



Australian Government

Australian Institute of
Health and Welfare

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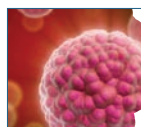
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New AIHW Director

The AIHW has undergone a significant leadership change, with the appointment of David Kalisch as its new Director. David succeeds Dr Penny Allbon, who served just under 5 years as AIHW Director.

David brings a wealth of experience to the Institute having most recently worked as a Commissioner at the Productivity Commission, and prior to that in senior executive positions at the Department of Health and Ageing, the Department of Family and Community Services and the Department of the Prime Minister and Cabinet.

David is no stranger to the AIHW, having served on the AIHW Board for three years in his capacity as Deputy Secretary of the Department of Health and Ageing.

He has also worked as a consultant to the Organisation for Economic Co-operation and Development, and has held positions on the boards of the Australian Institute of Family Studies and the National Blood Authority.

Health Minister Nicola Roxon said on announcing the appointment that David 'has a deep understanding of the relevance of reliable data to policy development, and brings extensive senior executive experience in health and welfare issues to the table. Mr Kalisch will be an asset to the Institute and play a key leadership role into the future'.

In his first address to Institute staff, David said that he was looking forward to leading this significant national institution, to getting to know and working with staff at the Institute, and the Institute playing a stronger role in informing policy deliberations and service delivery strategies.

Welcome to the first issue of AIHW Access for 2011, and my first issue as Director.

I have come to the Institute after many years dealing with social policy issues, and have been an extensive user of AIHW information across a number of its areas of activity. One of my interests is to work with data suppliers and our own internal processes to ensure the timeliness of information published by the Institute. Major steps have been made recently to improve the timeliness of hospital information, but I understand that the desire of stakeholders for accurate information as soon as possible will continue, and we are looking for further opportunities to improve the availability and accessibility of the Institute's valuable data and information resource.

I would also like to take this opportunity to profile the new homelessness data collection that we are currently developing at the AIHW, the Specialist Homelessness Services or SHS collection. This collection, which 'goes live' on 1 July 2011, replaces the Supported Accommodation Assistance Program (SAAP) collection.

This is a major project for the Institute and the sector, which includes rolling out a new Client Management System for Homelessness services. You will hear more about this as it gets closer to implementation, but the most exciting part is that it will deliver improved understandings about people using homelessness services.

On another front, the Institute is looking forward to expanding its activities in data linkage, building upon the expertise and infrastructure we already have in this area, and working within the framework now established in the Commonwealth government to protect the security and privacy of information. Data linkage has the potential to enable better understanding of complex social policy problems, in order to contribute to better policy and service responses.

Also continuing into 2011 will be our on-going work on the Council of Australian Governments (COAG) national agreement performance indicators and targets in the fields of health care and hospitals, housing and homelessness, disability services and Indigenous reform. The Institute has considerable expertise linking our understanding of performance reporting and the data sources, across a wide range of public policy areas.

While 2011 is obviously the immediate priority, I would like to close by reflecting on a couple of interesting projects from 2010.

While a Commissioner at the Productivity Commission I had a lead role in the Commission's Research Study into the Performance of Public and Private Hospitals, which highlighted the public benefits of greater availability and transparency of information.

One of the most exciting projects at AIHW over the past year was the development of the MyHospitals website as part of the AIHW's suite of hospitals information and statistics. While we have long produced national information on hospital performance, this is the first time that information has been available to the public at individual hospital level, and the information is presented in a format relevant to internet access.

The site (www.myhospitals.gov.au) was launched in December 2010 by the Minister for Health and Ageing, the Hon Nicola Roxon MP. More information about the MyHospitals site can be found on page 4-5 of this issue of Access.

In other news, one of our best-known publications, Cancer in Australia, was revamped in 2010 and produced in two versions, Cancer in Australia 2010: an overview, and Cancer in Australia 2010: in brief. More information on these new reports can be found on pages 10-11.

I am very glad to have joined the Institute at such an exciting time and look forward to working with our partner organisations.



MyHospitals

website launched!

At the click of a mouse, Australians will now be able to see how their local hospital performs in comparison to the national average.

Minister for Health and Ageing Nicola Roxon launched the new *MyHospitals* website on 10 December. *MyHospitals* allows, for the first time, the performance of individual hospitals to be compared. This includes comparison of waiting times for a variety of elective surgery procedures and emergency department treatment against national averages.

'We want to shine a light on hospitals to make it easier for all Australians to access important information about the services and performance of their local hospital,' said Ms Roxon.

'Measuring and publicly reporting on the accessibility, performance, quality and safety of our hospitals is a key component of the Australian Government's national health reform.'

'This is the first time that nationally consistent information has been available on the performance of our individual public hospitals.'

The website draws on data collected by the AIHW, provided by state and territory health departments. It also includes information from around 150 private hospitals.

'The website has been developed and the data verified by the trusted AIHW' said Ms Roxon.

'It includes waiting times for elective surgery and emergency department care for the 2009/10 financial year as well as a comparison to the previous year.'

'People who will benefit include patients who want to check the average waiting times for surgery, and expectant mums who can check whether their nearest hospital has an obstetrics and maternity unit.'

As well as performance data, *MyHospitals* contains information about patient admissions and hospital accreditation, as well as the types of specialised services each hospital provides.

'We will work with the states and territories to increase the range of information that will be on the site. We strongly believe that consumers have the right to know about the performance of their hospitals,' said Ms Roxon.

The AIHW worked with consumers to ensure that the website is simple, clear and intuitive to use.

On each hospital page, dial indicators show at a glance whether waiting times at that hospital are longer or shorter than the national average.

People can also look up waiting times for major surgical specialties and 15 specific procedures.

Clear and transparent reporting will help Australians make more informed choices about their health services and help ensure the standard of care patients receive continues to improve.

MyH

ABOUT MyHospitals

Nationally consistent, locally relevant

MyHospitals is an Australian Government initiative to inform the community about hospitals by making it easier for people to access information about how individual hospitals are performing.

MyHospitals is based on the latest available information provided by state and territory health departments and private hospitals to the AIHW.

Over time, it is expected that the content of the website will be expanded and information on more private hospitals will be included.



ospitals

Find a hospital

MyHospitals allows users to search for hospitals by name. Alternatively, users can browse by region, to see all facilities available in their area.

Hospital profiles

Hospital profiles allow users to quickly gain a broad overview of each hospital. Location, contact details, and any external websites are clearly listed, as is information about whether the hospital is public or privately owned. Hospital profiles also contain details of bed numbers, accreditation and teaching facilities.

Services provided

Visitors to *MyHospitals* are able to easily access a list of services provided by hospitals. Emergency departments, elective surgery facilities, and specialist units are detailed, enabling users to find hospitals to suit their needs.

Admissions and waiting times

The number of patients is listed according to admission type. Details of overnight admissions, same day admissions, and average length of stay are detailed by procedure/treatment category.

Where available, details of median waiting times are provided for particular services, including comparisons to the national average.

About the data...

This website draws largely on information recorded in a number of national hospitals databases held by the AIHW. In addition, states and territories provided some information directly to AIHW for reporting on *MyHospitals*, such as the hospitals' address and contact details, and lists of specialist services provided.

Once data are collected from a hospital after the end of a financial year they have to be checked

and sent to the state or territory government, combined with all the other hospital data for that state or territory, then sent to the AIHW, checked again and analysed along with data for the whole country. There are millions of records to process every year, and all these processes can take a number of months to complete. This process helps to ensure that high quality data are reported.

More than 150 private hospitals also supplied AIHW with information for the website including contact details, accreditation, teaching status and major services provided.

Email:
info@MyHospitals.gov.au

Website:
www.myhospitals.gov.au



MyHospitals



Tracking the GROWING PATH TO AGEING AND AGED CARE

An ageing nation

There are over 2 million Australians aged over 70 years—and this figure is growing.

An ageing population means an ever-growing need for specialist services for older Australians, and increasing government and community interest in the funding and provision of those services.

So, it's no surprise that the AIHW has an Ageing and Aged Care Unit to research, evaluate and report on a wide range of issues around the health and wellbeing of older people in Australia.

More specifically, the Unit uses both administrative data sources and national population data to analyse and report on residential aged care, community-based aged care packages, informal care arrangements, and the general health, wellbeing, and social participation of older Australians.

Our latest reports

In December 2010, the Institute published two reports on aged care services:

- *Residential aged care in Australia 2008-09*
- *Aged care packages in the community 2008-09: a statistical overview*

The reports have several new features to improve readability, clarity, and ease of access.

For example, each report includes a series of case studies that offer insights into the realities of daily life for a number of older Australians (see example on next page).

By providing these case studies we hope that readers are able to better understand some of the challenges faced by older Australians, and the services that are most useful to them.

Some of the key findings from the reports follow.

Residential aged care

When older Australians can no longer remain in their own homes, they may move into residential aged care facilities where their care needs can be better provided for.

Residential aged care facilities provide suitable accommodation, as well as services such as meals, laundry and cleaning. Personal care may also be provided to assist with the activities of daily living. If needed, residents can also receive nursing care and equipment.

At 30 June 2009, there were almost 162,300 people in mainstream residential aged care services.

Females made up the majority of the residents—more than double the number of males (about 114,600 females and 47,700 males).

The highest proportion of residents in residential aged care was aged 85–89 years, making up 28% of residents.

The lowest proportion was aged 65–69 years, which accounted for just 3%.

Just under 1,000 people in permanent residential aged care identified as Aboriginal or Torres Strait Islander. The highest proportion of Indigenous residents was found in the Northern Territory, where 36% of residents identified as Aboriginal or Torres Strait Islander.

The Northern Territory was also home to the highest proportion of younger people in residential aged care, with 13% of residents aged under 65 years—more than three times as high as the national average of 4%.

Consequently, there was a lower proportion of residents in the Northern Territory in the older age groups—30% were aged 85 years and over

and 11% were aged 90 years or over, compared to the national averages of 55% and 27% respectively.

Community aged care packages

Community aged care packages allow individuals to receive the care they require without relocating—that is, they are able to remain in their own homes, neighbourhoods, and communities.

The services provided vary according to the needs of the individual, as assessed by specialist teams using the Australian Government's Aged Care Funding Instrument or ACFI.

Services may include meals, cleaning, transport, home and garden maintenance, and assistance with personal care.

For people with greater needs, in-home nursing, counselling and therapy may also be provided.

There are three main types of community aged care packages—Community Aged Care Packages (CACP), Extended Aged Care at Home (EACH), and Extended Aged Care at Home Dementia (EACH D).

CACPs target those with 'low-care' needs, while EACH packages are designed for those older Australians whose needs are determined to be 'high-care'. EACH D packages are specifically tailored to provide care for high-care clients with dementia-related behaviours.

At 30 June 2009, there were over 44,000 people using community aged care packages in Australia, with most requiring a relatively low level of care. There were 38,100 CACP clients, 4,200 EACH clients and 1,900 EACH D clients.

In general, CACP clients tended to be the oldest, with a median age of 83 years. EACH and EACH D followed, with median ages of 81 and 82 years respectively.

Women outweighed men in all service categories. About 3 in every 4 CACP clients were females, and females made up about 2 in every 3 EACH and EACH D clients.

This discrepancy can be mostly attributed to a trend which sees Australian women generally living longer than their male counterparts.

In all jurisdictions but the Northern Territory, CACP clients who identified as Aboriginal or Torres Strait Islander made up a much smaller proportion than non-Indigenous Australians. In the Northern Territory, 60% of CACP clients identified as Indigenous.

Nationally, the proportion of clients indicating they were of Aboriginal and Torres Strait Islander origin was 4% for CACP, 2% for EACH, and 1% for EACH D.

New releases

Pathways in Aged Care: Program use after assessment (internet only). Visit www.aihw.gov.au

Unit: Ageing and Aged Care Unit
Name: Judith Abercromby
Email: agedcare@aihw.gov.au
Phone: 02 6244 1005

CASE STUDY 'Alan'

Aged care packages in the community 2008-09: a statistical overview, p.2

Alan is 75 years old and has lived alone for the past 10 years. He enjoys living in his neighbourhood and plays cards every Thursday night with some friends up the road. He also lives a suburb away from his niece and goes to church with her and her family on Sundays. His pride and joy is his modest-sized garden, in which he has a variety of fruit trees and a vegetable patch.

Recently, Alan has had trouble with his vision and, as such, has decided to give up driving. He has also noticed that while he still loves his garden, the work needed to maintain it seems to take twice as much effort. Alan's niece has noticed that the state of his appearance has been deteriorating as his clothes are often dirty. She also recently visited him at home and found that, while Alan spent a lot of time working on his garden, his house was quite dirty and his cupboards were pretty bare except for some tins of soup and baked beans. Alan feels very connected to his community and wants to stay there, but he has realised that in order to do this, he may need help.

From this case study, it seems that Alan is quite mobile, independent and active in his community. At this stage, he does not require full-time assistance or specialist medical care.

He could, however, benefit from basic domestic assistance, cleaning services, meal provision, and some transportation.

Following a referral from a general practitioner, an Aged Care Assessment Team (ACAT) will assess Alan's care requirements. ACATs are multidisciplinary teams of medical practitioners, and may contain GPs, geriatricians and nurses.

It is likely that Alan will be assessed as requiring a relatively low level of care. A Community Aged Care Package (CACP) would probably be most suitable, allowing Alan to receive the help he needs, while remaining in his home and community.



cents

at the AIHW

HEALTH SPENDING IN AUSTRALIA

Every year in Australia, over \$5,000 is spent on each person's health. Multiply this by a population of more than 22 million and what you have is big money. This money comes from a variety of sources. At a general level, it is provided by governments (and therefore by taxpayers), by individuals out of their own pockets, and by health insurance companies on behalf of their contributors. Often an individual health service is paid for by a combination of all of these parties.

Governments must weigh the cost of health services against their other responsibilities and individuals also make choices about how they spend their money. Governments and other funders of health services make policies and choices about which health services should be provided or used. Changes in policy can mean that health resources are increased in some areas and reduced in others.

It can therefore be very interesting to examine the levels and patterns in health spending over the years. For example, is expenditure rising and if so, in what areas? How much on average,

is spent on health for each Australian? At what rate is Australia's health bill growing each year? And who pays for what and is this changing?

MEASURING HEALTH EXPENDITURE

At the AIHW, the role of the Expenditure and Economics Unit is to collect, analyse and publish estimates of expenditure on health and welfare. The unit also examines more specific spending, such as the cost of health services for Aboriginal and Torres Strait Islander people, expenditure on public health activities by governments and the cost of diseases.

Expenditure is generally analysed in terms of who provides the services, who funds them and what types of services are funded. Over time, the Institute has developed a comprehensive database of health expenditure statistics for Australia, which extends back to the early 1960s.

'Health expenditure represents a substantial component of Australia's economy,' said Richard Juckes, who heads up the Expenditure and Economics Unit.

'Providing comprehensive and detailed estimates of what is being spent on health and by whom gives an indication of the affordability of the nation's health system and encourages informed discussion about where money can be best directed.

'Regular reporting of national health expenditure statistics is vital to understanding the characteristics of Australia's health system and how it has changed over time.'

HEALTH EXPENDITURE AUSTRALIA 2008-09

The foundation of the AIHW's expenditure reporting is the *Health Expenditure Australia* series of reports, which began in 1985. These reports provide estimates of total health expenditure in Australia, including estimates of who provided the funding, who spent the money and what categories of health services the money was spent on. It is based on Australia's National Health Accounts, which are continually being improved to enhance the quality and comparability of the data.

Estimating health expenditure is a difficult exercise, partly because of the large number of data sources (reflecting the number of players in the sector) but especially because of the need to remove double counting of money that effectively passes through several parties, for example grants from one state to another state. However, the end result is worth it, as the resulting health expenditure database can form the basis of many other exercises to analyse more specific aspects of health expenditure.

The latest report, *Health expenditure Australia 2008-09*, was released in December 2010. The report shows that in 2008-09 health spending reached \$112.8 billion, an increase of \$9.2 billion since 2007-08.

In 2008-09, health expenditure in Australia was 9.0% of gross domestic product (GDP). Health expenditure has risen more than GDP in percentage terms for 8 of the past 10 years.

Australia's health expenditure as a proportion of GDP was very similar to the United Kingdom, slightly lower than Canada and New Zealand and considerably lower than the U.S.

'The area of health expenditure with the largest increase was public hospital services, which accounted for over one-quarter of the total increase in 2008–09,' Mr Jukes said.

'But virtually all areas of health expenditure experienced real growth, that is, growth above general inflation, between 2007–08 and 2008–09.'

These included medical services, health research, dental services, and other health services such as ambulance services, aids and appliances, and community health services.

NEW INTERNATIONAL STANDARDS

For 2008–09, the headline health expenditure as a percentage of GDP figure was affected by changes to the methodology used to estimate GDP.

'Australia has been one of the first countries to adopt a newly developed international standard, the System of National Accounts 2008,' Mr Jukes said.

The new system has increased the scope of production activities included in the measurement of GDP. The changes have increased the size of Australia's GDP, and this in turn has had the effect of reducing Australia's health to GDP ratio, particularly in comparison with other countries that have not yet adopted the new standard.

To keep at the forefront of understanding health expenditure, the AIHW will also participate in an OECD project to pilot the revised System of Health Accounts Manual that has been jointly developed by WHO, OECD and Eurostat. Depending on the outcome of the pilot, this involvement may lead to further improvements in health expenditure information in future years.

PUBLIC HEALTH EXPENDITURE

Public health expenditure is one component of overall health expenditure that is given special attention, including a specific *National Public Health Expenditure* publication that has been released every year since 2001. Public health generally involves governments planning and intervening for better health in populations rather than focusing on the health of the individual. This may include support programs and activities that are directed at the whole population or particular 'at risk' groups within the population. For example, screening programs aimed at the early identification of, for example, breast cancer, programs that promote healthy lifestyles or warn about the dangers to health of particular hazardous activities (eg. smoking), or they may be activities aimed at making our environment safer and healthier.

'Public health services are vital to the overall health status and wellbeing of the nation. Improving them can result in major economic and social benefits as well as lessening or at least minimising future demand on health services,' Mr Jukes said.

'Just how much governments spend on public health and how that expenditure is financed are important pieces of information that decision-makers need to have in order to allocate funds and to decide if particular programs should be supported or changed.'

Expenditure on public health in 2007–08 was \$2.16 billion, or \$102 per person on average. This was an increase of \$444 million on what was spent in the previous year. This was largely due to a substantial increase in spending on organised immunisation activities such as the National Human Papillomavirus vaccination program.

Unit: Expenditure and Economics Unit
Name: Richard Jukes
Email: expenditure@aihw.gov.au
Phone: 02 6249 5126

INDIGENOUS AND REMOTE HEALTH EXPENDITURE

Expenditure on health for Aboriginal and Torres Strait Islander people is of high public interest given the considerably poorer health status of Indigenous people compared to their non-Indigenous counterparts.

Aboriginal and Torres Strait Islander people receive most of their health services through mainstream programs, and government-funded hospital services consume the bulk of the funds.

In 2006–07, the average total health and high care residential aged care expenditure per Aboriginal and Torres Strait Islander person was \$5,696 compared to \$4,557 per non-Indigenous person.

Total health expenditure for Aboriginal and Torres Strait Islander people was estimated at \$2.98 billion in 2006–07, or 3.1% of national expenditure on health and high care residential aged care services. In 2004–05, the proportion was 2.8%.

The most recent AIHW expenditure report, *Australian health expenditure by remoteness*, looks at selected health services across Australia for the financial years 2001–02, 2004–05 and 2006–07.

The analysis shows that Australians living in the most remote areas of the nation had almost twice the per person expenditure levels for admitted patient hospital services compared with Australians living in major cities. The situation is reversed for Medicare funded services such as GP and Specialist consultations, where residents in major cities have almost double the per person expenditure of residents of very remote areas.



New Look...



...for AIHW cancer stats

Cancer has a greater overall impact on the health of Australians than any other disease group.

On average, 1 in 2 Australians will develop cancer and 1 in 5 will die from it before the age of 85 years. Cancer is also estimated to be the leading cause of burden of disease and injury in Australia in 2010, accounting for approximately one-fifth of the total burden.

In 2007, there were nearly 40,000 deaths due to cancer—that's 109 deaths every day.

Cancer in Australia 2010: an overview

The AIHW's Cancer and Screening Unit updates national statistics on cancer incidence and mortality every two years through the *Cancer in Australia* series of reports.

This year the report has had a makeover, with fresher, brighter colours and a greater focus on presenting the information in more attractive and interesting formats that are easier to follow and understand.

And, for the first time, the main report, entitled *Cancer in Australia 2010: an overview* this year, has been released with a companion summary document, *Cancer in Australia 2010: in brief* (see separate section below).

Cancer and Screening Unit Head Christine Sturrock says, 'Previously the Cancer in Australia report was mostly tables with minimal commentary; now we provide more commentary and importantly, more context. We still have graphs and tables,

but the more detailed data are available separately on our website'.

'We've tried to anticipate what people would most want to know, such as known risk factors for cancer, chances of getting cancer, differences across regions and population groups, and survival rates.'

Another new feature is a 36-page summary section for the 36 main types of cancer in Australia. Each page has tables, graphs and other information on incidence, mortality, trends and projections for that particular cancer.

'Each page is like a one stop shop for information on each main type of cancer', Ms Sturrock says.

Why is the most recent national cancer data 3 years old?

Data relating to diagnosed cancers for individuals are collated by state and territory cancer registries. These data are supplied annually for national collation through the National Cancer Statistics Clearing House (NCSCH).

The compilation of state and territory data into the Australian Cancer Database (ACD) involves a variety of checks to identify potential errors. As it is possible for a cancer diagnosis to be recorded by more than one cancer registry, the ACD must be checked for consistency and identify and exclude up to several hundred interstate and intrastate duplicate records before the production of national statistics can commence.

set out in much the same way as the *Australia's Health 2010: in brief* publication', Ms Sturrock says.

'The basic format is a set of "big picture" questions, with "big picture" statistics, graphs and commentary to answer those questions.'

'We decided to produce this 'mini' version because we want to ensure more people are able to access information on cancer statistics quickly and easily.'

'We thought it was a good opportunity to produce our main findings in a format that would appeal to non-statistically minded people.'

What is cancer?

Cancer is a diverse group of diseases in which some of the body's cells become abnormal, grow in an uncontrolled way and form a mass called a neoplasm or tumour. They can invade and damage the tissue around them, and can also spread (metastasis) to other parts of the body through the bloodstream or the lymphatic system. If the spread of these tumours is not controlled, they can result in death. Not all tumours are invasive; some are benign tumours that do not spread to other parts of the body and are rarely life-threatening.



What does *Cancer in Australia 2010* report show?

'We've been doing the *Cancer in Australia* reports for a long time now, and we always find that the number of cases has gone up while mortality has come down', Ms Sturrock said.

In 2007, over 108,000 new cancer cases were diagnosed (excluding most non-melanoma skin cancers). In 2006, around 105,000 new cases were diagnosed.

The overall cancer death rate in Australia fell by 16% between 1982 and 2007, however the number of new cancer cases doubled in this period.

Age and cancer

Cancer is more common in older Australians, with 68% of cancers diagnosed in people aged 60 years and over. By the age of 85 years, 1 in 2 men and 1 in 3 women will have been diagnosed with cancer at some stage in their lives.

Although cancer deaths occur in people of every age, most cancer deaths are recorded in the oldest age groups. More precisely, 84% of all cancer deaths in males and 81% of all cancer deaths in females occurred in people over the age of 60 years in 2007. The average age at death due to cancer was 72 years for both males and females.

Indigenous Australians and cancer

The incidence rate for cancers on average is lower in Indigenous Australians; however mortality rates are higher.

Compared to their non-Indigenous counterparts, Indigenous Australians were more likely to die from cervical cancer, lung cancer and cancer of an unknown primary site. Non-Indigenous Australians were more likely to die from skin cancer and had a higher incidence rate for

all cancers combined, however their mortality rate was lower than that of Indigenous Australians.

How does Australia compare?

The estimated number of new cases of cancer around the world in 2008 was about 12.7 million.

The estimated age-standardised incidence rate for Australia was 314 new cases per 100,000 people. While this rate was about the same as for New Zealand (309 cases per 100,000 people), it was significantly higher than the rates estimated for all other regions in the world. This is probably a consequence of the high rate of skin cancer in Australia.

Unit: Cancer and Screening Unit
Name: Christine Sturrock
Email: cancer@aihw.gov.au
Phone: 02 6244 1118

NATIONAL Cancer SCREENING PROGRAMS

In Australia, there are organised national population screening programs for breast, cervical and bowel cancers. They aim to reduce illness and death from these cancers through early detection of cancer and pre-cancerous abnormalities and effective follow-up treatment. These programs are: BreastScreen Australia, the National Cervical Screening Program and the National Bowel Cancer Screening Program. They provide screening services that are free to people in specific target populations (for breast and bowel screening), or are covered by a Medicare rebate (for cervical screening).

BREASTSCREEN AUSTRALIA

Over 1.6 million women had a screening mammogram through BreastScreen Australia in the 2-year period from 1 January 2007 to 31 December 2008. Almost 80% of these women were from

the target age group (women aged 50 to 69 years), while 55% of women aged 50 to 59 years participated in the program.

The overall number of women aged 50 to 69 years with invasive breast cancers detected through BreastScreen Australia increased from 1,769 in 1996 to 3,392 in 2008.

Mortality rates from breast cancer decreased from 66 deaths per 100,000 women in 1995 to 47 deaths per 100,000 women in 2007. The decrease in mortality from breast cancer in women aged 50–69 years has been attributed to the early detection of invasive breast cancer through BreastScreen Australia, along with advances in the management and treatment of invasive breast cancer.

NATIONAL CERVICAL SCREENING PROGRAM

More than 3.6 million women participated in the National Cervical Screening Program in the 2-year period from 1 January 2007 to 31 December 2008. Of these

women, 99% were in the target age group of 20 to 69 years. The participation rate for women aged 20 to 69 years was 61%.

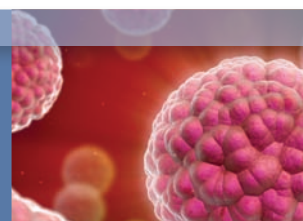
Overall, the cervical cancer incidence rate of women aged 20 to 69 years decreased by about 50% between 1991 (the year the National Cervical Screening Program was introduced) and 2006.

NATIONAL BOWEL CANCER SCREENING PROGRAM

In 2008, almost 280,000 people participated in the National Bowel Cancer Screening Program, which was 40% of all people invited.

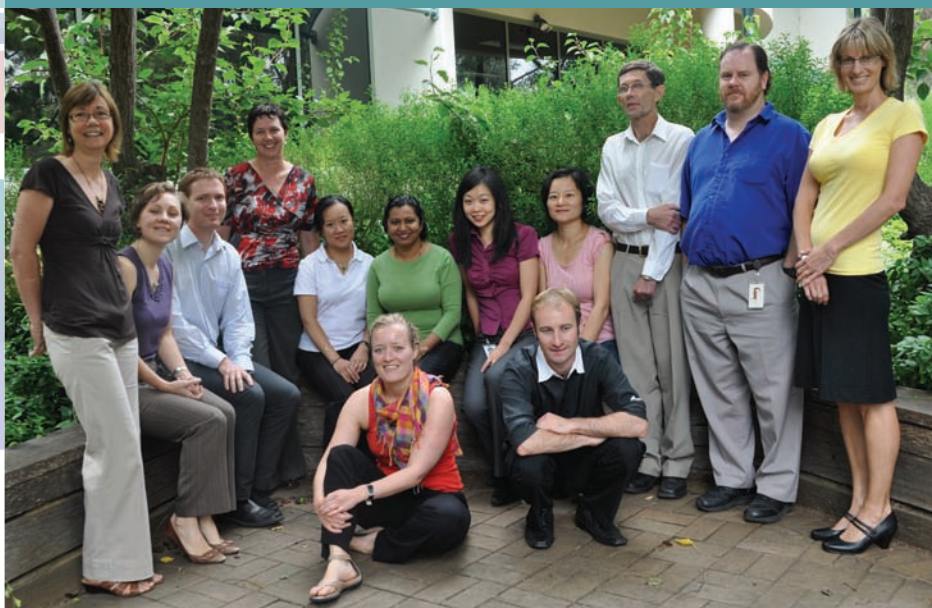
Of those people invited to participate in the program in 2008 who had a positive Faecal Occult Blood Test result, 76% were recorded as having undergone a colonoscopy by 31 January 2010.

Of the people who had a colonoscopy recorded on the register, 3.9% were found to have suspected or confirmed cancer.



The people behind the stats:

Cancer and Screening Unit



What we do

We monitor, investigate and report on cancer incidence, mortality, survival and prevalence, as well as on population-based cancer-screening indicators. This includes setting standards for, and maintaining, the National Cancer Statistics Clearing House (NCSCCH) in collaboration with the Australasian Association of Cancer Registries. The Unit is also responsible for the new National Centre for Monitoring Cancer (more on that below).

We produce regular reports, such as the biennial Cancer in Australia reports, and monitoring reports for each of the three national cancer screening programs.

We also provide data and analysis on request. The Unit has a continuous queue of requests which range from a few specific statistics through to comprehensive overview reports on specific cancers. Requests come from researchers, health professionals, students and the general public.

The National Centre for Monitoring Cancer

The National Centre for Monitoring Cancer (NCMC) was established within the Unit in 2009 to monitor national cancer rates and improve population-level cancer data and related evidence in Australia.

Who we are

We like to think that we are an enthusiastic group of people with diverse backgrounds, including maths, statistics, entomology, teaching, IT, epidemiology, midwifery, psychology and physiotherapy. For the record, this is the roll call:

Christine Sturrock

Unit Head

Melissa Goodwin

Brett Davies

Senior Analysts

Paul Leonard

Graduate

Cancer Team

Mark Short

Anne Bech

Senior Analysts

Kun Zhao

Wendy Ho

Candice Rabusa

Galina Prosselkova

Analysts

Screening Team

Alison Budd

David Meere

Senior Analysts

Lucas Mills

Chun Chen

Shubhada Shukla

Theresa Negrello

Analysts

The cancer team are primarily responsible for the Australian Cancer Database and producing our cancer-specific reports. The screening team are responsible for monitoring the Nation's three cancer (breast, cervical and bowel) screening programs. Both teams operate effectively together as a unit under the National Centre for Monitoring Cancer.

Our diversity hopefully means that we have a correspondingly wide range of skills to draw on in generating and interpreting cancer statistics! It also means that we each view cancer data in different ways, which, coupled with the collaborative nature of the team, leads to great discussions and plenty of new ideas.

REPORT Profiles

Australian hospital statistics 2009–10: emergency department care and elective surgery waiting times



Fast facts

- Almost 6 million emergency department presentations were reported by major public hospitals in 2009–10, an increase of 4.9% on average each year between 2005–06 and 2009–10.
- Overall, treatment by a medical officer or nurse commenced within 23 minutes of presenting to the emergency department for 50% of patients and within 115 minutes of presentation for 90% of patients.
- Since 2005–06, the overall proportion of patients seen on time has been 69% to 70% each year.
- The proportion of patients seen on time ranged from 56% for the Northern Territory to 75% for New South Wales. For New South Wales, 50% of presentations were treated by a medical officer or nurse within 20 minutes and, for the Northern

Territory, 50% of presentations were treated within 38 minutes.

In 2009–10, Australia's public hospitals admitted almost 610,000 patients from elective surgery waiting lists.

- Between 2005–06 and 2009–10, admissions from elective surgery waiting lists increased by an average of 2.3% per year. There was a higher than average increase in admissions between 2007–08 and 2008–09 (3.1%), associated with the Elective Surgery Waiting List Reduction Plan implemented by the Australian Government and states and territories over that period.
- In 2009–10, 50% of patients waited 36 days or less for public elective surgery, ranging from 27 days in Queensland to 73 days in the Australian Capital Territory.

Summary

This report presents information relating to emergency department care in major public hospitals and public hospital elective surgery waiting times for the period 1 July 2009 to 30 June 2010. Timely provision of these data by state and territory health authorities has allowed this information to be reported within 5 months of the collection period for the first time, making this report more timely and relevant than previously.

Further information

Name: George Bodilsen
Unit: Hospitals Data Unit
Phone: (02) 6244 1157
Email: george.bodilsen@aihw.gov.au
Australian hospital statistics 2009-10: emergency department care and elective surgery waiting times
www.aihw.gov.au/publications/index.cfm/title/12271

Adoptions Australia 2009–10

Fast Facts

- Since the early 1970s, there has been a 21-fold decrease in the number of adoptions in Australia— from 8,542 in 1972–73 to 412 adoptions in 2009–10. However, the total number of adoptions has remained relatively stable since the late-1990s, at around 400 to 600 children per year.
- The overall decline in adoptions can be attributed to a fall in the number of Australian children adopted (including local and 'known' child adoptions). In contrast, intercountry adoptions have increased overall in the last 25 years, and have emerged as the dominant category of adoptions— representing 54% of all adoptions in 2009–10, compared with 10% in 1984–85

In 2009–10:

- There were 412 adoptions in Australia (1.9 per 100,000 population)—the lowest number of adoptions recorded since reporting commenced, and a 7% decline from the previous year. Of these, 54% were intercountry, 15% were local and 31% were 'known' child adoptions (see Glossary for definitions).
- The majority of intercountry adoptees came from the Asian region (82%). The three most common countries of origin in Asia were the Philippines (22%), China (14%) and South Korea

(14%). Ethiopia was the most common country of origin outside the Asian region (15%).

- Overall, 65% of adopted children were aged under 5 years. In local and intercountry adoptions, nearly all children were under 5 years (100% and 86%, respectively).
- Of the children in local and intercountry adoptions, 39% and 63% respectively had adoptive parents aged 40 years and over. The majority of local and intercountry adoptees were adopted into families with no other children (75% and 58%, respectively).
- Nine in ten (92%) local adoptions could be considered 'open'—that is, all parties were open to freely discussing the adoption within their families, and were happy to allow contact to occur between families. The remaining 8% were adoptions where birth parents had requested no contact or information between them and the adopting family.
- Three Aboriginal and Torres Strait Islander children were adopted in 2009–10, with a total of 63 Indigenous children being adopted over the last 15 years.
- Two-thirds (67%) of 'known' child adoptions were of children aged 10 years and over.

- For 'known' child adoptions, 57% of adoptions were by step-parents and a further 41% were by carers.

Summary

This report presents the latest data on adoptions by Australian families of Australian children and children from overseas. Adoption is one of a range of options used to provide care for children who cannot live with their birth families. The report also highlights important national trends in adoptions over the last few decades.

Data for this report were obtained from the AIHW Adoptions Australia data collection. This data collection is a record of all finalised adoptions in Australia since 1990–91, collected from each state and territory department responsible for adoption.

Further information

Name: Tim Beard
Unit: Children and Youth Welfare Unit
Phone: (02) 6244 1270
Email: tim.beard@aihw.gov.au
Adoptions Australia 2009–10
www.aihw.gov.au/publications/index.cfm/title/11957





In the pipeline...

Projects

- New Asthma snapshots
- AIHW 'new look' website
- Mental Health – new online resource
- Pilot study on mental health intervention
- Australia's welfare 2011 report launch and conference

Events

- **FEBRUARY 2011**
National Health Information Standards and Statistics Committee meeting
Housing and Homelessness Information Management Group meeting
Performance and Data Working Group meeting
- **MARCH 2011**
AIHW Ethics meeting
AIHW Board meeting
National Community Services Information Management Group meeting
National Health Information Standards and Statistics Committee meeting

Publications

- *Public health expenditure in Australia, 2008–09*
- *Cardiovascular disease: Australian facts 2010*
- *Trends in access to dental care among Australian adults*
- *Social and emotional wellbeing: development of a children's headline indicator*
- *2009 Adult Vaccination Survey: summary of results*



Australia's welfare 2011

National Convention Centre Canberra

This one-day conference, preceded by a dinner, will provide insights into Australia's welfare service and key issues related to the health and wellbeing of Australians.

The conference brings together researchers, policy makers, academics and businesses working across non-government and government fields in welfare.

AIHW's flagship publication, *Australia's welfare 2011*, will be publicly released at the conference. It is the nation's most comprehensive and authoritative source of welfare statistics and related services.

For further information please contact our conference team on: conference@aihw.gov.au

Phone: (02) 6244 1012

new releases

Substance use among Aboriginal and Torres Strait Islander people

The purpose of this report is to provide an overview of the prevalence of substance use among Aboriginal and Torres Strait Islander peoples, as well as the use of services for substance abuse.

Published 8 February 2011

Review of the Alcohol and Other Drug Treatment Services National Minimum Data Set

The Alcohol and Other Drug Treatment Services National Minimum Data Set remains a key component of the data toolbox available to inform government, service provision and the public on alcohol and other drug issues in Australia

Published 7 February 2011

Pathways in Aged Care: program use after assessment

This report presents an overview of the PIAC cohort, investigating care needs, assessment patterns, common care pathways, time to entry to permanent residential aged care and time to death after assessment for use of aged care services.

Published 2 February 2011

Alcohol and other drug treatment services 2008-09: findings from the National Minimum Data Set (NMDS) (All states)

This data bulletin summarises the main findings from the 2008-09 Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS-NMDS) for all states and territories.

Published 28 January 2011

Educational outcomes of children on guardianship or custody orders: a pilot study, Stage 2

This report presents a snapshot of the academic performance of children on guardianship/custody orders from 2003 to 2006, and changes in their performance over this period. This concludes a two-stage pilot study, the first of its kind in Australia.

Published 27 January 2011

Community housing 2009-10

More complete analysis of results published in this report will be available in the forthcoming publication *Housing assistance in Australia 2011*.

Published 27 January 2011

Public rental housing 2009-10

This publication presents results from the 2009-10 public rental housing data collection and the 2010 National Social Housing Survey. More complete analysis of these results is available in the forthcoming AIHW publication *Housing assistance in Australia 2011*.

Published 27 January 2011

State owned and managed Indigenous housing 2009-10

This publication presents results from the 2009-10 state owned and managed Indigenous housing data collection. More complete analysis of these results is available in the forthcoming AIHW publication *Housing assistance in Australia 2011*.

Published 27 January 2011

Child protection Australia 2009-10

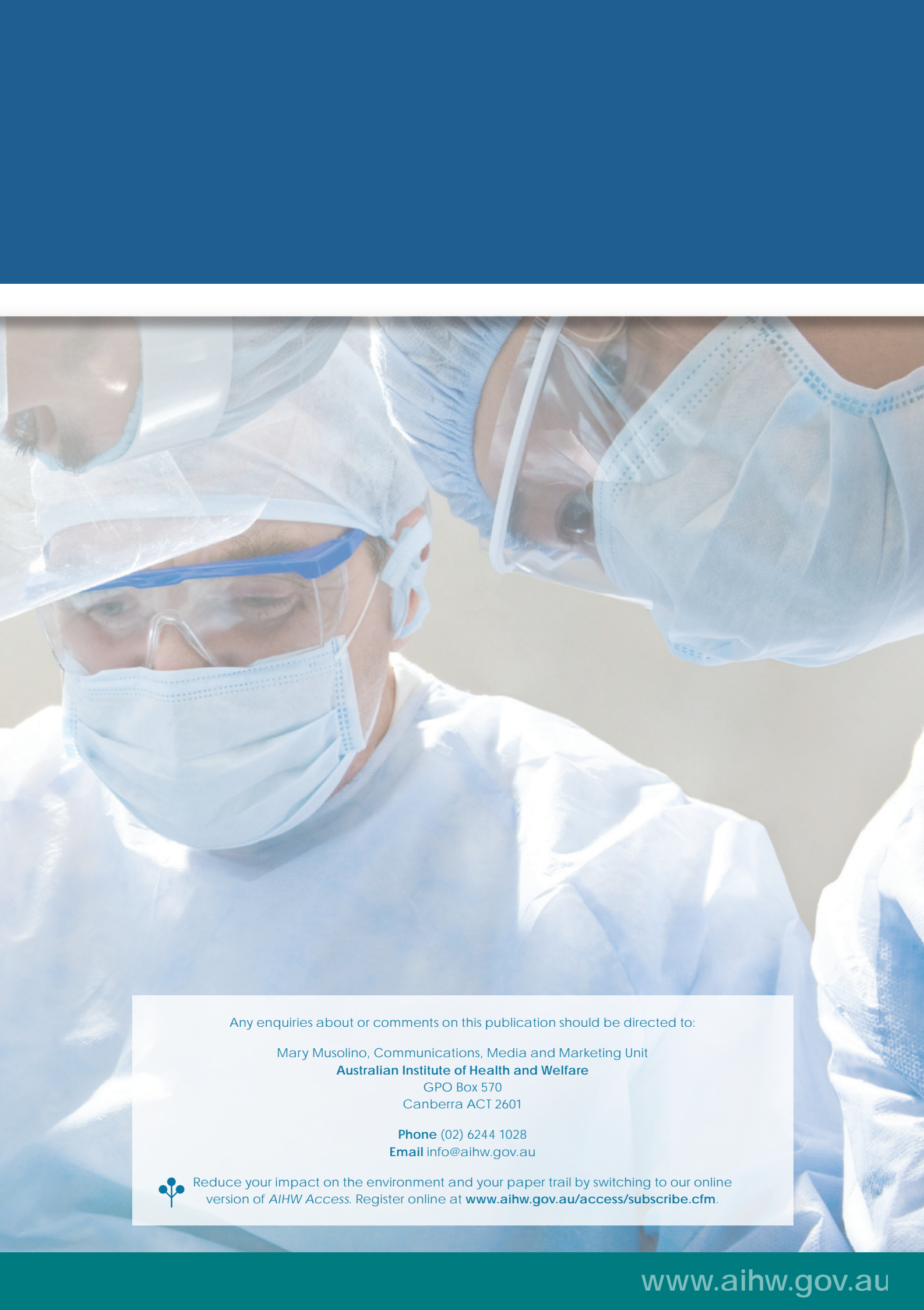
This publication contains comprehensive information on state and territory child protection and support services, and the characteristics of Australian children within the child protection system.

Published 21 January 2011

Disability support services 2008-09: Report on services provided under the Commonwealth State/Territory Disability Agreement and the National Disability Agreement

Disability support services 2008-09 reports on data collected as part of the Commonwealth State/Territory Disability Agreement National Minimum Data Set (CSTDA NMDS) between 1 July 2008 and 30 June 2009. This report describes the service outlets and the uses of these services, including their support needs and informal carer arrangements.

Published 19 January 2011



Any enquiries about or comments on this publication should be directed to:

Mary Musolino, Communications, Media and Marketing Unit
Australian Institute of Health and Welfare
GPO Box 570
Canberra ACT 2601

Phone (02) 6244 1028
Email info@aihw.gov.au



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