7 Public health expenditure by Queensland Health

7.1 Introduction

Queensland Health was restructured in 1996 in order to separate funding, purchaser and provider responsibilities within the department. The Health Planning and Systems Division fulfils the funding and purchaser functions while the Health Services Division fulfils the provider functions.

Queensland Health provides public health functions through Public Health Services and 39 health service districts throughout Queensland, and service funding to support the public health activities of NGOs. Queensland Health Pathology and Scientific Services (QHPSS) provides essential support in delivering public health activities. The roles of each of these major players are addressed below.

Public Health Services

Public Health Services comprises:

- the Office of the State Manager;
- ten units with state-wide responsibilities; and
- three Public Health Unit Networks comprising a total of fourteen public health units across the State (see Figure 7.1).

The key role and responsibility of Public Health Services is to coordinate and provide leadership for state-wide planning and strategy development for public health functions, and the implementation, monitoring and evaluation of public health activities. Within this role, the Service provides specialist policy and planning advice to the Minister, Office of the Director-General, Corporate Office branches and other state-wide services, and provides support to health service districts in the planning, delivery and evaluation of public health activities.

Public Health Services aligns internal state-wide strategic planning, monitoring and reporting to national, state and local priorities and the department's corporate planning and reporting cycle. The strategic objectives are achieved through a structure of outcome areas that form the basis of the services delivered (see Figure 7.2).

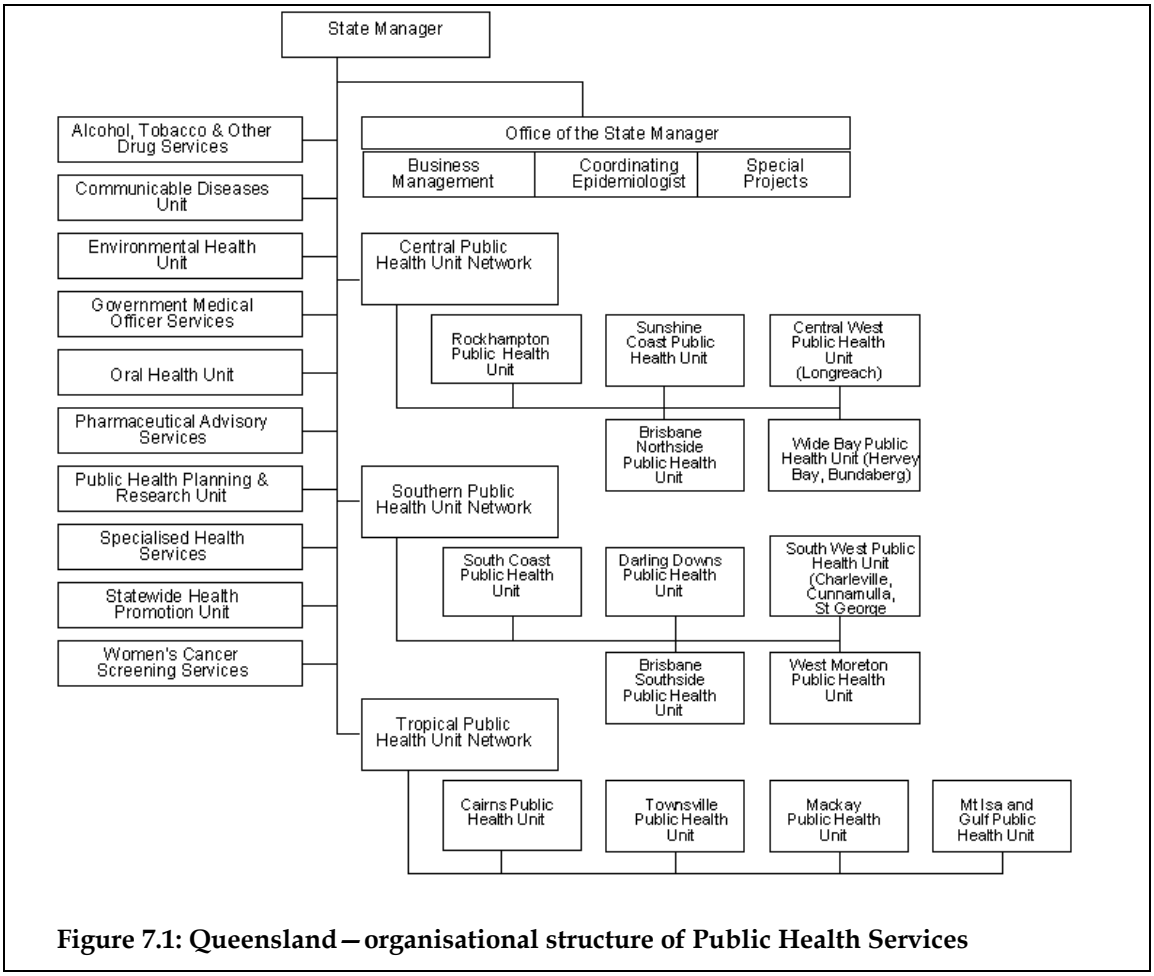

Figure 7.1: Queensland—organisational structure of Public Health Services

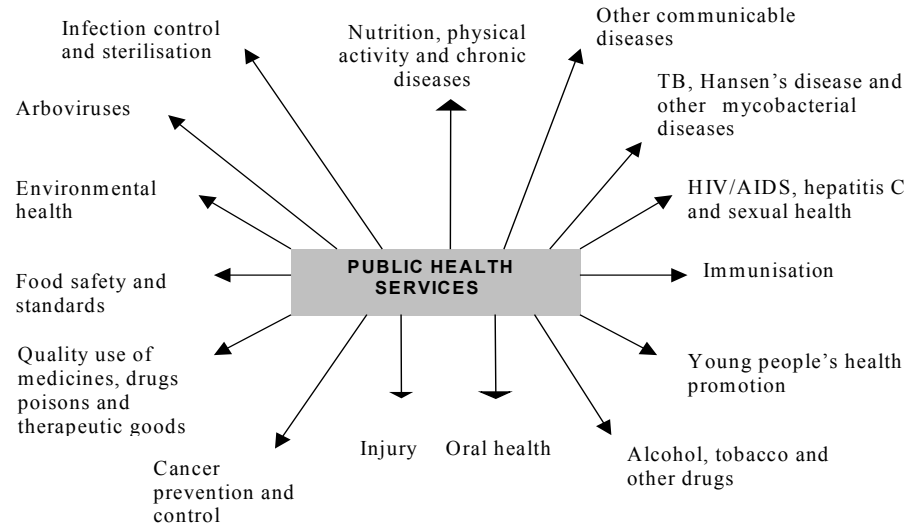

Figure 7.2: Queensland Public Health Services' outcome areas

Health service districts

Queensland Health has 39 health service districts, organised into three zones: northern, central and southern. The health service districts provide hospital, mental health, allied health, aged care, oral health and community health services. The organised public health activities provided by the health service districts are largely a component of state-wide programs coordinated or supported by Public Health Services, but managed by the districts. Such programs are coordinated largely through the community based health services and primary health centres. This includes sexual health services, alcohol and drug services, immunisation, school oral health, and breast and cervical screening programs. Additional programs and services are developed and coordinated directly by the districts.

Queensland Health Pathology and Scientific Services

QHPSS provides a network of laboratory and scientific services across the public sector that support public health initiatives. The Queensland Health Pathology Service (QHPS) provides pathology services through a network of 32 laboratories based at hospitals across the State. The pathology services that support public health activity include specimen collection, analytical testing, results interpretation, clinical consultation, teaching and research. Queensland Health Scientific Services is a comprehensive public health science laboratory providing services for health investigations, and testing for environmental contaminants and food/water quality.

The data presented in this report do not include expenditure within QHPSS cost centres. At the time of collection, the QHPS was developing an information database to record the workload of each laboratory in Queensland. The requirement of the Stage 2 collection—to allocate the respective costs to public health categories—was not possible at the time of collection. However, once developed, the database will be able to provide the necessary information for the Stage 3 collection.

A number of factors need to be taken into consideration when addressing the issue of identifying the public health aspects of pathology costs. For example, it is unlikely that the information systems will include detailed information on why a particular test was performed. Therefore, it would not be possible to identify, for example, whether particular testing for antibodies for HIV/AIDS and hepatitis C related to a patient who was admitted with a clinical condition or to the screening program. Similarly, separating the costs associated with the testing of urine samples for the Methadone Program from other clinical conditions requiring urine samples will be difficult. Additionally, tests that measure for antibody status as a follow-up service after the initial immunisation will not be specifically identified in the information system.

Non-government organisations

The Statewide Health and Non-Government Services Unit (SHANGU) is responsible for the purchase of health related services from the non-government sector, and research, tertiary and academic sectors. SHANGU contributes to the delivery of specific health outcomes, priorities and targets through the formulation of service agreements and the management of funding negotiated with providers.

7.2 Data collection methodology

Scope

In collaboration with relevant services of Queensland Health, the NPHEP identified cost centres that related to public health activities as defined by the TAG, regardless of the setting of the service. The collection included hospital services, community health centres, primary health centres, community based sexual health services, mental health services, community based alcohol, tobacco and other drug services, public health units, and services administered or funded from within Corporate Office (see Table 7.2). As noted above, pathology and scientific services were not included in the collection due to the current unavailability of appropriate information systems.

Queensland Collection Guide

The Queensland Collection Guide was distributed to project liaison officers within the respective services requesting the apportionment of cost centre expenditure to the respective public health categories using the Queensland Health Collection Tool.

The Queensland Collection Guide was developed using the NPHEP definitions with some modifications to ensure an efficient collection of expenditure data. The modifications to the NPHEP definitions excluded the *All other core public health* category and included an additional category—'Alcohol, tobacco and other drugs'. The modifications were made to limit the collection to well-defined categories and to ensure the information was consistent and comparable within the services of Queensland.

The 'Alcohol, tobacco and other drugs' services category was created for the Queensland collection to ensure all relevant services were included that are outlined in the NPHEP definition of the *All other core public health* expenditure category.

However, in order to present the Queensland data in a format consistent with that of other jurisdictions, an *All other core public health* category needed to be created for this report. Public health programs addressing illicit drugs, the methadone program and other drug related programs were the only relevant services collected that could be allocated to the *All other core public health* category.

NOTE: *Each jurisdiction was given the option to include in the* All other core public health *category additional services that are not outlined in the NPHEP definitions but are considered to be core public health by that jurisdiction.****Queensland opted not to collect services that were not identified as inclusions in the NPHEP definitions.*** *Services that may be considered as core public health in Queensland, such as school dental health services, are not presented in this report.*

In addition, a category labelled 'Public health related activities' was created during the review of the expenditure data. It comprises expenditure on services which, it was considered, did not fit under core public health expenditure categories but which were related to public health.

Treatment of the addition of the 'Alcohol, tobacco and other drugs' category in this report

The request to services divided the 'Alcohol, tobacco and other drugs' category into three sub-categories:

- 'Alcohol and tobacco health promotion activities';
- 'Illicit drugs and methadone program'; and,
- 'Other drug related programs'.

The additional category required the NPHEP definitions to be modified by removing alcohol and tobacco health promotion from the *Selected health promotion activities* category.

To present the expenditure for Queensland in a format consistent with that of the national category definitions the following alterations were made:

- Expenditure allocated against 'Alcohol and tobacco health promotion activities' was included in the *Selected health promotion activities* category.
- Expenditure against the 'Illicit drugs and methadone program' and 'Other drug related programs' sub-categories is presented under the *All other core public health* category.

Treatment of Corporate and Overhead Cost Centres

Corporate cost centres that contained indirect expenditure on public health through strategic support services such as the Coordinating Epidemiology and the Public Health Planning and Research Unit were identified and recorded as a separate aggregate. The same procedure was used to record the indirect expenditure within health service districts—for example, Health Service District Administration cost centres. Once all the data had been collected, the aggregate amounts for the corporate cost centres and the health service district overheads were apportioned on a pro rata basis to the different public health categories according to the proportions of the total service expenditure on the individual categories. Corporate Office overheads, such as Building Services, Finance Unit and Human Resource Unit, have not been included in the Stage 2 collection.

NOTE: *It is acknowledged that the pro rata method used to allocate corporate and overhead cost centres involves a large error. The error is due to the pro rata of overheads associated with areas requiring large administration support but moderate total expenditure (for example,* Environmental health*) and areas that reported high total expenditure but do not require large administration support (for example,* Immunisation*). A more accurate method for apportioning corporate and overhead cost centres will be used in the Stage 3 collection.*

Evaluation of the collection

Each service that provided expenditure information was requested to complete an evaluation form. The evaluation forms were reviewed in conjunction with the expenditure information provided.

On review of the expenditure data, an audit was deemed necessary as inconsistencies and inaccurate interpretation of the definitions were found in the data reported from various services. Services such as community health centres that provide multiple health initiatives varied greatly in the proportion of the total expenditure allocated to public health. In particular, the *Selected health promotion activities* and 'Alcohol, tobacco and other drugs' categories varied greatly between districts in the amount allocated from community health cost centres—a result of different subjective allocations by the reporting officers rather than a real difference in the investment in services provided. The services that used vastly different proportions were contacted and, following discussions, the proportions were adjusted accordingly.

During the evaluation the services reported confusion in regard to the definition and scope of the *Selected health promotion activities* category, as well as reporting difficulty in identifying the actual costs for the public health activities paid for from within multi-purpose cost centres (for example, general community health cost centre). Where a district had identified expenditure against *Selected health promotion activities* but no organised program was identified, the expenditure was considered outside the category definition and reallocated to the 'Public health related' category.

Cost centres that include expenditure on treatment services were often reported by services within the core public health categories. In particular, substantial adjustments were made to remove expenditure from within the core categories for HIV/AIDS and alcohol, tobacco and other drugs treatment services.

7.3 Overview of results

The total public health expenditure reported by services in Queensland Health for the 1998–99 collection was $114.3m, of which $84.2m (74.1%) was allocated to the core public health categories. Table 7.1 presents the expenditure reported as direct expenditure and overheads. The proportion of expenditure reported against core public health categories is presented in Table 7.1 and graphically in Figure 7.3.

Table 7.1: Expenditure for total core public health, Queensland Health, 1998–99

	Total core public health expenditure			
Category	**Direct expenditure**	**Overheads**	**Total expenditure**	**Proportion of total core public health**
	$	**$**	**$**	**%**
Communicable disease control	18,498,253	657,988	19,156,241	19
Selected health promotion activities	23,179,916	913,391	24,093,307	23
Immunisation	13,755,434	430,161	14,185,595	14
Environmental health	6,276,098	279,198	6,555,296	6
Food standards & hygiene	1,987,593	75,543	2,063,136	2
Breast cancer screening	14,926,419	476,206	15,402,625	15
Cervical screening	2,627,675	78,494	2,706,169	3
All other core public health	18,513,608	556,819	19,070,427	18
Total core public health	**99,764,996**	**3,467,800**	**103,232,796**	**100**
Public health related activities	10,739,560	29,120	10,768,680	

The highest proportion of public health expenditure was reported against *Selected health promotion activities*, comprising 23% of the total core public health expenditure. Due to the aforementioned problems in reporting against this, caution should be exercised when applying or interpreting the *Selected health promotion activities* expenditure presented in Table 7.1, Table 7.2 and Figure 7.3.

Other categories that reported high proportions of total core public health expenditure were *Communicable disease control* (19%), *Breast cancer screening* (15%) and *Immunisation* (14%). Communicable disease control, breast cancer screening and immunisation activities were identified mainly within unique cost centres, resulting in a more reliable collection of actual expenditure against these categories. The *All other core public health* category, which consists entirely of 'Illicit drugs and methadone program' and 'Other drug related programs', contributed 18% of the total public health expenditure collected. As explained earlier, drug

treatment services were commonly incorrectly reported during the collection as core public health, and therefore this figure should be read with caution.

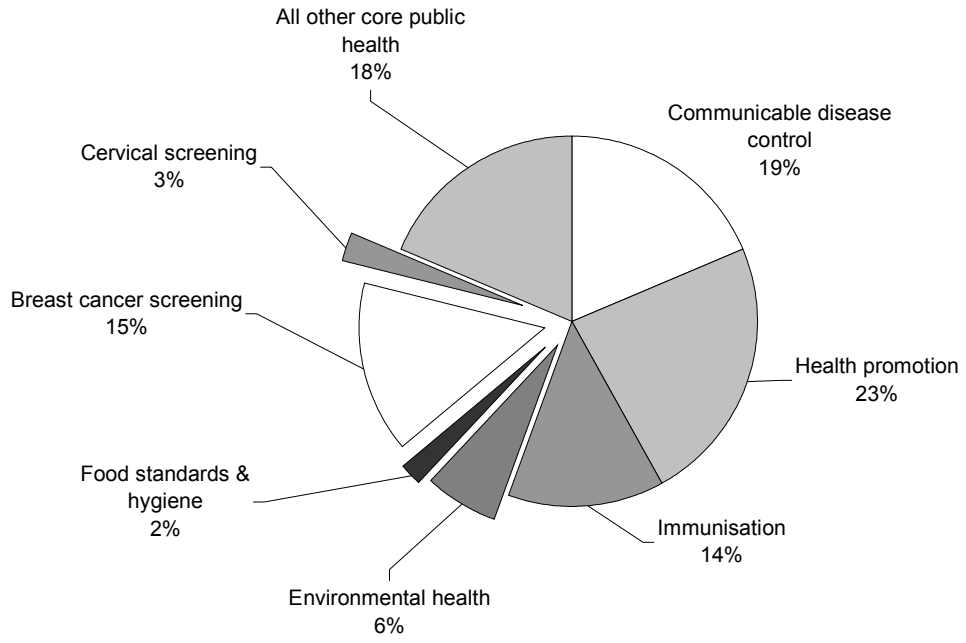

Figure 7.3: Queensland Health core public health expenditure by categories

The collection process identified that the settings for the provision of public health activities varies across Queensland. Table 7.2 indicates that the greatest proportion of public health activities, 41% of total expenditure, was conducted from within the Statewide service of Public Health Services (which includes public health unit networks and services organised state-wide). Hospital based services (15% of total expenditure) and community health centres (23% of total expenditure) were also major providers of public health activities to the Queensland public. Funding to NGOs contributed a further 17% to the total public health expenditure reported. It should be acknowledged that QHPSS also provides an important role in providing public health services; however, as mentioned before, the respective expenditure has not been included in this collection.

It has been acknowledged previously that the interpretation and scope of the collection differed from jurisdiction to jurisdiction (see 'Methodology used by jurisdictions' in Chapter 3 for further details). Therefore, Table 7.2 has been prepared to present the Queensland Health 1998–99 public health expenditure against the public health categories and the type of health service that reported the expenditure. It is important to note that the collection in Queensland expanded across all of Queensland Health (excluding QHPSS).

Table 7.2: Total expenditure collected on core public health categories by health service, Queensland Health, 1998–99

Public health category	Public health services	Hospital	Community health centre	Pathology and scientific services[1]	Oral health services	Corporate/ overhead[2]	NGO funding	Total	Proportion of total core public health (%)
Communicable disease control	9,652,096	623,554	3,784,673	n.a.	—	657,988	4,437,930	19,156,241	19
Selected health promotion activities	13,281,859	153,814	3,827,321	n.a.	339,379	913,391	5,577,543	24,093,307	23
Immunisation	11,394,373	261,782	1,849,279	n.a.	—	430,161	250,000	14,185,595	14
Environmental health	5,870,191	—	147,906	n.a.	—	279,198	258,000	6,555,296	6
Food standards & hygiene regulation	1,401,331	4,696	581,566	n.a.	—	75,543	—	2,063,136	2
Breast cancer screening	1,584,168	13,342,251	—	n.a.	—	476,206	—	15,402,625	15
Cervical cancer screening	1,254,691	1,310,285	—	n.a.	—	78,494	62,700	2,706,169	3
All other core public health	2,186,649	1,088,103	11,085,225	n.a.	—	556,819	3,592,641	19,070,427	18
Total core public health	**46,625,358**	**16,784,485**	**21,275,970**	**n.a.**	**339,379**	**3,467,800**	**14,178,814**	**103,232,796**	**100**
Public health related activities	—	82,378	5,436,766	—	108,098	29,120	5,112,318	10,768,680	. .
Grand Total	**46,625,358**	**16,866,863**	**26,712,736**	**—**	**447,478**	**3,496,920**	**19,291,132**	**114,001,476**	**. .**

n.a. not available

— nil, as far as is known

. . not applicable

Notes

1. Expenditure for QHPSS not available for Stage 2 of the NPHEP Collection.
2. Refer to the methodology section for an explanation on the apportionment of, and errors associated with, corporate/overhead costs.

7.4 Public health expenditure by categories

Communicable disease control

Total expenditure on *Communicable disease control* by Queensland Health during 1998–99 was $19.2m (Table 7.3). This represents 19% of the total core public health expenditure during this period.

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, sexual health;
- hepatitis C;
- infection control and sterilisation; and
- arboviruses (includes vector and vermin control).

The services identified in the collection of expenditure for the *Communicable disease control* category included combined efforts of a range of organisations and sectors. Public Health Services' Communicable Disease 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 the response to disease outbreaks, surveillance, distributing information to public, implementation of prevention programs and liaison with clinicians, pharmacy services and laboratories.

NGOs provide the majority of services (funded by Queensland Health) for HIV/AIDS and other sexual health issues.

QHPSS provided substantial support in notifications, information regarding results, surveillance, new techniques and mass screening.

NOTE: *Expenditure relating to the QHPSS contribution to* Communicable disease control *is not included in the Queensland Stage 2 collection.*

HIV/AIDS, hepatitis C and sexually transmitted infection programs

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 the collection the majority of the Health Service Districts' expenditure should not be included. **However, the Districts did report a high level of expenditure, and therefore it is likely that the reported expenditure includes a significant component of clinical and treatment services.**

It is important to acknowledge the difficulties encountered during the collection in allocating expenditure on the Well Persons Health Check Program. The Well Persons Health

Check Program is a screening program focusing on Indigenous populations to identify asymptomatic illnesses in the context of a primary health care response. The requirement to separate the expenditure dedicated to HIV/AIDS and sexual health from expenditure on other related health issues was difficult and required broad estimations.

The difficulties outlined above will need to be addressed in the following collections and should be noted when interpreting the 1998–99 expenditure included in this report.

Queensland Needle Availability and Support Program

Queensland Needle Availability and Support Program (QNASP) programs are 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 programs provide mobile services via health vans or street workers. A significant proportion of Queensland pharmacies also sells injecting equipment.

The identification of the Program as a separate activity from *HIV/AIDS, hepatitis C and sexually transmitted infections* activities does not reflect the purpose of the Program. The costs associated with support services developed within the QNASP may have been reported in the *HIV/AIDS, hepatitis C and sexually transmitted infections* category or not included in the collection due to the difficulty in identifying QNASP as a separate expenditure category.

Other communicable disease control

There are several issues that distinguish Queensland Health expenditure on communicable diseases, largely the result of the geography and a decentralised population. One such distinguishing issue is the need to prevent the spread of mosquito borne diseases. The tropical and subtropical climate, with a vast stretch of coastline, leaves Queensland vulnerable to the spread of mosquito borne disease, evidenced by its having the highest reported number of cases of Ross River virus infections in Australia and its being the only State or Territory to have dengue fever and Japanese encephalitis transmission. Imported cases of malaria have occurred in the Torres Strait Islands due to the proximity of these island communities to mainland Papua New Guinea.

The reported expenditure for *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 on 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.

Table 7.3: State Government expenditure on *Communicable disease control*, Queensland Health, current prices, 1998–99 ($)

Expenditure	HIV/AIDS, hep. C & STI programs	Needle and syringe programs	Other communicable disease control	Total
Direct	9,278,540	1,570,579	7,753,610	18,602,729
Overheads	276,092	46,716	230,704	553,512
Total	**9,554,632**	**1,617,295**	**7,984,314**	**19,156,241**

Selected health promotion activities

Total expenditure on *Selected health promotion activities* by Queensland Health was $24.1m during 1998–99. This is 23% of total expenditure on core public health for this period.

Across Queensland, a wide range of professional staff participates in health promotion initiatives that range from 'opportunistic' or 'individual' health promotion to 'population based' programs. The NPHEP definition for Stage 2 excludes health promotion activities that are not 'organised population based programs'. Health promotion activities that do not meet these criteria have been included in the 'Public health related activities' category. The Queensland Health Collection Guide provided the following major areas of expenditure as examples of activities to be collected:

- Health promotion settings and capacity building programs;
- Young people at risk;
- Women's health;
- School Based Youth Health Nurse Program;
- Nutrition;
- Skin cancer; and
- Injury prevention.

Expenditure identified against the following activities was collected in Queensland against the 'Alcohol, tobacco and other drugs' category. The expenditure is presented under the *Selected health promotion activities* category to ensure the scope of the collection is consistent with other jurisdictions.

- Development and introduction of the Queensland Tobacco Strategy targeting tobacco availability, promotion, cessation, passive smoking and community education;
- Training packages covering prevention aspects of alcohol use;
- 100% In Control; and
- Rock Eisteddfod Challenge.

Public Health Services provides expert advice and coordination of health promotion activities across Queensland Health in collaboration with other health agencies, local government and other sectors to address priority health issues. The majority of the Public Health Services expenditure related to this role is collected in separately identifiable cost centres.

Expenditure on resources and staff dedicated to conducting the programs outlined above was often allocated from cost centres that included a wider comprehensive approach to health issues (for example, community health centres). Therefore, many health service districts reported difficulty and confusion in identifying the actual costs associated in conducting population based health promotion activities and often over-reported expenditure against this category. A review was required to reallocate expenditure on health promotion activities that did not meet the criteria or list of inclusions outlined above for the 'Public health related activities' category.

Table 7.4: State Government expenditure on *Selected health promotion activities*, Queensland Health, current prices, 1998–99 ($)

Expenditure category	Amount
Direct	23,179,916
Overheads	913,391
Total	**24,093,307**

Immunisation

Total expenditure on *Immunisation* by Queensland Health was $14.2m (Table 7.5) during 1998–99. This represents 14% of total expenditure on core public health during this time.

Public Health Services is responsible for the establishment and maintenance of collaborative planning and strategy implementation mechanisms, as well as policy, planning and service purchasing advice. Other major stakeholders in the administration of the vaccines are Health Service Districts, private and non-government service providers, Divisions of General Practice, local government authorities, other State and Commonwealth Government departments and community based organisations.

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

Table 7.5: State Government expenditure on *Immunisation*, Queensland Health, current prices, 1998–99 ($)

Expenditure	Childhood immunisation	Pneumococcal & influenza immunisation	Other immunisation	Total
Direct	2,383,938	3,717,702	7,817,558	13,775,708
Overheads	70,932	110,617	232,606	409,887
Total	**2,454,870**	**3,828,319**	**8,050,164**	**14,185,595**

Environmental health

The total expenditure recorded against *Environmental health* by Queensland Health was $6.6m (Table 7.6). This was 6% of total core public health expenditure during 1998–99.

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

Queensland Health has the leading role in state-wide environmental health policy, environmental health 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.

Although Public Health Services has the responsibility for environmental health surveillance and law enforcement, the Health Service Districts and QHPSS provide essential support in the management of environmental health issues.

Table 7.6: State Government expenditure on *Environmental health*, Queensland Health, current prices, 1998–99 ($)

Expenditure category	Amount
Direct	6,365,883
Overheads	189,413
Total	**6,555,296**

Food standards and hygiene

Total expenditure for *Food standards and hygiene* for Queensland Health in 1998–99 was $2.1m (Table 7.7). This was 2% of total expenditure on core public health reported in 1998–99.

The Queensland data on *Food standards and hygiene* included costs and revenues associated with services that provide:

- 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); and
- development, amendment, implementation and review of food safety, food standards and other food legislation.

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. QHPSS provides the laboratory services essential for the surveillance, investigation and development of food standards.

Table 7.7: State Government expenditure on *Food standards and hygiene*, Queensland Health, current prices, 1998–99 ($)

Expenditure category	Amount
Direct	1,987,593
Overheads	75,543
Total	**2,063,136**

Breast cancer screening

Expenditure reported for *Breast cancer screening* in Queensland was $15.4m in 1998–99 (Table 7.8). This is 15% of total expenditure on core public health reported in this period.

Breast cancer screening services are provided through BreastScreen Queensland, which is a component of the Commonwealth and State funded BreastScreen Australia Program. The

1998–99 expenditure presented in this report represents activities that are provided through the BreastScreen Queensland program—that is, the report excludes any activity within Queensland Health that may contribute to breast cancer screening but is not part of the program. The expenditure represents the complete screening pathway up to the point of histological diagnosis or referral for open biopsy. Laboratory services such as fine needle aspiration biopsy and core biopsy associated with the diagnosis procedures performed within BreastScreen are included in the expenditure reported.

Women's Cancer Screening Services, a unit of Public Health Services, provides coordination, planning and policy advice for BreastScreen Queensland. The Unit works with an established network of screening services in the Health Service Districts that includes eleven fixed services, four mobiles, four relocatable services and six satellite sites.

The TAG definitions excluded costs associated with post-diagnosis counselling from the public health categories. However, there were considerable difficulties associated with separating expenditure on post-diagnosis from pre-diagnosis counselling. Therefore, the expenditure reported is inflated by the inclusion of some post-diagnosis counselling.

Table 7.8: State Government expenditure on *Breast cancer screening*, Queensland, current prices, 1998–99 ($)

Expenditure category	Amount
Direct	14,957,572
Overheads	445,053
Total	**15,402,625**

Cervical screening

Total expenditure on the organised approach to *Cervical screening* by Queensland Health, which includes State coordination, Pap Smear Registry, quality assurance and special screening services, during 1998–99 was $2.7m (Table 7.9). This was 3% of total expenditure on core public health reported for this period.

The Queensland Cervical Screening Program (QCSP) is a component of the Commonwealth and State funded National Cervical Screening Program. About one-third 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 significant component of expenditure for the QCSP is the development, maintenance and operation of the Pap Smear Registry which was 44% of expenditure in 1998–99.

Expenditure under the QSCP represents only a small part of total expenditure on *Cervical screening* in Queensland. The majority of cervical screening is undertaken in the private sector by general practitioners and funded through Medicare. Many non-QCSP screening and follow-up services captured in the data are provided through health service district facilities (i.e. 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, which contribute 34% and 66%, respectively, of the funding for this service.

Table 7.9: State Government expenditure on *Cervical screening*, Queensland Health, current prices, 1998–99 ($)

Expenditure categories	Amount
Direct	2,627,6756
Overheads	78,494
Total	**2,706,169**

All other core public health

Total expenditure reported for the *All other core public health* category for Queensland Health during 1998–99 was $19.1m (Table 7.10). This represents 18% of the total core public health expenditure during this period.

As explained earlier, **the Queensland collection did not request services to report expenditure under this category**. The expenditure reported against the 'Illicit drugs and methadone program' and the 'Other drug programs' sub-categories was used solely to construct this category. The following activities were identified in the collection and reported as *All other core public health*:

- development, implementation and evaluation of methadone programs;
- illicit drugs education;
- screening and case finding activities and other community interventions;
- strategies addressing adult alcohol intoxication, violence and injury;
- Young Adults and Drugs Project;
- Alcohol, Tobacco and Other Drugs State Funding Program—for example, St Vincent Community Services (NGO grants); and
- National Drug Strategy grants.

Table 7.10: State Government expenditure on *All other core public health*, Queensland Health, current prices, 1998–99 ($)

Expenditure categories	Amount
Direct	18,513,608
Overheads	556,819
Total	**19,070,427**

Public health related activities

Total expenditure reported for the 'Public health related activities' category for Queensland Health during 1998–99 was $10.8m (Table 7.11).

The collection of public health expenditure in Queensland did not request services to report against this category. The category was developed during the review of the expenditure data from expenditure on services which, it was considered, did not fit under the definitions of the core public health expenditure categories but were related to public health. For example, if a service reported expenditure against the *Selected health promotion*

activities, but during the review could not identify the organised health promotion program, the expenditure reported was moved to 'Public health related activities'.

The following activities or programs (or proportions of the following activities or programs) were allocated to the 'Public health related activities' category:

- Aboriginal and Torres Strait Islander Health Improvement (NGO grants);
- Indigenous health worker training;
- Indigenous health services;
- Aboriginal and Torres Strait Islander Health Welfare projects;
- Preventing Violence Against Women program;
- Child health services;
- Women's reproductive health;
- Ad hoc, or not population based, health promotion activities;
- General apportionment of community health and primary health care centres;
- General apportionment of allied health services—for example, nutritionist and social worker; and
- Health promotion activities within Home and Community Care services.

Table 7.11: State Government expenditure on 'Public health related activities', Queensland Health, current prices, 1998–99 ($)

Expenditure categories	Amount
Public health related activities	10,739,560
Overheads	29,120
Total public health related activities	**10,768,680**

8 Public health expenditure by the Health Department of Western Australia

8.1 Introduction

The Health Department of Western Australia's mission, as the State's principal health authority, is to protect, promote and restore health, and to care for the sick and disabled people of Western Australia.

In 1998–99, the health output based management structure introduced a single outcome objective, with three intervention strategies operating as key output groups.

The three output groups established included:

- prevention and promotion,
- diagnosis and treatment, and
- continuing care.

Through the prevention and promotion output, Public Health aims to improve the health of Western Australians by reducing the incidence of preventable disease, injury, disability and premature death.

Public Health distinguishes itself from other parts of the health system by primarily focusing on the health and wellbeing of populations (health outcomes), rather than on individuals.

Public Health is comprised of:

- the Office of the General Manager including the Executive Director, Public Health;
- four Public Health Branches with state-wide responsibilities; and
- ten Public Health Units, regionally located throughout the State, which complement state-wide services as well as providing a range of regional specific public health services.

Office of the General Manager

The Office of the General Manager is responsible for the delivery of state-wide public health services, which are conducted by the public health branches within the Health Department of Western Australia. A significant portion of the workload is related to the formulation of policy, advice and information to the Minister, State and national committees, the media, universities and the community. This office also provides the strategic direction for the further development of public health services in Western Australia.

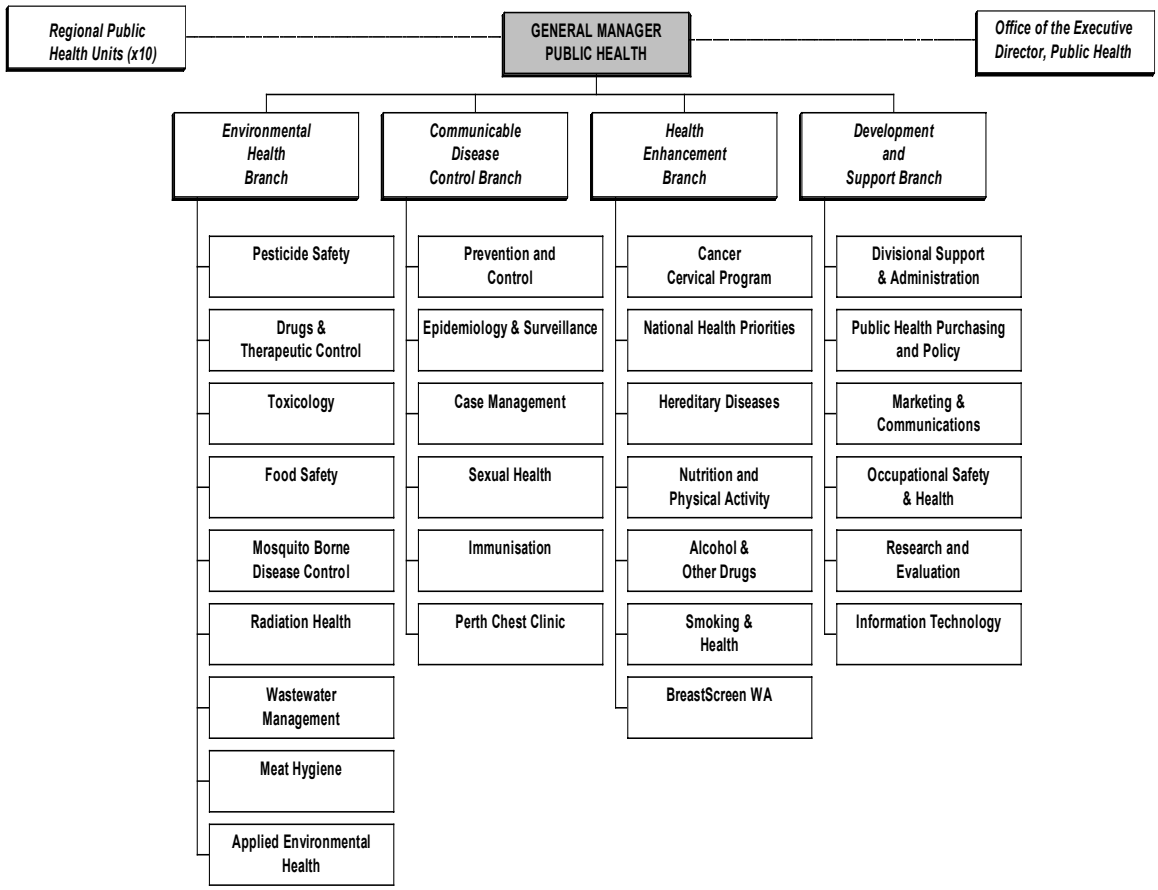

Figure 8.1: Organisational chart: Management structure for public health within the Health Department of Western Australia

State-wide public health programs

State-wide public health programs operate through the four main branches of:

- Communicable disease control
- Health enhancement
- Environmental health
- Development and support.

Regional public health units

Public health units are regionally located within a host health service, and cover a geographical area of the State. There are two metropolitan public health units, as well as one each in the Kimberley, Pilbara, Gascoyne, Goldfields, Coastal Wheatbelt, Mid-West, Great Southern and South-West Regions. They provide a range of regionally focused programs, which are run in conjunction with state-wide programs. Public health units also conduct

specific programs, which meet special regional public health issues pertinent to the social and cultural aspects of their regions.

Other agencies and organisations

Other government agencies outside the Health Department of Western Australia also deliver programs which relate directly and/or indirectly to public health. The Police Department and Family and Children's Services are two examples of government agencies to which an investment in public health was attributable in 1998–99. There are also some NGOs, such as the Cancer Foundation, where public health expenditure was recorded.

8.2 Data collection methodology

The collection of state-wide public health data represented 65% of total expenditure associated with public health in 1998–99. The financial data were extracted from the Health Department of Western Australia's Oracle financial system from cost centres that are identified in a hierarchical structure under the Public Health Division within the Health Department of Western Australia. In the majority of cases each cost centre was linked to a core category; however, in some instances where a cost centre was attributable to more than one core area, and it was necessary to delineate costs between each core category, a modelling approach was required to apportion expenditure across categories. The modelling sometimes required subjective percentage allocations as inputs. A reconciliation process was adopted to ensure the validity of these data. The data associated with the Office of the General Manager were collected in a similar manner.

The data associated with the Regional Public Health Units expenditure were not located in one centralised Oracle financial system. Financial systems varied from health service to health service. Chart of accounts also differed, which meant that a consistent delineation between categories was difficult. Consequently, it was deemed necessary and more appropriate to model expenditure between some categories. Category modelling was based on the public health purchasing model, which specified which public health products were purchased. A correlation between public health services purchased and expenditure was derived.

It is important to note the following caveats in relation to the collected data for Western Australia:

- Expenditure associated with Community Health services in rural areas is not included in the data.
- Local government authorities' expenditure related to public health is not included.
- Data provided represent cash payments and receipts rather than accrual expenses and revenues.
- Unless otherwise indicated, payments are net of receipts.
- Expenditure for general pathology testing, dental health and Red Cross blood transfusion service is not included.
- Overheads have been apportioned to each of the categories.

8.3 Overview of results

The amount expended by the Health Department of Western Australia in 1998–99 in relation to public health was $57.3m. Table 8.1 and Figure 8.2 illustrate the composition of public health expenditure by each of the core categories.

Table 8.1: Expenditure for total core public health, Health Department of Western Australia, 1998–99 ($)

Category	Expenditure ($)	Proportion of total (%)
Communicable disease control	11,787,210	20.57
Selected health promotion	18,707,914	32.65
Immunisation	8,739,200	15.25
Environmental health	6,836,721	11.93
Food standards & hygiene	1,740,300	3.04
Breast cancer screening	7,665,400	13.38
Cervical screening	1,090,100	1.90
All other core public health	734,900	1.28
Total	**57,301,745**	**100.00**

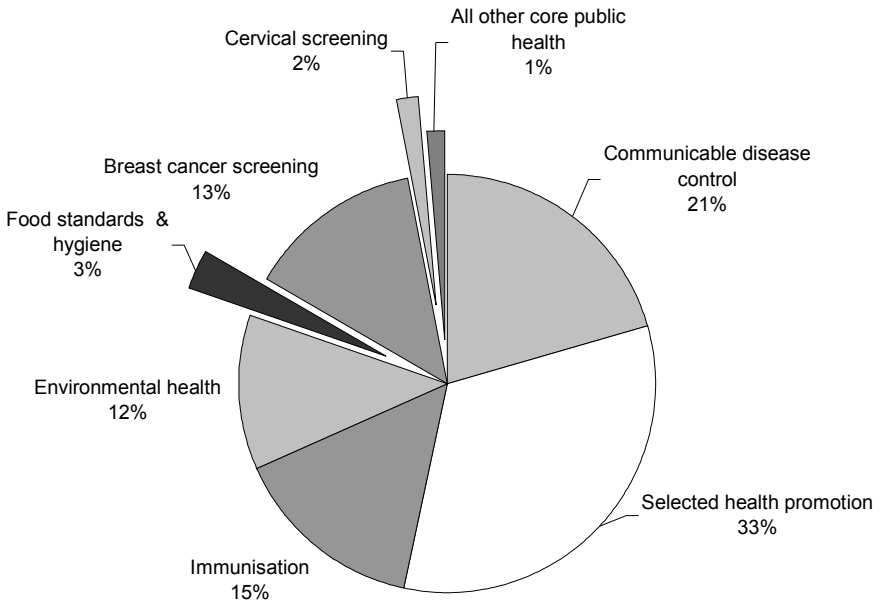

Figure 8.2: Western Australia core public health expenditure by categories

It should be noted that the total expenditure amount given above includes the $3,829,245 spent by the Office of Aboriginal Health on Indigenous health programs in Western Australia. This expenditure was in the core public health categories of *Communicable disease control*, *Selected health promotion activities*, *Environmental health* and *Cervical screening*, and amounts are given under these categories.

8.4 Expenditure on core public health categories

Communicable disease control

The total direct expenditure for *Communicable disease control* by the Health Department of Western Australia in 1998–99 was $11.8m. This was 20.57% 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;
- HIV laboratory expenditure related to testing; and
- migrant health screening.

There was also expenditure through the Office of Aboriginal Health in this category. Expenditure in the sub-categories of *HIV/AIDS, hepatitis C and sexually transmitted infections* ($245,410) and *Needle and syringe programs* ($180,000), amount to a total expenditure on *Communicable disease control* by the Office of Aboriginal Health of $425,410. These amounts are included in those given in Table 8.2 below.

Table 8.2: State Government expenditure on *Communicable disease control*, Health Department of Western Australia, current prices, 1998–99 ($)

	HIV/AIDS, hepatitis C and STI programs	Needle and syringe programs	Other communicable disease control	Total communicable disease control
Expenditure	5,382,110	975,500	5,429,600	**11,787,210**

Selected health promotion activities

The total expenditure for *Selected health promotion activities* by the Health Department of Western Australia in 1998–99 was $18.7m. This was 32.65% of the total core public health expenditure.

The majority of expenditure associated with this category is coordinated through the Health Enhancement Branch (formerly Chronic Disease and Health Enhancement). One of the responsibilities of this branch is to identify and act on opportunities for primary and secondary prevention.

Expenditure in this category included:

- State-wide alcohol and other drugs community education campaigns, including the Drug Aware Campaigns Be a Good Host Campaign and Respect Yourself Campaign;
- Health promotion, including information and awareness in relation to hereditary disease issues;
- Health promotion associated with national health priorities (excluding breast and cervical cancer);
- Nutrition and physical activity campaigns and associated strategies; and
- Smoking and health campaigns such as the Quit Campaign.

The Office of Aboriginal Health also contributed to the total expenditure in this category, spending $2,255,814 on *Health promotion activities*. This is included in the total amount for the category of *Selected health promotion activities*.

Immunisation

The total expenditure for *Immunisation* by the Health Department of Western Australia in 1998–99 was $8.7m. This was 15.25% 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; and
- provision of lectures and training to immunisation providers.

Pneumococcal and influenza immunisation programs include the National Influenza Program for adults over the age of 65, as well as the National Indigenous Pneumococcal and Influenza Program.

Expenditure associated with immunisation services provided by general practitioners and community nurses in regional areas is not represented in these data.

Table 8.3: State Government expenditure on *Immunisation*, Health Department of Western Australia, current prices, 1998–99 ($)

	Childhood immunisation	Pneumococcal and influenza immunisation	Other immunisation	Total immunisation
Expenditure	3,356,900	2,598,300	2,784,000	**8,739,200**

Environmental health

The total expenditure for *Environmental health* by the Health Department of Western Australia in 1998–99 was $6.8m. This was 11.93% of total core public health expenditure. Included in this figure is expenditure by the Office of Aboriginal Health of $1,048,021.

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; and
- waste-water management, including administering of policy and legislation.

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 Health Department of Western Australia in 1998–99 was $1.7m. This was 3.04% of the total core public health expenditure.

The expenditure associated with this category includes:

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

Breast cancer screening

The total expenditure for *Breast cancer screening* by the Health Department of Western Australia in 1998–99 was $7.66m. This was 13.38% 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.

Cervical screening

The total expenditure for *Cervical screening* by the Health Department of Western Australia in 1998–99 was $1.09m. This was 1.9% of total core public health expenditure.

The majority of expenditure associated with this category is coordinated through the WA Cervical Cancer Prevention Program. This program aims to achieve optimal reduction in the instance 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.

An amount of $100,000 was outlaid by the Office of Aboriginal Health on cervical screening activities. This amount has been included in the total expenditure figure for this category.

All other core public health

Total expenditure for *All other core public health* by the Health Department of Western Australia for 1998–99 was $0.7m. This was 1.28% of total core public health expenditure.

Western Australia has attempted, where possible, to allocate expenditure against specific core categories. Expenditure for the *All other core public health* category includes occupational safety and health, incentive projects funded separately by the Commonwealth, and other small programs.