

11A Primary and community health — attachment

Definitions for the indicators and descriptors in this attachment are in section 11.5 of the chapter in the *Report on Government Services 2008* (2008 Report). Data in this Report are examined by the Health Working Group, but have not been formally audited by the Secretariat. Unsourced information was obtained from the Australian, State and Territory governments.

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

Attachment contents

Table 11A.1	Indigenous primary healthcare services for which service activity reporting (SAR) data are reported (number)
Table 11A.2	Services and episodes of healthcare by services for which service activity reporting (SAR) data are reported, by remoteness category (number)
Table 11A.3	Proportion of services for which service activity reporting (SAR) data are reported that undertook selected health related activities, 2005-06 (per cent)
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 2006 (number)
Table 11A.5	Voluntary annual health assessments for older people by Indigenous status, 2006-07
Table 11A.6	Older Indigenous people who received an annual health assessment (per 1000 people)
Table 11A.7	Indigenous people who received a voluntary health check or assessment, by age (per 1000 people)
Table 11A.8	Early detection activities provided by services for which service activity reporting (SAR) data are reported
Table 11A.9	Valid vaccinations supplied to children under seven years of age, by type of provider, 1996–2007
Table 11A.10	Ratio of separations for Indigenous males to all males, 2005-06
Table 11A.11	Ratio of separations for Indigenous females to all females, 2005-06
Table 11A.12	New South Wales, community health services programs
Table 11A.13	Victoria, community health services programs
Table 11A.14	Queensland, community health services programs
Table 11A.15	Western Australia, community health services programs
Table 11A.16	South Australia, community health services programs
Table 11A.17	Tasmania, community health services programs
Table 11A.18	Australian Capital Territory, community health services programs
Table 11A.19	Northern Territory, community health services programs

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

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

- (a) The SAR only includes Aboriginal and Torres Strait Islander health organisations that receive at least some of their funding from the Australian government to facilitate access to primary health care (including health promotion, dental and counselling services).
- (b) The number of services that provide SAR data changes each year. Changes are due to new Australian government funded primary health care services opening and existing services gaining Australian government funding. In addition, previously excluded Australian government funded services may be required to commence SAR data reporting if there are changes in the types of services provided and/or reporting arrangements.
- (c) Data for NSW and the ACT have been combined in order to avoid the identification of individual services.
- (d) 2005-06 data are preliminary results.

Source: DoHA (unpublished); 2008 Report, table 11A.4.

Table 11A.2

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)

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

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

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

(c) 2005-06 data are preliminary results.

Source: DoHA (unpublished); 2008 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, 2005-06 (per cent) (a), (b), (c)

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

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

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

(c) 2005-06 data are preliminary results.

Source: DoHA (unpublished); 2008 Report, table 11A.6.

Table 11A.4

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 2006 (number) (a), (b), (c)

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

(a) Preliminary results.

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

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

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

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

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

– Nil or rounded to zero.

Source: DoHA (unpublished); 2008 Report, table 11A.7.

Table 11A.5

Table 11A.5 Voluntary annual health assessments for older people by Indigenous status, 2006-07 (a) (b)

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

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

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

(c) Includes Other Territories.

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

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

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

Source: Medicare Australia (unpublished), Medicare Benefits Schedule (MBS) Item Statistics Reports. http://www.medicareaustralia.gov.au/statistics/dyn_mbs/forms/mbs_tab4.shtml (accessed 20 September 2007); ABS (2004, 2006a, 2006b), *Experimental estimates and projections, Aboriginal and Torres Strait Islander Australians*, Cat no. 3238.0; *Australian Demographic Statistics June Quarter 2006*, Cat no. 3101.0; *Population projections Australia, 2004 to 2101*, Cat no. 3222.0; 2008 Report, table 11A.16.

Table 11A.6

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

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

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

(c) Includes Other Territories.

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

Source: Medicare Australia (unpublished), Medicare Benefits Schedule (MBS) Item Statistics Reports. http://www.medicareaustralia.gov.au/statistics/dyn_mbs/forms/mbs_tab4.shtml (accessed 20 September 2007); ABS (2004), *Experimental estimates and projections, Aboriginal and Torres Strait Islander Australians*, Cat no. 3238.0, Canberra; 2008 Report, table 11A.17.

Table 11A.7

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

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

(b) Includes Other Territories.

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

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

Source: Medicare Australia statistics, http://www.medicareaustralia.gov.au/providers/health_statistics/statistical_reporting/medicare.shtml, website accessed 20 September 2007; ABS (2004), *Experimental estimates and projections, Aboriginal and Torres Strait Islander Australians*, Cat. no. 3238.0, Canberra; 2008 Report, table 11A.18.

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

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

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

(b) 2005-06 data are preliminary results.

Source: DoHA (unpublished); 2008 Report, table 11A.19.

Table 11A.9

Table 11A.9 Valid vaccinations supplied to children under seven years of age, by type of provider, 1996–2007 (a), (b), (c)

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

Table 11A.9

Table 11A.9 Valid vaccinations supplied to children under seven years of age, by type of provider, 1996–2007 (a), (b), (c)

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

(a) 1 January 1996 to 30 June 2007.

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

(c) Data reported by the State or Territory in which the immunisation provider is located.
– Nil or rounded to zero.

Source: DoHA (unpublished); 2008 Report, table 11A.33.

Table 11A.10

Table 11A.10 Ratio of separations for Indigenous males to all males, 2005-06 (a), (b), (c), (d), (e)

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

Table 11A.10

Table 11A.10 Ratio of separations for Indigenous males to all males, 2005-06 (a), (b), (c), (d), (e)

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

Table 11A.10

Table 11A.10 **Ratio of separations for Indigenous males to all males, 2005-06 (a), (b), (c), (d), (e)**

<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Total (b)</i>
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(a) Excludes separations with a care type of Newborn without qualified days, and records for Hospital boarders and Posthumous organ procurement.

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

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

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

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

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

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

na Not available. np Not published.

Source: AIHW (unpublished); 2008 Report, table 11A.41.

Table 11A.11

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

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

Table 11A.11

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

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

Table 11A.11

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

<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Total (b)</i>
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(a) Excludes separations with a care type of Newborn without qualified days, and records for Hospital boarders and Posthumous organ procurement.

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

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

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

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

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

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

na Not available. np Not published.

Source: AIHW (unpublished); 2008 Report, table 11A.42.

Table 11A.12

Table 11A.12 New South Wales, community health services programs

Programs funded by the NSW Government during 2006-07

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

Table 11A.12

Table 11A.12 New South Wales, community health services programs

Programs funded by the NSW Government during 2006-07

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

Table 11A.12

Table 11A.12 New South Wales, community health services programs

Programs funded by the NSW Government during 2006-07

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

Table 11A.12

Table 11A.12 New South Wales, community health services programs

Programs funded by the NSW Government during 2006-07

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

Source: NSW Government (unpublished), 2008 Report, table 11A.48.

Table 11A.13

Table 11A.13 Victoria, community health services programs

Programs funded by the Victorian Government during 2006-07

<i>Program</i>	<i>Description</i>	<i>How the programs were dealt with in a budgetary context</i>	<i>Reporting associated with the programs</i>
Community Health	<p>The Community Health Program is implemented through Community Health Services (CHSs) by over 120 agencies operating from more than 300 sites across Victoria. CHSs play an important role in preventive, rehabilitative, maintenance and support services for people with complex conditions and chronic illnesses. In addition, CHSs are also major providers of Home and Community Care Services, Dental, General Practice, Drugs Program, Disability and other State and Commonwealth programs.</p>	<p>These services are funded under the Primary Health Funding Approach. Currently, the Approach includes three components, namely:</p> <ul style="list-style-type: none"> (1) direct care, (2) health promotion, and (3) development and resourcing. 	<p>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.</p>
	<p>Within the Program, there are specific programs targeting young people, for instance, Innovative Health Services for Homeless Youth and Suicide Prevention.</p>		
	<p>Currently, there are also initiatives to complement the Program, namely:</p> <ul style="list-style-type: none"> - General Practitioners in CHSs Strategy - Aboriginal Health Promotion and Chronic Care Partnership - Refugee Health Nurses - Early Intervention in Chronic Disease - Child Health Teams - Diabetics Self Management 		

Table 11A.13

Table 11A.13 Victoria, community health services programs

Programs funded by the Victorian Government during 2006-07

<i>Program</i>	<i>Description</i>	<i>How the programs were dealt with in a budgetary context</i>	<i>Reporting associated with the programs</i>
Community Health (continued)	<p>The Community Health Program is underpinned by the Primary Care Partnership (PCP) Strategy which is a major reform in the way primary care and community support services are delivered. The strategy aims to improve the overall health and wellbeing of Victorians by improving the experience and outcomes for people who use primary care services and reducing the preventable use of hospital, medical and residential services. Integrated health promotion, service coordination and integrated chronic disease management are the three core PCP activities.</p>		
Women's Health	<p>The Women's Health Program aims to improve the health and wellbeing of all Victorian women (with an emphasis on those most at risk), through developing and disseminating health information and research. The Program works directly with women and in partnership with other organisations.</p>	<p>These services are funded under the Primary Health Funding Approach to provide health promotion.</p>	<p>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.</p>

Table 11A.13

Table 11A.13 Victoria, community health services programs

Programs funded by the Victorian Government during 2006-07

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

Table 11A.13

Table 11A.13 Victoria, community health services programs

Programs funded by the Victorian Government during 2006-07

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

Table 11A.13

Table 11A.13 Victoria, community health services programs

Programs funded by the Victorian Government during 2006-07

Program	Description	How the programs were dealt with in a budgetary context	Reporting associated with the programs
Telephone Counselling	The initiative provides telephone counselling 24 hours a day, 7 days per week to provide individuals with support, information and referral.	Funding is provided to support seven Lifeline sites and one site for a statewide suicide prevention telephone counselling line. The Commonwealth also contributes substantial funding to Lifeline.	Quantitative performance targets are set by the Department and monitored through various reporting mechanisms to demonstrate program delivery. Quarterly reporting intervals are in place.
Drug Services	Provides a range of drug treatment services including withdrawal, rehabilitation, counselling and supported accommodation for people with substance abuse problems. These treatment services are also provided to offenders 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 Illicit Drug Strategy, Drug Diversion and Needle and Syringe Programs.

Table 11A.13 Victoria, community health services programs

Programs funded by the Victorian Government during 2006-07

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

Table 11A.13

Table 11A.13 Victoria, community health services programs

Programs funded by the Victorian Government during 2006-07

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

Source: Victorian Government (unpublished); 2008 Report, table 11A.49.

Table 11A.14

Table 11A.14 Queensland, community health services programs

Programs funded by the Queensland Government during 2006-07

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

Table 11A.14

Table 11A.14 Queensland, community health services programs

Programs funded by the Queensland Government during 2006-07

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

Table 11A.14

Table 11A.14 Queensland, community health services programs

Programs funded by the Queensland Government during 2006-07

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

Source: Queensland Government (unpublished); 2008 Report, table 11A.50.

Table 11A.15

Table 11A.15 Western Australia, community health services programs

Programs funded by the WA Government during 2006-07

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

Table 11A.15

Table 11A.15 Western Australia, community health services programs

Programs funded by the WA Government during 2006-07

Program	Description	How the programs were dealt with in a budgetary context	Reporting associated with the programs
At Risk Youth	<p>The joint Commonwealth-State Innovative Health Services for Homeless Youth program (IHSY) funds services for marginalised and at risk young people. Services include Street Doctor, support for adolescent mothers, support for at risk upper primary students, and other services for young people with complex and challenging needs. Most services are mobile or outreach based, while some are delivered in the school environment. A high proportion of clients are Indigenous.</p>	<p>The Department of Health negotiates with non-government organisations and area/regional health services, utilising service agreements and service specifications. Funding is provided directly to non-government organisations and individual Area Health Services.</p>	<p>Quantitative and qualitative data are collected from services. Program measures include client numbers.</p>
School Dental Service	<p>The School Dental Service provides free dental care to school children throughout the State ranging from pre-primary through to Year 11 and to Year 12 in remote localities. Care is provided by dental therapists under the supervision of dental officers from fixed and mobile dental clinics located at schools throughout the State.</p> <p>The program incorporates preventive strategies, which include oral health education for school children. Non-general and specialist services are referred to the private sector where a child is eligible to a Government clinic for subsidised care.</p>	<p>The Department of Health negotiates with Dental Health Services branch to provide funding directly to maintain the program.</p>	<p>Program measures include:</p> <ul style="list-style-type: none"> • Number of children enrolled and under care. • Dental Health status i.e. number of decayed / missing / filled teeth. • Average cost of service per child.

Table 11A.15

Table 11A.15 Western Australia, community health services programs

Programs funded by the WA Government during 2006-07

Program	Description	How the programs were dealt with in a budgetary context	Reporting associated with the programs
Subsidised Dental Care Program	<p>Dental care is provided to eligible financially disadvantaged people (pensioners and other recipients of benefit / allowance from Centrelink or Department of Veteran Affairs) via</p> <ul style="list-style-type: none"> • Public Dental Clinics Metropolitan and Country. • Private practitioners participating in the Metropolitan and Country Patients' Dental Subsidy Schemes and the Private Orthodontic Subsidy Scheme. • In addition, a Domiciliary Unit provides dental care for housebound patients. Dental care is also provided for special groups and institutionalised people. • Aged Care Dental Program. This program provides dental care to residents of Registered Aged Care Facilities. Residents are eligible to receive annual free dental examinations and a care plan. Further treatment needs are advised and referral to an appropriate provider given. Ongoing treatment is through one of the Government programs for eligible residents. 	<p>The Department of Health negotiates with Dental Health Services branch to provide funding directly to maintain the program.</p>	<p>Program measures include:</p> <ul style="list-style-type: none"> • Access to dental treatment for eligible people. • Average waiting times. • Average cost of completed courses of adult dental care.

Source: WA Government (unpublished); 2008 Report, table 11A.51.

Table 11A.16

Table 11A.16 South Australia, community health services programs

Programs funded by the SA Government during 2006-07

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

Table 11A.16

Table 11A.16 South Australia, community health services programs

Programs funded by the SA Government during 2006-07

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

Table 11A.16

Table 11A.16 South Australia, community health services programs

Programs funded by the SA Government during 2006-07

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

Table 11A.16

Table 11A.16 South Australia, community health services programs

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

Table 11A.16

Table 11A.16 South Australia, community health services programs

Programs funded by the SA Government during 2006-07

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

Table 11A.16

Table 11A.16 South Australia, community health services programs

<i>Programs funded by the SA Government during 2006-07</i>	<i>Description</i>	<i>How the programs were dealt with in a budgetary context</i>	<i>Reporting associated with the programs</i>
Physiotherapy	Provide services to inpatients and outpatients. Paediatric services are provided.		
Podiatry	Foot care clinics are provided. The department also offers special insoles and orthoses if required.		
Speech Pathology	Paediatric services for speech and language difficulties from 0–4 years. Any age for swallowing, feeding and voice difficulties. Adults with communication issues.		
Drug and Alcohol Treatment			
Drug and Alcohol services	Counselling, support and education for youth and communities at risk.		
Community Health Services			
GP Plus Health Networks	GP Plus Health Networks continue to be implemented by the regional health services to provide systems of integrated care in partnership with a range of primary care partners. Accountable partnerships between health service regions and general practice and other non-government providers have been created through Memoranda of Understanding. Networks have been working with these partners to develop new care pathways which redefine clinician and service roles and responsibilities for target chronic diseases.		

Table 11A.16

Table 11A.16 South Australia, community health services programs

Programs funded by the SA Government during 2006-07

<i>Program</i>	<i>Description</i>	<i>How the programs were dealt with in a budgetary context</i>	<i>Reporting associated with the programs</i>
Hospital Avoidance	<p>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.</p>		
Home Supported Discharge	<p>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.</p>		

Table 11A.16

Table 11A.16 South Australia, community health services programs
Programs funded by the SA Government during 2006-07

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

Source: SA Government (unpublished); 2008 Report, table 11A.52.

Table 11A.17

Table 11A.17 Tasmania, community health services programs

Programs funded by the Tasmanian Government during 2006-07

Program	Description	How the programs were dealt with in a budgetary context	Reporting associated with the programs
Primary Health	<p>Primary Health brings together a wide range of community and rural health services to meet the needs of both individuals and local communities. Services are provided to develop and support communities and to help people maintain or improve levels of physical functioning or independence in the community. Primary Health also incorporates a range of rural-based acute and sub-acute services.</p> <p>Primary Health delivery broadly comprises three service streams. Aged, Rural and Community Health provides a range of community and rural health and care services. Community Assessment and Care Management combines community-based rehabilitation and allied health services including assessment and case management services, consultancy continence services, orthotics and prosthetics services and an equipment scheme. Palliative Care Services provides interdisciplinary care, consultancy, support and advice to people living with life-limiting illnesses, and their families.</p>	<p>The service is provided in accordance with the Tasmanian Government's Output Budgeting framework. Services are funded through identified outputs within the DHHS budget.</p>	<p>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.</p>

Table 11A.17

Table 11A.17 Tasmania, community health services programs

Programs funded by the Tasmanian Government during 2006-07

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

Table 11A.17

Table 11A.17 Tasmania, community health services programs

Programs funded by the Tasmanian Government during 2006-07

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

Source: Tasmanian Government (unpublished); 2008 Report, table 11A.53.

Table 11A.18

Table 11A.18 Australian Capital Territory, community health services programs

Programs funded by the ACT Government during 2006-07

<i>Program</i>	<i>Description</i>	<i>How the programs were dealt with in a budgetary context</i>	<i>Reporting associated with the programs</i>
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.18

Table 11A.18 Australian Capital Territory, community health services programs

Programs funded by the ACT Government during 2006-07

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

Source: ACT Government (unpublished); 2008 Report, table 11A.54.

Table 11A.19

Table 11A.19 Northern Territory, community health services programs

<i>Programs funded by the NT Government during 2006-07</i>		
<i>Program</i>	<i>Description</i>	<i>How the programs were dealt with in a budgetary context</i>
Remote Health	<p>Primary health care (PHC) services are delivered to the remote population of the Northern Territory through a network of 54 Remote Health Centres. Core PHC services include 24-hour emergency services, primary clinical care, population health programs, access to retrieval services, medical and allied health specialist services, and provision of essential medications.</p>	<p>These services are funded through an identified program within the NT Department of Health and Community Services budget.</p>
Maternal/Child/Youth Health Services	<p>Child health services such as growth promotion and monitoring, vaccination, general child health advice and support are provided by registered nurses in town-based community care centres and by nurses and Aboriginal Health Workers in remote community health centres. Remote health staff are supported by visiting child health nurses, Aboriginal Health Workers and District Medical Officers, and some communities have a resident community child health worker.</p>	<p>These services are funded through an identified program within the NT Department of Health and Community Services budget.</p>
		<p>Reporting associated with the programs</p> <p>Performance targets against key functions of Community Health and Public Health Services. Financial reports are published in Department of Health and Community Services Annual Report. Currently the Department of Health and Community Services is working with the Commonwealth Office of Aboriginal and Torres Strait Islander Health in the development of core primary health care indicators that will be collected by Government and non-Government remote primary health care providers beginning July 2008.</p> <p>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.</p>

Table 11A.19

Table 11A.19 Northern Territory, community health services programs

<i>Programs funded by the NT Government during 2006-07</i>	
<i>Program</i>	<i>Description</i>
<i>How the programs were dealt with in a budgetary context</i>	
<i>Reporting associated with the programs</i>	
Maternal/Child/Youth Health Services (continued)	Antenatal care is available in all remote health centres and enhanced by the Strong Women, Strong Babies, Strong Culture Program. Outreach midwives boost pregnancy care in remote communities. Their role includes staff training and support and clinical services.
Oral Health Services	Oral Health Services provides oral health promotion, screening and treatment to all children up to school-leaving age. Services to eligible adults are provided from remote community health centres and town-based clinics.
Preventable Chronic Disease Services	Preventable Chronic Disease Services provides policy and professional advice and support to health professionals in both government and non-government services across the NT. This involves providing direction about early detection and management of chronic diseases, including the development of clinical guidelines, health systems, registers and recall systems, and quality improvement processes. The program also provides direction and support for primary prevention and health promotion.
	These services are funded through an identified program within the NT Department of Health and Community Services budget.
	Performance targets against key functions of Community Health and Public Health Services. Financial reports are published in Department of Health and Community Services Annual Report.
	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.19

Table 11A.19 Northern Territory, community health services programs

<i>Programs funded by the NT Government during 2006-07</i>	
<i>Program</i>	<i>Description</i>
	<i>How the programs were dealt with in a budgetary context</i>
	<i>Reporting associated with the programs</i>
Public Health Nutrition and Physical Activity services	Public health nutritionists provide training and support to primary health care teams to assist in the promotion of good nutrition to the community and in management of people with nutrition related conditions. In the urban areas, they offer individual and group consultations through community care centres. They also work with people outside the health sector to promote improved nutrition and better food supply, for example remote community stores.
	These services are funded through an identified program within the NT Department of Health and Community Services budget.
	Performance targets against key functions of Community Health and Public Health Services. Financial reports are published in Department of Health and Community Services Annual Report.
Health Promotion Strategy Unit	Health Promotion Strategy Unit is leading the development of a structured systems approach to improving the design, delivery and evaluation of health promotion interventions with the aim of enhancing the effectiveness of health promotion and prevention strategies. This includes the development of a health promotion audit tool to capture evidence of the delivery and quality of community based health promotion interventions.
	These services are funded through an identified program within the NT Department of Health and Community Services budget.
	Performance targets against key functions of Community Health and Public Health Services. Financial reports are published in Department of Health and Community Services Annual Report.
Women's Health Strategy Unit	Women's Health Strategy Unit develops strategic directions in partnership with community stakeholders. Specific focus in the past year included domestic violence screening tools, drink spiking education, maternal health services development, and female genital mutilation.
	These services are funded through an identified program within the NT Department of Health and Community Services budget.
	Performance targets against key functions of Community Health and Public Health Services. Financial reports are published in Department of Health and Community Services Annual Report.

Table 11A.19

Table 11A.19 Northern Territory, community health services programs

Programs funded by the NT Government during 2006-07	
Program	Description
Urban Community Health Services	Urban Community Health Services provides a range of health promotion strategies, primary health care, including palliative care, community nursing, home birthing, child and family services to all residents of major NT centres, including Darwin, Nhulunbuy, Katherine, Tennant Creek and Alice Springs. Services are provided from Community Health Centres and in the community including in clients' homes.
School Health Services	School Health Services provide expertise to the curriculum in particular the middle years of schooling for well being, nutrition/physical activity, sexual health education, alcohol and other drugs and chronic diseases, and provide health and well being education and support to students, and the school community, including parents and staff.
Well Women's Cancer Screening	Well Women's Cancer Screening incorporates BreastScreen NT and Cervical Cancer screening.

How the 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 programs

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

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

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.19

Table 11A.19 Northern Territory, community health services programs

Programs funded by the NT Government during 2006-07	
Program	Description
	<p><i>How the programs were dealt with in a budgetary context</i></p> <p>These services are funded through an identified program within the NT Department of Health and Community Services budget.</p>
Women's Health Strategy Unit	<p>Women's Health Strategy Unit develops strategic directions in partnership with community stakeholders. Specific focus in the past year included domestic and family violence policy development and employment of a coordinator of the Women's Information Centre in Alice Springs.</p>
	<p><i>Reporting associated with the programs</i></p> <p>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.</p>
Hearing Services	<p>Hearing services are provided across the NT including diagnostic audiological and audiometric services.</p>
	<p>These services are funded through an identified program within the NT Department of Health and Community Services budget.</p>
	<p>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.</p>
Australian Bat Lyssavirus Pre and Post Exposure Prophylaxis (and rabies post exposure) Service	<p>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.</p>
	<p>These services are funded through an identified program within the NT Department of Health and Community Services budget.</p>
	<p>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.</p>

Table 11A.19

Table 11A.19 Northern Territory, community health services programs

Programs funded by the NT Government during 2006-07

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

Source: NT Government (unpublished); 2008 Report, table 11A.55.