11 Primary and community health

CONTENTS

Attachment tables

Attachment tables are identified in references throughout this Indigenous Compendium by an 'A' prefix (for example, in this chapter, table 11A.1). As the data are directly sourced from the 2013 Report, the Compendium also notes where the original table, figure or text in the 2013 Report can be found. For example, where the Compendium refers to '2013 Report, p. 11.1' this is page 1 of chapter 11 of the 2013 Report, and '2013 Report, table 11A.1' is attachment table 1 of attachment 11A of the 2013 Report. A list of attachment tables referred to in the Compendium is provided at the end of this chapter, and the full attachment tables are available from the Review website at www.pc.gov.au/gsp.

The Primary and community health chapter (chapter 11) in the *Report on Government Services 2013* (2013 Report) reports on the performance of primary and community health services in Australia. Data are reported for Indigenous Australians for a subset of the performance indicators reported in that chapter — those data are compiled and presented here.

Primary and community health services include general practice, allied health services, dentistry, alcohol and other drug treatment, maternal and child health, the Pharmaceutical Benefits Scheme (PBS) and a range of other community health services. Reporting in this chapter focuses mainly on general practice, primary healthcare services targeted to Indigenous Australians, public dental services, drug and alcohol treatment and the PBS.

The primary and community health sector is the part of the healthcare system most frequently used by Australians. It is important in preventative healthcare and in the detection and management of illness and injury, through direct service provision and through referral to acute (hospital) or other healthcare services, as appropriate.

Indigenous data in the primary and community health chapter

The primary and community health chapter in the 2013 Report contains the following data items on Indigenous Australians:

- Indigenous primary healthcare services and episodes of healthcare
- Indigenous primary healthcare services and episodes of healthcare by remoteness

- proportion of Indigenous primary healthcare services that undertook selected health related activities
- full time equivalent (FTE) health staff employed by Indigenous primary healthcare services
- older Indigenous Australians who received an annual health assessment
- Indigenous Australians who received a health assessment by age group
- early detection activities provided by Indigenous primary healthcare services
- potentially avoidable General Practitioner (GP)-type presentations to emergency departments
- management of asthma
- participation rates for Indigenous women screened by BreastScreen Australia (24 month period) (first and subsequent rounds)
- cervical screening rates
- valid vaccinations supplied to children under 7 years of age, by provider type, 2007–2012
- potentially preventable hospitalisations for selected vaccine preventable conditions
- potentially preventable hospitalisations for selected chronic conditions
- potentially preventable hospitalisations for diabetes.

Profile of primary and community health

Community health services

Community health services usually comprise multidisciplinary teams of salaried health and allied health professionals, who aim to protect and promote the health of particular communities (Quality Improvement Council 1998). The services may be provided directly by governments (including local governments) or indirectly, through a local health service or community organisation funded by government. State and Territory governments are responsible for most community health services. The Australian Government's main role in the community health services covered in this chapter is in health services for Indigenous Australians. In addition, the Australian Government provides targeted support to improve access to community health services in rural and remote areas. There is no national strategy for community health and there is considerable variation in the services provided across jurisdictions.

Dental services

The Australian Government and the State and Territory governments have different roles in supporting dental services in Australia's mixed system of public and private dental healthcare. State and Territory governments have the main responsibility for the delivery of major public dental programs, primarily directed at children and disadvantaged adults. The Australian Government supports the provision of dental services primarily through the private health insurance rebate and, through DHS, Medicare, for a limited range of oral surgical procedures. Private dental services were also funded through DHS, Medicare for people with chronic conditions and complex care needs until 1 December 2012. In addition, the Australian Government provides funding for the dental care of war veterans and members of the Australian Defence Force and has a role in the provision of dental services through Indigenous Primary Health Care Services. Each jurisdiction determines its own eligibility requirements for accessing public dental services, usually requiring a person to hold a concession card issued by Centrelink.

Funding

General practice

Australian Government expenditure on general practice in 2011-12 was $6.7 billion, or $299 per person (2013 Report, figure 11.36, 2013 Report, table 11A.2).

Not all Australian Government funding of primary healthcare services is captured in the data. Funding is also provided for services delivered in non-general practice settings, particularly in rural and remote areas, for example, in hospital emergency departments, Indigenous primary healthcare and other community health services and the Royal Flying Doctor Service. Thus, expenditure on general practice understates expenditure on primary healthcare, particularly in jurisdictions with large populations of Indigenous Australians and people living in rural and remote areas.

Size and scope

General practice

There were 29 011 vocationally registered GPs and other medical practitioners (OMPs) billing Medicare Australia, based on MBS claims data, in 2011-12. On a full time workload equivalent (FWE) basis, there were 21 119 vocationally

registered GPs and OMPs (see section 11.5 for a definition of FWE). This was equal to 93.9 FWE registered GPs and OMPs per 100 000 people (table 11A.5). These data exclude services provided by GPs working in Indigenous primary healthcare services, public hospitals and the Royal Flying Doctor Service. In addition, for some GPs — particularly in rural areas — MBS claims provide income for only part of their workload. Compared with metropolitan GPs, those in rural or remote areas spend more of their time working in local hospitals, for which they are not paid through DHS, Medicare. The numbers of FWE vocationally registered GPs and OMPs per 100 000 people across jurisdictions are shown in 2013 Report, figure 11.1.

Alcohol and other drug treatment

Alcohol and other drug treatment activities range from a brief intervention to long term residential treatment. Types of treatment include detoxification, pharmacological treatment (also known as substitution or maintenance treatment), counselling and rehabilitation. The data included in the 2013 Report have been sourced from a report on the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS–NMDS) — a collection of data from publicly funded government and non-government treatment services (AIHW 2012a). Treatment activities excluded from that collection include treatment with medication for dependence on opioid drugs such as heroin (opioid pharmacotherapy treatment) where no other treatment is provided, the majority of services for Indigenous Australians that are funded by the Australian Government, treatment services within the correctional system, and treatment units associated with acute care and psychiatric hospitals.

Indigenous community healthcare services

Indigenous Australians use a range of primary 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. In addition to these healthcare services, health programs for Indigenous Australians are funded by a number of jurisdictions. In 2011-12, 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 (2013 Report, tables 11A.88–11A.96).

From the 2008-09 reporting period, data on Indigenous primary healthcare services that receive funding from the Australian Government have been collected through the Online Services Report (OSR) (previously the OATSIH Services Report) questionnaire. Many of these services receive additional funding from State and Territory governments and other sources. The OSR data reported here represent the health related activities, episodes and workforce funded from all sources.

For 2010-11, OSR data are reported for 235 Indigenous primary healthcare services (table 11A.11). Of these services, 90 (38.3 per cent) were located in remote or very remote areas (table 11A.12). 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.13). An episode of healthcare is defined in the OSR data collection as contact between an individual client and staff of a service to provide healthcare. Around 2.5 million episodes of healthcare were provided by participating services in 2010-11 (table 11.1). Of these, around 1.2 million (47.6 per cent) were in remote or very remote areas (table 11A.12).

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

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
2008-09	452.1	160.2	335.7	305.7	191.3	34.7	23.2	593.0	2 095.9
2009-10	542.4	184.8	378.8	408.8	191.6	36.2	25.7	614.6	2 382.9
2010-11	521.8	200.5	309.7	473.1	221.8	37.7	29.7	703.8	2 498.1

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 is included, for example episodes at outstation visits, park clinics and satellite clinics. Episodes of healthcare delivered over the phone are included.

Source: AIHW (2012 and previous issues) *Aboriginal and Torres Strait Islander health services report*: *OATSIH services reporting - key results*, Cat. no.s IHW 31, 56 and 79; table 11A.11; 2013 Report, table 11.6, p. 11.14.

The services included in the OSR data collection employed around 3644 full time equivalent health staff (as at 30 June 2011). Of these, 1934 were Indigenous Australians (53.1 per cent). The proportions of doctors and nurses employed by surveyed services who were Indigenous Australians were relatively low (7.2 per cent and 9.1 per cent, respectively) (table 11A.14).

Framework of performance indicators

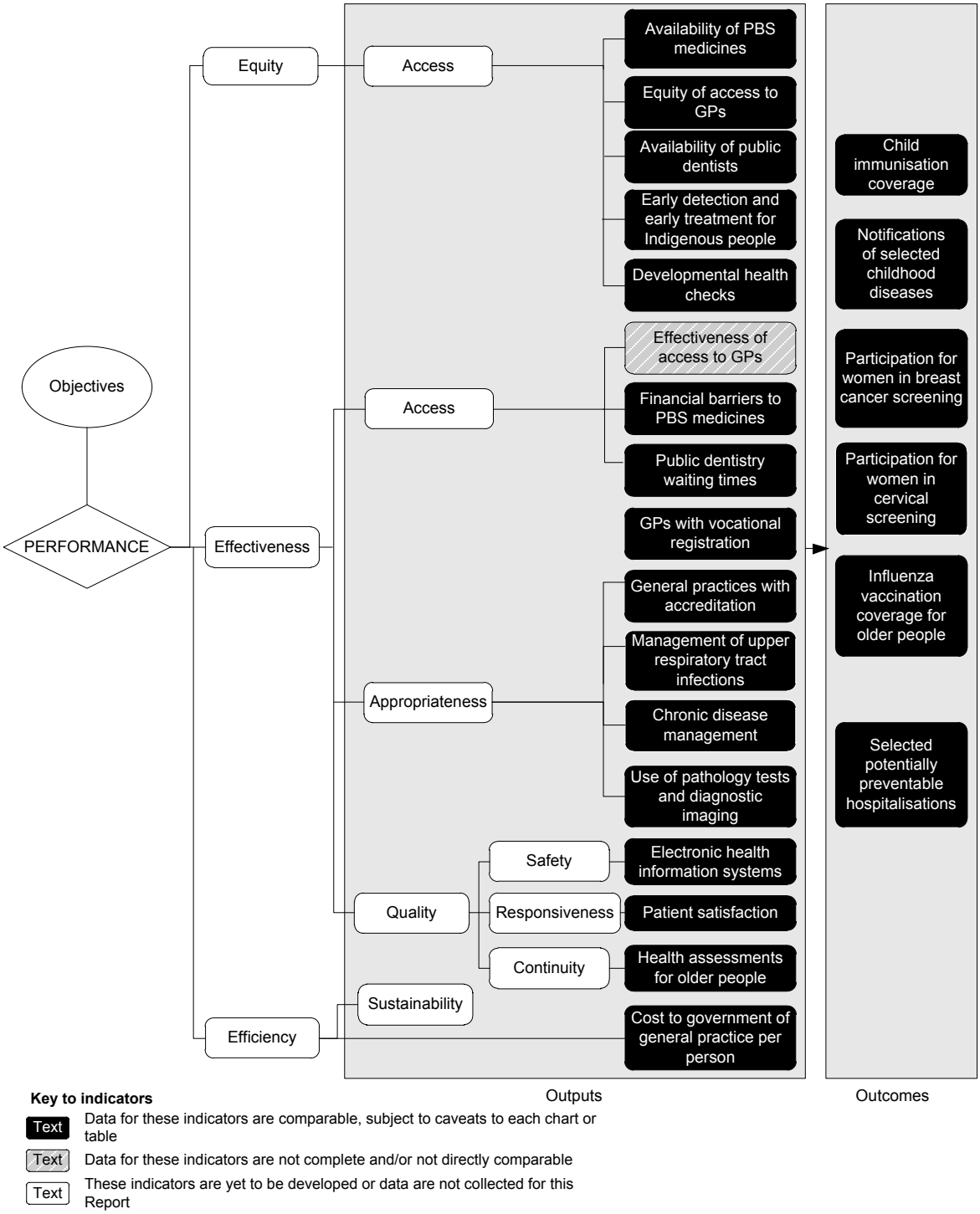
The performance indicator framework is based on shared government objectives for primary and community health (2013 Report, box 11.1). The framework will evolve

as better indicators are developed and as the focus and objectives for primary and community health change. In particular, the Steering Committee plans to develop and report against more indicators relating to community health services.

The performance indicator framework provides information on equity, efficiency and effectiveness, and distinguishes the outputs and outcomes of health services (figure 11.1). The performance indicator framework shows which data are comparable in the 2013 Report. For data that are not considered directly comparable, the text includes relevant caveats and supporting commentary. Chapter 1 discusses data comparability from a Report wide perspective (see 2013 Report, section 1.6).

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).

Figure 11.1 **Primary and community health performance indicator framework**



Source: 2013 Report, figure 11.3, p. 11.16.

Early detection and early treatment for Indigenous Australians

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

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

'Early detection and early treatment for Indigenous Australians' is defined as:

- the identification of individuals who are at high risk for, or in the early stages of, preventable and/or treatable health conditions (early detection)
- the provision of appropriate prevention and intervention measures in a timely fashion (early treatment).

Four measures of early detection and early treatment for Indigenous Australians are reported:

- The proportion of older people who received a health assessment by Indigenous status, where
  - older people are defined as non-Indigenous Australians aged 75 years or over and Indigenous Australians aged 55 years or over, excluding hospital inpatients and people living in aged care facilities. The relatively young age at which Indigenous Australians 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 sector overview)
  - health assessments are MBS items that allow comprehensive examinations of patient health, including physical, psychological and social functioning. The assessments are intended to facilitate timely prevention and intervention measures to improve patient health and wellbeing.
- The proportion of older Indigenous Australians who received a health assessment in successive years of a five year period.
- The proportion of Indigenous Australians who received a health assessment or check by age group — health assessment/checks are available for Indigenous children (0–14 years), adults (15–54 years) and older people (55 years or over).
- The proportion of Aboriginal and Torres Strait Islander primary healthcare services that provided early detection services.

(Continued next page)

Box 11.1 **(Continued)**

A low or decreasing gap between the proportion of all older people and older Indigenous Australians who received a health assessment can indicate more equitable access to early detection and early treatment services for Indigenous Australians. An increase over time in the proportion of older Indigenous Australians who received a health assessment is desirable as it indicates improved access to these services. A low or decreasing gap between the proportion of Indigenous Australians in different age groups who 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 the proportion of people who receive early detection and early treatment services that are not listed in the MBS. Such services are provided by salaried GPs in community health settings, hospitals and Aboriginal and Torres Strait Islander 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.

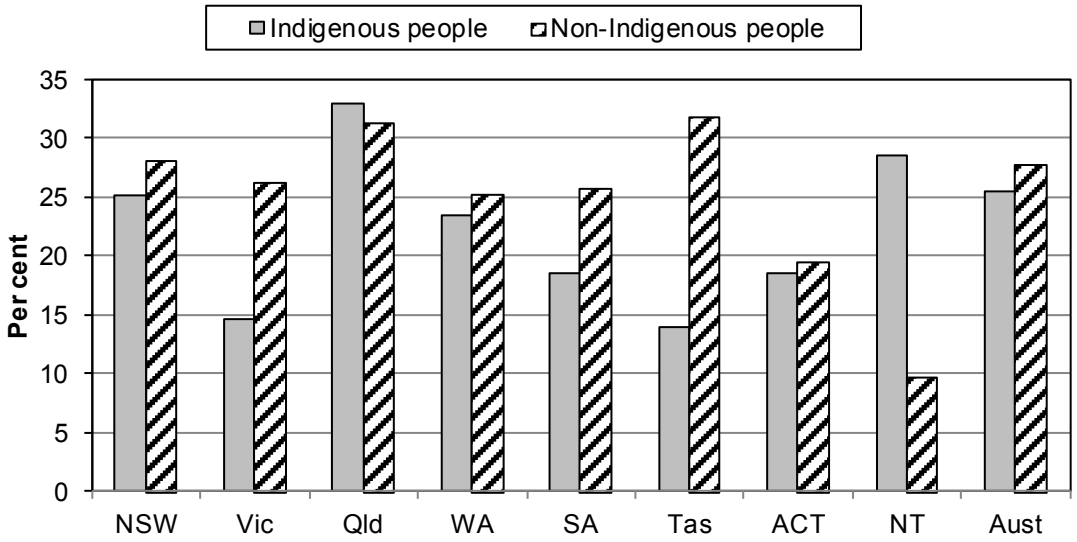
Data for this indicator are comparable.

Data quality information for this indicator is under development.

The high prevalence of preventable and/or treatable health conditions in the Indigenous population is strongly associated with relatively poor health outcomes for Indigenous Australians (AIHW 2008a; SCRGSP 2011). The availability and uptake of early detection and early treatment services is understood to be a significant determinant of people's health.

In 2011-12, the proportion of Indigenous older Australians who received an annual health assessment was lower than the proportion of non-Indigenous older Australians who received an annual health assessment in all jurisdictions except the NT and Queensland (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, 2011-12[a, b]**

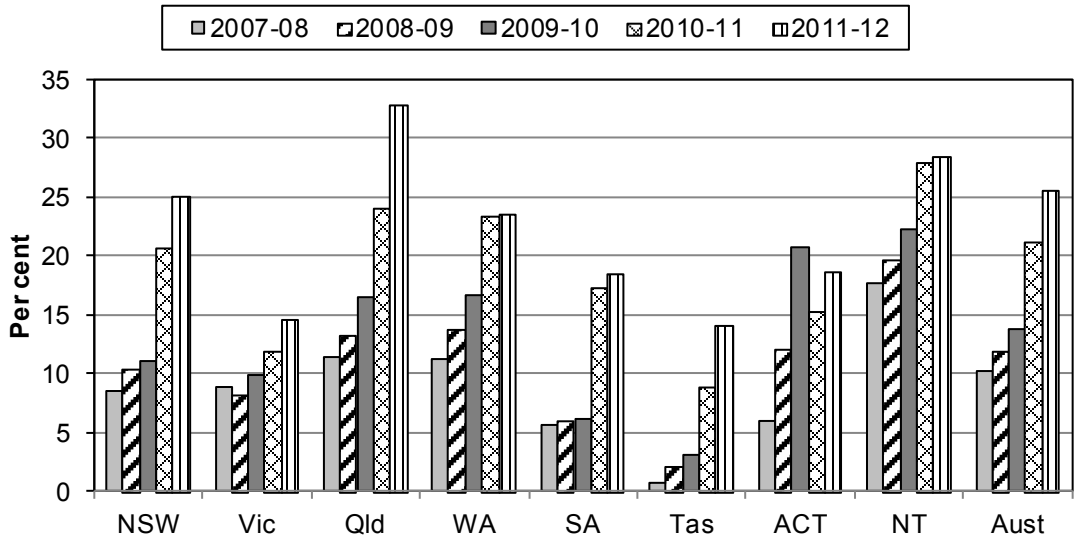


a Older people are defined as Indigenous Australians aged 55 years or over and non-Indigenous Australians aged 75 years or over. **b** Indigenous status is determined by self-identification. Indigenous Australians aged 75 years or over may receive a health assessment under the 'all older people' MBS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

Source: Derived from DoHA (unpublished) MBS Statistics, ABS (2009) *Experimental estimates and projections, Aboriginal and Torres Strait Islander Australians 1991 to 2021*, Cat. no. 3238.0; ABS (2011) *Australian demographic statistics June quarter 2011*, Cat. no. 3101.0; table 11A.21; 2013 Report, figure 11.9, p. 11.26.

The proportion of older Indigenous Australians who received an annual health assessment increased in nearly all jurisdictions between 2007-08 and 2011-12 (figure 11.3).

Figure 11.3 **Older Indigenous Australians who received an annual health assessment[a]**



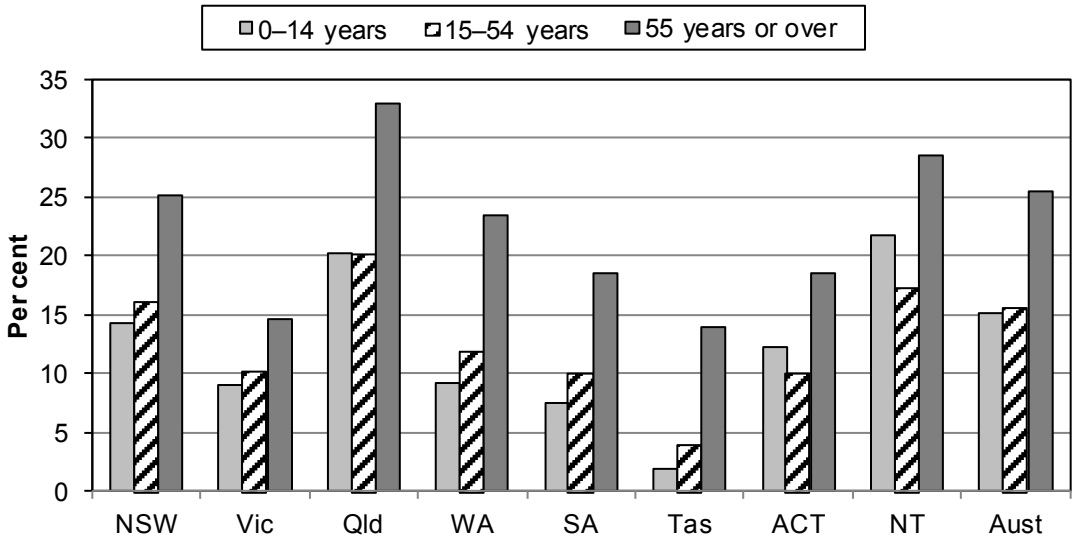
a Older people are defined as Indigenous Australians aged 55 years or over. Indigenous status is determined by self-identification. Indigenous Australians aged 75 years or over may receive a health assessment under the 'all older people' MBS items. This is considered unlikely to significantly affect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

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.22; 2013 Report, figure 11.10, p. 11.27.

Health check MBS items were introduced for Indigenous Australians aged 15–54 years in May 2004. Initially available biennially, since 1 May 2010 they have been available annually. Also available annually are health checks for Indigenous children aged 0–14 years, introduced in May 2006.

The proportion of the eligible Indigenous population who 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 Australians who received a health check or assessment by age, 2011-12[a]**

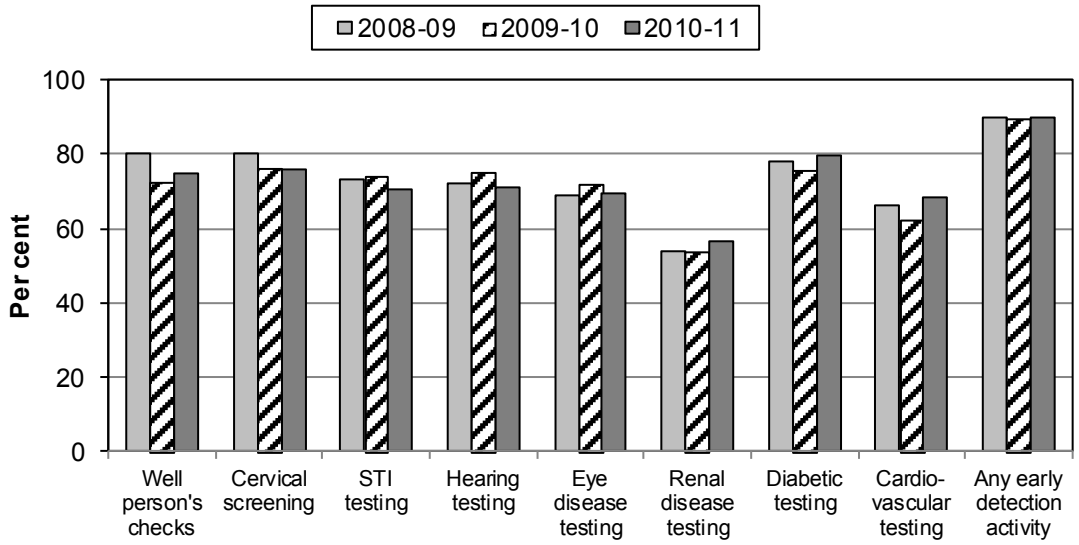


a Indigenous status is determined by self-identification. Indigenous Australians aged 75 years or over may have received a health assessment under the 'all older people' MBS items. This is considered unlikely to significantly affect overall proportions due to the relatively low average life expectancy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

Source: Derived from DoHA (unpublished) MBS Statistics and ABS (2009) *Experimental estimates and projections, Aboriginal and Torres Strait Islander Australians 1991 to 2021*, Cat. no. 3238.0; table 11A.23; 2013 Report, figure 11.11, p. 11.28.

Nationally, the proportion of Indigenous primary healthcare services providing early detection services varied little in the period 2008-09 to 2010-11 (figure 11.5).

Figure 11.5 **Indigenous primary healthcare services for which OSR data are reported that provided early detection services[a]**



a The OSR data collection replaces the previous Service Activity Reporting (SAR) data collection from the 2008-09 reporting period. Historical SAR data are published in previous reports.

Source: AIHW (2012 and previous issues) *Aboriginal and Torres Strait Islander health services report: OATSIH services reporting - key results, 2008-09, 2009-10 and 2010-11*, Cat. no.s IHW 31, 56 and 79; table 11A.24; 2013 Report, figure 11.12, p. 11.29.

Developmental health checks

'Developmental health checks' is an indicator of governments' objective to provide equitable access to early detection and intervention services for children (box 11.2).

Box 11.2 **Developmental health checks**

'Developmental health checks' is defined as the proportion of children who received a fourth year developmental health check under DHS, Medicare, by health check type. Health check type is considered as a proxy for Indigenous status. The 'Healthy Kids Check' MBS health assessment item is available to children aged 3 or 4 years, while the 'Aboriginal and Torres Strait Islander Peoples Health Assessment' item is available to Indigenous Australians.

A high or increasing proportion of children receiving a fourth year developmental health check is desirable as it suggests improved access to these services.

The proportion of Indigenous children aged 3 or 4 years who received the Aboriginal and Torres Strait Islander Peoples Health Assessment is considered as a proxy for the proportion of Indigenous children who received a fourth year developmental health check. This should be considered a minimum estimate as the data exclude checks received by Indigenous children under the Healthy Kids Check item.

Fourth year developmental health checks are intended to assess children's physical health, general wellbeing and development. They enable identification of children who are at high risk for or, have early signs of, delayed development and/or illness. Early identification provides the opportunity for timely prevention and intervention measures that can ensure that children are healthy, fit and ready to learn when they start schooling.

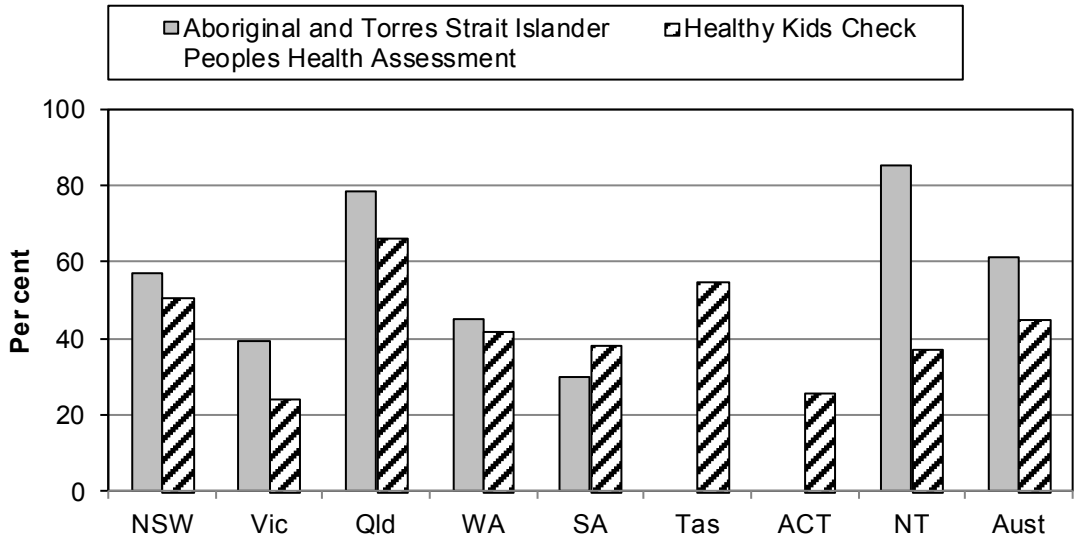
This indicator provides no information about developmental health checks for children that are provided outside DHS, Medicare, as comparable data for such services are not available for all jurisdictions. These checks are provided in the community, for example, maternal and child health services, community health centres, early childhood settings and the school education sector. Accordingly, this indicator understates the proportion of children who receive a fourth year developmental health check.

Data for this indicator are comparable.

Information about data quality for this indicator is at www.pc.gov.au/gsp/reports/rogs/2013.

Nationally, 45.8 per cent of children received a fourth year developmental health check under DHS, Medicare in 2011-12. The proportion of Indigenous children who received an Aboriginal and Torres Strait Islander Peoples Health Assessment in their fourth year was higher than the proportion of children who received a Healthy Kids Check in most jurisdictions (figure 11.6).

Figure 11.6 **Children who received a fourth year developmental health check, by health check type, 2011-12[a, b, c, d, e, f]**



a Limited to health checks available under DHS, Medicare. **b** Aboriginal and Torres Strait Islander Peoples Health Assessment data include claims for MBS Item 715 for children aged 3–5 years. **c** Healthy Kids Check data include claims for MBS Items 701, 703, 705, 707 and 10 986 for children aged 3–5 years. **d** Children are counted once only; where a child received both types of health check during the reference period they are counted against the Aboriginal and Torres Strait Islander Peoples Health assessment. **e** Healthy Kids Check data include Indigenous children who received a Healthy Kids Check provided they did not also receive an Aboriginal and Torres Strait Islander Peoples Health Assessment during the reference period. **f** Aboriginal and Torres Strait Islander Peoples Health assessment data for Tasmania and the ACT are not published due to small numbers, but are included in the data for Australia.

Source: DoHA (unpublished) MBS Statistics; ABS (2009) *Experimental estimates and projections, Aboriginal and Torres Strait Islander Australians 1991 to 2021*, Cat. no. 3238.0; ABS (unpublished) *Australian demographic statistics*, Cat. no. 3101.0; table 11A.25; 2013 Report, figure 11.13, p. 11.31.

Effectiveness of access to GPs

'Effectiveness of access to GPs' is an indicator of governments' objective to provide effective access to primary healthcare services (box 11.3). The effectiveness of services can vary according to the affordability and timeliness of services that people can access.

Box 11.3 **Effectiveness of access to GPs**

'Effectiveness of access to GPs' is defined by four measures:

- bulk billing rates, defined as the number of GP visits that were bulk billed as a proportion of all GP visits
- people deferring visits to GPs due to financial barriers, defined as the proportion of people who delayed seeing or did not see a GP due to cost
- GP waiting times, defined as the number of people who saw a GP for urgent medical care within specified waiting time categories in the previous 12 months, divided by the number of people who saw a GP for urgent medical care in the previous 12 months. Specified waiting time categories are:
  - less than 4 hours
  - 4 to 24 hours
  - more than 24 hours
- selected potentially avoidable GP-type presentations to emergency departments, defined as the number of 'GP-type presentations' to emergency departments divided by the total number of presentations to emergency departments, where GP-type presentations are those:
  - allocated to triage category 4 or 5
  - not arriving by ambulance, with police or corrections
  - not admitted or referred to another hospital
  - who did not die.

A high or increasing proportion of bulk billed attendances can indicate more affordable access to GP services. GP visits that are bulk billed do not require patients to pay part of the cost of the visit, while GP visits that are not bulk billed do. This measure does not provide information on whether the services are appropriate for the needs of the people receiving them.

A low or decreasing proportion of people deferring visits to GPs due to financial barriers indicates more widely affordable access to GPs. A high or increasing proportion of people who saw a GP within 4 hours for urgent medical care indicates more timely access to GPs. A low or decreasing proportion of GP-type presentations to emergency departments can indicate better access to primary and community health care.

Data for the first three measures of this indicator are comparable, while data for the fourth measure — selected potentially avoidable GP-type presentations to emergency departments — are not directly comparable.

Information about data quality for this indicator is at www.pc.gov.au/gsp/reports/rogs/2013.

Effectiveness of access to GPs — GP-type presentations to emergency departments

GP-type presentations to emergency departments are presentations for conditions that could be appropriately managed in the primary and community health sector (Van Konkelenberg, Esterman and Van Konkelenberg 2003). One of several factors contributing to GP type presentations at emergency departments is perceived or actual lack of access to GP services. Other factors include proximity of emergency departments and trust for emergency department staff.

Nationally, there were around 2.1 million GP-type presentations to public hospital emergency departments in 2011-12 (2013 Report, table 11.7). Data are presented by Indigenous status and remoteness in table 11A.31.

Chronic disease management — asthma

Asthma, an identified National Health Priority Area for Australia, is a common chronic disease among Australians — particularly children — and is associated with wheezing and shortness of breath. Asthma can be intermittent or persistent, and varies in severity.

Updated data were not available for the 2013 Report for the proportion of people with current asthma reporting that they have a written asthma action plan. Nationally, this proportion was 20.8 per cent for all ages and 47.8 per cent for children aged 0–14 years in 2007-08 (2013 Report, figure 11.26). Data are reported by geographical region in table 11A.47. Data for 2004-05 are reported by Indigenous status in table 11A.48.

Health assessments for older people

'Health assessments for older people' is an indicator of governments' objective to improve population health outcomes through the provision of prevention as well as early detection and treatment services (box 11.4).

Box 11.4 **Health assessments for older people**

'Health assessments for older people' is defined as the proportion of older people who received a health assessment. Older people are defined as non-Indigenous Australians aged 75 years or over and Indigenous Australians aged 55 years or over, excluding hospital inpatients and people living in aged care facilities. Annual health assessments for older people are MBS items that allow a GP to undertake an in-depth assessment of a patient's health. Health assessments cover the patient's health and physical, psychological and social functioning, and aim to facilitate more timely preventive actions or treatments to enhance the health of the patient (see also box 11.1).

A high or increasing proportion of eligible older people who received a health assessment can indicate a reduction in health risks for older people, through early and timely prevention and intervention measures to improve and maintain health.

Data for this indicator are comparable.

Data quality information for this indicator is under development.

The targeted age range for Indigenous Australians of 55 years or over 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 sector overview). Results for Indigenous Australians are reported under equity indicators (box 11.1).

Efficiency — Cost to government of general practice per person

'Cost to government of general practice per person' is an indicator of governments' objective to provide primary healthcare services in an efficient manner (box 11.5).

Box 11.5 **Cost to government of general practice per person**

'Cost to government of general practice per person' is defined as the cost to government of general practice per person in the population.

A low or decreasing cost per person can indicate higher efficiency. However, this is likely to be the case only where the low or decreasing cost is associated with services of equal or superior effectiveness.

This indicator needs to be interpreted with care. A low or decreasing cost per person can reflect service substitution between primary healthcare and hospital or specialist services — potentially at greater expense. This indicator does not include costs for primary healthcare services provided by salaried GPs in community health settings, particularly in rural and remote areas, through emergency departments, and Indigenous-specific primary healthcare services. Consequently, this indicator will understate costs for primary care in jurisdictions with larger proportions of rural and remote populations, where a salaried GP services delivery model is used.

Data for this indicator are comparable.

Information about data quality for this indicator is at www.pc.gov.au/gsp/reports/rogs/2013.

Nationally, the recurrent cost to the Australian Government of general practice was $299 per person in 2011-12 (2013 Report, figure 11.36).

Outcomes

Child immunisation coverage

'Child immunisation coverage' is an indicator of governments' objective to achieve high immunisation coverage levels for children to prevent selected vaccine preventable diseases (box 11.6).

Box 11.6 **Child immunisation coverage**

'Child immunisation coverage' is defined by three measures:

- the proportion of children aged 12 months to less than 15 months who are fully immunised, where children assessed as fully immunised at 12 months are immunised against diphtheria, tetanus, whooping cough, polio, *Haemophilus influenzae* type b and hepatitis B
  - data quality information for this measure is under development
- the proportion of children aged 24 months to less than 27 months who are fully immunised, where children assessed as fully immunised at 24 months are immunised against diphtheria, tetanus, whooping cough, polio, Haemophilus influenzae type b, hepatitis B, and measles, mumps and rubella
  - data quality information for this measure is under development
- the proportion of children aged 24 months to less than 27 months who are fully immunised, where children assessed as fully immunised at 24 months are immunised against diphtheria, tetanus, whooping cough, polio, Haemophilus influenzae type b, hepatitis B, and measles, mumps and rubella
  - information about data quality for this measure is at www.pc.gov.au/gsp/reports/rogs/2013.

A high or increasing proportion of children who are fully immunised indicates a reduction in the risk of children contracting a range of vaccine preventable diseases, including measles, whooping cough and *Haemophilus influenzae* type b.

Data for this indicator are comparable.

Many providers deliver child immunisation services (table 11.2). GPs are encouraged to achieve high immunisation coverage levels under the General Practice Immunisation Incentives Scheme, which provides incentives for the immunisation of children under 7 years of age.

Table 11.2 **Valid vaccinations supplied to children under 7 years of age, by provider type, 2007–2012 (per cent)[a, b, c]**

Provider	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
GP	84.4	53.4	82.8	64.4	69.2	87.1	42.4	4.4	71.3
Council	5.6	45.3	7.0	6.4	18.4	12.1	–	–	16.8
State or Territory health department	–	–	–	6.1	0.1	0.1	19.1	0.3	0.9
Public hospital	2.0	0.5	3.0	4.4	2.6	0.2	0.8	7.5	2.1
Private hospital	0.1	–	–	–	–	–	–	0.9	–
Indigenous health service	0.5	–	1.1	0.6	0.5	–	0.2	10.8	0.7
Community health centre	7.3	0.7	5.7	18.1	9.1	0.5	37.5	76.0	8.0
Other[d]	–	–	0.3	–	0.1	–	–	–	0.1
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

[a] Data are for the period 1 July 2007 to 30 June 2012. [b] Data are based on State/Territory in which the immunisation provider was located. [c] 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. [d] Other includes Divisions of GP, Flying Doctors Services, Indigenous Health Workers, Community nurses and unknown. – Nil or rounded to zero.

Source: DoHA (unpublished) Australian Childhood Immunisation Register (ACIR) data collection; table 11A.59; 2013 Report, table 11.8, p. 11.65.

Participation for women in breast cancer screening

'Participation for women in breast cancer screening' is an indicator of governments' objective to reduce morbidity and mortality attributable to breast cancer through the provision of early detection services (box 11.7).

Box 11.7 **Participation for women in breast cancer screening**

'Participation for women in breast cancer screening' is defined as the number of women aged 50–69 years who are screened in the BreastScreen Australia Program over a 24 month period, divided by the estimated population of women aged 50–69 years and reported as a rate.

A high or increasing participation rate is desirable.

Data reported for this indicator are comparable.

Information about data quality for this indicator is at www.pc.gov.au/gsp/reports/rogs/2013.

Indigenous women, women from non-English speaking backgrounds (NESB) and women living in outer regional, remote and very remote areas can experience particular language, cultural and geographic barriers to accessing breast cancer

screening. Participation rates for community groups at or close to those for the total population indicate equitable access to early detection services.

Participation rates in the BreastScreen Australia Program for women from selected community groups are shown in table 11.3. In the 24 month period 2010 and 2011, the national age standardised participation rate for Indigenous women aged 50–69 years (36.1 per cent) was below the total participation rate in that age group (53.9 per cent), although this can in part reflect under-reporting of Indigenous status in screening program records (table 11A.68). For NESB women for the same 24 month period and age group, the national participation rate of 51.1 per cent was also lower than that of the national total female population (2013 Report, table 11A.69). Care needs to be taken when comparing data across jurisdictions as there is variation in the collection of Indigenous and NESB identification data, and in the collection of residential postcodes data. Updated State and Territory data for participation rate by remoteness area were not available for the 2013 Report — data for previous years as well as national data for 2010–2011 are reported in 2013 Report, table 11A.70.

Table 11.3 **Age standardised participation rate for women aged 50–69 years from selected communities in BreastScreen Australia programs, 2010 and 2011 (24 month period) (per cent)[a, b, c]**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*[d]	*NT*	*Aust*
Indigenous[e]	34.5	29.8	46.4	33.4	33.3	46.1	47.5	24.8	36.1
NESB[f]	52.5	43.6	67.8	67.1	51.3	45.0	14.7	38.7	51.1
All women aged 50–69 years	49.6	54.3	56.4	58.2	57.4	57.0	51.1	40.7	53.9

[a] First and subsequent rounds. [b] Rates are standardised to the Australian population at 30 June 2001. [c] Data reported for this measure are not directly comparable. [d] Women resident in the jurisdiction represent over 99 per cent of women screened in each jurisdiction except the ACT (91.3 per cent in 2010–2011). [e] Women who self-identify as being of Aboriginal and/or Torres Strait Islander descent. [f] NESB is defined as speaking a language other than English at home.

Source: State and Territory governments (unpublished); ABS (2011) *Population by Age and Sex, Australian States and Territories*, June 2011, Cat. no. 3201.0; ABS (unpublished) Experimental Estimates And Projections, Aboriginal And Torres Strait Islander Australians, 1991 to 2021, Cat. no. 3238.0; ABS (unpublished) 2006 Census of Population and Housing; table 11A.68; 2013 Report, tables 11A.66–11A.69; 2013 Report, table 11.9, p. 11.73.

Participation for women in cervical screening

'Participation for women in cervical screening' is an indicator of governments' objective to reduce morbidity and mortality attributable to cervical cancer through the provision of early detection services (box 11.8).

Box 11.8 **Participation for women in cervical screening**

'Participation for women in cervical screening' is defined as the number of women aged 20–69 years who are screened over a two year period, divided by the estimated population of eligible women aged 20–69 years and reported as a rate. Eligible women are those who have not had a hysterectomy.

A high or increasing proportion of eligible women aged 20–69 years who have been screened is desirable.

Data for this indicator are comparable.

Information about data quality for this indicator is at www.pc.gov.au/gsp/reports/rogs/2013.

The national age-standardised participation rate for women aged 20–69 years in cervical screening dropped from 59.4 per cent for the 24 month period 1 January 2006 to 31 December 2007 to 57.2 per cent for the 24 months 1 January 2010 to 31 December 2011 (2013 Report, figure 11.44). For most jurisdictions, participation rates have dropped slightly since the screening period of 2006 and 2007. Data for Indigenous women for 2004-05 are presented in table 11A.72.

Influenza vaccination coverage for older people

'Influenza vaccination coverage for older people' is an indicator of governments' objective to reduce the morbidity and mortality attributable to vaccine preventable disease (box 11.9).

Box 11.9 **Influenza vaccination coverage for older people**

'Influenza vaccination coverage for older people' is defined as the proportion of people aged 65 years or over who have been vaccinated against seasonal influenza. This does not include pandemic influenza such as H1N1 Influenza (commonly known as 'swine flu').

A high or increasing proportion of older people vaccinated against influenza reduces the risk of older people contracting influenza and suffering consequent complications. Each year, influenza and its consequences result in the hospitalisation of many older people, as well as a considerable number of deaths.

Data for this indicator are comparable.

Data quality information for this indicator is under development.

Influenza vaccinations for older people have been demonstrated to reduce hospitalisations and deaths (DoHA and NHMRC 2008). Free vaccines for

Australians aged 65 years or over have been funded since 1999 by the Australian Government through the National Influenza Vaccine Program for Older Australians. GPs provide the majority of these vaccinations.

Pneumococcal disease is also a vaccine preventable disease that can result in hospitalisation and/or death. Free vaccinations against pneumococcal disease became available to older Australians in 2005. Data for 2009 for older adults fully vaccinated against both influenza and pneumococcal disease are presented by remoteness in 2013 Report, table 11A.74. Data for Indigenous Australians fully vaccinated against influenza and pneumococcal disease in 2004-05 are presented in table 11A.75.

Selected potentially preventable hospitalisations

'Selected potentially preventable hospitalisations' is an indicator of governments' objective to reduce potentially preventable hospitalisations through the delivery of effective primary healthcare services (box 11.10).

Box 11.10 **Selected potentially preventable hospitalisations**

'Selected potentially preventable hospitalisations' is defined as hospital admissions that may be avoided by effective management of illness and injury in the primary and community healthcare sector or, in some cases, by preventing illness and injury altogether.

Three measures of selected potentially preventable hospitalisations are reported:

- potentially preventable hospitalisations for selected vaccine preventable, acute and chronic conditions, as defined in the Victorian Ambulatory Care Sensitive Conditions Study (AIHW 2012b; DHS 2002)
- potentially preventable hospitalisations for diabetes
- potentially preventable hospitalisations of older people for falls.

Low or decreasing separation rates for selected potentially preventable hospitalisations can indicate improvements in the effectiveness of preventative programs and/or more effective management of selected conditions in the primary and community healthcare sector.

Factors outside the control of the primary and community healthcare sector also influence hospitalisation rates for these conditions (AIHW 2008b, 2012b). For example, the underlying prevalence of conditions, patient compliance with treatment and older people's access to aged care services and other support.

Data for this indicator are comparable.

Information about data quality for this indicator is at www.pc.gov.au/gsp/reports/rogs/2013.

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

Studies have shown that hospitalisation rates for selected vaccine preventable, acute and chronic conditions are significantly affected by the availability of care in the primary and community healthcare sector (DHS 2002). These are conditions for which hospitalisation can potentially be avoided, through prevention of the condition — for example, through vaccination — or, prevention of exacerbations or complications requiring hospitalisation — through effective management of the condition in the primary and community healthcare sector. While not all hospitalisations for the selected conditions can be prevented, strengthening the effectiveness of primary and community healthcare has considerable potential to reduce the need for hospitalisation for these conditions.

Variation in hospitalisation rates data can also be affected by differences in hospital protocols for clinical coding and admission between and within jurisdictions. This

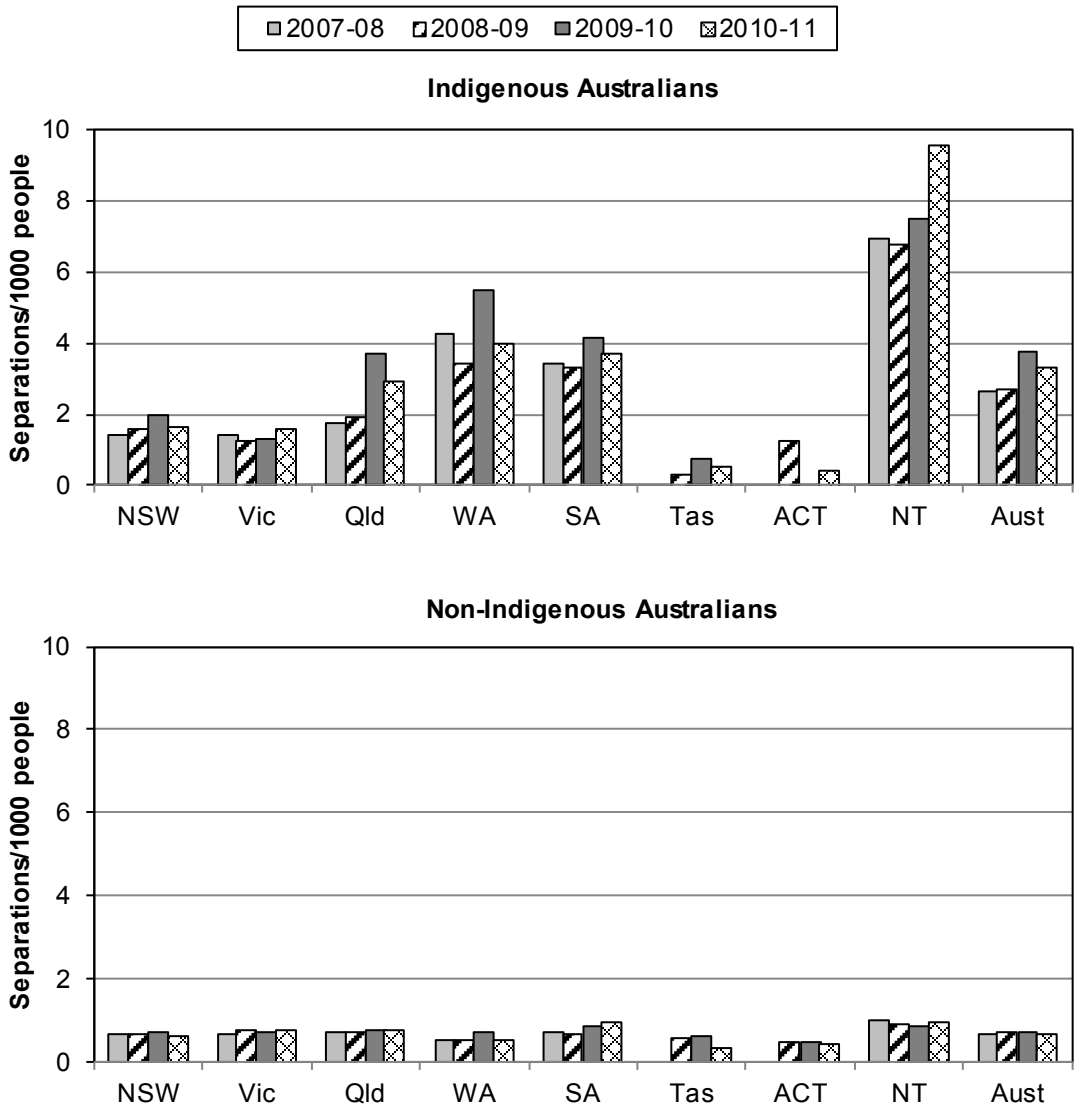
particularly affects diagnoses of dehydration and gastroenteritis and diabetes complications. The effect is exacerbated for diabetes hospitalisations data disaggregated by Indigenous status because of the high prevalence of diabetes in Indigenous communities. Caution should also be used in time series analysis because of revisions to clinical coding standards and improvements in data quality over time, as well as changes in hospital coding and admission protocols.

Data presented by Indigenous status are adjusted to account for differences in the age structures of these populations across states and territories.

Nationally, the age standardised hospital separation rate for the selected vaccine preventable, acute and chronic conditions reported here was 23.3 per 1000 people in 2010-11 (2013 Report, table 11.10). Of these, 47.7 per cent were for chronic and 49.4 per cent for acute conditions (2013 Report, table 11A.76). Data are presented disaggregated by Indigenous status in table 11A.77 and remoteness in 2013 Report, table 11A.78. National data by Indigenous status and remoteness are presented in table 11A.79.

The age standardised hospital separation rate for vaccine preventable conditions was higher for Indigenous Australians than for non-Indigenous Australians in 2010-11, in most jurisdictions (figure 11.7).

Figure 11.7 **Separations for vaccine preventable conditions by Indigenous status[a, b, c, d, e]**

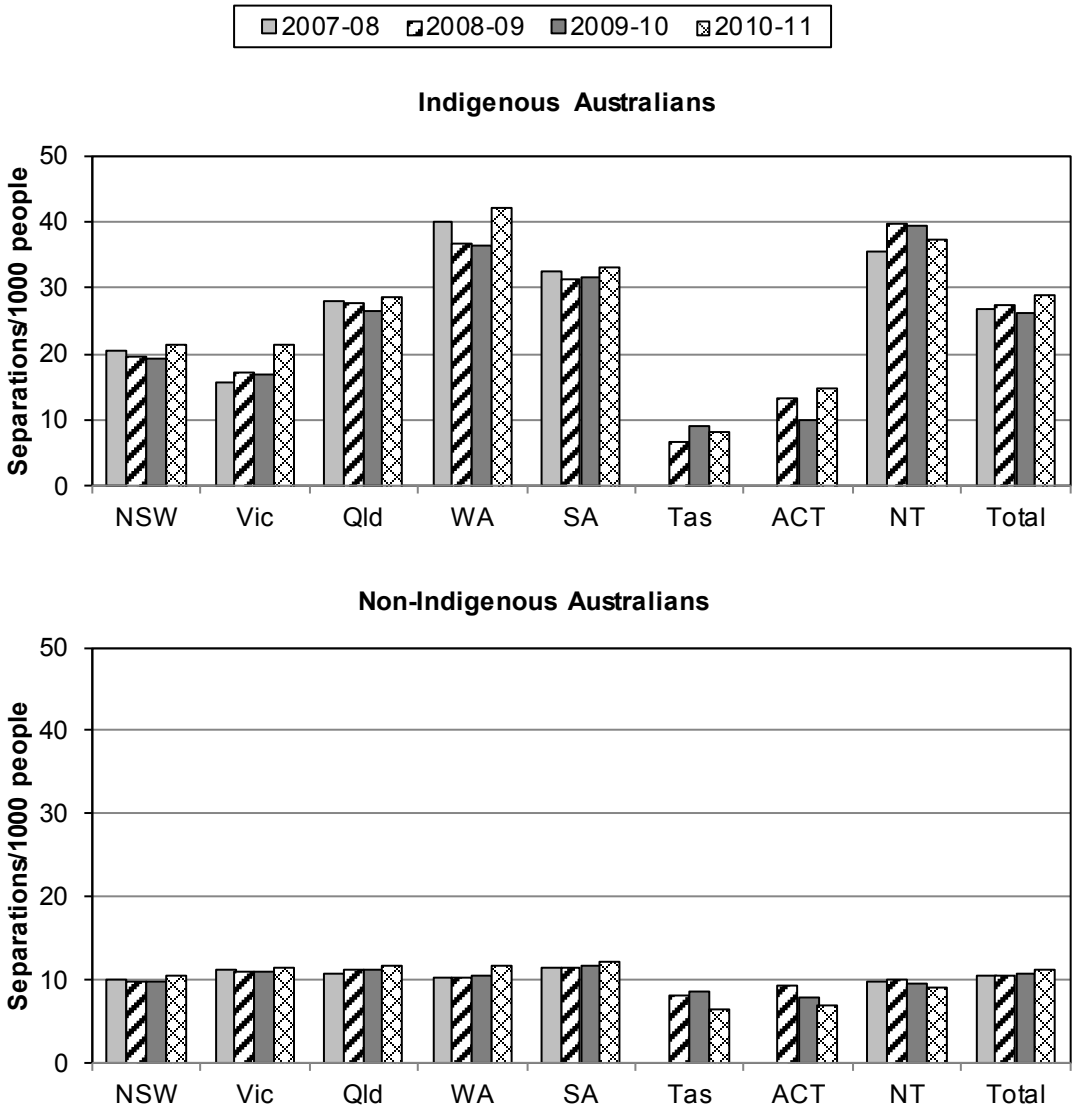


a Separation rates are directly age standardised to the Australian population at 30 June 2001. **b** Caution should be used in the interpretation of these data because of jurisdictional differences in data quality. **c** Separation rates are based on State/Territory of usual residence. **d** NT data for Indigenous Australians are for public hospitals only. **e** Total comprises NSW, Victoria, Queensland, WA, SA and the NT (public hospitals only), for which Indigenous status data are of sufficient quality for statistical reporting purposes. Indigenous status data reported for Tasmania and the ACT should be interpreted with caution until further assessment of Indigenous identification is completed.

Source: AIHW (unpublished) National Hospital Morbidity Database; table 11A.77; 2013 Report, figure 11.45, p. 11.79.

The age standardised hospital separation rate for the selected acute conditions was higher for Indigenous Australians than for non-Indigenous Australians in all jurisdictions in 2010-11 (figure 11.8).

Figure 11.8 **Separations for selected acute conditions by Indigenous status**[a, b, c, d, e, f]

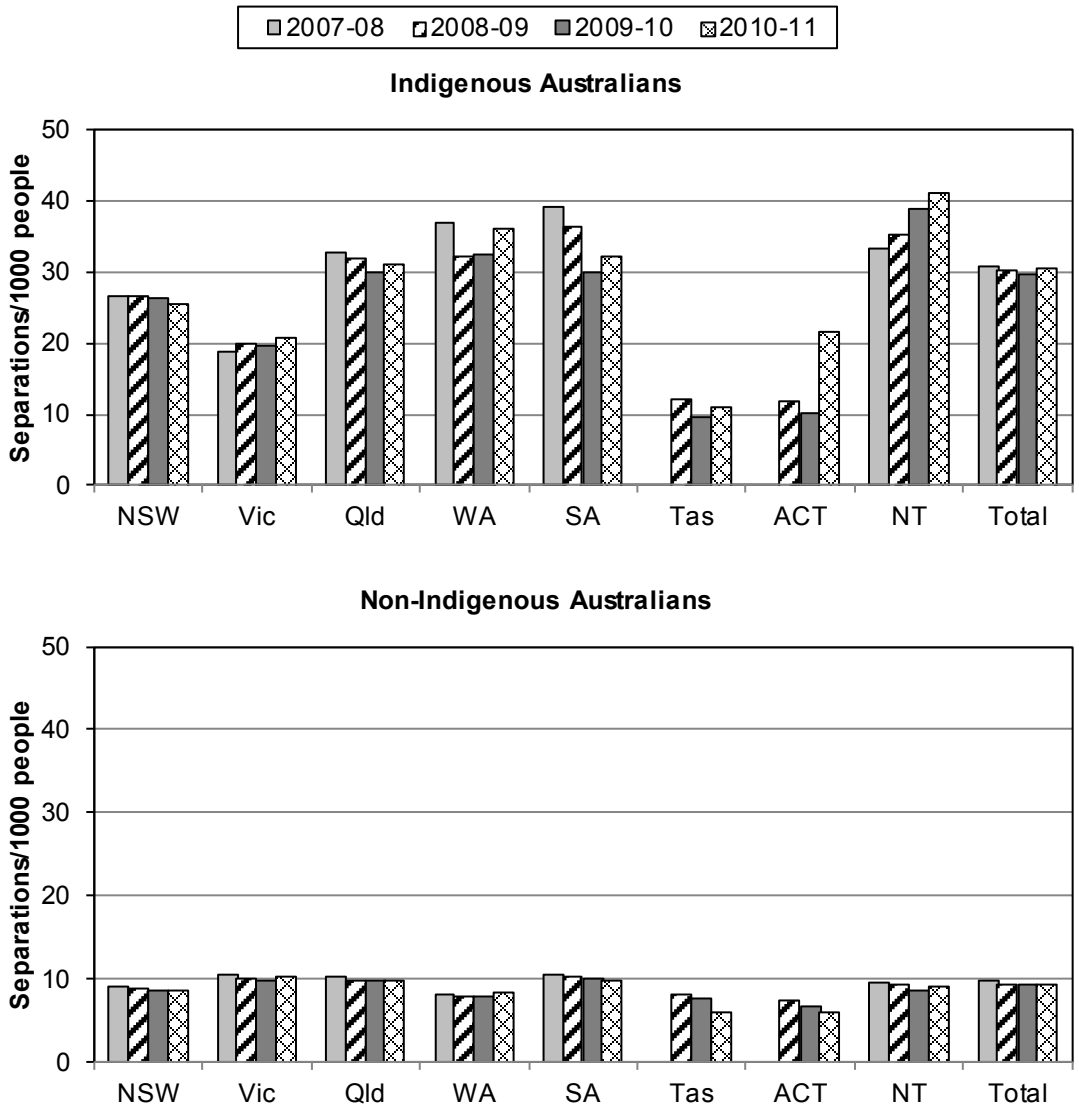


[a] Excludes separations for dehydration and gastroenteritis. [b] Separation rates are directly age standardised to the Australian population at 30 June 2001. [c] Caution should be used in the interpretation of these data because of jurisdictional differences in data quality. [d] Separation rates are based on State/Territory of usual residence. [e] NT data for Indigenous Australians are for public hospitals only. [f] Total comprises NSW, Victoria, Queensland, WA, SA and the NT (public hospitals only), for which Indigenous status data are of sufficient quality for statistical reporting purposes. Indigenous status data reported for Tasmania and the ACT should be interpreted with caution until further assessment of Indigenous identification is completed.

Source: AIHW (unpublished) National Hospital Morbidity Database; table 11A.77; 2013 Report, figure 11.46, p. 11.81.

The age standardised hospital separation rate for the selected chronic conditions was higher for Indigenous Australians than for non-Indigenous Australians in all jurisdictions in 2010-11 (figure 11.9).

Figure 11.9 **Separations for selected chronic conditions by Indigenous status**[a, b, c, d, e, f]



[a] Excludes separations for diabetes complications (all diagnoses). [b] Separation rates are directly age standardised to the Australian population at 30 June 2001. [c] Caution should be used in the interpretation of these data because of jurisdictional differences in data quality. [d] Separation rates are based on State/Territory of usual residence. [e] Total comprises NSW, Victoria, Queensland, WA, SA and the NT (public hospitals only), for which Indigenous status data are of sufficient quality for statistical reporting purposes. [f] Indigenous status data reported for Tasmania and the ACT should be interpreted with caution until further assessment of Indigenous identification is completed.

Source: AIHW (unpublished) National Hospital Morbidity Database; table 11A.77.

Potentially preventable hospitalisations for diabetes

Diabetes is a chronic disease of increasing prevalence, and is an identified National Health Priority Area for Australia. People with diabetes are at high risk of serious

complications such as cardiovascular, eye and kidney disease. Type 2 diabetes is the most common form of diabetes and is largely preventable.

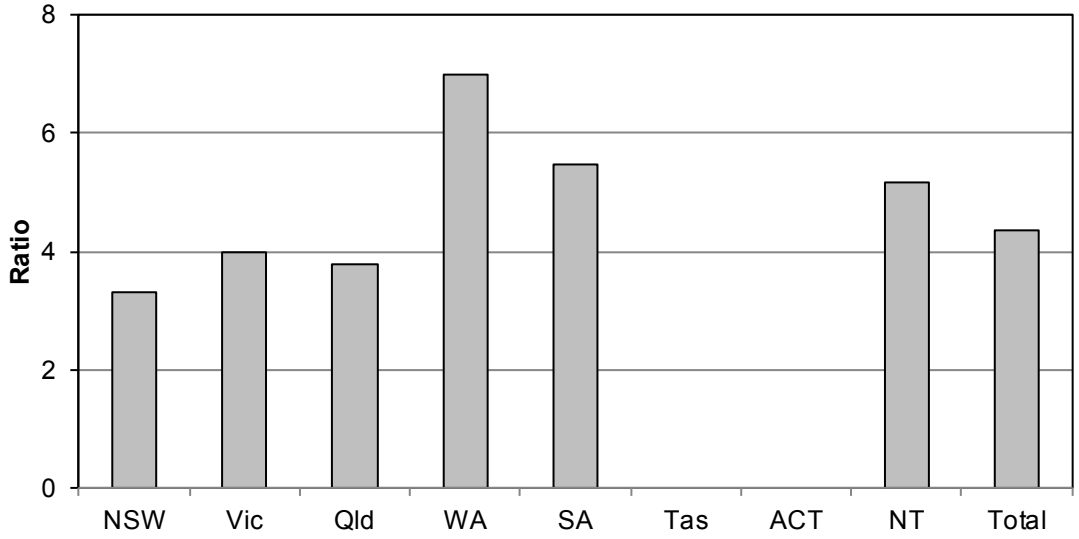
The provision of high quality, appropriate and effective management of diabetes in the primary and community health sector can prevent or minimise the severity of diabetes complications, thereby reducing demand for hospitalisation (AIHW 2008b). Patient compliance with management measures is also a critical determinant of the occurrence and severity of complications.

Nationally, the age standardised hospital separation rate for Type 2 diabetes mellitus as principal diagnosis was 95.5 separations per 100 000 people in 2010-11 (2013 Report, figure 11.48).

Age standardised hospital separation ratios for diabetes (excluding separations for diabetes complications as an additional diagnosis) illustrate differences between the rate of hospital admissions for Indigenous Australians and that for all Australians, taking into account differences in the age structures of the two populations. Rate ratios close to one indicate that Indigenous Australians have similar separation rates to all people, while higher rate ratios indicate relative disadvantage. A reduction in the gap in hospital separation rates between Indigenous and all people can indicate greater equity of access to primary healthcare services.

There was a marked difference in 2010-11 between the separation rates for Indigenous Australians and those for the total population for 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 Australians was 4.4 times as high as the separation rate for all Australian people (figure 11.10).

Figure 11.10 **Ratio of separation rates of Indigenous Australians to all people for diabetes, 2010-11**[a, b, c, d, e, f, g]



[a] Excludes separations with diabetes complications as an additional diagnosis. [b] Ratios are directly age standardised to the Australian population at 30 June 2001. [c] Indigenous separation rates are based on state of hospitalisation while all person rates are based on state of usual residence. [d] Patients aged 75 years or 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.

Source: AIHW (unpublished) National Hospital Morbidity Database; table 11A.83; 2013 Report, figure 11.51, p. 11.87.

Future directions in performance reporting

Indigenous health

Barriers to accessing primary health services contribute to the poorer health status of Indigenous Australians compared to other Australians (see the Health sector overview). The Steering Committee has identified primary and community health services for Indigenous Australians 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 for Indigenous Australians.

Continued efforts to improve the quality of Indigenous data, particularly Indigenous identification and completeness, 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. Work on improving Indigenous identification in hospital admitted patient data across states and territories is ongoing, with the inclusion of data for Tasmania and the ACT in national totals a priority.

Definitions of key terms and indicators

Age standardised	Removing the effect of different age distributions (across jurisdictions or over time) when making comparisons, by weighting the age-specific rates for each jurisdiction by the national age distribution.
Asthma Action Plan	An asthma action plan is an individualised, written asthma action plan incorporating information on how to recognise the onset of an exacerbation of asthma and information on what action to take in response to that exacerbation, developed in consultation with a health professional. *Source*: ACAM (Australian Centre for Asthma Monitoring) 2007, Australian asthma indicators: Five-year review of asthma monitoring in Australia. Cat. no. ACM 12, AIHW, Canberra.
Community health services	Health services for individuals and groups delivered in a community setting, rather than via hospitals or private facilities.
Cost to government of general practice per person	Cost to the Australian Government of total non-referred attendances by non-specialist medical practitioners per person.
Full time workload equivalents (FWE)	A measure of medical practitioner supply based on claims processed by DHS, Medicare in a given period, calculated by dividing the practitioner's DHS, Medicare billing by the mean billing of full time practitioners for that period. Full time equivalents (FTE) are calculated in the same way as FWE except that FTE are capped at 1 per practitioner.
Fully immunised at 12 months	A child who has completed three doses of diphtheria, tetanus, pertussis vaccine, three doses of polio vaccine, three doses of Hepatitis B vaccine and three doses of *Haemophilus influenzae* type B vaccine.
Fully immunised at 24 months	A child who has received four doses of diphtheria, tetanus, pertussis vaccine, three doses of polio vaccine, three doses of Hepatitis B vaccine, four doses of *Haemophilus influenzae* type B and one dose of measles, mumps and rubella vaccine.
Fully immunised at 60 months	A child who has received the necessary doses of diphtheria, tetanus, whooping cough, polio, and measles, mumps and rubella vaccines.
General practice	The organisational structure with one or more GPs and other staff such as practice nurses. A general practice provides and supervises healthcare for a 'population' of patients and may include services for specific populations, such as women's health or Indigenous health.
General practitioner (GP)	Vocationally registered GPs — medical practitioners who are vocationally registered under s.3F of the *Health Insurance Act 1973* (Cwlth), hold Fellowship of the RACGP or the Australian College of Rural and Remote Medicine (ACRRM) or equivalent, or hold a recognised training placement. From 1996 vocational registration is available only to GPs who attain Fellowship of the RACGP or (from April 2007) the ACRRM, or hold a recognised training placement. Other medical practitioners (OMP) — medical practitioners who are not vocationally registered GPs.
GP-type services	Non-referred attendances by vocationally registered GPs and OMPs, and practice nurses.

Haemophilus influenzae type b	A bacterium which causes bloodstream infection, meningitis, epiglottitis, and pneumonia (DoHA 2008).
Immunisation coverage	The proportion of a target population fully immunised with National Immunisation Program specified vaccines for that age group.
Non-referred attendances	GP services, emergency attendances after hours, other prolonged attendances, group therapy and acupuncture. All attendances for specialist services are excluded because these must be 'referred' to receive DHS, Medicare reimbursement.
Other medical practitioner (OMP)	A medical practitioner other than a vocationally registered GP who has at least half of the schedule fee value of his/her DHS Medicare billing from non-referred attendances. These practitioners are able to access only the lower A2 DHS, Medicare rebate for general practice services they provide, unless the services are provided through certain Departmental incentive programs.
Pap smear	A procedure for the detection of cancer and pre-cancerous conditions of the female cervix.
Primary healthcare	The primary and community healthcare sector includes services that: provide the first point of contact with the health system have a particular focus on illness prevention or early intervention are intended to maintain people's independence and maximise their quality of life through care and support at home or in local community settings.
Prevalence	The proportion of the population suffering from a disorder at a given point in time (point prevalence) or given period (period prevalence).
Screening	The performance of tests on apparently well people to detect a medical condition earlier than would otherwise be possible.
Triage category	The urgency of the patient's need for medical and nursing care: category 1 — resuscitation (immediate within seconds) category 2 — emergency (within 10 minutes) category 3 — urgent (within 30 minutes) category 4 — semi-urgent (within 60 minutes) category 5 — non-urgent (within 120 minutes).

List of 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 a '11A' prefix (for example, table 11A.1 is table 1 in the Primary and community health attachment). Attachment tables are on the Review website (www.pc.gov.au/gsp).

Table 11A.11	Indigenous primary healthcare services and episodes of healthcare (number)
Table 11A.12	Indigenous primary healthcare services and episodes of healthcare, by remoteness category (number)

References

AIHW (Australian Institute of Health and Welfare) 2008a, *Aboriginal and Torres Strait Islander Health Performance Framework, 2008 report: detailed analyses*, AIHW Cat. no. IHW 22, Canberra.

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11A Primary and community health — attachment

Tables in this attachment are sourced from the Primary and community health attachment of the 2013 Report. Table numbers refer to the 2013 Report, for example, a reference to '2013 Report, table 11A.15' refers to attachment table 15 of attachment 11A of the 2013 Report.

Definitions for indicators and descriptors in this attachment are in the Primary and community health chapter of the Compendium.

Data in this Compendium 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).

Attachment contents

Attachment contents

Table 11A.11 **Indigenous primary healthcare services and episodes of healthcare (number) (a), (b), (c), (d), (e)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Indigenous primary healthcare services									
2008-09	39	24	31	28	14	10	2	57	205
2009-10	50	26	33	37	13	10	1	53	223
2010-11	56	25	37	35	15	11	1	55	235
Episodes of healthcare provided									
2008-09	452 147	160 177	335 664	305 712	191 269	34 695	23 216	593 035	2 095 915
2009-10	542 377	184 778	378 805	408 819	191 615	36 159	25 703	614 631	2 382 887
2010-11	521 753	200 535	309 689	473 132	221 809	37 667	29 732	703 750	2 498 067

(a) Includes only services which report data for the Online Services Report (OSR; previously the OATSIH Services Report).

(b) The OSR 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).

(c) The number of services that provide OSR 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 OSR data reporting if there are changes in the types of services provided and/or reporting arrangements.

(d) 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.

(e) The OSR data collection replaced the previous Service Activity Reporting (SAR) data collection from 2008-09. OSR data are not comparable with SAR data due to changes in collection methodology.

Source: AIHW 2012 and previous issues, *Aboriginal and Torres Strait Islander health services report: OATSIH services reporting - key results*, 2008-09, 2009-10 and 2010-11, Cat. no.s IHW 31,56,79, Canberra.

Table 11A.12 **Indigenous primary healthcare services and episodes of healthcare, by remoteness category (number) (a), (b), (c), (d), (e)**

	Major cities	*Inner regional*	*Outer regional*	*Remote*	*Very remote*	*Total*
Indigenous primary healthcare services						
2008-09	26	40	50	29	60	205
2009-10	29	48	55	33	58	223
2010-11	34	52	59	29	61	235
Episodes of healthcare provided						
2008-09	289 955	312 960	539 318	499 835	453 847	2 095 915
2009-10	363 823	395 027	583 324	550 907	489 806	2 382 887
2010-11	399 003	413 332	495 653	532 361	657 718	2 498 067

(a) Includes only services which report data for the Online Services Report (OSR; previously the OATSIH Services Report).

(b) The OSR 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).

(c) Remoteness categories are defined using the Australian Standard Geographical Classification (AGSC), based on the ABS *2006 Census of population and housing* .

(d) 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.

(e) The OSR data collection replaced the previous Service Activity Reporting (SAR) data collection from 2008-09. OSR data are not comparable with SAR data due to changes in collection methodology.

Source : AIHW 2012 and previous issues, *Aboriginal and Torres Strait Islander health services report: OATSIH services reporting - key results* , 2008-09, 2009-10 and 2010-11, Cat. no.s IHW 31,56,79, Canberra.

Table 11A.13 **Proportion of Indigenous primary healthcare services that undertook selected health related activities (per cent) (a), (b), (c), (d)**

	2008-09 (e)	*2009-10*	*2010-11*
Diagnosis and treatment of illness/disease	85.0	82.1	81.2
Management of chronic illness	89.0	87.0	85.0
Transportation to medical appointments	86.0	87.0	88.5
Outreach clinic services	55.0	55.6	52.6
24 hour emergency care	31.0	27.8	23.5
Monitoring child growth	64.0	76.2	71.8
School-based activities	68.0	70.4	74.4
Hearing screening	72.0	74.9	70.9
Pneumococcal immunisation	76.0	74.9	70.9
Influenza immunisation	82.0	81.6	78.2
Child immunisation	81.0	81.6	76.9
Women's health group	77.0	76.2	78.2
Support for public housing issues	58.0	67.7	59.0
Community development work	60.0	66.8	65.4
Legal/police/prison/advocacy services	42.0	43.1	44.9
Dental services	52.0	48.9	45.3
Involvement in steering groups on health	77.0	81.2	79.5
Participation in regional planning forums	57.0	57.9	59.0
Dialysis services	4.0	6.3	4.7

(a) Includes only services which report data for the Online Services Report (OSR; previously the OATSIH Services Report).

(b) The OSR 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).

(c) Some services in the OSR 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.

(d) The OSR data collection replaced the previous Service Activity Reporting (SAR) data collection from 2008-09. OSR data are not comparable with SAR data due to changes in collection methodology.

(e) In 2008-09, 4 of 205 services reporting to the OSR collection did not provide valid data for this question. The denominator for 2008-09 is the number of services that provided valid data for this question (201).

Source: AIHW 2012 and previous issues, *Aboriginal and Torres Strait Islander health services report: OATSIH services reporting - key results*, 2008-09, 2009-10 and 2010-11, Cat. no.s IHW 31,56,79, Canberra.

Table 11A.14 **Full time equivalent (FTE) health staff employed by Indigenous primary healthcare services for which OATSIH Services Reporting (OSR) data are reported, as at 30 June 2011 (number) (a), (b), (c), (d)**

	2010	*2011*
Indigenous staff		
Aboriginal health workers	836.6	899.4
Doctors	16.1	26.0
Nurses	72.2	72.9
Specialists	1.2	0.2
Counsellors/social workers	52.3	59.2
Other social and emotional wellbeing staff (e)	242.3	220.8
Allied health professionals (f)	49.7	31.8
Dentists	4.4	7.4
Dental assistants	47.9	43.9
Traditional healers	8.1	10.8
Sexual health workers	44.5	38.7
Substance misuse workers	77.5	101.2
Environmental health workers	24.0	23.8
Driver/field officers	218.1	255.6
Other health staff	6.0	142.3
Total Indigenous staff (g)	**1 700.9**	**1 933.9**
Non-Indigenous staff		
Aboriginal health workers	30.7	14.0
Doctors	319.3	335.4
Nurses	615.3	710.7
Specialists	7.4	13.0
Counsellors/social workers	84.6	89.1
Other social and emotional wellbeing staff (e)	66.2	97.6
Allied health professionals (f)	108.2	144.2
Dentists	39.8	48.7
Dental assistants	27.8	35.1
Traditional healers	0.0	3.1
Sexual health workers	20.0	16.6
Substance misuse workers	43.4	50.7
Environmental health workers	6.0	10.3
Driver/field officers	40.1	39.4
Other health staff	–	67.5
Total non-Indigenous staff (g)	**1 408.7**	**1 675.2**
Total health staff (g), (h)		
Aboriginal health workers	867.4	916.3
Doctors	335.4	361.6
Nurses	691.5	789.1
Specialists	8.8	13.2

Table 11A.14 Full time equivalent (FTE) health staff employed by Indigenous primary healthcare services for which OATSIH Services Reporting (OSR) data are reported, as at 30 June 2011 (number) (a), (b), (c), (d)

	2010	*2011*
Counsellors/social workers	136.9	148.3
Other social and emotional wellbeing staff (e)	309.4	318.9
Allied health professionals (f)	157.8	176.0
Dentists	44.2	56.1
Dental assistants	75.7	79.1
Traditional healers	8.2	13.9
Sexual health workers	64.5	55.3
Substance misuse workers	120.9	154.9
Environmental health workers	30.0	34.1
Driver/field officers	258.2	296.9
Other health staff	6.0	230.3
Total health staff (g), (h)	**3 114.7**	**3 643.8**

(a) Includes only services which report data for the Online Services Report (OSR; previously the OATSIH Services Report).

(b) The number of services that provide OSR 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 OSR 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) The OSR data collection replaced the previous Service Activity Reporting (SAR) data collection from 2008-09. OSR data are not comparable with SAR data due to changes in collection methodology.

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

(f) Allied health professionals include 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.

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

(h) Totals include health staff for whom Indigenous status was not provided.

– Nil or rounded to zero.

Source: AIHW 2011 and 2012, *Aboriginal and Torres Strait Islander health services report: OATSIH services reporting - key results* , 2009-10 and 2010-11, Cat. No.s IHW 56,79, Canberra.

Table 11A.21 **Annual health assessments for older people by Indigenous status (per cent) (a), (b), (c), (d), (e)**

	Unit	*NSW*	*Vic*	*Qld*	*WA* (f)	*SA*	*Tas*	*ACT*	*NT*	*Aust* (g)
2008-09										
Indigenous older people										
Number of people assessed (h)	no.	1 466	265	1 544	798	140	23	24	993	5 253
Target population (i)	no.	14 130	3 240	11 706	5 821	2 361	1 099	200	5 066	44 353
Proportion of target population assessed	%	10.4	8.2	13.2	13.7	5.9	2.1	12.0	19.6	11.8
Non-Indigenous older people										
Number of people assessed (j)	no.	111 344	73 138	62 716	21 998	27 423	9 486	2 430	283	308 818
Target population (k)	no.	460 531	344 073	236 932	116 213	122 218	34 614	15 201	2 720	1 332 334
Proportion of target population assessed	%	24.2	21.3	26.5	18.9	22.4	27.4	16.0	10.4	23.2
2009-10										
Indigenous older people										
Number of people assessed (h)	no.	1 652	337	2 053	1 021	153	36	46	1 185	6 483
Target population (i)	no.	14 821	3 412	12 405	6 134	2 479	1 164	221	5 339	46 741
Proportion of target population assessed	%	11.1	9.9	16.5	16.6	6.2	3.1	20.8	22.2	13.9
Non-Indigenous older people										
Number of people assessed (j)	no.	116 753	77 945	65 082	24 451	28 048	9 151	2 724	292	324 446
Target population (k)	no.	468 520	350 827	241 647	118 873	123 651	35 221	15 695	2 854	1 357 123
Proportion of target population assessed	%	24.9	22.2	26.9	20.6	22.7	26.0	17.4	10.2	23.9
2010-11 (l)										
Indigenous older people										
Number of people assessed (h)	no.	3 216	422	3 151	1 508	451	109	36	1 572	10 465
Target population (i)	no.	15 609	3 577	13 129	6 443	2 599	1 239	235	5 625	49 271

Table 11A.21 **Annual health assessments for older people by Indigenous status (per cent) (a), (b), (c), (d), (e)**

	Unit	*NSW*	*Vic*	*Qld*	*WA* (f)	*SA*	*Tas*	*ACT*	*NT*	*Aust* (g)
Proportion of target population assessed	%	20.6	11.8	24.0	23.4	17.4	8.8	15.3	27.9	21.2
Non-Indigenous older people										
Number of people assessed (j)	no.	130 102	90 480	74 565	29 862	31 393	10 974	3 168	302	370 846
Target population (k)	no.	476 109	358 361	247 555	122 034	124 871	35 632	16 146	3 018	1 383 553
Proportion of target population assessed	%	27.3	25.2	30.1	24.5	25.1	30.8	19.6	10.0	26.8
2011-12 (m)										
Indigenous older people										
Number of people assessed (h)	no.	4 142	552	4 570	1 611	506	183	48	1 717	13 329
Target population (i)	no.	16 492	3 790	13 901	6 849	2 740	1 309	258	6 014	52 216
Proportion of target population assessed	%	25.1	14.6	32.9	23.5	18.5	14.0	18.6	28.6	25.5
Non-Indigenous older people										
Number of people assessed (j)	no.	136 813	95 883	79 697	31 734	32 706	11 470	3 261	310	391 874
Target population (k)	no.	486 234	365 335	253 931	125 917	126 579	36 074	16 664	3 223	1 413 773
Proportion of target population assessed	%	28.1	26.2	31.4	25.2	25.8	31.8	19.6	9.6	27.7

(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.

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

(d) Historical data may differ slightly from data in previous reports due to a change in the methodology used to derive population estimates.

(e) Allocation of patients to state or territory is 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.

Table 11A.21 **Annual health assessments for older people by Indigenous status (per cent) (a), (b), (c), (d), (e)**

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

(f) Historical data for WA for target population of non-Indigenous older people have been revised and may differ from previous reports. WA data for proportion of non-Indigenous older people assessed are affected by the revisions.

(g) Includes Other Territories.

(h) Includes claims for MBS items 704, 706 and 715, for Indigenous people aged 55 years or over.

(i) Projected population of Indigenous people aged 55 years or over at 30 June (B series). Projections are based on estimated resident population (ERP) at 30 June 2006.

(j) Includes claims for MBS items 700, 702, 701, 703, 705 and 707, for people aged 75 years or over.

(k) Estimated population of non-Indigenous people aged 75 years or over at 30 June, computed by subtracting the projected population of Indigenous people aged 75 or over from the ERP aged 75 years or over. Non-Indigenous population estimates are available for census years only. For inter-censal years, experimental estimates and projections data for the Indigenous population are derived using various assumptions. These can be used to derive denominators for calculating non-Indigenous rates for the inter-censal years. However, such figures have a degree of uncertainty and should be used with caution, particularly as the time from the base year of the projection series increases. Data for WA have been revised and may differ from previous reports.

(l) 2010-11 data have been revised to include claims made up to 12 months after the assessment was received.

(m) 2011-12 data are preliminary data.

Source : DoHA unpublished, MBS Statistics; ABS 2008, 2009, 2010, 2011 Population by Age and Sex, Australian States and Territories, various years, Cat. no. 3201.0, Canberra; ABS 2009, *Experimental estimates and projections, Aboriginal and Torres Strait Islander Australians Australians 1991 to 2021* , Cat. no. 3238.0, Canberra.

Table 11A.22 **Older Indigenous people who received an annual health assessment (per cent) (a), (b), (c), (d), (e), (f)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (g)
2007-08										
Number of people assessed	no.	1 148	275	1 261	620	127	7	10	855	4 303
Target population	no.	13 460	3 074	11 035	5 517	2 251	1 039	168	4 849	42 096
Proportion of target population assessed	%	8.5	8.9	11.4	11.2	5.6	0.7	6.0	17.6	10.2
2008-09										
Number of people assessed	no.	1 466	265	1 544	798	140	23	24	993	5 253
Target population	no.	14 130	3 240	11 706	5 821	2 361	1 099	200	5 066	44 353
Proportion of target population assessed	%	10.4	8.2	13.2	13.7	5.9	2.1	12.0	19.6	11.8
2009-10										
Number of people assessed	no.	1 652	337	2 053	1 021	153	36	46	1 185	6 483
Target population	no.	14 821	3 412	12 405	6 134	2 479	1 164	221	5 339	46 741
Proportion of target population assessed	%	11.1	9.9	16.5	16.6	6.2	3.1	20.8	22.2	13.9
2010-11 (h)										
Number of people assessed	no.	3 216	422	3 151	1 508	451	109	36	1 572	10 465
Target population	no.	15 609	3 577	13 129	6 443	2 599	1 239	235	5 625	49 271
Proportion of target population assessed	%	20.6	11.8	24.0	23.4	17.4	8.8	15.3	27.9	21.2
2011-12 (i)										
Number of people assessed	no.	4 142	552	4 570	1 611	506	183	48	1 717	13 329
Target population	no.	16 492	3 790	13 901	6 849	2 740	1 309	258	6 014	52 216
Proportion of target population assessed	%	25.1	14.6	32.9	23.5	18.5	14.0	18.6	28.6	25.5

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

Table 11A.22 **Older Indigenous people who received an annual health assessment (per cent) (a), (b), (c), (d), (e), (f)**

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

(b) Includes claims for MBS items 704, 706 and 715 for 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 available to 'all older people'. This is considered unlikely to affect overall proportions significantly, due to the relatively low average life expectancy of Indigenous people.

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

(d) Allocation of patients to state or territory is 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.

(e) Historical data may differ slightly from data in previous reports due to a change in the methodology used to derive population estimates.

(f) Target population is the projected target population at 30 June (B series), based on the estimated resident population (ERP) at 30 June 2006.

(g) Includes Other Territories.

(h) 2010-11 data have been revised to include claims made up to 12 months after the assessment was received.

(i) 2011-12 data are preliminary data.

Source : DoHA unpublished, MBS Statistics; ABS 2009, *Experimental estimates and projections, Aboriginal and Torres Strait Islander Australians Australians 1991 to 2021* , Cat. no. 3238.0, Canberra.

Table 11A.23 **Indigenous people who received a health check or assessment, by age (per cent) (a), (b), (c)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (d)	*Aust* (e)
2010-11 (f)										
Children 0–14 years										
Children assessed	no.	6 045	801	8 349	2 371	476	112	68	3 933	22 155
Target population	no.	58 907	12 610	58 815	26 023	10 496	6 794	1 601	22 979	198 298
Proportion assessed	%	10.3	6.4	14.2	9.1	4.5	1.6	4.2	17.1	11.2
Adults 15–54 years										
People assessed	no.	11 074	1 614	11 845	5 021	1 324	315	150	6 601	37 944
Target population	no.	90 790	20 574	88 688	43 805	17 308	11 387	2 785	40 057	315 532
Proportion assessed	%	12.2	7.8	13.4	11.5	7.6	2.8	5.4	16.5	12.0
Adults 55 years or over										
People assessed	no.	3 216	422	3 151	1 508	451	109	36	1 572	10 465
Target population	no.	15 609	3 577	13 129	6 443	2 599	1 239	235	5 625	49 271
Proportion assessed	%	20.6	11.8	24.0	23.4	17.4	8.8	15.3	27.9	21.2
2011-12 (g)										
Children 0–14 years										
Children assessed	no.	8 488	1 147	12 048	2 416	797	136	197	5 020	30 249
Target population	no.	59 395	12 765	59 649	26 112	10 591	6 893	1 614	23 149	200 245
Proportion assessed	%	14.3	9.0	20.2	9.3	7.5	2.0	12.2	21.7	15.1
Adults 15–54 years										
People assessed	no.	14 899	2 141	18 401	5 310	1 755	449	286	7 012	50 253
Target population	no.	92 886	21 092	91 333	44 733	17 709	11 654	2 854	40 692	323 091
Proportion assessed	%	16.0	10.2	20.1	11.9	9.9	3.9	10.0	17.2	15.6
Adults 55 years or over										
People assessed	no.	4 142	552	4 570	1 611	506	183	48	1 717	13 329
Target population	no.	16 492	3 790	13 901	6 849	2 740	1 309	258	6 014	52 216
Proportion assessed	%	25.1	14.6	32.9	23.5	18.5	14.0	18.6	28.6	25.5

Table 11A.23 **Indigenous people who received a health check or assessment, by age (per cent) (a), (b), (c)**

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

(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) Target population is the projected target population for the age group at 30 June (B series), based on the estimated resident population at 30 June 2006.

(d) Child health checks provided under the Northern Territory Intervention are excluded.

(e) Includes Other Territories.

(f) 2010-11 data have been revised to include claims made up to 12 months after the assessment was received.

(g) 2011-12 data are preliminary data.

Source : DoHA unpublished, MBS Statistics; ABS 2009, *Experimental estimates and projections, Aboriginal and Torres Strait Islander Australians 1991 to 2021,* Cat. no. 3238.0, Canberra.

Table 11A.24 **Early detection activities provided by Indigenous primary healthcare services for which OATSIH Services Reporting (OSR) data are reported (a), (b), (c), (d)**

	Unit	*2008-09* (e)	*2009-10*	*2010-11*
Early detection activities provided				
Well person's checks	%	80.0	72.7	74.8
PAP smears/cervical screening	%	80.0	76.2	75.6
STI testing	%	73.0	74.0	70.5
Hearing testing	%	72.0	74.9	70.9
Eye disease testing	%	69.0	71.8	69.7
Renal disease testing	%	54.0	53.4	56.4
Diabetic testing	%	78.0	75.3	79.5
Cardiovascular testing	%	66.0	62.3	68.4
Any early detection activity	%	90.0	89.7	89.7

(a) Includes only services which report data for the Online Services Report (OSR; previously the OATSIH Services Report).

(b) The OSR 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).

(c) Some services in the OSR 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.

(d) The OSR data collection replaced the previous Service Activity Reporting (SAR) data collection from 2008-09. OSR data are not comparable with SAR data due to changes in collection methodology.

(e) In 2008-09, 4 of 205 services reporting to the OSR collection did not provide valid data for this question. The denominator for 2008-09 is the number of services that provided valid data for this question (201).

Source: AIHW 2010–2012, *Aboriginal and Torres Strait Islander health services report: OATSIH services reporting - key results* , Cat. numbers IHW 31,56,79, Canberra.

Table 11A.25 **Proportion of children receiving a fourth year developmental health check, by type of health check (per cent) (a), (b), (c), (d), (e)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas* (f), (g)	*ACT* (f), (g)	*NT*	*Aust*
2009-10										
Aboriginal and Torres Strait Islander Child Health Check (f), (h)	%	27.8	21.7	35.2	35.5	17.3	np	np	45.5	31.0
Healthy Kids Check (i)	%	20.3	6.7	28.1	15.1	10.2	20.5	12.4	17.6	17.2
Total	**%**	**20.6**	**6.9**	**28.5**	**16.3**	**10.5**	**19.2**	**12.3**	**29.2**	**17.8**
2010-11 (j)										
Aboriginal and Torres Strait Islander Child Health Check (h)	%	37.7	23.2	47.7	36.2	17.9	5.2	9.9	63.6	40.1
Healthy Kids Check (i)	%	25.7	7.1	34.4	16.3	12.5	22.8	12.8	31.2	20.7
Total	**%**	**26.3**	**7.3**	**35.2**	**17.5**	**12.7**	**21.5**	**12.8**	**44.6**	**21.7**
2011-12 (a), (j)										
Aboriginal and Torres Strait Islander Child Health Check (f), (h)	no.	2 313	335	3 155	765	205	np	np	1 288	8 245
Target population (e)	no.	4 071	847	4 026	1 691	690	477	113	1 507	13 427
Proportion of target population assessed	%	56.8	39.6	78.4	45.2	29.7	np	np	85.5	61.4
Healthy Kids Check (i)	no.	45 123	16 249	36 891	12 160	7 029	3 166	1 176	769	122 563
Target population (e)	no.	88 617	68 125	55 505	28 911	18 391	5 752	4 608	2 071	272 003
Proportion of target population assessed	%	50.9	23.9	66.5	42.1	38.2	55.0	25.5	37.1	45.1
Total (g)	no.	47 436	16 584	40 046	12 925	7 234	3 166	1 176	2 057	130 808
Target population	no.	92 359	68 824	59 740	30 819	19 183	6 350	4 530	3 598	285 430
Proportion of target population assessed (g)	**%**	**51.4**	**24.1**	**67.0**	**41.9**	**37.7**	**49.9**	**26.0**	**57.2**	**45.8**

a) Computed by the Secretariat for the 2011-12 reference period. Historical data were sourced from the National Healthcare Agreement and do not include underlying data. The considerable increase in proportion of target population assessed compared to previous years is associated with a considerable increase in the number of children receiving fourth year developmental health checks (DoHA, pers. comm, 25 October 2012).

Table 11A.25 **Proportion of children receiving a fourth year developmental health check, by type of health check (per cent) (a), (b), (c), (d), (e)**

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

(b) Patient allocation based on patient postcode at the date their last service was processed in the reference period. This is not necessarily where the service was received. Data are for number of patients receiving a health assessment/check rather than number of health assessments/checks provided.

(c) Children are counted only once in the numerator.

(d) From the 2010-11 reference period, children who received both a healthy kids check and an Aboriginal and Torres Strait Islander people's health assessment during the reference period were counted against the Aboriginal and Torres Strait Islander health assessment.

(e) Rates are computed using as denominator the population of children aged 4 years, derived from ABS ERP data. It was derived by multiplying the ERP for 0–4 years, disaggregated by Indigenous status, by the proportion of children aged 4 years in this age group nationally. Non-Indigenous population estimates are available for census years only. For inter-censal years, experimental estimates and projections data for the Indigenous population are derived using various assumptions. These can be used to derive denominators for calculating non-Indigenous rates for the inter-censal years. However, such figures have a degree of uncertainty and should be used with caution, particularly as the time from the base year of the projection series increases.

(f) Data for Aboriginal and Torres Strait Islander Child Health Checks are not published for Tasmania or the ACT for 2009-10 or for 2011-12 due to small numbers, but are included in the total for Australia.

(g) For 2011-12, 'total' developmental health checks data for the ACT and Tasmania are limited to 'Health Assessments'.

(h) Includes claims for Medicare Benefits Schedule (MBS) Item 708 (Aboriginal and Torres Strait Islander Child Health Check, available to 30 April 2010) and Item 715 (Aboriginal and Torres Strait Islander People's Health Assessment, available from 1 May 2010) for children aged three to five years.

(i) Includes claims for MBS items 709 and 711 (Healthy Kids Check, available to 30 April 2010) and items 701, 703, 705, 707 and 10986 (Health Assessment, available from 1 May 2010) for children aged three to five years. Data do not include developmental health check activity conducted outside Medicare, such as State and Territory early childhood health assessments in preschools and community health centres. This is known to be a particular issue for Victoria, where the Victorian Maternal and Child Health Service provided a 3.5 year old Key Ages and Stages consultation to 45 923 children in the 2010-11 financial year. Data include Indigenous children who received a Healthy Kids Check and did not also receive a health check under MBS items 708 or 715.

(j) For 2010-11 and 2011-12, data are suppressed where fewer than 10 children received health checks.

np Not published.

Source : DoHA unpublished, MBS Statistics; ABS unpublished, *Australian demographic statistics* , Cat. no. 3101.0, Canberra; ABS 2009, *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021* , B series, Cat. no. 3238.0, Canberra.

Table 11A.31 **Selected potentially avoidable GP-type presentations to emergency departments by Indigenous status and remoteness, 2011-12 (number) (a), (b), (c)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas* (d)	*ACT*	*NT*	*Aust*
2011-12									
Indigenous status (e)									
Indigenous	27 528	7 174	23 498	15 265	3 612	2 852	1 136	12 471	93 536
Other Australians	657 371	537 933	354 545	267 838	100 287	56 978	46 657	28 429	2 050 038
Remoteness of residence (f)									
Major cities	492 160	375 696	213 261	187 331	96 619	..	47 724	..	1 412 791
Inner regional	175 704	146 754	103 193	48 513	4 267	37 880	48	..	516 359
Outer regional	14 210	22 403	43 735	42 432	1 574	21 576	..	23 846	169 776
Remote	1 063	217	16 464	2 866	341	302	..	12 449	33 702
Very remote	100	..	1 382	1 659	864	72	..	4 585	8 662
Total (g)	**684 899**	**545 107**	**378 043**	**283 103**	**103 899**	**59 830**	**47 793**	**40 900**	**2 143 574**

(a) GP-type emergency department presentations are defined as presentations for which the type of visit was reported as emergency presentation, which did not arrive by ambulance or by police or other correctional vehicle, with a triage category of 4 (semi-urgent) or 5 (non-urgent), and where the episode end status was not: admitted to the hospital, or referred to another hospital, or died. This definition is an interim measure, pending development of new methodology to more closely approximate the population that could receive services in the primary care sector.

(b) Data are presented by the State/Territory and remoteness area of usual residence of the patient, not by location of the hospital.

(c) Limited to peer group A and B public hospitals.

(d) The Mersey Community hospital in Tasmania is reported as a Large hospital (Peer Group B) for these data.

(e) The quality of Indigenous status data in the National Non-admitted Emergency Department Care Database (NNAPEDCD) has not been formally assessed for completeness; therefore caution should be exercised when interpreting these data. Other Australians includes non-Indigenous patients and those for whom Indigenous status was not stated.

(f) Remoteness areas are defined using the Australian Standard Geographical Classification (ASGC), based on the ABS *2006 Census of population and housing*. Not all remoteness areas are represented in each state or territory. There are: no very remote areas in Victoria; no major cities in Tasmania; no outer regional, remote or very remote areas in the ACT; no major cities or inner regional areas in the NT. Disaggregation by remoteness area is by usual residence of the patient. However, interstate visitors residing in these remoteness areas may be treated in those states and territories and rates cannot be calculated for those cases.

(g) Total includes separations for which a remoteness area could not be assigned as the place of residence was unknown or not stated.

Table 11A.31 **Selected potentially avoidable GP-type presentations to emergency departments by Indigenous status and remoteness, 2011-12 (number) (a), (b), (c)**

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

.. Not applicable.

Source: AIHW unpublished, National Non-admitted Emergency Department Care Database.

Table 11A.48 **Proportion of people with asthma with a written asthma plan, by Indigenous status, 2004-05 (a), (b), (c)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Indigenous people										
Proportion	%	30.2	22.5	17.2	11.9	20.4	29.8	20.5	7.9	20.4
RSE	%	15.6	43.3	28.9	21.0	24.1	30.5	39.7	19.9	9.7
95 per cent confidence interval	%	± 9.2	± 19.1	± 9.8	± 4.9	± 9.6	± 17.8	± 16.0	± 3.1	± 3.9
Non-Indigenous people										
Proportion	%	23.6	26.3	20.5	15.8	21.9	17.5	28.3	–	22.5
RSE	%	11.8	9.2	10.7	15.8	10.2	12.6	15.6	–	5.4
95 per cent confidence interval	%	± 5.5	± 4.8	± 4.3	± 4.9	± 4.4	± 4.3	± 8.6	–	± 2.4

RSE = relative standard error.

(a) Persons who have been told by a doctor they have asthma, and the asthma is current and long-term.

(b) Estimates with RSEs between 25 per cent and 50 per cent should be used with caution.

(c) Rates are age standardised to the Australian estimated resident population at 30 June 2001.

– Nil or rounded to zero.

Source : ABS unpublished, *National Aboriginal and Torres Strait Islander Health Survey* , 2004-05; ABS unpublished, *National Health Survey* , 2004-05.

Table 11A.59 **Valid vaccinations supplied to children under seven years of age, by type of provider, 2007–2012 (a), (b), (c)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Unknown*	*Aust*
Valid vaccinations provided											
GPs	no.	5 826 374	3 079 451	3 968 940	1 619 274	1 081 894	409 525	198 876	38 165	–	16 222 499
Council	no.	248 649	2 224 229	281 508	90 553	292 822	32 639	–	–	–	3 170 400
State or territory health department	no.	–	–	817	166 365	648	–	3 835	1 536	–	173 200
Public hospital	no.	63 846	53 054	129 481	1 300	9 147	1 525	1 272	25 611	1 128	286 364
Private hospital	no.	21	18	887	7	–	–	2	2 589	–	3 524
Aboriginal health service	no.	36 453	8 826	32 984	9 070	8 420	35	–	63 459	–	159 247
Community health centre	no.	471 838	14 237	299 494	470 644	96 815	162	142 708	212 751	487	1 709 136
Other (d)	no.	758	3 092	7 454	1 314	714	–	–	–	–	13 332
Total	**no.**	**6 647 939**	**5 382 907**	**4 721 565**	**2 358 527**	**1 490 460**	**443 886**	**346 693**	**344 111**	**1 615**	**21 737 702**
Proportion of total valid vaccinations											
GPs	%	84.4	53.4	82.8	64.4	69.2	87.1	42.4	4.4	–	71.3
Council	%	5.6	45.3	7.0	6.4	18.4	12.1	–	–	–	16.8
State or territory health department	%	–	–	–	6.1	0.1	0.1	19.1	0.3	–	0.9
Public hospital	%	2.0	0.5	3.0	4.4	2.6	0.2	0.8	7.5	65.9	2.1
Private hospital	%	0.1	–	–	–	–	–	–	0.9	–	–
Aboriginal health service	%	0.5	–	1.1	0.6	0.5	–	0.2	10.8	–	0.7
Community health centre	%	7.3	0.7	5.7	18.1	9.1	0.5	37.5	76.0	34.1	8.0
Other (d)	%	–	–	0.3	–	0.1	–	–	–	–	0.1
Total	**%**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) 1 July 2007 to 30 June 2012.

Table 11A.59 **Valid vaccinations supplied to children under seven years of age, by type of provider, 2007–2012 (a), (b), (c)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Unknown*	*Aust*

(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.

(d) Other includes Divisions of GP, Flying Doctors Services, Indigenous Health Workers, Community nurses and unknown providers.

– Nil or rounded to zero.

Source : DoHA unpublished, Australian Childhood Immunisation Register (ACIR) data collection.

Table 11A.68 **Participation rates for Indigenous women screened by BreastScreen Australia (24 month period) (first and subsequent rounds) (per cent) (a), (b)**

	NSW	*Vic* (c)	*Qld*	*WA*	*SA*	*Tas*	*ACT* (d)	*NT*	*Aust*
2006–2007									
Aged 40–49 years	5.5	3.2	24.2	13.9	8.6	12.4	2.8	5.3	11.9
Aged 50–59 years	34.0	27.0	43.7	28.9	31.8	30.8	31.0	22.1	33.7
Aged 60–69 years	42.0	33.4	45.9	37.4	33.1	39.7	47.1	22.8	38.5
Aged 70–79 years	10.1	18.8	28.4	18.9	9.5	np	np	8.0	16.4
Aged 80+ years	1.8	–	4.5	8.2	4.1	np	–	1.6	3.4
Age 40+ years (ASR)	20.2	17.1	32.6	22.5	19.2	np	np	13.2	22.7
Age 50–69 years (ASR)	37.1	29.5	44.5	32.2	32.3	34.3	37.4	22.4	35.6
2007–2008									
Aged 40–49 years	6.6	3.1	24.7	14.3	9.9	12.6	5.8	4.6	12.5
Aged 50–59 years	34.5	23.9	45.2	27.2	30.8	29.0	23.5	23.1	33.8
Aged 60–69 years	40.8	33.3	48.3	36.5	32.8	55.6	76.0	25.8	39.1
Aged 70–79 years	10.1	15.7	30.6	18.7	13.4	np	np	7.1	16.8
Aged 80+ years	1.8	0.1	5.4	7.8	3.1	np	–	1.6	3.6
Age 40+ years (ASR)	20.5	15.8	34.0	21.9	19.8	np	np	13.6	23.1
Age 50–69 years (ASR)	37.0	27.6	46.4	30.8	31.6	39.5	44.2	24.2	35.9
2008–2009									
Aged 40–49 years	7.2	3.7	24.6	12.0	10.1	16.3	6.8	3.8	12.5
Aged 50–59 years	34.3	23.9	47.1	26.6	31.9	36.2	25.3	23.2	34.5
Aged 60–69 years	41.1	32.8	50.6	31.1	34.1	75.6	85.7	26.5	39.7
Aged 70–79 years	11.1	12.4	32.1	14.4	22.1	np	np	5.3	16.9
Aged 80+ years	2.7	2.5	6.7	3.8	4.1	np	–	1.6	4.1
Age 40+ years (ASR)	20.9	15.6	35.2	19.2	21.6	np	np	13.2	23.4
Age 50–69 years (ASR)	37.0	27.4	48.5	28.4	32.8	51.7	49.1	24.5	36.6
2009–2010									
Aged 40–49 years	7.4	4.1	22.9	12.8	8.9	17.8	7.3	3.1	12.1
Aged 50–59 years	32.5	24.4	44.8	29.0	31.5	37.5	26.9	23.2	33.8
Aged 60–69 years	40.8	32.9	50.5	32.8	35.8	77.4	84.4	25.3	39.9
Aged 70–79 years	10.4	12.9	33.2	14.1	17.7	np	np	4.7	16.6
Aged 80+ years	3.0	3.7	5.2	3.8	3.0	np	–	2.1	3.9
Age 40+ years (ASR)	20.4	16.0	34.0	20.4	20.7	np	np	12.7	23.1
Age 50–69 years (ASR)	35.8	27.7	47.0	30.5	33.2	53.2	49.6	24.0	36.2
2010–2011									
Aged 40–49 years	7.3	5.8	22.3	13.9	8.2	16.7	7.0	3.1	12.1
Aged 50–59 years	31.4	27.4	43.8	31.7	32.9	31.4	27.4	24.3	33.7
Aged 60–69 years	39.3	33.4	50.5	36.0	33.9	68.5	78.4	25.5	39.7
Aged 70–79 years	10.1	10.3	34.7	13.8	15.6	np	np	5.3	16.6
Aged 80+ years	2.2	4.9	4.1	6.3	1.0	np	–	3.0	3.6
Age 40+ years (ASR)	19.7	17.2	33.7	22.2	20.1	np	np	13.2	23.0
Age 50–69 years (ASR)	34.5	29.8	46.4	33.4	33.3	46.1	47.5	24.8	36.1

ASR = age standardised rate.

Table 11A.68 **Participation rates for Indigenous women screened by BreastScreen Australia (24 month period) (first and subsequent rounds) (per cent) (a), (b)**

	NSW	*Vic* (c)	*Qld*	*WA*	*SA*	*Tas*	*ACT* (d)	*NT*	*Aust*

(a) The participation rate is the number of women resident in the catchment area screened in the reference period, divided by the number of women resident in the catchment area in the reference period based on Australian Bureau of Statistics (ABS) ERP data. Where service boundaries cross State localised areas, calculation of resident women is made on a proportional basis. If a woman is screened more than once during the reference period then only the first screen is counted. Catchment area: a geographic region based on service size in relation to the population, accessibility and the location of other services. It is uniquely defined for each service based on postcode or Statistical Local Area (SLA). Reference periods are from 1 January at commencement to 31 December at end of the 24 month period.

(b) Indigenous women are women who self-identified as being of Aboriginal and/or Torres Strait Islander descent.

(c) Residents of Victorian postcodes allocated to the Albury/Wodonga catchment (NSW jurisdiction) are included in Victoria's population estimate, accounting for the slight decrease in participation rates compared to those published by BreastScreen Victoria.

(d) In general, over 99 per cent of women screened are residents of the jurisdiction in which screening took place. An exception is the ACT, where around 7–9 per cent of women screened are not ACT residents (8.7 per cent in the 2010–2011 reference period (table 11A.64)).

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

Source : State and Territory governments unpublished; ABS unpublished, *Experimental Estimates And Projections, Aboriginal And Torres Strait Islander Australians, 1991 to 2021* , Cat. no. 3238.0.

Table 11A.72 **Cervical screening rates among Indigenous women aged 20 to 69 years, who reported having a Pap smear at least every 2 years, 2004-05 (per cent)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Age standardised rate (a)	%	41.5	44.6	53.1	42.6	48.0	52.7	53.2	68.5	49.5
RSE	%	7.3	14.4	7.1	6.4	9.1	9.8	12.2	7.9	3.3
95 per cent confidence interval	%	± 8.9	± 16.5	± 6.8	± 7.6	± 9.7	± 9.5	± 11.7	± 5.9	± 3.4

RSE = Relative standard error.

(a) Rates are age standardised by State and Territory, to the 2001 Estimated Resident Population.

Source : ABS unpublished, *National Aboriginal and Torres Strait Islander Health Survey* , 2004-05; ABS 2009, *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021* , 30 June 2004, Series B, Cat. no. 3238.0.

Table 11A.75 **Proportion of Indigenous Australians aged 50 years or over who were fully vaccinated against influenza and pneumococcal disease, 2004-05 (a), (b)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Proportion	%	18.8	23.0	36.6	29.6	35.9	32.7	8.6	54.7	31.1
Relative standard error	%	19.7	23.8	11.1	13.1	19.8	14.9	54.0	8.9	6.2

(a) Vaccinations against influenza and pneumococcal disease have been available free to Indigenous people aged 50 years or over since 1999.

(b) Estimates with relative standard error (RSE) between 25 per cent and 50 per cent should be used with caution. Estimates with RSE greater than 50 per cent are considered too unreliable for general use.

Source: ABS unpublished, *National Aboriginal and Torres Strait Islander Health Survey,* 2004-05.

Table 11A.77 **Separations for selected potentially preventable hospitalisations by Indigenous status (per 1000 people) (a), (b), (c), (d), (e)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas* (f)	*ACT*	*NT*	*Aust*
Vaccine preventable conditions									
Indigenous Australians									
2007-08	1.4	1.4	1.8	4.2	3.4	np	np	6.9	2.7
2008-09	1.6	1.3	1.9	3.4	3.3	0.3	np	6.8	2.7
2009-10	2.0	1.3	3.7	5.5	4.2	0.8	np	7.5	3.7
2010-11	1.7	1.6	2.9	4.0	3.7	0.5	0.4	9.6	3.4
Non-Indigenous Australians (g)									
2007-08	0.7	0.7	0.8	0.6	0.7	np	np	1.0	0.7
2008-09	0.7	0.8	0.8	0.5	0.7	0.6	0.5	0.9	0.7
2009-10	0.7	0.7	0.8	0.7	0.9	0.7	0.5	0.9	0.8
2010-11	0.6	0.8	0.8	0.5	0.9	0.4	0.5	1.0	0.7
Acute conditions *excluding dehydration and gastroenteritis*									
Indigenous Australians									
2007-08	20.3	15.7	28.0	39.9	32.5	np	np	35.5	26.7
2008-09	19.7	17.2	27.7	36.7	31.1	6.6	13.2	39.7	27.5
2009-10	19.2	16.9	26.6	36.5	31.6	9.1	10.1	39.4	26.1
2010-11	21.3	21.5	28.5	42.0	33.1	8.3	14.9	37.3	29.0
Non-Indigenous Australians (g)									
2007-08	10.2	11.3	10.9	10.3	11.6	np	np	10.0	10.7
2008-09	9.9	11.0	11.3	10.3	11.5	8.2	9.5	10.1	10.6
2009-10	9.9	11.1	11.4	10.5	11.7	8.6	7.9	9.6	10.7
2010-11	10.5	11.6	11.8	11.8	12.2	6.6	7.0	9.1	11.3
Chronic conditions excluding diabetes complications *(additional diagnoses only)*									
Indigenous Australians									
2007-08	36.3	25.2	49.0	59.1	60.8	np	np	51.6	44.2
2008-09	36.0	27.0	49.7	55.6	55.8	16.6	23.6	53.4	45.4
2009-10	34.7	29.1	46.1	53.1	47.3	13.1	16.3	56.3	43.7
2010-11	30.4	26.4	38.3	45.9	41.7	12.9	27.3	52.5	38.0

Table 11A.77 **Separations for selected potentially preventable hospitalisations by Indigenous status (per 1000 people) (a), (b), (c), (d), (e)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas* (f)	*ACT*	*NT*	*Aust*
Non-Indigenous Australians (g)									
2007-08	12.3	14.5	14.3	11.9	14.3	np	np	15.9	13.3
2008-09	12.1	14.0	13.6	11.9	14.1	11.9	10.7	14.9	13.0
2009-10	11.9	13.9	13.5	12.0	13.2	11.2	9.4	12.8	12.8
2010-11	10.0	12.1	11.5	9.9	11.5	7.3	7.2	11.3	10.9
Chronic conditions *excluding diabetes complications (all diagnoses)*									
Indigenous Australians									
2007-08	26.6	18.8	32.8	36.9	39.1	np	np	33.3	30.8
2008-09	26.7	19.9	32.1	32.4	36.4	12.3	11.8	35.4	30.3
2009-10	26.4	19.6	30.1	32.4	29.9	9.5	10.3	39.0	29.7
2010-11	25.6	20.9	31.1	36.3	32.3	11.1	21.6	41.3	30.7
Non-Indigenous Australians (g)									
2007-08	9.2	10.5	10.4	8.2	10.6	np	np	9.5	9.8
2008-09	8.9	10.1	9.9	7.9	10.4	8.2	7.6	9.5	9.4
2009-10	8.7	9.9	9.8	7.9	10.1	7.7	6.8	8.6	9.3
2010-11	8.7	10.4	9.9	8.5	9.8	6.1	5.9	9.0	9.4
All potentially preventable hospitalisations *excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only)* (h)									
Indigenous Australians									
2007-08	57.8	42.2	78.1	101.6	96.0	np	np	92.3	72.8
2008-09	57.1	45.3	78.3	94.3	89.6	23.3	38.1	98.2	74.7
2009-10	55.6	47.0	75.6	93.9	82.6	22.4	26.8	101.5	73.6
2010-11	53.2	49.2	69.2	91.1	78.0	21.6	42.6	97.5	69.8
Non-Indigenous Australians (g)									
2007-08	23.0	26.4	25.8	22.7	26.5	np	np	26.7	24.6
2008-09	22.6	25.7	25.5	22.7	26.2	20.6	20.6	25.8	24.3
2009-10	22.5	25.7	25.5	23.0	25.6	20.4	17.8	23.1	24.2
2010-11	21.0	24.5	24.0	22.1	24.4	14.2	14.7	21.3	22.9
All potentially preventable hospitalisations *excluding dehydration and gastroenteritis and diabetes complications (all diagnoses)* (h)									

Table 11A.77 **Separations for selected potentially preventable hospitalisations by Indigenous status (per 1000 people) (a), (b), (c), (d), (e)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas* (f)	*ACT*	*NT*	*Aust*
Indigenous Australians									
2007-08	48.2	35.8	62.3	80.5	74.7	np	np	75.1	59.0
2008-09	47.9	38.3	61.4	72.2	70.5	19.2	26.2	81.3	60.2
2009-10	47.3	37.7	60.0	73.8	65.6	19.0	20.8	84.9	60.0
2010-11	48.4	43.9	62.2	82.0	68.8	19.7	36.9	87.0	61.1
Non-Indigenous Australians (g)									
2007-08	20.0	22.4	21.9	19.0	22.9	np	np	20.4	21.0
2008-09	19.5	21.8	21.9	18.8	22.5	17.0	17.5	20.4	20.7
2009-10	19.3	21.7	21.8	19.0	22.6	16.9	15.2	18.9	20.6
2010-11	19.7	22.8	22.4	20.8	22.8	13.1	13.4	19.0	21.1

(a) Rates are age-standardised to the Australian estimated resident population at 30 June 2001.

(b) Cells have been suppressed to protect confidentiality where a patient or service provider could be identified or where rates are likely to be highly volatile, for example, where the denominator is very small.

(c) Separation rates are based on state or territory of usual residence, not state or territory of hospitalisation. Separations for patients usually resident overseas are excluded. Totals include Australian residents of external Territories.

(d) The Indigenous status data are of sufficient quality for statistical reporting for NSW, Victoria, Queensland, SA and WA (public and private hospitals) and the NT (public hospitals only). National totals include these six jurisdictions only. Indigenous status data reported for Tasmania and the ACT (public and private hospitals) are excluded from national totals (as are data for private hospitals in the NT) and should be interpreted with caution until further assessment of Indigenous identification in hospital data is completed.

(e) Caution should be used in comparing data over time due to changes between the ICD-10-AM 5th edition (used in 2007-08), ICD-10-AM 6th edition (used in 2008-09 and 2009-10) and ICD-10-AM 7th edition (used in 2010-11).

(f) Tasmanian data are not comparable over time as 2008-09 data exclude two private hospitals that account for approximately one eighth of Tasmania's total hospital separations, while data for 2007-08, 2009-10 and 2010-11 include these hospitals.

(g) 'Non-Indigenous Australians' includes separations where Indigenous status was not stated.

(h) More than one category may be reported during the same hospitalisation. Therefore, the total is not necessarily equal to the sum of the components.

np Not published.

Source: AIHW (unpublished) National Hospital Morbidity Database; ABS (unpublished) Estimated Resident Population, 30 June preceding the reference period. ABS (2009) Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021, 30 June 2009, Series B, Cat. no. 3238.0.

Table 11A.79 Separations for selected potentially preventable hospitalisations by Indigenous status and remoteness, Australia (per 1000 people) (a), (b), (c), (d), (e)

	Major cities	*Inner regional*	*Outer regional*	*Remote*	*Very remote*
Potentially preventable hospitalisations *excluding dehydration and gastroenteritis and additional diagnoses of diabetes complications*					
Indigenous Australians					
2007-08	0.433	0.594	0.953	1.957	1.524
2008-09	0.492	0.595	0.967	1.849	1.589
2009-10	0.466	0.609	0.980	1.831	1.532
2010-11	0.445	0.569	0.898	1.841	1.463
Non-Indigenous Australians (f)					
2007-08	0.227	0.260	0.299	0.325	0.335
2008-09	0.229	0.259	0.299	0.311	0.340
2009-10	0.229	0.259	0.293	0.315	0.338
2010-11	0.217	0.248	0.280	0.307	0.333
Potentially preventable hospitalisations *excluding dehydration and gastroenteritis and diabetes complications (all diagnoses)*					
Indigenous Australians					
2007-08	0.358	0.479	0.761	1.630	1.220
2008-09	0.400	0.477	0.779	1.520	1.259
2009-10	0.385	0.497	0.787	1.548	1.229
2010-11	0.406	0.511	0.797	1.672	1.315
Non-Indigenous Australians (f)					
2007-08	0.194	0.223	0.257	0.281	0.296
2008-09	0.195	0.222	0.257	0.273	0.298
2009-10	0.195	0.223	0.252	0.276	0.308
2010-11	0.203	0.233	0.260	0.285	0.311

(a) Rates are age-standardised to the Australian estimated resident population at 30 June 2001.

(b) Cells have been suppressed to protect confidentiality where a patient or service provider could be identified or where rates are likely to be highly volatile, for example, where the denominator is very small.

(c) Separations for patients usually resident overseas are excluded.

(d) Separation rates are based on patient's usual residence (not hospital location).

(e) Caution should be used in comparing data over time due to changes between the ICD-10-AM 5th edition (used in 2007-08), ICD-10-AM 6th edition (used in 2008-09 and 2009-10) and ICD-10-AM 7th edition (used in 2010-11).

(f) 'Non-Indigenous Australians' includes separations where Indigenous status was not stated.

Source: AIHW (unpublished) National Hospital Morbidity Database; ABS (unpublished) Estimated Resident Population, 30 June preceding the reference period. ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021*, 30 June 2009, Series B, Cat. no. 3238.0.

Table 11A.80 **Separations for selected vaccine preventable conditions by Indigenous status, 2010-11 (per 1000 people) (a), (b), (c), (d)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas* (e)	*ACT* (e)	*NT* (f)	*Total* (g)	*Aust*
Vaccine preventable conditions per 1000 Indigenous Australians (g)										
Influenza and Pneumonia	1.4	1.3	2.0	3.5	3.2	0.5	0.3	8.2	2.8	np
Other vaccine preventable conditions	0.3	0.3	0.9	0.5	0.6	0.1	0.1	1.4	0.6	np
Total	**1.7**	**1.6**	**2.9**	**4.0**	**3.7**	**0.5**	**0.4**	**9.6**	**3.5**	**np**
Vaccine preventable conditions per 1000 non-Indigenous Australians (g), (h)										
Influenza and Pneumonia	0.5	0.5	0.6	0.4	0.7	0.3	0.4	0.8	0.5	np
Other vaccine preventable conditions	0.1	0.3	0.2	0.1	0.2	0.1	0.1	0.2	0.2	np
Total	**0.6**	**0.8**	**0.8**	**0.5**	**0.9**	**0.4**	**0.5**	**1.0**	**0.7**	**np**
Vaccine preventable conditions per 1000 people (all people) (i)										
Influenza and Pneumonia	0.5	0.5	0.6	0.5	0.7	0.3	0.4	2.5	0.6	0.6
Other vaccine preventable conditions	0.1	0.3	0.2	0.1	0.2	0.1	0.1	0.5	0.2	0.2
Total	**0.6**	**0.8**	**0.8**	**0.6**	**1.0**	**0.4**	**0.5**	**3.0**	**0.8**	**0.8**

(a) Conditions defined by ICD-10-AM codes as in AIHW 2012 *Australian hospital statistics 2010-11* .

(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 are based on state or territory of usual residence. Totals include Australian residents of external Territories.

(e) Indigenous status data reported for Tasmania and the ACT should be interpreted with caution until further assessment of Indigenous identification in hospital data is complete — these data are not included in totals.

(f) NT data for Indigenous and non-Indigenous Australians are for public hospitals only.

(g) Total for Indigenous and non-Indigenous Australians comprise data for NSW, Vic, QLD, WA, SA and the NT only (NT data are for public hospitals only), for which Indigenous status data are of sufficient quality for statistical reporting purposes.

(h) Data for non-Indigenous Australians include separations where Indigenous status was not stated.

Table 11A.80 **Separations for selected vaccine preventable conditions by Indigenous status, 2010-11 (per 1000 people) (a), (b), (c), (d)**

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

(i) The rates presented for Indigenous people and non-Indigenous Australians are based on a slightly different methodology than those for all people. Direct comparisons of rates for all people to either the Indigenous or non-Indigenous rates should therefore be made with caution.

np Not published.

Source : AIHW 2012, *Australian hospital statistics 2010-11* , Cat. no. HSE 117, Canberra; AIHW unpublished, National Hospital Morbidity Database.

Table 11A.81 **Separations for selected acute conditions by Indigenous status, 2010-11 (per 1000 people) (a), (b), (c), (d)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas* (e)	*ACT* (e)	*NT* (f)	*Total* (g)	*Aust*
Acute conditions per 1000 Indigenous Australians (g)										
Appendicitis with generalised peritonitis	0.5	0.2	0.3	0.6	0.6	0.1	0.8	0.6	0.4	np
Cellulitis	3.8	3.4	6.2	7.5	3.6	1.7	3.6	6.7	5.3	np
Convulsions and epilepsy	5.4	4.0	6.1	10.4	11.8	1.0	3.1	9.7	7.1	np
Dehydration and gastroenteritis	3.9	5.4	3.7	5.3	4.1	0.7	1.0	4.2	4.2	np
Dental conditions	3.2	5.1	3.5	5.0	5.2	2.3	3.9	5.2	4.0	np
Ear, nose and throat infections	2.9	2.2	3.6	5.6	4.2	1.6	0.6	3.9	3.6	np
Gangrene	0.3	1.2	1.2	2.4	0.6	0.2	–	2.3	1.2	np
Pelvic inflammatory disease	0.4	0.3	0.7	0.8	0.6	0.2	0.2	1.3	0.6	np
Perforated/bleeding ulcer	0.3	0.1	0.3	0.2	0.4	0.2	–	0.3	0.3	np
Pyelonephritis (h)	4.7	5.1	6.7	9.6	6.1	1.0	2.6	7.5	6.4	np
Total	**25.2**	**26.9**	**32.2**	**47.2**	**37.2**	**9.0**	**15.8**	**41.5**	**33.2**	**np**
Total — excluding dehydration and gastroenteritis	21.3	21.5	28.5	42.0	33.1	8.3	14.9	37.3	29.0	np
Acute conditions per 1000 non-Indigenous Australians (g), (i)										
Appendicitis with generalised peritonitis	0.3	0.3	0.3	0.4	0.3	0.3	0.2	0.3	0.3	np
Cellulitis	1.8	1.8	2.2	1.6	1.6	1.1	1.3	2.3	1.8	np
Convulsions and epilepsy	1.5	1.5	1.4	1.2	1.5	1.0	1.2	1.2	1.4	np
Dehydration and gastroenteritis	2.7	3.5	2.8	2.7	2.8	1.2	1.2	1.2	2.9	np

Table 11A.81 **Separations for selected acute conditions by Indigenous status, 2010-11 (per 1000 people) (a), (b), (c), (d)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas* (e)	*ACT* (e)	*NT* (f)	*Total* (g)	*Aust*
Dental conditions	2.2	2.9	2.7	3.7	3.3	1.6	0.8	1.2	2.7	np
Ear, nose and throat infections	1.6	1.6	1.8	1.7	2.3	0.9	0.9	1.4	1.7	np
Gangrene	0.2	0.3	0.3	0.2	0.2	0.2	0.1	0.4	0.2	np
Pelvic inflammatory disease	0.2	0.2	0.2	0.2	0.2	0.2	0.1	0.2	0.2	np
Perforated/bleeding ulcer	0.2	0.2	0.2	0.2	0.2	0.2	0.3	0.2	0.2	np
Pyelonephritis (h)	2.5	2.8	2.7	2.5	2.5	1.2	2.1	2.0	2.6	np
Total	**13.2**	**15.1**	**14.6**	**14.5**	**14.9**	**7.8**	**8.3**	**10.3**	**14.2**	**np**
Total — excluding dehydration and gastroenteritis	10.5	11.6	11.8	11.8	12.2	6.6	7.0	9.1	11.3	np
Acute conditions per 1000 people (all people) (j)										
Appendicitis with generalised peritonitis	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Cellulitis	1.8	1.8	2.3	1.7	1.7	1.3	1.4	3.9	1.9	1.9
Convulsions and epilepsy	1.5	1.5	1.6	1.5	1.6	1.1	1.3	3.2	1.5	1.5
Dehydration and gastroenteritis	2.7	3.5	2.8	2.8	2.8	2.1	1.7	2.4	2.9	np
Dental conditions	2.3	2.9	2.7	3.7	3.3	2.3	2.1	2.9	2.8	2.8
Ear, nose and throat infections	1.6	1.6	1.9	1.9	2.3	1.1	1.0	2.3	1.7	1.7
Gangrene	0.2	0.3	0.3	0.3	0.2	0.3	0.1	0.9	0.3	0.3
Pelvic inflammatory disease	0.2	0.2	0.3	0.2	0.2	0.2	0.1	0.6	0.2	0.2
Perforated/bleeding ulcer	0.2	0.2	0.2	0.2	0.2	0.2	0.3	0.3	0.2	0.2
Pyelonephritis (h)	2.5	2.7	2.8	2.7	2.4	1.6	2.3	3.7	2.6	2.6

Table 11A.81 **Separations for selected acute conditions by Indigenous status, 2010-11 (per 1000 people) (a), (b), (c), (d)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas* (e)	*ACT* (e)	*NT* (f)	*Total* (g)	*Aust*
Total	**13.0**	**14.9**	**14.8**	**15.1**	**14.9**	**10.2**	**10.4**	**20.3**	**14.2**	**14.2**
Total — excluding dehydration and gastroenteritis	10.6	11.6	12.3	12.6	12.4	8.4	9.0	18.0	11.5	11.5

(a) Conditions defined by ICD-10-AM codes as in AIHW 2012 *Australian hospital statistics 2010-11* .

(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 are based on state or territory of usual residence. Totals include Australian residents of external Territories.

(e) Indigenous status data reported for Tasmania and the ACT should be interpreted with caution until further assessment of Indigenous identification in hospital data is complete — these data are not included in totals.

(f) NT data for Indigenous and non-Indigenous Australians are for public hospitals only.

(g) Total for Indigenous and non-Indigenous Australians comprise data for NSW, Vic, QLD, WA, SA and the NT only (NT data are for public hospitals only), for which Indigenous status data are of sufficient quality for statistical reporting purposes.

(h) Kidney inflammation caused by bacterial infection.

(i) Data for non-Indigenous Australians include separations where Indigenous status was not stated.

(j) The rates presented for Indigenous people and non-Indigenous Australians are based on a slightly different methodology than those for all people. Direct comparisons of rates for all people to either the Indigenous or non-Indigenous rates should therefore be made with caution.

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

Source : AIHW 2012, *Australian hospital statistics 2010-11* , Cat. no. HSE 117, Canberra; AIHW unpublished, National Hospital Morbidity Database.

Table 11A.82 **Separations for selected chronic conditions by Indigenous status, 2010-11 (per 1000 people) (a), (b), (c), (d)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas* (e)	*ACT* (e)	*NT* (f)	*Total* (g)	*Aust*
Chronic conditions per 1000 Indigenous Australians (g)										
Angina	3.3	2.8	5.3	5.5	3.8	2.2	3.0	4.1	4.3	np
Asthma	3.6	2.9	3.5	4.7	3.9	0.7	3.7	4.1	3.8	np
Chronic obstructive pulmonary disease	12.6	8.8	12.7	12.9	16.2	5.3	1.9	19.0	13.4	np
Congestive heart failure	3.4	2.6	5.8	7.8	4.6	1.2	9.6	8.5	5.4	np
Diabetes complications (h)	4.9	5.5	7.2	9.6	9.3	1.8	5.7	11.2	7.2	np
Hypertension	0.7	0.4	1.2	1.1	0.6	–	–	0.9	0.9	np
Iron deficiency anaemia	1.7	3.2	2.1	3.3	2.2	1.7	2.8	2.2	2.2	np
Nutritional deficiencies	–	0.1	0.1	0.1	–	–	0.2	0.1	0.1	np
Rheumatic heart disease (i)	0.2	0.1	0.6	0.8	1.0	–	0.3	2.4	0.7	np
Total (h), (j)	**30.4**	**26.4**	**38.3**	**45.9**	**41.7**	**12.9**	**27.3**	**52.5**	**38.0**	**np**
Total — excluding diabetes complications (all diagnoses) (j)	25.6	20.9	31.1	36.3	32.3	11.1	21.6	41.3	30.7	np
Chronic conditions per 1000 non-Indigenous Australians (g), (k)										
Angina	1.1	1.3	1.8	1.4	1.3	0.8	0.6	1.9	1.3	np
Asthma	1.7	2.0	1.5	1.2	2.1	1.0	1.1	1.3	1.7	np
Chronic obstructive pulmonary disease	2.5	2.6	2.9	2.2	2.7	2.1	1.8	3.3	2.6	np
Congestive heart failure	1.9	2.4	2.0	1.9	2.0	1.2	1.6	1.7	2.1	np
Diabetes complications (h)	1.3	1.7	1.6	1.4	1.6	1.2	1.3	2.3	1.5	np
Hypertension	0.3	0.3	0.4	0.2	0.3	0.1	0.1	0.2	0.3	np
Iron deficiency anaemia	1.1	1.8	1.1	1.5	1.3	0.8	0.6	0.6	1.3	np
Nutritional deficiencies	–	–	–	–	–	–	–	–	–	np

Table 11A.82 **Separations for selected chronic conditions by Indigenous status, 2010-11 (per 1000 people) (a), (b), (c), (d)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas* (e)	*ACT* (e)	*NT* (f)	*Total* (g)	*Aust*
Rheumatic heart disease (i)	0.1	0.1	0.1	0.1	0.1	0.0	0.0	0.0	0.1	np
Total (h), (j)	**10.0**	**12.1**	**11.5**	**9.9**	**11.5**	**7.3**	**7.2**	**11.3**	**10.9**	**np**
Total — excluding diabetes complications (all diagnoses) (j)	8.7	10.4	9.9	8.5	9.8	6.1	5.9	9.0	9.4	np
Chronic conditions per 1000 people (all people) (l)										
An	1.1	1.3	1.8	1.5	1.3	0.9	0.7	2.5	1.3	1.3
Asthma	1.7	2.0	1.6	1.3	2.1	1.0	1.2	2.0	1.7	1.7
Chronic obstructive pulmonary disease	2.6	2.6	3.1	2.4	2.8	2.5	2.0	7.1	2.7	2.7
Congestive heart failure	1.9	2.2	2.0	2.0	1.9	1.5	2.0	3.7	2.0	2.0
Diabetes complications	2.5	3.1	4.2	8.7	3.0	2.4	2.3	7.5	3.7	3.7
Diabetes complications (h)	1.4	1.7	1.7	1.5	1.7	1.4	1.4	4.2	1.6	1.6
Hypertension	0.3	0.3	0.4	0.2	0.3	0.2	0.1	0.3	0.3	0.3
Iron deficiency anaemia	1.1	1.7	1.1	1.6	1.3	1.5	1.0	1.3	1.4	1.4
Nutritional deficiencies	–	–	–	–	–	–	–	0.1	–	–
Rheumatic heart disease (i)	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.8	0.1	0.1
Total (j)	**11.0**	**13.0**	**14.1**	**17.4**	**12.5**	**9.7**	**9.1**	**24.3**	**12.9**	**12.9**
Total (h), (j)	10.1	11.9	12.0	10.6	11.5	9.1	8.5	22.0	11.1	11.1
Total — excluding diabetes complications (all diagnoses) (j)	8.7	10.3	10.2	9.1	9.8	7.6	7.1	17.7	9.5	9.5

(a) Conditions defined by ICD-10-AM codes as in AIHW 2012 *Australian hospital statistics 2010-11*. Changes to the Australian Coding Standards for diabetes mellitus and impaired glucose regulation between 2009-10 and 2010-11 resulted in marked decreases in the reporting of these conditions. Therefore caution should be used in comparisons of these data with earlier periods.

(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.82 **Separations for selected chronic conditions by Indigenous status, 2010-11 (per 1000 people) (a), (b), (c), (d)**

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

(d) Separation rates are based on state or territory of usual residence. Totals include Australian residents of external Territories.

(e) Indigenous status data reported for Tasmania and the ACT should be interpreted with caution until further assessment of Indigenous identification in hospital data is complete — these data are not included in totals.

(f) NT data for Indigenous and non-Indigenous Australians are for public hospitals only.

(g) Total for Indigenous and non-Indigenous Australians comprise data for NSW, Vic, QLD, WA, SA and the NT only (NT data are for public hospitals only), for which Indigenous status data are of sufficient quality for statistical reporting purposes.

(h) Diabetes complications *excluding separations with an additional diagnosis of diabetes complications.*

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

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

(k) Data for non-Indigenous Australians include separations where Indigenous status was not stated.

(l) The rates presented for Indigenous and non-Indigenous Australians are based on a slightly different methodology than those for all people. Direct comparisons of rates for all people to either the Indigenous or non-Indigenous rates should therefore be made with caution.

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

Source : AIHW 2012, *Australian hospital statistics 2010-11* , Cat. no. HSE 117, Canberra; AIHW unpublished, National Hospital Morbidity Database.

Table 11A.83 Ratio of separations for Indigenous Australians to all Australians, diabetes, 2010-11 (a), (b), (c), (d), (e), (f), (g)

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Total* (b)
Diabetes as a primary diagnosis (h)	no.	558	166	955	473	221	np	np	613	2 986
	SHSR	3.65	3.33	4.93	7.00	5.65	np	np	5.11	5.09
	95% CI	3.34 to 3.95	2.82 to 3.83	4.62 to 5.24	6.37 to 7.63	4.91 to 6.40	np	np	4.70 to 5.51	4.91 to 5.27
All diabetes — excluding diabetes complications as an additional diagnosis (i)	no.	853	278	1 208	730	282	np	np	749	4 100
	SHSR	3.32	3.98	3.78	7.01	5.49	np	np	5.16	4.37
	95% CI	3.09 to 3.54	3.51 to 4.45	3.57 to 3.99	6.50 to 7.52	4.85 to 6.13	np	np	4.79 to 5.53	4.24 to 4.51
All diabetes (j)	no.	2 319	653	4 452	11 073	1 170	np	np	3 375	23 042
	SHSR	3.70	3.26	5.55	30.33	8.84	np	np	8.30	9.47
	95% CI	3.55 to 3.85	3.01 to 3.51	5.38 to 5.71	29.77 to 30.90	8.33 to 9.34	np	np	8.02 to 8.58	9.35 to 9.59

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

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

(b) Data are for NSW, Vic, QLD, WA, SA and the NT only (NT data are for public hospitals only). 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 six 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) 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) Changes to the Australian Coding Standards for diabetes mellitus and impaired glucose regulation between 2009-10 and 2010-11 resulted in marked decreases in the reporting of these conditions. See Australian hospital statistics 2010-11 (Appendix 2).

(h) Includes ICD-10-AM codes of Principal diagnosis in: 'E10', 'E11', 'E13', 'E14' or O24'.

(i) Includes ICD-10-AM codes of Principal diagnosis in: 'E10', 'E11', 'E13', 'E14' or 'O24' or Additional diagnosis in 'E109', 'E119', 'E139' or 'E149'.

(j) All diabetes refers to separations with either a principal or additional diagnosis of diabetes. Includes ICD-10-AM codes in: 'E10', 'E11', 'E13', 'E14' or O24'.

np Not published.

Source: AIHW unpublished, National Hospital Morbidity Database.

Community health services programs

Table 11A.88 **Australian Government, community health services programs**

Programs funded by the Australian Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
Objective: Improving access to services			
Closing the Gap – Urban Specialist Outreach Assistance Program	The Closing the Gap – Urban Specialist Outreach Assistance Program facilitates access to medical specialist outreach services that focus on the management and treatment of chronic disease for Aboriginal and Torres Strait Islander peoples living in urban areas (Australian Standard Geographical Classification Remoteness Areas 1 and 2). The program is currently available in New South Wales, Queensland, Victoria, Western Australia and South Australia. It is anticipated that the program will commence in Tasmania and the Australian Capital Territory in 2012-13. (The Northern Territory is not eligible under the program as it has no Remoteness Areas 1 or 2.)	Commonwealth contribution to the National Partnership Agreement – Closing the Gap. Funding is provided under Outcome 8 – Indigenous Health.	Six monthly financial and activity reports. Sentinel Sites evaluation. National evaluation.
General Practice After Hours Program	The General Practice After Hours Program aims to improve access to effective and appropriate after hours primary care services for all Australians, regardless of where they live. Two major components of the program are the After Hours GP Helpline and Medicare Locals. The *After Hours GP Helpline* is a general practice medical advice and diagnostic service for people who need after hours assistance, cannot access their usual general practitioner, and are not sure what to do. The helpline is available nationally through healthdirect Australia, 13Health, NURSE-ON-CALL and, in Tasmania, through GP Assist.	Funding is provided under Outcome 5 – Primary Care.	Six-monthly financial and activity reports from each Medicare Local. Service activity reports submitted regularly in the context of an agreed reporting framework.

Table 11A.88 **Australian Government, community health services programs**

Programs funded by the Australian Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
	Medicare Locals are responsible for the planning and funding of local face-to-face after hours primary care services. Their role is to improve the coordination and integration of after hours primary health care services, in order to best meet the needs of local communities. Medicare Locals achieve this by working closely with health professionals and other key stakeholders to bridge service gaps, and by making it easier for consumers to navigate their local health care system.		
Practice Incentives Program	The Practice Incentives Program (PIP) supports general practice activities that encourage continuing improvements, quality care, enhanced capacity, and improved access and health outcomes for patients. Financial incentives available under the program include: - the PIP After Hours Incentive – encourages general practitioners to provide quality after hours services; - the PIP Asthma Incentive – encourages general practices to better manage the clinical care of people with moderate to severe asthma; - the PIP Diabetes Incentive – encourages general practitioners to provide early diagnosis and effective management of people with established diabetes mellitus (type 2 diabetes); - the PIP Quality Prescribing Incentive – encourages practices to keep up to date with information on the quality use of medicines, by rewarding participation in a range of educational activities recognised or provided by the National Prescribing Service;	Funding is provided under Outcome 5 – Primary Care.	Annual Report.

Table 11A.88 **Australian Government, community health services programs**

Programs funded by the Australian Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
	- the PIP Indigenous Health Incentive – supports general practices and Indigenous health services to provide better health care for Aboriginal and Torres Strait Islander patients, including best practice management of chronic disease. The PIP Indigenous Health Incentive is a key part of the Closing the Gap - Indigenous Chronic Disease Package (discussed below).		
Primary Health Care base funding program	The Primary Health Care base funding program supports Indigenous health organisations to improve community access to a broad range of clinical and population health services. These services include population health activities, clinical services such as the treatment of acute illness, emergency care, the management of chronic conditions, crisis intervention and referral. Organisations funded under this program must deliver primary health care services and/or advocacy services tailored to the needs of the community. The program is delivered by a range of Aboriginal Community Controlled Health Services, non-government organisations and some state and territory health departments.	Funding is provided under Outcome 8 – Indigenous Health.	Quarterly verbal progress reviews of services against agreed plans. Organisations' annual reports of service activity. Biannual reports against agreed national key performance indicators from services providing clinical primary health care.
Closing the Gap – Improving Indigenous Access to Mainstream Primary Care Program	The Closing the Gap – Improving Indigenous Access to Mainstream Primary Care Program facilitates access to culturally sensitive mainstream primary care for Aboriginal and Torres Strait Islander peoples, by funding Indigenous Health Project Officer and Aboriginal and Torres Strait Islander Outreach Worker positions in the Medicare Locals network.	Commonwealth contribution to the National Partnership Agreement – Closing the Gap. Funding is provided under Outcome 8 – Indigenous Health.	Six monthly financial and activity reports. Sentinel Sites evaluation. National evaluation.

Table 11A.88 **Australian Government, community health services programs**

Programs funded by the Australian Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
Quality Use of Medicines Maximised for Aboriginal and Torres Strait Islander Peoples Program	The Quality Use of Medicines Maximised for Aboriginal and Torres Strait Islander Peoples Program aims to improve the health outcomes of Aboriginal and Torres Strait Islander peoples who attend participating Aboriginal Community Controlled Health Services in rural and urban Australia, by funding activities that improve the quality use of medicines and medication compliance. The program also supports access by these clients to medicines under the Pharmaceutical Benefits Scheme by addressing cultural, transport and other barriers to access.	Funding is provided under Outcome 2 – Access to Pharmaceutical Services.	Regular service activity and financial reports provided in line with an agreed reporting framework.
Medical Specialist Outreach Assistance Program (MSOAP)	The Medical Specialist Outreach Assistance Program (MSOAP) improves access to medical specialist services for people living in rural and remote locations, by removing the financial disincentives incurred by specialists who provide outreach services. This is achieved by meeting costs associated with delivering outreach services such as travel, accommodation and venue hire.	Funding for MSOAP is provided under Outcome 6 – Rural Health.	Quarterly financial and service activity reports.
MSOAP Indigenous Chronic Disease	MSOAP Indigenous Chronic Disease provides outreach services by multidisciplinary health teams, which include medical specialists, general practitioners and allied health professionals, to Aboriginal and Torres Strait Islander peoples living in rural and remote Australia.	Funding for MSOAP Indigenous Chronic Disease is provided under Outcome 8 – Indigenous Health.	Sentinel Sites evaluation.
Practice Incentives Program Procedural General Practitioner Payment	The Practice Incentives Program Procedural General Practitioner Payment aims to encourage general practitioners in rural and remote areas to maintain local access to surgical, anaesthetic and obstetric services.	Funding is provided under Outcome 5 – Primary Care.	Annual Report.

Table 11A.88 **Australian Government, community health services programs**

Programs funded by the Australian Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
Remote Area Aboriginal Health Service Program	The Remote Area Aboriginal Health Service Program is administered under Section 100 of the *National Health Act 1953* and allows for the supply of Pharmaceutical Benefit Scheme medicines to clients of eligible remote area Aboriginal Health Services at the time of medical consultation, without the need for a normal prescription form, and without charge.	Funding is provided under Outcome 2 – Access to Pharmaceutical Services.	Monthly program expenditure reported through the Department of Human Services.
Remote Area Health Corps	The Remote Area Health Corps assists remote Northern Territory Aboriginal Health Services to provide enhanced care services to clients by recruiting and deploying urban-based health professionals for short-term work placements in remote Northern Territory Aboriginal communities.	Funding is provided under Outcome 8 – Indigenous Health.	Financial and service activity reports submitted regularly in the context of an agreed reporting framework.
Royal Flying Doctor Service	Australian Government funding to the Royal Flying Doctor Service supports the sustainable delivery of primary health care services to people in rural and remote communities, including the provision of primary aeromedical evacuations, primary and community health care clinics, medical chests and remote consultations.	Funding is provided under Outcome 6 – Rural Health.	Financial and service activity reports submitted regularly in the context of a National Reporting Framework.
Rural Primary Health Services Program	The Rural Primary Health Services Program funds a range of organisations such as state health entities, local governments, Indigenous health services, Medicare Locals and other non-government organisations, to provide supplementary primary and allied health care services in rural and remote communities. Services include mental health, social work, community nursing, Aboriginal health, family health and community health education, promotion and prevention. The actual services delivered depend on the needs of the target communities.	Funding is provided under Outcome 5 –Primary Care.	Six and twelve month financial and activity reports required for each project. Annual survey completed by Divisions of General Practice for Primary Health Care Research Information Service reporting.

Table 11A.88 **Australian Government, community health services programs**

Programs funded by the Australian Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
Rural Women's GP Service	The Rural Women's GP Service provides access to primary health care services for women in rural and remote Australia who have little or no access to a female general practitioner, by facilitating the travel of female general practitioners to these communities.	Funding is provided under Outcome 6 – Rural Health.	Financial and service activity reports submitted regularly in the context of an agreed reporting framework.
Section 100 Pharmacy Support Allowance.	The Section 100 Pharmacy Support Allowance (Fifth Community Pharmacy Agreement) financially supports visits by pharmacists to provide a range of targeted quality use of medicines and medication management support services to remote area Aboriginal Health Services. The Aboriginal Health Service must participate in the special supply arrangements approved under Section 100 of the *National Health Act 1953* .	Funding is provided under Outcome 2 – Access to Pharmaceutical Services.	Regular service activity and financial reports provided in line with an agreed reporting framework.
Visiting Optometrists Scheme (VOS)	The Visiting Optometrists Scheme supports optometrists to deliver outreach optometric services to regional, remote and very remote locations, which would not otherwise have ready access to primary eye care. The scheme addresses some of the financial disincentives incurred by optometrists delivering outreach services, with funding provided for travel, accommodation, meals, facility fees, administrative support at the outreach location, external locum support at the home practice, lease and transport of equipment.	Funding is provided under Outcome 3 – Access to Medical Services and Outcome 8 – Indigenous Health.	Six monthly financial and activity reports.
VOS Expansion for Indigenous Australians	The VOS Expansion for Indigenous Australians specifically aims to attract optometrists to deliver new and expanded services to people living and working in identified national priority rural and remote Aboriginal and Torres Strait Islander communities across Australia.		

Table 11A.88 **Australian Government, community health services programs**

Programs funded by the Australian Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
Closing the Gap – PBS Co-payment Measure	The Closing the Gap – PBS Co-payment Measure under the Indigenous Chronic Disease Package improves access to Pharmaceutical Benefits Scheme medicines for eligible Aboriginal and Torres Strait Islander peoples living with, or at risk of, chronic disease. Eligible Practice Incentive Program accredited general practices and non-remote Indigenous Health Services may participate in the measure.	Commonwealth contribution to the National Partnership Agreement – Closing the Gap. Funding is provided under Outcome 8 – Indigenous Health.	Monthly expenditure reporting through the Department of Human Services.
Objective: Promoting health and preventing illness, early detection			
Maternal and child health	The Asthma Child and Adolescent Program provides information and emergency training for asthma and chronic respiratory conditions linked to asthma such as allergy and rhinitis. The program targets children and adolescents, staff in preschools and schools, and parents. The program is delivered by Asthma Australia under the Asthma Management Program.	Funding is provided under Outcome 1 – Population Health.	Financial and service activity reports every four months, submitted in the context of an agreed reporting framework.
	The Australian Nurse Family Partnership Program is an intensive home visiting program that aims to improve health outcomes for women pregnant with an Aboriginal and/or Torres Strait Islander child, by helping women to engage in good preventative health practices; supporting parents to improve their child's health and development; and helping parents to develop a vision for their own future, including continuing education and finding work.	Funding is provided under Outcome 8 – Indigenous Health.	Quarterly Action Plan and Fidelity Reports. Six monthly financial reporting.

Table 11A.88 **Australian Government, community health services programs**

Programs funded by the Australian Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
	The New Directions Mothers and Babies Services Program aims to increase access to child and maternal health care for Aboriginal and Torres Strait Islander families. It provides Aboriginal and Torres Strait Islander children and their mothers with access to antenatal care; standard information about baby care; practical advice and assistance with breastfeeding, nutrition and parenting; monitoring of developmental milestones, immunisation status and infections; and health checks for Indigenous children before starting school.	Indigenous Early Childhood Development National Partnership.Funding is provided under Outcome 8 – Indigenous Health.	Financial and activity reports required from each organisation twice a year.
Women's health and wellbeing	The Australian Government supports the Jean Hailes Foundation for Women's Health to promote health and wellbeing for women, and education and research in the areas of menopause, hormone replacement therapy, cardiovascular disease in women, pre-menstrual syndrome and osteoporosis. The Foundation also provides leadership for the National Polycystic Ovarian Syndrome Alliance which aims to improve the lives of women with Polycystic Ovary Syndrome through education, research and evidence based health care.	Funding is provided under Outcome 1 – Population Health.	Regular progress reports.
Men's health and wellbeing	The Australian Government Shed Development Program financially assists Men's Sheds across Australia to provide small grants for tools and the capital development of men's sheds. Priority is given to sheds working with males living in rural and remote areas, migrant males, males who are socially disadvantaged, males with a disability, including a mental illness, and, in 2012, Aboriginal and Torres Strait Islander males. The program is administered by the Australian Men's Shed's Association.	Funding is provided under Outcome 10 – Health System Capacity and Quality.	Regular progress reports. Final Project Report. Audited financial reports. Business Plan.

Table 11A.88 **Australian Government, community health services programs**

Programs funded by the Australian Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
	The Strong Fathers Strong Families Program aims to provide access for Indigenous fathers, grandfathers and other male relatives to culturally appropriate, more male-inclusive or separate antenatal and other health-related services and messages that assist them to be more involved in the early development of their children's and family's lives.	Funding is provided under Outcome 8 – Indigenous Health.	Financial and activity reports are required from each jurisdiction twice a year.
Children's health and wellbeing	The Improving Eye and Ear Health Services for Indigenous Australians for Better Education and Employment Outcomes measure supports activities to improve the eye and ear health of Indigenous children, by funding: - the training of health workers to undertake ear health assessments (including diagnosis of otitis media, or middle ear infection), and the provision of medical equipment for these assessments; - additional ear surgery, particularly for remote Indigenous children with ear damage as a result of infections; - a social marketing campaign promoting hearing health; and - the expansion of trachoma control activities in areas where trachoma is endemic (Western Australia, South Australia and the Northern Territory), and to determine whether trachoma is a problem in New South Wales and Queensland.	Funding is provided under Outcome 8 – Indigenous Health, Outcome 3 – Access to Medical Services, and Outcome 12 – Health Workforce Capacity.	Regular financial and service activity reports for projects funded under the measure.

Table 11A.88 **Australian Government, community health services programs**

Programs funded by the Australian Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
Immunisation	The General Practice Immunisation Incentive Scheme supports practices to monitor, promote and provide immunisation services to children under the age of seven years, in accordance to the National Immunisation Program Schedule. The scheme aims to encourage at least 90 per cent of practices to fully immunise at least 90 per cent of children under the age of seven years attending their practices.	Funding is provided under Outcome 5 – Primary Care.	Annual Report.
	The Immunise Australia Program funds free vaccines to eligible Australians (consultation fees may be charged), with the aim of increasing national immunisation rates. The program administers the Australian Childhood Immunisation Register and the National HPV Vaccination Program Register, and communicates information about immunisation to the general public and health professionals.	Funding is provided under Outcome 1 – Population Health.	National Partnership Agreement on Essential Vaccines. Annual Report. COAG reporting. Quarterly Australian Childhood Immunisation Register reports. National Healthcare Agreement.
Screening	The BreastScreen Australia Program aims to reduce mortality and morbidity from breast cancer by actively inviting women in the target age group of 50 to 69 years to undergo free biennial screening mammograms. Women aged 40 years and over are also eligible to attend this free service.	BreastScreen Australia is jointly funded by the Australian and state and territory governments. Funding is provided under Outcome 1 – Population Health. Funding is provided to the states and territories through the National Health Reform Agreement.	Annual Report. Australian Institute of Health and Welfare annual monitoring report.

Table 11A.88 **Australian Government, community health services programs**

Programs funded by the Australian Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
	The National Bowel Cancer Screening Program aims to reduce the incidence of and mortality from, bowel cancer through early detection of abnormalities, and where bowel cancer has developed. The program involves screening people aged 50, 55 and 65 years of age who have no noticeable symptoms with a Faecal Occult Blood Test, which detects small amounts of blood in the bowel motion. Participants with a positive test result are advised to discuss the result with their doctor, who will generally refer them for further investigation, usually a colonoscopy.	Funding is provided under Outcome 1 – Population Health.	Annual Report. Reviews and research projects including a pilot program evaluation, and an economic evaluation. Australian Institute of Health and Welfare annual monitoring report.
	The Practice Incentives Program Cervical Screening Incentive provides financial assistance to general practices to help increase cervical screening rates, targeting under-screened women between 20 and 69 years who have not had a pap smear in the last four years. This will assist to improve the early detection of cervical abnormalities, thereby reducing mortality from cervical cancer.	Funding is provided under Outcome 5 – Primary Care.	Annual Report.
Other	The Community Support Program under the Asthma Management Program aims to increase awareness of best practice asthma management and empower people to be more proactive in self-managing their asthma. The program includes messages about other linked respiratory conditions, such as allergy, rhinitis and chronic obstructive pulmonary disease. It focuses strongly on prevention, especially in lower socio-economic areas; and innovative ways to communicate best practice messages to priority groups such as older Australians, Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse people and rural and remote communities. The program is delivered by Asthma Australia	Funding is provided under Outcome 1 – Population Health.	Financial and service activity reports submitted every four months in the context of an agreed reporting framework.

Table 11A.88 **Australian Government, community health services programs**

Programs funded by the Australian Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
	The Closing the Gap in Indigenous Health Outcomes – Indigenous Chronic Disease Package aims to reduce key risk factors for chronic disease in the Indigenous community, improve chronic disease management and follow up, and increase the capacity of the primary care workforce to deliver effective care to Indigenous Australians with chronic diseases. This is achieved by delivering healthy lifestyle programs; providing financial incentives for Indigenous health services and general practices; removing barriers to essential follow-up services and Pharmaceutical Benefits Scheme medicines; and growing the number and skills of the Indigenous health workforce.	Funding is provided under Outcome 8 – Indigenous Health, Outcome 2 – Access to Pharmaceutical Services, Outcome 3 – Access to Medical Services and Outcome 5 – Primary Care.	Indigenous Chronic Disease Package Annual Report.
	The Healthy Communities Initiative, under the National Partnership Agreement on Preventive Health, supports local governments to engage in the healthy living agenda by delivering projects that target disadvantaged adults. Local Government Area grants are a key feature, supporting the delivery of proven and effective healthy lifestyles programs in every state and territory.	Funding is provided under Outcome 1 – Population Health.	Financial and activity reports submitted regularly in line with the funding agreement.

Objective: Providing timely and high quality healthcare that meets individual needs throughout the lifespan — directly, and/or by facilitating access to appropriate service(s); and

Table 11A.88 **Australian Government, community health services programs**

Programs funded by the Australian Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
Objective: Coordinating service provision to ensure continuity of care where more than one service type and/or ongoing service provision is required to meet individuals' healthcare needs.			
	The Closing the Gap – Care Coordination and Supplementary Services Program improves health outcomes for Aboriginal and Torres Strait Islander peoples with chronic health conditions through better access to coordinated and multidisciplinary care. Care coordination is provided by qualified health workers such as specialist nurses and Aboriginal Health Workers, to patients with a chronic disease who have been enrolled and referred by mainstream or Aboriginal Medical Service practices participating in the Practice Incentives Program Indigenous Health Incentive. A flexible funding pool is also available for use by care coordinators to expedite a patient's access to urgent and essential allied health or specialist care, where this is not publicly available. The funds may also be used to assist with the cost of local transport to health care appointments. This program is administered by Rural and Regional Health Australia.	Commonwealth contribution to the National Partnership Agreement – Closing the Gap. Funding is provided under Outcome 8 – Indigenous Health.	Quarterly data and six monthly financial and activity reports. National evaluation. Sentinel Sites evaluation.

Other programs:

Table 11A.88 **Australian Government, community health services programs**

Programs funded by the Australian Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
Family Planning Grants Program	The Family Planning Grants Program supports evidence based family planning activities that have, or potentially have, a national focus. The program aims to coordinate national family planning efforts which allow individuals and couples to anticipate and attain their desired number of children through the use of contraceptive methods and the prevention and treatment of involuntary infertility. It also encourages national family planning activities which complement and work alongside the variety of Australian Government initiatives that focus on sexual health, men's and women's health, and pregnancy and parenting support.	Funding is provided under Outcome 1 – Population Health.	Quarterly financial and activity reports required from each project.

Source : Australian Government unpublished.

Table 11A.89 New South Wales, community health services programs

Programs funded by the NSW Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
Objective: Improving access to services			
Sexual Assault Services	NSW Health's 55 Sexual Assault Services provide holistic specialist assistance to adult and child victims of sexual assault including supporting their psycho-social, emotional and cultural wellbeing. Free counselling, court support, medical and forensic examinations and medical treatment are available to anyone who has recently been sexually assaulted in NSW.	LHDs receive global funding from the Ministry of Health via annual Service Agreements to provide health services to their population. Sexual Assault Service funding is implemented within service agreement allocations.	Sexual Assault Services are included within the Service Schedule of the Ministry of Health and LHD annual Service Agreements.
Joint Investigation Response Teams (JIRT)	JIRT is collaborative arrangement between NSW Community Services, NSW Police and NSW Health. The primary aim of JIRT is to minimise the number of investigative interviews child victims of sexual abuse, physical abuse and extreme neglect have to undertake and to provide seamless service delivery to child victims and their non-offending family members. NSW Health became an equal partner in JIRT in 2009. As the 2012 JIRT Secretariat, NSW Health is responsible for leading the review of the JIRT Policy and Procedures Manual (2001), the Memorandum of Understanding between the three partner agencies and the Statewide Management Group's Terms of Reference. NSW Health is also in the final stages of recruiting and placing 24 Senior Health Clinicians in every JIRT office across the state.	LHDs receive global funding from the Ministry of Health via annual Service Agreements to provide health services to their population. JIRT funding is implemented within service agreement allocations.	*Keep Them Safe* (KTS) requires an audit of the JIRT Program every three years. An annual JIRT CEO Report Card is collated each year to meet the KTS audit requirements.
Medical and forensic services for victims of sexual assault	This program area aims to improve forensic and medical services for victims of sexual assault and child abuse and ensure these services are culturally competent. The program has a particular focus on improving access in rural and remote communities.	Combination of Ministry of Health allocation, LHD block funding and Commonwealth funding (Indigenous Health-National Partnership Agreement)	LHDs report on service provision via a payment determination for a fee to be payable to non-salaried medical practitioners in designated rural LHDs conducting forensic and medical examinations for sexual assault victims.

Table 11A.89 New South Wales, community health services programs

Programs funded by the NSW Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
Services for Children under 10 years with Problematic or Harmful Sexual Behaviour	Under *Keep Them Safe* (KTS) NSW Health committed to expanding services for children aged under 10 years who display problematic or harmful sexualised behaviour, including Aboriginal children. To increase service delivery, the Ministry of Health allocated KTS funding to enhance the Sparks program in the Hunter New England LHD, which is the only NSW Health specialist service responding to this client group. The Ministry is also developing a statewide policy directive and guidelines on best practice service delivery, including training requirements for staff, were necessary to resolve current issues and assist LHDs in their local responses to the target group.	LHD funding and Keep Them Safe 'protected item' funding	Milestone reporting to Department of Premier and Cabinet; Quarterly acquittals to Treasury on expenditure of Keep Them Safe component of the budget.
New Street	New Street provides a coordinated, consistent, quality response to children and young people aged 10–17 years who sexually abuse and their families, through an expanded network of specialised NSW Health New Street services. New Street Services for Children and Young people have been enhanced through the establishment of an additional site in Newcastle (Hunter New England LHD), a new service in Dubbo (Western NSW LHD) and an additional clinical position at the Sydney and Central Coast New Street Service. A Clinical Advisor position for New Street Services and the Pre-Trial Diversion of Offenders Program has been created and filled.	LHD funding and Keep Them Safe funding	Milestone reporting to Department of Premier and Cabinet; Quarterly acquittals to Treasury on expenditure of Keep Them Safe component of the budget.
Health Child Wellbeing Units	Health Child Wellbeing Units provide support and assistance to health mandatory reporters to assist them to identify and provide appropriate responses for children and young people at risk of significant harm and to determine what other supports should be put in place for vulnerable children and young people below this statutory reporting threshold.	Keep Them Safe 'protected item' funding.	Milestone reporting to Department of Premier and Cabinet. Quarterly acquittals to Treasury on expenditure of Keep Them Safe component of the budget

Table 11A.89 New South Wales, community health services programs

Programs funded by the NSW Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
Family Referral Services	Family Referral Services (FRS) are intended to link vulnerable children, young people, and families with appropriate available support services in their local area. FRS refer clients to a range of local support services such as case management, housing, childcare, supported playgroup, drug and alcohol/mental health services, youth services, hoe visiting, family support, parenting education and respite care. The target group is vulnerable children and young people who are below the threshold for statutory child protection intervention, and their families. Government agencies, non-government organisations, and the private sector (e.g., general practitioners, childcare workers) can refer families to Family Referral Services. Families may also self-refer. There are 8 Family referral Services currently operating in NSW covering the following regional areas: Western NSW, Hunter Central Coast, Western Sydney (2), Illawarra, New England North West, Mid North Coast and Far North Coast.	Keep Them Safe 'protected item' funding. NSW Ministry of Health procures these services from non-government organisations on behalf of the whole of government.	Milestone reporting to Department of Family and Community Services. Quarterly acquittals to Treasury on expenditure of Keep Them Safe component of the budget
Child Protection Counselling Services	CPCS are located in each NSW Local Health District and provide specialist, tertiary-level counselling and casework services to children and young people and their families, where abuse or neglect has been substantiated by Community Services. This usually involves a medium- to long-term intervention (between 3 months and 18 months). Interventions are child-focussed and family-centred, and aim to address and stop the effects of abuse and neglect and exposure to domestic violence on children and young people. The aim is to work toward maintaining the child or young person living with their family wherever this is possible.	LHD receive block funding from the Ministry of Health to provide health services to their population. Each LHD 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 LHDs to the Ministry of Health on a quarterly basis.

Objective: Promoting health and preventing illness, early detection

Table 11A.89 New South Wales, community health services programs

Programs funded by the NSW Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
Maternal and child health	Maternity services are part of the core services provided by LHDs to their population. Community antenatal and postnatal care is provided including through shared care arrangements with GPs. Targeted programs for vulnerable populations include: - Aboriginal Maternal and Infant Health Service (AMIHS) provides culturally appropriate antenatal and postnatal care up to 8 weeks, to Aboriginal mothers and babies. Mental health and drug and alcohol secondary services are being delivered in selected AMIHS sites across the state as part of the Indigenous Early Childhood Development National Partnership Agreement (IECD NP). Quit for new life, a smoking cessation intervention specifically for Aboriginal pregnant women is also being rolled out across AMIHS programs.	LHD block funding and some IECD NP funds (Commonwealth)	Varies by program. Some services measured as Non Admitted Patient Occasions of Service. Regular reports on activity, outcomes against indicators
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 mix of LHD and Australian Government funding is allocated for Innovative Health Services for Homeless Youth (IHSHY).	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 LHDs to the Department of Health on a quarterly basis. ISHSY program reports annually to MCYPH branch

Table 11A.89 New South Wales, community health services programs

Programs funded by the NSW Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
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.	Local Health Districts (LHDs) receive block funding from the Department of Health to provide health services to their population. Each LHD 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 services to a Non-admitted Patient is reported by LHDs to the Department of Health (DoH) on a quarterly basis.
	Personal Health Record (PHR) - The NSW PHR (also known as 'the Blue Book') is distributed to all families with a newborn in NSW and provides a schedule of nine recommended child health checks from birth to four years of age. The PHR uses a joint parental-professional approach to detect or anticipate problems. *Early Childhood Health Services* provide a range of services to support good health outcomes of children, including parenting support and education, breastfeeding support, universal health home visiting, screening for postnatal depression and referral if necessary, and health and development advice for families with young children.	NSW Health	
Children's health and wellbeing	Children's Health and Wellbeing services include universal services provided to the whole population and targeted services. Universal services including Postnatal child and family health services such as early childhood health services and Universal Home Health Visiting.		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.89 **New South Wales, community health services programs**

Programs funded by the NSW Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
	Universal Health Home Visiting (UHHV) – is the offer of a home visit by a Child and Family Health Nurse to all families in NSW after the birth of their baby. At the UHHV the nurse assesses the baby's health and development, and identifies the level of support the family needs. The nurse can then link parents identified as requiring additional support to appropriate support and/or secondary services.	LHD funds	
	Sustaining NSW Families is a program of nurse led structured evidenced based sustained health home visiting provided to vulnerable children at risk of poor developmental outcomes and their families in selected low socio-economic areas. The program actively supports parents' aspirational goals for themselves and their child and builds parenting capacity and secure parent/ child relationships. It is prevention and early intervention strategy which commences in the antenatal period and continues until child is 2 years of age with the aim of optimising child health and development outcomes. In 2011-12 two further sites were implemented including one site that includes some bi-lingual nurses (English/Arabic and English/Mandarin) and the other is in a rural area with a focus on engaging vulnerable Aboriginal families.	Most funding is Keep Them Safe dedicated funding	Milestone reporting to Department of Premier and Cabinet; Quarterly acquittals to Treasury on expenditure of Keep Them Safe component of the budget.
	Health care needs of children in Out Of Home Care - coordination and provision of health development and wellbeing assessments, reviews and interventions of children and young people in OOHC. This state-wide project is being implemented in phases commencing with children/young people entering Statutory Out of Home care who are expected to remain in care for more than 90 days.	Keep Them Safe funding	Quarterly data reporting to Ministry of Health. Milestone reporting to Department of Premier and Cabinet; Quarterly acquittals to Treasury on expenditure of Keep Them Safe component of the budget.

Table 11A.89 **New South Wales, community health services programs**

Programs funded by the NSW Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
	Building Strong Foundations for Aboriginal Children Families and Communities is a culturally safe early childhood health service for Aboriginal children birth to school entry age and their families. It aims to support parents and communities to provide an environment that will optimise the health, development and wellbeing of their child so that children are ready able to engage fully in life and learning. It has close links to Aboriginal maternity services including NSW Aboriginal Mothers and Infants Health Services and New Directions as well as mains team services. Teams comprising Aboriginal Health Workers and Child and Family Health nurses provide the main frontline service. Seven new sites were funded late 2011/12 bringing total to 15 across NSW.	State program funding to selected sites.	Annual Reporting and six monthly financial acquittal
Screening	**Domestic Violence Routine Screening** - Women are routinely screened for recent or current domestic violence in antenatal and early childhood health services, and women aged 16 and over are screened in mental health and alcohol and other drugs services. Screening is an early identification and education strategy	LHDs receive global funding from the Ministry of Health via annual Service Agreements to provide health services to their population. Domestic Violence Routine Screening funding is implemented within service agreement allocations.	A one-month data collection snapshot from all LHDs is conducted in November of each year. This provides information on outcomes such as screening and identification rates, and referrals. Domestic Violence Routine Screening is also included within the Service Schedule of the Ministry of Health and LHD annual Service Agreements.
	Covers screening and assessment programs particularly directed towards children to identify problems early so treatment options are optimized. Program includes the Statewide Eyesight Preschooler Screening (StEPS) program, Statewide Infant Screening Hearing (SWISH) program, universal health home visiting for mothers and babies.	A mix of LHD 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.89 **New South Wales, community health services programs**

Programs funded by the NSW Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
	- StEPS is a free vision screening program for all four year old children in NSW. The program is designed to identify childhood vision problems early which cannot be detected by observation, behaviour, family history or vision surveillance. By identifying and treating vision problems during the critical visual development period, treatment outcomes can be maximised.		

Source : NSW Government unpublished.

Table 11A.90 **Victoria, community health services programs**

Programs funded by the Victorian Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
Objective: Improving access to services			
Primary Care Partnerships (PCPs) strategy	Primary Care Partnerships (PCPs) are cross government funded voluntary alliances of heath and human services provider organisations. The 30 PCPs in Victoria which engage over 1000 organisations. PCPs deliver local service system reforms to: • improve the coordination of services • improve the way health promotion is planned, implemented and evaluated; and • improve the management of chronic disease. The strategy to improve the coordination of services is supported by a statewide policy and operational framework and includes: • 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; and • e-referral systems to securely share client information with client consent. PCPs identify local health and well being priorities and ways to address these priorities. 'Place based' partnership approaches are used to assess and engage with communities that experience significant disadvantage. Interventions may be targeted to particular population groups, for example, farmers, people with a refugee background and ethnic communities. They may include: • tools to overcome cultural/language barriers, including consumer information available in over 40 community languages; and • tools to overcome geographical barriers including place-based initiatives.	Core funding provided by the Victorian Department of Health. Additional funding provided by other Victorian government departments including the Department of Justice and the Department of Planning and Community Development.	Suite of reports as part of the 2009–2012 PCP planning and reporting requirements. This includes a three year strategic plan and impact oriented reports against each area of the PCP program logic.

Table 11A.90 **Victoria, community health services programs**

Programs funded by the Victorian Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
Refugee Health Nurse Program	The Refugee Health Nurse Program (RHNP) supports the provision of care coordination, linkage and nursing care to newly arrived refugees. The RHNP has three aims: • to increase refugee access to primary health services • to improve the response of health services to refugees' needs; and • to enable refugee individuals, families and communities to improve their health and wellbeing. Funding is provided to community health services in areas that have high numbers of newly arrived refugees, to employ community health nurses specialising in refugee and migrant health issues. These nurses work directly with refugee communities to improve their health and wellbeing, as well as local service providers to develop a responsive and effective service response for refugee clients. The RHNP also funds a workforce support training program and 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 Integrated Care Branch of the department is responsible for program development and resource allocation. The department's regional offices monitor program delivery and performance. Community health services are funded to deliver the RHNP.	Community health services funded under the RHNP report hours of service on a quarterly basis. This information is provided to the Integrated Care Branch of the Department of Health.

Table 11A.90 **Victoria, community health services programs**

Programs funded by the Victorian Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
Dental Health Program	All health care and pensioner concession care holders and their dependants are eligible for public dental services in Victoria. Services are provided to eligible Victorians through community dental clinics in community health services, rural hospitals and the Royal Dental Hospital of Melbourne. There are waiting lists for public dental care at all clinics, however eligible people with urgent needs are given priority and are assessed within 24 hours of contacting a clinic. Urgent dentures are provided within 3 months. In addition to people with urgent dental needs, people who have priority access are offered the next available appointment for care and are not placed on a wait list. Priority access to public dental care is provided to: • Children up to the age of 12 • Young people aged 13 – 17 who are dependants of holders of health care or pensioner concession cards • Registered clients of mental health and disability services, supported by a letter of recommendation from their case manager or staff of special development schools • Refugees and Asylum Seekers • Aboriginal and Torres Strait Islanders • Pregnant women	State funded public dental services are output funded and supported by an activity based funding model, where the activity measure is a completed course of care. There are three course of care types: emergency, general and denture care. The funding unit is a Dental Unit of Value (DuV)	Performance targets are set by the department and monitored through various reporting mechanisms to demonstrate program delivery. Examples of targets are people treated, waiting times and quality measures. Funded agencies delivering dental services are set DuV targets based on their total service delivery funding. For performance monitoring, courses of care are converted to DuVs

Table 11A.90 **Victoria, community health services programs**

Programs funded by the Victorian Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
	Fees for public dental services apply to people aged 18 years and over, who are health care or pensioner concession card holders or dependants of concession card holders and children aged 0–12 years who are not health care or pensioner concession card holders or not dependants of concession card holders. An inability to pay fees cannot be used as a basis for refusing a dental service to an eligible person. Exemption from fees for public dental services applies to the following people: • Aboriginal and Torres Strait Islanders • Homeless people and people at risk of homelessness • Refugees and Asylum Seekers • Children & young people aged 0-17 years who are health care or pensioner concession card holders or dependants of concession card holders • All children and young people up to 18 years of age, who are in Residential Care provided by the Children Youth & Families Division of DHS • All youth justice clients up to 18 years of age in custodial care • Registered clients of mental health and disability services, supported by a letter of recommendation from their case manager or staff of special developmental schools • Those receiving care from undergraduate students • Those experiencing financial hardship		

Table 11A.90 **Victoria, community health services programs**

Programs funded by the Victorian Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
NURSE-ON-CALL	NURSE-ON-CALL (NOC) is a statewide telephone-based health line that provides residents of Victoria with timely access to health information, assistance and advice for the cost of a local phone call. The service operates 24 hours, 7 days a week and takes about 1,000 calls per day. NURSE-ON-CALL nurses provide callers with one or a combination of: • triage • health information • information or advice about local health providers.	NOC is contracted to Medibank Health Solutions or MHS (formerly McKesson Asia-Pacific Pty Ltd). The costs paid for the contract are based on call volume.	MHS provide the department with a number of monthly reports. These provide data about call volumes, call arrival patterns, call outcome and caller demographics.
IHSHY program	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. Funding is provided to community health services to deliver innovative and flexible health services for homeless and otherwise at-risk young people. Services are aimed at responding 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.	IHSHY is 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.

Objective: Promoting health and preventing illness, early detection

Table 11A.90 **Victoria, community health services programs**

Programs funded by the Victorian Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
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. The program is delivered by community health services in areas that have high numbers of births and higher rates of relative socioeconomic disadvantage. The objectives of the program are to: • improve women's access and attendance at antenatal and postnatal services • improve women's access to a range of support services which may include health, welfare, housing and education services • deliver health promotion messages that aim to reduce risk behaviours, and promote healthy behaviours. Women eligible for the program are those women who are not able to access antenatal care services or require additional support because of their: • socioeconomic status • culturally and linguistically diverse backgrounds • Aboriginal and Torres Strait Islander descent • age, or • residential distance to services.	The Victorian Government funds the program through the Department of Health. The Integrated Care Branch of the department is responsible for program development and resource allocation. Department of Health regional offices monitor the performance of the program. Funding of this program continues until June 2012. Extension of funding for this program beyond 30 June 2012 is subject to budget outcomes.	Quantitative performance targets are set by the Department of Health and monitored quarterly. The performance of the program has been monitored through a formal evaluation completed in August 2011.

Table 11A.90 **Victoria, community health services programs**

Programs funded by the Victorian Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
Children's health and wellbeing	Services for children and families within community health are based on evidence which identifies the significance of the early years. Through supporting early identification and treatment of health and developmental problems, community health services respond to the needs of young children and their families. Child health teams provide multidisciplinary care through a mix of group and individual interventions. Services promote positive health, growth and functioning within the community. Their focus is the provision of early interventions as well as to improve the capacity of parents and families to understand and manage the health and development needs of their child. The child health teams also support families to access additional services they may require in the community.	The Victorian Government funds the program through the Department of Health. The Integrated Care Branch of the department is responsible for program development and resource allocation. Department of Health regional offices monitor the performance of the program.	Quantitative performance targets are set by the department and monitored quarterly.
Screening	The Screening and Cancer Prevention team oversees and delivers population based screening programs and cancer prevention initiatives in Victoria. The screening programs include the national cervical, breast and bowel cancer screening programs and newborn screening program. The team has a strong focus on improving participation and addressing health disparities in under screened and non-screened communities.	Funding for cancer screening programs is provided by the Victorian and Commonwealth Governments. Funding for the newborn and infant hearing screening programs is provided by the Victorian Government.	Annual cancer screening data is reported to the Australian Institute of Health and Welfare and the Productivity Commission, reports against targets agreed in Victorian-Commonwealth funding agreements are provided to Department of Health and Ageing as required, and all screening programs report measures such as throughput and/or participation rate to a range of Victorian Government and Department of Health Victoria reports.

Table 11A.90 **Victoria, community health services programs**

Programs funded by the Victorian Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
	The team delivers: leadership and expert advice on screening issues to the Department of Health Victoria and relevant stakeholders; strategic policy development and planning; performance monitoring and trend analysis of programs; improvements in the evidence-based approach to screening policy and programs; capacity building initiatives in health services and screening providers; and supports recruitment and social marketing initiatives. The Maternity and Newborn Unit funds the Royal Children's Hospital to coordinate the Victorian Infant Hearing Screening Program (VIHSP) now being implemented state-wide.		
Objective: Providing timely and high quality healthcare that meets individual needs throughout the lifespan — directly, and/or by facilitating access to appropriate service(s); and			
Objective: Coordinating service provision to ensure continuity of care where more than one service type and/or ongoing service provision is required to meet individuals' healthcare needs.			
Community Health Program	The Community Health Program provides funding to approximately 100 Community Health Services (CHSs) operating from approximately 350 sites across Victoria. This strong connection to communities enables community health services to develop models of care that are responsive to their consumers and reflect the diverse underlying determinants of health. In this way, community health services combine the social model of health with clinical care to maximise outcomes for their consumers.	These services are funded under the Primary Health Funding Approach. The Approach includes two components (1) direct care and (2) health promotion.	Quantitative performance targets are set by the department and monitored quarterly. Agencies funded for health promotion are required to develop 3 year health promotion plans and report on those plans on an annual basis.

Table 11A.90 **Victoria, community health services programs**

Programs funded by the Victorian Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
Community Health Program (contd)	CHSs play an important role in preventive, rehabilitative, maintenance and support services for people at risk of, or with complex conditions and chronic illnesses. Funding is provided for the provision of direct care, and for health promotion. CHSs are also major providers of Home and Community Care Services, Dental, General Practice, Drugs Program, Disability and other State and Commonwealth programs.	The Integrated Care Branch of the department administers funding in relation to direct care service provision. The Prevention and Population Health Branch of the department administers funding for the program in relation to health promotion.	
Family Planning (with input from Prevention and Population Health Branch)	Family planning services assist Victorians to make individual choices on sexual and reproductive health matters by providing services that are accessible, culturally relevant and responsive to people who experience difficulty accessing mainstream services. Family planning health promotion focuses on advocacy and reducing the risk factors for sexual ill-health. Funding for family planning services is provided to community health services, and to a statewide service, Family Planning Victoria (FPV). FPV provides sexual and reproductive health education and training to health professionals, community groups, schools and the general public. FPV provides broad based sexual and reproductive health advice and services, including pre-pregnancy and fertility advice and information, contraception services, and blood borne virus education and training, to a range of clients with a particular emphasis on young people.	Prior to 2009-10, funding was provided through the Public Health Funding Outcomes Agreement. From 2009-10, funding is provided under the National Healthcare Agreement. The Prevention and Population Health Branch of the department administers the funding for the program in relation to health promotion. The Integrated Care Branch of the department administers funding in relation to direct care service provision	Quantitative performance targets are set by the department for direct service provision, and monitored quarterly. Agencies funded for family planning health promotion are required to develop 3 year health promotion plans and report on those plans on an annual basis.

Table 11A.90 **Victoria, community health services programs**

Programs funded by the Victorian Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
Early Intervention in Chronic Disease	EIiCD focuses upon community based early intervention services for people with chronic diseases. The aim of the initiative is to enhance existing capacity of community health services in supporting people with chronic disease in managing the impact of their condition including the physical, emotional and psychological impact of having a chronic disease. Services aim to reduce the impacts of chronic disease, slow disease progression and reduce potential/future hospitalisation. Models of care are multidisciplinary and provide self-management support, care coordination, education, allied health and nursing	These services are funded under the Primary Health Funding Approach	Quantitative performance targets are set by the department for direct service provision, and monitored quarterly.

Source : Victorian Government unpublished.

Table 11A.91 **Queensland, community health services programs**

Programs funded by the Queensland Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
Objective: Improving access to services			
Multicultural Services	Queensland Health continued to implement initiatives to: • provide qualified interpreters for clients who are not proficient in English; • conduct an initial health assessment for newly arrived humanitarian entrants including referral to community based general practitioners for ongoing health care; • improve the availability of data on the health of culturally and linguistically diverse populations; • build the cultural capability of health care staff by providing cross cultural training and developing resources on diverse communities' health care beliefs and practices; • recruit and retain a culturally diverse workforce; • engage with culturally and linguistically diverse communities in the development of policies and services; and • build the health literacy of culturally and linguistically diverse groups.	State Output Revenue This program was coordinated by Multicultural Services.	Queensland Health is required to report on the 10 key performance indicators of the Queensland Multicultural Policy 2011, in the Department's annual report.

Table 11A.91 **Queensland, community health services programs**

Programs funded by the Queensland Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
Cancer Screening	The three cancer screening programs have specific strategies in place to address: - language and cultural barriers both for the Aboriginal and Torres Strait Islander peoples and consumers from Culturally and Linguistically Diverse (CALD) backgrounds; and - geographical barriers Queensland Health is piloting the addition of a cancer screening module to the Ethnic Communities Council Queensland "Living Well Multicultural Program" and has worked in collaboration with Southbank TAFE English Language and Literacy Services to develop a reader and workbook for newly arrived migrants and refugees to promote the importance and availability of cancer screening services in Queensland in CALD communities.	Funding for the three Cancer Screening Services Branch Programs is provided through the National Healthcare Agreement and State Output Revenue.	Statistical reports are produced biennially for BSQ, QCSP and QBCSP. Aboriginal and Torres Strait Islander strategies are reported in "Making Tracks" reports and CALD activity outcomes are reported to Multicultural Health Queensland.
	Queensland Bowel Cancer Screening Program (QBCSP) The QBCSP is supported by a network of 12 Gastroenterology Nurse Coordinators (GENCs) and 11 Health Promotion Officers across the state. Health Promotion Officers actively promote participation in the Program by eligible people and educate the general public about bowel cancer awareness and healthy lifestyles. The QBCSP continues to implement an alternative service delivery model for distribution of FOBT kits through the National Bowel Cancer Screening Program (NBCSP) through local Indigenous health services in Indigenous communities. This is currently occurring in an ad-hoc way whilst the Australian Government considers recommendations from the Queensland and other jurisdictional pilots that occurred between 2009-2011.	The QBCSP GENCs and HPOs are funded through state funds from the Queensland Government	Staff record activity and quality assurance data and report back every 12 months.

Table 11A.91 **Queensland, community health services programs**

Programs funded by the Queensland Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
	BreastScreen Queensland (BSQ) In 2010, the BSQ Program piloted and developed, in consultation with its Statewide Aboriginal and Torres Strait Islander Health Worker Reference Group, an Aboriginal and Torres Strait Islander Health Worker Community Engagement Kit. This Kit provides Health Workers with information, training about breast cancer, screening and health promotion to assist them in promoting and educating women in their communities about having a regular breastscreen. The BSQ Program promotes and supports Aboriginal and Torres Strait Islander women's participation in breast cancer screening through a network of Health Promotion Officers based at each of the 11 BSQ Services across Queensland. Aboriginal and Torres Strait Islander women have access to seven mobiles including one four-wheel drive, which provides free breast cancer screening services at over 200 locations throughout Queensland, on a two-yearly screening schedule. The four-wheel drive mobile has been specifically designed for rural and remote areas, servicing Cape York, the Torres Strait and other remote areas and Indigenous communities such as Camooweal, Dajarra and Boulia.		

Table 11A.91 **Queensland, community health services programs**

Programs funded by the Queensland Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
	The Queensland Cervical Screening Program (QCSP) The QCSP promotes and supports remote Aboriginal and Torres Strait Islander women's participation in cervical screening through the Healthy Women's Initiative (HWI) which is a network of 16 designated Aboriginal and Torres Strait Islander women's health workers. The Mobile Women's Health Service (MWHS) provides an important outreach health service to women in rural and remote communities who may be geographically and/or socially isolated. The service is a network of 15 clinical nurse consultants and 2 Indigenous Women's Health Workers who provide cervical screening and women's health clinics in over 200 communities across Queensland.		HWI and MWHS staff record activity data each six months.
The Patient Transport Team	The Patient Transport Team manages the statewide patient transport service provider agreements, to assist with improving access to, and the quality of available transport resources for patients ranging from acute, urgent, high dependency care to non-urgent, low dependency care. Service providers are non-government organisations including Royal Flying Doctor Service (RFDS), community helicopter providers and Careflight Medical Services working in partnership with Emergency Management Queensland, Department of Community Safety. In addition, this team also manages the implementation of the Patient Travel Subsidy Scheme (PTSS) election commitment.	These services are funded through State Output Revenue. In the three rural RFDS bases the delivery of primary health care services provided by the RFDS are funded through the Commonwealth.	No reports are provided externally. Internally, activity reports are provided to the District Health Services to assist in the monitoring of usage of road ambulance and fixed-and rotary wing aeromedical transport at a district and facility level. (from July 2012 reports will be provided to the Hospital and Health Services (HHS))

Objective: Promoting health and preventing illness, early detection

Table 11A.91 Queensland, community health services programs

Programs funded by the Queensland Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
Men's health and wellbeing	Minimal Pit Stop activity was conducted by the Queensland Bowel Cancer Screening Program in 2011-2012 with funding for this program ceasing in 2010-2011. A limited number of Pit Stops continued to be delivered by other community health and health promotion units within Queensland Health particularly in regional and rural areas. In 2011-2012, the QBCSP continued to implement health promotion strategies targeting improved men's health and well-being in the area of cancer prevention and early detection. One strategy included development of a cancer screening and prevention brief intervention tool which was implemented in workplaces and community settings statewide. An evaluation of the brief intervention tool's effectiveness is underway.	QBCSP Pit Stops are funded through Hospital and Health Service QBCSP Health Promotion budgets.	Evaluation data is generated from each QBCSP Pit Stop and is collated as part of a broader evaluation of Pit Stops.
Youth health and wellbeing	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 through State Output Revenue.	School Based Youth Health Nurses provide activity data each school term which is reviewed at a program level.

Table 11A.91 Queensland, community health services programs

Programs funded by the Queensland Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
Immunisation	The Queensland Health Immunisation 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; coordination and planning; procurement and distribution of funded vaccines; funding of, and support for the delivery of the School Based Vaccination Program; provision of information and advice to service providers; quality assurance; monitoring of adverse events following immunisation; communication and education; resource development and dissemination; enhancement of the state immunisation database and monitoring, evaluation and research.	Funding for the immunisation program is provided through State Output Revenue and 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. The data source for the childhood program is the Australian Childhood Immunisation Register.
Objective: Providing timely and high quality healthcare that meets individual needs throughout the lifespan — directly, and/or by facilitating access to appropriate service(s); and			
Objective: Coordinating service provision to ensure continuity of care where more than one service type and/or ongoing service provision is required to meet individuals' healthcare needs.			
Oral health services	Oral health services are provided to eligible children and adults via community- and school-based mobile and fixed public dental clinics. Services include general and specialist dental care, and health promotion and disease prevention activities.	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.
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.	Funded through State Output Revenue and Commonwealth funds.	Performance targets and overall financial reporting are published in Queensland Health's Annual Report and Service Delivery Statement.

Table 11A.91 **Queensland, community health services programs**

Programs funded by the Queensland Government during 2011-12

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.	State Output Revenue.	Performance targets and overall financial reporting in Queensland Health's Annual Report and Service Delivery Statement.
HIV/AIDS, Hepatitis C and Sexual Health (HAHCSH)	The program implements five national strategies: 1. The Sixth National HIV Strategy 2010-2013; 2. The Third National Hepatitis C Strategy 2010-2013; 3. The Second National Sexually Transmissible Infections Strategy 2010-2013; 4. The Third National Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Strategy 2010-2013; and 5. The National Hepatitis B Strategy 2010-2013. Services and public health programs are delivered through public, non-government and private organisations including 16 Queensland Health Sexual Health Clinics providing sexual health and blood-borne virus services. A range of Queensland Health prevention/education initiatives, coordinated across Queensland by six regional HAHCSH Coordinators, target groups most at risk of sexually transmissible	Funded through the National Healthcare Agreement (NHA) and a combination of other Commonwealth and State Output Revenue.	Six monthly reports on activities by HAHCSH Coordinators and funded NGOs. Notification data for sexually transmissible infections and blood-borne viruses provided for the NHA report.

Source : Queensland Government unpublished.

Table 11A.92 **Western Australia, community health services programs**

Programs funded by the WA Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
Objective: Improving access to services			
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. 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. Various output measures are specified.
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 Reports are produced for service planning and reviews.

Table 11A.92 **Western Australia, community health services programs**

Programs funded by the WA Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
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. Reports are produced for service planning and reviews.

Table 11A.92 **Western Australia, community health services programs**

Programs funded by the WA Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
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.	The state program measure for all non-admitted patient services is Occasions of Service.
Objective: Promoting health and preventing illness, early detection			
WA Country Health Service (WACHS) programs	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 delivers the program.	State funding was provided to set up the program.	Reporting provided on an annual basis.
Child and Adolescent Community Health (CACH) – Health Promotion and Community Development	Health promotion and community development aims to facilitate community engagement and action to create healthy and sustainable environments and communities for children and their families. Health promotion practitioners work in partnership with community nursing staff, the community and local agencies to deliver health promotion initiatives in response to community needs.	State funding is provided to CACH which is responsible for delivering community health services.	Reports are produced for service planning and reviews. Annual reported to CACH Management.

Table 11A.92 **Western Australia, community health services programs**

Programs funded by the WA Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
Child and Adolescent Community Health - Child Heath Services (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 prevention, early identification and intervention community health services. 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 community child health service that begins with a child health nurse contacting all mothers of new babies and additional contacts at the critical points in the child's development throughout the first four years. It is a vital entry point for families with young children into health and social services and a unique opportunity to improve outcomes for families experiencing difficulty in caring for their children.	State funding is provided. Health services are responsible for delivering child health services.	Services are reported as Occasions of Service for non-admitted patients. Reports are produced as required for service planning and reviews
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. 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.	Funding for cancer screening services is provided through state funds and the joint State/Australian Government funding arrangements.	Annual data reporting to the Australian Institute of Health and Welfare for BreastScreen Australia, six monthly to Department of Health WA and regular published statistical reports.

Table 11A.92 **Western Australia, community health services programs**

Programs funded by the WA Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
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 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.92 **Western Australia, community health services programs**

Programs funded by the WA Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
School Health Services (statewide)	School health services aim to promote improved health outcomes for school aged children and young people through universal and targeted prevention, health promotion, early identification and intervention. Services are provided on site and in collaboration with public and private schools. The Department of Education is a joint funder of the program. Universal health assessments at school entry, support to children in school with particular health needs, access to health care for adolescents and health promotion for all students are key elements of the program.	State funded program. Agreement between the Department of Education and Department of Health which underpins the delivery of School Health Services. The Department of Education part funds School Health Services in WA, as agreed in the MOU between the Departments. Area health services or regions are responsible for delivering child health services.	Services are reported as Occasions of Service for non-admitted patients. Reports are produced as required for service planning and reviews.
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 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.

Objective: Providing timely and high quality healthcare that meets individual needs throughout the lifespan — directly, and/or by facilitating access to appropriate service(s); and

Table 11A.92 **Western Australia, community health services programs**

Programs funded by the WA Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
Objective: Coordinating service provision to ensure continuity of care where more than one service type and/or ongoing service provision is required to meet individuals' healthcare needs.			
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 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 Aboriginal 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 WA Health funding to Health Services.	The State program measure for all non-admitted patient services is Occasions of Service. In some areas quantitative and qualitative data is collected including client questionnaires and clinical outcome measures. Program measures include numbers of clients and referrals.

Source : WA Government unpublished.

Table 11A.93 South Australia, community health services programs

Programs funded by the SA Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
Objective: Improving access to services			
Aboriginal Primary Health Care Services	The Northern Adelaide Local Health Network (NALHN) provides primary and secondary health care services (including transport, wellbeing programs, clinical services and adult and child health checks) through the Kokotinna Tappangga and Purrunna Waiingga through the Aboriginal Primary Health Care Access Program.	Mixture of recurrent State and Council of Australian Governments (COAG)* funding.	Quarterly activity and financial data reporting to non-government organisation.
	The Watto Purrunna Aboriginal Primary Health Care Service provides a range of primary health care services and programs provided by multidisciplinary teams from community settings. These services 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.
	The Southern Adelaide Local Health Network (SALHN) provides an Aboriginal Family Clinic that holds sessions at two primary health care sites, and provides medical care, including health care checks.	Mix of recurrent State Government and COAG funding.	Monthly activity and financial data reporting
Fixing The Gaps And Improving The Patient Journey	The pilot metropolitan, rural, remote area specialist service support program aims to streamline and improve processes for Indigenous Australians from metropolitan, rural and remote areas accessing a range of specialty services.	State Government funding under COAG until June 2013.	Monthly, quarterly and annual activity and financial data reporting.
Aboriginal Patient Journey Program	The Aboriginal Patient Journey Program is provided by the Country Health South Australia Local Health Network (CHSALHN) and aims to improve the journey of Aboriginal people accessing specialist and hospital services that are external to their home community locations.	State Government and COAG funding.	Quarterly activity and financial reporting.

Table 11A.93 South Australia, community health services programs

Programs funded by the SA Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
Primary Health Care	All health networks provide a Primary Health Care Program that includes: • Aboriginal Family Wellness program which aims to promote early intervention, prevention and detection of chronic disease • Developing genuine relationships with Aboriginal families and communities • The Audit of Chronic Disease Program which aims to improve the quality of chronic disease management and best practice in Aboriginal Primary Health Care • Aboriginal Well Health Checks program which aims to increase access by Aboriginal people to health assessments to detect chronic disease.	State Government and COAG funding.	Quarterly activity and financial reporting.
New Arrival Refugees Program	Statewide specialist primary health care service providing a range of early intervention, prevention and community capacity building initiatives to improve access to health services for new arrival refugees. Services include: medical and nursing clinics, health information/education, immunisation, counselling, and capacity building for other health providers.	Recurrent State Government funding.	Quarterly activity and monthly financial data reporting.
Healthy Ageing Services	The SALHN provides programs for older people to support them to live independently in the community. Services focus on physical and mental health and assisting people to access appropriate services and navigate their health.	Recurrent State Government funding.	Monthly activity and financial data reporting.

Table 11A.93 South Australia, community health services programs

Programs funded by the SA Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
Supported Residential Facilities (SRFs) Allied Health Program	The Central Adelaide Local Health Network (CALHN) provide allied health and nursing services to residents in SRFs who have a disability, mental illness and complex chronic health conditions.	Tri annual State Government funding from DSCI.	Quarterly activity data reporting and yearly funding acquittal.
Rehabilitation Service	Rehabilitation Services involve the maintenance of an individual's independence, function and ability through the provision of inpatient, rehabilitation in the home, day rehabilitation, in reach therapy and outpatient rehabilitation services.	COAG funding and GPS matched funding. Core funding (casemix).	KPI's set by DHA. Monthly reporting to COAG and Department of Health and Ageing (DHA). Annual reporting to COAG and DHA. Daily activity for bed capacity. Monthly activity and financial reporting.
GP Plus Services and Hospital Avoidance	Statewide, there are a range of programs aimed at reducing demand on acute services by preventing admissions to hospital and providing appropriate discharge to services closer to where people live in the home or the community. Further initiatives include:		
	The GP Plus Services Funding, funds a range of programs aimed at reducing demand on acute services by preventing admissions to hospital and providing appropriate discharge to services closer to where people live in the home or the community. Services include: Primary prevention, Health Promotion, Chronic Disease Management, Community Nursing and Allied Health.	Non-recurrent State Government Project Funding (GP Plus Services Fund) and recurrent State Government funds.	Quarterly activity and financial data reporting.

Table 11A.93 **South Australia, community health services programs**

Programs funded by the SA Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
	GP Plus Centres and Super Clinics are a statewide network of integrated primary care centres comprising: allied health, mental health, drug and alcohol, nurse practitioner, counselling, other support services closer to home and General Practices.	Non-recurrent State Government Project Funding	
	Specialist Nursing Services include nurse-led services for clients with chronic and complex diseases living in SA. Nurses have a key role in providing a link between GPs and tertiary services and assess and manage clients as they navigate the pathway through treatment.	Recurrent and non-recurrent State Government funding.	
	Health Call Centre – *Healthdirect* provides health advice and information to all South Australians via a free call service, available 24 hours a day, seven days per week. 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. In the after hours period, when there is generally limited access to GP services, the registered nurse may transfer the caller to a telephone based GP for a further consultation. Patients requiring face-to-face after hours care will be directed to local services.	Commonwealth and State Government funding.	
Kanggawodli	Kanggawodli is managed though the NALHN and provides short term pre and post acute clinical support for rural and remote Aboriginal people.	Recurrent State Government funding.	Monthly activity and financial data reporting.

Table 11A.93 South Australia, community health services programs

Programs funded by the SA Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
Indigenous Health (Rural)	Aboriginal Primary Health Care, encompassing The Aboriginal Primary Health Care Access Program and the Healthy for Life Program is provided through the CHSALHN and provides a range of primary and secondary health care services that contributes to the Closing the Gap in life expectancy and having the gap in mortality rates for Aboriginal children decreased by improving access for Aboriginal children to effective health care services. Services include: clinical service, parenting programs, well health checks, transport to primary health care programs and allied health services. The programs are delivered from CHSALHN Aboriginal Health teams in those areas of Country SA where currently there are no Aboriginal Community Controlled Health Services.	Commonwealth OATSIH funding.	Six monthly activity and financial data reporting.
	A statewide initiative called Making Indigenous Health Everyone's Business - Aboriginal Environmental Health Workers aims at improving environmental conditions through the development of Indigenous Environmental Health Workers, particularly in remote locations.	State Government funding under COAG until June 2013.	Monthly, quarterly and annual activity and financial data reporting.
	The Aboriginal Health Services Program is provided by the CHSALHN and it funds a number of Aboriginal Community controlled heath services to provide a range of Primary Health care services. These include: Traditional Healer programs, dental, unique centre of learning, Kinship, Primary health care, Men's health and Environmental health programs.	State Government funding.	Six monthly activity and financial reporting.

Table 11A.93 South Australia, community health services programs

Programs funded by the SA Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
Street to Home Program	A primary health care service for people rough sleeping provided through the CALHN. The homeless nursing program provides specialised nursing care in the Adelaide CBD for people experiencing homelessness in a walk in clinic setting that works collaboratively with other stakeholders to provide multidisciplinary care. This program aims to prevent unplanned public hospital presentations and/or admissions.	Funded by SA Health and DCSI under a three year agreement. Current agreement runs 2012 – 2013.	State – monthly. Commonwealth – via Supported Accommodation Assistance Program (SAAP) National Data Collection Agency.
Transition Services	There are a number of Transition programs accessible within the Metro and Country regions in South Australia, including:		
	The *Transition Care Program* (TCP) is a statewide initiative that provides short term restorative residential aged care or community place for patients aged 65+ or 50 years for Indigenous patients. The focus of TCP is providing care and support, linked to goals for patients that enable recovery and reduce functional decline after an acute hospital stay. The TCP aims to support the patient's transition to their own homes and/or to lower level residential aged care. In metro areas, Local Health Networks (LHNs) manage admissions and monitor performance via local TCP teams that report to DHA.	Recurrent State and Commonwealth Government Funding contribution.	Quarterly activity and financial data reporting.
	In CHSALHN, the TCP provides residential and community based care packages to assist older people with the transition from an acute service episode back to home with the emphasis on restorative care.	Commonwealth and State Government funding based on activity levels.	Monthly activity and financial data reporting.

Table 11A.93 **South Australia, community health services programs**

Programs funded by the SA Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
	Transition to Residential Aged Care (TRAC) is an initiative that provides care for clients who are seeking long term aged care following a hospital stay. The program offers care in a residential facility and case management to assist with finding a permanent placement.	Annual State Government funding.	Monthly activity and financial data reporting.
	The Disability Transition to Community (DTC) is a statewide initiative providing a wide range of care supports, including care hours and/or accommodation for medically stable patients with complex care needs that require additional support to achieve a transition from hospital to the community. DTC funding contributes to the ongoing care costs for Disability SA patients with complex needs that have had a significant length of stay in acute care, or would otherwise likely experience an extended length of stay in the absence of this intervention. All metro referrals go through the Metropolitan Referral Unit and a similar process occurs in country. Assessment, allocation and review of funded patients are managed by DHA.	Recurrent State Government Funding.	Monthly activity and financial data reporting.
Palliative Care Services	Palliative care services are a statewide initiative that provides a suite of services involving integrated care across in-hospital, hospice and home. This program provides links with other primary care providers for people on an end of life care pathway, with a focus on supporting people to die in their place of choice.	COAG funding and GPS matched - funding.	KPI's set by DHA.

Objective: Promoting health and preventing illness, early detection

Table 11A.93 South Australia, community health services programs

Programs funded by the SA Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
Maternal and Child Health	There are a number of Maternal and Child Health Services provided across Country and Metropolitan areas, which have an aim of promoting health and preventing illness and early detection, including:		
	The *Child and Family Health Service - Universal Contact Visit*, which is a service, offered to all families in South Australia by a community Child and Family Health Nurse following the birth of a baby. The service enables family and child development issues to be identified early and to promote optimal development through early access to children services, parenting information and support pathways for families. This is provided through the Women's and Children's Health Network (W&CHN).	Recurrent funding. State Government	Monthly activity and financial data reporting.
	W&CHN provide access to the *Child and Family Health Service - Family Home Visiting Program*, which is a nurse-led preventative parenting, home visiting program undertaken over a period of up to two years that focuses on supporting positive child development, enhancing the parent-infant relationship and connecting families to wider community supports.	Recurrent funding. State Government	Monthly activity and financial data reporting.
	The *Newborn and Children's Hearing Screening Program* is provided through the W&CHN. It is a statewide population based hearing screening program for infants aged 0-6 months. The program aims to ensure all infants who are identified with moderate or greater hearing loss are actively engaged in family focused medical interventions and are referred to early intervention services.	Recurrent funding. State Government	Monthly activity and financial data reporting.

Table 11A.93 South Australia, community health services programs

Programs funded by the SA Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
	Parents of Children with Disabilities Support Group – MyTime provides 28 parent support groups in South Australia for parents and grandparents of children with disabilities. These support groups are held in local community venues. This initiative is coordinated by the W&CHN.	Commonwealth funding provided to a non-government organisation.	The non-government organisation reports to the Commonwealth.
	The *Aboriginal Family Birthing Program* provides a culturally respectful and clinically safe program providing continuity of care for Aboriginal women during their pregnancy, birthing and for up to six weeks post-natal. Pregnant women and their families are supported by a partnership team comprising midwives and an Aboriginal Maternal and Infant Care Worker. Much of the care is provided close to or in the woman's home. A key element is addressing the social determinants of health and referring families into community support services. These services are provided at multiple locations through the metropolitan and country areas.	Combination of State Government and COAG funding.	Monthly activity and financial data reporting.
	Community Midwifery Program provides antenatal, birthing and postnatal services to women across the CHSALHN.	Recurrent State Government funding.	Monthly activity and financial data reporting.
	The SALHN offers support and education to families in the early pregnancy to early parenting period through *Pregnancy to Parenting Programs*. Families are particularly targeted where there are vulnerable infant risk factors. One-to-one counselling and support, particularly in relation to antenatal care, emotional well-being, psychosocial issues, and early parenting and child development services are provided. Services/activities provided include: antenatal education classes, postnatal reunion, young and pregnant, birth & babies, breastfeeding education, and postnatal support group.	Recurrent State Government funding.	Monthly activity and financial data reporting.

Table 11A.93 **South Australia, community health services programs**

Programs funded by the SA Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
	The *Child and Family Health Service – Early Childhood Intervention Program* is provided by the W&CHN where early intervention childhood consultants work within their local community to assist parent's access support services for their children aged 0-8 years with a disability and/or developmental delay.	Recurrent State Government funding.	Monthly activity and financial data reporting.
	The *Child and Family Health Service – Early Child Parent Services Program* provides allied health led community based services to support families of children aged 0-3 years to improve infant well being when: - There are psychosocial issues in families that will detract from their ability to provide care if not addressed by increasing parental capacity, problem solving ability and improving understanding of where to seek assistance in the future. - Where there are difficulties in the relationship between the infant and the caregiver. Intervention is focussed on the difficulties in this relationship. Teams have a range of allied health staff including Aboriginal Cultural Consultants, Psychologists, Social Workers and Family Workers. Services may be provided on an individual or group basis. Consultation and facilitation of case reviews are provided to Child and Family Health Service staff.	Recurrent State Government funding.	Monthly activity and financial data reporting.
Primary Health Care Services That Can Deliver - Vulnerable Infants Support Services	The Vulnerable Infants Support Service is provided throughout the metro area. It provides additional service responses to highly vulnerable infants and parents experiencing active adversity.	State Government funding under COAG until June 2013.	Monthly, quarterly and annual activity and financial data reporting.

Table 11A.93 South Australia, community health services programs

Programs funded by the SA Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
Port Pirie Lead Implementation Program (Environmental Health Centre)	This program monitors lead levels in blood of the Port Pirie community with a particular focus on pregnant women and children aged 0-5 years. This program provides intervention to reduce blood lead levels in children and pregnant women and provides ongoing community education around safe lead practices. This program is provided via the CHSALHN.	Recurrent State Government funding.	Quarterly lead in blood data used as the basis of the technical paper produced by the Public Health Department of DHA.
Women's health and wellbeing	The provision of Women's health and wellbeing programs are provided statewide. This includes:		
	Community Midwifery Program , provided via the NALHN includes the provision of antenatal, birthing (including home births) and postnatal services to vulnerable women in the northern Adelaide region.	Recurrent State Government funding.	Monthly activity and financial data reporting provided by hospital auspicing program.
	The *Women's Health Statewide Service* , provided through the W&CHN, focuses on mental health and the effects of violence and abuse. This includes: referral, counselling in the areas of anxiety and depression related to interpersonal trauma, disordered eating, health information and resource development, projects including a specific Aboriginal Women's health project. Key populations include Aboriginal and Torres Strait Islander, culturally and linguistically diverse and rural and remote. A community development project targeting women of newly arrived communities from countries which practice female genital mutilation. Support to HIV positive and affected women is provided via the *Women's Health Statewide Service* .	Recurrent State Government funding and budget variations. Commonwealth PHOFA HIV funding.	Monthly activity and financial data reporting. Quarterly performance reporting.

Table 11A.93 **South Australia, community health services programs**

Programs funded by the SA Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
	The *Women's Primary Health Care Service* is a service provided through the SALHN, NALHN and CHSALHN. This program provides a range of primary health care services from a multidisciplinary team aimed at prevention and early intervention to promote the health and wellbeing of vulnerable populations. Services include: health education/promotion, sexual health clinics, well women clinics, nursing and medical clinics, therapeutic and lifestyle counselling and group interventions.	Recurrent State Government funding.	Monthly activity and financial data reporting (metro). Six monthly activity and financial data reporting (Country).
Men's health and wellbeing	Men's Health and Wellbeing initiatives are provides across most LHN's. Such initiatives included:		
	Strong Fathers, Strong Families Project. This is an initiative to promote the role of Aboriginal fathers, partners, grandfathers and uncles, and encourage them to actively participate in their children's and families' lives, particularly in the antenatal period and early childhood development years. This project is provided through the NALHN.	Commonwealth Funding.	Quarterly and annual activity and financial data reporting.
	Men's Primary Health Care Services include a range of primary health care services and programs provided by multidisciplinary teams from community settings aimed at prevention, early intervention and community capacity building to protect the health and wellbeing of the community. The program includes support of some men's shed programs.	Recurrent State Government funding.	Monthly activity and financial data reporting (metro). Six monthly activity and financial data reporting (Country).
Youth health and wellbeing	Youth health and wellbeing is of focus across metro and country areas. Initiatives range from mental health services, Aboriginal health, chronic disease and sexual health. Programs include:		

Table 11A.93 **South Australia, community health services programs**

Programs funded by the SA Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
	Youth Primary Health Care Services, which is a primary health care and sexual health services for young people and is provided through primary health care services. This includes Shopfront, Marion Youth Services and country programs.	Recurrent State Government funding.	Monthly activity and financial data reporting.
	Via the W&CHN, The *Second Story Youth Health Service* provides primary health services to young people aged 12 – 25 years from key population groups, including Aboriginal and Torres Strait Islander; 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 at risk of developing chronic disease. Services include: health information, assessment and referral, sexual health, medical and nursing clinics, counselling and group programs, and funded projects.	Recurrent State Government funding and budget variations. Commonwealth PHOFA HIV funding.	Monthly activity and financial data reporting. Quarterly performance reporting.
	Additionally, there a number of youth Aboriginal services provided metro wide, including: *Healthy Transition to Adulthood*: CAMHS in APY Lands provided through Anangu Pitjantjatjara Yankunytjatjara Lands, northern South Australia. This program involves the expansion of Child and Adolescent Mental Health Services to include a team permanently located in the APY Lands. The *Healthy Transition to Adulthood: Journey Home* is a statewide program focused on the mental health and wellbeing support for young people exiting the juvenile justice system that aims to provide a culturally relevant, family inclusive and effective transition program for young offenders.	State Government funding under COAG until June 2013.	Monthly, quarterly and annual activity and financial data reporting.

Table 11A.93 **South Australia, community health services programs**

Programs funded by the SA Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
	The third Healthy Transition to Adulthood program is the *Aboriginal focus schools and investing in Aboriginal youth initiative*. This is a statewide expansion of existing programs that provide relationship education, health literacy education and the promotion of health-protective behaviours for Indigenous youth (See also SHine SA).		
Children's Health And Wellbeing	There is a significant focus on children's health and wellbeing across the state. Initiatives include:		
	Child and Adolescent Mental Health Services which operates, through the W&CHN, provides a network of community based teams together with tertiary inpatient and group programs. This program provides mental health services to children, adolescents and young people up to 18 years who are experiencing emotional, behavioural or psychiatric problems. This includes: therapeutic services, child, adolescent and family specialists (e.g. clinical psychologists, psychiatrists, social workers and mental health nurses), individual therapy, and mental health information, training and consultation to general practitioners, schools and other government and non-government agencies.	Recurrent State Government funding.	Monthly activity and financial data reporting.

Table 11A.93 **South Australia, community health services programs**

Programs funded by the SA Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
	The Child Development Unit Program provides specialist paediatricians and allied health staff (psychologists, speech pathologists, occupational therapists, physiotherapists, an education consultant and social worker) undertake comprehensive assessments of children with complex developmental/behavioural issues which are impacting on the child's functioning. Reports are completed and recommendations are made for appropriate follow-up services. Assessments are completed in the metropolitan Child Development Unit located at the Women's and Children's Hospital and also via outreach services at country and regional locations. This is managed through the W&CHN.	Recurrent State Government funding.	Monthly activity and financial data reporting.
	The *Children and Families Allied Health Services Program* is provided via the CALHN and involves a range of allied health services (including speech pathology, occupational therapy, physiotherapy, social work, dietetic/nutrition and podiatry). This program is provided in primary healthcare and DECD Children's Centres including individual therapy, health information, education, group work and advocacy.	Recurrent State Government funding.	Quarterly and annual client activity reports.
	W&CHN provides access to the *Child and Family Health Service* . This service is provided from over 120 sites across the state and provides a range of child wellbeing, development and parenting supports for families of children aged 0-5 years. These are provided in a variety of settings, from groups to 1:1 consultations, and include a residential feeding and settling service, and access to information via the telephone and internet. Where appropriate, families are linked in with other services.	Recurrent State Government funding.	Monthly activity and financial data reporting.

Table 11A.93 **South Australia, community health services programs**

Programs funded by the SA Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
	The *Child Protection and Advocacy Services* involve assessing and treating children from birth to 18 years and their families where there are suspicions of child abuse and neglect. This program provides telephone consultations with Families SA, Police and health workers, undertakes interagency strategy discussions, and provides forensic medical assessment and crisis psychosocial response, psychological and parenting assessments, and therapy for children and families.	Recurrent State Government funding.	Financial data reporting only.
	Early Childhood Development Services are provided across the state. These services provide multi-disciplinary interventions for children aged 0-4 years with, or at risk of developmental delays.	Recurrent State Government funding.	Monthly activity and financial data reporting.
	CHSALHN lead the *Child Development Program*, which provides specialist paediatricians and allied health staff to assess children in community and country locations with specific behavioural and cognitive issues which are impacting on the child's development. Referrals are made to appropriate specialists.	Recurrent State Government funding.	Monthly activity and financial data reporting.
	Making Indigenous Health Everyone's Business - Children's Services is a statewide initiative and increases access for Indigenous children and families to health promotion and intensive intervention services through children's services.	State Government funding under COAG until June 2013.	Monthly activity and financial data reporting.
Immunisation	The W&CHN provide Vaccinations though the Vaccination Programs as part of the National Immunisation Program.	Commonwealth and State Government funding.	Registered) Immunisation providers enter data onto the Australian Childhood Immunisation Register.

Table 11A.93 South Australia, community health services programs

Programs funded by the SA Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
Screening	Breast cancer screening is provided via BreastScreen SA 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 metropolitan clinics and three mobile units. This is a statewide service.	Recurrent Commonwealth and State Government funding.	Monthly activity and financial data reporting to State Government, and annual reporting to BreastScreen Australia.
Health Promotion and Risk Reduction	The *Do-it-for-life program* is a lifestyle modification program and is aimed at high risk adults with SNAPS risk factors (Smoking, Nutrition, Alcohol, Physical Inactivity and Stress). Eligible clients are from vulnerable and disadvantaged populations who are assessed at risk of developing chronic disease.	State Government funding.	Six monthly activity and financial data reporting.
	Health Promotion Officers – Eat Well Be Active Program is based on the SA Eat Well Be Active Strategy 2011-2016 and is provided across SA. Regional coordinators are based in a number of regions to assist addressing, coordinating and advocating for programs and solutions that support healthy eating and physical activity. The target group is children and their parents and families.	Recurrent State Government funding.	Six monthly activity and financial reporting.
	The *OPAL (Obesity Prevention and Lifestyle) program* is a community based, childhood obesity prevention initiative based on the French EPODE program. OPAL is a $40m, 10 year (2009-2018), joint Federal, State and Local Government initiative that is located in 20 communities (with 19 local Councils) across South Australia	Shared State and Federal Government funding.	Quarterly activity and financial reporting – from SA Health staff stationed in Councils.
	The *Regional Falls Prevention Program* is run through the CALHN and NALHN and provides a regional approach to falls prevention and support for complex fallers with the aim of reducing disability and hospital presentations.	Non-recurrent State Government funding.	Monthly activity and financial data reporting.

Objective: Providing timely and high quality healthcare that meets individual needs throughout the lifespan — directly, and/or by facilitating access to appropriate service(s); and

Table 11A.93 South Australia, community health services programs

Programs funded by the SA Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
Objective: Coordinating service provision to ensure continuity of care where more than one service type and/or ongoing service provision is required to meet individuals' healthcare needs.			
Paediatric Rehabilitation Program	The Paediatric Rehabilitation Program, via the W&CHN, provides Rehabilitation Consultant services to community clinics to provide specialist medical assessment and intervention. The program provides both inpatient and ambulatory intensive rehabilitation programs. Teams are medically led and are comprised of multidisciplinary allied health professionals. A Movement Disorders Program is run through the Paediatric Rehabilitation Department located in the Women's and Children's Hospital.	Recurrent State Government funding. Combination of State Government and Federal Government Funding.	Monthly activity and financial data reporting.
Community Nursing Services	A range of Community Nursing Services are provided statewide via home care nursing and can include post acute care, pre and post natal care and midwifery in select locations, palliative care, chronic disease management/support, wound management, burns management, domiciliary oxygen management, continence nursing (including stomal therapy), diabetes nurse educators, breast care and domiciliary care services. Community nurses also deliver Primary Health Care initiatives and support or lead Health Promotion programs and deliver Department of Veteran Affairs Community Nursing Programs. Referrals in the metropolitan area go through the Metropolitan Referral unit with the aim of reducing unplanned public hospital presentations and/or admissions.	Recurrent Commonwealth and State Government funding.	Monthly activity and financial data reporting.
Primary Health Nurses	Primary Health Nurses work in a range of settings, such as chronic disease and risk factor programs, mental health, cancer care, healthy ageing, pregnancy and antenatal care.	Recurrent State Government funding.	Monthly activity and financial data reporting.

Table 11A.93 South Australia, community health services programs

Programs funded by the SA Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
Allied Health	A range of allied health services (including speech pathology, occupational therapy, physiotherapy, social work, dietetics and podiatry) provided through community health with in reach into acute. Services include individual therapy, health promotion, group work and advocacy. Such services are provided in a range of settings including: GP Plus centres and Community Health Centres.	Recurrent State Government funding. (Funding for AH services comes from a range of sources including State funds).	Quarterly and annual client activity reports.
O'Brien Street Medical Practice specialising in Gay Men's Health	This service includes a range of General Practice and primary health care services provided by multidisciplinary services, including: chronic disease, HIV and Hepatitis C management education/promotion, sexual health clinics, allied health, therapeutic and lifestyle counselling within the CALHN.	Recurrent State Government funding.	Monthly activity and financial data reporting.
Country Home Link and the Rapid Intensive Brokerage Support (RIBS) program	CHSALHN provide 2 key hospital avoidance programs including Country Home Link and the Rapid Intensive Brokerage Support (RIBS) program. These programs provide access to flexible services and equipment for country consumers to avoid the need for hospital admission to metropolitan hospital (Country Home Link) and country hospitals (RIBS). These programs also support early discharge from hospitals. Examples of services provided include: showering and personal care, transportation, medication management/supervision, client observation in their own home, and linkages to ongoing longer term services, allied health, acute wound care, allied health services, intravenous therapy, tracheostomy care and PEG care.	Recurrent State Government funding.	Not Provided.

Table 11A.93 South Australia, community health services programs

Programs funded by the SA Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
Health Care at Home	This statewide initiative, Health Care at Home (formerly Metro-Home link), is a program led via a large non-government organisation and receives Government funding towards providing a short term flexible, rapid response service for clients: - Avoiding an immediate presentation to a public hospital Emergency Department - Avoiding an admission to a public hospital and / or - Requiring short term post acute services. This program operates 24 hours, seven days a week to clients in their homes/community or residential care facilities. The services provided include: neonatal, babies, children, postnatal and antenatal care, general, sub and post acute care, end of life care, rehabilitation, wound care, medication management, mental health, and specialist nursing services. All referrals go through the Metropolitan Referral Unit.	State Government funding until 2016.	Monthly activity and financial data reporting.
Aboriginal Health	Primary health care services include: - Health Checks / Assessments which aims to detect chronic conditions early, with timely referral to appropriate diagnostic and support services. - Family Wellness is a statewide initiative aimed at improving the engagement, trust and participation between Indigenous Australians and health service providers to promote early intervention, prevention and early detection of chronic disease. - Health Promotion - The Chronic Disease Management program investigates the impact on existing primary health care and hospital services demand and improve the quality of disease through audits of services against best practice standards.	Some recurrent State and additional COAG funding for specific initiatives.	Monthly, quarterly and annual activity and financial data reporting.

Table 11A.93 South Australia, community health services programs

Programs funded by the SA Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
Oral health	A significant number of oral health programs are undertaken statewide covering numerous aspects of the community. Such initiatives include: • Aboriginal Oral Health Program, which aims to increase the attendance of Aboriginal children and adults in mainstream dental services by increasing culturally appropriate resources. • Aged Care Oral Health Projects which are various projects to improve the oral health of certain aged care populations, both in residential care and community living. • Community Dental Service, providing 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. • Oral care for people with special needs provides identification and referral to dental services for people living in Supported Residential Facilities and those experiencing homelessness in the Adelaide CBD. • The Population Oral Health Program provides the development and implementation of a Lift the Lip referral tool for general practitioners, nurses and childcare workers. • The School Dental Service provides a regular, preventive focused general dental care for pre-school aged, primary and secondary school children less than 18 years of age. • The Clinical Placements Program provides general & emergency dental services for concession card holders, provided in association with students of the University of Adelaide.	Recurrent State Government funding and additional COAG funding for specific initiatives.	Monthly activity and financial data reporting.

Table 11A.93 South Australia, community health services programs

Programs funded by the SA Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
	• The Newly Arrived Migrants with a Refugee Background program provides a clinical need assessment in the first year of residency in South Australia and priority access for one course of general dental care. The aim is to reduce multiple emergency presentations.	Recurrent State Government funding.	New program implemented early 2012 and will be evaluated in September 2012.
Alcohol and other drugs	The Drug and Alcohol Service South Australia (DASSA) lead a number of alcohol and other drug related initiatives across the state with a focus on the Aboriginal and non-aboriginal population, including:		
	• Aboriginal Population Health Programs, which identifies, develops and evaluates strategies that effectively respond to the needs of Aboriginal people and communities affected by substance misuse, including tobacco, alcohol, illicit drugs, pharmaceuticals and volatile substances. This work is undertaken in partnership with Aboriginal organisations and communities, and includes the provision of advice at the national, state and regional levels.	Recurrent State Government funding.	Monthly activity and financial data reporting.
	• The Aboriginal Connection Program (formerly known as the Aboriginal Substance Misuse Connection Program) is a dedicated drug and alcohol treatment service for Aboriginal people. The focus area of this service is primarily based on the inner city of Adelaide, and also extends to the metropolitan regions of Adelaide. Clients of this service have complex needs and are homeless or at risk of homelessness.	State Government funding until December 2013.	Monthly activity and financial data reporting.
	• APY Lands Substance Misuse Service aims to provide a range of specialist treatment interventions for Anangu with problematic alcohol and other drug use through direct service provision, collaboration with other agencies and primary health care services. The service also provides advice and support to family members of people affected by problematic substance misuse.	Recurrent Commonwealth and State Government funding.	Monthly activity and financial data reporting.

Table 11A.93 **South Australia, community health services programs**

Programs funded by the SA Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
	• Alcohol and Drug Information Service is 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.	Quarterly and annual client activity reports.
	• The City Watch House Community Nursing Service is a program that provides assessment, treatment, management and referral of people held in police custody at the City Watch House. It is recognised that it is within the first 24 hours in custody that people are at the most risk for impulsive behaviours due to situational crisis, intoxication, mental health issues and withdrawal from substances. The program assists SAPOL in managing physical and mental health issues of detainees held in custody. The program provides consultation, liaison and referral to community services for detainees which includes DASSA services, Mental Health services, Street to Home, general practitioners, Aboriginal Prisoners & Offenders Support Services and other government and non-government services while detained and in custody at the City Watch House.	Recurrent State Government funding.	Quarterly data, activity reports and financial data reporting.
	• The Clean Needle Program is an important public health initiative aimed at reducing the spread of blood borne viruses, including Hepatitis B, Hepatitis C and HIV. Access to sterile injecting equipment through this program is vital to reduce the spread of blood borne viruses amongst injecting drug users and to reduce the risk of blood borne virus transmission to the broader community.	Recurrent Commonwealth and State Government funding.	Annual activity reporting to the Commonwealth.

Table 11A.93 **South Australia, community health services programs**

Programs funded by the SA Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
	• The Community Service Centres provide a free, confidential service at a number of locations across Adelaide (4 clinics) and regional centres (13 clinics) of South Australia, 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, information sessions for community groups and consultation, education and training for other professionals on alcohol and other drug issues. The Adelaide based clinics also provide maintenance pharmacotherapy services (e.g. methadone and buprenorphine) as well as outpatient counselling for opioid-dependent clinics. This service is also the point of referral, liaison and support for private prescribers and community pharmacists.	Recurrent Commonwealth and State Government funding.	Monthly activity reporting.
	• The Courts Administration Authority Six-Month Drug Treatment Program and Youth Court Assessment and Referral Drug Scheme programs provide drug assessment and treatment services to clients who defendants are appearing before a Magistrates Court or Youth Court, who's offending, may be drug-related, and are referred to the program by the Court.	Funded under the National Health Care Agreement until 30 September 2012.	Quarterly and annual client activity reporting.
	• The Driver Assessment Clinic is a statewide initiative that 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.	Annual activity report. Annual attendance / non-attendance reports to Courts Administration Authority and the Registrar of Motor Vehicles.

Table 11A.93 **South Australia, community health services programs**

Programs funded by the SA Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
	• The Woolshed is a therapeutic community for men and women aged 18 years and 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 reporting.
	• The Cancer Council SA is funded to deliver The Tobacco Cessation Service to provide the Quit SA service. This delivers smoking cessation support for South Australians through telephone counselling, text messaging and internet based information, and through projects targeting specific high prevalence populations.	Funded through contract with SA Health.	Quarterly activity and financial data reporting.
	• The Early Intervention Pilot Program is undertaken in partnership with South Australia Police and the Office of Crime Statistics and Research. It is a diversion program targeting young people aged 10 to 17 years who have been detected by the police for a range of issues related to alcohol and diverted through to the health system. The program was operational from 1 August 2010 to 30 June 2013. Activity to June 2013 will be focussed on considering the outcomes of the evaluation and developing a policy position and strategies to guide future responses to young people and alcohol.	Four year Commonwealth Government funding.	Six-monthly progress reports.

Table 11A.93 **South Australia, community health services programs**

Programs funded by the SA Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
	• Withdrawal Management Services offer assessment and inpatient medical detoxification in a supportive environment for people withdrawing from alcohol and a range of other drugs. This is a free and confidential service where no referral is required. Withdrawal Services are currently working with the SA Health major projects office and Mental Health services on the transition plan to a new purpose built facility co-located with Adult Mental Health Services, Country Mental Health Services, and peri-natal Mental Health Services. Relocation of Withdrawal Services to the new Glenside facilities is proposed for May 2013.	Recurrent State Government funding.	Monthly activity reporting.
	The Drug and Alcohol Support for the Community Protection Panel (commencing Sept 2011) is a Case Management Team that provides assertive case management to repeat young offenders (12 -20 years) and their families with the aim of reducing re-offending and promote integration, functionality and participation in their communities. The DASSA service includes providing expert drug and alcohol assessment and intervention to clients and their families, as well as ongoing support, mentoring and clinical supervision in relation to alcohol, tobacco and other drug issues to the other team members.	Recurrent State Government funding until 30 June 2013.	Six-monthly progress reports.
	Within the CHSALHN, Day centres at Ceduna and Port Augusta provide a range of diversionary activities and non-residential rehabilitation and support services for people living in these communities to augment their sobering-up centres and mobile assistance patrols.	Commonwealth Government funding reviewed annually.	Six monthly activity and annual financial data reporting.
	In CHSALHN, 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	Funded under the National Health Care Agreement.	Quarterly client activity reports. Annual statistical overview report.

Table 11A.93 South Australia, community health services programs

Programs funded by the SA Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
	The *Drug and Alcohol Support for the Reunification Initiative* is a Department for Education and Child Development initiative which provides a multidisciplinary approach to working families, including responses to alcohol and other drug issues affecting parenting capacity.	State Government funding until 13 March 2014.	Ad-hoc reports as required. Expenditure report at end of financial year.
	DASSA is funded to provide services which will reduce the alcohol and other drug intake of parents involved in the program thereby contributing to a reduction in the numbers of children entering alternative care, and/or increasing the number of children reunified with their birth families by providing a coordinated, multidisciplinary service response to families.	State Government funding under COAG until June 2013.	Monthly, quarterly and annual activity and financial data reporting.
	Under the National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes, South Australia is committing $5.76 million over four years to address smoking among Aboriginal people. This funds the Tackling Smoking initiative until June 2013. The aim of the Tackling Smoking initiative is to reduce smoking rates and the consequent burden of tobacco related disease for Aboriginal people by delivering effective marketing campaigns and quit smoking services. Initiatives include: - Social Marketing Campaigns. This initiative aims to increase awareness of the harms associated with tobacco use and encourage quit attempts. - Quit Smoking initiatives to reduce tobacco smoking among Indigenous Australians in South Australia with a component specific to pregnant Aboriginal women. - Evaluation of Smoking Initiatives is a program to assist with the collection of qualitative and quantitative data for all 'Tackling Smoking' initiatives under the National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes.		

Table 11A.93 **South Australia, community health services programs**

Programs funded by the SA Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
	- Tackling Smoking Enforcement Activities is a program aimed at increasing legislative and regulatory compliance of the sale, supply and use of tobacco products in regional and remote Aboriginal communities in South Australia.		
Sexual health	*SHine SA* is a Non-Government Organisation that provides sexual health services including: Sexually transmitted infection screening, counselling and community education. Priority groups include youth, Aboriginal community, same sex attracted and the culturally and linguistically diverse.	Recurrent State Government and COAG funding.	Quarterly activity and financial data reporting.
	The Yarrow Place Rape and Sexual Assault Service is provided via the W&CHN and provides a 24 hour crisis response for recent sexual assault (age 16 and above) which can include crisis counselling, ongoing counselling and support, medical care and follow up medical care, collection of forensic evidence, group programs, education, training and consultation for workers.	Recurrent State Government funding.	Monthly activity and financial data reporting.

* COAG funding includes a variety of initiatives including National Partnerships such as Closing the Gap.

Source : SA Government unpublished.

Table 11A.94 Tasmania, community health services programs

Programs funded by the Tasmanian Government during 2011-12

Program area	*Description*	*Budgetary context*	*Reporting*
Objective: Improving access to services			
General	**Primary Health** brings together a wide range of community and rural health services to meet the needs of both 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 non-government providers. 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 emergency services.	The majority of funding is allocated from the State budget. During 2010-2012 Area Health Services (North, South, North West) were responsible for area spending and overseeing program delivery. From 2012-2013 these will be replaced by Tasmanian Health Organisations under the national health reforms. Services are provided in accordance with the Tasmanian Government's Output Budgeting framework. Services are funded through identified outputs within the Department of Health and Human Services (DHHS) budget.	Performance Information is collected and reported at the State level through Budget Papers, Annual Report, Key Activity and Performance Information reports and Tasmania Together. National reporting through: National Minimum Data Sets, Reports on Government Services, Australian Institute of Health and Welfare (AIHW), National Healthcare Agreement (NHA), Australian Council of Healthcare Standards.
	Palliative Care Services – specialist palliative care clinicians work within a consultancy framework across the health sector to support primary health service providers in urban and rural areas to provide quality palliative care.	Australian Government funds	Reporting in accordance with specific program requirements.

Table 11A.94 **Tasmania, community health services programs**

Programs funded by the Tasmanian Government during 2011-12

Program area	*Description*	*Budgetary context*	*Reporting*
	Other Primary Health services include Aged Care Assessment Teams, Community Equipment Scheme, Community Rehabilitation Services, Community Therapy Services, (Physiotherapy, Speech Pathology, Occupational Therapy and Podiatry) Continence Services, 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. *Regional Health Services* – the Australian Government Rural Primary Health Program funds a number of rural health and wellbeing programs in a number of rural communities. Programs include Multipurpose Services/Centres, Rural Health Services, More Allied Health Services (MAHS) and Medical Specialist Outreach Assistance Program (MSOAP).		
Overcoming cultural/language barriers	Interpreter services Tasmanian Department of Health and Human Services (DHHS) provides access to Interpreter Services for CALD clients in all health settings as required.	Services are purchased on an 'as needs' basis	As above
Overcoming geographical barriers	Rural Health Facility Emergency Response. Emergency services provided at some rural sites and three sites also operate an ambulance service. 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 and MSOAP.	As for Primary Health above	As for Primary Health above

Table 11A.94 **Tasmania, community health services programs**

Programs funded by the Tasmanian Government during 2011-12

Program area	*Description*	*Budgetary context*	*Reporting*
	Telehealth available at 140 facilities in Tasmania to facilitate clinical, administrative and professional education, supervision and development for State, Federal, NGOs and external organizations		
	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.		
Overcoming socioeconomic barriers	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.	As above	As above
	Any 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.		
Overcoming social isolation barriers	Day centres. Providing social support and activities for the frail, aged and people with a disability at DHHS Day Centres around the State.	As above	As above
	Community Health provides coordination of the Agency's community recovery responsibilities covering the human and social elements of disaster recovery.		
Objective: Promoting health and preventing illness, early detection			
Maternal and child health	The Child Health and Parenting Service provides child health, growth and developmental assessments, parent support and information and early intervention services.	State funded	As above

Table 11A.94 **Tasmania, community health services programs**

Programs funded by the Tasmanian Government during 2011-12

Program area	*Description*	*Budgetary context*	*Reporting*
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.	As above	As above
Children's health and wellbeing	The Child Health and Parenting Service provides child health, growth and developmental assessments, parent support and information and early intervention services.	As above	As above
Screening	BreastScreen Tasmania provides free screening mammograms for the women of Tasmania through clinics in Hobart, Launceston and a Mobile Unit.	As above	As above
Other program areas	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. Alcohol and Drug Services provide a range of specialist alcohol and other drug interventions and treatments at both individual and population levels. 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. 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 collected and reported at 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, RoGS, Tasmania Together, the AIHW, NHA and Australian Council of Healthcare Standards.

Source : Tasmanian Government unpublished.

Table 11A.95 Australian Capital Territory, community health services programs

Programs funded by the ACT Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
Objective: Promoting health and preventing illness, early detection			
Child, Youth & Women's Health Program	Provides: • Maternal and Child Health nursing services including universal first home visit, child health checks, early childhood immunisation, parenting education and support and vulnerable families program. • Child Health Targeted Support services including Child Health Medical Officers and Community Paediatricians; the Child at Risk Health Unit. Provides specialist health services to children and young people and their families or carers who have been affected by abuse and neglect; and the IMPACT Program which supports families who are pregnant or have children less than 2yrs and are clients of Mental Health and or are receiving Opioid Replacement Therapy. • School based programs including immunisation programs; kindergarten health checks, school youth health nurses; nursing in special schools and support for children with complex health issues in schools. • Asthma education, nurse audiometrists and orthoptic screening, social work physiotherapy, and nutrition services. • Specialised services for children dependent on respiratory technology in homes and schools. • Women's Health Service provides nursing, medical and counselling services, including cervical screening, for women who experience significant barriers to accessing health services. • Child Protection Training	Through a designated budget	Monthly/Annual reports against output targets and budget

Table 11A.95 **Australian Capital Territory, community health services programs**

Programs funded by the ACT Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
Corrections Health	Provides Primary Health Care services and coordinates clinical services at secondary and tertiary level to adult and youth detention services through the Alexander Maconochie Centre and Bimberi Youth Justice Centre respectively.	Through a designated budget	Monthly/Annual reports against output targets and budget
Community Care, Division of Rehabilitation, Aged and Community Care	Provides multidisciplinary continuum of care services (nursing, podiatry, physiotherapy, occupational therapy, nutrition, social work) - acute, post acute and rapid response services; specialist nursing assessments and self management of chronic conditions program.	Through a designated budget: • Some services HACC funded • Remainder ACT Government funding.	Monthly/Annual reports against a range of indicators including output targets, budget and quality indicators. Health Directorate's Annual Report include Accountability Indicators related to achievement of occasions of service targets for nursing and allied health services. HACC outputs data reported quarterly and submitted 6 monthly

Table 11A.95 **Australian Capital Territory, community health services programs**

Programs funded by the ACT Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
Alcohol and Drug Services	The Alcohol and Drug Services provides: 1. Consultation and Liaison Services including co – morbidity service, IMPACT program, health promotion and harm minimisation education, withdrawal management, information and referral for health professionals, clients and families for those clients admitted to Canberra Hospital; 2. Withdrawal Services including supervised inpatient and outpatient withdrawal, education and support groups, counselling, liaison and referral to other specialist services; 3. Co- morbidity services to support clients who have mental health conditions and/or other drug issues; 4.Opioid Treatment Services including provision of opioid substitution pharmacotherapy treatment and key worker support to improve the health of clients; 5. Counselling and Treatment Services for adults, young people, family members and carers, therapeutic groups, 24 hr help line, Intake Telephone Service; 6.Diversion Services following referrals from the AFP or ACT courts, case management, referrals to appropriate treatment services; 7. Specialists Medical Services including comprehensive drug and alcohol management, induction and ongoing care for clients with complex needs who are prescribed opiate replacement, liaison and provision of medical advice and care to inpatients, GP's and health practitioner ; 8.Services for women's health, sexual health and health promotion.	Through a designated budget and commonwealth initiatives	Monthly/Quarterly/Annual reports against output targets and budgets

Table 11A.95 **Australian Capital Territory, community health services programs**

Programs funded by the ACT Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
BreastScreen ACT, Capital Region Cancer Service (CRCS).	The BreastScreen ACT Program commenced in the ACT in 1991. The Program was established as part of the National BreastScreen Australia Program and provides a screening service for the early detection of breast cancer. It is targeted specifically to well women who are resident in the ACT, without symptoms and in the age bracket of 50-69 years, although women 40 -49 years and 70 years and older are eligible to attend. As this is a population screening program, the main aim is to reduce the incidence of morbidity and mortality by achieving a participation rate of 70% among women aged 50-69 years. BreastScreen ACT is jointly funded by the ACT Government and The Commonwealth. There are two components of the Program. The screening and assessment services provide all services from the initial mammogram to any follow-up diagnostic procedures needed. In the ACT services are provided through two clinics. The ACT Government is responsible for the implementation of the Program at a local level and the Australian Government provides overall coordination of policy formulation, national data collection, quality control, monitoring and evaluation. The collection of data in BreastScreen ACT is a high priority, as it enables the monitoring of the program's efficiency and performance and provides a means to ensure that high quality is maintained. A National Standardised Data Set, definitions and common performance measures have been developed. All states and territories have agreed to collect data in accordance with the Standardised Data Set.	Designated budget. The program is jointly funded by the ACT Government and the Commonwealth Government.	Monthly and annual reporting of key accountability indicators to ACT Government. Annual reporting against key components of the National data set to DoHA via the Australian Institute of Health and Welfare (AIHW) and the Review of Government Services (ROGS).

Table 11A.95 **Australian Capital Territory, community health services programs**

Programs funded by the ACT Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
Immunisation	The Health Protection Service (HPS) coordinates and implements the National Immunisation Program (NIP) and ACT vaccination programs across both public and private sectors in the ACT. HPS develops strategic and operational immunisation policies for the ACT; provides clinical advice about vaccinations and immunisations to members of the public, immunisation providers and health care professionals; and provides education to health care professionals and immunisation providers. Vaccine is ordered and distributed to immunisation providers. Within the HPS, the Vaccine Management Unit (VMU) delivers NIP and ACT funded vaccine to Child Health clinics, general practices, hospitals and other immunisation providers. The VMU staff monitor storage conditions of vaccine to ensure cold chain standards are maintained as per national guidelines. Vaccine use is monitored and policies implemented to ensure high immunisation coverage in eligible groups in the ACT. HPS purchases stocks of rabies vaccine and immunoglobulin (RIG) for the post exposure treatment of: returning travellers bitten or scratched by animals in countries where Rabies is prevalent ; or people bitten or scratched by bats in Australia (Australian Bat Lyssavirus (ABL)). HPS also stocks quantities of Hepatitis A vaccine for use in post exposure treatment of people exposed to Hepatitis A. Stocks of Normal Human Immunoglobulin and Zoster Immunoglobulin are also held by HPS for measles and varicella post exposure treatment . To improve vaccination rates of refugees (mostly ineligible for vaccines on the NIP), HPS provides Inactivated Polio (IPOL) and	Through a designated budget (program coordination and vaccine delivery). NIP vaccines are funded or provided by the Department of Health and Ageing (DoHA) as part of the National Partnership Agreement on Essential Vaccines	Immunisation coverage in children – quarterly and annual reporting against targets and budgets. NIP vaccine usage levels are reported to the Department of Health and Ageing (DoHA) quarterly as part of the National Partnership Agreement on Essential Vaccines. HPS reports RIG usage to Communicable Disease Network Australia (CDNA).

Table 11A.95 **Australian Capital Territory, community health services programs**

Programs funded by the ACT Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
Dental Screening	The Dental Health Program conducts screening and health promotion activities targeting early childhood and primary school aged children, Koori pre-schools and alcohol and drug programs. The Dental Health Program has various Memorandum's of Understandings with external stakeholders to facilitate timely and appropriate access. The targeted client groups include refugees, homeless people, clients with disabilities, mental illness and alcohol and drug programs, Winnunga Nimmityjah Aboriginal Health Services and some specified medical conditions. Through the collaboration with Adelaide University, the Dental Health Program hosts dentistry student placements. With the combination of student placements and a recruitment strategy, the public dental workforce capacity is positive with no dentist vacancies.	Through a designated budget	Monthly reporting through scorecard
Cervical Screening	The Cervical screening program ACT register is part of the National Screening Program. It targets women who have been sexually active in any stage of their lives to have a Pap smear every two years until the age of 70 years.	Through a designated budget	Monthly/6 monthly/Annual reports against internal and national key activity indicators 6 monthly against key laboratory accreditation indicators

Table 11A.95 **Australian Capital Territory, community health services programs**

Programs funded by the ACT Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
	The Program seeks to reduce morbidity and mortality from cervical cancer by: maximising participation by eligible women in routine 2 yearly screening; encouraging practitioners to collect cervical smears containing adequate samples of cervical cells; instituting a uniform and reliable reporting system; developing appropriate evaluation and management protocols for women with screen-detected abnormalities; and promoting effective treatment and follow-up for women with screen-detected abnormalities.		Annual submission of data to the Australian Social Health Atlas
Objective: Providing timely and high quality healthcare that meets individual needs throughout the lifespan — directly, and/or by facilitating access to appropriate service(s); and			
Objective: Coordinating service provision to ensure continuity of care where more than one service type and/or ongoing service provision is required to meet individuals' healthcare needs.			
Oral health	The Dental Health Program provides adult and child & youth dental services to eligible clients; oral health promotion activities; oral health information and advice; assessments and restorative dental treatment; oral surgery in community based clinics and under general anaesthetic; dentures and dental appliances; oral hygiene; domiciliary dental services and dental emergency services.	Through a designated budget	Monthly/Annual reports against output targets and budget
Alcohol and other drugs	The Alcohol and Drug Program provides consultation and liaison and withdrawal services; liaison and clinical advice to health professionals; services to women on the program who are pregnant or have babies; education and information to community groups and organizations.	Through a designated budget	Monthly/Annual reports against output targets and budget

Table 11A.95 **Australian Capital Territory, community health services programs**

Programs funded by the ACT Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
Sexual Health and Blood Borne Virus Policy (SH&BBV Program)	The Sexual Health and Blood Borne Virus (SH&BBV) Program implements the HIV/AIDS, Hepatitis C, Sexually Transmissible Infections: A Strategic Framework for the ACT 2007-2012 whose goals include the following: 1. Reduce the transmission in the ACT of HIV, hepatitis C (HCV), and sexually transmissible infections (STI); 2. Increase access for ACT residents to testing and treatment for HIV, HCV and STIs; and, 3. Improve the health and wellbeing of ACT residents living with HIV/AIDS and HCV and reduce the morbidity associated with undiagnosed and untreated STIs. To achieve these goals, the SH&BBV Program works in collaboration with Government agencies and supports ACT community-based non-governmental organisations to deliver community health, sexual health and blood borne virus screening, prevention, care and treatment programs to priority populations. The SH&BBV Program works in partnership with the Canberra Sexual Health Centre at the Canberra Hospital on a range of initiatives to provide outreach screening and treatment services to at-risk populations. In addition, education and prevention campaigns to raise awareness of HIV, Hepatitis C and Sexually Transmitted Infections (STIs), including school-based and needs-based education are delivered to the general community as well as being	The SH&BBV Program is funded through the ACT Government and a combination of other Commonwealth funding initiatives.	Annual reports against output targets and budget.

Table 11A.95 **Australian Capital Territory, community health services programs**

Programs funded by the ACT Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
	Primary health care is provided for people living with HIV and Hepatitis C, those receiving treatment for STIs and those who may have been exposed to infection. These services are undertaken in general practice, the Canberra Sexual Health Centre, Sexual Health and Family Planning ACT, the ACT Medicare Local's HIV Program and other health care services / outreach programs. Support for people living with HIV/AIDS and Hepatitis C is provided through a diverse range of government and non-government organisations, and peer support groups including but not limited to the AIDS Action Council of the ACT and the ACT Hepatitis Resource Centre. These and other organisations such as schools also provide HIV/AIDS, Hepatitis C and STI awareness programs relevant to their client groups.		

Source : ACT Government unpublished.

Table 11A.96 **Northern Territory, community health services programs**

Programs funded by the NT Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
Remote Health	The role of Remote Health is the delivery of evidence based, best practice primary health care services to Aboriginal and non-Aboriginal people in remote areas from a network of 54 Department of Health managed community health centres, and to collaborate with health services managed by non-government organisations and independent Aboriginal community controlled health services. Remote Health workforce consists of rural medical practitioners, remote area nurses, Aboriginal health practitioners, Aboriginal community workers and allied health professionals providing direct care to clients as a collaborative multidisciplinary team. Services include primary health care, 24 hour emergency care, medical evacuations, care and treatment for chronic disease and public health programs. In the remote setting, primary health care professionals work collaboratively with other departmental program professionals to deliver integrated and coordinated care to clients, targeting Preventable Chronic Disease, Maternal Child and Youth Health, Oral and Ear Health, Sexual Health, Mental Health, Alcohol and Other Drugs and Aged and Disability Services. Remote Health manages the relationships between the Northern Territory and Australian Government agencies and non-government organisations involved in primary health care, and for developing sustainable systems for effective and efficient service delivery. Consultation also occurs with the community to foster and develop community capacity, facilitate community decision making, promote and support the employment of local people and establish effective governance systems so that health services can successfully and confidently make the full transition to community controlled entities.	Remote Health services are funded through an identified program within the NT Department of Health budget. External funding is provided by Department of Health and Ageing through the Office for Aboriginal & Torres Strait Islander Health (OATSIH) under Stronger Futures NT.	Reporting – Performance targets against six Priority Action Areas. A suite of core Primary Health Care indicators (Aboriginal Health Key Performance Indicators) developed in conjunction with OATSIH) are reported against by all Government and non-Government remote primary health care service providers across the NT. Financial reports are published in the Department of Health Annual Report.

Table 11A.96 **Northern Territory, community health services programs**

Programs funded by the NT Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
Maternal Health Services	The role of Maternity Services is to provide contemporary, evidence-based, culturally appropriate models of care for Aboriginal women during pregnancy and the early postnatal period up to six weeks after birth. Remote Outreach Midwives provide clinical expertise, share knowledge and information through education and orientation to staff and have a role in provision of clinical services in communities where there is no midwife and/or where complex cases require expert input. Remote Area Midwives, based in some remote communities, provide pregnancy care and education, referring women into Midwifery Group Practices (MGP) and child health services. The MGP in Darwin and Alice Springs are urban-based services staffed by midwives who provide continuity of care to Aboriginal women residing in remote communities when they travel to Darwin or Alice Springs to give birth. Care and education is provided in the later part of pregnancy, through labour and birth and the early postnatal period. Community-based Strong Women Workers are employed in some communities, in collaboration with remote staff, to provide bi-cultural education and advice to promote healthier lifestyles and improve outcomes.	These services are funded through an identified program within the NT Department of Health budget and Northern Territory Closing The Gap funds. Some funding is also provided through the Council of Australian Government Indigenous Early Childhood Development National Partnership Agreement.	Performance targets against key functions of Community Health and Public Health Services and financial reports in Department of Health Annual Report. Performance milestones against the Indigenous Early Childhood Development National Partnership Agreement (NPA) Implementation Plan.

Table 11A.96 **Northern Territory, community health services programs**

Programs funded by the NT Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
Child / Youth Health Services	Child and Youth Health supports service providers delivering preventive health programs for children across the Northern Territory. Acknowledging the role of social determinants as drivers of poor child and adult health outcomes, and that these determinants do not sit solely within a health context, there is coordination between governmental and non-governmental services supporting children's and families' health and well-being in the Territory. This strategic approach supports frontline staff who work directly with children and families, to deliver evidence-based programs, focus on client outcomes and program evaluation. Work is progressing to deliver the Healthy Under 5 Kids program as the universal child health program for all children across the Northern Territory, regardless of geography or service agency. Supporting this, is development a child health information management system that provides a clearer of the picture of children's health in the Territory, as well as indicating areas of high need and providing appropriate program monitoring and workforce planning. Work has commenced in partnership with Menzies School of Health Research to get clearer understanding of the health issues confronting young people in the Northern Territory, as well as the principal drivers of those young people's health, to identify effective programs. Work is also underway to develop a specific Youth Health Strategy for the Territory. Council of Australian Government Indigenous Early Childhood Development NPA provides funding for programs supporting young people in respect of pregnancy and parenting.	These services are funded through an identified program within the NT Department of Health budget and Northern Territory Closing The Gap funds. Some funding is also provided through the Council of Australian Government Indigenous Early Childhood Development National Partnership Agreement.	Performance targets against key functions of Community Health and Public Health Services financial reports in Department of Health Annual Report. Performance milestones against the Indigenous Early Childhood Development NPA Implementation Plan.

Table 11A.96 **Northern Territory, community health services programs**

Programs funded by the NT Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
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 as well as 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 Northern Territory Department of Health budget Extra Children Services to prescribed Indigenous communities through Closing the Gap Commonwealth finding.	Performance targets against key functions of Community Health and Public Health Services and financial reports in Department of Health Annual Report. NPA reporting to the Australian Government. Final report to the Australian Government on Closing the Gap Program
Chronic Condition Services (previously Preventable chronic disease)	The Chronic Conditions Strategy Unit (CCSU) provides leadership and evidence-based advice to support the implementation of effective actions for prevention and management of chronic conditions. The CCSU works closely with policy makers, senior managers, health professionals, researchers and education providers in government and non-government services across the the Territory. The Northern Territory Chronic Conditions Prevention and Management Strategy 2010-2020 is the key document that guides Northern Territory health services, with all services committed to joint implementation. The priority areas include addressing social determinants and an increased focus on primary prevention.	The CCSU is funded through an identified program within the NT Department of Health. Chronic Condition services in the Northern Territory have expanded through a combination of NT Govt and Australian Govt funding in primary care, hospital and Closing the Gap partnership agreements.	Performance targets against key functions of Community Health and Public Health Services. Financial reports in Department of Health Annual Report. Chronic disease indicators in the Northern Territory Aboriginal Health KPIs. The 2011 annual monitoring report will be released in October 2012 Quarterly reporting is provided as per Closing the Gap NPA.

Table 11A.96 **Northern Territory, community health services programs**

Programs funded by the NT Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
Public Health Nutrition and Physical Activity	Services are delivered both by public health nutritionists usually located within multi-disciplinary teams, and policy officers based in the Strategy Unit. Public health nutritionists (PHN) provide training and support to primary health care teams to promote healthy nutrition and regular physical activity to the community, and assist with the management of people with nutrition related conditions. In urban areas, they offer individual and group consultations through community care centres; in remote communities they provide group education through health centres and community centres (e.g. women's centres). PHNs also work with agencies outside the health sector to improve food supply and stimulate demand for healthy food in remote [illegible] The strategy unit focuses on providing strategic direction, developing relevant Northern Territory policies and guidelines, or contributing to national developments (e.g. the update of the National Dietary Guidelines). At times, this work involves collaboration with other government agencies (e.g. the Northern Territory Department of Education, the Department of Families, Housing, Community Services and Indigenous Affairs, and research institutions (e.g. Menzies School of Health Research). A recent development includes a partnership with the South Australian Government and the City of Palmerston to pilot a multi-strategy, community-based obesity prevention initiative called Childhood Obesity Prevention and Lifestyle (COPAL) in Palmerston. COPAL was developed as part of the National Partnership Agreement (NPA) on Preventive Health under the Healthy Children Initiative. It aims to promote healthy eating and increase children's participation in physical activity, with the long term goal of reducing rates of childhood obesity.	These services are funded through an identified program within the Northern Territory Department of Health (Department of Health), as well as Australian Government funding under - the Enhanced Health Service Delivery Initiative (EHSDI) and - the National Partnership Agreement on Preventive Health, under the Healthy Children Initiative	Performance targets against key functions of Community Health and Public Health Services. Financial reports in Department of Health Annual Report. Activity reports against EHSDI and Preventive Health NPA

Table 11A.96 **Northern Territory, community health services programs**

Programs funded by the NT Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
Health Promotion Strategy Unit	The core function of the Health Promotion Strategy Unit (HPSU) is to build and strengthen capacity for effective health promotion and prevention in the Department of Health (Department of Health) and its partners across government and non-government sectors. This involves facilitating a uniform understanding of health promotion across Government and non-Government health and related sectors; providing strategic and policy support to key stakeholders, staff and organisations; and a commitment to planning for health promotion through investment in research, program planning, and evaluation; social marketing; healthy workplaces; and developing sustainable education and training pathways. The HPSU plays a key role in providing leadership in relation to Priority Area Action 1 in the Department of Health Corporate Plan, which relates to promoting and protecting good health and preventing injury. A key focus has been to develop and consult on a Northern Territory Health Promotion Framework, provide Health Promotion Training and Education options across the Territory health and community sector, establishing and supporting of healthy workers programs, providing health promotion information to professionals, communities and individuals in the NT and providing a planning and evaluation system for health promotion programs for Department of Health and its partners. The HPSU has continued its commitment to maintain the relationship with education institutions and research bodies. The HPSU also provides jurisdictional leadership in relation to the national preventative health agenda.	These Strategy Unit services are funded through an identified program within the NT Department of Health. The social marketing, healthy workplace initiatives and health promotion capacity building for the maternity workforce are funded by the Australian Government through NPAs. Primary health care services also provide health promotion activities, the HPSU provides guidance and professional development to the Primary Health Care Services.	Performance targets against key functions of Community Health and Public Health Services. Financial reports in Department of Health Annual Report. Quarterly and annual reports related to Australian Government funding. Reporting against the Preventative Health NPA and Indigenous Early Childhood Development NPA

Table 11A.96 **Northern Territory, community health services programs**

Programs funded by the NT Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
Women's Health	The Women's Health Strategy Unit (WHSU) engages in strategic planning and policy development for women's health at the national and Territory level in partnership with government and community stakeholders and coordinates and leads Department of Health responses to this work. WHSU project instigates leads and project manages key strategic pieces of work to progress priority women's health issues such as those for Aboriginal and Torres Strait Islander Women, Migrant and Refugee Women and Domestic and Family Violence. The Unit also manages the work of the Women's Information Service (WISe) in Alice Springs, and acts as a source of information and leadership across the Department in regard to all aspects of women's health. WHSU has instigated and leads a strategic approach to gender as a key determinant of health both in the Department of Health, with other key stakeholders and services providers and as the Department of Health representative on the Office of Women's Policy Gender Equity Panel.	These services are funded through an identified program within the Northern Territory Department of Health budget.	Performance targets against key functions of Community Health and Public Health Services. Financial reports are published in Department of Health Annual Report.

Table 11A.96 **Northern Territory, community health services programs**

Programs funded by the NT Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
Men's Health	The Men's Health Strategy Unit (MHSU) provides expert advice, leadership and strategic directions in men's health with a particular focus on Aboriginal Male Health. The MSHU is tasked with leading the development of a men's health strategy and the strategic planning of programs and services to improve health outcomes of men living in the NT, especially vulnerable populations of men. The MHSU works to develop partnerships with key stakeholders from Department of Health, other government and non-government organisations, peak men's health agencies and Aboriginal community-controlled organisations. Improving men's knowledge, access and use of preventative health services by working with departmental and other service providers is a high priority. The MHSU also encourage and promote the development of a research effort around gender and health and improve access and use of gendered data to inform program development. The MHSU supports Territory-wide planning, implementation and evaluation of health promotion programs which adopt a life course approach specific to men.	These services are funded through an identified program within the Department of Health budget.	Performance targets against key functions of Community Health and Public Health Services and financial reports are published in the Department of Health Annual Report.

Table 11A.96 **Northern Territory, community health services programs**

Programs funded by the NT Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
Urban Community Health	The Community Health Branch provides a range of key primary health care services across the urban centres of Darwin, Palmerston, Alice Springs, Katherine, Tennant Creek and Nhulunbuy and to provide services in partnership with other health stakeholders in the urban environment. 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 in Darwin. 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.	Services funded through identified program within the Department of Health budget. Additional Australian Government funding (as a non-output service for Minimum Data Set purposes) for Home 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 Annual Report. Basic reporting (client numbers) against the Specialist Nursing program.

Table 11A.96 **Northern Territory, community health services programs**

Programs funded by the NT Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
School Health Services	Community Health provides a School Health Service to 15 Northern Territory Government middle, secondary and special schools Health Promoting School Nurses work in partnership with school staff using a health promotion approach to integrate health education into the curriculum within an overarching Health Promoting Schools framework. The Key Outcome areas are: 1. support delivery of *health education* in: • Smoking, alcohol and other drugs • Nutrition • Physical Activity • Health and Wellbeing • Sexual Health; 2. work with the school community to plan, develop, implement and evaluate school identified health promoting programs, policies and strategies; 3. contribute to health and wellbeing through early intervention efforts aimed at reducing the longitudinal incidence of chronic disease, and risk taking behaviours during youth/adolescence; and 4. establish networks to facilitate health and wellbeing information to the school community through partnerships.	These services are funded through an identified program within the Department of Health budget.	Performance targets against key functions of Community Health and Public Health Services and financial reports are published in the Department of Health Annual Report.

Table 11A.96 **Northern Territory, community health services programs**

Programs funded by the NT Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
Well Women's Cancer Screening	Well Women's Cancer Screening incorporates the two highly successful women's cancer screening programs, the BreastScreen Australia program and the National Cervical Screening Program. The service has adopted a holistic approach to women's screening into a well women's screening model. Both programs aim to detect cancers at an early stage to prevent mortality and morbidity. Key activities are as follows. • BreastScreen NT provides free breast screening for asymptomatic women aged 50 to 69. Clinics are provided in Darwin and Alice Springs and a visiting service travels to Palmerston, Tennant Creek, Katherine and Nhulunbuy. • The Territory Pap Smear Register is co-ordinated by Well Women's Cancer Screening to aid in the prevention and early detection of cervical cancer. • A Remote Areas Well Women's Screening Program services remote area women and provides breast examinations, and pap smear screening in a culturally appropriate manner.	These services are funded through an identified program within the Australian Health Care Agreement.	Performance targets are measured against key functions of Community Health and Public Health Services and financial reports in the Annual Report. National Aboriginal Health performance indicator reports. Annual Reporting: RoGS, Safety Monitoring – national Cervical Screening Guidelines, BreastScreen Australia National Accreditation Standards, Australian Governmentt National Public Health Expenditure, AIHW National Monitoring reports.
Hearing Services	Hearing Services are mostly provided in specialised hearing centres located in remote and urban community health centres, or hospital facilities. A multidisciplinary team of specialists provide; hearing loss prevention, otitis media care coordination, diagnostic hearing assessment and support ENT services including E-Teleotology. Hearing services are provided through integrated care pathways and support community based health, early childhood and education strategies for identifying, managing and promoting ear health and hearing. The Universal Neonatal Hearing Screening (UNHS) program for permanent hearing loss is provided through all urban birthing hospitals	Services are funded as identified programs within the Northern Territory Department of Health and additional funding to ear health and hearing services to Indigenous children has been provided through the Department of HealthA.	Performance targets against key functions of Community Health and Public Health Services. Financial reports in Department of Health Annual Report. Performance targets for Department of HealthA funded programs and consented service event data shared with AIHW - published annually.

Table 11A.96 **Northern Territory, community health services programs**

Programs funded by the NT Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
Mental Health	The Mental Health Program, through public specialist services and non-government organisations, provides: • mental health promotion, prevention and early intervention; • specialist mental health assessment, treatment and case management for adult, child and youth and forensic populations; • specialist acute inpatient services in Darwin and Alice Springs; • consultation liaison services to acute and primary health care services and other relevant service providers; • primary health services for mental health consumers; and • consumer and carer support and rehabilitation to the population of the Northern Territory. Community-based mental health teams are located in Darwin, Alice Springs, Katherine, East Arnhem and Barkly regions. Remote community mental health teams are supported by urban-based specialists from the hubs in Darwin and Alice Springs on an outreach basis with dedicated rural/remote mental health teams working closely to support consumers and primary care providers in very remote localities.	Services are funded through an identified program within the Northern Territory Department of Health budget. Additionally, Australian Government funding supports service development and reform under NPAs or for nationally funded projects.	Department of Health Annual and quarterly reporting of Performance Indicators and targets against key activity areas to Northern Territory Treasury and Parliament under the Budget process and in the Annual Report. National reporting including, COAG Mental Health Report, NHA Performance Indicators, Community Mental Health Care National Minimum Data Set (NMDS), Mental Health Establishment NMDS, Residential Mental Health Care NMDS and RoGS Health Management Chapter.
Australian Bat Lyssavirus Pre and Post Exposure Prophylaxis (and rabies post exposure) Service	The Centre for Disease Control provides education and (privately purchased) rabies vaccine for pre-exposure prophylaxis against Australian Bat Lyssavirus (ABL) to persons at risk of occupational exposure. Post-exposure rabies immunoglobulin and vaccine is administered in Darwin and some regional centres to those potentially exposed to both rabies virus and ABL. Education programs are provided to the community and to occupational groups.	The post exposure program is funded through an identified budget within the Department of Health. DoHA refunds 50 per cent of the cost of rabies immunoglobulin administered to people who are bitten or scratched by bats only.	Send letter every 6 months to DoHA for post-exposure rabies immunoglobulin reimbursement.

Table 11A.96 **Northern Territory, community health services programs**

Programs funded by the NT Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
Illegal foreign fishers (IFF) and irregular maritime arrivals (IMA)	The Tuberculosis Unit provides specialist services for identified TB patients in unauthorised entrants to Australia. Illegal foreign fishers (IFF) and irregular maritime arrivals (IMA) are screened and managed in close association with the Department of Immigration and Citizenship (DIAC).	Funding through an identified program within Department of Health budget. Some external funding via DIAC for Illegal Foreign Fisherman (IFF) & IMAs. A memorandum of understanding is under negotiation.	TB notifications are included in the Northern Territory notifiable diseases system. Reported quarterly to the Department of Health and Ageing and the Department of Health.
Trachoma	The program aims to eliminate trachoma within a finite time-frame by implementing the Communicable Diseases Network Australia's Guidelines for the public health management of trachoma in Australia, across the Northern Territory, conducting training in trachoma for health service providers and building capacity in remote areas to effectively manage trachoma in their jurisdiction. Communities at risk will be identified and targeted.	NPA	Provides quarterly performance reports and a final project report.
Rheumatic Heart Disease Control Program	Territory wide program to reduce the burden of rheumatic heart disease amongst the Indigenous population by reducing the occurrence of acute rheumatic fever. The objectives of the project include: maintenance of a centralised register, development and implementation of on-going initiatives that utilise the register to improve program coordination, improve secondary prophylactic antibiotic use and effectiveness, and facilitate communication between health sectors and across levels of care; and the development and implementation of ongoing initiatives to improve patient self-management, primary care worker training, and community education.	External funding by Australian Government. NPA is under negotiation.	Provides progress reports to Australian Government DoHA against performance indicators in February and August each year. A financial statement each February.

Table 11A.96 **Northern Territory, community health services programs**

Programs funded by the NT Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
Essential Vaccines Service Delivery	The program aims to support the cost-effective delivery of immunisation programs under the National Immunisation Program (NIP). The outcomes are to: minimise the incidence of major vaccine preventable disease in Australia; maintain and where possible increase immunisation coverage rates for vulnerable groups and, in particular, minimise disparities between Indigenous and non-Indigenous Australians; enable all eligible Australians to access high quality and free essential vaccines through the NIP in a timely manner; and increase community understanding and support for the public health benefit of immunisation.	NPA	A quarterly report of vaccine purchase and utilisation.
Vaccine Preventable Disease Surveillance	The Commonwealth has developed the Vaccine Preventable Disease (VPD) Surveillance Program comprising the National Immunisation Program Support Activities (NIPSA), invasive pneumococcal disease (IPD) surveillance and varicella surveillance programs. The objective of the Program is to improve the national surveillance of VPD by providing resources to improve data collection in the National Notifiable Diseases Surveillance System (NNDSS) dataset, in particular to record detailed laboratory and vaccination data on vaccine-preventable diseases.	NPA	Quarterly summary of data. Annual progress report to the Australian Government.
National Public Health	Northern Territory 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.	National Public Health (previously known as PHOFA) funded across Department of Health with Health Protection Division receiving around 45%.	Health Gains Planning provides a public health expenditure report.

Table 11A.96 **Northern Territory, community health services programs**

Programs funded by the NT Government during 2011-12

Program	*Description*	*Budgetary context*	*Reporting*
	The program funds community based organisations supporting sexual health work. in the major towns and provides support for rural and remote areas. Other community based organisations are funded to operate needle and syringe programs and provide harm reduction initiatives, community and peer support and education. Also provides limited funding to fund a position with Immunisation Unit.		
COAG- Needle & Syringe Programs	Program aims to enhance the capacity of needle and syringe programs, to provide effective and accessible education, counselling and referral services, to increase the number of clients accessing treatment services and ultimately reduce the levels of injecting drug use and rates of transmission of blood borne virus.	External funding through Australian Health Care Agreement.	Nil
Combined Hep C & Illicit Drug Project	Hepatitis C Education and Prevention Initiative aims to reduce hepatitis C transmission and to improve care and support services for those affected.	External funding through Australian Health Care Agreement.	Nil
Adolescent Sexuality Education Program	To build the capacity of local schools and communities to deliver sexuality education to young people in and out of schools. This is a collaboration between the Department of Education and Training and the Department of Health.	External funding by DoHA through NPA on Indigenous Childhood Development.	6 monthly progress report to OATSIH.
Aedes aegypti	18-month program for the elimination of the dengue mosquito Aedes aegypti in Tennant Creek.	Jointly funded by Northern Territory Government and Australian Government for life of the project.	Provide the Office of Health Protection DoHA with informal Progress Reports and a Final Report on 30 June 2013. The final progress report contains the financial statement.

Source : NT Government unpublished.