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Inside

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Australian Institute of Health and Welfare
Board Chair Dr Andrew Refshauge
Director David Kalisch

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From the Director

At a range of events and other occasions over the past few months I have received very positive and unsolicited feedback about the work that the AIHW has been doing, and its quality and influence.

The reputation of the AIHW continues to grow and be recognised more broadly in the community. We see value in the many ways in which our information is being used, which of course is something we can all take pride in here at the Institute.

Australia's health 2012 conference and report launch and app

Our flagship report, *Australia's health 2012*, was released at our biennial Australia's health conference in June.

The report, launched by Health Minister Tanya Plibersek (see article in this issue of *Access*), showed that while Australians are generally healthy, with the majority feeling positive about their quality of life, most Australians also have at least one health risk factor that is likely to contribute to poorer future health. Both the full report and the summary *In Brief* are available on our website

The one-day conference attracted around 400 delegates, bringing together many of the nation's leading thinkers and decision-makers in health. It was certainly a stimulating and enjoyable forum for discussion and debate on health and health services in Australia. All of the presentations are available on our website.

To coincide with the report the AIHW has also developed an *Australia's health 2012* 'app' for Apple iOS devices (iPhone, iPad, iPod). The app contains the latest information on Australians and their health. For more information see page 6.

Data linkage milestone

We recently celebrated a major milestone for the AIHW—accreditation as a Commonwealth Integrating Authority, which means that at the time of writing we were one of only two such organisations accredited to link sensitive Commonwealth data in a secure environment.

This was possible through the expert work of staff across the Institute and with $2 million in funding for infrastructure investment from the Commonwealth Department of Innovation, Industry Science and Research.

This great development in our data linkage capabilities is already producing benefits for us and the nation, with the Registrars of Births, Deaths and Marriages re-committing to providing us with unit record cause of death data. An example of data integration work we will be undertaking is a project to link health data to examine the safety of a range of medications when used in pregnancy.

Launch of Australia's food and nutrition

It was nearly 20 years ago that we published the first comprehensive report on Australia's food and nutrition.

Australia's food & nutrition 2012 is the much-anticipated revised edition, launched by Parliamentary Secretary for Health and Ageing, Catherine King. It highlights the key parts of the food and nutrition system from 'paddock to plate', and how food choices affect health and the environment. For the full story see page 4.

CEO sleepout

This year I again took part in the St Vincent De Paul CEO sleepout in Canberra to raise funds for, and awareness of, homelessness in Australia.

Like last year, St Vinnies also provided us with some insights into the diverse life journeys of homeless people. I then had the good fortune to be able to have a warm breakfast, hot shower, and change into dry clothes before drying out the sleeping bag.

More Canberra-based CEOs are getting behind the event, and this year there were around 150 from both the private and public sectors sleeping out on a wet Canberra evening.

Annual report awards

Together with a number of AIHW staff, I had the pleasure of attending the Institute of Public Administration Australia Annual Report Awards night. The evening included a speech from Dr Ian Watt, Secretary of the Department of the Prime Minister and Cabinet, who commented on the role that annual reports play in the accountability and transparency of agencies to the public and as a historical record of what agencies have achieved.

The AIHW received a Bronze Award for the online version of our 2010–11 Annual Report. The judges concluded that, 'Overall, this is a very competent and well-presented on-line annual report and it is hoped that the AIHW persists with the process of continuous improvement over the coming years'.

While there are many requirements we have to meet in our annual reporting, and we are fine-tuning the 2012 report as I write this column, there is also considerable value in what we convey to the outside world through this important document and we see this as a critical part of our public accountability.

David Kalisch
Director (CEO), AIHW

From paddock to plate: a new take on food & nutrition

Some of the challenges facing our food and nutrition system include rising rates of obesity, food security and unequal distribution of food, environmental concerns and nutrition-related disease.

The AIHW's much-anticipated *Australia's food & nutrition 2012* report takes a 'big picture' approach to these challenges while looking at everything from food supply and distribution, to consumption and health outcomes.

The report was launched by Parliamentary Secretary for Health and Ageing, Catherine King, at the 2012 World Congress of the International Federation for Home Economics.

'Food is fundamental to our overall health and wellbeing', said report author Ann Hunt.

'So it's important that we have a good understanding of the various components that influence and affect our food choices and ultimately our own health, the environment and the global community.'

In examining these key components the report also highlights some of the major issues challenging our food and nutrition system today, both within Australia and worldwide.

Australians are getting fatter

Rates of people who are overweight and obese are continuing to rise in Australia and we currently have one of the highest obesity rates in the world. In 2007–08, 1 in 4 adults and 1 in 12 children were obese.

'The report shows that many Australians are not striking a balance between foods high in fat and sugar and more nutritious choices, and this is leading to increasing rates of overweight and obesity', Ms Hunt said.

More than 9 in 10 people aged 16 and over don't eat the recommended 5 serves of vegetables per day, and 50% don't eat enough fruit per day.

Most adults and children have higher energy intakes from total sugars and saturated fat than recommended. 'Treat' or 'extra' foods—such as takeaway items, crisps, sweet biscuits, cakes and pastries, confectionery, soft drinks and alcohol—contribute 36% of energy intake for adults and 41% for children. In addition, both adults and children exceeded the maximum recommended intake from total sugars (20%) and combined saturated and trans fats (10%).

Regular physical activity is also associated with maintaining a healthy weight. However, less than half of the population (40%) exercise at sufficient levels to obtain benefits to their health, as defined by national guidelines.

Australians are suffering from more diet-related chronic diseases

Poor dietary choices increase the risk of developing many chronic diseases. These include coronary heart disease, stroke, hypertension, some forms of cancer, Type 2 diabetes, osteoporosis, dental caries, gall bladder disease, dementia and nutritional anaemias (lack of haemoglobin, the oxygen carrying component of the blood, in red blood cells).

'Chronic diseases are a major cause of death and disability in Australia and their prevalence is steadily increasing', Ms Hunt said.

'Improving the nutritional status of Australians can play an important role in reducing the incidence or severity of many chronic diseases.'

Evidence shows that people who have diets high in vegetables, fruit and legumes have a lower risk of developing certain health conditions such as coronary heart disease, stroke, cancer and Type 2 diabetes.

Over-nutrition (in the form of overweight and obesity) now competes with tobacco smoking as a major contributor to national and international ill health.

Global obesity and under-nutrition

The current global food system feeds more than 6 billion people, but not all equally.

In theory, the world currently produces enough food (in terms of kilojoules) to sufficiently feed the entire population, provided it is distributed equitably. However, more than 925 million people don't have access to sufficient food, mainly due to poverty, while more than 1.6 billion people are overweight and at least 400 million people are obese.

'Under-nutrition isn't the only food-related problem faced by developing countries', Ms Hunt said.

'As countries become more developed, there is a shift in eating and physical activity patterns, characterised by people eating more fat, sugar and processed foods, and becoming more sedentary, leading to increases in overweight and obesity. For example, 8 out of the 10 countries with the greatest increases in obesity are developing or newly industrialised nations.'

Some developing countries have increasing rates of obesity, yet still struggle with high rates of under-nutrition.

Future global food security

By 2050 the world's population will be around 9.3 billion, and forecasters predict that food production will need to double to support this many people.

And with increasing numbers of people living in cities, not only will food demand increase overall, the types of food demanded will alter.

'Globally, urban dwellers generally eat more meat, fruit and vegetables, whereas rural dwellers eat more cereals, tubers and roots', Ms Hunt said.

In 2011, more than half of the world's population lived in urban areas—a shift from the 1950s when the figure was less than 30%.

Global environmental challenges

Global food production depends on land, water and energy to produce, process and distribute food. Land for food production is diminishing due to changing land use such as urbanisation, mining and biofuel production. Soil erosion, nutrient depletion and increasing water scarcity are further challenges facing the food supply system.

Agriculture and food production are also closely linked to climate change. Despite advances in farming practices, weather and climate are still major factors in determining productivity.

And with up to half of all food produced worldwide being wasted, landfill areas are rapidly expanding.

'Food waste isn't just leftover food on our plates', Ms Hunt said.

'It includes all food and resources, for example, water and fuel which are used in the food production and distribution process.'

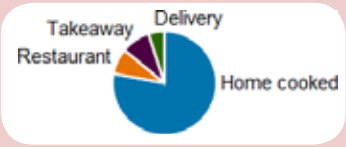
Each year, Australian households throw out about $600 of food on average, and nationally we waste about $5 billion of food.

The largest category of food thrown away in dollar terms is fruit and vegetables (just over $1.1 billion per year), closely followed by restaurant and takeaway food, and then meat and fish.

Did you know?

1 in 20 Australians are vegetarian or mostly vegetarian.

4 out of 5 evening meals a week are home-cooked.



$237 is spent on food and beverages on average per household each week.

1 in 4 adults and 1 in 12 children aged 5 to 17 were obese in 2007–08.

Further information
Communications, Media and Marketing Unit
Phone: (02) 6244 1032
Email: info@aihw.gov.au

Australia's health 2012 app

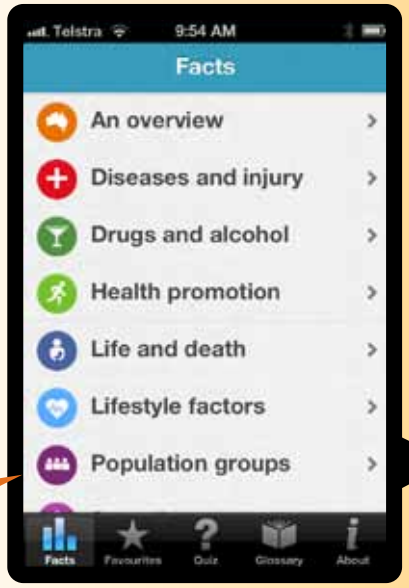
As a key component of our commitment to producing accessible, timely information, the AIHW will shortly release a mobile application for use with Apple iOS devices (iPhone, iPad, iPod).

To ensure accessibility to a wide audience, the application will be available free of charge later this year from the AIHW website and the Apple App Store.

TOPICS

The content of the application is based on the *Australia's health 2012* report, providing users with the most up-to-date information and statistics on a range of health topics.

Information is presented in a clear, easy-to-use format. Users simply tap on a category of interest, where they will find a list of pages, covering more specific subjects.



QUIZ

Once users have explored the information presented in the application, they can test their knowledge with a quiz, comprised of several randomly-selected multiple choice questions drawn from a bank of questions stored on the app.

FAVOURITES

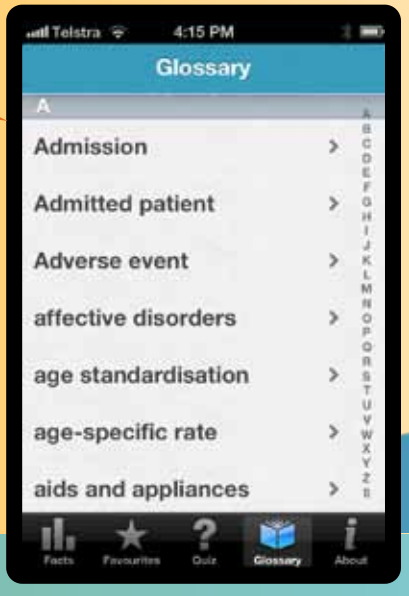
Articles of particular interest can be added to a list of 'favourites', simply by tapping the star icon in the top right corner.

All 'favourite' articles appear in the user's 'favourites' section, accessible through the bottom menu.

Articles can be added and deleted from this section as desired.

GLOSSARY

Other useful resources included in the application are a very comprehensive plain English health glossary and an 'About' page providing information about the AIHW, AIHW data, and how users can find out more.



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Communications, Media and Marketing Unit
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Dementia in Australia

David Kalisch launches the r*eport Dementia in Australia* at the National Dementia Research Forum in Canberra.

What is the leading cause of disability burden in older Australians?

What condition do an estimated 298,000 Australians have?

The answer is dementia.

The AIHW's second *Dementia in Australia* report presents an in-depth look at the topic, illustrated by the latest available data and information on trends over time.

The report was prepared by Adriana Vanden Heuvel, Charles Hudson and Jessica Cargill from the Ageing and Aged Care Unit.

Dementia in Australia synthesises information from over 20 different data sources to provide the most comprehensive picture of the topic currently available.

One of the major changes compared with the first report released in 2007 is that revised estimates of the prevalence of dementia are presented.

These estimates are based on the most current rates available, with the number of people with dementia projected to triple to around 900,000 people by 2050.

Data from the Aged Care Funding Instrument, introduced in 2008, were used to describe the characteristics and care needs of residents with dementia in government-subsidised aged care facilities.

These data show that just over half (53%) of permanent residents in residential aged care facilities had dementia and that 87% of these residents required a high level of care. This compares with 63% of residents without dementia requiring a high level of care.

The report covers new topics such as the use of specialised mental health services, palliative care hospitalisations and mortality due to dementia.

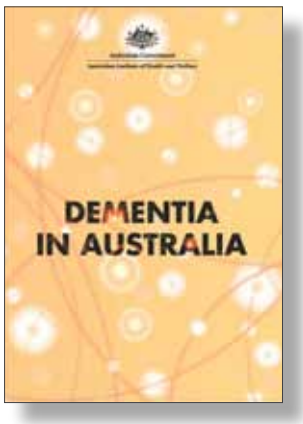
In 2010, dementia was recorded as the underlying cause of 9,003 deaths in Australia— an average of 25 each day.

This places dementia as the third leading cause of death in Australia behind ischaemic heart diseases (such as heart attacks) and cerebrovascular diseases (such as strokes).

Because of the increased sample size of the latest Australian Bureau of Statistics Survey of Disability Ageing and Carers, the report authors were able to present the most detailed picture yet of the estimated 70% of people with dementia living in the community, and the 200,000 people who provide informal care for them.

Dementia can place a heavy burden on carers—everything from loss of sleep to loss of income if the carer has to reduce work hours.

The report shows that co-resident primary carers were almost twice as likely as carers of people without dementia to provide 40 or more hours of care per week.



Dementia in Australia, released on 27 September 2012

New estimates of dementia expenditure are provided in the report for an expanded range of programs, including consumer support programs, respite services and flexible aged care services.

Around $4.9 billion was spent in 2009–10 on people with dementia, of which about $2 billion was directly attributable to the condition. Of this, $1.1 billion was for permanent residents in government-subsidised residential aged care facilities.

Head of the Ageing and Aged Care Unit, Judith Abercromby, said the decision of health ministers in August this year to designate dementia as the ninth National Health Priority Area may help drive additional research and awareness-raising activities in Australia.

The Ageing and Aged Care Unit is writing a follow-up paper to the report that will consider the strengths and limitations of dementia-related data sources, and make recommendations on how to improve these data collections.

Further information
Communications, Media and Marketing Unit
Phone: (02) 6244 1032
Email: info@aihw.gov.au

People behind the stats

Ageing and Aged Care Unit

(From left to right) : Kate Valentine, Evon Bowler, Anne Peut, Charles Hudson, Jess Cargill, Judith Abercromby and Peter Braun

Who we are

The Ageing and Aged Care Unit is part of the Continuing and Specialised Care Group at AIHW.

The team is led by Judith Abercromby who is the longest-serving staff member at AIHW, and has been the Unit Head since 2011.

What we do

The Ageing and Aged Care Unit analyses and distributes information on ageing and aged care services in Australia. This includes both residential and community aged care services, the informal care sector and older people's health and social participation.

The Unit publishes three regular reports on aged care:

- *Aged care packages in the community: a statistical overview*
- *Residential aged care in Australia: a statistical overview*
- *Older people leaving hospital: a statistical overview of the Transition Care Program*

In addition, staff undertake research and analysis on other aspects of aged care to support decision and policy-making, and to inform the community.

'The Unit's access to a wide range of data collected by the Department of Health and Ageing and other agencies allows it to paint a comprehensive picture of the people who use government-funded aged care services in Australia', says Judith.

Why we do it

On average, Australians are living longer and healthier lives. In 2011 there were over three million Australians aged 65 and over (around 14% of the population), and this number is increasing.

By 2031 older Australians are projected to make up 19–21% of the population.

'The ageing of the Australian population presents several challenges, most notably an increased demand for aged care services', says Judith.

'The work this unit does is critically important in supporting planning for these services'.

What lies ahead

From July 2013 the AIHW will establish Australia's first Aged Care Data Clearinghouse, which was announced as part of the 2012 aged care reforms.

'The Clearinghouse will aim to improve access to aged care data and information for the purposes of research, evaluation and for members of the wider community'.

'This exciting development has been welcomed by researchers and members of the aged care sector in particular.'

The Unit has also recently released a major report, *Dementia in Australia*, which was launched at the National Dementia Research Forum in Canberra on 26 September 2012.

More information on the *Dementia in Australia* report can be found on page 8.

Further information
Communications, Media and Marketing Unit
Phone: (02) 6244 1032
Email: info@aihw.gov.au

Chronic disease snapshot

The AIHW has released a new chronic disease snapshot online, providing easily accessible and navigable facts and figures on this topic.

What is chronic disease?

Many illnesses and health conditions can be classified under the broad heading of chronic disease. Chronic diseases are mostly characterised by:

- complex causality
- multiple risk factors
- long latency periods
- a prolonged course of illness
- functional impairment or disability.

Most chronic diseases do not resolve spontaneously, and are generally not cured completely. Some can be immediately life-threatening, such as heart attack and stroke. Others can persist over time and can be intensive in terms of management (e.g. diabetes). Most chronic diseases persist in an individual through life, but are not always the cause of death (e.g. arthritis).

While some chronic diseases such as diabetes and arthritis have been known for centuries, infectious diseases dominated the health scene until the 19th century. For various reasons, including that people are living longer due to better infectious diseases treatment and management, and smoking less, chronic diseases have increased in prevalence in recent times.

The 12 'focus' conditions

There are many conditions and illness that can be considered chronic. Recent focus in surveillance of chronic disease has been on 12 chronic conditions identified in the National Public Health Partnership's paper, *Preventing chronic disease: a strategic framework*. These conditions pose a significant burden in terms of morbidity, mortality and health care costs in Australia, and are amenable to preventive measures. The conditions are:

- Ischaemic heart disease (also known as coronary heart disease)
- Stroke
- Lung cancer
- Colorectal cancer
- Depression
- Type 2 diabetes
- Arthritis
- Osteoporosis
- Asthma
- Chronic obstructive pulmonary disease (COPD)
- Chronic kidney disease
- Oral disease

How many people have chronic disease(s)?

AIHW analysis of the 2004–05 National Health Survey conducted by the Australian Bureau of Statistics showed that just over 7 million people have at least one chronic condition, and the proportions having a condition increase with age, as do the proportions of people reporting more than one chronic condition.

Chronic disease determinants

Determinants are factors that can influence how likely we are to stay well, or become ill or injured. Determinants can have a positive or negative impact on chronic disease. Those that have a positive effect are often referred to as protective factors while those that have a negative effect are commonly referred to as risk factors.

Many chronic diseases are preventable, or react more favourably in terms of management and medical treatment, in people who adopt healthy behaviours such as controlling body weight, eating nutritious foods, avoiding tobacco use, and increasing physical activity.

For more information on chronic disease visit **www.aihw.gov.au/chronic-diseases/**

AUSTRALIA'S HEALTH 2012

Conference and report launch

Every two years, the AIHW publishes its comprehensive health report to the nation, *Australia's health 2012*.

This year's report shows that while Australians are generally healthy, with the majority feeling positive about their quality of life, most Australians also have at least one health risk factor that is likely to contribute to poorer future health.

AIHW Director David Kalisch said that while good health is always good news, there are challenges ahead to maintain an overall healthy population.

'Australia compares well internationally: we enjoy one of the highest life expectancies in the world—79.5 years for men and 84.0 years for women—our level of smoking continues to fall, and most children are fully immunised,' Mr Kalisch said.

'However, there are several areas where Australia compares less favourably. For example, among developed countries, Australia has relatively high death rates from heart disease, diabetes, and chronic lung disease.

On 21 June, the AIHW held a one-day conference at the National Convention Centre in Canberra to coincide with the launch of the report. The conference, hosted by Dr Norman Swan (*The Health Report*, ABC Radio), brought together a range of the nation's leading thinkers and decision-makers to provide a stimulating forum for discussion and debate on health and health services in Australia.

Launching the report, Minister Tanya Plibersek described *Australia's health 2012* as the 'go-to resource for many of the nation's health experts and policy-makers', and its companion *Australia's health: in-brief* as an 'invaluable resource for understanding Australia's health in 2012'.

There were two keynote speakers at the conference.

Professor Jim Bishop, AO, Executive Director of the Victorian Comprehensive Cancer Centre, spoke about the challenges related to translating evidence into health practice.

Paul McClintock, Chair of the Council of Australian Governments (COAG) Reform Council, spoke on Australia's health in an environment of reform.

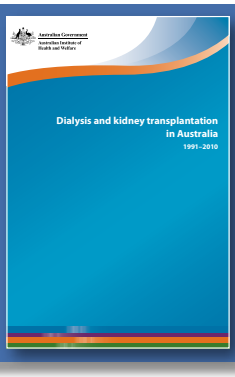
Videos of the Minister's launch, and both keynote presentations, are available on the AIHW website at **http://www.aihw.gov.au/australias-health-2012-conference/.**

A PDF copy of AIHW Board Chair Andrew Refshauge's address to the conference, highlighting the key findings of the report, is also available at the same web address, as are all the major session presentations.

Links to the *Australia's health 2012* report and 'in-brief' document are available on our home page at **www.aihw.gov.au.**

Further information
Communications, Media and Marketing Unit
Phone: (02) 6244 1032
Email: info@aihw.gov.au

Dialysis and kidney transplantation in Australia: 1991–2010



SUMMARY

End-stage kidney disease (ESKD) is a serious and costly health problem in Australia that usually requires kidney replacement therapy (KRT) for patients to survive. This therapy involves dialysis or kidney transplantation. Regional, sex and age differences influence the number of people starting and currently receiving KRT and the types of treatment used.

This report provides a detailed picture of KRT treatment in Australia using a variety of data sources. Differences are explored in KRT treatment rates and treatment patterns for ESKD between population groups and over time.

The number of people starting treatment for ESKD has increased

From 1991 to 2009, the rate of new cases of treated ESKD increased by 80%, largely due to an increase in diabetes-related cases.

More people are receiving kidney replacement therapy

Between 1991 and 2009, the number of people receiving KRT for their ESKD almost tripled, from 6,643 to 18,267.

Kidney transplantation

From 1991 to 2009, the number of transplants performed each year increased from 470 to 772, largely due to a rise in donations from living donors.

At the end of 2009, about 40% of treated-ESKD patients living in non-remote areas had a functioning kidney transplant. This compares with 9% in *Remote* areas and 26% in *Very Remote* areas.

Dialysis treatment

From 1991 to 2009, the number of people receiving dialysis tripled, from 3,138 people to 10,431.

The increase in the number of dialysis patients has resulted in an average increase of nearly 60,000 hospitalisations per year for dialysis from 2000–01 to 2009–10.

Treatment rates

For the period 2003–2007, for every new case of ESKD who received KRT, there was about one case that did not.

The vast majority (80%) of the new cases of ESKD who did not receive KRT were aged over 70.

Further information
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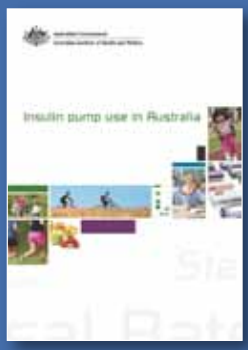
Phone: (02) 6244 1032
Email: info@aihw.gov.au

Insulin pump use in Australia



SUMMARY

This report examines the use of insulin pumps by people with Type 1 diabetes. It represents the most up-to-date national reporting of this information in Australia. The findings are based on administrative data supplied by Diabetes Australia and data from the *Insulin Pump User Survey*, conducted by the Australian Institute of Health and Welfare in 2011.

Pump users

- As at 30 June 2011, there were 10,510 insulin pump users in Australia—representing 10% of people with Type 1 diabetes.
- Almost half of all insulin pump users were under 25 years old.
- Compared with the national average of 10%, the Australian Capital Territory (15%), Western Australia (12%) and Tasmania (11%) had a higher proportion of pump users among people with Type 1 diabetes, while the Northern Territory had the lowest proportion (7%).
- Insulin pump use was more common among people with Type 1 diabetes living in areas of high socioeconomic status (14%) than among those in low socioeconomic status areas (6%).

How have things changed?

- The number of people with Type 1 diabetes commencing insulin pump therapy increased from 107 per month in 2004 to 140 per month in 2010.
- People with Type 1 diabetes now begin using insulin pump therapy relatively sooner after diagnosis than in the past. In 1997, less than 1% began using an insulin pump within 2 years of diagnosis; in 2009, this had risen to 18%.

Financing insulin pump use

- Approximately 80% of insulin pump users with Type 1 diabetes obtained a private health insurance rebate for the purchase of their pump.
- Insulin pump therapy is more expensive than multiple daily injections. The pump itself costs between $4,000 and $9,000 and the average expenditure on consumables was $29 per month in 2010–11, compared with $6 per month for injection therapy.

Insulin pump use experience

- The largest motivating factor for choosing to use a pump was better control of diabetes—88% of survey respondents indicated this.
- For most insulin pump users, the benefits of pump use outweighed any problems they encountered.
- The fact that insulin pump therapy fitted in with the lifestyle of the user was the most frequently cited benefit (86% of survey respondents). The most commonly cited problem was that insulin pump consumables were too expensive (32%).
- Twenty-three per cent of survey respondents attended an emergency department or were admitted to hospital for diabetes management while using a pump.
- In spite of recommendations for contact with a diabetes health professional every 3–6 months, 10% of insulin pump users had not had contact with a professional in over 6 months.

Further information
Communications, Media and Marketing Unit
Phone: (02) 6244 1032
Email: info@aihw.gov.au

AIHW adopts Print on demand publishing

The AIHW commenced print on demand (PoD) publishing in July. PoD publishing refers to digital printing of a publication 'just in time' instead of 'just in case'. It eliminates wastage caused by overestimating printing runs, and provides savings in printing, warehousing and distribution costs.

The cost of PoD copies of publications is similar to the cost of current AIHW 'for sale' publications. An added benefit is that a publication is never 'out of print'—it is stored electronically and printed off only when ordered.

Clients can continue to order and purchase publications through the AIHW website. Generally, after a publication order is received, it will be printed and despatched within two working days.

All AIHW publications are also made available for download free of charge from the AIHW website: www.aihw.gov.au.

In the pipeline...

Conferences

AUGUST 2013

- ***Australia's welfare 2013*** **report launch and conference (date to be confirmed)**

Events and meetings

NOVEMBER 2012

- **AIHW Ethics Committee meeting**
- **Housing Homelessness Policy Research Working Group meeting**
- **AIHW Audit and Finance Committee meeting**
- **National Health Information & Performance Principle Committee meeting**

DECEMBER 2012

- **National Community Services Information Management Group meeting**
- **Housing and Homelessness Information Management Group meeting**
- **National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data meeting**
- **Housing Homelessness Policy Research Working Group meeting**

Publications

- ***Food for thought: what do short questions on food habits tell us about dietary intakes***
- ***Older people leaving hospital: a statistical overview of the Transition Care Program 2009-10 and 2010–11***
- ***Indigenous young people in the juvenile justice system***
- ***Vaccination uptake among people with chronic respiratory disease***
- ***People with dementia in hospitals in New South Wales 2006–07***

new releases

Multiple causes of death: an analysis of all natural and selected chronic disease causes of death 1997–2007

Multiple causes of death data are useful for describing the role of all diseases involved in deaths. This bulletin is the first comprehensive application of multiple causes of death statistics to natural causes of death and specific chronic diseases of public health importance in Australia. It may be useful for guiding and improving policy for reducing deaths from these chronic diseases and for targeting future investment in health prevention. When describing patterns of causes of death using only the underlying cause, important cause information is overlooked. Analyses using multiple cause data complement routine descriptions of mortality that use only the underlying cause and offer broader insight into the disease processes occurring at the end of life.

Published 23 August 2012.

Social distribution of health risks and health outcomes: preliminary analysis of the National Health Survey 2007–08

Where people are born, grow, live, work and age affects their health status. This paper explores the association between selected social and health risk factors on Australians' health. It shows that people with higher household incomes and higher education qualifications are more likely to report better health and less likely to report smoking, and people living outside major cities are more likely to report being an unhealthy weight.

Published 28 August 2012.

Risk factor trends: age patterns in key health risk factors over time

This report presents comparisons over time for different age groups for key health risk factors, including overweight and obesity, physical inactivity, poor diet, smoking and excessive alcohol consumption. The good news is that smoking rates have declined, particularly among younger people. However, overweight/obesity rates have increased for virtually all age groups, especially females aged 12 to 44.

Published 11 September 2012.

Hospital separations due to injury and poisoning, Australia 2008–09

This report is the seventh in a series on hospitalisations due to injury and poisoning in Australia, and covers the financial year 2008–09. A total of 412,985 injury cases required hospitalisation during the 12 months (239,345 males and 173,637 females). Overall rates of injury were higher among people aged 65 and over, and lower in children aged 0–14. The leading causes of hospitalised injury were unintentional falls (38% of cases), followed by transport accidents (14%).

Published 14 September 2012.

Cancer survival and prevalence in Australia: period estimates from 1982 to 2010

This report presents the latest national survival and prevalence statistics for cancers in Australia from 1982 to 2010. Five-year survival for all cancers combined increased from 47% in 1982–1987 to 66% in 2006-2010. The largest survival gains over this time were for prostate cancer, kidney cancer and non-Hodgkin lymphoma. In 2006–2010, cancers with the highest survival were those of the testis, lip, prostate and thyroid, and melanoma of the skin. In comparison, pancreatic cancer and mesothelioma had the lowest survival.

Published 20 September 2012.

Health expenditure Australia 2010–11

Expenditure on health in Australia was estimated to be $130.3 billion in 2010–11, up from $77.5 billion in 2000–01. This expenditure was 9.3% of gross domestic product in 2010–11, down from 9.4% in 2009–10 but up from 8.2% in 2000–01. The estimated recurrent expenditure on health was $5,796 per person, and 69.1% was funded by governments, up from 67.7% in 2000–01. The two largest components of the increase in health expenditure were public hospital services, which grew by $2.2 billion in real terms, followed by medications ($2.1 billion).

Released 26 September 2012.

Mental health services in brief 2012

Mental health services in Australia—in brief 2012 provides an overview of the national response to the mental health needs of Australians. It includes information on mental health service provision, available mental health resources and the changes that have occurred in these over time. The publication compliments the more comprehensive data that is available online at Mental health services in Australia http://mhsa.aihw.gov.au

Released 10 October 2012.

Australian hospital statistics 2011–12: elective surgery waiting times

In 2011–12:

- About 662,000 patients were admitted to Australian public hospitals from elective surgery waiting lists
- 50% of patients were admitted for their surgery within 36 days of being placed on the waiting list and 90% were admitted within 251 days.

Released 16 October 2012.

BreastScreen Australia monitoring report 2009–10

BreastScreen Australia aims to reduce illness and death resulting from breast cancer through organised screening of women. This report is the latest in an annual series that presents national statistics monitoring the program against performance indicators.

More than 1.3 million women in the target age group of 50–69 were screened in 2009–2010, a participation rate of 55%. Breast cancer mortality is at a historic low, at 43 deaths per 100,000 women.

Released 17 October 2012.

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

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
www.aihw.gov.au
Follow us on Twitter: @aihw