



Chapter 2

Performance for 2006–07

Summary of achievements against outcomes

For a full explanation of AIHW's reporting framework including the portfolio budget statement and outputs please refer to the section 'Our reporting framework' on page 12 of this annual report.

The AIHW met the nine performance indicators identified in its Budget Statement through the following achievements:

Performance indicators	Achievement
Meeting the legislative requirement for presentation of <i>Australia's welfare 2007</i> to the minister by the end of 2007, and for <i>Australia's health 2008</i> to the minister by the end of June 2008.	Both flagship publications on schedule.
Presentation of AIHW annual report to the minister by 30 September 2006.	<i>AIHW Annual Report 2005–06</i> presented on 26 September 2006.
Enhanced consistency and comparability of information through the use of national standards in national data collections.	Data elements in Functioning and Disability Data Set Specification endorsed as national standards in health sector. Data standards developed for information on clients using community-based palliative care services trialled by AIHW. Additional data standards were included in the Perinatal National Minimum Data Set. Agreement on revised process and set of definitions for financial data collected for Indigenous public housing collections. Additional organisation-related and dwelling-related data items for community housing collected.
Increased use of data standards in data development.	Over 150 Commonwealth, state and territory staff trained in METeOR, the AIHW's online register of national data standards. <i>A guide to data development</i> published. Increase in use of METeOR by data development working groups (up 10%) and number of METeOR data elements (up 30%).

Performance indicators	Achievement
The availability and accessibility of up-to-date national data standards for the health, community services and housing sectors.	<p><i>National community services data dictionary, version 4</i> launched.</p> <p>Additional organisation-related and dwelling-related data items for community housing included in the <i>National housing data dictionary</i>.</p> <p>Additional data standards added to the <i>National health data dictionary</i> and made available in METeOR. Information on the updates included in an easy-to-use guide available on METeOR.</p>
Enhanced capacity for nationally consistent statistical reporting through facilitating national processes for development of national data sets and collections which map to the Australian Family of core Health Classifications (ICD, ICF) of World Health Organization Family of International Classifications.	Continued promotion of use of national data sets and collections which map to Australian Family of Health and Related Classifications including ICD-10-AM and ICF. Nineteen data elements in METeOR use classification schemes from the Australian Family of Health and Related Classifications.
Enhanced capacity to produce high-quality information and analysis across the health and welfare sectors.	<p>Entered into memoranda of understanding with the Australian Institute of Family Studies and the Australian Commission for Safety and Quality in Health Care to collaborate more closely.</p> <p>Produced 140 publications with 40 being new initiatives.</p>
AIHW's publications are policy relevant, high quality, timely and objective and meet the needs of a diverse audience.	<p>Developed a new corporate plan for 2007–10 with greater emphasis on strengthening the AIHW's policy relevance.</p> <p>Publication Planning and Production Advisory Committee established.</p> <p>Development of Report Profiles.</p>
Broad awareness of the AIHW's publications and information products.	Increase in number of web visits, Hansard mentions, and media coverage. (Refer to Chapter 3 — Communicating to stakeholders, page 82.)

Strategic directions for 2006–07

The 2006–07 Portfolio Budget Statement also identified the following four strategic directions for the year, each of which is discussed below:

1. Enhance the quality of its key data collections

The AIHW is a major driving force in Australia for information and statistics on health, community services and housing assistance. In this capacity it manages and continually enhances key national data collections that support local, national and international analysis of these health and welfare issues.

In 2006–07 extensive work was undertaken to improve these collections and extend their application to policy issues. Areas of significant improvement included safety and quality, allied health workforce, bowel cancer screening, disability services data, child protection, palliative care and medical indemnity.

Safety and quality

In collaboration with the Australian Commission on Safety and Quality in Health Care, the AIHW analysed reports of sentinel events that occurred in public hospitals to produce the first national sentinel events report which was released in July 2007. This is the first component of a planned work program to enhance safety and quality data collection and reporting.

Health workforce

The AIHW's regular collection and analysis of health workforce data were supplemented in 2006–07 with finalisation of additional work on the allied health workforce. This resulted in new publications on psychology, podiatry, occupational therapy and physiotherapy. The AIHW also reported on the medical and nursing and midwifery labour forces and provided special tabulations to the Health Workforce Secretariat to assist its work on projecting the medical labour force.

Bowel cancer screening monitoring

Data from the Australian Bowel Cancer Screening Program, launched in August 2006, has been analysed to produce regular reports that support government's management of this program as well as keeping Australians informed of the results.

Disability services data

With the third Commonwealth–State/Territory Disability Agreement (CSTDA) due to expire on 30 June 2007, the AIHW conducted extensive analysis and modelling to ensure that future agreements can be based on sound evidence about program

outcomes. This included the release of estimates of current and future demand for specialist disability services and an enhanced performance framework.

Child protection

The quality and utility of child protection data enhanced through the completion of an analysis of educational outcomes of children on guardianship and/or custody orders. Further development was undertaken on new effectiveness indicators for child protection. In 2006–07 planning was conducted on ways to improve the understanding of these issues through future production of Children’s Health Development and Wellbeing Headline Indicators.

Palliative care

The AIHW trialled data standards developed for consistent collection of information about clients receiving community based palliative care services in a study involving all states/territories. The information is designed to support reporting against four national performance indicators based on the goals and objectives that make up the National Palliative Care Strategy.

Medical indemnity

The first medical indemnity report was published during the year and received considerable media attention. The report reflects the AIHW’s enhancement of consistency and comparability of medical indemnity information. It describes incidents that gave rise to claims, the people affected by those incidents, and the size, outcome and key aspects of the processing of medical indemnity claims. This report builds on the AIHW’s series of reports on public sector medical indemnity claims.

2. Pursuing innovation in metadata, informatics and standards

In addition to supporting a range of data collections in-house, the AIHW also provides advice and expertise to other government and non-government agencies to improve the quality and utility of health and welfare data. In 2006–07 the AIHW drew on its expertise in data development to produce *A guide to data development*. The *guide* is both a plain English guide to best practice in developing data and a quick reference for the existing agreements and governance arrangements for national data standards.

METeOR

METeOR is the AIHW’s principal tool for collaborative development of standards and universal sharing of metadata. This year six hundred new data elements were endorsed for entry into METeOR bringing the total number of elements to 2,700, an increase of 30%. There are now 106 workgroups operating within METeOR, up 10% from 2005–06. There were seven million hits on the METeOR site in 2006–07,

almost double that of the previous year demonstrating METeOR's success as a tool for promoting use of data standards.

In best practice data management standards, definitions and relevant metadata would be seamlessly available to data collectors and users. In 2006–07 AIHW successfully trialled a major step towards this goal with the electronic transmission of national data standards from METeOR to external data collection systems. This exciting development means that for the first time national health and welfare data standards are being seamlessly incorporated into primary collection and user systems. Collectors and users of data can have the latest approved standards automatically uploaded with meanings, code sets and other information that supports the accurate collection and interpretation of data available through their primary software tools particularly for larger organisations.

The electronic health record and health statistics

The AIHW has worked to position the health community to better manage changes to health statistics that are expected to arise from the electronic health record and the broader e-health agenda. This has involved fostering debate between standards bodies, agencies involved in e-health, clinicians and statistical users through seminars, presentations, papers, conferences and meetings on:

- the relationship between the standards being developed for clinical information (including SNOMED, which has been adopted as the reference clinical terminology for Australia) and the classifications and other standards that underpin health statistics
- the effects of the e-health agenda on the information systems and work force on which health statistics rely, and the potential for extending the coverage, enriching the content or enhancing the ability of statistics to inter-relate.

3. Identifying and responding to emerging information needs

The AIHW's central role is to support government and public debate and decision making about health and welfare issues with timely and accessible information and statistics. Areas that were the subject of particular attention in 2006–07 included chronic disease management, Indigenous health, housing and prisoner health.

Chronic disease management

The ageing of the Australian population has brought a significant increase in the number of people with chronic diseases and comorbidities. The AIHW continues to improve its monitoring and surveillance of chronic diseases, at a population level. Analysis of these issues in 2006–07 resulted in publication of a major statistical report *Chronic diseases and associated risk factors in Australia 2006*, as well as a set of 'headline' chronic disease indicators and a comprehensive report on the burden of disease.

Dementia in Australia: national data analysis and development was released in January 2007, providing an important addition to the national evidence base in relation, not only to the condition of dementia, but also related patterns of service use.

Indigenous health

Sound evidence about Indigenous health status and access to services is essential to redressing the disadvantage that is evident for Indigenous Australians. This year, the AIHW increased the number of people working on these issues and undertook a wide range of large and small projects. The work ranges across detailed understanding of the complex health problems, analysis of service delivery and improvements to the underpinning data. Three major bodies of work undertaken in 2006–07 illustrate this diversity.

The AIHW undertook the statistical analysis underpinning The Aboriginal and Torres Strait Islander Health Performance Framework 2006 Report. The report consists of around 70 indicators covering health status, determinants of health and health system performance. It is the first comprehensive report to provide an evidence-based benchmark against which change can be monitored over time. The report, together with some 1,200 pages of additional data, is available on the AIHW's web-site.

The AIHW is also providing evaluation and analytical support to the Australian government's *Healthy for Life* program. This program aims to improve the capacity and performance of Indigenous primary health care services to deliver high quality maternal and children's health services and chronic disease care.

Finally, the AIHW undertook work that will improve the quality of Indigenous data on mortality, hospitalisations, perinatal services and outcomes, birth registration, access to and use of Medicare, general practice services and access to community housing.

Housing

The financial issues surrounding social housing within Australia were considered by governments and peak bodies in 2006–07. The AIHW provided an evidence base for these discussions with the publication of a range of reports on housing and homelessness, and by modelling a range of rent setting options for social housing tenants for the Housing Ministers' Advisory Committee. This will improve the evidence base available for the negotiation of the next Commonwealth–State Housing Agreement.

Prisoner health

Although there were approximately 50,000 people in Australia's prisons last year, there were no national standards or agreements in place to collect information about their health. Substantial progress was made in 2006–07 towards developing a national prisoner health data collection. The AIHW has produced draft indicators for

prisoner health and a draft data model, as well as working with the Juvenile Justice Data Working Group on the development of data on offences and key performance indicators for juvenile justice.

4. Expanding and enhancing our data linkage and data integration capacity to better inform whole-of-government policy agendas

The importance of understanding health and welfare issues from a whole-of-life, whole-of-government and life transition perspective is being recognised as an increasingly important aspect of improving government services to individuals. Data linkage and data integration are powerful tools for supporting these complex analyses. During 2006–07 the AIHW developed several enhancements in data linkage methodologies that are enabling innovative analyses.

The AIHW received its first NHMRC grant funding in 2006–07, for the project *Care pathways for older Australians with dementia, cardiovascular disease and arthritis*, a joint project with La Trobe University and the University of Queensland. The project which will explore the care transitions and care pathways for older Australians diagnosed with these three conditions which, together, contribute substantially to the national burden of disease.

During 2006–07 a comparison of data linkage strategies, carried out in collaboration with the Data Linkage Unit in WA Health, was also completed; this was an important final stage in a series of methodological and statistical projects demonstrating the utility of the AIHW event-based linkage strategy for linking hospital and residential aged care data.

Other data linkage work in 2006–07 included:

- a report on the relationships between respite, permanent residential and community care for older people
- a comparison of health services by veterans in residential aged care with those living in the community, and
- a scoping project to investigate the processes, methodology, ethical issues and analytical possibilities of linking data relating to clients of child protection, juvenile justice and SAAP.

The AIHW also supports data linkage by external researchers within strict privacy and ethics management regimes. In 2006–07 there was an increase of more than 50% in the number of epidemiology research projects assisted through linkage to the National Death Index and National Cancer Statistics Clearing House.

Output Group 1:

Specific services to the minister and parliament required under the AIHW Act

This output group is intended to capture the specific services that must be provided under the legislation. The AIHW is required by law (ss. 31(1)(b) and 31(1A)(b) of the *Australian Institute of Health and Welfare Act 1987*) to submit to the minister for tabling in parliament a health report and a welfare report for the preceding 2-year period.

The AIHW regards the requirement to produce the reports as an excellent opportunity to provide health and welfare statistics and information to parliament and thus to the broader Australian community.

The reports are important vehicles for informing the Australian public about the state of the nation's health, and health and welfare services. They also enable the AIHW to showcase its capability in providing health and welfare statistics and information.

Parliament is an important audience for *Australia's health* and *Australia's welfare*, not only because the AIHW Act requires that the reports be presented to parliament, but also because the reports contribute to informing parliament and to shaping the processes of government.

Australia's health and *Australia's welfare* contribute specifically to AIHW's outcome *Better health and wellbeing for Australians through better health and welfare statistics and information* in the following ways:

- they are flagship publications that provide a comprehensive national picture of health, housing assistance and community services
- they are a source of evidence to support the development and evaluation of policy
- they provide an extensive guide to the available summary statistics and detailed data on health, housing assistance and community services, and they identify gaps in information
- they provide references to sources of more detailed information
- they provide an overview of the state of Australian information and information governance regarding health, housing assistance and community services.

The AIHW met the performance indicators identified in Output Group 1 through the following achievements:

Output Group 1 highlights table

Performance indicator	Achievement
Meeting the legislative requirement for presentation of <i>Australia's welfare 2007</i> to the minister by the end of 2007, and for <i>Australia's health 2008</i> to the minister by the end of June 2008.	<p>The AIHW on track to meet its legislative requirements for both <i>Australia's welfare 2007</i> and <i>Australia's health 2008</i>.</p> <p>As at 30 June 2007, a second draft of all chapters (with the exception of the Introduction) of <i>Australia's welfare 2007</i> completed, and sent to external referees for comment. Preparatory work for the launch of <i>Australia's welfare 2007</i>, and an associated 1-day conference well underway.</p> <p>As at 30 June 2007, detailed content outlines for <i>Australia's health 2008</i> prepared, and drafting commenced.</p>
Presentation of the AIHW annual report to the minister by 30 September 2006.	The <i>AIHW annual report 2005–06</i> presented to the Minister for Health and Ageing on 26 September 2006 and tabled in parliament on 19 October 2006.

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 national health, community services and housing assistance information agreements aimed at improving national information, identifying priorities and developing consistent national information
- promoting and supporting the development of national health classifications and terminologies, community services and housing assistance information, and establishing national data standards and metadata
- participating in the development of international health and welfare information standards and classifications
- contributing to statistical and related aspects of development, collection, compilation and analysis of health, community services and housing assistance information
- providing expertise and advice on information-related issues of data privacy, confidentiality and ethics
- participating in national committees as an information specialist
- contributing submissions and advice to major inquiries
- supporting national reporting processes under Commonwealth–state/territory agreements.

The AIHW met the performance indicators identified in Output Group 2 through the following achievements:

Output Group 2 highlights table

Performance indicator	Achievement
Enhanced consistency and comparability of information through the use of national standards in national data collections.	<p>Data elements in Functioning and Disability Data Set Specification endorsed as national standards in health sector.</p> <p>Data standards developed for information on clients of community-based palliative care services trialled by AIHW.</p> <p>Additional data standards included in the Perinatal National Minimum Data Set.</p> <p>Agreement on revised process and set of definitions for financial data collected for Indigenous public housing collections.</p> <p>Additional organisation-related and dwelling-related data items for community housing collected.</p>
Increased use of data standards in data development.	<p>Over 150 Commonwealth, state and territory staff trained in METeOR, the AIHW online register of national data standards.</p> <p><i>A guide to data development</i> published.</p> <p>Increase in use of METeOR by data development working groups (up 10%) and number of METeOR data elements (up 30%).</p>
The availability and accessibility of up-to-date national data standards for the health, community services and housing sectors.	<p><i>National community services data dictionary, version 4</i> launched.</p> <p>Additional organisation-related and dwelling-related data items for community housing included in the <i>National housing data dictionary</i>.</p> <p>Additional data standards added to the <i>National health data dictionary</i> and made available in METeOR. Information on the updates included in an easy-to-use guide available on METeOR.</p>

Performance indicator	Achievement
Enhanced capacity for nationally consistent statistical reporting through facilitating national processes for development of national data sets and collections which map to the Australian Family of core health classifications (ICD, ICF) of World Health Organization Family of International Classifications.	Continued promotion of use of national data sets and collections which map to Australian Family of Health and Related Classifications including ICD-10-AM and ICF. Nineteen data elements in METeOR now use classification schemes from the Australian Family of Health and Related Classifications.

Work carried out in 2006–07 in relation to each of the leadership roles is detailed below under each performance indicator for Output Group 2.

PERFORMANCE INDICATOR

Enhanced consistency and comparability of information through the use of national data standards in national data collections

About this indicator

- Nationally consistent and comparable information is vital to support policy development and analysis, planning and monitoring, and efficient service delivery in the health, community services and housing sectors.
- National information agreements, for each of the sectors to which AIHW is a party, enable frameworks and processes around nationally consistent information collections underpinned by national data standards to be established.
- The AIHW provides the secretariat and technical assistance to the key national information committees responsible for agreeing on national data standards in the three sectors and to a number of their key subcommittees. During 2006–07, the AIHW devoted significant resources to the support of these groups and the associated data standards work. A list of the national committees for which AIHW provides the secretariat is at Appendix 11 on page 221.

How we measure performance

- The extent to which standards are used in reporting against nationally agreed data sets.

Reference point

- National data standards are used in national data collections.

Activities and outcomes during 2006–07

During 2006–07, the following developments increased the range of nationally consistent information using national data standards:

- The data elements in the Functioning and Disability Data Set Specification, which is designed to ensure national consistency in relation to defining and measuring

human functioning and disability consistent with the International Classification of Functioning, Disability and Health (ICF), were endorsed as national standards in the health sector. They were previously endorsed only as standards in the community services sector. Endorsement by both sectors will promote national consistency across the health and community services sectors in this area.

- Data standards developed for consistent collection of information about clients receiving community-based palliative care services were trialled by AIHW in a study involving all states and territories. Feedback from the trial is being used to refine data standards to enhance consistency and comparability of information.
- Additional data standards were included in the Perinatal National Minimum Data Set.
- In the housing sector, the National Committee on Housing Information, working in conjunction with the Housing Ministers' Advisory Council's Financial Technical Working Group, agreed to a revised process and set of definitions for financial data collected for the mainstream and targeted Indigenous public housing collections. As a result, the financial data in these collections will be aligned with the Commonwealth–State Housing Agreement (CSHA) Financial Reporting Framework and the International Financial Reporting Standards.
- The National Committee on Housing Information agreed to some additional organisation-related and dwelling-related data items for community housing to be drawn from states' administrative data collections, rather than the current approach of obtaining the data via a community housing provider survey. Administrative data are more reliable and consistent with national definitions than data obtained via survey.

PERFORMANCE INDICATOR

Increased use of data standards in data development

About this indicator

- Data standards describe the expected meaning and acceptable representation of data for use within a defined context. Consistency of meaning ensures that all those who collect and use the data clearly understand the meaning, regardless of how the data are collected or stored. Much of the work involved in establishing a data collection is in the development of data standards to ensure comparability and consistency of the data collected and produced from the collection.
- The AIHW plays a key role in supporting the use of national data standards by its technical advice and assistance to national information committees and data development groups and by disseminating nationally agreed data standards for the health, community services and housing sectors via its online metadata registry, METeOR.

- The AIHW has developed METeOR as a tool to assist data developers to use existing national data standards and to follow the principles of good data development, when developing data standards for new or existing information collections, or modifying existing data standards.

How we measure performance

- Number of data development groups and users who use METeOR to develop new data standards.
- Number of data elements included in METeOR.

Reference point

- We aimed to increase the number of data development groups using METeOR by 10% over previous year.
- We aimed to increase the number of data elements by 10% over previous year.

Activities and outcomes during 2006–07

During 2006–07, the AIHW undertook the following activities to increase the use of data standards in data development:

- The AIHW trained over 150 staff in Commonwealth and state and territory agencies in the use of METeOR, including those METeOR functions which assist data developers to develop high-quality, nationally consistent data standards.
- For the first time, the AIHW distilled its vast body of expertise in data development into the publication *A guide to data development*. This publication highlights the use of national and international data standards in data development as an important principle of national data development.
- The AIHW provided advice to data development groups on alignment of their proposed data standards with existing national standards and criteria for quality metadata.

Outcomes

- The AIHW registered a 10% increase in the data standard development workgroups operating within METeOR, bringing the total number of such groups to 106.
- The AIHW added over 600 data elements to METeOR, an increase of 30%, making a total of 2,700 data elements.

PERFORMANCE INDICATOR

The availability and accessibility of up-to-date national data standards for the health, community services and housing sectors

About this indicator

- To ensure that there is broad use of national data standards, it is important that agreed national data standards are kept up to date, widely publicised, made widely available and easily accessible.

How we measure performance

- The frequency with which the national health, community services and housing assistance data dictionaries are reviewed and refreshed on the web if necessary.

Reference point

- We aim to provide quarterly reviews of the dictionaries and refreshes of versions on the web if necessary.

Activities and outcomes during 2006–07

During 2006–07, the following developments increased the availability and accessibility of up-to-date national data standards:

- In November 2006, the AIHW launched version 4 of the *National community services data dictionary*, which contains the complete, up-to-date set of all national data standards in the community services sector. The launch, held at the Australian Council of Social Services conference in Sydney, provided a valuable opportunity to promote broader awareness of data standards throughout the community services sector.
- The AIHW included the national minimum data sets for juvenile justice and the Commonwealth–State/Territory Disability Agreement (CSTDA) in METeOR, making the standards in these data sets electronically available and accessible to a broad audience.
- The AIHW made enhancements to METeOR to enable users of the *National health data dictionary* and the *National community services data dictionary* to electronically download the current versions of those dictionaries, including items endorsed as national data standards since the hard-copy versions of the dictionaries were published.
- In addition, the AIHW made a half-yearly summary of updates including all new and revised data standards and data available online via METeOR.
- The AIHW successfully trialled the electronic transmission of national data standards to external systems which collect data.

- In the housing sector, the National Committee on Housing Information agreed that updates to the *National housing assistance data dictionary, version 3* would be made available through METeOR as they were endorsed. The AIHW will incorporate a flag at key points on the housing portal and dictionary pages of the AIHW website, notifying users that there are updates to version 3 of the dictionary.
- The AIHW recorded almost 7 million 'hits' or visits to the METeOR website, which is double the number recorded in 2005–06, indicating an increased use of METeOR to access data standards.

PERFORMANCE INDICATOR

Enhanced capacity for nationally consistent statistical reporting through facilitating national processes for development of national data sets and collections which map to the Australian Family of core health classifications (ICD, ICF) of World Health Organization Family of International Classifications

How we measure this

- Level of satisfaction of stakeholders with our facilitation.
- Use of Australian Family of Health and related Classifications in national data standards where appropriate.

Reference point

- We aim to maintain or improve on the previous year's performance.

Activities or outcomes in 2006–07

During 2006–07, the AIHW continued to promote the use of national data sets and collections which map to the Australian Family of Health and Related Classifications and in particular the ICD-10-AM and ICF. Data standards which were submitted to national information committees for their endorsement were assessed for their use of relevant classifications.

There are currently 19 data elements in METeOR which use classifications schemes from the Australian Family of Health and Related Classifications.

Keeping at the forefront of information developments

The AIHW closely monitors developments in the broader information environment to identify implications for national health and welfare information. The AIHW also engages with relevant groups and organisations to influence the broader environment where appropriate. Through its membership of Standards Australia and its work as an Australian Collaborating Centre for the World Health Organization Family of International Classifications, the AIHW keeps abreast of developments in relation to information standards and international classifications in the field of health. Specific pieces of work were begun for national health information committees

on the implications of e-health for health statistics and national statistical linkage frameworks for health. The AIHW also made a submission to the Australian Law Reform Commission Review of the *Privacy Act 1988* (Cwlth) discussing the implications of privacy legislation for health information.

Case study

METeOR: two and a half years on

The contribution that data standards make to the production of high-quality statistics can go unrecognised. However, without the use of consistent data standards, the resulting statistics are potentially meaningless, perhaps even misleading. The AIHW manages critical data standards for many of Australia's key health, community services and housing assistance data collections. For many years, the AIHW had used a data standard registry known as the Knowledgebase to store and manage these data standards. This registry was based on the first edition of the International Standards Organisation (ISO) metadata standard (ISO/IEC 11179).

With the arrival of a new, more sophisticated edition of the ISO/IEC 11179 standard, the AIHW decided it was time to replace the ageing Knowledgebase. The AIHW selected an XML-based content management system and customised it to serve as an innovative, online data standard registry. The new registry, known as METeOR for Metadata Online Registry, introduced a whole suite of new features not previously available in the Knowledgebase, including online data standard creation and automated dictionary extraction facilities. Extensive restructuring of our existing data standards was also undertaken to comply with the new edition ISO/IEC 11179 standard.

METeOR and the restructured data standards were released in early 2005. It was one of the few registries available at that time to be based on the new ISO/IEC 11179 standard. It was unique in its capacity to allow registration of data standards to more than one sector of government activity, thereby encouraging the reuse of data standards across service boundaries and silos. The official launch generated a great deal of interest, resulting in numerous invitations to demonstrate the system both locally and overseas (including a demonstration to the committee responsible for ISO/IEC 11179). The system went on to become a finalist for the 2006 Excellence in e-Government Award, an award for excellence and innovation in the delivery of e-government services.

In the two and a half years since its release, the fanfare has been followed by strong growth in system use to access data standards. The pattern of growth was quite pronounced during 2006–07, with almost 7 million hits received, double that achieved during the previous year. METeOR also enabled high levels of new data standard creation. Over 600 data elements were added during 2006–07, making a

total of 2,700 data elements in the system, an increase of 30%. The number of data standard development workgroups operating within METeOR increased by 10% to 106.

While tremendous benefits were gained in terms of effective data standard management and reusability, the move to the second edition of the ISO/IEC 11179 standard has introduced many new features and tools. To assist data standard users and authors make best use of these, a series of hands-on training workshops was delivered to over 400 staff across 30 government departments and non-government organisations. Over 150 staff were trained in 2006–07 as the training program expanded to include visits to states and territories.

Not everything has proceeded according to plan. The higher-than-expected level of user activity has meant our plans for upgrading the capacity of the system will be brought forward. The closure of our information technology partners has meant our exciting plans to make the system a commercial product have been put on hold.

Since the launch, the AIHW has consulted with users about their experience of the system and what enhancements they would like to see. The aim of these efforts has been to identify priorities for system refinements and to ensure the system evolves to meet changing user expectations. Enhancements to date have included the introduction of useful new tools such as glossary items; more download options for users, including simple formats; refining the search interface; and adding new fields to data set specifications.

Perhaps the most exciting enhancement to date has been the implementation of an electronic data standard transmission tool. This tool allows external systems to extract data standards from METeOR and has the potential to revolutionise the way the AIHW and its data providers and data users work together. Traditionally, data standards have been disseminated using human-readable documents, such as data dictionaries. These data standards are then manually transferred into data systems to support data collection, extraction and validation processes.

External systems can now extract data standards electronically from METeOR. This offers tremendous potential to boost data standard compliance and consistency and to reduce inefficiencies and duplicated effort in data handling processes through automated data collection and validation. The AIHW has been trialling this new tool with a number of volunteer system developers, both internally and with some state and territory departments. The results have been particularly promising. The AIHW plans to provide support for other system developers during 2007–08 so that they can also use this tool.

Output Group 3:

Collection and production of health-related and welfare-related information and statistics for government, non-government and community organisations

Under this output group, the AIHW reports the bulk of its national data collections and reports. Although some of these are appropriation-funded, many are funded by stakeholders for specific requests.

The AIHW obtains data mainly from administrative information collected by Australian Government and state and territory jurisdictions in the course of service delivery in the health, community services and housing assistance sectors. The national information agreements, established under direction of the relevant ministerial councils and mentioned in Output Group 2 of this report, facilitate the flow of data from these jurisdictions to the AIHW so it can fulfil its function of collecting and producing health-related and welfare-related information and statistics.

Increasingly, there is interest in areas where concepts of health and welfare merge in policy or service provision. The AIHW is in a unique position to focus on areas where policies overlap and to influence the development, management and use of common data standards in health and welfare data collection and statistics.

To ensure the integrity, quality and timeliness of reports based on the national collections, the AIHW has established steering committees to guide production of the reports, such as the Australian Hospital Statistics Advisory Committee. Membership of the committee covers data providers (state and territory health authorities) and other data users and expert advisers (the Department of Health and Ageing, Australian Private Hospitals Association, Australian Healthcare Association, Australian Private Health Insurance Administration Council, Clinical Casemix Committee of Australia, National Centre for Classification in Health, the Australian Bureau of Statistics, Department of Veterans' Affairs, and an independent academic expert). The committee usually meets annually on a face-to-face basis to comment on the previous year's publication of *Australian hospital statistics* and to discuss the content, including analytical methodologies and longer-term data development, for the next report. Subsequent meetings are held, usually by teleconference, to discuss specific aspects of the report's preparation, and a draft is sent to data providers for comment.

Such a comprehensive process ensures the requirements of key stakeholders are considered in preparing the report, engages data providers in the process to support

their timely provision of quality data, and imposes a rigour that ensures that the expectations of all stakeholders are met.

Similar steering or advisory committees exist in relation to health expenditure, perinatal statistics, maternal deaths, cardiovascular disease, diabetes and other specialised areas, juvenile justice, disability, and children and youth health and wellbeing.

The AIHW met the performance indicators identified in Output Group 3 through the following achievements:

Output Group 3 highlights table

Performance indicator	Achievement
Enhanced capacity to produce high-quality information and analysis across the health and welfare sectors.	Entered into memoranda of understanding with the Australian Institute of Family Studies and the Australian Commission for Safety and Quality in Health Care to collaborate more closely. Produced 140 publications with an average page count of 107 pages. Forty reports were new initiatives.
AIHW's publications are policy relevant, high quality, timely and objective and meet the needs of a diverse audience.	Two reports officially launched by federal ministers. Developed a new corporate plan for 2007–10 with greater emphasis on strengthening the AIHW's policy relevance. Publication Planning and Production Advisory Committee established. Developed 'report profiles' — Fact sheets to summarise key findings of a report in a user-friendly format.
Broad awareness of the AIHW's publications and information products.	AIHW reports generated 296 newspaper articles, 1,425 radio mentions, 17 television news items, 208 online articles, and 54 Australian Associated Press (AAP) news pieces. New media release embargo policy. Thirty-nine Hansard mentions. Over 3,000 individual web visitors a day. (Refer to Chapter 3 — Communicating to stakeholders, page 82)

The structure of the reporting of Output Group 3 below follows the structure of the workgroups within AIHW and also includes reports from the collaborating units which have jointly agreed work programs with the AIHW.

Information and Strategy Group

Aboriginal and Torres Strait Islander Health and Welfare Unit

AIHW PUBLICATIONS RELEASED

* NEW INITIATIVE

*Aboriginal and Torres Strait Islander health performance framework 2006 report: detailed analyses**

*Family violence among Aboriginal and Torres Strait Islander peoples**

*International Group for Indigenous Health Measurement, Vancouver 2005**

*Quality of Aboriginal and Torres Strait Islander identification in community services data collections: update on eight community services data collections**

*National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data 2006–2008 strategic plan**

DATA DEVELOPMENT WORK UNDERTAKEN

The AIHW has continued developing a national prisoner health data collection. This has included the development, with input from the Prisoner Health Information Group and its Technical Advisory Group, of early draft indicators for prisoner health and a draft data model.

Data development work on the Housing National Reporting Framework administrative data collection included examining the feasibility of a unit record data collection and some work on the development of measures for dwelling condition.

INITIATIVES AND NEW BUSINESS ARRANGEMENTS

For the first time, the AIHW has been commissioned to do all the detailed analyses for the Aboriginal and Torres Strait Islander Health Performance Framework (ATSIHPF). This will be an ongoing contract with the Australian Government Department of Health and Ageing (DoHA) Office for Aboriginal and Torres Strait Islander Health.

As a result of this work we have been contracted by the Northern Territory to analyse their data as per the Aboriginal and Torres Strait Islander Health Performance Framework.

ACHIEVEMENTS

The ATSIHPF 2006 report consists of two documents — a policy analyses document published by the Australian Health Ministers' Advisory Council and a detailed analyses report published by the AIHW. The ATSIHPF 2006 report was the first comprehensive report to provide a benchmark against which change could be monitored over time. It consists of around 70 indicators covering health status, determinants of health and health system performance.

This report is policy relevant, high quality, timely and objective and meets the needs of a diverse audience. It has led to more work being commissioned: contract work from one jurisdiction to do the jurisdiction-based analyses of the ATSIHPF report; and a new contract with the Acute Care Division of the Department of Health and Ageing to expand on some of the analyses already undertaken in the 2006 report.

A revision of the 1997 Aboriginal and Torres Strait Islander Health Information Plan *This time let's make it happen* was carried out in order to set priorities for the next 3 years. The revised plan is entitled *National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data strategic plan 2006–2008*.

The Plan is used by National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data (NAGATSIHID) members to assign priorities and budget bids and monitor progress over the next 3 years. The work of the Aboriginal and Torres Strait Islander Health and Welfare Unit at the AIHW also uses the plan to develop its work program.

The *Family violence among Aboriginal and Torres Strait Islander peoples* report assesses the availability of information about violence among Aboriginal and Torres Strait Islander peoples. It discusses gaps in existing information and strategies to improve the information on family violence, by enhancing consistency and comparability of information through the development and use of national standards, in both surveys and administrative data collections.

The report is also a first in that it presents information on the extent of violence in the Indigenous population, drawing from a range of data sources. As a result of this report and the attention it received, we have increased cooperation with the Australian Bureau of Statistics in relation to improving the crime and justice administrative data collections (police and courts data).

We also anticipate likely changes to the National Aboriginal and Torres Strait Islander Social Survey and a move by the NAGATSIHID to form a working group specifically to ensure that the recommendations of the report are progressed.

The *Quality of Aboriginal and Torres Strait Islander identification in community data collections* report examines the quality of identification of Aboriginal and Torres Strait Islander clients in eight community services data collections. It highlights the improvement or otherwise in the rates of records with a missing/not stated Indigenous status over time, and details data quality improvement activities undertaken, both at the national and state and territory levels. The process of preparing and publishing this report drew increased attention from the relevant data custodians and data working groups to the issue of Indigenous identification in the eight data collections.

Fast **FACT**

Aboriginal and Torres Strait Islander health and welfare

Usual source of care: Ninety-one per cent of Aboriginal and Torres Strait Islander peoples reported that they usually went to the same general practitioner or Aboriginal health service.

Access to prescription medication has improved through Medicare s. 100 arrangements for remote Aboriginal and Torres Strait Islander primary health-care services.

METeOR Management Unit

**INITIATIVES AND
NEW BUSINESS
ARRANGEMENTS**

Trialling new electronic data standard facility in METeOR to transmit XML code to external systems.

ACHIEVEMENTS

Refer to the case study on METeOR on page 34.

Fast **FACT**

METeOR

METeOR received 7 million hits during 2006–07, double that achieved during the previous year.

National Data Development and Standards Unit

DATA COLLECTIONS MANAGED

Palliative Care Performance Indicator Data Collection

DATA DEVELOPMENT WORK UNDERTAKEN

Community-based Palliative Care Client Data Collection

INITIATIVES AND NEW BUSINESS ARRANGEMENTS

A study to document the evidence of the problems of multiple data collection and reporting faced by service providers who have multiple reporting responsibilities at the national level was undertaken as a first step towards addressing the reporting burden faced by service providers, helping to improve the quality of data collected.

ACHIEVEMENTS

The 2006 national collection of performance indicator data from Australia's palliative care sector was undertaken, after enhancements were made to the collection following a trial undertaken the previous year. The information collected was designed to support reporting against four national performance indicators developed and agreed by states and territories in 2004. These indicators are based on the goals and objectives that make up the National Palliative Care Strategy, which provides the basis for palliative care policy and service development. The performance indicators aim to provide information on the extent to which the strategy has been implemented.

Economics and Health Services Group

Expenditure and Economics Unit

AIHW PUBLICATIONS RELEASED

Welfare expenditure Australia 2003–04

Health expenditure Australia 2004–05

National public health expenditure report 2004–05

The burden of disease and injury in Australia 2003

DATA COLLECTIONS MANAGED

Health Expenditure Database

Public Health Expenditure Database

Welfare Expenditure Database

Aboriginal and Torres Strait Islander Health Expenditure Database

Disease Expenditure Database

Burden of Disease Database

DATA DEVELOPMENT WORK UNDERTAKEN

Development of Government health expenditure national minimum data set for implementation in 2008–09. Comprises a number of items that are being developed on METeOR to underpin the collection of health expenditure data.

INITIATIVES AND NEW BUSINESS ARRANGEMENTS

Contract with United Nations to prepare a paper on health expenditure projections in Australia.

ACHIEVEMENTS

We are currently developing a national minimum data set for government health expenditure using the METeOR system which will provide national definitions for collecting a wide range of health expenditure data.

We have fulfilled a wide range of requests for expenditure data or information relating to expenditure data from the community, public and private sectors.

We were invited to present at conferences and workshops of the United States National Academies of Science, the Australian Health Insurance Association and the Australian Financial Review Health Congress.

Fast FACT

Expenditure and Economics

About 30% of the overall burden of disease, and 70% of the cardiovascular burden of disease, is due to 14 largely preventable risk factors.

Health Care Safety and Quality Unit

AIHW PUBLICATIONS RELEASED

* NEW INITIATIVE

*A national picture of medical indemnity claims in Australia 2004–05** (first report to combine public and private indemnity data)

DATA COLLECTIONS MANAGED

Medical Indemnity National Collection — Public data

Medical Indemnity National Collection — Combined public and private data

Sentinel Events Database

DATA DEVELOPMENT WORK UNDERTAKEN

Some refinement of data items in the medical indemnity data collections.

INITIATIVES AND NEW BUSINESS ARRANGEMENTS

The AIHW entered into an agreement with the Australian Commission on Safety and Quality in Health Care to scope a number of projects in their draft information strategy, with a view to developing a number of project plans to undertake work over the next 2 years.

ACHIEVEMENTS

The Health Care Safety and Quality Unit was established as a work area in its own right in March 2007 in recognition of the large and growing workload in this area.

During the year, the work of the unit has been in three main areas:

Medical indemnity — as secretariat for the Medical Indemnity Data Working Group and the Medical Indemnity National Collection Coordinating Committee and responsible for the data collections. Data are collected from all public jurisdictions on a 6-monthly basis, processed and returned to the jurisdictions. Private indemnity data are received and processed annually. The work of the unit in this regard has enhanced the consistency and comparability of information through the use of national data standards in these national data collections.

The first national medical indemnity report was published during the year (May 2007) and received a considerable amount of media attention.

The Unit has been developing a relationship with the Australian Commission on Safety and Quality in Health Care with a view to jointly undertake a range of work relating to the commission's draft information strategy. The first piece of work done as part of this collaborative arrangement, the *Sentinel events in Australian public hospitals 2004–05* report, was finalised during 2006–07, to be published in July 2007.

Health-care safety and quality

Nationally, 1.7% of all medical indemnity claims finalised in the period 1 July 2004 to 30 June 2005 were for an amount of \$500,000 or more. For the same period, 53.4% of claims were for less than \$10,000.

fast FACT

Hospitals Unit

AIHW PUBLICATIONS RELEASED

Report on the evaluation of the National Minimum Data Set for Public Hospital Establishments

National Minimum Data Set for Admitted Patient Care: compliance evaluation for 2001–02 to 2003–04

Australian hospital statistics 2005–06

DATA COLLECTIONS MANAGED

National Hospital Morbidity Database

National Public Hospital Establishments Database

National Elective Surgery Waiting Times Data Collection

National Non-admitted Patient Emergency Department Care Database

National Outpatient Care Database

DATA DEVELOPMENT WORK UNDERTAKEN

Completion of Admitted Patient Care National Minimum Data Set work program under the memorandum of understanding with DoHA.

Public Hospital Establishments National Minimum Data Set evaluation.

Elective surgery waiting times evaluation.

INITIATIVES AND NEW BUSINESS ARRANGEMENTS

In 2006–07, the Hospitals Unit commenced a project funded by the Australian Health Ministers' Advisory Council (AHMAC) to develop and pilot a method for assessing the accuracy with which hospitals record the Indigenous identification of admitted patients, and to report on the results of that pilot.

The Unit also undertook and completed an AHMAC funded project to review performance indicators published in *Australian hospital statistics 2005–06*.

ACHIEVEMENTS

Australian hospital statistics 2005–06 was released within 11 months of the reference period (the same timeframe achieved in 2004–05 and one month earlier than previous years). The publication reported information from the National Outpatient Care Database for the first time. The publication also included a revised chapter on hospital performance indicators.

Statistical information on hospitals was also disseminated through online interactive data cubes, and in response to specific requests for information from government agencies, non-government organisations, private enterprises and individuals.

Hospitals

Fast **FACT**

There were 7.3 million separations from Australian hospitals in 2005–06 accounting for 24.3 million patient days, compared to 7.0 million separations and 23.8 million patient days in 2004–05.

Labour Force Unit

AIHW PUBLICATIONS RELEASED

Occupational therapy labour force 2002–2003

Psychology labour force 2003

Podiatry labour force 2003

Physiotherapy labour force 2002

Medical labour force 2004

Nursing and midwifery labour force 2004

DATA COLLECTIONS MANAGED

Medical Labour Force Data Collection

Nursing and Midwifery Labour Force Data Collection

Several collections for allied health labour force (psychology, podiatry, pharmacy, physiotherapy, occupational therapy)

ACHIEVEMENTS

With special funding from DoHA, four reports on the allied health labour force were published, one each on psychology, podiatry, occupational therapy and physiotherapy. The unit also produced the 2004 reports on the medical and nursing and midwifery labour forces. Additional tables for all of these reports are available on the AIHW website. The unit continued to provide special tabulations to the Health Workforce Secretariat to assist its work on projecting the medical labour force.

Labour force

Fast **FACT**

The supply of doctors (measured as full-time equivalent doctors per 100,000 population) increased 7.8% between 2000 to 2004, and the supply of nurses increased 9.5% between 1999 to 2004.

Mental Health Services Unit

AIHW PUBLICATIONS RELEASED

Mental health services in Australia 2004–05

DATA COLLECTIONS MANAGED

Mental Health Establishment Database
National Community Mental Health-care Database
National Residential Mental Health-care Database

DATA DEVELOPMENT WORK UNDERTAKEN

Development and refinement of the Mental Health Intervention Classification.

INITIATIVES AND NEW BUSINESS ARRANGEMENTS

Development and implementation of an assessment instrument (focusing on mental health-related functioning) for potential clients for the Personal Helpers and Mentors Programme on behalf of the FaCSIA commenced in 2006–07.

ACHIEVEMENTS

Mental health services in Australia 2004–05 was published in April 2007. This year, the report has been structured to increase the accessibility of the information presented, as well as its relevance to decision making and policy. It also includes newly available data sources; in particular, data are incorporated for the first time from the National Residential Mental Health Care Database, as well as information on the psychologist workforce and mental health-related services provided by emergency departments.

Fast FACT

Mental health services

In 2004–05, there were 20 public psychiatric hospitals, 122 public acute hospitals with a psychiatric ward or unit, 26 private psychiatric hospitals and 234 government-operated community and residential mental health facilities reported nationally. The number of actual available beds increased between 2000–01 and 2004–05 for public psychiatric hospitals, public acute hospitals and private psychiatric hospitals, but decreased for government-operated residential mental health facilities.

Health and Functioning Group

Population Health Data and Information Services Unit — out-posted to the Australian Government Department of Health and Ageing

AIHW PUBLICATIONS RELEASED

Statistics on drug use in Australia 2006
2006 Adult vaccination survey: summary results

DATA COLLECTIONS MANAGED

National Drug Strategy Household Survey
Adult Vaccination Survey

DATA DEVELOPMENT WORK UNDERTAKEN

National Drug Strategy Household Survey data.
Adult Vaccination Survey data.

INITIATIVES AND NEW BUSINESS ARRANGEMENTS

The unit was subcontracted by the Social Research Centre to undertake project management and analysis and reporting of the 2006 Adult Vaccination Survey. This was done previously under a memorandum of understanding schedule with the Australian Government Department of Health and Ageing.

ACHIEVEMENTS

The unit was successful in being engaged to manage the 2007 National Drug Strategy Household Survey, now the fourth wave under AIHW management. This survey represents a major primary data collection for the AIHW.

The unit continues to provide on-site statistical and information support to the Population Health Division of DoHA, with particular expertise in drug use statistics.

Population health data and information services:

Fast **FACT**

The proportion of the Australian population aged 14 years and over who were daily smokers fell from 24% in 1991 to 17% in 2004.

Population Health Unit

AIHW PUBLICATIONS RELEASED

* NEW INITIATIVE

*A guide to Australian eye health data**
Chronic diseases and associated risk factors in Australia 2006
Toward a national prisoner health information system
Profile of nutritional status of children and adolescents
Australian diet quality index project

Cancer Incidence in Australian Vietnam Veterans Study 2005
The Third Australian Vietnam Veterans Mortality Study 2005
Australian National Service Vietnam Veterans: mortality and cancer incidence 2005

**DATA COLLECTIONS
MANAGED**

AIHW National Mortality Database, including General Record of Incidence of Mortality (GRIM) books

- AIHW Population Database
- Female Vietnam Veteran and Civilian Health Register
- Custodian of AIHW copies of
 - ABS National Health Surveys
 - ABS National Nutrition Surveys
 - Risk Factor Prevalence Surveys
 - Active Australia Surveys

**DATA DEVELOPMENT
WORK UNDERTAKEN**

Consideration of a comprehensive set and a 'headline' set of national chronic disease indicators as part of the Population Health Information Development Unit.

**INITIATIVES AND
NEW BUSINESS
ARRANGEMENTS**

New memorandum of understanding (MoU) schedule (with DoHA) regarding monitoring and surveillance of chronic diseases.

New MoU schedule (with Australia Government Department of Veterans Affairs) to prepare an inventory of veterans health data sources.

ACHIEVEMENTS

A new focus for this reporting period was the monitoring and surveillance of chronic diseases and associated risk factors, at a population level. This work was dovetailed to a large extent with the directions of the *Blueprint for nation-wide surveillance of chronic diseases and associated determinants*, which was endorsed by health ministers in late 2005. The unit produced a major statistical report in this area, as well as initiating development and consultation regarding a set of 'headline' chronic disease indicators, also termed key measures of progress.

With the establishment of the Public Health Information Development Group in October 2006 (an Australian Health Ministers' Advisory Council subcommittee), the unit has sought to both provide project support to this group as well as align the unit's work plan with the group's strategic directions.

Also in this general field, the unit produced two information papers with a focus on nutrition-related information.

One-off projects for the unit included the advocacy paper on prisoner health information, and *guide to Australian eye health data* (to inform the National Framework for Action to Promote Eye Health and Prevent Avoidable Blindness and Vision Loss).

Population health

Chronic diseases are common: in 2004–05, more than three-quarters of Australians had at least one long-term condition.

Fast FACT

Output group 3

Asthma, Arthritis and Environmental Health Unit

AIHW PUBLICATIONS RELEASED

* NEW INITIATIVE

*Statistical snapshots of people with asthma in Australia, 2001**

*Asthma and chronic obstructive pulmonary disease among older people in Australia: deaths and hospitalisations**

*National indicators for monitoring osteoarthritis, rheumatoid arthritis and osteoporosis**

DATA COLLECTIONS MANAGED

The Unit does not manage any primary data collections. The focus of the Unit's activities was on statistical analysis and dissemination of National Health Priority Area (NHPA)-related information. However, subsets of Pharmaceutical Benefits Scheme (PBS) and the Bettering the Evaluation and Care of Health (BEACH) Survey of General Practitioners data were maintained for use by the AIHW staff.

DATA DEVELOPMENT WORK UNDERTAKEN

Data development work focused on asthma, arthritis and osteoporosis.

National indicators were developed and validated to support NHPA monitoring of arthritis and osteoporosis.

The Unit also contributed to the evaluation and development of relevant data sources:

- review of asthma indicators and data development plan.
- PBS database (for respiratory diseases).
- input to the National Health Survey (NHS) questionnaire for asthma, arthritis and osteoporosis related issues.

INITIATIVES AND NEW BUSINESS ARRANGEMENTS

- evaluation of data sources for monitoring arthritis and osteoporosis.
- finalisation of indicators for monitoring arthritis and osteoporosis.

A new initiative by the Unit was to establish a team for monitoring primary health care services in Australia. The gaps and deficiencies in primary health care information were identified through a workshop with stakeholders and a project proposal developed for evaluating the available collections.

Another major new initiative was to develop baseline information on juvenile arthritis in Australia. The Australian Government has declared juvenile arthritis as the latest focus area under the NHPA initiative of arthritis and musculoskeletal conditions. Contrary to popular belief, arthritis is not uncommon in Australian children and is a cause of much pain and distress. A variety of developmental disorders may follow causing concern among parents and other family members. A draft report was prepared for consultation with various stakeholders.

The impact of arthritis and osteoporosis in terms of physical impairments and disability was also studied. The study, based primarily on the ABS Survey of Disability, Ageing and Carers, also explored the issues of health and wellbeing.

Another new initiative by the Unit was to develop easy-to-understand booklets on arthritis and osteoporosis for use by the general public. This useful series will cover a variety of diseases and conditions over time.

Other new initiatives were:

- Establishment of a database of PBS subsidised prescription pharmaceuticals dispensed to people with respiratory diseases.
- Rolling out of a new work program (2006–2010) under the Arthritis and Osteoporosis Program of Australian Government.
- A chapter on urban environmental health in a CSIRO publication.
- Draft report on juvenile arthritis in Australia.
- Draft report on impairments and disability associated with arthritis and osteoporosis.

ACHIEVEMENTS

The unit monitored a variety of diseases and conditions, including asthma, juvenile arthritis, osteoarthritis, rheumatoid arthritis, osteoporosis and septicaemia, at a national level. Disease monitoring is a slow moving field. The regularity of the work notwithstanding, putting together various pieces of information is time consuming. The apparent achievements rarely are commensurate with the effort.

The funding and work program of the National Centre for Monitoring Arthritis and Musculoskeletal Conditions was secured for the period 2006–2010. This paved the way for rolling out several projects, under the Arthritis and Osteoporosis Program of the Australian Government. Work was also initiated on a report on arthritis and musculoskeletal conditions in Australia. Other major projects undertaken were impairments and disability due to arthritis and osteoporosis in Australia, and juvenile arthritis in Australia.

In view of the emerging environmental health issues, the Unit established a work program in respiratory diseases. A particular focus of this work was on the role of air pollution in these diseases.

Asthma, arthritis and environmental health*Fast FACT*

Arthritis is the most common cause of physical impairments and disability in Australian adults.

The incidence of asthma in children is no longer trending upwards.

Septicaemia as a cause of death is becoming more common.

Cardiovascular Disease and Diabetes Unit**AIHW PUBLICATIONS
RELEASED**

* NEW INITIATIVE

*Socioeconomic inequalities in cardiovascular disease in Australia**

*Use of medicines by Australians with diabetes**

*Diabetes hospitalisations in Australia, 2003–04**

*Aboriginal and Torres Strait Islander people with coronary heart disease: further perspectives on health status and treatment**

*Aboriginal and Torres Strait Islander people with coronary heart disease: further perspectives on health status and treatment (summary booklet)**

*National Diabetes Register: impact of changed consent arrangements on ascertainment from the National Diabetes Services Scheme**

*Medicines for cardiovascular health: are they used appropriately?**

*Medicines for cardiovascular health: are they used appropriately?**
(report profile)

**DATA COLLECTIONS
MANAGED**

ACHIEVEMENTS

National Diabetes Register

The Unit continues to build on a solid base in providing national information on cardiovascular disease and diabetes in Australia. A significant number of novel analytical publications were produced (listed above) in various formats aimed to reach a wider audience, such as bulletins, reports, and new formats including a report profile and a summary booklet. Research findings were also presented at three major health conferences.

Demand for these publications has been very strong. All received good media coverage. Downloads of the reports from the AIHW website have been significant. For example, there were over 4,000 viewings of the *Aboriginal and Torres Strait Islander people with coronary heart disease: further perspectives on health status and treatment* report between its release and the end of March, and nearly 10,000 viewings of the *Socioeconomic inequalities in cardiovascular disease in Australia* bulletin up to the end of March.

Fast **FACT**

Cardiovascular disease and diabetes

People in rural and remote areas have higher death rates from cardiovascular disease (compared with those in major cities) but medicines are dispensed at half the rate in rural areas, and about one-thirtieth the rate in remote areas.

Functioning and Disability Unit

**AIHW PUBLICATIONS
RELEASED**

* NEW INITIATIVE

Current and future demand for specialist disability services

CSTDA NMDS tables prepared for the CSTDA annual public report 2004–05

*Therapy and equipment needs of people with cerebral palsy and like disabilities in Australia**

Life expectancy and disability in Australia 1988 to 2003

Disability support services 2004–05: national data on services provided under the Commonwealth–State/Territory Disability Agreement

Disability updates: children with disabilities

Drug use among Aboriginal and Torres Strait Islander peoples: an assessment of data sources

Alcohol and other drug treatment services in Australia 2004–05: report on the National Minimum Data Set

Alcohol and other drug treatment services in Australia 2004–05: findings from the National Minimum Data Set

Alcohol and other drug treatment services in New South Wales 2004–05: findings from the National Minimum Data Set

Alcohol and other drug treatment services in Victoria 2004–05: findings from the National Minimum Data Set

Alcohol and other drug treatment services in Western Australia 2004–05: findings from the National Minimum Data Set

Alcohol and other drug treatment services in South Australia 2004–05: findings from the National Minimum Data Set

Alcohol and other drug treatment services in Tasmania 2004–05: findings from the National Minimum Data Set

Alcohol and other drug treatment services in the Australian Capital Territory 2004–05: findings from the National Minimum Data Set

Alcohol and other drug treatment services in the Northern Territory 2004–05: findings from the National Minimum Data Set

Alcohol and other drug treatment services NMDS specifications 2007–08: data dictionary, collection guidelines and validation processes

DATA COLLECTIONS MANAGED

Commonwealth–State/Territory Disability Agreement National Minimum Data Set (CSTDA NMDS)

Alcohol and Other Drug Treatment Services National Minimum Data Set

National opioid pharmacotherapy statistics annual data collection.

DATA DEVELOPMENT WORK UNDERTAKEN

Framework and data definitions for outcome focussed indicators to monitor the fourth Commonwealth State/Territory Disability Agreement.

INITIATIVES AND NEW BUSINESS ARRANGEMENTS

A project to assess the effectiveness of the Coalition of Australian Government (COAG) Illicit Drug Diversion Initiative in rural and remote areas of Australia.

A project to identify opportunities for improvement or refinement of the CSTDA Performance Reporting Framework.

A project to develop a national data set and collection process for performance reporting and evaluation elements of the Young People in Residential Aged Care Program.

A project to enhance the Alcohol and Other Drug Treatment Services National Minimum Data Set to enable counting of clients and identification of comorbidity.

ACHIEVEMENTS

The major emphases of the Unit's work in the functioning and disability services area were the release of estimates of current and future demand for specialist disability services and the development of an enhanced performance framework and outcomes-focused indicators for the CSTDA. Both of these projects provide key support for the greater outcomes focus of the fourth CSTDA which is currently being developed.

The major emphasis of the Unit's work in the alcohol and drugs area was the project to evaluate the effectiveness of the COAG Illicit Drug Diversion Initiative in rural and remote areas of Australia. The results of this project will form a key part of the overall evaluation of the initiative.

The Unit continued its work as the major Australian centre for analysis of population data on disability and disability prevalence with the release of bulletins on life expectancy and disability and children with disabilities.

The Unit released the results of a major project, completed in collaboration with Cerebral Palsy Australia, on the needs for therapy and equipment in people with cerebral palsy and like disabilities. This report provides a unique information resource for governments, non-government and community organisations.

Fast FACT

Functioning and disability

The number of people aged under 65 with a profound or severe limitation in basic daily activities is projected to increase to over 750,000 people by 2010.

Health Registers and Cancer Monitoring Unit

AIHW PUBLICATIONS RELEASED

* NEW INITIATIVE

Cancer in Australia: an overview, 2006
Cervical cancer screening in Australia 2003–2004
Cervical cancer screening in Australia 2004–2005
BreastScreen Australia monitoring report 2003–2004
*Breast cancer in Australia: an overview, 2006**
*Ovarian cancer in Australia: an overview, 2006**

DATA COLLECTIONS MANAGED

National Cancer Statistics Clearing House
National Breast Cancer Screening Data Collection
Cervical Cancer Screening Data Collection
Bowel Cancer Screening Data Collection
National Death Index

DATA DEVELOPMENT WORK UNDERTAKEN

National Cervical Cancer Screening Program data dictionary.
Australian Cancer Incidence and Mortality books.

INITIATIVES AND NEW BUSINESS ARRANGEMENTS

A new contract with the National Breast Cancer Centre to produce *Breast cancer in Australia: an overview, 2006*, *Ovarian cancer in Australia: an overview, 2006* and *Breast cancer survival by size and nodal status*.

A new contract with the Cancer Institute NSW to produce the Australian and New South Wales Cancer Incidence and Mortality books.

Negotiating for a new contract with Cancer Australia to produce *Cancer survival and prevalence in Australia*.

A new contract with DoHA for safety monitoring of the guidelines for management of asymptomatic women with screen-detected abnormalities in the National Cervical Cancer Screening Program.

ACHIEVEMENTS

The AIHW has greatly increased access to cancer data online through creation of the Australian Cancer Incidence and Mortality books for 39 cancers.

There has been a more than 50% increase in the number of epidemiology research projects assisted through linkage to the National Death Index and National Cancer Statistics Clearing House.

Implementation of the National Bowel Cancer Screening Program by DoHA in 2006 has been supported by provision to the department of 6-monthly and 9-monthly monitoring reports.

Demand for AIHW analyses of cancer data increased, with additional contracted work by DoHA, the National Breast Cancer Centre, Cancer Australia and the Cancer Institute NSW.

Fast FACT

Cancer

In 2001–2003, there was significantly higher incidence of melanoma (associated with sun exposure) and lung, head and neck, and lip cancers (associated with smoking) in rural and remote areas than in metropolitan areas.

Men in rural and remote areas also had significantly higher rates of cancers of unknown primary site compared to metropolitan areas.

Collaborating units

National Injury Surveillance Unit (Flinders University)

AIHW PUBLICATIONS RELEASED

Hospitalisation due to falls in older people, Australia 2003–04

Injury of Aboriginal and Torres Strait Islander people due to transport, 1999–00 to 2003–04

Fall-related hospitalisations among older people: sociocultural and regional aspects

Electrical injury and death

Hospital separations due to injury and poisoning, Australia 2003–04

Injury deaths, Australia 2003–04

Hospitalised injury of Australia's Aboriginal and Torres Strait Islander people 2000–02

Hip fracture injuries

Burns and scalds

Child injury due to falls from playground equipment, Australia 2002–2004

Childhood poisoning in Australia

Spinal cord injury, Australia 2004–05

Planning and testing CATI-based injury prevention population surveys

Hospitalised basketball and netball injuries

New external cause categories in fifth edition of ICD-10-AM

Alcohol and work: patterns of use, workplace culture and safety

Injury Issues Monitor 37

Injury Issues Monitor 38

DATA COLLECTIONS MANAGED

DATA DEVELOPMENT WORK UNDERTAKEN

Australian Spinal Cord Injury Register

Redevelopment of the software system housing the Australian Spinal Cord Injury Register commenced. The redevelopment will enable updating of register data elements to correspond to current versions in national data standards.

A review of cause codes assigned to routine mortality data for injury deaths began. This is guiding a project to improve the reliability of the injury mortality surveillance reports.

A submission was made to the revision process for the external causes chapter of ICD-10-AM, and advice was provided on related matters.

INITIATIVES AND NEW BUSINESS ARRANGEMENTS

Commencement of a 3-year program under which the National Injury and Surveillance Unit (NISU) has agreed to produce reports on transport-related injury for the Australian Transport Safety Bureau (ATSB).

ACHIEVEMENTS

NISU's reports published in 2006–07 provide a comprehensive survey of the main aspects of serious injury in Australia. NISU's general statistical reports on all injury deaths and all injuries admitted to hospitals are the only regular series with national scope providing thorough coverage of these topics.

NISU's reports in 2006–07 on falls injury included an in-depth analysis of hospitalised injuries due to falls by older Australians. Collaborative work on this topic, funded by DoHA separately from the NISU program, is developing a tool to assist policy officers to make evidence-based decisions on the allocation of falls prevention funding.

NISU published two major reports in 2006–07 on injury in the Aboriginal and Torres Strait Islander population of Australia. The first report, on hospitalised injury, complements a previous report on injury mortality. Previous publications — from NISU

and other agencies — have shown that rates of serious and fatal injury are high for Indigenous Australians. The report confirmed this finding, and showed the exceptionally high rates of hospitalised injury due to assault, especially for Indigenous residents of remote and very remote parts of Australia.

The second report on this theme was a detailed report on serious transport-related injury, which was prepared for the ATSB. This is the first of a program of reports which NISU is contracted to provide for that agency, and the first of an annual series on Indigenous transport injury. In addition to providing a uniquely detailed description of the extent and circumstances of transport injury, this report provides baseline information for targeted transport safety programs. Other collaborative work on this topic, funded by the ATSB separately from the NISU program, is enabling more detailed investigation of factors influencing safe travel for Indigenous people, initially in South Australia. NISU personnel were invited by the ATSB to contribute to the Third Indigenous Road Safety Forum, in Broome in October 2006.

Fast **FACT**

Injury

About 2% of Australians aged 65 years and older, rising to 10% of those aged 90 and older, are admitted to hospital each year due to fall-related injuries, most often hip fractures. These cases accounted for 4.3% of all hospital discharges for this age-group in 2003–04, but for 10.9% of their hospital bed-days, reflecting the long hospital stays often required for fall injuries.

National Perinatal Statistics Unit (University of NSW)

**AIHW PUBLICATIONS
RELEASED**
* NEW INITIATIVE

- Australia's mothers and babies 2004*
- Assisted reproduction technology in Australia and New Zealand 2004*
- Maternal deaths in Australia 2000–2002*
- Smoking and pregnancy**

**DATA COLLECTIONS
MANAGED**

- National Perinatal Data Collection
- Australian Birth Anomalies System
- Congenital Malformation Data System
- Australia and New Zealand Assisted Reproduction Database (ANZARD)

Assisted Conception Data Collection
National Maternal Deaths Data Collection

**DATA DEVELOPMENT
WORK UNDERTAKEN**

Preparation of submissions to the Statistical Information Management Committee and the Health Data Standards Committee for new data elements in the Perinatal National Minimum Data Set and *National health data dictionary*, and changes to data elements.

Development of a National Minimum Data Set for the congenital anomalies system. Development of national standard maps for classification of conditions. Development of user guides for data sets held by the National Perinatal Statistics Unit.

**INITIATIVES AND
NEW BUSINESS
ARRANGEMENTS**

Development of an options paper on the future directions of maternal morbidity and mortality.

Development of an options paper on the potential and possibility to collect national data on newborn screening and prenatal diagnosis.

With support of, and funded by, NHMRC, the first national survey on embryo disposition was conducted between October 2006 and March 2007. The result of this survey will be disseminated in the next financial year. The main outcome from this survey is to re-develop ANZARD with additional data on embryo usage and become a population-based assisted reproductive technology (ART) data collection. The new collection will be able to report annually and nationally on embryo disposition by using routinely collected ART data.

ACHIEVEMENTS

The report on smoking and pregnancy was the first national report on the perinatal status of mothers who smoked while pregnant. This report covered five states and territories (that collect comparable data) and successfully raised awareness of the association between smoking in pregnancy and poorer perinatal outcomes.

The findings reinforce the value of having routinely collected national perinatal data for monitoring of perinatal outcomes and their role in evaluating primary interventions such as smoking cessation programs. The publication of the report has been in conjunction with a targeted program of data development of nationally agreed items on smoking in pregnancy.

In addition, the fourteenth report on Australia's mothers and babies presented data based on the preliminary maternal indicators proposed by the national Maternity Indicators Project for measuring perinatal outcomes. This inclusion in the national report was to allow national dissemination and to support the future development of these important safety and quality measures. The report also included a new chapter on first-time mothers and their babies. It reported that the average age of first-time mothers was 28.0 years, an increase from 26.5 years in 1995.

A national survey on embryo disposition has been completed and briefing documents on the feasibility of enhancing ANZARD to be able to better monitor embryo disposition prepared.

The National Perinatal Statistics Unit (NPSU) has re-developed and re-launched its website in April 2007, according to the University of New South Wales Branding Guidelines. The new website has a new structure aiming at helping website visitors or viewers to find relevant information more easily. It has been well received, although there is no comparable statistics available at the moment because the old site did not provide statistics on access. It is planned to more closely monitor the access of and activities on the website so that the website can be served as an important portal for NPSU in providing statistical information on perinatal health to communities and professionals.

Work on the *Congenital anomalies in Australia 1998–2001* report commenced during this period. This has been a complex process as it has entailed collaborative work on mapping, and work towards development of a minimum data set and clinical definitions. Work on the new Australian Congenital Anomalies System is ongoing with a user guide on how to use congenital anomalies data being developed and compilation of the 2002 and 2003 data and preparation of the report underway for release in the next financial year.

Fast FACT**Perinatal health**

Smoking and pregnancy — smoking is associated with poorer perinatal outcomes and is a risk factor for pregnancy complications. In 2003, 17.3% of women who gave birth smoked while pregnant in New South Wales, Western Australia, South Australia, the Australian Capital Territory and the Northern Territory. The proportion of live born low birthweight babies of mothers who smoked was 10.6%, twice that of babies of mothers who did not smoke (5.1%).

Dental Statistics and Research Unit (University of Adelaide)

AIHW PUBLICATIONS RELEASED

Service patterns by reason for visit: research report no. 30

Oral health status of middle-aged adults: research report no. 31

Socioeconomic differences in children's dental health: The Child Dental Health Survey, Australia 2001

Australia's dental generations: the National Survey of Adult Oral Health 2004–06

DATA COLLECTIONS MANAGED

National Survey of Adult Oral Health

National Dental Telephone Interview Survey

Child Dental Health Survey

Adult Dental Programs Survey

Longitudinal Study of Dentist Practice Activity

National Dental Labour Force Data Collection

Dental Satisfaction Survey

Oral Health of Special Groups Data Collection

Study of Dental Services and Treatment Factors

DATA DEVELOPMENT WORK UNDERTAKEN

Redesign of the Child Dental Health Survey.

ACHIEVEMENTS

The Dental Statistics and Research Unit (DSRU) conducted the National Survey of Adult Oral Health (NSAOH), Australia's second dental examination survey of a nationally representative sample of adults. NSAOH supplements the DSRU's National Dental Telephone Interview Survey. The NSAOH was conducted in collaboration with state and territory health departments. Results were published in the report *Australia's dental generations: the National Survey of Adult Oral Health 2004–06*, which was launched by the Federal Health Minister, The Hon. Tony Abbott in March 2007. A third data collection component via a mailed questionnaire continued into 2007. The National Dental Telephone Interview Survey 2005–06 data set has also been cleaned and analysed so as to build the time series of such surveys from 1994, 1995, 1996, 1999, 2002 and 2005–06. This series of interview surveys is valuable in analysing change in self-reported oral health and access to dental care.

The DSRU is collaborating with state and territory health departments in the redesign of the Child Dental Health Survey (CDHS). Issues of sample size and representativeness of the

data, precision of the measurement of caries experience and linked sociodemographic data are all being addressed. Several demonstrations of new methodologies are underway in New South Wales (NSW Child Dental Health Survey 2007) and in Western Australia. Some change is being aided by adoption of common electronic records among school dental services.

A specific research project, the Child Oral Health Study, has been linked to the CDHS in four states. This study aims to examine the association of exposure to fluoride and caries experience. Data have been collected by dental examination and parental questionnaire on approximately 18,000 children in South Australia, Victoria, Tasmania and Queensland. These data have been prepared, cleaned and analysis has commenced. A substudy has focused on fluoride exposure, dental fluorosis and caries.

Data on the oral health of adults attending the public dental services for dental care are collected through the Adult Dental Programs Survey. These data are collected every 5 years and efforts to gain data from all states and territories have been underway throughout 2006.

Issues surrounding the size and distribution of the dental labour force are prominent in the dental profession and Australian universities. The DSRU has updated baseline estimates of supply through the National Dental Labour Force Data Collection. Further, a report on possible projections for both supply and demand for dental visits has been prepared. These were presented to a meeting of the Committee of Heads and Deans of Dental Schools and to the Monitoring Group for the National Oral Health Plan 2004–2013 which reports to the Australian Population Health Development Principal Committee of the AHMAC.

The DSRU is also collating from the above data sources information to monitor a set of key performance indicators (KPIs) for the National Oral Health Plan. A DSRU-proposed set of KPIs was accepted by the monitoring group and the Australian Population Health Development Principal Committee of the AHMAC during 2006. The DSRU will track changes in the indicators against its surveillance data sets.

Dental health

Fast FACT

Young adults, members of the fluoride generation, had about half the level of decay that their parents' generation had developed as young adults.

Australian General Practice Statistics and Classification Centre (University of Sydney)

AIHW PUBLICATIONS RELEASED

General practice activity in Australia 2005–06

DATA COLLECTIONS MANAGED

The BEACH (Bettering the Evaluation and Care of Health) program, a continuous national study of general practice activity

DATA DEVELOPMENT WORK UNDERTAKEN

Transfer of the 91 general practice electronic health record (EHR) minimum data set elements into METeOR to allow further development to achieve compatibility with *National health data dictionary* and National E-Health Transition Authority (NEHTA) data elements.

Complete mapping of International Classification of Primary Care ICPC-2 PLUS (also known as the BEACH coding system) to ICD-10-AM and release of the beta version for field use.

Commencement of a contract with NEHTA for mapping of the Australian Medicines Terminology to the World Health Organization anatomic, therapeutic chemical (ATC) drug classification.

Commencement of a program to map ICPC-2 PLUS to SNOMED; a standardised health-care terminology Clinical Terms (CT) and thence to ICPC-2 and ICD-10-AM, with development of a SNOMED CT primary care subset.

Involvement in the continuing revision of ICPC-2 and planning for the development of ICPC-3 through the Wonca International Classification Committee.

Involvement in the international development of a SNOMED Primary Care subset and map to ICPC-2 through the SNOMED International Primary Care Working Group.

Continuing revision of ICPC-2 PLUS to ensure accuracy of data entry into the BEACH database and accurate data analysis.

ACHIEVEMENTS

The AIHW's collaboration with the Australian General Practice Statistics and Classification Centre at the University of Sydney provides the only source of detailed statistical information on the work of general practitioners in Australia. The centre conducts the BEACH program in collaboration with the AIHW and a consortia of private and public sector funders.

Data from the BEACH program were used in multiple AIHW publications including *Australia's health 2006*. The eighth annual report of current general practice activity (*General practice activity in Australia 2005–06*) was published as an AIHW report in the general practice series. This publication included an investigation of changes in clinical practice since 1998–99, particularly in light of the use of practice nurses to undertake the general practitioners clinical services under new Medical Benefits Schedule claimable item numbers.

Fast FACT

General practice activity

In Australia, we spend an average 83.4 minutes per year per head of population with a general practitioner (compared with 29.7 minutes in the United States of America and 55.5 minutes in New Zealand).

Public Health Information Development Unit (University of Adelaide)

AIHW PUBLICATIONS RELEASED

*NO AIHW CATALOGUE NUMBER

*Australian and New Zealand atlas of avoidable mortality**

*Atlas of avoidable hospitalisations: ambulatory care-sensitive conditions**

ACHIEVEMENTS

Two important reports released this year are the *Australian and New Zealand atlas of avoidable mortality* and the *Atlas of avoidable hospitalisations: ambulatory care-sensitive conditions*. The reports provide information about the classifications supporting the concepts, as well as details of variations in these measures, geographically and by socioeconomic status. The data from these atlases are also available from the Public Health Information Development Unit (PHIDU) website in Microsoft Excel spreadsheets and as maps, through the interactive mapping software.

In May, population health profiles of each Division of General Practice were released: they supplement the profiles released in March 2006 and are available from the PHIDU website as hard-

copy reports, with the data available in MS Excel spreadsheets and as maps. The profiles have generated considerable interest from the divisions and other users, as they provide information for whole divisions and subareas within each division, as well as comparisons with capital city, rest of state/territory and state/territory totals. The demographic make-up, socioeconomic status, health and wellbeing of the populations of the divisions are described through tables, graphs and maps: perhaps of most interest have been the estimates of the prevalence of chronic disease and associated risk factors.

At the same time, the first online Aboriginal and Torres Strait Islander Social Health Atlas was released. The atlas provides data at three geographic levels — Office for Aboriginal and Torres Strait Islander Health (OATSIH) planning region, Indigenous area and statistical local area — with comparisons provided for states, territories and Australia. The data sets largely comprise data from the 2001 ABS Census, together with the total fertility rate and premature death rates. The inclusion of data for some variables from the 1996 Census commences a time series, with data from the 2006 Census to be added in the coming year. Other data to be included are hospital admissions (total and selected causes) and selected perinatal risk factors.

Public health information development

Fast FACT

The largest small area database of indicators of population health in Australia is now available online on the PHIDU website, <www.publichealth.gov.au>. The interactive mapping software is easy to use, and provides links to metadata, data sets and reports.

Australian Centre for Asthma Monitoring (Woolcock Institute of Medical Research)

AIHW PUBLICATIONS RELEASED

* NEW INITIATIVE

*Asthma and chronic obstructive pulmonary disease among older people in Australia: deaths and hospitalisations**

*Asthma in Australia: findings from the 2004–05 National Health Survey**

*Patterns of asthma medication use in Australia**

*Survey questions for monitoring national asthma indicators**

DATA DEVELOPMENT WORK UNDERTAKEN

Publication of a web-based report with recommended survey questions to ensure consistency in the data collected to monitor core national asthma indicators.

Delivery of a draft implementation plan to investigate underutilisation of inhaled corticosteroids in Australia.

Provided input to the ABS on an asthma question module for the 2007–08 National Health Survey.

Input into the design of a quantitative study on the needs of people with asthma in New South Wales for the Asthma Foundation of New South Wales.

Demonstration of how the Pharmaceutical Benefits Scheme (PBS) database, with the inclusion of patient Medicare number, can be used for the investigation of medication use for other conditions.

ACHIEVEMENTS

The AIHW has continued to support development of information on asthma through its collaboration with the Australian Centre for Asthma Monitoring (ACAM).

ACAM has published four substantive reports and presented important findings at scientific meetings in Melbourne, Canberra and Auckland during the reporting period.

This year ACAM published information on obstructive lung disease in Australians aged 55 years and over in the report *Asthma and chronic obstructive pulmonary disease among older people in Australia: deaths and hospitalisations*.

The ACAM also published a recommended module of questions for monitoring asthma indicators in health surveys. These recommendations resulted from a thorough review and development process that involved a systematic review of relevant literature, consultation with experts in asthma, and cognitive and reliability testing of questions. It is envisaged that the recommended survey questions in the online report *Survey questions for monitoring national asthma indicators* will help ensure consistency and enable comparability in the data collected to monitor core national asthma indicators.

After many months of difficult and challenging analyses, the ACAM published *Patterns of asthma medication use in Australia*, which reported on the first study to use national data from the Pharmaceutical Benefits Scheme (PBS) to investigate the patterns of asthma medication use in Australia since the

inclusion of demographic information in the PBS database in 2002. The ACAM identified that most people who use inhaled corticosteroids use them intermittently, even though guidelines recommend that these drugs be used regularly by those who need them. The report also raised the possibility that the price charged to general asthma patients represents a barrier to the use of inhaled corticosteroids. The methods used by the ACAM in this study are likely to be useful to researchers investigating medication use for other conditions and diseases.

The final report published by the ACAM this year presented results from the 2004–05 National Health Survey, conducted by the ABS, the only nationwide source of self-reported information on asthma, its management, quality of life and health-related behaviours. *Asthma in Australia: findings from the 2004–05 National Health Survey* showed a reduction in the burden of asthma in Australia between 2001 and 2004–05, with a reduction in prevalence coupled with better self-reported health and less asthma-related days off work. However, the report brought to light a number of areas in which socioeconomic disparities are widening, including the gap in asthma prevalence between people residing in the most advantaged and most disadvantaged localities.

The online, html version of ACAM's signature report *Asthma in Australia* continued to receive hits from all over the world with over 4,200 unique visitors each viewing three chapters on average during the reporting period.

Asthma

Fast FACT

The burden of asthma in Australia has reduced and there have been some improvements in the management of the disease, although socioeconomic disparities in relation to asthma are widening.

Welfare and Housing Group

Housing and Homelessness Cluster

In mid-2006, the Housing and Homelessness Cluster was formed as part of the Welfare and Housing Group. The cluster brings together the Housing Assistance Unit, The Supported Accommodation and Crisis Services Unit and a newly formed Housing Data Analysis Unit. The cluster was developed to enhance the AIHW's role in producing statistics, analysis and information on housing and homelessness and in particular, is intended to develop statistics and information relating to the links between the two sectors.

Housing assistance

AIHW PUBLICATIONS RELEASED

Public rental housing 2005–06: Commonwealth State Housing Agreement national data report

State owned and managed Indigenous housing 2005–06: Commonwealth State Housing Agreement national data report

Community housing 2005–06: Commonwealth State Housing Agreement national data report

Crisis Accommodation Program 2005–06: Commonwealth State Housing Agreement national data report

Home purchase assistance 2005–06: Commonwealth State Housing Agreement national data report

Private rent assistance 2005–06: Commonwealth State Housing Agreement national data report

Community housing data collection 2004–05: results for the trial collection of unit record level dwelling and organisation administrative data

Community housing data collection 2005–06: results for the trial collection of unit record level dwelling and organisation administrative data

Public and state owned and managed Indigenous housing 2005–06: Commonwealth State Housing Agreement national data user guide

DATA COLLECTIONS MANAGED

National CSHA (Commonwealth–State Housing Agreement) Public Rental Housing Data Collection

National CSHA State Owned and Managed Indigenous Housing Data Collection

National CSHA Community Housing Data Collection

National CSHA Crisis Accommodation Program Data Collection
 National CSHA Private Rent Assistance Data Collection
 National CSHA Home Purchase Assistance Data Collection
 National Social Housing Survey of Public Rental Housing Tenants
 National Social Housing Survey of Community Housing Tenants

DATA DEVELOPMENT WORK UNDERTAKEN

Continued to implement the strategy for improving the quality, coverage and consistency of community housing data under the 2003 CSHA, including:

- implementation of recommendations in the 2004–05 trial of unit record level dwelling and organisation administrative data
- working with individual jurisdictions to identify actions that could be taken to improve the quality and coverage of their community housing data.

Reviewed, developed, analysed and implemented modifications initially requested by the National Housing Data Agreement Management Group (and subsequently endorsed by the National Committee for Housing Information) to summary items and performance indicators for national reporting of CSHA public rental housing and state owned and managed Indigenous housing data collections.

INITIATIVES AND NEW BUSINESS ARRANGEMENTS

The 2006–07 financial year was characterised by significant change for both the external and internal management and funding arrangements for the Housing Assistance Unit. In August 2006, the Housing Ministers' Advisory Council (HMAC) dissolved the National Housing Data Agreement Management Group, the National Indigenous Housing Information and Implementation Committee and their various subcommittees and formed the National Committee for Housing Information (NCHI) with an associated single workplan and budget.

ACHIEVEMENTS

All tasks on the 2006–07 work program were met on time and completed to a high standard. This included the completion of the Crisis Accommodation Program, private rent assistance and home purchase assistance collections, which were only agreed by HMAC in April 2007.

Changes were made to the structure of the six CSHA reports, in particular the incorporation of a new summary section at the

start and the streamlining of the data tables. The NCHI noted that these changes were a big improvement to previous years, making the data more accessible.

There was a greater media interest in the reports of the three larger collections, including radio interviews relating to all three reports.

A new statistical analysis system-based approach for the checking and analysis of household-level data for community housing was developed. This will result in data of greater reliability for those jurisdictions that employ this approach in the 2006–07 collection. It will also mean that the processing and editing of the three major collections are becoming similar where data items and concepts align.

The Unit continued to develop jurisdiction-specific methodologies for identifying 'income units' within households for the public rental housing and state owned and managed Indigenous housing data collections. It is possible that seven jurisdictions will be able to report against income units for 2006–07.

The Unit continued to work with jurisdictions to align a number of specific data items in the mainstream and targeted Indigenous public rental housing collections; for example, income source (now maps fully with the ABS standard) and mapping of priority allocation codes to the greatest need standard.

A waiver of the NCHI signoff of CSHA data for the preliminary version of the Report on Government Services was negotiated between the NCHI and the Housing Working Group secretariat. This has freed up time to ensure data and associated footnotes for the final report are of the highest quality.

The formation of the Housing and Homelessness Cluster has provided opportunities for unit members to work in new and emerging areas. For example: the development and testing of a new tool to identify/manage high and complex needs clients presenting to homelessness services; mapping FaCSIA data sets with a view to undertaking analysis of clients with high and complex needs; and the analysis of mainstream and targeted Indigenous public housing data as part of the work requested by housing ministers to inform ongoing negotiations of the new CSHA.

The AIHW has received agreement from the Policy Research Working Group (under HMAc) to attend its meetings for items that are relevant to the NCHI and/or the work program of the AIHW. This will assist us in ensuring that our work reflects current and emerging policy issues.

Housing assistance

Fast FACT

Families with children account for only 28% of all households in public rental housing; dwellings are most likely to be occupied by a single adult (49%).

Output group 3

Housing Data Analysis Unit

DATA COLLECTIONS MANAGED

Australian Government Housing Data Set

DATA DEVELOPMENT WORK UNDERTAKEN

Development of measures of rent setting and subsidies for social housing tenants.

Development of concepts and measures of high and complex needs tenants and persons.

INITIATIVES AND NEW BUSINESS ARRANGEMENTS

Undertook the modelling of rent setting options for social housing tenants for the HMAc consideration of options for the renegotiation of the CSHA.

ACHIEVEMENTS

The success of the rent setting modelling work was raised by the AIHW Board as a significant achievement and a substantial contribution to the renegotiation work on a future CSHA.

Housing data analysis

Fast FACT

If rebated public housing was not part of the 2008 CSHA there would be 197,000 more low-income households paying more than 25% of their income in housing costs in Australia — this represents 2.7% of all Australian households.

Supported Accommodation and Crisis Services Unit

AIHW PUBLICATIONS RELEASED

Homeless people in SAAP: SAAP National Data Collection annual report 2005–06 Australia

Homeless people in SAAP: SAAP National Data Collection annual report 2005–06 New South Wales supplementary tables

Homeless people in SAAP: SAAP National Data Collection annual report 2005–06 Victoria supplementary tables

Homeless people in SAAP: SAAP National Data Collection annual report 2005–06 Queensland supplementary tables

Homeless people in SAAP: SAAP National Data Collection annual report 2005–06 Western Australia supplementary tables

Homeless people in SAAP: SAAP National Data Collection annual report 2005–06 South Australia supplementary tables

Homeless people in SAAP: SAAP National Data Collection annual report 2005–06 Tasmania supplementary tables

Homeless people in SAAP: SAAP National Data Collection annual report 2005–06 Australian Capital Territory supplementary tables

Homeless people in SAAP: SAAP National Data Collection annual report 2005–06 Northern Territory supplementary tables

Homeless SAAP clients with mental health and substance use problems 2004–05: a report from the SAAP National Data Collection

Demand for SAAP assistance by homeless people 2004–05: a report from the SAAP National Data Collection

Demand for SAAP accommodation by homeless people 2004–05: a report from the SAAP National Data Collection

Homeless children in SAAP 2004–05

Homeless children in SAAP 2004–05: summary findings

**DATA COLLECTIONS
MANAGED**

Supported Accommodation Assistance Program (SAAP) Client Collection

SAAP Administrative Data Collection

SAAP Demand for Accommodation Collection

**DATA DEVELOPMENT
WORK UNDERTAKEN**

The Unit has worked with SAAP administrators to redevelop the SAAP Administrative Data Collection to improve the consistency of information collected about SAAP agencies.

**INITIATIVES AND
NEW BUSINESS
ARRANGEMENTS**

In December 2006, the Supported Accommodation and Crisis Services (SACS) Unit was contracted by the Victorian Office of Housing to pilot, implement and provide ongoing management of the Victorian Homelessness Data Collection.

This initiative seeks to integrate reporting across the three major programs of the Victorian Homelessness Strategy.

The SMART 6 Implementation Team was established in association with the SACS Unit in March 2007 to manage the development and pilot testing of SMART 6, a new data capture software tool developed as part of the SAAP national information system. The team is a cross-institute group using skills from across the various units.

In May 2007, the SACS Unit entered into an agreement with the New South Wales Department of Community Services Non Government Organisation Training Program (NGOTP). Under this agreement, NGOTP staff will be trained and supported by the SACS Unit to deliver training in the SAAP Management and Reporting Tool (SMART) throughout New South Wales.

ACHIEVEMENTS

Substantial redevelopment of the SAAP electronic data collection instrument, SMART, continued during 2006–07. Work has continued throughout the year to link SMART to METeOR. This will promote the use of national data standards when SAAP agencies collect data for their own purposes that are additional to the SAAP Core Data Set.

The SACS Unit has completed work to enable the piloting and evaluation of the three modules of the Victorian Homelessness Data Collection. This project incorporates work by the SMART 6 Implementation Team to develop and pilot test SMART Version 6.

In 2006–07, the Unit contributed to the development and pilot testing of an innovative Indigenous-specific data collection training package. The package includes a training DVD produced by FaCSIA with the assistance of SACS Unit staff. The package was developed to address non-participation by Indigenous services (including those in remote areas) and to improve data quality.

The Unit published the first set of annual statistics (a national report and eight state and territory reports for the reporting year 2005–06) using the revised SAAP Client Collection (the Core Data Set). The collection now has a reduced set of questions with refined data definitions, and a new statistical linkage key aligned with other community services collections.

Reports were also produced for each of the 1,300 contributing agencies about their clients for 2005–06 (in November 2006) and for the 6 months to 31 December 2006 (in May 2007). These agency reports were redeveloped to incorporate the new Core Data Set, and were produced in a new user-friendly format. In addition, several new derivations of the data were included in the reports (for example, number of active support days).

The SACS Unit published two innovative reports on particular client groups of interest to current policy work: *Homeless children in SAAP 2004–05* and an accompanying summary findings bulletin were published in August 2006; and *Homeless SAAP clients with mental health and substance use problems 2004–05* was published in March 2007.

fast FACT

Supported accommodation

In 2005–06, 1 in every 57 Australian children aged between 0 and 4 years accompanied a parent or guardian to a Supported Accommodation Assistance Program agency.

Ageing and Aged Care Unit

AIHW PUBLICATIONS RELEASED

* NEW INITIATIVE

Residential aged care in Australia 2005–2006: a statistical overview

Aged care packages in Australia 2005–2006: a statistical overview

*Dementia in Australia: national data analysis and development**

National evaluation of the Aged Care Innovative Pool Disability

*Aged Care Interface Pilot: final report**

*National evaluation of the Retirement Villages Care Pilot: final report**

*National evaluation of the Aged Care Innovative Pool Dementia Pilot: final report**

*Veterans on Community Aged Care Packages: a comparative study**

DATA COLLECTIONS MANAGED

The Ageing and Aged Care Unit does not collate any data collections, but maintains, documents and analyses national data on residential aged care, community aged care packages, extended aged care at home, extended aged care at home dementia and home and community care.

**DATA DEVELOPMENT
WORK UNDERTAKEN**

Assessment of dementia data available through key survey and administrative data sources.

Development of recommended data elements for data collection about dementia.

**INITIATIVES AND
NEW BUSINESS
ARRANGEMENTS**

The Ageing and Aged Care Unit, together with Dr Diane Gibson, is a participating member of the primary Dementia Collaborative Research Centre led by Professor Henry Brodaty. The AIHW leads the Transitions in Care node whose members include researchers from the University of New South Wales and the University of Queensland. The node is conducting a systematic review of existing published evidence in this area. The Unit collaborated with the Office for an Ageing Australia within DoHA, the Australian Research Council (ARC)/NHMRC Research Network in Ageing Well, the Office of the Australian Safety and Compensation Council, FaCSIA, and the Department of Veterans' Affairs to organise and present the Building Ageing Research Capacity (BARC) Colloquium at the National Museum of Australia in July 2006.

Work commenced on the Care Pathways of Older Australians project. This 3 year project has funding support from the NHMRC. It is being undertaken in conjunction with the AIHW's Community Services Integration and Linkage Unit together with leading researchers from La Trobe University and the University of Queensland. The project will provide insights into patterns of aged care service use by older people with dementia, cardiovascular disease and arthritis.

ACHIEVEMENTS

The Unit completed three major evaluation reports which contributed to policy debate and/or formulation in relation to community-based services for people with dementia; access to aged care packages by people living in retirement villages; and the aged care service needs of people with disabilities which manifested before age 65. Data collection tools and instruments developed for the evaluation projects have been made available to a number of researchers, thus contributing to improved data consistency and the use of data standards in this area.

The comprehensive report about the prevalence and experience of dementia assessed existing Australian data and provided direction to improving the consistency and quality of national data. The report has met a need for more information

in this area — over 60 copies of the report have been sold and there have been more than 53,000 requests to download an electronic version of the report in 4.5 months.

The BARC Colloquium in July was attended by 120 of Australia’s leading researchers, policymakers, advocates and practitioners to address the need for improvement in the translation of ageing research evidence into policy and practice. The strong attendance at the event reflects the success of the BARC process in engaging a wide range of relevant policy areas with the ageing research and policy agenda.

The Unit again produced two timely annual reports about residential aged care and aged care packages in the community. These publications are a major source of publicly available information about aged care in Australia and are highly valued and used by service providers and researchers.

Unit staff actively increased awareness of its publications and data through presentations at conferences and seminars attended by researchers, students, service providers, health and welfare practitioners and advocacy and community groups.

Fast FACT

Ageing and aged care

In 2003, an estimated 690,000 older Australians living at home received assistance with daily living from relatives and friends.

The number of people with dementia is expected to increase to almost 465,000 by 2031.

Children, Youth and Families Unit

**AIHW PUBLICATIONS
RELEASED**

* NEW INITIATIVE

*Child protection and out-of-home care performance indicators**

Adoptions, Australia 2005–06

Child protection, Australia 2005–06

Final report on the development of the Children’s Services National Minimum Data Set

Young Australians: their health and wellbeing 2007

Young Australians: their health and wellbeing 2007: selected highlights

*Educational outcomes of children on guardianship and custody orders: a pilot study**

**DATA COLLECTIONS
MANAGED**

National Adoptions Data Collection
National Child Protection Data Collection

**DATA DEVELOPMENT
WORK UNDERTAKEN**

Linked data between children on guardianship and custody orders and their educational outcomes.
Assisted the Protection and Support Services Working Group Review of Government Service Provision in the development of new effectiveness indicators for child protection.
Developed a business plan case for the Children's Health, Development and Wellbeing Headline Indicators.
Analysis of South Australian child protection unit record data.

**INITIATIVES AND
NEW BUSINESS
ARRANGEMENTS**

Developed a business plan for the program supporting the Headline Indicators for Children's Health, Development and Wellbeing for work to commence in 2007–08.
Agreed to undertake an evaluation of a selection of projects funded by the Telstra Foundation on childhood obesity.
A joint project with the Australian Institute of Family Studies to review the comparability of a selection of child protection data items across jurisdictions.

ACHIEVEMENTS

2006–07 was a busy year for the Children, Youth and Families Unit. Our standing publications, *Child protection, Australia 2005–06* and *Adoptions, Australia 2005–06*, received considerable media interest upon their releases. The year also saw the release of our third report on *Young Australians: their health and wellbeing*, which is a widely used source of information on Australia's young people. In recognition of our expertise, the AIHW was invited by the Telstra Foundation to evaluate the community programs they funded to combat the problem of childhood obesity. The development of the business plan for the Headline Indicators was a result of clear consensus amongst the states and territories that the AIHW should have a leadership role with regard to this developmental and reporting program.

Children, youth and families

Indigenous children on guardianship/custody orders had lower reading and numeracy scores than other children on orders. The 'Indigenous disadvantage' is notionally equivalent to about 8 to 12 months of schooling.

Community Services Integration and Linkage Unit

AIHW PUBLICATIONS RELEASED

* NEW INITIATIVE

*The ins and outs of residential respite care**

Juvenile justice in Australia 2004–05

DATA COLLECTIONS MANAGED

Juvenile Justice National Minimum Data Set (NMDS)

DATA DEVELOPMENT WORK UNDERTAKEN

The Unit has worked with data providers for the Juvenile Justice NMDS to resolve a range of data issues involved with the matching of data between years to ensure the integrity of the longitudinal data collection. It has continued working with the Juvenile Justice Data Working Group on the development of data on offences and been involved in the development of key performance indicators for juvenile justice.

INITIATIVES AND NEW BUSINESS ARRANGEMENTS

The first NHMRC grant received by the AIHW was awarded for the project Care Pathways for Older Australians with Dementia, Cardiovascular Disease and Arthritis submitted together with the Ageing and Aged Care Unit, and researchers from La Trobe University and the University of Queensland. Work has commenced on this project which will explore the care transitions and care pathways for older Australians diagnosed with one of three chronic diseases which contribute substantially to the burden of disease in Australia.

The Unit has received part-funding from the AHMAC cost-shared budget to develop a prototype publication on the movement of people from hospital to residential aged care. The project uses the AIHW event-based linkage strategy to establish and analyse a database linking hospital and residential aged care.

The Unit commenced work on a project funded by the Community and Disability Services Ministers' Advisory Council (CDSMAC) to undertake a scoping project to investigate the processes, methodology, ethical issues and analytical possibilities of linking data relating to clients of child protection, juvenile justice and SAAP.

ACHIEVEMENTS

During 2006–07, the Unit developed several enhancements in data linkage methodology that are enabling innovative analyses to provide information relevant to policy makers, by supporting whole-of-government and life transition views, especially of older Australians. Results from a comparison of data linkage strategies, carried out in collaboration with the Data Linkage Unit in WA Health, have demonstrated the utility of the AIHW event-based linkage strategy for linking hospital and residential aged care data. Work has commenced on a project to develop a prototype publication on the movement of people from hospital to residential aged care using this methodology. This methodological framework is also being further developed in the NHMRC-funded project on care pathways in older Australians and will form the basis for a range of reports analysing relationships across service sectors.

Other data linkage work in the aged care sector resulted in a report on the relationships between respite, permanent residential and community care for older people, and the completion of a comparison of health services by veterans in residential aged care with those living in the community. These two projects also demonstrated the value of this work for new and valuable analyses of service use patterns to inform policy.

After wide consultation, the Unit was responsible for developing the AIHW Data Linkage Protocol, which was finalised and approved by the Board in July 2006. This protocol has been extensively publicised both internally and externally, and this has increased the confidence of data providers and other stakeholders that privacy is being safeguarded throughout the data linkage process.

The Unit has worked with jurisdictions in continuing to improve the data quality of the Juvenile Justice NMDS. The second report on the 2004–05 data has expanded considerably on the material in the first report. In particular, a new summary measure of average daily numbers of young people in detention and community supervision has been developed, which has proved useful in providing simple explanations of the data. The awareness and use of the Juvenile Justice NMDS has grown considerably as shown by an increase in enquiries, visits to the webpage and number of citations.

Fast FACT**Community services integration and linkage**

Among users of residential respite care, the use of community services (home and community care or community aged care packages) appears to delay entry into permanent residential aged care: 46% of people who use respite but no community services in one quarter are admitted to permanent care by the end of the next quarter, compared with 35% of people who also access community care services.

Fast FACT**Juvenile justice**

In 2004–05, the rate of juvenile justice supervision for young people aged 10 to 17 years was 22 times greater for Aboriginal and Torres Strait Islanders than other Australians.