11A Primary and community health — attachment

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

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

Attachment contents

Attachment contents

Table 11A.1 **Types of encounter, 2006-07 (a)**

	Number	*Rate* (b) *(n= 101 993)*	*95% LCL*	*95% UCL*	*Direct encounters (n=92 617)*	*Encounters paid by Medicare (n=89 011)*
	no.	no. per 100 encounters	no. per 100 encounters	no. per 100 encounters	%	%
General practitioners	930	..	..	..	..	..
Direct encounters	83 106	98.2	97.9	98.4	100.0	..
No charge	430	0.5	0.4	0.6	0.5	..
MBS items of service (c)	79 913	94.4	94.9	99.1	96.2	100.0
Short surgery consultations	903	1.1	0.9	1.3	..	1.1
Standard surgery consultations	66 552	78.6	77.6	79.7	..	83.3
Long surgery consultations	7 951	9.4	8.8	10.0	..	10.0
Prolonged surgery consultations	488	0.6	0.5	0.7	..	0.6
Home visits	735	0.9	0.7	1.1	..	0.9
Hospital	188	0.2	0.1	0.3	..	0.2
Residential aged care facility	1 054	1.2	1.0	1.5	..	1.3
Health assessments	215	0.3	0.2	0.3	..	0.3
Chronic disease management items	341	0.4	0.3	0.5	..	0.4
Case conferences	–	–	..	..	..	–
GP mental health care items	179	0.2	0.2	0.3	..	0.2
Incentive payments	128	0.2	0.1	0.2	..	0.2
Other items	1 112	1.3	1.1	1.6	..	1.4
Workers compensation	1 925	2.3	2.1	2.5	2.3	..
Other paid (hospital, state, etc.)	876	1.0	0.8	1.3	1.1	..
Indirect encounters (d), (e)	1 531	1.8	1.6	2.1	..	..
Missing (f)	7 167	..	..	..	..	..
Total encounters	91 805	..	..	..	..	..

Table 11A.1 **Types of encounter, 2006-07 (a)**

	Number	*Rate* (b) *(n= 101 993)*	*95% LCL*	*95% UCL*	*Direct encounters (n=92 617)*	*Encounters paid by Medicare (n=89 011)*

LCL = lower confidence limit; UCL = upper confidence limit; MBS=Medicare Benefits Schedule.

(a) One Medicare item number counted per encounter.

(b) Missing data removed from analysis.

(c) Includes 31 direct encounters at which a practice nurse item only was recorded.

(d) Includes 35 indirect encounters at which a practice nurse item only was recorded.

(e) Three encounters involving chronic disease management or case conference items were recorded as indirect encounters.

(f) If the 'Patient not seen' box was ticked, and MBS items other than chronic disease management items or case conference items were recorded, those items were included as missing data.

.. Not applicable. – Nil or rounded to zero.

Source: Britt, H., Miller, G.C., Charles, J., Bayram, C., Pan, Y., Henderson, J., Valenti, L., O'Halloran, J., Harrison, C. and Fahridin, S. 2008, General Practice Activity in Australia 2006 07, Cat. no. GEP 21, General practice series no. 21, Australian Institute of Health and Welfare, Canberra.

Table 11A.2 Australian Government real expenditure per person on GPs (2006-07 dollars) (a), (b), (c)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
2002-03	212	202	203	178	215	202	153	115	203
2003-04	215	200	205	177	216	199	146	116	203
2004-05	249	230	236	201	247	230	168	126	234
2005-06	266	248	252	212	267	246	183	134	250
2006-07	266	244	244	207	260	241	189	133	247

(a) The data include expenditure on Medicare, the Practice Incentives Program (PIP), DVA, Divisions of General Practice and the General Practice Immunisation Incentives Scheme.

(b) DVA data include consultations by local medical officers (LMO), whether vocationally registered GPs or not. From available files, it is not possible to extract the amounts paid to LMOs (as opposed to specialists) for procedural items. It is expected, however, that the amounts for LMO procedural services are small compared with payments for LMO consultations.

(c) Some primary care services are provided by salaried GPs in community health services, particularly in rural and remote areas, through accident and emergency departments and Aboriginal community controlled health services (ACCHSs). Consequently, expenditure reported through Medicare fee-for-service statistics will be understated in jurisdictions with larger proportions of rural and remote populations.

Source: Department of Health and Ageing (DoHA) (unpublished).

Table 11A.3 Medical practitioners billing Medicare and full time workload equivalent (FWE) GPs (a), (b), (c)

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
		no.	no.	no.	no.	no.	no.	no.	no.	no.
GP numbers										
2002-03	no.	7 888	5 878	4 760	2 365	1 983	653	407	326	24 260
2003-04	no.	7 910	5 881	4 823	2 348	1 974	655	395	337	24 323
2004-05	no.	7 975	5 954	4 964	2 353	2 004	656	413	350	24 669
2005-06	no.	8 062	6 065	5 107	2 435	2 042	669	425	341	25 146
2006-07	no.	8 187	6 192	5 202	2 494	2 055	667	412	355	25 564
FWE GPs										
2002-03	no.	5 959	4 144	3 181	1 458	1 354	376	203	97	16 772
2003-04	no.	6 021	4 110	3 260	1 451	1 360	374	198	98	16 872
2004-05	no.	6 222	4 167	3 389	1 457	1 364	378	200	95	17 273
2005-06	no.	6 310	4 283	3 489	1 473	1 404	386	208	97	17 649
2006-07	no.	6 483	4 407	3 564	1 500	1 416	391	226	104	18 091
FWE GPs per 100 000 people										
2002-03	FWE GPs per 100 000 people	89.2	84.3	83.7	74.7	88.8	78.8	62.8	48.5	84.4
2003-04	FWE GPs per 100 000 people	89.5	82.6	84.0	73.1	88.8	77.5	61.0	48.6	83.9
2004-05	FWE GPs per 100 000 people	91.7	82.8	85.6	72.3	88.5	77.9	61.5	47.2	84.9
2005-06	FWE GPs per 100 000 people	92.4	84.3	86.3	72.0	90.5	79.1	63.3	46.8	85.8
2006-07	FWE GPs per 100 000 people	94.1	84.7	85.4	71.4	89.5	79.2	66.8	48.3	86.1

(a) FWEs are calculated for each practitioner by dividing the practitioner's Medicare billing by the mean billing of full time practitioners for that reference period. For example, a FWE value of 2 indicates that the practitioner's total billing is twice that of the mean billing of a full time practitioner.

(b) GP and FWE data include vocationally recognised GPs and other medical practitioners (OMPs).

(c) GP numbers are based on doctors' major practice postcodes as at the last quarter of the reference period. The major practice postcode is the location at which a doctor rendered the most services. FWE numbers are based on doctors' practice location postcodes at which services were rendered within the reference period.

Source: DoHA (unpublished).

Table 11A.4 Indigenous primary healthcare services for which service activity reporting (SAR) data are reported (number) (a), (b)

	NSW and ACT (c)	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*NT*	*Aust*
2001-02	24	19	25	21	8	5	26	128
2002-03	26	21	26	21	8	5	27	134
2003-04	29	21	26	20	10	5	27	138
2004-05	28	22	26	20	13	5	27	141
2005-06 (d)	30	22	27	23	14	5	29	150

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

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

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

(d) 2005-06 data are preliminary results.

Source: DoHA (unpublished).

Table 11A.5 Services and episodes of healthcare by services for which service activity reporting (SAR) data are reported, by remoteness category (number) (a), (b)

	Highly accessible	*Accessible*	*Moderately accessible*	*Remote*	*Very remote*	*Total*
Services						
2001-02	37	27	11	16	37	128
2002-03	38	29	13	17	37	134
2003-04	41	30	13	14	40	138
2004-05	41	34	13	15	38	141
2005-06 (c)	44	36	15	16	39	150
Episodes of healthcare						
2001-02	460 000	313 000	70 000	256 000	317 000	1 416 000
2002-03	507 000	338 000	91 000	270 000	294 000	1 500 000
2003-04	572 000	345 000	110 000	207 000	378 000	1 612 000
2004-05	554 000	399 000	85 000	213 000	335 000	1 586 000
2005-06 (c)	644 000	388 000	92 000	243 000	317 000	1 684 000

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

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

(c) 2005-06 data are preliminary results.

Source: DoHA (unpublished).

Table 11A.6 Proportion of services for which service activity reporting (SAR) data are reported that undertook selected health related activities, 2005-06 (per cent) (a), (b), (c)

Diagnosis and treatment of illness/disease	82
Management of chronic illness	80
Transportation to medical appointments	94
Outreach clinic services	65
24 hour emergency care	28
Monitoring child growth	65
School-based activities	77
Hearing screening	71
Pneumococcal immunisation	79
Influenza immunisation	84
Child immunisation	83
Women's health group	83
Support for public housing issues	71
Community development work	64
Legal/police/prison/advocacy services	64
Dental services	59
Involvement in steering groups on health	84
Participation in regional planning forums	64
Dialysis services	6

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

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

(c) 2005-06 data are preliminary results.

Source: DoHA (unpublished).

Table 11A.7 Full time equivalent (FTE) health staff employed by services for which service activity reporting (SAR) data are reported, as at 30 June 2006 (number) (a), (b), (c)

	Indigenous staff	*Non-Indigenous staff*	*Total staff* (d)
Aboriginal health workers	706	20	726
Doctors	10	222	233
Nurses	53	332	385
Specialists	–	4	4
Emotional and Social Well Being staff (e)	18	20	38
Allied health professionals	np	34	34
Dentists	np	37	37
Dental assistants	42	20	63
Traditional healers	26	2	28
Substance misuse workers	94	24	117
Environmental health workers	21	3	24
Driver/field officers	148	24	172
Other health staff (f)	41	19	60
Total health staff (d)	**1 158**	**762**	**1 920**

(a) Preliminary results.

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

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

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

(e) Emotional and Social Well Being staff includes counsellors, social workers, psychologists and other emotional and social well being staff.

(f) Other health staff includes: hearing coordinators, eye health workers, nutrition workers, sexual health workers, youth workers, hospital liaison, masseurs, maternal health workers, domestic violence support workers, and family health workers.

– Nil or rounded to zero.

Source: DoHA (unpublished).

Table 11A.8 Alcohol and other drug treatment services, by sector, 2005-06 (number)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Government	201	–	40	5	32	3	1	3	285
Non-government	81	138	74	39	12	7	9	19	379
Total	**282**	**138**	**114**	**44**	**44**	**10**	**10**	**22**	**664**

– Nil or rounded to zero.

Source: AIHW (2007), *Alcohol and Other Drug Treatment Services in Australia 2005-06: Report on the National Minimum Data Set,* Cat. no. HSE 53, Drug Treatment Series no. 7, AIHW, Canberra.

Table 11A.9 **PBS services, 2006-07 (a)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
PBS general (b)	no. '000	8 342	6 054	4 770	2 454	1 786	519	513	145	24 582
PBS concessional (c)	no. '000	49 584	36 440	27 159	12 092	12 331	4 196	1 365	426	143 593
PBS doctor's bag	no. '000	124	90	79	25	28	8	4	1	360
PBS total	no. '000	58 050	42 584	32 008	14 571	14 145	4 723	1 882	573	168 536
Proportion of concessional PBS services (b)	%	85.4	85.6	84.8	83.0	87.2	88.8	72.5	74.4	85.2

(a) Excludes RPBS.

(b) Includes PBS general ordinary and safety net.

(c) Includes concessional ordinary and concessional free safety net.

Source: DoHA (unpublished).

Table 11A.10 Approved providers of PBS medicines, by urban and rural location, 2006-07 (a)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Number of pharmacies									
Urban	1 447	1 006	817	424	308	81	57	18	4 158
Rural	263	156	168	83	89	51	na	8	818
Number of people per pharmacy									
Urban	3 883	4 248	4 036	3 913	4 042	3 751	5 749	6 571	4 051
Rural	3 679	4 112	4 460	3 941	2 968	3 274	na	12 354	3 933
Number of approved medical practitioners									
Urban	na	na	na	na	na	na	na	na	na
Rural	24	3	19	20	7	9	na	1	83
Number of approved hospitals (b)									
Urban									
Private	14	16	15	2	3	2	3	2	57
Public	na	46	20	6	na	na	na	1	73
Rural									
Private	na	na	1	4	1	na	na	4	10
Public	na	11	46	na	na	na	na	1	58

(a) Geolocation based on the Pharmacy Access/Remoteness Index of Australia (PhARIA). Urban = PHARIA 1. Rural = PHARIA 2-6.

(b) The number of approved hospitals is reported by private/public status. Approved public hospitals provide medicines to patients on discharge only, whereas approved private hospitals also provide medicines to outpatients.

na Not available.

Source: DoHA (unpublished).

Table 11A.11 PBS expenditure per person, by urban and rural location (2006-07 dollars) (a), (b)

	2002-03	*2003-04*	*2004-05*	*2005-06*	*2006-07*
Capital city	267.7	278.2	280.5	268.1	254.5
Other metro	298.3	312.6	311.7	301.0	287.9
Rural and remote	271.2	285.9	289.9	292.3	278.8
All locations	271.2	283.1	285.7	277.6	264.1

(a) Includes PBS general ordinary, general safety net, concessional ordinary, concessional free safety net, unknown free safety net and doctor's bag. Excludes RPBS.

(b) Locality level data are only available on a cash basis for general and concessional categories. These figures are not directly comparable to those published in the DoHA annual report which are prepared on an accrual accounting basis and also include doctor's bag and other categories administered under special arrangements (such as medications dispensed under S100 of the *National Health Act 1953* [Cwlth]).

Source: DoHA (unpublished).

Table 11A.12 **Availability of GPs by region (a), (b), (c), (d)**

	NSW and ACT (e)	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*NT*	*Aust*
Number of GPs								
Urban								
2002-03	6 513	4 531	2 804	1 720	1 477	335	141	17 521
2003-04	6 514	4 516	2 809	1 700	1 466	338	139	17 482
2004-05	6 559	4 573	2 932	1 711	1 478	328	141	17 722
2005-06	6 633	4 658	3 019	1 765	1 510	332	132	18 049
2006-07	6 702	4 733	3 066	1 791	1 515	335	120	18 262
Rural								
2002-03	1 782	1 347	1 956	645	506	318	185	6 739
2003-04	1 791	1 365	2 014	648	508	317	198	6 841
2004-05	1 829	1 381	2 032	642	526	328	209	6 947
2005-06	1 854	1 407	2 088	670	532	337	209	7 097
2006-07	1 897	1 459	2 136	703	540	332	235	7 302
Number of full time workload equivalent GPs								
Urban								
2002-03	5 051	3 269	1 941	1 140	1 032	171	51	12 654
2003-04	5 065	3 212	1 961	1 123	1 029	170	49	12 608
2004-05	5 227	3 242	2 026	1 121	1 027	166	47	12 856
2005-06	5 283	3 335	2 105	1 132	1 060	171	48	13 135
2006-07	5 427	3 426	2 171	1 142	1 071	173	50	13 459
Rural								
2002-03	1 111	875	1 240	319	322	205	46	4 118
2003-04	1 154	898	1 299	328	331	204	49	4 263
2004-05	1 195	925	1 363	336	337	212	49	4 416
2005-06	1 234	948	1 384	341	343	215	48	4 514
2006-07	1 283	981	1 393	358	345	218	54	4 632
Number of full time workload equivalent GPs per 100 000 people								
Urban								
2002-03	93.6	88.3	84.3	79.4	91.6	88.2	58.4	88.9
2003-04	93.2	85.7	83.2	76.9	91.0	86.7	55.2	87.4
2004-05	95.2	85.4	84.0	75.7	90.1	83.7	53.6	88.0
2005-06	95.6	87.0	85.5	75.3	92.5	86.0	54.4	89.0
2006-07	97.2	87.3	85.4	73.9	91.5	86.0	53.7	89.4
Rural								
2002-03	69.1	72.2	82.7	61.6	80.9	72.4	40.8	73.1
2003-04	71.4	73.2	85.2	62.7	82.6	71.1	43.4	74.9
2004-05	73.6	74.8	88.1	63.0	83.9	73.9	42.4	76.9
2005-06	75.5	76.0	87.6	62.9	85.0	74.4	41.0	77.7
2006-07	77.8	76.8	85.4	64.3	83.7	74.6	44.3	78.0

Table 11A.12 **Availability of GPs by region (a), (b), (c), (d)**

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

(a) Urban areas consist of capital city and other metro areas. Rural areas consist of large rural centres, small rural centres, other rural areas, remote centres, other remote areas and other areas.

(b) FWEs are calculated for each practitioner by dividing the practitioner's Medicare billing by the mean billing of full time practitioners for that reference period. For example, a FWE value of 2 indicates that the practitioner's total billing is twice that of the mean billing of a full time practitioner.

(c) GP and FWE data include vocationally recognised GPs and other medical practitioners (OMPs).

(d) GP numbers are based on doctors' major practice postcodes as at the last quarter of the reference period. The major practice postcode is the location at which a doctor rendered the most services. FWE numbers are based on doctors' practice location postcodes at which services were rendered within the reference period.

(e) Data for NSW and the ACT have been combined for confidentiality reasons.

Source: DoHA (unpublished).

Table 11A.13 **Female GPs (a), (b), (c)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Female GPs										
2002-03	no.	2 782	2 079	1 682	843	679	250	184	152	8 651
2003-04	no.	2 829	2 091	1 768	853	680	252	181	151	8 805
2004-05	no.	2 876	2 191	1 834	865	689	264	194	166	9 079
2005-06	no.	2 978	2 262	1 915	898	723	264	205	156	9 401
2006-07	no.	3 085	2 351	1 978	940	741	270	198	161	9 724
Female FWEs GPs										
2002-03	no.	1 542	1 052	829	381	319	108	70	37	4 338
2003-04	no.	1 583	1 058	869	380	320	112	69	39	4 430
2004-05	no.	1 671	1 086	915	381	326	114	73	38	4 603
2005-06	no.	1 721	1 150	960	394	334	122	76	34	4 790
2006-07	no.	1 817	1 225	1 005	410	347	125	82	37	5 047
Female FWEs GPs as a proportion of all FWE GPs										
2002-03	%	25.9	25.4	26.0	26.2	23.6	28.7	34.4	37.9	25.9
2003-04	%	26.3	25.7	26.7	26.2	23.5	30.0	34.9	40.2	26.3
2004-05	%	26.9	26.1	27.0	26.1	23.9	30.2	36.3	40.3	26.7
2005-06	%	27.3	26.8	27.5	26.8	23.8	31.5	36.6	34.8	27.1
2006-07	%	28.0	27.8	28.2	27.3	24.5	31.9	36.1	35.4	27.9
Female FWE GPs per 100 000 females										
2002-03	per 100 000 females	45.9	42.3	43.5	39.2	41.4	44.7	42.6	39.1	43.4
2003-04	per 100 000 females	46.8	42.0	44.7	38.4	41.3	45.8	42.1	41.5	43.8
2004-05	per 100 000 females	49.0	42.6	46.1	37.8	42.0	46.4	44.2	40.1	45.0
2005-06	per 100 000 females	50.1	44.7	47.5	38.7	42.7	49.2	45.9	34.4	46.3
2006-07	per 100 000 females	52.3	46.6	48.1	39.4	43.3	49.9	47.8	35.6	47.8

Table 11A.13 **Female GPs (a), (b), (c)**

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

(a) FWEs are calculated for each practitioner by dividing the practitioner's Medicare billing by the mean billing of full time practitioners for that reference period. For example, a FWE value of 2 indicates that the practitioner's total billing is twice that of the mean billing of a full time practitioner.

(b) GP and FWE numbers include vocationally recognised GPs and OMPs.

(c) GP numbers are based on doctors' major practice postcodes as at the last quarter of the reference period. The major practice postcode is the location at which a doctor rendered the most services. FWE numbers are based on doctors' practice location postcodes at which services were rendered within the reference period.

Source: DoHA (unpublished).

Table 11A.14 **Availability of public dentists (per 100 000 people) (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (b)	*Aust*
FTE dentists per 100 000 population (c)									
2005									
Major cities	7.8	6.5	10.1	8.9	12.6	. .	6.4	. .	8.3
Inner regional	3.8	3.6	9.2	5.5	5.8	4.4	. .	. .	5.3
Outer regional	2.5	1.9	7.5	2.2	3.9	0.8	. .	7.7	4.3
Remote and very remote	2.4	–	7.5	9.4	4.6	–	. .	5.7	6.6
Total	6.6	5.6	9.3	7.8	10.4	3.1	6.4	6.8	7.2
2003									
Major cities	7.8	6.8	9.8	7.7	14.4	. .	5.7	. .	8.3
Inner regional	3.4	5.0	8.6	4.8	4.9	5.1	. .	. .	5.3
Outer regional	2.7	2.7	8.2	4.8	5.2	1.9	. .	13.0	5.4
Remote and very remote	2.5	–	4.2	1.7	7.1	–	. .	3.8	3.5
Total	6.5	6.2	9.0	6.6	11.9	3.9	5.7	8.8	7.3
2002									
Major cities	6.0	5.8	10.2	9.0	15.6	. .	5.7	. .	7.7
Inner regional	3.1	4.1	9.0	6.3	4.4	3.9	. .	. .	5.0
Outer regional	0.2	2.9	6.0	3.3	6.0	3.4	. .	13.0	4.2
Remote and very remote	2.8	–	6.7	7.7	4.6	–	. .	3.7	5.6
Total	5.0	5.3	9.0	8.0	12.7	3.6	5.7	8.8	6.7

(a) 2004 data are not available.

(b) There was no 2003 data collection in the NT, and 2003 NT data are based on data from the 2002 NT collection.

(c) FTE based on 40 hour week.

.. Not applicable. – Nil or rounded to zero.

Source: AIHW (unpublished).

Table 11A.15 **Availability of public dental therapists, 2003 (per 100 000 people)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (a)	*Aust*
FTE dental therapists per 100 000 population (b)									
Major cities	1.7	1.7	6.2	6.4	5.5	. .	5.0	. .	3.2
Inner regional	3.8	2.4	7.9	8.8	6.2	8.3	–	. .	5.1
Outer regional	2.4	1.4	6.5	7.0	7.6	10.4	. .	10.3	4.9
Remote and very remote	–	–	6.7	3.2	3.6	–	. .	3.7	3.1
Total	2.1	1.8	6.6	6.6	5.8	8.8	5.0	7.3	3.7

(a) There was no 2003 data collection in the NT, and 2003 NT data are based on data from the 2002 NT collection.

(b) FTE based on 40 hour week.

.. Not applicable. – Nil or rounded to zero.

Source: AIHW (unpublished).

Table 11A.16 **Voluntary annual health assessments for older people by Indigenous status, 2006-07 (a) (b)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (c)
Indigenous older people (a)										
Number of health assessments conducted (d)	no.	995	237	989	461	140	7	15	629	3 473
Target population (e)	no.	11 594	2 383	9 817	5 411	2 117	1 383	228	4 546	37 504
Assessments per 1000 target population	no.	85.8	99.5	100.7	85.2	66.1	5.1	65.9	138.4	92.6
All older people (a)										
Number of health assessments conducted (d)	no.	97 145	64 817	51 188	17 810	24 831	7 918	1 760	183	265 652
Target population (f)	'000	455	337	231	113	120	34	14	3	1 307
Assessments per 1000 target population	no.	213.7	192.5	221.5	158.0	206.6	232.5	121.4	58.2	203.2

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

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

(c) Includes Other Territories.

(d) Medicare items 700, 702, 704 and 706 are for annual health assessments for older people. Items 700 and 702 apply to non-Indigenous people, while items 704 and 706 apply to Indigenous people. Indigenous status is determined by self-identification.

(e) Projected population of Indigenous people aged 55 years and over at 31 December 2006. Calculated as the average of the population projections (low series) for 30 June 2006 and 2007. Projections are based on estimated resident population (ERP) at 30 June 2001 (ABS Cat. No. 3238.0).

(f) Projected population of people aged 75 years and over at 31 December 2006. Calculated as the average of the 30 June 2006 ERP and the 30 June 2007 population projection (Series B). Projections are based on the ERP at 30 June 2004 (ABS Cat. No. 3101.0, 3222.0).

Source: Medicare Australia (unpublished), Medicare Benefits Schedule (MBS) Item Statistics Reports. http://www.medicareaustralia.gov.au/statistics/dyn_mbs/forms/mbs_tab4.shtml (accessed 20 September 2007); ABS (2004, 2006a, 2006b), *Experimental estimates and projections, Aboriginal and Torres Strait Islander Australians*, Cat no. 3238.0; *Australian Demographic Statistics June Quarter 2006*, Cat no. 3101.0; *Population projections Australia, 2004 to 2101*, Cat no. 3222.0.

Table 11A.17 **Older Indigenous people who received an annual health assessment (per 1000 people) (a), (b)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (c)
2002-03										
Number of health assessments conducted	no.	335	183	361	155	32	7	6	140	1 219
Target population (d)	no.	10 162	2 027	8 549	4 700	1 824	1 217	166	3 987	32 658
Health assessments per 1000 people	no.	33.0	90.3	42.2	33.0	17.5	5.8	36.1	35.1	37.3
2003-04										
Number of health assessments conducted	no.	556	118	387	246	49	5	4	205	1 570
Target population (d)	no.	10 488	2 097	8 827	4 844	1 899	1 245	181	4 068	33 673
Health assessments per 1000 people	no.	53.0	56.3	43.8	50.8	25.8	4.0	22.1	50.4	46.6
2004-05										
Number of health assessments conducted	no.	636	143	568	348	132	17	3	309	2 156
Target population (d)	no.	10 832	2 183	9 116	4 996	1 972	1 275	197	4 160	34 756
Health assessments per 1000 people	no.	58.7	65.5	62.3	69.7	67.0	13.3	15.3	74.3	62.0
2005-06										
Number of health assessments conducted	no.	800	158	713	394	92	13	2	345	2 517
Target population (d)	no.	11 192	2 285	9 442	5 187	2 040	1 321	212	4 336	36 040
Health assessments per 1000 people	no.	71.5	69.2	75.5	76.0	45.1	9.8	9.4	79.6	69.8
2006-07										
Number of health assessments conducted	no.	995	237	989	461	140	7	15	629	3 473
Target population (d)	no.	11 594	2 383	9 817	5 411	2 117	1 383	228	4 546	37 504
Health assessments per 1000 people	no.	85.8	99.5	100.7	85.2	66.1	5.1	65.9	138.4	92.6

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

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

(c) Includes Other Territories.

(d) Projected population of Indigenous people aged 55 years and over at 31 December. Calculated as the average of the population projections (low series) at 30 June in the reported and preceding financial years. Projections are based on the estimated resident population (ERP) at 30 June 2001.

Source: Medicare Australia (unpublished), Medicare Benefits Schedule (MBS) Item Statistics Reports. http://www.medicareaustralia.gov.au/statistics /dyn_mbs/forms/mbs_tab4.shtml (accessed 20 September 2007); ABS (2004), *Experimental estimates and projections, Aboriginal and Torres Strait Islander Australians,* Cat no. 3238.0, Canberra.

Table 11A.18 Indigenous people who received a voluntary health check or assessment, by age (per 1000 people) (a), (b)

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (b)
Child health checks (0–14 years) (c)										
Number of health checks conducted	no.	1 653	149	2 396	700	200	1	86	1 130	6 315
Target population	no.	54 538	10 876	52 818	25 985	9 968	6 819	1 630	20 796	183 504
Health checks per 1000 children	no.	30.3	13.7	45.4	26.9	20.1	0.0	52.8	54.3	34.4
Health checks (15–54 years) (d)										
Number of health checks conducted	no.	4 701	868	6 502	3 941	961	18	85	4 447	21 523
Target population	no.	80 288	17 770	77 217	41 016	16 060	10 436	2 557	35 990	281 476
Health checks per 1000 people	no.	58.6	48.8	84.2	96.1	59.8	1.7	33.2	123.6	76.5
Older people health assessments (55 years and over) (c)										
Number of health assessments conducted	no.	995	237	989	461	140	7	15	629	3 473
Target population	no.	11 594	2 383	9 817	5 411	2 117	1 383	228	4 546	37 504
Health assessments per 1000 people	no.	85.8	99.5	100.7	85.2	66.1	5.1	65.9	138.4	92.6

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

(b) Includes Other Territories.

(c) Health checks/assessments are available on an annual basis for these age groups. Data are for the 2005-06 financial year. Projected target population as at 31 December 2006. Calculated as the average of the population projections (low series) for 30 June 2006 and 2007. Projections are based on the estimated resident population (ERP) at 30 June 2001.

(d) Available on a biennial basis. Data are for the 24 month period 1 July 2005 to 30 June 2007. Projected target population (low series) at 30 June 2006, based on the ERP at 30 June 2001.

Source: *Medicare Australia statistics*, http://www.medicareaustralia.gov.au/providers/health_statistics/statistical_reporting/medicare.shtml, website accessed 20 September 2007; ABS (2004), *Experimental estimates and projections, Aboriginal and Torres Strait Islander Australians*, Cat. no. 3238.0, Canberra.

Table 11A.19 **Early detection activities provided by services for which service activity reporting (SAR) data are reported (a)**

	Unit	*2001-02*	*2002-03*	*2003-04*	*2004-05*	*2005-06* (b)
Early detection activities provided						
Well person's checks	%	66	64	64	63	65
PAP smears/cervical screening	%	79	73	79	77	75
STI screening	%	65	66	64	65	63
Hearing screening	%	72	73	72	70	71
Eye disease screening	%	63	66	65	70	64
Renal disease screening	%	44	46	50	50	43
Diabetic screening	%	77	79	82	80	77
Cardiovascular screening	%	49	54	57	60	53
Any early detection activity	%	88	87	88	89	85

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

(b) 2005-06 data are preliminary results.

Source: DoHA (unpublished).

Table 11A.20 Non-referred attendances that were bulk billed, by region (per cent) (a)

	Capital city	*Other metro centre*	*Large rural centre*	*Small rural centre*	*Other rural area*	*Remote centre*	*Other remote area*	*Unknown*	*Aust*
2000-01	83.8	76.2	59.8	60.9	57.7	60.0	69.5	69.4	77.6
2001-02	80.8	72.3	59.0	59.3	56.6	58.9	70.0	61.1	74.9
2002-03	75.0	67.5	53.4	54.1	53.2	57.9	70.5	58.8	69.5
2003-04	73.0	67.2	54.7	56.6	55.7	60.5	72.0	58.7	68.5
2004-05 (b)	76.4	71.4	65.1	67.6	67.8	65.9	77.0	43.0	73.8
2005-06 (b)	78.3	74.4	68.9	71.5	71.4	67.5	78.4	65.7	76.2
2006-07 (b)	79.8	76.9	71.5	74.3	73.8	70.1	79.9	81.8	78.0

(a) Capital city = State and Territory capital city statistical divisions; other metropolitan centre = one or more statistical subdivisions that have an urban centre with a population of 100 000 or more; large rural centre = statistical local areas (SLAs) where most of the population resides in urban centres with a population of 25 000 or more; small rural centre = SLAs in rural zones containing urban centres with populations between 10 000 and 24 999; other rural area = all remaining SLAs in the rural zone; remote centre = SLAs in the remote zone containing populations of 5000 or more; other remote area = all remaining SLAs in the remote zone.

(b) Data include non-referred attendances undertaken by general practice nurses.

Source: DoHA (unpublished).

Table 11A.21 **Non-referred attendances that were bulk billed (per cent)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
1996-97	83.6	79.9	81.3	80.2	74.9	66.8	65.9	69.6	80.6
1997-98	82.9	79.1	81.1	78.4	74.1	65.1	66.1	67.9	79.8
1998-99	82.4	78.9	80.9	77.6	74.1	63.0	65.6	65.2	79.4
1999-2000	82.4	78.6	80.3	76.7	74.2	61.6	63.0	65.4	79.1
2000-01	81.2	76.7	78.9	75.1	73.2	60.5	59.3	65.5	77.6
2001-02	79.8	73.4	75.3	71.9	69.6	58.5	51.2	63.9	74.9
2002-03	77.2	67.5	65.5	66.6	62.4	54.9	39.2	62.2	69.5
2003-04	76.7	65.7	64.7	65.0	63.3	52.7	36.8	61.5	68.5
2004-05 (a)	80.1	70.9	71.4	69.9	71.9	66.4	40.6	62.8	73.8
2005-06 (a)	81.9	73.8	74.1	71.8	74.9	69.6	44.2	63.0	76.2
2006-07 (a)	83.5	75.7	76.1	73.0	77.1	72.2	51.9	64.0	78.0

(a) Includes attendances by practice nurses.

Source: DoHA (unpublished).

Table 11A.22 **Prescriptions for oral antibiotics used most commonly in the treatment of upper respiratory tract infections ordered by GPs and dispensed to patients (per 1000 people with Pharmaceutical Benefits Scheme [PBS] concession cards) (a), (b)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
2002-03										
Scripts	no.	2 281 939	1 719 444	1 301 195	528 137	518 040	167 083	66 082	22 049	6 603 969
Concession card holders	no.	1 622 475	1 257 778	968 136	463 728	442 449	154 838	53 114	43 301	5 031 633
Rate	per 1000 holders	1 406.5	1 367.0	1 344.0	1 138.9	1 170.8	1 079.1	1 244.2	509.2	1 312.5
2003-04										
Scripts	no.	2 339 379	1 748 225	1 297 581	533 513	513 080	167 226	65 968	21 413	6 686 385
Concession card holders	no.	1 623 022	1 262 959	965 017	456 322	438 967	155 013	51 512	44 033	5 014 400
Rate	per 1000 holders	1 441.4	1 384.2	1 344.6	1 169.2	1 168.8	1 078.8	1 280.6	486.3	1 333.4
2004-05										
Scripts	no.	2 326 004	1 755 455	1 348 240	523 706	512 769	162 848	63 916	22 136	6 715 074
Concession card holders	no.	1 606 563	1 252 515	945 992	444 818	430 703	149 320	50 530	45 317	4 937 298
Rate	per 1000 holders	1 447.8	1 401.5	1 425.2	1 177.3	1 190.5	1 090.6	1 264.9	488.5	1 360.1
2005-06										
Scripts	no.	2 283 357	1 784 315	1 320 604	528 534	530 665	167 685	64 561	21 909	6 701 630
Concession card holders	no.	1 608 699	1 257 335	934 262	432 120	428 740	148 220	49 397	46 716	4 916 273
Rate	per 1000 holders	1 419.4	1 419.1	1 413.5	1 223.1	1 237.7	1 131.3	1 307.0	469.0	1 363.2

Table 11A.22 **Prescriptions for oral antibiotics used most commonly in the treatment of upper respiratory tract infections ordered by GPs and dispensed to patients (per 1000 people with Pharmaceutical Benefits Scheme [PBS] concession cards) (a), (b)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
2006-07										
Scripts	no.	2 307 886	1 746 773	1 295 091	476 343	491 201	155 715	63 700	21 067	6 557 776
Concession card holders	no.	1 629 411	1 282 538	933 358	419 986	432 096	148 963	48 571	46 445	4 951 158
Rate	per 1000 holders	1 416.4	1 362.0	1 387.6	1 134.2	1 136.8	1 045.3	1 311.5	453.6	1 324.5

(a) The oral antibiotics used most commonly in treating upper respiratory tract infection are: phenoxymethylpenicillin (penicillin V); amoxycillin; erythromycin; roxithromycin; cefaclor; amoxycillin+clavulanic acid; doxycycline; clarithromycin; and cefuroxime. All active PBS item codes associated with each of these generic names were extracted for each year. GPs have tended to prescribe 90–98 per cent of each of these generic pharmaceuticals throughout this period with only minor additional variations by jurisdiction. Consequently, the 'all prescriptions' approach among concessional patients has been chosen for data presentation purposes. Any noticeable changes in trend will predominantly pick up changes in GP behaviour.

(b) Numbers of concession card holders were obtained from the Department of Families, Community Services and Indigenous Affairs.

Source: DoHA (unpublished).

Table 11A.23 **Pathology tests ordered by vocationally recognised GPs and other medical practitioners (OMPs), real benefits paid (2006-07 dollars) and number of tests (a), (b), (c), (d)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
2002-03										
Benefits paid										
Benefits paid	$m	383.7	259.6	239.9	110.3	83.0	24.8	17.1	8.7	1 126.9
Per person	$	57.4	52.8	63.1	56.5	54.4	51.9	52.8	43.5	56.7
Tests										
Number of tests	'000	19 068	13 115	11 134	5 249	4 064	1 293	797	409	55 128
Tests per person	no.	2.9	2.7	2.9	2.7	2.7	2.7	2.5	2.0	2.8
2003-04										
Benefits paid										
Benefits paid	$m	399.8	270.4	257.1	111.4	83.7	25.2	17.5	8.7	1 173.7
Per person	$	59.4	54.3	66.2	56.1	54.7	52.2	54.1	42.9	58.4
Tests										
Number of tests	'000	20 017	13 726	12 010	5 352	4 159	1 346	824	412	57 846
Tests per person	no.	3.0	2.8	3.1	2.7	2.7	2.8	2.5	2.0	2.9
2004-05										
Benefits paid										
Benefits paid	$m	413.7	279.7	264.3	113.9	87.0	25.4	18.4	9.4	1 211.6
Per person	$	61.1	55.7	66.7	56.6	56.4	52.3	56.6	46.3	59.6
Tests										
Number of tests	'000	20 963	14 395	12 534	5 565	4 395	1 363	875	457	60 548
Tests per person	no.	3.1	2.9	3.2	2.8	2.9	2.8	2.7	2.3	3.0
2005-06										
Benefits paid										
Benefits paid	$m	417.2	283.4	287.0	115.2	86.7	26.3	18.8	10.7	1 245.4
Per person	$	61.1	55.8	71.0	56.3	55.9	53.9	57.3	52.1	60.5
Tests										
Number of tests	'000	21 766	15 059	14 154	5 819	4 524	1 446	921	536	64 225
Tests per person	no.	3.2	3.0	3.5	2.8	2.9	3.0	2.8	2.6	3.1
2006-07										
Benefits paid										
Benefits paid	$m	423.3	293.9	279.5	117.0	88.9	25.9	20.0	10.5	1 259.2
Per person	$	61.5	56.5	66.9	55.7	56.2	52.6	59.2	49.2	60.0
Tests										
Number of tests	'000	22 894	16 097	14 358	6 122	4 842	1 487	1 012	557	67 373
Tests per person	no.	3.3	3.1	3.4	2.9	3.1	3.0	3.0	2.6	3.2

Table 11A.23 **Pathology tests ordered by vocationally recognised GPs and other medical practitioners (OMPs), real benefits paid (2006-07 dollars) and number of tests (a), (b), (c), (d)**

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

(a) DVA data are included for number of tests and benefits paid on pathology items.

(b) Standard DVA reports do not distinguish between the various providers who request pathology services and do not record numbers of tests but rather paid for items.

(c) In general, Medicare benefits are payable for a maximum of three tests performed on a specimen.

(d) Includes tests ordered at the request of a patient (patient episode initiated items).

Source: DoHA (unpublished)

Table 11A.24 Diagnostic imaging ordered by vocationally recognised GPs and other medical practitioners (OMPs), real benefits paid (2006-07 dollars) and number of referrals (a), (b)

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
2002-03										
Benefits paid										
Benefits paid	$m	350.9	214.7	171.3	86.9	58.3	21.5	14.0	3.9	921.5
Per person	$	52.5	43.7	45.0	44.5	38.3	45.1	43.4	19.4	46.4
Referrals										
Number of referrals	'000	3 345	2 087	1 688	863	596	206	124	43	8 952
Referrals per person	no.	0.50	0.42	0.44	0.44	0.39	0.43	0.38	0.22	0.45
2003-04										
Benefits paid										
Benefits paid	$m	344.1	214.1	173.1	85.8	57.8	20.8	13.5	3.8	912.9
Per person	$	51.1	43.0	44.6	43.2	37.7	43.0	41.6	18.7	45.4
Referrals										
Number of referrals	'000	3 322	2 113	1 723	859	601	201	122	42	8 982
Referrals per person	no.	0.49	0.42	0.44	0.43	0.39	0.42	0.38	0.21	0.45
2004-05										
Benefits paid										
Benefits paid	$m	369.3	229.2	190.3	88.4	63.7	20.9	14.1	3.8	979.5
Per person	$	54.5	45.6	48.0	44.0	41.3	43.0	43.2	18.7	48.2
Referrals										
Number of referrals	'000	3 459	2 186	1 824	855	639	199	120	40	9 322
Referrals per person	no.	0.51	0.44	0.46	0.43	0.41	0.41	0.37	0.20	0.46
2005-06										
Benefits paid										
Benefits paid	$m	376.1	236.1	198.7	91.5	66.6	20.7	14.1	4.1	1008.0
Per person	$	55.0	46.5	49.2	44.7	43.0	42.5	43.0	19.8	49.0
Referrals										
Number of referrals	'000	3 578	2 291	1 945	904	679	202	123	44	9 766
Referrals per person	no.	0.52	0.45	0.48	0.44	0.44	0.41	0.37	0.21	0.47
2006-07										
Benefits paid										
Benefits paid	$m	382.9	238.9	199.9	89.3	66.7	20.6	14.4	4.2	1017.1
Per person	$	55.6	45.9	47.9	42.5	42.3	41.2	42.5	19.8	48.4
Referrals										
Number of referrals	'000	3 739	2 403	2 023	903	702	210	137	46	10 162
Referrals per person	no.	0.54	0.46	0.48	0.44	0.43	0.43	0.40	0.21	0.48

Table 11A.24 Diagnostic imaging ordered by vocationally recognised GPs and other medical practitioners (OMPs), real benefits paid (2006-07 dollars) and number of referrals (a), (b)

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

(a) DVA data are included for number of referrals and benefits paid on diagnostic imaging items.

(b) Standard DVA reports do not distinguish between the various providers diagnostic imaging services and do not record numbers of tests but rather items paid for. In the small proportion of cases where data values were not reported, doctors were reallocated based on available information.

Source: DoHA (unpublished).

Table 11A.25 Practices under the Practice Incentives Program (PIP) using computers for clinical purposes (a)

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
PIP practices (May 2003)	no.	1 584	1 131	874	385	384	129	77	29	4 593
Standardised whole patient equivalents (b)	no.	4 088 517	3 519 460	2 520 737	1 262 412	1 160 513	360 653	213 722	57 178	13 183 192
Electronic prescribing	no.	1 408	1 037	800	344	352	123	74	20	4 158
Share of PIP practices	%	88.9	91.7	91.5	89.4	91.7	95.3	96.1	69.0	90.5
Use computers to send and/or receive clinical data	no.	1 405	1 019	791	347	350	117	70	22	4 121
Share of PIP practices	%	88.7	90.1	90.5	90.1	91.1	90.7	90.9	75.9	89.7
PIP practices (May 2004)	no.	1 626	1 142	885	386	376	130	72	29	4 646
SWPE (b)	no.	4 293 285	3 523 007	2 570 220	1 280 392	1 165 225	364 524	197 215	60 337	13 454 205
Electronic prescribing	no.	1 476	1 061	821	352	348	122	71	21	4 272
Share of PIP practices	%	91.0	93.0	93.0	91.0	93.0	94.0	99.0	72.0	92.0
Use computers to send and/or receive clinical data	no.	1 458	1 048	815	354	343	116	68	24	4 226
Share of PIP practices	%	90.0	92.0	92.0	92.0	91.0	89.0	94.0	83.0	91.0
PIP practices (May 2005)	no.	1 643	1 159	900	379	372	129	72	27	4 681
SWPE (b)	no.	4 341 865	3 541 197	2 579 927	1 273 454	1 160 497	360 017	200 382	56 691	13 514 030
Electronic prescribing	no.	1 502	1 092	852	356	349	123	71	20	4 364
Share of PIP practices	%	91.4	94.2	94.7	93.9	93.8	95.3	98.6	74.0	93.2
Use computers to send and/or receive clinical data	no.	1 488	1 073	841	354	345	117	67	22	4 307
Share of PIP practices	%	90.6	92.7	93.4	93.4	92.7	90.7	93.1	81.5	92.0

Table 11A.25 Practices under the Practice Incentives Program (PIP) using computers for clinical purposes (a)

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
PIP practices (May 2006)	no.	1 679	1 163	917	388	362	129	73	34	4 745
SWPE (b)	no.	4 453 192	3 641 533	2 670 235	1 312 886	1 180 202	374 440	211 293	67 116	13 910 897
Electronic prescribing	no.	1 556	1 109	880	370	342	124	73	26	4 480
Share of PIP practices	%	92.7	95.4	96.0	95.4	94.5	96.1	100.0	76.5	94.4
Use computers to send and/or receive clinical data	no.	1 537	1 084	872	367	342	119	68	28	4 417
Share of PIP practices	%	91.5	93.2	95.1	94.6	94.5	92.2	93.2	82.4	93.1
PIP practices (May 2007) (c)	no.	1 676	1 179	947	394	361	127	78	36	4 798
SWPE (b)	no.	4 468 264	3 761 795	2 752 485	1 356 627	1 200 227	370 994	245 940	68 654	14 224 986
Maintain secure electronic patient records	no.	1 347	1 018	829	331	297	110	69	28	4 029
Share of PIP practices	%	80.4	86.3	87.5	84.0	82.3	86.6	88.5	77.8	84.0
Use mainly secure electronic patient records	no.	1 299	981	812	302	291	106	64	28	3 883
Share of PIP practices	%	77.5	83.2	85.7	76.7	80.6	83.5	82.1	77.8	80.9

(a) Not all practices are involved in PIP, and the proportion may vary across jurisdictions.

(b) A standardised whole patient equivalent (SWPE) is an indicator of practice workload based on the number of patients seen. The SWPE value for a jurisdiction is the sum of the fractions of care provided by doctors in that jurisdiction to their patients, weighted for the age and sex of each patient in accordance with national ratios.

(c) In November 2006, the PIP incentive to encourage the computerisation of practices was changed. The 2007 data reported here are for the new incentive.

Source: DoHA (unpublished).

Table 11A.26 Practices in the Practice Incentives Program (PIP) using computers for clinical purposes (a), (b)

	Unit	Capital city	Other metro centre	Large rural centre	Small rural centre	Other rural	Remote centre	Other remote	Aust
PIP practices (May 2007)	no.	2 998	364	308	299	670	59	100	4 798
SWPE (c)	no.	8 902 477	1 166 199	1 032 847	1 141 877	1 746 592	123 660	111 334	14 224 986
Electronic prescribing									
Share of PIP practices (May 2003)	%	89	90	95	96	94	84	87	91
Share of PIP practices (May 2004)	%	91	92	95	97	95	89	89	92
Share of PIP practices (May 2005)	%	92	93	97	97	95	87	93	93
Share of PIP practices (May 2006)	%	94	95	97	97	96	88	92	94
Maintain secure electronic patient records (d)									
Share of PIP practices (May 2007)	%	83	85	87	86	89	75	69	84
Use of computers to send and/or receive clinical data									
Share of PIP practices (May 2003)	%	89	89	92	94	91	88	80	90
Share of PIP practices (May 2004)	%	90	90	94	94	92	89	84	91
Share of PIP practices (May 2005)	%	92	91	96	95	93	89	85	92
Share of PIP practices (May 2006)	%	93	93	96	95	94	89	89	93
Use mainly secure electronic patient records (d)									
Share of PIP practices (May 2007)	%	79	84	85	85	86	75	68	81

(a) Capital city = State and Territory capital city statistical divisions; other metropolitan centre = one or more statistical subdivisions that have an urban centre with a population of 100 000 or more; large rural centre = SLAs where most of the population resides in urban centres with a population of 25 000 or more; small rural centre = SLAs in rural zones containing urban centres with populations between 10 000 and 24 999; other rural area = all remaining SLAs in the rural zone; remote centre = SLAs in the remote zone containing populations of 5000 or more; other remote area = all remaining SLAs in the remote zone.

(b) Not all practices are involved in PIP, and the proportion may vary across jurisdictions.

(c) A SWPE is an indicator of practice workload based on the number of patients seen. The SWPE value for a jurisdiction is the sum of the fractions of care provided by doctors in that jurisdiction to their patients, weighted for the age and sex of each patient in accordance with national ratios.

(d) In November 2006, the PIP incentive to encourage the computerisation of practices was changed. The 2007 data reported here are for the new incentive.

Source: DoHA (unpublished).

Table 11A.27 **Proportion of full time workload equivalent (FWE) GPs with vocational registration, by region (per cent) (a), (b), (c)**

	Capital city	*Other metro centre*	*Large rural centre*	*Small rural centre*	*Other rural area*	*Remote centre*	*Other remote area*	*Aust*
2002-03	93.0	93.9	90.0	86.1	82.6	76.1	64.9	91.0
2003-04	93.7	93.0	90.0	86.7	83.8	71.2	68.3	91.4
2004-05	93.4	91.7	89.7	85.3	83.4	71.4	67.2	91.0
2005-06	93.1	90.3	90.7	84.2	83.1	68.2	72.9	90.6
2006-07	92.9	90.0	90.3	83.5	83.3	71.3	68.8	90.4

(a) Capital city = State and Territory capital city statistical divisions; other metropolitan centre = one or more statistical subdivisions that have an urban centre with a population of 100 000 or more; large rural centre = SLAs where most of the population resides in urban centres with a population of 25 000 or more; small rural centre = SLAs in rural zones containing urban centres with populations between 10 000 and 24 999; other rural area = all remaining SLAs in the rural zone; remote centre = SLAs in the remote zone containing populations of 5000 or more; other remote area = all remaining SLAs in the remote zone.

(b) FWEs are calculated for each practitioner by dividing the practitioner's Medicare billing by the mean billing of full time practitioners for that reference period. For example, a FWE value of 2 indicates that the practitioner's total billing is twice that of the mean billing of a full time practitioner.

(c) FWE numbers were based on doctors' practice location postcodes at which services were rendered within the reference period. In the small proportion of cases where data values were not reported, doctors were reallocated based on available information.

Source: DoHA (unpublished).

Table 11A.28 Number and proportion of full time workload equivalent (FWE) GPs with vocational registration (a), (b)

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
FWE GPs with vocational registration										
2002-03	no.	5 532	3 719	2 815	1 336	1 244	337	193	80	15 257
2003-04	no.	5 595	3 738	2 882	1 338	1 261	344	189	81	15 428
2004-05	no.	5 774	3 789	2 933	1 335	1 262	348	191	81	15 714
2005-06	no.	5 858	3 870	3 004	1 346	1 289	353	199	79	15 997
2006-07	no.	6 007	3 987	3 051	1 362	1 301	356	215	80	16 359
Proportion of FWE GPs with vocational registration										
2002-03	%	92.8	89.8	88.5	91.6	91.9	89.6	95.4	82.8	91.0
2003-04	%	92.9	91.0	88.4	92.2	92.7	92.2	95.5	82.7	91.4
2004-05	%	92.8	90.9	86.6	91.7	92.6	92.1	95.5	84.4	91.0
2005-06	%	92.8	90.4	86.1	91.4	91.8	91.4	95.9	81.8	90.6
2006-07	%	92.7	90.5	85.6	90.8	91.8	91.0	95.2	76.9	90.4

(a) FWEs are calculated for each practitioner by dividing the practitioner's Medicare billing by the mean billing of full time practitioners for that reference period. For example, a FWE value of 2 indicates that the practitioner's total billing is twice that of the mean billing of a full time practitioner.

(b) FWE numbers were based on doctors' practice location postcodes at which services were rendered within the reference period.

Source: DoHA (unpublished).

Table 11A.29 **General practices that are accredited (a)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
30 June 2007										
General practices (b)	no.	2 812	1 711	1 286	591	564	172	94	126	7 356
Registered for accreditation (c)										
AGPAL	no.	1 533	1 029	883	372	384	130	54	43	4 428
GPA Accreditation *plus*	no.	274	210	135	82	35	6	15	3	760
Accredited										
AGPAL	no.	1 425	993	820	344	365	125	52	36	4 160
GPA Accreditation *plus*	no.	256	191	118	62	28	5	14	1	675
Total	no.	1 681	1 184	938	406	393	130	66	37	4 835
Proportion	%	59.8	69.2	72.9	68.7	69.7	75.6	70.2	29.4	65.7

(a) Includes practices accredited by either of Australia's two accrediting bodies. Data from General Practice Australia Accreditation *plus* (GPA Accreditation *plus)* are reported for the first time in the 2008 Report.

(b) Preliminary data for the total number of practices, collected by the Primary Health Care Research and Information Service (PHC RIS) for the 2006-07 Annual Survey of Divisions, in response to the question "How many general practices were in your Division's catchment area at 30 June 2007". Data were provided by all Divisions of General Practice as required under contractual agreements with DoHA.

(c) Includes practices registered for accreditation but not yet accredited, in addition to accredited practices.

Source: Australian General Practice Accreditation Limited (AGPAL) (unpublished); GPA Accreditation *plus* (unpublished); PHC RIS, DoHA (unpublished).

Table 11A.30 General practice activity in PIP practices (per cent)

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Proportion of SWPEs that are in PIP practices (a)										
2001-02	%	72.0	80.9	79.7	83.7	79.5	86.4	49.9	76.0	77.6
2002-03	%	74.0	82.0	80.3	83.7	81.0	86.3	50.3	76.0	78.8
2003-04	%	75.8	83.3	79.8	84.8	80.3	88.3	51.3	76.4	79.7
2004-05	%	76.6	83.9	79.9	84.3	80.7	86.9	56.5	80.7	80.2
2005-06	%	77.2	84.3	80.1	85.2	82.2	88.5	55.1	83.4	80.9
Proportion of services provided by PIP practices (b)										
2001-02	%	69.1	78.4	79.1	82.5	78.6	85.2	49.0	74.5	75.5
2002-03	%	71.0	79.4	79.7	82.4	79.7	85.3	51.2	74.8	76.7
2003-04	%	73.3	81.2	79.3	83.9	79.5	87.4	51.7	75.3	78.0
2004-05	%	74.2	82.0	80.0	83.4	80.1	86.5	58.0	79.6	78.7
2005-06	%	75.2	82.7	80.2	84.8	81.7	88.4	56.6	82.7	79.6

(a) A SWPE is an indicator of practice workload based on the number of patients seen. The SWPE value for a jurisdiction is the sum of the fractions of care provided by doctors in that jurisdiction to their patients, weighted for the age and sex of each patient in accordance with national ratios.

(b) Services may vary in type and quality.

Source: DoHA (unpublished).

Table 11A.31 GP use of chronic disease management Medicare items for care planning or case conferencing (a), (b), (c)

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
2002-03										
GPs using EPC items	no.	2 567	1 750	1 299	637	622	191	57	30	7 153
Total GPs	no.	5 837	4 314	3 237	1 624	1 463	475	257	117	17 324
GPs using EPC items	%	44.0	40.6	40.1	39.2	42.5	40.2	22.2	25.6	41.3
2003-04										
GPs using EPC items	no.	2 557	1 806	1 262	620	553	197	82	32	7 109
Total GPs	no.	5 846	4 343	3 281	1 622	1 461	468	253	117	17 391
GPs using EPC items	%	43.7	41.6	38.5	38.2	37.9	42.1	32.4	27.4	40.9
2004-05										
GPs using EPC items	no.	4 261	2 928	2 142	1 061	872	288	134	52	11 738
Total GPs	no.	5 946	4 387	3 403	1 644	1 478	472	255	107	17 692
GPs using EPC items	%	71.7	66.7	62.9	64.5	59.0	61.0	52.5	48.6	66.3
2005-06										
GPs using EPC items	no.	5 209	3 811	2 805	1 355	1 173	365	185	76	14 979
Total GPs	no.	6 056	4 509	3 521	1 669	1 514	476	268	110	18 123
GPs using EPC items	%	86.0	84.5	79.7	81.2	77.5	76.7	69.0	69.1	82.7
2006-07										
GPs using EPC items	no.	5 696	4 210	3 113	1 509	1 347	406	222	91	16 594
Total GPs	no.	6 171	4 599	3 601	1 698	1 552	474	278	114	18 487
GPs using EPC items	%	92.3	91.5	86.4	88.9	86.8	85.7	79.9	79.8	89.8

(a) The chronic disease management items include GP only care plans, multidisciplinary care plans (A15 subgroup 1) and case conferences (A15 subgroup 2, excluding items relating to consultant physician and psychiatrists). Services that qualify under the DVA National Treatment Account or services provided in public hospitals are not included.

(b) The increase in the number of GPs using chronic disease management MBS items for care planning or case conferencing in 2004-05 may be due to the introduction of the Strengthening Medicare initiative on 1 July 2004. This initiative provided access to a range of allied health and dental care treatments for patients with chronic conditions and complex needs, on referral from a GP. The continued increase in subsequent years may be linked to the introduction of additional chronic disease management MBS items on a number of occasions.

(c) GPs are defined as those General Practitioners and Other Medical Practitioners who have claimed at least 1500 non-referred attendances in the relevant financial year. GPs are counted only in the state/territory where they claimed the most services - this prevents double counting.

Source: DoHA (unpublished).

Table 11A.32 **Annual voluntary health assessments for older people (a), (b)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
2002-03										
Older people assessed	no.	65 501	44 792	32 624	11 364	19 391	4 773	1 502	203	180 150
Older people	no.	387 920	279 272	192 350	94 235	101 591	29 293	12 007	6 033	1 102 394
Proportion assessed	%	16.9	16.0	17.0	12.1	19.1	16.3	12.5	3.4	16.3
2003-04										
Older people assessed	no.	71 748	50 654	36 142	12 722	20 170	5 363	1 544	234	198 577
Older people	no.	400 419	287 538	199 193	97 759	104 187	29 850	12 524	6 288	1 137 812
Proportion assessed	%	17.9	17.6	18.1	13.0	19.4	18.0	12.3	3.7	17.5
2004-05										
Older people assessed	no.	81 442	53 349	40 165	13 778	21 553	5 859	1 431	354	217 931
Older people	no.	410 394	295 306	205 170	101 029	106 348	30 524	12 936	6 506	1 168 271
Proportion assessed	%	19.8	18.1	19.6	13.6	20.3	19.2	11.1	5.4	18.7
2005-06										
Older people assessed	no.	89 784	58 841	48 020	15 824	22 393	6 689	1 825	461	243 837
Older people	no.	421 961	303 532	212 939	104 851	107 957	31 263	13 401	6 892	1 202 857
Proportion assessed	%	21.3	19.4	22.6	15.1	20.7	21.4	13.6	6.7	20.3
2006-07										
Older people assessed	no.	97 823	64 954	52 133	18 260	24 922	7 918	1 769	807	268 586
Older people	no.	417 381	304 347	219 160	106 964	108 901	31 885	13 593	6 889	1 209 175
Proportion assessed	%	23.4	21.3	23.8	17.1	22.9	24.8	13.0	11.7	22.2

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

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

Source: DoHA (unpublished).

Table 11A.33 **Valid vaccinations supplied to children under seven years of age, by type of provider, 1996–2007 (a), (b), (c)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Unknown*	*Aust*
Valid vaccinations provided											
Divisions of General Practice	no.	23	141	3	11	283	–	–	13	–	474
GPs	no.	11 972 670	5 814 360	7 140 313	2 636 818	2 092 473	853 428	287 211	22 089	–	30 819 362
Council	no.	853 505	5 086 837	629 852	286 954	552 691	127 945	–	–	–	7 537 784
State or territory health department	no.	3	–	724	245 476	2 520	718	164 348	2 197	–	415 986
Flying doctor service	no.	3 552	–	27 751	8	3 747	–	–	–	–	35 058
Public hospital	no.	313 217	48 848	263 927	223 787	91 747	1 688	6 039	53 173	3 381	1 005 807
Private hospital	no.	14 526	90	1 551	70	–	105	39	6 553	–	22 934
Aboriginal health service	no.	68 325	13 320	62 291	26 024	13 664	–	1 491	63 599	–	248 714
Aboriginal health worker	no.	4 842	–	40 821	–	1 594	–	–	1 625	–	48 882
Community health centre	no.	1 049 660	88 255	486 152	734 136	293 600	6 307	267 484	553 717	1 794	3 481 105
Community nurse	no.	–	292	–	–	–	–	72	–	–	364
Total	**no.**	**14 280 323**	**11 052 143**	**8 653 385**	**4 153 284**	**3 052 319**	**990 191**	**726 684**	**702 966**	**5 175**	**43 616 470**
Proportion of total valid vaccinations											
Divisions of General Practice	%	–	–	–	–	–	–	–	–	–	–
GPs	%	83.8	52.6	82.5	63.5	68.6	86.2	39.5	3.1	–	70.7
Council	%	6.0	46.0	7.3	6.9	18.1	12.9	–	–	–	17.3
State or territory health department	%	–	–	–	5.9	0.1	0.1	22.6	0.3	–	1.0
Flying doctor service	%	–	–	0.3	–	0.1	–	–	–	–	0.1
Public hospital	%	2.2	0.4	3.1	5.4	3.0	0.2	0.8	7.6	65.3	2.3
Private hospital	%	0.1	–	–	–	–	–	–	0.9	–	0.1
Aboriginal health service	%	0.5	0.1	0.7	0.6	0.5	–	0.2	9.1	–	0.6
Aboriginal health worker	%	–	–	0.5	–	0.1	–	–	0.2	–	0.1

Table 11A.33 **Valid vaccinations supplied to children under seven years of age, by type of provider, 1996–2007 (a), (b), (c)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Unknown*	*Aust*
Community health centre	%	7.4	0.8	5.6	17.7	9.6	0.6	36.8	78.8	34.7	8.0
Community nurse	%	–	–	–	–	–	–	–	–	–	–
Total	**%**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) 1 January 1996 to 30 June 2007.

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

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

– Nil or rounded to zero.

Source: DoHA (unpublished).

Table 11A.34 Children aged 12 months to less than 15 months who were fully immunised (per cent) (a), (b), (c), (d)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Fully immunised (e)									
30 June 2003	91.0	91.8	91.1	89.9	91.5	91.9	91.5	91.6	91.2
30 June 2004	91.0	91.7	91.6	89.3	91.4	93.4	90.8	85.2	90.9
30 June 2005	90.6	91.8	90.8	90.0	91.1	91.2	95.7	91.9	91.0
30 June 2006	90.1	91.8	90.8	89.1	91.0	93.8	90.7	90.6	90.7
30 June 2007	91.5	91.8	90.9	88.9	90.5	91.4	94.3	91.1	91.2
Immunised against (at 30 June 2007)									
Diphtheria, tetanus and pertussis	91.9	92.9	91.8	89.4	91.5	91.6	94.8	91.3	91.9
Polio	91.8	92.8	91.7	89.4	91.5	91.5	94.8	91.3	91.8
Haemophilus influenzae type b	94.8	95.0	94.0	93.5	94.7	95.6	96.6	95.8	94.6

(a) Coverage measured at 30 June for children turning 12 months of age by 31 March, by the State or Territory in which the child was located.

(b) The Australian Childhood Immunisation Register (ACIR) includes all children under 7 years of age who are registered with Medicare. By the age of 12 months, over 98 per cent of Australian children have been registered with Medicare (NCIRS 2000).

(c) There may be some under-reporting by providers. Therefore, vaccine coverage estimates calculated using ACIR data are considered minimum estimates (NCIRS 2000).

(d) NT immunisation records differ from ACIR records. This may stem from delays in notifications reaching and being processed by the Health Insurance Commission (HIC), or because the cohort method of reporting immunisation coverage does not allow for assessment of 'catch up' immunisation occurring after the assessment age of 12 months. Average delay times were greatest in the NT (Hull and McIntyre 2000).

(e) Children assessed as fully immunised at 12 months are immunised against diphtheria, tetanus, pertussis (whooping cough), polio, hepatitis b and *Haemophilus influenzae* type b.

Source: DoHA (unpublished).

Table 11A.35 Children aged 24 months to less than 27 months who were fully immunised (per cent) (a), (b), (c), (d)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Fully immunised (e)									
30 June 2003	88.4	90.5	89.8	87.0	90.4	93.6	86.9	89.0	89.3
30 June 2004	90.4	92.3	91.8	90.6	92.7	94.9	90.0	94.5	91.7
30 June 2005	91.2	92.9	91.6	90.0	92.1	94.6	91.6	93.6	91.8
30 June 2006	91.7	93.5	92.2	91.3	92.2	93.6	94.2	94.4	92.4
30 June 2007	92.3	93.8	92.2	90.6	93.0	95.1	91.9	92.5	92.5
Immunised against (at 30 June 2007)									
Diphtheria, tetanus and pertussis	95.2	95.9	94.8	94.0	95.5	97.0	94.7	96.6	95.2
Polio	95.0	95.9	94.7	93.9	95.4	97.0	94.7	96.1	95.1
Haemophilus influenzae type b	94.2	94.7	93.7	92.9	94.1	96.7	93.6	93.9	94.1
Measles, mumps and rubella	93.9	94.8	93.6	92.7	94.2	95.9	92.4	94.6	94.0

(a) Coverage measured at 30 June for children turning 24 months of age by 31 March, by the State or Territory in which the child was located.

(b) The ACIR includes all children under 7 years of age who are registered with Medicare. By the age of 12 months, over 98 per cent of Australian children have been registered with Medicare (NCIRS 2000).

(c) There may be some under-reporting by providers. Therefore, vaccine coverage estimates calculated using ACIR data are considered minimum estimates (NCIRS 2000).

(d) NT immunisation records differ from ACIR records. This may stem from delays in notifications reaching and being processed by the HIC, or because the cohort method of reporting immunisation coverage does not allow for assessment of 'catch up' immunisation occurring after the assessment age of 12 months. Average delay times were greatest in the NT (Hull and McIntyre 2000).

(e) 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.

Source: DoHA (unpublished).

Table 11A.36 Notifications of measles, children aged 0–14 years (a), (b)

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Notifications										
1995	no.	442	103	158	31	2	34	39	66	875
1996	no.	161	69	47	23	8	18	9	17	352
1997	no.	196	74	160	69	20	35	19	4	577
1998	no.	104	27	27	43	3	35	6	–	245
1999	no.	22	33	21	10	2	10	4	19	121
2000	no.	21	7	11	3	3	1	–	–	46
2001	no.	15	17	5	1	1	2	–	–	41
2002	no.	4	1	5	–	–	–	–	–	10
2003	no.	7	10	4	–	5	–	–	1	27
2004	no.	3	1	–	2	1	–	–	–	7
2005	no.	1	–	1	–	–	–	–	–	2
2006 (c)	no.	35	3	2	18	3	7	–	–	68
2007 (c)	no.	1	–	3	1	–	–	–	–	5
Notifications per 100 000 children (0–14 years)										
1995	per 100 000 children	33.9	10.9	21.8	8.0	0.7	31.9	57.5	136.0	22.5
1996	per 100 000 children	12.3	7.3	6.4	5.9	2.7	17.0	13.3	34.5	9.0
1997	per 100 000 children	14.8	7.8	21.5	17.4	6.7	33.5	27.9	8.0	14.7
1998	per 100 000 children	7.8	2.8	3.6	10.8	1.0	34.2	8.9	–	6.2
1999	per 100 000 children	1.7	3.5	2.8	2.5	0.7	9.9	6.1	37.6	3.1
2000	per 100 000 children	1.6	0.7	1.4	0.7	1.0	1.0	–	–	1.2
2001	per 100 000 children	1.1	1.8	0.6	0.2	0.3	2.0	–	–	1.0
2002	per 100 000 children	0.3	0.1	0.6	–	–	–	–	–	0.3
2003	per 100 000 children	0.5	1.0	0.5	–	1.7	–	–	2.0	0.7

Table 11A.36 Notifications of measles, children aged 0–14 years (a), (b)

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
2004	per 100 000 children	0.2	0.1	–	0.5	0.3	–	–	–	0.2
2005	per 100 000 children	0.1	–	0.1	–	–	–	–	–	0.1
2006 (c)	per 100 000 children	2.7	0.3	0.2	4.5	1.1	7.3	–	–	1.7
2007 (c)	per 100 000 children	0.1	–	0.5	0.3	–	–	–	–	0.2

(a) Notified cases are likely to represent only a proportion of the total cases that occurred. The notified fraction may vary between states and territories and with time.

(b) Notification criteria are based on the National Health Medical Research Council's: *Surveillance Case Definitions* (1994).

(c) Notifications are to 31 August.

– Nil or rounded to zero.

Source: DoHA (unpublished).

Table 11A.37 **Notifications of pertussis (whooping cough), children aged 0–14 years (a), (b)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Notifications										
1995	no.	743	202	796	252	235	71	24	105	2 428
1996	no.	498	651	365	113	318	7	17	8	1 977
1997	no.	2 309	799	1 194	831	920	40	44	17	6 154
1998	no.	1 092	476	678	194	293	14	34	9	2 790
1999	no.	409	371	253	53	117	278	27	2	1 510
2000	no.	1 549	309	217	49	217	40	103	5	2 489
2001	no.	1 807	292	726	121	806	27	28	97	3 904
2002	no.	728	281	711	121	126	9	18	20	2 014
2003	no.	954	182	215	124	31	40	139	1	1 686
2004	no.	777	214	238	843	152	2	17	11	2 254
2005	no.	496	129	343	129	99	5	28	26	1 255
2006 (c)	no.	332	46	181	51	53	7	14	3	687
2007 (c)	no.	164	73	52	5	15	4	3	2	318
Notifications per 100 000 children (0–14 years)										
1995	per 100 000 children	57.0	21.3	109.9	64.7	78.3	66.6	35.4	216.4	62.4
1996	per 100 000 children	38.0	68.7	49.6	28.8	106.2	6.6	25.1	16.2	50.5
1997	per 100 000 children	174.7	84.1	160.8	209.9	307.9	38.3	64.6	33.9	156.5
1998	per 100 000 children	82.2	49.9	90.6	48.7	98.4	13.7	50.5	17.8	70.7
1999	per 100 000 children	30.8	38.9	33.6	13.3	39.5	274.7	41.0	4.0	38.2
2000	per 100 000 children	116.0	32.3	28.5	12.2	73.8	40.1	157.1	9.9	62.8
2001	per 100 000 children	134.4	30.4	94.0	30.1	276.3	27.3	42.8	189.5	98.1
2002	per 100 000 children	54.4	29.3	91.0	30.3	43.5	9.2	27.7	39.4	50.6
2003	per 100 000 children	71.5	19.0	27.2	31.1	10.8	41.1	217.7	2.0	38.8

Table 11A.37 Notifications of pertussis (whooping cough), children aged 0–14 years (a), (b)

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
2004	per 100 000 children	58.6	22.3	29.8	210.9	53.2	2.1	26.9	21.8	55.9
2005	per 100 000 children	37.6	13.5	42.5	32.3	34.9	5.2	44.8	51.5	30.2
2006 (c)	per 100 000 children	25.4	4.8	22.2	12.6	18.7	7.3	22.4	5.9	16.8
2007 (c)	per 100 000 children	16.0	9.7	8.0	1.6	6.8	5.4	6.2	5.0	10.0

(a) Notified cases are likely to represent only a proportion of the total cases that occurred. The notified fraction may vary between states and territories and with time.

(b) Notification criteria are based on the National Health Medical Research Council's: *Surveillance Case Definitions* (1994).

(c) Notifications are to 31 August.

Source: DoHA (unpublished).

Table 11A.38 Notifications of *Haemophilus influenzae* type b, children aged 0–14 years (a), (b)

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
		no.	no.	no.	no.	no.	no.	no.	no.	no.
Notifications										
1995	no.	23	13	8	4	6	4	1	4	63
1996	no.	10	8	8	1	6	1	2	3	39
1997	no.	11	7	12	3	2	2	–	3	40
1998	no.	11	2	6	5	1	2	–	–	27
1999	no.	8	4	5	1	3	–	1	2	24
2000	no.	4	2	7	–	1	–	–	–	14
2001	no.	6	2	2	1	2	–	–	3	16
2002	no.	5	1	1	6	2	–	–	2	17
2003	no.	4	1	3	1	1	–	–	2	12
2004	no.	2	1	3	–	2	–	–	2	10
2005	no.	4	2	2	–	–	–	–	1	9
2006 (c)	no.	4	2	7	–	–	–	–	–	13
2007 (c)	no.	2	1	2	2	–	–	–	–	7
Notifications per 100 000 children (0–14 years)										
1995	per 100 000 children	1.8	1.4	1.1	1.0	2.0	3.8	1.5	8.2	1.6
1996	per 100 000 children	0.8	0.8	1.1	0.3	2.0	0.9	2.9	6.1	1.0
1997	per 100 000 children	0.8	0.7	1.6	0.8	0.7	1.9	–	6.0	1.0
1998	per 100 000 children	0.8	0.2	0.8	1.3	0.3	2.0	–	–	0.7
1999	per 100 000 children	0.6	0.4	0.7	0.3	1.0	–	1.5	4.0	0.6
2000	per 100 000 children	0.3	0.2	0.9	–	0.3	–	–	–	0.4
2001	per 100 000 children	0.4	0.2	0.3	0.2	0.7	–	–	5.9	0.4
2002	per 100 000 children	0.4	0.1	0.1	1.5	0.7	–	–	3.9	0.4
2003	per 100 000 children	0.3	0.1	0.4	0.3	0.3	–	–	4.0	0.3

Table 11A.38 **Notifications of *Haemophilus influenzae* type b, children aged 0–14 years (a), (b)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
2004	per 100 000 children	0.2	0.1	0.4	–	0.7	–	–	4.0	0.2
2005	per 100 000 children	0.3	0.2	0.2	–	–	–	–	2.0	0.2
2006 (c)	per 100 000 children	0.3	0.2	0.9	–	–	–	–	–	0.3
2007 (c)	per 100 000 children	0.2	0.1	0.3	0.6	–	–	–	–	0.2

(a) Notified cases are likely to represent only a proportion of the total cases that occurred. The notified fraction may vary between states and territories and with time.

(b) Notification criteria are based on the National Health Medical Research Council's: *Surveillance Case Definitions* (1994).

(c) Notifications are to 31 August.

– Nil or rounded to zero.

Source: DoHA (unpublished).

Table 11A.39 Participation rates of women in cervical screening programs, by age group (per cent) (a), (b)

Age group (years)	*NSW*	*Vic* (c)	*Qld*	*WA* (d)	*SA* (e)	*Tas*	*ACT* (c)	*NT*	*Aust*
2000 and 2001 (d), (e)									
20–24	46.4	51.1	51.0	53.0	54.8	62.7	47.8	59.9	50.3
25–29	58.8	63.3	59.3	62.7	64.2	66.9	59.5	64.2	61.0
30–34	63.7	67.2	61.2	65.9	68.6	68.5	64.9	65.9	64.9
35–39	63.7	67.6	60.5	66.1	68.3	69.8	64.9	64.1	64.8
40–44	62.9	68.0	59.9	64.8	68.5	67.5	64.6	63.1	64.4
45–49	63.7	69.3	60.0	64.3	68.9	67.6	66.0	64.9	65.0
50–54	61.7	68.1	57.1	61.7	65.8	65.8	68.5	61.9	63.0
55–59	63.2	71.2	58.3	62.7	69.0	66.1	72.1	62.3	64.9
60–64	52.9	61.1	48.8	54.9	60.7	55.2	63.2	55.5	55.3
65–69	43.7	52.3	41.9	46.5	51.2	48.1	54.4	42.6	46.7
70–74	18.1	17.7	20.8	18.9	31.3	13.4	19.0	24.7	19.7
75–79	7.6	7.1	9.4	7.3	np	6.2	7.6	13.6	7.0
80–84	2.4	2.4	3.1	2.5	np	1.9	1.8	5.5	2.3
Ages 20–84 years	53.5	58.0	52.6	56.6	57.5	58.1	58.4	61.8	55.3
Age standardised (f)	53.0	57.7	51.3	55.0	58.2	58.0	56.2	55.9	54.7
Ages 20–69 years	59.2	64.5	57.4	61.7	64.9	65.4	62.2	63.0	61.1
Age standardised (f)	59.1	64.6	57.0	61.4	64.9	65.2	62.8	61.7	61.0
2001 and 2002									
20–24	46.7	51.1	49.5	52.6	54.4	61.9	49.3	59.8	50.0
25–29	58.4	62.9	57.5	61.6	63.6	66.3	59.8	63.5	60.3
30–34	63.0	66.9	59.5	64.6	68.4	68.5	64.5	63.7	64.1
35–39	63.5	67.8	59.3	64.7	68.3	68.8	65.8	63.3	64.4
40–44	63.1	68.2	59.1	64.1	68.5	67.4	65.0	62.1	64.2
45–49	64.3	70.2	59.8	64.0	69.9	67.5	66.7	64.3	65.4
50–54	61.8	68.4	57.0	61.5	66.2	65.5	67.1	61.7	63.0
55–59	64.2	72.1	58.7	62.7	70.7	66.3	73.2	65.7	65.7
60–64	54.2	62.0	49.6	54.1	61.6	56.3	64.2	56.2	56.1
65–69	45.4	52.9	43.3	46.5	53.5	49.2	55.4	43.5	48.0
70–74	18.0	18.4	21.6	18.5	20.1	14.2	18.7	28.3	18.9
75–79	7.3	7.4	9.3	6.9	8.7	5.8	6.7	12.1	7.7
80–84	2.3	2.4	3.1	2.2	2.5	1.9	1.7	4.4	2.5
Ages 20–84 years	53.5	58.1	51.8	55.8	57.7	57.7	58.6	61.1	55.1
Age standardised (f)	53.2	58.0	50.7	54.3	58.4	57.8	56.6	55.7	54.6
Ages 20–69 years	59.4	64.7	56.5	61.0	65.3	65.2	62.6	62.3	61.0
Age standardised (f)	59.4	64.9	56.3	60.7	65.2	65.0	63.3	61.4	61.0

Table 11A.39 Participation rates of women in cervical screening programs, by age group (per cent) (a), (b)

Age group (years)	*NSW*	*Vic* (c)	*Qld*	*WA* (d)	*SA* (e)	*Tas*	*ACT* (c)	*NT*	*Aust*
2002 and 2003									
20–24	45.3	49.8	49.9	51.7	52.9	59.3	49.5	59.4	49.0
25–29	56.7	61.3	57.2	60.2	63.1	63.7	59.0	61.6	59.0
30–34	62.2	65.8	59.9	64.1	67.4	66.0	65.4	61.3	63.4
35–39	62.7	66.9	59.9	64.5	68.1	65.7	64.6	62.5	63.9
40–44	62.8	67.3	60.2	64.4	68.1	65.7	65.2	60.6	64.1
45–49	64.2	69.8	61.1	64.8	70.1	65.5	66.7	63.5	65.6
50–54	61.6	68.0	58.5	61.6	67.2	63.1	65.8	61.1	63.1
55–59	64.3	72.6	60.4	63.1	70.9	66.7	71.1	65.6	66.2
60–64	54.2	62.0	51.2	54.0	62.7	56.3	63.4	51.2	56.4
65–69	45.9	54.2	44.9	47.3	54.3	49.1	53.6	44.5	48.8
70–74	17.0	17.8	21.7	17.9	19.9	14.1	16.8	26.9	18.3
75–79	6.6	6.6	9.1	6.6	8.0	5.1	4.9	10.8	7.1
80–84	2.0	2.2	3.0	2.0	2.2	1.7	1.9	4.2	2.2
Ages 20–84 years	52.8	57.4	52.5	55.5	57.4	55.9	58.1	59.7	54.7
Age standardised (f)	52.6	57.4	51.5	54.2	58.3	56.1	55.9	54.5	54.3
Ages 20–69 years	58.8	64.0	57.3	60.8	65.0	63.2	62.2	61.0	60.6
Age standardised (f)	58.8	64.2	57.2	60.6	65.1	63.1	62.7	60.2	60.7
2003 and 2004									
20–24	44.0	48.5	48.9	50.4	51.8	57.2	48.9	58.6	47.8
25–29	55.6	60.3	56.7	58.8	62.7	62.4	59.4	60.9	58.1
30–34	61.1	65.8	59.9	63.2	66.7	64.6	65.9	59.9	62.8
35–39	62.2	67.3	60.2	63.5	68.0	64.6	65.5	62.4	63.8
40–44	62.7	68.4	61.0	63.2	68.4	63.7	66.0	60.8	64.3
45–49	64.0	70.7	62.2	64.4	70.2	65.9	66.9	62.4	65.9
50–54	62.0	69.7	59.8	61.2	68.5	62.8	66.8	61.5	64.0
55–59	64.1	73.7	62.0	63.0	70.9	65.8	68.2	64.5	66.6
60–64	54.3	64.0	53.0	53.7	63.3	55.3	61.8	50.9	57.2
65–69	45.9	56.0	46.3	47.4	55.0	48.1	52.8	46.1	49.6
70–74	16.1	16.3	20.9	16.8	19.3	13.2	17.6	22.0	17.3
75–79	5.8	5.4	8.5	5.9	7.6	4.6	5.2	10.5	6.3
80–84	1.7	1.7	2.7	2.0	2.0	1.5	1.9	3.6	1.9
Ages 20–84 years	52.1	57.6	52.8	54.6	57.2	54.9	58.1	58.9	54.5
Age standardised (f)	52.1	57.7	51.9	53.4	58.2	55.1	56.0	53.8	54.2
Ages 20–69 years	58.2	64.4	57.7	59.9	65.0	62.0	62.3	60.4	60.5
Age standardised (f)	58.4	64.8	57.7	59.8	65.1	62.0	62.7	59.7	60.7

Table 11A.39 Participation rates of women in cervical screening programs, by age group (per cent) (a), (b)

Age group (years)	*NSW*	*Vic* (c)	*Qld*	*WA* (d)	*SA* (e)	*Tas*	*ACT* (c)	*NT*	*Aust*
2004 and 2005									
20–24	43.4	48.5	49.1	51.3	50.3	57.5	51.6	57.6	47.7
25–29	55.0	60.2	56.8	58.4	60.8	64.6	61.9	60.6	57.8
30–34	60.9	66.4	60.4	63.2	65.8	64.6	68.0	58.9	62.9
35–39	62.5	68.4	61.0	64.5	67.1	65.8	68.9	60.8	64.4
40–44	62.8	69.4	61.6	64.0	67.4	65.3	67.7	59.0	64.8
45–49	64.0	71.8	63.4	65.4	69.4	66.1	69.1	61.1	66.5
50–54	62.3	70.4	61.4	62.3	68.0	64.5	68.2	60.7	64.7
55–59	63.9	73.8	62.8	64.6	70.1	66.5	74.8	62.1	66.9
60–64	54.3	64.9	54.3	54.1	62.0	56.4	65.3	50.8	57.7
65–69	45.6	56.2	46.3	48.4	55.8	47.1	56.1	44.2	49.7
70–74	15.6	16.4	27.3	16.1	19.9	13.0	17.3	14.8	17.0
75–79	5.5	5.0	10.5	5.3	7.7	4.4	5.8	9.5	5.9
80–84	1.6	1.6	3.2	2.0	1.9	1.2	1.7	3.0	1.8
Ages 20–84 years	51.9	58.1	54.9	55.1	56.3	55.6	60.4	57.7	54.6
Age standardised (f)	52.0	58.2	52.9	54.0	57.4	55.8	58.4	52.4	54.4
Ages 20–69 years	58.1	65.0	58.4	60.6	64.0	62.9	65.0	59.2	60.8
Age standardised (f)	58.2	65.4	58.4	60.5	64.1	62.9	65.5	58.5	61.0

(a) These numbers may be overestimated because of double counting of some women between some states and territories. This may be the result of difficulty in identifying state or territory of residence for women in border areas, tests inadvertently transferred to interstate registers, and inclusion of women resident overseas; however, the impact of double counting is probably very small.

(b) In 2001 the ABS carried out a full population Census and a national health survey. These led to the revision of the ABS estimated resident population (ERP) data, the introduction of a new Australian standard population for use in age standardisation and the production of new estimates of hysterectomy status among Australian women. The denominators for participation rates presented in this report have been calculated using the 2001 ABS National Health Survey hysterectomy fractions and the revised ERP values, and age adjusted using the 2001 Australian standard population. National hysterectomy fractions have been used for calculating these participation rates.

(c) The Victorian and ACT registers include only women with a Victorian or ACT address, respectively.

(d) In 2000 and 2001, WA registers included only women with a WA address.

(e) For 2000 and 2001, SA grouped all women aged 70 years or more in the 70–74 age group.

(f) Age standardised rates are standardised to the 2001 Australian population.

np Not published.

Source: AIHW (2007), *Cervical screening in Australia 2004-2005,* Cat. no. CAN 33, AIHW, Canberra; AIHW (unpublished).

Table 11A.40 **Influenza vaccination coverage, people aged 65 years or over**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
2002										
People vaccinated	no.	623 700	509 700	317 500	167 100	180 900	51 300	21 900	5 200	1 877 200
Target population	no.	861 400	626 000	423 100	209 700	220 500	64 900	27 500	7 600	2 440 500
People vaccinated	%	72.4	81.4	75.0	79.7	82.0	79.0	79.6	68.4	76.9
2003										
People vaccinated	no.	663 100	499 300	327 700	171 800	186 200	51 600	23 200	5 400	1 928 300
Target population	no.	869 000	642 300	448 400	219 100	225 000	67 300	28 700	8 000	2 507 900
People vaccinated	%	76.3	77.7	73.1	78.4	82.8	76.7	80.7	68.1	76.9
2004										
People vaccinated	no.	715 500	541 200	352 500	181 100	187 800	53 200	24 200	5 900	2 061 500
Target population	no.	907 300	663 600	465 200	230 100	230 800	68 800	30 200	8 800	2 604 800
People vaccinated	%	78.9	81.6	75.8	78.7	81.4	77.3	80.0	67.5	79.1

Source: AIHW 2005e, *2004 Adult Vaccination Survey: summary results,* AIHW cat. no. PHE 56, AIHW & DoHA, Canberra; AIHW 2004, *2003 Influenza Vaccine Survey: Summary Results,* AIHW Cat. no. PHE 51, Canberra; AIHW 2003, *2002 Influenza Vaccine Survey, Summary Results*, Cat. no. PHE 46, Canberra.

Table 11A.41 **Ratio of separations for Indigenous males to all males, 2005-06 (a), (b), (c), (d), (e)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Total* (b)
All causes	Number	21 756	na	25 701	19 800	7 477	na	na	24 187	98 921
	SHSR	1.84	na	2.36	3.39	3.26	na	na	7.96	2.82
	95% CI	1.81 to 1.86	na	2.34 to 2.39	3.35 to 3.44	3.19 to 3.33	na	na	7.86 to 8.06	2.8 to 2.84
Circulatory disease	Number	946	na	1 164	648	477	na	na	568	3 803
	SHSR	1.45	na	2.00	2.22	3.80	na	na	2.49	1.95
	95% CI	1.36 to 1.54	na	1.89 to 2.12	2.04 to 2.39	3.46 to 4.14	na	na	2.29 to 2.7	1.88 to 2.01
Coronary heart disease	Number	440	na	534	282	248	na	na	243	1 747
	SHSR	1.58	na	2.16	2.44	5.12	na	na	3.08	2.17
	95% CI	1.44 to 1.73	na	1.98 to 2.35	2.16 to 2.73	4.48 to 5.76	na	na	2.69 to 3.47	2.06 to 2.27
Rheumatic heart disease	Number	np	na	43	23	12	na	na	36	np
	SHSR	np	na	6.92	9.88	31.12	na	na	31.88	7.82
	95% CI	np	na	4.85 to 8.99	5.84 to 13.91	13.51 to 48.73	na	na	21.46 to 42.29	6.41 to 9.23
Self-harm	Number	223	na	158	130	51	na	na	101	663
	SHSR	2.74	na	2.39	3.78	3.17	na	na	2.45	2.78
	95% CI	2.38 to 3.1	na	2.02 to 2.76	3.13 to 4.43	2.3 to 4.04	na	na	1.97 to 2.93	2.57 to 3
All respiratory disease	Number	1 939	na	1 854	1 407	463	na	na	1 577	7 240
	SHSR	2.13	na	2.70	3.64	2.47	na	na	5.06	2.83
	95% CI	2.04 to 2.23	na	2.58 to 2.82	3.45 to 3.83	2.25 to 2.7	na	na	4.81 to 5.31	2.77 to 2.9
Infectious pneumonia	Number	385	na	431	440	92	na	na	678	2 026
	SHSR	2.94	na	4.67	8.50	4.80	na	na	10.82	5.65
	95% CI	2.64 to 3.23	na	4.23 to 5.11	7.7 to 9.29	3.82 to 5.78	na	na	10 to 11.63	5.41 to 5.9
Lung cancer	Number	26	na	56	12	7	na	na	24	125
	SHSR	1.45	na	3.09	1.42	1.36	na	na	3.75	2.28
	95% CI	0.89 to 2.01	na	2.28 to 3.89	0.62 to 2.23	0.35 to 2.37	na	na	2.25 to 5.26	1.88 to 2.68

Table 11A.41 Ratio of separations for Indigenous males to all males, 2005-06 (a), (b), (c), (d), (e)

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Total* (b)
Diabetes as a primary diagnosis	Number	322	na	404	342	122	na	na	280	1 470
	SHSR	3.61	na	4.75	7.30	6.78	na	na	5.90	5.34
	95% CI	3.22 to 4.01	na	4.29 to 5.22	6.53 to 8.08	5.58 to 7.98	na	na	5.21 to 6.59	5.07 to 5.61
All diabetes except where dialysis is the primary diagnosis	Number	1 764	na	2 226	1 956	893	na	na	1 759	8 598
	SHSR	2.92	na	4.35	7.58	7.33	na	na	6.55	4.76
	95% CI	2.79 to 3.06	na	4.17 to 4.53	7.25 to 7.92	6.85 to 7.81	na	na	6.24 to 6.86	4.66 to 4.86
All diabetes (f)	Number	2 102	na	2 641	7 486	895	na	na	1 762	14 886
	SHSR	3.41	na	4.46	18.27	6.90	na	na	6.56	7.33
	95% CI	3.26 to 3.55	na	4.29 to 4.63	17.85 to 18.68	6.45 to 7.35	na	na	6.25 to 6.87	7.21 to 7.45
Depressive disorder	Number	222	na	71	47	38	na	na	23	401
	SHSR	1.67	na	0.56	0.58	2.00	na	na	1.35	1.00
	95% CI	1.45 to 1.89	na	0.43 to 0.69	0.41 to 0.75	1.37 to 2.64	na	na	0.8 to 1.91	0.9 to 1.1
Anxiety disorder	Number	42	na	43	5	np	na	na	np	96
	SHSR	1.34	na	0.71	np	np	na	na	np	0.89
	95% CI	0.93 to 1.74	na	0.5 to 0.92	np	np	na	na	np	0.71 to 1.07
Substance use disorder	Number	453	na	139	75	31	na	na	9	707
	SHSR	4.17	na	1.62	2.96	5.03	na	na	np	2.62
	95% CI	3.79 to 4.56	na	1.35 to 1.89	2.29 to 3.63	3.26 to 6.8	na	na	np	2.42 to 2.81
Psychotic disorder	Number	995	na	602	578	273	na	na	234	2 682
	SHSR	3.21	na	1.96	3.92	4.31	na	na	2.43	2.78
	95% CI	3.01 to 3.41	na	1.8 to 2.11	3.6 to 4.24	3.8 to 4.82	na	na	2.12 to 2.74	2.67 to 2.88

Table 11A.41 Ratio of separations for Indigenous males to all males, 2005-06 (a), (b), (c), (d), (e)

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

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

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

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

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

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

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

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

na Not available. **np** Not published.

Source: AIHW (unpublished).

Table 11A.42 **Ratio of separations for Indigenous females to all females, 2005-06 (a), (b), (c), (d), (e)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Total* (b)
All causes	Number	25 322	na	34 511	28 919	8 619	na	na	30 364	127 735
	SHSR	1.73	na	2.39	3.85	2.74	na	na	7.56	2.89
	95% CI	1.71 to 1.75	na	2.37 to 2.42	3.8 to 3.89	2.68 to 2.8	na	na	7.48 to 7.65	2.88 to 2.91
Circulatory disease	Number	759	na	1 068	622	278	na	na	470	3 197
	SHSR	1.95	na	2.90	3.61	3.30	na	na	3.46	2.63
	95% CI	1.81 to 2.09	na	2.73 to 3.07	3.32 to 3.89	2.91 to 3.69	na	na	3.15 to 3.78	2.54 to 2.72
Coronary heart disease	Number	312	na	429	219	136	na	na	151	1 247
	SHSR	2.97	na	4.31	4.98	7.00	na	na	3.51	3.91
	95% CI	2.64 to 3.3	na	3.9 to 4.71	4.32 to 5.64	5.82 to 8.18	na	na	2.95 to 4.07	3.69 to 4.13
Rheumatic heart disease	Number	11	na	79	34	30	na	na	66	220
	SHSR	np	na	9.93	15.99	31.57	na	na	13.72	11.16
	95% CI	np	na	7.74 to 12.12	10.62 to 21.37	20.27 to 42.86	na	na	10.41 to 17.03	9.69 to 12.64
Self-harm	Number	323	na	212	127	59	na	na	82	803
	SHSR	2.56	na	1.79	1.82	2.12	na	na	1.83	2.03
	95% CI	2.28 to 2.84	na	1.55 to 2.04	1.5 to 2.14	1.58 to 2.66	na	na	1.43 to 2.22	1.89 to 2.17
All respiratory disease	Number	1 860	na	1 869	1 572	526	na	na	1 506	7 333
	SHSR	2.73	na	3.02	4.86	2.91	na	na	6.65	3.44
	95% CI	2.61 to 2.86	na	2.89 to 3.16	4.62 to 5.1	2.66 to 3.16	na	na	6.31 to 6.99	3.36 to 3.52
Infectious pneumonia	Number	336	na	410	444	93	na	na	578	1 861
	SHSR	3.39	na	4.39	8.95	4.12	na	na	12.23	5.91
	95% CI	3.03 to 3.75	na	3.96 to 4.81	8.12 to 9.78	3.28 to 4.96	na	na	11.24 to 13.23	5.65 to 6.18
Lung cancer	Number	51	na	21	11	10	na	na	7	100
	SHSR	4.30	na	1.53	np	np	na	na	np	2.50
	95% CI	3.12 to 5.49	na	0.88 to 2.19	np	np	na	na	np	2.01 to 2.99

Table 11A.42 **Ratio of separations for Indigenous females to all females, 2005-06 (a), (b), (c), (d), (e)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Total* (b)
Diabetes as a primary diagnosis	Number	367	na	752	513	191	na	na	399	2 222
	SHSR	3.44	na	7.06	9.70	6.35	na	na	7.72	6.41
	95% CI	3.08 to 3.79	na	6.56 to 7.57	8.86 to 10.54	5.45 to 7.25	na	na	6.96 to 8.47	6.14 to 6.68
All diabetes except where dialysis is the primary diagnosis	Number	2 280	na	3 483	3 049	1 049	na	na	2 807	12 668
	SHSR	4.04	na	6.93	11.55	7.55	na	na	11.93	7.02
	95% CI	3.87 to 4.2	na	6.7 to 7.16	11.14 to 11.96	7.09 to 8.01	na	na	11.49 to 12.37	6.9 to 7.14
All diabetes (f)	Number	2 912	na	4 081	12 490	1 050	na	na	2 825	23 358
	SHSR	5.12	na	7.95	33.89	7.18	na	na	12.05	12.19
	95% CI	4.93 to 5.31	na	7.7 to 8.19	33.29 to 34.48	6.74 to 7.61	na	na	11.61 to 12.49	12.03 to 12.34
Depressive disorder	Number	276	na	107	132	102	na	na	43	660
	SHSR	1.31	na	0.35	0.84	2.74	na	na	2.59	0.85
	95% CI	1.16 to 1.47	na	0.28 to 0.41	0.69 to 0.98	2.21 to 3.27	na	na	1.81 to 3.36	0.78 to 0.91
Anxiety disorder	Number	48	na	20	24	19	na	na	np	111
	SHSR	1.64	na	0.39	0.82	np	na	na	np	0.94
	95% CI	1.17 to 2.1	na	0.22 to 0.56	0.49 to 1.15	np	na	na	np	0.77 to 1.11
Substance use disorder	Number	193	na	57	45	22	na	na	6	323
	SHSR	2.35	na	0.63	2.32	6.81	na	na	np	1.43
	95% CI	2.02 to 2.68	na	0.47 to 0.79	1.64 to 3	3.97 to 9.66	na	na	np	1.27 to 1.59
Psychotic disorder	Number	678	na	438	442	238	na	na	198	1 994
	SHSR	2.01	na	0.95	2.20	3.40	na	na	3.51	1.65
	95% CI	1.85 to 2.16	na	0.87 to 1.04	1.99 to 2.41	2.96 to 3.83	na	na	3.02 to 4	1.58 to 1.72

Table 11A.42 **Ratio of separations for Indigenous females to all females, 2005-06 (a), (b), (c), (d), (e)**

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

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

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

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

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

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

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

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

na Not available. **np** Not published.

Source: AIHW (unpublished).

Table 11A.43 Separations for Type 2 diabetes mellitus as principal diagnosis by complication, all hospitals, 2005-06 (per 100 000 people) (a), (b), (c), (d), (e), (f), (g)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Circulatory	14.1	26.8	17.4	27.3	22.3	np	np	np	20.2
Renal	18.2	26.0	22.8	27.7	19.3	np	np	np	22.8
Ophthalmic	102.2	111.2	103.8	141.0	89.2	np	np	np	107.8
Other specified	48.3	76.4	57.3	58.6	67.8	np	np	np	60.5
Multiple	28.8	44.1	54.7	50.9	39.3	np	np	np	42.3
No complications	4.3	4.6	3.3	3.6	3.9	np	np	np	4.1
Total	**216.2**	**289.1**	**259.5**	**309.0**	**241.9**	**np**	**np**	**np**	**257.7**

(a) The separation rates are per 100,000 persons, directly age standardised using the June 2001 Australian ERP.

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

(c) Results for individual complications may be affected by small numbers, and need to be interpreted with care.

(d) Differences across jurisdictions in policy and practice relating to the admission of patients, the availability of outpatient services and the incentives to admit patients rather than treat them as outpatients will affect estimates of hospital separations.

(e) Morbidity data are coded under coding standards that may differ over time and across jurisdictions.

(f) Data for Tasmania, the ACT and the NT are not published separately (due to private hospital confidentiality arrangements) but are included in the total for Australia.

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

np Not published.

Source: AIHW (unpublished).

Table 11A.44 Proportion of separations for principal diagnosis of Type 2 diabetes mellitus that were same day by complication, all hospitals, 2005-06 (per cent) (a), (b), (c), (d), (e), (f)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Circulatory	12.4	17.9	12.1	17.3	8.6	np	np	np	14.7
Renal	14.8	15.0	14.3	20.5	13.9	np	np	np	15.5
Ophthalmic	92.2	88.9	92.2	82.1	87.4	np	np	np	89.7
Other specified	13.3	33.8	13.1	10.8	8.2	np	np	np	19.3
Multiple	8.7	19.6	31.4	8.6	17.8	np	np	np	19.3
Unspecified	16.7	–	–	–	–	np	np	np	9.1
No complications	34.4	38.9	19.7	6.8	24.2	np	np	np	29.8
Total	**50.5**	**49.7**	**48.2**	**43.7**	**40.1**	**np**	**np**	**np**	**48.0**

(a) Data are for the number of same day separations with the specified principal diagnosis, as a per cent of all separations with the specified principal diagnosis.

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

(c) Results for individual complications may be affected by small numbers, and need to be interpreted with care.

(d) Differences across jurisdictions in policy and practice relating to the admission of patients, the availability of outpatient services and the incentives to admit patients rather than treat them as outpatients will affect estimates of hospital separations.

(e) Morbidity data are coded under coding standards that may differ over time and across jurisdictions.

(f) Data for Tasmania, the ACT and the NT are not published separately (due to private hospital confidentiality arrangements) but are included in the total for Australia.

np Not published. – Nil or rounded to zero.

Source: AIHW (unpublished).

Table 11A.45 Separations for lower limb amputation with principal or additional diagnosis of Type 2 diabetes, all hospitals, 2005-06 (a), (b), (c), (d)

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
ASR	per 100 000 people	12.2	14.9	15.4	18.1	14.6	np	np	np	14.7
Crude	per 100 000 people	13.1	15.9	15.4	17.7	17.6	np	np	np	15.4
Separations	no.	891	809	625	361	274	np	np	np	3 168

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

(b) Includes unspecified diabetes. The figures are based on the ICD 10 AM classification. The codes used are ICD-10-AM diagnosis codes E11.x for diabetes, and ICD-10-AM procedure block 1533 and procedure codes 44370-00, 44373-00, 44367-00, 44367-01 and 44367-02 for lower limb amputation.

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

(d) Data for Tasmania, the ACT and the NT are not published separately (due to private hospital confidentiality arrangements) but are included in the total for Australia.

ASR = Age standardised rate

np Not published.

Source: AIHW (unpublished).

Table 11A.46 **Separation rates of older people for injuries due to falls, 2005-06 (a), (b), (c)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Separations per 1000 older people	50.9	48.7	41.2	43.7	37.5	np	np	np	46.2
Number	46 425	32 921	20 058	10 409	8 780	np	np	np	122 797

(a) Older people are defined as people aged 65 years and over. In previous reporting against this indicator, older people were defined as people aged 75 years and over and Indigenous people aged 55 years and over.

(b) Data for Tasmania, the ACT and the NT are not published separately (due to private hospital confidentiality arrangements) but are included in the total for Australia.

(c) Separation rates are crude rates using 2005 population aged 65 years and over as the denominator.

np Not published.

Source: AIHW (unpublished).

Table 11A.47 **Australian Government, community health services programs**

Programs funded by the Australian Government during 2006-07

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Regional Health Services	The program provides funding to rural communities of up to 5 000 people to support primary health care services.	The program sits under the Rural Health Strategy but is reported separately in annual reports.	Staged financial and activity reports are required from each project. Information about the program is provided for the Department's Annual Report and the Portfolio Budget Statements.
Rural Primary Health Projects	There are two streams in this program: 1. National Rural Primary Health Projects Program which provides funding for primary care initiatives targeting remote regions. Typically the projects involve health education, workforce support, and health promotion. Basic services such as point of care testing are sometimes incorporated into individual projects where this is appropriate. 2. Building Healthy Communities Program which funds small remote communities for health promotion activities that target the key risk areas of obesity, harmful alcohol consumption, tobacco, and nutrition.	The program sits under the Rural Health Strategy but is reported separately in annual reports.	Staged financial and activity reports are required from each project. Information about the program is provided for the Department's Annual Report and the Portfolio Budget Statements.
More Allied Health Services Sub-program (MAHS)	This Program operates through Divisions of General Practice to improve access by rural and remote communities to a range of additional allied health professionals.	The MAHS program was first announced in the 2000-01 budget, and was continued in the 2004-05 budget under the Rural Health Strategy - Outcome 4.	Divisions of General Practice are required to report to the Department of Health and Ageing against MAHS activities on a biannual basis.

Source: Australian Government (unpublished).

Table 11A.48 **New South Wales, community health services programs**

Programs funded by the NSW Government during 2006-07

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Child, Adolescent and Family services	Covering services such as youth health, paediatric allied health (physiotherapy, occupational 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.	Area Health Services (AHS) receive block funding from NSW Health to provide health services to their population. Each AHS determines how much money is allocated to this program.	These services are measured as Non-Admitted Patient Occasions of Service - the number of occasions on which one or more health care professionals provides a service to a Non-admitted Patient - and reported by AHSs to the Department of Health on a quarterly basis.
Program of Appliances for Disabled People	Providing appropriate equipment, aids and appliances such as mobility and toileting aids to prevent inappropriate entry into institutional facilities.	The Department of Health allocates specific funding to AHSs for this program.	The services are required to provide waiting list reports twice a year.
Transport for Health	Providing financial assistance and transport arrangements for non-emergency transport for health-related issues.	The Department of Health allocates specific funding to AHSs for this program.	Quarterly reporting on key indicators, annual reporting on the implementation of the program.
Multicultural health services	Providing interpreter services, cultural competency training, direct service provision for refugees, planning of services to address or cater to the needs of culturally diverse communities.	As for Child, Adolescent and Family services.	As for Child, Adolescent and Family services.

Table 11A.48 **New South Wales, community health services programs**

Programs funded by the NSW Government during 2006-07

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Youth Health services	Providing education and health promotion programs, clinical services and planning of youth friendly services. Also providing specific health services for homeless and at-risk young people.	A mix of AHS and Australian Government funding.	As for Child, Adolescent and Family services.
Women's health services	Covering services and health promotion programs for women, such as mental health, violence prevention and pregnancy services and physical activity, smoking cessation and health improvement programs.	A mix of AHS funding and Australian Government funding allocated under the Public Health Outcomes Funding Agreement.	As for Child, Adolescent and Family services.
Physical Abuse and Neglect of Children services	Providing long-term and intensive counselling for families, and a range of interventions where physical abuse or neglect of a child is occurring.	As for Child, Adolescent and Family services.	As for Child, Adolescent and Family services.
Sexual Assault services	Providing crisis counselling and support for victims of assault, court preparation and community education programs.	As for Child, Adolescent and Family services.	As for Child, Adolescent and Family services.
Aboriginal health services	Covering services such as health information and education, counselling, pre and post natal programs, early childhood nursing and health promotion programs.	A mix of AHS, NSW Health (via grants to non-government organisations) and Australian Government funding.	As for Child, Adolescent and Family services.

Table 11A.48 **New South Wales, community health services programs**

Programs funded by the NSW Government during 2006-07

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Sexual Health services	Covering education, counselling, screening and the management of sexually transmitted diseases including HIV and Hepatitis A, B and C.	As for Child, Adolescent and Family services.	As for Child, Adolescent and Family services.
Aged Care services	Providing assessment and referral, case management, home nursing, allied health services such as physiotherapy, occupational therapy, social work, podiatry, chiropractic, orthotics and prosthetics, dietetics and nutrition, specialist services such as continence therapy and family support for the aged.	As for Child, Adolescent and Family services.	As for Child, Adolescent and Family services.
Palliative Care services	Providing holistic care for people who are terminally ill or dying, including clinical care in the home, counselling and support services.	A mix of AHS and Australian Government funding.	As for Child, Adolescent and Family services.
Dental services	Providing basic and emergency dental care in the community.	As for Child, Adolescent and Family services.	As for Child, Adolescent and Family services.

Table 11A.48 **New South Wales, community health services programs**

Programs funded by the NSW Government during 2006-07

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Community Acute/Post Acute Care services	Providing acute care in the community which is a substitution for hospitalisation, including medical, nursing, allied health services such as physiotherapy and occupational therapy, social work and pharmacy and personal care.	As for Child, Adolescent and Family services.	As for Child, Adolescent and Family services.
Community nursing	Providing generalist nursing care in the community.	As for Child, Adolescent and Family services.	As for Child, Adolescent and Family services.
Rehabilitation	Providing case management, allied health, prosthetic and home modification services in a community setting.	As for Child, Adolescent and Family services.	As for Child, Adolescent and Family services.
Eating disorder services	Providing case management, medical and counselling support services.	As for Child, Adolescent and Family services.	As for Child, Adolescent and Family services.
Non-Government Organisations	Providing a range of services such as Aboriginal Medical Centres, HIV/Aids, Women's Health, Diabetes, Drug and Alcohol services.	Funding allocations are via an annual grant program approved by the Minister for Health.	As for Child, Adolescent and Family services.

Source: NSW Government (unpublished).

Table 11A.49 **Victoria, community health services programs**

Programs funded by the Victorian Government during 2006-07

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Community Health	The Community Health Program is implemented through Community Health Services (CHSs) by over 120 agencies operating from more than 300 sites across Victoria. CHSs play an important role in preventive, rehabilitative, maintenance and support services for people with complex conditions and chronic illnesses. In addition, CHSs are also major providers of Home and Community Care Services, Dental, General Practice, Drugs Program, Disability and other State and Commonwealth programs. Within the Program, there are specific programs targeting young people, for instance, Innovative Health Services for Homeless Youth and Suicide Prevention. Currently, there are also initiatives to complement the Program, namely: - General Practitioners in CHSs Strategy - Aboriginal Health Promotion and Chronic Care Partnership - Refugee Health Nurses - Early Intervention in Chronic Disease - Child Health Teams - Diabetics Self Management	These services are funded under the Primary Health Funding Approach. Currently, the Approach includes three components, namely: (1) direct care, (2) health promotion, and (3) development and resourcing.	Performance targets are set by the Department and monitored through various reporting mechanisms to demonstrate program delivery. Targets are either quantitative or qualitative or both. Reporting intervals range from regular to periodic.

Table 11A.49 **Victoria, community health services programs**

Programs funded by the Victorian Government during 2006-07

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Community Health (continued)	The Community Health Program is underpinned by the Primary Care Partnership (PCP) Strategy which is a major reform in the way primary care and community support services are delivered. The strategy aims to improve the overall health and wellbeing of Victorians by improving the experience and outcomes for people who use primary care services and reducing the preventable use of hospital, medical and residential services. Integrated health promotion, service coordination and integrated chronic disease management are the three core PCP activities.		
Women's Health	The Women's Health Program aims to improve the health and wellbeing of all Victorian women (with an emphasis on those most at risk), through developing and disseminating health information and research. The Program works directly with women and in partnership with other organisations.	These services are funded under the Primary Health Funding Approach to provide health promotion.	Performance targets are set by the Department and monitored through various reporting mechanisms to demonstrate program delivery. Targets are either quantitative or qualitative or both. Reporting intervals range from regular to periodic.

Table 11A.49 **Victoria, community health services programs**

Programs funded by the Victorian Government during 2006-07

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Family Planning	Two of the major components are Family Planning and Family and Reproductive Rights Education. 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.	These services are funded under the Primary Health Funding Approach that includes a component for direct care and a component for health promotion.	Performance targets are set by the Department and monitored through various reporting mechanisms to demonstrate program delivery. Targets are either quantitative or qualitative or both. Reporting intervals range from regular to periodic.
Family and Reproductive Rights Education	The Family and Reproductive Rights Education Program works with communities that traditionally practise female genital mutilation to increase their access to primary health services, to improve the physical and emotional health and wellbeing of women, young girls and their families, and to encourage the health system to be more responsive to their needs.	These services are funded under the Primary Health Funding Approach that includes a component for direct care and a component for health promotion.	Performance targets are set by the Department and monitored through various reporting mechanisms to demonstrate program delivery. Targets are either quantitative or qualitative or both. Reporting intervals range from regular to periodic.
Oral Health	Public dental services are provided in community and school dental clinics that are located in Community Health Services, hospitals and schools. In some cases, dental care is provided by private clinicians through voucher schemes. The Dental Health Program supports undergraduate education of dental clinicians, including providing funding for clinical placements and scholarships.	Dental services are output funded using a funding formula.	Performance targets are set by the Department and monitored through various reporting mechanisms to demonstrate program delivery. Targets are either quantitative or qualitative or both. Reporting intervals range from regular to periodic.

Table 11A.49 **Victoria, community health services programs**

Programs funded by the Victorian Government during 2006-07

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Oral Health (continued)	Public Oral health services are available to indigenous people, targeting Health Care and Pensioner concession cardholders. Priority access is given to preschool and primary school aged children and dependants of cardholders in year 7 and 8 who have left formal schooling.		
Care in Your Community Strategy	Care in Your Community (CiYC) sets out a new methodology for planning integrated and community-based health care based on a common set of catchments and supported by area-based planning networks. Care in Your Community provides a vision and principles for integrated health care. It maps out a framework for a consistent approach to the development of ambulatory health care system, building on existing strengths and trends in health care provision.	Not applicable. This is a pilot.	Planning trials in three sites concluded in July 2007. The next steps in developing and implementing CiYC will be based on assessment of the trial experience.
NURSE-ON-CALL strategy	The NURSE-ON-CALL strategy provides a new 24 hour a day, 7 days per week, telephone based health advice and information line. Registered Nurses answer all calls and use evidence-based clinical decision support software systems to undertake triage and direct callers to the most appropriate level of health care for their symptoms.	NURSE ON CALL is provided under a three-year contract arrangement with McKesson Asia-Pacific.	Performance targets are set by the Department and monitored through various reporting mechanisms to demonstrate program delivery. Targets are either quantitative or qualitative or both. Reporting intervals range from regular to periodic.

Table 11A.49 **Victoria, community health services programs**

Programs funded by the Victorian Government during 2006-07

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Telephone Counselling	The initiative provides telephone counselling 24 hours a day, 7 days per week to provide individuals with support, information and referral.	Funding is provided to support seven Lifeline sites and one site for a statewide suicide prevention telephone counselling line. The Commonwealth also contributes substantial funding to Lifeline.	Quantitative performance targets are set by the Department and monitored through various reporting mechanisms to demonstrate program delivery. Quarterly reporting intervals are in place.
Drug Services	Provides a range of drug treatment services including withdrawal, rehabilitation, counselling and supported accommodation for people with substance abuse problems. These treatment services are also provided to offenders referrred to treatment from the criminal justice system through the Drug Diversion program. A range of health protection services including Primary Health and needle and syringe services targeting drug users are also provided. The Program also oversees Pharmacotherapy services and delivers a range of drug prevention programs including those targeted at use of tobacco and alcohol as well as illicit drugs. Support and information is also provided for drug users and their families.	Funding and reporting for these services is managed in accordance with the Output Budgeting framework. Budget and performance for Drugs Services is reported as a separate Output in the Victorian Government budget papers. Most Drug Services are funded on the basis of unit priced service models and service providers are required to report against targets linked to the activity. Different activities are funded at different unit prices which recognise the costs to services of producing the outputs. These prices are applied universally to all service providers delivering those activities.	Performance information is collected and reported at the State level through Expenditure Review Committee reporting against the Budget Paper targets, DHS Annual Report and Growing Victoria Together reports, at a Whole of Victorian Government (WOVG) level through WOVG reporting on specific target groups including Women, Youth and Koori, at a Departmental level through Executive Performance reporting, at a National level, performance reporting is provided through National Minimum Data Sets, Report On Government Services, Australian Institute of Health and Welfare, Public Health Outcomes Funding Agreement(PHOFA), Council of Australian Government (COAG) reporting for National Illict Drug Strategy, Drug Diversion and Needle and Syringe Programs.

Table 11A.49 **Victoria, community health services programs**

Programs funded by the Victorian Government during 2006-07

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Drug Services (continued)	Mainstream alcohol and drug treatment services also service indigenous people, providing community based assessment, community and residential treatment and community rehabilitation programs. Agency based services include: Counselling, consultancy and continuing care service (outreach, day programs, post withdrawal linkages, supported accommodation, ante and post natal support, per support, mobile overdose response, specialist pharmacology and education).		
Primary and Community Health – Indigenous Services	Aboriginal community health services are provided through a range of Aboriginal Community Controlled Health Organisations (ACCHO's) and mainstream services funded by the Department of Human Services (DHS). Primary Health Care is provided to Aboriginal people in Victoria through a range of DHS funded arrangements, including: ACCHO's, Aboriginal Cooperatives and Corporations, public hospitals and two peak organisations (VACCHO and VAHS). 120 agencies, across 400 sites in Victoria, provide Community Health services including: primary health services, allied health, nursing, counselling, drug and alcohol programs, dental, medical, post acute care, home and community care, community rehabilitation and day centres.	Aboriginal community health services are provided through a range of ACCHO's and mainstream services funded by the DHS.	Performance targets are set by the Department and monitored through various reporting mechanisms to demonstrate program delivery. Targets are either quantitative or qualitative or both. Reporting intervals range from regular to periodic.

Table 11A.49 **Victoria, community health services programs**

Programs funded by the Victorian Government during 2006-07

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Primary and Community Health – Indigenous Services (continued)	The Aboriginal Health Promotion and Chronic Care Partnership provides services to Aboriginal people through the mainstream Community Health Program described above. There are also particular initiatives to provide oral health, and drug and alcohol treatment, services to Aboriginal people through mainstream services. Maternal and Child Health DHS Koori Maternity Services Strategy is an extension of M&CHS and provides culturally appropriate support to Aboriginal women throughout pregnancy and in the postnatal period through the employment of Aboriginal Health Workers and midwives.		

Source: Victorian Government (unpublished).

Table 11A.50 **Queensland, community health services programs**

Programs funded by the Queensland Government during 2006-07

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Poisons Information	A 24 hour service is provided nationally through links between centres in various states, for the provision of information and advice to assist in the management of poisoning and suspected poisoning, education and promotion of poisoning prevention.	These services are funded from Queensland Health Corporate and Health Service District funds.	The Poisons Information centre is required to provide periodic reports on the extent and nature of calls, substances and caller type.
Alcohol, Tobacco and Drug Services	Including a range of prevention, health promotion, assessment, counselling, early identification and intervention, treatment and educational services to minimise alcohol, tobacco and other drug related harm.	These services are funded through a range of programs or health services within the Queensland Health budget and Commonwealth funds.	Performance targets and overall financial reporting are published in the annual report and the Ministerial Portfolio Statement.
Cancer Screening Services Unit	Responsible for the leadership, strategic planning, management and coordination of the state-wide population screening programs: BreastScreen Queensland Program (BSQ), Queensland Cervical Screening Program (QCSP) and Queensland Bowel Cancer Screening Program. Key functions of the Unit include state-wide strategic policy and protocols, coordination and planning, service development and support, quality assurance, performance management, communication and education, workforce development and training, monitoring, evaluation and research and linkages with follow up management and treatment.	Funding for cancer screening services is provided through state funds and the joint State/Commonwealth Public Health Outcomes Funding Agreement (PHOFA).	Annual Area Health Service Reports. Performance targets and overall financial reporting are published in the annual report and the Ministerial Portfolio Statement. Annual data reporting to the Australian Institute of Health and Welfare. Performance reports to BSQ Services undertaken six monthly. Statistical reports produced biennially for BSQ & QCSP.

Table 11A.50 **Queensland, community health services programs**

Programs funded by the Queensland Government during 2006-07

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Aboriginal and Torres Strait Islander Health	Queensland Health provided 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. This includes prevention, education and health promotion services for programs such as: men's and women's health programs; child and adolescent health services; alcohol, tobacco and other drug services; sexual health services; allied health services; and patient transport provided to increase access to health care.	Funding for these services is provided through the broader health program packages within the Queensland Health budget and through Queensland Health's specific commitments to Indigenous Health under the Chronic Disease Strategy and Indigenous Health Package. The Indigenous Health Package is a whole-of-government investment to implement Queensland Health's response to the *National Strategic Framework for Aboriginal and Torres Strait Islander Health.*	Performance targets and overall financial reporting are reported annually. Reports are published in Queensland Health's Annual Report and Ministerial Portfolio Statements.

Table 11A.50 **Queensland, community health services programs**

Programs funded by the Queensland Government during 2006-07

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
HIV/AIDS, Hepatitis C and Sexual Health (HAHCSH)	The program implements the whole of government *Queensland HIV, Hepatitis C and Sexually Transmissible Infections Strategy 2005-2011* in the strategic priority areas of enabling environment; education and prevention; early detection, care management and treatment; training and professional development and research and surveillance. Programs are delivered through public, private and community based organisations, including 16 QH sexual health clinics and a range of prevention/education initiatives within QH coordinated across the Area Health Services by six coordinators.	Funded through the Public Health Outcomes Funding Agreement (PHOFA) and a combination of State and Commonwealth funding programs.	Annual Progress Report to Cabinet on the *Queensland HIV, Hepatitis C and Sexually Transmissible Infections Strategy 2005-2011.* PHOFA – particularly in relation to HIV/AIDS and Indigenous populations, Commonwealth and State funding reporting requirements. Six monthly reports on activities by program coordinators. Six monthly funded NGO performance reports.
Oral Health Services	Services provided via Community and School Oral Health Services mobile and fixed clinics.	These services are funded from Queensland Health Corporate and Health Service District funds.	Performance targets and overall financial reporting are published in the annual report and the Ministerial Portfolio Statement.

Source: Queensland Government (unpublished).

Table 11A.51 **Western Australia, community health services programs**

Programs funded by the WA Government during 2006-07

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Child and Maternal	Community based services provided to parents of new-borns and infants include: screening and early detection; immunisation; advice and support to parents on infant care and a range of common health conditions; early intervention services for children with developmental diffculties; health promotion activity. Services can be delivered in Child Health Clinics, child development centres, community based centres or in the home environment.	The Department of Health negotiates with area/regional health services utilising service specifications. Funding is provided directly to individual Area Health Services or regions.	The program measure for all non-admitted patient services is Occasions of Service.
School and Youth	Services for school-age children and youth include: screening and early detection; immunisation; health promotion; early intervention services for children with developmental difficulties; advice and consultancy to school principals and pastoral care teams. Services are predominantly delivered in the school environment; however early intervention services may be centre based.	The Department of Health negotiates with area/regional health services utilising service specifications. Funding is provided directly to individual Area Health Services or regions.	The program measure for all non-admitted patient services is Occasions of Service.

Table 11A.51 **Western Australia, community health services programs**

Programs funded by the WA Government during 2006-07

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
At Risk Youth	The joint Commonwealth-State Innovative Health Services for Homeless Youth program (IHSHY) funds services for marginalised and at risk young people. Services include Street Doctor, support for adolescent mothers, support for at risk upper primary students, and other services for young people with complex and challenging needs. Most services are mobile or outreach based, while some are delivered in the school environment. A high proportion of clients are Indigenous.	The Department of Health negotiates with non-government organisations and area/regional health services, utilising service agreements and service specifications. Funding is provided directly to non-government organisations and individual Area Health Services.	Quantitative and qualitative data are collected from services. Program measures include client numbers.
School Dental Service	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 the State. The program incorporates preventive strategies, which include oral health education for school children. Non-general and specialist services are referred to the private sector where a child is eligible to a Government clinic for subsidised care.	The Department of Health negotiates with Dental Health Services branch to provide funding directly to maintain the program.	Program measures include: • Number of children enrolled and under care. • Dental Health status i.e. number of decayed / missing / filled teeth. • Average cost of service per child.

Table 11A.51 **Western Australia, community health services programs**

Programs funded by the WA Government during 2006-07

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Subsidised Dental Care Program	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. • Aged Care Dental Program. This program provides dental care to residents of Registered Aged Care Facilities. Residents are eligible to receive annual free dental examinations and a care plan. Further treatment needs are advised and referral to an appropriate provider given. Ongoing treatment is through one of the Government programs for eligible residents.	The Department of Health negotiates with Dental Health Services branch to provide funding directly to maintain the program.	Program measures include: • Access to dental treatment for eligible people. • Average waiting times. • Average cost of completed courses of adult dental care.

Source: WA Government (unpublished).

Table 11A.52 **South Australia, community health services programs**

Programs funded by the SA Government during 2006-07

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Maternity			
Community Midwifery Services	A regional home care support for women after the birth of a baby.	Funding for these programs comes from a variety of sources, both federal and state, and is acquitted according to the appropriate requirements. Dental services are funded through the SA Dental Service, a state wide health unit. Community nursing services are funded by the Department of Health (DH) and Department of Families and Communities including HACC. For Palliative Care some funding through the Australian Government. Aboriginal health services are State Government services and work closely with Australian Government funded services and supported through Commonwealth APHCAP funding. DH funded regions to undertake the program.	Detailed service targets are part of health service agreements or contracts between the Department of Health and the particular service. Monthly reporting against these targets. Monthly Management Summaries - Department of Health. Palliative Care Minimum Data Set (MDS) 6 monthly reporting on community based palliative care - published in palliative care bulletin. Mental Health MDS Health Service Region Performance Agreements. HACC MDS.Department of Health funded regions to undertake the program. Health Service Agreements with Key Performance Indicators.
Early Childhood Programs			
Early Childhood/ youth and women's health	Covering post-natal parenting information and support services, immunisation, and child at risk assessment and support, cancer screening services, counselling for women affected by violence and child therapy intervention.		
Child Development Unit	Multidisciplinary care planning for children with developmental delay in partnership with visiting paediatrician.		
Paediatric Intervention Unit	Provides therapy, parent support, information and advocacy for children that have a disability or developmental delay and their parents.		
Child and youth health (statewide services)	Provides a universal child and maternal health service for babies and children up to 5 years old. Services are both home based and clinic based. Provides youth health services for 12–25 years of age - services include counselling, medical, therapy, group programs and community development. A range of specialist programs are also provided through child health services including hearing screening programs and mothers and babies residential programs.		

Table 11A.52 **South Australia, community health services programs**

Programs funded by the SA Government during 2006-07

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Indigenous Health			
Aboriginal services	A range of primary health care services and programs provided by multidisciplinary teams from community settings focused particularly on Aboriginal and Torres strait Islander people. These programs work both one to one and in a community development way with Aboriginal communities. Aboriginal health teams provide a strong linkage point with other mainstream providers.		
Aboriginal Mental Health	Dedicated Aboriginal Health Worker positions are funded in both mainstream health services and Aboriginal Community Controlled Services.		
Health Way projects - new developments	The projects focus on improving nutrition standards and reduction in tobacco use by Aboriginal people in seven select locations in SA. Aspects of these programs have become embedded in core service delivery in a number of sites.		
Aboriginal Scholarship Scheme	A scholarship scheme has been established to promote and foster the development of Aboriginal people through a tertiary education scholarship program.		

Table 11A.52 **South Australia, community health services programs**

Programs funded by the SA Government during 2006-07

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Community nursing (excluding Home and Community Care)			
Community Services	Provides a range of home support services including home help, personal care, Aboriginal home support, home oxygen, respite and equipment.		
Continence (Adult and Paediatric)	Education, counselling and conditioning therapy in all areas of continence management.		
Diabetes Education	Counselling for clients and relatives on the self care of diabetes and its associated complications.		
Community health services	A range of primary health care services and programs provided by multidisciplinary teams from community settings that are aimed at prevention, early intervention and community capacity building to protect the health and wellbeing of the community.		
Women's Health	Primary health care services and programs, often linked to community health services, to address the specific health and well being needs of women, with a particular focus on women with poor health outcomes and least access to services. Includes health information, counselling and community development programs for women.		

Table 11A.52 **South Australia, community health services programs**

Programs funded by the SA Government during 2006-07

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Community nursing	Nursing care provided in people's homes or in a community setting to maximise their health and quality of life, taking into consideration the needs of the carer.		
Integrated health care program	Covering diabetes services, dietetic services, community nursing, and discharge planning services.		
Palliative Care / Bereavement Counselling	Palliative Care Services provide support and services to clients and their families when faced with a life limiting illness. Palliative care community outreach services provide care and support in people's homes or in community settings to maximise quality of life during end of life phase, including the needs of the carer. Bereavement Counselling offers counselling and support to clients and relatives on grief and loss issues.		
Mens Health program	Promotion and education services.		
Mental Health Team	Assessment, counselling, support, information and education on mental health issues.		

Table 11A.52 **South Australia, community health services programs**

Programs funded by the SA Government during 2006-07

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Oral health (including public dental services)			
Specialist Dental Services	Specialist Dental Services for concession card holders provided in association with students of the University of Adelaide.		
Community Dental Service	Emergency and general dental care (including dentures) for adult holders of concession card and their dependents in public dental clinics and contracted through private providers.		
School Dental Service	Regular preventively focused general dental care for pre-school aged, primary and secondary school children under 18 years of age.		
Allied health (including physiotherapy and optometry)			
Allied health services	Treatment, therapy and rehabilitation program with multiple allied health professions, equipment loan.		
Counselling	Community based counselling in a number of areas.		
Dietetics / Nutrition	Therapeutic dietary advice, nutrition education.		
Health Social Worker	Advice for clients with personal, accommodation and financial issues.		
Occupational Therapy	Work with people of any age to promote independence and maximise performance in activities of daily living.		

Table 11A.52 **South Australia, community health services programs**

Programs funded by the SA Government during 2006-07

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Physiotherapy	Provide services to inpatients and outpatients. Paediatric services are provided.		
Podiatry	Foot care clinics are provided. The department also offers special insoles and orthoses if required.		
Speech Pathology	Paediatric services for speech and language difficulties from 0–4 years. Any age for swallowing, feeding and voice difficulties. Adults with communication issues.		
Drug and Alcohol Treatment			
Drug and Alcohol services	Counselling, support and education for youth and communities at risk.		
Community Health Services			
GP Plus Health Networks	GP Plus Health Networks continue to be implemented by the regional health services to provide systems of integrated care in partnership with a range of primary care partners. Accountable partnerships between health service regions and general practice and other non-government providers have been created through Memoranda of Understanding. Networks have been working with these partners to develop new care pathways which redefine clinician and service roles and responsibilities for target chronic diseases.		

Table 11A.52 **South Australia, community health services programs**

Programs funded by the SA Government during 2006-07

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Hospital Avoidance	Provision of home-based and rapid-response support to clients who present to hospital Emergency Departments and/or General Practice and who without this support would otherwise be admitted to hospital. Hospital Avoidance services utilise a brokerage model to develop flexible packages of care that meet the individual needs of clients of all ages. Examples of services may include showering and personal care, transportation, medication management, intravenous therapy, client observation in their own home, nursing care and GP home visits.		
Home Supported Discharge	Provides home-based care to clients who can be discharged from hospital early and/or to those who are at risk of readmission to hospital. Home Supported Discharge services utilise a brokerage model to develop flexible packages of care that meet the individual needs of clients of all ages. Examples of services may include showering and personal care, transportation, medication management, intravenous therapy, client observation in their own home, nursing care and GP home visits.		

Table 11A.52 **South Australia, community health services programs**

Programs funded by the SA Government during 2006-07

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Chronic Disease Community programs	These programs aim to reduce the rate of unplanned admissions to public hospitals; improve early detection and effective management of deterioration in clients' health status; and increased empowerment and self-efficacy of people to manage their chronic disease.		
GP Plus Health Centres	These centres will be a focal point for primary health care services, the early identification of risk factors and chronic disease management, assist as a navigator linking primary and acute services, provide health promotion and illness prevention strategies in the local community, respond to specific health needs in the local population, particularly those in most need and provide a community resource for self-management groups and other health and well-being activities.		
GP Plus Practice Nurse Initiative	Initiative supports general practice to undertake integrated care planning and chronic disease management activities.		

Source: SA Government (unpublished).

Table 11A.53 **Tasmania, community health services programs**

Programs funded by the Tasmanian Government during 2006-07

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Primary Health	Primary Health brings together a wide range of community and rural health services to meet the needs of both individuals and local communities. Services are provided to develop and support communities and to help people maintain or improve levels of physical functioning or independence in the community. Primary Health also incorporates a range of rural-based acute and sub-acute services. Primary Health delivery broadly comprises three service streams. Aged, Rural and Community Health provides a range of community and rural health and care services. Community Assessment and Care Management combines community-based rehabilitation and allied health services including assessment and case management services, consultancy continence services, orthotics and prosthetics services and an equipment scheme. Palliative Care Services provides interdisciplinary care, consultancy, support and advice to people living with life-limiting illnesses, and their families.	The service is provided in accordance with the Tasmanian Government's Output Budgeting framework. Services are funded through identified outputs within the DHHS budget.	Performance Information is collected and reported at the state level through Budget Papers and Annual Report. As required, performance reporting is provided nationally through National Minimum Data Sets, Report On Government Services, Tasmania *Together* , Australian Institute of Health and Welfare, Australian Health Care Agreement, Public Health Outcome Funding Agreement and Australian Council of Healthcare Standards.

Table 11A.53 **Tasmania, community health services programs**

Programs funded by the Tasmanian Government during 2006-07

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Oral Health Services	Oral Health Services provides emergency, basic general dental care (check up, x-rays, dental health advice, referral) and dentures to eligible adults (holders of a Health Care or Pensioner Concession Card). Services are also provide to all children up to, but not including the age of 18. Oral Health Services also engages in health promotion and prevention activities to promote oral health on a population basis.	The service is provided in accordance with the Tasmanian Government's Output Budgeting framework. Services are funded through identified outputs within the DHHS budget.	Performance Information is collected and reported at the state level through Budget Papers and Annual Report. As required, performance reporting is provided nationally through National Minimum Data Sets, Report On Government Services, Tasmania *Together*, Australian Institute of Health and Welfare, Australian Health Care Agreement, Public Health Outcome Funding Agreement and Australian Council of Healthcare Standards.
Population and Health Priorities	Population and Health Priorities focuses on population groups (including Indigenous health and women's and men's health) and implements programs aimed at preventing or reducing risk factors that lead to chronic conditions.	The service is provided in accordance with the Tasmanian Government's Output Budgeting framework. Services are funded through identified outputs within the DHHS budget.	Performance Information is collected and reported at the state level through Budget Papers and Annual Report. As required performance reporting is provided nationally through National Minimum Data Sets, Report On Government Services, Tasmania *Together*, Australian Institute of Health and Welfare, Australian Health Care Agreement, Public Health Outcome Funding Agreement and Australian Council of Healthcare Standards.

Table 11A.53 **Tasmania, community health services programs**

Programs funded by the Tasmanian Government during 2006-07

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Alcohol and Drug Services	Alcohol and Drug Services, which provides a range of specialist alcohol and other drug interventions and treatments at both individual and population levels.	The service is provided in accordance with the Tasmanian Government's Output Budgeting framework. Services are funded through identified outputs within the DHHS budget.	Performance Information is collected and reported at the state level through Budget Papers and Annual Report. As required performance reporting is provided nationally through National Minimum Data Sets, Report On Government Services, Tasmania *Together*, Australian Institute of Health and Welfare, Australian Health Care Agreement, Public Health Outcome Funding Agreement and Australian Council of Healthcare Standards.
Public and Environmental Health Services	Public and Environmental Health Services monitors the health of the Tasmanian population, and implements programs to protect and promote health.	The service is provided in accordance with the Tasmanian Government's Output Budgeting framework. Services are funded through identified outputs within the DHHS budget.	Performance Information is collected and reported at the state level through Budget Papers and Annual Report. As required performance reporting is provided nationally through National Minimum Data Sets, Report On Government Services, Tasmania *Together*, Australian Institute of Health and Welfare, Australian Health Care Agreement, Public Health Outcome Funding Agreement and Australian Council of Healthcare Standards.

Source: Tasmanian Government (unpublished).

Table 11A.54 **Australian Capital Territory, community health services programs**

Programs funded by the ACT Government during 2006-07

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Alcohol and Drug Program	Provides: consultation and liaison services in the acute sector; liaison and clinical advice to other health professionals; services to women on the program who are pregnant or have babies; education and information to community groups and organisations.	Through a designated budget.	Monthly/Annual reports against output targets and budget.
Corrections Health	Coordinates clinical service to adult remand and youth detention services. Policy advice to ACT Health on Corrections issues. Involvement in development of health service to ACT prison.	Through a designated budget.	Monthly/Annual reports against output targets and budget.
Child, Youth and Women's Health Program	Child health checks and child health medical assessment, parenting education and support, childhood immunisation, audiometry and orthoptic screening, physiotherapy, occupational therapy, speech pathology, social work and psychology services, women's health service including cervical screening and counselling for women affected by violence, Child at Risk Health Unit, health care interpreting (Migrant Health Unit).	Through a designated budget.	Monthly/Annual reports against output targets and budget.

Table 11A.54 **Australian Capital Territory, community health services programs**

Programs funded by the ACT Government during 2006-07

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Dental Health Program	Provides adult and child and youth dental services to eligible clients, oral health promotion activities, oral health information and advice, assessments and restorative dental treatment, oral surgery under general anaesthetic, dentures and dental appliances, oral hygiene and dental emergency services. Also provides child and youth services, including a dental program for primary school children, limited orthodontics, health promotion and a screening program to selected primary schools in the ACT.	Through a designated budget.	Monthly/Annual reports against output targets and budget.
Continuing Care Program	Provides multidisciplinary continuum of care services (nursing, podiatry, physiotherapy, occupational therapy, nutrition and social work), acute, post acute and rapid response services, and specialist nursing assessments.	Through a designated budget.	Monthly/Annual reports against output targets and budget.
Acute Support Program	Allied health and multidisciplinary diabetes services in the acute and community based settings - nutrition, occupational therapy, physiotherapy, psychology, social work and speech pathology; diabetes (primary and tertiary level programs).	Through a designated budget.	Monthly/Annual reports against output targets and budget.

Source: ACT Government (unpublished).

Table 11A.55 **Northern Territory, community health services programs**

Programs funded by the NT Government during 2006-07

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Remote Health	Primary health care (PHC) services are delivered to the remote population of the Northern Territory through a network of 54 Remote Health Centres. Core PHC services include 24-hour emergency services, primary clinical care, population health programs, access to retrieval services, medical and allied health specialist services, and provision of essential medications.	These services are funded through an identified program within the NT Department of Health and Community Services budget.	Performance targets against key functions of Community Health and Public Health Services. Financial reports are published in Department of Health and Community Services Annual Report. Currently the Department of Health and Community Services is working with the Commonwealth Office of Aboriginal and Torres Strait Islander Health in the development of core primary health care indicators that will be collected by Government and non-Government remote primary health care providers beginning July 2008.
Maternal/Child/Youth Health Services	Child health services such as growth promotion and monitoring, vaccination, general child health advice and support are provided by registered nurses in town-based community care centres and by nurses and Aboriginal Health Workers in remote community health centres. Remote health staff are supported by visiting child health nurses, Aboriginal Health Workers and District Medical Officers, and some communities have a resident community child health worker.	These services are funded through an identified program within the NT Department of Health and Community Services budget.	Performance targets against key functions of Community Health and Public Health Services. Financial reports are published in Department of Health and Community Services Annual Report.

Table 11A.55 **Northern Territory, community health services programs**

Programs funded by the NT Government during 2006-07

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Maternal/Child/Youth Health Services (continued)	Antenatal care is available in all remote health centres and enhanced by the Strong Women, Strong Babies, Strong Culture Program. Outreach midwives boost pregnancy care in remote communities. Their role includes staff training and support and clinical services.		
Oral Health Services	Oral Health Services provides oral health promotion, screening and treatment to all children up to school-leaving age. Services to eligible adults are provided from remote community health centres and town-based clinics.	These services are funded through an identified program within the NT Department of Health and Community Services budget.	Performance targets against key functions of Community Health and Public Health Services. Financial reports are published in Department of Health and Community Services Annual Report.
Preventable Chronic Disease Services	Preventable Chronic Disease Services provides policy and professional advice and support to health professionals in both government and non-government services across the NT. This involves providing direction about early detection and management of chronic diseases, including the development of clinical guidelines, health systems, registers and recall systems, and quality improvement processes. The program also provides direction and support for primary prevention and health promotion.	These services are funded through an identified program within the NT Department of Health and Community Services budget.	Performance targets against key functions of Community Health and Public Health Services. Financial reports are published in Department of Health and Community Services Annual Report.

Table 11A.55 **Northern Territory, community health services programs**

Programs funded by the NT Government during 2006-07

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Public Health Nutrition and Physical Activity services	Public health nutritionists provide training and support to primary health care teams to assist in the promotion of good nutrition to the community and in management of people with nutrition related conditions. In the urban areas, they offer individual and group consultations through community care centres. They also work with people outside the health sector to promote improved nutrition and better food supply, for example remote community stores.	These services are funded through an identified program within the NT Department of Health and Community Services budget.	Performance targets against key functions of Community Health and Public Health Services. Financial reports are published in Department of Health and Community Services Annual Report.
Health Promotion Strategy Unit	Health Promotion Strategy Unit is leading the development of a structured systems approach to improving the design, delivery and evaluation of health promotion interventions with the aim of enhancing the effectiveness of health promotion and prevention strategies. This includes the development of a health promotion audit tool to capture evidence of the delivery and quality of community based health promotion interventions.	These services are funded through an identified program within the NT Department of Health and Community Services budget.	Performance targets against key functions of Community Health and Public Health Services. Financial reports are published in Department of Health and Community Services Annual Report.
Women's Health Strategy Unit	Women's Health Strategy Unit develops strategic directions in partnership with community stakeholders. Specific focus in the past year included domestic violence screening tools, drink spiking education, maternal health services development, and female genital mutilation.	These services are funded through an identified program within the NT Department of Health and Community Services budget.	Performance targets against key functions of Community Health and Public Health Services. Financial reports are published in Department of Health and Community Services Annual Report.

Table 11A.55 **Northern Territory, community health services programs**

Programs funded by the NT Government during 2006-07

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Urban Community Health Services	Urban Community Health Services provides a range of health promotion strategies, primary health care, including palliative care, community nursing, home birthing, child and family services to all residents of major NT centres, including Darwin, Nhulunbuy, Katherine, Tennant Creek and Alice Springs. Services are provided from Community Health Centres and in the community including in clients' homes.	These services are funded through an identified program within the NT Department of Health and Community Services budget.	Performance targets against key functions of Community Health, Public Health Services and Aboriginal Health. Financial and service activity reports are published in Department of Health and Community Services Annual Report.
School Health Services	School Health Services provide expertise to the curriculum in particular the middle years of schooling for well being, nutrition/physical activity, sexual health education, alcohol and other drugs and chronic diseases, and provide health and well being education and support to students, and the school community, including parents and staff.	These services are funded through an identified program within the NT Department of Health and Community Services budget.	Performance targets against key functions of Community Health and Public Health Services. Financial and service activity reports are published in Department of Health and Community Services Annual Report.
Well Women's Cancer Screening	Well Women's Cancer Screening incorporates BreastScreen NT and Cervical Cancer screening.	These services are funded through an identified program within the NT Department of Health and Community Services budget.	Performance targets against key functions of Community Health and Public Health Services. Financial reports are published in Department of Health and Community Services Annual Report.

Table 11A.55 **Northern Territory, community health services programs**

Programs funded by the NT Government during 2006-07

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Women's Health Strategy Unit	Women's Health Strategy Unit develops strategic directions in partnership with community stakeholders. Specific focus in the past year included domestic and family violence policy development and employment of a coordinator of the Women's Information Centre in Alice Springs.	These services are funded through an identified program within the NT Department of Health and Community Services budget.	Performance targets against key functions of Community Health and Public Health Services. Financial reports are published in Department of Health and Community Services Annual Report.
Hearing Services	Hearing services are provided across the NT including diagnostic audiological and audiometric services.	These services are funded through an identified program within the NT Department of Health and Community Services budget.	Performance targets against key functions of Community Health and Public Health Services. Financial reports are published in Department of Health and Community Services Annual Report.
Australian Bat Lyssavirus Pre and Post Exposure Prophylaxis (and rabies post exposure) Service	CDC Darwin provides rabies vaccine for pre-exposure prophylaxis to Australian Bat Lyssavirus to persons at risk due to occupational exposure. Post-exposure rabies immunoglobulin and vaccine is administered in Darwin and regional centres. Education programs are provided to the community and to occupational groups.	These services are funded through an identified program within the NT Department of Health and Community Services budget.	Performance targets against key functions of Community Health and Public Health Services. Financial reports are published in Department of Health and Community Services Annual Report.

Table 11A.55 **Northern Territory, community health services programs**

Programs funded by the NT Government during 2006-07

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Sexual Health and Blood Borne Viruses Program	The Sexual Health and Blood Borne Viruses Program provides five sexual health clinics, known as Clinic 34, in the NT. The service is free and confidential, offering testing and treatment for blood borne viruses and sexually transmitted infections. The program operates in urban, rural and remote areas offering screening, education and prevention strategies. It funds community based organisations such as the NT AIDS/Hepatitis Council, and Needle and Syringe programs offering harm reduction strategies, community and peer support and education.	These services are funded through an identified program within the NT Department of Health and Community Services budget.	Performance targets against key functions of Community Health and Public Health Services. Financial reports are published in Department of Health and Community Services Annual Report.
TB Control Unit	The TB Control Unit covers screening of high risk groups (contacts, refugees, prisoners, health workers, fisherpersons); monitoring and administration of directly observed treatment for active TB and leprosy; remote community visits to implement preventive and early diagnostic strategies (treatment of latent TB infection, community screening); and provision of information to the public, service providers and governments.	These services are funded through an identified program within the NT Department of Health and Community Services budget.	Performance targets against key functions of Community Health and Public Health Services. Financial reports are published in Department of Health and Community Services Annual Report.
Rheumatic Heart Disease	The Rheumatic Heart Disease Program identifies, monitors (including a recall program) and treats clients with Acute Rheumatic Fever and Rheumatic Heart Disease throughout the NT.	These services are funded through an identified program within the NT Department of Health and Community Services budget.	Performance targets against key functions of Community Health and Public Health Services. Financial reports are published in Department of Health and Community Services Annual Report.

Source: NT Government (unpublished).