

8 Expenditure by Tasmanian health authorities

8.1 Introduction

Tasmania, with a population of 0.5 million, is Australia's smallest state, in both its geographic area and its total population. Some 13.7% of Tasmania's population are aged 65 years and over, which is higher than the national average of 12.5%.

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, developing public health policy and providing advice, as well as undertaking ongoing surveillance of social, economic 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
- health and wellbeing outcomes
- alcohol and drug services
- cancer screening and control services.

8.2 Overview of results

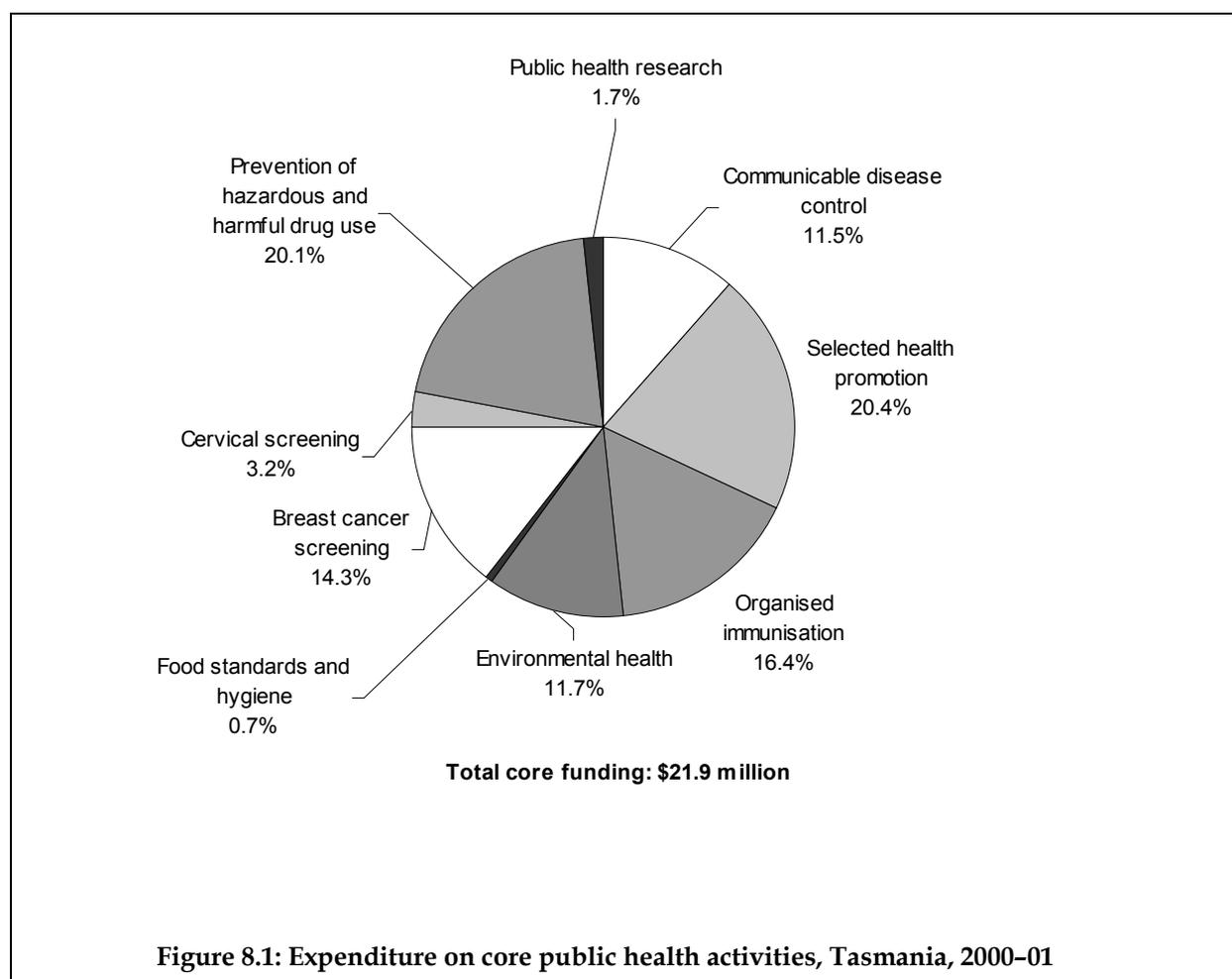
Estimated expenditure on core public health activities in Tasmania during 2000–01 was \$21.9 million (Table 8.1). Over 70% of this was directed towards the following core public health activities:

- *Selected health promotion* (20.4%)
- *Prevention of hazardous and harmful drug use* (20.1%)
- *Organised immunisation* (16.4%)
- *Breast cancer screening* (14.3%).

An additional \$24.2 million was spent on 'Public health-related activities'.

Table 8.1: Expenditure on core public health activities, Tasmania, 2000–01

Activity	Total expenditure (\$ million)	Proportion of total core public health expenditure (%)
Communicable disease control	2.5	11.5
Selected health promotion	4.5	20.4
Organised immunisation	3.6	16.4
Environmental health	2.6	11.7
Food standards and hygiene	0.1	0.7
Breast cancer screening	3.1	14.3
Cervical screening	0.7	3.2
Prevention of hazardous and harmful drug use	4.4	20.1
Public health research	0.4	1.7
Total core public health	21.9	100.0
Public health-related activities	24.2	..



8.3 Comparison with 1999–00 results

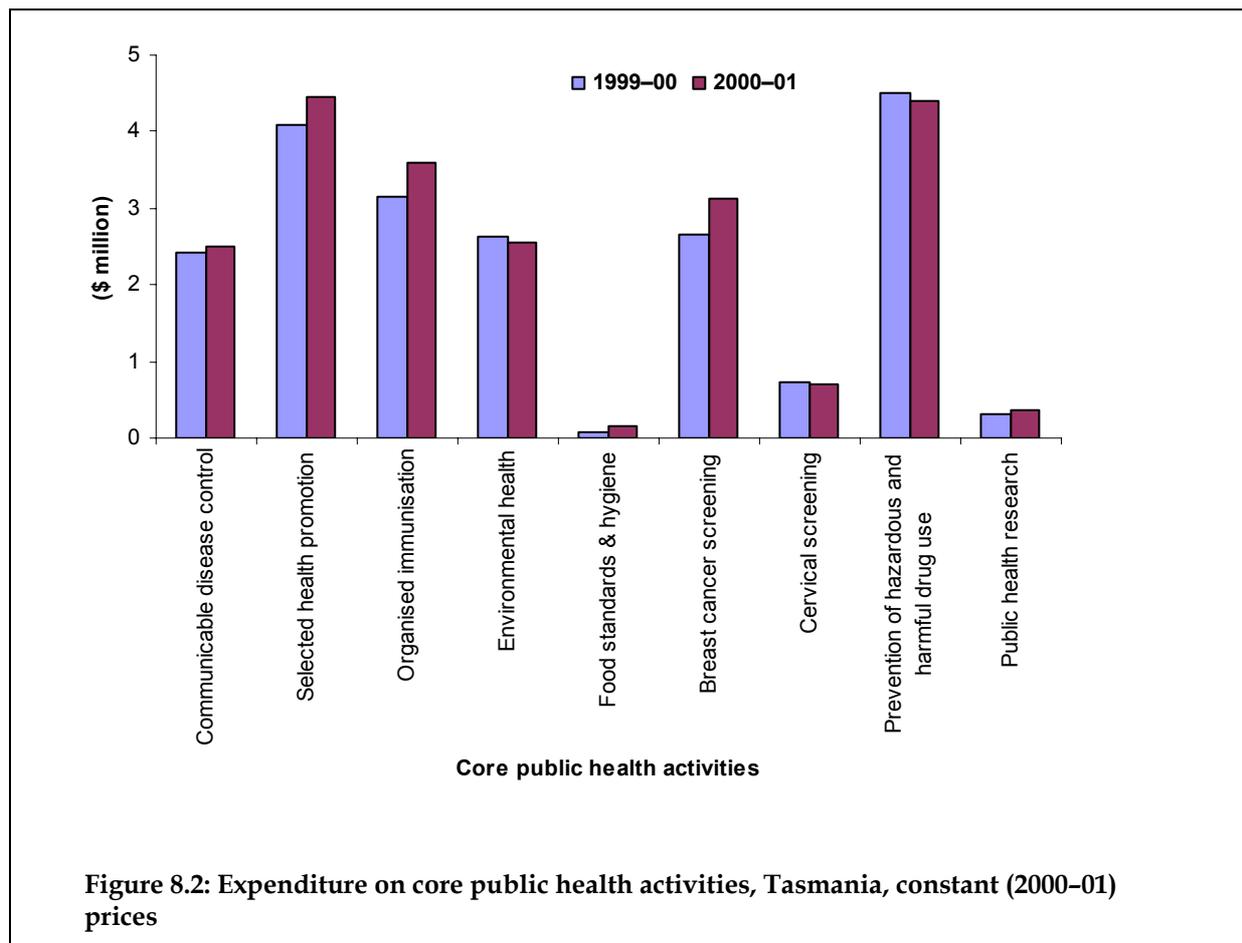
In order to compare the 1999–00 estimates of funding and expenditure with those in this report, it is necessary to express the expenditures in both periods in constant price terms. This has been achieved (Table 8.2 below) by revaluing the 1999–00 estimates in 2000–01 prices using an ABS chain price index for final consumption expenditure by Tasmanian state and local governments on 'Hospital and nursing home services' (see Section 11.2). The table provides such a comparison, in constant price terms, of expenditure on core public health activities in 1999–00 and 2000–01.

Expenditure by DHHS grew in real terms by 7% between 1999–00 and 2000–01. Most core public health categories showed increases in real expenditure between the two financial years.

Table 8.2: Expenditure on core public health activities, Tasmania, constant (2000–01) prices^(a)

Activity	1999–00 (\$'000)	2000–01 (\$'000)	Growth rate (%)
Communicable disease control	2,420.2	2,506.8	3.6
Selected health promotion	4,080.1	4,455.9	9.2
Organised immunisation	3,142.9	3,590.7	14.2
Environmental health	2,618.5	2,555.1	–2.4
Food standards and hygiene	72.3	143.8	98.9
Breast cancer screening	2,644.6	3,119.7	18.0
Cervical screening	716.5	706.7	–1.4
Prevention of hazardous and harmful drug use	4,517.3	4,403.3	–2.5
Public health research	309.6	375.7	21.4
Total core public health	20,521.9	21,857.6	6.5

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



8.4 Expenditure on public health activities

This section of the report looks at Tasmania’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

Tasmania spent \$2.5 million on *Communicable disease control* during 2000-01 (Table 8.3). This represented 11.5% of total expenditure on core public health activities in the state (Table 8.1).

HIV/AIDS, hepatitis C and sexually transmitted infections

The expenditure of \$1.3 million in this area related mainly to education, prevention and administration. The Public and Environmental Health Service’s Sexual Health Branch administered this expenditure.

Needle and syringe programs

Expenditure on needle exchange activities was included in the Needle and syringe programs category. Total expenditure on this category was \$0.5 million, marginally up on the expenditure for 1999–00. This was due to a continued rise in demand for this service.

Other communicable disease control

Expenditure reported for 2000–01 was \$0.6 million. Surveillance and contact tracing of notifiable diseases contributed to the main expenditure in this area.

Table 8.3: Expenditure on *Communicable disease control*, Tasmania, 2000–01 (\$ million)

Category	Expenditure
HIV/AIDS, hepatitis C and sexually transmitted infections	1.3
Needle and syringe programs	0.5
Other communicable disease control	0.6
Total	2.5

Selected health promotion

Total reported expenditure on *Selected health promotion* during 2000–01 was \$4.5 million (Table 8.1). This was the most significant area of expenditure by DHHS on core public health activities and constituted 20.4% of the total expenditure.

The Division of Community, Population and Rural Health Services employs dedicated regional health promotion officers who undertake a wide range of health promotional activities including:

- oral health
- nutrition
- injury prevention
- healthy ageing
- mental health.

In addition, grants were provided to a number of NGOs for nutrition and sexual health promotion.

Organised immunisation

Total expenditure on *Organised immunisation* in 2000–01 was \$3.6 million (Table 8.4) or 16.4% of total expenditure on core public health activities in the year (Table 8.1).

Organised childhood immunisation

Expenditure for *Organised childhood immunisation* was reported for DTPa (vaccine booster), *Haemophilus influenzae* type B (Hib), 2nd dose MMR, ACIR, Vaccination Program, polio and ADT, Comvax and Hep. B.

Organised pneumococcal and influenza immunisation

The influenza vaccine program for people aged 65 years and over was a major component of the expenditure in this area, as was the National Indigenous Pneumococcal and Influenza Immunisation Program.

All other organised immunisation

The main expenditure for this category was for the MMR Young Adult initiative, a time-defined program due to end in 2002–03.

Table 8.4: Expenditure on *Organised immunisation*, Tasmania, 2000–01 (\$ million)

Category	Expenditure
Organised childhood immunisation	2.4
Organised pneumococcal and influenza immunisation	0.8
All other organised immunisation	0.4
Total	3.6

Environmental health

Total expenditure on *Environmental health* during the year was \$2.6 million or 11.7% of total core public health expenditure (Table 8.1).

The major expenditure under this activity was performance monitoring of water quality (for example fluoridation and contamination), shellfish quality assurance, and supervising *Legionella* control measures and radiation safety.

Food standards and hygiene

Tasmania spent \$0.1 million on *Food standards and hygiene* activities during 2000–01, or 0.7% of total core public health expenditure (Table 8.1).

The Public and Environmental Health Service's Environmental Health Branch recorded expenditure on *Food standards and hygiene* regulation.

Breast cancer screening

Expenditure on *Breast cancer screening* was \$3.1 million or 14.3% of total expenditure on core public health activities (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.

In addition to the screening program, costs were incurred on services for screening and assessment, training and data management.

Cervical screening

Total expenditure during 2000–01 was \$0.7 million or 3.2% of total core public health expenditure (Table 8.1).

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.

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 *Prevention of hazardous and harmful drug use* in 2000–01 was \$4.4 million (Table 8.5). This constituted 20.1% of total core public health expenditure by DHHS and was the second most significant area of expenditure on public health activities during 2000–01 (Table 8.1). This expenditure also includes grants to NGOs of \$0.6 million.

Work undertaken in this area comes under the administration of the Alcohol and Drug Services Expenditure Unit and includes the National Drug Strategy and Tobacco Control programs. Expenditure under this activity mainly related to:

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

Table 8.5: Expenditure on *Prevention of hazardous and harmful drug use*, Tasmania, 2000–01 (\$ million)

Category	Expenditure
Alcohol	1.3
Tobacco	0.6
Illicit and other drugs of dependence	1.0
Mixed	1.6
Total	4.4

Public health research

Total expenditure during 2000–01 was \$0.4 million or 1.7% of total core public health expenditure (Table 8.1).

The expenditure reported under *Public health research* is for grants to the Menzies Centre for Population Health.

Expenditure on ‘Public health-related activities’

A total of \$24.2 million was spent on ‘Public health-related activities’ in Tasmania during 2000–01 (Table 8.1).

The types of programs and activities included as public health-related activities were:

- Tasmanian Vision Impairment Project
- Diabetes Policy Development
- family planning
- breastfeeding
- early childhood screening
- child dental screening
- Child Assessment and Protection Service.

9 Expenditure by Australian Capital Territory health authorities

9.1 Introduction

The Australian Capital Territory (ACT) is a small self-governing territory that is located wholly within the boundaries of New South Wales. The functions of the ACT Government incorporate many that would be undertaken by either state governments or local government agencies in other jurisdictions. Its 'state-level' functions include education, health and community services, road traffic services (motor registration, driving licences, etc.), and police and corrective services. Its 'local government-level' services include, among others, sanitation services, library services and city parks maintenance. None of the Australian Capital Territory's population of 0.3 million people 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 during 2000-01 were supplied to persons who were not residents of the ACT.

During 2000-01 health services within the ACT were the responsibility of the then Department of Health, Housing and Community Care (DHHCC). Health services were provided within a purchaser provider model, with the DHHCC acting primarily as a purchaser of health services from government and non-government agencies. The DHHCC's public health role was predominantly undertaken by the Population Health Division, which was responsible for assessing population-based health outcomes, communicable disease surveillance and health protection. In addition, during 2000-01 Healthpact and Healthy City Canberra worked with communities to identify and prioritise health concerns, and facilitate whole-of-government and whole-of-community responses to those needs.

DHHCC also purchased services from government and non-government service providers to meet the public health needs of specific population groups. For example, the then ACT Community Care provided a range of community health services covering health promotion, immunisation, breast cancer and cervical screening, communicable disease control and alcohol and other drug services.

9.2 Overview of results

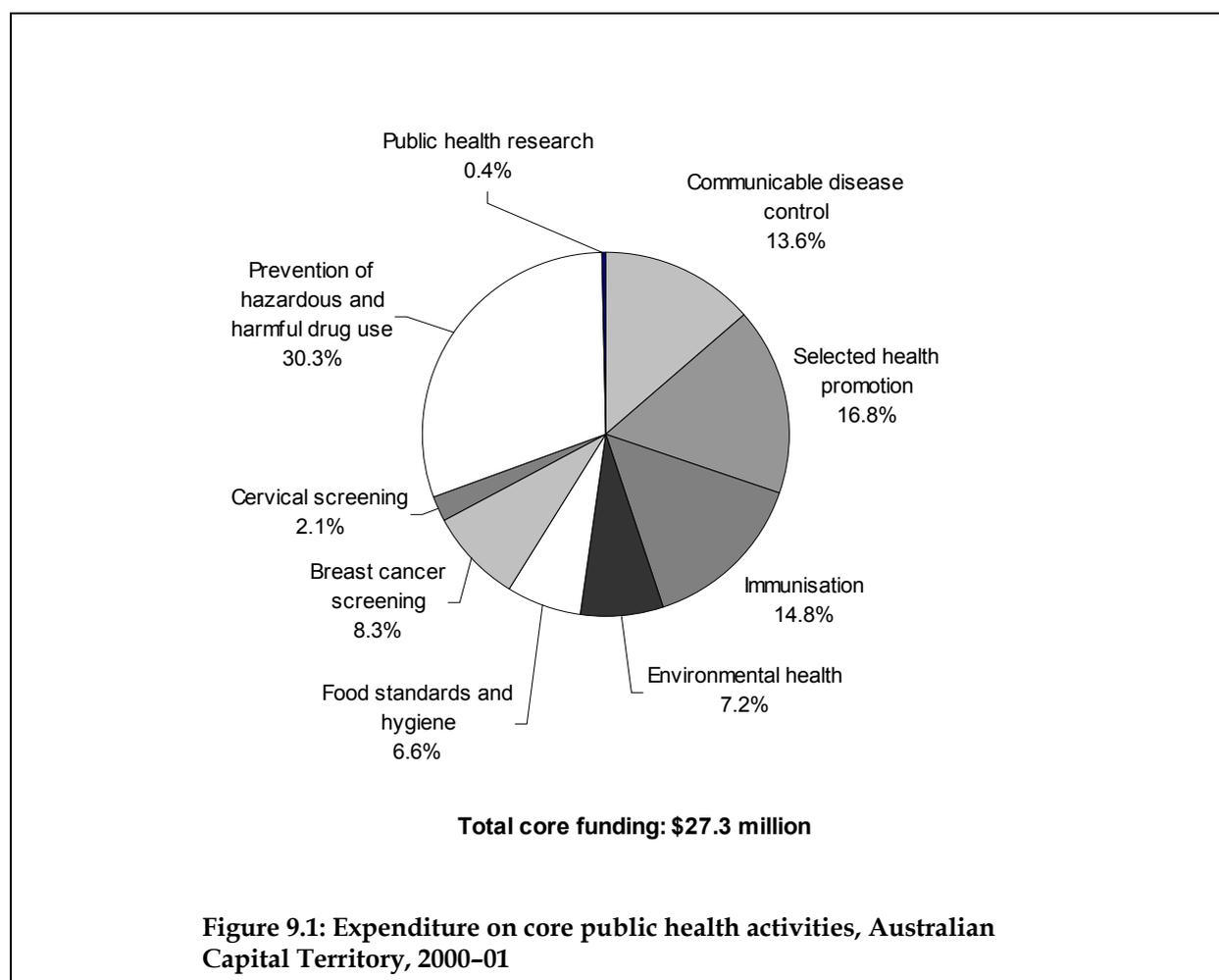
Total expenditure on core public health activities during 2000-01 was \$27.3 million (Table 9.1). Over 75% of the expenditure was directed towards four health activities:

- *Prevention of hazardous and harmful drug use* (30.3% or \$8.3 million)
- *Selected health promotion* (16.8% or \$4.6 million)

- Organised immunisation (14.8% or \$4.0 million)
- Communicable disease control (13.6% or \$3.7 million).

Table 9.1: Expenditure on core public health activities, Australian Capital Territory, 2000-01

Activity	Total expenditure (\$'000)	Proportion of total core public health expenditure (%)
Communicable disease control	3,718.8	13.6
Selected health promotion	4,574.4	16.8
Organised immunisation	4,026.6	14.8
Environmental health	1,972.7	7.2
Food standards and hygiene	1,797.6	6.6
Breast cancer screening	2,263.9	8.3
Cervical screening	580.5	2.1
Prevention of hazardous and harmful drug use	8,257.4	30.3
Public health research	104.2	0.4
Total core public health	27,295.9	100.0



The key public health goals of DHHCC during 2000–01 were to:

- implement strategies to prevent the uptake of drug use through a range of promotion and education initiatives and accessible drug treatment services, including the expansion of some existing services such as the methadone program
- conduct promotional and educational campaigns to increase awareness of communicable diseases and prevent their spread
- develop and implement strategies to promote health and wellbeing
- fund a range of health programs such as SmokeFree, Nutrition and SunSmart.

9.3 Comparison with 1999–00 results

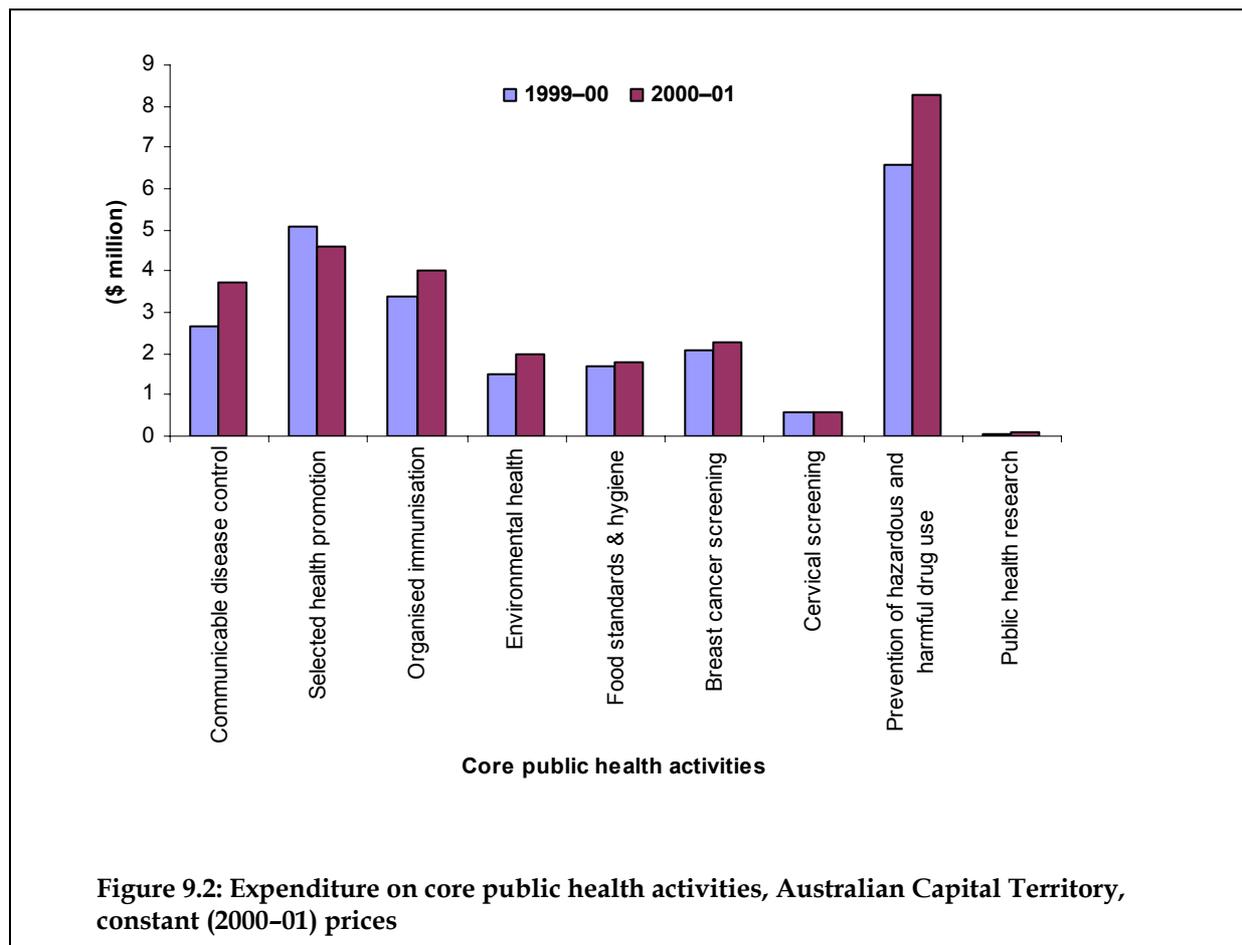
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Total expenditure core public health expenditure in 2000–01 was \$27.3 million. This was an increase in real terms of 15.7%. All health activities recorded real growth in expenditure except *Selected health promotion*.

Table 9.2: Expenditure on core public health activities, Australian Capital Territory, constant 2000–01 prices^(a)

Activity	1999–00 (\$'000)	2000–01 (\$'000)	Growth rate (%) ¹
Communicable disease control	2,664.4	3,718.8	39.6
Selected health promotion	5,102.0	4,574.4	–10.3
Organised immunisation	3,375.3	4,026.6	19.3
Environmental health	1,503.7	1,972.7	31.2
Food standards and hygiene	1,677.9	1,797.6	7.1
Breast cancer screening	2,080.9	2,263.9	8.8
Cervical screening	568.5	580.5	2.1
Prevention of hazardous and harmful drug use	6,584.9	8257.4	25.4
Public health research	26.5	104.2	293.2
Total core public health	23,584.1	27,295.9	15.7

(a) Expenditure for 1999–00 has been revalued in 2000–01 prices by using the ABS chain price index for final domestic expenditure by the Australian Capital Territory Government on ‘Hospital and nursing homes services’ (see Section 11.2).



9.4 Expenditure on public health activities

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

Communicable disease control

The Communicable Disease Control unit is responsible for the surveillance, investigation and public health management of notifiable diseases and the licensing and inspection of businesses which conduct skin penetration procedures, such as tattooists.

Total reported expenditure for *Communicable disease control* in 2000-01 was \$3.7 million (Table 9.3). This accounted for 13.6% of total core public health expenditure (Table 9.1). The bulk of expenditure was on payments to government and NGOs 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.

A number of initiatives in communicable disease control were taken during 2000-01. These included:

- an updated tuberculosis notification protocol which allows a more timely notification of tuberculosis and collection of data according to national requirements. Information and training was also provided to public and private providers of Mantoux testing

- a new investigation procedure for the follow-up of campylobacter infections to facilitate identification of common links and sources of infection
- implementation of the new national guidelines for the control of measles outbreaks.

HIV/AIDS, hepatitis C and sexually transmitted infections

Expenditure on HIV/AIDS in the ACT was directed towards providing surveillance and investigation, as well as providing education, support and counselling to people affected by HIV/AIDS and hepatitis C. The ACT Health Protection Service provided a hepatitis C ‘look back’ program for both donor-triggered and recipient-triggered investigations.

Needle and syringe programs

The Needle and Syringe Program aims to reduce the risk to injecting drug users of transmission of the HIV virus and other blood-borne diseases by providing sterile injecting equipment and education. Needle and syringe funding went to both government and non-government needle and syringe outlets. Non-government providers were key partners in the needle and syringe programs.

Other communicable disease control

Expenditure on other communicable disease control in the ACT was on vaccines, surveillance, outbreaks and infection control. Activities included:

- communicable disease surveillance, including improved monitoring, notification and follow-up procedures
- investigation and management of vaccine-preventable diseases
- provision of education and advice on infection control
- inspection and licensing of premises which undertake skin penetration for practices such as piercing and tattooing.

Table 9.3: Expenditure on *Communicable disease control*, Australian Capital Territory, 2000–01 (\$ million)

Category	Expenditure
HIV/AIDS, hepatitis C and sexually transmitted infections	2.3
Needle and syringe programs	0.7
Other communicable disease control	0.8
Total	3.7

Selected health promotion

Total reported expenditure on *Selected health promotion* was \$4.6 million. This represented 16.8% of total expenditure on core public health activities in 2000–01 (Table 9.1). Expenditure included that of Healthpact, the Healthy City Canberra program and a range of educational activities undertaken by DHHCC.

Healthy City Canberra (HCC) facilitated, funded and/or supported numerous successful cross-sectoral projects and other initiatives. Highlights included:

- Healthy City Canberra Community Gardens project – HCC provided funding for the establishment or refurbishment of ten community gardens
- Healthy Schools Awards – support and promotion for school initiatives that promoted health and wellbeing. Ten schools received over \$30,000 in prizes for health-promoting projects
- launch of the Health Promoting Health Services Network, a regional network of health services
- provision of nutrition training to school canteen managers through the Canteens Coalition
- Physical Activity Taskforce, a cross-sectoral taskforce supporting and advocating increased physical activity levels in the ACT community
- support for the Residents of Childers and Kingsley Streets group in developing a community development plan for their precinct.

In 2000–01, Healthpact distributed \$1.6 million to ACT sports, arts and community organisations for 113 health-promotion projects under health categories entitled:

- Smokefree
- SunSmart
- Physical Activity
- Nutrition
- Injury Prevention
- Community Wellbeing
- Healthy Lifestyle Program.

Healthpact also provided support funding for research in the areas of social capital and injury prevention (prevention of self-harm).

Organised immunisation

Total expenditure for *Organised immunisation* by DHHCC in 2000–01 was \$4.0 million (Table 9.4). This was 14.8% of total core public health expenditure (Table 9.1).

Organised childhood immunisation

Expenditure for *Organised childhood immunisation* in the Australian Capital Territory included:

- coordination of the ACT Immunisation Program
- development of strategies to maintain immunisation performance
- provision of advice and education to vaccine providers and the public
- maintenance and management of the ACT Immunisation Register
- provision of data to the Australian Childhood Immunisation Register
- follow-up of children overdue for immunisation
- adverse events surveillance and management.

There has been continued success in immunisation coverage, with coverage data at 30 June 2001 showing 91.5% of ACT children at one year of age and 89.7% of ACT children at two years of age are fully immunised.

Organised pneumococcal and influenza immunisation

Expenditure in this category was mostly in the areas of vaccinations and immunisation seminars. Pneumococcal vaccine was provided free through the National Indigenous Pneumococcal and Influenza Immunisation Program. For the second year, influenza vaccine was provided free to adults 65 years of age and over and to Indigenous Australians over 50 years of age. This has proved to be a popular program with demand for the vaccine indicating high uptake in the at-risk groups.

Table 9.4: Expenditure on Organised immunisation, Australian Capital Territory, 2000–01 (\$ million)

Category	Expenditure
Organised childhood immunisation	3.3
Organised pneumococcal and influenza immunisation	0.4
All other organised immunisation	0.3
Total	4.0

Environmental health

Total expenditure for *Environmental health* by Australian Capital Territory health authorities in 2000–01 was \$2.0 million or 7.2% of the total core public health expenditure (Table 9.1).

Expenditure included policy and legislation development, auditing and monitoring, and scientific services performed by the ACT Government Analytical Laboratories. Auditing and monitoring activities were carried out on:

- cooling towers and warm water systems for presence of *Legionella*
- swimming and spa pools
- accommodation facilities
- hairdressing establishments.

Scientific service activities in this category included:

- air quality monitoring
- recreational water testing for microbiological quality (lakes, streams, pools, spas)
- commercial water quality testing
- regulatory testing of ionising radiation emitting devices (for example X-ray machines).

During 2000–01, the Health Protection Service played an important role in assessing and addressing potential health issues related to high levels of bacteriological contamination in recreational waterways in the ACT.

Food standards and hygiene

Total expenditure for *Food standards and hygiene* by Australian Capital Territory health authorities in 2000–01 was \$1.8 million (Table 9.1). This was 6.6% of total core public health expenditure.

Expenditure under this health activity covered standardisation, regulatory and safety issues including:

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

Scientific safety and sampling activities undertaken by ACT Government Analytical Laboratories included:

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

During this reporting period, new ACT food legislation was developed to reflect new national regulatory reforms. A particular focus for 2000–01 was increasing the food safety monitoring program through more visits to food businesses in general and also targeting high-risk premises and foods.

Breast cancer screening

As part of a national funded program, BreastScreen ACT provides free screening services to all women aged over 50 years in the ACT. The target group is women who are not symptomatic or being treated for breast cancer and who are in the age group 50 to 69 years. In addition, women aged 70 years and over are able to attend the BreastScreen Clinic upon request for free breast screening.

Total expenditure on this activity was \$2.3 million in 2000–01 or 8.3% of the total core public health expenditure (Table 9.1).

Cervical screening

Total expenditure on *Cervical screening* during 2000–01 was \$0.6 million (Table 9.1) or 2.1% of total core public health expenditure. This included expenditure on the Cervical Screening Program and the cervical register.

The ACT Cervical Screening Program is a jointly funded ACT program that aims to reduce the death rate and ill effects from cervical cancer among ACT women. The program consists of a Cervical Cytology Register (Pap Smear Register) and health promotion and education services.

The Cervical Cytology Register aims to:

- provide a back-up reminder service (the Pap Smear Register) for women who are overdue for a Pap smear

- provide a back-up system to ensure that women are appropriately followed up when significant abnormalities are detected
- provide comprehensive and accurate information about all aspects of cervical screening for women and their health practitioners
- provide data to research project and cervical screening stakeholders
- promote recruitment to the screening program.

The health promotion and education services aim to increase community awareness of the importance of regular Pap smears and provide comprehensive and accurate information about all aspects of cervical screening for women and their health practitioners.

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

Expenditure on the prevention of hazardous and harmful drug use included activities targeted at the general population with the aim of reducing the over-use or abuse of alcohol, tobacco, illicit and other drugs of dependence. Expenditure on programs to control specific drugs, counselling programs and health promotion programs that target the use of these substances was included but expenditure on treatment services, other than the public methadone program, was not.

The total expenditure on *Prevention of hazardous and harmful drug use* was \$8.3 million in 2000–01 (Table 9.5). This represented 30.3% of the total core public health expenditure. Almost \$3 million was dispersed to non-government organisations to provide programs aimed at preventing the harmful use of alcohol and other drugs.

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

- providing accurate information, support, and referral to the community, individuals and groups
- promoting 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.

Table 9.5: Expenditure on *Prevention of hazardous and harmful drug use*, Australian Capital Territory, 2000–01 (\$ million)

Category	Expenditure
Alcohol	2.9
Tobacco	0.3
Illicit and other drugs of dependence	1.0
Mixed	4.1
Total	8.3

Public health research

Expenditure on *Public health research* in the Australian Capital Territory in 2000–01 was approximately \$0.1 million (Table 9.1) or 0.4% of the total core public health expenditure. Almost 60% of this expenditure was directed to research into health promotion and the remainder to research into the prevention of hazardous and harmful drug use.