



Australian Government

Australian Institute of  
Health and Welfare

# dccess

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## **Australian Institute of Health and Welfare**

**Board Chair** The Hon. Peter Collins, AM, QC

**Director** Dr Penny Allbon

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# Dear reader

a message from **Dr Penny Allbon**, Director, AIHW



## **'I work for the AIHW'. 'Er yes, of course, what do they do again exactly?'**

Hi there to all our new and continuing readers of the new-look *AIHW access*. With the launch of this new issue I thought it timely to run through who we are, and what we do, for those readers who may not know us all that well.

In short, the Australian Institute of Health and Welfare (AIHW) is Australia's national agency set up to provide high quality information on health and welfare, mostly through statistics and statistical analysis, and data development. We are an Australian Government statutory agency and currently have 310 staff in Canberra.

We're at an important stage in development, with another 30 staff expected to join us in the coming year! We are committed to making sure that during this period of growth we stick to our strengths of being a flexible and productive place to work.

We came into existence in 1987, and operate under Commonwealth legislation, the *Australian Institute of Health and Welfare Act 1987*. We report to the Minister for Health and Ageing, but are governed by an independent Board accountable to Parliament. The Board includes representation of state and territory interests, health, welfare and housing interests, and Australian Government interests.

Apart from setting out our role, the main features of the AIHW Act are our independent 'arm's length' relationship with the Minister, which reinforces our commitment to reporting without fear or favour, and our extremely strict privacy and confidentiality provisions. We cannot be forced by anyone, even a court of law, to release data that would identify a particular person.

## **What we do and why**

Our mission, **'Better information and statistics for better health and wellbeing'** is one we take very seriously.

One of the reasons we were set up as a statutory agency was so the Commonwealth and the states and territories could all feel they had equal stakes in what we work on, and how. So, working closely with these parties is fundamental to how we do business. It's also why we have been successful promoting and achieving consistency among national, state and territory statistics so we can produce comprehensive national data of the highest standard.

## **Dodgy data does not translate into good policy**

Here at the AIHW we put significant emphasis on gathering accurate data and building and maintaining excellent relationships with our data providers. If we don't maintain strong working relationships with data providers, the quality of our data and our analysis suffers. Not only does accurate data make everybody's lives at the Institute that little bit easier, it is also hugely important for the development of effective policy. The data we collect reflects the health and welfare needs of all Australians and is used to produce policy, both now and for future generations.

# Dear reader

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continued

As part of our mission we aim to inform community debate, both public and political. Through our data development work, statistical analysis and reporting on Australia's health and welfare, we help provide the evidence base for policy decisions and services.

## New and exciting work

This year, the new Council of Australian Governments (COAG) Performance Reporting regime has given us an opportunity to work with all governments to improve national data across a range of subject matters, and we have seized it with open arms. The COAG-related work has led to stronger relationships with a number of government agencies, and more involvement in information-related work. For example, the AIHW has been contracted to develop a unit record collection in child protection to help improve the evidence base in the future. And, under the auspices of the COAG building blocks for 'Closing the Gap' between Indigenous and non-Indigenous Australians, we have started work (in collaboration with the Australian Institute of Family Studies) on a national Indigenous Clearinghouse. This clearinghouse will collect, assess and disseminate reliable evidence about success factors for overcoming Indigenous disadvantage.

## New monitoring centres

It's sometimes hard to believe how much we've grown! The AIHW now houses six National Monitoring Centres, including the recently created National Cancer Monitoring Centre and the National Centre for Monitoring Chronic Kidney Disease together with its expert advisory committee. These two new Centres complement the existing Centres for cardiovascular disease, diabetes, arthritis and musculoskeletal diseases, and asthma.

## Towards the future

At the AIHW we are proud of our track record, and what we have achieved in a little over 20 years. But we won't be resting on our laurels. For us, the path to achieving 'better information and statistics for better health and wellbeing' means continuing to seek out new work in areas where our strengths of data development and high quality information make us well equipped to make a valuable contribution to informing the public and political community debate.

In fact, the Australian Government and the Australian community have shown their confidence in us by backing our growth from a \$20M organisation into a \$40M organisation over the last 8 years. We will be working hard in the years ahead to repay that confidence. But we will also be working hard at enjoying the journey—above all, we want the AIHW to continue being a great place to work!



**Dr Penny Allbon**



# Reconciliation

## Action Plan

### Turning good intentions into actions

**More than a year has passed since the Prime Minister's apology to the Stolen Generation, but reconciliation still remains central to the achievement of lasting results for Aboriginal and Torres Strait Islander Australians and the nation as a whole.**

The Australian Institute of Health and Welfare recognises the importance of reconciliation and in June, it put into place a Reconciliation Action Plan (RAP) to strengthen the Institute's commitment to this important goal.

The RAP sets out specific, achievable actions for enhancing relationships, respect and opportunities between the AIHW and Aboriginal and Torres Strait Islander people.

It was developed over several months by the Social and Indigenous Group, the People Unit, some of the AIHW's Indigenous staff members and Reconciliation Australia.

The objectives of the Plan are to:

1. Enhance awareness of Aboriginal and Torres Strait Islander cultures at the AIHW.
2. Shape policy and community debate by highlighting issues affecting Aboriginal and Torres Strait Islander people through statistics and relevant advice.
3. Develop and build capacity in Aboriginal and Torres Strait Islander people and organisations in data and statistical areas.

The Plan was launched by the Chair of the AIHW Board, the Hon. Peter Collins, at a special bush tucker morning tea. Ngambri elder Matilda House performed a Welcome to Country and with her daughter Michelle and sister Louise Brown, blessed the land and building at the AIHW site in Bruce. Paul House entertained guests with some wonderful didgeridoo music, accompanied by songman Billy Tompkins.

Special guests at the morning tea included the Head of the National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data, Lisa Pulver-Jackson, Reconciliation Australia's CEO Paul O'Callaghan and RAP Advisor Kerrie Nelson, and several AIHW Board members.

The AIHW's Director, Dr Penny Allbon described the event as a very special occasion and said the RAP would underpin the strength of the Institute's collaborative relationships in producing sound information in relation to Aboriginal and Torres Strait Islander people.

'Our goal is to develop and maintain respectful and valuable partnerships with the Aboriginal and Torres Strait Islander individuals and organisations we work with,' Dr Allbon said.

'In addition to raising awareness of Aboriginal and Torres Strait Islander cultures at AIHW we are actively marketing the AIHW as a good place to work and exploring options to increase the number of Aboriginal and Torres Strait Islander staff at the Institute.'

CEO of Reconciliation Australia Paul O'Callaghan said the AIHW has a very important role to play

in reconciliation with Aboriginal and Torres Strait Islander people, particularly by improving data that will help measure progress with meeting 'Closing the Gap' targets.

The RAP sets out several key focus areas, including relationships, respect and opportunities. For each of these focus areas the plan specifies a number of actions with timelines and measureable targets.

Performance indicators and unit responsibilities have been identified for all actions and will be used to monitor the achievements of the plan.

The RAP will be championed within the Institute by the Director of the AIHW and the Executive Committee. A report on progress of the plan will be prepared each year, with the first report to be released on 30 June 2010.

The Plan also strengthens the commitment that all AIHW data collection and analysis is undertaken using the National Aboriginal and Torres Strait Islander health data principles.

The AIHW is committed to informing public discussion about issues affecting Aboriginal and Torres Strait Islander people and it provides essential information for the development of public policy in areas of Aboriginal and Torres Strait Islander health and welfare.

Reflecting this vital role, the RAP states that the AIHW will strive to improve the quality, analysis and presentation of its data on Aboriginal and Torres Strait Islander Australians.



**L—R** Matilda House, Ngambri elder; Penny Allbon, AIHW Director; Louise Brown (Matilda's sister); Cherie Williams (Matilda's niece); the Hon. Peter Collins, Chair of the AIHW Board; Paul O'Callaghan, CEO of Reconciliation Australia.

# Australia's welfare 2009

## How do we measure up when it comes to meeting the needs of our most vulnerable?

The latest biennial report on the state of Australian's wellbeing will be launched at the *Australia's welfare 2009* conference by the Hon. Jenny Macklin MP, Minister for Families, Housing, Community Services and Indigenous Affairs, on 17 November 2009.

The report shows how we measure up, particularly when it comes to children and young people, families, those with disability, the homeless, the elderly and carers.



### Conference sessions will feature the following discussions:

#### Housing and housing assistance—are we doing enough?

While the largest ever single investment in social housing, and a new national housing agreement, will bring about significant changes in the supply and delivery of housing assistance to low-income households, current demand for affordable housing still exceeds supply.

- What is the impact of rising house prices?
- Why is demand for housing assistance at an all time high?
- What is the role housing assistance programs play in addressing demand and supply issues?

#### Homelessness in Australia—where are we now?

The Australian Government has made homelessness a key priority of its Social Inclusion Agenda and has made a commitment to reduce and prevent it. Achieving this involves having a quality evidence base to better understand those affected in order to improve service delivery.

- Who are the homeless in Australia?
- What causes homelessness?
- Where are the homeless living?

#### Ageing and aged care—a changing community!

The mix between residential and community aged care is constantly changing. What are the drivers for these changes?

- Does culture matter?
- Will those in rural and regional areas have the same access?
- What is age specific population growth?
- Health of aged people?
- Availability of services?

#### Carers and informal care—who are the carers of tomorrow?

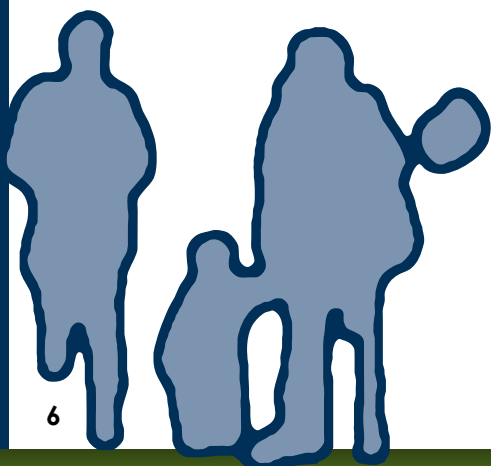
Unpaid family members and friends, most of whom are women, are the main source of support to many people with a disability, other long-term conditions and the aged. What are the emerging issues?

- Will we have enough informal carers in the future to meet demand?
- Will those who are available want to care?
- How can we support carers to stay engaged in the community?

#### Disability—who are we including?

Disability statistics can summarise complex relationships between people, policies and programs. They make headlines, but what do they really mean?

- What are the facts behind the numbers?
- What are the trends?
- Are the services adequate?
- Is government income support enough?



### Children—do today's children require different things?

Changes in the family structure can affect children in various ways. Analyses from *Growing up in Australia: The longitudinal study of Australian children*, and other Australian and international data will be used to explore the following issues.

- Is family life in Australia becoming increasingly complex?
- What are the major changes that have lead to complexity?
- How are families faring in the face of contemporary challenges?
- Has the wellbeing of children declined over recent decades, or not?
- Which children are doing well and who are those particularly at risk?

The Council of Australian Governments is currently considering significant reforms to improve the quality of Australian early childhood education and care services. Issues being explored include:

- Is access to quality childhood education improving?
- What are the issues surrounding childhood education reform?
- How will this impact service providers?

## Australia's welfare 2009 conference

### *Whose needs? How well met?*

16–17 November 2009

- Bringing together the nation's leading thinkers and the latest statistics
- Providing a forum for discussion and debate on issues around social inclusion
- Discussing how well the needs of all Australians are being met by government services and programs

### Welcome dinner

**Keynote speaker:**

Reverend Tim Costello, CEO World Vision Australia

The National Press Club, National Circuit, Barton ACT

Monday 16 November 2009  
from 7:00pm

### Conference

**Keynote speakers:**

Professor Mick Dodson, 2009 Australian of the Year

Dr Ed Sondik, international health expert

Professor Eric Emerson, international disability expert

The Hon. Jenny Macklin, MP, Minister for Families, Housing, Community Services and Indigenous Affairs

The Queanbeyan Performing Arts Centre, Crawford St, Queanbeyan, NSW

Tuesday 17 November 2009  
Registration from 8:00am  
Conference begins at 8:45am.

More details available at [www.aihw.gov.au](http://www.aihw.gov.au)





# Children's health

## reporting from all angles

The AIHW is working closely with other jurisdictions to unravel and attain a clearer picture of what influences a child's health and wellbeing.





## What we know

Getting a comprehensive and meaningful picture of Australia's children requires a significant depth of field, to capture the multitude of elements in children's lives that interact and influence their health and wellbeing.

A child's health and development is not solely linked to their own biology, but is influenced by family, community and societal systems. Just as an individual family's economic situation can affect a child's nutrition, access to health care, safety and stability, so too can a national health system's capacity to effectively provide immunisations affect childhood illness and death.

'A photographer's wide angle lens achieves a depth of field that makes all elements seen through the camera lens—from the foreground to the farthest point in the background—appear in sharp focus.'

## The challenges ahead

At the same time, rapid social, economic and technological change brings new challenges such as obesity, chronic disease, mental health and behavioural problems that can affect not only childhood but the course of people's lives.

## AIHW leads the way

Sushma Mathur of the AIHW's Children, Youth and Families Unit says the appreciation of these issues has prompted a dramatic shift over the past decade from health status to a 'life course' approach in data development, reporting and policymaking.

## Child health indicators

Recently the AIHW published a report *A picture of Australia's children 2009*, answering questions considered vital to the health and wellbeing of children. Included in this report is an official set of Children's Headline Indicators to better link data and policy efforts across all jurisdictions.

Ms Mathur says the 56 measures of child health and wellbeing to be reported on reflect the life course approach, 'reporting from all angles and getting a truer picture of Australia's children'.



The broader and refined set of health and welfare measures and indicators were developed in consultation with the National Child Information Advisory Group and build upon the AIHW's already robust national data collection and reporting on children.

Dr Sharon Goldfeld, a member of the National Child Information Advisory Group, says that it is not just about data development and reporting, which are important, but it is also about seeing how we are tracking against those indicators. An impetus for action is the ultimate aim of the indicator framework.

Also to be reported on for the first time are the system performance indicators within the framework, which Ms Mathur says will show the way the health system is responding to the needs of children.

## Responding to the needs

Childhood leukaemia survival rates have increased over the past decade with survival at 83% of cases.

'This shows the health system is working,' Ms Mathur says, reflecting factors such as GPs making earlier diagnoses, collaboration between health care professionals and good case management, access to health services and appropriate treatments.

## Where are the gaps

The development of the indicator framework has also revealed where the gaps in information are—another important step in completing the picture of children's health and wellbeing.

Ms Mathur points to the dearth of data on the mental health of children as one of the biggest gaps.



'We do know that mental health problems are rated as the second highest disease burden of children and that the origin of adult mental disorders is often in childhood. What we don't know is the extent of the problem. The latest figures are from 1998,' she says, emphasising the need for a survey of children and mental health.

Other gaps currently exist within the indicators and work is continuing to develop appropriate measures for key areas such as social and emotional wellbeing of children.

## Where to from here

'Everything from national policy right down to the family you live with has an effect on a child's health and wellbeing,' explains Victorian Department of Human Services Child Health Senior Medical Advisor, Dr Sharon Goldfeld. 'We need an understanding of the broader scene.'

Both Dr Goldfeld and Ms Mathur are confident that with the right will and resources, the work can be done to capture a clearer picture of Australia's children and their lives.

### Primary contact

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### Further information

*A picture of Australia's children 2009*  
[www.aihw.gov.au/publications/index.cfm/title/10704](http://www.aihw.gov.au/publications/index.cfm/title/10704)

### National Child Information Advisory Group

[www.aihw.gov.au/committees/aus\\_child/members.cfm](http://www.aihw.gov.au/committees/aus_child/members.cfm)

# Rural health



## Reform agenda

In its recent interim report on reform directions for Australia's health system, the National Health and Hospitals Reform Commission's statements on inequity rang true for rural health and the current policymaking environment.

## What we know

The AIHW's work on rural health to date has already made visible many of the inequities for Australians living in rural and remote areas. They generally have poorer health than their major city counterparts—reflected in their higher levels of mortality, disease and health risk factors.

Their hospitalisation rates are up to 55% higher, although rates of some common medical procedures and preventive care services are lower than for those living in major cities.

**'Rurality is within everything the AIHW does in health and welfare reporting.'**

## AIHW leads the way

The AIHW's Rural Health Information Framework—established in 2003—comprises more than 30 indicators to help understand and monitor the health of rural and remote populations. In two complementary reports on the indicators published last year, the AIHW reported the latest information on rural health status and outcomes, health determinants and health system performance.

Sally Bullock of the AIHW's Population Health Unit says the framework has significant benefits, providing a systematic structure on which to report and evaluate over time the health of rural Australians.

'We can see how the health of rural Australians is changing, not only within rural areas but in comparison to other areas.

'It also enables the AIHW to report by locality across multiple health and welfare areas, from issues such as hospital use, labour force and disability services to mortality, child oral health, and cardiovascular health.

'We know that health status varies between coastal and inland areas. We know there are socioeconomic differences between rural areas, where for example some have been adversely affected by drought while others have experienced economic boom due to the mining sector. We know it is difficult to disentangle the extent to which rural and remote issues are related to Indigenous issues.

**'We are not currently capturing all the complexities within rural health, but we are certainly aware of them, which means we will be using the data in a way that will better enable the AIHW, and other epidemiological researchers, to investigate and report on these complexities in the future.'**

Reports released by the AIHW have shown that Australians who live in rural and remote communities generally have poorer health than their city counterparts.



## Where to from here

Ms Bullock says the AIHW's work has also provided a solid basis on which to build an even stronger information framework in the future, something which would be timely given the current high level of rural health policy activity.

## 'A precursor for action on health inequity is that the issue becomes visible.'

Currently, the Office of Rural Health is reviewing all 60 federal rural health programs and the classifications that determine eligibility of funding.

In the meantime the Australian Government's National Preventative Health Taskforce, set up in April 2008, released their report *National preventative health strategy – the roadmap for action*, which will deliver major reforms in tackling the big three health issues—obesity, tobacco and alcohol.

In addition, the final National Health and Hospital Reform Commission report *A healthier future for all Australians* was released in June. The draft report *Building a 21st century primary health care system* was also released for government consideration in August.

The AIHW's extensive data and analyses have made it an important portal of independent rural knowledge—from statistics to analyses and sources of information—and it may now be a good time to revisit and strengthen the framework.

## More information

### Primary contact

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### A healthier future for all Australians

[www.health.gov.au/internet/nhhrc/publishing.nsf/Content/nhhrc-report](http://www.health.gov.au/internet/nhhrc/publishing.nsf/Content/nhhrc-report)

### National preventative health strategy – the roadmap for action

[www.preventativehealth.org.au](http://www.preventativehealth.org.au)

### Building a 21st century primary health care system

[www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/nphc-draft-report-toc/\\$FILE/NPHC-Draft.pdf](http://www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/nphc-draft-report-toc/$FILE/NPHC-Draft.pdf)

## AIHW publications

### Rural, regional and remote health: indicators of health status and determinants of health

[www.aihw.gov.au/publications/index.cfm/title/10167](http://www.aihw.gov.au/publications/index.cfm/title/10167)

### Rural, regional and remote health: indicators of health system performance

[www.aihw.gov.au/publications/index.cfm/title/10521](http://www.aihw.gov.au/publications/index.cfm/title/10521)



The people behind the stats:

# Population Health Unit



## What we do

The AIHW's Population Health Unit produces information and statistics on a variety of contemporary issues relating to the health of the Australian population and a number of disadvantaged groups.

'Money might make the world go round, but information says how fast and in what direction,' says unit head Mark Cooper-Stanbury.

## 'That's why I think our work is worthwhile—we inform so many different debates.'

Affectionately known as 'Pop health' the unit brings together information on health inequalities as well as international health.

But they can be described as the 'catch-all' for the Institute because of the large variety of subjects they cover. These include veteran's health, rural health, mortality, environmental health and nutrition as well as monitoring chronic diseases and associated determinants of health.

## Who do we do it for?

One of the main roles of the Population Health Unit is to provide data each year to the Organisation for Economic Co-operation and Development

(OECD)—an international organisation which supplies some of the world's largest and most reliable sources of comparable international statistics and economic and social data.

The OECD produces an annual report of health data across the thirty OECD countries—data from Australia is provided by the Population Health Unit. The unit also provides Australian data to the World Health Organization, which is the directing and coordinating authority for health within the United Nations system.

A number of population sub-groups have been identified as a priority because their health is worse than others—these groups are also a priority for the Population Health Unit. They include: veterans, people living in rural and remote areas, Indigenous people, socio-economically disadvantaged, prisoners and people born overseas. The unit contributes to a number of reports which relate to these groups.

## What are we working on?

The unit's big task over the coming months is the publication *Australia's Health 2010*, released mid-2010.

'We're writing two chapters, Health Determinants and Population Health, and will make significant contributions to other parts of the publication,' Mr Cooper-Stanbury said.

The unit has also begun work on the 2009 Australian Adult Vaccination Survey, a national survey which will provide data on influenza and pneumococcal vaccinations among Australian adults aged 18 and over.

## What are our future projects?

Two of the big future projects for the Population Health Unit are environmental health and nutrition.

## 'What we're doing in environmental health is looking at the relationship between the environment and human health,' Mr Cooper-Stanbury said.

He said while there were still a lot of unknowns in environmental health it would be an interesting and challenging topic to look into.

'This year we're also working on the next food and nutrition report which is a 17 year update, of *Australia's food and nutrition*.'

'It's a so-called paddock to plate look at food and nutrition, looking at the agricultural primary production industry, transport, processing, retail and then looking at nutritional status.'

# Report profiles

## A picture of Australia's children 2009

### Fast facts

#### The good news...

- Large declines in death rates (mostly due to a decline in injury deaths).
- Declines in asthma hospitalisations and improved survival for leukaemia.
- Favourable trends in some risk and protective factors, such as immunisation coverage, teenage births and smoking rates among older children.
- Most children meet national physical activity guidelines and achieve national minimum standards for reading and numeracy.

#### Things to work on...

- Rising rates of severe disability, diabetes and, among 6 year olds, dental decay.

- Far too many children spend more than the recommended time in front of a video screen (including television and computers), are overweight or obese, are not eating recommended amounts of vegetables, are homeless or at risk of homelessness, or are victims of assault.

### Summary

*A picture of Australia's children 2009* is the fourth in a series of national statistical reports on children aged 0–14 years. It shows that many Australian children are faring well, but there is much scope for further gains, particularly among Aboriginal and Torres Strait Islander children.

In terms of international comparisons however, Australia didn't measure up to other OECD countries on infant and under 5 mortality rates, teenage birth rates and jobless families with children.



### Further information

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*A picture of Australia's children 2009*

[www.aihw.gov.au/publications/index.cfm/title/10704](http://www.aihw.gov.au/publications/index.cfm/title/10704)

## Health expenditure Australia 2007–08

### Fast facts

Total health expenditure was \$104 billion in 2007–08 and was 9.1% of gross domestic product (GDP).

Australia's health spending as a proportion of GDP was similar to Italy, Norway, Sweden and New Zealand.

Almost 70% of health expenditure in Australia was funded by governments, with the Australian Government contributing \$45 billion (43%), and state, territory and local governments contributing \$26 billion (26%). The remaining \$32 billion (31%) was funded by individuals, private health insurers and other non-government sources.

### Summary

This report looks at the period from 1997–98 to 2007–08 and includes important information about how much health care costs Australia, in terms of both the total number of dollars spent and the proportion of Australia's national income that is spent on health. It also looks at the types of health goods and services that attracted funding and where that funding came from.

The report also examines Australia's health spending from an international perspective—how it compares with the region and with other developed economies.

The \$103.6 billion spent on health goods and services during 2007–08 represented 9.1% of GDP and averaged out at \$4,874 per Australian.



### Further information

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*Health expenditure Australia 2007–08*

[www.aihw.gov.au/publications/index.cfm/title/10954](http://www.aihw.gov.au/publications/index.cfm/title/10954)



# In the pipeline...

## Projects

- Closing the Gap Clearinghouse
- 2010 National Householder Drugs Survey
- Council of Australian Governments (COAG) related data development and performance indicator work
- Joint dementia research project with University of Canberra and University of NSW

## Events

- **16–17 November 2009**  
*Australia's welfare 2009* conference and report launch. AIHW staff as well as a variety of external stakeholders will be presenting at the *Australia's welfare 2009* conference—'Whose needs? How well met?' in Queanbeyan, NSW
- **4 December 2009**  
Dr Penny Allbon will present at the New Zealand Injury Information Forum in Wellington, New Zealand
- **17 February 2010**  
Dr Penny Allbon will present a session on performance indicators across the health and aged care systems at the Measuring Patient Outcomes Conference in Sydney, NSW
- **June 2010**  
*Australia's health 2010* conference and report launch

## Publications

- Alcohol and other drug treatment services
- Disability support services provided under the Commonwealth State/Territory Disability Agreement
- Expenditure on health for Aboriginal and Torres Strait Islander people
- General practice activity
- A report on the progress of the Northern Territory Emergency Response Child Health Check Initiative



## **From corrections to the community: a set of indicators of the health of Australia's prisoners**

This report outlines the new National Prisoner Health Indicators that will assist in monitoring the health of prisoners, informing prisoner health service planning and delivery, and evaluating the provision of services. **Published 29 October 2009.**

## **National Bowel Cancer Screening Program: annual monitoring report 2009**

National statistics are presented on key program activity, performance and outcome indicators for people invited to screen in 2008. Trend and national bowel cancer incidence and mortality data are also included to provide context. **Published 28 October 2009.**

## **Annual report 2008–09** Published 26 October 2009.

## **Breast cancer in Australia: an overview, 2009**

This report provides a comprehensive picture of breast cancer in Australia including how breast cancer rates differ by Indigenous status, country of birth and geographic area. Trend data indicate that breast cancer mortality rates for females have been declining since the mid 1990s and that outcomes for women diagnosed with breast cancer have improved over recent decades. **Published 26 October 2009.**

## **Alcohol and other drug treatment services in Australia 2007–08: findings from the national minimum data set**

Data on publicly funded alcohol and other drug treatment services and their clients is presented, including information about the types of drugs for which treatment is sought and the types of treatment provided. **Published 23 October 2009.**

## **Pathways through aged care services: a first look**

This report presents the first findings from analysis of the new pathways cohort, investigating common care pathways, time to entry to permanent residential aged care and time to death after the first assessment for use of aged care services. **Published 21 October 2009.**

## **Medical labour force 2007**

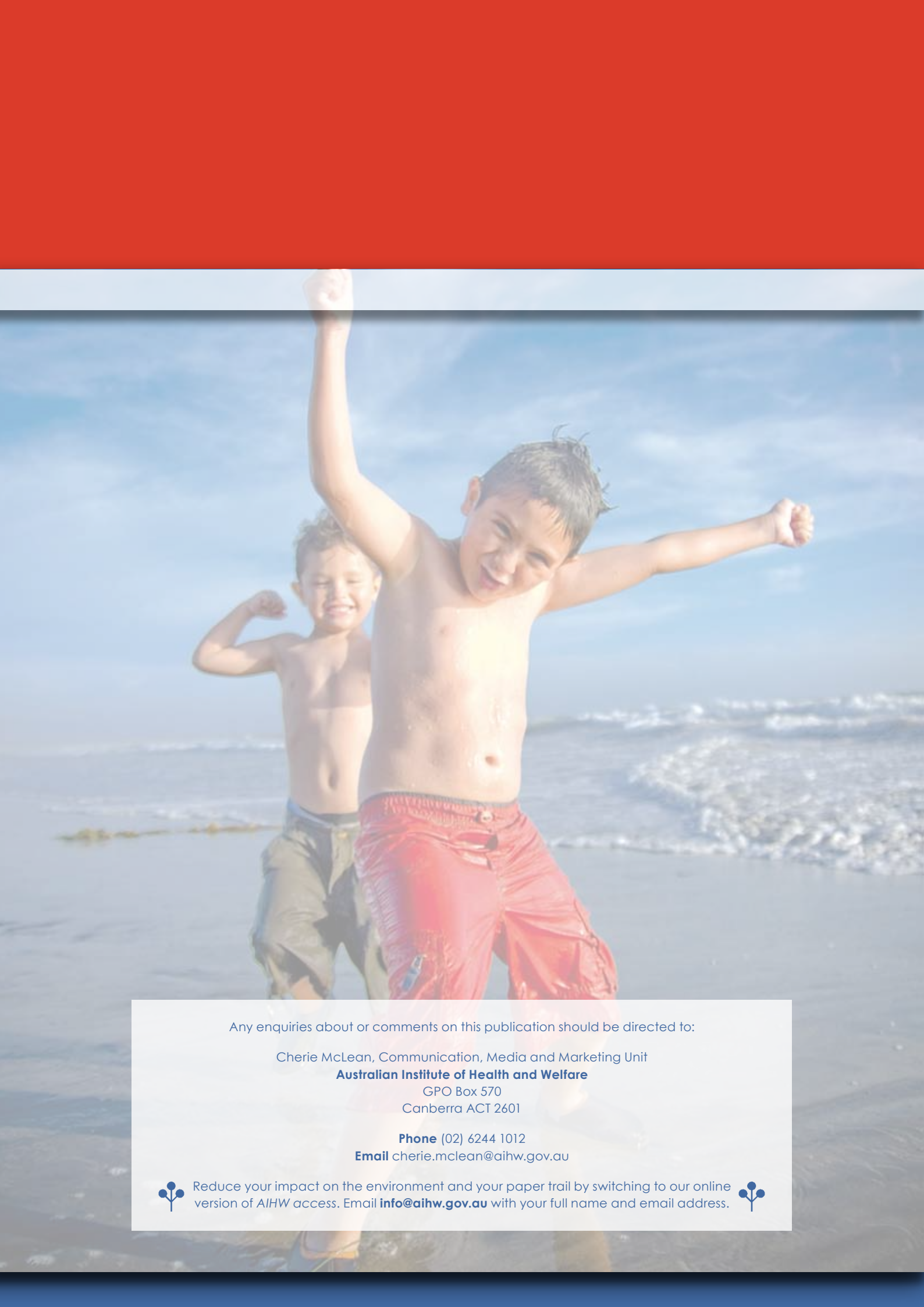
The number of employed medical practitioners, the gender split and the average hours worked are detailed in this report. **Published 16 October 2009.**

## **Nursing and midwifery labour force 2007**

This report looks at the total number of registered and enrolled nurses, current workforce ages, work patterns (full-time/part-time/casual) and the gender split. **Published 16 October 2009.**

## **Aged care packages in the community 2007-08: a statistical overview**

Information is provided on the availability of Government funded aged care packages in Australia, the characteristics of outlets providing these packages, the care recipients at 30 June 2008 and the people who started or ceased receiving help during the year. **Published 15 October 2009**



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