

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 6.6 million at 30 June 2001, 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 metropolitan and rural area health services, each covering a distinct geographic region of the state. Each area health service is responsible for, among other things, the provision of major public health services within its region. The New South Wales Department of Health (NSW Health), on the other hand, has major state-wide responsibilities for:

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

Local government authorities (LGAs) in New South Wales also deliver many public health services.

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.

3.2 Overview of results

Estimated expenditure by New South Wales on core public health activities during 2000-01 was \$199.9 million (Table 3.1). This is equivalent to 2.7% of the total NSW Health recurrent expenditure. An additional \$12.0 million was reported as 'Public health-related activities'.

Over 80% of the core public health expenditure was directed towards four public health activities:

- *Communicable disease control* (27.0%)
- *Organised immunisation* (18.1%)
- *Selected health promotion* (19.0%)
- *Breast cancer screening* (16.1%).

Table 3.1: Expenditure on core public health activities, New South Wales, 2000-01

Activity	Total expenditure (\$ million)	Proportion of total core public health expenditure (%)
Communicable disease control	54.0	27.0
Selected health promotion	36.1	18.1
Organised immunisation	38.0	19.0
Environmental health	10.8	5.4
Food standards and hygiene	7.3	3.6
Breast cancer screening	32.1	16.1
Cervical screening	3.8	1.9
Prevention of hazardous and harmful drug use	17.2	8.6
Public health research	0.6	0.3
Total core public health	199.9	100.0
Public health-related activities	12.0	..

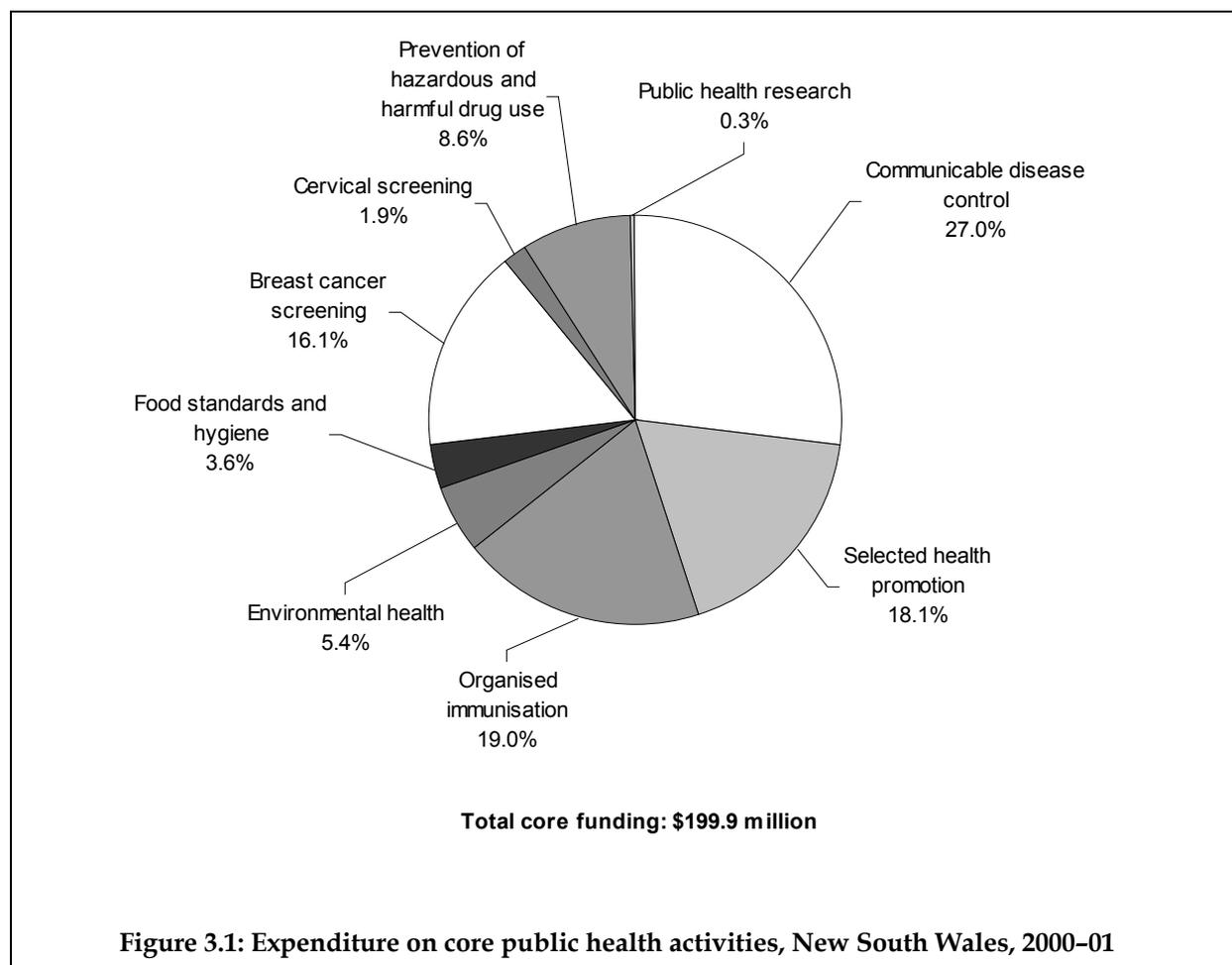


Figure 3.1: Expenditure on core public health activities, New South Wales, 2000-01

The level of expenditure incurred in 2000–01 reflects important achievements during this period. Some of these achievements are highlighted under the relevant core public health activities; however, the following have an impact across public health:

- publication of the *1997–1998 NSW Health Survey*, the *NSW Older People’s Survey Report 1999* and the *NSW Mothers and Babies Report*
- provision of health services and health surveillance for the 2000 Olympic and Paralympic Games, which were held in Sydney between 14 September and 2 November 2000. The Games necessitated increased emphasis on public health services and facilities, not only in the Sydney metropolitan region but throughout the state.

3.3 Revision of 1999–00 data

NSW Health has revised its 1999–00 public health current expenditure figures since the publication of *National Public Health Expenditure Report 1999–00*. The updated data are presented in the table below.

Table 3 2: Expenditure on core public health activities, New South Wales, 1999–00 (\$ million)

Activity	1999–00 ^(a)
Communicable disease control	54.3
Selected health promotion	28.7
Organised immunisation	32.1
Environmental health	7.3
Food standards and hygiene	4.4
Breast cancer screening	35.7
Cervical screening	5.0
Prevention of hazardous and harmful drug use	19.3
Public health research	2.4
Total core public health	189.3
Public health-related activities	18.3

(a) 1999–00 expenditure figures have been revised since the publication of the *National Public Health Expenditure Report 1999–00*.

3.4 Comparison with 1999–00 results

In order to compare the 1999–00 estimates of funding and expenditure with those in this report, it is necessary to express the expenditures in both periods in constant price terms. This has been achieved (Table 3.3 below) by revaluing the 1999–00 estimates in 2000–01 prices using an ABS chain price index for final consumption expenditure by NSW state and local governments on ‘Hospital and nursing home services’ (see Section 11.2).

Expenditure by NSW Health during 2000–01 was \$199.9. This was an increase in real terms of approximately 2% over 1999–00. The growth was concentrated in four areas of expenditure:

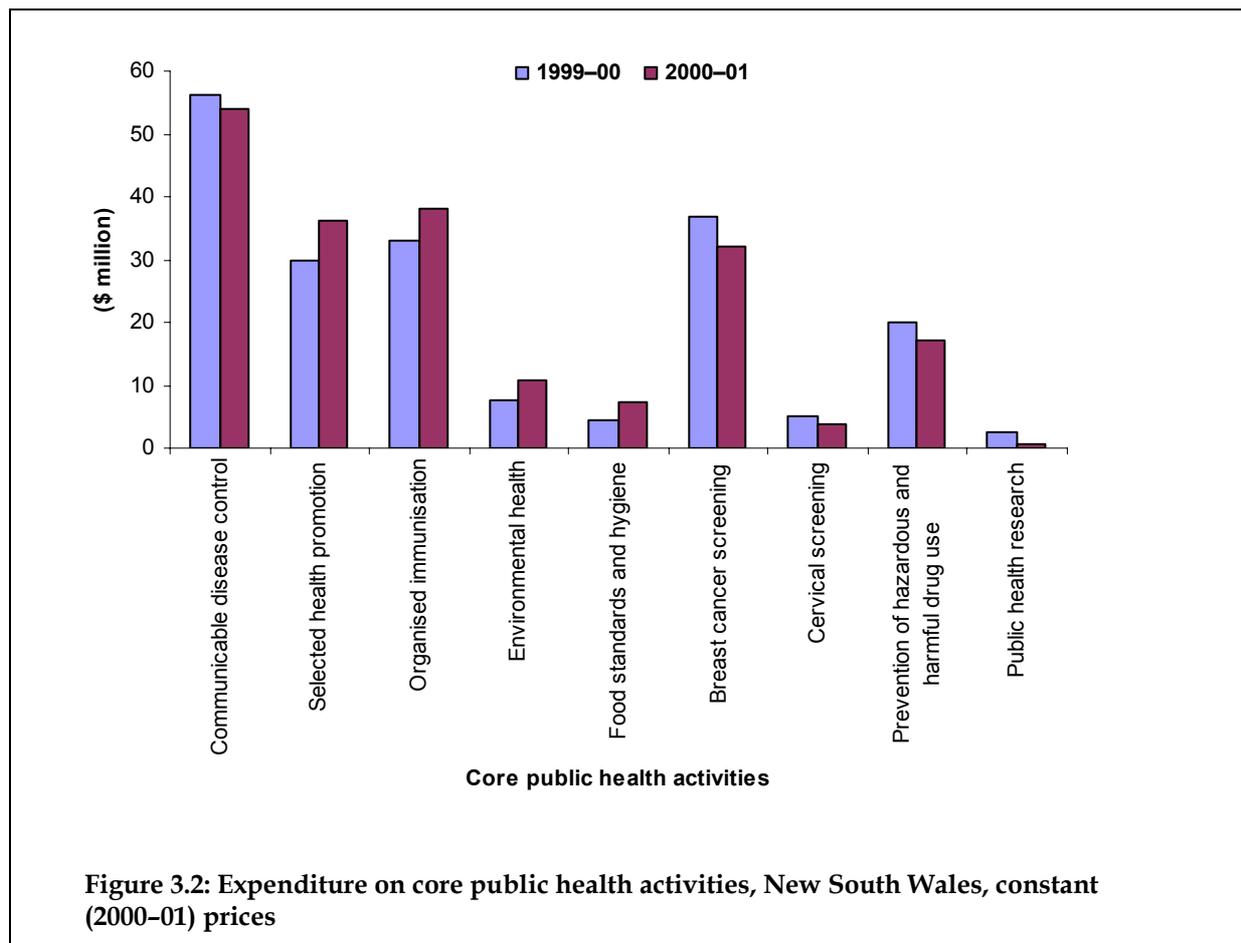
- *Selected health promotion* (21.5 %)
- *Organised immunisation* (14.8%)
- *Environmental health* (42.1%)
- *Food standards and hygiene* (58.7%).

These remaining public health activities showed decreases in expenditure in real terms.

Table 3.3: Expenditure on core public health activities, New South Wales, constant (2000–01) prices^(a)

Activity	1999–00 (\$ million)	2000–01 (\$ million)	Growth rate (%)
Communicable disease	56.1	54.0	–3.7
Selected health promotion	29.7	36.1	21.5
Organised immunisation	33.1	38.0	14.8
Environmental health	7.6	10.8	42.1
Food standards and hygiene	4.6	7.3	58.7
Breast cancer screening	36.9	32.1	–13.0
Cervical screening	5.1	3.8	–25.5
Prevention of hazardous and harmful drug use	19.9	17.2	–13.6
Public health research	2.5	0.6	–76.0
Total core public health	195.6	199.9	2.2

(a) Expenditure for 1999–00 has been revalued in 2000–01 prices using an ABS chain priced index for final domestic expenditure by New South Wales state and local governments on 'Hospital and nursing home services' (see Section 11.2).



3.5 Expenditure on public health activities

This section of the report looks at New South Wales' level of activity in relation to each of the core public health categories and the 'Public health-related activity'. It discusses in more detail the particular programs within each of the health activities and their related expenditure.

Communicable disease control

Expenditure on *Communicable disease control* of \$54.0 million was the most significant area of expenditure on core public health activities by NSW Health during 2000-01 (Table 3.1). It accounted for 27% of total core public health expenditure in the state.

The major components of this activity are *HIV/AIDS, hepatitis C and STI programs, Needle and syringe programs* and *Other communicable disease control*, which accounted for \$35.0 million, \$11.4 million and \$7.6 million of the expenditure respectively (Table 3.4).

One of the highlights under this activity relates to the release of the first NSW Hepatitis C Strategy 2000-2003 which established the Hepatitis C Workforce Development Project along with the hepatitis C health promotion program.

Table 3.4: Expenditure on *Communicable disease control*, New South Wales, 2000–01 (\$ million)

Category	Expenditure
HIV/AIDS, hepatitis C and STI programs	35.0
Needle and syringe programs	11.4
Other communicable disease control	7.6
Total	54.0

Selected health promotion

In 2000–01 the public health expenditure reported for *Selected health promotion* was \$36.1 million. This represents 18.1% of total expenditure on core public health activities reported in the period (Table 3.1).

The major areas of expenditure reported under this activity were:

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

Some of the major achievements by NSW Health under this activity included:

- coordinating the ‘Winter Campaign’, which outlined to the community the importance of taking health care measures during winter
- promoting the NSW health message ‘Better Health Care’ through participating in campaign-planning groups and sponsoring events such as the ‘Rock Eisteddfod Challenge’ and ‘Croc Eisteddfod Festival’, ‘Walk to Work and Walk Safely to School Day’
- launching ‘Health promotion with schools: a policy for the health system’ in collaboration with the NSW Department of Education.

Organised immunisation

The expenditure reported for this activity during 2000–01 was \$38 million (Table 3.5). This constituted 19.0% of the total expenditure on core public health activities during the year (Table 3.1).

One of the key achievements under the *Organised immunisation* activity during the course of the year included the implementation of the new Australian Childhood Immunisation Schedule. This program achieved 91% full immunisation coverage of all children less than 15 months of age and 84% of all children less than 27 months of age. In addition, the influenza immunisation program achieved 74% coverage for all people aged 65 years and over.

Table 3.5: Expenditure on *Organised immunisation*, New South Wales, 2000–01 (\$ million)

Category	Expenditure
Organised childhood immunisation	23.8
All other organised immunisation ^(a)	14.2
Total	38.0

(a) Includes \$9.0 million for expenditure on pneumococcal and influenza immunisation.

Environmental health

Total expenditure for *Environmental health* in 2000–01 was \$10.8 million, which was equivalent to 5.4% of the total core public health expenditure incurred during the financial year (Table 3.1).

Considerable resources were devoted to environmental health safety during the Sydney Olympic Games, including the implementation of a Vessel Inspection Program to prevent disease outbreaks on visiting passenger ships.

Food standards and hygiene

The expenditure incurred for the *Food standards and hygiene* category during 2000–01 was \$7.3 million, which was equivalent to 3.6% of the total expenditure on core public health activities during the period (Table 3.1).

This expenditure encompassed the food safety program for the Olympic Games.

Breast cancer screening

The expenditure incurred for *Breast cancer screening* during 2000–01 was \$32.1 million. This constituted 16.0% of the total core public health expenditure incurred during the financial year (Table 3.1).

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

In this period the NSW BreastScreen program performed 297,372 screenings.

Cervical screening

The expenditure on cervical cancer screening during 2000–01 was \$3.8 million, which was equivalent to 1.9% of the total core 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.

It should be noted that the majority of cervical screening is undertaken by GPs and funded through Medicare. This expenditure is recorded by the Australian Government and is included in the national and Australian Government estimates of expenditure on *Cervical screening*.

Prevention of hazardous and harmful drug use

Expenditure on the prevention of hazardous and harmful drug use by NSW Health was \$17.2 million, which was equal to 8.6% of the total expenditure incurred on core public health activities during the financial year (Table 3.6).

Achievements in this area included:

- implementing the Smoke Free Workplace Policy, which aims to prohibit smoking in all health service buildings

- introducing the NSW Heroin Overdose Prevention Strategy
- creating 1,542 new methadone treatment places
- introducing state-wide monitoring and an expenditure reporting system for drug and alcohol programs.

Table 3.6: Expenditure on *Prevention of hazardous and harmful drug use*, New South Wales, 2000–01 (\$ million)

Category	Expenditure
Alcohol	0.7
Tobacco	6.8
Illicit and other drugs of dependence	1.3
Mixed	8.5
Total	17.2

Public health research

Total expenditure reported for research in public health was \$0.6 million. This represented less than 0.5% of the total expenditure incurred on public health activities during the year (Table 3.1).

Expenditure on ‘Public health-related activities’

Total expenditure for ‘Public health-related activities’ was \$12.0 million in 2000–01 (Table 3.7).

Table 3.7: Expenditure on ‘Public health-related activities’, New South Wales, 2000–01 (\$ million)

Category	Expenditure
Health service regulation—professional registration	—
Health service regulation—other regulation	1.5
Other public health-related activities	10.5
Total	12.0

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 2000–01 its total population was approximately 4.8 million.

The Public Health and Drugs Division of the Department of Human Services (DHS) controls most public health activities in Victoria.

During 2000–01 approximately 72% of the Department’s public health expenditure was on services provided by agencies under service agreements with the Department. These include both NGOs and government-related agencies, such as public hospitals, metropolitan health services, kindergartens, LGAs, community health centres, and ambulance services.

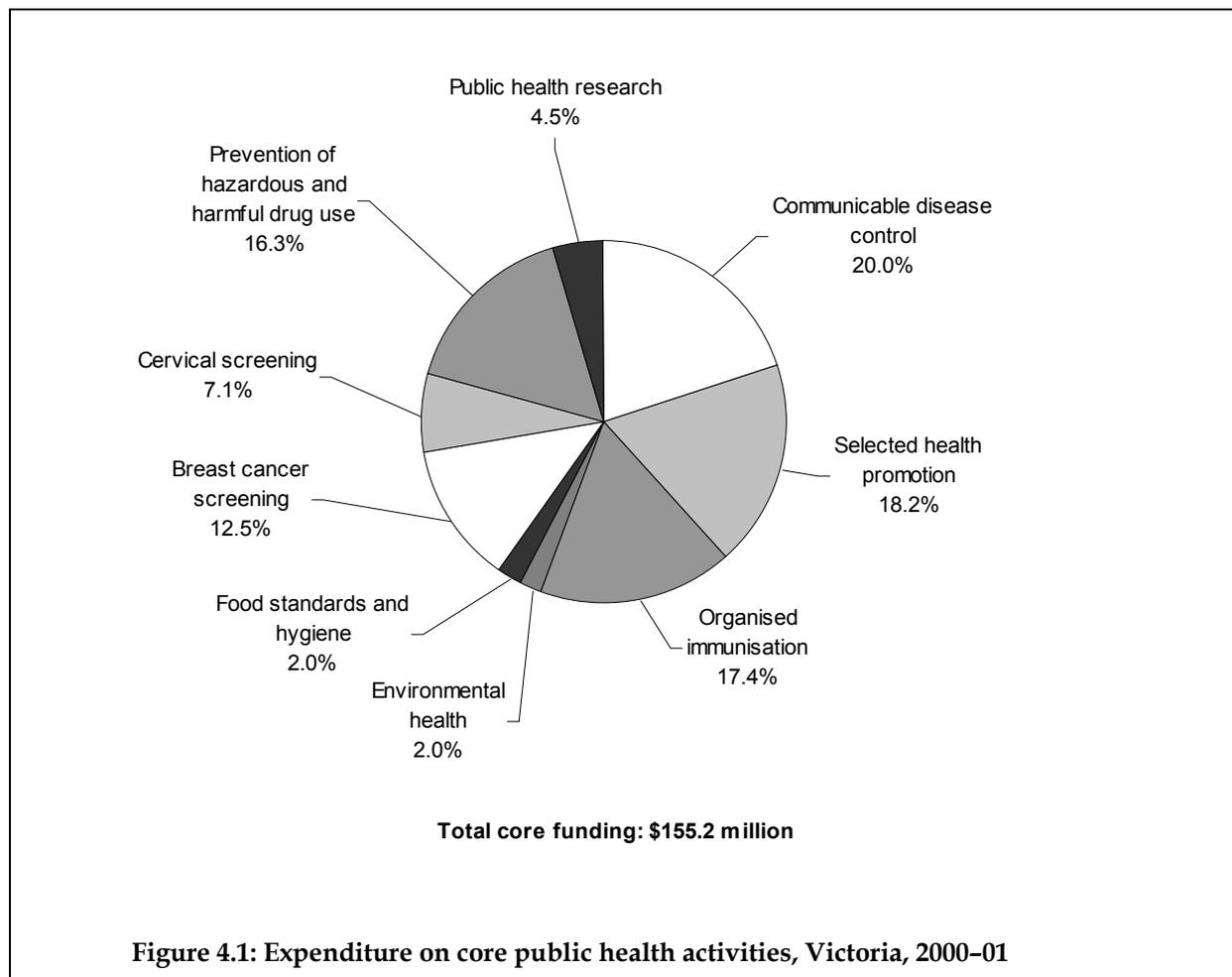
4.2 Overview of results

Total expenditure on core public health activities during 2000–01 was \$155.2 million (Table 4.1) or approximately 2% of the total operating expenses by DHS. Nearly 70% of the expenditure was directed towards four health activities:

- *Communicable disease control* (20.0%)
- *Selected health promotion* (18.2%)
- *Organised immunisation* (17.4%)
- *Prevention of hazardous and harmful drug use* (16.3%).

Table 4.1: Expenditure on public health activities, Victoria, 2000–01

Activity	Total expenditure (\$ million)	Proportion of total core public health expenditure (%)
Communicable disease control	31.0	20.0
Selected health promotion	28.3	18.2
Organised immunisation	27.0	17.4
Environmental health	3.2	2.0
Food standards and hygiene	3.1	2.0
Breast cancer screening	19.4	12.5
Cervical screening	11.0	7.1
Prevention of hazardous and harmful drug use	25.3	16.3
Public health research	7.0	4.5
Total core public health	155.2	100.0
Public health-related activities	97.9	..



The key public health goals addressed by the DHS during 2000-01 were to:

- develop partnerships with key stakeholders, including community groups
- implement drug strategies to prevent uptake of drug use, minimise the harmful effects of drug use, and provide early intervention and accessible drug treatment
- implement strategies to prevent and control outbreaks of disease, such as legionnaire's disease
- increase immunisation rates of children and adults to prevent life-threatening and disabling illness
- conduct research and develop strategies and programs to minimise the transmission of blood-borne viruses, such as HIV/AIDS, hepatitis C and related diseases
- develop policies to deal with the increased complexity of and rapid advances in technology, such as assisted reproductive technology and gene technology
- systematically track indicators and monitor demographic gradients and differentials in health and socioeconomic wellbeing, to identify and address disparities in health outcomes
- promote healthy lifestyles through improved nutrition and increased physical activity
- improve safe food handling to reduce the occurrence of food poisoning

- encourage research collaborations, and promote research excellence, in order to achieve the Victorian Government's objective of making Victoria one of the top five centres in the world for biotechnology.

4.3 Comparison with 1999–00 results

In order to compare the 1999–00 estimates of funding and expenditure with those in this report, it is necessary to express the expenditures in both periods in constant price terms. This has been achieved (Table 4.2 below) by revaluing the 1999–00 expenditure estimates in 2000–01 values using an ABS chain price index for final consumption expenditure by Victorian state and local governments on 'Hospital and nursing home services' (see Section 11.2).

Expenditure by DHS for 2000–01 in real terms was \$155.2 million. This was an increase of 24.6% over 1999–00. The only health activities to show a decline in expenditure, in real terms, were *Selected health promotion* (down 2.1%) and *Breast cancer screening* (down 1.0%).

Expenditure on *Communicable disease control* in 2000–01 was up 26.5% in real terms over 1999–00. The increase in expenditure reflected.

- additional funding from COAG for the needle and syringe program
- carry forward of unexpended 1999–00 funding for the prevention of the spread of AIDS
- redistribution by DHS of departmental management costs
- indexation of funding by the Australian Government.

The increase in expenditure on *Prevention of hazardous and harmful drug use*, which more than doubled in real terms between 1999–0 and 2000–01, was due to new funding from the Victorian State Government to support new drug initiatives.

The increase in expenditure in real terms on *Public health research* can largely be attributed to an increase in funding for breast cancer research.

Expenditure on *Cervical screening* in 2000–01 increased by 44.7%, due to funding of NGOs for capital purposes.

Table 4.2: Expenditure on core public health activities, Victoria, constant (2000-01) prices^(a)

Activity	1999-00 (\$ million)	2000-01 (\$ million)	Growth rate (%)
Communicable disease	24.5	31.0	26.5
Selected health promotion	28.9	28.3	-2.1
Organised immunisation	24.1	27.0	12.0
Environmental health	3.0	3.2	6.7
Food standards and hygiene	2.4	3.1	29.2
Breast cancer screening	19.6	19.4	-1.0
Cervical screening	7.6	11.0	44.7
Prevention of hazardous and harmful drug use	12.3	25.3	105.7
Public health research	2.3	7.0	204.3
Total core public health	124.6	155.2	24.6

(a) Expenditure for 1999-00 has been revalued in 2000-01 prices using an ABS chain priced index for final domestic expenditure by Victoria state and local governments on 'Hospital and nursing home services' (see Section 11.2).

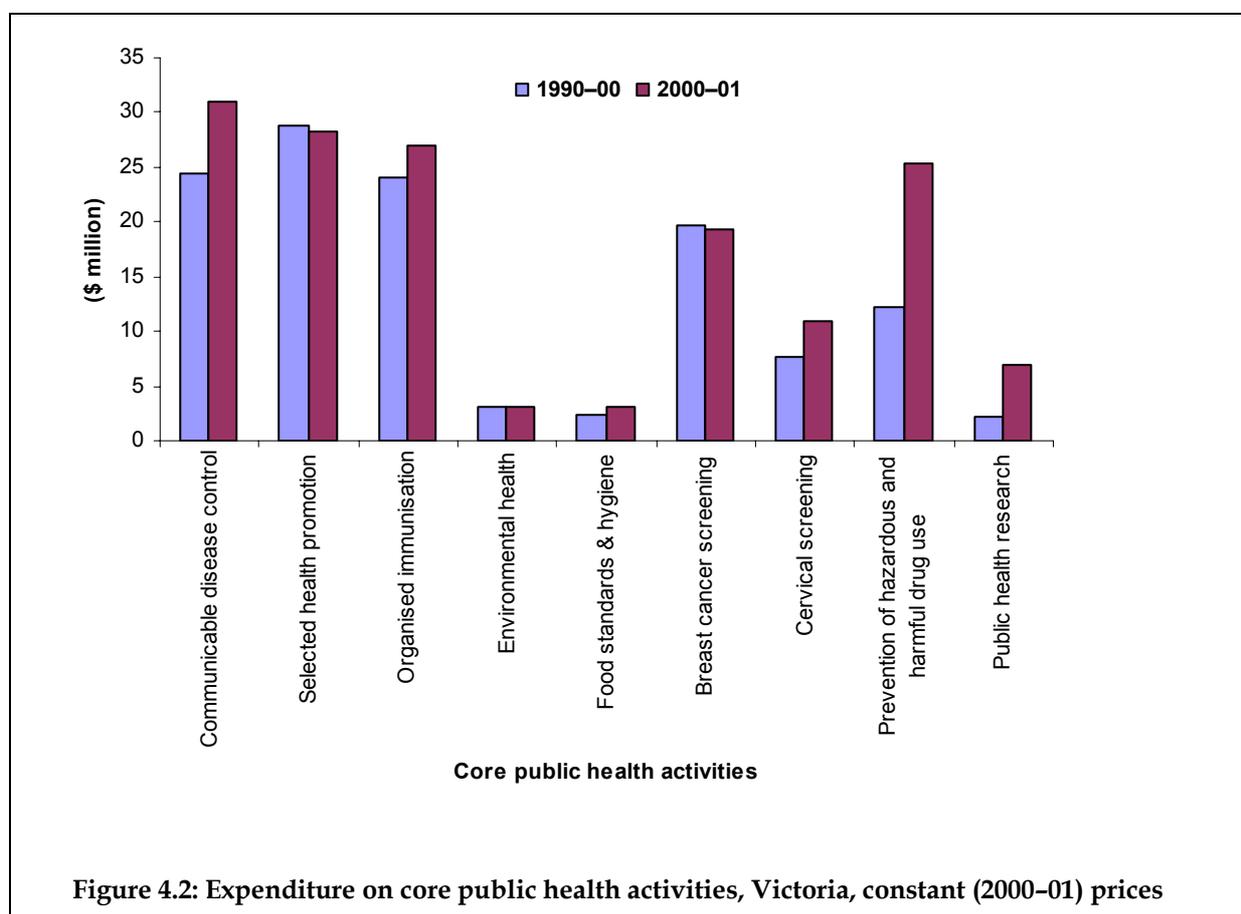


Figure 4.2: Expenditure on core public health activities, Victoria, constant (2000-01) prices

4.4 Expenditure on public health activities

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

Communicable disease control

DHS focuses on prevention and early intervention to minimise the incidence and impact of communicable diseases in Victoria.

Expenditure on *Communicable disease control* (\$31.0 million) was the most significant area of expenditure on core public health activities during 2000–01 (Table 4.3). It accounted for 20.0% of total core public health expenditure in the state (Table 4.1). The major activities contributing to this expenditure are outlined below.

HIV/AIDS, hepatitis C and STIs

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 Exchange Program ensures the provision of sterile injecting equipment for injecting drug users. This is undertaken solely by non-government agencies funded by the DHS.

Other communicable disease control

This 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 (associated with Virology and Entomology Services).

Table 4.3: Expenditure on *Communicable disease control*, Victoria, 2000–01 (\$ million)

Category	Expenditure
HIV/AIDS, hepatitis C and sexually transmitted infections	9.5
Needle and syringe programs	5.4
Other communicable disease control	16.1
Total	31.0

Selected health promotion

Total reported expenditure on *Selected health promotion* during 2000–01 was \$28.3 million. This represents 18.2% of total expenditure on core public health activities in 2000–01 (Table 4.1).

DHS and the Victorian Health Promotion Foundation (VicHealth) jointly undertake the promotion of healthy lifestyles in Victoria. Programs exclusively administered by the DHS

support developmental projects that enhance health promotion in health and community agencies, schools and LGAs.

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

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

Organised immunisation

Total expenditure on *Organised immunisation* in 2000–01 was \$27.0 million (Table 4.4). This was 17.4% of total core public health expenditure (Table 4.1).

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

Organised childhood immunisation

Expenditure on *Organised childhood immunisation* includes the purchase of vaccines and the provision of immunisation services to children and adolescents according to the National Health and Medical Research Council (NHMRC) schedule. This program is carried out with the assistance of local government and private GPs. During 2000–01 full immunisation coverage of two-year-old children increased to 87%.

Influenza immunisation

Expenditure on *Influenza immunisation* includes the purchase of influenza vaccines. It is part of the national program for persons over 65 years of age, for Indigenous people over 50 years of age, and those aged 15–49 at high risk.

Pneumococcal immunisation

Expenditure on *Pneumococcal immunisation* includes the purchase of vaccines for those aged 65 years and over. Victoria is the only state that funds such a program, and achieved an estimated coverage of 65% in this age group in 2000–01. It also includes the Australian Government program of immunisation for Indigenous people aged 50 and over, or aged 15–49 with risk factors. The majority of vaccines under these programs are provided through general practitioners. Non-Indigenous persons aged less than 65 years with risk factors are eligible to receive the vaccine free through Victoria's hospital based immunisation program.

All other organised immunisation

This sub-category of expenditure includes:

- provision of a notification payment to immunisation providers through the Australian Childhood Immunisation Register (ACIR)
- issuing of school entry immunisation certificates

- provision of hepatitis B immunisation to eligible departmental staff and clients
- funding for special projects, for example regional data quality officers to enable follow up of over due children
- funding of the provision of school immunisation services through local government.

Table 4.4: Expenditure on *Organised immunisation*, Victoria, 2000–01 (\$ million)

Category	Expenditure
Organised childhood immunisation	15.3
Organised pneumococcal and influenza immunisation	9.0
All other organised immunisation	2.7
Total	27.0

Environmental health

Total expenditure on *Environmental health* was \$3.2 million in 2000–01 (Table 4.1). This was 2.0% of total expenditure on core public 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.

The expenditure under this activity is related to the following areas:

- development of statewide environmental health policies
- effective regulatory control
- emergency response
- information and advice to consumers
- research into emerging environmental health issues.

Food standards and hygiene

Total expenditure on *Food standards and hygiene* during 2000–01 was \$3.1 million (Table 4.1). This was 2.0% of total core public health expenditure.

Expenditure under this activity is related to the following areas:

- surveillance of food and associated premises
- implementation of new legislation provided to the community, stakeholders and government
- representation on national forums and committees
- information and advice on food safety issues and legislation
- food recall and emergency response.

Breast cancer screening

Total expenditure on *Breast cancer screening* during 2000–01 was \$19.4 million, or 12.5% of total core public health expenditure (Table 4.1).

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

BreastScreen Victoria provides a free breast cancer screening service for women without breast cancer related symptoms or breast problems. It specifically targets women in the age group 50–69 years, although women aged 40–49 and over 69 years can utilise the service. In 2000–01, 58% of the target population was screened for breast cancer (2% above the target rate).

The program has a network of services across the state, involving eight assessment centres and 31 screening centres. 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.

Cervical screening

Total expenditure on *Cervical screening* by DHS during 2000–01 was \$11.0 million, which was equivalent to 7.1% of total expenditure on core public health activities for the same period (Table 4.1).

Cervical screening expenditure includes the costs associated with the provision of a cervical smear 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 Australian Government via the PHOFA.

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 2000–01, the participation rate for two yearly screening was approximately 67% in the target age group.

In accordance with the Australian Government–State Agreement, the program mainly deals with:

- 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.

It should be noted that the majority of cervical screening is undertaken by GPs and funded through Medicare. This expenditure is recorded by the Australian Government and included in the national and Australian Government estimates of expenditure on *Cervical screening*.

Prevention of hazardous and harmful drug use

Total expenditure for the *Prevention of hazardous and harmful drug use* by DHS in 2000–01 was \$25.3 million (Table 4.5). This was 16.3% of total core public health expenditure (Table 4.1).

Alcohol

This category included 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 category was associated with prevention campaigns aimed at raising awareness of the harms associated with tobacco.

Illicit and other drugs of dependence

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

- community drug education aimed at raising awareness of the harmful effects of 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.

Table 4.5: Expenditure on *Prevention of hazardous and harmful drug use*, Victoria, 2000–01 (\$ million)

Category	Expenditure
Alcohol	8.5
Tobacco	4.5
Illicit and other drugs of dependence	12.3
Mixed	—
Total	25.3

Public health research

Total expenditure on *Public health research* during 2000–01 was \$7.0 million. This represented 4.5% of total core public health expenditure (Table 4.1). Expenditure under this activity mainly included:

- targeted research projects in the priority areas of injury prevention, environmental health, communicable and non-communicable diseases, Aboriginal and Torres Strait Islander health, 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, with ongoing program-wide development in other core public health categories.

Expenditure on ‘Public health-related activities’

Total expenditure on ‘Public health-related activities’ in 2000–01 was \$97.9 million, which included:

- drug treatment
- drug welfare and support
- biomedical research
- research infrastructure
- neonatal and genetic screening.

5 Expenditure by Queensland Health

5.1 Introduction

Queensland, with a population of approximately 3.6 million, is Australia's third most populated state and the fastest growing. In addition, the proportion of people aged 65 years and over grew by 3.1% during 2000-01 compared to the national average of 2.4%.

The ageing population and its needs for and expectations of high quality health services are significant in driving expenditure on health services. There are also particular implications for expenditure 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. Furthermore much of Queensland lies within the tropics and this, with its international border, introduces special public health issues that are not necessarily found in most other Australian states.

Queensland Health is the largest provider of public health services in the state. The public health programs are provided through Public Health Services, 39 Health Service Districts, and through funding non-government and community organisations.

Public Health Services coordinates and provides leadership for state-wide public health planning, strategy development, implementation, monitoring and evaluation. It implements, coordinates and supports public health programs 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, public health programs are coordinated through hospital-based services, community-based health services and primary health centres, and include sexual health services, alcohol and drug services, immunisation, school oral health, BreastScreen Queensland services and cervical screening services.

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

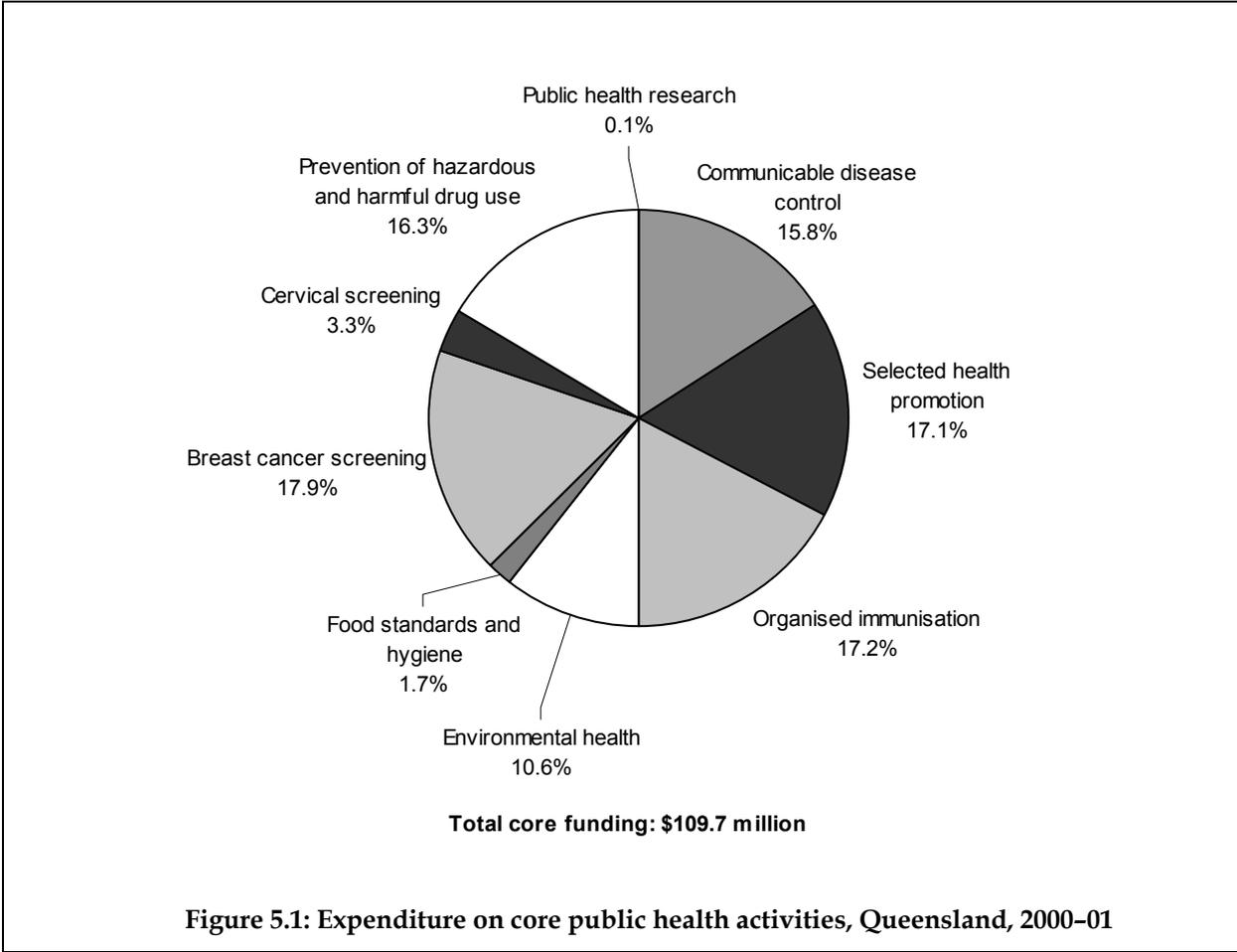
Expenditure for total core public health by Queensland Health for 2000-01 was estimated at \$109.7 million. Approximately 85% of the expenditure was directed towards the following core public health activities:

- *Breast cancer screening* (17.9%)
- *Organised immunisation* (17.2%)
- *Selected health promotion* (17.1%)
- *Prevention of hazardous and harmful drug use* (16.3%)
- *Communicable disease control* (15.8%).

An additional \$114.9 million was spent on 'Public health-related activities'.

Table 5.1: Expenditure on public health activities, Queensland, 2000-01

Category	Total expenditure (\$ million)	Proportion of total core public health expenditure (%)
Communicable disease	17.4	15.8
Selected health promotion	18.7	17.1
Organised immunisation	18.9	17.2
Environmental health	11.6	10.6
Food standards and hygiene	1.9	1.7
Breast cancer screening	19.6	17.9
Cervical screening	3.6	3.3
Prevention of hazardous and harmful drug use	17.9	16.3
Public health research	0.1	0.1
Total core public health	109.7	100.0
Public health-related activities	114.9	..



5.3 Revision of 1999–00 data

Queensland Health has revised its 1999–00 public health current expenditure figures since the publication of *National Public Health Expenditure Report 1999–00*. The updated data are presented in the following table.

Table 5.2: Expenditure on core public health activities, Queensland, 1999–00 (\$ million)

Activity	1999–00
Communicable disease control	16.0
Selected health promotion	18.0
Organised immunisation	16.2
Environmental health	9.9
Food standards and hygiene	1.5
Breast cancer screening	18.6
Cervical screening	3.4
Prevention of hazardous and harmful drug use	15.4
Public health research	0.4
Total core public health	99.5
Public health-related activities	105.5

5.4 Comparison with 1999–00 results

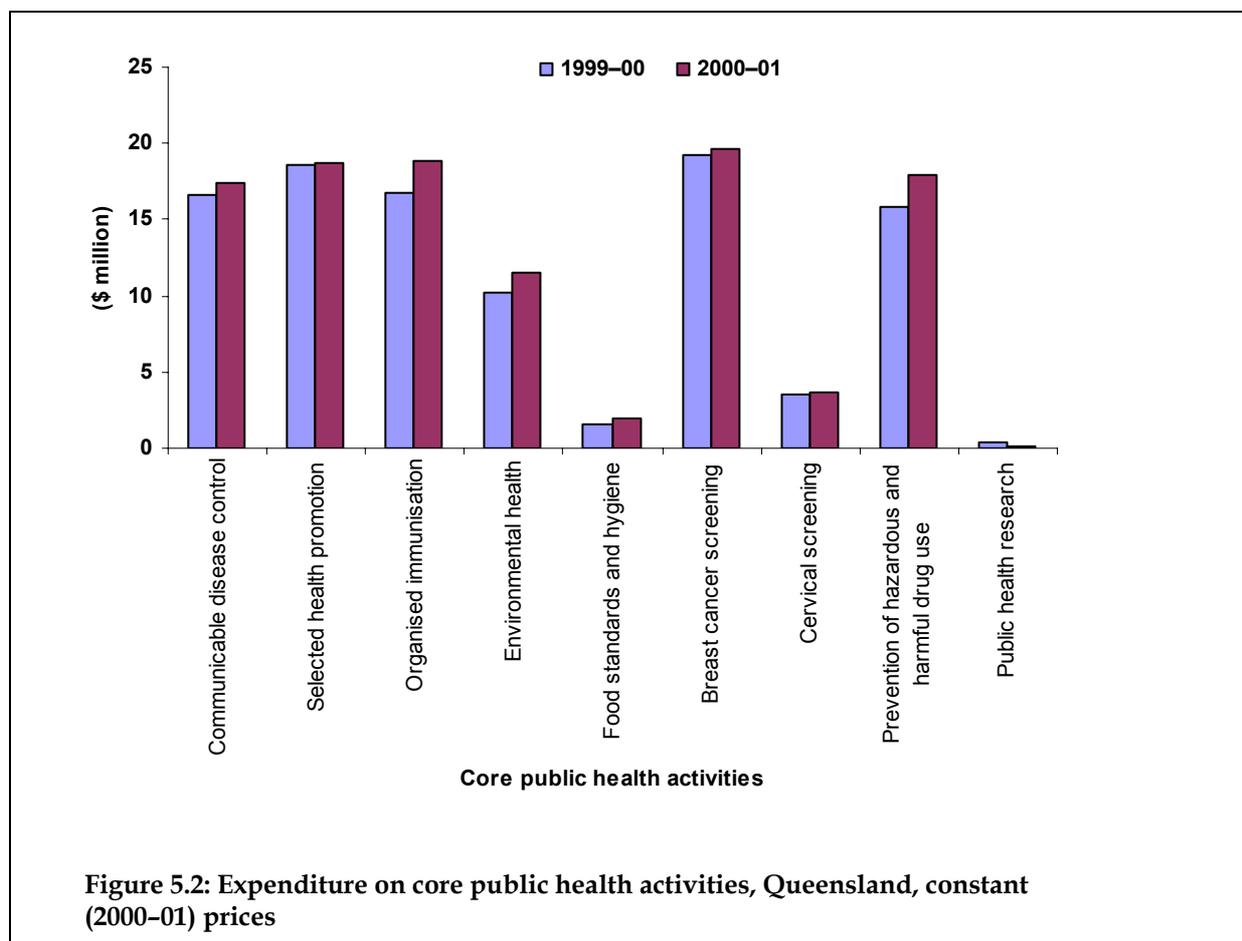
In order to compare the 1999–00 estimates of funding and expenditure with those in this report, it is necessary to express the expenditures in both periods in constant price terms. This has been achieved (Table 5.3 below) by revaluing the 1999–00 expenditure estimates in 2000–01 prices using an ABS chain price index for final consumption expenditure by Queensland state and local governments on 'Hospital and nursing home services' (see Section 11.2).

Expenditure by Queensland Health increased in real terms by 6.7% between 1999–00 and 2000–01. All public health activities recorded real growth, except *Public health research* which showed a small decline in dollar terms and *Cervical screening* which showed no change.

Table 5.3: Expenditure on core public health activities, Queensland Health, constant (2000–01) prices^(a)

Activity	1999–00 (\$ million)	2000–01 (\$ million)	Growth rate (%)
Communicable disease	16.6	17.4	4.8
Selected health promotion	18.6	18.7	0.5
Organised immunisation	16.7	18.9	13.2
Environmental health	10.2	11.6	13.7
Food standards and hygiene	1.6	1.9	18.8
Breast cancer screening	19.2	19.6	2.1
Cervical screening	3.6	3.6	—
Prevention of hazardous and harmful drug use	15.9	17.9	12.6
Public health research	0.4	0.1	–75.0
Total core public health	102.8	109.7	6.7

(a) Expenditure for 1999–00 has been revalued in 2000–01 prices using an ABS chain priced index for final domestic expenditure by Queensland state and local governments on 'Hospital and nursing home services' (see Section 11.2).



5.5 Expenditure on public health activities

This section of the report looks at Queensland level of activity in relation to each of the core public health categories and the 'Public health-related activity'. 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 Queensland Health in 2000–01 was \$17.4 million (Table 5.4). This was 15.8% of total core public health expenditure (Table 5.1).

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
- hepatitis C
- infection control and sterilisation.

HIV/AIDS, hepatitis C and sexually transmitted infections

The strategies to address prevention of the transmission of HIV, hepatitis C and STIs include models such as community development, health promotion, policy development, supportive legislation, awareness strategies and health surveillance. 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.

Some key achievements during the course of the year included:

- the establishment of the Indigenous gonorrhoea and chlamydia screening program
- the establishment of a comprehensive sexual health, HIV/AIDS and hepatitis C web site for the general public and service providers
- the completion of a health check program focusing on the early detection and treatment of STIs in a high-risk group, covering 3,500 people.

Needle and syringe programs

The Queensland Needle and Syringe Program 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 programs provide mobile services via health vans or outreach workers. A significant number of Queensland pharmacies also sell injecting equipment.

Other communicable disease control

Queensland's expenditure on communicable diseases is different from that of other states largely as a result of its geography, close proximity to Papua New Guinea and Asia 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. This is illustrated 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* included a substantial investment in research aimed at managing communicable diseases, including investigating diseases such as Hendra virus, Australian bat lyssa virus and Japanese encephalitis.

In addition, expenditure on *Communicable disease control* included a substantial investment in the development and upgrade of surveillance and monitoring systems for notifiable diseases. Some of the key achievements in this area included:

- a new database for notifiable diseases was developed and implemented
- the minimisation of health care related infection within Queensland Health facilities was promoted through the implementation of monitoring processes
- development work associated with improved surveillance of a range of notifiable conditions (meningococcal disease, Q fever and others) continued.

Table 5.4: Expenditure on *Communicable disease control*, Queensland, 2000–01 (\$ million)

Category	Expenditure
HIV/AIDS, hepatitis C and sexually transmitted infections	5.0
Needle and syringe programs	2.5
Other communicable disease control	9.9
Total	17.4

Selected health promotion

Total reported expenditure on *Selected health promotion* during 2000–01 was \$18.7 million (Table 5.1). This represents 17.1% of total expenditure on core public health.

Across Queensland, a wide range of professional staff participate in health promotion initiatives. Expert advice and coordination of the health promotion activities is provided by Public Health Services in collaboration with other health agencies, local government authorities and other sectors to address priority health issues. The following groups of expenditure are examples of health promotion activities within Queensland Health:

- health promotion strategies and capacity building programs
- community public health planning
- mental health promotion
- women’s health
- School Based Youth Health Nurse Program, including a placement of a further 35 nurses in locations throughout Queensland
- nutrition and physical activity
- skin cancer prevention

- collaborative injury prevention strategies and projects, including the prevention of poisoning in children aged 0–4 years and development of safe playground environments
- state-wide implementation of oral health promotion strategies and projects.

Organised immunisation

Expenditure on *Organised immunisation* during 2000–01 was \$18.9 million (Table 5.5), or 17.2% of total core public health expenditure (Table 5.1).

The expenditure included the establishment and maintenance of collaborative policy advice, planning and coordination of vaccine distribution, development and implementation of information systems and strategy implementation mechanisms. Other major stakeholders in the provision and promotion of immunisation services were general practitioners, health service districts, private and non-government service providers, Divisions of General Practice, LGAs and community-based organisations.

Services that administered the vaccines included general practitioners, councils, child and community health centres, hospitals, and Aboriginal medical services.

Some of the changes to the *Organised immunisation* program during the course of the year included:

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

Table 5.5: Expenditure on *Organised immunisation*, Queensland, 2000–01 (\$ million)

Category	Expenditure
Organised childhood immunisation	10.8
Organised pneumococcal and influenza immunisation	5.0
All other organised immunisation	3.1
Total	18.9

Environmental health

Total expenditure on *Environmental health* in Queensland during 2000–01 was \$11.6 million, or 10.6% of total expenditure on core public health activities in the state (Table 5.1).

Public Health Services 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, 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.

Some of the key achievements under the *Environmental health* activity during the course of the year included:

- development of the Queensland Indigenous Environmental Health Strategy
- development of strategies to enhance the capacity and resources of community and local councils to address Indigenous environmental health issues.

Food standards and hygiene

Total expenditure on *Food standards and hygiene* in 2000–01 was \$1.9 million. This was 1.7% of total expenditure on core public health activities (Table 5.1).

Expenditure on *Food standards and hygiene* covered a range of activities such as:

- assistance and support/coordination on state-wide food matters
- advice on food legislation and other food issues
- coordination of 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, seminars, community awareness, mass media and working with schools)
- development, amendment, implementation and review of food safety, food standards and other food legislation.

One of the key achievements under this program was the implementation of the national food safety reforms through seminars, FoodSafe educational material and consultative forums.

Breast cancer screening

Total expenditure on *Breast cancer screening* during 2000–01 was \$19.6 million. This accounted for 17.9% of total core public health expenditure in the state activities and reflects the most significant area of core public health expenditure (Table 5.1).

Breast cancer screening services are provided through BreastScreen Queensland, the state component of BreastScreen Australia. Funding for this program is provided under a joint arrangement with the Australian Government via the PHOFA. The services were provided at a local level through the Health Service Districts.

The key aims of the BreastScreen Queensland Program in 2000–01 were:

- establishing the capital, equipment and infrastructure to screen almost 169,000 women
- implementing the BreastScreen Queensland Policy and Protocol Manual in order to achieve consistent, high quality practices within BreastScreen Queensland services

- implementing the state-level Communication and Education Plan to assist with increasing participation rates for women aged 50–69 years
- accrediting BreastScreen Queensland services in accordance with the BreastScreen Australia National Accreditation Standards
- establishing and maintaining the BreastScreen Queensland quality management system
- completing data collation and reporting in accordance with the Australian Government and state government requirements, including calculation of interval cancer data and production of the BreastScreen Queensland 1999 Statistical Report
- developing a central BreastScreen Queensland Registry.

Cervical screening

Total expenditure on *Cervical screening* during 2000–01 was \$3.6 million. This was equivalent to 3.3% of total expenditure on core public health activities (Table 5.1).

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

Expenditure through 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; this is recorded by the Australian Government and included in the national and Australian Government estimates of expenditure on *Cervical screening*. 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 Australian Government Department of Health and Ageing, who contributed 34% and 66% respectively of the funding for this service.

Some key achievements for 2000–01 were:

- developing the Queensland Indigenous Women’s Cervical Screening Strategy 2000–2004, including the training of Indigenous health workers as peer educators, the development of service guidelines for Pap smear providers (continuing in 2001–02) and the development of a specific Indigenous Women’s Health Worker position description
- enhancing cervical screening services in rural and remote areas through the Mobile Women’s Health Service and Royal Flying Doctor Service’s Rural & Remote Women’s Health Program
- implementing the Pap Smear Register and promoting it to women and health providers.

Prevention of hazardous and harmful drug use

Estimated expenditure on *Prevention of hazardous and harmful drug use* in 2000–01 was \$17.9 million (Table 5.6). This was 16.3% of total expenditure on core public health (Table 5.1).

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 Australian 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.

Some of the key achievements during the course of the year included:

- implementing the Queensland Tobacco Action Plan 2000–01 to 2003–04
- enhancing the Indigenous alcohol and drug services
- enhancing strategies to develop youth participation in decision making about local alcohol and other drug services
- Queensland Drug Summit – development of guidelines for drug prevention.

Table 5.6: Expenditure on *Prevention of hazardous and harmful drug use*, Queensland, 2000–01 (\$ million)

Category	Expenditure
Alcohol and tobacco programs	6.2
Illicit drugs and methadone program	5.0
Other drugs-related programs	6.7
Total	17.9

Public health research

Total expenditure on *Public health research* during 2000–01 was approximately \$126,000. This constituted 0.1% of total core public health expenditure (Table 5.1). This expenditure related to the funding provided to universities for cancer prevention research.

Only expenditures on activities that were primarily investigative have been included under this category. Thus, expenditures on research and/or investigative activities associated with the ongoing planning or management of public health activities have been excluded. For example, the reported expenditure under *Communicable disease control* included substantial investment in research aimed at managing communicable diseases, such as investigating diseases such as Hendra virus, Australian bat lyssa virus and Japanese encephalitis.

Expenditure on ‘Public health-related activities’

Total expenditure on ‘Public health-related activities’ during 2000–01 was \$114.9 million (Table 5.7). While this expenditure is public health-related it is not within the scope of core public health.

Pathology and Scientific Services

Expenditure under this category amounted to \$24.4 million in 2000–01 (Table 5.7). 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

‘School dental services’ was a significant contributor to Public Health Services’ output in Queensland: \$39.9 million during 2000–01 (Table 5.7).

Expenditure covers the oral health services offered to all children from age 4 up to and including Year 10 school students and the associated health promotional programs. In addition, the above expenditure included the commissioning of 15 new mobile dental clinics and two additional mobile dental vans as part of the improved oral health services.

Primary health centres and outpatient services

In 2000–01, primary health centres and outpatient services contributed \$5.4 million to the public health services output (Table 5.7). Primary health centres and outpatient services are managed by health service districts and are located in 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.

Other public health-related activities

The expenditure of \$45.2 million on other public health-related activities (Table 5.7) included:

- 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 5.7: Expenditure on 'Public health-related activities', Queensland, 2000-01 (\$ million)

Category	Expenditure
Pathology and scientific services	24.4
School dental	39.9
Primary health centres/outpatients	5.4
Other public health	45.2
Total	114.9