

10A Primary and community health — attachment

Definitions for the indicators and descriptors in this attachment are in section 10.5 of the *Report on Government Services 2007* (2007 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.

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Table 10A.1

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

	<i>NSW and ACT (d)</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>NT</i>	<i>Aust</i>
2000-01	27	16	24	21	8	5	23	124
2001-02	24	19	25	21	8	5	26	128
2002-03	26	21	26	21	8	5	27	134
2003-04	29	21	26	20	10	5	27	138
2004-05	28	22	26	20	13	5	27	141

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

(b) The number of services that provide SAR data has changed each year. This change is due to new Australian government funded primary health care services opening and existing services gaining Australian government funding. In addition, a decision is sometimes made to include existing Australian government funded services which may previously have been excluded because of the type of service that they provided, or there may have been a change to their reporting arrangements: for example services involved in Co-ordinated Care Trials. Since 1997 some services have ceased to operate and therefore no longer contribute data to SAR. DHA can provide time series data on the services common to the survey from 1997 to 2002 on request.

(c) The number of Aboriginal and Torres Strait Islander primary health care services that responded to the SAR in 2001-02 was 130 out of 134. However, information from only 128 services out of the 130 respondents have been included in the data. Data for non-responding services was not estimated as these services may differ in important ways from the services that did respond.

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

Source: DHA (unpublished); 2007 Report, table 10A.4.

Table 10A.2

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

	<i>Highly accessible</i>	<i>Accessible</i>	<i>Moderately accessible</i>	<i>Remote</i>	<i>Very remote</i>	<i>Total</i>
Services						
2000-01	34	28	11	12	39	124
2001-02	37	27	11	16	37	128
2002-03	38	29	13	17	37	134
2003-04	41	30	13	14	40	138
2004-05	41	34	13	15	38	141
Episodes of healthcare						
2000-01	437 000	301 000	62 000	174 000	369 000	1 343 000
2001-02	460 000	313 000	70 000	256 000	317 000	1 416 000
2002-03	507 000	338 000	91 000	270 000	294 000	1 500 000
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

- (a) The SAR only includes Aboriginal and Torres Strait Islander health organisations that receive at least some of their funding from the Australian Government to facilitate access to primary health care (including health promotion, dental and counselling services).
- (b) The number of services that provide SAR data has changed each year. This change is due to new Australian Government funded primary health care services opening and existing services gaining Australian Government funding. In addition, a decision is sometimes made to include existing Australian Government funded services which may previously have been excluded because of the type of service that they provided, or there may have been a change to their reporting arrangements: for example services involved in Co-ordinated Care Trials. Since 1997 some services have ceased to operate and therefore no longer contribute data to SAR. OATSIH can provide time series data on the services common to the survey from 1997 to 2002 on request.
- (c) The number of Aboriginal and Torres Strait Islander primary health care services that responded to the SAR in 2001-02 was 130 out of 134. However, information from only 128 services out of the 130 respondents have been included in the data. Data for non-responding services was not estimated as these services may differ in important ways from the services that did respond.
- (d) An episode of health care involves contact between an individual client and a service by one or more staff, for the provision of health care. Group work is not included. Transport is only included if it involves provision of health care/information by staff. Outreach provision is provided, for example episodes at outstation visits, park clinics, satellite clinics. Episodes of health care delivered over the phone are included.
- (e) Episodes of health care in the SAR report were often estimates and while these are thought to be reasonable, there has been no 'audit' to check the accuracy of these figures.
- (f) Episodes data has been rounded to the nearest thousand.

Source DHA (unpublished); 2007 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, 2004-05 (per cent) (a), (b), (c)

Diagnosis and treatment of illness/disease	83
Management of chronic illness	79
Transportation to medical appointments	93
Outreach clinic services	70
24 hour emergency care	30
Monitoring child growth	72
School-based activities	74
Hearing screening	70
Pneumococcal immunisation	79
Influenza immunisation	81
Child immunisation	84
Women's health group	87
Support for public housing issues	67
Community development work	74
Legal/police/prison/advocacy services	68
Dental services	49
Involvement in steering groups on health	82
Participation in regional planning forums	63
Dialysis services	9

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

(b) The number of services that provide SAR data has changed each year. This change is due to new Australian Government funded primary health care services opening and existing services gaining Australian Government funding. In addition, a decision is sometimes made to include existing Australian Government funded services which may previously have been excluded because of the type of service that they provided, or there may have been a change to their reporting arrangements: for example services involved in Co-ordinated Care Trials. Since 1997 some services have ceased to operate and therefore no longer contribute data to SAR. OATSIH can provide time series data on the services common to the survey from 1997 to 2002 on request.

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

Source : DHA (unpublished); 2007 Report, table 10A.6.

Table 10A.4

Table 10A.4 Full time equivalent health staff employed by services for which service activity reporting (SAR) data is reported, as at 30 June 2005 (number) (a), (b)

	<i>Indigenous staff</i>	<i>Non-Indigenous staff</i>	<i>Total staff</i>
Aboriginal health workers	646	19	665
Doctors	2	212	214
Nurses	41	250	291
Specialists	—	3	3
Emotional and Social Well Being staff (c)	121	71	192
Allied health professionals	1	26	27
Dentists	3	37	40
Dental assistants	43	20	63
Traditional healers	8	—	8
Substance misuse workers	65	28	93
Environmental health workers	29	4	33
Driver/field officers	136	20	156
Other health staff (d)	46	14	60
Total health staff	1 141	704	1 845

- (a) The SAR only includes Aboriginal and Torres Strait Islander health organisations that receive at least some of their funding from the Australian Government to facilitate access to primary health care (including health promotion, dental and counselling services).
- (b) The number of services that provide SAR data has changed each year. This change is due to new Australian Government funded primary health care services opening and existing services gaining Australian Government funding. In addition, a decision is sometimes made to include existing Australian Government funded services which may previously have been excluded because of the type of service that they provided, or there may have been a change to their reporting arrangements: for example services involved in Co-ordinated Care Trials. Since 1997 some services have ceased to operate and therefore no longer contribute data to SAR. OATSIH can provide time series data on the services common to the survey from 1997 to 2002 on request.
- (c) Emotional and Social Well Being staff includes, counsellors, social workers, psychologists and other emotional and social well being staff.
- (d) Other health staff includes: hearing coordinators, eye health, nutrition workers, sexual health workers, youth workers, hospital liaison, masseurs, maternal health workers, domestic violence support workers, family health workers.
- Nil or rounded to zero.

Source : DHA (unpublished); 2007 Report, table 10A.7.

Table 10A.5

Table 10A.5 Valid vaccinations supplied to children under seven years of age, by type of provider, 1996–2006 (a), (b), (c)

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Unknown	Aust	
Valid vaccinations provided												
	Divisions of General Practice	no.	20	138	3	11	269	—	—	13	—	454
	GPs	no.	11 022 166	5 280 076	6 461 943	2 418 968	1 911 036	786 587	256 066	20 073	—	28 156 915
	Council	no.	806 774	4 686 605	576 629	269 405	488 140	121 320	—	—	—	6 948 873
	State or territory health department	no.	3	—	679	219 610	2 183	717	164 337	2 090	—	389 619
	Flying doctor service	no.	3 312	—	25 609	8	3 633	—	—	—	—	32 562
	Public hospital	no.	298 899	40 584	238 173	204 959	90 436	1 535	5 807	47 625	3 186	931 204
	Private hospital	no.	14 523	84	1 512	70	—	105	25	5 919	—	22 238
	Aboriginal health service	no.	62 989	11 733	56 905	22 648	11 839	—	1 455	56 393	—	223 962
	Aboriginal health worker	no.	4 427	—	37 127	—	1 593	—	—	1 483	—	44 630
	Community health centre	no.	967 297	85 091	428 169	672 487	273 634	5 786	243 244	502 111	1 701	3 179 520
	Community nurse	no.	—	282	—	—	—	72	—	—	—	354
	Total	no.	13 180 410	10 104 593	7 826 749	3 808 166	2 782 763	916 050	671 006	635 707	4 887	39 930 331
Proportion of total valid vaccinations												
	Divisions of General Practice	%	—	—	—	—	—	—	—	—	—	—
	GPs	%	83.6	52.3	82.6	63.5	68.7	85.9	38.2	3.2	—	70.5
	Council	%	6.1	46.4	7.4	7.1	17.5	13.2	—	—	—	17.4
	State or territory health department	%	—	—	—	5.8	0.1	0.1	24.5	0.3	—	1.0
	Flying doctor service	%	—	—	0.3	—	0.1	—	—	—	—	0.1
	Public hospital	%	2.3	0.4	3.0	5.4	3.3	0.2	0.9	7.5	65.2	2.3
	Private hospital	%	0.1	—	—	—	—	—	—	0.9	—	0.1
	Aboriginal health service	%	0.5	0.1	0.7	0.6	0.4	—	0.2	8.9	—	0.6
	Aboriginal health worker	%	—	—	0.5	—	0.1	—	—	0.2	—	0.1
	Community health centre	%	7.3	0.8	5.5	17.7	9.8	0.6	36.3	79.0	34.8	8.0
	Community nurse	%	—	—	—	—	—	—	—	—	—	—

Table 10A.5

Table 10A.5 **Valid vaccinations supplied to children under seven years of age, by type of provider, 1996–2006 (a), (b), (c)**

	<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>Unknown</i>	<i>Aust</i>
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 2006.

(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: DHA (unpublished); 2007 Report, table 10A.27.

Table 10A.6

Table 10A.6 Ratio of age standardised hospital separations for Indigenous males to all males, 2004-05 (a), (b), (c), (d), (e)

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total (b)
All causes	Number	np	np	25 474	18 222	6 711	np	np	22 023	72 430
	SHSR	np	np	2.00	2.70	2.58	np	np	3.80	2.60
	95% CI	np	np	1.97 to 2.02	2.66 to 2.74	2.52 to 2.64	np	np	3.75 to 3.86	2.58 to 2.62
Circulatory disease	Number	np	np	1 050	662	421	np	np	488	2 621
	SHSR	np	np	2.01	2.34	3.83	np	np	2.03	2.27
	95% CI	np	np	1.03 to 1.23	1.89 to 2.28	2.78 to 3.55	np	np	0.58 to 0.82	1.38 to 1.54
Coronary heart disease	Number	np	np	531	316	216	np	np	189	1 252
	SHSR	np	np	2.69	2.95	5.18	np	np	2.10	2.87
	95% CI	np	np	2.46 to 2.91	2.63 to 3.28	4.49 to 5.87	np	np	1.8 to 2.4	2.71 to 3.03
Rheumatic heart disease	Number	np	np	24	21	19	np	np	39	103
	SHSR	np	np	14.46	24.00	np	np	np	52.92	28.53
	95% CI	np	np	8.67 to 20.24	13.74 to 34.27	np	np	np	36.31 to 69.52	23.02 to 34.04
Self-harm	Number	np	np	121	92	50	np	np	112	375
	SHSR	np	np	1.73	2.41	3.36	np	np	3.24	2.38
	95% CI	np	np	1.42 to 2.03	1.92 to 2.91	2.43 to 4.29	np	np	2.64 to 3.84	2.14 to 2.62
All respiratory diseases	Number	np	np	1 748	1 515	440	np	np	1 509	5 212
	SHSR	np	np	1.66	2.80	2.15	np	np	3.33	2.31
	95% CI	np	np	1.58 to 1.73	2.66 to 2.94	1.95 to 2.35	np	np	3.16 to 3.49	2.25 to 2.37
Infectious pneumonia	Number	np	np	402	475	92	np	np	656	1 625
	SHSR	np	np	2.90	6.62	3.37	np	np	10.83	5.44
	95% CI	np	np	2.61 to 3.18	6.02 to 7.21	2.68 to 4.06	np	np	10 to 11.66	5.18 to 5.71
Lung cancer	Number	np	np	70	18	7	np	np	8	103
	SHSR	np	np	4.17	1.98	np	np	np	np	2.78
	95% CI	np	np	3.19 to 5.14	1.06 to 2.89	np	np	np	np	2.24 to 3.32
Diabetes as a primary diagnosis	Number	np	np	435	275	114	np	np	264	1 088
	SHSR	np	np	4.94	5.84	6.26	np	np	6.59	5.62
	95% CI	np	np	4.48 to 5.4	5.15 to 6.53	5.11 to 7.41	np	np	5.79 to 7.38	5.29 to 5.96

Table 10A.6

Table 10A.6 Ratio of age standardised hospital separations for Indigenous males to all males, 2004-05 (a), (b), (c), (d), (e)

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total (b)
All diabetes except where dialysis is the primary diagnosis	Number	np	np	2 133	1 720	739	np	np	1 690	6 282
	SHSR	np	np	4.66	6.96	7.72	np	np	8.08	6.22
	95% CI	np	np	4.46 to 4.86	6.63 to 7.29	7.17 to 8.28	np	np	7.69 to 8.46	6.07 to 6.38
All diabetes (f)	Number	np	np	2 409	6 158	739	np	np	1 692	10 998
	SHSR	np	np	4.48	21.21	6.56	np	np	6.88	9.27
	95% CI	np	np	4.3 to 4.66	20.68 to 21.74	6.09 to 7.04	np	np	6.55 to 7.21	9.1 to 9.44
Depressive disorder	Number	np	np	71	53	39	np	np	19	182
	SHSR	np	np	0.62	0.86	1.62	np	np	0.35	0.72
	95% CI	np	np	0.48 to 0.77	0.63 to 1.09	1.11 to 2.12	np	np	0.19 to 0.51	0.61 to 0.82
Anxiety disorder	Number	np	np	10	8	6	np	np	3	27
	SHSR	np	np	0.28	0.42	np	np	np	np	0.34
	95% CI	np	np	0.11 to 0.46	0.13 to 0.71	np	np	np	np	0.21 to 0.47
Substance use disorder	Number	np	np	119	63	33	np	np	13	228
	SHSR	np	np	1.71	1.66	2.21	np	np	0.38	1.45
	95% CI	np	np	1.4 to 2.01	1.25 to 2.07	1.46 to 2.97	np	np	0.17 to 0.59	1.27 to 1.64
Psychotic disorder	Number	np	np	661	504	246	np	np	212	1 623
	SHSR	np	np	2.08	2.91	3.63	np	np	1.35	2.27
	95% CI	np	np	1.92 to 2.23	2.66 to 3.16	3.18 to 4.09	np	np	1.17 to 1.53	2.16 to 2.38

(a) The ratios are indirectly standardised using the estimated resident populations of Indigenous people at 30 June 2004, that is, the actual number of Indigenous separations divided by the calculated expected number of separations for Queensland, WA, SA, and the NT public hospitals.

(b) Includes data only for Queensland, WA, SA, and the NT (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 four states and territories are not necessarily representative of the other jurisdictions. Australian total comprises Queensland, WA, SA and NT (public hospitals) only.

Table 10A.6

Table 10A.6 **Ratio of age standardised hospital separations for Indigenous males to all males, 2004-05 (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>
(c)	The quality of the data provided for Indigenous status from 2001-02 has continued to improve due to the use of the National Health Data Dictionary definitions by all jurisdictions, however it is still in need of improvement. Identification of Aboriginal and Torres Strait Islander patients is not considered to be complete and completeness varies among jurisdictions. The variation in the number of Indigenous separations per 1000 Indigenous population among the States and Territories suggests that there was variation in the proportion of Indigenous persons who were identified as such in the hospital morbidity data collections and/or in the total population. It is considered acceptable for only Queensland, WA, SA, and the NT public hospitals. Data on Indigenous status should therefore be interpreted cautiously.									
(d)	Patients aged 75 years and over are excluded.									
(e)	Some separation rates and rate ratios have been suppressed due to small number of separations.									
(f)	All diabetes refers to separations with either a principal or additional diagnosis of diabetes.									
	SHSR = Standardised Hospital Separation Ratio; CI = confidence interval.									
	np Not published.									
	Source: AIHW (unpublished); 2007 Report, table 10A.35.									

Table 10A.7

Table 10A.7 Ratio of age standardised hospital separations for Indigenous females to all females, 2004-05 (a), (b), (c), (d), (e)

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total (b)
All causes	Number	np	np	32 511	28 479	7 652	np	np	27 658	96 300
	SHSR	np	np	1.91	3.35	2.00	np	np	3.60	2.60
	95% CI	np	np	1.89 to 1.93	3.31 to 3.39	1.96 to 2.05	np	np	3.56 to 3.64	2.58 to 2.62
Circulatory disease	Number	np	np	1 012	643	320	np	np	500	2 475
	SHSR	np	np	3.20	9.61	1.95	np	np	3.52	3.59
	95% CI	np	np	3 to 3.39	8.87 to 10.35	1.74 to 2.17	np	np	3.21 to 3.83	3.45 to 3.73
Coronary heart disease	Number	np	np	387	272	144	np	np	173	976
	SHSR	np	np	4.59	14.62	3.10	np	np	4.43	5.18
	95% CI	np	np	4.13 to 5.05	12.88 to 16.36	2.6 to 3.61	np	np	3.77 to 5.08	4.85 to 5.5
Rheumatic heart disease	Number	np	np	50	33	34	np	np	58	175
	SHSR	np	np	10.56	13.24	34.31	np	np	27.39	16.93
	95% CI	np	np	7.63 to 13.48	8.72 to 17.76	22.78 to 45.84	np	np	20.34 to 34.44	14.42 to 19.44
Self-harm	Number	np	np	165	142	63	np	np	74	444
	SHSR	np	np	1.23	5.14	0.89	np	np	1.21	1.51
	95% CI	np	np	1.04 to 1.41	4.29 to 5.98	0.67 to 1.12	np	np	0.93 to 1.48	1.37 to 1.65
All respiratory disease	Number	np	np	1 650	1 731	493	np	np	1 481	5 355
	SHSR	np	np	1.82	3.73	2.73	np	np	3.84	2.77
	95% CI	np	np	1.73 to 1.91	3.56 to 3.91	2.49 to 2.98	np	np	3.65 to 4.04	2.69 to 2.84
Infectious pneumonia	Number	np	np	385	480	95	np	np	638	1 598
	SHSR	np	np	3.04	7.37	3.75	np	np	11.76	5.89
	95% CI	np	np	2.74 to 3.35	6.71 to 8.03	3 to 4.51	np	np	10.85 to 12.68	5.6 to 6.18
Lung cancer	Number	np	np	36	13	3	np	np	12	64
	SHSR	np	np	2.96	1.95	np	np	np	2.14	2.36
	95% CI	np	np	1.99 to 3.93	0.89 to 3.01	np	np	np	0.93 to 3.35	1.78 to 2.94
Diabetes as a primary diagnosis	Number	np	np	696	438	163	np	np	399	1 696
	SHSR	np	np	5.15	6.21	5.87	np	np	6.48	5.75
	95% CI	np	np	4.77 to 5.54	5.63 to 6.79	4.97 to 6.77	np	np	5.84 to 7.11	5.48 to 6.02

Table 10A.7

Table 10A.7 Ratio of age standardised hospital separations for Indigenous females to all females, 2004-05 (a), (b), (c), (d), (e)

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total (b)
All diabetes except where dialysis is the primary diagnosis	Number	np	np	3 135	2 751	987	np	np	2 643	9 516
	SHSR	np	np	5.45	8.98	8.13	np	np	9.97	7.50
	95% CI	np	np	5.26 to 5.64	8.65 to 9.32	7.62 to 8.64	np	np	9.59 to 10.35	7.35 to 7.65
All diabetes (f)	Number	np	np	3 580	10 773	995	np	np	2 652	18 000
	SHSR	np	np	5.47	30.86	7.19	np	np	8.79	12.47
	95% CI	np	np	5.29 to 5.65	30.28 to 31.44	6.74 to 7.63	np	np	8.45 to 9.12	12.28 to 12.65
Depressive disorder	Number	np	np	193	134	112	np	np	47	486
	SHSR	np	np	0.72	0.96	2.03	np	np	0.39	0.83
	95% CI	np	np	0.62 to 0.83	0.8 to 1.12	1.66 to 2.41	np	np	0.28 to 0.5	0.76 to 0.91
Anxiety disorder	Number	np	np	17	23	14	np	np	1	55
	SHSR	np	np	0.43	1.11	np	np	np	np	0.63
	95% CI	np	np	0.22 to 0.63	0.65 to 1.56	np	np	np	np	0.47 to 0.8
Substance use disorder	Number	np	np	69	42	16	np	np	7	134
	SHSR	np	np	4.68	5.49	np	np	np	np	4.16
	95% CI	np	np	3.57 to 5.78	3.83 to 7.15	np	np	np	np	3.46 to 4.87
Psychotic disorder	Number	np	np	457	442	264	np	np	130	1 293
	SHSR	np	np	1.13	2.08	3.17	np	np	0.70	1.46
	95% CI	np	np	1.03 to 1.23	1.89 to 2.28	2.78 to 3.55	np	np	0.58 to 0.82	1.38 to 1.54

(a) The ratios are indirectly standardised using the estimated resident populations of Indigenous people at 30 June 2004, that is, the actual number of Indigenous separations divided by the calculated expected number of separations for Queensland, WA, SA, and the NT public hospitals.

(b) Includes data only for Queensland, WA, SA, and the NT (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 four states and territories are not necessarily representative of the other jurisdictions. Australian total comprises Queensland, WA, SA and NT (public hospitals) only.

Table 10A.7

Table 10A.7 **Ratio of age standardised hospital separations for Indigenous females to all females, 2004-05 (a), (b), (c), (d), (e)**

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total (b)
(c) The quality of the data provided for Indigenous status from 2001-02 has continued to improve due to the use of the National Health Data Dictionary definitions by all jurisdictions, however it is still in need of improvement. Identification of Aboriginal and Torres Strait Islander patients is not considered to be complete and completeness varies among jurisdictions. The variation in the number of Indigenous separations per 1000 Indigenous population among the States and Territories suggests that there was variation in the proportion of Indigenous persons who were identified as such in the hospital morbidity data collections and/or in the total population. It is considered acceptable for only Queensland, WA, SA, and the NT public hospitals. Data on Indigenous status should therefore be interpreted cautiously. (d) Patients aged 75 years and over are excluded. (e) Some separation rates and rate ratios have been suppressed due to small number of separations. (f) All diabetes refers to separations with either a principal or additional diagnosis of diabetes. SHSR = Standardised Hospital Separation Ratio.										

np Not published.

Source : AIHW (unpublished); 2007 Report, table 10A.36.

Table 10A.8

Table 10A.8 Queensland, community health services programs

Programs funded by the Queensland Government during 2005-06

Program	Description	How the programs were dealt with in a Reporting programs	associated with the
Cancer Screening Services Unit	Responsible for the leadership, strategic Funding for cancer screening services Annual Area Health Service Reports. planning, management and coordination of is provided through state funds and the Annual General Practitioner Division the state-wide population screening joint State/Commonwealth Public Health Reports. Performance targets and programs: BreastScreen Queensland Outcomes Funding Agreement 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. Annual statistical reports undertaken 12 monthly for BSQ & QCSP.		
Indigenous Health	Providing a range of primary and community These serves are funded through a Performance targets and overall health care services and activities, spanning range of programs or health services financial reporting are published in the the prevention, management and within the Queensland Health budget. annual report and the Ministerial maintenance continuum that address particular needs of Indigenous communities. Including prevention and health promotion services; men's and women's health programs; child and adolescent health services; alcohol, tobacco and other drug services; sexual health services; allied health services; and patient transport provided to increase access to health care.		

Table 10A.8

Table 10A.8 Queensland, community health services programs

Programs funded by the Queensland Government during 2005-06

Program	Description	How the programs were dealt with in a Reporting programs	associated with the programs
Alcohol, Tobacco and Drug Services	Including a range of prevention, health promotion, assessment, counselling, early range of programs or health services financial reporting are published in the identification and intervention, treatment and within the Queensland Health budget annual report and the Ministerial educational services to minimise alcohol, and Commonwealth funds. Portfolio Statement tobacco and other drug related harm.		
HIV/AIDS, Hepatitis C and Sexual Health (HAHCSH)	The program implements the whole of Funded through the Public Health Annual Progress Report to Cabinet on government Queensland HIV, Hepatitis C Outcomes Funding Agreement the Queensland HIV, Hepatitis C and and Sexually Transmissible Infections (PHOFA) and a combination of State Sexually Transmissible Infections Strategy 2005-2011 in the strategic priority and Commonwealth funding programs. Strategy 2005-2011. PHOFA – 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.	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.	
Poisons Information	A 24 hour service is provided nationally These services are funded from The Poisons Information centre is through links between centres in various Queensland Health Corporate and required to provide periodic reports on states, for the provision of information and Health Service District funds. the extent and nature of calls, advice to assist in the management of poisoning and suspected poisoning, education and promotion of poisoning prevention.		substances and caller type.

Table 10A.8

Table 10A.8 Queensland, community health services programs			
Programs funded by the Queensland Government during 2005-06			
Program	Description	How the programs were dealt with in a Reporting programs	associated with the

Source : Queensland Government (unpublished); 2007 Report, table 10A.44.

Table 10A.9

Table 10A.9 Western Australia, community health services programs

Programs funded by the WA Government during 2005-06

Program	Description	How the programs were dealt with in a Reporting programs associated with the budgetary context
Indigenous Health -Maternal and Child Health	The program provides ante and post natal parent education and support, ante and post natal care, with early childhood screening for disability and disease, continuing parent education and developmental surveillance (to 6 years).	The Department of Health negotiates Service agreements have specified Controlled outcome measures that are reported (ACCHO's) on either quarterly or six monthly. Funding is provided directly to the service provider.
Alcohol and other drug services	The program includes a range of activities: • Prevention and early intervention community based education programs and campaigns and support for regional prevention networks. • Treatment including outpatient and inpatient withdrawal, assessment and counselling, rehabilitation, a community based and supported and pharmacotherapy program, and provided for accommodation. Treatment is also provided for people engaged in a range of diversion programs.	The funding of alcohol and drug DAO Annual Report and WA Alcohol services is allocated through the WA and Drug Strategy Annual Report. Monies are Performance information is reported at the State level through the Treasury budget papers. At a national level performance is reported against the Public Health Outcomes Funding Agreement (PHOFA) and the Ministerial Council on Drug Strategy (through the Department of Health and Ageing). 1. Direct government treatment services 2. Prevention and practice development 3. Non- government service providers.
	• Workforce development initiatives include education and training to a range of government, NGO and community organisations. The Drug and Alcohol Office (DAO) continues as the lead agency in the Indigenous National Alcohol and Workforce Development Program which nationally recognised AOD training to the Indigenous AOD workforce.	

Table 10A.9

Table 10A.9 Western Australia, community health services programs

Programs funded by the WA Government during 2005-06

Program	Description	How the programs were dealt with in a Reporting programs associated with the budgetary context
Community Midwifery Program	The Community Midwifery Program (CMP) is a government funded community based midwifery service. Healthy low-risk pregnant women who are employed under the approved report to the Midwifery Manager who planning a home birth are provided with one-to-one Community Midwifery Roster reports directly to the Executive midwifery care throughout their pregnancy, labour, Agreement and insured through the Director of Women's and Newborn birth and the early postnatal period. Women Government Insurance Agency. The Services. Monthly reports on the receive their antenatal care at home or in a administration of the CMP is managed Community Midwifery Program are community based midwifery clinic. by Community Midwifery WA (CMWA), submitted to the Executive Director of a non-government organisation that Women's and Newborn Services and holds a contract with the Department of to the Clinical Advisory Group that Health. provides clinical support for the CMP.	
School Dental Service	The School Dental Service provides free dental care to school children throughout the state ranging from pre-primary through to Year 11 and to Year 12 in remote localities. Care is provided by dental therapists under the supervision of dental officers from fixed and mobile dental clinics located at school throughout the State. The program incorporates preventive strategies which oral health education for school children. Non-general and specialist services are referred to the private sector or where a child is eligible to a Government clinic for subsidised care.	The Department of Health negotiates Program measure include: • number of children enrolled and • Dental Health status i.e. number of decayed / missing / filled teeth • Average cost of service per child.

Table 10A.9

Table 10A.9 Western Australia, community health services programs*Programs funded by the WA Government during 2005-06*

<i>Program</i>	<i>Description</i>	<i>How the programs were dealt with in a Reporting programs budgetary context</i>	<i>associated with the</i>
Subsidised Dental Care Program	Dental care is provided to eligible financially disadvantaged people (pensioners and recipients of benefit / allowance from Department of Veteran Affairs) via • Public Dental Clinics Metropolitan and Country • Private practitioners participating in the Metropolitan and Country patients Dental Subsidy Schemes and the Private Orthodontic Subsidy Scheme. • In addition, a Domiciliary Unit provides dental care for housebound patients. Dental care also is provided for special groups and institutionalised people. • Aged Care Dental Program. This program provides dental care to the Residents of Registered Aged Care Facilities. Residents are eligible to receive annual free dental examination 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 or referral to private practice for others.	The Department of Health negotiates Program measures include: • Access to dental treatment for the eligible people • Average waiting times • Average cost of completed courses of adult dental care.	

Source : WA Government (unpublished); 2007 Report, table 10A.45.

Table 10A.10

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

Programs funded by the SA Government during 2005-06

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 acquired between the Department of Health and the 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 DH and Health Dept of Families and Communities including HACCC. For Palliative Care some funding on through Commonwealth.	Monthly Management Summaries - Department of Health
Child Development Unit	Multidisciplinary care planning for children with developmental delay in partnership with paediatrician.	Dept of Families and Communities including HACCC. For Palliative Care some funding on through Commonwealth.	Palliative Care Minimum Data Set (MDS) 6 monthly reporting on community based palliative care - published in palliative care bulletin
Paediatric Intervention Unit	Provides therapy, parent support, information and advocacy for children that have a disability or developmental delay and their parents.	Aboriginal health services are state funded through government services and work closely with Federally funded health services and supported through Commonwealth APHCAP funding. HACCC reporting Department of Health funded requirements. Health Service regions to undertake the program. Agreements Key Performance Indicators.	Region Service Performance
Child and youth health	Provides a universal child and maternal health service for babies and children up to 5 years old. Services are both home based and clinic based. Provides youth health services for 12-25 years of age - services include counselling, medical, therapy, group programs and community development. A range of specialist programs are also provided through child health services including hearing screening programs, mothers and babies residential programs.		

Table 10A.10

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

Programs funded by the SA Government during 2005-06

<i>Program</i>	<i>Description</i>	<i>How the programs were dealt with Reporting associated with the programs in a budgetary context</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.	
Healthy Ways Project	The project focuses on improving nutrition standards and reduction in tobacco use by Aboriginal people in seven select locations in SA.	
Aboriginal Scholarship Scheme	A scholarship scheme has been established to promote and foster the development of Aboriginal people through a tertiary education scholarship program	
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.	

Table 10A.10

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

Programs funded by the SA Government during 2005-06

<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>
Diabetes Education	Counselling for clients and relatives on the self care of diabetes and its associated complications.		
Community health services	A range of primary health care services and programs provided by multidisciplinary teams from community settings that are aimed at prevention, early intervention and community capacity building to protect the health and wellbeing of the community.		
Women's Health	Primary health care services and programs, often linked to community health services, to address the specific health and well being needs of women, with a particular focus on women with poor health outcomes and least access to services. Includes health information, counselling and community development programs for women.		
Community nursing	Nursing care provided in people's homes or in a community setting to maximise their health and quality of life, taking into consideration the needs of the carer.		
Integrated health care program	Covering diabetes services, dietetic services, community nursing, and discharge planning services.		
Palliative Care / Bereavement Counselling	Palliative Care Services provide support and services to clients and their families when faced with a life limiting illness. 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.		

Table 10A.10

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

Programs funded by the SA Government during 2005-06

<i>Program</i>	<i>Description</i>	<i>How the programs were dealt with Reporting associated with the programs in a budgetary context</i>
Mens Health program	Bereavement Counselling offers counselling and support to clients and relatives on grief and loss issues.	
Mental Health Team	Promotion and education services. Assessment, counselling, support, information and education on mental health issues.	
Oral health (including public dental services)		
Specialist Dental Services	Specialist Dental Services for concession card holders provided in association with students of the University of Adelaide.	
Community Dental Service	Emergency and general dental care (including dentures) for adult holders of concession card and their dependents in public dental clinics and contracted through private providers.	
School Dental Service	Regular preventively focused general dental care for pre-school aged, primary and secondary school children under 18 years of age.	
Allied health (including physiotherapy and optometry)		
Allied health services	Treatment, therapy and rehabilitation program with multiple allied health professions, equipment loan.	
Counselling	Community Based counselling in a number of areas.	
Dietetics / Nutrition	Therapeutic dietary advice, nutrition education.	

Table 10A.10

Table 10A.10 South Australia, community health services programs*Programs funded by the SA Government during 2005-06*

<i>Program</i>	<i>Description</i>	<i>How the programs were dealt with Reporting associated with the programs in a budgetary context</i>
Health Social Worker	Advice for clients with personal, accommodation and financial issues.	
Occupational Therapy	Work with people of any age to promote independence and maximise performance in activities of daily living.	
Physiotherapy	Provide services to inpatients and outpatients. Paediatric services are provided.	
Podiatry	Foot care clinics are provided. The department also offers special insoles and orthoses if required.	
Speech Pathology	Paediatric services for speech and language difficulties from 0 - 4 years. Any age for swallowing, feeding, voice difficulties. Adults with communication issues.	
Drug and Alcohol Treatment		
Drug and Alcohol services	Counselling, support and education for youth at risk.	
Community Health Services		
Primary Health Care Networks	Primary Health Care 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 10A.10

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

Programs funded by the SA Government during 2005-06

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

Source : SA Government (unpublished); 2007 Report, table 10A.46.