

Table A-1 COMMONWEALTH HEALTH PROGRAMS, 1999-2000

Program	Description	Funding Distribution Method	Category	Funding
Office for Aboriginal and Torres Strait Islander Health				
Base Funding grants	Base grant funding to Aboriginal Community Controlled Health Services (ACCHSs) to provide primary health care.	Approved services receive ongoing funding at an agreed 'Base' level (subject to conditions of grant).	Primary	\$77.47m
Substance Misuse Program	Funds specific substance misuse services and projects such as education and prevention strategies, and treatment and rehabilitation services in urban, rural and remote areas.	Funding is a result of historical distribution. There is very little funding for new services. When spare funding does arise, it is generally kept within the region and goes to an existing service site to fill a gap identified by regional plans.	Primary	\$14.99m
Sexual Health	Funds strategies to reduce sexually transmitted diseases in the Indigenous community, in particular Polymerase Chain Reaction testing.	Approximately 85 per cent of the funds allocated annually by the Commonwealth are distributed between the States on the basis of Indigenous population and how that population is distributed across urban, rural and remote areas (using ARIA). Within each State these funds are allocated through a partnership arrangement which includes OATSIH, State Health Departments and the community controlled health sector. The remaining 15 per cent of funds are allocated to national level projects designed to build the evidence base of good practice in responding to Indigenous sexual issues.	Primary	\$6.99m
Mental Health	Funds mental health counsellor positions and training.	Funding is largely a result of historical distribution.	Primary	\$5.28m
Bringing them Home	Establishes regional centres focusing on Indigenous mental health issues and funds counselling positions. The regional centres develop curricula, deliver training and provide clinical support, as well as developing information systems and partnerships with other organisations.	OATSIH looked at ABS data about where the effect of the policy of separating Indigenous children from their parents was the greatest. Funds were then allocated to States. Where the funds went in the State was discussed in the partnership forums. A second round of 4 centres has been approved. The location of the new sites has been decided on in consultation with NACCHO.	Primary	\$4.15m

Program	Description	Funding Distribution Method	Category	Funding
Remote Services Initiative	Funds new health centres in remote areas where there is little or no access to health services.	<p>Communities without a hospital, health centre or ACCHS in their vicinity were identified using data from HINS and State Health Departments. Services were then selected using the following criteria:</p> <ul style="list-style-type: none"> • communities furthest from a hospital or significant health services; • communities with a population below 100 and without at least a fortnightly visit from a nurse or GP; • communities of over 100 that do not have a resident nurse or AHW, and do not have fortnightly visits from a GP; • communities of over 200 that do not have a resident nurse, supporting health workers, and weekly visits from a GP; and • communities of 500 or more were considered on a case by case basis for the adequacy of the services provided and the level of access to mainstream services. 	Primary	\$3.24m
Coordinated Care trials	Tests whether better health outcomes can be achieved for Indigenous people with complex or chronic care needs by allowing greater flexibility in the use of funds to support care planning and coordinated provision of services.	Sites selected on the basis of submissions. The Commonwealth contributions to the pool of funds were paid on a per person basis, at national average rates of usage of Medicare and PBS.	Primary/ Acute	\$3.13m
Staff Training and Support	Aims to assist Aboriginal and Torres Strait Islander health and substance misuse services develop and implement relevant staff training programs.	Funding was allocated directly to health and substance misuse services in 1996-97 at the rate of 2.6 per cent of the value of their recurrent grants and now forms part of the organisation's annual base grant. Funding has been maintained in real terms through annual indexation.	Primary	\$2.10m

Program	Description	Funding Distribution Method	Category	Funding
Specialist services	Co-funds three pilot specialist outreach projects designed to improve health outcomes in remote communities by providing increased access to specialist services for remote area patients.	At this stage we do not have this information.	Primary	\$1.94m
Eye health	To improve detection and treatments of eye problems, as well as access to specialist services and equipment.	At this stage we do not have this information.	Primary	\$1.71m
Hearing services	To improve detection and treatments of hearing difficulties, as well as access to specialist services and equipment.	A consultation process was used to determine the priorities and allocations for the Strategy. The identified priorities were child health sites; training and equipment programs; capital infrastructure; research, and contingency (a small annual contingency reserve was set aside).	Primary	\$1.36m
Primary Health Care Access Program	A capitation model to fund new ACCHSs up to 4 times the average Medicare funding per person. Services can receive fully capitated funding or a mixture of grant and capitation funding.	Areas which have completed regional plans will be funded first.	Primary	\$1.12m
Regional Planning	Funds are provided to develop regional health plans.	At this stage we do not have this information.	Primary/ Acute/ Aged	\$0.48m
Best Practice	At this stage we do not have this information.	At this stage we do not have this information.	Primary	\$0.17m
Management Support	At this stage we do not have this information.	At this stage we do not have this information.	Primary	\$0.14m
Department of Health and Aged Care Programs – General				

Program	Description	Funding Distribution Method	Category	Funding
Medicare	<p>Provides financial assistance to people who incur medical expenses in respect of professional services rendered by qualified medical practitioners, participating optometrists and eligible dentists.</p> <ul style="list-style-type: none"> Section 19(2) of the Act arrangements allows benefits to be paid for services provided by medical practitioners working at ACCHSs and State Health Services. Enhanced Primary Care items pay a benefit for voluntary health assessments for aged Indigenous people. 	Demand driven program.	Primary/ Acute	\$6900.00m Recurrent
Australian Health Care Agreements	Provide the basis for the Commonwealth Government's financial contribution to public hospitals.	The base health care grant is indexed to adjust for population growth and aging, change in hospital output costs, change in private health insurance coverage, change in entitled veterans' population, growth in demand and a component for mental health, palliative care and quality improvement. The base grants also undergo adjustments for each State. Funding for quality improvement, national mental health projects and national palliative care projects is also provided.	Acute/ Primary	\$5900.00m Recurrent
Pharmaceutical Benefits Scheme	<p>Provides timely, reliable and affordable access to necessary and cost effective medicines.</p> <ul style="list-style-type: none"> Section 100 arrangements allow remote ACCHSs and remote State health services to provide pharmaceuticals. 	Demand driven program.	Primary/ Acute	\$3,400.00m Recurrent
Residential Aged Care Program	<p>Provides residential care appropriate to the needs of older people.</p> <ul style="list-style-type: none"> Groups of places are targeted to Aboriginal and Torres Strait Islander people. 	Distribution of care places is decided within the Aged Care Approvals round process which is essentially a needs based formula.	Aged and Community Care	\$3,140.50m Recurrent

Program	Description	Funding Distribution Method	Category	Funding
Private Health Industry	Supports the private health insurance industry to improve the choice of health services for Australians.	Grants are provided following open tender process.	Primary/ Acute/ Aged and Community care	\$1,292.30m Recurrent
Home and Community Care Program	To provide a comprehensive and co-ordinated range of basic maintenance and support services for aged people, younger people with a disability and their carers.	Joint Commonwealth/State cost-shared, utilising needs based funding formula.	Aged and Community Care	\$525.57m Recurrent
Practice Incentive Program	Provides an additional source of funding to encourage GPs to undertake activities that enhance patient care. <ul style="list-style-type: none"> The Department is facilitating appropriate accreditation assessment of ACCHSs 	Demand driven payments based on practice size and participation in the incentive tiers.	Primary	\$184.00m Recurrent
Public Health Outcome Funding Agreement	Provides broadbanded Commonwealth assistance to States for particular population health initiatives and activities.	Weighted capitation resource allocation formula for distributing Commonwealth funding between the States. Weighting includes measures for Aboriginality and rurality in each jurisdiction.	Primary	\$177.00m Recurrent
Community Care Package Program	Provides individually tailored packages of care to aged people assessed as requiring a range of care services in their own home. Packages are targeted to older people with complex care needs who require significant management services. <ul style="list-style-type: none"> Groups of places are targeted to Aboriginal and Torres Strait Islander peoples. 	Distribution of care places (care packages) is decided within the Aged Care Approvals rounds process which is essentially a needs based formula.	Aged and Community Care	\$165.00m Recurrent
Commonwealth Hearing Services Program (CHSP): Voucher System component	To reduce the consequences of hearing loss on the community by providing high quality cost effective hearing services to eligible clients. <ul style="list-style-type: none"> Although eligible Indigenous clients are seen through the Voucher system, their needs are mainly considered under the Community Service Obligations component (see below). 	Demand driven program.	Primary, Aged and Community Care	\$120.00m Recurrent

Program	Description	Funding Distribution Method	Category	Funding
Health Program Grants	<p>An alternative to the Medicare or PBS provided to organisations for the provision of approved health services.</p> <ul style="list-style-type: none"> Funds GP services to people in rural and remote areas of the Northern Territory. The services can be provided free of charge because there are difficulties claiming Medicare benefits; and Funds pathology services for residents of the Northern Territory unable or finding it difficult to claim pathology Medicare benefits, or allow benefits to be claimed on their behalf. 	Some of the grants are demand driven (funding based on agreed calculation formula) and others are indexed grants.		\$89.00m
			Primary	Recurrent
				\$1.10m
				\$2.90m
				Recurrent
Aged Care National Respite for Carers Program	<p>Contributes to supporting and managing people suffering from dementia with challenging behaviours. It facilitates access to information, respite care and other support or assistance appropriate to carers' individual needs and circumstances, and those of the people they care for.</p> <ul style="list-style-type: none"> Some respite services and some Carer Respite Centres specifically target Indigenous carers. 	Submission based grants with as assessment based on population and service data among other things.	Aged and Community Care	\$58.20m
				Recurrent
General Practice Immunisation Incentives	<p>Provides financial incentives to GPs who monitor, promote and provide age appropriate immunisation services to children under the age of seven years in their practices.</p> <ul style="list-style-type: none"> Includes the Indigenous Pnuemococcal and Influenza Immunisation Program. 	GPs apply to participate in the program. Payments are calculated periodically using Australian Childhood Immunisation Register and Medicare data.	Primary	\$38.00m
				Recurrent
Aged Care Assessment Program	Ensures that frail older people can access key support services appropriate to their needs, and improves the coordination of age care services with other health and community support services.	Determined by the Commonwealth in conjunction with State Governments.	Aged and Community Care	\$36.50m
				Recurrent

Program	Description	Funding Distribution Method	Category	Funding
Day Centre Therapy Program	Day Therapy Centres provide a wide range of therapy services to frail older people living in the Community and to residents of Commonwealth funded residential aged care facilities.	At this stage we do not have this information.	Aged and Community Care	\$27.70 Recurrent
Regional Health Services	Increases access to health and aged care services for people in rural and remote areas. In particular, increases access to services that can address local priorities.	Grants provided under submission process. There is some targeting of high need areas.	Primary	\$27.60m Recurrent
CHSP: Community Services Obligations component	Funds hearing services for services to children under 21, and eligible adults. Research and noise related activities are also funded. <ul style="list-style-type: none"> The Australian Hearing Specialist Programs for Indigenous people targets ear disease and hearing loss prevention in young children, including the detection of acute otitis media. 	Demand driven program.	Primary/ Aged and Community Care	\$26.80m Recurrent
Royal Flying Doctor Service	To provide a range of health care and other related services to rural and remote communities.	At this stage we do not have this information.	Primary/ Acute	\$17.95m Recurrent \$2.50m Capital
Aboriginal and Torres Strait Islander Aged Care Strategy	To improve the financial viability of Indigenous care services and the care delivery to older Indigenous people, especially in remote communities.	Grants are decided on the basis of submissions. Funding is paid monthly as a cashed out subsidy according to the allocated number and type of places.	Aged and Community Care	\$4.66m Capital \$10.48m Recurrent
Coordinated Care Trials	Tests whether better health and wellbeing outcomes can be achieved for people or populations with complex or chronic care needs by allowing greater flexibility in the use of funds to support care planning and coordinated provision of services.	Sites were selected on the basis of submissions.	Primary/ Acute	\$15.17m Recurrent

Program	Description	Funding Distribution Method	Category	Funding
Family Planning Program	Provision of sexual and reproductive health education, training and services.	Grants are provided under a submission process.	Primary	\$14.15m Recurrent
National Illicit Drug Strategy – Non-Government Organisation Treatment Grants Program	Provides funding to non-government organisations to establish and operate new treatment services for users of illicit drugs. There is an emphasis on filling geographic gaps in the coverage of existing treatment services, and addressing target groups. Funding is also given for expanding and upgrading existing non-government treatment services.	Grants are provided following an open tender process.	Primary	\$13.50m Non-recurrent
Public Health Education Research Program (PHERP)	<p>Funding mainly contributes to infrastructure development for the delivery of innovative education and research programs in public health. Support has been provided for:</p> <ul style="list-style-type: none"> innovative specialised Indigenous health education and research programs; integrating Indigenous health education into mainstream programs; Indigenous public health research and research training; and programs specifically designed to address Aboriginal and Torres Strait Islander health issues. 	Universities/consortiums have been funded on a five year cycle. The criteria for distribution of funding has largely been based on demonstrated collaborative effort, geographical dispersion and degree of diversification, particularly in rural and remote areas.	Primary	\$9.03m Recurrent
Fighting Suicide	To prevent premature death from suicide among young people, to reduce rates of injury and self harm, and to enhance resilience, resourcefulness, respect and interconnectedness for young people, their families and communities.	Grants are provided under a submission process.	Primary	\$8.00m Recurrent

Program	Description	Funding Distribution Method	Category	Funding
General Practice Innovations Funding Pool	<p>Funds of Divisions of General Practice with innovative proposals addressing national priorities which have the potential for national application.</p> <ul style="list-style-type: none"> A component of the Primary Health Care priority area is to improve access to health services for Indigenous people. 	Grants are provided under a submission process.	Primary	<p>\$4.00m</p> <p>Recurrent</p>
National Diabetes Strategy	To reduce the incidence, prevalence and the impact of diabetes, and to reduce the social, economic and health costs of the disease on the community.	Funding is provided through an open application and assessment process.	Primary	<p>\$2.97m</p> <p>Recurrent</p>
Assistance with Care and Housing for the Aged	To assist financially and disadvantaged older people who are renting or who are homeless to meet both their accommodation and support needs.	This is a 'no growth' program and limited to a small number of providers, decisions on funding distribution are only an issue if a service should close.	Aged and Community Care	<p>\$2.60m</p> <p>Recurrent</p>
Psychogeriatric Care Units	To raise the quality of care for residents with dementia and challenging behaviours by providing expert assessment, diagnosis, advice and support services to older people and carers, nursing homes, hostels and Aged Care Assessment Teams.	Grants are provided under a submission process.	Aged and Community Care	<p>\$2.60m</p> <p>Recurrent</p>
National Illicit Drug Strategy – Community Partnerships Initiative	To encourage quality practice in community action to prevent illicit drug use and to build on existing activity occurring across Australia. In particular, projects funded under this Initiative should demonstrate a strong emphasis on national capacity building and support empowerment of local communities.	Funding is provided through an open application and assessment process.	Primary	<p>\$1.40m</p> <p>Non-recurrent</p>
Dementia Education and Support Program	To provide education and support services to people with dementia and their carers under the Dementia Education and Support Program. The program is delivered through the Alzheimers Association.	At this stage we do not have this information.	Primary/ Aged and Community Care	<p>\$1.38m</p> <p>Recurrent</p>