

10A Primary and community health — attachment

Definitions for the indicators and descriptors in this attachment are in section 10.5 (see *Report on Government Services 2006* [2006 Report], chapter 10). 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).

Attachment contents

Table 10A.1	Indigenous primary healthcare services for which service activity reporting (SAR) data is reported (number)
Table 10A.2	Services and episodes of healthcare by services for which service activity reporting (SAR) data is reported, by remoteness category (number)
Table 10A.3	Proportion of services for which service activity reporting (SAR) data is reported that undertook selected health related activities, 2003-04 (per cent)
Table 10A.4	Full time equivalent health staff employed by services for which service activity reporting (SAR) data is reported, as at 30 June 2004 (number)
Table 10A.5	Most frequent individual problems managed (in decreasing order of frequency for all encounters with Indigenous people 1998-99 to 2002-03)
Table 10A.6	Practice location of GPs who saw Indigenous people compared with total GP sample
Table 10A.7	Distribution of encounters with Indigenous and all people, by region (rural, remote and metropolitan areas [RRMA]), 1998–2003 (per cent)
Table 10A.8	Summary of patient morbidity and management at encounters with Indigenous Australians and in the total sample
Table 10A.9	Male Indigenous separations, by type, 2003-04
Table 10A.10	Female Indigenous separations, by type, 2003-04
Table 10A.11	New South Wales, community health services programs
Table 10A.12	Victoria, community health services programs
Table 10A.13	Queensland, community health services programs
Table 10A.14	Western Australia, community health services programs
Table 10A.15	South Australia, community health services programs
Table 10A.16	Tasmania, community health services programs
Table 10A.17	Australian Capital Territory, community health services programs
Table 10A.18	Northern Territory, community health services programs

Table 10A.1

Table 10A.1 **Indigenous primary healthcare services for which service activity reporting (SAR) data is reported (number) (a), (b), (c)**

	<i>NSW and ACT (d)</i>	<i>Vic (d)</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (d)</i>	<i>NT</i>	<i>Aust</i>
1999-2000	25	23	24	19	8	–	18	117
2000-01	27	16	24	21	8	5	23	124
2001-02	24	19	25	21	8	5	26	128
2002-03	26	21	26	21	8	5	27	134
2003-04	29	21	26	20	10	5	27	138

- (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 has changed each year. This change is due to new Australian Government funded primary health care services opening and existing services gaining Australian Government funding. In addition, a decision is sometimes made to include existing Australian Government funded services which may previously have been excluded because of the type of service that they provided, or there may have been a change to their reporting arrangements: for example services involved in Co-ordinated Care Trials. Since 1997 some services have ceased to operate and therefore no longer contribute data to SAR. OATSIH can provide time series data on the services common to the survey from 1997 to 2004 on request.
- (c) The number of Aboriginal & Torres Strait Islander primary health care services that responded to the SAR in 2003-04 was 139 out of 140. However, information from only 138 services out of the 139 respondents have been included in the data. Data for non-responding services was not estimated as these services may differ in important ways from the services that did respond.
- (d) Data for the ACT and NSW and for Victoria and Tasmania (1999-2000 only) have been combined in order to avoid the identification of individual services.

– Nil or rounded to zero.

Source: DHA (unpublished); 2006 Report, table 10A.4.

Table 10A.2

Table 10A.2 Services and episodes of healthcare by services for which service activity reporting (SAR) data is reported, by remoteness category (number) (a), (b), (c), (d), (e), (f), (g)

	<i>Highly accessible</i>	<i>Accessible</i>	<i>Moderately accessible</i>	<i>Remote</i>	<i>Very remote</i>	<i>Total</i>
Services						
1999-2000	34	25	12	11	35	117
2000-01	34	28	11	12	39	124
2001-02	37	27	11	16	37	128
2002-03	38	29	13	17	37	134
2003-04	41	30	13	14	40	138
Episodes of healthcare						
1999-2000	403 000	258 000	65 000	138 000	359 000	1 223 000
2000-01	437 000	301 000	62 000	174 000	369 000	1 342 000
2001-02	460 000	313 000	70 000	256 000	317 000	1 416 000
2002-03	507 000	338 000	91 000	270 000	294 000	1 499 000
2003-04	572 000	345 000	110 000	207 000	378 000	1 612 000

- (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 has changed each year. This change is due to new Australian Government funded primary health care services opening and existing services gaining Australian Government funding. In addition, a decision is sometimes made to include existing Australian Government funded services which may previously have been excluded because of the type of service that they provided, or there may have been a change to their reporting arrangements: for example services involved in Co-ordinated Care Trials. Since 1997 some services have ceased to operate and therefore no longer contribute data to SAR. OATSIH can provide time series data on the services common to the survey from 1997 to 2004 on request.
- (c) The number of Aboriginal & Torres Strait Islander primary health care services that responded to the SAR in 2003-04 was 139 out of 140. However, information from only 138 services out of the 139 respondents have been included in the data. Data for non-responding services was not estimated as these services may differ in important ways from the services that did respond.
- (d) An episode of health care involves contact between an individual client and a service by one or more staff, for the provision of health care. Group work is not included. Transport is only included if it involves provision of health care/information by staff. Outreach provision is provided, for example episodes at outstation visits, park clinics, satellite clinics. Episodes of health care delivered over the phone are included.
- (e) Episodes of health care in the SAR report were often estimates and while these are thought to be reasonable, there has been no 'audit' to check the accuracy of these figures.
- (f) Funding for each year has not been adjusted to account for inflation.
- (g) Episodes data has been rounded to the nearest thousand

Source: DHA (unpublished); 2006 Report, table 10A.5.

Table 10A.3 Proportion of services for which service activity reporting (SAR) data is reported that undertook selected health related activities, 2003-04 (per cent) (a), (b), (c)

Diagnosis and treatment of illness/disease	82
Management of chronic illness	78
Transportation to medical appointments	96
Outreach clinic services	67
24 hour emergency care	34
Monitoring child growth	71
School-based activities	79
Hearing screening	72
Pneumococcal immunisation	78
Influenza immunisation	80
Child immunisation	79
Women's health group	84
Support for public housing issues	62
Community development work	72
Legal/police/prison/advocacy services	62
Dental services	50
Involvement in steering groups on health	87
Participation in regional planning forums	70
Dialysis services	9

(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 has changed each year. This change is due to new Australian Government funded primary health care services opening and existing services gaining Australian Government funding. In addition, a decision is sometimes made to include existing Australian Government funded services which may previously have been excluded because of the type of service that they provided, or there may have been a change to their reporting arrangements: for example services involved in Co-ordinated Care Trials. Since 1997 some services have ceased to operate and therefore no longer contribute data to SAR. OATSIH can provide time series data on the services common to the survey from 1997 to 2004 on request.

(c) The number of Aboriginal & Torres Strait Islander primary health care services that responded to the SAR in 2003-04 was 139 out of 140. However, information from only 138 services out of the 139 respondents have been included in the data. Data for non-responding services was not estimated as these services may differ in important ways from the services that did respond.

Source: DHA (unpublished); 2006 Report, table 10A.6.

Table 10A.4

Table 10A.4 Full time equivalent health staff employed by services for which service activity reporting (SAR) data is reported, as at 30 June 2004 (number) (a), (b), (c)

	<i>Indigenous staff</i>	<i>Non-Indigenous staff</i>	<i>Total staff</i>
Aboriginal health workers	619.5	12.2	631.7
Doctors	6.4	190.1	196.5
Nurses	34.0	241.1	275.1
Specialists	–	4.1	4.1
Emotional and Social Well Being staff (d)	141.1	47.7	188.8
Allied health professionals	2.1	17.8	19.9
Dentists	3.0	36.2	39.2
Dental assistants	32.6	17.1	49.7
Traditional healers	7.8	0.5	8.3
Substance misuse workers	62.3	21.5	83.8
Environmental health workers	27.8	5.8	33.6
Driver/field officers	98.2	14.6	112.8
Other health staff (e)	56.1	13.3	69.3
Total health staff	1 090.8	621.9	1 712.7

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

(b) The number of services that provide SAR data has changed each year. This change is due to new Australian Government funded primary health care services opening and existing services gaining Australian Government funding. In addition, a decision is sometimes made to include existing Australian Government funded services which may previously have been excluded because of the type of service that they provided, or there may have been a change to their reporting arrangements: for example services involved in Co-ordinated Care Trials. Since 1997 some services have ceased to operate and therefore no longer contribute data to SAR. OATSIH can provide time series data on the services common to the survey from 1997 to 2004 on request.

(c) The number of Aboriginal & Torres Strait Islander primary health care services that responded to the SAR in 2003-04 was 139 out of 140. However, information from only 138 services out of the 139 respondents have been included in the data. Data for non-responding services was not estimated as these services may differ in important ways from the services that did respond.

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

(e) Other health staff includes: hearing coordinators, eye health, 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: DHA (unpublished); 2006 Report, table 10A.7.

Table 10A.5

Table 10A.5 Most frequent individual problems managed (in decreasing order of frequency for all encounters with Indigenous people 1998-99 to 2002-03) (a)

Problems managed	Encounters with Indigenous people				All encounters			
	Problems (b)	Rate (n=5476) (c)	95% LCL (d)	95% UCL (d)	Problems (b)	Rate (n=502 100) (c)	95% LCL (d)	95% UCL (d)
	no.	no. per 100 encounters	no. per 100 encounters	no. per 100 encounters	no.	no. per 100 encounters	no. per 100 encounters	no. per 100 encounters
2002-03								
Diabetes, nongestational (e)	126	9.2	6.8	11.5	2 936	4.6	4.2	5.1
Hypertension (e)	111	8.1	5.6	10.5	8 935	8.9	8.4	9.3
Upper respiratory tract infection	65	4.7	3.4	6.0	6 451	6.4	5.9	6.8
Asthma	52	3.8	2.7	4.6	2 752	2.7	2.5	2.9
Acute bronchitis/bronchiolitis	52	3.8	2.6	4.9	2 599	2.6	2.3	2.8
Depression (e)	50	3.6	2.7	4.6	3 560	3.5	3.3	3.8
Immunisation all (e)	41	3.0	1.9	4.0	4 678	4.6	4.2	5.1
Acute otitis media/myringitis	38	2.8	1.5	4.0	1 314	1.3	1.1	1.5
Back complaint (e)	35	2.6	1.6	3.5	2 624	2.6	2.3	2.8
Pre/post natal check (e)	29	2.1	1.1	3.1	800	0.8	0.4	1.2
Anxiety	15	1.1	0.4	1.8	1 562	1.6	1.4	1.7
Urinary tract infection (e)	28	2.0	1.2	2.9	1 686	1.7	1.6	1.8
Tonsillitis	18	1.3	0.6	2.1	1 134	1.1	0.9	1.3
Sprain/strain (e)	28	2.0	1.1	3.0	1 702	1.7	1.5	1.9
Pregnancy (e)	20	1.5	0.7	2.2	855	0.9	0.6	1.1
General check-up (e)	23	1.7	0.7	2.6	1 952	1.9	1.7	2.1
Boil/carbuncle	21	1.5	0.9	2.2	532	0.5	0.5	0.6
Subtotal	752	37.0	..	..	46 072	27.4	..	..
Total problems	2 033	147.9	137.0	158.7	146 336	144.9	143.0	146.8
Number of encounters	1 375	..	..	..	100 987	..	..	..
1998-99 — 2002-03								

Table 10A.5

Table 10A.5 Most frequent individual problems managed (in decreasing order of frequency for all encounters with Indigenous people 1998-99 to 2002-03) (a)

Problems managed	Encounters with Indigenous people				All encounters			
	Problems (b)	Rate (n=5476) (c)	95% LCL (d)	95% UCL (d)	Problems (b)	Rate (n=502 100) (c)	95% LCL (d)	95% UCL (d)
Diabetes, non-gestational (e)	389	7.1	6.0	8.2	14 019	2.8	2.7	2.9
Hypertension (e)	368	6.7	5.7	7.7	44 315	8.8	8.6	9.0
Upper respiratory tract infection	310	5.7	4.8	6.5	30 348	6.0	5.9	6.2
Asthma	236	4.3	3.6	5.0	14 492	2.9	2.8	3.0
Acute bronchitis/bronchiolitis	210	3.8	3.2	4.5	13 853	2.8	2.7	2.8
Depression (e)	185	3.4	2.9	3.9	19 008	3.8	3.7	3.9
Immunisation all (e)	180	3.3	2.6	3.9	24 195	4.8	4.6	5.0
Acute otitis media/myringitis	167	3.1	2.5	3.6	7 126	1.4	1.4	1.5
Back complaint (e)	120	2.2	1.7	2.6	13 234	2.6	2.5	2.7
Pre/post natal check (e)	112	2.1	1.5	2.5	4 785	1.0	0.9	1.0
Anxiety	103	1.9	1.4	2.3	8 737	1.7	1.7	1.8
Urinary tract infection (e)	102	1.9	1.5	2.3	8 515	1.7	1.7	1.7
Tonsillitis	98	1.8	1.4	2.2	5 921	1.2	1.1	1.2
Sprain/strain (e)	91	1.7	1.3	2.1	8 875	1.8	1.7	1.8
Pregnancy (e)	89	1.6	1.2	2.0	4 218	0.8	0.8	0.9
General check-up (e)	88	1.6	1.2	2.1	9 431	1.9	1.8	1.9
Boil/carbuncle	84	1.5	1.1	2.0	2 410	0.5	0.5	0.5
Subtotal	2 932	36.2	..	..	233 482	31.4	..	..
Total problems	8 086	147.7	143.7	151.6	743 625	148.1	147.3	148.9
Number of encounters	5 476	..	..	..	502 100	..	..	..

Table 10A.5

Table 10A.5 Most frequent individual problems managed (in decreasing order of frequency for all encounters with Indigenous people 1998-99 to 2002-03) (a)

<i>Problems managed</i>	<i>Encounters with Indigenous people</i>			<i>All encounters</i>			
	<i>Problems (b)</i>	<i>Rate (n=5476) (c)</i>	<i>95% LCL (d)</i>	<i>95% UCL (d)</i>	<i>Problems (b)</i>	<i>Rate (n=502 100) (c)</i>	<i>95% LCL (d)</i>	95% UCL (d)

(a) Data need to be treated with care because there could be under-recording of Indigenous people.

(b) Total problems are the total number of problems managed during the total encounters.

(c) Figures do not total 100 because more than one problem can be managed at each encounter.

(d) LCL = lower confidence limit; UCL = upper confidence limit.

(e) Includes multiple primary care classification codes.

.. Not applicable.

Source: Britt, H., Miller, G.C., Knox, S., Charles, J., Valenti, L., Henderson, J., Pan, Y., Bayram, C. and Harrison C. 2003, *General Practice Activity in Australia 2002-03*, Cat. no. GEP 14, Australian Institute of Health and Welfare, Canberra; 2006 Report, table 10A.9.

Table 10A.7 **Distribution of encounters with Indigenous and all people, by region (rural, remote and metropolitan areas [RRMA]), 1998–2003 (per cent) (a)**

	<i>Capital</i>	<i>Other metro</i>	<i>Large rural</i>	<i>Small rural</i>	<i>Other rural</i>	<i>Remote centre</i>	<i>Other remote/offshore</i>	Total
Encounters with Indigenous people	30.2	4.9	11.2	13.3	19.9	11.3	9.2	100.0
Encounters with all people	66.4	7.7	5.7	5.9	12.6	0.7	1.0	100.0

(a) Data need to be treated with care because there could be under-recording of Indigenous people.

Source: Britt, H., Miller, G.C., Knox, S., Charles, J., Valenti, L., Henderson, J., Pan, Y., Bayram, C. and Harrison C. 2003, *General Practice Activity in Australia 2002-03*, Cat. no. GEP 14, Australian Institute of Health and Welfare, Canberra; 2006 Report, table 10A.11.

Table 10A.8

Table 10A.8 Summary of patient morbidity and management at encounters with Indigenous Australians and in the total sample (a)

	All encounters									
	Encounters with Indigenous people									
	Number	Rate	95% LCL (a)	95% UCL (a)	Number	Rate	95% LCL (a)	95% UCL (a)	no. per 100 encounters	no. per 100 encounters
2002-03										
Reasons for encounter	1 968	143.1	134.9	151.3	152 341	150.9	149.0	152.7	no. per 100 encounters	no. per 100 encounters
Problems managed	2 033	147.9	137.0	158.7	146 336	144.9	143.0	146.8		
New problems	832	60.5	53.9	67.2	57 509	57.0	55.6	58.3		
Medications	1 576	114.6	99.6	129.7	104 813	103.8	101.4	106.2		
Prescribed	1 118	81.3	67.2	95.4	85 161	84.3	81.8	86.9		
Advised OTC	88	6.4	4.2	8.6	10 270	10.2	9.2	11.1		
GP supplied	370	26.9	3.6	50.2	9 382	9.3	7.6	11.0		
Other treatments	902	65.6	54.6	76.6	52 292	51.8	49.3	54.3		
Clinical	667	48.5	38.0	59.0	37 543	37.2	35.0	39.4		
Procedural	235	17.1	14.4	19.7	14 748	14.6	13.9	15.3		
Referrals	191	13.9	10.9	16.9	11 254	11.1	10.7	11.6		
Specialist	86	6.3	4.8	7.7	7 743	7.7	7.3	8.0		
Allied health services	58	4.2	2.7	5.7	2 536	2.5	2.3	2.8		
Pathology	644	46.8	36.7	57.0	33 234	32.9	31.5	34.4		
Imaging	114	8.3	5.8	10.8	8 678	8.6	8.2	9.0		

Table 10A.8

Table 10A.8 Summary of patient morbidity and management at encounters with Indigenous Australians and in the total sample (a)

	Encounters with Indigenous people				All encounters			
	Number	Rate	95% LCL (a)	95% UCL (a)	Number	Rate	95% LCL (a)	95% UCL (a)
1998-99 — 2002-03								
Problems managed	7 968	145.5	142.1	148.9	753 925	150.2	149.5	150.8
New problems	8 086	147.7	143.7	151.6	743 625	148.1	147.3	148.9
Work related	3 094	56.5	52.9	60.1	257 027	51.2	50.6	51.8
Medications	6 343	115.8	110.0	121.7	534 826	106.5	105.5	107.5
Prescribed	4 970	90.8	83.8	97.8	449 013	89.4	88.4	90.4
Advised OTC	337	6.2	5.2	7.1	45 141	9.0	8.7	9.2
GP supplied	1 036	18.9	11.4	26.4	40 672	8.1	7.7	8.5
Other treatments	2 915	53.2	48.1	58.4	255 617	50.9	50.0	51.8
Clinical	2 218	40.5	36.0	45.0	186 268	37.1	36.3	37.9
Procedural	697	12.7	11.2	14.3	69 349	13.8	13.5	14.1
Referrals	na	na	na	na	na	na	na	na
Specialist	na	na	na	na	na	na	na	na
Allied health services	na	na	na	na	na	na	na	na
Pathology	na	na	na	na	na	na	na	na
Imaging	na	na	na	na	na	na	na	na

LCL = lower confidence limit; UCL = upper confidence limit.

OTC = over the counter.

(a) Data need to be treated with care because there could be under-recording of Indigenous people.

na Not available.

Source: Britt, H., Miller, G.C., Knox, S., Charles, J., Valenti, L., Henderson, J., Pan, Y., Bayram, C. and Harrison C. 2003, *General Practice Activity in Australia 2002-03*, Cat. no. GEP 14, Australian Institute of Health and Welfare, Canberra; 2006 Report, table 10A.12.

Table 10A.9

Table 10A.9 Male Indigenous separations, by type, 2003-04 (a), (b), (c), (d)

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT (e)	NT (f)	Aust
All causes	Number	17 811	4 210	25 311	17 132	6 556	np	np	18 368	91 049
	SHSR	1.14	1.31	1.79	2.29	2.28	np	np	2.88	1.75
	95% CI	1.13 to 1.16	1.28 to 1.35	1.77 to 1.81	2.26 to 2.33	2.22 to 2.33	np	np	2.84 to 2.92	1.73 to 1.76
Circulatory disease	Number	827	147	1 040	701	346	np	np	479	3 618
	SHSR	1.14	0.97	1.64	2.07	2.62	np	np	1.67	1.52
	95% CI	1.28 to 1.51	2.44 to 3.16	1.08 to 1.3	1.85 to 2.25	2.78 to 3.57	np	np	0.58 to 0.83	1.44 to 1.57
Coronary heart disease	Number	405	76	572	308	194	np	np	192	1 788
	SHSR	1.37	1.23	2.26	2.28	3.67	np	np	1.70	1.86
	95% CI	1.23 to 1.5	0.95 to 1.51	2.07 to 2.44	2.02 to 2.53	3.15 to 4.18	np	np	1.46 to 1.95	1.78 to 1.95
Rheumatic heart disease	Number	5	6	23	13	8	np	np	47	102
	SHSR	2.76	16.18	14.18	15.26	24.43	np	np	65.98	17.05
	95% CI	0.34 to 5.18	3.23 to 29.12	8.39 to 19.98	6.96 to 23.55	7.5 to 41.36	np	np	47.11 to 84.84	13.74 to 20.36
Self-harm	Number	156	43	119	138	52	np	np	73	587
	SHSR	1.84	2.37	1.50	3.23	3.13	np	np	1.91	2.00
	95% CI	1.55 to 2.13	1.66 to 3.08	1.23 to 1.77	2.69 to 3.77	2.28 to 3.98	np	np	1.47 to 2.35	1.84 to 2.16
All respiratory disease	Number	1 691	268	2 006	1 669	438	np	np	1 613	7 761
	SHSR	1.40	1.13	1.80	2.91	2.02	np	np	3.36	1.93
	95% CI	1.34 to 1.47	1 to 1.27	1.72 to 1.88	2.77 to 3.05	1.83 to 2.21	np	np	3.19 to 3.52	1.89 to 1.98
Infectious pneumonia	Number	347	40	503	530	99	np	np	721	2 245
	SHSR	1.88	1.10	2.97	6.05	2.98	np	np	9.79	3.66
	95% CI	1.69 to 2.08	0.76 to 1.44	2.71 to 3.23	5.53 to 6.56	2.39 to 3.57	np	np	9.07 to 10.5	3.51 to 3.81
Lung cancer	Number	27	np	26	16	17	np	np	11	99
	SHSR	1.11	np	1.27	1.47	4.03	np	np	1.24	1.28
	95% CI	0.69 to 1.53	np	0.78 to 1.76	0.75 to 2.2	2.11 to 5.94	np	np	0.51 to 1.97	1.02 to 1.53

Table 10A.9

Table 10A.9 Male Indigenous separations, by type, 2003-04 (a), (b), (c), (d)

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT (e)	NT (f)	Aust
Diabetes as a primary diagnosis	Number	255	49	382	225	123	np	np	372	1 439
	SHSR	2.36	2.19	3.97	4.42	6.24	np	np	8.65	4.02
	95% CI	2.07 to 2.64	1.58 to 2.8	3.57 to 4.37	3.84 to 4.99	5.14 to 7.35	np	np	7.77 to 9.53	3.81 to 4.23
All diabetes except where dialysis is the primary diagnosis	Number	1 323	316	1 977	1 601	661	np	np	1 445	7 419
	SHSR	2.26	2.60	3.90	5.94	6.30	np	np	6.41	3.89
	95% CI	2.14 to 2.38	2.31 to 2.89	3.73 to 4.08	5.65 to 6.23	5.82 to 6.79	np	np	6.08 to 6.74	3.8 to 3.98
All diabetes (g)	Number	1 602	1 206	2 260	4 329	668	np	np	1 456	11 774
	SHSR	2.43	8.82	3.97	14.26	5.66	np	np	5.73	5.49
	95% CI	2.31 to 2.55	8.32 to 9.32	3.8 to 4.13	13.83 to 14.68	5.23 to 6.09	np	np	5.43 to 6.02	5.39 to 5.58
Depressive disorder	Number	60	8	37	24	17	np	np	5	151
	SHSR	0.78	0.49	0.53	0.63	1.15	np	np	0.15	0.58
	95% CI	0.58 to 0.98	0.15 to 0.82	0.36 to 0.7	0.38 to 0.89	0.6 to 1.7	np	np	0.02 to 0.28	0.48 to 0.67
Anxiety disorder	Number	26	0	16	3	4	np	np	1	55
	SHSR	0.52	0.00	0.36	0.13	0.42	np	np	0.05	0.33
	95% CI	0.32 to 0.72	0 to 0	0.18 to 0.53	-0.02 to 0.27	0.01 to 0.84	np	np	-0.05 to 0.14	0.24 to 0.41
Substance use disorder	Number	470	29	133	80	48	np	np	3	769
	SHSR	5.19	1.49	1.60	1.77	2.72	np	np	0.07	2.48
	95% CI	4.72 to 5.66	0.95 to 2.03	1.33 to 1.88	1.39 to 2.16	1.95 to 3.49	np	np	-0.01 to 0.16	2.3 to 2.65
Psychotic disorder	Number	639	168	663	552	245	np	np	161	2 450
	SHSR	1.66	2.03	1.86	2.86	3.25	np	np	0.93	1.84
	95% CI	1.53 to 1.79	1.73 to 2.34	1.72 to 2	2.62 to 3.1	2.85 to 3.66	np	np	0.79 to 1.08	1.77 to 1.92

Table 10A.9 Male Indigenous separations, by type, 2003-04 (a), (b), (c), (d)

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

(a) The ratios are indirectly age standardised using the Census-based estimated resident population of Indigenous males at 30 June 2001, the hospital separation rates for Australian males aged 0–74 years for 2000-01 and the male population at 30 June 2001.

(b) Tympanoplasty is for ages 0–14 years.

(c) The quality of the data provided for Indigenous status from 2001-02 has continued to improve due to the use of the National Health Data Dictionary definitions by all jurisdictions, however it is still in need of improvement. The AIHW considers it acceptable for only SA, WA and the NT. Data on Indigenous status should therefore be interpreted cautiously.

(d) Identification of Aboriginal and Torres Strait Islander patients is not considered to be complete and completeness varies among jurisdictions. The variation in the number of Indigenous separations per 1000 Indigenous population among the States and Territories suggests that there was variation in the proportion of Indigenous persons who were identified as such in the hospital morbidity data collections and/or in the total population.

(e) The ACT data are not considered reliable due to the small size of the Indigenous population in that jurisdiction.

(f) NT data is for public hospitals only.

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

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

np Not published.

Source: AIHW (unpublished); 2006 Report, table 10A.38.

Table 10A.10

Table 10A.10 Female Indigenous separations, by type, 2003-04 (a), (b), (c), (d)

Unit	NSW	Vic	Q/ld	WA	SA	Tas	ACT (e)	NT (f)	Aust
All causes	21 464	5 037	30 927	26 626	8 050	np	np	26 053	120 003
SHSR	1.25	1.39	1.87	3.11	2.40	np	np	3.49	2.02
95% CI	1.23 to 1.26	1.35 to 1.43	1.85 to 1.9	3.07 to 3.15	2.35 to 2.45	np	np	3.45 to 3.54	2.01 to 2.03
Circulatory disease	741	140	918	604	326	np	np	376	3 141
SHSR	2.28	2.07	3.04	3.84	5.16	np	np	2.76	2.85
95% CI	2.12 to 2.44	1.73 to 2.41	2.84 to 3.23	3.54 to 4.15	4.6 to 5.72	np	np	2.48 to 3.04	2.75 to 2.95
Coronary heart disease	361	52	396	248	149	np	np	135	1 357
SHSR	3.79	2.69	4.74	5.42	8.16	np	np	3.48	4.31
95% CI	3.4 to 4.18	1.96 to 3.42	4.28 to 5.21	4.74 to 6.09	6.85 to 9.48	np	np	2.89 to 4.07	4.09 to 4.54
Rheumatic heart disease	12	6	51	40	34	np	np	55	198
SHSR	2.40	5.79	11.02	16.44	35.28	np	np	26.60	11.73
95% CI	1.04 to 3.76	1.16 to 10.43	8 to 14.05	11.35 to 21.54	23.42 to 47.14	np	np	19.57 to 33.64	10.09 to 13.36
Self-harm	257	56	202	151	77	np	np	71	842
SHSR	2.00	2.05	1.62	2.32	3.02	np	np	1.24	1.87
95% CI	1.75 to 2.24	1.51 to 2.58	1.4 to 1.85	1.95 to 2.69	2.34 to 3.69	np	np	0.95 to 1.53	1.75 to 2
All respiratory disease	1 729	277	1 781	1 763	516	np	np	1 538	7 699
SHSR	1.79	1.39	1.93	3.74	2.81	np	np	3.92	2.34
95% CI	1.71 to 1.88	1.23 to 1.56	1.84 to 2.02	3.56 to 3.91	2.56 to 3.05	np	np	3.72 to 4.11	2.29 to 2.4
Infectious pneumonia	302	53	418	483	127	np	np	640	2 037
SHSR	2.02	1.72	2.94	6.62	4.47	np	np	10.54	4.01
95% CI	1.79 to 2.25	1.26 to 2.19	2.65 to 3.22	6.03 to 7.21	3.69 to 5.24	np	np	9.73 to 11.36	3.84 to 4.19
Lung cancer	15	6	19	19	11	np	np	7	83
SHSR	1.14	2.25	1.65	3.02	4.36	np	np	1.31	1.91
95% CI	0.56 to 1.71	0.45 to 4.04	0.91 to 2.39	1.66 to 4.37	1.78 to 6.94	np	np	0.34 to 2.27	1.5 to 2.32

Table 10A.10

Table 10A.10 Female Indigenous separations, by type, 2003-04 (a), (b), (c), (d)

Unit	NSW	Vic	Q/ld	WA	SA	Tas	ACT (e)	NT (f)	Aust
Diabetes as a primary diagnosis									
Number	309	60	620	411	180	np	np	446	2 037
SHSR	2.38	2.19	4.98	6.35	7.08	np	np	7.86	4.54
95% CI	2.11 to 2.65	1.63 to 2.74	4.59 to 5.38	5.74 to 6.96	6.05 to 8.11	np	np	7.13 to 8.59	4.34 to 4.74
All diabetes except where dialysis is the primary diagnosis									
Number	1 678	341	2 931	2 328	957	np	np	2 271	10 591
SHSR	3.02	2.95	5.69	8.51	8.86	np	np	9.55	5.60
95% CI	2.87 to 3.16	2.63 to 3.26	5.48 to 5.89	8.17 to 8.86	8.3 to 9.42	np	np	9.16 to 9.94	5.5 to 5.71
All diabetes (g)									
Number	2 108	935	3 352	7 297	973	np	np	2 273	17 129
SHSR	3.48	7.43	5.99	24.54	8.27	np	np	8.80	8.33
95% CI	3.33 to 3.63	6.95 to 7.9	5.78 to 6.19	23.97 to 25.1	7.75 to 8.79	np	np	8.44 to 9.16	8.21 to 8.46
Depressive disorder									
Number	64	47	71	49	32	np	np	8	287
SHSR	0.38	1.32	0.44	0.58	0.97	np	np	0.11	0.49
95% CI	0.29 to 0.47	0.94 to 1.69	0.34 to 0.54	0.42 to 0.75	0.63 to 1.3	np	np	0.03 to 0.18	0.43 to 0.55
Anxiety disorder									
Number	32	np	34	17	24	np	np	1	114
SHSR	0.82	np	0.91	0.87	3.14	np	np	0.06	0.84
95% CI	0.54 to 1.11	np	0.6 to 1.22	0.46 to 1.29	1.88 to 4.39	np	np	-0.06 to 0.17	0.69 to 1
Substance use disorder									
Number	180	12	73	47	15	np	np	4	332
SHSR	12.96	4.02	5.34	6.66	5.45	np	np	0.63	6.78
95% CI	11.07 to 14.86	1.75 to 6.3	4.12 to 6.57	4.75 to 8.56	2.69 to 8.21	np	np	0.01 to 1.25	6.06 to 7.51
Psychotic disorder									
Number	558	236	452	408	249	np	np	123	2 075
SHSR	1.40	2.80	1.19	2.05	3.18	np	np	0.70	1.50
95% CI	1.28 to 1.51	2.44 to 3.16	1.08 to 1.3	1.85 to 2.25	2.78 to 3.57	np	np	0.58 to 0.83	1.44 to 1.57

(a) The ratios are indirectly age standardised using the Census based estimated resident population of Indigenous males at 30 June 2001, the hospital separation rates for Australian males aged 0–74 years for 2000-01 and the male population at 30 June 2001.

Table 10A.10

Table 10A.10 Female Indigenous separations, by type, 2003-04 (a), (b), (c), (d)

Unit	NSW	Vic	Q/d	WA	SA	Tas	ACT (e)	NT (f)	Aust
------	-----	-----	-----	----	----	-----	---------	--------	------

(b) Tympanoplasty is for ages 0–14 years.

(c) Identification of Aboriginal and Torres Strait Islander patients is not considered to be complete and completeness varies among jurisdictions. The variation in the number of Indigenous separations per 1000 Indigenous population among the States and Territories suggests that there was variation in the proportion of Indigenous persons who were identified as such in the hospital morbidity data collections and/or in the total population.

(d) The quality of the data provided for Indigenous status from 2001-02 has continued to improve due to the use of the National Health Data Dictionary definitions by all jurisdictions, however, it is still in need of improvement. The AIHW considers it acceptable for only SA, WA and the NT. Data on Indigenous status should therefore be interpreted cautiously.

(e) The ACT data are not considered reliable due to the small size of the Indigenous population in that jurisdiction.

(f) NT data if for public hospitals only.

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

SHSR = Standardised Hospital Separation Ratio.

np Not published.

Source: AIHW (unpublished); 2006 Report, table 10A.39.

Table 10A.11
Table 10A.11 New South Wales, community health services programs

Programs funded by NSW Government during 2004-05

Program	Description
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.
Aboriginal health services	Covering services such as health information and education, counselling, pre and post natal programs, early childhood nursing and health promotion 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.
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.
Sexual Health services	Covering education, counselling, screening and the management of sexually transmitted diseases including HIV and Hepatitis A, B and C.
Sexual Assault services	Providing crisis counselling and support for victims of assault, court preparation and community education 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.
Palliative Care services	Providing holistic care for people who are terminally ill or dying, including clinical care in the home, counselling and support services.
Dental services	Providing basic and emergency dental care in the community.
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.
Community nursing	Providing generalist nursing care in the community.

Table 10A.11
Table 10A.11 New South Wales, community health services programs

<i>Programs funded by NSW Government during 2004-05</i>	<i>How the above programs were dealt with in a budgetary context</i>
Rehabilitation	Providing case management, allied health, prosthetic and home modification services in a community setting.
Eating disorder services	Providing case management, medical and counselling support services.
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.
Health related transport services	Providing non-emergency transport for health-related issues.
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.
Youth Health services	Provide education and health promotion programs, clinical services and planning of youth friendly services.
Non-Government Organisations	Providing a range of services such as Aboriginal Medical Centres, HIV/Aids, Women's Health, Diabetes, Drug and Alcohol services.

How the above programs were dealt with in a budgetary context

Child, Adolescent and Family 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
Aboriginal health services	A mix of AHS, NSW Health (via grants to non-government organisations) and Australian Government funding.
Women's health services	A mix of AHS funding and Australian Government funding allocated under the Public Health Outcomes Funding Agreement
Physical Abuse and Neglect of Children services	As for Child, Adolescent and Family services
Sexual Health services	As for Child, Adolescent and Family services
Sexual Assault services	As for Child, Adolescent and Family services
Aged Care services	As for Child, Adolescent and Family services
Palliative Care services	A mix of AHS and Australian Government funding
Dental services	As for Child, Adolescent and Family services

Table 10A.11
Table 10A.11 New South Wales, community health services programs

<i>Programs funded by NSW Government during 2004-05</i>	
Community Acute/Post Acute Care services	As for Child, Adolescent and Family services
Community nursing	As for Child, Adolescent and Family services
Rehabilitation	As for Child, Adolescent and Family services
Eating disorder services	As for Child, Adolescent and Family services
Program of Appliances for Disabled People	The Department of Health allocates specific funding to AHSs for this program
Health related transport services	As for Child, Adolescent and Family services
Multicultural health services	As for Child, Adolescent and Family services
Youth Health services	A mix of AHS and Australian Government funding
Non-Government Organisations	Funding allocations are via an annual grant program approved by the Minister for Health
<i>Reporting associated with the above programs</i>	

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.

Source: NSW Government (unpublished); 2006 Report, table 10A.45.

Table 10A.12

Table 10A.12 Victoria, community health services programs

Programs funded by the Victorian Government during 2004-05

Program	Description
Community health	Victoria's 100 Community Health Services provide integrated healthcare focused on health promotion, early intervention and chronic disease management to improve health outcomes and reduce demand for acute health services. Over 250 service sites across all local government areas offer allied health services (audiology, nutrition, occupational therapy, physiotherapy, podiatry and speech therapy) counselling, primary medical and nursing care. Many Community Health Services provide a range of home and community care (HACC), aged care, dental, drug and alcohol, disability, family support and maternal and child health services, and other community based health and support services.
Family planning	Providing a service to people with special needs who are less able to access mainstream health services. This group includes young people, women from culturally and linguistically diverse backgrounds, Kooris and people with disabilities.
Innovative health services for homeless youth	Providing healthcare for homeless and otherwise at risk young people through innovative approaches and through increasing access to mainstream and specialist services (Australian Government and State cost shared).
Family and reproductive rights education	Working with communities that practice female genital mutilation to improve the physical and emotional wellbeing of women, young girls and their families.
Women's health	Developing and disseminating health information, promoting research into priority women's issues, providing health education to groups and individuals, and community education.
Dental public health	Providing a statewide preschool dental program (preventive programs and dental care for children 0–5 years old), a statewide school dental service (preventive programs and dental care for all primary school children and concession card holders in years 7 and 8), a youth dental program (dental care for concession card holders in years 9–12 and leavers under 18 years of age), a community dental program (emergency, general and denture services for concession card holders and their dependents), specialist care for concession card holders and domiciliary services for people who find it difficult to leave their home.
Drug services	Provides a range of drug prevention and treatment services including withdrawal, rehabilitation and counselling services, pharmacotherapy services and support and information for drug users and their families.

Table 10A.12

Table 10A.12 Victoria, community health services programs

Programs funded by the Victorian Government during 2004-05

Primary Care Partnerships (PCP)

The PCP Strategy was initiated to create a genuine primary care service system to replace the previously uncoordinated group of services. Through it, 31 Partnerships that include key primary healthcare providers such as community health services, Local governments, Divisions of General Practice, rural and metropolitan health services are working to improve and integrate primary healthcare. PCPs are particularly focussed on improved service coordination and more integrated health promotion.

Source: Victorian Government (unpublished); 2006 Report, table 10A.46.

Table 10A.13

Table 10A.13 Queensland, community health services programs

Programs funded by Qld Government during 2004-05

Program	Description
Child, Youth and Women's Health	Including women's cancer screening services, mobile women's health services, parenting information programs, assessment, treatment and referral for the infant, child, youth or family, school health promotion and health services and prevention, promotion, early intervention, assessment and treatment related to child development and health.
Alcohol & drug services	Including a range of prevention, assessment, counselling, early identification and intervention, treatment, health promotion and educational services to minimise alcohol and other drug related harm.
Integrated Health Care	na
Allied Health	na
Oral Health Services	na
Poisons Information	Providing information and advice to assist in the management of poisoning and suspected poisoning, education and promotion of poisoning prevention.
Palliative Care	na
Sexual Health	16 sexual health clinics predominantly providing sexual health screening of at risk populations as well as treatment and counselling services. QH also works closely with Family Planning Queensland to provide referrals and support services relating to reproductive health and contraception.
Indigenous Health	Providing 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 and health promotion services; 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.
Dental health	Queensland provided free emergency, general, denture and specialist services to holders, and their dependents, of Pensioner Concession Cards, Health Care Cards, and State and Commonwealth Seniors cards. Free services were also provided to school children up to Year 10.

How the above programs were dealt with in a budgetary context

Table 10A.13

Table 10A.13 Queensland, community health services programs
Programs funded by Qld Government during 2004-05

Child, Youth and Women's Health	Funding for cancer screening services is provided through state funds and the joint State/Commonwealth Public Health Outcomes Funding Agreement (PHOFA).
Alcohol & drug services	These services are funded through a range of programs or health services within the Queensland Health budget.
Integrated Health Care	na
Allied Health	na
Oral Health Services	na
Poisons Information	These services are funded from Queensland Health Corporate and Health Service District funds.
Palliative Care	na
Sexual Health	These programs are funded through a combination of Commonwealth and State funding programs with a significant contribution from HIV/AIDS programs. Funds are also provided through the Public Health Outcomes Funding Agreement (PHOFA).
Indigenous Health	These services are funded through a range of programs or health services within the Queensland Health budget.
Dental health	These services are funded from Queensland Health Corporate and Health Service District funds.
<i>Reporting associated with the above programs</i>	
Child, Youth and Women's Health	Performance targets and overall financial reporting are published in the annual report and the Ministerial Portfolio Statement.
Alcohol & drug services	Performance targets and overall financial reporting are published in the annual report and the Ministerial Portfolio Statement.
Integrated Health Care	na
Allied Health	na
Oral Health Services	na
Poisons Information	The Poisons Information Centre is required to provide periodic reports on the extent and nature of calls, substances and caller type.
Palliative Care	na

Table 10A.13 **Queensland, community health services programs**

Programs funded by Qld Government during 2004-05

Sexual Health	PHOFA reporting requirements, particularly in relation to the prevention of HIV/AIDS and services to Indigenous populations.
Indigenous Health	Performance targets and overall financial reporting are published in the annual report and the Ministerial Portfolio Statement.
Dental health	Performance targets and overall financial reporting are published in the annual report and the Ministerial Portfolio Statement.

na Not available.

Source: Queensland Government (unpublished); 2006 Report, table 10A.47.

Table 10A.14 **Western Australia, community health services programs**

Programs funded by WA Government during 2004-05

Program	Description
Child and Maternal	Community based services provided to parents of new-borns and infants include: screening and early detection, immunisation, advice and support to parents on infant care and a range of common health conditions, early intervention services for children with developmental difficulties and health promotion activity. Services can be delivered in Child Health Clinics, child development centres, community based centres or in the home environment.
School and Youth	Services for school-age children and youth include: screening and early detection, immunisation, health promotion, early intervention services for children with developmental difficulties and advice and consultancy to school principals and pastoral care teams. Services are predominantly delivered in the school environment however early interventions services may be centre based.
Gender	A range of community based health services mostly targeting women, are predominately delivered through funded service agreements with Not for Profit organisations. Services include: health promotion, education and therapeutic services.
Adult and Ageing	A limited range of community based health services are provided to clients in this age span. Services provided in regional areas are tailored to meet community needs wherever possible. Services focus on health promotion activity particularly related to the prevention of complex or chronic conditions.
Primary Health	Community Health services support local strategies to improve collaboration at the Community Health/ General Practice interface through the development of innovative prevention focussed service models. Statewide policy development is in partnership with the Commonwealth Government and other State agencies and focuses on developing conjoint models of service delivery and approaches to chronic disease management.

How the above programs were dealt with in a budgetary context

The Department of Health negotiates with area/regional health services utilising service specifications. Funding is provided directly to individual Area Health Services or regions. Performance targets are set by the Department of Health on an 80/20 basis: whereby 80 per cent of services are delivered accord with State policy and direction, and 20 per cent are delivered according to locally identified service needs and priorities.

Table 10A.14 **Western Australia, community health services programs**

Programs funded by WA Government during 2004-05

Reporting associated with the above programs

Health Services provide monthly activity reports to demonstrate program delivery. The program measure for all non-admitted patient services is Occasions of Service. A quarterly activity report from the same sources has more detailed information including where possible, waiting times for first booked appointment and 'did not attends' for Dr attended non admitted only. The non admitted services are broken down by type - mental health, doctor attended, allied health attended and 'other' (path tests etc) which is consistent with reporting using the HA215 series.

Source: WA Government (unpublished); 2006 Report, table 10A.48.

Table 10A.15 **South Australia, community health services programs**

Programs funded by SA Government during 2004-05

<i>Program</i>	<i>Description</i>
<i>Maternity</i>	
Community Midwifery Services	A regional home care support for women after the birth of a baby.
<i>Early Childhood Programs</i>	
Early Childhood/ youth and women's health	Covering post-natal parenting information and support services, immunisation, and child at risk assessment and support, cancer screening services, counselling for women affected by violence and child therapy intervention.
Child Development Unit	Multidisciplinary care planning for children with developmental delay in partnership with visiting paediatrician.
Paediatric Intervention Unit	Provides therapy, parent support, information and advocacy for children that have a disability or developmental delay and their parents.
Child and youth health	Provides a universal child and maternal health service for babies and children up to 5 years old. Services are both home based and clinic based. Provides youth health services for 12-25 years of age. Services include counselling, medical, therapy, group programs and community development. A range of specialist programs are also provided through child health services including hearing screening programs, mothers and babies residential programs.
<i>Indigenous Health</i>	
Aboriginal services	A range of primary health care services and programs provided by multidisciplinary teams from community settings focused particularly on Aboriginal and Torres strait Islander people. These programs work both one to one and in a community development way with Aboriginal communities. Aboriginal health teams provide a strong linkage point with other mainstream providers.
Aboriginal Mental Health	Dedicated Aboriginal Health Worker positions are funded in both mainstream health services and Aboriginal Community Controlled Services.
Healthy Ways Project	The project focuses on improving nutrition standards and reduction in tobacco use by Aboriginal people in seven select locations in SA.
Aboriginal Scholarship Scheme	A scholarship scheme has been established to promote and foster the development of Aboriginal people through a tertiary education scholarship program.

Table 10A.15
South Australia, community health services programs

Programs funded by SA Government during 2004-05

Community nursing (excluding Home and Community Care)

Community Services	Provides a range of home support services including home help, personal care, Aboriginal home support, home oxygen, respite and equipment.
Continence (Adult and Paediatric)	Education, counselling and conditioning therapy in all areas of continence management.
Diabetes Education	Counselling for clients and relatives on the self care of diabetes and its associated complications.
Community health services	A range of primary health care services and programs provided by multidisciplinary teams from community settings that are aimed at prevention, early intervention and community capacity building to protect the health and wellbeing of the community.
Women's Health	Primary health care services and programs, often linked to community health services, to address the specific health and well being needs of women, with a particular focus on women with poor health outcomes and least access to services. Includes health information, counselling and community development programs for women.
Community nursing	Nursing care provided in people's homes or in a community setting to maximise their health and quality of life, taking into consideration the needs of the carer.
Integrated health care program	Covering diabetes services, dietetic services, community nursing, and discharge planning services.
Palliative Care / Bereavement Counselling	Palliative Care Services provide support and services to clients and their families when faced with a life limiting illness.
Mens Health program	Palliative care community outreach services provide care and support in people's homes or in community settings to maximise quality of life during end of life phase, including the needs of the carer.
Mental Health Team	Bereavement Counselling offers counselling and support to clients and relatives on grief and loss issues.
	Promotion and education services.
	Assessment, counselling, support, information and education on mental health issues.

Table 10A.15
Table 10A.15 South Australia, community health services programs

Programs funded by SA Government during 2004-05

Oral health (including public dental services)

Specialist Dental Services	Specialist Dental Services for concession card holders provided in association with students of the University of Adelaide.
Community Dental Service	Emergency and general dental care (including dentures) for adult holders of concession card and their dependents in public dental clinics and contracted through private providers.
School Dental Service	Regular preventively focused general dental care for pre-school aged, primary and secondary school children under 18 years of age.
<i>Allied health (including physiotherapy and optometry)</i>	
Allied health services	Treatment, therapy and rehabilitation program with multiple allied health professions, equipment loan.
Counselling	Community Based counselling in a number of areas.
Dietetics / Nutrition	Therapeutic dietary advice, nutrition education.
Health Social Worker	Advice for clients with personal, accommodation and financial issues.
Occupational Therapy	Work with people of any age to promote independence and maximise performance in activities of daily living.
Physiotherapy	Provide services to inpatients and outpatients. Paediatric services are provided.
Podiatry	Foot care clinics are provided. The department also offers special insoles and orthoses if required.
Speech Pathology	Paediatric services for speech and language difficulties from 0 - 4 years. Any age for swallowing, feeding, voice difficulties. Adults with communication issues.
<i>Drug and Alcohol Treatment</i>	
Drug and Alcohol services	Counselling, support and education for youth at risk.

Table 10A.15
South Australia, community health services programs

Programs funded by SA Government during 2004-05

Community Health Services

Primary Health Care Networks

Primary Health Care Networks are being implemented by regional health services by developing systems of integrated care in partnership with a range of primary health care partners. Partners include Divisions of General Practice, General Practitioners, Community Health Services, Hospitals, and Aged Care providers. The initial focus of network activity is on improving the coordination of care for people with chronic disease through structured care planning, referral, monitoring and review with the aim of providing more services and support in the community. The activity aims to reduce the morbidity associated with uncontrolled chronic disease and reducing the prevalence of risk factors that are the precursors to the development of chronic disease.

Hospital Avoidance

Provision of home-based and rapid-response support to clients who present to hospital Emergency Departments and/or General Practice and who without this support would otherwise be admitted to hospital. Hospital Avoidance services utilise a brokerage model to develop flexible packages of care that meet the individual needs of clients of all ages. Examples of services may include showering and personal care, transportation, medication management, intravenous therapy, client observation in their own home, nursing care and GP home visits.

Home Supported Discharge

Provides home-based care to clients who can be discharged from hospital early and/or to those who are at risk of readmission to hospital. Home Supported Discharge services utilise a brokerage model to develop flexible packages of care that meet the individual needs of clients of all ages. Examples of services may include showering and personal care, transportation, medication management, intravenous therapy, client observation in their own home, nursing care and GP home visits.

Chronic Disease Community programs

These programs aim to reduce the rate of unplanned admissions to public hospitals within the metropolitan catchment area for people with target chronic diseases; improve early detection and effective management of deterioration in clients' health status; and increased empowerment and self-efficacy of people to manage their chronic disease. The programs use packages of care to provide a range of services tailored around an individual or their family's needs that allows them to receive care in their home and convenient community locations, and to manage the risk factors, signs, symptoms and changes in their chronic disease. Examples of services provided could include care-planning with a documented care plan or review, one-off allied health initial assessment, self-management program, coaching via phone, home medication review, disease specific education, allied health through regional allied health services or Medicare Plus allied health initiative and short term equipment or services as identified in the care-plan.

How the above programs were dealt with in a budgetary context

Table 10A.15
Table 10A.15 South Australia, community health services programs

Programs funded by SA Government during 2004-05

Funding for these programs comes for a variety of sources both federal and state and is acquitted according to the appropriate requirements.

Dental services are funded through the SA Dental Service, a state wide health unit. Community nursing services are funded by DH, including HACCC, to a non-government organisation.

For Palliative Care some funding through palliative care budget in ACHA. Site specific grants.

In terms of the funding component, community health services and child and youth health services are predominantly state government agencies. Aboriginal health services are state government services and work closely with Federally funded services.

Reporting associated with the above programs

Detailed service targets are part of health service agreements or contracts between the Department of Health and the particular service. Monthly reporting against these targets.

Monthly Management Summaries - Department of Health

Palliative Care Minimum Data Set (MDS) 6 monthly reporting on community based palliative care - published in palliative care bulletin

Mental Health MDS

Health Service Region Performance Agreements

Source: SA Government (unpublished); 2006 Report, table 10A.49.

Table 10A.16

Table 10A.16 Tasmania, community health services programs

Programs funded by Tasmanian Government during 2004-05

Program	Description
Aged, Rural and Community Health Services	Aged, Rural and Community Health (ARCH) brings together a wide range of community and rural health services to meet the needs of individuals in a changing environment. Services are provided to both develop and support communities and to help people maintain or improve levels of physical functioning or independence in the community. ARCH incorporates a range of acute services, sub-acute and primary health care services.
Oral Health Services	Oral Health Services provides emergency, basic general dental care (check up, x-rays, dental health advice, referral) and dentures to eligible adults (holders of a Health Care or Pensioner Concession Card). Services are also provide to all children up to, but not including the age of 18. Oral Health Services also engages in health promotion and prevention activities to promote oral health on a population basis.
Palliative Care Services	Palliative Care is a State-wide specialist service that provides interdisciplinary care, consultancy, support and advice to people living with a life threatening illness and their families through specialist inpatient and community outreach services. Care and support may be provided directly to individuals and families, or collaboratively with primary providers through education, consultancy and information.
Community Assessment and Care Management	Community Assessment and Care Management (CACM) comprises three statewide service groupings: Assessment and Case Management Services (ACMS), Community Rehabilitation Services and Community Care Services. ACMS consists of the Aged Care Assessment Program, case management of complex clients through the Community Options Service and packages of care. Community Rehabilitation Services comprises the Community Rehabilitation Unit Southern Tasmania, Orthotics & Prosthetics Services Tasmania and Equipment Schemes. Community Care Services consists of primary health care service providers in community and rural settings including the Statewide Continence Nursing Service and Community Therapy Services (podiatry, physiotherapy, occupational therapy and speech pathology).

Table 10A.16

Table 10A.16 Tasmania, community health services programs

Programs funded by Tasmanian Government during 2004-05

Public and Environmental Health Services

The Public and Environmental Health Service (P&EH) monitors the health of the Tasmanian population, and puts in place programs that protect and promote the health of the community. P&EH provides Health Protection Services (such as immunisation, communicable diseases control and environmental health advice, fluoridation and enforcement of tobacco control legislation), Environmental Health Services (such as food safety, toxicology, nutrition, public health advice, incident response and water quality), Health Physics (administering the Radiation Control Act 1977, Radiation Control Regulations 1994) and Pharmaceutical Services (regulation of drugs and poisons). Cancer screening administrators and provides cancer screening services, provides community education and promotions, and advises on cancer control and policy. The service includes Breast Screen Tasmania program, the Cervical Cancer prevention program and a cancer control policy component. Each of the screening program is a part of a National, Commonwealth/State public health initiative.

Cancer Screening and Control Services

Population and Health Priorities

This service unit works with population groups and health agencies on a range of programs including those aimed at the prevention of chronic diseases such as diabetes and cardiovascular diseases. Also includes promotion of nutrition, physical activity and injury prevention. Identified population groups include Aboriginal Health, Women's Health, Men's Health, and Multicultural Health. The area also supports the work of the Tasmanian Government's Health and Wellbeing Cluster Group which helps provide a coordinated response to health-related benchmarks under the Tasmania Together process.

Disability Services

Disability Services works with people with a disability, their families and carers, and other relevant stakeholders to deliver integrated services promoting the health and well being of people with disabilities. Services are provided in six broad categories, these are: 1) Accommodation Support 2) Community Support 3) Community Access 4) Respite 5) Advocacy and Information 6) Research and Development. NB: Disability Services is covered in detail in the Services for People with a Disability chapter of this report.

Table 10A.16

Table 10A.16 Tasmania, community health services programs

Programs funded by Tasmanian Government during 2004-05

Mental Health Services

Mental Health Services provides services for people with mental illness and serious mental disorder, and has a wider role in mental health promotion, prevention and early intervention. The services are provided in acute, inpatient and community settings throughout Tasmania. Mental Health Services are provided to the general community in the following settings: 1) Child and Adolescent Services 2) Adult Inpatient Services 3) Adult Residential Services 4) Adult Community Services 5) Psychiatric Services for Older People NB: Mental Health is covered in detail in another chapter of the Report. The Alcohol and Drug Service (ADS) is a State-wide specialist service that provides services to people with alcohol and drug problems, and also provides training, advice and consultation services to other health care providers. The services are delivered in acute inpatient settings and in the community throughout Tasmania. As well as providing direct care, ADS manages contracts with the many NGO's that also provide services in the alcohol and drug field. ADS also has a wider role in fostering the promotion of harm minimisation, and is a contributor to National, State and local processes for policy making on alcohol and other drugs issues.

Correctional Health

Correctional Health works with prison inmates with medical and/or mental health problems. Service has responsibility for the prison hospital. It provides inpatient and outpatient health services to Risdon Prison, Hobart and Launceston Remand Centres and Hayes Prison Farm. Also provides inpatient and outpatient forensic mental health services, community based Forensic Mental Health Services and court liaison services.

Family, child health and youth health services

Provision of information, screening, early intervention services through child health centres, parenting centres, child development units and youth health services.

How the above programs were dealt with in a budgetary context

The service is provided in accordance with the Tasmanian Government's Output Budgeting framework. Services are funded through identified outputs within the DHHS budget.

Table 10A.16

Table 10A.16 Tasmania, community health services programs

Programs funded by Tasmanian Government during 2004-05

Reporting associated with the above programs

Performance Information is collected and reported at the state level through Budget Papers and Annual Report. As required performance reporting is provided nationally through National Minimum Data Sets, Report On Government Services, Tasmania Together, Australian Institute of Health and Welfare, Australian Health Care Agreement, Public Health Outcome Funding Agreement and Australian Council of Healthcare Standards.

Source: Tasmanian Government (unpublished); 2006 Report, table 10A.50.

Table 10A.17
Australian Capital Territory, community health services programs

Programs funded by ACT Government during 2004-05

<i>Program</i>	<i>Description</i>
Alcohol and Drug Program	Services are provided to populations with alcohol and/or drug issues that includes treatment, counselling and medical withdrawal. In addition, the service provides consultation and liaison with other health service providers both in the public and private sectors.
Corrections Health Program	Services are provided to detainees in remand facilities. These include general health, forensic mental health and alcohol and drug services.
Dental Health Program	Covering dental services with specific Adult services - (periodontics, restorative, prosthodontics, domiciliary and oral surgery). Child and Youth services including limited orthodontics and Health Promotion.
Continuing Care Program	A multidisciplinary health service covering acute and/or post-acute conditions, and chronic health problems. Includes allied health and community nursing. Provides assessment, treatment, case management and discharge planning services.
Acute Support Program	Covering allied health and diabetes services in the acute setting and community based provision of multidisciplinary diabetes services . Provides assessment, treatment and discharge planning services.
Child, youth and women's health services	Provision of specialist allied health and diabetes services for Canberra and surrounding region. Provision of the Victim Services Scheme for victims of crime.
	Covering post-natal parenting information services, child health checks, immunisation, and child at risk assessment and support, cancer screening services, counselling for women affected by violence, and nursing, counselling, and GP services for marginalised young people.
<i>How the above programs were dealt with in a budgetary context</i>	
Alcohol and Drug Program	Through a designated budget
Corrections Health Program	Through a designated budget
Dental Health Program	Direct government funding with additional revenue from client co-payment contributions

Table 10A.17
Table 10A.17 Australian Capital Territory, community health services programs

Programs funded by ACT Government during 2004-05

Reporting associated with the above programs

Alcohol and Drug Program	Reporting is quantitative and concentrated around occasions of service and client numbers
Corrections Health Program	Reporting is quantitative and concentrated around occasions of service and client numbers
Dental Health Program	Monthly/Annual reports including strategic indicators, activities against output targets, financial indicators and waiting lists-(times/numbers).

Source: ACT Government (unpublished); 2006 Report, table 10A.51.

Table 10A.18 Northern Territory, community health services programs

Programs funded by NT Government during 2004-05

Program	Description
Remote Health Services	<p>The Remote Health Branch of the Department of Health and Community Services ensures that Primary Health Care (PHC) Services are delivered to the remote population of the Northern Territory through a network of 52 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, provision of essential medications.</p>
Austalian Bat Lyssavirus Pre and Post Exposure Prophylaxis (and rabies post exposure)	<p>CDC Darwin provides rabies vaccine for pre-exposure prophylaxis to Australian Bat Lyssavirus (ABL) to persons at risk due to occupational exposure. Post-exposure rabies immunoglobulin and vaccine is administered by CDC in Darwin and regional CDC's. Education programs are provided to the community and to occupational groups.</p>
Sexual Health Services	<p>The AIDS/STD Program of the Department of Health and Community Services, provides five sexual health clinics known as Clinic 34 in the NT. The service is free and confidential, offering testing and treatment for blood borne viruses and sexually transmitted infections. The Program also operates to rural and remote areas as well as urban offering screening, education and prevention strategies. It funds community based organisations such as the NT AIDS/Hepatitis Council, and Needle and Syringe programs offering harm reduction strategies, community and peer support and education.</p>
TB Control Unit	<p>Covers screening of high risk groups (contacts, refugees, prisoners, health workers); 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.</p>
Urban Community/Health Services	<p>Urban Community Health services provides a range of Primary Health Care, Acute (HITH), Palliative Care, Health Promotion, early childhood, community nursing, school entry screening services, to all residents of major NT centres, including Darwin, Nhulunbuy, Katherine, Tennant Creek and Alice Springs. Services are provided from Community Health Centres, but are also provided in school settings and clients' homes.</p>

Table 10A.18 Northern Territory, community health services programs

Programs funded by NT Government during 2004-05

Oral Health Services	The Children's Dental Service 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.
Preventable Chronic Disease Services	Public Health professionals provide visiting and on-site support to remote primary health care teams to systematise health centre activity to maximise early detection and best practice management of chronic diseases, including support for population registers and recall systems.
Public Health Nutrition and Physical Activity services	Public Health Nutritionists work with local communities to monitor and improve the local food supply, and provide nutrition education.
Maternal/Child/Youth Health Services	Well baby clinics, staffed by Registered Nurses and Aboriginal Health Workers, operate from all remote Community Health Centres and town-based Community Care Centres, providing a range of services including growth surveillance/promotion and immunisation, assisted in remote areas by visiting and on-site paediatric specialist nurses, Aboriginal Health Workers and Child health Workers. Antenatal care is available in all remote Community Health Centres and is enhanced by the Strong Women Strong Babies Strong Culture program.
Women's Health Strategy Unit	This is a policy group setting strategic directions relating to improving women's health in partnership with community stakeholders
Well Women's Cancer Screening	This incorporates BreastScreen NT and Cervical Cancer screening.
School Health Services	This is an education focused health service including nursing, counselling, promotion and assistance with immunisation programs
Hearing Services	These services are provided across the whole of the NT including diagnostic audiological and audiometric services.

How the above programs were dealt with in a budgetary context

These services are funded through an identified program within the NT Department of Health and Community Services budget.

Reporting associated with the above programs

Performance targets against key functions of Community Health and Public Health Services. Financial reports are published in Department of Health and Community Services Annual Report.

Source: NT Government (unpublished); 2006 Report, table 10A.52.