NHWI News

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From the Australian Institute of Health and Welfare

Institute's tenth birthday launches the NHIK

On July 1 the Australian Institute of Health and Welfare (AIHW) celebrated its tenth year of existence as a statutory authority responsible for national health and welfare statistics and information. The birthday was marked by the launching of the Institute's National Health Information Knowledgebase (NHIK), the signing of a three-year Memorandum of Understanding with the Department of Health and Family Services, and the recognition of the publication *Australian Hospital Statistics 1995–96* which was released on 30 June.

AIHW Chair Professor Jan Reid, Institute Director Dr Richard Madden and Department of Health and Family Services Secretary Andrew Podger sign the Memorandum of Understanding

The Knowledgebase was launched by AIHW Board Chair Professor Jan Reid on behalf of the Minister for Health and Family Services, Dr Michael Wooldridge.

The Secretary of the Department of Health and Family Services, Andrew Podger, and the Director of the Institute, Richard Madden, signed the Memorandum of Understanding that clarifies roles and provides for the purchase of data management and statistical services from the Institute by the Department.

Attending the function were past and present Institute staff members and guests, including past Directors of the Institute Dr Len Smith and Dr John Deeble, past and present Chairmen of the AIHW Health Ethics Committee (Emeritus Professor Malcolm Whyte and Dr Sid Sax, respectively), past Board Chair Emeritus Professor Peter Karmel, and Deputy Australian Statistician and long-time AIHW Board member Tim Skinner.

As part of the festivities Professor Reid presented Professor Whyte with a commemorative plaque in recognition of his service to the Institute as Ethics Committee Chairman from 1987 to 1995.

Before 'clicking' on the NHIK icon to launch the Knowledgebase on the Internet, Professor Reid read a message from the Minister for Health and Family Services, Dr Wooldridge, that congratulated the Institute on its tenth birthday, the Institute's intensive and successful efforts to bring national

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The National Health Information Knowledgebase

What is the National Health Information Knowledgebase?

The National Health Information Knowledgebase or 'NHIK' is an Internet-based interactive electronic storage site for national health metadata. It includes a powerful query tool. The current information on the NHIK is available free-of-charge to any internet user.

The NHIK can be used to find out, for example, the national data collections available on any particular health topic or term, with direct electronic links then taking the inquirer to related official national agreements, definitions, standards, work programs, projects in progress and any linked organisations or groups.

The Knowledgebase provides direct integrated access to the major elements of health information design in Australia:

- The National Health Information Model
- The National Health Data Dictionary
- The National Health Information Work Program
- The National Health Information Agreement.

The Knowledgebase does not, as a rule, provide access to actual data through its searching and querying tools, but it is a planned future development.

For more information, visit the NHIK through the AIHW Home Page at http://www.aihw.gov.au. A brochure is available by telephoning (06) 244 1032.

AUSTRALIAN INSTITUTE OF HEALTH & WELFARE

The thirtieth of June 1997 saw a health statistics landmark that a few may have missed in the excitement over the return of Hong Kong to China. On that day, the Institute released *Australian Hospital Statistics 1995–96.*

As a consequence, comprehensive information on activity in Australian public and private hospitals was available for 1995–96 within 12 months of the end of the reference period. Regrettably there had been an hiatus in that important data collection for several years. Data for 1993–94 and 1994–95 have also been released at this time (*Australian Hospital Statistics, 1993–95: An Overview*).

The publication of *Australian Hospital Statistics 1995–96* marks a decade of national hospital statistics reports published by the Institute. The first of these reports, for 1985–86, provided the foundation for major national efforts to improve Australian statistics on hospitals and their patients. This report in turn reflects these efforts, as it is based on agreed national definitions, and a much expanded scope for the patient level (hospital morbidity) data compared with a decade ago.

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NHWI News

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This is the first Australian publication in which national patient-level data have been presented with a focus on the reported principal diagnosis and principal procedure (using the ICD-9-CM classification) and also on the Australian National Diagnosis Related Group (AN–DRG classification. Until now, national hospital morbidity statistics have only been published with a focus on one or the other of these classifications—in previous hospital statistics reports of the Institute and the Department of Health and Family Services' Australian Casemix Report on Hospital Activity, respectively.

Australian Hospital Statistics 1995–96 includes information from public and private hospitals on: admissions and length of stay; patient demography; principal diagnosis (and external causes); principal procedures; AN–DRGs.

Significant findings include:

- between 1994–95 and 1995–96 hospital separations in Australia increased by about 5%, to 5.2 million, a growth in separations of 3.8% in public hospitals and 8.1% in private hospitals;
- same day separations were nearly 40% of public hospital separations, compared to 49% in private hospitals;
- a 2.4% overall increase in the total number of days hospital beds were occupied;
- the average length of stay for public acute and private hospitals decreased slightly, from 4.5 to 4.3 days, while the percentage of same day patient admissions continued to rise;
- separations with principal diagnoses in the National Health Priority Areas of cardiovascular disease, cancer, injury and poisoning, mental disorders and diabetes accounted for 24% of separations, with cardiovascular disease most commonly reported among this group;
- a principal procedure such as an operation was reported for 67% of separations overall, 62% in the public sector and 81% in private hospitals;
- salaries and wages comprised over 60% of total public hospital operating costs; and
- the total number of public hospitals in Australia increased from 745 to 756 and the average number of available beds for admitted patients increased marginally, from 59, 273 to 59,720.

Many thanks to the numerous Institute staff who worked many long hours to produce *Australian Hospital Statistics 1995–96.* This report also reflects the more recent efforts of the National Health Information Management Group, the providers of the data and the Institute to improve the timeliness of national hospital statistics. For this, the Institute thanks the health authorities of the States and Territories and the Department of Veterans' Affairs for supply of the data and assistance in the preparation of the report against tight deadlines and within a year of the data collection period.

Richard Madden, Director, AIHW

Continued from page 1.

hospital statistics right up to date, and the signing of a three-year Memorandum of Understanding with the Department.

The Minister went on to comment on the Institute's involvement and leadership in international health information developments. 'This is a reflection of the Institute's achievements in Australian metadata development, of which the National Health Information Knowledgebase is the prime example, and its role and achievements in the development of national health information structures such as the National Health Information Agreement and the National Health Information Management Group.

I welcome the development of health information cooperation at the international level, the most recent evidence of which is the decision taken by a wide range of countries to establish a health information standards committee under the auspices of the International Standards Organization, or ISO as it is commonly known.

Australia played its part in that decision, and the National Health Information Agreement positions Australia well to participate in this exciting development. We are one of the few countries in the world with such an agreement and associated structures in place.

Not only that, but I also take great pride in the fact that the same International Standards Organization has invited the AIHW to demonstrate the National Health Information Knowledgebase at its Joint Workshop on Metadata Registries, in Berkeley, California.'

Four faces in the crowd at the Institute's tenth birthday: (from left) former Chair of the AIHW Board Emeritus Professor Peter Karmel, former Chair of the AIHW Health Ethics Committee Emeritus Professor Malcolm Whyte, current Ethics Committee Chair Dr Sidney Sax and former AIHW Health Services Division Head Mr Roy Harvey.

National Community Services Data Dictionary

The National Community Services Data Committee (NCSDC) has commenced the development of an inaugural National Community Services Data Dictionary (NCSDD) to be published in 1998. This represents a fundamental step towards the adoption of consistent high-quality data definitions across the diverse range of activities within the community services sector. A National Community Services Information Model (NCSIM) is being developed in parallel with the NCSDD, and this will provide a systematic framework for the formulation of dictionary definitions for a broad range of data items. NCSDC representatives from Commonwealth, State and Territory government agencies and the non-government sector are actively supporting this important initiative.

The NCSDD will be prepared according to the same metadata template used for the latest version (Version 6.0) of the National Health Data Dictionary (NHDD). Electronic access to the NCSDD will be available via the National Health Information Knowledgebase and it is expected that it will also be released in printed form. The NCSDC is currently developing a plan for ongoing development and maintenance of the NCSDD following its initial release.

Joe Christensen, AIHW, Ph (06) 244 1148

National Community Services Information Development Plan

Moves are afoot in the community services sector to plan the development of national information. The Plan will use the structures and processes set up under the recently signed National Community Services Information Agreement. The National Community Services Information Management Group (NCSIMG) has agreed that a major task is to establish a set of national community services information development priorities for the next 5–10 years.

The objectives of the Plan are to:

- identify the areas of national community services information which require development as a high priority;
- improve Australia's community services information systems; and

- contribute to increases in the cost-effectiveness and equity of Australian community services and thereby the well-being of Australians.

There is currently a massive effort being put into developing data in the various community services areas. Because there is little coordination or integration either nationally or across sectors some of this effort is duplicated, and much of it will produce data that are not consistent across jurisdictions or services.

Improved decision-making by community service providers, consumers, the community services sector and governments requires good quality community services information. This information needs to be timely, reliable, consistent, relevant and accessible, and it needs to be efficiently collected, analysed and disseminated. These principles should guide the development of national community services information and will be reflected in the information development directions proposed in the Plan.

The NCSIMG has commenced work on identifying the national, Commonwealth, State and Territory information requirements; gaps in community services information; the priority areas of work that require resources; and the key external drivers for information. A framework for information development priorities will be developed in the second half of 1997 and a report will be put to the Standing Committee of Community Services and Income Security Administrators in early 1998. Input from and consultation with the non-government agencies, consumers and carers will be a crucial element of the Plan's development.

The Plan will provide a practical program for those working in the field of national community services information development. In addition to guiding the work program of the Australian Institute of Health and Welfare and the National Community Services Information Work Program, it is intended that the Plan should influence the work programs of Commonwealth, State and Territory community services authorities, the Australian Bureau of Statistics and other bodies involved in the collection and production of community services-related information and statistics in Australia.

A national approach to community services information will produce cost savings from joint development of information, reduced duplication of effort in developing information systems, economies of scale, and reduced cost of data conversions at 'State and sector boundaries'. Financial constraints on the community services system and the cost of information have prompted recognition of the advantages of adopting a rationalised, national approach to information development rather than a piecemeal State-by-State approach.

Tanya Wordsworth, AIHW, Ph (06) 244 1119

National Classifications of Community Services

The first version of the National Classifications of Community Services will be published in August 1997. This publication will contain three separate classifications of community services activities, service delivery settings and target groups. Already the classification of community services activities has been used in the inaugural survey of the community services industry conducted in 1996–97 by the Australian Bureau of Statistics.

Joe Christensen, AIHW, Ph (06) 244 1148

National discussions on the definition of disability in Australia

'Disability' is a word used in daily conversation and holding different meanings for different people. Do these different meanings matter? What is there to be gained by trying to define disability more precisely and to attempt to use the word in consistent ways?

The Disability Services Unit of the Institute, with guidance from the national Disability Data Reference and Advisory Group, has been preparing a discussion paper entitled 'The definition of disability in Australia: moving towards national consistency'.

This paper will attempt to set out the reasons why better national information on disability is important, and why it relies on consistent definitions to underpin the gathering of statistical data. The paper describes the current data situation in the disability field in Australia. National and international developments are outlined. A number of significant national service and survey definitions are related to key disability concepts. Suggestions, such as a core 'disability module', are made as to how to progress towards the ultimate aim of greater consistency in data definitions. This greater consistency will enable an improved picture of the need for and provision and use of disability services in Australia, and should also simplify the data collection process for small organisations dealing with different funders across the field of disability.

This work should ultimately be reflected in standard data items for inclusion in the National Community Services Data Dictionary. The paper is designed to stimulate discussion and thought, and to help inform the Institute about community views on terminology and data. It will be revised and re-issued after discussion and comment.

People who would like to be involved in the discussion, either by commenting on draft material, or by attending one of a limited number of discussion forums to be held in Brisbane, Melbourne, Adelaide, Dubbo and Canberra, should contact the Institute's Disabilities Services Unit. Additional discussions may be scheduled if sufficient interest is indicated.

Tracie Hogan, Disabilities Services Unit AIHW, Ph (06) 244 1179

PROJECT REPORTS

Labour force

Medical Labour Force 1995 was released in early July this year. It presents a national picture of the medical work force and groups within the medical workforce.

Featured are chapters on primary care practitioner, specialists, overseas-trained doctors, Aboriginal health service practitioners, medical education and training and Medicare services. Various sections within these chapters provide data addressing such issues as vocationally registered primary care practitioners, primary care locum tenens and deputising services, immigration of medical practitioners and additions to and withdrawals from the Medicare work force.

John Harding, AIHW, Ph (06) 244 1153

Australian Hospital Statistics 1995–96 and *Australian Hospital Statistics 1993–95: An Overview*

The Institute has recently released two publications on Australian hospital statistics:

- *Australian Hospital Statistics 1995–96* summarises data in two hospital data collections compiled by the Australian Institute of Health and Welfare. Key statistics are presented from the National Public Hospital Establishments Database on the resources, expenditure and revenue of public hospitals, and the services they provide. Detailed statistics are also presented on the characteristics and hospital care of admitted patients in both public and private hospitals, derived from the National Hospital Morbidity Database.
- *Australian Hospital Statistics 1993–95: An Overview* presents similar key statistics on the resources, expenditure, revenue and services of public hospitals for the 1993–94 and 1994–95 financial years. Corresponding statistics on psychiatric hospital services are also presented, sourced from the National Survey of Mental Health Services, and summary statistics on admitted patients are derived from the National Hospital Morbidity Database.

The two reports follow the Hospital Utilisation and Costs Study publications in the Institute's series of national hospital statistics reports. The Institute hopes that they will prove useful for a wide range of members of the Australian community, including health planners and administrators and health researchers with an interest in the Australian hospital system.

The style and content of the reports are much changed compared with previous Institute hospital statistics reports. The Institute welcomes comments and suggestions for future reports in the series.

Australian Hospital Statistics 1995–96 can be accessed via the Institute's web site (http://www.aihw.gov.au) but I suspect many readers will prefer their own copy (available for $20.00 from the AIHW Distribution Centre, tel. (06) 295 4466). A wealth of data is now available for further analysis. To complement the report, the Institute will soon publish information on waiting times for elective surgery for 1995–96.

Jenny Hargreaves, AIHW, Ph (06) 244 1121

United Nations meeting on poverty measurement

Recently the Institute was invited to attend the United Nations Economic Commission for Latin America and the Caribbean (ECLAC) Expert Group and Seminar on Poverty Measurement in Santiago, Chile, on 7–9 May 1997. The meeting brought together a wide range of countries, and international and regional organisations, to examine the range of approaches used.

David Wilson from the Housing Unit attended and presented a paper, 'Poverty measurement in Australia: The effect of government non-cash benefits and location', at the session on the measurement of household income and consumption, including public social expenditures. The Institute paper focused on several measurement issues around the need for multidimensional approaches to poverty measurement. The paper examined how the growth in the complexity of government transactions with households, often involving cash and non-cash assistance, had made cash-based poverty measures less useful. Similarly, over time, the different rates of growth

National Health Data Dictionary Version 6.0

Effective from 1 July 1997, the NHDD is incorporated within the 'Data Elements' module of the National Health Information Knowledgebase (use the advanced search facility to view all or specified NHDD items). It is anticipated that a hard copy of the NHDD Version 6 will be available in August 1997. See page 1 for further information on the Knowledgebase.

and degrees of substitutability of government programs between similar cash and non-cash assistance or between geographic areas indicated the need for the measurement of poverty to consider the impact of government health and welfare outlays.

David Wilson, AIHW, Ph (06) 244 1202

Standards and definitions for cardiovascular disease risk factors measurement

The Institute's Cardiovascular Disease Monitoring Unit has convened expert working groups to develop standard methods and definitions for measuring and reporting on the prevalence of overweight/obesity, physical activity and smoking for use in Australian population surveys and data collections.

The expert groups have agreed on sets of core questions/data elements for each risk factor. Currently, standards for overweight/obesity are being distributed for national consultation with the aim of demonstrating a general consensus on the standards, physical activity questions are being piloted, and smoking definitions/data elements are being refined.

Following the national consensus process, data standards and definitions will be submitted for acceptance by the National Health Data Committee and will be disseminated in the National Health Data Dictionary and National Health Information Knowledgebase.

Welfare Services Expenditure Bulletin No. 3

Welfare Services Expenditure Bulletin No. 3 provides estimates of total welfare services expenditure funded by government and non-government sectors.

The government sector comprises Commonwealth, State and Territory, and local governments. The non-government sector includes welfare services organisations operating on a for-profit and not-for-profit basis, and clients using the services.

Total welfare services expenditure in 1995–96 was $8.9 billion, and was 1.8% of gross domestic product. The proportion was 1.3% in 1989–90 and gradually increased to 1.8% in 1992–93, after which time it stabilised at that level. The increase was due partly to recession and partly to changes in government policy.

The government sector was a major funder of welfare services. In 1995–96, 64.9% of total welfare services expenditure was funded by governments, the remaining 35.1% was by the non-government sector. Of the $5.8 billion funded by the government sector in 1995–96, the Commonwealth Government share was 53.5%, State and Territory Governments 43.8%, and local government 2.9%. Of the $2.1 billion funded by the non-government sector, 71% was clients' contribution. The remaining 29% was non-government welfare organisations' contribution.

Non-government welfare organisations played a major role as service providers. In 1994–95, they delivered $4.9 billion worth of welfare services to the community, which was 61% of total welfare services expenditure. The government sector provided funding for part of their operating costs.

Commonwealth Government is predominantly a funder of services rather than a provider of services. In 1994–95, direct expenditure on the provision of services by the Commonwealth Government was $292 million, compared with a total funding of $2.8 billion in the same year.

The State and Territory Governments are both funders and providers of services. In 1994–95, they funded $2.4 billion and delivered $2.2 billion worth of services.

Welfare services for the aged and people with a disability accounted for 58% of total recurrent outlays on welfare services by the Commonwealth Government and State and Territory Governments. Family and child welfare services accounted for 32%, while other welfare services was 10%.

John Goss, AIHW, Ph (06) 244 1151

Outside school hours care—a growth area

The number of outside school hours places funded by the Commonwealth and the States and Territories under the National Child Care Strategy agreements increased nine-fold between 1982 and 1996, from 7,900 to nearly 72,000 places. This is one of the findings highlighted in a report, *Outside School Hours Care Services in Australia 1996,* prepared by the Child and Family Services Unit of the Institute's Welfare Division.

The new report supplements work done earlier by the Unit on other sectors in the child care industry. The Unit late last year released *Children's Services in Australia 1996: Services for Children Under School Age,* which examined preschools, long day care centres, family day care and occasional care. Both reports attempt to document the structure and functioning of the child care system in order to facilitate the development of a national children's services data collection.

Funding for outside school hours care services (before school care, after school care and vacation care), as for centre-based long day care and family day care, is provided jointly by the Commonwealth and the States and Territories under the National Child Care Strategy agreements. Some States and Territories provide additional funding for outside school hours care services, particularly to increase the provision of vacation care services and to assist disadvantaged groups to obtain access to them.

The States and Territories are responsible for regulating child care services, but the Institute's reports have found that such regulation is uneven. For example, long day care centres for children below school age are licensed and regulated in all jurisdictions, but only the Australian Capital Territory licenses outside school hours care.

National standards for outside school hours care (as for centre-based long day care and family day care) have been accepted by all jurisdictions, however, and these are currently being implemented in differing ways in each State and Territory. A key issue is the ratio of staff to children: the national standards specify a ratio of 1:15 in outside school hours care services, but some States and Territories already have higher ratios of 1:10 or 1:12.

Another issue is the qualifications required of staff working in these services. The national standards specify that half of the staff should have credentials in teaching or an associate diploma in child care or recreation. According to a 1994 census of funded services, about one-third of the staff had these qualifications, and a further one-third were working toward obtaining a relevant qualification.

Another finding of the 1994 census was that only a small proportion of the staff were classified as 'junior' or under age 18—10% in before and after school care services and 17% in vacation care services.

The report describes outside school hours care services as at December 1996. The 1997–98 Federal Budget announced major changes to Commonwealth funding of these services, and these are covered in an appendix in the report.

Paul Meyer, AIHW, Ph (06) 244 1186

Meeting public health information needs

In a Memorandum of Understanding (MOU) signed in April 1997 with the Department of Health and Family Services (DHFS), the Institute agreed to help the statistical information needs of the Department's Public Health Division (PHD).

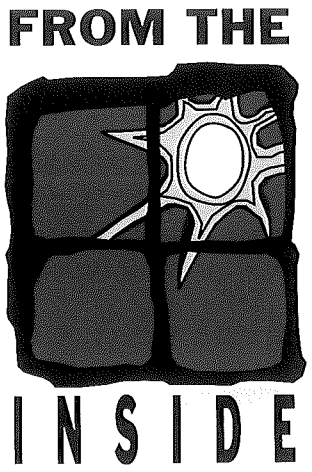
The MOU will allow the Institute to expand its role in meeting the information needs for public health at national level. A comprehensive statistical input to public health policy making will also occur as a result.

The MOU follows a review of the statistical information needs and strategies of the Public Health Division by Dr Colin Mathers, principal research fellow in the Health Division of the Institute. 'A coherent conceptual framework for national public health information informed the review process' said Dr Mathers. 'A clearly defined role for the Institute as the lead agency for information infrastructure development under the National Public Health Partnership (NPHP) facilitated the agreement between the two agencies', he added.

The statistical activities covered under the MOU include monitoring of child and youth health, diabetes, public health expenditure, drug usage, dental care, adult oral health, nutrition, and cervical and cancer screening. In addition, the Institute will facilitate the development of national public health indicators and physical activity measures. The development and management of information will be guided by a national public health information model, also to be developed by the Institute.

The projects covered under the MOU will all run concurrently, most of these through to the year 2000.

For further information on the statistical activities to be undertaken by the Institute under the MOU, contact Kuldeep Bhatia, Population Health Unit AIHW, Ph (06) 244 1144, fax (06) 244 1166.



AIHW Health Ethics Committee

The *Australian Health and Welfare Act 1987* requires the Institute to appoint an ethics committee. The principal responsibility of the AIHW Health Ethics Committee is to form an opinion of the acceptability or otherwise, on ethical grounds, of activities engaged in by the Institute, or with which it is associated. All Institute data activities are required to have the opinion of the Ethics Committee, including the provision of AIHW data for external projects.

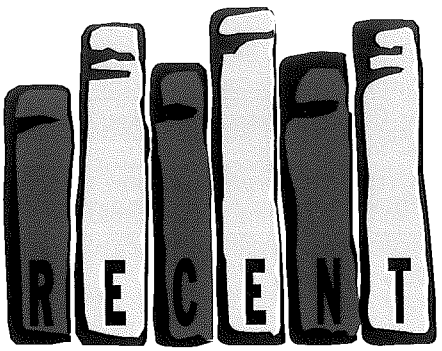
The membership includes the Director of the Institute (or his representative) and eight others appointed to provide a range of expertise and experience in health and welfare research areas. Current membership is drawn from the following categories: a nominee of the State and Territory Registrars of Births, Deaths and Marriages (Mr John Jameson); a graduate in Social Science, with post-graduate research experience in a social science (Dr Helen Christensen); a minister of religion (The Reverend Dr H D'Arcy Wood); a legal practitioner (Mr Robert Todd); representatives of general community attitudes (Ms Sophie Hill and Mr Ken Moran); a graduate in medicine, with post-graduate experience in medical research (Dr Sidney Sax, Chairman).

The Ethics Committee generally meets once a quarter. Submissions are called for before each meeting and the Committee is designing a standard submission form that should simplify the process of seeking an ethical opinion.

The Committee assesses each project for its ethical acceptability. Project details generally include purpose, what is to be done, methodology, outputs and outcomes. Comment on the information resources being used is also required.

The Committee can form an opinion based on the information at hand, or require additional information before it does so. Conversely, the Committee may form an opinion subject to certain conditions being met. In reaching its decision the Committee may decide to monitor the project. This allows the Committee to check progress of the project and, if necessary, revise its opinion.

Proceedings of the Ethics Committee are reported to the AIHW Board and the Institute's Annual Report includes details of the number of projects dealt with.



PUBLICATIONS

Adoptions Australia 1995–96 (AIHW cat. no. CWS 3)

Australian and New Zealand Neonatal Network 1995 (AIHW cat. no. PER 5)

Australian Hospital Statistics 1993–95: An Overview (AIHW cat. no. HSE 2)

Australian Hospital Statistics 1995–96 (AIHW cat. no. HSE 3)

Australia's Mothers and Babies 1994 (AIHW cat. no. PER 4)

Children on Care and Protection Orders Australia 1995–96 (AIHW cat. no. CWS 2)

First Report on National Health Priority Areas 1996 & Summary (AIHW cat. nos. PHE 1–2)

Health Services Expenditure Bulletin no. 13 (AIHW cat. no. HWE 4)

Health Labour Force no. 10: Medical Labour Force 1995 (AIHW cat. no. HWL 5)

Integrating Health Outcomes in Routine Care Conference 1996 Proceedings (AIHW cat. no. HOC 1)

Outside School Hours Care Services in Australia 1996 (AIHW cat. no. CFS 2)

Welfare Services Expenditure Bulletin no. 3 (AIHW cat. no. HWE 3)

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