



**Australian Government**

**Australian Institute of  
Health and Welfare**

# access

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## AIHW access

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**Australian Institute of Health and Welfare**  
**Board Chair** Dr Andrew Refshauge  
**Director** David Kalisch

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Greetings AIHW Access readers, and welcome to the first edition for 2012.

With the advent of the new year came a chance to recognise, at our annual Australia Day staff awards, some of the great work currently in progress at the AIHW.

Space precludes me from mentioning individual staff names here, but the projects include:

- *the Hospitals Validata project*—this innovative automated data 'cleaner' has significantly reduced the time taken for the AIHW to publish hospitals data. We can now collect and report hospitals data much more quickly than before—for example, last year hospital 'golden staph' infection rates were available on the *MyHospitals* website within four months of the end of the 2010–11 financial year.
- *the new Data Integration Services Centre at AIHW*—this will enable AIHW to play a more prominent role in health and welfare data linkage activities in Australia. So far AIHW is the only agency that has achieved accreditation as a Commonwealth Data Integrating Authority. This work is highlighted in this edition of *Access*.
- *developments in mental health services reporting*—last year's successful development of the *Mental Health Services in Australia* website, complete with a data portal, has been followed by completion of lead-up work for a new mental health dataset for non-government organisations. We have also successfully piloted a new mental health intervention classification standard, MHIC '09.
- *Specialist Homelessness Services Collection*—the implementation of this innovative data collection system last year will bear fruit this year as the first reports are produced.

- *new AIHW legal expertise*—our in-house team has brought the benefits of its expertise to the extensive array of contracts, MoUs and agreements that outline our working relationships with funders, project partners and other stakeholders. The team also focuses on the AIHW Act and the Privacy Act, as well as the intricacies of intellectual property law and software licensing.
- *investigating the impact of COAG initiatives in closing the life expectancy gap between Indigenous and non-Indigenous Australians*—this is highly innovative and complex analysis of a highly relevant issue.
- *enhancements to METeOR*—METeOR is our award-winning web-based system for managing, developing and storing data definitions and standards (metadata). The enhancements allow jurisdictions and other metadata developers to become their own Registration Authorities. This has added significantly to the capability of METeOR, and supports our goal of facilitating better data development in health and community services, backed by recent contracts and MOUs with the Health Department Tasmania, ACT Health, and the New Zealand Ministry of Health.

In the last week of February we launched our AIHW 2012–2013 Reconciliation Action Plan (RAP) at a very successful event involving traditional landowners the Ngunnawal people, Reconciliation Australia, and our Board Chair Dr Andrew Refshauge. One of the key focus areas for the 2012–2013 RAP, to pick just one, is improving Indigenous employment across the Institute. You can read more about the RAP in this edition of *Access*.

Shortly afterwards we were honoured to host visitors from Australia, Canada, the United States and New Zealand at the three-day Fifth Biennial Meeting of the International Group for Indigenous Health Measurement. The Measurement Group is a network of people from government and non-government arenas from Australia, Canada, New Zealand, and the United States who are united in the desire to improve the collection, analysis, dissemination and use of health information for Indigenous populations.

In early March, the Minister for Health, Tanya Plibersek, launched new hand hygiene information on the [www.MyHospitals.gov.au](http://www.MyHospitals.gov.au) website, developed and managed by the AIHW. This is the first time that information has been made available to the public about hand hygiene in individual hospitals across Australia. More information is progressively being added to the website—cancer treatment services information will be the next release in late March.

Finally, planning is well under way for the Australia's Health 2012 conference to be held on 21 June in Canberra. The theme of the conference is 'Australia's health 2012: have we got what it takes?' Don't miss this opportunity to hear some of Australia's pre-eminent speakers address this challenging question—more information is available from our website, [www.aihw.gov.au](http://www.aihw.gov.au). The main purpose of this conference is to launch our biennial report on Australia's health, and conference participants will receive a free copy on the day it is released.



**David Kalisch**  
Director (CEO), AIHW





# Mums and bubs

Every day in Australia, over 800 babies are born. But what do we really know about these babies and their mothers?

*Australia's mothers and babies* is the AIHW's annual report on pregnancy and childbirth. It provides detailed information on women who gave birth and the characteristics and outcomes of their babies.

The latest report presents the facts and figures needed to answer some of today's most common mother and baby-related questions.

## Is Australia in the midst of a 'baby boom'?

The number of babies born each year in Australia has been increasing since 2001 (when the lowest number of births during the past decade was recorded) but this 'baby boom' peaked in 2007.

'The number of babies born each year continues to increase—reflecting the number of women of reproductive age in the population and multiple other factors such as community expectations of family formation and the health of the economy,' said Director of the AIHW's National Perinatal Epidemiology and Statistics Unit, Professor Elizabeth Sullivan. (See the story on page 11, *People behind the stats*, for a look into the National Perinatal Epidemiology and Statistics Unit).

'What we have seen recently is a levelling off in the number of women giving birth as a proportion of the whole population, which generally follows a baby boom,' she said.

The rate of women of reproductive age (15–44) who gave birth dropped marginally from 64.9 per 1,000 when the 'baby boom' peaked in 2007 to 63.6 per 1,000 in 2009.

## Are Australian mothers getting older?

Many Australian women are waiting longer to have babies, with the national average maternal age reaching 30.0 in 2009. In 1991, when reporting began, the average age of women who gave birth was 27.9.

'More women are delaying having children until later in life; however, our most recent report shows the impact of fertility preservation messages with the average age of first-time mothers dropping for the first time in over a decade—from 28.2 in 2008 to 27.9 in 2009', Professor Sullivan said.

'Maternal age is an important risk factor for poor obstetric and perinatal outcomes. While the age of first-time mothers has dropped slightly in the past year, the proportion of mothers aged 35 and over has continued to increase. Mothers over the age of 35 increased from around 17% in 2000 to 23% in 2009.'

'There has also been an increase in the number of women over the age of 40 giving birth—4% of women in 2009 compared with 2.6% in 2000.'

The age of mothers varies by state and territory. The average age of mothers was higher among women who gave birth in Victoria and the Australian Capital Territory (30.7 and 30.8 years respectively) and lower in the Northern Territory (27.8 years).



### Are more women having caesarean sections?

The caesarean section rate has shown an upward trend over the past 10 years, increasing from 23.3% nationally in 2000 to a peak of 31.5% in 2009. There were 59,051 caesarean sections performed in 2000 and 92,687 caesarean sections performed in 2009.

Among all women who gave birth in 2009, 18.4% had a caesarean section without labour and 13.0% had a caesarean section with labour.

'The proportion of caesarean section deliveries varies between states and territories; ranging from 27.9% in the Australian Capital Territory to 33.3% in both Queensland and Western Australia', Professor Sullivan said.

Caesarean section rates also varied by maternal age—from 17.5% for mothers younger than 20 to 47.2% for mothers aged 40 and over, and by hospital sector—42.5% for women in private hospitals and 28.4% for those in public hospitals.

Repeat caesarean sections occurred for 83.6% of mothers who had previously had a caesarean section.

### Are new mums leaving hospital earlier?

'The trend towards shorter postnatal stays in hospital is reflected by the higher proportion of mothers who were discharged less than 5 days after giving birth', Professor Sullivan said.

In 2009, the median postnatal hospital stay for mothers was 3 days, having steadily declined from the average of 5.3 days in 1991.

In 2009 almost 17% of mothers were discharged less than two days after giving birth, and nearly 63% of mothers were discharged between two and four days after giving birth. This compares with 11% and 59% respectively in 2000.

'Relatively more mothers in Queensland (86%) and the Australian Capital Territory (82%) had stays of less than five days in 2009, while longer lengths of stay were more common in the Northern Territory', Professor Sullivan said.

## Did you know?

In 2009:

-  More babies were born in October than in any other month
-  More male babies were born than female (51.4% male, 48.5% female)
-  75% of women who went into labour had painkilling drugs administered
-  Over 8% of babies were born preterm (before 37 completed weeks gestation)
-  31.5% of women gave birth by caesarean section
-  The average duration of pregnancy was 38.8 weeks
-  1.6% of all mothers had a multiple delivery (twins or more)

### Are more women having twins?

The number of multiple births has increased in the last two decades.

'This can be attributed largely to the increased use of assisted reproductive technology, delay in childbearing and the higher proportion of older mothers', Professor Sullivan said.

In 2009, there were 4,605 multiple deliveries—1.6% of all mothers—consisting of 4,521 twin pregnancies, 81 triplet pregnancies, and 3 quadruplet pregnancies. In 2000, there were 4,077 multiple deliveries and in 1991, there were 3,397 multiple deliveries.

Multiple deliveries increase with advancing maternal age, peaking in women aged 35–39 years.

### Are more women using assisted reproductive technology?

The use of assisted reproductive technologies (ARTs) such as IVF has grown steadily in Australia in recent years.

'Infertility is a relatively common condition—information from four states shows that 3.6% of women who gave birth in these states received some form of ART treatment', Professor Sullivan said.

The average age of mothers who received ART was 33.7. This was higher than the average age of mothers who did not receive ART treatment (29.2). In 2009, 60.6% of mothers who received ART treatment were having their first baby and 39.4% had given birth previously.

The AIHW's annual report on this topic, *Assisted reproductive technology in Australia and New Zealand*, shows that the use of ART increased in Australia by almost 50% over the 5 years to 2009, with 65,202 ART treatment cycles undertaken in Australian clinics in that year.

### Are babies getting bigger?

The average birthweight of live births in Australia has remained fairly stable over the last two decades, ranging from 3,361 grams to 3,377 grams.

'A baby's birthweight is a key indicator of health status,' Professor Sullivan said.

'Low birthweight babies have a greater risk of poor health, often require a longer period of hospitalisation after birth, and are more likely to need health care followup. Babies are defined as low birthweight if their weight is less than 2,500 grams.'

In 2009, 6.2% of liveborn babies in Australia (18,347 babies) were of low birthweight.

Most babies have a birthweight within the range of 2,500–4,499 grams.

### More information

<http://www.aihw.gov.au/publication-detail/?id=10737420870&libID=10737420869>

# International Group for Indigenous Health Measurement meeting



The AIHW was honoured to host the *International Group for Indigenous Health Measurement (IGIHM)* meeting in Canberra on 21–24 February 2012. This was the fifth meeting of the Group, with the first being held in Vancouver in 2005.

AIHW Director and CEO David Kalisch welcomed delegates and guests to the meeting. Representatives from Australia, Canada, New Zealand, and the United States provided Welcome to Country addresses, drawing upon the traditions and stories of their native cultures.

The Wiradjuri Echos, a Canberra-based dance group, performed traditional Aboriginal dances at the welcome. The Echos also entertained delegates with a didgeridoo performance at the close of the meeting.

## What is the IGIHM?

The Measurement Group is a network of people from government and non-government arenas from Australia, Canada, New Zealand, and the United States who are united in their desire to improve the collection, analysis, dissemination and use of health information for indigenous populations.

## What is the purpose of the meetings?

The purpose of the meetings is to progress international collaboration to address health measurement issues for indigenous populations, building on work from previous meetings.

The meetings allow participants to present information on the work they are doing in their own countries to overcome current data deficiencies, share best practice and lessons learnt, and facilitate collaborative projects in the area of indigenous health measurement between the countries.

## What were the aims of the 2012 meeting, and the issues discussed?

The theme of the meeting was 'Issues and prospects'.

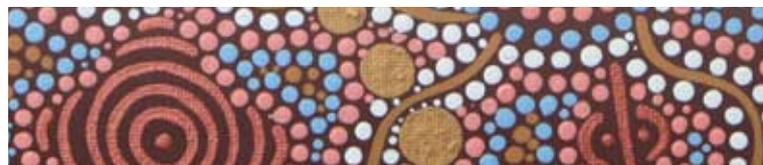
The meeting aims were to:

- determine the key issues in indigenous health measurement across the four countries
- assess where we are now in terms of addressing them
- determine where we need to go in identifying solutions
- provide recommendations on tangible outcomes for measures of indigenous health.

Sessions at the conference included:

- setting the scene
- evidence-based policy and knowledge translation
- ownership, use and data principles
- indicators, with a focus on registers, risk factor surveillance and monitoring
- workforce development
- international collaborations and activities.

The third day of the meeting involved panel discussions on infant and child mortality, and mortality and life expectancy estimates.



## Who attended?

The meeting brought together representatives from indigenous organisations, national statistical agencies, departments of health, and researchers from the four countries.

Prominent indigenous leaders and researchers present at the meeting included Michelle Chino (USA), Malcolm King (Canada), John Waldon (New Zealand) and Lisa Jackson Pulver (Australia), just to name a few.

Australian delegates included representatives from the Australian Bureau of Statistics, the National Aboriginal Community Controlled Health Organisation (NACCHO) and the Department of Health and Ageing, as well as from AIHW, the host organisation.

Health Canada, Statistics Canada, the New Zealand Ministry of Health, Statistics New Zealand and the US Centre for Disease Control and Prevention were among the overseas government organisations represented.

## What were some highlights?

Highlights of the meeting included a moving and passionate presentation by Professor Shane Houston, Deputy Vice Chancellor of the University of Sydney, and a very funny and engaging performance by Indigenous comedian Sean Choolburra at the meeting dinner.

The AIHW's Social and Indigenous Group head, Dr Fadwa Al-Yaman, gave a presentation on the Closing the Gap Clearinghouse in the session on evidence-based policy and knowledge translation.

'This is a truly passionate group of people—committed to making real, tangible gains in the area of indigenous disadvantage,' Dr Al-Yaman said.

## Outcomes of the meeting

The last day of the meeting focused on actions and 'ways forward'.

This included the need to work in a consistent and comparable way across the four countries on measures of infant and child mortality, and life expectancy; the need to improve data at source for these measures; and the need to progress mentoring and international exchange for indigenous people from all four countries studying or working in indigenous health measurement.

An international group will be formed to move forward on child mortality and life expectancy, while New Zealand has offered to take the lead on progressing mentoring and international exchange.

## Next meeting

The 2014 meeting of the Group will be in Canada.

# AIHW Reconciliation Action Plan 2012–2013 launch

Chair of the AIHW Board, Dr Andrew Refshauge, launched the AIHW's Reconciliation Action Plan (RAP) 2012–2013 at the Institute on 20 February 2012.

AIHW staff and members of other statistical agencies also heard strong supporting comments on the RAP from Dr Tom Calma, Co-Chair of Reconciliation Australia, and David Kalisch, AIHW Director (CEO).

The RAP formalises the AIHW's contribution to reconciliation with Aboriginal and Torres Strait Islander Australians. The document sets out actions that encourage better relationships and more respectful communication with Aboriginal and Torres Strait Islander people.

It also outlines actions to drive greater equality through inclusive and considerate consultation, sustainable and equitable employment practices, and through producing statistics that inform policy and community debate on issues affecting Indigenous Australians.

The 2012–2013 RAP builds on the solid foundation of the AIHW's inaugural RAP, with long-term goals backed by short-term tasks.

This year, we will be focusing on strengthening our Indigenous employment practices, and building stronger relationships with the Indigenous organisations that we regularly collaborate with.

We will actively monitor our achievements against the directions of the 2012–2013 RAP in the interests of genuine progress towards reconciliation with Indigenous Australians.



ABOVE: Dr Andrew Refshauge, AIHW Board Chair, Ngunnawal community leader Agnes O'Shea, and David Kalisch, Director of AIHW.



LEFT: Associate Professor Ted Wilkes playing the didgeridoo.



# Data linkage at the AIHW

## What is it?

What do projects on the health of Australian Gulf War veterans, bushfire exposure on mental health and the impact of surgical treatment for obesity all have in common?

They are some of the many projects that depend on data linkage carried out by the AIHW Data Linkage Unit.

Data linkage brings together information about people, places and events from different data collections based on common features. It is one of the most powerful means for adding value to data and there is substantial public benefit to be gained from research using linked data.

Such research can identify evidence of cause and effect, and the nature and strengths of relationships over time and across separate data collections.

## Our record

The AIHW has a strong record in data linkage (sometimes called data integration), both in its own work and in facilitating the work of other researchers.

Data linkage is undertaken only for research purposes under the Institute's privacy and confidentiality protocols, and projects must be approved by the AIHW Ethics Committee.

The demand to create and provide access to linked data is growing, and the number and breadth of projects involving data linkage is expanding rapidly.

In order to meet this demand, the Data Linkage Unit has been further developing and expanding its linkage methods and infrastructure. As a result the Unit is now handling projects involving the linkage of several million records at one time.

## New Data Integration Services Centre and Population Health Research Network

Under new principles for the integration of Commonwealth data for statistical or research purposes, such work can only be carried out by approved 'integrating authorities' that meet stringent criteria covering project governance, capability, data management, and the protection of privacy and confidentiality.

In order to operate as a Commonwealth Integrating Authority the AIHW has strengthened its data integration governance and administrative framework with the creation of a Data Integration Services Centre (DISC).

The Institute is also a member of the Population Health Research Network (PHRN). The PHRN includes data linkage units covering all states and territories as well as other organisations involved in using data linkage for health research. The work of the PHRN will greatly improve the way linkable health and health related data is made available to approved researchers. The PHRN is developing and testing leading-edge

technology to ensure the safe and secure linking of data collections while protecting identity and privacy.

The AIHW is thus in a unique position to play a vital role in data intergration, particularly in bringing together Commonwealth and state data for health and welfare research.

## Pathways in Aged Care project

As well as carrying out data linkage for both external researchers and other AIHW units, the Data Linkage Unit itself carries out projects.

The Pathways in Aged Care (PIAC) project was funded by a National Health and Medical Research Council grant and done in conjunction with the Aged Care Unit and researchers from three universities.

It involved the linkage of data for seven aged care programs, along with the National Death Index. For the first time this has enabled us to look at the journeys of people through community, respite and permanent residential care, rather than just the use of individual programs.

One important result was the finding that about one-quarter of people who underwent an aged care assessment in order to access community or residential care did not in fact go on to use any care services.

The Department of Health and Ageing has provided funding to extend this project, partly in order to find out more about this group of people.

Other questions that were analysed included the role of respite care, the effect of health conditions, need for assistance and other factors on the use of services, and the time to take-up of permanent residential aged care. The results provide information for both government and service providers to design integrated services for individuals with differing needs.

## Long-term effects of low dose radiation

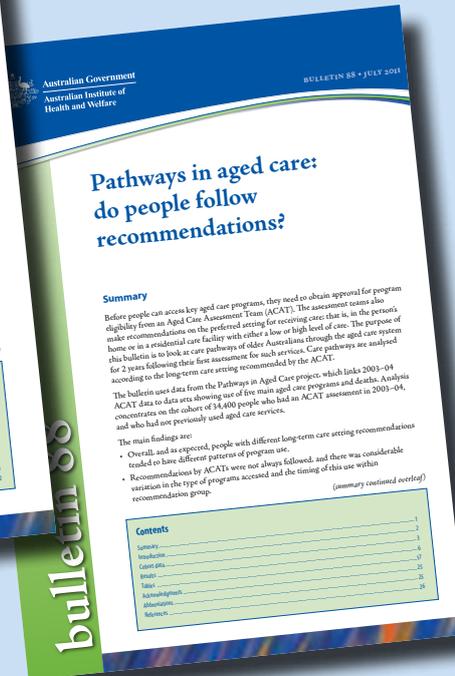
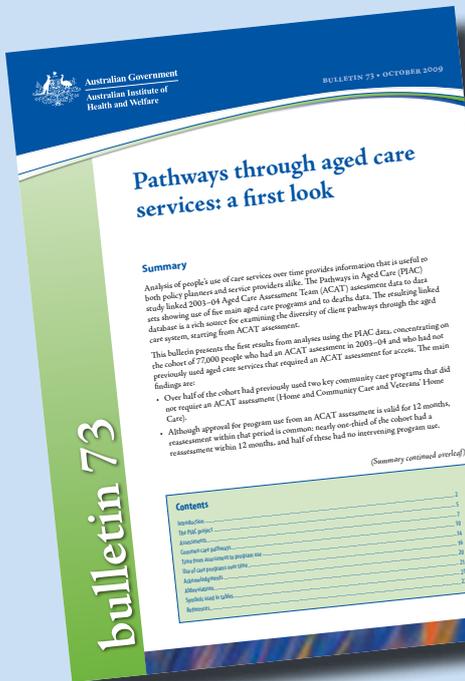
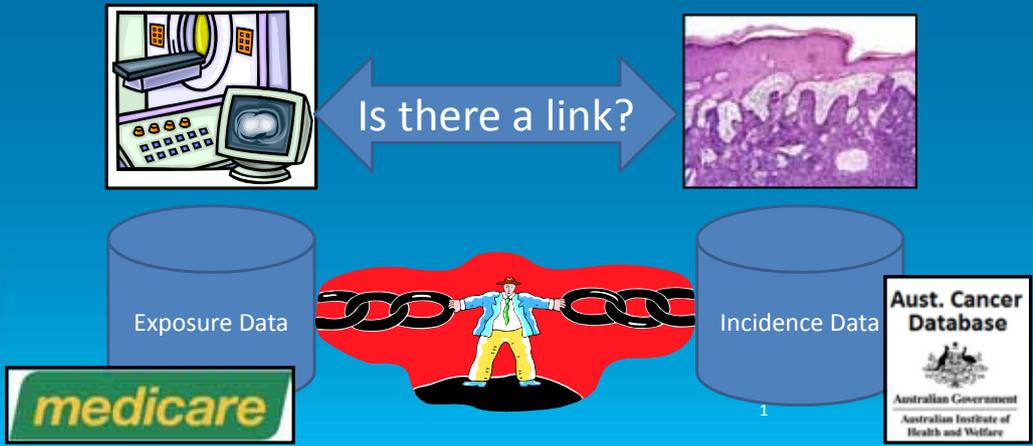
A large project involving data linkage by the AIHW is being carried out by researchers at the University of Melbourne, looking at the long-term effects of low dose radiation from CT scans in childhood.

This study examines the incidence of cancer and mortality in Australians exposed to CT scans as children (aged 0 to 19) between 1985 and 2005, in comparison with a matched group of people without records of CT scans.

The aim of the study is to test whether there is an increase in cancer incidence or mortality following CT scans in childhood, and thus to provide an understanding of the magnitude of any risk of cancer, which could lead to further improvements for radiation protection.

This project involves the linkage of Medical Benefits Scheme data on CT scans for children with the National Death Index and the Australian Cancer Database.

# CT Scans and Cancer



# Diabetes snapshot

The latest AIHW diabetes report, *Diabetes Indicators in Australia*, shows that while the prevalence of diabetes has risen, the rate of diabetes-related deaths is falling.

The proportion of Australians with diabetes rose from 1.5% to 4.1% over the 20 years to 2007–08, but the diabetes death rate fell by 18% between 1997 and 2007.

## What is diabetes?

Diabetes is a long-term (or *chronic*) condition marked by high levels of glucose (sugar) in the blood.

Insulin is a hormone produced by the pancreas that helps the body to convert glucose into energy.

People with diabetes either don't produce any insulin (Type 1 diabetes), don't produce enough insulin, or cannot use insulin effectively to break down glucose in the blood. In all cases, blood sugar levels become high.

Type 2 diabetes is the most common form of diabetes where the body produces insufficient insulin or cannot use it effectively. Around 87% of all people ever diagnosed with diabetes in Australia have Type 2 diabetes.

Diabetes is responsible for an enormous public health and social burden, and is one of the top 10 causes of death in Australia. It can trigger a range of complications, which can cause disability and reduce quality of life and life expectancy.

## What are the at-risk indicators of diabetes?

The proportion of Australian adults who do not already have Type 2 diabetes but are overweight or obese is an indicator of Australian adults who are at risk for Type 2 diabetes.

Body Mass Index (BMI), based on measured and self-reported height and weight, is used to estimate this. People with a higher BMI are at greater risk of developing diabetes.

In 2007–08, 61% of Australian adults were overweight or obese, based on measured data, compared with 57% in 1995. About 24% of Australian adults were obese in 2007–08 compared with 19% in 1995.

The other two major lifestyle-related at-risk indicators are poor diet and lack of exercise.

In 2007–08, more than 90% of Australian adults did not eat enough vegetables, and almost 50% did not eat enough fruit.

Between 2001 and 2007–08, the proportion of Australian adults who did not get enough exercise rose slightly from 69% to 72%.

## Other indicators of diabetes

The AIHW tracks several other important indicators of diabetes in the community, namely:

- Annual cycle of care (a measure of the clinical management of diabetes in the community)
- Quality of life (of people with diabetes compared with people without diabetes)
- Diabetes deaths
- Prevalence of diabetes
- Cardiovascular disease
- Loss of vision
- Prevalence of treated end-stage kidney disease
- Incidence of end-stage kidney disease
- Lower-limb amputations.

More information is available on the AIHW website at <http://www.aihw.gov.au/diabetes-indicators/>.

## The good news

- There was an 18% fall in the diabetes-related death rate among all Australians between 1997 and 2007.
- Hospitalisations for lower limb amputations among people with diabetes fell from 4.8 to 4.1 per 1,000 people with diabetes between 2001 and 2007–08.
- The rate of people with diabetes with long-term vision loss is falling, from 15.3% in 2001 to 13.8% in 2004–05 and 10.7% in 2007–08.
- Rates of vision loss among people with diabetes who were born overseas remained relatively steady.
- The rate of treated end-stage kidney disease among people with diabetes fell from 8 to 6 per 1,000 between 2005 and 2008.



## The not-so-good news

- The prevalence of diabetes in the Australian population more than doubled from 1.5% to 4.1% over the 20 years to 2007–08.
- Indigenous Australians, people born overseas and people living in non-urban areas had higher rates of diabetes-related death than the general population.
- The prevalence of diabetes among Aboriginal and Torres Strait Islander Australians was more than 3 times that of non-Indigenous Australians between 2001 and 2004–05.
- Rates of long-term vision loss among Aboriginal and Torres Strait Islander peoples with diabetes rose from 15% to 19% between 2001 and 2004–05.
- The incidence of end-stage kidney disease among people with diabetes increased from 16 to 18 per 10,000 between 2001 and 2008.
- In 2004–05 the rate of treated end-stage kidney disease for Indigenous Australians with diabetes was almost 6 times as high as for non-Indigenous Australians with diabetes.

*Diabetes indicators in Australia* is available at [www.aihw.gov.au/diabetes-indicators/](http://www.aihw.gov.au/diabetes-indicators/).

The AIHW has also released a new diabetes dashboard, providing easily accessible and navigable facts and figures on diabetes, available at [www.aihw.gov.au/diabetes/](http://www.aihw.gov.au/diabetes/).

# People behind the stats

## National Perinatal Epidemiology and Statistics Unit



NPESU staff, from L-R standing: Emma Ong, Alan Macaldowie, Stephanie Johnson, Andrew Metcalfe, Lisa Hilder, Liz Stokes and Zhuoyang Li. From L-R sitting: Wendy Adams, Michelle Bonello, Elizabeth Sullivan, Marivic Lagleva and Natasha Donnoley.

### Who we are

The National Perinatal Epidemiology and Statistics Unit (NPESU) is a collaborating unit of the AIHW based at the University of New South Wales.

It brings together a wide range of professionals with clinical, statistical, epidemiological, database and population and public health expertise.

The team is led by Professor Elizabeth Sullivan, who has been Director of the Unit since 2002.

### What we do

The NPESU is the national source of statistical and epidemiological information on the health and wellbeing of mothers and babies in Australia.

The Unit provides information and statistics on a variety of topics, including reproductive technology, pregnancy, childbirth, the post pregnancy period, and the health and care of newborns.

More specifically, NPESU:

- manages the *National Perinatal Data Collection* which contains information on all pregnancies and childbirths in Australia and the *Australian Congenital Anomalies Monitoring System* which captures notifications of major congenital anomalies;
- produces national statistical and epidemiological reports, including *Australia's Mothers and Babies*, *Congenital Anomalies Australia*, *Maternal Deaths in Australia* and *Indigenous Mothers and Babies*;

- develops consistent data definitions and standards for perinatal data items which enables information to be shared in a meaningful way at local, national and international levels;
- undertakes project-based work in areas of clinical and public health importance, for example, smoking and alcohol use in pregnancy, maternal morbidity, neural tube defects and fetal alcohol spectrum disorders; and
- provides expertise and advice on reproductive, perinatal and maternal issues to government departments, medical colleges, professional bodies, non-government organisations and researchers.

The team collaborates regularly with other units within the AIHW, particularly in producing statistical and epidemiological reports.

As University of New South Wales staff members, the team also benefits from undertaking collaborative projects with researchers, clinicians, professional groups, consumers and Indigenous health experts. NPESU staff regularly present at local and international conferences.

### Why we do it

Almost 300,000 babies are born in Australia each year. This represents a significant annual impact on the health of the nation as a whole. It also represents considerable healthcare spending during pregnancy, childbirth and the newborn period.

'Every woman deserves the best possible care during these times, and every child deserves the best possible start to life', says Professor Sullivan.

'Research is telling us more and more about the importance of the perinatal period for the health of the mother as well as the longer term outcomes of children.'

'By providing ongoing population-based data in a routine form that assists families, clinicians and policy makers, and by answering important research and policy questions, we are helping to ensure that Australia remains one of the safest places in the world to give birth.'

### What lies ahead

In addition to its regular work program of managing the National Perinatal Data Collection and producing AIHW perinatal health publications, the team is about to start work on the *National Maternal Data Development Project*.

The NPESU team will be collaborating with the AIHW's Young People and Families Unit on this project, which is funded by the Department of Health and Ageing.

NPESU is leading three components of this two-year project:

- updating the Maternity Information Matrix, a summary of data relevant to perinatal health available from national and jurisdictional data collections;
- defining and categorising different types of maternity care available to women throughout Australia and standardising the collection; and
- reporting of maternal deaths — an event that still occurs occasionally in Australia. As part of the maternal death component, the team will use data linkage methods to identify women who died during pregnancy or up to 12 months after giving birth. This will allow us to identify maternal deaths that were not captured by routine reporting methods and to learn about the circumstances surrounding these deaths.

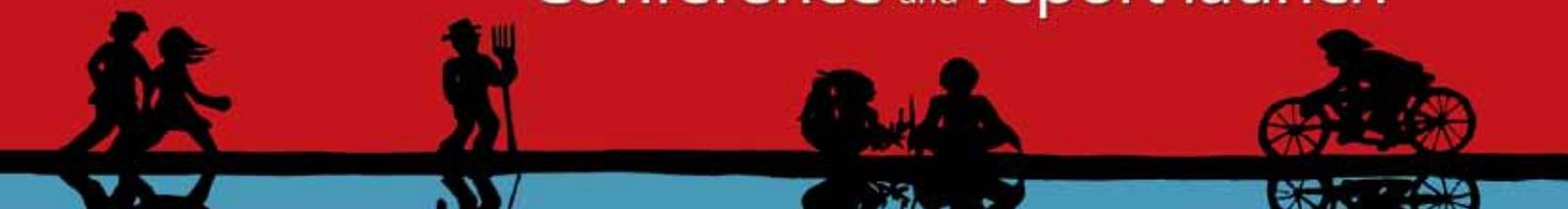


Australian Government

Australian Institute of  
Health and Welfare

# AUSTRALIA'S HEALTH 2012

## Conference and report launch



Thursday 21 June 2012, National Convention Centre, Canberra

### Key speakers

**Ms Carol Bennett**

*Consumers Health Forum of Australia*

**Professor Jim Bishop AO**

*Victorian Comprehensive Cancer Centre*

**Dr Emil Djakic**

*Australian General Practice Network*

**Ms Patricia Faulkner AO**

*National Health Performance Authority*

**Mr Paul McClintock AO**

*COAG Reform Council*

**Professor Helen Milroy**

*Centre for Aboriginal Medical and  
Dental Health*

**Dr Jim Primrose**

*Primary Care, NZ Ministry of Health*

**Dr Lyn Roberts AM**

*Heart Foundation of Australia*

**Professor Tony Scott**

*Melbourne Institute of Applied  
Economics and Social Research*

**Ms Louise Sylvan**

*Australian National Preventive  
Health Agency*

**Professor Simon Willcock**

*Postgraduate Medical Education and  
Training, University of Sydney*

### Australia's health 2012

## HAVE WE GOT WHAT IT TAKES?

Discover the latest information about the health of Australians at the upcoming *Australia's health 2012* conference.

The **Hon Tanya Plibersek MP**, Minister for Health, will launch *Australia's health 2012*, the Australian Institute of Health and Welfare's premier report on the health of the nation, and all delegates will receive their own personal copy.

This one-day conference, hosted by **Dr Norman Swan** (The Health Report, ABC Radio), brings together a range of the nation's leading thinkers and decision-makers to provide a stimulating forum for discussion and debate on health and health services in Australia.

The conference will highlight the latest authoritative information on the health of Australians, and the Australian health system, in the context of health reforms.

### Registration cost

All registration types include a copy of the *Australia's health 2012* report.

**\$495 Delegate** (government/private business)

**\$330 Non-government organisation** (NGO/not-for-profit)

**\$165 Concession** (student/healthcare card holders)

*Note: all prices include GST.*

### How to register

The conference program, sponsorship opportunities and other information are available on our website.

[www.aihw.gov.au/eventsdiary/index.cfm](http://www.aihw.gov.au/eventsdiary/index.cfm)

For further information, please contact our conference team.

Phone (02) 6244 1012

Email [conference@aihw.gov.au](mailto:conference@aihw.gov.au)

Fax (02) 6244 1299

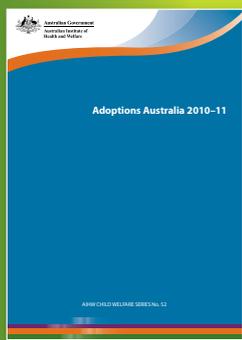


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Don't miss this fantastic opportunity to network with health colleagues, and join in the discussion with Australia's leading decision-makers on critical health topics and issues.

## Adoptions Australia 2010–11



### SUMMARY

In Australia, adoption is one of a range of options used to provide permanent care for children who are unable to live with their birth families. This report presents the latest data on adoptions by Australians of Australian children and children from overseas in 2010–11. It also highlights important national trends in adoptions.

#### The number of annual adoptions continues to fall

The 384 finalised adoptions in 2010–11 was the lowest annual number on record. It was a 7% decline from the previous year and a 66% decline from the 1,142 adoptions in 1990–91. The long-term fall can be attributed to a fall in the number

of Australian children adopted, reflecting the decline in the number of children considered to be in need of adoption and legally able to be adopted.

In contrast, intercountry adoption numbers have fluctuated over the last two decades, and have been the most common type of adoption since 1999–00. However, the 215 such adoptions in 2010–11 continued a six-year pattern of decline.

#### The majority of intercountry adoptees are from the Asian region

In 2010–11, four-fifths (80%) of children adopted from overseas were from Asian countries. The three most common countries of origin in Asia were China (24%), the Philippines (17%), and Taiwan (12%).

Ethiopia was the most common country of origin outside the Asian region (19%).

For the first time in more than two decades, South Korea was not among the four most common countries of origin—a consequence of South Korea giving preference to local options and deliberately reducing the number of exit permits for children approved for intercountry adoption.

#### The proportion of infants adopted from overseas has declined

Although nearly all children adopted from overseas in 2010–11 were under 5 years of age (87%), the proportion of infants under 12 months has declined—from 47% of all intercountry adoptions in 2005–06 to 29% in 2010–11.

In local and intercountry adoptions, parents 40 and over, and those with no other children were most likely to adopt

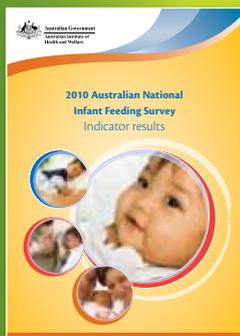
In 2010–11, just over half (52%) of the children in local adoptions had adoptive parents aged 40 and over. For children in intercountry adoptions, this proportion increased to about two-thirds (68%).

In 2010–11, more than half of the children in local and intercountry adoptions were adopted into families with no other children (61% and 55%, respectively).

#### 'Open' adoption continued to be the main arrangement in local adoptions

About four-fifths (84%) of local adoptions in 2010–11 could be considered 'open'—that is, all parties were happy to allow a degree of contact or information exchange to occur between families. 'Open' adoption agreements have been the most common arrangement in the past 10 years for local adoptions.

## 2010 Australian National Infant Feeding Survey: indicator results



### SUMMARY

The 2010 Australian National Infant Feeding Survey, conducted in 2010–11, was the first large-scale, specialised, national survey of infant feeding practices and related attitudes and behaviours conducted in Australia. The main aim of the survey was to provide baseline data on estimates of the prevalence and duration of breastfeeding and other feeding practices adopted by mothers/carers.

### MAIN FINDINGS

#### Initiation, duration and intensity of breastfeeding

- Breastfeeding was initiated for 96% of children aged 0–2 years.
- Around 69% of infants were still receiving some breastmilk at 4 months of age, although only 39% were exclusively breastfed to 3 months (less than 4 months), and around 60% were still receiving some breastmilk at 6 months, but only 15% were exclusively breastfed to 5 months (less than 6 months).
- A total of 47% of infants were predominantly (fully) breastfed to 3 months (less than 4 months), dropping to 21% predominantly breastfed to 5 months (less than 6 months).

#### Introduction of non-human milk and other fluids/foods

In the day before the survey:

- About 40% of infants aged 1 month old received non-human milk or infant formula, with the rate rising gradually to 55% at 6 months. Nearly 80% of children aged 12 months received non-human milk or infant formula.
- Less than 1% of infants aged 1 month old had consumed soft/semi-solid/solid food, rising to 35% of infants aged 4 months, 92% of infants aged 6 months and 95% of children aged 12 months.

#### Characteristics associated with breastfeeding practices

- Higher rates of initiation and higher intensity feeding for longer periods were associated with:
  - mothers/carers aged 35 and over
  - mothers/carers with tertiary education, and higher incomes
  - infants who did not regularly use a dummy.
- These same groups were associated with lower and later rates of introduction of non-human milk and soft/semi-solid/solid foods.

#### Factors influencing breastfeeding practices

- The reasons most cited for giving the child breastmilk were 'healthier for child' (94%), 'convenient' (64%) and 'helps with mother–infant bonding' (64%).
- The reasons most cited for not breastfeeding were 'previously unsuccessful experience' (38%), 'so my partner can share feeding' (29%) and 'infant formula as good as breastmilk' (26%).

#### Further information

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# Australia's Health 2012 art competition winner



Award-winning Indigenous artist Rebecca Cavanagh Ferdinandes has added another prestigious prize to her resumé—first place in the *Australia's Health 2012* art competition.

Rebecca is from the Bundjalung/Mununjali nation which spans from Beaudesert, Queensland through to Fingal Point, New South Wales. She is the proud mother of eight children and six grandchildren and is about to complete her law degree, while still continuing to keep her interest in art alive.

Rebecca recalls 'painting and drawing since she could first hold a pencil'. She was taught traditional art and storytelling in her teens by the Brisbane Elders and was given her Indigenous name 'Koolyn', which is the signature on many of her Indigenous artworks.

Rebecca has sold many of her artworks through art galleries, universities and colleges throughout Australia and has won many awards for her inspiring works.

Her striking painting of an urban and rural landscape mirrored across a great apple tree was selected unanimously as the winner of the *Australia's Health 2012* art competition. With its stunning bright colours and arresting imagery, the artwork's message of healthy living for all is the perfect representation of *Australia's Health 2012*.

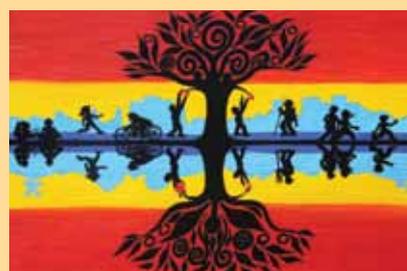
As the artist tells it:

'My artwork was drawn on the feeling of having a connection with the earth; as an Indigenous woman, I feel that this is central to wellbeing.

'I then was drawn into the differences of rural life and city life and how each still has beauty and each can still keep us connected and well-grounded in our health. I was thinking of the tree of life and I know

that my Indigenous story telling was coming through as I was placing a spiritual life within the tree.

'The reflection was to show just that, a reflection of life and also for all of us as individuals to take time to reflect on our own journeys and lifestyles. I was also thinking about this generation, the new generation that needs to be shown how to live healthily and keep well spiritually, physically and emotionally and how it is up to us to encourage them to take the steps to ensure better health for them.'



## In the pipeline...

### Conferences

21 JUNE 2012

- *Australia's health 2012* report launch and conference (See page 12 for more information).

### Events and meetings

APRIL 2012

- 26 April Housing Homelessness Information Management Group meeting.
- 29 April – 5 May Privacy Awareness week.

MAY 2012

- 1 May National Community Services Information Management Group meeting.
- 9 May National Health Information Standards and Statistics Committee (NHISSC) meeting.
- 10 May National E-Health and Information Principal Committee (NEHIPC) meeting.
- 11 May Cardiovascular Disease Monitoring Advisory Committee (CDMAC) meeting.
- 31 May Chronic Kidney Disease Monitoring Advisory Committee (CKDMAC) meeting.

### Publications

APRIL 2012

- *Dental health of Indigenous children in the Northern Territory: findings from the Closing the Gap program 2010–11.*
- *Australian hospital statistics 2010–11.*
- *Australia's hospitals 2010–11 at a glance.*
- *Younger people with disability in residential aged care: update from the 2009–10 Minimum Data Set.*

MAY 2012

- *Australia's public sector medical indemnity claims 2009–2010.*
- *Public and private sector medical indemnity claims in Australia 2009–10.*
- *Cervical screening in Australia 2009–10.*
- *Trends in the Australian dental labour force 2000–2009.*
- *30 year trends in child oral health.*

# new releases

## **Cancer incidence projections, Australia 2011 to 2020**

This report presents detailed projections of cancer incidence in Australia for 2011 to 2020. These projections are based on trends in national cancer incidence data from 1982 to 2007. It shows the number of cases of cancer diagnosed in Australia each year is projected to rise over the next decade for both males and females, and is expected to reach about 150,000 in 2020, with prostate and breast cancer continuing to be the most common cancers diagnosed in men and women respectively.

Published 9 March 2012.

## **National Bowel Cancer Screening Program monitoring report: phase 2, July 2008–June 2011**

This report presents statistics on the National Bowel Cancer Screening Program for Australians invited to take part between July 2008 and June 2011. Just over 800,000 people were screened in that time, with about 60,000 found to require further assessment. One out of every 11 colonoscopies performed for further assessment detected and removed an advanced adenoma (pre-cancerous lesion), and a cancer was detected in 1 out of every 33 colonoscopies.

Published 2 March 2012.

## **Comorbidity of mental disorders and physical conditions 2007**

This report investigates the prevalence of mental illness in association with common chronic diseases and shows that in 2007: 12% of Australians aged 16–85 had a mental disorder and a physical condition at the same time; the most common comorbidity was anxiety disorder combined with a physical condition, affecting around 1.4 million (9%) Australian adults; and people living in the most disadvantaged areas of Australia were 65% more likely to have comorbidity than those living in the least disadvantaged areas.

Published 10 February 2012.

## **Juvenile detention population in Australia 2011**

On an average day, around 1,000 young people are detained throughout Australia. This report provides information on the demographics and legal status of those in detention and explores recent trends.

Published 9 February 2012.

## **Dental health behaviours among children 2002–2004: the use of fluoride toothpaste, fluoride tablets and drops, and fluoride mouthrinse**

This report from a study of almost 17,500 children from four Australian states (Queensland, Victoria, South Australia and Tasmania) shows that more than 99% of children brushed their teeth with toothpaste, with more than two-thirds brushing the recommended 2 times per day. About 10% of children had used fluoride tablets or drops, and the majority used them for less than 3 years. The use of a fluoride mouthrinse was more common among older children.

Published 2 February 2012.

## **Child protection Australia 2010–11**

This report contains comprehensive information on state and territory child protection and support services, and the characteristics of Australian children within the child protection system.

Key findings include: since 2009–10, the number of children subject to a notification decreased by 13% from 187,314 to 163,767; since 2006–07, the number of children subject to a substantiation of a notification has decreased by 7% from 34,028 to 31,527 (6.9 to 6.1 per 1,000 children); the number of children in out-of-home care has increased by 5% from 35,895 in 2010 to 37,648 in 2011.

Published 20 January 2012.

## **Monitoring acute coronary syndrome using national hospital data: an information paper on trends and issues**

Acute coronary syndrome (ACS) refers to the spectrum of acute coronary artery diseases spanning acute myocardial infarction (AMI) and unstable angina (UA). They are sudden, severe and life-threatening events.

This report reviews the current algorithm for monitoring the incidence of ACS in Australia, presenting a detailed analysis of hospitalisations for AMI and UA. It also presents a range of alternative algorithms for the estimation of ACS incidence. Further work is required to validate these algorithms.

Published 22 December 2011.

## **Australia's mothers and babies 2009**

In 2009, 294,540 women gave birth to 299,220 babies in Australia. The increase in births continued, with 2,295 more births (0.8%) than reported in 2008. The average age of women who gave birth in Australia has increased gradually in recent years, from 29.0 years in 2000 to 30.0 years in 2009.

Published 21 December 2011.

## **2010 Australian National Infant Feeding Survey: indicator results**

The 2010 Australian National Infant Feeding Survey is the first specialised national survey of infant feeding practices in Australia. The survey also collected information on attitudes towards, and enablers for and barriers against breastfeeding.

This report provides baseline data on key infant feeding indicators, including:

- most babies (96%) were initially breastfed, but only 39% were exclusively breastfed for less than 4 months, and 15% for less than 6 months;
- overall 35% of infants were introduced to solid foods by 4 months of age and 92% by the recommended age of 6 months.

Published 20 December 2011.

## **Neural tube defects in Australia: prevalence before mandatory folic acid fortification**

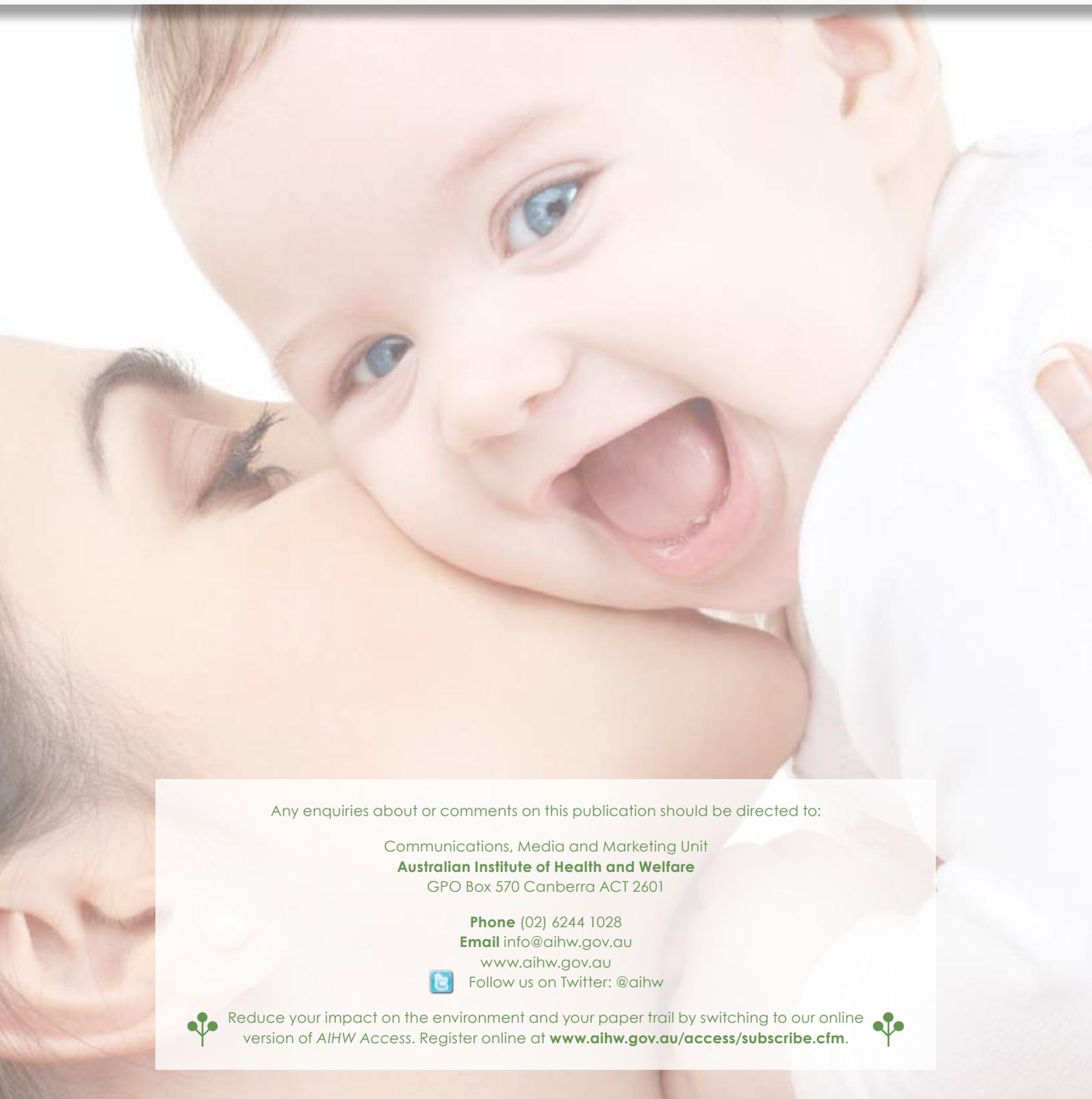
This report describes the prevalence and trends of neural tube defects (NTD) in Australia during the past decade. The best estimated prevalence of NTD among pregnancies is presented based on the information from states that collect near complete data on NTD. Characteristics and outcomes of the births and pregnancy characteristics of mothers are presented for the period 1998–2008. The purpose of compiling this national report is to provide baseline prevalence of NTD, before implementation of mandatory folic acid fortification of bread flour in September 2009.

Published 19 December 2011.

## **Projections of the incidence of treated end-stage kidney disease among Indigenous Australians, 2009–2020: a working paper with preliminary results**

The focus of this working paper is the incidence (number of new cases) of end-stage kidney disease treated with dialysis or transplant (hereafter referred to as treated ESKD), as these treatments are extremely resource intensive. Further, reliable data on the incidence and prevalence of treated ESKD are available from the Australia and New Zealand Dialysis and Transplant Registry (ANZDATA), which compiles data from all renal units in Australia.

Published 16 December 2011.



Any enquiries about or comments on this publication should be directed to:

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