

Australian of the year launches Indigenous health and welfare report

'Let's give a big tick to governments as employers of Aboriginal and Torres Strait Islander people. Let's give some encouragement here. They've led the way, and there are certainly some good news stories in employment.'

'But in housing, and education, and in general infrastructure, it's harder to find good news.'

'We have 320 environmental health workers, but we need five times that number.'

'In health services, we have a higher level of expenditure [on Indigenous Australians], but not commensurate with their level of illness.'

Professor Fiona Stanley, AC, Director of the Telethon Institute for Child Health Research, 2003 Australian of the Year, and as forthright as ever, was launching the fourth edition of the biennial ABS-AIHW report *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples*.

The report was launched in Perth on 29 August at Indigenart—The Mossenson Gallery of Authentic Aboriginal Art, Subiaco.

Describing the report as 'a magnificent publication', 'an unbiased assessment', and 'yet another wake-up call', Fiona acknowledged how far Aboriginal health and welfare data had come in the last few years, but there were still some gaps. She took some State jurisdictions to task for lagging on Indigenous identification in basic data, asking 'Don't they want to count deaths properly?'

Fiona also acknowledged that, as expected, much of the news in the report was still 'depressing and terrible', and that many people, both Indigenous and non-Indigenous, 'must get sick of it'.

But she was also keen to highlight the positives, and paid tribute to the many information boxes in the report describing worthwhile health and welfare projects that were already making a significant difference to the lives of Indigenous Australians.

'These are fantastic snapshots, the stories behind the facts, and they really are positive.'

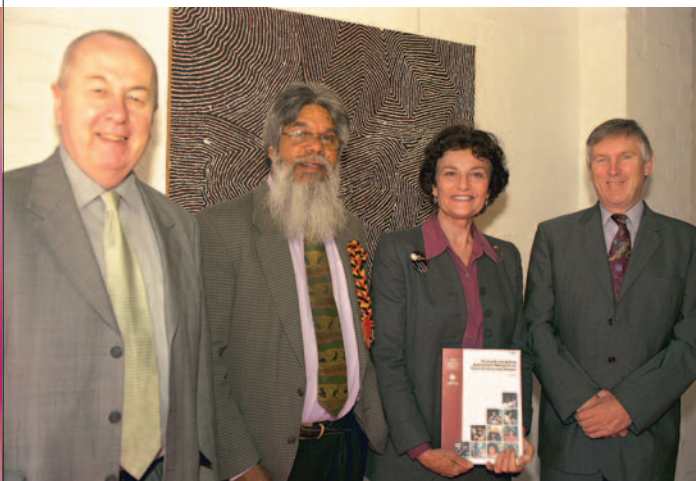
Professor Stanley said it was lifestyle, environment and health services together that would make the difference: 'The message is not getting through—joined-up solutions are what we need'.

Professor Stanley concluded by saying that the energy that went into the report should be reflected by governments and the community 'to turn this around'.

'If they put in the same energy there wouldn't be a problem.'

A response on behalf of Aboriginal and Torres Strait Islander peoples was given by Associate Professor Ted Wilkes, a Nyungar

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(L to R) Dr Richard Madden (AIHW Director), Assoc. Professor Ted Wilkes (Senior Research Fellow with Centre for Developmental Health, Curtin University), Professor Fiona Stanley (2003 Australian of the Year) and Mr Dennis Trewin (Australian Statistician, ABS)

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At the end of a highly successful financial year the Institute has released a record amount of publications. The total number of reports produced during the financial year was 115, a 62% increase on the previous year and a 44% increase on the previous record annual output. A noteworthy addition to the output was the series of six Commonwealth–State Housing Agreement National Data Reports published in May. Thank you to all staff for the hard work required to make this happen.

A new Institute structure has been implemented to address the growth of the Institute over the past few years. The Resources Division is now operational and is directly responsible for some Units that previously existed within other Divisions, along with responsibility for the recently established Aboriginal and Torres Strait Islander Health and Welfare Unit. I am delighted to welcome Mr Ken Tallis as the recently appointed head of the Division. Ken has had a distinguished career in the Australian Bureau of Statistics and we are pleased that he has joined the Institute.

The structure of the Dental Statistics Research Unit has been reconfigured under the umbrella of the Australian Research Centre for Population Oral Health (ARCPOH), a research centre formed within the University of Adelaide in 2002. Professor John Spencer who had been DSRU's leader since its inception in 1988 is now Director of ARCPOH, and hence continues to be actively involved in all aspects of population oral health and dental labour force surveillance and research conducted by DSRU.

John was instrumental in building up the Unit to its current high standing. I am confident that the Unit will continue to grow in strength under the directorship of the new head, Professor Gary Slade. The DSRU features in this edition in 'From the Inside'.

There is notable new work being undertaken covering a broad spectrum of the health and welfare sphere:

- Recently, the AIHW participated in a bowel cancer screening pilot and has now started work on full bowel cancer screening monitoring. This work follows on from successful monitoring of cervical and breast screening.
- And, of course, there is the recently-released 2003 Biennial Report: *The Health and Welfare of Australia's Aboriginal and Torres Strait Islanders*, prepared in conjunction with the Australian Bureau of Statistics. You will read more about that publication in this edition of Access.

Finally, we were sad to lose Helen Moyle who has led AIHW's work on children, youth and families for the past eight years. Helen has joined the Department of Family and Community Services, and we look forward to continuing to work with her there.

Australian of the year launches Indigenous health and welfare report

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man and Senior Research Fellow at the Centre for Developmental Health, Curtin University. Professor Wilkes was Director of the Perth Aboriginal Medical Service (now known as the Derbarl Yerrigan Health Service) for 16 years.

He said that working and walking alongside Fiona was an experience—'She's a fast mover I can tell you'.

Ted said that while it was good to hear about the positives from Fiona, from the Aboriginal perspective 'the mere fact that a group is different in health is little to enthuse about'.

'The indicators for positive change are hard to see, and some jurisdictions are not putting in with respect to Aboriginal data.'

'Our mortality rates are shocking. If Australia is so good on the world health stage, why are things so bad for Aboriginal and Torres Strait Islander people?'

Ted said that in his view the standardised mortality ratio was the best measure of how Aboriginal and Torres Strait Islander health was progressing. Currently it was 'unacceptable that death rates were three times that of non-Indigenous Australians'.

Professor Wilkes believes that diabetes needs to be better understood among Indigenous Australians, with more materials made available 'in friendly English'.

One area where Indigenous Australians were 'doing well' according to Ted was in fertility, with Indigenous mothers having on average 2.14 babies compared with 1.73 for all Australians

While he appreciated the genuine efforts being made in Indigenous health and welfare, Professor Wilkes thought it was not good enough.

'There's been no improvement in the gap in life expectancy between Indigenous people and all Australians. What is it telling us? If this gap doesn't close it's no use telling Indigenous people that things are getting better.'

The launch of *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples 2003* was hosted by the Australian Statistician, Dennis Trewin, and the Director of the Australian Institute of Health and Welfare, Richard Madden. Both spoke at the launch.

Dr Madden acknowledged calls from both Indigenous and non-Indigenous Australians for action rather than statistical facts.

'But it's a fact of life these days that if you want changes in policy and resourcing decisions it is essential to have good statistical information', Dr Madden said.

Printed copies of the 300-page report (ABS Catalogue no. 4704.0, AIHW Catalogue no. IHW 11) are available from either the ABS or the AIHW (price \$60), or the report can be accessed free of charge on the AIHW web site (www.aihw.gov.au).



Mr Dan Black (Director of NCATIS), Mr Dennis Trewin (ABS), Dr Richard Madden (AIHW), Dr Fadwa Al-Yaman (AIHW) and Mr Geoff Sims.

Australian Hospital Statistics 2001–02

There were 6,394,498 separations from Australian hospitals during 2001–02, involving 23,223,762 patient days. Of these separations nearly 38% were from private hospitals and over 52% were same day. There was \$16.8 billion dollars spent on public acute and psychiatric hospitals and the average cost of providing care for an admitted patient was \$3,017.

These and countless other fascinating statistics can be found in *Australian Hospital Statistics 2001–02*. Produced by the Hospitals and Mental Health Services Unit (HMHSU), it is the AIHW's ninth annual report on Australia's hospitals and was compiled using data from the Institute's National Hospital Morbidity Database, the National Public Hospital Establishments Database and the National Elective Surgery Waiting Times Data Collection.

Regular readers of this report will discover several new sections, as well as enhancements to some old favourites. The most striking change is to the Highlights chapter, which is now called Hospitals at a glance. This section provides information on the number, activity and performance of Australian hospitals, including time series information from 1993–94 to 2001–02, illustrating the changing nature of Australia's hospitals over the past eight years. For example, did you know that there was an 85% increase in the number of private hospital separations from 1993–94 to 2001–02 compared with a 20% increase in the number of public acute hospital

separations? Or that there has been a 45% increase in the number of full-time equivalent salaried medical officers and a 6% increase in the number of nurses?

The proportion of same day separations increased from 37% in 1993–94 to over 52% in 2001–02. To reflect the increasing volume of this type of hospitalisation, a number of tables have been added that summarise separately the most common diagnoses and procedures for same day and overnight patients. In public hospitals the most common diagnosis for overnight patients was Angina pectoris, while the most common for same day patients was Care involving dialysis.

Another addition is the reporting of potentially preventable hospitalisation data. These refer to hospital admissions that may have been preventable with adequate and timely non-hospital care, and include conditions such as asthma, hypertension, dental conditions and vaccine-preventable conditions. There were over 600,000 of these separations in Australia in 2001–02, with increasing numbers of admissions per 1,000 population and increasing remoteness of area of usual residence.

So whether you need to include information on hospital separations in a report, provide background on hospital expenditure in a presentation or simply impress your friends with your vast knowledge of Australia's hospitals, check out *Australian Hospital Statistics 2001–02*.

Youth health report 2003

The AIHW receives funding from the Commonwealth Department of Health and Ageing to monitor child and youth health and wellbeing. This work involves developing indicators of child and youth health and wellbeing and reporting on these indicators nationally. In late 1998, the Institute released a report on children's health and in early 2000 a report on youth health. A report on *Australia's Children: Their Health and Wellbeing 2002* was released in May 2002. A companion report *Australia's Young People: Their Health and Wellbeing 2003* will be released towards the end of this year. This publication reports on health and wellbeing indicators for young people aged 12–24 years. It includes information on

various aspects of young people's health and wellbeing, such as risk and protective factors (including diet and nutrition and sexual behaviour), general health and wellbeing, injury (including transport accidents), mental health problems and disorders, substance misuse and disorders, intentional self-harm and suicide, reproductive and sexual health, chronic diseases and communicable diseases. Some indicators of young people's social, cultural and economic environment are also included in the report covering the areas of the family environment, relationships and social participation, education, employment and income, crime and justice and housing and homelessness.

Institute tackles 'big' issue

Many things are getting better about Australia's health in recent times, as we all know. But one thing certainly isn't. And it's finally receiving some of the attention it deserves. It's of course our epidemic of overweight and obesity.

It's not just Australia's epidemic either. Information from the past couple of decades shows that we are caught up in the rapid worldwide trend of becoming fatter and fatter. It's a problem affecting Australians of all ages, from very young to very old. The latest figures show that one in six carry so much weight that they're obese and about half of our adults weigh too much. Among Australian children and adolescents, up to a quarter are now too heavy and the proportion rated as obese more than tripled between the mid-1980s and the mid-1990s.

Given this picture, urgent public health action is needed. And to support that action we need information as always. That is where the AIHW comes in.

The action front includes summits held by several state governments over the past year or so. It has also led to the National Obesity Taskforce being set up (see box). On the information front, the AIHW can continue to play a vital national role. It is doing this in numerous areas and across two of its Divisions.

Take obesity among older Australians, for example. While there are very good reasons to focus on prevention among the young (as the National Obesity Task Force is doing), we

also need to keep a weather eye on the weight of people at the other end of the life course. There's a strong link between excess weight and a range of chronic health problems that continue into older age—diabetes and joint problems being just two examples. We have a potentially serious problem when we combine this fact with the unprecedented ageing of the population that will continue for decades. The Institute's Ageing and Aged Care Unit plans to issue two reports that examine obesity trends in this context and also the likely health, economic and social consequences.

At the same time, the Cardiovascular Disease, Diabetes and Risk Factor Monitoring Unit is working to answer equally important questions across a wider range of adult and younger Australians. For example, just how widespread and how fast and how continuing is this overweight trend in Australia? If it affects virtually everyone this reinforces the need for broad preventive measures along with any special targets. If some groups are markedly more affected than others they may need to be the subject of a special focus. And how do the bodyweight trends relate to trends in physical activity and the amount and types of food we're eating? Are there any groups who are not getting fat and what might we learn from knowing this? Over the coming year, the unit is producing several bulletins and fact sheets on topics such as these.

A lot of activity for a 'large' issue!

National Obesity Task Force

The problem of obesity has been recognised at a high policy level—late in 2002, the Australian Health Ministers' Conference agreed that obesity is a significant public health problem in Australia which could jeopardise the health gains made over the last century. Hence the National Obesity Task Force, set up under the Australian Health Ministers' Advisory Council. Its brief is to produce a national action plan for tackling overweight and obesity, with a final report due at the end of 2003.

The main aim is prevention, so the Task Force has decided to focus on obesity in children. Faced with such a huge task it aims to work with key partners across the many sectors of society that can help shape how much energy we use up each day and how much we take in through our food.

Commonwealth–State Housing Agreement national reports

Reports covering all six program areas of the Commonwealth–State Housing Agreement (CSHA) for 2001–02 were recently released by the National Housing Data Agreement Management Group (NHDAMG) and the AIHW. Programs funded under the CSHA are designed to help people whose needs for appropriate housing cannot be met by the private market alone. The reports cover government assistance provided under the CSHA to low-income households and include data for all household tenure types.

The reports show that public and community housing are being increasingly targeted to low-income households that have additional needs that cannot be met by the private rental market. At least 354,400 households received assistance through mainstream public housing and Aboriginal Rental Housing Program state and territory owned and managed Indigenous housing during 2001–02, representing 6% of all households. In addition, CSHA community housing assisted about 29,000 households with rental housing.

The number of community houses in Australia is small—representing less than half of 1% of all housing tenures.

The CSHA also provided 3,258 dwellings for emergency accommodation at 30 June 2002 under its Crisis Accommodation Program (CAP), while spending \$41 million on additional dwellings or new constructions. Governments, churches and other welfare organisations use CAP-funded dwellings to assist people in situations of actual or impending crisis or homelessness. Support services to these households are provided directly by health and community services organisations, and the national Supported Accommodation Assistance Program.

Almost 37,000 households were newly allocated public housing during 2001–02. Of these 44% were to households who had 'special needs'. These are often people who have difficulty accessing appropriate accommodation in the private rental market because of

discrimination or in the case of people with disabilities, lack of appropriate housing to suit their needs.

Of the new households allocated public rental housing in Australia from 1 July 2001 to 30 June 2002, 3,500 allocations were made to Indigenous households, representing 9.5% of all new allocations. Similarly, 3,000 of the 20,600 new households provided with community housing under the CSHA during 2001–02 were to Indigenous households, representing 15% of all new households assisted. More than 1,700 Indigenous households were newly allocated housing under Aboriginal Rental Housing Program state and territory owned and managed Indigenous housing in 2001–02.

In the private housing market, the related data reports show that approximately 202,000 Australian households received assistance during 2001–02 with home purchase or private renting through the CSHA. Over \$600 million was provided for home purchase assistance, while \$80 million was spent on private rent assistance. Home purchase assistance is usually provided as a loan, not a grant.

Home purchase assistance provided by the states and territories under the agreement included \$586 million in direct lending, \$1.8 million in deposit assistance, \$10.5 million in interest rate assistance, and \$1 million in mortgage relief.

Of the \$80 million spent on private rent assistance for 153,000 households across Australia, \$46 million was in the form of loans for rental bonds, while \$28 million was for rental assistance. In addition, over \$1.8 billion was provided by the Commonwealth through Centrelink in Commonwealth Rent Assistance payments.

Copies of the CSHA reports are available from the AIHW web site: www.aihw.gov.au

For more information on the CSHA reports or other housing information issues, please contact David Wilson, ph. (02) 6244 1202 or e-mail david.wilson@aihw.gov.au