National public health expenditure report 1999–00

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Contents

List of tables

List of figures

Preface

This report provides public health expenditure estimates from State, Territory and Commonwealth health departments and is the second report of its type in Australia. The first report, *National Public Health Expenditure Report 1998–99*, estimated public health expenditure based on eight core public health expenditure categories. In this 1999–00 report the number of core public health activities has been expanded to nine by the inclusion of two new categories—*Prevention of hazardous and harmful drug use* and *Public health research*—and the removal of the *All other core public health* category.

This report also includes, for the first time, estimates of expenditure on public health-type activities by local governments and non-government organisations. This information has been summarised in Chapter 11, but is not included in the estimates of expenditure on core public health activities.

The terminology used in this report has also changed from that used in the previous report for both the Commonwealth and the States and Territories. For example, the Commonwealth no longer categorises its expenditures as 'direct expenditure' and 'overheads'. Its expenditure is now classified as 'administered' and 'departmental' expenditure. In the case of expenditure by the States and Territories, the term 'direct expenditure' used in the previous report has been replaced with 'activity-specific expenditure'. The other two classifications used in the previous report—'program-wide expenditure' and 'agency-wide expenditure'—have been retained, but are combined and presented as 'indirect expenditure' (see Appendix Table 1, page 134).

Acknowledgments

The principal work in developing this report was undertaken by the Australian Institute of Health and Welfare. The project team within the Institute consisted of Tony Hynes, Angelique Jerga and Lucy Tylman.

Thanks are extended to the State, Territory and Commonwealth members of the Technical Advisory Group (TAG). Members of the TAG have worked with the project team in providing these annual public health estimates and the supporting information on public health programs in their jurisdictions. Members of the TAG and additional contributors to this report are listed below.

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The contribution made to both this and the first report by the late Mr Ian Leslie is particularly acknowledged. Mr Leslie was largely responsible for compiling the initial data on public health services in Western Australia for this report.

Notes

a) Figures in tables and the text have sometimes been rounded. Discrepancies between totals and sums of components are due to rounding.

b) The following abbreviations and symbols are used in tables:

Not applicable	. .
Nil or rounded down to zero	—
Not available	n.a.

1 Expenditure on public health services in Australia, 1999–00

1.1 Background

Government-funded public health activity is an important part of the Australian health care system. Public health activities generally represent the organised response of society to protect and promote the current and future health of the whole population or of specific subgroups of the population and can be viewed as a form of investment in the overall health status of the nation.

The National Public Health Partnership (NPHP) defines public health as:

> the organised response by society to protect and promote health, and to prevent illness, injury and disability. The starting point for identifying public health issues, problems and priorities, and for designing and implementing interventions, is the population as a whole, or population subgroups (NPHP 1998).

Public health is characterised by planning and intervening for better health in populations rather than focusing on the health of the individual. These efforts are usually aimed at addressing the factors that determine health, and the causes of illness rather than its consequences, with the aim of protecting or promoting health, or preventing illness.

This is the second comprehensive report on expenditure on public health services in Australia. The first, published in 2001, covered the financial year 1998–99 and examined expenditure based on eight core public health categories.

1.1.1 Structure of report

In this report, expenditure on public health services during 1999–00 is analysed for each jurisdiction (the Commonwealth and the State and Territory Governments) through a separate chapter for each.

Each jurisdiction's chapter reports expenditure against each of the agreed core public health activities as outlined below. Detailed information is provided about particular programs within core activities where it is important in understanding the composition of expenditure.

An additional chapter provides limited information on expenditure by local government authorities (LGAs) and non-government organisations (NGOs) on 'public health-type' activities. These may not necessarily conform to the nine core public health activities used elsewhere throughout the report. The chapter aims to indicate the importance of LGAs and NGOs in the overall provision of public health services in Australia.

Expenditures through the State and Territory health departments are summarised in Chapter 12. The limitations of the data militate against direct comparisons between States and Territories. These limitations are discussed in the chapter.

Some details of the methods and concepts used in developing estimates are described in 'Technical notes' (see page 108), which also provide detailed information on exclusions and

inclusions for each category. A glossary gives definitions of concepts that may not be familiar to some readers.

1.2 Introduction

In this second report on public health expenditure in Australia, the number of core public health activities has been expanded from eight to nine. This has been achieved by the inclusion of two new categories—*Prevention of hazardous and harmful drug use* and *Public health research*—and the removal of the *All other core public health* category used in the first report (see Table 13.1, page 119 for a comparison of the categories used for this and the previous collection). Some expenditures incurred under these new categories would previously have been spread across a number of the categories used in the previous collection. Others would have been outside the scope of the previous collection.

The core categories for the 1999–00 collection are:

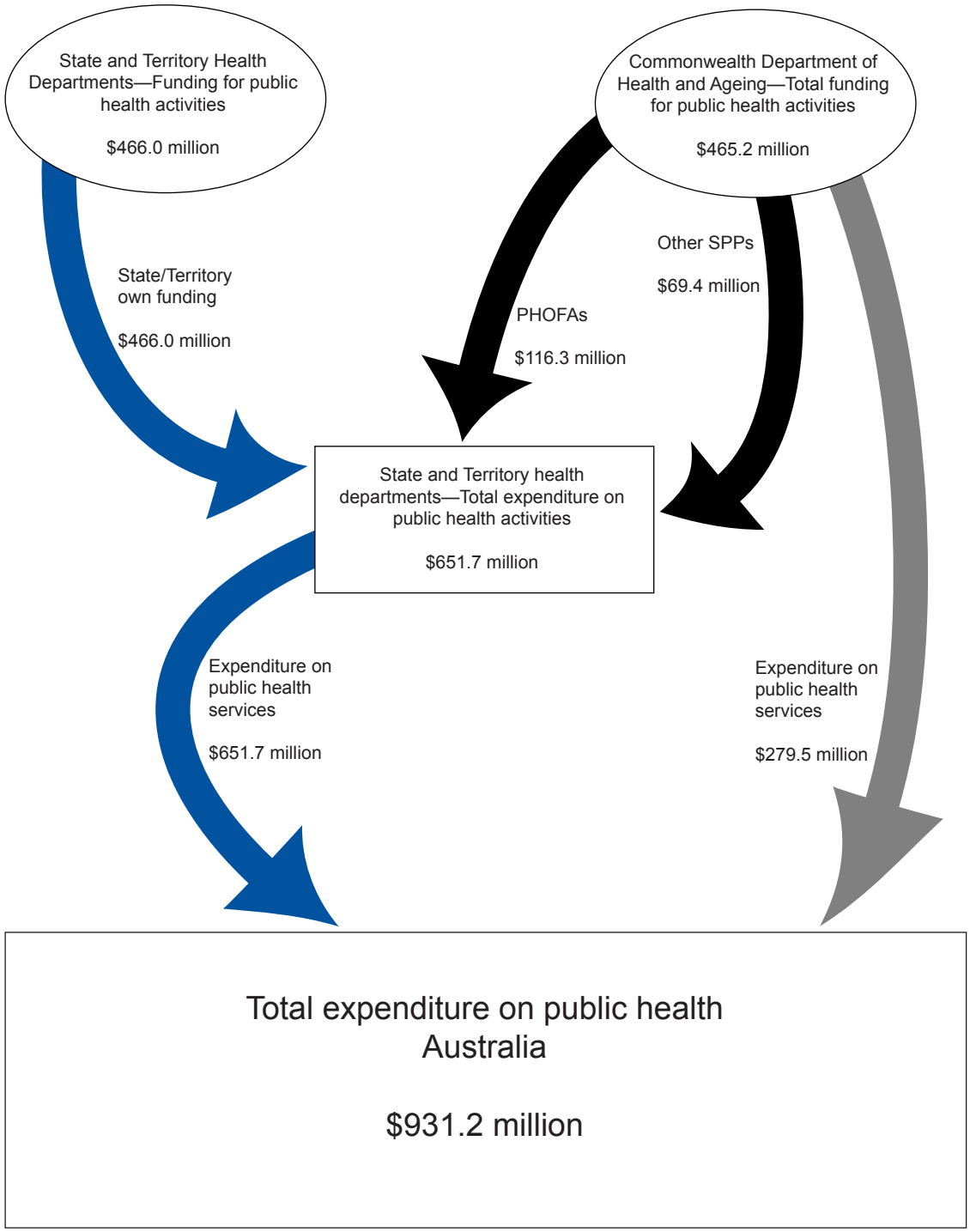
- *Communicable disease control*
- *Selected health promotion*
- *Organised immunisation*
- *Environmental health*
- *Food standards and hygiene*
- *Breast cancer screening*
- *Cervical screening*
- *Prevention of hazardous and harmful drug use*
- *Public health research.*

Jurisdictions were required to consistently report on these nine core categories, as specified in the data collection manual developed for this study. The inclusions and exclusions for each of these categories have been listed in 'Technical notes'.

As well as the expenditure information collected under the core categories, jurisdictions collected information or activities related to public health. This information enabled the jurisdictions to report on non-core activities that they considered to be related to public health and important in explaining their data. These expenditures were not included in the 1999–00 national aggregates. Note that some of this expenditure was previously included in the *All other core public health* category or was not previously reported.

Total expenditure recorded by each State and Territory for the core categories comprises three components: activity-specific, program-wide and agency-wide expenditure (refer to 'Technical notes' for details). The Commonwealth has recorded both total expenditure and funding, with funding being the sum of expenditure and payments to States and Territories. Commonwealth expenditure can be separated into 'administered' and 'departmental' expenditure.

The expenditures examined in this study included only those incurred by the key health departments and agencies of the Commonwealth and the States and Territories (Figure 1.1).



Note: PHOFAs = Public Health Outcome Funding Agreements; SPPs = Specific Purpose Payments.

Figure 1.1: Funding and expenditure on public health services in Australia, 1999–00

This study includes only that part of expenditure on core public health activities by LGAs and NGOs that was covered by funding provided by State and Territory and/or Commonwealth health departments. Nonetheless, some attempt has been made to quantify the financial contribution that NGOs and LGAs make towards public health by developing broad preliminary estimates of their own funding for 'public health-type' activities.

In the case of LGAs, information was gathered from State Grants Commissions and the ABS and this was used to calculate the likely expenditure incurred by LGAs in undertaking public health-type activities. For the NGOs, the financial statements of a sample group of organisations, known to be involved in public health-type activities, were examined and the proportion of their total expenditure that was directed to public health-type expenditure was identified. The amount spent by both LGAs and NGOs was found to be substantial when compared to the $931.2 million of government expenditure that this report records. These findings are presented in Chapter 11, but, as mentioned earlier, only those (unidentified) parts of that expenditure funded by the Commonwealth and/or State and Territory health departments have been included in the national aggregates of expenditure on core public health activities.

The study does not include expenditures incurred in complying with public health regulations, nor does it include the contribution made by households in preventing injury and illness and promoting healthy environments within the family and the larger community. These are, nonetheless, important contributions to public health.

Spending on public health is examined from two aspects:

- who incurs the expenditure (expenditure)
- who provides the funds for that expenditure (funding).

While State and Territory Governments are the major providers of public health services and therefore incur most of the related expenditure, the responsibility for funding those services is shared equally between the Commonwealth and the States and Territories.

Comparisons between the 1998–99 and 1999–00 expenditure estimates, particularly at the level of the individual component activities, are not recommended due to the changes in the public health categories between the two collections.

The public health expenditure categories that will be used for the 2000–01 collection are consistent with the nine core categories used in this collection. It will therefore be possible to make comparisons between the 1999–00 and 2000–01 expenditure data in the next report.

1.3 Key findings

- Total expenditure on core public health activities during 1999–00 was estimated at $931 million.
- Total public health expenditure in 1999–00 represents 1.8% of total recurrent expenditure on all health services in Australia (Table 1.1).
- The three core public health activities attracting the highest levels of expenditure were:
  - *Selected health promotion*—$166 million
  - *Communicable disease control*—$154 million
  - *Organised immunisation*—$153 million.
- Expenditure on *Organised immunisation* decreased from 1998–99 to 1999–00 by $25 million. This was largely due to cessation of the National Measles Control Campaign, which was a one-off program that applied during 1998–99.

- Spending on *Public health research*, which became a discrete core category in this 1999–00 collection, totalled $70 million.
- Expenditure on *Prevention of hazardous and harmful drug use*, another new discrete category in 1999–00, totalled $123 million. Expenditures on these types of activities were reported for 1998–99 under *Selected health promotion* and *All other core public health.*
- Of a total of $931.2 million spent on public health activities during 1999–00, the States and Territories spent $652 million or 70%, and the Commonwealth, $280 million (30%).
- The Commonwealth Government provided $465 million, almost 50%, of total funding for core public health activities in Australia and the State and Territory Governments just over 50%, at $466 million.
- LGAs spent an estimated $223 million on public health-type activities in 1999–00. Of this, only that part that was funded by grants from health departments has been included in the estimates of expenditure on core public health.
- NGOs provided at least $93 million from their own resources to fund public health-type activities, based on a survey of 32 large NGOs receiving public health funding from the Commonwealth and State/Territory health departments. Like the LGA expenditure, only that part of the NGO expenditure that was funded by health departments is included in the estimates of expenditure on core public health.

Table 1.1: Public health expenditure by Commonwealth, State and Territory Governments, and total recurrent health expenditure, current prices, Australia, 1999–00 ($ million)

	1999–00
Total core public health expenditure	$931
Estimated recurrent health expenditure[(a)]	$52,092
Public health as a proportion of total recurrent health expenditure	1.8%

(a) Based on preliminary AIHW and ABS estimates.

1.4 Government funding of public health services

State and Territory Governments funded just over half ($466 million) of the expenditure on public health activities in 1999–00. The Commonwealth provided the balance of $465 million.

All of the funding provided by States and Territories is regarded, for the purposes of this study, as being for State and Territory programs. The Commonwealth's funding, on the other hand, was regarded as being for both their own programs and to support some State and Territory programs. Most Commonwealth funding ($279.5 million) was to fund Commonwealth expenditures, with the remaining $185.7 million funding expenditures incurred by the States and Territories (Table 1.2).

Of the Commonwealth funding that went to States and Territories, almost two-thirds ($116.3 million) were provided under the Public Health Outcome Funding Agreements (PHOFAs) (Table 2.2 and Figure 1.1).

Table 1.2: National public health expenditure (including program-wide and agency-wide expenditure) by source of funds, 1999–00

Expenditure type	Amount ($ million)	Proportion of total public health expenditure (%)
Funding by the Commonwealth		
Commonwealth's own expenditure	279.5	30.0
Payments to the States and Territories	185.7	19.9
Total Commonwealth funding	*465.2*	*50.0*
Funding by the States and Territories	466.0	50.0
Total expenditure on core public health activities	**931.2**	**100.0**

1.5 Expenditure on government public health services

Expenditure incurred by States and Territories on public health activities during 1999–00 was $651.7 million. This represented 70.0% of total expenditure. Expenditure by the Commonwealth was $279.5 million or 30.0%(Table 1.3).

1.5.1 Expenditure on the major core public health categories

Selected health promotion accounted for $166.0 million, or 17.8% of all expenditure on core public health activities by all jurisdictions. This included spending on a broad range of programs, including municipal health planning, injury prevention, public health nutrition and the promotion of mental health awareness.

Other core public health activities that each attracted more than 10% of total expenditure were:

- *Communicable disease control*, $153.5 million or 16.5%
- *Organised immunisation*, $153.3 million (16.5%)
- *Prevention of hazardous and harmful drug use*, $123.2 million or 13.2%, and
- *Breast cancer screening* — $97.2 million (10.4%).

Table 1.3: National expenditure by Commonwealth, States and Territories on core public health categories, including program-wide and agency-wide expenditure, 1999–00 ($ million)

	Commonwealth[a]	States and Territories[b]	Total	Proportion of total (%)
Communicable disease control	21.4	132.1	153.5	16.5
Selected health promotion	36.0	129.9	166.0	17.8
Organised immunisation	49.1	104.3	153.3	16.5
Environmental health	18.7	42.7	61.4	6.6
Food standards and hygiene	10.8	14.2	25.1	2.7
Breast cancer screening	2.1	95.1	97.2	10.4
Cervical screening	57.9	23.0	80.9	8.7
Prevention of hazardous and harmful drug use	27.3	96.0	123.2	13.2
Public health research	56.0	14.3	70.3	7.5
PHOFAs and other general public health grants	0.3	. .	[c]0.3	. .
Total expenditure	**279.5**	**651.7**	**931.2**	**100.0**
Percentage of total	30.0%	70.0%	100.0%	

(a) Commonwealth expenditure excludes grants to States and Territories and includes departmental and administered expenditure (see Glossary for an explanation of these terms).

(b) States and Territories' expenditure includes activity-specific expenditure and indirect expenditure (see Glossary).

(c) $0.3 million represents expenditure by the Commonwealth in administering grants of $185.7 million to States and Territories. The grants themselves are included within the expenditure recorded in the above nine core categories but cannot be discretely identified for each of those categories.

Expenditure on *Cervical screening* amounted to $80.9 million or 8.7% of total expenditure on core public health activities.

For the new core category, *Public health research*, expenditure was estimated at $70.3 million (7.5%).

Total expenditure on *Environmental health*, which included such programs as mosquito and rat control, Legionella control and hazardous materials management, and activities such as water quality testing and sampling, was $61.4 million (6.6%).

Expenditure on *Food standards and hygiene* amounted to $25.1 million (2.7%).

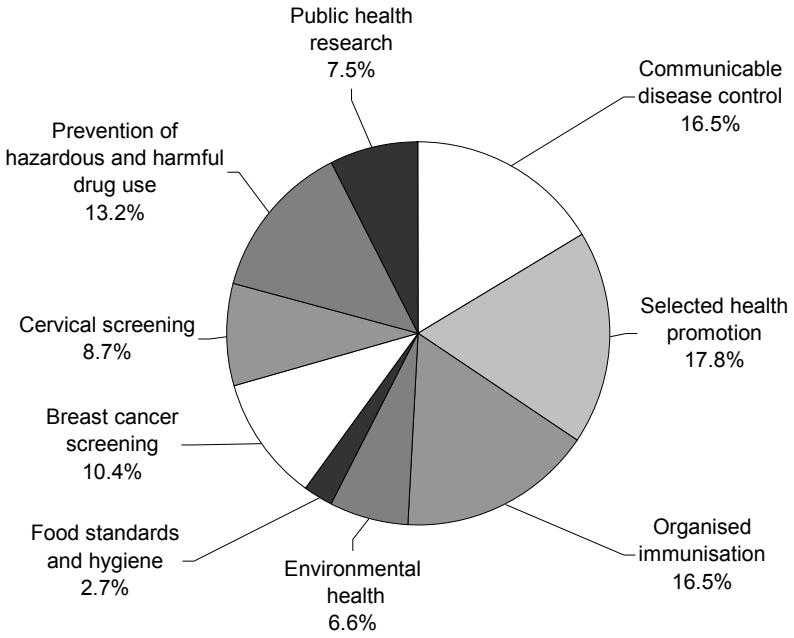


Figure 1.2: Total expenditure on core public health activities, all jurisdictions, current prices, by category, 1999–00

2 Expenditure and funding by the Commonwealth Health and Aged Care portfolio

2.1 Introduction

The Commonwealth funds public health activities in two ways:

- expenditures by the (then) Department of Health and Aged Care and the other agencies within the portfolio
- payments to the States and Territories (Figure 2.1).

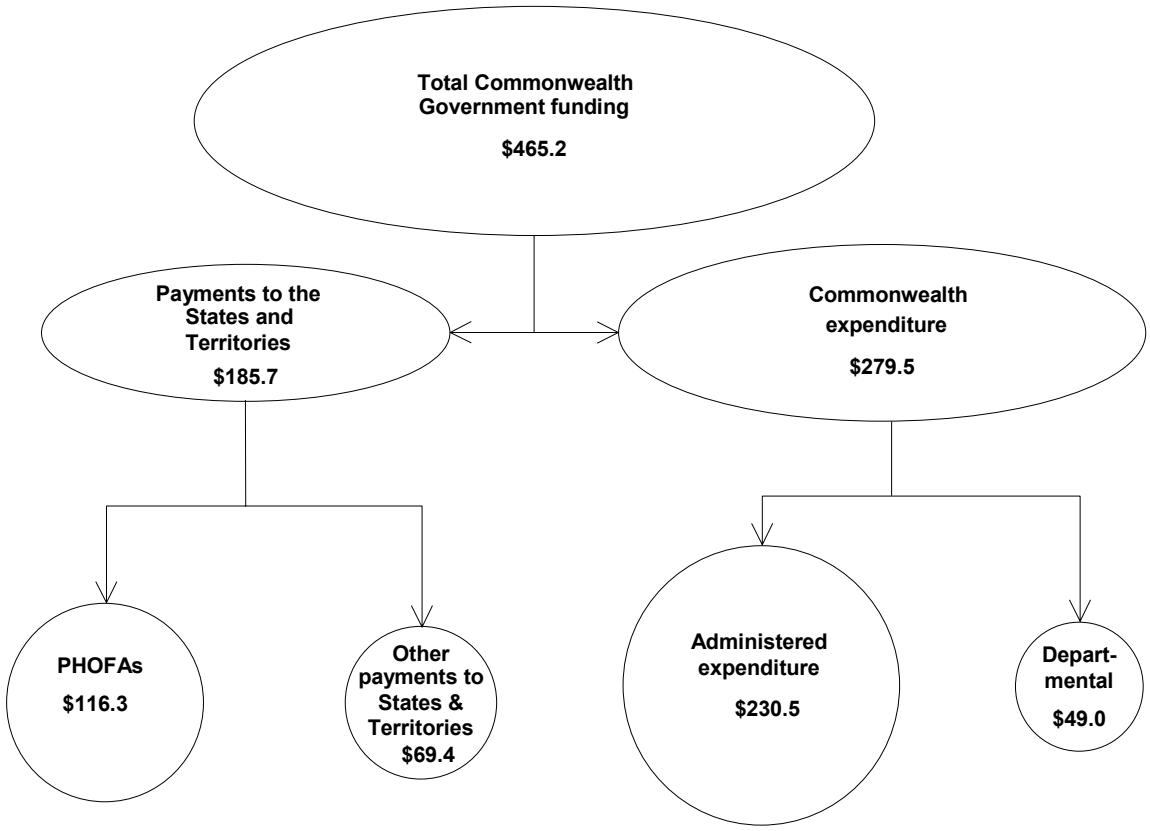
The total funding of public health services by the portfolio in 1999–00 of $465.2 million was slightly higher than that estimated for 1998–99—$459.2 million (AIHW 2001).

More than two-thirds of all public health funding within the portfolio was undertaken in the Population Health Division of the department. Other areas of the department that provided funding were:

- Health Access and Financing Division
- Health Services Division
- Health Industry Investment Division
- Office of Aboriginal and Torres Strait Islander Health (OATSIH).

The major agencies that contributed to total portfolio expenditure on public health were:

- Australia New Zealand Food Authority (ANZFA)
- Australian Radiation Protection and Nuclear Safety Agency (ARPANSA)
- Australian Institute of Health and Welfare (AIHW).



Note: PHOFAs = Public Health Outcome Funding Agreements.

Figure 2.1: Commonwealth Health and Aged Care portfolio, distribution of funding, current prices, 1999–00 ($ million)

2.2 Overview of results

2.2.1 Total funding

Total portfolio funding of public health activities in 1999–00 was $465.2 million (Table 2.1). Of this, $185.7 million (39.9%) was in the form of payments to the States and Territories. Almost two-thirds of these payments to the States and Territories were grants under the PHOFAs, which accounted for $116.3 million. The remaining $279.5 million was expenditure by the Commonwealth, including expenditure on administering the payments to the States and Territories.

Table 2.1: Funding of core public health activities by the Commonwealth Department of Health and Aged Care, 1999–00 ($ million)

	Funding by the Commonwealth ($ million)			
Category	Commonwealth expenditure[a]	Payments to States and Territories[b]	Total	Proportion (%)
Communicable disease control	21.4	4.9	26.3	5.6
Selected health promotion	36.0	. .	36.0	7.7
Organised immunisation	49.1	61.8	110.8	23.8
Environmental health	18.7	. .	18.7	4.0
Food standards and hygiene	10.8	. .	10.8	2.3
Breast cancer screening	2.1	. .	2.1	0.4
Cervical screening	57.9	. .	57.9	12.4
Prevention of hazardous and harmful drug use	27.3	2.7	30.0	6.5
Public health research	56.0	. .	56.0	12.0
PHOFA	0.3	116.3	116.6	25.1
Total core public health[c]	**279.5**	**185.7**	**[c]465.2**	**100.0**

(a) Includes Medicare expenditure that has a public health purpose. Also includes any payments for the purchase of public health services from State and Territory government instrumentalities.

(b) Includes all special purpose payments with a public health purpose, including essential vaccine expenditure.

(c) In addition to the $465.2 million, $39.1 million was spent on 'Public health related activities'.

2.2.2 Payments to the States and Territories

Essentially, there are two mechanisms through which the Commonwealth funds public health services provided by State and Territory Governments:

- under funding agreements with the States and Territories
- by the Commonwealth purchasing services from or Territory public health service provider organisations.

Where the latter mechanism is used, the funding and expenditure are considered to be related to the Commonwealth's own expenditure—they are not included in the estimates of payments to the States and Territories.

The PHOFAs are a set of bilateral funding agreements between the Commonwealth and each State and Territory. Under these agreements, all jurisdictions undertake to work cooperatively towards agreed goals and targets through a range of national public health policies and strategies. The Commonwealth's contribution is through the provision of designated assistance to the States and Territories throughout the life of each agreement.

The PHOFAs are designed to promote administrative consistency and efficiency by introducing a single funding and reporting process across a range of public health initiatives. The programs that have been broadbanded within the PHOFAs (including the National Drug Strategy, the National HIV/AIDS Strategy, the National Immunisation Program, BreastScreen Australia and the National Cervical Screening Program) generally have their own national strategies, each of which has a range of performance indicators and evaluation processes.

States and Territories have flexibility in the way they use the base component of the PHOFA funding. They decide how to combine the Commonwealth and their own funds and apply them to local activities to achieve the agreed PHOFA outcomes. For this reason, it is not possible to disaggregate the Commonwealth funding under the PHOFAs to the individual core public health activity categories.

Total payments to States and Territories, including the PHOFAs, during 1999–00 amounted to $185.7 million (Table 2.2).

Table 2.2: Specific Purpose Payments to States and Territories for public health by the Commonwealth Department of Health and Aged Care, 1999–00 ($ million)

Category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Immunisation									
Essential vaccine purchases	11.8	9.9	7.9	4.3	2.4	0.9	0.6	0.5	38.4
Influenza vaccine purchases for people 65 and over	8.7	5.9	3.5	2.1	2.1	0.7	0.3	—	23.4
Total immunisation	*20.5*	*15.8*	*11.4*	*6.5*	*4.5*	*1.6*	*0.9*	*0.6*	*61.8*
Prevention of blood-borne diseases	1.9	1.0	0.8	0.1	0.4	0.4	0.2	—	4.9
Various drug prevention strategies	2.3	—	0.1	—	—	0.3	—	—	2.7
PHOFA base	39.7	25.7	19.9	10.4	10.3	4.5	2.9	2.9	116.3
Total payments	**64.4**	**42.6**	**32.3**	**17.0**	**15.3**	**6.9**	**4.0**	**3.5**	**185.7**

The current set of PHOFAs cover the five years from 1999–00 to 2003–04, inclusive. In 1999–00 they totalled $116.3 million, or 62.6% of all the Commonwealth funding to States and Territories.

2.2.3 Expenditure by the Commonwealth

Expenditure by the Commonwealth Health and Aged Care portfolio covers all those expenditures directly incurred by the Commonwealth. It does not include the actual payments that go to the States and Territories. As well as expenditure on the public health programs, themselves, it includes the related administrative expenditure—for administering both for the public health programs and the payments to the States and Territories. Total Commonwealth expenditure in 1999–00 was $279.5 million (Table 2.3).

Table 2.3: Expenditure on core public health activities by the Commonwealth Department of Health and Aged Care[a], 1999–00 ($ million)

	Expenditure by the Commonwealth		
Category	Administered expenditure	Departmental expenditure	Total
Communicable disease control	16.8	4.6	21.4
Selected health promotion[b]	30.4	5.6	36.0
Organised immunisation	47.2	1.8	49.1
Environmental health[b]	1.1	17.6	18.7
Food standards and hygiene[b]	1.5	9.4	10.8
Breast cancer screening	0.7	1.4	2.1
Cervical screening	56.6	1.3	57.9
Prevention of hazardous and harmful drug use[b]	21.9	5.3	27.3
Public health research	54.3	1.7	56.0
PHOFAs[a]	. .	0.3	0.3
Total core public health[c]	**230.5**	**49.0**	**279.5**

(a) Does not include payments to States and Territories.

(b) Departmental expenditure on *Environmental health* and *Food standards and hygiene* are relatively higher than for other categories because they include operational expenditure for ARPANSA and ANZFA, respectively. Departmental expenditure for *Selected health promotion* and *Prevention of hazardous and harmful drug use* are relatively higher because they contain elements of social marketing campaigns such as those for illicit drugs and alcohol.

(c) Does not include $39.1 million on 'Public health related activities' in 1999–00. This was made up of $38.3 million in administered expenditure and $0.7 million in departmental expenditure.

2.2.4 Public health expenditure by categories

This subsection examines expenditure on each of the nine public health activity categories during 1999–00.

Communicable disease control

Total expenditure by the Commonwealth Health and Aged Care portfolio for *Communicable disease control* in 1999–00 was $21.4 million (Table 2.4).

HIV/AIDS, hepatitis C and sexually transmitted infections

The Commonwealth provides funding to peak community and professional bodies for a wide range of research, health promotion programs and policy developments addressing HIV/AIDS, hepatitis C and related diseases. In 1999–00, total Commonwealth expenditure was $7.8 million.

Other communicable disease control

This category includes expenditure of $1.8 million by the department's Population Health Division on disease surveillance systems, and $8.4 million by OATSIH on the National Indigenous Australians Sexual Health Strategy.

Table 2.4: Expenditure on *Communicable disease control* by the Commonwealth Department of Health and Aged Care, 1999–00 ($ million)

Expenditure	HIV/AIDS and hepatitis C	Other communicable disease control	Total communicable disease control
Administered			
Population Health Division	6.6	1.8	8.4
OATSIH	—	8.4	8.4
Total administered	*6.6*	*10.2*	*16.8*
Departmental	1.3	3.3	4.6
Total administered and departmental	**7.8**	**13.5**	**21.4**

The National Indigenous Australians Sexual Health Strategy is an integral, but separately funded, part of the National HIV/AIDS Strategy. It provides a comprehensive approach to preventing the spread of HIV and other sexually transmitted infections in Aboriginal and Torres Strait Islander communities.

Table 2.5: Administered expenditure by the Commonwealth Health and Aged Care portfolio under the National Indigenous Australians Sexual Health Strategy, 1999–00 ($ million)

State/Territory	Expenditure
New South Wales[(a)]	1.7
Victoria	0.3
Queensland[(a)]	2.2
Western Australia[(a)]	1.4
South Australia	0.5
Tasmania	0.2
Australian Capital Territory	–
Northern Territory[(a)]	1.1
National projects	0.9
Total administered	**8.4**

(a) Includes funding for Polymerase Chain Reaction initiative. This expenditure involves the introduction of a new diagnostic technique, Polymerase Chain Reaction technology, which aims to support the early detection and treatment of sexually transmitted diseases in Aboriginal and Torres Strait Islander peoples. The use of this technology also has the aim of reducing the transmission of HIV.

Selected health promotion

Total expenditure by the Commonwealth Health and Aged Care portfolio in 1999–00 for *Selected health promotion* activities was $36.0 million (Table 2.6). This expenditure included:

- chronic disease self-management
- falls and injury prevention projects
- safety promotion projects
- nutrition awareness projects
- the promotion of increased physical activity

- the provision of information and referral services with respect to sexual and reproductive health.

Expenditure by OATSIH included the funding of projects to address substance abuse and funding of activities under the National Aboriginal and Torres Strait Islander Eye Health Program.

Expenditure by Health Services Division included funding for the National Mental Health Program, the National Suicide Prevention Program and the Rural Women's GP Service.

Table 2.6: Expenditure on *Selected health promotion* by the Commonwealth Department of Health and Aged Care, 1999–00 ($ million)

Expenditure	Selected health promotion
Administered	
Population Health Division	19.0
OATSIH	1.0
Health Services Division	10.4
Total administered	*30.4*
Departmental	5.6
Total administered and departmental	**36.0**

Organised immunisation

Expenditure for *Organised immunisation* by the Commonwealth Health and Aged Care portfolio in 1999–00 was $49.1 million (Table 2.7). This expenditure is in addition to funding to the States and Territories for immunisation, which totalled $61.8 million (Table 2.2).

The majority of Commonwealth expenditure under this category was for the General Practice Immunisation Incentive (GPII) scheme. The GPII scheme provides financial incentives to general practitioners (GPs) to monitor, promote and provide age-appropriate immunisation services to children under the age of seven.

The GPII payment is made up of three components:

- a service incentive payment
- an outcome payment
- funding to the Divisions of General Practice.

The service incentive payment is a payment of $18.50 to GPs who notify the Australian Childhood Immunisation Register (ACIR) of an immunisation event that completes one of the six immunisation schedules for children under the age of seven. Payments commenced from 1 July 1998 and a total of $19.5 million was distributed in 1999–00.

The outcome payment assists general practices to meet infrastructure costs associated with immunisation (reminder recall systems, computer software, etc.) The outcome payment was made to practices that achieved a 70%, 80% and 90% proportion of age-appropriate immunisation in the first year of the scheme (1998–99), and 80% and 90% in the second year (1999–00). This tiered system provided an incentive for practices to improve coverage over time. A total of $13.3 million was provided to practices under the outcome payment component of the GPII scheme in 1999–00.

Immunisation infrastructure funding aims to help Divisions of General Practice in their role as promoters of quality service. Divisions are provided with immunisation statements,

reporting the proportion of age-appropriate immunisation of children who reside in postcodes covered by their Division. In return they are asked to list child immunisation as a core activity in their strategic/business plans. This funding also supports State-based organisations undertaking immunisation activities. Indicators for measuring progress are to be negotiated as part of the Divisions' business planning processes. A total of $3.7 million was provided to Divisions in 1999–00.

Table 2.7: Expenditure on *Organised immunisation* by the Commonwealth Health and Aged Care portfolio, 1999–00 ($ million)

Expenditure	Organised childhood immunisation	Organised pneumococcal and influenza immunisation	All other organised immunisation	Total organised immunisation
Administered				
Population Health Division	5.2	—	0.9	6.1
Health Access and Financing Division	39.0	—	—	39.0
OATSIH	—	2.1	—	2.1
Total administered	*44.2*	*2.1*	*0.9*	*47.2*
Departmental	1.5	0.3	—	1.8
Total administered and departmental	**45.7**	**2.5**	**0.9**	**49.1**

Note: These data do not include funds provided by the Commonwealth through the PHOFAs and used by State and Territory Governments for Immunisation.

Immunise Australia Program

The Immunise Australia Program aims to reduce the incidence of vaccine-preventable diseases and their associated mortality and morbidity by increasing and maintaining high immunisation coverage in Australia. The program is a joint initiative between the Commonwealth Government and State and Territory Governments, with the involvement of immunisation providers.

The Commonwealth's role is to provide national leadership and policy direction for the Program. Its major funding role is to provide funds to States and Territories to purchase essential vaccines in accordance with the National Health and Medical Research Council's (NHMRC) Australian Standard Vaccination Schedule. State and Territory Governments are responsible for the service delivery components of the program, including the purchase and distribution of vaccines to immunisation providers.

Some of the initiatives introduced under the Immunise Australia Program have included:

- free provision of influenza vaccine for all Australians aged 65 years and over
- funding for States and Territories to purchase diphtheria, tetanus and pertussis acellular vaccine for the primary childhood course of vaccinations.

National Indigenous Pneumococcal and Influenza Immunisation Program

Funding provided under the National Indigenous Pneumococcal and Influenza Immunisation Program, administered through OATSIH, enabled free influenza and pneumococcal vaccines to be made available to Aboriginal and Torres Strait Islander adults and younger people in high-risk groups through bilateral arrangements with the State and Territory Governments. Total expenditure in 1999–00 was $2.1 million (Table 2.8). This is

included as Commonwealth expenditure, even though it was provided to States and Territories.

Table 2.8: Administered expenditure[a] by the Commonwealth Health and Aged Care portfolio under the National Indigenous Pneumococcal and Influenza Immunisation Program, 1999–00 ($ million)

State/Territory	Expenditure
New South Wales	0.9
Victoria	0.1
Queensland	0.4
Western Australia	0.4
South Australia	0.2
Tasmania[b]	—
Australian Capital Territory[b]	—
Northern Territory	0.2
Total administered	**2.1**

(a) Includes funding for vaccine supply and education/communication activities.

(b) Expenditures for the Australian Capital Territory and Tasmania were $9,000 and $6,000 respectively.

Environmental health

Total expenditure for *Environmental health* by the Commonwealth Health and Aged Care portfolio in 1999–00 was $18.7 million (Table 2.9). The most significant item of expenditure under this category related to the operations of the ARPANSA, which totalled $16.1 million. ARPANSA is a Commonwealth agency responsible for protecting the health and safety of people and the environment from the harmful effects of ionising and non-ionising radiation. Major activities include:

- leading the development of standards, codes of practice, guidelines and other relevant material to support radiation protection and nuclear safety, including regulation, throughout Australia
- using its licensing powers and working with Commonwealth entities to ensure the safety of their radiation facilities and sources
- advising the Government and other stakeholders on issues related to radiation protection and nuclear safety
- undertaking research and development in radiation protection and nuclear safety.

Other expenditure included policy development on health impact assessment, health risk assessment, water quality, and environmental health information and workforce development.

Table 2.9: Expenditure on *Environmental health* by the Commonwealth Health and Aged Care portfolio, 1999–00 ($ million)

Expenditure	Environmental health
Administered	1.1
Departmental	
Population Health Division	1.5
ARPANSA[(a)]	16.1
Total departmental	*17.6*
Total administered and departmental	**18.7**

(a) ARPANSA includes expenditure relating to the former Nuclear Safety Bureau.

Regulation of therapeutic goods

In 1999–00, the Therapeutic Goods Administration (TGA) financing moved to full cost recovery. Therefore, there was no net government expenditure for inclusion in this report.

Food standards and hygiene

Total expenditure for *Food standards and hygiene* by the Commonwealth Health and Aged Care portfolio in 1999–00 was $10.8 million (Table 2.10).

ANZFA was established under the *Australia New Zealand Food Authority Act 1991*. It provided a focus for cooperation between governments, industry and the community to ensure a safe and nutritious food supply. In this study, all ANZFA expenditure is considered to be within the 'departmental' category in that all expenditure by ANZFA was directly incurred by ANZFA. Expenditure by the Population Health Division of the Department was for the establishment of a Food Policy Section, which contributed to the Council of Australian Governments' food regulatory reforms and developed sentinel sites for food-borne illness surveillance and food safety management activities.

Table 2.10: Expenditure on *Food standards and hygiene* by the Commonwealth Health and Aged Care portfolio, 1999–00 ($ million)

Expenditure	Food standards and hygiene
Administered	1.5
Departmental	
Population Health Division	0.7
ANZFA	8.6
Total departmental	*9.4*
Total administered and departmental	**10.8**

Breast cancer screening

In 1999–00 the Commonwealth Health and Aged Care portfolio spent $2.1 million on activities related to *Breast cancer screening* (Table 2.11). This excludes any part of the PHOFA funding that may be used to fund breast cancer screening activities. Most expenditure reported in this section was for the national administration of the BreastScreen Australia program and also the screening-related functions of the National Breast Cancer Centre.

Table 2.11: Expenditure[a] on *Breast cancer screening* by the Commonwealth Health and Aged Care portfolio, 1999–00 ($ million)

Expenditure	Breast cancer screening
Administered	0.7
Departmental	1.4
Total administered and departmental	**2.1**

(a) Not including any part of the PHOFA funding to States and Territories that may be used for funding breast cancer screening activities.

Cervical screening

Estimated expenditure by the Commonwealth Health and Aged Care portfolio allocated to the core public health category *Cervical screening* in 1999–00 was $57.9 million (Table 2.12). The main components of this were:

- payments under Medicare—$54.2 million
- $1.3 million under departmental expenditure
- $0.6 million expenditure by the department's Population Health Division which includes social marketing and research activities for cervical screening.

The Medicare component of estimated expenditure under *Cervical screening* was made up of $25.0 million for GP consultations, $20.5 million for pathology testing, $7.1 million for the cost of collecting samples and $1.6 million in payments to the Health Insurance Commission (see 'Technical notes', Chapter 13, page 119, for methodology).

A further $31.6 million has been identified in this report as 'Public health related activities' expenditure on cervical pathology.

If the Medicare components included in both the *Cervical screening* category and 'Public health related activities' expenditure are taken together, the total expenditure is $87.6 million.

Table 2.12: Expenditure[a] on *Cervical screening* by the Commonwealth Health and Aged Care portfolio, 1999–00 ($ million)

Expenditure	Cervical screening
Administered	
Population Health Division	0.6
Health Access and Financing Division (including Medicare benefits)	56.0
Total administered	*56.6*
Departmental	1.3
Total administered and departmental	**57.9**

(a) Not including any part of the PHOFA funding to States and Territories that may be used for funding cervical screening activities.

Prevention of hazardous and harmful drug use

The majority of Commonwealth expenditure on alcohol was part of the National Alcohol Strategy, including the National Youth Alcohol Campaign. Funding was also provided for the National Expert Advisory Committee on Alcohol, which advises the Commonwealth on health and alcohol-related matters.

Table 2.13: Expenditure on *Prevention of hazardous and harmful drug use* by the Commonwealth Health and Aged Care portfolio, 1999–00 ($ million)

Expenditure	Alcohol	Tobacco	Illicit and other drugs of dependence	Total
Administered	5.2	3.4	13.2	21.9
Departmental	1.3	0.8	3.2	5.3
Total administered and departmental	**6.5**	**4.3**	**16.5**	**27.3**

The Commonwealth's administered expenditure of $3.4 million on Tobacco was almost totally focused on the National Tobacco Campaign, the development of its underlying strategy and an evaluation of its effectiveness (Table 2.13).

The three main areas of Commonwealth expenditure on Illicit and other drugs of dependence were:

- 84 projects under the Community Partnership Initiative, totalling $1.7 million
- an estimated $5 million under the NGO Treatment Grants Program, and
- expenditure of $3.2 million associated with the National Illicit Drugs Campaign.

Public health research

Total expenditure for *Public health research* was $56.0 million (Table 2.14). *Public health research* funded through the department's Population Health Division included ongoing expenditure under the Public Health Education and Research Program of $7 million, almost $12 million for research into HIV/AIDS, and illicit and other drugs of dependence. Other significant items included $2.3 million to the Australian Institute of Health and Welfare (AIHW), a total of $1.5 million on projects associated with the Strengthening the Evidence Base initiative and $0.7 million for ongoing development of the HealthWiz database.

The Office of National Health and Medical Research Council (ONHMRC) spent $7.6 million in 1999–00 on research projects that fell within the project's definition of public health.

Table 2.14: Expenditure on *Public health research* by the Commonwealth Health and Aged Care portfolio, 1999–00 ($ million)

Expenditure	Public health research
Administered	
Population Health Division	46.8
ONHMRC	7.6
Total administered	*54.3*
Departmental	1.7
Total administered and departmental	**56.0**

2.2.5 Expenditure on 'Public health related activities'

Total expenditure by the Commonwealth for 'Public health related activities' in 1999–00 was $39.1 million (Table 2.15). This expenditure is not included in aggregate public health expenditure as it is not within the scope of 'core public health'. For example, $31.6 million of

this amount was for activities related to cervical screening but not appropriate to include under the core category *Cervical screening* (see 'Technical notes', page 120, for methodology).

The Commonwealth Health and Aged Care portfolio also identified 'Public health related' expenditure for the following activities:

- pituitary hormones initiatives
- National Drug Strategy initiatives, including grants for services provided by NGOs. It was estimated that half this expenditure was for treatment and would be shown as 'Public health-related activities'. The remainder ($5 million) has been included in *Prevention of hazardous and harmful drug use*.

Table 2.15: Expenditure on 'Public health related activities' by the Commonwealth Health and Aged Care portfolio, 1999–00 ($ million)

Expenditure	Public health related activities
Administered	38.3
Departmental	0.7
Total administered and departmental	**39.1**

2.3 Comparability with 1998–99 results

The changes to the scope of activities for which expenditure estimates were calculated render comparisons between the 1998–99 estimates and those for 1999–00 for most categories, meaningless. Nonetheless, the following tables and comments look at the way expenditures were reported for the two years.

2.3.1 Commonwealth funding

The addition of the *Prevention of hazardous and harmful drug use* and *Public health research* categories in the 1999–00 collection makes it inappropriate to compare funding over the two years. Much of the expenditure that could have been allocated to those categories in 1998–99, had they existed, would have been allocated across the eight original categories in that collection. This is reflected by apparent reductions in expenditure between 1998–99 and 1999–00 (Table 2.16).

Additionally, there were expenditures that would, in the 1998–99 collection, have been included in the category *All other core public health* and that have been allocated as 'public health-related' expenditure in the 1999–00 data. These would have been included in the estimates of public health expenditure in 1998–99, but are not so included in 1999–00.

Table 2.16: Comparison of funding on core public health activities by the Commonwealth Department of Health and Aged Care, constant (1999–00) prices, 1998–99 and 1999–00 ($ million)

Category	1998–99	1999–00
Payments to the States and Territories	196.8	185.7
Commonwealth expenditure	272.7	279.5
Total core public health	**469.5**	**465.2**

Despite the non-comparability of total public health funding overall, there was an identifiable reduction in funding for *Organised immunisation* of $29.8 million (Table 2.17). Almost all of this is explained by the cessation of the National Measles Control Campaign—a one-off school-based campaign that ran from August to November 1998. The Commonwealth's funding for that program during 1998–99 was $27.4 million.

Table 2.17: Comparison of funding on core public health activities by the Commonwealth Department of Health and Aged Care, by core category, constant (1999–00) prices, 1998–99 and 1999–00 ($ million)

Category	1998–99[(a)]	1999–00[(a)]
Communicable disease control	29.1	26.3
Selected health promotion	44.2	36.0
Organised immunisation	140.6	110.8
Environmental health	32.4	18.7
Food standards and hygiene	9.2	10.8
Breast cancer screening	5.2	2.1
Cervical screening	61.0	57.9
Prevention of hazardous and harmful drug use[(b)]	. .	30.0
Public health research[(b), (c)]	17.4	56.0
All other core public health[(d)]	6.8	. .
PHOFA	123.7	116.6
Total core public health[(e)]	**469.5**	**465.2**

(a) Comparison of components across years is not appropriate because of changes in classification of expenditures between years (see Table 13.1, page 118).

(b) New category in 1999–00.

(c) *Public health research* was not a core category in the 1998–99 report. The Commonwealth did, however, report some expenditure on public health research in the 1998–99 collection. The Commonwealth has now extended the collection of public health research expenditure to be consistent with the project's definition of public health research for this 1999–00 collection.

(d) The category *All other core public health* only applies to the 1998–99 collection.

(e) The 1999–00 figure excludes $39.1 million spent on 'Public health related activities' that are not classified as core public health.

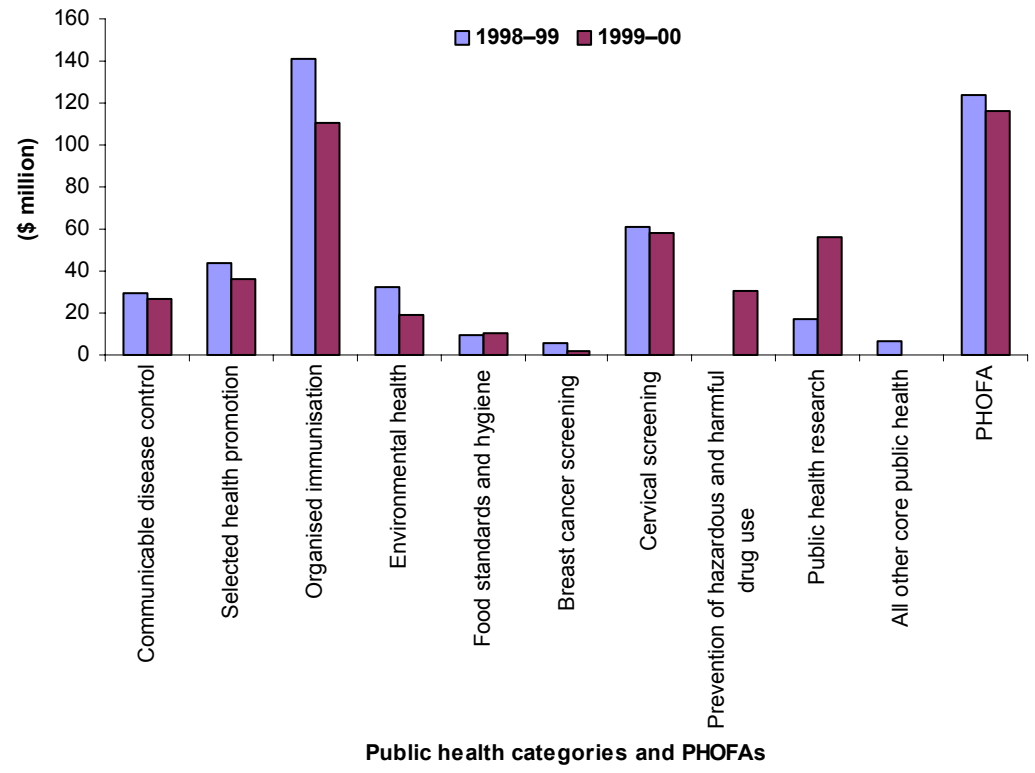


Figure 2.2: Comparison of funding on core public health activities by the Commonwealth Department of Health and Aged Care, constant (1999–00) prices, 1998–99 and 1999–00 ($ million)

2.3.2 Commonwealth expenditure

Expenditure by the Commonwealth increased in overall terms, despite apparent decreases in some categories. The reduction in the *Environmental health* category was largely due to TGA moving to full cost recovery (see 'Regulation of therapeutic goods', page 18). This had the effect of reducing Commonwealth expenditure by $15 million, even though there had been no reduction to the levels of TGA activity.

Much of the reduction in expenditure on *Organised immunisation* was because the National Measles Control Campaign, which was a one-off program, applied to the 1998–99 year only.

The apparent increase in expenditure on *Public health research* reflects definitional changes. The data included in 1998–99 was a pilot collection and did not include some ongoing expenditures that have now been identified as having a public health purpose. In addition, improvements to the definitions used mean that the 1999–00 estimates for this category include some items that may have been included in other categories in the 1998–99 report.

Apparent reductions in expenditure on other activities can largely be attributed to the addition of the categories *Prevention of hazardous and harmful drug use* and *Public health research*, which effectively redistributed some 1998–99 ongoing expenditures away from other categories (see Commonwealth funding, page 21).

The reduction of $0.6 million in departmental expenditure in the PHOFA item results from unusually high departmental expenditure in 1998–99 because that was a year in which the

PHOFAs were renegotiated with the States and Territories. In 1999–00, the level of departmental resources required to administer the PHOFAs has returned to normal levels.

Table 2.18: Comparison of expenditure on core public health activities by the Commonwealth Department of Health and Aged Care, by core category, constant (1999–00) prices, 1998–99 and 1999–00 ($ million)

Category	1998–99[(a)]	1999–00[(a)]
Communicable disease control	24.7	21.4
Selected health promotion	41.0	36.0
Organised immunisation	74.1	49.1
Environmental health	32.4	18.7
Food standards and hygiene	9.2	10.8
Breast cancer screening	5.2	2.1
Cervical screening	61.0	57.9
Prevention of hazardous and harmful drug use	. .	27.3
Public health research	17.4	56.0
All other core public health	6.8	. .
PHOFA	0.9	0.3
Total core public health[(b)]	**272.7**	**279.5**

(a) Comparison of components across years is not appropriate because of changes in classification of expenditures between years.

(b) The 1999–00 figure excludes $39.1 million spent on 'Public health related activities' that are not classified as core public health.

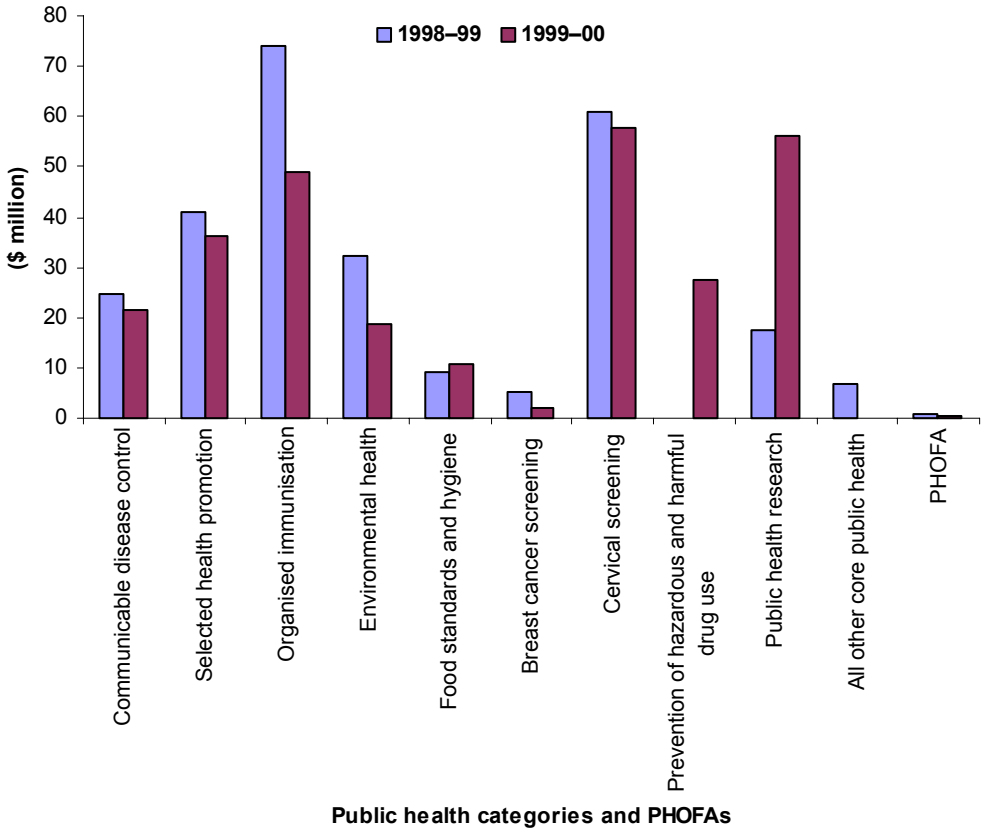


Figure 2.3: Comparison of expenditure on core public health activities by the Commonwealth Department of Health and Aged Care, constant (1999–00) prices, 1998–99 and 1999–00 ($ million)

3 Expenditure by New South Wales health authorities

3.1 Introduction

New South Wales is the most populous of Australia's States and Territories, with, at 6.5 million in 2000, over one-third of the total Australian population. Most of the State's population is located around the three major urban centres of Newcastle, Sydney and Wollongong.

State Government health services in New South Wales are arranged into 17 relatively autonomous 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 State department of health (NSW Health), on the other hand, has major State-wide responsibilities for:

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

Many public health services are also delivered by local government authorities in New South Wales.

While legislative responsibility for public health rests with NSW Health, the area health services and LGAs, the State's public health system extends to all organisations and groups whose activities contribute to the achievement of the State's public health goals.

The period covered by this report, 1999–00, includes the lead-up to the Olympic and Paralympic Games, which were held in Sydney in September 2000. These two major events necessitated increased emphasis on public health services and facilities, not only in the Sydney metropolitan region but throughout the State. This included increased health surveillance, environmental and food safety inspection, and counter-disaster planning.

3.2 Overview of results

Estimated expenditure by New South Wales on core public health activities during 1999–00 was $196.4 million (Table 3.1). This is equivalent to 2.7% of the total NSW Health recurrent expenditure. An additional $18.2 million was reported as 'Public health related activities'.

Most of the expenditure was directed to four major core categories. These were:

- *Communicable disease control*
- *Breast cancer screening*
- *Organised immunisation*, and
- *Selected health promotion*.

Table 3.1: Expenditure on core public health activities, New South Wales, current prices, 1999–00

Category	Total expenditure ($ million)	Proportion of total core public health expenditure (%)
Communicable disease control	54.2	27.6
Selected health promotion	28.7	14.6
Organised immunisation	31.9	16.3
Environmental health	7.3	3.7
Food standards and hygiene	4.4	2.3
Breast cancer screening	36.8	18.8
Cervical screening	5.0	2.5
Prevention of hazardous and harmful drug use	19.3	9.8
Public health research	8.7	4.4
Total core public health	**196.4**	**100.0**
Public health related activities	18.2	. .

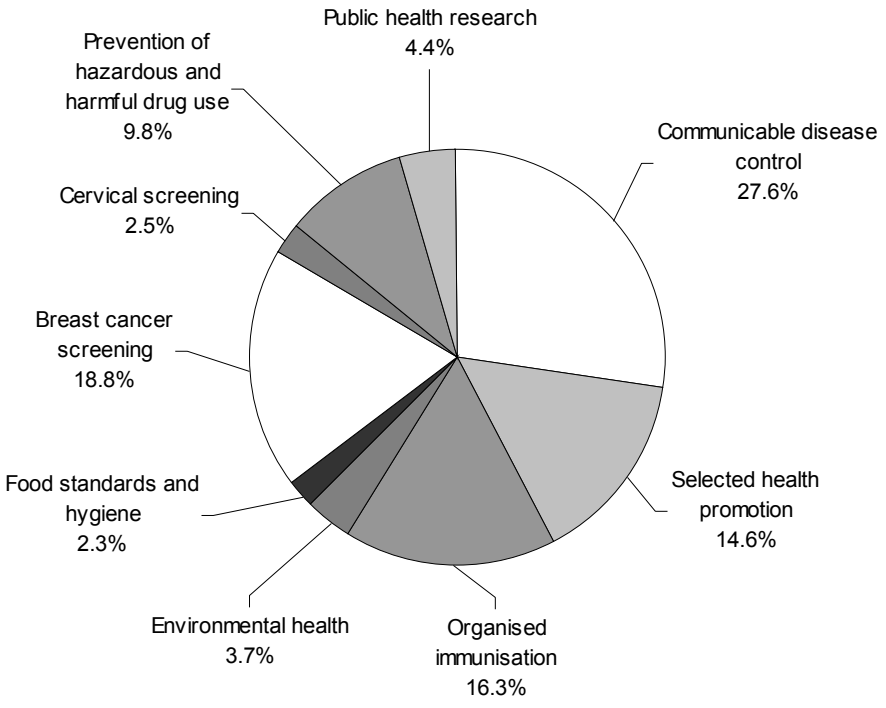


Figure 3.1: Expenditure on core public health activities, New South Wales, current prices, 1999–00

The level of expenditure incurred in 1999–00 reflects important achievements during this period. Some of these initiatives are highlighted under the relevant core category; however, the following are initiatives that have an impact across public health:

- The publication of the 2000 edition of *The Health of the People of New South Wales – Report of the Chief Health Officer*. This reported on the health of the State's population, including chronic and non-communicable conditions and a wide range of other health determinants.
- The 'Older People's Health Survey', conducted between June 1999 and February 2000. This involved telephone interviews with 8,500 people aged 65 years or over across the State, and focused on lifestyle, home and social environment, self-reported health status, older people as carers, physical activity and functioning, and the health priorities of diabetes, falls and mental health.
- The planning of public health services for the Sydney 2000 Olympic and Paralympic Games. NSW Health was responsible for public health services including health surveillance, environmental and food safety inspection, and counter-disaster planning.

3.2.1 Public health expenditure by categories

Communicable disease control

The expenditure reported for this category was $54.2 million. This was 27.6% of the total expenditure on public health. The major components of this category are *HIV/AIDS, hepatitis C and STI programs*, *Needle and syringe programs* and *Other communicable disease control*, amounting to $32.7 million, $11.0 million and $10.5 million respectively (Table 3.2).

Highlights in this category include the world's first major mass media information campaign on hepatitis C, conducted by NSW Health in partnership with a range of government and non-government organisations. It aimed to enhance the effectiveness of existing education and prevention programs and to increase awareness of hepatitis C risk. Evaluation of the campaign showed a significant increase in general community awareness and knowledge.

Table 3.2: Expenditure on *Communicable disease control*, New South Wales, current prices, 1999–00 ($ million)

Sub-category	Expenditure
HIV/AIDS, hepatitis C and STI programs	32.7
Needle and syringe programs	11.0
Other communicable disease control	10.5
Total	**54.2**

Selected health promotion

In 1999–00 the public health expenditure reported for the *Selected health promotion* category was $28.7 million, which was equivalent to 14.6% of the total public health expenditure reported in the period (Table 3.1).

The main activities reported under this category were:

- general health promotion and education, and
- injury prevention.

During this period, the NSW Cancer Council was funded to implement Phase 2 of the Slip Slop Slap and Save Your Skin campaigns. These campaigns increased the number of 'correct' or 'acceptable' sun protection measures taken by parents from 51% to 67%.

In September 1999, the Aboriginal Health Strategic Plan was launched. It was developed in partnership with the Aboriginal Health and Medical Research Council, Commonwealth Department of Health and Aged Care, and Aboriginal and Torres Strait Islander Commission. It identified five priorities, among them the improvement of access to health services, the improvement of social and emotional wellbeing, and the greater effectiveness of health promotion.

The Plan It Right campaign was launched during December 1999. This print and radio campaign for English- and non-English- speaking people was undertaken to provide tips on how to make 'the biggest party of the Millennium' hosted by Sydney a safe and enjoyable event.

Organised immunisation

The expenditure reported for this category was $31.9 million (Table 3.3). This was 16.3% of the total expenditure on public health during the year. Total expenditure for this category had been inflated in the 1998–99 collection, due to the misallocation of high-cost drugs. In this and future collections, expenditure on high-cost drugs is being excluded to bring New South Wales into line with the definitions for this category.

The major components for this category are:

- *Organised childhood immunisation*
- *All other organised immunisation*.

All other organised immunisation expenditure includes $8.9 million reported by NSW Health Public Health Division for pneumococcal and influenza immunisation.

A major achievement of the year was the probable interruption of measles transmission in New South Wales. Indications are that the transmission may have been interrupted for the first time in New South Wales as there were no reports of measles during September 1999. This was the first month since 1991 (when the Public Health Act's enhancement notification began) and most likely the first month since colonial times, that measles has not occurred in New South Wales.

Another important achievement was the direct distribution of all the vaccines on the NHMRC's immunisation schedule to all service providers in New South Wales. The introduction of direct delivery of vaccines to GPs has contributed significantly to an increase in vaccine coverage among all target populations.

Table 3.3: Expenditure on *Organised immunisation*, New South Wales, current prices, 1999–00 ($ million)

Sub-category	Expenditure
Organised childhood immunisation	20.3
All other organised immunisation	11.6
Total	**31.9**

Environmental health

The expenditure reported for *Environmental health* during 1999–00 was $7.3 million, which was equivalent to 3.7% of the total public health expenditure incurred during the financial year (Table 3.1).

During this financial year, the Housing for Health program was successfully implemented in nine communities around the State. The Aboriginal Environmental Health Officer training program was also expanded by four additional places, bringing the total to seven trainees.

Considerable resources were devoted to planning for environmental health safety during the Sydney Olympics, including the development of a Vessel Inspection Program to prevent disease outbreaks on visiting passenger ships.

Lead management programs, particularly in Broken Hill and North Lake Macquarie, resulted in a continuing decrease in children's blood lead levels. Environmental Health also began investigations of indoor air quality and drinking water quality (using Colisure) during 1999–00.

Food standards and hygiene

The expenditure incurred for the *Food standards and hygiene* category during 1999–00 was $4.4 million, which was equivalent to 2.3% of the total expenditure in public health during the period (Table 3.1).

During the period 232 responses were prepared on food issues raised in Parliament or directly to the Minister for Health. A significant milestone was achieved through the joint agreement by all Australian States and Territories to adopt uniform food standards across the country.

Breast cancer screening

The expenditure incurred for *Breast cancer screening* during 1999–00 was equivalent to $36.8 million, which was 18.8% of the total public health expenditure incurred during the financial period (Table 3.1).

In this period the NSW BreastScreen program performed 280,829 screenings and a new fixed screening unit was implemented in Broken Hill to provide screening services to the women in the New South Wales far west.

Cervical screening

The expenditure on cervical cancer screening during 1999–00 was $5.0 million, which was equivalent to 2.5% of the total public health expenditure reported during the period (Table 3.1).

As the NSW Pap Test Register is an important component of the Cervical Screening Program in New South Wales, its expenditure was included in this category.

Prevention of hazardous and harmful drug use

The expenditure reported for this category was $19.3 million, which was equal to 9.8% of the total expenditure incurred during the financial year (Table 3.4).

Achievements in this category include the introduction of the Smoke Free Workplace Policy, which aims to prohibit smoking in all health service buildings, vehicles and property

controlled by NSW Health by September 2002, and the introduction of point of sale tobacco advertising legislation.

Table 3.4: Expenditure on *Prevention of hazardous and harmful drug use*, New South Wales, current prices, 1999–00 ($ million)

Sub-category	Expenditure
Alcohol	3.5
Tobacco	5.7
Illicit and other drugs of dependence	0.5
Mixed	9.5
Total	**19.3**

Public health research

Total expenditure reported for research in public health was $8.7 million. This represented 4.4% of the total expenditure incurred in public health during the year (Table 3.1). Although this is the first time that States and Territories are reporting expenditure on *Public health research* as a separate category, this will not affect total expenditure for New South Wales. In the 1998–99 report, this expenditure was included under program-wide expenditure for each of the eight core categories.

3.2.2 Expenditure on 'Public health related activities'

Total expenditure for 'Public health related activities' was $18.2 million in 1999–00 (Table 3.5).

Table 3.5: Expenditure on 'Public health related activities', New South Wales, current prices, 1999–00 ($ million)

Sub-category	Expenditure
Health service regulation—professional registration	5.4
Health service regulation—other regulation	1.4
Other public health related activities	11.5
Total	**18.2**

4 Expenditure by Victorian health authorities

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 1999–00 its total population was 4.8 million.

Most public health activities in Victoria are controlled by the Public Health Division of the Department of Human Services (DHS).

In 1999–00 a major proportion of expenditure by the DHS was on services provided by agencies under service agreements with the DHS. These include both NGOs and government-related agencies, such as public hospitals, metropolitan health services, kindergartens, LGAs, community health centres and ambulance services.

The main public health issues addressed by the DHS during 1999–00 were to:

- improve community consultations
- review drug policy and treatment services to respond to the impact of drugs on the community
- lower smoking rates and reduce unwanted exposure to tobacco smoke
- review health promotion infrastructure support needs and programs for groups at greatest risk
- respond to the Legionella outbreak at Melbourne Aquarium
- achieve and maintain a high level of immunisation among children and adults
- increase investment in public health research infrastructure to take advantage of national and international research funding opportunities
- grow biotechnology industries.

4.2 Overview of results

Total expenditure on the core public health categories during 1999–00 was $120.6 million (Table 4.1).

Table 4.1: Expenditure on core public health activities, Victoria, current prices, 1999–00

Category	Total expenditure ($ million)	Proportion of total core public health expenditure (%)
Communicable disease control	23.7	19.6
Selected health promotion	27.9	23.2
Organised immunisation	23.4	19.4
Environmental health	2.9	2.4
Food standards and hygiene	2.3	1.9
Breast cancer screening	19.0	15.8
Cervical screening	7.3	6.1
Prevention of hazardous and harmful drug use	11.9	9.8
Public health research	2.2	1.8
Total core public health	**120.6**	**100.0**
Public health related activities	96.8	. .

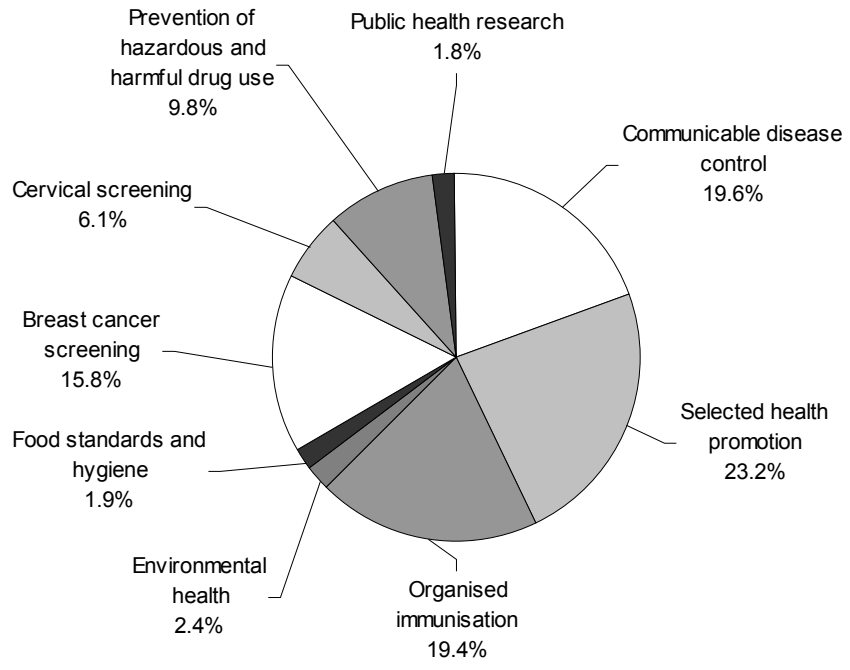


Figure 4.1: Expenditure on core public health activities, Victoria, current prices, 1999–00

The DHS's 1999–00 annual report shows overall operating expenses of $173.7 million by the public health output groups (including some expenditures that were not within the core categories). The reason for the difference between the total expenditure on core public health

and the reported expenditure on public health outputs is due to expenditure from various trusts, accountable to the Department of Premier and Cabinet, that are excluded from this report.

Approximately $7.1 million was spent on Divisional overheads and has been identified and included within each core category through their applicable reportable activities. This represents approximately 3.3% of the total reported expenditure. It is important to note that administrative overhead expenditure of the Victoria Health Promotion Foundation (VicHealth), which performs the majority of the health promotion activities for the DHS, has been excluded from the estimates because VicHealth does not consume any material overhead from the Public Health Division. All expenditure data for Victoria has been reported on an accrual basis for 1999–00. Accordingly, depreciation of $768,000 and capital asset charge of $794,000 charged to the Public Health Division has been included. This represents 0.35% and 0.37% respectively of the total reported expenditure.

4.2.1 Public health expenditure by categories

Communicable disease control

Total expenditure for *Communicable disease control* for Victoria in 1999–00 was $23.7 million (Table 4.2). This was 19.6% of total core public health expenditure. The major components are described below.

HIV/AIDS, hepatitis C and sexually transmitted infections

Funding is provided to a range of agencies, including Melbourne Sexual Health Centre, which is managed and staffed by Public Health Division, some non-government agencies and various research laboratories, to provide HIV and associated testing, and counselling and support.

Needle and syringe programs

The needle and syringe program ensures the provision of sterile injecting equipment for injecting drug users. This is undertaken solely by non-government agencies funded by the Public Health Division.

Other communicable disease control

This sub-category of expenditure incorporates:

- collection, collating and reporting on data relating to notifiable infectious diseases
- provision of advice to health care professionals and the public on infectious diseases
- coordination of outbreak investigations
- provision of tracing, counselling and testing of contact cases of tuberculosis
- Vector Borne Virus Program that associates with the Virology and Entomology Services.

Table 4.2: Expenditure on *Communicable disease control*, Victoria, current prices, 1999–00 ($ million)

Sub-category	Expenditure
HIV/AIDS, hepatitis C and STI programs	11.8
Needle and syringe programs	0.3
Other communicable disease control	11.5
Total	**23.7**

Selected health promotion

Total reported expenditure on *Selected health promotion* was $27.9 million or 23.2% of total expenditure on core public health activities in 1999–00 (Table 4.1).

The DHS and VicHealth jointly undertake the promotion of healthy lifestyles in Victoria. VicHealth is funded directly by the Public Health Division to promote healthy living to all Victorians. Programs exclusively administered by the DHS support developmental projects that enhance health promotion in health and community agencies, schools and LGAs.

The Public Health Division provides grants for projects that aim to improve health promotion practice and to increase awareness and knowledge of physical activity in the general community and in vulnerable groups. This funding was also aimed at:

- increasing the skills of health professionals and other workers in promoting physical activity
- developing coherent strategies to reduce differentials in health status between rural and metropolitan areas of Victoria, with general emphasis on the prevention of non-communicable diseases and cardiovascular disease in particular.

Organised immunisation

This expenditure category includes spending on interventions delivered or purchased by the DHS that are aimed at preventing disease or responding to disease outbreaks. Funding comes from a combination of State appropriations and Commonwealth–State PHOFAs.

Total expenditure on *Organised immunisation* in 1999–00 was $23.4 million (Table 4.3). This was 19.4% of total core public health expenditure.

Organised childhood immunisation

Organised childhood immunisation expenditure includes the purchase of vaccines and the provision of immunisation services to children and adolescents according to the NHMRC schedule. The childhood program is carried out with the assistance of private GPs and LGAs, whilst the adolescent program is carried out by LGAs.

Organised pneumococcal and influenza immunisation

Pneumococcal pneumonia immunisation includes the purchase of pneumococcal vaccine for immunisation of persons aged 65 or over and for Indigenous people aged over 50 years, and those aged 15–49 at high risk. The service is solely provided through GPs.

Victoria is the only State that funds and provides the pneumococcal pneumonia immunisation service to people aged 65 or over. The program for Indigenous people was part of a national campaign.

Expenditure on influenza immunisation includes costs associated with the purchase of influenza vaccines. This is part of a national program for persons over 65 years of age and for Indigenous people aged over 50 years, and those aged 15–49 who are considered to be at high risk.

All other organised immunisation

This sub-category of expenditure includes:

- purchase of vaccines and the provision of immunisation services to pre-school and school children through the ACIR and to adults according to the NHMRC's schedule
- issuing school entry immunisation certificates
- provision of hepatitis B immunisation to eligible departmental staff and clients
- funding for pilot projects, for example mobile immunisation services.

Table 4.3: Expenditure on *Organised immunisation*, Victoria, current prices, 1999–00 ($ million)

Sub-category	Expenditure
Organised childhood immunisation	13.3
Organised pneumococcal and influenza immunisation	8.4
All other organised immunisation	1.6
Total	**23.4**

Environmental health

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

Expenditure on environmental health is largely in the form of funding for development and employment of environmental health officers within regions. Other activities include:

- investigation of the effects and public health risk of environmental contaminants
- safety regulation of radioactive sources and adverse events surveillance
- maintenance of emergency plan, protocols and procedures
- maintenance of emergency response capability and provision of a coordinated approach when a major health risk is detected
- laboratory testing of cooling towers, pools, spas and water treatment plants in response to public health risks
- licensing of persons with qualifications and training and those who operate radiation equipment
- provision of information and advice to home department, other government departments, community, pest control industry and radiation users
- provision of training and advice to persons who use registered chemicals for commercial pest control.

Total expenditure on *Environmental health* was $2.9 million (Table 4.1). This was 2.4% of total expenditure on core public health during 1999–00.

Food standards and hygiene

Expenditure on this category is related to the following areas:

- food recall and emergency response
- food-borne illness investigation
- representation on national forums and committees
- collection, collation and reporting on non-compliance of foods against food standards code
- food surveillance microbiology to facilitate the collection, analysis and interpretation of population-based information
- food hygiene surveillance
- food safety and hygiene strategy research
- analysis and report on possible unsafe contaminated food
- surveillance of food premises on crown land
- information and advice on food safety issues and legislation
- implementation of new legislation provided to the community, stakeholders and government.

Total expenditure for *Food standards and hygiene* during 1999–00 was $2.3 million (1.9% of total core public health expenditure).

Breast cancer screening

The provision of a breast cancer screening service is achieved through the DHS's funding of BreastScreen Victoria. Funding for *Breast cancer screening* is provided under a joint arrangement with the Commonwealth via the PHOFA.

BreastScreen Victoria has a network of 8 assessment centres and 31 screening centres around the State. All of these sites are specially designated centres and operate to strictly controlled standards. The program also employs a relocatable mammography machine in the Western region of Melbourne and a mobile van in rural Victoria to ensure that the service reaches women in all metropolitan and rural areas.

BreastScreen Victoria manages a breast screen registry that records and monitors the number of women screened and the cancers detected. There is also a comprehensive recruitment and education strategy in place for the BreastScreen program.

Total expenditure on *Breast cancer screening* during 1999–00 was $19.0 million, or 15.8% of total core public health expenditure (Table 4.1).

Cervical screening

This expenditure category includes the costs associated with the provision of a cervical testing service, a State-wide database and strategies aimed to encourage Victorian women to have regular Pap smears.

Funding for the Victorian Cervical Screening Program is provided under a joint arrangement with the Commonwealth, via the PHOFA. About 572,000 screens were performed during 1999–00. This represented coverage of approximately 67% of the target population. The main goal of the Victorian Cervical Screening Program is to achieve optimal reductions in the

incidence, morbidity and mortality associated with cervical cancer at an acceptable cost through an organised approach.

In accordance with the Commonwealth-State Agreement, the program mainly deals with the following areas:

- recruitment and education of all population groups according to need
- working with consumers and NGOs in planning, operating, monitoring and evaluating the Pap screen recruitment program
- developing and supporting strategies to promote best practice and standard setting
- improving, wherever possible, information collection and analysis, workforce development and research.

Total expenditure on *Cervical screening* in Victoria during 1999–00 was $7.3 million or 6.1% of total expenditure on core public health activities.

Prevention of hazardous and harmful drug use

Alcohol

This sub-category includes expenditure on:

- a range of counselling, consultancy and continuing care services
- Koori-specific alcohol and drug withdrawal workers and resource centres
- accreditation of drink-driver education programs for people convicted of drink-driving.

Tobacco

Expenditure under this subcategory funds prevention campaigns aimed at raising awareness of the harms associated with tobacco.

Illicit and other drugs of dependence

This program funds a range of prevention and health protection activities including:

- community drug education targeted at raising awareness of the harms associated with drugs
- public information services on drugs and poisons
- training of professionals, including medical practitioners and pharmacists
- targeted prevention initiatives and early intervention programs
- effective regulatory control of drugs and poisons governing their distribution.

All these programs are aimed at enhancing community awareness of the harmful effects of licit and illicit drugs, providing appropriate support and training for health care workers and minimising harm associated with drug use.

Total expenditure on *Prevention of hazardous and harmful drug use* in Victoria during 1999–00 was $11.9 million (Table 4.4). This represented 9.8% of total core public health expenditure.

Table 4.4: Expenditure on *Prevention of hazardous and harmful drug use*, Victoria, current prices, 1999–00 ($ million)

Sub-category	Expenditure
Alcohol	4.2
Tobacco	3.3
Illicit and other drugs of dependence	4.4
Mixed	—
Total	**11.9**

Public health research

Expenditure within this category is managed through the Biomedical and Public Health Research Section and involves:

- targeted research projects in the priority areas of injury prevention, environmental health, communicable and non-communicable diseases, and Aboriginal and rural health
- public health research capacity-building in public health organisations, which includes provision of operational assistance, grants-in-aid and funding for public health research fellowships
- support for public health events, which have a significant research basis
- Victorian representation on State and national forums and committees.

Total expenditure for these aspects of *Public health research* during 1999–00 was $2.2 million[1]. This represented 1.8% of total core public health expenditure (Table 4.1). It does not include public health research expenditure that is associated with ongoing program-wide development in other core public health categories.

4.2.2 Expenditure on 'Public health related activities'

'Public health related activities' for Victoria include:

- drug treatment
- drug welfare and support
- biomedical research
- research infrastructure.

Total expenditure for 'Public health related activities' during 1999–00 was $96.8 million.

1 The 1999–00 budget assigned for this purpose is $2,193,638.

5 Expenditure by Queensland Health

5.1 Introduction

Queensland has the fastest population growth of any State or Territory. This is expected to lead to a population of 4 million by 2006, and represents a projected increase of around 14.8% between 1999–00 and 2005–06. There are also particular implications in ensuring access to appropriate services for people in rural and remote areas, with 41.6% of the State's population living outside the metropolitan areas.

Much of Queensland lies within the tropics and this introduces special public health issues for Queensland that are not necessarily found in most other Australian States.

Queensland Health is the largest provider of health services in the State, with estimated recurrent expenditure of $3.4 billion, capital expenditure of $562.9 million in 1999–00 and more than 63,000 staff.

The total public health expenditure reported for Queensland is that reported under the government's Managing for Outcomes framework (see 'Technical notes', Chapter 13, page 123, for details). The data were modified to fit within the NPHEP's nine core categories for public health activities.

Public health functions and services are provided directly by Queensland Health through Public Health Services, 39 health service districts, Pathology and Scientific Services and through funding to a range of NGOs.

Public Health Services is a State-wide service comprising 10 centralised units with State-wide policy and program coordination roles and three public health unit networks. The Service coordinates and provides leadership for public health planning, strategy development, implementation, monitoring and evaluation for priority health issues of State-wide and local significance; undertakes health surveillance and disease control initiatives including response to disease outbreaks, and implements or oversees the implementation of public health legislation.

Within health service districts, community-based health services undertake a range of public health roles, including those provided through their child and youth health services, sexual health services, alcohol and drug services, school oral health services, immunisation and breast and cervical screening programs.

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

Table 5.1: Expenditure on core public health activities, Queensland, current prices, 1999–00

Category	Total expenditure ($ million)	Proportion of total core public health expenditure (%)
Communicable disease control	17.3	14.2
Selected health promotion	25.0	20.5
Organised immunisation	19.0	15.6
Environmental health	8.3	6.8
Food standards and hygiene	1.8	1.5
Breast cancer screening	19.0	15.6
Cervical screening	3.2	2.6
Prevention of hazardous and harmful drug use	27.8	22.8
Public health research	0.4	0.4
Total core public health	**122.0**	**100.0**
Public health related activities	75.3	. .

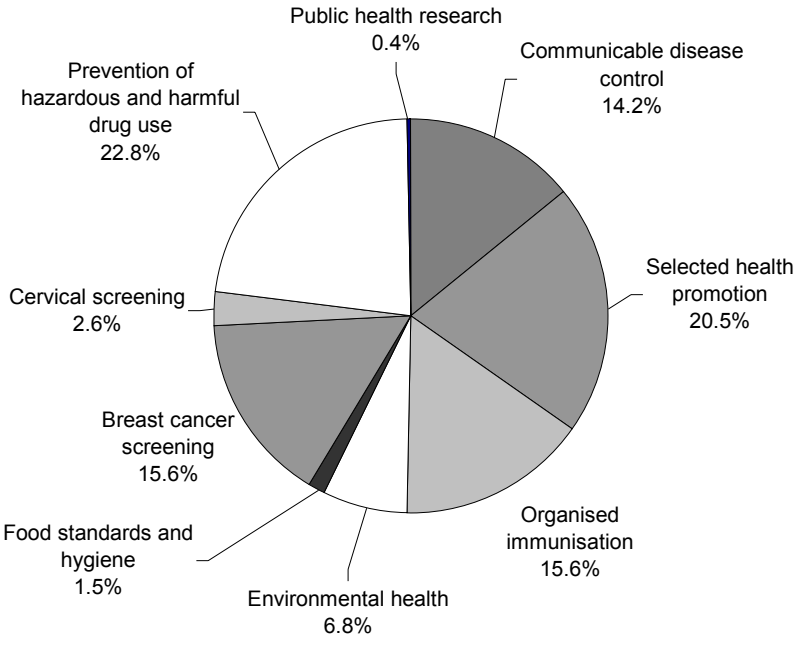


Figure 5.1: Expenditure on core public health activities, Queensland, current prices, 1999–00

Expenditure for total core public health by Queensland Health for 1999–00, as defined by the NPHEP, was estimated at $122 million. An additional $75.3 million was spent on 'Public health related activities'. The sum of these two amounts differs from the State Government's Ministerial Portfolio Statement, which reported $181.0 million as the total expenditure for the public health services output due to adjustments that were required (see 'Technical notes', page 123).

Expenditure reported as overheads for 1999–00 includes:

- health service district and corporate office administration, finance and human resource management
- quality management programs
- maintenance of information systems and implementation costs
- Year 2000 Systems Taskforce
- corporate policy and planning
- significant departmental projects
- corporate communications and marketing.

5.2.1 Public health expenditure by categories

Communicable disease control

Total expenditure for *Communicable disease control* by Queensland Health in 1999–00 was $17.3 million, or 14.2% of total core public health expenditure (Table 5.1 and 5.2).

Queensland Health provides the leadership in State-wide strategy development, service planning and implementation in relation to:

- surveillance, notification, prevention and control of communicable diseases
- immunisation
- HIV/AIDS and sexual health
- hepatitis C
- infection control and sterilisation.

The services identified in the collection of expenditure for the *Communicable disease control* category included the combined efforts of a range of organisations and sectors. Public Health Services' Communicable Diseases Unit and the Public Health Unit Networks provide most of the services for which data was collected. Health services districts (including community and hospital services) assist in responses to disease outbreaks, surveillance, distribution of information to the public, implementation of prevention programs and liaison with clinicians, pharmacy services and laboratories.

Queensland Health-funded NGOs provide the majority of public health services for HIV/AIDS and other sexual health issues.

Queensland Health Pathology and Scientific Services provided substantial support in notifications, information regarding results, surveillance, new techniques and mass screening.

HIV/AIDS, hepatitis C and sexually transmitted infections

Queensland strategies to address prevention of the transmission of HIV, hepatitis C and sexually transmitted infections include models such as community development, policy development, supportive legislation, awareness strategies and health surveillance. They are broadly directed to the entire Queensland population; however, targeted education and prevention strategies are aimed at gay men, people living with HIV/AIDS, injecting drug users, sex workers, Indigenous people and prisoners. Large proportions of the programs are delivered by NGOs on behalf of the government. Funding to health service districts for HIV/AIDS is used predominantly for the delivery of clinical and treatment services. Under the definitions provided in this report the majority of the health service districts' expenditure should not be included. However, until a review is conducted to correct the cost centre service types it is likely that the reported expenditure includes a significant component of clinical and treatment services.

Needle and syringe programs

The Queensland Needle Availability and Support Program (QNASP) includes programs located in a variety of agencies such as community health centres, hospitals, injecting drug user organisations and Aboriginal and Torres Strait Islander and sexual health services. Some provide mobile services via health vans or outreach workers. A significant proportion of Queensland pharmacies also sell injecting equipment.

The identification of QNASP as separate from *HIV/AIDS, hepatitis C and sexually transmitted infections* activities does not reflect its purpose. Some costs associated with support services developed within the QNASP may have been reported in the *HIV/AIDS, hepatitis C and sexually transmitted infections* sub-category.

Other communicable disease control

Queensland's expenditure on communicable diseases is different from that of other States largely as a result of its geography and its decentralised population. Preventing the spread of mosquito-borne diseases is a characteristic of *Communicable disease control* particular to Queensland. The tropical and subtropical climate, and the vast stretch of coastline, leave Queensland vulnerable to the spread of mosquito-borne disease, evidenced by Queensland having the highest number of reported cases of Ross River virus infections in Australia and being the only State or Territory to have reported cases of dengue fever and Japanese encephalitis transmission. Imported cases of malaria have occurred in the Torres Strait Islands due to their proximity to mainland Papua New Guinea.

The reported expenditure on *Communicable disease control* includes a substantial investment in research aimed at managing communicable diseases. In particular, Public Health Services expended funds on investigating diseases such as hendra virus, Australian bat lyssavirus and Japanese encephalitis, and in vaccinating at-risk populations where this is a management option. Included in the expenditure on *Communicable disease control* is a substantial investment in the maintenance, upgrade and management of the Notifiable Conditions Surveillance System.

Queensland Health resources are allocated to enhance surveillance for targeted diseases where additional information improves case management, prevents the spread of disease and identifies risk factors that can be targeted in campaigns to reduce disease. This includes diseases that are of national significance such as measles and invasive meningococcal disease as well as diseases of particular significance in Queensland, such as melioidosis in North Queensland and Q fever in Southern Queensland.

Table 5.2: Expenditure on *Communicable disease control*, Queensland, current prices, 1999–00 ($ million)

Sub-category	Expenditure
HIV/AIDS, hepatitis C and STI programs	6.1
Needle and syringe programs	2.5
Other communicable disease control	8.7
Total	**17.3**

Selected health promotion

Across Queensland, a wide range of professional staff participate in health promotion initiatives that range from 'opportunistic' or 'individual' health promotion to 'population based' programs. Expert advice and coordination of major health promotion initiatives is provided by Public Health Services in collaboration with other health agencies, local government and other sectors to address priority health issues. The following major areas of expenditure are examples of health promotion activities within Queensland Health:

- health promotion settings and capacity building programs
- young people at risk
- School Based Youth Health Nurse Program
- nutrition
- skin cancer prevention
- injury prevention
- women's health.

The NPHEP definition excludes health promotion activities that are not 'organised population based programs'. Health promotion activities that do not meet this criterion were reported as 'Public health related activities'.

Total expenditure on this category in 1999–00 was $25.0 million or 20.5% of total core public health expenditure (Table 5.1).

Organised immunisation

Public Health Services is responsible for the establishment and maintenance of collaborative policy advice, planning and strategy implementation mechanisms. Other major stakeholders in the provision and promotion of immunisation services are health service districts, private and non-government service providers, Divisions of General Practice, LGAs and community- based organisations.

Many of the services that administer the vaccines (for example, GPs, councils, child and community health centres, hospitals, public health unit networks and Aboriginal medical services) receive free vaccines from the Communicable Diseases Unit, Public Health Services.

Expenditure on *Organised immunisation* during 1999–00 was $19.0 million (Table 5.3), or 15.6% of total core public health expenditure.

Table 5.3: Expenditure on *Organised immunisation*, Queensland, current prices, 1999–00 ($ million)

Sub-category	Expenditure
Organised childhood immunisation	3.3
Organised pneumococcal and influenza immunisation	4.3
All other organised immunisation	11.4
Total	**19.0**

Environmental health

Total expenditure on *Environmental health* in Queensland during 1999–00 was $8.3 million, or 6.8% of total expenditure on core public health activities in the State (Table 5.1).

Queensland Health undertakes a wide range of environmental health activities, including an advisory or support role to LGAs and other State departments, for example water management and water quality.

It has the leading role in State-wide environmental health policy, surveillance and law enforcement, waste management, research into emerging environmental health issues and the provision of advice to the community. Within Queensland Health, Public Health Services has responsibility for the following areas:

- control of poisons
- therapeutic goods
- pest control
- fumigation
- toxicology
- radiation health.

Food standards and hygiene

Expenditure on *Food standards and hygiene* include costs and revenues associated with:

- assistance and support/coordination on State-wide food matters
- advice on food legislation and other food issues
- coordinating the food recall process in Queensland
- development and communication of policies, guidelines and procedures on food issues
- participation in, and coordination of, strategies to improve food safety (such as training, community awareness, mass media and working with schools)
- development, amendment, implementation and review of food safety, food standards and other food legislation.

Estimated expenditure in 1999–00 was $1.8 million (1.5% of total expenditure on core public health activities).

Public Health Services provided leadership, direction and management through the Environmental Health Unit and Public Health Unit Networks in regard to food safety, food standards, and other food matters. Queensland Health Pathology and Scientific Services provides the laboratory services essential for the surveillance, investigation and development of food standards.

Breast cancer screening

Expenditure on *Breast cancer screening* of $19.0 million was one of the more significant areas of expenditure on core public health activities during 1999–00. It accounted for 15.6% of total core public health expenditure in the State (Table 5.1).

The BreastScreen Queensland Program, the State component of the BreastScreen Australia Program, was established in 1991 through an agreement with the Commonwealth.

The Women's Cancer Screening Services section of Public Health Services has State-level responsibility for planning and coordination of BreastScreen Queensland Program. Services are provided at a local level by the health service districts.

Since the program began, 11 fixed site breast cancer screening and assessment services, 4 mobile services, 4 relocatable services and 7 screening-only services have been established throughout Queensland. The program operates within a comprehensive and continuous quality improvement system which aims to ensure that all aspects of the screening and assessment pathway meet clearly defined national and State standards of best practice.

The next focus of the BreastScreen Queensland Program will be the full utilisation and expansion of existing screening capacity in order to increase participation rates and achieve cost-effective services, the enhancement of quality improvement mechanisms such as the implementation of the BreastScreen Queensland Registry, refining data collection and monitoring processes and enhancing the interface with multi-disciplinary management and treatment services.

Cervical screening

The Queensland Cervical Screening Program (QCSP) is a component of the Commonwealth–State 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.

Expenditure under the QSCP represents only a small part of total expenditure on *Cervical screening* within Queensland. The majority of cervical screening is undertaken in the private sector by GPs and funded through Medicare. Many non-QCSP screening and follow-up services captured in the data are provided through health service district facilities (that is, hospitals, community health services, primary health centres and sexual health services). In addition, the Queensland Cytology Service, a fully State government-funded laboratory, is the major public provider of cytology and pathology services associated with cervical screening in Queensland.

It should be noted that the identified funding for some cervical screening services provided by NGOs might not include all the costs associated with those services. The Rural and Remote Women's Health Program, managed by the Royal Flying Doctor Service, is jointly funded by Queensland Health and the Commonwealth Department of Health and Aged Care, who contribute 34% and 66% respectively of the funding for this service.

Estimated expenditure in 1999–00 was $3.2 million (2.6% of total expenditure on core public health activities).

Prevention of hazardous and harmful drug use

Queensland Health offers a comprehensive range of alcohol, tobacco and other drug services to the people of Queensland through Public Health Services, community health centres and hospitals and funding to the non-government sector. Queensland Health supports a range of evidenced-based interventions that reduce the health, social and economic harms associated with the use of alcohol, tobacco and other drugs, including supporting people to make informed choices about alcohol, tobacco and other drug use. Services and programs are provided in collaboration with other State government departments, the Commonwealth Government, LGAs, NGOs, industry, and specialist and generalist health workers.

Alcohol, tobacco and other drug services target:

- hazardous and harmful alcohol consumption by young people, adults and Indigenous people
- tobacco use by young people, adults and Indigenous people
- prescription drug misuse
- harmful illicit drug use.

Estimated expenditure in 1999–00 was $27.8 million (Table 5.4). This was 22.8% of total expenditure on core public health activities.

Table 5.4: Expenditure on *Prevention of hazardous and harmful drug use*, Queensland, current prices, 1999–00 ($ million)

Sub-category	Expenditure
Alcohol and tobacco programs	12.9
Illicit drugs and methadone program	9.7
Other drugs-related programs	5.2
Total	**27.8**

Public health research

The interpretation of the NPHEP definition of research used in the Queensland collection, based on advice provided by the Technical Advisory Group, significantly limited any public health expenditure to be reported as research. Any activity that was identified with a purpose to further develop, improve or review activity defined in the core public health categories was allocated to that respective category and not considered research.

Public Health Services has a Research Position Statement that outlines the importance of public health research, the types of research of interest and its commitment to enhancing collaboration with research institutions and other agencies in responding to research needs.

Estimated expenditure in 1999–00 was $0.4 million (0.4% of total expenditure on core public health activities).

5.2.2 Expenditure on 'Public health related activities'

A total of $75.3 million was reported as 'Public health related activities' (Table 5.5). This is expenditure attributable to the 'Public health services' output category that could not be attributed to the core public health activities under the NPHEP.

Pathology and Scientific Services

Included in the expenditure reported as public health under the Managing for Outcomes framework in 1999–00 was $22.8 million from Queensland Health Pathology and Scientific Services that has not been reported under core public health categories. The expenditure related mainly to the provision of forensic science and the administration of information services and building costs that could not be attributed to core public health functions.

School dental services

Oral health services within Queensland Health are reported under two outputs within the Managing for Outcomes framework: treatment services—non-inpatient output, and public health services output. Oral health services offered to all children from age 4 up to and including Year 10 school students are reported as public health expenditure.

Queensland Health includes school dental services within the public health services output based on the significance and contribution oral health has to the quality of life. Oral health should be enjoyed in continuity, and a full range of proven preventive and treatment measures should be utilised to achieve sustained oral health. Within the oral health services of Queensland Health, promotion of oral health is the cornerstone of the service for all ages. The prevalence and impact on society of oral health makes the prevention of oral diseases and good oral health an important public health issue.

School dental services are a significant contributor to the public health services output: $40.8 million for 1999–00.

Primary health centres and outpatient services

Primary health centres and outpatient services are managed by health service districts and are located within urban, rural and remote areas of Queensland. The range of health services include general practice medicine, child health, oral health, mental health, drug and alcohol services, HIV/AIDS services, palliative care, home care, rehabilitation, prevention and treatment of infectious diseases, and health promotion activities.

Most primary health centres or outpatient services within Queensland Health have a unique cost centre. Under the Managing for Outcomes reporting framework, the primary health centres and outpatients cost centres are apportioned to public health services output by the health service districts (range from 5–55%of total cost centre expenditure).

In total, primary health centres and outpatient services contribute $5.4 million to the public health services output.

Other activities reported in the public health services output include:

- Sexual Assault Support and Prevention program
- Government Medical Officers
- Aboriginal and Torres Strait Islander health initiatives
- Some aspects of Home and Community Care services.

Table 5.5: Expenditure on 'Public health related activities', Queensland, current prices, 1999–00 ($ million)

Sub-category	Expenditure
Queensland Health Pathology and Scientific Services	22.8
School dental	40.9
Primary health centres/outpatients	5.4
Other public health	6.2
Total	**75.3**

6 Expenditure by the Western Australian Department of Health

6.1 Introduction

Western Australia, with over 32% of the land area of Australia and a total population of 1.9 million, is the largest and most sparsely populated of the Australian States. About 73% of its total population is located within the Perth metropolitan area (1.4 million). The next largest urban areas, Mandurah and Kalgoorlie-Boulder, each have populations of less than 50,000. About 10% of Western Australia's population live in regions that are classified as remote.

The agencies with primary responsibility for the purchase and delivery of public health services for Western Australians are the Western Australian Department of Health and the Western Australian Health Promotion Foundation (Healthway).

The Western Australian Department of Health is the State's principal health authority, with overall responsibility for public health policy development and implementation throughout the State. Within the department the main areas with responsibility for public health activities in 1999–00 were the Public Health Division, the regional public health units and the Office of Aboriginal Health.

The Office of Aboriginal Health works in partnership with Aboriginal communities and health service providers to ensure that Aboriginal people receive culturally appropriate health care that meets their needs. The office's primary contribution to public health in Western Australia is through the Aboriginal Environmental Health Program, and health promotion programs delivered through Aboriginal community controlled health organisations. The office also contracts with community-based organisations for the supply of drug and alcohol education and counselling services.

Healthway is a statutory organisation that provides grants to health and research organisations, as well as sponsorships to sport, arts, racing and community groups that encourage healthy lifestyles and advance health promotion programs. The sponsorship program operates in partnership with government and non-government agencies to promote health in new and diverse ways.

Public health expenditure for the Western Australian Department of Health and Healthway is reported in this chapter.

Public health services in rural Western Australia are delivered through regional public health units based in the Kimberley, Pilbara, Gascoyne, Mid-West, Goldfields, Wheatbelt-Coastal and Great Southern regions of the State. A further two units are based in the metropolitan area. Regional units deliver services across all of the public health categories, but often with a focus on issues of particular concern in their region. Government health services also undertake some public health activity outside the regional public health units, primarily through community health services.

6.2 Overview of results

Table 6.1: Expenditure[(a)] on core public health activities, Western Australia, current prices, 1999–00

Category	Total expenditure ($ million)	Proportion of total core public health expenditure (%)
Communicable disease control	11.9	16.3
Selected health promotion	20.9	28.8
Organised immunisation	8.8	12.1
Environmental health	10.9	15.1
Food standards and hygiene	1.7	2.4
Breast cancer screening	7.6	10.4
Cervical screening	1.3	1.8
Prevention of hazardous and harmful drug use	7.8	10.7
Public health research	1.7	2.4
Total core public health	**72.6**	**100.0**

(a) Corporate/central office overheads not included. Other overhead and program-wide costs allocated to public health categories.

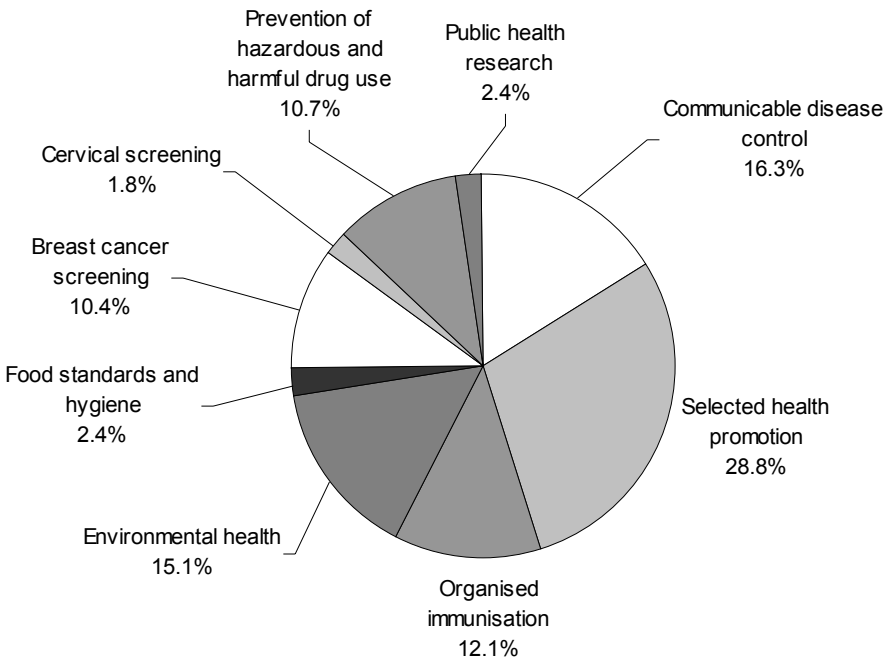


Figure 6.1: Expenditure on core public health activities, Western Australia, current prices, 1999–00

6.2.1 Public health expenditure by categories

Communicable disease control

The total expenditure for *Communicable disease control* by the Western Australian Department of Health in 1999–00 was $11.9 million (Table 6.1). This was 16.3% of the total core public health expenditure.

The majority of expenditure associated with this category is coordinated through the Communicable Disease Control Branch. It is responsible for State-wide surveillance, coordination of public awareness and education, development of policy and strategies for control and prevention, direct response to outbreaks in the metropolitan area and coordination of control activities across the State.

Expenditure in this category included:

- disease surveillance
- case and outbreak investigation and management
- management of communicable disease issues, including information and advice
- management of the State-wide tuberculosis control program
- NGO expenditure associated with provision of sexual health services
- migrant health screening.

Significant progress was made in a number of areas, including a substantial growth in the number of Aboriginal sexual health programs funded, and enhancement of the systems for tracking notifiable diseases, ensuring better surveillance.

Selected health promotion

The total expenditure for *Selected health promotion* by the Western Australian Department of Health and Healthway in 1999–00 was $20.9 million. This was 28.8% of the total core public health expenditure.

The majority of expenditure associated with this category is undertaken by Healthway through its Health Promotion and Sponsorship Programs.

Features of the 1999–00 Health Promotion Program include support of Mental Health Promotion projects and projects aimed specifically at children and/or adolescents. Major campaigns for the Sponsorship Program include:

- Eat More Fruit 'n' veg
- Be Active Every Day
- Play it Safe
- Sport Safe
- SunSmart
- Ride Safe.

The Health Enhancement Branch worked closely with Healthway on many of these programs in addition to many other priority health promotion programs.

Expenditure for the Health Enhancement Branch in this category included the development and distribution of a wide range of health education and promotional resources to health professionals, teachers, students and the general public.

The Health Enhancement Branch was involved in several campaigns and programs to promote health and prevent disease including nutrition, physical activity and injury prevention programs. Regional public health units and the Office of Aboriginal Health were also involved in the development and delivery of health promotion programs covering issues specific to their regions and client groups.

Organised immunisation

The total expenditure for *Organised immunisation* by the Western Australin Department of Health in 1999–00 was $8.8 million (Table 6.2). This was 12.1% of total core public health expenditure.

The majority of expenditure associated with this category relates to programs conducted by the State Immunisation Clinic, including:

- distribution, packaging and reporting of vaccines for the State
- provision of a clinical and advisory immunisation service
- provision of immunisation and travel consultation services
- enhanced measles program
- provision of lectures and training to immunisation providers.

In addition to childhood vaccinations, *Organised pneumococcal and influenza immunisation* includes the Immunise Australia Program for adults over the age of 65, as well as the National Indigenous Pneumococcal and Influenza Immunisation Program.

It is important to note that expenditure associated with immunisation services provided by GPs and community nurses in regional areas is not represented in these data.

Table 6.2: Expenditure on *Organised immunisation*, Western Australia, current prices, 1999–00 ($ million)

Sub-category	Expenditure
Organised childhood immunisation	5.1
Organised pneumococcal and influenza immunisation	2.5
All other organised immunisation	1.2
Total	**8.8**

Environmental health

The total expenditure for *Environmental health* by the Western Australian Department of Health in 1999–00 was $10.9 million. This was 15.1% of total core public health expenditure (Table 6.1).

The majority of expenditure associated with this category is coordinated through the Environmental Health Branch. It is responsible for delivering many State-wide programs to ensure that trends and developments in environmental health occurring in the community are monitored. Trends and developments that are monitored include food safety, land management, public building safety, public events, use of radiation, pesticides and chemical waste-water utilisation, use of drugs and medicine, and protection from mosquitoes.

Expenditure in this category included:

- improvement of environmental health in remote communities

- monitoring and assessing the safety of drinking water, recreational water facilities and natural water bodies
- drugs, poisons and therapeutic goods control
- mosquito-borne disease control including surveillance, education and advice
- pesticide safety including issue of licences
- radiation health including monitoring, compliance and advice
- assessment and management of contaminated land
- waste-water management, including administering policy and legislation.

Expenditure on environmental health services for Aboriginal and Torres Strait Islander people received a substantial boost with the expansion of the Aboriginal Environmental Health Program to provide coordinated services in all regions of Western Australia. This program is coordinated by the Office of Aboriginal Health in partnership with the Environmental Health Branch, regional public health units and LGAs. These figures are gross figures and do not take into account the revenue received in relation to the delivery of these services.

Local government authorities also incur expenditure that is public health related. This has not been included in these data.

Food standards and hygiene

The total expenditure for *Food standards and hygiene* by the Western Australian Department of Health in 1999–00 was $1.7 million, or 2.4% of the total core public health expenditure.

This includes expenditure on:

- food monitoring (including meat)
- food-related infectious disease surveillance
- food hygiene legislation review, monitoring and education
- investigations associated with defective labelling
- food safety promotion.

Innovations for this program in 1999–00 included the development of FoodSafe training materials and guides in languages other than English, and the development of food safety plans for public hospitals.

Some Aboriginal and Torres Strait Islander health expenditure related to *Food standards and hygiene* was unable to be separated from *Environmental health* expenditure and has been shown against *Environmental health*.

Breast cancer screening

The total expenditure for *Breast cancer screening* by the Western Australian Department of Health in 1999–00 was $7.6 million. This was 10.4% of total core public health expenditure.

The majority of expenditure associated with this category is coordinated through BreastScreen WA. BreastScreen WA forms part of the national program. It performs State-wide screening using fixed and mobile units, as well as dedicated assessment sites at metropolitan teaching hospitals. The cost associated with open biopsy services has not been included in the 1999–00 data although it was included in the 1989–99 data.

Cervical screening

The total expenditure for *Cervical screening* by the Western Australian Department of Health in 1999–00 was $1.3 million. This was 1.8% of total core public health expenditure.

Most of the expenditure associated with this category is coordinated through the Western Australian Cervical Cancer Prevention Program. This program aims to achieve optimal reduction in the incidence of, and morbidity and mortality attributed to, cervical disease, at an acceptable cost to the community. Major aspects of this program include the maintenance of a cervical cytology register and the development of primary recruitment programs, including support of national education campaigns. A key element of the program in 1999–00 was the development of a program in collaboration with four Divisions of General Practice aimed at increasing the involvement of GPs in cervical screening.

It is important to note that Pap smear expenditure by GPs is not represented in these data. It is included, however, in national estimates in the Commonwealth section of the report.

Prevention of hazardous and harmful drug use

The total expenditure for *Prevention of hazardous and harmful drug use* by the Western Australian Department of Health and Healthway in 1999–00 was $7.8 million (Table 6.3). This was 10.7% of total expenditure on core public health activities.

Healthway and the Health Enhancement Branch were the primary contributors to expenditure on activities relating to alcohol and other drugs. The majority of expenditure was incurred on:

- State-wide alcohol and other drugs community education campaigns, such as Drug Aware, Be a Good Host, Respect Yourself/100% Control, and Drinking—Where are Your Choices Taking You? Other partners involved in the development of these projects included the WA Drug Abuse Strategy Office, the WA Police Service, the Office of Road Safety, the Office of Racing Gaming and Liquor, and the Liquor Industry Council
- smoking and health campaigns such as Quit and Smarter than Smoking.

The high proportion of expenditure for Aboriginal and Torres Strait Islander people attributed to *Mixed* is a recognition of the social determinants of ill health and reflects the holistic approach undertaken by community-based organisations funded to deliver substance misuse services to this population group.

Table 6.3: Expenditure on *Prevention of hazardous and harmful drug use*, Western Australia[(a)], current prices, 1999–00 ($ million)

Sub-category	Expenditure
Alcohol	1.6
Tobacco	3.7
Illicit and other drugs of dependence	1.0
Mixed	1.5
Total	**7.8**

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

Public health research

The total expenditure for *Public health research* by the Western Australian Department of Health in 1999–00 was $1.7 million, or 2.4% of total expenditure on core public health activities (Table 6.1).

This expenditure includes research on issues related to childhood diseases, and maternal, child and youth health.

7 Expenditure by the South Australian Department of Human Services

7.1 Introduction

South Australia's population in 1999–00 was 1.5 million, of which 0.2 million or 14.4% were aged 65 and over. This is higher than the national population average of 12.4% aged 65 and over.

The State public health system in South Australia consists of numerous health units, community health centres and other related organisations, all under the administration of the Department of Human Services (DHS).

Most of the information presented in this report has come from the DHS's State-wide Division. Its responsibilities include planning and coordination for South Australia's eight largest public hospitals, and incorporate core public and environmental health functions.

South Australian expenditure estimates include expenditure on public health activities by non-health State government departments. South Australia has reported on this basis in both this and the previous public health expenditure report and is the only jurisdiction to do so.

The non-health State government departments that provided data for inclusion in the report are the Department of Education and the Environmental Protection Authority.

In addition to these State government departments, public health services are delivered by LGAs and NGOs in South Australia.

LGAs play particularly important roles in the areas of *Environmental health* (estimated at 60–70% of total expenditure), *Selected health promotion* and *Organised immunisation*.

7.2 Overview of results

Total core public health expenditure by the DHS in 1999–00 was $57.9 million (Table 7.1).

Table 7.1: Expenditure on core public health activities, South Australia, current prices, 1999–00

Category	Total expenditure ($ million)	Proportion of total core public health expenditure (%)
Communicable disease control	11.5	19.8
Selected health promotion	8.6	14.9
Organised immunisation	8.6	14.9
Environmental health	5.5	9.6
Food standards and hygiene	1.2	2.1
Breast cancer screening	7.1	12.2
Cervical screening	2.8	4.8
Prevention of hazardous and harmful drug use	12.0	20.7
Public health research	0.6	1.0
Total core public health	**57.9**	**100.0**
Public health related activities	58.5	. .

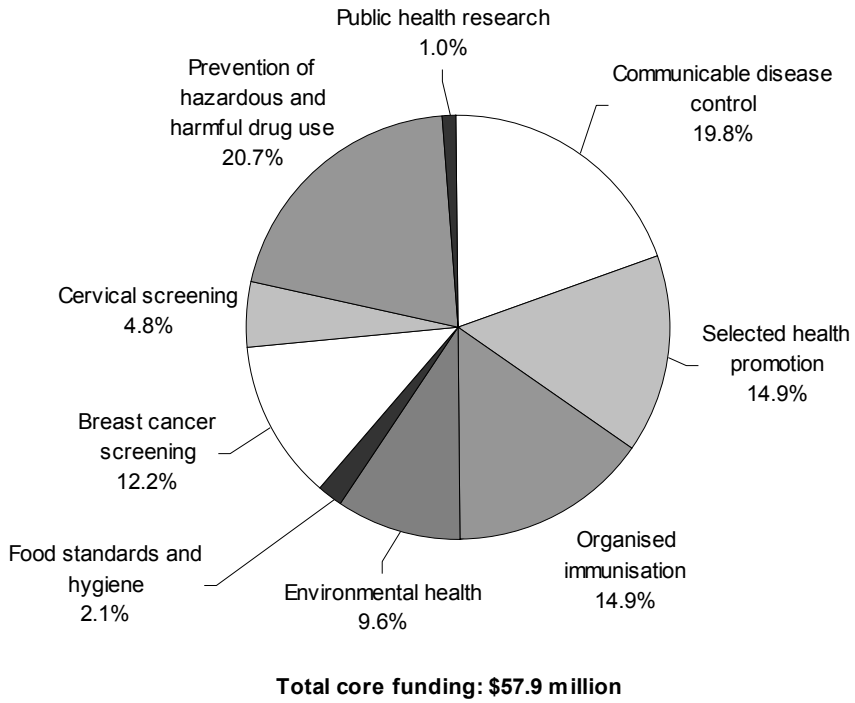


Figure 7.1: Expenditure on core public health activities, South Australia, current prices, 1999–00

7.2.1 Public health expenditure by categories

Communicable disease control

Total expenditure for *Communicable disease control* by the DHS in 1999–00 was $11.5 million (Table 7.2). This was 19.8% of total core public health expenditure.

Communicable disease control aims at reducing the transmission of communicable diseases and minimising the personal and social impact of these diseases. In South Australia, the Communicable Disease Control Branch within DHS conducts the majority of this work. The branch meets its responsibility through surveillance and investigation of communicable diseases, coordination of immunisation across the State, and programs focusing on HIV/AIDS, hepatitis C and Sexually Transmitted Infection (STI) control.

HIV/AIDS, hepatitis C and sexually transmitted infections

The major contributor of programs and funding in this area is HIV, Hepatitis C and Related Programs (HHARP), a unit of the Communicable Disease Control Branch.

HHARP provides funding to 21 government, non-government and community-based agencies undertaking HIV and hepatitis C programs, and works in partnership across government to support joint programs in mental health, prisons and school-based education. Program planning has been structured to provide responses across each of the priority target groups. The service mix includes:

- primary prevention services, such as those provided by the Drug and Alcohol Services Council's Clean Needle Program (refer to the *Needle and syringe programs* category below) and the AIDS Council of SA Gay Men's Health Unit
- community-based support and care, including those services provided by the People Living with HIV/AIDS, SA Positive Living Centre and the Hepatitis C Council of South Australia
- primary hepatitis C and HIV care, and specialist HIV and hepatitis C treatment (which is outside of the scope of this category)
- workforce training and capacity development, including provision for Vocational Education Training for undergraduate community services students, and in-service training for both HIV and hepatitis C program-funded workers and mainstream workers in health and community services.

Other significant expenditure in this category was incurred by Sexual Health Information and Education SA (Shine SA). This unit is funded by DHS and provides sexual health services, including counselling to at-risk populations, contributing to HIV/AIDS, hepatitis C and STI prevention, integrated into professional education programs.

The Sexually Transmitted Diseases service at the Royal Adelaide Hospital is the other major contributor of services in this area. Costs include clinic time, data management, research, education and surveillance.

Needle and syringe programs

The Clean Needle Program in South Australia is coordinated by the Drug and Alcohol Services Council. This service provides sterile injecting equipment and prevention education resources to health units, community health and housing services, and community pharmacies through the public and pharmacy-based arms of the Clean Needle Program.

A review of the program was completed in December 1999. The recommendations, which are currently being implemented, include strategies to:

- extend the reach of the Clean Needle Program to isolated injecting drug users
- improve the quality of prevention education interventions
- increase the return rate of used needles and syringes
- reduce the number of publicly discarded needles and syringes
- alleviate health issues and concerns relating to injecting drug use.

Other communicable disease control

Expenditure in this sub-category primarily includes:

- the Disease Surveillance Unit of the Communicable Disease Control Branch, which is responsible for the surveillance and investigation of notifiable diseases in South Australia
- laboratory services provided by the Institute of Medical and Veterinary Science, including the cost of providing reference facilities, screening, sub-typing and detection services
- contact investigations in the Tuberculosis Unit at the Royal Adelaide Hospital.

Table 7.2: Expenditure on *Communicable disease control*, South Australia, current prices, 1999–00 ($ million)

Sub-category	Expenditure
HIV/AIDS, hepatitis C and sexually transmitted infections	7.3
Needle and syringe programs	0.9
Other communicable disease control	3.3
Total	**11.5**

Selected health promotion

Total expenditure for *Selected health promotion* by the DHS in 1999–00 was $8.6 million, or 14.9% of total core public health expenditure (Table 7.1).

Within South Australia, health promotion is coordinated by Health Promotion SA (part of DHS). This unit provides leadership and aims to develop a whole-of-government approach to health promotion in South Australia.

The programs undertaken by Health Promotion SA that fall within the *Selected health promotion* category include:

- injury prevention (covering farm safety and programs aimed at older people)
- physical activity
- Sunsmart
- mental health promotion
- public health nutrition
- health promoting schools programs.

The Injury Surveillance Unit in the Epidemiology Branch of DHS also provided a large contribution to expenditure in this area.

Expenditure on health promotion was also reported by the public hospitals and community health services.

Organised immunisation

Total expenditure for *Organised immunisation* by the DHS in 1999–00 was $8.6 million (Table 7.3). This was 14.9% of total core public health expenditure.

Organised childhood immunisation

The SA Immunisation Coordination Unit within the Communicable Disease Control Branch coordinates the purchase, distribution, packaging and reporting of vaccines for the State.

The service delivery aspect of immunisation for children is carried out by:

- major public hospitals
- Child and Youth Health
- community health services
- GPs
- LGAs.

Expenditure by GPs and LGAs is outside the scope of this chapter.

Organised pneumococcal and influenza immunisation

The majority of expenditure for this category was incurred by the SA Immunisation Coordination Unit in providing vaccines to at-risk populations.

The service delivery of immunisation in this category is predominantly carried out by GPs and local councils, and as such the cost is not reported.

All other organised immunisation

Expenditure in this category is related to:

- the staff influenza vaccination program
- the hepatitis B vaccination program for gay men.

Table 7.3: Expenditure on *Organised immunisation*, South Australia, current prices, 1999–00 ($ million)

Sub-category	Expenditure
Organised childhood immunisation	5.6
Organised pneumococcal and influenza immunisation	2.7
All other organised immunisation	0.4
Total	**8.6**

Environmental health

Total expenditure for *Environmental health* by the DHS in 1999–00 was $5.5 million, which represents 9.6% of total core public health expenditure (see Table 7.1).

The major provider of environmental health services in South Australia (outside of LGAs) is the Environmental Health Branch of DHS. The branch is responsible for:

- assessment, correction, control and prevention of environmental factors arising from a range of chemical, microbiological and physical agents that can adversely affect health
- enhancement of environmental factors that can improve health
- addressing acute and chronic hazards affecting food, water, soil and air, through processes including the development and implementation of strategies, standards, guidelines and legislation
- environmental surveillance and monitoring
- provision of advice to government agencies and the public.

Expenditure in this category relates to:

- the Port Pirie Environmental Health Centre, which is responsible for lead abatement issues arising from smelters located in the town. Costs involve health promotion, screening for blood lead levels in infants, and lead abatement activities in homes and the community
- environmental testing of shellfish growing areas and management of algal blooms
- monitoring of contaminated sites and water quality testing
- development of policy and legislation pertaining to the access and safe use of pharmaceuticals and other chemicals
- surveillance and management of radiation risks, including responsibility for protecting South Australians from the harmful effects of radiation by controlling activities related to radioactive substances and apparatus, which produce ionising or non-ionising radiation.

Food standards and hygiene

Total expenditure for *Food standards and hygiene* by the DHS in 1999–00 was $1.2 million, or 2.1% of total core public health expenditure.

In South Australia, the Food Standards and Food Legislation Units of the Food Section within the Environmental Health Branch of DHS are the major contributors to *Food standards and hygiene regulation*. Expenditure in this category relates to:

- surveillance of food products
- projects related to food
- planning, legislative review
- food poisoning investigations.

Due to the centralised structure of the Environmental Health Branch, costs associated with management and senior committees have been divided equally between the *Food standards and hygiene* and *Environmental health* categories.

Breast cancer screening

Total expenditure for *Breast cancer screening* by the DHS in 1999–00 was $7.1 million. This was 12.2% of total core public health expenditure.

BreastScreen SA, within DHS, aims to reduce mortality and morbidity attributable to breast cancer through a free government screening mammography service to asymptomatic women in the target group (women aged 50 to 69 years) on a State-wide basis. BreastScreen SA

provides the free government breast cancer screening program on behalf of the government in South Australia, as part of the national program.

In addition to the breast cancer screening program, costs were incurred on:

- maintenance of the cancer registry in the Epidemiology Unit
- breast cancer cytological screens through the Institute of Medical and Veterinary Science.

Cervical screening

Total expenditure for *Cervical screening* by the DHS in 1999–00 was $2.8 million (4.8% of total core public health expenditure).

Cervical screening in South Australia is part of the National Cervical Screening Program, funded jointly under the PHOFA. The SA Cervical Screening Unit manages the program.

The program aims to achieve optimal reduction in incidence of, and morbidity and mortality attributed to, cervical disease, at an acceptable cost to the community. The program increases the proportion of women who are screened at appropriate intervals and promotes high-quality screening and follow-up services.

The majority of Pap smears in South Australia are carried out in the private sector by GPs (and thus are outside the scope of this chapter). Public hospitals and community health centres provide some screening, treatment and follow-up services (including colposcopy) and a small number of grants are provided by the State to Aboriginal communities where there are no clinical services. In addition, the State government funds public health laboratory services associated with cervical screening.

Prevention of hazardous and harmful drug use

Total expenditure for *Prevention of hazardous and harmful drug use* by the DHS in 1999–00 was $12.0 million (Table 7.4). This was 20.7% of total core public health expenditure.

The Drug and Alcohol Services Council is the major funder of programs aimed at reducing the overuse and abuse of alcohol and drugs of dependence, whereas tobacco control in South Australia is predominantly managed by Health Promotion SA.

Alcohol

The Alcohol Go Easy Project funded by the Drug and Alcohol Services Council focuses on alcohol minimisation, with collaborative projects within industry, sports, arts and recreational organisations. In 1999–00 better working relationships were developed with key industry groups and the Office of the Liquor and Gaming Commissioner, in order to develop greater awareness, consultation and participation in the project. Significant events occurring during the period included:

- Oakbank Racing Carnival
- New Years Eve Bus Service
- Adelaide Lesbian and Gay Festival
- Fringe Festival
- Adelaide Festival.

Tobacco

Health Promotion SA manages the majority of funding for tobacco awareness in the State. The Anti-Tobacco Ministerial Advisory Taskforce was formed two years ago to build the foundations for a smoke-free culture in South Australia and to advise on the funding of many initiatives.

The SA Tobacco Control State Strategy 1998–2003 states the goal to be to reduce the prevalence of smoking by 20% or more over five years, particularly among young people, and to reduce involuntary exposure to tobacco smoke.

To further the goal of reducing smoking prevalence, South Australia is working on three strategic directions:

1. encouraging people to stop smoking
2. reducing the uptake of smoking
3. promoting a smoke-free culture and environment.

Illicit and other drugs of dependence

A number of programs were run by the Drug and Alcohol Services Council aimed at illicit drug control and harm minimisation. Major programs include:

- Maintenance Pharmacotherapies Program—this unit prescribes and administers methadone, and provides assistance to clients to reduce or abstain from the use of illicit opiates and to improve their general health status and social functioning.
- Drug Assessment and Aid Panel—provides assessment and aid for adults diverted from courts on drug-related, simple possession offences.
- General Practitioner Program—aims to create an accessible, supportive and effective link between the Drug and Alcohol Services Council and GPs and to increase both the knowledge and skills of the GPs and the number of GPs registering as private methadone prescribers. Training in 1999–00 focused on managing adolescent drug use, brief intervention for cannabis dependence, management of opioid-dependent patients and responding to hepatitis C.

Smaller substance abuse programs were also run by a number of community health centres.

In addition to the programs funded by the Drug and Alcohol Services Council, the Pharmaceutical Services branch within DHS provides an oversight of the use of drugs of dependence within SA.

Mixed

Major programs funded by the Drug and Alcohol Services Council that could not be divided into the above sub-categories included:

- Metropolitan Community Services and Country Outreach Services—provides outpatient counselling, assessment and referral for people with alcohol and other drug problems
- Alcohol and Drug Information Service—'frontline' or central contact point for anyone needing assistance and/or information related to alcohol and other drugs
- Resource production—development and production of public information, promotional, clinical and corporate materials
- Life Education SA Inc—provides community supported drug education programs to primary and secondary schools.

Other major areas of expenditure in this category include biochemical screens for drugs and alcohol by the Institute of Medical and Veterinary Science laboratory and mobile assistance patrol operations coordinated by the Aboriginal Services Division of DHS.

Table 7.4: Expenditure on *Prevention of hazardous and harmful drug use*, South Australia, current prices, 1999–00 ($ million)

Sub-category	Expenditure
Alcohol	0.3
Tobacco	4.0
Illicit and other drugs of dependence	3.5
Mixed	4.2
Total	**12.0**

Public health research

Total expenditure for *Public health research* by the DHS in 1999–00 was $0.6 million (Table 7.5). This was 1.0% of total core public health expenditure.

The Commonwealth funds the majority of research undertaken in SA, in the form of NHMRC and other grants (refer to the Commonwealth chapter of this report). Expenditure reported by the State includes:

Public health research on *Alcohol*

The Drug and Alcohol Services Council provided funds to Flinders University to support a research project on the causes of liver damage and approaches to its prevention.

Public health research on *Illicit and other drugs of dependence*

A number of research projects were funded by DASC including:

- Methadone Prescribers—Trial of a New Funding Model
- Randomised Controlled Trial of Rapid Heroin Detoxification Under Anaesthetic for Induction into Oral Naltrexone Maintenance Therapy (treatment component 50% reported under 'Public health related activities')
- Benzodiazepine Withdrawal Trial: A Comparison of a Standard Taper and a Symptom-triggered Model (treatment component 50% reported under 'Public health related activities').

Public health research on *Mixed hazardous and harmful drug use*

The Drug and Alcohol Services Council provided a grant to the University of South Australia to enable a project on the Dynamic Modelling of Drug Use Populations.

Public health research not allocated to previous categories

Expenditure that was unable to be allocated includes research undertaken by the Epidemiology Branch in the areas of:

- health outcomes
- health statistics
- the cancer registry.

Table 7.5: Expenditure on *Public health research*, South Australia, current prices, 1999–00 ($'000)

Research	Total
Prevention of hazardous and harmful drug use:	
Alcohol	22.6
Illicit and other drugs of dependence	111.6
Mixed	10.3
Research not allocated to previous categories	441.1
Total	**585.6**

7.2.2 'Public health related' expenditure

The following programs have been reported as 'Public health related activities' by South Australia:

- dental health services including the school dental screening program ($33.3 million)
- drug and alcohol treatment and welfare related programs ($17.6 million)—major programs include:
  - detoxification and rehabilitation services
  - Salvation Army Sobering-up Unit
  - Woolshed residential drug-free programs
  - Education and Development Unit
- young mothers program, well baby clinics and other maternal and child health ($7.7 million)
- epidemiology programs, or components thereof, that were not considered to be core public health for the purposes of this project ($1.4 million), including:
  - population health survey
  - smoking and diabetes
  - Centre for Population Studies
  - pregnancy outcome
  - clinical epidemiology
- anger management and sexual abuse programs ($1 million)
- mobile bone densitometry unit.

7.3 Public health expenditure by non-health government departments

Total expenditure on core public health activities by non-health government departments in South Australia during 1999–00 was estimated at $24.8 million (Table 7.6). Similar data were collected in 1998–99 and included in the previous report.

The inclusion of these data present a broader picture of the extent of the total investment in public health by the South Australian Government.

This information is presented separately because other jurisdictions have not collected expenditure from non-health government departments.

Table 7.6: Expenditure on core public health activities by other (non-health) government departments, South Australia, 1999–00 ($'000)

Public health category	Total
Communicable disease control	
HIV/AIDS, hepatitis C and sexually transmitted infections	145.1
Needle and syringe program	—
Other communicable disease control	—
Selected health promotion	15,953.6
Organised immunisation	
Organised childhood immunisation	0.5
Organised pneumococcal and influenza immunisation	
All other organised immunisation	—
Environmental health	7,072.0
Food standards and hygiene	922.9
Breast cancer screening	—
Cervical screening	—
Prevention of hazardous and harmful drug use	
Alcohol	146.6
Tobacco	—
Illicit and other drugs of dependence	51.0
Mixed	497.4
Public health research	—
Total core public health	**24,789.0**

7.3.1 Department of Correctional Services

A number of public health programs were undertaken by the Department of Correctional Services, including:

- HIV/AIDS, hepatitis C and STI program ($0.1 million)
- minor expenditure on childhood immunisation
- methadone and alcohol program ($0.2 million).

The expenditure is an estimate based on staff time, as data is not routinely collected in these categories. Public health expenditure of $0.3 million was reported by the Department of Correctional Services.

7.3.2 Department of Education, Training and Employment

The Department of Education, Training and Employment funds health promotion programs; it has a strong commitment to support and enhance physical education and sport programs in schools ($7.3 million). In addition, a drug strategy program funded by the department was also run in schools dealing with drug issues at the local level within a harm minimisation framework ($0.5 million).

Total expenditure reported by the Department of Education, Training and Employment was $7.8 million.

7.3.3 Department of Industry and Trade

The Department of Industry and Trade incurred minor public health expenditure in providing assistance to the health and food industries.

7.3.4 Department of the Premier and Cabinet

The Department of the Premier and Cabinet reported minor expenditure in *Selected health promotion*, relating to a Skate Healthy for Life competition.

7.3.5 Department of Primary Industries and Resources

This department plays a major role in the provision of public health in *Food standards and hygiene* and *Environmental health*. Their activities relate to:

- *Food standards and hygiene* ($0.9 million)
  - Primary Production Processing Standard—includes advice to operators on food handling and safety, and aid in developing industry's role in maintaining food quality.
  - Animal health surveillance and control—surveillance and control of specific animal diseases of public health importance where the affected animal products are
  - Management of compliance for the Primary Production Processing Standard through the enforcement of the Meat Hygiene Act and the accreditation of meat-processing facilities, and also by the testing of milk and dairy products.
- *Environmental health* ($0.8 million)
  - Occupational health education, such as the farm chemical users course.
  - Regulatory control of agricultural and veterinary chemicals including monitoring of chemicals in foods and fibres. Although the primary rationale is not human health, health and injury risk to handlers is considerable.
  - Monitoring which includes environmental testing of shellfish growing areas and the management of algal blooms. Management of potential public health risks associated with widespread fish kills through the public health disaster management plan.

Total public health expenditure reported by the Department of Primary Industries and Resources was $1.7 million.

7.3.6 Environment Protection Authority

The Environment Protection Authority contributes to public health in South Australia in the following areas:

- monitoring of air quality
- noise pollution control
- management/control of waste.

Public health expenditure reported by the Environment Protection Authority totalled $0.8 million.

7.3.7 Office for Recreation and Sport

Total expenditure on core public health activities by this department was $8.2 million in 1999–00. This includes the funding of recreation and sport programs with a health promotion message.

7.3.8 SA Water

In providing water and waste water services to South Australia, SA Water spends significantly on *Environmental health*, particularly in the areas of water quality testing, sampling and fluoridation. Public health expenditure incurred was $5.1 million.

7.3.9 Work Cover Corporation

Work Cover reported minor expenditure for information sheets and guidelines in the areas of HIV/AIDS, hepatitis C and sexually transmitted infections, and alcohol awareness.

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	. .

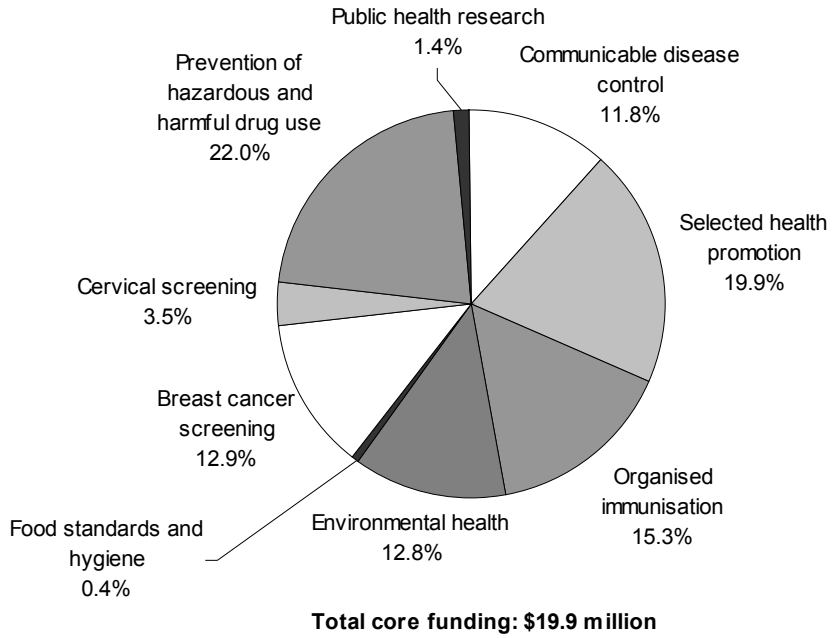


Figure 8.1: Expenditure on core public health activities, Tasmania, current prices, 1999–00

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.

9 Expenditure by Australian Capital Territory health authorities

9.1 Introduction

The Australian Capital Territory (ACT) is a small self-governing Territory that is located wholly within the boundaries of the State of New South Wales. The functions of the ACT Government incorporate many that would be undertaken by either State Governments or LGAs in other jurisdictions. Its 'State-type' functions include education, health and community services, road traffic services (motor registration, driving licences, etc.), and police and corrective services. Its 'local government-type' services include, among others, sanitation services, library services and city parks maintenance. No one in the Australian Capital Territory's population of 0.3 million people resides in remote areas.

As well as providing for the needs of its own population, many of the ACT's health services cater for the needs of the surrounding regions of New South Wales. For example, as well as being the ACT's principal hospital, The Canberra Hospital is the major regional hospital serving the Far South Coast, Southern Tablelands and South-West Slopes of New South Wales.

Health services within the Australian Capital Territory are the responsibility of the Department of Health and Community Care.

The department's public health role is predominantly undertaken by the Population Health Group, which is responsible for assessing population-based health outcomes, communicable disease surveillance and health protection. Some public health services are also purchased from government and non-government healthcare providers through purchase contracts. In addition, in 1995 the ACT Government created a statutory authority called Healthpact to promote health in the Australian Capital Territory community. Healthpact was joined in 1999 by the newly created Healthy City Canberra project whose aim is to work with communities to identify and prioritise health concerns, then facilitate whole-of-government and whole-of-community responses to those needs.

9.2 Overview of results

Table 9.1: Expenditure on core public health activities, Australian Capital Territory, current prices, 1999–00

Category	Total expenditure ($'000)	Proportion of total core public health expenditure (%)
Communicable disease control	2,582.3	11.3
Selected health promotion	4,944.9	21.6
Organised immunisation	3,271.3	14.3
Environmental health	1,457.4	6.4
Food standards and hygiene	1,626.2	7.1
Breast cancer screening	2,016.8	8.8
Cervical screening	551.0	2.4
Prevention of hazardous and harmful drug use	6,382.1	27.9
Public health research	25.6	0.1
Total core public health	**22,857.7**	**100.0**

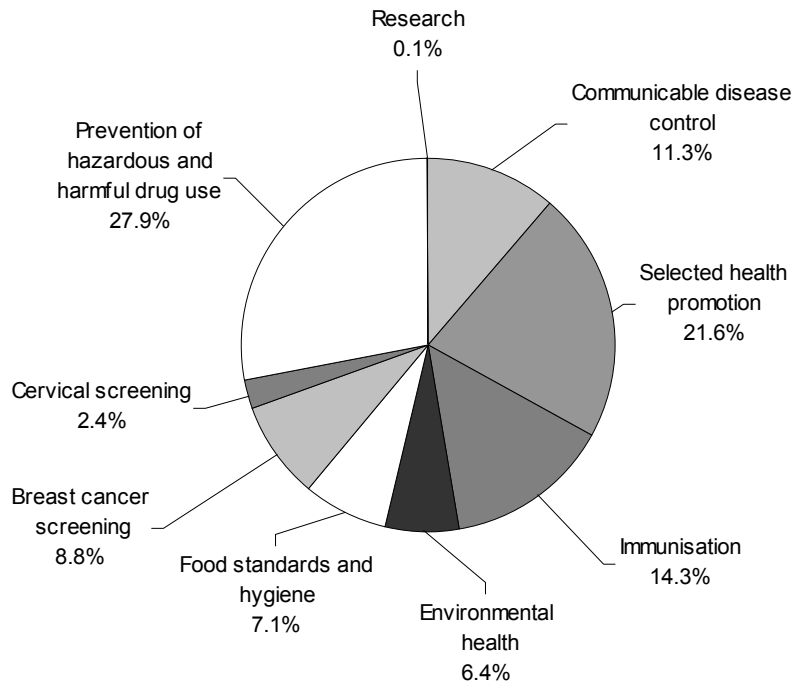


Figure 9.1: Expenditure on core public health activities, Australian Capital Territory, current prices, 1999–00

Table 9.2: Expenditure on core public health activities by major cost centre, Australian Capital Territory, current prices, 1999–00 ($'000)

Category	Population health	Community care	Healthpact	Payments to NGOs	Overheads	Total
Communicable disease control	740.6	93.1	—	1,697.0	51.6	2,582.3
Selected health promotion	707.2	2,012.2	2,129.4	—	96.1	4,944.9
Organised immunisation	2,083.1	1,150.5	—	—	37.8	3,271.3
Environmental health	1,435.6	—	—	15.2	6.6	1,457.4
Food standards and hygiene	1,623.7	—	—	—	2.5	1,626.2
Breast cancer screening	63.6	1,903.8	—	—	49.5	2,016.8
Cervical screening	67.7	467.5	—	—	15.7	551.0
Prevention of hazardous and harmful drug use	806.8	3,403.4	—	1,777.2	394.6	6,382.1
Public health research	—	—	25.6	—	—	25.6
Total	**7,528.2**	**9,030.6**	**2,155.0**	**3,489.4**	**654.5**	**22,857.7**
Proportions (%)	32.9	39.5	9.4	15.3	2.9	100.0

9.2.1 Public health expenditure by categories

Communicable disease control

Total expenditure for *Communicable disease control* by health authorities in 1999–00 was $2.6 million (Table 9.3). This accounted for 11.3% of total core public health expenditure. The bulk of expenditure was on payments to government and NGOs for the provision of education and support services to the Australian Capital Territory community for HIV/AIDS, hepatitis C and the Needle and Syringe Program.

HIV/AIDS, hepatitis C and sexually transmitted infections

Expenditure on HIV/AIDS in the Australian Capital Territory was toward providing education, support and counselling to people affected by HIV/AIDS and hepatitis C.

Needle and syringe programs

Needle and syringe funding goes to both government and non-government needle and syringe outlets.

Other communicable disease control

Expenditure on *Other communicable disease control* in the Australian Capital Territory was on vaccines, surveillance, outbreaks and infection control. Activities included:

- communicable disease surveillance
- investigation and management of vaccine-preventable diseases

- provision of education and advice on infection control
- inspection and licensing of premises which undertake skin penetration for practices such as piercing and tattooing.

Table 9.3: Expenditure on *Communicable disease control*, Australian Capital Territory, current prices, 1999–00 ($ million)

Sub-category	Expenditure
HIV/AIDS, hepatitis C and sexually transmitted infections	1.5
Needle and syringe programs	0.4
Other communicable disease control	0.7
Total	**2.6**

Selected health promotion

Total expenditure for *Selected health promotion* by health authorities in 1999–00 was $4.9 million or 21.6 % of total core public health expenditure (Table 9.1). Expenditure includes that of Healthpact, the Healthy City Canberra program and a range of educational activities undertaken by the department.

Healthpact is a statutory authority established through the *Health Promotion Act 1995* with responsibilities in the area of health promotion. The three main areas of activity are grants and sponsorships, direct health promotion, and development and training. The areas where expenditure was recorded to promote health were Smoke-free, Sun-Smart, Physical Activity, and Good Nutrition. Other areas of expenditure by Healthpact were for mental health, community wellbeing, and safe behaviours and injury prevention.

In addition to Healthpact's activities the department also established Healthy City Canberra in 1999–00. This project conducted a successful international Healthy Cities conference, obtained World Health Organization (WHO) recognition of Canberra as a Healthy City, conducted a Healthy Schools Rewards initiative and supported the work of both major hospitals in the Australian Capital Territory toward WHO accreditation as Health Promoting Hospitals.

Organised immunisation

Total expenditure for *Organised immunisation* by health authorities was $3.3 million (Table 9.4). This represents 14.3 % of the total core public health expenditure.

Organised childhood immunisation

Expenditure for *Organised childhood immunisation* in the Australian Capital Territory includes:

- coordination of the ACT Immunisation Program
- providing advice and education to vaccine providers and the public
- maintaining and managing the ACT Immunisation Register
- providing data to the ACIR
- follow-up of children overdue for immunisation
- adverse events surveillance and management
- implementation of Australian Capital Territory school entry legislation.

Organised pneumococcal and influenza immunisation

Expenditure in this category was mostly in the areas of vaccinations and immunisation seminars. Pneumococcal vaccine was provided free through the National Indigenous Pneumococcal and Influenza Immunisation Program. For the second year, influenza vaccine was provided free to adults 65 years of age and over and to Indigenous Australians over 50 years of age.

Table 9.4: Expenditure on *Organised immunisation*, Australian Capital Territory, current prices, 1999–00 ($ million)

Sub-category	Expenditure
Organised childhood immunisation	2.8
Organised pneumococcal and influenza immunisation	
Pneumococcal immunisation	0.1
Influenza immunisation	0.4
Total	**3.3**

Environmental health

Total expenditure for *Environmental health* by Australian Capital Territory health authorities in 1999–00 was $1.5 million or 6.4% of the total core public health expenditure (Table 9.1).

Expenditure includes policy and legislation development, auditing and monitoring, and scientific services performed by the ACT Government Analytical Laboratories. Auditing and monitoring activities are carried out on:

- cooling towers and warm water systems for presence of *Legionella*
- swimming and spa pools
- accommodation facilities
- hairdressing establishments.

Scientific service activities in this category include:

- air quality monitoring
- recreational water testing for microbiological quality (lakes, streams, pools, spas)
- water quality testing
- regulatory testing of ionising radiation emitting devices (for example X-ray machines).

Food standards and hygiene

Total expenditure for *Food standards and hygiene* by Australian Capital Territory health authorities in 1999–00 was $1.6 million (7.1% of total core public health expenditure).

Expenditure for this category includes standardisation, regulatory and safety activities including:

- food safety surveillance
- food premises fit-out approval
- food handler education
- food safety enforcement
- policy and legislation development.

Scientific safety and sampling activities undertaken by ACT Government Analytical Laboratories include:

- food testing programs for microbiological and chemical compliance and safety
- testing of complaint samples
- commercial testing of food quality and safety.

Breast cancer screening

Expenditure in this category was for breast cancer screening services and the Cancer Registry. Total expenditure for this category was $2.0 million in 1999–00. This represents 8.8% of the total core public health expenditure (Table 9.1).

Cervical screening

Expenditure in this category was for cervical screening services and the Cancer Registry. Total expenditure in this category for 1999–00 was $0.6 million or 2.4% of total core public health expenditure.

Prevention of hazardous and harmful drug use

Expenditure in this category is for activities targeted at the general population with the aim of reducing the over-use or abuse of alcohol, tobacco, illicit and other drugs of dependence, and mixed drugs. Expenditure on programs to control specific drugs, counselling programs and health promotion programs that target the use of these substances is included but expenditure on treatment services is not.

The total expenditure on *Prevention of hazardous and harmful drug use* was $6.4 million in 1999–00 (Table 9.5). This represents 27.9% of the total core public health expenditure.

Table 9.5: Expenditure on *Prevention of hazardous and harmful drug use*, Australian Capital Territory, current prices, 1999–00 ($ million)

Sub-category	Expenditure
Alcohol	1.9
Tobacco	0.1
Illicit and other drugs of dependence	0.9
Mixed	3.5
Total	**6.4**

Public health research

Expenditure on *Public health research* in the Australian Capital Territory in 1999–00 was $25,637 (Table 9.1). This represents 0.1% of the total core public health expenditure. The need for increased attention to this category has been recognised within the department and a departmental research strategy is being developed.

9.3 Revision of 1998–99 data

The 1998–99 public health expenditure figures have been revised by the Australian Capital Territory and are presented below.

Table 9.6: Expenditure on core public health activities, Australian Capital Territory, current prices, 1998–99

Category	1998–99[(a)] ($'000)
Communicable disease control	2,614.5
Selected health promotion	5,150.9
Organised immunisation	3,171.1
Environmental health	1,378.2
Food standards and hygiene	1,502.6
Breast cancer screening	1,958.2
Cervical screening	560.2
Prevention of hazardous and harmful drug use	. .
Public health research	. .
All other core public health	5,623.6
Total core public health	**21,959.3**

(a): 1998–99 expenditure figures have been revised since the publication of *National Public Health Expenditure Report 1998–99*.

10 Expenditure by Northern Territory Health Services

10.1 Introduction

The Northern Territory constitutes approximately 17% of the land mass of Australia but its small, widely dispersed population of 0.2 million represents only 1% of the national population. Of the Territory population, 28% identify as Aboriginal with 70% living in remote communities. Average life expectancy for Aboriginal Territorians is approximately 20 years less than for other Territory citizens. Furthermore, the burden of disease experienced by Aboriginal Territorians is significantly higher than that experienced by other Territory citizens. The Northern Territory population is younger than the total Australian population, with only 3% being aged over 65 years. The Aboriginal population is particularly young, with 38% being aged under 15 years. This presents Territory Health Services (THS) with a unique challenge in the delivery of effective health services.

During 1999–00 THS implemented a new corporate plan covering the period from 1999 to 2003. One of the features of that plan was to retitle 'public health' as 'health development'. The health development program focuses the health system towards public health strategies that increase people's own capacities to live healthily and lead to lasting improvement in physical, mental and social health outcomes.

Health development is undertaken by the following programs and services:

- Alcohol and Other Drugs
- Disease Control
- Women's Cancer Prevention
- Medical Entomology
- Environmental Health
- Health Promotion.

In March 1999 THS implemented its Collaborative Planning and Purchasing Framework involving funders, purchasers and providers of health and community services in the Territory.

Health services in the Territory are delivered through two networks.

Top End Service Network provides health services to a population of over 143,000 across an area of 614,000 square kilometres. Public health programs are delivered by the Health Development team, along with health teams that operate through 52 service outlets. These service outlets comprise community health centres and hospitals located in and around Darwin, East Arnhem and Katherine.

Central Australian Service Network provides health services to about 42,500 residents, including an Aboriginal population of 15,000, across an area of over 1.1 million square kilometres. Health services are also extended to people who live in adjoining areas of Western Australia and South Australia. Public health programs are delivered by the Health Development team, along with health teams that operate through 43 service outlets. These

service outlets comprise community health centres and hospitals located in the Alice Springs Urban, Alice Springs Rural and Barkly districts.

Due to the unique circumstances of the Northern Territory, including a relative lack of GPs in rural and remote areas, public health programs are often delivered by health centre workers. These include district medical officers, community health nurses and Aboriginal health workers, as well as specialised public health workers whose role is then to support these generalist community health teams.

10.2 Overview of results

Expenditure for core public health by THS for 1999–00 was estimated at $39.6 million (Table 10.1), or approximately 9.1% of total health expenditure by THS. Of this, program expenditure was estimated at $36.7 million, and $2.8 million was program-wide and agency-wide expenditure.

The three highest expenditure categories were:

- *Selected health promotion* (25%)
- *Communicable disease control* (21.7%)
- *Prevention of hazardous and harmful drug use* (16.4%).

The Northern Territory faces the unique challenge of delivering effective public health programs to populations as small as 150 people located in remote and very remote communities. The high costs of providing public health programs in the Northern Territory are largely attributable to remoteness. Some communities are only accessible by air; others rely on the existing infrastructure and resources provided by community health to provide community members with public health programs.

Another contributing factor to the high cost of public health programs is that the widely dispersed population in the Northern Territory includes 28% who identify as Aboriginal—of whom approximately 70% live in remote areas—and who experience a significantly increased burden of disease and decreased life expectancy rates. Overall, the Northern Territory population is younger than the total Australian population, with only 3% being aged over 65 years. The Aboriginal population is particularly young, with 38% being aged under 15 years.

The Northern Territory considers the inclusion of a component of community health and agency-wide expenditure as essential in identifying the real costs associated with the provision of public health services in the Territory. The expenditure component for public health programs delivered by community health centres within the Territory was estimated at $12.9 million.

It is acknowledged that jurisdictions provide public health programs and services that do not fit within the definitions of core public health activities developed for this collection. To enable jurisdictions to report all the expenditure necessary to explain total public health expenditure, it was agreed that some additional non-core expenditure could be reported against 'Public health related activities'. The Northern Territory allocated $14.3 million to 'Public health related activities' (Table 10.1). Included in this amount is approximately $8.1 million for Alcohol and Other Drugs treatment services and $1.3 million for public health programs provided to the East Timorese Refugee project.

Table 10.1: Expenditure on core public health activities, Northern Territory, current prices, 1999–00

Category	Total expenditure ($ million)	Proportion of total core public health expenditure (%)
Communicable disease	8.6	21.7
Selected health promotion	9.9	25.0
Organised immunisation	6.2	15.8
Environmental health	3.6	9.2
Food standards and hygiene	1.0	2.6
Breast cancer screening	1.1	2.7
Cervical screening	2.2	5.5
Prevention of hazardous and harmful drug use	6.5	16.4
Public health research	0.4	1.1
Total core public health	**39.6**	**100.0**
Public health related activities	14.3	. .

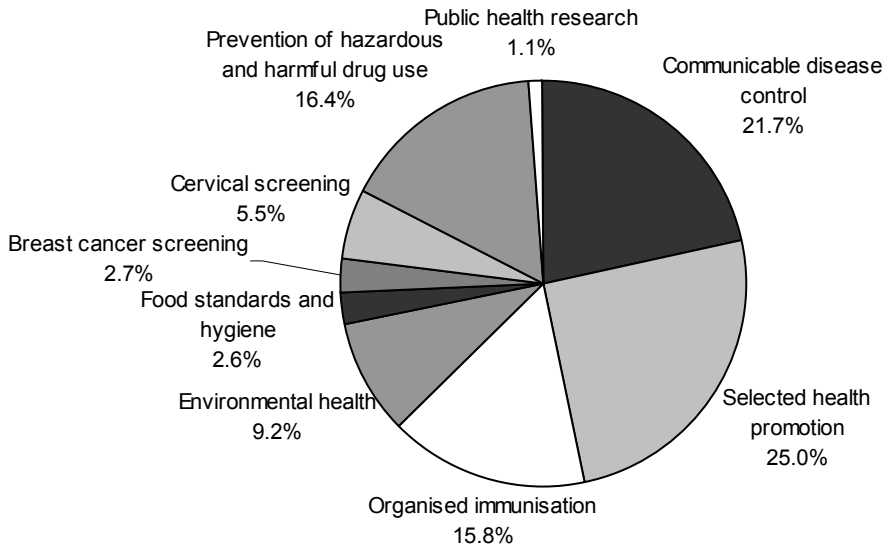


Figure 10.1: Expenditure on core public health activities, Northern Territory, current prices, 1999–00

10.2.1 Public health expenditure by categories

Communicable disease control

Total expenditure for *Communicable disease control* by THS in 1999–00 was $8.6 million (Table 10.2). This was 21.7% of total core public health expenditure.

The Centre for Disease Control provides services to prevent, monitor and control communicable and non-communicable diseases in the Northern Territory. Program activities are coordinated through disease control units in each health district.

Screening and clinical services are provided for tuberculosis (TB), leprosy and sexually transmitted infections, including HIV and hepatitis C.

Regional disease control units work with urban and remote primary health care providers to provide clinical services, contact tracing, community screening and professional education.

Surveillance activities involve collection, collation, analysis, interpretation and dissemination of data. Trends in disease incidence are identified and the impact of prevention strategies evaluated. Special surveillance programs monitor invasive Hib disease, enteric disease, measles, malaria, TB, influenza, invasive pneumococcal disease, adverse reactions following immunisation and vaccine use.

The TB/Leprosy Control Unit aims to maximise efficiency through joint education and training of mycobacterial staff in the control of TB and leprosy.

The AIDS/STD Program works toward the prevention and treatment of sexually transmitted infections and blood-borne viruses such as HIV and hepatitis C. In urban areas, Clinic 34 provides specialised clinical services in these areas.

The Needle and Syringe Program provides sterile injecting equipment to minimise the risk of the transmission of blood-borne viruses through injecting drug use. Information and referrals are provided through most centres. Equipment is distributed through community-based organisations which are funded by THS, Clinic 34, district disease control units and some public hospitals. The amount recorded for *Needle and syringe program* does not fully reflect expenditure for this program and therefore is an underestimate. Where possible, expenditure was identified and allocated. However, the majority of expenditure for the Needle and Syringe Program is recorded as *Other communicable disease control*.

Community Paediatric develops and evaluates policies for paediatric communicable and non-communicable diseases focusing on prevention and early detection. It provides specialist paediatric input into disease control policies as well as paediatric expertise in education, training and research for the Centre for Disease Control.

The Centre for Disease Control organised the formal health screening of and disease control measures for 1,863 East Timorese evacuees brought to Australia for safe haven, including the provision of TB diagnosis and management. Staff also participated in an assessment of the TB situation in East Timor in October, and subsequently in provision of intensive technical support for the National TB Program in East Timor (funded by AusAID).

Table 10.2: Expenditure on *Communicable disease control*, Northern Territory, current prices, 1999–00 ($'000)

Sub-category	Expenditure
HIV/AIDS, hepatitis C and sexually transmitted infections	2,424.7
Needle and syringe programs	16.7
Other communicable disease control	6,155.5
Total	**8,596.9**

Selected health promotion

Total expenditure for *Selected health promotion* by THS in 1999–00 was $9.9 million or 25.0% of total core public health expenditure (Table 10.1).

Health promotion approaches and initiatives aim to increase individual and community capacity to make choices that significantly improve health status and wellbeing. The Health Promotion Program has a specific emphasis on promoting Aboriginal community health, as well as a broad role across health services, including urban settings.

The THS model of health promotion supports capacity-building at three levels:

- community and community members
- health personnel
- the health system.

Strategically, health promotion development and training, specialist support and incentive funds are integrally linked to strengthen and sustain these elements of the capacity-building model.

Twenty health promotion program specialists across the Territory work with local communities and with primary health care and public health providers to enhance their health promoting role and to encourage and support community action for local solutions to health problems.

Two significant achievements unique to the Northern Territory took place in March 2000:

- the launch of the 'Public Health Bush Book'
- the graduation of the first 15 participants in the nationally accredited Certificate IV Aboriginal Health Promotion Principles and Practices course.

As well, a database was established to provide current information on public health education and training available in the Territory.

Twenty-six innovative local health promotion projects were supported by incentive funds. Twenty of these were in remote communities and six were urban projects.

Nutrition

Health promotion was carried out through other programs such as Food and Nutrition, which completed an interim review and final report on the implementation of the Northern Territory Food and Nutrition policy. Other achievements were:

- the development and piloting of an awards scheme for food premises to encourage their provision of healthy food choices

- the development and dissemination of a model contract for store managers—this emphasised the responsibility of the manager to stock healthy foods in remote community stores
- the implementation of the Store Book and Store Wise Training in remote communities to encourage the improved availability of healthy food.

Mental health awareness and suicide prevention

Selected health promotion also included expenditure for the implementation of the Territory's Youth Suicide Prevention Strategy. Two officers in the Top End and two in Central Australia were employed to develop programs such as the Life Promotion Program within Mental Health Services.

The Life Promotion Program focuses on support for individuals, families and communities to empower them to reduce self-harm and suicide in their community. The program established and consolidated a comprehensive life-promoting community network using a community development model and collaborative partnerships. It promotes the physical, emotional, spiritual and sociocultural wellbeing of individuals, families and communities through community responsibility. It promotes community responsibility through community-owned and developed initiatives. This builds community capacity to maintain ownership of life-promoting initiatives.

Organised immunisation

Total expenditure for *Organised immunisation* by THS in 1999–00 was $6.2 million (Table 10.3). This was 15.8% of total core public health expenditure.

The Centre for Disease Control provides immunisation programs that are coordinated through disease control units in each health district.

Regional disease control units work with urban and remote primary health care providers to enhance the provision of clinical services, contact tracing, community screening and professional education. Special surveillance programs monitor invasive Hib disease, enteric disease, measles, malaria, TB, influenza, invasive pneumococcal disease, adverse reactions following immunisation and vaccine use.

The immunisation unit within the Centre for Disease Control seeks to:

- improve immunisation coverage rates for adults and children
- develop sustainable processes for the timely generation of high quality data for transmission to the ACIR
- implement the new NT Childhood and Adult Vaccination Schedules in line with the new Australian Standard Vaccination Schedule.

Achievements throughout the 1999–00 year were the provision of vaccine coverage at the rates recommended by the PHOFA, the development of legislation for the certification of immunisation status on school and childcare entry, and the provision of additional Northern Territory funding for an Indigenous pneumococcal program.

Table 10.3: Expenditure on *Organised immunisation*, Northern Territory, 1999–00 ($ million)

Sub-category	Expenditure
Organised childhood immunisation	1.0
Organised pneumococcal and influenza immunisation	
Pneumococcal immunisation	0.3
Influenza immunisation	4.9
Total	**6.2**

Environmental health

Total expenditure for *Environmental health* by THS in 1999–00 was $3.6 million (Table 10.1). This was 9.2% of total core public health expenditure.

Environmental health aims to prevent physical, chemical, biological and radiological agents in the environment from adversely affecting the health of all Territorians. Environmental health is comprised of several discrete service areas:

- Aboriginal and General Community Environmental Health
- Environmental Health Standards
- Environmental Planning, Sanitation and Waste Management
- Food Safety
- Radiation Health
- Poisons.

A centralised policy unit in Darwin is responsible for legislative and policy development activities for all of the above service areas. A discussion paper, 'Review of the Public Health Act', was released in May 2000 for public comment.

Environmental health operational units

Operational environmental health units provide a range of environmental health services and programs and are located in all major town centres. These units provide services for the enhancement of environmental health standards in urban, rural areas and remote Aboriginal communities. The services include education and expert advice on:

- food safety
- disease control
- effluent disposal
- water surveillance
- inspection of public accommodation
- environmental health assessments of remote communities
- environmental planning
- waste management
- investigating and responding to environmental health complaints.

Radiation Health

Radiation Health services are provided to minimise the health impact of radiation on the population. These services ensure that radioactive materials and devices are used in a responsible manner according to sound scientific practice and appropriate legislative controls.

Medical Entomology

Services provided by Medical Entomology aim to reduce the impact of biting insects on the people of the Northern Territory. Activities include:

- insecticide and engineering programs for mosquito control
- mosquito surveillance programs in the major towns
- guidelines and advice on both large- and small-scale developments
- a public inquiry service
- a public mosquito awareness service
- incidental research on biting insects and mosquito-borne viruses.

Medical Entomology works with:

- Disease Control Branch on mosquito-borne disease surveillance
- the Darwin City Council in a mosquito engineering program
- the Parks and Wildlife Commission in rectifying mosquito breeding sites on their land
- LGAs and environmental health officers in the various towns throughout the Territory on mosquito surveillance and control
- the general public for inquiries
- Department of Lands, Planning and Environment on land development comment
- consultants and developers for development and planning advice to prevent new mosquito problems.

The main community link is through mosquito public awareness programs and the Mosquito Control Advisory Committee, which provides public feedback and information dissemination.

Following the referendum on independence in East Timor and the subsequent humanitarian crisis in September 1999, the WHO requested assistance from THS to undertake an assessment of various diseases, including the mosquito-borne diseases malaria, dengue and Japanese encephalitis.

An assessment mission comprising THS staff with expertise on TB and clinical malaria visited East Timor during October 1999. As a result of this, the WHO asked THS to undertake a survey to determine the potential for dengue, malaria and Japanese encephalitis in Dili. This survey was conducted during December 1999 and a report prepared for the United Nations. The results were also presented at a national conference on arboviruses.

Darwin is the major port for shipping between Australia and East Timor. The humanitarian aid and assistance provided to East Timor through Darwin resulted in a significant increase in the movement of shipping vessels. This posed potential health risks to the Northern Territory, particularly through the possible importation of mosquitoes from Indonesia and East Timor. However, the effective cooperative efforts between Medical Entomology and the Australian Quarantine and Inspection Service resulted in the Territory remaining free of exotic vectors.

Food standards and hygiene

Total expenditure for *Food standards and hygiene* by THS in 1999–00 was $1.0 million. This was 2.6% of total core public health expenditure (Table 10.1).

Environmental Health has a policy unit that is responsible for legislative and policy development activities related to food safety issues.

Operational environmental health units are located in all major town centres. By means of these units, food safety services are provided for the enhancement of environmental health standards in urban and rural areas and remote Aboriginal communities.

Achievements for the 1999–00 year included:

- The FoodSafe food handler program resulted in businesses achieving and maintaining the FoodSafe award.
- Comments were made for proposals and applications to vary the Australian Food Standards Code. Proposals included the labelling of genetically modified foods and alterations to the maximum residue levels of agricultural and veterinary chemicals used in food.
- The policy unit participated in an inter-governmental taskforce to prepare a report for Health Ministers on options for the labelling of genetically modified foods.
- The policy unit completed a package of food regulatory reforms that comprise a draft Inter-Governmental Agreement, Model Food Bill, food safety standards and a response to the Commonwealth Government Review of Food Regulation.
- The unit also conducted seminars at major urban centres across the Territory as an introduction to proposed national food safety standards.

Breast cancer screening

Total expenditure for *Breast cancer screening* by THS in 1999–00 was $1.1 million (Table 10.1), or 2.7% of total core public health expenditure.

The NT Cancer Prevention Unit consists of two public health screening services, the NT Cervical Screening Program and BreastScreen NT. Both are part of a national program funded under the Territory–Commonwealth PHOFA.

BreastScreen NT provides breast screening services and assessment of screen-detected abnormalities for women aged 40 and over. The target group is women aged 50 to 69 years. Screening and assessment centres are located in Darwin and Alice Springs, and a relocatable screening unit visits Katherine, Tennant Creek and Nhulunbuy.

During 1999–00 the Northern Territory did not have a resident radiologist with the necessary expertise to read these X-rays. Throughout the year a radiologist was flown in to perform assessments and to read X-rays. The combination of small population numbers and remoteness does not permit economies of scale, resulting in considerably higher screening costs than other States and Territories.

The NT Cancer Prevention Unit achieved accreditation of the BreastScreen services in Alice Springs and Darwin, and developed innovative approaches to reaching women with special needs. These included:

- the training of bilingual educators to ensure information is provided in languages to women from culturally and linguistically diverse backgrounds
- the Grandmothers Program in Central Australia

- the Remote Areas Well Women's Screening for women in rural and remote communities.

Cervical screening

Total expenditure for *Cervical screening* by THS in 1999–00 was $2.2 million. This was 5.5% of total core public health expenditure (Table 10.1).

The NT Cancer Prevention Unit provides public health cervical screening services through the NT Cervical Screening Program. This program is part of a national program funded under the PHOFAs. The Remote Areas Well Women's Screening provides cervical screening coverage in remote and rural areas within the Territory.

The NT Cervical Screening Program:

- encourages all eligible women in the target age group of 20–69 years to enter and remain in the screening program
- provides information in appropriate languages to women from culturally and linguistically diverse backgrounds
- provides recall and reminder systems to ensure adequate follow up of screen-detected abnormalities
- ensures optimal quality of Pap smears by adequate training of Pap smear takers
- operates the Pap Smear Register.

Prevention of hazardous and harmful drug use

Total expenditure for the *Prevention of hazardous and harmful drug use* by THS in 1999–00 was $6.5 million (Table 10.4). This was 16.4% of total core public health expenditure.

The Alcohol and Other Drugs Program (AODP) undertakes policy, planning, research, program development and evaluation across the full range of drug abuse problems/issues in the Territory.

AODP develops and coordinates strategies to address the harmful effects of substance use. The substances that predominantly contribute to health and other problems in the Territory are alcohol, tobacco, petrol, kava, cannabis and diverted prescription drugs.

The program builds on inter-sectoral collaboration to achieve its goals. It has strong links with other agencies including:

- Department of the Chief Minister
- NT Police, Fire and Emergency Services
- Road Safety Council
- Department of Education
- Department of Industries and Business
- Correctional Services.

With the majority of services out-sourced, the program also has extensive links with the non-government sector.

Every year over two hundred experts in the drug field assess each jurisdiction on performance. In 1999–00 the Territory scored the highest overall rating in directing resources to policy and program development, commitment to alcohol and drug issues, and provision of support services.

Alcohol

AODP incorporates the Living With Alcohol program, a Territory initiative designed specifically to reduce alcohol-related harm.

Programs provided by AODP during 1999–00 included:

- the second stage of a youth drinking campaign to heighten awareness of the role of parents in minimising harm associated with underage drinking
- Operation Drinksense was supported on licensed premises, promoting information on the dehydrating effects of alcohol to sporting and recreational groups
- the Responsible Drinking Campaign which included television advertising and community meetings focused on the role of parents in reducing the harm of underage drinking, information nights for women, and the development of a kit dealing with the dehydration risks of alcohol for sports participants. The Drink Driving Campaign focused on the concept of a nominated driver, Sober Bob.

Tobacco

The Tobacco Action Project operates as part of AODP and addresses smoking issues. Priority areas are young people, Indigenous people, smokers and protection from environmental tobacco smoke.

Programs provided by AODP during 1999–00 included:

- quit campaigns with cessation counselling via the Quitline
- support for smoke-free communities, workplaces and schools
- training of health and education professionals in tobacco issues
- brief interventions delivered in a wide variety of community settings
- information sessions delivered in schools, workplaces and community settings.

Grant schemes supported school projects and community initiatives in prevention, cessation and protection from environmental tobacco smoke. A resource for youth community groups and high schools, the 'Choose Yourself Kit', was released.

Illicit and other drugs of dependence

Programs provided by AODP during 1999–00 included:

- monitoring the impact of the kava ban, continuing the amendment of the Kava Management Act and formulating a regulatory system for kava
- developing the Northern Territory component of the National Illicit Drug Diversion Scheme, enabling first time drug offenders to be directed by police to education or treatment options
- the pilot National Illicit Drug Reporting System that monitors cannabis, opiate, amphetamine and cocaine availability
- a survey of secondary school students' attitudes to substance use
- specialist training sessions for medical practitioners, clinicians and counsellors on pharmacotherapies, brief intervention techniques and cannabis cessation
- trialling a dual diagnosis clinic in Central Australia to provide services to people experiencing both mental health and substance use problems
- establishing a clinic at Royal Darwin Hospital for training GPs in the management of illicit drug users.

Mixed

AODP administers a special allocation that supports local activities aimed at reducing antisocial behaviours resulting from public drinking and substance abuse. The program is responsible for the National Drug Strategy component of the PHOFA with the Commonwealth. This focuses largely on issues related to tobacco, cannabis and petrol sniffing.

During 1999–00 the AODP:

- funded 55 grants to a variety of schools and youth-oriented sporting, recreational and cultural groups to promote messages about alcohol and tobacco use
- conducted regional workshops to develop the capacity of Aboriginal communities to deliver intervention services locally in a sustainable and effective way
- provided over $1 million to support the NT Domestic and Aboriginal Family Violence Strategies which delivered counselling, training, advocacy, referral and legal services, and community education campaigns
- completed a survey of secondary school students' attitudes to substance use
- developed and implemented a training schedule across the Territory to improve the quality of service delivery by frontline workers
- developed a regional plan for alcohol and other drug treatment services in the Katherine region to optimise service options and service delivery.

Treatment

A number of activities associated with *Prevention of hazardous and harmful drug use* are excluded from the estimates of expenditure. The main exclusions are:

- expenditure for all anti-drug and alcohol programs with the treatment of individuals as the major focus
- activities that are designated as treatment services
- services considered primarily of a welfare services nature (for example night shelters)
- those services considered to be almost entirely providing accommodation and food services (for example halfway houses).

Expenditures associated with these types of activities are recorded as expenditure on 'Public health related activities'.

Table 10.4: Expenditure on *Prevention of hazardous and harmful drug use*, Northern Territory, current prices, 1999–00 ($ million)

Sub-category	Expenditure
Alcohol	3.3
Tobacco	1.0
Illicit and other drugs of dependence	1.2
Mixed	1.1
Total	**6.5**

Public health research

Total expenditure for *Public health research* by THS in 1999–00 was estimated at $0.4 million (Table 10.1). This was 1.1% of total core public health expenditure.

During 1999–00 THS provided funding to the Menzies School of Health and donations in kind to the Cooperative Research Centre for Aboriginal and Tropical Health. However, this expenditure is not specifically allocated to *Public health research* but is used for research across the health care continuum. This expenditure therefore does not fit the definitions for this collection and has not been included.

10.2.2 Expenditure on 'Public health related activities'

Total expenditure for 'Public health related activities' by THS in 1999–00 was estimated at $14.3 million (Table 10.1).

'Public health related activities' include:

- drug and alcohol activities that are designated as treatment services
- drug and alcohol supply reduction
- services primarily relating to the welfare services nature of drug and alcohol expenditure (for example night shelters)
- sexual and domestic violence programs
- reproductive health and family planning programs
- other maternal and child health services
- public health activities associated with East Timorese evacuees.

The Women's Health Strategy Unit seeks to address and promote the delivery of sensitive, relevant and holistic programs to ensure the health and wellbeing of Territory women. The Women's Health Strategy Unit plays a key role in providing policy and program advice to support the provision of medical, counselling and support services to victims of domestic violence and sexual assaults.

Community development and training programs provide community-based education and localised violence-prevention strategies, including the establishment of safe houses at Bagot community, Lajamanu, Jabiru, Borroloola and Ali-Curung.

Local action plans that promote violence-free Aboriginal communities, with the aim of reducing the incidence of family violence, are providing information to schools and town councils.

THS continues to implement recommendations under the Sexual Assault Services Strategy to ensure appropriate and coordinated delivery of services. Sexual assault support services are now available in Darwin, Katherine, Tennant Creek and Alice Springs.

A quantitative study in Alice Springs is monitoring the effects of pituri use during pregnancy. Pituri is a native tobacco chewed by Aboriginal people in Central Australia.

THS provide screening programs such as the well women's check, healthy school aged kids services, Growth Assessment and Action, child health screening, Aboriginal hearing health, men's health and school dental screenings.

The Male Health Policy Unit provides a central coordinating role across THS programs and with NGOs in prioritising needs in male health, determining strategy directions, providing policy advice, and monitoring and evaluating male health programs. It seeks to foster a better understanding through the identification, analysis and research of key male health issues. The unit is involved in developing data and resources on male health, communicating knowledge and promoting discussion on male health issues through the media, workshops and conferences, as well as training and professional development.

In the Northern Territory, all expenditure for the AODP is recorded as public health. However, for this collection, expenditure on prevention programs are included in the category *Prevention of hazardous and harmful drug use* and expenditure for treatment is included as 'Public health related activities'.

AODP provides funding for community-based agencies to deliver treatment services throughout the Territory, including counselling, outpatient and residential treatments, detoxification services and sobering-up shelters, night patrols, and sexual and domestic violence programs. AODP works with the government sector and community agencies to implement strategies and provide support through training, professional development, community education and research.

Expenditure on any anti-drug and alcohol programs where treatment is the major focus, activities designated as treatment services or services considered primarily of a welfare services nature (for example night shelters) or almost entirely providing accommodation and food services (for example halfway houses) is recorded as 'Public health related activities'.

Extraordinary expenditure—East Timorese evacuees

During 1999–00, as a result of the deteriorating situation in East Timor, Australian Defence Forces assisted with the facilitated transfer of 2,413 people to Darwin.

There were three waves of evacuations from Dili to Darwin:

- early arrivals included 550 international employees and observers from the United Nations Assistance Mission in East Timor (UNAMET) and a small group of Timorese dignitaries
- the second wave of evacuees included 347 UNAMET employees and their families
- the third wave of evacuees included 1,516 civilians and relatives of Timorese UNAMET employees.

THS responded to the counter-disaster plan on two fronts:

- Medical
  - health screening on arrival
  - fever and tuberculosis clinic
  - hospital admissions and emergency triage at the airport
  - health service delivery at the tent city
- Welfare
  - catering, cleaning and laundry
  - accommodation arrangements and environmental health management
  - non-government agency support for clothes, toys and toiletry items
  - counselling and social support
  - environmental health management.

The THS response relied on many of its employees who worked in teams as health professionals, greeters, runners, food handlers and drivers. These teams processed over 1,800 evacuees, which resulted in an extraordinary public health expenditure by THS during 1999–00 of $1.3 million. This does not include expenditure incurred by Royal Darwin and Darwin Private hospitals nor the expenditure incurred by other (non-health) government departments, NGOs and charities.

11 Expenditure by local government authorities and non-government organisations

With the exception of one jurisdiction, South Australia, the estimates of expenditure on public health activities have been limited to those activities funded by the Commonwealth, State and Territory health departments. South Australian estimates also include some estimates of expenditure by non-health State government departments.

During the course of this study and the 1998–99 study, it became apparent that LGAs and NGOs contribute substantially to expenditure on activities that might be classified as having a public health focus or have a relationship to public health services. Where core public health activities are supported by grants from the Commonwealth or the State and Territory health departments, that part of the expenditure covered by the grants has been included in the expenditure estimates. It has, however, been subsumed into the estimates of expenditure by the jurisdiction providing the grants. That part of expenditure that is funded by LGAs and NGOs themselves has not been included.

During the 1999–00 collection, the AIHW investigated the contribution of LGAs and NGOs through their expenditure on 'public health-type' activities. This chapter briefly discusses the results of that investigation. It is important to emphasise, however, that the estimates of expenditure by both LGAs and NGOs are:

- preliminary estimates
- only intended to give an indication of the possible level of involvement of LGAs and NGOs in activities that may be of a type that could be considered to be public health activities, and
- provided for information only.

As mentioned earlier, only those parts of the expenditure by LGAs and NGOs that was funded by grants from the Commonwealth and/or State and Territory health departments and considered to be core public health activities have been included in the 1999–00 estimate of $931.2 million expenditure on core public health activities in this report.

11.1 Funding by local government authorities

The involvement of LGAs in the delivery of public health programs varies from State to State in accordance with the respective Local Government Acts and Health Acts.

The estimates of expenditure by LGAs were calculated using information collected from the ABS's Public Finance Database and other data provided by Departments of Local Government and State Grants Commissions in jurisdictions.

Estimated gross expenditure on public health services by LGAs in 1999–00 was $222.5 million (Table 11.1). This cannot be allocated to the core public health activities because there is insufficient detail, particularly in the data provided by ABS.

Table 11.1: Local government expenditure on public health-type services by State/Territory, current prices, 1999–00 ($'000)

State or Territory	Total expenditure
New South Wales[(a)]	124,604
Victoria	39,221
Queensland	41,134
South Australia	6,425
Tasmania	10,798
Northern Territory	322
Australia	**222,504**

(a) Expenditure for New South Wales may include non-public health components of expenditure on waste management and environmental protection.

Sources: New South Wales—State Grants Commission, unpublished data; Victoria—Department of Local Government, unpublished data; all other States and the Northern Territory—ABS Public Finance Database.

11.1.1 Data from the Australian Bureau of Statistics

The quality of the ABS data on expenditure by LGAs varies across jurisdictions, particularly in relation to their purpose classifications. Only four jurisdictions— Queensland, South Australia, Tasmania and the Northern Territory—record expenditures against the Government Purpose Classification (GPC) for 'Public health services' (GPC2550).

In those jurisdictions, total recurrent public health expenditure by LGAs was $58.7 million. That expenditure is funded by:

- revenue ($22.6 million or 38.6%)
- grants from other levels of government ($5.1 million or 8.6%)
- LGAs' own funding ($31 million or 52.8%).

The LGAs' own funding is calculated by subtraction (Table 11.2).

These problems with data quality mean that ABS data cannot be relied upon to provide a comprehensive picture of the level of involvement of LGAs in the funding and provision of public health services. These problems have been discussed with the ABS, who have indicated that steps are in hand to address them.

Table 11.2: Funding of expenditure by local government authorities on public health-type services, by State/Territory, current prices, 1999–00 ($'000)

State or Territory	Revenue	Grants from other levels of government	Own funding[(a)]	Total expenditure
Queensland	20,222	1,625	19,287	41,134
South Australia	349	268	5,808	6,425
Tasmania	2,009	2,851	5,938	10,798
Northern Territory	48	326	–52	322
Total	**22,628**	**5,070**	**30,981**	**58,679**
Proportion of total expenditure (%)	38.6	8.6	52.8	100

(a) Calculated by subtraction.

Source: ABS Public Finance Database.

11.1.2 Data from States and Territories

For the three States—New South Wales, Victoria and Western Australia—where the ABS Public Finance Database did not provide details of expenditure by LGAs on public health-type activities, data were sought from other sources.

In the case of New South Wales, detailed information on LGAs' expenditure was obtained from that State's Grants Commission and for Victoria, detailed data were provided by the Victorian Department of Local Government. These data, while sufficiently detailed to enabled estimation of the expenditure by LGAs on public health-type activities for those two States, were insufficient to map to the core public health activities. The resulting estimates are discussed below.

The data provided by the State Grants Commission of Western Australia, however, did not contain sufficient detail to allow such any estimation of LGA expenditure on public health-type activities in that State.

New South Wales

The State Grants Commission of New South Wales provided detailed estimates of expenditure by LGAs. This indicated that estimated gross expenditure by New South Wales LGAs on public health activities in 1999–00 was $124.6 million (Table 11.3). Public health-type expenditure was broken down into five broad categories:

- immunisation
- food control
- Aboriginal services
- other waste management
- environmental protection.

Because the expenditure recorded within some of these categories could include expenditure on activities that do not have a public health focus, it is likely that the public health expenditure figure for New South Wales LGAs may be overestimated.

Table 11.3: Estimated gross expenditure by local government on public health-type activities in New South Wales, 1999–00 ($'000)

Health		Community services and education	Housing and community amenities		
Immunisation	Food control	Aboriginal services	Other waste management	Environmental protection	Total public health
790	1,356	1,494	75,061	45,903	124,604

Source: NSW State Grants Commission, unpublished data.

Estimated gross expenditure by New South Wales LGAs on 'Public health related activities' in 1999–00 was $993.6 million (Table 11.4). This includes activities, such as domestic waste management, water supplies and sewerage services, which while they have some public health focus, are not typical of activities that might be classified as core public health. A greater degree of detail is needed to give more meaning to this information.

Table 11.4: Estimated gross expenditure by local government on public health related activities in New South Wales, 1999–00 ($'000)

Function	Activity	Expenditure
Public order and safety	Animal control	14,898
Health	Administration and inspection	43,087
	Insect/vermin control	752
	Noxious plants	17,236
Community services and education	Youth services	11,319
Housing and community amenities	Domestic waste management	327,265
	Other sanitation and garbage	22,713
	Urban stormwater drainage	90,272
Water supplies		243,515
Sewerage services		218,333
Transport and communication	Water transport	4,237
Total public health related		**993,627**

Source: NSW State Grants Commission, unpublished data.

Victoria

The estimated gross expenditure by Victorian LGAs on public health-type activities in 1999–00 was $39.2 million (Table 11.5). Public health expenditure is broken down into preventative services ($26.4 million) and environment protection ($12.8 million). The estimate of gross public health expenditure by Victorian LGAs of $39.2 million is similar to the estimate given by the ABS Public Finance Database of $41.1 million.

Table 11.5: Estimated gross expenditure by local government on public health-type activities in Victoria, 1999–00 ($'000)

Program	Expenditure
Health, Education and Housing Preventive Services	26,416
Waste and Environmental Management Environment Protection	12,805
Total public health	**39,221**

Estimated gross expenditure by Victorian LGAs on 'Public health related activities' in 1999–00 was $383.9 million (Table 11.6) and includes activities related to infants and mothers, community health, sanitation, sewerage, council drainage and private/other drainage, which are not considered to be core public health activities under this project. A greater degree of detail is needed to give more meaning to this information.

Table 11.6: Estimated gross expenditure by local government on public health related activities in Victoria, 1999–00 ($'000)

Program	Activity	Expenditure
Health, Education and Housing	Infants and mothers	53,146
	Community health	14,478
Program total		*67,624*
Waste and Environmental Management	Sanitation	257,082
	Sewerage	453
	Council drainage	57,782
	Private/other drainage	940
Program total		*316,258*
Total public health related		**383,883**

Source: Victorian Department of Local Government, unpublished data.

11.2 Funding by non-government organisations

Like the expenditure by LGAs, the only part of expenditure incurred by NGOs that was included in the estimates of expenditure on core public health was that funded by Commonwealth, State and Territory health departments. Also like LGA expenditure, the NGO expenditure is not separately identified, but is subsumed into the estimates of expenditure by the jurisdiction concerned.

During the course of the 1999–00 data collection process, the AIHW gathered information from 32 major NGOs that received public health funding from State and Territory health departments. That information was used to estimate the likely contribution those organisations made to spending on public health-type activities.

The major NGOs to be included in this special study were identified by the jurisdictions. They were those that received the largest public health grants from health departments in 1999–00.

The AIHW estimated the non-government-funded expenditure from each of these NGOs, using published data provided by the organisations. Using those data and other information, an estimate was then made of the amount of expenditure that could have related to public health-type activities. In all, the 32 organisations covered by the special study spent an estimated $93 million in providing public health-type services. While this is not a comprehensive estimate of all expenditure by all NGOs, it is equivalent to 10% of total expenditure on core public health activities by the Commonwealth, State and Territory health departments during 1999–00.

12 Summary and future direction

12.1 Summary of expenditure through States and Territories

Every effort has been taken in this collection to obtain consistency across jurisdictions in the way data are collected and processed in order to arrive at estimates of expenditure. Despite this, there are still problems associated with comparisons across jurisdictions. Some of these relate to the limitations imposed by the different jurisdictional administrative systems. These lead to variations in methods used to allocate expenditures to the core public health activity categories. Others relate to differences in the financial reporting systems used by the different jurisdictions.

Also, there are inherent differences between jurisdictions that militate against direct comparisons between their expenditures. These include:

- population demographics (that is, age–sex structure and geographic distribution)
- economies of scale, which are not as available for smaller jurisdictions
- the provision of cross-border services
- differences in the roles of local government.

Despite the difficulties associated with obtaining meaningful comparisons across States and Territories, some interesting patterns emerge, even within jurisdictions. There are many reasons why some jurisdictions spend, on average, more or less than others on particular core public health activities.

Both the levels of expenditure and size of populations of New South Wales, Victoria and Queensland strongly influence average expenditure in all areas of activity. Tasmania and the two Territories, on the other hand, have disadvantages that are not evident to the same extent in the other jurisdictions. For example, the Northern Territory has a very small population base, which means that it is unable to achieve the same economies of scale as the larger States. At the same time, its population is widely dispersed geographically, which increases the average cost of service delivery. Similarly, the Australian Capital Territory and Tasmania also have small population bases, although they do not suffer the same geographical disadvantage as the Northern Territory.

Data on expenditure on the core public health categories have been analysed using the device of a 'per person index' (Table 12.1). The index is based on the following formula:

$$A_{kj} = \frac{B_{kj}}{B_{kA}} \times 100$$

where:

A_{kj} = per person index for category k in State/Territory j

B_{kj} = per person expenditure for category k in State/Territory j

B_{kA} = per person expenditure for category k in all States and Territories

It should be noted that the entire State/Territory populations are used in deriving the per person index for each core category, rather than any specific target group, and that the national per person index for each category is set to 100.

These data must be interpreted cautiously. Firstly, for the reasons discussed above, the average costs of providing public health services are likely to vary quite considerably from one jurisdiction to the next.

Secondly, when examining expenditures it must also be borne in mind that the averages calculated are spread across the whole population, not just the 'at-risk' populations. Average expenditure on *Cervical screening* and *Breast cancer screening* is calculated using the total population, not just that part of the female population at whom those programs are targeted.

Thirdly, the ethnic diversity of the population may result in differences in the cost of delivery of public health services. In the Northern Territory, for example, the 28% of the population who identify as Aboriginal and/or Torres Strait Islander people experience a significantly higher burden of disease, on average, than other Australians. A higher proportion of those people (70%) live in remote communities. Also, the cost of communicating a message in culturally appropriate ways may be affected by the proportion of people within the jurisdiction who are Indigenous Australians and/or are from a non-English-speaking background.

Finally, some State and Territory health authorities have responsibilities in the areas of food regulation and environmental health regulation, which in other jurisdictions are covered almost entirely by LGAs; expenditure funded by LGAs, however, is not included in these data.

Bearing in mind these qualifications, the 'per person index' shows that the New South Wales expenditure on *Communicable disease control* and *Breast cancer screening* exceeded the national average (Table 12.1). At the same time, its expenditure on *Prevention of hazardous and harmful drug use* and *Environmental health* was well below the national average.

Victoria, which exceeded the national average in its spending on *Cervical screening*, also had levels of expenditure on *Prevention of hazardous and harmful drug use* and *Environmental health* that were below the national average.

Queensland had higher than average expenditure on *Prevention of hazardous and harmful drug use*.

Western Australia's per capita expenditure on *Environmental health* was more than double the national average and its expenditure on *Selected health promotion* was also higher than average. Western Australia also had a level of expenditure on *Cervical screening* that was below the national average.

South Australia, Tasmania and the two Territories all had expenditures that were above average for most activities. South Australia's expenditure was below the average in respect of *Selected health promotion*; Tasmania's was below the average for *Food standards and hygiene* and *Communicable disease control*.

Table 12.1: Expenditure on core public health activities, by States and Territories, current prices, 1999–00

Category		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Communicable disease control	Total ($ million)	54.2	23.7	17.3	11.9	11.5	2.3	2.6	8.6	132.1
	Per person index[(a)]	121.6	72.0	70.7	92.9	108.5	71.9	124.0	608.3	100.0
Selected health promotion	Total ($ million)	28.7	27.9	25.0	20.9	8.6	4.0	4.9	9.9	129.9
	Per person index[(a)]	65.5	86.4	103.8	166.2	82.6	123.1	241.3	712.4	100.0
Organised immunisation	Total ($ million)	31.9	23.4	19.0	8.8	8.6	3.0	3.3	6.2	104.3
	Per person index[(a)]	90.7	90.1	98.3	87.0	103.4	118.2	199.0	559.5	100.0
Environmental health	Total ($ million)	7.3	2.9	8.3	10.9	5.5	2.5	1.5	3.6	42.7
	Per person index[(a)]	50.7	27.7	105.1	265.1	162.1	240.4	216.4	795.4	100.0
Food standards and hygiene	Total ($ million)	4.4	2.3	1.8	1.7	1.2	0.1	1.6	1.0	14.2
	Per person index[(a)]	92.4	65.4	69.3	126.9	104.9	19.9	724.0	664.4	100.0
Breast cancer screening	Total ($ million)	36.8	19.0	19.0	7.6	7.1	2.6	2.0	1.1	95.1
	Per person index[(a)]	114.7	80.3	107.5	82.2	92.8	109.0	134.4	106.3	100.0
Cervical screening	Total ($ million)	5.0	7.3	3.2	1.3	2.8	0.7	0.6	2.2	23.0
	Per person index[(a)]	64.1	128.2	74.2	59.7	151.1	122.1	151.8	880.6	100.0
Prevention of hazardous and harmful drug use	Total ($ million)	19.3	11.9	27.8	7.8	12.0	4.4	6.4	6.5	96.0
	Per person index[(a)]	59.4	49.7	156.0	84.0	156.2	184.6	421.7	633.0	100.0
Public health research	Total ($ million)	8.7	2.2	0.4	1.7	0.6	0.3	—	0.4	14.3
	Per person index[(a)]	179.4	61.6	16.4	123.2	51.1	78.3	11.4	276.4	100.0
Total for nine core categories	**Total ($ million)**	**196.4**	**120.6**	**122.0**	**72.6**	**57.9**	**19.9**	**22.9**	**39.6**	**651.7**
	Per person index[(a)]	**89.3**	**74.4**	**100.8**	**115.2**	**110.9**	**123.4**	**222.4**	**567.4**	**100.0**

(a) The per person index for each category is referenced to the national expenditure = 100.

Note: Due to data deficiencies and differences, these data should not be used for comparative purposes.

The three core public health activity categories with the largest expenditures in 1999–00 were *Communicable disease control*, *Selected health promotion* and *Organised immunisation* (Table 12.2).

Table 12.2: Expenditure by State and Territory health departments, by core category, as a percentage of total public health expenditure for each State and Territory, 1999–00

Category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	All States	C'wlth
Communicable disease control	27.6	19.6	14.2	16.3	19.8	11.8	11.3	21.7	20.3	7.7
Selected health promotion	14.6	23.2	20.5	28.8	14.9	19.9	21.6	25.0	19.9	12.9
Organised immunisation	16.3	19.4	15.6	12.1	14.9	15.3	14.3	15.8	16.0	17.6
Environmental health	3.7	2.4	6.8	15.1	9.6	12.8	6.4	9.2	6.6	6.7
Food standards and hygiene	2.3	1.9	1.5	2.4	2.1	0.4	7.1	2.6	2.2	3.9
Breast cancer screening	18.8	15.8	15.6	10.4	12.2	12.9	8.8	2.7	14.6	0.8
Cervical screening	2.5	6.1	2.6	1.8	4.8	3.5	2.4	5.5	3.5	20.7
Prevention of hazardous and harmful drug use	9.8	9.8	22.8	10.7	20.7	22.0	27.9	16.4	14.7	9.8
Public health research	4.4	1.8	0.4	2.4	1.0	1.4	0.1	1.1	2.2	20.0
Total for nine core categories	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

12.2 Comparison with 1998–99 public health expenditure

A comparison of the growth in expenditure on individual public health activity categories is not possible because of the changes in categories between the 1998–99 and 1999–00 reports.

For example, reported expenditure on *Public health research* in 1998–99 was $17.4 million compared to $70.3 million reported for 1999–00 (Table 12.3). Most of this apparent increase was because only the Commonwealth separately identified research in the 1998–99 data, and this was done as part of a pilot study of a limited range of Commonwealth funded research activities. *Public health research* has been classified as a core public health category in this report and all jurisdictions have reported expenditure against the new category.

Another expenditure effected by the changes in categories was *Selected health promotion*. Expenditure on *Selected health promotion* decreased from $194.2 million in 1998–99 to $166.0 million in 1999–00. Much of this decrease is because education and promotion programs relating to drugs of dependence, which had been included in the *Selected health promotion* category in 1998–99 have been included in the new *Prevention of hazardous and harmful drug use* category in 1999–00.

Much of the fall in expenditure on *Organised immunisation*, on the other hand, was because the 1998–99 data included expenditure by the Commonwealth on the measles eradication campaign. This was a one-off program that involved the supply of vaccines to the States and

Territories as well as a national public awareness campaign. The campaign finished at the end of 1998–99. Expenditure on *Organised immunisation* fell from $184.5 million in 1998–99 to $153.3 million in 1999–00.

Reported expenditure on *Environmental health* decreased from $74.1 million in 1998–99 to $61.4 million in 1999–00—largely due to the non-inclusion by the Commonwealth of expenditure by TGA in 1999–00. In that year TGA had moved to a full cost recovery funded basis.

Table 12.3: National expenditure on core public health activities, constant (1999–00) prices, 1998–99 and 1999–00

	Core public health expenditure			
	1998–99		1999–00	
Category	($ million)	Proportion of total (%)	($ million)	Proportion of total (%)
Communicable disease control	149.3	16.5	153.5	16.5
Selected health promotion	194.2	21.4	166.0	17.8
Organised immunisation	184.5	20.3	153.3	16.5
Environmental health	74.1	8.2	61.4	6.6
Food standards and hygiene	24.0	2.6	25.1	2.7
Breast cancer screening	93.4	10.3	97.2	10.4
Cervical screening	82.8	9.1	80.9	8.7
Prevention of hazardous and harmful drug use	. .	. .	123.2	13.2
Public health research	[(a)]17.4	1.9	70.3	7.5
All other core public health	86.4	9.5	. .	. .
Administration of grants to States and Territories	0.9	0.1	0.3	—
Total core public health	**906.9**	100.0	**931.2**	100.0
General public health grants to States and Territories from Commonwealth[(b)]	196.3	. .	185.7	. .

(a) Only the Commonwealth reported expenditure against 'Research' in 1998–99.

(b) These grants to States and Territories themselves are included within the expenditure recorded in the above nine core categories but cannot be discretely identified for each of those categories.

12.3 Future direction

The NPHEP aims to develop comprehensive definitions that can be used consistently in the collection of expenditure across jurisdictions and by different levels of government and different sectors. The definitions that have been developed so far have related to core activities undertaken and/or funded by the health portfolios of the Commonwealth and the State and Territory Governments. While these definitions have enabled the collection and collation of estimates of expenditure by activity type for 1998–99 and 1999–00, they are insufficient to enable detailed analyses to be undertaken into the cost-effectiveness and/or cost-efficiency of public health interventions. The definitions will need to be further developed to enhance our ability to link inputs (such as expenditure) with interventions and outcomes.

In this and the previous report, estimates of expenditure on core public health activities have been limited to activities funded by the main health departments in the jurisdictions. This

will continue to be the case for the next report (covering the financial year 2000–01), for which data are already being collected and collated.

There are other players who contribute to the provision of public health services in Australia and their full contribution to expenditure and funding has yet to be assessed. For example, programs that have primarily a 'public health' purpose and are operated through non-health departments are excluded from the estimates of expenditure, in most jurisdictions. This is largely due to difficulties in obtaining and verifying data from those departments.

In this publication indicative estimates have been derived for funding public health activities by LGAs and some NGOs. These have been presented to indicate the potential levels of their contribution to public health activities. These estimates are not comprehensive in that they do not include all LGAs and NGOs. Consequently, no attempt has been made to include expenditure funded by the LGAs and NGOs in the estimates of expenditure on core public health activities. If the scope of the collection is to be expanded to include expenditure by those types of organisations, protocols will need to be developed to facilitate the consistent reporting of data across jurisdictions and across programs.

For the purpose of informing policy, maximum value will only be gained from these data when trends over time can be shown and when it is possible to link these expenditure inputs with outcomes. Initially, however, there needs to be a period of stability in the core activity definitions so that trends in expenditure levels over time can be assessed. Ideally, consideration will then be given to the coordinated development of expenditure and outcome measures.

13 Technical notes

13.1 Definitions used in the 1999–00 collection

Communicable disease control

This category includes all activities associated with the development and implementation of programs to prevent the spread of communicable diseases.

Expenditure on *Communicable disease control* is recorded using three sub-categories:

- *HIV/AIDS, hepatitis C and sexually transmitted infections*
- *Needle and syringe programs*
- *Other communicable disease control*.

The public health component of the HIV/AIDS, hepatitis C and STI strategies includes all activities associated with the development and implementation of prevention and education programs to prevent the spread of HIV/AIDS, hepatitis C and sexually transmitted infections.

Expenditure on treatment or diagnostic services is not included.

HIV/AIDS, hepatitis C and sexually transmitted infections

Inclusions

- Implementation of health promotion strategies aimed at increasing safe behaviour among at-risk populations including people living with HIV/AIDS (including through community sector agencies)
- provision of sexual health services to at-risk populations to reduce prevalence of sexually transmitted infections, including testing for sexually transmitted infections (including HIV and hepatitis C), pre-test counselling for all sexually transmitted infections (including HIV), broad-based screening programs and contact tracing
- sexually transmitted infections, including genital herpes, hepatitis B and C, human papilloma virus, chlamydia, gonorrhoea and syphilis
- reorientation of Indigenous health programs
- consultation with community sector agencies regarding program priorities and delivery
- promotion of access to culturally appropriate services
- minimisation of the risk of transmission through occupational and non-occupational exposure through prophylaxis
- support of targeted training to ensure provision of best practice sexual health services for at-risk populations
- surveillance
- development of and participation in relevant committees

- diagnostic services
- counselling and peer support programs immediately following diagnosis which promote safe sex practices and inform patients and carers about how to live with HIV/AIDS, hepatitis C and sexually transmitted infections
- provision of high-quality data to health professionals to improve service delivery
- participation in or initiation of research to establish data to inform service provision
- funding to NGOs (for example hepatitis councils, HIV/AIDS councils)
- support of volunteer programs through access to training.

Exclusions

- treatment for sexually transmitted infections
- pharmaceuticals
- HIV testing following diagnosis
- specialist GPs for primary management of HIV/AIDS
- access to HIV treatments and viral load testing
- outpatient and ambulatory services
- dental health services
- welfare and housing referral services
- admitted patient services
- mental health services including care for people with dementia
- community and home-based care services
- palliative and respite care services
- maternity services.

Needle and syringe programs

Needle and syringe programs aim to reduce and prevent the transmission and spread of infectious diseases to individuals and the broader community through the provision of sterile injecting and disposal equipment, education, consultation and referral processes.

Inclusions

- education and training of the labour force
- provision of safe injecting equipment, including the cost of equipment, transport and staff to deliver the service
- administration of the program, including identifying new sites, negotiating services costs, addressing public concerns and policy development
- negotiation with pharmacies to support initiatives
- consultation with community agencies operating needle and syringe program sites.

Other communicable disease control

This sub-category includes all other communicable disease control activities not assigned to the *HIV/AIDS, hepatitis C and sexually transmitted infections* or *Needle and syringe program* sub-categories as defined above.

Inclusions

- surveillance systems, screenings, recording, notification and reporting systems
- case response, contact tracing, investigation and disease outbreak planning and management
- policy and support services specifically related to communicable disease control programs (within programs)
- provision and administration of vaccines for the management of disease outbreaks
- provision of advice and education on all other communicable diseases
- initial counselling for people tested
- funding to NGOs for the provision of operating prevention programs
- human quarantine-related services.

Exclusions

- clinical and treatment services for communicable disease infections including sexually transmitted infections
- provision and administration of vaccines for immunisation programs as defined in the *Organised immunisation* category
- referral, treatment and associated counselling for communicable disease infections
- staff screening programs, staff immunisation and staff education
- infection control activities in hospitals
- funding to NGOs for the provision of treatment-based programs.

Selected health promotion

This category includes those activities fostering healthy lifestyle and a healthy social environment overall, and health promotion activities targeted at health risk factors which lead to injuries, skin cancer and cardiovascular disease (for example diet, inactivity) that are delivered on a population-wide basis. The underlying criterion for the inclusion of health promotion programs within this category was that they are population health programs promoting health and wellbeing.

The *Selected health promotion* programs are:

- healthy settings (for example municipal health planning)
- public health nutrition
- exercise and physical activity
- personal hygiene
- mental health awareness promotion
- sun exposure and protection
- injury prevention including suicide prevention and female genital mutilation.

Inclusions

- State government funding for health promotion councils or NGOs (for example skin cancer foundations)

- organised population programs, or programs with a population focus (for example Healthy Cities and Healthy Schools programs)
- development, administration, implementation and evaluation of policy, programs, guidelines and legislation
- development and maintenance of health promotion databases (including data collection), where they can be separated from 'non-public health' databases
- health sector input to cross-sector health education
- organised population health screening of heart disease risk factors.

Exclusions

- opportunistic screening activities for heart disease risk factors (stress, blood pressure, cholesterol)
- information programs on management of specific diseases post-diagnosis (for example asthma, diabetes)
- community nurse activity (for example ad hoc talking to schools about nutrition)
- individual counselling including health education on an ad hoc basis
- compliance with safety codes and maintenance of healthy environments
- treatment for stress or other mental health disorders (for example anxiety)
- school education ad hoc and school dental services
- well baby clinics, domiciliary care and home nursing services
- neighbourhood watch programs
- occupational health and safety education (included under 'Public health related activities')
- population health programs directed at domestic, family and general violence
- population health programs providing a safe sexual health message—these are included in the *Communicable disease control* category
- public health education campaigns and school health education programs funded outside the health sector
- health promotion activities that are associated with core public health categories—these are classified in the relevant categories (for example safe drinking programs should be classified in the *Prevention of hazardous and harmful drug use* category).

Organised immunisation

This category includes immunisation clinics, school immunisation programs, immunisation education, public awareness, immunisation databases and information systems.

Expenditure on *Organised immunisation* was recorded using three sub-categories:

- *Organised childhood immunisation* (as defined by the NHMRC Schedule/Australian Standard Vaccination Schedule)
- *Organised pneumococcal and influenza immunisation*—the target groups for pneumococcal immunisation are Indigenous people over 50 years and high-risk Indigenous younger people aged 15–49. Influenza vaccine is available free to all Australians 65 years of age

and over, Indigenous people over 50 years and high-risk Indigenous younger people aged 15–19.

- *All other organised immunisation* (for example tetanus)—as opposed to ad hoc or opportunistic immunisation.

Inclusions

- promotion, distribution, provision and administration of vaccines as listed
- immunisation clinics and school immunisation programs
- immunisation education and public awareness
- immunisation databases and information systems
- staff vaccination programs where part of *Organised immunisation* and
- NHMRC schedule for all tetanus immunisation.

Exclusions

- immunisation after possible infection or on detection of illness (for example rabies vaccine)—this expenditure should be included in the *Communicable disease control* expenditure category.

Environmental health

This category relates to health protection education (for example safe chemical storage, water pollutants), expert advice on specific issues, development of standards, risk management and public health aspects of environmental health protection. The costs of monitoring and regulating are to be included where costs are borne by a regulatory agency and principally have a public health focus (for example radiation safety, and pharmaceutical regulation and safety).

Environmental health includes the following characteristics:

- vector/rodent control
- chemical regulation and safety
- radiation safety and control
- public health aspects of water quality control and fluoridation
- *Legionella* control
- public health input to contaminated sites and unhealthy land
- public health aspects of water environment control
- public health input to hazardous materials management
- public health aspects of waste water and solid waste
- public health input to disaster management
- public health contribution to environmental sampling, health impact statements and risk assessment.

Inclusions

- development, review and administration of legislation, policy and/or regulations

- health protection education (for example safe chemical storage, water pollutants) and expert advice on specific issues
- response to health complaints and investigation of breaches of legislation and disease outbreaks
- surveillance, inspections and investigations to maintain standards (for example water quality testing, sampling)
- expert advice and provision of professional and technical support services on specific issues
- administration of relevant legislation, such as the licensing of operators or conducting pest control examinations
- maintenance of related databases (for example issuing radiation licenses, and national notification of agricultural, veterinary and industrial chemicals and pesticides)
- regulation and management of water fluoridation (includes addition of fluoride to water supplies)
- public health component of assessment, remediation and management of contaminated land
- public health input to land development applications
- public health input to emergency management and disaster response management, including planning and emergency response teams
- public health contribution to environmental sampling, health impact statements and risk assessment
- public health input to control activities for vectors/rodents (for example landfill, spraying, baiting, eradication)—to be included only if undertaken by regulatory agency
- poisons regulation
- pharmaceutical and therapeutic goods regulation
- human remains regulation
- public health input to air and noise pollution control
- training of environmental health workers.

Exclusions

- costs borne by private or government industry in complying with regulations and legislation such as public health and environmental health acts
- hospital infection control
- treatment for infections (for example Ross River fever or encephalitis treatment)
- workplace testing or monitoring
- installation and maintenance of systems (for example waste disposal, storm water pollution, air-conditioning units)
- management of land development applications
- compliance with regulation which protects water courses and national parks
- recycling programs
- infectious waste control (for example medical wastes and sharps) and disposal
- environmental health protection research (to be included under *Public health research*).

Food standards and hygiene

This category includes the development, review and implementation of food standards, regulations and legislation as well as the testing of food by the regulatory agency.

Inclusions

- development, review and implementation of food standards, regulations and legislation
- surveillance (including inspections), monitoring and enforcement of food standards (including food premises registers)
- testing of food by regulatory agency
- education such as food safety awareness campaigns for suppliers and/or consumers
- training and education for food handlers (including LGAs)
- education and advice on food standards/requirements (for example for food premises).

Exclusions

- compliance costs of industry associated with food regulations (for example labelling and safe food handling practices)
- testing of food by industry.

Breast cancer screening

This category relates to expenditure for *Breast cancer screening* and includes expenditure for the complete breast cancer screening pathway through organised programs, and mammography which has a screening purpose that is funded through Medicare.

Expenditure reported for each sub-category:

- *Breast cancer screening through organised programs*
- *Medicare breast cancer screening* (Commonwealth only).

The breast cancer screening pathway includes the following characteristics:

- recruitment
- screen taking
- screen reading
- assessment (this includes fine needle biopsy)
- core biopsy
- open biopsy
- service management
- program management.

Breast cancer screening through organised programs

Inclusions

- organised breast cancer screening programs (for example State BreastScreen programs, rural access programs), including coordination, provision of screens and assessment services

- development, review and implementation of breast screening policy, and program management
- management of breast cancer/screening registers
- State government funding to NGOs (for example cancer councils) for breast screening services
- education and risk awareness for women and target groups on benefits of screening
- counselling before diagnosis.

Exclusions

- follow-up counselling and/or treatment after diagnosis
- public health laboratory services (if not a result of breast cancer screening program)
- diagnosis costs if lump not detected as part of organised breast cancer screening programs
- workforce development and training if administered outside breast cancer screening programs
- breast cancer screening research (to be included under *Public health research*).

Medicare breast cancer screening

Inclusions

- patients referred for mammography by their doctor when there are no symptoms of breast cancer
- patients referred for mammography by their doctor when there is a family history of breast cancer.

Exclusions

- patients referred for mammography by their doctor showing symptoms of breast cancer
- patients referred for mammography by their doctor where there has been a past incidence of breast malignancy.

Cervical screening

This category relates to organised cervical screening programs.

Inclusions

- organised cervical screening programs (for example State cervical screening programs, rural access programs), including coordination, provision of screens and assessment services
- management of cervical/Pap smear registers (for example cervical cytology register)
- development, review and implementation of cervical screening policy, and program management (monitoring and evaluation)
- education and risk awareness for women and target groups on the benefits of screening
- initial counselling before Pap smear
- counselling and/or treatment for screen-detected abnormalities

- public health laboratory services (collection, cytology of smears and reporting)
- cervical screening financed by Medicare (this includes the GP consultation, the collection of the sample and the cytology of smears)—data to be provided by the Commonwealth.

Exclusions

- public health workforce education and training (if administered elsewhere)
- counselling and/or treatment for patients diagnosed with malignant carcinoma (the differences between abnormalities and malignant carcinomas are described in Appendix A of *Cervical Screening in Australia 1997–98,* AIHW 2000).

Prevention of hazardous and harmful drug use

This category includes activities targeted at the general population with the aim of reducing the overuse or abuse of alcohol, tobacco, illicit and other drugs of dependence, and mixed drugs. The Australian Standard Classification of Drugs of Concern includes analgesics, sedatives and hypnotics, stimulants and hallucinogens, anabolic agents and selected hormones, antidepressants and antipsychotics, and also miscellaneous drugs of concern.

Expenditure is to be reported for each sub-category as below, the aggregate of which will be total expenditure on *Prevention of hazardous and harmful drug use*.

- *Alcohol*
- *Tobacco*
- *Illicit and other drugs of dependence*
- *Mixed*.

Alcohol

Inclusions

- alcohol regulation, labelling, control and licensing (including policing the regulation of alcohol in communities)
- health promotion strategies to encourage appropriate use of alcohol
- counselling of individuals where public health advice is given rather than the treatment of an addiction.

Exclusions

- any anti-alcohol programs with treatment of individuals as the major focus
- activities designated as treatment services
- services considered primarily of a welfare services nature (for example 'night shelters')
- services considered to be almost entirely providing accommodation and food services (for example halfway houses).

Tobacco

Inclusions

- tobacco control in the workplace and enclosed places

- policies relating to smoke-free eating places and other public facilities
- labelling of warnings on cigarette packets, advertising bans
- quit smoking programs
- counselling of individuals where public health advice is given rather than the treatment of an addiction
- smoking prevention strategies for children and youth
- prevention of tobacco sales to children and youth.

Exclusions

- activities designated as treatment services.

Illicit and other drugs of dependence

Inclusions

- illicit drugs/substances control; harm minimisation; methadone treatment; public health input to prohibition, enforcement and legislation activities; control of misuse of prescription drugs and other drugs of dependence
- counselling of individuals with problems with illicit or other drugs of dependence such as prescription drugs or glue sniffing, where public health advice is given rather than the treatment of an addiction.

Exclusions

- any anti-drug and alcohol programs with treatment of individuals as the major focus
- activities designated as treatment services
- services considered primarily of a welfare services nature (for example night shelters)
- services considered to be almost entirely providing accommodation and food services (for example halfway houses).

Mixed

Inclusions

- counselling of individuals where public health advice is given rather than the treatment of an addiction
- health promotion strategies to improve behaviour and
- public health activities with regard to poly drug use.

Exclusions

- any anti-drug and alcohol programs with treatment of individuals as the major focus
- activities designated as treatment services
- services considered primarily of a welfare services nature (for example night shelters)
- services considered to be almost entirely providing accommodation and food services (for example halfway houses).

Public health research

Definition of research and development (Frascati):

> R and D is defined according to the OECD standard as comprising creative work undertaken on a systematic basis in order to increase the stock of knowledge, including knowledge of man, culture and society, and the use of this stock of knowledge to devise new applications.
>
> An R and D activity is characterised by originality. It has investigation as a primary objective, the outcome of which is new knowledge, with or without a specific application, or new or improved materials, product, devices, processes or services. R and D ends when work is no longer primarily investigative. (Australian Standard Research Classification, 1998, page 4)

Inclusions

- *Communicable disease control* research
- *Selected health promotion* research
- *Organised immunisation* research
- *Environmental health* research
- *Food standards and hygiene* research
- *Breast cancer screening* research
- *Cervical screening* research
- *Prevention of hazardous and harmful drug use* research
- research which cannot be allocated to one of the above categories.

Exclusions

- public health evaluations.

'Public health related activities'

This is not a core public health category and therefore the figures reported under this heading were not included in the aggregate figures for 1999–00. The collection of this sort of expenditure information was voluntary for each jurisdiction. This enabled jurisdictions to include those expenditure items which did not fit into the core public health categories but that they considered to be public health related and important to that jurisdiction.

Examples of 'Public health related activities':

- drug and alcohol activities that are designated as treatment services
- reduction of the drug and alcohol supply
- those services primarily relating to the welfare services nature of drug and alcohol expenditure (for example night shelters)
- occupational health and safety regulation and education
- regulation of health facilities and services
- control of dangerous animals and licensing of pets
- sexual and domestic violence programs
- dental health services
- well baby clinics

- reproductive health and family planning
- other maternal and child health services.

13.2 Variation from Stage Two definitions

Two new core categories have been included in the definitions for the 1999–00 collection. These were:

- *Prevention of hazardous and harmful drug use* and
- *Public health research.*

It was also agreed that jurisdictions could report additional expenditure under the heading 'Public health related activities'. This is in order that jurisdictions might capture and report expenditure on activities that relate to public health but are not core public health activities.

The former 'catch-all' category—*All other core public health*—was not included in this collection. The expenditure that would have been captured under *All other core public health* would be spread across a number of the nine categories used in the 1999–00 collection or reported against 'Public health related activities'.

Table 13.1: Core public health categories, 1998–99 and 1999–00 collections

1998–99 categories	1999–00 categories[(a)]	Changes and mapping
Core public health activities		
Communicable disease control	Communicable disease control	. .
Selected health promotion activities	Selected health promotion	Health promotion relating to drugs of dependence moved to *Prevention of hazardous and harmful drug use*.
Immunisation	Organised immunisation	. .
Environmental health	Environmental health	Refined in 1999–00 to include only the public health component of environmental health activities.
Food standards and hygiene	Food standards and hygiene	. .
Breast cancer screening	Breast cancer screening	. .
Cervical screening	Cervical screening	. .
All other core public health	. .	No longer exists. Expenditure spread across *Communicable disease control*, *Environmental health*, *Prevention of hazardous and harmful drug use,* and 'Public health related activities'.
. .	Prevention of hazardous and harmful drug use	New category. Expenditure was previously included under *Selected health promotion activities* and *All other core public health*.
. .	Public health research	New category.
Non-core public health		
. .	Public health related activities	Not a category as such. Expenditure was previously included in *All other core public health* or not previously reported.

(a) These 1999–00 categories will also be used for the 2000–01 collection, thus enabling comparisons between the 1999–00 and 2000–01 expenditure data.

Other notes

The Commonwealth has included expenditure relating to the National Indigenous Australians Sexual Health Strategy and the National Indigenous Pneumococcal and Influenza Immunisation Program. States and Territories may also have counted expenditure

relating to these programs in their estimates. If this has occurred, the figures in this report may include double-counting in expenditure up to the value of $9.6 million. There was insufficient information at the time of publication to address this issue. Future collections will resolve this issue.

Figures in the tables of this report may not add due to rounding.

13.3 Jurisdictions' technical notes

13.3.1 Commonwealth

Departmental and administered expenditure—terminology

In 1999–00, Commonwealth departments and agencies moved from a cash-based accounting system to an accruals environment. An important part of this change was the introduction of an outcome and outputs framework as a means of measuring achievements against stated goals.

Part of this change also involved the introduction of two accounting terms, that are used to describe how funds were allocated and expended:

- 'departmental items' (or departmental outputs)—those expenditures applied to the production of the department's outputs (mostly consisting of the cost of employees, but also including suppliers of goods and services, particularly those where the Commonwealth retains full control of how, when and to whom funds are to be provided)
- 'administered items'—those resources administered by the Department on behalf of the government to contribute to the specified outcome (for example most grants in which the grantee has some control over how, when and to whom funds can be expended, including PHOFA payments and Specific Purpose Payments to State and Territory Governments).

This change in definitions will, to some extent, restrict the ability to directly compare Commonwealth expenditure figures for 1999–00 with those of 1998–99. It will also mean that figures for 'departmental' expenditure for 1999–00 cannot be disaggregated to the same extent as was the case in 1998–99. However, it will mean a much more streamlined and internally consistent process for future years.

Methodology used for the Medicare component of cervical screening

Cervical screening expenditure covered under Medicare is included under both *Cervical screening* and 'Public health related activities'. The method used to estimate these expenditures is outlined below.

Cervical screening

The methodology used to estimate the Medicare component of *Cervical screening* is consistent with that used in the 1998–99 report and is derived using the following three major assumptions:

- of the three cervical cytology items listed in the Medicare Benefits Schedule (73053, 73055 and 73057), only item 73053 (women showing no symptoms, signs or recent history suggestive of cervical neoplasia) relates to core public health expenditures
- benefits paid for 73055 and 73057 are related to 'Public health-related activities'
- where a consultation that involved the taking of a Pap smear also involved one or more other medical procedures, the related benefits should be apportioned equally across all the procedures involved and only that proportion related to the taking of the smear should be allocated to the public health activity category.

In the case of the first two assumptions used in the estimates, the inclusion of only item 73053 as 'core public health' ensures that what is captured is in line with the definitions used in both the first report on expenditure on public health in Australia and the national policy of the National Cervical Screening Program.

The third assumption is based on information provided by the Bettering the Evaluation and Care of Health (BEACH) study. That study showed that there were often other issues that were dealt with during the course of a consultation where a Pap smear was taken. Consequently, a factor of 0.68 was applied to the total benefits paid relating to GP consultations where a pap smear was performed. This factor was based on BEACH data relating to consultations where a Pap smear was the primary reason of encounter.

'Public health related activities'

'Public health related' expenditure on cervical pathology is made up of:

- the two excluded Medicare cervical cytology items (Items 73055 and 73057)
- the full benefit paid for the GP consultations associated with the excluded items
- those parts of the GP consultations associated with item 73053 that were not included in the estimate of expenditure on the core public health activity *Cervical screening*.

13.3.2 New South Wales health authorities

Revision of definitions and estimates

Like other States and Territories, there are a number of issues impacting on the comparability of the New South Wales data between this year and the previous year. Some of these relate to service changes, but most are due to the evolving nature of the data collection methodology. These include inconsistencies in identifying expenditure related to public health and fractioning across the core categories. Also, in the absence of firm guidelines in some areas of the collection, there are some differences in the judgments of managers and staff collecting data from one period to the next.

New South Wales undertook a review of differences in reported public health expenditure between 1998–99 and 1999–00. This analysis indicated that the main reasons for differences were variations in the:

- **level of centralisation or decentralisation of services**. Area health services in New South Wales have complete responsibility (financial and legislative) for the organisation of their services. From time to time, they will elect to centralise or decentralise services to meet local priorities. This affects the reported expenditure, because of the organisational change or the need to apply a new method of allocating or fractioning expenditure related to public health.

- **degree of judgment by cost centre managers and data collection coordinators.** There are still large aspects of the collection that require individual judgment about the allocation of expenditure related to public health during a particular period, or fractioning of that expenditure over the core categories specified by the collection. Combined with the fact that there are little data to inform judgment, this leads to a high degree of variation between sites and over time.
- **collection methodology**. New South Wales has a decentralised process of data collection, due to the organisation of the area health services within this State. This means that data collection is devolved to the 17 area health services and the Children's Hospital at Westmead, which involves approximately 80 coordinators across the State. All efforts are made to standardise the collection; however, as mentioned above, in the absence of firm guidelines in some areas, there is a large judgmental component, which can differ from site to site and lead to variations in reporting.

New South Wales is working towards resolving some of these issues, both through the national process with the AIHW (for example, contribution to standards for data collection and definitions for data items) and also locally in educating coordinators, seeking clarification from sites where differences are evident and stepping-up data reconciliation. However, this will take time and improvements are likely to be medium-to-long term rather than immediate. Therefore, New South Wales supports abstaining from comparing data with previous years until the collection is better established.

Data collection methods

Health services in New South Wales operate within specific geographic areas of the State. They each play major roles in:

- planning, delivering and coordinating local services
- managing resources
- setting and maintaining the balance between treatment and prevention services within their geographic area.

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

In 1999–00 the public health expenditure collection was incorporated in the NSW Program and Product Data Collection. This is a major collection that also includes the Hospital Cost Data Collection, the Unaudited Annual Return and the National Mental Health Survey.

The expenditure reported for the 1999–00 financial year was based on accrual accounting.

Seventeen health services, the NSW Health Department and the Children's Hospital at Westmead reported data using a set of 24 public health sub-programs. The data was then aggregated centrally and analysed at State level. The sub-programs were later mapped to the core categories required for this publication. The core category expenditure included activity-specific, program-wide and agency-wide expenditures.

13.3.3 Victorian health authorities

Revision of definitions and estimates

Data collection methods

The Public Health Division is responsible for programs that support the health and wellbeing of all Victorians. Non-government agencies and LGAs also perform some services on behalf of the division. As most of the public health outputs are delivered by agencies funded by the division, the collection of information on the NPHEP's core public health expenditure categories was performed within the division.

The steps involved in data collection were as summarised below:

1. downloading of raw figures from the department's General Ledger on Oracle Financials
2. verification to ensure the integrity of data collected. The flexible structure of the General Ledger enabled data to be sorted by activities or outputs, which in turn facilitated the further classification into the nine core public health activities
3. manual categorisation, sorting each activity against its description
4. reconciliation to ensure that reliable data were included in this report. It was determined that only functions that were funded or provided directly by the Public Health Division would be included in the data collection.

13.3.4 Queensland Health

Revision of definitions and estimates

There are significant changes in the collection methodology used by Queensland Health to report 1999–00 public health expenditure. The changes in collection methodology were necessary to ensure future collections are consistent and maintainable.

Other factors that should be considered when comparing the expenditure include:

- Salaries and wages increased in the 1999–00 financial year due to the Enterprise Bargaining Agreement.
- There was a one-off expense to cost centres as a result of a change in accounting policy where the asset recognition threshold was increased from $2,000 to $5,000.
- The 1999–00 budget was affected by a 1998–99 deficit that represented long service leave claims not previously funded through the annual budget process.
- Due to the introduction of accrual accounting the 1998–99 expenditure was affected by an increase in the asset recognition threshold, increased long service leave liabilities, losses from asset disposals and inventory write-offs, and accrued interest.

Data collection methods

Under the 1999–00 Budget, Queensland Health was required to report financial information to Queensland Treasury under the Managing for Outcomes framework, which identified the total cost of outputs. In order to provide this information, all Queensland Health's cost centres were allocated by percentage across outputs. Queensland Health uses a State-wide

decision support system to produce output operating reports that identify total public health expenditure for Queensland Health.

The Managing for Outcomes framework is an efficient, maintainable process for Queensland Health to report total public health expenditure. However, additional analysis using cost centre service types is required to allocate the total public health output expenditure to the NPHEP categories. Any service types that do not match to the NPHEP categories are identified under 'Public health related activities'.

During a review of the expenditure collected through the above process, minor adjustments were required to ensure the expenditure reported was reasonable. The adjustments were required mainly because of inappropriate mapping to service types. A review of the service types will be conducted to avoid this requirement in future collections.

13.3.5 Western Australian Department of Health

Revision of definitions and estimates

There are a number of reasons why comparability between 1998–99 and 1999–00 is difficult.

The 1999–00 data includes public health expenditure associated with Healthway and the Office of Aboriginal Health which was not present in 1998–99. This has especially affected the *Selected health promotion*, *Prevention of hazardous and harmful drug use*, and *Environmental health* categories.

Estimates of expenditure for 1999–00 were calculated on an accruals basis as opposed to the cash basis used in the previous report. *Breast cancer screening* figures in 1998–99 include outlays on capital items, whereas those for 1999–00 do not include outlays on capital but include depreciation expense.

Cervical screening expenditure in 1999–00 includes recruitment campaign costs not conducted in 1998–99.

The 1999–00 *Organised immunisation* expenditure is impacted by the school measles campaign conducted in 1998–99 and differences in 'Pneumococcal' and 'Influenza' expenditure.

There has been a large degree of judgment by cost centre managers in the allocation of expenditure across categories. Turnover of staff and differing judgment by managers has meant that a consistent allocation from 1998–99 to 1999–00 cannot be guaranteed.

Data collection methods

The primary source of public health expenditure data is the Western Australian Department of Health's Oracle financial system. Oracle supports a hierarchical cost centre structure that allows modelling of expenditure against each of the core public health categories. For most of the State-wide public health programs each of the cost centres is matched to one of the core public health categories. Where cost centres relate to more than one category the expenditure was allocated across the relevant categories on the basis of advice from the cost centre manager. Program-wide and agency-wide expenses for both the Public Health Division and the respective costs for the Western Australian Department of Health were apportioned across the public health categories based on a model incorporating both staffing levels and expenditure.

A collection instrument was sent to each of the 32 metropolitan and rural health services for completion. The collection instrument consisted of a collection manual, based on the NPHEP

Draft Collection Manual, and a spreadsheet for completion by the health service. The completed spreadsheets were reviewed for consistency and the results used to compile the separate expenditure listings for public health units and for health services. The majority of health services expenditure relates to public health activity undertaken by community health services. However, it is likely that these data are incomplete as not all health services provided this information in their returns.

Public health expenditure data for the Office of Aboriginal Health was extracted from the Office's contract management system. Contract expenditure was allocated across the public health categories on the basis of the contracted service description. Public health expenditure represents approximately 20% of the office's expenditure for the 1999–00 financial year. Expenditure recorded against each category represents actual expenditure and does not incorporate the office's overhead or corporate expenses. A model for apportioning these agency-wide or corporate expenses is being developed for the 2000–01 collection.

Considerations

In keeping with the NPHEP methodology, expenditure is reported on an accrual basis. However, some health services were only able to report expenditure against the public health categories on a cash basis. The actual effect of reporting on a cash basis is not known but is not expected to be significant, particularly as expenditure on capital items is believed to be relatively small.

Where expenditure is reported on an accrual basis, respondents were asked to identify the value of the depreciation expense. Where it was possible to reliably identify depreciation expense across the public health expenditure categories this has been done. Where this was not possible depreciation expenses have been apportioned in accordance with the modelling for allocation of agency-wide expenses. Thus the apportioning of identified depreciation expense is reflective of the manner in which these expenses have been apportioned in the reporting of all public health expenditure.

This report does not include:

- expenditure by LGAs (though payments to LGAs for public health activities from the Health portfolio are included)
- general pathology testing, dental health or Red Cross Blood Transfusion Service expenditure.

13.3.6 South Australian Department of Human Services

Revision of definitions and estimates

One of the major differences between the 1999–00 and the 1998–99 results is the inclusion of agency-wide expenditure in 1999–00. This accounted for a $1.5 million apparent increase in expenditure between the two years.

Other major changes in expenditure on the core categories that should be taken into account when comparing the two years' data include:

Communicable disease control

- A 7% growth relating to increases in funding and better data capture mechanisms and interpretation of definitions.

Selected health promotion

- A 54% decrease in expenditure is explained by the following:
  - The definition for this category narrowed in 1999–00 to include only 'selected' programs ($7 million).
  - In 1999–00 the *Prevention of hazardous and harmful drug use* category was added; $1 million in programs allocated to *Selected health promotion* in 1998–99 are reported in the new *Prevention of hazardous and harmful drug use* category in 1999–00.
  - The remaining variance relates to better data capture mechanisms and interpretation of the definitions.

Organised immunisation

- Expenditure decreased by 3% due to the following:
  - A decrease in expenditure for *Organised childhood immunisation* of $0.8 million was predominantly because of a school measles campaign that was run in 1998–99 and ceased in that year.
  - An increase in expenditure for *Organised pneumococcal and influenza immunisation* of $0.5 million relates to the influenza target age dropping from over 75 years in 1998–99 to over 65 years in 1999–00.

Environmental health

- A 9% growth in expenditure is explained with the inclusion of $0.35 million in pharmaceutical and therapeutic goods regulation that was previously included in *All other core public health*.

Food standards and hygiene

- The 8% increase in expenditure relates to better allocation of costs in the 1999–00 collection.

Breast cancer screening

- Growth of 8% is the result of additional funding provided for the Breast Cancer Screening program in 1999–00.

Cervical screening

- A large increase of 47% is the result of:
  - better data capture mechanisms
  - a broader interpretation of the category (for example the inclusion of colposcopy clinics by public hospitals).

Prevention of hazardous and harmful drug use

- Expenditure reported against this new category is made up:
  - $1 million reported against *Selected health promotion* in 1998–99
  - the balance previously included in *All other core public health*.

Public health research

- In 1998–99 this expenditure was reported against *All other core public health* and/or distributed among the relevant core public health categories.

Data collection methods

Information was provided by State government departments, metropolitan and regional health units and other health-related government funded organisations.

Data was collected using a combination of automated and manual processes.

Expenditure was extracted from the centralised DHS general ledger, the major source being the Public and Environmental Health cost centres. These cost centres were mapped to the core public health categories as defined for this project. This accounted for $33 million or 58% of the total core public health expenditure collected from within the health sector.

The second part of the collection involved writing to external organisations (including public hospitals, community health centres and non-health State government departments that undertake public health activities), detailing the aims and expectations for the 1999–00 collection. A total of 39 metropolitan organisations and 8 regional health services were included in the collection. Only 3 did not respond, making the response rate 94%. Of the 3 organisations that did not respond it was felt that none would have incurred material levels of public health expenditure.

A collection spreadsheet and instructions was then emailed to contact people from these external organisations. Meetings were arranged where necessary, usually with the larger organisations. This type of face-to-face contact often saved a significant amount of time and confusion.

All organisations involved in the collection were asked to report their financial data on an accrual basis.

Assessment

Most external organisations required additional clarification and guidance on the information to include and exclude. The major difficulty for most of these organisations was aligning their cost centre information with the nominated categories for core public health. In particular, community health centres and smaller organisations found it difficult to separate treatment-based or welfare-based services from 'public health' programs. In many cases, estimations for each category have been made based on salaried time commitment and/or allocation of materials and space.

Where grant funding is provided to an organisation from a major provider, such as SA Cervix Screening or Health Promotion SA, there is a danger of counting the expenditure twice. Details on the source of funds was requested from all organisations and cross-checked to ensure that double-counting was avoided wherever possible.

A major difficulty for South Australia is that, outside of DHS, all service provider agencies utilise and administer their own financial systems, as opposed to having a standard financial system and cost centre structure across the State health sector. As a result it is difficult to implement an automated expenditure collection system that incorporates these organisations. This is a trade-off for South Australia in seeking to be comprehensive in its data collection.

General reasons for variances

One of the major difficulties with the project occurred when attempting to limit and differentiate the various categories. Programs that included public health strategies and screening/treatment for specific diseases (for example HIV/AIDS) were particularly difficult to separate, as were programs pertaining to sexual health and the avoidance of sexual violence. Community health programs, such as those aimed at people from non-English-speaking backgrounds and Aboriginal or disadvantaged groups, are often based on holistic lifestyle changes and therefore include public health aspects, such as mental health promotion, as well as welfare aspects such as education about domestic and sexual violence. Depending on the main objective of these programs, this expenditure was either partially or

wholly included. In the case of HIV/AIDS, the proportion of purely public health expenditure was estimated from the various programs and funding.

13.3.7 Tasmanian health authorities

Revision of definitions and estimates

There was a major change to the methodology between the 1998–99 collection and the 1999–00 one. The scope of the collection was broadened to include all expenditure by the Tasmanian Department of Health and Human Services that fitted within the core public health categories. For the 1998–99 report, only expenditure by the Division of Health Advancement incorporating the Public and Environmental Health output had been included. The result is large apparent increases in reported expenditure, particularly in expenditure on *Communicable disease control* and *Selected health promotion*. For example, inclusion of expenditure by the Tasmanian public hospitals on *Communicable disease control* and grants to a number of NGOs mean that expenditures on that activity cannot be compared over the two years. Expenditure for the Needle Availability Program increased significantly from the previous year due to a continued rise in demand.

The apparent increase in expenditure on *Selected health promotion* is largely due to the inclusion in 1999–00 data of expenditure by the Division of Community and Rural Health Services. This division employs dedicated regional health promotion officers. Another contributing factor to the apparent increase was the reclassification of some expenditure previously reported under *Food standards and hygiene* to *Selected health promotion* in this report.

The reported drop in expenditure on *Breast cancer screening* was due to Tasmania having a cash-based accounting system and the fact that the 1998–99 data included outlays on a major IT upgrade.

Data collection methods

A number of issues identified in the previous report have been addressed. While generally the Division of Health Advancement has the responsibility for public health, other divisions' expenditures were not previously reported. This has been addressed in this report where all expenditures by the agency that fit within the core public health activities have been included. This report does not include expenditure by other State government agencies and LGAs that is attributable to public health.

While the Tasmanian Department of Health and Human Services' finance reporting system is centralised and this enables the smooth collection of expenditure data, the following should be noted:

- The data supplied for Tasmania is from cash-based accounting systems, creating the possibility of carry-over expenditure between reporting periods; however, this is likely to be of minimal impact.
- Expenditure by LGAs is not included.
- Expenditure estimates are total expenditure, not net expenditure.
- Program-wide and agency-wide expenditures have been allocated proportionately across NPHEP categories using the proportion of expenditure by cost centre.
- The Department's finance system cost centre structure is such that in most cases the core public health categories are easily identified; however, some cost centres contained two

or more categories, or only a proportion of the total expenditure was attributable to public and environmental health. In such cases, consultation with the cost centre managers was undertaken to obtain the portion of cost centre expenditure attributable to the core public health categories.

13.3.8 Australian Capital Territory health authorities

Revision of definitions and estimates

Data collection methods

The information contained in this chapter of the report is in accordance with the core public health definitions for the 1999–00 NPHEP.

The ACT Department of Health and Community Care has a central accounting function that operates on a full accrual basis.

First, those cost centres that are within the department's chart of accounts and which public health activities were identified. Then the relevant cost centre managers were advised of the core public health definitions and were asked to allocate their costs to each of the public health expenditure categories. The expenditure of the Healthpact statutory authority was then combined with the above data to complete the data collection.

Information technology expenditure was included on a cost centre basis under activity-specific expenditure. Agency-wide expenditure such as costs relating to finance and human resources were allocated across the nine core categories on the basis of full-time equivalent staff numbers.

Changes in agreed definitions of funding categories have resulted in the expenditure figures for 1998–99 presented in this report being notably different from those in the previous report. The revised figures for last year are presented alongside the newly defined figures for this year for more accurate comparability. Direct comparison with the figures published in last year's report is not advised as the previously published figures reflect different category definitions.

13.3.9 Northern Territory Health Services

Revision of definitions and estimates

The reported aggregate expenditure on core public health activities for the Northern Territory in 1999–00 ($39.6 million) cannot be compared with that reported for 1998–99. The variation between the two years is attributed to the difference in methodologies used for each collection period and not to any decrease in real expenditure.

Variations due to changes in method

The significant changes in methodology between the two collection periods were:

- For the 1998–99 collection, total expenditure for AODP was **included** in total core public health expenditure within the *Selected health promotion* and *All other core public health* categories. In 1999–00, expenditure for treatment services was reported as 'Public health related activities' and **excluded** from total core public health expenditure.

- The estimate for agency-wide functions provided to public health during 1998–99 was calculated using distributions of expenditure, not staffing levels and workload. This resulted in an estimate of agency-wide expenditure for 1998–99 of $3.6 million. For 1999–00, the estimate was based on a combination of the public health staffing levels and the public health program workloads. The estimate of agency-wide expenditure for 1999–00, using the updated methodology, was a more realistic one of $1 million.
- For 1998–99 all public health expenditure that was not able to be allocated to one or more of the core categories was reported as *All other core public health* and **included** in the estimate of total expenditure on core public health. For 1999–00 such expenditure was reported as 'Public health related activities' and **excluded** from the aggregate of expenditure on core public health.

Other variations in expenditure

Two core categories where real growth in expenditure is known to have occurred are *Organised immunisation* and *Environmental health*.

The variation in expenditure on *Organised immunisation* was attributed to a combination of changes in the method for estimating and the completion of the special one-off hepatitis B program for children aged 6–16 years.

Expenditure on *Environmental health* increased by 6% in real terms between 1998–99 and 1999–00. This largely reflects:

- the review and consultation process of the Northern Territory Public Health Act
- the Medical Entomology Branch providing quarantine surveillance and monitoring the risk of importation of exotic mosquitoes from Indonesia and East Timor.

Expenditure categories

Three distinct types of expenditure were collected as part of the 1999–00 collection process. These were activity-specific expenditure, program-wide expenditures and agency-wide expenditure (refer to 'Technical notes', page 128).

Program-wide expenditure

Within the Territory, program-wide services that support public health were identified as:

- services provided by the Chief Health Officer
- health economics
- epidemiology
- business information management
- workforce development
- Royal Darwin Hospital—Pathology
- Royal Darwin Hospital—Radiology

Agency-wide expenditure

Agency-wide expenditure was identified as:

- business and operational support
- executive and support
- finance and general

- legal services
- library services
- ministerial liaison
- performance audit
- professional boards
- public affairs.

Discussion of variations

Every effort has been made to ensure the accuracy and reliability of the information contained within this report. However, it is acknowledged that this information reflects the structure and administration of public health services, the ability to allocate expenditure to the core public health categories and the availability of information during the collection period.

Screening programs

Within the Territory there are a number of public health screening programs such as:

- Well Women's Check
- Healthy School Aged Kids Services
- Growth Assessment and Action
- Child Health Screening
- Aboriginal Hearing Health
- Men's Health
- school dental screenings provided by Community Health.

This expenditure has been excluded from the estimates of total expenditure on core public health and has been shown in the 1999–00 collection under 'Public health related activities'. The Technical Advisory Group to the National Public Health Expenditure Project identified this issue as warranting further discussion for the 2000–01 collection.

Public health programs provided by Community Health Centres

Within remote and rural communities in the Northern Territory, public health programs are delivered by district medical officers, community health nurses and Aboriginal health workers. This expenditure is reported to the Commonwealth as community health as defined in the GPCs of the Government Finance Statistics. The public health component of community health expenditure was estimated and apportioned across the core public health categories. Thus the GPC reporting of public health expenditure varies from the expenditure contained in this report.

Data collection methods

THS stores all available health information in a central repository known as SHILO (data warehouse). Business Objects provides an annual expenditure universe which was then converted into the statistical analytical software package SAS for analysis, comparison and storage.

Total expenditure by cost centre code for each public health program area was identified and input into a collection tool. Expenditure information for each cost centre code was provided

in the collection tool to the relevant program directors according to the methodology recorded for the 1998–99 collection. Program directors advised of any changes to allocations across the core public health categories, comments and final validation of expenditure and program description information.

The THS financial records for 1999–00 were maintained on a cash basis. THS does not include depreciation in its accounting practices.

During 1998–99, on-costs, such as employer-funded superannuation, long service leave and workers' compensation expenditure, were met by Treasury rather than by THS. However, during 1999–00 on-costs were paid from each THS cost centre.

13.4 Expenditure components for the 1999–00 collection

Three distinct types of expenditure were collected as part of the 1999–00 collection process. These were activity-specific expenditure, program-wide expenditure and agency-wide expenditure.

Activity-specific expenditure

Activity-specific expenditures are those undertaken by cost centres that are specific to the core public health activity categories. They include:

- salary costs
- staff on-costs
- non-labour staff support costs such as office space, electricity, stationery, administrative and IT support
- program running costs such as travel, meetings, conferences and training.

Program-wide expenditure

Program-wide expenditures are those public health-specific expenditures associated with functions that support a number of core public health activities. These include:

- information systems
- disease surveillance and epidemiology
- public health policy, program and legislation development
- public health communication and advocacy
- public and environmental health laboratory services
- public health research and development.

Agency-wide expenditure

Agency-wide expenditure is expenditure on those services that support the provision of both public health and other programs of the agency. These include:

- head office policy, coordination and strategic development
- centralised corporate services such as finance, human resource development and industrial relations

- senior executive services
- other centralised functions such as complaints units and legal services.

Appendix

Appendix Table 1: Jurisdictional split of expenditure by States and Territories on core public health activities, current prices, 1999–00 ($ million)

Activity	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Communicable disease control								
Activity-specific expenditure	46.8	22.3	14.6	11.9	11.2	2.0	2.5	7.6
Indirect expenditure	7.4	1.4	2.7	0.0	0.3	0.3	0.1	1.0
Selected health promotion								
Activity-specific expenditure	24.5	26.5	21.1	20.9	8.4	3.4	4.8	8.9
Indirect expenditure	4.2	1.4	3.9	0.0	0.2	0.5	0.1	1.0
Organised immunisation								
Activity-specific expenditure	30.1	22.0	16.1	8.8	8.4	2.7	3.2	6.1
Indirect expenditure	1.9	1.4	3.0	0.0	0.2	0.4	0.0	0.2
Environmental health								
Activity-specific expenditure	6.2	2.8	7.0	10.9	5.4	2.2	1.5	3.4
Indirect expenditure	1.1	0.1	1.3	0.0	0.1	0.3	0.0	0.3
Food standards and hygiene								
Activity-specific expenditure	3.8	2.2	1.5	1.7	1.2	0.1	1.6	1.0
Indirect expenditure	0.6	0.1	0.3	0.0	0.0	0.0	0.0	0.0
Breast cancer screening								
Activity-specific expenditure	31.0	17.9	16.0	7.6	6.9	2.2	2.0	1.0
Indirect expenditure	5.8	1.1	3.0	0.0	0.2	0.3	0.0	0.0
Cervical screening								
Activity-specific expenditure	4.3	6.9	2.7	1.3	2.7	0.6	0.5	2.0
Indirect expenditure	0.7	0.4	0.5	0.0	0.1	0.1	0.0	0.1
Prevention of hazardous and harmful drug use								
Activity-specific expenditure	16.9	11.3	23.5	7.8	11.7	3.8	6.0	6.3
Indirect expenditure	2.4	0.6	4.3	0.0	0.3	0.6	0.4	0.2
Public health research								
Activity-specific expenditure	8.2	2.1	0.4	1.7	0.6	0.2	0.0	0.4
Indirect expenditure	0.5	0.1	0.1	0.0	0.0	0.0	0.0	0.0

Appendix Table 2: General government final consumption expenditure—chain price index referenced to 1999–00

State and local—hospitals and nursing homes	1998–99	1999–00
New South Wales	97.55	100.00
Victoria	97.70	100.00
Queensland	97.68	100.00
Western Australia	98.80	100.00
South Australia	97.95	100.00
Tasmania	97.76	100.00
Australian Capital Territory	97.84	100.00
Northern Territory	97.54	100.00
Australia	**97.80**	**100.00**

Note: This is a Laspeyres Index.

Source: Unpublished ABS data.

Appendix Table 3: Estimated mean resident population figures for the financial year 1999–00

New South Wales	6,430,485
Victoria	4,738,634
Queensland	3,536,749
Western Australia	1,841,272
South Australia	1,525,997
Tasmania	470,695
Australian Capital Territory	300,448
Northern Territory	203,815
Total of States and Territories	19,048,097
Australia*	**19,051,290**

* Includes Jervis Bay and other Territories.

Sources: Calculated by AIHW from ABS Cat Nos 3231.0, 3101.0 June qtr 2000.

Appendix Table 4: Membership of the Technical Advisory Group

Jurisdiction	Membership
Commonwealth	Mr Paul Currall, Mr Peter Woodley
New South Wales	Ms Teresa Kresevic, Ms Deniza Mazevska
Victoria	Mr Bill Vassiliadis, Ms Teena Blias
Queensland	Mr Graham Jarvis
Western Australia	the late Mr Ian Leslie, Mr Clive Mulroy
South Australia	Ms Barbara Hutchins, Mr John Braid
Tasmania	Mr Ian Jordan
Australian Capital Territory	Mr Peter Luke, Mr Michael Sparks
Northern Territory	Ms Heather Moyle
AIHW	Mr Tony Hynes, Ms Angelique Jerga, Ms Lucy Tylman

Appendix Table 5: Main non-government organisations receiving funding from State and Territory health departments

State/Territory	NGO
New South Wales	AIDS Council of NSW
	CEIDA
	Children's Medical Research Institute
	Garvan Institute of Medical Research
	National Heart Foundation of Australia
	NSW Cancer Council
	Rozelle Neighbourhood Centre
	Victor Chang Cardiac Research Institute
Victoria	Anglicare Victoria
	Anti-cancer Council of Victoria
	BreastScreen Victoria
	National Heart Foundation of Australia
	Salvation Army
	Victorian AIDS Council
	Youth Substance Abuse Service
Queensland	Alcohol & Drug Foundation Qld
	Brisbane Youth Service
	Gold Coast Drug Council Inc.
	Qld Intravenous AIDS Assoc.
	Queensland AIDS Council
	Salvation Army
	Women's Health Queensland Wide
Western Australia	Cancer Foundation of WA
	Family Planning Association WA
	National Heart Foundation of Australia
	Next Step (specialist drug and alcohol centre)
	TVW Telethon Institute for Child Health Research
	WA AIDS Council
	WA Substance User's Association
South Australia	Adelaide Central Mission
	AIDS Council of SA
	Anglicare SA
	Anti-cancer Foundation SA
	Centre of Personal Education
	Hepatitis C Council SA
	Mission Australia
	National Heart Foundation of Australia
	Salvation Army
	Wesley Uniting Mission
Tasmania	Drug Education Network
	Launceston City Mission
	Menzies Centre for Population Health Research
	National Heart Foundation of Australia
	QUIT Tasmania
	TasCARD
	The Cancer Council Tas

State/Territory	NGO
	The Link Youth Health Service
	Your Place Inc. Youth Drug & Alcohol Service
Australian Capital Territory	AIDS Action Council of ACT
	Alcohol & Drug Foundation ACT
	Assisting Drug Dependents Inc.
	Australian Red Cross (ACT)
	Diabetes Australia ACT
	Family Planning Association ACT
	Hepatitis C Council
	National Heart Foundation of Australia
	The Cancer Council ACT
Northern Territory	AIDS Council
	Salvation Army
	Cancer Council
	National Heart Foundation of Australia

Glossary

Accrual accounting	The method of accounting most commonly used by governments in Australia. Relates expenses, revenues and accruals to the period in which they are incurred (see also C*ash accounting*).
Activity-specific expenditure	Expenditure that is undertaken by public health expenditure category-specific cost centres. Examples include expenditure by the immunisation cost centre or the radiation safety cost centre.
Administered expenditure	Commonwealth expenditure where the department administers resources on behalf of the government to contribute to the specified outcome (for example, most grants in which the grantee has some control over how, when and to whom funds can be expended, including PHOFA payments and specific purpose payments to State and Territory Governments) (see also *Departmental expenditure*). Refer to the Department of Finance and Administration web site for more information (DoFA 2002).
Agency-wide expenditure	Expenditures of a corporate nature that support all the programs undertaken by the agency concerned. Includes human resource management, staff development, finance, legal and industrial relations activities.
Arboviruses	One of a group of RNA-containing viruses that are transmitted from animals to man by insects (…*ar*thropod-*bo*rne viruses) and cause diseases resulting in encephalitis or serious fever, such as dengue … (Oxford Concise Medical Dictionary 2000)
Cash accounting	Relates receipts and payments to the period in which the cash transfer actually occurred. Does not have the capacity to reflect non-cash transactions, such as depreciation (see also *Accrual accounting*).
Centralised corporate services	Includes human resource management, staff development, finance and industrial relations.
Collection manual	A document agreed to by all jurisdictions that provides guidance on what activities constitute the nine core public health activities and the procedures to be adopted in collecting and compiling the associated expenditure information.
Commonwealth expenditure	Total expenditure actually incurred by the Commonwealth Government on its own public health programs. It does not include the funding provided by the Commonwealth to the

	States and Territories by way of grants under Section 96 of the Constitution.
Commonwealth funding	The sum of Commonwealth expenditure and Section 96 grants to States and Territories.
Core public health activities	Nine types of activities undertaken or funded by the key jurisdictional health departments that address issues related to populations, rather than individuals. Does not include treatment services.
Departmental expenditure	Those expenditures applied to the production of the department's outputs (mostly consisting of the cost of employees but also including suppliers of goods and services, particularly those where the Commonwealth retains full control of how, when and to whom funds are to be provided). Refer to the Department of Finance and Administration web site for more information (DoFA 2002).
Government Purpose Classification (GPC)	Classifies current outlays, capital outlays and selected other transactions of the non-financial public sector in terms of the purposes for which the transactions are made.
General Practice Immunisation Incentive (GPII) scheme	A Commonwealth Government initiative designed to boost the level of childhood immunisation by emphasising the role of GPs.
Indirect expenditure	Includes public or population health program-wide services that are less specific, such as epidemiology units, or public health policy and strategy units. It also usually includes agency-wide services such as corporate services or the office of the Chief Health Officer. Public health program-wide services and agency-wide services need to be apportioned across categories to estimate the overall expenditure required to deliver a particular public health expenditure output.
Jurisdictions	States, Territories and the Commonwealth.
Koori	A term often preferred by Aboriginal people of SE Australia when referring to themselves. (The Australian Writers' and Editors' Guide, 1991)
Program-wide expenditure	Includes expenditure on information systems, disease surveillance and epidemiology, public health policy, program and legislation development, public health communication and advocacy, public and environmental health laboratory services, and public health research and development.
Public health	Organised response by society to protect and promote health, and to prevent illness, injury and disability. The starting point for identifying public health issues, problems and priorities, and for designing and implementing

	interventions is the population as a whole, or population sub-groups (NPHP 1998b).
Specific Purpose Payments (SPPs)	Commonwealth payments to the States and Territories under the provisions of Section 96 of the Constitution, to be used for purposes specified by the Commonwealth. Some are conditional on States and Territories incurring a specified level or proportion of expenditure from their own resources (CGC 1998:466). PHOFA grants and grants to the States and Territories for essential vaccines are examples of SPPs.

Abbreviations

ABS	Australian Bureau of Statistics
ACIR	Australian Childhood Immunisation Register
AIDS	acquired immune deficiency syndrome
AIHW	Australian Institute of Health and Welfare
ANZFA	Australia New Zealand Food Authority [since 1 July 2002 known as Food Standards Australia New Zealand]
AODP	Alcohol and Other Drugs Program (Northern Territory)
ARPANSA	Australian Radiation Protection and Nuclear Safety Agency
BEACH	Bettering the Evaluation and Care of Health
DHAC	Department of Health and Aged Care
DHHS	Department of Health and Human Services
DHS	Department of Human Services (South Australia)
DHS	Department of Human Services (Victoria)
GP	general practitioner
GPC	General Purpose Classification
GPII	General Practice Immunisation Incentive scheme
HHARP	HIV, Hepatitis C and Related Programs (South Australia)
Hib	haemophilus influenzae type B
HIV	human immunodeficiency virus
LGA	local government authority
NGO	non-government organisation
NHMRC	National Health and Medical Research Council
NPHEP	National Public Health Expenditure Project
NPHP	National Public Health Partnership
OATSIH	Office of Aboriginal and Torres Strait Islander Health
ONHMRC	Office of the National Health and Medical Research Council
PHD	Public Health Division (of the Commonwealth Department of Health and Aged Care)
PHOFA	Public Health Outcome Funding Agreement
QCSP	Queensland Cervical Screening Program
QNASP	Queensland Needle Availability and Support Program
SPP	Specific Purpose Payment
STI	sexually transmitted infection
TAG	Technical Advisory Group to the National Population Health Expenditure Project
TB	tuberculosis
TGA	Therapeutic Goods Administration
THS	(Northern) Territory Health Services
UNAMET	United Nations Assistance Mission in East Timor
WHO	World Health Organization

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