

3 Expenditure by the New South Wales Department of Health

3.1 Introduction

New South Wales is the most populous of Australia's states and territories with one-third of the total Australian population. Most of the state's population of approximately 6.8 million is located in and around the three major urban centres of Sydney, Newcastle, and Wollongong.

Over 2004–05 state government health services in New South Wales were reorganised from 17 area health services into 8 larger area health services, each covering a distinct geographic region of the state. Each area health service is responsible for, among other things, the provision of major public health services within its region. The New South Wales Department of Health (NSW Health), on the other hand, has major state-wide responsibilities for:

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

Within NSW Health, the Population Health Division and other areas work with communities and organisations to contribute to the achievement of the state's public health goals.

3.2 Overview of results

Total expenditure by the New South Wales Government on public health activities during 2004–05, in current prices, was estimated at \$280.3 million (Table 3.1). Overall, expenditure was up \$19.6 million or 7.5% on that incurred the previous financial year. The major contributors to this increase were expenditure on *Communicable disease control* (up \$12.6 million), *Breast cancer screening* (up \$6.5 million) and *Selected health promotion* (up \$5.9 million).

Approximately 85% of the expenditure during 2004–05 was directed towards four public health activities:

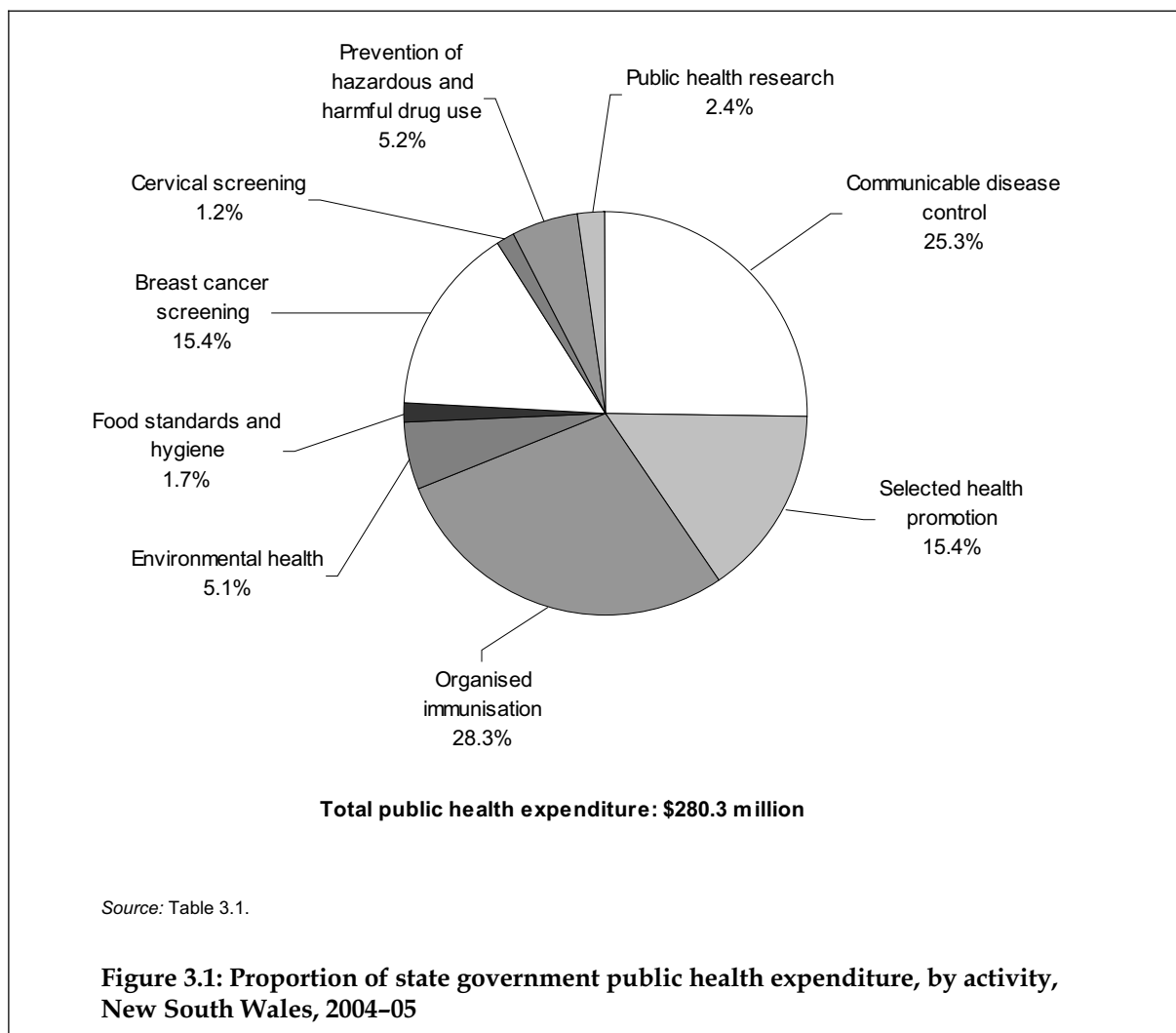
- *Organised immunisation* (28.3%)
- *Communicable disease control* (25.3%)
- *Selected health promotion* (15.4%)
- *Breast cancer screening* (15.4%).

Table 3.1: State government expenditure on public health activities, current prices, New South Wales, 1999–00 to 2004–05

Activity	1999–00	2000–01	2001–02	2002–03	2003–04	2004–05
Expenditure (\$ million)						
Communicable disease control	54.3	54.0	67.0	69.4	58.3	70.9
Selected health promotion	28.7	36.1	35.4	35.1	37.2	43.1
Organised immunisation	32.1	38.0	41.1	56.5	84.6	79.2
Environmental health	7.3	10.8	15.1	14.7	12.3	14.4
Food standards and hygiene	4.4	7.3	7.2	7.7	7.6	4.9
Breast cancer screening	35.7	32.1	33.5	30.5	36.7	43.2
Cervical screening	5.0	3.8	4.5	2.8	2.3	3.3
Prevention of hazardous and harmful drug use	19.3	17.2	13.8	14.1	19.6	14.7
Public health research	2.4	0.6	1.8	2.2	2.1	6.6
Total public health	189.2	199.9	219.4	233.0	260.7	280.3
Proportion of public health expenditure^(a) (%)						
Communicable disease control	28.7	27.0	30.5	29.8	22.4	25.3
Selected health promotion	15.2	18.1	16.1	15.1	14.3	15.4
Organised immunisation	17.0	19.0	18.7	24.2	32.5	28.3
Environmental health	3.9	5.4	6.9	6.3	4.7	5.1
Food standards and hygiene	2.3	3.7	3.3	3.3	2.9	1.7
Breast cancer screening	18.9	16.1	15.3	13.1	14.1	15.4
Cervical screening	2.6	1.9	2.1	1.2	0.9	1.2
Prevention of hazardous and harmful drug use	10.2	8.6	6.3	6.1	7.5	5.2
Public health research	1.3	0.3	0.8	0.9	0.8	2.4
Total public health	100.0	100.0	100.0	100.0	100.0	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.



3.3 Expenditure on public health activities

This section of the report looks at New South Wales' level of expenditure 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

Expenditure on *Communicable disease control* by NSW Health in 2004-05 was estimated at \$70.9 million, up \$12.6 million or 21.6% on the previous financial year (Table 3.1).

The 2004-05 expenditure accounted for 25.3% of the total public health expenditure and reflected the second most significant area of expenditure incurred by NSW Health during that year (Figure 3.1). The major elements of the spending are shown in Table 3.2 below.

Table 3.2: State government expenditure on *Communicable disease control*, current prices, New South Wales, 2004–05 (\$ million)

Category	Expenditure
HIV/AIDS, hepatitis C and STI programs	50.0
Needle and syringe programs	10.3
Other communicable disease control	10.6
Total	70.9

Some of key achievements over the 2004–05 period included:

- the NSW Health Safe Sex – No Regrets – media campaign
- independent evaluation of the NSW HIV/AIDS Health Promotion Plan 2001–2003
- coordinated interagency response to significant increase in HIV diagnoses among gay and other homosexually active men
- implementation of routine school-based hepatitis B vaccination for Year 7 students
- commencement of a whole of high school pertussis vaccination program with the aim of interrupting the epidemic cycle
- a significant reduction in notifications of measles over previous years.

Selected health promotion

Total expenditure on *Selected health promotion* in 2004–05 was \$43.1 million, up \$5.9 million or 15.9% on the previous financial year. This represented 15.4% of total expenditure on public health activities and represented one of the more significant areas of public health expenditure by NSW Health in 2004–05 (Table 3.1; Figure 3.1).

Two broad areas of activity covered by expenditure on selected health promotion were:

- general health promotion and education
- injury prevention.

Some of the major spending by NSW Health under this activity was aimed at childhood obesity, prevention of injurious falls, encouraging exercise – particularly walking – and promoting healthy lifestyles in schools throughout the state. This last area of spending was undertaken in collaboration with the New South Wales Department of Education.

Organised immunisation

Total estimated expenditure on *Organised immunisation* in 2004–05 was \$79.2 million. This represented 28.3% of the total expenditure on public health activities in the year and was the highest area of public health expenditure incurred by NSW Health (Table 3.1; Figure 3.1).

The major elements of the spending for 2004–05 are shown in Table 3.3.

Table 3.3: State government expenditure on *Organised immunisation, current prices, New South Wales, 2004–05 (\$ million)*

Category	Expenditure
Organised childhood immunisation ^(a)	38.7
Organised pneumococcal and influenza immunisation	29.1
All other organised immunisation	11.4
Total	79.2

(a) Reported expenditure excludes purchases of essential vaccines for the Universal Childhood Pneumococcal Vaccination Program which is included under direct expenditure by the Australian Government.

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

Overall, expenditure in 2004–05 was down \$5.4 million or 6.4% on 2003–04. This largely reflected the lumpy nature of expenditure for the National Meningococcal C Vaccination Program which had a catch-up component and an ongoing component. The catch-up component commenced on 1 January 2003 where free vaccine was made available to children and youths aged 1 to 19 years up to 30 June 2006. The ongoing component provides free vaccine to all children turning 12 months of age, and therefore involves much less expenditure than the catch-up component.

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

Environmental health

Total expenditure on *Environmental health* in 2004–05 was \$14.4 million, up \$2.1 million or 17.1% on that incurred in 2003–04. The 2004–05 expenditure represented 5.1% of the total public health expenditure incurred by NSW Health for that year (Table 3.1; Figure 3.1).

The expenditure under this activity mainly related to:

- health impact assessment of major developments
- health risk assessment of environmental hazards
- protection of metropolitan and rural water quality
- Indigenous environmental health including initiatives under the Aboriginal Community Development Program
- environmental health regulatory activity under the New South Wales Public Health Act
- other environmental health programs managed by Area Health Services.

Food standards and hygiene

The expenditure incurred on *Food standards and hygiene* during 2004–05 was estimated at \$4.9 million, down \$2.7 million or 35.5% on that incurred the previous financial year. This constituted 1.7% of the total expenditure by NSW Health on public health activities during 2004–05 (Table 3.1; Figure 3.1). The decrease in expenditure is due to the transfer of responsibility for food regulation from NSW Health to the NSW Food Authority in April 2004.

Breast cancer screening

The expenditure incurred for *Breast cancer screening* during 2004–05 was estimated at \$43.2 million, up \$6.5 million or 17.7% on the previous financial year. The 2004–05 expenditure constituted 15.4% of the total public health expenditure and was one of the more significant areas of expenditure incurred by NSW Health during that year (Table 3.1; Figure 3.1).

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

Cervical screening

The expenditure on *Cervical screening* by the state government during 2004–05 was estimated at \$3.3 million, up \$1.0 million or 43.5% on that incurred in 2003–04. This represented 1.2% of the total public health expenditure by NSW Health during the year (Table 3.1; Figure 3.1).

This was largely made up of expenditure on the NSW Pap Test Register, which is an important component of the Cervical Screening Program in New South Wales.

Prevention of hazardous and harmful drug use

Expenditure on *Prevention of hazardous and harmful drug use* by NSW Health in 2004–05 was estimated at \$14.7 million (Table 3.1). It should be noted that this expenditure does not include drug prevention monies allocated to non-health state government departments that undertake drug and alcohol prevention activities, and therefore does not represent total expenditure in this area by the NSW Government (see page 3).

The 2004–05 expenditure constituted 5.2% of the total expenditure incurred on public health activities by NSW Health during that year (Figure 3.1). The major elements of this expenditure are shown in Table 3.4.

Table 3.4: State government expenditure on *Prevention of hazardous and harmful drug use*, current prices, New South Wales, 2004–05 (\$ million)

Category	Expenditure
Alcohol	2.4
Tobacco	5.2
Illicit and other drugs of dependence	4.2
Mixed	2.8
Total	14.7

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

Overall, expenditure in 2004–05 was down \$4.9 million or 25.0% on the previous year. This decrease was largely due to the unusually higher expenditure recorded in 2003–04 on alcohol education and preventative programs (\$6.5 million) as part of the National Illicit Drugs Campaign.

Some of the major activities covered by spending in this area were:

- reducing alcohol-related harms among young adults

- issues of importance to Indigenous Australians
- reducing exposure of children to environmental tobacco smoke
- reducing smoking in licensed premises (clubs and hotels)
- discouraging smoking by high school students
- reducing heroin overdose levels
- reducing harms associated with use of psychostimulant drugs.

Public health research

Total expenditure on *Public health research* in 2004–05 was estimated at \$6.6 million, more than trebling the expenditure reported in 2003–04 (\$2.1 million). This increase largely reflects improved capture and classification of expenditure on public health research, rather than major new research funding programs.

Expenditure on public health research represented 2.4% of the total expenditure incurred on public health activities during 2004–05 (Table 3.1; Figure 3.1). The majority of this expenditure took the form of infrastructure grants to public health research organisations to cover costs such as salaries of senior researchers and administrative staff, as well as physical infrastructure (e.g. power, furniture, computers). Also included was funding to the Sax Institute to support its collaborative research programs, including the 45 and Up Study, a longitudinal study of 250,000 NSW residents aged 45 years and over.

It should also be noted that it is likely that other expenditure on specific public health research projects was captured under the relevant activity area, for example *Selected health promotion*, rather than included under *Public health research*.

3.4 Growth in expenditure on public health activities

Total expenditure public health activities increased, in real terms, from \$260.7 million in 2003–04 to \$269.2 million in 2004–05 (Table 3.5). This represented an increase of 6.8%, with spending on *Public health research* (up 200.0%), *Cervical screening* (up 39.1%) and *Communicable disease control* (up 16.8%) recording the highest annual real growth rates.

From 1999–00 to 2004–05, expenditure grew an average rate of 4.4% per annum (Table 3.5). The highest annual growth was in expenditure on *Public health research*, which averaged 17.6% over the period. Expenditure on *Organised immunisation* and *Environmental health* also reflected high average annual growth rates – of 15.6% and 10.4% respectively.

Table 3.5: State government expenditure on public health activities, constant prices^(a), New South Wales, 1999–00 to 2004–05

Activity	Expenditure (\$ million)						6-year average
	1999–00	2000–01	2001–02	2002–03	2003–04	2004–05	
Communicable disease control	62.3	59.9	72.0	72.1	58.3	68.1	65.5
Selected health promotion	33.0	40.1	38.1	36.4	37.2	41.4	37.7
Organised immunisation	36.8	42.2	44.2	58.7	84.6	76.1	57.1
Environmental health	8.4	12.0	16.2	15.2	12.3	13.8	13.0
Food standards and hygiene	5.1	8.1	7.7	8.0	7.6	4.7	6.9
Breast cancer screening	41.0	35.7	36.1	31.7	36.7	41.5	37.1
Cervical screening	5.7	4.2	4.9	3.0	2.3	3.2	3.9
Prevention of hazardous and harmful drug use	22.1	19.1	14.9	14.7	19.6	14.1	17.4
Public health research	2.8	0.7	1.9	2.3	2.1	6.3	2.7
Total public health	217.2	222.0	236.0	242.1	260.7	269.2	241.2

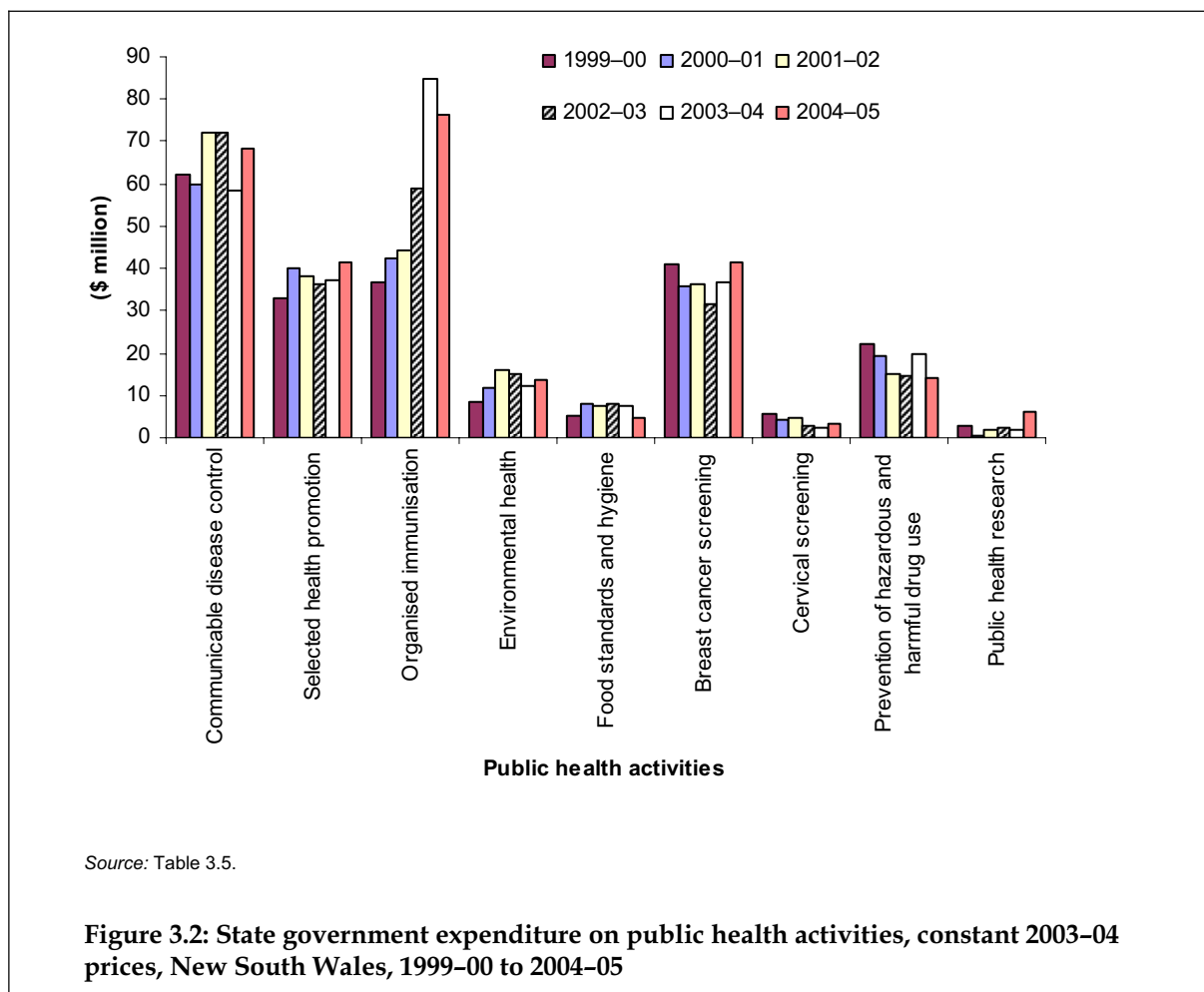
Activity	Growth ^(b) (%)					
	1999–00 to 2000–01	2000–01 to 2001–02	2001–02 to 2002–03	2002–03 to 2003–04	2003–04 to 2004–05	1999–00 to 2004–05 ^(c)
Communicable disease control	–3.9	20.2	0.1	–19.1	16.8	1.8
Selected health promotion	21.5	–5.0	–4.5	2.2	11.3	4.6
Organised immunisation	14.7	4.7	32.8	44.1	–10.0	15.6
Environmental health	42.9	35.0	–6.2	–19.1	12.2	10.4
Food standards and hygiene	58.8	–4.9	3.9	–5.0	–38.2	–1.6
Breast cancer screening	–12.9	1.1	–12.2	15.8	13.1	0.2
Cervical screening	–26.3	16.7	–38.8	–23.3	39.1	–10.9
Prevention of hazardous and harmful drug use	–13.6	–22.0	–1.3	33.3	–28.1	–8.6
Public health research	–75.0	171.4	21.1	–8.7	200.0	17.6
Total public health	2.2	6.3	2.6	7.7	3.3	4.4

(a) Constant price expenditure has been expressed in 2003–04 prices (see Section 11.1).

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

(c) Average annual growth rate.

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



Over the period 1999-00 to 2004-05, *Communicable disease control* (\$65.5 million) reflected the highest average annual real expenditure, followed by *Organised immunisation* (\$57.1 million) and *Selected health promotion* (\$37.7 million) (Table 3.5; Figure 3.2).

3.5 Expenditure on ‘Public health-related activities’

Total expenditure on ‘Public health-related activities’ was estimated at \$23.6 million for 2004-05, nearly double the expenditure incurred in the previous financial year.

4 Expenditure by the Victorian Department of Human Services

4.1 Introduction

Victoria is the second largest, in terms of population, and the second smallest geographically, of the six Australian states. Consequently, Victoria is the most densely populated of the states. In 2004–05 its total population was 5.0 million.

The Public Health and Drugs Output Groups of the Department of Human Services (DHS) administers most of the state government's public health activities in Victoria.

During 2004–05, approximately 72% of the department's public health expenditure was on services provided by agencies under service agreements with DHS. These include agreements with both NGOs and with government agencies, such as public hospitals, metropolitan health services, kindergartens, LGAs, community health centres and ambulance services.

DHS's main public health activities included developing partnerships with the community to address drug-related issues; raising immunisation rates, particularly among children; minimising the transmission of communicable diseases; promoting healthy lifestyles; and improving food handling and hygiene processes.

4.2 Overview of results

Total expenditure by the Victorian Government on public health activities during 2004–05, in current price terms, was \$227.9 million, up \$1.6 million or 0.7% on the previous financial year (Table 4.1). This increase was largely due to the rise in expenditure on *Selected health promotion* (up \$4.2 million), *Breast cancer screening* (up \$1.9 million), *Prevention of hazardous and harmful drug use* (up \$1.6 million) and *Communicable disease control* (up \$1.4 million). These increases were partially offset by reductions in expenditure on *Organised immunisation* (down \$6.1 million) and *Public health research* (down \$1.6 million).

Almost 65% of the expenditure during 2004–05 was directed towards three public health activities (Table 4.1; Figure 4.1). These were:

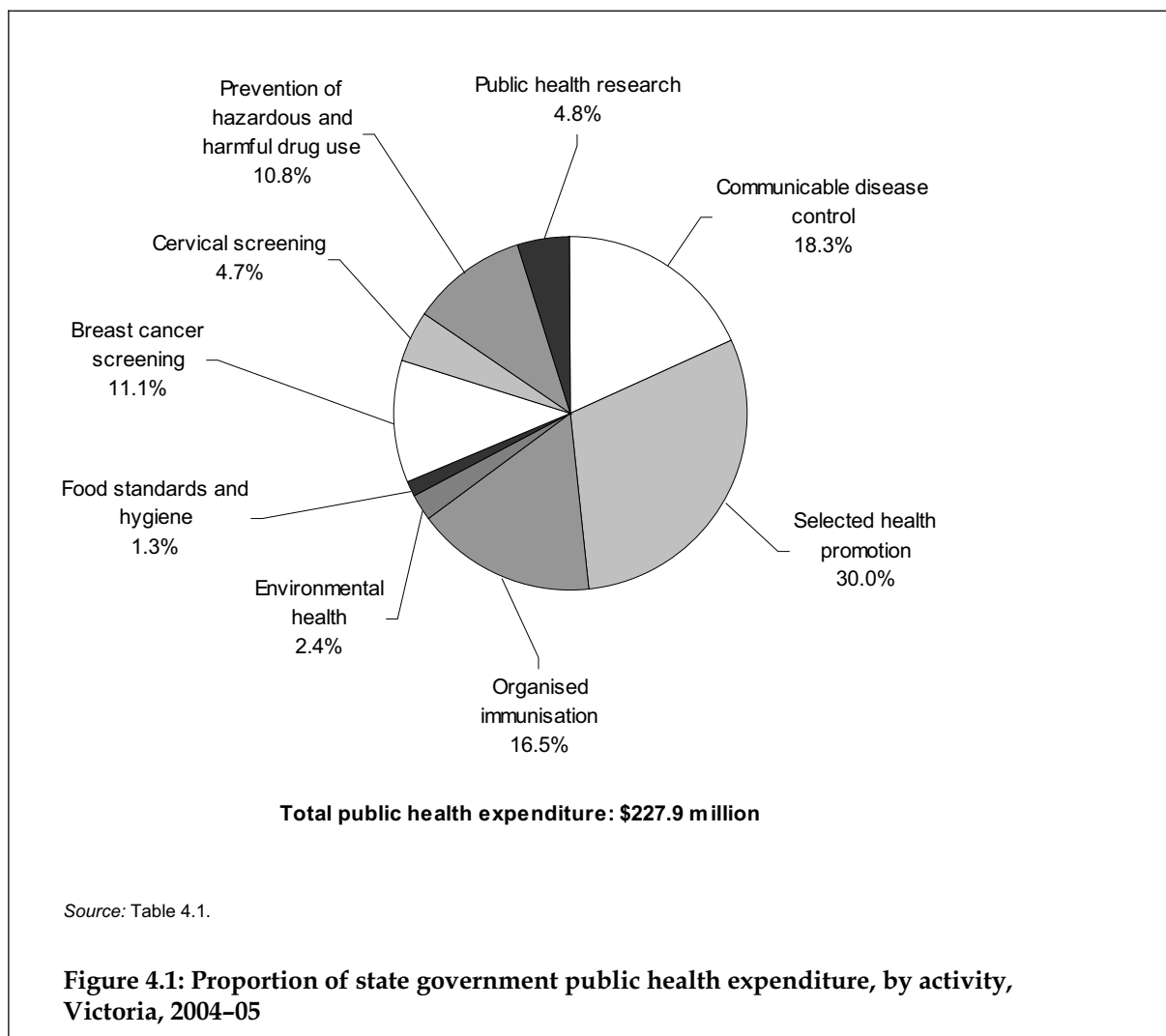
- *Selected health promotion* (30.0%)
- *Communicable disease control* (18.3%)
- *Organised immunisation* (16.5%).

Table 4.1: State government expenditure on public health activities, current prices, Victoria, 1999–00 to 2004–05

Activity	1999–00	2000–01	2001–02	2002–03	2003–04	2004–05
Expenditure (\$ million)						
Communicable disease control	23.7	31.0	32.8	34.6	40.4	41.8
Selected health promotion	58.2	60.0	65.3	65.5	64.1	68.3
Organised immunisation	23.4	27.0	28.1	58.6	43.7	37.6
Environmental health	2.9	3.2	3.5	4.4	4.9	5.5
Food standards and hygiene	2.3	3.1	2.4	2.8	3.2	3.0
Breast cancer screening	19.0	19.4	19.8	21.4	23.5	25.4
Cervical screening	7.3	11.0	9.5	9.9	10.9	10.7
Prevention of hazardous and harmful drug use	11.9	25.3	25.5	25.5	23.0	24.6
Public health research	2.2	7.0	10.5	11.7	12.6	11.0
Total public health	150.9	187.0	197.4	234.4	226.3	227.9
Proportion of public health expenditure^(a) (%)						
Communicable disease control	15.7	16.6	16.6	14.8	17.9	18.3
Selected health promotion	38.6	32.1	33.1	27.9	28.3	30.0
Organised immunisation	15.5	14.4	14.2	25.0	19.3	16.5
Environmental health	1.9	1.7	1.8	1.9	2.2	2.4
Food standards and hygiene	1.5	1.7	1.2	1.2	1.4	1.3
Breast cancer screening	12.6	10.4	10.0	9.1	10.4	11.1
Cervical screening	4.8	5.9	4.8	4.2	4.8	4.7
Prevention of hazardous and harmful drug use	7.9	13.5	12.9	10.9	10.2	10.8
Public health research	1.5	3.7	5.3	5.0	5.6	4.8
Total public health	100.0	100.0	100.0	100.0	100.0	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.



4.3 Expenditure on public health activities

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

Communicable disease control

Total expenditure for *Communicable disease control* by DHS in 2004-05 was \$41.8 million, up \$1.4 million or 3.5% on that spent in 2003-04 (Table 4.1).

The 2004-05 expenditure accounted for 18.3% of the total public health expenditure and was the second most significant area of expenditure incurred by DHS during that year (Figure 4.1). The major elements of this spending are shown in Table 4.2 below.

Table 4.2: State government expenditure on *Communicable disease control*, current prices, Victoria, 2004–05 (\$ million)

Category	Expenditure
HIV/AIDS, hepatitis C and STI programs	13.0
Needle and syringe programs	5.3
Other communicable disease control	23.5
Total	41.8

Funding is provided to a range of agencies, including hospitals, some non-government agencies and various research laboratories, to provide HIV and associated testing, and counselling and support.

Selected health promotion

Total reported expenditure on *Selected health promotion* during 2004–05 was estimated at \$68.3 million, which was up \$4.2 million or 6.6% on that spent during 2003–04. This constituted 30.0% of total expenditure on public health activities in 2004–05 and reflected the most significant area of expenditure incurred by DHS during that year (Table 4.1; Figure 4.1).

DHS, the Victorian Health Promotion Foundation (VicHealth) and a broad range of funded sectors jointly undertake the promotion of healthy lifestyles in Victoria. Programs exclusively administered by the DHS support developmental projects that enhance health promotion in health and community agencies, schools and LGAs.

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

The funding was also aimed at:

- increasing the skills of health professionals and other workers in planning, promoting and evaluating health promotion programs
- developing and disseminating the Integrated Health Promotion Resource Kit, and the development of the DHS health promotion website below – <http://www.health.vic.gov.au/healthpromotion>.

Some of the key achievements during the course of the year included such programs as:

- ‘Well for life’
- ‘Be Active Eat Well’
- ‘Go for your life’.

Organised immunisation

Total expenditure on *Organised immunisation* in 2004–05 was \$37.6 million. It constituted 16.5% of the total public health expenditure and was the third most significant area of public health expenditure by DHS during that year (Table 4.1; Figure 4.1).

The major elements of the spending for 2004–05 are shown in Table 4.3 below.

Table 4.3: State government expenditure on *Organised immunisation, current prices, Victoria, 2004–05* (\$ million)

Category	Expenditure
Organised childhood immunisation ^(a)	15.3
Organised pneumococcal and influenza immunisation	13.9
All other organised immunisation	8.4
Total	37.6

(a) Reported expenditure excludes purchases of essential vaccine for the Universal Childhood Pneumococcal Vaccination Program which is included under direct expenditure by the Australian Government.

Overall, expenditure in 2004–05 was significantly down on that incurred for the two previous years (2002–03 and 2003–04) (see Table 4.1). The higher expenditure in 2002–03 and 2003–04 reflected the lumpy nature of expenditure for the National Meningococcal C Vaccination Program which had a catch-up component and ongoing component. The catch-up component commenced on 1 January 2003 where free vaccine was made available to children and youths aged 1 to 19 years up to 30 June 2006. The ongoing component provides free vaccine to all children turning 12 months of age and therefore involves much less expenditure than the catch-up component. The catch-up component was completed one year ahead of the national implementation time schedule, resulting in the lower program expenditure for 2004–05.

The above expenditure also includes spending on interventions delivered or purchased by DHS that are aimed at preventing disease or responding to disease outbreaks. Funding comes from a combination of state appropriations and the Australian Government through the Australian Immunisation Agreement (AIA).

Environmental health

Total expenditure on *Environmental health* was \$5.5 million in 2004–05, up \$0.6 million or 12.2% on the previous financial year. This constituted 2.4% of total expenditure by DHS on public health activities during 2004–05 (Table 4.1; Figure 4.1).

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

The expenditure under this activity included:

- development of state-wide environmental health policies
- provision of effective regulatory control
- responses to emergency situations
- provision of information and advice to consumers
- ongoing research into environmental health issues.

Food standards and hygiene

Total expenditure on *Food standards and hygiene* in 2004–05 was \$3.0 million, down \$0.2 million or 6.3% on the previous financial year. This constituted 1.3% of the total public health expenditure incurred by DHS during the year (Table 4.1; Figure 4.1).

Some of the major activities covered by spending in this area were implementation of legislation, surveillance and provision of advice, food safety and legislation issues, representation on national bodies and responses to emergency situations.

Breast cancer screening

Total expenditure on *Breast cancer screening* during 2004–05 was \$25.4 million, up \$1.9 million or 8.1% on the previous financial year. This constituted 11.1% of the total public health expenditure and was one of the more significant areas of expenditure incurred by DHS during the year (Table 4.1; Figure 4.1).

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

BreastScreen Victoria provides a free breast cancer screening service for women without related symptoms or breast problems. It specifically targets women in the age group 50–69 years, although women aged 40–49 and over 69 years can utilise the service.

The program has a network of services across the state, involving eight assessment centres and 38 screening centres. These sites are specially designated centres and operate to strictly controlled standards. The program also employs two mobile vans to ensure that the service reaches women in all metropolitan and rural areas. There is also a comprehensive recruitment and education strategy in place. BreastScreen Victoria also manages a breast screen registry that records and monitors the number of women screened and the cancers detected.

Cervical screening

Total expenditure on *Cervical screening* by DHS during 2004–05 was \$10.7 million, which was down slightly (approximately \$0.2 million) on that spent the previous financial year. This was equivalent to 4.7% of total expenditure on public health activities by DHS during 2004–05 (Table 4.1; Figure 4.1).

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

The main goal of the Victorian Cervical Screening Program is to achieve the optimal reduction in the incidence, morbidity and mortality associated with cervical cancer at an acceptable cost through an organised approach.

Prevention of hazardous and harmful drug use

Total expenditure for the *Prevention of hazardous and harmful drug use* by DHS in 2004–05 was \$24.6 million, up \$1.6 million or 7.0% on the previous financial year (Table 4.1).

The 2004–05 expenditure constituted 10.8% of total public health expenditure by DHS during that year (Figure 4.1). The major elements of this spending are shown in Table 4.4 below.

Table 4.4: State government expenditure on *Prevention of hazardous and harmful drug use*, current prices, Victoria, 2004–05 (\$ million)

Category	Expenditure
Alcohol	7.7
Tobacco	2.4
Illicit and other drugs of dependence	14.5
Total	24.6

Some of the major activities covered by spending in this area were counselling and educational programs, and a range of prevention and health activities aimed at enhancing community awareness of the harmful effects of alcohol, tobacco, and licit and illicit drugs.

Public health research

Total expenditure on *Public health research* during 2004–05 was \$11.0 million, down \$1.6 million or 12.7% on the previous financial year. This represented 4.8% of the total public health expenditure incurred by DHS during 2004–05 (Table 4.1; Figure 4.1).

Expenditure under this activity mainly included:

- targeted research projects in the priority areas of injury prevention, and environmental health
- public health research capacity-building in public health organisations, including representation on national and state bodies and support for public events.

4.4 Growth in expenditure on public health activities

Expenditure on public health activities by DHS during 2004–05, in real terms, was estimated at \$219.7 million, compared with \$226.3 million in 2003–04 (Table 4.5). This was a decrease of 2.9% on 2003–04 due largely to a decrease in expenditure on *Organised immunisation* (down 16.9% or \$7.4 million).

From 1999–00 to 2004–05 expenditure grew at an average annual rate of 5.0%. The public health activities which recorded the highest average annual growth rates over this period were *Public health research* (33.5%), *Prevention of hazardous and harmful drug use* (11.7%) and *Environmental health* (9.3%).

Table 4.5: State government expenditure on public health activities, constant prices^(a), Victoria, 1999–00 to 2004–05

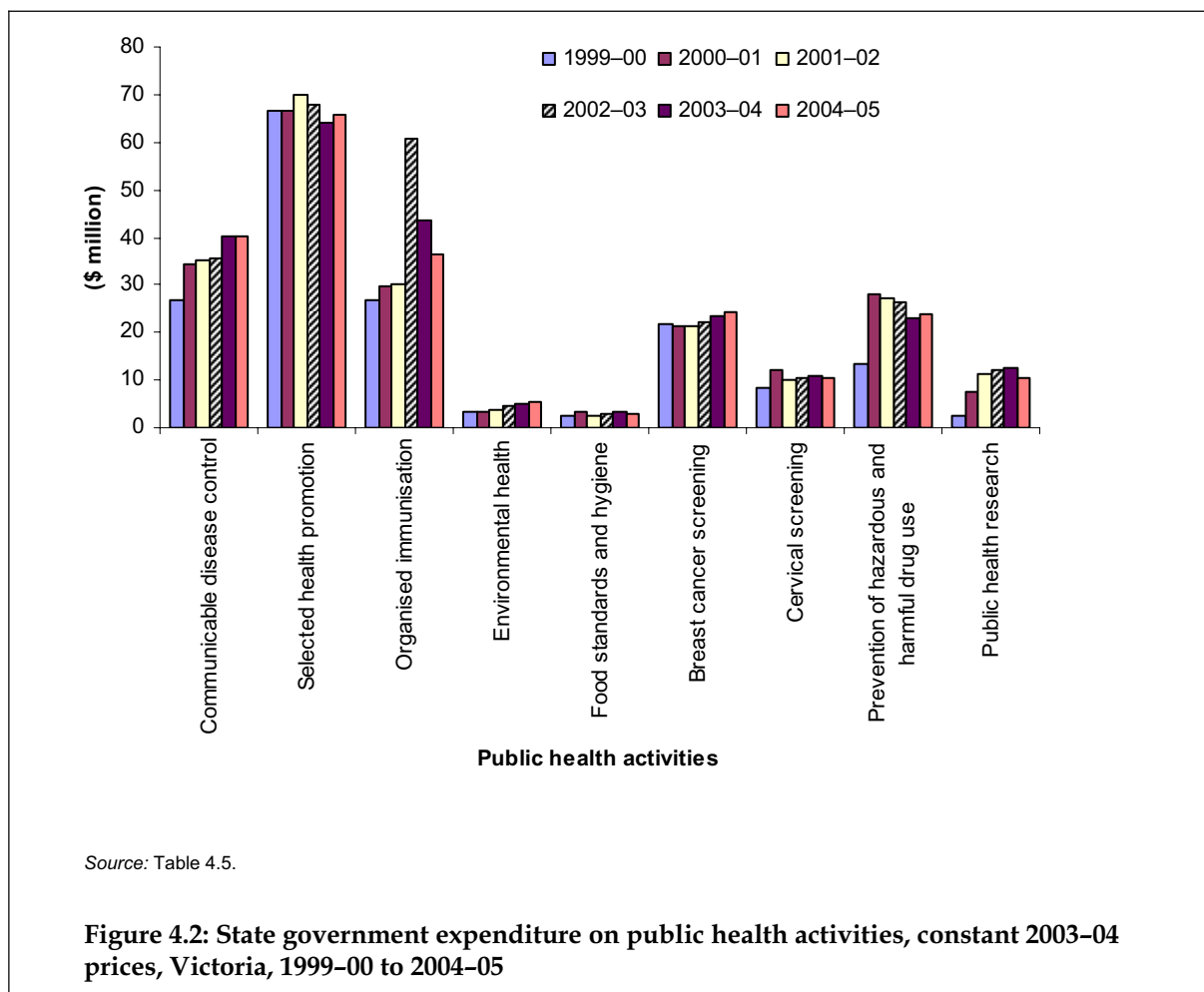
Activity	Expenditure (\$ million)						6-year average
	1999–00	2000–01	2001–02	2002–03	2003–04	2004–05	
Communicable disease control	27.0	34.3	35.1	35.8	40.4	40.3	35.5
Selected health promotion	66.5	66.4	69.9	67.8	64.1	65.8	66.8
Organised immunisation	26.7	29.9	30.1	60.7	43.7	36.3	37.9
Environmental health	3.4	3.5	3.8	4.5	4.9	5.3	4.2
Food standards and hygiene	2.6	3.4	2.6	2.9	3.2	2.9	2.9
Breast cancer screening	21.7	21.5	21.2	22.2	23.5	24.5	22.4
Cervical screening	8.4	12.2	10.2	10.3	10.9	10.3	10.4
Prevention of hazardous and harmful drug use	13.6	28.0	27.3	26.4	23.0	23.7	23.7
Public health research	2.5	7.7	11.3	12.2	12.6	10.6	9.5
Total public health	172.4	206.9	211.5	242.8	226.3	219.7	213.3
Activity	Growth ^(b) (%)						1999–00 to 2004–05 ^(c)
	1999–00 to 2000–01	2000–01 to 2001–02	2001–02 to 2002–03	2002–03 to 2003–04	2003–04 to 2004–05		
Communicable disease control	27.0	2.3	2.0	12.8	–0.2	8.3	
Selected health promotion	–0.2	5.3	–3.0	–5.5	2.7	–0.2	
Organised immunisation	12.0	0.7	101.7	–28.0	–16.9	6.3	
Environmental health	2.9	8.6	18.4	8.9	8.2	9.3	
Food standards and hygiene	30.8	–23.5	11.5	10.3	–9.4	2.2	
Breast cancer screening	–0.9	–1.4	4.7	5.9	4.3	2.5	
Cervical screening	45.2	–16.4	1.0	5.8	–5.5	4.2	
Prevention of hazardous and harmful drug use	105.9	–2.5	–3.3	–12.9	3.0	11.7	
Public health research	208.0	46.8	8.0	3.3	–15.9	33.5	
Total public health	20.0	2.2	14.8	–6.8	–2.9	5.0	

(a) Constant price expenditure has been expressed in 2003–04 prices (see Section 11.1).

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

(c) Average annual growth rate.

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



Over the period 1999-00 to 2004-05, *Selected health promotion* (\$66.8 million) reflected the highest average annual expenditure, followed by *Organised immunisation* (\$37.9 million) and *Communicable disease control* (\$35.5 million) (Table 4.5; Figure 4.2).

4.5 Expenditure on ‘Public health-related activities’

In addition to its expenditure on public health, the Victorian Government spent an estimated \$110.9 million on personal health care activities and programs and community programs that were aimed at achieving public health goals in 2004-05. This mainly related to:

- drug treatment services
- drug welfare and support services
- biomedical research
- research infrastructure
- neonatal and genetic screening services
- community support and counselling programs
- community education and training.

5 Expenditure by Queensland Health

5.1 Introduction

The Queensland population in June 2005 was estimated at approximately 4.0 million. The proportion of people aged 65 years and over has grown steadily over the past five years, from 11.6% to 12.1%.

Queensland Health is the largest provider of public health services in the state. In 2004–05, the public health programs were provided through the Public Health Services Branch, 37 health service districts, and through funding non-government and community organisations.

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

5.2 Overview of results

Total public health expenditure by Queensland Health in 2004–05, in current price terms, was estimated at \$165.8 million, up \$13.8 million or 9.1% on the previous financial year (Table 5.1). The increased expenditure was largely due to a rise in expenditure on *Prevention of hazardous and harmful drug use* (up \$8.2 million) and *Selected health promotion* (up \$4.4 million). All other activities showed small increases in expenditure except *Organised immunisation*, which showed a decline of \$1.9 million.

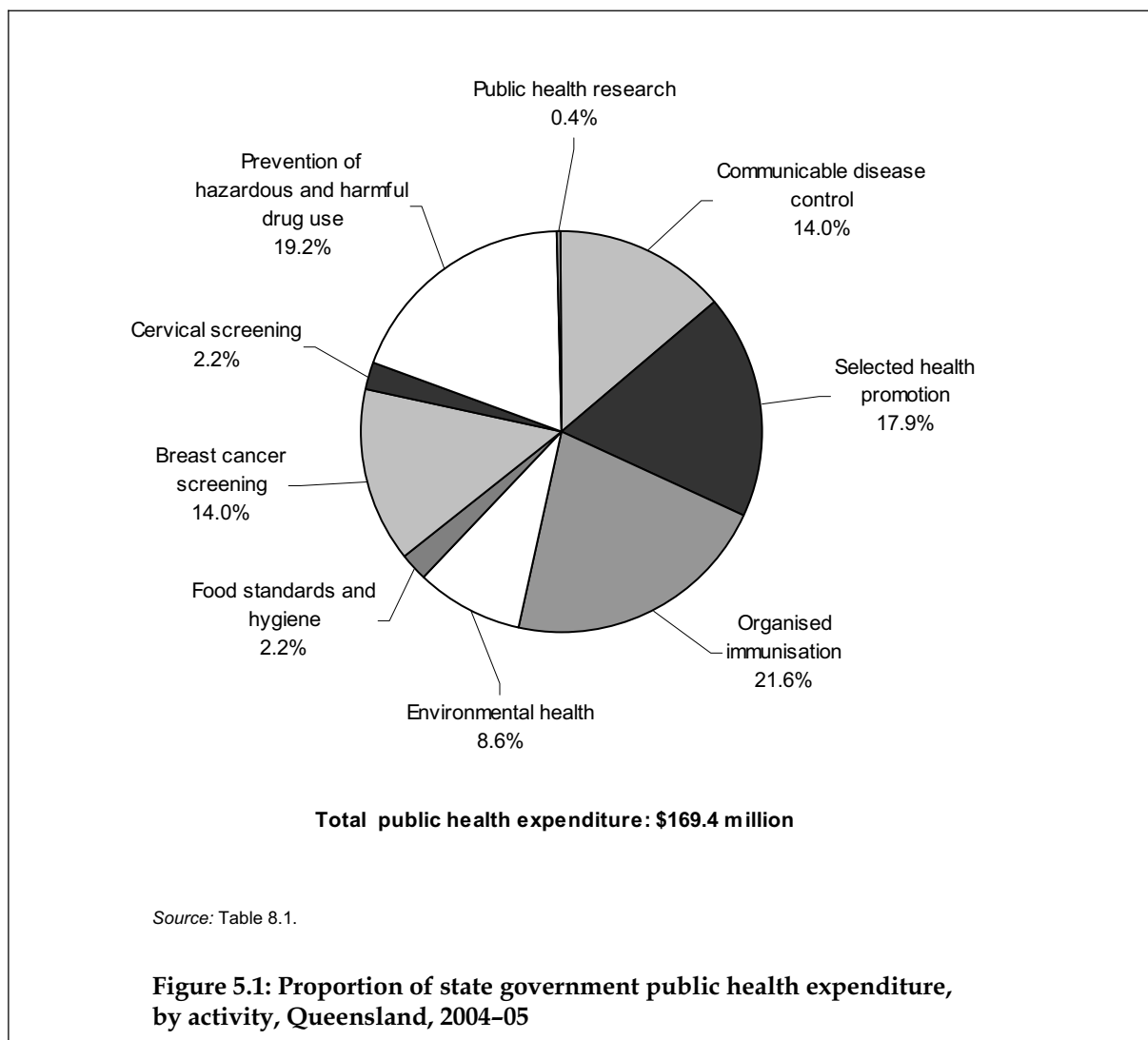
The largest expenditure incurred during 2004–05 was on *Organised immunisation*, which amounted to \$35.8 million or 21.6% of the expenditure on public health activities. The next largest areas of expenditure were *Prevention of hazardous and harmful drug use* (\$31.8 million or 19.2%) and *Selected health promotion* (\$29.6 million or 17.9%) (Table 5.1; Figure 5.1).

Table 5.1: State government expenditure on public health activities, current prices, Queensland, 1999–00 to 2004–05

Activity	1999–00	2000–01	2001–02	2002–03	2003–04	2004–05
Expenditure (\$ million)						
Communicable disease control	16.0	17.4	20.1	22.0	23.0	23.2
Selected health promotion	18.0	18.7	25.8	26.3	25.2	29.6
Organised immunisation	16.2	18.9	17.6	32.8	37.7	35.8
Environmental health	9.9	11.6	11.6	13.1	13.3	14.3
Food standards and hygiene	1.5	1.9	2.0	2.9	3.1	3.7
Breast cancer screening	18.6	19.6	21.1	21.1	22.2	23.2
Cervical screening	3.4	3.6	3.1	3.2	3.4	3.6
Prevention of hazardous and harmful drug use	15.4	17.9	22.3	23.5	23.6	31.8
Public health research	0.4	0.1	—	0.2	0.5	0.6
Total public health	99.4	109.7	123.6	145.1	152.0	165.8
Proportion of public health expenditure^(a) (%)						
Communicable disease control	16.1	15.9	16.3	15.2	15.1	14.0
Selected health promotion	18.1	17.0	20.9	18.1	16.6	17.9
Organised immunisation	16.3	17.2	14.2	22.6	24.8	21.6
Environmental health	10.0	10.6	9.4	9.0	8.8	8.6
Food standards and hygiene	1.5	1.7	1.6	2.0	2.0	2.2
Breast cancer screening	18.7	17.9	17.1	14.5	14.6	14.0
Cervical screening	3.4	3.3	2.5	2.2	2.2	2.2
Prevention of hazardous and harmful drug use	15.5	16.3	18.0	16.2	15.5	19.2
Public health research	0.4	0.1	—	0.1	0.3	0.4
Total public health	100.0	100.0	100.0	100.0	100.0	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.



5.3 Expenditure on public health activities

This section of the report looks at Queensland’s level of activity in relation to 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 expenditure for *Communicable disease control* by Queensland Health in 2004-05 was estimated at \$23.2 million, up marginally (approximately \$0.2 million) on that incurred in 2003-04 (Table 5.1).

The 2004-05 expenditure constituted 14.0% of the total expenditure on public health activities incurred by Queensland Health (Figure 5.1). The major elements of the spending are shown in Table 5.2 below.

Table 5.2: State government expenditure on *Communicable disease control*, current prices, Queensland, 2004–05 (\$ million)

Category	Expenditure
HIV/AIDS, hepatitis C and STI programs	6.0
Needle and syringe programs	3.0
Other communicable disease control	14.2
Total	23.2

Some key achievements during the course of 2004–05 included:

- finalisation of the Queensland HIV, Hepatitis C and Sexually Transmissible Infections Strategy 2005–2011 and Implementation Plan
- provision of training for health care professionals across the state on the use of Queensland Health Hepatitis C and Mental Health Protocols
- completion of the Young Person’s Health Check Program (Indigenous) focusing on early detection and treatment of sexually transmissible infections in a high-risk group, covering 3,500 people
- enhancement and expansion of the Notifiable Conditions System (NOCS) database for notifiable diseases
- minimisation of health care related infection within Queensland Health facilities, which was promoted through the implementation of monitoring processes
- continuation of development work associated with improved surveillance of a range of notifiable conditions (meningococcal disease, Q fever and others)
- establishment of two new vector control officer positions for dengue prevention and control, in particular for the Torres Strait and outer islands
- completion of Dengue Fever Management Plan 2005–2010 and new initiatives including a website for up-to-date dengue fever information in north Queensland <<http://www.health.qld.gov.au/dengue>>.

Selected health promotion

Total expenditure on *Selected health promotion* during 2004–05 was \$29.6 million, up \$4.4 million or 17.5% on 2003–04 (Table 5.1). This constituted 17.9 % of total expenditure on public health activities and was one of the more significant areas of expenditure incurred by Queensland Health during the year.

Some main achievements during 2004–05 were:

- additional funding of \$2 million annually to support the continued implementation of ‘Eat Well Queensland: Smart Eating for a Healthier State’ and initiatives to improve physical activity levels, including a focus on healthy weight in children
- development of an education campaign to raise public awareness of the risk factors for stroke, and delivery of eight education seminars across the state to inform general practitioners of the latest prevention and management techniques for stroke
- implementation of cinema, television, print and Adshel skin cancer prevention media campaign ‘Tattoo’, targeting tanning in young people aged 18–24 years

- redevelopment and implementation of '2005 Sun Safety Omnibus' survey to identify sun safe behaviours in the Queensland population
- enhancement of the School Based Youth Health Nurse Program through the recruitment of an additional 15 full time equivalent nursing positions to state secondary schools
- implementation of the 'Helping Friends' program to develop peer support networks for young people in high schools across north Queensland.
- implementation of the 'Taking Big Steps' program in north Queensland to help prepare for the transition that young Indigenous people make from remote communities to secondary schools in larger centres
- implementation of the third year of the 'Child Injury Prevention Project' in Mackay and Mt Isa designed to reduce the incidence and severity of childhood injuries, with a focus on poisoning and toddler drowning
- commencement of a project through Health Promotion Queensland to investigate the factors that contribute to children aged 0 to 4 years requiring a general anaesthetic for treatment of early childhood caries
- development of a dental decay reduction strategy framework which included community engagement.

Organised immunisation

Expenditure on *Organised immunisation* during 2004–05 was \$35.8 million, down \$1.9 million or 5.0% on that incurred the previous financial year (Table 5.1). This largely reflected the lumpy nature of expenditure for the National Meningococcal C Vaccination Program which had a catch-up component and an ongoing component. The catch-up component commenced on 1 January 2003 where free vaccine was made available to children and youths aged 1 to 19 years up to 30 June 2006. The ongoing component provides free vaccine to all children turning 12 months of age, and therefore involves much less expenditure than the catch-up component. The decrease in expenditure is partly due to the completion of the catch-up effect of the National Meningococcal C Vaccination Program in primary schools. The 2004–05 expenditure represented 21.6% of the total public health expenditure and was the most significant area of expenditure incurred by Queensland Health during the year (Figure 5.1). The major elements of the spending for 2004–05 are shown in Table 5.3 below.

Table 5.3: State government expenditure on *Organised immunisation*, current prices, Queensland, 2004–05 (\$ million)

Category	Expenditure
Organised childhood immunisation ^(a)	26.5
Organised pneumococcal and influenza immunisation	4.8
All other organised immunisation	4.5
Total	35.8

(a) Reported expenditure excludes purchases of essential vaccine for the Universal Childhood Pneumococcal Vaccination Program which is included under direct expenditure by the Australian Government.

Some of the key achievements during the course of 2004–05 included:

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

Funding for this activity came from a combination of state appropriations and the Australian Immunisation Agreement with the Australian Government.

Environmental health

Total expenditure on *Environmental health* in Queensland during 2004–05 was \$14.3 million, up \$1.0 million or 7.5% on 2003–04 (Table 5.1). This constituted 8.6% of total expenditure on public health activities by Queensland Health during 2004–05 (Figure 5.1).

Population health undertakes a wide range of environmental health activities, including policy and technical leadership for environmental health in Queensland and supporting local government authorities and other state departments and agencies in delivering environmental health initiatives, for example water management and water quality. In addition, it has responsibility for such areas as: control of poisons, therapeutic goods, pest control, fumigation, and toxicology and radiation health.

Main achievements under *Environmental health* during the course of the year included:

- redevelopment of population health regulations to provide a contemporary framework for the management and control of population health risks
- implementation of the Cape York Environmental Health Worker pilot project, which has resulted in a range of environmental health programs being implemented with the support and acceptance of the communities involved.

Food standards and hygiene

Total expenditure on *Food standards and hygiene* in 2004–05 was \$3.7 million, up \$0.6 million or 19.4% on the previous financial year (Table 5.1). This constituted 2.2% of the total expenditure on public health activities by Queensland Health during 2004–05 (Figure 5.1).

Queensland Health is the lead agency for food safety and standards. Some of the major activities covered by the spending were aimed at undertaking regulatory activity, providing assistance and advice on food issues, and developing and implementing legislation to improve food safety, including national food safety reforms and development of a new complaints management system.

Breast cancer screening

Total expenditure on *Breast cancer screening* during 2004–05 was \$23.2 million, which was up \$1.0 million or 4.5% on that spent in 2003–04 (Table 5.1). This constituted 14.0% of total public health expenditure by Queensland Health during 2004–05 (Figure 5.1).

Breast cancer screening services are provided through BreastScreen Queensland, the state component of BreastScreen Australia. Funding for this program is provided under a joint arrangement with the Australian Government through the PHOFAs. The services were provided at a local level through the health service districts.

The key achievements were:

- continued implementation of the Breastscreen Queensland State Plan 2001–06, with 193,907 women being screened in 2004–05
- the continued implementation of the BreastScreen Queensland Policy and Protocol Manual in order to achieve consistent, high-quality practices within BreastScreen Queensland Services
- implementation of the state-level Communication and Education Plan to improve participation rates for women aged 50–69 years
- accreditation of BreastScreen Queensland services in accordance with the BreastScreen Australia National Accreditation Standards
- establishment and maintenance of the BreastScreen Queensland quality management system
- completion of data collation and reporting in accordance with the Australian Government and state government requirements, including calculation of interval cancer data and production of the BreastScreen Queensland 2000–2001 Statistical Report
- commencement of a new BreastScreen Queensland Service in the Brisbane city centre, targeting working women aged 50–69 years.

Cervical screening

Total expenditure on *Cervical screening* by Queensland Health during 2004–05 was \$3.6 million, which was up \$0.2 million or 5.9% on that incurred during 2003–04. This constituted 2.2% of total expenditure on public health activities by Queensland Health during 2004–05 (Table 5.1; Figure 5.1).

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

Some key achievements under this activity included:

- continued implementation of the Queensland Cervical Screening State Plan 2002–06
- continued implementation of the Queensland Indigenous Women's Cervical Screening Strategy 2000–2004
- enhancement of cervical screening services in rural and remote areas through the Mobile Women's Health Service, Royal Flying Doctors Service's Rural and Remote Women's Health Program
- implementing of the Pap Smear Register and its promotion to women and health providers
- continued implementation of the Healthy Women's Initiative Project in Cape York to promote and encourage Indigenous women's participation in cervical screening and

sexual health, including funding for three new Indigenous Women’s Health Worker positions.

Prevention of hazardous and harmful drug use

Estimated expenditure on *Prevention of hazardous and harmful drug use* in 2004–05 was \$31.8 million (Table 5.1). This constituted 19.2% of total expenditure on public health activities and was the second most significant area of public health expenditure incurred by Queensland Health in 2004–05 (Figure 5.1).

The major elements of the expenditure for 2004–05 are shown in Table 5.4 below.

Table 5.4: State government expenditure on *Prevention of hazardous and harmful drug use*, current prices, Queensland, 2004–05 (\$ million)

Category	Expenditure
Alcohol and tobacco programs	11.1
Illicit drugs and methadone program	8.2
Other drug-related programs	12.6
Total	31.8

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

Overall, expenditure in 2004–05 was significantly up (\$8.2 million or 34.7%) on that incurred in previous years. The higher expenditure reflected program implementation of the COAG-funded illicit drug diversion initiative and the Queensland drug court trial.

Queensland Health offers a comprehensive range of alcohol, tobacco and other drug services through public health services, community health centres and hospitals, and funding to the non-government sector.

Some of the key achievements included:

- implementation of tobacco control strategies including social marketing campaigns, additional enforcement officers, and the review and passage of significant legislative amendments
- development and implementation of the ‘Make up your own mind about drinking’ social marketing campaign to increase awareness of the potential harms of risky and high-risk consumption of alcohol by Queensland women aged 18–22 years
- improvement of Indigenous alcohol and drug prevention services, including delivery of programs across the state to increase awareness of smoking issues and provide quit smoking support.

Public health research

Total expenditure on *Public health research* for 2004–05 was estimated at \$616,244. The majority of this expenditure related to the bowel cancer screening pilot program which was being conducted in partnership with the Australian Government.

Only expenditures on activities that were primarily investigative have been included under this activity. Expenditures on research and/or investigative activities associated with the ongoing planning or management of public health activities have been included under the

associated public health activity. For example, the reported expenditure under *Communicable disease control* included substantial investment in research aimed at managing communicable diseases, such as investigating diseases such as Hendra virus, Australian bat lyssavirus and Japanese encephalitis.

5.4 Growth in expenditure on public health activities

Expenditure on public health activities by Queensland Health during 2004–05, in real terms, was estimated at \$160.0 million. This was an increase of 5.3% on the 2003–04 expenditure, with spending on *Prevention of hazardous and harmful drug use* (up 30.1%), *Food standards and hygiene* (up 16.1%), and *Selected health promotion* (up 13.1%) recording the highest real growth rates (Table 5.5; Figure 5.2).

From 1999–00 to 2004–05, expenditure grew by 41.3% at an average rate of 7.2% per annum. The highest average annual real growth was in expenditure on *Food standards and hygiene* (16.2%) followed by *Organised immunisation* (13.4%) and *Prevention of hazardous and harmful drug use* (11.9%).

Over the period 1999–00 to 2004–05, *Organised immunisation* (\$27.4 million) reflected the highest average annual expenditure in real terms, followed by *Selected health promotion* (\$24.9 million) and *Prevention of hazardous and harmful drug use* (\$23.3 million) (Table 5.5; Figure 5.2).

Table 5.5: State government expenditure on public health activities, constant prices^(a), Queensland, 1999–00 to 2004–05

Activity	Expenditure (\$'000)						6-year average
	1999–00	2000–01	2001–02	2002–03	2003–04	2004–05	
Communicable disease control	18.3	19.1	21.5	22.8	23.0	22.4	21.2
Selected health promotion	20.5	20.6	27.6	27.2	25.2	28.5	24.9
Organised immunisation	18.4	20.8	18.8	33.9	37.7	34.5	27.4
Environmental health	11.2	12.8	12.4	13.5	13.3	13.8	12.8
Food standards and hygiene	1.7	2.1	2.2	3.1	3.1	3.6	2.6
Breast cancer screening	21.2	21.6	22.6	21.8	22.2	22.4	22.0
Cervical screening	3.9	4.0	3.3	3.3	3.4	3.5	3.6
Prevention of hazardous and harmful drug use	17.5	19.7	23.8	24.4	23.6	30.7	23.3
Public health research	0.5	0.1	—	0.2	0.5	0.6	0.3
Total public health	113.2	120.8	132.2	150.2	152.0	160.0	138.1

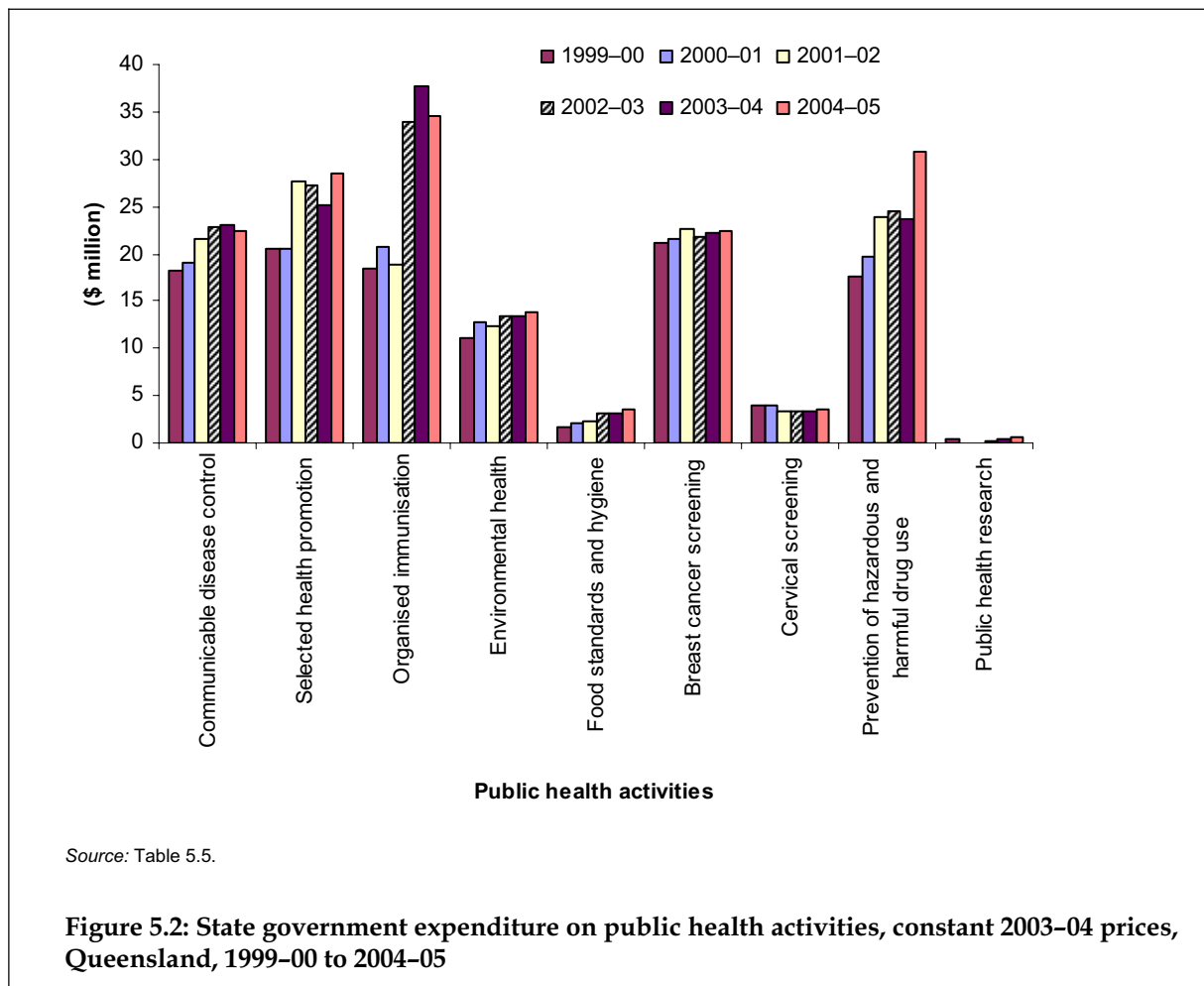
Activity	Growth ^(b) (%)					
	1999–00 to 2000–01	2000–01 to 2001–02	2001–02 to 2002–03	2002–03 to 2003–04	2003–04 to 2004–05	1999–00 to 2004–05 ^(c)
Communicable disease control	4.4	12.6	6.0	0.9	–2.6	4.1
Selected health promotion	0.5	34.0	–1.4	–7.4	13.1	6.8
Organised immunisation	13.0	–9.6	80.3	11.2	–8.5	13.4
Environmental health	14.3	–3.1	8.9	–1.5	3.8	4.3
Food standards and hygiene	23.5	4.8	40.9	0.0	16.1	16.2
Breast cancer screening	1.9	4.6	–3.5	1.8	0.9	1.1
Cervical screening	2.6	–17.5	0.0	3.0	2.9	–2.1
Prevention of hazardous and harmful drug use	12.6	20.8	2.5	–3.3	30.1	11.9
Public health research	–80.0	–100.0	0.2	150.0	20.0	3.7
Total public health	6.7	9.4	13.6	1.2	5.3	7.2

(a) Constant price expenditure has been expressed in 2003–04 prices (see Section 11.1).

(b) The growth rates are calculated using public health expenditure data expressed in \$'000 and rounded to one decimal place.

(c) Average annual growth rate.

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



5.5 Expenditure on ‘Public health-related activities’

Total expenditure on ‘Public health-related activities’ during 2004-05 was estimated at \$47.2 million. This mainly related to pathology and scientific services (\$0.2 million), school dental services (\$36.3 million), primary health centres and outpatient services (\$6.2 million) and other public health-related activities (\$4.4 million).