

SEASONS GREETINGS

Australia's Welfare 2001 Launch

The launch of *Australia's Welfare 2001* on 13 December at Parliament House, Canberra, capped an extraordinarily busy period for the Institute in the second half of 2001.

Australia's Welfare 2001 was launched by the Minister for Family and Community Services, Senator Amanda Vanstone. It is the fifth biennial report on welfare services by the AIHW, and is a requirement of the AIHW Act.

In launching the report Senator Vanstone said that, as with previous Ministerial portfolios, there were many myths surrounding family and community services, but that *Australia's Welfare 2001* was a useful resource for 'helping to debunk myths'.

Myth number one was that welfare services were 'all about handouts'. Senator Vanstone acknowledged that nearly \$14 billion being spent annually on paid services was a significant amount, but it was 'dwarfed' by the efforts of carers and volunteers, 'the unsung heroes of welfare services', whose services were valued at \$27.2 billion in 1999-00.

Myth number two was that 'all governments are cutting back on services'. Senator Vanstone pointed to the 7% a year real increase in Commonwealth and State expenditure on welfare services since the early 1990s, and lamented that good news rarely received the same 'media run' as bad news.

Myth number three was that the Commonwealth Government was 'responsible for everything'. Senator Vanstone said that *Australia's Welfare 2001* clearly showed that there were various levels of shared responsibility among all levels of government in community services, and that the situation was complex.

But with many commentators, 'shades of grey do not seem to be allowed', Minister Vanstone

said. 'Either the government is totally responsible or totally not responsible'.

Myth number four was that private enterprise was 'not interested in, and even hostile to those who were disadvantaged'. Again, *Australia's Welfare 2001* makes clear the contribution of the private sector in terms of money spent, employment, and money put back into the community.

Senator Vanstone criticised the 'dumbing down' of the welfare debate in Australia to a focus on government handouts, but expressed confidence that documents such as *Australia's Welfare 2001* would help to give the debate 'the complexity it deserves'.

Australia's Welfare 2001 contains enhancements not seen in previous editions of the report.

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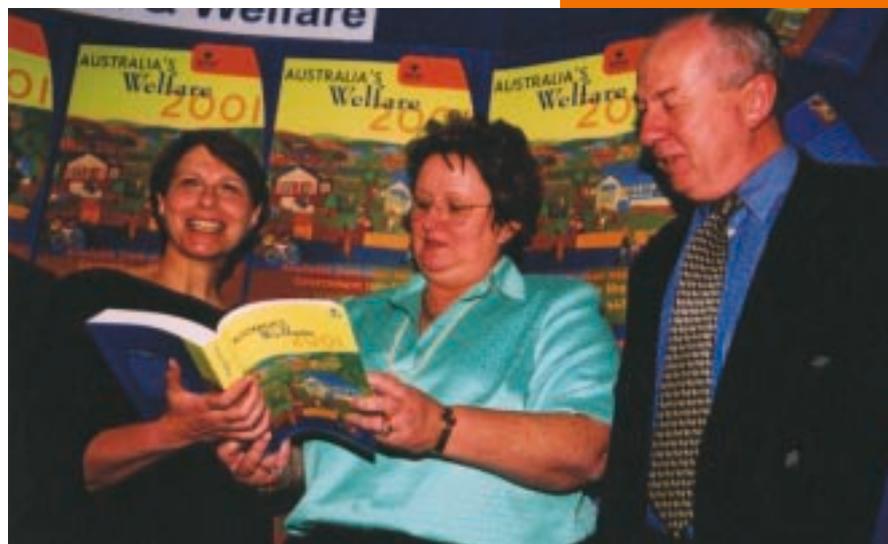
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burden of disease

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Sandra Hacker, Senator Amanda Vanstone and Richard Madden launch *Australia's Welfare 2001*

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At the end of what has been a year of immense change and progress, there are some farewells to make. I would like to express my gratitude to Dr Michael Wooldridge for his time as our Minister and his support and guidance of the Institute. We wish Dr Wooldridge all the very best in his future endeavours following his retirement from Parliament.

As I write Senator Kay Patterson has been appointed Minister for Health and Ageing. We look forward to working with our new Minister as she faces up to her demanding portfolio.

It is with regret that we also farewell Mr Mick Reid as Chair of the National Health Information Management Group (NHIMG). The Group has benefited from Mick's enthusiasm, drive and strong advocacy.

The Australian Health Ministers' Advisory Council (AHMAC) has appointed Ms Patricia Faulkner (CEO of the Department of Human Services, Victoria) Chair of both NHIMG and the National Advisory Group on Aboriginal and Torres Strait Islander Health Information Development. We look forward to Patricia's leadership of the Groups. Mick Reid had been working with Gillian McFee, Chair of the National Community Services Information Management Group, to cooperate more closely on a range of issues. We look forward to Gillian and Patricia continuing the effort in 2002.

On another front, and one which is closer to home, we farewell Geoff Sims who has announced his intention to leave the AIHW in February to pursue a different (but related) career path. Geoff has been with AIHW for almost 6 years, and has done a fantastic job in building the health data collections and analytical capacity of the Institute, as well as making a huge contribution to achieving data consistency across the Australian health system. He will be a great loss to all of us. Dr Ching Choi who has been Head of the Welfare Division for 9 years has agreed to lead the Health Division once Geoff departs.

The year has been one of significant growth and development for the Institute.

In early November, Dr David Rozalky, during his final week as Secretary of the Department of Family and Community Services, visited the Institute to sign a Memorandum of Understanding to cover the provision of data services by AIHW to the Department. This is a pleasing development that further strengthens the relationship between our organisations.

The SAAP Coordination and Development Committee has notified the AIHW that they will extend our services to collect data on services to the homeless for the next 3 years to June 2005, when the SAAP program is due to be renegotiated.

Recently the AIHW signed an agreement establishing a new AIHW Collaborating Unit, the Australian Centre for Asthma Monitoring.

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Australia's Welfare 2001 Launch

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The chapters on specific service programs now include more information on changes over time, income support programs, regional service delivery, and access to services by Aboriginal and Torres Strait Islander people. A specific feature is information on aged care expenditure from 1995–96 to 1999–00

The welfare services resources chapter, in addition to presenting and analysing welfare services expenditure information, now profiles the community services workforce.

There are two additional special chapters in this report, with both being geared to integrating the full spectrum of welfare-related information available.

Chapter 4, 'Deinstitutionalisation: the move towards community-based care', examines this move in a number of areas—aged care, disability services, mental health, substitute care for children and acute hospitals.

Chapter 9, 'Needs, interventions, outcomes: measurement frameworks', outlines frameworks that allow welfare service provision to be seen in the context of the welfare system as a whole—specifically the environment created by social and economic conditions and the range of other services that might affect the welfare of the population.

AIHW Board Chair Dr Sandra Hacker remarked on the report's status as both a legal requirement and 'an opportunity to present a comprehensive view—as comprehensive as possible—of welfare services in Australia.

'It is also an opportunity to present that view to as many people as we can, from the Minister to administrators, to academics and students, from service providers to clients to interested citizens.'

Dr Hacker also outlined how the report had grown and developed over its five editions from the inaugural report of 1993, before paying tribute to the many contributors to the 2001 report.

'In particular the book is a credit to its two co-editors, Diane Gibson and Ros Madden, working with their fellow Unit Heads under the

guidance of the Head of the AIHW's Welfare Division, Dr Ching Choi.

'Australia's Welfare 2001 is also, of course, a credit to all its authors.'

Dr Hacker thanked the staff of the Institute's Media and Publishing Unit for coordinating the design, editing, formatting and printing of the report, and organising its launch and publicity.

The report's cover illustration drew praise from Dr Hacker and Minister alike—the artist was Wendy Loeffler, from the National Art School in Darlinghurst, Sydney. Wendy won first prize in an *Australia's Welfare* art competition organised by the AIHW.

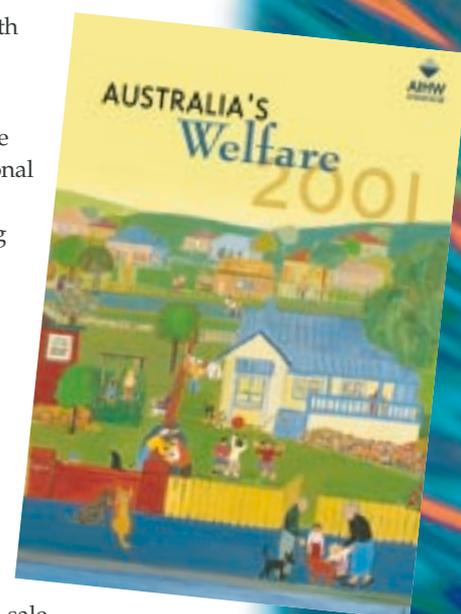
Other important contributors acknowledged by Sandra Hacker included AIHW Board members, AIHW Director Richard Madden, the State and Territory governments, non-government organisations, the Commonwealth Department of Family and Community Services, and the Commonwealth Department of Health and Ageing.

Dr Hacker concluded by saying that *Australia's Welfare* continued to be 'the **only** report that draws together national information and data in the fields of welfare services expenditure, housing assistance, children's services, aged care services and disability services'.

'With high quality national information and data of this kind, all of us—governments, non-government organisations, and the community—can properly consider and plan for the housing and welfare needs of our changing Australian society.'

Australia's Welfare 2001 (500 pp.) is on sale for \$40 in Government Info Shops and ABS bookshops, and through AusInfo mail order sales (phone 132 447).

The report is also available at the AIHW web site (www.aihw.gov.au).



Project 1

Developments in burden of disease

Introduction

In producing *The Burden of Disease and Injury in Australia* in 1999, the Institute drew together and analysed a large range of Australian and international epidemiological information.

Incidence, prevalence and disability states for 176 diseases and conditions for 18 age/sex groups were estimated. In addition the impact of 10 important risk factors on each of these diseases and conditions was estimated. Up to 40% of the burden of disease can be explained by these risk factors.

This project has helped to change the way we think about health in Australia. It has emphasised the terrible burden of mental illness, which accounts for 13% of the overall illness burden though only 1% of the mortality burden. It has shown that some disabilities are a serious problem for the Australian population. For example, although the impact of adult-onset hearing loss for an individual is not usually large, the prevalence of the condition (about 3 million people) is so great, that overall the condition accounts for 2% of the total burden of illness.

Burden of disease provides a more complete picture of illness and disease in Australia, rather than the partial picture that emerges from some stakeholders who focus on just one disease or age group. The picture can be segmented in different ways—by age/sex group (Sections 4.5 and 5.3 of *The Burden of Disease and Injury in Australia*), by income group (Sections 3.5, 4.8 and 5.6), by National Health Priority Area (Chapter 6), and by disease/illness—but everything is done within the context of the whole.

Work by the Victorian Department of Human Services

Theo Vos—a co-author of the Australia report—has been leading a small team which has developed the 'burden of disease' analysis to

focus on particular Victorian issues. Using a combination of national and Victorian data, they estimated the burden of disease for Victoria in 1996. In addition they did a projection of the burden of disease to 2016 and made estimates of burden for each of 78 Local Government Areas. This work has been important for focusing public health efforts in Victoria.

This work can be accessed at www.dhs.vic.gov.au/phd

Recently, the Department of Human Services, with sponsorship from the Commonwealth Department of Health and Aged Care, organised a week-long workshop on burden of disease. This workshop trained people from most of the States and Territories and from Thailand and Peru in the latest burden of disease techniques.

Recent work by the AIHW

Some of the estimates collected for *The Burden of Disease and Injury in Australia* are preliminary, and should be seen as provisional and developmental.

Now the Institute wants to foster improvements in data, disease models and disability weights, and to this end has set up an electronic list serv discussion group. This enables people to comment on the existing burden of disease data, and to suggest alternatives based on their own work or reviews of the literature. The discussion group can be accessed at www.aihw.gov.au/bod/index.html. The discussion group network will enable synergies between the work of epidemiologists and health statisticians in Australia.

The Institute is also examining the need for work in the following areas:

- determining the key domains to include in instruments to measure summary health state for use in obtaining population data on health outcomes and for use in valuation exercises;



Bookmark for the promotion of the AIHW web site where you can get the latest figures and publications about the welfare of Australians.

- obtaining disease state disability weights using panels which are more representative of the general population (these weights are necessary in order to add up the impact of such diverse disabilities as paraplegia, hearing loss, arthritis and depression).
- including the experience of people with particular conditions in valuation exercises;
- comparing disability weights across cultures and between socioeconomic groups; and
- developing Australian-specific weights.

The Institute is considering the possibility of an Indigenous Burden of Disease project. There are difficult issues to address, such as the

appropriate disability weights to use when dealing with cross-cultural issues, but if such a project proved feasible, it would integrate the current Indigenous epidemiological data in one coherent framework. Such a big-picture view of Aboriginal and Torres Strait Islander health status would provide a roadmap which would assist in defining the way forward for health interventions among the Indigenous population.

For further information contact
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Cancer survival figures show **Australia a world leader**

Project 2

Reports released by the Institute in November, *Cancer Survival in Australia* Parts 1 and 2, show improvement in 5-year relative survival rates for most cancers between 1982–1986 and 1992–1997. They also show that Australia is equal to, if not ahead of, other countries for which cancer survival data are available.

‘Relative survival’ compares the period of actual survival for the cancer patient to survival of persons who have similar demographics but do not have cancer. The demographics include age, sex, State and Territory, geographic region and socioeconomic status. A relative survival rate of 100% indicates that the disease has made no difference to survival of the group. A rate of less than 100% indicates that the group survived for less time than would have been expected for similar people in the general population. Relative survival is generally measured at 1, 5 and 10 years after diagnosis. These periods reflect different stages of management of the cancer.

While some Australian States have been producing estimates of relative survival at their respective State levels, there had not been an analysis undertaken at the Australian level, except for breast cancer in 1998 by the AIHW.

The production of national-level estimates required that the Institute assemble a team of people with a range of skills covering data management, record linkage, computer program development, survival analysis, statistical analysis, and reporting within the Health Registers and Cancer Monitoring Unit.

The process of producing estimates of relative survival used the following steps. Cancer records held in the Institute’s National Cancer Statistics Clearing House were linked to the National Death Index. People diagnosed with cancer between 1982 and 1997 were followed up until the end of 1999 to verify vital status. Life

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tables for the period 1982 to 1997 by age and sex, State and Territory, geographic region (RRMA) and socioeconomic status were developed.

A computer program to produce estimates of relative survival was written by adapting a set of SAS functions progressively developed by the Mayo Foundation and Queensland Cancer Registry. The resultant program modelled actual survival from the cancer data (including cancer patients who had not yet died) and the expected survival derived from the life tables.

The data were organised by cancer type, State and Territory, geographic region and socioeconomic status and passed through the program. The results were analysed and reported.

The analysis in *Cancer Survival in Australia Part 1* covers an 'all cancers' group (excluding non-melanoma skin cancer) and 20 individual cancer sites. Part 2 is a compendium of statistical tables supporting the analyses in Part 1. Both reports are available on the AIHW Internet site. Part 3 (in production) reports on relative survival by State and Territory, geographic region, and socioeconomic status.

The reports showed that the greatest improvements in 5-year relative survival in Australia between 1982–1986 and 1992–1997 included:

- breast cancer in women, where relative survival increased from 72% to 84%;
- Hodgkin's disease—from 74% to 84%;
- cancer of the kidney—from 50% to 59%; and
- colorectal cancer—colon cancer relative survival improved from 51% to 59%, and rectal cancer relative survival improved from 50% to 58%.

While cancer of the prostate had the largest increase in relative survival (from 59% to 83%), this largely reflected earlier diagnosis through the introduction of PSA testing. This screening saw a large increase in incidence numbers during the early 1990s that has since declined. Care is needed in interpreting whether improvements in relative survival are due to improvements in treatment or whether other factors such as screening without treatment, which can simply bring forward the date of diagnosis, contribute.

For all cancers, the 5-year relative survival rate improved from 43.8% to 56.8% for males, and from 55.3% to 63.4% for females.

For males, cancers with the highest five-year relative survival were testicular cancer (95.4%) and melanoma (90.0%), while the lowest were 5.4% for cancer of the pancreas and 11.0% for lung cancer. For females, the highest relative survival rates were 95.6% for thyroid cancer and 94.6% for melanoma, while lowest were 5.2% for cancer of the pancreas and 11.5% for cancer of unknown primary site.

There are difficulties in undertaking international comparisons because of both the limited numbers of countries for which complete data are available and coding differences in dealing with pre-invasive conditions. Nevertheless, relative survival rates were highest for the United States of America and Australia, and both were much higher than for many European countries.

The production of these reports demonstrated the diverse nature of talents existing within the Institute. The project team was:

- Paul Jelfs (former head of the Health Registers and Cancer Monitoring Unit),
- Robert Van Der Hoek and Edith Christensen linked the cancer incidence and deaths data and produced the final analysis data set,
- Krys Sadkowsky developed the computer programs and led the team,
- Carolyn Dunn, Michelle McPherson and Kate Leeds undertook the analysis and reporting (Michelle also developed the life tables), and
- John Harding (who became the Unit head after Paul Jelfs departure) managed the final production of the reports.

The cancer survival project was funded by the Department of Health and Aged Care.

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The Canadian Institute of **Health Information**

Director Richard Madden, Ching Choi, Jenny Hargreaves and Paul Jelfs used the opportunity of coinciding activities to meet with senior staff of the Canadian Institute of Health Information (CIHI) to exchange information on subject matter and management issues faced by both organisations. This was the first such meeting between the two organisations, which have similar functions.

CIHI is a national, independent, non-profit organisation with a mandate to develop and maintain a comprehensive nationwide health information system, including the coordination of health information standards development. Its establishment in 1994 was recommended by the Chief Statistician of Canada, and funding is through Health Canada. CIHI's scope does not include welfare information.

CIHI has a budget of about C\$35million and a staff of about 240. Unlike AIHW, it has no legislative base; but its 15-member Board of Management represents regions, federal and provincial/territory governments, and non-government health-related groups. Statistics Canada and Health Canada are on the Board. Like AIHW, CIHI plays an important role in setting information standards, in managing data holdings and in disseminating from the data holdings and analysis. CIHI is a major player in setting standards for the development of Canada's electronic health record system.

In 1998 CIHI, together with Statistics Canada and the Federal Advisory Council on Health Infostructure, developed the Health Information Roadmap, an initiative that outlines a national vision and identifies priorities for improving health information in Canada. The Roadmap has guided health information activities in Canada since then, and a review is planned for 2003. The current development of the Australian Health Information Development Plan has

benefited from the experience of the Canadian Roadmap.

CIHI showed considerable interest in the role the Australian National Health Information Agreement plays in the development and implementation of information standards. Unlike Australia, Canada does not have a national agreement on health information nor a nationally endorsed health data dictionary.

The meeting was most useful, and it is hoped that another can be arranged at a suitable time.

For further information, contact
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Surveillance of **chronic diseases**

A comprehensive surveillance and monitoring system is a must in our efforts to help prevent and effectively control chronic diseases in Australia, participants were told at a recent workshop in Canberra organised by the Australian Institute of Health and Welfare in conjunction with the Commonwealth Department of Health and Aged Care. The workshop on *Issues and Priorities in the Surveillance and Monitoring of Chronic Diseases and Associated Risk Factors* was convened by the National Public Health Information Working Group in November.

The workshop was attended by a range of stakeholders, including senior policy makers, health information specialists, nutritionists, epidemiologists, clinicians and representatives of non-government organisations. The participants were welcomed by Dr Richard Madden, Director of the Institute and co-chair of the National Public Health Information Working Group. In his opening remarks, Dr Madden outlined information requirements from a population health perspective and the priority it needs to be given.

The workshop was told that Australia, like many other Western, industrialised countries, is going through a chronic disease epidemic. With ageing of the population and continuing changes in lifestyle accompanying modernisation, chronic diseases and their consequent complications are now having a high impact on the population. Dr Kuldeep Bhatia, Head of the Health Monitoring and Development Unit of the Institute, also discussed the lifelong impact of chronic illnesses that begin in childhood and the effect they have upon individuals, their carers and families.

Chronic diseases and conditions today lead mortality, morbidity and disability statistics in Australia and are estimated to be responsible for around 80% of the total burden of illness, mental problems and injury as measured in terms of disability-adjusted life years or DALYs. Yet many of these diseases and conditions can largely be prevented or ameliorated by reducing the impact of a number of key behavioural and biomedical risk factors. The extent and nature of the problem demands that an effective surveillance and monitoring system be put into place urgently.

Professor Richard Smallwood, Chief Medical Officer and chair of the National Health Priority Action Council, remarked that an effective surveillance and monitoring system would need to look across the continuum of care, from prevention through to treatment and management. Understanding each of the points along this continuum of care would help identify those areas where there was the greatest potential for health gain.

Professor Vivian Lin, Head of the School of Public Health at La Trobe University, identified a number of strategic choices to be made for nation-wide chronic disease surveillance. These included:

- whether a nation-wide system would be better than multiple systems;
- how to reconcile various frameworks for information gathering and management;
- determining the type of partnership between producers and users of chronic disease information; and
- establishing priorities for investment (for example, in data collection infrastructure, or in additional survey modules).

Representatives of three State Governments (New South Wales, Victoria, and South Australia), the Commonwealth Government, and the National Heart Foundation detailed chronic disease information requirements from their perspective. Professor Terry Dwyer, Director of the Menzies Institute for Population Health Research, University of Tasmania, outlined the STEPS approach of the World Health Organization for the surveillance and monitoring of non-communicable diseases.

The workshop focused on a number of major data collection and information development issues. The first and foremost of these issues was the identification or development of a suitable framework for effective surveillance and monitoring of chronic diseases and their associated risk factors. The workshop agreed that the National Health Performance Framework, developed by the National Health Performance Committee and endorsed by the Australian Health Ministers' Advisory Council, was a suitable framework for this task and could be used alongside the Strategic Framework for Preventing Chronic Disease, developed by the National Public Health Partnership Group.

Another key issue discussed at the workshop was regional and local data needs. Discussion of this issue raised questions of the value of local area epidemiological studies as opposed to surveillance on a wider scale, and the need to ensure linkages between such information sources. Linking chronic disease surveillance and monitoring to public health interventions and policy development was another issue taken up at the workshop. Other major issues discussed were biomedical and behavioural

risk factors and ways to harmonise data from various sources. A national health measurement survey that will generate biomedical information was considered to be an utmost priority by the workshop.

A highlight of the workshop was an address by Professor Tony McMichael, Director of the National Centre for Epidemiology and Population Health. In his highly informative and entertaining presentation, *Human Ecology and Chronic Disease Causation: Beans, Genes and Anthropocenes*, he emphasised the role of life style, behaviours and other environmental factors in the onset and maintenance of chronic diseases and the need for regular surveillance.

In summing up, Dr Madden said that the task now was to use the National Health Performance Framework for scoping chronic disease information requirements and to develop a useful, but manageable, set of indicators for regular monitoring. He also stressed the need to use existing administrative and non-administrative data collections more effectively. But he said that a major message from the workshop is the need to undertake a national health measurement survey in the near future.

For further information, contact Paul Meyer, AIHW, ph. 02 6244 1186 or e-mail paul.meyer@aihw.gov.au

The National Housing Assistance **Data Dictionary Version 1**

The National Housing Assistance Data Management Group (NHDAMG) is delighted to announce the release of Version 1 of the *National Housing Assistance Data Dictionary*. This exciting release is the culmination of many months of hard work by the NHDAMG and the National Housing Data Development Committee (NHDDC), and provides a way forward to improving consistency and comparability of national housing data.

This new Dictionary provides a national standard for the collection of housing and housing-related data, as it sets out the agreed data definitions, classifications and standards across the housing sector. It was developed under the National Housing Data Agreement (1999) and the Agreement on National Indigenous Housing Information (1999), and has the support of the Housing Ministers Advisory Committee.

The Dictionary will be a valuable tool to people in all housing and housing-related sectors, having been developed to be compatible with national data dictionaries in the health and community services sectors. It was also designed to make data collection activities more efficient and effective, reducing duplication of effort by providing standards for core data items, and ensuring that information to be collected is appropriate for its purpose.

Whilst the development of the Dictionary has taken some time, it has allowed greater input and involvement from all jurisdictions, the Commonwealth and key interested parties including the National Community Services and National Health Data Committees and the Australian Bureau of Statistics. The Dictionary has also been able to include new developments in performance reporting and data repository areas.

Version 1 of the Dictionary contains definitions for over 90 program- and client-related data items. These can be considered the core housing data items and the Dictionary will be expanded in further editions to cover a greater range of housing programs. The NHDDC has already started work on Version 2 of the Dictionary. This will continue into 2002, resulting in the presentation of a final draft of the Dictionary to the NHDAMG in May 2002. The second version will improve the coverage of data items across program areas to cover private rent assistance, Indigenous housing and community housing.

The Dictionary is available on the AIHW web site where it can be downloaded free of charge as a Word or PDF (Adobe Acrobat) document www.aihw.gov.au/housing/national_data/nhda_work_programs/index.html#nhadd

For more information contact Tracie Hogan, AIHW, ph. (02) 6244 1109 or e-mail: tracie.hogan@aihw.gov.au

Australian launch of ICF at health performance and information workshop

The International Classification of Functioning, Disability and Health (known as the ICF) was launched in Australia on Wednesday 12 December at a workshop on the WHO Health System Performance Framework.

The Institute and Commonwealth Department of Health and Ageing co-hosted the workshop to contribute to the World Health Organization review of the Health System Performance Framework used in the World Health Report 2000. This workshop continued the discussions begun in a previous workshop held in December 2000.

This year the workshop focused on:

- developments on performance measurement in the WHO and OECD arenas;
- developments in international standards in conceptualising and measuring health and performance;
- developments in collecting information in a consistent manner; and
- future directions for international performance measurement.

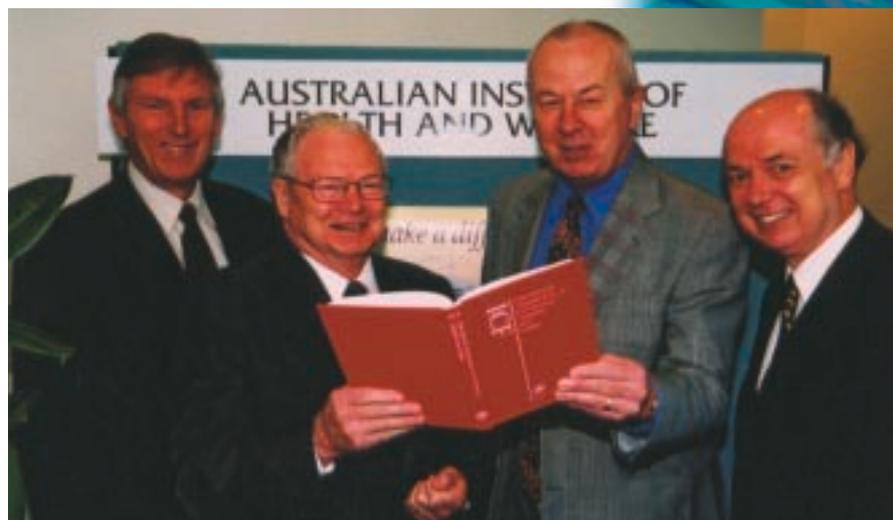
A highlight of the workshop was the launch of the ICF by Professor Trevor Parmenter, Director of the Centre for Developmental Disability Studies, Mr Andrew Podger, Secretary of DHAC, Mr Dennis Trewin, Australian Statistician from the ABS, and Dr Richard Madden, Head of the WHO Collaborating Centre in Australia.

In May 2001, the World Health Assembly of the WHO approved the final version of ICF, which succeeds the International Classification of Impairments, Disabilities and Handicaps

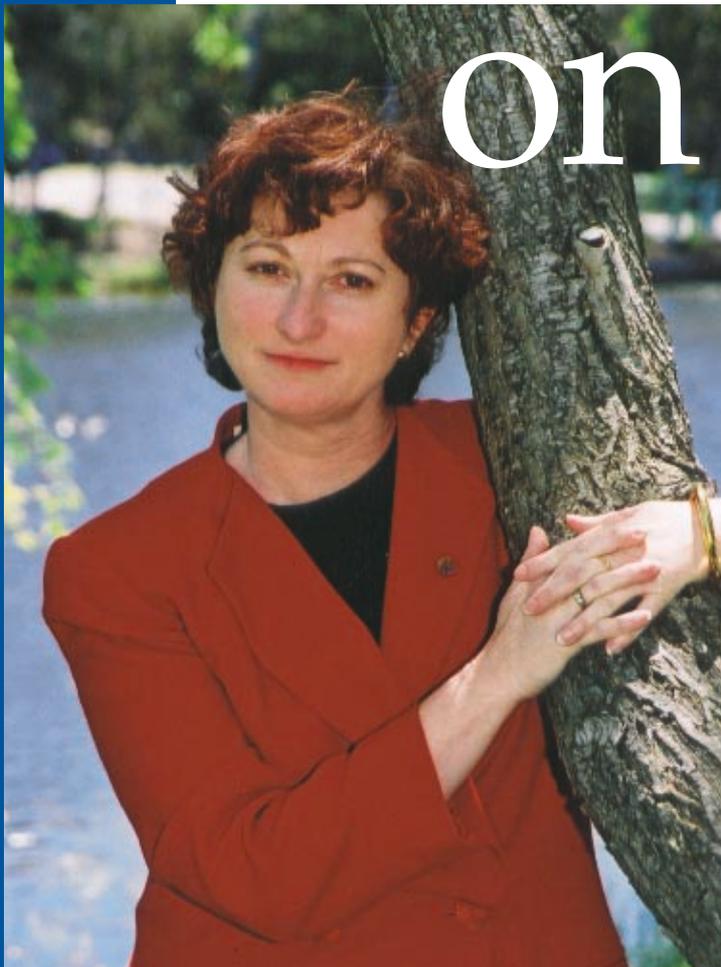
(ICIDH). The ICF has moved away from the 'consequences of disease' used in ICIDH to a classification of human functioning and disability.

In announcing the launch, Dr Madden said 'it is pleasing that this important step forward towards international comparability of the measurement of health and disability has arisen so early in the life of the ICF'.

Papers presented at the workshop will be available on the AIHW web site.



From left to right: Mr Dennis Trewin (ABS), Professor Trevor Parmenter (Centre for Disability Studies, University of Sydney), Richard Madden (AIHW) and Andrew Podger (DHA) at the Australian launch of the ICF



On

Diane

Lives of older people are not always easy. Many policy-makers, service providers and volunteers have spent a great deal of energy to improve the circumstances and lives of older Australians. Diane Gibson is one of those making a difference — by providing a wealth of information for policy-makers and service providers on Australia's aged care services.

'Being at the Institute has allowed me the opportunity to apply my research skills to produce policy-relevant information which will hopefully be of direct use to people in Australia,' she said.

'It's the kind of thing that's very difficult to do as an individual working in a university.'

The AIHW's Aged Care Unit combines statistics, analytic projects and data development—in its work on residential and community aged care, respite care, aged care assessment, gender, ethnicity, quality appraisal, Indigenous access and demography—to make this possible. In addition, the Unit undertakes a considerable amount of collaborative work with other government departments—anything from a cohort-based analysis of older women prepared for the Office of the Status of Women, to projections of older ethnic populations, funded by the Department of Health and Aged Care.

One of the most exciting projects completed recently by the unit was the development of a method to monitor the quality of service

Gibson

provided under the Home and Community Care (HACC) program. This method involves assessment of quality by service providers, by external assessors and, most importantly, by clients.

Diane, however, does more than work in the realm of aged care statistics—she lives and breathes it. In fact, Diane wrote and published her book on *Aged Care: Old Policies, New Problems* during her recreation leave ‘over about a year-and-a-half and between kids and work’.

Perhaps it is not surprising she claims sleep as her favourite recreational pastime.

Diane has a life-long interest in social policy. She worked in the Ageing and Family Project at the Australian National University from 1980 to 1984 before taking up teaching positions at Griffith University and the University of Queensland. She has published widely in such journals as *Journal of Social Policy*, *Policy Sciences*, *Law and Policy*, *Health Policy*, *Gender and Society* and the *Journal of Applied Philosophy*. It is for this high level of scholarly distinction, recognised internationally, that Diane was recently elected as a Fellow of the Academy of Social Sciences.

Diane’s work in aged care statistics and information, together with her recent appointment as editor-in-chief of the *Australasian Journal on Ageing*, gives her a ‘good opportunity to shape the ageing debate, and to contribute to that community’.

The Aged Care Unit has come a long way since Diane joined the Welfare arm of the Institute in 1993 to establish the aged care area. The welfare division itself back in those days consisted of

aged care, housing, disability and children’s services, with two or three staff in each area.

‘Initially, I wanted to get out of university life, I had a very heavy administrative workload, and the Institute offered a shift in focus’, she said.

Today, the division has more than 70 staff and has expanded into the areas of National Data Standards, Youth and Family Services, Community Care and Community Health, and Supported Accommodation and Crisis Services.

In the past 8 years, the Aged Care Unit has seen a growing demand for more analysis of how aged care impacts on other areas of health. ‘We’re now exploring our capacity to link residential aged care with hospital data using a statistical linkage key,’ Diane said.

‘This project has taken some time to set up as we have to get agreement from the States and Territories. In the future we’d like to link community care data in as well to get a feel for how the whole system supports older people.

‘I’d like the Unit to develop and expand our use of more sophisticated analytical techniques. The staff here at the Institute have the knowledge, skill and access to databases that no-one else has, so there’s the opportunity to do so.’

Diane said she had few regrets in her career to date, although she missed teaching students about social policy.

‘But I guess my ambition lies in continuing to make the kind of information we have at the Institute relevant and meaningful for policy development and planning purposes.’

National Health Information Management Group **(NHIMG)**

There has been a changing of the guard in the NHIMG, with some long-standing members moving on to new activities; as a consequence we welcome several new members.

Mr Michael Reid, Director General of NSW Health has resigned as chair and Ms Patricia Faulkner, Secretary of the Department of Human Services in Victoria, has been appointed to the position. Other members who have resigned in recent months are Mr Edouard D'Espaignet (NT), Mr Peter Williams (NSW), Ms Marion McEwin (ABS), Mr Peter Trabinger (Health Insurance Commission), Mr Phil Hagan (Commonwealth) and Mr Greg Lee (ACT). The new members are Mr Stephen Moo, Mr Nick Shiraev, Mr Alan Mackay, Ms Kathy Kirby, Mr James Jordan and Mr Kevin McDonald respectively. Thanks go to those who have retired for their contributions to the NHIMG. A warm welcome is offered to the new members.

The NHIMG is continuing to work towards consistent and reliable national health information and the paragraphs below outline some of the projects.

NHIMG Health Information Development Priorities

The National Health Information Plan sets the direction for nationally agreed priorities for health information development. The last plan was published in 1995. A new plan for 2001-05 has been developed as the NHIMG Health Information Development Priorities. The draft document has been distributed for consultation to a wide variety of stakeholders. Comments have been received from consumer and professional associations, government, and academic departments. The plan is currently being revised in light of the comments and will be presented to AHMAC in February 2002.

HealthWIZ

HealthWIZ: Principles and Practices has been developed by the HealthWIZ Dataset Production Working Group and endorsed by the NHIMG. This document delivers principles and practices for governing the ongoing development and management of HealthWIZ and establishes standards and procedures for the publication data sets that are for public release through HealthWIZ. A sub-group of the NHIMG is continuing to work with the Department of Health and Aged Care to implement the principles and practices.

Disease Registers

The Minimum Guidelines for Health Registers for Statistical and Research Purposes has been published by the NHIMG. Copies are available from the NHIMG Secretariat.

Joint work with National Community Services Information Management Group

In August 2001 the chairs of the NHIMG and the NCSIMG, Michael Reid and Gillian McFee respectively, met to discuss possible joint projects. Ms McFee addressed the November meeting of the NHIMG to report on the outcomes from the meeting. The chairs discussed a variety of areas for collaborative work and suggested that the two information management groups hold a joint meeting. This is scheduled for March 2002.

For further information or copies of the Minimum Guidelines for Health Registers for Statistical and Research Purposes contact Catherine Sykes, NHIMG Secretariat, AIHW, ph. 02 6244 1123, fax. 02 6244 1111, or e-mail catherine.sykes@aihw.gov.au or post to AIHW, GPO Box 570, Canberra, ACT, 2601.

National Community Services Information Management Group (NCSIMG)

NCSIMG members met on 20 November for the final meeting of a busy and productive year. The Management Group is responsible for projects which will enhance the quality of nationally consistent community services information, for which funding has been provided by the Community Services Ministers' Advisory Council (CSMAC).

Work is in progress on the following projects which support the information infrastructure across the sector:

- investigation of a statistical linkage key for community services data
- review of the National Classifications of Community Services
- development of Version 3 of the *National Community Services Data Dictionary*.

The NCSIMG has also commissioned development of a minimum data set for juvenile

justice, and data development projects for child protection and support services.

Management Group members congratulated Gillian McFee (Area Director of the Metro North Office of the Department of Community Services, NSW) on her reappointment, by CSMAC, as Chair of the NCSIMG. The Group has made significant progress under Gillian's leadership for the past two years. Gillian is taking a key role in forging stronger links with the National Health Information Management Group; a joint meeting is planned for March 2002.

For further information, contact
Margaret Fisher, NCSIMG Secretary,
AIHW, ph. 02 6244 1033 or e-mail
margaret.fisher@aihw.gov.au



Continued from page 3

Asthma is the sixth National Health Priority Area and the Institute will assist in obtaining data on asthma from mainstream data collections.

Following a tender process the Institute of Respiratory Medicine (IRM) in Sydney was the selected organisation. The IRM has an excellent track record in asthma research and monitoring.

The Institute is conducting the 2001 National Drug Strategy Household Survey. Fieldwork has just been completed, and current information suggests a response rate well in excess of the expected rate—this should result in higher quality data and enable more detailed analysis. Preliminary findings will be published by the Institute in the second quarter of 2002.

The International Classification of Functioning, Disability and Health (ICF) has now been launched by WHO. The Institute was instrumental in the revision of the classification and is now including the classification in its work on disability and health status. Professor Trevor Parmenter has agreed to chair the Institute's new Advisory Group on disability data.

I attended the annual meeting of WHO Collaborating Centres for the Family of International Health Classifications in Bethesda, Maryland in October. Our US hosts deserve great credit for a highly productive meeting at a time of national distress. An associated visit to the Canadian Institute of Health Information is described later in this issue.

On behalf of the staff of the Institute I wish all our readers and colleagues a joyful and safe festive season.

Media and Publishing Unit *crossroads of the Institute*

Indianapolis in the early 1900s was the ‘crossroads of America’. The ‘roads’ were railroads rather than the maze of highways that criss-cross there today, but the city soon became a hive of industrial and transport activity.

At the AIHW all roads lead sooner or later to the Media and Publishing Unit—all of the Institute’s annual output of 80 reports and 50 media releases, plus public launches and displays, are channelled through this six-person Unit.

At its peak, Union Station at Indianapolis had over 20 platforms on two levels **above** the ground, with 200 interstate trains coming and going each day. Sometimes the level of activity at MPU feels like a combination of Union Station and the ‘world’s greatest motor race’, the Indy 500 (where they get 500,000 spectators on race day). But, on the positive side, just like in the race, participants are generally going in the same direction, there is always a result, and the outcome is usually acclaimed and appreciated.

The Media and Publishing Unit is a satisfying and productive place to be. The Institute takes great pride in the quality of its published output, and in its positive relationships with the media that result in regular and extensive coverage of AIHW work.

We ‘MPU-ers’ love what we do, and of course we have the extra ‘buzz’ of being involved in some way in all of the Institute’s public successes.

The birth

An independent review of the Institute in 1991 (before its welfare function was added) found that although work was of high professional calibre and of high quality, more could be done

by the Institute to promote itself and its work among stakeholders and the community.

A corporate newsletter was one of the specific recommendations (you are reading it now!). Further, the review suggested that AIHW make its published work more accessible in terms of intended audience (e.g. broader reader appeal for published reports) and in terms of availability.

Out of these recommendations the Communication and Public Affairs Unit, now known as the Media and Publishing Unit, was born.

The job

The Unit’s job is to publish, promote and disseminate the AIHW’s products, and in doing so strengthen the Institute’s corporate image and identity.

We do this by:

- communicating the nature and results of the Institute’s work as widely as possible through the media, promotional events, relevant Ministers’ offices, and conferences
- producing high quality publications
- conducting regular author education activities
- ensuring that the Institute’s publications are widely accessible through
 - publications sales outlets, libraries, and the Internet
 - the AIHW mailing list database and other distribution activities
 - the AIHW publications database and on-line publications catalogue
- responding to information and publication requests from the media and public.



The MPU-ers: From left to right (top) Angela Bennett, Michelle Wells, Lauren Di Salvia, Lisa Dogan, Natalie Sawczak, Amanda Nobbs, Ainsley Morrissey; (bottom) Nigel Harding.

The people, in order of arrival (length of service)

Nigel Harding has led MPU since its inception in 1994 and brings with him 25 years of experience in publishing and public affairs. Nigel was previously the Institute's Publications Manager. His degree is in journalism and English literature.

Nigel started his working career as a nursing orderly in a psychiatric hospital in Brisbane, which, he says, equipped him well for his future career.

His experience includes five years as a freelance editor and writer, and time at the Queensland Education Department, John Wiley & Sons Ltd (the educational publishers), Kinhill Engineers, and the University of Queensland.

Once described as 'annoyingly calm in a crisis', Nigel occupies himself outside of work and family with veterans cycling, classic cars and coaching rowing.

Amanda Nobbs, our Publishing Manager for five years, is another Queensland import, being a Bachelor of Business Communication (public relations) graduate from the Queensland University of Technology. Her family is based in Grafton, NSW. After marketing stints with Eastern Australian Airlines and the Queensland State Superannuation Office, Amanda came to Canberra and switched to publishing at the Institution of Engineers before joining AIHW as a Publications Editor in 1994.

Amanda is the Unit's chief source of good humour, but her real talent is combining this with keeping 25 publications in the air at once. Although priding herself on her non-participation in organised sport, Amanda walks Rigby the Rhodesian Ridgeback religiously (alliteratively?) each day. She has a liking for sun, surf, sand and fast cars.

Michelle Wells, our Media and Marketing Manager and super-organiser, joined AIHW in 1997 as Marketing and Communication Officer. She came from the now-defunct Energy Research and Development Corporation. Born and bred in Canberra, Michelle is a graduate in communication (specialising in journalism) from the University of Canberra. She was a journalist with the Goulburn Post before moving into government public affairs work.

Unusually for a PR person, Michelle has shown alarming ability in database construction and maintenance, but spends considerable energy denying it.

Michelle is a keen distance athlete when her shins allow it, and a regular gym-goer.

Ainsley Morrissey is Amanda's right-hand person in publishing. A 'North Shore girl', Ainsley came to Canberra to study administration (specialising in public relations) at the University of Canberra. She became a desktop publishing whizz as well as project juggler and humourist. Ainsley worked in the publishing and event management area of the University of Canberra before joining the Institute.

She comes to work three days a week to recover from looking after 2-year-old daughter Tahlia, and dreams of future travel.

Angela Bennett hails from Wollongong, NSW, and was the Institute's receptionist for two years before joining MPU as its distribution, enquiries and admin support supremo in 1998. Ange's previous working experience includes five years in Sydney with a major insurance company and with a design firm. She is a keen triathlete and mountain biker when she isn't travelling or creating designer clothes on the overlocking Singer at home.

Lauren di Salvia job-shares with Ainsley. She escaped from her hometown of Narrandera in her late teens to undertake a degree in communication (multimedia) at the University of Canberra. She found herself drifting to the publishing end of the multimedia spectrum before finding a ready outlet for her talents at the AIHW soon after graduating. Lauren is the defence 'enforcer' of the University of Canberra women's third grade hockey team (premiers in 2000 and 2001). Needless to say, the Uni of Canberra has the best-presented hockey yearbook ever seen.

Natalie Sawczak, our Media and Marketing Officer, is our newest import player. She was born in Moscow and educated in Stockholm, Moscow, and Iowa before eventually emerging from Moscow Linguistic University with a specialist degree in English and Spanish. With such a background she couldn't avoid being multilingual! Natalie worked in marketing with an international hotel group and as an interpreter at the Australian Embassy in Moscow before coming to Melbourne in 1998 with her Australian husband. She was Marketing Coordinator for *Le Meridien* hotel before MPU snapped her up to work with Michelle on media liaison and marketing. Natalie also coordinates and writes the AIHW's internal newsletter every fortnight, and organises the Institute's free seminar program.

Natalie is yet another MPU travel enthusiast.

Lisa Dogan job-shares with Angela. She is our newest recruit and the baby of the team at 20 years of age. Lisa is in the final throes of her Diploma in Media Communication at the Canberra Institute of Technology, where she has specialised in event management.

When she's not studying or working Lisa can be found in the dance studio trying to get 10 years of ballet tuition out of her system. She's not succeeding—her posture remains perfect.

The road ahead

The AIHW's media and publishing strategies have been very successful in helping to establish the Institute in its role as Australia's national agency for health and welfare statistics and information.

But in an ever-changing business, social and technological climate, we cannot stand still.

Some of the major challenges ahead include:

1. Taking further advantage of the positive attributes of the Internet as a universal and inexpensive means of electronic dissemination of information, and communication with clients.
2. Catering for a public expecting increasing immediacy in all published communication.
3. Contributing to the AIHW's business development activities through new media and marketing strategies and activities.
4. Developing new products and services for a broadening range of clients

Unlike Elvis Presley, the Media and Publishing Unit has certainly not 'left the building'.

Incidentally, where did Elvis give his last concert? In Indianapolis of course! (in the Market Square Arena, on 27 June 1977).



AIHW web site in the news!

The AIHW web site has attracted its share of media attention lately. This is largely due to our new multidimensional data cubes, and because the Institute is one of the first organisations to use this type of technology on a public web site.

There are now 12 data cubes accessible on our site at www.aihw.gov.au/dataonline/index.html and we have plans for several more in the near future.

The Institute recently featured as the cover story of *Cognews*, the customer newsletter of Cognos software which is used to build and deliver these cubes. The story was picked up by *Computerworld* and by the monthly glossy *internet.au* which described the site as a 'brilliant resource' (see *internet.au* issues November 2001 and January 2002).

They say that all publicity is good publicity and the Institute's profile has certainly been raised as a result of this online initiative. Our web traffic monitoring indicates that the cubes are 'ticking over' constantly and that the Dataonline page features high up in the list of our most popular pages.

Currently, our site as a whole is averaging 1,200 daily visitor sessions—a visitor session is a more accurate measure than the commonly used 'hit rate' of the number of users who actually came to the site.

Improving Australia's 'burden of disease' modelling and data

What else have we been up to? We have recently launched a new discussion forum for Australia's epidemiologists, health statisticians, and public health and disability experts. The Burden of Disease electronic discussion group will facilitate national consultation and discussion to improve data, disease models and disability weights in this key public health area.

The Institute invites those working in the health and disability fields to join the new Burden of Disease discussion group, and to contribute to the improvement of these epidemiological methods. To view the resources described above and to subscribe to the group, please visit www.aihw.gov.au/bod/index.html

See page 4 for more information on the Burden of Disease project.

Where to get AIHW publications

All AIHW publications are available from Government Info Shops in each capital city or from AusInfo (formerly AGPS) mail order sales

Phone toll free 132 447 or use the order form supplied on the back of the address sheet.

Remember you can access all of our publications on the AIHW web site, www.aihw.gov.au



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September

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