a)	245.2	3,016.7	7.5	1,811	796	2.28
Admitted patient services ^(b)	187.4	2,425.2	7.2	1,384	640	2.16
Non-admitted patient services	57.8	591.5	8.9	427	156	2.74
Ambulance and other	28.9	302.9	8.7	213	80	2.67
<i>Total institutional</i>	<i>274.1</i>	<i>3,319.6</i>	<i>7.6</i>	<i>2,024</i>	<i>876</i>	<i>2.31</i>
Community health	52.3	535.4	8.9	386	141	2.74
Alcohol and drug treatment services	1.2	12.3	8.9	9	3	2.74
Community mental health services	16.9	173.1	8.9	125	46	2.74
Other community health	34.2	350.0	8.9	253	92	2.74
Public health	9.4	156.6	5.6	69	41	1.67
Communicable disease control	0.8	22.4	3.6	6	6	1.03
Selected health promotion	2.5	27.1	8.4	18	7	2.57
Organised immunisation	2.3	33.5	6.4	17	9	1.92
Environmental health	0.9	13.3	6.6	7	4	1.98
Food standards and hygiene	0.1	3.6	3.2	1	1	0.93
Breast cancer screening	0.5	22.8	2.0	3	6	0.57
Cervical screening	0.7	2.9	19.8	5	1	6.92
Prevention of hazardous and harmful drug use	1.5	30.3	4.7	11	8	1.37
Public health research	—	0.6	3.4	—	—	1.00
Dental services	5.0	122.9	3.9	37	32	1.14
Research	0.8	25.7	3.2	6	7	0.93
Health administration n.e.c.	3.1	39.3	7.4	23	10	2.22
<i>Total non-institutional</i>	<i>70.6</i>	<i>879.9</i>	<i>7.4</i>	<i>522</i>	<i>232</i>	<i>2.25</i>
Total	344.7	4,199.5	7.6	2,546	1,108	2.30

(a) Public hospital services excludes, where possible any dental services, community health services, patient transport services, public health and health research undertaken by the hospital.

(b) Admitted patient expenditure adjusted for Aboriginal and Torres Strait Islander under-identification. See Table A3.3 Appendix 3.

Source: AIHW Health expenditure database.

Western Australia

The Western Australian Department of Health (DOH) provided estimates of Aboriginal and Torres Strait Islander health expenditure in response to the questionnaire from AIHW. Detailed notes were provided by DOH on methods use to apportion expenditure between Aboriginal and Torres Strait Islander peoples and other Australians.

For the institutionalised areas of expenditure the allocation of costs is based on identified utilisation such as information sourced from the Department of Health hospital morbidity database. For the emergency departments the National Hospital Cost Data Collection Average Emergency Costs by Triage Category for Teaching Hospitals was used as a base. For other institutionalised and non-institutionalised items a number of surrogate indicators were used including the Aboriginal and Torres Strait Islander population proportions.

Public hospital services

Estimated expenditure on admitted patient services for both public and private hospitals was derived from the AIHW's Hospital Morbidity Cost Model. Appendix 3 provides a description of the model and Table A3.3 provides the under-identification adjustment for Western Australian public hospital admitted patient services (1.03).

Accident & Emergency services

In 2001–02 the costs were based on the bigger emergency department services in the State and on the population proportion. In 2004–05 the cost allocations were based on identified metropolitan and country emergency department services. As there was no cost allocator for the country emergency department services the metropolitan costs were applied. It may be argued that this is not a true representation of the costs but the potential over valuing provides a loading for rural and remote cost factors while at the same time the costs overall were matched to the AIHW's health expenditure database amount.

Ambulance and other

This is as reported in AIHW's health expenditure database, and consists of the statewide St John Ambulance and Royal Flying Doctor Service contract. The report in 2001–02 only included "patients assisted travel" data as it was then described as "patient transport". This in turn affected the interpretation. The 2004–05 expenditure was allocated on the proportion of Aboriginal and Torres Strait Islanders identified in Emergency Department utilisation.

Community health

Alcohol and other drug treatment

The total health expenditure, included here is for the Drug and Alcohol Authority (funded by DOH). This organisation's expenditure was not included in 2001–02. The 2004–05 expenditure was split on the Aboriginal and Torres Strait Islander population proportion.

Community mental health

Estimated expenditure included is community mental health and residential mental health. The expenditure was split on the Aboriginal and Torres Strait Islander population proportion for each program and added.

Other community health

This includes the Office of Aboriginal Health (OAH) expenditure also included here from the Treasury Budget Statement is prevention and promotion, chronic illness and continuing care support and the home and community care services. The expenditure was split on the Aboriginal and Torres Strait Islander population proportion, and added to the OAH expenditure.

Public health services

Aboriginal and Torres Strait Islander expenditure on public health activities was allocated by program within the nine core NPHEP activities. The Aboriginal and Torres Strait Islander peoples proportion was allocated using the population proportion for each activity.

Dental services

Estimated Aboriginal and Torres Strait Islander peoples expenditure was based on the population proportion.

Health research

The health expenditure was allocated according to the Aboriginal and Torres Strait Islander population proportion.

Health administration n.e.c.

Total expenditure on health administration n.e.c. was derived from the Department of Health, Metropolitan Health Services, Western Australian Country Health Service (Perth office), Peel Health Service, Western Australian Alcohol and Drug Authority and Queen Elizabeth II Medical Trust. The Aboriginal and Torres Strait Islander proportion of health administration n.e.c. was estimated using the population proportion.

Table A2.8: Western Australian Government health expenditure, for Indigenous and non-Indigenous people, by service, 2004–05

Service	Expenditure (\$ million)			Expenditure per person (\$)		
	Indigenous	Non-Indigenous	Indigenous share (%)	Indigenous	Non-Indigenous	Ratio
Public hospital services ^(a)	201.6	1,810.8	10.0	2,868	941	3.05
Admitted patient services ^(b)	149.3	1,399.9	9.6	2,124	728	2.92
Non-admitted patient services	52.3	410.8	11.3	744	214	3.48
Emergency department services	29.9	151.0	16.5	425	78	5.41
Other non-admitted patient services	22.4	259.9	8.0	319	135	2.36
Ambulance and other	19.3	97.7	16.5	274	51	5.39
<i>Total institutional</i>	<i>220.9</i>	<i>1,908.5</i>	<i>10.4</i>	<i>3,142</i>	<i>992</i>	<i>3.17</i>
Community health	38.9	439.4	8.1	553	228	2.42
Alcohol and drug treatment services	0.5	14.4	3.6	8	7	1.01
Community mental health services	4.8	133.7	3.5	69	70	0.99
Other community health	33.5	291.3	10.3	477	151	3.15
Public health	3.7	100.3	3.6	53	52	1.01
Communicable disease control	0.6	15.3	3.6	8	8	1.01
Selected health promotion	0.9	23.3	3.7	13	12	1.04
Organised immunisation	0.6	15.0	3.6	8	8	1.02
Environmental health	0.4	11.1	3.5	6	6	0.99
Food standards and hygiene	0.1	2.1	3.7	1	1	1.05
Breast cancer screening	0.3	9.6	3.2	5	5	0.91
Cervical screening	0.1	1.4	5.3	1	1	1.52
Prevention of hazardous and harmful drug use	0.6	18.5	3.4	9	10	0.95
Public health research	0.2	4.0	3.9	2	2	1.12
Dental services	1.9	52.0	3.5	27	27	1.00
Research	0.6	16.5	3.7	9	9	1.05
Health administration n.e.c.	4.3	117.1	3.5	61	61	1.00
<i>Total non-institutional</i>	<i>49.4</i>	<i>725.4</i>	<i>6.4</i>	<i>703</i>	<i>377</i>	<i>1.86</i>
Total	270.3	2,633.9	9.3	3,844	1,369	2.81

(a) Public hospital services excludes, where possible any dental services, community health services, patient transport services, public health and health research undertaken by the hospital.

(b) Admitted patient expenditure adjusted for Aboriginal and Torres Strait Islander under-identification. See Table A3.3 Appendix 3.

Source: AIHW Health expenditure database.

South Australia

The South Australian Department of Health (DOH) provided answers to the questionnaire seeking estimates of expenditure for Aboriginal and Torres Strait Islander peoples and non-Indigenous people.

Estimated expenditure on Aboriginal and Torres Strait Islander peoples was in almost all cases calculated by DOH using one of the following methods:

- As a proportion of total expenditure using the identified Aboriginal and Torres Strait Islander population data split between the Country and Metropolitan areas of service.
- The addition of DOH identified specific Aboriginal and Torres Strait Islander peoples expenditure and a proportion of mainstream expenditure, and
- Where data from the acute care sector was available the proportion of identified episodes of treatment for Aboriginal and Torres Strait islander peoples was applied.

There were two areas of expenditure that AIHW estimated for South Australia, admitted patient services and research. The methods used to calculate these estimates are described below.

Estimated expenditure on admitted patient services for both public and private hospitals was derived from the AIHW's Hospital Morbidity Cost Model. Appendix 3 provides a description of the model and Table A3.3 provides the under-identification adjustment for South Australian public hospital admitted patient services (1.21).

AIHW estimated expenditure on research using the average proportion of Aboriginal and Torres Strait Islander expenditure over the following service areas, public hospital admitted and non-admitted patient services, ambulance and other, community health, public health and dental services (4.4%).

Table A2.9: South Australian Government health expenditure, for Indigenous and non-Indigenous people, by service, 2004–05

Service	Expenditure (\$ million)			Expenditure per person (\$)		
	Indigenous	Non-Indigenous	Indigenous share (%)	Indigenous	Non-Indigenous	Ratio
Public hospital services ^(a)	76.5	1,623.0	4.5	2,802	1,076	2.60
Admitted patient services ^(b)	59.2	1,158.7	4.9	2,168	768	2.82
Non-admitted patient services	17.3	464.3	3.6	634	308	2.06
Ambulance and other	4.5	82.9	5.2	165	55	3.00
<i>Total institutional</i>	<i>81.0</i>	<i>1,705.9</i>	<i>4.5</i>	<i>2,966</i>	<i>1,130</i>	<i>2.62</i>
Community health	19.1	321.5	5.6	698	213	3.27
Alcohol and drug treatment services	0.9	7.8	10.0	32	5	6.14
Community mental health services	4.6	86.5	5.0	167	57	2.91
Other community health	13.6	227.2	5.7	499	151	3.32
Public health	2.7	79.3	3.2	97	53	1.85
Communicable disease control	0.5	14.7	3.1	17	10	1.75
Selected health promotion	0.5	13.4	3.3	17	9	1.89
Organised immunisation	0.2	13.3	1.5	7	9	0.83
Environmental health	0.1	5.9	2.1	5	4	1.20
Food standards and hygiene	—	1.3	2.6	1	1	1.47
Breast cancer screening	0.5	7.3	5.8	17	5	3.42
Cervical screening	0.2	3.2	5.2	6	2	3.01
Prevention of hazardous and harmful drug use	0.6	16.6	3.6	23	11	2.05
Public health research	0.1	3.7	3.2	4	2	1.85
Dental services	2.1	50.3	4.0	77	33	2.30
Research	0.6	12.8	4.4	21	8	2.53
Health administration n.e.c.	4.2	195.6	2.1	152	130	1.17
<i>Total non-institutional</i>	<i>28.5</i>	<i>659.5</i>	<i>4.1</i>	<i>1,045</i>	<i>437</i>	<i>2.39</i>
Total	109.6	2,365.3	4.4	4,011	1,567	2.56

(a) Public hospital services excludes, where possible any dental services, community health services, patient transport services, public health and health research undertaken by the hospital.

(b) Admitted patient expenditure adjusted for Aboriginal and Torres Strait Islander under-identification. See Table A3.3 Appendix 3.

Source: AIHW Health expenditure database.

Tasmania

The Tasmanian Department of Health and Human Services (DHHS) provided estimates of health expenditure for Aboriginal and Torres Strait Islander health expenditure.

To calculate health expenditure for Aboriginal and Torres Strait Islander peoples, DHHS applied two methods of estimation. Where the Aboriginal and Torres Strait Islander peoples access to a particular service was known, DHHS applied that utilisation proportion to derive the Indigenous expenditure. For service areas where no data was available on the use of services by Aboriginal and Torres Strait Islander peoples, the population proportion (3.7%) was applied to total expenditure to derive expenditure estimates.

There were two areas of health expenditure that AIHW estimated for Tasmania, admitted patient services and research; methods used to derive these estimates are outlined as follows.

The Tasmanian Department of Health and Human Services Aboriginal Health and Wellbeing Steering Committee advised that no under identification adjustment to public hospital admitted patient separations be used (Table A3.3 Appendix 3). The 'not-stated' responses have been redistributed in line with the ratio of identified Aboriginal and Torres Strait Islander and non-Indigenous separations.

The AIHW estimated expenditure on research using the average proportion of Aboriginal and Torres Strait Islander expenditure over the following service areas, public hospital admitted and non-admitted patient services, ambulance and other, community health, public health and dental services (2.6%).

Table A2.10: Tasmanian Government health expenditure, for Indigenous and non-Indigenous people, by service, 2004–05

Service	Expenditure (\$ million)			Expenditure per person (\$)		
	Indigenous	Non-Indigenous	Indigenous share (%)	Indigenous	Non-Indigenous	Ratio
Public hospital services ^(a)	9.5	401.7	2.3	521	863	0.60
Admitted patient services ^(b)	7.7	329.8	2.3	423	708	0.60
Non-admitted patient services	1.8	71.9	2.4	98	154	0.64
Emergency department services	0.5	18.6	2.4	25	40	0.64
Other non-admitted patient services	1.3	53.3	2.4	73	114	0.64
Ambulance and other	0.7	28.5	2.4	39	61	0.64
<i>Total institutional</i>	<i>10.2</i>	<i>430.3</i>	<i>2.3</i>	<i>560</i>	<i>924</i>	<i>0.61</i>
Community health	3.5	78.2	4.3	191	168	1.14
Alcohol and drug treatment services	0.3	4.9	5.9	17	11	1.59
Community mental health services	1.5	40.3	3.5	81	86	0.94
Other community health	1.7	33.0	4.9	93	71	1.32
Public health	1.0	25.2	3.8	55	54	1.02
Communicable disease control	0.1	2.9	3.7	6	6	0.98
Selected health promotion	0.1	3.8	3.7	8	8	0.98
Organised immunisation	0.2	4.7	4.4	12	10	1.19
Environmental health	0.2	4.6	3.7	10	10	0.98
Food standards and hygiene	—	0.2	3.7	—	1	0.98
Breast cancer screening	0.1	3.9	3.7	8	8	0.98
Cervical screening	—	0.6	3.7	1	1	0.98
Prevention of hazardous and harmful drug use	0.2	4.3	3.7	9	9	0.98
Public health research	—	0.3	3.7	1	1	0.98
Dental services	0.1	26.9	0.4	6	58	0.11
Research	—	1.2	2.6	2	3	0.68
Health administration n.e.c.	1.4	36.4	3.7	76	78	0.98
<i>Total non-institutional</i>	<i>6.0</i>	<i>167.9</i>	<i>3.5</i>	<i>331</i>	<i>361</i>	<i>0.92</i>
Total	16.2	598.2	2.6	891	1,285	0.69

(a) Public hospital services excludes, where possible any dental services, community health services, patient transport services, public health and health research undertaken by the hospital.

(b) The Tasmanian Department of Health and Human Services Aboriginal Health and Wellbeing Steering Committee advised that no under-identification adjustment be used. See Table A3.3 Appendix 3.

Source: AIHW health expenditure database.

Australian Capital Territory

ACT Health provided the expenditure estimates for Aboriginal and Torres Strait Islander peoples for inclusion in the report.

In service areas where Aboriginal and Torres Strait Islander utilisation was able to be identified, those were the proportions used to estimate health expenditure. In service areas where there was no available data, the Aboriginal and Torres Strait Islander peoples population proportion was applied to total health expenditure to derive the Indigenous expenditure estimate.

There were two areas of expenditure that AIHW estimated for ACT, admitted patient services and research, methods used to calculate those estimations are described below.

Estimated expenditure on admitted patient services for both public and private hospitals was derived from the AIHW's Hospital Morbidity Cost Model. Appendix 3 provides a description of the model and Table A3.3 provides the under-identification adjustment for Australian Capital Territory public hospital admitted patient services (1.70).

The AIHW estimated expenditure on research using the average proportion of Aboriginal and Torres Strait Islander expenditure over the following service areas, public hospital admitted and non-admitted patient services, ambulance and other, community health, public health and dental services (1.9%).

No per person rate of expenditure have been calculated as the expenditure numbers for the ACT include substantial expenditures for NSW residents, hence the ACT population is not the appropriate denominator.

Table A2.11: Australian Capital Territory Government^(a) health expenditure, for Indigenous and non-Indigenous people, by service, 2004–05

Service	Expenditure (\$ million)		
	Indigenous	Non-Indigenous	Indigenous share (%)
Public hospital services ^(b)	9.9	378.4	2.5
Admitted patient services ^(c)	7.5	275.9	2.6
Non-admitted patient services	2.4	102.4	2.3
Emergency department services	1.7	37.1	4.3
Other non-admitted patient services	0.7	65.3	1.1
Ambulance and other	0.2	12.6	1.9
<i>Total institutional</i>	<i>10.1</i>	<i>391.0</i>	<i>2.5</i>
Community health	2.7	109.3	2.4
Alcohol and drug treatment services	0.8	10.5	7.0
Community mental health services	0.6	33.9	1.7
Other community health	1.3	64.9	2.0
Public health	0.3	28.1	1.1
Communicable disease control	0.1	5.6	1.3
Selected health promotion	0.1	6.3	1.3
Organised immunisation	—	5.2	0.7
Environmental health	—	2.7	1.3
Food standards and hygiene	—	2.4	1.3
Breast cancer screening	—	1.6	0.5
Cervical screening	—	0.4	0.5
Prevention of hazardous and harmful drug use	—	3.7	1.3
Public health research	—	0.1	1.3
Dental services	0.1	8.2	1.3
Research	—	2.3	1.9
Health administration n.e.c.	1.0	78.2	1.3
<i>Total non-institutional</i>	<i>4.2</i>	<i>226.1</i>	<i>1.8</i>
Total	14.4	617.1	2.3

(a) ACT per person figures are not calculated, as the expenditure numbers for the ACT include substantial expenditures for NSW residents. Thus the ACT population is not the appropriate denominator.

(b) Public hospital services excludes, where possible any dental services, community health services, patient transport services, public health and health research undertaken by the hospital.

(c) Admitted patient expenditure adjusted for Aboriginal and Torres Strait Islander under-identification. See Table A3.3 Appendix 3.

Source: AIHW Health expenditure database.

Northern Territory

The Northern Territory Department of Health and Community Services (DHCS) provided expenditure estimates of Aboriginal and Torres Strait Islander peoples for this report. Estimates of expenditure were based on cost centres with defined health activities. A decision tree process was adopted to calculate Aboriginal and Torres Strait Islander expenditure across the cost centres.

- If the cost centre was an overhead cost centre, then a proportion of total expenditure was applied to estimate the Aboriginal and Torres Strait Islander expenditure estimates.
- If the cost centre was designated as Aboriginal and Torres Strait Islander then all the expenditure was included.
- If the cost centre had a service activity with identified Aboriginal and Torres Strait Islander data, the utilisation proportion of use was used to derive expenditure.
- If there was no identified data then other methods of estimation (such as surveys) were used by the cost centre manager to estimate Aboriginal and Torres Strait Islander service use, these proportions were then applied to calculate health expenditure, and
- Finally where no identified data existed and there was no method of apportioning expenditure was available then the target population proportion of Aboriginal and Torres Strait Islanders was used to derive expenditure.

Estimated expenditure on admitted patient services for both public and private hospitals was derived from the AIHW's Hospital Morbidity Cost Model. Appendix 3 provides a description of the model and Table A3.3 provides the under-identification adjustment for Northern Territory public hospital admitted patient services (1.00).

Table A2.12: Northern Territory Government health expenditure, for Indigenous and non-Indigenous people, by service, 2004–05

Service	Expenditure (\$ million)			Expenditure per person (\$)		
	Indigenous	Non-Indigenous	Indigenous share (%)	Indigenous	Non-Indigenous	Ratio
Public hospital services ^(a)	185.9	143.5	56.4	3,101	1,018	3.05
Admitted patient services ^(b)	161.6	106.2	60.3	2,696	754	3.58
Non-admitted patient services	24.2	37.2	39.4	404	264	1.53
Emergency department services	20.2	28.2	41.8	338	200	1.69
Other non-admitted patient services	4.0	9.1	30.5	67	65	1.03
Ambulance and other	21.2	13.7	60.8	354	97	3.65
<i>Total institutional</i>	<i>207.1</i>	<i>157.1</i>	<i>56.9</i>	<i>3,454</i>	<i>1,115</i>	<i>3.10</i>
Community health	66.4	31.7	67.7	1,108	225	4.92
Alcohol and drug treatment services	0.9	0.9	50.6	15	6	2.40
Community mental health services	4.3	9.0	32.6	72	64	1.14
Other community health	61.2	21.8	73.7	1,020	155	6.58
Public health	33.4	21.3	61.1	558	151	3.69
Communicable disease control	11.5	6.4	64.3	191	45	4.24
Selected health promotion	2.4	0.7	77.8	40	5	8.24
Organised immunisation	6.6	3.7	64.0	110	26	4.17
Environmental health	3.8	3.3	53.2	63	24	2.67
Food standards and hygiene	0.5	0.4	60.6	9	2	3.61
Breast cancer screening	0.3	0.9	27.2	6	6	0.88
Cervical screening	2.3	0.6	79.2	39	4	8.94
Prevention of hazardous and harmful drug use	5.3	5.1	50.8	89	37	2.42
Public health research	0.7	0.2	79.5	11	1	9.12
Dental services	3.6	5.6	39.4	61	40	1.53
Research	1.2	0.9	57.2	21	7	3.14
Health administration n.e.c.	15.6	12.8	54.8	259	91	2.85
<i>Total non-institutional</i>	<i>120.3</i>	<i>72.3</i>	<i>62.4</i>	<i>2,007</i>	<i>513</i>	<i>3.91</i>
Total	327.3	229.5	58.8	5,461	1,629	3.35

(a) Public hospital services excludes, where possible any dental services, community health services, patient transport services, public health and health research undertaken by the hospital.

(b) Admitted patient expenditure adjusted for Aboriginal and Torres Strait Islander under-identification. See Table A3.3 Appendix 3.

Source: AIHW Health expenditure database.

References

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