

8 Expenditure by the Tasmanian Department of Health and Human Services

8.1 Introduction

Tasmania, with an estimated population of 485,263 at June 2005, is Australia's smallest state, in both its geographic area and its total population. However, its population is greater than both the Territories. Some 14.5% of Tasmania's population are aged 65 years and over, which is higher than the national average of 13.1%.

The Department of Health and Human Services (DHHS) is involved in a wide range of population-based activities that support the promotion and protection of the health and wellbeing of Tasmanians. Its public health role incorporates monitoring quality and performance in key areas of health protection, and chronic and communicable disease prevention; developing public health policy; providing advice on public health issues; as well as undertaking ongoing surveillance of social, economic, public and environmental health indicators.

Within the department, the Division of Community, Population and Rural Health has the primary responsibility for public health, through the key areas of:

- public and environmental health
- population health priorities
- health and wellbeing outcomes
- alcohol and drug services
- cancer screening and control services.

8.2 Overview of results

Total expenditure by the DHHS on public health activities in Tasmania during 2004–05, in current price terms, was estimated at \$26.2 million, down \$0.8 million or 2.7% on the previous financial year (Table 8.1).

In 2004–05, approximately 96% of the expenditure was directed towards the following public health activities:

- *Organised immunisation* (18.6%)
- *Environmental health* (18.2%)
- *Prevention of hazardous and harmful drug use* (16.9%)
- *Breast cancer screening* (15.5%)
- *Selected health promotion* (15.0%)
- *Communicable disease control* (11.3%).

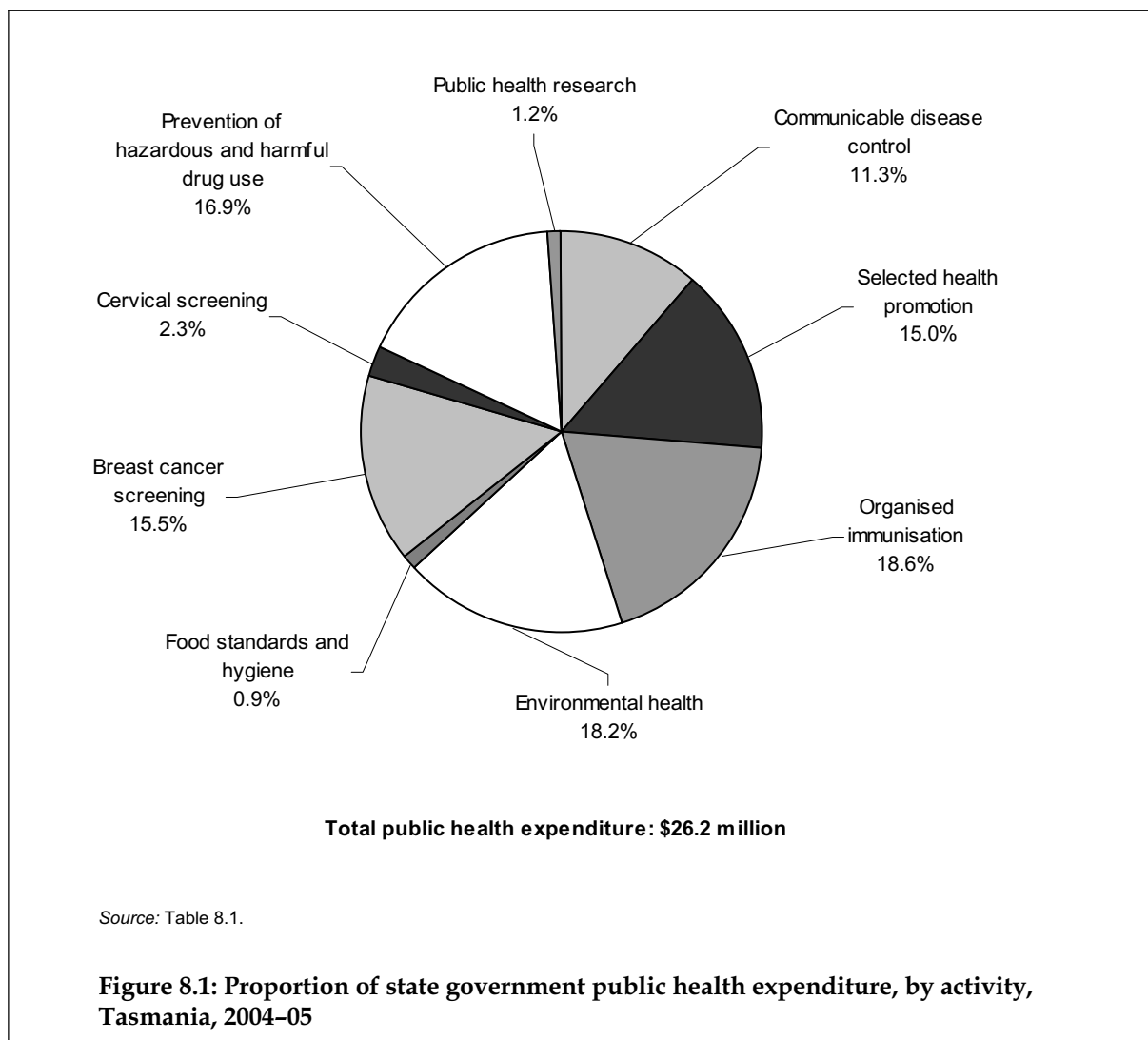
Table 8.1 shows expenditure for the years 1999–2005. Care should be used in interpreting the expenditure information as there was methodology change in the estimation procedures for a number of public health activities between 2003–2004 and 2004–2005. Further details are provided under the relevant public health activities.

Table 8.1: State government expenditure on public health activities, current prices, Tasmania, 1999–00 to 2004–05

Activity	1999–00	2000–01	2001–02	2002–03	2003–04	2004–05
	Expenditure (\$'000)					
Communicable disease control	2,345.0	2,506.8	2,538.6	3,217.0	2,366.8	2,970.8
Selected health promotion	3,953.1	4,455.9	6,726.0	6,354.8	6,094.4	3,940.2
Organised immunisation	3,045.2	3,590.7	2,559.6	4,732.3	4,334.9	4,873.7
Environmental health	2,537.1	2,555.1	2,877.6	3,061.5	3,963.4	4,785.5
Food standards and hygiene	70.0	143.8	267.1	284.5	151.0	244.5
Breast cancer screening	2,562.4	3,119.7	2,711.7	3,781.9	3,716.8	4,074.1
Cervical screening	694.2	706.7	511.4	483.3	516.4	616.4
Prevention of hazardous and harmful drug use	4,376.8	4,403.3	5,352.8	5,736.8	5,516.2	4,437.7
Public health research	300.0	375.7	214.9	239.0	325.6	305.5
Total public health	19,883.8	21,857.7	23,759.7	27,891.1	26,985.5	26,248.4
	Proportion of public health expenditure^(a) (%)					
Communicable disease control	11.8	11.5	10.7	11.5	8.8	11.3
Selected health promotion	19.9	20.4	28.3	22.8	22.6	15.0
Organised immunisation	15.3	16.4	10.8	17.0	16.1	18.6
Environmental health	12.8	11.7	12.1	11.0	14.7	18.2
Food standards and hygiene	0.4	0.7	1.1	1.0	0.6	0.9
Breast cancer screening	12.9	14.3	11.4	13.6	13.8	15.5
Cervical screening	3.5	3.2	2.2	1.7	1.9	2.3
Prevention of hazardous and harmful drug use	22.0	20.1	22.5	20.6	20.4	16.9
Public health research	1.5	1.7	0.9	0.9	1.2	1.2
Total public health	100.0	100.0	100.0	100.0	100.0	100.0

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

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



8.3 Expenditure on public health activities

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

Communicable disease control

Total reported expenditure for *Communicable disease control* in 2004-05 was \$3.0 million, up \$0.6 million or 25.5% on the previous financial year (Table 8.1).

The 2004-05 expenditure accounted for 11.3% of the total expenditure on public health activities by DHHS during that year (Figure 8.1). The major elements of the expenditure are shown in Table 8.2 below.

Table 8.2: State government expenditure on *Communicable disease control*, current prices, Tasmania, 2004–05 (\$ million)

Category	Expenditure
HIV/AIDS, hepatitis C and STI programs	1.5
Needle and syringe programs	1.2
Other communicable disease control	0.3
Total	3.0

The expenditure in this category is across both the Public and Environmental Health Service and the Statewide Sexual Health Service that manages the HIV/AIDS program. Spending on this activity was mainly aimed at preventing and reducing the transmission of communicable diseases through education, along with the surveillance and investigation of notifiable diseases.

The increase in expenditure over 2003–04 expenditure (Table 8.1) was due to the increased spending on the needle and syringe programs, up \$0.6 million due to the inclusion of the COAG supportive measures expenditure and an increase in equipment provided by the state to consumers. There was also a \$0.1 million increase in other communicable disease control compared to 2003–2004, which can be attributed to improved reporting information which more accurately depicts spending across this category.

Selected health promotion

Total reported expenditure on *Selected health promotion* during 2004–05 was estimated at \$3.9 million, down \$2.2 million or 35.3% on the previous financial year. It constituted 15.0% of the total expenditure by DHHS during the year (Table 8.1; Figure 8.1).

A significant refinement of these categories occurred to better align the expenditure with the expectations of the data manual and the new PHOFA. This change indicates a difference in how reporting occurs and the figures are not directly comparable to those in previous years.

Organised immunisation

Expenditure by DHHS on *Organised immunisation* in 2004–05 was estimated at \$4.9 million, up \$0.5 million or 12.4% on the previous year (Table 8.1; Figure 8.1).

The 2004–05 expenditure constituted 18.6% of total expenditure on public health activities and reflected the most significant area of expenditure incurred by DHHS during that year. The major elements of the expenditure are shown in Table 8.3 below.

Table 8.3: State government expenditure on *Organised immunisation*, current prices, Tasmania, 2004–05 (\$ million)

Category	Expenditure
Organised childhood immunisation ^(a)	2.1
Organised pneumococcal and influenza immunisation	2.1
All other organised immunisation	0.7
Total	4.9

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

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

Expenditure patterns for organised immunisation are in line with the funding provided by the Australian Government through the PHOFAs (prior to 30 June 2004) and the AIA from 1 July 2005 (see Table 8.1). Changes in the funding for the purchase of essential vaccines along with the implementation of new national immunisation programs can vary the amount of expenditure from year to year.

Environmental health

Total expenditure on *Environmental health* during 2004–05 was estimated at \$4.8 million, up \$0.8 million or 20.7% on the previous financial year. This was 18.2% of the total expenditure on public health activities during 2004–05 and was the second significant area of expenditure (Table 8.1; Figure 8.1).

Expenditures incurred under this activity mainly related to ongoing provision of environmental health advice and support, performance monitoring of water quality (for example fluoridation and contamination), policing of tobacco regulations, shellfish quality assurance, and supervising *Legionella* control measures and radiation safety.

The increase in expenditure shown is due to the cost of fluoridation, pharmaceutical services and radiation control being correctly included in this category for this reporting period and is not indicative of a significant increase in spending.

Food standards and hygiene

Tasmania spent approximately \$0.2 million on *Food standards and hygiene* activities during 2004–05. This constituted 0.9% of the total expenditure on public health activities in 2004–05 (Table 8.1; Figure 8.1).

The Public and Environmental Health Service's Environmental Health Branch recorded expenditure on *Food standards and hygiene* regulation. In addition, other expenditures included:

- continued support to the Eat Well Tasmania education strategy
- provision of expertise, training and support to non-government and community sector providers to implement a series of projects to improve nutrition for young children in Tasmania under the National Child Nutrition Program.

Breast cancer screening

Total expenditure on *Breast cancer screening* by DHHS during 2004–05 was estimated \$4.1 million, up \$0.5 or 13.4% on 2003–04. This constituted 15.5% of total expenditure on public health activities during the year (Table 8.1).

Breast cancer screening was conducted by the BreastScreen Tasmania program, which included a mobile unit and other offices. It provides a free government breast cancer screening program for women aged 50 to 69 years throughout Tasmania. Funding is provided under a joint arrangement with the Australian Government through the PHOFAs.

Tasmania's ageing population is seeing an increased number of women in the target age range causing continued increased demand on the program.

Tasmania continues to experience difficulties in recruiting radiographers and is consistently incurring interstate locum costs which add to the cost of service provision.

Cervical screening

Total expenditure on *Cervical screening* during 2004–05 was approximately \$0.6 million, up \$0.1 on that incurred the previous year. This constituted 2.3% of the total expenditure on public health activities during 2004–05 (Table 8.1). Most of the increased expenditure was due to outsourced service provider cost increases.

Major areas of expenditure for *Cervical screening* were the maintenance of the cytology register, unit coordination, education, promotion and recruitment. Other areas of expenditure reported in this category were quality assurance and special screening services.

Prevention of hazardous and harmful drug use

Total expenditure for *Prevention of hazardous and harmful drug use* in 2004–05 was \$4.4 million, down \$1.1 million or 19.6% on the previous financial year (Table 8.1).

The 2004–05 expenditure was 16.9% of the total expenditure on public health activities and reflected the third most significant area of expenditure incurred by DHHS during 2004–05 (Figure 8.1). The major elements of the expenditure are shown in Table 8.4 below.

Table 8.4: State government expenditure on *Prevention of hazardous and harmful drug use*, current prices, Tasmania, 2004–05 (\$ million)

Category	Expenditure
Alcohol	1.8
Tobacco	0.2
Illicit and other drugs of dependence	1.2
Mixed	1.2
Total	4.4

It comprised \$1.8 million on alcohol programs, \$0.2 million on tobacco programs, \$1.2 million on the illicit and other drugs of dependence programs and \$1.2 million on mixed programs (that is, those that cannot be classified to the previous categories).

Expenditure under this activity mainly related to:

- diversion programs
- tobacco control
- methadone program
- GP advisory service.

The decrease in this category is mainly attributable to the reclassification of pharmaceutical services expenditure to the *Environmental health* activity category.

Public health research

Total expenditure during 2004–05 was estimated at approximately \$0.3 million, which was similar to the level of expenditure incurred in 2003–04. This was 1.2% of total public health expenditure during 2004–05 (Table 8.1; Figure 8.1).

The expenditure reported under *Public health research* was for grants to the Menzies Centre for selected population health research into such areas as physical activity, the effects of parental smoking and environmental tobacco exposure on childhood asthma.

8.4 Growth in expenditure on public health activities

Total public health expenditure by DHHS decreased, in real terms, from \$27.0 million in 2003–04 to \$25.4 million in 2004–05, a decrease of 5.9%. This decrease was mainly due to a decline in expenditure on *Selected health promotion* (down 37.4%) and *Prevention of hazardous and harmful drug use* (down 22.2%).

From 1999–00 to 2004–05, expenditure grew at an average rate of 2.4% per annum (Table 8.5). The highest annual real growth was in expenditure on *Food standards and hygiene* (24.4%) and *Environmental health* (10.0%).

Over the period 1999–00 to 2004–05, *Selected health promotion* (\$5.5 million) and *Prevention of hazardous and harmful drug use* (\$5.2 million) reflected the highest average real expenditure (Table 8.5; Figure 8.2), followed by *Organised immunisation* (\$4.0 million).

Table 8.5: State government expenditure on public health activities, constant prices^(a), Tasmania, 1999–00 to 2004–05

Activity	Expenditure (\$'000)						6-year average
	1999–00	2000–01	2001–02	2002–03	2003–04	2004–05	
Communicable disease control	2,654.5	2,749.7	2,705.9	3,322.7	2,366.8	2,874.3	2,779.0
Selected health promotion	4,474.9	4,887.7	7,169.3	6,563.6	6,094.4	3,812.3	5,500.4
Organised immunisation	3,447.1	3,938.6	2,728.3	4,887.8	4,334.9	4,715.4	4,008.7
Environmental health	2,872.0	2,802.7	3,067.3	3,162.1	3,963.4	4,630.1	3,416.3
Food standards and hygiene	79.3	157.8	284.7	293.8	151.0	236.5	200.5
Breast cancer screening	2,900.6	3,422.0	2,890.4	3,906.1	3,716.8	3,941.8	3,463.0
Cervical screening	785.8	775.1	545.2	499.2	516.4	596.3	619.7
Prevention of hazardous and harmful drug use	4,954.5	4,829.9	5,705.7	5,925.3	5,516.2	4,293.6	5,204.2
Public health research	339.6	412.1	229.0	246.8	325.6	295.5	308.1
Total public health	22,508.3	23,975.6	25,325.8	28,807.4	26,985.5	25,395.8	25,499.7

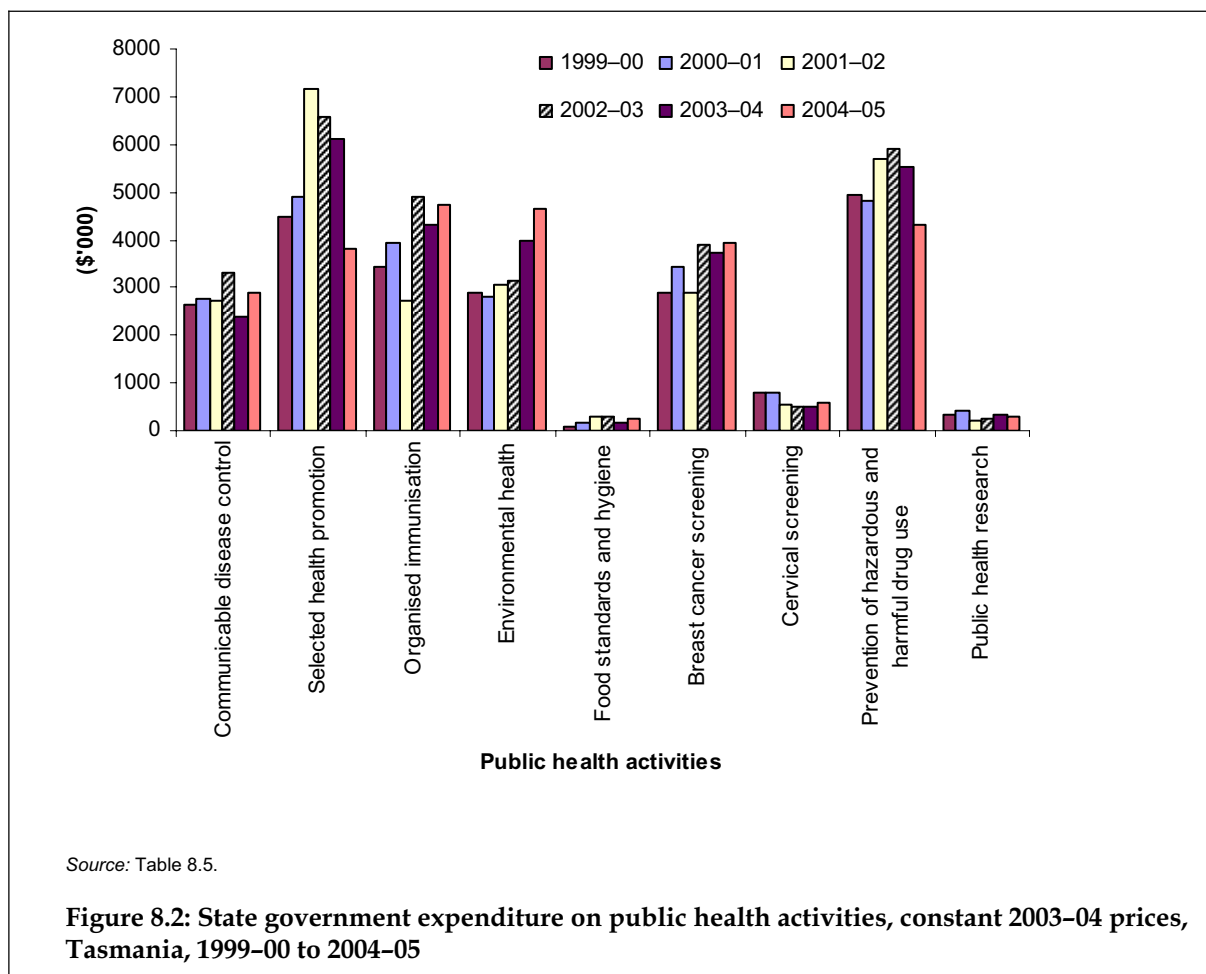
Activity	Growth ^(b) (%)					
	1999–00 to 2000–01	2000–01 to 2001–02	2001–02 to 2002–03	2002–03 to 2003–04	2003–04 to 2004–05	1999–00 to 2004–05 ^(c)
Communicable disease control	3.6	–1.6	22.8	–28.8	21.4	1.6
Selected health promotion	9.2	46.7	–8.4	–7.1	–37.4	–3.2
Organised immunisation	14.3	–30.7	79.2	–11.3	8.8	6.5
Environmental health	–2.4	9.4	3.1	25.3	16.8	10.0
Food standards and hygiene	99.0	80.4	3.2	–48.6	56.6	24.4
Breast cancer screening	18.0	–15.5	35.1	–4.8	6.1	6.3
Cervical screening	–1.4	–29.7	–8.4	3.4	15.5	–5.4
Prevention of hazardous and harmful drug use	–2.5	18.1	3.8	–6.9	–22.2	–2.8
Public health research	21.3	–44.4	7.8	31.9	–9.2	–2.7
Total public health	6.5	5.6	13.7	–6.3	–5.9	2.4

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

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

(c) Average annual growth rate.

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



8.5 Expenditure on ‘Public health-related activities’

Following the introduction of the new PHOFA, Tasmania reviewed its reporting requirements for the National Public Health Expenditure Project. It was agreed that the reporting of information under this voluntary category was no longer required.

9 Expenditure by Australian Capital Territory health authorities

9.1 Introduction

The Australian Capital Territory (ACT) is a self-governing territory that is located wholly within the boundaries of New South Wales. It has a population of approximately 0.3 million. None of the population resides in a remote area.

As well as providing for the needs of its own population, many of the ACT's health services also cater for the needs of the surrounding regions of New South Wales. For example, as well as being the ACT's principal hospital, the Canberra Hospital is the major regional hospital serving the Far South Coast, Southern Tablelands and South-West Slopes of New South Wales. Approximately one-quarter of acute hospital services provided by public hospitals in the ACT were supplied to persons who were not residents of the ACT.

ACT Health is the territory's principal health authority, with overall responsibility for public health policy and planning. Within ACT Health the Population Health Division is responsible for delivering public health services in the ACT. The Population Health Division is responsible for assessing population-based health outcomes, communicable disease surveillance and health protection. In addition, population health services are provided by other areas of ACT Health such as community, cancer and mental health services.

Healthpact is a statutory authority with responsibility for providing grants to health and research organisations. Healthpact works with communities to identify and prioritise health promotion and prevention concerns, and facilitate whole-of-government and whole-of-community responses to those needs.

9.2 Overview of results

Total expenditure on public health activities by ACT Health for 2004–05 was estimated at \$28.4 million (Table 9.1). This was an increase of \$2.9 million (or 11.2%) on the previous financial year. The increase was largely due to an increase in expenditure on *Selected health promotion* (up \$2.4 million).

Approximately 75% of the expenditure was directed towards four health activities (Figure 9.1). These were:

- *Selected health promotion* (22.5%)
- *Communicable disease control* (20.0%)
- *Organised immunisation* (18.4%)
- *Prevention of hazardous and harmful drug use* (13.3%).

Table 9.1: Territory government expenditure on public health activities, current prices, Australian Capital Territory, 1999–00 to 2004–05

Activity	1999–00 ^(a)	2000–01	2001–02	2002–03	2003–04	2004–05
Expenditure (\$'000)						
Communicable disease control	2,582.3	3,683.3	3,994.1	4,000.4	r5,145.7	5,687.7
Selected health promotion ^(b)	4,944.9	3,368.9	2,890.6	3,340.7	r4,001.0	6,388.5
Organised immunisation	3,271.3	4,026.6	3,692.9	4,323.0	r5,511.0	5,211.9
Environmental health	1,457.4	1,972.7	2,089.8	2,405.8	r2,855.9	2,758.0
Food standards and hygiene	1,626.2	1,797.6	1,935.7	2,280.5	r2,440.6	2,400.7
Breast cancer screening	2,016.8	2,073.8	1,784.3	1,668.6	r1,653.9	1,656.0
Cervical screening	551.0	580.5	207.9	218.7	r306.1	398.9
Prevention of hazardous and harmful drug use ^(c)	6,382.1	4,555.7	6,005.7	6,264.7	r3,369.1	3,763.5
Public health research	25.6	104.2	57.6	138.7	r243.9	130.9
Total public health	22,857.6	22,163.3	22,658.4	24,641.0	r25,527.2	28,396.1
Proportion of public health expenditure^(d) (%)						
Communicable disease control	11.3	16.6	17.6	16.2	20.2	20.0
Selected health promotion	21.6	15.2	12.8	13.6	15.7	22.5
Organised immunisation	14.3	18.2	16.3	17.5	21.6	18.4
Environmental health	6.4	8.9	9.2	9.8	11.2	9.7
Food standards and hygiene	7.1	8.1	8.5	9.3	9.6	8.5
Breast cancer screening	8.8	9.4	7.9	6.8	6.5	5.8
Cervical screening	2.4	2.6	0.9	0.9	1.2	1.4
Prevention of hazardous and harmful drug use	27.9	20.6	26.5	25.4	13.2	13.3
Public health research	0.1	0.5	0.3	0.6	1.0	0.5
Total public health	100.0	100.0	100.0	100.0	100.0	100.0

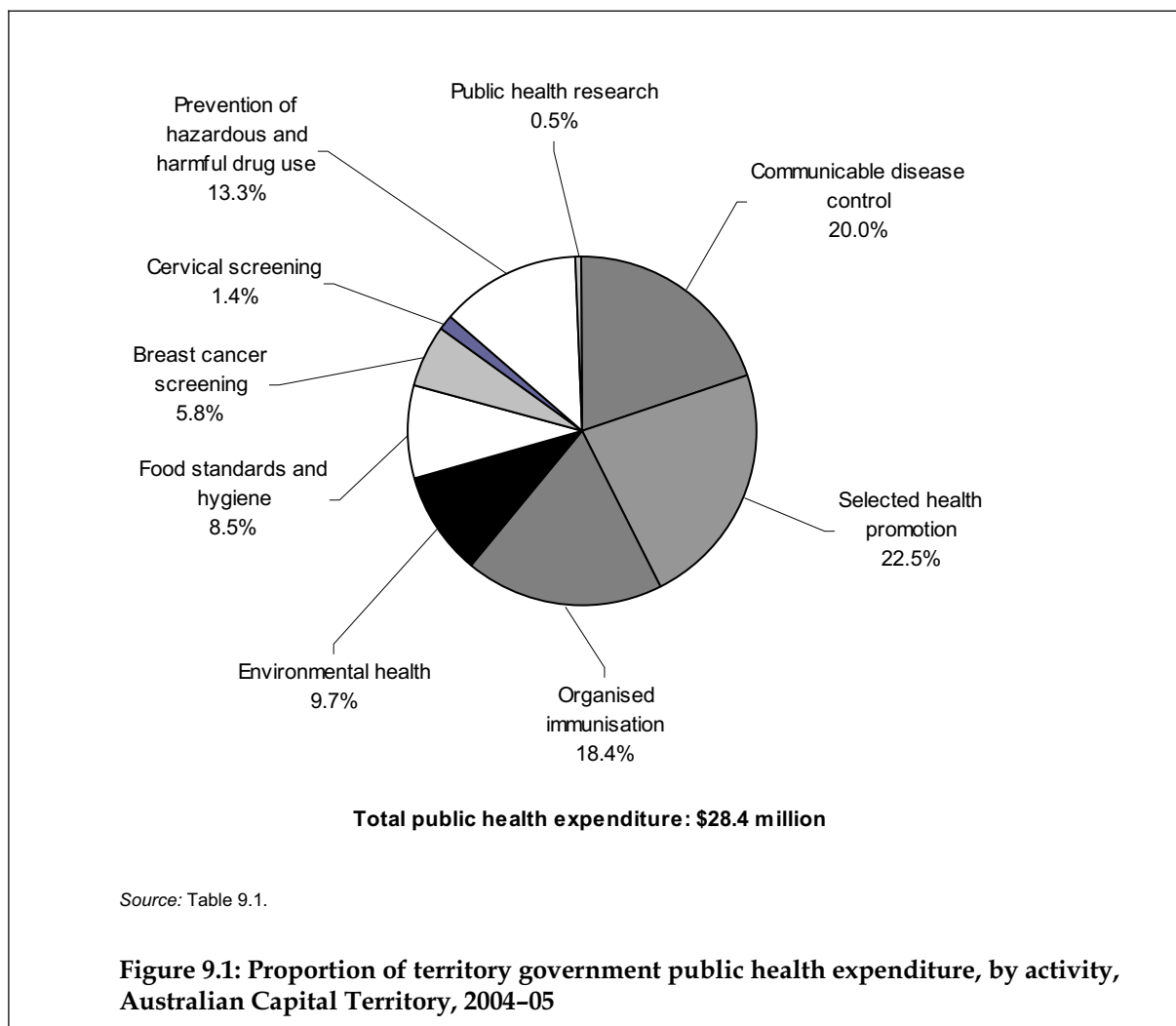
(a) The 1999–00 data are compiled using a different methodology from that used for 2000–01 onwards. Therefore, the 1999–00 data are not strictly comparable with those for subsequent years.

(b) Expenditure on mental health promotion has been included from 2003–04.

(c) Prior to 2003–04 the expenditure estimates included some treatment services.

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

Note: Components may not add to totals due to rounding. 'r' denotes revised since last report.



9.3 Expenditure on public health activities

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

Communicable disease control

Total reported expenditure for *Communicable disease control* in 2004–05 was \$5.7 million. This accounted for 20.0% of total expenditure on public health activities and reflected the second most significant area of expenditure incurred by ACT Health in that year (Table 9.1; Figure 9.1). Overall, expenditure was up \$0.5 million or 10.5% on the previous financial year.

The major elements of the 2004–05 expenditure are shown in Table 9.2 below.

Table 9.2: Territory government expenditure on *Communicable disease control*, current prices, Australian Capital Territory, 2004–05 (\$ million)

Category	Expenditure
HIV/AIDS, hepatitis C and STI programs	2.4
Needle and syringe programs	1.1
Other communicable disease control	2.2
Total	5.7

Some of the key achievements over the year included:

- introduction of a trial of a needle and syringe vending machine program
- provision of a range of sexual health promotion and education through the non-government and community sector (including expanded cinema advertising)
- expansion of outreach sexual health information and testing programs in non-clinical settings
- a community consultative forum on the needs of people with hepatitis C.

Selected health promotion

Total reported expenditure on *Selected health promotion* was \$6.4 million, up \$2.4 million (or 59.7%) on the previous financial year. This represented 22.5% of total expenditure on public health activities during 2004–05 (Table 9.1; Figure 9.1). In 2004–05, *Selected health promotion* included mental health promotion not reported in previous years.

Expenditure over the year covered a range of activities undertaken by ACT Health. Highlights included:

- the implementation of the national fruit and vegetable campaign 'Go for 2 & 5'[®] across the ACT
- development of a school-based resource package as part of the Youth Smoking Prevention Project
- development of the Healthpact Strategic Plan 2005–08.

Healthpact Secretariat continued supporting innovative, health-promoting outcomes through the ACT Health Promotion Board such as:

- Smokefree
- SunSmart
- physical activity
- nutrition
- injury prevention
- community wellbeing (including mental health)
- Healthy Lifestyle Program.

Healthpact also provided support funding for research and evaluation in the areas of social capital and injury prevention (prevention of self-harm), and in setting priorities among the broad range of health promotion approaches.

Organised immunisation

Total expenditure for *Organised immunisation* by ACT Health in 2004–05 was \$5.2 million, down slightly (approximately \$0.3 million) on that incurred the previous financial year. This represented 18.4% of total expenditure on public health activities by ACT Health during that year (Table 9.1; Figure 9.1).

The major elements of the expenditure for 2004–05 are shown in Table 9.3 below.

Table 9.3: Territory government expenditure on *Organised immunisation*, current prices, Australian Capital Territory, 2004–05 (\$ million)

Category	Expenditure
Organised childhood immunisation ^(a)	2.6
Organised pneumococcal and influenza immunisation	0.9
All other organised immunisation	1.8
Total	5.2

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

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

Expenditure comprised: organised childhood immunisation (\$2.6 million), pneumococcal and influenza immunisation (\$0.9 million) and other organised immunisation programs (\$1.8 million).

In 2003–04 and 2004–05 there was an overall increase in immunisation expenditure as a result of the implementation of the National Meningococcal C Immunisation Program in August 2003, involving immunisation of all those aged 1 to 19 years in the ACT. In addition, a further two new programs were introduced in January 2005: the National Childhood Pneumococcal Vaccination Program and the National Pneumococcal Vaccination Program for older Australians.

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

Environmental health

Total expenditure for *Environmental health* by ACT Health in 2004–05 was estimated at \$2.8 million, down marginally on that incurred in 2003–04 (Table 9.1).

The expenditure in 2004–05 constituted 9.7% of the total expenditure on public health activities (Figure 9.1). Expenditure mainly included policy and legislation development, auditing and monitoring, and scientific services performed by the ACT Government Laboratory and Radiation Safety Section.

Food standards and hygiene

Total expenditure for *Food standards and hygiene* by ACT Health in 2004–05 was \$2.4 million, the same as that incurred in 2003–04. It constituted 8.5% of total expenditure on public health activities (Table 9.1; Figure 9.1).

Expenditure under this activity was mainly related to standardisation, and regulatory and safety issues, such as food safety surveillance, food premises fit-out approval, food handler

education, food safety enforcement, and policy and legislation development. A range of safety and sampling activities, such as food testing, was also undertaken.

Breast cancer screening

Total expenditure on *Breast cancer screening* was \$1.7 million in 2004–05, which was the same level of expenditure as that incurred in 2003–04. The 2004–05 expenditure constituted 5.8% of the total expenditure on public health activities by ACT Health during that year (Table 9.1; Figure 9.1).

As part of a national funded program, BreastScreen ACT provides free screening services to all women aged over 50 years in the ACT. Funding for the program is provided under a joint arrangement with the Australia Government through the PHOFAs.

Cervical screening

Total expenditure on *Cervical screening* during 2004–05 was estimated at \$0.4 million. This constituted 1.4% of total public health expenditure by ACT Health during the year (Table 9.1; Figure 9.1).

Expenditure was largely on promotion and education services and the Cervical Cytology Register, which are important elements in the ongoing strategy to combat the onset of cervical cancer. In 2004–05 funding was allocated to upgrade the Register’s database.

Prevention of hazardous and harmful drug use

The total expenditure on *Prevention of hazardous and harmful drug use* was \$3.8 million in 2004–05 (Table 9.1). This was an increase of \$0.4 million (or 11.7%) on the previous year’s expenditure.

The 2004–05 expenditure represented 13.3% of the total expenditure on public health activities (Figure 9.1). The major elements of the expenditure are shown in Table 9.4 below.

Table 9.4: Territory government expenditure on *Prevention of hazardous and harmful drug use*, current prices, Australian Capital Territory, 2004–05 (\$ million)

Category	Expenditure
Alcohol	0.2
Tobacco	0.5
Illicit and other drugs of dependence	0.8
Mixed	2.3
Total	3.8

Expenditure comprised: alcohol programs (\$0.2 million), tobacco programs (\$0.5 million), illicit and other drugs of dependence programs (\$0.8 million) and on mixed (those that could not be classified to the previous categories) programs (\$2.3 million).

Expenditure was directed towards a wide range of activities targeting the prevention of harmful drug use, such as:

- provision of accurate information, support and referral to the community, individuals and groups
- promotion of community awareness through health promotion activities
- training programs provided to health professionals
- regulatory control of illicit and other drugs of dependence such as monitoring of legislated controls in the sale of tobacco products to minors, laboratory services and pharmaceutical regulatory services
- amendments to existing, and development of new, legislation relating to the control of illicit drugs and other drugs of dependence
- improved access to hepatitis B vaccinations for injecting drug users.

The lower level of expenditure on *Prevention of hazardous and harmful drug use* in 2003–04 and 2004–05 than previous years was largely due to a change in the compilation methodology. Prior to 2003–04, the estimates included some treatment services which should have been excluded.

Public health research

Expenditure on *Public health research* in the Australian Capital Territory in 2004–05 was approximately \$0.1 million. This constituted 0.5% of the total public health expenditure by ACT Health for that year and was mainly directed towards research into health promotion (Table 9.1; Figure 9.1).

9.4 Revision to previously published estimates for 2003–04

ACT Health has revised its estimates of expenditure on public health activities since the publication of the *National public health expenditure report 2001–02 to 2003–04*. The updated data for 2003–04 is included in Table 9.1.

9.5 Growth in expenditure on public health activities

Total public health expenditure by the ACT Government increased, in real terms, from \$25.5 million in 2003–04 to \$27.4 million in 2004–05, an increase of 7.4%. Expenditure on *Selected health promotion* (up 54.1%) and *Cervical screening* (up 25.8%) recorded the highest real annual growth rates (Table 9.5; Figure 9.2).

Estimates of expenditure on public health activities increased, in real terms, between 1999–00 and 2004–05, at an average annual rate of 1.0% (Table 9.5). Over this period, expenditure on *Public health research* (34.0%) and *Communicable disease control* (13.3%) recorded the highest average annual real growth changes.

Table 9.5: Territory government expenditure on public health activities, constant prices^(a), Australian Capital Territory, 1999–00 to 2004–05

Activity	Expenditure (\$'000)						6-year average
	1999–00	2000–01	2001–02	2002–03	2003–04	2004–05	
Communicable disease control	2,943.9	4,072.7	4,279.3	4,142.1	5,145.7	5,490.2	4,345.7
Selected health promotion ^(b)	5,637.2	3,725.1	3,097.1	3,459.0	4,001.0	6,166.8	4,347.7
Organised immunisation	3,729.3	4,452.3	3,956.6	4,476.2	5,511.0	5,030.9	4,526.1
Environmental health	1,661.4	2,181.2	2,239.1	2,491.0	2,855.9	2,662.2	2,348.5
Food standards and hygiene	1,853.9	1,987.6	2,074.0	2,361.3	2,440.6	2,317.3	2,172.5
Breast cancer screening	2,299.2	2,293.1	1,911.7	1,727.7	1,653.9	1,598.5	1,914.0
Cervical screening	628.1	641.9	222.8	226.4	306.1	385.1	401.7
Prevention of hazardous and harmful drug use ^(c)	7,275.6	5,037.4	6,434.7	6,486.6	3,369.1	3,632.8	5,372.7
Public health research	29.2	115.2	61.7	143.6	243.9	126.3	120.0
Total public health	26,057.8	24,506.5	24,277.0	25,513.9	25,527.2	27,410.1	25,548.8

Activity	Growth (%) ^(d)					
	1999–00 to 2000–01	2000–01 to 2001–02	2001–02 to 2002–03	2002–03 to 2003–04	2003–04 to 2004–05	1999–00 to 2004–05 ^(e)
Communicable disease control	38.3	5.1	-3.2	24.2	6.7	13.3
Selected health promotion	-33.9	-16.9	11.7	15.7	54.1	1.8
Organised immunisation	19.4	-11.1	13.1	23.1	-8.7	6.2
Environmental health	31.3	2.7	11.3	14.6	-6.8	9.9
Food standards and hygiene	7.2	4.3	13.9	3.4	-5.1	4.6
Breast cancer screening	-0.3	-16.6	-9.6	-4.3	-3.3	-7.0
Cervical screening	2.2	-65.3	1.6	35.2	25.8	-9.3
Prevention of hazardous and harmful drug use	-30.8	27.7	0.8	-48.1	7.8	-13.0
Public health research	294.5	-46.4	132.7	69.8	-48.2	34.0
Total public health	-6.0	-0.9	5.1	0.1	7.4	1.0

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

(b) Expenditure on mental health promotion has been included from 2003–04.

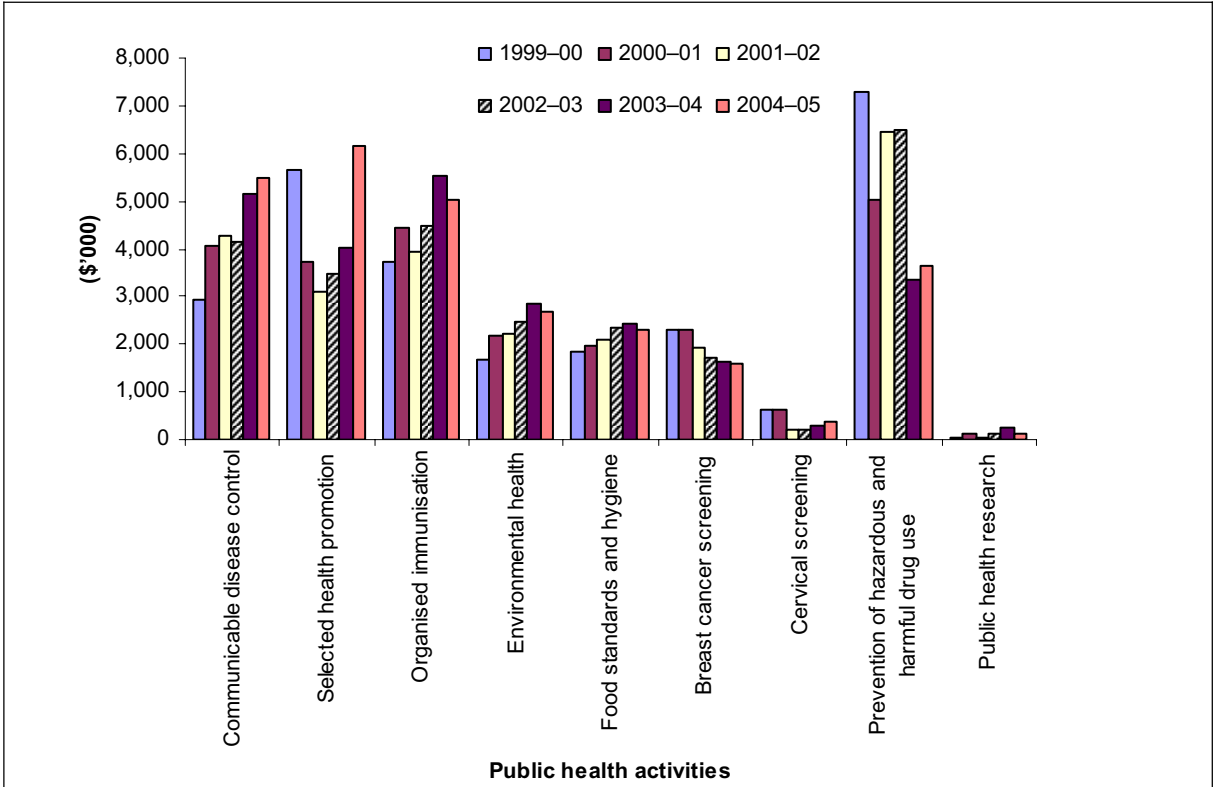
(c) Prior to 2003–04, the expenditure included some treatment services which should have been excluded.

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

(e) Average annual growth rate.

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

Over the period 1990–00 to 2004–05, the public health activities which recorded the highest average annual expenditure in real terms were *Prevention of hazardous and harmful drug use* (\$5.3 million), *Organised immunisation* (\$4.5 million), *Selected health promotion* (\$4.3 million) and *Communicable disease control* (\$4.3 million) (Table 9.5; Figure 9.2).



Source: Table 9.5.

Figure 9.2: Territory government expenditure on public health activities, constant 2003-04 prices, Australian Capital Territory, 1999-00 to 2004-05