11 Public health expenditure by the Australian Capital Territory health authorities

11.1 Introduction

The Australian Capital Territory Department of Health and Community Care's objective is to maximise both community and individual health and wellbeing through the provision of improved health services to the community with better integration and continuity of care. A major strategy in this regard is the promotion of Canberra as the regional centre for the provision of health and community care, with the service system focusing on the needs of individuals and population groups.

Through the ACT Government's vision and directions statement, *Setting the Agenda*, the Department is promoting the concept of an integrated health system providing a seamless service focused on best meeting the needs of individuals and population groups. It aims to strengthen the primary health care sector, to increase the role of community and home based services as an alternative to acute hospitalisation.

The Department plans and implements health policy and provides public health services. It plans and purchases services to meet the needs of residents of the Canberra region in accordance with government outcomes, and evaluates those services. The Department also provides support and information to the Government, other agencies and individuals.

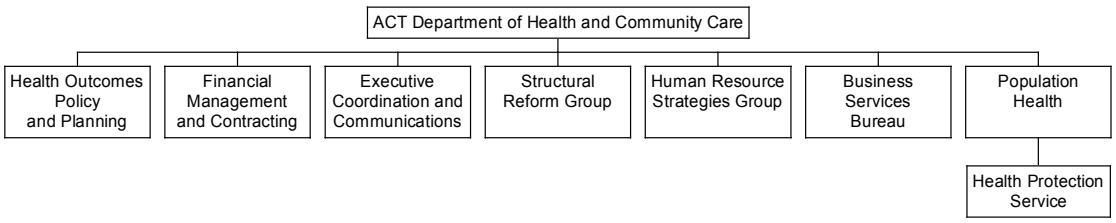

Figure 11.1: Structure of the Department of Health and Community Care, 1998–99

The public health role is predominantly undertaken by the Population Health Group, which is responsible for assessing population based health outcomes, communicable disease surveillance and health protection. Some public health services are also purchased from a range of government and non-government health care providers through purchase contracts. In addition, in 1995 the ACT Government established a statutory authority, titled Health**pact**, whose role is the promotion of healthy lifestyles.

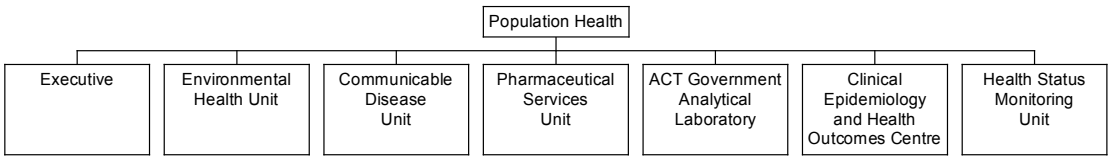

Figure 11.2: Population Health Group Structure, 1998–99

Public health activities conducted in the Australian Capital Territory during 1998–99 included the childhood immunisation program, progressing the anti–tobacco agenda and addressing concerns regarding the inappropriate use of drugs. Other areas where the public health agenda has been involved include the development of a water quality code of practice and contributions to the debate on genetically modified foods.

11.2 Data collection methodology

The information contained in this chapter of the report is in accordance with the core public health definitions for the 1998–99 NPHEP.

The ACT Department of Health and Community Care has a central accounting function that operates on a full accrual basis.

The cost centres within the department's chart of accounts containing expenditure on public health activities were identified. Then the core public health definitions were advised to the relevant cost centre managers. These managers were then tasked with allocating their costs to each of the public health expenditure categories. The expenditure of the Health**pact** statutory authority was then combined with the above data to complete the data collection.

Information technology expenditure was included on a cost centre basis under direct expenditure. Corporate expenditure and overheads such as Finance and Human Resources costs were allocated across all eight core categories on the basis of FTE staff numbers.

11.3 Overview of results

The total expenditure on core public health by ACT health authorities for 1998–99 was $14.72m. Of this, $13.83m was direct public health expenditure and $0.89m was corporate expenditure and overheads.

The data include expenditure on epidemiology, policy, planning and legislation development. Total public health research of $0.069m is not included in any category.

Table 11.1: Expenditure for total core public health, ACT health authorities, 1998–99

Category	Direct expenditure	Overheads	Total expenditure	Proportion of total expenditure
	$	$	$	%
Communicable disease control	1,628,603	101,003	1,729,606	11.7
Selected health promotion	2,281,686	188,002	2,469,688	16.8
Immunisation	1,102,548	73,845	1,176,393	8.0
Environmental health	598,673	12,931	611,604	4.1
Food standards & hygiene	373,495	4,877	378,372	2.6
Breast cancer screening	1,365,900	96,774	1,462,674	9.9
Cervical screening	434,200	30,763	464,963	3.2
All other core public health	6,044,904	385,948	6,430,852	43.7
Total	**13,830,009**	**894,143**	**14,724,152**	**100.0**
Proportions	93.9%	6.1%	100%	

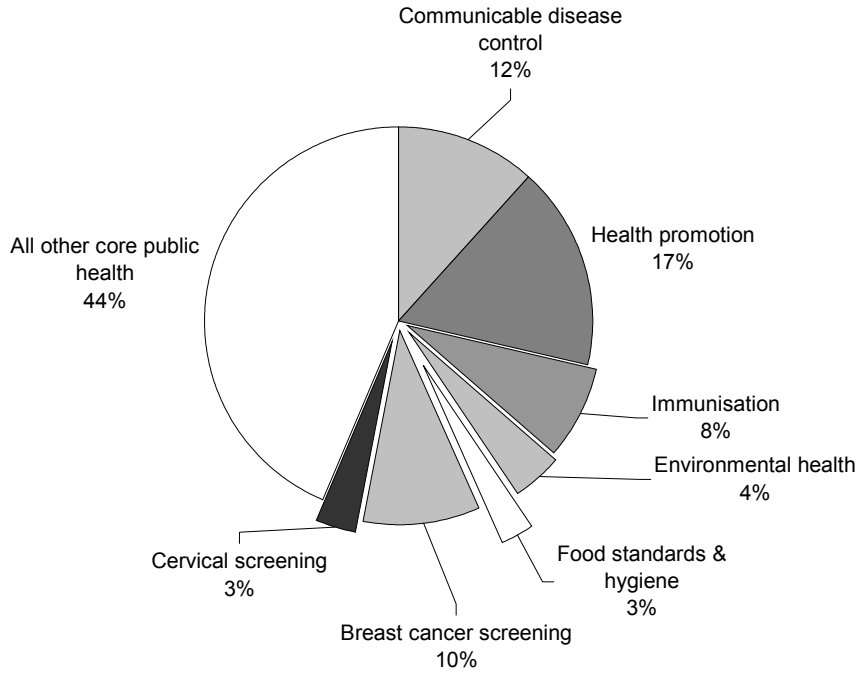

Figure 11.3: ACT core public health expenditure by category

11.4 Public health expenditure by categories

Communicable disease control

Total expenditure for *Communicable disease control* by ACT health authorities in 1998–99 was $1.7m. This was 12% of total core public health expenditure.

The bulk of expenditure was for payment to both government and non-government organisations for the provision of education and support services to the Australian Capital Territory community for HIV/AIDS, hepatitis C and the needle and syringe program. The figures do not include non-current expenditure of $0.107m for the HepC Lookback program, which was designed to identify and provide financial assistance to those who may have contracted hepatitis C from contaminated blood products during the late 1980s when a definitive test was not available.

HIV/AIDS, hepatitis C and sexually transmitted infection programs

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

Needle and syringe program

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

Other communicable disease control

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

- communicable disease surveillance;
- investigation and management of vaccine-preventable diseases;
- provision of education and advice on infection control; and
- inspection and licensing of premises which undertake skin penetration.

Table 11.2: Expenditure for *Communicable disease control*, ACT health authorities, 1998–99 ($)

Expenditure	HIV/AIDS, hep.C and STI programs	Needle and syringe programs	Other communicable disease control	Total communicable disease control
Direct	1,074,566	329,800	224,237	1,628,603
Overheads	76,133	23,366	1,504	101,003
Total	**1,150,699**	**353,166**	**225,741**	**1,729,606**

Selected health promotion activities

Expenditure on *Selected health promotion activities*

Total expenditure for *Selected health promotion activities* by ACT health authorities in 1998–99 was $2.5m. This was 17% of total core public health expenditure.

Expenditure includes the expenditure of Health**pact**, the Healthy Cities program and a wide range of educational activities undertaken by the Department.

Health**pact** is a statutory authority established through the *Health Promotion Act 1995* with responsibilities in the area of health promotion. The three main areas of activity are grants and sponsorship, direct health promotion and development, and training. The areas where expenditure was recorded to promote health were 'Smoke–free', 'Sun smart behaviour', 'Physical activity' and 'Good nutrition'. Other areas of expenditure by Health**pact** were for mental health, community wellbeing and other safe behaviours.

Table 11.3: Expenditure for *Selected health promotion activities*, ACT health authorities, 1998–99 ($)

Expenditure	Selected health promotion activities
Direct	2,281,686
Overheads	188,002
Total	**2,469,688**

Immunisation

Total expenditure for *Immunisation* by ACT health authorities in 1998–99 was $1.2m. This was 8% of total core public health expenditure.

Childhood immunisation

Non-recurrent expenditure of $0.081m for the Measles Campaign has been excluded.

Expenditure for *Childhood immunisation* in the Australian Capital Territory includes:

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

Pneumococcal and influenza immunisation

Expenditure for *Pneumococcal and influenza immunisation* in the Australian Capital Territory was mostly in the areas of vaccinations and an immunisation seminar. Pneumococcal vaccine was provided free through the Indigenous Influenza and Pneumococcal Program. Influenza vaccine was provided free to adults over 65 years of age and to Indigenous Australians over 50 years of age.

Table 11.4: Expenditure for *Immunisation*, ACT health authorities, 1998–99 ($)

Expenditure	Childhood immunisation	Pneumococcal immunisation	Influenza immunisation	Total
Direct	879,484	1,440	221,624	1,102,548
Overheads	58,042	—	15,803	73,845
Total	**937,526**	**1,440**	**237,427**	**1,176,393**

Environmental health

Total expenditure for *Environmental health* by ACT health authorities in 1998–99 was $0.6m. This was 4% of total core public health expenditure.

Expenditure includes policy and legislation development, auditing and monitoring, and scientific services performed by the ACT Government Analytical Laboratories (ACTGAL). Audit and monitoring activities include:

- auditing and monitoring of cooling towers and warm water systems for Legionella;
- auditing and monitoring of swimming and spa pools;
- auditing and monitoring of accommodation facilities; and
- auditing and monitoring of hairdressing establishments.

Scientific service activities in this category include:

- air quality monitoring;
- recreational water testing for microbiological quality (lakes, streams, spas, pools);
- water quality testing for clients (Jervis Bay, Domestic Aerated Sewage Treatment plants); and
- regulatory testing of ionising radiation emitting devices (e.g. X-ray machines).

Table 11.5: Expenditure for *Environmental health*, ACT health authorities, 1998–99 ($)

Expenditure	Environmental health
Direct	598,673
Overheads	12,931
Total	**611,604**

Food standards and hygiene

Total expenditure for *Food standards and hygiene* by ACT health authorities in 1998–99 was $0.4m. This was 3% of total core public health expenditure.

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

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

Scientific safety and sampling activities undertaken by ACTGAL include:

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

Table 11.6: Expenditure for *Food standards and hygiene*, ACT health authorities, 1998–99 ($)

Expenditure	Food standards and hygiene
Direct	373,495
Overheads	4,877
Total	**378,372**

Breast cancer screening

Expenditure in this category was for breast cancer screening services and the Cancer Registry. Total expenditure for *Breast cancer screening* by ACT health authorities in 1998–99 was $1.5m. This was 10% of total core public health expenditure.

Table 11.7: Expenditure for *Breast cancer screening*, ACT health authorities, 1998–99 ($)

Expenditure	Breast cancer screening
Direct	1,365,900
Overheads	96,774
Total	**1,462,674**

Cervical screening

Expenditure for this category was for cervical screening services and the Cancer Registry.

Total expenditure for *Cervical screening* by ACT health authorities in 1998–99 was $0.5m. This was 3% of total core public health expenditure.

Table 11.8: Expenditure for *Cervical screening*, ACT health authorities, 1998–99 ($)

Expenditure	Cervical screening
Direct	434,200
Overheads	30,763
Total	**464,963**

All other core public health expenditure

Total expenditure for *All other core public health* by ACT health authorities in 1998–99 was $6.4m. This was 44% of total core public health expenditure.

Expenditure in this category is composed of drug treatment services and scientific drug services by ACTGAL including:

- testing and certification of illicit drugs under various Acts, mainly *Drugs of Dependence Act 1989*;
- testing for alcohol and other drugs in drivers under *Road Transport (Alcohol and Drugs) Act 1977;*
- urine drug screening for the Alcohol and Drug Service (methadone program and detox service);

- urine drug screening for Belconnen Remand Centre and Periodic Detention Centre; and
- testing of post-mortem tissues for drugs and poisons in coronial matters.

Other activities include compliance monitoring, enforcement and education associated with tobacco retail outlets and control of smoking in public places. A substantial amount of work has been completed in relation to tobacco policy and legislative development.

Table 11.9: Expenditure for *All other core public health*, ACT health authorities, 1998–99 ($)

Expenditure	All other core public health
Direct	6,044,904
Overheads	385,948
Total	**6,430,852**

12 Public health expenditure by Northern Territory Health Services

12.1 Introduction

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

Territory Health Services' mission statement for 1996 through 1999 was 'To improve the health status and wellbeing of all people in the Northern Territory'.

The aim of the public health strategy is to 'Strengthen public health services to deliver effective prevention and health promotion strategies with particular emphasis on populations with high levels of sickness and early death'.

Public Health Services organisational structure 1998–99

During 1998–99 Public Health Services in the Northern Territory comprised:

- The Office of the Chief Health Officer
- Three major centres:
  - Central Office
  - Operations North
  - Operations Central.

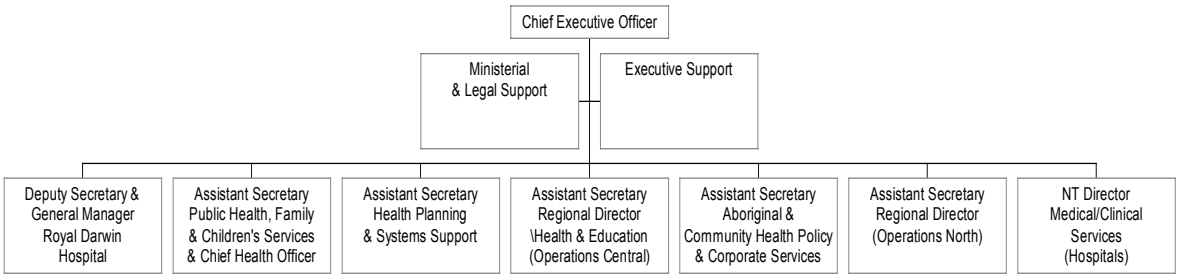

Figure 12.1: Departmental organisational structure in the Northern Territory 1998–99

Central Office provides policy and strategic direction to both the Top End and Central Australian centres (referred to as Operations North and Central). The areas of provision are public health strategies, health promotion, disease control including women's cancer prevention, environmental health, radiation, pharmacy and poisons, medical entomology, and alcohol and other drugs.

Operations North delivers public health services across an area totalling 614,000 square kilometres. Public Health programs are delivered by the Public Health Unit, Operations North, along with health teams that operate through 52 service outlets. These service outlets comprise Community Health Centres and hospitals located in Darwin Urban, Darwin Remote, East Arnhem and Katherine districts.

Operations Central delivers public health services across an area totalling in excess of 1,100,000 square kilometres. Health services are also extended to people who live adjacent to the borders in Western Australia and South Australia. Public health programs are delivered by the Population Health Unit, Operations Central, along with health teams that operate through 43 service outlets. These service outlets comprise Community Health Centres and hospitals located in the Alice Springs Urban, Alice Springs Rural and Barkly districts.

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

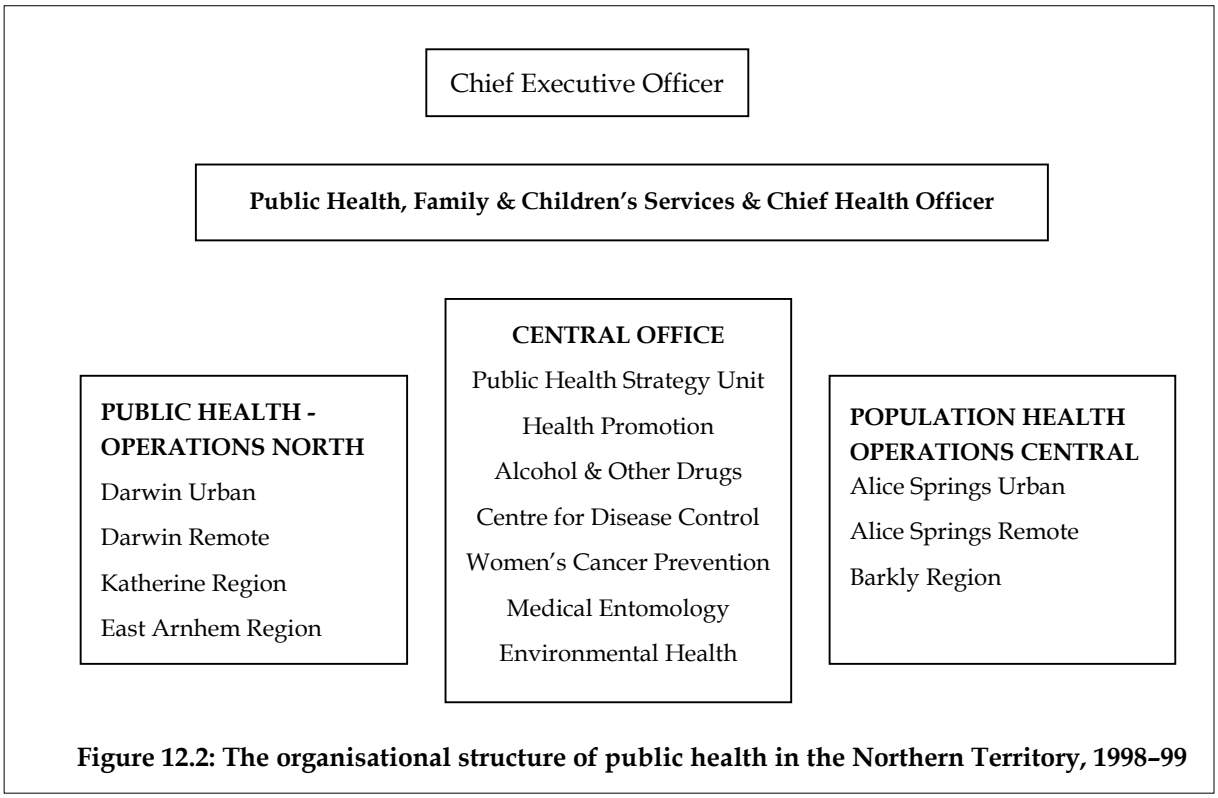

Figure 12.2: The organisational structure of public health in the Northern Territory, 1998–99

12.2 Data collection methodology

This collection reports core public health expenditure information for the Northern Territory (NT) for the financial year 1998–99. The Northern Territory has categorised and collected expenditure on only the core public health programs as defined in the Collection Manual (AIHW November 1999). Therefore this collection relates only to expenditure as defined by the seven core public health categories along with expenditure that the Northern Territory considers to be *All other core public health*.

There remains a component of public health expenditure that does not align with the core public health categories as defined for this collection. This remaining component of public health expenditure is referred to as 'Public health related' expenditure and is not included as core public health. For the 1999–00 collection, TAG will address the issue of providing categories and definitions for expenditure allocated to *All other core public health* and 'Other public health related'.

An SAS Expenditure database was used to identify the relevant Public Health cost centres. Public Health Program Managers were provided with the Collection Manual, the collection tool, and were assisted to allocate expenditure to the public health expenditure categories according to the definitions for this collection.

It is acknowledged that the delivery of public health services differs between the States and Territories. Therefore the information contained within this report reflects the structure and administration of public health services, the ability to allocate expenditure to the core public health categories and the availability of information in the Northern Territory during the collection period.

Discussion of variations

Variations to the collection manual definitions

Within some States and Territories, alcohol and other drug services are administered under Community Health Services and are excluded from this national collection. However, in the Northern Territory, alcohol and other drug services are provided as a public health service and therefore are included in this collection as *Selected health promotion* and *All other core public health*. Expenditure for *Alcohol and other drugs* is reported to the Commonwealth as public health and is reported in the public health category of the Government Purpose Classification (GPC) of the Government Finance Statistics (GFS). An appropriate caveat should accompany reporting of this information.

Variations to Government Purpose Classification reporting of public health expenditure

Within remote and rural communities in the Northern Territory, public health programs are provided by District Medical Officers, Community Health Nurses and Aboriginal Health Workers. This expenditure is reported to the Commonwealth as Community Health Services as defined in the GPC of the GFS. THS estimated a public health component of Community Health Services expenditure and apportioned this across the core public health categories. Thus the GPC reporting of public health expenditure varies from the expenditure reported here.

Program-wide expenses

Program-wide expenses for this collection are defined as:

- information systems, disease surveillance and epidemiology
- public health policy, program and legislation development
- public health communication and advocacy
- public and environmental health laboratory services
- public health research and development.

Within the Northern Territory, program-wide expenditure was identified according to the above definition and included in direct expenditure. Expenditure allocations to the core public health categories were made according to available statistics to reflect staffing, time and resources.

Overhead expenditure

Within the Northern Territory, corporate, central office and indirect expenditure is included in overhead expenditure. Overhead expenditure for the Northern Territory for 1998–99 was approximately $3.6m.

The indirect services that support Public Health were identified as: legal services, executive support, executive health planning, finance and general services, library services, information services, project review and project management, strategic workforce planning, human resource management, office services, health economics and corporate services for Operations North and Central.

The public health component of overhead expenditure was estimated to correspond with the public health component of total health expenditure.

The public health component of overhead expenditure was then apportioned across the categories to correspond with the public health component of total health expenditure. For example, CDC 1.97%, health promotion 2.86%.

Basis of accounting

THS's financial records are kept on a cash basis, and recognise events on receipt of monies and are reported within the financial accounting period concerned. No accrual entries (recognition of revenues as they are earned and expenses as they are incurred) are recorded in the general ledger.

Depreciation

THS does not include depreciation in its accounting practices. An appropriate caveat should accompany any reporting of this information.

Oncosts—Employer funded superannuation, long service leave liability and workers compensation

Since employer funded superannuation was paid from Treasury rather than by THS it was excluded from this expenditure collection. Future collections will include a component for employer funded superannuation. An appropriate caveat should accompany any reporting of this information.

12.3 Overview of results

The total expenditure on core public health by THS for 1998–99 was estimated at $48.2m. Included in this amount is: approximately $27.1m, consisting of an allocation of $3.6m for overhead expenditure; $10.5m as a component for public health programs delivered by Community Health Centres; and $13m for Alcohol and Other Drugs Programs.

The Northern Territory considers the inclusion of this expenditure as essential in identifying the real costs associated with the provision of public health services in the Territory. The cost attributed to the provision of public health programs in the Northern Territory is therefore expected to be significantly higher, as it reflects the high costs associated with the delivery of programs to populations located in rural and remote communities over the large land mass that makes up the Territory.

The Northern Territory faces the unique challenge of delivering effective public health programs to populations as small as 150 people located in remote and very remote communities. The higher than average costs attributed to the provision of public health programs in the Northern Territory include the high cost of transporting health professionals to the many rural and remote communities that are scattered over the Territory. Some communities are only accessible by air or rely on the existing infrastructure and resources provided by Community Health Services staff to provide public health programs—hence their inclusion.

Another contributing factor to the high cost of public health programs is that the widely dispersed population in the Northern Territory includes the 28% of Territorians who experience a significantly increased burden of disease and decreased life expectancy rates. These challenging circumstances do not allow for economies of scale to be utilised. The higher expenditure associated with the provision of public health services in the Northern Territory is therefore expected.

Table 12.1: Expenditure for total core public health, Territory Health Services, 1998–99

Category	Direct expenditure	Overhead expenditure	Direct and overhead expenditure	Proportion of total core public health expenditure
	$	$	$	%
Communicable disease	7,934,740	620,850	8,555,590	18
Selected health promotion	11,547,530	903,531	12,451,061	26
Immunisation	6,638,937	519,460	7,158,397	15
Environmental health	3,174,389	248,379	3,422,768	7
Food standards & hygiene	957,335	74,906	1,032,241	2
Breast cancer screening	1,020,502	79,849	1,100,351	2
Cervical screening	2,443,639	191,201	2,634,840	5
All other core public health	10,803,134	1,053,025	11,856,159	25
Total	**44,520,207**	**3,691,201**	**48,211,407**	**100**

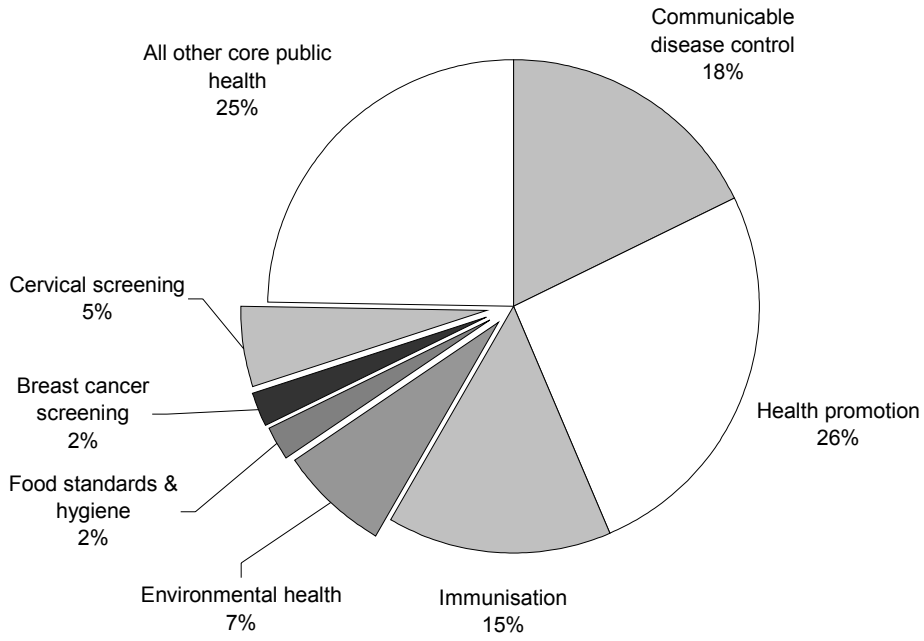

Figure 12.3: Northern Territory core public health by category

12.4 Public health expenditure by categories

Communicable disease control

Total expenditure for *Communicable disease control* by THS in 1998–99 was $8.55m. This was 18% of total core public health expenditure.

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

Activities include policy development, surveillance of selected communicable diseases and outbreak investigation; initiation of appropriate control measures; development, coordination, promotion and monitoring of immunisation programs; reports on the outbreak of communicable diseases of public health importance; and involvement in research, education and health promotion. Screening and clinical services are provided for tuberculosis, leprosy and sexually transmitted diseases, including human immunodeficiency virus (HIV) and hepatitis C.

District CDC units work with urban and remote primary health care providers to enhance the provision of clinical services, contact tracing and community screening where appropriate and offer ongoing professional education.

Surveillance activities involve the ongoing collection, collation, analysis, interpretation and dissemination of data to identify short- and longer-term trends in disease incidence and to evaluate the impact of prevention strategies. Special surveillance programs monitor invasive Haemophilus influenzae type B (Hib) disease, enteric disease, measles, malaria, TB, influenza, invasive pneumococcal disease, adverse reactions following immunisation and vaccine utilisation.

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

The AIDS/STD Unit works toward the prevention and treatment of sexually transmitted disease and blood-borne viruses, HIV and hepatitis C.

The Needle and Syringe Program provides sterile injecting equipment to minimise the risk of the transmission of blood-borne viruses through injection drug use. Information and referral are provided through most centres. Equipment is distributed through community based organisations which are funded by THS, Clinic 34, district Disease Control Units and some public hospitals.

The amount recorded for the Needle and Syringe Program does not accurately reflect expenditure on this program. Where possible, expenditure was identified and allocated. However, the majority of expenditure for the Needle and Syringe Program is recorded as *Other communicable disease control*.

The constraints on available staff, including a lack of general practitioners, combined with the remoteness and the number of Aboriginal communities scattered throughout the Northern Territory, result in the delivery of public health programs by the district medical officer, the community health nurse and Aboriginal health workers within their respective communities. To ensure that the costs associated with the delivery of these public health programs are included, an estimation of public health expenditure from Community Health Services has been allocated. This expenditure has been apportioned across the core public health categories according to available statistics.

Table 12.2: Expenditure for *Communicable disease control*, Territory Health Services, 1998–99 ($)

Expenditure	HIV/AIDS, hep. C & sexually transmitted infections programs	Needle and syringe programs	Other communicable disease control	Total communicable disease control
Direct	2,085,327	19,901	5,829,512	7,934,740
Overheads	163,165	1,557	456,127	620,850
Total	***2,248,492**	**21,458**	***6,285,639**	***8,555,590**

* A component from Community Health Services is included to cover the cost of delivering public health programs in rural and remote communities.

Note: Included in the direct component of this category are: public health information systems, disease surveillance and epidemiological analysis; public health communication and advocacy; public health policy, program and legislation development; and public health workforce development.

Selected health promotion activities

Total expenditure for *Selected health promotion activities* by Territory Health Services in 1998–99 was $12.5m. This was 26% of total core public health expenditure.

Health promotion is an approach to improve the health and wellbeing of individuals, groups and communities through increasing their capacity to control the determinants of health.

Throughout THS, the primary health care services and all primary health care and public health service providers are actively involved in the planning and implementation of a diverse range of health promoting activities. The primary health care service works in partnership with the community in planning, implementing and evaluating health promotion strategies. Health promotion strategies provide a way for primary health care providers and public health staff to work with communities and to strengthen communities' capacity to create and sustain health.

The health promotion approach is entrenched through Essential Primary Health Care Service Standards endorsed in 1999 (Freeman and Rote, April 1999).

The THS Health Promotion Program uses a health promotion model based on three key components:

- working with communities to generate locally tailored health promotion projects;
- supporting primary health care providers in a health promoting role; and
- providing training and professional support to services providers and community based workers.

Health promotion teams work with primary health care providers to enhance their health-promoting role through professional training and collaborate with other THS programs to develop specific projects in response to community concerns. Health promotion teams also work with other government agencies, non-government agencies and community based staff to encourage and support community action through locally initiated health promotion activities.

This model was found by the WHO to be well suited to the community and service context of the Northern Territory and soundly based on national and international experience.

The expenditure information collected for this category is according to the definitions outlined in the collection manual for the category of *Health promotion*. Of the total $12.4m expenditure on *Health promotion*, $2.3m was invested in health promotion programs specifically provided by the Health Promotion Unit and operational health promotion officers in all regions. Significant expenditure from the Alcohol and Other Drugs Program, Community Health Clinics, School Nursing, Child Health, Nutrition, Aboriginal Hearing Program and CDC has been identified as health promotion and allocated to this category.

The constraints on available staff, including a lack of general practitioners, combined with the remoteness and the number of Aboriginal communities scattered throughout the Northern Territory, result in the delivery of public health programs within their respective communities by primary health care teams incorporating Aboriginal health workers, community health nurses and district medical officers. To ensure that the costs associated with the delivery of these public health programs are included, an estimation of public health expenditure from Community Health Services has been allocated. This expenditure has been apportioned across the core public health categories according to available statistics. An appropriate caveat should accompany any reporting of this information.

Health promotion expenditure associated with the Alcohol and Other Drugs, Living with Alcohol and the Tobacco Action Programs is included in this category. All other expenditure relating to alcohol and other drugs is reported under the *All other core public health* category.

Table 12.3: Expenditure for *Selected health promotion activities*, Territory Health Services, 1998–99 ($)

Expenditure	Selected health promotion activities
Direct	11,547,530
Overheads	903,531
Total	**12,451,061**

Notes:

1. Included in the direct component of this category are: public health communication and advocacy; public health policy, program and legislation development; and public health workforce development.
2. A component from Community Health Services is included to cover the cost of delivering public health programs in rural and remote communities.
3. A component from Alcohol and Other Drugs programs has been included.

Immunisation

Total expenditure for *Immunisation* by THS in 1998–99 was $7.1m, which was $37.39 per person. This was 15% of total core public health expenditure.

The CDC provides coordination, promotion and monitoring of immunisation programs in the Northern Territory. A major project was the collaboration with all Northern Territory vaccine service providers to revise and update childhood immunisation records for linking to the Australian Childhood Immunisation Register (ACIR). THS participated in national and local initiatives to improve immunisation coverage rates for adults and children. This initiative was followed up by the provision of courses for District Medical Officers, Community Health Nurses and Aboriginal Health Workers titled 'About giving vaccines'.

The NT School-Aged Hepatitis B Program ensured that all Territorians from 6–16 years of age had the opportunity for vaccination against hepatitis B. Vaccines were administered primarily in schools but also in community health clinics and via non-government vaccine service providers.

Vaccinations against measles, mumps and rubella were provided to school-aged children in the Northern Territory during the Commonwealth Measles Control Campaign.

As previously noted, the constraints on available staff, including a lack of general practitioners, combined with the remoteness and the number of Aboriginal communities scattered throughout the Northern Territory, result in the delivery of public health programs by the district medical officer, the community health nurse and Aboriginal health workers within their respective communities. To ensure that the costs associated with the delivery of these public health programs are included, an estimation of public health expenditure from Community Health Services has been allocated. This expenditure has been apportioned across the core public health categories according to available statistics.

It is not possible at this stage for THS to accurately collect the community health expenditure component down to the level of *Childhood*, *Pneumococcal and influenza* and *Other immunisation* programs. Where information has been recorded only at the broad category level of *Immunisation* it is included in the *Other immunisation* sub-category.

Table 12.4: Commonwealth funding received for *Immunisation*s by Territory Health Services during 1998–99 ($)

Commonwealth funding	Amount
Childhood immunisations	415,000
Pneumococcal and influenza immunisations	60,000
School Age Hep B	318,000
Aboriginal Immunisation Program (Influenza and Pneumococcal – OATSIH)	108,000
ACIR	398,427
Total	**1,299,427**

Table 12.5: Expenditure for *Immunisation* by Territory Health Services, 1998–99 ($)

Expenditure	Childhood immunisation	Pneumococcal/ influenza immunisation	Other immunisation	Total immunisation
Direct	1,348,671	318,561	4,971,704	6,638,936
Overheads	105,526	24,926	389,009	519,461
Total	***1,454,197**	***343,487**	****5,360,713**	**7,158,397**

* A component from Community Health Services is NOT included in this category.

** A component from Community Health Services IS included to cover the cost of delivering public health programs in rural and remote communities.

Note: Included in the direct component of this category are: public health information systems, disease surveillance and epidemiological analysis; public health communication and advocacy; public health policy, program and legislation development; and public health workforce development.

Environmental health

Total expenditure for *Environmental health* by THS in 1998–99 was $3.4m. This was 7% of total core public health expenditure.

The Environmental Health Program within THS consists of two sub-programs, Environmental Health and Medical Entomology.

The Environmental Health Branch provides services that aim to prevent physical, chemical, biological and radiological agents in the environment from adversely affecting the health of all Territorians. The Environmental Health Branch is comprised of several discrete service areas:

- Aboriginal and general community environmental health
- environmental health standards
- environmental planning
- sanitation and waste management
- food safety
- poisons and pharmacy
- radiation health.

Aboriginal and general community environmental health services are responsible for policy and development. Operational Environmental Health Units are located in all major town centres. These units provide services for the enhancement of environmental health standards in urban, rural and remote Aboriginal communities. This includes food safety, environmental planning, sanitation and waste management.

Poison and pharmacy control services are provided by an operational unit in Darwin supported by hospital based pharmacists in regional centres. However, for this collection, pharmacy has been excluded from the *Environmental health* category and is recorded as *All other core public health*.

Radiation health services are provided to minimise any negative health impact of radiation on the Northern Territory population and to ensure that use of beneficial radioactive materials and devices follows sound scientific practices and legislative controls.

Medical Entomology Branch provides services aimed at reducing the impact of biting insects on the people of the Northern Territory. Medical Entomology works with a number of other departments to conduct the control, monitoring and surveillance of mosquitoes. Other clients include: the general public for enquiries, the Department of Lands Planning and Environment on land development for comment, consultants and developers for development and planning advice and environmental health officers in all regions for mosquito and disease control advice. The main community link is through mosquito public awareness programs and the Mosquito Control Advisory Committee. These provide public feedback and information dissemination.

The expenditure information collected for this category is according to the definitions outlined in the collection manual for the category of *Environmental health*.

Table 12.6: Expenditure for *Environmental health*, Territory Health Services, 1998–99 ($)

Expenditure	Environmental health
Direct	3,174,389
Overheads	248,379
Total	**3,422,768**

Note: Included in the direct component of this category are: public health information systems, disease surveillance and epidemiological analysis; public health communication and advocacy; public health policy, program and legislation development; public health workforce development; public and environmental health laboratory services; and public health research and development.

Food standards and hygiene

Total expenditure for *Food standards and hygiene* by THS in 1998–99 was $1m. This was 2% of total core public health expenditure.

The Environmental Health Directorate administers the provisions of the Food Act, develops and updates Northern Territory food standards and hygiene legislation, standards and policy, provides input to the development of national programs, policy and standards, and actions national recalls of unsafe food. The Directorate also provided an intensive food safety auditing training course for Environmental Health Officers, which facilitated the effective implementation of the proposed national food safety standards.

Expenditure includes development of policy and standards in relation to the labelling of genetically modified foods, and alterations to the maximum residue levels of agricultural chemicals used in food production.

The expenditure information collected for this category is according to the definitions outlined in the collection manual for the category of *Food standards and hygiene*.

Table 12.7: Expenditure for *Food standards and hygiene*, Territory Health Services, 1998–99 ($)

Expenditure	Food standards and hygiene
Direct	957,335
Overheads	74,906
Total	**1,032,241**

Note: Included in the direct component of this category are: public health communication and advocacy; public health policy, program and legislation development; and public health workforce development.

Breast cancer screening

Total expenditure for *Breast cancer screening* by THS in 1998–99 was $1m. This was 2% of total core public health expenditure.

The Northern Territory Women's Health Policy 1992 aims to improve significantly the health and wellbeing of women by identifying and responding to their specific and unique health needs.

BreastScreen NT is the Territory component of BreastScreen Australia. Funding is provided under the Territory/Commonwealth PHOFA. BreastScreen NT provides free breast screening services and assessment of screen detected abnormalities for women aged 40 years and over. The target group is women aged 50–69 years. Screening and assessment centres are located in Darwin and Alice Springs and a relocatable screening unit visits Katherine, Tennant Creek and Nhulunbuy.

The small population, combined with the remoteness of the Northern Territory, does not permit economies of scale to be utilised. The Northern Territory does not have a resident radiologist with the necessary expertise to read these X–rays. Therefore during the year a radiologist is flown in to perform assessments and to read X–rays. As a result, the cost of providing this service is considerably higher than it is for other States and the Australian Capital Territory.

The expenditure information collected for this category is according to the definitions outlined in the collection manual for the category of *Breast cancer screening*.

Table 12.8: Expenditure for *Breast cancer screening*, Territory Health Services, 1998–99 ($)

Expenditure	Breast cancer screening
Direct	1,020,502
Overheads	79,849
Total	**1,100,351**

Note: Included in the direct component of this category are: public health information systems, disease surveillance and epidemiological analysis; public health communication and advocacy; public health policy, program and legislation development; and public health workforce development.

Cervical screening

Total expenditure for *Cervical screening* by THS in 1998–99 was $2.6m. This was 5% of total core public health expenditure.

The NT Cervical Screening Program participates in the National Cervical Screening Program, which is a joint initiative of the Commonwealth, State and Territory Governments,

in which an organised approach to preventing cancer of the cervix is implemented. Funding is provided under the Territory/Commonwealth PHOFA.

The organised approach involves all steps of the screening pathway, including: encouraging all eligible women to enter and remain in the screening program; ensuring optimal quality of Pap smears by adequate training of Pap smear takers; ensuring optimal quality of Pap smear reading; following up of abnormal Pap smears; providing recall and reminder systems to ensure adequate follow-up of screen-detected abnormalities; and maintaining women in the screening program by encouraging service providers to set up reminder systems and by the operation of the NT Pap Smear Register.

The expenditure information collected for this category is according to the definitions outlined in the collection manual for the category of *Cervical screening*.

Table 12.9: Expenditure for *Cervical screening*, Territory Health Services, 1998–99 ($)

Expenditure	Cervical screening
Direct	2,443,639
Overheads	191,201
Total	**2,634,840**

Note: Included in the direct component of this category are: public health information systems, disease surveillance and epidemiological analysis; public health communication and advocacy; public health policy, program and legislation development; and public health workforce development.

All other core public health expenditure

Total expenditure for *All other core public health* by THS in 1998–99 was $11.8m. This was 25% of total core public health expenditure.

For the purposes of this collection, *All other core public health* programs are defined as other core public health programs that are not captured by the preceding seven core public health expenditure categories. All activities considered core public or population health not reported elsewhere are allocated to this category.

The expenditure information collected for this category are listed below:

- pharmaceuticals and therapeutic goods,
- alcohol regulation,
- tobacco control,
- illicit drugs/substances control,
- occupational health and safety—regulation and health promotion,
- public health research, and
- non-population health program health promotion.

Alcohol and other drugs

Information for alcohol and other drugs, other than health promotional activities, has been allocated to this category. The Alcohol and Other Drugs Program (AODP) develops and coordinates strategies to minimise the harmful effects of legal and illicit substances in the Territory. Alcohol, tobacco, petrol and kava are of particular concern in the Territory. AODP manages the Living With Alcohol Program, a Territory initiative aimed at achieving long-term reductions in alcohol-related harm. The Tobacco Action Project addresses smoking

issues with a particular focus on smoking by minors, young adults and Aboriginal and Torres Strait Islander people.

The AODP also delivers services as part of the National Drug Strategy through the PHOFA. Within the Northern Territory, the application of the National Drug Strategy Funds concentrates on substances other than alcohol. The program operates with a high degree of inter-sectoral collaboration.

Most services are delivered through the non-government sector with strong links across government departments including Police, Education, the Liquor Commission, Correctional Services, Transport and Works (Road Safety Council) and the Department of the Chief Minister. Operational units are located in Alice Springs and Darwin, and Living With Alcohol staff are located in Katherine, Nhulunbuy and Tennant Creek to provide local expertise and support. A generic detoxification facility is situated in Darwin and a detoxification service is funded through an NGO in Alice Springs. Public hospitals also have a detoxification capacity but have not been included in this collection.

Food and Nutrition Services

Food and Nutrition Services have allocated a component of their expenditure to the *Health promotion* and *All other core public health* categories, including expenditure for the development of:

- a project for the implementation of the NT Food and Nutrition Policy, with the major focus on the provision of food and nutrition education to community based Aboriginal people, including people employed in stores;
- a standardised system to monitor food supply, cost, availability and variety in remote stores;
- the training model, 'Healthy Food from The Store', and its delivery;
- an accredited scheme, 'Healthy Choices Award', for food service outlets, which was piloted in Alice Springs and Darwin; and
- an information system and publications (specific to the States and Territories).

Table 12.10: Expenditure for *All other core public health*, Territory Health Services, 1998–99 ($)

Expenditure	All other core public health
Direct	10,803,134
Overheads	1,053,025
Total	**11,856,159**

Note: Included in the direct component of this category are: public health information systems, disease surveillance and epidemiological analysis; public health communication and advocacy; public health policy, program and legislation development; public health workforce development; and public health research and development.