11 Primary and community health

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Attachment tables

Attachment tables are identified in references throughout this Indigenous Compendium by an 'A' suffix (for example, in this chapter, table 11A.3). As the data are directly sourced from the 2010 Report, the Compendium also notes where the original table, figure or text in the 2010 Report can be found. For example, where the Compendium refers to '2010 Report, p. 11.15' this is page 15 of chapter 11 of the 2010 Report, and '2010 Report, table 11A.2' is attachment table 2 of attachment 11A of the 2010 Report. A full list of attachment tables is provided at the end of this chapter, and the attachment tables are available from the Review website at (www.pc.gov.au/gsp).

This chapter focuses on general practice, primary healthcare services for Indigenous people, public dental services, drug and alcohol treatment, maternal and child health, the Pharmaceutical Benefits Scheme (PBS) and a range of other community health services.

Indigenous data in the Primary and community health chapter

The Primary and community health chapter in the *Report on Government Services 2010* (2010 Report) contains the following information on Indigenous people:

- estimated episodes of healthcare by services for which SAR data are reported ('000), 2007-08
- older people who received an annual health assessment, 2008-09
- older people who received an annual health assessment (2004-05 to 2008-09)
- people who received a health check or assessment by age
- primary healthcare services for which SAR data are reported that provided early detection services (2003-04 to 2007-08)
- valid vaccinations supplied to children under 7 years of age, by provider type, 2004–2009 (per cent)
- separations for vaccine preventable conditions, 2007-08
- potentially preventable separations for selected acute conditions, 2007-08
- potentially preventable separations for selected chronic conditions, 2007-08
- ratio of separation rates to all people for all diabetes diagnoses, 2007-08.

The primary and community health attachment contains additional data relating to Indigenous people including:

- Indigenous primary healthcare services for which service activity reporting (SAR) data are reported (number), 2003-04 to 2007-08
- services and episodes of healthcare by Indigenous primary healthcare services for which service activity reporting (SAR) data are reported, by remoteness category (number) , 2003-04 to 2007-08
- proportion of Indigenous primary healthcare services for which service activity reporting (SAR) data are reported that undertook selected health related activities, 2007-08 (per cent)
- full time equivalent (FTE) health staff employed by Indigenous primary healthcare services for which service activity reporting (SAR) data are reported, as at 30 June 2008 (number)
- separations for selected vaccine preventable conditions by Indigenous status, 2007-08 (per 1000 people)
- separations for selected acute conditions by Indigenous status, 2007-08 (per 1000 people)

- separations for selected chronic conditions by Indigenous status, 2007-08 (per 1000 people)
- ratio of separations for Indigenous males to all males, 2007-08
- ratio of separations for Indigenous females to all females, 2007-08.

Indigenous primary and community healthcare services

Indigenous Australians use a range of primary and community healthcare services, including private GPs and Aboriginal and Torres Strait Islander Community Controlled Primary Health Care Services. There are Aboriginal and Torres Strait Islander Community Controlled Primary Health Care Services in all jurisdictions. These services are planned and governed by local Indigenous communities and aim to deliver holistic and culturally appropriate health and health-related services. Funding is provided by Australian, State and Territory governments.

Additional health programs for Indigenous Australians are funded by a number of jurisdictions. In 2008-09, these programs included services such as health information, promotion, education and counselling; alcohol, tobacco and other drug services; sexual health services; allied health services; disease/illness prevention; and improvements to nutrition standards (tables 11A.15–11A.22 and 2010 Report, table 11A.59).

Data on Aboriginal and Torres Strait Islander primary healthcare services that receive funding from the Australian Government are collected through service activity reporting (SAR) questionnaires. Many of these services receive additional funding from State and Territory governments and other sources. The SAR data reported here represent the health related activities, episodes and workforce funded from all sources.

For 2007-08, SAR data are reported for 155 Indigenous primary healthcare services (table 11A.1). Of these services, 56 (36.1 per cent) were located in remote or very remote areas (table 11A.2). They provided a wide range of primary healthcare services, including the diagnosis and treatment of illness and disease, the management of chronic illness, immunisations and transportation to medical appointments (table 11A.3). An episode of healthcare is defined in the SAR data collection as contact between an individual client and staff of a service to provide healthcare. Over 1.8 million episodes of healthcare were provided by participating services in 2007-08 (table 11.1). Of these, around 641 000 (34.6 per cent) were in remote or very remote areas (table 11A.2).

Table 11.1 **Estimated episodes of healthcare for Indigenous people by services for which SAR data are reported ('000)[a]**

	NSW and ACT[b]	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*NT*	*Aust*
2003-04	430	169	267	302	142	22	280	1 612
2004-05	415	151	254	274	145	23	323	1 585
2005-06	505	179	240	281	101	29	347	1 681
2006-07	440	173	251	284	114	31	352	1 644
2007-08[c]	420	167	267	306	111	36	543	1 850

[a] An episode of healthcare involves contact between an individual client and service staff to provide healthcare. Group work is not included. Transport is included only if it involves provision of healthcare and/or information by staff. Outreach provision, for example episodes at outstation visits, park clinics and satellite clinics, is included. Episodes of healthcare delivered over the phone are included. [b] Data for NSW and the ACT have been combined for confidentiality purposes. [c] Preliminary results.

Source: DoHA (unpublished) SAR data collection; 2010 Report, table 11.5, p. 11.12.

The services included in the SAR data collection employed 2603 full time equivalent health staff (as at 30 June 2008). Of these, 1496 were Indigenous (57.5 per cent). The proportions of doctors and nurses employed by services surveyed who were Indigenous were relatively low (2.1 per cent and 9.7 per cent, respectively) (table 11A.4).

Framework of performance indicators

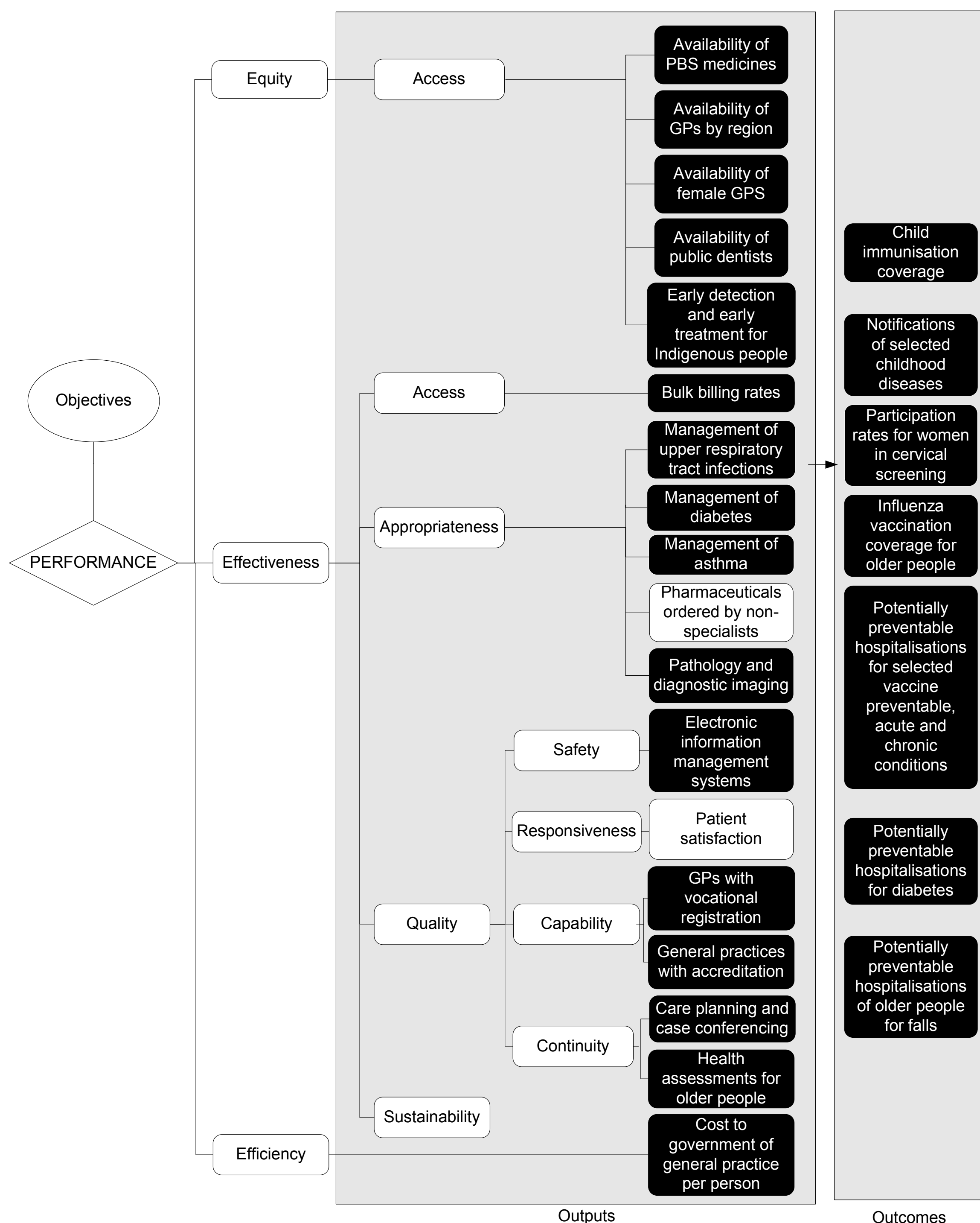
Data for Indigenous people are reported for a subset of the performance indicators for primary and community health in the 2010 Report. It is important to interpret these data in the context of the broader performance indicator framework outlined in figure 11.1. The performance indicator framework shows which data are comparable in the 2010 Report. For data that are not considered directly comparable, the text includes relevant caveats and supporting commentary.

The Report's statistical appendix contains data that may assist in interpreting the performance indicators presented in this chapter. These data cover a range of demographic and geographic characteristics, including age profile, geographic distribution of the population, income levels, education levels, tenure of dwellings and cultural heritage (including Indigenous and ethnic status) (appendix A).

The Council of Australian Governments (COAG) has agreed six National Agreements to enhance accountability to the public for the outcomes achieved or outputs delivered by a range of government services (see 2010 Report, chapter 1 for more detail on reforms to federal financial relations). The National Healthcare Agreement covers the areas of health and aged care services, while the National Indigenous Reform Agreement establishes specific outcomes for reducing the level

of disadvantage experienced by Indigenous Australians. The agreements include sets of performance indicators, for which the Steering Committee collates annual performance information for analysis by the COAG Reform Council.

Figure 11.1 **Performance indicators for primary and community health**



Source: 2010 Report, figure 11.2, p. 11.15.

For the purposes of this Report, equity is defined in terms of adequate access to government services for all Australians. Access to primary and community health services can be affected through factors such as disability, socioeconomic circumstance, age, geographic distance, cultural issues and English language proficiency (see 2010 Report, chapter 1). Such issues have contributed to the generally poor health status of Indigenous people relative to other Australians (see the Health Preface and SCRGSP 2009).

Early detection and early treatment for Indigenous people

'Early detection and early treatment for Indigenous people' is an indicator of governments' objective to provide equitable access to primary and community healthcare services for Indigenous people (box 11.1).

Box 11.1 **Early detection and early treatment for Indigenous people**

'Early detection and early treatment for Indigenous people' is defined by the following four measures:

- Older people who received a voluntary health assessment by Indigenous status, defined as the proportion of older people who received a voluntary health assessment by Indigenous status. Older people are defined as non-Indigenous people aged 75 years or over and Indigenous people aged 55 years or over, excluding hospital inpatients and people living in aged care facilities. The relatively young age at which Indigenous people become eligible for 'older' people's services recognises that they typically face increased health risks at younger ages than most other groups in the population. It also broadly reflects the difference in average life expectancy between the Indigenous and non-Indigenous populations (see the Health preface).
- Older Indigenous people who received a voluntary health assessment, time series, defined as the proportion of older Indigenous people who received a voluntary health assessment in successive years of a five year period.
- Indigenous people who received a voluntary health assessment or check by age group, defined as the proportion of Indigenous people who received a voluntary health assessment/check, in each of the three age groups for which they are available (0–14 years, 15–54 years and 55 years or over).
- Aboriginal and Torres Strait Islander primary healthcare services that provided early detection services, defined as the proportion of Aboriginal and Torres Strait Islander primary healthcare services that included early detection activities in the services provided.

A reduction in the gap between the proportion of all older people and older Indigenous people that received a health assessment indicates more equitable access to early detection and early treatment services for Indigenous people. An increase over time in the proportion of older Indigenous people who received a voluntary health assessment is desirable as it indicates improved access to these services. A reduction in the gap between the proportion of Indigenous people in different age groups that received a health assessment/check can indicate more equitable access to early detection and treatment services within the Indigenous population. An increase in the proportion of Aboriginal and Torres Strait Islander primary healthcare services that included early detection activities is desirable as it indicates improved access to early detection and treatment services for Indigenous Australians.

This indicator provides no information about early detection and early treatment services that are not provided under Medicare. Such services are provided by salaried GPs in community health settings, hospitals and Indigenous-specific primary healthcare services, particularly in rural and remote areas. Accordingly, this indicator understates the proportion of people who received early detection and early treatment services.

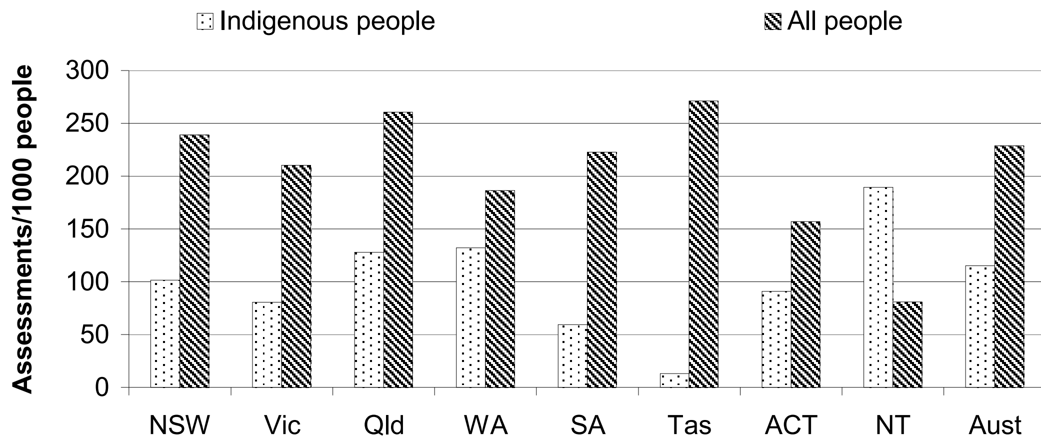
Data for this indicator are comparable.

The high prevalence of preventable and/or treatable health conditions in the Indigenous population is strongly associated with relatively poor health outcomes for Indigenous people (AIHW 2008a; SCRGSP 2009). Early detection and early treatment refers to the identification of individuals who are at high risk for, or in the early stages of, such conditions. Early detection and early treatment services provide opportunities for timely prevention and intervention measures, and their availability and uptake is understood to be a significant determinant of people's health.

Voluntary health assessments and checks are Medicare Benefits Schedule (MBS) items that allow GPs to undertake comprehensive examinations of patient health, including physical, psychological and social functioning. They are available for older Australians as well as for Indigenous people of all ages, as the prevalence of preventable and/or treatable conditions is high in both population groups.

In 2008-09 the proportion of Indigenous older people who received an annual health assessment was considerably lower than the proportion of all older people who received an annual health assessment (figure 11.2). This suggests that access to early detection and early treatment services may not be equitable.

Figure 11.2 **Older people who received an annual health assessment by Indigenous status, 2008-09**[a, b]

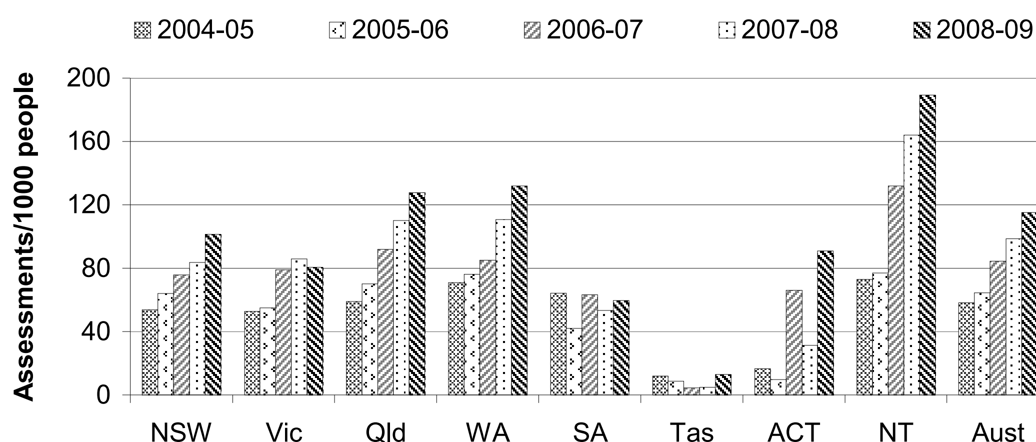


[a] Older people are defined as Indigenous people aged 55 years or over and non-Indigenous people aged 75 years or over. [b] Indigenous status is determined by self-identification. Indigenous people aged 75 years or over may have received a health assessment under the 'all older people' MBS items. This is considered unlikely to affect overall proportions significantly, due to the relatively low average life expectancy of Indigenous people.

Source: Derived from DoHA (unpublished) MBS data collection, ABS (2009) *Experimental estimates and projections, Aboriginal and Torres Strait Islander Australians 1991 to 2021*, Cat. no. 3238.0 and ABS 2009 *Australian demographic statistics March quarter 2009*, Cat. no. 3101.0; table 11A.5; 2010 Report, figure 11.8, p. 11.24.

The proportion of older Indigenous people who received an annual health assessment steadily increased in most jurisdictions between 2004-05 and 2008-09 (figure 11.3). This indicates that access to early detection and early treatment services for this population has improved in these jurisdictions and nationally.

Figure 11.3 **Older Indigenous people who received an annual health assessment[a, b]**



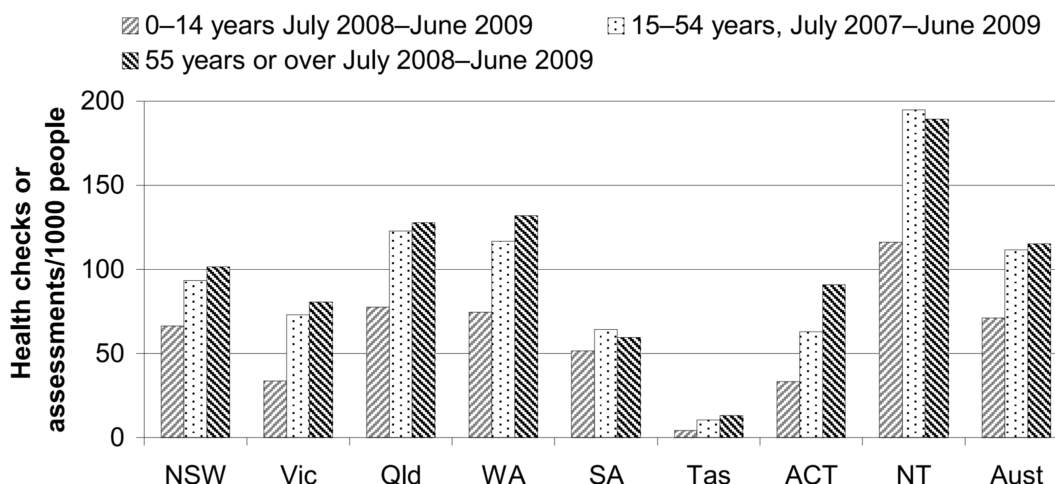
[a] Older people are defined as Indigenous people aged 55 years or over. Indigenous status is determined by self-identification. Indigenous people aged 75 years or over may have received a health assessment under the 'all older people' MBS items, although this is considered unlikely to significantly affect overall proportions due to the relatively low average life expectancy of Indigenous people. [b] Historical rates in this figure may differ from those in previous Reports, as new ABS Indigenous population estimates and projections have been used following the 2006 Census of Population and Housing.

Source: Derived from DoHA (unpublished) MBS data collection and ABS (2009) *Experimental estimates and projections, Aboriginal and Torres Strait Islander Australians 1991 to 2021*, Cat. no. 3238.0; table 11A.6; 2010 Report, figure 11.9, p. 11.25.

Health check MBS items were introduced for Indigenous people aged 15–54 years in May 2004, and for Indigenous children aged 0–14 years in May 2006. Health checks are available annually for children aged 0–14 years, and biennially for 15–54 year olds.

The proportion of the eligible Indigenous population that received a health assessment or check was highest for older people and lowest for children aged 0–14 years in most jurisdictions (figure 11.4). This can, in part, reflect differences in how long the items have been available, as factors such as awareness and administrative requirements affect the uptake of new MBS items (AIHW 2008a).

Figure 11.4 **Indigenous people who received a health check or assessment by age[a, b]**

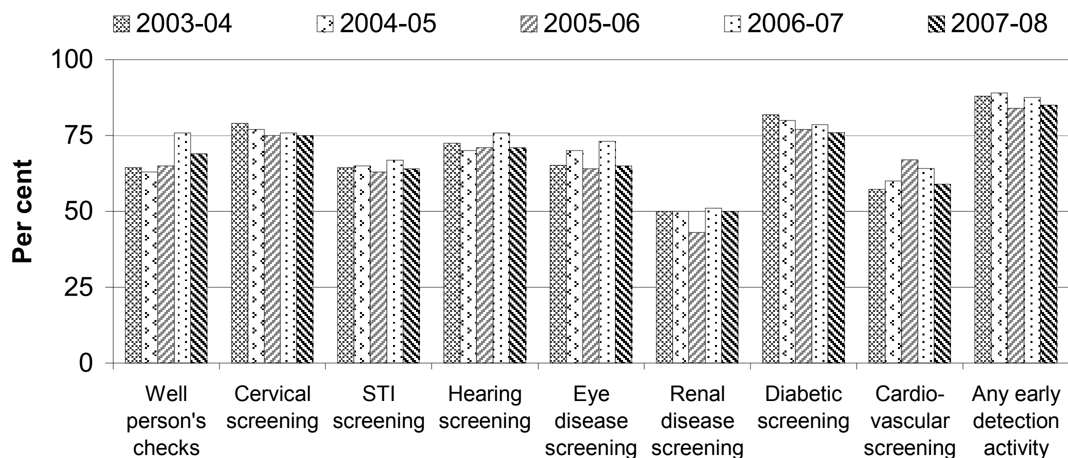


[a] Indigenous status is determined by self-identification. Indigenous people aged 75 years or over may have received a health assessment under the ‘all older people’ MBS items, although this is considered unlikely to significantly affect overall proportions due to the relatively low average life expectancy of Indigenous people. [b] Health checks for 0–14 year olds, and health assessments for those aged 55 years or over, are available annually. Data for these age groups are for the period 1 July 2008 to 30 June 2009. Health checks for 15–54 year olds are available biennially, and these data are for the period 1 July 2007 to 30 June 2009.

Source: Derived from DoHA (unpublished) MBS data collection and ABS (2009) *Experimental estimates and projections, Aboriginal and Torres Strait Islander Australians 1991 to 2021*, Cat. no. 3238.0; table 11A.7; 2010 Report, figure 11.10, p. 11.26.

Figure 11.5 shows the proportion of Indigenous primary healthcare services for which SAR data are reported that provided various early detection services over the five year period to 2007-08.

Figure 11.5 **Indigenous primary healthcare services for which SAR data are reported that provided early detection services**



Source: DoHA (unpublished) SAR data collection; table 11A.8; 2010 Report, figure 11.11, p. 11.27.

Intermediate outcomes (such as vaccination coverage within a target group) moderate final outcomes (such as the incidence of vaccine preventable diseases). Both intermediate and final primary and community health outcome indicators are reported.

Child immunisation coverage

Many providers deliver child immunisation services (table 11.2). GPs are encouraged to achieve high immunisation coverage levels under the General Practice Immunisation Incentive Scheme, which provides incentives for the immunisation of children under seven years of age.

Table 11.2 **Valid vaccinations supplied to children under 7 years of age, by provider type, 2004–2009 (per cent)[a, b]**

Provider	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
GP	86.0	56.0	83.0	66.0	69.0	90.0	50.0	5.0	73.0
Council	4.4	43.0	6.0	4.0	21.0	9.0	–	–	15.0
State or Territory health department	–	–	–	8.0	–	–	–	1.0	1.0
Flying doctor service	–	–	–	–	–	–	–	–	–
Public hospital	1.2	1.0	3.0	2.0	1.0	–	1.0	8.0	2.0
Private hospital	–	–	–	–	–	–	–	1.0	–
Indigenous health service	1.0	–	1.0	1.0	–	–	–	14.0	1.0
Indigenous health worker	–	–	–	–	–	–	–	–	–
Community health centre	8.0	–	7.0	19.0	9.0	1.0	49.0	71.0	8.0
Community nurse	–	–	–	–	–	–	–	–	–
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

a 1 July 2004 to 30 June 2009. Data relate to the State or Territory in which the immunisation provider was located. **b** A valid vaccination is a National Health and Medical Research Council's Australian Standard Vaccination Schedule vaccination administered to a child under the age of 7 years. – Nil or rounded to zero.

Source: DoHA (unpublished) Australian Childhood Immunisation Register (ACIR) data collection; table 11A.9; 2010 Report, table 11.6, p. 11.49.

Potentially preventable hospitalisations

Potentially preventable hospitalisations refer to hospital admissions that may be avoided through appropriate management in the primary healthcare sector and/or the broader community (AIHW 2008b, 2009) (2010 Report, box 11.24).

Data are reported against the two potentially preventable hospitalisations indicators by Indigenous status.:

- potentially preventable hospitalisations for selected vaccine preventable, acute and chronic conditions
- potentially preventable hospitalisations for diabetes.

The indicator 'potentially preventable hospitalisations for selected vaccine preventable, acute and chronic conditions' combines three measures that in previous Reports were included as separate indicators — 'hospitalisations for vaccine preventable conditions', 'hospitalisations for selected acute conditions' and 'hospitalisations for selected chronic conditions'. This is consistent with current national reporting conventions, for example, the *National Healthcare Agreement*.

Adjustments are made to account for differences in the age structures of these populations across states and territories. The completeness of Indigenous identification in hospital admitted patient data varies across states and territories.

The *Improving the Quality of Indigenous Identification in Hospital Separations Data* report found that Indigenous admitted patient data were of acceptable quality for analytical purposes only for Queensland, WA, SA, and public hospitals in the NT (AIHW 2005). Following new assessments of the quality of Indigenous identification, the National Health Information Management Principal Committee (NHIMPC, now the National e-Health and Information Principal Committee [NEHIPC]) has approved Indigenous admitted patient data for NSW and Victoria, from the 2004-05 reference year, as acceptable in quality for analytical purposes. Data are not published for Tasmania and the ACT because the quality of Indigenous identification is not considered to be acceptable for analysis.

Reported data are not necessarily representative of other jurisdictions. Indigenous patients are underidentified to an extent that varies across jurisdictions. Because of improvements in data quality over time, caution also should be used in time series analysis.

Potentially preventable hospitalisations for selected vaccine preventable, acute and chronic conditions

'Potentially preventable hospitalisations for selected vaccine preventable, acute and chronic conditions' is an indicator of governments' objective to reduce potentially preventable hospitalisations through the delivery of effective primary healthcare services (box 11.2).

Box 11.2 **Potentially preventable hospitalisations for selected vaccine preventable, acute and chronic conditions**

'Potentially preventable hospitalisations for selected vaccine preventable, acute and chronic conditions' is defined by three measures:

- Hospitalisations for vaccine preventable conditions, defined as the number of hospital separations for influenza and pneumonia, and other vaccine preventable conditions, per 1000 people.
- Hospitalisations for selected acute conditions, defined as the number of hospital separations per 1000 people for the following conditions: dehydration and gastroenteritis; pyelonephritis (kidney inflammation caused by bacterial infection); perforated/bleeding ulcer; cellulitis; pelvic inflammatory disease; ear, nose and throat infections; dental conditions; appendicitis; convulsions and epilepsy; and gangrene.

(Continued on next page)

Box 11.2 **(Continued)**

- Hospitalisations for selected chronic conditions, defined as the number of hospital separations per 1000 people for the following conditions: asthma; congestive cardiac failure; diabetes complications; chronic obstructive pulmonary disease; angina; iron deficiency anaemia; hypertension; nutritional deficiencies; and rheumatic heart disease.

Selected conditions are defined according to the Victorian Ambulatory Care Sensitive Conditions Study (AIHW 2009; DHS 2002).

Low or reducing separation rates for vaccine preventable conditions may indicate improvements in the effectiveness of the vaccination program. Low or reducing separation rates for selected acute conditions may indicate more effective treatment of these conditions in the primary and community healthcare sector. Low or reducing separation rates for selected chronic conditions may indicate more effective management of these conditions in the primary and community healthcare sector.

Data are reported for each measure for all people and by Indigenous status. A reduction in the gap in hospital separation rates between Indigenous and all people can indicate greater equity of access to primary healthcare services.

Factors outside the control of the primary and community healthcare sector also influence hospitalisation rates for these conditions, for example, the underlying prevalence of conditions, patient compliance with treatment, and the number and virulence of influenza strains. Public health measures that are not reported in this chapter can also influence hospitalisation rates.

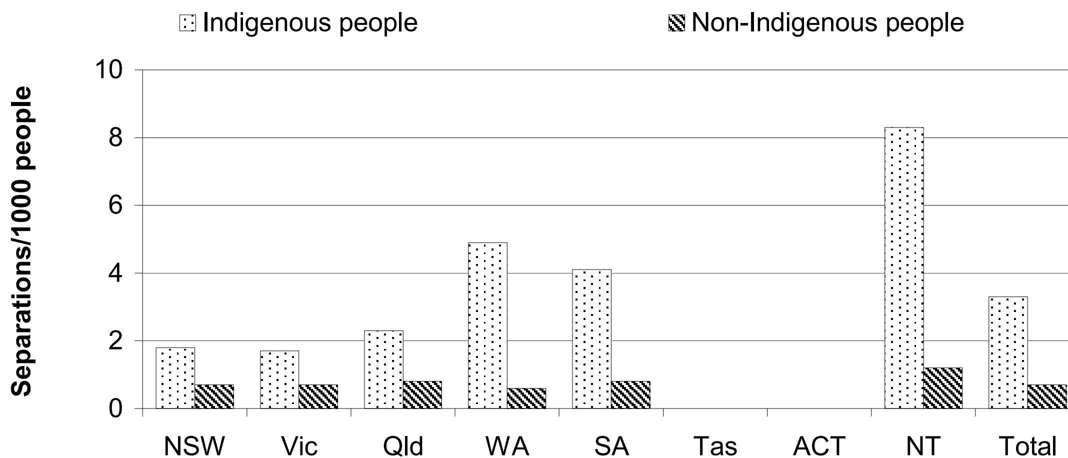
Data for this indicator are comparable.

Vaccine preventable hospitalisations

Nationally, the age standardised hospital separation rate for all vaccine preventable conditions was 0.7 per 1000 people in 2007-08. Nationally, influenza and pneumonia accounted for 78.9 per cent of hospital separations for vaccine preventable conditions in 2007-08 (2010 Report, table 11.7).

The age standardised hospital separation rate for vaccine preventable conditions was higher for Indigenous people than for non-Indigenous people in 2007-08 in all jurisdictions for which data were published (figure 11.6).

Figure 11.6 **Separations for vaccine preventable conditions by Indigenous status, 2007-08[a, b, c, d, e]**



a Separation rates are directly age standardised to the Australian population at 30 June 2001. **b** Caution should be used in the interpretation of these data because of jurisdictional differences in data quality. **c** Indigenous separation rates are based on state of hospitalisation while non-Indigenous rates are based on state of usual residence. **d** NT data for Indigenous people are for public hospitals only. **e** Total comprises NSW, Victoria, Queensland, WA, SA and the NT. Data are not published for Tasmania and the ACT because the quality of Indigenous identification is not considered acceptable for analysis.

Source: AIHW (unpublished) National Hospital Morbidity Database; table 11A.10; 2010 Report, figure 11.34, p. 11.59.

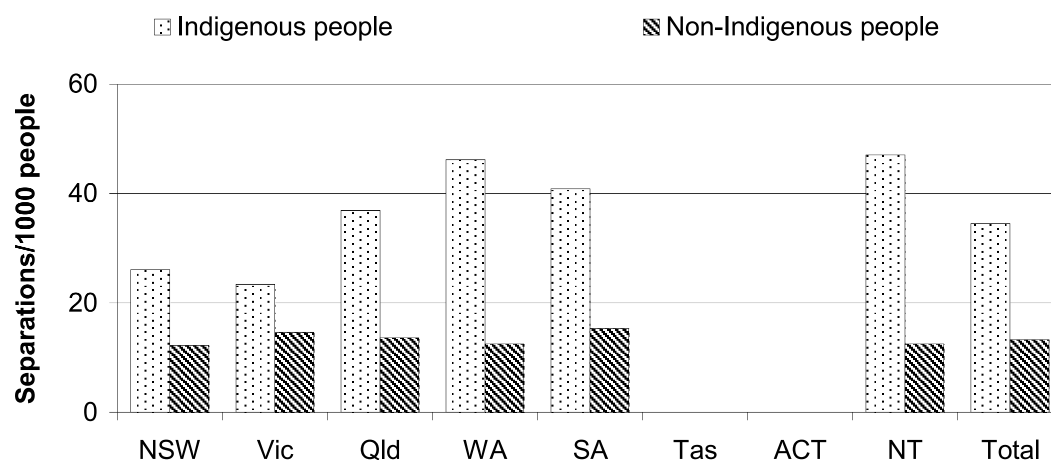
Age standardised hospital separation rate ratios for infectious pneumonia illustrate differences between the rates of hospital admissions for Indigenous people and those for all Australians, taking into account differences in the age structures of the populations. Rate ratios close to one indicate that Indigenous people have similar separation rates to all people, while higher rate ratios indicate relative disadvantage. For both males and females there was a marked difference in 2007-08 between the separation rates for Indigenous people and those for the total population for infectious pneumonia diagnoses. For NSW, Victoria, Queensland, WA, SA and the NT combined, the separation rate for Indigenous males was higher than that for all Australian males, and the separation rate for Indigenous females was higher than the rate for all females (tables 11A.13 and 11A.14).

Hospitalisations for selected acute conditions

Of the selected acute conditions, dental conditions and dehydration and gastroenteritis recorded the highest rates of hospitalisation nationally in 2007-08 (2010 Report, table 11.8).

The age standardised hospital separation rate for the selected acute conditions was higher for Indigenous people than for non-Indigenous people in 2007-08 in all jurisdictions for which data were published (figure 11.7).

Figure 11.7 **Separations for selected acute conditions by Indigenous status, 2007-08**[a, b, c, d, e]



[a] Separation rates are directly age standardised to the Australian population at 30 June 2001. [b] Caution should be used in the interpretation of these data because of jurisdictional differences in data quality. [c] Indigenous separation rates are based on state of hospitalisation while non-Indigenous rates are based on state of usual residence. [d] NT data for Indigenous people are for public hospitals only. [e] Total comprises NSW, Victoria, Queensland, WA, SA and the NT. Data are not published for Tasmania and the ACT because the quality of Indigenous identification is not considered acceptable for analysis.

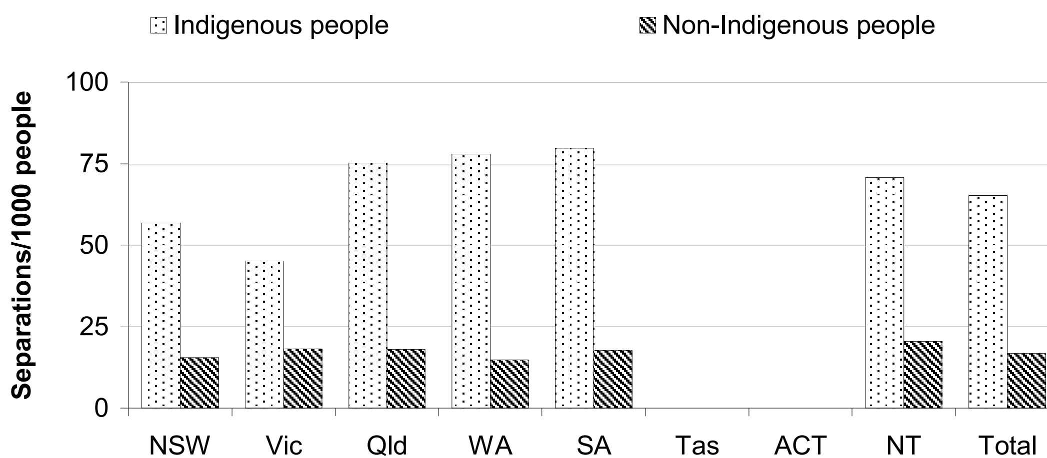
Source: AIHW (unpublished) National Hospital Morbidity Database; table 11A.11; 2010 Report, figure 11.35, p. 11.61.

Hospitalisations for selected chronic conditions

Of the selected chronic conditions, diabetes complications, chronic obstructive pulmonary disease, congestive cardiac failure, asthma and angina recorded the highest rates of hospitalisation nationally in 2007-08. The hospitalisation rate for diabetes complications was more than three times higher than the rate for any other of the selected conditions (2010 Report, table 11.9).

The age standardised hospital separation rate for the selected chronic conditions was higher for Indigenous people than for non-Indigenous people in 2007-08 in all jurisdictions for which data were published (figure 11.8).

Figure 11.8 **Separations for selected chronic conditions by Indigenous status, 2007-08[a, b, c, d, e]**



[a] Separation rates are directly age standardised to the Australian population at 30 June 2001. [b] Caution should be used in the interpretation of these data because of jurisdictional differences in data quality. [c] Indigenous separation rates are based on state of hospitalisation while non-Indigenous rates are based on state of usual residence. [d] NT data for Indigenous people are for public hospitals only. [e] Total comprises NSW, Victoria, Queensland, WA, SA and the NT. Data are not published for Tasmania and the ACT because the quality of Indigenous identification is not considered acceptable for analysis.

Source: AIHW (unpublished) National Hospital Morbidity Database; table 11A.12; 2010 Report, figure 11.36, p. 11.62.

Potentially preventable hospitalisations for diabetes

'Potentially preventable hospitalisations for diabetes' is an indicator of governments' objective to reduce hospitalisations due to diabetes through the provision of high quality, appropriate and effective management of diabetes in the primary and community health sector (box 11.3).

Box 11.3 Potentially preventable hospitalisations for diabetes

'Potentially preventable hospitalisations for diabetes' is defined by two measures:

- the number of hospitalisations for diabetes mellitus as the principal diagnosis, per 100 000 people
- the number of hospitalisations for lower limb amputation with a principal or additional diagnosis of diabetes, per 100 000 people.

Rates are adjusted to account for differences in the age structures of State and Territory populations.

Low or reducing rates can indicate an improvement in GPs' and community health providers' management of patients' diabetes. A comparison is made between Indigenous and all other people in the ratio of age standardised hospital separation rates of Indigenous people to all people. Rate ratios close to one indicate that Indigenous people have similar separation rates to all people, while higher rate ratios indicate relative disadvantage.

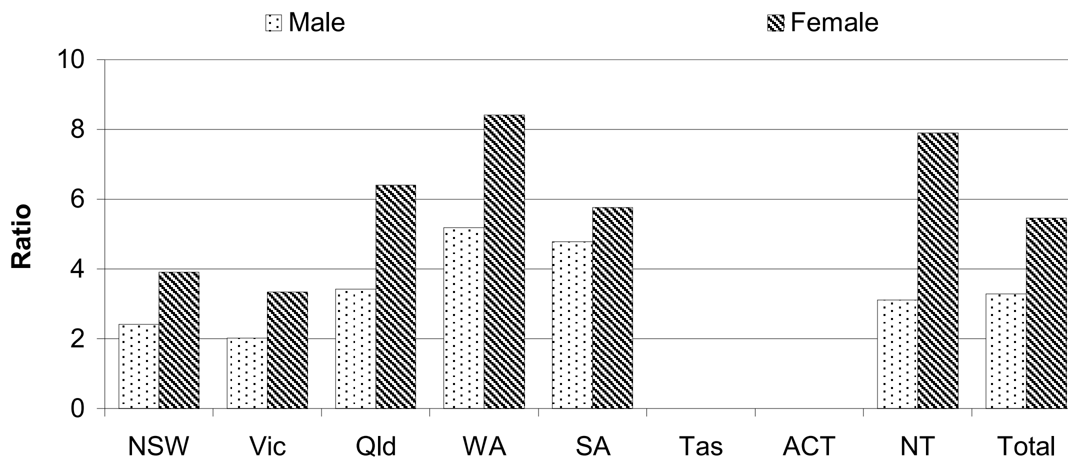
Factors outside the control of the primary healthcare sector also influence the rates of hospitalisation, for example, patient compliance with measures to manage diabetes, and the underlying prevalence of diabetes.

Data for this indicator are comparable.

Age standardised hospital separation ratios for all diabetes diagnoses[1] illustrate differences between the rate of hospital admissions for Indigenous people and that for all Australians, taking into account differences in the age structures of the two populations. For both males and females there was a marked difference in 2007-08 between the separation rates for Indigenous people and those for the total population for all diabetes diagnoses. The quality of Indigenous identification is considered acceptable for analysis only for NSW, Victoria, Queensland, WA, SA and the NT. For these jurisdictions combined, the separation rate for Indigenous males was 3.3 times higher than the separation rate for all Australian males. The separation rate for Indigenous females was 5.5 times the rate for all females (figure 11.9).

[1] 'All diabetes' refers to separations with either a principal or additional diagnosis of diabetes, except where dialysis is the principal diagnosis.

Figure 11.9 **Ratio of separation rates of Indigenous people to all people for all diabetes diagnoses, 2007-08[a, b, c, d, e, f, g]**



[a] Ratios are directly age standardised to the Australian population at 30 June 2001. [b] Indigenous separation rates are based on state of hospitalisation while all person rates are based on state of usual residence. [c] 'All diabetes' refers to separations with a principal and/or additional diagnosis of diabetes, except where dialysis is the principal diagnosis. [d] Patients aged 75 years and over are excluded. [e] Caution should be used in the interpretation of these data because of jurisdictional differences in data quality. [f] NT data are for public hospitals only. [g] Total comprises NSW, Victoria, Queensland, WA, SA and the NT. Data are not published for Tasmania and the ACT because the quality of Indigenous identification is not considered acceptable for purposes of analysis.

Source: AIHW (unpublished) National Hospital Morbidity Database; tables 11A.13 and 11A.14; 2010 Report, figure 11.40, p. 11.67.

Future directions in performance reporting

Indigenous health

Barriers to accessing primary health services contribute to the poorer health status of Indigenous people compared to other Australians (see the Health preface). The Steering Committee has identified primary and community health services for Indigenous people as a priority area for future reporting and will continue to examine options for the inclusion of further such indicators. The Aboriginal and Torres Strait Islander Health Performance Framework developed under the auspices of the Australian Health Ministers' Advisory Council will inform the selection of future indicators of primary and community health services to Indigenous people.

Continued efforts to improve Indigenous identification are necessary to better measure the performance of primary and community health services in relation to the health of Indigenous Australians. Work being undertaken by the ABS and

AIHW includes an ongoing program to improve identification of Indigenous status in Australian, State and Territory government administrative systems.

COAG developments

Report on Government Services alignment with National Agreement reporting

It is anticipated that future editions of health services chapters and the Health preface will align with applicable National Agreement indicators, including the *National Indigenous Reform Agreement*. Further alignment between the Report and National Agreement indicators, and other reporting changes, might result from future developments in National Agreement and National Partnership reporting.

Attachment tables

Attachment tables for data within this chapter are contained in the attachment to the Compendium. These tables are identified in references throughout this chapter by an 'A' suffix (for example, table 11A.3 is table 3 in the primary and community health attachment). Attachment tables are on the Review website (www.pc.gov.au/gsp). Users without access to the website can contact the Secretariat to obtain the attachment tables (see contact details on the inside front cover of the Compendium). The tables included in the attachment are listed below.

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References

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SCRGSP (Steering Committee for the Review of Government Service Provision) 2009, *Overcoming Indigenous Disadvantage: Key Indicators 2009*, Productivity Commission, Canberra.

11A Primary and community health — attachment

Definitions for the indicators and descriptors in this attachment are in section 11.5 of the chapter in the *Report on Government Services 2010* (2010 Report). Data in this Report are examined by the Health Working Group, but have not been formally audited by the Secretariat. Unsourced information was obtained from the Australian, State and Territory governments.

This file is available in Adobe PDF format on the Review web page (www.pc.gov.au/gsp). Users without internet access can contact the Secretariat to obtain these tables (see details on the inside front cover of the Report).

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Table 11A.1 Indigenous primary healthcare services for which service activity reporting (SAR) data are reported (number) (a), (b)

	NSW and ACT (c)	Vic	Qld	WA	SA	Tas	NT	Aust
2003-04	29	21	26	20	10	5	27	138
2004-05	28	22	26	20	13	5	27	141
2005-06	30	22	27	23	14	5	29	150
2006-07	28	22	28	25	10	6	27	146
2007-08 (d)	29	23	30	30	10	7	26	155

(a) The SAR only includes Aboriginal and Torres Strait Islander health organisations that receive at least some of their funding from the Australian government to facilitate access to primary health care (including health promotion, dental and counselling services).

(b) The number of services that provide SAR data changes each year. Changes are due to new Australian government funded primary health care services opening and existing services gaining Australian government funding. In addition, previously excluded Australian government funded services may be required to commence SAR data reporting if there are changes in the types of services provided and/or reporting arrangements.

(c) Data for NSW and the ACT have been combined in order to avoid the identification of individual services.

(d) 2007-08 data are preliminary results.

Source : DoHA unpublished, Service Activity Reporting (SAR) data collection; 2010 Report, table 11A.4.

Table 11A.2 Services and episodes of healthcare by Indigenous primary healthcare services for which service activity reporting (SAR) data are reported, by remoteness category (number) (a)

	Highly accessible	*Accessible*	*Moderately accessible*	*Remote*	*Very remote*	*Total*
Services						
2003-04	41	30	13	14	40	138
2004-05	41	34	13	15	38	141
2005-06	44	36	15	16	39	150
2006-07	47	32	13	16	38	146
2007-08 (b)	52	34	13	16	40	155
Episodes of healthcare						
2003-04	572 000	345 000	110 000	207 000	378 000	1 612 000
2004-05	554 000	399 000	85 000	213 000	335 000	1 586 000
2005-06	644 000	388 000	92 000	243 000	317 000	1 684 000
2006-07	560 000	415 000	87 000	269 000	312 000	1 643 000
2007-08 (b)	562 000	561 000	86 000	311 000	330 000	1 850 000

(a) An episode of care involves contact between an individual client and service staff for the provision of health care. Group work is not included. Transport is included only if it involves provision of health care/information by staff. Outreach provision, for example episodes at outstation visits, park clinics, satellite clinics, is included. Episodes of health care delivered over the phone are included.

(b) 2007-08 data are preliminary results.

Source : DoHA unpublished, SAR data collection; 2010 Report, table 11A.5.

Table 11A.3 Proportion of Indigenous primary healthcare services for which service activity reporting (SAR) data are reported that undertook selected health related activities, 2007-08 (per cent) (a), (b), (c)

Activity	Per cent
Diagnosis and treatment of illness/disease	86
Management of chronic illness	88
Transportation to medical appointments	92
Outreach clinic services	63
24 hour emergency care	28
Monitoring child growth	72
School-based activities	79
Hearing screening	71
Pneumococcal immunisation	79
Influenza immunisation	80
Child immunisation	79
Women's health group	80
Support for public housing issues	65
Community development work	68
Legal/police/prison/advocacy services	55
Dental services	58
Involvement in steering groups on health	83
Participation in regional planning forums	66
Dialysis services	7

(a) The SAR only includes Aboriginal and Torres Strait Islander health organisations that receive at least some of their funding from the Australian government to facilitate access to primary health care (including health promotion, dental and counselling services).

(b) The denominator used in calculating the proportions is 'all SAR services for that year'. However, some services in the SAR are funded for and provide a full range of comprehensive primary health care activities, while others focus on specific elements of primary health care such as health promotion.

(c) Data for 2007-08 are preliminary results.

Source : DoHA unpublished, SAR data collection; 2010 Report, table 11A.6.

Table 11A.4 Full time equivalent (FTE) health staff employed by Indigenous primary healthcare services for which service activity reporting (SAR) data are reported, as at 30 June 2008 (number) (a), (b), (c)

	Indigenous staff	*Non-Indigenous staff*	*Total staff* (d)
Aboriginal health workers	743	22	765
Doctors	6	275	281
Nurses	50	466	516
Specialists	–	6	6
Qualified counsellors/social workers	32	25	57
Other social and emotional wellbeing staff (d)	182	98	280
Allied health professionals	2	49	51
Dentists	5	38	43
Dental assistants	41	19	60
Traditional healers	22	–	22
Substance misuse workers	97	28	125
Environmental health workers	19	8	27
Driver/field officers	197	23	220
Other health staff (e)	100	50	150
Total health staff (f)	**1 496**	**1 107**	**2 603**

(a) Preliminary results.

(b) The number of services that provide SAR data changes each year. Changes are due to new Australian government funded primary health care services opening and existing services gaining Australian government funding. In addition, previously excluded Australian government funded services may be required to commence SAR data reporting if there are changes in the types of services provided and/or reporting arrangements.

(c) FTE positions are rounded to the nearest whole number.

(d) Other social and emotional wellbeing staff includes: Bringing Them Home and Link Up counsellors, psychologists, mental health workers and other social and emotional wellbeing staff.

(e) Other health staff includes: sexual health workers, diabetes educators and other patient educators, health program coordinators, nutrition workers, community care workers, child and family health workers, child protection workers, welfare workers, pharmacy assistants/technicians, Brighter Futures Program caseworkers, foster carers, Healthy for Life workers, sports and recreation workers, youth workers and masseurs.

(f) Totals may not add due to rounding and cell suppression.

– Nil or rounded to zero.

Source: DoHA unpublished, SAR data collection; 2010 Report, table 11A.7.

Table 11A.5 Voluntary annual health assessments for older people by Indigenous status (a) (b) (c) (d) (e)

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (f)
2007-08										
Indigenous older people										
Number of people assessed (g)	no.	1 154	271	1 253	628	123	8	8	813	4 258
Target population (h)	no.	13 795	3 157	11 371	5 669	2 306	1 677	256	4 958	43 225
Proportion of target population assessed	per 1000 people	83.7	85.8	110.2	110.8	53.3	4.8	31.3	164.0	98.5
All older people										
Number of people assessed (i)	no.	103 793	66 357	56 322	18 858	26 674	8 281	2 330	185	282 800
Target population (j)	no.	457 419	340 923	235 934	115 223	121 493	34 397	15 011	3 275	1 323 714
Proportion of target population assessed	per 1000 people	226.9	194.6	238.7	163.7	219.6	240.7	155.2	56.5	213.6
2008-09										
Indigenous older people										
Number of people assessed (g)	no.	1 469	268	1 540	789	144	23	26	985	5 244
Target population (h)	no.	14 476	3 326	12 056	5 978	2 420	1 766	286	5 203	45 547
Proportion of target population assessed	per 1000 people	101.5	80.6	127.7	132.0	59.5	13.0	90.9	189.3	115.1
All older people										
Number of people assessed (i)	no.	111 227	73 150	62 602	21 993	27 418	9 473	2 426	274	308 563
Target population (j)	no.	465 177	347 760	240 280	117 935	123 078	34 920	15 454	3 386	1 348 037
Proportion of target population assessed	per 1000 people	239.1	210.3	260.5	186.5	222.8	271.3	157.0	80.9	228.9

(a) Older people are defined as Indigenous people aged 55 years or over and non-Indigenous people aged 75 years or over, excluding people living in residential aged care facilities.

(b) Indigenous status is determined by self-identification. Indigenous people aged 75 years or over may have received a health assessment under the ‘all older people’ MBS items. This is considered unlikely to affect overall proportions significantly, due to the relatively low average life expectancy of Indigenous people.

Table 11A.5 Voluntary annual health assessments for older people by Indigenous status (a) (b) (c) (d) (e)

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (f)

(c) Excludes services that qualify under the DVA National Treatment Account and services provided in public hospitals.

(d) Historical rates may differ from those in previous Reports, as new ABS Indigenous population estimates and projections have been used following the 2006 Census of Population and Housing.

(e) Allocation of patients to state based on the final claim processed for each patient in the reference period. Data are for number of patients receiving a health assessment rather than number of health assessments provided.

(f) Includes Other Territories.

(g) Health assessments for Indigenous people aged 55 years or over (Medicare items 704 and 706). Indigenous status is determined by self-identification.

(h) Projected population of Indigenous people aged 55 years or over at 31 December. Calculated as the average of the population projections (B series) at 30 June in the reported and preceding financial year. Projections are based on estimated resident population (ERP) at 30 June 2006 (ABS 2009).

(i) Health assessments for people aged 75 years or over (Medicare items 700 and 702).

(j) Estimated resident population aged 75 years or over at 31 December.

Source: DoHA unpublished, MBS data collection; ABS 2009, *Experimental estimates and projections, Aboriginal and Torres Strait Islander Australians 1991 to 2021,* Cat. no. 3238.0, Canberra; ABS unpublished, *2006 Census of Population and Housing*; 2010 Report, table 11A.16.

Table 11A.6 Older Indigenous people who received an annual health assessment (per 1000 people) (a), (b), (c), (d)

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (e)
2004-05										
Number of people assessed	no.	634	143	566	348	132	17	3	309	2 152
Target population (f)	no.	11 801	2 716	9 580	4 912	2 056	1 421	181	4 232	36 929
Proportion of target population assessed	per 1000 people	53.7	52.7	59.1	70.8	64.2	12.0	16.6	73.0	58.3
2005-06										
Number of people assessed	no.	798	157	710	394	90	13	2	345	2 509
Target population (f)	no.	12 453	2 855	10 141	5 167	2 141	1 505	205	4 481	38 981
Proportion of target population assessed	per 1000 people	64.1	55.0	70.0	76.3	42.0	8.6	9.8	77.0	64.4
2006-07										
Number of people assessed	no.	994	237	988	460	140	7	15	624	3 465
Target population (f)	no.	13 118	2 999	10 738	5 411	2 211	1 590	227	4 733	41 062
Proportion of target population assessed	per 1000 people	75.8	79.0	92.0	85.0	63.3	4.4	66.1	131.9	84.4
2007-08										
Number of people assessed	no.	1 154	271	1 253	628	123	8	8	813	4 258
Target population (f)	no.	13 795	3 157	11 371	5 669	2 306	1 677	256	4 958	43 225
Proportion of target population assessed	per 1000 people	83.7	85.8	110.2	110.8	53.3	4.8	31.3	164.0	98.5
2008-09										
Number of people assessed	no.	1 469	268	1 540	789	144	23	26	985	5 244
Target population (f)	no.	14 476	3 326	12 056	5 978	2 420	1 766	286	5 203	45 547
Proportion of target population assessed	per 1000 people	101.5	80.6	127.7	132.0	59.5	13.0	90.9	189.3	115.1

(a) Older Indigenous people are defined as aged 55 years or over, excluding people living in residential aged care facilities. Indigenous status is determined by self-identification.

(b) Excludes services that qualify under the DVA National Treatment Account and services provided in public hospitals.

Table 11A.6 Older Indigenous people who received an annual health assessment (per 1000 people) (a), (b), (c), (d)

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (e)

(c) Allocation of patients to state based on the final claim processed for each patient in the reference period. Data are for number of patients receiving a health assessment rather than number of health assessments provided.

(d) Historical rates may differ from those in previous Reports, as new ABS Indigenous population estimates and projections have been used following the 2006 Census of Population and Housing.

(e) Includes Other Territories.

(f) Projected population of Indigenous people aged 55 years or over at 31 December. Calculated as the average of the population projections (B series) at 30 June in the reported and preceding financial years. Projections are based on the estimated resident population (ERP) at 30 June 2006.

Source: DoHA unpublished, MBS data collection; ABS 2009, *Experimental estimates and projections, Aboriginal and Torres Strait Islander Australians 1991 to 2021*, Cat. no. 3238.0, Canberra; 2010 Report, table 11A.17.

Table 11A.7 Indigenous people who received a voluntary health check or assessment, by age (per 1000 people) (a), (b)

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (c)
Children 0–14 years (d)										
Children assessed	no.	3 882	421	4 474	1 934	536	28	53	2 642	13 970
Target population	no.	58 523	12 521	57 723	25 947	10 388	6 760	1 589	22 741	196 261
Proportion assessed	per 1000 children	66.3	33.6	77.5	74.5	51.6	4.1	33.4	116.2	71.2
Adults 15–54 years (e)										
People assessed	no.	8 049	1 413	10 242	4 878	1 059	113	166	7 512	33 432
Target population	no.	86 222	19 363	83 415	41 759	16 480	10 752	2 636	38 566	299 327
Proportion assessed	per 1000 people	93.4	73.0	122.8	116.8	64.3	10.5	63.0	194.8	111.7
Adults 55 years or over (d)										
People assessed	no.	1 469	268	1 540	789	144	23	26	985	5 244
Target population	no.	14 476	3 326	12 056	5 978	2 420	1 766	286	5 203	45 547
Proportion assessed	per 1000 people	101.5	80.6	127.7	132.0	59.5	13.0	90.9	189.3	115.1

(a) Excludes services that qualify under the DVA National Treatment Account and services provided in public hospitals.

(b) Allocation of patients to state/territory based on the final claim processed for each patient in the reference period. Data are for number of patients receiving a health assessment/check rather than number of health assessments/checks provided. Indigenous status is determined by self-identification.

(c) Includes Other Territories.

(d) Child health checks for children 0–14 years and older people's health assessments for people 55 years or over are available on an annual basis. Data are for the 2008-09 financial year. Projected target population as at 31 December 2008, calculated as the average of the population projections (B series) for 30 June 2008 and 2009. Projections are based on the estimated resident population (ERP) at 30 June 2006.

(e) Health checks are available for adults 15–54 years on a biennial basis. Data are for the 24 month period 1 July 2007 to 30 June 2009. Projected target population (B series) at 30 June 2008, based on the ERP at 30 June 2006.

Source : DoHA unpublished, MBS data collection; ABS 2009, *Experimental estimates and projections, Aboriginal and Torres Strait Islander Australians 1991 to 2021,* Cat. no. 3238.0, Canberra; 2010 Report, table 11A.18.

Table 11A.8 Early detection activities provided by Indigenous primary healthcare services for which service activity reporting (SAR) data are reported (a)

	Unit	*2003-04*	*2004-05*	*2005-06*	*2006-07*	*2007-08 (b)*
Early detection activities provided						
Well person's checks	%	64	63	65	76	69
PAP smears/cervical screening	%	79	77	75	76	75
STI screening	%	64	65	63	67	64
Hearing screening	%	72	70	71	76	71
Eye disease screening	%	65	70	64	73	65
Renal disease screening	%	50	50	43	51	50
Diabetic screening	%	82	80	77	79	76
Cardiovascular screening	%	57	60	67	64	59
Any early detection activity	%	88	89	84	88	85

(a) The denominators used above are all SAR services for that year. However, some services in the SAR are funded for and provide a full range of comprehensive primary health care activities, while others focus on specific elements of primary health care, such as health promotion.

(b) 2007-08 data are preliminary results.

Source : DoHA unpublished, SAR data collection; 2010 Report, table 11A.19.

Table 11A.9 Valid vaccinations supplied to children under seven years of age, by type of provider, 2004–2009 (a), (b), (c)

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Unknown*	*Aust*
Valid vaccinations provided											
Divisions of General Practice	no.	6	21	–	8	41	–	–	–	–	76
GPs	no.	5 545 421	2 895 204	3 691 432	1 376 782	1 006 214	389 988	161 416	17 111	–	15 083 568
Council	no.	284 557	2 208 652	282 701	93 572	300 490	39 289	–	–	–	3 209 261
State or territory health department	no.	–	–	727	159 346	1 495	–	36	1 598	–	163 202
Flying doctor service	no.	1 290	–	10 739	281	873	–	–	–	–	13 183
Public hospital	no.	76 403	44 149	124 483	40 997	9 913	867	1 711	25 596	1 228	325 347
Private hospital	no.	24	43	491	–	–	–	14	2 949	–	3 521
Aboriginal health service	no.	31 721	8 831	27 054	13 788	8 680	7	178	48 534	–	138 793
Aboriginal health worker	no.	2 212	–	19 205	–	1	–	–	824	–	22 242
Community health centre	no.	496 332	25 503	300 247	405 649	128 882	2 619	156 487	241 883	473	1 758 075
Community nurse	no.	–	238	–	–	–	–	17	–	–	255
Unknown	no.	–	1 131	–	–	–	–	–	–	–	1 131
Total	**no.**	**6 437 966**	**5 183 772**	**4 457 079**	**2 090 423**	**1 456 589**	**432 770**	**319 859**	**338 495**	**1 701**	**20 718 654**
Proportion of total valid vaccinations											
Divisions of General Practice	%	–	–	–	–	–	–	–	–	–	–
GPs	%	86.0	56.0	83.0	66.0	69.0	90.0	50.0	5.0	–	73.0
Council	%	4.4	43.0	6.0	4.0	21.0	9.0	–	–	–	15.0
State or territory health department	%	–	–	–	8.0	–	–	–	1.0	–	1.0

Table 11A.9 Valid vaccinations supplied to children under seven years of age, by type of provider, 2004–2009 (a), (b), (c)

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Unknown*	*Aust*
Flying doctor service	%	–	–	–	–	–	–	–	–	–	–
Public hospital	%	1.2	1.0	3.0	2.0	1.0	–	1.0	8.0	72	2.0
Private hospital	%	–	–	–	–	–	–	–	1.0	–	–
Aboriginal health service	%	1.0	–	1.0	1.0	–	–	–	14.0	–	1.0
Aboriginal health worker	%	–	–	–	–	–	–	–	–	–	–
Community health centre	%	8.0	–	7.0	19.0	9.0	1.0	49.0	71.0	28	8.0
Community nurse	%	–	–	–	–	–	–	–	–	–	–
Unknown	%	–	–	–	–	–	–	–	–	–	–
Total	**%**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) 1 July 2004 to 30 June 2009.

(b) Totals may not add as a result of rounding.

(c) Data reported by the State or Territory in which the immunisation provider is located.

– Nil or rounded to zero.

Source : DoHA unpublished, Australian Childhood Immunisation Register (ACIR) data collection; 2010 Report, table 11A.35.

Table 11A.10 Separations for selected vaccine preventable conditions by Indigenous status, 2007-08 (per 1000 people) (a), (b), (c), (d)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (e)	*Total*	*Aust*
Vaccine preventable conditions per 1000 non-Indigenous people										
Influenza and Pneumonia	0.6	0.5	0.7	0.5	0.7	np	np	1.0	0.6	0.6
Other vaccine preventable conditions	0.1	0.2	0.1	0.1	0.1	np	np	0.2	0.2	0.2
Total	**0.7**	**0.7**	**0.8**	**0.6**	**0.8**	**np**	**np**	**1.2**	**0.7**	**0.7**
Vaccine preventable conditions per 1000 Indigenous people (f)										
Influenza and Pneumonia	1.5	1.3	1.9	4.1	3.8	np	np	6.2	2.6	np
Other vaccine preventable conditions	0.3	0.5	0.4	0.8	0.4	np	np	2.1	0.6	np
Total (g)	**1.8**	**1.7**	**2.3**	**4.9**	**4.1**	**np**	**np**	**8.3**	**3.3**	**np**
Vaccine preventable conditions per 1000 people (all people)										
Influenza and Pneumonia	0.5	0.5	0.7	0.5	0.7	0.4	0.7	1.7	0.6	0.6
Other vaccine preventable conditions	0.1	0.2	0.1	0.1	0.1	0.0	0.1	0.6	0.2	0.2
Total (g)	**0.7**	**0.7**	**0.8**	**0.6**	**0.8**	**0.4**	**0.8**	**2.3**	**0.7**	**0.7**

(a) Conditions defined by ICD-10-AM codes as in AIHW 2009 *Australian hospital statistics 2007-08* .

(b) Excludes separations with a care type of Newborn without qualified days, and records for Hospital boarders and Posthumous organ procurement.

(c) Separation rates are directly age standardised to the Australian population at 30 June 2001.

(d) Separation rates for Indigenous people are based on state of hospitalisation, while rates for non-Indigenous people are based on state of usual residence.

(e) NT data for Indigenous people are for public hospitals only.

(f) Data are for NSW, Vic, QLD, WA, SA and the NT only (NT data are for public hospitals only), for which the quality of Indigenous identification is considered acceptable for the purposes of analysis. Caution should be used in the interpretation of these data because of jurisdictional differences in data quality. It should be noted that data for the five states and territory are not necessarily representative of the other jurisdictions.

(g) Total comprises only those jurisdictions referred to in note (f).

np Not published.

Table 11A.10 **Separations for selected vaccine preventable conditions by Indigenous status, 2007-08 (per 1000 people) (a), (b), (c), (d)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (e)	*Total*	*Aust*

Source: AIHW 2009, *Australian hospital statistics 2007-08*, Cat. no. HSE 71, Canberra; AIHW unpublished, National Hospital Morbidity Database; 2010 Report, table 11A.43.

Table 11A.11 Separations for selected acute conditions by Indigenous status, 2007-08 (per 1000 people) (a), (b), (c), (d)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (e)	*Total*	*Aust*
Acute conditions per 1000 non-Indigenous people										
Appendicitis with generalised peritonitis	0.2	0.2	0.2	0.2	0.2	np	np	0.3	0.2	0.2
Cellulitis	1.6	1.7	1.9	1.4	1.5	np	np	3.5	1.7	1.7
Convulsions and epilepsy	1.6	1.5	1.5	1.1	1.5	np	np	1.0	1.5	1.5
Dehydration and gastroenteritis	2.1	3.2	2.5	2.0	3.5	np	np	1.7	2.5	2.5
Dental conditions	2.3	3.1	2.7	3.4	3.2	np	np	1.4	2.8	2.8
Ear, nose and throat infections	1.6	1.6	1.8	1.6	2.5	np	np	1.6	1.7	1.7
Gangrene	0.2	0.3	0.2	0.2	0.2	np	np	0.5	0.2	0.2
Pelvic inflammatory disease	0.2	0.2	0.3	0.2	0.2	np	np	0.3	0.2	0.2
Perforated/bleeding ulcer	0.2	0.2	0.2	0.3	0.3	np	np	0.2	0.2	0.2
Pyelonephritis (f)	2.2	2.5	2.3	2.1	2.1	np	np	2.1	2.3	2.3
Total	**12.2**	**14.6**	**13.6**	**12.5**	**15.3**	**np**	**np**	**12.5**	**13.3**	**13.3**
Acute conditions per 1000 Indigenous people (g)										
Appendicitis with generalised peritonitis	0.1	0.1	0.3	0.4	0.2	np	np	0.3	0.2	np
Cellulitis	3.8	2.8	6.7	8.0	5.0	np	np	6.6	5.4	np
Convulsions and epilepsy	6.3	5.1	6.5	9.7	10.5	np	np	11.0	7.4	np
Dehydration and gastroenteritis	3.4	4.0	4.8	4.9	9.4	np	np	4.9	4.5	np
Dental conditions	3.0	3.5	3.3	4.0	4.5	np	np	4.3	3.5	np
Ear, nose and throat infections	3.3	2.2	3.5	4.4	3.7	np	np	3.7	3.4	np

Table 11A.11 Separations for selected acute conditions by Indigenous status, 2007-08 (per 1000 people) (a), (b), (c), (d)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (e)	*Total*	*Aust*
Gangrene	0.4	0.3	1.1	3.7	0.6	np	np	4.0	1.5	np
Pelvic inflammatory disease	0.4	0.3	0.6	1.2	0.3	np	np	1.3	0.7	np
Perforated/bleeding ulcer	0.5	0.1	0.8	0.5	0.2	np	np	0.2	0.5	np
Pyelonephritis (f)	5.0	5.0	9.3	9.4	6.6	np	np	10.9	7.4	np
Total (h)	**26.1**	**23.4**	**36.9**	**46.2**	**40.9**	**np**	**np**	**47.1**	**34.5**	**np**
Acute conditions per 1000 people (all people)										
Appendicitis with generalised peritonitis	0.2	0.2	0.2	0.2	0.2	0.1	0.2	0.2	0.2	0.2
Cellulitis	1.7	1.7	1.9	1.5	1.5	1.4	1.3	3.7	1.7	1.7
Convulsions and epilepsy	1.6	1.5	1.6	1.3	1.6	1.7	1.4	3.1	1.6	1.6
Dehydration and gastroenteritis	2.1	3.1	2.5	2.1	3.5	2.2	1.7	2.0	2.5	2.5
Dental conditions	2.4	3.1	2.7	3.4	3.2	1.9	2.0	2.2	2.8	2.8
Ear, nose and throat infections	1.7	1.6	1.8	1.7	2.5	1.4	1.2	2.1	1.7	1.7
Gangrene	0.1	0.3	0.2	0.3	0.2	0.2	0.1	0.7	0.2	0.2
Pelvic inflammatory disease	0.2	0.2	0.3	0.2	0.2	0.2	0.3	0.5	0.2	0.2
Perforated/bleeding ulcer	0.2	0.2	0.2	0.3	0.3	0.2	0.2	0.2	0.2	0.2
Pyelonephritis (f)	2.1	2.4	2.3	2.1	2.1	1.7	2.2	3.3	2.2	2.2
Total	**12.3**	**14.3**	**13.6**	**13.1**	**15.2**	**11.0**	**10.5**	**17.9**	**13.3**	**13.3**

(a) Conditions defined by ICD-10-AM codes as in AIHW 2009 *Australian hospital statistics 2007-08*.

(b) Excludes separations with a care type of Newborn without qualified days, and records for Hospital boarders and Posthumous organ procurement.

(c) Separation rates are directly age standardised to the Australian population at 30 June 2001.

Table 11A.11 Separations for selected acute conditions by Indigenous status, 2007-08 (per 1000 people) (a), (b), (c), (d)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (e)	*Total*	*Aust*

(d) Separation rates for Indigenous people are based on state of hospitalisation, while rates for non-Indigenous people are based on state of usual residence.

(e) NT data for Indigenous people are for public hospitals only.

(f) Kidney inflammation caused by bacterial infection.

(g) Data are for NSW, Vic, QLD, WA, SA and the NT only (NT data are for public hospitals only), for which the quality of Indigenous identification is considered acceptable for the purposes of analysis. Caution should be used in the interpretation of these data because of jurisdictional differences in data quality. It should be noted that data for the five states and territory are not necessarily representative of the other jurisdictions.

(h) Total comprises only those jurisdictions referred to in note (g).

np Not published.

Source : AIHW 2009, *Australian hospital statistics 2007-08* , Cat. no. HSE 71, Canberra; AIHW unpublished, National Hospital Morbidity Database; 2010 Report, table 11A.44.

Table 11A.12 Separations for selected chronic conditions by Indigenous status, 2007-08 (per 1000 people) (a), (b), (c), (d)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (e)	*Total*	*Aust*
Chronic conditions per 1000 non-Indigenous people										
Angina	1.7	2.2	2.9	1.7	2.0	np	np	2.6	2.1	2.1
Asthma	1.8	1.9	1.6	1.4	2.5	np	np	1.3	1.8	1.8
Chronic obstructive pulmonary disease	2.5	2.6	2.9	2.3	3.0	np	np	4.4	2.6	2.6
Congestive heart failure	2.5	3.0	2.6	2.2	2.7	np	np	2.4	2.6	2.6
Diabetes complications (f)	6.5	7.8	7.4	6.6	7.3	np	np	9.9	7.1	7.1
Hypertension	0.3	0.2	0.3	0.1	0.3	np	np	0.1	0.3	0.3
Iron deficiency anaemia	1.0	1.6	1.1	1.4	1.0	np	np	0.7	1.2	1.2
Nutritional deficiencies	–	–	–	–	–	np	np	–	–	–
Rheumatic heart disease (g)	0.1	0.1	0.2	0.1	0.1	np	np	0.1	0.1	0.1
Total (h)	**15.5**	**18.2**	**18.0**	**14.8**	**17.7**	**np**	**np**	**20.5**	**16.8**	**16.8**
Total (excluding diabetes complications)	10.0	11.6	11.6	9.2	11.5	np	np	11.7	10.7	10.7
Chronic conditions per 1000 Indigenous people (i)										
Angina	6.9	6.1	11.3	8.8	8.0	np	np	7.4	8.2	np
Asthma	4.1	2.9	4.0	4.9	4.7	np	np	3.5	3.9	np
Chronic obstructive pulmonary disease	14.9	10.4	14.6	14.1	16.1	np	np	18.3	14.4	np
Congestive heart failure	9.6	5.6	13.2	14.7	10.3	np	np	8.5	10.6	np
Diabetes complications (f)	24.7	19.8	37.1	41.4	43.6	np	np	34.6	31.6	np
Hypertension	0.6	0.4	1.0	0.6	1.5	np	np	0.2	0.7	np
Iron deficiency anaemia	1.2	2.7	1.6	2.2	1.2	np	np	1.8	1.6	np
Nutritional deficiencies	–	–	0.1	–	–	np	np	0.1	–	np
Rheumatic heart disease (g)	0.4	0.4	0.7	0.6	1.0	np	np	1.8	0.7	np
Total (h) (j)	**56.8**	**45.2**	**75.2**	**78.0**	**79.7**	**np**	**np**	**70.7**	**65.2**	**np**

Table 11A.12 Separations for selected chronic conditions by Indigenous status, 2007-08 (per 1000 people) (a), (b), (c), (d)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (e)	*Total*	*Aust*
Total (excluding diabetes complications)	37.7	28.6	46.5	45.8	42.8	np	np	41.6	40.2	np
Chronic conditions per 1000 people (all people)										
Angina	1.4	1.7	2.4	1.4	1.6	1.4	1.1	2.4	1.7	1.7
Asthma	1.9	1.9	1.7	1.5	2.6	1.5	1.0	1.4	1.8	1.8
Chronic obstructive pulmonary disease	2.6	2.6	2.9	2.4	3.1	2.7	1.5	6.3	2.7	2.7
Congestive heart failure	1.9	2.2	2.0	1.7	1.9	1.7	1.8	2.3	2.0	2.0
Diabetes complications (f)	7.0	9.3	10.3	29.0	7.6	12.6	5.5	13.2	10.6	10.6
Hypertension	0.3	0.2	0.3	0.2	0.3	0.3	0.1	0.1	0.3	0.3
Iron deficiency anaemia	1.0	1.6	1.1	1.4	1.0	1.4	0.7	0.7	1.2	1.2
Nutritional deficiencies	–	–	0.0	0.0	–	0.0	–	0.1	0.0	0.0
Rheumatic heart disease (g)	0.1	0.1	0.2	0.1	0.1	0.1	0.2	0.8	0.1	0.1
Total (h) (j)	**15.2**	**18.4**	**19.7**	**36.6**	**16.9**	**20.9**	**11.1**	**25.5**	**19.2**	**19.2**
Total (excluding diabetes complications)										

(a) Conditions defined by ICD-10-AM codes as in AIHW 2009 *Australian hospital statistics 2007-08* .

(b) Excludes separations with a care type of Newborn without qualified days, and records for Hospital boarders and Posthumous organ procurement.

(c) Separation rates are directly age standardised to the Australian population at 30 June 2001.

(d) Separation rates for Indigenous people are based on state of hospitalisation, while rates for non-Indigenous people are based on state of usual residence.

(e) NT data for Indigenous people are for public hospitals only.

(f) Excludes separations with a principal diagnosis of renal dialysis and an additional diagnosis of diabetes.

(g) Rheumatic heart disease includes acute rheumatic fever as well as the chronic disease.

(h) Total may not sum to the individual categories as more than one chronic condition can be reported for a separation.

Table 11A.12 Separations for selected chronic conditions by Indigenous status, 2007-08 (per 1000 people) (a), (b), (c), (d)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (e)	*Total*	*Aust*

(i) Data are for NSW, Vic, QLD, WA, SA and the NT only (NT data are for public hospitals only), for which the quality of Indigenous identification is considered acceptable for the purposes of analysis. Caution should be used in the interpretation of these data because of jurisdictional differences in data quality. It should be noted that data for the five states and territory are not necessarily representative of the other jurisdictions.

(j) Total comprises only those jurisdictions referred to in note (i).

– Nil or rounded to zero. **np** Not published.

Source : AIHW 2009, *Australian hospital statistics 2007-08* , Cat. no. HSE 71, Canberra; AIHW unpublished, National Hospital Morbidity Database; 2010 Report, table 11A.45.

Table 11A.13 Ratio of separations for Indigenous males to all males, 2007-08 (a), (b), (c), (d), (e), (f)

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Total* (b)
All causes	Number	25 213	5 116	31 598	23 590	8 056	np	np	25 701	121 544
	SHSR	1.83	1.35	2.26	3.12	2.67	np	np	–	–
	95% CI	1.81 to 1.85	1.32 to 1.39	2.24 to 2.29	3.08 to 3.16	2.61 to 2.73	np	np		
Circulatory disease	Number	1 202	216	1 350	776	387	np	np	530	4 559
	SHSR	1.50	1.15	1.73	1.89	2.26	np	np	0.97	1.56
	95% CI	1.42 to 1.59	1 to 1.3	1.64 to 1.83	1.76 to 2.02	2.03 to 2.48	np	np	0.88 to 1.05	1.51 to 1.6
Coronary heart disease	Number	571	108	678	342	218	np	np	186	2 152
	SHSR	1.72	1.50	2.07	2.32	3.49	np	np	0.89	1.90
	95% CI	1.58 to 1.87	1.21 to 1.78	1.92 to 2.23	2.08 to 2.57	3.03 to 3.95	np	np	0.76 to 1.02	1.82 to 1.99
Rheumatic heart disease	Number	12	6	34	27	8	np	np	60	147
	SHSR	3.34	np	3.70	6.37	np	np	np	9.12	5.71
	95% CI	1.45 to 5.24	np	2.46 to 4.95	3.97 to 8.78	np	np	np	6.81 to 11.42	4.79 to 6.64
Self-harm	Number	207	68	191	94	59	np	np	108	743
	SHSR	2.62	5.24	2.41	2.02	3.42	np	np	2.17	2.74
	95% CI	2.27 to 2.98	3.99 to 6.48	2.07 to 2.75	1.61 to 2.43	2.55 to 4.3	np	np	1.76 to 2.58	2.54 to 2.93
All respiratory disease	Number	2 060	383	2 151	1 573	503	np	np	1 605	8 393
	SHSR	1.97	1.83	2.51	3.36	2.10	np	np	3.04	2.43
	95% CI	1.88 to 2.05	1.64 to 2.01	2.41 to 2.62	3.19 to 3.52	1.91 to 2.28	np	np	2.89 to 3.19	2.38 to 2.49
Infectious pneumonia	Number	347	66	530	488	88	np	np	633	2 175
	SHSR	2.04	2.29	3.38	6.22	2.36	np	np	5.35	3.63
	95% CI	1.83 to 2.26	1.74 to 2.84	3.09 to 3.66	5.67 to 6.77	1.86 to 2.85	np	np	4.93 to 5.77	3.48 to 3.79
Lung cancer	Number	45	7	60	21	12	np	np	17	163
	SHSR	2.03	np	2.44	1.47	1.54	np	np	0.45	1.80
	95% CI	1.44 to 2.63	np	1.82 to 3.05	0.84 to 2.09	0.67 to 2.4	np	np	0.24 to 0.66	1.53 to 2.08

Table 11A.13 Ratio of separations for Indigenous males to all males, 2007-08 (a), (b), (c), (d), (e), (f)

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Total* (b)
Diabetes as a primary diagnosis	Number	361	56	524	341	197	np	np	287	1 779
	SHSR	2.94	1.83	3.38	4.49	5.71	np	np	2.09	3.41
	95% CI	2.63 to 3.24	1.35 to 2.31	3.09 to 3.66	4.01 to 4.97	4.91 to 6.51	np	np	1.85 to 2.33	3.25 to 3.57
All diabetes except where dialysis is the primary diagnosis	Number	2 089	389	2 889	2 230	981	np	np	1 869	10 581
	SHSR	2.41	2.02	3.42	5.18	4.78	np	np	3.11	3.28
	95% CI	2.31 to 2.52	1.82 to 2.22	3.3 to 3.55	4.97 to 5.4	4.48 to 5.08	np	np	2.97 to 3.25	3.21 to 3.34
All diabetes (g)	Number	2 948	708	3 644	10 170	1 189	np	np	1 870	20 762
	SHSR	3.33	2.98	3.67	14.23	5.98	np	np	3.11	5.79
	95% CI	3.21 to 3.45	2.76 to 3.2	3.55 to 3.79	13.95 to 14.5	5.64 to 6.32	np	np	2.97 to 3.26	5.71 to 5.87
Depressive disorder	Number	177	24	100	38	49	np	np	17	408
	SHSR	1.14	0.76	0.80	0.50	1.99	np	np	0.75	0.80
	95% CI	0.97 to 1.31	0.46 to 1.07	0.64 to 0.95	0.34 to 0.66	1.43 to 2.55	np	np	0.4 to 1.11	0.73 to 0.88
Anxiety disorder	Number	48	16	47	7	11	np	np	0	155
	SHSR	1.12	1.38	0.32	np	3.57	np	np	0.00	0.77
	95% CI	0.8 to 1.43	0.71 to 2.06	0.23 to 0.41	np	1.46 to 5.68	np	np	0 to 0	0.65 to 0.89
Substance use disorder	Number	402	24	168	83	35	np	np	8	722
	SHSR	3.00	1.46	1.77	2.59	7.18	np	np	np	2.21
	95% CI	2.71 to 3.3	0.87 to 2.04	1.51 to 2.04	2.03 to 3.14	4.8 to 9.55	np	np	np	2.05 to 2.38
Psychotic disorder	Number	1 008	173	696	598	288	np	np	262	3 061
	SHSR	3.97	2.59	3.00	4.97	4.40	np	np	2.99	3.29
	95% CI	3.72 to 4.21	2.2 to 2.97	2.78 to 3.23	4.57 to 5.37	3.89 to 4.91	np	np	2.63 to 3.36	3.18 to 3.41

Table 11A.13 **Ratio of separations for Indigenous males to all males, 2007-08 (a), (b), (c), (d), (e), (f)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Total* (b)

(a) Excludes separations with a care type of Newborn without qualified days, and records for Hospital boarders and Posthumous organ procurement.

(b) The Total includes data only for NSW, Vic, QLD, WA, SA and the NT (NT data are for public hospitals only), for which the quality of Indigenous identification is considered acceptable for the purposes of analysis. Caution should be used in the interpretation of these data because of jurisdictional differences in data quality. It should be noted that data for the five states and territory are not necessarily representative of the other jurisdictions.

(c) Data have been suppressed if the number of separations was less than five. The rate ratio and confidence interval have been suppressed if the number of separations was less than 20.

(d) The ratios are directly age standardised to the Australian estimated resident population at 30 June 2001.

(e) Patients aged 75 years or over are excluded.

(f) Indigenous separation rates are based on state of hospitalisation while all person rates are based on state of usual residence.

(g) All diabetes refers to separations with either a principal or additional diagnosis of diabetes.

SHSR = Standardised Hospital Separation Ratio; CI = confidence interval.

– Nil or rounded to zero. **np** Not published.

Source: AIHW unpublished, National Hospital Morbidity Database; 2010 Report, table 11A.46.

Table 11A.14 Ratio of separations for Indigenous females to all females, 2007-08 (a), (b), (c), (d), (e), (f)

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Total* (b)
All causes	Number	28 976	7 854	37 707	31 227	10 390	np	np	35 862	154 896
	SHSR	1.71	2.05	2.37	3.55	3.02	np	np	6.82	2.62
	95% CI	1.69 to 1.73	2.01 to 2.1	2.34 to 2.39	3.51 to 3.59	2.96 to 3.08	np	np	6.75 to 6.9	2.61 to 2.64
Circulatory disease	Number	1 062	228	1 292	621	346	np	np	542	4 164
	SHSR	2.06	1.88	2.56	2.36	2.89	np	np	2.14	2.14
	95% CI	1.93 to 2.18	1.64 to 2.13	2.42 to 2.7	2.17 to 2.55	2.59 to 3.2	np	np	1.96 to 2.32	2.08 to 2.21
Coronary heart disease	Number	423	90	562	238	160	np	np	162	1 664
	SHSR	2.87	2.73	3.64	3.75	5.16	np	np	1.87	3.15
	95% CI	2.6 to 3.15	2.17 to 3.3	3.34 to 3.94	3.27 to 4.23	4.36 to 5.96	np	np	1.59 to 2.16	3 to 3.31
Rheumatic heart disease	Number	27	9	53	22	16	np	np	75	203
	SHSR	4.42	np	5.08	7.02	12.28	np	np	16.87	7.22
	95% CI	2.75 to 6.09	np	3.71 to 6.45	4.09 to 9.96	6.26 to 18.3	np	np	13.05 to 20.69	6.23 to 8.21
Self-harm	Number	329	52	205	141	85	np	np	113	972
	SHSR	2.61	2.00	1.60	1.76	2.98	np	np	2.09	2.12
	95% CI	2.33 to 2.9	1.46 to 2.55	1.38 to 1.82	1.47 to 2.05	2.35 to 3.61	np	np	1.7 to 2.48	1.99 to 2.25
All respiratory disease	Number	2 198	331	2 060	1 565	601	np	np	1 571	8 465
	SHSR	3.11	2.05	2.96	4.56	3.24	np	np	5.28	3.23
	95% CI	2.98 to 3.24	1.83 to 2.27	2.83 to 3.09	4.34 to 4.79	2.98 to 3.5	np	np	5.02 to 5.54	3.17 to 3.3
Infectious pneumonia	Number	346	63	442	447	107	np	np	572	1 996
	SHSR	2.74	2.45	3.59	8.13	3.82	np	np	8.93	4.19
	95% CI	2.46 to 3.03	1.84 to 3.05	3.25 to 3.92	7.38 to 8.88	3.09 to 4.54	np	np	8.2 to 9.67	4.01 to 4.38
Lung cancer	Number	37	np	43	14	10	np	np	14	131
	SHSR	1.84	np	2.57	1.25	2.76	np	np	0.88	1.92
	95% CI	1.24 to 2.43	np	1.8 to 3.33	0.59 to 1.9	1.05 to 4.47	np	np	0.42 to 1.35	1.59 to 2.25

Table 11A.14 Ratio of separations for Indigenous females to all females, 2007-08 (a), (b), (c), (d), (e), (f)

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Total* (b)
Diabetes as a primary diagnosis	Number	488	99	938	506	190	np	np	581	2 863
	SHSR	4.04	2.53	5.73	6.86	4.89	np	np	6.50	5.02
	95% CI	3.68 to 4.4	2.03 to 3.03	5.36 to 6.1	6.27 to 7.46	4.2 to 5.59	np	np	5.97 to 7.03	4.84 to 5.2
All diabetes except where dialysis is the primary diagnosis	Number	2 848	642	4 539	3 242	1 163	np	np	3 203	15 834
	SHSR	3.91	3.34	6.40	8.41	5.76	np	np	7.90	5.46
	95% CI	3.77 to 4.06	3.08 to 3.6	6.21 to 6.58	8.12 to 8.7	5.42 to 6.09	np	np	7.63 to 8.18	5.38 to 5.55
All diabetes (g)	Number	3 571	1 199	5 426	15 294	1 164	np	np	3 205	30 214
	SHSR	4.60	7.70	7.55	26.15	5.76	np	np	7.90	9.45
	95% CI	4.45 to 4.76	7.27 to 8.14	7.35 to 7.75	25.74 to 26.57	5.43 to 6.09	np	np	7.63 to 8.18	9.34 to 9.55
Depressive disorder	Number	218	95	149	115	87	np	np	21	701
	SHSR	1.06	1.16	0.62	0.77	1.96	np	np	1.13	0.72
	95% CI	0.92 to 1.2	0.93 to 1.4	0.52 to 0.72	0.63 to 0.91	1.55 to 2.37	np	np	0.65 to 1.61	0.67 to 0.77
Anxiety disorder	Number	47	30	36	16	13	np	np	np	154
	SHSR	1.36	2.29	0.68	0.60	4.37	np	np	np	0.96
	95% CI	0.97 to 1.75	1.47 to 3.11	0.46 to 0.91	0.3 to 0.89	1.99 to 6.74	np	np	np	0.81 to 1.11
Substance use disorder	Number	272	23	68	54	24	np	np	np	446
	SHSR	2.75	0.97	0.81	2.23	6.75	np	np	np	1.58
	95% CI	2.42 to 3.07	0.58 to 1.37	0.62 to 1	1.64 to 2.83	4.05 to 9.45	np	np	np	1.43 to 1.72
Psychotic disorder	Number	638	221	440	419	219	np	np	213	2 177
	SHSR	2.84	3.24	2.20	3.90	4.74	np	np	4.58	2.51
	95% CI	2.62 to 3.06	2.81 to 3.66	2 to 2.41	3.52 to 4.27	4.11 to 5.36	np	np	3.96 to 5.19	2.4 to 2.61

Table 11A.14 **Ratio of separations for Indigenous females to all females, 2007-08 (a), (b), (c), (d), (e), (f)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Total* (b)

(a) Excludes separations with a care type of Newborn without qualified days, and records for Hospital boarders and Posthumous organ procurement.

(b) The Total includes data only for NSW, Vic, QLD, WA, SA and NT (NT data are for public hospitals only), for which the quality of Indigenous identification is considered acceptable for the purposes of analysis. Caution should be used in the interpretation of these data because of jurisdictional differences in data quality. It should be noted that data for the five states and territory are not necessarily representative of the other jurisdictions.

(c) Data have been suppressed if the number of separations was less than five. The rate ratio and confidence interval have been suppressed if the number of separations was less than 20.

(d) The ratios are directly age standardised to the estimated resident population at 30 June 2001.

(e) Patients aged 75 years or over are excluded.

(f) All diabetes refers to separations with either a principal or additional diagnosis of diabetes.

(g) All diabetes refers to separations with either a principal or additional diagnosis of diabetes.

SHSR = Standardised Hospital Separation Ratio; CI = confidence interval.

np Not published.

Source : AIHW unpublished, National Hospital Morbidity Database; 2010 Report, table 11A.47.

Community health services programs

Table 11A.15 New South Wales, community health services programs

Programs funded by the NSW Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
Objective: Improving access to services			
General			
Child Adolescent and Family Services	Covers services such as youth health, paediatric allied health (physiotherapy, occupation therapy, social work and counselling, speech pathology, psychology, audiology), specialist medical services, early childhood nursing, immunisation, post natal programs, early intervention and school surveillance services.	AHS receive block funding from the Department of Health to provide health services to their population. Each AHS determines how much money is allocated to this program.	These services are measured as Non Admitted Patient Occasions of Service. The number of occasions on which one or more health care professional provides a services to a Non-admitted Patient and reported by the AHSs to the Department of Health on a quarterly basis.
Overcoming cultural/language barriers			
Multicultural health services	Provides interpreter services, cultural competency training, direct services provision for refugees, planning of services to address or cater to the needs of culturally diverse communities.	AHS receive block funding from the Department of Health to provide health services to their population. Each AHS determines how much money is allocated to this program.	These services are measured as Non Admitted Patient Occasions of Service. The number of occasions on which one or more health care professional provides a services to a Non-admitted Patient and reported by the AHSs to the Department of Health on a quarterly basis.

Table 11A.15 **New South Wales, community health services programs**

Programs funded by the NSW Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
Aboriginal Health Services	Covering services such as health information and education, counselling, pre and post natal programs, early childhood nursing, health promotion programs, specialised child sexual assault counselling services (primarily in rural and remote locations).	A mix of AHS, NSW Health (via grants to non-government organisations) and Australian Government Funding.	These services are measured as Non Admitted Patient Occasions of Service. The number of occasions on which one or more health care professional provides a services to a Non-admitted Patient and reported by the AHSs to the Department of Health on a quarterly basis.
Overcoming geographical barriers			
Transport for Health	Provides financial assistance and transport arrangements of non-emergency transport health related issues. Includes the specific program Isolated Patients Transport and Accommodation Service.	AHSs receive block funding for this program.	Quarterly reporting on key indicators, annual reporting on the implementation of the program
Child Abuse and Sexual Assault Forensic and Medical services	This program area provides forensic and medical services for victims of sexual assault and child abuse and ensuring these services are culturally competent. Particular focus on improving access in rural and remote communities.	Combination of Department of Health allocation and AHS block funding.	AHS report on service provision via a payment determinations for a fee to be payable to non-salaried medical practitioners in rural Area Health Services conducting medical examinations for sexual assault victims.

Table 11A.15 New South Wales, community health services programs

Programs funded by the NSW Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
Other			
Sexual Assault Services	Providing crisis counselling and support for victims of assault, court preparation and community education programs.	AHS receive block funding from the Department of Health to provide health services to their population. Each AHS determines how much money is allocated to this program.	These services are measured as Non Admitted Patient Occasions of Service. The number of occasions on which one or more health care professional provides a services to a Non-admitted Patient and reported by the AHSs to the Department of Health on a quarterly basis.
Child Protection Counselling Services (also known as Physical Abuse and Neglect of Children Services)	Providing long-term and intensive counselling for families and a range of interventions where physical abuse or neglect of a child is occurring.	AHS receive block funding from the Department of Health to provide health services to their population. Each AHS determines how much money is allocated to this program.	These services are measured as Non Admitted Patient Occasions of Service. The number of occasions on which one or more health care professional provides a services to a Non-admitted Patient and reported by the AHSs to the Department of Health on a quarterly basis.
Palliative Care Services	Providing holistic care for people who are terminally ill or dying, including clinical care in the home, counselling and support services.	A mix of AHS and Australian Government funding.	These services are measured as Non Admitted Patient Occasions of Service. The number of occasions on which one or more health care professional provides a services to a Non-admitted Patient and reported by the AHSs to the Department of Health on a quarterly basis.

Table 11A.15 **New South Wales, community health services programs**

Programs funded by the NSW Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
Objective: Promoting health and preventing illness, early detection			
Maternal health	Maternity services include programs and initiatives directed toward: - Workforce expansion and education to enhance access to locally provided clinical maternity education to improve the strength and capacity of the workforce. The increase in birth rate across NSW is up to 30% in some AHSs. - maternity service model of care reform, risk assessment, tiered networks and collaborative working arrangements that will allow women to easily transition from one level to another as required - strategies to promote normal birth in NSW, reduce unnecessary caesarean sections - enhanced services to improve early pregnancy care, including early pregnancy resources.	AHS block funding and some Department of Health funds allocated.	Varies by program. Some services measured as Non Admitted Patient Occasions of Service. Other programs require regular reports on recruitment and expenditure.

Table 11A.15 New South Wales, community health services programs

Programs funded by the NSW Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
Child health and wellbeing	Services and programs cover: - Postnatal maternal, child and family services such as Aboriginal Maternal and Infant Health Service, and Universal Health Home Visiting - Child and Family nurses and Aboriginal Health workers working together to create linkages for Aboriginal babies and mothers from targeted maternity services into child health services under the Building Strong Foundations program for children 0-5 years. - Indigenous Early Childhood Development Strategy Lead implementation of Indigenous child and family centres (element 1) and sexual health and antenatal care (element 2).	A mix of AHS and Australian Government funding.	Varies by program. Some services measured as Non Admitted Patient Occasions of Service. Other programs require regular reports on recruitment and expenditure.
Women's health and wellbeing	Covers services and health promotion programs for women, including violence prevention and pregnancy services.	A mix of AHS funding and Australian Government funding allocated under the Public Health Outcomes Funding agreement.	These services are measured as Non Admitted Patient Occasions of Service. The number of occasions on which one or more health care professional provides a services to a Non-admitted Patient and reported by the AHSs to the Department of Health on a quarterly basis.

Table 11A.15 **New South Wales, community health services programs**

Programs funded by the NSW Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
Men's health and wellbeing	Covers education and health promotion programs for men, including information and referral services.	AHS receive block funding from the Department of Health to provide health services to their population. Each AHS determines how much money is allocated to this program.	These services are measured as Non Admitted Patient Occasions of Service. The number of occasions on which one or more health care professional provides a services to a Non-admitted Patient and reported by the AHSs to the Department of Health on a quarterly basis.
Youth health and wellbeing	Provides education and health promotion programs, clinical services and planning of youth friendly services. Also provides specific health services for homeless and at risk young people.	A mid of AHS and Australian Government funding.	These services are measured as Non Admitted Patient Occasions of Service. The number of occasions on which one or more health care professional provides a services to a Non-admitted Patient and reported by the AHSs to the Department of Health on a quarterly basis.
Screening	Covers screening and assessment programs particularly directed towards children to identify problems early so treatment options are optimized. Program included the Statewide Eyesight Preschooler Screening (StEPS) program, Statewide Infant Screening Hearing (SWISH) program, universal health home visiting for mothers and babies.	A mix of AHS and Australian Government funding.	Varies by program. Some services measured as Non Admitted Patient Occasions of Service. Other programs require quarterly reports on tests offered and conducted.

Table 11A.15 New South Wales, community health services programs

Programs funded by the NSW Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
Program of Appliances for Disabled People	Providing appropriate equipment, aids and appliances such as mobility and toileting aids to prevent inappropriate entry into institutional facilities.	The Department of Health allocates specific funding to the AHSs for this program. NSW and Australian Government funding provided.	The services are required to provide waiting list reports twice a year.
Other			
Dementia services planning	Provides state-wide dementia policy, planning, care services and workforce development.	The Department has been funded under the NSW Dementia Action Plan 2007– 09.	Department of Health Annual report.
Carers services	Covers carers programs and support, in partnership with non-government organisations, and workforce development to enhance the lives of carers and the people they care for.	NSW Carers Action Plan 2007– 2012.	Annual Reports on activities by AHSs to the Department of Health.
Child protection initiatives	Child protection initiatives such as the Joint Investigation Response Team (JIRT) program which is an interagency collaborative response to serious child abuse reports, where the concerns reported may constitute a criminal offence.	The Department of Health allocates specific funding to the AHSs for this program.	Annual report provided to the State Management Group and Justice and Human Services CEOs.

Source : NSW Government unpublished; 2010 Report, table 11A.53.

Table 11A.16 Victoria, community health services programs

Programs funded by the Victorian Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
Objective: Improving access to services			
General			
Primary care Partnerships	Cross government funded voluntary alliances of heath and human services provider organisations known as Primary Care Partnerships (PCPs). There are 31 PCPs in Victoria. The PCPs deliver local service system reforms to: • improve access to services • improve the way health promotion is planned, delivered and evaluated • improve the management of chronic disease The strategy to improve access to services is supported by a range of enablers including: • Statewide policy and operational framework • Statewide practice standards and a continuous improvement manual • Tools for screening, referral and coordinated care planning • Data standards for sharing client health and care information embedded in agency client management software applications E-referral systems to securely share client information with client consent.	Core funding provided the Victorian Department of Health. Additional funding provided by other government departments including the Victorian Department of Justice.	Suite of reports as part of the PCP planning and reporting requirements. This includes a three year strategic plan and impact oriented reports against each area of the program logic.

Table 11A.16 **Victoria, community health services programs**

Programs funded by the Victorian Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
Overcoming cultural/language barriers			
Primary care Partnerships	The PCP program incorporates other statewide enablers to overcome cultural/language barriers which include: • Privacy information brochure and consent (for information disclosure) form available in over 40 community languages The strategic planning work of PCPs requires the identification of local health and well being priorities (which includes overcoming cultural and language barriers).	As above	As above

Table 11A.16 **Victoria, community health services programs**

Programs funded by the Victorian Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
Refugee health nurse program (RHNP)	The Refugee Health Nurse Program (RHNP) supports the provision of a coordinated model for refugee health care with complementary and multiple entry points. The RHNP has three aims: • To increase refugee access to primary health services. • To improve the response of health services to refugees' needs. • To enable refugee individuals, families and communities to improve their health and wellbeing. The RHNP employs community health nurses specialising in refugee and migrant health issues. These nurses work directly with newly arrived refugee communities to improve their health and wellbeing and establish good relationships between these communities, community health services and local GPs. The nurses also work on building the capacity of community health services and GPs to respond appropriately and comprehensively to refugee people's health needs. The RHNP also funds a Refugee Health Nurse Facilitator who works with the funded agencies to build capacity and provide secondary consultations.	• The Victorian Government funds the RHNP through the Department of Health. • The Primary Health Branch of the Department of Health is responsible for program area spending and is broadly responsible for overseeing program delivery. • Department of Health regional offices closely monitor program delivery. • Community health services are funded to deliver the RHNP.	• Agencies funded under the RHNP report hours of service on a quarterly basis. • This information is provided to the Primary Health Branch. • This information is not available to the public.

Table 11A.16 **Victoria, community health services programs**

Programs funded by the Victorian Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
Indigenous Australians	Aboriginal community health services are provided through a range of Aboriginal Community Controlled Health Organisations (ACCHOs) and mainstream services funded by the Department of Health (DOH), including community health centres, hospitals and non-Government organisations. The Victorian Aboriginal Health Service and other Aboriginal Medical Services provide a full range of medical and dental services. The Aboriginal Health Promotion and Chronic Care (AHPACC) Partnership supports community health services and ACCHOs to work collaboratively to improve health outcomes for Aboriginal people in Victoria with, or at risk of, chronic disease.	DOH operates in a complex funding environment. Aboriginal community controlled organisations are funded to provide direct services delivery by DOH and budgets are managed using three year service agreements. Funding can be provided either at the program level or via the eight regions.	Performance targets are set by the Department and monitored through various reporting mechanisms to demonstrate program delivery. Targets are either quantitative or qualitative or both. Reporting intervals range from regular to periodic.

Table 11A.16 **Victoria, community health services programs**

Programs funded by the Victorian Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
	Drug and Alcohol treatment Alcohol and Drug treatment services are provided through both mainstream services and Aboriginal-specific services, located in ACCHOs. Mainstream alcohol and drug treatment services provide community based assessment, community and residential treatment and community rehabilitation programs. Agency based services include counselling, consultancy and continuing care service (outreach, day programs, post withdrawal linkages, supported accommodation, ante and post natal support, peer support, mobile overdose response, specialist pharmacology and education). Aboriginal-specific services include Koori Community Alcohol and Drug Resource Centres, Koori Community Alcohol and Drug Workers, the Koori Alcohol and Drug workforce development initiative and the Koori Youth Alcohol and Drug Healing Service.	Specific funding for Aboriginal programs has been allocated through the COAG Closing the Gap strategy.	
	Oral Health Public Oral health services are targeted towards Health Care and Pensioner concession card- holders. Priority access is given to preschool and primary school aged children and dependants of cardholders in year 7 and 8 or who have left formal schooling. There are several Aboriginal-specific initiatives, including dental clinics at the Victorian Aboriginal Health Service and Rumbalara Aboriginal Cooperative.		

Table 11A.16 **Victoria, community health services programs**

Programs funded by the Victorian Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
Overcoming geographical barriers			
Primary care Partnerships	The strategic planning work of PCPs requires the identification of local health and well being priorities and ways to address these priorities. This may include overcoming geographical barriers. PCPs with Neighbourhood Renewal areas are encouraged to focus on these sites as a priority setting for their catchment planning, while being mindful of the need to include other communities and population groups that experience disadvantage. Other PCPs are encouraged to use similar 'place based' partnership approaches as a means of assessing and engaging with communities that experience significant disadvantage.	As above	As above
NURSE-ON-CALL	NURSE-ON-CALL (NOC) is a statewide health assistance line designed to provide residents of Victoria with timely access to health information, assistance and advice. The service operates 24 hours a day. In 2008-09 NOC answered 340 000 calls, 65 per cent of which were metropolitan and 35 per cent rural. Women comprised 76 per cent of callers, predominantly in the age group 30–34 years. Of the calls, 34 per cent were to do with concerns about children aged 4 years or less.	NOC is contracted to McKesson Asia Pacific Pty Ltd. The costs for contract are paid based on a formula that provides for an availability component and a variable component based on call volume.	McKesson provide the department with monthly reports. The data includes call numbers and patterns for contract management, call outcome and caller demographics

Table 11A.16 **Victoria, community health services programs**

Programs funded by the Victorian Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
Overcoming socioeconomic barriers			
Dental health program	Public dental health care is available to children and disadvantaged adults. Children up the age of 12 have priority access to public dental care. Priority access is also provided to children aged 13–17 who are dependants or holders of health care or pensioner concession cards. The service is free for dependants or holders of a health care or pensioner concession card. Health care and pensioner concession cardholders and their dependants over the age of 18 are also eligible for public dental care.	Dental services are output funded using a funding formula.	Performance targets are set by the Department and monitored through various reporting mechanisms to demonstrate program delivery. Targets are either quantitative or qualitative or both. Reporting intervals range from regular to periodic.
Overcoming social isolation barriers			
Primary care Partnerships	The strategic planning work of PCPs requires the identification of local health and well being priorities, and ways to address these. This may include overcoming social isolation barriers. PCPs with 'Neighbourhood Renewal' areas are encouraged to focus on these sites as a priority setting for their catchment planning, while being mindful of the need to include other communities and population groups that experience disadvantage. Other PCPs are encouraged to use similar 'place based' partnership approaches as a means of assessing and engaging with communities that experience significant disadvantage.	As above	As above

Table 11A.16 **Victoria, community health services programs**

Programs funded by the Victorian Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
IHSHY program	The Innovative Health Services for Homeless Youth (IHSHY) program aims to improve the health outcomes of homeless and otherwise at-risk youth aged 12–24 years and their dependents through the provision of specialized health services and improved access to mainstream health services.	IHSHY is funded under a Special Purpose Payment (SPP), with state and territory governments matching the Commonwealth's contribution.	Quantitative performance targets are set by the Department and monitored quarterly. IHSHY services are also required to complete an annual report containing qualitative and quantitative activities to the Commonwealth.
Objective: Promoting health and preventing illness, early detection			
Maternal and Child health	The *Healthy Mothers, Healthy Babies* program aims to reduce the burden of chronic disease and reduce health inequity by addressing maternal risk behaviours and providing support during pregnancy. Services are targeted in areas of highest need that have high numbers of births, higher rates of relative socioeconomic disadvantage and lower service availability.	This program is funded by the State under the *Primary Health Funding Approach* which includes two components: (1) direct care and (2) health promotion.	Performance targets are set by the Department and monitored through various reporting mechanisms to demonstrate program delivery. Targets are either quantitative or qualitative or both. Reporting intervals range from regular to periodic.

Table 11A.16 **Victoria, community health services programs**

Programs funded by the Victorian Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
Women’s health and wellbeing	The Victorian Women’s Health Program aims to improve the health and well being of all Victorian women (with an emphasis on those most at risk), through the development and dissemination of health information and research and through the provision of community and professional education. These activities take place directly with women and in partnership with the health and community sectors. The dual strategy of delivering gender-specific health services whilst working to improve mainstream services remains a key aspect of women's health.	• In 2008-09, funding was provided through the Public Health Funding Outcomes Agreement. • From 2009-10, it will be provided under the National Healthcare Agreement. • The Primary Health Branch of the Department of Health is responsible for program area spending and is broadly responsible for overseeing program delivery. • Department of Health regional offices closely monitor program delivery.	• Women’s health services funded under the program report hours of service on a quarterly basis. • This information is provided to the Primary Health Branch. • Women’s health services also develop, implement evaluation, and report on 1-year health promotion operational plans.

Table 11A.16 **Victoria, community health services programs**

Programs funded by the Victorian Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
Youth health and wellbeing	The Innovative Health Services for Homeless Youth (IHSHY) program is a Commonwealth/State program that promotes health care for homeless and at risk young people. Funds are provided for innovative health and related services for homeless and otherwise at-risk young people that respond to their complex health needs and improve their access to mainstream health services. IHSHY provides a means of engaging young people who are homeless or marginalised and who may not otherwise access health services.	Up to 2008-09, IHSHY was funded under a Special Purpose Payment, with state and territory governments matching the Commonwealth's contribution. From 2009-10, IHSHY will be provided under the National Healthcare Agreement with state and territory governments matching the Commonwealth's contribution.	Quantitative performance targets are set by the Department and monitored quarterly. IHSHY services are also required to complete an annual report containing qualitative and quantitative activities to the Commonwealth.
Children's health and wellbeing	Multidisciplinary child health teams based in community health services which respond to developmental delays and other child health conditions. The Kids Life! program aims to improve the health behaviours of families with an overweight primary school aged child/children and to reduce the degree of excess weight of participating children.	These services are funded by the State under the *Primary Health Funding Approach* which includes two components: (1) direct care and (2) health promotion.	Performance targets are set by the Department and monitored through various reporting mechanisms to demonstrate program delivery. Targets are either quantitative or qualitative or both. Reporting intervals range from regular to periodic.

Table 11A.16 Victoria, community health services programs

Programs funded by the Victorian Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
Immunisation	Immunisation policy is a shared responsibility between the Commonwealth and State and Territory Governments. The Commonwealth sets the national immunisation agenda by developing, recommending and directing policy, research and evaluation activities on the advice of expert committees and research centres. States are responsible for program implementation which includes vaccine purchase and distribution, and ensuring adequate service provision, monitoring and evaluation. The new National Partnerships Agreement on Essential vaccines the Commonwealth continues to provide funding to State and Territory governments for the purchase of vaccines listed on the National Immunisation Program (NIP). States currently conduct their own procurement process to purchase vaccines and provide them free of charge to eligible persons. In Victoria, immunisation is carried out by general practitioners and local government. As at 30 June 2009, 55 per cent was undertaken by GPs and 45 per cent by local government.	The Commonwealth provides funding for the purchase of vaccines as well as some funding for service delivery. Victoria complements this by providing subsidies and incentive programs to local government. Public Health has responsibility for the Immunisation Program.	Under the AIA, Victoria reports annually against a range of performance measures such as coverage in a range of cohorts, and wastage and leakage. In addition, Victoria provides and annual acquittal of Commonwealth funds. Victoria is leading the country in immunisation by consistently achieving the highest coverage at each of the three key milestones (12 months, 2 years and 5 years). For example 94 per cent of two year olds are considered fully vaccinated.

Table 11A.16 **Victoria, community health services programs**

Programs funded by the Victorian Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
Screening			

Table 11A.16 Victoria, community health services programs

Programs funded by the Victorian Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
1.National Bowel Cancer Screening Program (NBCSP)	The NBCSP is a Commonwealth initiative and works in partnership with state and territory governments. The NBCSP provides population screening for bowel cancer using faecal occult blood tests (FOBT) followed by referral for participants with a positive FOBT result to further clinical services, usually colonoscopy, through the 'usual care' system. As part of the usual model of care in the provision of colonoscopy services, State and Territory Governments manage colonoscopies and related histopathology and after care when provided through public hospitals. The Victorian government committed $14 million over four years to implement the NBCSP in Victoria. The funding supports the Victorian implementation including funding for: • 16 designated public health services to put systems in place to identify program participants and provide timely access to assessment colonoscopies generated by the NBCSP. • Colonoscopy Service Redesign projects to maximise future system capacity to respond to the NBCSP. • Cancer Council Victoria (CCV) to undertake targeted recruitment and awareness activities and to conduct a survey of bowel cancer knowledge, perceptions and screening behaviours in the Victorian community. • General Practice Victoria (GPV) was funded to provide a coordinated communication and education program to support GPs.	Program responsibility sits with Cancer Prevention and Screening Section in the Health Development Unit, Public Health. Funding sources are: • ERC funding to support implementation in Victoria (see above) • Commonwealth funding for projects and to implement the participant follow-up function in Victoria	The Australian Institute of Health and Welfare (AIHW) produces annual monitoring reports for the Program. These reports are publically available at http://www.aihw.gov.au/ publications/index.cfm/title/10665 Funded projects with the Commonwealth are evaluated and reported to the Commonwealth. These reports are not released publically.

Table 11A.16 **Victoria, community health services programs**

Programs funded by the Victorian Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
	Victoria is also undertaking a number of related projects that are funded by the Commonwealth. These are: • Pilot project to develop and evaluate a community focused screening pathway for Aboriginal and Torres Strait Islander Communities ($173,000) • Implement participant follow-up function in Victoria to improve local follow-up of participants ($1,331,694 over three years to provide adequate staffing and associated resources to undertake the participant follow-up) • National project to develop a draft quality framework for the NBCSP ($120,000) • Project to improve data return to the national registry by general practitioners, colonoscopists, pathologists and health services ($20,000).		

Table 11A.16 **Victoria, community health services programs**

Programs funded by the Victorian Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
2. Improving cancer screening participation in under-screened population groups	Victoria's Cancer Action Plan 2008 – 2011 identifies increasing participation rates in population-based cancer screening programs as a priority. VCAP targets include improving participation rates by 10 per cent in under-screened population groups, including Aboriginal and Torres Straight Islander (ATSI) communities and culturally and linguistically diverse (CALD) groups. A four year under-screened/non-screened strategy has been developed to identify groups of people that are participating in cancer screening programs at a lower rate than the desired eligible screening program population, or not at all. The implementation of the strategy will involve: • Undertaking data analysis to determine who is (and is not) participating in screening • Developing systems to measure baseline participation rates for ATSI and CALD community groups in cervical screening • Undertaking evidence informed interventions at a local level that build on work currently being undertaken by screening services • Developing, trialling and evaluating recruitment strategies in identified low-screening Local Government Areas and population subgroups, including CALD and ATSI.	ERC 2008-09, part of $150 million VCAP Cancer Prevention and Screening Section, Health Development Unit, Public Health Branch is responsible for overseeing the program.	Reporting to the VCAP Implementation Committee

Table 11A.16 Victoria, community health services programs

Programs funded by the Victorian Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
3. Newborn Screening Written consent pilot project	The Department of Health is undertaking a pilot project to trial a written informed consent model in newborn screening. Newborn screening involves a 'heel prick' test where a few drops of a newborn baby's blood are tested for a number of rare but serious conditions including phenylketonuria, cystic fibrosis and congenital hypothyroidism. The project aims to improve information provided to parents to support them to make a decision about screening and ensure they can make an informed choice about how their babies' health information may be used. A core component of this project has been the development of a comprehensive e-learning tool for midwives and students. This tool is designed to increase knowledge about the Program and expand the ability of midwives to discuss screening with parents. It also provides clinical information about techniques for collecting good samples.	Cancer Prevention and Screening Section, Health Development Unit, Public Health Branch is responsible for program oversight.	
4. PapScreen Victoria: campaign and resources	PapScreen Victoria, part of the Cancer Council Victoria, have been funded $240,000 to develop a new media campaign and information resources aimed at increasing participation in cervical screening among under- and non-screened women	$240 000 Public Health Branch budget	
Other	The Aboriginal Health Promotion and Chronic Care (AHPACC) aims to improve the health outcomes for Aboriginal Victorians with chronic disease, or at risk of developing chronic disease through health promotion, prevention, early intervention, and ongoing care.		

Table 11A.16 **Victoria, community health services programs**

Programs funded by the Victorian Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
Objectives:			
Providing timely and high quality healthcare that meets individual needs throughout the lifespan			
Ensuring continuity of care where more than one service type and/or ongoing services are required			
Community Health Program	The Community Health Program is implemented through Community Health Services (CHSs) by over 100 agencies operating from more than 300 sites across Victoria. CHSs play an important role in preventive, rehabilitative, maintenance and support services for people at risk of, or with complex conditions and chronic illnesses. CHSs are also major providers of Home and Community Care Services, Dental, General Practice, Drugs Program, Disability and other State and Commonwealth programs.	These services are funded under the Primary Health Funding Approach. Currently, the Approach includes two components (1) direct care and (2) health promotion.	Performance targets are set by the Department and monitored through various reporting mechanisms to demonstrate program delivery. Targets are either quantitative or qualitative or both. Reporting intervals range from regular to periodic.

Table 11A.16 Victoria, community health services programs

Programs funded by the Victorian Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
Other			
Alcohol and other drugs	Provides a range of drug treatment services including withdrawal, rehabilitation, counselling and supported accommodation for people with substance abuse problems. These treatment services are also provided to offenders referred to treatment from the criminal justice system through the Drug Diversion program. A range of health protection services including Primary Health and needle and syringe services targeting drug users are also provided. The Program also oversees Pharmacotherapy services and delivers a range of drug prevention programs including those targeted at use of alcohol as well as prescribed and illicit drugs. Support and information is also provided for drug users and their families.	Funding and reporting for these services is managed in accordance with the Output Budgeting framework. Budget and performance for Drugs Services is reported as a separate Output in the Victorian Government budget papers. Most Drug Services are funded on the basis of unit priced service models and service providers are required to report against targets linked to the activity. Different activities are funded at different unit prices and recognise the costs to services of producing the outputs. These prices are applied universally to all service providers delivering those activities.	Performance information is collected and reported at the State level through Expenditure Review Committee reporting against the Budget Paper targets, DOH Annual Report and Growing Victoria Together reports, at a Whole of Victorian Government (WOVG) level through WOVG reporting on specific target groups including Women, Youth and Koori, at a Departmental level through Executive Performance reporting, at a National level, performance reporting is provided through National Minimum Data Sets, Report On Government Services, Australian Institute of Health and Welfare, Public Health Outcomes Funding Agreement (PHOFA), Council of Australian Government (COAG) reporting for National Illicit Drug Strategy, Drug Diversion and Needle and Syringe Programs.

Source: Victorian Government unpublished; 2010 Report, table 11A.54.

Table 11A.17 Queensland, community health services programs

Programs funded by the Queensland Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
Objective: Improving access to services			
Overcoming cultural/language barriers			
Multicultural Services	Multicultural Services are responsible for the leadership, planning, management and coordination of the *Strategic Plan for Multicultural Health 2007-12* . Key state-wide services developed, managed, implemented and monitored by Multicultural Services are:		The development and implementation of a multicultural action plan is a whole-of-government requirement. Multicultural Services reports annually to the Queensland Government. Internal reporting is conducted bi-annually.
	- The Queensland Health Interpreter Service (QHIS) is a statewide interpreter service to provide interpreters for all patients of low-English proficiency. QHIS is supported by Interpreter Services Information System (ISIS), an online interpreter coordination system, Interpreter Quality Officers and District coordinators.	The Queensland Health Interpreter Service is a wholly state-funded service.	
	- Refugee Health Queensland is a statewide service with refugee health clinics established in South and North Brisbane, Logan, Toowoomba, Cairns and Townsville. The service provides standard initial assessments for all refugees and humanitarian entrants arriving in Queensland, including public health screening and catch-up vaccinations, GP referrals and coordination of ongoing care. Multicultural Services manages the contract and provides ongoing monitoring and support.	Mater Health Services has been contracted until 2011 for a statewide refugee health service.	Refugee Health Queensland submits quarterly and annual reports to Queensland Health (Multicultural Services).

Table 11A.17 **Queensland, community health services programs**

Programs funded by the Queensland Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
Overcoming geographical barriers			
Integrated Patient Transport Unit (IPTU)	The Integrated Patient Transport Unit (IPTU) provides leadership for the patient transport reform agenda which aims to improve access to and the quality of available transport resources for patient transport ranging from acute, urgent, high dependency care to non-urgent, low dependency care. The Unit works collaboratively with Retrieval Services Queensland, transport service providers and local health services to integrate all elements of the patient transport system including: the Patient Travel Subsidy Scheme; patient accommodation grants; road ambulance patient transport services; aeromedical transport and retrieval services under contract to Royal Flying Doctor Service (RFDS) and Careflight Medical Services and in partnership with Emergency Management Queensland, Department of Community Safety.	These services are funded by the State. In three rural bases Commonwealth funds support the delivery of primary health care services provided by the RFDS.	No reports are provided externally. Internally, activity reports are provided to the Health Service Districts to assist in the monitoring of utilisation of road ambulance and fixed-wing aeromedical transport at a district and facility level.

Table 11A.17 Queensland, community health services programs

Programs funded by the Queensland Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
Objective: Promoting health and preventing illness, early detection			
School Based Youth Health Nurse (SBYHN) Program	The School Based Youth Health Nurse (SBYHN) Program enables the health and education sectors to work collaboratively with state secondary school communities to promote health and support schools to implement health promotion initiatives that meet the school's specific requirements. It also provides an opportunity for students, parents and members of the school community to access a health professional for matters relating to youth health within the school setting. The SBYHN role encompasses: whole of school health promotion across a number of population health priority areas (including healthy eating, physical activity, mental health, sun safety, drug education and sexual health education); individual consultations with young people, assessment and referral to appropriate services; and advocacy.	The Program is funded from Queensland Health Corporate and Health Service District funds.	School Based Youth Health Nurses provide activity data each school term which is reviewed at a program level.

Table 11A.17 **Queensland, community health services programs**

Programs funded by the Queensland Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
Immunisation	The program is responsible for implementing the National Immunisation Program Schedule in Queensland to reduce the incidence of vaccine preventable disease in the community. This includes: strategy and policy development and oversight of implementation; maintaining quality controls over immunisation service delivery; coordinating storage and distribution of funded vaccines; coordinating the School Based Vaccination Program; provision of information and advice to service providers; monitoring adverse events following immunisation; collaboration with the Centre for Healthcare Related Infection Surveillance and Prevention (CHRISP) on the Queensland Health Care Worker vaccination program; resource development and dissemination; and maintaining and enhancing the state immunisation database.	Funding for immunisation services is provided through state funds, and through Australian Government funding via the National Partnership Agreement on Essential Vaccines.	Performance targets and overall financial reporting are published in Queensland Health's Annual Report and Service Delivery Statement. Annual performance targets are also reported directly to the Australian Government according to set benchmarks in the National Partnership Agreement.
Screening	Cancer Screening Services Branch is responsible for the leadership, strategic planning, management and coordination of the state-wide population screening programs: BreastScreen Queensland Program (BSQ), Queensland Cervical Screening Program (QCSP) and Queensland Bowel Cancer Screening Program (QBCSP). Key functions of the Branch include state-wide strategic policy and protocols, coordination and planning, service development and support, quality assurance, performance monitoring, communication and education, workforce development and training, monitoring, evaluation and research and linkages with follow up management and treatment.	Funding for cancer screening services is provided through State funds and the Australian Healthcare Agreement.	Performance targets and overall financial reporting are published in Queensland Health's Annual Report and Service Delivery Statement. Annual data is reported to the Australian Institute of Health and Welfare. Performance reports to BSQ Services are undertaken three, six and twelve monthly. Statistical reports are produced biennially for BSQ, QCSP and QBCSP.

Table 11A.17 Queensland, community health services programs

Programs funded by the Queensland Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
Aboriginal and Torres Strait Islander Health	Queensland Health provides a range of primary and community health care services and activities, spanning the prevention, management and maintenance continuum that address particular needs of Indigenous communities. These include prevention, education and health promotion services for programs such as: men's and women's health programs including the Healthy Women's Initiative which focuses on increasing participation in cervical screening; child and adolescent health services; alcohol, tobacco and other drug services; sexual health services; allied health services; and patient transport provided to increase access to health care.	Funding for these services is provided through State funds.	Performance targets and overall financial reporting are published in Queensland Health's Annual Report and Service Delivery Statement.

Table 11A.17 Queensland, community health services programs

Programs funded by the Queensland Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
Environmental Health Worker and Animal Management Worker Programs	The programs are responsible for implementation of strategies for Commonwealth and State whole of government priority areas for Indigenous Health. They work at improving environmental health conditions to influence health outcomes. The programs provide funding to Aboriginal and Torres Strait Islander local governments to employ local workers to implement environmental health programs. These programs monitor environmental health conditions and workers collaborate with the community and local governments to improve environmental health conditions. Queensland Health actively supports the Indigenous workers employed by local governments by organising training, mentoring and workshops.	State grant money funds the programs. - The Environmental Health Worker funding is managed by the Department of Infrastructure and Planning. - The Animal Management Worker funding is managed by Queensland Health. Aboriginal and Torres Strait Islander local governments are responsible for program delivery. Queensland Health is responsible for overseeing delivery of the Environmental Health Worker program and is jointly responsible with the Department of Employment, Economic Development and Innovation for overseeing delivery of the Animal Management program.	Reporting against Commonwealth and State reporting requirements for both programs in terms of both funding and performance targets. Reporting through Tridata, Overcoming Indigenous Disadvantage, National Strategic Framework for Aboriginal and Torres Strait Islander Health, Queensland Government Implementation Plan, Partnerships Qld and the Queensland Health Annual Report. Reporting for the Animal Management Program is also included in the Looking After Country Together whole of government project, led by the Department of Environment and Resource Management.
Other:			
Oral Health Services	Services are provided via Community and School Oral Health Services mobile and fixed clinics.	These services are funded from Queensland Health Corporate and Health Service District funds.	Performance targets and overall financial reporting are published in Queensland Health's annual report and Service Delivery Statement.

Table 11A.17 **Queensland, community health services programs**

Programs funded by the Queensland Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
Alcohol, Tobacco and Other Drug Services	These services include a range of prevention, health promotion, assessment, counselling, early identification and intervention, treatment and educational services to minimise alcohol, tobacco and other drug related harm.	These services are funded through a range of programs or health services within the Queensland Health budget and Commonwealth funds.	Performance targets and overall financial reporting are published in Queensland Health's Annual Report and Service Delivery Statement.
HIV/AIDS, Hepatitis C and Sexual Health (HAHCSH)	The program implements the whole of government *Queensland HIV, Hepatitis C and Sexually Transmissible Infections Strategy 2005-2011* in the strategic priority areas of enabling environment; education and prevention; early detection, care management and treatment; training and professional development and research and surveillance. Programs are delivered through public, private and community based organisations, including 16 Queensland Health sexual health clinics and a range of prevention/education initiatives within Queensland Health coordinated across Queensland by six coordinators.	Funded through the Australian Healthcare Agreement and a combination of State and Commonwealth funding programs.	Annual Progress Report to Cabinet on the *Queensland HIV, Hepatitis C and Sexually Transmissible Infections Strategy 2005-2011* against strategy performance indicators. Commonwealth and State funding reporting requirements. Six monthly reports on activities by program coordinators. Six monthly funded NGO performance reports.
Offender Health Services	Offender Health Services is committed to delivering health and medical services to offenders in Queensland correctional centres that is consistent with services available in the community. Services provided include: • Primary health care medical services • Nursing interventions • Mental health • Dental • Optometry • Indigenous sexual health • Health promotion.	Offender Health Services is State funded; however, a small amount of Commonwealth funding provides Indigenous specific sexual health services.	Offender Health Services reports through standard Queensland Health processes only.

Table 11A.17 Queensland, community health services programs

Programs funded by the Queensland Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
Poisons Information	A 24 hour service is provided nationally through links between centres in various states, for the provision of information and advice to assist in the management of poisoning and suspected poisoning, education and promotion of poisoning prevention.	These services are funded from Queensland Health Corporate and Health Service District funds.	The Poisons Information centre is required to provide periodic reports on the extent and nature of calls, substances and caller type.

Source : Queensland Government unpublished; 2010 Report, table 11A.55.

Table 11A.18 Western Australia, community health services programs

Programs funded by the WA Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
Objective: Improving access to services			
Overcoming cultural/language barriers			
Aboriginal Health Promotion	Provision of health promotion initiatives that include community wide education and community development activities.	Funding is provided directly to individual Aboriginal Health Service providers by means of a Service Level Agreement with the Department of Health WA.	Regular reporting is required. Financial reporting each quarter and activity reporting twice per year. Various output measures are specified.
Aboriginal Primary Health Services	A range of primary health care services and programs are provided using a multidisciplinary approach in community settings focused on Aboriginal and Torres Strait Islander people. Aboriginal health teams provide a strong linkage point with other mainstream providers for an integrated approach.	Funding is provided directly to individual Aboriginal Health Service providers by means of a Service Level Agreement with the Department of Health WA.	Regular reporting is required. Financial reporting each quarter and activity reporting twice per year. Various output measures are specified.
Community Drug Service Teams	WACHS is funded to provide the community drug service in the Midwest, Pilbara and Kimberley. These teams provide a free and confidential counselling and support service for those with alcohol and other drug issues.	Funding is allocated to WACHS from the Drug and Alcohol Office (DAO).	Reporting is based on 6-monthly activity and financial statements submitted to DAO.
Pilbara Aboriginal Drug and Alcohol (PADAP)	The WACHS Community Drug Service Team also incorporates the Pilbara Aboriginal Drug and Alcohol Program (PADAP) which provides treatment and support services to Aboriginal people in the Pilbara with drug and alcohol problems, referred as part of the Department of Employment Workplace Relations (DEWR) work ready program. The Program staff consists of one coordinator and up to five Aboriginal Alcohol and Drug workers.	WACHS is contracted by the Drug and Alcohol Office (DAO) using funding from the Office of Aboriginal and Torres Strait Islander Health (OATSIH).	Reporting is based on 6-monthly activity and financial statements submitted on behalf of WACHS by DAO to OATSIH.

Table 11A.18 **Western Australia, community health services programs**

Programs funded by the WA Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
Aboriginal Child Health Interim Schedule	A comprehensive schedule of maternal and child contacts for Aboriginal and Torres Strait Islander families with young children (0-5 years) in the Perth metropolitan area and some country regions. The approach builds on and strengthens the existing universal child health schedule by offering additional visits to families who do not wish to access mainstream child health services or those families who need additional support. A total of 20 contacts are offered during the first five years of life.	State funding is provided directly to individual area health services or regions. Area health services or regions are responsible for delivering Aboriginal child health services.	Services are reported as Occasions of Service for non-admitted patients (HCARe). Reports are produced for service planning and reviews. Process and impact evaluation will be carried out in 2009.
Community Health 'at risk' Services (statewide)	Community health provides services for "at risk" populations that have a strong focus on collaboration and coordination between other parts of the health system, other government and non government agencies to improve access to services and address the social determinants of health. "At-risk" services specifically focus on children, adolescents, young people and their families who are socially and economically disadvantaged and who are more likely to experience poor health outcomes because of their circumstances. Target groups include Aboriginal people, migrants, refugees and culturally and linguistically diverse groups. Services include; health surveillance, universal and targeted prevention, early identification and intervention, health promotion and education to improve health outcomes, disease control and immunisation, health care advice and specific family health programs. An example of 'at risk' services include the Child and Adolescent Community Health Refugee and Migrant Health Team, who provide specialised services to meets the health and developmental needs of refugee children, adolescents and their families in the Perth metropolitan area.	State funding is provided directly to individual area health services or regions. Area health services or regions are responsible for delivering 'at risk' services.	Services are reported as Occasions of Service for non-admitted patients (HCARe). Reports are produced for service planning and reviews.

Table 11A.18 **Western Australia, community health services programs**

Programs funded by the WA Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
Overcoming geographical barriers			
WA Country Health Service (WACHS) Health Promotion Program	Health Promotion practitioners are based within regional public and/or primary health units coordinate health promotion programs. These practitioners work with internal and external stakeholders with a focus on enabling and building the capacity of individuals, communities and select populations to promote health. Key areas for programs include: - Tobacco; - Mental health; - Alcohol; - Nutrition; and - Physical activity.	Funding for these services is mainly via core state health funding to Area Health Services. External funding (Commonwealth, - ABHI, and RHS) also funds some health promotion practitioners in WACHS.	The state program measure for all non-admitted patient services is Occasions of Service using a module in HCARe.

Table 11A.18 Western Australia, community health services programs

Programs funded by the WA Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
Objective: Promoting health and preventing illness, early detection			
Subsidised Dental Care	Dental care is provided to eligible financially disadvantaged people (pensioners and other recipients of benefit / allowance from Centrelink or Department of Veteran Affairs) via: - Public Dental Clinics Metropolitan and Country; - Private practitioners participating in the Metropolitan and Country Patients' Dental Subsidy Schemes and the Private Orthodontic Subsidy scheme; - In addition, a Domiciliary Unit provides dental care for housebound patients. Dental care is also provided for special groups and institutionalised people; and - Aged Care Dental Program. This program provides dental care to residents of Registered Aged Care Facilities. Residents are eligible to receive free annual dental examinations and a care plan. Further treatment needs are advised and the patient is referred to an appropriate provider. Ongoing treatment is through one of the Government programs for eligible residents.	The Department of Health WA negotiates with Dental Health Services branch to provide funding directly to maintain the program.	Program measures include: • Access to dental treatment for eligible people; • Average waiting times; and • Average cost of completed courses of adult dental care.

Table 11A.18 Western Australia, community health services programs

Programs funded by the WA Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
WA Community Child Health Service (statewide)	Child health services aim to promote improved health outcomes for babies, young children and their families across Western Australia through the provision of a range of universal and targeted programs. Services are delivered in child health centres, community based centres and in the home environment. Information and support is offered regarding parenting, child health and development, child behaviour, maternal health and wellbeing, child safety, immunisation, breast feeding and nutrition. WA offers a universal child health service that begins with a child health nurse visiting all mothers of new babies and a series of scheduled contacts for critical points in the child's development throughout the first four years. The service presents a unique opportunity to identify families experiencing difficulty in caring for their children and the early identification of children with developmental delays.	State funding is provided directly to individual area health services or regions. Area health services or regions are responsible for delivering child health services.	Services are reported as Occasions of Service for non-admitted patients (HCARe). Reports are produced as required for service planning and reviews Services are evaluated every three years.
WA Country Health Service (WACHS) programs	A range of women's health services are provided across WACHS in partnership with other government and non-government agencies which include: - Sexual Transmitted Infection screening and treatment; and - Pap smear screening.	State funding is provided directly to area health service or regions.	Services are reported as Occasions of Services for non-admitted patients (HCARe).

Table 11A.18 Western Australia, community health services programs

Programs funded by the WA Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
Pit Stop Men's Health WACHS program	Pit Stop Men's Health program encourages men to have regular health checkups through attaching the concept of mechanical tune-ups for their cars to their own health. WACHS developed the package and distributes the package to a variety of government, non-government and community organisations across Australia who delivers the program. WACHS also delivers the program.	State funding was provided to set up the program.	Reporting provided on an annual basis.
Aboriginal Social and Emotional Wellbeing	Provide and refer to social and emotional well being services, including culturally secure information, support and advice services to Aboriginal communities, particularly those affected by family trauma, grief and loss, mental health problems, and those at risk of self harm, particularly youth.	Funding is provided directly to individual Aboriginal Health Service providers by means of a Service Level Agreement with the Department of Health WA.	Regular reporting is required. Financial reporting each quarter and activity reporting twice per year. Various output measures are specified.

Table 11A.18 **Western Australia, community health services programs**

Programs funded by the WA Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
Innovation Health Services for Homeless Youth (IHSHY) program	IHSHY is a program targeted to reach young people at high risk who are not accessing mainstream health services. IHSHY services in WA target young people at high risk aged between 12 and 25, with flexibility at both ends of the age range in accordance with individual needs. They are delivered by a range of non-government and government agencies. There are currently 8 IHSHY services in WA, examples include: - Street Doctor: provides visible, accessible and non-judgmental mobile medical and related services to street present populations in the central Perth and Midland areas; and - Adolescent Mother Support Services: provides ante-natal and post-natal support to adolescent mothers aged 17 and under in the Perth metropolitan area.	IHSHY program funds are jointly funded by State and Commonwealth, with funds allocated through service agreements with individual service providers. IHSHY services are delivered by both non-government and government agencies. Child and Adolescent Community Health is responsible for overseeing delivery of services.	Annual reporting on IHSHY service delivery and annual financial acquittals to Commonwealth Department of Health and Ageing.
Child and Adolescent Community Health (CACH) Promotion Program (metropolitan)	CACH health promotion practitioners work in partnership with clinicians within CACH, the local community and agencies to identify and implement group and community level responses to identified issues to deliver better health outcomes. The health promotion role provides a mechanism for interaction between health services, community members and other sectors, supporting and leading partnership development, health advocacy, policy development and review.	State funding is provided directly to CACH responsible for delivering the community health service within the metropolitan area.	Reports are produced for service planning and reviews. Annual reported to CACH Management.

Table 11A.18 Western Australia, community health services programs

Programs funded by the WA Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
WA Community School Health Services (statewide)	School Health Services aim to promote healthy development and wellbeing so students may reach their full potential. Services are delivered by community health nurses, allied health, Aboriginal health workers and health promotion staff. School Health Services have a strong prevention focus, with roles that can be categorised into three integrated areas; health promotion, early detection and specialist health expertise. School Health Services use surveillance activities and assessments to identify and monitor the health status of school-aged children throughout their school life. This system of early detection aims to ensure that children who may be at risk of developing health problems are detected as early as possible. Surveillance activities and screening programs are delivered at a population (universal), group or individual level (targeted). School health services have a strong presence in public secondary schools to provide primary health care for adolescents; health care planning for students with special issues; support for health -related curriculum; and, other school health promotion. Lifestyle Triple P is an example of an innovative program being piloted in WA School Health Services. The program provides lifestyle-specific parent training to families with overweight or obese children aged 5 to 10 years.	State funded program. Agreement between the Department of Education and Training and Department of Health which underpins the delivery of School Health Services. The Department of Education and Training part funds School Health Services in WA, as agreed in the MOU between the Departments. Area health services or regions are responsible for delivering school health services.	Services are reported as Occasions of Service for non-admitted patients (HCARe). Reports are produced as required for service planning and reviews. Narrative reports are also produced as required.

Table 11A.18 Western Australia, community health services programs

Programs funded by the WA Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
WA Health Schools Project (WAHSP) (statewide)	The WAHSP aims to promote and facilitate the implementation of best practice healthy eating and physical activity initiatives in schools. The project works with targeted schools to incorporate healthy eating and physical activity into school policies, facilitate community and school based initiatives, establish and strengthen existing partnerships, and support the development of healthy school environments to contribute to the prevention of obesity and chronic disease. Examples of WAHSP initiatives include but are not limited to: • School kitchen gardens; • Encourage schools to become 'Crunch & Sip' schools; • Promote and assist schools to support state wide media campaigns; • Parent education sessions; • Child education sessions; • Healthy school breakfast programs; and • Provide equipment to undertake physical activity during class and breaks.	Australia Better Health Initiative (ABHI) funded til 2010.	Annual reporting to ABHI.

Table 11A.18 **Western Australia, community health services programs**

Programs funded by the WA Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
School Dental	The School Dental Service provides free dental care to school children throughout the state ranging from pre-primary through to Year 11 and to Year 12 in remote localities. Care is provided by dental therapists under the supervision of dental officers from fixed and mobile dental clinics located at schools throughout WA. The program incorporates preventive strategies, which include oral health education for school children. Non-general and specialist services are referred to the private sector or where a child is eligible to attend, a Government clinic for subsidised care.	The Department of Health WA negotiates with Dental Health Services branch to provide funding directly to maintain the program.	Program measures include: • Number of children enrolled and under care; • Dental Health status i.e. number of decayed / missing / filled teeth; and • Average cost of service per child.

Table 11A.18 Western Australia, community health services programs

Programs funded by the WA Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
School Drug Education & Road Aware Program (SDERA)	The Drug and Alcohol Office (DAO) funds the School Drug Education and Road Aware Program (SDERA) in Western Australia to offer a comprehensive program that emphasises professional development and community action. SDERA utilises a range of initiatives including: • the development and distribution of curriculum material to all schools in Western Australia; • teacher professional development; • support to schools in developing drug education programs and guidelines; • engagement of parents and communities at a local level; • evaluation and monitoring of outputs and regionally based consultancy support. The program also provides materials and support to implement the National Keeping in Touch Program for management of alcohol and drug problems within schools.	Funding is provided by the Prevention Branch of DAO to the Catholic Education Office that oversees the administration of the School Drug Education and Road Aware program. This program operates across all school sectors (government, independent and catholic).	Annual reporting to DAO as part of contract management. A DAO representative also sits on the Board of Management and receives regular financial and progress updates. Annual reporting to DAO as part of contract management.
WA Country Health Service (WACHS) immunisation program	WACHS is the primary provider of child and school immunisation schedules. They are also a significant provider in the adult program.	State and Commonwealth funding.	HCARe, AICR and year 7 database reporting occasions of service and coverage.

Table 11A.18 Western Australia, community health services programs

Programs funded by the WA Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
BreastScreen WA	Responsible for the leadership, strategic planning, management, coordination and service delivery of the state-wide breast cancer screening program. BreastScreen WA provides free mammograms to asymptomatic women over 40 years of age. The primary target group for the service is women aged 50 to 69 years. Services are provided at eight metropolitan clinics and by four mobile screening vans that visit outer metropolitan areas and country towns every two years.	Funding for cancer screening services is provided through state funds and the joint State/Australian Government National Health Agreement (NHA).	Annual data reporting to the Australian Institute of Health and Welfare for BreastScreen Australia, six monthly to WA Department of Health and regular published statistical reports.
WA Community Health Child Development Services	Child development services provide a range of assessment, early intervention and therapy services to children with, or at risk of developmental disorders and delay. Services are provided at various sites across the metropolitan area and within Western Australia Country Health Services by a range of professionals including speech pathologists, physiotherapists, occupational therapists, clinical psychologists, social workers, nurses, podiatrists, child care assistants, therapy assistants, audiologists, paediatricians and medical officers, along with administrative staff. Services are delivered out of a range of settings including community based child development centres, day-care, school and the home environment. Child development services also play a key role in health prevention and promotion through the delivery of community education, professional development and programs aimed at preventing the occurrence of a delay/disorder, minimising the impact of a disorder/delay and/or preventing the progression of a disorder/delay.	State funding is provided directly to individual area health services or regions that are responsible for delivering the service.	From 2010 the Child Development Information System (CDIS) will enable routine management and performance reporting.

Table 11A.18 **Western Australia, community health services programs**

Programs funded by the WA Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
WA Country Health Service (WACHS)	A range of screening services are provided across WACHS in partnership with other government and non-government agencies including: · Trachoma and trichiasis; · Aboriginal ear program; and · Lifestyle risk factor (in some areas).	State and Commonwealth funding.	HCARe reporting occasions of service. Trachoma data base.
Australian Better Health Initiative for the delivery of Indigenous healthy lifestyles	The delivery of various programs and activities that target the prevention and reduction of chronic disease conditions in the Aboriginal community.	Funding is provided direct to individual Aboriginal Health Service Providers by means of a Service Level Agreement. The original source of funding is the Council of Australian Governments.	Regular reporting is required. Financial reporting each quarter and activity reporting twice per year. Various output measures are specified.
Aboriginal Scholarship Scheme	The scholarship scheme promotes and fosters the development of Aboriginal people undertaking health education training.	Funding is provided to individual recipients by the Office of Aboriginal Health, Health Department WA.	Evidence of academic achievement.
Violence and Child Abuse Prevention	Intergovernmental Summit on Violence and Child Abuse in Indigenous Communities (2006) resulted in funding to The Drug and Alcohol Office (DAO) in order to provide additional resources to regional Community Drug Service Teams (Wheatbelt, Goldfields, Midwest, and Kimberley). It also provides for Aboriginal workforce development activity at DAO.	Funding is allocated to DAO from the Office of Aboriginal and Torres Strait Islander Health (OATSIH).	Reporting is based on 6-monthly activity and financial statements submitted by DAO to OATSIH.

Table 11A.18 Western Australia, community health services programs

Programs funded by the WA Government during 2008-09

Program	Description	Budgetary context	Reporting
Objectives:			
Providing timely and high quality healthcare that meets individual needs throughout the lifespan			
Ensuring continuity of care where more than one service type and/or ongoing services are required			
Chronic Disease Management	A range of non-hospital care is provided across the spectrum of chronic disease management including diabetes management and asthma management. The South Metropolitan and North Metropolitan Area Health Services also run condition specific programs for patients with Chronic Pulmonary Disease (COPD), diabetes and Congestive Heart Failure (CHF) at high risk of hospitalisation. The program is multi-disciplinary and educates patients on symptom monitoring, action planning and self efficacy as well as supporting access to health and social care services in a timely manner to prevent deterioration of their condition and ultimately reduce hospitalisation. The multidisciplinary teams include nursing, dietetics, occupational therapy, physiotherapy, podiatry and social work. Aboriginal Health Liaison Officers facilitate and improve access to services and programs for the Indigenous population. The service provides care co-ordination and planning, individual and group education and physical rehabilitation, and action planning. Extensive collaboration and linkage with government community health services, non-government providers, Divisions of General Practice and GPs enables the team to integrate services to support ongoing patient self-management.	Funding for these services is mainly via core State Health funding to Area Health Services.	The state program measure for all non-admitted patient services is Occasions of Service using a module in HCARe. In some areas quantitative and qualitative data is collected including client questionnaires and clinical outcome measures. Program measures include numbers of clients and referrals. Area health services also require quarterly reporting of HR, OSH and quality measures. SMAHS is reporting hospital service utilisation before and after participation to the Area Health Service for consideration of effectiveness.

Table 11A.18 Western Australia, community health services programs

Programs funded by the WA Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
Disease Management Unit	A multidisciplinary model of care which provides community based medical stabilisation with a general physician to improve chronic conditions and access to services. The service reduces the need for outpatient and emergency department presentations for a complex group of patients with multiple co-morbidities.	The Department of Health WA negotiates with Area Health Services using service specifications. Funding is provided directly to the Area Health Service.	The program measure for all non-admitted patient services is Occasions of Service.
Chronic Obstructive Pulmonary Disease (COPD) Linkage program	A tertiary-community based program providing community based specialist medical, nursing and physiotherapy services to patients with COPD. The program replaces traditional outpatient appointments in the hospital setting to improve patient attendance and experience as well as ongoing care and support.	Funded through a tertiary hospital with accommodation and support services provided through Area Health Service Arrangements.	Monthly and quarterly activity reports along with hospital admission comparisons of program patients against the COPD usual care patient group within WA Health.
Adult Allied Health – Peel and Rockingham Kwinana Health Service, SMAHS	Community based individual and group therapies for adults with diabetes and diabetes related co morbidities such as, chronic pulmonary disease, cardiovascular disease, chronic pain, falls risk, obesity, rheumatic disease, orthopaedic dysfunction and musculoskeletal pain and dysfunction. Services include physiotherapy, occupational therapy, podiatry, social work, diabetes education, continence services and dietetics.	The Department of Health WA negotiates with Area Health Services using service specifications. Funding is provided directly to the Area Health Service.	Individual services collect and report qualitative and quantitative program data including: number of new referrals, waiting time, occasions of service and numbers of discharges.
Sexual health services WA Country Health Service (WACHS)	Sexual health services are primarily the responsibility of community health staff with support and coordination from Public Health units in rural and remote WA. This includes small sexual health teams in the Kimberly, Pilbara and Goldfields regions of the WA Country Health Service, these being regions with endemic proportions of STIs within their populations.	Funding for these services is mainly via core state health funding to Area Health Services.	The state program measure for all non-admitted patient services is Occasions of Service using a module in HCARe.

Table 11A.18 Western Australia, community health services programs

Programs funded by the WA Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
Drug and Alcohol Office (DAO)	The Drug and Alcohol Office (DAO) provides or contracts a statewide network of services relating to prevention, treatment, professional education and training. **Prevention** includes a range of activities: • prevention and early intervention programs and services; • community based education programs; and • public health prevention campaigns and support for regional prevention networks. **Treatment** includes: • outpatient and inpatient withdrawal; • assessment and counseling; • rehabilitation; • community-based pharmacotherapy; • supported accommodation; and • treatment for people engaged in a range of diversion programs. **Workforce development** initiatives include: • education and training for a range of human service professionals in health, justice, child protection, community services and for specialist alcohol and drug workers; • clinical placements; and • Indigenous workforce development including nationally recognised certificate III programs for Aboriginal alcohol and drug workers. **Information** services include: • Alcohol and Drug Information Service (ADIS); • Parent Drug Information Service (PDIS); and • Library and Resource Centre.	Funding to DAO is allocated through WA Department of Health. Funds are allocated within DAO to three main service delivery areas: • direct government treatment services; • prevention and workforce development; and • non-government funded service providers.	DAO reports financial, performance indicator and information on activity and outcomes related to State Government goals as a Statutory Authority (Western Australian Drug and Alcohol Authority) in its Annual Report to Parliament. Performance reporting at State level is through the Treasury budget statements and this is through WA Health as a service. At a National level, performance reporting is provided against the National Health Agreement (NHA) and the Ministerial Council on Drug Strategy (through the Department of Health and Ageing).

Source : WA Government unpublished; 2010 Report, table 11A.56.

Table 11A.19 South Australia, community health services programs

Programs funded by the SA Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
Objective: Improving access to services			
General			
GP Plus Health Care Centres	The Centres provide a focal point within the community where a range of primary health care service providers work together to enable improved coordination and delivery of care. The centres operate in collaboration with local general practitioners and make it easier for the local community to access a broader range of allied health, mental health, drug and alcohol, nurse practitioner, counselling and other support services closer to home.	Recurrent State Government funding	Monthly activity and financial data reporting
Drug and Alcohol Services	Four metropolitan clinics which provide free, confidential services, including counselling, assessment and referral for people from any age group with alcohol and other drug related problems; counselling and support for family members and friends; specific services for Aboriginal and young people; and consultation, education and training for other professionals on alcohol and other drug issues. Services also provided across a number of locations in country South Australia. Includes a 24-hour telephone information, counselling, and referral service for the general public, concerned family and friends, students and health professionals.	Recurrent State Government funding	Monthly activity and financial data reporting

Table 11A.19 **South Australia, community health services programs**

Programs funded by the SA Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
Ambulance Services	South Australia has a total of 107 stations state wide which are staffed by both full-time paramedics and a network of volunteers. The services provided include: 000 emergency ambulances and paramedics; patient transport services to attend to non-emergency cases; education and training for salaried and voluntary staff; and community education.	Recurrent State Government funding	Monthly activity and financial data reporting
Home nursing	A large non-government organisation receives Government funding towards providing a 24 hour, seven day nursing services to people in their homes or residential care facilities. The services provided include: post acute care; palliative care and bereavement support; wound care; medication management; continence management; cystic fibrosis care; and stomal therapy. A 24 hour telephone based advice, information and support service is also provided to clients.	Recurrent State Government funding	Monthly activity and financial data reporting
Sexual Health	A large non-government organisation which receives government funding towards providing a broad range of sexual and reproductive health services within a primary / public health framework. Provides comprehensive and confidential sexual health care including: contraceptive advice, supply and prescription; gynaecological issues; sexual health assessment; safer sex information; sexually transmitted infection checks and treatment; sexual relationship problems; women's health, including Pap smears, breast checks and menstrual issues; pregnancy testing, ECP supply; unplanned pregnancy options and counselling; fertility issues; and abuse and violence issues.	Recurrent State Government funding	Monthly activity and financial reporting data

Table 11A.19 South Australia, community health services programs

Programs funded by the SA Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
Overcoming cultural/language barriers			
Aboriginal Dental Liaison Project	A program to increase attendance of Aboriginal and Torres Strait Islander people in mainstream dental services.	Recurrent State Government funding	Monthly activity and financial data reporting
Aboriginal Primary Health Care Access Program	A range of primary and secondary health care services (including: transport, parenting programs, clinical services; and adult and child health checks) provided through general practice and allied health teams in rural areas through Kokotinna Tappangga and Purrunna Waiingga in metropolitan areas.	Recurrent Australian Government funding provided to a non-government organisation	Quarterly activity and financial data reporting to non-government organisation
Aboriginal Primary Health Care Services	A range of primary health care services and programs provided by multidisciplinary teams from community settings that are aimed at prevention, early intervention and community capacity building to protect the health and wellbeing of the community.	Recurrent State Government funding	Monthly activity and financial data reporting
	Across country areas services are managed through community health or community controlled Aboriginal Health Services. Programs have been implemented in line with the National Framework for Improving the Health and Well-being of Aboriginal and Torres Strait Islanders, the SA Aboriginal Health Policy 2007 and Cultural Respect Framework for Aboriginal and Torres Strait Islanders.	Recurrent Commonwealth and State Government funding	Reporting requirements as per the National Strategic and SA Health's monthly activity and financial data reporting.

Table 11A.19 South Australia, community health services programs

Programs funded by the SA Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
Aboriginal Programs – Drug and Alcohol Services	The Aboriginal Programs Unit is responsible for identifying, developing and evaluating state wide strategies and systems that effectively respond to the needs of Aboriginal people and communities affected by substance misuse, including tobacco, alcohol, illicit drugs, pharmaceuticals and volatile substances. Undertaken in partnership with Aboriginal organisations and communities.	Recurrent State Government funding	Monthly activity and financial data reporting
Aboriginal Substance Misuse Connection Program	A dedicated alcohol and drug treatment service for Aboriginal people within the inner city of Adelaide with a focus on those who have complex needs and are homeless.	Recurrent State Government funding	Six monthly activity and financial data reporting
APY Lands Facility and Mobile Outreach Program	The facility provides a range of treatment and rehabilitation services for people on the APY Lands who are experiencing problems caused by substance misuse. Services aim to combat dependence and assist people to reintegrate into their communities.	Recurrent Commonwealth and State Government funding	Quarterly activity and financial data reporting
Aboriginal health	Services provided include chronic disease, and child and maternal health programs for Aboriginal people in rural areas.	Recurrent Australian Government funding provided to a non-government organisation	Quarterly activity and financial data reporting to non-government organisation
Kinship Program	Strengthening families' initiative that holistically focuses on reducing the complexities and impacts of Illicit drug use for Aboriginal families in metropolitan Adelaide.	Recurrent Commonwealth and State Government funding reviewed every two years	Monthly activity data reporting to State Government, six monthly activity data and yearly funding acquittal to Australian Government

Table 11A.19 South Australia, community health services programs

Programs funded by the SA Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
New Arrival Refugees Program	Specialist services providing a range of early intervention, prevention and community capacity building initiatives to improve access to health services for new arrival refugees. Services provided by multi-disciplinary teams from specialist service and other primary health care centres. Services include: medical and nursing clinics; health information/education; immunisation; counselling; and capacity building for other health providers.	Recurrent State Government funding	Monthly activity and financial data reporting
Drugs and young people	Designed to respond to drug use among young Aboriginal people in the Adelaide metropolitan area. Aim of the project is to work with at least twenty four young Aboriginal people aged ten to seventeen at any one time and collect data for research and evaluation to inform future planning and service delivery.	Funded for 18 months pending outcome of independent evaluation currently in progress.	Ongoing quarterly activity and financial data reporting to the Department of Premier and Cabinet Social Inclusion Unit and Steering Committee.
Overcoming geographical barriers			
Community Nursing Services	A range of community nursing services are provided across country areas via home care nursing, palliative care, continence nursing, breast care and domiciliary care services.	Recurrent Australian and State Government funding	Monthly activity and financial data reporting
Country Home Link	This service provides flexible packages of care to clients in country areas in their place of residence, including residential care facilities. There are two types of care packages: home supported discharge and hospital avoidance.	Recurrent State Government funding	Monthly activity and financial data reporting

Table 11A.19 **South Australia, community health services programs**

Programs funded by the SA Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
Family Home Visiting	A nurse led preventative parenting home visiting program for up to two years that focuses on ensuring the health and safety of infants, providing child development, enhancing the parent-infant relationship and connecting families to community supports.	Recurrent State Government funding	Monthly activity and financial data reporting
Postnatal Home Visit	Offered to families by a child and family health nurse following the birth of a baby. The service enables family, child development and health issues to be identified early and to promote optimal development through early access to child health services, parenting information and support pathways for families.	Recurrent State Government funding	Monthly activity and financial data reporting
Overcoming socioeconomic barriers			
Community Dental Service	Emergency and general dental care (including dentures) for adult holders of a concession card and their dependents in public dental clinics and contracted through private providers.	Recurrent State Government funding	Monthly activity and financial data reporting
Specialist Dental Service	Specialist dental services for concession card holders provided in association with students of the University of Adelaide.	Recurrent State Government funding	Monthly activity and financial data reporting
Overcoming social isolation barriers			
Street to Home Program	A primary health care service for people sleeping rough.	Funded by SA Health and Department of Families and Communities under a three year agreement. Current agreement runs from 2009 to 2012	State – monthly Australian Government – via Supported Accommodation Assistance Program (SAAP) National Data Collection Agency

Table 11A.19 South Australia, community health services programs

Programs funded by the SA Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
Maternal and child health	Primary health care centres provide a number of programs such as • Antenatal Shared Care Program, including Aboriginal specific antenatal, birthing and postnatal programs. • A community midwifery program provides antenatal, birthing (including home births) and postnatal services to vulnerable women in the northern Adelaide region • Pregnancy to parenting programs offer support and education to families where there are vulnerable infant risk factors, in the early pregnancy to early parenting period, including counselling antenatal education classes; postnatal reunion; young and pregnant; birth and babies; breastfeeding education; and postnatal support group.	Recurrent State Government funding	Monthly activity and financial data reporting
	• A culturally appropriate Aboriginal birthing initiative is provided from Pt Augusta.	Commonwealth and State Government funding	Monthly activity and financial data reporting

Table 11A.19 South Australia, community health services programs

Programs funded by the SA Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
Objective: Promoting health and preventing illness, early detection			
Women's health and wellbeing	A number of specific women's health centres in the metropolitan area provide a range of primary health care services and programs for women • Services include: health education/promotion; sexual health clinics; well women clinics; mental health and therapeutic and lifestyle counselling interventions; chronic conditions self management group programs and multicultural women's support and advocacy. • Support is offered to some specific groups of women such as older women, same sex attracted women, indigenous women, women of newly arrived communities from countries which practice female genital mutilation) • Women's Health Statewide focuses on mental health and violence	Recurrent State Government funding	Monthly activity and financial data reporting
	Primary health care services for women are provided through community health services across country areas.	Recurrent State Government funding	Monthly activity and financial data reporting
Men's health and wellbeing	A range of primary health care services and programs provided by multidisciplinary teams from community settings that are aimed at prevention, early intervention and community capacity building to protect the health and wellbeing of the community: • Men's shed programs • Northern Violence Intervention Program provides services for men, women and children focussing on stopping men's use of violence and maximising safety of women.	Recurrent State Government funding	Monthly activity and financial data reporting

Table 11A.19 South Australia, community health services programs

Programs funded by the SA Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
Youth health and wellbeing	Primary health care and sexual health services for youth are provided through community health services • Across country areas community health workers work in partnership with Youth Advisory Committees through Local Councils to meet the needs of rural youth • Child, Adolescent Mental Health Services and a network of community based teams provides mental health services to children and young people up to 18 years and their families who are experiencing emotional, behavioural or psychiatric problems. This includes: a therapeutic service; child and family specialists, individual or family counselling; and information, training and consultation to general practitioners, schools and other agencies.	Recurrent State Government funding	Monthly activity and financial data reporting
	The Second Story Youth Health Service provides health information, assessment and referral, sexual health, medical and nursing clinics, counselling and group programs Clients are young people aged 12–25 years from key population groups, including ATSI; young people under Guardianship of the Minister, in care or involved in the justice system; young parents; newly arrived; at risk of harm, same-sex attracted, or risk of developing chronic disease.	Recurrent State Government funding	Monthly activity and financial data reporting

Table 11A.19 South Australia, community health services programs

Programs funded by the SA Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
	The Early Intervention Pilot Program, in partnership with SAPOL, is a diversion program targeting young people aged under 18 who have been apprehended for offences related to alcohol and drugs. The program diverts the target group from the criminal justice system into the health system for attendance at a health assessment and alcohol information session with a qualified health professional.	Three year Commonwealth Government funding	Six monthly progress reports
	Headspace is a mental health counselling program for young people.	Commonwealth funding provided to a local Division of General Practice	Division of General Practice reports activity and financial data direct to Commonwealth
Children's health and wellbeing	Child development, rehabilitation and early intervention programs are provided from primary health care centres • Specialist paediatricians, rehabilitation specialists and allied health staff assess children with specific behavioural and cognitive issues. Referrals are made to appropriate specialists. • Multidisciplinary interventions for children 0–4 years of age with or at risk of developmental delays. Service models are 1:1; group and supported playgroups options for families. Children are prioritised according to levels of active adversity. Guardianship of the Minister and Aboriginal children are of the highest priority. • Early Intervention programs provide for early childhood intervention consultants work within their local community to assist parents access support services for their children 0–8 years with a disability and/or developmental delay.	Recurrent State Government funding	Monthly activity and financial data reporting

Table 11A.19 **South Australia, community health services programs**

Programs funded by the SA Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
	School dental services provide regular preventively focused general dental care for pre-school aged, primary and secondary school children under 18 years of age.	Recurrent State Government funding	Monthly activity and financial data reporting
	Child protection and advocacy services assess and treat children from birth to 18 years and their families where there are suspicions of child abuse and neglect. Provide telephone consultations with Families SA, Police and health workers; undertakes interagency strategy discussions, provides forensic medical assessment and crisis psychosocial response; psychological and parenting assessments; therapy for children and families.	Recurrent State Government funding	Monthly activity and financial data reporting
Immunisation	Vaccinations offered as part of the National Immunisation Program.	Commonwealth and State Government funding	Providers enter data onto the Australian Childhood Immunisation Register as registered providers
Screening	BreastScreen SA provides breast cancer screening for women over the age of 40 years with the primary target age group being women aged 50 to 69 through screening mammography. Services are provided across six fixed clinics and three mobile units.	Recurrent Commonwealth and State Government funding	Monthly activity and financial data reporting to State Government, and annual reporting to BreastScreen Australia
	Newborn Hearing Screening Program aims to screen all babies born in South Australia for significant hearing loss. Once diagnosed, the infant can be assessed for various treatments and interventions that will enable appropriate cognitive development.	Recurrent State Government funding	Monthly activity and financial data reporting

Table 11A.19 South Australia, community health services programs

Programs funded by the SA Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
Risk factor and lifestyle programs	The chronic disease community program aims to improve the quality of life for people living with chronic diseases. It provides targeted and tailored care packages with self managed support to assist people to better manage their health and well being, and integrated management plans are developed for all participants. The program has a demonstrated impact on decreasing acute exacerbations of the chronic illness and a reduction in episodes of unplanned hospitalisation.	Recurrent State Government Project Funding	Quarterly activity and financial data reporting
	Lifestyle and behavioural modification program which targets individuals identified at high risk of developing a preventable chronic disease.	Recurrent State Government Project Funding	Quarterly activity and financial data reporting
	A multi-strategy community-based childhood obesity prevention program involving community groups, schools and preschools, sporting clubs, retailers and others.	Commonwealth and State Government Project Funding over 5 years	Quarterly activity and financial data reporting
Objectives:			
Providing timely and high quality healthcare that meets individual needs throughout the lifespan			
Ensuring continuity of care where more than one service type and/or ongoing services are required			
GP Plus Practice Nurse Initiative	Practice nurses are placed in general practice to support general practitioners in the improved management of chronic conditions from early detection to complex co-morbidities.	State Government funding over 7 years	Monthly financial and activity data reporting

Table 11A.19 **South Australia, community health services programs**

Programs funded by the SA Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
Health Call Centre	Provides health advice and information to all South Australians via a free call service, available 24 hours a day, seven days per week, from everywhere in South Australia. Experienced, specially trained Registered Nurses provide: triage; information; and advice. Nurses use a computerised decision support system that is based on clinical guidelines to advise callers on the best action to take, and when to take it. Callers are also able to find out about their local health services.	Commonwealth and State Government funding	Monthly activity and financial data reporting
Hospital avoidance and early discharge	Provides flexible packages of care to clients in the metropolitan area in their place of residence (this includes residential care facilities). There are two types of care packages: home supported discharge; and hospital avoidance.	Recurrent Commonwealth and State Government funding	Monthly activity and financial data reporting
Transition from hospital to community	Provision of residential and community based care packages to transition hospital patients from an acute service back to the community resulting in decreased hospital length of stay and improved patient outcomes.	Recurrent Commonwealth and State Government funding	Monthly activity and financial data reporting
Support to Residential Facilities (SRFs)	Provision of allied health and nursing services to residents in SRFs who have complex health needs including disability, mental health and chronic conditions.	Tri annual State Government funding	Quarterly activity data reporting and yearly funding acquittal
HACC Services	Country Health SA provides services to the frail aged and younger disabled. Services include provision of equipment, in home support, transport, activity programs, day centres and community nursing.	Recurrent Commonwealth Funding	Quarterly financial and client activity.

Table 11A.19 South Australia, community health services programs

Programs funded by the SA Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
Regional Falls Prevention Program	Provides a regional approach to falls prevention and support for complex fallers with the aim of reducing disability and hospital presentations.	One off State Government Funding	Monthly activity and financial data reporting
Parents of Children with Disabilities Support Group	Providing parent support groups in South Australia for parents of children with disabilities. These support groups are held in local community venues.	Commonwealth funding provided to a non-government organisation	Reporting from the non-government organisation back to the Commonwealth
Other programs			
Alcohol and other drugs	The Woolshed, is a therapeutic community for men and women aged 16 years or over with significant alcohol and/or other drug-related problems. The community operates as a drug-free environment and assists residents to develop living, work and interpersonal skills through a highly structured program involving group and individual counselling sessions, education, craft and recreation activities.	Recurrent State Government funding	Monthly activity and financial data reporting
	City Watch House Nursing Program involves the assessment, treatment and referral of people held in police custody at the City Watch House and encourages people detained and referred by SAPOL to the DASSA nurse at the City Watch House to seek treatment.	Recurrent State Government funding	Monthly activity and financial data reporting
	The Driver Assessment Clinic assesses drivers for alcohol and/or other drug dependency who have been referred by the Courts Administration Authority and the Registrar of Motor Vehicles.	Recurrent State Government funding	Monthly activity and financial data reporting

Table 11A.19 South Australia, community health services programs

Programs funded by the SA Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
	Drug and Alcohol Services SA , Tobacco Control Unit coordinates a range of tobacco control initiatives and community based programs such as Quit SA and the Tobacco Control Research and Evaluation Program.	Recurrent State Government funding	Monthly activity and financial data reporting
	The Good Sports Program works with community sporting clubs to assist them manage alcohol responsibly in their venues. The program challenges community and club culture around excessive alcohol consumption, underage drinking and drink driving.	Recurrent State Government funding and grant from Motor Accident Commission	Activity and financial reports to State Government, Australian Drug Foundation and Motor Accident Commission
	Day centres at Ceduna and Port Augusta provide a range of day care and non-residential rehabilitation and support services for people living in these communities to augment their sobering-up centres and mobile assistance patrols.	Recurrent Commonwealth Government funding	Six monthly activity and annual financial data reporting
	The Police Drug Diversion Initiative provides for people apprehended by police for minor drug offences to be diverted from the criminal justice system into education, assessment and treatment.	Annual Australian Government funding	Quarterly client activity and annual financial reports to the Commonwealth
	The Clean Needle Program aims to reduce the spread of blood borne viruses, including Hepatitis B, Hepatitis C and HIV, amongst injecting drug users and the broader community. Includes access to sterile injecting equipment.	Recurrent Commonwealth and State Government funding	Twelve monthly activity and financial data reporting to the Commonwealth

Table 11A.19 South Australia, community health services programs

Programs funded by the SA Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
Child Protection	Child Protection and Advocacy Service provide assessment and treats children from birth to 18 years and their families where there are suspicions of child abuse and neglect. Provide telephone consultations with Families SA, Police and health workers; undertakes interagency strategy discussions, provides forensic medical assessment and crisis psychosocial response; psychological and parenting assessments; therapy for children and families.	Recurrent State Government funding	Monthly activity and financial data reporting
Oral Health	Various aged care oral health projects to improve the oral health of certain aged care populations, both in residential care and community living, by identification and referral to dental services. Oral health program to develop and implement of a Lift the Lip referral tool for general practitioners, nurses and childcare workers.	Recurrent State Government funding	Monthly activity and financial data reporting
Sexual health	Rape and Sexual Assault Service provides 24 hour crisis response for recent sexual assault (age 16 or above) which can include crisis counselling; ongoing counselling and support; medical care and follow up medical care; collection of forensic evidence; group programmes; education, training and consultation for workers.	Recurrent State Government funding	Monthly activity and financial data reporting

Source: South Australian Government unpublished; 2010 Report, table 11A.57.

Table 11A.20 **Tasmania, community health services programs**

Programs funded by the Tasmanian Government during 2008-09

Program area	*Description*	*Budgetary context*	*Reporting*
Objective: Improving access to services			
General			
Primary Health	Primary Health brings together a wide range of community and rural health services to meet both the needs of individuals and local communities. **Community Health Centres** offer a variety of services including counselling and support, health promotion, medical, nursing, allied health services and accommodation and meeting spaces for visiting services including housing, disability, and family and child health services. Services vary from site to site based on community need and accessibility to similar services provided by government or a non-government provider. The size of sites also varies: Small sites provide a limited range of services generally based around community nursing. **Rural Health Facilities** provide core primary health and community care services within a local community in addition to some inpatient sub acute beds. In addition some rural sites provide residential aged care and or accident and emergency services.	The majority of funding is allocated from the State budget. Area Health Services – North, South, N.West responsible for area spending and overseeing program delivery. Services are provided in accordance with the Tasmanian Government's Output Budgeting framework.	Performance Information is collected and reported at the State level through Budget Papers, Annual Report, Key Activity and Performance Information reports and Tasmania Together. As required performance reporting is provided nationally through: National Minimum Data Sets, Reports on Government Services, Australian Institute of Health and Welfare, National Healthcare Agreement, and Australian Council of Healthcare Standards

Table 11A.20 Tasmania, community health services programs

Programs funded by the Tasmanian Government during 2008-09

Program area	*Description*	*Budgetary context*	*Reporting*
Primary Health *contd.*	**Palliative Care Services** – specialist palliative care clinicians work within a consultancy framework across the whole health sector to support primary health service providers in urban and rural areas to provide quality palliative care.	Services are funded through identified outputs within the DHHS budget.	As above
	Youth Health Services offer young people aged 12 -24 years a flexible and confidential service including information, education, support, referral and counselling.		As above
	Other Primary Health services include Aged Care Assessment Teams, Community Equipment Scheme, Community Options Service, Community Rehabilitation Services, Community Therapy Services, (Physiotherapy, Speech Pathology, Occupational Therapy and Podiatry) Continence Services, Community Care, Day Centres, and Health Promotion Activities. These may be provided at a Community Health Centre, Rural Health Facility or as a visiting service across an entire region.		As above
	Home and Community Care Services provide a comprehensive range of community based services to frail older people and younger people with a disability and their carers to enhance independence of clients and avoid admission to inappropriate care settings.	Jointly funded by the Australian and Tasmanian Governments	In accordance with HACC MDS requirements

Table 11A.20 Tasmania, community health services programs

Programs funded by the Tasmanian Government during 2008-09

Program area	*Description*	*Budgetary context*	*Reporting*
Primary Health *contd.*	**Regional Health Services** The Australian Government Rural Primary Health Program funds a number of rural health and well being programs in a number of rural communities. Programs include Multipurpose Services/Centres, Rural Health Services, More Allied Health Services (MAHS), Medical Specialist Outreach Assistance Program (MSOAP).	Australian Government funds	Reporting in accordance with program specific requirements
Overcoming cultural/language barriers			
Interpreter Services	Tasmanian DHHS provides access to Interpreter Services for NESB clients in all health settings as required.	Services are purchased on an as needs basis	
Overcoming geographical barriers			
	Tasmania's Health Plan is based on explicit principles for sustainable service design. If services can be provided safely, effectively and efficiently then they should be delivered locally. Where centralization of services is necessary because of quality, cost and sustainability considerations access will be facilitated through patient and care support and service accountability arrangements.	As per comments under general section	As per comments under general section
	A range of services are provided on an outreach bases to rural communities from an urban hub such as Allied Health services, Aged Care Assessment Teams, Continence Services, MAHS, MSOAP.		
Rural Health Facility Emergency Response	Accident and Emergency services provided at some rural sites and three sites also operate an ambulance service.		

Table 11A.20 **Tasmania, community health services programs**

Programs funded by the Tasmanian Government during 2008-09

Program area	*Description*	*Budgetary context*	*Reporting*
Telehealth services	Telehealth available at 140 facilities in Tasmania to facilitate clinical, administrative and professional education, supervision and development for State, Federal, NGO's and external organizations.		
Transport Services	A range of transport services to access health care is available to people who are transport disadvantaged either because of socio-economic circumstances or because health and disability preclude use or their own or public transport.		
Overcoming socioeconomic barriers			
	Any Primary Health Services that charge fees are means tested such that those in receipt of pensions and are health care card holders either pay a reduced fee or are exempt from fees.	As per comments under general section	As per comments under general section
Overcoming social isolation barriers			
Day Centres	Providing social support and activities for the frail, aged and people with a disability at DHHS Day Centre's around the State.	As per comments under general section	As per comments under general section
Emergency Management/Community Recovery Coordination	Emergency Management is responsible for whole of Agency coordination of DHHS diverse range of crisis and consequence management responsibilities and provides specialist advice as required.		
Other			
Residential Aged Care	Rural Health Facilities including multi-purpose services/centres provide residential aged care services where a viable non government provider is not available.	Australian Government funds that are supplemented by State government funding	

Table 11A.20 Tasmania, community health services programs

Programs funded by the Tasmanian Government during 2008-09

Program area	*Description*	*Budgetary context*	*Reporting*
Community Aged Care packages	Packages of low level care to assist clients to live independently in the community.	Australian Government funds	
Objective: Promoting health and preventing illness, early detection			
Youth health and wellbeing	Youth Health Services work with young people 12-24 yrs providing individual services targeted to young people who are vulnerable or 'at risk' and through group and community programs for young people.	State government funding Services delivered and managed within an Area Health Service framework	
Diabetes type 2 Demonstration Service	Type 2 Diabetes Primary Health Demonstration Service provides multi-disciplinary care for individuals referred by GP's in Northern Tasmania.		
Health Promotion Framework	Working in Health Promoting Ways: A Strategic Framework for DHHS establishes DHHS commitment to promoting safe, healthy individuals, workplaces and communities.		
Objectives:			
Providing timely and high quality healthcare that meets individual needs throughout the lifespan			
Ensuring continuity of care where more than one service type and/or ongoing services are required			
Palliative Care	Provides comprehensive assessment of the person seeking palliative care including pain and symptom management, emotional, social, spiritual, psychological and practical support.	As per comments under general section	As per comments under general section
Continence Services	Specialist assessment and prescribing of continence aids and appliances for clients over the age of 6 years.		
Orthotics & Prosthetics Service (OPST)	OPST provides inpatient and outpatient prosthetic and orthotic services for clients across hospital and community settings.		

Table 11A.20 **Tasmania, community health services programs**

Programs funded by the Tasmanian Government during 2008-09

Program area	*Description*	*Budgetary context*	*Reporting*
Community Equipment Scheme, Spinal Account and Continence Aids	The CES and Spinal A/c provides standard and non-standard equipment and continence aids for clients to assist mobility and activities of daily living, surgical footwear, communication devices and minor home modifications for clients assessed and referred by an authorised clinician as part of their clinical management.		
Community Options Case Management Services (COS)	COS provides specialist case management services for complex, high needs clients from within the HACC target group. The model provides flexible, innovative and creative support to people with complex life situations.		
General Practice (GPs)	Provides funding to General Practice Workforce Tasmania to assist recruitment and retention of rural general practitioners. Provide support and contracts rural medical practitioners to provide services to rural health facilities around Tasmania. Provide funding to GP Assist to support after hours medical support service for rural GPs.		
Aged Care Assessment Program	Aged Care Assessment Teams comprehensively assess the needs of frail older people and facilitate access to available care services appropriate to their care needs.	Jointly funded by Australian and State Governments	As per funding agreement requirements

Table 11A.20 Tasmania, community health services programs

Programs funded by the Tasmanian Government during 2008-09

Program area	*Description*	*Budgetary context*	*Reporting*
Other programs			
Oral health	Oral Health Services Tasmania provides emergency, general dental care, and dentures to eligible adults (holders of a Health Care or Pensioner Concession Card). Services are also provided to all children up to, but not including the age of 18. Oral Health Services Tasmania also engages in health promotion and prevention activities to promote oral health on a population basis.	The service is provided in accordance with the Tasmanian Government's Output Budgeting framework. Services are funded through identified outputs within the DHHS budget.	Performance Information is collected and reported at the state level through Budget Papers, the Annual Report, and Tasmania Together. Performance reporting is also provided nationally through the Report On Government Services, the Australian Institute of Health and Welfare (via the Australian Research Centre for Population Oral Health), and to the Australian Health Ministers' Conference via the National Oral Health Plan Monitoring Group.

Table 11A.20 **Tasmania, community health services programs**

Programs funded by the Tasmanian Government during 2008-09

Program area	*Description*	*Budgetary context*	*Reporting*
Alcohol and Drug Services	Alcohol and Drug Services, which provides a range of specialist alcohol and other drug interventions and treatments at both individual and population levels.	The service is provided in accordance with the Tasmanian Government's Output Budgeting framework. Services are funded through identified outputs within the DHHS budget.	Performance Information is collected and reported at the state level through Budget Papers, Annual Report and Key Activity and Performance Information reports. As required performance reporting is provided nationally through National Minimum Data Sets, Report On Government Services, Tasmania *Together* , Australian Institute of Health and Welfare, National Healthcare Agreement and Australian Council of Healthcare Standards.
Population and Health Priorities	Population and Health Priorities focuses on population groups (including Indigenous health and women's and men's health) and implements programs aimed at preventing or reducing risk factors that lead to chronic conditions.	The service is provided in accordance with the Tasmanian Government's Output Budgeting framework. Services are funded through identified outputs within the DHHS budget.	Performance Information is collected and reported at the state level through Budget Papers, Annual Report and Key Activity and Performance Information reports. As required performance reporting is provided nationally through National Minimum Data Sets, Report On Government Services, Tasmania *Together* , Australian Institute of Health and Welfare, National Healthcare Agreement and Australian Council of Healthcare Standards.

Table 11A.20 Tasmania, community health services programs

Programs funded by the Tasmanian Government during 2008-09

Program area	*Description*	*Budgetary context*	*Reporting*
Public and Environmental Health Services	Public and Environmental Health Services monitors the health of the Tasmanian population, and implements programs to protect and promote health.	The service is provided in accordance with the Tasmanian Government's Output Budgeting framework. Services are funded through identified outputs within the DHHS budget.	Performance Information is collected and reported at the state level through Budget Papers, Annual Report and Key Activity and Performance Information reports. As required performance reporting is provided nationally through National Minimum Data Sets, Report On Government Services, Tasmania *Together*, Australian Institute of Health and Welfare, National Healthcare Agreement and Australian Council of Healthcare Standards.
Children and Family Services	Children and Family Services provides services for child protection, child health and parenting, psychological support and therapeutic services, family violence counselling and support, the community support program, which funds services provided by community sector organisations, and gambling support. Work has commenced to establish Gateway and Integrated Family Support Services in each of the four service areas across the state. Gateway Services will provide a single well publicised access point to receive referrals from community members and professionals and connect children and families in need with Integrated Family Support Services.	The service is provided in accordance with the Tasmanian Government's Output Budgeting framework. Services are funded through identified outputs within the DHHS budget.	Performance Information is collected and reported at the state level through Budget Papers, Annual Report and Key Activity and Performance Information reports. As required performance reporting is provided nationally through National Minimum Data Sets, Report On Government Services, Tasmania Together, Australian Institute of Health and Welfare, and National Healthcare Agreement.

Source: Tasmanian Government unpublished; 2010 Report, table 11A.58.

Table 11A.21 Northern Territory, community health services programs

Programs funded by the NT Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
Objective: Improving access to services			
Remote Health	The role of the Remote Health Branch is to ensure that evidence-based, best practice primary health care services are delivered to the remote population throughout the Northern Territory from 54 remote health centres. Services include the provision of 24-hour emergency care, primary clinical care, population health programs, referral and access to retrieval, medical and allied health specialist services, provision of essential medications and management of chronic illness. Services are delivered by multidisciplinary health teams at remote health centres located throughout the NT. Around 90 per cent of all consultations and health contacts at remote health centres are with Aboriginal people. However, services are equally accessible to non-Aboriginal residents and non-residents, such as tourists.	These services are funded through an identified program within the NT Department of Health and Families budget. Some external funding is provided by the Department of Health and Ageing through the Office of Aboriginal and Torres Strait Islander Health	Performance targets against key functions of Community Health and Public Health Services. Financial reports are published in Department of Health and Families Annual Report. The Department of Health and Families has been working for some time with the Commonwealth Office of Aboriginal and Torres Strait Islander Health in the development of core primary health care indicators that will be collected by Government and non-Government remote primary health care providers across the NT beginning in 2009.

Table 11A.21 Northern Territory, community health services programs

Programs funded by the NT Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
Maternal/Child/ Youth Health Services	The role of the Remote Outreach Midwives includes sharing evidence based information and providing education to Remote Area Nurses/Midwives and providing clinical expertise and services in the absence of a midwife. The Midwifery Group Practice is an urban based continuity of midwifery care model that will further enhance current maternity services to women residing in the Wadeye and Maningrida communities. Child health services such as growth promotion and monitoring, vaccination, general child health advice and support, are provided by registered nurses in town-based community care centres and by nurses and Aboriginal Health Workers in remote community health centres. Remote health staff are supported by visiting child health nurses, Aboriginal Health Workers and District Medical Officers and some communities have a resident community child health worker. Antenatal care is available in all remote health centres and enhanced by the Strong Women, Strong Babies, Strong Culture Program.	These services are funded through an identified program within the NT Department of Health and Families budget.	Performance targets against key functions of Community Health and Public Health Services. Financial reports are published in Department of Health and Families Annual Report.
Oral Health Services	Oral Health Services provide free assessment and treatment to all children up to school-leaving age and to adults holding a current Healthcare Concession Card or Pensioner Concession Card. Services are provided from community and school based clinics in urban areas and in clinics in health centres and mobile trucks in remote communities. Community level and individual oral health promotion activities are also conducted.	These services are funded through an identified program within the NT Department of Health and Families budget.	Performance targets against key functions of Community Health and Public Health Services. Financial reports are published in Department of Health and Families Annual Report.

Table 11A.21 Northern Territory, community health services programs

Programs funded by the NT Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
Objective: Promoting health and preventing illness, early detection			
Preventable Chronic Disease Services	Preventable Chronic Disease Services provide policy and professional advice and support to health professionals in both government and non-government services across the NT. This involves providing direction about early detection and management of chronic diseases, including the development of clinical guidelines, health systems, registers and recall systems, and quality improvement processes. The program also provides direction and support for primary prevention and health promotion for chronic disease risk factors.	These services are funded through an identified program within the NT Department of Health and Community Services budget.	Performance targets against key functions of Community Health and Public Health Services. Financial reports are published in Department of Health and Community Services Annual Report. Chronicd disease indicators included in the new Aboriginal health KPI's.
Public Health Nutrition and Physical Activity services	Public health nutritionists provide training and support to primary health care teams to assist in the promotion of good nutrition and physical activity to the community, and in management of people with nutrition related conditions. In urban areas, they offer individual and group consultations through community care centres. They also work with agencies outside the health sector to promote regular participation in physical activity and improved nutrition and better food supply, for example in remote community stores.	These services are funded through an identified program within the NT Department of Health and Community Services budget.	Performance targets against key functions of Community Health and Public Health Services. Financial reports are published in Department of Health and Community Services Annual Report.

Table 11A.21 **Northern Territory, community health services programs**

Programs funded by the NT Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
Health Promotion Strategy Unit	The Health Promotion Strategy Unit (HPSU) is tasked with strengthening the capacity for effective health promotion across the Department of Health & Families (DHF). This involves facilitating a uniform understanding of health promotion across the DHF; reducing divisions between program areas by providing strategic and policy support to key staff; and a renewed commitment to the planning and development of a sustainable health promotion workforce through greater investment into research, evaluation, education and training. A key focus has been to build relationships with educational institutions and research bodies. The HPSU has a key role in providing leadership in relation to Priority Area Action 1 in the DHF Corporate Plan, which relates to promoting and protecting good health and preventing injury.	These services are funded through an identified unit within the NT Department of Health and Families budget. Additional funding has been provided through the Expanding Health Service Delivery Initiative (2008-2010) for Senior Health Promotion Officers.	Regular reporting against the 2008-2009 HPSU Business Plan. Reporting against the Expanded Health Service Delivery Initiative (EHSDI). Performance targets against key aspects of Divisional and Corporate Plans. Financial reports are published in the Department of Health and Families Annual Report. We are also in the process of rolling-out a web-based health promotion Quality Improvement Program Planning System (QIPPS) across the Health Services Division, which supports a co-ordinated evidence-based approach to best-practice in health promotion. The application of QIPPS is now incorporated into the Corporate Plan.

Table 11A.21 Northern Territory, community health services programs

Programs funded by the NT Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
Women's Health Strategy Unit	The Women's Health Strategy Unit (WHSU) develops strategic directions in partnership with government and community stakeholders. Ongoing focus in the past year has included implementation of the Department's Domestic and Family Violence Policy; recruitment of a Coordinator for the Women's Information Centre in Alice Springs; greater collaboration with Office of Women's Policy (OWP) regarding common work in the NT Women's Policy Framework, particularly with OWP moving to the Department; collaboration with OWP and the Health Promotion Strategy Unit regarding gender equity measures in line with the development of national men's and women's health policies.	These services are funded through an identified program within the NT Department of Health and Community Services budget.	Performance targets against key functions of Community Health and Public Health Services. Financial reports are published in Department of Health and Community Services Annual Report.
School Health Services	The aim of the school health service is to ensure school aged youth engage in their health and wellbeing to make informed choices that promote optimal future health and life outcomes. Health Promoting School Nurses support delivery of health education in: • smoking, alcohol and other drugs • nutrition • physical activity • health and well being • sexual health. They also work with the school community to plan, develop, implement and evaluate school identified health promoting programs, policies and strategies.	These services are funded through an identified program within the NT Department of Health and Families budget.	Performance targets against key functions of Community Health and Public Health Services. Financial reports are published in Department of Health and Families Annual Report.

Table 11A.21 Northern Territory, community health services programs

Programs funded by the NT Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
Well Women's Cancer Screening	Well Women's Cancer Screening incorporates two national programs both of which aim to detect cancers at an early stage to prevent mortality and morbidity: 1. BreastScreen NT, which is a free breast x-ray screening program targeted at women with no breast symptoms aged 50 to 69. Clinics are provided in Alice Springs, Katherine, Tennant Creek, Darwin, Palmerston and Nhulunbuy. 2. The NT Cervical Screening Program encourages women between the ages of 20 and 69 who have been sexually active to have a pap smear every two years. The NT Pap Smear Register is a backup reminder system, sending women and their doctors a letter if they are overdue for their next pap smear. Unless they choose not to be, women are automatically placed on the register when they have a pap smear. It also funds a network of women's health educators across the NT.	These services are funded through an identified program within the NT Department of Health and Families budget. Additionally, federal funding is provided for family planning services through the Public Health Outcomes Funding Agreement (PHOFA).	Performance targets against key functions of Community Health and Public Health Services. Financial reports are published in Department of Health and Families Annual Report. Additionally the Community Health Branch reports against the Palmerston Regional Plan. WWCS prepares reports for PHOFA, National Aboriginal Health Performance Indicators, and annually the Productivity Commission, Safety Monitoring of the National Cervical Screening Guidelines, National accreditation standards, Australian Government National Public Health Expenditure Reports, the Australian Institute of Health and Welfare National Monitoring report for cervical and breastscreen.
Australian Bat Lyssavirus Pre and Post Exposure Prophylaxis (and rabies post exposure) Service	CDC Darwin provides rabies vaccine for pre-exposure prophylaxis to Australian Bat Lyssavirus (ABL) to persons at risk due to occupational exposure. Post-exposure rabies immunoglobulin and vaccine is administered in Darwin and regional centres to those potentially exposed to both rabies virus (overseas) and ABL. Education programs are provided to the community and to occupational groups.	The program is funded through an identified budget within the Department of Health and Families. DoHA refunds 50 per cent of the cost of rabies immunoglobulin administered to people who are bitten or scratched by bats	Performance targets against key functions of Community Health and Public Health Services. Financial reports are published in Department of Health and Community Services Annual Report.

Table 11A.21 Northern Territory, community health services programs

Programs funded by the NT Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
Rheumatic Heart Disease	NT wide program aims to reduce the burden of rheumatic heart disease amongst the Indigenous population by reducing the occurrence of acute rheumatic fever. The program provides health professionals and community members with best practice support, education, resource development and supply and patient care.	These services are funded through an identified program within the NT Department of Health and Families budget. External funding is also provided via DoHA.	Performance measures against key functions of Community Health and Public Health Services. Financial reports are published in Department of Health and Families Annual Report.
Objectives:			
Providing timely and high quality healthcare that meets individual needs throughout the lifespan			
Ensuring continuity of care where more than one service type and/or ongoing services are required			
Urban Community Health Services	The Community Health Branch provides services in mainly urban centres throughout the NT including Darwin, Nhulunbuy, Katherine, Tennant Creek and Alice Springs. Services include Child Youth and Family Health Services, Community and Primary Care Services (including social work, palliative care, specialist nursing services and a community resource team), Hearing Services, School Health Services and Home Birth Services (Darwin and Alice Springs). The Branch participates in regional and national primary health care reforms and seeks to improve access and equity to services for urban communities. The Branch also funds a number of non-government organisations to provide services to achieve outcomes within the areas of Child and Family Health, and Community and Primary Care.	These services are funded through an identified program within the NT Department of Health and Families budget. Additionally, federal funding is provided for Hone And Community Care services delivered through the Specialist Nursing program.	Performance targets against key functions of Community Health and Public Health Services. Financial reports are published in Department of Health and Families Annual Report. Additionally the Community Health Branch reports against the Palmerston Regional Plan.

Table 11A.21 **Northern Territory, community health services programs**

Programs funded by the NT Government during 2008-09

Program	*Description*	*Budgetary context*	*Reporting*
Hearing Services	Hearing Services are provided in remote communities and urban centres and include identification of ear and hearing problems related to health and education failure as well as referral and follow-up for ENT services. Additional services include comprehensive diagnostic audiological evaluations of adults and children, and in conjunction with other agencies, the management of hearing loss and educational sequelae. A Neonatal Screening Program for permanent hearing loss is also operating in urban centres.	Services are funded as an identified program within the NT Department of Health and Families. Additional funding to support audiological and ENT services has been provided through the AG Intervention and Closing the Gap funding. Additional funding for remote visits and training is provided through OATSIH.	Performance targets against key functions of Community Health and Public Health Services. Financial reports are published in Department of Health and Families Annual Report.
Sexual Health and Blood Borne Viruses Program	NT wide program aimed at prevention, treatment, surveillance and control of sexually transmitted infections and blood borne viruses such as HIV/AIDS and Hepatitis C. The program operates five sexual health clinics, known as Clinic 34, in the major towns which cover urban, rural and remote areas. The program funds community based organisations supporting sexual health work. Other community based organisations are funded to operate needle and syringe and provide harm reduction initiatives, community and peer support and education.	The program is funded through an identified budget within the Department of Health and Families. Some external funding is provided via OATSIH.	Reporting is against the business plan of the NT Sexual Health Advisory Group and the more detailed Sexual Health and Blood Borne Virus Unit business plan.
TB Control Unit	The TB Control Unit covers screening of high risk groups (contacts, refugees, prisoners, health workers, fisherpersons); monitoring and administration of directly observed treatment for active TB and leprosy; remote community visits to implement preventive and early diagnostic strategies (treatment of latent TB infection, community screening); and provision of information to the public, service providers and governments.	These services are funded through an identified program within the NT Department of Health and Families budget. Some external funding is provided via Customs and DIAC for the Illegal Foreign Fisherman (IFF).	Performance targets against key functions of Community Health and Public Health Services. Financial reports are published in Department of Health and Families Annual Report.

Source : NT Government unpublished; 2010 Report, table 11A.60.