

access

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Seasons Greetings

Australia's Welfare 2003 indicators chapter gets Ministerial nod

'Last month I was in Melbourne talking about the need for welfare reform. And I stressed that the term "welfare" suggests a policy on its own, one in isolation from the rest of the economy.'

'This is too simplistic. Welfare is intricately linked with what happens in taxation, what happens in employment, in healthcare, education and housing...

...'This year, for the first time, *Australia's Welfare* includes data under 13 indicator topics, which give us an extremely useful context for the chapters which follow—indicators such as housing, health, education, employment, recreation and social and support networks.

'And I'm looking forward to how this will improve analysis of trends and changes in these indicators, flagged for the next report, *Australia's Welfare 2005*.'

It was a strong endorsement by Family and Community Services Minister Kay Patterson for the 'Indicators of Australia's welfare' chapter in the AIHW's sixth biennial welfare report, *Australia's Welfare 2003*.

The report was launched by the Minister at Parliament House on 4 December, the last sitting day for 2003.

The indicators chapter, which, as acknowledged by the Minister, will now be a regular feature in *Australia's Welfare*, views welfare in terms of concepts such as healthy living, autonomy and participation, and social cohesion, which can all be influenced by personal and environmental factors as well as the service system.

In her speech Senator Patterson revealed her in-depth knowledge of what goes into the preparation of large reports such as *Australia's Welfare* (which is 517 pages in length).

'It's just like the Olympic Games. People see a gold medal being won, but few really know the true extent of what lies behind that one gold medal performance—the years of training and the many real sacrifices that that have been made.'

Senator Patterson said few people knew of the sweat and effort lying behind every number in a report such as *Australia's Welfare*. She alluded to days when, as an author, not a single word seemed to come out right, while at other times you could be prolific for hours at a stretch. She also mentioned the hidden work and expertise that went into production aspects of the volume, such as producing a decent index. Staff members from the AIHW's publishing team nodded knowingly, thankful that the work of the report's indexer, Michael Harrington, had been noticed.

In discussing the ageing and aged care chapter and the special chapter on informal carers, Senator Patterson recalled how, as an academic in Victoria, she noticed how there were many courses available on the positive aspects of child development, but none on the positive aspects of ageing.

Continued on page 2 ▶

AIHW Director Richard Madden, Minister for Family and Community Services Senator Kay Patterson, AIHW Chair Sandra Hacker and AIHW Welfare Division Head Diane Gibson admire *Australia's Welfare 2003*.



Contents

Cover story	1, 2
<i>Australia's Welfare 2003</i> indicators chapter gets Ministerial nod	
From the Director	3
Project reports	4
Update on diabetes monitoring at AIHW	
The Health and Community services	
Cancer in Australia 2000	
Linking research, policy and practice	
Spotlight	8
On D'Arcy Wood	
The driving force	10
Statistical Information Management Committee	
Trust me	12
Australian hospital statistics: what can they tell us about our health status?	
Recent releases	15

Australia's Welfare 2003

Continued from page 1

'The courses on ageing were all about geriatrics rather than gerontology', Senator Patterson said. She recalled that with the help of colleagues she was successful in getting the first postgraduate gerontology course in Victoria up and running (at the Lincoln Institute of Health Sciences, now amalgamated with Latrobe University).

AIHW Board Chair Dr Sandra Hacker drew attention to the second special chapter in *Australia's Welfare 2003* by saying that it covered 'the unpaid and sometimes unsung welfare services labour force—the two-and-a-half million family members and friends that make up the nation's informal carers'.

'Carers are the nation's primary providers of welfare services to people with a disability and frail older people, and we have provided as much relevant data as we can in the report about carers and those they care for', Dr Hacker said.



Sandra Hacker and Senator Kay Patterson launch *Australia's Welfare 2003*.

'But, as we say in the report, many things are changing in our society, all of which can affect the need for and provision of informal care.

'Women are more likely to work, and people marry later. They have fewer children, later. Blended families are more common, and families are more mobile. The boundary

between full-time work and retirement is becoming blurred as

more people elect to work part-time both before and after so-called "retirement".

'Support for carers will need to align with these changes, as well as with the great variety of individual carer needs, in order to maintain the in-home care that people generally prefer, while avoiding unnecessary increases in the number of formal paid services.'

Sandra concluded that the two special chapters were 'evidence of how keen we are at the Institute to be curious, to explore further, to innovate where we can, and to create and follow opportunities'.

In addition to its special chapters *Australia's Welfare 2003* contains its now-traditional chapters on children's and family services, ageing and aged care, disability and disability services, assistance for housing, homelessness, and welfare services resources (including the welfare services labour force).

***Australia's Welfare 2003* can be purchased over the counter at AIHW for \$35, or via phone order from Canprint for \$45 (telephone 1300 889 873). It is also available in full text free of charge on the Institute's web site (www.aihw.gov.au).**



from the Director

Welcome to our final edition of *AIHW Access* for the year. It has been quite a year—a year when we said goodbye to some long-serving colleagues and friends, and equally a year where we welcomed new Board and Committee members as well as more staff. Significantly, in 2003 we released more publications into the public domain than ever before. Thank you to all the staff of the AIHW for your commitment and dedication, and to our colleagues and collaborators for the guidance, support and expertise you have given to us throughout the year.

There has been much activity and some notable developments in the final quarter of the year.

We are always very proud of our biennial reports on the health and welfare of Australians. *Australia's Welfare 2003* was launched at Parliament House recently by Senator Kay Patterson, Minister for Family and Community Services. This year's edition includes more information than previously, with special chapters on Indicators of Australia's Welfare, and Informal Care. You can read more about this in our lead article.

The first meeting of the newly established National Health Information Group (NHIG) was held in October. NHIG, chaired by Patricia Faulkner, Secretary of the Victorian Department of Human Services, has been established to advise AHMAC on planning and management requirements, and to manage and allocate resources to health information projects and working groups. Within this new structure the Statistical Information Management Committee (SIMC) has replaced the National Health Information Management Group. The role of the Committee will remain essentially the same as the NHIMG and continue on with its work. Dr Ric Marshall, the long-standing Victorian representative on NHIMG, has been appointed as the Chair.

Following the creation of the Institute's unit dedicated to Indigenous health and welfare statistics, the AIHW, supported by the ABS, hosted a workshop on Measures of Social and Emotional Wellbeing for Aboriginal and Torres Strait Islander Peoples. A wide range of groups and experts were represented at the workshop, including national organisations such as NACCHO, SCATSIH, OATSIH and ATSIH. The workshop agreed on a number of general conclusions, with a range of questions to be trialled by the ABS for inclusion in their Indigenous Social Survey.

Our latest report on Australia's youth—*Australia's Young People: Their Health and Wellbeing 2003*—has provided an updated snapshot of the lifestyle of our nation's 12 to 24 year-olds. It follows our original 1999 report on this topic. At a glance the findings show that in 2001, 94% of young Australians aged 15–17 years and 89% of those aged 18–24 years rated their health as 'excellent', 'very good' or 'good'. More information on the report is available on our web site.

The Institute continues to receive excellent media coverage for its publications. The response to the *Australia's Young People* report is a good example, with numerous media interviews conducted following the report's release.

The new five-year Commonwealth–State Housing Agreement, signed in June 2003, brought with it a continued commitment to the National Housing Data Agreement. The Housing Ministers' Advisory Committee also undertook a review of the work of the National Housing Data Agreement under the 1999 CSHA. The review, tabled at the August 2003 HMAAC meeting, noted the success of the work undertaken by the AIHW with the strong support of Commonwealth, state and territory governments and the ABS. There is now agreement-in-principle to fund work at the AIHW over the life of the new CSHA. This will allow AIHW to continue to improve housing assistance data across both mainstream and Indigenous housing assistance areas.

I'd like to finish off this last column of 2003 by highlighting some of the healthy and active pursuits of our staff during the year.

This year staff participated in the annual walk to work (or as we did—walk from work!), which was held one sunny lunchtime and led by our Medical Adviser (that doyen of walkers, Dr Paul Magnus). We also had many staff involved in the recent Australian Masters Games held in Canberra, both as athletes (winning several medals) and as volunteers.

The AIHW's own commitment to encouraging events that promote fitness and fun continued with the annual Melbourne Cup walk, run and cycle races, which most staff were involved in, and our annual soccer match. This year NHMRC conceded AIHW a hard-earned victory.

To all our staff, their families, our colleagues Australia-wide, and our readers, please have a healthy, safe and joy-filled holiday season.

Director

Update on diabetes monitoring at AIHW

Diabetes monitoring at AIHW is now centrally undertaken in one unit—the Cardiovascular Disease, Diabetes and Risk Factor Monitoring Unit. Our work in diabetes continues to expand in three main areas:

- developing, analysing and disseminating national data on diabetes across the health continuum
- managing the National Diabetes Register (NDR)
- identifying and addressing data gaps and deficiencies.

Our 'flagship' diabetes publication was released 12 months ago—*Diabetes: Australian Facts 2002*. It contains national data and trends across the spectrum of disease—levels in the population, contributing factors, major complications, and treatment and preventive programs that aim to combat it.

A major component of our work is the NDR, a significant national data collection providing vital information on new cases of insulin-treated diabetes. Approximately 35,000 people have been registered on the NDR since it began operating in 1999: 30% of these people have Type 1 diabetes, 60% have Type 2 diabetes and 7% have gestational diabetes. During 2000–2001, there were close to 1,600 new cases of insulin-treated diabetes among people aged less than 15 years—people of this age predominantly have Type 1 diabetes. These results were released in August in the report *National Diabetes Register: Statistical Profile, December 2001*. Results for 2002 will be released early next year. The significance of the NDR data will continue to grow as the register ages, providing vital information on all types of insulin-treated diabetes.

Hot off the press is a new bulletin, *A Picture of Diabetes in Overseas-born Australians*, which compares the impact of diabetes (as measured by incidence, prevalence, hospitalisations and deaths) in Australians born overseas with that for the Australian-born population. A key finding

is that proportionately more Australians born overseas report having diabetes than their Australian-born counterparts: 28% of Australians are born overseas, yet 35% of people reporting having diabetes were born overseas. Groups with the highest risk and impact from diabetes were those born in the South Pacific Islands, North Africa/Middle East, Southern Asia, and Southern Europe.

We have three more diabetes reports coming out over the next few months:

- *How Much does the Increase in Australia's Weight Account for our Increase in Diabetes?*—a bulletin that estimates the extent to which the rise in the prevalence of diabetes over the last 20 years can be attributed to the rise in body mass index over the same period.
- *The Impact of ICD Coding Standard Changes on Diabetes Hospital Morbidity Data*—a technical paper outlining important issues for analysts using hospital data.
- *Diabetes and Allied Health Services*—an information paper that includes a discussion of recent mapping projects showing the interactions between allied health services and diabetes in the community.

For more information on our diabetes work, please contact Anne-Marie Waters, ph. (02) 6244 1102 or email diabetes@aihw.gov.au

Health and community services labour force

Health and Community Services Labour Force 2001 is the second in a five-yearly series that presents and analyses workforce data from the Census of Population and Housing. This joint AIHW/ABS report was released on 30 September 2003.

The report provides a rich statistical base that will inform discussion about the capacity of the health and community services workforces to meet service requirements now and in the future. It provides detailed data on the numbers and characteristics of workers in individual occupations. The report also addresses issues such as the changing age structure and geographic distribution of the workforce and of the general Australian population.

The report shows that there was substantial growth in the health and community services occupations (of 11.4% and 26.8% respectively) between 1996 and 2001. The largest growth occurred among aged/disabled care workers (up by almost 16,000 workers, or 44.1%) and child care workers (up by nearly 14,000, or 44.8%). This growth was accompanied

by a degree of restructuring, as reflected in changes in the occupational mix. For example, there was a 5.8% increase in registered nurses, but this was accompanied by a 20.7% decrease in enrolled nurses and an 18.8% increase in lower paid carers and aides.

The supply of workers in health and community services industries decreased with increasing remoteness, from 3,055 and 1,008 per 100,000 population respectively in the Major cities, to 1,498 and 796 per 100,000 population respectively in Very remote Australia in 2001. The report also finds that some of the rapidly growing regions on the outskirts of the major capital cities had the lowest supply of health and community services professionals of any region within their respective states.

The publication will be of interest to workforce planners in state and territory governments, which are major suppliers of health and community services. It will also interest professional associations and industrial organisations.

New Reports

Australia's Young People: Their Health and Wellbeing 2003

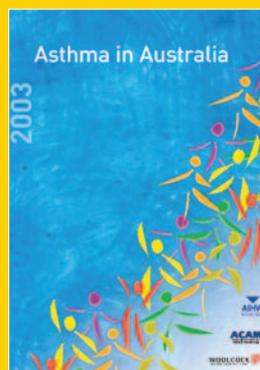
Australia's Young People: Their Health and Wellbeing 2003 is the second national report on the health and wellbeing of young people in Australia. It provides comprehensive information on the health status of young people including causes of hospitalisations and deaths, chronic diseases, infectious diseases, injury, disability, reproductive and sexual health. The behavioural risk and protective factors influencing young people's health and wellbeing that are covered in this report include substance use, diet and nutrition, physical activity and overweight and obesity. Social conditions are also important determinants of health. The report therefore includes information on the family environment, relationships and social participation, education, employment and income. An overview of the health and welfare of Aboriginal and Torres Strait Islander young people is also presented.

AIHW Catalogue No. PHE 50,

Available over the counter at AIHW (\$10 discount applies) and from CanPrint (Ph:1300 889 873); \$40.00

Asthma in Australia 2003

Asthma is an important health problem in Australia. This report brings together data from a wide range of sources to describe the current status of asthma in Australia. It includes information on the number of people who have asthma, who receive various treatments for asthma, who have written asthma action plans, and who visit their GP, are hospitalised or die due to asthma.



AIHW Catalogue No. ACM 1,
Available over the counter at
AIHW (\$10 discount applies)
and from CanPrint
(Ph:1300 889 873); \$33.00

Cancer in Australia 2000

In 2000, there were 85,231 new cases of malignant cancer in Australia and 35,466 deaths primarily due to cancer. In addition there were an estimated 374,000 new cases of non-melanocytic skin cancer in 2002; these cancers are not notifiable to cancer registries.

Currently 1 in 3 men and 1 in 4 women can be expected to be diagnosed with a malignant cancer in the first 75 years of life. The average age of first diagnosis is 66 years for males and 64 years for females, with the median age 69 years for males and 65 years for females. Hence cancer is predominantly a disease that emerges later in life. A consequence of this is that relatively rapid growth of the population aged 55 years and over is driving growth in demand for cancer services well in excess of population growth. Between 1990 and 2000, the number of new cases of malignant cancer per year increased by 36% compared with an increase in the population of 12%, despite a small decline in recent years in age-standardised incidence rates.

These and other important statistics profiling cancer can be found in *Cancer in Australia 2000*. Provided by the Health Registers and Cancer Monitoring Unit, it is the latest in the series of cancer publications produced by the Institute with the assistance of the Australasian Association of Cancer Registries.

In this latest and the previous *Cancer in Australia* report the content has expanded significantly beyond the incidence and mortality statistics found in earlier editions. In *Cancer in Australia 1999*, summary statistics were included for cancer survival, general practitioner consultations, hospital inpatients for the National Health Priority cancers, the cancer workforce and cancer risk factors.

In *Cancer in Australia 2000*, there is a profile of bowel cancer, which is currently of major policy interest due to pilot tests being conducted for a national bowel cancer screening program. Data from the 2001 National Health Survey (ABS) on the numbers and characteristics of women who receive mammography and Pap smears have been analysed and those who miss out on these services are profiled. There is a detailed analysis of trends in hospital separations for persons with a principal diagnosis of cancer. This shows the numbers of separations for cancers increasing by 4.7% per year in recent years, and an increasing proportion of cancer treatment in private hospitals.

Supplementing the *Cancer in Australia* reports are additional tables on the Institute's web site and a data cube where users can produce their own age and sex trend statistics for the various cancers.

Cancer in Australia 2001, due to be released in mid-2004, will be a landmark publication, as it will represent 20 years of national cancer incidence data in Australia. The Institute is planning to further improve its coverage of cancer statistics with an updated burden of disease analysis and new indicators such as cure rates, a statistical technique learnt by AIHW cancer statistician Dr Chris Stevenson at the annual conference of the International Association of Cancer registries in June.

Linking research, policy and practice

The AIHW and Department of Health and Ageing co-hosted the National Symposium on Ageing Research: Building Evidence, Policy and Practice on 23–25 September at the Australian National University in Canberra. Over 250 delegates from research, policy, practitioner, industry and provider associations gathered over the 2-day event to discuss strategies for strengthening the translation of research findings, statistics and evidence into policy decision making, service programs and networking structures.

The symposium began with the launch of the new Ageing Research Online (ARO) web site (www.aro.gov.au) by the Minister for Ageing, the Hon. Kevin Andrews MP. An interactive database of ageing-related research activity in Australia, it is hoped that the ARO website will provide a key resource for researchers, policy makers and practitioners.

The Minister was followed by a diverse and eminent collection of speakers who raised critical issues relevant to the ageing research field. Speakers included Professor Sir Michael Marmot from University College, London, Dr Robin Batterham, Chief Scientist to the Australian Government and Professor Stephen Duckett, Professor of Health Policy at La Trobe University.

Professor Marmot delivered a compelling keynote address identifying some of the factors that contributed to the successful impact of the Whitehall studies of British civil servants on the government's approach to the issue of health inequality. Professor Marmot stressed the utility and importance of longitudinal studies of ageing in efforts to bring quality evidence to bear on the policy decision making process.

Over the following two days of the symposium, speakers tackled a number of questions crucial to improving the translation of research findings to policy and practice:

- What are the impediments to, and catalysts for, successful development of responsive and policy-relevant ageing research and the necessary mechanisms to support stakeholder engagement?
- What has changed in the external environment that may assist or hinder this process?
- What is the appropriate role for stakeholders (i.e., researchers, government, policy makers, and community and industry bodies)?
- What lessons can be learned from past experience?
- What is the difference, or relative value, in pursuing 'ageing research versus more general research which acknowledges the significance of age differentials?

The presentations made by a number of the speakers are available on the ARO website (http://www.aro.gov.au/WebStreamer?page_id=1424).

The range of views and approaches taken by speakers and the intense engagement of delegates indicated that the questions are relevant to stakeholders. Further work is being undertaken to take into account the input from speakers and delegates in order to move the process forward. The ARO will (in coming months) provide information on further outcomes of the symposium, including material relating to the ongoing development of the Australian Ageing Research Agenda.

PROJECT
reports