

# 6 Expenditure by Western Australian health authorities

## 6.1 Introduction

Western Australia, with over 32% of the land area of Australia and a total population of 2.0 million, is the largest and most sparsely populated of the Australian states. About 73% of its total population is located within the Perth metropolitan area (1.4 million). Bunbury is the only regional centre with a population greater than 50,000. Approximately 10% of Western Australians live in regions that are classified as remote.

The agencies with primary responsibility for public health services for Western Australians are the Western Australian Department of Health (DOH) and the Western Australian Health Promotion Foundation (Healthway). Public health expenditure for both these organisations is reported in this chapter.

The DOH is the state's principal health authority, with overall responsibility for public health policy development through its Population Health Division and the Office of Aboriginal Health. Public and population health services are delivered through area health services or NGOs such as community-controlled Aboriginal Medical Services.

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

Population health services in rural Western Australia are delivered through the WA Country Health Service with population health units based in the Kimberley, Pilbara Gascoyne, Midwest Murchison, Goldfields South East, Wheatbelt and Great Southern regions and through the South West Area Health Service. A further two population health units are based in the metropolitan area health services. Population health units, together with community health services, deliver services across all of the population health categories, but often with a focus on issues of particular concern in their region.

## 6.2 Overview of results

Total expenditure on public health activities by DOH and Healthway for 2004–05, in current price terms, was estimated as \$103.9 million, up \$2.1 million on the previous financial year (Table 6.1).

In 2004–05, approximately 72% of the expenditure was directed towards four public health activities:

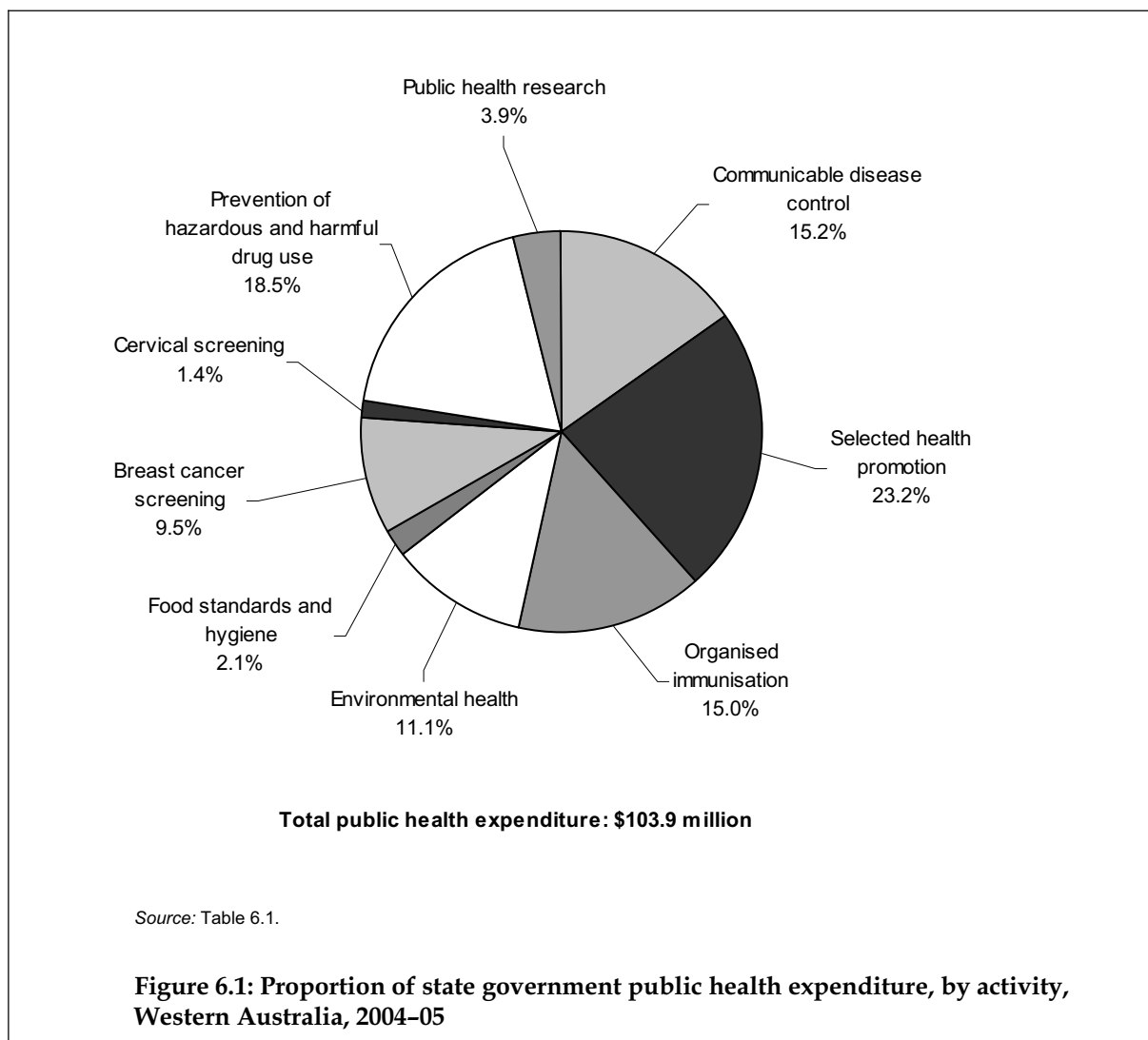
- *Selected health promotion* (23.2%)
- *Prevention of hazardous and harmful drug use* (18.5%)
- *Communicable disease control* (15.2%)
- *Organised immunisation* (15.0%).

**Table 6.1: State government expenditure on public health activities, current prices, Western Australia, 2004–05**

Activity	1999–00	2000–01	2001–02	2002–03	2003–04	2004–05
	<b>Expenditure (\$ million)</b>					
Communicable disease control	11.5	12.2	12.8	13.0	13.6	15.8
Selected health promotion	15.0	15.8	16.5	17.5	18.9	24.1
Organised immunisation	8.8	10.3	13.3	20.7	20.7	15.6
Environmental health	10.4	11.0	12.1	12.2	12.4	11.5
Food standards and hygiene	1.6	1.7	1.9	2.0	2.1	2.2
Breast cancer screening	7.2	7.5	8.5	9.0	9.7	9.9
Cervical screening	1.3	1.5	1.7	1.7	1.8	1.5
Prevention of hazardous and harmful drug use	13.9	14.5	16.1	17.2	18.1	19.2
Public health research	1.7	3.2	3.3	4.1	4.5	4.1
<b>Total public health</b>	<b>71.4</b>	<b>77.7</b>	<b>86.2</b>	<b>97.4</b>	<b>101.8</b>	<b>103.9</b>
	<b>Proportion of public health expenditure<sup>(a)</sup> (%)</b>					
Communicable disease control	16.1	15.7	14.8	13.3	13.4	15.2
Selected health promotion	21.0	20.3	19.1	18.0	18.6	23.2
Organised immunisation	12.3	13.3	15.4	21.3	20.3	15.0
Environmental health	14.6	14.2	14.0	12.5	12.2	11.1
Food standards and hygiene	2.2	2.2	2.2	2.1	2.1	2.1
Breast cancer screening	10.1	9.7	9.9	9.2	9.5	9.5
Cervical screening	1.8	1.9	2.0	1.7	1.8	1.4
Prevention of hazardous and harmful drug use	19.5	18.7	18.7	17.7	17.8	18.5
Public health research	2.4	4.1	3.8	4.2	4.4	3.9
<b>Total public health</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

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

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



### 6.3 Expenditure on public health activities

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

#### Communicable disease control

Total expenditure on *Communicable disease control* by DOH in 2004-05 was estimated at \$15.8 million, up \$2.2 million or 16.2% on the previous financial year (Table 6.1). It constituted 15.2 % of the total public health expenditure by DOH in that year.

The major elements of the expenditure for 2004-05 are shown in Table 6.2 below.

**Table 6.2: State government expenditure on *Communicable disease control*, current prices, Western Australia, 2004–05 (\$ million)**

Category	Expenditure
HIV/AIDS, hepatitis C and STI programs	6.6
Needle and syringe programs	4.3
Other communicable disease control	5.0
<b>Total</b>	<b>15.8</b>

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

The majority of expenditure associated with this category is coordinated through the Communicable Disease Control Branch. Expenditure on this activity involved:

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

Progress included an increased focus on Indigenous sexual health programs, and enhancement of the systems for tracking notifiable diseases, and ensuring better surveillance.

## Selected health promotion

The total expenditure for *Selected health promotion* by DOH and Healthway in 2004–05 was \$24.1 million, up \$5.2 million or 27.5% on that incurred during 2003–04 (Table 6.1).

The 2004–05 expenditure represented 23.2% of the total expenditure on public health activities and was the most significant area of expenditure incurred by DOH during that year (Figure 6.1). Features of the *Selected health promotion* activity over the year included a range of training initiatives to improve the knowledge and skills of health promotion workers along with support of projects and media campaigns addressing preventable chronic disease in priority areas of smoking, nutrition and physical activity. Some of the major health promotion programs were:

- Quit
- Go for 2&5
- Find 30
- Stay On Your Feet.

## Organised immunisation

The total expenditure for *Organised immunisation* by DOH in 2004–05 was \$15.6 million. This expenditure represented 15.0% of total public health expenditure and was one of the more significant areas of expenditure during 2004–05 (Table 6.1; Figure 6.1).

The major elements of the expenditure for 2004–05 are shown in Table 6.3 below.

**Table 6.3: State government expenditure on *Organised immunisation, current prices, Western Australia, 2004–05 (\$ million)***

Category	Expenditure
Organised childhood immunisation <sup>(a)</sup>	10.3
Organised pneumococcal and influenza immunisation	2.3
All other organised immunisation	3.0
<b>Total</b>	<b>15.6</b>

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

Overall, expenditure in 2004–05 was down (approximately \$5.1 million) on that incurred in 2003–04. This partly reflected the lumpy nature of expenditure for the National Meningococcal C Vaccination Program which had a catch-up component and an ongoing component. The catch-up component commenced on 1 January 2003 where free vaccine was made available to children and youths aged 1 to 19 years up to 30 June 2006. The ongoing component provides free vaccine to all children turning 12 months of age, and therefore involves much less expenditure than the catch-up component in subsequent years.

Most of the expenditure associated with this activity related to programs conducted by the State Immunisation Clinic, including:

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

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

## Environmental health

Total expenditure on *Environmental health* during 2004–05 was \$11.5 million, down \$0.9 million or 7.3% on that incurred the previous financial year (Table 6.1). The 2004–05 expenditure represented 11.1% of total public health expenditure by DOH, which was similar to its proportion for previous years (Figure 6.1; Table 6.1).

Most of the expenditure associated with this activity is coordinated through the Environmental Health Branch. It is responsible for monitoring many of the state-wide programs in environmental health.

Expenditures under this activity during the course of the year related to:

- improvement of environmental health in remote communities
- monitoring and assessment of the safety of drinking water, recreational water facilities and natural water bodies
- drugs, poisons and therapeutic goods control
- mosquito-borne disease control, including environmental surveillance and control
- pesticide safety, including issue of licences
- radiation health, including monitoring, compliance and advice

- assessment and management of contaminated land
- waste-water management, including administering policy and legislation
- establishment of an air quality program.

## **Food standards and hygiene**

The total expenditure for *Food standards and hygiene* in 2004–05 was \$2.2 million, which was similar to level of expenditure incurred the previous financial year. The 2004–05 expenditure constituted 2.1% of total DOH public health expenditure for that year, which was similar to the proportions for previous years (Figure 6.1; Table 6.1).

Expenditure under this activity related to:

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

## **Breast cancer screening**

The total expenditure for *Breast cancer screening* in 2004–05 was estimated at \$9.9 million. The 2004–05 expenditure constituted 9.5% of total DOH public health expenditure for that year (Table 6.1; Figure 6.1). Overall, expenditure in 2004–05 was up marginally (\$0.2 million) on the previous financial year.

Most of the expenditure associated with this category is coordinated through BreastScreen WA. BreastScreen WA forms part of the national program, which is funded under a joint arrangement with the Australian Government through the PHOFAs. It performs state-wide screening using fixed and mobile units, as well as dedicated assessment sites at metropolitan teaching hospitals.

## **Cervical screening**

The total expenditure for *Cervical screening* by DOH in 2004–05 was \$1.5 million, down \$0.3 million or 16.7% on the previous financial year. The 2004–05 expenditure represented 1.4% of total public health expenditure incurred during that year (Table 6.1; Figure 6.1).

Most of the expenditure associated with this category is coordinated through the Western Australian Cervical Cancer Prevention Program. This program aims 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.

## Prevention of hazardous and harmful drug use

The total expenditure for *Prevention of hazardous and harmful drug use* by DOH and Healthway in 2004–05 was \$19.2 million, up \$1.1 million or 6.1% on the previous financial year (Table 6.1).

The 2004–05 expenditure represented 18.5% of total expenditure on public health activities and was second most significant area of expenditure during the course of that year (Figure 6.1). The major elements of the expenditure are shown in Table 6.4 below.

**Table 6.4: State government expenditure on *Prevention of hazardous and harmful drug use*, current prices, Western Australia, 2004–05 (\$ million)**

Category	Expenditure
Alcohol	3.8
Tobacco	8.4
Illicit and other drugs of dependence	3.4
Mixed	3.4
<b>Total</b>	<b>19.2</b>

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

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

- state-wide alcohol and other drugs community education program
- drug and alcohol campaigns which focused on the benefits of harm reduction and responsible drinking.

## Public health research

The total expenditure for *Public health research* by DOH in 2004–05 was \$4.1 million, down \$0.4 million or 8.9% on 2003–04 (Table 6.1).

The 2004–05 expenditure represented 3.9% of total expenditure on public health activities for that year (Figure 6.1). It included expenditure on research on issues related to childhood diseases, and maternal, child and youth health. In addition, it included expenditure on research activities associated with Healthway.

## 6.4 Growth in expenditure on public health activities

Total public health expenditure, in constant price terms, decreased from \$101.8 million in 2003–04 to \$100.4 million in 2004–05, a decrease of 1.4% (Table 6.5). Over the same period, the highest real growth rates were recorded in *Selected health promotion* and *Communicable disease control* expenditure (up 23.3% and 12.5% respectively).

From 1999–00 to 2004–05, expenditure grew at an average rate of 4.3% per annum. The highest average annual real growth was in *Public health research* (16.1%), *Organised immunisation* (8.6%) and *Selected health promotion* (6.4%).

Over the period 1999–00 to 2004–05, the public health activities which recorded the highest average annual expenditure in real terms were *Selected health promotion* (\$18.8 million), *Prevention of hazardous and harmful drug use* (\$17.3 million) and *Organised immunisation* (\$15.5 million) (Table 6.5; Figure 6.2).

**Table 6.5: State government expenditure on public health activities, constant prices<sup>(a)</sup>, Western Australia, 1999–00 to 2004–05**

Activity	Expenditure (\$ million)						6-year average
	1999–00	2000–01	2001–02	2002–03	2003–04	2004–05	
Communicable disease control	13.1	13.4	13.7	13.5	13.6	15.3	13.8
Selected health promotion	17.1	17.4	17.7	18.1	18.9	23.3	18.8
Organised immunisation	10.0	11.3	14.2	21.4	20.7	15.1	15.5
Environmental health	11.8	12.1	13.0	12.7	12.4	11.1	12.2
Food standards and hygiene	1.9	1.9	2.1	2.1	2.1	2.1	2.0
Breast cancer screening	8.2	8.2	9.1	9.3	9.7	9.6	9.0
Cervical screening	1.5	1.7	1.8	1.8	1.8	1.4	1.7
Prevention of hazardous and harmful drug use	15.9	15.9	17.3	17.8	18.1	18.5	17.3
Public health research	1.9	3.5	3.6	4.3	4.5	4.0	3.6
<b>Total public health</b>	<b>81.4</b>	<b>85.4</b>	<b>92.5</b>	<b>101.0</b>	<b>101.8</b>	<b>100.4</b>	<b>93.8</b>
Activity	Growth <sup>(b)</sup> (%)						1999–00 to 2004–05 <sup>(c)</sup>
	1999–00 to 2000–01	2000–01 to 2001–02	2001–02 to 2002–03	2002–03 to 2003–04	2003–04 to 2004–05	1999–00 to 2004–05	
Communicable disease control		2.3	2.2	–1.5	0.7	12.5	3.2
Selected health promotion		1.8	1.7	2.3	4.4	23.3	6.4
Organised immunisation		13.0	25.7	50.7	–3.3	–27.1	8.6
Environmental health		2.5	7.4	–2.3	–2.4	–10.5	–1.2
Food standards and hygiene		—	10.5	—	—	—	2.0
Breast cancer screening		—	11.0	2.2	4.3	–1.0	3.2
Cervical screening		13.3	5.9	—	—	–22.2	–1.4
Prevention of hazardous and harmful drug use		—	8.8	2.9	1.7	2.2	3.1
Public health research		84.2	2.9	19.4	4.7	–11.1	16.1
<b>Total public health</b>		<b>4.9</b>	<b>8.3</b>	<b>9.2</b>	<b>0.8</b>	<b>–1.4</b>	<b>4.3</b>

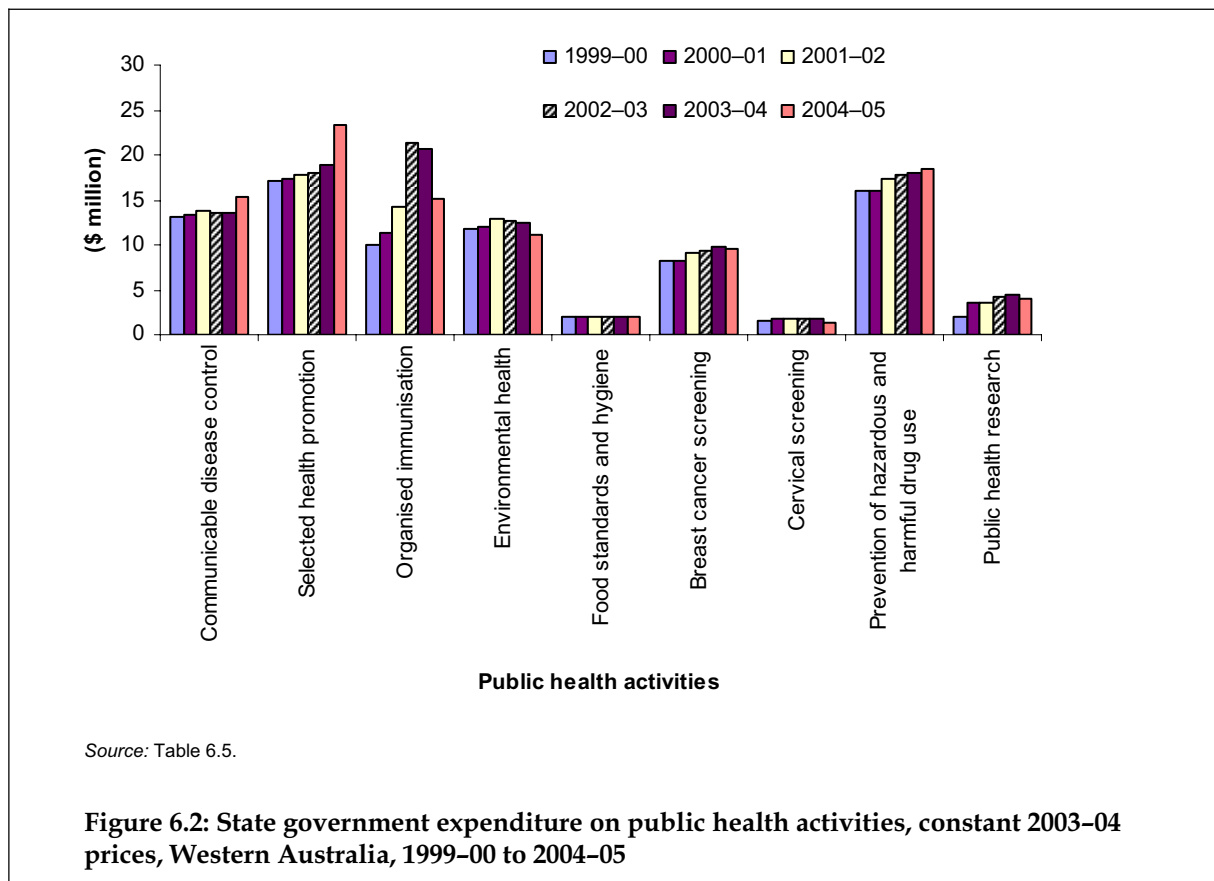
(a) Constant price expenditure has been expressed in 2003–04 prices (see Section 11.1).

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

(c) Average annual growth rate.

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





## 6.5 Expenditure on ‘Public health-related activities’

Total expenditure on ‘Public health-related activities’ in 2004-05 was estimated at \$31.9 million, compared with \$26.9 million in 2003-04. Included in this category were health information and epidemiological expenditure related to public health.

# 7 Expenditure by the South Australian Department of Health

## 7.1 Introduction

South Australia is Australia's fifth largest state in terms of population. In June 2005 its population was 1.5 million, of whom 0.2 million or 15% of the population were aged 65 years and over. This is higher than the national population average of 13% for this aged group.

The state public health system consists of numerous health units, community health centres and other related organisations, which were under the administration of the SA Department of Health (DH) during 2004–05. Expenditures, including funding, by DH on public health activities have been included in this report.

## 7.2 Overview of results

Total public health expenditure by DH in 2004–05 was estimated, in current price terms, at \$81.1 million, up \$2.1 million or 2.7% on the previous financial year (Table 7.1). The increase in spending was largely due to an increase in expenditure on *Prevention of hazardous and harmful drug use* (up \$2.6 million).

In 2004–05, approximately 74% of the expenditure was directed towards four health activities (Table 7.1):

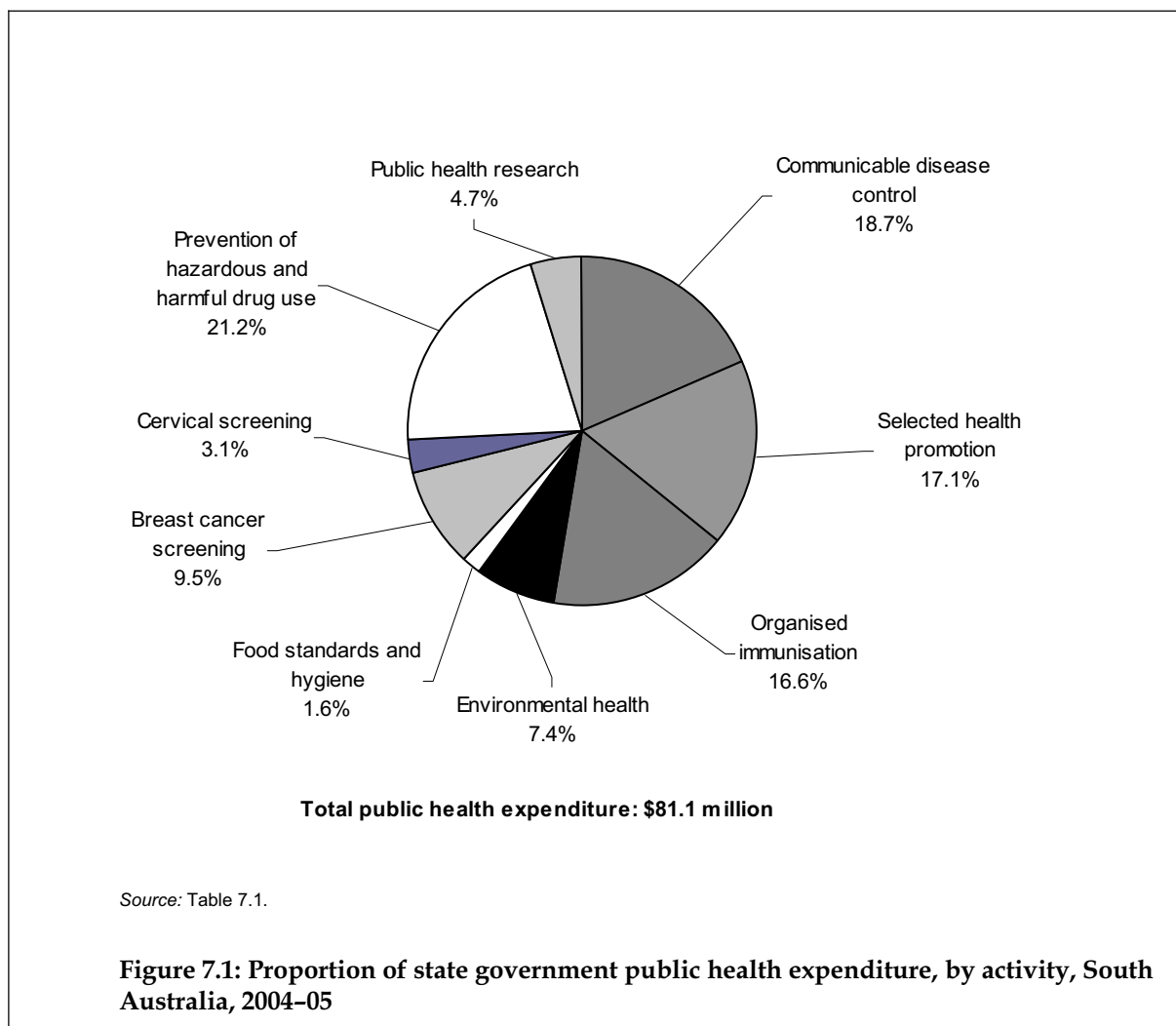
- *Prevention of hazardous and harmful drug use* (21.2%)
- *Communicable disease control* (18.7%)
- *Selected health promotion* (17.1%)
- *Organised immunisation* (16.6%).

**Table 7.1: State government expenditure on public health activities, current prices, South Australia, 1999–00 to 2004–05**

Activity	1999–00	2000–01	2001–02	2002–03	2003–04	2004–05
<b>Expenditure (\$ million)</b>						
Communicable disease control	11.5	12.5	13.6	15.4	r14.8	15.2
Selected health promotion	r9.7	r9.8	r12.4	r13.1	r14.2	13.9
Organised immunisation	8.6	9.1	9.7	17.4	r14.0	13.5
Environmental health	5.5	6.0	6.4	6.6	5.8	6.0
Food standards and hygiene	1.2	1.5	1.2	1.8	1.4	1.3
Breast cancer screening	7.1	7.8	7.3	7.5	8.1	7.7
Cervical screening	2.8	3.2	2.1	2.2	2.1	2.5
Prevention of hazardous and harmful drug use	12.0	13.9	12.8	r14.4	r14.6	17.2
Public health research	0.6	0.7	2.4	3.6	4.0	3.8
<b>Total public health</b>	<b>r59.0</b>	<b>r64.5</b>	<b>r67.9</b>	<b>r82.0</b>	<b>r79.0</b>	<b>81.1</b>
<b>Proportion of public health expenditure<sup>(a)</sup> (%)</b>						
Communicable disease control	19.5	19.4	20.0	18.8	18.7	18.7
Selected health promotion	16.4	15.2	18.3	16.0	18.0	17.1
Organised immunisation	14.6	14.1	14.3	21.2	17.7	16.6
Environmental health	9.3	9.3	9.4	8.0	7.3	7.4
Food standards and hygiene	2.0	2.3	1.8	2.2	1.8	1.6
Breast cancer screening	12.0	12.1	10.8	9.1	10.3	9.5
Cervical screening	4.7	5.0	3.1	2.7	2.7	3.1
Prevention of hazardous and harmful drug use	20.3	21.6	18.9	17.6	18.5	21.2
Public health research	1.0	1.1	3.5	4.4	5.1	4.7
<b>Total public health</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

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

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



### 7.3 Expenditure on public health activities

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

#### Communicable disease control

Total expenditure for *Communicable disease control* by DH in 2004-05 was \$15.2 million. It accounted for 18.7% of the total expenditure on public health activities and was the second most significant areas of expenditure by DH during the year (Table 7.1; Figure 7.1).

Overall, expenditure, in nominal terms, was slightly lower than for the previous financial year. The major elements of the expenditure for 2004-05 are shown in Table 7.2 below.

**Table 7.2: State government expenditure on *Communicable disease control*, current prices, South Australia, 2004–05 (\$ million)**

<b>Category</b>	<b>Expenditure</b>
HIV/AIDS, hepatitis C and STI programs	9.3
Needle and syringe programs	1.8
Other communicable disease control	4.1
<b>Total</b>	<b>15.2</b>

Communicable disease control aims at reducing the transmission of communicable diseases and minimising the personal and social impact of these diseases. In South Australia, the Communicable Disease Control Branch within DH conducts the majority of this work. The branch meets its responsibilities through surveillance and investigation of communicable diseases, coordination of immunisation across the state, and programs focusing on HIV/AIDS, hepatitis C and sexually transmitted infection control.

## **Selected health promotion**

Total reported expenditure on *Selected health promotion* during 2004–05 was estimated at \$13.9 million, down \$0.3 million or 2.1% on the previous financial year. This represented 17.1% of total expenditure on public health activities in 2004–05 and was one of the more significant areas of expenditure incurred by DH during that year (Table 7.1; Figure 7.1).

Within South Australia, health promotion is coordinated by the Health Promotion Branch of DH. Some of the promotional expenditure undertaken was aimed at injury prevention, physical activity, mental health, nutrition and healthy lifestyles in schools. In addition, the Epidemiology Branch of DH, public hospitals and community health services also recorded expenditure on a range of health promotion activities.

## **Organised immunisation**

Expenditure on *Organised immunisation* by DH in 2004–05 was \$13.5 million, down \$0.5 million or 3.6% on 2003–04. This represented 16.6% of total expenditure on public health activities by DH during that year (Table 7.1; Figure 7.1). The major elements of the expenditure are shown in Table 7.3 below.

The decrease in expenditure over the past two years (Table 7.1) partly reflected the lumpy nature of expenditure for the National Meningococcal C Vaccination Program which had a catch-up component and an ongoing component. The catch-up component commenced on 1 January 2003 where free vaccine was made available to children and youths aged 1 to 19 years up to 30 June 2006. The ongoing component provides free vaccine to all children turning 12 months of age, and therefore involves much less expenditure than the catch-up component.

**Table 7.3: State government expenditure on *Organised immunisation*, current prices, South Australia, 2004–05 (\$ million)**

Category	Expenditure
Organised childhood immunisation <sup>(a)</sup>	10.6
Organised pneumococcal and influenza immunisation	2.5
All other organised immunisation	0.3
<b>Total</b>	<b>13.5</b>

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

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

Funding for *Organised immunisation* in 2004–05 came from a combination of state appropriations and the Australian Government through the AIAs.

## Environmental health

Total expenditure for *Environmental health* by DH in 2004–05 was estimated at \$6.0 million, up \$0.2 million or 3.4% on 2003–04. This constituted 7.4% of the total expenditure on public health activities incurred by DH during the year (Table 7.1; Figure 7.1).

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

## Food standards and hygiene

Total expenditure for *Food standards and hygiene* by DH in 2004–05 was \$1.3 million, compared with \$1.4 million the previous financial year. The 2004–05 expenditure constituted 1.6% of total expenditure on public health activities by DH during that year (Table 7.1; Figure 7.1).

Expenditure under this activity mainly related to surveillance of food products, food poisoning investigations, and the development and planning of related legislation.

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* activities.

## Breast cancer screening

Total expenditure for *Breast cancer screening* by DH in 2004–05 was \$7.7 million, down \$0.4 million or 4.9% on that incurred the previous financial year. This represented 9.5% of the total public health expenditure during 2004–05 (Table 7.1; Figure 7.1).

BreastScreen SA, within DH, aims to reduce mortality and morbidity attributable to breast cancer through a free government screening mammography service. The service is provided primarily to asymptomatic women in the target group (women aged 50 to 69 years), on a

state-wide basis. However, women 40 years and over are eligible to attend. BreastScreen SA provides the free government breast cancer screening program on behalf of the government in South Australia, as part of the national program. Funding is provided under a joint arrangement with the Australian Government through the PHOFAs.

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

- breast cancer cytological screens through the Institute of Medical and Veterinary Science
- preliminary breast checks by community health nurses for women accessing Northern Metropolitan Adelaide Primary Health Care Services.

## Cervical screening

Total expenditure for *Cervical screening* by DH for 2004–05 was \$2.5 million, up \$0.4 million or 19.0% on the previous financial year. This accounted for 3.1% of total expenditure on public health activities during 2004–05 (Table 7.1; Figure 7.1).

Cervical screening in South Australia is part of the National Cervical Screening Program. The program aims to achieve optimal reduction in the incidence of, and morbidity and mortality attributed to, cervical cancer, at an acceptable cost to the community.

## Prevention of hazardous and harmful drug use

Total expenditure for *Prevention of hazardous and harmful drug use* by DH in 2004–05 was estimated at \$17.2 million, up \$2.6 million or 17.8% on 2004–05 (Table 7.1).

The 2004–05 expenditure constituted 21.2% of total public health expenditure and was the most significant area of expenditure on public health activities by DH during that year (Figure 7.1). The major elements of the expenditure are shown in Table 7.4 below.

**Table 7.4: State government expenditure on *Prevention of hazardous and harmful drug use*, current prices, South Australia, 2004–05 (\$ million)**

Category	Expenditure
Alcohol	0.2
Tobacco	4.3
Illicit and other drugs of dependence	9.0
Mixed	3.6
<b>Total</b>	<b>17.2</b>

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

DH is responsible for providing funds for programs that aim to reduce the overuse and abuse of alcohol and drugs in South Australia. Drug and Alcohol Services SA (DASSA) is responsible for coordinating and developing those programs to provide the best outcomes for individuals and the community. Tobacco control in South Australia was funded by the Tobacco Control Unit within DH; however, responsibility for these programs was transferred to DASSA in March 2005.

Some of the major activities covered by spending in this area during the course of the year were anti-smoking initiatives, a range of programs aimed at illicit and other drug control, and harm minimisation.

## Public health research

Total expenditure for *Public health research* by DH in 2004–05 was estimated at \$3.8 million, down marginally (\$0.2 million) on that spent the previous year. This constituted 4.7% of total expenditure on public health activities during 2004–05 (Table 7.1; Figure 7.1).

A significant proportion of the expenditure relates to funding by the Drug and Alcohol Services SA to support research in areas relating to alcohol and drug use and prevention. Also included is public health research funding by DH, for tobacco control and community health research, and the Human Services Research and Innovation Program (HSRIP).

HSRIP is a strategic priority-driven program which supports research and innovation opportunities through competitive project grants and research leverage funds.

## 7.4 Revisions to previously published estimates for 1999–00 to 2003–04

DH has revised its expenditure estimates for selective public health activities since the publication of the *National public health expenditure report 2001–02 to 2003–04*. These revisions are included in Table 7.1 and Table 7.5.

## 7.5 Growth in expenditure on public health activities

Total expenditure on public health activities by DH decreased marginally, in real terms, from \$79.0 million in 2003–04 to \$78.6 million in 2004–05, a decrease of 0.5% (Table 7.5). On an activity basis, growth in real expenditure was recorded for *Cervical screening* (up 14.3%), *Prevention of hazardous and harmful drug use* (up 13.7%) and *Environmental health* (up 1.7%). All other activities recorded decreases in their real growth rates, ranging from 0.7% to 7.5%.

Estimates of expenditure on public health activities increased, in real terms, between 1999–00 to 2004–05, an average annual rate of 3.1%. Over this period, expenditure on *Public health research* (39.5%) and *Organised immunisation* (5.8%) recorded the highest average annual real growth rates.



**Table 7.5: State government expenditure on public health activities, constant prices<sup>(a)</sup>, South Australia, 1999–00 to 2004–05**

Activity	Expenditure (\$ million)						6-year average
	1999–00	2000–01	2001–02	2002–03	2003–04	2004–05	
Communicable disease control	13.1	13.8	14.6	15.9	14.8	14.7	14.5
Selected health promotion	11.1	10.8	13.3	13.5	14.2	13.5	12.7
Organised immunisation	9.8	10.1	10.3	17.9	14.0	13.0	12.5
Environmental health	6.3	6.6	6.8	6.8	5.8	5.9	6.4
Food standards and hygiene	1.4	1.6	1.2	1.8	1.4	1.3	1.5
Breast cancer screening	8.1	8.6	7.8	7.8	8.1	7.5	8.0
Cervical screening	3.2	3.5	2.3	2.2	2.1	2.4	2.6
Prevention of hazardous and harmful drug use	13.7	15.3	13.7	14.9	14.6	16.6	14.8
Public health research	0.7	0.7	2.5	3.7	4.0	3.7	2.6
<b>Total public health</b>	<b>67.4</b>	<b>71.0</b>	<b>72.5</b>	<b>84.5</b>	<b>79.0</b>	<b>78.6</b>	<b>75.5</b>

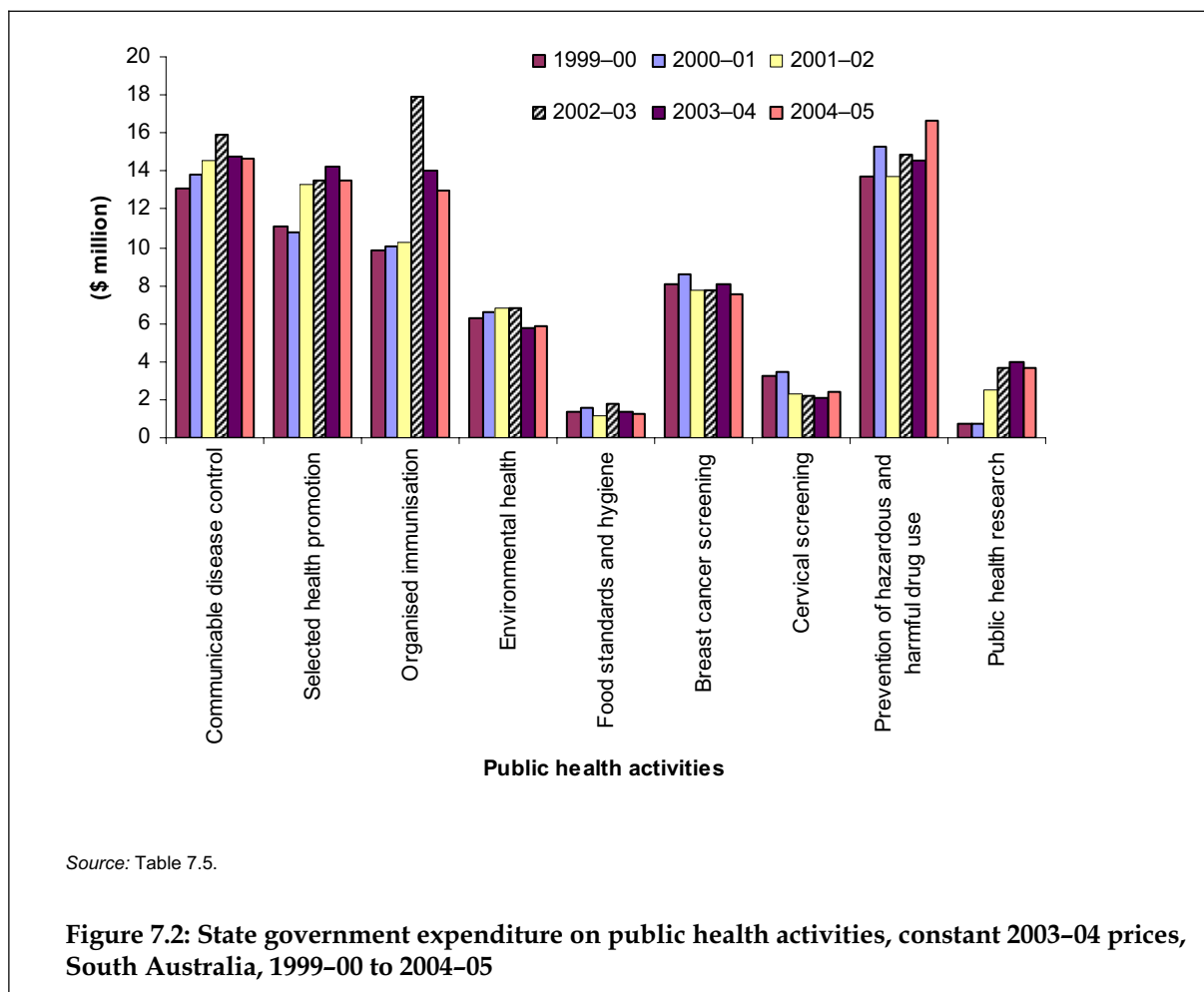
Activity	Growth <sup>(b)</sup> (%)					
	1999–00 to 2000–01	2000–01 to 2001–02	2001–02 to 2002–03	2002–03 to 2003–04	2003–04 to 2004–05	1999–00 to 2004–05 <sup>(c)</sup>
Communicable disease control	5.3	5.8	8.9	-6.9	-0.7	2.3
Selected health promotion	-2.7	23.1	1.5	5.2	-4.9	4.0
Organised immunisation	3.1	2.0	73.8	-21.8	-7.1	5.8
Environmental health	4.8	3.0	—	-14.7	1.7	-1.3
Food standards and hygiene	14.3	-25.0	50.0	-22.2	-7.1	-1.5
Breast cancer screening	6.2	-9.3	—	3.8	-7.4	-1.5
Cervical screening	9.4	-34.3	-4.3	-4.5	14.3	-5.6
Prevention of hazardous and harmful drug use	11.7	-10.5	8.8	-2.0	13.7	3.9
Public health research	—	257.1	48.0	8.1	-7.5	39.5
<b>Total public health</b>	<b>5.3</b>	<b>2.1</b>	<b>16.6</b>	<b>-6.5</b>	<b>6.5</b>	<b>3.1</b>

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

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

(c) Average annual growth rate.

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



Over the period the 1999-00 to 2004-05, *Prevention of hazardous and harmful drug use* (\$14.8 million) recorded the highest average annual expenditure in real terms, followed by *Communicable disease control* (\$14.5 million) and *Organised immunisation* (\$13.4 million) (Table 7.5; Figure 7.2).

## 7.6 Expenditure on ‘Public health-related activities’

Total expenditure on ‘Public health-related activities’ in 2004-05 was estimated at \$82.3 million, up approximately \$14.8 million or 21.9% on the previous year.

The major programs included as ‘Public health-related activities’ for 2004-05 were:

- dental health services, including the school dental screening program (\$50.1 million)
- primary health care programs providing generic health service provision, as well as projects relating to migrant health, women’s health, youth health, Aboriginal health and violence and abuse (\$16 million)
- alcohol and other drug treatment and welfare-related programs (\$7.6 million).