

8 Expenditure by Tasmanian health authorities

8.1 Introduction

Tasmania, with a population in 1999–00 of 0.5 million, is Australia's smallest State, in both its geographic area and its total population. Some 13.5% of Tasmania's population at 30 June 2000 were aged 65 years and over, which is higher than the national average of 12.4%.

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

Within the department, the Division of Health Advancement has the primary responsibility for public health, although the Division of Community and Rural Health also plays a major role in health promotion.

The key areas of the Health Advancement Division that contribute to public health activities are:

- Public and Environmental Health
- Health and Wellbeing Outcomes
- Alcohol and Drug Services
- Cancer Screening and Control Services.

8.2 Overview of results

Estimated expenditure on core public health activities in Tasmania during 1999–00 was \$19.9 million (Table 8.1). A number of deficiencies were identified in the previous report on public health expenditure in Australia (AIHW 2001). Insofar as these related to Tasmania, they have been addressed in the 1999–00 collection. For example, while the Division of Health Advancement generally has responsibility for public health, other expenditure by other divisions within the department was not previously reported. In this report all expenditure for the agency has been reported. This report does not include expenditure by other (non-health) State government agencies and LGAs that are attributable to public health.

Table 8.1: Expenditure on core public health activities, Tasmania, current prices, 1999-00

Category	Total expenditure (\$ million)	Proportion of total core public health expenditure (%)
Communicable disease control	2.3	11.8
Selected health promotion	4.0	19.9
Organised immunisation	3.0	15.3
Environmental health	2.5	12.8
Food standards and hygiene	0.1	0.4
Breast cancer screening	2.6	12.9
Cervical screening	0.7	3.5
Prevention of hazardous and harmful drug use	4.4	22.0
Public health research	0.3	1.4
Total core public health	19.9	100.0
Public health related activities	23.0	..

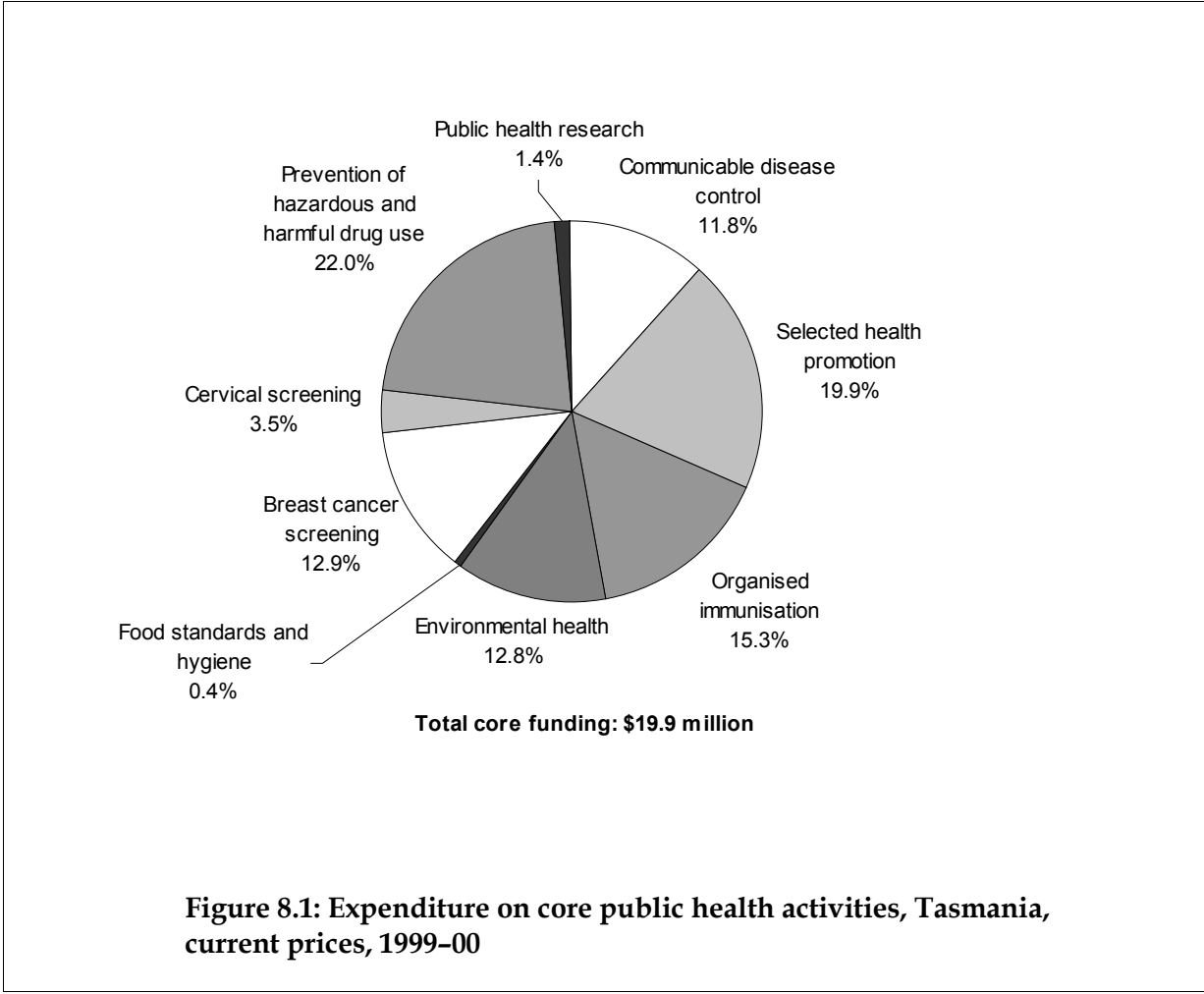


Figure 8.1: Expenditure on core public health activities, Tasmania, current prices, 1999-00

8.2.1 Public health expenditure by categories

Communicable disease control

Tasmania spent \$2.3 million on *Communicable Disease Control* during 1999–00 (Table 8.2). This represented 11.8% of total expenditure on core public health activities in the State (Table 8.1).

HIV/AIDS, hepatitis C and sexually transmitted infections

Expenditure in this sub-category related mainly to education, prevention and administration. The Public and Environmental Health Service's Sexual Health Branch administered this expenditure.

Needle and syringe programs

Expenditure on needle exchange activities was included in the *Needle and syringe programs* sub-category. Total expenditure on that sub-category was \$0.4 million, a nominal increase of around 70% over the reported expenditure for 1998–99. This was due to a continued rise in demand for this service.

Other communicable disease control

Surveillance and contact tracing of notifiable diseases provided the main expenditure in this area. Expenditure reported for 1999–00 was \$0.6 million, up from \$0.1 million in 1998–99. That increase was mainly due to the inclusion of expenditure by the State's public hospitals, which was not previously reported.

Table 8.2: Expenditure on *Communicable disease control*, Tasmania, current prices, 1999–00 (\$ million)

Sub-category	Expenditure
HIV/AIDS, hepatitis C and sexually transmitted infections	1.3
Needle and syringe programs	0.4
Other communicable disease control	0.6
Total	2.3

Selected health promotion

The inclusion of all areas of the Department of Health and Human Services had a dramatic impact on reported expenditure for this core activity, with total expenditure for the year estimated at \$4.0 million or 19.9% of total core public health expenditure (Table 8.1). For example, the Division of Community and Rural Health Services employs dedicated regional health promotion officers who undertake a wide range of activities across the State. Other areas included in this category are oral health, nutrition, injury prevention, healthy ageing and grants to a number of NGOs. There is also a component of expenditure of the community health centres based on percentages calculated after discussions with cost centre managers.

Organised immunisation

Total expenditure on *Organised immunisation* in 1999–00 was \$3.0 million or 15.3% of total expenditure on core public health activities in the year (Table 8.3).

Organised childhood immunisation

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

Organised pneumococcal and influenza immunisation

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

All other organised immunisation

The main expenditure for this category was for the Enhanced Measles Control Program. This was a one-off expenditure.

Table 8.3: Expenditure on *Organised immunisation*, Tasmania, current prices, 1999–00 (\$ million)

Sub-category	Expenditure
Organised childhood immunisation	2.0
Organised pneumococcal and influenza immunisation	0.8
All other organised immunisation	0.2
Total	3.0

Environmental health

The major expenditure in this category was performance monitoring of water quality, for example fluoridation and contamination, Shellfish Quality Assurance, and supervising *Legionella* and radiation safety. Total expenditure during the year was \$2.5 million or 12.8% of total core public health expenditure.

Food standards and hygiene

Tasmania spent \$0.1 million on *Food standards and hygiene* activities during 1999–00, or 0.4% of total core public health expenditure (Table 8.1).

The Public and Environmental Health Service's Environmental Health Branch recorded expenditure on *Food standards and hygiene* regulation. Expenditure in this category is reduced from the previous year mainly due to the re-allocation of expenditure into other categories, particularly health promotion. This has resulted from a better understanding of the definitions by cost centre managers.

Breast cancer screening

Expenditure on *Breast cancer screening* was \$2.6 million or 12.9% of total expenditure on core public health activities.

Breast cancer screening was conducted throughout Tasmania by the BreastScreen program, which included a mobile unit and other offices. Some of the expenditure in this category was for services for screening and assessment, training and data management. Expenditure was below the level of the previous reported period primarily due to an information technology equipment replacement program conducted in 1998–99. Because Tasmania's expenditure is

reported on a cash basis rather than an accrual basis, capital outlays, such as the IT replacement program, can have a marked effect in the year in which they are undertaken.

Cervical screening

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.

Total expenditure during 1999–00 was \$0.7 million or 3.5% of total core public health expenditure (Table 8.1).

Prevention of hazardous and harmful drug use

Activities covered by this category are administered by the Alcohol and Drug Services. Expenditure, which includes the National Drug Strategy and other projects including Tobacco Control, was \$4.4 million in 1999–00 (Table 8.4). This amounted to 22.0% of total core public health expenditure. The total includes grants to NGOs of over \$1 million.

The breakdown of expenditure across the sub-categories was not readily available from the finance system, requiring the cost centre managers to calculate the splits based on site-specific knowledge backed by support from the collection personnel.

Table 8.4: Expenditure on *Prevention of hazardous and harmful drug use*, Tasmania, current prices, 1999–00 (\$ million)

Sub-category	Expenditure
Alcohol	1.3
Tobacco	0.4
Misuse of licit drugs	0.1
Illicit drugs	0.3
Illicit and other drugs of dependence	0.3
Mixed	1.8
Total	4.4

Public health research

The expenditure reported under the category of *Public health research* is for grants to the Menzies Centre for Population Health. This research was not readily identifiable under specific categories and therefore reported separately. All other research expenditure has been allocated to the relevant category.

Total expenditure during 1999–00 was \$0.3 million or 1.4% of total core public health expenditure (Table 8.1).

8.2.2 Expenditure on ‘Public health related activities’

A total of \$23.0 million was spent on ‘Public health related activities’ in Tasmania during 1999–00 (Table 8.1).

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

- Tasmanian Vision Impairment Project

- Diabetes Policy Development
- family planning
- breast feeding
- early childhood screening
- child dental screening
- Child Assessment and Protection Service.