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).

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

	NSW and ACT (c)	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*NT*	*Aust*
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	30	22	27	23	14	5	29	150
2006-07 (d)	28	22	28	25	10	6	27	146

(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) 2006-07 data are preliminary results.

Source: DoHA (unpublished), derived from the Service Activity Reporting data collection; 2009 Report, table 11A.4.

Table 11A.2 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						
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	44	36	15	16	39	150
2006-07 (c)	47	32	13	16	38	146
Episodes of healthcare						
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	644 000	388 000	92 000	243 000	317 000	1 684 000
2006-07 (c)	564 000	417 000	89 000	269 000	313 000	1 652 000

(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) 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.

(b) 2006-07 data are preliminary results.

Source: DoHA (unpublished), derived from the Service Activity Reporting data collection; 2009 Report, table 11A.5.

Table 11A.3 Proportion of services for which service activity reporting (SAR) data are reported that undertook selected health related activities, 2006-07 (per cent) (a), (b), (c)

Diagnosis and treatment of illness/disease	83
Management of chronic illness	89
Transportation to medical appointments	94
Outreach clinic services	66
24 hour emergency care	28
Monitoring child growth	72
School-based activities	84
Hearing screening	76
Pneumococcal immunisation	81
Influenza immunisation	83
Child immunisation	81
Women's health group	84
Support for public housing issues	67
Community development work	73
Legal/police/prison/advocacy services	63
Dental services	58
Involvement in steering groups on health	87
Participation in regional planning forums	69
Dialysis services	10

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

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

(c) Data for 2006-07 are preliminary results.

Source: DoHA (unpublished), derived from the Service Activity Reporting data collection; 2009 Report, table 11A.6.

Table 11A.4 Full time equivalent (FTE) health staff employed by services for which service activity reporting (SAR) data are reported, as at 30 June 2007 (number) (a), (b), (c)

	Indigenous staff	*Non-Indigenous staff*	*Total staff* (d)
Aboriginal health workers	727	13	740
Doctors	8	248	257
Nurses	52	339	391
Specialists	–	3	3
Emotional and Social Well Being staff (e)	171	61	232
Allied health professionals	3	43	46
Dentists	5	34	39
Dental assistants	41	18	59
Traditional healers	21	–	21
Substance misuse workers	84	28	112
Environmental health workers	23	5	28
Driver/field officers	161	22	184
Other health staff (f)	54	33	87
Total health staff (d)	**1 351**	**847**	**2 198**

(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), derived from the Service Activity Reporting data collection; 2009 Report, table 11A.7.

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

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (c)
2006-07										
Indigenous older people (a)										
Health assessments (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)										
Health assessments (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
2007-08										
Indigenous older people (a)										
Health assessments (d)	no.	1 155	271	1 256	628	123	8	8	813	4 262
Target population (e)	no.	11 995	2 482	10 176	5 623	2 208	1 448	243	4 698	38 898
Assessments per 1000 target population	no.	96.3	109.2	123.4	111.7	55.7	5.5	32.9	173.1	109.6
All older people (a)										
Health assessments (d)	no.	104 008	66 444	56 404	18 891	26 735	8 297	2 333	185	283 297
Target population (f)	'000	457	341	236	115	121	34	15	3	1 324
Assessments per 1000 target population	no.	227.4	194.9	239.1	164.0	220.1	241.2	155.4	56.5	214.0

(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.

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

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

(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. Calculated as the average of the population projections (low series) at 30 June in the reported and preceding financial year. Projections are based on estimated resident population (ERP) at 30 June 2001 (ABS 2004).

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

Source: Medicare Australia (unpublished), derived from *Medicare Benefits Schedule Item Statistics Reports*, available: http://www.medicareaustralia.gov.au/statistics/dyn_mbs/forms/mbs_tab4.shtml (accessed 9 October 2008); ABS (2004), *Experimental estimates and projections, Aboriginal and Torres Strait Islander Australians*, Cat. no. 3238.0; *Australian Demographic Statistics March Quarter 2008*, Cat. no. 3101.0; ABS (unpublished), derived from the *2006 Census of Population and Housing*; 2009 Report, table 11A.16.

Table 11A.6 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)
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
2007-08										
Number of health assessments conducted	no.	1 155	271	1 256	628	123	8	8	813	4 262
Target population (d)	no.	11 995	2 482	10 176	5 623	2 208	1 448	243	4 698	38 898
Health assessments per 1000 people	no.	96.3	109.2	123.4	111.7	55.7	5.5	32.9	173.1	109.6

(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.

Table 11A.6

Source: Medicare Australia (unpublished), derived from *Medicare Benefits Schedule Item Statistics Reports*, available: http://www.medicareaustralia.gov.au/statistics/dyn_mbs/forms/mbs_tab4.shtml (accessed 9 October 2008); ABS (2004), *Experimental estimates and projections, Aboriginal and Torres Strait Islander Australians*, Cat. no. 3238.0; 2009 Report, table 11A.17.

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

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (b)
Child health checks (0–14 years) (c)										
Number of health checks conducted	no.	2 561	264	3 341	1 823	300	4	39	4 065	12 397
Target population	no.	46 552	10 879	53 077	26 112	9 975	6 844	1 648	20 814	184 076
Health checks per 1000 children	no.	55.0	24.3	62.9	69.8	30.1	–	23.7	195.3	67.3
Health checks (15–54 years) (d)										
Number of health checks conducted	no.	6 633	1 103	8 569	4 524	1 025	30	138	6 438	28 460
Target population	no.	82 150	18 361	79 374	42 000	16 516	10 593	2 615	37 351	288 393
Health checks per 1000 people	no.	80.7	60.1	108.0	107.7	62.1	2.8	52.8	172.4	98.7
Older people health assessments (55 years and over) (c)										
Number of health assessments conducted	no.	1 155	271	1 256	628	123	8	8	813	4 262
Target population	no.	11 995	2 482	10 176	5 623	2 208	1 448	243	4 698	38 898
Health assessments per 1000 people	no.	96.3	109.2	123.4	111.7	55.7	5.5	32.9	173.1	109.6

(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 2007-08 financial year. Projected target population as at 31 December 2007. Calculated as the average of the population projections (low series) for 30 June 2007 and 2008. 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 2006 to 30 June 2008. Projected target population (low series) at 30 June 2007, based on the ERP at 30 June 2001.

– Nil or rounded to zero.

Source: Medicare Australia (unpublished), derived from *Medicare Benefits Schedule Item Statistics Reports*, available: http://www.medicareaustralia.gov.au/statistics/dyn_mbs/forms/mbs_tab4.shtml (accessed 9 October 2008); ABS (2004), *Experimental estimates and projections, Aboriginal and Torres Strait Islander Australians*, Cat. no. 3238.0; 2009 Report, table 11A.18.

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

	Unit	*2002-03*	*2003-04*	*2004-05*	*2005-06*	*2006-07* (b)
Early detection activities provided						
Well person's checks	%	64	64	63	65	76
PAP smears/cervical screening	%	73	79	77	75	76
STI screening	%	66	64	65	63	67
Hearing screening	%	73	72	70	71	76
Eye disease screening	%	66	65	70	64	73
Renal disease screening	%	46	50	50	43	51
Diabetic screening	%	79	82	80	77	79
Cardiovascular screening	%	54	57	60	67	64
Any early detection activity	%	87	88	89	85	88

(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) 2006-07 data are preliminary results.

Source: DoHA (unpublished), derived from the Service Activity Reporting data collection; 2009 Report, table 11A.19.

Table 11A.9 **Valid vaccinations supplied to children under seven years of age, by type of provider, 1996–2008 (a), (b), (c)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Unknown*	*Aust*
Valid vaccinations provided											
Divisions of General Practice	no.	24	144	3	15	283	na	na	13	na	482
GPs	no.	13 048 870	6 416 760	7 909 542	2 922 508	2 302 969	929 053	323 016	26 488	na	33 879 206
Council	no.	906 401	5 539 647	685 230	304 157	616 773	134 590	na	na	na	8 186 798
State or territory health department	no.	3	na	984	278 087	2 784	717	164 354	2 269	na	449 198
Flying doctor service	no.	3 671	na	30 124	8	3 903	na	na	na	na	37 706
Public hospital	no.	326 714	59 372	288 999	245 219	93 415	1 770	6 324	58 064	3 641	1 083 518
Private hospital	no.	14 528	98	1 693	70	na	105	39	7 194	na	23 727
Aboriginal health service	no.	74 286	14 803	66 529	28 341	15 255	4	1 491	72 006	na	272 715
Aboriginal health worker	no.	5 285	na	44 737	na	1 593	na	na	1 808	na	53 423
Community health centre	no.	1 146 974	90 873	548 876	804 172	312 882	6 318	294 134	604 478	1 899	3 810 606
Community nurse	no.	na	383	na	na	na	na	72	na	na	455
Total	**no.**	**15 526 756**	**12 122 080**	**9 576 717**	**4 582 577**	**3 349 857**	**1 072 557**	**789 430**	**772 320**	**5 540**	**47 797 834**
Proportion of total valid vaccinations											
Divisions of General Practice	%	–	–	–	–	–	na	na	–	na	–
GPs	%	84.0	52.9	82.6	63.8	68.8	86.6	40.9	3.4	na	70.9
Council	%	5.8	45.7	7.2	6.6	18.4	12.6	na	na	na	17.1
State or territory health department	%	–	na	–	6.1	0.1	0.1	20.8	0.3	na	0.9
Flying doctor service	%	–	na	0.3	–	0.1	na	na	na	na	0.1
Public hospital	%	2.1	0.5	3.0	5.4	2.8	0.2	0.8	7.5	66	2.3
Private hospital	%	0.1	–	–	–	na	–	–	0.9	na	0.1
Aboriginal health service	%	0.5	0.1	0.7	0.6	0.5	–	0.2	9.3	na	0.6

Table 11A.9 **Valid vaccinations supplied to children under seven years of age, by type of provider, 1996–2008 (a), (b), (c)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Unknown*	*Aust*
Aboriginal health worker	%	–	na	0.5	na	0.1	na	na	0.2	na	0.1
Community health centre	%	7.4	0.8	5.7	17.6	9.3	0.6	37.3	78.3	34	8.0
Community nurse	%	na	–	na	na	na	na	–	na	na	–
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.

na Not available. – Nil or rounded to zero.

Source: DoHA (unpublished), derived from the Australian Childhood Immunisation Register (ACIR); 2009 Report, table 11A.35.

Table 11A.10 **Separations for selected vaccine preventable conditions, 2006-07 (per 1000 people) (a), (b), (c), (d)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (e)	*Total*	*Aust*
Vaccine preventable conditions per 1000 people										
Influenza and Pneumonia	0.5	0.4	0.5	0.4	0.4	0.4	0.4	1.3	0.4	0.4
Other vaccine preventable conditions	0.1	0.2	0.1	0.1	0.1	0.0	0.1	0.7	0.2	0.2
Total	**0.6**	**0.6**	**0.6**	**0.5**	**0.5**	**0.5**	**0.4**	**2.0**	**0.6**	**0.6**
Vaccine preventable conditions per 1000 Indigenous people (f)										
Influenza and Pneumonia	1.1	0.9	1.3	2.9	2.1	np	np	4.8	2.0	np
Other vaccine preventable conditions	0.4	0.4	0.4	0.3	1.0	np	np	2.4	0.7	np
Total (g)	**1.5**	**1.3**	**1.8**	**3.2**	**3.2**	**np**	**np**	**7.2**	**2.7**	**np**

(a) Conditions defined by ICD-10-AM codes as in AIHW 2008 *Australian hospital statistics 2006-07* .

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

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

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

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

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

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

np Not published.

Source: AIHW (2008), *Australian hospital statistics 2006-07*; AIHW (unpublished), derived from the National Hospital Morbidity Database; 2009 Report, table 11A.43.

Table 11A.11 Separations for selected potentially preventable acute conditions, 2006-07 (per 1000 people) (a), (b), (c), (d)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (e)	*Total*	*Aust*
Acute conditions per 1000 people										
Appendicitis with generalised peritonitis	0.2	0.2	0.1	0.2	0.2	0.1	0.2	0.2	0.2	0.2
Cellulitis	1.6	1.6	1.7	1.4	1.6	1.4	1.4	4.5	1.6	1.6
Convulsions and epilepsy	1.7	1.5	1.6	1.4	1.6	1.6	1.3	3.3	1.6	1.6
Dehydration and gastroenteritis	2.2	3.1	2.4	2.2	2.7	2.1	1.8	2.1	2.5	2.5
Dental conditions	2.3	2.8	2.7	3.5	3.1	1.8	1.6	2	2.7	2.7
Ear, nose and throat infections	1.6	1.4	1.6	1.5	2.4	1.3	1.2	2.3	1.6	1.6
Gangrene	0.1	0.3	0.2	0.2	0.2	0.2	0.1	0.7	0.2	0.2
Pelvic inflammatory disease	0.2	0.3	0.3	0.2	0.2	0.2	0.3	0.5	0.3	0.3
Perforated/bleeding ulcer	0.2	0.3	0.2	0.3	0.2	0.2	0.2	0.3	0.2	0.2
Pyelonephritis (f)	2.1	2.4	2.2	2.1	2	1.6	2.2	3.6	2.2	2.2
Total	**12.3**	**13.7**	**13**	**13.1**	**14.3**	**10.4**	**10.4**	**19.5**	**13**	**13**
Acute conditions per 1000 Indigenous people (g)										
Appendicitis with generalised peritonitis	0.2	0.2	0.3	0.4	0.2	np	np	0.4	0.3	np
Cellulitis	3.5	2.1	5.4	6	4.4	np	np	7.1	4.8	np
Convulsions and epilepsy	6.1	4.7	6.5	10.4	8	np	np	10.4	7.4	np
Dehydration and gastroenteritis	3.1	2.6	4.4	3.6	3.9	np	np	3.3	3.6	np
Dental conditions	2.4	2.9	3.2	3.8	4.4	np	np	3.4	3.1	np
Ear, nose and throat infections	2.9	1.7	2.9	4	3.8	np	np	3.5	3.1	np
Gangrene	0.3	0.3	1.1	2.7	0.8	np	np	1.8	1.1	np

Table 11A.11 **Separations for selected potentially preventable acute conditions, 2006-07 (per 1000 people) (a), (b), (c), (d)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (e)	*Total*	*Aust*
Pelvic inflammatory disease	0.4	0.2	0.5	0.9	0.8	np	np	1.3	0.6	np
Perforated/bleeding ulcer	0.6	0.1	0.4	0.5	0.5	np	np	0.4	0.5	np
Pyelonephritis (f)	4.6	4	7.7	8.9	5.2	np	np	7.9	6.5	np
Total (h)	**24.1**	**18.9**	**32.3**	**41.1**	**31.8**	**np**	**np**	**39.5**	**31.1**	**np**

(a) Conditions defined by ICD-10-AM codes as in AIHW 2008 *Australian hospital statistics 2006-07* .

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

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

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

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

(f) Kidney inflammation caused by bacterial infection.

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

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

np Not published.

Source: AIHW (2008), *Australian hospital statistics 2006-07*; AIHW (unpublished), derived from the National Hospital Morbidity Database; 2009 Report, table 11A.44.

Table 11A.12 Separations for selected potentially preventable chronic conditions, 2006-07 (per 1000 people) (a), (b), (c), (d)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (e)	*Total*	*Aust*
Chronic conditions per 1000 people										
Angina	1.6	1.8	2.5	1.6	1.5	1.7	1.1	2.4	1.8	1.8
Asthma	2	1.9	1.4	1.4	2.6	1.4	1.2	1.5	1.8	1.8
Chronic obstructive pulmonary disease	2.5	2.5	2.7	2.2	2.8	2.4	1.7	5.5	2.6	2.6
Congestive heart failure	1.9	2.1	1.9	1.9	1.9	1.6	1.9	2.5	1.9	1.9
Diabetes complications (f)	7.4	9	10.2	26.4	8.4	13.4	5.3	15.3	10.4	10.4
Hypertension	0.3	0.3	0.4	0.2	0.3	0.3	0.2	0.2	0.3	0.3
Iron deficiency anaemia	1	1.7	1	1.4	1.3	1.2	0.7	1.1	1.2	1.2
Nutritional deficiencies	0	0	0	0	0	0	0	0.1	0	0
Rheumatic heart disease (g)	0.1	0.1	0.2	0.1	0.1	0.1	0.1	0.8	0.1	0.1
Total (h)	**15.7**	**18.1**	**19**	**34.3**	**17.7**	**21.2**	**11.4**	**27.3**	**19.1**	**19.1**
Total (excluding diabetes complications)	na	na	na	na	na	na	na	na	na	na
Chronic conditions per 1000 Indigenous people (i)										
Angina	5.2	6.4	7.9	5.8	4	np	np	4.5	5.9	np
Asthma	4.1	2.4	3.3	4.9	4.4	np	np	4	3.9	np
Chronic obstructive pulmonary disease	12.3	9.6	11.7	12.4	14	np	np	15.8	12.4	np
Congestive heart failure	5	2.6	7.7	8.7	7.1	np	np	7.1	6.5	np
Diabetes complications (f)	21.6	20.5	35.1	44	41	np	np	36.4	31.7	np
Hypertension	0.6	0.2	1.4	0.7	1.4	np	np	0.7	0.9	np
Iron deficiency anaemia	1.6	2.3	1.7	2.2	1.8	np	np	2.4	1.9	np
Nutritional deficiencies	0	0.1	0	0	0	np	np	0.1	0	np
Rheumatic heart disease (g)	0.2	0.4	0.8	0.9	2	np	np	1.7	0.8	np
Total (h) (j)	**45.6**	**40.7**	**61.4**	**71**	**69.3**	**np**	**np**	**66**	**57.4**	**np**

Table 11A.12 Separations for selected potentially preventable chronic conditions, 2006-07 (per 1000 people) (a), (b), (c), (d)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (e)	*Total*	*Aust*
Total (excluding diabetes complications)	28.8	24.1	34.6	35.7	34.6	np	np	36.4	32.3	np

(a) Conditions defined by ICD-10-AM codes as in AIHW 2008 *Australian hospital statistics 2006-07* .

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

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

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

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

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

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

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

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

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

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

Source: AIHW (2008), *Australian hospital statistics 2006-07*; AIHW (unpublished), derived from the National Hospital Morbidity Database; 2009 Report, table 11A.45.

Table 11A.13 Ratio of separations for Indigenous males to all males, 2006-07 (a), (b), (c), (d), (e)

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Total* (b)
All causes	Number	24 226	4 557	27 937	21 128	8 225	np	np	24 056	110 129
	SHSR	1.76	1.31	2.22	3.10	2.78	np	np	5.82	2.34
	95% CI	1.73 to 1.78	1.27 to 1.35	2.2 to 2.25	3.05 to 3.14	2.72 to 2.84	np	np	5.74 to 5.89	2.33 to 2.36
Circulatory disease	Number	1 122	217	1 168	724	366	np	np	587	4 184
	SHSR	1.39	1.22	1.53	1.79	2.12	np	np	1.87	1.48
	95% CI	1.31 to 1.47	1.06 to 1.38	1.44 to 1.62	1.66 to 1.92	1.9 to 2.34	np	np	1.71 to 2.02	1.43 to 1.52
Coronary heart disease	Number	528	109	603	335	186	np	np	199	1 960
	SHSR	1.50	1.62	1.88	2.17	2.82	np	np	2.09	1.74
	95% CI	1.37 to 1.63	1.32 to 1.93	1.73 to 2.04	1.94 to 2.4	2.41 to 3.22	np	np	1.8 to 2.38	1.66 to 1.81
Rheumatic heart disease	Number	5	8	38	21	17	np	np	41	130
	SHSR	np	np	4.33	5.07	19.88	np	np	10.94	5.24
	95% CI	np	np	2.96 to 5.71	2.9 to 7.23	10.43 to 29.33	np	np	7.59 to 14.28	4.34 to 6.14
Self-harm	Number	210	39	165	113	68	np	np	92	687
	SHSR	2.92	2.79	2.45	3.06	3.87	np	np	2.88	2.92
	95% CI	2.52 to 3.31	1.92 to 3.67	2.07 to 2.82	2.49 to 3.62	2.95 to 4.79	np	np	2.29 to 3.46	2.7 to 3.13
All respiratory disease	Number	1 926	289	1 702	1 491	487	np	np	1 514	7 409
	SHSR	2.15	1.46	2.50	3.46	2.20	np	np	4.17	2.52
	95% CI	2.05 to 2.25	1.29 to 1.63	2.38 to 2.62	3.28 to 3.63	2 to 2.39	np	np	3.96 to 4.38	2.46 to 2.58
Infectious pneumonia	Number	352	53	431	449	94	np	np	593	1 972
	SHSR	1.92	1.41	4.41	6.55	3.20	np	np	6.85	3.95
	95% CI	1.72 to 2.12	1.03 to 1.79	4 to 4.83	5.95 to 7.16	2.55 to 3.85	np	np	6.29 to 7.4	3.77 to 4.12
Lung cancer	Number	19	9	39	22	11	np	np	25	125
	SHSR	0.82	np	1.45	1.55	1.14	np	np	0.87	1.29
	95% CI	0.45 to 1.19	np	1 to 1.91	0.9 to 2.19	0.47 to 1.81	np	np	0.53 to 1.22	1.07 to 1.52

Table 11A.13 Ratio of separations for Indigenous males to all males, 2006-07 (a), (b), (c), (d), (e)

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Total* (b)
Diabetes as a primary diagnosis	Number	387	60	494	351	132	np	np	258	1 682
	SHSR	2.92	1.94	3.82	5.21	4.86	np	np	3.77	3.68
	95% CI	2.63 to 3.22	1.45 to 2.43	3.48 to 4.16	4.66 to 5.75	4.03 to 5.68	np	np	3.31 to 4.23	3.5 to 3.86
All diabetes except where dialysis is the primary diagnosis	Number	2 090	393	2 540	2 056	817	np	np	1 765	9 661
	SHSR	2.37	2.00	3.18	5.22	4.16	np	np	4.13	3.18
	95% CI	2.26 to 2.47	1.8 to 2.2	3.06 to 3.31	5 to 5.45	3.88 to 4.45	np	np	3.93 to 4.32	3.12 to 3.24
All diabetes (f)	Number	2 650	441	3 180	8 543	867	np	np	1 765	17 446
	SHSR	2.85	2.03	3.31	13.54	4.28	np	np	4.13	5.13
	95% CI	2.74 to 2.96	1.84 to 2.22	3.2 to 3.43	13.25 to 13.83	4 to 4.57	np	np	3.93 to 4.32	5.06 to 5.21
Depressive disorder	Number	198	45	75	47	35	np	np	13	413
	SHSR	1.61	1.15	0.52	0.53	1.11	np	np	0.55	0.85
	95% CI	1.39 to 1.84	0.81 to 1.48	0.4 to 0.64	0.38 to 0.68	0.74 to 1.48	np	np	0.25 to 0.84	0.77 to 0.93
Anxiety disorder	Number	60	5	34	np	10	np	np	np	114
	SHSR	1.29	np	0.21	np	3.30	np	np	np	0.62
	95% CI	0.96 to 1.61	np	0.14 to 0.28	np	1.26 to 5.35	np	np	np	0.5 to 0.73
Substance use disorder	Number	465	29	171	89	31	np	np	6	791
	SHSR	3.80	1.77	1.92	3.69	4.79	np	np	np	2.72
	95% CI	3.45 to 4.14	1.13 to 2.42	1.63 to 2.2	2.92 to 4.46	3.1 to 6.48	np	np	np	2.53 to 2.91
Psychotic disorder	Number	1 089	211	666	640	265	np	np	238	3 109
	SHSR	3.21	2.14	2.06	3.65	3.18	np	np	2.27	2.53
	95% CI	3.02 to 3.4	1.85 to 2.43	1.9 to 2.22	3.36 to 3.93	2.8 to 3.57	np	np	1.98 to 2.56	2.44 to 2.62

Table 11A.13 **Ratio of separations for Indigenous males to all males, 2006-07 (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, Vic, QLD, WA, SA and the NT (NT data are for public hospitals only), for which the quality of Indigenous identification is considered acceptable for the purposes of analysis. Caution should be used in the interpretation of these data because of jurisdictional differences in data quality. It should be noted that data for the five states and territory are not necessarily representative of the other jurisdictions.

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

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

(e) Patients aged 75 years 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.

np Not published.

Source: AIHW (unpublished), derived from the National Hospital Morbidity Database; 2009 Report, table 11A.46.

Table 11A.14 Ratio of separations for Indigenous females to all females, 2006-07 (a), (b), (c), (d), (e)

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Total* (b)
All causes	Number	27 469	7 367	36 111	29 417	9 510	np	np	33 807	143 681
	SHSR	1.66	1.97	2.22	3.26	2.56	np	np	7.55	2.52
	95% CI	1.64 to 1.68	1.93 to 2.02	2.2 to 2.24	3.22 to 3.3	2.51 to 2.62	np	np	7.47 to 7.63	2.51 to 2.54
Circulatory disease	Number	911	212	1 158	696	330	np	np	522	3 829
	SHSR	1.68	1.61	2.33	2.46	2.56	np	np	2.32	1.99
	95% CI	1.57 to 1.79	1.4 to 1.83	2.2 to 2.47	2.28 to 2.65	2.29 to 2.84	np	np	2.12 to 2.52	1.93 to 2.05
Coronary heart disease	Number	389	103	488	239	143	np	np	154	1 516
	SHSR	2.72	3.20	3.36	3.49	4.32	np	np	2.95	3.06
	95% CI	2.45 to 2.99	2.58 to 3.82	3.06 to 3.66	3.05 to 3.93	3.61 to 5.03	np	np	2.48 to 3.41	2.91 to 3.21
Rheumatic heart disease	Number	18	6	66	42	27	np	np	73	232
	SHSR	2.80	np	6.17	13.22	25.94	np	np	10.11	9.27
	95% CI	1.51 to 4.1	np	4.68 to 7.66	9.22 to 17.22	16.16 to 35.73	np	np	7.79 to 12.43	8.08 to 10.46
Self-harm	Number	305	61	183	135	77	np	np	105	866
	SHSR	2.49	2.41	1.59	1.88	2.67	np	np	2.47	2.09
	95% CI	2.21 to 2.77	1.8 to 3.01	1.36 to 1.82	1.56 to 2.19	2.07 to 3.26	np	np	2 to 2.94	1.95 to 2.23
All respiratory disease	Number	1 915	307	1 793	1 503	515	np	np	1 673	7 706
	SHSR	2.58	1.82	2.95	4.34	2.83	np	np	5.84	3.11
	95% CI	2.46 to 2.69	1.62 to 2.03	2.82 to 3.09	4.12 to 4.56	2.59 to 3.08	np	np	5.56 to 6.12	3.04 to 3.18
Infectious pneumonia	Number	329	44	440	422	73	np	np	604	1 912
	SHSR	2.93	1.47	4.68	8.87	2.71	np	np	9.54	4.78
	95% CI	2.61 to 3.24	1.03 to 1.9	4.24 to 5.11	8.02 to 9.71	2.09 to 3.33	np	np	8.78 to 10.3	4.56 to 4.99
Lung cancer	Number	49	14	32	20	10	np	np	15	140
	SHSR	3.22	2.86	1.89	2.15	2.07	np	np	1.81	2.37
	95% CI	2.32 to 4.12	1.36 to 4.36	1.24 to 2.55	1.21 to 3.1	0.79 to 3.36	np	np	0.89 to 2.73	1.98 to 2.77

Table 11A.14 Ratio of separations for Indigenous females to all females, 2006-07 (a), (b), (c), (d), (e)

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Total* (b)
Diabetes as a primary diagnosis	Number	471	114	836	540	206	np	np	610	2 777
	SHSR	3.45	2.74	5.80	7.93	5.43	np	np	9.08	5.23
	95% CI	3.14 to 3.76	2.24 to 3.24	5.4 to 6.19	7.26 to 8.6	4.69 to 6.17	np	np	8.36 to 9.8	5.03 to 5.42
All diabetes except where dialysis is the primary diagnosis	Number	2 632	597	3 920	3 015	1 184	np	np	3 325	14 673
	SHSR	3.48	3.47	5.72	7.67	5.99	np	np	8.65	5.26
	95% CI	3.34 to 3.61	3.19 to 3.74	5.54 to 5.9	7.4 to 7.95	5.65 to 6.33	np	np	8.36 to 8.94	5.17 to 5.34
All diabetes (f)	Number	3 202	1 243	4 636	13 720	1 185	np	np	3 326	27 312
	SHSR	4.15	8.59	6.53	24.22	5.71	np	np	8.65	9.11
	95% CI	4.01 to 4.3	8.11 to 9.07	6.34 to 6.72	23.82 to 24.63	5.39 to 6.04	np	np	8.36 to 8.95	9 to 9.21
Depressive disorder	Number	286	92	99	116	73	np	np	18	684
	SHSR	1.18	1.00	0.35	0.68	1.68	np	np	1.26	0.64
	95% CI	1.05 to 1.32	0.79 to 1.2	0.28 to 0.42	0.56 to 0.8	1.29 to 2.06	np	np	0.68 to 1.84	0.59 to 0.69
Anxiety disorder	Number	32	8	33	22	7	np	np	–	102
	SHSR	1.14	np	0.62	1.06	np	np	np	–	0.76
	95% CI	0.75 to 1.54	np	0.41 to 0.84	0.61 to 1.5	np	np	np	..	0.61 to 0.91
Substance use disorder	Number	221	70	63	39	21	np	np	6	420
	SHSR	2.30	5.42	0.65	1.76	5.63	np	np	np	1.64
	95% CI	1.99 to 2.6	4.15 to 6.68	0.49 to 0.81	1.21 to 2.31	3.22 to 8.03	np	np	np	1.48 to 1.8
Psychotic disorder	Number	722	205	436	478	265	np	np	188	2 294
	SHSR	1.80	1.48	0.99	1.91	3.19	np	np	3.09	1.37
	95% CI	1.67 to 1.93	1.28 to 1.69	0.9 to 1.08	1.74 to 2.08	2.81 to 3.58	np	np	2.65 to 3.53	1.31 to 1.42

Table 11A.14 **Ratio of separations for Indigenous females to all females, 2006-07 (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, Vic, QLD, WA, SA and NT (NT data are for public hospitals only), for which the quality of Indigenous identification is considered acceptable for the purposes of analysis. Caution should be used in the interpretation of these data because of jurisdictional differences in data quality. It should be noted that data for the five states and territory are not necessarily representative of the other jurisdictions.

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

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

(e) Patients aged 75 years 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.

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

Source: AIHW (unpublished), derived from the National Hospital Morbidity Database; 2009 Report, table 11A.47.

Table 11A.15 **Australian Government, community health services programs**

Programs funded by the Australian Government during 2007-08

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.	Funding is provided under Outcome 6 - Rural Health	Staged financial and activity reports to DoHA are required from each project.
Rural Primary Health Projects	There are two streams in this program: 1. National Rural Primary Health Projects Program which funds 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 abuse, lack of exercise or injury.	Funding is provided under Outcome 6 - Rural Health	Staged financial and activity reports are required from each project.
Royal Flying Doctor Service (RFDS)	Australian Government funding to the RFDS aims to support the sustainable delivery of primary health care services to people in rural and remote communities. The RFDS delivers traditional services in rural and remote areas of Australia. This includes the provision of primary aeromedical evacuations, primary and community health care clinics, medical chests and remote consultations.	There is a separate budget line item for RFDS funding. Funding is provided under Outcome 6 - Rural Health	Financial and service activity reports are submitted regularly, in the context of a National Reporting Framework.

Table 11A.15 **Australian Government, community health services programs**

Programs funded by the Australian Government during 2007-08

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Rural Women's GP Service (RWGPS)	The RWGPS provides access to primary health care services for women in rural and remote Australia who currently have little or no access to a female GP, by facilitating the travel of female GPs to these communities.	Funding is provided under Outcome 5 - Primary Care	Financial and service activity reports are submitted regularly, in the context of an agreed reporting framework.
More Allied Health Services	This Program funds Divisions of General Practice to improve access by rural and remote communities to a range of additional allied health professionals.	Funding is provided under Outcome 5 - Primary Care	Staged financial and activity reports are required from each project. Divisions also complete the annual survey for PHC RIS reporting.
Visiting Optometrists Scheme	The program aims to provide outreach optometric services to remote and very remote communities.	Funding is provided under Outcome 3 - Medicare Benefits	Staged income and expenditure statements and progress reports are required from each optometrist.

Source: Australian Government (unpublished); 2009 Report, table 11A.52.

Table 11A.16 **New South Wales, community health services programs**

Programs funded by the NSW Government during 2007-08

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.
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.

Table 11A.16 **New South Wales, community health services programs**

Programs funded by the NSW Government during 2007-08

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
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.
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.

Table 11A.16 **New South Wales, community health services programs**

Programs funded by the NSW Government during 2007-08

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
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.
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.

Table 11A.16 **New South Wales, community health services programs**

Programs funded by the NSW Government during 2007-08

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
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); 2009 Report, table 11A.53.

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

Programs funded by the Victorian Government during 2007-08

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 100 agencies operating from more than 300 sites across Victoria. CHSs play an important role in preventive, rehabilitative, maintenance and support services for people at risk of, or with complex conditions and chronic illnesses. Some CHS also provide a range of preventive and early intervention services for children and young people. In addition, CHSs are also major providers of Home and Community Care Services, Dental, General Practice, Drugs Program, Disability and other State and Australian Government programs.	These services are funded under the Primary Health Funding Approach. Currently, the Approach includes two components (1) direct care and (2) health promotion.	Performance targets are set by the Department and monitored through various reporting mechanisms to demonstrate program delivery. Targets are either quantitative or qualitative or both. Reporting intervals range from regular to periodic.
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, providing education and training resources for agencies and health professionals and supporting the implementation of health promotion programs in the local region. 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. This Program is a combined State and Australian Government funding initiative.	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.17 **Victoria, community health services programs**

Programs funded by the Victorian Government during 2007-08

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Family Planning	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	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, which include 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.
Innovative Health Services for Homeless Youth (IHSHY)	IHSHY is a Australian Government/State program that promotes health care for homeless and at risk young people. Funds are provided for innovative health and related services for homeless and otherwise at-risk young people that respond to their complex health needs and improve their access to mainstream health services. IHSHY provides a means of engaging young people who are homeless or marginalised and who may not otherwise access health services.	IHSHY is funded under a Special Purpose Payment (SPP), with state and territory governments matching the Australian Government's contribution.	Quantitative performance targets are set by the Department and monitored quarterly. IHSHY services are also required to complete an annual report containing qualitative and quantitative activities to the Australian Government.

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

Programs funded by the Victorian Government during 2007-08

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Dental Health	Public dental services are provided by Community Health Services and the Royal Dental Hospital Melbourne. 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.
Telephone Counselling	The initiative provides telephone counseling 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 Australian Government also contributes substantial funding to Lifeline.	Quantitative performance targets are set by the Department and monitored quarterly reporting.
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. Since its launch in June 2006, over 704,400 calls have been answered, 11% of which were diverted from hospital EDs.	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.17 **Victoria, community health services programs**

Programs funded by the Victorian Government during 2007-08

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
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 referred to treatment from the criminal justice system through the Drug Diversion program. A range of health protection services including Primary Health and needle and syringe services targeting drug users are also provided. The Program also oversees Pharmacotherapy services and delivers a range of drug prevention programs including those targeted at use of 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.17 **Victoria, community health services programs**

Programs funded by the Victorian Government during 2007-08

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Primary and Community Health – Indigenous Services	Aboriginal community health services are provided through a range of Aboriginal Community Controlled Health Organisations (ACCHOs) and mainstream services funded by the Department of Human Services (DHS), including community health centres, hospitals and non-Government organisations. The Victorian Aboriginal Health Service and other Aboriginal Medical Services provide a full range of medical and dental services. The Aboriginal Health Promotion and Chronic Care (AHPACC) Partnership supports community health services and ACCHOs to work collaboratively to improve health outcomes for Aboriginal people in Victoria with, or at risk of, chronic disease. Oral Health Public Oral health services are targeted towards Health Care and Pensioner concession card holders. Priority access is given to preschool and primary school aged children and dependants of cardholders in years 7 and 8 or who have left formal schooling. There are several initiatives targeting Aboriginal people, including dental clinics at the Victorian Aboriginal Health Service and Rumbalara Aboriginal Cooperative.	DHS operates in a complex funding environment. Aboriginal community controled organisations are funded to provide direct services delivery by DHS and budgets are managed using three year service agreements. Funding can be provided either at the program level or via the eight regions.	Performance targets are set by the Department and monitored through various reporting mechanisms to demonstrate program delivery. Targets are either quantitative or qualitative or both. Reporting intervals range from regular to periodic.

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

Programs funded by the Victorian Government during 2007-08

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Primary and Community Health – Indigenous Services *continued*	Drug and Alcohol treatment Alcohol and Drug treatment services are provided through both mainstream services and Aboriginal-specific services, located in ACCHOs. Mainstream alcohol and drug treatment services provide community based assessment, community and residential treatment and community rehabilitation programs. Agency based services include counselling, consultancy and continuing care service (outreach, day programs, post withdrawal linkages, supported accommodation, ante and post natal support, peer support, mobile overdose response, specialist pharmacology and education). Aboriginal-specific services include Koori Community Alcohol and Drug Resource Centres, Koori Community Alcohol and Drug Workers, the Koori Alcohol and Drug workforce development initiative and the Koori Youth Alcohol and Drug Healing Service.		

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

Programs funded by the Victorian Government during 2007-08

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Primary and Community Health – Indigenous Services *continued*	Maternal and Child Health The Koori Maternity Services Strategy, within the broader Maternity Services Strategy, aims to provide culturally appropriate support to Aboriginal women throughout pregnancy and in the postnatal period through the employment of Aboriginal Health Workers and midwives, outreaching from ACCHOs. The principal focus is on increased access to antenatal care, postnatal support, and hospital liaison for births as a means of improving health and wellbeing outcomes for Aboriginal women and babies. The Maternal and Child Health Service is a universal service for all Victorian families with children from birth to school age. The Service offers support, information and advice regarding parenting, child health and development, child behaviour, maternal health and wellbeing, child safety, immunisation, breastfeeding, nutrition and family planning. Aboriginal-specific Maternal and Child Health Services are provided through ACCHOs.		

Source: Victorian Government (unpublished); 2009 Report, table 11A.54.

Table 11A.18 **Queensland, community health services programs**

Programs funded by the Queensland Government during 2007-08

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 Australian Government funds.	Performance targets and overall financial reporting are published in the annual report and the Service Delivery 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/Australian Government Public Health Outcomes Funding Agreement (PHOFA).	Performance targets and overall financial reporting are published in the annual report and the Service Delivery Statement. Annual data reporting to the Australian Institute of Health and Welfare. Performance reports to BSQ Services undertaken three, six and twelve monthly. Statistical reports produced biennially for BSQ & QCSP.

Table 11A.18 **Queensland, community health services programs**

Programs funded by the Queensland Government during 2007-08

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. Including 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 Service Delivery Statements.
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 Australian Government 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, Australian Government and State funding reporting requirements. Six monthly reports on activities by program coordinators. Six monthly funded NGO performance reports.

Table 11A.18 **Queensland, community health services programs**

Programs funded by the Queensland Government during 2007-08

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
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 Service Delivery Statement.

Source: Queensland Government (unpublished); 2009 Report, table 11A.55.

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

Programs funded by the WA Government during 2007-08

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

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

Programs funded by the WA Government during 2007-08

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 free annual dental examinations and a care plan. Further treatment needs are advised and the patient is referred to an appropriate provider. Ongoing treatment is through one of the Government programs for eligible residents.	The Department of Health WA negotiates with Dental Health Services branch to provide funding directly to maintain the program.	Program measures include: • Access to dental treatment for eligible people. • Average waiting times. • Average cost of completed courses of adult dental care.

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

Programs funded by the WA Government during 2007-08

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Primary and Community Health			
Maternal & Family	Child health services aim to promote improved health outcomes for babies, young children and their families across Western Australia through the provision of a range of universal and targeted programs. Services are delivered in Child Health Centres, community based centres and in the home environment. Information and support is offered regarding parenting, child health and development, child behaviour, maternal health and wellbeing, child safety, immunisation, breast feeding and nutrition. The universal child health service begins with an early child health nurse visiting all mothers of new babies and a series of scheduled contacts for critical points in the child's development throughout the first four years. The service presents a unique opportunity to identify families experiencing difficulty in caring for their children and the early identification of children with developmental delays. New parent groups are offered support in the early transition to parenting and to foster peer support amongst community members with new infants. Other group services include Triple P, Teen Parents playgroups and Yarning groups for Aboriginal caregivers and their children.	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.19 **Western Australia, community health services programs**

Programs funded by the WA Government during 2007-08

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Maternal & Family (continued)	A pilot project enabling antenatal engagement of women by child health nurses was initiated in 2008. The aims of the project are to engage with pregnant women to improve attendance at ante natal services and to support the early identification and management of psychosocial difficulties. Groups at risk of poorer health outcomes, such as Aboriginal and Torres Strait Islander peoples and newly arrived refugees, are a particular focus of child health services. A targeted service was commenced in 2008 by the Aboriginal Health Team to offer an extended child health schedule delivered as a home visiting service within the metropolitan community. The Extended Early Family & Child Support Service, Best Beginnings and Community Mothers services are also offered to vulnerable individuals through home visiting models.		

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

Programs funded by the WA Government during 2007-08

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Child Development Service	Child development services provide a range of assessment, early intervention and therapy services to children with, or at risk of, developmental disorders and delay. Services are provided at various sites across the metropolitan area and within Western Australia Country Health Services by a range of professionals including speech pathologists, physiotherapists, occupational therapists, clinical psychologists, social workers, nurses, podiatrists, child care assistants, therapy assistants, audiologists, paediatricians and medical officers, along with administrative staff. Services are delivered out of a range of settings including community based child development centres, day-care, school and the home environment. Child development services also play a key role in health prevention and promotion through the delivery of community education, professional development and programs aimed at preventing the occurrence of a delay/disorder, minimising the impact of a disorder/delay and/or preventing the progression of a disorder/delay.	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 metropolitan Child Development Service is currently undergoing a major reform process including the implementation of a single information management system. The Child Development Information System (CDIS) is currently under development, with full rollout to all metropolitan sites by June 2009. The CDIS will enable collection of reliable and accurate data regarding referrals, client demographics, and clinical and service outcomes.

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

Programs funded by the WA Government during 2007-08

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
School Health Service	School Health Services are provided by Community Health personnel employed by Health Services across WA. Personnel work closely with school communities to provide services which are universally available to all students. Contemporary School Health Services have a strong prevention focus, with roles that can be categorised into three integrated areas; health promotion, early detection and specialist health expertise. The workforce includes Community Health nurses, allied health, Aboriginal health workers and health promotion staff. Since 1998, there has been an agreement in place between the Department of Education and Department of Health which underpins the delivery of School Health Services. In 2007, the current Memorandum of Understanding (MOU) was established to clearly articulate the nature of School Health Services in a broader health promoting schools context. The MOU includes the establishment of Local Management Groups comprised of representatives from District Education Offices and Health Services (Population/Community Health). These Groups are responsible for developing Local Service Agreements and delivering school health services at the local level.	Budgets for School and Youth Health Services are based on historical precedent, however, more resources are needed in certain areas where there has been significant growth and/or there is significant socioeconomic disadvantage. Patterns of new schools opening, and increases in existing primary school populations provide a guide to determine growth in the target population. In the metropolitan area, the northern and southern coastal corridors, and some parts of the Swan and Canning districts appear to be areas of need. The Department of Education and Training partly funds School Health Services in WA, as agreed in the MOU between the two Departments.	The program measure for all non-admitted patient services is Occasions of Service.

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

Programs funded by the WA Government during 2007-08

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
School Health Service (continued)	School Health Services use surveillance activities and assessments to identify and monitor the health status of school-aged children throughout their school life. This system of early detection aims to ensure that children who may be at risk of developing health problems are detected as early as possible. Surveillance activities and screening programs are delivered at a population (universal), group or individual level (targeted). School Health Services, with few exceptions, provide early detection services across Western Australia. The service is also responsible for delivering the school-based immunisation programs as detailed in the Department of Health's WA Vaccination Schedule. Schools include community kindergartens, and primary school students in the public, Catholic and Independent education systems. Almost all children are offered assessments and are referred to services when problems are identified. School health services have a strong presence in public secondary schools to provide primary health care for adolescents; health care planning for students with special issues; support for health-related curriculum; and, other school health promotion.		

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

Programs funded by the WA Government during 2007-08

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Youth at Risk	"At-risk" services specifically focus on children, adolescents, young people and their families who are socially and economically disadvantaged and who are more likely to experience poor health outcomes because of their circumstances. Focus groups include Aboriginal people, migrants, refugees and culturally and linguistically diverse groups. Services include; health surveillance, universal and targeted prevention, early identification and intervention, health promotion and education to improve health outcomes, disease control and immunisation, health care advice and specific family health programs. School health services and the joint Australian Government – State Innovation Health Services for Homeless Youth (IHSHY) program are the major service delivery vehicles for at-risk young people. Services for "at risk" populations have a strong focus on collaboration and coordination between other parts of the health system, other government and non government agencies to improve access to services and address the social determinants of health.	IHSHY program funds are allocated through service agreements with individual service providers.	Annual reporting on IHSHY service delivery and annual financial acquittals to Australian Government Department of Health and Ageing.

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

Programs funded by the WA Government during 2007-08

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Youth at Risk (continued)	Health promotion and community development aims to facilitate community engagement and action to create healthy and sustainable environments and communities for children and their families. Health promotion practitioners work in partnership with community nursing staff, the community and local agencies to deliver health promotion initiatives in response to community needs.		
Ante natal care	Targeted ante natal programs aim to engage at risk families. Services are delivered in some regions within WA only using a combined child health centre and community based approach. The health and wellbeing of pregnant women is monitored with advice, treatment and guidance being offered where appropriate.	Program funding is provided to a range of providers including Area Health services and community controlled organisations.	The state program measure for all non-admitted patient services is Occasions of Service using HCARe.
Primary Care	Community health services provide a comprehensive primary care service in many rural and remote areas. These are generally in areas where there is no General Practitioner service and only remote access to hospital accident and emergency, and inpatient care.	Funding for these services is mainly via core state health funding to Area Health Services.	The state program measure for all non-admitted patient services is Occasions of Service using a module in HCARe.

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

Programs funded by the WA Government during 2007-08

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Chronic Disease Management	A range of non hospital care is provided across the spectrum of Chronic Disease management. This includes diabetes and asthma management. The South Metropolitan and North Metropolitan Area Health Services run a self management and condition specific program for patients with COPD, Diabetes and CHF at high risk of hospitalisation. The program is multidisciplinary and educates patients on symptom monitoring, action planning and self efficacy as well as how to access health and social care services in a timely manner to prevent deterioration of their condition and ultimately reduce hospitalisation. The multidisciplinary teams include nursing, dietetics, occupational therapy, physiotherapy, podiatry and social work. Aboriginal Health Workers facilitate and improve access to services and programs for the Indigenous population. The service provides care co-ordination and planning, individual and group education and rehabilitation, and phone facilitation of action planning. Extensive collaboration and linkage with government community health services, non-government providers, Divisions of General Practice and GPs enables the team to integrate services to support ongoing patient self-management.	Funding for these services is mainly via core state health funding to Area Health Services.	The state program measure for all non-admitted patient services is Occasions of Service using a module in HCARe. In some areas quantitative and qualitative data is collected including client questionnaires and clinical outcome measures. Program measures include numbers of clients and referrals. Area health services also require quarterly reporting of HR, OSH and quality measures.

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

Programs funded by the WA Government during 2007-08

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Primary Prevention	In regional WA, community health staff located in primary health teams are usually the primary providers of Primary Prevention programs. Local strategies and services often support national and state campaigns. These include reduction in tobacco use programs, drug and alcohol programs, good nutrition and physical activity programs.	Funding for these services is mainly via core state health funding to Area Health Services.	The state program measure for all non-admitted patient services is Occasions of Service using a module in HCARe.
Sexual health	Sexual health services are primarily the responsibility of community health staff with support and coordination from Public Health units in rural and remote WA. This includes small sexual health teams in the Kimberley, Pilbara and Goldfields regions of the WA Country Health Service, these being regions with endemic proportions of STIs within their populations.	Funding for these services is mainly via core state health funding to Area Health Services.	The state program measure for all non-admitted patient services is Occasions of Service using a module in HCARe.
Adult Allied Health - Peel and Rockingham Kwinana Health Service, South Metropolitan Area Health Service (SMAHS)	Community based individual and group therapies for adults with diabetes and diabetes related comorbidities, chronic pulmonary disease, cardiovascular disease, chronic pain, falls risk, obesity, rheumatic disease, orthopaedic dysfunction and musculoskeletal pain and dysfunction. Services include physiotherapy, occupational therapy, podiatry, social work, diabetes education, continence services and dietetics.	The Department of Health WA negotiates with Area Health Services using service specifications. Funding is provided directly to the Area Health Service.	Individual services collect and report qualitative and quantitative program data including: number of new referrals, waiting time and numbers of discharges.

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

Programs funded by the WA Government during 2007-08

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Disease Management Unit, SMAHS	A multidisciplinary model of care which provides community based medical stabilisation with a general physician to improve chronic conditions and access to services. The service reduces the need for outpatient and emergency department presentations.	The Department of Health WA negotiates with Area Health Services using service specifications. Funding is provided directly to the Area Health Service.	The program measure for all non-admitted patient services is Occasions of Service.
Refugee Health Services, SMAHS	Community based services provided to refugees that are referred from the central Migrant Health Centre. A care plan is developed for each individual referred to the refugee health nurses. The nurses coordinate the referral and ongoing care of refugees ensuring that all the health issues are managed in the community. These services are delivered mainly in the home and the nurses act as an advocate for their clients ensuring they can navigate a very complex health system, including women's health, mental health and GP services.	The Department of Health WA negotiates with Area Health Services using service specifications. Funding is provided directly to the Area Health Service.	Quantitative and qualitative data are collected from services. Program measures include: client numbers, number of referrals, education and training provided to a range of health providers and key stakeholders about refugee health.
Diabetes Services (NMAHS)	Secondary prevention services are provided in community settings for people with diabetes. Individual and group interventions are provided by diabetes educators, dietitians, physiotherapists and podiatrists as well as transcultural workers.	The Program is funded by Department of Health WA via North Metropolitan Area Health Service, Public Health and Ambulatory Care directorate.	The program measure for all non-admitted patient services is Occasions of Service.

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

Programs funded by the WA Government during 2007-08

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Community Physiotherapy Services, North Metropolitan Area Health Services (NMAHS)	Rehabilitation and functional physical activity programs for adults with chronic conditions living independently in the community. Programs aim at maximising client's mobility, ability and functional level, reducing complications of chronic conditions, reducing Health Care Utilisation and unplanned hospitilisations. All programs are group based and run in community settings. Programs include rehabilitation for clients with COPD or other respiratory disease, heart failure and other cardiac conditions, orthopaedic conditions, osteoporosis, arthritis, neurological conditions, increased falls risk and balance impairment, chronic back pain, general debility, age related reduction in physical activity.	The Program is funded by Department of Health WA via North Metropolitan Area Health Service, Public Health and Ambulatory Care directorate. The service is metropolitan area wide. Training and support is provided to West Australian Country Health Service clinicians as requested.	The program measure for all non-admitted patient services is Occasions of Service. Quantitative and qualitative data are collected and include client questionnaires and clinical outcome measures. Program measures include numbers of clients and referrals. Area health services also require quarterly reporting of HR, OSH and quality measures.
Chronic Obstructive Pulmonary Disease (COPD) linkage program	A tertiary-community based program providing community based, specialist medical, nursing and physiotherapy services to patients with severe COPD. The program replaces traditional outpatient appointments in the hospital setting to improve patient attendance and experience as well as ongoing care and support.	Funded through a tertiary hospital with accomodation and support services purchased from Divisions of General Practice.	Monthly and quarterly activity reports along with hospital admission comparisons of program patients against the COPD usual care patient group within WA Health.

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

Programs funded by the WA Government during 2007-08

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
BreastScreen WA	Responsible for the leadership, strategic planning, management, coordination and service delivery of the state-wide breast cancer screening program. BreastScreen WA provides free mammograms to asymptomatic women over 40 years of age. The primary target group for the service is women aged 50 to 69 years. Services are provided at eight metropolitan clinics and by four mobile screening vans that visit outer metropolitan areas and country towns every two years.	Funding for cancer screening services is provided through state funds and the joint State/Australian Government Public Health Outcomes Funding Agreement (PHOFA).	Annual data reporting to the Australian Institute of Health and Welfare for BreastScreen Australia, six monthly to WA Department of Health and regular published statistical reports.

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

Programs funded by the WA Government during 2007-08

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Aboriginal Health			
Primary Health Services	A range of primary health care services and programs are provided using a multidisciplinary approach in community settings focused on Aboriginal and Torres Strait Islander people. Aboriginal health teams provide a strong linkage point with other mainstream providers for an integrated approach.	Funding is provided directly to individual Aboriginal Health Service providers by means of a Service Level Agreement with the Department of Health WA.	Regular reporting is required. Financial reporting each quarter and activity reporting twice per year. Various output measures are specified.
Environmental Health	Support the provision of comprehensive environmental health programs for Indigenous people in WA.	Funding is provided directly to individual Aboriginal Health Service providers by means of a Service Level Agreement with the Department of Health WA.	Regular reporting is required. Financial reporting each quarter and activity reporting twice per year. Various output measures are specified.
Health Promotion	Provision of health promotion initiatives that include community wide education and community development activities.	Funding is provided directly to individual Aboriginal Health Service providers by means of a Service Level Agreement with the Department of Health WA.	Regular reporting is required. Financial reporting each quarter and activity reporting twice per year. Various output measures are specified.
Social and Emotional Wellbeing	Provide and refer to social and emotional well being services, including culturally secure information, support and advice services to Aboriginal communities, particularly those affected by family trauma, grief and loss, mental health problems, and those at risk of self harm, particularly youth.	Funding is provided directly to individual Aboriginal Health Service providers by means of a Service Level Agreement with the Department of Health WA.	Regular reporting is required. Financial reporting each quarter and activity reporting twice per year. Various output measures are specified.

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

Programs funded by the WA Government during 2007-08

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Aboriginal Scholarship Scheme	The scholarship scheme promotes and fosters the development of Aboriginal people undertaking health education training.	Funding is provided to individual recipients by the Office of Aboriginal Health, Health Department WA	Evidence of academic achievement.
Australian Better Health Initiative for the delivery of Indigenous healthy lifestyles	The delivery of various programs and activities that target the prevention and reduction of chronic disease conditions in the Aboriginal community.	Funding is provided direct to individual Aboriginal Health Service Providers by means of a Service Level Agreement. The original source of funding is the Council of Australian Governments.	Regular reporting is required. Financial reporting each quarter and activity reporting twice per year. Various output measures are specified.
Alcohol and other drug services			
Alcohol and Other drug Services	Include a range of activites: prevention and early intervention; community based education programs and prevention campaigns and support for regional prevention networks. Treatment includes outpatient and inpatient withdrawal, assessment and counselling, rehabilitation, community based pharmacotherapy and supported accomodation. Treatment is also provided for people engaged in a range of diversion programs. Workforce development initiatives include education and training for a range of human service professionals in health, justice, child protection, community services and for specialist alcohol and drug workers. Clinical placements are also available. Indigenous workforce development includes nationally recognised certificate III programs for Aboriginal alcohol and drug workers.	Funding to the Drug and Alcohol Office (DAO) is allocated through WA Department of Health and funds are allocated within DAO to three main service delivery areas: direct government treatment services; prevention and workforce development; and non-government funded service providers.	DAO reports financial, performance indicator and information on activity and outcomes related to state government goals as a statutory authority, the Western Australian Drug and Alcohol Authority, in its Annual Report to Parliament. Performance reporting at state level is through the treasury budget statements and this is through WA Health as a service. At a national level, performance reporting is provided against Public Health Outcomes Funding Agreement and the Ministerial Council on Drug Strategy (through the Department of Health and Ageing).

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

Programs funded by the WA Government during 2007-08

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
School Drug Education	DAO funds the School Drug Education and Road Aware Program (SDERA) in Western Australia to offer a comprehensive program that emphasises professional development and community action. SDERA uses a range of initiatives including the development and distribution of curriculum material to all schools in WA, teacher professional development, support to schools in developing drug education programs and guidelines, engagement of parents and communities at a local level, evaluation and monitoring of outputs and regionally based consultancy support. The program also provides materials and support to implement the National Keeping in Touch Program for management of alcohol and drug problems within schools.	Funding is provided by the Prevention Branch of DAO to the Catholic Education Office that oversees the administration of the School Drug Education and Road Aware program. This program operates across all school sectors (government, independent and Catholic).	Annual reporting to DAO as part of contract management. A DAO representative also sits on the Board of Management and receives regular financial and progress updates through this.

Source: WA Government (unpublished); 2009 Report, table 11A.56.

Table 11A.20 **South Australia, community health services programs**

Programs funded by the SA Government during 2007-08

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Early Childhood Development Services	Multidisciplinary interventions for children 0-4 years of age with or at risk of developmental delays. Service models are 1:1; group and supported playgroups options for families; and provided from primary health care centres. Children are prioritised according to levels of active adversity. Guardianship of the Minister and Aboriginal children are of the highest priority.	Recurrent State Government funding	Monthly activity and financial data reporting
Universal Home Visiting Program	An initial contact made by a child and family health nurse, often in the home, to all families following the birth of a baby where the goal is to promote optimal development through early access to child health services, parenting information and support pathways for families.	Recurrent State Government funding	Monthly activity and financial data reporting
Family Home Visiting Program	A two year nurse home visiting service comprising of up to 34 visits. The aim of the program is to ensure that children are provided with a foundation to develop to the best of their potential.	Recurrent State Government funding	Monthly activity and financial data reporting
Newborn Hearing Screening Program	Aim of the program is to screen all babies born in South Australia for significant hearing loss. Once diagnosed, the infant can be assessed for various treatments and interventions that will enable appropriate cognitive development.	Recurrent State Government funding	Monthly activity and financial data reporting

Table 11A.20 **South Australia, community health services programs**

Programs funded by the SA Government during 2007-08

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Pregnancy to Parenting Programs	Offers support and education to families in the early pregnancy to early parenting period. Families are particularly targeted where there are vulnerable infant risk factors. One to one counselling and support particularly in relation to antenatal care, emotional well-being, psycho social issues, early parenting and child development. Services/activities provided include: antenatal education classes; postnatal reunion; young and pregnant; birth & babies; breastfeeding education; and postnatal support group.	Recurrent State Government funding	Monthly activity and financial data reporting
Vaccinations Program	Vaccinations offered as part of the National Immunisation Program for infants aged from 2 months to 4 years, except the 12 month vaccination which is referred to the general practitioner. Vaccinations are mostly offered at health check ages.	Australian and State Government funding	Immunisation providers enter data onto the Australian Childhood Immunisation Register as registered providers.
Early Intervention Program	Early childhood intervention consultants work within their local community to assist parents access support services for their children 0–8 yrs with a disability and/or developmental delay.	Recurrent State Government funding	Monthly activity and financial data reporting

Table 11A.20 **South Australia, community health services programs**

Programs funded by the SA Government during 2007-08

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Child Development Program	Specialist paediatricians and allied health staff assess children in community and country locations with specific behavioural and cognitive issues which are impacting on the child's development. Referrals are made to appropriate specialists.	Recurrent State Government funding	Monthly activity and financial data reporting
Paediatric Rehabilitation Program	Provides paediatricians and rehabilitation specialists to community clinics to provide specialist medical assessment and intervention.	Recurrent State Government funding	Monthly activity and financial data reporting
Parents of Children with Disabilities Support Group – My Time	Providing parent support groups in South Australia for parents of children with disabilities. These support groups are held in local community venues.	Australian Government funding provided to a non-government organisation.	Reporting form the non-government organisation back to the Australian Government.
Youth Primary Health Care Services	Primary health care and sexual health services for youth are provided through community health services across country areas Community health workers work in partnership with Youth Advisory Committees through Local Councils to meet the needs of rural youth.	Recurrent State Government funding	Monthly activity and financial data reporting
Headspace	Mental health counselling program for young people.	Australian Government funding provided to a local Division of General Practice.	Division of General Practice reports activity and financial data direct to the Australian Government.

Table 11A.20 **South Australia, community health services programs**

Programs funded by the SA Government during 2007-08

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Child and Adolescent Mental Health Services	Via a network of community based teams provides mental health services to children and young people up to 18 years and their families who are experiencing emotional, behavioural or psychiatric problems. This includes: a therapeutic service; child and family specialists (e.g., clinical psychologists, psychiatrists and social workers); individual or family counselling; and information, training and consultation to general practitioners, schools and other agencies.	Recurrent State Government funding	Monthly activity and financial data reporting
The Second Story Youth Health Service	Provides primary health services to young people aged 12–25 years from key population groups, including ATSI; young people under Guardianship of the Minister, in care, or involved in the justice system; young parents; newly arrived; at risk of harm, same-sex attracted, or risk of developing chronic disease. Services include health information, assessment and referral, medical and nursing clinics, counselling and group programs, and funded projects.	Recurrent State Government funding	Monthly activity and financial data reporting
Sexual Health Services	Services include sexual health information, assessment and referral, testing, and treatment which are provided in clinic, group and counselling settings.	Recurrent State Government funding	Monthly activity and financial data reporting

Table 11A.20 **South Australia, community health services programs**

Programs funded by the SA Government during 2007-08

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Sexuality - Inside Out Program	Assessment, referral, counselling, group programs, drop-in program and health information for young same-sex attracted men 16–25 years.	Recurrent State Government funding	Monthly activity and financial data reporting
Men's Primary Health Care Services	A range of primary health care services and programs provided by multidisciplinary teams from community settings that are aimed at prevention, early intervention and community capacity building to protect the health and wellbeing of the community.	Recurrent State Government funding	Monthly activity and financial data reporting
Northern Violence Intervention Program	Provision of services for men, women and children focussing on stopping men's use of violence and maximising safety of women and children.	Recurrent State Government funding	Monthly activity and financial data reporting
Men's Health Project	Has a dedicated position for men's health to facilitate the development and improvement of men's health in country areas in line with Government Directions and best practice principles. The project officer provides leadership in assisting the translation of Men's Health Strategic Framework into practice, and facilitating and encouraging collaboration between internal and external service providers. A SA Rural Men's Health Alliance is established to progress men's health issues in South Australia.	One year State Government funding	Monthly activity and financial data reporting

Table 11A.20 **South Australia, community health services programs**

Programs funded by the SA Government during 2007-08

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Women's Primary Health Care Services	A range of primary health care services and programs for women. Services include: health education/promotion; sexual health clinics; domestic violence counselling; and adult survivors of sexual assault. Services 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. A number of specific women's health centres in the metropolitan area.	Recurrent State Government funding	Monthly activity and financial data reporting
Community Midwifery Program	Provision of antenatal, birthing (including home births) and postnatal services to vulnerable women in the northern Adelaide region.	Recurrent State Government funding	Monthly activity and financial data reporting
Maternal Health Program	Community health and primary health care programs for maternal health are provided through community health services to meet the needs relating to maternal issues. Anangu Bibi birthing initiative is provided from Pt Augusta. Country Health SA has established a Maternity Services Steering Committee with the intention of determining the most appropriate models of maternity service provision for country hospitals and health services.	Australian and State Government funding	Monthly activity and financial data reporting

Table 11A.20 **South Australia, community health services programs**

Programs funded by the SA Government during 2007-08

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Women's Health Statewide Service	Focuses on mental health and violence. This includes referral; counselling in the areas of anxiety and depression related to interpersonal trauma; disordered eating; a medical clinic for newly arrived women; health information and resource development; workforce development for SA; projects including specific Aboriginal Women's health project. Key populations include ATSI, CALD and rural and remote.	Recurrent State Government funding	Monthly activity and financial data reporting
HIV Positive Women's Project	Support to HIV positive and affected women via Women's Health Statewide Service.	Three year State Government funding	Monthly activity and financial data reporting
Female Genital Mutilation Project	Community development project targeting newly arrived communities from affected countries.	Three year State Government funding	Monthly activity and financial data reporting
BreastScreen SA	Provides breast cancer screening for women over the age of 40 years with the primary target age group being women aged 50 to 69 through screening mammography. Services are provided across six fixed clinics and three mobile units.	Recurrent Australian and State Government funding	Monthly activity and financial data reporting to State Government, and annual reporting to BreastScreen Australia
Indigenous Primary Health Care Services	A range of primary health care services and programs provided by multidisciplinary teams from community settings that are aimed at prevention, early intervention and community capacity building to protect the health and wellbeing of the community.	Recurrent State Government funding	Monthly activity and financial data reporting

Table 11A.20 **South Australia, community health services programs**

Programs funded by the SA Government during 2007-08

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Kinship Program	Strengthening families initiative that holistically focuses on reducing the complexities and impacts of Illicit drug use for Aboriginal families in metropolitan Adelaide.	Recurrent Australian and State Government funding reviewed every two years.	Reporting requirements as per the National Strategic Framework for Aboriginal & Torres Strait Islanders, and SA Health's Monthly activity and financial data reporting.
Aboriginal Primary Health Care Access Program	A range of primary and secondary health care services (including: transport; parenting programs; clinical services; and child health checks) provided through general practice and allied health teams.	Recurrent Australian Government funding provided to a non-government organisation	Quarterly activity and financial data reporting to non-government organisation
Healthy for Life Program	Services provided Includes chronic disease, and child and maternal health programs for Aboriginal people.	Recurrent Australian Government funding provided to a non-government organisation	Quarterly activity and financial data reporting to non-government organisation
Indigenous Health Services	Indigenous health services are provided across country areas and are managed through community health or community controlled Aboriginal Health Services. Programs have been implemented in line with the National Framework for Improving the Health and Well-being of Aboriginal and Torres Strait Islanders, the SA Aboriginal Health Policy 2007 and Cultural Respect Framework for Aboriginal and Torres Strait Islanders.	Recurrent Australian and State Government funding	Reporting requirements as per the National Strategic Framework for Aboriginal & Torres Strait Islanders, and SA Health's Monthly activity and financial data reporting.
Community Nursing Services	A range of community nursing services are provided across country areas via home care nursing, palliative care and domiciliary care services.	Recurrent Australian and State Government funding	Monthly activity and financial data reporting

Table 11A.20 **South Australia, community health services programs**

Programs funded by the SA Government during 2007-08

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
School Dental Service	Regular preventively focused general dental care for pre-school aged, primary and secondary school children under 18 years of age.	Recurrent State Government funding	Monthly activity and financial data reporting
Community Dental Service	Emergency and general dental care (including dentures) for adult holders of a concession card and their dependents in public dental clinics and contracted through private providers.	Recurrent State Government funding	Monthly activity and financial data reporting
Specialist Dental Service	Specialist dental services for concession card holders provided in association with students of the University of Adelaide.	Recurrent State Government funding	Monthly activity and financial data reporting
Population Oral Health Program	Development and implementation of a Lift the Lip referral tool for general practitioners, nurses and childcare workers.	Recurrent State Government funding	Monthly activity and financial data reporting
Aged Care Oral Health Projects	Various projects to improve the oral health of certain aged care populations, both in residential care and community living.	Recurrent State Government funding	Monthly activity and financial data reporting
Aboriginal Dental Liaison Project	A program to increase attendance of Aboriginal and Torres Strait Islander people in mainstream dental services.	Recurrent State Government funding	Monthly activity and financial data reporting
Oral Health Care for People with Special Needs	Identification and referral to dental services of people living in Supported Residential Facilities.	Recurrent State Government funding	Monthly activity and financial data reporting

Table 11A.20 **South Australia, community health services programs**

Programs funded by the SA Government during 2007-08

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Health Call Centre - *healthdirect*	Provides health advice and information to all South Australians via a free call service, available 24 hours a day, seven days per week, from everywhere in South Australia. Experienced, specially trained Registered Nurses provide: triage; information; and advice. Nurses use a computerised decision support system that is based on clinical guidelines to advise callers on the best action to take, and when to take it. Callers are also able to find out about their local health services.	Australian and State Government funding	Monthly activity and financial data reporting
SA Ambulance Service	South Australia has a total of 107 stations state wide which are staffed by both full-time paramedics and a network of volunteers. The services provided include: 000 emergency ambulances and paramedics; patient transport services to attend to non-emergency cases; education and training for salaried and voluntary staff; and community education (e.g.. care on the roads/ambulance perspective, what to do at a vehicle crash, seizures, snake bites, CPR, asthma, hot weather, cold weather, etc).	Recurrent State Government funding	Monthly activity and financial data reporting

Table 11A.20 **South Australia, community health services programs**

Programs funded by the SA Government during 2007-08

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Allied Health Services	A range of allied health services (including: speech pathology; occupational therapy; physiotherapy; social work; dietetic/nutrition; and podiatry) provided through primary health care centres including individual therapy, health information, education, group work and advocacy.	Recurrent State Government funding	Monthly activity and financial data reporting.
Alcohol and Drug Information Service	This service is a 24-hour telephone information, counselling, and referral service for the general public, concerned family and friends, students and health professionals.	Recurrent State Government funding	Quarterly and annual client activity reports
Service Centres for people with Alcohol and Drug related problems	Four metropolitan clinics and a number of locations across country South Australia provide free, confidential service, including: counselling, assessment and referral for people from any age group with alcohol and other drug related problems; counselling and support for family members and friends; specific services for Aboriginal and young people; and consultation, education and training for other professionals on alcohol and other drug issues.	Recurrent State Government funding	Monthly activity and financial data reporting

Table 11A.20 **South Australia, community health services programs**

Programs funded by the SA Government during 2007-08

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
The Woolshed	The Woolshed, is a therapeutic community for men and women aged 16 years or over with significant alcohol and/or other drug-related problems. The community operates as a drug-free environment and assists residents to develop living, work and interpersonal skills through a highly structured program involving group and individual counselling sessions, education, craft and recreation activities.	Recurrent State Government funding	Monthly activity and financial data reporting
Clean Needle Program	This program is an important public health initiative aimed at reducing the spread of blood borne viruses, including Hepatitis B, Hepatitis C and HIV. Access to sterile injecting equipment through this program is vital to reduce the spread of blood borne viruses amongst injecting drug users and to reduce the risk of blood borne virus transmission to the broader community.	Recurrent Australian and State Government funding	Twelve monthly activity and financial data reporting to the Australian Government.
Aboriginal Substance Misuse Connection Program	This program is a dedicated alcohol and drug treatment service for Aboriginal people within the inner city of Adelaide with a focus on those who are homeless and have complex needs.	Recurrent State Government funding	Six monthly activity and financial data reporting

Table 11A.20 **South Australia, community health services programs**

Programs funded by the SA Government during 2007-08

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
APY Lands Facility and Mobile Outreach Program	The facility provides a range of treatment and rehabilitation services for people on the APY Lands who are experiencing problems caused by substance misuse. Services aim to combat dependence and assist people to reintegrate into their communities.	Recurrent Australian and State Government funding	Quarterly activity and financial data reporting
Police Drug Diversion Initiative	This initiative provides for people apprehended by police for minor drug offences to be diverted from the criminal justice system into education, assessment and treatment.	Annual Australian Government funding	Quarterly client activity and annual financial reports to the Australian Government.
City Watch House Nursing Program	The aim of this service is to: ensure assessment, treatment and referral of people held in police custody at the City Watch House; encourage people detained at the City Watch House to seek treatment by capitalising on the reality that they have entered into the criminal justice system as a result of being apprehended for substance abuse issues and/or mental health/ behavioural problems; and reduce the risk of further offending by enabling people apprehended to link to appropriate mental health and community services prior to their release from the City Watch House.	Recurrent State Government funding	Monthly activity and financial data reporting

Table 11A.20 **South Australia, community health services programs**

Programs funded by the SA Government during 2007-08

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Court Assessment and Referral Drug Scheme (CARDS) and Youth Court	Involves the referral of defendants appearing before a Magistrates Court or Youth Court, whose offending may be drug-related, into drug assessment and treatment. Individuals accepted on to the scheme are required to attend a minimum of four treatment sessions over a three month period.	Annual Australian Government funding	Annual activity and financial data reporting to Australian Government.
Tobacco Program	Tobacco Control Unit coordinates a range of tobacco control initiatives and community based programs such as Quit SA and the Tobacco Control Research and Evaluation Program.	Recurrent State Government funding	Monthly activity and financial data reporting
The Good Sports Program	The program works with community sporting clubs to assist them to manage alcohol responsibly in their venues. The program challenges community and club culture around excessive alcohol consumption, underage drinking and drink driving.	Recurrent State Government funding and grant from Motor Accident Commission	Activity and financial reports to State Government, Australian Drug Foundation and Motor Accident Commission
Driver Assessment Clinic	The clinic assesses drivers for alcohol and/or other drug dependency who have been referred by the Courts Administration Authority and the Registrar of Motor Vehicles.	Recurrent State Government funding	Annual attendance / non-attendance reports to Courts Administration Authority

Table 11A.20 **South Australia, community health services programs**

Programs funded by the SA Government during 2007-08

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Sexual Health Services	A large non-government organisation receives Government funding towards providing a broad range of sexual and reproductive health services for and with the South Australian community within a Primary / Public Health Framework. This organisation provides comprehensive and confidential sexual health care including: contraceptive advice, supply and prescription; gynaecological issues; sexual health assessment; safer sex information; sexually transmitted infection checks and treatment; sexual relationship problems; women's health, including Pap smears, breast checks and menstrual issues; pregnancy testing, ECP supply; unplanned pregnancy options and counselling; fertility issues; and abuse and violence issues.	Recurrent State Government funding	Monthly activity and financial data reporting
Home Nursing Service	A large non-government organisation receives Government funding towards providing a 24 hour, seven day nursing services to people in their homes or residential care facilities. The services provided include: post acute care; palliative care and bereavement support; wound care; medication management; continence management; cystic fibrosis care; and stomal therapy. A 24 hour telephone based advice, information and support service is also provided to clients.	Recurrent State Government funding	Monthly activity and financial data reporting

Table 11A.20 **South Australia, community health services programs**

Programs funded by the SA Government during 2007-08

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Metro Home Link	This service provides flexible packages of care to clients in metropolitan area in their place of residence (this includes residential care facilities). There are two types of care packages: home supported discharge; and hospital avoidance. Examples of services provided include: showering and personal care; transportation; medication management/ supervision; client observation in their own home; and linkages to ongoing longer term services, allied health; acute wound care, general practitioner home visits, physiotherapy, intravenous therapy, tracheostomy care and PEG care.	Recurrent State Government funding	Monthly activity and financial data reporting
Transitional Care Program	Provision of residential and community based care packages to assist older people with the transition from an acute service episode back to home.	Recurrent State Government funding	Monthly activity and financial data reporting
Chronic Disease Community Program	This program aims to improve the quality of life for people living with chronic diseases. It provides targeted and tailored care packages with self management support to assist people to better manage their health and well being, and integrated management plans are developed for all participants The program has a demonstrated impact on decreasing acute exacerbations of the chronic illness and a reduction in episodes of unplanned hospitalisation.	Recurrent State Government funding	Monthly activity and financial data reporting

Table 11A.20 **South Australia, community health services programs**

Programs funded by the SA Government during 2007-08

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
GP Plus Practice Nurse initiative	Funding has been provided for a four year period to employ up to 50 practice nurses per year in general practices across the metropolitan area. These practice nurses are placed for a period of three to five months with the participating general practices. This initiative aims to: reduce workforce pressure on general practice in areas of high demand or areas with significantly high rates of chronic disease; to support general practitioners in the improved management of chronic conditions from early detection to complex co-morbidities; and to complement the role of the general practitioner by providing a variety of services, ranging from clinical care and service coordination, to maintaining good health through screening, health promotion and education for individuals and the community.	Four year State Government funding	Monthly activity and financial data reporting
Supported Residential Facilities (SRFs) Allied Health Program	Provision of allied health and nursing services to residents in SRFs who have complex health needs including disability, mental health and chronic conditions.	Annual State Government funding	Quarterly activity data reporting and yearly funding acquittal.

Table 11A.20 **South Australia, community health services programs**

Programs funded by the SA Government during 2007-08

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Do It For Life Program	This program is a lifestyle modification program aimed at high risk adults with SNAPS risk factors (Smoking, Nutrition, Alcohol, Physical Inactivity and Stress). Eligible clients are from vulnerable and disadvantaged populations who are assessed at risk of developing chronic disease.	Recurrent State Government funding	Monthly activity and financial data reporting
Day Rehabilitation	Provision of a multidisciplinary allied health and rehabilitation service for people in the community on discharge from hospital.	Recurrent State Government funding	Monthly activity and financial data reporting
New Arrival Refugees Program	Specialist services providing a range of early intervention, prevention and community capacity building initiatives to improve access to health services for new arrival refugees. Services provided by multi-disciplinary teams from specialist service and other primary health care centres. Services include: medical and nursing clinics; health information/education; immunisation; counselling; and capacity building for other health providers.	Recurrent State Government funding	Monthly activity and financial data reporting

Source: SA Government (unpublished); 2009 Report, table 11A.57.

Table 11A.21 **Tasmania, community health services programs**

Programs funded by the Tasmanian Government during 2007-08

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 vary from site to site based on community need and accessibility to similar services provided by government or a non-government provider. The size of sites also varies: small sites provide a limited range of services generally based around community nursing. CommunityHealth Centres offer a broader range of services in the community, while rural hospitals (including multi-purpose services/centres) provide inpatient care and, at a number of locations, residential aged care services. Rural hospitals (including multi-purpose services/centres) also provide community health services as part of the service mix.	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.21 **Tasmania, community health services programs**

Programs funded by the Tasmanian Government during 2007-08

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Primary Health (continued)	Specifically, the Tasmanian Government funds or contributes significantly to the funding of the following program areas: Rural inpatient facilities; Accident and Emergency and Ambulance Services (limited sites); Community Health Centres; Community Nursing; Day Centres; Palliative Care (community and inpatient); Aged Care Assessment Program; Continence Services; Allied Health Domiciliary and Community Care; Community Rehabilitation Unit (south only); Orthotics and Prosthetics Service; Community Equipment Scheme, Spinal Account and Continence Aids; Community Options Case Management services; Youth Health; Health Promotion; Community Recovery Coordination; General Practice. The Tasmanian Government oversees and delivers the following program areas: Multi-purpose Services/Centres Residential Aged Care Community Aged care Packages Rural Health Services Regional Health services More Allied Health Services Program Medical Specialist Outreach Program		

Table 11A.21 **Tasmania, community health services programs**

Programs funded by the Tasmanian Government during 2007-08

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

Programs funded by the Tasmanian Government during 2007-08

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.	As for Alcohol and Drug Services
Children and Family Services	Children and Family Services provides services for child protection, child health and parenting, psychological support and therapeutic services, family violence counselling and support, the community support program, which funds services provided by community sector organisations, and gambling support.	The service is provided in accordance with the Tasmanian Government's Output Budgeting framework. Services are funded through identified outputs within the DHHS budget.	As for Alcohol and Drug Services

Source: Tasmanian Government (unpublished); 2009 Report, table 11A.58.

Table 11A.22 **Australian Capital Territory, community health services programs**

Programs funded by the ACT Government during 2007-08

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.22 **Australian Capital Territory, community health services programs**

Programs funded by the ACT Government during 2007-08

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	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 servcies in the acute and community based settings - nutrition, occupational thetrapy, 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); 2009 Report, table 11A.59.

Table 11A.60 **Northern Territory, community health services programs**

Programs funded by the NT Government during 2007-08

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 53 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 Families budget. Additionally, Federal funding for a number of programs is provided through DoHA.	Performance targets against key functions of Community Health and Public Health Services. Financial reports are published in Department of Health and Families Annual Report. The Department of Health and Families has been working for some time the Australian Government Office of Aboriginal and Torres Strait Islander Health in the development of core primary health care indicators that will be collected by Government and non-Government remote primary health care providers across the NT.
Maternal/Child/Youth Health Services	Child and Family Health Nursing Services are provided through the Urban Community Health Branch. The aim of the service is to work in partnership with and support families to nurture the health and wellbeing of their children. This is achieved through provision of: • universal home visits for all new babies • key health and development assessments • parenting support and education through individual contact and groups such as Territory Parents Support and Sleep and Settling groups • childhood immunisations.	These services are funded through an identified program within the NT Department of Health and Families budget. Additionally, Federal funding is provided for family planning services through the Public Health Outcomes Funding Agreement (PHOFA).	Performance targets against key functions of Community Health and Public Health Services. Financial reports are published in Department of Health and Families Annual Report. Additionally the Community Health Branch reports against the Palmerston Regional Plan.

Table 11A.60 **Northern Territory, community health services programs**

Programs funded by the NT Government during 2007-08

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
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 Families budget.	Performance targets against key functions of Community Health and Public Health Services. Financial reports are published in Department of Health and Families Annual Report.
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 for chronic disease risk factors.	These services are funded through an identified program within the NT Department of Health and Families budget.	Performance targets against key functions of Community Health and Public Health Services. Financial reports are published in Department of Health and Community Services Annual Report.

Table 11A.60 **Northern Territory, community health services programs**

Programs funded by the NT Government during 2007-08

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	The Health Promotion Strategy Unit (HPSU) is tasked with strengthening the capacity for effective health promotion across the Department of Health and Families (DHF). This involves facilitating a uniform understanding of health promotion across the DHF; reducing divisions between program areas by providing strategic and policy support to key staff; and a renewed commitment to the planning and development of a sustainable health promotion workforce through greater investment into research, evaluation, education and training.	These services are funded through an identified strategic unit within the NT Department of Health and Families budget.	Regular reporting against the 2008-2009 HPSU Business Plan. Performance targets against key functions of Community Health and Public Health Services. Financial reports are published in the Department of Health and Families Annual Report.

Table 11A.60 **Northern Territory, community health services programs**

Programs funded by the NT Government during 2007-08

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Women's Health Strategy Unit	The Women's Health Strategy Unit (WHSU) develops strategic directions in partnership with government and community stakeholders. Ongoing focus in the past year has included implementation of the Department's Domestic and Family Violence Policy; recruitment of a Coordinator for the Women's Information Centre in Alice Springs; greater collaboration with Office of Women's Policy (OWP) regarding common work in the NT Women's Policy Framework, particularly with OWP moving to the Department; collaboration with OWP and the Health Promotion Strategy Unit regarding gender equity measures in line with the development of national men's and women's health policies.	These services are funded through an identified program within the NT Department of Health and Community Services budget.	Performance targets against key functions of Community Health and Public Health Services. Financial reports are published in Department of Health and Community Services Annual Report.

Table 11A.60 **Northern Territory, community health services programs**

Programs funded by the NT Government during 2007-08

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Urban Community Health Services	The Community Health Branch provides services in mainly urban centres throughout the NT, including Darwin, Nhulunbuy, Katherine, Tennant Creek and Alice Springs. Services include Child Youth and Family Health Services, Community and Primary Care Services (including social work, palliative care, specialist nursing services and a community resource team), Hearing Services, School Health Services and Home Birth Services (Darwin and Alice Springs). All services provided by the Community Health Branch are accredited and the Branch is implementing a continuous improvement process through the development and implementation of new service models for Child and Family Health Services, Community and Primary Care and School Health Services. The Branch participates in regional and national primary health care reforms and seeks to improve access and equity to services for urban communities. The Branch also funds a number of non-government organisations to provide services to achieve outcomes within the areas of Child and Family Health, and Community and Primary Car	These services are funded through an identified program within the NT Department of Health and Families budget. Additionally, Federal funding is provided for HACC services delivered through the Specialist Nursing program.	Performance targets against key functions of Community Health and Public Health Services. Financial reports are published in Department of Health and Families Annual Report. Additionally the Community Health Branch reports against the Palmerston Regional Plan.

Table 11A.60 **Northern Territory, community health services programs**

Programs funded by the NT Government during 2007-08

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
School Health Services	The aim of the school health service is to ensure school aged youth engage in their health and wellbeing to make informed choices that promote optimal future health and life outcomes. Health Promoting School Nurses support delivery of health education in: • smoking, alcohol and other drugs • nutrition • physical activity • health and well being • sexual health. They work with the school community to plan, develop, implement and evaluate school identified health promoting programs, policies and strategies.	These services are funded through an identified program within the NT Department of Health and Families budget.	Performance targets against key functions of Community Health and Public Health Services. Financial reports are published in Department of Health and Families Annual Report.
Hearing Services	Hearing services are provided in urban centres and remote communities and cover comprehensive diagnostic audiological and audiometric services, liaison with and education of other health professionals on management of hearing loss, and education of parents and teachers.	These services are funded through an identified program within the NT Department of Health and Families budget. Additionally, Federal funding is provided for hearing services through OATSIH.	Performance targets against key functions of Community Health and Public Health Services. Financial reports are published in Department of Health and Families Annual Report.

Table 11A.60 **Northern Territory, community health services programs**

Programs funded by the NT Government during 2007-08

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Well Women's Cancer Screening	Well Women's Cancer Screening (WWCS) incorporates two national programs both of which aim to detect cancers at an early stage to prevent mortality and morbidity: 1. BreastScreen NT, which is a free breast x-ray screening program targeted at women with no breast symptoms aged 50 to 69 years. Clinics are provided in Alice Springs, Katherine, Tennant Creek, Darwin, Palmerston and Nhulunbuy. 2. The NT Cervical Screening Program encourages women between the ages of 20 and 69 who have been sexually active to have a pap smear every two years. The NT Pap Smear Register is a backup reminder system, sending women and their doctors a letter if they are overdue for their next pap smear. Unless they choose not to be, women are automatically placed on the register when they have a pap smear. It also funds a network of women's health educators across the NT.	These services are funded through an identified program within the NT Department of Health and Families budget. Additionally, Federal funding is provided for family planning services through the Public Health Outcomes Funding Agreement (PHOFA).	Performance targets against key functions of Community Health and Public Health Services. Financial reports are published in Department of Health and Families Annual Report. Additionally the Community Health Branch reports against the Palmerston Regional Plan. WWCS prepares reports for PHOFA, National Aboriginal Health Performance Indicators, and annually the Productivity Commission, Safety Monitoring of the National Cervical Screening Guidelines, National accreditation standards, Australian Government National Public Health Expenditure Reports, the Australian Institute of Health and Welfare National Monitoring report for cervical and breastscreen.
Australian Bat Lyssavirus Pre and Post Exposure Prophylaxis (and rabies post exposure) Service	CDC Darwin provides rabies vaccine for pre-exposure prophylaxis to Australian Bat Lyssavirus 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 Families budget, with the Vaccine costs refunded by DOHA.	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.60 **Northern Territory, community health services programs**

Programs funded by the NT Government during 2007-08

Program	*Description*	*How the programs were dealt with in a budgetary context*	*Reporting associated with the programs*
Sexual Health and Blood Borne Viruses Program	NT wide program aimed at prevention, treatment, surveillance and control of sexually transmitted infections and blood borne viruses such as HIV/AIDS and Hepatitis C.	The program is funded through an idenitifed budget within the Deparment of Health and Community Services. Some external funding is provided via the COAG initiative and OATSIH.	Reporting is against the business plan of the NT Sexual Health Advisory Group and the more detailed program business plan.
TB Control Unit	The TB Control Unit covers screening of high risk groups (contacts, refugees, prisoners, health workers, fisherpersons); monitoring and administration of directly observed treatment for active TB and leprosy; remote community visits to implement preventive and early diagnostic strategies (treatment of latent TB infection, community screening); and provision of information to the public, service providers and governments.	These services are funded through an identified program within the NT Department of Health and Families budget. Some external funding is provided via Customs and DIAC for the Illegal Foreign Fisherman (IFF).	Performance targets against key functions of Community Health and Public Health Services. Financial reports are published in Department of Health and Families Annual Report.
Rheumatic Heart Disease	NT wide program with the aim of reducing the burden of rheumatic heart disease amongst the Indigenous population by reducing the occurence of acute rheumatic fever. The program provides health professionals and community members with best practice support, education, resource development and supply and patient care.	These services are funded through an identified program within the NT Department of Health and Families budget. External funding is also provided via DOHA.	Performance measures against key functions of Community Health and Public Health Services. Financial reports are published in Department of Health and Families Annual Report.

Source: NT Government (unpublished); 2009 Report, table 11A.60.