

**Australian Institute of  
Health and Welfare  
Work Plan  
2004 - 2005**

# Introduction

The Board of the Australian Institute of Health and Welfare has guided the strategic directions of the Institute's Work Plan for 2004–2005.

The Work Plan describes the outputs which the Institute plans to deliver in accordance with the Mission and Values in the 2003-06 Corporate Plan, and the business strategies identified in the Institute's Business Plan. All data and analysis produced are in the public domain.

In 2003-04, the AIHW earned 37% of its revenue from appropriation and 63% from contracted services provided on a cost-recovery basis to a variety of government and non-government clients. The Work Plan sets out the activities supported by both appropriation and income earned through contracted services. It includes the work planned by the Institute's Collaborating Units and other bodies with which the AIHW associates. The capacity of the Institute to deliver this Work Plan is contingent upon other priorities emerging during the year.

The Work Plan fulfils the Institute's commitment to its key partners (the Department of Health and Ageing and the Department of Family and Community Services) to maintain the level of resources from its appropriation towards the production of outputs under the Health and Ageing Portfolio's program.

The Work Plan uses those outputs as its reporting framework, consistent with the structure of the AIHW Annual Report.

The estimated expenditure related to appropriation-funded work in 2004-05, per output groups is as follows:

- ◆ Output Group 1: Specific services to the Minister and Parliament required under the AIHW Act (\$1.317 million);
- ◆ Output Group 2: National leadership in health-related and welfare-related information and statistics (\$2.02 million); and
- ◆ Output Group 3: Collection and production of health-related and welfare-related information and statistics to governments, non-governments and community organisations (\$5.444 million).

Comments on the Work Plan are welcome and may be addressed to the various Unit Heads, Division Heads and the Director, or through the feedback facility on the Institute's website: [feedback@aihw.gov.au](mailto:feedback@aihw.gov.au).

Richard Madden  
Director  
September 2004

# Table of contents

Introduction .....	1
Table of contents.....	2
Output Group 1: Specific services to the Minister and Parliament required under the AIHW Act.....	4
Output Group 2: National leadership in health-related and welfare-related information and statistics.....	5
National information development standards and products.....	6
National Health, Community Services and Housing Assistance Information.....	7
Output Group 3:.....	13
Collection and production of health-related and welfare-related information and statistics to governments, non-governments and community organisations .....	13
Health Division Work Plan.....	14
Health of Australians and of specific populations .....	14
Health indicators and summary health information .....	14
Disease monitoring .....	16
Other dimensions of health.....	22
Health of population groups .....	23
Health determinants and risk factors.....	25
Health services.....	28
General practice services.....	28
Adult access to dental care.....	28
Palliative care data development.....	28
Welfare Division Work Plan.....	30
Housing Assistance.....	30
Supported Accommodation and Crisis Services .....	32
Functioning and Disability .....	38
Children, Youth and Families Subprogram .....	40
Resource Division Work Plan.....	43
Summary Measures .....	43
Hospitals and Mental Health Services .....	44
Mental Health Services.....	44
Labour Force and Rural Health.....	45

Health and Welfare Expenditure ..... 48  
Aboriginal and Torres Strait Islander Health and Welfare Unit ..... 49

# Output Group 1: Specific services to the Minister and Parliament required under the AIHW Act.

Specific services include:

- Production of a report relating to the provision of welfare services (*Australia's Welfare 2005*) by the end of 2005 (under section 31(1A) of the *Australian Institute of Health and Welfare Act 1987*)
- Plan the production of a report on the health of Australia's people (*Australia's Health 2006*) due by the end of June 2006 (under section 31(1) of the *Australian Institute of Health and Welfare Act 1987*)
- *AIHW Annual Report 2004-05*

## Planned activities

During the year, each functional Unit from within the AIHW and each of its Collaborating Units will direct work effort towards the production of *Australia's Welfare 2005* and *Australia's Health 2006*.

## ***Australia's Welfare 2005***

The report outline of *Australia's Welfare 2005* is as follows:

### **Draft report outline**

- 1 Introduction
- 2 Indicators of Australia's Welfare
- 3 Children's and family services
- 4 Ageing and aged care
- 5 Disability services
- 6 Services for homeless people
- 7 Assistance for housing
- 8 Welfare services resources

The report will continue the now established tradition of including 'cross-cutting' as well as subject specific chapters:

- a chapter on 'indicators of Australia's welfare' which provides a context within which to understand the analyses reported in the service-oriented chapters (building on the work begun in *Australia's Welfare 2001* and developed in *Australia's Welfare 2003*)
- the now standard chapter on welfare services resources which focuses on expenditure and labour force information

It is intended that the total length of the report will be similar to the previous report – 500 pages approximately.

### ***Australia's Health 2006***

The draft report outline of *Australia's Health 2006* is as follows:

- 1 Introduction
- 2 The health of Australians
- 3 Determinants of health
- 4 Population health
- 5 Health resources
- 6 Use of health services
- 7 National health information and its future

### ***AIHW Annual Report 2004-05***

During the year, each functional Unit from within the AIHW and each of its Collaborating Units will direct work effort towards the production of the 2004-05 AIHW Annual Report.

#### **Output Group 1 - Planned outputs**

*Substantial draft of Australia's Welfare 2005*

*Substantial draft of Australia's Health 2006*

*AIHW Annual Report 2004-05.*

# Output Group 2: National leadership in health-related and welfare-related information and statistics.

The AIHW takes a national leadership role in relation to:

- promoting and supporting the development of national health, housing and community services information
- establishing national data standards and their supporting metadata structures and management tools
- promoting and supporting national health, housing and community services information agreements aimed at improving national information, identifying priorities and developing consistent national information
- participation in the development of international health and welfare information standards and classifications
- statistical and related aspects of development, collection, compilation and analysis of health, housing and community services information
- expertise and advice on information-related issues of data privacy, confidentiality and ethics
- participation in national committees as an information specialist
- submission and advice to major inquiries.

## Objectives

- To provide leadership in national information development through support and promotion of an effective national information management infrastructure and the development and maintenance of standards, models, definitions and structures for health and welfare information.

# National information development standards and products

## Planned activities

### Data Dictionaries

The content of the *National Health Data Dictionary* (NHDD) will be expanded, including through increased coverage of meta-data definitions with significant clinical content. In particular, inclusion of the first set of data definitions for HealthConnect event summaries is anticipated. Data standards for intensive care and general practice will also be considered for inclusion in the Dictionary.

Over 2004-05, the Dictionary will be enhanced by additions or revisions to several existing national minimum data sets (NMDS) including those for Admitted Patient care, Perinatal care, Community mental health care, Mental health establishments and Emergency Department care. New NMDSs for nursing labour force and outpatient care are anticipated. Data set specifications for computer assisted telephone interviewing (CATI) modules on demographics, asthma and diabetes will also be added to the Dictionary.

Inclusion of national data standards for functioning and disability based on the International Classification of Functioning, Disability and Health (ICF) will improve the alignment of the health and community services national data dictionaries.

The 2004-05 work program for the *National Community Services Data Dictionary* will be focussed on promotion of the national data standards throughout the sector as well as improved integration of data standards across program-based national collections. As has been the case in recent years, the integration of key data items across the health, community services and housing data dictionaries will be a strong influence on the current work program and planned future developments. The Dictionary itself will be expanded by the inclusion of data definitions from the Children's Services and Juvenile Justice NMDSs. Additional data standards are anticipated from the redevelopment of the Child Protection national data collection to a unit record based collection.

Version 3 of the *National Housing Assistance Data Dictionary* will be developed, with improved integration of mainstream and Indigenous definitions

Re-engineering of existing data standards in all 3 national data dictionaries into the new ISO 11179 based structures will continue, culminating in the launch of METeOR in early 2005.

## **Electronic publication of key national health, community services and housing information products**

The Institute is replacing its high-profile Knowledgebase, Australia's online registry of national data standards for the health, community services and housing assistance sectors, with an innovative new registry known as METeOR (Metadata Online Registry). The new registry is intending to meet the current and emerging requirements of the national data committees in the health, housing assistance and community services sectors for high quality data standard creation and efficient dissemination processes.

METeOR will be built and launched during 2004-05. The latest web-based technologies and comprehensive business rules will be employed to provide developers, managers and users of national data standards with a more functional and easy to use system. The underlying structure of the application will support an expanded range of data standards that are consistent with the latest international standards and will promote greater consistency of data standards across sectors.

## **Data standards and metadata standards development**

The Institute, through the National Data Development and Standards Unit (NDDSU) and the Metadata Management Unit, provides leadership in the development and promotion of relevant national and international metadata standards, and specialist advice on the integrity and consistency of emerging health, community services and housing assistance data definitions. These two Units will provide input to the ISO Technical Committee 32, which is responsible for the ISO 11179.

The Institute will be working with relevant national and international committees in health concept representation (ISO Technical Committee 215 and Standards Australia IT14/2). The NDDSU will be leading the IT14/2 development of a Guideline for data development in health as a new Australian Standard to be issued by Standards Australia.

The NDDSU will continue to contribute to other Standards Australia international development activities through their IT 14 (health informatics) structures. In particular, the Unit will participate in the work of the IT 14/9/3 working group on the development of an Australian Standard for health care provider identification and related implementation guide. The Unit will also participate in the broader work program of the IT 14/9 sub-committees on work related to the development of the electronic health records.

The Institute will continue to contribute to the HealthConnect national program, particularly through enhanced support to the Clinical Information Program. The NDDSU will be enhancing its capabilities in health informatics and clinical terminologies to support the expansion in scope of the NHDD as endorsed by AHMAC. A review of the content of HL7 message standards for consistency with the NHDD will be undertaken. A project will also be undertaken to review the

extent to which 'archetypes' accurately and comprehensively capture the specification of data standards as represented in the national data dictionaries.

## **National Health, Community Services and Housing Assistance Information**

### **Planned activities**

The Institute provides executive and secretariat support to:

- The Statistical Information Management Committee (SIMC)
- The National Advisory Group for Aboriginal and Torres Strait Islander Health Information and Data (NAGATSIHID)
- The National Public Health Information Working Group (NPHIWG) and its Technical Reference Group on Computer Assisted Telephone Surveys
- The National Community Services Information Management Group (NCSIMG)
- The National Housing Data Agreement Management Group (NHDAMG)
- The National Indigenous Housing Information Implementation Committee (NIHIIC).

It also provides input to data development work initiated by these management groups.

The Institute chairs and provides technical and secretariat support, for the operations and activities of the following National Data Committees:

- the Health Data Standards Committee
- the National Community Services Data Committee
- the National Housing Data Development Committee.

The Institute will continue to enhance the management and presentation of work programs for the health, community services and housing national data committees, including through providing web-based access to the public and enhanced functionality for committee members. Support for the Health Data Standards Committee will involve development of new business rules for prioritisation of work program items, enhanced clinical input to Committee deliberations on metadata with significant clinical content, and the introduction of a cost-recovery policy in some areas to supplement core funding. During 2004-05, the Institute, through the NDDSU will continue to provide advice and liaison to expert groups seeking to have national data sets or national data standards included in the relevant Dictionaries.

### **Integrating national health, community services and housing assistance data standards**

Integration of the information models underpinning the health, community services and housing assistance data dictionaries will be pursued via implementation of the new metadata structures in the development of METeOR.

A second set of candidate items has been earmarked for integration across the national Dictionaries. Under the auspice of the National Community Services Data Committee, the Institute will be working with states and territories and non-government service providers to identify areas where integration of data standards would reduce the burden on providers with multiple reporting requirements.

### **National development and management of Commonwealth State Housing Agreement data**

The 2003 Commonwealth State Housing Agreement (CSHA) includes a subsidiary National Housing Data Agreement (NHDA) continuing the arrangement that was established under the 1999 CSHA. This approach provides a commitment to the development and provision of nationally consistent data and continues, for the duration of the current CSHA, the partnership between the Housing Minister's Advisory Council (HMAC) and the AIHW to resource national data development work established under the 1999 CSHA. The NHDA identifies three major work areas comprising development of national minimum data sets, national performance indicators and national data definitions and standards.

Both the NHDA and the Agreement on National Indigenous Housing Information (ANIHI) were reviewed in 2004, and at its most recent meeting HMAC agreed to the continuation of the two agreements as recommended by the review steering committee. During 2004–05 the Institute will work with the Commonwealth, State and Territory governments, non-government service providers and the Australian Bureau of Statistics, to further develop national housing data. Priority areas include Indigenous housing, public rental housing, private rental assistance (including Commonwealth Rent Assistance), community housing, crisis accommodation and home purchase assistance. The Institute's 2004–05 work program will cover:

- provision of secretariat support to the NHDA Management Group and its Data Development Committee (NHDDC)
- progress on national data development in the CSHA program areas of public rental housing, State owned and managed Indigenous housing, private rental assistance, community housing, crisis accommodation and home purchase assistance, and also Commonwealth Rent Assistance
- further development of the national performance indicator framework developed under the 1999 CSHA to ensure it meets the national reporting requirements of the 2003 CSHA.
- improvements to the identification of Indigenous households in CSHA programs
- general reporting on the provision of housing assistance
- management of the two National Social Housing Surveys of public housing tenants and community housing tenants to be conducted in 2005 to provide national data to inform policy and program development.

## **Indigenous housing assistance data development**

In December 1999 the Agreement on National Indigenous Housing Information (ANIHI) was signed by Commonwealth and State and Territory agencies administering Indigenous housing assistance together with the ABS and the AIHW.

Under the 2003 CSHA this work will be progressed through a partnership between HMAc and the AIHW to resource national data development work for the duration of the current CSHA.

During 2004-05 the Institute will:

- provide secretariat support to the Agreement on National Indigenous Housing Information Implementation Committee (NIHIIC) and its Data Development Committee (NHDDC)
- undertake data development projects as specified in the NIHIIC work plan including the National Reporting Framework, development of national social housing surveys for Indigenous housing, the national multi-measure needs model and improving outcomes data, co-ordination and governance
- contribute to the review of ANIHI national data requirements.

## **Development, standardisation and regular updating of NHPA indicators**

The Institute takes a lead role in the development and design of indicators for monitoring the National Health Priority Areas of cardiovascular health, cancer control, injury prevention and control, mental health, diabetes mellitus, asthma and arthritis and musculoskeletal conditions. The operational definitions of these indicators are maintained as a database. During 2004-2005, the Institute will:

- Further refine and standardise indicators for monitoring asthma
- Participate in the Arthritis Data Working Group to develop indicators for monitoring osteoarthritis, rheumatoid arthritis and osteoporosis
- Run a stakeholder's workshop to select performance indicators from a list proposed by the Arthritis Data Working Group for monitoring the National Health Priority Area of arthritis and other musculoskeletal conditions
- Further refine and standardise indicators selected by a stakeholders workshop for monitoring osteoarthritis, rheumatoid arthritis and osteoporosis

## **Chronic disease monitoring and indicator development**

A comprehensive approach is being developed to monitor chronic diseases and their risk factors in Australia under the auspices of the National Public Health Partnership. In 2004-05, the AIHW will contribute to the development of this strategy and implement parts of it in its work program, including the development of a set of indicators for this purpose.

## **Development of national and international health and welfare classifications**

### **Health classifications**

The Health Data Standards Committee is responsible for advising the National Health Information Group (NHIG) on inclusions in the Australian Family of Health and Related Classifications and maintaining the Family.

The AIHW will continue to contribute to the development of the International Classifications of Diseases, 10<sup>th</sup> Revision, Australian Modification and its mental health subset through participation in the National Centre for Classification in Health's Coding Standards Advisory Committee, and related work.

The AIHW is the Australian custodian of the International Classification of Functioning, Disability and Health (ICF). It promotes and supports national use of ICF.

The Institute will be working with stakeholders to establish arrangements for ongoing support of the Anatomic Therapeutic Chemical/Defined Daily Dosage (ATC/DDD) classification for drug utilisation, expected to be approved as a member of the Australian Family during 2004-05

The NDDSU will also be using a research license for SNOMED-CT to explore the extent to which this terminology supports reporting of NMDs and other data set specifications in the NHDD. The Institute will also be keeping abreast of developments in the Classifications and Terminology in Community Health (CATCH) via participation in a national steering committee.

The AIHW will contribute to work of the World Health Organization (WHO) in analysis methods for hospital diagnosis and procedure information.

The NISU of the AIHW will prepare a submission to the NCCH process leading to the 5<sup>th</sup> edition of ICD-10-AM on potential changes to the chapters on injury and external causes. The submission will be based on review and consultation with agencies and research groups active in injury surveillance and prevention.

### **International Classification of External Causes of Injury (ICECI)**

The AIHW, largely through the (NISU), contributed to the adoption in 2003 of the International Classification of External Causes of Injury (ICECI), into the WHO Family of International Classifications. In 2004-05, NISU will continue to participate in maintenance and development of the classification, and to its implementation in Australia.

### **Primary Care Classifications**

The ICPC-2 PLUS coding systems for the classification of patient reasons for encounter, the problems managed, procedures, referrals, tests and investigations in the Bettering the Evaluation and Care of Health program will be maintained and further developed.

The in-house pharmaceutical classification known as CAPs will also be continually updated as new drugs become available for general practice prescribing. It will also be mapped to the EAN number when the new pharmaceutical database is released.

## **Statistical and related aspects of development, collection, compilation and analysis of health, community services and housing assistance information**

### **Health subject matter data development**

Field-test data on the CATI survey module concerning injury will be analysed and assessed in relation to information requirements for injury prevention.

AIHW will contribute to the development of information on incidents and adverse events in health care, through analysis of adverse events reported in routinely collected data sets.

Following successful completion of stage 1 development, the Institute anticipates working with the Palliative Care Intergovernmental Forum on the second stage of development of a Community Based Palliative Care NMDS.

Refinement work will also continue for the NMDSs that are used to describe hospitals. Particular focus will be on the NMDS for Elective Surgery Waiting Times, extended stay patients in hospitals, and a classification of types of health care establishments. A report on the evaluation of the NMDS for Admitted Patient Care will be finalised and data development work, as recommended in the report, will be initiated.

The availability and quality of data on capital expenditure in the health sector will be examined with a view to identifying appropriate data sources and methods for reporting of capital expenditure on health services in total, and on hospitals, and to outlining gaps and deficiencies in the currently available data that could be rectified.

Work will also continue on improving the identification of Indigenous patients in the hospitals and mental health services databases. In particular, the AIHW will work with the states and territories to document best practice for recording these data for hospitals and for analysing the currently available data.

### *Mental Health Services*

The AIHW will work to further develop and refine the suite of NMDSs that are used to describe Australia's specialist mental health services. This work will include the development of an NMDS for Mental Health Establishments (which will expand the NMDS for Community Mental Health Establishments to encompass all public mental health facilities and replace the Department of Health and Ageing's National Survey of Mental Health Services); and refinements for the NMDS for Community Mental Health Care and the NMDS for Residential Mental Health Care.

An evaluation of NMDS for Admitted Patient Mental Health Care will be completed.

An information paper will be prepared reviewing the availability of national data relating to mental health and housing.

Work will be undertaken to assess the current quality of Indigenous status data in the National Community Mental Health Care Database. Specific data quality issues will be identified and addressed.

### *Hospitals*

Refinement work will continue for the NMDSs that are used to describe hospitals. A particular focus will be on the NMDS for Admitted Patient Care. A work program for data development will be prioritised with stakeholders and work will be undertaken to refine a range of data elements and data element concepts.

Work to examine the availability and quality of data on capital expenditure in the health sector will be completed, identifying appropriate data sources and methods for reporting of capital expenditure on health services in total, and on hospitals, and outlining gaps and deficiencies in the currently available data that could be rectified.

An evaluation of the NMDS for Public Hospital Establishments will be commenced.

Work will also continue on improving the identification of Indigenous patients in the hospitals. The AIHW will continue work with the states and territories to document best practice for recording these data for hospitals and for analysing the currently available data.

Data development work will also be undertaken in relation to the NMDS for Elective Surgery Waiting Times, extended stay patients in hospitals, and a classification of types of hospitals.

### **Perinatal and reproductive data systems information model**

Development of an information model of perinatal and reproductive data systems will continue. The evaluation of the Perinatal NMDS will be published and the recommendations implemented. The recommendations of the review of the national congenital malformation and birth defects national data collection will also be implemented. Existing perinatal minimum data set items and definitions and other perinatal items with National Health Data Dictionary items will be reviewed through the National Perinatal Data Development Committee.

### **Statistical Data Linkage**

AIHW will continue to link researchers data sets to national registers in accordance with strict ethical guidelines. Increasingly, information is required on use of a variety of services by individuals. This has given rise to demand for statistical linkage of data sets. Statistical linkage is not undertaken unless an individual's confidentiality and privacy are protected while allowing managers, planners and researchers to use risk data sets to plan comprehensive health and welfare services. The AIHW's Ethics Committee considers data linkage within the Institute that involves only identified or identifiable data.

## **Data Cubes**

AIHW now has a diverse set of data cubes on its website. This allows detailed aggregated data to be accessed by researchers and planners. The cubes will be maintained and expanded.

## Output Group 2 - Planned outputs

METeOR (Metadata Online Registry) – a new electronic registry for national data standards incorporating enhanced information based support for data developers, users and national committee members.

*Expansion of the National Health Data Dictionary*

*Expansion of the National Community Services Data Dictionary*

*Version 3 of the National Housing Assistance Data Dictionary*

Report on technical issues concerning the analysis and interpretation of injury mortality among Indigenous people

Guide to statistical methods for injury surveillance

*An integrated Information Model across Health and Community Services derived from METeOR's metadata structures*

*Enhanced web-based work program documentation for the national health and community services data Committees*

*New business rules for prioritisation of the Health Data Standards Committee work program and enhanced input from clinicians*

Contribution to the development and refinement of national and international data standards

Standards Australia publication of a Guideline to Data Development in Health

Report on research into the capacity of SNOMED-CT to support national reporting of NMDs and DSSs according to the National Health Data Dictionary specifications

Report on any gaps or inconsistencies between representation of national data standards in the national dictionaries and in archetypes

Review of consistency of HL7 message content in selected areas for consistency with the National Health Data Dictionary

Implementation of the National Community Services Data Committee's Communication Strategy including conduct of seminars, workshops, promotional stands at conferences and production of promotional material

Contribution to the Window on Women website

Update of the NHPA indicators website

NHPA asthma indicators: a technical review

Report of the evaluation of the National Minimum Data Set for Admitted Patient Care

Community mental health care 2000-01- Review of data collected under the NMDS for Community Mental Health Care

New and revised NMDSs relating to mental health services

Revisions for the NMDSs relating to hospitals

A report on the evaluation of the national minimum data set for Admitted Patient Mental Health Care

An information paper on data sources relating to housing and mental health

An information paper on data sources relating to capital expenditure in the health sector

A preliminary report on the evaluation of the national minimum data set for Public Hospital Establishments

An information paper on the quality and useability of data on Indigenous status in the National Hospital Morbidity Database

An information paper on linkage of information relating to diagnosis in the National Hospital Morbidity Database

Development/revision of nursing labour force minimum data set for inclusion in the National Health Data Dictionary

Standardisation of accounting and expenditure definitions in the *National Health Data Dictionary* and *National Community Services Data Dictionary*

An information paper on data issues relating to the development of financial data standards for housing assistance including the Indigenous housing sector

Update of the framework used to identify special need and greatest need in housing assistance data collections

An information paper on the quality and useability of data on Indigenous households in mainstream housing assistance data sets and strategies to improve these data

Working papers on technical issues affecting the understanding and analysis of data relating the health and welfare of Indigenous people. Such issues include: adjusting data for underidentification of Indigenous people in hospital and mortality data; exploring the contribution of the Indigenous population to the overall health status measures in rural and remote areas; exploring reliable means of describing trends over time in health and welfare data for the Indigenous population; and exploring technical issues in relation to comparing Indigenous people in remote and non-remote areas

# Output Group 3:

## Collection and production of health-related and welfare-related information and statistics to governments, non-governments and community organisations

Statistics are collected and produced in relation to:

- national data collections and reports on a wide range of health, housing and community services issues
- national data collections in specialised areas through outsourcing and collaborative arrangements with universities

### Objectives

- To provide authoritative, high quality, timely and accessible statistics, guided by user needs, about the health and welfare of Australians, its determinants and health service provision and use.
- To develop and maintain standards, databases and other infrastructure to facilitate the analysis and dissemination of these statistics, and
- To provide objective and responsive health and welfare statistical services for clients.

# Health Division Work Plan

## Health of Australians and of specific populations

### Objectives

- Compile information and report on the health of Australians using a variety of health indicators and summary measures.
- Monitor and report on the incidence/prevalence, illness, disability and mortality of diseases and health conditions, particularly those that have been declared National Health Priority Areas.
- Develop data standards and maintain population health data derived from registers, surveys and other administrative sources.
- Facilitate the ethical use of population health databases for epidemiological studies and other health research.

## Health indicators and summary health information

### Planned Activities

#### Mortality

The national mortality database and National Death Index will be maintained and improved through a memorandum of understanding with State and Territory Registrars of Births, Deaths and Marriages and consultations with the Australian Bureau of Statistics. The data will be used to publish reports on mortality surveillance, cancer mortality, and mortality of National Diabetes Register participants. The AIHW web-site portal on mortality will also be enhanced. The General Record of Incidence of Mortality (GRIM) work books will be maintained on the AIHW website and state-specific work books have been developed in addition to the national ones. Ad hoc data request service relating to the national mortality database will be continued.

A trend analysis will be undertaken of mortality associated with various chronic diseases. In particular, micro-epidemiological transitions observed in specific chronic disease will be interpreted in terms of changes in underlying risk factors.

Production of a series of annual reports on injury mortality will continue.

#### Health inequalities

Bulletins on health differentials for key population groups from population health data collections will be prepared and published. Collaboration with the Queensland

University of Technology in their PHERP funded health differentials initiative will be maintained.

### **Men's Health**

A report on men's health will be developed.

### **International comparisons**

Australian health and demographic information for the OECD Health database will be coordinated and supplied. Support for OECD projects, including the OECD Health Project, will be provided as needed.

A data repository for Australian health and demographic data supplied to WHO will be maintained and continue to be made available on the AIHW web site.

International data on cancer incidence, mortality and survival will continue to be monitored.

### **Public Health Information**

Work on public health will focus on the following areas: accessibility of national public health information, communicable diseases, and potentially avoidable mortality and hospital admissions. The proposed collaboration with the University of Adelaide for the operation of the AIHW Public Health Information Development Unit will be formalised in 2004-2005.

## **Planned outputs - Health indicators and public health information**

*A classification of public health activity*

*A report on the improvements in the health of Australians through public health initiatives*

*A report on Indigenous identification in communicable diseases data, including strategies and options to improve Indigenous identification in communicable disease reporting*

*Hospitalizations avoidable through ambulatory care interventions*

*Analysis of potentially avoidable mortality*

*A guide to the use of population health data and resources for primary health care*

*A profile of chronic diseases and associated risk factors for Divisions of General Practice*

*Mortality during the twentieth century in Australia*

*Report on cost of diseases 2000-01*

*Australian burden of disease – premature mortality 1997 to 2001*

*Long term mortality data for AIHW website*

*Health inequalities in Australia: morbidity, health-behaviours, risk factors, and health service utilisation. (Co-authored with Queensland University of Technology)*

*Health inequalities in Australia – occupation*

*A data archive for health data and analyses provided to WHO from official Australian sources*

## **Disease monitoring**

### **Planned Activities**

#### **National Health Priority Areas**

The Institute is responsible for the surveillance and monitoring of National Health Priority Areas (NHPA), under the guidance of the National Health Priority Action Council (NHPAC).

Progress in the priority areas of cardiovascular health, injury prevention and control, mental health, cancer control, diabetes mellitus, asthma, arthritis and musculo-skeletal disorders will be monitored using defined national indicators. Indicator-based time-series information will be posted on the Institute's website, with indicators for asthma being reported on for the first time later in the year. The NHPA website will be maintained and updated as and when new data become available.

Input to the NHPAC and National Health Priority Performance Advisory Group.

In particular input to their Strategic Directions for the Australian Health Ministers Advisory Council (AHMAC) will be made as required.

#### *Cardiovascular health*

AIHW will continue to monitor cardiovascular disease including its risk factors, levels of disease, health services, and health outcomes. Work planned for 2004-05 includes reports on: coronary heart disease in Aboriginal and Torres Strait Islander peoples, inequalities in cardiovascular disease more generally, and stroke. The details of these analyses are still to be discussed with the funders.

The cardiovascular database on the AIHW website that includes data on mortality and procedures will be regularly updated.

AIHW will provide data and information to the National Heart, Stroke and Vascular Health Strategies Group through membership of this group.

#### *Cancer control*

The National Cancer Statistics Clearing House will be maintained and access for research and statistics will continue to be facilitated.

National trends in cancer incidence, survival, general practice consultations, hospital treatment and mortality will be monitored, as will program performance indicators for BreastScreen Australia and the National Cervical Cancer Screening Program. Statistical reports as requested by the Department of Health and Ageing will be prepared for the National Bowel Cancer Screening Pilot Program.

#### *Injury prevention and control*

This program is provided through the AIHW National Injury Surveillance Unit (NISU). Reporting during 2004-05 will include periodic statistical reports, thematic

reports and technical and special-purpose reports. The annual program is based on a three-year forward plan.

Periodic statistical reports will be published on injury mortality, hospitalised injury and persisting spinal cord injury. A trial edition will be prepared of a statistical report to underlie biennial status reports on the proposed new national injury prevention policy. Thematic reports will be produced on hospitalised fractures; social and cultural distribution and variations in hospitalised injury due to falls by older persons; hospitalised injury involving Aboriginal and Torres Strait Islander persons, and hospitalised injury due to sport. Analyses will commence on mortality and hospital utilisation following spinal cord injury.

Technical advice and development projects will include a submission proposing changes to the injury and external causes chapters in the 5<sup>th</sup> edition of ICD-10-AM; enhancement of a probability-of-death severity scoring method by taking account of comorbidity; technical report and assessment of data quality issues relevant to Indigenous injury mortality; further input to the evaluation and development of an injury prevention question module for population surveys; technical assessment of aspects of multiple cause mortality data; and continued input to the development and maintenance of the International Classification of External Causes of Injury (ICECI). NISU will participate in a three year project, commencing during 2004-05, to investigate and improve the quality of external cause coding of hospital data. This project is funded under the ARC Linkage program.

The Australian Spinal Cord Injury Register will be maintained, in accordance with new governance arrangements put in place in 2003. The database application housing the Register will be redeveloped. The Australian Register of Injury Prevention Personnel will be maintained, and the next three issues of the Injury Issues Monitor will be published. An extensive program of provision of expert advice and representation will continue, mainly through membership of national and international bodies.

During 2004-05, the National Injury Surveillance Unit will convene a workshop on the operation and use of spinal injury registers in Australia and the USA, in conjunction with the Australian and New Zealand Spinal Cord Society Conference.

#### *Diabetes mellitus*

The objectives of the Institute's National Centre for Monitoring Diabetes are to set standards and develop and coordinate data to monitor diabetes, risk factors, complications and outcomes of public health interventions and treatment strategies.

The National Diabetes Register (NDR) will be maintained, and access for research and statistics will continue to be facilitated. Significant redevelopment of the Register continues, including expansion of the data supplied for inclusion.

Planned monitoring reports for 2004-05 cover the areas of pharmaceutical use, an update on mortality from diabetes, as well as continued reports analysing results from the NDR. The details of these analyses are still being discussed with the funders.

In addition, a pilot project between the Health Insurance Commission (HIC) and AIHW will be undertaken on the topic of diabetes. The aim of the project is to explore how HIC databases can add to our knowledge and understanding of the health and medical treatment of Australians, either on their own or when in conjunction with AIHW databases.

AIHW will continue to respond to the information requirements of the National Diabetes Strategies Group as required.

#### *Asthma*

The Institute is responsible for regular asthma surveillance and reporting on it to the Australian Health Ministers through NHPAC. This work is being undertaken through the Australian System for Monitoring Asthma. A Collaborating Unit, the Australian Centre for Asthma Monitoring, has been established at the Woolcock Institute of Medical Research in Sydney, to manage the surveillance activities of the System.

During 2004-05, several reports will be published including a report on recommendations on measurement of quality of life in people with asthma, a national asthma data development plan, a report summarising existing knowledge on costs of asthma, and a second report on asthma in Australia.

#### *Arthritis and musculoskeletal diseases*

The Australian Health Ministers have recently declared arthritis and musculoskeletal diseases as the seventh National Health Priority Area. Work will be initiated on generating baseline information for this set of diseases and conditions in 2004-2005.

#### **Other chronic diseases**

The Institute will continue its work on chronic diseases, under the guidance of the National Public Health Information Working Group (NPHIWG). Several issue specific reports will be developed in 2004-05. These include prevalence and impact of chronic respiratory diseases, kidney disease, and metabolic syndrome. Self-reported prevalence for a set of long-lasting conditions will also be studied.

#### *Chronic diseases website*

A website has been developed to provide national information on chronic diseases and their risk factors. The website will be expanded and updated in 2004-05 to include the most recent statistics on the outcomes of chronic diseases.

#### *Environmental risk factors for chronic respiratory diseases*

Previous work by the AIHW has identified a number of environmental risk factors for chronic respiratory diseases. In 2004-05 the AIHW will expand this work and produce a bulletin outlining these risk factors and their impacts.

### *Role of chronic degenerative diseases in ageing*

The AIHW has studied the role of chronic diseases in premature ageing and mortality. This work will be expanded in 2004-05 to include functioning and disability.

### *Chronic diseases and risk factors monitoring*

A second report on chronic diseases and risk factors will be developed. Unlike the first (2001) report, which provided baseline information on a set of 12 chronic diseases and 7 risks factors, the second report will take a more topical, crosscutting approach to chronic disease monitoring. Issues to be covered include regional differences, co-morbidity, effects of ageing and multiple risk factors. Some parts of the report will be developed prior to its release, and be issued as bulletins.

### **Child Dental Health Survey**

Unit record data provided by State and Territory health authorities will be analysed to show the oral health status of children cared for by the school dental services and the provision of care to those children. Emphasis is being placed on working with State and Territory health authorities to derive data from computerised clinical and management information systems. Reporting formats will continue to be revised to expand upon the range of information provided in the annual national report.

### **Adult oral health**

The oral health of adults receiving public-funded dental care is being monitored through the Adult Dental Programs Survey. Emphasis is placed on ensuring appropriate data are collected from all States and Territories so as to enable comparison with earlier collections and to ensure that ongoing collection is linked to computerised clinical and management information systems in as many States and Territories as possible. Where appropriate, manual methods of collection will be maintained.

### **Oral health of special groups**

The oral health of Aboriginal and Torres Strait Islander persons will be described through collaborative data collections commenced with a number of Aboriginal communities. Data collection includes oral health and service provision items with an emphasis on linked general health information.

## **Planned outputs - Disease monitoring**

Surveillance reports on injury occurrence: mortality; morbidity; and spinal cord injury

Thematic reports on hospitalised fractures; social and cultural distribution and variations in hospitalised injury due to falls by older persons; hospitalised injury involving Aboriginal and Torres Strait Islander persons; hospitalised injury due to sport; hospitalised drowning and near-drowning.

Trial edition of a statistical report to underlie biennial status reports on the proposed new national injury prevention policy

Technical reports and papers on: proposed changes to the injury and external causes chapters in the 5<sup>th</sup> edition of ICD-10-AM; enhancement of a probability of death severity-scoring method by taking account of comorbidity; assessment of data quality issues relevant to Indigenous injury mortality; further input to the evaluation and development of an injury prevention question module for population surveys; technical assessment of aspects of multiple cause mortality data; and statistical methods for injury surveillance.

Technical reports and papers on: proposed revisions to Chapters 19 and 20 of ICD-10-am; linkage of spinal register data; injury prevention module for population surveys; methods for detecting and reporting change and difference in injury indicators; multiple-cause code injury mortality data; occupational details of deceased on death certificates; and ICECI developments.

Three issues of the periodical *"Injury Issues Monitor"*

*Cancer in Australia 2001*

*Mortality from Motor Neurone Disease in Australia*

*Burden of cancer in Australia 2001*

*Cervical cancer screening in Australia 2001–2002*

*BreastScreen Australia monitoring report 2001–2002*

*Coronary heart disease in Aboriginal and Torres Strait Islander people*

Bulletin on stroke

Publication of literature review on the relationship between cardiovascular disease and overweight and obesity

*National Diabetes Register 2002*

Diabetes analysis bulletin: content to be discussed with advisory committee

Bulletin on inequalities in cardiovascular disease

Bulletin on the Incidence of Type 1 diabetes in people <40 years

*National Diabetes Register 2002 report*

Bulletin on pharmaceutical use by people with diabetes

Data briefing updating diabetes-related mortality

Joint report with HIC on diabetes

*Asthma in Australia 2003*

*Impact of asthma in Australia*

*Indicators for monitoring NHPA asthma*

*2001 Child Dental Health Survey*

NHPA indicators website

*Trends in prevalence of complete tooth loss among Australians, 1979-2002*

*Dental satisfaction survey 2002 Technical Report*

*Impacts of oral disorders among adults in the United Kingdom and Australia*

*Satisfaction with dental services*

*Evaluating the role of dental behaviour in oral health inequalities*

*State/Territory variation in access to dental care among adults and children, 1994-2002*

*Trends in dental decay among adults in the public dental services*

*Access to dental care among special target groups*

*Urban and rural variations in social determinants of oral health*

*Oral health of Aboriginal patients receiving public-funded dental care*

*Clustering of risk behaviours for oral and general health*

*Costs and cost barriers to dental care in the Australian population*

*Trends in access to dental care among adults and children, 1994-2002*

*Childhood circumstances, psychosocial factors and oral health in adulthood*

*Validity of self-assessed decayed, missing and filled teeth*

*Oral health of Aboriginal Australian children*

Regional reports on Aboriginal Oral Health

*Oral health and access to dental care among older Australians*

*Migrants access to dental care*

Development, standardisation and regular updating of NHPA indicators

Chronic disease monitoring strategy

Develop indicators for monitoring chronic diseases and risk factors

Management of Australian System for Monitoring Asthma

Develop and finalise NHPA monitoring indicators for arthritis and musculoskeletal diseases

## **Other dimensions of health**

### **Older persons influenza vaccination status**

The Institute will undertake a survey of older persons influenza and pneumococcal vaccination status on behalf of DoHA. Results of the survey inform management and planning of the Older Persons Influenza Vaccination Program administered in each jurisdiction, as well as the proposed Pneumococcal Vaccination Program for Older Australians.

### **Communicable diseases**

The Institute will continue to participate in the activities of the Communicable Diseases Network of Australia.

### **Vaccination preventable diseases**

The collaboration with National Centre for Immunisation Research and Surveillance of Vaccine Preventable Diseases, through representation on its management and scientific advisory committees will be maintained.

### **National HIV epidemiology**

A collaboration will continue with the National Centre for HIV Epidemiology & Clinical Research to maintain and enhance its data collections.

#### **Planned outputs – Other dimensions of health**

*Report on 2003 Older Persons Influenza Vaccination Survey*

## **Health of population groups**

### **Planned Activities**

#### **Child and Youth Health and Wellbeing**

With input from the National Child and Youth Health and Wellbeing Advisory Group and other experts, new youth health and wellbeing indicators will be developed. Work will be undertaken on a report on Youth Health and Wellbeing. The Institute will act as the Secretariat to the AIHW Child and Youth Health Information Advisory Group.

#### **Maternal and perinatal health**

With input from the newly appointed National Birth Anomalies Steering Committee and the State and Territory Implementation Committee for Birth Anomalies, work will be undertaken on the development of the national birth anomalies data collection and a national birth anomalies report covering the years 1998-2001. The AIHW NPSU will act as the Secretariat to both committees. A mapping exercise between ICD-9-BPA and ICD-10-AM will be undertaken in partnership with NCCH.

AIHW will continue ongoing development of the maternal deaths data collection and in consultation with the AIHW National Advisory Committee on Maternal Mortality will prepare the Maternal Deaths Australia, 2000-2002 report. The AIHW NPSU will act as the Secretariat to the AIHW National Advisory Committee Maternal Mortality. A linkage project using the national death index and NSW perinatal data will be completed to investigate the utility of including late maternal deaths in maternal death reporting.

The NPSU will carry out an ongoing data development work program that has arisen from the evaluation of the perinatal NMDS in partnership with the NPDDC, to which it provides secretariat support. The NPDDC will prepare business cases for the inclusion of further perinatal data elements in the NMDS and prepare papers on the integration of perinatal data with other collections and provision of data to AIHW. Reporting of perinatal mortality using the public health oriented PSANZ Perinatal Death Classification will be extended to include all states and territories. National reproductive and perinatal health data, including by Indigenous status will be prepared for AIHW reports and reports by other government agencies.

Following successful implementation of the new Australian and New Zealand Assisted Reproduction data collection and development of the report, further data development will be undertaken.

The NPSU will work with states and territories and the AIHW, Aboriginal and Torres Strait Islander Health and Welfare and the Children Youth and Families Units and other stakeholders to improve provision of perinatal data.

Maintenance of national collections on pregnancy, assisted reproductive technology, maternal deaths and birth anomalies will be undertaken and national reports produced. These will include data on Indigenous women and women in rural and remote areas. These reports and data development will be strengthened by input from relevant advisory committees and other experts.

### **Veterans**

The Institute will contribute to the Vietnam Veterans Cancer and Mortality Study.

A register of female Vietnam veterans has been established and will form the basis of future study of their health.

Support will be provided for other veterans' health studies conducted by the Department of Veterans Affairs (DVA).

A study comparing health service usage and costs of veterans and war widows and widowers with the rest of the community will be finalised. This study will include illustrative cost projections for the future.

The Institute will assist DVA with a study into the use of Personal Response Alarms and the costs benefits associated with their use.

The business relationship with DVA will be further developed and maintained.

## **Planned outputs - Health of Australians and of specific populations**

*Assisted Reproductive Technology in Australia and New Zealand 2002*

*Assisted Reproductive Technology in Australia and New Zealand 2003*

*Australia's mothers and babies 2002*

*Maternal Deaths in Australia 2000-2002*

*Report on the Evaluation of the Perinatal National Minimum Data Set*

*Australia's birth anomalies system, 1998-2001*

*Cancer mortality in migrants to Australia, 1979 - 1988*

*Cancer incidence in Vietnam Veterans*

*Health care usage and costs: A comparison of veterans and war widows and widowers with the rest of the community*

*Migrant oral health*

*Migrant access to dental health*

*Oral health and access to dental care among older Australians*

*Leading public health indicators*

*Indigenous identification in communicable diseases data: discussion paper*

*Atlas of potentially avoidable mortality*

*National standards for health surveillance data collections*

# Health determinants and risk factors

## Objectives

- Manage and/or conduct collection of data on biomedical and behavioural health determinants and risk factors for chronic diseases.
- Monitor and report on broad determinants of health.
- Monitor and report on the relationship between socio-economic status and health.
- Collaborate with researchers and methodologists to develop standards for objective and self-reported information.

## Planned Activities

### Risk factors for chronic diseases

A concerted approach will be taken to the surveillance of risk factors for various chronic diseases. The project will cover both behavioural and biomedical risk factors. In addition to generating the latest information on the four “classic” behavioural risk factors associated with the major chronic diseases – smoking, poor nutrition, alcohol misuse and physical inactivity – information will be generated on risk factors for asthma, mental health, musculoskeletal diseases and injuries. Relationships between ageing and multiple health risk factors will also be explored. Input will be made to the development of the proposed Australian Health Measurement Survey in relation to chronic diseases.

### Risk factor portal and database

Risk factor data will be drawn together and stored in an appropriate risk factor database. The risk factor portal will also be maintained and updated as required.

### Environmental factors

Work will continue on the development of a set of indicators for monitoring environmental health in Australia. This will include input to, and participation at, a national workshop to finalise the set of indicators in relation to water quality.

The Institute will participate in the enHealth Council Technical Reference Group for Indicators activities and the provision of appropriate expertise and advice to implement the National Environmental Health Strategy.

### Lifestyle and behaviour

*Dietary behaviour*

The report on nutrition indicators will be finalised this year. We will continue to work with stakeholders towards a national nutrition monitoring system. AIHW will continue to participate in SIGNAL (Strategic Inter-Governmental Nutrition Alliance).

#### *Alcohol consumption*

Data from the 2001 National Drug Strategy Household Survey will be analysed as part of a project on alcohol, workplace culture and safety. This work is being undertaken for the National Alcohol Strategy, in collaboration with the National Centre for Education and Training on Addictions.

#### *Physical inactivity*

AIHW will continue to participate in the Strategic Inter-Governmental Forum on Physical Activity and Health (SIGPAH).

#### *Use of tobacco, alcohol and illicit drugs*

The AIHW will continue to manage the 2004 National Drug Strategy Household Survey, data collection which takes place between June and September 2004. A *First results* report will be released in May 2005, and work will commence on a more comprehensive report for release later in that year.

The AIHW will also produce a new edition of *Statistics on drug use in Australia*. The release of this report (initially planned for 2004 to keep the bi-annual series) will be deferred to the middle of 2005 to incorporate the latest finding from the 2004 National Drug Strategy Household Survey and other important collections.

A bulletin on youth alcohol risk will be published, highlighting the drinking choices of under-age drinkers as reported in the 2001 National Drug Strategy Household Survey.

### **Biomedical factors**

#### *Australian Health Measurement Survey*

AIHW will document the process and lessons learnt from the pilot for the Australian Health Measurement Survey (AHMS) conducted in 2002-03, and will continue to participate in committees and other discussions in relation to AHMS.

#### *Body weight*

Work undertaken in 2002-03 on body weight will be compiled into a publication on *Overweight and obesity in Australia*. AIHW will also contribute to the current community discussions on this issue.

### **Defining metabolic syndrome**

The usefulness of the concept of metabolic syndrome in monitoring health risks for several diseases such as diabetes and ischaemic disease has not been fully established. Issues in relation to this particular syndrome will be explored and a recommendation on its use in health monitoring developed for consideration by the National Public Health Information Working Group.

## **Planned outputs - Health determinants and risk factors**

Chronic diseases web portal

*Chronic kidney diseases and their risk factors in Australia*

*Arthritis and musculoskeletal diseases in Australia*

*Environmental risk factors for chronic respiratory diseases*

*Chronic degenerative diseases and ageing: impact on functioning and disability*

Recommendations on measurement of quality of life in people with asthma

National asthma data development plan

*Existing knowledge on costs of asthma*

*Regional variation in the prevalence of chronic diseases and risk factors*

*Multiple risk factors and chronic diseases*

*Chronic diseases and associated risk factors in Australia, 2005*

*2004 National Drug Strategy Household Survey: First results*

*Statistics on drug use in Australia 2005*

*Bulletin on youth alcohol consumption and risks*

Nutrition indicators report

Risk factor database

# Health services

## Objectives

- Develop and maintain standards and databases describing institutional, ambulatory and community-based health services and their clients.
- Report on health service resources, usage and client characteristics.
- Facilitation for analysis and construction of indicators about the performance of health services and the outcomes for clients.

## Planned Activities

### General practice services

The BEACH (Bettering the Evaluation and Care of Health) program continuous data collection from a national random sample of general practitioners, is now in its seventh year. Through this program the Unit will continue to collect, collate, analyse and disseminate statistics relating to characteristics of patients of general practitioners in Australia, general practitioners themselves and the medical services and pharmaceutical prescriptions provided to their patients. Policy analysis and research studies associated with these data will be initiated and undertaken.

Reports of this study and other papers will be published and presented. Analyses of the BEACH data pertaining to research questions will be undertaken. Reports of BEACH data will also be prepared for other interested persons and organisations through a user pays consultation service to users of general practice activity survey data.

Subject to funding, two projects will be undertaken to examine whether the characteristics of general practitioners and their patients are different between Fellows of the Royal Australian College of General Practitioners and non-Fellows and the history of pathology ordering by general practitioners in 1998-01.

### **Develop and test methods of active data collection attached to computerised clinical systems.**

An active data collection process through direct electronic data entry by the clinician at the time of the encounter will be developed in conjunction with developers of general practice electronic clinical systems. This method will first be tested in the Western Sydney area. If the trial demonstrates that this method is reliable, valid and acceptable to clinicians, GPs participating in BEACH in the future could be given the option of electronic or paper based collection methods.

## **Adult access to dental care**

As part of the Commonwealth Department of Health and Ageing information requirements, a telephone interview survey of a general population sample will be conducted in the second half of 2004 and throughout 2005. The Survey will obtain up-to-date data on access to dental care, self-assessed oral health status, present oral health treatment needs, use of dental services and preventive behaviours, satisfaction with dental services, cost of dental care and oral health related to quality of life. This interview survey will be expanded in the target numbers, linked to an oral epidemiologic examination and accompanied by a self-complete questionnaire in 2004/05.

## **Palliative care data development**

Building on work undertaken in 2003-04, further development of national information on community-based palliative care is anticipated. If agreed by the Palliative Care Intergovernmental Forum, this project will be contracted under the MOU with the Department of Health and Ageing. The project will involve the development and field testing of a set of data specifications for community based palliative care provision, describing patients, the care they receive and service delivery organisations.

### **Planned outputs - Health services**

*General practitioner activity in Australia 2003-2004*

*General practitioner activity in the States & Territories of Australia 1998-2003*

*Cardiovascular disease managed in general practice, prevalence and patient health risk behaviours*

*The provision of care to male patients in Australian general practice*

*Elderly patients and their chronic diseases in general practice in Australia*

# Welfare Division Work Plan

## Housing Assistance

### Objectives

- To describe the need for, provision and use of housing assistance in Australia, including the determinants and the outcomes.
- To support the development of standard terminologies, definitions and classifications for use in measuring housing assistance.
- To contribute to the development of nationally consistent housing assistance data.

### Planned Activities

The 2003 Commonwealth State Housing Agreement (CSHA) like the 1999 CSHA includes a subsidiary National Housing Data Agreement (NHDA) outlining a commitment to the development and provision of nationally consistent data. Under the 2003 CSHA this work will be progressed through a partnership between Housing Ministers' Advisory Council (HMAC) and

AIHW will resource national data development work for the duration of the current CSHA. The NHDA identifies three major work areas comprising development of national minimum data sets, national performance indicators and national data definitions and standards.

During 2004-05 the Institute will work with the Commonwealth, State and Territory governments, service providers and the Australian Bureau of Statistics, to develop national data. It will build on the 2003-04 work program to further improve national data for the four priority areas of public rental housing, private rental assistance, community housing and Indigenous housing assistance. The Institute's 2004-05 work program will cover:

- provision of secretariat support to the NHDA
- progress on national data development in the areas of public rental housing, private rental housing, community housing, crisis accommodation, home purchase assistance and Indigenous housing
- further development of the national performance indicator framework and collection of data for the 2003-04 and 2004-05 national performance reporting for the CSHA program areas of public rental housing, State owned and managed Indigenous housing, private rental housing, community housing, crisis accommodation and home purchase assistance

- improvements to the identification of Indigenous households in CSHA programs
- general reporting on the provision of housing assistance.

### **Indigenous housing assistance data development**

In December 1999 the Agreement on National Indigenous Housing Information was signed by Commonwealth and State and Territory agencies administering Indigenous housing assistance together with the ABS and the AIHW. This arrangement has been continued under the 2003 CSHA and will be progressed through a partnership between HMAc and AIHW to resource national data development work for the duration of the current CSHA.

During 2004-05 the Housing Assistance Unit will work with the Aboriginal and Torres Strait Islander Health and Welfare Unit undertaking data development, collection and analysis projects to improve national data reporting, data coverage and data standards on Indigenous housing assistance.

## **Planned outputs - Housing Assistance**

Maintain and further develop a national housing data repository for public, community and private rent assistance and Indigenous housing

Report on the development and collection of the national performance indicator data for the 2003 CSHA

2003- 04 national performance information for the 2003 CSHA program areas of public rental housing, State owned and managed Indigenous housing, private rental assistance, community housing, crisis accommodation and home purchase assistance

2004-05 national performance indicator data collection manuals for the 2003 CSHA program areas of public rental housing, State owned and managed Indigenous housing, private rental assistance, community housing, crisis accommodation and home purchase assistance

Report on public rental housing, private rental assistance (including Commonwealth Rent Assistance), community housing (including crisis accommodation) and home purchase assistance

National housing assistance data standards (working papers and National Housing Assistance Data Dictionary Version 3)

Report on Housing and SAAP data

Chapter on Housing Assistance in *Australia's Welfare 2005*

Contribution on housing assistance for *The health and welfare of Australia's Aboriginal and Torres Strait Islander Peoples 2005*

Prepare the CSHA indicators data for the 2005 Review of Commonwealth/State Service Provision.

Maintain and update website portal

# Supported Accommodation and Crisis Services

## Objectives

- To describe the need for and the provision of supported accommodation and crisis services.
- To develop standard definitions and classifications in the area of supported accommodation and crisis services and report on data collected.

## Planned activities

### Management of the SAAP National Data Collection Agency (NDCA)

The SAAP national data collection provides all stakeholders with access to reliable information for use in service delivery planning, program monitoring and assessing program outcomes.

The Institute will continue to operate the National Data Collection Agency and collect, analyse and publish national data on the characteristics of SAAP service providers and their clients. Four data collections will be conducted in 2004-05 – an ongoing data collection of all SAAP clients, a collection on the demand for accommodation including potential clients turned away, a collection of casual clients and a collection on the funding and service description of agencies.

Reporting in 2004-05 includes a national report, accompanied by compendium publications of tables for each State and Territory. In addition, a report on the overall demand for SAAP services based on the 2002-03 demand for accommodation collection and the casual client and ongoing client collections will be released in late October 2004. This report will produce a turnaway rate of SAAP clients and accompanying children requesting accommodation on a particular day. Two bulletins on a particular theme of the SAAP client population are likely to be produced during 2004-05. The first bulletin reports on homeless people with a disability and will be released in early 2005. The second topic has yet to be decided.

Reports for every agency participating in the SAAP NDC for the year 2003-04 and the six months to December 2004 will also be produced.

Confidentialised unit record files (CURFs) for the 2003-04 client collection, including a children's CURF will be available after the release of the national report.

## Other activities

- Investigate strategies to improve the participation of Indigenous services in the SAAP NDC.
- Revise the client form for the SAAP national data collection, including a strengthened SAAP linkage key

- Redevelop SMART to reflect the new form and promote its use by agencies.
- Develop and release an information strategy to facilitate the introduction of major definitional, questionnaire and linkage key changes from 1 July 2005.
- Continue to respond to the information requests of SAAP data collection stakeholders (about 90 per year) via the ad hoc request service
- Investigate the development of AIHW data 'cubes' for SAAP data.
- Develop training materials and conduct data collection, data interpretation, SMART and confidentialised unit record file training (including train-the-trainer training).
- Provide a Hotline service to assist SAAP agencies with data collection and SMART (approximately 12,000 calls and e-mails per year).
- Conduct data and SMART training of SAAP agencies and data interpretation and CURF training of users of the data.
- Update important supporting documentation for agencies and the NDCA (eg Collector's Manual, SAAP NDC Data Dictionary, collection forms, etc).
- Develop an upgraded SAAP Information Kit.
- Continue to implement improved SAAP National Data Collection quality assurance procedures.

#### **Planned outputs - Supported Accommodation and Crisis Services**

*2003-04 agency reports on SAAP services*

*Homeless People in SAAP -Annual Report 2003-04*

*Half yearly agency reports on SAAP services*

*Demand for SAAP services and Assistance Report 2002-03*

*Homeless and Disability 2002-03 bulletin*

*Bulletin/report on a theme of SAAP*

*New client collection paper and SMART collection instruments*

*SAAP Collector's Manual updates*

*SAAP information kit for agencies*

*SAAP Collector's Manual updates*

*Chapter on services for homeless people in Australia's Welfare 2005*

## **Ageing and Aged Care**

### **Objectives**

- To describe the need for, supply of and access to both institutional and domiciliary aged care services in Australia, including their determinants and outcomes.
- To inform community debate and public policy making in the area of ageing and aged care by timely research, analysis and publication.

### **Planned activities**

#### **Aged Care Statistical Series**

Under an agreement with the Department of Health and Ageing, the Institute produces an annual set of statistics on residential aged care, containing data on patterns of service use and resident characteristics and community aged care packages.

Two further volumes (one on residential aged care and one on community aged care packages) are planned for 2004-2005.

#### **Aged care service statistical data linkage**

In a collaborative undertaking between the Department of Health and Ageing and the AIHW, appropriate methodology for the construction and analysis of statistically linked data will continue to be developed and documented. Work will continue on the use of statistically linked data to examine movements and links between residential care and community care programs. This on-going work program will result in reports on linkage methodology, and general linkage analysis.

#### **Hospital-aged care service data linkage**

In 2001-2002 the AIHW demonstrated the feasibility of linking residential aged care-hospital morbidity databases (report released in 2003-2004). This work was undertaken as a preliminary investigation, using data for 1999-2000 for several states. Over the period 2002-2004 ethical clearance and the agreement of jurisdictions was sought to use the statistical linkage technique developed by the Institute during the feasibility study for this purpose. In 2004-2005 this technique will be used to analyse the interface between hospital and residential aged care. In 2004-2005, a validation study will be undertaken in collaboration with Western Australian Department of Health. A report providing baseline data on the transition between hospital, residential care and return to the community within 12 weeks will be produced.

#### **Positive ageing**

Contribution will continue to national debates and initiatives in relation to positive ageing particularly through work undertaken for the Office for an Ageing Australia.

This latter work will result in the production of three bulletins on topics related to Healthy Ageing issues.

### **Impact of dementia on services**

Dementia has been identified as one of the largest contributors to disability burden and to the costs of care in former nursing homes. In 2003-2004 we contributed information to the Review of Pricing Arrangements in Residential Aged Care by examining the impact of dementia on a range of health and aged care services. In 2004-2005, under an agreement with the Department of Health and Ageing, we will analyse data from the 2003 Survey of Disability, Ageing and Carers to update this work and to also examine the circumstances of carers of people with dementia.

### **Evaluation of Aged Care Innovative Pool and Retirement Village Care Pilot services**

The Ageing and Age Care Unit will continue its evaluations of pilot services funded under the Aged Care Innovative Pool and Retirement Village Care Pilot initiative. The focus during 2004-2005 will be on analysing data collected from pilot projects and preparing initial evaluation reports in relation to the measurement of the effectiveness and efficiency of these services in meeting their aims.

### **Veterans and Aged Care Analysis**

Pending finalization of an agreement with the Department of Veterans' Affairs, the Ageing and Aged Care Unit will analyse data from the Community Aged Care Packages Census in respect of veterans. The Unit will also develop data sets designed to investigate the circumstances of veterans in residential aged care.

### **Building Ageing Research Capacity**

The Ageing and Aged Care Unit will continue to work with the Office for an Ageing Australia, Department of Health and Ageing on pursuing key streams of activity in respect of ageing research, in particular building and supporting networks and collaborative activities, and developing and maintaining information resources and dissemination mechanisms.

Project outcomes will assist governments and the wider community to better understand the economic and social implications that an ageing population has for the practical policy and program responses that could be adopted based on the research evidence.

## **Planned outputs - Ageing and Aged Care**

*Aged Care Statistical Series (Residential Aged Care in Australia 2003-04)*

*Aged Care Statistical Series (Community Aged Care Packages in Australia 2003-04)*

Updated residential care database

Updated community aged care package database

Updated Home and Community Care database

Chapter on *Ageing and Aged Care in Australia's Welfare 2005*

Contribution on aged care for *The health and welfare of Australia's Aboriginal and Torres Strait Islander Peoples*

Linked data base for residential aged care admissions and hospital separations

*Report on the transition from hospital to residential care and back to the community within 12 weeks*

*Methodology for linking and analysing residential aged care and Community Aged Care Packages*

*Report on the use of HACC nursing by Community Aged Care Package recipients*

*Report on linking hospital morbidity and residential aged care data: examining matching due to chance*

*HACC working papers*

*Three bulletins examining issues of priority in relation to the Healthy Ageing agenda:*

- *Vision loss among older Australians*
- *Obesity and workforce participation*
- *Risk factors and workforce participation*

*Overview Report on longitudinal studies relevant to ageing in Australia*

*Australian Research Online*, an interactive, web-based directory of ageing related research projects, courses of study and research grants. It also provides a web forum and noticeboard of upcoming events relevant to ageing, access to additional 'Ageing Research Network' resources and publications, and an ARO newsletter

*Diversity among older Australians in capital cities 1996-2011*

*Report on Informal Care in Australia*

*Interim reports from the Evaluation of Innovative Pool pilot projects*

# Functioning and Disability

## Objectives

- To describe the need for, provision and use of disability and alcohol and drug treatment services in Australia.
- To inform community debate, and support the development of public policy in the area of functioning and disability by timely data development, collection, analysis and publication.

## Planned activities

### *Commonwealth State/Territory Disability Agreement National Minimum Data Set*

The Commonwealth-State/Territory Disability Agreement (CSTDA) NMDS is the basis of a national collection, coordinated by the Institute under the auspice of the National Disability Administrators. The annual collection cycle involves ongoing development, collation of national data, and preparation of a national report, in cooperation with all jurisdictions. This project also provides input to the *CSTDA Annual Public Report* and the *Report on Government Services*. The first six months of the redeveloped national collection occurred in January to June 2003 and the 2003–04 data will be the first full year collection.

### *Alcohol and Other Drug Treatment Data*

The Alcohol and Other Drug Treatment NMDS was developed and conducted in cooperation with the Australian Government, States and Territories, under the auspices of the Inter-governmental Committee on Drugs. The collection is now in its fourth year of operation and provides information on treatment, based on closed treatment episodes. The annual collection cycle involves ongoing development, collation of national data, and preparation of a national report and a national bulletin, State/Territory briefings and on-line interactive data cubes.

The Institute has also been contracted by the Department of Health and Ageing to carry out a review of data collections relating to people with coexisting substance use and mental health disorders ('comorbidity') in Australia. Relevant national data collections will be reviewed for their purpose, content, definitions, methodology and scope.

### *Disability data development*

This project contributes to the ongoing development of standard terminologies, definitions and classifications in the disability services field. The project has both a national and international focus, seeking to improve national quality and consistency in disability data collections, and to support national implementation of the World Health Organization's International Classification of Functioning Disability and

Health (ICF). Planned outputs for 2004 – 05 focus on the improved measurement of disability and the inclusion of standard disability items in national data dictionaries and collections.

*National picture of disability and disability services*

This is an ongoing, overarching project building up a description of disability in Australia and the supply of services and assistance to people with a disability. In 2004 – 05 the focus will be on complex analyses of disability and related factors, a review and synthesis of information on children with disability, and a special project on continence.

*Medical indemnity national collection*

In 2002, the AIHW was commissioned by AHMAC to develop and implement a new data collection on medical indemnity claims in the public sector. The collection is now in its second year and a report on data for the first collection period (January to June 2003) was considered by AHMAC in March 2004. Further development and refinement of the collection is underway, and there are plans to expand the collection to include claims managed by private sector insurers, to provide a complete national picture of medical indemnity claims experience.,

## **Planned outputs - Functioning and Disability**

Disability support services 2002–03: the first six months of data from the 2003 CSTDA National Minimum Data Set (annual report, with data cubes)

Disability support services 2003–04 (annual report, with data cubes)

CSTDA NMDS data guides, forms, data transmission and technical guide, training materials, data dictionary (web publications)

CSTDA NMDS network guide (produced for use by the CSTDA NMDS network)

Alcohol and other drug treatment services in Australia 2002–03: annual report, data cubes, national bulletin, state and territory briefings

Alcohol and other drug treatment services in Australia 2005–06: data dictionary, collection guidelines and validation processes

Review of data collections relating to people with coexisting substance use and mental health disorders

Disability and its relationship to health conditions and other factors (substantive report)

Disability: development of functional outcomes data modules

Disability: who measures and how? (working paper)

Disability: Children with disabilities in Australia (substantive report)

Review of continence data sources and report on the prevalence, costs and burden of disease of incontinence

Chapter on disability and disability services for *Australia's Welfare 2005*

Chapter on indicators of Australia's welfare for *Australia's Welfare 2005*

Contribution on disability and disability services to the health and welfare of Australia's Aboriginal and Torres Strait Islander peoples

Medical Indemnity National Collection: report on data for 2003–04 financial year

Invited regular contributions to Journal of Intellectual and Developmental Disability and ACROD 'Disparity'

Disability data briefings

# Children, Youth and Families Subprogram

## Objectives

Contribute to informed community discussion and to support the development of public policy in the children, youth and families area by coordinating, developing and disseminating relevant and timely national statistics and analysis.

## Planned Activities

### *Publication of data on child welfare*

Data from the three 2003–04 child protection data collections – child protection notifications, investigations, and substantiations; children on care and protection orders; and children in supported out of home overnight care – will be published in the report Child Protection 2003–04. First results will be published on the website.

A report on child protection and out of home care performance indicators will be published.

The Adoptions data collection for 2002–03 will be published in the report Adoptions 2003–04. The Institute will collect adoptions data for the Hague Convention on Protection of Children and Cooperation in Respect of Inter-country Adoption. Counting rules for the child protection, intensive family support services and adoptions data collections have been revised and released.

Data from the child protection data collections will be provided to the Review of Commonwealth/State Service Provision.

### *Data enhancement, review and maintenance of standards for child welfare collections*

Further work on the enhancement of data consistency and definitions will be undertaken in conjunction with the National Child Protection and Support Services Data Group (NCPASS), a committee of the National Community Services Information Management Group (NCSIMG). The most important task for the coming year is to transform the current aggregate data counting rules into data elements and definitions based on unit record data. This will include assisting NCPASS to develop and implement a new National Framework for reporting on child protection/child concern reports by unit record, finalise and report on the educational outcomes for children on care and protection orders project, prepare and revise a data dictionary for the three collections and further develop the initiative to collect unit record data for the child protection collections. The Institute will continue to act as the Secretariat to NCPASS.

The Institute will participate annually in a meeting of Commonwealth, State and Territory Inter-country Adoptions Managers.

### *Juvenile Justice National Minimum Data Set*

The JJ NMDS will be implemented, following the successful pilot test of the NMDS. Further work will continue on the development of performance indicators with the guidance and advice of AJJA through the JJ DSC. A report will be published outlining the history of the development of the JJ NMDS, and implementation will commence with a view to reporting in 2005.

### *Children's services - data development*

The AIHW will contribute to the development of consistent national data on children's services in conjunction with the Children's Services Data Working Group (CSDWG) which is sponsored by the NCSIMG.

A final report on the Pilot Test of the first and second stages of the children's services NMDS will be published. A brief information paper will be published outlining the history of the development of this NMDS. The second stage pilot test of the children's services NMDS will be piloted in September 2004.

Participation in the children's services working group of the Review of Commonwealth/State Service Provision will be ongoing.

### *Children's services- research series*

Using the FaCS Childcare Program Census 2002 data, a number of Bulletins examining significant changes in aspects of child care service provision will be produced. Included among these will be updated information on the affordability of long day care centres.

### *Child and Youth Health and Wellbeing*

A report on the development of children's health, development and wellbeing will be published as, *A Picture of Australia's Children*. Four bulletins will be published in addition to the main report, and several indicators will be published on the web.

Assisted by the Picture of Australia's Children Advisory Group, the Institute will continue to monitor and report the status of Australia's children. This will include information on children's health status, risk factors, early learning experience and family and community environment. Sub-population groups will be a focus of this report. The report is due to be published in April 2005.

The Institute will act as the Secretariat to the AIHW Picture of Australia's Children Advisory Group.

## **Planned outputs - Children, Youth and Families**

Prepare the child protection performance indicators data for the Review of Commonwealth/State Service Provision.

Conduct Stage two of the Children's Services National Minimum Data Set Pilot Test

Implement the Juvenile Justice National Minimum Data Set

Data development activities in Child Protection, Children's Services and Juvenile Justice National Minimum Data Sets

Report: *Adoptions 2003-04*

Report: *Child Protection 2003-04*

Report: *Child protection and out of home care performance indicators*

Report: *Pilot test of the of a national minimum data set for children's services: Full Report of Stages 1 and 2*

Report: *A Picture of Australia's Children, 2005*

Bulletin: *Childhood Injury*

Bulletin: *Mental Health and Children*

Bulletin: *Chronic Diseases and Children*

Information Paper: *Juvenile Justice in Australia: A New National Collection*

Information Paper: *Children's Services in Australia: Results of the Pilot Test for a New NMDS*

Maintain the child and youth portal on the AIHW website

Chapter on children's and family services in *Australia's Welfare 2005*

# Resource Division Work Plan

## Summary measures

### Objectives

- Develop and update summary measures of population health, such as the Disability Adjusted Life Years (DALYs) lost due to disease.
- Use summary measures across different States, small areas, socioeconomic groups and countries and over time to describe differences and changes in health status.
- Estimate the burden of disease attributable to various risk factors.
- Estimate the health system costs of treating and preventing disease.
- Develop better performance indicators for health, community services and housing.

### Planned activities

#### Burden of disease

In collaboration with the University of Queensland, the burden of disease attributable to risk factors will be updated. Improvements will be made to the methods used to estimate burden of disease, including a re-examination of severity (disability) weights.

More detailed estimation and projection of the burden of disease due to a variety of diseases will be undertaken.

#### Disease expenditures

More detailed health system expenditures by a variety of diseases will be estimated and projected, to illustrate the effect of such influences as population ageing.

#### Performance indicators

'Indicators are crucial to inform policy makers, administrators and the general public as to the effectiveness of various interventions. At the system level, there is a need to identify a parsimonious set of indicators, which maximise the amount, quality and relevance of information without relying on an overwhelming mass of indicators and data. In this context, summary measures of status are needed, which should be located at the apex of a hierarchy of related measures and data, forming a coherent and integrated statistical framework.' (Wolfson 1998)

The AIHW works with the National Health Performance Committee to develop measures that give effect to the national health sector performance framework and to the reporting arrangements required by the Australian Health Care Agreements.

#### **Planned outputs - Summary measures**

*Burden of disease: Risk factors and disease, 2001* (jointly with University of Queensland)

Reports on indicator development under the national health sector performance framework

Health system expenditures for selected diseases and injuries

## **Hospitals and mental health services**

### **Objectives**

- Promote and support the development of national health, community services and housing assistance information, and establishing national data standards and metadata.
- Develop international health and welfare information standards and classifications, with Australian participation.
- Provide expertise and advice on information related issues of data privacy, confidentiality and ethics.
- Participate in national committees as an information specialist.

### **Hospitals**

The National Hospital Morbidity Database, the National Elective Surgery Waiting Times Data Collection, the National Non-admitted Patient Emergency Department Care Database and the National Public Hospital Establishments Database will be collated for 2003–04.

An annual report on Australian hospitals will be published for 2003–04, encompassing information on hospital resources and activity, for both public and private hospitals. Hospital performance indicators will be presented using the National Health Performance Framework, and include waiting times for elective surgery and emergency department care. Review of the performance indicators to be included and refinement of data analysis and presentation methods will continue, with the advice of the Australian Hospital Statistics Advisory Committee.

In response to the Institute's external audit of the National Hospital Morbidity Database, actions will be taken to review processes and to improve documentation relating to the collation of the database and its use in Australian Hospital Statistics.

The range of the suite of internet interactive data cubes featuring data on admitted patient services and hospital establishments will be expanded and updated.

The ad hoc data request service relating to the National Hospital Morbidity Database will be continued.

A report will be completed on the usefulness of the routinely collected hospital morbidity data in monitoring adverse events in health care.

A report on adverse drug events reported in hospital data will be complete. This will serve as baseline data for the former MediConnect initiative.

Work will be completed exploring information on community health services that are provided by states and territories but not described in current NMDSs. The nature of the services and the available data will be summarised in an information or working paper.

Data from the National Hospital Morbidity Database for 2003–04 will be provided to the Department of Health and Ageing for HealthWiz.

A report will be prepared on State/Territory compliance with the NMDS for Admitted Patient Care of the National Hospital Morbidity Database for 2001–02 and 2002–03. Work will also be undertaken to develop a method to assess compliance below the State/Territory level.

## **Mental health services**

Collation of the National Community Mental Health Establishments Database and the National Community Mental Health Care Database will be commenced for 2003–04 and finalised for 2002–03.

*Mental Health Services in Australia 2002–03* will be prepared and published, and will encompass information on mental health services provided by public and private hospitals, and by general practitioners and psychiatrists. Information will also be provided on mental health establishments in the public and private sectors.

The internet interactive data cube featuring data on admitted patient mental health services will be updated.

Liaison work will continue in relation to future transition to the Institute of work to collate data on casemix and outcomes measures in public mental health services.

## **Planned outputs – Hospitals and mental health services (other than databases and dissemination of data other than through AIHW publications)**

*Australian Hospital Statistics 2003-04*

*Mental Health Services in Australia 2002-03*

A report on the usefulness of routinely collected hospital morbidity data in monitoring adverse events in health care

A report on adverse drug events reported in hospital data as baseline data for the MediConnect initiative

An information paper on data on community health service provision by States and Territories

A report on compliance with the NMDS for Admitted Patient Care of the data in the National Hospital Morbidity Database for 2001-02 and 2002-03

## **Labour Force and Rural Health**

### **Objectives**

- Support improved health and community service workforce planning by providing national and, where possible, regional data and trends analysis for the major registrable health professions and workers in the community services industry.
- In conjunction with the Australian Health Workforce Officials' Committee (AHWOC), investigate opportunities to widen the scope of our labour force collections to include unregistered allied health professions.
- Improve the data quality of labour force collections by systematically developing better tools and processes for collecting, processing and analysing labour force data.
- In conjunction with AHWOC, improve the consistency of labour force collections by ensuring their data items, classifications and collection methods comply with national standards. Develop such standards where appropriate and ensure they are included in the National Health Data Dictionary.
- Provide technical support to the Australian Medical Workforce Advisory Committee (AMWAC) and the Australian Health Workforce Advisory Committee (AHWAC) in analyses and recommendations to the Australian Health Ministers' Advisory Council (AHMAC) on national health workforce planning.
- Maintain the rural health framework and further develop relevant indicators to describe the health status of rural populations.

- Provide analyses and advice to DoHA and other relevant government authorities and other organisations on issues relating to regional health data.

## **Planned activities**

### **National health labour force collections**

The annual national labour force surveys of medical practitioners and nurses/midwives will continue as part of the renewal of registration process conducted by State and Territory medical and nursing boards.

The AIHW has undertaken the task of managing the central processing of nursing/midwifery questionnaires on behalf of AHWOC during 2004–05.

The AIHW will explore the potential of obtaining data from the new national medical registration file for benchmarking purposes and to eliminate the problem of estimating the number duplicate records (of medical practitioners who are registered in more than one jurisdiction). It is hoped that taking advantage of this opportunity will greatly improve the quality and reliability of medical labour force data.

The AIHW will support the Australian Workforce Officials Committee (AHWOC) review of the other health professions to be surveyed and their frequency.

During 2004–05, publications based on labour force surveys will be completed for the medical and nursing professions, as well as pharmacy and podiatry if data is available.

### **Nursing publication for DHS, Victoria**

This publication has been prepared under contract to DHS Victoria as a component of a larger DHS project to estimate and project supply and demand of nurses and midwives in Victoria. It will be released in October or November 2004.

### **Australian Medical Workforce and Australian Health Workforce Advisory Committees**

The Institute is represented on the Australian Medical Workforce Advisory Committee and the Australian Health Workforce Advisory Committee. The Institute provides technical support to AMWAC through the preparation of papers on medical work force issues, statistical profiles of the work force as a whole and subgroups (such as medical specialties) within the health work force.

AMWAC projects scheduled for 2004-05 include a 'models of care' study on diabetes and reviews of the general surgery, cardiothoracic, plastic surgery, paediatric, vascular surgery and urology specialties. Through AHWOC, AMWAC will also provide ongoing support for the medical labour force collection and has already provided some funding for the review of the questionnaire.

In 2004-05, AHWAC will be undertaking a supply and demand study on either physiotherapy or podiatry, building on the allied health data project commenced in 2003-04 and the AIHW will provide technical support for this project. Through AHWOC, AHWAC will provide on-going support for the nursing labour force collection.

## **Development work**

The AIHW will work jointly with AHWOC to develop data collections for key non-regulated allied health professions. AHWOC has commenced work on this by defining what is meant by 'allied health' and identifying the professions for which there is high priority for data. AHWOC and the AIHW will work closely with stakeholders in those professions to develop appropriate data items and a survey vehicle to collect them.

As was the case in 2003–04, the labour force publications for 2004–05 will be slimmer than in previous years as the backlog and future build-up of publications (a consequence of the much speedier processing time) is cleared. The intention is to return in 2005–06 to the production of larger publications with more analytical content, using a wider range of data sources to focus more on current issues.

Following the previous project to impute missing values arising from partial non-response to the medical and nursing surveys, work will continue to refine the editing processes to further improve the quality of those collections. These new methods will be progressively applied to the remaining health labour force collections.

AHWOC is currently undertaking a data development project for the health labour force collections, recognising that the AIHW has already paved the way with data development for the nursing and medical collections. AHWOC and the AIHW will work closely together to complete the project. Resulting from this, there will be suggested changes to elements included in the MDS and to categories within those elements in the National Health Data Dictionary. AHWOC will assume responsibility for proposing changes to the NHDD to the appropriate health data standards committees.

AHWOC has also commenced a systematic review of the remaining 'allied health' health labour force collections, starting in 2003. The AIHW will be working closely with AHWOC in 2004–05 to develop or re-develop those collections. Further data development work will ensue from this project.

**Planned outputs – Labour force and rural health**

New questionnaire for 2005 Medical labour force census

Revised questionnaire for 2005 Nursing/midwifery labour force census

Nursing/midwifery labour force 2003 and 2004 reports

Nursing labour force, Victoria, 2003 report

Medical labour force 2002 and 2003 reports

Various reports to the Australian Medical Workforce Advisory Committee and to the Australian Health Workforce Advisory Committee, and joint publications with AMWAC and AHWAC

Contributions to *Australia's Welfare 2005*

*Rural , regional and remote health – Report against the indicators*

Dental labour force in Australia, 2003

Dentists Practice Activity

Projections of Dental Labour Force

Dental Hygienist Labour Force 2003

Dental Therapist Labour Force 2003

Practice patterns of Oral and Maxillofacial Surgeons in Australia

## **Health and Welfare Expenditure**

### **Objectives**

- Inform policy and planning decisions by providing timely and accurate information about health and welfare expenditure in Australia by area of expenditure, by State and by provider of funds, and in comparison with other countries.
- Assist and advise the relevant departments of the Commonwealth, State and Territory Governments regarding the development of data and collection systems, to facilitate the reporting of comprehensive expenditure data that are comparable across jurisdictions.
- Identify the expenditure information needs of health and welfare service consumer organisations and respond, where feasible, with appropriate analyses and reports.

### **Planned activities**

#### **Data development, collation and collection**

The health expenditure database will be further developed to comply with the OECD's System of Health Accounts. This will enhance the comparability of Australian data with that of other OECD countries.

The AIHW will continue its liaison with the Australian Bureau of Statistics and the Commonwealth Grants Commission to help rectify inconsistencies in the health and welfare services expenditure data collected and reported by them.

The AIHW will liaise with current and potential users of welfare expenditure data and with data providers to evaluate the usefulness and limitations of current outputs. It will also discuss the possibility of extending the range of expenditures captured and analysed.

The AIHW has been commissioned to coordinate national data development activities for the Aboriginal and Torres Strait Islander Health Expenditure Project, and is providing secretariat functions for a cross-jurisdictional Data Development Working Group.

#### **Analysis and reporting**

Health and welfare expenditure data will be analysed and published by source of funds (government and private expenditure) and by area of expenditure, in real and current terms and by State.

Analysis of data on health expenditure for Aboriginal and Torres Strait Islander people will cover government and private sector expenditure, expenditure by State and area of expenditure.

**Planned outputs - Health and welfare expenditure**

*Welfare expenditure Australia 2002-03*

*Health expenditure Australia 2002-03*

*National public health expenditure 2001-02 & 2002-03*

*Expenditures on health services for Aboriginal and Torres Strait Islander people*

Provision of health and welfare services expenditure data to OECD and WHO

## **Aboriginal and Torres Strait Islander Health and Welfare Unit**

### **Objectives**

- To coordinate and/or undertake the collection and analysis of data and information on the health and welfare of Aboriginal and Torres Strait Islander peoples.
- To inform community debate, and support the development of public policy in the area of Aboriginal and Torres Strait Islander Health and Welfare through timely data development, collection, analysis and publication.

### **Planned activities**

#### **Development of national indigenous housing data**

Develop the national data collection for the National Reporting Framework on Indigenous Housing, including the development of a data manual for the collection of national data. Co-ordinate and advise on indicators to be reported in the National Reporting Framework for Indigenous housing.

Contribute to the work on the multi-measure needs model of Indigenous housing need, including the development of indicators of Indigenous housing need. Develop and implement the 2005 client satisfaction survey for State owned and managed Indigenous housing.

Provide secretariat support to the National Indigenous Housing Information Implementation Committee.

#### **Contribute to the development of national Indigenous health and welfare data**

Work with providers and users of data to develop a better understanding of requirements for data improvement and data needs, and the unique issues affecting the collection and use of information about Aboriginal and Torres Strait Islander peoples, for example the COAG Indigenous Disadvantage Report and the health subgroup for the Report on Government Services.

Provide expert advice on the best means to strengthen the availability and quality of data and information on the health and welfare of Aboriginal and Torres Strait Islander peoples.

Undertake and coordinate work on the improvement of the quality and availability of data and information on Aboriginal and Torres Strait Islander health for the National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data (NAGATSIHID).

Collaborate with the ABS to progress the work on trends in mortality for Aboriginal and Torres Strait Islanders.

Work with jurisdictions to improve the quality of the data for the jurisdictional reports against the Aboriginal and Torres Strait Islander health performance indicators.

### **National reporting on Indigenous Health and Welfare issues**

Contribute to and co-ordinate the production of the AIHW/ABS 2005 biennial report *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples*.

Coordinate, collate, analyse data and prepare the *National Summary of the 2003 and 2004 jurisdictional reports against the Aboriginal and Torres Strait Islander health performance indicators*.

Collect, analyse the data and prepare the 2003-04 national report *Building a Better Future: Outcomes Report*.

Prepare input on Indigenous issues for Australia's Health and Australia's Welfare.

Prepare ad-hoc bulletins on Indigenous issues.

### **Planned outputs- Aboriginal and Torres Strait Islander Health and Welfare**

Bulletins on key aspects of health for Aboriginal and Torres Strait Islander people (men's health, women's health, risk factors and determinants of health)

Building a Better Future Outcomes Report 2003-04: Annual report on the Australian Housing Minister's ten year statement on new directions for Indigenous housing

Report on the quality of the Indigenous data in the cancer registries