

Glossary

Aboriginal Community Controlled Health Service	An autonomous community-controlled organisation initiated by an Aboriginal and/or Torres Strait Islander community that is governed by a body elected by the local Aboriginal and Torres Strait Islander community to deliver holistic, culturally appropriate, primary health care services to the community it serves.
Aboriginal Health Service	An ACCHS and or state/territory clinic aimed at providing services to a predominantly Indigenous community.
Accrual accounting	The method of accounting most commonly used by governments in Australia. Relates expenses, revenues and accruals to the period in which they are incurred. See also <i>Cash accounting</i> .
Acute-care hospital	A public (non-psychiatric) hospital or a private hospital.
Admitted patient services	Services provided to patients in a public (non-psychiatric) or private hospital who have been formally admitted to the institution. These include both day-only services and services involving overnight stay(s).
Australian Government administered expenses	Expenses administered by a department of the Australian Government on behalf of the Government in respect of particular outputs or programs for which funds have been appropriated. Does not include expenses incurred by the department concerned in administering those funds. See also <i>Australian Government departmental expenses</i> .
Australian Government departmental expenses	Those expenses incurred by a department of the Australian Government in the production of the department's outputs (mostly consisting of the cost of employees but also including suppliers of goods and services).
Australian Government expenditure	Total expenditure actually incurred by the Australian Government on its own health programs. It does not include funding provided to states and territories by way of grants under Section 96 of the Constitution. Nor does it include rebates paid in respect of people with private health insurance cover. See also <i>Australian Government funding, Specific Purpose Payments</i> .
Australian Government funding	The sum of Australian Government expenditure and Section 96 grants to states and territories, plus the estimated funding for health goods and services through the distribution of the 30% rebate on private health insurance premiums. See also <i>Australian Government expenditure, Specific Purpose Payments</i> .
Australian Health Care Agreement	An agreement entered into by Payments made by the Australian Government to a state territory government to provide funding support for their public hospitals and other prescribed health services through the Australian Health Care Agreements. See also <i>Specific Purpose Payments</i> .
Benefit-paid pharmaceuticals	Prescription pharmaceuticals for which a benefit was paid under either the PBS or the RPBS. See also <i>PBS, RPBS in Abbreviations and symbols</i> .
Cash accounting	Relates receipts and payments to the period in which the cash transaction(s) actually occurred. Does not have the capacity to reflect non-cash transactions, such as depreciation. See also <i>Accrual accounting</i> .
Community health services	Essentially primary health care services provided by or on behalf of governments that operate in a community setting. These include treatment services for people with mental illness, drug and alcohol treatment services (not involving admission), well baby clinics, domiciliary nursing services and family planning services. Includes health services provided by, or on behalf of, Aboriginal Community Controlled Health Services (ACCHSs).
Core public health activities	Nine groups of activities undertaken or funded by the key jurisdictional health departments that address issues related to a population—rather than individuals. Does not include diagnostic and/or treatment services.

Emergency departments	<p>The dedicated area in a public hospital that is organised and administered to provide emergency care to those in the community who perceive the need for or are in need of acute or urgent care.</p> <p>The emergency department must be part of a hospital and be licensed or otherwise recognised as an emergency department by the appropriate state or territory authority.</p>
Government Purpose Classification	<p>Classifies current outlays, capital outlays and selected other transactions of the non-financial public sector in terms of the purposes for which the transactions are made.</p>
High-level residential care	<p>Care provided to residents of residential care facilities (formerly nursing homes, aged persons hostels, etc) who have been allocated a RCS of 1–4.</p> <p>High-level residential care is broadly equivalent to the nursing care provided to patients in nursing homes. See also: <i>Low-level residential care</i>; <i>Resident Classification Scale</i>.</p>
Indirect expenditure	<p>Expenditures incurred indirectly in the provision or funding of particular health goods and services. Includes program-wide services that are less specific, such as health policy and strategy units. It also usually includes agency-wide services such as corporate services or the office of the Chief Health Officer.</p>
Jurisdictions	<p>Australian, state and territory governments.</p>
Koori	<p>A term sometimes preferred by Aboriginal people of south-eastern Australia when referring to themselves.</p>
Low-level residential care	<p>Care provided to residents of residential care facilities (formerly nursing homes, aged persons hostels, etc) who have been allocated a RCS of 5–8.</p> <p>Low-level residential care is broadly equivalent to the type of personal care provided to residents in hostels for the aged. See also <i>High-level residential care</i>, <i>Resident Classification Scale</i>.</p>
Non-admitted patient services	<p>Services provided to patients in public (non-psychiatric) or private hospitals who have not been formally admitted to the institution. These include services provided in emergency departments of hospitals that precede admission as well as ED services that do not result in admission. They also include hospital-based outpatient clinics and out-reach services.</p>
Primary health services	<p>Services provided to whole populations (community health services and public health activities) and those provided in, or flowing from, a patient-initiated contact with a health service.</p>
Private hospital	<p>A privately owned and operated institution caring for patients who are treated by a doctor of their own choice. Patients are charged fees for accommodation and other services provided by the hospital and the relevant attending practitioner(s).</p>
Public health	<p>Organised response by society to protect and promote health, and to prevent illness, injury and disability. The starting point for identifying public health issues, problems and priorities, and for designing and implementing interventions in the population as a whole, or population sub-groups (NPHP 1998).</p>
Public health activities	<p>Nine core activities identified by the National Public Health Expenditure Project as being the major activities of governments in Australia aimed at addressing public health issues. The nine activities are: communicable disease control; selected health promotion; organised immunisation; environmental health; food standards and hygiene; breast cancer screening; cervical screening; preventing hazardous and harmful drug use; and public health research.</p>
Public Health Outcomes Funding Agreement	<p>An agreement between the Australian Government and a state or territory government to provide funding for activities aimed at delivering defined public health outcomes.</p>

Public (non-psychiatric) hospital	<p>A health care institution operated by, or on behalf of, a state or territory government that provides a broad range of acute-care services to patients.</p> <p>These are hospitals that provide a range of services funded by the Australian Government and the state and territory governments under the Australian Health Care Agreements. They do not include public (psychiatric) hospitals. See also <i>Public (psychiatric) hospitals</i>.</p>
Public (psychiatric) hospital	<p>A stand-alone institution operated by, or on behalf of, a state or territory government that provides treatment and care for patients with psychiatric, mental or behavioural disorders. See also <i>Public (non-psychiatric) hospitals</i>.</p>
Recurrent expenditure	<p>Expenditure incurred by organisations on a recurring basis, for the provision of health services, excluding capital expenditure but including indirect expenditure.</p>
Resident Classification Scale	<p>Residential aged care is part of a spectrum of aged care options to meet differing needs of older persons and entry into a residential facility requires assessment by an Aged Care Assessment Team (ACAT).</p> <p>Once admitted to a residential facility, each person is allocated a RCS between 1 and 8 with 1 indicating the lowest care requirements and 8, the highest. The RCS allocated to a particular resident indicates the level of care that the facility must provide to that person and forms the basis for assessing the level of subsidy the facility attracts in respect of that person.</p> <p>The RCS for each resident is regularly reviewed and, where necessary, varied according to the needs of the resident.</p>
Secondary/tertiary health service	<p>Secondary and tertiary services are those generated from within the health system by a referral, hospital admission, etc.</p>
Services for older people	<p>In the case of Australian Government programs these include: expenditure and funding for residential aged care subsidies; flexible care subsidies through the Extended Aged Care in the Home (EACH) program; flexible care payments to Multi-Purpose Services (MPS); and Aboriginal and Torres Strait Islander flexible service payments. In the case of state and territory government programs these include payments for government nursing homes. For non-government programs these include residents' co-payments. See also <i>High-level residential care, Low-level residential care</i>.</p>
Specific Purpose Payments	<p>Australian Government payments to the states and territories under the provisions of Section 96 of the Constitution, to be used for purposes specified in agreements between the Australian Government and individual state and territory governments. Some are conditional on states and territories incurring a specified level or proportion of expenditure from their own resources (CGC 1998:466). See also <i>Australian Health Care agreement, Public Health Outcomes Funding Agreement</i>.</p>
Under-identification	<p>The estimated proportion of total Indigenous users of particular health services that have not had their correct Indigenous status captured.</p>

Steering Committee

The Aboriginal and Torres Strait Islander Health Expenditure Project was guided by a Steering Committee consisting of representatives of the following organisations:

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