AIHW AUSTRALIAN INSTITUTE OF HEALTH & WELFARE
access
Issue 4
April 2000

Australia's Youth
A picture of health, *mostly*

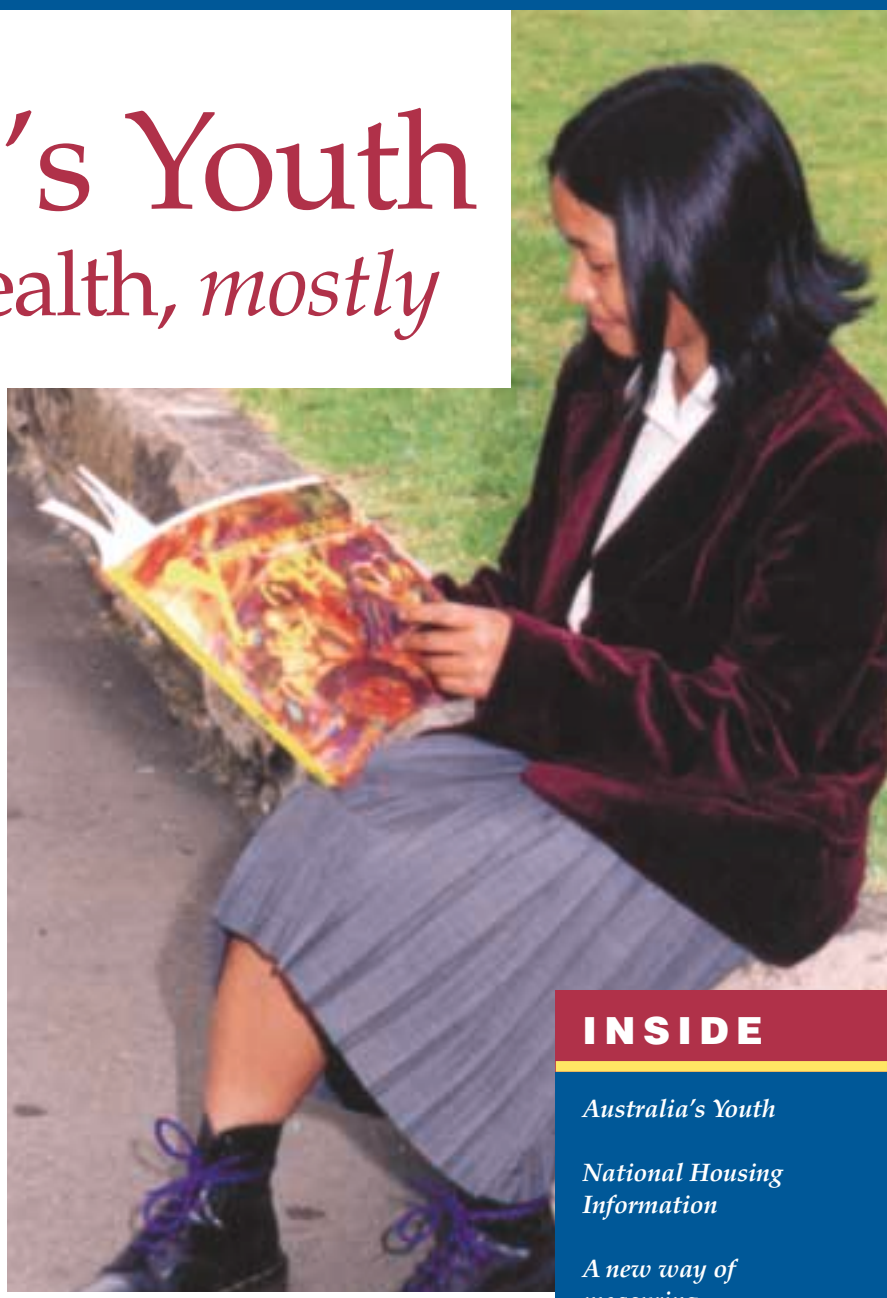
Such was the theme of *Australia's Young People: Their Health and Wellbeing 1999*, released by the Institute on 24 January 2000. The report was launched at the University of Western Sydney's Parramatta Campus by AIHW Board Chairperson and Vice-Chancellor of the University of Western Sydney, Professor Janice Reid, AM.

Professor Reid said that 'two-thirds of young people in Australia rate their own health as either very good or excellent, and this group also has the lowest level of self-reported disability of all age groups.'

'Perhaps that should not surprise us too much, but even more positive is that over recent years the available statistics show an improvement in health…for motor vehicle accidents, the death rates for young people have fallen by over 60% in the last 20 years. HIV infection rates for young men are only about a quarter of what they were in 1991. Teenage birth rates are down to just over one-third of what they were 30 years ago. That's some of the good news, and very good news it is too.'

Professor Reid warned, however, that the good news throws the areas of concern 'into stark relief'.

'And I believe it does so for a few reasons. It does so because much of the bad news is preventable. And, while those of us of, let's say, more 'mature' in years (a wonderful euphemism) can grow to tolerate something less than ideal for ourselves, we always want the best for our young people… And while we can say that young people have better health than their older counterparts, we might also say that this young group is particularly vulnerable to some of the ill-effects of modern society.'



Jai Milner, Youth Representative on the National Youth Health Information Advisory Committee, ponders the report's contents

Continued on page 4

INSIDE

from the Director

CONTENTS

The Institute's mission—'to improve the health and wellbeing of Australians, we inform community discussion and decision making through national leadership in developing and providing health and welfare statistics and information'— clearly gives us a strong national focus in the work we do.

That national role is both enhanced and supported by national information management groups which we support both by membership and by the provision of a secretariat. You will have read about the National Health Information Management Group (NHIMG) and the National Community Services Information Management Group (NCSIMG) in previous editions of *Access*. I am pleased to let everyone know that two new information management groups have recently been formed to develop housing information. The formation of the National Housing Data Agreement Management Group and the National Indigenous Housing Information Implementation Committee is described in this edition of *Access* under 'The Driving Force'. The Institute will provide the secretariat services for these groups.

The NCSIMG is the newer of the currently established information management groups. I am pleased to report that this group is going from strength to strength with Gillian McFee as Chair. It has three important projects in hand:

- Principles and Standards for Community Services Indigenous Population Data
- Scoping Study of Family Support Services
- Minimum Data Set for Juvenile Justice.

These projects have been outlined in previous editions of *Access* and I'm sure we'll be hearing more about them in the future.

NCSIMG is also planning the review of the National Classification of Community Services and to undertake work on data linkage in the sector.

The original information management group is the NHIMG, which has been in existence for seven years and has clocked up many key achievements during that time. Mr Peter Plummer, Secretary of Territory Health Services, has been appointed by AHMAC as the new Chair of NHIMG. Peter has some large shoes to fill, namely those of Dr David Filby and Mr Barry Nicholls, the two previous Chairs. The Institute welcomes this new association with Peter, and looks forward to the further development of NHIMG under his guidance.

All these groups have a common working ethos that is fundamental to their success, namely a collaborative approach. Each party contributes to the work of the group in whatever way it can. The groups work collaboratively and take decisions by consensus. True federalism! The key outcome is that things get decided and implemented.

The Institute has been watching and contributing to the debate on the Commonwealth's new privacy legislation. This will extend the provisions of the *Privacy Act 1988* to the private sector. The proposed amendments have created considerable interest, particularly in the health community because of specific proposals relating to health information.

The Institute became concerned that debate over the new legislation might affect the current collection and dissemination of nationally relevant health information collected for research purposes. The draft material released by the Commonwealth Government to date proposes an extension of current good practice in this regard, based around the approach of institutional ethics committees, and the oversight of the NHMRC's Australian Health Ethics Committee and the Privacy Commissioner. The Institute's Board has discussed the matter and will be carefully monitoring developments.

It was of interest to note that the close scrutiny by the Institute of applications made to access our health and other data holdings has been cited as an example of the need for scrupulous care regarding the use of health information for research purposes (Carter M., 'Integrated electronic health records and patient privacy: possible benefits but real dangers', *Medical Journal of Australia*, vol. 172, p. 28, January 2000).

Richard Madden, Director, AIHW

the driving force

National housing information hits its stride

The year 1999 was a very good year for social housing information and 2000 is even more promising. February 2000 was a landmark.

Information development in housing has lagged behind health and the broad community services sectors. Data on housing assistance is sparse, piecemeal, and inconsistent from one jurisdiction to another.

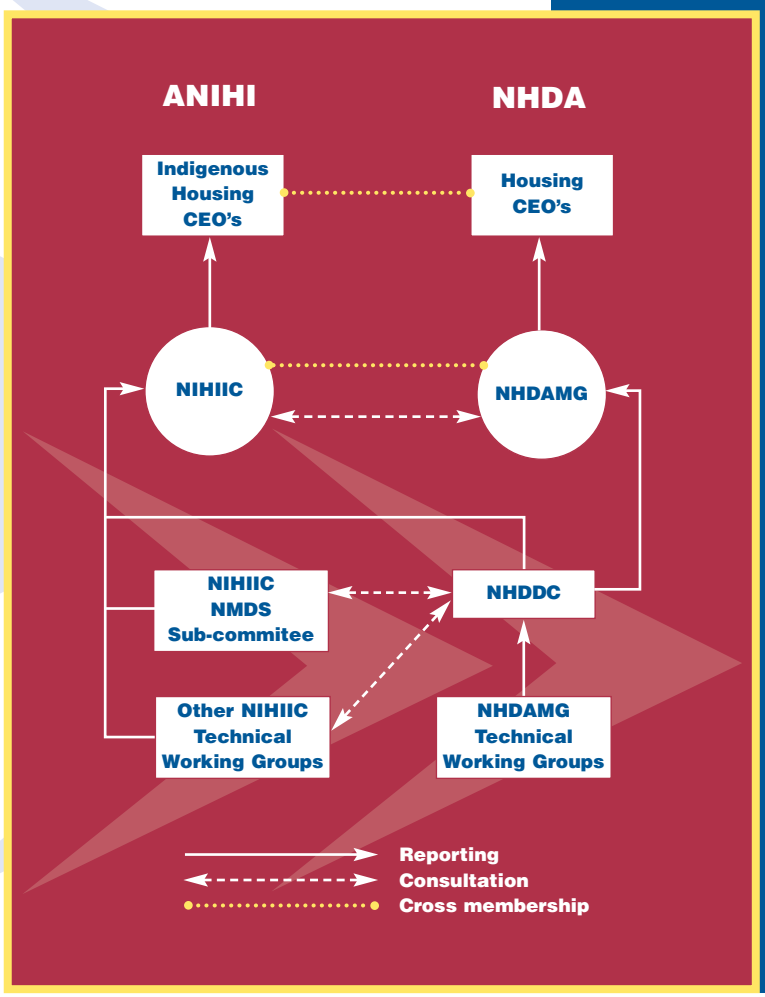
Despite efforts to do so through such avenues as the Productivity Commission's Report on Government Services, *national* data on housing assistance has very poor validity in most areas. This is set to change.

Over the course of 1999, not one but two national housing information agreements were signed: the National Housing Data Agreement (NHDA) and the Agreement on National Indigenous Housing Information (ANIHI). They have mutual recognition clauses and will base their implementation on a single National Housing Data Dictionary. Both agreements recognise the National Community Services Information Agreement (NCSIA) and the National Health Information Agreement (NHIA) and the need for coordination in data development across all sectors.

Implementation of the ANIHI is managed by the National Indigenous Housing Information Implementation Committee (NIHIIC), and the NHDA by the National Housing Data Agreement Management Group (NHDAMG).

The NHDA was signed as a subsidiary agreement to the new 1999–2003 Commonwealth–State Housing Agreement, and, on 10 February 2000, CEOs of State, Territory and Commonwealth housing authorities agreed to meet on a regular basis, like the Australian Health Ministers' Advisory Council (AHMAC) and the Standing Committee of Community Services and Income Security Administrators (SCCSISA), employing the same secretariat. This provides a means for oversight of the housing information process and integration of policy, and strategic and developmental aspects, as is happening in health and community services.

Continued on page 8



Continued from page 1

Australia's Youth—A picture of health, *mostly*

Professor Reid went on to say that it was 'hard to merely accept that injury, including motor accidents and suicides, accounts for two-thirds of all deaths of young people, and that suicide rates for young men have increased by around 70% in the past 20 years'.

'It is distressing that alcohol and drug use disorders affect one in 5 young males and one in 10 young females. As an educator, I am left wondering why school retention rates have actually declined since 1992. Aboriginal and Torres Strait Islander young people have higher death rates than other young Australians, and young people in the lowest socioeconomic group also have higher death rates and are more likely to be hospitalised. Similarly, youths in rural and remote areas have higher hospitalisation and death rates. And unemployed youths were twice as likely to say that their health was poor compared with those employed or studying. These findings, based on the statistics available to us, present some real challenges for governments and all of us in the Australian community.'

Also speaking at the launch were report co-author Ms Lynelle Moon, and Ms Jai Milner, Youth Representative on the National Youth Health Information Advisory Committee.

Ms Moon outlined the collaborative nature of the report, involving input from a wide variety of sources, including the AIHW's Collaborating Units, the National Youth Health Information Advisory Committee, and the Commonwealth Department of Health and Aged Care. The publication was funded by the Department of Health and Aged Care.

Ms Milner said that, although there were many problems 'on the streets' with many young people, she nevertheless took a positive few of the findings. 'We feel healthy, and we support the findings of this report', she said.

Australia's Young People: Their Health and Wellbeing 1999 is the first national report to focus entirely on the health of young Australians. It includes information on major risk factors, injuries and important diseases. It also includes separate sections on Aboriginal and Torres Strait Islander youths, youths living in rural and remote locations, those born overseas, and young people from socioeconomically disadvantaged groups.

Describing the report as 'a collection of excellent information that is the first of its kind', Professor Reid said that, nevertheless, the picture remained 'less than adequate' in some important areas.

'I spoke earlier of vulnerability and modern society, and it's precisely in this arena that we could perhaps be better informed. A number of recent studies support the view that factors such as relationships, family, education, employment and socioeconomic status have a major influence on the immediate and longer term health of young people. These are areas where there is insufficient national information to provide a substantive assessment, not only with respect to youths, but with young children as well. The Institute recognises the importance of these health determinants and seeks to work with others to develop and collect the data necessary to provide national monitoring and reporting.'

Report co-author Lynelle Moon dispenses the facts to an attentive media

A number of recent studies support the view that factors such as relationships, family, education, employment and socioeconomic status have a major influence on the immediate and longer term health of young people.

AIHW Board Chairperson Professor Janice Reid was kept busy by the media after the launch

project reports

Project 1

The burden of disease and injury in Australia: a new way of measuring population health

The results of the first national study of the burden of disease and injury in Australia were released by the Institute in November 1999. This study by the Institute's Colin Mathers and Chris Stevenson in association with Theo Vos from the Victorian Department of Human Services, builds on the work of Dr Christopher Murray and Dr Alan Lopez, at the World Health Organization, but modifies their methods for the Australian context.

The main analytical tool used for measuring the burden of disease is the disability adjusted life year or DALY. The DALY extends the common mortality measure of potential years of life lost to include equivalent 'healthy' years of life lost due to ill-health or disability. It can be used as a comprehensive summary population health measure or it can be divided into a mortality component, designated as years of life lost (YLL), and a disability component, designated as equivalent 'healthy' years of life lost due to disability (YLD).

Illness, injury, impairment, disability and mortality arising from a comprehensive list of 176 diseases and injuries, including coronary heart disease, stroke and the major cancers were measured using the DALY. These were combined into 22 major disease and injury groups. The report also provided estimates of the disease and injury burden associated with 10 major risk factors, including tobacco, alcohol, high blood pressure and physical inactivity, and with the six National Health Priority Areas.

Burden of disease analysis provides a unique perspective on health—one that integrates fatal and non-fatal outcomes, yet also allows the two classes of outcomes to be examined separately. It allows comparisons of the disease burden by different diseases or between different population groups in a way that produces a picture that differs from traditional mortality analysis. For example, Figure 1 presents the top 10 causes of death in 1996, while Figure 2 presents the top 10 contributers to burden of disease. Mental disorders and musculoskeletal conditions do not appear in Figure 1 because of their low mortality burden but have a prominent place in Figure 2 because of their high disability burden.

Burden of disease analysis itself does not constitute a decision making tool, but it can complement cost-effectiveness analysis in health priority setting by highlighting those areas with a high disease burden. For example, the high burden attributable to mental disorders supports the identification of mental health as one of the national health priority areas.

Burden of disease analysis can also be used to assess equity in health priority setting by identifying and measuring disease burden differences between population groups. It provides a unique tool for population health monitoring and for assessment of interventions or other factors which may influence the overall burden of disease.

The report is published by AIHW and is entitled *The Burden of Disease and Injury in Australia*. It includes detailed information on methods, assumptions, data sources and results. The full report and a smaller summary report are available on the Institute's web site at http://www.aihw.gov.au or they can be ordered from Government Info Shops in each capital city or from AusInfo mail order sales (toll free phone 132 447).

The work was partially funded by the Commonwealth Department of Health and Aged Care.

For more information, please contact Chris Stevenson, AIHW ph. (02) 6244 1041, or e-mail: chris.stevenson@aihw.gov.au

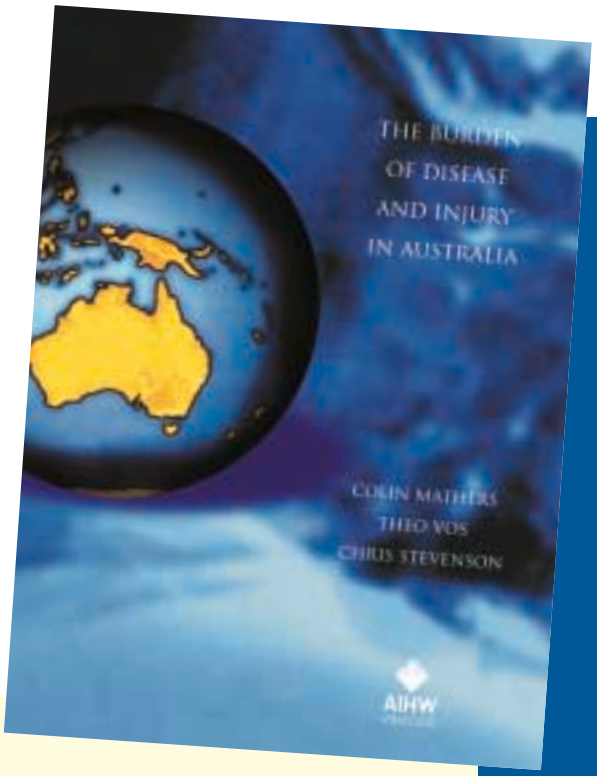


Figure 1:

The top 10 causes of death, Australia, 1996

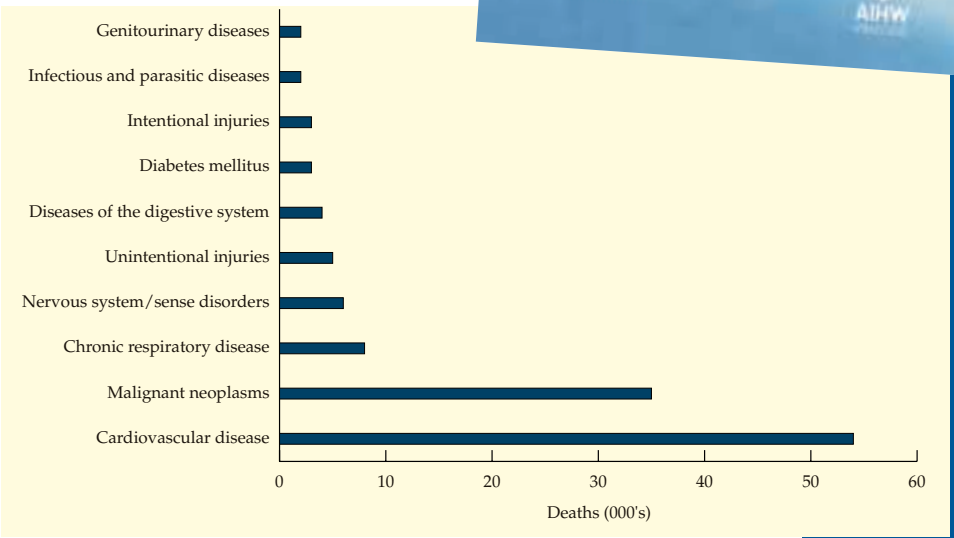
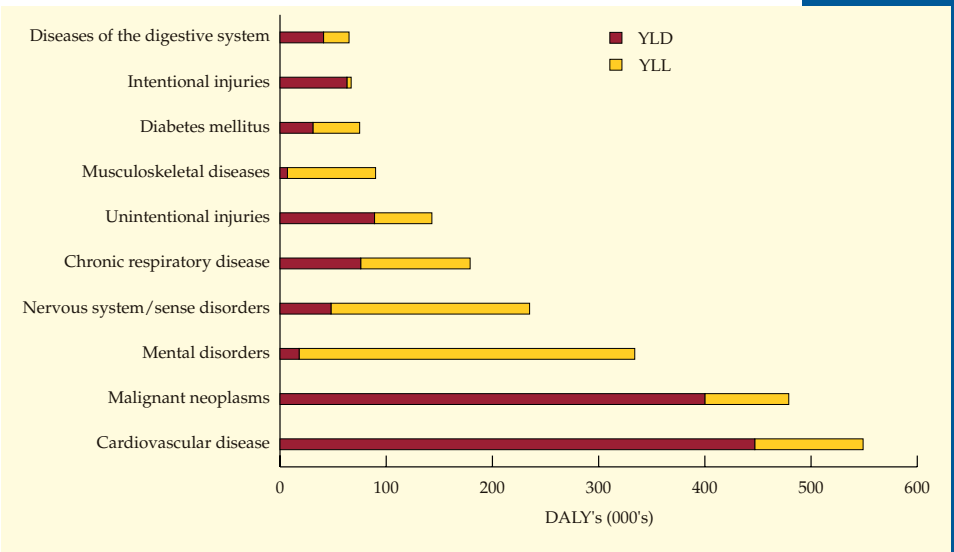


Figure 2:

The top 10 causes of burden, Australia, 1996



project reports

Project 2

Older women: past, present and future

Staff of the Aged Care Unit have recently completed a theme paper on older women, commissioned by the Office of the Status of Women for their publication *Women in Australia 1999*.

The paper examines four different generations of women born during the twentieth century, developing a comprehensive picture of the impact of the particular social and economic environment prevalent over their lifetimes on their circumstances as they enter old age. With each generation, Australian women have secured substantial improvements in their health, education, welfare and economic independence. Their participation in the paid workforce has increased markedly, in relation to both full-time and part-time work. Yet many things have also remained the same. Most women enter old age having been married or in some type of long-term relationship, and most will outlive their partner. Most will have moved in and out of paid work, have had children or have cared for someone. Many women, when they do eventually retire, have less superannuation or savings and investments of their own than do men and are often reliant on the Age Pension.

The paper, written by Diane Gibson, Christine Benham and Edith Gray, documents the extent and pattern of these changes in the lives of women over the course of the twentieth century. The publication *Women in Australia 1999* is available from AusInfo.

For more information, please contact Diane Gibson, AIHW ph. (02) 6244 1190 or e-mail: diane.gibson@aihw.gov.au

Driving Force – Continued from page 3

National housing information hits its stride

In February 2000, the first meetings of the NIHIIC and the NHDAMG were held. Administrative arrangements for the first year of operation were agreed on, including appropriate means of consultation and cooperation between their managements. The NHDAMG also convened its Data Development Committee, which will take the central role in relation to the National Housing Data Dictionary. Again, this relationship is similar to the existing operations for the national data dictionaries for health and community services. A workshop to determine measures for 11 performance indicators for public and community housing was held in March.

The NIHIIC also established its primary technical group—the National Minimum Data Set (NMDS) Sub-committee—which will liaise with and advise the National Housing Data Development Committee on issues relating to Indigenous data. This group also convened in March. In addition, the NIHIIC endorsed its first project for inclusion on the National Indigenous Housing Information Work

project reports

Project 3

Website Indigenous Statistics Education (WISE)

WISE is a new internet resource designed to introduce school students and other interested audiences to statistics about Indigenous Australians.

The project has been a joint effort between the National Education Services Unit (NESU) of the Australian Bureau of Statistics (ABS) and the Aboriginal and Torres Strait Islander Health and Welfare Information Unit (ATSIHWIU), a collaborating centre of the AIHW. The latter is located in the National Centre for Aboriginal and Torres Strait Islander Statistics (NCATSIS) in the Darwin office of the Australian Bureau of Statistics.

WISE, part of the ABS web site, has been designed as a tutorial showing why Indigenous statistics are important, how the ABS collects Indigenous statistics, issues in identifying Indigenous people and in estimating the population, and detailed information about the size and distribution of the Indigenous population. Extensive use of coloured maps and other visuals add to the appeal of the site, as do a range of activities and research tasks designed to involve students in the material and enhance their understanding. Reference and bibliography sections enable users to extend their knowledge.

Subject to user feedback, plans to expand the site in 2001 will be developed this year.

How to find WISE:

1. Access the ABS web site at www.abs.gov.au
2. Click the Themes button on the Navigator Bar
3. Click the Education Services link
4. Click the WISE link.

For more information, contact
Mary Beneforti, ABS ph. (08) 8943 2194 or
e-mail: mary.beneforti@abs.gov.au

Program. This project will investigate existing data where possible and examine the feasibility of developing other sources of data on the lifecycle of dwellings in remote Aboriginal and Torres Strait Islander communities. The aim is to model future construction and maintenance options for rural and remote housing.

The operational outline for the implementation of the two housing information agreements is shown in the figure (on page 3). This is more complicated than the National Community Services Information Management Group (NCSIMG) and National Health Information Management Group (NHIMG) operations because two agreements are involved.

For more information on the NIHIIC, NHDAMG or other housing information issues, please contact Ian Lester, AIHW ph. (02) 6244 1126 or e-mail ian.lester@aihw.gov.au

Register Now!

Australia's Health Conference 2000

Health, health statistics and health action will be the major focus for AIHW's one-day conference on the state of the nation's health, to be held on Thursday 22 June 2000 at the Manning Clark Theatre, Australian National University, Canberra.

Launch of *Australia's Health 2000*

The Australia's Health 2000 Conference coincides with the official launch of Australia's premier health publication, *Australia's Health 2000*, by the Minister for Health and Aged Care, the Hon. Dr Michael Wooldridge, MP.

Keynote speakers

Highlights of the conference program include the keynote speakers:

- Professor Janice Reid, AM, Vice Chancellor and University President, University of Western Sydney, Chairperson of the AIHW Board
- Emeritus Professor the Hon. Peter Baume, AO, Chancellor, Australian National University, Canberra; Head of School of Community Medicine, University of New South Wales; 1997–2000.

Professor Reid will present a session entitled 'Health in the information age'. Professor Reid is a recipient of several awards and honours both in Australia and overseas, and has served on the boards of public agencies at State and Federal level in the health, welfare, education and cultural fields. She was made a Member of the Order of Australia in January 1998 for her services to cross-cultural public health research and the development of health services to socioeconomically disadvantaged groups in the community.

Professor Baume will provide participants with an insight into the world of health information and how it can be used, in his session titled 'From health information to health action'. A former Senator for New South Wales, Professor Baume has also been Director of Sydney Water since September 1998. He chaired the Australian Sports Drug Agency from 1991 to 1999, and has also served on the Drug Offensive Council of NSW, the NSW Branch of the Public Health Association, and the editorial board of Modern Medicine of Australia. He has also worked as a consulting physician, and as a Visiting Professor at the University of Hong Kong, Newcastle University and Greenslopes Hospital in Brisbane.

Concurrent sessions

AIHW subject matter specialists will present the conference's subsequent concurrent sessions. Topics will include: Health across the century, Burden of disease in Australia, Determinants of health, Health in National Health Priority Areas, Health of population groups, Institutional and community health care, Health system performance, and Challenges for health information.

Stakeholders perspective

'Health in Australia: a stakeholder's perspective' is the focus for the conference's final session, which will include panellists from consumer and health provider peak bodies, research institutions, government policy makers and administrators.

Registration and conference program

A registration form and proposed conference program are enclosed with this edition of AIHW Access. The registration fee of $250 includes a copy of *Australia's Health 2000*, morning and afternoon teas, and a full buffet lunch.

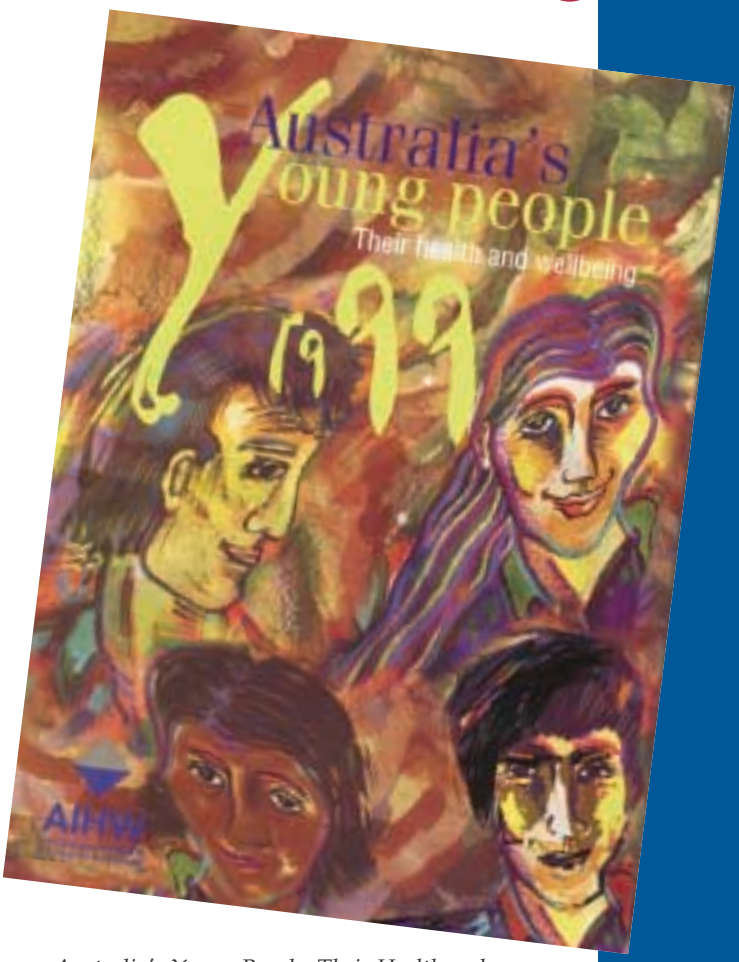
For more information, please contact the Conference Coordinator, Greer Dixon, ph. (02) 6244 1031, fax (02) 6244 1044, or e-mail: greer.dixon@aihw.gov.au

The author team (L to R): Lynelle Moon, Paul Meyer and Jacqueline Grau

Australia's Young People: Their Health and Wellbeing 1999

This is the first national report on the health status of young Australians aged 12–24 years.

It provides comprehensive information from currently available data sources, and is the second in a series of reports on child and youth health. *Australia's Young People: Their Health and Wellbeing 1999* includes information on important diseases and injuries, major risk factors and wider determinants of health. Separate sections are presented on the health status of particular priority groups: Aboriginal and Torres Strait Islander youth, young people living in rural and remote locations, young people born overseas and those from socioeconomically disadvantaged groups. This report will be relevant to anyone interested in youth health, including health planners and administrators, community and hospital practitioners, academics, researchers, and the general public.



Australia's Young People: Their Health and Wellbeing 1999 (278 pp.) available from AusInfo. (Cat. No. PHE 19, $35.00)

from the Inside

The National Key Centre

The National Key Centre for Social Applications in Geographical Information Systems was established in December 1995 as an organisation with a specific interest in teaching and research in spatial information, demographic analysis and community planning using the technology of geographical information systems (GIS).

Its vision is to become an international leader in the application of GIS technologies to social and community planning programs.

Based in the University of Adelaide, the Key Centre's core partners are the three South Australian universities, the Department of Transport, Urban Planning and the Arts, the Department of Environment, Heritage and Aboriginal Affairs, and the Australian Bureau of Statistics. In August 1999, the Key Centre and the AIHW signed a Memorandum of Agreement to establish a relationship between the two organisations which will:

- enable the AIHW to access the spatial information infrastructure of the Key Centre;
- provide the Centre with access to health-related databases held by AIHW; and
- establish the basis for collaborative work involving the expertise of both organisations.

The Key Centre has several research groups, including New Technologies in Spatial Information, Population Dynamics, Metropolitan Planning, Non-metropolitan Planning and Health Planning. The Health cluster will derive some of its impetus from the establishment, within the University of Adelaide, of the Public Health Information Development Unit (PHIDU).

During 1998 and 1999, the Key Centre worked on a number of health-related projects, many of them stemming from its work in developing ARIA — Accessibility/Remoteness Indicator for Australia.

Accessibility/Remoteness Indicator for Australia (ARIA)

In 1998 the Key Centre, in association with the Commonwealth Department of Health and Aged Care, used a GIS approach to develop ARIA, which computed an index of remoteness for every populated locality in Australia — and there are 11,800 of them! This remoteness classification has replaced the Rural, Remote Metropolitan classification for Australia (RRMA) index based on local government areas, and the Australian Bureau of Statistics is investigating using ARIA as the official standard measure for remoteness in Australia.

ARIA values for populated localities, postcode areas and statistical local areas can be seen on the Key Centre's web page at http://www.gisca.adelaide.edu.au/kra/index.html.

Full details of the ARIA project have been published by the Department of Health and Aged Care as Occasional Paper Series No. 6, *Accessibility/Remoteness Index of Australia (ARIA)*, March 1999.

GP ARIA

As a result of ARIA, the Key Centre has also completed work for the Department of Health and Aged Care developing a comparative index of GP 'attractiveness' for all population localities in Australia. This index will be used to assist in determining those locations and GPs that are eligible for a

for Social Applications of Geographical Information Systems

remote allowance. The index incorporates into the general ARIA index indicators for social and professional isolation.

Female GPs in rural Australia

The Key Centre has identified those parts of Australia which are more than 50, 80 and 100 kilometres from the nearest female general practitioner, thereby indicating where the population has limited access to female GPs.

Health service provision in rural Australia

As part of its work for the Department of Transport and Regional Services and the Department of Health and Aged Care, the Key Centre has used the ARIA database to show the level of accessibility in rural areas to a range of services, including health services such as doctors, hospitals, aged care facilities, multi-purpose health centres and Aboriginal medical centres. Maps have been prepared showing the distribution of these services, the identifications of towns located more than 80 kilometres from the nearest service, together with tables and commentaries identifying the number of people with poor accessibility to the service, the proportion of each State's population involved, and the breakdown of this locationally disadvantaged population into Indigenous and non-Indigenous proportions.

Aged care and accessibility in South Australia

The Key Centre is preparing a report for the Office of Ageing in South Australia which not only examines the distribution of aged care facilities (nursing homes and hostels) in that State but, more importantly, also looks at the relationship between supply and demand for aged care accommodation and the extent to which these facilities are available within the community of the person seeking the care.

Service area studies

The work completed in and around ARIA will enable the Key Centre to define catchment boundaries that cross administrative boundaries (for example, statistical local areas) and more realistically depict the actual population base that is served by a particular service, be it a health service or some other service. Further, the Centre is developing methodologies which will allow for a more accurate determination of the size, and demographic characteristics, of the population located in these service areas by obtaining population estimates for small country towns, masking out non-residential land, and hence better estimating the population when catchment boundaries cross administrative boundaries.

For further information, contact Professor Graeme Hugo, Director of the National Key Centre, ph. (08) 8303 3868, e-mail: graeme.hugo@adelaide.edu.au, or

Mr Errol Bamford, Senior GIS Specialist, ph. (08) 8303 3470, e-mail: ebamford@gisca.adelaide.edu.au

Information on the Key Centre can also be obtained from its web site at www.gisca.adelaide.edu.au

spotlight

on Linda Apelt

When Linda Apelt first left her rural home town in Far North Queensland bound for Brisbane at just 18 years old, she could never have imagined that the track would one day lead her to head an organisation that helps more than 180,000 Queensland households each year. Back then, all roads out of Ravenshoe led to a teaching career—a far cry from securing affordable housing for those in need.

'It was a dramatic career change at the time after teaching in schools for 10 years but there are a lot of parallels between education and social housing policy', Linda said. 'If the long-term unemployed have access to affordable accommodation they have a greater chance of retaining employment and their families will be better able to access the education system and maintain good health.'

As Chief Executive Officer at the Department of Housing in Queensland for almost two years now, Linda brings a valuable asset to the AIHW board—her department's research into the links between social policy, housing and health. 'I see the AIHW as an important body to ensure that linkages between health, welfare and housing continue to be made. Our department has invested a lot of research in this area, so we can help the government decide how to best spend their money.'

‘I love the challenge involved in dealing with the business side and the complexity in social policy.’

Housing is indeed big business. The Department of Housing in Queensland has about $4.5 billion in assets, which includes ownership of around 54,000 public houses, and a turnover in excess of $500 million a year. Yet, for Linda, the most exciting part about her job is knowing that she can make a difference to people’s lives.

‘I love the challenge involved in dealing with the business side and the complexity in social policy. Too often people make the mistake of saying that we produce houses and that’s it—but really it’s just the means and mechanics of achieving real health and welfare or community services outcomes. The greatest satisfaction for me is that there’s never any doubt that providing housing assistance to people who need it makes a big difference to their lives within the community.’

It was this desire to work with the community that attracted Linda to teaching high-school children early on in her career. After completing a Diploma in Secondary Teaching in the 1970s, she taught in a variety of schools in Brisbane before being appointed Manager, Education of Girls Policy Section and, later, a Senior Policy Officer (Equity) with the Queensland Department of Education. Her move to the housing sector came when she was seconded to the then Queensland Department of Housing, Local Government and Planning as Manager of the Rental and Community Housing Division. She was later appointed General Manager of the Department’s Corporate and Executive Services.

‘This work was the steepest learning curve of my career due to the sheer breadth of the government’s housing assistance program. You can’t take for granted that people will always have good housing, because people from all walks of life can suddenly have unexpected experiences that can turn their lives around.’

Aside from her busy work schedule, her two daughters, aged 5 and 9 years, and their hectic sporting schedule consume Linda’s homelife. ‘The highlight of my week is to watch my daughters taking their swimming, hockey, tennis and tap dancing lessons—my family is my true passion in life.’

Travelling across the State to 17 different area offices as part of her work does not leave much time to pursue hobbies and sporting interests but Linda does believe in the adage that exercise should be taken ‘regularly, not seriously’ and uses the time walking her dog each morning or swimming to clear her head.

And what does the future hold for her?

‘Whatever I do, I’d still like to stay in the social policy area. At the moment I’m enjoying the CEO role enormously but whether I stay in that role in housing or another organisation remains to be seen. At the moment, I enjoy travelling and meeting people who are receiving housing assistance. It’s enormously satisfying to see people in need of good housing get back on their feet again.’

soap box

Public health

information on wh

Mark Cormack, National Director, Australian Healthcare Association

It is no secret that Australia spends over $47 billion or 8.4% of its gross domestic product (GDP) on health care. By international comparison we seem to be doing reasonably well in containing our overall expenditure in this area. We have maintained a universal health insurance scheme that gives us access to a basic package of primary, hospital and extended care services, which are either free at the point of service delivery or have a heavily subsidised co-payment. The Medicare principles, which underpin our system, are well supported by the community and have withstood successive changes of government.

This is not to say that everything is rosy. Demand for healthcare services continues to grow, fuelled by population forces, the progressive development and uptake of new methodologies/technologies of care, and the continued high expectations of the community who see equitable access to good quality health care at an affordable price as a key societal value.

Our national and State health funding and payment arrangements are set up in such a way as to reward the consumption of health care with funding, while the critical issues of priority setting (rationing), quality, outcomes and efficiency receive somewhat less attention. This, of course, is unlikely to continue, with clear evidence emerging that funders, purchasers and consumers of healthcare services are increasingly interested in these latter issues. Notwithstanding this change in emphasis, the action required is not as politically positive as shovelling money into new programs.

We continue to see calls from the States for an increased Commonwealth contribution to health outlays, while others want the retention of the East Timor Levy to bolster public health funding. Those less ideologically committed to Medicare seek the imposition of means testing and user charges for basic public hospital services, and/or increasing subsidisation of the private healthcare system for those who can afford it or choose to access it.

Our new tax system, according to most economic commentators, will deliver a more reliable and growing revenue stream for a range of public services. It is hoped that this will translate into new health program funding, but that decision will increasingly fall to State and Territory Governments based on their assessment of public priorities and value for money.

All of the above serve to emphasise the priority that is afforded to the sourcing and outlaying of taxpayer funds on public healthcare programs. But what are we getting for our 8.4% of GDP? And how serious are we at the present time in investing in the accurate measurement of both outputs and outcomes of public healthcare funds?

To illustrate the point it is worth considering one of the most recent new health programs, the Private Health Insurance Incentive package. One of the key objectives of the Federal Government's policy of supporting individuals who choose to use the private hospital sector is to relieve the pressure on public hospitals. This policy initiative has resulted in one of the largest new health program investments seen in recent years. By 2003 it is projected to cost $2.19 billion annually.

Indicators of the success of this program include the level of private health insurance coverage in the population, and the rate of increase in annual premiums. The data to support the first of these (percentage of the population with insurance) is available approximately six weeks after it is collected. Premium increases can be assessed within a 12-month period and progressively over time.

Contrast this with potential indicators of 'pressure relief' on public hospitals—waiting times for surgery by urgency category, emergency department waiting times, weighted activity, etc.—and the lead time is probably closer to 18 months. Not only do the data take much longer to become available, but much of it is also not directly comparable.

The AIHW hopes that Soap Box will allow people outside the Institute to contribute to the debates and discussions concerning data and information. Soap Box will give voice to discussion without prejudice or bias. Therefore it must also be stated that the views contained in Soap Box are not necessarily the views held by the Institute.

ncare industry

at the system delivers

The Productivity Commission's *Report on Government Services 2000* describes 19 potential broad-brush indicators of effectiveness and efficiency in public hospital services. It concludes that not only is the latest available data in February 2000 that which pertains to 1997–98, but also that only six of these indicators are comparable across the States. This is, however, much better than that which applies to community health. In this important program area there are *no* comparable national indicators at all.

For the consumer and taxpayer, there is minimal readily available information for them to assess:

- the relative performance of service providers on efficiency;
- whether the procedures and treatments are delivered on the basis of the best available evidence;
- whether the safety and quality of the services delivered are at a known level of risk; or
- which providers deliver the best results in terms of health outcomes.

For the funders and purchasers of public healthcare services, the situation is little better.

In some ways the high level of public and political support for the public healthcare system, and the correspondingly high level of trust that is placed in professional care providers, has muted the call for timely, consistent, accessible, comprehensive and meaningful information on what the system delivers. Our continued focus on sources and levels of outlays has contributed to historical under-investment in national information systems that are able to answer the basic questions that should be asked about what we deliver with our share of the $47 billion.

It is, of course, much more than just under-investment. It is about the nine individual governments that are involved in the management of the healthcare systems, their history of separatist approaches to national standardisation, their respective layers of handling and processing, and a tacit acceptance that timeliness is just not that important.

All of this is not to say that progress is not being made. Indeed, there are a myriad of productive and cooperative approaches in place to overhaul and improve our health information systems. The work done by the AIHW, the National Health Information Management Group and the new National Health Performance Committee is testimony to this. They just deserve a much higher level of recognition, support, investment, and authority to deliver than they have been given to date.

The future for public health care is characterised by:

- growth in demand that seems to know no bounds;
- consumers and taxpayers who want to know more than just how much the annual bill will be;
- purchasers who will demand better evidence of effectiveness, quality and safety;
- governments that need to more aggressively address priority setting; and
- competing priorities for available public funds, such as defence, the environment, rural programs and education.

Against this backdrop, timely, meaningful and accessible information about the public healthcare system's performance as a whole becomes its lifeblood. Our number one priority for new public healthcare expenditure should be improving our national information management effort through:

- a focus on simplifying inter-jurisdictional arrangements;
- furthering the process of standardisation;
- informing the public through better access; and
- significant additional investment.

The forces massed against the public healthcare system are great. Quality national information is its best defence.

New Director for ATSIHWIU

It is with great pleasure that AIHW announces the appointment of former staff member, Dr Janis Shaw, to the position of Director, National Centre for Aboriginal and Torres Strait Islander Statistics (NCATSIS), located in the Darwin office of the Australian Bureau of Statistics (ABS). In this role, Janis also heads the Aboriginal and Torres Strait Islander Health and Welfare Information Unit (ATSIHWIU), a collaborative project between AIHW and ABS.

Many readers may know Janis from her work as Head of the Community and Mental Health Services Unit at the AIHW. Since joining the Institute in 1995, Janis has directed the development of national minimum data sets in mental health care, alcohol and other drug treatment services, and palliative care. She was also responsible for the Institute's hospital performance reporting. She represented the Institute on a number of inter-governmental forums and had carriage of health services performance indicator developments. Janis was also the elected staff representative on the AIHW Board for two years from July 1997.

Janis has an impressive background, including a PhD in Epidemiology and Population Health from the Australian National University (ANU). She completed her first degree in Psychology before working at ANU for more than a decade as a member of staff and then as a full-time graduate student. She then undertook a short post-doctoral study at the University of Canberra, and from there moved to the Institute. Janis' research background includes studies in HIV/AIDS, youth health and wellbeing, and human sexuality.

In her new role, Janis aims to build on the linkages and networks with key groups concerned with Aboriginal and Torres Strait Islander health information forged under the leadership of her predecessor, Tony Barnes. It is a challenging time to be taking on the job. There is a real need for information to help monitor Australia's progress in reducing the social and economic disadvantage of Aboriginal and Torres Strait Islander peoples, and an array of work is under way to produce quality data to this end.

More specific challenges for NCATSIS and ATSIHWIU are the need to make substantial improvements in the quality and comprehensiveness of data collections, to achieve the objectives set for Aboriginal and Torres Strait Islander statistical development at ABS, and to meet stakeholder calls for improvements in statistical information.

Outside of work, Janis is enjoying the warm weather, friendly people, and casual lifestyle at the Top End, but, having arrived during one of the wettest Februaries on record, she is now looking forward to the end of the wet and some clear night skies!

The Institute looks forward to working with Janis in her new role, and wishes her well in her endeavours.

AIHW Publications

Older Australia at a Glance (second edition)

Prepared by AIHW and the Office for Older Australians in the Commonwealth Department of Health and Aged Care, this publication provides an overview of the health, wellbeing and social circumstances of older Australians and their health and welfare services. It includes information on: the demography of older Australians; the health and wellbeing of older people; wellbeing and productive ageing; families and caring, including formal and informal care; retirement, income and housing; health services used by older Australians; aged care services; the aged care system; and expenditure trends.

Older Australia at a Glance (78 pp.) is available from AusInfo. (Cat. No. AGE 12, $15.00)

SAAP NDCA Annual Report Australia 1998–99

Commonwealth–State Governments' Supported Accommodation Assistance Program (SAAP) provides support and accommodation for people who are homeless or at risk of homelessness.

This report presents comprehensive nationally consistent quality information about SAAP agencies across Australia and their clients for 1998–99 including demographic characteristics of SAAP clients, reasons for their need of assistance, types of services used, and the usage of services among different groups of clients.

Nearly 91,000 people received support and/or accommodation under the SAAP program in 1998–99. This figure compares with 94,000 clients assisted in 1997–98, and the 83,000 clients assisted in 1996–97. These 91,000 people had about 163,000 support periods throughout the year.

SAAP NDCA Annual Report Australia 1998–99 (254 pp.) is available from AusInfo. (Cat. No. HOU 38 $10.00)

Recent releases

December

AIHW Corporate Plan 1999–2002	(Cat. No. AUS 18)	Free
AIHW Work Program 1999–2000	(Cat. No. AUS 17)	Free
Australia's Mothers and Babies 1997	(Cat. No. PER 12)	$19.95
The Definition, Incidence and Prevalence of Acquired Brain Injury in Australia,	(Cat. No. DIS 15)	$15.00
Morbidity of Vietnam Veterans: A Study of the Health of Australia's Vietnam Veteran Community	(Cat. No. PHE 20)	$15.00
Older Australia at a Glance (second edition)	(Cat. No. AGE 12)	$15.00
Older People, Australia: A Social Report*	(ABS Cat. 4109.0)	$25.00

January

Australia's Young People: Their Health and Wellbeing 1999	(Cat. No. PHE 19)	$35.00
Year Book Australia*	(ABS Cat. 1301.0)	$77.00

February

Comparability of Child Protection Data	(Cat. No. CWS 9)	$15.00
Palliative Care Information Development: Progress Report on the National Minimum Data Set for Palliative Care	(Cat. No. HSE 8)	$15.00
Comparison of Data Items in Selected Children's Services Collections	(Cat. No. CFS 3)	$15.00
Institutional Mental Health Services in Australia 1997–98	(Cat. No. HSE 7)	$20.00

March

Adoptions Australia 1998–99	(Cat. No. CWS 10)	$10.00
SAAP National Data Collection Annual Report 1998–1999 Australia	(Cat. No. HOU 38)	$10.00
Waiting Times for Elective Surgery 1995–96 and 1996–97	(Cat. No. HSE 4)	Free

***To purchase or enquire about ABS publications contact:**
Client Services, Australian Bureau of Statistics
PO Box 10, Belconnen ACT 2616
Tel. (02) 6252 6627 Fax (02) 6252 5249 Subscription service: 1300 366 323
E-mail: client.services@abs.gov.au
http://www.abs.gov.au

Where to get AIHW publications

All AIHW publications are available from Government Info Shops in each capital city or from AusInfo (formerly AGPS) mail order sales
Phone toll free 132 447 or
use the order form supplied on the back of the address sheet

access

Access is published three times a year by the Australian Institute of Health and Welfare.

For subscription details contact us:
Ph: (02) 6244 1032
Fax: (02) 6244 1044
E-mail: info@aihw.gov.au
web: http://www.aihw.gov.au

AIHW Access
GPO Box 570
Canberra ACT 2601

For contributions contact:
Amanda Nobbs
Publications Manager
Ph: (02) 6244 1028

Graphic Design
Di Walker Design, Canberra

Printed by
National Capital Printing

Catalogue No. HWI 25
ISSN 1442-4908
Print post approved
PP 255003/04169