



NHWI News

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From the Australian Institute of Health and Welfare

New centre for injury studies opens



On 3 October, Dr Andrew Southcott MP, on behalf of the Minister for Health and Family Services, Dr Michael Wooldridge, launched the Research Centre for Injury Studies at the Flinders University of South Australia. The new Centre incorporates the AIHW National Injury Surveillance Unit (NISU) which previously was a part of the Australian Institute of Health and Welfare.

The Centre is able to perform a full range of activities in injury research and prevention beyond injury surveillance. Staff are now part of the Flinders University of South Australia's Faculty of Medicine and are able to seek funds for research from bodies such as the National Health and Medical Research Council.

Dr Southcott spoke of the burden injury imposes on Australian society and the important role good information could play in reducing that burden. He particularly highlighted the impact of spinal cord injury, noting the first release of data from the NISU Spinal Cord Injury Register. Those data show near constant levels of spinal cord injury in Australia, despite the overall drop in injuries in recent years.

The new Centre's mission is 'to contribute to understanding the nature, causes and effects of human injury, and to reducing its occurrence and consequences'. Dr Southcott concluded by saying that the new affiliation and integration of NISU with the Centre 'will, I believe, result in a more multidisciplinary approach to injury prevention which will ultimately flow through to better information that governments can use to make more effective policy decisions in this most important area'.

Professor Nick Saunders (Dean, School of Medicine, Flinders University), Dr Andrew Southcott MP, Associate Professor James Harrison (Director, NISU) and AIHW Director Dr Richard Madden at the opening of the Research Centre for Injury Studies.



What is the National Health Information Knowledgebase?

The National Health Information Knowledgebase or 'NHIK' is an Internet-based interactive electronic storage site for national health metadata. It includes a powerful query tool. The current information on the NHIK is available free-of-charge to any Internet user.

The NHIK can be used to find out, for example, the national data collections available on any particular health topic or term, with direct electronic links then taking the inquirer to related official national agreements, definitions, standards, work programs, projects in progress and any linked organisations or groups.

The Knowledgebase provides direct integrated access to the major elements of health information design in Australia:

- The National Health Information Model
- The National Health Data Dictionary
- The National Health Information Work Program
- The National Health Information Agreement.

To access the National Health Data Dictionary, select Data Elements from the NHIK menu.

For more information, visit the NHIK through the AIHW Home Page at <http://www.aihw.gov.au>. A brochure is available by telephoning (02) 6244 1032.





Injury surveillance

Last month I had the pleasure of attending the launch of the Research Centre for Injury Studies at the Flinders University of South Australia (see 'New centre for injury studies opens' on page 1). As mentioned in that article, the Centre incorporates the AIHW National Injury Surveillance Unit (NISU).

Around 6% of the AIHW appropriation (approximately \$450,000) goes to NISU, and thus NISU is an important part of the Institute's work program. The Commonwealth Department of Health and Family Services provides the Institute with \$300,000 to fund additional work at NISU. Besides continuing analyses of mortality and hospital activity data, NISU now has the potential to establish new data sources. A particular opportunity is surveillance of injuries that result in attendance at a hospital emergency department.

The total resources will enable a comprehensive injury surveillance program to underpin future injury prevention strategies as part of the National Health

Priority Area program, as well as providing a solid base for a wider research agenda by the Research Centre.

AIHW wishes the new collaborating Centre well, and congratulates Flinders University on its initiative in establishing a new focus for injury research in Australia.

Public health information development

As Director of the Institute I convene the National Public Health Information Working Group, a part of the work program of the National Public Health Partnership (NPHP) (see 'National Public Health Partnership' on page 5). The Partnership was established by Australian Health Ministers in 1996 to coordinate and improve Australia's public health performance. The Working Group consists of representatives of the health agencies of the Commonwealth, States and Territories; the National Health Information Management Group; the Australian Bureau of Statistics (ABS); and Professor Tony Adams (formerly Chief Medical Advisor of the Department of Health and Family Services), as well as the Institute.

The Working Group is developing a National Public Health Information Model to guide the development of new public health information initiatives. Extensive consultation is planned before the model is considered for adoption by the Working Group.

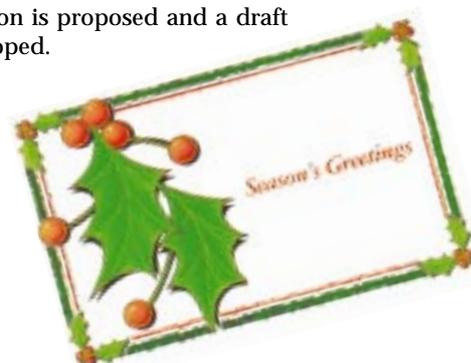
The Working Group has commissioned preparation of a national public health information development plan. This will list and prioritise important public health information requirements.

The plan will provide an opportunity to focus on the need to broaden and systematise the various health surveys in Australia, and to build a capacity for periodic data collections on high priority topics. ABS presence on the Working Group will allow the ABS National Health Survey to be considered as part of the developing strategy.

As well, the established health survey capacity in several States is being reviewed to see if a national minimum data set can be incorporated in these surveys without compromising their capacity to collect data meeting State requirements.

Extensive consultation is proposed and a draft plan has been developed.

*Richard Madden,
Director, AIHW*



Contents

New centre for injury studies opens	1
From the Director	2
i on the Nation	3
Spotlight on:	
National Public Health Partnership	5
WHO calls for disability discussion	6
Project reports	6
Recent publications	8

NHWI News

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IT changes

On the weekend of 11-12 October, the Institute replaced its Macintosh personal computers with IBM compatible computers. Staff switched off and disconnected their Macs for the last time on Friday night and returned on Monday morning to find their new computers on their desks ready to go.



Open employment services for people with a disability

Jobs for people with a disability employed under the Commonwealth's open employment services program increased by 48%, from 4,736 to 7,027 during 1995. This was one of the findings of the report, *Open Employment Services for People with Disabilities 1995: The First Year of NIMS Data*.

The report, released in April this year, presents data for 1995 on open employment services for people with disabilities which are funded by the Commonwealth Department of Health and Family Services. This was the first year that comprehensive data on these services were collected under a new system, known as the National Information Management System (NIMS). NIMS is funded by the Department of Health and Family Services, and managed by the Institute in cooperation with an industry representative.

'At the end of 1995 over 18,000 clients ranging in age from 15 to 64 years were assisted by nearly 250 services in the open labour market', the senior author of the report, Dr Phil Anderson, said.

'Clients had a range of disability types. Over one-half were people with an intellectual or learning disability, 18% had a psychiatric disability and 12% had a physical disability.'

Information about the activities of open employment services and their clients during 1996 is available in *NIMS Data Briefing* no. 8, released in September 1997. The Institute's Disability Services Unit is currently preparing more detailed analyses of these data for presentation in a comprehensive new report on open employment services during 1996.

Phil Anderson, AIHW, Ph (02) 6244 1125

Aged care statistics series

Nursing Homes in Australia 1995-96: A Statistical Overview will be released in November this year, providing up-to-date and comprehensive statistical information on Australian nursing homes and their residents. The report covers:

- population and nursing home service capacity;
- nursing home residents and nursing home characteristics at 30 June 1996;
- nursing home admissions and separation in the 1995-96 financial year;
- nursing home resident characteristics;
- nursing home resident dependency.

This report will be particularly useful to aged care service planners, providers of aged care services, researchers in the field, and older people and their advocates.

The report is the first in a new series, Aged Care Statistics Series, following *Nursing Homes for the Aged—A Statistical Overview* and *Hostels for the Aged—A Statistical Overview*, which were published by the Commonwealth Department of Health and Family Services.

In order to provide up-to-date information, the 1995-96 report will be published first. The nursing home report for 1992-93, 1993-94 and 1994-95 will be subsequently published as one volume, providing users with a complete set of historical nursing home data. Prior publication of the nursing home series was for 1991-92.

Zhibin Liu, AIHW, Ph (02) 6244 1174

1995 National Health Survey results

The 1995 National Health Survey (NHS) is the second of a five-yearly population survey series designed to obtain national benchmark information on a range of health-related issues and to enable the monitoring of trends in health over time. The surveys have been conducted by ABS in cooperation with health agencies and comprise a core data set which is repeated in successive surveys and a supplementary data set which can be varied from survey to survey to address key health issues of the day. The aim of the 1995 survey was to obtain information about the health status of Australians, their use of health services and facilities and about health-related aspects of their lifestyle such as smoking, alcohol consumption and exercise. The survey was conducted throughout the 12-month period February 1995 - January 1996.

A selection of final results from the 1995 health survey was published in August in *National Health Survey: Summary of Results, Australia 1995* (4364.0). This publication provides an overview of the main topics covered in the survey, including indicators of the health status of the population, their use of health services and other actions taken for their health, together with health-related aspects of their lifestyle.

Major findings from the survey include:

- More than 80% of Australians aged 15 and older consider themselves in good to excellent health.
- The proportion of the population with a medical condition increased with age to well over 90% of those aged 65 and older.
- The most common medical conditions were long- or short-sight (reported by 21% of the population), arthritis (15%), hayfever (14%), headaches (13%), and asthma and hypertension (each 11%).
- Three-quarters of the population took some action for their health in the previous two weeks, most commonly the use of medications and consultation with a health professional.
- One-quarter of the population took vitamins or minerals in the previous two weeks, 24% used pain relievers and 10%

used skin ointments or creams. Around 30% of those using pain relievers did so on advice of a medical professional.

Further survey releases expected this year include:

- a computer file containing de-identified respondent records from the survey;
- publications, including *SF-36 Population Norms* (4399.0), *Diabetes* (4371.0), *Cardiovascular Conditions* (4372.0) and *Private Health Insurance* (4334.0).

In addition, results of the survey can be provided to meet individual requirements.

Mike Langan, ABS, (02) 6252 6403

National Health Priority Areas

On 13 August this year, *The First Report on National Health Priority Areas 1996*, a joint publication of the Commonwealth Department of Health and Family Services and the Australian Institute of Health and Welfare, was released. The report focuses on the health of Australians by documenting progress in the five priority areas of cardiovascular health, cancer control, injury prevention and control, mental health and diabetes mellitus.

The Institute, which has responsibility for monitoring and reporting against the five priority areas, provided the statistical component of the report. Information on several mortality, morbidity and risk factor indicators, based on analyses of time series and trend projections, was drawn together by several units of the Institute. First in a biennial reporting cycle, the report reveals the following salient trends in the five priority areas:

- Cardiovascular disease continues to decline, but too many Australians remain at risk to develop the disease. The disease is still the leading cause of death in Australia, with over 30,000 deaths from coronary heart disease in 1994 alone.
- Cancer remains one of the biggest killers in Australia. Between 1986 and 1994, the age-standardised death rates for all cancers have remained stable, but generally, incidence rates have increased. However, continuing advances in screening, early intervention, management and palliative care provide opportunities for achieving better health outcomes.
- Reductions in often preventable injury mortality and morbidity have been observed over the past several years. Favourable progress towards many of the injury targets for the year 2000 was noted.
- Mental illness affects many Australians, and there are increasing opportunities to reduce its impact through a range of specific interventions targeted at certain groups. However, limited information was available in 1996 to report progress in this priority area.
- The rising incidence of diabetes, particularly in the Indigenous population, was noted as a major concern in the report.

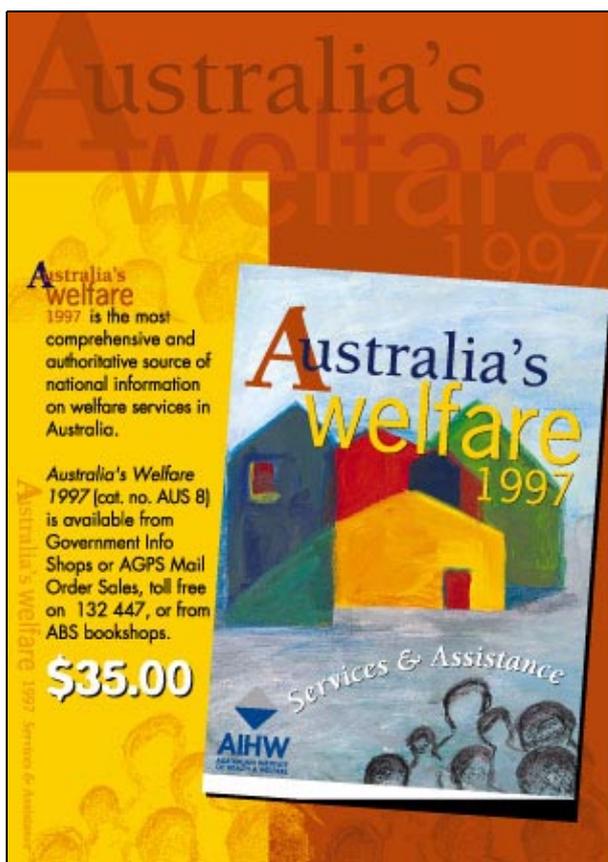
Kuldeep Bhatia and Marijke van Ommeren, AIHW, Ph (02) 6244 1144

Mental health care of older people

The Institute is taking part in the second stage of the Scoping Study on Older People and Mental Health. The Scoping Study is considering how health care delivery in the residential and community care systems for the aged can be improved to meet the accommodation, care and treatment needs of older people who have complex mental health disorders and to provide support for their carers. Work at the Institute will: investigate available data sources and make recommendations for data development in support of mental health service delivery appropriate and relevant to the care of older people with mental health disorders; and take forward recommendations from the first stage of the Scoping Study in support of identified information requirements for policy development, service planning and improvements in the quality of care for the target group. The Institute will examine existing national collections, and will identify data sources that can provide information on:

- the range of services currently available to older people with chronic or complex mental health disorders;
- the extent of service provision through community-based mental health services, in day programs and in residential care;
- the regional distribution of beds for admitted patients, in both acute and extended care services.

It is anticipated that the results of the study will provide a comprehensive picture of the capacity of the health care system to respond to the needs of the target group. The



work program will progress to a feasibility study relating to service access blocks, particularly for consumers who have chronic or complex illnesses, and will make recommendations for improved national information collection in this field of service delivery.

The Scoping Study has been funded under the National Action Plan for Dementia Care, and is supported by the Australian Health Ministers' Advisory Council National Mental Health Working Group. A steering group, which includes representation from the Commonwealth, States, Territories, consumer groups and the health professions, is convened by the Commonwealth Department of Health and Family Services.

Janis Shaw, AIHW, Ph (02) 6244 1120

Health expenditure

Health Expenditure Bulletin no. 13, showed trends in the overall levels of expenditure on health services by government and non-government sectors between 1989-90 and 1995-96. It also provided detailed information on health services expenditure by area of expenditure (hospital services, medical services, pharmaceuticals etc.) between 1989-90 and 1994-95. The bulletin showed that expenditure on health services in Australia in 1995-96 amounted to \$41.7 billion and, for the third consecutive year it represented 8.5% of gross domestic product. More than two-thirds of the expenditure (67.7%) was funded by governments—the Commonwealth providing \$18.9 billion (45.2% of the total) and the State and Territory Governments a further \$9.3 billion (22.4%).

Health services expenditure, as a proportion of gross domestic product, rose to its highest level of 8.6% in 1991-92, before falling to 8.5% in 1993-94. The ratio remained stable at 8.5% in each of the subsequent two years, 1994-95 and 1995-96.

Real growth in health expenditure averaged 3.8% per year between 1989-90 and 1995-96. The highest growth was in funding by the Commonwealth, which averaged 5.0% per year. Health services funding by State and Territory Governments and local government authorities grew at an average of 1.6% per year, while non-government funding of health services grew by 3.8% (as did total health expenditure).

The major growth areas in recurrent health expenditure between 1989-90 and 1994-95 were:

- expenditure on private hospital care (an average of 8.3% per year);
- medical services (5.4%);
- pharmaceuticals (8.0%).

Despite the relatively high growth in recurrent expenditure on private hospital services, recurrent expenditure on hospitals overall grew at a modest 2.0% per year between 1989-90 and 1994-95. This was due to the very low growth in expenditure on public acute hospitals (1.0% per year) and the reduction in expenditure on public psychiatric hospitals (-4.7%) over the period.

Some of the slowdown in expenditure on health services in recent years has been due to the low rate of health inflation in Australia. This has resulted in relative stability in the costs of inputs to health services which has,

in turn, contributed to stability in expenditure overall. Between 1993-94 and 1995-96, health inflation was, in fact, lower than the general rate of inflation—health inflation was 1.6% compared with a general inflation rate of 2.1%.

Tony Hynes, AIHW, Ph (02) 6244 1160



National Public Health Partnership

The National Public Health Partnership was established by Australian Health Ministers in October 1996, and a Partnership secretariat has now been established in Melbourne (see contact details over page).

The broad aims of the Partnership are to improve the health status of all Australians by improving coordination and collaboration in the national public health effort, and to strengthen public health infrastructure and activity.

The Partnership group consists of the Chief Health Officers or Directors of Public Health of the States and Territories, and the Commonwealth, and senior representatives of the National Health and Medical Research Council and the Australian Institute of Health and Welfare. This group is a sub-committee of the Australian Health Ministers' Advisory Council.

Governments provide most public health services in Australia, but non-government organisations play a critical role in areas such as disease prevention, health promotion, education and research. Consequently, a Partnership advisory group is being established, comprising representatives of key non-government organisations. Professional, community, and consumer organisations are likely to be represented as well as academic bodies.

The Partnership group has identified the following seven priority work areas:

- 1 Review public health legislative and regulatory frameworks with a view to harmonising them.
- 2 Develop a national public health information framework and improved systems of data collection (see 'Public health information development' on page 2).
- 3 Develop a national public health research and development strategy.
- 4 Establish a coordinating and monitoring system across national public health strategies and programs.
- 5 Investigate means of improving public health planning and decision-making.
- 6 Consider best practice standards and benchmark performance.

- 7 Conduct a review of issues surrounding public health workforce development, and establishing key priorities and strategies.

For further information, contact Dr Vivian Lin, Executive Officer, National Public Health Partnership, c/- Public Health Division, Level 11, 555 Collins Street, Melbourne Vic 3000; Ph (03) 9616 7601, Fax (03) 9616 7929 or E-mail vivian.lin@health.gov.au.

WHO calls for disability discussion

On 23 October, Dr Bedirhan Ustun, senior scientist with the World Health Organization (WHO) and coordinator of the International Classification of Impairments, Disabilities and Handicaps (ICIDH) revision, launched the Institute's discussion paper, *The Definition of Disability in Australia: Moving towards National Consistency*. Dr Ustun said he hoped there would be a great deal of discussion of the paper, and of the revised draft ICIDH-2 in Australia.

'Some people may not be aware of how much interest and discussion there is of these issues among the disability community', said Ros Madden, co-author with Tracie Hogan. 'But we expect quite a lot of interest in the paper and hope to receive many comments from those living and working in the field. This will help the Institute to work towards better national data on disability, and to represent Australian views more effectively in the ICIDH revision.'

The paper discusses terminology and data definitions, and seeks views on some ideas for greater national consistency in data collection. The paper makes suggestions as to how to progress towards the ultimate aim of greater consistency in data definitions, enabling an improved picture of the need for, and provision and use of, disability services in Australia.



Dr Bedirhan Ustun (right), WHO senior scientist and ICIDH revision coordinator, with authors Ros Madden (centre) and Tracie Hogan (left) at the launch of *The Definition of Disability in Australia: Moving towards National Consistency*.

The discussion paper is available from the Institute or via the Internet (<http://www.aihw.gov.au>). Issues for discussion are raised, and comment on these issues sought, via questionnaires enclosed in the report, while feedback is via the Institute's website and discussions to be held by the authors.

Tracie Hogan, AIHW, (02) 6244 1179, or Ros Madden, AIHW, (02) 6244 1189

PROJECT REPORTS

National Codeset Project: Community Based Health Services

The National Codeset Project for Community Based Health Services is part of the 1997-98 National Health Information Work Program. The Community Health Information Management Enterprise (CHIME) is responsible for this project while Doll Martin and Associates have been contracted by CHIME to undertake the codeset development work. The development of these codesets supports one of the major recommendations of the final report for the Primary and Community Health Services National Information Management project.

The project involves the development of a set of standard codes to populate the classification structure within the Community Health Information Model, Version 2.1, and is to be used as the basis for the Community Health Information System, which is also being developed under the direction of CHIME.

The scope of the codesets to be developed in this project is a reflection of the focus of the Model, which observes the priority identified by community-based health workers that it be 'clinically useful', and support the information management requirements of all types of health services delivered in a community-based setting. The work program recognises the distinction between the levels of detail that are required to support local operating needs and those required to support common reporting at State, national and international levels. The work program will concentrate on obtaining agreement to the common-level codes through the development of a 'starter kit' of codes which support the detail required at the local level.

The development of codesets will incorporate, wherever possible, work already done in related areas and existing national and international information standards. A series of workshops will be conducted in each State and Territory for the following focus areas: mental health; community and primary care; dental health; drug and alcohol; sexual health; general counselling and support;

society and environment; child, adolescent and family; and aged care, rehabilitation and disability.

Trish Ryan, AIHW, Ph (02) 6244 1109

National Public Health Information

The National Public Health Information Working Group has been established by the National Public Health Partnership (NPHP) to help facilitate and provide high-level advice for the development of Australia's public health information. Convened by Dr Richard Madden, AIHW Director, the Working Group will make recommendations to the Partnership on public health intelligence (national priorities, concerted national action, work programs, funding implications and other data-related issues), and will also promote national consistency in data collections related to public health (information content, information structure including standardised definitions and methods).

The Working Group has already focused on the major initiatives under way to improve public health information in Australia, as the first step to identifying and filling the large gaps that exist.

The second concern is obtaining regular information on a range of health risks, attitudes and needs in Australia. Several States now run regular surveys, and the Working Group hopes to develop a common minimum data set for these surveys. The need for a limited national survey is also being investigated.

A work plan is under development which will include the two topics described above, as well as the development of public health indicators and other information requirements that are emerging as the scope of the Public Health Partnership becomes clearer.

The Working Group Secretariat is located at the Australian Institute of Health and Welfare. For further information, write to the Secretariat, National Public Health Information Working Group, c/- Australian Institute of Health and Welfare, GPO Box 570, Canberra ACT 2601; Ph (02) 6244 1144 and (02) 6244 1131; Fax (02) 6244 1166.

Kuldeep Bhatia, AIHW, Ph (02) 6244 1144

International progress towards standardised metadata

Metadata: the identifying, definitional, relational, representational and administrative attributes of data. The National Health Data Dictionary is an example of published metadata.

In July a Joint ANSI/ISO Workshop on Metadata Registries was held at the University of California, Berkeley. The aim of the workshop was to improve access to, and sharing of information on, metadata standards, and to move towards more interoperable metadata registries.

Nigel Mercer, from the Institute, was invited to attend the workshop and report on the work conducted in Australia. Nigel Mercer advised that the developmental work on the National Health Information Knowledgebase and associated products, including the National Health Information Model, National Health Information Agreement and National Health Data Dictionary, is very well regarded. The Knowledgebase was acknowledged as a leading example of a publicly available metadata registry.

The Berkeley workshop reflects an increased recognition of the importance of metadata management, and the development of tools and standards in support of this. ISO/IEC 11179 *Specification and Standardization of Data Elements*, the ISO Standard which provides the structural basis for Version 6.0 of Australia's *National Health Data Dictionary*, was the subject of much discussion at the workshop. Further development of this Standard, and the production of similar Standards for other areas of metadata were supported.

The Berkeley workshop has made a series of recommendations, including to the ISO/IEC Joint Technical Committee 1, Information Technology. The Institute will continue to monitor the development of this area of standards development, and assess its suitability for Australian metadata management.

Further information on the Berkeley workshop is available on the Internet via <http://www.lbl.gov/~olken/EPA/Workshop>.

Nigel Mercer, AIHW, Ph (02) 6244 1147

Referrals and health service messaging

The Communications Subcommittee of the Standards Australia Committee IT/14 Health Informatics has convened a working group, called IT/14/6/6 Referrals and Health Service Messaging Working Group, to develop an Australian Standard for electronic messaging of health care information. The Working Group also serves as a national forum for the identification of issues relating to exchange of health care information including privacy and coding. This group has met twice and has a particular focus on the electronic transfer of summary information about a patient or client between one health care provider and another occurring at the point of service referral.

This work provides an important framework for electronic health care messaging between stakeholders in an environment of rapid change and development in information technologies. It is designed to support the transfer of information between one care provider and another where different information systems are in use. The Working Group is paying particular attention to developing an Australian Standard that will be compatible with developing international protocols for electronic messaging—especially the HL7 Standard developed in the USA.

Joe Christensen, AIHW, Ph (02) 6244 1148

Youth Homelessness Pilot Program

As part of the Youth Homelessness Pilot Program the Institute has been commissioned to collect, analyse and report on data relating to clients who receive services under the Program. The Program is an initiative of the Prime Minister, who appointed a Prime Ministerial Youth Homeless Taskforce in May 1996 to examine ways to improve the community's ability to re-engage young homeless people in family, work, education, training and community. New emphasis on family reconciliation through early intervention programs and better coordination of services delivered by governments and the community sector will be examined.

The Institute's role is to collect and analyse data on the characteristics of homeless youths, reasons for home leaving or imminent home leaving, services they receive, and results from services received.

The Program pilot has started and data collection will run for 18 months from March 1997 to September 1998.

Ching Choi, AIHW, Ph (02) 6244 1197

Measuring quality in Home and Community Care

In June 1996 the Institute's Aged Care Unit was asked to develop a measure of the quality of service in Australia's Home and Community Care (HACC) funded agencies. Close to 200 HACC agencies participated in the study which spanned all States and Territories except Tasmania. An assessment tool, provided by the HACC Officials Standards Working Group, was refined in preliminary interviews with service providers and trialled in the national pilot which tested five different methods of assessment. A means of incorporating consumer input into this assessment process was also investigated by the Unit, as was a comparison of the HACC assessment tool with other accreditation and standards appraisal systems. The report on the study was presented to the HACC Officials Standards Working Group in September this year.

The assessment tool, known as the HACC National Service Standards Instrument, contained a series of questions to service providers regarding their practices and policies in relation to the National Service Standards, originally released by Commonwealth, State and Territory Ministers in 1991. The standards were organised under seven objectives which related to access to services, information and consultation; efficient and effective management; coordinated, planned and reliable service delivery; privacy, confidentiality and access to personal information; complaints and disputes; and advocacy. The pilot identified several areas in which the Instrument could be made more concise and clearer to service providers. The pilot was also successful in establishing that agencies could be measured against the standards in the Instrument and these could be added to assess overall

agency performance and to enable comparisons of agency performance against each of the seven objectives.

The HACC National Service Standards Instrument was found to be partially comparable to the quality appraisal undertaken against the Disability Service Standards and the Community Health Accreditation and Standards Program. This led to the possibility that agencies who had undertaken these reviews may need respond to only a subset of questions under the Instrument. The Australian Council of Health Care Standards (ACHS) quality review was found to be less comparable to the Instrument. It was recommended that agencies who had completed an ACHS review would need to fully complete the HACC National Service Standards Instrument.

The final report to the HACC Officials Standards Working Group will also report on the validity and reliability of the Instrument and compare the effectiveness of each of the methods of assessment trialled. Further details regarding this report can be obtained from the Institute.

Anne Jenkins, AIHW, Ph (02) 6244 1173



Aged and Respite Care in Australia: Extracts from Recent Publications (AIHW cat. no. AGE 5)

AIHW Annual Report 1996-97 (AIHW cat. no. AUS 7)

AIHW Publications Catalogue (AIHW cat. no. AUS 5)

Australia's Welfare 1997: Services and Assistance (AIHW cat. no. AUS 8)

The Definition of Disability in Australia: Moving towards National Consistency (AIHW cat. no. DIS 5)

Dental Hygienist Labour Force Australia 1996 (AIHW cat. no. DEN 27)

Dental Practitioner Statistics Australia 1994 (AIHW cat. no. DEN 26)

Dental Therapist Labour Force Australia 1996 (AIHW cat. no. DEN 28)

National Classifications of Community Services, Version 1.0 (AIHW cat. no. HWI 7)

National Health Data Dictionary, Version 6.0 (AIHW cat. no. HWI 9)

National Health and Welfare Information News no. 7 (AIHW cat. no. HWI 6)

National Health and Welfare Information News no. 8 (AIHW cat. no. HWI 8)

Older Australia at a Glance (Information kit) (AIHW cat. no. AGE 4)

Perinatal Newsletter no. 39