

# 10A Primary and community health — attachment

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

	<i>NSW and ACT</i>	<i>Vic and Tas</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>NT</i>	<i>Aust</i>
1998-99	27	22	18	19	7	17	110
1999-2000	25	23	24	19	8	18	117
2000-01	27	21	24	21	8	23	124
2001-02	24	24	25	21	8	26	128

(a) Service activity reports collect data from Australian Government funded Aboriginal and Torres Strait Islander primary healthcare services. Many of the surveyed services receive additional funding from State and Territory governments and other sources.

(b) The number of services that provide SAR data has changed each year. This change is due to new Australian Government funded primary healthcare services opening and existing services gaining Australian Government funding. In addition, a decision is sometimes made to include existing Australian Government funded services that might previously have been excluded because of the type of service that they provided, or there might have been a change to their reporting arrangements.

Source: DHA (unpublished); 2005 Report, table 10A.4.

Table 10A.2

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

	<i>Highly accessible</i>	<i>Accessible</i>	<i>Moderately accessible</i>	<i>Remote</i>	<i>Very remote</i>	<i>Total</i>
<b>Services</b>						
1998-99	32	25	12	11	30	110
1999-2000	34	25	12	11	35	117
2000-01	34	28	11	12	39	124
2001-02	37	27	11	16	37	128
<b>Episodes of healthcare (d)</b>						
1998-99	321 302	262 039	50 477	105 506	321 933	1 061 257
1999-2000	402 863	258 103	65 465	137 803	358 980	1 223 214
2000-01	437 119	300 512	61 552	174 079	369 209	1 342 471
2001-02	459 670	312 921	58 930	256 040	317 300	1 404 861

- (a) Service activity reports collect data from Australian Government funded Aboriginal and Torres Strait Islander primary healthcare services. Many of the surveyed services receive additional funding from State and Territory governments and other sources.
- (b) The number of services that provide SAR data has changed each year. This change is due to new Australian Government funded primary healthcare services opening and existing services gaining Australian Government funding. In addition, a decision is sometimes made to include existing Australian Government funded services that might previously have been excluded because of the type of service that they provided, or there might have been a change to their reporting arrangements.
- (c) An episode of healthcare involves contact between an individual client and a service by one or more staff, for the provision of healthcare. Group work is not included. Transport is included only if it involves provision of healthcare/information by staff. Episodes of healthcare provided at outreach locations are included — for example, episodes at outstation visits, park clinics and satellite clinics — as are episodes delivered over the phone.
- (d) The episodes of healthcare data for 2001-02 are estimates.

Source: DHA (unpublished); 2005 Report, table 10A.5.

**Table 10A.3 Proportion of services for which service activity reporting (SAR) data is reported that undertook selected health related activities, 2001-02 (per cent) (a)**

Diagnosis and treatment of illness/disease	84
Management of chronic illness	74
Transportation to medical appointments	95
Outreach clinic services	68
24 hour emergency care	30
Monitoring child growth	76
School-based activities	84
Hearing screening	72
Pneumococcal immunisation	84
Influenza immunisation	86
Child immunisation	84
Women's health group	88
Support for public housing issues	60
Community development work	70
Legal/police/prison/advocacy services	63
Dental services	53
Involvement in steering groups on health	84
Participation in regional planning forums	66
Dialysis services	4

(a) Service activity reports collect data from Australian Government funded Aboriginal and Torres Strait Islander primary healthcare services. Many of the surveyed services receive additional funding from State and Territory governments and other sources.

Source: DHA (unpublished); 2005 Report, table 10A.6.

Table 10A.4

Table 10A.4 **Full time equivalent health staff employed by services for which service activity reporting (SAR) data is reported, 2001-02 (number)**  
(a)

	<i>Indigenous staff</i>	<i>Non-Indigenous staff</i>	<i>Total staff</i>
Aboriginal health workers	627	24	651
Doctors	4	169	173
Nurses	37	208	245
Specialists	1	2	3
Qualified counsellors/social workers	59	51	110
Allied health professionals	1	15	16
Dentists	3	32	35
Dental assistants	37	14	51
Traditional healers	18	0	18
Substance misuse workers	52	10	62
Environmental health workers	27	7	34
Driver/field officers	105	10	115
Other health staff (b)	65	23	88
<b>Total health staff</b>	<b>1 036</b>	<b>565</b>	<b>1 601</b>

(a) Service activity reports collect data from Australian Government funded Aboriginal and Torres Strait Islander primary healthcare services. Many of the surveyed services receive additional funding from State and Territory governments and other sources.

(b) Other health staff includes: hearing coordinators, eye health staff, nutrition staff, social health staff, hospital liaison staff, masseurs, ante natal and maternal child health workers, mental health staff, and needle and syringe project officers.

Source: DHA (unpublished); 2005 Report, table 10A.7.

Table 10A.5

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

<i>Problems managed</i>	<i>Encounters with Indigenous people</i>				<i>All encounters</i>			
	<i>Problems (a)</i>	<i>Rate (n=1375) (b)</i>	<i>95% LCL (c)</i>	<i>95% UCL (c)</i>	<i>Problems (a)</i>	<i>Rate (n=100 987) (b)</i>	<i>95% LCL (c)</i>	<i>95% UCL (c)</i>
	no.	no. per 100 encounters	no. per 100 encounters	no. per 100 encounters	no.	no. per 100 encounters	no. per 100 encounters	no. per 100 encounters
2002-03								
Diabetes, nongestational (d)	126	9.2	6.8	11.5	2 936	4.6	4.2	5.1
Hypertension (d)	111	8.1	5.6	10.5	8 935	8.9	8.4	9.3
Upper respiratory tract infection	65	4.7	3.4	6.0	6 451	6.4	5.9	6.8
Asthma	52	3.8	2.7	4.6	2 752	2.7	2.5	2.9
Acute bronchitis/bronchiolitis	52	3.8	2.6	4.9	2 599	2.6	2.3	2.8
Depression (d)	50	3.6	2.7	4.6	3 560	3.5	3.3	3.8
Immunisation all (d)	41	3.0	1.9	4.0	4 678	4.6	4.2	5.1
Acute otitis media/myringitis	38	2.8	1.5	4.0	1 314	1.3	1.1	1.5
Back complaint (d)	35	2.6	1.6	3.5	2 624	2.6	2.3	2.8
Pre/post natal check (d)	29	2.1	1.1	3.1	800	0.8	0.4	1.2
Anxiety	15	1.1	0.4	1.8	1 562	1.6	1.4	1.7
Urinary tract infection (d)	28	2.0	1.2	2.9	1 686	1.7	1.6	1.8
Tonsillitis	18	1.3	0.6	2.1	1 134	1.1	0.9	1.3
Sprain/strain (d)	28	2.0	1.1	3.0	1 702	1.7	1.5	1.9
Pregnancy (d)	20	1.5	0.7	2.2	855	0.9	0.6	1.1
General check-up (d)	23	1.7	0.7	2.6	1 952	1.9	1.7	2.1
Boil/carbuncle	21	1.5	0.9	2.2	532	0.5	0.5	0.6
Subtotal	752	37.0	..	..	46 072	27.4	..	..
<b>Total problems</b>	<b>2 033</b>	<b>147.9</b>	<b>137.0</b>	<b>158.7</b>	<b>146 336</b>	<b>144.9</b>	<b>143.0</b>	<b>146.8</b>
Number of encounters	1 375	..	..	..	100 987	..	..	..

Table 10A.5

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

<i>Problems managed</i>	<i>Encounters with Indigenous people</i>				<i>All encounters</i>			
	<i>Problems (a)</i>	<i>Rate (n=1375) (b)</i>	<i>95% LCL (c)</i>	<i>95% UCL (c)</i>	<i>Problems (a)</i>	<i>Rate (n=100 987) (b)</i>	<i>95% LCL (c)</i>	<i>95% UCL (c)</i>
1998-99 — 2002-03								
Diabetes, non-gestational (d)	389	7.1	6.0	8.2	14 019	2.8	2.7	2.9
Hypertension (d)	368	6.7	5.7	7.7	44 315	8.8	8.6	9.0
Upper respiratory tract infection	310	5.7	4.8	6.5	30 348	6.0	5.9	6.2
Asthma	236	4.3	3.6	5.0	14 492	2.9	2.8	3.0
Acute bronchitis/bronchiolitis	210	3.8	3.2	4.5	13 853	2.8	2.7	2.8
Depression (d)	185	3.4	2.9	3.9	19 008	3.8	3.7	3.9
Immunisation all (d)	180	3.3	2.6	3.9	24 195	4.8	4.6	5.0
Acute otitis media/myringitis	167	3.1	2.5	3.6	7 126	1.4	1.4	1.5
Back complaint (d)	120	2.2	1.7	2.6	13 234	2.6	2.5	2.7
Pre/post natal check (d)	112	2.1	1.5	2.5	4 785	1.0	0.9	1.0
Anxiety	103	1.9	1.4	2.3	8 737	1.7	1.7	1.8
Urinary tract infection (d)	102	1.9	1.5	2.3	8 515	1.7	1.7	1.7
Tonsillitis	98	1.8	1.4	2.2	5 921	1.2	1.1	1.2
Sprain/strain (d)	91	1.7	1.3	2.1	8 875	1.8	1.7	1.8
Pregnancy (d)	89	1.6	1.2	2.0	4 218	0.8	0.8	0.9
General check-up (d)	88	1.6	1.2	2.1	9 431	1.9	1.8	1.9
Boil/carbuncle	84	1.5	1.1	2.0	2 410	0.5	0.5	0.5
Subtotal	2 932	36.2	..	..	233 482	31.4	..	..
<b>Total problems</b>	<b>8 086</b>	<b>147.7</b>	<b>143.7</b>	<b>151.6</b>	<b>743 625</b>	<b>148.1</b>	<b>147.3</b>	<b>148.9</b>
Number of encounters	5 476	..	..	..	502 100	..	..	..

Table 10A.5

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

<i>Problems managed</i>	<i>Encounters with Indigenous people</i>				<i>All encounters</i>			
	<i>Problems (a)</i>	<i>Rate (n=1375) (b)</i>	<i>95% LCL (c)</i>	<i>95% UCL (c)</i>	<i>Problems (a)</i>	<i>Rate (n=100 987) (b)</i>	<i>95% LCL (c)</i>	<i>95% UCL (c)</i>

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

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

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

(d) Includes multiple primary care classification codes.

.. Not applicable.

Source: Britt, H., Miller, G.C., Knox, S., Charles, J., Valenti, L., Henderson, J., Pan, Y., Bayram, C. and Harrison C. 2003, *General Practice Activity in Australia 2002-03*, Cat. no. GEP 14, Australian Institute of Health and Welfare, Canberra; 2005 Report, table 10A.9.



Table 10A.6

Table 10A.6 Practice location of GPs who saw Indigenous people compared with total GP sample

Practice location	2002-03			1998-99 — 2002-03		
	GPs who saw Indigenous people		Total GP sample	GPs who saw Indigenous people		Total GP sample
	Number	Per cent of GPs (n=317) (a)	Per cent of GPs (n=1008) (a)	Number	Per cent of GPs (n=1354) (a), (b)	Per cent of GPs (n=5021) (a), (b)
Capital	161	50.8	64.7	708	52.3	67.1
Other metropolitan	33	10.4	8.5	106	7.8	7.7
Large rural	26	8.2	5.1	131	9.7	6.1
Small rural	36	11.4	7.7	133	9.8	6.1
Other rural	47	14.8	12.0	222	16.4	11.6
Remote central	4	1.3	0.6	25	1.8	0.6
Other remote, offshore	10	3.2	1.4	29	2.1	0.9

(a) Missing data removed.

(b) Unweighted data.

Source: Britt, H., Miller, G.C., Knox, S., Charles, J., Valenti, L., Henderson, J., Pan, Y., Bayram, C. and Harrison C. 2003, *General Practice Activity in Australia 2002-03*, Cat. no. GEP 14, Australian Institute of Health and Welfare, Canberra; 2005 Report, table 10A.10.

Table 10A.7

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

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

*Source:* Britt, H., Miller, G.C., Knox, S., Charles, J., Valenti, L., Henderson, J., Pan, Y., Bayram, C. and Harrison C. 2003, *General Practice Activity in Australia 2002-03*, Cat. no. GEP 14, Australian Institute of Health and Welfare, Canberra; 2005 Report, table 10A.11.

Table 10A.8

Table 10A.8 **Summary of patient morbidity and management at encounters with Indigenous Australians and in the total**

	<i>Encounters with Indigenous people</i>				<i>All encounters</i>				
	<i>Number</i>	<i>Rate</i>	<i>95% LCL (a)</i>	<i>95% UCL (a)</i>	<i>Number</i>	<i>Rate</i>	<i>95% LCL (a)</i>	<i>95% UCL (a)</i>	
	no.	no. per 100 encounters	no. per 100 encounters	no. per 100 encounters	no.	no. per 100 encounters	no. per 100 encounters	no. per 100 encounters	
<b>2002-03</b>									
Reasons for encounter	1 968	143.1	134.9	151.3	152 341	150.9	149.0	152.7	
Problems managed	2 033	147.9	137.0	158.7	146 336	144.9	143.0	146.8	
New problems	832	60.5	53.9	67.2	57 509	57.0	55.6	58.3	
Medications	1 576	114.6	99.6	129.7	104 813	103.8	101.4	106.2	
Prescribed	1 118	81.3	67.2	95.4	85 161	84.3	81.8	86.9	
Advised OTC (b)	88	6.4	4.2	8.6	10 270	10.2	9.2	11.1	
GP supplied	370	26.9	3.6	50.2	9 382	9.3	7.6	11.0	
Other treatments	902	65.6	54.6	76.6	52 292	51.8	49.3	54.3	
Clinical	667	48.5	38.0	59.0	37 543	37.2	35.0	39.4	
Procedural	235	17.1	14.4	19.7	14 748	14.6	13.9	15.3	
Referrals	191	13.9	10.9	16.9	11 254	11.1	10.7	11.6	
Specialist	86	6.3	4.8	7.7	7 743	7.7	7.3	8.0	
Allied health services	58	4.2	2.7	5.7	2 536	2.5	2.3	2.8	
Pathology	644	46.8	36.7	57.0	33 234	32.9	31.5	34.4	
Imaging	114	8.3	5.8	10.8	8 678	8.6	8.2	9.0	
<b>1998-99 — 2002-03</b>									
Problems managed	7 968	145.5	142.1	148.9	753 925	150.2	149.5	150.8	
New problems	8 086	147.7	143.7	151.6	743 625	148.1	147.3	148.9	
Work related	3 094	56.5	52.9	60.1	257 027	51.2	50.6	51.8	
Medications	6 343	115.8	110.0	121.7	534 826	106.5	105.5	107.5	
Prescribed	4 970	90.8	83.8	97.8	449 013	89.4	88.4	90.4	
Advised OTC (b)	337	6.2	5.2	7.1	45 141	9.0	8.7	9.2	
GP supplied	1 036	18.9	11.4	26.4	40 672	8.1	7.7	8.5	
Other treatments	2 915	53.2	48.1	58.4	255 617	50.9	50.0	51.8	
Clinical	2 218	40.5	36.0	45.0	186 268	37.1	36.3	37.9	
Procedural	697	12.7	11.2	14.3	69 349	13.8	13.5	14.1	

Table 10A.8

Table 10A.8 **Summary of patient morbidity and management at encounters with Indigenous Australians and in the total**

	<i>Encounters with Indigenous people</i>				<i>All encounters</i>			
	<i>Number</i>	<i>Rate</i>	<i>95% LCL (a)</i>	<i>95% UCL (a)</i>	<i>Number</i>	<i>Rate</i>	<i>95% LCL (a)</i>	<i>95% UCL (a)</i>
Referrals	..	..	..	..	..	..	..	..
Specialist	..	..	..	..	..	..	..	..
Allied health services	..	..	..	..	..	..	..	..
Pathology	..	..	..	..	..	..	..	..
Imaging	..	..	..	..	..	..	..	..

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

(b) OTC = over the counter.

.. Not applicable.

Source: Britt, H., Miller, G.C., Knox, S., Charles, J., Valenti, L., Henderson, J., Pan, Y., Bayram, C. and Harrison C. 2003, *General Practice Activity in Australia 2002-03*, Cat. no. GEP 14, Australian Institute of Health and Welfare, Canberra; 2005 Report, table 10A.12.

Table 10A.9

**Australian Government****Table 10A.9 Community health services programs***Programs funded by the Australian Government during 2003-04*

<i>Program</i>	<i>Description</i>
1 Regional Health Services (RHS)	The RHS provides funding to local communities to identify local primary health priorities and develop and support services relating to these priorities. Programs to date include illness and injury prevention, palliative care, women's health, children's services and mental health.
2 Contribution to the National Aboriginal Community Controlled Health Organisation (NACCHO) for GP policy and advocacy	The Primary Care Division supports NACCHO in relation to consultation, program implementation, training and promotion of general practice in Indigenous health.
3 Professional and personal support to GPs working in Indigenous health	The Department is progressing a proposal from the RACGP to undertake a range of projects aimed at facilitating professional and personal support to GPs and GP registrars working in Aboriginal and Torres Strait Islander communities.
4 More Allied Health Services (MAHS) Program	This Program operates through Divisions of General Practice to improve access by rural and remote communities to a range of additional allied health professionals.
5 Family Planning Program	This Program covers a range of sexual and reproductive health services through the provision of highly specialised clinical, education and counselling services to high risk population groups and sexual and reproductive health education and training for health and other professionals.
6 Rural Chronic Disease Initiative (RCDI)	This initiative develops and implements local processes and models of chronic disease and injury prevention and management using community development principles for small rural communities.
7 National Falls Prevention for Older People	This Program provides community information services on how to prevent falls and the development of training packages for nurses.

Table 10A.9

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*How the above programs were dealt with in a budgetary context*

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- 1 The RHS programs are part of a 2000 Federal Budget Initiative: Regional Health Strategy, and so are funded through an identified program in the DHA Budget.
- 2 & 3 Not applicable.
- 4 Funding for the MAHS Program was announced in the 2000 Federal Budget as part of the Regional Health Strategy: More Doctors, Better Services. Funding for the Program after 2003-04 will be subject to Parliamentary appropriation.
- 5 The Program's funding is from Bill 1.
- 6 In the 2000-01 Budget, the RCDI was allocated \$14.2 million over four years under the Regional Health Strategy: More Doctors, Better Services.
- 7 These services are funded through the DHA budget.

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*Reporting associated with the above programs*

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- 1 Performance indicators against the aims of the RHS programs are published in the Portfolio Budget Statements.
- 2 & 3 Six monthly/quarterly progress reports against outcomes documented in the funding agreements.
- 4 Divisions of General Practice are required to report to DHA against MAHS activities on a biannual basis.
- 5 Reporting against key performance indicators is required at specific milestones for each project over the period of the 2001–04 funding agreements.
- 6 Reporting against key performance indicators or the provision of key deliverables is required at specific milestones for each funded activity/project.
- 7 Performance targets against key functions of Population Health and financial reporting are published in the DHA Annual Report.

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Source: Australian Government (unpublished); 2005 Report, table 10A.39.

## New South Wales

Table 10A.10 Community health services programs

<i>Programs funded by NSW Government during 2003-04</i>	
<i>Program</i>	<i>Description</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 and audiology), specialist medical services, early childhood nursing, immunisation, post natal programs, early intervention and school surveillance services.
Aboriginal health services	Covering services such as health information and education, counselling, pre- and post- natal programs, early childhood nursing and health promotion programs.
Women's health services	Covering services and health promotion programs for women, such as mental health, violence prevention and pregnancy services and physical activity, smoking cessation and health improvement programs.
Physical abuse and neglect of children services	Providing long term and intensive counselling with families and a range of interventions where physical abuse or neglect of a child is occurring.
Sexual health services	Covering education, counselling, screening and the management of sexually transmitted diseases including HIV and Hepatitis A, B and C.
Sexual assault services	Providing crisis counselling and support for victims of sexual assault, court preparation and community education programs.
Palliative care services	Providing holistic care for people who are terminally ill or dying, including clinical care in the home, counselling and support services.
Dental services	Providing basic and emergency dental care in the community.
<i>Programs funded by NSW Government during 2003-04</i>	
<i>Program</i>	<i>Description</i>
Community acute/post acute care services	Providing acute care in the community which is a substitution for hospitalisation, including medical, nursing, allied health services (such as physiotherapy and occupational therapy), social work, and pharmacy and personal care.
Community nursing	Providing generalist nursing care in the community.
Rehabilitation	Providing case management, allied health, prosthetic and home modification services in a community setting.
Eating disorder services	Providing case management, medical and counselling support services.
Program of appliances for disabled people	Providing appropriate equipment, aids and appliances such as mobility and toileting aids to prevent inappropriate entry into institutional facilities.
Health related transport services	Providing non-emergency transport for people accessing healthcare.
Multicultural health services	Providing interpreter services, cultural competency training, direct service provision for refugees, planning of services to address or cater to the needs of culturally diverse communities.
Youth health services	Providing education and health promotion programs, clinical services and planning of youth friendly services.
Non-government organisations	Providing a range of services such as Aboriginal medical services, HIV/AIDS, women's health, diabetes management and support, and drug and alcohol services.
<i>How the above programs were dealt with in a budgetary context</i>	

Area Health Services (AHSs) receive block funding from NSW Health to provide health services to their population. With the exception of a small amount of program specific and tied funding, the AHSs are free to determine how the money is allocated, and what range and level of community health services will be provided. AHSs' decisions are guided by a range of State-wide health policies and guidelines. Each area's funding allocation is determined using the statewide resource distribution formula (RDF). The RDF attempts to quantify known influences on the use of health services. For example, it incorporates age/sex adjustments and several health needs indices to reflect the impact of age, sex, mortality, socioeconomic, geographic and other factors on the use of health services and costs of providing health services. Non-government organisation grant funding is tied to individual funding and performance agreements. In 2003-04, the annual State-wide allocation to primary and community-based services was over \$736 million, however, these figures do not include expenditure on community-based Aboriginal health services, community-based mental health services or health promotion which are reported under other program areas.

*Reporting associated with the above programs*

Community health service activity is measured as non-admitted patient occasions of service (NAPOOS). NAPOOS are measured in terms of the number of occasions on which one or more healthcare professionals provides a service to a non-admitted patient. AHSs report the level of NAPOOS activity to the Department of Health on a quarterly basis.

Source: NSW Government (unpublished); 2005 Report, table 10A.40.

Table 10A.11 **Community health services programs***Programs funded by the Victorian Government during 2003-04*

<i>Program</i>	<i>Description</i>
Community health	Providing primary healthcare services located in all local government areas from over 250 service sites. Services include a range of allied health services — audiology, nutrition, occupational therapy, physiotherapy, podiatry and speech therapy, as well as counselling, GP services and nursing. Community health services provide integrated healthcare focused on health promotion, early intervention and chronic disease management to improve health outcomes and reduce demand for acute health services.
Family	Providing a service to people with special needs who are less able to access mainstream health services. This group includes young people, women from culturally and linguistically diverse backgrounds, Kooris and people with disabilities.
Innovative health services for homeless youth	Providing healthcare for homeless and otherwise at risk young people through innovative approaches and through increasing access to mainstream and specialist services (Australian Government and State cost shared).
Family and reproductive rights education	Working with communities that practice female genital mutilation to improve the physical and emotional wellbeing of women, young girls and their families.
Women's health	Developing and disseminating health information, promoting research into priority women's issues, providing health education to groups and individuals, and community education.



Table 10A.11

<i>Program</i>	<i>Description</i>
Dental public health	Providing a school dental service (preventive programs and regular dental care for all primary school children and concession card holders in years 7 and 8), a preschool dental service in nine local government areas, a youth dental program (regular dental care for concession card holders in years 9–12 and leavers under 18 years of age), a community dental program (emergency, general and denture services for concession card holders and their dependents), specialist care for concession card holders and domiciliary services for people who find it difficult to leave their home.
Drug services	Provides a range of drug prevention and treatment services including withdrawal, rehabilitation and counselling services, pharmacotherapy services and support and information for drug users and their families.
Primary Care Partnerships (PCP)	In Victoria, the State Government initiated the PCP Strategy in 2000 to improve the health and wellbeing of people using primary healthcare services and to reduce avoidable use of hospital, medical and residential services. The PCP Strategy was initiated to create a genuine primary care service system to replace the previously uncoordinated group of services. Through it, 31 Partnerships that include key primary healthcare providers such as community health services, Local governments and Divisions of General Practice, rural and metropolitan health services are working to improve and integrate primary healthcare.

Table 10A.11

<i>Program</i>	<i>Description</i>
<i>Indigenous specific programs</i>	
Medical services	<p>These are provided through Aboriginal cooperatives and corporations which are members of Victorian Aboriginal Community Controlled Health Organisation (VACCHO). These agencies also receive Commonwealth funding for medical services.</p> <p>(a) Victorian Aboriginal Health Service (VAHS): The aim of VAHS is to provide a culturally appropriate primary healthcare service to Aboriginal and Torres Strait Islander people, delivered in an holistic way. Services are delivered through four program areas: medical services, which include doctors, dentists and sessional specialists; community programs, which include Home and Community Care social support, an HIV/STD unit, a drug and alcohol unit, and health promotion; women's and children's services, which include an alternative birthing program, a children's clinic and a well women's clinic; and family programs, which include mental health.</p> <p>(b) <i>Other Aboriginal medical services</i>: These provide a more limited range of health services. In 2003-04 Aboriginal cooperatives received \$21.8 million from the Department of Human Services (DHS) for the following output groups acute health; aged and home care; mental health services; primary health; public health and drugs (including Koori alcohol and drugs).</p>
Alcohol and drug services	<p>Koori community alcohol and drug workers operate from Aboriginal cooperatives to provide appropriate alcohol and drug services to Aboriginal people, including health promotion, assessment and liaison with other services. The Koori community alcohol and drug resource centres provide short term accommodation and referral.</p>

Table 10A.11

<i>Program</i>	<i>Description</i>
Health promotion	A range of Koori specific health promotion programs are funded by the DHS and VicHealth. These are provided through both Koori and mainstream agencies.
Primary Care Partnerships	PCPs in 2002-03 that had a Koori component: Bendigo/Loddon Youth Arts Network; East Gippsland Koori Health Promotion; Northern Central Metro Aboriginal Health; South West Healthy Communities; and Wellington Health Screening — cardiovascular and diabetes.
Community health access workers	Koori access workers are employed in a number of community health centres to facilitate access by Aboriginal people to the centre.
Koori maternity strategy	The Koori maternity strategy is designed to incorporate health promotion within a program designed to provide antenatal and postnatal support to improve health outcomes. Cooperatives are funded to provide a range of services. A Koori maternity project officer based at VACCHO provides support, coordination and training to the cooperatives.
Early childhood	Koori early childhood field officers are employed in DHS regional offices to facilitate access to preschools for Koori children. Yappera Children's Service Cooperative is a multifunctional children's centre that provides long day care, preschool, after school care, maternal and child health, immunisations, dental checks and audiology service.
Koori mental health liaison officers	These DHS positions are funded by Mental Health Branch and regional offices to improve access to and efficacy of mental health services for Aboriginal communities.

*Source:* Victorian Government (unpublished); 2005 Report, table 10A.41.

Table 10A.12

## Queensland

Table 10A.12 **Community health services programs***Programs funded by Qld Government during 2003-04*

<i>Program</i>	<i>Description</i>
Child, youth and women's health	Providing women's cancer screening services, mobile women's health services, parenting information programs, assessment, treatment and referral for the infant, child, youth or family, school health services and prevention, promotion, early intervention, assessment and treatment related to child development and health.
Alcohol and drug services	Providing a range of prevention, assessment, counselling, early identification and intervention, treatment, health promotion and educational services to minimise alcohol and other drug related harm
Integrated healthcare	Covering health promotion, support, education, advice and coordination of services (including home care and medical aides) oriented towards improving health and quality of life. Including the provision of support, monitoring and education to people with diabetes and other chronic diseases, and education related to men's health.
Allied health	Covering health promotion, physiotherapy, speech pathology, multidisciplinary programs (eg cardiac rehabilitation), and child development.
Oral health services	Providing school-based oral health services delivered to all children from age 4 to year 10 at school and community-based oral health services to eligible adult clients.

Table 10A.12

<i>Program</i>	<i>Description</i>
Poisons information	Providing information and advice to assist in the management of poisoning and suspected poisoning, education and promotion of poisoning prevention.
Palliative care	Providing palliative care services to support individuals with a life limiting illness, their family and friends in the community — including pain management; equipment provision; psychological, social and spiritual support; bereavement counselling; and specialist 24 hour multidisciplinary hospice-at-home services.
Sexual health	Providing a comprehensive clinical, educational and psychosocial service, targeting all aspects of sexual health.
Indigenous Health	Providing a range of primary and community healthcare services and activities, spanning the prevention, management and maintenance continuum, that address particular needs of Indigenous communities. This includes health prevention and promotion services; men's and women's health programs; child and adolescent health services; alcohol, tobacco and other drug services; sexual health services; allied health services; and patient transport provided to increase access to healthcare.

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*How the above programs were dealt with in a budgetary context*

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These services are funded through a range of programs or health services within the Queensland health budget.

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*Reporting associated with the above programs*

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Performance targets and financial reporting are published in the annual report and the Ministerial portfolio statement.

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*Source:* Queensland Government (unpublished); 2005 Report, table 10A.42.

## Western Australia

Table 10A.13 Community health services programs

*Programs funded by WA Government during 2003-04*

<i>Program</i>	<i>Description</i>
Child and maternal	Community-based services provided to parents of new-borns and infants include: screening and early detection of health problems, immunisation, advice and support to parents on infant care and a range of common health conditions, early intervention services for children with developmental difficulties and health promotion activity. Services were delivered in child health clinics, child development centres, community based centres or in the home environment.
School and youth	Covering support and education to school age children, school screening, and advice and consultancy to school principals and pastoral care teams. Services for school-age children and youth include: screening and early detection of health problems, immunisation, health promotion, early intervention services for children with developmental difficulties and advice and consultancy to school principals and pastoral care teams. Services are predominantly delivered in the school environment however early interventions services may be centre based.
Gender	Providing a range of community-based health services mostly targeting women. Services include: health promotion, education and therapeutic services.
Adult and ageing	Providing a limited range of community-based health services to clients in older age groups. Services provided in regional areas are tailored to meet community needs wherever possible. Services focus on health promotion activity particularly related to the prevention of complex or chronic conditions.

<i>Program</i>	<i>Description</i>
Primary health	Providing support for local strategies to improve collaboration at the community health/general practice interface through the development of prevention focussed service models. Provides state-wide policy development in partnership with the Australian Government and other State agencies and focuses on developing conjoint models of service delivery and approaches to chronic disease management.
Alcohol and drug services	A range of prevention, early identification and intervention, treatment, harm reduction and practice development services and programs are developed and implemented throughout WA.

*How the above programs were dealt with in a budgetary context*

The Department of Health negotiates with area/regional health services using service specifications. Funding is provided directly to individual area health services or regions.

*Reporting associated with the above programs*

Performance targets are set by the Department of Health in WA. These are then negotiated with area health services and delivered according to an 80/20 ratio formula: 80 per cent of services accord with State policy and direction, and 20 per cent are delivered according to locally identified service needs and priorities.

Source: WA Government (unpublished); 2005 Report, table 10A.43.

**South Australia****Table 10A.14 Community health services programs***Programs funded by SA Government during 2003-04*

<i>Program</i>	<i>Description</i>
Aboriginal scholarship scheme	A scholarship scheme has been established to promote and foster the development of Aboriginal people through a tertiary education scholarship program.
Cervix screening program	Providing clinical services in respect to cervix screening, additional resources are committed to providing resources for promotion to Aboriginal people.
Step down unit facilities	Providing assistance in respect to travel, accommodation and logistical arrangements for Aboriginal people travelling from rural and remote areas to Adelaide to receive tertiary healthcare.
Aboriginal mental health	Dedicated Aboriginal Health Worker positions are funded in both mainstream health services and Aboriginal Community Controlled Services.
Healthy ways project	Focussing on improving nutrition standards and reduction in tobacco use by Aboriginal people in seven select locations in SA.
Improving Indigenous birthing outcomes	Implementing strategies to improve birthing outcomes for Aboriginal babies.
Aboriginal health team	Assisting and advising the Aboriginal community with information and access to services, provide health screenings, diabetes care and Peelies bus.
Community midwifery services	Providing regional home care to support women after the birth of a baby.
Aged care assessment teams	Providing assessment, information and support for older persons and their carers if they require entry to a residential facility or to maximise independence in their homes.
Community aged care packages (CACP)	Providing planned and coordinated packages of community care services that assist people with complex needs to remain living in their own home.

Table 10A.14

<i>Program</i>	<i>Description</i>
Community services	Providing home support services including home help, personal care, Aboriginal home support, home oxygen, respite and equipment.
Continence (adult and paediatric)	Providing education, counselling and conditioning therapy in all areas of continence management.
Counselling	Providing community-based counselling in a number of areas.
Day activity centres	Providing activities and transport, and assisting people who are frail aged or have a long term disability.
Diabetes education	Counselling clients and relatives on the self care of diabetes and its associated complications.
Dietetics/nutrition	Providing therapeutic dietary advice and nutrition education.
Primary care team	Conducting activities for the community that promote best practice health promotion and are aligned with the principles of the Ottawa Charter.
Health social worker	Advising clients with personal, accommodation and financial issues.
Mental health team	Assessment, counselling, support, information and education on mental health issues.
Occupational therapy	Working with people of any age to promote independence and maximise performance in activities of daily living.
Paediatric Intervention Unit	Providing therapy, parent support, information and advocacy for children who have a disability or developmental delay and their parents.
Palliative care/bereavement counselling	Palliative care — providing support and services to clients and their families when faced with an illness that can no longer be treated for cure. Bereavement counselling — offering counselling and support to clients and relatives on grief and loss issues.
Physiotherapy	Providing services to inpatients and outpatients, including paediatric services.



Table 10A.14

<i>Program</i>	<i>Description</i>
Podiatry	Providing foot care clinics. The department also offers special insoles and orthoses if required.
Speech pathology	Providing paediatric services for speech and language difficulties from 0–4 years; help with swallowing, feeding, and voice difficulties for any age; and help with communication issues for adults.
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.
Drug and alcohol services	Counselling, support and education for youth at risk.
Integrated healthcare	Covering diabetes services, dietetic services, community nursing and discharge planning services.
Men's health	Providing promotion and education services.
Allied health services	Providing treatment, therapy and rehabilitation with multiple allied health professions; and loaning equipment.
Child Development Unit	Conducting multidisciplinary care planning for children with developmental delay, in partnership with visiting paediatrician.
School dental service	Providing regular, prevention focused general dental care for preschool, primary and secondary school children under 18 years of age.
Community dental service	Providing emergency and general dental care (including dentures) for adult concession card holders and their dependents in public dental clinics (contracted through private providers).
Specialist dental services	Providing specialist dental services for concession card holders, in association with students of the University of Adelaide.
Community nursing	Providing nursing care in people's homes or in a community setting to maximise their health and quality of life, considering the needs of the carer.

Table 10A.14

<i>Program</i>	<i>Description</i>
Home-based care	Providing personal care, daily living support and allied health therapy in people's homes to maximise their health and quality of life, taking into consideration the needs of the carer.
Rapid response	Providing rapid response services as short term and crisis intervention for persons who would otherwise be admitted to hospital. Examples of services provided can include showering and personal care, transportation, medication supervision, client observation in own home, GP home visits and wound dressing.
Child and youth health	Providing a universal child and maternal health service for babies and children up to 5 years old (services are both home-based and clinic-based). Providing youth health services for 12–25 year olds, including 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.
Aboriginal services	Providing a range of primary healthcare services and programs through multidisciplinary teams in community settings, focusing 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 link with other mainstream providers.
Community health services	Providing a range of primary healthcare services and programs through multidisciplinary teams in community settings, aimed at prevention, early intervention and community capacity building to protect the health and wellbeing of the community.
Women's health	Providing primary healthcare services and programs (often linked to community health services) to address the specific health and wellbeing 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 10A.14

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*How the above programs were dealt with in a budgetary context*

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Funding for these programs comes from a variety of sources (both Australian Government and State) and are acquitted according to the appropriate requirements. Dental services are funded through the SA Dental Service, a State-wide health unit. Community nursing services are funded by DHS (including Home and Community Care [HACC]), to a non-government organisation. Home-based services are funded by DHS (including HACC), and provided by a DHS funded agency. Rapid response services are funded by Department Human Services (DHS) to a non-government organisation. In terms of the funding component, community health services and child and youth health services are predominantly State Government agencies. Aboriginal health services are State Government services and work closely with Australian Government funded services.

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*Reporting associated with the above programs*

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Detailed service targets are part of health service agreements or contracts between the Department of Human Services and the particular service. Monthly reporting against these targets. Community nursing and home based care also report via the HACC Minimum Data Set (MDS). Other reporting includes the monthly Management Summaries - DHS: the Palliative Care Minimum Data Set; the Mental Health MDS; the ACAT MDS; the CACP Provider Claim Forms; the HACC MDS; and the Commonwealth State/Territory Disability Agreement (CSTDA) MDS.

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*Source:* SA Government (unpublished); 2005 Report, table 10A.44.

## Tasmania

Table 10A.15 Community health services programs

*Programs funded by Tasmanian Government during 2003-04*

<i>Program</i>	<i>Description</i>
Family, child and youth health services	Providing early childhood and youth health services through health promotion and illness prevention. Universal screening, assessment and early intervention strategies include parenting information and support by nursing and allied health staff through child health centres; youth health teams; child development units; enuresis teams; and parenting centres.
Alcohol and drug services	Operating within a population health philosophy and a harm minimisation framework, implementing a wide range of strategies through the community, private and government alcohol and other drug sector. Services provide information, treatment and other services to people with substance use or dependence issues and their families, together with preventative community education and intervention.
Oral health services	Providing emergency, basic general dental care and dentures for eligible adults (holders of a healthcare card or pensioner concession card). In addition, all children (up to but not including age 18 years) are eligible for dental care. The oral health service also engages in health promotion and prevention activities.
Community assessment and care management	Primarily assessing community-based clients to determine appropriate level of community care required and provide case management to meet such needs. This work includes the provision of continence services, community equipment, orthotics and prosthetics, community nursing, community rehabilitation and allied health services (community podiatry, occupational therapy, physiotherapy and speech pathology) that contribute to rehabilitation.
Population and health priorities	Works with population groups and health agencies on a range of programs. This work includes the prevention and management of chronic conditions, and the promotion of nutrition, physical activity and injury prevention. Identified population groups include Aboriginals, women, men and ethnic groups.

<i>Program</i>	<i>Description</i>
Public and environmental health services	Providing promotion and screening services and information to prevent illness and protect the health of the Tasmanian community. Services include: health protection services such as immunisation, epidemiological services, health impact assessments and fluoridation; environmental health services such as tobacco control, shellfish quality, infectious disease control, food safety including public health microbiology services, water quality, toxicology, incident response and public health advice; health physics, including <i>Radiation Control Act</i> licensing, compliance and monitoring; and pharmaceutical services, including processing permits and monitoring compliance with the <i>Poisons Act 1971</i> .
Aged, rural and community health services	Incorporating a range of acute services, subacute and primary healthcare services. The aged, rural and community health program is the coordinating program of a number of rural hospitals, community health centres, multi-purpose services, multi-purpose centres and community nursing.
Mental health services (with a significant primary health component)	Provides services for people with mental illness and mental health problems, with a wider role in fostering the promotion of mental health and well being including: Child and Adolescent Services (community-based teams); Adult Residential Services (Rehabilitation/Respite Unit, long-term residential rehabilitation units); Adult Acute and Sub-acute Inpatient services; Adult Community Services (Crisis Assessment/Treatment, Intensive Support, Community Care and Rehabilitation Services); Older Persons Mental Health Services (Dementia Support Service, Community Care Teams, Day Support Services).
Correctional health services	Providing inpatient and outpatient medical and mental healthcare within the prison environment, outpatient medical and mental healthcare at the remand centres and prison farm as well as community-based forensic mental health services and court liaison services.

<i>Program</i>	<i>Description</i>
Palliative care services	Providing interdisciplinary care, consultancy, support and advice to people living with a life threatening illness and to their families through specialist inpatient and community outreach services. Care and support may be provided directly to individuals and families, or collaboratively with primary providers through education, consultancy and information.
Cancer screening and control services	Administering cancer screening services as well as providing educational promotions.

*How the above programs were dealt with in a budgetary context*

These services are funded through identified outputs within the Department of Health and Human Services budget.

*Reporting associated with the above programs*

Performance information is collected and reported on at the State level, through annual reports and budget papers. Contribution to national reporting (eg through national minimum data sets) occurs as required.

Source: Tasmanian Government (unpublished); 2005 Report, table 10A.45.

Table 10A.16

## Australian Capital Territory

Table 10A.16 **Community health services programs**

*Programs funded by ACT Government during 2003-04*

<i>Program</i>	<i>Description</i>
Alcohol and drug program	Covering information and advice, withdrawal services, methadone and alternative pharmacotherapies, case management and counselling, diversion services, needle and syringe exchanges, and corrections health services which provide a multidisciplinary service to detainees in remand and youth detention centres.
Dental health program	Covering dental services with specific child and youth, adult and emergency dental services, and denture services.
Integrated healthcare program	Providing health services covering acute and/or post-acute conditions, and chronic health problems. Includes allied health and community nursing. Provides assessment, treatment, case management and discharge planning services.
Child, youth and women's health	Covering post-natal parenting information services, child health checks, immunisations, child at risk assessments and support, cancer screening services, counselling for women affected by violence, and nursing, counselling and GP services for marginalised young people.
Community rehabilitation program	Covering allied health rehabilitation services, and equipment and prosthesis loans.

*How the above programs were dealt with in a budgetary context*

These services are funded through an identified program within the ACT Health budget.

*Reporting associated with the above programs*

Performance targets against key functions of community health and financial reporting are published in the ACT Health's annual report.

*Source:* ACT Government (unpublished); 2005 Report, table 10A.46.

## Northern Territory

Table 10A.17 **Community health services programs**

*Programs funded by NT Government during 2003-04*

<i>Program</i>	<i>Description</i>
Maternal, child and youth health services	Providing a range of services including growth surveillance/promotion and immunisation of infants, assisted in remote areas by visiting and on-site paediatric specialist nurses, Aboriginal health workers and child health workers. Ante-natal care is available in all remote community health centres and is enhanced by the Strong Women Strong Babies Strong Culture program.
Public health nutrition and physical activity services	Monitoring and improving the local food supply, and providing nutrition education.
Preventable chronic disease services	Providing visiting and on-site support to remote primary healthcare teams to systematise health centre activity to maximise early detection and best practice management of chronic diseases, including support for population registers and recall systems.
Remote health services	Ensure primary healthcare services are delivered to the remote population of the NT through a network of 52 remote health centres. Core primary healthcare services include 24 hour emergency services, primary clinical care, population health programs, access to retrieval services, medical and allied health specialist services, provision of essential medications.
Australian bat lyssavirus pre- and post-exposure Prophylaxis (and rabies post-exposure)	Providing rabies vaccine for pre-exposure prophylaxis to Australian bat lyssavirus (ABL) to persons at risk due to occupational exposure. Post-exposure rabies immunoglobulin and vaccine is administered by the Centre for Disease Control (CDC) in Darwin and regional CDC's. Education programs are provided to the community and to occupational groups.
TB Control Unit	Covering the screening of high risk groups (such as, refugees, prisoners, health workers); monitoring and administration of directly observed treatment for active TB and leprosy; remote community visits to implement preventive and early diagnostic strategies (treatment of latent TB infection, community screening); and provision of information to the public, service providers, and governments.

<i>Program</i>	<i>Description</i>
Urban Community Health Services	Providing a range of primary healthcare, acute (HITH), palliative care, health promotion, early childhood, community nursing, school entry screening services, to all residents of major NT centres, including Darwin, Nhulunbuy, Katherine, Tennant Creek and Alice Springs. Services are provided from Community Health Centres, but are also provided in school settings and clients' homes.
Oral Health Services	Providing 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.

*How the above programs were dealt with in a budgetary context*

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

*Reporting associated with the above programs*

There are 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); 2005 Report, table 10A.47.